

# **ULSTER COUNTY BOARD OF HEALTH**

February 14, 2023

## **AGENDA**

### **CALL TO ORDER**

#### **1. OLD BUSINESS**

- a. Approval of December 2022 and January 2023 Minutes

#### **2. Commissioner's Report (Dr. Smith)**

- a. COVID Update
- b. Flu Update
- c. Medical Examiner Report

### **MEETING CONCLUSION**



Ulster County Board of Health  
February 14, 2023  
5:00 p.m.  
Golden Hill Office Building  
239 Golden Hill Lane  
Kingston, NY 12401

**PRESENT:** Stephanie Turco, Christy Keegan, Dr. Gina Carena, Kathleen Rogan, Dr. Ashanda Saint Jean, Naomi Stevens

**EXCUSED:** Dr. Marta Sanchez

**ABSENT:**

**UCDOH:** Dr. Carol Smith- Commissioner of Health

**GUEST:** None

**Call To Order:** 5:04 PM

**OLD Business:** A motion to approve the December 2022 minutes was made by Ms. Rogan, seconded by Dr. Carena and unanimously approved. A motion to approve the January 2023 minutes was made by Ms. Keegan, seconded by Ms. Stevens and unanimously approved.

**Commissioner's Update:** Dr Smith reported on the following:

- a. **COVID Update:** Ulster County currently has an 11% positivity rate. The NYS Department of Health (NYSDOH) updated the mask guidance for Health Care Settings (see attached). NYSDOH is aligning with CDC recommendations, requiring wearing a mask in Health Care Facilities to end as of Feb 12<sup>th</sup>. Dr. Smith was advocating for it to continue until flu season ended, as flu is widespread and prevalent (see attached).
- b. **Medical Examiner Stats:** The report was distributed to the Board (see attached). HIDTA (High Intensity Drug Trafficking Areas) produces the Ulster County Overdose Report. Dr. Smith shared this report with the Board (see attached). Dr. Smith would like to hold a meeting with HIDTA to discuss how their data is collected.
- c. **Tobacco Law:** NYS Law states that Tobacco Retailers must be 1500ft from a school and Ulster County Law says 1000ft. The sale of cannabis is 500ft from a school and 250ft from a church. There is a conflict between tobacco and marijuana laws. Dr. Smith stated it is difficult to have leverage regarding closing and violating these facilities without State backing and laws being in alignment.
- d. A discussion ensued regarding permitting and the article in the Daily Freeman

<https://www.dailyfreeman.com/2023/02/10/saugerties-food-truck-festivals-in-doubt-due-to-fees/> . A copy of the UCDOH permit fee scheduled was distributed (see attached).

- d. **The Adjournment:** A motion to adjourn the meeting was made by Dr. Saint Jean, seconded by Ms. Stevens and unanimously approved.

**Next Meeting:** Scheduled for Tuesday, April 11, 2023 at 5:00 PM, Golden Hill Office Building, 239 Golden Hill Lane, Kingston, NY 12401.

Respectfully submitted by:



Kathleen Rogan - Board of Health Secretary



# Department of Health

KATHY HOCHUL  
Governor

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

MEGAN E. BALDWIN  
Acting Executive Deputy Commissioner

Date: February 10, 2023

DAL: DHDC DAL# 23-02  
DHCBS 23-01  
NH DAL #23-02  
DAL# 23-14  
DACF#23-14

Subject: NYSDOH Guidance for use of Face  
Masks and Face Coverings in  
Healthcare Facilities

Dear Chief Executive Officers and Administrators:

This New York State Department of Health correspondence is applicable to all healthcare settings including hospitals, nursing homes, home healthcare and hospice agencies, diagnostic and treatment centers, physician offices, dental offices, local health departments, and office-based surgery practices (adult care facilities are addressed on page 2 of this letter). The purpose of this advisory is to provide updated recommendations for the use of masks and face coverings that all healthcare settings in New York should follow during the ongoing COVID-19 pandemic.

The New York State Department of Health affirms the importance of non-pharmacological infection prevention strategies in health care settings such as appropriate usage of well-fitting face masks. This is a vital infection prevention strategy with a sound evidence base and represents a clear infection prevention standard.

This advisory, effective February 12, 2023, **supersedes** all previous NYSDOH guidance, recommendations, and requirements pertaining to the use of face masks and face coverings for COVID-19-related source control in healthcare facilities in New York. This advisory does not affect any requirements under the [Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel](#).

All **personnel**, regardless of COVID-19 vaccination status, in a healthcare setting (i.e., facilities or entities regulated under **Articles 28, 36, and 40** of the Public Health Law) should wear an appropriate face mask according to the [Centers for Disease Control and Prevention's \(CDC\) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).

The current CDC recommendations apply regardless of COVID-19 vaccination status and are based on [Transmission Levels](#), not on [COVID-19 Community Levels](#). The above CDC recommendations also apply to all **visitors** two years of age and older and able to medically tolerate a face covering/mask.

"Personnel" above means all persons employed or affiliated with a healthcare or residential facility or agency, whether paid or unpaid, including, but not limited to employees, members of the medical and nursing staff, contract staff, students, and volunteers, who engage in activities such that if they were infected with SARS-CoV-2, they could potentially expose patients or residents to the virus.

Note that this definition is the same as that for influenza found in the [Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel](#). The details of which individuals are included as "personnel," along with certain reasonable and necessary exceptions, are also equivalent to those in the [Frequently Asked Questions](#) for the influenza-related masking requirement; however, other elements of the influenza-related masking requirement, such as the influenza-related vaccination component, the prevalence declaration, and the exclusion of visitors, are not applicable to the COVID-19-related masking recommendations.

Facilities or entities regulated under **Articles 28, 36, and 40** should develop and implement policies for personnel and visitor masking based on the CDC and NYSDOH recommendations above. Facility policies should be at least as strict as CDC recommendations and may be stricter at the discretion of the facility.

Healthcare facilities not regulated under **Articles 28, 36, or 40** and private medical and dental practices should strongly consider adhering to these COVID-19 infection prevention and control recommendations. **Facilities and programs operating under the authority of another State agency should follow the masking requirements of that agency.** Adult care facilities (ACFs) should follow [CDC community guidance](#) and [CDC guidance for congregate living settings](#).

In addition to these masking recommendations, healthcare facilities are reminded of the importance of following other infection prevention and control recommendations related to COVID-19 and the continuing obligation for nursing homes and ACFs (and recommendation for other facilities) to encourage residents and staff to receive all recommended vaccinations.

For questions, please write to [icp@health.ny.gov](mailto:icp@health.ny.gov) (hospitals, nursing homes, diagnostic and treatment centers), [bcdc@health.ny.gov](mailto:bcdc@health.ny.gov) (for all other healthcare settings), [covidnursinghomeinfo@health.ny.gov](mailto:covidnursinghomeinfo@health.ny.gov), [covidadultcareinfo@health.ny.gov](mailto:covidadultcareinfo@health.ny.gov), or [covidhomecareinfo@health.ny.gov](mailto:covidhomecareinfo@health.ny.gov).

Sincerely,

John Morley, MD  
Deputy Commissioner  
Office of Primary Care and  
Health Systems Management  
New York State Department of Health

Adam S. Herbst, Esq.  
Deputy Commissioner  
Office of Aging and Long Term Care  
New York State Department of Health

# New York State Department of Health Updates COVID-19 Mask Guidance for Health Care Settings

## Aligning With Federal CDC Recommendations, Required Masking in Health Care Settings to End Feb. 12

### Operators Advised to Implement Mask Policies for Facilities Based on CDC Guidance and Transmission Levels

ALBANY, N.Y. (February 10, 2023) – The New York State Department of Health today issued a COVID-19 advisory for the use of masks and face coverings in health care facilities, aligning the [State's guidance](#) with the latest federal recommendations from the Centers for Disease Control and Prevention (CDC).

