



Public Health
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Established 1923

CATTARAUGUS COUNTY BOARD OF HEALTH

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Joseph Bohan, MD, President

James Lapey, Vice-President

Giles Hamlin, MD
Zahid Chohan, MD
Sondra Fox, RN
Richard Haberer
Georgina Paul, FNP
Theresa Raftis
James Snyder

MINUTES

March 4, 2014

The 823rd meeting of the Cattaraugus County Board of Health was held at St. Bonaventure Clubhouse Restaurant, Route 417, Allegany, New York on March 4, 2014.

The following members were present:

Joseph Bohan, MD	James Lapey
Giles Hamlin, MD	Georgina Paul, NP
Zahid Chohan, MD	Theresa Raftis
Sondra Fox, RN	James Snyder

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Kathleen Ellis, Administrative Officer
Thomas Brady, County Attorney
Linda Edstrom, County Legislator
Paula Stockman, County Legislator
Debra Lacher, Secretary to Public Health Director
Eric Wohlers, Environmental Health Director
Raymond Jordan, Sr. Public Health Sanitarian
Susan Andrews, Director of Patient Services
Gilbert Witte, MD, Medical Director
David Porter, Hearing Officer
Chris Chapman, Olean Buffalo News

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared.

Dr. Bohan made introductions and welcomed the newest member to the Board, Theresa Raftis. Ms. Raftis has worked with Community Bank for the past 24 years currently serving as the Assistant Vice President, Retail Service Lender. She has also been very active within the community serving on many advisory boards.

Dr. Hamlin made a motion to approve the minutes of the February 6, 2014 meeting. It was seconded by Dr. Chohan, and unanimously approved.

Dr. Chohan made a motion to approve the Professional Advisory Committee minutes from January 15, 2014. It was seconded by Dr. Hamlin, and unanimously approved.

Director's Report: Dr. Watkins extended a personal welcome and an invitation to the new board member Ms. Raftis to come and meet with the staff, discuss her orientation packet and show her around the Health Department.

Dr. Watkins stated that the Health Department continues to monitor the influenza activity in New York State and during the week of February 22nd the influenza activity level has been categorized geographically as wide spread. There have been 52 counties that are reporting influenza activity within the week of February 22nd. There have been 1,281 laboratory confirmed influenza reports which was a 26% decrease over the previous week. The number of patients that were admitted to the hospital with laboratory confirmed influenza was 244 throughout the entire state and again that is a 26% decrease over the previous week. Cattaraugus County has seen nearly 9 new local laboratory confirmed influenza positive tests in residents within the county since our last meeting. The emergency rooms are seeing fewer numbers of admissions for respiratory and fever complaints. There have been no deaths due to influenza in Cattaraugus County. There was one pediatric death reported in New York State this influenza season and that was in New York City. We appear to be on what we would consider the decline phase of our slope of influenza cases this season. The season appears to have been a mild season if we were to compare it with previous seasons. Influenza seen in the latest testing has revealed influenza A is the most prevalent this season. It is the same virus we saw in 2009 that caused the (influenza A H1N1) pandemic. This strand was included in our 2013-2014 vaccine, so if you have not received the influenza vaccine, it is still not too late to actually get one.

Recent deaths of high profile individuals, has brought to life another public health concern that needs discussion on a Board level. We need to get a position on our concerns of the increase use of opiates and battling opiate toxicity within our community. Although Opiates constitute a relatively small percentage of total overdose encounters in our emergency department, they really merit particular attention because of the potential morbidity and mortality that they can cause when they are unrecognized and untreated. The notable prevalence of opiates and current prescribing pattern as well as the recreational use mandates that physicians maintain a high index of suspicion when treating a patient who is unconscious or having an unknown reason to be unconscious. It is alarming the number of heroin overdoses throughout the United States. Victims of recent opiate overdoses include many teenagers and young adults. They come from a wide range of income, racial, and geographical backgrounds, which has particularly alarmed public safety officials. Many users begin with prescribed opiates such as hydrocodone, vicodin, oxycodone, or percocet. They may use morphine or codeine or any related drugs that may be found in their medicine cabinets. The physiological effects of opiates are mediated principally through four receptors (mu, kappa, delta and sigma receptors). Once these receptors are activated by the opiates they can have an analgesic effect or euphoric effect and depending on the location of the receptors (i.e. Central Nervous System) can lead to a respiratory depression or miosis. Opiate toxicity characteristically presents with a depressed level of consciousness. The predominant cause of morbidity and mortality from opiate toxicity is basically due to a respiratory compromise.

