

ULSTER COUNTY BOARD OF HEALTH

May 14, 2024

AGENDA

CALL TO ORDER

1. OLD BUSINESS

- a. Approval of April 9, 2024 Minutes

2. Department of Health Report

- a. Transition

- Acting Public Health Director Update – Tim Rose
- Interim Medical Consultant Update– Dr. Gina Carena
- April 16th Public Hearing on Resolution No. 156 Update and May 2nd Health, Human Services, and Housing Committee

- b. Medical Examiner

- 2024 To-Date Stats

- c. Covid Update

- Wastewater Report
- Hospitalizations

- d. MMR Report

- e. Influenza Reports and Prevalence:

- Health Advisory
- Influenza Surveillance
- Healthcare Personnel Influenza Vaccination
- H5N1 – Avian Influenza (Bird Flu)

MEETING CONCLUSION

Ulster County Board of Health
May 15, 2024
5:00 p.m.
Golden Hill Office Building
239 Golden Hill Lane
Kingston, NY 12401

PRESENT: Stephanie Turco, Dr. Marta Sanchez, Christy Keegan, Naomi Stevens, Kathleen Rogan

EXCUSED: Dr. Ashanda Saint Jean

ABSENT:

UCDOH: Timothy Rose - Acting Public Health Director

GUEST:

OLD Business:

- Vote to Approve Minutes: A motion was made to approve the April minutes by Ms. Stevens, seconded by Ms. Keegan and unanimously approved.

Department of Health (DOH) Report: Mr. Rose reported on the following:

- **Transition Update:**
 - Informed the Board the final vote to remove the MD requirement to run the Department of Health is being voted on by the Legislature this month.
 - Deputy County Executive, Johanna Contreras spoke at one of the Legislative Committee meetings and she indicated that interviews for the DOH Department Head are taking place. One (1) MD and two (2) non-MDs have been interviewed. The MD is "fresh" out of medical school and both non-MDs are currently Public Health Directors in other states.
 - A letter was distributed from the New York State Department of Health stating that Dr. Carena was vetted and approved as Medical Consultant for Ulster County DOH (see attached).
- **Medical Examiner (ME) Update:**
 - The Medical Examiner reports for 2023 and 2024 YTD were distributed to the Board (see attached).

- **COVID Update:**

- The COVID Wastewater Surveillance Report was distributed (see attached). The two (2) week trend for New Paltz, Saugerties, and Kingston are all increasing. Ms. Rogan stated that her concern, particularly with New Paltz and Kingston is, at this time of year, these areas are weekend tourist spots, and the wastewater results are not just reflecting the residents of these areas. Mr. Rose also mentioned that this is the time of year when college is letting out and students are traveling home which may also affect the results. From there, a discussion ensued about COVID still being active and how most individuals are not taking preventative measures when traveling and congregating.
- COVID hospitalizations from Ellenville Regional is one (1), Health Alliance currently has four (4).

Influenza Update:

- The NYSDOH Health Advisory was distributed to the Board (see attached). The Advisory declares that Influenza is no longer prevalent in NYS.
- The CDC H5N1 (Bird Flu) Response Update was distributed to the Board (see attached). There are currently no known cases in Ulster County. There has been a case in Texas which came from an infected dairy cow. There was also a case in Colorado in 2022 which involved infected poultry. NYS is on alert but currently not alarmed but is actively monitoring.
- The HERDS Personnel Influenza Vaccination Report for UCDOH was distributed to the Board (see attached.) NYS requires unvaccinated healthcare workers to wear a mask during the influenza season. UCDOH currently has eleven (11) nursing staff who have been vaccinated and two (2) unvaccinated. The two (2) unvaccinated staff are required to wear masks.

MMR Vaccination Report:

- The NYS MMR Vaccination report was distributed to the Board (see attached). The report is broken down by zip code. Ms. Rogan asked about the 12428 zip code and was curious as to the low vaccination rate in that area. It was explained that this is the Wawarsing area which has a higher anti-vaccination population due to religious reasons.

NYS Lead Rental Registry: This registry will require landlords to remediate lead paint in their rental units, receive inspections, and be certified as a lead-free rental unit(s). The focus area for Ulster County is the 12401 area code. There are several models counties can choose from. The County Executive has determined the best model for Ulster County is the Rochester model. This model will require a partnership with the City

of Kingston. The Executive is currently in discussion with the City of Kingston Mayor to determine how this partnership will work. This registry will be a "heavy lift" for both the County and the City and will require hiring new staff. There is state funding for this new registry for both county and city. The enforcement, displacement, and responsibilities are all under discussion. Should the City choose not to participate, the entire project falls to UCDOH. More will be shared with the Board as the program progresses.

Ms. Rogan expressed concern with rental units going "underground", leaving our most vulnerable populations exposed. She suggested a bi-lingual hotline where individuals can call to inquire about a rental unit and the status of its lead certification.

Ms. Turco inquired about the educational component to both landlords and tenants. It was recommended to consider using the grading system other counties use for restaurants. Mr. Rose stated educational materials will be sent to landlords as well as utilizing the Department's Health Education Unit for outreach, PSA's, and such.

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

Next Meeting: Scheduled for Tuesday, June 11, 2024, at 5:00 PM, Golden Hill Office Building, 239 Golden Hill Lane, Kingston, NY 12401.

Respectfully submitted by:



Kathleen Rogan, Secretary



Department of Health

KATHY HOCHUL
Governor

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

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

April 30, 2024

Honorable Jen Metzger
County Executive
Ulster County Department of Health
244 Fair Street, P.O. Box 1800
Kingston, New York 12402

Dear County Executive Metzger:

This is in response to the request for approval of Gina Carena, M.D. (medical license number: 175598 - 01) as Medical Consultant for the Ulster County Department of Health. Based on a review of Dr. Carena's qualifications and the scope of services to be provided, Dr. Carena is qualified and is approved to serve in this capacity.

We look forward to working with Dr. Carena in the role as County Medical Consultant. Should there be any questions, please contact Shane Roberts, Deputy Director, Office of Public Health Practice at (518) 473-4223 who is available to answer any questions.

Sincerely,

James V. McDonald, M.D., M.P.H.
Commissioner of Health

cc: U. Bauer
S. Roberts
C. Johnson

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2023 and 12/31/2023

Total Number of Cases: 215

<i>Cases by Gender</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	4	5	6	3	5	8	3	3	2	4	2	8	53
M	12	12	17	13	15	8	16	13	11	15	18	12	162
Grand Total	16	17	23	16	20	16	19	16	13	19	20	20	215

<i>Cases by Manner</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	7	7	12	6	7	9	10	4	8	7	6	8	91
Homicide	1	2	0	0	1	0	1	0	0	0	0	2	7
Natural	6	6	6	6	9	7	5	11	4	8	8	8	84
Pending	0	0	0	0	0	0	0	0	0	0	1	0	1
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	5	2	30
Undetermined	0	0	0	0	1	0	0	0	0	0	0	0	1
Grand Total	16	17	23	16	20	16	19	16	13	19	20	20	215

<i>Cases by Category</i>	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	1	9
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	2	6	42
Cardiovascular and Diabetes	0	0	2	1	1	1	1	2	1	0	3	0	12
Cardiovascular and Obesity	1	0	1	0	2	1	0	0	1	2	2	1	11
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	2	4
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	2	9
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	1	10
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
Obesity	0	0	0	0	0	0	0	0	0	1	0	0	1
Opioid w/Other Substances including Xylazine	0	0	1	0	0	0	0	0	0	1	2	2	6
Opioid-Related, without Xylazine	4	2	6	4	6	4	6	3	5	3	1	2	46
Other	1	3	5	1	0	1	2	2	0	1	3	1	20
Pending	0	0	0	0	0	0	0	0	0	0	1	0	1
Pulmonary	0	0	0	0	0	0	0	0	0	0	0	1	1

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2023 and 12/31/2023

Total Number of Cases: 215

Smoke Inhalation	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Stab Wound	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Undetermined	0	0	0	0	1	0	0	1	0	0	0	0	0	2
Grand Total	16	17	23	16	20	16	19	16	13	19	20	20	215	

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2024 and 5/13/2024

Total Number of Cases: 69

<i>Cases by Gender</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	3	1	6	5	2	0	0	0	0	0	0	0	17
Fetal	1	0	0	0	0	0	0	0	0	0	0	0	1
M	15	12	13	7	4	0	0	0	0	0	0	0	51
Grand Total	19	13	19	12	6	0	0	0	0	0	0	0	69

<i>Cases by Manner</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	8	4	8	0	0	0	0	0	0	0	0	0	20
Homicide	0	0	0	1	0	0	0	0	0	0	0	0	1
Natural	8	5	10	0	2	0	0	0	0	0	0	0	25
Pending	0	0	0	9	2	0	0	0	0	0	0	0	11
Suicide	2	4	0	2	2	0	0	0	0	0	0	0	10
Undetermined	1	0	1	0	0	0	0	0	0	0	0	0	2
Grand Total	19	13	19	12	6	0	0	0	0	0	0	0	69

