



CATTARAUGUS COUNTY BOARD OF HEALTH

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

Mayor David L. Smith, President

Giles Hamlin, MD, Vice-President

Joseph Bohan, MD

Zahid Chohan, MD

Legislator Kelly J. Andreano

Kathryn Cooney Thrush, NP, MSN

Shane Pancio

Theresa Raftis

Legislator Ginger D. Schroder

MINUTES July 11, 2024

The 923rd meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on July 11, 2024.

The following members were present:

Joseph Bohan, MD

Zahid Chohan, MD

Legislator Kelly Andreano

Kathryn Cooney-Thrush

Theresa Raftis

Legislator Ginger Schroder

Mayor David L. Smith

Also present were:

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

Brendon Riley, Assistant County Attorney

Ray Jordan, Senior Public Health Sanitarian (Virtual)

Debra Lacher, Secretary to the Public Health Director

James Lawrence, Public Health Emergency Preparedness Director

Colette Lulay-Pound, Administrative Officer

Rick Miller, Catt Co News & Photos

Lynne Moore, Director of Nursing

Dave Porter, Hearing Officer

Robert Ring, Environmental Health Director

Erin Washburn, Health Educator Assistant

Gil Witte, MD, Medical Director

Mayor Smith welcomed everyone to the Board of Health (BOH) meeting, roll was called, and a quorum was noted.

Mayor Smith called for approval of the May 1, 2024 meeting minutes. A motion was made by Dr. Bohan to approve the minutes as presented, the motion was seconded by Ms. Raftis, and unanimously approved.

Mayor Smith called for the approval of the April 17th, 2024 Professional Advisory Committee meeting minutes. A motion was made by Dr. Witte to approve the minutes as presented, the motion was seconded by Ms. Raftis and unanimously approved.



ENFORCEMENT LIST: Mr. Porter presented enforcement case docket # 24-007, which was held on June 18th, 2024.

Respondent: Bart Frank/DBA Park Place Real Estate Holdings, PO Box 453, Ellicottville, New York 14731.

Violations: 10 NYCRR Sec. 67-2.6(b). Mr. Frank was served a notice and demand, dated 1-23-24, requiring the discontinuance of conditions conducive to lead poisoning at 102 7th Street, lower apartment, located in village of Little Valley. Deadlines were not met.

Hearing Officer Findings: The respondent is in violation of 10NYCRR Sec. 67-2.6(b). Conditions conducive to lead poisoning at 102 7th Street, Little Valley (lower apartment).

Recommendation: 1. The \$100.00 stipulation offered be changed to a \$100.00 fine. The fine must be paid on or before 7-31-24 or a \$10.00 per day per diem will be levied for every day late, non-compliance of notice and demand.
2. On 8-21-24 at 102 7th Street, little Valley, NY at 9:00AM CCHD officials and respondent are to meet to prepare a work plan and completion schedule as requested on the 1-23-24 form letter to respondent.
3. Lower apartment at 102 7th Street, Little Valley, NY shall remain empty until all the identified lead hazards, interior and exterior, are corrected and cleared by CCHD officials.

A motion was made by Legislator Andreano to accept Mr. Porter's recommendations, seconded by Ms. Raftis and unanimously approved.

Mr. Porter presented enforcement case docket #24-009, which was held on July 9th, 2024.

Respondent: Brandt Ainsworth, 8995 Reynolds Road, Franklinville, NY 14737.

Violations: Sanitary code of the CCHD subpart 14.7.1 respondent failed to remove a large pile of garbage at the subject's property.

Hearing Officer Findings: Respondent is in violation of Sanitary code of the CCHD 14.7.1.

Recommendation: 1. The \$100.00 stipulation offered be changed to a \$100.00 fine and then doubled for no show, no response, and no contact to CCHD. The \$200.00 fine and full compliance of garbage being removed from respondent's property and site cleaned up on or before 8-30-24 or a \$10.00 per day per diem will be levied until in full compliance.

A discussion was held by the Board regarding the recommendation, and Mayor Smith suggested amending the fine to \$1,000.00. A motion was made by Legislator Andreano to amend the \$200.00 fine to a \$1,000.00 fine which must be paid by 8-15-24 and cleanup of the site is required on or before 8-15-24 or a \$10.00 per diem will be levied until in full compliance, the motion was seconded by Legislator Schroder and unanimously approved.

