Ulster County Board of Health

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

Date: October 10, 2023

Board Members		**Signature**
Carena MD, Gina	Board Member	
Rogan, Kathleen	Secretary	
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

October 10, 2023

AGENDA

CALL TO ORDER

1. **OLD BUSINESS**

   a. Approval of September 12, 2023 Minutes

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

   a. COVID/ Other Virus Update
      - Wastewater Report
      - Hospitalization Stats
      - COVID Commercialization Transition - https://www.vaccines.gov/search/
      - Fall and Winter Virus Playbook

   b. 2024 Proposed Executive Budget

   c. Medical Examiner
      - Stats

MEETING CONCLUSION

Ulster County Board of Health
October 10, 2023
5:00 p.m.
Golden Hill Office Building
239 Golden Hill Lane
Kingston, NY 12401

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

EXCUSED:

ABSENT:

UCDOH: Dr. Carol Smith- Commissioner of Health

GUEST: None

Call To Order: 5:07 PM

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

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

a. **COVID Wastewater Update:** The Wastewater report was distributed to the Board (See Attached). Dr. Smith stated the results from the COVID testing fluctuates, resulting in a "roller coaster" movement with the numbers. An increase in the number of positive results within an area may be due to an influx in visitors to the area attending activities such as fairs, festivals, and local attractions.

b. **COVID Hospitalization Update:** The Health Alliance COVID hospitalization numbers were reviewed (see attached). The hospital numbers are mostly reported by Health Alliance as Ellenville Regional does not have an ICU and therefore the hospital does not encountering many cases.

c. **COVID Vaccinations:** The COVID vaccine is commercialized. Local health departments will no longer offer it at a POD event (Point of Dispensing). The Ulster County Department of Health (UCDOH)will offer the vaccine free to the uninsured and underinsured population through the Vaccine for Children (VFC)and the Vaccine for Adults (VFA)programs. UCDOH is not set-up to bill insurances, therefore those with insurance will be directed to their local health care provider and/or their local pharmacy.

The Center for Disease Control and Prevention (CDC) released the "2023-2024 Fall and Winter Virus Season Playbook", which contains the latest information regarding

COVID-19, flu, and Respiratory Syncytial Virus (RSV) (see attached).

The most recent "COVID Variant Results" and the most recent "Positive Tests Over Time by Region and County" documents were distributed (see attached). Dr. Smith explained that the positive tests are by lab testing verification only. The positive numbers do not include self-reporting via home tests. These documents clearly demonstrate that the COVID virus is still very much active. This data is frequently updated and can be found: https://coronavirus.health.ny.gov/covid-19-variant-data

d. **2024 Executive Budget:** Dr. Smith reported on the 2024 budget approval process thus far. Most of what UCDOH asked for in the upcoming budget was left in the budget after Executive review. The next step is for UC Legislative review and approval for the final outcome. UCDOH asks included 2 Senior Public Health Sanitarians, salary adjustments for identified staff, and another engineering position. UCDOH budgetary area of concerns include Forensic Pathology Services for the Medical Examiner's Office. The Forensic Pathology Services contract with Westchester Medical Center is due for renewal in April 2024. UCDOH tried to estimate the increase for services based on prior year(s) increases. The entire amount UCDOH estimated for these services was not approved in the Executive review.

e. **Medical Examiner Update:** The Medical Examiner report was distributed to the Board (See Attached). Dr. Smith announced the approval to hire a part time Medicolegal Investigator. Currently, UCDOH has a candidate of interest. This candidate would be coming to the Department with death investigation experience.

Board Inquiry: Ms. Turco inquired about statistics for Opioid deaths over the past several years. Ms. Turco also inquired as to what the County is doing regarding the Opioid epidemic within the community, as well as, how the Opioid Settlement funding received is being utilized. Dr. Smith will invite Kelly Perry, Data Surveillance Coordinator, to the November meeting to present the requested comparative data, as well as, inviting representation from the Department of Mental Health to address the other inquiries.

Adjournment: A motion to adjourn was made by Ms. Stevens, seconded by Ms. Rogan, and unanimously approved.

Next Meeting: Scheduled for Tuesday, November 14,2023 at 5:00 PM, Golden Hill Office Building, 239 Golden Hill Lane, Kingston, NY 12401.

Respectfully submitted by:

Kathleen Rogan, Secretary

Ulster County Wastewater Surveillance Update

DATE: October 03, 2023

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

FROM: Shailla Raymond, MPH

RE: Ulster County Weekly Wastewater Surveillance Data Report

Dashboard | Website

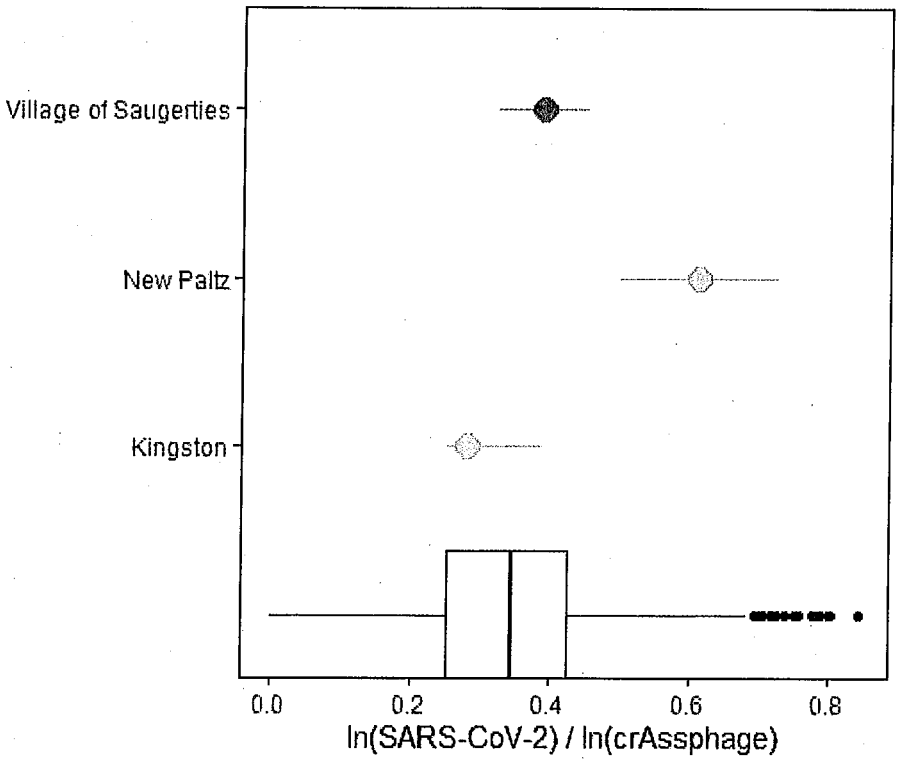
This report contains information **Ulster County** treatment plants over the time period of **2023-09-13 to 2023-09-27.**

All Samples from Ulster County From to				
Collection Date	**Detection Level**	**Compared to NYS**	**Quality Control**	**Two-Week Trend**
Village of Saugerties				
September 27, 2023	Quantifiable	higher	good	increasing
September 13, 2023	Quantifiable	comparable	good	increasing
Kingston				
September 27, 2023	Quantifiable	lower	good	decreasing
September 26, 2023	Quantifiable	lower	good	decreasing
September 20, 2023	Quantifiable	higher	good	decreasing
September 19, 2023	Quantifiable	lower	good	decreasing
September 13, 2023	Quantifiable	lower	good	decreasing
New Paltz				
September 20, 2023	Quantifiable	higher	alert[1]	increasing
September 13, 2023	Quantifiable	higher	good	increasing

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 2023-09-13 to 2023-09-27

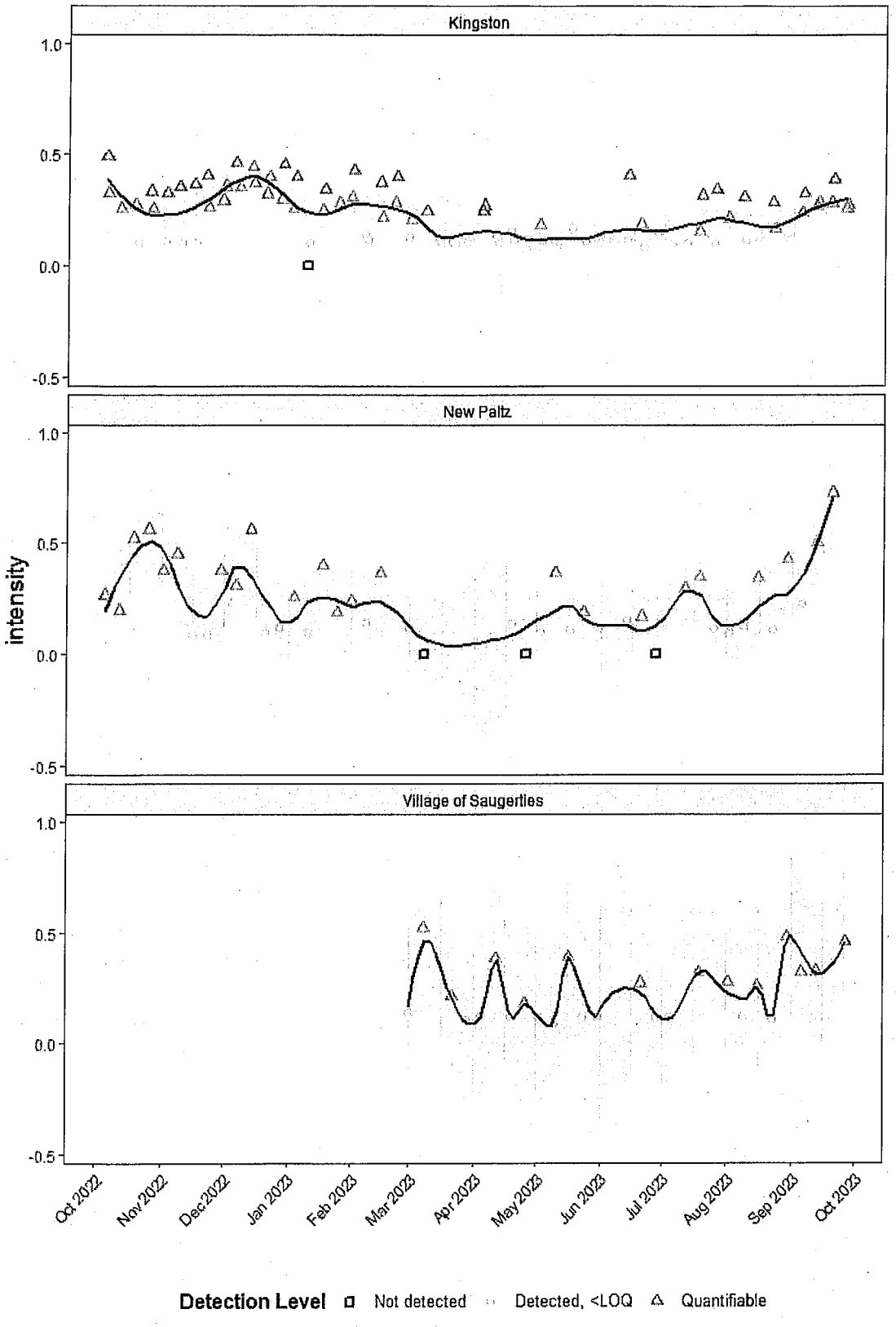


Points represent the SARS-CoV-2 intensity of samples taken at the influent over the last two weeks. The box plot represents all SARS-CoV-2 values from the previous two weeks as observed from wastewater treatment facilities across New York. The box plot shows the median (solid line), first and third quartiles (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 September 27, 2023 is lower when compared to New York State values.

