ULSTER COUNTY BOARD OF HEALTH

December 11, 2017

AGENDA

CALL TO ORDER

- **OLD BUSINESS**

  a. Approval of the November minutes

- **NEW BUSINESS**

  a. Commissioner's Report (Dr. Smith)

     - Medical Examiner Stats
     - NYS Health Foundation Opioid Report
     - Communicable Disease Monthly Report
     - Status of Environmental Active Projects

  b. Patient Services Report (Ms. Veytia)

     - Medical Credentialing- Dr. M Montera
     - Influenza Surveillance NYSDOH-12/2/ 2017 Weekly

MEETING CONCLUSION

Ulster County Board of Health

Golden Hill Office Building
239 Golden Hill Lane
Kingston, NY 12401

Date: Monday, December 11, 2017

Board Members		Signature
Cardinale RN GCNS-BC, Anne	Board Member	
Delma MD, Dominique	Vice Chairman	
Graham ESQ, Peter	Board Member	
Hildebrandt MPA, Mary Ann	Secretary	
Kelly RN, Elizabeth	Board Member	Excused
Tack DO, Marc	Board Member	Excused
Woodley MD, Walter	Chairman	

Department of Health and Mental Health		Signature
Smith, MD, MPH, Carol	Commissioner of Health and Mental Health	
Heller MD, Douglas	Medical Examiner	Excused
Veytia RN, MSN, Nereida	Deputy and Director of Patient Services	
Mertens PE, Shelley	Director of Environmental Health Services	Excused

Guests		Signature

Ulster County Board of Health
December 11, 2017

Members PRESENT: Anne Cardinale, RN GCNS-BC, Board Member
Walter Woodley, MD, Chairperson
Mary Ann Hildebrandt, MPA, Secretary
Peter Graham, ESQ, Board Member
Elizabeth Kelly, RN, Board Member
Dominique Delma, MD, Vice Chair

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

GUESTS: None

ABSENT: None

EXCUSED: Marc Tack, DO, Board Member
Shelley Mertens, Environmental Health Director
Douglas Heller, MD, Medical Examiner

I. **Approval of Minutes:** A motion was made by Ms. Cardinale to approve the November minutes. The motion was seconded by Ms. Hildebrandt and unanimously approved.

II. **Agency Reports:**

a. Commissioner's Report: Dr. Smith reported on the following:

- **Medical Examiner Office Update:** The Medical Examiner stats are now posted on the Health Department's webpage. Samples of the reports were distributed to the Board (see attached). The Board had previously asked for a breakdown in suicide stats specific to age and gender. These stats were distributed to the Board (see attached). A discussion ensued regarding a concern that there are some medical providers over prescribing opioids and the ability to identify these providers. Dr. Woodley stated that he had a list of providers and their prescribing trends and would forward to Dr. Smith.

- **NYS Health Foundation Opioid Report:** This report created by the NYS Health Foundation was distributed for review (see attached). This report was designed to look at prescribing opioid prescribing trends by county in NYS from 2010-2015.

- **Communicable Disease Monthly Report:** Dr. Smith distributed and reviewed the monthly report for communicable diseases (see attached).

- **Status of Environmental Active Projects:**

  Comfort Inn: The DEC called on 12/11/2017 and responded to outstanding comments. The line will be

buried this week. DEC assured that the necessary agreements have been signed. The Contractor will provide documentation regarding the 2" tap. The village of Saugerties water superintendent will test the RPZ once it is installed in the Comfort Inn.

Polystyrene Law: All are in compliance at this point. DOH spoke to the 8 children's camps that were not in compliance last year and sent them an email with an Agreement and Stipulation (A&S) and the fines. They have begun to pay the fines and submit the signed A&S. DOH has made it very clear that they will not get a Permit to Operate for the 2018 season if the fines aren't paid and if they are not in compliance with the Local Law.

Tobacco: All of the facilities that had their first buy have completed their one week suspension except for Beacon Automotive which is to be between 12/23/2017 and 12/29/2017. A formal hearing for Quick Foods is scheduled for December 19th. The Youth Worker will be present to testify. There have been two (2) more buys but they were second buys so the State will be suspending the tobacco licenses for 6 months.

Port Ewen: The third quarter disinfection byproducts results came in and they will have to make notification again. DOH is requiring that Port Ewen hire an engineer to review the system which they did.

Napanoch: The Department of Corrections has agreed to allow the Napanoch Water District to drill in the corn fields. This will be dependent on well yield and water quality allow the district to be formed and municipal water supplied to the area impacted by the tunnel leak.

O'Neill Street: Testing is scheduled for 12/12 and Nathan and Jackie from NYDOH will be on-site.

b. **Patient Services Report:** Ms Veytia reported on the following:

- **Medical Credentialing:** Dr. Montera was due for credentialing review by the Board. He currently is responsible for medication management at the UCDOH STD clinics. Ms. Veytia reported that Dr. Montera maintains a good rapport with both clients and staff. A motion was made to accept Dr. Anderson's credentialing and continued work in the clinic by Dr. Woodley, seconded by Ms. Hildebrandt and unanimously approved.
- **Influenza Surveillance:** The most recent NYSDOH Weekly flu surveillance report was distributed to the Board (see attached).

III. **Meeting Adjournment:** A motion was made to adjourn the meeting by Mr. Graham, motion was seconded by Ms. Hildebrandt and unanimously approved.

IV. **Next Meeting:** The next meeting is scheduled for January 8, 2018, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:

Mary Ann Hildebrandt, MPA

Mary Ann Hildebrandt, MPA
Secretary - Board of Health

Yrmo	Sex	count
201702	F	1
201703	F	1
201703	M	2
201704	M	2
201705	M	3
201706	F	1
201706	M	1
201707	M	3
201708	M	5
201709	M	1

Yrmo	AgeGroupOrder	AgeGroup	count
201702	4	41-65 years	1
201703	1	5-18 years	1
201703	4	41-65 years	2
201704	4	41-65 years	2
201705	2	19-25 years	1
201705	3	26-40 years	1
201705	5	66+ years	1
201706	4	41-65 years	2
201707	2	19-25 years	1
201707	3	26-40 years	1
201707	5	66+ years	1
201708	2	19-25 years	1
201708	3	26-40 years	3
201708	4	41-65 years	1
201709	2	19-25 years	1

Ulster County Department of Health
Medical Examiner Cases - Autopsy Report Receipt Lag
Deaths occurring between 1/1/2016 and 12/31/2016

UC Case No	Date of Death	Autopsy Report Received	Lag (Days)	Lag (Months)
16-01-5	1/1/2016	4/22/2016	112	3.7
16-01-7	1/4/2016	4/22/2016	109	3.6
16-01-6	1/6/2016	4/22/2016	107	3.5
16-01-18	1/6/2016	8/29/2016	236	7.8
16-01-15	1/7/2016	8/22/2016	228	7.5
16-01-14	1/10/2016	7/22/2016	194	6.4
16-01-12	1/12/2016	4/27/2016	106	3.5
16-01-2	1/14/2016	3/28/2016	74	2.4
16-01-13	1/15/2016	5/19/2016	125	4.1
16-01-1	1/17/2016	3/16/2016	59	1.9
16-01-9	1/19/2016	4/27/2016	99	3.3
16-01-10	1/19/2016	4/27/2016	99	3.3
16-01-4	1/20/2016	4/22/2016	93	3.1
16-01-17	1/20/2016	8/29/2016	222	7.3
16-01-3	1/23/2016	4/22/2016	90	3.0
16-01-8	1/26/2016	4/27/2016	92	3.0
16-01-11	1/26/2016	4/27/2016	92	3.0
16-01-16	1/30/2016	8/29/2016	212	7.0
16-02-8	2/2/2016	8/22/2016	202	6.6
16-02-12	2/4/2016	9/15/2016	224	7.4
16-02-10	2/6/2016	8/22/2016	198	6.5
16-02-11	2/7/2016	8/29/2016	204	6.7
16-02-1	2/9/2016	5/26/2016	107	3.5
16-02-13	2/10/2016	9/16/2016	219	7.2
16-02-7	2/12/2016	8/22/2016	192	6.3
16-02-14	2/13/2016	10/3/2016	233	7.7
16-02-15	2/13/2016	10/27/2016	257	8.4

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Medical Examiner Cases - Autopsy Report Receipt Lag
Deaths occurring between 1/1/2016 and 12/31/2016

UC Case No	Date of Death	Autopsy Report Received	Lag (Days)	Lag (Months)
16-02-16	2/18/2016	10/27/2016	252	8.3
16-02-2	2/18/2016	6/6/2016	109	3.6
16-02-4	2/19/2016	6/15/2016	117	3.8
16-02-6	2/23/2016	8/22/2016	181	5.9
16-02-3	2/26/2016	6/15/2016	110	3.6
16-02-9	2/29/2016	8/22/2016	175	5.7
16-03-7	3/1/2016	8/22/2016	174	5.7
16-03-2	3/1/2016	8/22/2016	174	5.7
16-03-8	3/5/2016	8/29/2016	177	5.8
16-03-6	3/8/2016	8/22/2016	167	5.5
16-03-12	3/9/2016	10/17/2016	222	7.3
16-03-10	3/12/2016	3/21/2016	9	0.3
16-03-11	3/13/2016	10/17/2016	218	7.2
16-03-1	3/19/2016	4/27/2016	39	1.3
16-03-3	3/23/2016	8/22/2016	152	5.0
16-03-4	3/25/2016	8/22/2016	150	4.9
16-02-5	3/26/2016	7/22/2016	118	3.9
16-03-9	3/29/2016	9/6/2016	161	5.3
16-03-5	3/31/2016	8/22/2016	144	4.7
16-04-6	4/3/2016	9/6/2016	156	5.1
16-04-3	4/3/2016	8/22/2016	141	4.6
16-04-9	4/9/2016	1/23/2017	289	9.5
16-04-7	4/12/2016	9/16/2016	157	5.2
16-04-10	4/13/2016	1/23/2017	285	9.4
16-04-2	4/15/2016	8/22/2016	129	4.2
16-04-1	4/15/2016	8/22/2016	129	4.2
16-04-13	4/17/2016	1/30/2017	288	9.5

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16-04-4	4/19/2016	8/29/2016	132	4.3
16-04-11	4/20/2016	1/23/2017	278	9.1
16-04-5	4/22/2016	9/6/2016	137	4.5
16-04-12	4/30/2016	1/23/2017	268	8.8
16-04-8	4/30/2016	12/5/2016	219	7.2
16-05-9	5/3/2016	9/26/2016	146	4.8
16-05-12	5/5/2016	10/17/2016	165	5.4
16-05-15	5/7/2016	1/11/2017	249	8.2
16-05-11	5/9/2016	10/17/2016	161	5.3
16-05-7	5/11/2016	9/6/2016	118	3.9
16-05-8	5/11/2016	5/23/2016	12	0.4
16-05-13	5/12/2016	12/5/2016	207	6.8
16-05-10	5/13/2016	10/17/2016	157	5.2
16-05-14	5/14/2016	1/11/2017	242	8.0
16-05-6	5/16/2016	9/6/2016	113	3.7
16-05-5	5/17/2016	9/6/2016	112	3.7
16-05-3	5/18/2016	8/22/2016	96	3.2
16-05-4	5/22/2016	9/6/2016	107	3.5
16-05-16	5/26/2016	1/23/2017	242	8.0
16-05-1	5/26/2016	11/14/2016	172	5.7
16-05-2	5/31/2016	9/15/2016	107	3.5
16-06-7	6/6/2016	1/30/2017	238	7.8
16-06-4	6/11/2016	1/23/2017	226	7.4
16-06-5	6/13/2016	1/23/2017	224	7.4
16-06-6	6/15/2016	1/23/2017	222	7.3
16-06-2	6/20/2016	12/19/2016	182	6.0
16-06-8	6/25/2016	1/30/2017	219	7.2

