



CATTARAUGUS COUNTY BOARD OF HEALTH



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

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Joseph Bohan, MD, President

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Donna Vickman, LPN

MINUTES

July 12, 2023

The 914th meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on July 12, 2023.

The following members were present:

Joseph Bohan, MD

Giles Hamlin, MD (Virtual)

Zahid Chohan, MD

Legislator Kelly Andreano (Virtual)

Sondra Fox, RN, MSN, C.S. (Virtual)

Theresa Raftis (Virtual)

Mayor David Smith

Donna Vickman, LPN

Also present were:

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

Ashley Smith, County Attorney

Haley Saunders, County Attorney Intern

Ray Jordan, Senior Public Health Sanitarian (Virtual)

Debra Lacher, Secretary to the Public Health Director

James Lawrence, Emergency Preparedness Director

Collette Lulay-Pound, Administrative Officer

Rick Miller, Olean Times Herald Reporter

Lynne Moore, Director of Nursing

Dave Porter, Hearing Officer

Robert Ring, Environmental Health Director

Matt Tyssee, Health Educator

Erin Washburn, Guest Seasonal Health Program Aide

Gilbert Witte, MD, Medical Director

The meeting was called to order by Dr. Bohan. The roll was called however, a quorum was not established. There were (4) Board of Health Members attending in person and (4) members attending virtually and a quorum requires at least five members present at the public meeting to fulfill the public body quorum requirement before any actions can be taken by the board.

DIRECTORS REPORT: Dr. Watkins stated that there have been several notifications from the State informing providers that locally acquired malaria has occurred in two southern states and should be considered as a differential diagnosis for unexplained symptoms or recent travel to those states. There has been no known locally acquired malaria found in New York State but malaria is a disease that is not unfamiliar to NYS as there are roughly 200-300 cases of malaria reported in NYS each year. These cases are usually associated with a travel history to a country where malaria transmission is endemic.

Malaria is transmitted via mosquitos, the mosquito bites a person, pierces their skin using their proboscis (mouthpart) that withdraws the blood. Once the mosquito starts to feed it injects saliva into the skin and the saliva triggers an immune system reaction that results in the classic bumps and then itching.

Mosquitos can carry various viruses, parasites, and worms, and can inject them through the skin. The major mosquito-borne diseases in the United States (US) includes Chikungunya, Dengue Fever, Yellow Fever, (4) Encephalitis's (Eastern Equine, Japanese, La-Crosse, and St. Louis), West Nile Virus, Zika Virus, Filariasis, and Malaria. Malaria is spread to people through the bites of infected female Anopheles mosquitoes. It is a common problem in Africa, Asia, Central and South America. In some cases, malaria has been transmitted through blood (i.e. shared needles/syringes and pregnant women passing the disease to their fetus), but it is not normally transmitted human to human. There are (5) kinds of malaria parasites (4) that are common in the US, they include; plasmodium malariae, ovale, vivax, and falciparum. Plasmodium ovale and vivax causes relapsing fever episodes especially when the parasites go to the liver and hibernate for months or years. When these parasites come out of hibernation they begin invading red blood cells (relapsing), causing the individual to become ill. Plasmodium falciparum can progress to severe illness and death within 24 hours. Approximately (2,000) people experience malaria in the US and nearly 300 experience infection with Plasmodium falciparum, of which, (5 to 10) die yearly.

Local transmission of malaria has been identified in two southern states; (1) in Texas, and (6) in Florida. In Florida, the local transmission has been in one county of that state and all 7 cases have been identified as infection with Plasmodium vivax. Extremely low probability to have local transmission in NYS.

Clinical presentation of malaria includes fever, chills, headache, myalgia, fatigue, nausea, vomiting, diarrhea, anemia, and jaundice. If untreated, malaria may progress to a severe disease. Symptoms typically occur ten days to four weeks after infection has occurred.

The parasites themselves can be identified under a microscope. Treatment for malaria is chloroquine or hydroxychloroquine, and if there is chloroquine resistance, there are other treatments that can be given as well. Chemoprophylaxis treatment is available for individuals traveling to an endemic area.

Malaria prevention is the same prevention that is used for mosquitos. Use screens on windows and doors. Repair holes in screens to keep mosquitoes outdoors. Empty, scrub, turn over, cover, or throw out items that hold water, such as tires, buckets, planters, toys, pools, birdbaths, flowerpots, or trash containers. Use insect repellent that contain DEET. As of date, the local areas where larvae and adult mosquitoes are collected, has been nearly void of the insects.

Dr. Watkins updated the Board on the recently approved Respiratory Syncytial Virus (RSV) vaccine. He stated that RSV is a common, contagious virus that causes infections of the respiratory tract and enters through the nose, mouth, or eyes and spreads easily through the air on infected respiratory droplets. RSV usually circulates during fall, winter and spring, RSV is an important pathogen in all age groups, causing bronchiolitis in infants, common colds in adults, and more serious respiratory illnesses such as pneumonia in the elderly and immunocompromised.

