



# CATTARAUGUS COUNTY BOARD OF HEALTH



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

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*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 August 4, 2021

The 897<sup>th</sup> meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on August 4, 2021.

The following members were present:

Joseph Bohan, MD

Giles Hamlin, MD (virtual)

Legislator Kelly Andreano

Sondra Fox, RN, MSN, C.S.

Richard Haberer

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 Kip Morrow

Legislator Ginger Schroder (virtual)

Legislator Chairman Howard VanRensselaer

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)

Lynne Moore, Director of Patient Services

Dave Porter, Hearing Officer

Matthew Tyssee, Health Educator

Gilbert Witte, MD, Medical Director

Eric Wohlers, Environmental Health Director

The meeting was called to order by Dr. Bohan. The roll was called and a quorum was present. Dr. Bohan asked for a motion to approve the meeting minutes.

A motion to approve the Board of Health (BOH) meeting minutes from July 7, 2021 was made by Mayor Smith, seconded by Mrs. Fox, and unanimously approved.

Dr. Watkins shared that there was an action item on the docket that would require a Board vote, that action item included the approval of (5) homecare policies already reviewed by the Professional Advisory Committee: Certified Home Health Agency Emergency Preparedness Plan; Prevention of Influenza by Healthcare and Agency Personnel; Criminal History Record Check; Drug Regimen Review; and Emergency Preparedness/Response Health Commerce System (HCS) Access.

Legislator Andreano asked if there were any significant changes in the policies that were just presented vs. the original policies. Lynne Moore, Director of Patient Services, responded that there were no significant changes, these were (5) policies that the State reviewed in the latest homecare survey and requested some verbiage changes to be made. Dr. Bohan stated that these are standard policies that just needed reviewed. A motion was made by Mr. Haberer to accept all (5) policies as presented, the motion was seconded by Mrs. Fox and unanimously approved.

**DIRECTORS REPORT:** Dr. Watkins informed the Board that there appears to be another surge of new cases of COVID-19 in our community and across the nation. On Monday, August 2, 2021 there were (2,932) newly confirmed cases of COVID-19 reported in New York State (NYS). In addition, there were (5) deaths reported statewide due to complications from COVID-19. Finally, the number of patients hospitalized statewide for COVID-19 were (852), of which, (172) were in the intensive care units.

In Cattaraugus County, there has been (5,813) confirmed positive COVID-19 cases reported, most of these cases have been in the southeast quadrant where (3,118) cases have been recorded. The number of COVID-19 tests that have been administered in Cattaraugus County as of August 3<sup>rd</sup>, was (164,240) of which, (158,427) were negative and (5,813) were positive. This reflects a (96%) negative rate and a (4%) positive rate.

Of the (5,813) positive cases, (5,647) have been categorized as recovered, that reflects a (97%) recovery rate. The total number of deaths due to complications from COVID-19 in Cattaraugus County slightly increased since the last meeting, (109) deaths have now been recorded and that reflects a (2%) death rate. Currently there are (57) active COVID-19 cases in Cattaraugus County, of which, (4) are hospitalized, including (2) at Olean General Hospital, (1) at WCA, and (1) at Mount Saint Mary's.

Of the (5,813) positive cases, (4%) were healthcare workers, (22%) were asymptomatic, and (45%) were contacts of other positives. In the age range between 0 thru 19, there were (994) cases, and in the age range of 20-29, there were also (994) cases. Most of our positive cases are now occurring in the age range of 0-29. We have seen a plateau or low range of positive cases of those between the ages of 50-79 as most of those individuals have been vaccinated at this time.

Dr. Watkins showed a COVID-19 percent positive chart that is used as part of a metric system by NYS to determine how well a region or county is doing. The number of percent positives cases are based on the number of COVID-19 tests administered and the number of positive cases confirmed. The percent positive chart showed that Cattaraugus County has a daily COVID-19 positivity rate of (1.8%), but the seven day rolling average percent positive is about (4%) which is equal to what is currently seen in New York State.

