

ULSTER COUNTY BOARD OF HEALTH

February 11, 2013

AGENDA

CALL TO ORDER

- **OLD BUSINESS**
 - a. Approval of December 2012 and January 2013 minutes
- **NEW BUSINESS**
 - a. Board Members:
 - 2013 Chairman, Vice Chair and Secretary Vote
 - b. Commissioner's Report:
 - Proposal of New Board Meeting Place
 - Mass Gathering Event Update
 - Community Health Assessment Update
 - City of Kingston Community Development HUD Grant
 - c. Medical Examiner Report:
 - January Cases
 - d. Patient Services Report:
 - Flu Status Update
 - TB Case Update
 - Clinical Lead Report

MEETING CONCLUSION

Ulster County Board of Health
February 11, 2013

Members PRESENT: Walter Woodley, MD, Board Member
Graham ESQ, Peter, Board Member
Dominique Delma, MD, Secretary
Marc Tack DO, Chairman

UCDOH PRESENT: Nereida Veytia, Deputy/Patient Services Director
Carol Smith, MD, MPH, Commissioner of Health

GUESTS: Lee Cane, Mid-Hudson League of Women Voters
Cheryl Qamar, Deputy Commissioner UC Dept of Mental Health
Richard Parrish, UC EMS Coordinator

ABSENT:

EXCUSED: Douglas Heller, MD, Medical Examiner
Mary Ann Hildebrandt, Board Member

- I. **Approval of Minutes:** A motion was made by Dr. Tack to approve the December 2012 and January 2013 minutes. The motion was seconded by Dr. Delma and unanimously approved.
- II. **Board Member Votes:** The yearly vote to select the Board of Health Chairman, Vice Chair and Secretary was tabled until the March meeting.
- III. **Agency Reports:**

a. Commissioner's Update:

Dr. Smith reported on the following:

- **Proposal of New Board Meeting Place and Time:** Due to the Department of Health and the Department of Mental Health's board meetings occurring on the same night, it was proposed that the Board of Health meetings be held at the Department of Mental Health and the meeting time changed from 7:00 PM to 6:30 PM. A motion was made to accept the proposal by Dr. Tack, seconded by Mr. Graham and unanimously approved. The March 11th meeting will be held at the new place and time.
- **Mass Gathering Event:** The request for a mass gathering permit (>5,000 attendees for 24 hours or more), to host a CounterPoint Music and Arts Festival to be held July 11-13, 2013 at Winston Farm in Saugerties has been postponed (see attached.) A discussion took place regarding the need to establish a permitting fee for such events to ensure that County costs for permitting such an event are covered. The Board inquired as to their responsibility for establishing fees. Dr. Smith's office will send all Board Members the portions of the Ulster County Administrative Code and the Sanitary Code which addresses the Board of Health powers and duties. The Board was eager to begin the discussions of Mass Gathering fees as soon as possible.
- **Community Health Assessment:** UCDOH's contract with Center for Research Regional Education and Outreach (CRREO) has been approved. CRREO's role will be to assist DOH in gathering appropriate statistics and conducting focus groups which will in turn be used to create the Community Health Assessment and

the Community Health Improvement Plan. Both are to be submitted to the State by November 15, 2013.

- **City of Kingston Community Development HUD Grant:** Community Development has applied for a Lead Hazard Remediation grant from the United States Department of Housing and Urban Development (HUD.) Both parties are already working, through their respective programs, to prevent and reduce the incidence of housing related lead poisoning and should the City be awarded the grant, additional funding resources will help advance both their individual and mutual program goals.

b. Medical Examiner: A summary sheet of the January activity was distributed and reviewed (see attached).

c. Patient Services:

Ms. Veytia reported on the following:

- **Flu Status Update:** A phone conference with NYSDOH was held on January 18th regarding flu activity. The Statewide Surveillance Report was distributed to the Board (see attached.) Both radio and TV flu prevention advertisements were created and are currently being aired. Vaccinations are continuing to be administered at clinics through to the end of March. The NYS Health Advisory Executive Order allowing pharmacists to vaccinate Children ages six months to 18 years is still in effect until February 15, 2013. Overall there has been a 27% decrease in lab testing and a decrease in hospital admissions.
- **TB Case Update:** X-rays confirmed a case of a female with TB. The Department is currently in the early stages of investigation and is working closely with NYSDOH. Investigation will be traced back to June 2012. Family and friends have been contacted and an information letter has been sent to patient's employer and school. Currently, the patient is under quarantine.
- **UC Annual Lead 2012 Report:** This report was distributed to Board Members (see attached.)

d. Environmental Health Report: No Report

Meeting Adjournment: A motion was made by Dr. Delma to adjourn the meeting, motion was seconded by Mr. Graham and unanimously approved.

Next Meeting: The next meeting is scheduled for March 11, 2013.

Respectfully submitted by:



Katrina Kouhout
Secretary to the Commissioner of Health
On behalf of UC Board of Health

1/22/13

To Whom It May Concern,

We would like to thank you for all of your help and enthusiasm thus far on our plans to produce festivals and events in the Saugerties area. We are excited and enthralled by the eagerness and support that the community has shown the Schallers, Michael Lang, and ourselves.

