

Chautauqua County Board of Health  
MINUTES

**Meeting Date/Time:** Thursday, August 20, 2020 @ 6:00 p.m.

**Location:** Virtual Meeting via Zoom

**Scribe:** Sherri Rater

**ATTENDANCE:**

BOH Members	P/A	BOH Members	P/A	Others Present	Title
Dr. Erlandson	A	Elisabeth Rankin	P	Christine Schuyler	Secretary, Public Health Director, HHS
Dr. Khan	P	Natasha Souter	A	Bill Boria	Director of Environmental Health, HHS
Dr. Kidder	P	Dr. Tallett	P	Dr. Berke	County Physician
Dr. Ney	P	Mark Tarbrake	P	Sherri Rater	Scribe
Andrew O'Brien	P				

<b>Call to order</b>	The meeting was called to order at 6:02 p.m. by Vice President Lillian Ney who is filling in for President Tom Erlandson. Ney: I would like to recognize Dr. Erlandson for always helping out public safety wise and is participating in a public input session tonight for the south and center sewer district which is the public sewer project going from Ashville BOCES to Stow which is all extremely important and a wonderful thing that he does that kind of work.
<b>Privilege of the Floor</b>	None.
<b>Approval of July 16, 2020 Minutes</b>	Tallett made a motion to approve the July 16, 2020 meeting minutes, 2 <sup>nd</sup> by Rankin. All in favor; motion carried.
<b>Old Business:</b> COVID-19	<u>Ney:</u> There is an enormous amount of work put on the public health department. I know that the work that Christine and her incredible department are doing is monumental and there are a lot of stars in that department. We are lucky to have them here. <u>Schuyler:</u> In preparation for schools reopening, Schuyler talked about a document that was shared with school nurses. The document included general information about how COVID-19 is spread, best way to prevent illnesses and what we now know about children and COVID-19. As of today there have been no reported cases of MISC-the Multi-symptom Inflammatory Syndrome in Chautauqua County. Then we get to our charts. New COVID-19 cases by day: This shows who are the actual cases and the seven day average. We did have a bit of a spike over the fourth of July holiday but things did taper down and are continuing to remain pretty steady since that time. Cumulative COVID-19 cases by age group: As of yesterday we had 14 active cases, 254 recovered cases and 9 deaths. The highest number of deaths is among 85-89 year olds. Cumulative cases by sex: 39% or 107 cases have been male and 170 or 61% have been female. Case status and death rates by key age groups: This chart is very telling when you look at the age groups and the number of cases verses number of deaths. While the 60-69
COVID-19 cont'd	