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UC Case No	Date of Death	Autopsy Report Received	Lag (Days)	Lag (Months)
16-06-1	6/27/2016	11/14/2016	140	4.6
16-06-3	6/28/2016	1/23/2017	209	6.9
16-07-9	7/3/2016	1/23/2017	204	6.7
16-07-7	7/7/2016	12/5/2016	151	5.0
16-07-5	7/11/2016	11/14/2016	126	4.1
16-07-8	7/12/2016	12/19/2016	160	5.3
16-07-2	7/13/2016	9/26/2016	75	2.5
16-07-4	7/13/2016	11/14/2016	124	4.1
16-07-3	7/14/2016	9/26/2016	74	2.4
16-07-6	7/18/2016	11/14/2016	119	3.9
16-07-10	7/20/2016	1/23/2017	187	6.1
16-07-1	7/23/2016	12/27/2016	157	5.2
16-07-13	7/25/2016	2/6/2017	196	6.4
16-07-11	7/25/2016	1/23/2017	182	6.0
16-07-12	7/27/2016	2/6/2017	194	6.4
16-07-14	7/28/2016	2/28/2017	215	7.1
16-08-2	8/10/2016	1/23/2017	166	5.5
16-08-1	8/16/2016	11/22/2016	98	3.2
16-08-5	8/18/2016	2/28/2017	194	6.4
16-08-4	8/21/2016	1/23/2017	155	5.1
16-08-3	8/22/2016	1/23/2017	154	5.1
16-09-7	9/6/2016	2/13/2017	160	5.3
16-09-12	9/8/2016	5/18/2017	252	8.3
16-09-2	9/10/2016	1/9/2017	121	4.0
16-09-3	9/12/2016	1/23/2017	133	4.4
16-09-6	9/14/2016	2/6/2017	145	4.8
16-09-5	9/15/2016	1/23/2017	130	4.3

Ulster County Department of Health
Medical Examiner Cases - Autopsy Report Receipt Lag
Deaths occurring between 1/1/2016 and 12/31/2016

UC Case No	Date of Death	Autopsy Report Received	Lag (Days)	Lag (Months)
16-09-8	9/17/2016	5/15/2017	240	7.9
16-09-1	9/22/2016	12/19/2016	88	2.9
16-09-10	9/25/2016	5/15/2017	232	7.6
16-09-11	9/28/2016	5/18/2017	232	7.6
16-09-9	9/29/2016	5/15/2017	228	7.5
16-09-13	9/30/2016	5/18/2017	230	7.6
16-09-4	9/30/2016	1/23/2017	115	3.8
16-10-2	10/5/2016	2/6/2017	124	4.1
16-10-7	10/8/2016	5/18/2017	222	7.3
16-10-5	10/9/2016	5/15/2017	218	7.2
16-10-3	10/14/2016	2/6/2017	115	3.8
16-10-11	10/16/2016	5/18/2017	214	7.0
16-10-6	10/17/2016	5/15/2017	210	6.9
16-10-10	10/18/2016	5/18/2017	212	7.0
16-10-8	10/19/2016	5/18/2017	211	6.9
16-10-9	10/20/2016	5/18/2017	210	6.9
16-10-1	10/30/2016	1/22/2017	84	2.8
16-10-4	10/31/2016	3/20/2017	140	4.6
16-11-10	11/2/2016	1/22/2017	81	2.7
16-11-1	11/9/2016	1/22/2017	74	2.4
16-11-3	11/16/2016	1/22/2017	67	2.2
16-11-2	11/16/2016	1/22/2017	67	2.2
16-11-4	11/17/2016	1/22/2017	66	2.2
16-11-6	11/18/2016	1/22/2017	65	2.1
16-11-5	11/18/2016	1/22/2017	65	2.1
16-11-11	11/19/2016	3/20/2017	121	4.0
16-11-7	11/21/2016	1/22/2017	62	2.0

Ulster County Department of Health
Medical Examiner Cases - Autopsy Report Receipt Lag
Deaths occurring between 1/1/2016 and 12/31/2016

UC Case No	Date of Death	Autopsy Report Received		Lag (Days)	Lag (Months)
16-11-8	11/26/2016	1/22/2017		57	1.9
16-11-9	11/28/2016	1/22/2017		55	1.8
16-12-1	12/4/2016	4/30/2017		147	4.8
16-12-3	12/5/2016	12/23/2016		18	0.6
16-12-2	12/6/2016	1/20/2017		45	1.5
16-12-4	12/10/2016	2/1/2017		53	1.7
16-12-8	12/11/2016	2/1/2017		52	1.7
16-12-10	12/19/2016	3/20/2017		91	3.0
16-12-8	12/21/2016	2/1/2017		42	1.4
16-12-11	12/23/2016	6/28/2017		187	6.1
16-12-5	12/24/2016	2/1/2017		39	1.3
16-12-9	12/28/2016	4/11/2017		104	3.4
16-12-6	12/29/2016	2/1/2017		34	1.1
Total Number of Cases: 148			**Avg:**	152.0	5.0

Ulster County Department of Health
Medical Examiner Cases - Autopsy Report Receipt Lag
Deaths occurring between 1/1/2017 and 12/31/2017

UC Case No	Date of Death	Autopsy Report Received	Lag (Days)	Lag (Months)
UC17-001	1/3/2017	3/17/2017	73	2.4
UC17-002	1/7/2017	4/22/2017	105	3.4
UC17-003	1/10/2017	2/13/2017	34	1.1
UC17-005	1/11/2017	2/13/2017	33	1.1
UC17-004	1/11/2017	2/13/2017	33	1.1
UC17-006	1/13/2017	3/17/2017	63	2.1
UC17-007	1/23/2017	2/13/2017	21	0.7
UC17-008	1/24/2017	2/13/2017	20	0.7
UC17-009	1/25/2017	3/17/2017	51	1.7
UC17-010	1/28/2017	2/13/2017	16	0.5
UC17-011	1/31/2017	4/25/2017	84	2.8
UC17-012	2/2/2017	3/30/2017	56	1.8
UC17-013	2/5/2017	3/17/2017	40	1.3
UC17-014	2/6/2017	4/13/2017	66	2.2
UC17-015	2/6/2017	4/27/2017	80	2.6
UC17-016	2/7/2017	3/16/2017	37	1.2
UC17-017	2/11/2017	6/14/2017	123	4.0
UC17-018	2/16/2017	5/22/2017	95	3.1
UC17-019	2/16/2017	6/27/2017	131	4.3
UC17-020	3/3/2017	5/23/2017	81	2.7
UC17-021	3/3/2017	5/5/2017	63	2.1
UC17-022	3/4/2017	5/19/2017	76	2.5
UC17-023	3/6/2017	4/24/2017	49	1.6
UC17-024	3/9/2017	5/23/2017	75	2.5
UC17-026	3/15/2017	5/5/2017	51	1.7
UC17-025	3/15/2017	4/22/2017	38	1.2
UC17-027	3/15/2017	5/17/2017	63	2.1

Ulster County Department of Health
Medical Examiner Cases - Autopsy Report Receipt Lag
Deaths occurring between 1/1/2017 and 12/31/2017

UC Case No	Date of Death	Autopsy Report Received	Lag (Days)	Lag (Months)
UC17-028	3/16/2017	5/5/2017	50	1.6
UC17-029	3/18/2017	6/7/2017	81	2.7
UC17-030	3/22/2017	5/1/2017	40	1.3
UC17-031	3/24/2017	4/13/2017	20	0.7
UC17-032	3/29/2017	7/6/2017	99	3.3
UC17-033	3/30/2017	6/26/2017	88	2.9
UC17-034	3/30/2017	7/12/2017	104	3.4
UC17-035	4/3/2017	4/20/2017	17	0.6
UC17-036	4/7/2017	7/18/2017	102	3.4
UC17-037	4/9/2017	5/19/2017	40	1.3
UC17-038	4/22/2017	6/21/2017	60	2.0
UC17-042	4/23/2017	6/28/2017	66	2.2
UC17-039	4/23/2017	7/12/2017	80	2.6
UC17-041	4/23/2017	5/31/2017	38	1.2
UC17-040	4/23/2017	7/12/2017	80	2.6
UC17-043	4/26/2017	6/7/2017	42	1.4
UC17-044	4/28/2017	6/28/2017	61	2.0
UC17-045	4/30/2017	10/13/2017	166	5.5
UC17-046	5/1/2017	8/13/2017	104	3.4
UC17-048	5/1/2017	7/26/2017	86	2.8
UC17-047	5/1/2017	7/26/2017	86	2.8
UC17-049	5/2/2017	7/26/2017	85	2.8
UC17-050	5/13/2017	6/15/2017	33	1.1
UC17-051	5/18/2017	8/8/2017	82	2.7
UC17-052	5/18/2017	8/8/2017	82	2.7
UC17-053	5/19/2017	6/22/2017	34	1.1
UC17-054	5/20/2017	6/15/2017	26	0.9

Ulster County Department of Health
Medical Examiner Cases - Autopsy Report Receipt Lag
Deaths occurring between 1/1/2017 and 12/31/2017

UC Case No	Date of Death	Autopsy Report Received	Lag (Days)	Lag (Months)
UC17-055	5/22/2017	6/29/2017	38	1.2
UC17-056	5/22/2017	10/19/2017	150	4.9
UC17-057	5/26/2017	6/15/2017	20	0.7
UC17-058	5/27/2017	7/17/2017	51	1.7
UC17-059	6/2/2017	8/10/2017	69	2.3
UC17-060	6/5/2017	7/12/2017	37	1.2
UC17-061	6/6/2017	7/21/2017	45	1.5
UC17-062	6/7/2017	8/10/2017	64	2.1
UC17-063	6/8/2017	7/7/2017	29	1.0
UC17-065	6/12/2017	7/12/2017	30	1.0
UC17-064	6/12/2017	6/29/2017	17	0.6
UC17-066	6/15/2017	7/12/2017	27	0.9
UC17-067	6/18/2017	7/12/2017	24	0.8
UC17-068	6/19/2017	7/12/2017	23	0.8
UC17-069	6/20/2017	7/26/2017	36	1.2
UC17-070	6/22/2017	8/10/2017	49	1.6
UC17-071	6/24/2017	8/4/2017	41	1.3
UC17-072	6/25/2017	7/25/2017	30	1.0
UC17-073	6/25/2017	8/4/2017	40	1.3
UC17-074	7/3/2017	8/10/2017	38	1.2
UC17-075	7/4/2017	8/15/2017	42	1.4
UC17-076	7/4/2017	7/26/2017	22	0.7
UC17-078	7/7/2017	8/10/2017	34	1.1
UC17-077	7/7/2017	8/10/2017	34	1.1
UC17-079	7/8/2017	8/4/2017	27	0.9
UC17-080	7/16/2017	8/8/2017	23	0.8
UC17-081	7/19/2017	8/4/2017	16	0.5