DIRECTORS REPORT: Dr. Watkins updated the board on the first aerial larvicide application of the year which occurred in the middle of June. He stated that at the beginning of May, based on daily counts, there was an increase in the number of mosquitoes being collected by the department, therefore, in late May, the department decided to conduct larvicide spraying in selected areas of the county. After the larvicide spraying was completed, the number of mosquitos collected, started to decrease.

Dr. Watkins went on to discuss the life cycle of mosquitos. He stated that an adult mosquito will lay eggs in a body of water, the eggs hatch into larvae within a few days, the larvae live in water then turns into a pupa in as few as (5) days and the pupa develop into an adult mosquito in (2-3) days.

It is the female mosquitos that bite and draw blood. The mosquito uses the protein in the blood to assist with egg production. As the mosquito is feeding (drawing blood), it injects saliva into the skin and the body reacts to this saliva by releasing histamines, producing bumps and itching.

Mosquito surveillance, via dipping, is the most effective means of controlling the mosquito population and identifying breeding sites so they can be modified. Results from this form of sampling will determine the type of response that will be elicited by the department.

Trapping of adult mosquitos can be accomplished with light traps, gravid traps, resting boxes and sentinel 2 mosquito traps. Once collected, adult mosquitos are sent to Wadsworth where they are analyzed to determine if they are infected with arboviruses. Major mosquito borne disease include: Chikungunya, Dengue, Eastern Equine Encephalitis, Japanese Encephalitis, La-Crosse Encephalitis, St. Louis Encephalitis, West Nile Virus, Yellow Fever, Zika, Filariasis and Malaria. The two most common arboviruses seen in the Cattaraugus County area are Eastern Equine Encephalitis (EEE), and West Nile Virus (WNV).

Eastern Equine Encephalitis (EEE) starts with the bite from a mosquito infected with EEE. The mosquito bites a carrier with EEE, such as a bird, the mosquito then bites a human, a horse or other mammals. While the mosquito is feeding (drawing blood), it injects saliva along with the EEE virus (EEEV) into the skin and infect the hosts (humans, horses, other mammals). Symptoms of EEEV infection occur within (4-10) days after being bitten by an infected mosquito. Usually people over the age of (50) or those younger than the age of (15) are at greatest risk for developing severe disease. Infections begin with sudden onset of headache, high fever, chills, vomiting, seizures, which can culminate into severe complications like coma and encephalitis.

West Nile Virus (WNV) is also spread by the bite of a mosquito and is spread the same way as the EEEV. WNV may cause a mild illness but can also cause encephalitis or meningitis. Seventy-five percent of those who contract WNV never show any symptoms at all but if symptoms do occur, they will occur between (3-14) days after being bitten by an infected mosquito. WNV can cause serious illness and even death. Symptoms are similar to EEE and include headache, high fever, neck stiffness, muscle weakness, tremor, disorientation, and can lead to paralysis and coma.

The risk of contracting either EEE or WNV runs from June through September and usually peaks in July or August. The last reported EEE in Cattaraugus County was a horse that died in 2019, and the last reported WNV in Cattaraugus County was a horse that died in 2021. Vaccines are available to protect horses from both EEE and WNV unfortunately there are no vaccines available for humans.

If someone is admitted to the hospital for either EEE or WNV there is no treatment available, just supportive care. Prevention from these arboviruses is the same as prevention from mosquito bites; use insect repellent that is EPA-approved, those that contains DEET, picaridin or oil of lemon eucalyptus, seems most effective. Limit outdoor activities in areas where mosquitoes are most active between dusk and dawn. Wear long sleeved shirts, long pants, shoes and socks as weather permits. Repair or replace all windows and screens, and reduce or eliminate standing water.

Dr. Witte shared that the mosquitos are currently making Gargoyle Park uninhabitable at this time, and disk golf, a usual Wednesday activity, was cancelled due to the situation. Dr. Watkins stated that in recent weeks, reports are signaling an increase in the mosquito counts and we may have to consider another spraying. Legislator Schroeder stated that there is a larger number of mosquitoes due to the dwindling population of bats.