Now the opiate antagonists, narcan (naloxone) antagonizes the affect at all four opiate receptors. Treatment in the field with naloxone results in an oriented patient who may now refuse further treatment or transport to the hospital. They may even become violent or slip back into a stupor and what must be stressed is that our first responders or friends should call 911 after administering narcan to an overdose victim. The worst case scenario is that the person experiencing an overdose is alone or the first responders are too late and the respiratory depression leads to death. First responders are now required to carry a narcan kit whether they are a basic cardiac life support unit or they are an advanced cardiac life support unit. In certain communities public safety or law enforcement officers are also carrying the narcan kit. Cattaraugus County has seen the number of arrests associated with opiate use, specifically heroin, on the rise. As public health officials, we look at morbidity and mortality associated with opiate use and we are seeing an increase in blood borne diseases (Hepatitis B, Hepatitis C, and HIV) secondary to needle sharing. In Cattaraugus County in 2012 we had (3) deaths secondary to IV drug use, one specifically an overdose secondary to heroin use. The other (2) were polysubstance use, so it could have been a mixture of heroin with a number of other drugs. In 2011 there was (1) death secondary to polysubstance use. As trafficking of drugs are beginning to plague our community it is important to prepare ourselves as to how to respond as public health officials. Intervention to address the addiction is paramount in our community; we have a council of addiction and recovery services agency that we can refer clients too. In addition, we need to look at preventions for blood borne diseases like Hepatitis B, Hepatitis C, and HIV. Dr. Watkins spoke about how Mrs. Andrews talked about the needle exchange program which is an ideal program but it has its controversy's as well. Dr. Watkins stated he believes that arming first responders, law enforcement officers, family members, or partners with narcan kits is something the Board of Health can support.

Dr Witte agreed the narcan kits are useful but advised that they are temporary acting and there is a need to follow the individual after administration. Dr. Chohan also added that these patients once regaining consciousness can become very violent. Mr. Snyder shared that in the Little Valley jail they are seeing a spike in cases of individuals who are heroin addicts and more staff is needed to deal with this influx. Much discussion ensued amongst the board in how to find intervention for our community. Treatment, prevention, and enforcement are all a part of the solution. The Board decided to get all involved factions at the table to come up with a solution to deal with this uprising situation.

Dr. Watkins read a communication from the Little Valley American Legion that was addressed to the Board of Health. They were writing in response to a recent inspection by Mr. Jordan (senior Sanitarian) which determined that the American Legion Post 531 Little Valley, NY was out of compliance with the provision of Article 13-e regulation of New York State public health law. The reason for their letter is to determine whether or not the American Legion Post 531 should complete a waiver application as allowed for under the current law, or if applications for waivers are no longer considered by the Board.

Dr. Bohan stated that we currently have three waivers out there and we will continue to honor those 3 waivers. The reason that the Little Valley American Legion does not qualify for a waiver is that they have not met the burden of proof of financial hardship, safety or security since the law was enacted in 2003 to make compliance unreasonable. The Board unanimously voted to not consider Little Valley American Legion request for a waiver.

Dr. Watkins recognized Johannah Jewell who is our laboratory supervisor and will be leaving us at the end of the month. She's a dedicated public health worker who has been working with us for over 20 years. Although she is a very reserved person, she's very devoted to public health. I would like to recognize her today in her retirement.

Nursing Division Report:

Mrs. Andrews reported that over the past few years in the maternal child health program there has been a range of 2-8% of pregnant women that either used drugs or drink alcohol during pregnancy. That is a pretty significant number. With those statistics the one that also remains consistent is 1/3 of them do continue to smoke during their pregnancy.

For communicable disease we had (4) new cases of Hepatitis C. There was (1) isolated case of salmonella due to a pet snake in a home where poor hygiene was the predominant factor.

For immunizations the state is having a conference March 18th & 19th and Patti Williams (Supervisor Community Health Nurse) is planning on attending. The topic will be "Excellence in Immunization."

For Rabies in February there was a potential post exposure but the person declined treatment. In cases like that we educate, and if they are adults we have them sign a declination letter.

Mrs. Andrews reported for family planning on March 5th, 2014 an IUD training from the manufacturer is planned. Currently 2% of our clients have IUD's compared to 8% for the rest of the state. We would like to raise our statistics to the 8%.

No new elevated lead levels to report for the month of February.

Mrs. Andrews reported the homecare mass mailing from our new Certified Home Health Agency (CHHA) competition shows they have dramatically increased their outreach efforts.

