

Ulster County Board of Health
November 5, 2018

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

DOH/DMH PRESENT: Nereida Veytia, Deputy/Patient Services Director
Vin Martello, Director of Community Relations

GUESTS: None

ABSENT: None

EXCUSED: Carol Smith, MD, MPH, Commissioner of Health
Marc Tack, DO, Board Member
Kathleen Rogan, Board Member

- I. **Approval of Minutes:** A motion was made by Anne Cardinale to approve the September 17, 2018 minutes. The motion was seconded by Mary Ann Hildebrandt and unanimously approved.
- II. **Board Attendance:** The January meeting will be the last meeting that Mary Ann Hildebrandt will be attending. Thank you for your service!
- III. **Marijuana Legalization:** The letter to NYS Association of County Health Official's (NYSACHO) was to be presented. This issue has been put on hold.
- IV. **Agency Reports:**
 - a. Commissioner's Report: Nereida Veytia reported on behalf of Dr. Carol Smith, on the following:
 - **Medical Examiner Stats:** The Medical Examiner stats were distributed to the Board for review (see attached). The Medical Examiner should attend a Board meeting each quarter.
 - b. Patient Service's Report: Ms. Veytia reported on the following:
 - **Varicella School Report:**
 - o Chambers: Conducted 21 day surveillance; school sent letters and worked with school nurses to identify non-vaccinated children (5 in the school); surveillance ended November 13, 2018.
 - o George Washington: 1 reported case; 21 post exposure surveillance ended November 15, 2018; letter sent to parents.

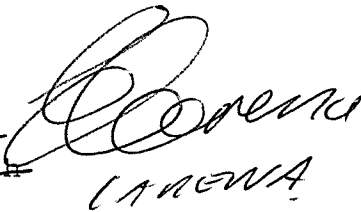
- **NYS Flu Stats:** (See attached) October 27, 2018 - none at this time; Influenza A - dormant
 - o Dr. Walter Woodley would like to conduct an end of the year survey amongst 9th, 10th and 11th graders to ask: Have you been sick? Have you missed school? Have you had a flu shot? And then conduct the same survey with the same kids again next year.
- **Diagnostic and Treatment Centers Operating Certificate for Relocation:** Finally received approval on September 28, 2018. This is year seven (7) of the incentive - potential \$48,000.00 award.
- **Communicable Disease - Hepatitis B - 0 to 2 age group; survey providers.**

V. **Adjournment:** A motion was made by Dr. Delma to adjourn the meeting. The motion was seconded by Mary Ann Hildebrandt and unanimously approved.

VI. **Next Meeting:** The next meeting is scheduled for December 10, 2018, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:

~~Mary Ann Hildebrandt, MPA
Secretary - Board of Health~~



LAHENA

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2018 and 10/31/2018

Total Number of Cases: 142

Cases by Gender

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	7	4	4	1	3	3	4	4	2	4	0	0	36
M	10	6	15	5	14	12	13	12	10	9	0	0	106
Grand Total	17	10	19	6	17	15	17	16	12	13	0	0	142

Cases by Manner

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
	0	0	0	0	0	0	0	0	0	0	0	0	0
Accidental	9	4	6	5	10	7	8	9	5	3	0	0	66
Homicide	2	1	0	0	0	0	0	0	0	0	0	0	3
Natural	5	2	6	1	7	7	5	3	3	1	0	0	40
Pending	0	0	0	0	0	0	0	1	0	7	0	0	8
Suicide	1	2	5	0	0	1	3	3	4	1	0	0	20
Undetermined	0	1	2	0	0	0	1	0	0	1	0	0	5
Grand Total	17	10	19	6	17	15	17	16	12	13	0	0	142

