



CATTARAUGUS COUNTY BOARD OF HEALTH



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

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737

Established 1923

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

*Zahid Chohan, MD
Sondra Fox, RN
Richard Haberer
Theresa Raftis
David L Smith
James Snyder*

MINUTES

November 4, 2015

The 841st meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on November 4, 2015.

The following members were present:

Dr. Joseph Bohan
Dr. Zahid Chohan
Dr. Giles Hamlin
Sondra Fox, RN

Richard Haberer
Theresa Raftis
David Smith
James Snyder

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Mark Howden, County Attorney
Linda Edstrom, County Legislator
Carl Edwards, County Legislator
Paula Stockman, County Legislator
Donna Vickman, County Legislator
Gilbert Witte, MD, Medical Director
Dave Porter, Hearing Officer
Susan Andrews, Director of Patient Services
Kathy Ellis, Administrative Officer
Raymond Jordan, Sr. Public Health Sanitarian
Debra Lacher, Secretary to Public Health Director
Eric Wohlers, Director of Environmental Health

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

Mr. Snyder made a motion to approve the minutes of the Board of Health (BOH) meeting held on October 7, 2015, it was seconded by Dr. Chohan, and unanimously approved.

DIRECTORS REPORT: Dr. Watkins reported that influenza activity level for the week ending October 24th was categorized as geographically sporadic. He stated that there were (39) laboratory confirmed influenza reports, (8) of those confirmed cases were hospitalized during the week ending October 24th. He added that there were (21) counties reporting influenza cases, including (1) case confirmed in Cattaraugus County. Dr. Watkins informed the Board that all health department nursing personnel and nursing home personnel that wanted an influenza vaccine were vaccinated as per state regulations, and those that declined a vaccination will be required to wear a face mask during the influenza season when the State Health Commissioner declares influenza to be widespread in NYS. He went on to say that the health department administered over 2,000 influenza vaccines this year.

Dr. Watkins informed the Board that on last week Chipotle Mexican Grill, a chain restaurant, temporarily closed more than (40) restaurants near Seattle, Washington and Portland, Oregon. He stated that since October 1st- October 23rd (37) people, (12) people in the Portland area and (25) people in the Washington area have fallen ill with E-coli after dining in one of (8) Chipotle chain restaurants. He stated that reported symptoms included stomach cramps, nausea, vomiting, with mild or no fever, and bloody diarrhea. He added that twelve of the victims were actually hospitalized and no deaths were reported. He informed the Board that early investigation has been centered on fresh food produce delivered to the Chipotle restaurants, possibly lettuce or cilantro. He went on to say that Chipotle's has been identified in multiple health crisis this year, a salmonella outbreak linked to tomatoes sickened dozens of people in Minnesota in the beginning of August, and in mid August a noro-virus sickened nearly (100) customers and employees at a Chipotle's in California. He added that recently released reports indicated that this is the second outbreak involving Chipotle in the Seattle, Washington area within the last three months. In July there were (5) people that were sickened with the E-Coli strain 0157:H7 after eating at the chain and (2) victims were hospitalized. Dr. Watkins informed the Board that this recent E-Coli outbreak appears to be due to the E-Coli strain 026, since (10) of the (25) confirmed cases are tied to this strain. He stated that these shiga toxin producing E-coli strains (0157 and 026) causes infection through the consumption of undercooked ground beef, unpasteurized milk, cheese, juice, contaminated raw fruits, vegetables, and herbs and they can cause very serious illnesses in people. He went on to say that E-coli bacteria normally live in the intestines of people and animals and most of them are harmless or very beneficial to people. He added that E-coli outbreaks are rare, but are especially dangerous to children under the age of 5, pregnant women, elderly, or individuals with compromised immune systems. He stated that it takes between 2-8 days for someone that has been exposed, to exhibit symptoms that typically include diarrhea and abdominal cramping. Dr. Watkins informed the Board that inspection of food facilities protect the public's health by insuring that food service establishments are operating in a manner that eliminates food safety hazards like food borne illnesses within our community. He stated that Cattaraugus County Health Department does an excellent job in detecting violations that could potentially be harmful to the residents of Cattaraugus County. He went on to say that early this summer the health department had to investigate a restaurant in Olean for reports of possible food poisoning after diners ate at the restaurant. Mr. Jordan shared the efforts made by the department to investigate the claims, he stated that unfortunately the college students who had complained about the restaurant were no longer in the area and therefore unavailable to interview.

Dr. Watkins demonstrated how to access Cattaraugus County's food facilities most recent inspection reports via the County website. He stated that this data can be accessed at www.cattco.org, then click on Departments, then Health Department, and finally choose Interactive Restaurant Inspection Map to view individual facilities.

Dr. Watkins stated that in New York State, colorectal cancer is one of the most frequently diagnosed cancers and is the second leading cause of cancer deaths among men and women combined. Each year over 4,600 men and 4,700 women are diagnosed with colorectal cancer and about 1,600 men and 1,700 women in New York State actually die from this disease. He added that one in twenty people will develop colorectal cancer sometime in their lifespan. In Cattaraugus County, he stated that the average annual incidence of colorectal cancer for both men and women is slightly above (25). The annual deaths from colorectal cancer in Cattaraugus County is slightly above (8) for men and (7) for women. He remarked that the risk factors that are known to be associated with colorectal cancer include age, obesity, physical inactivity, family history, personal health history such as intestinal polyps or inflammatory bowel disease, and diet. He informed the Board that studies have shown that diets high in red and processed meat like bacon, sausage, lunch meat, ham, hotdogs, and low in vegetables and fruit may increase a person's risk of colorectal cancer. He stated that the World Health Organization (WHO) just released an article associating eating red meat, and processed meat with an increase risk of developing colorectal cancer. He explained that in the article, processed meat was classified as a Group 1 carcinogen to humans which is in the same group classification as smoking tobacco, or asbestos. He added that the experts conclude that each 50-grams of processed meat (less than two ounces) eaten daily will increase a person's risk of colorectal cancer by 18%. The panel determined that eating 100-grams of red meat per day (about 4 ounces) may raise a person's risk of colorectal cancer by 17%. A copy of this brief was provided to those in attendance along with a question and answer sheet. Dr. Watkins stated that moderation in all things is the key to reducing a person's risk, Dr. Witte concurred with this statement. Dr. Cohan explained that colorectal cancer in the eastern countries are far less than the western countries due to their culture and diet, but when those same people move to the western countries their rate of colorectal cancer increase because of the change in their diets.