While we were hoping to produce our Counterpoint multi-day music festival in Saugerties this summer, it now seems we will have to move the date to 2014. After such positive meetings with local community officials, the town board, and local Police/Fire/EMS, we met with the key members of our festival production team. After reviewing the schedule of events we already have committed for this year, we came to the conclusion that it is in everyone's best interest if we wait until 2014. As you know, an event of this size and scale takes months to organize. We want to produce a professional and safe event that is up to the best standards and in that regard to give it all the attention it deserves. We plan to spend the next 12-18 months properly preparing. With the continued support of the property managers, the local authorities and the regional team, we know we can build an event to the level of all of our expectations and be able to call Saugerties our home for many years.

We have discussed this in detail with the landowners and Michael Lang, and are settling on dates in June 2014. We will spend the next 16 months developing our plans and the property, in order to create our vision of what Counterpoint is supposed to be. We couldn't be more excited about the future in Saugerties, and hope you understand our reasoning behind it. We plan to produce Counterpoint in Saugerties for years to come, as well as other concerts and events. We want to thank everyone who we met with for their support, and their enthusiasm about music festivals in their community. Without the support of all of you, our events will not be nearly as successful, and we look forward to working very closely with everyone for a long time.

We want to thank you again for your support and understanding throughout this process. We will be reaching out to everyone in the next few months to get the ball rolling for 2014. In the meantime, please feel free to reach out to either of us at anytime. We are always available and willing to discuss our plans and our events.

Sincerely,

Brett Keber & Jonathan Fordin
MCP Presents
Counterpoint Music Festival
Brett.Keber@mcppresents.com
Jonathan.Fordin@mcppresents.com

2012 Ulster County Annual Lead Report

Mission Statement

To increase knowledge and awareness of the public health care providers and other professionals regarding the problem of lead poisoning and its prevention in children and pregnant women based on the needs of Ulster County.

2012 Accomplishments

- Recruited new program coordinator/updated policy in accordance with new guidance documents
- Instituted monthly WIC clinic encounters with parents to provide teaching on signs/symptoms lead poisoning and prevention
- Continued daycare/childcare provider visits and provided teaching materials for parents
- Increased pediatric provider in-office educational visits
- Continued OB/GYN visits and provided educational mailings to midwives in Ulster County and surrounding counties who attend to UC residents

Key Statistics for 2012

- 29 -Number of outreaches
- 5 - Number of pediatric provider visits
- 11 - Number of WIC clinic encounters
- 14 - Number of daycare/childcare provider visits
- 13 - Number of OB/GYN/Midwives contacted
- 3 - Number of BLL>15 mcg/dl cases
- 2 - Number of media campaigns

Collaborations with other County departments or outside agencies

- HEU: participated in educational outreaches
- Communicable Disease: provided educational materials through AFIX/VFC visits
- Warwarsing Council: provided educational information to community partners through council meetings held in Ellenville
- Healthy Start: arranged for meeting with Office Manager at Ellenville Office
- Pregnancy Support Center meeting with Executive Director of Kingston and New Paltz to provide educational information for clients

- **Regional Resource Center: attended meeting at Montefiore Hospital in Bronx, NY in October 2012 for update on current policies**

