

Chautauqua County Board of
Health
MINUTES

Meeting Date/Time: Thursday, September 17, 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	P	Elisabeth Rankin	P	Christine Schuyler	Secretary, Public Health Director, HHS
Dr. Khan	A	Natasha Souter	P	Paul Snyder	Environmental Health Engineer, HHS
Dr. Kidder	P	Dr. Tallett	P	Dr. Berke	County Physician
Dr. Ney	P	Mark Tarbrake	P	Sherri Rater	Scribe
Andrew O'Brien	P				

Call to order	The meeting was called to order at 6:01 p.m. by President Tom Erlandson.
Privilege of the Floor	None.
Approval of August 20, 2020 Minutes	Tallett made a motion to approve the August 20, 2020 meeting minutes, 2 nd by Rankin. All in favor; motion carried.
Old Business: COVID-19	<p><u>Ney:</u> We are about six months into this COVID pandemic. I'm sure that the fall and winter is really going to bring an acceleration to the workload with the weather turning, having to be inside more, and with flu season starting. Before things get really crazy it seems appropriate to thank Christine and the staff for the work that they have done so far. There has been a lot of dedication, hard work and a lot of hours put into this already. What has been impressive to me is the ability to multi task and to juggle all of the changing guidelines that come through on an almost daily basis. It is commendable. We can all pray for a mild fall and winter so people can stay outside. .</p> <p><u>Tallett:</u> Australia is coming out of their winter and they are showing their influenza numbers are 25% of what they are normally because they have enforced mask wearing.</p> <p><u>Schuyler:</u> I think we have been hoping that all along that all of the precautions that are in place will help us with the flu season. Today we had two new cases to report. We now have 51 active cases. The two new cases are from the 14767 which is Portland and 14063 which is Fredonia. Because we now have enough cases we feel we are at a point that we can release our positive cases by zip code without worrying about violating anyone's confidentiality. There are three active cases and one active community contact associated with Fieldbrook Foods and a total of 82 people have recovered from this outbreak; currently there are 10 active cases associated with SUNY Fredonia and 81 students have recovered; 285 cases under quarantine orders; 31 people under domestic travel quarantine</p>

<p>COVID-19 cont'd</p>	<p>which is down substantially from the summer; 4 persons hospitalized as of 9/15. Numbers for 9/16 were just received and we are down to 2 people hospitalized; 532 recovered cases; 10 deaths, 594 total confirmed cases and 40,092 negative test results. The COVID map is up to date.</p> <p>We have been busy getting ready for school openings. We have worked with SUNY Fredonia and JCC with their reopening plans and dealing with positive cases on both campuses. Hopefully some of that is getting under control. I do think that the SUNY Fredonia situation is similar to what we have seen across the country where these young people have come onto college campuses or off campus housing and decided to congregate and we saw the spread of disease. Fortunately we really didn't see any severe illness out of the SUNY Fredonia situation. Now we are working with pre-k thru 12th grade students with schools. At our last meeting I was waiting on the updated clinical guidance from the State. That still has not come. The NYS Department of Health (NYSDOH) says that the holdup is not with them, but that guidance has not been released from the Governor's chamber. We are doing the best that we can. We do have verbal word from NYSDOH officials that a negative test is not needed for students to return to school. With the help of doctors Berke, Kidder, Khan and Ney with our medical leadership team we did disseminate a COVID-19 screening flow chart to all of the schools as well as to office managers to all of our primary care and pediatrician offices. Flow chart was reviewed and can be found here: https://chqgov.com/sites/default/files/inline-files/ScreeningFlowChart-10.9.20.pdf</p> <p>We've advised school nurses to really pay attention to their students and know who has asthma, allergies or any chronic condition that could have a symptom of COVID-19 so that a determination can be made whether or not that child should be kept out of school.</p> <p><u>Kidder:</u> Do you know if schools will be sending the flow chart home so that the parents will be able to see it so that they can set their expectations of what will happen in each scenario?</p> <p><u>Schuyler:</u> We recommended it be sent home and posted on the school's website. We have posted it on our website so anyone can access it there.</p> <p><u>Schuyler:</u> Our epidemiologist, Bree Agett, has put together some nice snapshots of data for us. 6% (or 32 out of 534) of positive COVID-19 cases in Chautauqua County were hospitalized. Symptoms of positive cases were interesting. 381 (or 71%) of positive cases experienced symptoms and 143 (or 27%) had no symptoms. Of the 381 individuals who had symptoms, data about specific symptoms is readily available for 316 people. The most common symptoms reported among local cases include cough (53%), headache (48%), fatigue (43%), fever (41%), muscle aches (38%), congestion (37%), loss of taste (35%), and loss of smell (33%). Bree is going to take this data and pull it out by age so we can see what the symptoms children are having. Moving onto the graphics that Bree put together, please note that percentages for children under 5 and adults over 90 is not accurate because the numbers in these age groups are low so that data is not stable.</p> <p><u>Tallett:</u> Do we know the number of deaths?</p> <p><u>Schuyler:</u> We've had 10 deaths. The highest deaths have been between the ages of 80-89.</p> <p><u>Schuyler:</u> The next chart shows the percentage of cases who experienced symptoms by age group. You can see some consistency across the board. As you can see the data for 9 and under is not stable because there are less than 10 people in those age groups. 10-14 age bracket you can see that almost everyone who tested positive experienced symptoms.</p>
<p>COVID-19 cont'd</p>	<p><u>Tarbrake:</u> You said that 27% reflect no symptoms. In your opinion, do you think that is the trend nationwide?</p> <p><u>Schuyler:</u> I really do not know. I can have Bree check into that. I have to believe that it is either that or higher</p>