Dr. Watkins shared that during this recent influenza season, most influenza viruses detected were influenza A (H1N1) and A (H3N2). He stated that circulating influenza viruses change continuously, therefore the influenza vaccines are reviewed annually for its effectiveness and updated vaccines are recommended each year as needed. An interim report was provided to those in attendance showing the effectiveness of the influenza vaccines during the 2023-2024 influenza season. The interim report indicated that the overall vaccine effectiveness was around 42% compared to the 2022-2023 influenza season which was around 54%.

Dr. Watkins informed the board that the Advisory Committee on Immunization Practices (ACIP) recommended moving away from the influenza quadrivalent vaccine, which was given this past year, and move back to a trivalent vaccine for the 2024-2025 influenza season.

He stated that the ACIP also made recommendations for those who should receive the Respiratory Syncytial Virus (RSV) vaccine this upcoming respiratory season. The recommendation is now to give the vaccine to those ages (75 and older) and those between the ages of (60-74) who are at increased risk of severe RSV. Which means, individuals with certain chronic medical conditions such as lung or heart disease, and those living in nursing homes. This recommendation is for adults who did not receive a RSV vaccine last year, as this is not an annual vaccine. Dr. Bohan asked if there were statistics for the RSV vaccine effectiveness. Dr. Watkins replied that last year was the first year this RSV vaccine was available and it was only administered to those 60 and older, and as of date, the results for vaccine effectiveness, for the 2023-2024 RSV vaccine has not been released.

The ACIP also recommended that the updated COVID-19 vaccine contain a monovalent JN.1-lineage composition. Dr. Watkins stated that the JN.1 variant was the dominant COVID-19 strain since May 2024 however, for a two-week period, beginning June 22, 2024 and ending July 6, 2024, the leading variant in the country has been KP.3. The variants continue to rapidly mutate.

Lastly, ACIP unanimously voted to recommend Pneumococcal 21-valent Conjugate Vaccine as an option for adults 65 years of age and older, and for adults 19-64 years of age with certain underlying medical conditions, or adults 19 years of age and older who have started their pneumococcal vaccine series with the pneumococcal conjugate vaccine (PCV)-13, but have not received all recommended pneumococcal 23-valent polysaccharide vaccine doses.

Dr. Watkins asked the board to convene as the informational and educational review committee to review and approve a handout for the family planning clinic. A flyer was provided to all board members prior to the meeting, and distributed to each member at the meeting.

The BOH can serve as this review committee since an Advisory Committee of at least 5 individuals must be established to ensure materials from the clinic reflect the educational, cultural, and diverse backgrounds of the intended population or community; this is a mandate by the Code of Federal Regulations 59.6 for all Title X agencies.

The flyer presented introduced the new telehealth services available to residents using the family planning clinic. Legislator Andreano interjected that Donna Kahm, CEO of Southern Tier Healthcare System Inc., has placed (6) tele-suites throughout the county for residents who don't have access to internet and those facilities could be made available if needed. Legislator Schroder asked if services were only available via telehealth or if the individual has an opportunity for a simple phone call. Dr. Watkins responded that yes, phone calls were also an option. Legislator Andreano asked if phone calls were billable, and Dr. Witte responded that they became billable during COVID. A motion was made by Legislator Andreano to accept the flyer as presented, the motion was seconded by Ms. Cooney-Thrush and unanimously approved.

NURSING DIVISION REPORT: Mrs. Moore shared that the homecare census is (245). There were (164) admissions in the month of May and (90) admissions in June. There were (77) discharges in May, and (84) in June. The census typically drops in the summer, as most people avoid elective surgeries in the summer.

Moore stated that she previously reported on the alarming practice of Humana insurance, charging the department back for payments they made to the department for services the agency rendered to Humana's participating members. She stated that the practice has escalated and appeals have been exhausted. Therefore, since Humana is an insurance company out of network for the department, which means the department is not under a contract with Humana for services provided by the agency, a decision was made that the department will no longer accept any new Humana patients. However, the agency will not discharge any current Humana patients until their care has been completed. Currently there are (20) patients who are receiving services with Humana insurance.

