



CATTARAUGUS COUNTY BOARD OF HEALTH

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Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department
Established 1923

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

Kelly J. Andreano, Legislator

Zahid Chohan, MD

Sondra Fox, RN, MSN, C.S.

Richard Haberer

Theresa Raftis

David L. Smith, Mayor

Kathryn Cooney Thrush, NP, MSN

MINUTES July 7, 2021

The 896th meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on July 7, 2021.

The following members were present:

Joseph Bohan, MD

Giles Hamlin, MD (virtual)

Zahid Chohan, MD

Legislator Kelly Andreano

Sondra Fox, RN, MSN, C.S.

Richard Haberer

Theresa Raftis

Mayor David L. Smith

Kathryn Cooney-Thrush, NP, MSN

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director

Ashley Milliman, County Attorney

Legislator Richard Helmich Jr.

Legislator Ginger Schroder (virtual)

Legislator Rick Smith

Raymond Jordan, Sr. Public Health Sanitarian

Debra Lacher, Secretary to the Public Health Director

Collette Lulay-Pound, Administrative Officer

Rick Miller, Olean Times Herald Reporter (virtual)

Barb Parish, Supervising Community Health Nurse

Dave Porter, Hearing Officer

Matthew Tyssee, Resource Specialist

Gilbert Witte, MD, Medical Director

Eric Wohlers, Environmental Health Director

The meeting was called to order by Dr. Bohan. The roll was called and all board members were in attendance. Dr. Bohan asked for a motion to approve the meeting minutes.

A motion to approve the Board of Health (BOH) meeting minutes from May 5, 2021 was made by Mr. Haberer, seconded by Mayor Smith, and unanimously approved. In addition, a motion to approve the Professional Advisory meeting minutes from April 21, 2021 was made by Dr. Witte, seconded by Dr. Bohan, and unanimously approved.

DIRECTORS REPORT: Dr. Watkins informed the Board that the COVID-19 response has slowed down considerably. On Monday July 5, 2021 there were (255) newly confirmed cases of COVID-19 reported in New York State (NYS). In addition, there were (7) deaths reported statewide due to complications from COVID-19. Finally, the number of patients hospitalized statewide, for COVID-19 were (347), of which, (78) were in the intensive care units.

In Cattaraugus County, there has been (5,729) confirmed positive COVID-19 cases reported, most of these cases have been in the southeast quadrant where (3,080) cases have been recorded. The number of COVID-19 tests that have been administered in Cattaraugus County was (160,543) of which, (154,814) were negative and (5,729) were positive. This reflects a (96%) negative rate and a (4%) positive rate.

Of the (5,729) positive cases, (5,615) have been categorized as recovered, that reflects a (98%) recovery rate. The total number of deaths due to complications from COVID-19 in Cattaraugus County slightly increased since the last meeting, (108) deaths have now been recorded and that reflects a (2%) death rate. Currently there are (6) active COVID-19 cases in Cattaraugus County, of which, (5) are hospitalized, including (2) who are on ventilator support in the ICU.

Of the (5,729) positive cases, (4%) were healthcare workers, (22%) were asymptomatic, and (45%) were contacts of other positives. The age range of 20 thru 29 continues to be the age range where the highest number of positive cases (983) are occurring, but the age range of 0-19 is within striking distance where there are now (971) cases tabulated.

The percent positive chart that is used as part of a metric system for NYS to determine how well a region or county is doing shows that NYS has really turned the corner with COVID-19 as the positivity rate is now below (1%). This is due, for the most part, to a decrease in the number of individuals who are being tested for COVID-19, and the increased rate of vaccination. Over (70%) of adult New Yorkers have now received at least one dose of the COVID-19 vaccine.

The Center for Disease Control and Prevention (CDC) has identified a number of cases where individuals vaccinated with the Pfizer, or Moderna vaccine have experienced myocarditis and pericarditis. This appeared to have been reported in adolescents and young adults after the administration of the second dose of one of the mRNA vaccines. In most cases, patients who presented for medical care have responded well to medications and rest, and had prompt improvement of symptoms. As warnings about these adverse effects have been issued to providers, CDC still recommends that those age twelve and older still receive the vaccine as the illness associated with COVID-19 has the potential for hospitalization and even death at a higher rate for those not vaccinated.