<p>COVID-19 cont'd</p>	<p>considering that the trend now is there are so many more young people testing positive with very few symptoms, if any.</p> <p><u>Ney:</u> Literature that I have read the most indicates around 40% either have no symptoms or are pre-symptomatic.</p> <p><u>Schuyler:</u> When we are asking for symptoms there really is no rating of symptoms, such as mild, moderate or severe. We are looking at severe really as being hospitalized and as you know, the rating of a symptom would be subjective anyway so we are just looking at what are the symptoms, if any.</p> <p><u>Souter:</u> Is the hospitalization rate dependent on the location of the hospital or is it based on their zip code?</p> <p><u>Schuyler:</u> Hospitalizations are based on the location of the hospital. So when you look at the metrics, we look at hospitalizations that are in our county. So you could have a Cattaraugus County resident hospitalized at Brooks Hospital. That would count as a Chautauqua County hospitalization. Similarly, we could have a Chautauqua County resident hospitalized at either an Erie County New York or Erie County Pennsylvania hospital and that hospitalization would count towards that specific county's hospitalizations. Various people have asked us for all of that information and you have to understand that we don't always have access to that information, so that is not something that we can track.</p> <p><u>Souter:</u> How are deaths tracked?</p> <p><u>Schuyler:</u> The death certificate is filed in the town or city that the death occurred, so if a Chautauqua County resident was transferred to a Buffalo hospital for care and died there, the death would be considered an Erie County death. One thing that always comes up in our community health assessment data is that we have high numbers for EMS and emergency treatment for cardiac disease and stroke, but we don't have real high hospitalization or death rates when it comes to that mortality because so much of that occurs outside of Chautauqua County. Access to data that is in NYS is more readily available to us than PA hospitals, so it does make it hard for us to get a clear picture of the morbidity and mortality of our County residents.</p> <p>We have had our first cases of COVID-19 in the pre-k thru 12 schools. Two students were reported out of the Jamestown district and two out of the Dunkirk district. In both of these situations they were siblings who were already being monitored by our staff and none of those students had any contact physically with the school. They had been doing remote learning.</p> <p>We have been in communication with all schools. One of our public health nurses is acting as our point person and that is working out really well. We also have received assistance from the state for a school health specialist who we just met today. She is going to be working as a liaison underneath our public health nurse to assist with some of the outreach and to help schools figure out this reporting requirement so that they are reporting the data correctly to the state. For instance there is an error in the system that the Dunkirk school district reported their two positives were on site, but that was an error as they were in the off-site learning, but it was entered incorrectly. This is a brand new and complicated system. They are asking for a lot of data and it just came out the second day of school and so there are going to be some bumps in the road and it may take a while for errors like this one to get corrected. Once the information is entered, the school has no ability to change anything.</p> <p><u>Rankin:</u> I really appreciate your PSAs on the radio. A lot of them are about how to keep yourself safe and reminders about all of the steps. The most recent one that I heard was about should a business close or not and should you go there or not. I thought that was really good to get the word out for people not to panic and to follow the basic steps.</p>
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COVID-19 cont'd

O'Brien: Since our rate of positive cases is so low compared to other areas in the country, we've not really had any concerns about testing capacity. Some areas are now beginning to track not only the number of tests, but the positivity rate, but also whether there is more demand for testing than they are capable of delivering.