Ulster County Department of Health
Medical Examiner Cases - Autopsy Report Receipt Lag
Deaths occurring between 1/1/2017 and 12/31/2017

UC Case No	Date of Death	Autopsy Report Received	Lag (Days)	Lag (Months)
UC17-082	7/20/2017	10/19/2017	91	3.0
UC17-083	7/22/2017	8/8/2017	17	0.6
UC17-084	7/26/2017	10/19/2017	85	2.8
UC17-086	7/28/2017	10/19/2017	83	2.7
UC17-085	7/28/2017	10/19/2017	83	2.7
UC17-087	7/30/2017	8/9/2017	10	0.3
UC17-088	8/1/2017	10/19/2017	79	2.6
UC17-089	8/2/2017	10/19/2017	78	2.6
UC17-090	8/6/2017	8/30/2017	24	0.8
UC17-091	8/11/2017	12/7/2017	118	3.9
UC17-092	8/13/2017	10/26/2017	74	2.4
UC17-093	8/14/2017	10/19/2017	66	2.2
UC17-094	8/15/2017	9/12/2017	28	0.9
UC17-096	8/15/2017	9/12/2017	28	0.9
UC17-095	8/16/2017	11/3/2017	79	2.6
UC17-097	8/17/2017	9/12/2017	26	0.9
UC17-098	8/19/2017	10/20/2017	62	2.0
UC17-099	8/22/2017	10/1/2017	40	1.3
UC17-100	8/26/2017	9/12/2017	17	0.6
UC17-101	8/31/2017	10/26/2017	56	1.8
UC17-102	9/7/2017	10/5/2017	28	0.9
UC17-103	9/10/2017	11/9/2017	60	2.0
UC17-104	9/11/2017	11/9/2017	59	1.9
UC17-105	9/14/2017	9/17/2017	3	0.1
UC17-106	9/18/2017	12/27/2017	100	3.3
UC17-108	9/20/2017	10/25/2017	35	1.1
UC17-107	9/20/2017	10/11/2017	21	0.7

Ulster County Department of Health
Medical Examiner Cases - Autopsy Report Receipt Lag
Deaths occurring between 1/1/2017 and 12/31/2017

UC Case No	Date of Death	Autopsy Report Received	Lag (Days)	Lag (Months)
UC17-110	9/22/2017	10/24/2017	32	1.1
UC17-109	9/22/2017	10/25/2017	33	1.1
UC17-111	9/28/2017	11/9/2017	42	1.4
UC17-112	10/1/2017	10/25/2017	24	0.8
UC17-113	10/4/2017	10/26/2017	22	0.7
UC17-114	10/7/2017	12/18/2017	72	2.4
UC17-115	10/8/2017	12/15/2017	68	2.2
UC17-116	10/9/2017	11/27/2017	49	1.6
UC17-117	10/20/2017	11/28/2017	39	1.3
UC17-118	10/22/2017	11/28/2017	37	1.2
UC17-119	10/31/2017	11/27/2017	27	0.9
UC17-120	11/4/2017	1/5/2018	62	2.0
UC17-121	11/4/2017	1/5/2018	62	2.0
UC17-122	11/4/2017	12/15/2017	41	1.3
UC17-123	11/8/2017	12/27/2017	49	1.6
UC17-124	11/12/2017	11/29/2017	17	0.6
UC17-125	11/14/2017	11/29/2017	15	0.5
UC17-126	11/17/2017	12/15/2017	28	0.9
UC17-127	11/23/2017	1/5/2018	43	1.4
UC17-128	11/29/2017	12/2/2017	3	0.1
UC17-129	12/2/2017	12/30/2017	28	0.9
UC17-130	12/4/2017	12/30/2017	26	0.9
UC17-132	12/5/2017	1/7/2018	33	1.1
UC17-131	12/6/2017	1/8/2018	33	1.1
UC17-133	12/7/2017			
UC17-134	12/12/2017	1/3/2018	22	0.7
UC17-135	12/17/2017	1/3/2018	17	0.6

Ulster County Department of Health
Medical Examiner Cases - Autopsy Report Receipt Lag
Deaths occurring between 1/1/2017 and 12/31/2017

UC Case No	Date of Death	Autopsy Report Received		Lag (Days)	Lag (Months)
UC17-138	12/18/2017	1/5/2018		18	0.6
UC17-137	12/18/2017	1/3/2018		16	0.5
UC17-136	12/18/2017	1/8/2018		21	0.7
UC17-139	12/19/2017	1/8/2018		20	0.7
UC17-141	12/24/2017				
UC17-140	12/24/2017	1/7/2018		14	0.5
UC17-142	12/25/2017				
Total Number of Cases: 142			**Avg:**	50.6	1.7

Ulster County Department of Health
Medical Examiner's Office
Autopsy Cases

Total cases YTD 2017: 128 *Date of death in 2017, as of 12/4/17

Cases by Month by Gender

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Grand Total
F	1	2	8	5	4	5	5	1	3	5	2	41
M	10	6	7	6	9	10	9	13	7	3	7	87
Grand Total	**11**	**8**	**15**	**11**	**13**	**15**	**14**	**14**	**10**	**8**	**9**	**128**

Cases by Manner

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Grand Total
Accidental	5	5	5	5	6	7	9	6	5	5	5	63
Homicide	0	0	0	0	0	1	1	0	0	0	1	3
Natural	6	1	4	4	4	5	1	2	2	1	2	32
Pending	0	0	0	0	0	0	0	1	2	2	1	6
Suicide	0	1	3	2	3	2	3	5	1	0	0	20
Undetermined	0	1	3	0	0	0	0	0	0	0	0	4
Grand Total	**11**	**8**	**15**	**11**	**13**	**15**	**14**	**14**	**10**	**8**	**9**	**128**

Cases by Category

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Grand Total
Pending	0	0	0	0	0	0	0	1	2	2	1	6
Alcohol	1	0	2	0	0	1	0	0	2	0	0	6
Asthma	0	0	0	0	0	0	0	0	0	0	0	0
Blunt Force Trauma - non-MVA	0	1	0	0	0	0	0	0	0	0	0	1
Carbon Monoxide	0	0	0	0	0	0	0	0	0	0	0	0
Cardiovascular	2	1	2	3	4	5	1	1	1	2	2	24
Cardiovascular w/ Obesity	0	0	0	0	0	0	0	0	0	0	0	0
Diabetes	0	0	0	0	0	0	0	0	0	0	0	0
Drowning	0	0	0	0	0	0	0	0	0	0	0	0
Fall	0	0	0	0	0	0	0	0	0	0	3	3
Fall - Intentional	0	0	0	0	0	0	0	1	0	0	0	1
Gunshot Wound	0	1	0	1	0	1	2	1	1	0	0	7
Hanging	0	0	2	0	3	1	2	3	0	0	0	11
Infant	0	0	0	0	0	0	0	0	0	0	0	0
Motor Vehicle Accident	3	2	2	0	0	2	4	1	2	0	2	18
Non-Opioid Substance	0	0	0	1	0	0	0	0	0	0	0	1
Non-Opioid Substance w/ Other Substances	0	0	1	0	0	0	0	0	0	0	0	1
Non-Opioid Substance w/ Other Substances and Alcohol	1	0	0	1	0	0	0	0	0	1	0	3
Obesity	0	0	0	0	0	0	0	1	0	0	0	1
Opioid	2	1	0	0	0	2	2	0	1	0	0	8
Opioid w/Alcohol	0	0	0	0	0	0	0	0	0	0	0	0

Opioid w/ Other Substances	0	1	4	1	5	3	3	4	1	3	0	25
Opioid w/ Other Substances and Alcohol	0	0	0	1	0	0	0	1	0	0	0	2
Other	2	1	1	1	0	0	0	0	0	0	1	6
Pneumonia	0	0	1	0	0	0	0	0	0	0	0	1
Smoke Inhalation	0	0	0	2	1	0	0	0	0	0	0	3
Stab Wound	0	0	0	0	0	0	0	0	0	0	0	0
Undetermined	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	**11**	**8**	**15**	**11**	**13**	**15**	**14**	**14**	**10**	**8**	**9**	**128**

Ulster County Department of Health
Medical Examiner's Office
Autopsy Cases

Total cases 2016: 148 *Date of death in 2016

Cases by Month by Gender

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	5	6	3	5	3	2	3	1	2	4	3	4	41
M	13	9	10	8	13	6	11	4	11	7	8	7	107
Grand Total	**18**	**15**	**13**	**13**	**16**	**8**	**14**	**5**	**13**	**11**	**11**	**11**	**148**

