



Public Health
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CATTARAUGUS COUNTY BOARD OF HEALTH

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Georgina Paul, FNP

Theresa Raftis

James Snyder

MINUTES

October 1, 2014

The 830th meeting of the Cattaraugus County Board of Health was held at St. Bonaventure Clubhouse Restaurant, Route 417, Allegany, New York on October 1, 2014.

The following members were present:

Richard Haberer	Theresa Raftis
Dr. Hamlin	James Snyder
James Lapey	

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Thomas Brady, County Attorney
David Porter, Hearing Officer
Linda Edstrom, County Legislator
Steve Teachman, County Legislator
Paula Stockman, County Legislator
Donna Vickman, County Legislator
Gilbert Witte, MD, Medical Director
Susan Andrews, Director of Patient Services
Raymond Jordan, Sr. Public Health Sanitarian
Debra Lacher, Secretary to Public Health Director
Rick Miller, Olean Times Herald

The meeting was called to order by Mr. Lapey. The roll was called and a quorum declared.

Mr. Snyder made a motion to approve the minutes of the Board of Health meeting held on September 3, 2014. It was seconded by Dr. Hamlin, and unanimously approved.

Director's Report: Dr. Watkins reported on the virus that is currently causing a respiratory illness outbreak amongst children in the United States. He stated that the virus, called Enterovirus, causes mild symptoms that may include fever, runny nose, coughing, and body aches; severe symptoms may include difficulty breathing especially in children with asthma. Infants, children, and teenagers suffering from poor pulmonary functions are most at risk for experiencing severe complications from the virus, and may need assistant ventilation. The virus can be found in the infected persons respiratory secretions such as saliva, nasal mucus, or sputum. The infection is spread person

to person by cough, sneeze or touching a contaminated surface. There are over 100 types of Enteroviruses which can cause approximately 10 to 15 million infections in the United States each year. They typically occur in the late summer and early fall.

Dr. Watkins informed the Board that in August 2014, Enterovirus D68 (EV-D68) was identified in children ill with severe respiratory illness in Kansas City, Missouri and Chicago, Illinois. EV-D68 was first identified in California in 1962, but had been reported only rarely in the US in the last 40 years. From mid-August to September 29, 2014, Center for Disease Control and Prevention (CDC) and state public health laboratories have confirmed a total of 443 people in 40 states and the District of Columbia with respiratory illness caused by EV-D68.

Dr. Watkins reported that on September 26, CDC issued a Health Advisory, describing a cluster (an aggregation of cases of the disease) of nine pediatric patients hospitalized in Denver Colorado with acute neurologic illness of undetermined etiology. The illness is characterized by focal limb weakness and abnormalities of the spinal cord gray matter on MRI.

Most children reported a febrile respiratory illness in the two weeks preceding development of neurologic symptoms. It is reported that there is varying degrees of muscle weakness, difficulty swallowing, difficulty breathing, weakness in the neck and trunk, and difficulty walking. The possible linkage of this cluster of neurologic disease to the EV-D68 outbreak is part of the current investigation. He stated that a NYSDOH advisory requests that providers report patients who are younger than 21 years of age, with an acute onset of focal limb weakness occurring on or after August 1, 2014; and an MRI showing a spinal cord lesion largely restricted to gray matter, to their Local Health Departments.

Dr. Watkins also stated that there have been no deaths associated with the EV-D68, although there is an on-going investigation to a 4y/o that recently died in New Jersey from a respiratory illness. He remarked that there is no specific treatment for people with respiratory illness caused by EV-D68. Supportive care to the acute condition is the treatment of choice. There are no antiviral medications or vaccine currently available for people who become infected with EV-D68.

Dr. Watkins advised the Board how the public could protect themselves from respiratory illnesses:

- Washing hands often with soap and water for 20 seconds, especially after changing diapers.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Avoid kissing, hugging, and sharing cups or eating utensils with people who are sick.
- Disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick.