The most recent sample from New Paltz on September 20, 2023 is higher when compared to New York State values.

The most recent sample from Village of Saugerties on September 27, 2023 is higher when compared to New York State values.


Kingston
New Paltz
Village of Saugerties
intensity
1.0
0.5
0.0
-0.5
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
Jun 2023
Jul 2023
Aug 2023
Sep 2023
Oct 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.

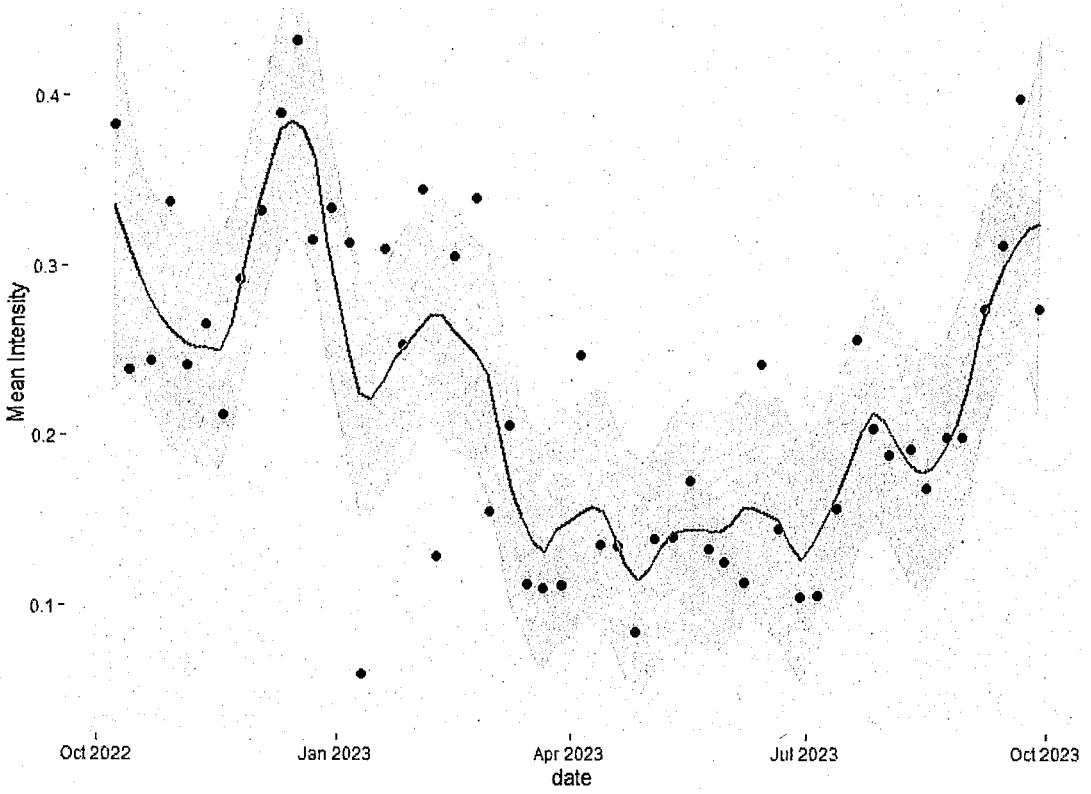
The level of SARS-CoV-2 RNA can tell us roughly how many cases can be expected in a population.

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

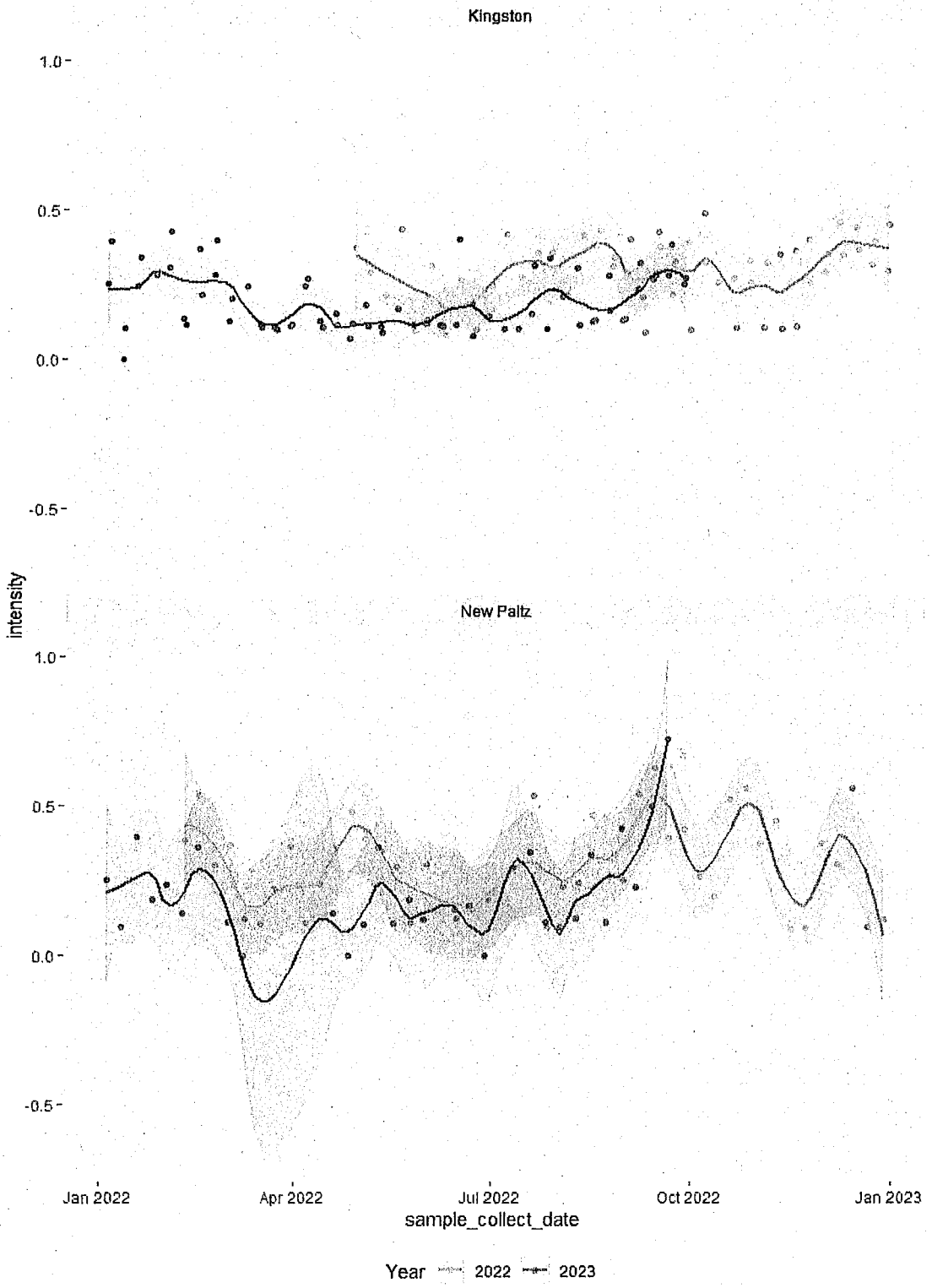
The most recent sample from Kingston on September 27, 2023, had a detection level of "Quantifiable" suggesting daily case incidence of more than 50 cases per 100,000 people.

The most recent sample from New Paltz on September 20, 2023, had a detection level of "Quantifiable" suggesting daily case incidence of more than 50 cases per 100,000 people.

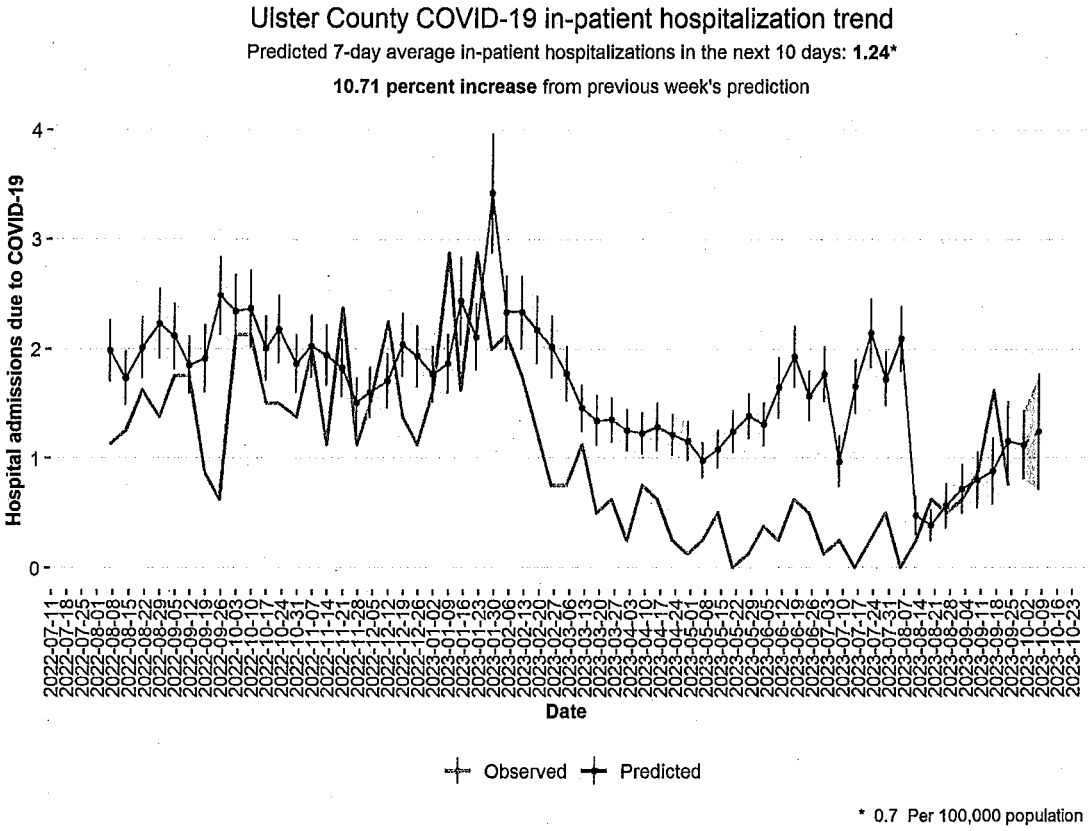
The most recent sample from Village of Saugerties on September 27, 2023, had a detection level of "Quantifiable" suggesting daily case incidence of more than 50 cases per 100,000 people.