The Department continues to affirm the importance of masking as a vital and effective infection prevention strategy. The new guidance, which goes into effect on Feb. 12, advises all operators to develop and implement a masking plan for staff and visitors at their facilities, which includes COVID-19 and uses [Transmission Levels](#), as a minimum threshold.

"March 1<sup>st</sup> represents 3 years since the first COVID-19 case was identified in New York," **Acting State Health Commissioner Dr. James McDonald said.** "Health care workers statewide have performed consistently and heroically throughout this pandemic, and have used masking and other personal protective equipment to protect themselves and their patients. The pandemic is not over, yet we are moving to a transition. As we do, and with safe and effective vaccines, treatments, and more, we are able to lift the State's masking requirement in health care settings as operators now develop and implement their own facility-specific plans, in accordance with federal CDC guidance and the level of transmission in their areas."

The advisory, sent as a [Dear Administrator Letter](#), was issued to all facilities and entities regulated by the Department under Articles 28, 36, and 40 of the Public Health Law. This includes hospitals, nursing homes, home health care and hospice agencies, and diagnostic and treatment centers.

As laid out by the Department, these facilities are expected to follow previously established and required policies for the control of infectious diseases, including COVID-19, that at a minimum adhere to [CDC's guidance](#) and [Transmission Levels](#) system. At any given time, the Department expects facilities' plans to include the policies and procedures necessary to implement a masking requirement when COVID-19 transmission levels are high enough to trigger that recommendation by CDC. Department-regulated facilities may also set requirements that go beyond CDC's guidance, based on their unique circumstances.

Health care settings in New York State that remain outside of the Department's regulatory authority, including private medical and dental practices, are strongly advised to also adhere to these COVID-19 infection prevention and control measures.

New York adult care facilities are recommended by the Department to follow CDC's [community guidance](#) and [guidance for congregate living settings](#). Facilities and programs operating under the authority of another State agency will follow the masking requirements of that agency.

This advisory does not affect any facility requirements unrelated to COVID-19, including those in place for Influenza.

The Department thanks health care operators, providers, staff, and New Yorkers for their work in continuing to adopt important public health measures throughout the pandemic, including masking in health care settings. State health

officials urge everyone six months and older to stay up to date with COVID-19 vaccinations, check transmission levels in their communities, and comply with the individual masking policies that New York facilities will put in place to keep their patients well-protected.

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# 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).<sup>1</sup>

## During the week ending February 04, 2023

- Influenza activity level was categorized as geographically widespread<sup>2</sup>. This is the 18th consecutive week widespread activity has been reported this season.
- Laboratories tested 48,884 specimens for influenza, of which 2,374 (5%) were positive, a 19% decrease over last week.
- Of the 2,256 specimens submitted to WHO/NREVSS clinical laboratories, 9 (0.40%) were positive for influenza A.
- Of the 4 specimens tested at Wadsworth Center, 1 was positive for influenza A (H3) and 2 were positive for influenza A (H1).
- The percent of patient visits for influenza-like illness (ILI<sup>3</sup>) from ILINet providers was 2.25%, below the regional baseline of 3.40%.
- The number of patients hospitalized with laboratory-confirmed influenza was 196, a 48% decrease over last week.
- There were no influenza-associated pediatric deaths reported this week. There have been 9 influenza-associated pediatric deaths reported this season.

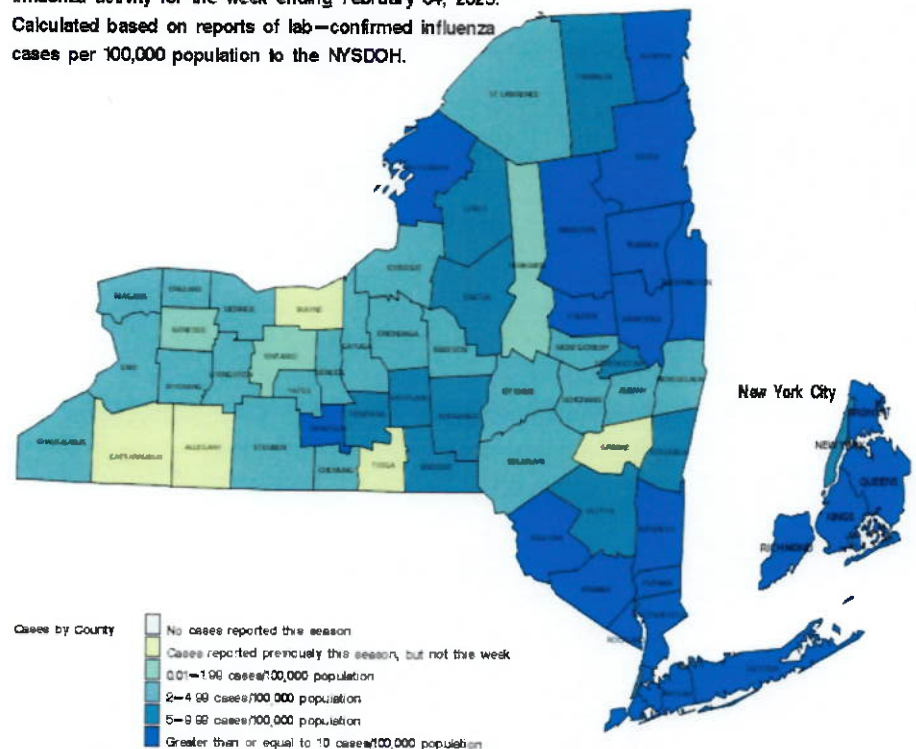
## Laboratory Reports of Influenza (Including NYC)

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

- 57 counties reported cases this week.
- Incidence ranged from 0-97.92 cases/100,000 population.

**Note:** Counties with smaller populations are likely to have an incidence rate greater than 10 cases/100,000 population when fewer (less than 10) lab-confirmed cases have been reported.

Influenza activity for the week ending February 04, 2023.  
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 is greater than 31 of the 62 counties.