RSV is the leading cause of infant hospitalization in the US. (58,000 to 80,000) children younger than five years old are hospitalized each year with RSV infections.

The Advisory Committee on Immunization Practices (ACIP) made a recommendation to approve a RSV vaccine for infants. CDC will make a decision on the vaccine for infants in late August.

RSV leads to approximately (60,000-120,000) hospitalizations and (6,000-10,000) deaths among adults (65) years of age and older. Older adults who have underlying health conditions, such as heart or lung, or weakened immune systems are at high risk for severe disease caused by RSV. The ACIP also made a recommendation for a RSV vaccine for adults who were (60) years of age and older. Due to the concerns about the data; adults ages (75) and older and those with an underlying medical condition being underrepresented in phase 3 of the clinical trials, and seniors with weak immune systems being excluded from the trials altogether; the committee eventually voted to approve two RSV vaccines for adults (60) years of age and older stating that the benefits outweighs the risk. The committee's recommendation comes with two stipulations 1) that people (60) and older "may" get an RSV vaccine, and 2) the vaccine is given based on shared decision-making. A term that typically means a discussion between patients and their doctors

Data for the RSV vaccine indicated that the GlaxoSmithKline (GSK) RSV vaccine (called Arexvy) is (83%) effective against RSV-triggered lower respiratory infections the first year after receiving the shot. The data also indicated that the Pfizer's RSV vaccine (called Abrysvo) is (89%) effective against similar infections in the first year. The GSK vaccine will cost approximately (\$200.00-\$295.00) and the Pfizer vaccine will cost approximately (\$180.00-\$270.00). Those with Medicare Part B will only have to pay a co-pay.

Adverse effects from the RSV vaccine may include pain around the injection site, fatigue, muscle pains, and headaches. In addition, atrial fibrillation was identified in about (10) of the participants who received the vaccine and (4) placebo recipients. Dr. Bohan asked if this would be a yearly vaccine or a once in a lifetime like the shingles vaccine. Dr. Watkins replied that it would be a yearly vaccine.

Dr. Bohan asked how many malaria cases have been seen in Cattaraugus County in the last ten years. Dr. Watkins replied in Cattaraugus County, there was (1) case in 2015, (1) case in 2016, and (1) case in 2018, but all were due to traveling to an endemic country. Dr. Witte replied the case he saw was (30) years ago, that was an executive for Dresser who had traveled to Africa on business.

Dr. Watkins shared some photos of the 100th year anniversary celebration, and stated that a link to the photos will be available for viewing on the web site. He formally thank everyone for participating and making this event such a great success.

NURSING DIVISION REPORT: Mrs. Moore shared that the homecare census was (260). There are (5) open positions, and they are looking to fill (1) in the near future. A concerning factor with homecare, is the over (3%) reduction in reimbursements from Centers of Medicare & Medicaid Services (CMS), and CMS has proposed and additional reduction of (5.65%) that would start next year. The national association of homecare and hospice has filed a lawsuit again CMS, trying to stop this reimbursement cut. The department has begun to see some service denials for both Medicare and Medicaid homecare referrals. On occasion a patient has even been discharged due to these service denials.

Lead program update: in May there were (108) lead tests conducted with the highest blood lead level tested being (16.4ug/dl), [normal is \leq 5ug/dl], in June (105) lead tests were conducted with the highest blood lead level being (36.7ug/dl).

Scheduling different locations for the community influenza clinics has begun.

HIV testing; in Olean there were (7) tests conducted in May and (12) tests conducted in June; in Salamanca there were (6) tests conducted in May and (5) tests in June; no tests were conducted in Machias; and no positive results were identified in any of the tests conducted.

Communicable diseases: for the month of June there was (1) case of campylobacteriosis, this immunocompromised individual, ate raw sushi; there were (12) confirmed cases of chlamydia in May and (19) in June; (4) cases of gonorrhea in May and (3) cases in June; (6) chronic cases of Hepatitis C in May and (3) in June; and (2) positive cases of influenza A in May and (4) in June; no cases of influenza B in May but (1) case in June.

Lyme disease: there were (11) probable tests in May and (22) probable tests in June but none confirmed; strep group A: (1) case in June; strep group B: there were (2) cases in May; syphilis: (1) case in May and (2) in June; COVID-19: (44) positives cases in May and (61) positive cases in June.

There were (2) rabies pre-exposure prophylaxis series given in May and (5) rabies post-exposure prophylaxis series administered: for a cat; bat, and (3) individuals with exposure to the same raccoon; in June there were (5) rabies pre-exposure prophylaxis series given and (2) rabies post-exposure prophylaxis series administered: for a dog bite and a raccoon exposure.

Dr. Chohan stated that he thought syphilis was eradicated (100) years ago and yet it is still around. Dr. Watkins replied that syphilis is like gonorrhea, and chlamydia we see it as a frequent communicable disease.

