

# ULSTER COUNTY BOARD OF HEALTH

February 12, 2018

## AGENDA

### CALL TO ORDER

- **OLD BUSINESS**

- a. Approval of the December minutes

- **NEW BUSINESS**

- a. Commissioner's Report (Ms. Veytia)

- Medical Examiner Stats
    - NYSDOH Controlled Substance Medications Fact Sheet
    - Governor Cuomo Press Release
    - Flu Stats

### MEETING CONCLUSION



**Ulster County Board of Health**  
**February 12, 2018**

**Members PRESENT:** Walter Woodley, MD, Chairperson  
Mary Ann Hildebrandt, MPA, Secretary  
Peter Graham, ESQ, Board Member

**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  
Marc Tack, DO, Board Member  
Dominique Delma, MD, Vice Chair  
Shelley Mertens, Environmental Health Director  
Douglas Heller, MD, Medical Examiner

**I. Approval of Minutes:** Approval of the December 2017 minutes was tabled until the March meeting due to a lack of a quorum.

**II. Agency Reports:**

a. Commissioner's Report: Ms. Veytia reported on the following:

- **Medical Examiner Stats:** The Medical Examiner stats were distributed to the Board for review (see attached.)
- **NYSDOH Controlled Substance Medications:** This fact sheet was created by the NYS Department of Health and the State Office of Alcoholism and Substance Abuse Services. Some of the local pharmacies are providing them to customers when they fill a prescription (see attached). Dr. Woodley expressed a concern about the need to address the issue of providers who over prescribe.
- **Governor Cuomo Press Release:** A copy of the press release announcing that Governor Cuomo has directed the State Department of Health to provide financial support for counties to respond to the influenza emergency. (See attached)
- **Flu Stats:** A copy of the Weekly Influenza Surveillance Report was distributed to the Board for review (see attached). Flu is steadily increasing. Hospitalizations are up by 2%. There have been 3 pediatric deaths. As of 2/9/2018 the total cases for 2017-2018 are 464 lab confirmed reports. There are 162 Flu type A, 101 Flu type B, and 1 Flu type A and B. The 2016-2017 year-to-date confirmed cases were 190 of which 131 were Flu type A and 59 were Flu type B.

III. **Next Meeting:** The next meeting is scheduled for March 12, 2018, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:

A handwritten signature in black ink that reads "Mary Ann Hildebrandt, MPA". The signature is written in a cursive style with a large initial 'M' and 'A'.

Mary Ann Hildebrandt, MPA  
Secretary - Board of Health

# Ulster County Department of Health

## Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2018 and 2/9/2018

Total Number of Cases: 20

<i>Cases by Gender</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	7	1	0	0	0	0	0	0	0	0	0	0	8
M	10	2	0	0	0	0	0	0	0	0	0	0	12
<b>Grand Total</b>	<b>17</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>

<i>Cases by Manner</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	3	0	0	0	0	0	0	0	0	0	0	0	3
Homicide	2	0	0	0	0	0	0	0	0	0	0	0	2
Pending	11	2	0	0	0	0	0	0	0	0	0	0	13
Suicide	1	1	0	0	0	0	0	0	0	0	0	0	2
<b>Grand Total</b>	<b>17</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>

<i>Cases by Category</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
	9	2	0	0	0	0	0	0	0	0	0	0	11
Gunshot Wound	3	0	0	0	0	0	0	0	0	0	0	0	3
Hanging	0	1	0	0	0	0	0	0	0	0	0	0	1
Motor Vehicle Accident	2	0	0	0	0	0	0	0	0	0	0	0	2
Opioid	2	0	0	0	0	0	0	0	0	0	0	0	2
Smoke Inhalation	1	0	0	0	0	0	0	0	0	0	0	0	1
<b>Grand Total</b>	<b>17</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>

# Ulster County Department of Health

## Medical Examiner's Office - Autopsy Cases

### Date of Death between 1/1/2017 and 12/31/2017

Total Number of Cases: 142

#### Cases by Gender

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	1	2	8	5	4	5	5	1	3	5	2	5	46
M	10	6	7	6	9	10	9	13	7	3	7	9	96
<b>Grand Total</b>	<b>11</b>	<b>8</b>	<b>15</b>	<b>11</b>	<b>13</b>	<b>15</b>	<b>14</b>	<b>14</b>	<b>10</b>	<b>8</b>	<b>9</b>	<b>14</b>	<b>142</b>

#### Cases by Manner

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	5	5	5	5	6	7	9	6	5	6	6	6	71
Homicide	0	0	0	0	0	0	1	0	0	0	1	0	2
Natural	6	1	4	4	4	6	1	3	3	2	2	3	39
Pending	0	0	0	0	0	0	0	0	1	0	0	3	4
Suicide	0	1	3	2	3	2	3	5	1	0	0	2	22
Undetermined	0	1	3	0	0	0	0	0	0	0	0	0	4
<b>Grand Total</b>	<b>11</b>	<b>8</b>	<b>15</b>	<b>11</b>	<b>13</b>	<b>15</b>	<b>14</b>	<b>14</b>	<b>10</b>	<b>8</b>	<b>9</b>	<b>14</b>	<b>142</b>