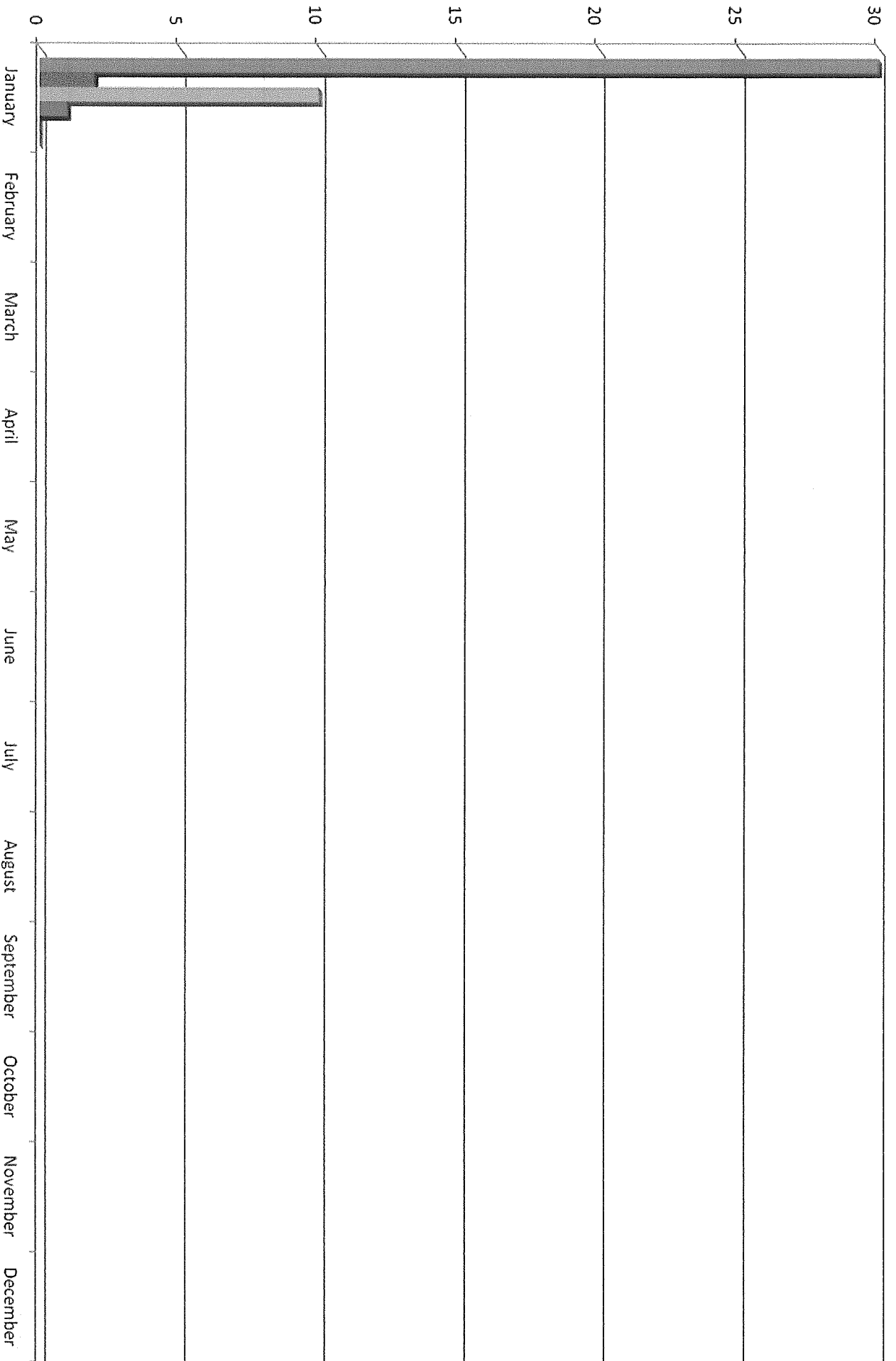
2013 Goals

- **Expand prevention education through media outreach**
- **Attend National Lead Poisoning/Safe Housing Conference in March 2013**
- **Continue educational outreaches and increase healthcare provider encounters**
- **Initiate one-time nursing visits and case management to clients with identified BLL 10-14 mcg/dl and continue nursing visits to clients with BLL >15 mcg/dl identified through LeadWeb**

Information required by Ulster County Local Laws, if appropriate

Medical Examiner Report 2013

	Call Received	Site Visits	Autopsies	Suicides	Motor Vehicle	Homicides
January	30	2	10	1	0	0
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total	30	2	10	1	0	0



- Medical Examiner's Report 2013 Call Received
- Medical Examiner's Report 2013 Site Visits
- Medical Examiner's Report 2013 Motor Vehicle
- Medical Examiner's Report 2013 Autopsies
- Medical Examiner's Report 2013 Homicide



**BUREAU OF COMMUNICABLE DISEASE CONTROL
STATEWIDE INFLUENZA SURVEILLANCE REPORT
FOR WEEK ENDING
February 2, 2013**

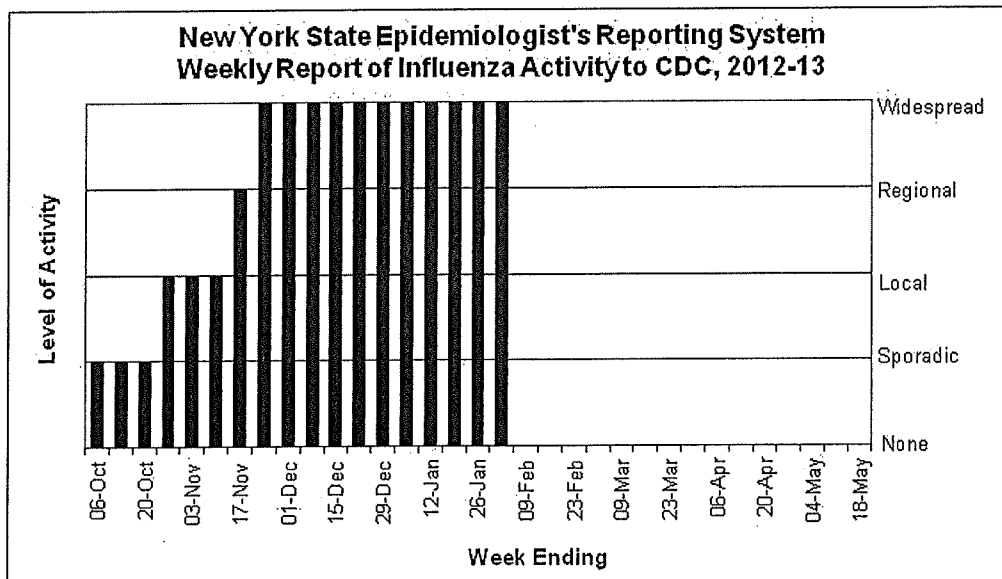
The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza activity year round in New York State (NYS) and produces this weekly report during the influenza season (October through the following May).¹

During the week ending February 2, 2013:

- Influenza activity level was categorized as **widespread**.²
- Laboratory-confirmed influenza was reported in **51 counties** plus New York City. There were **2,178** total reports, a **27% decrease** over last week.
- Sixty of 72 specimens submitted to the NYSDOH laboratory were positive for influenza. Two were **influenza A (H1)**, 54 were **influenza A (H3)** and four were **influenza B**.
- Reports of percent of patient visits for influenza-like illness (ILI)³ from ILINet providers was **4.57%**, which is above the regional baseline of 2.0%.
- The number of patients admitted to the hospital with laboratory-confirmed influenza or hospitalized patients newly diagnosed with laboratory-confirmed influenza was **562**, a **26% decrease** over last week.
- There were no influenza-associated pediatric deaths reported this week. There have been **five** influenza-associated pediatric deaths reported this season.