NYSDOH is able to locate areas within counties by zip codes where there are low vaccination rates. In addition, the immunization rate can be grouped in age ranges in each specific zip code. Areas of low vaccination rates that are of concern in Cattaraugus County includes Conewango Valley, Limestone and Franklinville which are all under (35%). Ellicottville still appears to be the area where the largest number of vaccinated residents exist. Both the Pfizer and Moderna vaccines as well as the Johnson and Johnson vaccines work incredibly well to reduce the risk of severe infection and hospitalizations of COVID-19, but they do not provide (100%) protection from contracting the virus. Recent reports indicate that vaccinated people can still transmit the virus if they were to contract the virus.



In Cattaraugus County, as of date, (31,496) residents are fully vaccinated and (34,107) have received at least one dose. Therefore, (44.4%) of Cattaraugus County population (76,840) has received at least one dose, and (53.7%) of those over 18 years of age have received at least one dose. Of those who have been fully vaccinated and contracted COVID-19, “breakthrough infections”, the department has recorded (61) residents or (0.19%). Looking at the vaccines received by those breakthrough cases, (23) received the J&J vaccine, (20) received the Moderna vaccine, (16) received the Pfizer vaccine, and (1) received the AstraZeneca vaccine. Forty two were females, (19) were males, (20) were asymptomatic, and (41) were symptomatic. AstraZeneca vaccine was approved in Europe but not in United States. This individual was visiting their parents but resides in Europe, they became symptomatic and tested positive while visiting their parents.

A copy of an article in the Morbidity and Mortality Weekly Report, that was released last week, was provided to those in attendance. A number of breakthrough cases occurred during a large public gathering in Massachusetts, in July, where there were (469) cases of COVID-19 identified, and approximately (346) or (74%) were fully vaccinated individuals. When these specimens were analyzed for genomic sequencing, (90%) of (133) samples showed the Delta variant. In addition, those who were fully vaccinated and those who were not fully vaccinated had similar viral loads. At that point the Centers for Disease Control (CDC) changed their recommendation that all persons, including those fully vaccinated, should wear masks in indoor public settings in communities where COVID-19 transmission is substantial or high. The causes of these breakthroughs are still unknown but it is highly suspect that it is the variants. Boosters have been talked about but are not recommended at this time. The CDC recommends at this time that you should continue to take precautions even if you are vaccinated, including social distancing, and wear a mask indoors.

The B.1.617.2 variant, also known as the Delta variant, was first identified in India. The variant has increase transmissibility and the potential to reduce the neutralization of monoclonal antibody treatments. These treatments are administered to patients with COVID-19 that may have underlying health conditions prior to being admitted to the hospital and within ten days of first symptoms. The Delta variant has now spread to more than (132) countries and territories including every State in the US, and is about (80%) of all cases seen. There is a double mutant strain, also first detected in India, which has two mutations, E484Q and L452R that continues to wreak havoc in our communities and across the nation. This variant grows very rapidly in the respiratory tracts, and it can be identified, on the average, in about four days, and is currently the most contagious strain that exists. Not a lot of genomic sequencing has been completed in Cattaraugus County and we are still looking for our first Delta strain to be identified. NYS has revealed that at least (70%) of their sequences have identified the Delta strain so they are advising all counties to just assume that the Delta strain exist in every community.

The department has fielded a number of calls regarding a large number of mosquitos in their back yards. Last month we talked about Eastern Equine Encephalitis, but other arboviruses that are part of the mosquito surveillance include West Nile, Zika, Dengue, and Chikungunya viruses, all causes of mosquito-borne illnesses. The department continues to advise residents to wear long sleeve shirts, and pants when outdoors when mosquitoes are active. In addition, residents should treat their clothing with repellent containing DEET, picaridin or eucalyptus. Once a week, empty or throw out items that hold water, such as tires, buckets, planters, toys, pools, birdbaths, etc. The department has reached out to the contractor (Duflo Spray Chemical Corp.) to start applying larvicide spray on the wetland areas.

