



Public Health
Prevent. Promote. Protect.

Established 1923

CATTARAUGUS COUNTY BOARD OF HEALTH

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

Joseph Bohan, MD, President

James Lapey, Vice-President

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

MINUTES

June 4, 2014

The 826th meeting of the Cattaraugus County Board of Health was held at St. Bonaventure Clubhouse Restaurant, Route 417, Allegany, New York on June 4, 2014.

The following members were present:

Joseph Bohan, MD	Richard Haberer
Giles Hamlin, MD	James Lapey
Zahid Chohan, MD	Theresa Raftis
Sondra Fox, RN	James Snyder

Also present were:

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

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

Mr. Haberer made a motion to approve the minutes of the May 7, 2014 meeting. It was seconded by Ms. Raftis, and unanimously approved.

Dr. Witte made a motion to approve the Professional Advisory Committee minutes from April 16, 2014. It was seconded by Dr. Hamlin, and unanimously approved.

Dr. Bohan welcomed Mr. Earl McElfresh, Cattaraugus County Legislator who was attending the meeting today.

Director's Report: Dr. Watkins reported that at our last Board meeting we talked about the first case of Middle East Respiratory Syndrome (MERS) Coronavirus (CoV) in the United States. He reiterated that MERS-CoV is a viral respiratory illness, and that most people that are diagnosed with MERS-CoV develop a fever, a cough, shortness of breath, and about 30% of the confirmed cases have actually died.

Dr. Watkins reminded the Board that the first U.S. imported case of MERS was confirmed in a healthcare worker who traveled from Saudi Arabia to London to Chicago, then took a bus to Indiana. However, one week after our Board meeting, a second unrelated U.S. imported case of MERS-CoV was confirmed in another healthcare worker who also came from Saudi Arabia but this patient traveled from Saudi Arabia to Orlando, Florida via London, Boston and Atlanta.

On May 17, 2014, one week after the second US case was reported by the CDC, a third person in Illinois with laboratory confirmed MERS-CoV was identified. It was initially presumed this Illinois health care worker contracted MERS-CoV by a face to face contact with the first case in Indiana.

However, a definitive serology test, the neutralizing antibody test, turned out to be negative. Based on this result and the repeated earlier serology tests, which require careful interpretation, CDC concluded that the Illinois resident was not infected with MERS-CoV.

To date, active MERS-CoV infection has not been found in any of the contacts of the two people in the U.S. The two U.S. patients have since been released from the hospital and taken off of isolation precaution. There is no vaccine yet available and no specific treatment recommended for MERS-CoV.

Dr. Watkins went on to say that also at the April Board meeting he informed the Board that an alarming number of measles cases in the US had been reported and at that time (89) cases were confirmed, however, Dr. Watkins noted that the number of confirmed cases has now tripled. He stated that from January 1 to May 23, 2014, (288) measles cases have now been reported in the United States. This nationwide total is the highest since May of 1994, when (764) cases were reported and since measles elimination was declared in the U.S. in 2000.

Dr. Watkins reiterated that the largest measles clusters in the US are still in Ohio where 138 confirmed cases have been reported. He stated that according to CDC, the biggest outbreak is centered in the Amish community in Ohio, where many of the residents are unvaccinated, other areas where measles are spreading include, California (60) and New York (26). Dr. Watkins added that 97 percent of the cases in the US have been brought into the country by travelers, mainly Americans, who contracted the infection abroad. He went on to state that of this year's measles cases, 52% are adults age 20 or older. Those infected so far this year range in age from 2 weeks to 65 years.

This outbreak continues to be a public health problem for those who continue to choose to not get vaccinated whether it is due to religious, philosophical, or personal reasons.

Dr. Watkins also reminded the Board, that at the last Board meeting, Legislator Paula Stockman asked if there were any advisories on a particular mosquito that carried a known virus in the Africa region but was recently found in the Caribbean region? He stated that he was able to locate the information she requested. An information bulletin from the CDC on the Chikungunya virus was distributed to all in attendance. Dr. Watkins explained that the Chikungunya virus is spread to humans by the Asian tiger mosquito (*Aedes species*) that bites, usually in the day time, and transfers the virus while feeding. He stated that the virus causes a flu-like illness with severe joint pain.