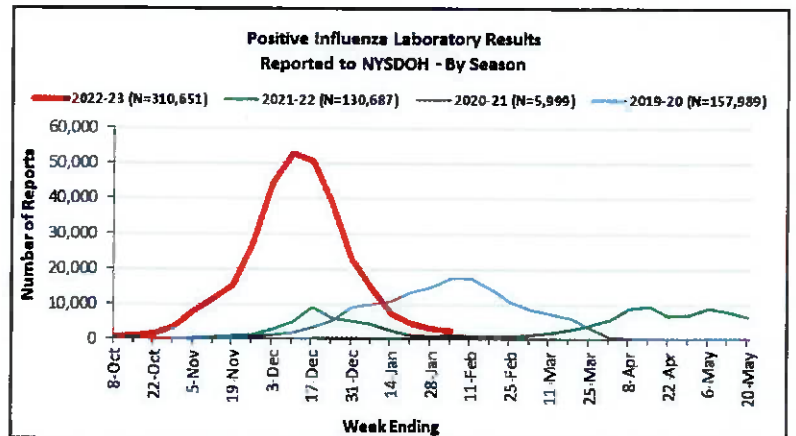
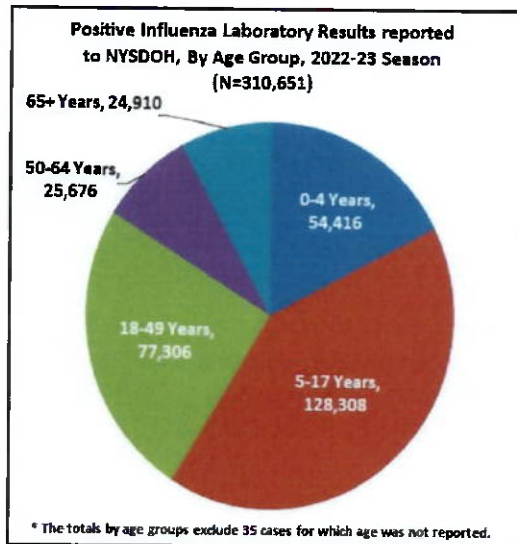
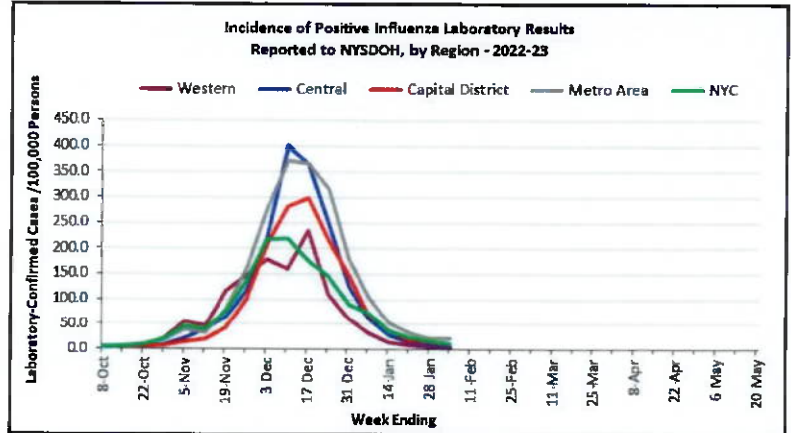
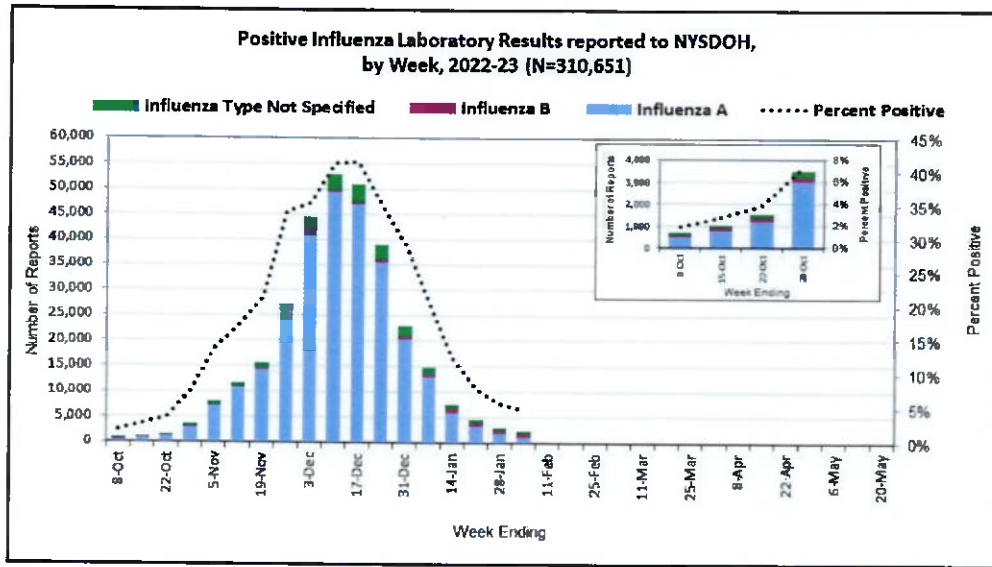
Increased or sustained is defined as 2 or more cases of laboratory-confirmed influenza per 100,000 population.

<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).

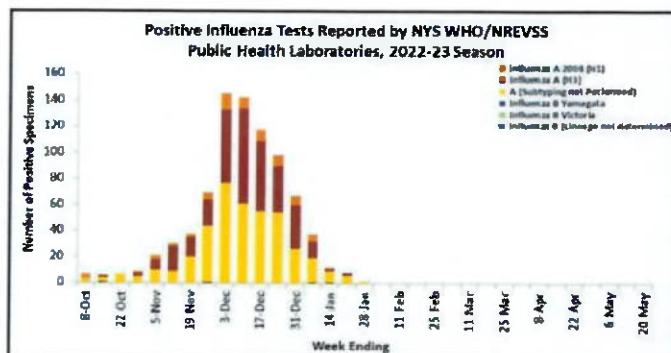
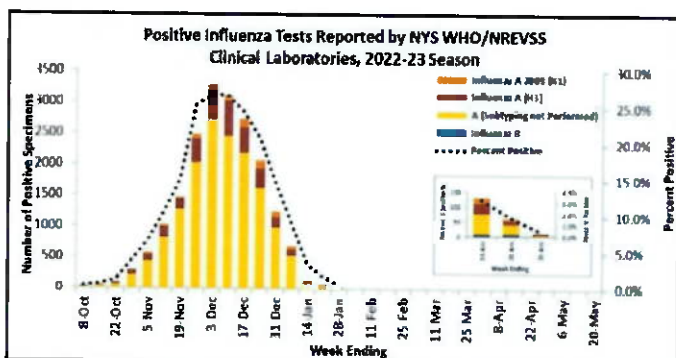
County-level data is displayed on the NYS Weekly Influenza Surveillance (Interactive Views) at <https://nyshc.health.ny.gov/web/nyapd/new-york-state-flu-tracker>. To download the data, please go to Health Data NY at <https://health.data.ny.gov/Health/Influenza-Laboratory-Confirmed-Cases-By-County-Beg/jr8b-6qh6>.



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

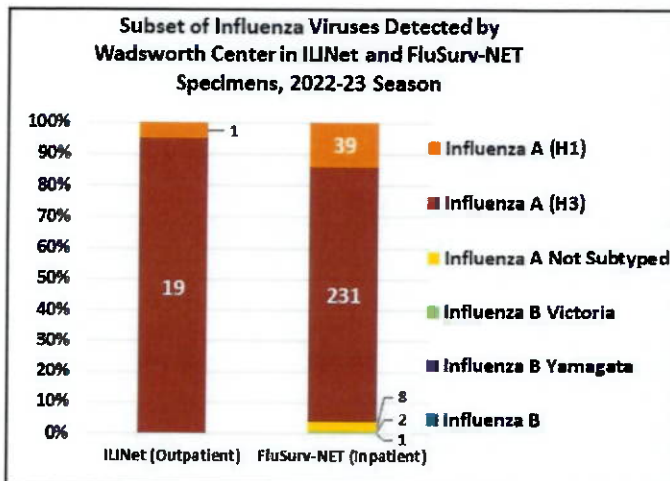
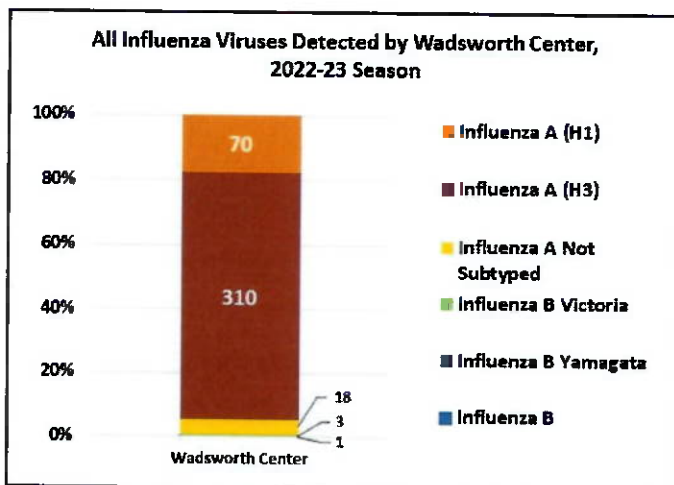
Clinical laboratories that are WHO and/or NREVSS collaborating laboratories for virologic surveillance report weekly the number of respiratory specimens tested and the number positive for influenza types A and B to CDC. Since denominator data is provided, the weekly percentage of specimens testing positive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

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



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

Wadsworth Center, the NYSDOH public health laboratory, tests specimens from sources including, outpatient healthcare providers (ILINet) and hospitals (FluSurv-NET). There are 2 common subtypes of influenza A viruses – H1 and H3. Wadsworth also identifies the lineage of influenza B specimens Yamagata or Victoria. Rarely, an influenza virus is unable to have its subtype or lineage identified by the laboratory. Wadsworth sends a subset of positive influenza specimens to the CDC for further virus testing and characterization.



## Influenza Antiviral Resistance Testing

The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance.<sup>4</sup>

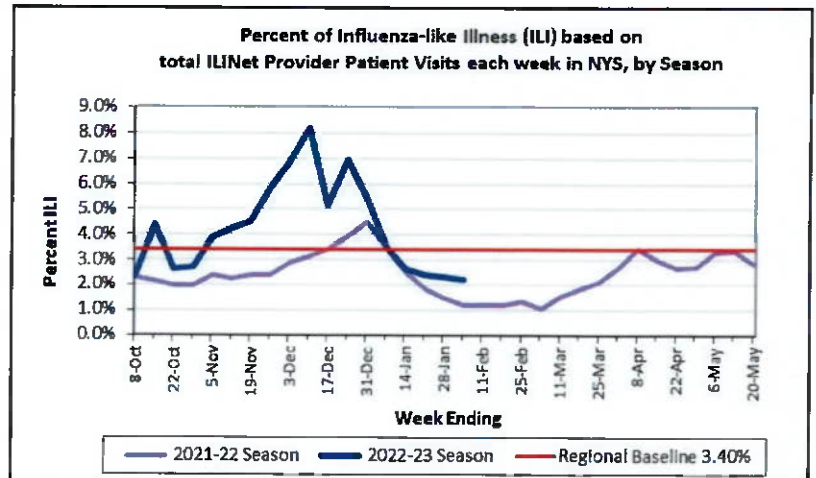
Data will be displayed here later in the season.

## 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 3.40%. 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.

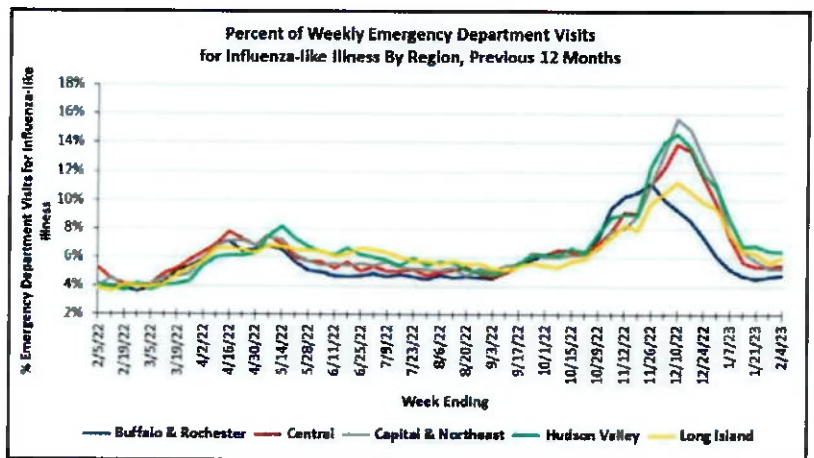


## Emergency Department Visits for ILI-Syndromic Surveillance (excluding NYC)

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.

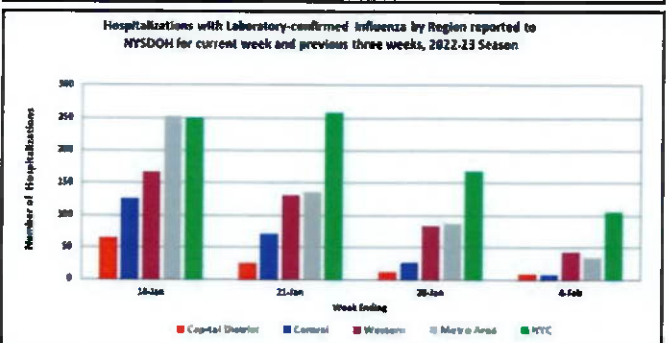
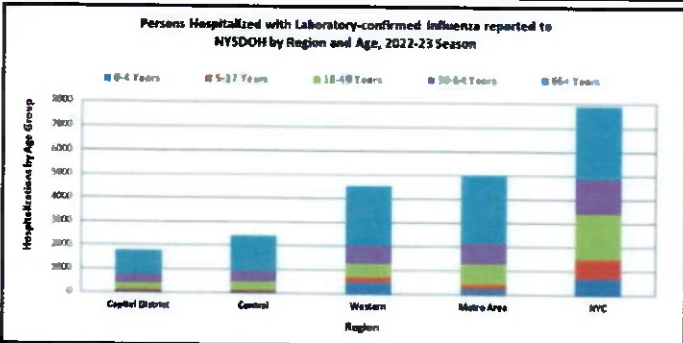
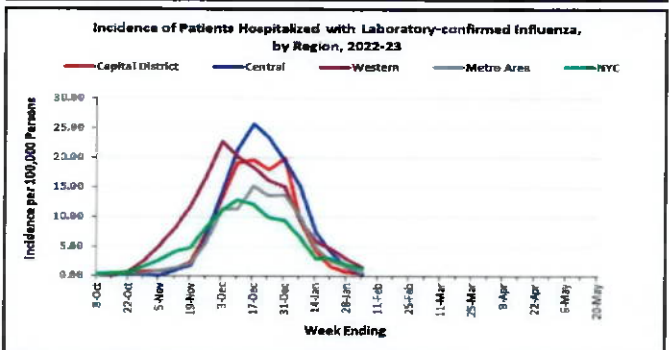
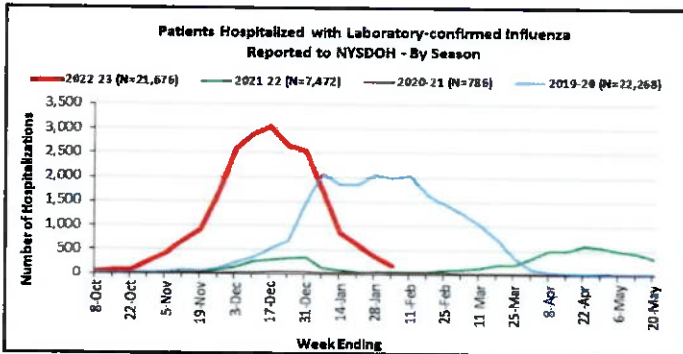
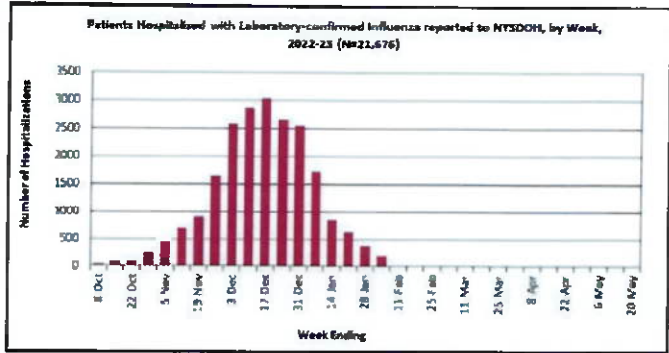
Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.



<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.
- The following graphs display incidence admissions “newly admitted”.
- 179 (95%) of 188 hospitals reported this week.



## 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>5</sup>

Week-to-Date (CDC week - 5) 1/29/2023 through 2/4/2023	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* lab-confirmed influenza (any type)			0			0	3	3	6			0	3	3	6
# Outbreaks* viral respiratory illness**			0			0			0			0	0	0	0
<b>Total # Outbreaks</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>6</b>
Season-to-Date (CDC week - 5) 10/2/22 through 2/4/2023	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)	16	45	61	14	43	57	130	152	282	23	69	92	183	309	492
# Outbreaks* viral respiratory illness**			0			0			0			0	0	0	0
<b>Total # Outbreaks</b>	<b>16</b>	<b>45</b>	<b>61</b>	<b>14</b>	<b>43</b>	<b>57</b>	<b>130</b>	<b>152</b>	<b>282</b>	<b>23</b>	<b>69</b>	<b>92</b>	<b>183</b>	<b>309</b>	<b>492</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

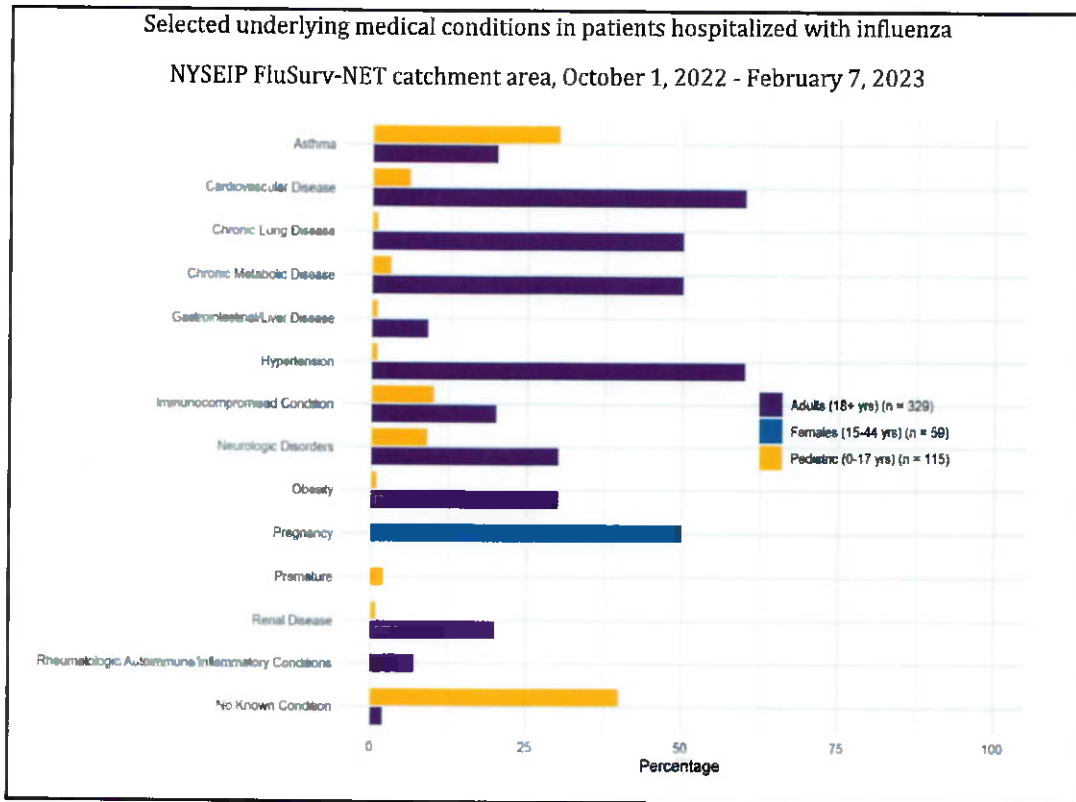
\*\* Includes influenza-like illness outbreaks where no testing is performed or where an alternate etiology was identified (excludes COVID-19)

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)

<sup>5</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)

### Influenza Hospitalization Surveillance Network (FluSurv-NET)

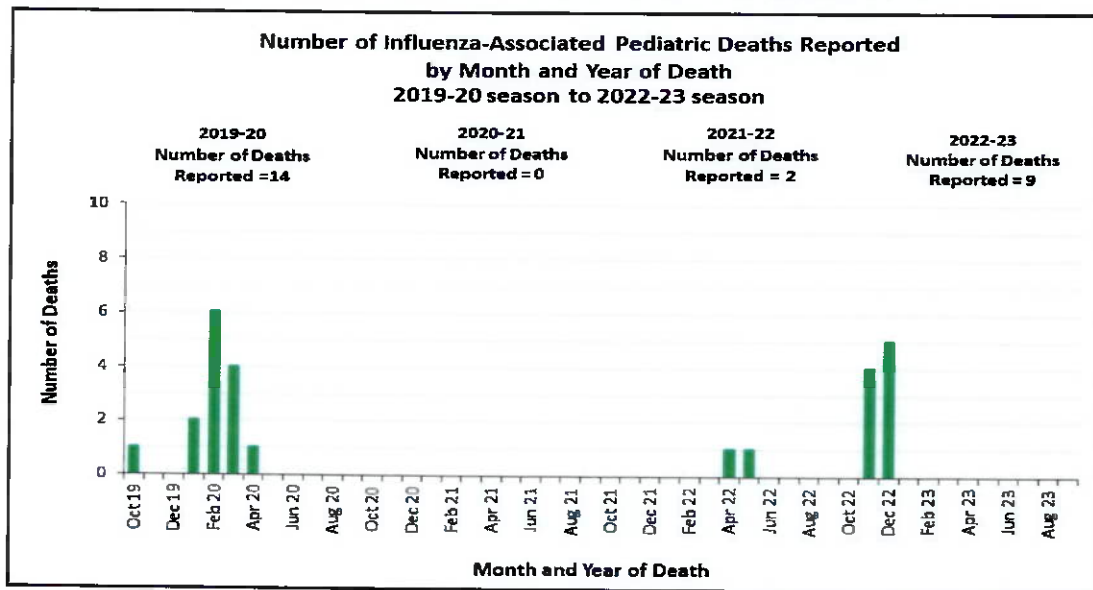
As part of the CDC's FluSurv-NET, the NYS Emerging Infections Program (EIP) conducts enhanced surveillance for hospitalized cases of laboratory-confirmed influenza among residents of 15 counties.<sup>6</sup> Underlying health conditions are assessed through medical chart reviews for cases identified during the season.<sup>7</sup>



### 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.



Department of Health

<sup>6</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  
<sup>7</sup>Data are based on medical record reviews for hospitalized cases currently under investigation and should be considered preliminary.

# Ulster County Overdose Report

January 2023



For inquiries, please contact:  
Crime Analyst Ariel Rovere  
[arov@co.ulster.ny.us](mailto:arov@co.ulster.ny.us)

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Prepared by: [NY/NJ HIDTA Crime Analyst Ariel Rovere](#)



# Ulster County Overdose Report

Contact information: [Crime Analyst Ariel Rovere](#)  
Email: [arov@co.ulster.ny.us](mailto:arov@co.ulster.ny.us)

January 2023

Date: 02/14/2022

## Overdose Report Table of Contents

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Prepared by: [NY/NJ HIDTA Crime Analyst Ariel Rovere](#)





# Ulster County Overdose Report

Contact information: [Crime Analyst Ariel Rovere](#)  
Email: [arov@co.ulster.ny.us](mailto:arov@co.ulster.ny.us)

January 2023

Date: 02/14/2022

## NY/NJ HIDTA MISSION

The mission of the NY/NJ HIDTA is to invest in partnerships to build safe and healthy communities. HIDTA-funded initiatives aim to facilitate the timely and accurate sharing of criminal and drug intelligence among partner agencies, enabling them to more effectively target regional and international drug trafficking and money laundering organizations, drug gangs, drug fugitives, and other serious crimes with a drug nexus. In addition, the NY/NJ HIDTA is partnering with public health agencies and law enforcement agencies in the region to better evaluate trends in illicit drug use and develop more targeted outreach and prevention campaigns.



## NATIONAL HIDTA MISSION

The mission of the National HIDTA Program is to disrupt the market for illegal drugs in the United States by assisting federal, state and local law enforcement entities participating in the HIDTA Program to dismantle and disrupt drug trafficking organizations, with particular emphasis on drug trafficking regions that have harmful effects on other parts of the United States.

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Prepared by: [NY/NJ HIDTA Crime Analyst Ariel Rovere](#)

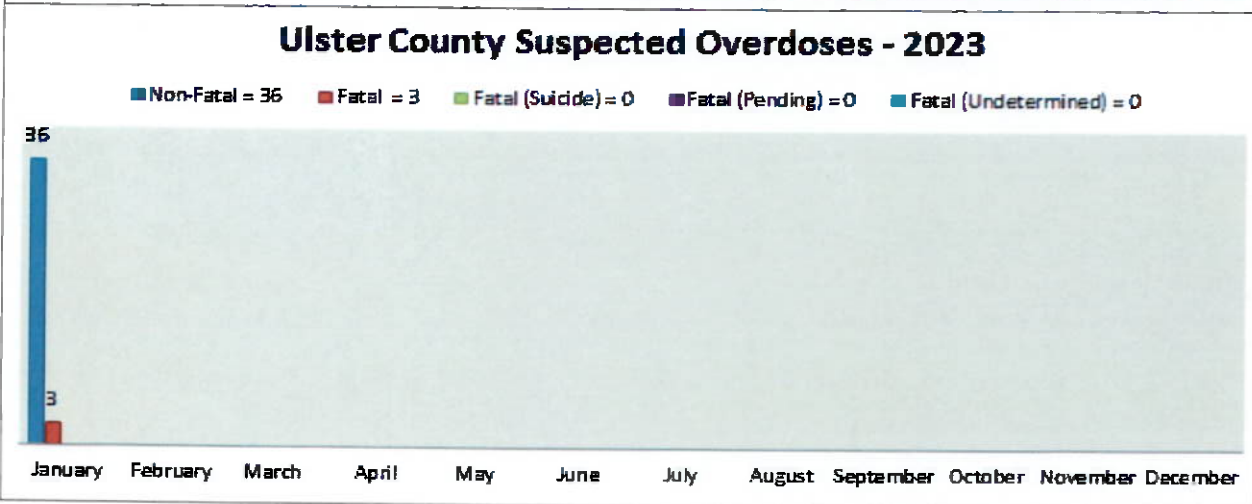
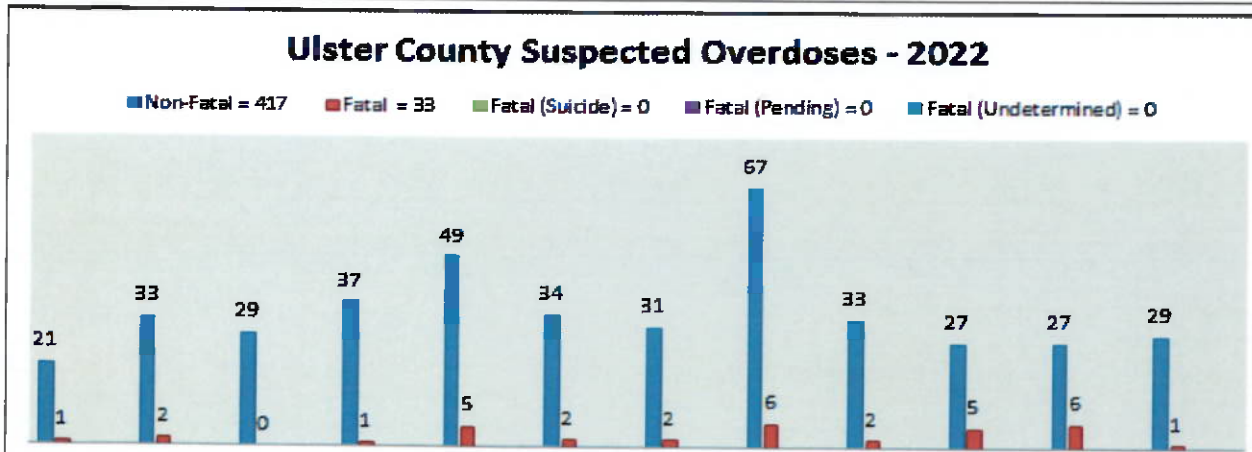


# Ulster County Overdose Report

Contact information: [Crime Analyst Ariel Rovere](#)  
Email: [arov@co.ulster.ny.us](mailto:arov@co.ulster.ny.us)

January 2023

Date: 02/14/2022



January 2023 total suspected incidents: 39

Non-Fatal: 36

Fatal: 3

Yearly 2023 total suspected incidents: 39

Non-Fatal: 36

Fatal: 3

Same time last year (2022): 22

Non-Fatal: 21

Fatal: 1

*Suspected drugs reported may change, pending toxicological confirmation, when available.*

*Please note that data entered into the RMS system and ODMAP are used to compile this NY/NJ HIDTA Monthly Overdose Report. Data are preliminary and may differ from reports provided by other sources.*

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Prepared by: [NY/NJ HIDTA Crime Analyst Ariel Rovere](#)



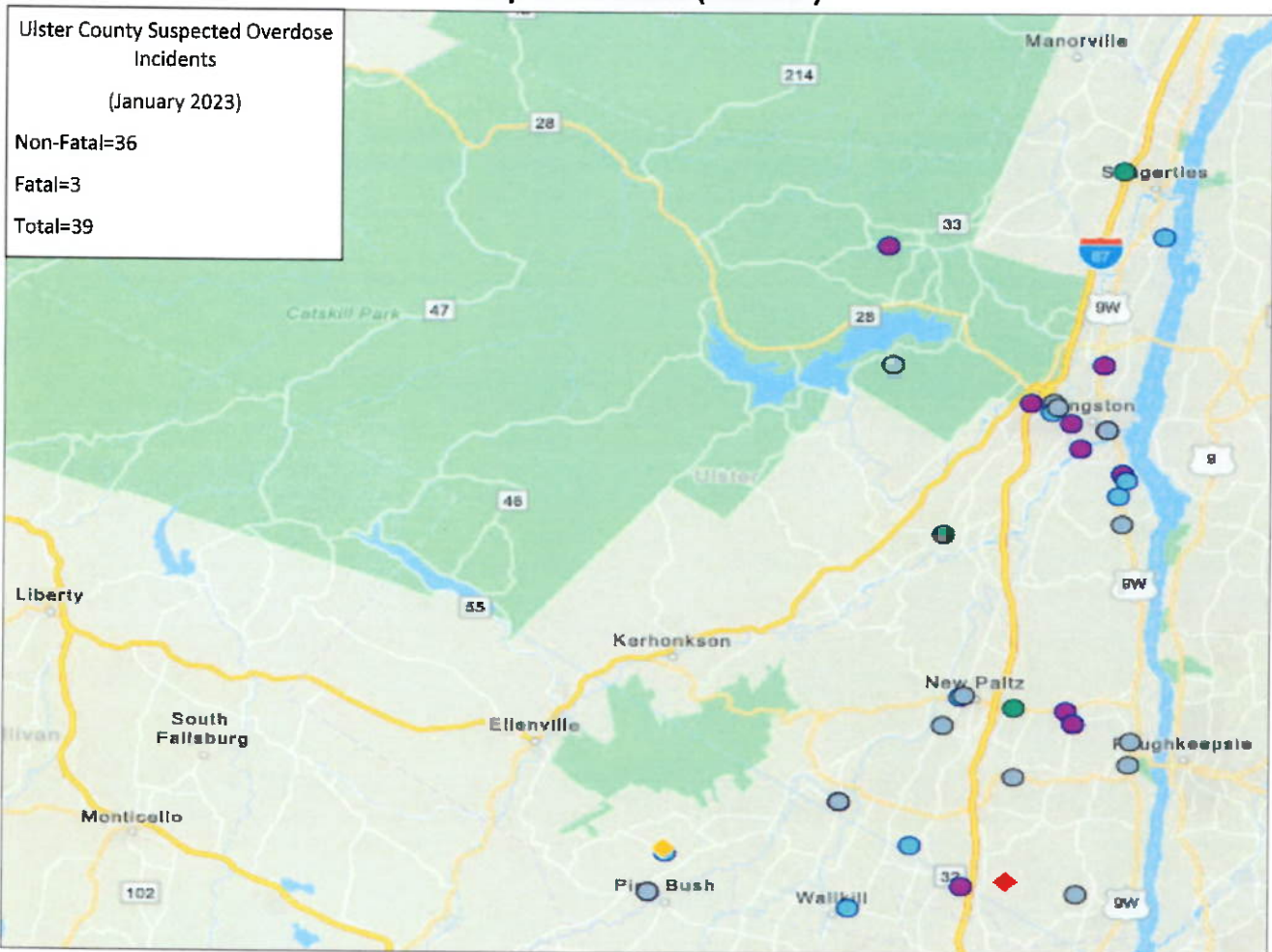
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January 2023

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## Map of Incidents (ODMAP)



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# Ulster County Overdose Report

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Email: [arove@co.ulster.ny.us](mailto:arove@co.ulster.ny.us)

January 2023

Date: 02/14/2022

## Suspected Overdoses Broken Down by Department and Naloxone (Narcan) Usage

1.

Agency	December 2022			YTD 2022		
	Non-Fatal	Fatal	Total	Non-Fatal	Fatal	Total
Village of Ellenville PD	-	-	-	-	-	-
City of Kingston PD	5	-	-	5	-	5
Lloyd PD	-	-	-	-	-	-
Marlborough PD	-	-	-	-	-	-
New Paltz PD	2	-	-	2	-	5
Olive PD	-	-	-	-	-	-
Plattekill PD	-	-	-	-	-	-
Rosendale PD	1	-	-	1	-	1
Saugerties PD	1	-	-	1	-	1
Shandaken PD	-	-	-	-	-	-
Shawangunk PD	1	1	2	1	1	2
State Police	6	1	7	6	1	7
Ulster County Sheriff's Office	5	1	6	5	1	6
Ulster PD	-	-	-	-	-	-
Woodstock PD	1	-	-	-	-	-
<b>Total</b>	<b>22</b>	<b>3</b>	<b>25</b>	<b>22</b>	<b>3</b>	<b>25</b>

\*Data collected from overdose forms submitted from Law Enforcement Agencies\*

2.

January 2023	
Narcan Usage	Total
Non-Fatal (Multiple Doses)	12
Non-Fatal (Unknown)	13
Non-Fatal (No Narcan)	8
Non-Fatal (Single Dose)	3
Fatal (Multiple Doses)	1
Fatal (Unknown)	
Fatal (No Narcan)	1
Fatal (Single)	1
<b>Grand Total</b>	

\*Data collected from ODMAP\*

**Notes:**

- Fatal incidents are highlighted in red.
- Table 2 displays naloxone (Narcan) usage.
- Suspected results may change, pending toxicology reports.

**Note:** Naloxone/Narcan administrations reported were not necessarily made by the police department itself, as community members, fire departments, or ambulance services may have administered prior to patrol arrival.

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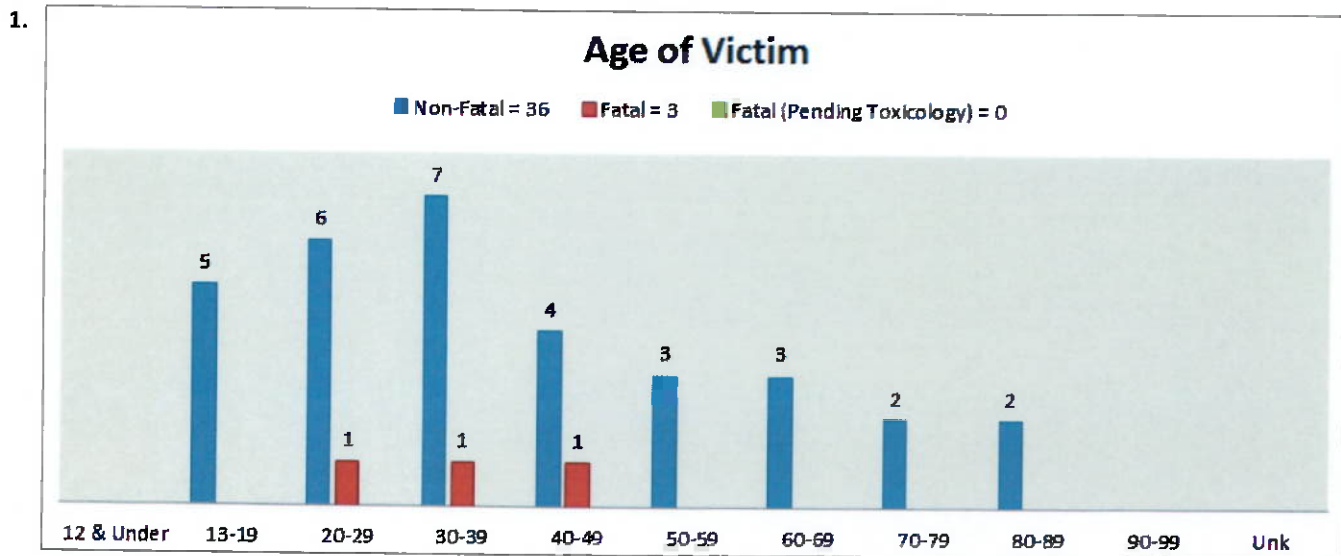
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January 2023

Date: 02/14/2022

## Demographic Information



2.

Month	Female	Male	Unknown	Total
January	18	21	0	39

3.

Month	Minimum Age	Maximum Age	Average Age
January	17	83	50

### Notes:

- Graph 1 displays the age range of the victims.
- **Age 30-39** had the most suspected victims.
- Table 2 displays **18 of the suspected victims are female and 21 are male.**
- Table 3 displays the lowest, highest, and average ages.

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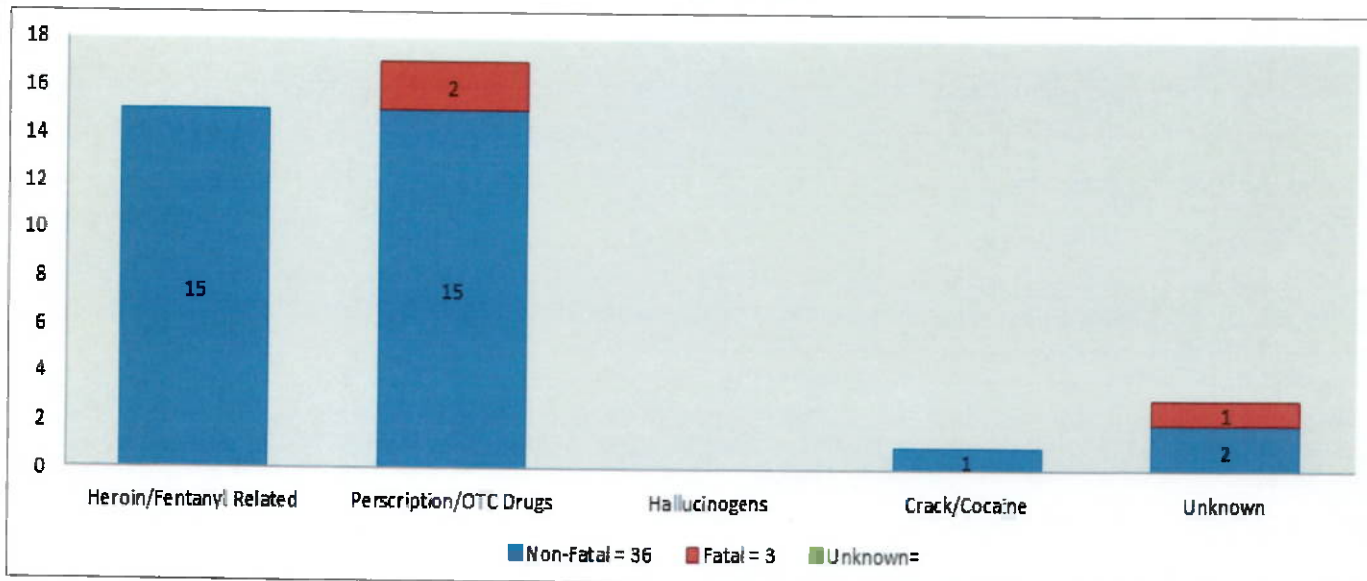
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January 2023

Date: 02/14/2022

## Suspected Drugs



### Notes:

- The data was generated by information that was reported into ODMAP and overdose forms submitted by Law Enforcement Agencies.

*Suspected drugs reported may change, pending toxicological confirmation, when available.*

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Prepared by: [NY/NJ HIDTA Crime Analyst Ariel Rovere](mailto:arov@co.ulster.ny.us)

# 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

<i>Cases by Gender</i>	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
<b>Grand Total</b>	<b>14</b>	<b>13</b>	<b>11</b>	<b>15</b>	<b>14</b>	<b>14</b>	<b>10</b>	<b>27</b>	<b>12</b>	<b>20</b>	<b>29</b>	<b>21</b>	<b>200</b>

<i>Cases by Manner</i>	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	15	6	88
Homicide	1	0	0	0	0	0	0	1	2	1	0	0	5
Natural	7	8	6	1	8	6	4	13	2	6	12	6	79
Pending	0	0	0	0	0	0	0	0	0	0	1	8	9
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
<b>Grand Total</b>	<b>14</b>	<b>13</b>	<b>11</b>	<b>15</b>	<b>14</b>	<b>14</b>	<b>10</b>	<b>27</b>	<b>12</b>	<b>20</b>	<b>29</b>	<b>21</b>	<b>200</b>

<i>Cases by Category</i>	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	3	0	0	3	0	1	2	4	1	0	5	1	20
Opioid w/ Other Substances	0	3	0	2	2	3	1	5	5	9	5	2	37
Opioid w/ Other Substances and Alcohol	1	1	0	0	0	0	0	1	0	0	0	0	3
Other	2	1	2	0	2	1	2	3	1	3	4	1	22
Pending	0	0	0	0	0	0	0	0	0	0	1	2	3
Pending - Suspected Opioid	0	0	0	0	0	0	0	0	0	0	0	6	6
Pneumonia	1	0	1	0	0	0	0	0	0	0	0	0	2

# 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

Pulmonary Disease	0	0	0	0	0	0	0	0	0	0	1	1	0	2
Sharp Force Trauma	0	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	0	1	0	1
<b>Grand Total</b>	<b>14</b>	<b>13</b>	<b>11</b>	<b>15</b>	<b>14</b>	<b>14</b>	<b>10</b>	<b>27</b>	<b>12</b>	<b>20</b>	<b>29</b>	<b>21</b>		<b>200</b>



**UCDOH Permit and Service Fee Schedule**

Permit/service	LOGOS Payment Code	Fiscal Code	Fee
Water sample	(EH WATER SAMPLE -)	WS	\$ 40.00
Sewage disposal systems:	(EH SEWAGE FEES -)	SDS	
Daily flow < 1,000			\$ 400.00
Daily flow 1,000 - 10,000			\$ 500.00
Daily flow > 10,000			\$ 600.00
Swimming pool/bathing	(EH BEACH POOLS -)	SP or BB	\$ 200.00
Migrant camps:	(EH MIGRANT FARM -)	FLC	
Capacity 1 - 9			\$ 100.00
Capacity 10 - 25			\$ 150.00
Capacity 26+			\$ 200.00
Children's camps:	(EH CHILD CAMPFEE -)	CC	\$ 200.00
Temp residence: Includes Campgrounds (EH TEMP RES FEES -)			
Seasonal 1 - 10 units		TRS	\$ 100.00
Seasonal 11 - 50 units		TRS	\$ 150.00
Seasonal 50+ units		TRS	\$ 250.00
Year round 1 - 10 units		TRYR	\$ 100.00
Year round 11 - 20 units		TRYR	\$ 150.00
Year round 21 - 100 units		TRYR	\$ 250.00
Year round >100		TRYR	\$ 500.00
Food service:	(EH FOOD SRVC FEE -)		
Mobile carts			
Seats < 25		SFMU	\$ 60.00
Seats 26 - 75		SFYR or SFS	\$ 100.00
Seats > 75		SFYR or SFS	\$ 225.00
Temporary Food (< 14 days)		SFTP	\$ 300.00
Caterers/commissaries		SFCC	\$ 50.00
Vendors < 25		SFV	\$ 200.00
Vendors 25+		SFV	\$ 50.00
Frozen dessert	(EH FROZEN FOOD -)	SFFD	\$ 100.00
Refuse or sludge disposal (EH REFUSE DISPOS or SLUDGE FEES)		RD or PSD	\$ 25.00
Company (or Truck)			\$ 150.00
ea. additional truck			\$ 30.00

**Other Codes:**

ATUPA Fines	\$300 and up	TOBENF - Township
ATUPA Service Charge - TOBSC	\$250.00	TOBSC - Township
ATUPA Service Charge - TOBSC Hearing Fee	\$100.00	TOBSC - Hearing Fee - Township
Hearing Fees (ADMIN written on Permit)		ADM - "Program Code" - Township
		ADM - "Program Code" - Township
Enforcement Fines	Polystyrene Hearing	ADM - "Program" (Poly) - Township
	(Usually high \$\$ amount)	ENF - "Program Code" - Township
	Polystyrene Fines	ENF - "Program Code" (Poly) - Township
Refund Processing Fee		PF - "Program Code" - Township
Subpoena		SUBP - "Program Code" - Township
Tobacco Permit Late Fee	\$25.00	LF - TOBPRMT - Township
FOLLS		FOLL - Program (Not Code) - Township
ME - Uncertified Death Certificate Fee	\$35.00	
ME - Certified Death Certificate Fee	\$75.00	
<b>WATER SAMPLES ONLY</b>		
<b>WS - "Program" - Township</b>		

NWS Payment Code	
(EH TOBACCO ENFOR -)	
(EH TOBACCO ENFOR -)	
(EH TOBACCO ENFOR -)	
(EH HEARING FEES -)	
(EH FINES/ENF -)	
(EH PROCESS FEE -)	
(EH SUBPOENA FEES -)	
(EH - Late Fees)	
(EH Foil Fees)	

Revised 08/12/21 - JLMR

Notes: Refuse or Sludge Permit #s  
RD Permit # is Numeric  
PSD Permit starts with an "O"

Permit/service (cont'd)	LOGOS Payment Code	Fiscal Code	Fee
Realty Subdivisions: (EH REALTY SUB -)		RS	
< 10 lots			\$ 250.00
10+ lots			\$ 400.00
Line Lot Adjustment		LLA	\$ 100.00
App for Extension of Approval			\$ 150.00
Swimming pool: (EH CONSTRUCTSWIM -)		PCSP	
< 25,000			\$ 100.00
25,000+			\$ 150.00
50,000+			\$ 250.00
Mobile Home Parks: (EH MOBILE HOME -)		MHP	
1 - 4 sites			\$ 150.00
5 - 10 sites			\$ 250.00
11 - 25 sites			\$ 350.00
26 - 99 sites			\$ 500.00
100+			\$ 650.00
Public water supply plan (EH PW SPPLY PLAN -)		PWSPR	
Cost < \$10,000			\$ 150.00
Cost \$10,000 - \$100,000			\$ 300.00
Cost \$100,000+			\$ 500.00
Construct a Water Well *			\$ 250.00
Construct a Resource Well**			\$ 250.00
Decommission a Well			\$ 250.00
Backflow Prevention Device Review			\$ 100.00
Well Contractor Registration			\$ 30.00
* Permit for Community Water Supplies**Cost per site			
Late fee (EH LATE FEES -)		LF - "program code"	
Temporary Food Permits & Tobacco ONLY			\$ 25.00
All Other Permits			\$ 75.00
Public access to records: (EH FOIL FEES -)		FOIL - "Program"	
Regular photocopies			\$ 0.25
Oversized photocopies			na
Returned check fee (EH RETURN CHECK -)		RCF	\$ 20.00