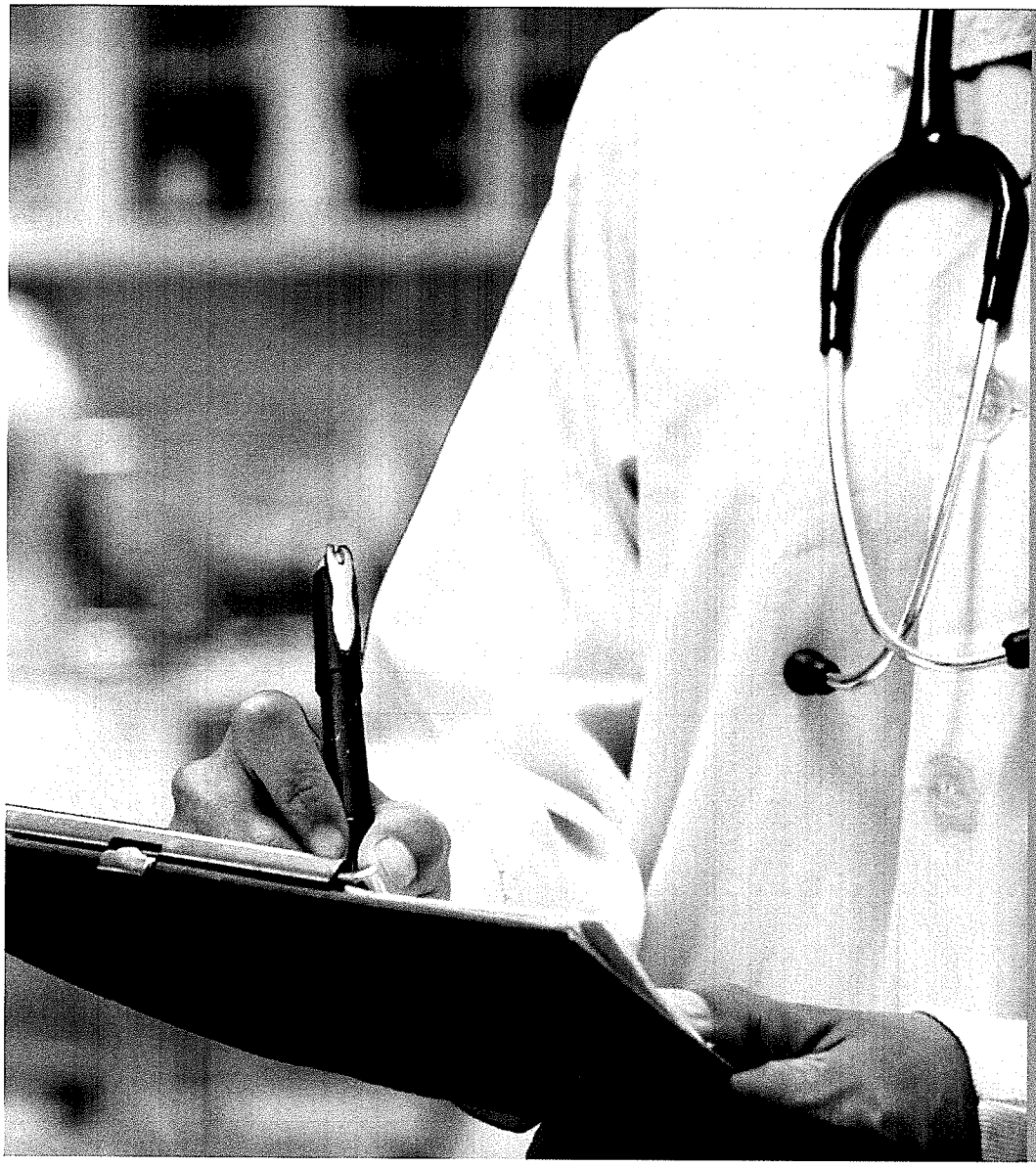
Cases by Manner

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	3	1	1	3	3	1	5	0	2	1	6	5	31
Homicide	0	0	0	0	2	0	1	0	0	0	0	0	3
Natural	7	7	6	3	5	4	4	1	6	3	3	4	53
Suicide	3	1	2	3	2	0	1	1	2	4	1	2	22
Undetermined	5	6	4	4	4	3	3	3	3	3	1	0	39
Grand Total	**18**	**15**	**13**	**13**	**16**	**8**	**14**	**5**	**13**	**11**	**11**	**11**	**148**

Cases by Category

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Alcohol	1	1	2	0	0	1	1	0	0	1	1	0	8
Asthma	0	0	0	0	0	0	0	0	0	0	1	0	1
Blunt Force Trauma - Non MVA	0	0	0	0	0	0	0	0	0	0	0	0	0
Carbon Monoxide	0	0	0	0	1	0	1	0	0	0	0	0	2
Cardiovascular	5	4	3	3	2	2	4	1	5	2	0	2	33
Cardiovascular and Obesity	0	1	1	1	0	0	0	0	0	0	0	0	3
Diabetes	1	1	0	0	1	0	0	0	0	0	0	0	3
Drowning	0	0	0	0	0	0	0	0	2	0	0	0	2
Fall	0	1	0	0	0	0	1	0	0	0	0	0	2
Fall Intentional	0	0	0	0	0	0	0	0	0	0	0	0	0
Gunshot Wound	1	0	1	2	2	0	0	0	0	2	1	1	10
Hanging	2	0	1	1	1	0	0	0	1	1	0	1	8
Infant	0	0	0	0	1	1	0	0	0	0	0	0	2
Motor Vehicle Accident	1	1	1	1	2	1	1	1	1	0	0	0	10
Non-Opioid Substance	0	0	0	0	0	0	1	0	0	0	1	1	3
Non-Opioid Substance w/ Other Substances	0	0	0	0	0	0	0	0	0	1	2	0	3

Non-Opioid Substance w/ Other Substances and Alcohol	0	0	0	1	0	0	0	0	0	0	0	0	1
Obesity	0	0	0	0	0	0	0	0	0	0	0	1	1
Opioid	1	4	4	4	3	2	4	2	2	1	3	1	31
Opioid w/ Alcohol	0	0	0	0	0	0	0	0	0	1	0	0	1
Opioid w/ Other Substances	3	1	0	0	1	0	0	1	0	0	2	2	10
Opioid w/ Other Substances and Alcohol	0	1	0	0	0	0	0	0	0	0	0	2	3
Other	0	0	0	0	1	1	0	0	2	1	0	0	5
Pneumonia	1	0	0	0	0	0	0	0	0	1	0	0	2
Smoke Inhalation	1	0	0	0	0	0	0	0	0	0	0	0	1
Stab Wound	0	0	0	0	1	0	1	0	0	0	0	0	2
Undetermined	1	0	0	0	0	0	0	0	0	0	0	0	1
Grand Total	**18**	**15**	**13**	**13**	**16**	**8**	**14**	**5**	**13**	**11**	**11**	**11**	**148**



Targeting an Epidemic: Opioid Prescribing Patterns by County in New York State

DECEMBER 2017

NYS HEALTH FOUNDATION

Improving the state of New York's health

Background

Opioid abuse is a public health crisis for the nation and New York State. In 2015, the number of deaths across New York State resulting from prescription opioids was nearly twice as many as in 2009 (1,408 compared to 735).[1,2] Prescription opioids factored into approximately half of all drug-related deaths in 2015 (2,771) and about two-thirds of all opioid related deaths (2,185).[1]

The epidemic is fueled by both lawful and illegally obtained opioids. Nearly 9 million opioid prescriptions were dispensed in New York State in 2015.[2] Between 2011 and 2014, approximately 145,000 New Yorkers annually abused or were dependent on opioids. This is the second-highest number of state residents next to California (216,000).[3]

In this data snapshot, we look at opioid prescribing trends by county in New York State from 2010 to 2015, using publically available data from the Centers for Disease Control and Prevention (CDC). Most research on the opioid epidemic has focused on state-level data, which masks important differences between smaller geographic areas.

New York State is taking numerous steps to combat the opioid crisis. Understanding geographic variation within the State is essential to targeting these interventions appropriately.

[1] New York State Department of Health, "All overdose deaths involving opioids, rate per 100,000 population," https://www.health.ny.gov/statistics/opioid/data/d2.htm, accessed September 2017.
[2] New York State Department of Health, "Opioid-related Data in New York State," https://www.health.ny.gov/statistics/opioid/, accessed September 2017.
[3] National Survey on Drug Use and Health (NSDUH) special data request. (personal communication September 14, 2017)

Data and Methods

- County estimates of opioid prescription trends were developed by the CDC.
- The source data is from the QuintilesIMS Transactional Data Warehouse, which provides estimates of opioid prescriptions dispensed in the United States based on a sample of approximately 59,000 pharmacies, representing 88% of prescriptions in the United States.
- Years of data for county estimates include 2010–2015. The CDC also analyzed national data from 2006–2015.
- Opioid prescribing was measured in morphine milligram equivalents (MMEs). Each opioid medication is converted to a morphine-equivalent dose in order to take into account the potency of the different opioids prescribed.
- One limitation of the analysis is that it does not cover all opioid use, only legal dispensing through pharmacies.
- More information on the source data and national trends based on CDC analyses is available at:

  Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. *Morbidity and Mortality Weekly Report*, 2017;66:697–704. DOI: http://dx.doi.org/10.15585/mmwr.mm6626a4

Key Findings

- Opioid prescribing patterns vary widely across New York State.
- There is a 400% difference in opioid prescribing per capita between the New York State counties with the highest (Sullivan) and lowest (Kings) rates.
- Counties with higher opioid prescribing tend to cluster in the Western and Hudson Valley Regions.
- Trends in prescribing between 2010 and 2015 go in both directions, depending on county. MMEs prescribed per capita increased by more than 10% from 2010 to 2015 for more than one-quarter (17) of New York State counties, and decreased by more than 10% in more than one-third (23).
- New York State counties with increases in opioid prescribing since 2010 tend to be in the Central and Northern regions.
- Compared to counties with lower opioid prescribing rates, those with higher rates tend to have smaller and older populations, a smaller proportion of racial and ethnic minority residents, and higher rates of hospital utilization.

More than 400% difference in Per-Capita Opioid Prescribing from Top (Sullivan) to Bottom (Kings) County

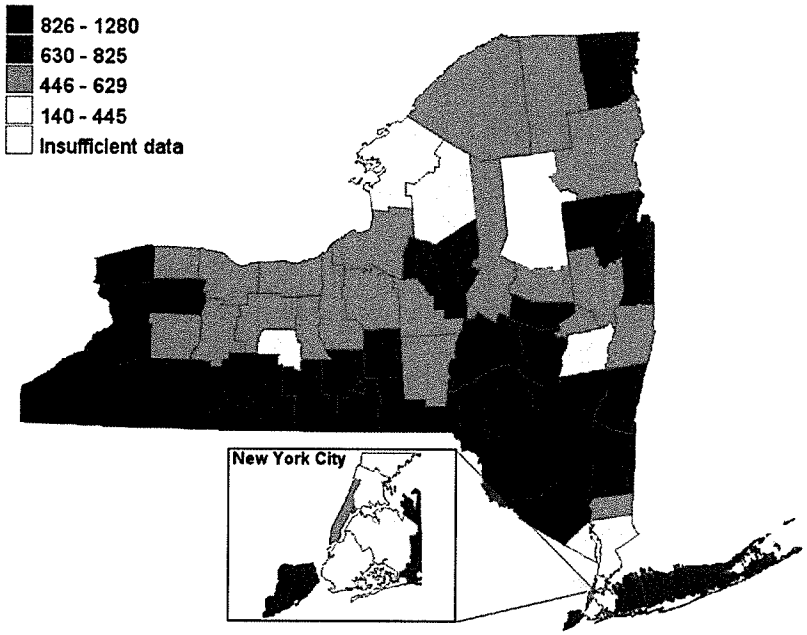
10 New York State Counties with Highest Per-Capita Opioid Prescribing		10 New York State Counties with Lowest Per-Capita Opioid Prescribing	
County	MMEs per capita	**County**	MMEs per capita
Sullivan	1182.4	Chenango	447.8
Chemung	1165.1	Albany	439.9
Warren	1005.3	Rockland	434.8
Niagara	999.9	Yates	418.9
Chautauqua	940.4	Jefferson	409.4
Ulster	931.7	Bronx	389.4
Greene	909.4	Lewis	366.6
Erie	885.3	Westchester	364.2
Cattaraugus	871.8	Queens	297.7
Broome	862.2	Kings	271.5

MME = Morphine Milligram Equivalents

SOURCE: Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. *Morbidity and Mortality Weekly Report* 2017;66:697–704. DOI: http://dx.doi.org/10.15585/mmwr.mm6626a4.

