ULSTER COUNTY BOARD OF HEALTH

July 10, 2017

AGENDA

CALL TO ORDER

- **OLD BUSINESS**

  a. Approval of the May minutes
  b. Reappointments to the Board

- **NEW BUSINESS**

  a. Commissioner's Report (Dr. Smith)
     - Medical Examiner Office Update

  b. Patient Services (Nereida Veytia)
     - Public Health Preparedness Deliverable 2017-18
       - Point of Dispensing at established site 2018
       - Incident Command System- Health and Mental Health Staff Training
       - Psychological First Aid Train the Trainer 2018
     - WIC Program and STD Relocation
     - Communicable Disease Program: NYSDOH Advisory for Mosquito Borne Disease Activity and Legionellosis

MEETING CONCLUSION

Ulster County Board of Health

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

Date: Monday, July 10, 2017

Board Members		Signature
Cardinale RN GCNS-BC, Anne	Board Member	Excused
Delma MD, Dominique	Vice Chairman	Delma,
Graham ESQ, Peter	Board Member	Excused.
Hildebrandt MPA, Mary Ann	Secretary	
Kelly RN, Elizabeth	Board Member	Elizabeth Kelly
Tack DO, Marc	Board Member	
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
July 10, 2017

Members PRESENT:
Walter Woodley, MD, Chairperson
Mary Ann Hildebrandt, MPA, Secretary
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: Anne Cardinale, RN GCNS-BC, Board Member
Peter Graham, ESQ, Board Member
Marc Tack, DO, Board Member
Shelley Mertens, Environmental Health Director
Douglas Heller, MD, Medical Examiner
Amy McCracken, Deputy Commissioner of MH

I. **Approval of Minutes:** A motion was made by Dr. Woodley to approve the May 2017 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:**
  - Dr. Smith gave an update on the new Medicolegal Investigator, Raquel L. Pallak, who was appointed back in January 2017. Ms. Pallak has been a good fit for the Department coming in with a strong background with scene investigations, working with grieving families and maintaining good rapport with other agencies such as law enforcement and funeral homes. Recently, Ms. Pallak assisted the Environmental Health Division with the scene investigation of a youth drowning at a permitted camp facility.
  - The year-to-date ME report (1/1-6/30/17) was distributed for review. To date there have been 73 autopsies, of which 2 are pending toxicology and final report. There are 24 cases with suspected opioid use of which 1 was ruled out, leaving 23 confirmed opioid cases.
- **Polystyrene:** There are approximately 10 camps who do not want to comply with the local law. The facilities have been inspected to confirm non-compliance. Letters are being sent to the facilities notifying them of the compliance issue and if non-compliance continues the facility will be brought in for a hearing.
- **Lifeguard Shortage:** It has been brought to the Commissioner's attention that there is a shortage for

summer Lifeguards in Ulster County. Dr. Smith spoke to the YMCA's CEO to discuss the issue. Many youth do not want to invest in the required $300 training for such a short period of time. Litigation is also a concern. Dr. Woodley recommended working with high school/college swim teams and offering scholarships. He will discuss at the next Healthy Kingston Council meeting.

b. Patient Services Updates: Ms. Veytia reported on the following:

- **Public Health Preparedness Deliverables:**
  - Outbreak Response Drill: As part of the NYS Preparedness Program deliverables, UCDOH will be required to conduct and outbreak response drill. This will be a non-pharmaceutical drill and will most likely be a response to pandemic Novel Influenza outbreak. The drill is scheduled to be conducted first quarter of 2018. Currently there is an established MOU with Edson Elementary. Ms. Veytia is working with the school to schedule a date. The end of March during spring break is being considered.
  - Incident Command System (ICS): Beginning July 2017 Mental Health staff will be trained in the Incident Command System and be required to participate in future drills. This is already an established requirement for DOH staff.
  - Psychological First Aid Train the Trainer: Selected DOH will be participating in these trainings. Of the first to be trained will be the Preparedness Program Education Coordinator.
- **WIC Program and STD Relocation:** The WIC program and the STD clinic will be relocated from their current Aaron Court location to the Golden Hill Office Building (GHOB). The Aaron Court facility is a leased building whereas the GHOB is owned by the County. Currently Ms. Veytia is working with key DOH staff, NYS WIC Program as well as with the County Buildings and Grounds and Information Services to solidify a plan and coordinate efforts. The timeline is for the move to occur by the end of 2017.
- **Communicable Disease Program:** NYSDOH Advisories for Mosquito Borne Disease Activity and Legionellosis was distributed to the Board for review (see attached).