#### 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	1	0	0	2	3
Alcohol	1	0	2	0	0	1	0	0	3	0	0	2	9
Blunt Force Trauma - non-MVA	0	1	0	0	0	0	0	0	0	0	0	1	2
Cardiovascular	2	1	2	3	4	5	1	2	1	2	2	0	25
Fall	0	0	0	0	0	0	0	0	0	0	3	0	3
Fall - Intentional	0	0	0	0	0	0	0	1	0	0	0	0	1
Gunshot Wound	0	1	0	1	0	1	2	1	1	0	0	1	8
Hanging	0	0	2	0	3	1	2	3	0	0	0	0	11
Infant	0	0	0	0	0	0	0	0	0	0	0	1	1
Motor Vehicle Accident	3	2	2	0	0	2	4	1	2	0	2	2	20
Non-Opioid Substance	0	0	0	1	0	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	0	1
Non-Opioid Substance w/ Other Substances and Alcohol	1	0	0	1	0	0	0	0	0	1	0	0	3
Obesity	0	0	0	0	0	0	0	1	0	0	0	0	1
Opioid	2	1	0	0	0	2	2	0	1	0	0	3	11
Opioid w/ Other Substances	0	1	4	1	5	3	3	4	1	4	1	1	28
Opioid w/ Other Substances and Alcohol	0	0	0	1	0	0	0	1	0	0	0	0	2
Other	2	1	1	1	0	0	0	0	0	1	1	1	8
Pneumonia	0	0	1	0	0	0	0	0	0	0	0	0	1
Smoke Inhalation	0	0	0	2	1	0	0	0	0	0	0	0	3
<b>Grand Total</b>	<b>11</b>	<b>8</b>	<b>15</b>	<b>11</b>	<b>13</b>	<b>15</b>	<b>14</b>	<b>14</b>	<b>10</b>	<b>8</b>	<b>9</b>	<b>14</b>	<b>142</b>

# Important Facts About Controlled Substance Prescription Medications

## Know the Risks

There are many types of controlled substance prescription medications that are used to treat a variety of conditions including: moderate to severe pain, cough, attention disorders, anxiety, seizures, sleeping disorders, obesity, and many others. Controlled substances can be effective aids in the management and treatment of these conditions, when taken as directed by the practitioner. Controlled substance medications can also lead to serious risks and potential complications, which may include heart attack or stroke, hormonal imbalances that also may affect certain organs, abnormal thoughts and behavior, memory loss or disturbances, anxiety, worsening of depression, suicidal thoughts, difficulty breathing, significant drowsiness, stupor, coma, and death. Possible side effects will vary depending on the type of medication you are taking. Even when used as directed, additional risks are possible including physical dependence, tolerance, misuse and abuse, addiction, relapse of addiction symptoms, overdose, and death.

## Know the Facts

- Combining controlled substances with alcohol or certain other medications, such as benzodiazepines (some examples are alprazolam, diazepam, and clonazepam), increases the risk of experiencing serious or life-threatening side effects.
- Other prescriptions or over-the-counter medications may significantly increase the risk of side effects, including overdose. Always read the warning labels on any prescription or over-the-counter medications before taking, and take only as directed.
- Discontinuing certain medications, such as an opioid or benzodiazepine, may lead to withdrawal symptoms, which may include: leg or abdominal cramps, muscular pain and tremors, piloerection (goosebumps), nausea, vomiting, appetite changes, palpitations, panic attacks, mood swings, diarrhea, dilated pupils, cognitive and memory difficulties, and sleep disturbances. Symptoms will vary depending on the controlled substance medication you are taking.
- Do not increase your dose or take more frequent doses than prescribed by your practitioner.
- If your pain is relieved to your satisfaction, you may decide to stop taking the medication. If you have leftover medication, you should follow appropriate disposal guidelines.
- If you prefer to avoid opioids altogether, your doctor can talk to you about other, alternative means of treating your pain without opioids.
- Seek medical attention immediately if experiencing unusual symptoms, which may include: pain, swelling, redness or tingling in arms or legs, severe headache, confusion, chest pain, severe pelvic pain, dizziness or lightheadedness, suicidal thoughts, extreme sleepiness, slowed or difficult breathing, or unresponsiveness. Be particularly cautious when beginning treatment with a controlled substance prescription medication, when your practitioner changes your dose, or if you consume excessive dosages.
- As a safety measure, while you are taking opioid medications, you may want your family and friends to be trained to administer naloxone to reverse an overdose. For more information on Naloxone and training available in your area, go to [www.oasas.ny.gov/atc/ATCherointraining.cfm](http://www.oasas.ny.gov/atc/ATCherointraining.cfm)
- Medication is intended only for the person for whom it was prescribed. Never share medications.
- Store all medications in one designated location, in a dry and cool place. Be sure the medication location is safe and secure. Routine tracking of medications is a good idea, especially when others live with, or are visiting, you. A Medicine Cabinet Inventory Sheet can be downloaded at: [www.health.ny.gov/publications/1090.pdf](http://www.health.ny.gov/publications/1090.pdf).
- For more information concerning the possible risks and side effects of this prescription, or other medications you are taking, talk to your prescriber or pharmacist.

## Warning Signs of Addiction

### Physical Signs:

- Loss or increase in appetite; unexplained weight loss or gain
- Inability to sleep, unusual laziness, or agitation
- Smell of substances on breath or clothes
- Nausea, vomiting, sweating, shakes of hands, feet or head
- Red, watery eyes, pupils larger or smaller, blank stare, thick tongue, slurred or pressured speech

### Behavioral Signs:

- Change in attitude/personality
- Change in friends; new hangouts
- Avoiding contact with family
- Change in activities, hobbies or sports
- Drop in grades or work performance
- Isolation and secretive behavior
- Moodiness, irritability, nervousness, giddiness, nodding off
- Stealing
- Problems, absenteeism, tardiness at work/school, unusual conflicts with family or friends

### Advanced Warning Sign:

- Missing Medication

## Help is Available

The New York State Hopeline is available 24 hours a day, 365 days a year for alcoholism, drug abuse and problem gambling. All calls are free, anonymous and confidential.



**Find help and hope**  
for alcoholism, drug abuse or problem gambling  
Call or Text **1-877-8-HOPENY**  
Text: HOPENY (467369) 1-877-846-7369

## Proper Disposal of Medications Can Aid in the Prevention of:

- Drug diversion and abuse
- Accidental poisonings
- Confusion with other medications in the same storage area
- Consumption of old or expired medication
- Medication being released into the environment

## Safe Disposal Options in New York State:

Your local pharmacy may be able to accept your discontinued, expired or unwanted medications as a DEA Authorized Collector. Check with your pharmacy or use the DEA Authorized Collection Sites link below.

