

ULSTER COUNTY BOARD OF HEALTH

February 13, 2017

AGENDA

CALL TO ORDER

- **OLD BUSINESS**

- a. Approval of the January 2017 minutes tabled until next meeting

- **NEW BUSINESS**

- a. Nomination and Vote of 2017 Officers will be conducted via email
- b. Commissioner's Report (Dr. Smith)
 - Medical Examiner Office Update
- c. Patient Services (Nereida Veytia)
 - Personnel Credentialing
 - Flu Surveillance and Stats
 - Staff Flu Vaccination Update
 - SUNY New Paltz Mumps Update
 1. After Action Report
 2. Exclusion Lifted
- d. Environmental Health Update (Shelley Mertens)
 - Old Homestead Mobile Home Park Update
 - School Lead in Water Update
 - Tobacco License Update
 - Polystyrene Update

MEETING CONCLUSION

**Ulster County Board of Health
February 13, 2017**

Members PRESENT: Walter Woodley, MD, Chairperson
Mary Ann Hildebrandt, MPA, Secretary
Peter Graham, ESQ, Board Member
Marc Tack, DO, Board Member
Dominique Delma, MD, Vice Chair

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

GUESTS: None

ABSENT: Elizabeth Kelly, RN, Board Member
Anne Cardinale, RN GCNS-BC, Board Member

EXCUSED: Douglas Heller, MD, Medical Examiner
Amy McCracken, Deputy Commissioner of MH

- I. **Approval of Minutes:** Approval of the January minutes was tabled until the March meeting.
- II. **Slate of Officers:** Nominations and vote of the 2017 Board officers will be conducted via email.
- III. **Agency Reports:**
 - a. Commissioner's Report:
 - **Medical Examiner Office Update:** Dr. Smith reported on the current roles and duties of the Medical Examiner staff as aligned on the organization chart (see attached. Dr. Smith reported there is an establishment of work flow and reporting levels of staff to the Medical Examiner. The roles and duties of the newest employee L. Raquel Pallak, Deputy ME for Mediolegal Investigations were reported on. This position will take over the day-to-day support such as handling calls from the public and various agencies, as well as maintaining communication between the Medical Examiners and the Forensic Pathologist on the confirmation and status of autopsies, ensuring completeness of autopsy reports for determination of cause of death for ME to sign off on the death certificate. Dr. Tack questioned if the Autopsy Assistant is also the role of the Diener. Board of Health members requested the definition of this role. Dr. Tack stated that this individual has to have the capability to extract portion of the brain for biopsy. Dr. Smith reported that this is not to her knowledge a requirement. Dr. Tack will check with his colleagues for further clarification.
 - b. Patient Services:
 - **Personnel Credentialing:** Ms. Veytia reported on personnel credentialing requirements by Dispensing and Treatment

(D&T) regulations of physicians working in clinics. At this time, Dr. Kagali has come up for re-credentialing. Ms. Veytia summarized the role of the physician employee at the department's STD/HIV clinics since 2013. His physician registration with NYSDOH State Education is in good standing, no professional misconducts. Dr. Kagali's annual performance evaluation demonstrates the employee has the skillsets and knowledge to work at STD clinics. In addition, he supports departmental initiatives and he participated in the Point of Dispensing (POD) MMR vaccination clinic in December of 2016 at the SUNY New Paltz College. Dr. Tack motioned to approve the re-credentialing of Dr. Kagali, which was seconded by Mr. Graham.