ENVIRONMENTAL HEALTH REPORT: Mr. Ring introduced Erin Washburn who has been with the environmental health division for (2) years as a seasonal health program aide. She has worked on a few special projects for the department and has done a great job.

He shared a mosquito update report and stated that currently the department is in week (8) of the mosquito program which is about (12) weeks long. This year numbers are very low, last year our peak adult mosquito trapping numbers were (250) mosquitos in any one week. This year our highest average is (35) adult mosquitoes per week and that is adding all the sites together. Many of the dipping sites are dry so there is not a lot of opportunity for larvae to populate into adult mosquitos. Keep in mind that the State Department of Health looks at a targeted area over multiple traps and call mosquitos a nuisance if there are (500-1,000) adult mosquitos trapped per site. In comparison, Cattaraugus County has not met the definition of a mosquito nuisance this season. There have been very few complaints, and if we received one we would recommend that they look at their own property and if they have any stagnant water they should treat just their own property with product that can be purchased at a hardware store. Dr. Witte stated that he was at Gargoyle Park this weekend and there were a lot of mosquitos that could be found there.

Mr. Ring shared that there would be a few upcoming animal rabies clinics scheduled for the fall. There are flyers advertising the clinics and it is posted on the department's website, and on social media sites. There will be a clinic on September 7th at Markhams, September 12th in Franklinville, and September 14th in Allegany.

Community Development Block Grant (CDBG) program update: This is a grant for low/moderate income single family owned residences who need repairs or replacement of their wells or septic system. There are (3) active projects going to bid, and several applications are being reviewed to see if they qualify for the grant.

Currently there are water capital projects in local municipalities including South Dayton, Ellicottville, Franklinville, and Machias.

Dr. Bohan stated he saw in the paper that there could be larvicide spraying. Dr. Watkins replied that we must give notification just in case we needed to spray, but we do not expect to spray this year.

Mayor Smith asked for the details of time and location of the rabies clinic near Dayton, Mr. Ring replied that he would email him the information.

ENFORCEMENT LIST: Mr. Porter shared the enforcement from the administrative hearing held on 6-13-23:

DOCKET #23-008:

Respondent: Codi Kennedy, 53 Maple Avenue, Gowanda, NY 14070.

Violations: Subsection 24.2.5 of the sanitary code of Cattaraugus County Health Department (CCHD). Failure to provide proof of a current rabies vaccination certificate and the animal confinement verification form for his dog Kodiak to the Health Department following a biting incident.

Recommendation: 1. The \$75.00 civil compromise offered be changed to a \$75.00 fine and then doubled for no show to the administrative hearing. The \$150.00 fine, proof of rabies vaccination and confinement report to be received by the CCHD by 7-31-23. Failure of full compliance will result in a \$10.00 per day per diem for every day late after 7-31-23.

Dr. Bohan asked if the individual that was bitten had to undergo any rabies post-exposure injections. It is confirmed that no rabies post-exposure was given to the victim.

No action could be taken due to a lack of quorum present at the meeting. This case will be voted on at the next BOH meeting.

Administrative Hearing held on 6-6-23:

Docket #23-009:

Respondent: Paul Roberts c/o Michelle Roberts, 364 Montgomery St. Apt 2A, Brooklyn, NY 11225. Location of property 113 ½ North 3rd Street, Olean, New York 14760.

Violations: 10NYCRR Section 67-2.6 (b) Mr. Roberts was issued a Notice and Demand, dated 8-4-22, which required the discontinuance of conditions conducive to lead poisoning at 113 ½ North 3rd Street located in the City of Olean by 10-31-22. In the Notice and Demand, Mr. Roberts was requested to prepare and submit a written, detailed workplan to the Cattaraugus County Health Department (CCHD) outlining the methods to be used to correct the conditions conducive to lead poisoning. Mr. Robert's daughter has indicated they do not have a plan to correct the exterior hazards. On May 1st, 2023, a letter was mailed to Mr. Roberts informing him that he was in violation of 10NYCRR Section 67-2.6 and that failure to submit the exterior workplan by May 9, 2023 would be cause for legal action. To date, the workplan to remediate the exterior hazards has not been received.

Recommendation: 1. The residence, 113 N. 3rd St., Olean, NY be ordered to remain vacant until the exterior be brought into compliance with CCHD guidelines for lead remediation. The Health Department has approved signs to be posted indicating that the dwelling units cannot be occupied until such time that the lead is appropriately addressed.

No action could be taken due to a lack of quorum present at the meeting. This case will be voted on at the next BOH meeting.

Dr. Bohan asked if there was one child that had a high lead level that precipitated this enforcement. This was confirmed. Dr. Bohan asked if the owner knows that the place will be placarded. Mr. Porter replied they do not. Dr. Watkins stated that although the Board cannot take action today, he will have the home placarded which is afforded to the Public Health Director under 10NYCRR Section 67-2.7(d) and the Board can vote on the recommendation at the next meeting.

Old/New Business: Next meeting to be held in three weeks on August 2, 2023.

Respectfully submitted,



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