



# 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.*

*Richard Haberer*

*Theresa Raftis*

*David L. Smith, Mayor*

*Kathryn Cooney Thrush, NP, MSN*

## MINUTES

September 1, 2021

The 898<sup>th</sup> meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on September 1, 2021.

The following members were present:

Joseph Bohan, MD

Giles Hamlin, MD (virtual)

Zahid Chohan, MD

Sondra Fox, RN, MSN, C.S.

Richard Haberer

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 (virtual)

Legislator Richard Helmich (virtual)

Legislator Kip Morrow

Legislator Ginger Schroder (virtual)

Joe Pillittere, Communications Manager

John Rendell, CHBWV President & General Manager of West Valley Demonstration

Kelly Wooley, CHBWV Deputy General Manager

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 August 4, 2021 was made by Mayor Smith, seconded by Mr. Haberer, and unanimously approved.

Dr. Bohan introduced Mr. John Rendell, President and General Manager for CH2M Hill BWXT West Valley, LLC at the West Valley Demonstration Project in New York. He stated that over the years the Board of Health has received timely updates on the progress of the cleanup of the former West Valley Nuclear facility.

Mr. Rendell provided handouts to all those in attendance outlaying the current progress that has been made in reducing the overall environmental risk from historic site activities, and the reduction of the footprint of the West Valley Demonstration Project (WVDP). This past year and a half has been a challenge due to the COVID-19 pandemic. Being a nuclear plant, staff had to maintain a presence at the nuclear site throughout the pandemic. The workforce is now back on site for anyone who has non-portable work, those who can do their work remotely, continues to work off-site. Over two thirds of the workforce is vaccinated, and it is strongly encourage that all of personnel get vaccinated. The WVDP has mandated testing for all employees who are unvaccinated, and there is serious discussion with the Board of Directors to mandate vaccinations. The WVDP have (320) employees (2) have reported a positive test in the last week due to offsite exposures.

The major item that is being undertaken this year is the demolition of the Main Plant Process Building. Over a long period of time, controls were kept in place at this building but waste and hazardous materials inside the facility are being removed and packaged for disposal or relocated to alternative onsite storage locations.

Workers and community safety is the top priority, and the approach is in accordance with all state and federal regulations. Planning and preparation for this demolition has been ongoing for over two decades. Deactivation was expected to be completed later this fall but is subject to change due to COVID-19 impacts. The company has removed over 98% of contaminated materials from the site to date. Radiological contamination removal has been aggressive and precise. Few fun facts, more than (7) miles of contaminated piping and (50) tons of contaminated equipment and debris has been removed.

On site air monitors are in place to effectively monitor radiological emission in public areas where the nearest neighbors are located throughout the vitrification process along with posting these numbers on the company's website, and quarterly meetings are held to provide verbal updates.

Dr. Bohan asked if it was the impact of COVID-19 that led to the loss of 75% of what the company had hoped to accomplish for the year. Mr. Rendell replied that during the pandemic, the company was existing day by day, but by summer, when most of the staff was vaccinated, staff were back to advancing critical pathways again. Dr. Bohan stated that the degree of radiation described in the presentation was very low, he asked if there were any accidents where employees have received considerable amounts of radiation. Mr. Rendell replied that the company actually track their employees very closely, and indicated that there has been no issues. Mr. Wooley added there are two methods that are utilized to monitor potential exposures; there is the external monitoring by thermal luminescent and the company also conduct biological monitoring of samples.

Dr. Watkins asked where the radiological material was being transported to. Mr. Rendall stated that they have contracts with several locations but a lot of it is taken to a facility in Texas.

**DIRECTORS REPORT:** Dr. Watkins shared a COVID-19 update with the Board. He stated that there has been (6,174) confirmed positive COVID-19 cases in Cattaraugus County, of which, (3,238) cases have been reported in the Southeast quadrant of the county. What is so striking is that there are a total of (199) active cases, when the Board met last month there were only (57) active cases. As of date, there has been a total of (169,768) COVID-19 tests administered in the county, of which, (163,702) were returned as negative. That reflects a (96%) negative rate and with a total of (6,174) positive cases recorded, that reflects a (4%) positive rate. Of the (6,174) positive cases (5,863) have recovered which reflects a (95%) recovery rate.



