



**Public Health**  
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# CATTARAUGUS COUNTY BOARD OF HEALTH

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

*Joseph Bohan, MD, President*

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Sondra Fox, RN  
Richard Haberer  
Georgina Paul, FNP  
Theresa Raftis  
James Snyder*

## MINUTES

September 3, 2014

The 829<sup>th</sup> meeting of the Cattaraugus County Board of Health was held at St. Bonaventure Clubhouse Restaurant, Route 417, Allegany, New York on September 3, 2014.

The following members were present:

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

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director  
Christopher Mallavarapu, MD, FACC, FSCAI  
Carrie Dickerson, Office Coordinator Cardiac Services  
Thomas Brady, County Attorney  
David Porter, Hearing Officer  
Linda Edstrom, County Legislator  
Earl McElfresh, County Legislator  
Paula Stockman, County Legislator  
Howard VanRensselaer, County Legislator  
Donna Vickman, County Legislator  
Gilbert Witte, MD, Medical Director  
Susan Andrews, Director of Patient Services  
Kathleen Ellis, Administrative Officer  
Raymond Jordan, Sr. Public Health Sanitarian  
Debra Lacher, Secretary to Public Health Director  
Eric Wohlers, Director of Environmental Health  
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 Board of Health meeting held on July 30, 2014. It was seconded by Mrs. Fox, and unanimously approved.

Dr. Witte made a motion to approve the Professional Advisory minutes from July 16, 2014. It was seconded by Mrs. Fox, and unanimously approved.

**Guest Speaker:** Dr. Bohan introduced, Dr. Chris Mallavarapu, the Medical Director of the Interventional Cardiac Catheterization Laboratory at Olean General Hospital who was the guest speaker. The Catheterization Lab operates 24 hours a day, seven days a week, and 365 days a year. In the past, local patients who needed access to cardiac procedures had to be transferred to Buffalo, Rochester, or Erie, Pennsylvania to receive that level of care. Now patients have access to advanced international cardiac procedures including primary angioplasty to treat acute myocardial infarctions. The lab performs both radial and femoral catheterizations in addition to diagnostic modalities such as: fractional flow reserve and intravascular ultrasound (IVUS), elective and emergent procedures including intra-aortic balloon pump insertion, permanent pacemaker implementation, and treatment of peripheral vascular disease as well as coronary artery disease with angioplasties and stenting. Olean General Hospital is the only hospital in southwestern New York that can find and fix serious heart issues.

Dr. Mallavarapu stated that the average American male will have a heart attack by age 66 and the average woman will have one by age 70. Coronary artery disease is very prevalent and affects all of us in varying degrees.

When a patient has a cardiac event such as a ST- Elevation Myocardial Infarction (STEMI), which is a heart attack caused when a blood clot suddenly forms, completely blocking an artery in the heart, this can result in damage that covers a large area of the heart and extends deep into the heart muscle. The priority in treating a STEMI heart attack is to open the artery quickly, saving as much heart muscle as possible. Optimal treatment starts care within 60 minutes from call to the emergency medical services or self-presentation at hospital, to opening up the arteries, and achieving this means the patient can be home in three days and have a normal life; 120 minutes can mean cardiac shock and death.

Dr. Mallavarapu expressed the need to educate the Emergency Medical Service (EMS) crews regarding the need to take the ambulance patients to the closest hospital which can provide appropriate care not simply the closest hospital. Olean Cardiac Catheterization Lab is that hospital which can provide the care and protect the loss of heart muscle. Dr. Watkins, who serves on the Emergency Medical Advisory Council, stated he will bring this to the forefront at their next Council meeting in October.

**Director's Report:** Dr. Watkins reported that in July the recent migration of immigrant children from Central America to the United States, unaccompanied by parents, has reached a staggering number of (40,000). The Office of Refugee Resettlement (ORR) within the Health & Human Services Administration for Children and Families (ACF) provides care for these children in shelters around the country until they can be placed with a sponsor, generally a parent or relative who can care for the child while their immigration case is in process. In response to inquiries from local health directors on the number of unaccompanied children that were placed with sponsors in our state and the counties, the administration for children and families released an aggregate state by state and county placement number. As of July 31<sup>st</sup> (4,244) unaccompanied immigrant children have been relocated to New York State. New York State is second to Texas which has (5,280) unaccompanied immigrant children, followed by California which has (3,909) and Florida which has (3,809).