<p>COVID-19 cont'd</p>	<p>age group has the highest number of total cases, the high death rate has been in those 80-89. Chautauqua County's fatality rate for COVID-19 is at 3.2% where the State is at 5.9%. Numbers for today: We did have one new case reported for today, a female in her 20's. This brings our total to 15 active, 115 people are under isolation and quarantine orders, 1132 under the domestic traveler quarantine, 1 person is hospitalized in the county with a COVID-19 diagnosis, 254 recovered cases, 9 deaths, 278 total confirmed cases, 29,331 negative test results to date.</p> <p>As Dr. Ney said, we have been doing a tremendous amount of work getting ready for school opening. We do have some guidance from the State Health Department but unfortunately there are a lot of gaps in the guidance and a lot of questions and concerns are still out there. We had fully expected to receive clarifying guidance from the State Health Department this week; however we have just been told today that it will not be available until next week so we will really be down to the wire with clinical guidance. Every Local Health Department (LHD) across the state has taken the stance that we are going with symptoms to determine release of isolation verses than having to have a negative test. The CDC's guidance has changed on the symptoms based criteria to be 24 hours without a fever verses 72 hours. LHDs have adopted that guidance as well. The other clarification is that children need to have a negative test result until they can return to school but that is hopefully going to be updated to the symptoms based criteria.</p> <p>I have communicated to the Governor's Office and the State about what really is a lack of respect for local health officials and LHDs on the part of the Governor's Office. Once again, learning at a press conference that gyms and fitness centers can reopen and that it's up to the LHDs to inspect and deal with enforcement with having no idea that we have to is unacceptable. We do not have resources or funding to do it. These facilities are not underneath our purview. We are working with our attorney, Lynn Schaffer, on what our enforcement actions will be and if the Board needs to give us the authority to take action. The executive order from the Governor's Office that gives us the authority to inspect gyms and fitness centers has not come out yet. So I think we have to wait for that executive order to come down before we can take any real action. We have already sent a press release out and updated our website with the forms and guidance to follow. One of the sticking points seems to be the updated H-VAC requirement.</p> <p>Last night we received a letter from Dr. Zucker, the State Health Commissioner, stating that Governor Cuomo has directed the State Department of Health to ensure that local communities have adequate testing capacity for both seasonal influenza and COVID-19 so we can make sure the testing labs and treatment centers are being used most effectively. He is requesting detailed plans from the LHD with how we are going to provide residents with sufficient information about both tests. In addition to adequate testing capacity, LHDs are to develop a robust influenza vaccination plan to help ensure we can continue to respond efficiently. The plan is due by Wednesday August 26<sup>th</sup> at 3pm. On behalf of the local health official's, NYSACHO is requesting a four week extension and is also asking what exactly the State Health Commissioner is looking for in these plans.</p> <p>What has become evident is that the Governor and the State Health Commissioner really do not understand what LHD's do and what it is that we are mandated to do. We have never had anything to do with influenza testing. We are not clinical care providers. We are public health policy, practice, oversight and planning. We have a more active role when it comes to vaccination but more so in health education, outreach, oversight, guidance and work to increase vaccination rates. We do provide vaccination clinics in times of pandemics as needed to support what is out there in the community. For instance, everyone gets their flu vaccine before the LHDs. We are the last ones to get it and that is because the clinical care has shifted away from the LHD to private providers, as it should. A</p>
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<p>COVID-19 cont'd</p>	<p>tremendous amount of demands have been placed on LHDs that have been cut and cut over the years and who really don't have capacity or jurisdiction to do a lot of what is being handed down to us. We will continue to the best we can and work with all of our partners - schools, healthcare providers, and the public in our education efforts. The priority for us has to be communicable disease prevention and surveillance and that is doing our disease investigation and contact tracing. Hats off again to our staff that is doing just a tremendous job at that. We are thankful that we do have the virtual contact tracing capabilities through the state's CommCare system because the volume of persons within that travel quarantine alone is more than we could handle without that additional support.</p> <p>A request has been submitted to hire an additional registered nurse and a health educator. The State provided us with a two year grant in the amount of \$330,000 to increase public health staff. Even though the County is currently in a hiring freeze, with having those positions 100% funded, I am not anticipating any issues with getting these approved, but will let you know if I do. Recruiting for an RN is going to be a challenge, especially with the county's pay scale, but we are going to do the best that we can and hopefully get a few more full time staff members to assist us. I think all of you can appreciate that this pandemic is far from over.</p> <p><u>Ney:</u> You mentioned about a potential action that may need to be done by the Board. Do we have the capacity to approve something in between meetings on-line?</p> <p><u>Schuyler:</u> I will have to check with Lynn. Normally we would have to call an emergency meeting. Since the Governor declared a state of emergency and has extended that through September, he really took the authority away from the local level and we are directed to not be able to act independently of the Governor's executive order. So a lot of the power that the local Board of Health and even me, as a local health official, has does not exist during this state of emergency.