ULSTER COUNTY BOARD OF HEALTH

November 18, 2019

AGENDA

CALL TO ORDER

OLD BUSINESS

a. Approval of October 2019 minutes - Tabled until December Meeting

NEW BUSINESS

- a. Approval of 2020 Board of Health Meeting Schedule
- b. Commissioner's Report (Dr. Smith)
 - Medical Examiner Stats
 - Director of Patient Services
 - Karolys Update
 - Opioid Prevention Update
 - Shut down of the Aqueduct
- c. Patient Services Report (Ms. Veytia)
 - NYSDOH Article 6 Performance Incentive Program:
 - WIC Saugerties new site: Trinity Episcopal Church effective 12/5/19
 - Medical Credentialing: Dr. John Anderson Tuberculosis Clinic Dr. Mark Montera – STD Clinic
 - Public Health Preparedness Program: County Staging Site (CSS) Drill 10/29/19

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

Date: Monday, November 18, 2019

Board Members		Signature
Carena MD, Gina	Secretary	Klarena.
Graham ESQ, Peter	Vice President	Peter Grahem, Esq.
Rogan, Kathleen	Board Member	Morth an Ree U
Tack DO, Marc	Board Member	
Turco LCSW, Stephanie	Board Member	Stwo
Woodley MD, Walter	Chairman	Wwoodley
Vacant	Board Member	
Department of Health and M	ental Health	Signature
Smith, MD, MPH, Carol	Commissioner of Health and Mental Health	Carola meto to hor
Heller MD, Douglas	Medical Examiner	Excused
Veytia RN, MSN, Nereida	Deputy and Director of Patient Services	Merfea
Martello, Vincent	Director of Community Health Relations	Excused
Mertens PE, Shelley	Director of Environmental Health Services	Excused
Guests		Signature
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AMELIA		

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<u>Schedule for Board of Health Meetings – 2020</u>

To be held on the second Monday of the month

6:30 PM

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

January 13th

February 10th

March 9th

April 13th

May 11th

June 8th

July 13th

August 10th

September 14th

**October 19th – THIRD MONDAY

November 9th

December 14th

**Due to the holiday, this meeting is being held on the 3rd Monday of the month.

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

Date of Death between 1/1/2019 and 10/31/2019

Total Number of Cases: 110

Cases by Gender	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	2	1	1	2	2	0	6	2	2	4	0	0	22
M	16	7	12	3	6	9	4	9	5	17	0	0	88
Grand Total	18	8	13	5	8	9	10	11	7	21	0	0	110
Cases by Manner	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	6	4	7	3	4	1	3	4	3	2	0	0	37
Homicide	0	0	0	0	0	0	0	1	0	1	0	0	2
Natural	6	3	2	1	4	4	3	3	2	2	0	0	30
Pending	0	0	0	0	0	0	1	1	1	13	0	0	16
Suicide	6	1	3	0	0	4	1	2	1	3	0	0	21
Undetermined	0	0	1	1	0	0	2	0	0	0	0	0	4
Grand Total	18	8	13	5	8	9	10	11	7	21	0	0	110
Cases by Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Alcohol	2	0	1	0	0	1	0	0	0	1	0	0	5
Cardiovascular	2	2	1	0	3	1	0	2	2	1	0	0	14
Cardiovascular and Diabetes	1	0	0	0	0	1	2	1	0	0	0	0	5
Cardiovascular and Obesity	0	0	0	1	0	0	1	0	0	0	0	0	2
Drowning	1	1	0	0	0	0	1	0	0	0	0	0	3
Fall	1	1	2	0	0	1	1	0	1	0	0	0	7
Fall - Intentional	0	0	1	0	0	0	0	0	0	0	0	0	1
Gunshot Wound	4	1	2	1	1	3	0	0	0	2	0	0	14
Hanging	2	0	0	0	0	1	1	1	1	0	0	0	6
Infant	0	0	1	0	0	0	0	0	0	0	0	0	1
Motor Vehicle Accident	1	0	1	0	1	0	1	1	0	0	0	0	5
Non-Opioid Substance	0	0	0	0	0	0	0	1	0	0	0	0	1
Opioid	3	0	1	1	0	0	0	. 0	1	0	0	0	6
Opioid w/ Other Substances	0	1	2	2	2	0	1	1	0	3	0	0	12
Opioid w/ Other Substances and Alcohol	0	1	0	0	0	0	0	1	0	0	0	0	2
Other	0	0	0	0	0	0	1	1	1	1	0	0	4
Pending	0	0	0	0	0	0	1	1	1	8	0	0	11
Pending - Suspected Opioid	0	0	0	0	0	0	0	0	0	5	0	0	5
Pneumonia	0	0	0	0	0	1	0	0	0	0	0	0	1
Pulmonary Disease	1	1	0	0	1	0	0	0	0	0	0	0	3
Smoke Inhalation	0	0	1	0	0	0	0	0	0	0	0	0	1
Stab Wound	0	0	0	0	0	0	Ò	1	0	0	0	0	1
Grand Total	18	8	13	5	8	9	10	11	7	21	0	0	110

Ulster County Board of Health November 18, 2019

Members PRESENT: Kathleen Rogan, Board Member

Walter Woodley, MD, Chairperson Peter Graham, ESQ., Vice President

Gina Carena, Secretary

Stephanie Turco, LCSW, Board Member

DOH/DMH PRESENT: Carol Smith, MD, MPH, Commissioner of Health

Nereida Veytia, Deputy/Patient Services Director

GUESTS: None

ABSENT: Marc Tack, DO, Board Member

EXCUSED: Shelley Mertens, Director of Environmental Health Services

I. Approval of Minutes: Approval of the October minutes was tabled until the December meeting.

II. Board of Health Meeting Schedule: The Board reviewed the proposed 2020 meeting schedule. It was decided to leave meetings dates on the schedule for July and August and the Board will determine if a meeting should be held when closer to the date. (see attached)

III. Agency Reports:

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

- 1. Medical Examiner Stats: The Medical Examiner stats were distributed to the Board for review. (see attached)
- 2. Karolys Update: To date there has been no ruling yet. The decision still resides with Judge Mott.
- 3. Opioid Prevention Update: Medically Assisted Treatment (MAT)implementation is moving forward. Health Alliance is finishing protocols to be instituted at the hospital.
- 4. Aqueduct Shutdown: The shutting down on the aqueduct has started and will rollout in phases. DOH has worked closely with the NYC DEP to ensure there will be no discontinuance of water to New Paltz and Highland while the leaks are being repaired.

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

- 1. Director of Patient Services: Ms. Veytia announced her retirement effective January 2, 2020. She has been with the Department for 32.5 years.
- 2. NYSDOH Article 6 Performance Incentive Program: Incentive initiative were in two programs, the Perinatal Hepatitis B Prevention Program (PHBPP) and the Assessment, Feedback, Incentive and exchange (AFIX)

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program. The goal was to improve identified reporting measures that are crucial overall performance and outcomes.

UCDOH Patient Services completed and reported timely the following:

- PHBPP data entered on to the state CDESS (management and reporting system) and completion of supplemental page.
- 8 AFIX visits to medical providers and information added in the AFIX Online Tool within 10 days of conducting the visit.

Year 8 2019-2022 NYSDOH has focused on expedited partner therapy (EPT) for chlamydia programming. Focus activities on promotion, offering and distribution of EPT for persons exposed to chlamydia in NYS. (see attached)

- 3. New Saugerties site for WIC: As of December 5, 2019, the Saugerties' WIC clinics will be held at the Trinity Episcopal Church.
- 4. Medical Credentialing: Dr. John Anderson, MD for Tuberculosis Clinics and Dr. Mark Montera, MD for the STD clinic are both up for medical credentialing review. There have been no issues or misconduct with either physicians and therefore they will remain on staff as clinic MDs.
- 5. Public Health Preparedness Program: There is a County Staging Site (CSS) drill scheduled for October 29th. This will test the Department's ability to receive, load and distribute supplies to dispensing sites in the time of a public health emergency such as vaccinations needed for an outbreak.
- IV. Adjournment: A motion was made to adjourn the meeting by Dr. Carena seconded by Mr. Graham and unanimously approved.
- V. Next Meeting: The next meeting is scheduled for December 9, 2019, 6:30 PM

Respectfully submitted by:

Gina Carer Secretary

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3150, Fax (845) 334-8337

PATRICK K. RYAN County Executive

CAROL M. SMITH, MD, MPH
Commissioner of Health and Mental Health

October 28, 2019

Subject: NYS Mandate for Reporting Communicable Diseases

Dear Doctor,

As you are aware, State Code NYCRR 2.10 states that it is the responsibility of the physician making the diagnosis to promptly report cases of communicable diseases to the County Department of Health where the patient resides. For those individuals residing at a facility for less than 30 days, the person's usual home address should be used for disease reporting.