The Health Department has deployed health education staff into the schools to teach proper hand washing techniques, and to remind schools to disinfect surfaces and toys.

Dr. Watkins reported that the influenza vaccine has arrived and the department has started immunization clinics and will also conduct employee flu Point of Distribution (POD's) clinics on October 16th at the Olean County building and on October 22nd at the Little Valley County building.

The single best way to prevent the flu, Dr. Watkins stated, is to get a flu vaccination each fall. He went on to say, everyone who is 6 months of age or older should be vaccinated against the flu. There are some people who are at high risk for serious flu complications and are strongly encouraged to get

vaccinated. This would include, but not limited to, adults 50 years of age and older, but especially those 65 years of age and older. Children younger than 5 years of age especially those under the age of 2, people with chronic lung disease, those with chronic heart disease, residents in nursing homes or other long term care facilities. Dr. Watkins went on to say, the best way to prevent the spread of this infection is by staying home when you are sick, covering your mouth or nose when you cough or sneeze, and frequent washing of hands.

Dr. Watkins updated the Board on the Ebola Virus situation in the United States. He stated that recently a patient was diagnosed with the Ebola Virus in Dallas Texas. The patient was admitted to Texas Health Presbyterian Hospital on September 28th. He added, the CDC reports that the infected patient traveled from Liberia on September 19th; he arrived in the U.S. on September 20th but had no symptoms of the disease. On September 24th the patient then developed symptoms and sought care, but was discharged from the emergency room with antibiotics. On September 26th, he returned to the same emergency room via ambulance where he was finally admitted with a diagnosis of possible Ebola Virus. It is estimated that only a handful of people were exposed, several family members, and 1-3 community members who had contacted the patient during the time he exhibited symptoms. Each is being assessed and monitored for 21 days to see if their exposure will lead to the transmission of the disease. As of date, these individuals are not being quarantined, but they will have their temperatures taken every day for the next 21 days.

Dr. Watkins reiterated that the Ebola Virus is only spread through the direct contact of body fluids, including urine, saliva, feces, vomit and blood from a person who is exhibiting symptoms of the disease. As the virus spreads through the body it damages the immune system, organs and ultimately causes levels of the blood clotting cells to actually drop, which then leads to uncontrollable bleeding.

Dr. Watkins reminded the Board that signs and symptoms of Ebola include fever (greater than 101.5°F) and severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising. Signs and symptoms may appear anywhere from 2 to 21 days after exposure, although 8 to 10 days is most common. A person infected with Ebola is not contagious until symptoms appear.

Dr. Watkins also stated that the Ebola Virus has a high case fatality rate; as of September 23, 2014, the current outbreak has infected 6,574 people and resulted in 3,091 deaths.

CDC and partners are taking precautions to prevent the spread of Ebola within the United States. The chances of a widespread outbreak in the US are still very low but the possibility that we will encounter more cases in the United States has now increased Dr. Watkins remarked.

The floor was opened for questions: Paula Stockman made an inquiry regarding why the drug drop off program was being discontinued after September 27th. Dr. Watkins stated that there is a drug drop box available in the lobby of the county building that is a part of this program. He believes the overtime cost the sheriff's offices incurred became cost prohibitive; therefore drop boxes would now be utilized instead.

Theresa Raftis reported that she had been approached by someone from the community that there is an ongoing problem of rats coming out of the sewer in the vicinity of South 11th and Green Street. Mr. Jordan will follow up on this request.

Nursing Division Report: Mrs. Andrews reported that the New York State Wadsworth lab has received 600 specimens of which more than 120 were confirmed cases of enterovirus D-68.

There were no post exposure rabies vaccines given in the month of September.

Mrs. Andrews reported there were (8) new chronic Hepatitis C Virus (HCV) cases investigated this past month and (2) additional new HCV cases that came into the clinic awaiting confirmation.

The current census of the homecare department is at 397, this is the highest the census has been this year.