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

IV. Next Meeting: The next meeting is scheduled for August 14 2017, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:

Mary Ann Hildebrandt, MPA

Mary Ann Hildebrandt, MPA
Secretary - Board of Health

NEW YORK STATE | Department of Health

NYSDOH STATEWIDE MOSQUITO-BORNE DISEASE ACTIVITY REPORT
July 5, 2017

The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on mosquito-borne disease activity in New York State (NYS) and produces this weekly report during the mosquito season. Data in this report reflects testing performed by both NYSDOH's Wadsworth Center Laboratories (WC) and the New York City Department of Health and Mental Hygiene's (NYCDOHMH) Public Health Laboratory (PHL). Reports are generally issued on Wednesdays and reflect data reported through the previous Saturday.

Summary:

From June 25 through July 1:

- West Nile Virus (WNV):
  - 4 WNV-positive mosquito pools were identified **(Rockland 1, NYC 3)**.
  - 0 human cases of WNV infection were reported.
  - 0 equine cases of WNV infection were reported.
- Eastern Equine Encephalitis Virus (EEEv):
  - 0 EEEv-positive mosquito pools were identified.
  - 0 human cases of EEEv infection were reported.
  - 0 equine cases of EEEv infection were reported.
- Zika Virus (ZIKV):
  - *Aedes albopictus* was not identified in any additional counties. *Aedes aegypti* was not identified anywhere in the State.
  - 0 mosquito pools were positive for Zika virus.
  - 0 human cases were reported to NYSDOH.
  - 0 pregnant women with laboratory evidence of possible Zika virus infection were reported to the Centers for Disease Control and Prevention's (CDC) Zika Pregnancy Registry by NYSDOH.[1]
    - NYCDOHMH directly reports pregnant women with laboratory evidence of possible Zika virus infection who reside within NYC to CDC's Zika Pregnancy Registry.
  - 0 cases of local, mosquito-borne transmission (LMBT) were identified.[2]
- Chikungunya Virus (CHIKV), Dengue Virus (DENV), and Malaria:[3]
  - 0 human cases of CHIKV infection were reported to NYSDOH. No cases of LMBT were identified.
  - 0 human cases of DENV infection were reported to NYSDOH. No cases of LMBT were identified.
  - 0 human cases of Malaria infection were reported to NYSDOH. No cases of LMBT were identified.

Year to date:

- WNV:
  - 5 WNV-positive mosquito pools have been identified.
  - 0 human cases of WNV infection have been reported.
  - 0 equine cases of WNV infection have been reported.
- EEEv:
  - 0 EEEv-positive mosquito pools have been identified.
  - 0 human cases of EEEv infection have been reported.
  - 0 equine cases of EEEv infection have been reported.
- ZIKV:
  - *Aedes albopictus* has been identified in 5 counties **(Nassau, Putnam, Rockland, Suffolk, Westchester)** and in NYC. *Aedes aegypti* has not been identified anywhere in the State.
  - 0 mosquito pools have been positive for Zika virus.
  - 155 human cases have been reported to NYSDOH, all of which were travel-associated.
  - 32 pregnant women with laboratory evidence of possible Zika virus infection have been reported to the CDC's Zika Pregnancy Registry by NYSDOH.
    - NYCDOHMH directly reports pregnant women with laboratory evidence of possible Zika virus infection who reside within NYC to the Zika Pregnancy Registry.
  - No cases of LMBT have been identified.

- CHKV, DENV, and Malaria:[4]
  - 1 human case of CHIKV infection has been reported to NYSDOH, which was travel-associated. No cases of LMBT have been identified.
  - 2 human cases of DENV infection have been reported to NYSDOH, both of which were travel-associated. No cases of LMBT have been identified.
  - 23 human cases of Malaria infection have been reported to NYSDOH, all of which were travel-associated. No cases of LMBT have been identified.