- **NYS Influenza Surveillance:** Ms. Veytia reported on NYSDOH Weekly Influenza Report (see attached). Flu cases in Ulster County appear to be a moving target. On 2/9/2017 flu cases were 421 cases and on 2/13/2017 there were an additional 21 cases bring the total number to 442. Dr. Tack reported that he has also seen an increase in the number of cases within his practice and in surrounding hospitals. Ms. Veytia reported that cases are higher than in the past flu seasons; 2015 there were 384 cases and there were 292 cases in 2014. Dr. Woodley questioned the capability to have report on the number of those individuals who received the flu vaccination. Dr. Smith advised the Board of the NYSIIS vaccination recording system that tracks vaccinations. However, adults do need to provide consent to have their vaccination information recorded as it is not mandated. Ms. Veytia reported on staff flu vaccinations to date, D&T clinics are at 95% and home care staff are at 100% vaccination rate. This is reported to the State through the Health Commerce System.
- **SUNY New Paltz Mumps Update:** Ms. Veytia updated the Board on the current mumps outbreak at the SUNY New Paltz campus. A background update on the department's response to the outbreak was to provide student MMR vaccination on campus via a POD offered in December 2016. A total of 1505 individuals were vaccinated. To date there are 98 cases identified. On 1/17/2017 a college staff member was identified, incubation period was completed and exclusion for all risk students was lifted by Dr. Smith in consultation with SUNY on 2/8/2017. However, on 2/13/2017 one case was seen at the SUNY Student Health facility with parotitis, fever, PCR pending, at which time Dr. Smith re-instated exclusion for those students at risk until 3/6/2017. A general discussion on vaccine and efficacy took place among the Board members.

c. Environmental Health:

- **Old Homestead Mobile Home Park Update:** Ms. Mertens provided the Board and update on the mobile home park. The previous owner, Gregory Soltanoff has sold the park to Stan Obermeyer. There is a pump in place to prevent sewage spills. A new agreement and stipulation is being completed to have work completed by 3/2017 and pending completion a permit will be issued. The new owner has a history of

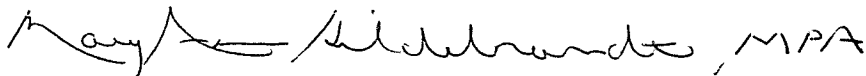
owning other mobile home parks and has a good history of proper maintenance.

- **School Lead in Water Update:** Ms. Mertens reported that all buildings in all 9 schools completed their testing. The schools submitted plans for remediation and they are pending SED approval. There is only one lead free school in Ulster County which is BOCES in Port Ewen. All County buildings were also tested, only one was identified with lead but barely a significant amount. There is a meeting scheduled for Wednesday, February 15th to discuss the removal of the lead signage.
- **Tobacco License Update:** Ms. Mertens reported all but 28 sites have submitted their application for a permit.
- **Polystyrene Update:** Ms. Mertens reported that there are 92 restaurants that are not in compliance with the local law. Ten facilities submitted for exemption. These were reviewed with Dr. Smith in compliance with the local law for receiving a waiver. Letters are being mailed to the non-compliant facilities stating that they are no longer allowed to use polystyrene.

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

V. **Next Meeting:** The next meeting is scheduled for March 13, 2017, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:



Mary Ann Hildebrandt, MPA
Secretary - Board of Health

DOH Medical Examiner

Carol M. Smith, MD, MPH
Commissioner of Health and Mental Health

Administrative Management & Fiscal

Kristin Carney, MBA
Deputy Director for Administration

Administrative Support

Katrina Kouhout
Secretary to the Commissioner of Health and Mental Health

Danielle Coffey
Receptionist

K:
Sr. A

- Scene Investigations
- Case Determination
- Death Certificate Processing
- State Reporting
- Coordination with Forensic Pathology Services

Liaison with Funeral Homes, Police Departments, Families, and Governing Officials

Douglas Heller, MD
Medical Examiner

Performs Autopsies
Writes Autopsy Reports
Tox and Histo Lab Specimens
Deiner
Coordination with HAHV Morgue