Cases by Category

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
	0	0	0	0	0	0	0	0	0	0	0	0	0
Alcohol	0	0	0	1	1	2	0	1	1	0	0	0	6
Blunt Force Trauma - non-MVA	0	0	1	0	0	2	0	1	0	1	0	0	5
Carbon Monoxide	0	0	0	0	1	0	1	0	0	0	0	0	2
Cardiovascular	3	2	3	1	3	4	2	0	0	1	0	0	19
Cardiovascular and Diabetes	0	0	1	0	0	0	0	0	0	0	0	0	1
Cardiovascular and Obesity	0	1	0	0	0	0	0	1	0	0	0	0	2
Diabetes	0	0	0	0	0	0	1	0	0	0	0	0	1
Drowning	0	0	1	1	0	1	0	2	0	0	0	0	5
Fall	0	0	0	0	0	0	2	1	0	1	0	0	4
Gunshot Wound	3	1	2	0	0	0	1	0	3	1	0	0	11
Hanging	0	1	1	0	0	0	0	1	1	0	0	0	4
Motor Vehicle Accident	2	0	0	1	3	0	1	0	0	2	0	0	9
Non-Opioid Substance	0	0	1	0	1	0	0	0	0	0	0	0	2
Non-Opioid Substance w/ Alcohol	0	0	0	0	1	0	0	0	0	0	0	0	1
Non-Opioid Substance w/ Other Substances	1	0	0	0	0	0	0	0	0	0	0	0	1
Obesity	0	0	0	0	0	0	0	1	0	0	0	0	1
Opioid	3	2	4	0	3	2	3	1	1	0	0	0	19
Opioid w/ Alcohol	0	0	0	0	0	1	0	2	0	0	0	0	3
Opioid w/ Other Substances	2	2	0	1	2	2	2	4	3	0	0	0	18
Opioid w/ Other Substances and Alcohol	0	0	0	0	0	0	0	0	1	0	0	0	1
Other	2	0	3	0	1	0	1	0	1	0	0	0	8
Pending	0	0	0	0	0	0	0	1	0	7	0	0	8
Pneumonia	0	0	1	0	0	1	1	0	1	0	0	0	4

Ulster County Department of Health
Medical Examiner's Office - Autopsy Cases
Date of Death between 1/1/2018 and 10/31/2018

Total Number of Cases: 142

Pulmonary Disease	0	0	0	0	1	0	1	0	0	0	0	0	2
Smoke Inhalation	1	0	0	1	0	0	1	0	0	0	0	0	3
Stab Wound	0	1	0	0	0	0	0	0	0	0	0	0	1
Undetermined	0	0	1	0	0	0	0	0	0	0	0	0	1
Grand Total	17	10	19	6	17	15	17	16	12	13	0	0	142