<i>Cases by Category</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Alcohol	0	1	0	0	0	0	0	0	0	0	0	0	1
Asthma	0	1	0	0	0	0	0	0	0	0	0	0	1
Blunt Force Trauma - non-MVA	0	0	0	1	1	0	0	0	0	0	0	0	2
Carbon Monoxide	1	0	0	0	0	0	0	0	0	0	0	0	1
Cardiovascular	5	2	3	0	2	0	0	0	0	0	0	0	12
Cardiovascular and Diabetes	0	1	0	0	0	0	0	0	0	0	0	0	1
Cardiovascular and Obesity	0	0	5	0	0	0	0	0	0	0	0	0	5
Complications of Natural Disease	0	0	1	0	0	0	0	0	0	0	0	0	1
Diabetes	0	0	1	0	0	0	0	0	0	0	0	0	1
Fall - Intentional	1	0	0	0	0	0	0	0	0	0	0	0	1
Gunshot Wound	1	3	0	1	0	0	0	0	0	0	0	0	5
Hanging	0	1	0	0	1	0	0	0	0	0	0	0	2
Hypothermia	3	1	0	0	0	0	0	0	0	0	0	0	4
Motor Vehicle Accident	4	0	2	0	0	0	0	0	0	0	0	0	6
Non-Opioid Substance	0	1	1	0	0	0	0	0	0	0	0	0	2
Non-Opioid Substance w/ Other Substances	0	0	1	0	0	0	0	0	0	0	0	0	1
Non-Opioid Substance w/ Other Substances and Alcohol	0	0	1	0	0	0	0	0	0	0	0	0	1
Opioid-Related, without Xylazine	0	2	3	0	0	0	0	0	0	0	0	0	5
Other	2	0	0	0	0	0	0	0	0	0	0	0	2
Pending	0	0	0	8	1	0	0	0	0	0	0	0	9
Pending - Suspected Opioid	0	0	0	1	1	0	0	0	0	0	0	0	2

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2024 and 5/13/2024

Total Number of Cases: 69

Pneumonia	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Sharp Force Trauma	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Sudden Unexplained Child/Infant Death	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Grand Total	19	13	19	12	6	0	0	0	0	0	0	0	0	69

Ulster County Wastewater Surveillance Update

DATE: May 13, 2024

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

FROM: Shailla Raymond, MPH

RE: Ulster County Weekly Wastewater Surveillance Data Report

Dashboard | Website

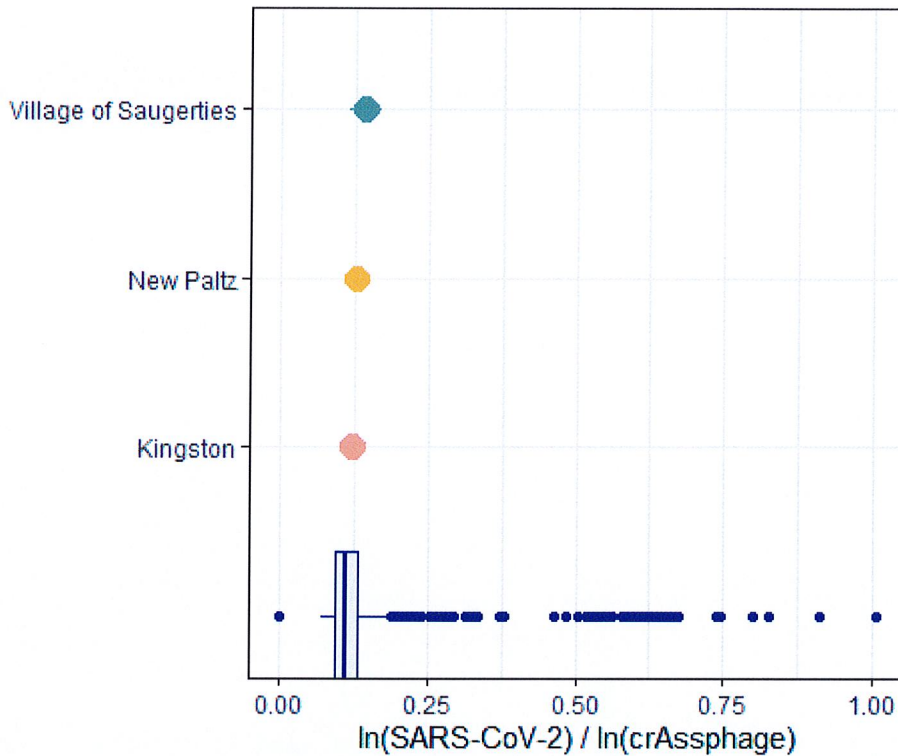
This report contains information **Ulster County** treatment plants over the time period of **2024-04-17 to 2024-05-08**.

All Samples from Ulster County			
From to			
Collection Date	Detection Level	Compared to NYS	Two-Week Trend
Village of Saugerties			
May 8, 2024	Quantifiable	higher	increasing
May 1, 2024	Detected, <LOQ	lower	increasing
April 24, 2024	Detected, <LOQ	higher	increasing
April 17, 2024	Detected, <LOQ	higher	increasing
New Paltz			
May 8, 2024	Quantifiable	higher	increasing
April 17, 2024	Detected, <LOQ	lower	increasing
Kingston			
May 1, 2024	Detected, <LOQ	lower	increasing
April 30, 2024	Detected, <LOQ	higher	increasing
April 24, 2024	Detected, <LOQ	comparable	increasing
April 23, 2024	Detected, <LOQ	lower	increasing
April 17, 2024	Detected, <LOQ	lower	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

Box Plot for Treatment Plants in Ulster County from 2024-04-17 to 2024-05-08

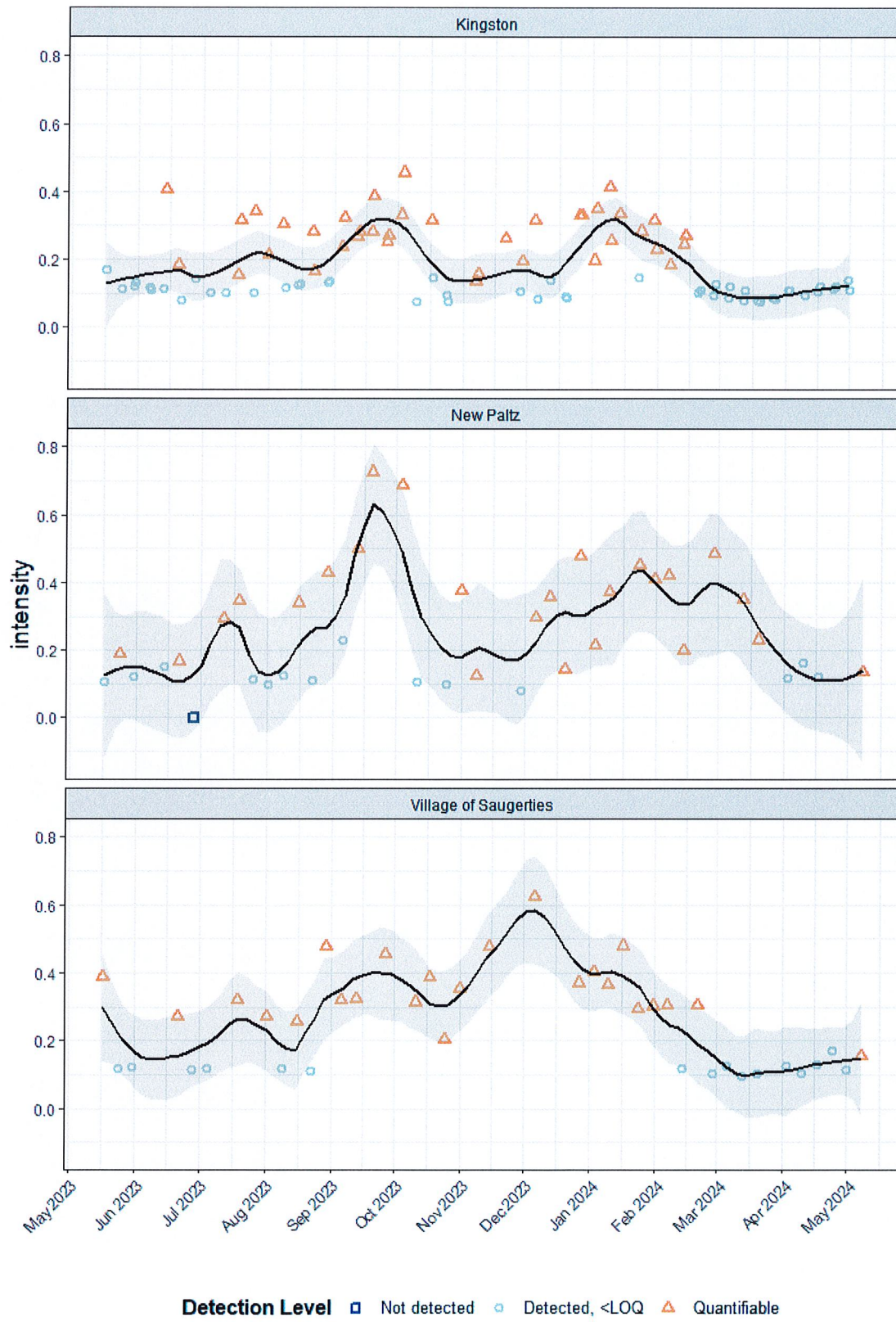


Points represent the SARS-CoV-2 intensity of samples taken at the influent over the last two weeks. The box plot represents all SARS-CoV-2 values from the previous two weeks as observed from wastewater treatment facilities across New York. The box plot shows the median (solid line), first and third quartiles (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, $\ln(\text{SARS-CoV-2})/\ln(\text{crAssphage})$, to give overall intensity.

