



# 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.*

*Theresa Raftis*

*David L. Smith, Mayor*

*Kathryn Cooney Thrush, NP, MSN*

*Donna Vickman*

## MINUTES December 1, 2021

The 900<sup>th</sup> meeting of the Cattaraugus County Board of Health (BOH) was held virtually on December 1, 2021.

The following members were present:

Joseph Bohan, MD

Giles Hamlin, MD

Legislator Kelly Andreano

Sondra Fox, RN, MSN, C.S.

Mayor David L. Smith

Theresa Raftis

Kathryn Cooney-Thrush, NP, MSN

Also present were:

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

Ashley Milliman, County Attorney

Legislator Richard Helmich

Legislator Kip Morrow

Legislator Ginger Schroder

Brenda Hanson, Resident

Ray Jordan, Senior Public Health Sanitarian

Debra Lacher, Secretary to the Public Health Director

Collette Lulay-Pound, Administrative Officer

Rick Miller, Olean Times Herald Reporter

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 stated that the Board of Health Meeting was moved to a ZOOM format due to high community transmission of COVID-19. Therefore, out of an abundance of caution a virtual meeting is being held and Board members will be notified when the in person meetings will resume. There is no meeting in the month of January and we will make a decision prior to February's meeting if we will convene the meeting virtually or in person. Regardless of what decision is made, the ZOOM option is available to all board members.

Dr. Bohan asked for a motion to approve the meeting minutes. A motion to approve the Board of Health (BOH) meeting minutes from November 3, 2021 was made by Mayor Smith, seconded by Legislator Andreano, and unanimously approved.

**DIRECTORS REPORT:** Dr. Watkins presented a COVID-19 update to the Board. He stated that there has been (10,275) confirmed positive COVID-19 cases in Cattaraugus County, of which (4,917) cases have been reported in the Southeast quadrant of the county. The department is actively following (597) cases, and due to the high work volume associated with these active cases, the department has transferred (100) of these cases to New York State Department of Health (NYSDOH's) virtual contact tracers, who agreed to conduct follow-up calls on the behalf of the department.

Of the (10,275) positive cases, (9,501) have recovered, and there has been (176) recorded deaths, which reflects a (92%) recovery rate and a (1.7%) death rate. Of the (597) active cases, there are (59) of those cases hospitalized. When the positive cases are grouped by ages, the age range between (0-19) years old, is the age range with the highest number of confirmed cases.

Dr. Watkins showed a COVID-19 percent positive dashboard 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 dashboard showed that Cattaraugus County had a daily COVID-19 percent positive rate of (10.3%), and a seven day rolling average percent positive rate of (13.0%). Comparing that to Western New York which had a daily percent positive rate of (12.7%) and a seven day rolling average percent positive rate of (10.5%). In NYS, the daily percent positive rate was (5.1%) with a seven day rolling average percent positive rate of (4.2%). This indicates that at the time of this report both WNY and Cattaraugus County had a very high rate of community transmission compared to the rest of the state. Overall NYS is doing well due to larger populated counties having a high rate of their population vaccinated versus the more rural counties where vaccination rates remain lower.

Looking at the vaccination rate by municipality. The municipality that stands out with the lowest vaccination rate is Conewango Valley, still with only (18%) of the population vaccinated. This municipality is where a large percentage of the Amish population reside, therefore we are not expecting to see an increase in the vaccination rate in this area. Other municipalities are starting to improve, as we continue to offer vaccines free of charge and hold vaccine clinics throughout the county.

Dr. Watkins shared a chart that listed the local school districts within the county, with Pioneer School District continuing to lead with the highest positive cases reported in the school districts, followed by the Gowanda School District. A number of schools Superintendents chose to go remote due to the large number of positive cases among students and staff, but most of those schools have now resumed in-person instruction.

Vaccination status; over (36,000) residents in Cattaraugus County have been fully vaccinated and nearly (40,000) have had at least one dose of the vaccine. Those who are (18) years of age or older approximately, (61%) have received at least a first dose. Breakthrough cases are concerning, these are residents who were fully vaccinated but have tested positive for the COVID-19 virus; to date, there has been (1,008) residents who were fully vaccinated that have tested positive for the COVID-19 virus which is almost a (3%) rate in breakthrough cases. Looking at our positive cases on a monthly basis from August to November the number of cases continues to rise. In August there were (313) cases, September there were (857) cases, October there were (1,280) cases, and November there were nearly (2,000) cases. A larger number of positive cases, is often followed by a larger number of hospitalizations, and then an increase in mortalities.

Looking at the county's surge capacity-a term used to determine the capability of a community and its local healthcare facility, Olean General Hospital (OGH), to handle a potentially overwhelming influx of patients caused by this pandemic. At last report, OGH reported a (134) bed capacity with (104) beds occupied. Of the (134) beds, (8) were designated for the ICU, of which all (8) beds were occupied. There were (41) COVID patients in the hospital, (7) COVID patients in the ICU, of which all (7) were intubated. The hospital having a bed capacity that is 78% full and being understaffed, the surge capacity is fragile for the community.