Counties with Highest Opioid Prescribing Cluster in Western and Hudson Valley Regions of New York State

MMEs Prescribed Per Capita, 2015

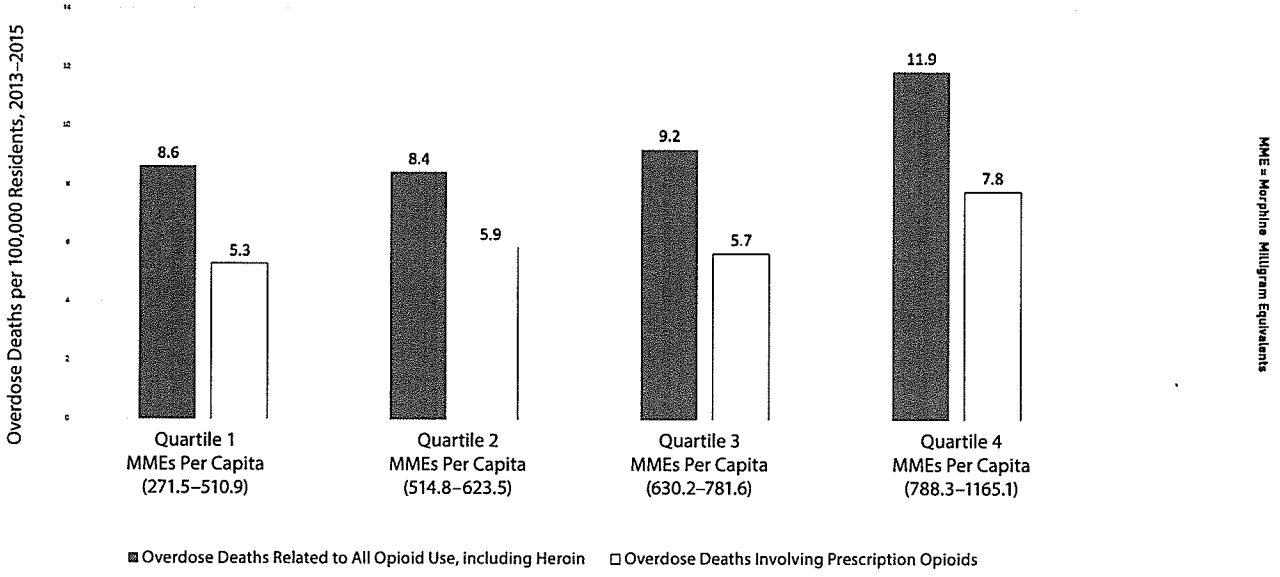


MME = Morphine Milligram Equivalents

SOURCE: Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. *Morbidity and Mortality Weekly Report* 2017;66:697–704. DOI: http://dx.doi.org/10.15585/mmwr.mm6626a4.

Counties with Highest Rates of Opioid Prescribing are Associated with Highest Rates of Opioid-Related Overdose Deaths

Average County Rate of Opioid-Related Overdose Deaths per 100,000 Residents: Counties grouped by Quartile of MMEs Prescribed Per Capita in 2015



NOTE: Crude death rates used.

SOURCE: New York State Department of Health. 2013–2015 Vital Statistics Data as of May 2017, Opioid-related Data in New York State; https://www.health.ny.gov/statistics/opioid/; Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. *Morbidity and Mortality Weekly Report* 2017;66:697–704. DOI: http://dx.doi.org/10.15585/mmwr.mm6626a4.

Amount of Opioids Prescribed Across Counties Both Increased and Decreased Over Time in New York State and Nationally

Percentage of counties with substantial changes in opioid prescribing (MMEs Per Capita, 2010–2015)

	Decreased*	Stable*	Increased*
United States	49.6%	27.8%	22.6%
New York State	37.7%	34.4%	27.9%

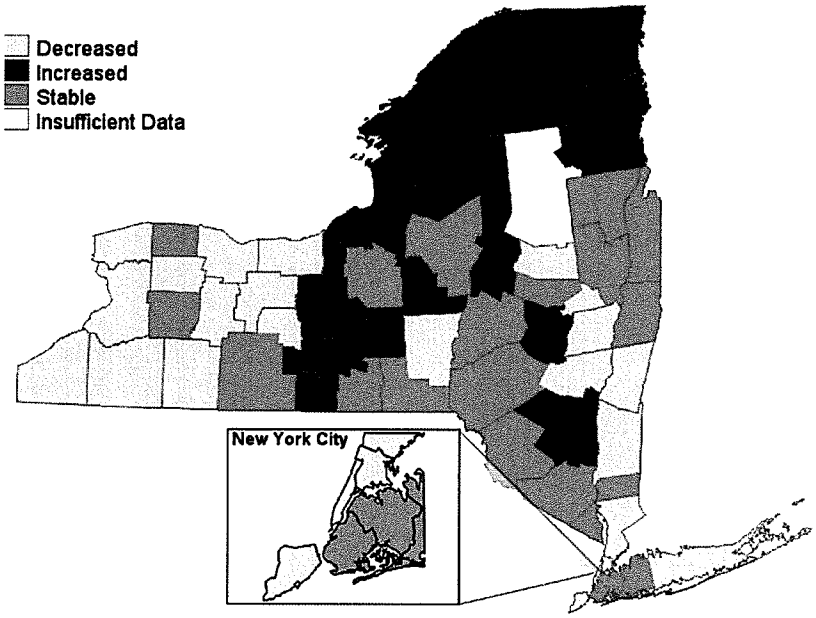
*Among counties with sufficient data, changes of ≥10% were considered to represent an "increase" or "decrease," whereas changes of <10% were considered "stable."

MME = Morphine Milligram Equivalents

SOURCE: Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. *Morbidity and Mortality Weekly Report* 2017;66:697–704. DOI: http://dx.doi.org/10.15585/mmwr.mm6626a4.

New York State Counties with Increases in Opioid Prescribing since 2010 Clustered in Central and Northern Regions

Change* in MMEs Prescribed Per Capita, 2010-2015



MME = Morphine Milligram Equivalents

* Among counties with sufficient data, changes of ≥10% were considered to represent an increase or decrease, whereas changes of <10% were considered stable.

SOURCE: Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. *Morbidity and Mortality Weekly Report* 2017;66:697–704. DOI: http://dx.doi.org/10.15585/mmwr.mm6626a4.

Compared to Counties with Lower Opioid Prescribing Rates, those with Higher Rates Tend to Have Smaller and Older Populations, as well as a Smaller Proportion of Minorities

Average County-Level Demographic and Socioeconomic Characteristics for Counties with Low, Average, and High Opioid Prescribing Rates: Counties Grouped Based on MMEs Prescribed Per Capita in 2015*

MME Prescribing Rates per Capita	Low	Average	High
Proportion Uninsured	9.4%	6.3%	6.6%
Proportion Enrolled in Medicare	16.4%	19.7%	22.2%
Proportion Enrolled in Medicaid	41.6%	31.1%	33.0%
Age-Adjusted Suicide Rate per 100,000	9.9%	11.5%	12.1%
Proportion with Disability	11.4%	13.1%	14.2%
Proportion with Diabetes	9.5%	8.2%	8.1%
Doctors per 100,000 Residents	265.9	214.6	192.7
Dentists per 100,000 Residents	63.0	51.7	57.7
Primary Care Physicians per 100,000 Residents	67.1	61.8	66.1
Inpatient Surgeries per 1,000 Residents#	17.8	24.3	30.5
Outpatient Surgeries per 1,000 Residents#	48.9	76.8	97.6
Inpatient Days per 1,000 Residents#	1000.9	954.6	883.4
Emergency Department Visits per 1,000 Residents#	453.2	467.3	555.8

MME = Morphine Milligram Equivalents

* Low Counties (n = 7) have less than 66% of the average of the counties' opioid prescribing rate (< 433 MMEs per capita). Average Counties (n =44) have 66%–133% of the average prescribing rate (433–859 MMEs per capita). High Counties (n = 10) have above 133% of the average prescribing rate (> 859 MMEs per capita). Hamilton County is excluded from the analysis because of lack of sufficient opioid data.

SOURCE: Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. *Morbidity and Mortality Weekly Report* 2017;66:697–704. DOI: http://dx.doi.org/10.15585/mmwr.mm6626a4. Proportion with Diabetes: Center for Disease Control and Prevention, "County Data Indicators," https://www.cdc.gov/diabetes/data/countydata/countydataindicators.html, accessed October 2017; Suicide Rate: New York State Department of Health, "Suicide Mortality Rate per 100,000," https://www.health.ny.gov/statistics/chac/mortality/d24.htm, accessed October 2017; Medicaid Enrollment: United Hospital Fund, "New York Counties By Population, Medicaid Enrollment, and Enrollment Rates (Table)," http://uhfnyc.org/publications/881193, accessed October 2017. Health Care Utilization and Supply, Medicare and Uninsured rates, and Proportion with Disability: Area Health Resources File, 2016-2017 Release. U.S. Department of Health and Human Services, Health and Resource Services Administration. July 2017.

Compared to Counties with Lower Opioid Prescribing Rates, Those with Higher Rates Tend to have Higher Rates of Surgical Procedures and Emergency Department Visits

Average County-level Health Care Characteristics for Counties with Low, Average, and High Opioid Prescribing Rates: Counties Grouped Based on MMEs Prescribed Per Capita in 2015*

MME Prescribing Rates per Capita	Low	Average	High
Average County Population, 2015	1,082,481	232,246	199,490
Proportion that is Non-Hispanic White, 2015	57.0%	84.2%	84.3%
Proportion Non-Hispanic Black, 2015	14.2%	4.9%	5.6%
Proportion Hispanic (Any Race) , 2015	19.7%	6.4%	5.8%
Proportion Under Age 35, 2015	48.7%	44.3%	42.9%
Proportion Age 35-64, 2015	39.1%	41.6%	42.0%
Proportion Age 65 or Older, 2015	12.2%	14.1%	15.1%
Proportion Unemployed	6.0%	5.4%	5.8%
Proportion with income Below Federal Poverty Level	16.9%	13.8%	15.9%

MME = Morphine Milligram Equivalents

*Low Counties (n = 7) have less than 66% of the average of the counties' opioid prescribing rate (< 433 MMEs per capita). Average Counties (n =44) have 66%–133% of the average prescribing rate (433–859 MMEs per capita). High Counties (n = 10) have above 133% of the average prescribing rate (> 859 MMEs per capita). ᵗFive counties have no community hospitals or too little utilization for measurement, and therefore no hospitalization data to report. This includes one county in the high group (Greene), one in the low group (Yates), and three in the average group (Washington, Seneca, and Tioga). These counties were excluded from the averages of the health care utilization statistics. Hamilton County is excluded from all measures because of lack of sufficient opioid data.

SOURCE: Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. *Morbidity and Mortality Weekly Report* 2017;66:697–704. DOI: http://dx.doi.org/10.15585/mmwr.mm6626a4. Age Data: U.S. Census Bureau. American Community Survey (K200104: Population by Age). Retrieved from: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_SPL_K200104&prodType=table; Race, Workforce, and Income Data: Area Health Resources File, 2016-2017 Release. U.S. Department of Health and Human Services, Health and Resource Services Administration. July 2017.

