



CATTARAUGUS COUNTY BOARD OF HEALTH



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

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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

June 3, 2020

The 885th meeting of the Cattaraugus County Board of Health (BOH) was held virtually on June 3, 2020.

The following members were present:

Joseph Bohan, MD

Zahid Chohan, MD

Giles Hamlin, MD

Legislator Kelly Andreano

Dick Haberer

Theresa Raftis

Mayor David L. Smith

Kathryn Cooney Thrush, NP, MSN

Also present were:

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

Ashley Milliman, County Attorney

Richard Helmich, Legislator

Kip Morrow, Legislator

Rick Smith, Legislator

Raymond Jordan, Sr. Public Health Sanitarian

Debra Lacher, Secretary to the Public Health Director

Colette Lulay-Pound, Administrative Officer

Rick Miller, Olean Times Herald Reporter

Lynne Moore, Director of Patients Services

Dave Porter, Hearing Officer

Paul Schwach, MD, Clinical Director

Shomita Steiner Ph.D.

Gilbert Witte, MD, Medical Director

Eric Wohlers, Environmental Health Director

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

Dr Bohan asked the Board for a motion to accept the May minutes that were distributed by email. Mayor Smith made a motion to approve the minutes of the BOH meeting held on May 6, 2020, the motion was seconded by Dr. Chohan and unanimously approved.

Dr. Bohan congratulated Dr. Watkins on his recent election as President of the New York State Association of County Health Officials (NYSACHO). This is a great honor for both him and Cattaraugus County. Dr. Watkins stated this will mark three consecutive years of Western New York representation in this position.

Two years ago the Public Health Director from Orleans County held this position, followed by the Health Director from Niagara County, and now Cattaraugus County.

DIRECTORS REPORT: Dr. Watkins updated the Board on the status of COVID-19 in Cattaraugus County at this second virtual meeting of the BOH during the pandemic. He stated that the department continues to focus its resources on COVID-19 responses and has not been able to scale back its efforts as COVID-19 is still taking precedence.

Visual graphs were shared with those in virtual attendance, in addition to materials emailed to the participants. Dr. Watkins began his presentation by updating the Board on the latest status of COVID-19 in NYS. He stated that looking at the data as of Monday, June 1, 2020, NYS saw an uptick in the number of new cases, there were (1,329) new cases versus (941) cases the day prior.

The number of hospitalizations for COVID-19 related illnesses in NYS has started to decrease. Hospitalizations as of Monday, June 1, 2020, was (3,121) versus (3,331) the day before, which is a decrease of (210) patients.

The number of new hospitalizations for COVID-19 related illnesses was (154) versus (170) the day prior which is (16) fewer new admissions to the hospital for COVID-19 related illnesses.

The mortality rate for COVID-19 related deaths in NYS continues to decrease. On Monday, June 1, 2020 there were (58) recorded deaths versus (54) recorded deaths the day prior. When drilling down into where the (54) deaths were located it appears that (47) deaths occurred within hospitals and (11) were at nursing homes.

As of date, in Cattaraugus County, there has been (71) confirmed COVID-19 cases, of which (53) have recovered, or a 75% recovery rate and (4) deaths have been recorded due to complications from COVID-19.

Dr. Watkins reported that Cattaraugus County have administered (4,913) COVID-19 tests, of which (4,602) have returned back as negative, and there has been (71) positive results, which translates to 94% negative, with 1.4% positive.

He added that the department has placed nearly (2,000) residents under quarantine in Cattaraugus County and currently have (90) residents under quarantine. Dr. Watkins displayed the COVID-19 tracker map for Cattaraugus County which identifies the number of confirmed cases in the county, the number of active cases, the number of recovered cases, the number of deaths, the number of residents under quarantine, and the number of test that are negative and administered. He stated that the Map can be found at https://maps2.cattco.org/covid_19/covid_19.html.

Dr. Watkins reported the latest two confirmed COVID-19 cases in Cattaraugus County. The seventieth confirmed case is a female resident who resides in the southeast quadrant of the county, who had no significant travel history. She reported that she was asymptomatic and denied contact with any known positive COVID-19 person. This resident was tested on May 28th and June 2nd her test results indicated that she was positive for the virus.

The seventy-first confirmed case was a male resident who resides in the southeast quadrant of the county, who is a healthcare worker in Olean that has cared for positive COVID-19 patients. He presented with fever, cough, and body aches and was tested for COVID-19 on June 1st and on June 2nd his results indicated that he was positive for the virus.

COVID-19 diagnostic testing is being conducted by the Cattaraugus County Health Department, Universal Primary Care, Olean Medical Group, Seneca Nation of Indians Healthcare facility, and at the WellNow clinic in Olean. Antibody testing is currently being offered at Olean General Hospital, Olean Medical Group, and at the WellNow clinic in Olean. Diagnostic testing appears to be waning amongst Cattaraugus County residents, however there appears to be interest in the antibody testing. The COVID-19 antibody testing results on over (2,000) residents show that less than 1% of the residents have positive antibodies.