Lead program update: in May there were (89) lead tests conducted with the highest blood lead level (BLL) tested being (24.8ug/dl), [normal is \leq 5ug/dl], the child initially had a lead level of (26ug/dl). There was one child with a level of (16.6ug/dl) and one at (14.6ug/dl), eleven children with a level between (5.3ug/dl to 7.1ug/dl), and the remainder of (75) children were less than (5ug/dl). The total case load at that time was (85).

In June there were (102) lead tests conducted. The highest level was a child with a BLL of (47ug/dl) that was initially collected in Cattaraugus County but the results were inadvertently sent to Allegany County Health Department. Once the information reached Cattaraugus County the child had already been referred to Oishei Children's Hospital, who drew another level which was (38ug/dl). Oishei sent the child home after determining chelation was not necessary. It was determined the lead was coming from a windowsill that the family had put an air conditioner in which was blowing the lead dust into the air. The second highest BLL in June was from a four-year-old child whose BLL was (31.4 ug/dl), who has been followed since November 2023.

There were (5) children between (5.1ug/dl to 8ug/dl), and the remaining (95) children were all (5ug/dl) or below. The current case load is (83) children.

HIV testing; In Olean, there were (4) tests conducted in May and (7) in June; In Salamanca, there were (4) in May, and (5) in June; In Machias, there were (5) in May and (3) in June; between the three offices, all results were negative.

Work has begun on the influenza/COVID vaccination clinic schedule that will begin at the end of September.

In May, there were (6) rabies post-exposure prophylaxis vaccines given due to bat exposures, (4) were all from the same family, additionally, there were (2) pre-exposure rabies prophylaxis vaccine series given. In June there were (2) rabies post-exposures prophylaxis vaccines given due to bat exposures, and there were (2) pre-exposures prophylaxis vaccines series administered.

Communicable diseases:

In May, there were (2) cases of campylobacteriosis; (1) case of babesiosis; (1) case of streptococcus pneumoniae (invasive); (10) cases of probable Lyme; (1) case of haemophilus influenza; there were (4) cases of influenza A; (2) cases of influenza B; (26) confirmed cases of COVID-19; (2) cases of respiratory syncytia virus (RSV); there were (12) positive cases of chlamydia; (1) case of gonorrhea; (1) case of syphilis; there were (6) chronic cases of hepatitis C; and (1) case of chronic hepatitis B.

In June, there was (1) case of anaplasmosis; (1) case of ehrlichiosis; (1) case of streptococcus pneumoniae (invasive); (43) cases of probable Lyme; there was (1) case of influenza A; (2) cases of influenza B; (12) confirmed cases of COVID-19; there were (7) cases of Chlamydia; (1) case of gonorrhea; (1) case of syphilis; there were (6) cases of Hepatitis C (chronic); and (2) cases of probable Hepatitis B.

ENVIRONMENTAL HEALTH REPORT: Mr. Ring shared that the environmental health division is focusing on two grants; one is the Community Development Block Grant (CDBG) for well and septic replacement or repair. The department will have completed (26) projects in total by the end of the year. All projects must be under contract by August and completed by the end of the year. The department is applying for a new round of the CDBG in the amount of (\$500,000.00), the grant will cover fiscal year (2025-2026).

The second grant is the Lead Capacity Building grant and it has been very successful, allowing the department to bring on (2) new contract employees. One is doing inspections, the other is doing marketing and outreach. Efforts have been successful in getting the word out about the lead capacity building program; contractors and homeowners are being trained on renovations. Eventually, more complicated abatement projects will get underway.

Capital updates: water projects in Ellicottville, Little Valley, Franklinville, South Dayton, and Yorkshire. In the planning stages are Cattaraugus, Salamanca, Portville, and Randolph, all have upcoming water projects.

Old/New Business: Mayor Smith asked if there was any other old or new business; there was none.

The next BOH meeting will be held on Wednesday, August 7th.

A motion to adjourn was made by Legislator Andreano, the motion was seconded by Mrs. Cooney-Thrush, and unanimously approved.

Respectfully submitted,

Handwritten signature of Kevin D. Watkins, M.D. in blue ink.

Kevin D. Watkins, M.D., M.P.H.

Secretary to the Board of Health