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.

UPDATE AUGUST 4, 2023: With the end of the emergency declaration on May 11, 2023, several hospitals changed how they report case data including no longer reporting negative PCR test results. This resulted in an artificial increase in test positivity in those counties and negatively impacted our forecasting. Due to this change, we have removed test positivity and replaced it with the 7-day average of active cases. While not as reliable as test positivity was, this change has helped move the predictions closer to what we are observing.

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.

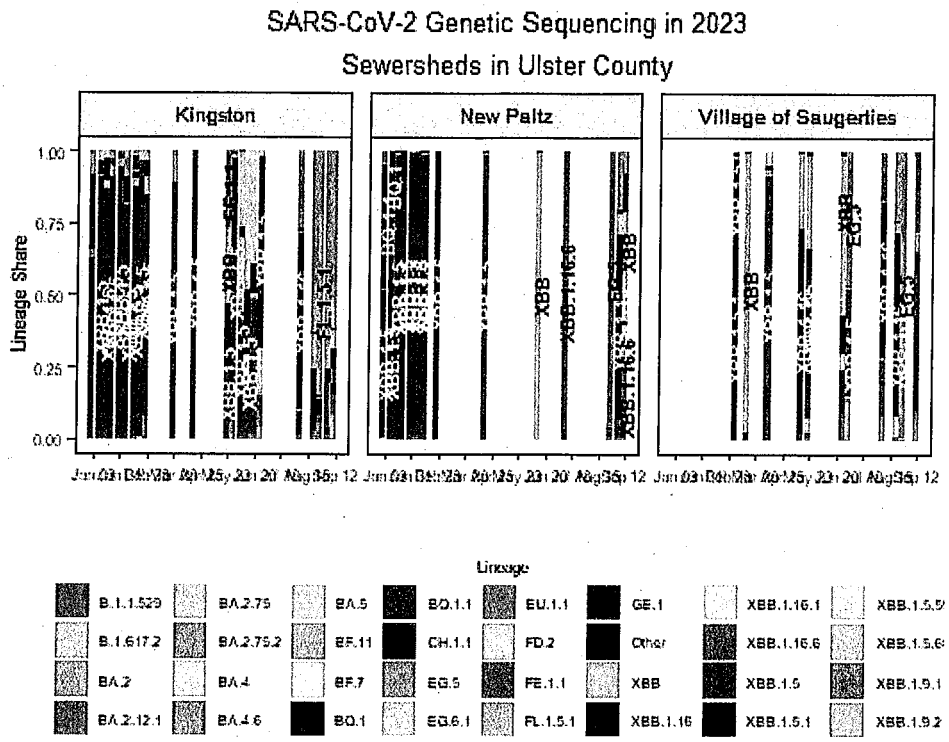
SARS-CoV-2 Genetic Sequencing Data
In Ulster County and New York State

Variant	Label	Presence within last four weeks[1]	Presence within last six weeks[2]
CURRENT STATUS			
BA.2	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
BA.2.75	Variant under monitoring	not detected in state or county	not detected in state or county
BA.2.86	Variant under monitoring	detected at state-level	not detected in state or county
BA.5	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
BQ.1	Variant of concern; Omicron subvariant under monitoring	not detected in state or county	not detected in state or county
CH.1.1	Variant under monitoring; Omicron subvariant under monitoring	detected at state-level	detected at state-level
EG.5	Variant of interest; Omicron subvariant under monitoring	detected in county	detected at state-level
EG.6.1	Variant of concern; Omicron subvariant under monitoring	detected in county	detected at state-level
EU.1.1	Variant of concern; Omicron subvariant under monitoring	detected in county	detected at state-level
FD.1.1	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
FD.2	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected at state-level
FE.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 in county	detected in county
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 in county
HV.1	Variant of concern; Omicron subvariant under monitoring	detected in county	detected in 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 in county	detected in county
XBB.1.16.1	Variant of concern; Omicron subvariant under monitoring	detected in county	detected at state-level
XBB.1.16.11	Variant of concern; Omicron subvariant under monitoring	detected in county	detected in county
XBB.1.16.15	Variant of concern; Omicron subvariant under monitoring	detected in county	detected at state-level
XBB.1.16.6	Variant of concern; Omicron subvariant under monitoring	detected in county	detected in county
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 in county	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	not detected in state or county
XBB.1.5.70	Variant of concern; Omicron subvariant under monitoring	detected in county	detected at state-level
XBB.1.5.72	Variant of concern; Omicron subvariant under monitoring	detected in county	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 in county	detected at state-level
XBB.2.3	Variant under monitoring; Omicron subvariant under monitoring	detected in county	detected at state-level
XBB.2.3.8	Variant of concern; Omicron subvariant under monitoring	detected at state-level	detected in county

[1] Samples collected from Aug 13, 2023 to Sep 14, 2023
[2] Samples collected from Jul 30, 2023 to Sep 14, 2023

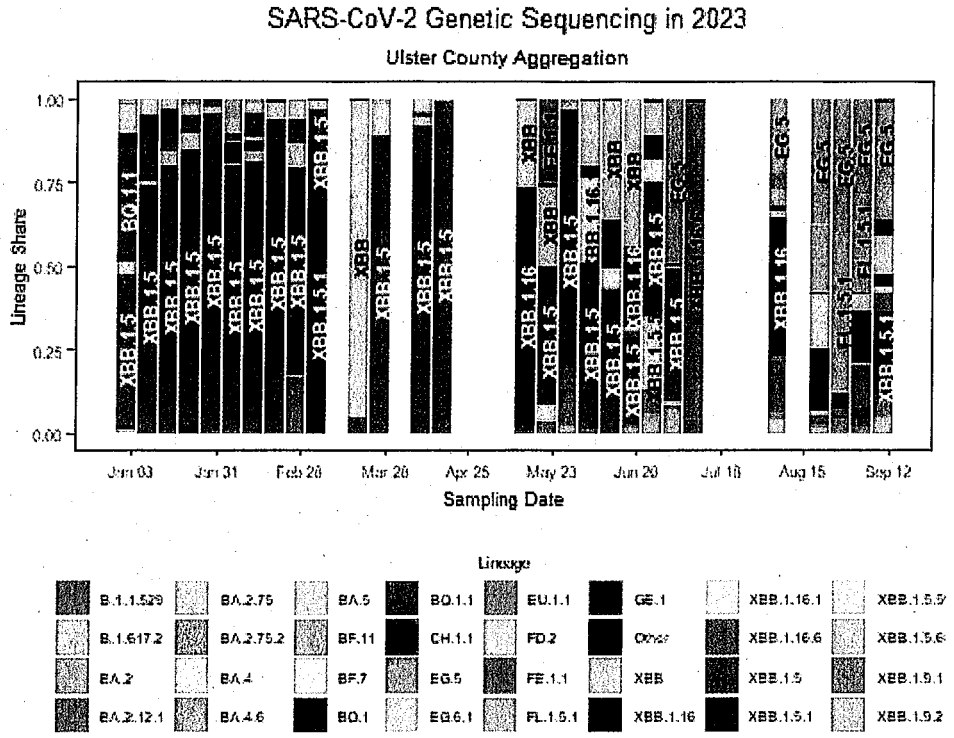
County level variants under monitoring table in the last four and six weeks This table shows variants being monitored by various public health organizations. Variant name, source of information, monitoring status of variant, and presence within the county and state within the last four and six weeks 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.



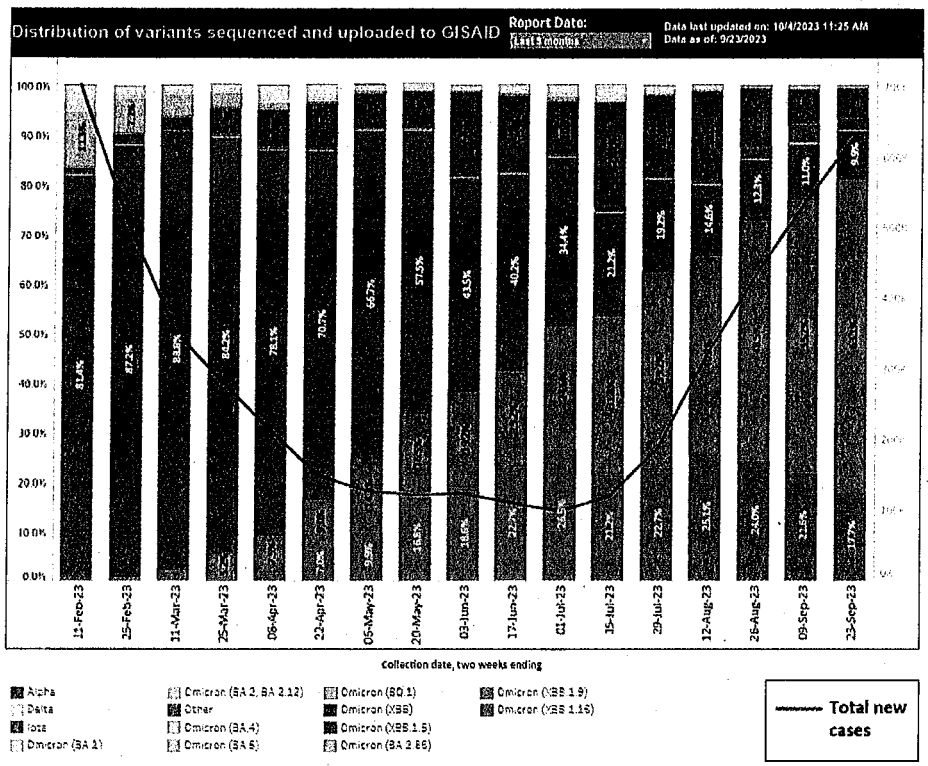
County aggregation of SARS-CoV-2 genetic sequencing throughout time

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.