Recent New York State Initiatives Aimed at Curbing the Opioid Epidemic

Different types of efforts to combat the opioid crisis have been recently initiated in New York State. Several target physician-prescribed opioid medications in an effort to reduce the availability of these drugs. In March 2016, the Electronic Prescribing Mandate went into effect, requiring physicians to send pharmacies prescription information electronically. This was intended to reduce the number of forged, stolen, or misused paper prescriptions, and provide an extra layer of physician accountability. In June of that year, Governor Cuomo signed a prescription-limiting bill, which caps first-time opioid prescriptions at a 7-day supply.[1]

In April 2017, following recommendations from a Heroin and Opioid Task Force, the Governor signed a bill investing more than $200 million largely on prevention, treatment, and recovery programs throughout New York.[2] The bill includes $145 million for community-based providers, including residential treatment beds and outpatient services. In addition, $27 million is included for State-operated addiction treatment centers, $6 million for Naloxone kits and training, and $25 million for expanding programs such as family support navigators and 24/7 urgent access centers. This bill more than doubles funding for opioid concerns since 2011. No funding for law enforcement or the criminal justice system was included, aside from Naloxone training for first responders. This is in alignment with the Task Force's recommendation that rehabilitation, rather than criminal charges, should be the State's first priority for addicted individuals.

The New York State Department of Health publishes additional data at the regional level to help monitor the opioid epidemic. Information on overdose deaths, opioid-related emergency department visits, and hospital discharges is available at https://www.health.ny.gov/statistics/opioid/#i_three.

[1] New York State Office of the Governor, "Governor Cuomo Signs Legislation to Combat the Heroin and Opioid Crisis," https://www.governor.ny.gov/news/governor-cuomo-signs-legislation-combat-heroin-and-opioid-crisis, accessed October 2017.

[2] New York State Office of the Governor, "Governor Cuomo Signs Legislation Investing Over $200 Million to Combat the Heroin and Opioid Epidemic in New York," https://www.governor.ny.gov/news/governor-cuomo-signs-legislation-investing-over-200-million-combat-heroin-and-opioid-epidemic, accessed November 2017.

Bureau of STD Prevention and Epidemiology, NYSDOH
Quarterly STD Morbidity Report

County: Ulster
Quarter: 4th Quarter Year:2016

	STD Morbidity Report			
	Quarter		Year To Date	
	2015	2016(%change)	2015	2016(%change)
Number of Gonorrhea	**13**	**17 (30.8%)**	**64**	**64 (0.0%)**
# Female cases	7	5 (-28.6%)	28	22 (-21.4%)
# 15-19	1	1 (0.0%)	8	7 (-12.5%)
# 20-24	3	3 (0.0%)	9	5 (-44.4%)
# Male cases	6	12 (100.0%)	36	42 (16.7%)
# 15-19	2	1 (-50.0%)	4	5 (25.0%)
# 20-24	2	3 (50.0%)	9	12 (33.3%)
# Reported from PH services	4	0 (-100%)	9	6 (-33.3%)
# Reported from PVT services	9	17 (88.9%)	55	58 (5.5%)
Number of Chlamydia Cases	**109**	**114 (4.6%)**	**468**	**506 (8.1%)**
# Female cases	77	76 (-1.3%)	336	366 (8.9%)
# 15-19	18	31 (72.2%)	88	109 (23.9%)
# 20-24	42	33 (-21.4%)	155	168 (8.4%)
# Male cases	32	38 (18.8%)	132	140 (6.1%)
# 15-19	4	6 (50.0%)	19	19 (0.0%)
# 20-24	18	13 (-27.8%)	60	46 (-23.3%)
# Reported from PH services	6	2 (-66.7%)	13	7 (-46.2%)
# Reported from PVT services	103	112 (8.7%)	455	499 (9.7%)
Number of Syphilis Cases	**7**	**4 (-42.9%)**	**21**	**22 (4.8%)**
# Primary & Secondary	1	1 (0.0%)	4	6 (50.0%)
# Male cases	1	1 (0.0%)	4	5 (25.0%)
# MSM	1	1 (0.0%)	4	3 (-25.0%)
# Female cases	0	0 (.)	0	1 (. %)
# Within 1 year duration	3	1 (-66.7%)	7	2 (-71.4%)

2016 Reported STD Cases by Diagnosis Month													
STD	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Primary & Secondary Syphilis	1	0	1	1	1	1	0	0	0	0	0	1	6
Early Latent Syphilis	0	0	0	1	0	0	0	0	0	0	1	0	2
Late Latent Syphilis	2	2	1	3	0	2	1	1	0	0	1	1	14
Total Syphilis	3	2	2	5	1	3	1	1	0	0	2	2	22
Gonorrhea	3	8	3	6	9	5	5	5	3	8	2	7	64
Chlamydia	39	51	40	42	41	43	43	45	48	33	40	41	506
Total STD Cases	45	61	45	53	51	51	49	51	51	41	44	50	592

*PH=Public Health, PVT=Private Health Care Provider
Internal Use Only

NEW YORK STATE OF OPPORTUNITY. | Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

To: Hospitals, Emergency Rooms, Community Health Centers, College Health Centers, Local Health Departments, Community Based Organizations, Internal Medicine, Family Medicine, Infectious Disease, OB/GYN, and Primary Care Providers

From: New York State Department of Health, AIDS Institute

Date: February 15, 2018

HEALTH ADVISORY: HIV AND SEXUALLY TRANSMITTED DISEASES IN DUTCHESS, ORANGE, PUTNAM, SULLIVAN, AND ULSTER COUNTIES

- **New diagnoses of Human Immunodeficiency Virus (HIV) infection in residents of Dutchess, Orange, Putnam, Sullivan, and Ulster Counties have increased over 75% between 2015-2016 (2015: N=43; 2016: N=77). Preliminary HIV data for 2017 continue to show an increase.**
- **Primary & secondary (P&S) syphilis increased 121% between 2015 and 2016 to 53 cases in 2016. Preliminary 2017 data show continued elevated numbers in this region.**
- **Rates of HIV and STD coinfection are high in this area, with 32% of early syphilis cases residing in this area also having a diagnosis of HIV.**
- **Reported cases of chlamydia and gonorrhea also increased between 2015 and 2016, with preliminary 2017 data showing either continued elevated numbers, as is the case with chlamydia, or increases, as is the case with gonorrhea.**
- **The NYSDOH continues to monitor data, and similar increases have not been observed in the surrounding counties.**

What the Current Data are Showing (2016 – 2017)

In this region, females accounted for 29% of new HIV diagnoses compared to 22% in New York State (NYS), excluding NYC (Rest of the state [ROS]). Overall, 21% of persons newly diagnosed with HIV in this region have heterosexual contact as transmission risk, compared to 12% in ROS. Less than 7% had documented history of injection drug use. Half of male cases (58%) have a history of male-to-male sexual contact (MSM). Twenty five percent of the newly diagnosed cases are non-Hispanic black, 33% non-Hispanic white, and 29% Hispanic. Adults aged 50+ accounted for 33% of persons newly diagnosed compared to 21% in the ROS. While the number of new HIV diagnoses has risen, persons may be diagnosed years after their infection, so new diagnoses do not necessarily mean that transmissions are increased or that transmissions are occurring from one individual.

Additionally, the number of P&S syphilis, gonorrhea, and chlamydia cases in these select counties increased 121%, 5%, and 9% respectively from 2015 to 2016. Data for 2017 suggest the number of reported cases in this area will either remain elevated or increase in the case of gonorrhea. For example, there were 540 cases of gonorrhea reported through October 2017, compared to 486 for all of 2016. Rates of HIV and STD co-infection were high, with about 32% of the early syphilis cases in these counties also having a diagnosis of HIV; this is of concern because of the strong connection between untreated STDs and increased risk for HIV transmission.

The public health partnership between clinicians, health departments and community based organizations is integral to interrupting and preventing outbreaks of HIV and STDs. Your efforts and collaboration with NYSDOH staff will help prevent further increases in HIV and syphilis as well as control other STDs.

What Health Care Providers Can Do to Help Control HIV and STDs

- **Offer and perform HIV testing** for *every* patient age 13 years and older.

- **Assess risk:** Conduct a complete sexual health history, risk and drug use assessment for *every* patient. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used and route of drug ingestion, to help guide laboratory testing. Visit www.ncshguide.org/providers for guidance and additional resources.

- **Screen** for HIV and STDs in:
  - Sexually active MSM, at least annually
  - Sexually active persons with HIV, at least annually
  - All persons with newly diagnosed HIV
  - Persons presenting with evidence of active injection or other drug use
  - Persons diagnosed with STDs
  - Sex or needle sharing partners of a known HIV or STD case
  - Pregnant women at their first prenatal visit and during the third trimester

- **Treat promptly or link patients immediately to care and treatment** to interrupt the spread of HIV, syphilis and other STDs.

- **Offer** Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) to the partners of your HIV positive patients or to your HIV negative, at-risk patients.

- **Facilitate partner management** to encourage your patients to refer their sex or needle sharing partners to medical care for testing, STD treatment and HIV prophylaxis.

- **Collaborate** with State and County public health personnel on partner notification efforts. Expect the Health Department to contact you and/or your patient for additional information.

- **Refer** consenting HIV positive and high risk negative patients to community based organizations (CBOs) for support services.

- **Report** newly diagnosed cases of HIV and/or AIDS infection using the Provider Portal on the NYSDOH Health Commerce System at https://commerce.health.ny.gov or the paper DOH-4189 Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF). Completion of the PRF within 14 days of diagnosis is required by Public Health Law. https://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/

- **Report** all suspected and confirmed STD cases promptly to your local county health department. Information is available at www.health.ny.gov/forms/doh-389.pdf and www.health.ny.gov/forms/instructions/doh-389_instructions.pdf.

What Community Based Organizations Can Do to Help Control HIV and STDs

- **Assess risk:** conduct a comprehensive behavioral sexual risk assessment for program participants/clients. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used and route of drug ingestion to help guide laboratory testing.

- **Implement targeted client recruitment:** target agency services to identify high risk individuals who do not access health care services or who may not otherwise have access to HIV testing in clinical settings—these persons may benefit most from HIV testing services in nonclinical settings.

- **Offer testing for HIV and STDs for individuals at high risk**: conduct venue based and/or mobile testing activities to key priority populations including MSM regardless of race, young men who have sex with men (YMSM) of color, African American women, sex and needle sharing partners of HIV positive individuals, persons presenting with evidence of active injection or other drug use, persons diagnosed with STDs, sex or needle sharing partners of persons diagnosed with STDs.

- **Provide harm reduction services:** facilitate access to clean syringes and essential support services for drug users.

- **Offer linkage and navigation (L&N) services:** assist HIV positive or high risk negative individuals to obtain timely, essential and appropriate medical, prevention and support services to optimize his or her health and prevent HIV/STD/HCV transmission and acquisition.

- **Provide effective behavioral interventions:** implement prevention activities that have been shown to be successful by evaluation research.

- **Engage in condom promotion, education, and distribution:** make condoms available at no cost and increase access to condoms in ways that reduce embarrassment or discomfort when acknowledging sexual activity. Information about the New York State Condom Program is available at http://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm

Additional Resources

Free and confidential HIV and STD testing is available at local health department STD clinics. For clinic locations and hours, please visit: www.health.ny.gov/diseases/communicable/std/clinics/

Clinical Education Initiative STD Center of Excellence:
866-637-2342 to access expert medical consultation on diagnosis, treatment and management of STD infections. Training calendar and archived webinars are available at www.ceitraining.org

National STD Curriculum – CDC-supported web-based training for clinicians. https://www.std.uw.edu/.

Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP):
www.health.ny.gov/diseases/aids/general/prep

HIV Testing Toolkit: Resources to Support Routine HIV Testing for Adults and Teens:
http://www.health.ny.gov/diseases/aids/providers/testing/docs/testing_toolkit.pdf

Information on Talking with Young People about HIV/AIDS:
http://www.health.ny.gov/diseases/aids/consumers/youth/index.htm

Information for Clinicians on a New Diagnostic Testing Algorithm for HIV Infection:
www.health.ny.gov/diseases/aids/providers/testing/algorithm.htm

Bureau of HIV/AIDS Epidemiology at 518-474-4284 for information and assistance with HIV reporting.

Bureau of STD Prevention and Epidemiology at 518-474-3598 for information and assistance with STD reporting.

Local Health Department and NYSDOH Regional Contacts for Partner Services:
NYSDOH Lower Hudson Valley Regional Office – (914) 654-7187
Orange County Department of Health – (845) 568-5333
Dutchess County Department of Public Health – (845) 486-3452

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 01DEC17
Through November
Rates are defined as: Cases/100,000 population/Month

County=ULSTER

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
AMEBIASIS	1	0.6	2	1.2	5	3.0	1	0.6	3	1.8
ANAPLASMOSIS**	78	47.2	53	32.1	38	23.0	23	13.9	38	23.0
BABESIOSIS**	29	17.6	12	7.3	15	9.1	14	8.5	14	8.5
BOTULISM	0	0.0	0	0.0	0	0.0	1	0.6	0	0.0
CAMPYLOBACTERIOSIS**	39	23.6	28	17.0	31	18.8	36	21.8	32	19.4
CHIKUNGUNYA**	0	0.0	0	0.0	2	1.2	4	2.4	2	1.2
CRYPTOSPORIDIOSIS**	1	0.6	2	1.2	2	1.2	0	0.0	1	0.6
CYCLOSPORA	2	1.2	1	0.6	0	0.0	1	0.6	1	0.6
ECOLI SHIGA TOXIN	1	0.6	5	3.0	4	2.4	3	1.8	4	2.4
EHRLICHIOSIS (CHAFEENSIS)**	7	4.2	3	1.8	3	1.8	1	0.6	2	1.2
EHRLICHIOSIS (UNDETERMINED)**	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	0	0.0	0	0.0	1	0.6	0	0.0
GIARDIASIS	12	7.3	11	6.7	12	7.3	12	7.3	12	7.3
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	0.6	0	0.0	0	0.0	1	0.6	0	0.0
HEPATITIS A	4	2.4	0	0.0	2	1.2	0	0.0	1	0.6
HEPATITIS B,ACUTE	0	0.0	2	1.2	0	0.0	0	0.0	1	0.6
HEPATITIS B,CHRONIC	4	2.4	13	7.9	15	9.1	21	12.7	16	9.7
HEPATITIS C,ACUTE	2	1.2	1	0.6	0	0.0	0	0.0	0	0.0
HEPATITIS C,CHRONIC	241	145.9	190	115.1	270	163.5	275	166.5	245	148.4

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
HERPES INF, INFANT =< 60 DAYS	0	0.0	0	0.0	1	0.6	0	0.0	0	0.0
INFLUENZA A, LAB CONFIRMED	390	236.2	219	132.6	341	206.5	159	96.3	240	145.3
INFLUENZA B, LAB CONFIRMED	200	121.1	85	51.5	37	22.4	90	54.5	71	43.0
INFLUENZA UNSPECIFIED, LAB CONFIRMED	3	1.8	5	3.0	2	1.2	1	0.6	3	1.8
LEGIONELLOSIS	6	3.6	7	4.2	8	4.8	4	2.4	6	3.6
LISTERIOSIS	0	0.0	1	0.6	2	1.2	0	0.0	1	0.6
LYME DISEASE** ****	175	106.0	125	75.7	187	113.2	175	106.0	162	98.1
MALARIA	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0
MENINGITIS, ASEPTIC	0	0.0	0	0.0	2	1.2	5	3.0	2	1.2
MENINGITIS, OTHER BACTERIAL	0	0.0	0	0.0	0	0.0	1	0.6	0	0.0
MUMPS**	5	3.0	42	25.4	0	0.0	0	0.0	14	8.5
PERTUSSIS**	9	5.5	8	4.8	2	1.2	16	9.7	9	5.5
Q FEVER**	0	0.0	0	0.0	1	0.6	1	0.6	1	0.6
ROCKY MTN SPOT FEVER**	3	1.8	0	0.0	0	0.0	0	0.0	0	0.0
SALMONELLOSIS	11	6.7	19	11.5	21	12.7	12	7.3	17	10.3
SHIGELLOSIS	0	0.0	1	0.6	2	1.2	1	0.6	1	0.6
STREP,GROUP A INVASIVE	8	4.8	6	3.6	2	1.2	1	0.6	3	1.8
STREP,GROUP B INVASIVE	19	11.5	16	9.7	13	7.9	13	7.9	14	8.5
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	0	0.0	1	0.6	1	0.6	1	0.6
STREP PNEUMONIAE,INVASIVE**	14	8.5	8	4.8	9	5.5	14	8.5	10	6.1
TUBERCULOSIS***	1	0.6	2	1.2	0	0.0	0	0.0	1	0.6
	1	0.6	1	0.6	0	0.0	1	0.6	1	0.6

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
VIBRIO - NON 01 CHOLERA										
YERSINIOSIS	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0
ZIKA VIRUS INFECTION (ASYMPTOMATIC)**	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	28	17.0	18	10.9	18	10.9	9	5.5	15	9.1
- P&S SYPHILIS	5	3.0	5	3.0	4	2.4	1	0.6	3	1.8
- EARLY LATENT	9	5.5	2	1.2	5	3.0	1	0.6	3	1.8
- LATE LATENT	14	8.5	11	6.7	8	4.8	7	4.2	9	5.5
- CONGENITAL SYPHILIS	0	0.0	0	0.0	1	0.6	0	0.0	0	0.0
GONORRHEA TOTAL.....	106	64.2	54	32.7	59	35.7	58	35.1	57	34.5
- GONORRHEA	105	63.6	52	31.5	59	35.7	57	34.5	56	33.9
- P.I.D.	1	0.6	2	1.2	0	0.0	1	0.6	1	0.6
CHLAMYDIA	492	297.9	436	264.0	412	249.5	430	260.4	426	258.0
CHLAMYDIA PID	2	1.2	1	0.6	3	1.8	4	2.4	3	1.8

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** In 2014,18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties, and in 2017, 27 counties sampled.

ULSTER COUNTY MOBILE CRISIS SERVICE OUTCOME MEASURES 2017	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov
Data Point: # of face to face contacts	64	76	71	107	89	87	96	108	73	101	49
Data Point: # of Telephone Contacts	89	107	153	115	139	120	124	115	128	132	128
Data Point: # of Follow-up Contacts	253	180	317	311	335	246	274	270	235	267	239
Data Point: # of ER/Post discharge Support Contacts	130	59	122	152	188	120	155	138	109	147	143
Data Point: Average Time to Outreach (in minutes)	21	26	20	18	26	19	18	20	21	20	22
Data Point: # sent to ER	2	4	6	5	4	4	2	3	2	2	3
Data Point: % of All served Sent to ER (#sent to ER/total served)	1%	3.0%	4.0%	3.0%	2.0%	2.0%	<1%	1.0%	<1%	<1%	2.0%
Data Point: # of Hospital Admissions (of all contacts)	1	3	3	5	2	2	2	1	1	2	2
Data Point: % of Hospital Admissions (# admits/# served))	<1%	2.0%	2.00%	3.00%	1.00%	1.00%	<1%	<1%	<1%	<1%	1.00%
Data Point: # of Multiple ER Visits within 90 Days w/o admit	0	0	1	0	0	0	0	0	0	0	0
Data Point: % of Multiple ER Visits within 90 Days w/o admit (# multiple ER contacts/ of all served in the month)	0.0%	0.0%	1.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Data Point: # of F2F diversions	19	26	27	31	21	20	19	16	28	31	8
Data Point: % of clients seen F2F of diversion services (# diversions on outreach/# served on outreach)	28%	34%	38%	29%	24%	23%	20%	15%	38%	31%	16%
Data Point: Recidivism - 120 days	0	0	0	0	0	0	0	0	0	0	0
Data Point: Recidivism Rate - 90 days	0	0	0	0	0	0	0	0	0	0	0
Data Point: Recidivism Rate - 30 days	0	0	1	0	0	0	0	0	0	0	0
Data Point: Youth Served	38	31	29	34	38	26	23	22	29	36	28
Data Point: Adults Served	117	113	118	134	152	138	155	150	139	146	149
Data Point: # of people served	155	144	147	168	190	164	178	172	168	182	177
Data Point: # of contacts with SA related issues presented									14	23	10
Data Point: Extended engagement with individuals discharging from a mental health unit up to 90 days	27	10	10	29	18	16	19	16	15	20	24

NEW YORK STATE OF OPPORTUNITY. Department of Health

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 December 2, 2017

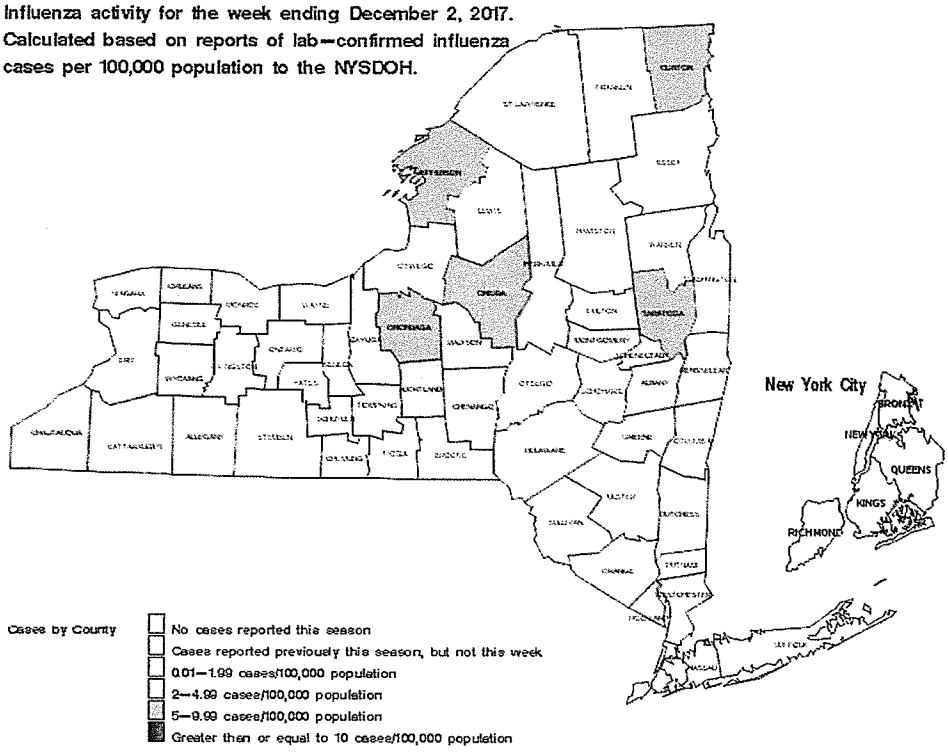
- Influenza activity level was categorized as geographically **regional**[2]. This is the first week that regional activity has been reported.
- There were **395** laboratory-confirmed influenza reports, an **86% increase** over last week.
- Of the **693** specimens submitted to WHO/NREVSS laboratories, **42 (6.06%)** were positive for influenza.
- Of the **25** specimens tested at Wadsworth Center, **five** were positive for influenza and they were **influenza A (H3).**
- Reports of percent of patient visits for influenza-like illness (ILI[3]) from ILINet providers was **2.32%**, which is below the regional baseline of 3.10%.
- The number of patients hospitalized with laboratory-confirmed influenza was **124** a **49% increase** over last week.
- There have been no influenza-associated pediatric deaths reported this season.