A new guidance provided by NYSDOH states that NYSDOH is adopting CDC's guidance on the discontinuation of isolation for persons with COVID-19, and recommends that for persons with COVID-19 illness recovering at home (or other home-like setting, such as a hotel), should maintain isolation for at least 10 days after illness onset and at least 3 days (72 hours) after recovery.

- Illness onset is defined as the date symptoms began.
- Recovery is defined as resolution of fever without the use of fever-reducing medications, with progressive improvement or resolution of other symptoms.

A copy of CDC's report called "Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19" was distributed to the those in attendance. The report also details that following recovery from clinical illness, many patients no longer have detectable viral RNA in their upper respiratory system. Among those who continue to have detectable RNA, concentrations of detectable RNA 3 days following recovery are generally in the range at which replication-competent virus has not been reliably isolated by CDC.

Governor Cuomo recently signed an executive order 202.30 requiring all nursing home employees to be tested twice weekly for COVID-19. This is in response to an increased number of deaths in nursing homes secondary to COVID-19 related illnesses. A recent study published in the New England Journal of Medicine showed that more than half of nursing home residents with positive test results were asymptomatic at the time of testing and most likely contributed to transmission to other nursing home residents.

Dr. Watkins reported that Western New York moved into phase 2 of re-opening on June 2, 2020, and the department is sharing guidelines to businesses.

Dr. Bohan asked how many of the (71) positive cases were healthcare workers, how many patients are at OGH now that are COVID-19 positive, and what is the peak number of patients that they had to treat at one time. Dr. Watkins responded that of the (71) confirmed case, there have been approximately 15-20 individuals who were healthcare workers, there are two patients currently in the hospital, (1) at OGH and (1) at Pittsburgh Presbyterian. There have been several patients hospitalized for COVID-19, but OGH have cared for as many as three (3) COVID-19 patients at one time. Dr. Bohan asked if OGH remains on a 70% maximum bed occupancy. Dr. Watkins replied yes, and that 30% percent of hospital bed capacity must be available for a possible surge of COVID-19 patients. He stated that currently OGH has a 51% bed occupancy. He added that there are (14) beds set aside for the intensive care unit (ICU) and currently there are (10) beds available, and there are (13) adult ventilators at OGH and (11) are available at this time.

NURSING DIVISION REPORT: Lynne Moore, Director of Patient Services reported that the current homecare census is (255) with (103) admissions and (75) discharges in the month of May. The census is picking up now that elective surgeries restrictions have been lifted.

Three homecare nurses continue to work in the COVID program as contact tracers, and contacting the quarantined patients. Homecare is currently following (1) COVID positive patient that was discharged from the hospital on yesterday. One homecare supervisor has resigned and the department will fill that position as soon as possible.

The lead program continues to follow (81) children; there were (4) newly confirmed elevated blood lead levels cases ranging from 5-8ug/dl (normal < 5ug/dl). Testing has decreased and there has not been a lead coalition meeting due to the pandemic.

The clinic continues to provide all clinic services and they have not changed their hours. The nurse practitioner is managing most patients, especially family planning and any physicals needed. The clinic RN's are assisting with COVID-19 while continuing to manage clinic visits such as immunizations, tuberculin skin tests, following children with elevated blood lead levels, and the tracing and tracking of communicable diseases.

Sexually transmitted infections; there were (6) positive cases of chlamydia in May, (1) male and (5) females. There were (3) partners treated through the expedited partner treatment (EPT) program in the month of May. One case of gonorrhea in May who also had chlamydia. There were (3) confirmed cases of syphilis.

Communicable disease, for the month of May; there were (3) Hepatitis C chronic cases; (3) suspected Lyme cases; and (1) invasive strep group b case.

At the HIV clinics: Olean tested (8); Salamanca tested (5); and Machias tested (2), all were negative.

Rapid Hepatitis C testing in the month of May; there was only (1) which was in Olean and non-reactive.

There have been a few bat exposures in the last couple days which resulted in (1) post exposure treatment.

Dr. Bohan asked if it was the nursing staff who contacted COVID-19 patients twice daily that would be the ones who would send someone to the hospital if their condition was deteriorating. Mrs. Moore replied yes, the quarantine calls were originally being done by just homecare nurses, and a telehealth program was in place for those patients who have emails, where the department connects once or twice a day. The department started training emergency services to assist with the volume of calls as homecare nurses became busier with other duties.

ENVIRONMENTAL HEALTH DIVISION REPORT: Mr. Wohlers reported that environmental health staff continues to provide assistance in support of the COVID-19 response activity.

This week the department has confirmed and scheduled the first rabies clinic for pets since January. The rabies clinic is scheduled for July 11, 2020. Quite a few calls were received from people who needed to renew their dog's licenses and rely on the department's regularly scheduled rabies clinics to have their pets vaccinated. The department came up with a procedure that would eliminate the congregating of people. We are utilizing the county fairgrounds in Little Valley as a drive thru clinic, similar to the drive thru testing sites. People will remain in their vehicles with their pets and proceed in line, when it is their turn, they will get out of the vehicle with their animal and the animal will be vaccinated, they will be given their paperwork and they will return to their cars. This is a new procedure for our rabies clinics and if it works well, we will probably institute this for the fall clinic in September.