Mrs. Andrews reported on the Delivery System Reform Incentive Payment (DSRIP) plan. The DSRIP's purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to \$6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health. There are 3 separate groups in Western New York who are looking to collaborate to see if they can combine to work on the same initiatives and measures together as a group.

Environmental Health Division Report: Mr. Jordan reported that there had been three fall rabies clinics held last month at the following locations: Markhams, Allegany, and Franklinville Department of Public Works (D.P.W.) garages. The next rabies clinic will be held in 2015.

Environmental is busy with inspections, and testing no problems to present at this time.

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

DOCKET 14-016

David Woods, 203 ½ South 9th Street, Olean, N.Y., 14760

Violations: Article II, Part 25.2.8 (a), of the Sanitary Code of the Cattaraugus County Health District

Administrative Hearing: 9-9-14

Public Health Technician: Richard Dayton appeared for CCHD and was sworn in.

Respondent: David Woods, respondent appeared and was sworn in.

Testimony of Mr. Dayton: 1. Enf.-1 was read by R. Dayton stating the facts and the offer of \$75.00 civil compromise identified as Peoples Exhibit #1.
2. Proof of service was offered and identified as Peoples Exhibit #2.

- Brief summary of events: Respondent's dog bit his son while visiting Erie County. Respondent was not truthful about the encounter and could not supply evidence of rabies vaccination. Erie County could not get information about the dog or information about the 10 day confinement. Case was turned over to CCHD as the respondent and dog resides in Cattaraugus County.
3. Peoples Exhibit #3 is the bite investigation and incident details from Erie County, included in paragraph 3 are Mr. R. Dayton's notes of trying to contact Mr. D. Woods, respondent, to verify condition of dog after the 10 day confinement and his son.
 4. Peoples Exhibit #4 letter sent to respondent dated 6-17-14 letter and dates for compliance were disregarded by the respondent.
 5. Peoples Exhibit #5 is the original enforcement sent to Mr. D. D. Woods, the respondent, which he failed to comply with. Due to Mr. D. Woods not accepting the certified mail, the Cattaraugus County Sheriff's department had to serve the respondent P.E. #2

Respondent's testimony: Certificate of vaccination dated 8-27-14 identified as Respondents Ex. #1.

Wrap up: Mr. R. Dayton explained policies and procedures that are current in Cattaraugus County and the importance of adhering to them.

Hearing Officer Findings: On June 2, 2014, respondent's dog bit his son. Proof of rabies vaccination was not presented until the hearing on September 9, 2014. The certificate of vaccination was dated August 27, 2014 that was presented by respondent.

Recommendations: The \$75.00 civil compromise be changed to a \$75.00 fine that needs to be paid on or before October 31, 2014. A \$10.00 per day per diem will be charged for every day late.

Mr. Haberer made a motion to accept the Hearing Officer's recommendation; it was seconded by Ms. Raftis and unanimously approved.

Dr. Watkins reminded the Board that when the Clean Indoor Air Act was enacted, waivers were granted to establishments that modified their place of business by designating a separate room away from the general traffic utilizing special mechanical ventilation systems to control second hand smoke exposure to non- smokers that entered their establishments.

Dr. Watkins informed the board that there were currently three businesses whose permits for the Clean Indoor Air Act waiver will expire at the end of December 2014. These three businesses include the Ischua Fire Hall, Off Track Betting (OTB) in Olean, and the Little Valley, VFW. Dr. Watkins stated that he would like to send out letters reminding the three businesses of the permit expiration date and that a renewal application and permit fee will be required before issuance of a new permit. Dr. Watkins asked Mr. Lapey if he could entertain a motion from the Board to renew the three CIAA waivers. Mr. Snyder made a motion to renew the waivers for one year, on the condition that the businesses pass their inspection and Dr. Hamlin seconded this motion. A vote was taken by the board and it was unanimous to move forward with this process.

There being no further business to discuss, a motion to adjourn was made by Mr. Lapey, and it was seconded by Mr. Snyder 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, flowing style.

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

Secretary

KDW/dl