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 October 27, 2018

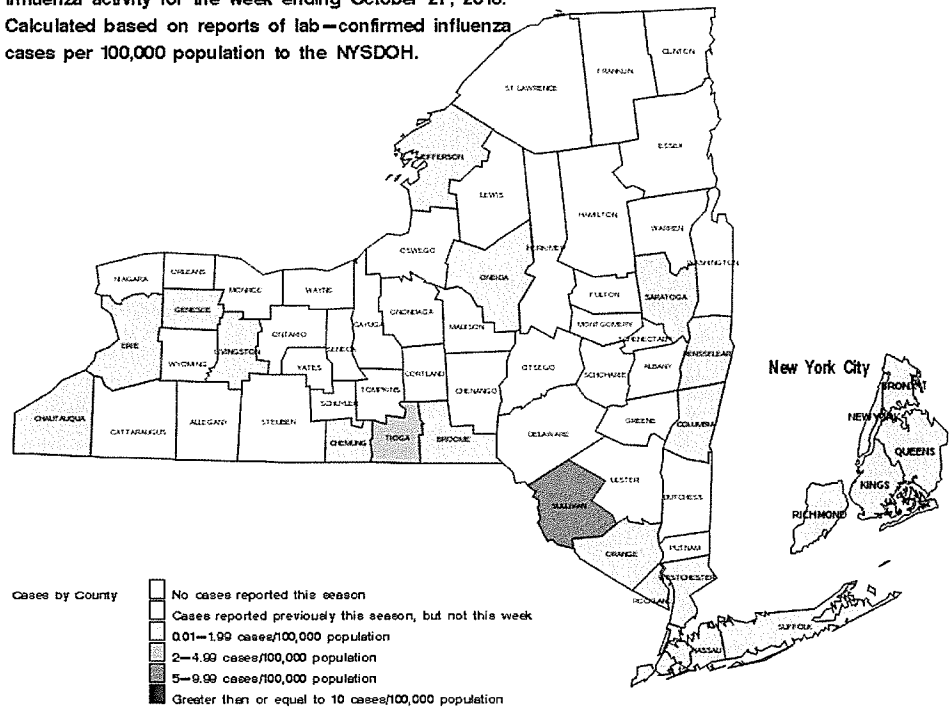
- Influenza activity level was categorized as geographically sporadic². This is the fourth consecutive week that sporadic activity has been reported.
- There were 105 laboratory-confirmed influenza reports, a 36% increase over last week.
- Of the 1,294 specimens submitted by WHO/NREVSS clinical laboratories, 5 (0.39%) were positive for influenza. All 5 were influenza A.
- Of the 7 specimens tested at Wadsworth Center, one was positive for influenza A(H1).
- Reports of percent of patient visits for influenza-like illness (ILI³) from ILINet providers were 1.30%, which is below the regional baseline of 3.10%.
- The number of patients hospitalized with laboratory-confirmed influenza was 31 a 35% increase over last week.
- There were no influenza-associated pediatric deaths reported this week. There has been one influenza-associated pediatric death reported this season.

Laboratory Reports of Influenza (Including NYC)

Influenza activity for the week ending October 27, 2018.
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.

- 23 counties reported cases this week.
- Incidence ranged from 0-5.30 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.