Schuyler: I had a conversation with WellNow medical director yesterday because we had county residents calling stating they are not able to get testing at WellNow. What I've been told is that insurance will not be billed for someone to get tested in order to return to school or work so it is \$170 out of pocket cost. Nursing homes have just opened up visits. One of the many requirements to visit your loved one in a nursing home or long term care facility is a negative COVID-19 test within 7 days before a visit. This is going to be difficult to achieve the turnaround time it takes to receive a test and because many providers and insurance companies do not feel it is medically necessary. We have gotten a lot of phone calls and concerns about this. Those are the states rules and regulations. The State said that we could temporarily keep the Abbott ID Now rapid testing analyzers that were used for the testing in Dunkirk recently. Actually the State doesn't own those machines, they are owned by Health Research Institute which is who the State contracted with to provide those machines. So the five counties of WNY have had to enter into MOU with HRI and so we will be taking possession of the machines either tomorrow or Monday and we have to go to Buffalo to get them. The State is going to supply us with a limited number of testing kits that will expire in October and November. So this is not a resource that is available to us on an unlimited basis. We are working on how to best utilize these resources to do the rapid testing.

O'Brien: If we had an outbreak and needed to test 100 people a day could the system as a whole do that?

Schuyler: I believe the system as a whole does have that capability with the Chautauqua Center, UPMC outpatient clinic, WellNow and various pediatrician and PCP offices that are testing. We were hopeful that these rapid analyzers would be something we would have in our back pocket so we could quickly respond to an outbreak or a cluster. Unfortunately the way they are being loaned to us limits our capabilities.

Ney: If funds are available could you purchase more of the testing kits?

Schuyler: I believe so. We also had to have this type of testing added to our lab license. Our main focus isn't testing within our department. Our core responsibility is disease surveillance and investigation because no one else has the authority to do that so that really has to be our priority. We are really looking at partnering with our medical partners when it comes to testing for this, influenza, and anything else that is out there.

Kidder: Is your group working on a threshold to when we will announce the rapid testing?

Schuyler: Staff had a meeting today with the Chautauqua Center to discuss partnerships for testing. To really pull of wide spread rapid testing clinics we need to reach out to our partners in healthcare. Given the expiration date of the supplies, my vision is to schedule rapid testing clinics throughout the county. We have to immediately isolate anyone who tests positive. I think we should be able to set up enough clinics to utilize the supplies before they expire so that nothing goes to waste. I'd like to keep them for outbreak need but with the expiration date, we need to use them. We will hold back a couple hundred kits in case we see an outbreak or cluster between now and the end of November, when the test kits expire.

Kidder: Regarding your conversation with WellNow and the insurance, Is the insurance only being billed when someone is symptomatic or is it being submitted for asymptomatic too? I think what is happening is people are getting stuck with the bill that were asymptomatic at the time of testing.

O'Brien: Is WellNow not testing if they don't think they are going to get paid?

Schuyler: Yes. We have no control or say over how providers take care of their patients.

Kidder: I think they will do the test, you just have to pay out of pocket up front before they run it.