Failure to report cases not only violates State Code requirements but also denies local and state health department personnel the opportunity to assess morbidity trends, target limited resources, and assist local health authorities in partner notification and treatment.

Disclosures for Public Health Activities 45 CFR § 164.512(b) states "The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes."

Enclosed is the DOH 389 Confidential Case Report form which is the standardized form used for all communicable diseases that are required to be reported under the provisions of Public Health Law. The treatment guidelines are available on line at: http://www.cdc.gov/std/treatment. The Center for Disease Control also has a mobile app for the treatment guidelines that can be downloaded for your convenience.

Attached are the morbidity rates in Ulster County showing a continued rise in the frequency of Chlamydia and Syphilis diagnosis which validates the importance of timely reporting.

Thank you for assisting us in maintaining communicable disease surveillance and control. Your participation and cooperation in this matter is appreciated. If you have questions regarding treatment or need information regarding the U.C. Department of Health STD clinic please contact Linda Taylor-Legg, Assistant Director for Patient Services, at (845) 340-3070.

Sincerely,

Carol Smith, MD, MPH

Commissioner of Health and Mental Health

CS:ltl Enclosures

Website: www.co.ulster.ny.us/health

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A Summary ioi Health Care Providers

What is Expedited Partner Therapy?

Expedited Partner Therapy (EPT) is a practice that allows health care providers to provide a patient with either antibiotics or a written prescription, intended for the patient's sex partner(s). In New York State, EPT is to treat persons exposed to *Chlamydia trachomatis*. In New York State, EPT is only allowable to treat chlamydia. EPT cannot be used with sex partners of patients coinfected with gonorrhea, syphilis, and/or HIV.

EPT is allowable under New York State Public Health Law, Section 2312, and regulations are provided in Section 23.5 of Title 10, New York Codes, Rules and Regulations (NYCRR).

When should EPT be administered?

The first choice partner management strategy is to bring in sexual partners for a complete clinical evaluation, STI and HIV testing, and counseling and treatment as appropriate.

EPT is a strategy that can serve as an alternative to referring sexual partners for clinical examination when they are unable, unlikely, or unwilling to seek care. Providers should use their best judgment to determine whether their patient's sex partner(s) will or will not seek treatment.

What is my liability?

Under Public Health Law, EPT may be used by health care providers authorized under Title 8 of NYS Education Law to diagnose and prescribe drugs for chlamydia infection. Such providers who reasonably and in good faith render EPT are not subject to civil or criminal liability. The use of EPT in such manner is not deemed unprofessional conduct.

Why is Eddingorant

- Sexually transmitted chlamydia infections are a significant public health problem with over \$10,000 cases reported annually in New York State.
- Due to a high burden of infection and limited public health resources for Rainer Services, it has been difficult for local frealth departments to investigate and notify persons who have been exposed to chlamydia.
- e Gilamydia re-infection likely due to noniveatment of sexual permens; occurs ma significant proportion of those infected with Gilamydia.
- EPT provides an alternative strategy to ensure that exposed sexual partners get needed medication

What is the preferred treatment for EPT?

The only drug regimen recommended for treatment of chlamydia via EPT is a single dose of azithromycin, 1g orally (e.g., 250mg x 4).

EPT and NYS Electronic Prescription Mandate

At the time of publication, EPT is exempt from the NYS electronic prescription mandate. Paper prescriptions can still be used for EPT. Providers should check to verify that the exemption is still in place by visiting https://www.health.ny.gov/professionals/narcotic/electronic_prescribing/and searching for Exceptions to Electronic Prescribing.

How do I provide EPT?