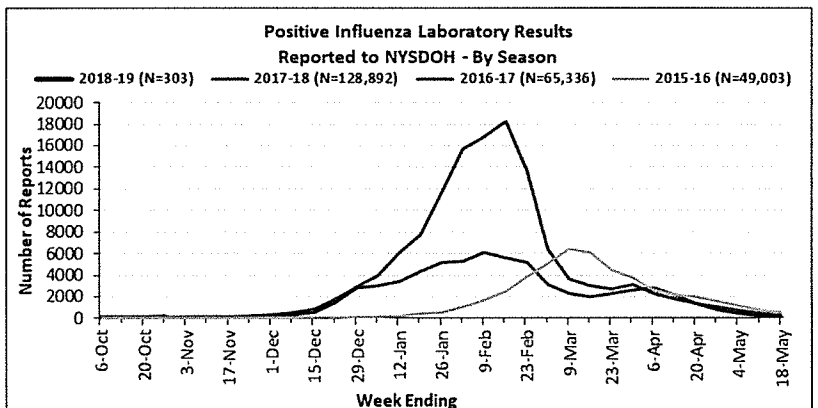
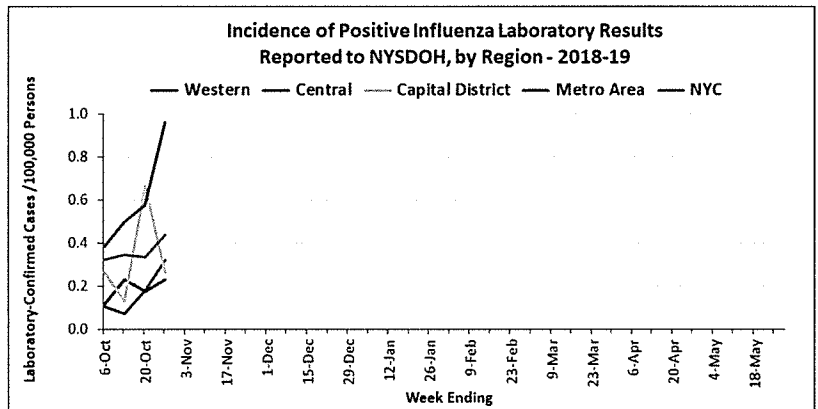
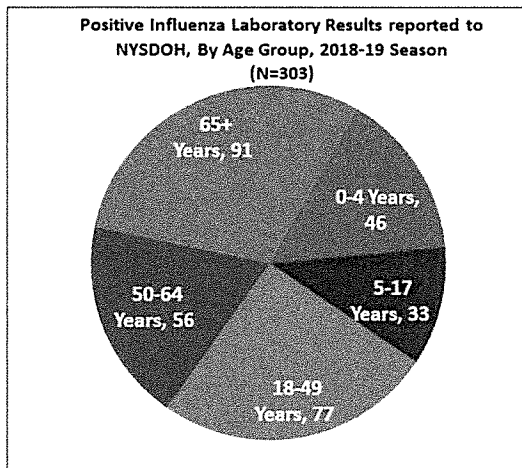
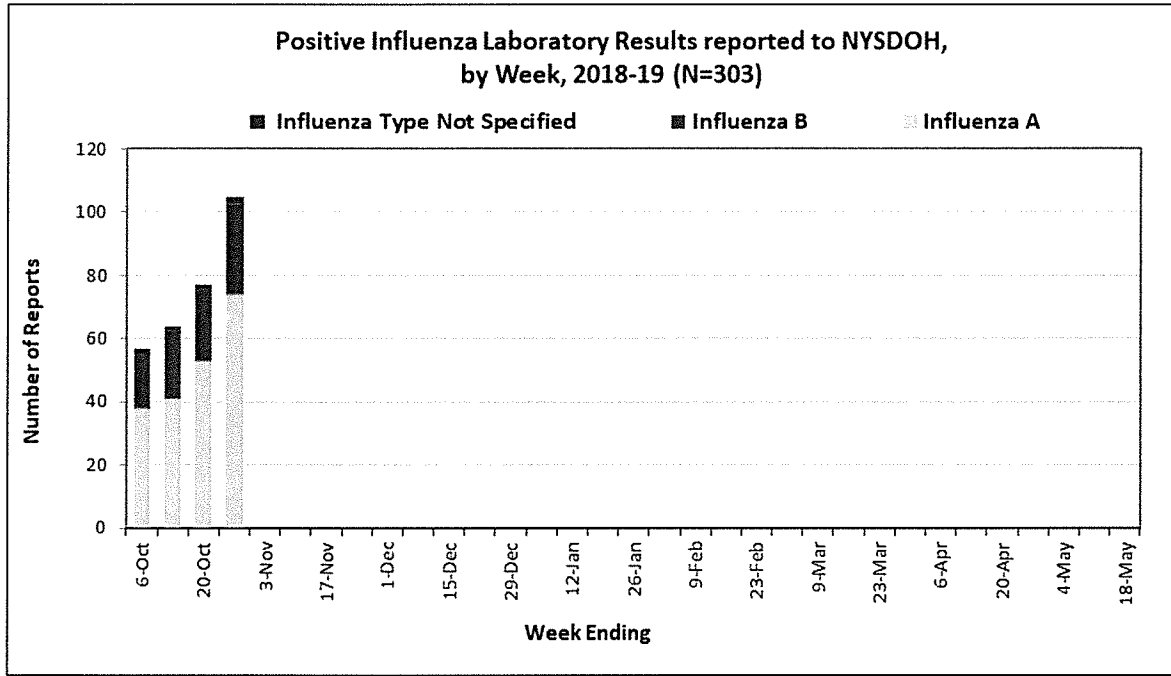
Widespread: Increased or sustained numbers of lab-confirmed cases of influenza reported in greater than 31 of the 62 counties.

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

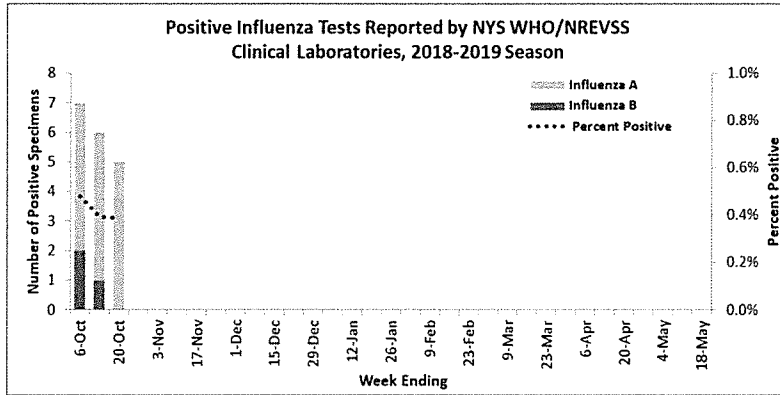
Laboratory Reports of Influenza (Including NYC)

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).

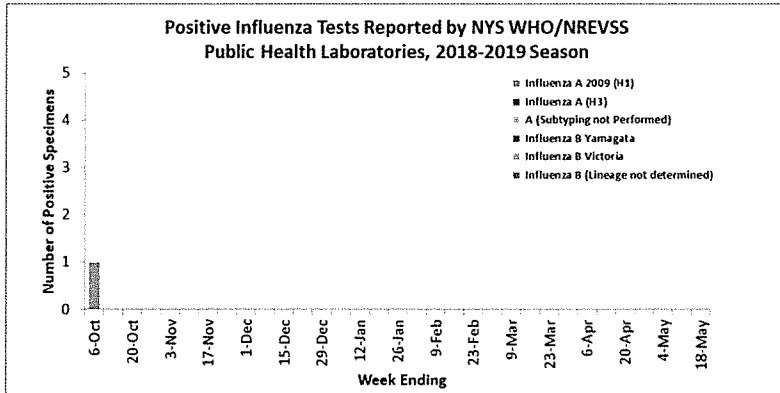


World Health Organization (WHO) and National Respiratory & Enteric Virus Surveillance System (NREVSS) Collaborating Laboratories

Clinical laboratories that are WHO and/or NREVSS collaborating laboratories for virologic surveillance report weekly the number of respiratory specimens tested and the number positive for influenza types A and B to CDC. Because denominator data is provided, the weekly percentage of specimens testing positive for influenza is calculated.

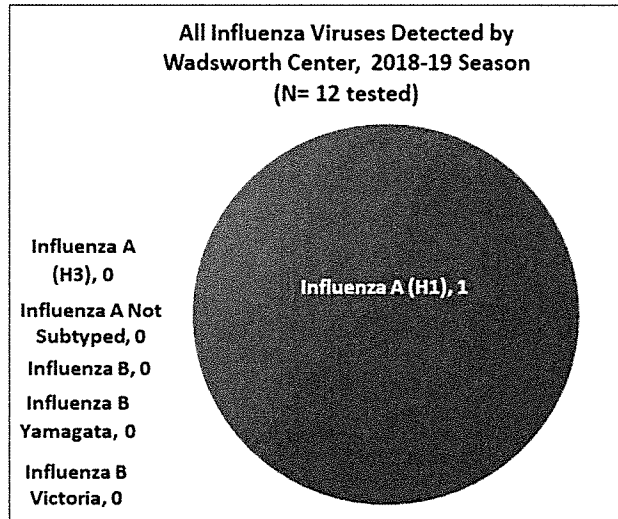


Public health laboratories that are WHO and/or NREVSS collaborating laboratories also report the influenza A subtype (H1 or H3) and influenza B lineage (Victoria or Yamagata).



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. 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. To date, all specimens submitted through ILINet and FluSurv-Net have been negative.



