

ULSTER COUNTY BOARD OF HEALTH

January 13, 2014

AGENDA

CALL TO ORDER

- **OLD BUSINESS**
 - a. Approval of October and November 2013 minutes
- **NEW BUSINESS**
 - a. Vote on 2014 Board of Health Meeting Schedule
 - Change of Location
 - b. Request to speak at January meeting – Smart Meters
 - c. Medical Examiner's Report
 - d. Commissioner's Report:
 - Relocation Update
 - Community Health Assessment/Community Health Improvement Update
 - Mass Gathering Update
 - Flu Vaccination Summary and Influenza Surveillance Report
 - Hep C Testing Law

MEETING CONCLUSION

Ulster County Board of Health
January 13, 2014

Members PRESENT: Walter Woodley, MD, Board Member
Elizabeth Kelly, RN, Board Member
Marc Tack, DO, Chairman (via phone)
Mary Ann Hildebrandt, MPA, Board Member
Peter Graham, ESQ, Board Member

UCDOH PRESENT: Douglas Heller, MD, Medical Examiner
Nereida Veytia, Deputy/Patient Services Director
Shelley Mertens, Environmental Health Director

GUESTS: Lee Cane, Mid-Hudson League of Women Voters
Amy McCracken, Deputy Commissioner UC Dept of Mental Health

ABSENT: Dominique Delma, MD, Secretary

EXCUSED: Carol Smith, MD, MPH, Commissioner of Health

- I. **Approval of Minutes:** A motion was made by Dr. Tack to approve the October 2013 and November 2013 minutes. The motion was seconded by Ms. Hildebrandt and unanimously approved.
- II. **2014 Board of Health Schedule:** A motion was made by Dr. Woodley to accept the 2014 Board of Health Meeting schedule. The motion was seconded by Mr. Graham and unanimously approved (see attached..)
- III. **Request to speak at January meeting - Smart meters:** A request was made by Mr. Weston Blelock to attend a Board of Health meeting to present information and concerns regarding the use of smart meters in Ulster County. Ms. Mertens gave an overview on New York State's regulations and guidelines for the use of these meters (see attached.) The Board determined that they would allow for 1 hour of presentations with no more than 5 minutes given to each presenter at the February 10, 2014 Board meeting. This would be a listening session only. Dr. Tack, on behalf of the Board, will send a letter defining these guidelines to Mr. Blelock.

IV. Agency Reports:

a. Commissioner's Report:

Ms. Veytia, representing the Commissioner, reported on the following:

- **DOH Relocation:** Continues to be on task for January 30-31, 2014 move date.
- **Community Health Assessment/Community Health Improvement Plan:** Submitted to the State on 11/15/2013. Awaiting approval.
- **Mass Gathering:** Continuing to work with the County Attorney and appropriate stakeholders. A planning meeting is scheduled for January 14, 2014 at 1:00 PM to begin reviewing plans received. The Board requested that Dr. Smith keep them apprised of any progress/issues with this event as it moves forward in the planning stages.

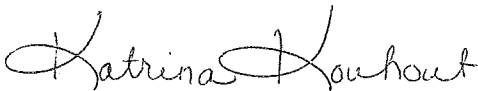
- **Flu:** The Ulster County flu Vaccination summary was distributed to the Board (see attached), as well as the State Influenza Surveillance report for November 2013 and January 2014 (see attached.) UCDOH continues vaccinations but no longer at the routinely scheduled locations noted on the flu summary.
- **Hepatitis C Testing Law:** Distributed information regarding the Statewide Stakeholder meetings being held to discuss the newly refined law for Hepatitis C testing.

b. Medical Examiner: A year end summary sheet of the activities of the Medical Examiner's Office was distributed and reviewed (see attached).

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

Next Meeting: The next meeting is scheduled for February 10, 2014.

Respectfully submitted by:



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

Schedule for Board of Health Meetings – 2014

To be held on the second Monday of the month

6:30 PM

Ulster County Golden Hill Office Building
239 Golden Hill Dr
Kingston, NY 12401
Room 300 and 303

January 13, 2014

February 10, 2014

March 10, 2014

April 14, 2014

May 12, 2014

June 9, 2014

July 14, 2014

August 11, 2014

September 8, 2014

****October 6, 2014 – FIRST MONDAY**

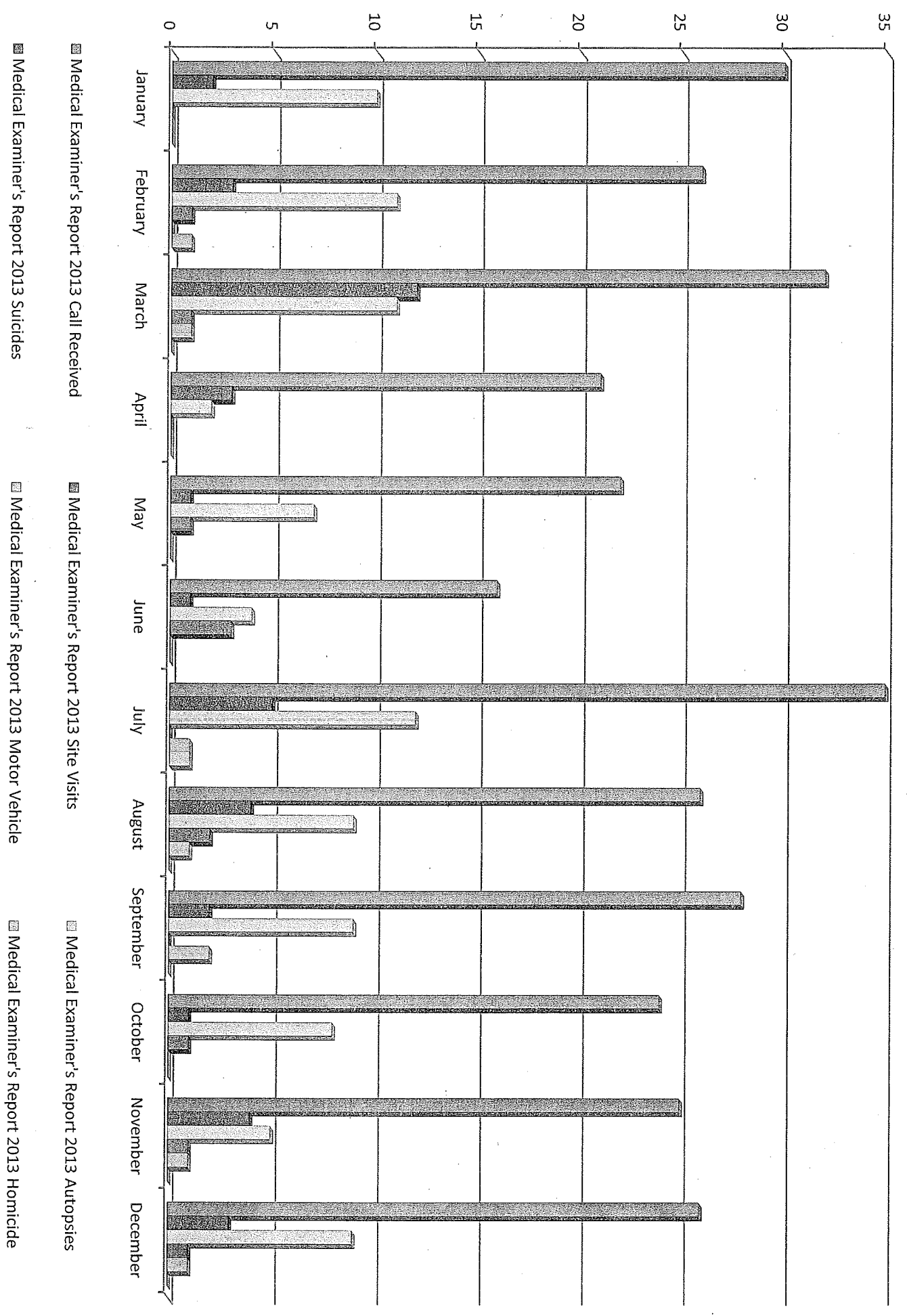
November 10, 2014

December 8, 2014

****Due to the holiday, this meeting is being held on the 1st Monday of the month.**

Medical Examiner Report 2013

	Call Received	Site Visits	Autopsies	Suicides	Motor Vehicle	Homicides
January	30	2	10	0	0	0
February	26	3	11	1	0	1
March	32	12	11	1	1	0
April	21	3	2	0	0	0
May	22	1	7	1	0	0
June	16	1	4	3	0	0
July	35	5	12	0	1	1
August	26	4	9	2	1	0
September	28	2	9	0	2	0
October	24	1	8	1	0	0
November	25	4	5	1	1	0
December	26	3	9	2	1	0
Total	311	41	97	11	7	2