Kurt Grovenburg, MD
Deputy Medical Examiner

Eric Sturt, MD
Deputy Medical Examiner

Charles Catanese, MD
Forensic Pathologist

Caitlin Treuting
Autopsy Assistant

L. Raquel Pallak
Deputy ME- Mediollegal Investigations

Weekly Influenza Surveillance Report

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

During the week ending February 4, 2017

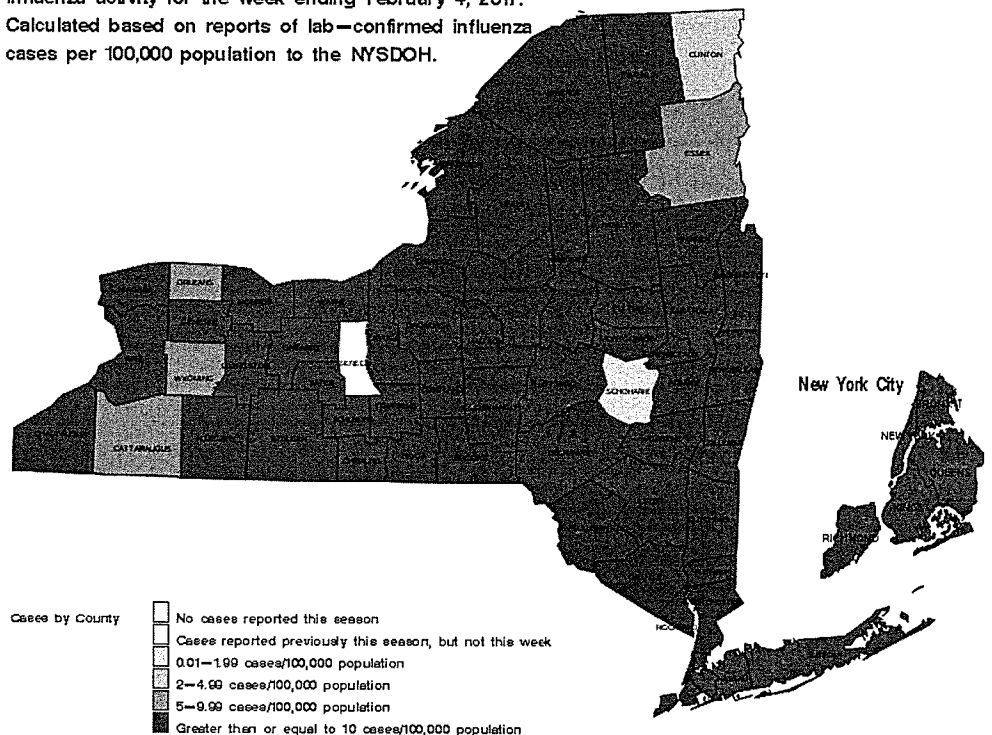
- Influenza activity level was categorized as geographically **widespread**². This is the seventh consecutive week that widespread activity has been reported.
- There were **5,337** laboratory-confirmed influenza reports, a **2% increase** over last week.
- Of the **1,978** specimens submitted to NYS WHO/NREVSS laboratories, **527 (26.64%)** were positive for influenza.
- Of the **91** specimens tested at Wadsworth Center, **54** were positive for influenza and they were all **influenza A (H3)**,
- Reports of percent of patient visits for influenza-like illness (ILI)³ from ILINet providers was **10.77%**, which is above the regional baseline of 3.00%.
- The number of patients hospitalized with laboratory-confirmed influenza was **913**, an **8% decrease** over last week.
- There was **one** influenza-associated pediatric death reported this week. There have been **five** influenza-associated deaths this season.

Laboratory Reports of Influenza (Including NYC)

Influenza activity for the week ending February 4, 2017.
Calculated based on reports of lab-confirmed influenza cases per 100,000 population to the NYSDOH.

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

- 61 counties reported cases this week.
- Incidence ranged from 0-149.28 cases/100,000 population.



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.

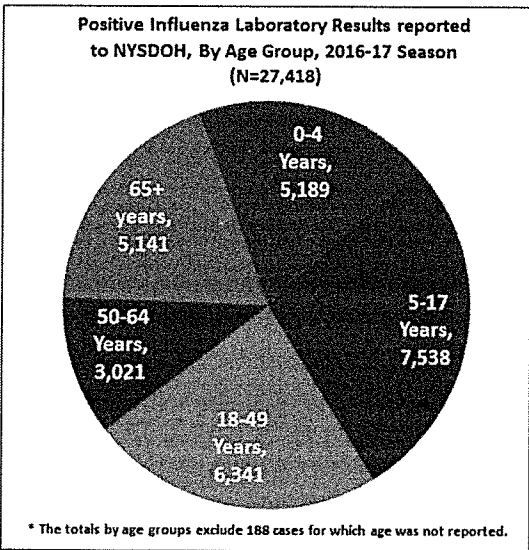
Regional: Increased or sustained numbers of lab-confirmed cases of influenza reported in at least two regions but in fewer than 31 of 62 counties.