Dr. Watkins reported that the Seneca Nation of Indians has passed a referendum that would allow leaders to explore the development of laws and regulations that would allow for manufacturing, distribution and use of medical cannabis. He explained that the Seneca Nation of Indians submitted plans to New York State to obtain one of five licenses being issued by the State to manufacture marijuana. The manufacturing would take place on the Gowanda site of Seneca Nation of Indian owned land, with a dispensary to be located in Salamanca. He added, it is unclear how long this exploration will take, it may be months or it may be years.

Mr. Smith stated that the school systems have been fighting to stop drug abuse in young people for years. He shared that he lived on the Indian reservation most of his adult life, and is an enrolled member of the Seneca Nation of Indians and belongs to the Turtle Clan. He stated that the vote was close (448-364) and the referendum only gives the tribe permission to explore its options. Enforcement could be a challenge and the dollars involved could govern what occurs and what does not occur. The reservation is sovereign and therefore some rules that apply to residents of the county don't always apply to the Nation. Even if it is medical marijuana and it is distributed correctly through a prescription, which is a huge assumption, the cannabis can still fall into the wrong hands. Mr. Smith stated that he believes through research he has done that marijuana can be a gateway drug to other addictive drugs.

NURSING DIVISION REPORT Mrs. Andrews reported there was (1) case of syphilis last month, (2) campylobacter cases, which included a father and daughter, (17) confirmed cases of lyme disease which included (3) new cases this past month in the Allegany and Randolph areas. She added that there were several cases of aseptic meningitis this summer with (1) case just this past month. She informed the Board that hepatitis C is the second most common infection that the clinic diagnoses, and (1) case was identified this past month with the rapid testing method. The person's risk factor was identified as multiple sex partners, which is not usually considered a high risk factor.

Mrs. Andrews stated that this influenza season 2,300 doses of vaccine were purchased and there are only 100 doses left.

Mrs. Andrews reported that this past month there was (1) positive rabies identified in a coyote in the Machias area, and the individual that was in contact with the coyote was started on rabies post exposure prophylaxis. She remarked that this puts the rabies post exposure prophylaxis treatment total count to (23) for year to date, which is lower than usual for the department.

Mrs. Andrews reported that she and Patti Williams, supervisor community health nurse, attended a (3) day training for family planning last month in Albany. She stated that the whole focus was trying to improve outreach numbers because there are a lot of low income people who are not aware of our available clinics.

Mrs. Andrews reported that in February the Homecare division had their state survey, for which they submitted their plan of corrections. The surveyors did come back and resurveyed the department but found several repeated deficiencies. Mrs. Andrews is confident that they will be able to resolve this situation.

ENVIRONMENTAL DIVISION REPORT: Mr. Wohlers reported that he and Mrs. Andrews attended a New York State Department of Health Tick-borne Disease County Learning Collaborative meeting, in Albany, NY. He stated that this was a chance to learn from those who live in areas where ticks have been a problem. One of the activities included a field trip to a suburban neighborhood where they used a drag cloth to collect ticks and over (50) ticks were collected right on the edge of a mowed lawn. He added that some of the leading experts in this country are scientists at the New York State Lab so the meeting was very informative.

Mr. Wohlers remarked that the County Legislature passed a new local law prohibiting the sale of cosmetic products that contain microbeads. He stated that the Health Department will conduct a mailing to all the stores in the county, officially notifying them of this law. He stated that staff is working on putting together a mailing list for this notification.

Mr. Wohlers remarked that the Board approved changes to the County Sanitary Code, and Mr. Jordan and staff are developing new policies and guidelines that they will share with the operators of tattooing and body art businesses.

He added that the department will also notify those who conduct property transfers of new survey inspection policies that have also been put in place.

Mr. Wohlers reported the latest information on cooling towers registration was the receipt of a spreadsheet from NYSDOH identifying all the facilities in the County that registered their cooling towers by the September deadline.

Mr. Wohlers stated that staff has been putting the computer tablets that were received from the State into use the last couple weeks, and that all staff should be conducting electronic inspections by December 1, 2015. Mrs. Stockman questioned whether the electronic inspections would include the laboratory results to the water suppliers for the various municipalities. Mr. Wohlers confirmed that they would be included and they are currently working on obtaining email addresses for facilities so inspection reports, water sample results, and bills can all be sent electronically to stream line the process and save the county money.

Old Business: Dr. Watkins presented Docket #15-022 with Darel Tingle at the Stage Coach Inn back from September 2, 2015. Mr. Tingle was in extreme opposition of complying with the Board of Health Orders to get the permanent disinfection equipment operational and in addition to that he would not allow the department into his facility. Dr. Watkins stated Mr. Tingle's business was placarded back on October 1, 2015 and he lost business for over a month. He recently paid the \$300.00 fine; the department was able to obtain two water samples, which tested normal, and he is now in compliance. Dr. Watkins explained that Mr. Tingle has requested leniency for the \$10.00 per-diem (per day) which is an additional \$280.00 fine. Dr. Watkins asked for the Board's approval to vacate the \$10.00 per day per diem since his business was closed for over a month, he is now in compliance and paid the \$300.00 stipulation. Dr. Bohan asked the Board if they were in agreement, and they unanimously approved this decision.

New Business: Mr. Haberer asked the Board for consideration to change the wording on the stipulation form that is used for administrative hearings referred to as "enforcement 2" document. A copy of the original form, the recommended language change form, and a copy of the division of environmental health penalty determination policy was handed out to all those in attendance for review. He asked if the language on the original form of "may result in maximum penalties being assessed against you" be changed to "may result in the civil compromise offered to be automatically doubled but no greater than the maximum penalty. Please note: the hearing will be held even if you are not present." Mr. Haberer's concern was that residents may interpret that the civil compromise offered was the maximum penalty and in most instances that is not true. Mr. Howden, County Attorney confirmed that he had reviewed the form and was in agreement with the changes made. Dr. Bohan asked the Board members for a vote on the changes and the changes were unanimously approved.


Dr. Watkins inquired if he could reschedule the December meeting date to Tuesday, December 8th, as he will be at a New York State Association of County Health Officials Board meeting on the first Wednesday, of December. There were no objections to the request.

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There being no further business to discuss, a motion to adjourn was made by Mrs. Fox, and 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, stylized 'K'.

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

Carcinogenicity of consumption of red and processed meat

In October, 2015, 22 scientists from ten countries met at the International Agency for Research on Cancer (IARC) in Lyon, France, to evaluate the carcinogenicity of the consumption of red meat and processed meat. These assessments will be published in volume 114 of the IARC Monographs.¹

Red meat refers to unprocessed mammalian muscle meat—for example, beef, veal, pork, lamb, mutton, horse, or goat meat—including minced or frozen meat; it is usually consumed cooked. Processed meat refers to meat that has been transformed through salting, curing, fermentation, smoking, or other processes to enhance flavour or improve preservation. Most processed meats contain pork or beef, but might also contain other red meats, poultry, offal (eg, liver), or meat byproducts such as blood.

Red meat contains high biological-value proteins and important micronutrients such as B vitamins, iron (both free iron and haem iron), and zinc. The fat content of red meat varies depending on animal species, age, sex, breed, and feed, and the cut of the meat. Meat processing, such as curing and smoking, can result in formation of carcinogenic chemicals, including N-nitroso-compounds (NOC) and polycyclic aromatic hydrocarbons (PAH). Cooking improves the digestibility and palatability of meat, but can also produce known or suspected carcinogens, including heterocyclic aromatic amines (HAA) and PAH. High-temperature cooking by pan-frying, grilling, or barbecuing generally produces the highest amounts of these chemicals.^{2,3}

Depending on the country, the proportion of the population that consumes red meat varies worldwide from less than 5% to up to 100%, and from less than 2% to 65% for processed meat. The mean intake of red meat by those who consume it is about 50–100 g per person per day, with high consumption equalling

more than 200 g per person per day.⁴ Less information is available on the consumption of processed meat.

The Working Group assessed more than 800 epidemiological studies that investigated the association of cancer with consumption of red meat or processed meat in many countries, from several continents, with diverse ethnicities and diets. For the evaluation, the greatest weight was given to prospective cohort studies done in the general population. High quality population-based case-control studies provided additional evidence. For both designs, the studies judged to be most informative were those that considered red meat and processed meat separately, had quantitative dietary data obtained from validated questionnaires, a large sample size, and controlled for the major potential confounders for the cancer sites concerned.

The largest body of epidemiological data concerned colorectal cancer. Data on the association of red meat consumption with colorectal cancer were available from 14 cohort studies. Positive associations were seen with high versus low consumption of red meat in half of those studies, including a cohort from ten European countries spanning a wide range of meat consumption and other large cohorts in Sweden and Australia.^{5,7} Of the 15 informative case-control studies considered, seven reported positive associations of colorectal cancer with high versus low consumption of red meat. Positive associations of colorectal cancer with consumption of processed meat were reported in 12 of the 18 cohort studies that provided relevant data, including studies in Europe, Japan, and the USA.^{8–11} Supporting evidence came from six of nine informative case-control studies. A meta-analysis of colorectal cancer in ten cohort studies reported a statistically significant dose-response relationship, with a 17% increased risk (95% CI 1.05–1.31) per 100 g per

day of red meat and an 18% increase (95% CI 1.10–1.28) per 50 g per day of processed meat.¹²

Data were also available for more than 15 other types of cancer. Positive associations were seen in cohort studies and population-based case-control studies between consumption of red meat and cancers of the pancreas and the prostate (mainly advanced prostate cancer), and between consumption of processed meat and cancer of the stomach.

On the basis of the large amount of data and the consistent associations of colorectal cancer with consumption of processed meat across studies in different populations, which make chance, bias, and confounding unlikely as explanations, a majority of the Working Group concluded that there is sufficient evidence in human beings for the carcinogenicity of the consumption of processed meat. Chance, bias, and confounding could not be ruled out with the same degree of confidence for the data on red meat consumption, since no clear association was seen in several of the high quality studies and residual confounding from other diet and lifestyle risk is difficult to exclude. The Working Group concluded that there is limited evidence in human beings for the carcinogenicity of the consumption of red meat.

There is inadequate evidence in experimental animals for the carcinogenicity of consumption of red meat and of processed meat. In rats treated with colon cancer initiators and promoted with low calcium diets containing either red meat or processed meat, an increase in the occurrence of colonic preneoplastic lesions was reported in three and four studies, respectively.^{13–15}

The mechanistic evidence for carcinogenicity was assessed as strong for red meat and moderate for processed meat. Mechanistic evidence is mainly available for the



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For more on the IARC Monographs see <http://monographs.iarc.fr/>

Upcoming meetings
Feb 2–9, 2016, Volume 115:
Some industrial chemicals;
May 24–31, 2016, Volume 116:
Coffee and some other hot beverages

IARC Monograph Working Group Members
BW Stewart (Australia)—meeting chair; S De Smet (Belgium); D Corpet, M Meurillon (France); G Caderni (Italy); S Rohrmann; P Verger (Switzerland); S Sasazuki, K Wakabayashi (Japan); M P Weijenberg (Netherlands); A Wolk (Sweden); M Cantwell; T Norat; P Vineis (UK); F A Beland, E Cho, D M Klurfeld, L Le Marchand, R Sinha, M Stern, R Turesky, K Wu (USA)

Declaration of interests
TN was involved in a research project funded by the World Cancer Research Fund, a registered charity. All other working group members declare no competing interests.

Invited Specialists
None

Representatives
A Christodoulidou, for the European Food Safety Authority (EFSA), Italy; I Margaritis, for the French Agency for Food, Environment and Occupational Health and Safety (ANSES), France; Y Totsuka, for the National Cancer Center Research Institute, Japan

Declaration of interests
All representatives declare no competing interests.

Observers
D D Alexander, for the EpidStat Institute, USA; B L Booren, for the North American Meat

Institute, USA; J Carretier, for the Léon Bérard Centre, France; JJ Hlywka, for the Kraft Heinz Company, USA; D A Kovich, for the National Pork Producers Council, USA; H J Lazaneo, for the National Meat Institute (INAC), Uruguay; M McCullough, for the American Cancer Society, USA; S McNeill, for Beef Checkoff, USA

Declaration of interests
DDA has received consulting fees from Beef Checkoff for research on red meat and cancer. BLB receives a salary from the North American Meat Institute (NAMI) and the North American Meat Institute Foundation (NAMIF). BLB publicly represents in media, government, and scientific meetings, among others, the NAMI and NAMIF position and analysis of scientific evidence. DAK is employed by the National Pork Producers Council, USA. SMCN is an employee of the National Cattlemen's Beef Association and is a contractor to the Beef Checkoff. All other observers declare no competing interests.

IARC/WHO Secretariat
L Benbrahim-Tallaa; V Bouvard; F El Ghissassi; C Espina; E Feletto; J Gomes; Y Grosse; N Guha; K Z Guyton; I Huybrechts; D Loomis; H Mattock; A Mullee; I Romieu; C Santamaria-Ulloa; M Stepien; K Straif

Declaration of interests
All secretariat declare no competing interests.

For the Preamble to the IARC Monographs see <http://monographs.iarc.fr/ENG/Preamble/index.php>

For IARC declarations of interests see <http://monographs.iarc.fr/ENG/Meetings/vol.114-participants/>

digestive tract. A meta-analysis published in 2013 reported a modest but statistically significant association between consumption of red or processed meat and adenomas (preneoplastic lesions) of the colorectum that was consistent across studies.¹⁶ For genotoxicity and oxidative stress, evidence was moderate for the consumption of red or processed meat. In human beings, observational data showed slight but statistically significant associations with APC gene mutation or promoter methylation that were identified in 75 (43%) and 41 (23%) of 185 archival colorectal cancer samples, respectively.¹⁷ Consuming well done cooked red meat increases the bacterial mutagenicity of human urine. In three intervention studies in human beings, changes in oxidative stress markers (either in urine, faeces, or blood) were associated with consumption of red meat or processed meat.¹⁸ Red and processed meat intake increased lipid oxidation products in rodent faeces.¹³

Substantial supporting mechanistic evidence was available for multiple meat components (NOC, haem iron, and HAA). Consumption of red meat and processed meat by man induces NOC formation in the colon. High red meat consumption (300 or 420 g/day) increased levels of DNA adducts putatively derived from NOC in exfoliated colonocytes or rectal biopsies in two intervention studies.^{19,20} Few human data, especially from intervention studies, were available for processed meat. Haem iron mediates formation of NOC, and of lipid oxidation products in the digestive tract of human beings and rodents. Haem iron effects can be experimentally suppressed by calcium, supporting its contribution to carcinogenic mechanisms. Meat heated at a high temperature contains HAA. HAA are genotoxic, and the extent of conversion of HAA to genotoxic metabolites is greater in man than in rodents. Meat smoked or

cooked over a heated surface or open flame contains PAH. These chemicals cause DNA damage, but little direct evidence exists that this occurs following meat consumption.

Overall, the Working Group classified consumption of processed meat as "carcinogenic to humans" (Group 1) on the basis of sufficient evidence for colorectal cancer. Additionally, a positive association with the consumption of processed meat was found for stomach cancer.

The Working Group classified consumption of red meat as "probably carcinogenic to humans" (Group 2A). In making this evaluation, the Working Group took into consideration all the relevant data, including the substantial epidemiological data showing a positive association between consumption of red meat and colorectal cancer and the strong mechanistic evidence. Consumption of red meat was also positively associated with pancreatic and with prostate cancer.

We declare no competing interests.

Véronique Bouvard, Dana Loomis, Kathryn Z Guyton, Yann Grosse, Fatiha El Ghissassi, Lamia Benbrahim-Tallaa, Neela Guha, Heidi Mattock, Kurt Straif, on behalf of the International Agency for Research on Cancer Monograph Working Group

International Agency for Research on Cancer, Lyon, France

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International Agency for Research on Cancer



**World Health
Organization**

Q&A on the carcinogenicity of the consumption of red meat and processed meat

Q. What do you consider as red meat?

A. Red meat refers to all mammalian muscle meat, including, beef, veal, pork, lamb, mutton, horse, and goat.

Q. What do you consider as processed meat?

A. Processed meat refers to meat that has been transformed through salting, curing, fermentation, smoking, or other processes to enhance flavour or improve preservation. Most processed meats contain pork or beef, but processed meats may also contain other red meats, poultry, offal, or meat by-products such as blood.

Examples of processed meat include hot dogs (frankfurters), ham, sausages, corned beef, and biltong or beef jerky as well as canned meat and meat-based preparations and sauces.

Q. Why did IARC choose to evaluate red meat and processed meat?

A. An international advisory committee that met in 2014 recommended red meat and processed meat as high priorities for evaluation by the IARC Monographs Programme. This recommendation was based on epidemiological studies suggesting that small increases in the risk of several cancers may be associated with high consumption of red meat or processed meat. Although these risks are small, they could be important for public health because many people worldwide eat meat and meat consumption is increasing in low- and middle-income countries. Although some health agencies already recommend limiting intake of meat, these recommendations are aimed mostly at reducing the risk of other diseases. With this in mind, it was important for IARC to provide authoritative scientific evidence on the cancer risks associated with eating red meat and processed meat.

Q. Do methods of cooking meat change the risk?

A. High-temperature cooking methods generate compounds that may contribute to carcinogenic risk, but their role is not yet fully understood.

Q. What are the safest methods of cooking meat (e.g. sautéing, boiling, broiling, or barbecuing)?

A. Cooking at high temperatures or with the food in direct contact with a flame or a hot surface, as in barbecuing or pan-frying, produces more of certain types of carcinogenic chemicals (such as polycyclic aromatic hydrocarbons and heterocyclic aromatic amines). However, there were not enough data for the IARC Working Group to reach a conclusion about whether the way meat is cooked affects the risk of cancer.

Q. Is eating raw meat safer?

A. There were no data to address this question in relation to cancer risk. However, the separate question of risk of infection from consumption of raw meat needs to be kept in mind.

Q&A on the carcinogenicity of the consumption of red meat and processed meat

Q. Red meat was classified as Group 2A, *probably carcinogenic to humans*. What does this mean exactly?

A. In the case of red meat, the classification is based on *limited evidence* from epidemiological studies showing positive associations between eating red meat and developing colorectal cancer as well as *strong* mechanistic evidence.

Limited evidence means that a positive association has been observed between exposure to the agent and cancer but that other explanations for the observations (technically termed chance, bias, or confounding) could not be ruled out.

Q. Processed meat was classified as Group 1, *carcinogenic to humans*. What does this mean?

A. This category is used when there is *sufficient evidence* of carcinogenicity in humans. In other words, there is convincing evidence that the agent causes cancer. The evaluation is usually based on epidemiological studies showing the development of cancer in exposed humans.

In the case of processed meat, this classification is based on *sufficient evidence* from epidemiological studies that eating processed meat causes colorectal cancer.

Q. Processed meat was classified as carcinogenic to humans (Group 1). Tobacco smoking and asbestos are also both classified as carcinogenic to humans (Group 1). Does it mean that consumption of processed meat is as carcinogenic as tobacco smoking and asbestos?

A. No, processed meat has been classified in the same category as causes of cancer such as tobacco smoking and asbestos (IARC Group 1, *carcinogenic to humans*), but this does **NOT** mean that they are all equally dangerous. The IARC classifications describe the strength of the scientific evidence about an agent being a cause of cancer, rather than assessing the level of risk.

Q. What types of cancers are linked or associated with eating red meat?

A. The strongest, but still *limited*, evidence for an association with eating red meat is for colorectal cancer. There is also evidence of links with pancreatic cancer and prostate cancer.

Q. What types of cancers are linked or associated with eating processed meat?

A. The IARC Working Group concluded that eating processed meat causes colorectal cancer. An association with stomach cancer was also seen, but the evidence is not conclusive.

Q. How many cancer cases every year can be attributed to consumption of processed meat and red meat?

A. According to the most recent estimates by the Global Burden of Disease Project, an independent academic research organization, about 34 000 cancer deaths per year worldwide are attributable to diets high in processed meat.

Q&A on the carcinogenicity of the consumption of red meat and processed meat

Eating red meat has not yet been established as a cause of cancer. However, if the reported associations were proven to be causal, the Global Burden of Disease Project has estimated that diets high in red meat could be responsible for 50 000 cancer deaths per year worldwide.

These numbers contrast with about 1 million cancer deaths per year globally due to tobacco smoking, 600 000 per year due to alcohol consumption, and more than 200 000 per year due to air pollution.

Q. Could you quantify the risk of eating red meat and processed meat?

A. The consumption of processed meat was associated with small increases in the risk of cancer in the studies reviewed. In those studies, the risk generally increased with the amount of meat consumed. An analysis of data from 10 studies estimated that every 50 gram portion of processed meat eaten daily increases the risk of colorectal cancer by about 18%.

The cancer risk related to the consumption of red meat is more difficult to estimate because the evidence that red meat causes cancer is not as strong. However, if the association of red meat and colorectal cancer were proven to be causal, data from the same studies suggest that the risk of colorectal cancer could increase by 17% for every 100 gram portion of red meat eaten daily.

Q. Is the risk higher in children, in elderly people, in women, or in men? Are some people more at risk?

A. The available data did not allow conclusions about whether the risks differ in different groups of people.

Q. What about people who have had colon cancer? Should they stop eating red meat?

A. The available data did not allow conclusions about risks to people who have already had cancer.

Q. Should I stop eating meat?

A. Eating meat has known health benefits. Many national health recommendations advise people to limit intake of processed meat and red meat, which are linked to increased risks of death from heart disease, diabetes, and other illnesses.

Q. How much meat is it safe to eat?

A. The risk increases with the amount of meat consumed, but the data available for evaluation did not permit a conclusion about whether a safe level exists.

Q. What makes red meat and processed meat increase the risk of cancer?

A. Meat consists of multiple components, such as haem iron. Meat can also contain chemicals that form during meat processing or cooking. For instance, carcinogenic chemicals that form during meat processing include *N*-nitroso compounds and polycyclic aromatic hydrocarbons. Cooking of red meat or processed meat also produces heterocyclic aromatic amines as well as other chemicals including polycyclic aromatic hydrocarbons, which are also found in other foods and in air pollution. Some of these chemicals are known or suspected carcinogens, but despite

Q&A on the carcinogenicity of the consumption of red meat and processed meat

this knowledge it is not yet fully understood how cancer risk is increased by red meat or processed meat.

Q. Can you compare the risk of eating red meat with the risk of eating processed meat?

A. Similar risks have been estimated for a typical portion, which is smaller on average for processed meat than for red meat. However, consumption of red meat has not been established as a cause of cancer.

Q. What is WHO's health recommendation to prevent cancer risk associated with eating red meat and processed meat?

A. IARC is a research organization that evaluates the evidence available on the causes of cancer but does not make health recommendations as such. National governments and WHO are responsible for developing nutritional guidelines. This evaluation by IARC reinforces a 2002 recommendation from WHO that people who eat meat should moderate the consumption of processed meat to reduce the risk of colorectal cancer. Some other dietary guidelines also recommend limiting consumption of red meat or processed meat, but these are focused mainly on reducing the intake of fat and sodium, which are risk factors for cardiovascular disease and obesity. Individuals who are concerned about cancer could consider reducing their consumption of red meat or processed meat until updated guidelines related specifically to cancer have been developed.

Q. Should we eat only poultry and fish?

A. The cancer risks associated with consumption of poultry and fish were not evaluated.

Q. Should we be vegetarians?

A. Vegetarian diets and diets that include meat have different advantages and disadvantages for health. However, this evaluation did not directly compare health risks in vegetarians and people who eat meat. That type of comparison is difficult because these groups can be different in other ways besides their consumption of meat.

Q. Is there a type of red meat that is safer?

A. A few studies have investigated the cancer risks associated with different types of red meat, such as beef and pork, and with different kinds of processed meats, like ham and hot dogs. However, there is not enough information to say whether higher or lower cancer risks are related to eating any particular type of red meat or processed meat.

Q. Could the preservation method influence the risk (e.g. salting, deep-freezing, or irradiation)?

A. Different preservation methods could result in the formation of carcinogens (e.g. *N*-nitroso compounds), but whether and how much this contributes to the cancer risk is unknown.

Q. How many studies were evaluated?

A. The IARC Working Group considered more than 800 different studies on cancer in humans (some studies provided data on both types of meat; in total more than 700 epidemiological

Q&A on the carcinogenicity of the consumption of red meat and processed meat

studies provided data on red meat and more than 400 epidemiological studies provided data on processed meat).

Q. How many experts were involved in the evaluation?

A. The IARC Working Group consisted of 22 experts from 10 countries (List of Participants).

Q. What actions do you think governments should take based on your results?

A. IARC is a research organization that evaluates the evidence on the causes of cancer but does not make health recommendations as such. The IARC Monographs are, however, often used as a basis for making national and international policies, guidelines and recommendations to minimize cancer risks. Governments may decide to include this new information on the cancer hazards of processed meat in the context of other health risks and benefits in updating dietary recommendations.

**CATTARAUGUS COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH PENALTY
DETERMINATION POLICY**

Purpose:

As a regulatory agency, the Cattaraugus County Health Department has the responsibility of enforcing the Sanitary Code of the Cattaraugus County Health District (CCSC) and various sections of the New York State Public Health Law (NYSPHL) and State Sanitary Code (10NYCRR). Accordingly, identification of public health hazards or noncompliance with the requirements of one of the aforementioned regulations results in enforcement activities which may include formal stipulations, administrative hearings, issuance of Board of Health or Commissioner's Orders, levying of penalties, closures, etc.

The purpose of this policy is to categorize various public health hazards and develop a set of criteria for the establishment of a uniform, non-arbitrary set of guidelines, for setting an appropriate initial monetary penalty for a particular violation. This policy does not in any way affect the power of the Board of Health to sustain, modify, or rescind a particular penalty, when considering the recommendation of their appointed hearing officer, following due process.

Attachments:

1. NYS Environmental Health Manual - Technical Reference ADM 2
Categorization of Public Health Hazards
2. NYS Public Health Law, Article 3, Section 348.2
County Health Districts; Violations and Penalties
3. NYS Public Health Law, Article 3, Section 309(f)
Local Boards of Health; Penalties for Violation or Failure to Comply
4. NYS Public Health Law, Article 21, Title IV Rabies, Section 2141.4
Compulsory Vaccination; Violation and Penalty
5. NYS Public Health Law, Article 13-E, Section 1399-v
Regulation of Smoking; Penalties
6. NYS Public Health Law, Article 13-F, Section 1399-ee
Regulation of Tobacco Products-Distribution to Minors; Hearings & Penalties

Categorization:

Public health hazards have been categorized according to the New York State Environmental Health Manual and New York State Public Health Law.

Category 1 - Public health hazards which require issuance of a formal notice of hearing or a written explanation as to why it should not be issued. Most serious hazard in terms of adversely affecting the public health.

Category 2 - Public health hazards where it is the normal procedure to issue a formal notice of hearing, but the decision is left to the inspecting officer with explanation.

Penalty Guidelines:

Penalties can be increased to statutory limits at the discretion of the Board of Health or designee, or as dictated by parts of 10NYCRR and the Public Health Law.

First Offense Stipulation Offer

Category 1 Public Health Hazard - \$75

Category 2 Public Health Hazard - \$50

Second Offense Stipulation Offer*

Category 1 Public Health Hazard - \$150

Category 2 Public Health Hazard - \$100

Third Offense Stipulation Offer

Category 1 Public Health Hazard - \$300

Category 2 Public Health Hazard - \$200

Fourth and Subsequent Offenses

No Stipulation Offer/schedule hearing

If found guilty, minimum \$500 fine, not to exceed maximum penalty allowed by NYS Public Health Law (currently \$2,000) plus permit suspended for 1 month (per Section 11.6 CCSC)

Failure to Stipulate/Attend Hearing

Double amount of Stipulation offer - (2x)

Operating without a Permit - \$100 fine/schedule hearing

Included in Commissioner's Closure Order

* Note: "Subsequent Offenses" shall mean those cumulative violations cited in any 36 month period.

Uncorrected Violation

Missed compliance date in Stipulation or Order; schedule hearing

Category 1 Public Health Hazard - Closure and/or \$500

Category 2 Public Health Hazard - Cite for "Repeat"

Violating Closure Order

Including but not limited to removing/concealing placard; schedule hearing

Maximum penalty allowed by NYS Public Health Law, Section 309
(currently \$2,000)

Closed Enforcement Cases

In an enforcement proceeding, a respondent cited for violating the Sanitary Code of the Cattaraugus County Health District, the New York State Sanitary Code or the New York State Public Health Law receives a Notice of Administrative Hearing. The respondent has the option of returning the signed stipulation offer along with a civil compromise. If the respondent chooses this option, the case will be considered officially closed at the next Board of Health meeting following the scheduled date of the hearing. If there are compliance dates to be met in the stipulation offer, the case may be left open until the respondent is in compliance.

CATTARAUGUS COUNTY BOARD OF HEALTH ADMINISTRATIVE HEARING

STIPULATION

In the Matter of the Finding of Violation Against
RESPONDENT _____

D/B/A _____

ADDRESS _____

DOCKET NO. _____

In response to the violations listed on the attached Notice of Administrative Hearing issued on _____, you may accept the Stipulation Offer instead of attending a hearing.

The Department's stipulation offer requires that you agree to the terms and conditions of the Stipulation listed on the reverse side of this form.

The civil compromise portion of the Stipulation is:

A civil compromise of \$ _____ is hereby offered. The civil compromise must be paid in full by _____. The civil compromise will not be accepted after this date.

In addition, the Department requires the following: _____

Public Health Director

Date

Cattaraugus County Health Department

1 Leo Moss Drive, Suite 4010, Olean, NY 14760

Address

You must **ATTEND THE HEARING OR SIGN** and **RETURN** this Stipulation with the civil compromise to the above address at least 7 days **BEFORE** the scheduled hearing date. **FAILURE TO SIGN THIS STIPULATION OR ATTEND THE HEARING** will be considered a full admission of the violations stated herein and may result in maximum penalties being assessed against you.

I admit that the violation(s) existed and hereby accept the offer of the Department of Health and agree to comply with the conditions.

Owner/Operator Signature

Date

NOTICE OF HEARING INFORMATION

YOU HAVE THE FOLLOWING OPTIONS:

ADMIT: If you admit that the stated violations did occur, and do not wish to appear at a hearing, simply sign this Stipulation and return it to this office along with your check in the amount of the offered civil compromise, at least 7 days prior to the hearing date, as shown on the front of this form.

ADMIT WITH EXPLANATION: If you admit that the stated violations did occur and wish to give an explanation, **YOU MUST ATTEND THE HEARING.**

DENY: If you deny that the stated violations occurred, **YOU MUST ATTEND THE HEARING,** explain the basis of your denial and present any evidence you have to substantiate your denial.

IF YOU CHOOSE TO ATTEND THE HEARING, you must bring copies of your permit and evidence of compliance efforts, such as receipts of purchases, contracts, estimates, and design plans which may substantiate any claims you may have.

BY SIGNING THIS STIPULATION, YOU AGREE:

1. That all findings of the inspector are correct.
2. That the violation(s) will be corrected according to a schedule of compliance agreed to by the Health Department.
3. Any requirements set forth on the front of this form will be met; and
4. To pay the penalty indicated in the Stipulation at least 7 days before the scheduled hearing date.

THE CATTARAUGUS COUNTY HEALTH DEPARTMENT AGREES:

1. That a hearing will not be conducted on the violation(s) if you have signed and returned this Stipulation along with payment of the offered civil compromise so that it is **RECEIVED** by the Health Department at least 7 days prior to the scheduled hearing date; and
2. That you may accept or decline this Stipulation Offer.

YOU ARE HEREBY PLACED ON NOTICE that penalties are imposed for cited violations. Prompt correction of the violations MAY be considered in assessing penalties. **HOWEVER, CORRECTION DOES NOT EXCUSE THE VIOLATIONS WHICH ALREADY EXIST.**

YOU ARE FURTHER PLACED ON NOTICE that failure to correct the cited violations after signing this Stipulation subjects you to further action, **INCLUDING CLOSURE** of your establishment by the Commissioner of Health.

INFORMATION CONCERNING VIOLATIONS IS SUBJECT TO PUBLIC RELEASE

Establishment Type

NOTICE OF ADMINISTRATIVE HEARING

Docket No. _____

DATE: _____

TIME: _____ A.M.

Violation Number	Law/Code Number	Violation Date(s)	Location of Property: _____
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Inspector's Signature _____ Date _____

Supervisor's Signature _____ Date _____



CATTARAUGUS COUNTY BOARD OF HEALTH ADMINISTRATIVE HEARING



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

STIPULATION

In the Matter of the Finding of Violation Against

RESPONDENT _____

D/B/A _____

ADDRESS _____

DOCKET NO. _____

In response to the violations listed on the Notice of Administrative Hearing issued on _____, you may accept the Stipulation Offer instead of attending a hearing. The Department's stipulation offer requires that you agree to the terms and conditions of the Stipulation listed on the reverse side of this form.

The civil compromise portion of the Stipulation is:

A civil compromise of \$ _____ is hereby offered. The civil compromise must be paid in full by _____. **The civil compromise will not be accepted after this date.**

In addition, the Department requires the following: _____

Public Health Director

Date

Cattaraugus County Health Department

1 Leo Moss Drive, Suite 4010, Olean, NY 14760

Address

You must **ATTEND THE HEARING OR SIGN** and **RETURN** this Stipulation with the civil compromise to the above address at least 7 days **BEFORE** the scheduled hearing date. **FAILURE TO SIGN THIS STIPULATION OR ATTEND THE HEARING** will be considered a full admission of the violation stated herein and may result in the civil compromise offered to be automatically doubled but no greater than the maximum penalty. Please note: the hearing will be held even if you are not present.

I admit that the violation(s) existed and hereby accept the offer of the Department of Health and agree to comply with the conditions.

Owner/Operator Signature

Date

NOTICE OF HEARING INFORMATION

YOU HAVE THE FOLLOWING OPTIONS:

ADMIT: If you admit that the stated violations did occur, and do not wish to appear at a hearing, simply sign this Stipulation and return it to this office along with your check in the amount of the offered civil compromise, at least 7 days prior to the hearing date, as shown on the front of this form.

ADMIT WITH EXPLANATION: If you admit that the stated violations did occur and wish to give an explanation, **YOU AND/ OR YOUR REPRESENTATIVE MUST ATTEND THE HEARING.**

DENY: If you deny that the stated violations occurred, **YOU AND/OR YOUR REPRESENTATIVE MUST ATTEND THE HEARING**, explain the basis of your denial and present any evidence you have to substantiate your denial.

IN ADDITION YOU HAVE THE RIGHT TO BRING COUNSEL TO REPRESENT YOU AT THE HEARING. IF YOU AND/ OR YOUR REPRESENTATIVE CHOOSE TO ATTEND THE HEARING, any evidence of compliance efforts, such as receipts of purchases, contracts, estimates, and design plans which may substantiate any claims you may have should be brought to the hearing.

BY SIGNING THIS STIPULATION, YOU AGREE:

1. That all finding(s) of the inspector are correct.
2. That the violation(s) will be corrected according to a schedule of compliance according to the compliance in the Stipulation.
3. Any requirements set forth on the front of this form will be met; and
4. To pay the penalty indicated in the Stipulation at least 7 days before the scheduled hearing date.

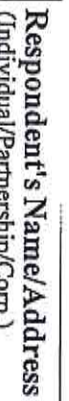
THE CATTARAUGUS COUNTY HEALTH DEPARTMENT AGREES:

1. That a hearing will not be conducted on the violation(s) if you have signed and returned this Stipulation along with payment of the offered civil compromise so that it is **RECEIVED** by the Health Department at least 7 days prior to the scheduled hearing date; and
2. That you may accept or decline this Stipulation Offer.

YOU ARE HEREBY PLACED ON NOTICE that penalties are imposed for cited violations. Prompt correction of the violations **MAY** be considered in assessing penalties. **HOWEVER, CORRECTION DOES NOT EXCUSE THE VIOLATIONS WHICH ALREADY EXIST.**

YOU ARE FURTHER PLACED ON NOTICE that failure to correct the cited violations after signing this Stipulation subjects you to further action, **INCLUDING CLOSURE** of your establishment by the Public Health Director.

INFORMATION CONCERNING VIOLATIONS IS SUBJECT TO PUBLIC RELEASE



Establishment Type

Inspection Dates

Date _____

D/B/A (If individual or partnership)

Docket No.

CATTARAUGUS COUNTY
BOARD OF HEALTH



Public Health
Private, Personal, Perishable,
Callaraugas County
Health Department

NOTICE OF ADMINISTRATIVE HEARING

YOU ARE HEREBY SUMMONED TO APPEAR FOR AN ADMINISTRATIVE HEARING AT THE FOLLOWING PLACE AND TIME CONCERNING THE VIOLATIONS LISTED BELOW:

DATE: _____

TIME: _____ A.M.

PLACE: Cattaraugus County Health Department, 1 Leo Moss Drive, Suite 4010, Olean, New York 14760-1154

[illegible]

Inspector's Signature _____

Date _____

Date _____

Supervisor's Signature

Date _____