■ Medical Examiner's Report 2013 Call Received
 ■ Medical Examiner's Report 2013 Suicides

■ 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

ULSTER COUNTY DEPARTMENT OF HEALTH
2013 FLU & PNEUMONIA CLINIC SCHEDULE

<u>Date</u>	<u>Time</u>	<u>Location</u>	<u>Flu</u>	<u>Flu Employee</u>	<u>Pneumo</u>
9/6/13	8:30 AM - 9:30 AM and 11:00 AM - 12:00 PM	Employee Flu Clinic 300 Flatbush Avenue Kingston, NY		17	
9/26/13 LTL	9:30 AM - 11:30 AM	UCDOH 230 Aaron Court Kingston, NY	13	1	1
9/27/13	11:00 AM - 1:00 PM	Employee Flu Clinic 300 Flatbush Avenue Kingston, NY		6	
10/2/13 LTL	10 AM - 12 PM	Esopus Town Hall 284 Broadway Port Ewen, NY	40	1	1
10/4/13 CK	10 AM - 12 PM	Trudy Resnick Farber Bldg 50 Center Street Ellenville, NY	21	0	2
10/9/13		Hudson Valley Senior Residence	4	0	0
10/11/13 LTL	10 AM - 12 PM	Saugerties Senior Center 207 Market Street Saugerties, NY	28	2	0
10/16/13 CK	10 AM - 12:30 PM	VFW Post 8645 101 Route 208 New Paltz, NY	30	0	2
10/25/13 LTL	10 AM - 11 AM	Woodstock Rescue Squad Route 212 Woodstock, NY	10	0	0

10/30/13	10 AM	Hurley Reformed Church			
LTL	-	11 Main Street			
	12:30 PM	Hurley, NY 12443	24	0	0
11/6/13	10 AM	Senior Center			
LTL	-	1 Town Hall Rd.			
	11:30 AM	Lake Katrine, NY	3	0	0
11/8/13	10 AM	Woodland Ponds			
CK	-	100 Woodland Ponds Cir.			
	11:30 AM	New Paltz, NY	27	0	0
11/14/13	10:30 AM	Wallkill Fire Dept.			
CK	-	18 Park Avenue			
		Wallkill, NY	3	0	0
11/22/13	10 AM	Rosendale Rec. Center			
LTL	-	Route 32			
	11:30 AM	Rosendale, NY	4	0	0
12/2/13	10 AM	Shandaken Town Hall			
LTL	-	7209 Route 28			
	11 AM	Shandaken, NY	0	0	0
Totals			207	*27	6

*included in total Flu



BUREAU OF COMMUNICABLE DISEASE CONTROL STATEWIDE INFLUENZA SURVEILLANCE REPORT FOR WEEK ENDING November 30, 2013

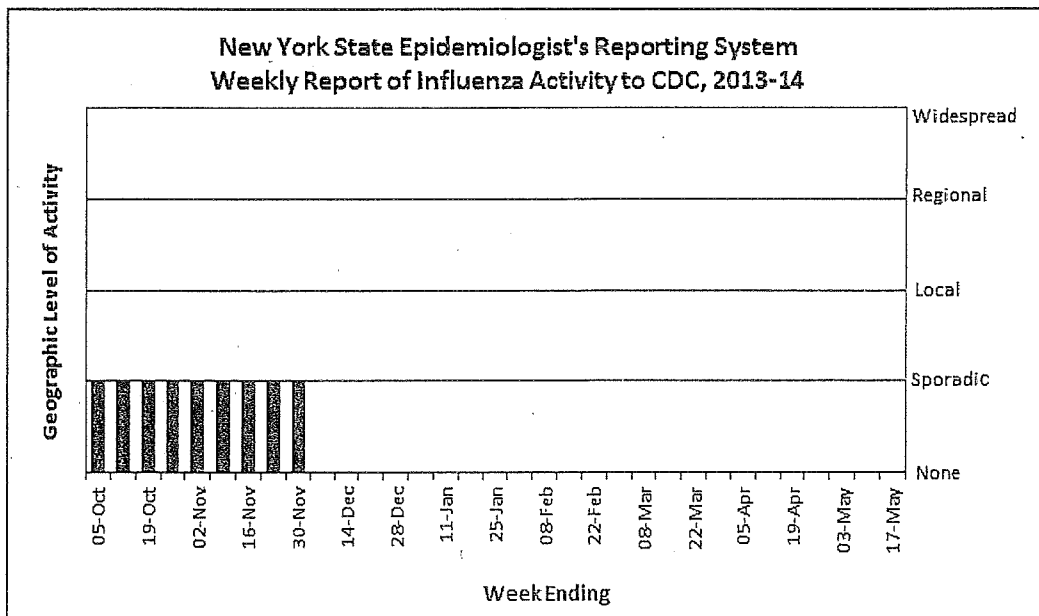
The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza activity year round in New York State (NYS) and produces this weekly report during the influenza season (October through the following May).¹

During the week ending November 30, 2013:

- Influenza activity level was categorized as geographically **sporadic**² with laboratory confirmed influenza reported in **21 counties** plus New York City.
- There were **81** laboratory-confirmed influenza reports, a **35% increase** over last week.
- Of the specimens submitted to NYS WHO/NREVSS laboratories, **four** were positive for influenza.
- **Two** of the **18** specimens submitted to the NYSDOH laboratory were positive for influenza. **One** was **influenza A (H1)** and **one** was **influenza B**.
- Reports of percent of patient visits for influenza-like illness (ILI³) from ILINet providers was **0.73%**, which is below the regional baseline of 2.2%.
- The number of patients admitted to the hospital with laboratory-confirmed influenza or hospitalized patients newly diagnosed with laboratory-confirmed influenza was **31**, a **72% increase** over last week.
- There were no influenza-associated pediatric deaths reported this week. There have been **no** influenza-associated pediatric deaths reported this season.

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

This graph represents the geographic spread of laboratory confirmed influenza activity in NYS (including NYC), not necessarily the intensity of influenza activity.



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/>. 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.