There are (112) recorded deaths in Cattaraugus County, which reflects a (2%) death rate. Of the (199) active cases, (11) cases are now hospitalized; Of the (6,174) positive cases, (4%) are healthcare workers, (21%) reported no symptoms, and (46%) were contacts of positives. Of the (6,174) positive cases, those between the ages of 0 to 19 has overtaken all the other age ranges for the highest number of positive 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 has a daily COVID-19 percent positive rate of (12.6%), the seven day rolling average percent positive rate is (5.8%) and the 14 day rolling average percent positive rate is (5.2%).

The Centers of Disease Control and Prevention (CDC) also keeps record of COVID-19 transmission within a County. Currently there is high levels of community transmission in Cattaraugus County as it is in most counties in NYS.

The percent of fully vaccinated residents by age groups within Cattaraugus County are as follow: (21%) of age group 0-19; (36%) of age group 20-34; (55%) of age group 35-64; and (87%) of age group over 65. Breakthrough cases are fully vaccinated individual who contracts and tests positive for COVID-19. There have been (113) breakthrough cases which is about (0.4%) of our residents who are fully vaccinated. A further breakdown of the breakthrough cases show that (41) individuals received the J&J vaccine; (36) individuals received the Moderna vaccine; (35) individuals received the Pfizer vaccine, and (1) individual received the Astra Zeneca vaccine. Of the (113) breakthrough cases, (75) were female; and (38) were male; (87) were symptomatic; and (26) asymptomatic.

The Federal Drug Administration (FDA) has approved a third dose of the Pfizer and Moderna vaccine for those who have been identified as having an immunocompromised condition. The third dose can be administered (28) days after receiving the second dose. Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have; Active cancer treatment for tumors or cancers of the blood: Received an organ transplant and are taking medications to suppress the immune system: Received a stem cell transplant and are taking medications to suppress the immune system: Moderate to severe primary immunodeficiency (such as DiGeorge Syndrome, Wiskott - Aldrich syndrome): Advanced or untreated HIV infection.

A booster dose has not yet been approved by the FDA, but will be coming very soon. Anyone who has received a Pfizer or Moderna vaccine will be eligible for the booster (6-8) months after their primary series.

The FDA has fully approved the Pfizer-BioNTech COVID-19 Vaccine, for the prevention of COVID-19 disease in individuals 16 years of age and older. The vaccine also continues to be available under emergency use authorization (EUA), including for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals.

Treatment for COVID-19; individuals have purchased Ivermectin over the counter to treat COVID-19, this drug has been approved in Central America but not approved by the FDA for COVID-19. Ivermectin tablets are approved for humans at very specific doses for some parasitic worms (strongyloidiasis and onchocerciasis), and there are topical (on the skin) formulations for head lice and skin conditions like rosacea. Some forms of Ivermectin are used in animals to prevent heartworm disease and certain internal and external parasites. Concentrations used for animals, can be highly toxic for human consumption.

The treatment that is currently recommended for COVID-19 is steroids, anti-viral drugs, and anti-coagulants. Those who are not hospitalized, it is still recommended to try monoclonal antibodies but it should be given (10) days from the onset of symptoms. Dr. Bohan asked how often monoclonal antibodies is being prescribed. Dr. Witte stated not as often as it should be, it is under used for those at high risk.

Dr. Witte added that those who are not vaccinated are five times more likely to test positive and twenty times more likely to be hospitalized than those who are vaccinated.

New York State Department of Health has adopted a regulation that certain entities must be vaccinated. These entities include hospitals, nursing homes, diagnostic treatment centers, acute care facilities, certified home health agencies, long term home health agencies, licensed home care service agencies, and hospices. All employees of these entities will be required to get vaccinated, the only exemption allowed will be medical exemptions. All Local Health Department (LHD) employees and those affiliated with LHD's will have to meet this requirement. This includes all contract agencies. The Nursing Homes, and Hospitals must meet this requirement by September 27<sup>th</sup>, while the Health Department and the other entities will need to meet this requirement by October 7<sup>th</sup>.