After reviewing the county breakdown in New York State, all of the unaccompanied immigrant children appear to be located in downstate counties. There are actually (9) counties where these children have been relocated, Bronx, Kings, Nassau, New York, Orange, Queens, Rockland, Suffolk, and Westchester Counties. Suffolk county has the most with (1,181) followed by Nassau County with (1,096).

The downstate local health directors added that their staff has been called to these shelters to administer vaccines because some of the children were transferred without vaccination documentation. It appears all the children have been medically screened and they have been released to their sponsors. They are now in our communities and will be processed either to be deported or to start a life here in America.

Dr. Watkins reported that Ebola continues to be the leading public health story that has garnered lots of media attention. This 2014 Ebola outbreak seems to be the largest Ebola outbreak in history and the first one in West Africa. The current outbreak continues to affect more countries in West Africa in particular Guinea, Liberia, Nigeria, and Sierra Leone, but it does not pose a significant risk here in the United States at this particular time. As of August 28<sup>th</sup> there has been (3,069) suspected and confirmed cases of Ebola and there has been (1,552) death cases from Ebola.

Ebola was discovered back in 1976 near the Ebola River it is now what is called the Democratic Republic of the Congo River. Since 1976 outbreaks have sporadically appeared in several African countries and now we are dealing with a severe strain of the Ebola virus in the West Africa area. As the virus spreads through the body, it damages the immune system and organs. Ultimately, it causes levels of blood-clotting cells to drop. This leads to severe, uncontrollable bleeding. There are (3) known Ebola virus strains that exist. The current strain that we are dealing with in West Africa is the Zaire strain. The Centers of Disease Control and Prevention (CDC) currently predict that the Ebola epidemic is spiraling out of control, and it is going to get worse in the very near future. The signs and symptoms of Ebola include fever (greater than 101.5°F), severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising. Signs and symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, although 8 to 10 days is most common. A person infected with Ebola is not contagious until symptoms appear.

The virus is spread through direct contact (through broken skin or mucous membranes) with blood and body fluids (urine, feces, saliva, vomit, and semen) of a person who is sick with Ebola, or with objects (like needles) that have been contaminated with the virus. Ebola is not spread through the air or by water or, in general, by food; however, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats.

Healthcare providers caring for Ebola patients and family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in direct contact with the blood or body fluids of sick patients. Another U.S. physician who has been working in West Africa has recently been diagnosed with the Ebola virus. He is being cared for in West Africa, and the physician is stable but this physician was not working with any Ebola patients so it is unclear how he contracted the virus.

At this time the CDC is not recommending isolation of college students who are coming from the affected areas. They are asking that colleges identify students who may have lived in these areas and then asking colleges to conduct a risk assessment. The students are then classified as high risk, low risk or no known exposure. There is no vaccine, or no medication that has proven effective against the Ebola virus. Symptoms are treated as they appear. The CDC is reporting that we may have our first vaccine against Ebola in 2015 or 2016. Dr. Bohan reported that it has been published that the initial amount of money that would be needed to control the Ebola epidemic as of July 1<sup>st</sup> was 47 million dollars, now it is thought that if we could control it, it would be close to ½ a billion dollars.

The CDC has issued a level 3 travel notice recommending that people avoid non essential travel to Guinea, Liberia, and Sierra Leone at this time.

The mosquito surveillance program has concluded for this summer, and the program aides who were a great help this summer developed a summary of the surveillance program for the boards review. All mosquito pools were negative for West Nile Virus and Eastern Equine Encephalitis but the Jamestown Canyon Virus was isolated in (2) mosquito pools in Cattaraugus County. This was found in the Killbuck and Gleason Hollow areas. The Jamestown Canyon virus causes a mild febrile illness and rarely, aseptic meningitis or primary encephalitis. The adult mosquito population was high this year and one round of larvicide spraying was conducted this year. The New York State Department of Health continues to monitor certain areas throughout the county but they will conclude their operation for mosquito surveillance as well.

The Influenza season usually begins in October and lasts throughout May. Influenza activity most often peaks in the United States in January or February. Each year thousands of people actually die from complications of influenza and many are hospitalized. During the 2013 and 2014 flu season we saw two peaks of influenza activity. October through March we saw a spike in Influenza A (H1N1), and March through May we saw a predominance of Influenza B. The effectiveness of the Influenza vaccine against the Influenza A virus for the year 2013-2014 was 67% for children age 6 months through 17 years, and 60% for adult's age 18-64 years of age. The 2014-2015 Influenza vaccine will contain basically the same components as last year's vaccine. If you are 65 years of age or older you may want to ask for the high dose influenza vaccine because as an individual ages, the human defense system becomes weaker with age and therefore reduces the effectiveness of the vaccine.