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

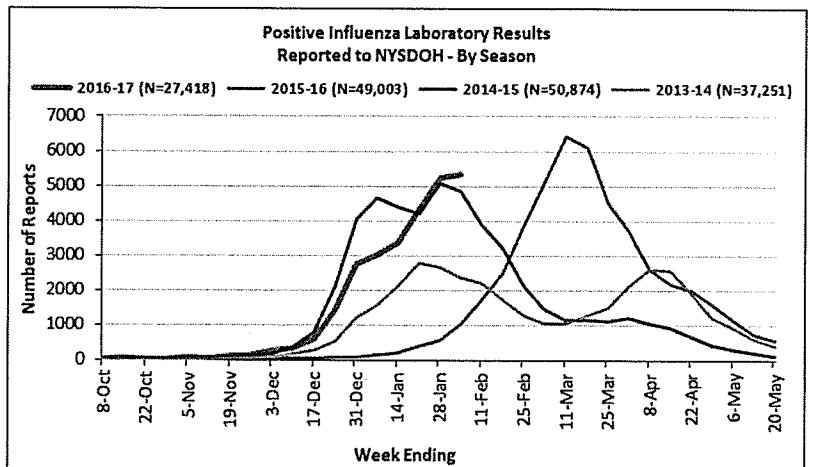
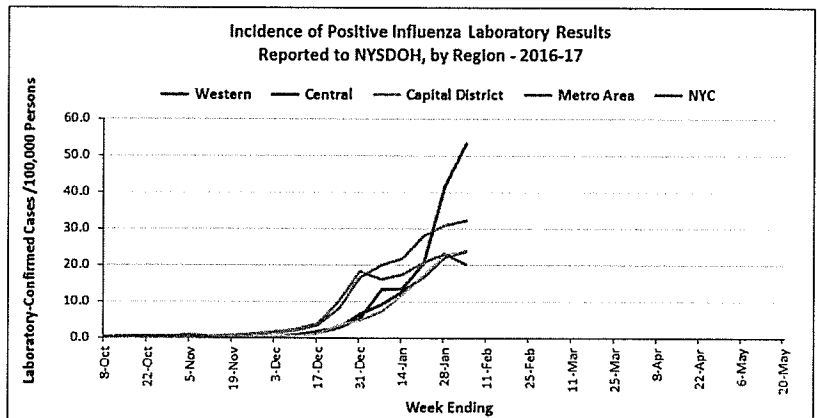
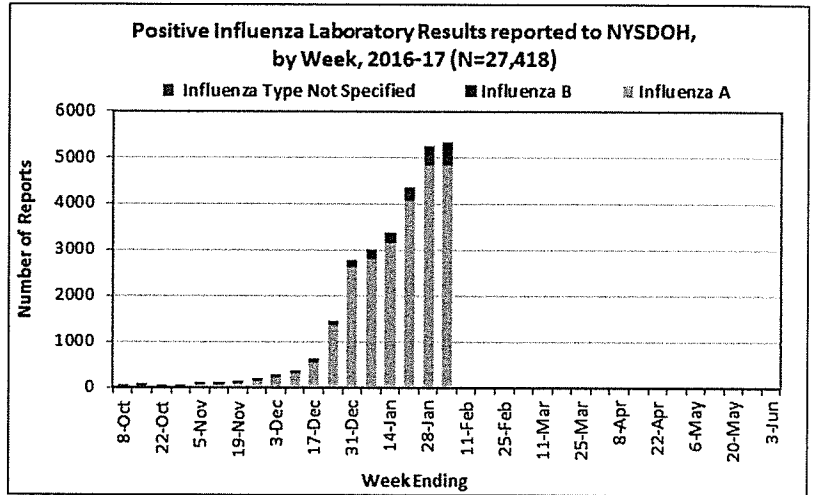
Increased or sustained is defined as 2 or more cases of laboratory-confirmed influenza per 100,000 population.