Some providers will opt to provide the patient directly with a single dose of azithromycin for each eligible sex partner (see below). Other providers may opt to provide written prescriptions for each eligible sex partner.

When writing a prescription for azithromycin via EPT:

- (1) Write "EPT" in the body of the prescription form above the name of the medication and dosage.
- (2) If available, write the sexual partner's name, address, and date of birth in the designated areas of the prescription.
- (3) If the sexual partner's name, address, and/ or date of birth are not available, the written designation of "EPT" shall be sufficient for pharmacists to fill the prescription.
- (4) Separate prescriptions must be provided for each eligible sex partner. Prescribing multiple doses on one prescription, intended for more than one person is illegal.

EPT Eligibility Criteria

All sexual partners exposed within the 60 days prior to the patient's first reported symptoms or receiving diagnostic test results (whichever occurs earlier) are eligible for EPT. If no sex partners from within the past 60 days are identified, EPT may be offered for the most recent sex partner. There is no limit to the number of sexual partners that may receive EPT.

Eligible if the following criteria apply

Patient has a clinical and/or lab confirmed diagnosis of chlamydia. Lab confirmation may include:

- positive culture
- nucleic acid hybridization test; or
- nucleic acid amplification test (NAAT).

AND

Patient's sexual partners are unable or unlikely to seek prompt clinical services.

 Partners may be uninsured, lack a primary care provider, face barriers to accessing service, or be unwilling to seek care.

NOT Eligible if any of the following criteria apply

Not appropriate in cases of child abuse, sexual assault, sexual abuse, or in cases where the patient's safety is in doubt.

OR

The patient is co-infected with gonorrhea, syphilis, and/or HIV.

What are the key messages for my patient?

- Patients should abstain from any type of sexual intercourse (vaginal, oral, or anal) until at least seven days after treatment and seven days after their partners have been treated.
- Patients should be counseled to tell their partners to seek follow-up medical care, including testing for STIs and HIV, as soon as possible, even if EPT is provided.
- Patients are encouraged to be re-tested for chlamydia and other STIs three months after treatment.

What information should I provide to the sex partner(s)?

For each partner, the patient must be provided with (a) either medication or a prescription for medication, as described above; and (b) educational materials for the sex partners. Educational materials are available to order or download at https://www.health.ny.gov/diseases/communicable/std/ept/

Foredditional intermation, please refer to the Expedited Partiner Therapy (ERI) Guidelines for Health Gard Providers in New York State for Gillamy dia tradiomatis, available online at www.winealth.my.cloy/state.

or contact the Bureau of Sexual Health and Holdenicology at (518) 2772 3593



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Chlamydia

Age Group	2014	2015	2016	2017	2018
Under 1 Yr.	0	0	0	1	0
Within 10-14 Yrs.	0	5	0	1	1
Within 15-19 Yrs.	134	106	135	135	162
Within 20-29 Yrs.	293	298	296 ·	329	342
Within 30-39 Yrs.	46	47	46	74	66
Within 40-49 Yrs.	13	8	13	24	27
Within 50-59 Yrs.	3	7	3	3	10
60+ Yrs.	1	1	1	1	2
Totals	490	472	494	568	610

Combined GC

Under 1 Yr.	0	0	0	0	0
Within 10-14 Yrs.	0	0	0	1	0
Within 15-19 Yrs.	16	12	12	26	10
Within 20-29 Yrs.	26	30	35	61	42
Within 30-39 Yrs.	16	15	6	20	26
Within 40-49 Yrs.	7	3	8	12	10
Within 50-59 Yrs.	2	4	3	3	9
60+ Yrs.	0	0	0	1	1
Totals	67	64	66	124	98

Syphilis

Under 1 Yr.	0	1	0	0	0
Within 10-14 Yrs.	0	0	0	0	0
Within 15-19 Yrs.	0	0	0	1	2
Within 20-29 Yrs.	2	9	2	7	9
Within 30-39 Yrs.	1	3	1	3	6
Within 40-49 Yrs.	6	4	6	5	7
Within 50-59 Yrs.	3	2	3	6	4
60+ Yrs.	2	2	2	9	6
Totals	14	21	14 .	31	34

Per NYSDOH reports 2/25/2019