The health department received a \$19,000.00 incentive award from New York State Department of Health for improving our reporting performance. The state measures the timeliness and the completeness of communicable disease reports and investigations over a 6 month period. Cattaraugus County improved from a baseline score of 68.3 to a final achievement score of 99.8.

The department is in the middle of preparing its 2015 fiscal budget. The budget must come in 1.5% lower than last year's budget. New endeavors for next year include electronic medical records for the homecare division, and laptops for the environmental health staff which would allow completing field work electronically. Another goal is to finish our accreditation process which must be completed by August 2015.

**Nursing Division Report:** Mrs. Andrews reported that the department has placed orders for (2,500) doses of influenza vaccine. Once again this year it will start to be shipped the middle of September and it will come in allotments in September and October.

There were (6) post exposure rabies vaccines given in August due to bats that were not captured.

The homecare census is the highest that it has been for the year 2014 but it still is lower than what it was last year. Bradford Hospital called over the weekend asking why a patient that had been referred on Thursday was still not seen on the following Sunday. After following up on the complaint it was discovered the referral had actually been made to the Visiting Nurses Association (VNA) not to the Cattaraugus County Health Department.

**Environmental Health Division Report:** Mr. Wohlers reported that the fall rabies clinics were being held in Markhams, Allegany, and Franklinville.

The New York State office of community renewal has released the counties Community Development Block Grant funds for the replacement of old low performing and malfunctioned wells and septic systems for low and moderate income families. This means that applications can be processed and requests for proposals can now go out to contractors.

The new published mosquito surveillance report from the State Health Department recorded a number of mosquito pools mostly downstate and a few in Erie County that tested positive for West Nile Virus. There have been some human cases of West Nile Virus downstate. There was (1) case of Eastern Equine Encephalitis (EEE) Virus in Central New York. Fortunately none of the mosquito's trapped in Cattaraugus County tested positive for the EEE Virus.

Mr. Wohlers provided a handout to those in attendance regarding outdoor wood boilers in response to a question posed by Mr. Haberer, at last month's board meeting. In February, there was a public announcement made by the Governor's office that there was grant funds available for research on making wood boilers more efficient. There is currently no national air quality standard for smoke from wood burning appliances. There are regulations that must be met and are explained in detail in Part 247 of the Department of Environmental Conservation (DEC) rules and regulations on outdoor wood boilers. They cannot be put closer than 100 feet to a property line, the stack heights must be at least 18 feet tall, and if there is a building within 150 feet that has a roof line higher than that, the stack has to be 2 feet higher than the peak on the neighboring roof.

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

#### **DOCKET 14-024**

**Kless Boys Full Service, LLC, 12248 Route 16, Yorkshire, N.Y., 14173**

**Violations:** New York State Public Health Law Section 1399-cc sale of tobacco products to a minor.

**DOCKET 14-024 (continued)**

**Administrative Hearing: 8-26-14**

Sanitarian: Christ Covert for CCHD and was sworn in.

Respondent: Mark Kless, respondent appeared and was sworn in.

Administrative hearing was recorded.

Testimony of Ms. Covert: Peoples Exhibit #1 Enforcement-1 was read by C. Covert explaining that on 8-1-14 at approximately 1:49 P.M. one pack of Marlboro Gold cigarettes was purchased at the respondent's store by a person under the age of 18.  
P. Ex. #2 Retail tobacco sales inspection report describing the sale by the minor.  
P. Ex. #3 One pack of Marlboro Gold cigarettes that was purchased by the minor on 8-1-14 at 1:49 P. M. at the respondent's store.  
P. Ex. #4 Minor's driver's license that was used as proof during the sale.  
P. Ex. #5 Possession form stating that the minor did not possess tobacco products on the day of the sale.  
P. Ex. #6 Birth certificate of the minor.  
P. Ex. #7 Student permission form properly signed and notarized.  
P. Ex. #8 Guidelines for minors making a tobacco purchase under ATUPA.

Respondent was allowed to ask questions concerning C. Covert testimony.

1. Could he see the receipt for the purchase?  
C. Covert says there was not one.
2. Are minors paid?  
C. Covert says no payment, but a \$40.00 gift certificate from the Olean Chamber of Commerce is given.
3. How many stores are checked each year?  
C. Covert responded each store selling cigarettes in the county that are licensed by NY State get a minimum of one inspection per year.