Medication Drop Boxes Listed by County	<a href="http://www.health.ny.gov/professionals/narcotic/medication_drop_boxes/">www.health.ny.gov/professionals/narcotic/ medication_drop_boxes/</a>
New York State Drug Collection Events	<a href="http://www.dec.ny.gov/chemical/63826.html">www.dec.ny.gov/chemical/63826.html</a>
DEA Drug Take Back Events	<a href="http://www.dea diversion.usdoj.gov/drug_disposal/takeback/index.html">www.dea diversion.usdoj.gov/drug_disposal/ takeback/index.html</a>
DEA Authorized Collection Sites	<a href="http://www.dea diversion.usdoj.gov/pubdispsearch/spring/main?execution=els1">www.dea diversion.usdoj.gov/pubdispsearch/spring/ main?execution=els1</a>
Medication Mail Back Programs	Inquire at local pharmacies concerning cost and availability

**It's important to know the facts. It's going to take all of us.  
Let's come together, prevent substance abuse and combat addiction.**



**Combat Heroin and Prescription Drug Abuse**    **Department of Health**    **Office of Alcoholism and Substance Abuse Services**

Combat Heroin – [www.combatheroin.ny.gov](http://www.combatheroin.ny.gov)

New York State Office of Alcoholism and Substance Abuse Services – [www.oasas.ny.gov](http://www.oasas.ny.gov)

New York State Department of Health – [www.health.ny.gov](http://www.health.ny.gov)





FEBRUARY 8, 2018 Albany, NY

# **Governor Cuomo Directs Department of Health to Provide Financial Support for Counties to Respond to Influenza Emergency**

Action Directs Counties to Promote and Provide Expanded Vaccination Access

Overall 35% Increase in Lab Confirmed Flu Cases and 2% Increase in Hospitalizations Since Last Week

More Than 5,400 New Yorkers Ages 2-18 Vaccinated at Pharmacies Since Governor's Executive Order January 25

Governor Andrew M. Cuomo today directed New York State Department of Health Commissioner Dr. Howard Zucker to authorize emergency assistance funding to counties as flu diagnoses continued to increase in communities across the state. This action provides enhanced reimbursement to counties and will help fund expanded efforts to promote and increase access to flu vaccines statewide. Governor Cuomo is calling on all 58 local health departments to expand efforts to more readily accommodate New Yorkers still needing a flu shot.

"As flu diagnoses and hospitalizations continue to increase to epidemic proportions, this administration is doing everything in its power to protect New Yorkers from this especially durable strain of influenza," **Governor Cuomo said.** "I ask all New Yorkers to take advantage of this expanded access to flu vaccines and join us in slowing down and stopping the spread of this virus in the Empire State."

With 15,753 laboratory confirmed influenza cases reported to the New York State Department of Health, and 2,349 New Yorkers hospitalized with confirmed influenza, these numbers are again the highest weekly numbers in both categories since reporting began in 2004 and exceed last week's record high 11,683 confirmed cases and 2,221 hospitalizations.

The Department of Health's website links to each [local health department](#) providing the public a one-stop-shop approach to individual counties' expanded efforts. Additionally, the HealthMap Vaccine Finder also identifies locations where vaccines can be found at other locations in New York State at [www.vaccinefinder.org](http://www.vaccinefinder.org).

Governor Cuomo has also directed local health departments to re-focus enhanced outreach to vulnerable populations, including daycares, nursing homes, senior centers, and homeless shelters, to reemphasize the need for flu vaccinations, provide targeted education regarding the signs and symptoms of flu, and to identify and assist those populations with low vaccine rates. Furthermore, local health departments will coordinate with local school superintendents to identify schools experiencing an increase in absenteeism rates due to illness among students and staff and link them to ongoing education and vaccination efforts. These partnerships will further ensure effective education and guidance is provided to protect children.

**New York State Department of Health Commissioner Dr. Howard Zucker** said, "We need to make sure all New Yorkers understand how to protect themselves and their families and communities from this epidemic. From getting the flu shot to hand washing to covering your mouth when you cough, everyone can help prevent the flu. Under Governor Cuomo's leadership, the Department of Health is working with local health departments and other state agencies to ensure increased access to the flu vaccine and educate New Yorkers."

Expanding on New York State's previously announced actions to combat the flu epidemic, the Governor also directed the New York State Department of Health to take the following steps:

- Host statewide conference calls and/or webinars, along with the State Education Department, for Superintendents and School Nurses, to provide guidance on school-based influenza prevention and facility disinfection.
- Distribute a bulletin to all state employees, including direct care providers, about their role in ongoing statewide influenza prevention efforts.
- Coordinate with pharmacies to provide expanded information on vaccine availability, ages served, and hours available on the Department and pharmacy websites.
- Promote the posting of seasonal influenza educational materials, which may be ordered from the Department of Health or printed by businesses and individuals.

Last month, the Governor signed an executive order allowing pharmacists to administer flu vaccines to children ages 2 to 18 - increasing vaccine accessibility for New York children and families as influenza continues to spread across New York. The executive order suspends the section of state education law that limits the authority of pharmacists to administer immunizing agents to anyone under age 18 to allow vaccines to be administered to anyone age 2 and up. Parents and guardians are encouraged to call pharmacies ahead of their visit, to ensure they are ready to receive patients in this age group. Parents and

guardians with children between the ages of 6 months and 24 months are still encouraged to see their primary care provider for the vaccination. As a result of the Executive Order, more than 5,400 children have been reported as being vaccinated in pharmacies.

For the last nine weeks, influenza has been geographically widespread across New York. As of February 3rd, 52,567 laboratory confirmed cases of influenza have been reported, 11,802 people have been hospitalized with influenza and there have been three pediatric flu-related deaths in New York State this season. During last year's flu season, there were 12,912 flu-related hospitalizations and eight pediatric deaths in New York. Over the last four years, there have been a total of 25 pediatric flu deaths in New York State and an average of 10,571 flu-related hospitalizations a year.

According to the CDC, vaccination should continue throughout flu season, as long as influenza viruses are circulating. CDC also recommends that people who are very sick or people who are at high risk of serious influenza complications be treated early with flu antiviral drugs. Antiviral drugs work best when started within 48 hours of symptoms first appearing. Included in this week's report is a single case of resistance to antiviral medications. It's the first finding in New York State this flu season, and first finding in New York State since the 2012-2013 flu season. The Department will continue to monitor antiviral resistance and will inform clinicians on findings if a trend emerges. The Department is aware of some localized shortages of specific formulations of influenza antivirals, particularly the oseltamivir oral suspension and generic oseltamivir capsules. The Department is working with providers to make sure they are aware of all potential sources of these medications. Additionally, the Department is also closely monitoring vaccine supply but still encourage residents to call ahead to providers.

In addition to getting a flu shot and staying home when sick, it's essential to practice good hand-hygiene:

- Unlike some viruses, influenza is easily killed by soap and hot water.
- Wash your hands often with soap and hot water for at least 20 seconds to protect yourself from germs and avoid spreading them to others.

- Carry an alcohol-based hand sanitizer to use when soap and water are not available. Choose a product with at least 60 percent alcohol.
- Do not cough or sneeze into your hands. Instead, cover your mouth and nose with a tissue. People with the flu are infectious for up to seven days after symptoms begin.

**Dr. Carol Smith, Commissioner of Health and Mental Health, Ulster County Department of Health and President, NYSACHO** said, "NYSACHO fully supports the Governor's and New York State DOH's initiative to increase the numbers of our citizens who are vaccinated against the flu. Vaccination is the best way to protect our community from the potentially deadly effects of the flu virus."

For more information about the flu,

visit: [www.health.ny.gov/diseases/communicable/influenza/seasonal](http://www.health.ny.gov/diseases/communicable/influenza/seasonal).

## Contact the Governor's Press Office

 **Contact us by phone:**

Albany: (518) 474 - 8418

New York City: (212) 681 - 4640

 **Contact us by email:**

[Press.Office@exec.ny.gov](mailto:Press.Office@exec.ny.gov)

## Katrina Kouhout

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**From:** Cynthia Kothe  
**Sent:** Friday, February 09, 2018 10:19 AM  
**To:** Carol Smith; Nereida Veytia; Linda Taylor Legg; Ann Smoller; Wendy Johnson  
**Cc:** Darla Alexander; James Nerone; Cynthia Perpetua; Katrina Kouhout  
**Subject:** Fw: RE: Flu activity to date

Good morning,

Today's update: 79 additional lab confirmed flu reports received this week.

As of 2/09/18:

Total cases for 2017-2018 are 464 lab confirmed reports.

Flu A: 362

Flu B: 101

Flu A and Flu B: 1

**Note:** For Comparison 2016-2017 Season year to date:

Total cases for 2016-2017 are 190 lab confirmed reports.

Flu A: 131

Flu B: 59

Cynthia Kothe  
Supervising Public Health Nurse

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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).<sup>1</sup>

### During the week ending February 3, 2018

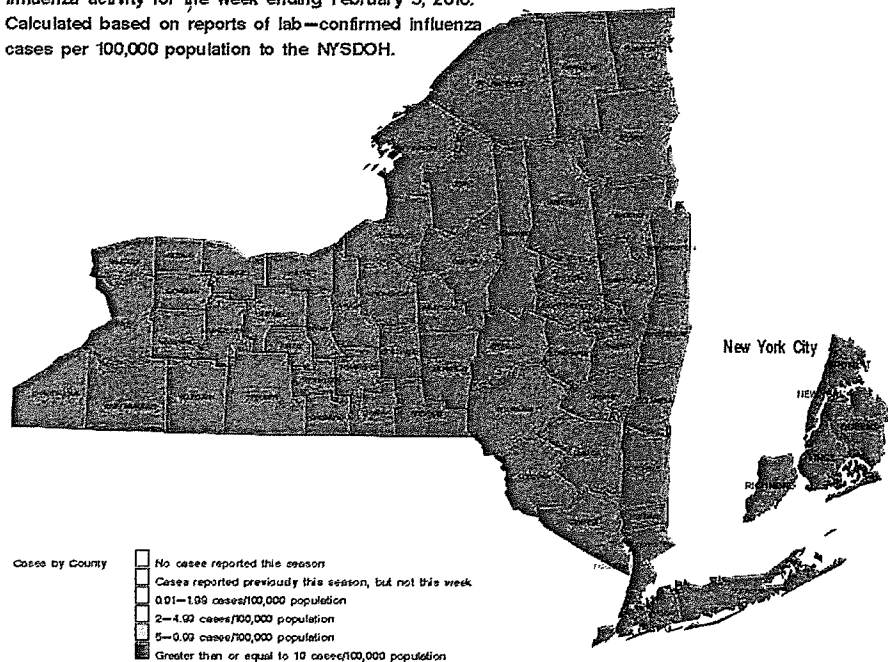
- Influenza activity level was categorized as geographically **widespread**<sup>2</sup>. This is the ninth consecutive week that widespread activity has been reported.
- There were **15,753** laboratory-confirmed influenza reports, a **35% increase** over last week.
- Of the **4,015** specimens submitted to WHO/NREVSS laboratories, **1,044 (26%)** were positive for influenza.
- Of the **290** specimens tested at Wadsworth Center, **195** were positive for influenza. **31** were **Influenza A (H1)**, **142** were **influenza A (H3)**, **21** were **influenza B (Yamagata)** and **1** was **influenza B (Victoria)**
- Reports of percent of patient visits for influenza-like illness (ILI<sup>3</sup>) from ILINet providers was **11.43%**, which is above the regional baseline of 3.10%.
- The number of patients hospitalized with laboratory-confirmed influenza was **2,349** a **2% increase** over last week.
- There were **two** influenza-associated pediatric deaths reported this week. There have been **three** influenza-associated pediatric deaths reported this season.
- Preliminary results for **influenza vaccine effectiveness (VE)** in the US have not been released for the current season, but according to the CDC, data suggests that the influenza vaccine continues to offer protection against all influenza viruses, and can reduce the severity of illness for those who do get the flu. Additional information about VE, including information addressing news reports of reduced VE in Australia, can be found on the CDC website at <https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm#effectiveness>.

### Laboratory Reports of Influenza (including NYC)

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

- All 62 counties reported cases this week.
- Incidence ranged from 22.10-251.11 cases/100,000 population.

Influenza activity for the week ending February 3, 2018.  
Calculated based on reports of lab-confirmed influenza cases per 100,000 population to the NYSDOH.



<sup>1</sup>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/>.

<sup>2</sup>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.

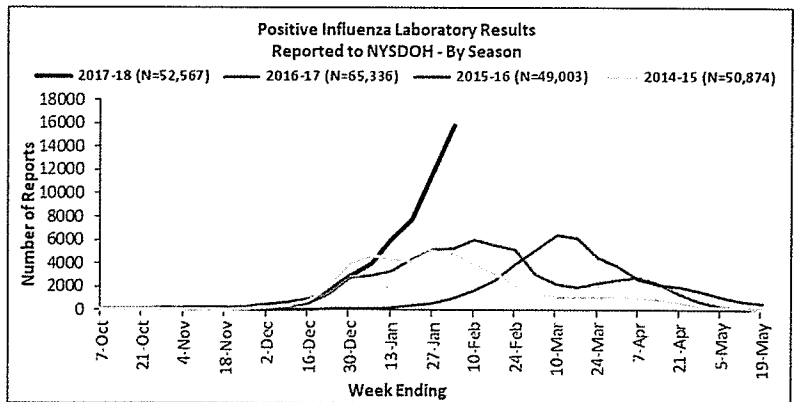
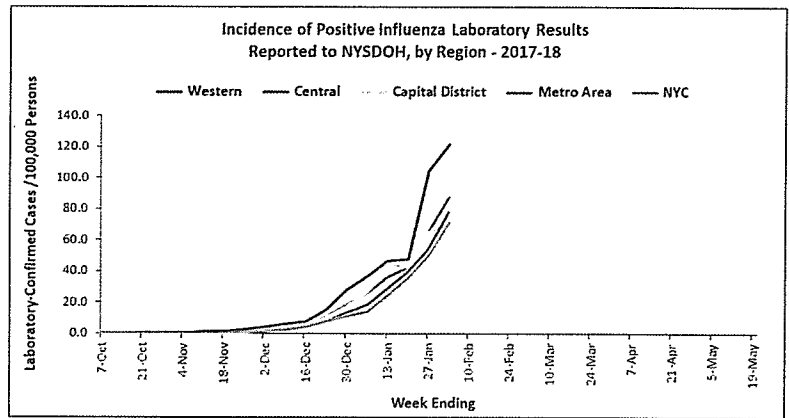
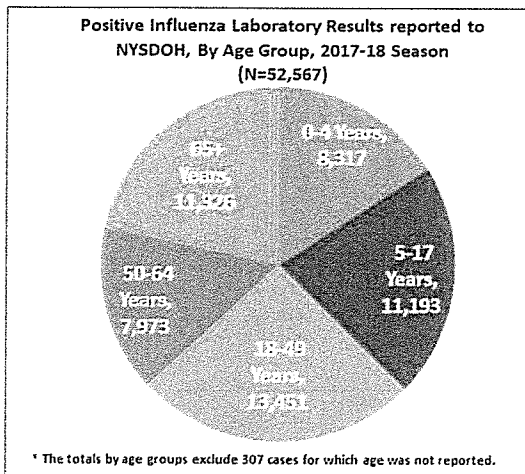
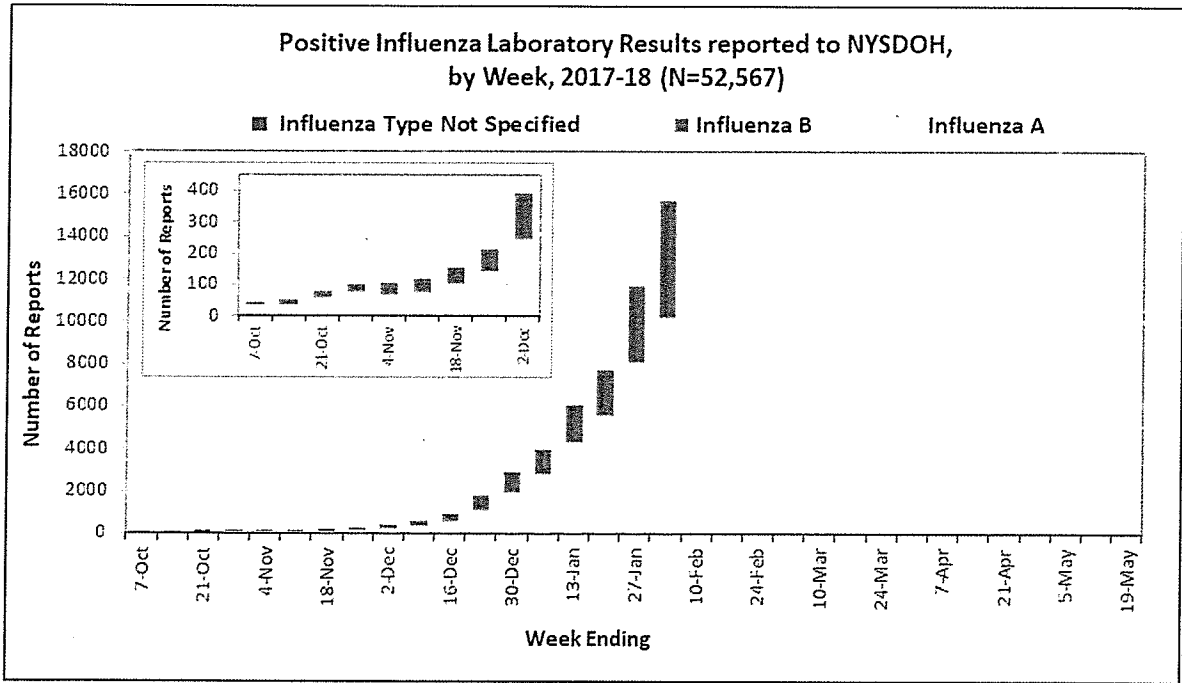
Widespread: Increased or sustained numbers of lab-confirmed cases of influenza reported in greater than 31 of the 62 counties.