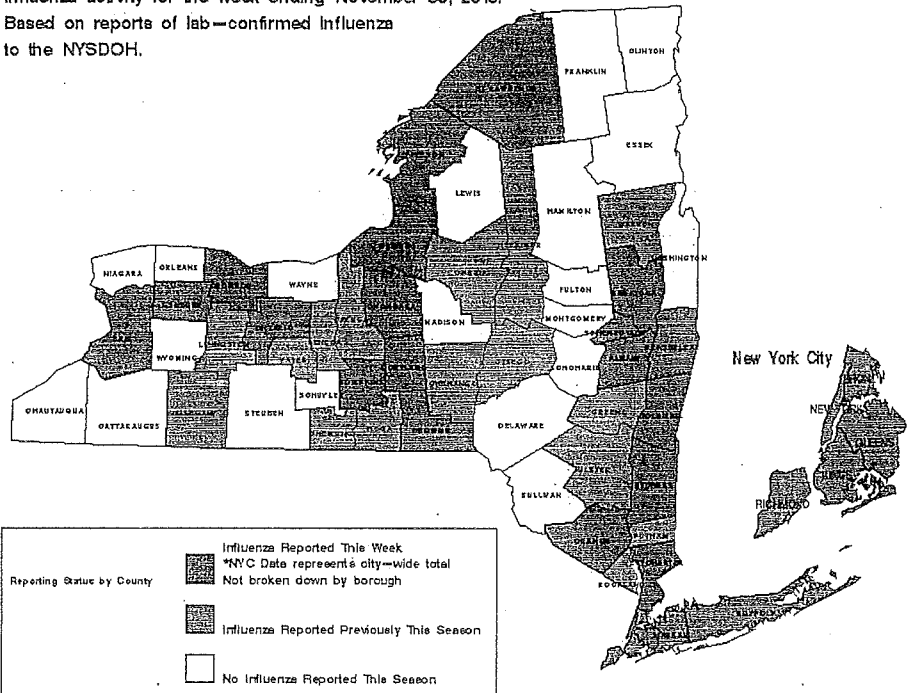
Laboratory Reports of Influenza (including NYC)

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

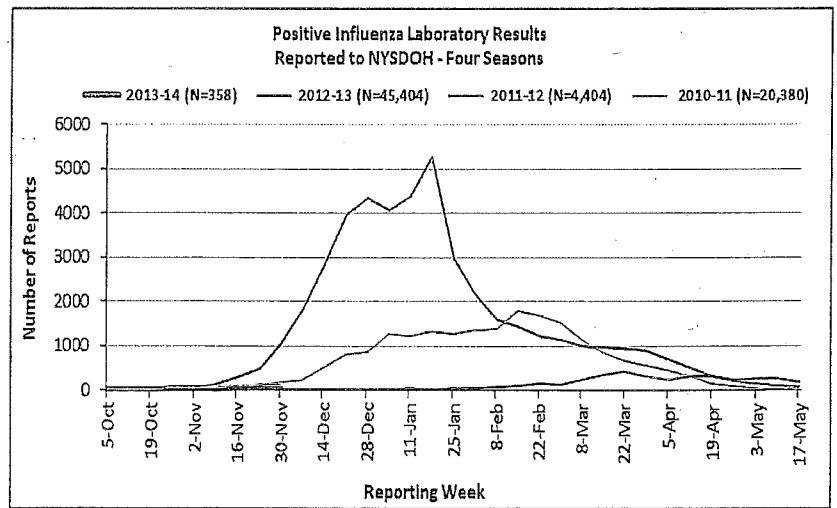
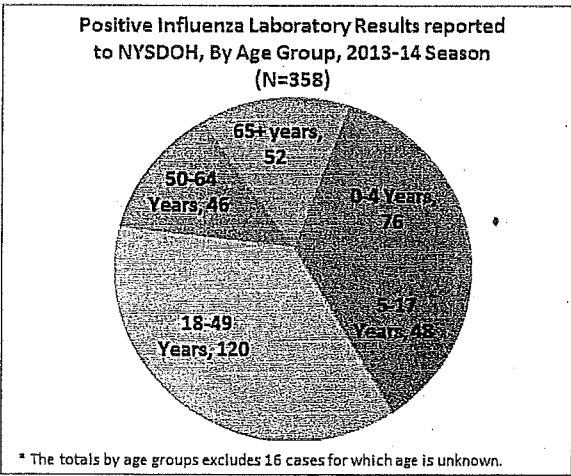
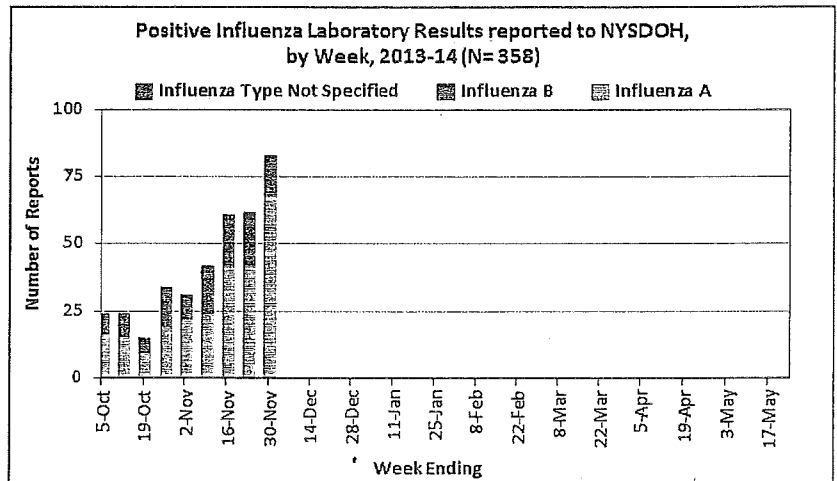
Influenza activity for the week ending November 30, 2013.
Based on reports of lab-confirmed influenza to the NYSDOH.

Based on laboratory reports to NYSDOH:

- Influenza was reported in 21 counties this week and all 5 boroughs of NYC.
- Influenza was reported in 16 counties previously this season, but not this week.



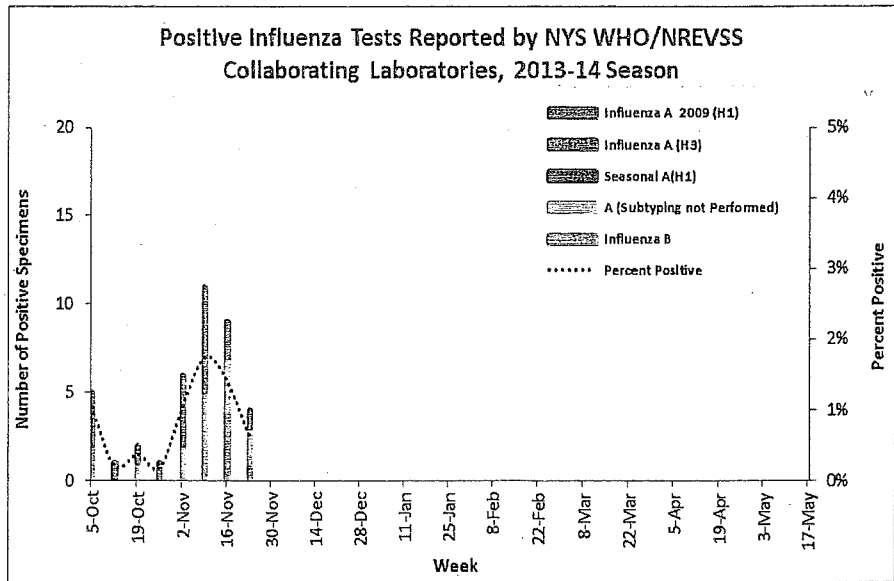
Test results may identify influenza Type A, influenza Type B, or influenza without specifying Type A or B. Some tests only give a positive or negative result and cannot identify influenza type (not specified).



World Health Organization (WHO) and National Respiratory & Enteric Virus Surveillance System (NREVSS) Collaborating Laboratories

Eleven clinical virology laboratories in NYS and NYC, including the Wadsworth Center, are WHO and/or NREVSS collaborating laboratories for influenza virus surveillance.

These labs report the number of respiratory specimens tested and the number positive for influenza types A and B to CDC each week. Five of these labs also report the Influenza A subtype (H1 or H3). Because denominator data is provided, the weekly percentage of specimens testing positive for influenza is calculated.

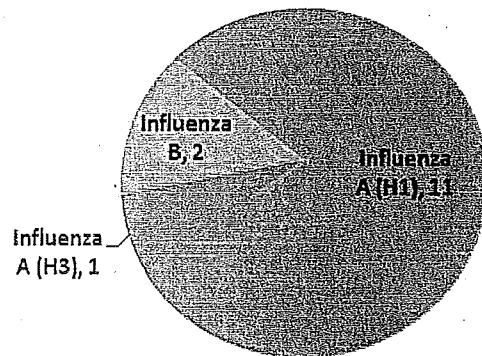


Influenza Virus Types and Subtypes Identified by Wadsworth Center (excluding NYC)

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). To date, specimens tested through the ILINet program have been negative.