Mark Kless gave the following testimony:

1. Convenience/gas store is a new addition to the Kless Boys LLC, approximately May/ June 2014.
2. Kept all employees from previous owner.
3. Contacted CCHD for training of cigarette sales and did not receive a follow up or any type of literature for training from the Health Department.
4. Respondent refers to on-site inspections as sting operations and hurting the small start-up business.

**DOCKET 14-024 (continued)**

C. Covert in a final wrap-up:

1. CCHD gives no cost training (2) times a year, April and November.
2. All stores in a region are checked, not individual hand-picked stores, for compliance.
3. On 8-1-14 (13) stores in the Yorkshire area were inspected.
4. Ms. Covert recalls discussing training for Kless Boys LLC convenience store but there were not any further inquiries after the first contact when training options were offered.

Hearing Officer Findings: The respondent is in violation Article 13-F Section 1399-cc. The sale of a tobacco product to a minor in the Kless Boys Full Service, LLC convenience store in Yorkshire, N.Y.

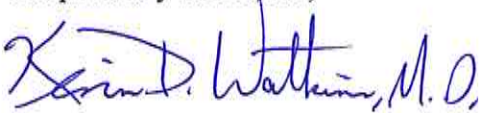
Recommendations: That the respondent pays a \$300.00 fine plus a \$50.00 surcharge by September 30, 2014 with a \$10.00 per day per diem if not paid by that date.

In addition two points will be assigned for the violation from New York State.

A discussion was held amongst the Board; Mrs. Fox made a motion to accept the Hearing Officer's Recommendation; it was seconded by Ms. Raftis and unanimously approved.

There being no further business to discuss, a motion to adjourn was made by Mr. Lapey it was seconded by Mrs. Fox and unanimously approved.

Respectfully submitted,

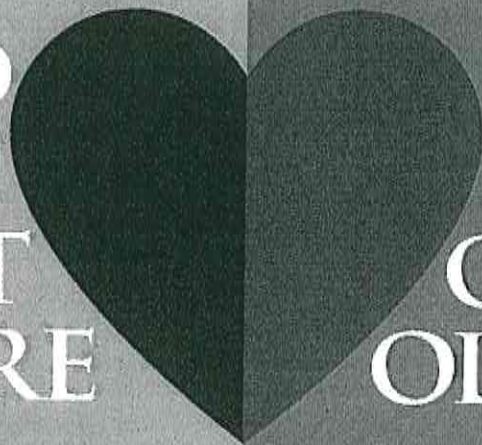


Kevin D. Watkins, M.D., M.P.H.

Secretary

KDW/dl

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HEART  
CARE



IN THE  
HEART  
OF  
OLEAN

## The Interventional Cardiac Catheterization Laboratory at Olean General Hospital

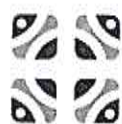
A partnership of



**Olean General Hospital**

*A Member of Upper Allegheny Health System*

and



**Gates Vascular Institute**

*A Kaleida Health Facility*

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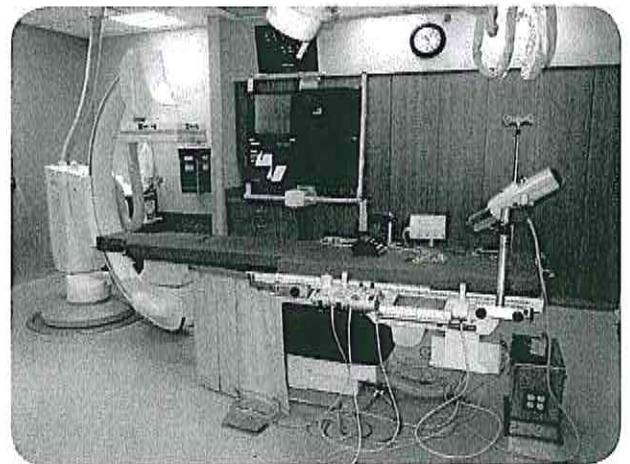
# Interventional Cardiac Catheterization Laboratory at Olean General Hospital

A partnership of Olean General Hospital and Kaleida Health's Gates Vascular Institute, Buffalo, NY, the Interventional Cardiac Catheterization Laboratory at Olean General Hospital opened October 1, 2013. The lab operates 24/7/365.

Area patients now have access to advanced international cardiac procedures including primary angioplasty to treat acute myocardial infarctions. The lab performs both radial and femoral catheterizations.