As of date, a total of (176) deaths have been reported due to COVID-19 complications, of which, (12) of those individuals were fully vaccinated. Looking at underlying health conditions of those (12) deaths, we see chronic diseases such as pulmonary causes including COPD and asthma as the leading cause, other causes included cancer, hypertension, diabetes, and renal disease.

How do we get through this pandemic? We will continue to encourage those who are not vaccinated to get a COVID-19 vaccine, for those who are vaccinated we are encouraging them to get a booster. The vaccine tends to wane after six months for those who received the messenger RNA vaccines and for those who had the J&J vaccine we've learned it tends to wane after two months.

The latest variant is the B.1.1.529 or the Omicron variant which was first identified in South Africa. Most concerning is that this variant has multiple mutations, our biggest concern is that reports indicate this variant may evade the immune system antibodies also called the neutralizing antibodies. Based on early reports, this variant causes mild flu like symptoms including dry cough, fever, body aches and seem to be most prevalent in the very young population. Current recommendations is to continue practicing public health measures, wear masks indoors, socially distance, and wash your hands as frequently as possible.

At our last meeting we spoke about treatments for COVID-19 and there were a lot of suggestions of where we could potentially hold monoclonal antibodies clinics, since the hospital cannot accommodate a large number of residents at one time. Although we continue to look into this possibility, it has been held up due to liability concerns. Legislator Andreano added that this is definitely a high priority and the legislature will continue to discuss this option with the County Attorney, as we want to lessen the burden on the hospital.

Legislator Schroder asked if there were (176) deaths since the beginning of the pandemic. Dr. Watkins confirmed yes this was correct. Legislator Schroder asked when the vaccine was first available, he replied widely available in March. Wanting to further review the slides she requested that a copy of the slides be sent to her. Dr. Bohan asked if there was any data available on how many of the fully vaccinated and boosted residents were breakthrough cases and how many of the vaccinated residents have received a booster. Dr. Watkins stated that there has been (4 or 5) cases which were breakthrough cases after receiving a booster. For the second part of the question, the department will look to see if that data could be pulled from our State's database as multiple providers administer the COVID-19 vaccines, and booster data would be tracked by NYSDOH. Dr. Bohan asked if those who are severely immunocompromised and cannot have a demonstrable spike of immunization from the vaccine, are they able to get the monoclonal antibodies prophylactically.

Dr. Witte replied that the problem of treating prophylactically with monoclonal antibodies is that they do not last. If you give someone an infusion, it is a short term treatment for disease and it does not last like a vaccine. Legislator Andreano stated that reported numbers of those who test positive and work in a school does not necessarily equate to school spread. Therefore she caution everyone from using that terminology.

Dr. Watkins reminded the Board that COVID-19 vaccine clinics are still underway with several scheduled for December and that the influenza vaccines are still available as well.

Dr. Watkins reminded the Board that the Clean Indoor Air Act (CIAA) waivers were granted to establishments that modified their place of business by designating a separate room away from the general traffic; the rooms utilize special mechanical ventilation systems to control second hand smoke exposure to non-smokers that enter their establishments. The permits for those CIAA waivers will soon need to be renewed; the expiration date is 12/31/21. There are (2) facilities that would like to renew their CIAA waiver for one year on the condition that their business pass an inspection. These two facilities include the Ischua Fire Department, and the Little Valley VFW. A motion was made by Mrs. Fox, and seconded by Legislator Andreano, and unanimously approved. Dr. Watkins reminded the Board that there were also (3) membership associations that are exempt from all smoking restrictions contained within the CIAA. These associations attest that members of their organizations do not receive compensation of any kind from the membership association or any other entity for their performance or duties. These include the Christopher Columbus Club, the Olean American Legion, and the Veterans Club. These memberships associations do not need Board approval to allow smoking in their facility.

**ENFORCEMENT LIST:** Mr. Porter, Hearing Administrator Officer reported on the administrative hearings held November 9, 2021.

**DOCKET #21-037:**

**Respondent: Michael Fields & Penny Jones, 347 Johnson Hollow Road, Town of Ischua (T) Cuba, NY 14727.**

**Violations: Sanitary code of the CCHD subpart 14.7.1 respondent failed to dispose of household garbage by deadline of September 7, 2021.**

Recommendation: The respondents \$50.00 civil compromise offer be changed to a \$50.00 fine and then doubled to \$100.00 for no-show. The fine is to be paid on or before 12/31/21 and the violation be remedied or a \$10.00 per day per diem will be levied until in full compliance.

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

**DOCKET #21-042:**

**Respondent: Ms. Gayla Smith DBA Perrysburg Pub, 11849 Main St., Perrysburg, NY 14129.**

**Violations: 10NYCRR Sec. 14.1.190(a) permit to operate expired on July 31, 2021. Food service establishment has been operating without a valid permit to operate since 8/1/21.**

**DOCKET #21-042 (continued):**

Recommendation: The respondent be fined \$50.00 for operating without a permit. The fine is to be paid on or before 12/31/21 or a \$10.00 per day per diem will be levied every day not in compliance. A \$50.00 late fee will be levied for the permit expiring and not being re-instated on a timely manner. If and when a new permit is requested.

