

**ULSTER COUNTY BOARD OF HEALTH
(UCBOH)**

September 10, 2024

AGENDA

CALL TO ORDER

1. OLD BUSINESS

- a. Approval of June 11, 2024 Minutes
- b. Functions of the Local Health Department

2. Department of Health Report

- a. Acting Public Health Director Update – Tim Rose
 - Medical Examiner (ME)
 - Medicolegal Investigators Introduction
 - 2024 To-Date Stats (1/1-8/31/24)
 - 2023 UC Deaths compared to ME cases
 - Commissioner/Public Health Director Update
 - Director of Public Health Nursing Services Vacancy
 - Environmental Formal Hearings
 - Lead
 - Taquara, LLC
 - Mery
 - Tobacco-Vapes
 - New Modena Mart
- b. Medical Consultant Update – Dr. Carena
 - COVID Update
 - Wastewater Report
 - Hospitalizations
 - Eastern Equine Encephalitis (EEE)
 - H5N1 (Avian Flu)

MEETING CONCLUSION

Ulster County Board of Health
September 10, 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, Dr. Ashanda Saint Jean

EXCUSED:

ABSENT:

UCDOH: Timothy Rose-Acting Public Health Director
Dr. Gina Carena-Medical Consultant
Thomas Gibney-Deputy Director for Administration
Taylor Bullock-Deputy Medical Examiner (Medicolegal Investigations)
Anthony Gariolo-Deputy Medical Examiner (Medicolegal Investigations)

UC Exec: Johanna Contreras-Deputy County Executive/Chief of Staff

GUEST:

Call to Order: 5:06 PM

OLD Business:

- **Vote to Approve Minutes:** A motion was made to approve the June minutes by Ms. Stevens, seconded by Dr. Saint Jean and unanimously approved.
- **Functions of the Local Health Department:** This overview document was distributed to the Board (see attached).

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

- **Introductions:** Thomas Gibney, Deputy Director for Administration, Taylor Bullock and Anthony Gariolo, Deputy Medical Examiners (Medicolegal Investigations), were introduced to the Board.
- **Medical Examiner (ME) Office Presentation:** Ms. Bullock and Mr. Gariolo presented to the Board an overview of the functions of the ME Office. A newly developed guide was distributed, outlining when and when not hospitals and healthcare providers should report a death to the ME Office, as well as how and when a death certificate should be completed (see attached). This document will be available on the UCDOH website. There have been issues with the ME Office not being notified of case which would fall under ME jurisdiction. Dr. Saint Jean offered to introduce the Investigators formally virtually to the CMO of Health Alliance Hospital, Dr. Michael Doyle and the manager of Medical Staff, Ms. Alexandra Estremera to assist in the mass distribution off the guidelines.

Ms. Bullock and Mr. Gariolo engaged with a question-and-answer session from the Board, addressing questions such as how deaths are

categorized, if private autopsies numbers are included in the ME autopsies conducted, and what percentage of UC deaths are ME cases (see attached).

- **Director of Public Health Nursing Services:** Lissette McNulty resigned her position of Director of Public Health Nursing Services in August. The Department is currently interviewing for her replacement. The Department is also recruiting for three (3) Supervising Public Health Nurse vacancies.
- **Environmental Health Formal Hearings:** Mr. Rose gave an overview of the Formal Hearing Process and the Board's role (see attached) in the process. Facilities that are found to be in violation of Ulster County Sanitary Code Regulations, Public Health Laws, and County Laws are brought in for a Formal Hearing which may result in a monetary fine. There is a Prosecuting Attorney, John Burns, Esq., representing the Department, a Hearing Officer, Michael Smith, Esq, presiding, and a Stenographer for accurate transcription of the proceedings. Once the Hearing is complete, the Hearing Officer writes their findings and recommendations which are then presented to the Board of Health for review and final approval. The following three (3) recommendations were presented to the Board:
 1. Taquara, LLC: Lead housing violation - \$2500.00 and abatement (see attached). A motion was made to approve this recommendation by Dr. Saint Jean, seconded by Dr. Sanchez, and unanimously approved.
 2. Nathaniel Mery: Lead housing violation - \$2500.00 and abatement (see attached). A motion was made to approve this recommendation by Ms. Stevens, seconded by Ms. Rogan, and unanimously approved.
 3. New Modena Mart: Flavored Vape Violation - \$9000.00 reduced to \$6000.00 (see attached). A motion was made to approve this recommendation by Ms. Stevens, seconded by Dr. Sanchez, and unanimously approved.

The Board requested a presentation on the Flavored Vape Law. The Director's Office will schedule for a future meeting.

The Board requested that the findings and recommendations be emailed to them five (5) days prior to the monthly meeting for review.

The Board expressed concerns about reducing vape fines to facilities who knowingly purchase and sell these illegal products.

Department of Health Medical Consultant Report: Dr. Carena presented on the following:

- **COVID Update:**
 - a. The COVID Wastewater Surveillance report was distributed to the Board (see attached). Saugerties and New Paltz sampling are declining while Kingston is showing an increase.

b. COVID hospitalizations were reported, one (1) in Ellenville Regional and seven (7) in Hudson Valley Health Alliance.

- **Eastern Equine Encephalitis (EEE)**: There is one horse within Ulster County that expired. To date there are no human cases. EEE is preventable through the use horse vaccination. There is no increase in cases. However, EEE is still present. Some counties are releasing mosquito advisories. Currently, Ulster is not at the point in which an advisory should be issued. An information document was distributed to the Board (see attached).
- **H5N1 (Avian Flu)**: Birds develop H5N1 and spread it to cows who then can spread it to humans via consuming raw dairy. There is risk should an individual contract both Avian and seasonal flu as mutation will occur and person-to-person transmittal will be inevitable. Administering seasonal flu vaccine to these workers will drastically reduce the risk of mutation. Currently, there are primarily eleven (11) counties in which the seasonal flu vaccine is being administered to farm workers as a preventative measure. Ulster County is not one (1) of the eleven (11) counties. However, UCDOH is ready to respond should the need arise. An information document was distributed to the Board (see attached).

Executive Session: At 6:05 pm the Chair, Ms. Turco excused UCDOH employees, the recording was stopped, and the Board went into Executive Session so that the Deputy County Executive, Ms. Contreras could speak with Board Members regarding a personnel matter.

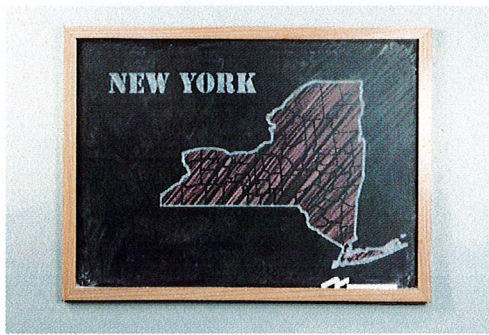
Adjournment: A motion to adjourn was made by Dr. Saint Jean, seconded by Dr. Sanchez, and unanimously approved.

Next Meeting: Scheduled for Tuesday, October 8, 2024, at 5:00 PM, Golden Hill Office Building, 239 Golden Hill Lane, Kingston, NY 12401.

Respectfully submitted by:



Kathleen Rogan, Secretary



FUNCTION OF LOCAL HEALTH DEPARTMENTS IN NEW YORK STATE

LHDs are agencies of county government that work closely with the New York State Department of Health (DOH). They operate under the statutory authority of Article 3 and Article 6 of the Public Health Law (PHL).

Through our local health departments, counties provide essential, population-based core public health services that promote and protect the health of all who live, work, and play in counties throughout New York. County LHDs protect the public's health by:

1. Developing and maintaining individual and community preparedness for public health hazards and events;
2. Investigating, preventing, and controlling communicable diseases;
3. Preventing environmental health hazards through assessment, regulation, and remediation;
4. Preventing chronic diseases through outreach and education to promote healthy lifestyles;
5. Protecting our communities from unintentional injuries and violence;
6. Providing services to women, children, and families to support healthy outcomes.

In New York, 57 county health departments and the New York City Department of Health and Mental Hygiene exercise the legal authority and responsibility for public health services at the local level. LHDs operate under the administrative authority of local governments (Article 3 of the PHL) and the general supervision of the State Commissioner of Health (Article 2 of the PHL, Section 206). While various federal and state public health statutes and regulations guide services, each LHD addresses the unique needs of its own community as determined through ongoing community assessment and health improvement planning. Many counties are governed by a local board of health, the county executive, or a combination of these entities. In mainly rural counties, the county legislature or board of supervisors typically serves as the governing authority of the LHD.

Under New York State law (Article 3 of the PHL) and regulations, LHDs must be served by a full-time public health director or a full-time Commissioner. Public health directors can be appointed in counties with populations of 250,000 or less. All other counties must appoint a commissioner, who must be a physician. Both positions are appointed for six-year terms and must be approved by the State Commissioner of Health. If need be, smaller counties can share a public health official who is allowed to serve up to three counties, with a combined population of 150,000 or less, or a county with a population of 35,000 or less may choose to share a commissioner with a larger county, regardless of their combined populations. Variability exists across the county spectrum.