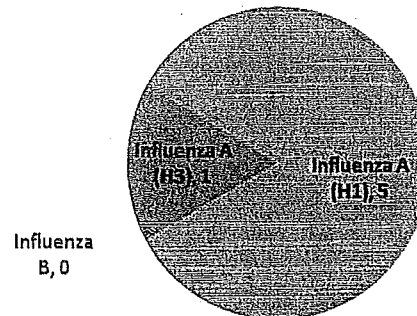
There are 2 common subtypes of Type A influenza viruses – H1 and H3. Each subtype has a slightly different genetic makeup from the other. Rarely, an influenza virus is unable to be typed by the laboratory.

All influenza Viruses Detected by NYSDOH Laboratory, 2013-14 Season (N=14)*



* A total of 205 specimens have been tested to date.

Subset of Influenza Viruses Detected by NYSDOH Laboratory in Hospital Patient Specimens, 2013-14 Season (N=6)*



* A total of 88 hospitalized patient specimens have been tested to date.

Influenza Antiviral Resistance Testing

The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance.⁴

NYS Antiviral Resistance Testing Results on Samples Collected Season to Date, 2013-14

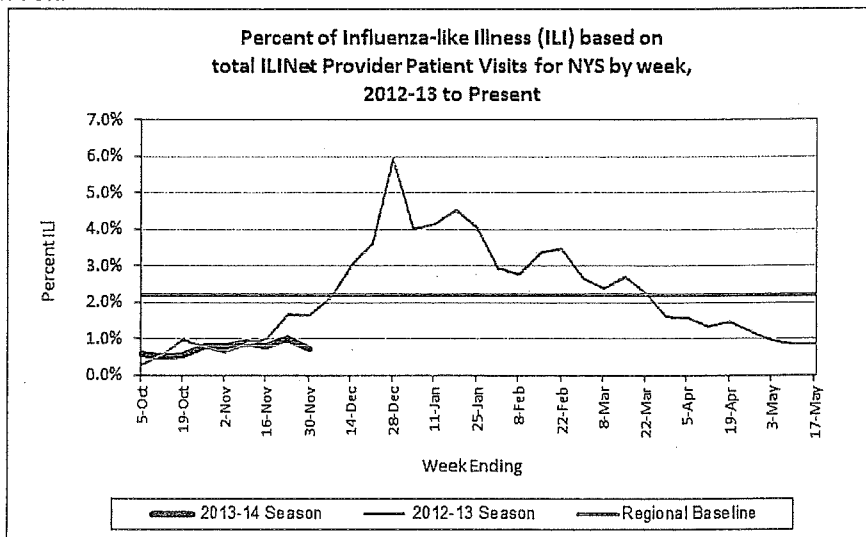
	Oseltamivir		Zanamivir	
	Samples tested	Resistant Viruses, Number (%)	Samples tested	Resistant Viruses, Number (%)
Influenza A (H3N2) ⁱ	3	0 (0.0)	2	0 (0.0)
Influenza B ⁱⁱ	0	0 (0.0)	0	0 (0.0)
2009 Influenza A (H1N1) ⁱⁱⁱ	8	0 (0.0)	2	0 (0.0)

- 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.
- 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.
- 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.

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.

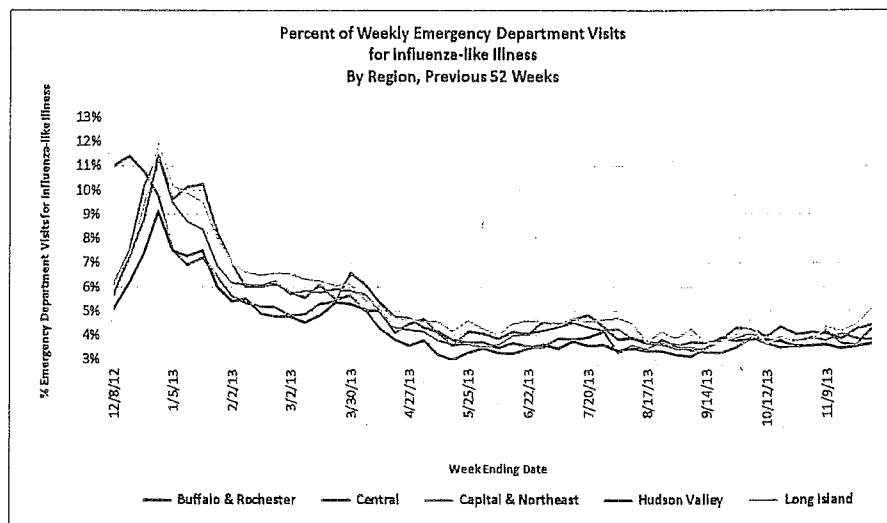
The CDC uses trends from past years to determine a regional baseline rate of doctors' office visits for illness consistent with influenza. For NYS, the regional baseline is currently 2.2%. Numbers above this regional baseline suggest high levels of illness consistent with influenza in the state.



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.

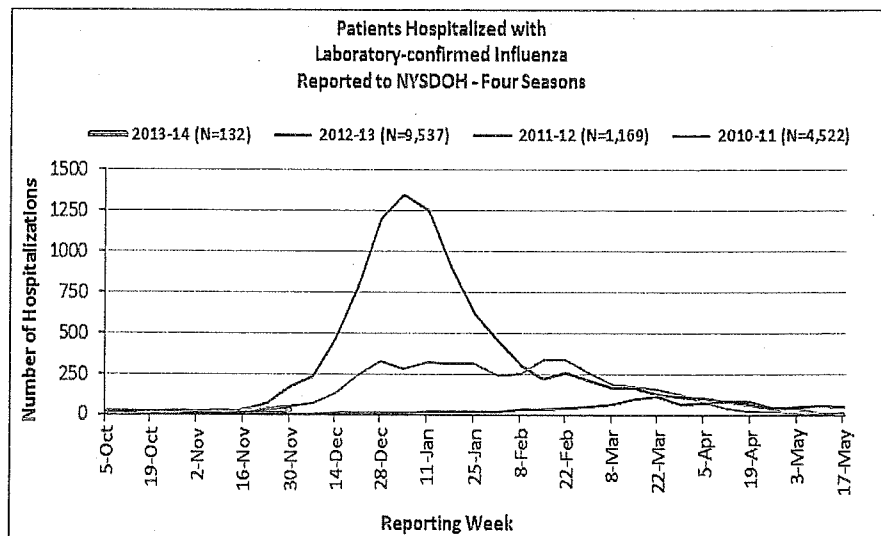
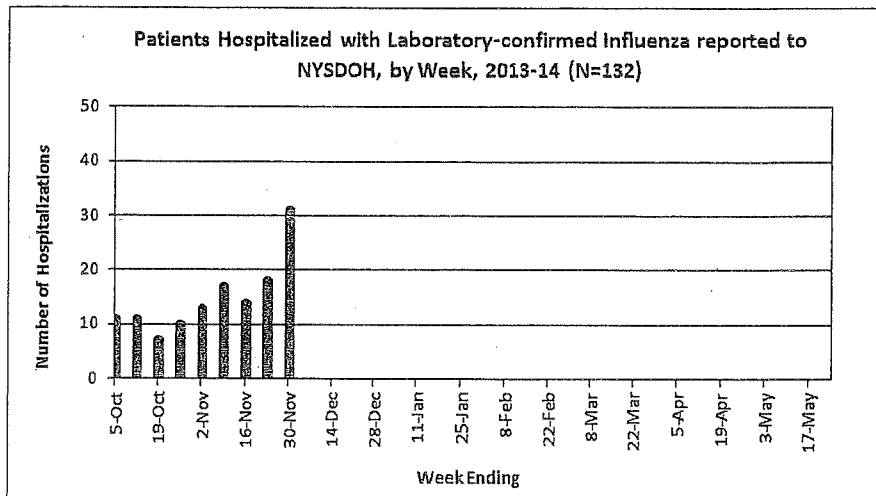
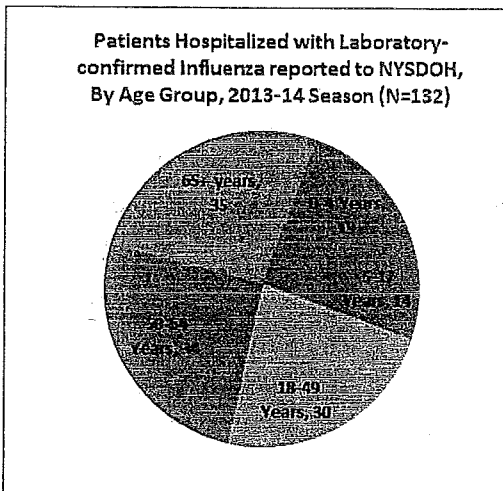
An increase in visits to hospital emergency departments for ILI can be one sign that influenza has arrived in that part of NYS. Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.