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

<sup>3</sup>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).





## Laboratory Reports of Influenza (including NYC)

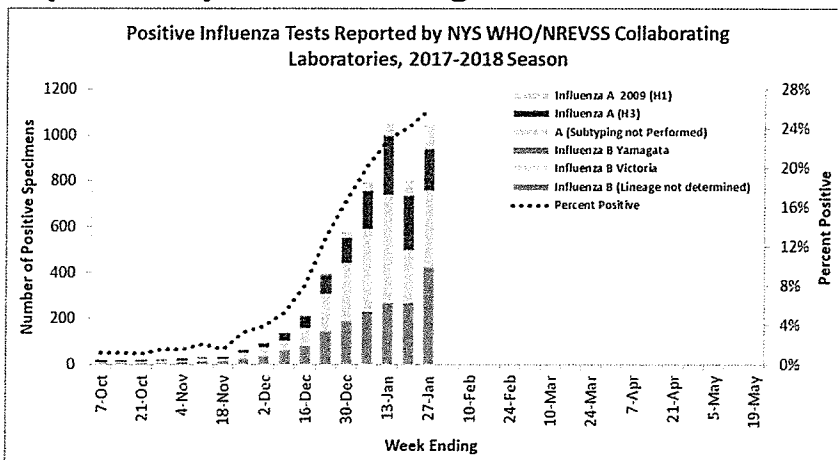
Data shown in the table represents the number of laboratory-confirmed cases by county for the current week, previous two weeks, and season-to-date totals.

County	Week Ending			Season-To-Date
	20-Jan	27-Jan	3-Feb	
Albany	140	158	158	782
Allegany	5	36	18	72
Broome	63	378	325	922
Cattaraugus	37	58	54	212
Cayuga	51	113	139	617
Chautauqua	79	123	117	436
Chemung	42	37	56	208
Chenango	11	72	103	232
Clinton	31	24	35	257
Columbia	16	26	45	153
Cortland	29	41	65	236
Delaware	15	34	35	114
Dutchess	144	149	217	727
Erie	283	471	609	1998
Essex	8	8	13	54
Franklin	24	17	22	91
Fulton	27	29	37	150
Genesee	40	77	98	333
Greene	20	16	19	139
Hamilton	3	7	4	19
Herkimer	24	54	72	239
Jefferson	35	77	137	322
Lewis	2	24	44	88
Livingston	23	57	58	198
Madison	40	57	57	257
Monroe	406	517	665	2795
Montgomery	36	30	44	168
Nassau	388	679	832	3040
Niagara	51	69	112	335
Onondaga	151	339	387	1243
Ontario	176	229	234	1409
Orleans	61	116	212	576
Orange	163	169	282	883
Oswego	12	41	54	144
Otsego	80	103	161	518
Putnam	30	45	59	151
Rensselaer	36	48	114	258
Rockland	54	101	92	419
Saratoga	68	121	144	513
Schenectady	121	266	198	979
Schoharie	115	219	284	818
Schoharie	5	15	21	58
Schuyler	2	6	4	16
Seneca	14	34	56	147
St. Lawrence	63	62	79	273
Steuben	26	37	60	185
Suffolk	449	710	1131	3301
Sullivan	41	50	48	181
Tioga	25	76	69	213
Tompkins	43	109	150	497
Ulster	75	67	124	392
Warren	9	19	17	118
Washington	20	14	26	129
Wayne	85	124	228	586
Westchester	692	807	1172	3861
Wyoming	9	19	25	84
Yates	17	17	33	88
<b>Upstate Total</b>	<b>4715</b>	<b>7401</b>	<b>9654</b>	<b>33234</b>
Bronx	689	1170	1610	4899
Kings	751	963	1527	4868
New York	453	518	900	2851
Queens	989	1417	1783	5799
Richmond	178	214	279	916
<b>NYC Total</b>	<b>3060</b>	<b>4282</b>	<b>6099</b>	<b>19333</b>
<b>Total</b>	<b>7775</b>	<b>11683</b>	<b>15753</b>	<b>52567</b>



**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.

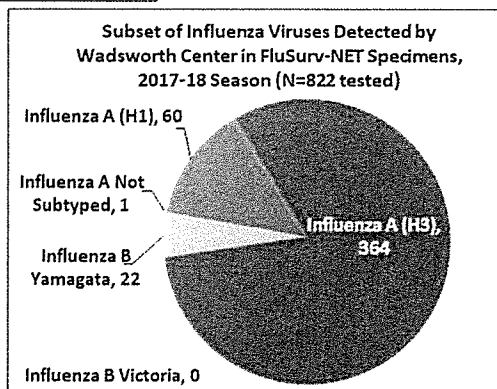
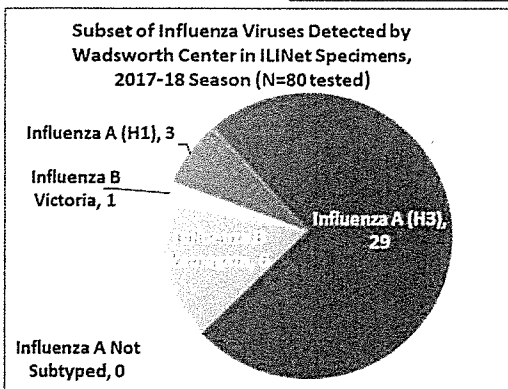
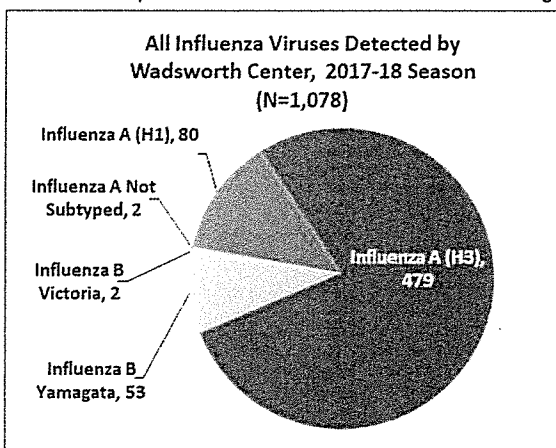


**Influenza Virus Types and Subtypes Identified at Wadsworth Center (excluding NYC)**

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.

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. <sup>4</sup>

NYS Antiviral Resistance Testing Results on Samples Collected Season to date, 2017-18

	Samples tested	Oseltamivir Resistant Viruses, Number (%)	Zanamivir Resistant Viruses, Number (%)
Influenza A (H1N1pdm09) <sup>i</sup>	34	0 (0.00)	0 (0.00)
Influenza A (H3N2) <sup>ii</sup>	117	1 (0.01)	1 (0.01)
Influenza B <sup>iii</sup>	0	0 (0.00)	0 (0.00)

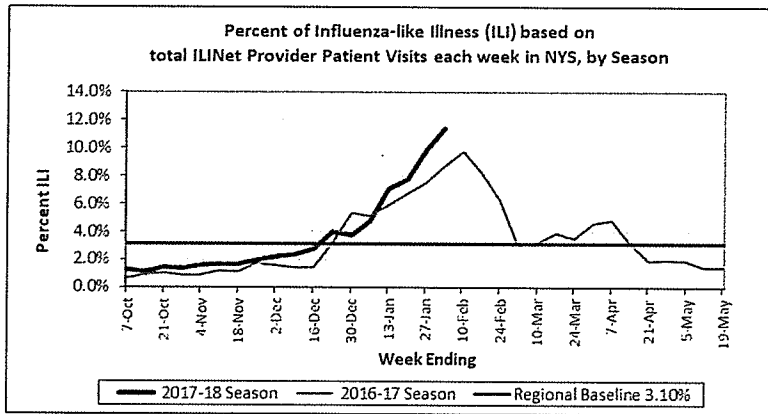
- I. All samples tested by pyrosequencing for the H275Y variant in the neuraminidase gene which confers resistance to oseltamivir, and a subset tested by NA dideoxy sequencing for other variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and oseltamivir.
- II. 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.
- III. 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.

## 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.

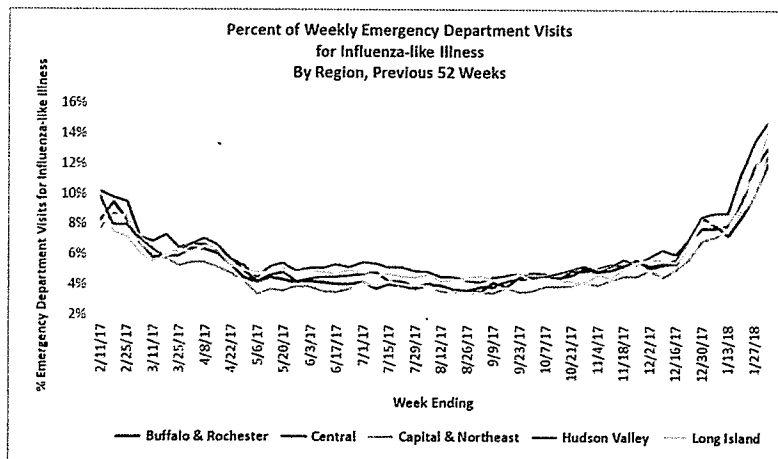


## Emergency Department Visits for ILI-Syndromic Surveillance (excluding NYC)

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.

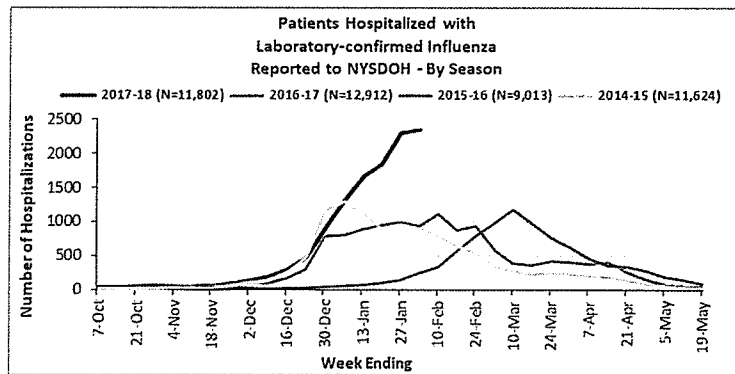
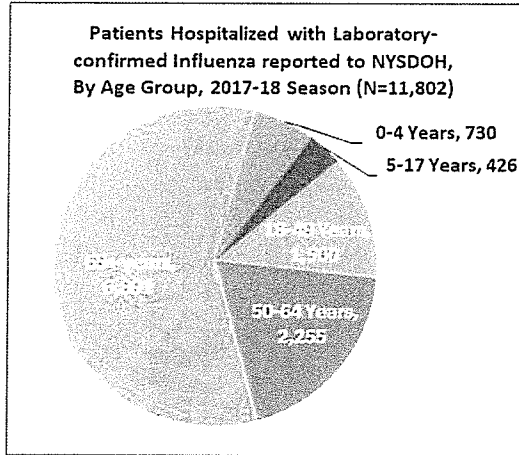
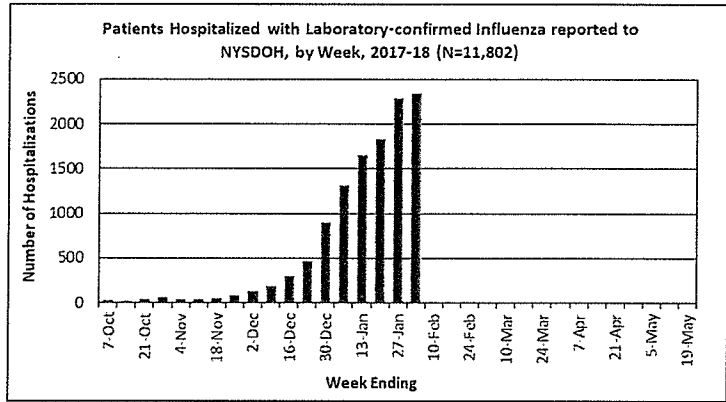
Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.