He went on to state that there have been no confirmed cases of the Chikungunya virus on the U.S. mainland, but federal health officials say the high number of travelers to the Caribbean means that could change as early as this summer. Locally, health officials are focusing on prevention, distributing larvicide to kill mosquitoes during their larval stage and educating the public to help eliminate water sources in which they breed.

Dr. Watkins went on to add that the Health Department is in the second week of its mosquito surveillance program and the program aides are collecting both pupa and larvae in the various water sites throughout the county and identifying the various adult mosquitoes in the traps throughout the county. Numbers are still preliminarily at this point but we have already received complaints from the Killbuck and Thorpe Hollow area where workers were being bothered by mosquitoes in that area. We will run an ad in the paper starting on Friday and place information on the county website to alert residents of possible larvicide spraying that we will conduct if necessary. We will need at least 2 weeks for public notification before spraying can occur. Therefore, the earliest we could start spraying is in 3 weeks. If the rain pattern continues like it did in May, we can anticipate that we will see a large number of mosquitoes and spraying may become necessary. At this point, we are recommending covering with long sleeves shirts and pants during dusk/dawn when mosquitoes are most likely to feed, use repellent with DEET, remove all receptacles that can accumulate water (garbage cans, old tires, etc.), and place screens in windows and doors of the homes.

Now that summer is approaching and residents are beginning to use the parks and the wooded areas, Dr. Watkins informed the Board that the Health Department had begun advising residents to check for ticks. Back in February, Dr. Wayne Gall, NYSDOH entomologist, reported that in 2013 the surveillance of deer ticks in Cattaraugus County both nymphs and adult ticks, collected in Gargoyles Park, indicated that 14% of the nymphs and 40% of the adults were actually positive with the bacteria *Borrelia burgdorferi*. This is the bacterial causative agent that causes Lyme disease. The report also revealed that 40% of the adult ticks found in Allegany State Park, were also infected with the bacteria *Borrelia burgdorferi*.

The nymphal stage of the deer tick is most active from mid-May through July, and the adult stage of the deer tick is typically active from October until temperatures are consistently below freezing. They are also present in late winter and early spring, from April through June. In 2012 Cattaraugus County had 3 confirmed cases of Lyme disease and in 2013 we had 4 confirmed cases of Lyme disease. Lyme Disease - typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. If left untreated, infection can spread to joints (arthritis), the heart (palpitations and dizziness), the nervous system (Bell's palsy), and the spinal cord (meningitis). Treatment is very successful, inexpensive, and readily available.

Mr. Snyder inquired how the health department decides when to spray for mosquitos? Dr. Watkins stated that the department looks at tabulated numbers of larvae and pupa found in the water pools that are under mosquito surveillance. As the numbers begin to increase then spraying would be done in correlation to the need. Other determining factors include multiple days of heavy rains or flooding, and finally from multiple calls from the residents, this helps to also pinpoint the trouble areas where mosquitoes are a problem. Several of those in attendance at the meeting echoed that they were already seeing mosquitoes as a problem in their area.

Dr. Bohan, questioned whether the measles outbreak was mostly from unimmunized people. Dr. Watkins confirmed that this was true. Rick Miller, Olean Times Herald reporter, questioned how this could happen with immunization requirements in schools. Dr. Watkins explained that parents can decline immunizations for religious or personal reasons and school officials have ruled that to be an acceptable reason to allow a child to enter school.

Dr. Watkins announced that Sister Margaret Carney, president of St. Bonaventure University will be speaking to the Board at the July meeting.

Nursing Division Report: Mrs. Andrews reported that there was a patient who tested positive last month with gonorrhea who had numerous contacts. The incidence of gonorrhea has increased by 20% since last year.

The Hepatitis C rapid testing kit that is used in our clinic, identified (2) individuals who tested positive for Hepatitis C. Both individuals were in their 30's, and one (1) case was related to drug use. In 2014, year to date, there have been (43) new cases of chronic Hepatitis C identified within the clinics.

Mrs. Andrews reported that influenza activity just went from widespread to regional; therefore NYSDOH is expected to lift the mask requirements soon.

Four nurses attended an immunization update program in Buffalo with speakers from the CDC, and they reported that it was very informative.

There was one (1) post exposure rabies vaccination treatment given to a resident in the Gowanda area which was due to an actual bat bite.

The new Title X family planning requirements have been released; the guidelines had not been updated since 2000. Ms. Ellis and Mrs. Andrews will be attending a required family planning meeting in Albany next week to discuss cost analysis and other program issues.

The performance measures for contraceptive usage at clinics throughout New York State have been released. We measured at 82% compared to the rest of the state at 64% percent which is very good. The other parameter they measured was the percent of females leaving the clinic with highly effective contraception (ex. IUD, and NuvaRing) methods and we are lagging, we rated a performance measure of 3.4% versus 12.2% for the rest of the state.

Mrs. Andrews reported that there was one (1) new elevated blood lead level in the Olean area. A 15 month old was reported at 16 ug/dl, (normal <9 ug/dl), environmental health went out to investigate.

The number of maternal child health and Medicaid Obstetrical Maternal Services Program (MOMS) census participants remains consistent. These programs cater to the high risk individuals including substance abuse, mental illness, and domestic violence victims. The clinic is seeing a decline in requests for pregnancy tests and the number of new patients in the sexually transmitted disease (STD) clinic. This has been attributed to more individuals now having health insurance and they are utilizing the emergency rooms for these services. The plan is to make educational materials available to the public to combat this practice.

Mrs. Andrews reported that the Delivery System Reform Incentive Payment Plan (DSRIP) program is part of a Medicaid redesign program which will essentially be an incentive program to motivate performing providers systems to reduce avoidable readmissions to hospitals by 25% over 5 years in the Medicaid, uninsured, and Managed Medicaid populations. Mrs. Andrews has been taking part in meetings throughout western New York as part of the project process.

Mrs. Andrews reports that the home care census is currently at 359, which remains stable from last month but the current year to date is 996 which is a 10% decrease from 2013.

Environmental Health Division Report: Mr. Wohlers reports that the Environmental Health division is actively underway with the summer mosquito surveillance program with two summer aides who started on May 19th. One of the young men is a Jamestown Community College student and the other is a recent graduate of St. Bonaventure University. Both have received training with Dr. Gall who is a NYS DOH entomologist in Buffalo. They have begun setting the traps and have collected quite a few mosquitos already.

The biggest concerns are West Nile Virus and the Eastern Equine Encephalitis (EEE) Virus, which they isolated for the first time in Western New York last fall in Chautauqua County. The traps that are being used are called CDC light traps and they only attract certain types of mosquitos. The type of trap used for the EEE virus is a resting box. Those mosquito's typically breed in flooded woodlands, and in the cavities of trees. We have several of these traps in the Randolph, Napoli and Salamanca areas. There are two different types of surveillance programs going on for adult mosquitos.

Mr. Wohlers reported that the State Health Department has manufactured metal signs about tick awareness and Lyme disease. Over seventy (70) signs have been ordered to post throughout the county. The DEC will post them at their state forest land, parking areas, and hiking trails. They will also place the signs at campgrounds, children's camps, and some municipal parks. These signs will promote public awareness about proper precautions for avoiding tick bites, use of repellants, proper clothing, and education on conducting a tick check. Education to properly remove ticks on both humans and pets is available at the Health Department and on our website.

Mr. Wohlers reported that North Carolina has decided to allow high volume fracking, and permitting those wells. New York State court of appeals is currently hearing arguments from both sides on two law suits regarding fracking Marcellus Shale. Many communities went ahead and passed local bans on hydrofracking and so many are challenging the legality of those bans. The court state of appeals is expected to have a decision on these cases by the fourth of July. New York State Commissioner of Health has not yet completed his health assessment review on hydrofracking of Marcellus Shale so currently NYS is still not allowing hydrofracking of Marcellus Shale in New York State.

Saturday June 14th will be one of the counties free household hazardous waste disposal days between the hours of 9am-12pm. There are only 2 held each year and preregistration is required. This will be held at the Olean Department of Public Works (DPW).

Mr. Wohlers reported the Environmental Health staff has been busy with investigating possible human rabies exposure from possible rabid animals, and multiple dog bites. Numerous specimens have been sent to the state rabies lab and as of last week there have been a couple of positive raccoons. Mr. Wohlers reminded everyone that it is illegal to possess a wild animal without a state permit, and the potential for exposure to rabies is of greatest concern.

Environmental Health staff is also busy conducting inspections for temporary food permits for carnivals, festivals, and children's camp.