NYSDOH is currently identifying locations where there are low vaccination rates in particular counties. They are able to map the low vaccination rates by zip codes. A list of zip codes with low vaccination rates of less than (25%) includes two municipalities in Cattaraugus County. This includes 14778, which is St. Bonaventure, whose vaccination rate is reported at (8.8%). The low vaccination rate is due to the fact that the student population is not in session and most students have received their vaccination in the county of their permanent home address. Another low vaccination rate zip code in Cattaraugus County includes 14726, which is Conewango Valley, where most of the Amish population resides. Their religious beliefs don't forbid them to get vaccines, but the Amish are generally less likely to be vaccinated for preventable diseases.

Based on zip codes, Ellicottville appears to do very well when it comes to fully vaccinated residents, and those who have received at least their first dose of a COVID-19 vaccine as this municipality has the highest vaccination rate in the county. The areas that need to improve their vaccination rates include Conewango Valley, Limestone, and Franklinville. In Cattaraugus County, as of date, there are (30,431) fully vaccinated residents, and (32,872) residents who have had at least one vaccine dose, which indicates that nearly (43%) of the County's population has had at least their first dose. Looking at those residents who are 18 years of age and older, there are (52.1%) with at least one dose of the vaccine. The department has identified (45) residents who were fully vaccinated that tested positive for COVID-19, these are considered breakthrough cases. Although these individuals have been isolated, studies show that the amount of viral particles that these individuals produce is small compare to a non-vaccinated individual. These breakthrough cases include (17) who received the J&J vaccine, (13) who received the Moderna vaccine, and (15) who received the Pfizer vaccine. The breakthrough cases includes (31) females, (14) males, (18) that were asymptomatic, and (27) that were symptomatic. It is suspected that the variants are a major factor for the breakthrough cases that are being seen all over the country. Although the three COVID-19 vaccines used in the United States are effective against the variants, the vaccines are not 100% protective.

The Delta variant which originated in India is more transmissible and has become the dominant strain in the US. This variant has the potential to reduce neutralization by the monoclonal antibody treatment which is used to treat those infected with the COVID-19 virus, and can also evade the antibodies built up in those who have received the vaccine as well. The Delta variant has not been identified in Cattaraugus County as of date. The variants identified in Cattaraugus County include (5) residents with the Alpha variant, which originated in the United Kingdom, (5) residents with the Iota variant, which originated in NYC, and (1) resident with a mutant strain of the Iota variant.

As COVID-19 vaccine hesitancy still persist in Cattaraugus County, the department continues offering COVID-19 vaccines, but to fewer residents. Dr. Bohan stated that when you go out into the community residents are not wearing masks, as if 80% of the population is vaccinated. He asked if family practitioners and providers have the J&J vaccine readily available for their offices. Dr. Watkins stated that most family practitioners do not have the vaccine readily available in their offices, but this has been suggested as the next phase of how to improve the vaccine rate in the state, that is, incentivizing primary care providers who give COVID-19 vaccine to the unvaccinated. These providers are trusted professionals, who patients believe in and find them credible. Dr. Witte added, we need to be creative to give people opportunities to get their vaccine, and stated all local events (i.e. taste of Olean, StrOlean, etc.) should be publicizing and pushing the vaccine, along with the local providers.

Dr. Watkins stated that we are in the middle of mosquito season which comes with mosquito-borne (arboviral) illnesses, and healthcare providers should consider mosquito-borne infections in the differential diagnosis of any patient with clinical evidence of viral encephalitis or viral meningitis. The most serious mosquito-borne disease is the Eastern Equine Encephalitis Virus (EEEV) due to its high mortality rate. People over the age of fifty and younger than the age of fifteen are at greatest risk for developing severe disease when infected with the EEEV. Severe cases of the EEEV begin with the sudden onset of headache, high fever, chills, and vomiting that may progress into seizures, encephalitis, and coma. Unfortunately there is no vaccine to prevent the EEEV infection in humans, but there is a vaccine for horses. The best preventative measure is to use insect repellent, wear long sleeved shirts, and pants, treat clothing and gear with insect repellent, like DEET and picardin.

Once a week, empty and scrub, turn over, cover, or throw out items that hold water such as tires, buckets, planters, toys, pools, birdbaths, flowerpots, or trash containers.