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[1] CDC criteria for reporting pregnant women with laboratory evidence of possible Zika virus infection differ from that used to report cases of ZIKV infection/disease. Additional information can be found at https://www.cdc.gov/zika/reporting/registry.html

[2] Local, mosquito-borne transmission is defined by the absence of the following epidemiological risk factors: recent travel to a country or region with known active ZIKV transmission OR sexual contact with a recent traveler from these areas; recent blood transfusion; recent laboratory exposure to ZIKV; or mother-to-child transmission during pregnancy.

[3] NYCDOHMH directly reports human cases of CHIKV, DENV and malaria infection to CDC.

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

July 5, 2017

TO: Healthcare Providers, Healthcare Facilities, Clinical Laboratories, and Local Health Departments (LHDs)

FROM: New York State Department of Health (NYSDOH)
Bureau of Communicable Disease Control (BCDC)

HEALTH ADVISORY: LEGIONELLOSIS

For All Clinical Staff in Internal Medicine, Pulmonary and Intensive Care Medicine, Geriatrics, Primary Care, Infectious Diseases, Emergency Medicine, Family Medicine, Laboratory Medicine and Infection Control

SUMMARY

- While legionellosis is diagnosed year-round, the incidence of illness usually increases during the summer and early fall. Investigations into potential time-space clusters of cases above baseline incidence are currently ongoing in Niagara and Onondaga Counties. Additionally, a cluster of legionellosis cases in New York City's Lenox Hill area is being investigated by the New York City Department of Health and Mental Hygiene.
- Providers should consider Legionnaires' Disease when evaluating patients presenting with signs of pneumonia and maintain a high index of suspicion for *Legionella* when evaluating patients with respiratory illness who live in, work in, or recently visited Niagara County, Onondaga County or Lenox Hill.
    - **In patients with suspected pneumonia, test for *Legionella* infection.** Legionnaires' Disease cannot be distinguished from other causes of pneumonia on clinical or radiologic grounds. Testing should be ordered on both culture of sputum or other respiratory secretions and urine antigen.
    - When ordering culture, specify the intent to identify *Legionella*, as laboratory procedures for identifying this organism are different from standard respiratory specimen cultures.
- Report cases promptly to the local health department where the patient resides. Public health staff may request that *Legionella* isolates be sent to the Department's Wadsworth Center for serogrouping and molecular typing.
    - LHD contact information is available at: https://www.health.ny.gov/contact/contact_information/.
    - If you are unable to reach the LHD where the patient resides, please contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 866-881-2809 evenings, weekends, and holidays.

INFORMATION FOR HEALTHCARE PROVIDERS, FACILITIES AND CLINICAL LABORATORIES

Testing for *Legionella* guides clinical treatment of the patient and assists LHDs and NYSDOH with detecting outbreaks and linking cases to potential environmental sources of *Legionella pneumophila*. This is especially critical for persons at risk for Legionnaires' disease, including but not limited to persons > 50 years old, current or former cigarette smokers, and persons with chronic lung disease, or persons with immunocompromising conditions. The case-fatality rate is estimated to be 9% for community- acquired Legionnaires' disease. Empiric treatment of community-acquired pneumonia should include adequate coverage for *Legionella* with either a macrolide (e.g., azithromycin) or a fluoroquinolone (e.g., levofloxacin). Full detail on treatment regimens is available from the Infectious Diseases Society of America and the American Thoracic Society at: http://cid.oxfordjournals.org/content/44/Supplement_2/S27.full.pdf+html. Respiratory tract specimens should ideally be obtained before initiation of antibiotics, although antibiotics should not be delayed to obtain a specimen.