</p> <p><u>Ney:</u> The isolation and quarantine flow chart that you sent to the school superintendents reads in many places 'must remain quarantined at home for a 14 day period. If symptoms develop health care providers will be contacted to determine if a COVID-19 test is needed'. It sounds to me that that kind of thing could bog the system up. I just wonder if the LHD, LHD physician, school physician, or somebody could do that otherwise it is going to be bogged down.</p> <p><u>Schuyler:</u> I agree there are certain points within the state's guidance that could very much bog down the system. I also have concerns that we have a lot of children out there who do not see a PCP regularly and parents are not going to take them to a physician for everything to get a note to return back to school and that is going to make them have to stay out of school longer.</p> <p><u>Khan:</u> The challenge is that school physicians have a well-defined role and we cannot cross the boundary and become primary care providers for these students who we don't have health history on and evaluate and clear them in a time of a pandemic. Of course we can cross that bridge when we come to it but, liability wise, it is a tough act to cross so hopefully as more guidance comes from the state, common sense and good public health will prevail and a lot of these testing requirements will be backed off. The system also doesn't have the capacity to screen everyone that would need it.</p> <p><u>Schuyler:</u> In reality the test based strategy requiring a negative result is really not being used much anymore and it's gone to the systems based approach and that is what we have been using all along. The evidence is accumulating in support of that and it is in the CDC's school tool kit. I share the concerns of the health care providers in that I do feel they are going to be inundated and we will have the worried well parents who will want testing done and then we will have parents at the other end of the spectrum where children need to be seen and</p>
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<p>COVID-19 cont'd</p>	<p>testing done and they may not have access. I think this is going to take a lot of cooperation between the school personnel, the school physician, pediatricians and PCPs, the LHD and State Health. Our regional epidemiologists at the State are wonderful to work with. They are there for consultation every time we need them. Especially during an outbreak situation, they advise us and work with us and have stated these are going to have to be looked at on a case by case basis. There is no way we are going to be able to set anything in stone as there are too many variables.</p> <p><u>Kidder</u>: We talked about this in depth at our medical leadership group last night. We are concerned that with the first positive case, practices will get inundated with phone calls of people wanting immediate testing. We know that that is not recommended and that testing is best 4-5 days after exposure. Can there be some guidance that is sent out to every household in the school system that tells them that the strategy is going to be to quarantine at home and that testing is not going to be recommended across the board and only in certain cases where the child is symptomatic or the PCP feels it's necessary to try to get ahead of these phone calls?</p> <p><u>Schuyler</u>: Flow charts were sent out to the schools and were forwarded to the Board. I encouraged the schools to not only share them with school personnel but also parents.</p> <p><u>Kidder</u>: I think they are very helpful for the schools but the box that reads 'follow up with your PCP' needs some clarifying. Also we will have working parents who are under quarantine. Their jobs may require them to either test or quarantine before returning to work which is going to create another layer with requests and complexity. It's hard as health care providers to make some of these decisions. We don't want to use needed testing supplies for asymptomatic patients if supplies are running low and we also don't have the capacity to test these people, say if we have two people who test positive at two different schools and 70 people are determined to be close contacts that would take our system a week to test those people. There was a meeting last night with several doctors and we wonder if we could put some general guidance out there about the testing process versus the algorithm of quarantine so that parents have some of those answers to questions before picking up the phone.</p> <p><u>O'Brien</u>: What about facilitating enough testing?</p> <p><u>Kidder</u>: We currently have three testing sites now in the County and they each have certain capacities. One question that has come up is does the LHD have the capacity to set up a testing site if we have a school outbreak to absorb that demand?</p> <p><u>Schuyler</u> showed the COVID-19 screening flow chart document that was shared with the schools.</p> <p><u>Tallett</u>: If a student is sent home to quarantine do the parents have to quarantine?</p> <p><u>Schuyler</u>: It depends. If you are confirmed positive then you are automatically in mandatory isolation. If you are a confirmed close contact of a positive then you are in mandatory quarantine. There are some allowances for workers who are deemed essential. Really it's up to the employer to deem who is essential and non-essential.</p> <p><u>Tarbrake</u>: Is this flow chart a recommendation to the schools and have all of the schools agreed to follow this?</p> <p><u>Schuyler</u>: It is our recommendation but it tells the school what we are going to do and how the process works.</p> <p><u>Schuyler</u> showed the isolation and quarantine flow chart</p> <p><u>Schuyler</u>: The current definition of a close contact is someone who has been in close contact with a positive case for 10 minutes or more or someone who has shared something orally such as food, drink, vaping devices.</p> <p><u>Kidder</u>: How many degrees of separation is it then? If a child is a close contact of a positive case and is told to quarantine for 14 days would the parents of the child in quarantine have to quarantine as well?</p> <p><u>Schuyler</u>: No. The parents are a close contact of a close contact and are not required to quarantine. There is some guidance in writing on what it means to be a contact of a contact. But that is ever changing and I have a</p>
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COVID-19 cont'd

suspicion that that is going to be addressed in the guidance that is being clarified from the State. If a child tests positive and there are other children in the home, those children should be isolated.

Kidder: Does the county have capacity to hold a testing site if there is an outbreak?

Schuyler: Yes. That is our role. If there is an outbreak, we will fully support the schools and that could include a testing site if needed. I don't think going into the school is the answer but perhaps a drive thru clinic or something similar. All these things are handled on an individual case by case basis. We are the safety net, the backup. If there is an outbreak and we need to step in and do that job then that is what we will do.

Ney: How are we going to be able to manage and monitor the gyms? It seems like an insurmountable task.

Boria: Environmental Health is going to have to drop everything for two weeks or longer to go out and do these inspections. It is going to be a challenge

Tallett: Are they going to have to upgrade their HVAC systems and put in HEPA filters?

Boria: They are going to have to either upgrade their HVAC or AC, put in the filters or if the system can't be updated, they will have to have a certified HVAC technician prepare a statement that it can't be upgraded and then there are other things that gyms can do like room filtration units. Some gyms have already upgraded because they thought this was coming.

Rankin: Gyms can open this week but the inspections must be done within two weeks of opening. How's that going to work?

Boria: The County Executive issued a statement that gave a blanket approval for gyms to open on Monday 8/24 as long as they complete an online survey and apply for the LHD to do an inspection. We have already received 10-20 responses from gyms. The press release states we will do an inspection when it is practical. The State does want it done within two weeks. We are going to do what we can.

Schuyler: We are still waiting on the executive order on this from the Governor and some sort of a template from the State Health Department. We have never inspected gyms or fitness centers before and have no authority over them. We have the general guidelines but we could use something more than that since this is new territory for us. I don't think people realize how many fitness centers there are when you figure fitness centers in hotels and other companies. It's not just the big fitness centers that you think of off the top of your head. There are several other ones.

Tallett: What about bowling alleys?

Schuyler: Bowling alleys were able to open already. We have nothing to do with bowling alleys unless they have food service.

Ney: The question of the liability doesn't seem fair to me. The LHD has to go inspect these old HVAC units is just inappropriate.

Schuyler: We receive 36% of state aid on salaries only so no fringe benefits or medical costs are included in that. There is a tremendous local share cost to all of these executive orders where they are mandating us to do that State's work. We are working on our county budget and are looking at tremendous cuts. It is concerning because more and more work is coming down on us.

Rankin: Are there any kind of special masks that people should wear while they are exercising? They are supposed to be wearing masks the whole time and it sounds horrific to me that people are having to do that.

Berke: I teach a spin class and the problem is it is totally impossible to get your heart rate up to say 140 with a mask on. It's just not physically possible. It is really tough to exercise with a mask except if you are doing it at a very leisurely pace.

<p>COVID-19 cont'd</p>	<p><u>Khan:</u> I agree that it is not possible to wear a mask and get your heart rate up. It might be intentional to decrease overcrowding.</p> <p><u>Berke:</u> They are also limiting the occupancy to 33%. So now you have a class with normally 15 people and you can only have 5. The class will not be able to take place because you won't bring in enough money to make it work. It is also an important social gathering place.</p> <p><u>Kidder:</u> From a public health perspective, gyms are high risk because of being in an enclosed room with a bunch of people breathing heavily without face coverings. So if we can get people to exercise outside, it is better. Some of those gators or thin cloth masks are useless. They allow you to breathe better but don't do anything to control respiratory droplets.</p> <p><u>Ney:</u> Bill, have you found anyone using far spectrum UV lights? There have been a lot of experimental things going on with that and that it is not harmful to the skin or the eyes. Are you aware of anyone using this locally?</p> <p><u>Bill:</u> We are not aware of any.</p> <p><u>Ney:</u> Is there anything else that we need to address?</p> <p><u>Schuyler:</u> We did receive a Facebook live question. Question: Will parents get notified if any student in their district tests positive or only if their child has been in close contact? Those of us who have K-12 in one building and do share some common areas would appreciate all parents being told.' Answer: I can appreciate this parent's concern. As far as the LHD notification goes, our priority is to protect the patient's personal health information. Our only contacts will go to those patients or parents of patients who test positive and any identified close contacts. We will not be making any sort of other notifications, contacting other parents or staff members who have not been identified as close contacts. Each school should have a plan in place. I anticipate this will be a case by case situation. We as the LHD will not be making any wide spread notification, just as we have done all along. Of course, further guidance from the state is expected on this.</p> <p><u>Berke:</u> When do you think the school will have communication with the parents of a positive case?</p> <p><u>Schuyler:</u> Schools had to have communication as part of their plans to the state and they should be posted on their websites. We cannot speak on behalf of the schools.</p> <p><u>Ney:</u> The scam press release was sent out this afternoon where people are impersonating a contact tracer and call stating you are a close contact of a positive case and then at the end of the call they are asking for financial information.</p> <p><u>Schuyler:</u> We have not seen this locally but it is happening in other areas. We want to get the word out of what happens when a contact tracer calls them and if anyone asks for financial information hang up and you can contact the LHD for clarification but by no means should any contact tracer be asking for financial information.</p> <p><u>Rankin:</u> I read in the Buffalo News that Erie County health inspectors going into bars to do compliance checks are being harassed. I'm hoping that is not the case here. Have we had any trouble with that Christine or Bill?</p> <p><u>Schuyler:</u> To my knowledge, we haven't had any real harassing situations going on. We try to have our staff go in with cool heads and let calmness prevail and we haven't had any run-ins or anything of the sort.</p> <p><u>Boria:</u> All of our facility owners and operators have been very cooperative and responsive as we have gone in to address complaints.</p>
<p><b>Old Business</b> Beaches</p>	<p><u>Boria:</u> Beaches were brought up last month. I did report that Lake Erie Beaches hadn't opened which was incorrect. Those beaches did open earlier in July. Right now Point Gratiot and Right Park Beach are open. Sunset Beach is open. Hanover Beach was open but they have since closed because college students have gone</p>

<p>Harmful Alga Blooms</p>	<p>back to school and so they don't have any lifeguards. The water quality in Lake Erie has been pretty good. We haven't had a lot of rain and the rainfall has a lot to do with the water quality. It has been kind of a typical year. Chautauqua Lake really only has two beaches that are open - Longpoint Beach was closed for a couple weeks due to HABs but it is currently open and one of the four Chautauqua Institution beaches is open. Others tried to open but then HABs came and resulted in closure. Mayville Lakeside Park beach opened for two weeks and then was closed by the village - It was the village's decision and had nothing to do with HABs. We continue to sample Chautauqua Lake beaches and they continue to be good bacteriologically. Two beaches on Cassadaga Lake, Lily Dale and Cassadaga Village beach, are still open and there are two beaches on Findley Lake that are open. They will all be closing soon. Some of them are reducing their days due to staffing but they are trying to stay open through Labor Day.</p> <p><u>HABS/Boria</u>: Chautauqua Lake south basin is not looking very good. The Army Corp of Engineers and DEC have a pilot project where they are skimming blue green algae off the surface of the water, extracting it and using it for biofuel. This is a pilot project. They have a skimmer and booms on a barge. The algae is treated and the water is returned back to the lake without the blue green algae. They also have an onshore system set up on the Long Point Marina. It is one of two projects in NYS that is being done and one of the few in the Nation. One of the treatment processes is using ozone which is actually eliminating the toxin as well.</p>
<p><b>New Business</b></p>	<p>none</p>
<p><b>Other Business</b> Village of Mayville Boil Water Order</p>	<p><u>Schuyler</u>: The board is aware that there has been a boil water order in effect all week for the village of Mayville. We are hopeful that will be lifted tomorrow dependent on a few factors.</p> <p><u>Boria</u>: There was a pretty good size water main break late Sunday night-early Monday morning which caused pressure loss throughout the entire village. The break was fixed. They are continuing to have other breaks which is partly caused by a \$7M upgrade to the system which slightly changed the pressures in the distribution system where in some instances it increased the pressure by a few psi's which may have been enough to cause these breaks. We are hoping once the system is stabilized the boil water order can be lifted.</p>
<p><b>Adjournment</b></p>	<p>Motion to adjourn by Tallett. Meeting adjourned at 7:11pm.</p>
<p><b>Future Meeting Dates</b></p>	<p>September 17, 2020; November 19, 2020.</p>