Dr. Bohan presented a request to have the Board approve the credentialing privileges of Susan Andrews, Nurse Practitioner, who was the previous Director of Patient Services at the Health Department, to work as a substitute provider in the department's clinic. Dr. Paul Schwach has relocated after filling this void for many years so we are asking to enlist the services of Mrs. Andrews to assist with this need. After reviewing her credentials, Dr. Bohan asked for a motion to approve this request. Mayor Smith made a motion to approve Mrs. Andrews' credentialing privileges to work as a substitute clinician in the department, the motion was seconded by Ms. Raftis, and unanimously approved.

ENFORCEMENT LIST: Mr. Porter, Hearing Administrator Officer reported on the administrative hearings held May 11, 2021.

DOCKET #21-009:

Respondent: Sara Livingston, P.O. Box 22, Weston Mills, NY 14788. Location of property. 1296 Olean-Portville Road, Portville, NY.

Violations: Sanitary code, CCHD Section 24.2.5 respondent failed to submit proof of a current rabies vaccination for her dog, Riker, to the Health Department following a biting incident.

Recommendation: That the \$75.00 civil compromise offered be changed to a \$150.00 fine for no show and non-compliance. Fine and proof of vaccination to be given to CCHD by 7/30/21. A \$10.00 per day per diem will be levied for every day not in compliance.

A motion was made by Mayor Smith to accept Mr. Porter's recommendation, seconded by Mrs. Fox, and unanimously approved.

DOCKET #21-013:

Respondent: William A. Forness, 1500 Yankee Hill Rd., Hinsdale, NY 14743.

Violation: Sanitary code of CCHD Sec 24.2.5 respondent failed to submit proof of current rabies vaccination for his dog to the Health Dept. when directed following a biting incident.

Recommendation: That the \$75.00 civil compromise offered be changed to a \$150.00 fine for no show and non-compliance. Fine and proof of rabies vaccination for respondents dog be given to CCHD by 7/30/21. A \$10.00 per day per diem will be levied for every day not in compliance after 7/30/21.

A motion was made by Mrs. Fox to accept Mr. Porter's recommendation, seconded by Ms. Raftis, and unanimously approved.

DOCKET # 21-015:

Respondent: Benjamin & Kathleen Hewitt, 1718 W. Fall Rd., Olean, NY 14760.

Violation: Sanitary code CCHD Section 24.2.1 respondent refused to confine their dog, Bailey, at their residence for (10) days following a biting incident, after being directed to do so by the Health Department.

DOCKET # 21-015: (continued)

Recommendation: The respondent pay a \$150.00 fine on or before 7/30/21. A \$10.00 per day per diem will be levied for every day not in compliance.

A motion was made by Legislator Andreano, seconded by Dr. Chohan, and unanimously approved.

Administrative Hearing 6-10-2021:

DOCKET #21-020:

Respondent: Trisheena Graves & Ryan Callahan, 405 King Street, Olean, New York, 14760.

Violations: Sanitary code, CCHD Section 24.2.5 respondents failed to submit proof of a current rabies vaccination for their dog, Lilly, when directed by the Health Department following a biting incident.

Recommendation: That the \$75.00 civil compromise offered be changed to a \$150.00 fine for no show and non-compliance. Fine and proof of vaccination to be given to CCHD by 7/30/21. A \$10.00 per day per diem will be levied for every day not in compliance.

A motion was made by Mr. Haberer and seconded by Dr. Chohan, and unanimously approved.

An in depth discussion was held regarding the possibility of increasing the dollar amount of fines if there is a continued increase in dog bites within the community.

Dr. Watkins presented an action item for the Board regarding Docket #21-010, the respondent, Bennie Baskin, owns property which was found to be discharging inadequately treated wastewater onto the ground surface, eventually flowing into the neighbor's property, his case was presented to the Board for this sanitary code violation at the May 5th meeting. A picture was shared with the Board members showing the attempt by the respondent to fix the problem with duct tape. Now instead of the discharge going out into the yard, the discharge is going into the basement and crawl space of the home. Dr. Watkins stated that the department finds this repair inadequate and to make matters worse, the respondent is planning on bringing a new tenant into the home. At this time the department's recommendation to the Board is that the respondent corrects this violation immediately and the building is placarded, preventing occupancy of the building until the violation has been corrected. A motion was made by Mayor Smith to accept this recommendation, seconded by Dr. Chohan and unanimously approved.