NYS Epidemiologist's Report to the Centers for Disease Control and Prevention (CDC)

Geographic spread of influenza activity in NYS (including NYC).



¹ Information about influenza monitoring in New York City (NYC) is available from the NYC Department of Health and Mental Hygiene website at: <http://www.nyc.gov/html/doh/html/home/home.shtml>. National influenza surveillance data is available on CDC's FluView website at <http://www.cdc.gov/flu/weekly/>.

² **No Activity:** No laboratory-confirmed cases of influenza reported to the NYSDOH.

Sporadic: Small numbers of lab-confirmed cases of influenza reported.

Local: Increased or sustained numbers of lab-confirmed cases of influenza reported in a single region of New York State; sporadic in rest of state.

Regional: Increased or sustained numbers of lab-confirmed cases of influenza reported in at least three regions but in fewer than 31 of 62 counties.

Widespread: Increased or sustained numbers of lab-confirmed cases of influenza reported in at least 31 of the 62 counties.

³ ILI = influenza-like illness, defined as temperature $\geq 100^{\circ}$ F with cough and/or sore throat in the absence of a known cause other than influenza.

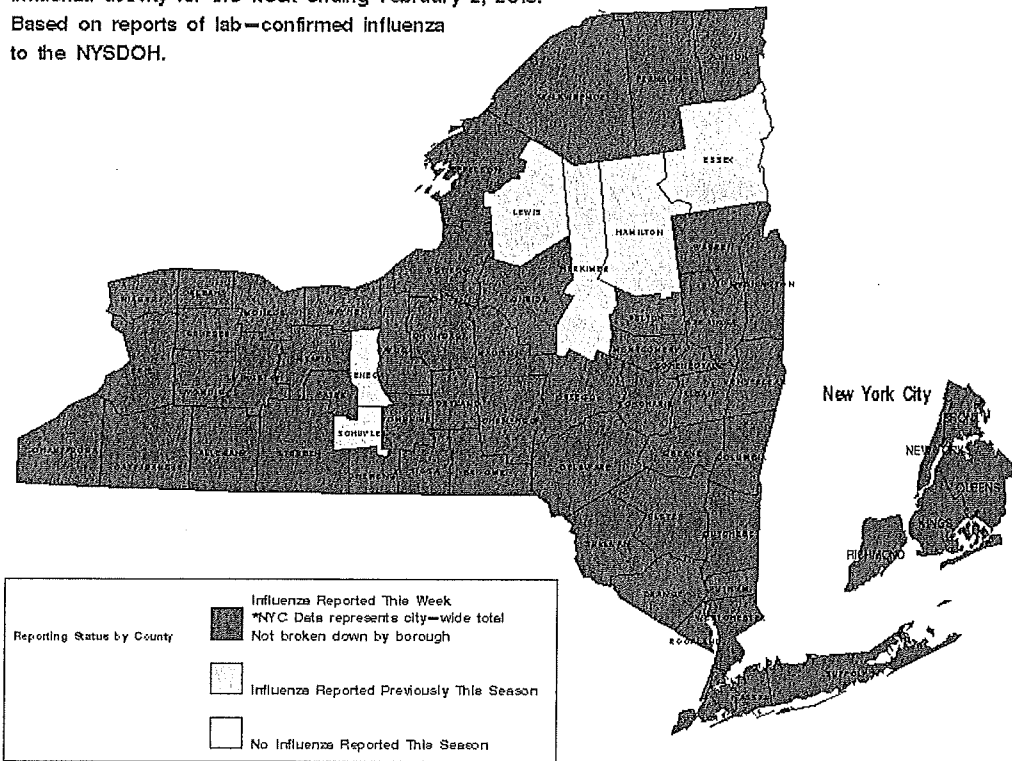
Laboratory Reports of Influenza (including NYC)

All laboratories that perform testing on residents of the state report all positive influenza test results to NYSDOH.

