ULSTER COUNTY BOARD OF HEALTH

December 12, 2023

AGENDA

CALL TO ORDER

1. **OLD BUSINESS**

    a. Approval of November 14, 2023 Minutes

2. **NEW BUSINESS**
    a. **Vote on 2024 Board of Health Meeting Schedule**
    b. **2024 Slate of Officers**

3. **Commissioner's Report (Dr. Smith)**

    a. COVID/RVS/ Flu
        - Hospital COVID Stats
        - COVID Wastewater Report
        - NYSDOH Health Advisory: Influenza Prevalent
    b. 2024 Budget Approval
    c. DOH Hearing Officer/Of Council Contract
    d. Medical Examiner
        - 2023 To-Date Stats

MEETING CONCLUSION

Ulster County Board of Health

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

Date: December 12, 2023

Board Members		**Signature**
Carena MD, Gina	Board Member	Absent
Rogan, Kathleen	Secretary	Absent
Sanchez MD, Marta	Board Member	
Stevens, Naomi, RN	Vice Chair	
Saint Jean MD, Ashanda	Board Member	
Turco LCSW, Stephanie	Chair	
Keegan, Christy	Board Member	

Department of Health		**Signature**
Smith, MD, MPH, Carol	Commissioner of Health	

Guests		**Signature**

Ulster County Board of Health
December 12, 2023
5:00 p.m.
Golden Hill Office Building
239 Golden Hill Lane
Kingston, NY 12401

PRESENT: Stephanie Turco, Dr. Marta Sanchez, Dr. Gina Carena, Naomi Stevens, Christy Keegan, Dr. Ashanda Saint Jean

EXCUSED: Kathleen Rogan

ABSENT:

UCDOH: Dr. Carol Smith- Commissioner of Health

GUEST:

Call To Order: 5:10 PM

OLD Business: A motion was made to approve the November minutes by Dr. Saint Jean, seconded by Ms. Stevens and unanimously approved.

New Business:

a. 2024 Board of Health Schedule: A motion was made to approve the 2024 Board of Health meeting schedule by Ms. Stevens, seconded by Dr. Sanchez, and unanimously approved.

b. Slate of Officers: The vote on the Slate of Officers was tabled until the next meeting or at a meeting when all current officers are present.

c. Reappointment to the Board of Health: Dr. Smith reported that the Health, Human Services, and Housing Committee of the UC Legislature unanimously approved Dr. Carena to serve another term on the Board of Health.

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

a. COVID/RSV/Flu: NYSDOH Commissioner declared flu to be prevalent in NYS. The Health Advisory was distributed to the Board (see attached). Dr. Smith explained that when this declaration is announced the mask wearing mandate goes into effect for health care providers who do not have documentation of receiving the flu vaccine, when attending to patients. Dr. Smith will provide the current flu numbers for Ulster County at the next meeting. The NYSDOH and the CDC dashboard publishes the number of confirmed flu cases, hospitalizations, and pediatric deaths. The NYS dashboard reports only pediatric deaths not adults. Dr. Smith

stressed the importance of getting the Flu, RSV, and COVID vaccinations.

b. COVID Hospitalizations: COVID Hospitalizations at HealthAlliance have varied. Dr. Smith reported that the highest number reported has been 13. Ellenville is typically 0.

c. COVID Wastewater Report: The most recent report was distributed to the Board (see attached). Dr. Smith noted that COVID in Kingston wastewater is increasing. Dr. Smith contacted the State and explained that there is a two-week testing cycle for Kingston, Saugerties, and New Paltz and if any of those test results for any one of those locations, fall out of sync they are reported as unavailable for that reporting period. The current report shows Kingston is increasing and the numbers for Saugerties and New Paltz are unavailable but should be available next reporting cycle.

d. 2024 Budget: The 2024 Budget was voted on by the UC Legislature and once the County Executive signs the budget, it will be posted on the website to review. Once it is posted, the Department will review it to see what was approved. Any changes throughout the year would need to go back to the Legislature to amend the budget (any amount $50k and above).

e. DOH Hearing Officer/Of Council Contract: The Department has needed to bring certain violators, such as in lead cases, in for hearings and enforcement. The process begins with DOH sending a notice of violation(s) and if not remediated, within a specific timeframe, the violator is brought in for a hearing and further enforcement if needed. The Department has needed Council to assist with this process. Contracts have been secured for these services, Cook, Kurtz, & Murphy for Of Council, and an attorney from Albany for Hearing Officer. A sample of a violation letter will be provided at the next Board meeting. DOH is currently working with the County Planning Department to secure a $327k grant from the NYS Department of Homes and Community Renewal which would allow DOH to work with an identified county agency for lead remediation- up to $40k per housing unit within the 12401-area code.

f. Transportation Issue to Medical Appointments: Dr. Smith stated that she and Vin Martello met with a consultant who was hired to look at transportation needs for medical appointments within Ulster County. Between Ulster County covering approximately 11,000 miles, the medical offices being in mostly specific "urban" areas, and UCAT having their established bus routes, has resulted in a struggle for individuals, especially in rural areas, to arrange transportation to medical appointments. The consultant wants to introduce the concept/system of when a medical appointment is scheduled, transportation is simultaneously scheduled. Dr. Saint Jean stated that NYC already has this.

They use a system/mobile app called Access-A-Ride to marry appointments with transportation.

g. **Medical Examiner Update:** The Medical Examiner report was distributed to the Board (see attached)and a discussion ensued regarding the high numbers of death and clarification of the Medical Examiner role was discussed.

Adjournment: A motion to adjourn was made by Dr. Saint Jean, seconded by Dr. Sanchez, and unanimously approved.

Next Meeting: Scheduled for Tuesday, January 9, 2024 at 5:00 PM, Golden Hill Office Building, 239 Golden Hill Lane, Kingston, NY 12401.

Respectfully submitted by:

Stephanie Turco, Chair

Schedule for Board of Health Meetings – 2024

To be held on the **second Tuesday** of the month

5:00 PM

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

January 9th

February 13th

March 12th

April 9th

May 14th

June 11th

July 9th

August 13th

September 10th

October 8th

November 12th

December 10th

Ulster County Wastewater Surveillance Update

DATE: December 11, 2023

TO: Ulster County Health Department, Wastewater Facilities, & Stakeholders

FROM: Shailla Raymond, MPH

RE: Ulster County Weekly Wastewater Surveillance Data Report

Dashboard | Website

This report contains information **Ulster County** treatment plants over the time period of **2023-11-21 to 2023-12-06.**

All Samples from Ulster County
From to

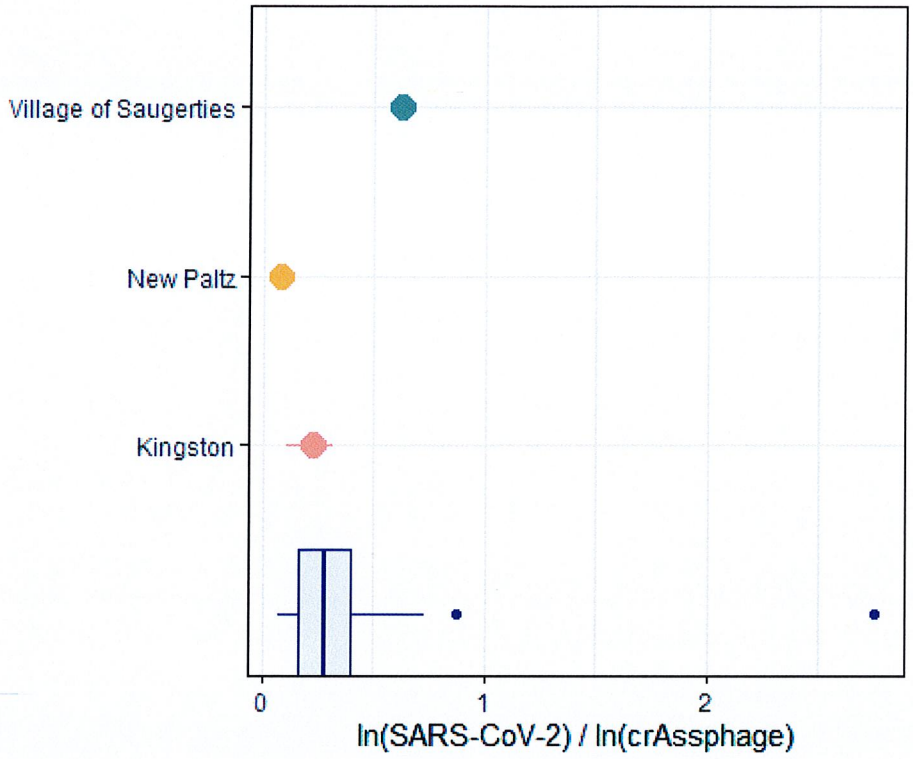
Collection Date	Detection Level	Compared to NYS	Quality Control	Two-Week Trend
Village of Saugerties				
December 6, 2023	Quantifiable	higher	alert[1]	NA
Kingston				
December 5, 2023	Quantifiable	higher	good	increasing
November 29, 2023	Quantifiable	lower	good	increasing
November 28, 2023	Detected, <LOQ	lower	good	increasing
November 21, 2023	Quantifiable	higher	good	increasing
New Paltz				
November 29, 2023	Detected, <LOQ	lower	good	NA

[1] Our quality control variable (crAssphage) came back with a lower-than-average value (< 10,000), which suggests that we should be cautious when interpreting this sample.

Above is a table describing the samples collected from the last two weeks. The table includes:

- Catchment location and sample collection date
- Comparison of SARS-CoV-2 from a facility to all NYS wastewater
- Level of SARS-CoV-2 detection: "Quantifiable" and "Detection <LOQ" levels suggest community-level transmission
- Quality control indicator: Samples that are "good" have a crAssphage level > 10,000. Samples that are "alert" have <10,000, suggesting low sample recovery and confidence

Box Plot for Treatment Plants in Ulster County from 2023-11-21 to 2023-12-06

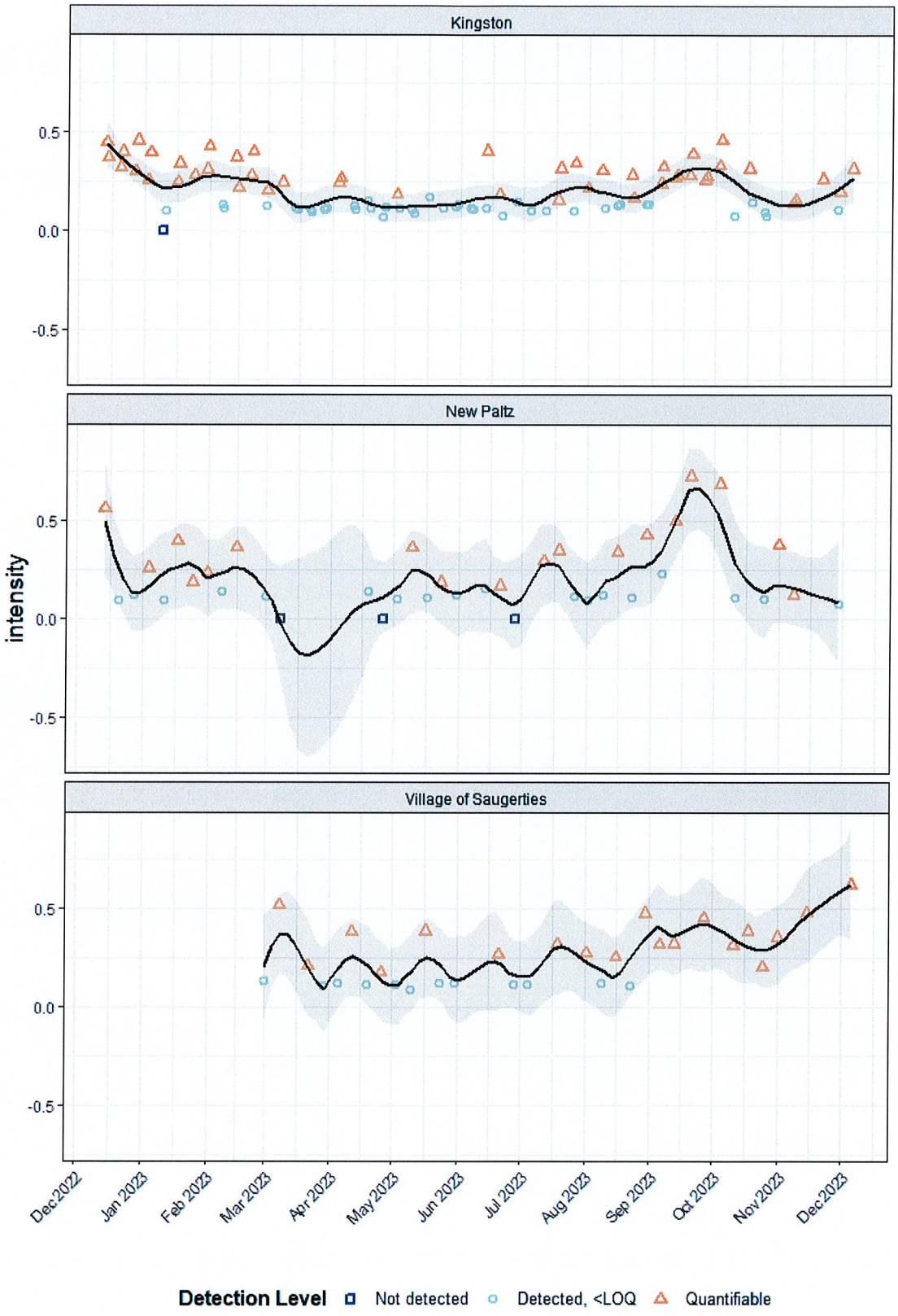


Points represent the SARS-CoV-2 intensity of samples taken at the influent over the last two weeks. The box plot represents all SARS-CoV-2 values from the previous two weeks as observed from wastewater treatment facilities across New York. The box plot shows the median (solid line), first and third quartiles (box edges), minimum (lower whiskers), maximum (upper whisker), and outliers (black dots) for all NY WWTP's. The concentration of SARS-CoV-2 is normalized by population, ln(SARS-CoV-2)/ln(crAssphage), to give overall intensity.

The most recent sample from Kingston on December 05, 2023 is higher when compared to New York State values.

The most recent sample from New Paltz on November 29, 2023 is lower when compared to New York State values.

The most recent sample from Village of Saugerties on December 06, 2023 is higher when compared to New York State values.


Kingston
New Paltz
Village of Saugerties
intensity
0.5
0.0
-0.5
Dec 2022
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
Jun 2023
Jul 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Detection Level
Not detected
Detected, <LOQ
Quantifiable

A smoothed trend line (black), uncertainty (gray), and wastewater samples (shapes) are shown. Wastewater sample points are color coded to specify the level of SARS-CoV-2 detected. The concentration of SARS-CoV-2 is normalized by population, ln(SARS-CoV-2)/ln(crAssphage), to give overall intensity.

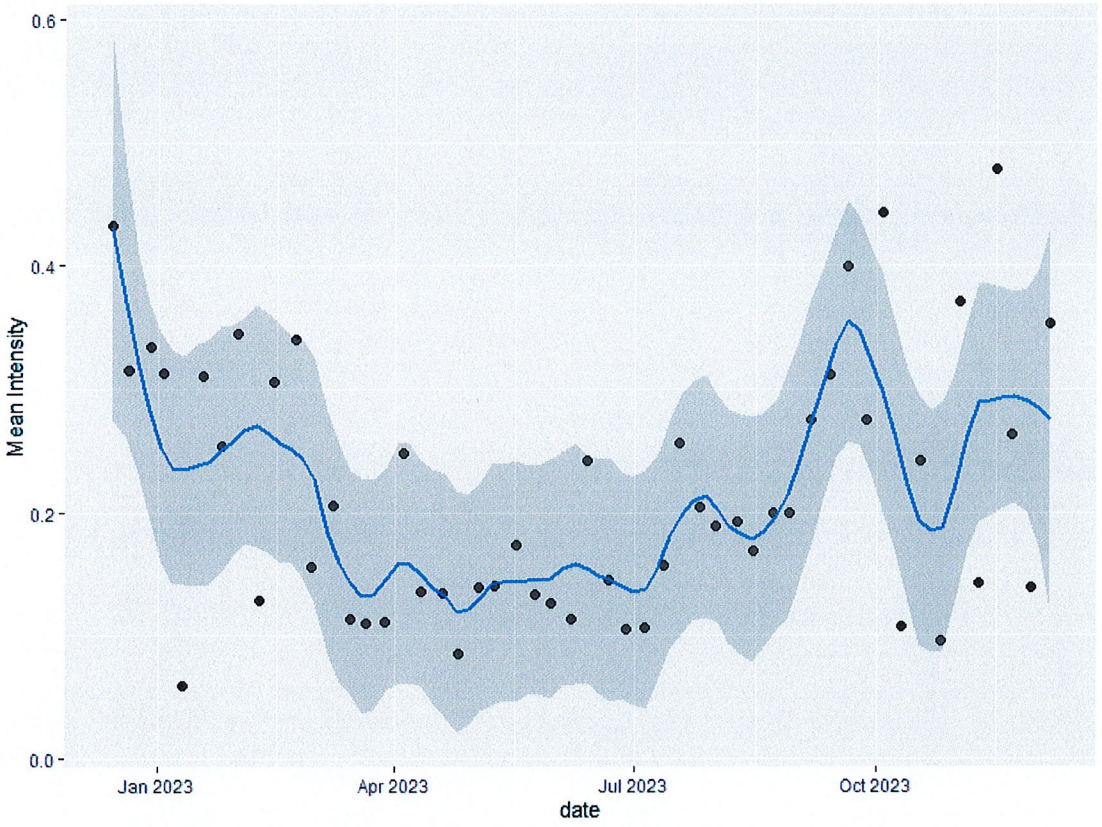
The level of SARS-CoV-2 RNA can tell us roughly how many cases can be expected in a population.

- Not detected: <10 cases per 100,000
- Detected, <LOQ: 10-50 cases per 100,000
- Quantifiable detection: >50 cases per 100,000

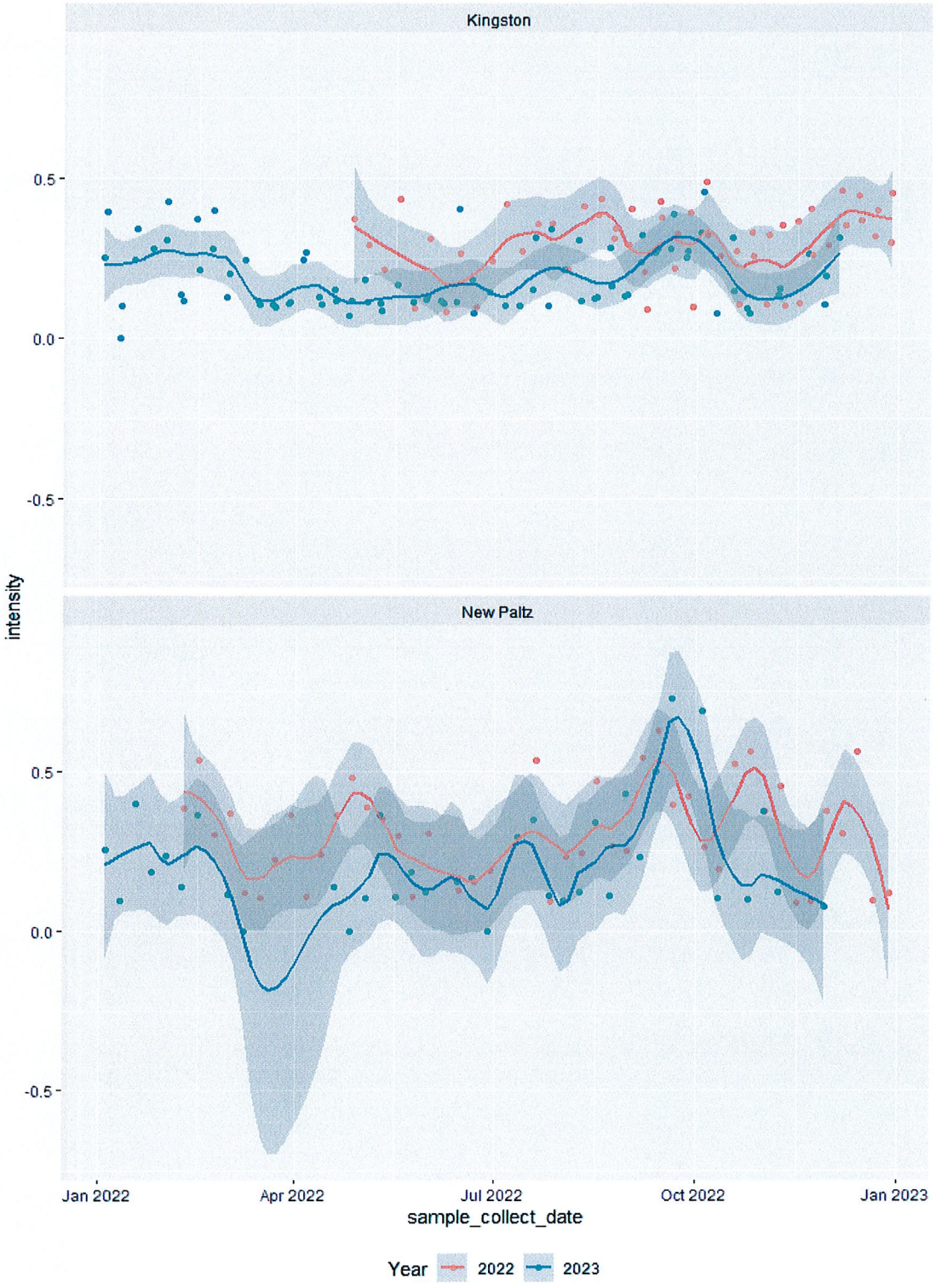
The most recent sample from Kingston on December 05, 2023, had a detection level of "Quantifiable" suggesting daily case incidence of more than 50 cases per 100,000 people.

The most recent sample from New Paltz on November 29, 2023, had a detection level of "Detected, <LOQ" suggesting daily case incidence of 10 to 50 cases per 100,000 people.

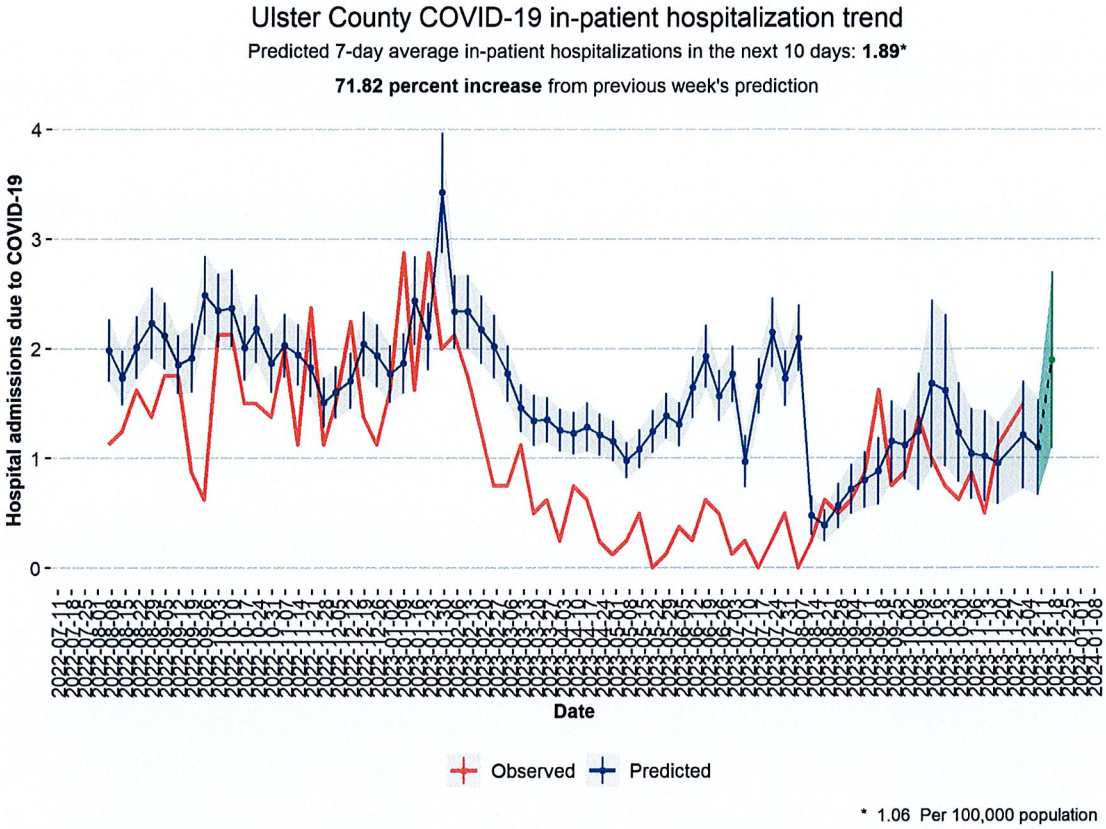
The most recent sample from Village of Saugerties on December 06, 2023, had a detection level of "Quantifiable" suggesting daily case incidence of more than 50 cases per 100,000 people.



Average intensity (population weighted) for all Ulster WWTP's over the last 12 months.



This figure shows an annual comparison of SARS-CoV-2 intensity. Smoothed trend lines, uncertainty (gray bands), and wastewater samples (dots) are shown. The recent trend is lower than year over year values.



This figure shows predicted new in-patient hospital admissions due to COVID-19 for your county. Predictions are calculated from a generalized linear mixed model that fits wastewater data with a ten-day lag, log transformed active case numbers, along with several covariates including population over 50 years old, estimated asthma and cardiovascular disease rate for the county, and county social vulnerability from the CDC social vulnerability index.

The new model also includes a regional average for SARS-CoV-2 intensity detection for the past 90 days indicative of the overall state of transmission for a region. This model makes predictions with new data for future hospital admissions and provides uncertainty around the prediction in the form of the 95% confidence interval (the light grey and green band around the predictions). Past predictions are in blue with the current prediction in light green. The red line is actual hospital admissions from the Department of Health HERDS or Health Electronic Response System data These data are up-to-date for most counties. We will update these data and the models as new data are provided. Estimated new COVID-19 hospitalizations are predictions only and come with several uncertainties including whether new variants have arisen, what the current immunization state of the county is (including booster and bivalent shots or immunity from previous infection), and other factors not captured in the model such as intervention behaviors such as masking. Week to week predictions will vary in their accuracy and the width of the confidence interval around the prediction due to changes in the data. Week to week predictions will vary in their accuracy and the width of the confidence interval around the prediction due to changes in the data.

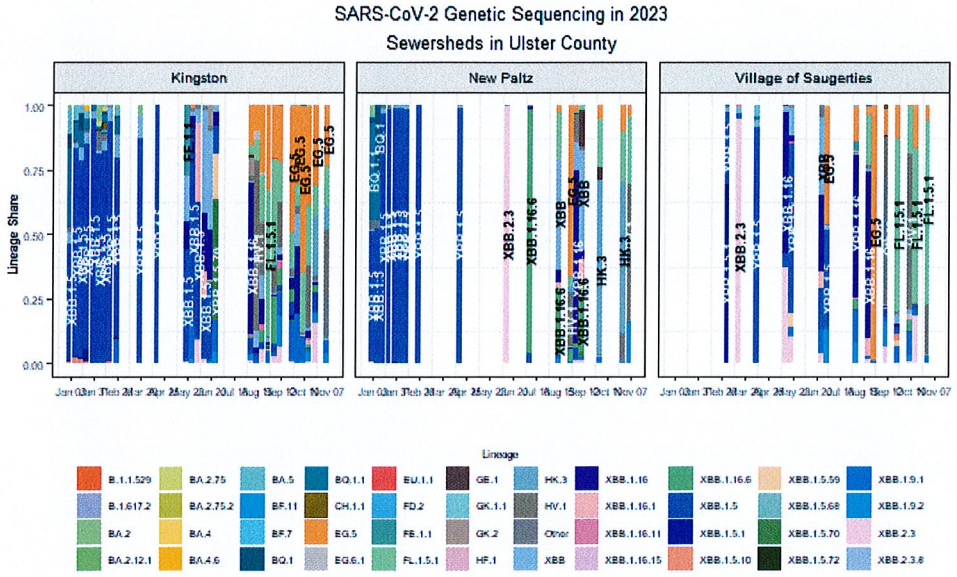
SARS-CoV-2 Genetic Sequencing Data In Ulster County and New York State			
Variant	Label	Presence within last four weeks[1]	Presence within last six weeks[2]
CURRENT STATUS			
BA.2.86	Variant of interest; Omicron subvariant under monitoring	detected at state-level	not detected in state or county
CH.1.1	Variant of concern; Omicron subvariant under monitoring	not detected in state or county	detected at state-level
DV.7	Variant under monitoring	detected at state-level	not detected in state or county
EG.5	Variant of interest; Omicron subvariant under monitoring	detected at state-level	detected in county
EG.6.1	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
FD.1.1	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
FL.1.5.1	Variant of concern; Omicron subvariant under monitoring	detected in county	detected in county
GE.1	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
GK.1.1	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
GK.2	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
HF.1	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
HK.3	Variant of concern; Omicron subvariant under monitoring	detected in county	detected at state-level
HV.1	Variant of concern; Omicron subvariant under monitoring	detected in county	detected in county
JD.1.1	Variant of concern; Omicron subvariant under monitoring	detected in county	detected at state-level
JF.1	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected in county
JG.3	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected in county
JN.1	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
Other	Variant of concern; Omicron subvariant under monitoring	not detected in state or county	not detected in state or county
XBB	Variant under monitoring; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.16	Variant of interest; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.16.1	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.16.11	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected in county
XBB.1.16.15	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected in county
XBB.1.16.6	Variant of concern; Omicron subvariant under monitoring	detected in county	detected at state-level
XBB.1.42.2	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.5	Variant of interest; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.5.1	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.5.10	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.5.59	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.5.68	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.5.70	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.5.72	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.9.1	Variant under monitoring; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.1.9.2	Variant under monitoring; Omicron subvariant under monitoring	detected at state-level	detected at state-level
XBB.2.3	Variant under monitoring; Omicron subvariant under monitoring	detected at state-level	detected in county
XBB.2.3.8	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected in county

[1] Samples collected from Oct 22, 2023 to Nov 23, 2023

[2] Samples collected from Oct 08, 2023 to Nov 23, 2023

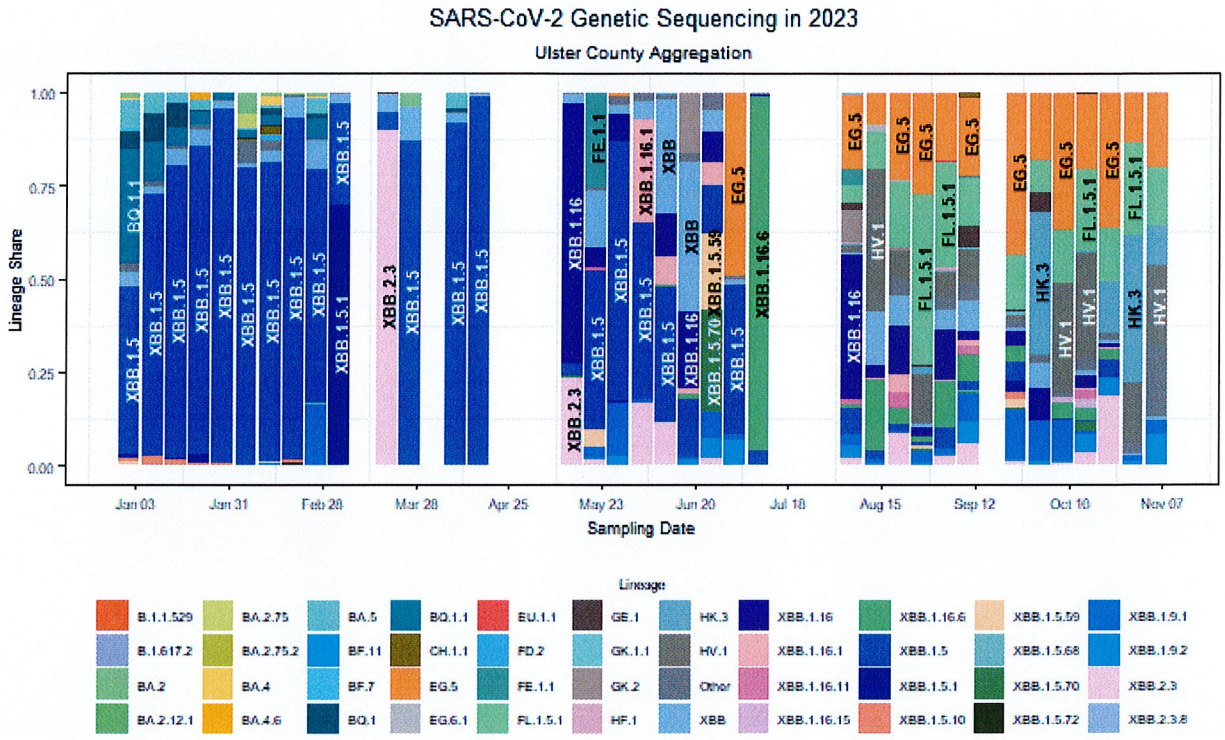
County level variants under monitoring table in the last four and six weeks This table shows variants being monitored by various public health organizations. Variant name, source of information, monitoring status of variant, and presence within the county and state within the last four and six weeks are shown. Each variant is shown at four and six week intervals shown in the footnotes. Not detected within state or county: variant not detected at the state or county-level Detected at state-level: detected somewhere else in the state, but not in the county listed Detected within county: detected within the county showed

Find out more about monitoring status of SARS-CoV-2 variants: ECDC, WHO



Sewershed level of SARS-CoV-2 genetic sequencing throughout time

Each bar shows the relative abundance of SARS-CoV-2 lineages during a sample collection date. Lineages with an abundance of at least 20% are labeled on the bar sections with the lineage name. The color of the bar corresponds to lineage. See the legend for more information regarding lineages.



County aggregation of SARS-CoV-2 genetic sequencing throughout time

Each bar shows the relative abundance of SARS-CoV-2 lineages per sample collection date. Lineages with an abundance of at least 20% are labeled on the bar sections with the lineage name. The color of the bar corresponds to lineage. See the legend for more information regarding lineages.

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

DATE: December 6, 2023

TO: All Article 28, 36, and 40 Healthcare and Residential Facilities and Agencies

FROM: Office of the Commissioner

Health Advisory:
NYS Department of Health Commissioner Declares Influenza Prevalent in the State

Please distribute immediately to: Administration, Medical Director, Infection Prevention, Nursing Administration, Risk Management

The New York State Department of Health Commissioner Dr. James McDonald declares influenza to be prevalent in New York State for the 2023-24 influenza season, as of the date of this announcement. In accordance with Section 2.59 of the New York State Sanitary Code (10 NYCRR § 2.59), all healthcare and residential facilities and agencies regulated pursuant to Article 28, 36, or 40 of the Public Health Law, shall ensure that all personnel, as defined in the regulation, not vaccinated against influenza for the current influenza season wear a surgical or procedure mask while in areas where patients or residents are typically present. This declaration shall remain in effect until the Commissioner declares influenza no longer prevalent in New York State.

At this time, please activate your facility's or agency's policy and procedure to ensure compliance with 10 NYCRR § 2.59.

Frequently Asked Questions regarding the regulation and other resources are available at http://health.ny.gov/FluMaskReg

For more information please direct questions to FluMaskReg@health.ny.gov

New York State Influenza Surveillance Report

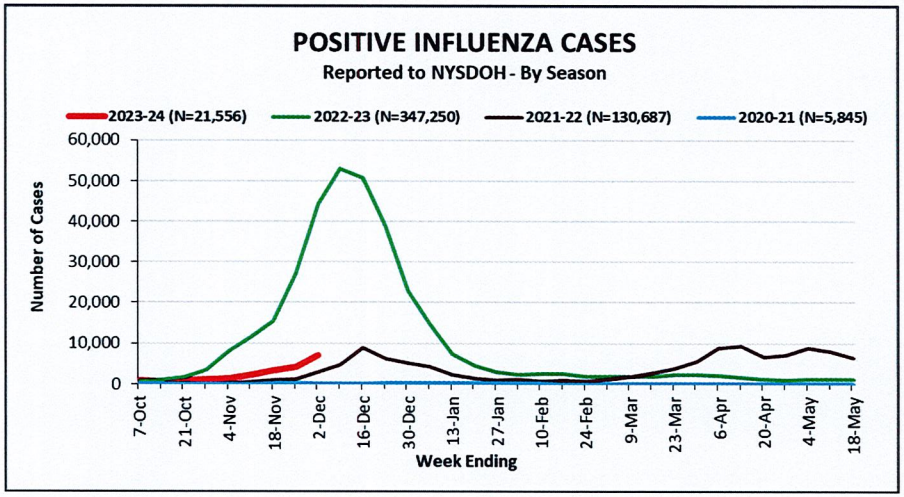
The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza activity year-round in New York State (NYS) and produces this weekly report during the influenza season (October through the following May).[1]

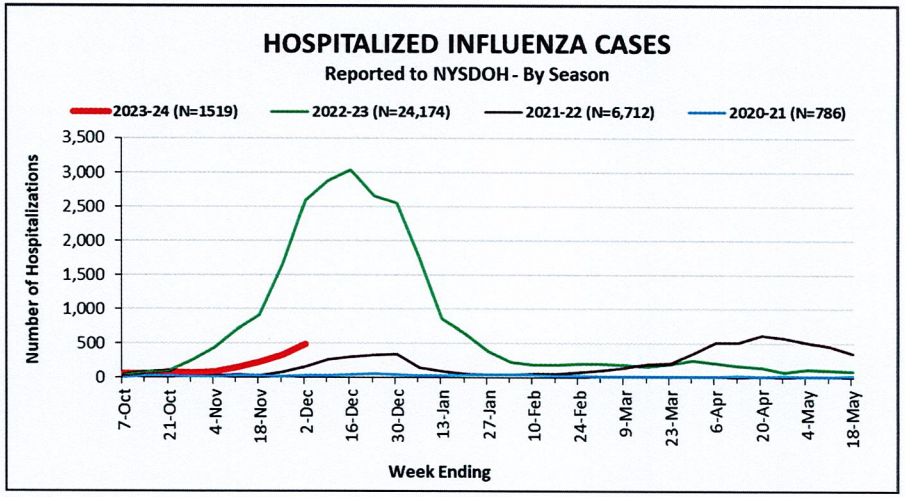
During the week ending December 02, 2023

- Influenza activity was categorized as geographically widespread[2]. This is the second consecutive week of widespread activity reported this season.
- Laboratories tested 41,414 specimens for influenza, of which 7,147 (17%) were positive, a 69% increase in positive cases compared with the previous week.
- The number of patients hospitalized with laboratory-confirmed influenza was 483, a 47% increase in hospitalized cases compared with the previous week.
- Of the 5,571 specimens submitted to WHO/NREVSS laboratories, 222 (3.98%) were positive. 206 were positive for influenza A and 16 for influenza B.
- The percent of patient visits for influenza-like illness (ILI[3]) from ILINet providers was 2.52%, below the regional baseline of 4.20%.
- There were 3 outbreaks reported in hospitals and 6 outbreaks were reported in nursing homes. Season to date, there have been a total of 41 outbreaks reported from hospitals and nursing homes in NYS.
- There were 2 influenza-associated pediatric deaths reported this week. There have been 2 influenza-associated pediatric deaths reported this season.

Laboratory-confirmed Influenza Reports and Influenza Hospitalizations (including NYC)

Clinical laboratories report weekly the number of lab-confirmed test results. Hospitals report weekly the number of hospitalized patients with laboratory-confirmed influenza. County, regional, and multi-season comparison graphs are available on the NYS Flu Tracker at https://nyshc.health.ny.gov/web/nyapd/new-york-state-flu-tracker.





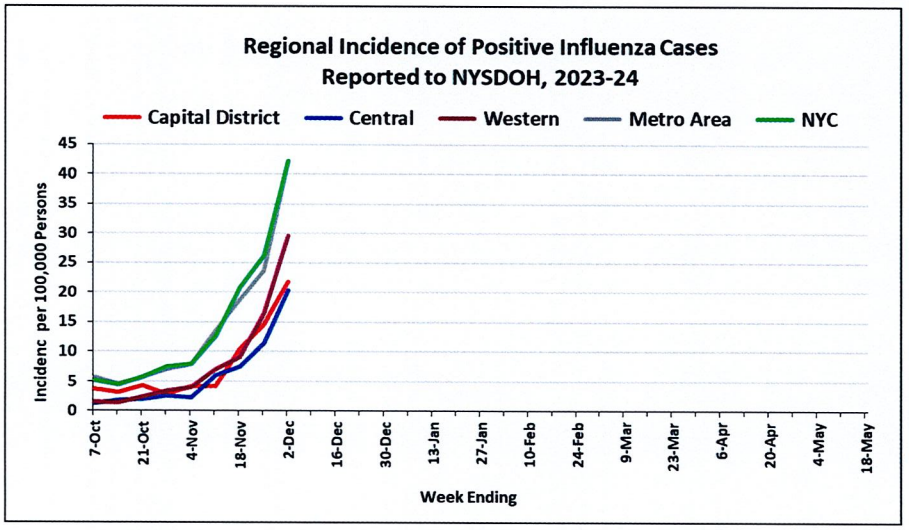
[1] Information about influenza monitoring in New York City (NYC) is available from the NYC Department of Health and Mental Hygiene website at: http://www.nyc.gov/html/doh/. National influenza surveillance data is available on CDC's FluView website at http://www.cdc.gov/flu/weekly/.

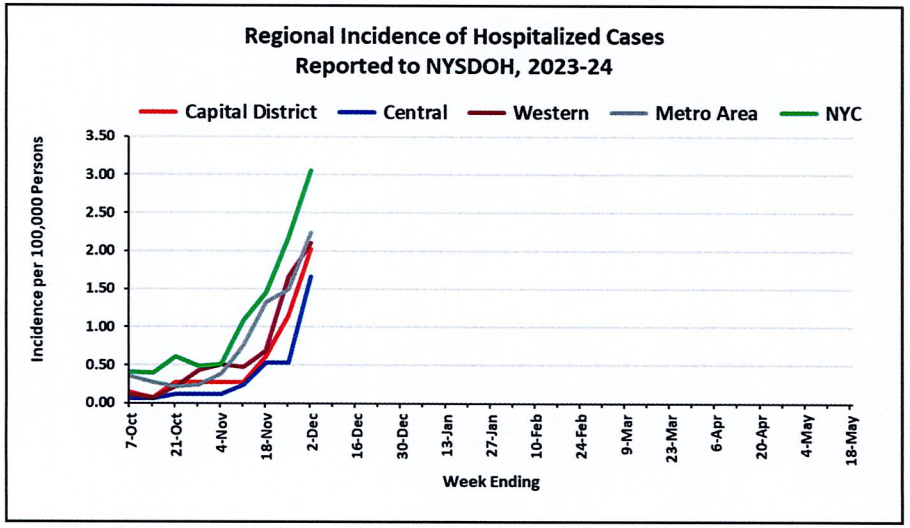
[2] **No Activity**: No laboratory-confirmed cases of influenza reported to the NYSDOH. **Sporadic**: Small numbers of lab-confirmed cases of influenza reported. **Local**: Increased or sustained numbers of lab-confirmed cases of influenza reported in a single region of New York State; sporadic in rest 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 is greater than 31 of the 62 counties. Increased or sustained is defined as 8 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.

Regional Incidence for Lab-confirmed Cases and Hospitalizations

Regional incidence rates are calculated for both lab-confirmed cases and hospitalizations.



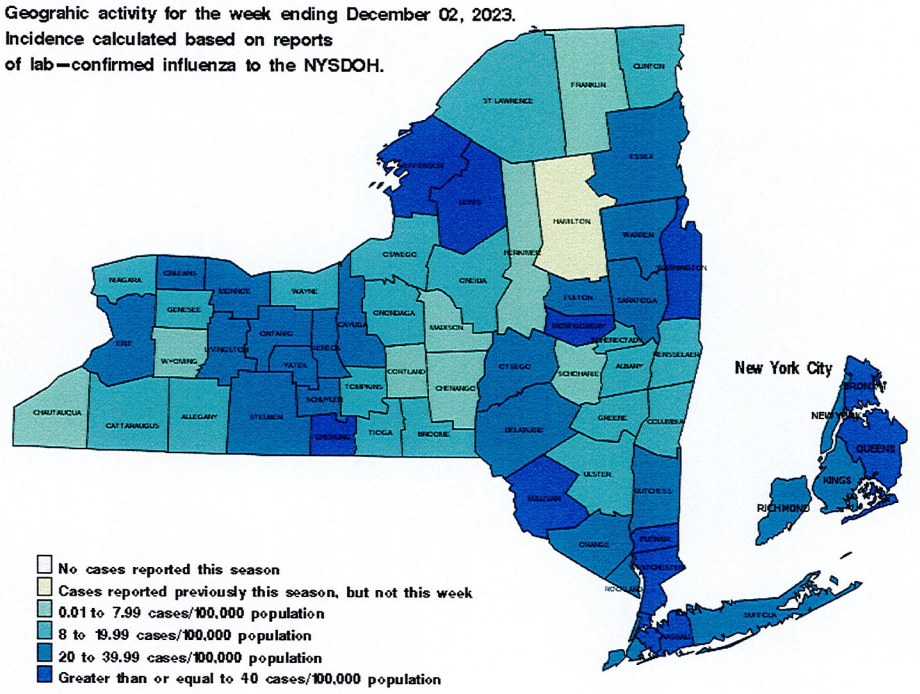


Geographic Activity and Incidence Rate

Laboratories that perform testing on NYS residents report all positive influenza test results to NYSDOH. County and regional incidence rates are calculated statewide to determine geographic activity.

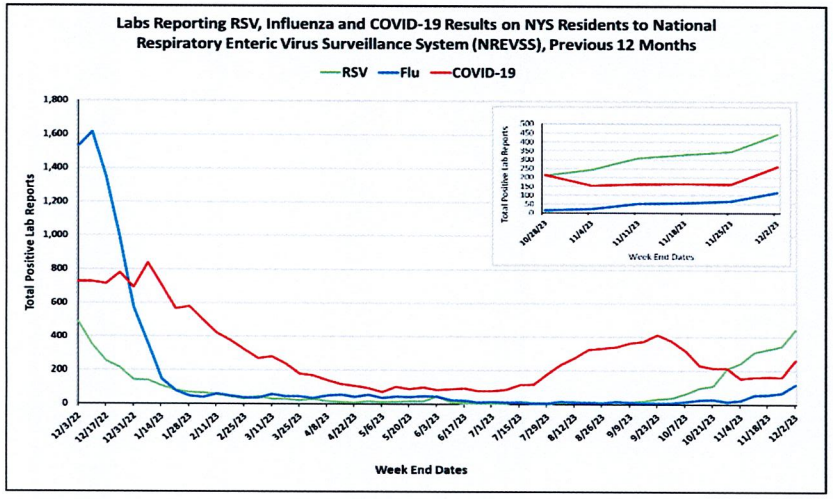
- 61 counties reported influenza cases this week.
- Incidence ranged from 0-98.99 cases/100,000 population.

NYS Geographic Activity Level This Season			
Total Weeks at Sporadic	Total Weeks at Local	Total Weeks at Regional	Total Weeks at Widespread
5	0	2	2



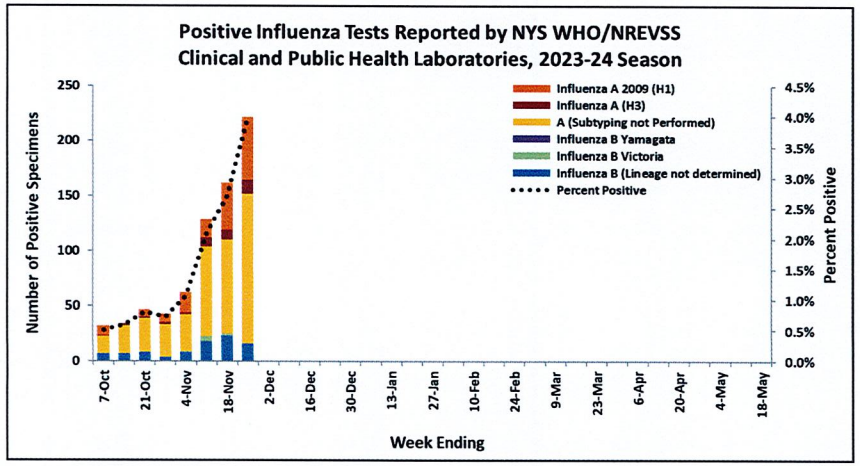
National Respiratory & Enteric Virus Surveillance System (NREVSS)

NREVSS surveillance consists of a subset of clinical and public health laboratories in NYS that voluntarily report weekly aggregate data to the CDC for multiple pathogens including influenza, COVID-19, and RSV[4].



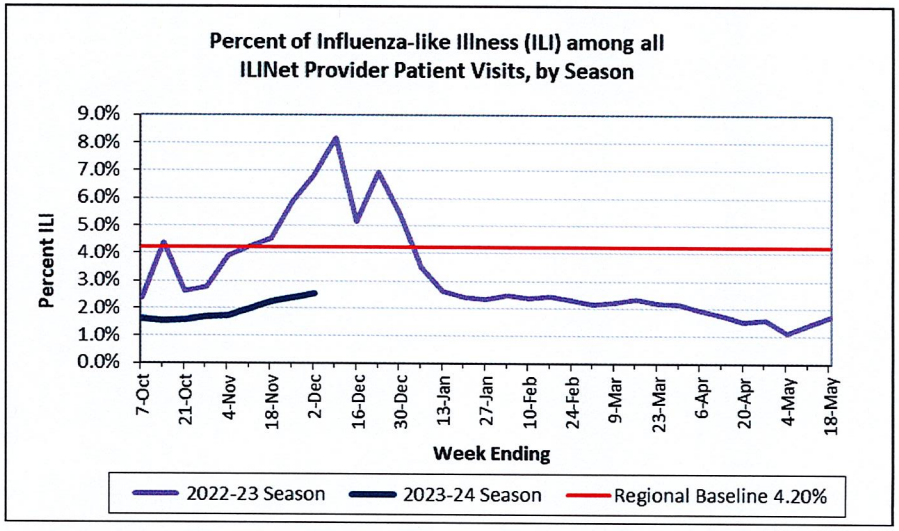
World Health Organization (WHO) and National Respiratory & Enteric Virus Surveillance System (NREVSS)

The WHO and NREVSS surveillance system consists of a subset of clinical and public health collaborating laboratories that report aggregate data for influenza-positive specimens by type/subtype to CDC.



Outpatient Influenza-like Illness Surveillance Network (ILINet)

The ILINet Program consists of healthcare providers in NYS (excluding NYC) that voluntarily report aggregate data for the total number of visits and the total number of visits of ILI in an outpatient setting.



Healthcare-associated Influenza Activity (including NYC)

NYS Hospitals and nursing homes statewide report outbreaks of influenza to NYSDOH. For additional information about the influenza mask regulation and the status of the Commissioner's declaration, please visit www.health.ny.gov/FluMaskReg.

Number of Outbreaks*	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
Lab-confirmed Influenza (any type)	HOSP	NH	Total	HOSP	NH	Total	HOSP	NH	Total	HOSP	NH	Total	HOSP	NH	Total
Week-to-Date 11/26/2023 - 12/02/2023	0	1	1	0	0	0	3	5	8	0	0	0	3	6	9
Season-to-Date 10/01/2023 - 12/02/2023	1	2	3	0	3	3	10	18	28	1	6	7	12	29	41

Hosp - Article 28 Hospitals
NH - Article 28 Nursing Homes
*Outbreaks are reported based on the onset date of symptoms in the first case

[4] RSV is not a reportable condition in New York State.

Ulster County Department of Health
Medical Examiner's Office - Autopsy Cases
Date of Death between 1/1/2023 and 11/30/2023

Total Number of Cases: 200

Cases by Gender	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	4	5	6	3	5	9	3	3	2	4	3	0	47
M	12	13	17	13	15	8	17	13	11	15	19	0	153
Grand Total	**16**	**18**	**23**	**16**	**20**	**17**	**20**	**16**	**13**	**19**	**22**	**0**	**200**

Cases by Manner	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	7	7	12	6	7	9	10	4	8	4	3	0	77
Homicide	1	2	0	0	1	0	1	0	0	0	0	0	5
Natural	6	7	6	6	9	8	6	11	4	7	8	0	78
Pending	0	0	0	0	0	0	0	0	0	4	8	0	12
Stillborn	0	0	0	0	0	0	0	0	0	1	0	0	1
Suicide	2	2	5	4	2	0	3	1	1	3	3	0	26
Undetermined	0	0	0	0	1	0	0	0	0	0	0	0	1
Grand Total	**16**	**18**	**23**	**16**	**20**	**17**	**20**	**16**	**13**	**19**	**22**	**0**	**200**

Cases by Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Alcohol	0	1	0	1	1	0	0	1	0	0	1	0	5
Blunt Force Trauma - non-MVA	0	2	1	0	3	0	1	0	0	1	0	0	8
Carbon Monoxide	0	0	1	0	0	0	0	0	0	0	0	0	1
Cardiovascular	4	4	1	3	5	5	2	5	1	4	3	0	37
Cardiovascular and Diabetes	0	0	2	1	1	1	2	2	1	0	3	0	13
Cardiovascular and Obesity	1	0	1	0	2	1	0	0	1	2	1	0	9
Diabetes	1	0	0	0	0	0	1	0	1	0	0	0	3
Drowning	0	0	0	0	0	1	0	0	1	0	1	0	3
Fall	0	0	0	1	0	0	0	0	0	0	1	0	2
Gunshot Wound	2	2	1	2	1	0	4	1	0	2	2	0	17
Hanging	0	1	3	1	0	0	0	0	1	1	0	0	7
Infant	0	1	0	0	0	0	0	0	0	1	0	0	2
Motor Vehicle Accident	1	0	1	0	0	3	1	1	0	2	0	0	9
Non-Opioid Substance	0	1	0	1	0	0	0	0	0	0	1	0	3
Non-Opioid Substance w/ Alcohol	0	0	0	1	0	0	1	0	2	0	0	0	4
Non-Opioid Substance w/ Other Substances	1	0	0	0	0	0	0	0	0	0	0	0	1
Opioid-Related	4	2	7	4	6	4	6	3	5	1	0	0	42
Other	1	4	5	1	0	2	2	2	0	1	1	0	19
Pending	0	0	0	0	0	0	0	0	0	1	4	0	5
Pending - Suspected Opioid	0	0	0	0	0	0	0	0	0	3	4	0	7
Smoke Inhalation	1	0	0	0	0	0	0	0	0	0	0	0	1
Undetermined	0	0	0	0	1	0	0	1	0	0	0	0	2

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2023 and 11/30/2023

Total Number of Cases: 200

Grand Total	**16**	**18**	**23**	**16**	**20**	**17**	**20**	**16**	**13**	**19**	**22**	**0**	**200**

Ulster County Department of Health
Medical Examiner's Office - Autopsy Cases
Date of Death between 1/1/2022 and 12/31/2022

Total Number of Cases: 200

Cases by Gender	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	1	3	4	3	6	4	1	6	5	7	9	6	55
M	13	10	7	12	8	10	9	21	7	13	20	15	145
Grand Total	**14**	**13**	**11**	**15**	**14**	**14**	**10**	**27**	**12**	**20**	**29**	**21**	**200**

Cases by Manner	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	4	5	3	10	4	6	6	11	5	13	16	10	93
Homicide	1	0	0	0	0	0	0	1	2	1	0	1	6
Natural	7	8	6	1	8	6	4	13	2	6	12	9	82
Suicide	2	0	2	4	2	2	0	2	2	0	1	1	18
Undetermined	0	0	0	0	0	0	0	0	1	0	0	0	1
Grand Total	**14**	**13**	**11**	**15**	**14**	**14**	**10**	**27**	**12**	**20**	**29**	**21**	**200**

Cases by Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Alcohol	0	0	0	1	2	1	1	1	0	0	0	0	6
Blunt Force Trauma - non-MVA	0	0	0	0	1	1	0	1	0	1	0	1	5
Cardiovascular	2	6	3	0	2	2	2	9	1	3	8	3	41
Cardiovascular and Diabetes	1	0	2	0	1	0	0	0	0	0	0	2	6
Cardiovascular and Obesity	0	1	0	0	1	0	0	0	0	0	2	0	4
Diabetes	1	0	0	0	0	1	0	0	0	0	0	0	2
Drowning	0	0	0	1	0	0	0	1	0	0	0	0	2
Fall	0	0	0	0	0	0	1	1	0	0	1	0	3
Gunshot Wound	3	0	1	1	0	1	0	0	3	0	0	1	10
Hanging	0	0	0	1	0	0	0	0	0	0	0	0	1
Motor Vehicle Accident	0	1	2	2	1	1	1	0	0	2	0	2	12
Non-Opioid Substance	0	0	0	2	0	0	0	0	0	0	0	0	2
Non-Opioid Substance w/ Alcohol	0	0	0	0	0	0	0	0	0	1	0	0	1
Non-Opioid Substance w/ Other Substances	0	0	0	2	1	1	0	0	0	0	1	0	5
Non-Opioid Substance w/ Other Substances and Alcohol	0	0	0	0	1	0	0	0	0	0	0	0	1
Obesity	0	0	0	0	0	1	0	1	0	0	0	0	2
Opioid-Related	4	4	0	5	2	4	3	10	6	9	10	7	64
Other	1	1	2	0	2	1	2	3	1	3	5	5	26
Pneumonia	1	0	1	0	0	0	0	0	0	0	0	0	2
Pulmonary Disease	1	0	0	0	0	0	0	0	0	1	1	0	3
Sharp Force Trauma	0	0	0	0	0	0	0	0	1	0	0	0	1
Smoke Inhalation	0	0	0	0	0	0	0	0	0	0	1	0	1
Grand Total	**14**	**13**	**11**	**15**	**14**	**14**	**10**	**27**	**12**	**20**	**29**	**21**	**200**