<sup>4</sup>Additional information regarding national antiviral resistance testing, as well as recommendations for antiviral treatment and chemoprophylaxis of influenza virus infection, can be found at <http://www.cdc.gov/flu/weekly/>.

### Patients Hospitalized with Laboratory-Confirmed Influenza (including NYC)

Hospitals in NYS and NYC report the number of hospitalized patients with laboratory-confirmed Influenza to NYSDOH. 176 (96%) 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.<sup>5</sup> Medical chart reviews are completed, and underlying health conditions noted on all identified cases from October 1 through April 30 of the following year.

FluSurv-Net estimated hospitalization rates will be updated weekly starting later this season.

<sup>5</sup>Counties include, in the Capital District: Albany, Columbia, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie; in the Western Region: Genesee, Livingston, Monroe, Ontario, Orleans, Wayne, and Yates

## Healthcare-associated Influenza Activity (including NYC)

Hospitals and nursing homes in 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.<sup>6</sup>

Week-to-Date (CDC week - 5) 1/28/18 through 2/3/18	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)	6	4	10		11	11	52	26	78	2	15	17	60	56	116
# Outbreaks* viral respiratory illness**		1	1			0			0		1	1	0	2	2
<b>Total # Outbreaks</b>	<b>6</b>	<b>5</b>	<b>11</b>	<b>0</b>	<b>11</b>	<b>11</b>	<b>52</b>	<b>26</b>	<b>78</b>	<b>2</b>	<b>16</b>	<b>18</b>	<b>60</b>	<b>58</b>	<b>118</b>

Season-to-Date (CDC week - 5) 9/29/17/16 through 2/3/18	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)	24	46	70	12	57	69	214	200	414	20	86	106	270	389	659
# Outbreaks* viral respiratory illness**		7	7		11	11		22	22	1	6	7	1	46	47
<b>Total # Outbreaks</b>	<b>24</b>	<b>53</b>	<b>77</b>	<b>12</b>	<b>68</b>	<b>80</b>	<b>214</b>	<b>222</b>	<b>436</b>	<b>21</b>	<b>92</b>	<b>113</b>	<b>271</b>	<b>435</b>	<b>706</b>

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

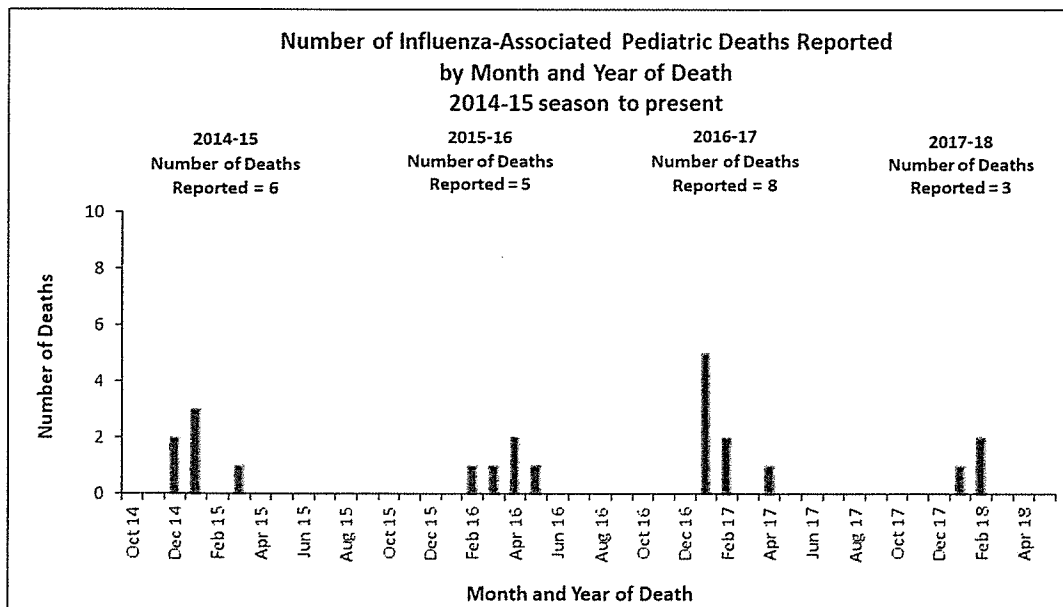
For information about the flu mask regulation and the current status of the Commissioner's declaration, please visit [www.health.ny.gov/FluMaskReg](http://www.health.ny.gov/FluMaskReg)

## 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.



<sup>6</sup>For more information on reporting of healthcare-associated influenza, visit [http://www.health.ny.gov/diseases/communicable/control/respiratory\\_disease\\_checklist.htm](http://www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm)