



CATTARAUGUS COUNTY BOARD OF HEALTH

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



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department
Established 1923

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

Zahid Chohan, MD

Sondra Fox, RN

Richard Haberer

Theresa Raftis

David L. Smith, Mayor

James Snyder, Legislator

Kathryn Cooney Thrush, NP

MINUTES September 6, 2017

The 858th meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on September 6, 2017.

The following members were present:

Dr. Joseph Bohan

Dr. Zahid Chohan

Dr. Giles Hamlin

Sondra Fox, RN

Richard Haberer

Theresa Raftis

James Snyder, County Legislator

Kathryn Cooney Thrush, BSN, NP

Also present were:

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

Eric Firkel, County Attorney

Barb Hastings, County Legislator

Sue Labuhn, County Legislator

Donna Vickman, County Legislator

Sandy Brundage, Guest Speaker

Deb Nichols, Guest Speaker

Paul Schwach, MD, Clinic Physician

Gilbert Witte, MD, Medical Director

Rick Miller, Olean Times Herald

Dave Porter, Hearing Officer

Raymond Jordan, Sr. Public Health Sanitarian

Debra Lacher, Secretary to Public Health Director

Thomas Lecceadone, Administrative Officer

Patti Williams, Supervising Public Health Nurse

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 July 5, 2017, it was seconded by Theresa Raftis and the motion was unanimously approved. A motion to approve the Professional Advisory minutes from July 19, 2017 was made by Dr. Witte, seconded by Dr. Hamlin, and unanimously approved. A motion was made by Dr. Hamlin to approve the Family Planning education materials presented on July 19, 2017, seconded by Dr. Chohan, and unanimously approved.

"Public Health for Healthy Communities"

Dr. Watkins introduced Sandy Brundage and Deb Nichols who came to share information regarding a recent trip they took to Atlanta to speak at a Centers of Disease Control and Prevention (CDC) forum. Deb Nichols stated that Cattaraugus County was one of ten communities that had been awarded a National Association of Chronic Disease Directors (NACDD) grant. The grant focused on Reaching People with Disabilities through Healthy Communities. Ms. Nichols informed the board that one in five adults, or 20% of the United States, has some type of disability, and in Cattaraugus County, this statistic is closer to 30%. She stated that when the City of Olean completed its "North Union Complete Street Restoration Project", which was compliant with the Americans with Disabilities Act (ADA) and approved by the Department of Transportation, concerns were made about finding alternative methods to allow visually impaired individuals to cross North Union Street. Reaching People with Disabilities through Healthy Communities Project recruited and trained residents with mobility, hearing, and vision impairments to meet with Directions in Independent Living (DIL). Working with DIL, various options were considered to enhance pedestrian safety in the new North Union Street corridor, and the Rectangular Rapid Flash Beacons were identified as the optimal solution to improve pedestrian safety for all users on the street. Publication by CDC of this achievement can be found at: <https://www.cdc.gov/features/building-inclusive-communities/index.html>. In addition, the Pennsy Trail improvement project in Salamanca will get an overhaul by the Seneca Nation of Indians, who received a \$482,206 grant from NYS Department of Transportation. The pedestrian trail will link the Seneca Nation's Allegany Territory and Salamanca's West End District. In addition, the grant will also fund safety updates such as installing lighting, bollards (short vertical post), signage, and emergency call boxes, as well as positioning benches, cultural signage and developing native plant landscapes.

DIRECTORS REPORT: Dr. Watkins reported that during the 2016–17 influenza season which was (October 2, 2016– May 20, 2017), influenza activity was described as moderate throughout the U.S. Activity remained low through November, increased in December and peaked in February nationally. Influenza is a major global health concern, and annual influenza vaccines are recommended for everyone over the age of 6 months. However, vaccination is nowhere near 100% effective. The Center for Disease Control and Prevention cited figures suggesting that the adjusted overall flu vaccine effectiveness (VE) was actually as low as 19% in the 2014–2015 season. Figures for the 2015–2016 seasons indicated an overall vaccine effectiveness of 47%, and 42%, respectively. This lack of flu vaccine effectiveness is due in part to the fact that not everyone who is vaccinated will mount an effective antibody response. Efficacy is particularly low among the over 65 age group, who are 20% less likely to seroconvert than young adults, and sometimes don't generate the necessary protective neutralizing antibodies. In addition, there is not a universal flu vaccine, so each seasonal vaccine can only protect against a limited number of virus strains that are predicted to be the most prevalent during that season.

A handout regarding the influenza vaccine effectiveness for 2016-2017 from the CDC was provided to those in attendance. The overall vaccine effectiveness for any Influenza A or B virus for all ages was 42% in 2016-17. However, when looking at the age group 18-49 the vaccine effectiveness was only 19%, in the age group of 65 and older, the vaccine effectiveness was 25%.

Looking at Influenza A, in particular Influenza A (H3N2), in 2016-17 the vaccine effectiveness for Influenza A (H3N2) virus for all ages was 34%, for the age group 18-49 year olds the vaccine effectiveness for Influenza A (H3N2) virus was only 12%, and for the age group 65 and older, the vaccine effectiveness for Influenza A (H3N2) virus was 25%. Influenza A (H1N1) however, had a vaccine effectiveness of 54% for all age groups in 2016-2017.

Influenza B had a vaccine effectiveness of 56% for all age groups in 2016-2017.

After reviewing these results, if a person was exposed to Influenza A(H1N1) or any of the influenza B virus strains the vaccine was highly effective, but if a person was exposed to influenza A (H3N2) which was the predominate influenza strain in 2016-2017 the effectiveness of the vaccine varied among age groups. These results reflect properties unique to Influenza A (H3N2) viruses that pose special challenges. Influenza A (H3N2) viruses undergo more frequent and extensive genetic changes than do influenza A (H1N1) and influenza B viruses, and require more frequent updates to the Influenza A (H3N2) vaccine virus components in order to maintain activity against evolving circulating strains that we see each year.

The Advisory Committee on Immunization Practices (ACIP), a group of medical and public health experts, who makes the final decision about which virus strains goes into the annual influenza vaccine, decided that the components of the 2017-2018 trivalent influenza vaccine would be two influenza A strains and one influenza B strain. The three influenza virus strains plus an additional influenza B virus strain would be the four components in the 2017-2018 quadrivalent vaccine. A handout with the components of the 2017-2018 influenza vaccine was handed out to those in attendance.

The advisory committee recommended that the live attenuated intranasal influenza vaccine, often called FluMist, should not be used this year. Studies have shown that, among children ages 2 to 17 who received the nasal spray version of the flu vaccine, the vaccine was only 3 percent effective. ACIP also recommended that pregnant women may receive any licensed, recommended, age-appropriate influenza vaccine.

Getting vaccinated from influenza does not guarantee a person from coming down with the flu, however, if a person get vaccinated and get the flu, the disease will in all likelihood be much milder than it might have been. The Influenza vaccines offers significant protection against influenza hospitalizations by 30% among all adults and by 37% among adults 65 years of age or older.

Dr. Witte commented that he was glad to see that the department would not be administering community vaccines until the end of September. He stated that he does not administer influenza vaccines until October in his own private practice due to the fact that the vaccine lasts for six months and when given too early, patients may not have the proper protection for the length of time that the flu season is around.

Dr. Bohan asked why the 2016-2017 vaccine effectiveness was so low among the 18-49 age groups. Dr. Watkins stated that he was uncertain, but that this age group is usually healthy and less likely to be hospitalized due to complications from influenza, but it is not clear why this age group did not seroconvert after being given the vaccine.

Dr. Watkins spoke about a handout, provided to all in attendance, entitled Certified Professional Food Manager Study Guide. At our last meeting in July, the board discussed considering having the department enact the NYS Codes, Rules and Regulations Part 14 subpart, 14-1.73 – called Personnel training. The statute states that the permit-issuing official may establish and conduct or designate training programs and require that owners and/or operators of food service establishments attend designated training programs.

Dr. Watkins stated that he and Ray Jordan, Senior Sanitarian, took the on-line Servsafe course and the subsequent practice and diagnostic tests. The course covered: preventing pathogens from spreading from people, pets, and pests and contaminating food being served; separating raw and cooked foods in order to prevent contaminating foods being served; cooking foods for the appropriate length of time and at the appropriate temperature to kill pathogens; storing food at the proper temperature; and using safe water and safe raw materials.

Dr. Watkins stated that the diagnostic test was practical, and passable. Some questions required some deep thinking, and others were self-explanatory.

A resolution was provided to each board members for consideration, requiring all food facilities in Cattaraugus County to have a manager of the facility to complete an approved Food Service Sanitation Manager Certification course and successfully pass the diagnostic test. Without the certification, there will not be a permit issued to these facilities. Dr. Bohan encouraged that everyone look over the study guide and test that Dr. Watkins provided and be prepared to discuss it at the next meeting. Dr. Watkins stated that he will bring back a list of frequently asked questions that were seen throughout other counties and States in regards to this matter. The department will form a work group to formalize a formal resolution with an enforcement program, and a penalty structure, for requiring all food facilities in Cattaraugus County to have a manager of the facility to complete an approved Food Service Sanitation Manager Certification course. The BOH will revisit this at the next board meeting.

Dr. Witte posed the question of availability of the course in other languages for those whose native language is not English. Mr. Wohlers stated that the online course is available in multiple languages so the training is provided without the need of an interpreter. Mr. Snyder asked if any other Counties have required this of their restaurants. Dr. Watkins confirmed that Monroe County, Chautauqua County, Niagara County and NYC all have such a program in place. Legislator Labuhn said she was surprised that this was not already a required regulation but felt we need to be better educated on the material prior to passing a resolution. Dr. Chohan stated the Board should require some kind of training for those who are entrusted in preparing food for the community. Mrs. Fox asked if someone could contact the Counties who are already doing this for additional feedback on their thoughts of their enactment of this type of regulation.

Dr. Watkins stated that he has received a couple of calls regarding the White Hickory Tussock Moth Caterpillar that has been spotted in Cattaraugus County. After coming in contact with this caterpillar two individuals have developed a rash due to a venom that is excreted through contact. The rash can range from mild with slight reddening of the skin, to burning, swelling and pain. Hypersensitivity individuals may, of course, experience more severe symptoms that could include swelling and nausea.

The department has started to move forward with the do not smoke with children in the car campaign. Promotion ads were handed out to those in attendance.

NURSING DIVISION REPORT: Patti Williams shared that the current census in homecare is currently (332) patients in the certified home health and long term care agency, in addition to a total of (49) in the Medicaid Obstetrical and Maternal Services (MOMS) program.

Last week the family planning program underwent a survey from IPRO, and are expecting the complete report in approximately 30 days.

Communicable diseases for the month of August included (20) Lyme case investigations, there were (2) cases of salmonella, (9) cases of Hepatitis C, (1) case of campylobacter, the second Pertussis case of the year involved a 5 year old child in Gowanda who was up to date on all her childhood vaccines. After receiving treatment she is doing very well. Currently there are (10) children with blood lead levels greater than 10ug/dl (normal \leq 9ug/dl). There were (27) cases of chlamydia reported in August, no cases of gonorrhea and no cases of syphilis. There have been (30) residents treated year to date with post exposure rabies prophylaxis, (18) of those cases were in August (3) due to cats, and (15) due to bats.

ENVIRONMENTAL HEALTH DIVISION REPORT: Mr. Wohlers reported that August and September are the busiest reported months for bats. September is the month that fall rabies clinics are held for dogs, cats, and ferrets. The first was held last night at Markhams, the second will be tomorrow in Franklinville, and the last will be held next Tuesday in Allegany.

The department is cosponsoring the public water system operating training on October 5th in conjunction with the New York Chapter of Water Works Association. The State Health department will be holding their basic environmental health training for new health department employees in Western New York this fall so our two new employees will be taking part in this training held in Canandaigua. Mr. Wohlers reported that the regional water coordinator will be doing a quarterly visit with a focus on the new state regulations enacted for cooling towers. Children's camps are now closed, temporary food permit events are winding down, and we can focus on remaining sewage systems that need to be constructed prior to winter arriving.

ENFORCEMENT REPORT: Mr. Porter reported on the following enforcement case held on August 8, 2017:

DOCKET #17-015

Respondent: Cecil Gayton, Hillview Village Lot 10, 3880 Pennsylvania Road, Hinsdale, NY 14743 Violation sanitary code of the CCHD Part 14.8.1 the Respondent stored more than ten (10) tires at his business on Oregon Road without a method to preclude the accumulation of rain water and the creation of a public health nuisance and failed to correct the violation by disposing of the waste tires by a compliance date prescribed by the health department.

Public Health Sanitarian: Richard Dayton, Public Health Sanitarian appeared for Cattaraugus County Health Department and was sworn in.

Respondent: Did not appear after having been properly served.

(CONTINUED DOCKET #17-015)

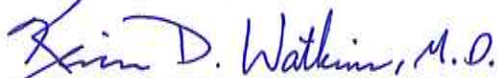
- Recommendation:
- 1.) That the \$50.00 civil compromise be changed to a \$100.00 fine to be paid on or before September 30, 2017 for failure to fix the violation part 14.8.1.
 - 2.) The waste tires at The Recycle Center must be removed proof of proper disposal by September 30, 2017.
 - 3.) Any future tires stored on the premises of The Recycle Center must adhere to Part 14.8.1 of Cattaraugus County Sanitary Code.
 - 4.) Failure to not pay the fine and provide proof of proper removal of waste tires by September 30, 2017 will result in a \$10.00 per day per diem until in full compliance.

A motion to accept the recommendation was made by Mr. Haberer, seconded by Mrs. Fox, and unanimously approved.

Dr. Watkins brought before the Board docket #16-050 El Mariachi as their permit expires September 30th. Prior to expiration of this permit the department will inspect the facility. Dr. Watkins stated that if conditions of the facility are favorable, a three month permit will be issued, however one of the stipulations was that they were to pass the food service manager exam prior to the permit expiration. Dr. Watkins asked the board if the facility's manger is unable to pass the exam prior to September 30th will the board consider extending this stipulation. After a lengthy discussion a motion was made by Mr. Haberer to abide by the original recommendation made by the board to not renew their permit if they did not pass the exam and have a favorable inspection, this motion was seconded by Mrs. Fox and unanimously approved.

There being no further business to discuss, a motion to adjourn was made by Dr. Chohan, and seconded by Dr. Hamlin and unanimously approved.

Respectfully submitted,



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



Influenza Vaccine Effectiveness, 2016-17

US Flu VE Network & US Hospitalized Adult Influenza Vaccine Effectiveness Network (HAIVEN)

Jill Ferdinands, PhD
CDC Influenza Division
Meeting of the Advisory Committee on Immunization Practices (ACIP)
June 21, 2017

US Flu VE Network: Vaccine effectiveness against influenza A/B, 2016–17

	Vaccine Effectiveness						
	Influenza positive		Influenza negative		Unadjusted		
Any influenza A or B virus	N vaccinated/Total (%)	N vaccinated/Total (%)	N vaccinated/Total (%)	VE %	95% CI	VE %	95% CI
<i>All ages</i>	883/2052	(43)	2761/5153	(54)	35	(27 to 41)	42 (35 to 48)
<i>Age group (yr)</i>							
6 mo–8 yr	106/353	(30)	709/1318	(54)	63	(53 to 71)	61 (49 to 70)
9–17	123/402	(31)	245/606	(40)	35	(15 to 50)	35 (13 to 61)
18–49	203/529	(38)	716/1629	(44)	21	(3 to 35)	19 (-1 to 34)
50–64	203/442	(46)	537/909	(59)	41	(26 to 53)	42 (26 to 55)
≥65	248/326	(76)	554/691	(80)	21	(-8 to 43)	25 (-5 to 46)

* Multivariate logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, days from illness onset to enrollment, and calendar time of illness onset

US Flu VE Network: Vaccine effectiveness by subtype, 2016–17

		Vaccine Effectiveness					
		Influenza positive			Influenza negative		
		Unadjusted			Adjusted*		
		N vaccinated/Total (%)	N vaccinated/Total (%)	VE %	95% CI	VE %	95% CI
<u>Influenza A/H3N2</u>							
<i>All ages</i>		619/1349	(46)	2761/5153	(54)	27	(17 to 35)
<i>Age group (yr)</i>							
6 mo–8 yr		71/203	(35)	709/1318	(54)	54	(37 to 66)
9–17		78/258	(30)	245/606	(40)	36	(13 to 53)
18–49		143/352	(41)	716/1629	(44)	13	(-10 to 31)
50–64		145/299	(49)	537/909	(59)	35	(15 to 50)
≥65		182/237	(77)	554/691	(80)	18	(-17 to 43)
<u>Influenza A/H1N1pdm09</u>							
<i>All ages</i>		8/26	(31)	2761/5153	(54)	61	(11 to 83)

* Multivariate logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, days from illness onset to enrollment, and calendar time of illness onset

US Flu VE Network: Vaccine effectiveness by B lineage, 2016–17

	Vaccine Effectiveness					
	Influenza positive			Influenza negative		
	N vaccinated	Total	(%)	N vaccinated	Total	(%)
	VE %			95% CI		
	Adjusted*			95% CI		
Influenza B						
<i>All ages</i>	238/650	(37)		2761/5153	(54)	50 (41 to 58)
Influenza B/Yamagata						
<i>All ages</i>	215/579	(37)		2761/5153	(54)	49 (39 to 57)
Influenza B/Victoria						
<i>All ages</i>	21/63	(33)		2761/5153	(54)	57 (27 to 74)
						56 (47 to 64)
						55 (45 to 63)
						60 (31 to 77)

* Multivariate logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, days from illness onset to enrollment, and calendar time of illness onset

2016-2017 Influenza Vaccine Components

A/California/7/2009 (H1N1)pdm09-like virus

A/Hong Kong/4801/2014 (H3N2)-like virus

B/Brisbane/60/2008-like virus (B/Victoria lineage)

B/Phuket/3073/2013-like virus (B/Yamagata lineage)

2017-2018 Influenza Vaccine Components

A/Michigan/45/2015 (H1N1)pdm09-like virus

A/Hong Kong/4801/2014 (H3N2)-like virus

B/Brisbane/60/2008-like virus (Victoria lineage)

B/Phuket/3073/2013-like virus (Yamagata lineage)



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Cattaraugus County Health Department Influenza Vaccination Clinics Fall 2017

Date	Time	Municipality	Location
Thursday, September 28	1:00 – 4:00 PM	Carrollton	Limestone Community Center 616 Main St.
Wednesday, October 4	2:00 – 6:00 PM	Salamanca	Health Department 69 Iroquois Drive
Thursday, October 5	11:00 AM – 4:00 PM	Olean	JCC Olean Campus Magnano Reception Room (adjacent to Cutco Theater)
Tuesday, October 10	2:00 – 6:00 PM	Randolph	Randolph Municipal Building 72 Main St.
Wednesday, October 11	10:00 AM – 2:00 PM	Olean	John J. Ash Community Center 112 N. Barry St.
Thursday, October 12	2:00 – 6:00 PM	Cattaraugus	Cattaraugus Area Ambulance 211 S. Main St.
Tuesday, October 17	2:00 – 6:00 PM	Little Valley	American Legion 5899 Route 353
Wednesday, October 18	12 Noon – 6:00 PM	Allegany	St. Bonaventure University Doyle Hall
Tuesday, October 24	9:00 AM – 1:00 PM	Allegany	Allegany Senior Center 3790 Birch Run Road
Wednesday, October 25	2:00 – 6:00 PM	Franklinville	Franklinville VF Department 75 N. Main St.
Thursday, October 26	2:00 – 6:00 PM	Ellicottville	St. Paul's Lutheran Church 6360 Route 242
Monday, October 30	10:00 AM – 2:00 PM	South Dayton	Free Methodist Church 327 Pine St.

The following insurance
plans are accepted:

- Medicare
- Medicaid
- Blue Cross/Blue Shield
- Fidelis
- Independent Health*
- YourCare

Cash Price \$25

****Contact your insurance company. Ask if adult
vaccines are included in your coverage.***

**For more information,
contact the
Cattaraugus County
Health Department**

(716) 701-3439

*Deaf, Hard of Hearing, and Speech Disabled:
Call the NY Relay Service at 7-1-1
(Voice or TTY)*



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Do your children have a choice?

**Secondhand
smoke is
making your
children
sick!**

Second-hand smoke
exposure increases
the risk of serious
health problems
such as:

wheezing
asthma attacks
bronchitis
pneumonia
tooth decay



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If you smoke, I smoke...

Secondhand smoke is
10 times more concentrated
in a car.

80% of secondhand smoke
is invisible.



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Does your child have a choice?



**Second-hand smoke contains over
4000 chemicals**

Opening
your win-
dows
does not
protect your
children from
secondhand
smoke!!



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if you smoke, I smoke...

Secondhand smoke in a car is **10 times** more concentrated.

Opening the window does not protect your child!!!

Secondhand smoke exposure causes:

- bronchitis
- pneumonia
- severe asthma attacks
- coughing
- wheezing
- breathlessness
- ear infections
- colds and flu to last longer

Your child does not have a choice.

You do. Call the smokers quit line:

1-800-NY-QUITS



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