	<p><u>Tallett:</u> It is my understanding that WellNow still sends all of their testing to Boston and the turn-around time is still slow. Is that correct?</p> <p><u>Schuyler:</u> It has gotten better. I think we are getting results back in 3-5 days.</p> <p><u>O'Brien:</u> It's my understanding that you don't really have much concern about capacity to deliver testing based on current patents?</p> <p><u>Schuyler:</u> As long as the state comes out with their updated clinical school guidance that clarifies that a negative test is not required in order to go back to school I think we should be alright. They have said it multiple times to us but we have yet to see it in writing.</p> <p><u>Kidder:</u> You mean no negative test for close contacts or known positive cases to return to school, right?</p> <p><u>Schuyler:</u> Right. Now everyone has to have a negative test in order to return to school and that really is not going to happen. We have been using symptom based criteria all along and that is what needs to happen with schools. It's very frustrating that we are still waiting for this school guidance.</p> <p><u>Kidder:</u> Are there any recommendations that our Board of Health can make that would facilitate your job and your staff's job that would help prepare for the next 3-6 months?</p> <p><u>Schuyler:</u> Well if you have a crystal ball that works I would like that. We did get approval to hire some temporary staff. So we are looking to hire temporary nurses as well as a permanent nurse and a health educator. We have other public health work that, unfortunately, we have not given the attention that it needs. We have some big responsibilities as far as education and outreach and to really push for vaccination. As Dr. Berke knows we still have high rates of STDs and I have to be able to free up some of our public health nurses to do the core public health work that we need to do on top of COVID.</p> <p><u>Ney:</u> Going back to the rapid testing kits, can you find out how much 500 test kits cost? I am curious because in the event of an outbreak it might be nice to have a couple months' supply to put us into 2021.</p> <p><u>Berke:</u> They are about \$47-\$50 a test. So for 500 it will be about \$25,000. If you can get your hands on them. I was at a nursing home this morning that has a rapid testing machine, but they have no test kits and they can't get any.</p> <p><u>Schuyler:</u> Every day you do the testing, you have to run controls on these machines. They were not designed to run and run and run and so there have been issues with overheating, etc. We have no idea how long these machines are on loan to us.</p> <p><u>Erlandson:</u> Are there any other questions or comments for Christine. Christine, thank you. I think we all echo what Dr. Ney stated at the beginning of the meeting. We are all grateful you and your staff and for the data that you have presented.</p>
<p>New Business Boil Water Orders for Lily Dale and Fredonia</p>	<p><u>Schuyler:</u> Bill Boria is out of the office this week and so Paul Snyder is heading up our Environmental Health Unit and of course he is very intimately familiar with our public water supplies and so Paul is going to talk to you about what is happening with those water systems.</p> <p><u>Snyder:</u> Lily Dale – as you know their boil water order started on July 14th. It was primarily due to contamination in their very antiquated water mains that are around 100 years old. We routinely have them monitor their system but for some reason some contamination popped up this summer. We are not sure if it was due to the low demand this summer as that decreases the flow and the chlorine residual or if there are leaks contributing to contamination. We had several rounds of bacteria samples collected over several weeks. This is probably the worst contaminated distribution system that I've seen in nearly 20 years of being the Engineer at the Health Department. We had bacteria numbers that were in the 100s and even some E.coli. Lily Dale purchases their water from Cassadaga</p>