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)



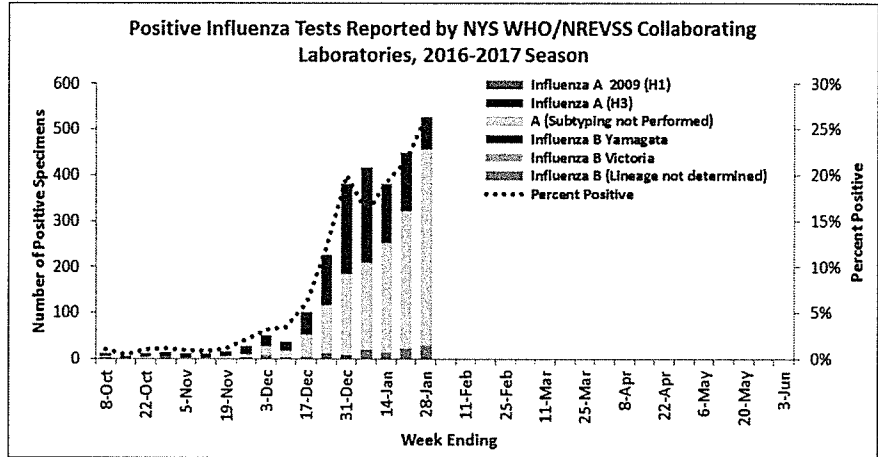
Test results may identify influenza Type A, influenza Type B, or influenza without specifying Type A or B. Some tests only give a positive or negative result and cannot identify influenza type (not specified).



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

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

These labs 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.

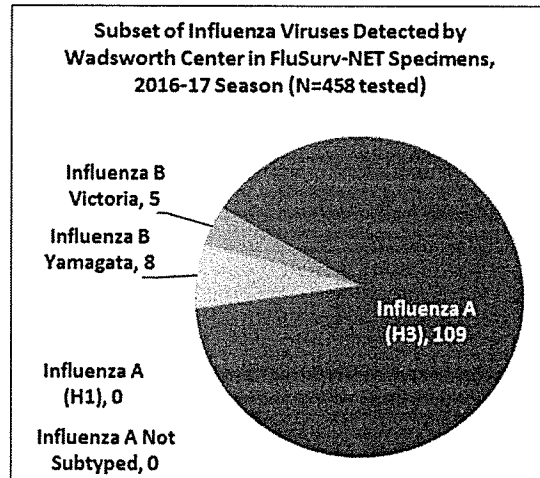
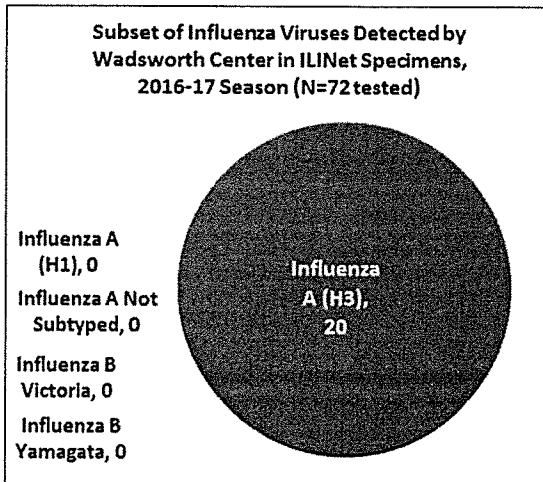
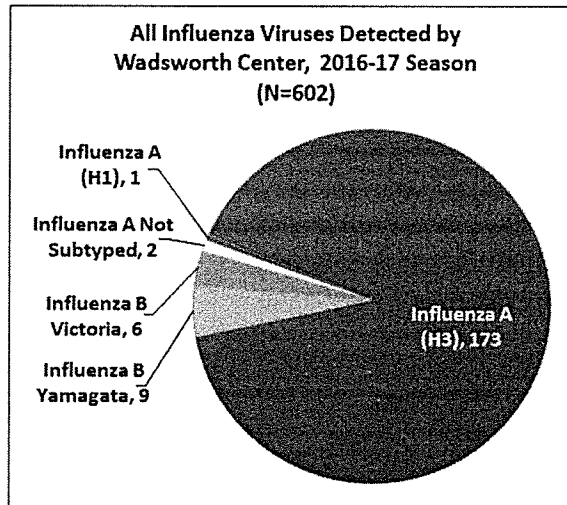


Influenza Virus Types and Subtypes Identified at Wadsworth Center (excluding NYC)

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 its subtype or lineage identified by the laboratory.