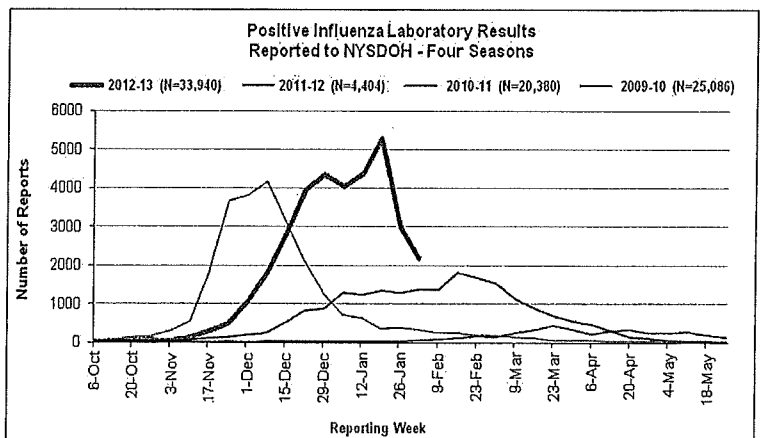
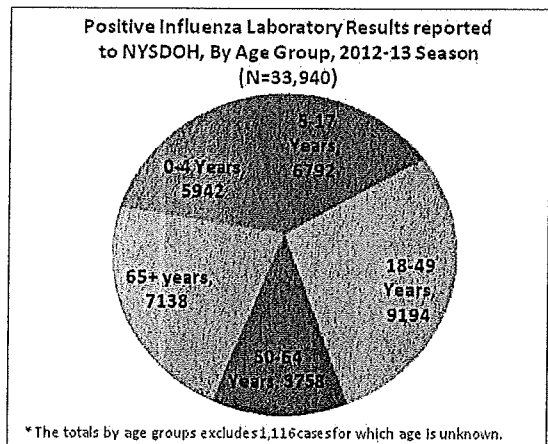
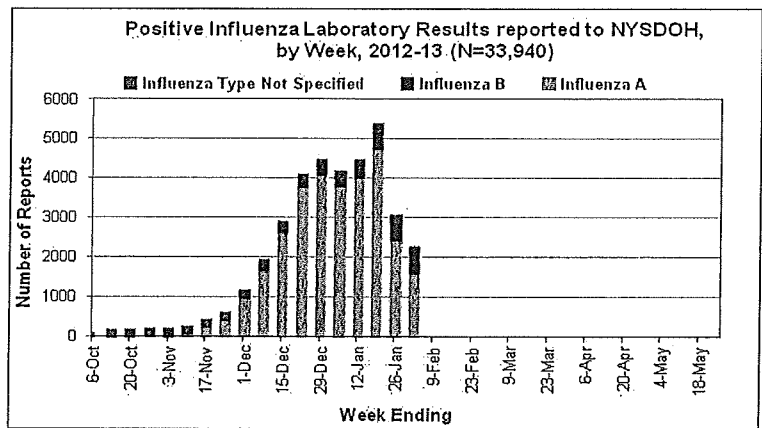
Influenza activity for the week ending February 2, 2013.
Based on reports of lab-confirmed influenza to the NYSDOH.

Based on laboratory reports to NYSDOH:

- Influenza was reported in 51 counties this week and all 5 boroughs of NYC.
- Influenza was reported in 6 counties previously this season, but not this week.



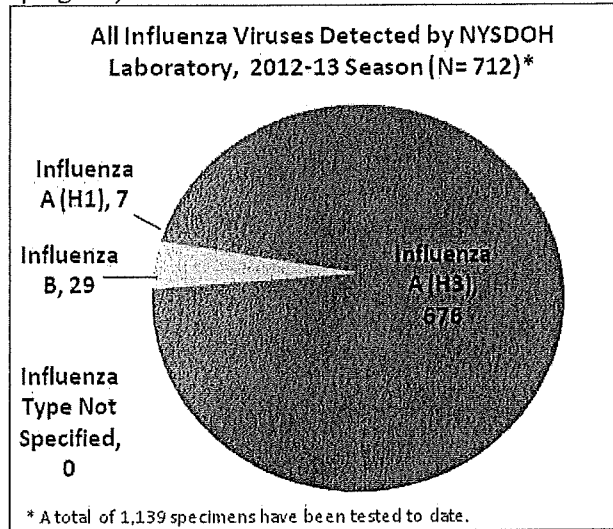
Test results may identify influenza Type A, influenza Type B, or influenza without specifying Type A or B. Some tests only give a positive or negative result and cannot identify influenza type (not specified).



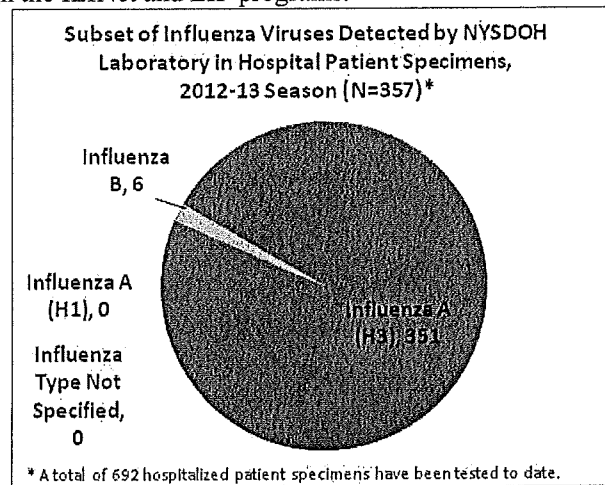
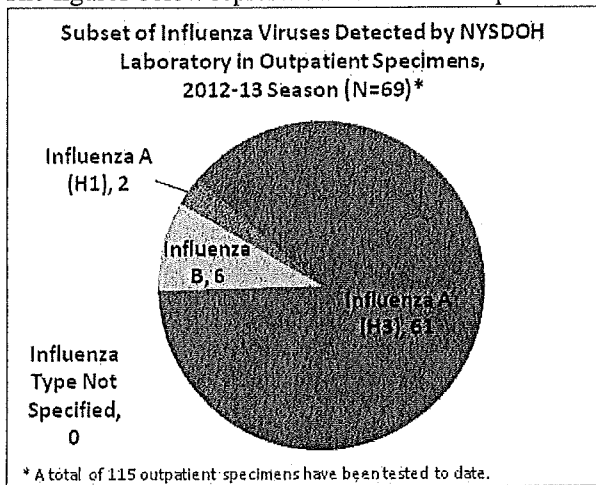
Influenza Virus Types and Subtypes (excluding NYC)

Wadsworth Center, the NYSDOH public health laboratory, tests specimens from sources including, but not limited to, outpatient healthcare providers (ILINet program) and hospitals (EIP program).