The most recent sample from Kingston on May 01, 2024 is lower when compared to New York State values.

The most recent sample from New Paltz on May 08, 2024 is higher when compared to New York State values.

The most recent sample from Village of Saugerties on May 08, 2024 is higher when compared to New York State values.



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, $\ln(\text{SARS-CoV-2})/\ln(\text{crAssphage})$, to give overall intensity.

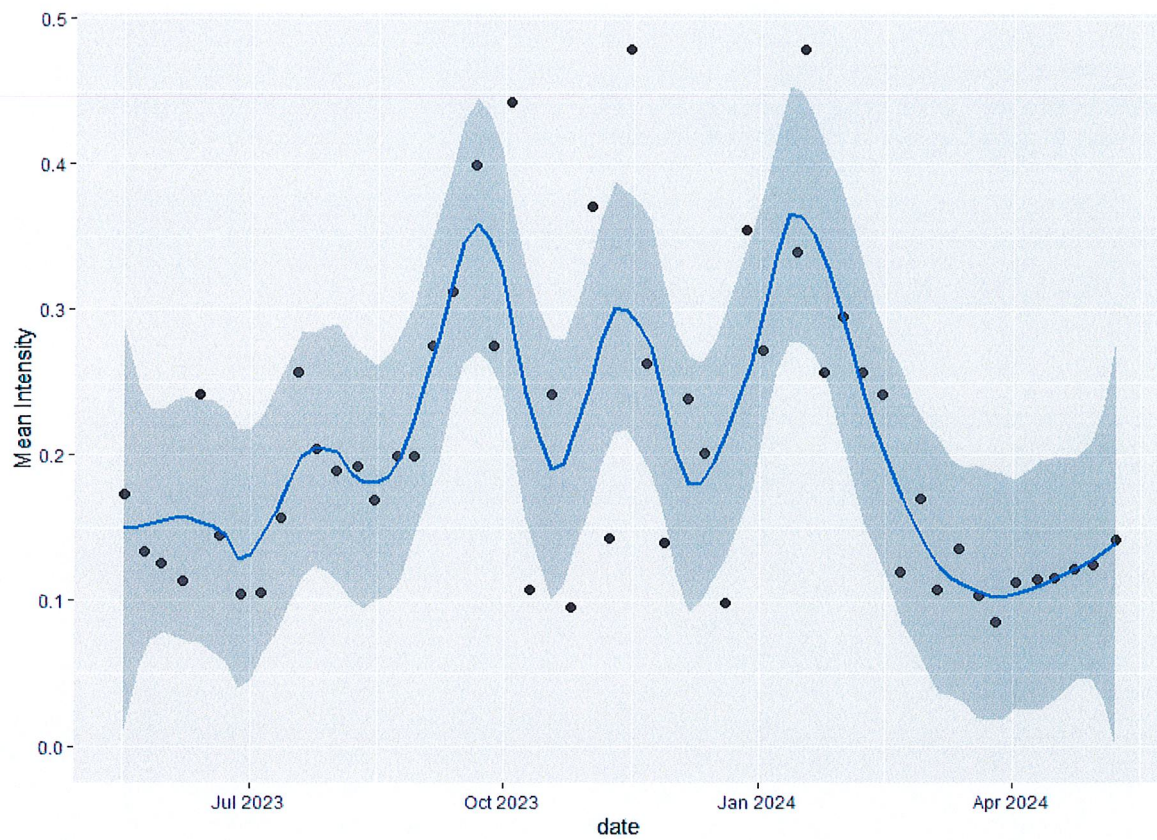
The level of SARS-CoV-2 RNA can tell us roughly how many cases can be expected in a population.

- 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 May 01, 2024, had a detection level of “Detected, <LOQ” suggesting daily case incidence of 10 to 50 cases per 100,000 people.

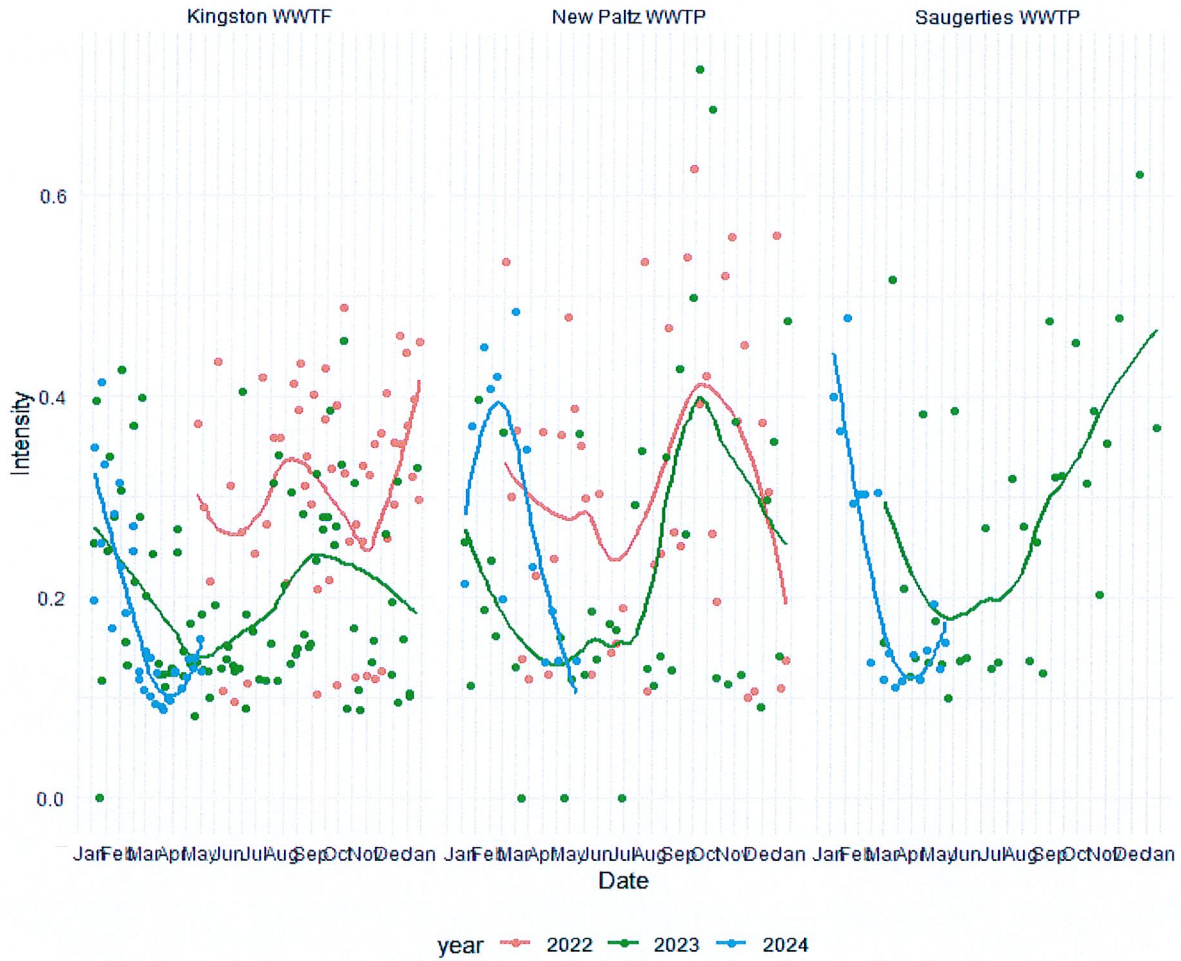
The most recent sample from New Paltz on May 08, 2024, had a detection level of “Quantifiable” suggesting daily case incidence of more than 50 cases per 100,000 people.

The most recent sample from Village of Saugerties on May 08, 2024, 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.