Wadsworth sends a subset of positive influenza specimens to the CDC for further virus testing and characterization.



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, 2016-17

	Oseltamivir		Zanamivir	
	Samples tested	Resistant Viruses, Number (%)	Samples tested	Resistant Viruses, Number (%)
Influenza A (H3N2) ⁱ	76	0 (0.0)	0	0 (0.0)
Influenza B ⁱⁱ	0	0 (0.0)	0	0 (0.0)
2009 Influenza A (H1N1) ⁱⁱⁱ	0	0 (0.0)	0	0 (0.0)

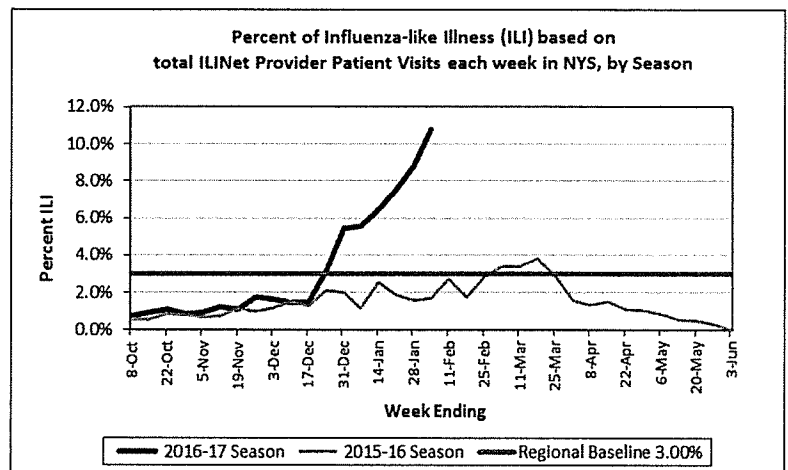
- I. All samples tested for oseltamivir resistance by pyrosequencing for E119V, R292K, and N294S in the neuraminidase gene (NA), and a subset tested by NA dideoxy sequencing for other variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and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

Outpatient Influenza-like Illness Surveillance Network (ILINet) (excluding NYC)

The NYSDOH works with ILINet healthcare providers who report the total number of patients seen and the total number of those with complaints of influenza-like illness (ILI) every week in an outpatient setting.

The CDC uses trends from past years to determine a regional baseline rate of doctors' office visits for ILI. For NYS, the regional baseline is currently 3%. Numbers above this regional baseline suggest high levels of illness consistent with influenza in the state.

Note that surrounding holiday weeks, it is not uncommon to notice a fluctuation in the ILI rate. This is a result of the different pattern of patient visits for non-urgent needs.

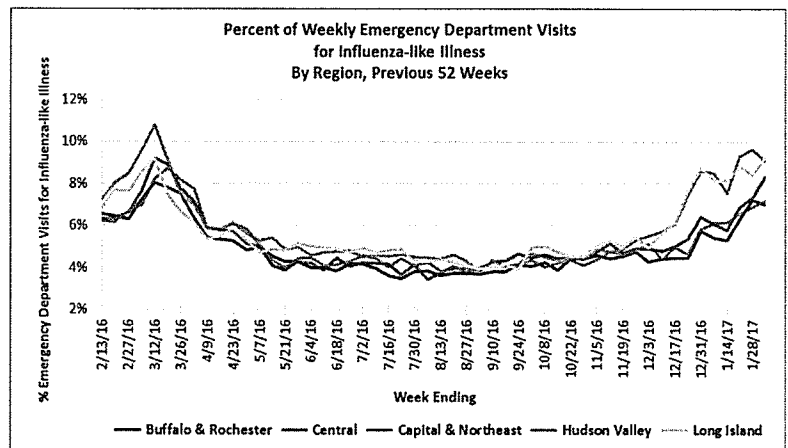


Emergency Department Visits for ILI-Syndromic Surveillance (excluding NYC)

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.