The Health Department will be given the opportunity to introduce a new workforce through the NYS Public Health Corps fellows program. The State is looking to place about (1,000) fellows in local health departments. Every health department based on their population will receive a certain number of fellows to help build the infrastructure of the local health departments. The fellows must commit for at least one year with an option to work for two years. After this program is over if there is a need for additional assistance in the LHD's, like another pandemic, they will already be trained and within the community. The annual salary for a fellow will range from (\$41,000-\$64,000). Cattaraugus County Health Department has been assigned (8) fellows.

**ENFORCEMENT LIST:** Mr. Porter, Hearing Administrator Officer reported on the administrative hearings held August 10, 2021.

**DOCKET #21-024:**

**Respondent:** Joseph Vecchio, PO BOX 101, Salamanca, NY 14779/DBA Pizonos Bar & Grill, 6638 Hardscrabble Rd., Great Valley, NY 14741.

**Violations:** 1.) 10NYCRR Sec. 5-1.72(c) (1) Respondent failed to submit complete daily records for the operation of the non-community water system for the month of May 2021 to this office by the 10<sup>th</sup> day of the following month.  
2.) Same violation as one above for the month of June 2021.

**DOCKET #21-024: (continued)**

Recommendation: The \$100.00 civil compromise offered to the respondent be changed to a fine of \$100.00 then doubled to \$200.00 for failure to appear. The fine is to be paid on or before 9/30/21. A \$10.00 per day per diem will be levied for every day the fine is not paid after 9/30/21.

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

**DOCKET #21-027:**

**Respondent: Rt. 9 Travel Center, Inc., 344 Torquay Blvd., Albany, NY  
12203/DBA Moon Light Motel 3363 Rt. 16N, Hinsdale, NY 14743.**

**Violations: 1.) 10NYCRR Sec. 5-1.72 (c) (1) respondent failed to submit complete daily records for the operation of the non-community water system for the month of May 2021.  
2.) Same violation as one above for the month of June 2021.**

Recommendation: The \$100.00 civil compromise offered to the respondent be changed to a fine of \$100.00, then doubled to \$200.00 for failure to appear. The fine is to be paid on or before 9/30/21 or a \$10.00 per day per diem will be levied for non-compliance.

A motion was made by Dr. Chohan to accept Mr. Porter's recommendation, seconded by Mr. Haberer, and unanimously approved.

**DOCKET #21-028:**

**Respondent: Jeff Stoltenberg, 10933 Mace Road, Randolph, NY 14772, DBA MJ's Tavern.**

**Violation: 10NYCRR Sec. 5.1.72 (c) (1) respondent failed to submit daily records for the operation on the non-community water system for the month of June 2021 by the 10<sup>th</sup> day of the following month previous dockets #21-022 and #21-019.**

Recommendation: The \$100.00 civil compromise offered, due to previous violations, be changed to a \$100.00 fine and then doubled to \$200.00 for respondents failure to appear. The fine is to be paid on or before 9/30/21 or a \$10.00 per day, per diem will be levied for non-compliance.

A motion was made by Theresa Raftis to accept Mr. Porter's recommendation, seconded by Dr. Chohan, and unanimously approved.



**NURSING DIVISION REPORT:** Mrs. Moore reported that employee vaccinations have been taking place, there is still (7) homecare staff that have not been vaccinated. The agency has (1) pregnant employee who has been reluctant to get the vaccine but she has been assured that the third trimester is safe for her and the baby, so she will be getting vaccinated. The department has no employees who have resigned due to the new vaccine mandate.

The current homecare census is (270), there were (90) non duplicated admissions in August, and (93) discharges.

In the lead program there were (3) children added in August, the blood lead levels were 5ug/dl, 7ug/dl, and 17ug/dl respectively, [normal <5ug/dl]. The child with the blood lead level of 17ug/dl had a level of 2ug/dl one year ago. An investigation has begun to find out the cause for the large increase. Currently the lead program is following (124) children with Elevated Blood Lead Levels that are greater than 5ug/dl.