Boil water cont'd	<p>and so we tested Cassadaga's water system and their water tested fine. We could not shock treat Lily Dale's water to get passing samples and so we worked with their engineering to install a temporary chlorination station which was approved for installation on 7/31. The system was just installed two days ago and is now up and running. Our goal is to shock treat their system with a higher chlorine residual which is still in compliance with the state code and because of the low demand it will be in contact with the tuberculation of the water mains and shortly thereafter we will start sampling and hopefully that will work. I was there today and they are chlorinating the system and through flushing and continued usage we are hoping that it will spread even more. We do have a \$3.6M project that I approved back in March to replace all of their water mains. I instructed them to start that project this fall and get as many water mains replaced before winter and finish next spring.</p> <p><u>Erlandson:</u> There was a similar situation in Lakewood in the 1980s. The problem was the interior piping was lined with some sort of contamination.</p> <p><u>Berke:</u> They used a polypig. They cut into the line and put a football and forced it down through the pipe and then they had another connection 100 yards down and it just scrubbed the insides of it out. That was the only way to clean it all out.</p> <p><u>Erlandson:</u> I think they ended up going to Jamestown water abandoning their own water supply.</p> <p><u>Snyder:</u> We did that exact same procedure in Hanover on Sunset Bay water district and they were pigged and relined with cement. In Lily Dale we are talking about really old water mains and that process just won't work as the water mains would break, so quite honestly they just need replaced.</p> <p><u>Snyder:</u> Fredonia – I was there today as well and their problem is entirely different. Over the past several years Fredonia has had issues with water main breaks. This is primarily with their water plant. We put them on a boil water order on 9/10/20 and it was due to turbidity in their filter effluent that exceeded the state standards of 0.3 MTUs. Part 5 of the State sanitary code allows them to maintain 95% of their turbidity. They were at 94%. What was kind of alarming was that starting in the middle of August you could see it starting to creep up and towards the end of August you could see that is exceeded the 95%. But if you look back at their monitoring report, there was a big Algae bloom, we've had a lack of rain, increased temperatures and they were not able to remove the Aglae bloom and everything that they did, they just could not address it.</p> <p><u>Berke:</u> This is a 30 year old mess that could have been solved a while ago when they were offered a cross connect with Dunkirk. It's just nonsense. They have this antiquated system and they refuse to deal with Dunkirk. They have a water supply that has a trillion gallons and they'd rather have their own system that's been a pain the butt for 30 years. I hate to be brutally honest but that is what is going on.</p> <p><u>O'Brien:</u> One of the press reports implied that because of COVID some inspections were pushed back. What does that mean? Could this have been caught earlier?</p> <p><u>Snyder:</u> COVID put a delay on getting the materials to replace the media in their filters, getting labor, and equipment. All I know is we didn't have any problems with the turbidity until August when we had the Aglae bloom. One thing that I have talked to them about it pretreating their water with an oxidizer and what that will do is kill off the Aglae before it gets to their clarifiers.</p> <p><u>O'Brien:</u> I agree with what Dr. Berke is saying and that it is an ongoing problem. Is there anything that the Board of Health can do to assist with getting Fredonia hooked up with Dunkirk's water system?</p> <p><u>Snyder:</u> I've had many conversations with the Village Board about this. The Boards are changing all the time. This Mayor seems to be more keen on the idea. We had plans to install a large interconnection between Dunkirk and</p>
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	<p>Fredonia. I won't get into all of the details, but Fredonia decided they wanted to stay on their own and upgrade their water treatment plant. Even if Fredonia was on the north county water district, the Dunkirk water plant doesn't have the full capacity to treat the entire village of Fredonia and the rest of their district so Dunkirk would need some major upgrades to their system in order to meet the needs of the village of Fredonia.</p> <p><u>O'Brien</u>: Paul do you have any idea how long the boil water order is likely to be in effect?</p> <p><u>Snyder</u>: I estimate by as early as the middle of next week we should be able to start sampling the water system to see if it is safe to inactivate the boil water order.</p> <p><u>Erlandson</u>: Where does Silver Creek fit into this?</p> <p><u>Snyder</u>: Silver Creek and the two town of Hanover districts are being fed through Erie County. Right now the North County Water District serves the City of Dunkirk, Town of Dunkirk, Village of Brocton, Town of Portland and up into the Town of Sheridan. It goes all the way to the Village of Silver Creek line. The next future phase is that we are going to be running water up Route 20 from the main intersection of 20 and 60 and then go into the four corners in Sheridan. That will also serve as another emergency interconnection with the Village of Fredonia.</p> <p><u>Berke</u>: Does that also serve Lakeview Shock Prison?</p> <p><u>Snyder</u>: Yes</p> <p><u>Erlandson</u>: The question was asked if the Board of Health could put some pressure on Fredonia or would that become politically difficult?</p> <p><u>Snyder</u>: I think right now is the perfect time to start talking about getting Fredonia to be a provider to the North County Water District. They had a large water project completed in 2003. I think that they would be a very good provider of water to the district. Over time we can plan on upgrading Dunkirk's plant to basically take over for Fredonia once they reach a point that their service life of the plant is finished. Right now is a good time to start this discussion.</p> <p><u>Erlandson</u>: I remember a few times in the past many years that Fredonia did not have enough water. The reservoir was low and water was pumped from Cassadaga Lake. This was objected to because it was taking water out of subsidiary basins.</p> <p><u>Tallett</u>: Maybe as a Board we should point out that Fredonia should review old agreements.</p>
<p>Other Business Tobacco</p>	<p><u>Erlandson</u>: Is there any information from Lynn Schaffer at the law department regarding the smoking regulation?</p> <p><u>Schuyler</u>: I did check in with Lynn. Of course everyone has been inundated with COVID work and so we apologize that we haven't moved quicker on this. Lynn's recommendation is to help with the policy end and law change is to have a subcommittee of the board work on an education program and try to get buy in support from the Legislature about some of these health relevant issues to help our communities. Any local law change will have to be approved and passed by the Legislature.</p> <p><u>Erlandson</u>: Would anyone would like to help me on this?</p> <p><u>Schuyler</u>: It is important to get the support from the Legislature beforehand.</p> <p><u>Tarbrake</u>: I'd be willing to help with that.</p> <p><u>Schuyler</u>: In reality the timing is good because a complication of COVID-19 being a respiratory illness and the high rates of smoking in our County. It just sets up so many people for increased morbidity and mortality.</p> <p><u>Erlandson</u>: Thank you Mark. I will be in touch.</p>
<p>Adjournment</p>	<p>Motion to adjourn by Tallett. Meeting adjourned at 7:21pm.</p>
<p>Future Meeting</p>	<p>November 19, 2020.</p>

Dates	
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