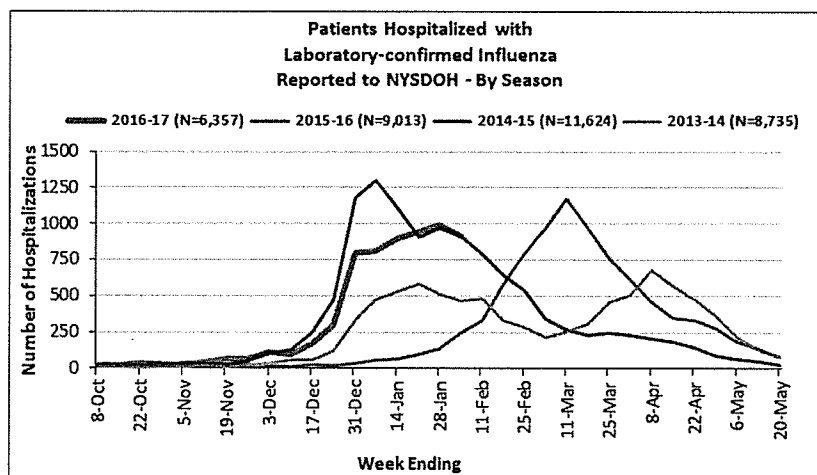
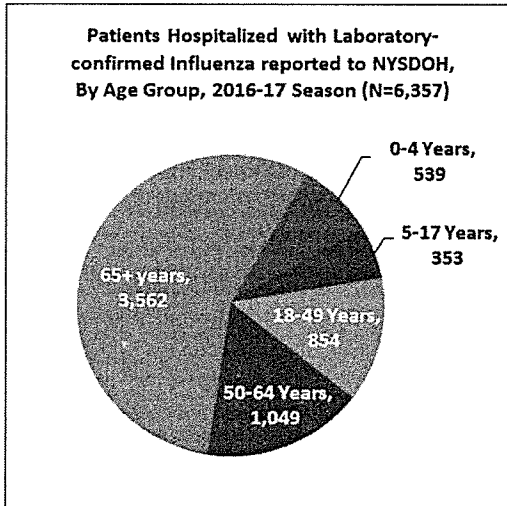
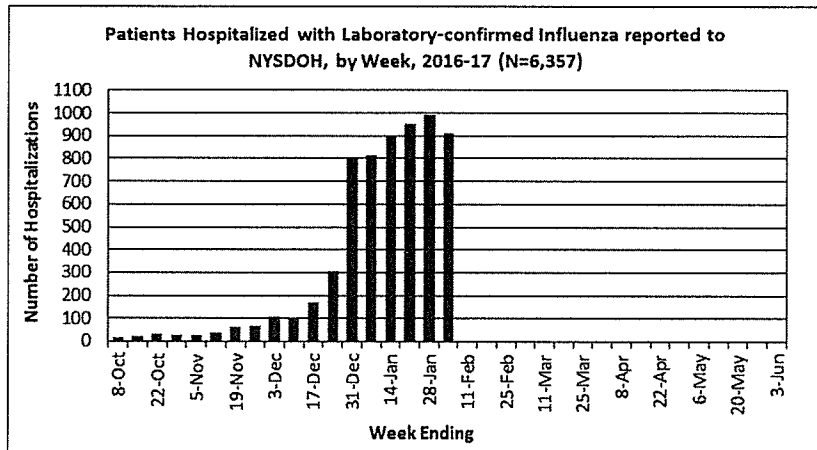
Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.



⁴Additional 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/>.