We will continue to do the best we can. Our current census is stable compared to last month, however, for 2014, year to date; we are about 5% below our 5 year average.

Environmental Health Division Report: Eric Wohlers reported receiving a letter from Dr. Gall who is the state entomologist out of the Buffalo Regional office. Dr. Gall summarized the statistics on the testing of the tick specimens they collected in 2013. The rate of infection of deer ticks with bacteria that causes Lyme disease is still on the rise. We have incorporated those new numbers into our annual report which board members will receive in a future meeting.

Mr. Wohlers also spoke to Dr. Gall regarding the mosquito surveillance program for this upcoming summer and he was pleased to hear that revenue was restored to hire (2) summer interns for this program. Dr. Gall said that because of the positive identification of mosquitoes carrying the Eastern Equine Encephalitis (EEE) virus in Chautauqua County last year, he and his staff have constructed (109) new resting boxes to trap these specific types of mosquito. Specific mosquitoes require certain kinds of traps to collect them.

We are planning to set some of these traps in the Randolph and, Conewango Valley area where some of these mosquitoes were found last fall. Therefore, we will increase our surveillance in these areas. Mr. Wohlers also confirmed that contracts are being prepared with municipalities, and applications are being submitted for our permits to spray aerial pesticides.

Mr. Wohlers provided handouts to the board from the Environmental Science & Technology publication which discussed the hydrofracking technique. New York State still has a moratorium in place and there have been no horizontal wells developed in New York State for hydrofracking Marcellus Shale gas. In the study they specifically looked at the potential health hazards, exposures and health effects from unconventional natural gas development.

The cold temperatures continue to wreak havoc on our public water supplies. Mr. Wohlers, stated that he has spoken to several operators, and some indicated that they are spending ten hours a day on thawing out residents frozen water service lines. Lots of main breaks in our public water systems are due to the frost penetrating deeper this year than in the past. Another incident which happened last week was that a mobile home park was unable to supply water to its residents for 48 hours. The pump had failed and services were halted. Working diligently with the mobile park home we issued a boil water notice while they got the pump repaired. We were out there to do the required testing, and made sure they disinfected the well and system.

Mr. Porter reported the following enforcement cases for Board action:

DOCKET 13-042

MR. EDWARD CRAWFORD, 434 Fourth Ave., Olean

Violations: Article II, Section 25.2.8(a) Sanitary code of the C.C.H.D. Failure to submit the required rabies vaccination certificate for his dog "Cinci" within 10 days of the conclusion of the confinement period following a biting incident on September 20, 2013.

Administrative Hearing:

Sanitarian: Richard Dayton appeared for CCHD and was sworn.

Respondent: No show after properly being served of time and date for hearing.

Notice was read and affirmed to be true by R. Dayton. Identified as People's Exhibit #1 no proof of rabies vaccination after a biting incident.

Olean General Hospital animal bite form dated 9-20-13. Identified as P. Ex. #2 was received relating to the biting incident, 8 year old male playing basketball when bit by the dog in question.

Letter to the respondent dated September 25, 2013. Identified as P. Ex. #3 for CCHD this letter explained the counties' animal confinement policy regarding dog bites. Respondent was given to October 23, 2013 to prove vaccination.

CCHD confinement form filled out and dated 9-30-13 and signed by the respondent identified as P. Ex. #4. Per R. Dayton dog was alive and well.

October 16 and October 28, 2013 the respondent was contacted with no response.

November 12, 2013 Mr. Crawford requested an extension to 12-1-2013.

Mr. Crawford was made aware of the Rabies Clinics held by CCHD but did not use the services.

Hearing Officer Finding: The respondent is in violation of **Art. II Sec. 25.2.8(a) Sanitary code of the C.C.H.D.** Failure to submit proof of vaccination for rabies after a biting incident.

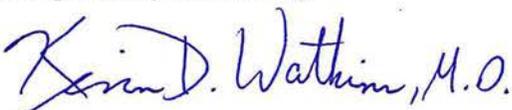
Recommendation: That the respondent pays a \$150.00 fine with a \$10.00 per day per diem if the fine and proof of vaccination is not received by 3-31-14.

Mrs. Fox made a motion to accept the Hearing Officer's recommendation; it was seconded by Mr. Snyder and unanimously approved.

Board ordered: That the Respondent pays a \$150.00 fine with a \$10.00 per day per diem if the fine and proof of vaccination is not received by 3-31-14.

There being no further business to discuss, Dr. Chohan made a motion to adjourn was seconded by Mr. Lapey and carried to adjourn.

Respectfully submitted,



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

KDW/dl