ULSTER COUNTY BOARD OF HEALTH

December 9, 2019

AGENDA

CALL TO ORDER

- **OLD BUSINESS**

  a. Approval of October and November 2019 minutes

- **NEW BUSINESS**

  a. Commissioner's Report (Dr. Smith)

     - Medical Examiner Stats
     - Karolys Update
     - Community Health Assessment/Community Health Improvement Plan
     - Opioid Prevention Update
     - Departmental Vacancies

  b. Patient Services Report (Ms. Veytia)

     - NYSDOH Influenza Prevalent Declaration (12/5/19)
     - Hepatitis A Cases

MEETING CONCLUSION

Ulster County Board of Health

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

Date: Monday, December 9, 2019

Board Members		Signature
Carena MD, Gina	Secretary	
Graham ESQ, Peter	Vice President	Peter C. Graham, Esq.
Rogan, Kathleen	Board Member	
Tack DO, Marc	Board Member	
Turco LCSW, Stephanie	Board Member	
Woodley MD, Walter	Chairman	
Vacant	Board Member	

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	
Martello, Vincent	Director of Community Health Relations	Excused
Mertens PE, Shelley	Director of Environmental Health Services	Excused

Guests		Signature

Ulster County Board of Health
December 9, 2019

Members PRESENT: Kathleen Rogan, Board Member
Walter Woodley, MD, Chairperson
Peter Graham, ESQ., Vice President
Gina Carena, Secretary
Marc Tack, DO, Board Member

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

GUESTS: None

ABSENT: Stephanie Turco, LCSW, Board Member

EXCUSED: Shelley Mertens, Director of Environmental Health Services

I. **Approval of Minutes:** A motion to approve the October 7, 2019 and November 18, 2019 minutes. The motion was seconded by Dr. Carena and unanimously approved.

II. **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:** On Friday, December 6, 2019, Supreme Court Judge Richard Mott III ruled in favor of Ulster County. The ruling reinstates the ban of illegal dumping.

3. **Community Health Assessment/Community Health Improvement Plan (CHA/CHIP):** NYSDOH requires local health departments to submit a CHA/CHIP every three years. The purpose of this is to focus on preventing disease, disability and premature death. The Ulster County CHA presents a look at the overall health and well- being of county residents and compares the data findings to our previous history and to the state and region. Ulster County's new plan must be submitted to the State by December 31, 2019. A Mid-Hudson Region Community Health Assessment 2019-2021 was created and included the seven regional counties; Ulster, Dutchess, Orange, Westchester, Putnam, Sullivan and Rockland. This was a collaborative effort between the seven counties, hospitals and Siena College research team.

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 not be any discontinuance of water to New Paltz and Highland while the leaks are being repaired.

5. **Opioid Prevention Strategic Plan:** There is still a large volume of working happening. UCDOH has been awarded a grant to participate in Columbia University's research project. This is a 4-year grant (2019-2023) and the focus is to gather data from multiple

participating counties in effort to put evidence-based practices into place, bridge gaps in services and reduce the number of opioid related deaths.

6. **Department Vacancies**: There are several critical position vacancies which the Department is currently recruiting for:

    1. Director of Patient Services: The candidate selected for this position must be vetted through NYSDOH before they can be officially hired by the County. The Assistant Director of Patient Services will fill in until a new Director is found and approved.

    2. Public Health Engineer: Currently the Department has one PE. This position is challenging to fill as the salary for a PE in private sector is significantly hirer than the County position. UCDOH is working with UC Personnel to broaden solicitations to other advertising venues.

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

1. **NYSDOH Influenza Prevalent Declaration:** As of 12/5/2019, NYSDOH has declared that Influenza is now prevalent and any health care worker that has not received their flu vaccination must wear a mask when interacting with clients. This will remain in effect until further notice.

2. **Flu Surveillance:** The weekly surveillance report was distributed to the Board and reviewed. (See Attached) The current trend in cases is mostly Type A and within the 18-49-year-old age range.

3. **Hepatitis A Cases:** Currently there are 2 confirmed Hep A cases in Ulster County. UCDOH Communicable Disease is diligently monitoring these cases. Hepatitis A information provided by the Center for Disease Control is actively being posted and distributed throughout the community. (See Attached)

III. **Board Departures:** This meeting is the final meeting for Dr. Tack and Ms. Veytia as Dr. Tack's term has come to an end and Ms. Veytia is retiring as of 1/2/2020. Dr. Woodley thanked both individuals for their years of service and commitment to the Department of Health and to the Board.

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

V. **Next Meeting:** The next meeting is scheduled for January 13, 2020, 6:30 PM

Respectfully submitted by:

Gina Carena, MD
Secretary

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2019 and 11/30/2019

Total Number of Cases: 123

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	6	0	28
M	16	7	12	3	6	9	4	9	5	17	7	0	95
Grand Total	**18**	**8**	**13**	**5**	**8**	**9**	**10**	**11**	**7**	**21**	**13**	**0**	**123**

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	9	5	0	49
Homicide	0	0	0	0	0	0	0	1	0	1	1	0	3
Natural	6	3	2	1	4	4	3	3	2	5	0	0	33
Pending	0	0	0	0	0	0	1	1	1	3	7	0	13
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**	**13**	**0**	**123**

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	3	0	0	16
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	1	1	0	9
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	1	0	15
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	3	0	8
Non-Opioid Substance	0	0	0	0	0	0	0	1	0	0	0	0	1
Obesity	0	0	0	0	0	0	0	0	0	1	0	0	1
Opioid	3	0	1	1	0	0	0	0	1	2	1	0	9
Opioid w/ Other Substances	0	1	2	2	2	0	1	1	0	6	0	0	15
Opioid w/ Other Substances and Alcohol	0	1	0	0	0	0	0	1	0	1	0	0	3
Other	0	0	0	0	0	0	1	1	1	1	0	0	4
Pending	0	0	0	0	0	0	1	1	1	3	3	0	9
Pending - Suspected Opioid	0	0	0	0	0	0	0	0	0	0	4	0	4
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	0	1	0	0	0	0	1
Grand Total	**18**	**8**	**13**	**5**	**8**	**9**	**10**	**11**	**7**	**21**	**13**	**0**	**123**

NEW YORK STATE OF OPPORTUNITY. Department of Health

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 November 30, 2019

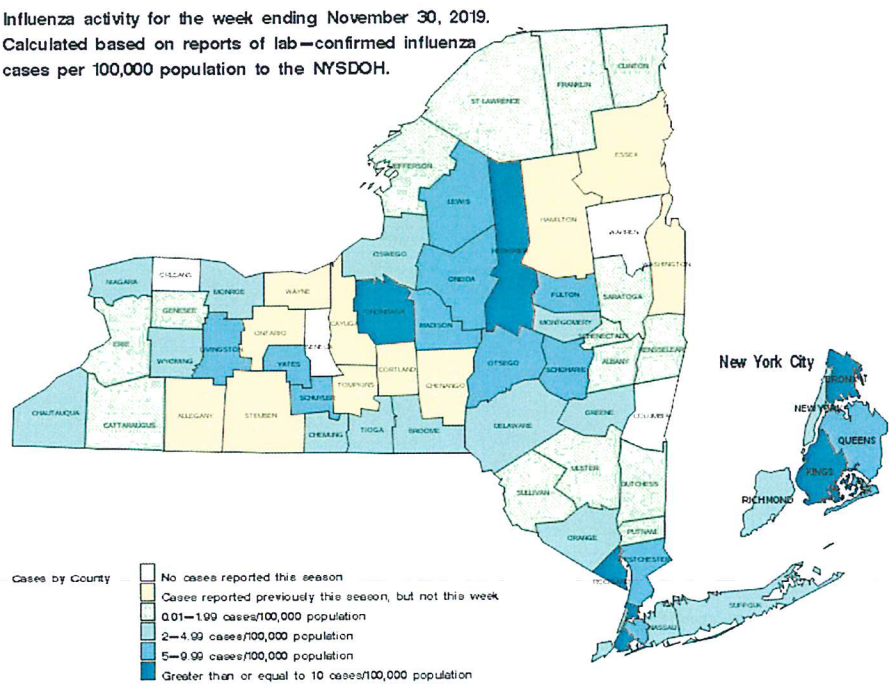
- Influenza activity level was categorized as geographically **widespread**[2]. This is the first week that widespread activity has been reported.
- There were **1,151** laboratory-confirmed influenza reports, a **59% increase** over last week.
- Of the **1,293** specimens submitted by WHO/NREVSS clinical laboratories, **34 (2.63%)** were positive. **13** were **influenza A (7 H1, 0 H3** and **6 Subtyping not performed)** and **21** were **influenza B**.
- Of the **2** specimens resulted at Wadsworth Center, **neither** were positive for influenza.
- Reports of percent of patient visits for influenza-like illness (ILI[3]) from ILINet providers was **1.99%**, below the regional baseline of 3.20%.
- The number of patients hospitalized with laboratory-confirmed influenza was **220**, a **73% 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)

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

- 47 counties reported cases this week.
- Incidence ranged from 0-20.26 cases/100,000 population.

Influenza activity for the week ending November 30, 2019. Calculated based on reports of lab-confirmed influenza cases per 100,000 population to the NYSDOH.



[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/.

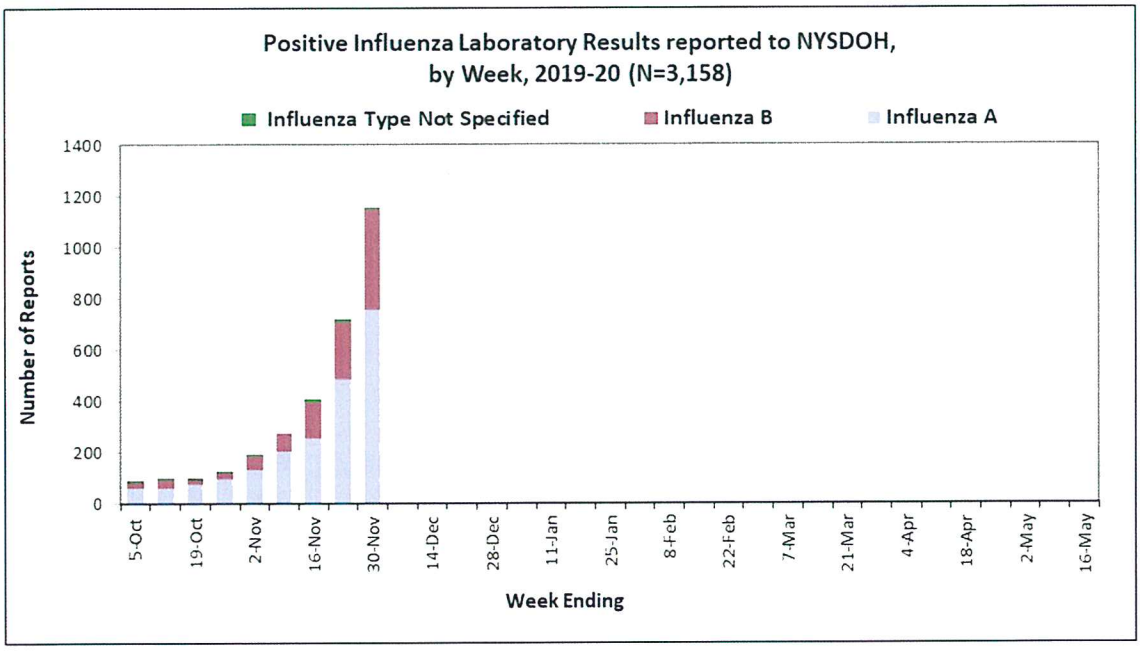
[2] **No Activity:** No laboratory-confirmed cases of influenza reported to the NYSDOH.
Sporadic: Small numbers of lab-confirmed cases of influenza reported.
Local: Increased or sustained numbers of lab-confirmed cases of influenza reported in a single region of New York State; sporadic in rest of state.
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.

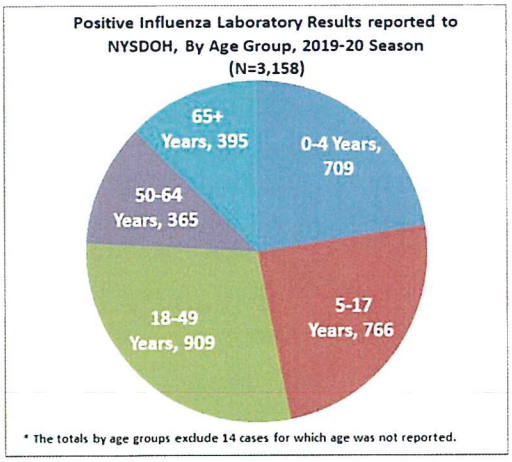
[3] ILI = influenza-like illness, defined as temperature 100° F with cough and/or sore throat in the absence of a known cause other than influenza

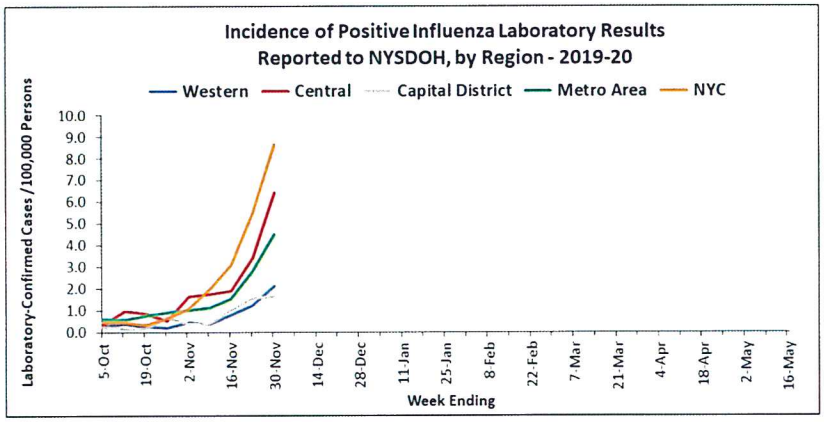
Laboratory Reports of Influenza (Including NYC)

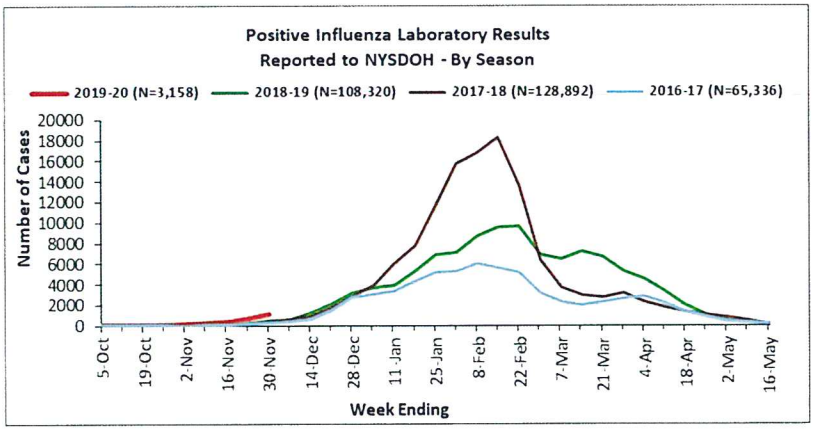
Test results may identify influenza Type A, influenza Type B, or influenza without specifying Type A or B. Some tests only give a positive or negative result and cannot identify influenza type (not specified).

County-level data is displayed on the NYS Flu Tracker at https://nyshc.health.ny.gov/web/nyapd/new-york-state-flu-tracker. To download the data, please go to Health Data NY at https://health.data.ny.gov/Health/Influenza-Laboratory-Confirmed-Cases-By-County-Beg/jr8b-6gh6.



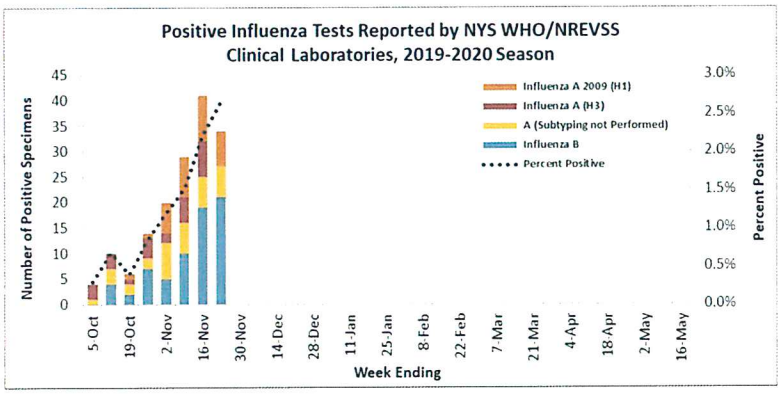




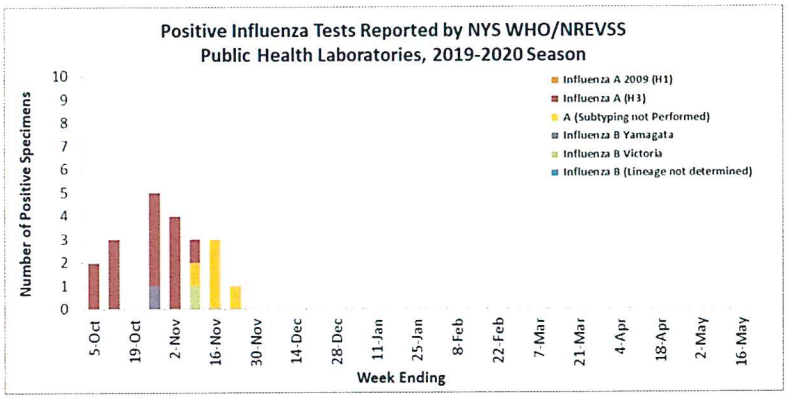


World Health Organization (WHO) and National Respiratory & Enteric Virus Surveillance System (NREVSS) Collaborating Laboratories

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.



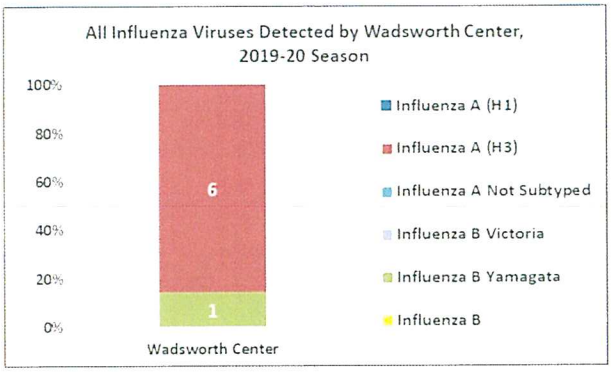
Public health laboratories that are WHO and/or NREVSS collaborating laboratories also report the influenza A subtype (H1 or H3) and influenza B lineage (Victoria or Yamagata).

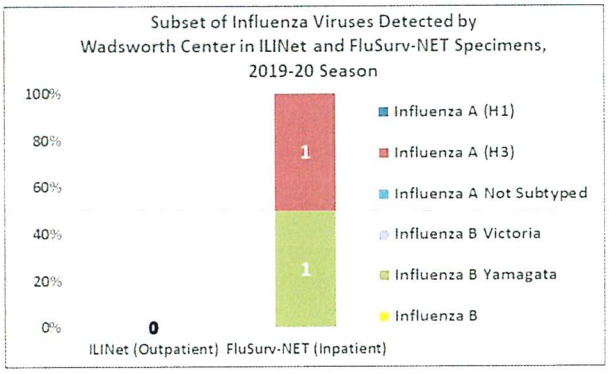


Influenza Virus Types and Subtypes Identified at Wadsworth Center (excluding NYC)

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 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.

To date, all specimens submitted through the ILINet program have been negative.





Influenza Antiviral Resistance Testing

The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance.[4]

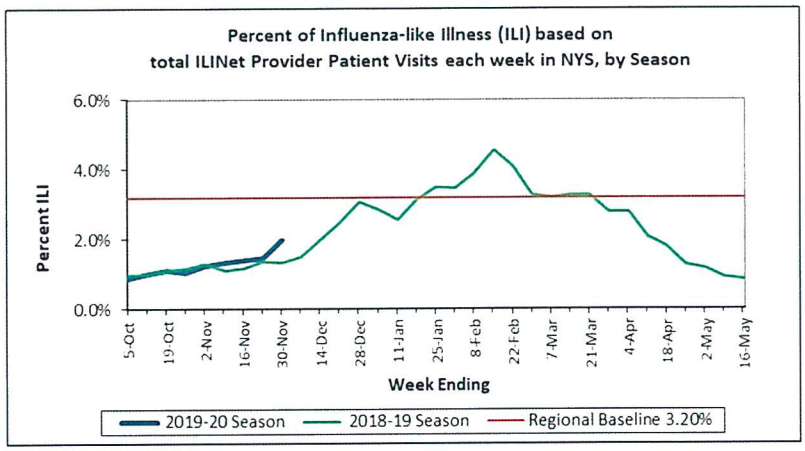
The laboratory does not have any data yet this season. Information will be updated in subsequent weekly reports.

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.

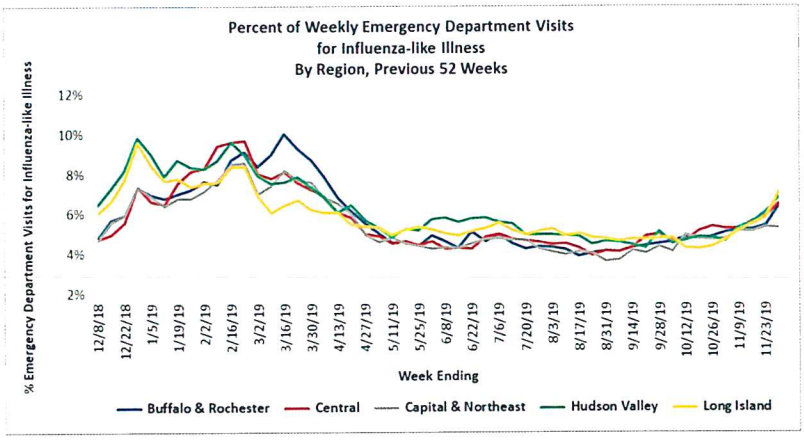


Emergency Department Visits for ILI-Syndromic Surveillance (excluding NYC)

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.

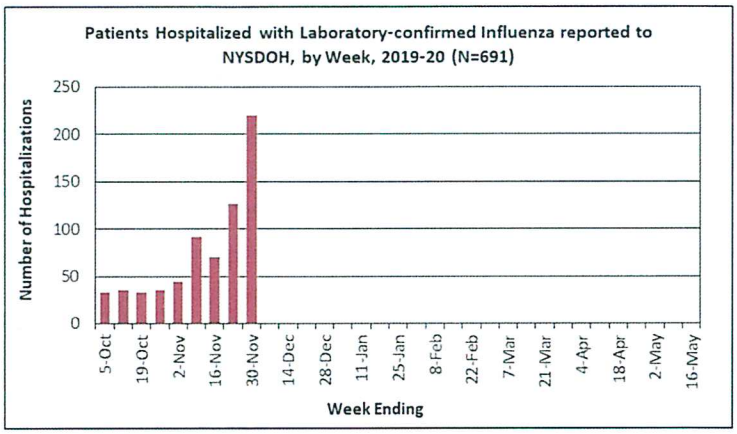
Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.

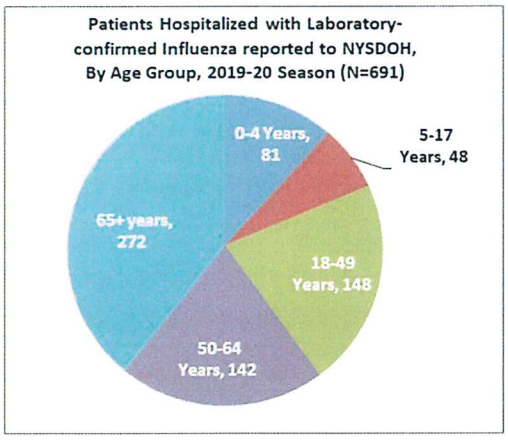


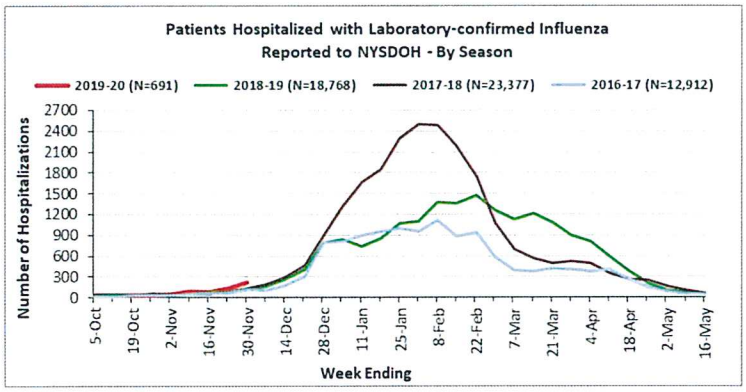
[4]Additional information regarding national antiviral resistance testing, as well as recommendations for antiviral treatment and chemoprophylaxis of influenza virus infection, can be found at http://www.cdc.gov/flu/weekly/.

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. 171 (94%) of 182 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.

[5]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

[6]Data are based on medical record reviews for 776 of 2425 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 - 48)	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
11/24/19 through 11/30/19	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* lab-confirmed influenza (any type)			0		1	1	4	5	9			0	4	6	10
# Outbreaks* viral respiratory illness**			0			0			0			0	0	0	0
Total # Outbreaks	0	0	0	0	1	1	4	5	9	0	0	0	4	6	10
Season-to-Date (CDC week - 48)	**Capital Region**			**Central Region**			**Metro Region**			**Western Region**			**Statewide (Total)**		
9/29/19 through 11/30/19	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* lab-confirmed influenza (any type)			0		2	2	11	14	25		2	2	11	18	29
# Outbreaks* viral respiratory illness**			0		1	1			0		4	4	0	5	5
Total # Outbreaks	0	0	0	0	3	3	11	14	25	0	6	6	11	23	34

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

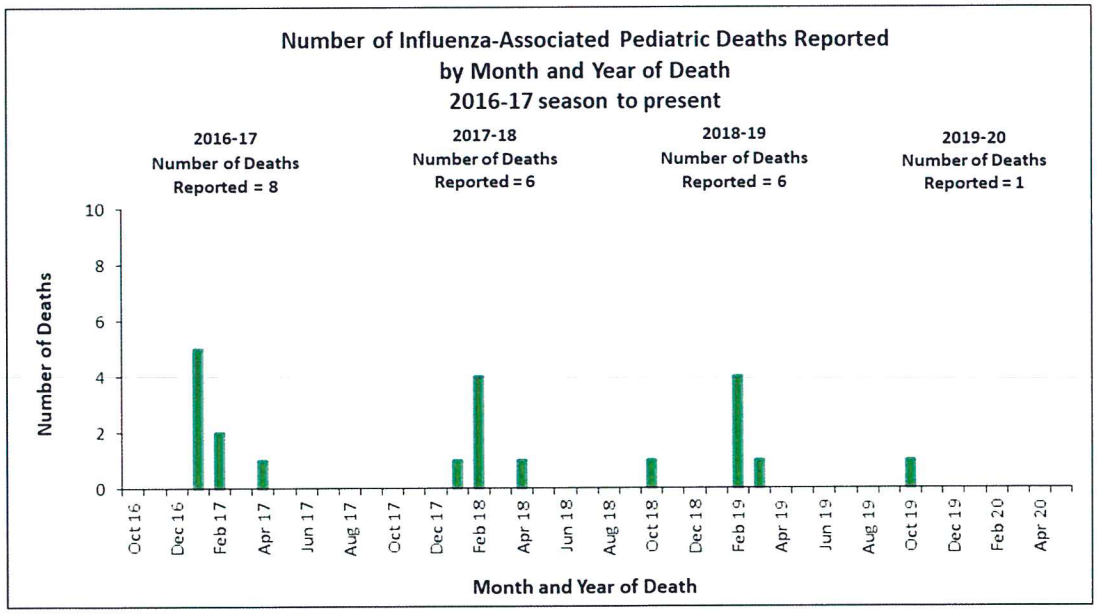
For information about the flu mask regulation and the current status of the Commissioner's declaration, please visit www.health.ny.gov/FluMaskReg

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.



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

Hepatitis A

Overview

What is hepatitis?

Hepatitis means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, some medications, toxins, and certain medical conditions can cause hepatitis.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C. Although all types of viral hepatitis can cause similar symptoms, they are spread in different ways, have different treatments, and some are more serious than others.

Hepatitis A

Hepatitis A is a contagious liver infection caused by the hepatitis A virus. Hepatitis A can be prevented with a vaccine. People who get hepatitis A may feel sick for a few weeks to several months but usually recover completely and do not have lasting liver damage.

In rare cases, hepatitis A can cause liver failure and even death; this is more common in older people and in people with other serious health issues, such as chronic liver disease.

How common is hepatitis A?

Since the hepatitis A vaccine was first recommended in 1996, cases of hepatitis A in the United States have declined dramatically. Unfortunately, in recent years the number of people infected has been increasing because there have been multiple outbreaks of hepatitis A in the United States. These outbreaks have primarily been from person-to-person contact, especially among people who use drugs, people experiencing homelessness, and men who have sex with men.

How is hepatitis A spread?

The hepatitis A virus is found in the stool and blood of people who are infected. The hepatitis A virus is spread when someone ingests the virus, usually through:

→ Person-to-person contact

Hepatitis A can be spread from close, personal contact with an infected person, such as through having sex, caring for someone who is ill, or using drugs with others. Hepatitis A is very contagious, and people can even spread the virus before they feel sick.

→ Eating contaminated food or drink

Contamination of food with the hepatitis A virus can happen at any point: growing, harvesting, processing, handling, and even after cooking. Contamination of food and water happens more often in countries where hepatitis A is common. Although uncommon, foodborne outbreaks have occurred in the United States from people eating contaminated fresh and frozen imported food products.

Hepatitis A can be prevented with a safe and effective vaccine.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Vaccination is the best way to prevent hepatitis A.

The hepatitis A vaccine is safe and effective. The vaccine series usually consists of 2 shots, given 6 months apart. Getting both shots provides the best protection against hepatitis A.

Hepatitis A vaccination is recommended for:

- All children at age 1 year
- Travelers to countries where hepatitis A is common
- Family and caregivers of adoptees from countries where hepatitis A is common
- Men who have sexual encounters with other men
- People who use or inject drugs
- People with chronic or long-term liver disease, including hepatitis B or hepatitis C
- People with clotting factor disorders
- People with direct contact with others who have hepatitis A
- People experiencing homelessness

You can prevent infection even after you have been exposed.

If you have been exposed to the hepatitis A virus in the last 2 weeks, talk to your doctor about getting vaccinated. A single shot of the hepatitis A vaccine can help prevent hepatitis A if given within 2 weeks of exposure. Depending upon your age and health, your doctor may recommend immune globulin in addition to the hepatitis A vaccine.

Handwashing plays an important role in prevention.

Practicing good hand hygiene—including thoroughly washing hands with soap and warm water after using the bathroom, changing diapers, and before preparing or eating food—plays an important role in preventing the spread of many illnesses, including hepatitis A.

Symptoms

Not everyone with hepatitis A has symptoms. Adults are more likely to have symptoms than children. If symptoms develop, they usually appear 2 to 7 weeks after infection and can include:

- Yellow skin or eyes
- Fever
- Not wanting to eat
- Dark urine or light-colored stools
- Upset stomach
- Diarrhea
- Throwing up
- Joint pain
- Stomach pain
- Feeling tired

Symptoms usually last less than 2 months, although some people can be ill for as long as 6 months.

Diagnosis and treatment

A doctor can determine if you have hepatitis A by discussing your symptoms and taking a blood sample. To treat the symptoms of hepatitis A, doctors usually recommend rest, adequate nutrition, and fluids. Some people will need medical care in a hospital.

International travel and hepatitis A

If you are planning to travel to countries where hepatitis A is common, talk to your doctor about getting vaccinated before you travel. Travelers to urban areas, resorts, and luxury hotels in countries where hepatitis A is common are still at risk. International travelers have been infected, even though they regularly washed their hands and were careful about what they drank and ate.

Name of Organization
Street
City, State, Zip code
Phone number
Additional information as needed

www.cdc.gov/hepatitis

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