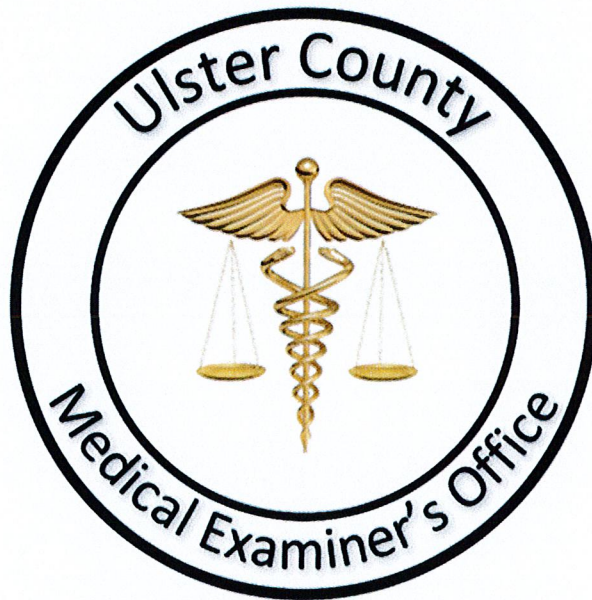
New York's local health departments are considered either full service or partial service. In full service counties, the LHD provides all core public health services required under Article 6 of the public health law. In partial service counties, which are mainly smaller, rural jurisdictions, the LHD provides all core public health services with the exception of Environmental Health services. In these counties, Environmental Health services are provided by a district office of the NYS Department of Health, each typically serving multiple counties. Regardless of whether they are considered full or partial service, all counties have a local health department.

For more information contact: Sarah Ravenhall, MHA, CHES, Executive Director, the New York State Association of County Health Officials 518-475-8905; sarah@nysacho.org

Ulster County Medical Examiner's Office

Guide to Death Notification and Certification for Hospitals and Healthcare Providers

Adapted from the Onondaga County Medical Examiner's Office



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Deaths Reportable to the Medical Examiner

New York State County Law, Article 17A, Sections 670 to 676, mandates the Medical Examiner to make inquiry regarding all unnatural deaths within the County. As required by law, all unnatural deaths, or deaths which *appear* to be unnatural, or suspicious, as well as any sudden unexplained death or death of an individual not under the care of a physician, must be reported to the Medical Examiner's Office. The Ulster County Medical Examiner's Office has jurisdiction over deaths occurring under the following circumstances:

- All forms of criminal violence or from an unlawful act or criminal neglect.
- All accidents (motor vehicle, industrial, home, public place, etc.).
 - All deaths from conditions directly related to trauma, regardless of the passage of time (e.g., death from a seizure disorder that was the result of a fall).
- All suicides.
- All deaths that are caused or are contributed to by drug and/or chemical overdose or poisoning.
- Sudden death of a person in apparent good health.
- Deaths of all persons in legal detention, jails, or police custody, including any prisoner who is a patient in a hospital, regardless of duration of hospital stay.
- Deaths that occur during pregnancy, during childbirth, or within twelve months from the end of pregnancy.
- When a fetus is born dead in the absence of a physician or midwife:
 - Stillbirths and neonatal deaths from prematurity in the hospital need not be reported to the UCMEEO unless there is a history of maternal trauma or substance abuse, or the case has some other unusual or suspicious circumstance.
- Deaths due to disease, injury, or toxic agent resulting from employment.
- Deaths which occur in any suspicious or unusual manner.

Note: When you are certifying a death, any time the possibility arises that the manner of death may be anything other than natural, you are dealing with a case that falls under the jurisdiction of the Medical Examiner and should contact the UCMEEO immediately.

Procedure for Reporting a Death to the Medical Examiner

The Ulster County Medical Examiner's Office is accessible 24-hours-a-day, 365 days a year, with a medicolegal death investigator on-duty at all times. To report a death, call **845-338-1440**, as promptly as possible, after the death. This number reaches the Ulster County Emergency Communications Center, which will relay your notification to the on-call investigator. You will receive a call back in a timely manner. Please do not call the Department of Health to report a death, as there is not always an investigator at our administrative offices.

Please have the following information available at time of notification:

- Name, age, date of birth, sex, and race of the decedent.
- Home address and telephone number.
- Place removed from (if a hospital death) or current location of the body.
- Time of death and name of individual who made the pronouncement.
- A brief narrative surrounding the circumstances of the death.
- Past medical history, if any.
- Current medications, if any.
- Where the decedent was found, and by whom.
- When the decedent was last seen alive, and by whom.
- Name, address, and telephone number of the next-of-kin, their relationship to the decedent, and whether they have been notified of the death.
- The name and telephone number of the attending physician.

Even though you may not have all of the information, you *should not delay* our notification.

On the basis of this information, a decision will be made whether or not the death falls under the jurisdiction of the Medical Examiner. If the Medical Examiner's Office waives jurisdiction, we are not responsible for finding a physician to sign the death certificate, although we will facilitate this whenever possible.

Note: If the decedent expires in a hospital or nursing home and the death becomes a Medical Examiner's case, a copy of the decedent's chart will also be required to be sent with the decedent via the transport service, via fax to 845-334-8337, or via secure email to medicalexaminer@co.ulster.ny.us.

Special Handling of Medical Examiner Cases

The Medical Examiner's Office recognizes that saving a life is of paramount importance. The information listed below must be understood with this primary directive in mind:

- Do not move the body after the individual has been pronounced dead.
- All catheters, tubes, bandages, casts, defibrillation pads, or other medical appliances should be left in place and not removed or disturbed once a person has died.
- In cases where stab and/or gunshot wounds are involved, it is imperative not to use the perforation as the starting point for exploratory procedures. Doing so obscures future accurate documentation of the injury, which may cloud the many legal questions that usually follow.
- In cases where the individual is still alive upon admission to the hospital and the final outcome may fall under the jurisdiction of the Medical Examiner, it is imperative that ALL admitting specimens (e.g., blood, urine, gastric lavage) be retained for testing by the Medical Examiner, should the need arise.
- Decedents must be placed in a clean, new body bag and sealed with a uniquely numbered lock seal before transport. It is particularly helpful if the bag has two zippers to run the seal lock through, however, if the bag only has one zipper, the bag can be secured by looping the seal lock through the zipper and a small hole made at the end of the bag.
- Clothing and other items physically on the decedent at the time of death should be transported with the body.
- Any clothing or other items, including valuables, that were removed by EMS personnel or hospital staff during treatment, must be placed into a personal effects bag and sealed in the body bag with the decedent for transport to our facility.

Natural vs. Unnatural Deaths

A **natural** death is any death that is the direct result of the progression of a medically recognized disease process. Widespread cancer, acute myocardial infarction due to coronary atherosclerosis (heart attack), or chronic obstructive pulmonary disease, are all examples of progressive, recognized, natural disease processes that may result in the death of an individual. The foreseeable and expected complications of these diseases are also classified as natural. **These deaths are not required to be reported to the Medical Examiner.** However, the UCMEEO welcomes and strongly encourages all deaths to be reported for evaluation of jurisdiction.

An **unnatural** death is any death in which there is intervening influence or circumstances not recognized as a medical disease process which either *initiates* the lethal sequence of events or *contributes* to the individual's demise. Acute renal failure due to hemolytic uremic syndrome would be classified as natural. Acute renal failure due to ethylene glycol (antifreeze) ingestion would be classified as unnatural with the actual manner (homicide, suicide, or accident) pending additional investigation by the Medical Examiner. **These deaths are required to be reported to the Medical Examiner.**

Other potentially unnatural deaths that must be reported to the Medical Examiner include:

- A person hospitalized for a traumatic injury who is never discharged and ultimately expires at the hospital months later.
- A person dies unexpectedly during medical treatment or while undergoing diagnostic testing or surgery.
- A person dies of an apparent natural disease process and had recent physical trauma; most commonly, an elderly individual with significant medical history suffers a fall with injury and dies a period of time later of apparent natural causes.

The determination of the significance of the injury will be established by the Medical Examiner through communication with those physicians who provided care for the decedent.

Cause of Death

The **cause of death** is the etiologically specific disease or injury that initiates a dependent and related sequence of events ultimately responsible for the death of that individual. It is often helpful to use the “*but for*” *principal* when establishing a cause of death, in which “but for” a particular disease or injury, the individual would not be dead.

The time interval between the initial insult and death can be instantaneous, as in a massive intracranial hemorrhage due to hypertensive cardiovascular disease, or it can be hours, days, weeks, months, and years between the initial event and death. For example, bronchogenic carcinoma may be present for months before the tumor eventually erodes a major vessel resulting in exsanguination or causes sufficient obstruction so as to create a favorable environment for lethal pneumonia.