HealthAlliance Kingston			
Date	Number of confirmed COVID-19 patients CURRENTLY being treated	Number of confirmed COVID-19 patients being treated in ICU	COVID-19 Deaths
10/10/2023	8	0	0

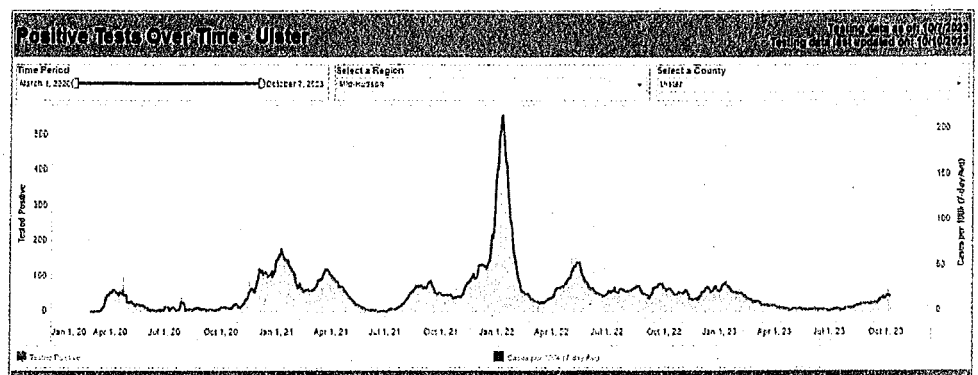
HealthAlliance Kingston			
Date	Number of confirmed COVID-19 patients CURRENTLY being treated	Number of confirmed COVID-19 patients being treated in ICU	COVID_19 Deaths
10/10/2023	8	0	0

COVID-19 Variant Results



Positive Tests Over Time, by Region and County

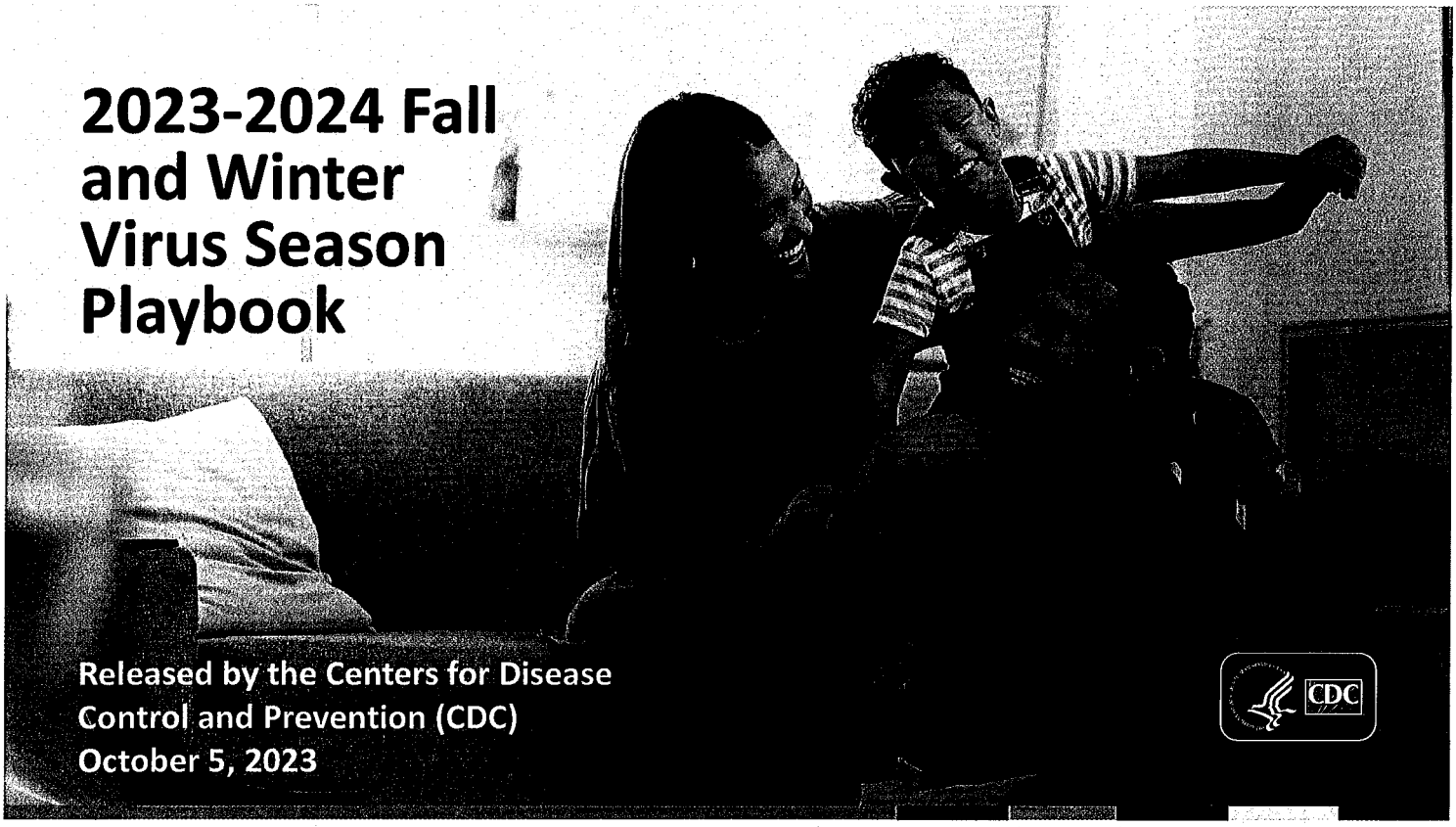
POSITIVE TESTS OVER TIME, BY REGION AND COUNTY



		Tested Positive	Cases per 100k	Cases per 100k (7-day Avg)
	Wyoming	7	5.0	6.1
	Yates	0	0.0	5.8
Long Island	Region Total	116	4.1	15.9
	Nassau	58	4.3	16.0
	Suffolk	58	3.9	15.9
Mid-Hudson	Region Total	130	5.6	13.6
	Dutchess	23	7.8	12.5
	Orange	30	7.9	14.2
	Putnam	3	3.0	12.4
	Rockland	12	3.7	11.8
	Sullivan	9	11.9	20.6
	Ulster	16	9.0	17.0
	Westchester	37	3.8	13.2
Mohawk Valley	Region Total	28	5.8	12.6
	Fulton	6	11.2	13.6
	Herkimer	4	6.5	19.4

DOWNLOAD STATEWIDE TESTING DATA

2023-2024 Fall and Winter Virus Season Playbook



Released by the Centers for Disease Control and Prevention (CDC)
October 5, 2023

Updated October 5, 2023

Table of Contents

Using This Playbook

This playbook contains the latest information and clinical guidance *(as of October 5, 2023)* on fall and winter virus season to help guide your planning and communications around COVID-19, flu, and RSV.

The topline message we want to highlight is: **the most effective way to protect yourself from the worst outcomes of this season's viruses is to get your fall vaccines.**

As we head into this respiratory virus season, we are starting from a place of strength. We hope you will use these resources to share information with your community and network, encouraging preventive actions – especially vaccination.

Together, we can protect Americans' health.

This Season, There Are More Ways than Ever to Protect Our Health

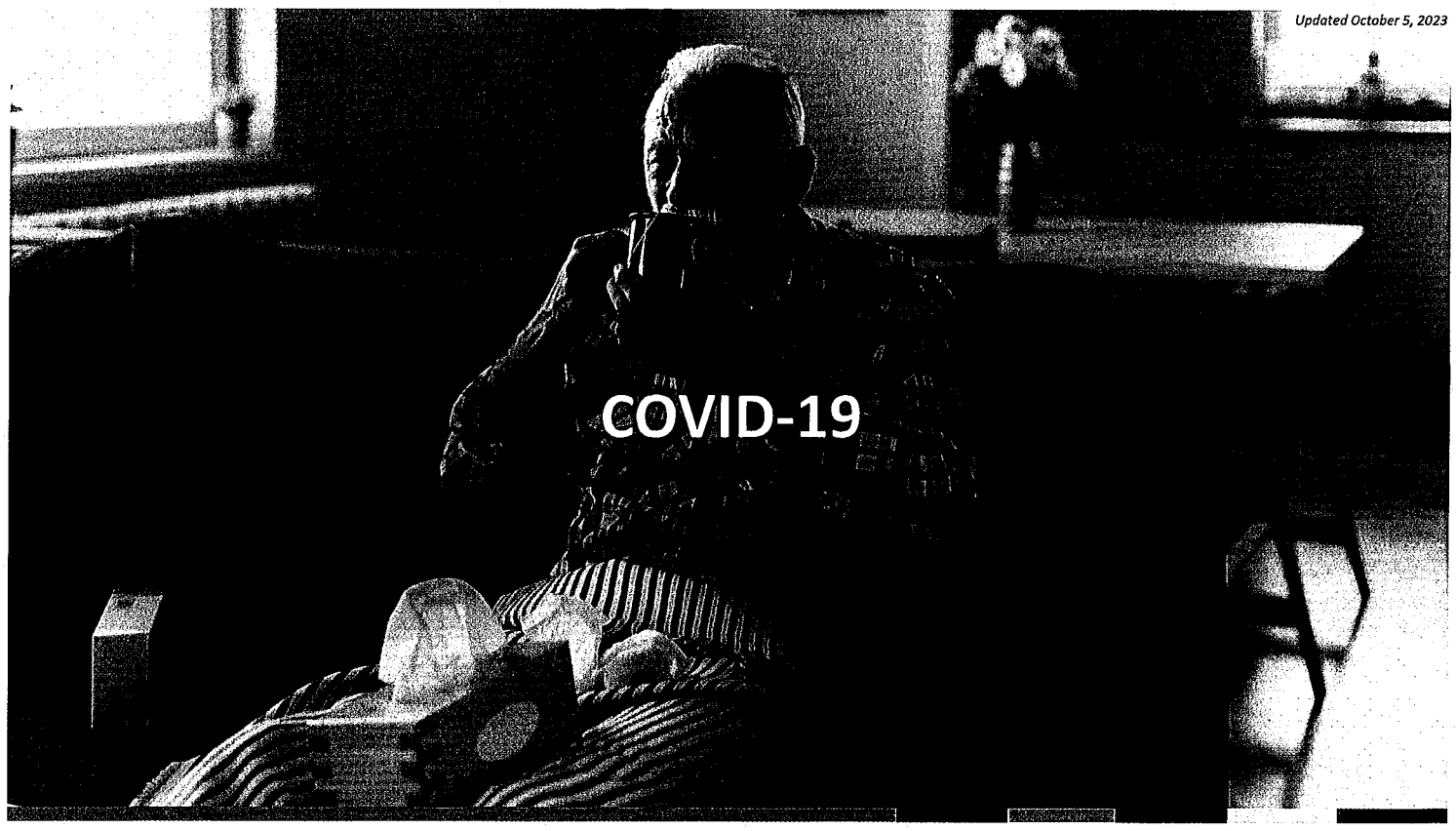
Safe, Updated Vaccines: For the first time ever, vaccines and other preventive antibodies are available for all three major fall and winter respiratory viruses: flu, COVID-19, and RSV.

Widely Available Effective Treatments: Treatments available for flu and COVID-19 can reduce the risk of severe illness, hospitalization, and death.

Rapid Antigen Tests: These tests, some of which can be used at home, can quickly detect viruses so there are no delays in getting treatment and taking steps to protect family and coworkers.

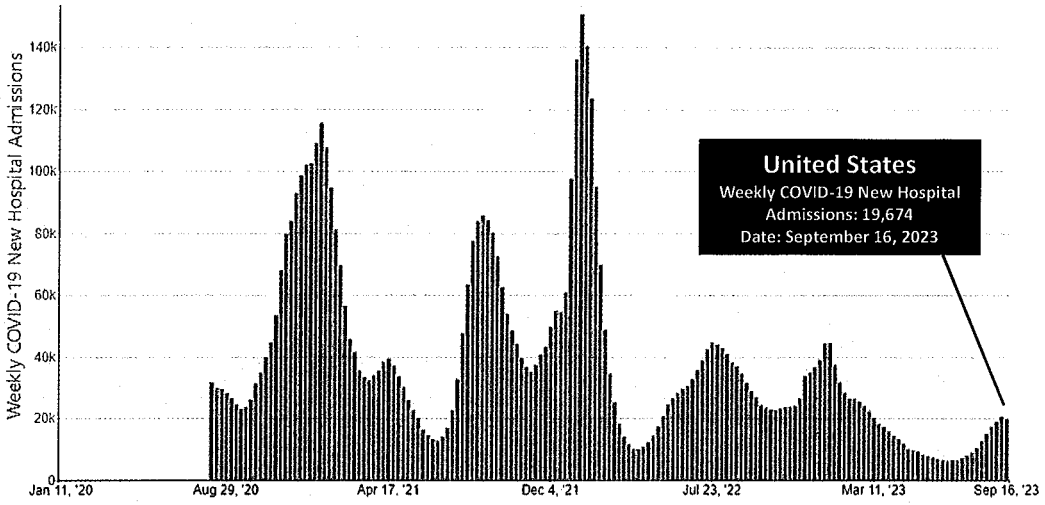
Everyday Actions: Covering coughs and sneezes, frequent handwashing, wearing masks, improving air quality, and staying home if you are sick can help reduce the spread of respiratory viruses.

Updated October 5, 2023



COVID-19 New U.S. Hospital Admissions, by Week, Reported to CDC

National Healthcare Safety Network (NHSN), August 2020 – September 2023



Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2023. September 29. https://covid.cdc.gov/covid-data-tracker

The burden of COVID-19 varies by age and underlying condition status.

COVID-19 burden is currently lower than at previous points in the pandemic, however there are still thousands of hospitalizations and hundreds of deaths each week.

The majority of the U.S. population has some level of immunity due to infection, vaccination, or both.

Vaccine and infection-induced immunity wane and new variants have emerged, suggesting that susceptibility remains and may increase over time.

Racial and ethnic minority groups have been disproportionately affected by COVID-19.

Updated COVID-19 Vaccine Recommendations for People Aged 5 Years and Older **WITHOUT** Immunocompromise

DOSES RECOMMENDED:

- **1 dose of 2023-2024 COVID-19 vaccine**, regardless of prior vaccination history

- New harmonized age cutoff for recommendations for young children for Moderna and Pfizer-BioNTech COVID-19 vaccines
- Resulting in simplified recommendations for 5-year-olds
- 2023-2024 COVID-19 vaccine dose is recommended at least 2 months after receipt of the last COVID-19 vaccine dose

Updated October 5, 2023

Updated COVID-19 Vaccine Recommendations for People Aged ≥6 Months Who Are **MODERATELY** or **SEVERELY** Immunocompromised

DOSES RECOMMENDED:

- Initial COVID-19 vaccine series*
- **At least 1 2023-2024 COVID-19 vaccine dose**
- May receive 1 or more additional 2023-2024 mRNA COVID-19 vaccine doses**

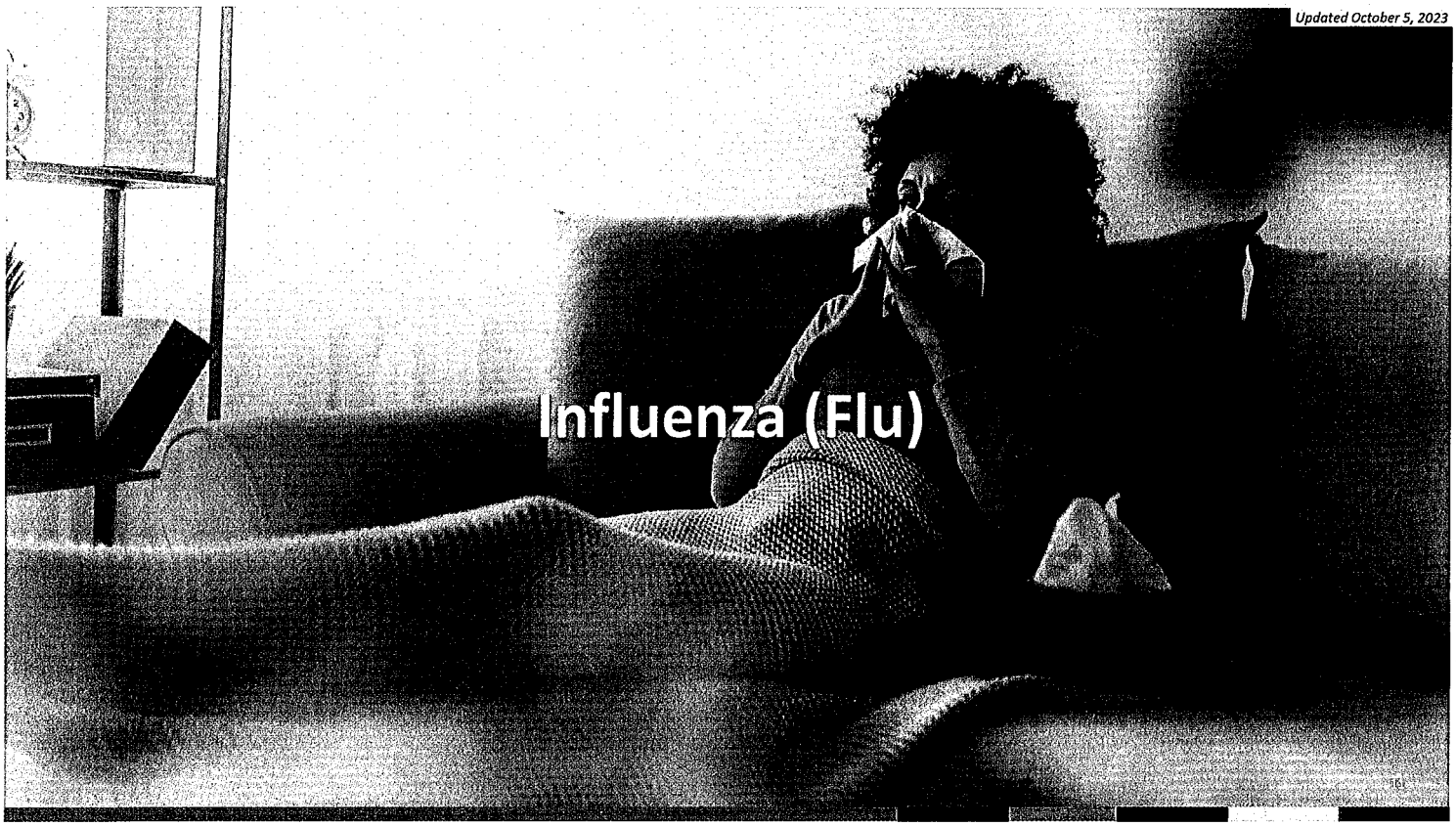
*Series of 3 homologous mRNA COVID-19 vaccine doses at time of initial vaccination. This could also include a history of receipt of 1 or more doses of Novavax or Janssen, including in combination with mRNA vaccine dose(s).

**Further additional dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Further additional doses should be administered at least 2 months after the last 2023-2024 COVID-19 vaccine dose.

Updated October 5, 2023

COVID-19 Antiviral Medications

- **Don't Delay:** Treatment must be started within days of when you first develop symptoms to be effective.
- There are several FDA-authorized or approved antiviral medications used to treat mild to moderate COVID-19 in people who are more likely to get sick.
- The National Institutes of Health (NIH) provides COVID-19 Treatment Guidelines for healthcare providers to help them work with their patients and determine the best treatment options for them.
- Several options are available for treating COVID-19. They include:
  - Nirmatrelvir with Ritonavir (Paxlovid)
  - Remdesivir (Veklury)
  - Molnupiravir (Lagevrio)



2022-2023 U.S. Flu Season Burden Estimates

Updated October 5, 2023

27-54 MILLION
Flu Illnesses

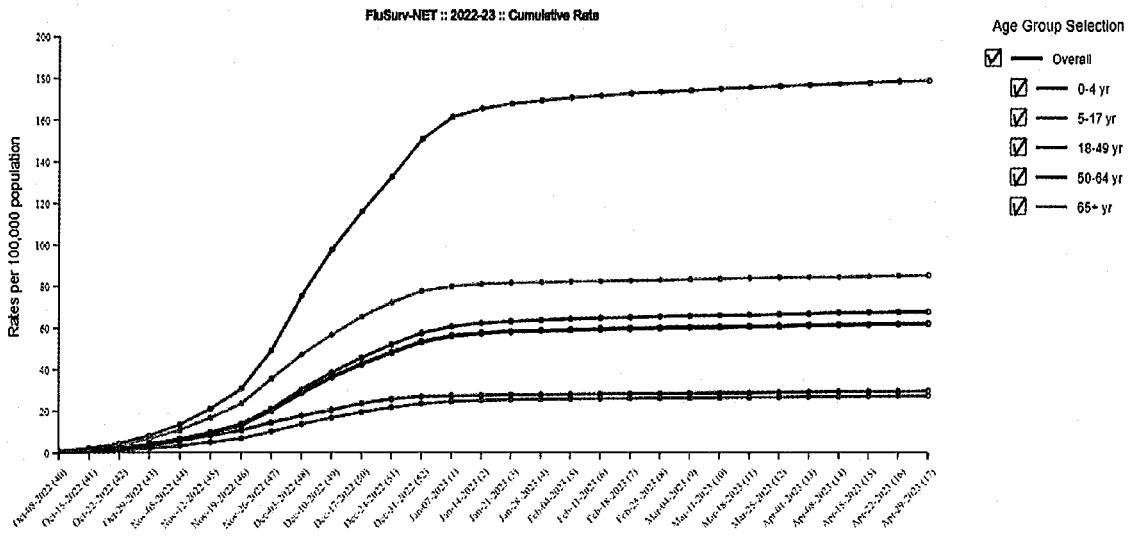
12-26 MILLION
Flu Medical Visits

300-650 THOUSAND
Flu Hospitalizations

19-58 THOUSAND
Flu Deaths

Updated October 5, 2023

2022-2023 Flu Season Peak in Hospitalizations Among Infants and Older Adults



Hospitalization rates illustrate severe outcomes from flu illness, based on data from CDC's FluSurv-NET surveillance platform.

The highest 2022-2023 rates are among the adult population 65 years and older, which is typical for most flu seasons.

Adults 65 and older bear the greatest burden of hospitalizations and deaths associated with flu. One multi-season study found that this group accounted for 54-70% of hospitalizations and 71-85% of deaths.

Updated October 5, 2023

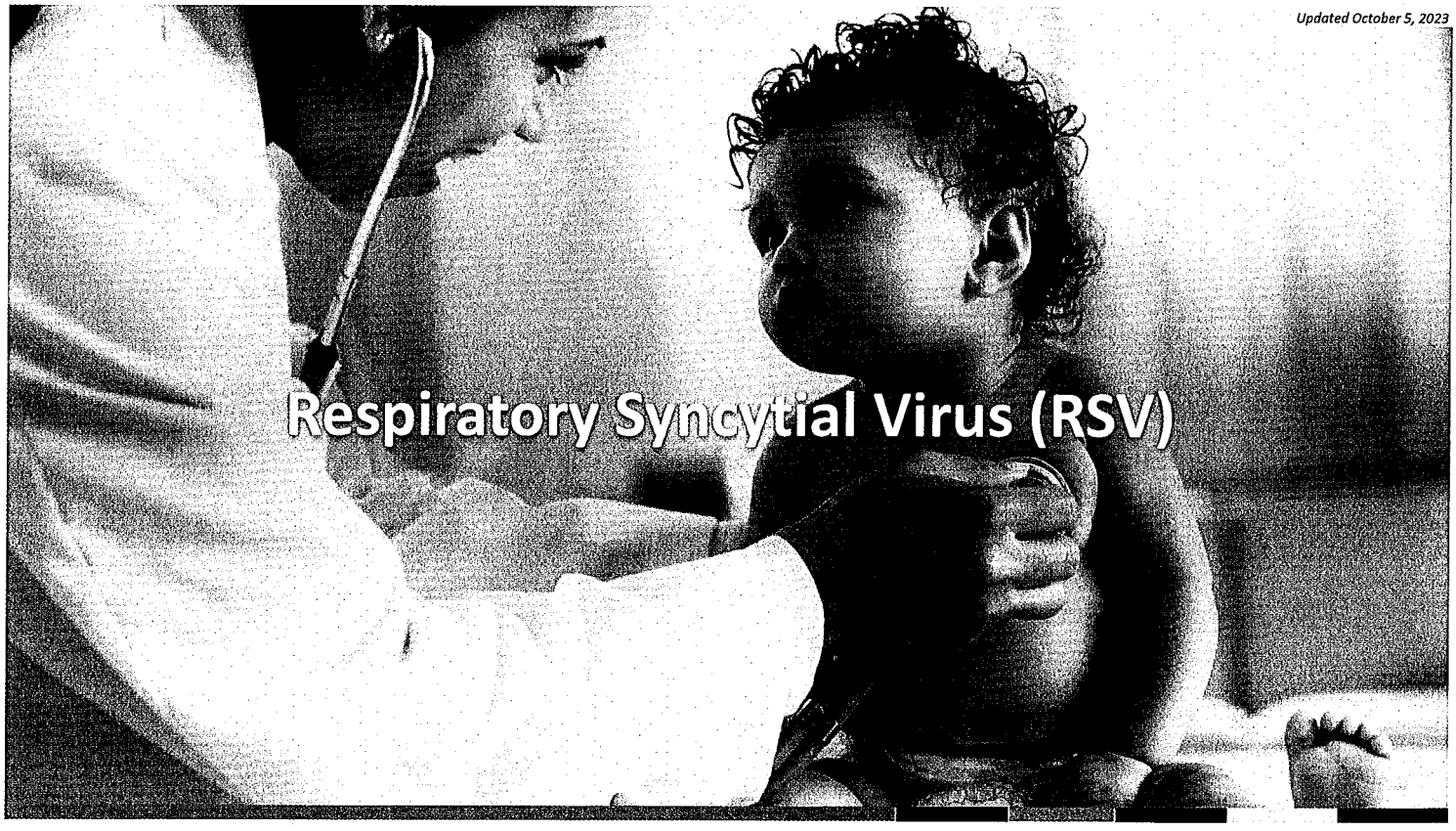
Flu Vaccine Recommendations

- **All persons aged ≥6 months** who do not have contraindications are recommended to receive a flu vaccine.
- **Adults aged ≥65 years** should preferentially receive any one of the following higher dose or adjuvanted flu vaccines:
  - Quadrivalent high-dose inactivated flu vaccine (HD-IIV4),
  - Quadrivalent recombinant flu vaccine (RIV4), or
  - Quadrivalent adjuvanted inactivated flu vaccine (aIIV4).

If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate flu vaccine should be used.

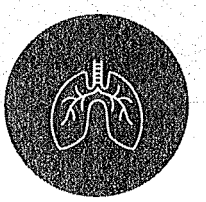
Flu Antiviral Medications

- **Treatment is recommended as soon as possible** for any patient with suspected or confirmed flu who:
  - Is hospitalized;
  - Has severe, complicated, or progressive illness; or
  - Is at higher risk for flu complications (including those 65 years and older).
- Should not wait for laboratory confirmation of flu.



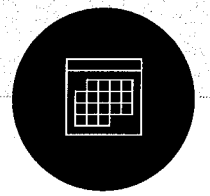
Updated October 5, 2023

About RSV

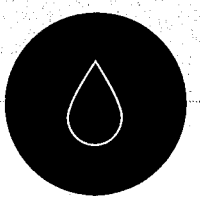


Common Respiratory Virus Affecting All Age Groups

Causes Mild, Cold-like Symptoms



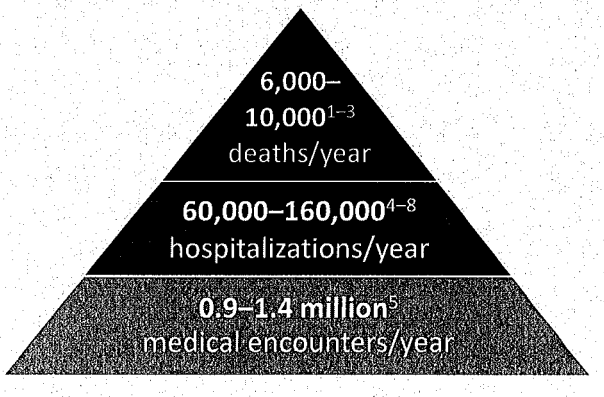
Seasonal Epidemics (RSV Season Timing and Severity Varies)



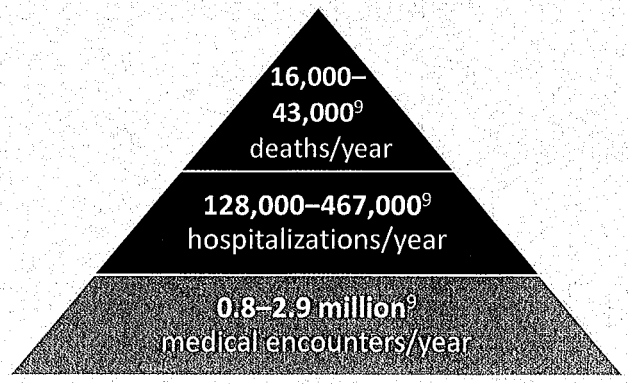
Spread Through Respiratory Droplets, Direct Contact, Fomites

Updated October 5, 2023

RSV Causes Substantial Disease in Older Adults



RSV
Adults aged ≥65 years



Flu
Adults aged ≥65 years

1. Thompson et al, JAMA (2003): https://doi.org/10.1001/jama.289.2.179
2. Mazur et al, Influenza Other Respi Viruses (2014): https://doi.org/10.1111/irv.12258
3. Hanson et al, JAMA Network Open (2022): https://doi.org/10.1001/jamanetworkopen.2022.1527
4. Widmer et al, JAMA Network Open (2013): https://doi.org/10.1053/jpids/pis109
5. McLaughlin et al, Open Forum Infect Dis (2022): https://doi.org/10.1093/ofid/ofac309
6. Zheng et al, Pneumonia (2022): https://doi.org/10.1186/s41479-022-00098-x
7. Branche et al, Clinical Infect Dis (2022): https://doi.org/10.1093/cid/ciab595
8. CDC RSV-NET data 2016–2020 (unpublished)
9. CDC Influenza Burden 2015–2020: https://www.cdc.gov/flu/about/burden/past-seasons.html

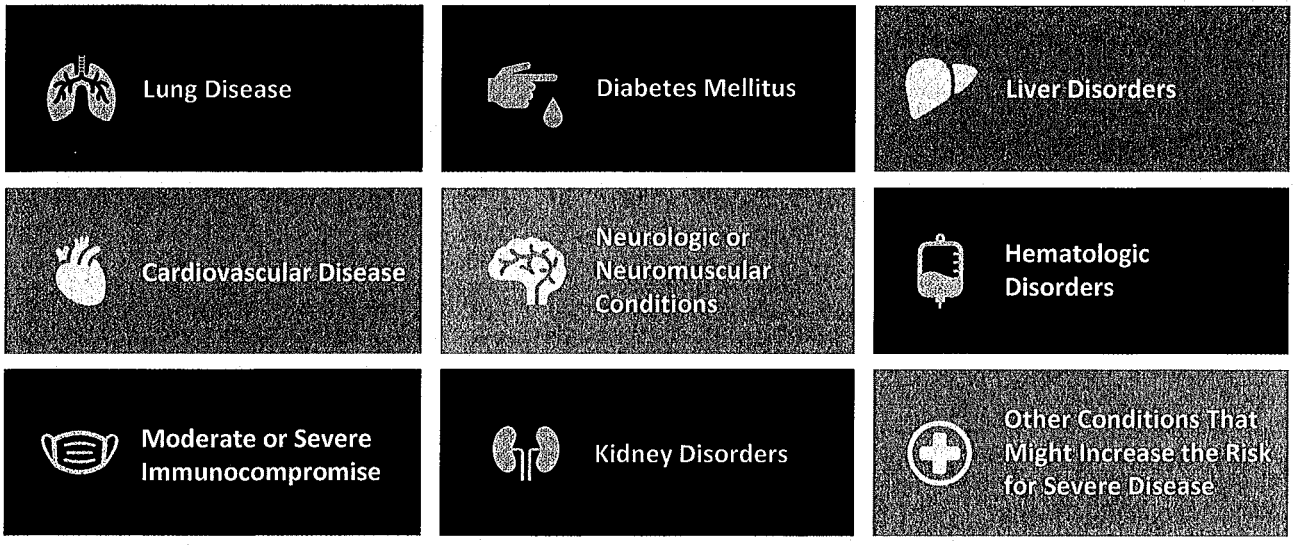
Updated October 5, 2023

RSV Vaccination of Persons Aged ≥60 Years

- RSV can cause serious illness in older adults
- Two RSV vaccines were licensed in 2023
- Adults ages 60 years and older may receive a single dose of RSV vaccine, using shared clinical decision-making
- Co-administration with RSV and other adult vaccines is acceptable
- Underlying medical conditions and other factors are associated with increased risk of severe RSV

Updated October 5, 2023

Chronic Underlying Medical Conditions Associated with Increased Risk of Severe RSV Disease



Updated October 5, 2023

Each Year in U.S. Children Aged Less than 5 Years, RSV is Associated With…

1.5 [3]
MILLION
Outpatient Visits

520 [3]
THOUSAND
Emergency Department Visits

58-80 [3, 4]
THOUSAND
Hospitalizations

1-3 [1, 2]
HUNDRED
Deaths

[1]Thompson et al. JAMA. 2003; [2]Hansen et al. JAMA Network Open. 2022; [3]Hall et al. NEJM. 2009; [4]McLaughlin et al. J Infect Dis. 2022
(*estimate 20,000 hospitalizations in infants <1y)

Updated October 5, 2023

New Immunizations to Protect Against Severe RSV

Who Does It Protect?	Type of Product	Is It for Everyone in Group?
Adults 60 and over	RSV vaccine	Talk to your doctor first
Babies	RSV antibody given to baby	All infants entering or born during RSV season. Small group of older babies for second season.
	OR	
Babies	RSV vaccine given during pregnancy	Can get if you are 32–36 weeks pregnant during September–January

www.cdc.gov/rsv

CDC

Updated October 5, 2023

Key Takeaways for the 2023-2024 Respiratory Virus Season

1. **While we don't know what's in store for this fall and winter season**, we do know it's critical to take advantage of safe and effective immunizations, proven treatments, and everyday precautions to help protect ourselves and our loved ones against flu, COVID-19, and RSV.

2. **We have stronger immunity against COVID-19 than ever before** – through vaccination, prior infection, or both – as well as robust surveillance, effective treatments, and other preventive actions.

3. **As immunity weakens** over time and viruses change and mutate, **these tools are the best protection we have.**

Updated October 5, 2023

The Time to Get Vaccinated is **NOW**

Vaccinations are the most effective tools to safeguard against severe disease.

- **COVID-19 Vaccine:** Updated COVID-19 vaccine recommended by CDC for all persons 6 months and older. Immunocompromised people may receive additional doses.
- **Flu Vaccine:** Recommended for persons 6 months and older; people 65 and older should get a higher dose, recombinant, or adjuvanted flu vaccine.
- **RSV Vaccine for Older Adults:** Adults 60 and older with hematologic disorders like sickle cell disease may benefit from RSV vaccination.
- **RSV Immunization to Protect Infants during RSV Season:**
  - **Maternal RSV vaccination** at 32-36 weeks of gestation.

  ------ OR ------

  - **Nirsevimab** (RSV immunization)
    - Infants younger than 8 months during – or entering – RSV season.
    - Some children 8 through 19 months with increased risk for severe RSV.

Updated October 5, 2023

Outlook for the 2023-2024 Fall and Winter Season

Updated October 5, 2023

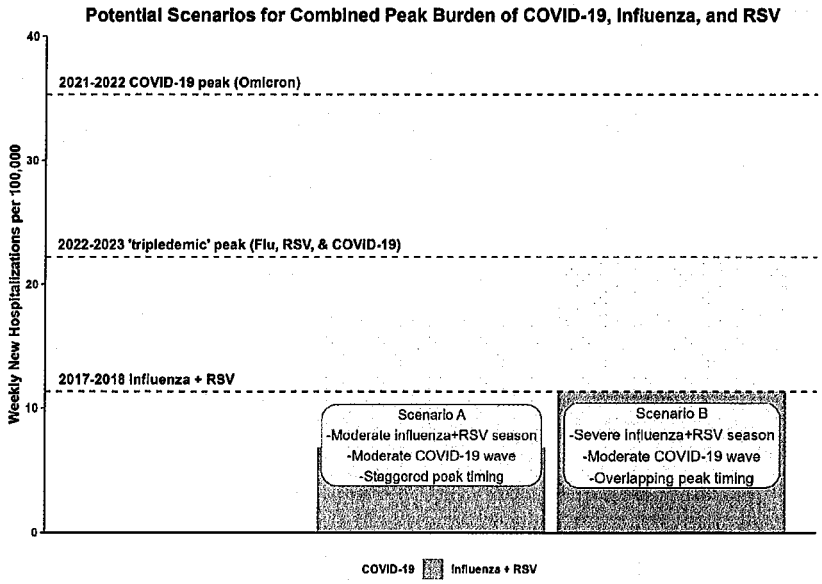
Outlook for This Fall and Winter Virus Season

Likely to have similar number of total hospitalizations as last year.

- CDC expects moderate COVID-19 wave, typical flu and RSV burden.
  - Peak likely **higher** than most pre-pandemic seasons.
  - A **moderate** COVID-19 wave added to typical flu and RSV burden could strain health care resources.
  - Uncertainty in **timing and magnitude** of peaks for each disease.
- Other scenarios are possible:
  - New COVID-19 variant with **extremely high immune escape**;
  - **Unusually bad** flu season; or
  - Peaks for all 3 diseases **coincide**.
- CDC will continue to monitor, provide early warning, and help evaluate interventions.

Updated October 5, 2023

2023-2024 Potential Scenarios for Peak Hospital Demand



CDC developed two hypothetical scenarios for the peak hospital burden of COVID-19, flu, and RSV.

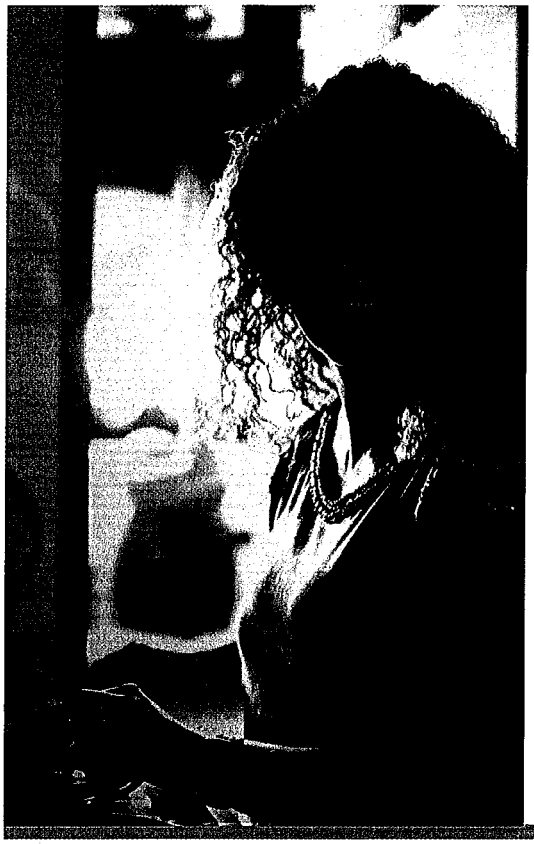
These scenarios illustrate how the additional burden from COVID-19 during a moderate season for the three respiratory diseases may generate more hospital demand – potentially resulting in hospital strain – than a severe flu and RSV season prior to the emergence of COVID-19.

This graph shows that a moderate flu and RSV season with a moderate COVID-19 wave (Scenario A on the left) could generate more hospital strain than a severe, pre-COVID-19 flu and RSV season (Scenario B on the right).

While we cannot predict the precise timing and impact of these three pathogens each season, these are two plausible scenarios.

Updated October 5, 2023

COVID-19 Bridge Access Program



Updated October 5, 2023

Background

- The distribution of COVID-19 vaccines changed in September 2023 as these products moved to the commercial market.
- COVID-19 vaccines are still available at no cost to most people living in the U.S. through their private health insurance, Medicare, and Medicaid plans.
- However, there are 25-30 million adults without health insurance and additional adults whose insurance does not offer COVID-19 vaccines at no cost to them.

Updated October 5, 2023

Uninsured and Underinsured Adults Can Get COVID-19 Vaccines at No Cost to Them

- CDC's Bridge Access Program provides no-cost COVID-19 vaccines to adults 18 years and older **without health insurance** and adults whose **insurance does not cover all COVID-19 vaccine costs.**
- The Program is **now live** and will provide no-cost COVID-19 vaccines to eligible adults **through December 31, 2024.**
- **ALL CDC-recommended updated COVID-19 vaccines** are included in the Bridge Access Program (Pfizer-BioNTech, Moderna, Novavax).

BRIDGE ACCESS PROGRAM

PUENTE PROGRAMA DE ACCESO

Updated October 5, 2023

Accessing Free Vaccines through the Bridge Program

Where can someone get a no-cost COVID-19 vaccine through the Bridge Access Program?

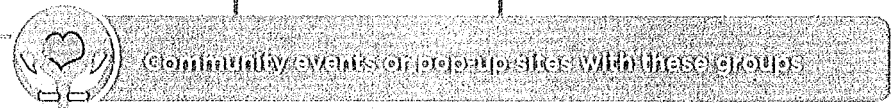
Local health providers partnered with state and local health departments

HRSA-supported health centers partnered with state and local immunization programs

Select **pharmacies:**

CVS, Walgreens, and eTrueNorth

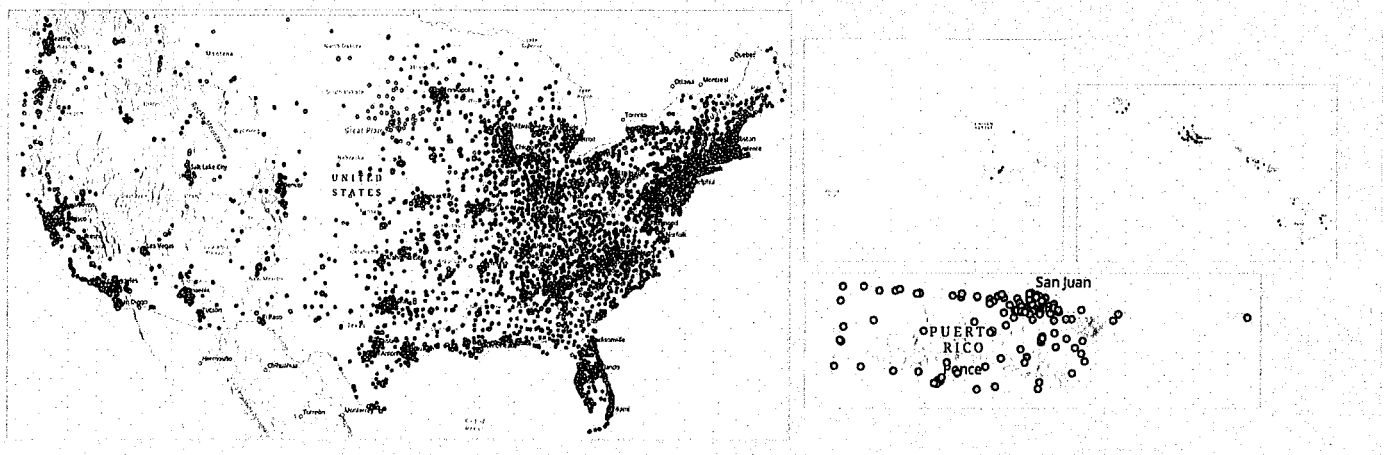
Visit vaccines.gov to find a provider that offers no-cost COVID-19 vaccines through the Bridge Access Program.



Updated October 5, 2023

Provider Maps: Contracted Pharmacies in Bridge Access Program

As of September 25, there were **18,908** contracted pharmacy locations. **9,448** CVS, **8,788** Walgreens, and **672** (+524 since September 18) eTrueNorth locations were tentatively planned to go-live by September 28.

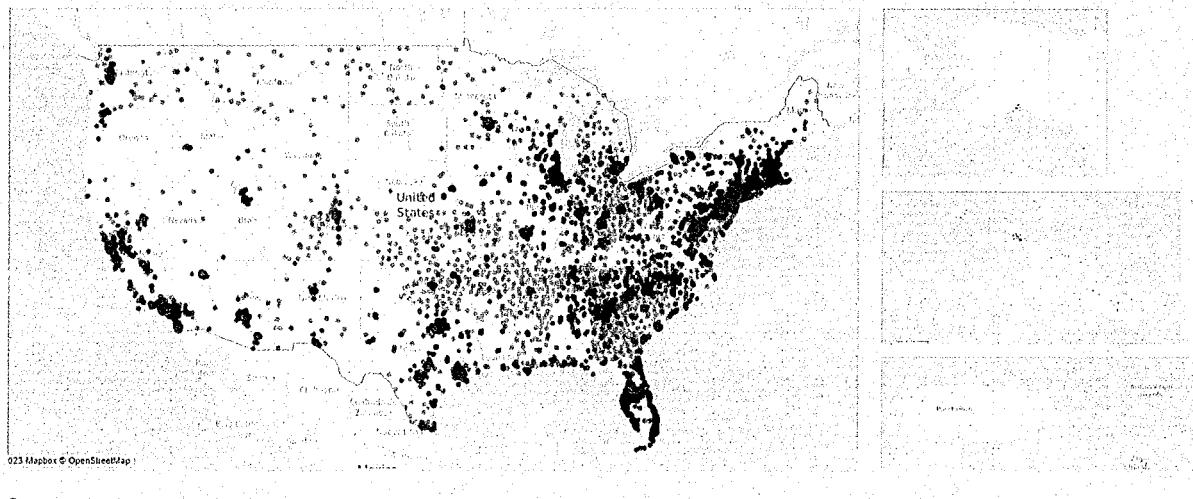


- Walgreens
- CVS
- eTrueNorth (tentatively planned for 9/28)

Updated October 5, 2023

Provider Maps: Overall

As of September 21, at least **6,663** (+3,125 since September 18) contracted pharmacy locations have **administered** at least one dose and **2,136** (+812 since September 18) public health safety net providers have placed at least one **order** for COVID-19 vaccine using 317 funds through September 24.



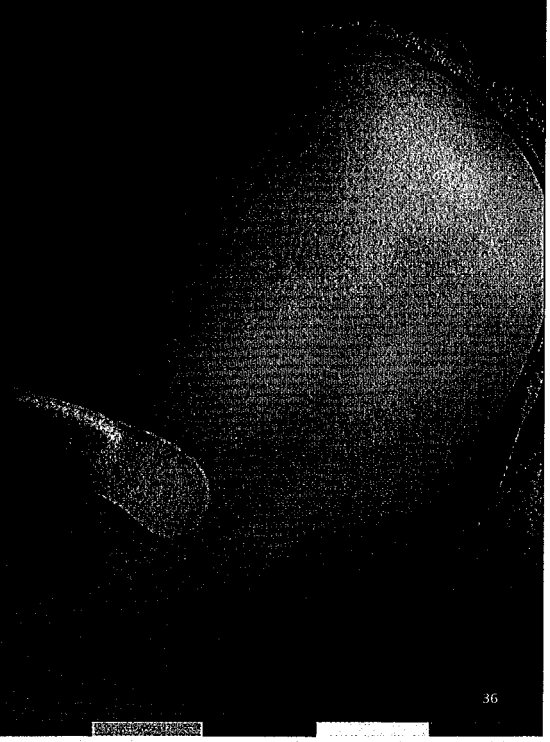
- ZIP Code where a Contracted Pharmacy has administered at least 1 dose
- ZIP Code where a Public Health Safety Net Provider has placed an order for COVID-19 doses via 317 funds
- Both of the above – Contracted Pharmacy admin & Public Health Safety Net Provider dose order(s)

Communications Insights and Messaging

The Need

We expect flu, COVID-19, and RSV activity to increase as the weather gets colder.

Clear, consistent communications can help increase public awareness of risk associated with viral respiratory diseases as well as ways to prevent transmission and severe illness, primarily vaccination.



Updated October 5, 2023

Key Research* Insights & Implications for Communications Efforts

Insight	Implication
There is significant virus & pandemic information fatigue stemming from COVID-19	Communications need to avoid adding "one more thing" to the mix and being perceived as a scare-tactic
Discomfort and inconvenience are key drivers to avoid sickness, and many question severity	Communications should highlight potential severity while also positioning virus prevention as a way to avoid the inconvenience and discomfort of sickness
People are adopting a more holistic way of thinking about prevention and health (hand washing, cleaning surfaces); however, vaccination is not necessarily included	There is an opportunity to normalize vaccination by associating vaccination with the everyday steps that people are already taking to avoid getting sick
Misinformation and knowledge gaps exist around viral infections and prevention, including vaccination	Communications should seek to clarify common misconceptions and educate about viruses
Hesitancy and confusion exists around "viral respiratory virus season" as a term	The term "fall and winter virus season" is clear non-alarmist, and also provided a timeframe when viruses surge
There is a lack of online resources that discuss respiratory viruses comprehensively, which may make it difficult for audiences to find answers online	Ensure online content is available and addresses information needs among audiences

**Formative research activities conducted in May-September 2023 included exploratory focus groups, an online social and traditional media conversation analysis, a comprehensive review of existing fall and winter virus season public health resources, and a series of 3-participant interviews to test creative concepts.*

Updated October 5, 2023

Core Consumer Messaging

CDC anticipates different viruses to spread this fall and winter, including COVID-19, flu and RSV.

Respiratory diseases can be very serious, especially among people who are at higher risk.

Take action to protect yourself from respiratory viruses this fall and winter.

- **First:** Take time to be up-to-date on your recommended immunizations (flu vaccine, COVID-19 vaccine, and RSV vaccine or immunization) to be ready for this fall and winter.
- **Second:** In addition, you can take other CDC-recommended preventive actions like covering coughs and sneezes, frequent handwashing and staying home when sick (if able) to help protect you and reduce the spread of respiratory viruses such as flu, COVID-19, and RSV. (Depending on your risk, you might consider masking and ventilation, like opening windows, as part of these everyday preventive actions.)
- **Third:** If you have symptoms of a respiratory virus, get tested. There are treatments for some respiratory illnesses including flu and COVID-19. If you are at higher risk of developing severe complications from flu, COVID-19, or RSV, talk to a healthcare provider sooner rather than later and follow their treatment advice.

Coming Soon: Fall and Winter Virus Season Partner Toolkit

Today's fall and winter virus season challenges require collaboration and coordination with a wide variety of partners and stakeholders to advance essential information that helps protect communities against the worst of these respiratory viruses – primarily through vaccination.

To augment this playbook, CDC is developing a toolkit of easy-to-use, plug-and-play resources to support partner communications. Toolkit materials will include additional messaging, responses to common patient questions, and patient education materials, such as social media content and posters.

As trusted voices in your communities, you play a critical role in advancing CDC's mission of protecting Americans' health through information. We are asking for your help in carrying these messages out to your networks to facilitate vaccination.

In the coming weeks, the toolkit will be available on CDC's website and shared directly to attendees of the October 4 Partner Briefing event. For more information or to inquire about additional respiratory virus communications needs, contact CDC at CDCDirectorBriefing@cdc.gov.

Ulster County Department of Health
Medical Examiner's Office - Autopsy Cases
Date of Death between 1/1/2023 and 9/30/2023

Total Number of Cases: 159

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	0	0	0	40
M	12	13	17	13	15	8	17	13	11	0	0	0	119
Grand Total	**16**	**18**	**23**	**16**	**20**	**17**	**20**	**16**	**13**	**0**	**0**	**0**	**159**

Cases by Manner	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	7	7	12	5	7	9	10	3	0	0	0	0	60
Homicide	1	2	0	0	1	0	1	0	0	0	0	0	5
Natural	6	7	6	6	9	8	6	10	2	0	0	0	60
Pending	0	0	0	1	0	0	0	2	10	0	0	0	13
Suicide	2	2	5	4	2	0	3	1	1	0	0	0	20
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**	**0**	**0**	**0**	**159**

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	0	0	4
Blunt Force Trauma - non-MVA	0	2	1	0	3	0	1	0	0	0	0	0	7
Carbon Monoxide	0	0	1	0	0	0	0	0	0	0	0	0	1
Cardiovascular	4	4	1	3	5	5	2	4	1	0	0	0	29
Cardiovascular and Diabetes	0	0	2	1	1	1	2	2	0	0	0	0	9
Cardiovascular and Obesity	1	0	1	0	2	1	0	0	1	0	0	0	6
Diabetes	1	0	0	0	0	0	1	0	1	0	0	0	3
Drowning	0	0	0	0	0	1	0	0	0	0	0	0	1
Gunshot Wound	2	2	1	2	1	0	4	1	0	0	0	0	13
Hanging	0	1	3	1	0	0	0	0	1	0	0	0	6
Infant	0	1	0	0	0	0	0	0	0	0	0	0	1
Motor Vehicle Accident	1	0	1	0	0	3	1	1	0	0	0	0	7
Non-Opioid Substance	0	1	0	1	0	0	0	0	0	0	0	0	2
Non-Opioid Substance w/ Alcohol	0	0	0	1	0	0	1	0	0	0	0	0	2
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	2	0	0	0	0	35
Other	1	4	5	1	0	2	2	2	0	0	0	0	17
Pending	0	0	0	1	0	0	0	2	3	0	0	0	6
Pending - Suspected Opioid	0	0	0	0	0	0	0	0	6	0	0	0	6
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
Grand Total	**16**	**18**	**23**	**16**	**20**	**17**	**20**	**16**	**13**	**0**	**0**	**0**	**159**