Trend lines by Site and Year

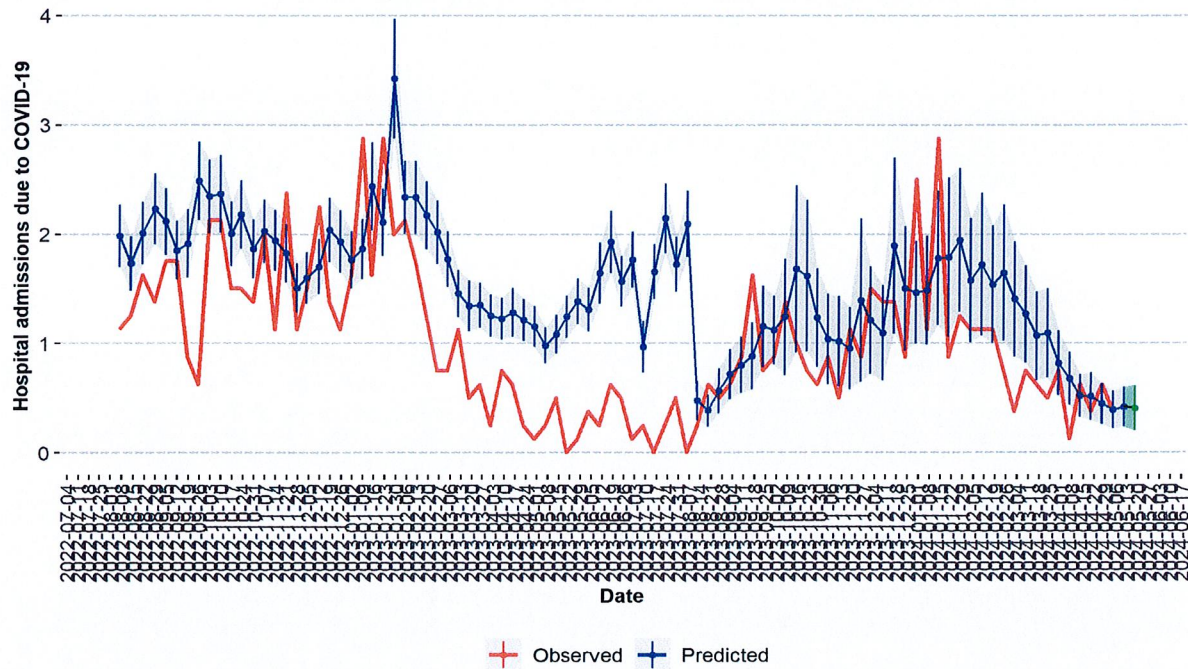


This figure shows an annual comparison of SARS-CoV-2 intensity. Smoothed trend lines, uncertainty (gray bands), and wastewater samples (dots) are shown. The recent trend is lower than year over year values.

Ulster County COVID-19 in-patient hospitalization trend

Predicted 7-day average in-patient hospitalizations in the next 10 days: **0.41***

2.38 percent decrease from previous week's prediction



* 0.23 Per 100,000 population

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.

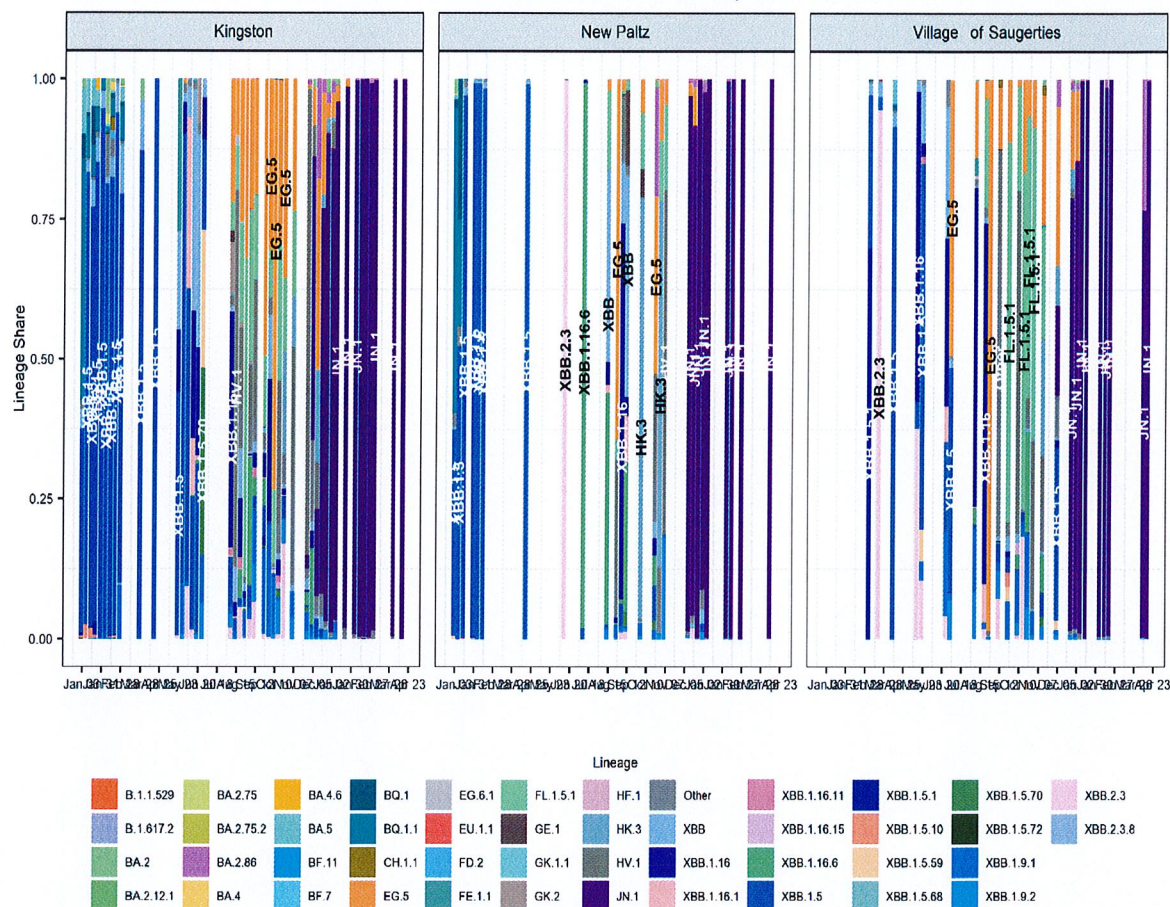
Last 6 Weeks Ulster County Sewersheds: Variants found from weeks beginning Sun, Mar 31, 24 to Sun, Apr 14, 24		
Label	Sewershed	Variants Found
Variant of concern	Kingston	JN.1; JN.1.13.1; JN.1.16; KP.2
Variant of interest	Kingston	JN.1.18; JN.1.7
Variant under monitoring	Kingston	JN.1.11.1; JN.1.13
Variant under monitoring	New Paltz	JN.1.7
Variant of concern	Village of Saugerties	BA.2.86; JN.1; JN.1.11.1; JN.1.16; JN.1.8.1
Variants found throughout state from 2024-03-10 to 2024-04-21: BA.2.86, BA.5, EG.5, HV.1, JD.1.1, JG.3, JN.1, JN.1.11.1, JN.1.13, JN.1.13.1, JN.1.16, JN.1.18, JN.1.7, JN.1.8.1, KP.1.1, KP.2, KP.3, KQ.1, XBB		

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

SARS-CoV-2 Genetic Sequencing in 2023

Sewersheds in Ulster County

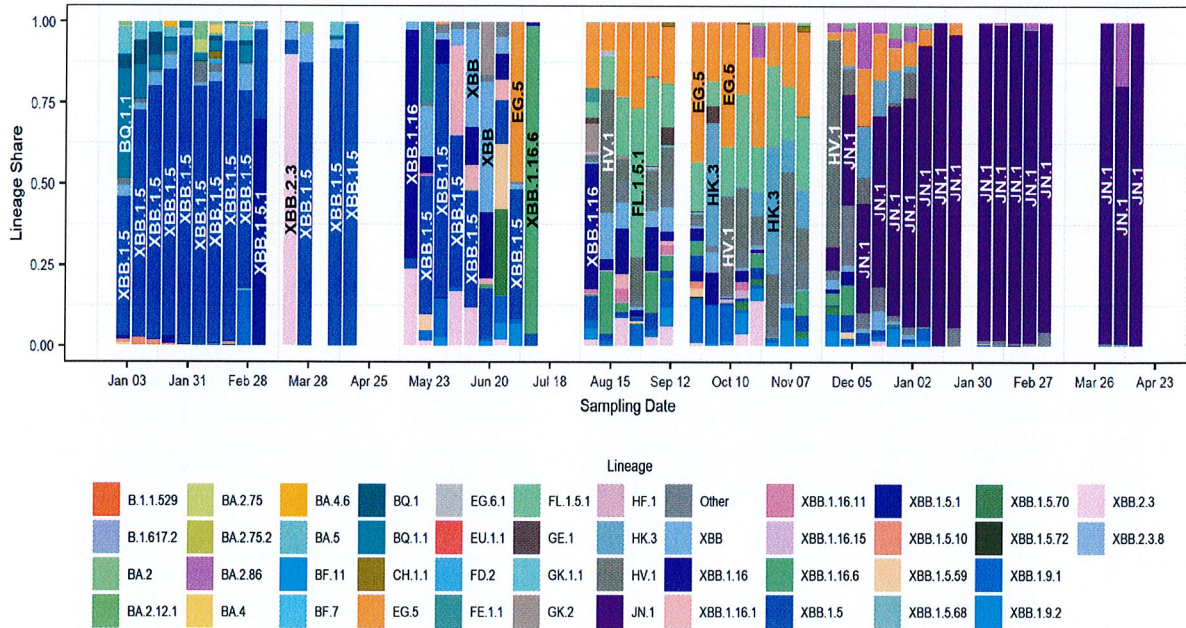


Sewershed level of SARS-CoV-2 genetic sequencing throughout time

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.

SARS-CoV-2 Genetic Sequencing in 2023

Ulster County Aggregation



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.



Department of Health

KATHY HOCHUL
Governor

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

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

DATE: May 8, 2024
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 No Longer Prevalent in the State

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

Influenza cases and hospitalizations recently have been at low levels compared to peak activity in late December 2023.

Therefore, New York State Department of Health Commissioner James McDonald, MD, MPH, declares that influenza is no longer prevalent for the 2023-24 influenza season, as of the date of this announcement. Accordingly, at this time, section 2.59 of the New York State Sanitary Code (10 NYCRR § 2.59) no longer requires all healthcare and residential facilities and agencies regulated pursuant to Article 28, 36, or 40 of the Public Health Law, to 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 may be present.

Be advised that this declaration does not supersede current guidance regarding the use of facemasks related to COVID-19. For the latest information and guidance on COVID-19, including the use of personal protective equipment (PPE), please visit the NYSDOH website at <https://coronavirus.health.ny.gov/information-healthcare-providers>.

This declaration shall remain in effect until the Commissioner declares influenza to be prevalent in New York State.

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

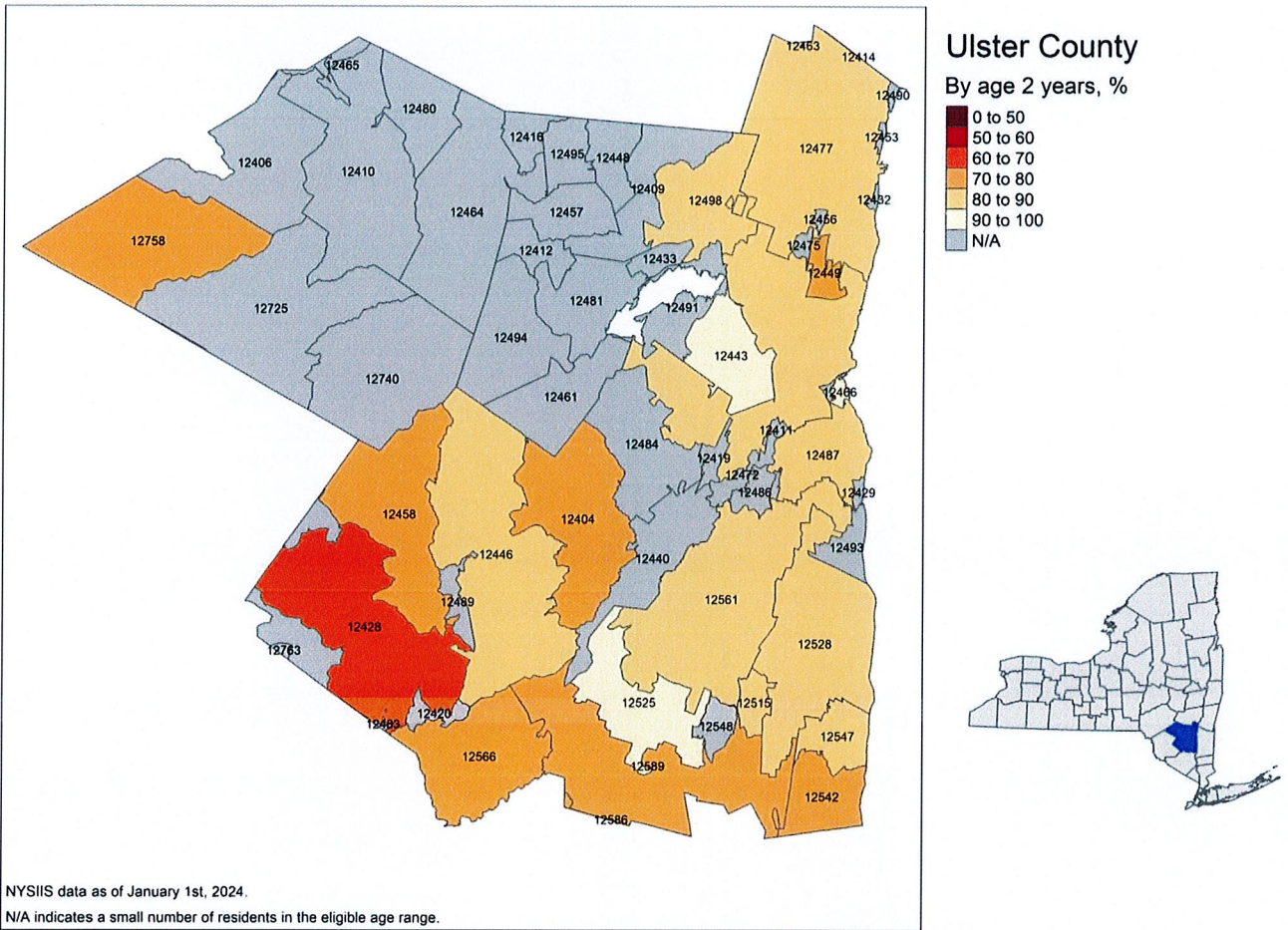
For more information please direct questions to FluMaskReg@health.ny.gov

MMR Vaccination Rates by ZIP Code: Ulster County

This report is based on data as of January 1, 2024 from the New York State Immunization Information System (NYSIIS). The rates below are calculated based on data of children that have received 1 MMR immunization by 2 years of age, reported their residency as the State of New York, provided their New York State county of residence, and have at least one immunization or have a New York State birth record outside of New York City.

- As of January 8, 2008, all health care providers in New York State, outside of New York City, are required to report all immunizations administered to people less than 19 years of age, along with the person's immunization histories, to NYSDOH using NYSIIS.
- Calculated rates are based on where the individual resides, based on the most recent resident information reported through NYSIIS.
- ZIP codes that straddle more than one county are designated to a single county based on the [open data page here](#) and in consultation with local county health departments, in which the entire ZIP code is included in the rate.
- Data are not included for ZIP codes where there are less than 20 residents in the eligible age range.
- Some entities that are not under the regulatory authority of the State of New York (e.g., federal entities such as federal military facilities, first nations, and jurisdictions outside of New York State), may not report this data to New York State, and would therefore not have their data included in NYSDOH rates.
- The New York City Department of Health and Mental Hygiene (NYCDOHMH) maintains non-COVID-19 immunization records for New York City residents through the Citywide Immunization Registry (CIR).

Figure 1: Ulster County MMR Vaccination Rates by ZIP Code



*Some ZIP codes' labels may be in a different place than they would appear on a geographic map or not be visible due to formatting limitations with the software used to generate the NYSDOH MMR vaccination rate ZIP code map. If you do not see a ZIP code label on the map, please refer to Table 1 for the corresponding MMR vaccination rate for each ZIP code available or the data description for more information about the data source.

Table 1: Ulster County MMR Vaccination Rates by ZIP Code

ZIP Code	MMR Vaccination Rate
Ulster County overall rate	80.3%
12401	83.7%
12404	78.6%
12414	92.7%
12428	64.6%
12443	96.7%
12446	88.1%
12449	75.0%
12458	73.9%
12466	96.3%
12477	82.1%
12487	87.1%
12498	80.6%
12515	82.6%
12525	91.3%
12528	85.2%
12542	75.7%
12547	81.5%
12561	80.9%
12566	78.4%
12586	77.5%
12589	77.2%
12758	75.0%
12406	*
12409	*
12410	*
12411	*
12412	*
12416	*
12417	*
12419	*
12420	*
12429	*
12432	*
12433	*
12435	*
12440	*
12441	*
12448	*
12453	*

ZIP Code	MMR Vaccination Rate
12456	*
12457	*
12461	*
12463	*
12464	*
12465	*
12471	*
12472	*
12475	*
12480	*
12481	*
12483	*
12484	*
12486	*
12489	*
12490	*
12491	*
12493	*
12494	*
12495	*
12548	*
12725	*
12740	*
12763	*

*Not shown, due to a small number (<20) of residents in the eligible age range.

New York State Influenza Surveillance Report

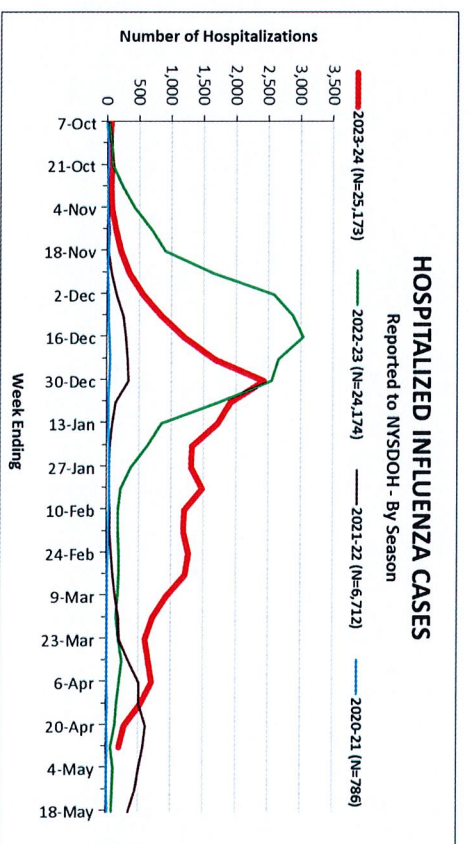
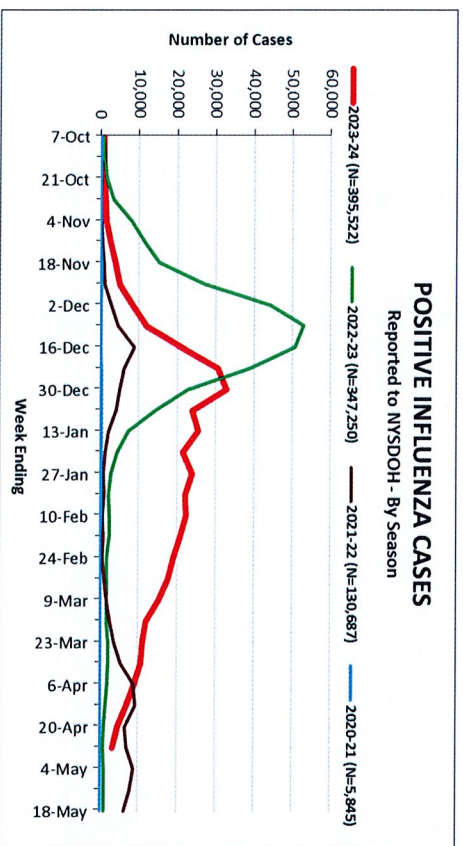
The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza activity year-round in New York State (NYS) and produces this weekly report during the influenza season (October through the following May).¹

During the week ending April 27, 2024

- Influenza activity was categorized as geographically widespread². This is the 23rd consecutive week of widespread activity reported this season.
- Laboratories tested 20,555 specimens for influenza, of which 3,550 (17%)³ were positive, a 28% decrease in positive cases compared with the previous week.
- The number of patients hospitalized with laboratory-confirmed influenza was 214, a 25% decrease in hospitalized cases compared with the previous week.
- Of the 2,401 specimens submitted to WHO/NREVSS laboratories, 125 (5%) were positive. 49 were positive for influenza A and 76 for influenza B.
- The percent of patient visits for influenza-like illness (ILI⁴) from ILINet providers was 1.25%, below the regional baseline of 4.20%.
- There were 3 outbreaks reported in hospitals and 1 outbreak reported in a nursing home. Season to date, a total of 856 outbreaks have been reported from hospitals and nursing homes in NYS.
- There were 2 influenza-associated pediatric deaths reported this week. There have been 19 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, age group, and multi-season comparison graphs are available on the NYS Flu Tracker dashboard at <https://nysdc.health.ny.gov/web/nypapd/new-york-state-flu-tracker>.



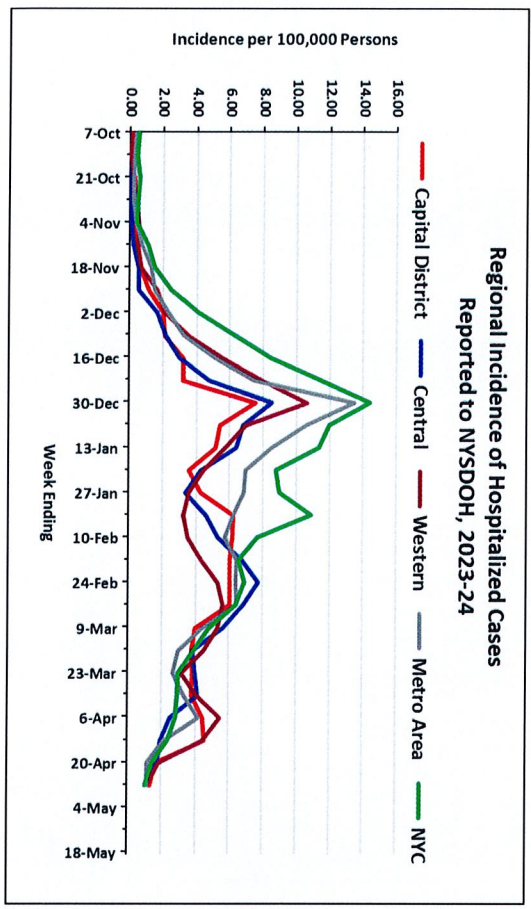
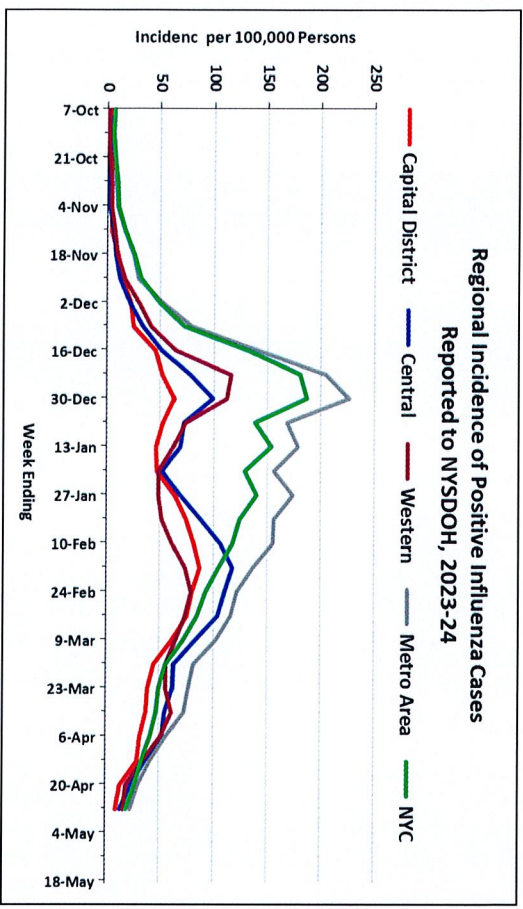
¹ Information about influenza monitoring in New York City (NYC) is available from the NYC Department of Health and Mental Hygiene website at: <http://www.nyc.gov/html/doh/>. National influenza surveillance data is available on CDC's FluView website at <http://www.cdc.gov/flu/weekly/>.

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 There is no systemic reporting of negative influenza lab results to the NYSDOH, which may result in an elevated percent positivity.

⁴ 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



Geographic Activity and Incidence Rate

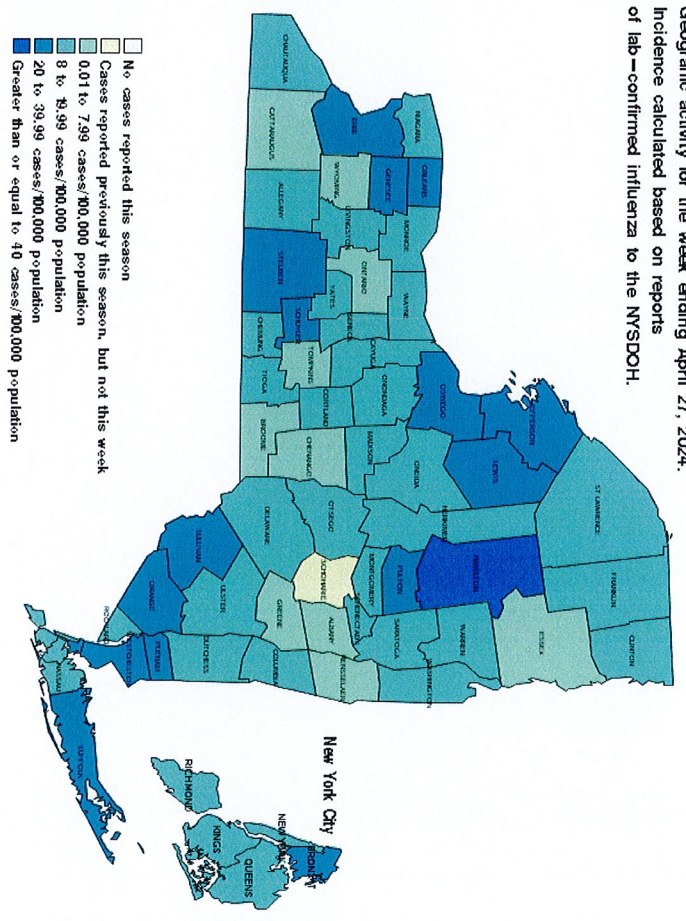
Laboratories that perform testing on NYS residents report all positive influenza test results to NYSDOH. County and regional incidence rates are calculated statewide to determine geographic activity.

- 61 counties reported influenza cases this week.
- Incidence ranged from 0-115.07 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.

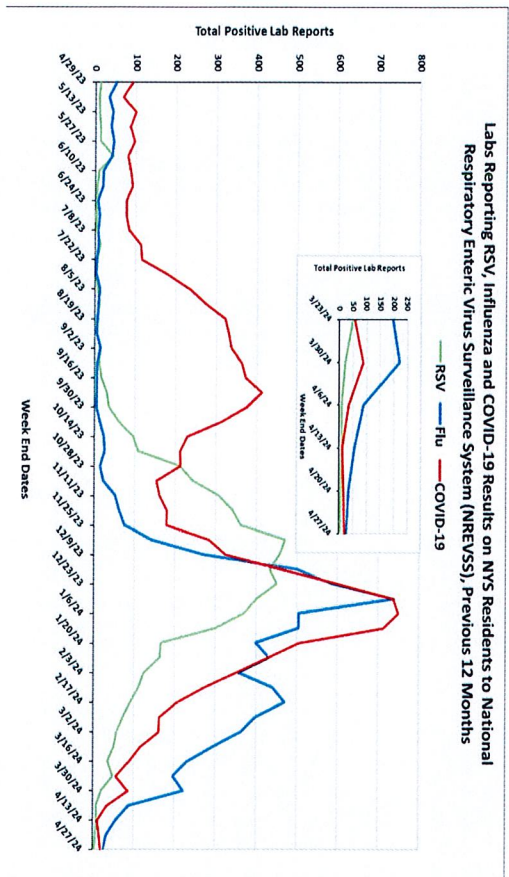
NYS Geographic Activity Level This Season			
Total Weeks at Sporadic	Total Weeks at Local	Total Weeks at Regional	Total Weeks at Widespread
5	0	2	23

Geographic activity for the week ending April 27, 2024. Incidence calculated based on reports of lab-confirmed influenza to the NYSDOH.



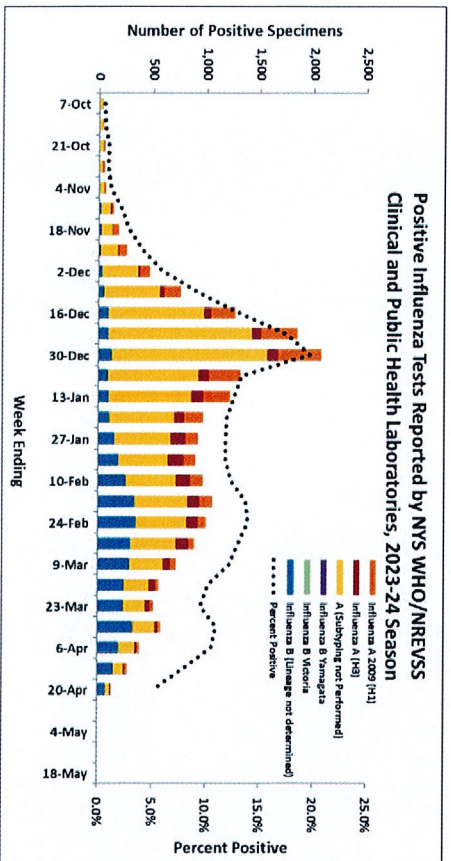
National Respiratory & Enteric Virus Surveillance System (NREVSS)

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.



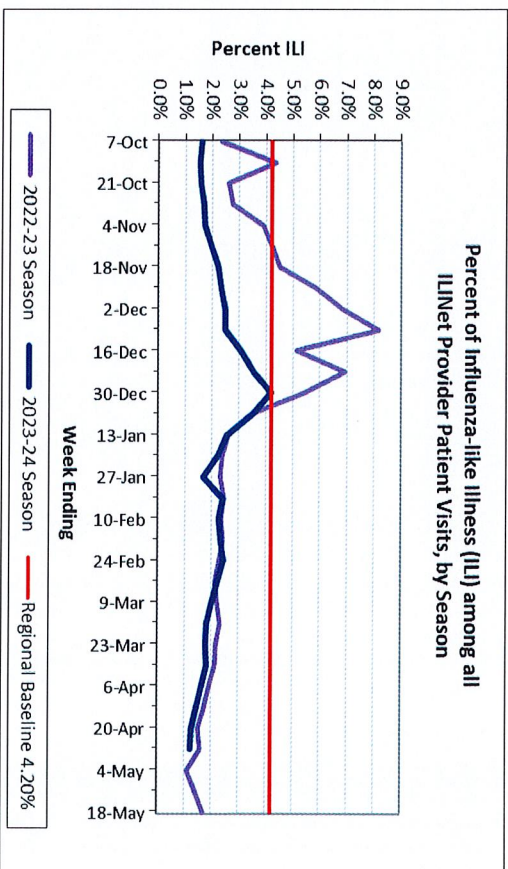
World Health Organization (WHO) and National Respiratory & Enteric Virus Surveillance System (NREVSS)

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)		
	HOSP	NH	Total	HOSP	NH	Total	HOSP	NH	Total	HOSP	NH	Total	HOSP	NH	Total
04/21/2024 - 04/27/2024	0	0	0	0	0	0	3	1	4	0	0	0	3	1	4
10/01/2023 - 04/27/2024	27	33	60	27	56	83	316	263	579	29	105	134	399	457	856

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

HERDS: Healthcare Personnel Influenza Vaccination Report-April 2024

New York State Dept. of Health

Activity :	Healthcare Personnel Influenza Vaccination Report	Name :	ULSTER COUNTY DEPARTMENT OF HEALTH LHCSA (1874L001)
Organization :	ULSTER COUNTY DEPARTMENT OF HEALTH LHCSA	Address 1 :	239 GOLDEN HILL DRIVE
Form :	Healthcare Personnel Influenza Vaccination Report-April 2024	Address 2 :	2ND FL
Data Entity		City :	KINGSTON
Type :	LHCSA	State & Zip :	NY-12401
Name :	ULSTER COUNTY DEPARTMENT OF HEALTH LHCSA	County :	Ulster (111)
Time Period :		Region :	Metropolitan Area Regional Office
		Phone & Fax:	

Section	Field	Value	Data Status	User	Updated
Contact Info	1. Name of the person primarily responsible for completion of this survey*	Lissette McNulty	submitted	hinlxm28	05/13/2024 09:12 AM
	2. Title*	Director of Public Health Nursing	submitted	hinlxm28	05/13/2024
	3. Phone number (in xxx-xxx-xxxx format)*	845-340-3060	submitted	hinlxm28	05/13/2024 09:12 AM
	4. Email address*	lmcn@co.ulster.ny.us	submitted	hinlxm28	05/13/2024
Vaccination Info - Employees	5. Enter the TOTAL number of Employees that worked at this facility/agency from October 1, 2023 through March 31, 2024*	13	submitted	hinlxm28	05/13/2024 09:12 AM
	Out of the total Employees entered above, indicate the number of each of the following: (Enter '0' for None or N/A) Note: The sum of questions 5a - 5c below must equal the total number entered above in question 5.				
	5a. Employees that received an influenza vaccination after July 1, 2023*	11	submitted	hinlxm28	05/13/2024 09:12 AM
	5b. Employees that declined to receive the influenza vaccine*	2	submitted	hinlxm28	05/13/2024 09:12 AM
	5c. Employees with unknown influenza vaccination status(or criteria not met for questions 5a-5b above)*	0	submitted	hinlxm28	05/13/2024 09:12 AM
Vaccination Info - Licensed	6. Enter the TOTAL number of Licensed	0	submitted	hinlxm28	05/13/2024 09:12 AM

HERDS: Healthcare Personnel Influenza Vaccination Report-April 2024

New York State Dept. of Health

Independent Practitioners	Independent Practitioners that worked at this facility/agency from October 1, 2023 through March 31, 2024*				
	Out of the total Licensed Independent Practitioners entered above, indicate the number of each of the following: (Enter '0' for None or N/A) Note: The sum of questions 6a - 6c below must equal the total number entered above in question 6.				
	6a. Licensed Independent Practitioners that received an influenza vaccination after July 1, 2023*	0	submitted	hinlxm28	05/13/2024 09:12 AM
	6b. Licensed Independent Practitioners that declined to receive the influenza vaccine*	0	submitted	hinlxm28	05/13/2024 09:12 AM
	6c. Licensed Independent Practitioners with unknown influenza vaccination status (or criteria not met for questions 6a-6b above)*	0	submitted	hinlxm28	05/13/2024 09:12 AM
Vaccination Info - Students, Trainees, and Volunteers 	7. Enter the TOTAL number of Students, Trainees, and Volunteers that worked at this facility/agency from October 1, 2023 through March 31, 2024*	0	submitted	hinlxm28	05/13/2024 09:12 AM
	Out of the total Students, Trainees, and Volunteers entered above, indicate the number of each of the following: (Enter '0' for None or N/A) Note: The sum of questions 7a - 7c				

HERDS: Healthcare Personnel Influenza Vaccination Report-April 2024

New York State Dept. of Health

	below must equal the total number entered above in question 7.				
	7a. Students, Trainees, and Volunteers that received an influenza vaccination after July 1, 2023*	0	submitted	hinlxm28	05/13/2024 09:12 AM
	7b. Students, Trainees, and Volunteers that declined to receive the influenza vaccine*	0	submitted	hinlxm28	05/13/2024 09:12 AM
	7c. Students, Trainees, and Volunteers with unknown influenza vaccination status(or criteria not met for questions 7a-7b above)*	0	submitted	hinlxm28	05/13/2024 09:12 AM
Vaccination Info - Contract Personnel 	8. Enter the TOTAL number of Contract Personnel that worked at this facility/agency from October 1, 2023 through March 31, 2024*	0	submitted	hinlxm28	05/13/2024 09:12 AM
	Out of the total Contract Personnel entered above, indicate the number of each of the following: (Enter '0' for None or N/A) Note: The sum of questions 8a - 8c below must equal the total number entered above in question 8.				
	8a. Contract Personnel that received an influenza vaccination after July 1, 2023*	0	submitted	hinlxm28	05/13/2024 09:12 AM
	8b. Contract Personnel that declined to receive the influenza vaccine*	0	submitted	hinlxm28	05/13/2024 09:12 AM
	8c. Contract Personnel with unknown influenza vaccination	0	submitted	hinlxm28	05/13/2024 09:12 AM

	status(or criteria not met for questions 8a-8b above)*				
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**Required Fields. ** Repeatable Sections.*

Form Rules:

[1] 5. Enter the TOTAL number of Employees that worked at this facility/agency from October 1, 2023 through March 31, 2024 MUST BE EQUAL TO 5a. Employees that received an influenza vaccination after July 1, 2021 + 5b. Employees that declined to receive the influenza vaccine + 5c. Employees with unknown influenza vaccination status(or criteria not met for questions 5a-5b above)

[2] 6. Enter the TOTAL number of Licensed Independent Practitioners that worked at this facility/agency from October 1, 2021 through March 31, 2022 MUST BE EQUAL TO 6a. Licensed Independent Practitioners that received an influenza vaccination after July 1, 2021 + 6b. Licensed Independent Practitioners that declined to receive the influenza vaccine + 6c. Licensed Independent Practitioners with unknown influenza vaccination status(or criteria not met for questions 6a-6b above)

[3] 7. Enter the TOTAL number of Students, Trainees, and Volunteers that worked at this facility/agency from October 1, 2021 through March 31, 2022 MUST BE EQUAL TO 7a. Students, Trainees, and Volunteers that received an influenza vaccination after July 1, 2021 + 7b. Students, Trainees, and Volunteers that declined to receive the influenza vaccine + 7c. Students, Trainees, and Volunteers with unknown influenza vaccination status(or criteria not met for questions 7a-7b above)

[4] 8. Enter the TOTAL number of Contract Personnel that worked at this facility/agency from October 1, 2021 through March 31, 2022 MUST BE EQUAL TO 8a. Contract Personnel that received an influenza vaccination after July 1, 2021 + 8b. Contract Personnel that declined to receive the influenza vaccine + 8c. Contract Personnel with unknown influenza vaccination status(or criteria not met for questions 8a-8b above)

[5] 3. Phone number (in xxx-xxx-xxxx format) IS IN A FORMAT OF phone_number(999-999-9999)

[6] 4. Email address IS IN A FORMAT OF Valid_Email_Address

Influenza (Flu)



Influenza (Flu)

[Influenza \(Flu\) Home](#)

CDC A(H5N1) Bird Flu Response Update

May 10, 2024 – CDC continues to respond to the public health challenge posed by a multistate outbreak of avian influenza A(H5N1) virus, or “A(H5N1) virus,” in [dairy cows and other animals in the United States](#). CDC is working in collaboration with the U.S. Department of Agriculture (USDA), the Food and Drug Administration (FDA), state public health and animal health officials, and other partners using a [One Health approach](#). [USDA is now reporting](#) that 42 dairy cattle herds in nine U.S. states have confirmed cases of A(H5N1) virus infections in cattle. There have been no additional human cases detected since the one recent case from Texas was [reported](#) on April 1, 2024,^{[1][2]} despite the fact that more than 260 people have been monitored as a result of their exposure to infected or potentially infected animals and at least 33 who have developed flu-like symptoms have been tested.

CDC’s response to this outbreak of influenza A(H5N1) virus in dairy cattle and other animals most recently includes:

- Continuing to support states that are monitoring people with exposure to cows, birds, or other domestic or wild animals infected, or potentially infected, with avian influenza A(H5N1) viruses. Testing of symptomatic people who have exposures is being done by state or local officials, and CDC is conducting confirmatory testing when needed.
- Continuing discussions with multiple states about state-led field investigations to explore key scientific and public health questions related to the ongoing outbreak. CDC is playing a coordinating role with regard to investigation protocols so that data collection can be standardized across states and results can be pooled. CDC’s multilingual and multidisciplinary epidemiological field teams are standing by, ready to deploy to support on-site studies if requested.
- Working to make personal protective equipment (PPE) available for affected farmworkers by asking that jurisdictions use their existing stockpiles for workers on dairy farms, poultry farms, and in slaughterhouses, prioritizing distribution of PPE to affected farms. If needed, HHS/ASPR has indicated it can provide PPE from the strategic national stockpile.
- Continuing work to better characterize the virus from the human case in Texas.
 - This week, CDC researchers inoculated (infected) ferrets with the virus from the one human infection for its laboratory studies. Ferrets are used as a model for people because they get sick and spread influenza viruses in a manner similar to people. The goals of these animal studies, include:
 - Assessing the severity of illness and transmissibility of the virus under different contact scenarios by infecting ferrets and assessing the outcome, including:
 - via direct or close contact, with healthy and infected ferrets in the same space; and
 - via respiratory droplets, with healthy and infected ferrets in side-by-side spaces separated by a wall with holes in it.
 - Results from the animal studies will be available in approximately three weeks. Experimental infection of cell lines is forthcoming.
 - Continuing to engage with manufacturers of commercial diagnostic tests and clinical partners to make progress toward the goal of having an A(H5N1) test that is widely available if needed.
 - Continuing the process so that all states can conduct A(H5) testing on eye specimens using CDC’s H5 test. CDC submitted the official request package for this to FDA at the end of last week. Use of eye swabs with the CDC H5 test when the testing is performed by CDC was approved by the CDC Clinical Laboratory Improvement Amendment (CLIA) director on April 27th, which means results of testing of eye swabs at CDC can be reported back for patient care. Some state public health laboratories have also taken the step to have eye swabs approved as a sample type for testing under their internal CLIA authorization. Originally, the test was designed for use with respiratory specimens. Once FDA authorizes the use of that specimen type with the test, all states will be able to do the testing themselves.
 - Continuing to engage One Health partner organizations from public health, agriculture, wildlife, milk regulatory officials, and others to share information and ensure preparedness to prevent and respond to this emerging infectious disease threat and for any potential human infections.
 - Continuing to monitor flu surveillance data, especially in areas where A(H5N1) viruses have been detected in dairy cattle or other animals, for any unusual trends in flu-like illness, flu, or conjunctivitis.

- Overall, for the most recent week of data, CDC flu surveillance systems show no indicators of unusual flu activity in people, including avian influenza A(H5N1) viruses.

CDC Recommendations

CDC has [interim recommendations](#) for prevention, monitoring, and public health investigations of A(H5N1) virus infections in people. CDC also has updated recommendations for [worker protection and use of personal protective equipment \(PPE\)](#). Following these recommendations is central to reducing a person's risk and containing the overall public health risk. Additionally, as a reminder, while CDC believes the current risk of A(H5N1) infection to the general public remains low, high levels of A(H5N1) virus have been found in unpasteurized ("raw") milk. CDC and FDA recommend against the consumption of raw milk or raw milk products. The risk of human infection from drinking raw milk containing live A(H5N1) virus specifically is unknown. To date, A(H5N1) viruses have not acquired the ability to bind to virus receptors that are most prevalent in the upper respiratory tract of people. If a person consumed raw milk with live A(H5N1) virus, the person could become infected, theoretically, by the virus binding to a limited amount of virus receptors in the upper respiratory tract or by aspiration of virus into the lower respiratory tract where receptors that A(H5N1) viruses can bind to are more widely distributed.

Ongoing Surveillance Needed

Genetic analysis of the human A(H5N1) virus and hundreds of cattle viruses indicate these viruses are still mainly avian in nature and do not currently have the ability to easily infect or spread among people. However, because of the potential for influenza viruses to constantly change, continual surveillance and preparedness efforts are critical, and CDC is taking measures to be ready in case the current risk assessment for the general public changes. The immediate goal is to prevent further spread of this virus between animals and people. CDC will continue to monitor these viruses and update and adjust guidance as needed.

This is a rapidly changing situation, and CDC is committed to providing frequent and timely updates.

Footnotes

^[1] The first human case of A(H5N1) bird flu in the United States was reported in 2022 in a person in Colorado who had direct exposure to poultry and was involved in the depopulating of poultry with presumptive A(H5N1) bird flu. The 2022 human case was not related to dairy cattle. The person recovered. Learn more at [U.S. Case of Human Avian Influenza A\(H5\) Virus Reported](#).

^[2] The second human case of A(H5N1) bird flu in the United States was reported in 2024 and linked with dairy cattle and reported eye redness as their only symptom, consistent with conjunctivitis, and has recovered. Learn more at [Highly Pathogenic Avian Influenza A \(H5N1\) Virus Infection Reported in a Person in the U.S.](#)

Last Reviewed: May 10, 2024