The environmental health division has resumed scheduling and conducting real property transfers (RPT) inspections of private wells and septic systems this week. Special precautions will be taken to protect both residents and staff, as staff enters private residences to complete these inspections, and collect samples. Staff will be wearing personal protection equipment and limiting the contact they have with the homeowner. In addition, continuation of public water sampling and official inspections will resume once permitted facilities are allowed to open under phase 1 and phase 2.

The department has begun work on a COVID-19 safety plans so that we can resume scheduling enforcement hearings in the near future. There are a couple of facilities that requires an enforcement hearing.

Businesses that are now open and are under permit by the department include campgrounds with restrictions, golf courses with restrictions, and restaurants which can only serve take-out or curb side pick-up.

Veterinarian offices and dental offices are now open for regular work and not just emergency services. Barber shops and hair salons are now open under phase II. Retail stores are now allowed to be open at 50% capacity, and certain real estate activity may take place. The State has announced that June 29th certain day camps will be able to operate, but no final decision on overnight camps yet.

Legislator Helmich asked about the RPT inspections, asking if this is a backlog list or a new list. Mr. Wohlers replied that they generated a list from all the requests received once the pandemic started. There are several dozen applications for requests for property transfer inspections that basically accumulated from the end of March. There are approximately (50) that the department is actively rescheduling. Legislator Helmich asked if there were enough staff to complete this task. Mr. Wohlers replied yes, that all field staff are actively scheduling visits. Legislator Helmich thanked Mr. Wohlers for the update as he has been getting calls regarding the progress.

Legislator Andreano asked about summer camps, is there any guidance for day camps of YMCA, sports camps, or summer recreational leagues. Mr. Wohlers stated that it is very frustrating for the department as well, as the department continue to get calls on a regular basis regarding camps both day and overnight. There is still no definitive guidelines from the Governor's office.

Legislator Smith, asked if it would be worthwhile to have a rabies clinic in the Olean area. Mr. Wohlers replied that there is a clinic scheduled in the fall in the Olean area, as the State requires the department to schedule a rabies clinic every four months, so the department alternates locations.

ENFORCEMENT LIST: Mr. Porter reported there were no new enforcements this month.

Old/New Business: Dr. Bohan asked for the most recent food inspection report on the New Lakeview Restaurant. Dr. Watkins replied that the inspection revealed a critical violation that included a container of chicken broth that was intended for soup base was found stored at room temperature on a shelf; the temperature was measured at 120 degrees Fahrenheit, and this is outside the acceptable temperature range. The operator indicated that the product was going to be stored on the shelf and only used if needed, otherwise it would be discarded at the end of the night. Acceptable temperature controls were discussed with the operator, the operator chose to correct this violation immediately by heating the product up to 155 degrees Fahrenheit, and then holding the temperature at 145 degrees Fahrenheit.

Dr. Watkins stated the inspectors report indicated remarkable improvement from previous inspections. He added that restaurants have been affected greatly by the NYS Pause Act which has limited their business to only take-out.

Dr. Bohan remarked about the one critical violation and stated he knows that previously a serve safe instructor provided training to the restaurant in the past, and wondered if this would be of any benefit to request this again since the restaurant continues to see critical violations.

Dr. Watkins responded that this could certainly help the situation. He added that if a visit was done for every high risk restaurant on a monthly basis, that a number of other restaurants would also have critical or non-critical violations on a monthly basis. Most high risk restaurants are inspected twice a year, so that is only a snapshot of what is occurring in their restaurant.

Dr. Hamlin asked how we can get the owner's attention by more than just increasing the number of inspections, he asked if we should placard the business for a week. Dr. Watkins stated that he doesn't believe the restaurant is doing a lot of business at this point, but placarding the business will certainly get the owners attention. Dr. Bohan asked for any other opinions on the matter at hand.

A motion was made by Dr. Chohan to extend the New Lakeview Restaurant permit for one more month the motion was seconded by Legislator Andreano. Dr. Bohan stated that this would be the last time he would be in favor of this, Mayor Smith agreed this would be the last month if changes were not seen. A vote was taken and there were (7) ayes, and (1) nay by Dr. Hamlin. The motion to extend the operating permit for one month for the New Lakeview Restaurant was approved by quorum.

Dr. Bohan made a motion that the restaurant must hire a serve safe instructor to show the owner proper protocols and that the serve safe report must be delivered to the next BOH meeting. Dr. Hamlin seconded this motion. A rollcall vote was taken which resulted in (8) ayes.

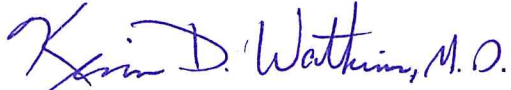
Dr. Bohan asked if there was any other new or old business. Dr. Bohan asked if the Board would consider cancelling the August meeting. Dr. Chohan agreed that the August meeting could be canceled if not much was going on. Dr. Watkins replied that he would have a better update at the July meeting.

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

Respectfully submitted,

A handwritten signature in blue ink that reads "Kevin D. Watkins, M.D." The signature is written in a cursive style with a large initial 'K'.

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