There are 2 common subtypes of Type A influenza viruses – H1 and H3. Each subtype has a slightly different genetic makeup from the other. Rarely, an influenza virus is unable to be typed by the laboratory.



The figures below represent a subset of the specimens tested through the ILINet and EIP programs.



Influenza Antiviral Resistance Testing

The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance.

NYS Antiviral Resistance Testing Results on Samples Collected Season to Date, 2012-13

	Oseltamivir		Zanamivir	
	Samples tested	Resistant Viruses, Number (%)	Samples tested	Resistant Viruses, Number (%)
Influenza A (H3N2)ⁱ	81	0 (0.0)	12	0 (0.0)
Influenza Bⁱⁱ	11	0 (0.0)	11	0 (0.0)
2009 Influenza A (H1N1)ⁱⁱⁱ	5	0 (0.0)	0	0 (0.0)

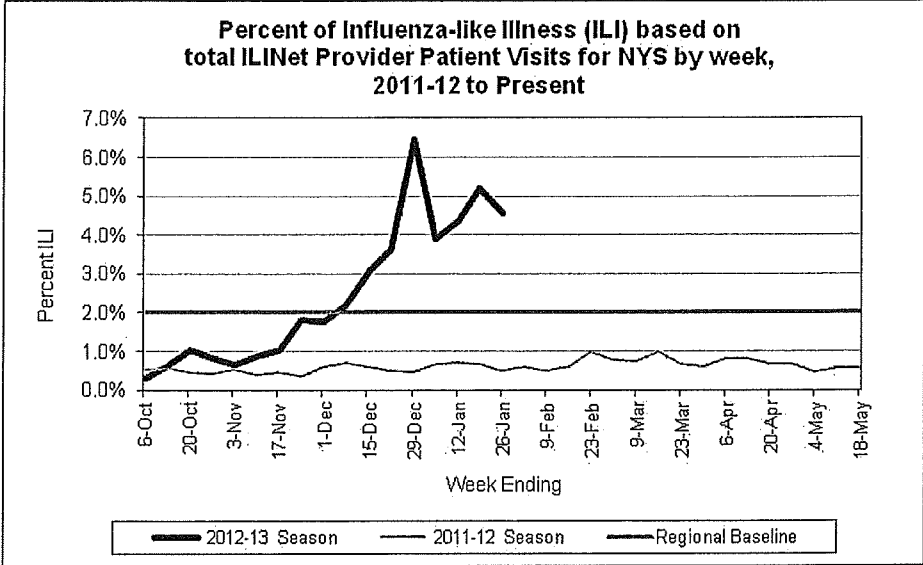
- i. All samples tested for oseltamivir resistance by pyrosequencing for E119V, R292K, and N294S in the neuraminidase gene (NA), and a subset tested by NA dideoxy sequencing for other variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and oseltamivir.
- ii. Samples tested by whole gene dideoxysequencing of the neuraminidase gene. Sequence data reviewed for variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and oseltamivir.
- iii. All samples tested by pyrosequencing for the H275Y variant in the neuraminidase gene which confers resistance to oseltamivir, and a subset tested by NA dideoxy sequencing for other variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and oseltamivir.

Additional information regarding national antiviral resistance testing, as well as recommendations for antiviral treatment and chemoprophylaxis of influenza virus infection, can be found at <http://www.cdc.gov/flu/weekly/>.

Outpatient Doctors' Office Visits for ILI - ILINet Surveillance Program (excluding NYC)

The NYSDOH works with ILINet healthcare providers who report the total number of patients seen and the total number of those patients with complaints of ILI every week.

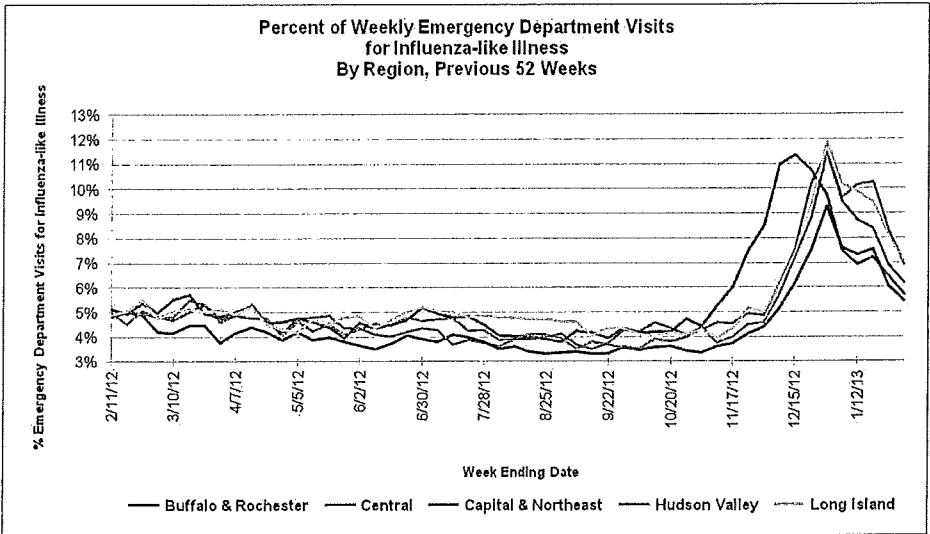
The CDC uses trends from past years to determine a regional baseline rate of doctors' office visits for illness consistent with influenza. For NYS, the regional baseline is currently 2.0%. Numbers above this regional baseline suggest high levels of illness consistent with influenza in the state.



Emergency Department Visits for ILI - Syndromic Surveillance (excluding NYC)

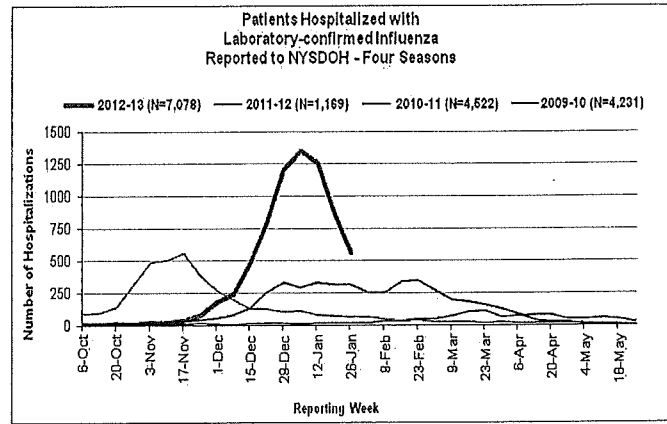
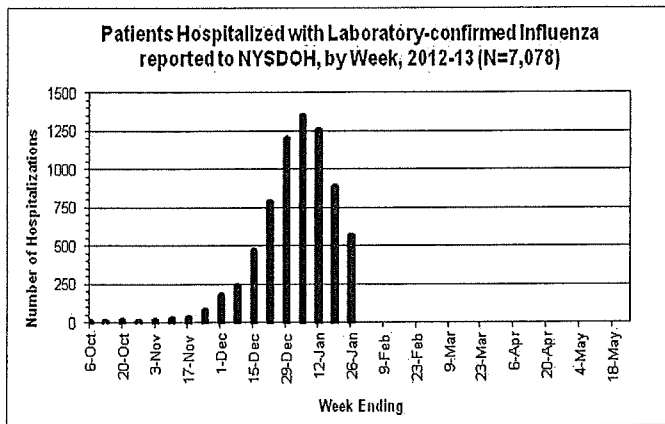
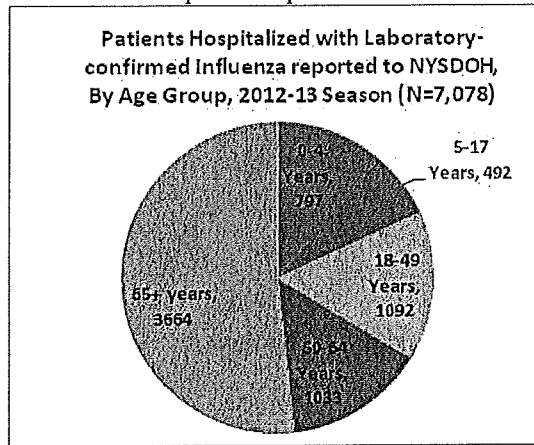
Hospitals around NYS report the number of patients seen in their emergency departments with complaints of ILI. This is called syndromic surveillance.

An increase in visits to hospital emergency departments for ILI can be one sign that influenza has arrived in that part of NYS. Visits for symptoms including fever plus sore throat or cough are counted. Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.



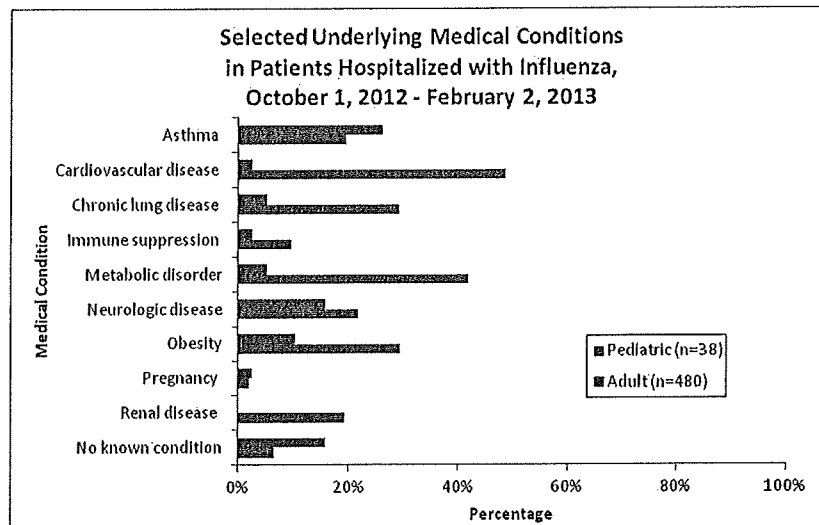
Patients Hospitalized with Laboratory-Confirmed Influenza (including NYC)

Hospitals in NYS and NYC report the number of hospitalized patients with laboratory-confirmed influenza to NYSDOH.⁴



Underlying Health Conditions among Hospitalized Patients

As part of the CDC's Influenza Hospitalization Network, the NYS Emerging Infections Program (EIP) conducts enhanced surveillance for hospitalized cases of laboratory-confirmed influenza among residents of 15 counties.⁵ Medical chart reviews are completed on all identified cases from October 1 through April 30 of the following year.



⁴ 157 (74%) of 213 hospitals reported this week.

⁵ Counties include, in the Capital District: Albany, Columbia, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie; in the Western Region: Genesee, Livingston, Monroe, Ontario, Orleans, Wayne, and Yates.

Healthcare-associated Influenza Activity (including NYC)

Hospitals and nursing homes in New York State self-report outbreaks of influenza. A healthcare-associated outbreak of influenza is defined as one or more confirmed or two or more suspect cases in persons who were admitted to the facility with no signs or symptoms of influenza infection; that is, influenza infections acquired within the facility. Outbreaks are considered confirmed only with positive laboratory testing. This may include a positive rapid antigen test if no other more advanced testing (polymerase chain reaction, viral culture) is performed. Outbreaks are reported based on the date of onset of symptoms in the first identified case.⁶

NYS Healthcare-Associated Influenza Surveillance, 2012-2013																
Week-to-Date		Capital Region			Central Region			Metropolitan Region			Western Region			Statewide		
Week Ending 2/2/13 (CDC wk 5)		ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks Confirmed Influenza A			3	3			0	7	10	17		3	3	7	16	23
# Outbreaks Confirmed Influenza B				0			0	1		1			0	1	0	1
# Outbreaks Confirmed Mixed Influenza A & B				0			0			0			0	0	0	0
Total # Outbreaks Confirmed Influenza		0	3	3	0	0	0	8	10	18	0	3	3	8	16	24
Total # Outbreaks Suspect Viral Resp Disease (not including confirmed influenza)				0			0			0			0	0	0	0
Grand Total # Outbreaks Viral Resp Disease (including suspect and confirmed influenza)		0	3	3	0	0	0	8	10	18	0	3	3	8	16	24

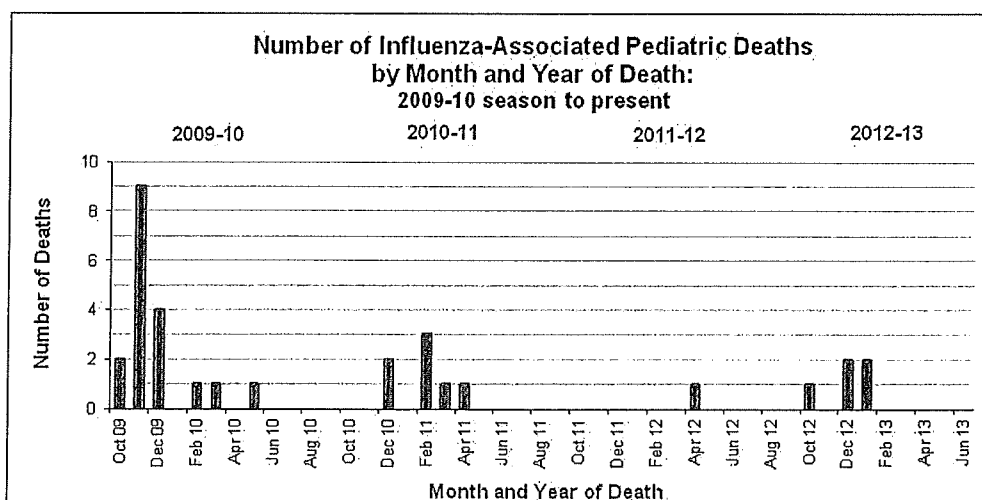
Season-to-Date		Capital Region			Central Region			Metropolitan Region			Western Region			Statewide (Total)		
Week Ending 2/2/13 (CDC wk 5)		ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks Confirmed Influenza A		8	55	63	9	75	84	50	135	185	12	80	92	79	345	424
# Outbreaks Confirmed Influenza B			1	1			0	3	2	5		3	3	3	6	9
# Outbreaks Confirmed Mixed Influenza A & B			1	1		4	4		8	8		1	1	0	14	14
Total # Outbreaks Confirmed Influenza		8	57	65	9	79	88	53	145	198	12	84	96	82	365	447
Total # Outbreaks Suspect Viral Resp Disease (not including confirmed influenza)			11	11		7	7		19	19	1	9	10	1	46	47
Grand Total # Outbreaks Viral Resp Disease (including suspect and confirmed influenza)		8	68	76	9	86	95	53	164	217	13	93	106	83	411	494

ACF = Acute Care Facilities
LTCF = Long Term Care Facilities
Outbreaks are reported according to the date of onset of symptoms in the first case

Pediatric influenza-associated deaths reported (including NYC)

Local health departments report pediatric influenza-associated deaths to NYSDOH.

Flu-associated deaths in children younger than 18 years old are reportable.
All pediatric flu-associated deaths included in this report are laboratory-confirmed.



⁶ For more information on reporting of healthcare-associated influenza, visit <http://goo.gl/siL6W>