



CATTARAUGUS COUNTY BOARD OF HEALTH

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

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

Zahid Chohan, MD

Sondra Fox, RN, MSN, C.S.

Richard Haberer

Theresa Raftis

David L. Smith, Mayor

James Snyder, Legislator

Kathryn Cooney Thrush, NP, MSN

MINUTES

November 7, 2018

The 870th meeting of the Cattaraugus County Board of Health (BOH) was held at The Point Restaurant, 800 East State Street, Olean, New York on November 7, 2018.

The following members were present:

Dr. Joseph Bohan

Mayor David Smith

Dr. Giles Hamlin

James Snyder Sr., Legislator Chair

Sondra Fox, RN, MSN, C.S.

Kathryn Cooney Thrush, NP, MSN

Richard Haberer

Also present were:

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

Eric Firkel, County Attorney

Richard Helmich Jr., Legislator

Dr. Paul Schwach, Clinical Physician

Donna Vickman, Legislator

Dr. Gilbert Witte, Medical Director

Raymond Jordan, Sr. Public Health Sanitarian

Debra Lacher, Secretary to Public Health Director

Lynne Moore, Director of Patient Services

Dave Porter, Hearing Officer

Eric Wohlers, Environmental Health Director

The meeting was called to order by Dr. Joseph Bohan. The roll was called and a quorum declared. Mr. Haberer made a motion to approve the minutes of the BOH meeting held on October 3, 2018, it was seconded by Dr. Hamlin and the motion was unanimously approved.

DIRECTORS REPORT: Dr. Watkins stated that influenza surveillance started in New York State (NYS) on September 30th and will continue through the week of May 18th, 2019. For the last two weeks, influenza activity was categorized as geographically sporadic. During the week ending October 27th the number of patients that have been hospitalized statewide with laboratory confirmed influenza was (31) which is a 35% increase over the previous week. There has been (1) influenza associated pediatric death reported this season in NYS. There have been no reportable confirmed influenza cases in Cattaraugus County so far this season. All health department and nursing home personnel that wanted an influenza vaccine were vaccinated as part of the State regulation.

Personnel who decline a vaccination will be required to wear a face mask once the State Health Commissioner declares influenza to be widespread throughout NYS.

Two weeks ago the Food and Drug Administration (FDA) approved a new influenza antiviral medication called baloxavir marboxil or XOFLUZA that aims to stop the influenza virus by (1) day. The drug works by inhibiting cap-dependent endonuclease, (which the flu virus relies on to duplicate in the human body), therefore, it blocks the flu virus's ability to use the host cell for replication. That's a different mechanism from oseltamivir (Tamiflu), which blocks the virus's neuraminidase enzyme, preventing its escape from the host cell.

A unique feature about XOFLUZA, compared to Tamiflu, is the single dose usage. Not multiple doses for multiple days. For example, Tamiflu typically requires 2 doses each day for 5 days. It is a lot easier to remember to take zero doses after that first dose than 9 more doses. The medication could help a person recover from the flu sooner (by a median of 23.4 to 28.2 hours), reduce the severity of a person's symptoms, and lower's a person's risk of getting more severe complications like death.

A person has to be at least 12 years old to be prescribed XOFLUZA. They can't have had flu symptoms for more than 48 hours and the flu can't be complicated, meaning that a person can't already be suffering severe problems from the flu.

The most common adverse events reported with XOFLUZA were diarrhea (3.0%), bronchitis (2.6%), nausea (1.3%) and sinusitis (1.1%).

It is still recommended that anyone over 6 months of age, get an influenza vaccination as a first line of defense. Dr. Bohan asked if insurances will cover this medication. Dr. Witte replied some insurances, however, the medication is expensive (up to \$150.00), and because it is new, there is very little resistance. Dr. Witte implores providers to only use it when they have a confirmed case of influenza or if a rapid test is positive, or an obvious epidemic where it is clear that someone has influenza.

The FDA Anesthetic and Analgesic Drug Products Advisory Committee voted 10-3 to recommend approval for a new MORE potent opioid painkiller, called (sufentanil) or trade name DSUVIA, despite warnings from some physician who say the drug will contribute to the addiction epidemic.

It has been described as 1,000 times more potent than morphine and 10 times stronger than fentanyl.

There are very tight restrictions being placed on the distribution and use of this product. DSUVIA is to be administered sublingually to the patient only by a healthcare professional in a medically supervised setting such as hospitals, surgery centers and emergency rooms.

The recommended dosage of DSUVIA is 30 mcg sublingually. The maximum cumulative daily dose proposed is 360 mcg or 12 tablets per 24-hour period for no longer than 3 days.

The company projects \$1.1 billion in annual sales, and hopes to have its product in hospitals early next year.

The Department of Defense helped fund the company (AcelRx) research because DSUVIA could potentially be used on the battlefield as a replacement for intravenous morphine or injections of morphine on the battlefield.