A motion was made by Ms. Cooney-Thrush to accept Mr. Porter’s recommendation, seconded by Mrs. Fox, and unanimously approved.

Mr. Porter, Hearing Administrator Officer reported on the administrative hearing held November 10, 2021.

**DOCKET #21-046:**

**Respondent: Mr. Jeff Stoltenberg DBA/MJ’s Tavern, 10933 Mace Road, Napoli, NY.**

**Violation: 10NYCRR Sec. 5-1.72 (c)(1) Failure to submit complete daily reports of the non-community water system for the month of September 2021; (5) previous dockets in 2021.**

**10NYCRR Sec. 5-1.30 (a) Routine monitoring on 9/14/21 showed no free chlorine residual on the drinking water.**

**10NYCRR Sec. 5-1.73 No reagent available on 9/14/21 to test for free chlorine in drinking water.**

Recommendation: The respondent pay the following fines by 12/31/21:

Violation 5.172 (c) (1)	\$200.00
Violation 5.1.30 (a)	\$ 75.00
Violation 5.173	<u>\$ 50.00</u>
	<b>\$ 325.00 TOTAL</b>

Failure to pay the \$325.00 fine by 12/31/21 will result in a \$10.00 per day per diem for non-payment.

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

**NURSING DIVISION REPORT:** As of date, the homecare census is (273), in November there were (99) admissions, and (89) discharges. NYSDOH visited the department in November to conduct a post survey follow-up, as the original survey was conducted in January of 2021. A statement of deficiencies were emailed to the department on yesterday, and a plan of corrections will be submitted. There were (4) pending deficiencies and the plan of correction must be submitted by December 10<sup>th</sup>.

In the lead program there are (103) children being followed. The highest blood lead level was 13ug/dl, [normal <5ug/dl]. Currently there are (85) children below the blood lead level of 5ug/dl. There were (3) new children tested for lead and added to the follow up list in November, (1) had a lead level of 5ug/dl and (2) with a level of 6ug/dl. The next Lead coalition meeting will be held in January.

HIV testing included (1) in Machias, (11) in Olean with no positives at either site, and (6) in Salamanca with (1) positive but it was a repeat positive.

The scheduled influenza clinics have been completed with a total of (828) individuals who were vaccinated between September and November. Those numbers are a lot lower than last year, which was at (1,100). In November there were (34) positive influenza A, and (5) influenza B.

Communicable disease reports for November included (1) campylobacter with no known source; (12) positive cases of chlamydia; there were (2) cases of gonorrhea; (2) positive cases of syphilis. Hepatitis B, there was (1) suspected case which has not been confirmed yet; Hepatitis C, there were (2) chronic positive cases; Lyme disease, there were (12) suspected and no confirmed cases; Strep group A, there was (1) confirmed case. An out of the ordinary case, was an individual who became sick in the beginning of November and was thought to have meningitis but it was never isolated to be viral or bacterial, then this same person tested positive for possible Q fever, but it did not meet the criteria and the final report came back positive for the West Nile Virus. The symptoms for all three disease are very similar including headache, and fever. This person was readmitted to the hospital on yesterday.

The department provided (1) rabies postexposure prophylaxis (PEP) vaccine series for a bat exposure, and (1) dog bite rabies PEP series was taken care of in Bradford.

**ENVIRONMENTAL HEALTH REPORT:** Mr. Wohlers reported the next rabies vaccination clinic has been scheduled for Saturday, January 8<sup>th</sup>, and it will be held at the DPW garage in Little Valley.

Due to the surge in COVID cases, many of our environmental health staff are now assisting the COVID response team.

A home explosion in Allegany that happened two years ago, was linked to natural gas migrating up through their private well in their basement and the health department was involved with testing other private wells in that neighborhood. The Department of Environmental Conservation (DEC) has finally completed their investigation and a lengthy report has been released. The executive summary identified that DEC plans to enhance oversight whenever applicants for oil companies apply for new wells. They will need to endure additional outreach to local neighbors that have private wells, and provide them information on proper well construction standards. That way any migrating gas that could come up through the ground will not concentrate and build up to an explosive level in their well pits.

**Old/New Business:** Dr. Watkins shared under old business that Ms. Raftis and Mayor Smith's terms will end on December 31<sup>st</sup>, 2021 and without hesitation we would like to submit their names to the legislators for another six year term if there are no objection by the Board or the two nominees. Hearing none, the department will submit the names to the Legislators for reappointment.

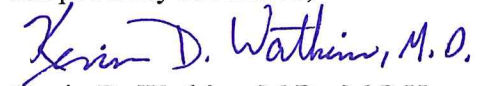
Dr. Watkins announced that Mr. Wohlers, after serving the County for over 30 years, will be retiring his position as the Environmental Health Director. Mr. Wohlers will continue as a part-time Engineer for the Health Department for the next few years.

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A motion to adjourn was made by Mayor Smith, seconded by Mrs. Fox and unanimously approved.

Respectfully submitted,

A handwritten signature in blue ink that reads "Kevin D. Watkins, M.D." The signature is written in a cursive style with a large initial 'K'.

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