⁴ 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/>.

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.⁵



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.⁶ Medical chart reviews are completed on all identified cases from October 1 through April 30 of the following year. EIP estimated hospitalization rates will be updated weekly starting later this season.

⁵ 149 (76%) of 197 hospitals reported this week.

⁶ 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 is defined as one or more confirmed or two or more suspect cases of influenza in persons who were admitted to the facility with no signs or symptoms of influenza infection. 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.⁷

Week-to-Date (CDC week - 48) 11/24/13 through 11/30/13	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* Lab-confirmed Influenza (any type)	2		2			0			0			0	2	0	2
# Outbreaks* viral respiratory illness**			0			0			0			0	0	0	0
Total # Outbreaks	2	0	2	0	0	0	0	0	0	0	0	0	2	0	2
Season-to-Date (CDC week - 48) 9/29/13 through 11/30/13	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* Lab-confirmed Influenza (any type)	2		2			0	1	1	2			0	3	1	4
# Outbreaks* viral respiratory illness**		5	5		1	1		2	2		3	3	0	11	11
Total # Outbreaks	2	5	7	0	1	1	1	3	4	0	3	3	3	12	15

ACF - Article 28 Acute Care Facility

LTCF - Article 28 Long Term Care Facility

*Outbreaks are reported based on the onset date of symptoms in the first case

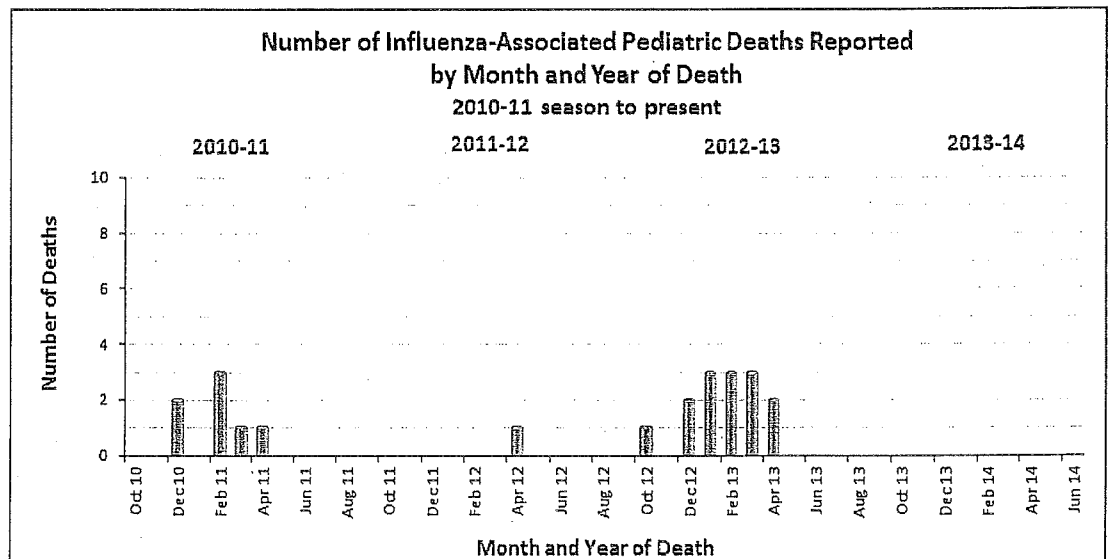
** Includes outbreaks of suspect influenza and/or other viral upper respiratory pathogens

Pediatric influenza-associated deaths reported (including NYC)

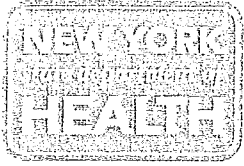
Local health departments report pediatric influenza-associated deaths to NYSDOH.

Flu-associated deaths in children younger than 18 years old are nationally notifiable.

All pediatric flu-associated deaths included in this report are laboratory-confirmed.



⁷ For more information on reporting of healthcare-associated influenza, visit http://www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm



**BUREAU OF COMMUNICABLE DISEASE CONTROL
STATEWIDE INFLUENZA SURVEILLANCE REPORT
FOR WEEK ENDING
January 4, 2014**

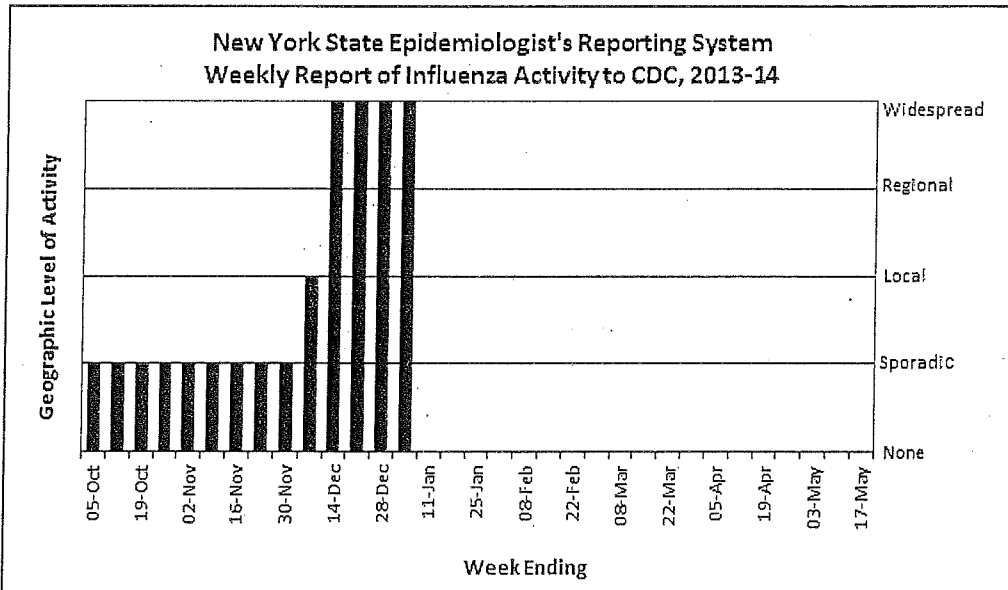
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During the week ending January 4, 2014:

- Influenza activity level was categorized as geographically **widespread**² with laboratory confirmed influenza reported in **54 counties** plus New York City.
- There were **1,585** laboratory-confirmed influenza reports, a **30% increase** over last week.
- Of the **532** specimens submitted to NYS WHO/NREVSS laboratories, **87** were positive for influenza.
- **Fifty-One** of the **103** specimens submitted to the NYSDOH laboratory were positive for influenza. **46** were influenza A (H1), **three** were influenza A (H3), **one** was influenza A (not subtyped), and **one** was influenza B.
- Reports of percent of patient visits for influenza-like illness (ILI³) from ILINet providers was **3.49%**, which is **above** the regional baseline of **2.2%**.
- The number of patients admitted to the hospital with laboratory-confirmed influenza or hospitalized patients newly diagnosed with laboratory-confirmed influenza was **376**, a **15% increase** over last week.
- There were no influenza-associated pediatric deaths reported this week. There have been no influenza-associated pediatric deaths reported this season.

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

This graph represents the geographic spread of laboratory confirmed influenza activity in NYS (including NYC), not necessarily the intensity of influenza activity.



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/>. 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.

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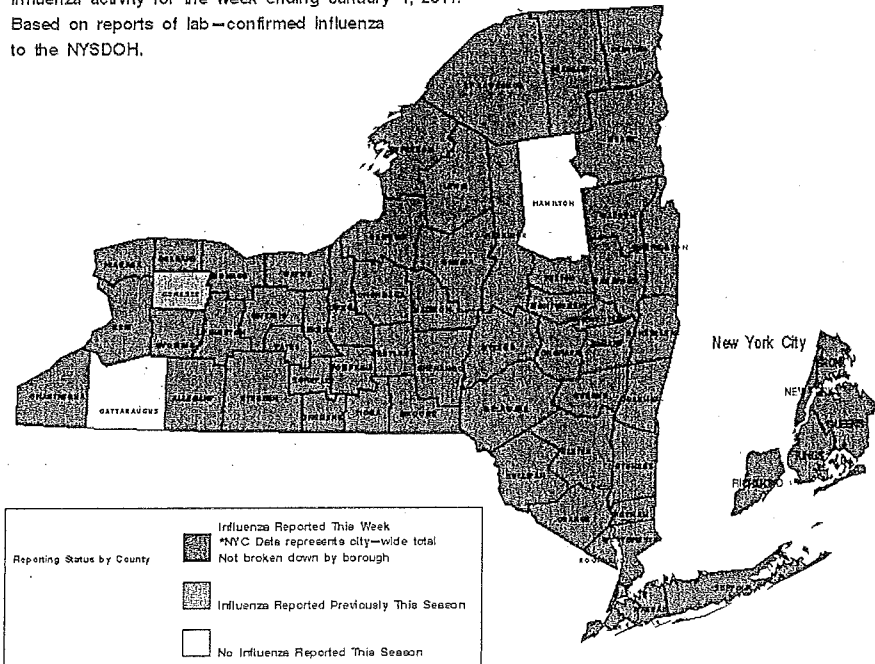
Laboratory Reports of Influenza (including NYC)

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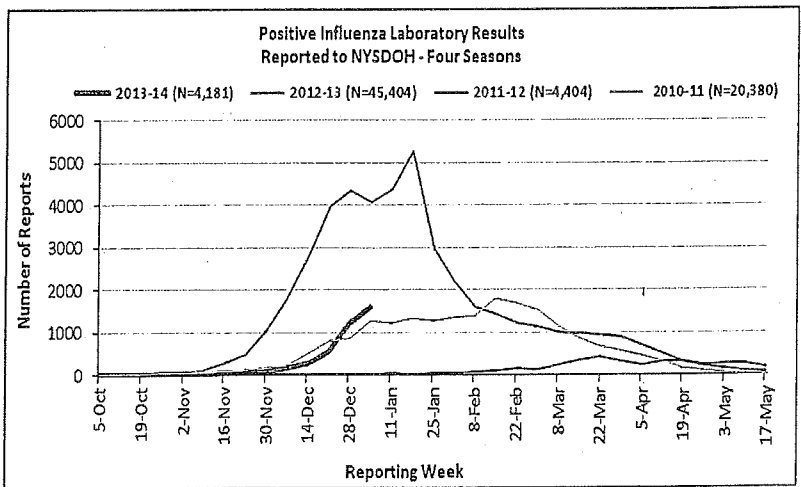
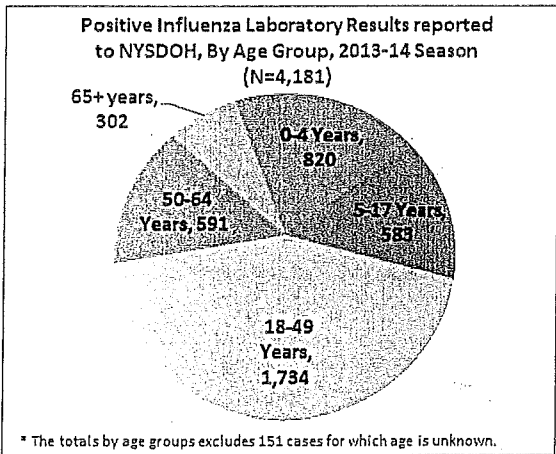
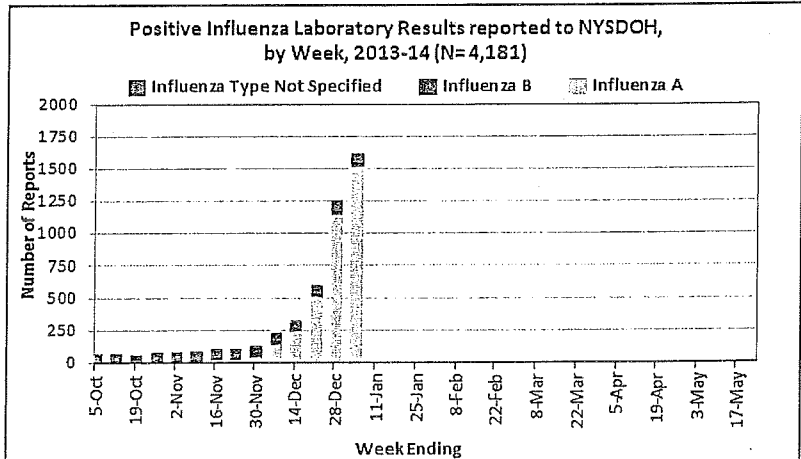
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Based on laboratory reports to NYSDOH:

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- Influenza was reported in 1 county previously this season, but not this week.



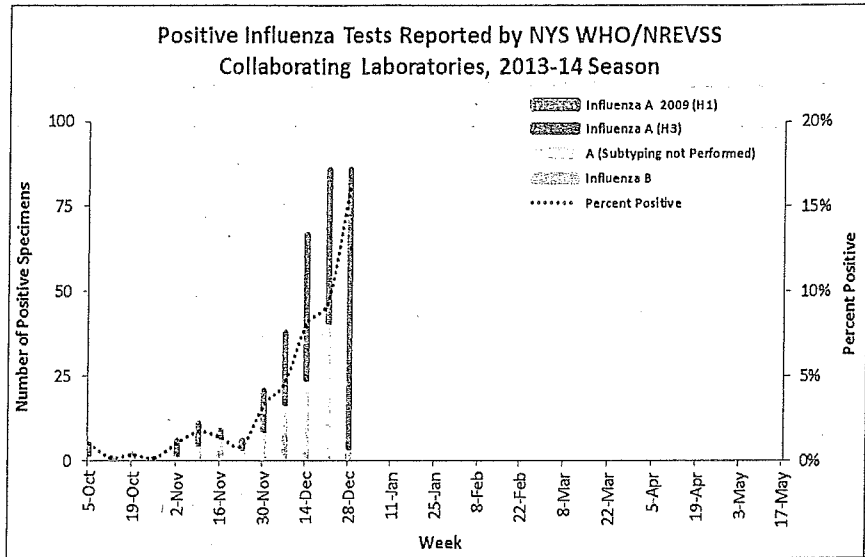
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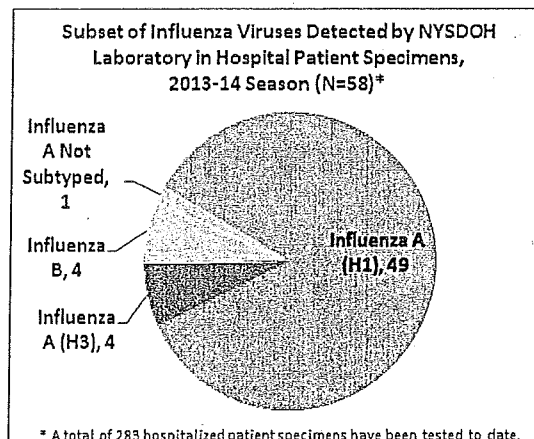
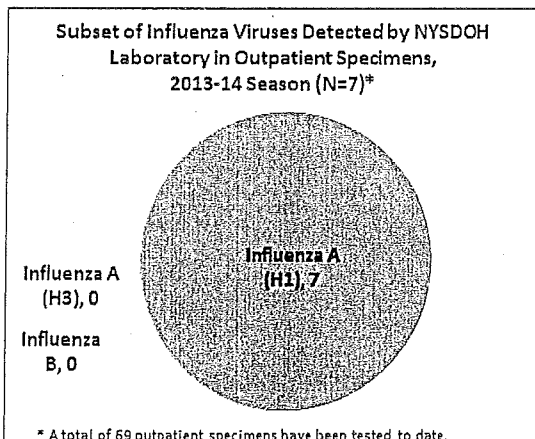
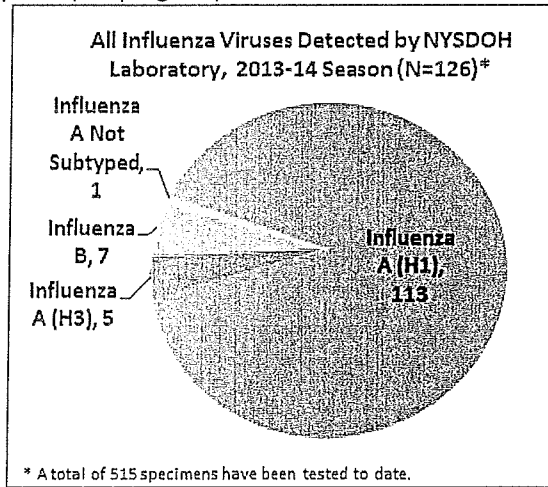
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Influenza Antiviral Resistance Testing

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NYS Antiviral Resistance Testing Results on Samples Collected Season to Date, 2013-14

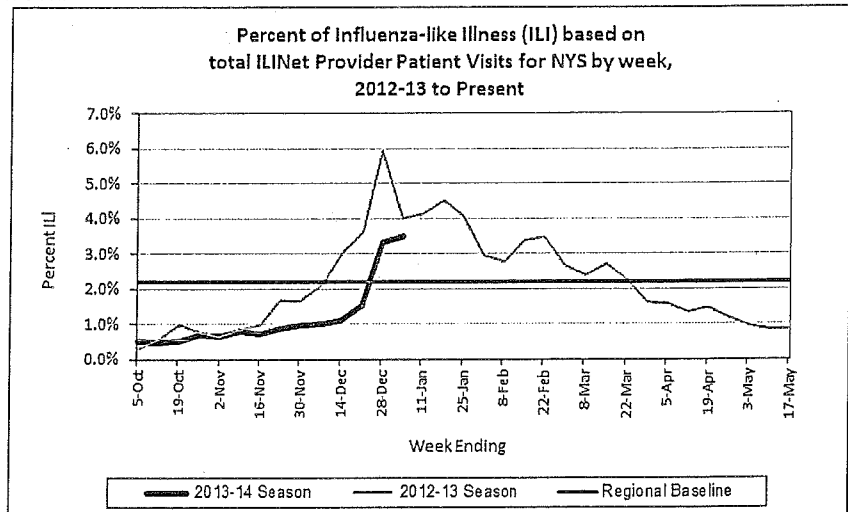
	Oseltamivir		Zanamivir	
	Samples tested	Resistant Viruses, Number (%)	Samples tested	Resistant Viruses, Number (%)
Influenza A (H3N2) ⁱ	4	0 (0.0)	2	0 (0.0)
Influenza B ⁱⁱ	0	0 (0.0)	0	0 (0.0)
2009 Influenza A (H1N1) ⁱⁱⁱ	10	0 (0.0)	2	0 (0.0)

- 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.
- 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.
- 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.

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 2.2%. Numbers above this regional baseline suggest high levels of illness consistent with influenza in the state.

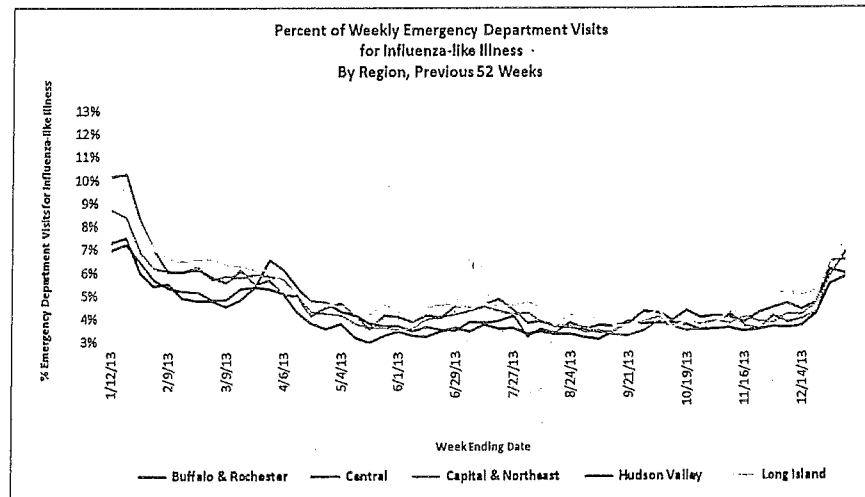


Emergency Department Visits for ILI - Syndromic Surveillance (excluding NYC)

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.

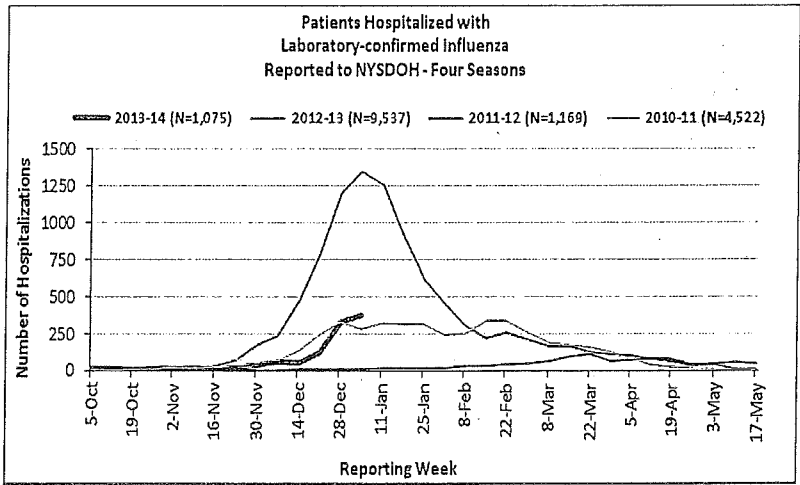
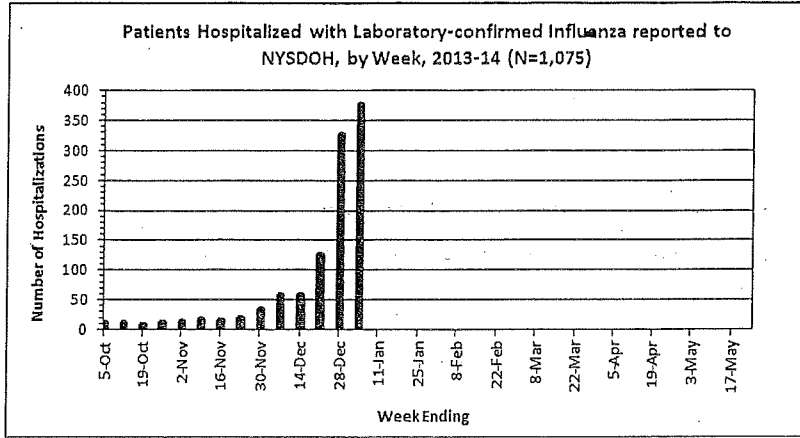
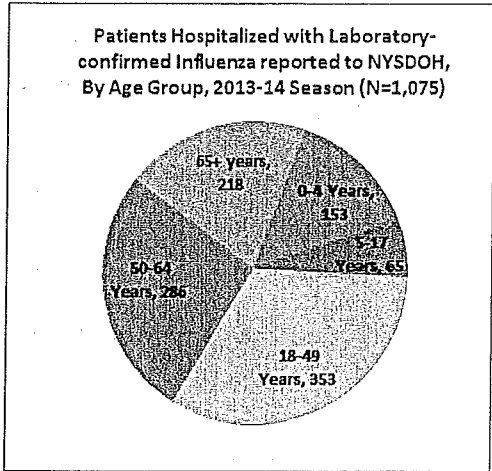
Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.