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

DOCKET 14-012

Suzsanne O'Rourke, 3869 S. Nine Mile Road, Allegany, N.Y., 14706

Violations: Sanitary Code of the Cattaraugus County Health District, Section 17.1.1
Respondent accepted transfer of the title to the parcel described without obtaining documentation of having the water supply and sewage disposal examined and certified by the Health Department.

Administrative Hearing: 5-15-14

Sanitarian: Rebecca Johnstone appeared for CCHD and was sworn in.

Respondent: Was properly served but did not show.

Notice was read and affirmed to be true by Mrs. Johnstone identified as People's Exhibit #1.

On 12-4-14 a letter identified as P. Ex. #2 was sent to the respondent saying that the water supply and sanitary facilities was inspected at your request. The letter included the application form that needed to be completed and forwarded to CCHD.

On 1-31-14 a second letter identified as P. Ex. #3 was sent to the respondent with the same information as P. Ex. #2. No response.

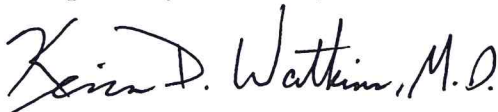
Hearing Officer Findings: The respondent is in violation of the sanitary code of the CCHD Section 17.1.1 respondent accepted transfer of the title to the parcel described without obtaining documentation of having the water supply and sewage disposal examined and certified by the Health Department.

Recommendations: That the respondent pay a \$100.00 fine by 6-30-14 and that an application for water and septic examination with appropriate fee for 3867 S. Nine Mile Rd., Allegany, N.Y., 14706 be submitted on or before the same date. A \$10.00 per day per diem will be imposed for failure to comply with the Board of Health order.

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

There being no further business to discuss, Mr. Lapey made a motion to adjourn; it was seconded by Dr. Hamlin 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/dl

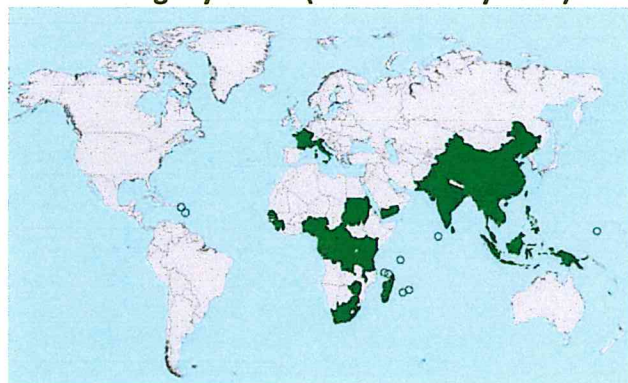
CHIKUNGUNYA

Information for the general public

The disease

- Chikungunya is a viral disease that is transmitted to people by mosquitoes
- It has occurred in Africa, Southern Europe, Southeast Asia, and islands in the Indian and Pacific Oceans
- In late 2013, chikungunya was found for the first time on islands in the Caribbean

Countries with reported local transmission of chikungunya virus (as of February 2014)



The mosquitoes

- *Aedes* species mosquitoes transmit chikungunya virus
- These same types of mosquitoes transmit dengue virus
- These mosquitoes bite mostly during the daytime

Symptoms

- Symptoms usually begin 3–7 days after being bitten by an infected mosquito
- The most common symptoms are fever and severe joint pains, often in the hands and feet
- Other symptoms may include headache, muscle pain, joint swelling, or rash

Testing

- See your doctor if you think you or a family member might have chikungunya
- Your doctor may order blood tests to look for signs of chikungunya or other similar diseases

Treatment

- There are no antiviral medicines to treat chikungunya
- There are medicines to help reduce the fever and pain

Illness course and outcomes

- Most patients feel better within a week
- Some people may develop longer-term joint pain
- People at increased risk for severe disease include newborns exposed during delivery, older adults (≥65 years), and people with medical conditions such as high blood pressure, diabetes, or heart disease
- Deaths are rare



Prevention

- There is no vaccine or medication to prevent chikungunya virus infection or disease
- Reduce mosquito exposure
 - Use air conditioning or window/door screens
 - Use mosquito repellents on exposed skin
 - Wear long-sleeved shirts and long pants
 - Wear permethrin-treated clothing
 - Empty standing water from outdoor containers
 - Support local vector control programs
- People at increased risk for severe disease should consider not traveling to areas with ongoing chikungunya outbreaks
- If you are sick with chikungunya, avoiding mosquito bites will help prevent further spread of the virus

More information at
www.cdc.gov/chikungunya/