Influenza Antiviral Resistance Testing

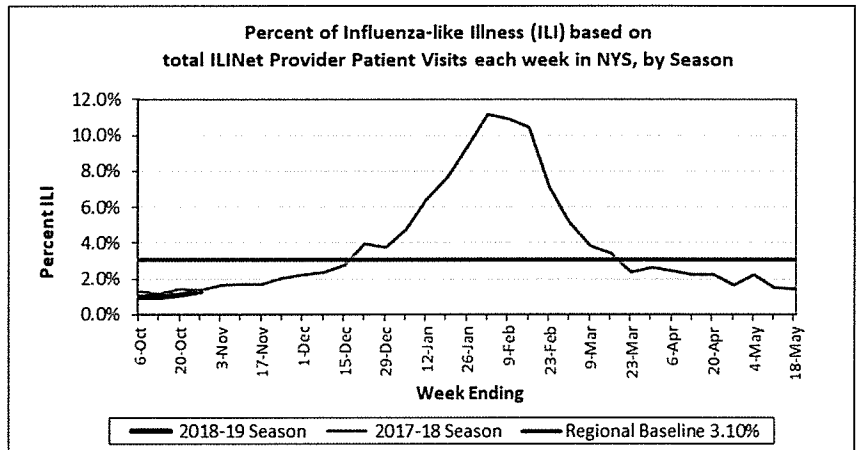
The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance. ⁴ The laboratory does not have any data yet this season. Information will be updated in subsequent weekly reports.

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 3.10%. 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.

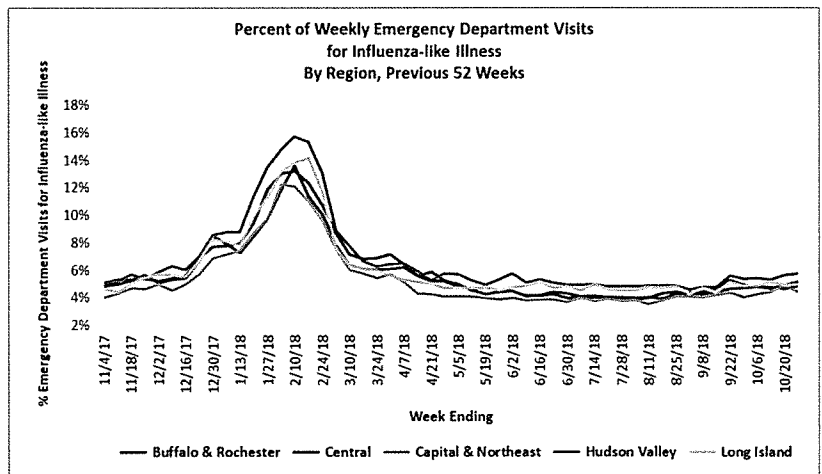


Emergency Department Visits for ILI-Syndromic Surveillance (excluding NYC)

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.

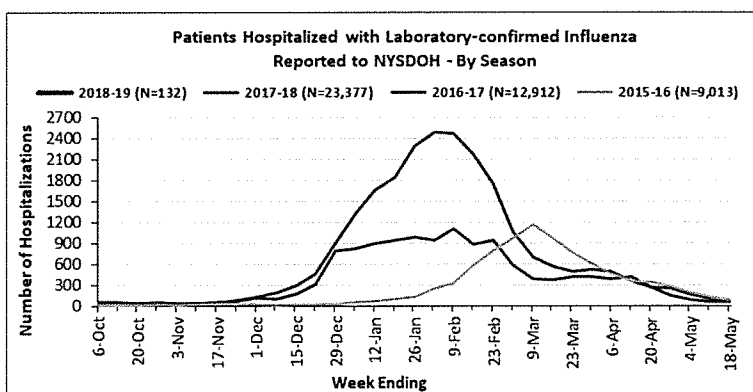
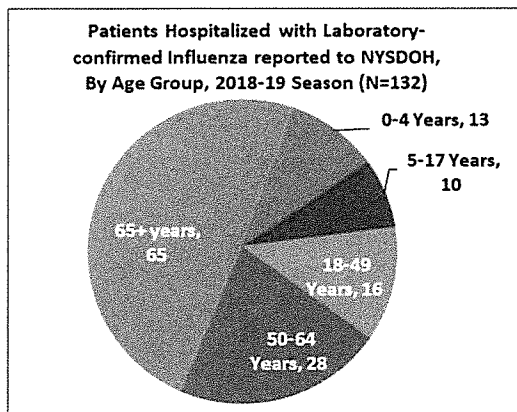
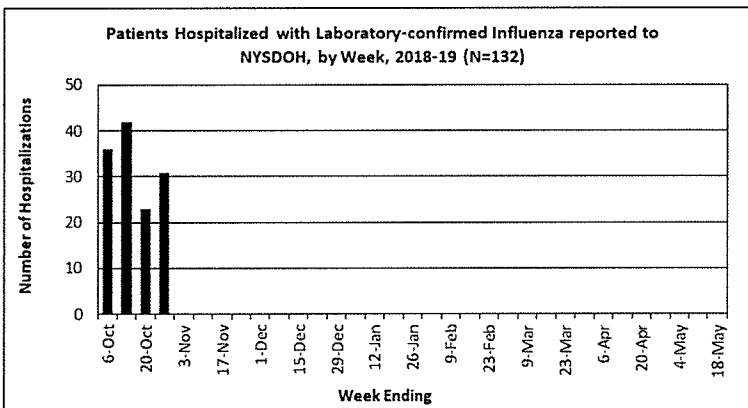
Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.