The manufacture states that DSUVIA crosses the blood brain barrier fairly quickly, and has a nice predictable duration close to 90 minutes.

Public Health officials are concern that the restrictions for its use will eventually be lifted or the potential of personnel using or selling the drug to the black market is just a matter of time. Health officials have worked very diligently over the last three or four years to try to improve the public health, to reduce the number of potent opioids on the street, unfortunately this time, many officials believe the FDA got it wrong.

Prescribing information for both XOFLUZA and DSUVIA were given to all in attendance.

Two viruses has recently made public health headlines, one has been associated with acute paralysis in children and the other viruses has led to death in immunocompromised children.

Enterovirus D68 (EV-D68) is the virus that has recently been suspected in a polio-like paralysis in several children; EV-D68 can be found in an infected person's respiratory secretions, such as saliva, nasal mucus, or sputum. Enterovirus likely spreads from person to person when an infected person coughs, sneezes, or touches contaminated surfaces.

EV-D68 can cause mild to severe respiratory illness, or no symptoms at all. Mild symptoms includes runny nose, sneezing, cough, body aches and muscle aches. Severe symptoms, while less common, may include wheezing and difficulty breathing. In some rare instances, the virus can cause acute flaccid myelitis (AFM), a serious condition that causes weakness in the arms or legs. However, there are other causes of AFM besides EV-D68, and severe respiratory illness is a greater concern with this virus.

As of October 2018, the New York State Department of Health (NYSDOH) has confirmed Enterovirus D68 in 39 children in New York State. NYSDOH reports suspect cases of acute flaccid myelitis (AFM) due to EV-D68 to CDC and no cases have been confirmed in New York State in 2018 thus far.

It is important to take steps to protect oneself and others from all respiratory infections, including:

- Frequently washing hands, with soap and water for 20 seconds.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Avoid kissing, hugging and sharing cups or eating utensils with people who are sick.
- Disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick.
- Use the same precautions that are used to prevent the spread of influenza.

The other virus that continues to make headlines is the adenovirus, as a number of children have died secondary to complications associated with the virus.

Adenoviruses are a group of common viruses that infect the lining of a person's eyes, airways, lungs, intestines, urinary tract, and nervous system. They're common causes of fever, coughs, sore throats, diarrhea, and pink eye. Symptoms may appear 2 to 14 days after being exposed to the virus.

Adenoviruses are often spread by touching a contaminated person or surface, or through the air by coughing or sneezing. They are known to persist on unclean surfaces and medical instruments for long periods of time, and they may not be eliminated by common disinfectants, but they rarely cause severe illness in healthy people.

Infections happen in children more often than in adults. Most children will have at least one type of adenovirus infection by the time they're ten years old.

The infections usually cause only mild symptoms and get better on their own in a few days. However, people with weakened immune systems have a higher risk for severe disease, and they may remain contagious long after they recover.

At least 30 people have become sick, including 10 deaths, in connection with an adenovirus outbreak at a New Jersey health care facility. All but one case are children with weakened immune systems and other serious medical issues, many of whom require assistance to breathe and function.

Dr. Watkins provided an update on the Community Health Assessment progress report, he stated that the department has been working alongside Olean General Hospital (OGH) to complete the report. This report is due to NYSDOH, December of 2018 and will require the Board's approval.

Legislator Chair Snyder shared his concern regarding the migrants approaching the US borders and whether those individuals will receive vaccinations prior to their admission into the country. Dr. Watkins stated that occasionally local health departments will become involved in working with customs and immigration authorities to make sure that individuals are isolated until they are given the proper vaccinations.

NURSING DIVISION REPORT: Mrs. Moore reported the homecare census is currently (298). Referrals are increasing, and for the month of October there were a total of (40) referrals from OGH.

The department has been busy with the community flu clinics during the month of October. According to New York State Immunization Information System (NYSIIS) the health department has vaccinated (3,100) individuals and for Cattaraugus County overall, (7,000) individuals have been vaccinated in the month of October.

Communicable Diseases: for the month of October, there were (7) chronic Hepatitis C cases, (2) confirmed Giardia cases, (1) case of legionella, (12) cases of chlamydia, (5) cases of gonorrhea, and (1) confirmed case of syphilis.

ENVIRONMENTAL HEALTH DIVISION REPORT: Mr. Wohlers reported that a tabletop exercise will be conducted this month for environmental health and communicable disease staff, the topic will be food borne illness investigations.

There are protocols that must be followed, and intensive investigation must take place with coordination between the nursing and environmental health staff.

The Community Development Block Grant (CDBG) program is completing its fourth two year funding cycle. This program has been very successful, the 2009 grant completed (46) projects, 2011 grant completed (39) projects, and the 2013 grant completed (36) projects. The 2016 grant, which ends this year, has successfully spent \$350,000.00 and completed (20) septic system projects, (13) well projects, and (6) water lateral projects. There is still an obvious need for this grant program and therefore the department will apply for \$400,000.00 for the next grant cycle. Dr. Bohan questioned whether people are readily made aware of this program. Mr. Wohlers confirmed that it is well publicized through other public assistance agencies, media, and flyers posted in community places. Well drillers and certified excavators also refer residents to the program. Legislator Snyder asked if these funds were grants or loans. Mr. Wohlers responded they are grants which come through the NYS Department of Housing and Community Renewal.

For decades the department has worked with the town of Machias to form a sewer district around Lime Lake, which is fully functional now. There are currently five different crews working to get all the cottages hooked up prior to the winter. Mr. Haberer asked what the difference in the cost was for running the system to Arcade as opposed to Franklinville. Mr. Wohlers stated that it set the project back by two years, and cost an extra two million dollars for the redesign and delay. Legislator Helmich asked if there will be additional fees on a prospective homeowner to tie into the system at a later date as opposed to now. Mr. Wohlers stated that there would probably be a tap-in fee if someone builds a new place in addition, they will have to buy and install a pump station in conformance with the team's sewer use ordinance specifications.

Plans have been approved for the Village of Cattaraugus as they were recipients of another grant last year to replace water lines that are over a hundred years old. A design has been completed, plans approved and will go to bid this winter with construction in the spring.

Last week Southern Tier West (STW) regional planning board staff contacted the department regarding a possible collaboration between three county health departments and STW. The Department of Environmental Conservation (DEC) has announced they are using 604(b) funds for availability of grants for drinking water source protection planning. The DEC is encouraging every regional planning board to submit a proposal. The grant project would provide up to \$60,000 per year for four years. Some of the money could be used to hire a GIS intern each summer to help with the data collection in the (9) focus communities.

Update on Dragon's Breath; there was a discussion at the Environmental Health State conference that some counties and BOH have opted to not issue permits for this novelty treat, and the State has agreed that when they revise the State Sanitary Code Part 14 restaurant regulations next year, they may amend the code to restrict the use of liquid nitrogen or not permit use at point of service where food is being eaten.

The State reported that there was a horse that died in late October in Chautauqua County from the Eastern Equine Encephalitis (EEE) virus, usually this is seen in central New York. EEE is a viral disease transmitted by mosquitos. It is odd this occurred so late in the fall. No aerial spraying was conducted.

The food manager's training ordinance that the Board passed last fall, has a deadline of December 1st which is fast approaching for compliance. At this point in time (117) establishments have complied but that leaves over (200) establishments yet to complete training or submit their proof. Final reminder notices will be mailed on 11/14/18.

Enforcement Report: Mr. Porter reported on Docket # 18-033:

Respondent: Mr. & Mrs. Lance Oaks, Studebaker Park LLC, 336 North 10th Street, Olean, NY, 14760. Violations: 10NYCRR Section 5-1.72 (c) (1) respondent failed to submit complete daily records for the operation of the community water system for the month of August 2018 to the CCHD office by the 10th day of the following month.

Administrative Hearing 11-6-18

Public Health Sanitarian: Chris Covert, Public Health Sanitarian appeared for CCHD and was sworn in.

Respondent: Mr. & Mrs. Lance Oaks appeared.

Recommendation: a.) The \$50.00 civil compromise be changed to a \$50.00 fine and be paid on or before 11-30-18. Failure to be in compliance will result in a \$10.00 per day per diem until in compliance.

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

Dr. Watkins shared an update on the Great Wall Restaurant, he stated that the owner has taken the food manager's training course and passed the exam which now puts the facility in compliance with the BOH orders and closes the open enforcement case on this establishment.

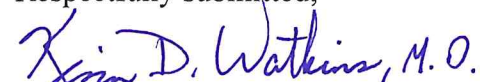
Dr. Watkins reported that a resident called him to see if she could come to the next BOH meeting to talk about medical marijuana specifically, its high cost and its value in pain management.

Dr. Bohan's term will expire on December 31, 2018, if there are no objections by the board, the department would like to submit his name for another six year term. No objections were heard.

Everyone in attendance was given a 2019 BOH meeting schedule, due to a change for the February meeting date, an updated calendar will be forthcoming with the December meeting packet.

There being no further business to discuss, a motion to adjourn was made by Mr. Haberer, and seconded by Mrs. Fox, and unanimously approved.

Respectfully submitted,


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

**BOARD OF HEALTH
MEETING SCHEDULE
2019**

January-NO MEETING

February 12th (TUESDAY)*

March 6th

April 3rd

May 7th (TUESDAY)*

June-NO MEETING

July 3rd

August 7th

September 4th

October 2nd

November 6th

December 3rd (TUESDAY)*

*Meetings are held on a Wednesday except for where noted.