Mr. Jordan interjected that Mr. Baskin asked that his fine of \$150.00 plus the \$10.00 per diem be modified. Dr. Watkins responded that at this time the Board should see if Mr. Baskin is compliant with the required repairs and then possibly bring his fine appeal back to the board for consideration of modifying the fine.

NURSING DIVISION REPORT: Mrs. Parish reported that the homecare census is (270) with (24) prospective admissions. There were (99) admissions in May, and (95) discharges. In June there were (107) admissions and (104) discharges.

The lead program has continued to be busy in the two month period of May and June where there were a total of (254) children tested for lead. Of those tested, (1) child had an Elevated Blood Lead Level (EBLL) of 28ug/dl, [normal <5ug/dl], which was down from a previous level for this child in March of 36ug/dl.

There were (4) children with EBLLs between 10-20ug/dl, (31) children with EBLLs between 5-10ug/dl, and the majority, (218) with a blood lead level of less than 5ug/dl. Currently the lead program is following (107) children with EBLL greater than 5ug/dl. Plans are underway by Mrs. Chamberlain to hold a lead coalition meeting in the near future, as they have been put on hold during the pandemic.

Clinic testing for HIV; there were (6) tests performed in Olean for the month of May, and (10) in June; (3) tests were performed in Salamanca for the month of May, and (6) in June; there were no tests performed in Machias for either May or June, with no positives results.

STD report: there were (12) positive cases of chlamydia in May and (21) positive cases in June; there were (4) confirmed cases of gonorrhea in May, and (10) positives cases in June; there were (0) cases of syphilis in May and (1) positive case in June.

There were (5) Hepatitis C chronic cases for both the month of May and June; (1) hepatitis A case in May and none for June; there were no cases of hepatitis B for May and (2) for the month of June.

Others: Influenza, there were (8) positive cases of influenza A in May and (1) positive case in June; there were (4) positive cases of influenza B in May and none in June. Campylobacteriosis, there was (1) case in May and (2) cases in June; Strep group B, there was (1) positive in June; Strep pneumo, there was (1) positive case in June resulting in the individual passing. Mycobacterium gordonae, there were (2) cases in June. Lyme disease, there was (1) positive case in May, and (7) positive cases in June. Tick diseases; there was (1) case of anaplasmosis in June and (1) case of babesiosis.

Rabies post-exposure prophylaxis (PEP) treatment was given for (2) bat exposures and (1) unprovoked dog bite in May. In the month of June, PEP was given for (1) cat bite, (1) bat exposure in the bedroom, and (1) woodchuck bite. (1) Rabies pre-exposure series was given in May and (1) was given in June. Pre-exposure series are typically performed for those who work in a veterinarian office, animal handlers and wildlife officers.

ENVIRONMENTAL HEALTH REPORT: Mr. Wohlers reported that a rabies vaccination clinic was held last month at the Little Valley Department of Public Works with approximately (330) animals vaccinated. There were (420) pre-registrations taken but 25% of those did not show.

In 2018 there was a drinking water source protection program that the State provided grants in the range of \$3-3.5 billion to assist public water supplies in developing source water protection plans. The application process started in 2018, the department encouraged (3) of our communities in Cattaraugus to apply. The State just announced (40) municipalities that were chosen for the award, all (3) of our communities were selected including Allegany, Village of Ellicottville, and the Town of Machias.

Now that COVID duties have slowed down, staff has resumed normal inspection schedules of public water supplies, septic systems, real property transfers, campgrounds, mobile home parks, restaurants, and children's camps.

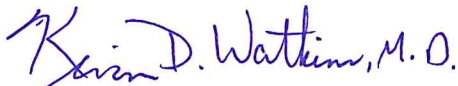
Each month the department receives lead paint referrals that must be investigated in a timely manner, follow ups on garbage complaints, and must monitor the State implemented cooling tower registrar program.

This year the department is not doing any active mosquito surveillance but aerial spraying permits from the NYS Department of Environmental Conservation were updated. If it becomes necessary to declare a public health hazard due to a positive arboviral illness, the department could spray as needed.

Old/New Business: Due to conflict in scheduling, Dr. Watkins announced that there will not be an October Board of Health meeting unless there was an emergency.

There being no further business to discuss, a motion to adjourn was made by Dr. Chohan, seconded by Ms. Raftis and unanimously approved.

Respectfully submitted,



Kevin D. Watkins, M.D., M.P.H.
Secretary to the Board of Health