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. 165 (90%) of 183 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 Underlying health conditions are assessed through medical chart reviews for cases identified during the season.⁶ FluSurv-Net estimated hospitalization rates will be updated weekly starting later this season.

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

⁶Data are based on medical record reviews for hospitalized cases currently under investigation and should be considered preliminary.

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.⁷

Week-to-Date (CDC week - 43) 10/21/18 through 10/27/18	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* Lab-confirmed Influenza (any type)			0			0			0			0	0	0	0
# Outbreaks* viral respiratory illness**			0			0			0			0	0	0	0
Total # Outbreaks	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Season-to-Date (CDC week - 43) 9/30/18 through 10/27/18	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* Lab-confirmed Influenza (any type)			0			0		2	2			0	0	2	2
# Outbreaks* viral respiratory illness**			0			0			0		2	2	0	2	2
Total # Outbreaks	0	0	0	0	0	0	0	2	2	0	2	2	0	4	4

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

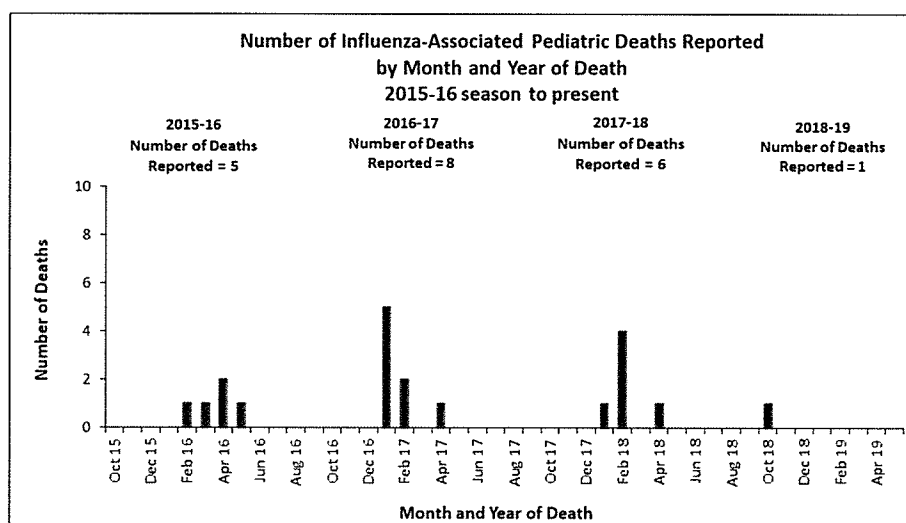
For information about the flu mask regulation and the current status of the Commissioner's declaration, please visit www.health.ny.gov/FluMaskReg

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.



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