Legislator Morrow asked if the applicator spray at the reservoir. Dr. Watkins replied that we do not spray there, and Mr. Wohler's added that they never spray over open water only the wetlands.

**ENFORCEMENT LIST:** Mr. Porter, Hearing Administrator Officer reported on the administrative hearings held July 15, 2021.

**DOCKET #21-023:**

**Respondent: Thomas Gilray, 1471 Four Mile Rd., Allegany NY 14706. /DBA Sherwood Court 1440 Four Mile Rd., Allegany, NY 14706.**

- Violations:** 1.) 10NYCRR Sec. 17.4(a) operating a mobile home park without having a current permit to operate from the CCHD. Previous permit expired 5/31/21. Repeat violations #20-006, #19-017, #18-015.  
2.) 10NYCRR Sec. 5-1.12(a) and Sec. 5-1.51(a) respondent has failed to take the required action to correct an MCL violation. Notice of water quality violation was issued on 4/21/20. On 4/1/21 a violation letter was sent to the respondents with a deadline of 4/30/21 to have inspection, cleaning, testing, and sampling of all wells. As of 6/2/21 the CCHD has not received a copy of the signed contract with Wiley Well drilled, due by 4/9/21 and it appears that no work has been started.  
3.) 10NYCRR Sec. 17.8 and Sec. 17.10 on 4/1/21 a violation letter was sent to the respondents with a deadline of 5/24/21 to complete the digging and regrading of all three ditches aiding water run-off of the mobile park tenants.

- Recommendation: 1.) Violation #1 a fine of \$600.00 is levied against the respondent as this is the fourth violation of operating a mobile home park without a current permit to operate. Fine is to be paid and conditions of the current permit to operate be met on or before 8/31/21. A co-pay per diem will be levied for everyday not in compliance.  
2.) Violation #2 a fine of \$500.00 is levied against the respondent for failure to correct an MCL violation. Violation first noted to respondent 4/21/20, deadline was 4/30/21. It appears that no work has been started to fix the water quality violation. The fine and water quality problem must be in compliance on or before 8/31/21. A \$10.00 per day per diem will be levied for everyday not in compliance with CCHD starting process to close SMPH.  
3.) Violation #3 a fine of \$125.00 is levied against the respondent for failure to have and maintain digging and re-grading of three ditches aiding water run-off of the mobile home tenants. Deadline was 5/24/21. Fine is to be paid and digging and re-grading of drainage ditches to be completed by 8/31/21. A \$10.00 per day per diem will be levied for every day not in compliance.

Dr. Bohan asked what MCL stands for. Mr. Porter explained it to be Maximum Contamination Level (MCL). A discussion was held regarding residents and their relocation if needed.

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



Dr. Watkins presented an appeal for docket #21-010, respondent was Bennie Baskin. He owned property that was found to be discharging inadequately treated waste water on the ground surfaces, eventually flowing into the neighbor's property. His case was presented to the Board for the sanitary violation. Upon his initial repair of the original discharge, the sanitarian found a new discharge into the basement and the crawl space of the home he owns and was trying to rent. The residence was placarded and a letter was sent asking him to rectify the discharge. Mr. Baskin did abide by the order to repair the new discharge, which was inspected by the code enforcement officer and found to be in compliance. Mr. Baskin submitted a letter of appeal asking that the Board dismiss his fine, as he was not able to handle the situation in a timely fashion due to the COVID-19 pandemic. He is seeking a reduction in the fine, to the original amount of \$150.00 instead of the \$540.00 which included a \$10.00 per day, per diem. Mr. Haberer stated that the appeal was not even signed by Mr. Baskin. A discussion was held amongst the Board members. A motion was made by Mayor Smith to deny the appeal, seconded by Legislator Andreano and unanimously approved.