NYS Department of Health conducted a survey on August 24<sup>th</sup> of the immunization program. Specifically, the survey was for the COVID-19 vaccination program and the department's compliance on storage, and record keeping. The department did very well, the only deficiency identified was a missing vaccine management plan that was specific to COVID. A plan had been developed but it was not specific enough. A revised plan must be submitted by September 15<sup>th</sup>.

Clinic visits were a little lower than usual in August, as the Nurse Practitioner was off due to a family medical leave. The department had a substitute nurse practitioner but she had limited availability.

Testing for HIV in the month of August; there were (0) tests performed in Machias; (3) tests were performed in Olean; and (6) tests in Salamanca, with no positive results.

Communicable disease report for the month of August: there was (1) possible babesiosis (a malaria-like parasitic disease caused by microscopic parasites that infect red blood cells and are spread by certain ticks) and this same person is being tested for Lyme Disease, there was (1) pediatric case of cryptosporidiosis (a disease that causes watery diarrhea, it is caused by parasites and may be found in soil, food, water, or surfaces that have been contaminated with the feces from infected humans or animals that carry the parasite); there were (11) cases of chlamydia; (8) cases of gonorrhea; (2) cases of syphilis; there are (2) cases of giardiasis (caused by a microscopic parasite that is found in areas with poor sanitation and unsafe water that have been contaminated with the feces from infected humans or animals) with unknown source; (1) suspected case of hepatitis B that will remain open until they have been retested; (4) chronic hepatitis C cases but only (1) has been confirmed; (3) confirmed influenza A cases; (1) possible legionella case; and (35) individuals were tested for Lyme disease with no confirmed cases.

Rabies: the department conducted (1) pre-exposure rabies vaccine series, and (3) rabies post-exposure prophylaxis series (2) bat exposures (1) still pending; and (1) woodchuck bite.

Dr. Witte asked if there was an influenza clinic plan. Dr. Watkins replied that the department will begin to hold community vaccine clinics starting the end of September.

**ENVIRONMENTAL HEALTH REPORT:** Mr. Wohlers reported that the wetlands were sprayed for mosquito larvae between August 19<sup>th</sup> and August 22<sup>nd</sup>.

The seasonal programs are winding down now that the children are returning to school. Children's camps have closed, area campgrounds are slowing down, and bathing facilities are closing.

There are (3) animal rabies vaccination clinics scheduled in September on the 9<sup>th</sup> in Markhams, 14<sup>th</sup> in Franklinville and the 16<sup>th</sup> in Allegany. Pre-registration is required for attendance.

The rabies vaccine bait airdrop for wildlife was completed in late August.

The department continues to work on several public water system projects with consultants. Project are occurring in South Dayton, Franklinville, and Little Valley. On-going sewer projects include Portville, and Franklinville. The department is hopeful that the Town of Yorkshire will get the balance of their funding this year to design and build their new municipal sewer system.

With the increase in COVID cases, environmental health staff is on standby to support the COVID response team as needed.

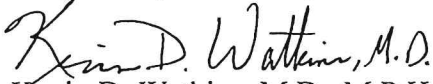
**Old/New Business:** Dr. Watkins reported that at the last board meeting a case was heard for Thomas Gilray. He is the owner of a trailer park that was found to have multiple violations. Mr. Gilray was ordered to get multiple repairs done at his facility, he owes the department several hundreds dollars in unpaid fines. Mrs. Gilray called and ask for a two week extension on the permit which ended yesterday. She is hopeful that if granted the extension, it will give her enough time to raise enough funding to start the repairs. If she does not comply within two weeks, the trailer park will be placarded.

A motion was made by Mayor Smith to allow a two week extension to the Gilray's permit, the motion was seconded by Kathryn Cooney-Thrush, and unanimously approved.

Dr. Watkins reminded the board that there is no board meeting in October, and the board will reconvene in November.

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

Respectfully submitted,

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