⁴ 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/>.

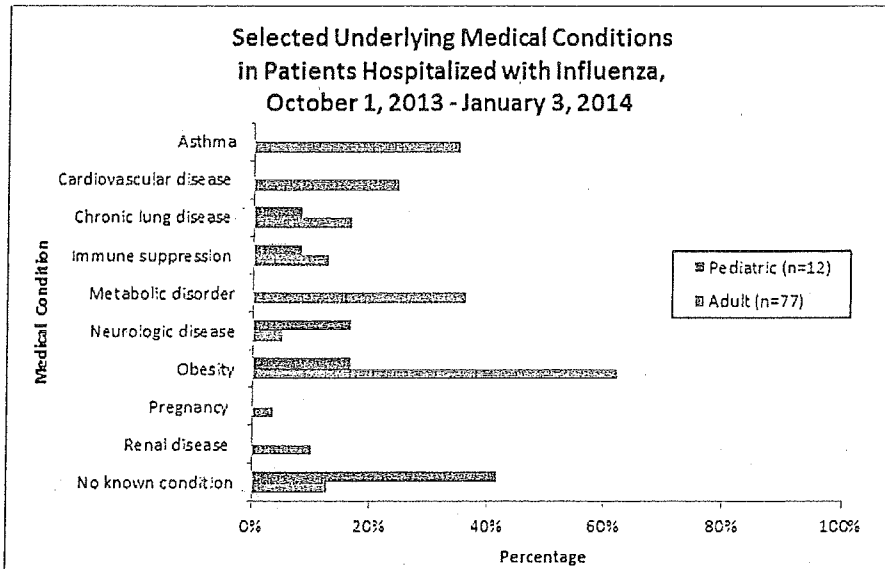
Patients Hospitalized with Laboratory-Confirmed Influenza (including NYC)

Hospitals in NYS and NYC report the number of hospitalized patients with laboratory-confirmed influenza to NYSDOH.⁵



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.⁶ Medical chart reviews are completed on all identified cases from October 1 through April 30 of the following year.



⁵ 173 (88%) of 197 hospitals reported this week.

⁶ 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 is defined as one or more confirmed or two or more suspect cases of influenza in persons who were admitted to the facility with no signs or symptoms of influenza infection. 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.⁷

Week-to-Date (CDC week - 1) 12/29/13 through 1/4/14	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* Lab-confirmed Influenza (any type)			0		2	2	3	2	5			0	3	4	7
# Outbreaks* viral respiratory illness**		1	1			0			0		1	1	0	2	2
Total # Outbreaks	0	1	1	0	2	2	3	2	5	0	1	1	3	6	9
Season-to-Date (CDC week - 1) 9/29/13 through 1/4/14	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* Lab-confirmed Influenza (any type)	3	1	4		4	4	7	11	18	1	2	3	11	18	29
# Outbreaks* viral respiratory illness**	1	10	11		2	2		3	3		5	5	1	20	21
Total # Outbreaks	4	11	15	0	6	6	7	14	21	1	7	8	12	38	50

ACF - Article 28 Acute Care Facility

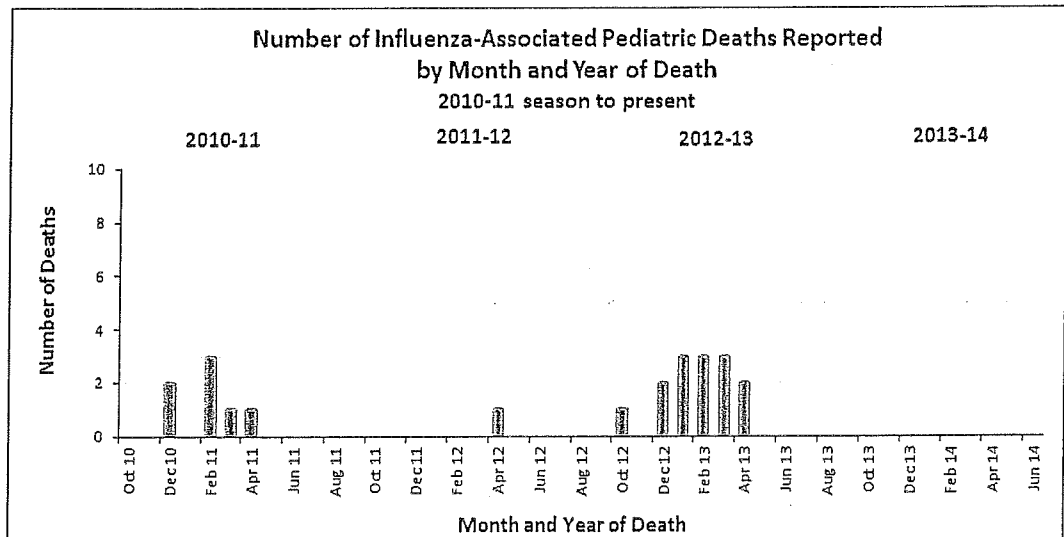
LTCF - Article 28 Long Term Care Facility

*Outbreaks are reported based on the onset date of symptoms in the first case

** Includes outbreaks of suspect influenza and/or other viral upper respiratory pathogens

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 nationally notifiable.

All pediatric flu-associated deaths included in this report are laboratory-confirmed.

⁷ For more information on reporting of healthcare-associated influenza, visit http://www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm

NYS DEPARTMENT OF HEALTH AIDS INSTITUTE
PRESENTS
STATEWIDE STAKEHOLDER MEETINGS
NYS Hepatitis C Testing Law

Purpose

On October 23, 2013, Governor Andrew M. Cuomo signed into law a new Section 2171 to the public health law that requires the offering of a hepatitis C screening test to every individual born between 1945 and 1965.

This new NYS law along with new more effective HCV treatments provides us an opportunity to increase the number of persons aware of their HCV status, link them to appropriate medical care and treatment and provide them a possible cure from HCV. The effective implementation of this legislation is critical.

New York statewide stakeholder meetings will be convened as a strategic way to collect information, input and comment about the implementation of the new Hepatitis C Testing Law.

Please join us to ask questions about the law, share ideas and provide input.

- * Albany December 5, 2013 1 University Place, Rensselaer
- * Buffalo December 12, 2013 American Red Cross, 786 Delaware Ave.
- * NYC December 16, 2013 90 Church Street, Manhattan
- * Syracuse January 9, 2014 217 S. Salina Street

All meetings will be held from 10 a.m. - 12 p.m.

If you are unable to attend in person, the option to dial-in will be available.

To register, please email: hepatabc@health.state.ny.us. Please include: 1) email, 2) location you plan on attending and 3) whether you will be attending in person or by phone.

Upon registration additional information will be provided

Thank you