Sometimes there may be confusion regarding the actual cause of death, especially if a considerable time interval between the initial event and death has passed and multiple disease processes have come into play. For example, an individual with blunt abdominal injuries secondary to a motor vehicle collision may require prolonged hospitalization. During their stay, the patient develops acute peritonitis and dies of sepsis. In this example, the blunt traumatic injury to the abdomen is still the underlying cause of death. "But for" the abdominal injuries, none of the other disease processes would have been likely to occur, and therefore this death is the result of injury.

In other instances, there may be an independent supervening factor, which would not be a reasonable and foreseeable consequence of the initial disease or injury and would alter the cause and manner of death. For example, a terminally ill patient inadvertently receives an incorrect dose of medication that results in toxic effects. This would be an independent supervening factor, certainly not a reasonable and foreseeable consequence of his/her natural demise, and thus falls under the jurisdiction of the Medical Examiner.

Manner of Death

There are five recognized manners of death. The manners of death are homicide, suicide, accident, natural, and undetermined. The only manner of death that a non-medical examiner may certify is **NATURAL**. A natural death is one that is attributed solely to natural disease in the absence of trauma, injury (including drugs and other toxic substances), or suspicion of foul play.

The manner of death is determined by review of the circumstances in which the death took place. The cause of death (e.g. bronchopneumonia) can be the same despite different manners. For example, bronchopneumonia would not change as the cause of death if it resulted from complications of a criminal gunshot wound of the chest, a suicidal barbiturate overdose with subsequent coma and aspiration, or if it was a community acquired infection. The difference in all of these cases would be the manner of death. A death where there is even a remote possibility that the underlying manner of death is unnatural **MUST** be reported to the Medical Examiner's Office. This determination is independent of the length of time between the initial injury and death. For example, a decedent, who in 1997 developed a seizure disorder as a result of a homicidal gunshot wound to the head, is witnessed to have a seizure and suffer a cardiopulmonary arrest. Vigorous resuscitation restores heart function, but he succumbs one week later to pneumonia. The cause of death would be bronchopneumonia due to seizure disorder due to gunshot wound of the head. Despite the lengthy time interval between the head wound and the pneumonia, "*but for*" the gunshot wound he would not have had the seizure disorder which was responsible for his bronchopneumonia, which ultimately led to his demise. Legally, the manner of death in this case would be certified as homicide.

Factors which may be contributory to a person's death, can also make that death unnatural. An individual with terminal congestive heart failure may fall and break a hip, hastening their demise. An individual with coronary atherosclerosis might die while using cocaine for recreational purposes. In these cases, the manner of death would be accidental as a result of the contributory cause.

Common Errors in Certifying Death Certificates

One of the most common errors in certifying a death is the use of the terms *cardiopulmonary arrest* and *cardiac arrest*. Neither of these terms are a cause of death; rather, they are the definition of death. Alone, these terms provide no information whatsoever as to the underlying injury or disease process that was responsible for the individual's death. Rather than list either of these terms, identify the underlying condition or disease process responsible for the "arrest." Most commonly, it will be *hypertensive and atherosclerotic cardiovascular disease*.

Aspiration is often listed as a cause of death when *aspiration pneumonia* is meant. If the decedent acutely chokes on a food bolus, vomitus, or foreign body, this is an unnatural death and must be reported to the Medical Examiner!

Hip fracture is a common contributory cause of death in the elderly. This is not a natural disease process unless it results from a pathologic fracture such as those associated with metastatic cancer. If the hip fracture is part of the terminal hospitalization, it contributes to the death and must be reported to the Medical Examiner!

All death certificates that are filed in Ulster County are reviewed by the Medical Examiner's Office. If errors are identified, the UCMEO will contact the signing physician to request revision. It is much easier for all concerned if the proper procedure is followed from the start. If there is ever a question on how to certify a death, please call the Medical Examiner's Office at (845) 340-3009 for guidance.

All death certificates are completed using the New York State Database Application for Vital Events (DAVE). For questions regarding the use of this system, please contact the DAVE Call Center at 1-844-866-3377.

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2024 and 8/31/2024

Total Number of Cases: 136

<i>Cases by Gender</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
F	3	1	6	5	9	5	7	4	0	0	0	0	40
Fetal	1	0	0	0	0	0	0	0	0	0	0	0	1
M	15	12	13	7	11	13	13	11	0	0	0	0	95
Grand Total	19	13	19	12	20	18	20	15	0	0	0	0	136

<i>Cases by Manner</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Accidental	8	4	8	4	7	6	4	2	0	0	0	0	43
Homicide	0	0	0	1	0	1	0	0	0	0	0	0	2
Natural	8	5	10	4	10	6	9	7	0	0	0	0	59
Pending	0	0	0	1	0	2	2	3	0	0	0	0	8
Suicide	2	4	0	2	3	2	4	3	0	0	0	0	20
Undetermined	1	0	1	0	0	1	1	0	0	0	0	0	4
Grand Total	19	13	19	12	20	18	20	15	0	0	0	0	136

<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	1	0	0	0	0	0	2
Asthma	0	1	0	1	0	0	0	0	0	0	0	0	2
Blunt Force Trauma - non-MVA	0	0	0	0	2	0	0	0	0	0	0	0	2
Carbon Monoxide	1	0	0	1	0	0	0	0	0	0	0	0	2
Cardiovascular	5	2	3	3	7	3	6	4	0	0	0	0	33
Cardiovascular and Diabetes	0	1	0	0	0	1	0	1	0	0	0	0	3
Cardiovascular and Obesity	0	0	5	0	1	0	1	1	0	0	0	0	8
Complications of Natural Disease	0	0	1	1	1	1	1	1	0	0	0	0	6
Complications of Trauma	0	0	0	0	0	1	0	0	0	0	0	0	1
Diabetes	0	0	1	0	1	0	0	0	0	0	0	0	2
Fall	0	0	0	0	0	0	0	1	0	0	0	0	1
Fall - Intentional	1	0	0	1	1	0	1	0	0	0	0	0	4
Gunshot Wound	1	3	0	1	0	1	2	1	0	0	0	0	9
Hanging	0	1	0	0	1	0	0	2	0	0	0	0	4
Hypothermia	3	1	0	0	0	0	0	0	0	0	0	0	4
Infant	0	0	0	0	0	1	0	0	0	0	0	0	1
Motor Vehicle Accident	4	0	2	0	0	1	1	1	0	0	0	0	9
Non-Opioid Substance	0	1	1	0	0	0	1	0	0	0	0	0	3
Non-Opioid Substance w/ Alcohol	0	0	0	0	1	0	0	0	0	0	0	0	1
Non-Opioid Substance w/ Other Substances	0	0	1	0	0	0	1	0	0	0	0	0	2
Non-Opioid Substance w/ Other Substances and Alcohol	0	0	1	0	0	0	0	0	0	0	0	0	1

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2024 and 8/31/2024

Total Number of Cases: 136

Opioid w/Other Substances including Xylazine	0	0	0	1	1	1	0	0	0	0	0	0	3
Opioid-Related, without Xylazine	0	2	3	1	4	3	2	0	0	0	0	0	15
Other	2	0	0	0	0	0	0	0	0	0	0	0	2
Pending	0	0	0	1	0	1	1	1	0	0	0	0	4
Pending - Suspected Opioid	0	0	0	0	0	2	1	2	0	0	0	0	5
Pneumonia	2	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	1
Stab Wound	0	0	0	0	0	1	0	0	0	0	0	0	1
Sudden Unexplained Child/Infant Death	0	0	1	0	0	0	0	0	0	0	0	0	1
Train vs Pedestrian	0	0	0	0	0	1	0	0	0	0	0	0	1
Undetermined	0	0	0	0	0	0	1	0	0	0	0	0	1
Grand Total	19	13	19	12	20	18	20	15	0	0	0	0	136

**Ulster County Department of Health
Medical Examiner's Office
2023 Deaths**

*Total deaths	1,395	
---**Non-ME cases	914	66% of Total deaths
---ME cases	481	34% of Total deaths
-----Autopsied cases	216	15% of Total deaths
-----Referral Only cases	265	19% of Total deaths

* Total Death Certificates received

** Death occurred in Ulster

1.18.2.2.6 The right to be represented by counsel.

1.18.3 Conduct of Hearing

1.18.3.1 On the return day of the hearing, the hearing officer shall note the appearances of the persons attending the hearing.

1.18.3.2 Witnesses shall be sworn in and testimony shall be recorded.

1.18.3.3 The copy of the audio or digital recording of the hearing shall be provided within a reasonable time after the conclusion of the hearing, if requested by either the hearing officer, the respondent or representative of the Department. Commissioner/Director may employ the use of a Court stenographer or transcriptionist. The cost of same shall be borne by the Department. If respondent requests a stenographer or a transcriptionist, the cost shall be solely that of the respondent, unless otherwise agreed upon by the parties.

1.18.4 The hearing officer shall thereafter prepare findings of fact and conclusions and recommendations upon which the Board shall make a formal order, setting forth the determination, conditions, if any, to be complied with, and penalties, if any.

1.18.5 Nothing herein contained shall preclude the Department from taking any action other than the formal hearing herein provided for, as may be prescribed by law; nor shall the Department be precluded from taking such other action by virtue of the order made pursuant to this Section.

1.18.6 Appearances

At any hearing conducted pursuant to this Code, any party to the proceedings may appear personally and with counsel and shall be given the opportunity to produce evidence and witnesses and to cross-examine witnesses. At any formal hearing conducted pursuant to this Code, if a party shall appear without counsel, the hearing officer shall advise such party of his/her right to counsel, and that if he desires to proceed without counsel, that he may call witnesses, cross-examine witnesses and produce evidence in his/her behalf. Appearances shall be noted on the official record of hearings.

1.18.7 Adjournments

The hearing officer may grant adjournments upon request of any party to the proceedings, provided that an adjournment shall not be for an indefinite period of time but shall be set down for a day certain. If an adjournment is requested in advance of the hearing date, such request shall be submitted to the hearing officer in writing and shall specify the reason for such request. In considering an application for adjournment of a hearing, the hearing officer shall consider whether the purpose of the hearing will be affected or defeated by the granting of such adjournment.

1.18.8 Subpoenas

The Commissioner/Director or his/her designee for such purpose shall issue subpoenas or subpoenas duces tecum upon request of any party to the proceedings.

1.18.9 Procedure

The hearing officer shall not be bound by the rules of evidence in the conduct of a hearing, but the determination shall be founded upon sufficient legal evidence to sustain

it. Upon the conclusion of a hearing, the hearing officer shall make findings of fact, conclusions of law, and recommendations, and shall recommend dispositions to the Board. The Board shall take such action upon such findings of fact, conclusions of law, and recommendations as it deems proper, and shall execute an order carrying such findings and determinations into effect. The determination of the Board may include the assessment of civil penalties as provided by law or this Code. An order of suspension or revocation of any permit or license may contain such provisions as to renewal or reinstatement as the Board shall direct. The Board may direct a rehearing or require the taking of additional evidence and may rescind or affirm a prior determination after such rehearing. A copy of the audio or digital recording of the formal hearing shall be made available to all parties if requested, at a fee to be determined by the Commissioner/Director or the Board. Transcripts of the proceedings may be requested and purchased at the same rate per page as was paid by the County for transcription services.

1.18.10 Post-hearing Procedures

The Commissioner/Director shall cause to be served upon the respondents copies of findings of fact, conclusions and orders made as a result of a formal hearing by forwarding a copy to the respondent by certified mail, return receipt requested, to the respondent's last known residence or his/her actual or last known place of business.

1.19.0 Service of Notice

Unless otherwise expressly provided by law or by any other provisions of this Code, service of notice of hearings shall be made pursuant to the Civil Practice Law & Rules (CPLR) of the State of New York.

1.20.0 Service by Other than Prescribed Method

The Commissioner/Director, without notice, may order service of notice by any means reasonably determined to give notice to the person or entity if service, after due diligence, cannot be made in a prescribed method as set forth in the CPLR of the State of New York.

1.21.0 Enforcement: Seizure, Embargo, Condemnation, Disposition

1.21.1 Materials Dangerous to Health.

1.21.1.1 When, in the opinion of the Commissioner/Director, an article, substance or thing is unfit for human consumption or does not meet the requirements of the State Sanitary Code or this Code or otherwise constitutes a danger or is prejudicial to the public health, the Commissioner/Director or his/her designee may seize, embargo or condemn such material.

1.21.1.2 The Commissioner/Director or his/her designee may destroy, render harmless or otherwise dispose of all seized, embargoed or condemned material or may direct the owner or person in control thereof to do so.

1.21.1.3 When the Commissioner/Director or his/her designee determines that embargoed material consists in part of materials which are not in violation of the State Sanitary Code or this Code and which may be salvaged, or that embargoed materials or any part thereof can be brought into compliance with law, the Commissioner/Director or his/her designee shall permit the owner or person in control, unless, in the opinion of the Commissioner/Director, the protection of the public health otherwise requires, to separate salvageable portions or to bring such materials into compliance with the State Sanitary

State of New York/County of Ulster

**In the Matter of the Proceedings between
The County of Ulster and the Ulster County Health
Department**

AND

**REPORT &
RECOMMENDATION**

**TAQUARA, LLC
Proper Located at: 170 Albany Street, Apt. 1, Kingston NY**

PURSUANT TO THE ULSTER COUNTY SANITARY CODE

Before

Michael J. Smith, Esq. HEARING OFFICER

Hearing Date: June 11, 2024

Appearances:

For the ULSTER COUNTY DEPARTEMT OF HEALTH:

John Burns, Esq. Cook, Kurz and Murphy PC

For the OWNER

In Absentia

MICHAEL J. SMITH, ESQ.

TO: THE ULSTER COUNTY BOARD OF HEALTH ("Board")

Effective January 17, 2024*, the County of Ulster ("County") and the Ulster County Department of Health ("DOH") designated the undersigned as Hearing Officer for, among other matters, alleged violations of the Ulster County Sanitary Code ("Code") and the New York State Public Health Law ("PHL").

On June 11, 2024, I appeared, pursuant to Code Section 1.18.3, at the DOH offices at 239 Golden Hill Lane, Kinston NY 12401-6441 and conducted a hearing pursuant to Section 1.18.0 et.al. of the Code concerning the above owner and property relating to alleged "Conditions Conducive to Lead Poisoning" at the above property pursuant to Section 8.7.4 of the Code ("8.7.4")

As Hearing Officer I conducted an evidentiary hearing at which witnesses were heard and documentary evidence received into evidence. A transcript ("TR") was created from the proceeding. This shall constitute my Report and Recommendation to the Board pursuant to Code Sections 1.18.4. and 1.18.9.

Due and proper notice of this hearing was provided by a Notice of Hearing dated April 22, 2024 ("NOH") (Petitioner's Exhibit (PE7) and the NOH was duly served by both regular and certified mail. (TR at pg.14: Rodden) The hearing was held in absentia as the property owner did not appear to contest the charges at issue.

After receiving a referral from a healthcare provider as required by the PHL, the DOH confirmed the ownership of the property at issue. (PE 1&2) and conducted a site visit on December 8, 2021. An "XRAY fluorescence analyzer" was used to determine the possibility of lead paint and the results (P9) confirmed that the property contained many such areas. (TR 17-24 DeStasio).

As a result of these finding the ODH sent to the owner, at his legal address, a "Notice and Demand for Discontinuance of Lead Paint Violations" dated December 9, 2021, served by certified mail (PE4). After receiving no response from the owner and having no obligation under the Code to do so, the DOH served a "Lack of Response" letter dated July 26, 2023. (PE6) This too was ignored by the owner.

As a result, the DOH served a "Notice of Charges dated April 22, 2024. ("NOC") (PE8). The NOC contained two charges. Charge #1 alleged a violation of 8.7.4 by failing to abate the lead paint conditions at the property and Charge#2 alleged a further violation of the PHL and NYS Department of Health and regulations issued thereunder to wit, NYCRR 67-2.6, by the owner's failure to rectify the lead paint conditions.

FINDINGS OF FACT AND LAW

1. THE NOC HAS BEEN PROVEN BY A PREPONDERANCE OF THE EVIDENCE DISCUSSED ABOVE.
2. THE PROPERTY OWNER IS GUILTY OF THE VIOLATIONS OF THE CODE AND PHL, AND REGULATION ISSUED THEREUNDER, BY IT FAILURE TO ACT IN ACCORD WITH THOSE PROVISIONS AND FAILING TO ABATEMENT THE LEAD CONDITIONS FOUND AT THE PROPERTY

PROPOSED PENALTY

The DOH recommends the imposition of a fine of \$2,500, the maximum penalty provided for in Section 1373 (3) of the PHL. Both the Code and PHL recognize the serious risk to tenants and the public of lead conditions. Considering those found here, the issuance of the maximum penalty seems warranted

RECOMMENDATIONS AS TO PENALTY

THAT IN ADDITION TO THE BOARD'S ISSUANCE OF AN ABATEMENT ORDER, THIS HEARING OFFICER RECOMMENDS THE ISSUANCE OF A CIVIL PENALTY IN THE AMOUNT OF \$ 2, 500.

RESPECTFULLY SUMMITTED



MICHAEL J. SMITH, HEARING OFFICER
DATED JULY 30, 2024

- Contract C 2023-00000747

State of New York/County of Ulster

**In the Matter of the Proceedings between
The County of Ulster and the Ulster County Health
Department**

AND

**REPORT &
RECOMMENDATION**

**NATHANIEL MERY
Proper Located at: 481 Wilbur Ave, Kingston NY**

PURSUANT TO THE ULSTER COUNTY SANITARY CODE

Before

Michael J. Smith, Esq. HEARING OFFICER

Hearing Date: May 21, 2024

Appearances:

For the ULSTER COUNTY DEPARTEMT OF HEALTH:

John Burns, Esq. Cook, Kurz and Murphy PC

For the OWNER

In Absentia

MICHAEL J. SMITH, ESQ.

TO: THE ULSTER COUNTY BOARD OF HEALTH ("Board")

Effective January 17, 2024*, the County of Ulster ("County") and the Ulster County Department of Health ("DOH") designated the undersigned as Hearing Officer for, among other matters, alleged violations of the Ulster County Sanitary Code ("Code") and the New York State Public Health Law ("PHL").

On May 21, 2024, I appeared, pursuant to Code Section 1.18.3, at the DOH offices at 239 Golden Hill Lane, Kinston NY 12401-6441 and conducted a hearing pursuant to Section 1.18.0 et.al. of the Code concerning the above owner and property relating to alleged "Conditions Conducive to Lead Poisoning" at the above property pursuant to Section 8.7.4 of the Code ("8.7.4")

As Hearing Officer I conducted an evidentiary hearing at which witnesses were heard and documentary evidence received into evidence. A transcript ("TR") was created from an audio record made of the proceeding. This shall constitute my Report and Recommendation to the Board pursuant to Code Sections 1.18.4. and 1.18.9.

Due and proper notice of this hearing was provided by a Notice of Hearing dated April 22, 2024 ("NOH") (Petitioner's Exhibit (PE7) and the NOH was duly served by both regular and certified mail. (TR at pg.14: Greenfield) The hearing was held in absentia as the property owner did not appear to contest the charges at issue.

After receiving a referral from a healthcare provider as required by the PHL, the DOH confirmed the ownership of the property at issue. (PE 1&2) and conducted a site visit on December 13, 2021. (PE 4) An "XRAY fluorescence analyzer" was used to determine the possibility of lead paint and the results (P3) confirmed that the property contained many such areas. (TR 8-11; Greenfield).

As a result of these finding the ODH sent to the owner, at his legal address, a "Notice and Demand for Discontinuance of Lead Paint Violations" dated December 15, 2021, served by certified mail (PE4). Enclosed with that document was a proposed "Agreement" to be signed by the owner for purposes of the lead remediation of the property. (PE 6). The owner did not respond to this Notice and Demand. (TR 14; Greenfield)

As a result, the DOH served a "Notice of Charges dated April 22, 2024. ("NOC") (PE8). The NOC contained two charges. Charge #1 alleged a violation of 8.7.4 by failing to abate the lead paint conditions at the property and Charge#2 alleged a further violation of the PHL and NYS Department of Health and regulations issued thereunder to wit, NYCRR 67-2.6, by the owner's failure to rectify the lead paint conditions.

FINDINGS OF FACT AND LAW

1. THE NOC HAS BEEN PROVEN BY A PREPONDERANCE OF THE EVIDENCE DISCUSSED ABOVE.
2. THE PROPERTY OWNER IS GUILTY OF THE VIOLATIONS OF THE CODE AND PHL, AND REGULATION ISSUED THEREUNDER, BY IT FAILURE TO ACT IN ACCORD WITH THOSE PROVISIONS AND FAILING TO ABATEMENT THE LEAD CONDITIONS FOUND AT THE PROPERTY

PROPOSED PENALTY

The DOH recommends the imposition of a fine of \$2,500, the maximum penalty provided for in Section 1373 (3) of the PHL. Both the Code and PHL recognize the serious risk to tenants and the public of lead conditions. Considering those found here, the issuance of the maximum penalty seems warranted

RECOMMENDATIONS AS TO PENALTY

THAT IN ADDITION TO THE BOARD'S ISSUANCE OF AN ABATEMENT ORDER, THIS HEARING OFFICER RECOMMENDS THE ISSUANCE OF A CIVIL PENALTY IN THE AMOUNT OF \$ 2, 500.

Respectfully submitted



MICHAEL J. SMITH, HEARING OFFICER
Dated July 30,2024

*Contract C2923-000000747

State of New York/County of Ulster

**In the Matter of the Proceedings between
The County of Ulster and the Ulster County Health
Department**

AND

**REPORT &
RECOMMENDATION**

**NEW MODENA MART, LLC
Property Located at: 1 Rudolph Road, Modena, NY 12548**

**PURSUANT TO THE ULSTER COUNTY SANITARY
CODE**

Before

Michael J. Smith, Esq. HEARING OFFICER

Hearing Date: May 21, 2024

Appearances:

For the ULSTER COUNTY DEPARTEMT OF HEALTH:

John Burns, Esq. Cook, Kurz and Murphy PC

For the OWNER

MOHAMMED HOSSAN, CO-OWNER

MICHAEL J. SMITH, ESQ.

TO: THE ULSTER COUNTY BOARD OF HEALTH ("Board")

Effective January 17, 2024*, the County of Ulster ("County") and the Ulster County Department of Health ("DOH") designated the undersigned as Hearing Officer for, among other matters, alleged violations of the Ulster County Sanitary Code ("Code") and the New York State Public Health Law ("PHL").

On August 13, 2024, at 10am. I appeared, pursuant to Code Section 1.18.3, at the DOH offices at 239 Golden Hill Lane, Kingston NY 12401-6441 to conduct a hearing in relation to a Notice of Hearing (NOH) and Notice of Charges (NOC) which alleged sale of flavored nicotine products by the Respondent New Modena Mart, LLC in violation of the Code and the PHL.

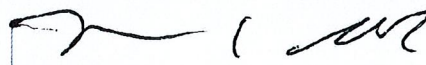
The Respondent appeared by its co-owner Mohammed Hossain. He appeared without counsel and was advised of his rights to an attorney and otherwise for purposes of the hearing. At that time the Respondent advised that he did not want to contest the charges in the NOC and asked if the matter could be resolved for a lesser penalty than the \$ 9,000, the maximum penalty allowed under law.**

In the absence of the Interim Commissioner, the attorney for the DOH along with Department staff discussed this settlement proposal with Thomas Gibney, Dep. Dir. for Administration who discussed the proposal with the County Attorney. A reduction of the fine to \$ 6,000 was authorized and agreed to by the Respondent.

It was my observation that the Respondent was truly remorseful, and it is not likely to offend again.

FINDINGS OF FACT AND LAW

1. THE NOC HAS NOT BEEN CONTESTED BY OR ON BEHALF OF THE RESPONDENT.
2. THE PROPOSED SETTLEMENT OF \$ 6,000 IS FAIR AND REASONABLE AND IN ACCORD WITH THE GOALS OF THE CODE AND PHL AND IS IN THE BEST INTEREST OF THE DOH AS AVOIDING FURTHER LITIGATION COSTS.
3. THE FINE SHALL BE PAID IN FULL WITHIN FORTY-FIVE (45) DAYS UNLESS EXTENDED BY DOH. IN THE EVENT THAT THE FINE IS NOT PAID IN FULL, THE RESPONDENT SHALL BE LIABLE FOR THE ENTIRETY OF THE ORIGINAL PENALTY SOUGHT.


MICHAEL J. SMITH, HEARING OFFICER
Dated SEPT. 10, 2024

*Contract C2923-000000747

** \$100 PER VAPE CARTRIDGE FOUND ON SITE

Ulster County Wastewater Surveillance Update

DATE: September 04, 2024

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

FROM: Shailla Raymond, MPH

RE: Ulster County Weekly Wastewater Surveillance Data Report

Dashboard | Website

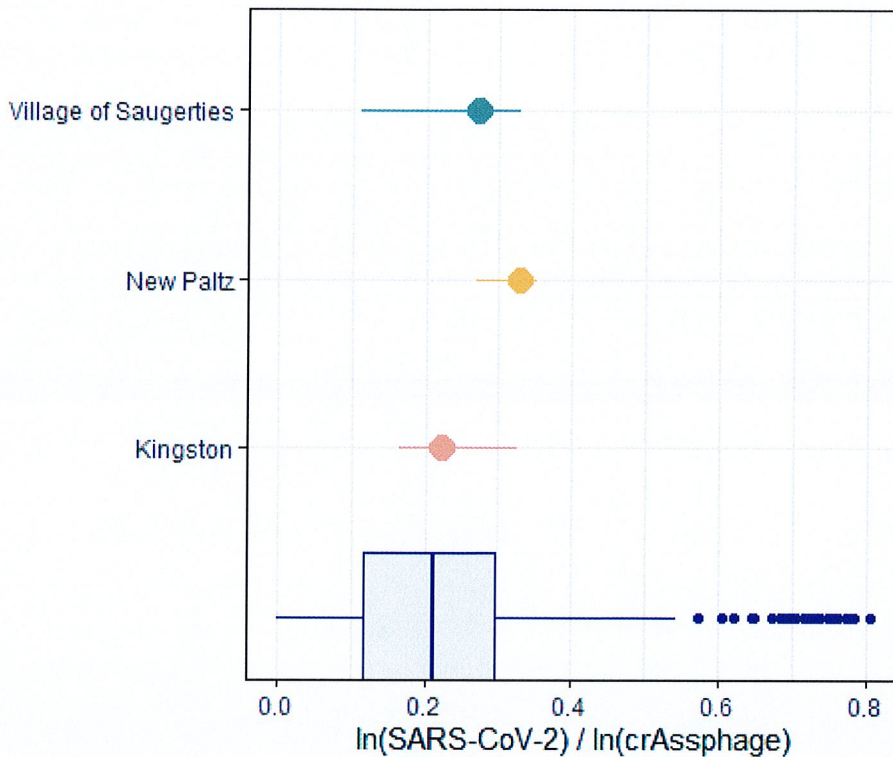
This report contains information **Ulster County** treatment plants over the time period of **2024-08-13 to 2024-08-28**.

All Samples from Ulster County			
From to			
Collection Date	Detection Level	Compared to NYS	Two-Week Trend
Village of Saugerties			
August 28, 2024	Quantifiable	higher	decreasing
August 21, 2024	Detected, <LOQ	lower	decreasing
August 14, 2024	Quantifiable	higher	decreasing
New Paltz			
August 28, 2024	Quantifiable	lower	decreasing
August 21, 2024	Quantifiable	higher	decreasing
August 14, 2024	Quantifiable	higher	decreasing
Kingston			
August 28, 2024	Quantifiable	lower	increasing
August 27, 2024	Quantifiable	higher	increasing
August 21, 2024	Quantifiable	lower	increasing
August 20, 2024	Quantifiable	lower	increasing
August 14, 2024	Quantifiable	higher	increasing
August 13, 2024	Quantifiable	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 2024-08-13 to 2024-08-28

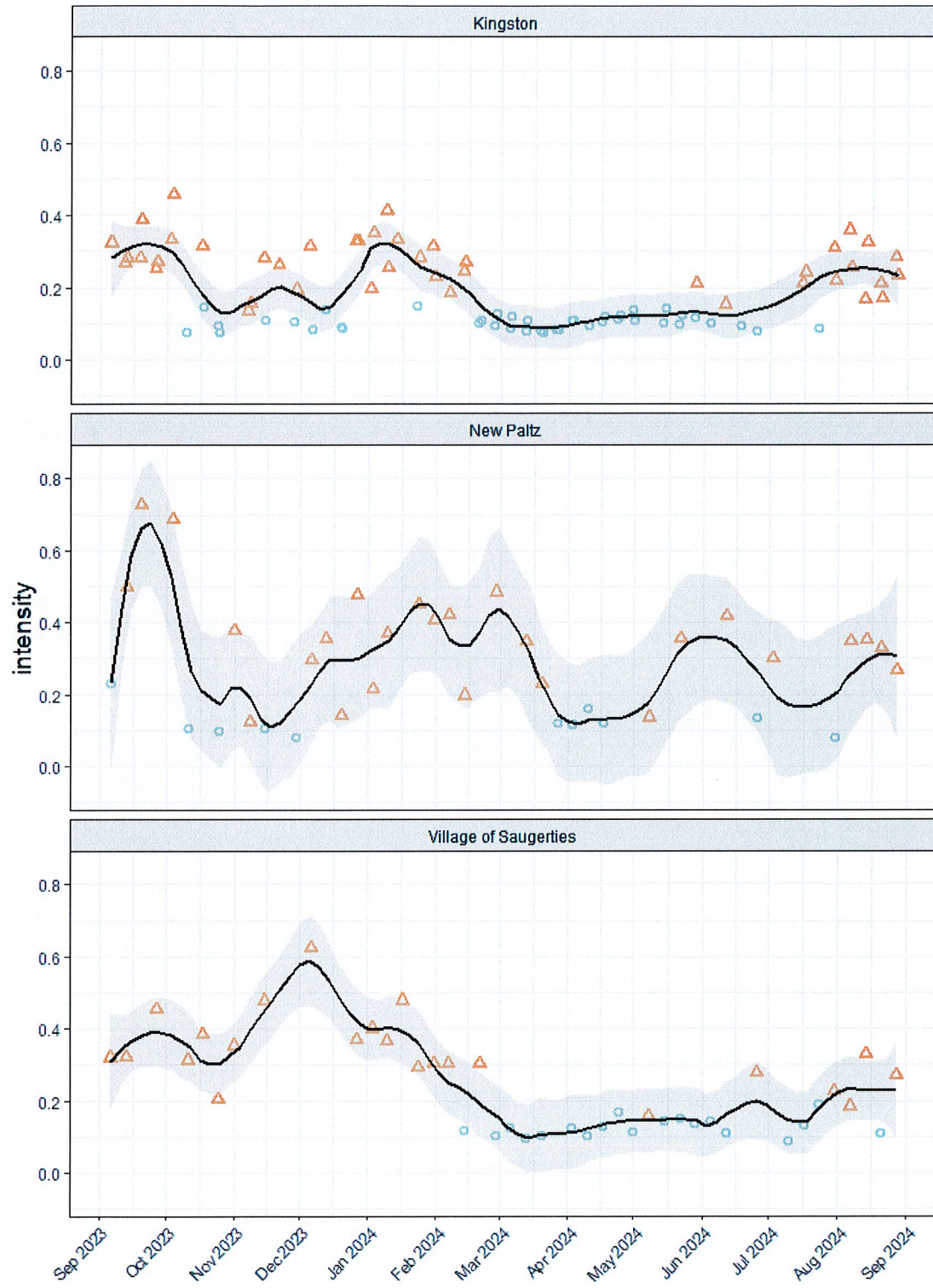


Points represent the SARS-CoV-2 intensity of samples taken at the influent over the last two weeks. The box plot represents all SARS-CoV-2 values from the previous two weeks as observed from wastewater treatment facilities across New York. The box plot shows the median (solid line), first and third quartiles (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 August 28, 2024 is lower when compared to New York State values.

The most recent sample from New Paltz on August 28, 2024 is lower when compared to New York State values.

The most recent sample from Village of Saugerties on August 28, 2024 is higher when compared to New York State values.



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

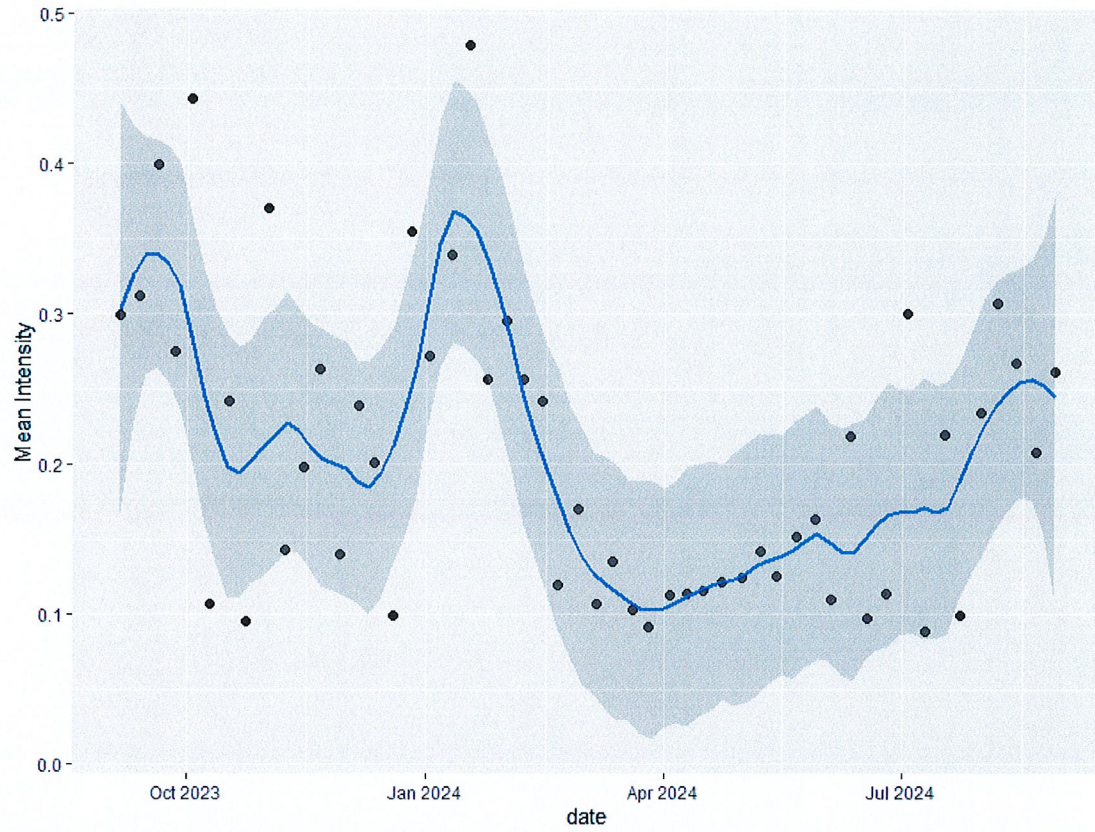
The level of SARS-CoV-2 RNA can tell us roughly how many cases can be expected in a population.

- 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 August 28, 2024, had a detection level of “Quantifiable” suggesting daily case incidence of more than 50 cases per 100,000 people.

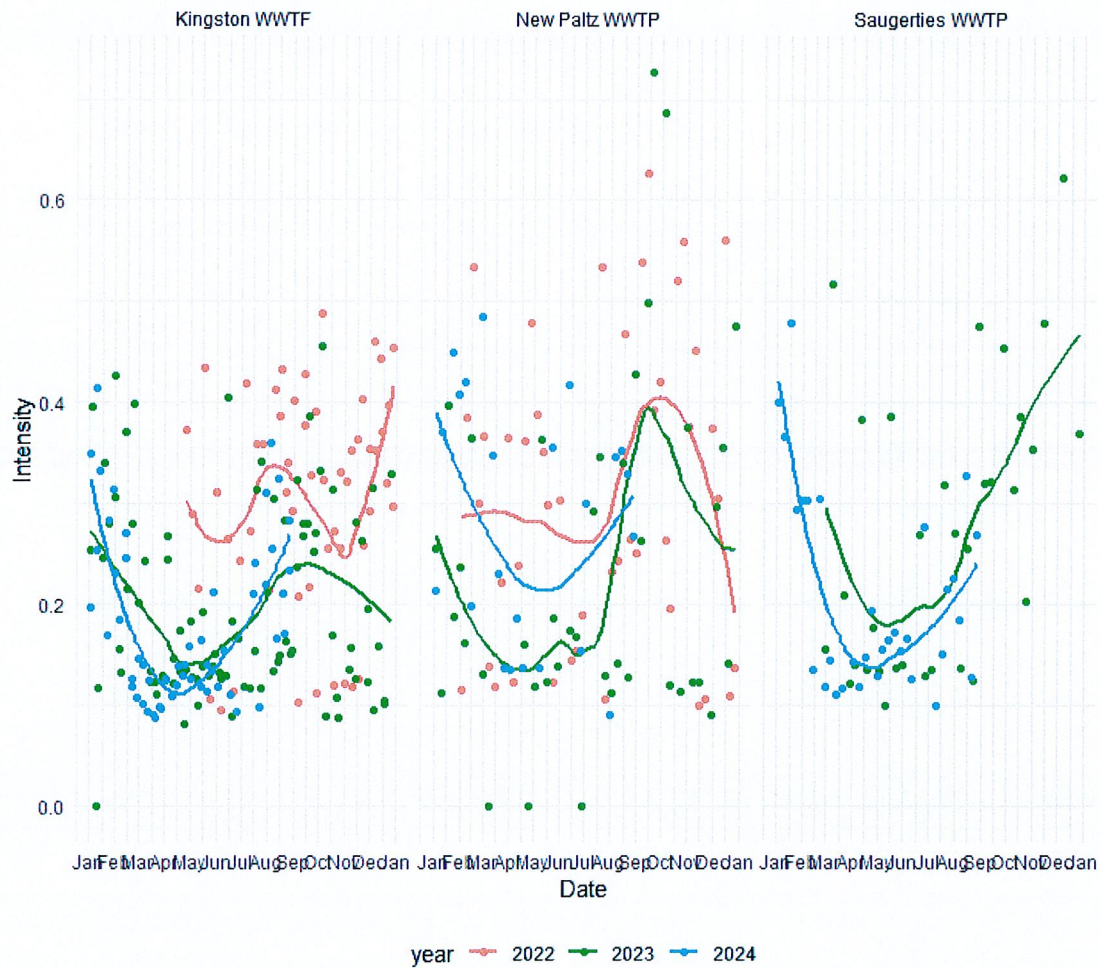
The most recent sample from New Paltz on August 28, 2024, had a detection level of “Quantifiable” suggesting daily case incidence of more than 50 cases per 100,000 people.

The most recent sample from Village of Saugerties on August 28, 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

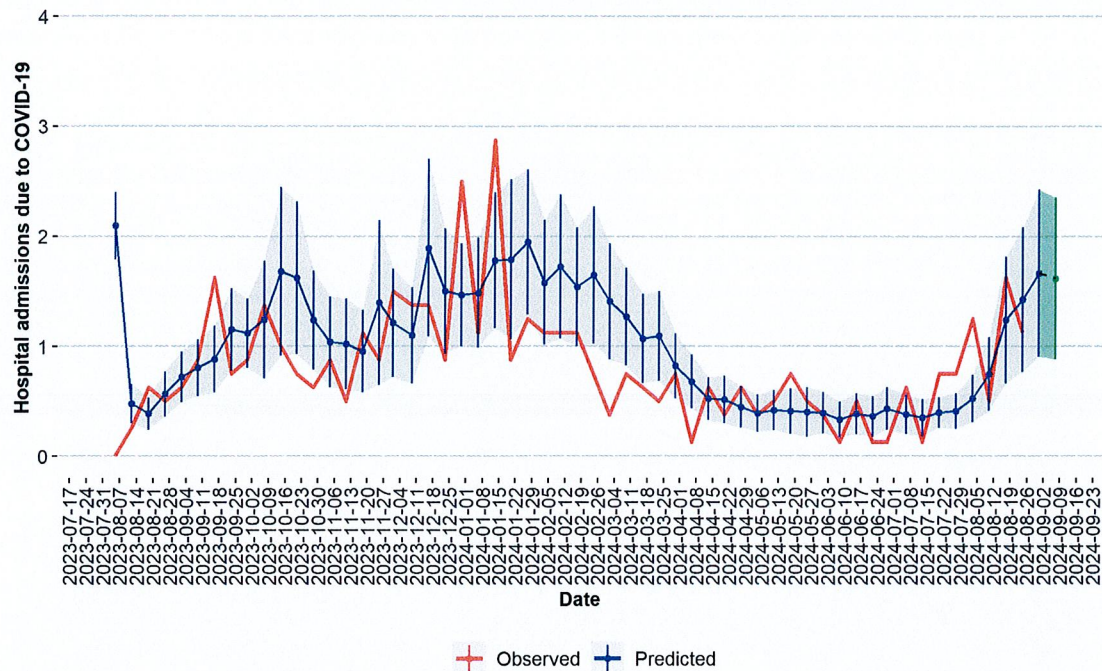


This figure shows an annual comparison of SARS-CoV-2 intensity. Smoothed trend lines, uncertainty (gray bands), and wastewater samples (dots) are shown. The recent trend is lower than year over year values.

Ulster County COVID-19 in-patient hospitalization trend

Predicted 7-day average in-patient hospitalizations in the next 10 days: **1.62***

2.41 percent decrease from previous week's prediction



* 0.91 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 NA to NA

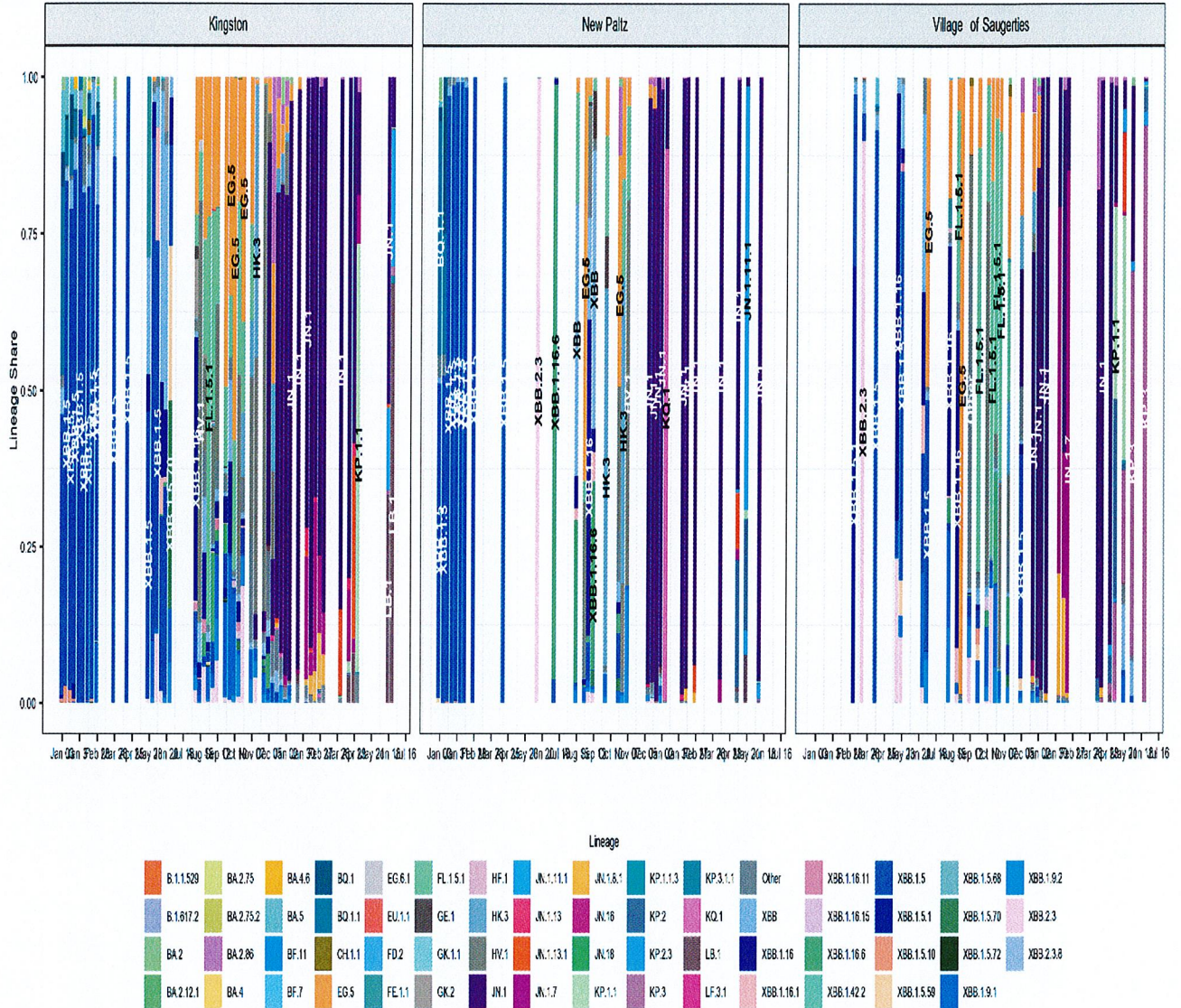
Label	Sewershed	Variants Found
Variants found throughout state from 2024-06-30 to 2024-08-11: BA.2, BA.2.86, JN.1, JN.1.11.1, JN.1.13.1, JN.1.16, JN.1.16.1, JN.1.18, JN.1.32, JN.1.4.3, JN.1.7, JN.1.8.1, KP.1.1, KP.1.1.3, KP.1.2, KP.2, KP.2.15, KP.2.3, KP.3, KP.3.1.1, KP.4.1, KQ.1, KS.1, KV.2, KW.1.1, LB.1, LF.3.1, LP.1, XDP, XDV.1		

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

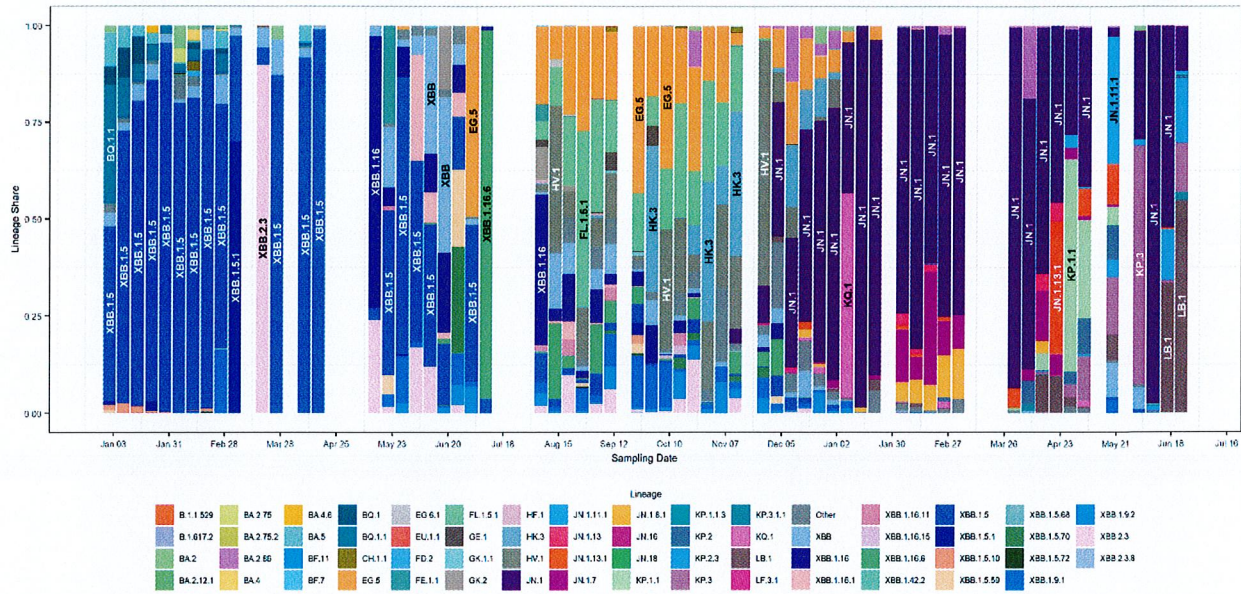


Sewershed level of SARS-CoV-2 genetic sequencing throughout time

Each bar shows the relative abundance of SARS-CoV-2 lineages during a sample collection date. Lineages with an abundance of at least 30% 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 30% 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.

Eastern Equine Encephalitis Confirmed in Horses in Multiple New York State Counties

Department Reminds New Yorkers to Protect Themselves Against EEE and Other Mosquito-Borne Diseases

There Is No Risk of Virus Spreading from Horses to Humans and Other Horses

Department Encourages Horse Owners to Get Horses Vaccinated

ALBANY, N.Y. (August 21, 2024) - The New York State Department of Health is advising New Yorkers to take personal protective measures to avoid mosquito bites, after confirming the presence of Eastern Equine Encephalitis Virus (EEE) in horses in Saint Lawrence, Madison, Oneida, Orange, Ulster, Cayuga, Wayne, and Washington counties. EEE is transmitted from mosquito bites and there is no risk of infected horses spreading the virus to humans or other horses. There are currently no confirmed human cases in New York State.

"We have learned that horses have tested positive for Eastern Equine Encephalitis Virus in multiple counties across the state," **State Health Commissioner Dr. James McDonald said.** "New Yorkers need to take proactive measures to avoid getting bit by a mosquito and risk contracting this virus or other mosquito-borne illnesses. Mosquitoes will be present in our communities until at least the end of September, so it's important to be mindful of how we can protect ourselves when spending time outdoors."

Eastern Equine Encephalitis (EEE) is a rare but extremely serious viral disease spread by infected mosquitoes that can affect people and horses. People of all ages are susceptible to infection, but people over 50 and younger than 15 are at greatest risk of acquiring the virus. While most people bitten by an infected mosquito will not develop any symptoms, severe cases may begin with the sudden onset of headache, high fever, chills, and vomiting. The illness may then progress into disorientation, seizures, encephalitis, and coma. Approximately a third of patients who develop EEE die, while many patients who survive EEE experience neurologic impairment.

There is no commercially available human vaccine for EEE, and the best protection is to prevent mosquito bites.

The following precautions are highly recommended to reduce risk of infection from EEE and other mosquito-borne illnesses:

- Consider wearing long sleeves and tucking pants into socks and shirts into pants when outdoors at dusk or dawn, the time of day when mosquitoes are most active.
- Use insect repellents containing DEET. More information on repellents can be found [here](#). Be sure to follow the insect repellent label directions. Children should not handle repellents directly. Instead, adults should apply repellents to their own hands first and then gently spread on the child's exposed skin. Avoid applying directly to children's hands. After returning indoors, wash your child's treated skin and clothing with soap and water or give the child a bath.
- Make sure there are screens in windows and doors of the home. Make sure the screens are free of rips, tears, and holes.
- Eliminate all standing water in yards and around the home and property where mosquitoes can breed, including plastic containers, pool covers, wading pools, ceramic pots, clogged drainpipes, and wheelbarrows. Also change water in bird baths twice a week.

Horse owners should consult with their veterinarian and make sure their animals are up to date on vaccinations for EEE, West Nile, and other viruses spread by mosquitoes. Horses cannot spread EEE to humans or other horses, but the virus can cause neurologic disease and death in unvaccinated animals.

More information on Eastern Equine Encephalitis can be found [here](#).

Avian Influenza (Avian Flu, Bird Flu)

- [Version en español](#)

March 2024 Outbreak in Dairy Cattle

In March 2024, an avian flu outbreak was detected in dairy cattle. See [more information on that outbreak](#).

Avian influenza (AI), also called avian flu or bird flu, is caused by a group of viruses that occur naturally in wild birds. A virus is pathogenic if it can cause illness or death. Some avian influenza viruses can infect birds but not cause many bird illnesses or deaths. Other avian influenza viruses, termed highly pathogenic avian influenza (HPAI), can cause large numbers of illnesses and deaths in chickens and other poultry and some species of wild birds. These viruses can also infect some mammals including dairy cattle.

In some instances, people who have had close contact with sick poultry have also become infected with certain strains of avian influenza and gotten very sick. Some people known to be infected have died. It is important to remember that right now almost everyone who has gotten sick with avian influenza has had close contact with infected animals, especially poultry.

Animal health officials are watching closely for avian influenza in poultry, wild birds and mammals in the United States. Early detection of AI in poultry and wild birds is important to prevent the spread of avian influenza, especially into commercial poultry flocks, and to protect human health.

Both human and avian influenza viruses are constantly changing. There is concern that avian influenza viruses that are known to have infected humans could change into a form easily spread from birds to humans and then from human to human. If this were to happen, what is known as an [influenza pandemic](#) could occur.

Resources

- [Guidance for Farmworkers \(#7301\) \(PDF\)](#)
- [Guidance for Dairy Operators \(#7300\) \(PDF\)](#)
- [Guidance for Clinicians \(#7299\) \(PDF\)](#)

July 2024 Avian Influenza Update for Dairy Farm Operators