Laboratory Reports of Influenza (including NYC)

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

- 42 counties reported cases this week.
- Incidence ranged from 0-8.15 cases/100,000 population.

Influenza activity for the week ending December 2, 2017. Calculated based on reports of lab-confirmed influenza cases per 100,000 population to the NYSDOH.

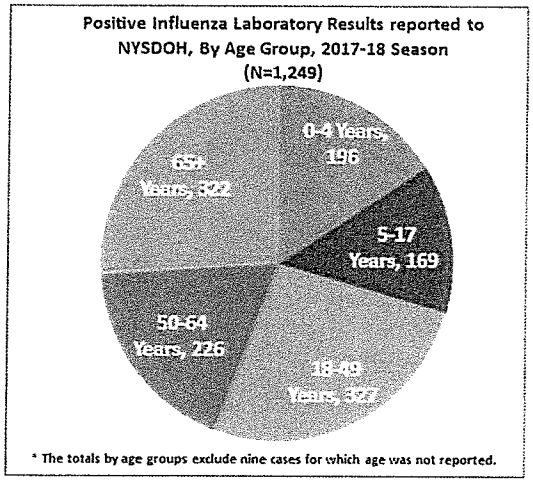


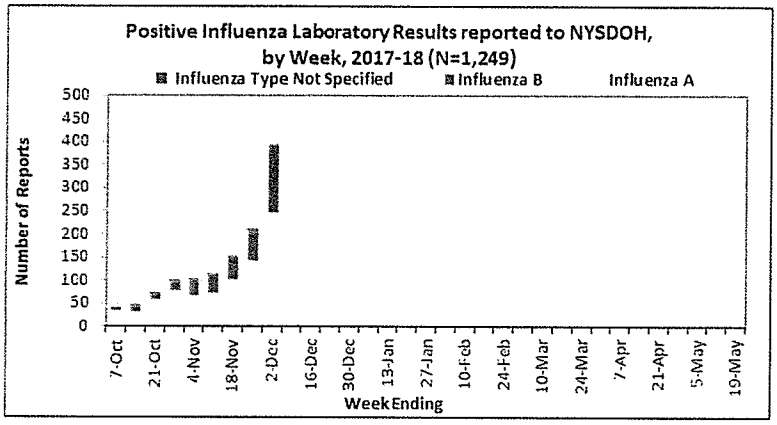
[1] Information about influenza monitoring in New York City (NYC) is available from the NYC Department of Health and Mental Hygiene website at: http://www.nyc.gov/html/doh/. National influenza surveillance data is available on CDC's FluView website at http://www.cdc.gov/flu/weekly/.

[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 two regions but in fewer than 31 of 62 counties.
Widespread: Increased or sustained numbers of lab-confirmed cases of influenza reported in greater than 31 of the 62 counties.
Increased or sustained is defined as 2 or more cases of laboratory-confirmed influenza per 100,000 population.

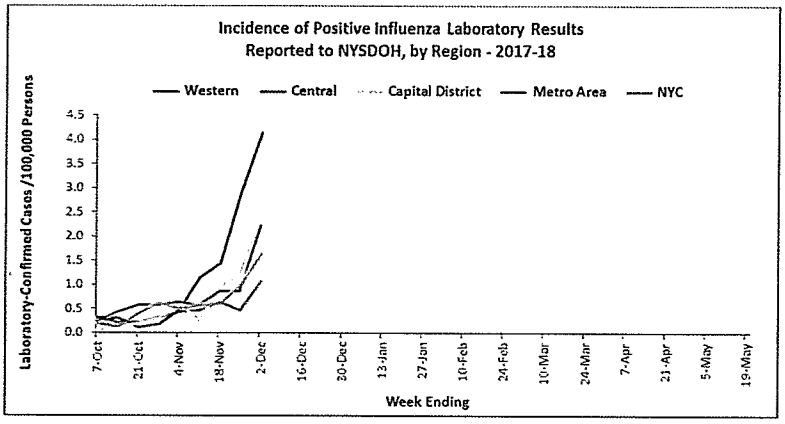
[3] ILI = influenza-like illness, defined as temperature 100° F with cough and/or sore throat in the absence of a known cause other than influenza

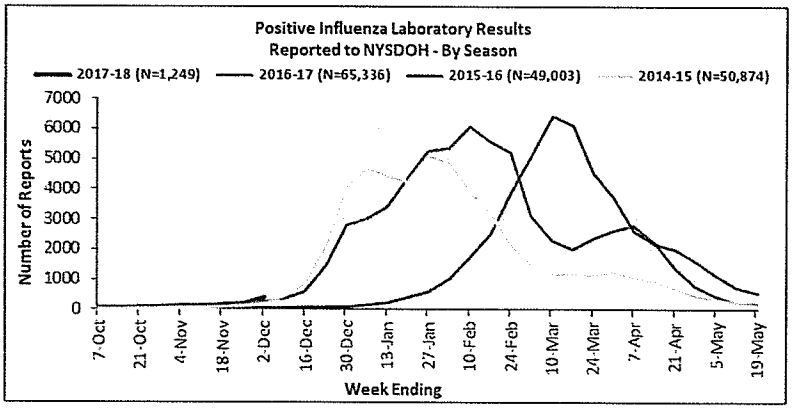
Laboratory Reports of Influenza (including NYC)





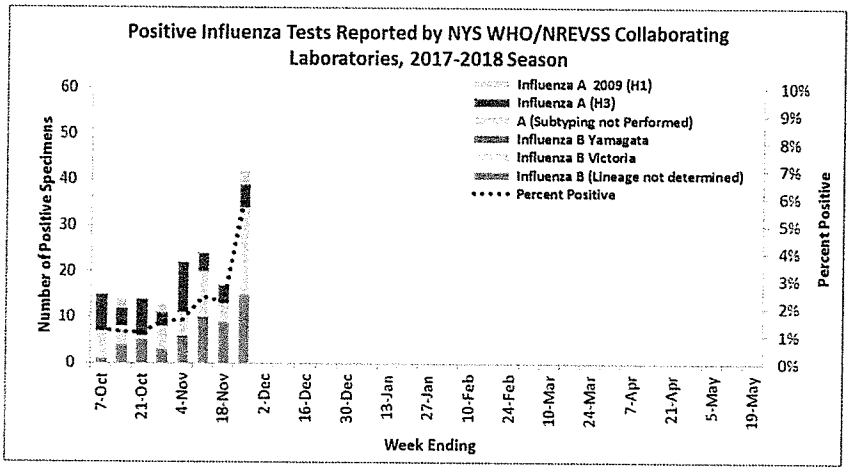
Test results may identify influenza Type A, influenza Type B, or influenza without specifying Type A or B. Some tests only give a positive or negative result and cannot identify influenza type (not specified).





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

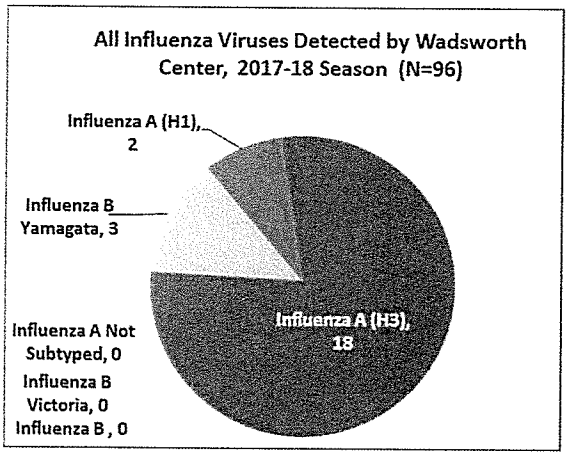
Clinical virology laboratories, including the Wadsworth Center, that are WHO and/or NREVSS collaborating laboratories for influenza surveillance report weekly the number of respiratory specimens tested and the number positive for influenza types A and B to CDC. Some labs also report the influenza A subtype (H1 or H3) and influenza B lineage (Victoria or Yamagata). Because denominator data is provided, the weekly percentage of specimens testing positive for influenza is calculated.

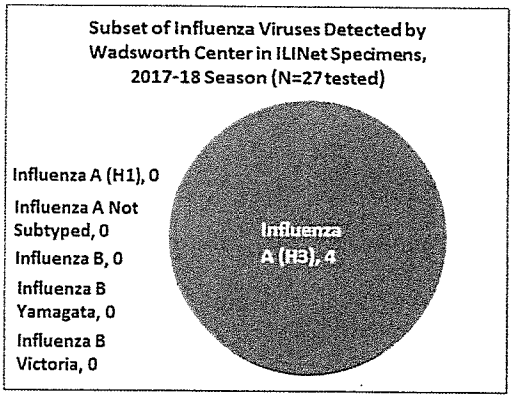


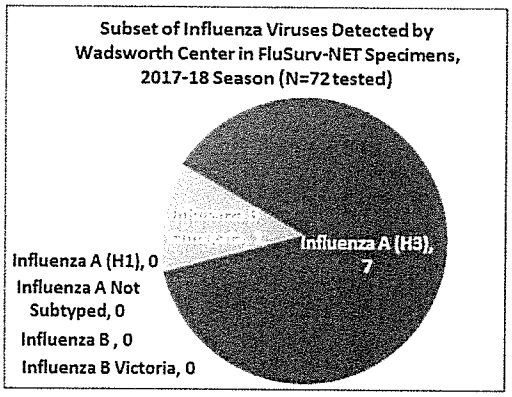
Influenza Virus Types and Subtypes Identified at Wadsworth Center (excluding NYC)

Wadsworth Center, the NYSDOH public health laboratory, tests specimens from sources including, outpatient healthcare providers (ILINet) and hospitals (FluSurv-NET).

There are 2 common subtypes of influenza A viruses – H1 and H3. Each subtype has a slightly different genetic makeup. Wadsworth also identifies the lineage of influenza B specimens –Yamagata or Victoria. Rarely, an influenza virus is unable to have it's subtype or lineage identified by the laboratory.







NEW YORK | Department of Health

Schedule for Board of Health Meetings – 2018

To be held on the **second Monday** of the month

6:30 PM

Ulster County Golden Hill Office Building
239 Golden Hill Lane
Kingston, NY 12401

January 8, 2018

February 12, 2018

March 12, 2018

April 9, 2018

May 14, 2018

June 11, 2018

July 9, 2018

August 13, 2018

September 10, 2018

****October 1, 2018 – FIRST MONDAY**

****November 5, 2018 – FIRST MONDAY**

December 10, 2018

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