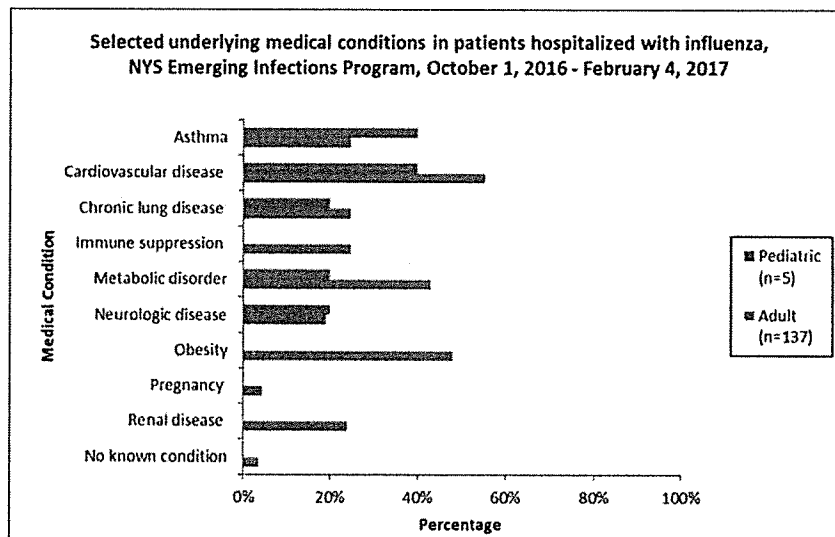
Patients Hospitalized with Laboratory-Confirmed Influenza (Including NYC)

Hospitals in NYS and NYC report the number of hospitalized patients with laboratory-confirmed influenza to NYSDOH. 179 (97%) of 184 hospitals reported this week.



Influenza Hospitalization Surveillance Network (FluSurv-NET)

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



⁵Counties 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 NYS report outbreaks of influenza to the State. An outbreak in these settings is defined as one or more healthcare facility-associated case(s) of confirmed influenza in a patient or resident or two or more cases of influenza-like illness among healthcare workers and patients/residents of a facility on the same unit within 7 days. Outbreaks are considered confirmed only with positive laboratory testing.⁶

Week-to-Date (CDC week - 5) 1/29/17 through 2/4/17	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)	1	3	4		6	6	10	14	24	7	1	8	18	24	42
# Outbreaks* viral respiratory illness**		1	1			0			0			0	0	1	1
Total # Outbreaks	1	0	5	0	6	6	10	14	24	7	1	8	18	25	43

Season-to-Date (CDC week - 5) 10/2/16 through 2/4/17	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	19	21	3	33	36	134	154	288	13	37	50	152	243	395
# Outbreaks* viral respiratory illness**		13	13		12	12		8	8		7	7	0	40	40
Total # Outbreaks	2	32	34	3	45	48	134	162	296	13	44	57	152	283	435

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

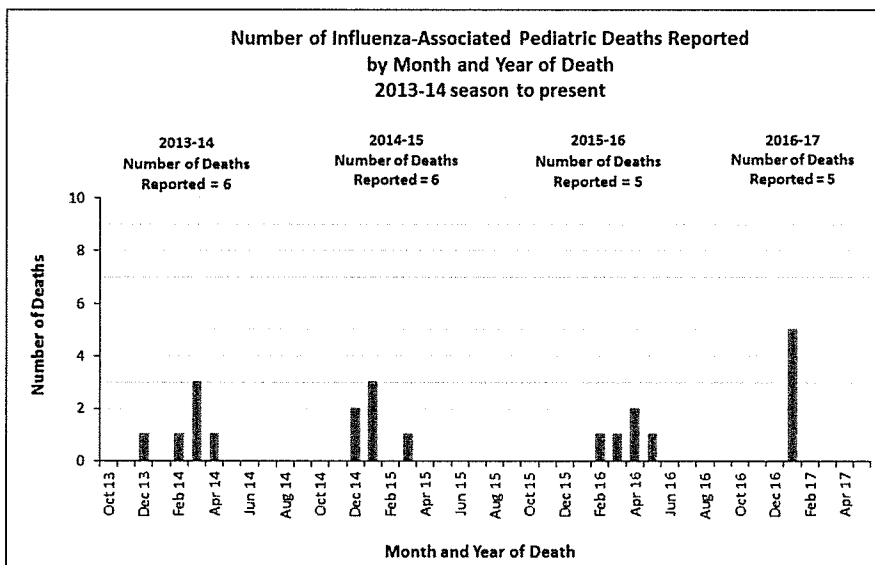
For information about the flu mask regulation and the current status of the Commissioner's declaration, please visit www.health.ny.gov/FluMaskReg

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. Influenza-associated deaths in persons 18 years and older are not notifiable.

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



⁶For more information on reporting of healthcare-associated influenza, visit http://www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm