



Public Health
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Established 1923

CATTARAUGUS COUNTY BOARD OF HEALTH

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Andrew Klaczynski, MD, President

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Sondra Fox, RN

Richard Haberer

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MINUTES

February 13, 2013

The 812th meeting of the Cattaraugus County Board of Health was held at St. Bonaventure Clubhouse Restaurant, Route 417, Allegany, New York on February 13, 2013.

The following members were present:

Andrew Klaczynski, MD

James Lapey

Joseph Bohan, MD

Sondra Fox, RN

Giles Hamlin, MD

Richard Haberer

Also present were:

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

Kathleen Ellis, Administrative Officer

Karen Manners, Secretary to Public Health Director

Paula Stockman, County Legislator

Linda Edstrom, County Legislator

Gilbert Witte, MD, Medical Director

Eric Wohlers, Environmental Health Director

Raymond Jordan, Sr. Sanitarian

Susan Andrews, Director of Patient Services

David Porter, Hearing Officer

Rick Miller, Olean Times Herald

The meeting was called to order by Dr. Klaczynski. The roll was called and a quorum declared. Mr. Haberer made a motion to approve the minutes of the December 5, 2012 Board of Health meeting. It was seconded by Mr. Lapey and unanimously approved.

Director's Report: Dr. Watkins reported that on 12/5/12 the Board denied an appeal received from Roger & Kathleen Hanley, Docket 12-018. The Respondents installed a new sandfilter septic system and it was inspected and approved by CCHD on 12/17/12. The Respondents are in compliance with the Board of Health Order issued on 11/7/12 and the case is closed.

The Board also denied an appeal received from Terry Blough, Burnt Hill Mobile Home Park, Docket 12-036. A hearing was scheduled for Tuesday, February 12, 2013 but was postponed for a minimum of 30 days pending the outcome of negotiations between Mr. Thomas Brady, County Attorney and Respondent's Attorney, Mr. Edward Wright, which may resolve this enforcement action.

Dr. Watkins stated that the Health Department has received all five membership association applications for exemption from the Clean Indoor Air Act for 2013.

Dr. Watkins also reported that between 10/1/12 and 2/2/13, there have been 8,293 laboratory-confirmed influenza-associated hospitalizations reported. This is a rate of 29.8 per 100,000 populations. The most affected group is those individuals 65 years old and older which account for more than 50% of the reported cases of hospitalizations. Among the hospitalizations, 7,202 (86.8%) were associated with Influenza A and 1,026 (12.4%) with Influenza B. Among hospitalizations with influenza A subtype information, 2,003 (97.5%) were attributed to Influenza H3 and 42 (2.0%) were attributed to 2009 H1N1.

The most commonly reported underlying medical conditions among hospitalized adults were cardiovascular disease, metabolic disorders (diabetes), obesity, and chronic lung disease (excluding asthma). The most commonly reported underlying medical conditions in hospitalized children were asthma, neurologic disorders, chronic lung disease, and immune suppression.

There have been a total of 59 influenza associated pediatric deaths nationwide in the 2012-2013 season. As of 2/2/13, influenza activity level in NYS has been categorized as widespread. There were 2,178 total reports of confirmed influenza. This is a 27% decrease over last week. The number of patients admitted to the hospital with laboratory-confirmed influenza or hospitalized patients were 562 in New York State, and this is a 26% decrease over last week.

There have been six influenza associated pediatric deaths reported for this season in NYS. Cattaraugus County has had 72 confirmed cases of influenza this season, but there have been no influenza associated deaths in Cattaraugus County. Influenza is on the decline with decreased numbers of emergency room admissions with respiratory illness and fever complaints and there also has been a decreased number of school absenteeism for influenza-like illness. We will continue to be vigilant and watch for any peaks of respiratory illness and high fever admissions in local ER's.

Dr. Bohan asked if the vaccine contained both strains that Dr. Watkins mentioned (H3 and H1N1). Dr. Watkins stated that there are 3 components in the influenza vaccine: H3N2, which we are seeing 96% of that strain and there is also the 2009 H1N1 and the Influenza B. Dr. Witte commented that we don't know how many patients still got the flu after having the flu shot. After the outbreak, people were calling wanting the flu shot who previously did not wish to receive it, but it takes several weeks for the vaccine to become effective once you receive it. Mr. Lapey stated that Dr. Kalsman from the Seneca Nation stated that they have had a few cases of the flu. Dr. Watkins stated that Dr. Kalsman contacted the Health Department to see if we had any free vaccine that we could give him, but we did not have any doses available to donate.

Since our last meeting we have been working with the State regarding the sharing of insulin pens at Olean General Hospital. Olean General Hospital initiated its own review and audit of the use of insulin pens at the hospital. Interviews with nursing staff indicated that the practice of using one (1) patient insulin pen for other patients may have occurred with some of their patients. The pens are small devices that contain a reservoir/cartridge of insulin that can be used for multiple injections.

Cartridges hold up to 150 or 300 units of insulin. When the cartridge is empty, you throw it away and load a new cartridge onto the pen. With good care, a reusable pen can often be used for several years. Unlike those for personal use, pens used at Olean General did require a new needle for each injection. Insulin pens are portable, discreet, and convenient, they save time because there is no need to draw up insulin from a bottle - it is already pre-filled in the self-contained cartridge. They usually let you set an accurate dose by the simply turning a dosage dial. Insulin pens and other injection equipment containing multiple doses of medication are meant for use on a single person only, and should never be used for more than one person. Even when the needle is changed it appears that air bubbles and pathogenic contaminants can enter the cartridge after injection while the needle is attached to the pen.

The hospital's internal investigation has not yet turned up a single patient who received an insulin injection from a pen used on another patient. Hospital administrators indefinitely suspended use of the insulin injectors at Olean General on January 16, 2013. On January 24, 2013, hospital administrators sent out letters to 1,915 former patients treated at the hospital with the multi-injection insulin pens, urging them to get tested for the blood borne pathogens HIV, as well as both strains of Hepatitis.

We are working with the hospital and primary care providers to be sure that confirmatory tests are conducted on all patients that initially test positive, to be certain that these tests were not false positives. The results that we have identified (12 Hepatitis C and 1 Hepatitis B positive) were preliminary findings and in no way correlates that the use of the insulin pens transmitted these positive findings.

Dr. Watkins stated that HCV is a viral infection of the liver which years ago was known as non-A non-B hepatitis and about 160,000 new cases of HCV occur each year in the United States. HCV occurs most often in people who have received a blood transfusion, are on hemodialysis, have shared needles during drug use, or are health care workers exposed to blood and body fluids of an infected person. These individuals can become infected by receiving a tattoo with nonsterile equipment, sharing of personal hygienic equipment (i.e., razors, toothbrushes or finger/toenail clippers). However, many people who have HCV have not had any of these exposures. Based on evidence to date, it appears that sexual spread of HCV is very uncommon. It is also uncommon for HCV to be passed from a pregnant woman to her newborn child. How patients acquire HCV is unknown in approximately 40% of cases.

Some people who have symptoms of HCV may experience loss of appetite, tiredness, nausea and vomiting, vague stomach pain and jaundice (a yellowing of the skin and whites of the eyes), but many people do not have any symptoms. A person with hepatitis C is contagious from one or two weeks before symptoms appear and during the entire time the person is ill. A large percentage of those who have HCV become chronic carriers. There is no special medication or antibiotics that can be used to treat people with acute HCV. However, treatment options do exist for patients with chronic disease. It is important to get plenty of rest, eat small frequent meals and avoid drinking alcoholic beverages.

Hepatitis C testing typically begins with blood testing to detect the presence of antibodies for this particular virus and we use an enzyme immunoassay. If this test is positive, a confirmatory test

recombinant immunoblot assay is then performed to verify the immunoassay test was positive and a HCV RNA polymerase chain reaction test is performed to determine the viral load. If there is no RNA and the immunoblot is positive it means that the person had a previous infection but cleared it either with treatment or spontaneously; if the immunoblot is negative, it means that the immunoassay was wrong. It takes about 6–8 weeks following infection before the immunoassay will test positive. A number of tests are available as point of care testing which means that results are available within 30 minutes. Liver enzymes are variable during the initial part of the infection and on average begin to rise at seven weeks after infection. Liver enzymes are poorly correlated with disease severity.

In conclusion, it is important when using insulin pens that written guidelines should be developed for each type of pen that is used in the hospital. Specific information should address safety, including how to handle pens for patients in isolation. Prohibitions regarding sharing pens or using them as multiple-dose vials and information as to how to apply pharmacy labels to pens without obscuring important information, and other relevant procedures should be provide to staff. Patient education materials should also be provided.

Mrs. Fox asked if the pens are marketed as being safe for multiple uses. Dr. Watkins stated that when using these pens there are adverse consequences of using these pens and hospital personnel should be aware of this. Now after investigation, it shows that they were aware of these consequences. Dr. Witte commended Olean General for being proactive in identifying this problem, conducting an investigation and taking corrective action.

Dr. Watkins stated that at the State conference last week there were concerns regarding the impact the Governor's proposed budget will have on the Health Department. Dr. Watkins reported that the Health Department is not expected to see cuts in any programs, although there is a redefining of core programs for public health. The programs that are being proposed are Family Health, Community Health, Chronic Disease, Communicable Disease, Environmental Health and Public Health Emergency Preparedness and that's the new core program that they are adding to Public Health. Because they are increasing are core program structure by one new requirement, they are also going to increase the base state aid. The base state aid is now \$550,000 and they are going to increase it by \$100,000, so now it will be \$650,000.

Also at the conference, there was discussion regarding the provision that will allow the Health Department to bill third party insurance for sexually transmitted diseases. We have built up a trust with clients that they can come to us without worrying about paying for these types of exams. However, now we are going to bill third party insurances and adolescents/young adults may not want their parents to see charges they have accrued from the Health Department identifying these types of laboratory tests. A provision was provided in this regulation that if a patient denies having insurance, treatment should still be provided.

Dr. Watkins requested the Board's approval of an increase in immunization fees. Dr. Bohan made a motion to approve the Immunization rate increase. Mr. Lapey seconded the motion and it was unanimously approved.

Nursing Division Report: Mrs. Andrews reported that two pediatric deaths that occurred in New York State are under investigated to see if the deaths were associated with influenza.

Mrs. Andrews also reported that under the affordable care act as more and more people get health insurance, the Health Department will be charging and billing insurance companies. The staff found that in the STD clinic, patients wonder why we don't ask for their insurance information. She stated that they will ask permission to bill the insurance company for clinic services, if they agree, then we explain that it could mean that an explanation of benefits could be mailed to their address. Usually they are still okay with submitting it to the insurance company.

So far this year there have been two post-exposure rabies treatments. One was because of exposure to a rabid raccoon and another was because of a bat that was thrown into a fire.

Family Planning Clinic hours are more available now; in Olean on Monday and Wednesday we are open from 8:30 a.m. – 6:30 p.m.; Salamanca on Tuesdays from 9:00 a.m. – 6:00 p.m. and Thursdays from 9:00 a.m. – 1:00 p.m.; Machias on Wednesdays from 9:00 a.m. – 6:00 p.m. Hopefully, we will be able to increase the number of clients now that we have adequate staff.

The State is very big on comparing best practices and I wanted to let you know that some of the data they look at is the number of clients who leave our Family Planning Clinic with effective method of contraception and they compare that to the State average. We did do significantly better, we have 79% of clients leave with an affective method of birth control compared to the state-wide average of 63%.

There are two elevated lead levels (nl. 0-9 ug/dl) this month; a level 13ug/dl in a 1 year old (living in Gowanda) and a level 10ug/dl in a 2 year old 9 (living in Olean) and both of those will receive nursing visits at home.

In Home Care, we have our usual number of patients and the VNA is getting much closer to opening a certified home health agency office in Olean, so we will have competition, which is something we never really had before.

Environmental Health Division: Mr. Wohlers reported that a group of 6 individuals from the West Valley Citizens Task Force traveled to Washington, D.C. to meet with Department of Energy officials and staff of congressional delegates including Congressman Tom Reed to discuss the funding cuts to the West Valley Demonstration Project. They are proposing to cut the budget from \$60 million to \$50 million and possibly more cuts in 2014. We are hoping that they restore some of the funding when the budget is finalized. The building that is supposed to be torn down as part of the remediation work needs a new roof that would cost a substantial amount of money and why put a new roof on a building that is going to be torn down. By delaying the work, it could cost taxpayers a lot more than it should.

Mr. Wohlers stated that they are in the process of drafting two new official compliance agreements for the last two public water systems in the County that have unfiltered spring supplies or shallow wells.

Recently there have been reports of bed bug problems in hotels and motels, especially in the New York City area. Mr. Wohlers contacted Dr. Gall, the State Entomologist to invite him to present a seminar for all temporary residence operators and some other groups. We are also developing an official policy on how we are going to work with code enforcement officers and do enforcement. Bed bugs are very difficult to get rid of, so we are planning this seminar to educate the public.

Environmental Health staff is participating in a State sponsored pool and beach inspection standardization program. They attended one session a week ago and there are three more sessions scheduled.

Mr. Wohlers also stated that they are planning to have a booth at the Olean Home Show again this year. We try to get a lot of public education on various subjects because it is attended by a lot of people. The annual drinking water taste test for public water supplies is conducted at that time and the winners go on to participate in the State competition.

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

DOCKET 12-062

CJK'S LEON GRILL, INC., CJK'S LEON GRILL, 6756 Route 62, Leon

Violations: 10NYCRR, Section 5-1.72(c)(1) Respondent failed to submit complete daily records for the operation of the non-community water supply during the month of November 2012 to CCHD by the 10th day of the following month. Notice of Hearing offering a \$50 civil compromise was mailed 12/19/12. It was received and signed for by (cannot read signature) on 12/20/12.

Administrative Hearing:

Public Health Sanitarian: Chris Covert appeared for CCHD and was sworn.

Respondents: Failed to appear.

Enf. 1 was read and affirmed to be correct by Ms. Covert and identified as People's Exhibit #1. Additionally, Ms. Covert submitted a letter that was sent to Respondent dated 10/19/11 in regards to a similar pending violation for the month of September 2011. This letter was identified as Peo. Ex. #2. The Respondent has not contacted CCHD nor has CCHD received the daily record for November 2012.

Hearing Officer finding: Respondent is in violation of 10NYCRR, Section 5-1.72(c)(1) – failure to submit complete daily records for the operation of the non-community water supply during the month of November 2012.

Recommendation: That Respondent pays a \$100 fine by 3/31/13 with a \$10 per diem fine if not paid by that date.

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

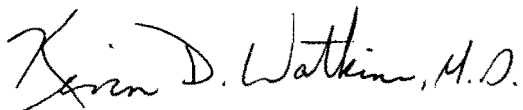
Board Ordered: Respondent to pay a \$100 fine by 3/31/13 with a \$10 per diem fine if not paid by that date.

William Hollamby, Docket #12-051 – Dr. Watkins read a Notice of Appeal that was received by Respondent stating that his ex-wife, Tapattha Hollamby is responsible for property. Dr. Bohan made a motion to postpone any action on this enforcement case until Ms. Tapattha Hollamby is served a Notice of Violation. It was seconded by Mrs. Fox and unanimously approved.

Mrs. Fox and Mr. Lapey agreed to be the nominating committee for election of officers for 2013 and will report at the March meeting.

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

Respectfully submitted,

A handwritten signature in cursive script that reads "Kevin D. Watkins, M.D.".

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

KDW/km