**NURSING DIVISION REPORT:** Mrs. Moore reported that the homecare census for the month of July was (275). There were (100) admissions in July, and (97) discharges.

The department is hiring (3) new nurses. Two are starting this month, and one next month.

In the lead program there were (2) venous tests done in July. Of those tested, (1) child had an Elevated Blood Lead Level (EBLL) of 5ug/dl, [normal <5ug/dl], and (1) child had a level of 8ug/dl. The highest lead level that is being followed at this time is 25ug/dl, which is down from a previous level in March of 36ug/dl. Currently the lead program is following (110) children with EBLL greater than 5ug/dl. Mrs. Chamberlain has restarted the lead coalition meetings. The coalition is focusing on increasing lead testing by providers in the area. The lead program will be sending information packets out to local providers, to assist them with gaining access to New York State Immunization Information System (NYSIIS).

Clinic testing for HIV in the month of July; there were (2) tests performed in Olean; (4) tests were performed in Salamanca; and (1) test in Machias, with no positives results.

Communicable disease report for the month of July: there were (2) cases of campylobacteriosis with unknown origin; (18) positive cases of chlamydia; (9) confirmed cases of gonorrhea; (2) cases of syphilis; (1) giardiasis with unknown source; (2) confirmed chronic hepatitis C cases; (1) influenza A; (54) individuals were tested for Lyme disease with (2) confirmed cases; (1) case of bacterial meningitis but it did not meet the case criteria so it was dismissed; and (2) confirmed Strep Group B, invasive cases.

Rabies post-exposure prophylaxis (PEP) treatments were given in the month of July to (2) individuals (1) for a dog bite and (1) for a bat exposure. There are two additional cases that are being investigated, (1) dog bite, with the dog not being found and (1) raccoon exposure, both individuals live out of County, one in Niagara and one in Erie. They were exposed in Cattaraugus County but will receive treatment in their respective counties.

Legislator Andreano asked if there was a breakdown of lead cases for the city of Olean. Mrs. Moore stated the source is older homes. Mr. Wohlers stated he has a database that would breakdown the numbers to specific areas. Dr. Watkins added (60%) of local homes have lead paint.

**ENVIRONMENTAL HEALTH REPORT:** Mr. Wohlers reported that within the last two weeks the volume of mosquito complaints has really risen. The department did apply and get permits with the Department of Environmental Conservation (DEC) for spraying larvicide over the local wetland areas. The department did not hire college students to complete surveillance this year due to COVID, but the sanitarian staff has started larvae dipping today. Mr. Wohlers stated that the applicator will not be spraying neighborhoods and back yards but spraying the wetlands areas. He added that this will not provide any immediate relief. Legislator Andreano asked why backyards are not being sprayed. Mr. Wohlers explained that larvicides are a biological product that is dispensed over wetlands, whereas adulticide which is sprayed in neighborhoods, it is a toxic chemical that will provide immediate relief, but is much more controversial. Adulticide has not been sprayed in Cattaraugus County in nearly (20) years. Legislator Andreano asked that an email be sent out when spraying was to begin.

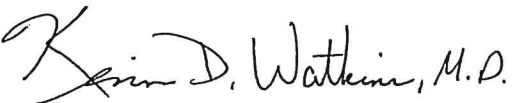
Other summer programs the department is dealing with now includes children's camps, and campgrounds.

NYSDOH and the United States Department of Agriculture (USDA) started dropping oral rabies vaccine bait for raccoons and wildlife last year. This year they will target the Western New York area starting August 18<sup>th</sup>, 19<sup>th</sup>, and 20<sup>th</sup>.

**Old/New Business:** Dr. Watkins informed everyone that at the September meeting the West Valley Demonstration team will be at the meeting to update the Board on their progress and the Health Department will be presenting their annual report.

There being no further business to discuss, a motion to adjourn was made by Mayor Smith, seconded by Legislator Andreano and unanimously approved.

Respectfully submitted,



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