The lab is equipped to provide additional diagnostic modalities such as:

- Fractional flow reserve and intravascular ultrasound (IVUS)
- Elective and emergent procedures including intra-aortic balloon pump insertion
- Permanent pacemaker implementation
- Treatment of peripheral vascular disease as well as coronary artery disease with angioplasties and stenting



## ***Non-emergent referrals:***

OGH Cardiac Services Coordinator at 716-375-6163  
Monday through Friday: 7 a.m. - 3 p.m.

## ***After hours and emergent transfers:***

OGH Cardiac Transfer Center 24/7 at 716-375-6200

## ***Medical Director***

Christopher Mallavarapu, MD, FACC, FSCAI  
Board Certified: Interventional Cardiology

Has performed more than 12,000 cardiac catheterization procedures.

Active Medical Staff:

Kaleida Health, Gates Vascular Institute  
Olean General Hospital

Place of Birth: South Bend, IN

B.S. Chemistry, Creighton University

M.D., State University of New York at Brooklyn

Residency: State University of New York at Stony Brook

Specialty: Internal Medicine

Fellowship: Philadelphia Heart Institute of the University of Pennsylvania  
Presbyterian Medical Center,  
Philadelphia, PA

Specialty: Clinical Cardiology

Fellowship: Philadelphia Heart Institute of the University of Pennsylvania  
Presbyterian Medical Center, Philadelphia, PA

Specialty: Interventional Cardiology

Fellowship: Philadelphia Heart Institute of the University of Pennsylvania  
Presbyterian Medical Center, Philadelphia, PA

Specialty: Electrophysiology

### **Covering Interventional Cardiologists**

**Michael Benz, M.D., F.A.C.C., F.S.C.A.I.**

**Selvakumar Chockalingam, M.D.**

**James V. Malpeso, M.D., F.A.C.C.**



### ***Contact Information***

**515 Main Street**

**Olean, New York 14760**

**716-375-6163 Office**

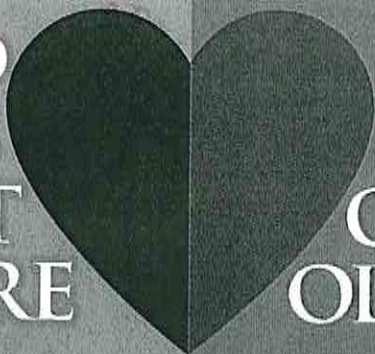
**716-375-6200 After Hours**

**[cmallavara@ogh.org](mailto:cmallavara@ogh.org)**

*Bringing talent,  
technology and  
compassion  
together  
to make  
a life-saving  
difference*

## **INTERVENTIONAL CARDIAC CATH LAB AT OLEAN GENERAL HOSPITAL**

**WORLD  
CLASS  
HEART  
CARE**



**IN THE  
HEART  
OF  
OLEAN**

**THE ONLY HOSPITAL IN  
SOUTHWESTERN NY  
THAT CAN  
FIND - AND - FIX  
SERIOUS HEART ISSUES.**

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## Chest Pain Center

Olean General Hospital has earned accreditation for its Chest Pain Center from the Society of Cardiovascular Patient Care (SCPC), formerly the Society of Chest Pain Centers. SCPC is an international organization dedicated to eliminating heart disease as the number one cause of death worldwide. Olean General Hospital is one of only 10 hospitals in New York State, and the only hospital in southwestern New York State, to earn SCPC accreditation.

The Olean General Hospital Chest Pain Center follows evidence-based protocols that allow for more rapid assessment and treatment of patients presenting to the emergency department with chest pain. The goal of the Center is to provide highly specialized care in the rapid assessment and treatment of patients who arrive at the Emergency Room with symptoms commonly associated with Acute Coronary Syndrome (ACS), as well as to provide a safe determination between those patients who require admission to the hospital and those who can be safely discharged home.



The Olean General Hospital Chest Pain Center is accessible through the Emergency Department. The Center is staffed 24/7/365 by board certified physicians and nurses who are specially trained to treat patients with chest pain.

## Intensivist Program

Complimenting the cardiac care capabilities of Olean General Hospital is the hospital's Intensivist Program. Olean General Hospital is one of only 15 to 20% of hospitals in the nation that utilize intensivists to direct ICU patient care. Intensivists are available 24/7/365 to provide specialized care to critically ill patients within the hospital's ICU. Clinical data shows that ICUs managed by intensivists experience a 40 percent reduction in ICU mortality, as well as significantly shorter length of stays for ICU patients.

All intensivists at Olean General Hospital have completed a primary residency and are board certified in a speciality such as emergency medicine, surgery, internal medicine or anesthesiology and have fellowships in critical care medicine.