Diagnostic Testing

Culture of the organism from respiratory secretions or tissues is the gold standard for diagnosis. Culture has the added benefit of being able to compare clinical isolate(s) to environmental isolates to identify a potential source of infection in the setting of a potential outbreak. Please note the following regarding the diagnosis of legionellosis:

- The best specimens for culturing *Legionella* are sputum or bronchoalveolar lavage fluid. *Legionella* culture requires specialized media (buffered charcoal yeast extract agar {BCYE}). Please specifically request that the clinical specimen be cultured for *Legionella* (not a general respiratory bacterial culture), and alert your microbiology laboratory that legionellosis is in the differential diagnosis.
- Urine antigen testing (UAT) is widely available as a rapid method for detecting *Legionella*. UAT is most sensitive for detecting *L. pneumophila* serogroup 1. Although *L. pneumophila* serogroup 1 accounts for most *Legionella* cases, a negative UAT does not rule-out infection due to other *Legionella* species and serotypes. Furthermore, UAT does not allow for molecular comparison of organisms to help determine the environmental source. Providers should also obtain respiratory specimens for culture to diagnose legionellosis.
- Serologic diagnosis is less useful for diagnosing acute infection and requires paired sera, collected 3–4 weeks apart, to detect a fourfold rise in antibody titer to a level >1:128. A single antibody titer is not diagnostic for legionellosis; convalescent serum must be obtained for comparison.
- Additional information for clinicians on Legionnaires' disease is available at the Centers for Disease and Control and Prevention's Legionellosis Resource Site: https://www.cdc.gov/legionella/index.html

INFORMATION FOR LOCAL HEALTH DEPARTMENTS:

NYSDOH is reminding LHDs of the following actions that should be taken locally:

- Regularly provide education to providers and healthcare facilities about legionellosis. Local educational efforts should emphasize the messages described above and should be repeated when appropriate (e.g. local increase in cases or during cluster or outbreak investigations).

- Interview cases as soon as possible, but within 3 business days of the report. If cases are potentially part of a cluster or outbreak, attempts to interview should occur sooner.
    - LHD staff should utilize the revised supplemental form, which is available at https://commerce.health.state.ny.us/hpn/ctrldocs/cdess/CdessHelp/BlankForms/Legionellosis.pdf
    - Once the interview is completed, CDESS should be promptly updated with the newly obtained information and a hard copy of the completed supplemental form should also be faxed to BCDC at (518) 474-7148. Forms should be faxed regardless of whether the interview is from a sporadic case or one associated with a cluster or outbreak.
    - Epidemiology staff should compare this information with that obtained from other reported cases and share appropriate, deidentified information with environmental health staff.
    - Environmental health staff should review the epidemiological information collected to identify possible points of exposure to *Legionella* for these cases. Based upon the environmental health risks identified, sample collection should be considered. Staff in the NYSDOH's Bureau of Water Supply Protection and the regional offices are available to assist by providing maps of the impacted areas for coordination of an environmental health response.
    - Environmental health staff should assess the cooling tower registry for compliance of cooling towers that are in close proximity of cases and work to either secure compliance or collect samples from noncompliant towers.
    - When an unusual increase in cases is identified, either by public health staff or via the Department's automated geo-temporal analysis, LHDs should use the Department's specially trained interview team to re-interview existing cases and directly interview any new cases during the investigation. Requests for interview assistance should be made by emailing the regional epidemiologist.
- Provide health education to the public about legionellosis, including but not limited to the following messages.
    - Certain host factors will place persons at greater risk for acquiring Legionnaires' disease. Persons with severe immunosuppression from organ transplantation or chronic underlying illness, such as hematologic malignancy or end-stage renal disease, are at the greatest risk for acquiring, and dying from, Legionnaires' disease.
    - Persons with diabetes mellitus, chronic lung disease, non-hematologic malignancy, HIV, persons over the age of 50, and persons with a current or past history of smoking are at moderately increased risk.
- Advise the public and providers when there is an unusual increase in cases and/or when a cluster or outbreak is being investigated. All efforts should be coordinated with BCDC and Department's Public Affairs Group, which can be reached at (518) 474-7354.

Questions regarding clinical or epidemiological information should be directed to your LHD or the NYSDOH Bureau of Communicable Disease Control at (518) 473-4439 and bcdc@health.ny.gov.

Questions regarding environmental issues should be directed to your LHD or the NYSDOH Bureau of Water Supply Protection (518) 402-7650 and hcf.legionella@health.ny.gov.