

Chautauqua County Board of Health
MINUTES

Meeting Date/Time: Thursday, May 20, 2021 @ 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	Andrew O'Brien	A	Breeanne Agett	Epidemiology Manager, HHS
Dr. Khan	P	Elisabeth Rankin	A	Bill Boria	Environmental Health Director, HHS
Dr. Kidder	P	Dr. Tallett	P	Dr. Robert Berke	County Physician, HHS
Dr. Ney	P	Mark Tarbrake	A	Sherri Rater	Administrative Assistant to Commissioner, HHS

Call to order	The meeting was called to order at 6:07 p.m. by President Lillian Ney.
Roll Call	Roll call was done. Those present and absent are noted above
Privilege of the Floor	<p>There was one privilege of the floor submission which was read by Sherri Rater: Submitted by Ida Golden,</p> <p>I come before you with concerns regarding the mask mandates and Covid-19 vaccination initiatives. Regarding mandating the use of masks: there is no science supporting this. Masks are ineffective, potentially harmful, only EUA authorized, and not FDA approved for the purpose claimed by the mandate. Even under a state of emergency informed consent is required. Our constitutional rights do not disappear in an emergency. The mandate misrepresents the use of a mask as being an effective device for infection prevention and/or reduction. This gives mask-wearers a false sense of security. According to the FTC this is a deceptive practice. It's a myth that masks prevent viruses from spreading. The overall evidence is clear: standard cloth and surgical masks offer next to no protection against virus-sized particles or small aerosols. To Quote Dr. Simone Gold "Wearing a mask to stop a virus is like putting up a chain link fence to stop a mosquito." There have been hundreds of mask studies related to influenza transmission done over several decades. It is a well-established fact that masks do not stop viruses. The fact is after reviewing ALL of the studies worldwide, the CDC found "no reduction in viral transmission with the use of face masks." Yet we cannot work or shop without them. This is a violation of our civil rights. Regarding the vaccination efforts, the unending heavy-handed push for these EUA covid vaccines to be administered to all adults, and even more so to children, is terrifying. I urge you to advise the public that they have the right to refuse to take any EUA vaccines. Any other action is contrary to federal law. Emergency Use Authorization is not FDA approval, the FDA ensures that recipients have the option to accept or refuse an EUA product. These Covid shots are still in clinical trials, the risk and side effects are still not fully known. From December 2020 through May 2021, the CDC reports 4,178 deaths, as well as many serious adverse reactions,</p>

	<p>from the EUA covid injections. 4,178 deaths in less than 5 months equals more than all vaccine related deaths for the past 20 years!! As a reference, during the Swine Flu outbreak in the 1970's, the vaccination program was ended after just 94 cases of vaccination-related paralysis. Under the 2005 PREP Act enacted by Congress, Pharmaceutical companies that manufacture vaccines are shielded from liability related to injuries. However, any employer, public school, or any other entity or person who mandates experimental vaccines on any human being is not protected from liability for any resulting harm. While big Pharma is shielded from liability, Schools, Employers, private businesses and you are not. To be clear, if you illegally or irresponsibly mandate EUA medical therapies for citizens of Chautauqua county, such as the EUA covid-19 vaccines, you may be held personally liable for any resulting harm. Finally Coercion is illegal. It is very disheartening to read the minutes from the 3/18 BOH meeting to find that a member of this board is aligned with coercion tactics, saying "once there is a rule where people will have to provide their vaccine passport in order to get into a restaurant, airline, etc., it will urge people to get it."</p> <p><u>Ney:</u> I have been advised that we do not have to answer at this time, however, if there is anyone that would like to comment, this is an appropriate time.</p> <p><u>Berke:</u> I think this is a classic use of bits and pieces of erroneously gathered information to try and contradict what we know, which is that so far we have given 150 million doses and the side effects of these drugs, which are past clinical trials and have had extensive clinical trials. The only ongoing clinical trials are for children. These are very effective vaccines. It is one of the only weapons we have to try and put this pandemic to rest. The writer fails to recognize that 600,000 Americans have died in this pandemic and as for the issue with masks, all of us who work at hospitals understand the value of masks. It is not that they stop viruses; they stop droplets that carry the virus. It has been shown that these are very effective with respect to droplets and when people sneeze and cough, it reduces the transmission.</p> <p><u>Tallett:</u> Wearing masks has been very effective not only with reducing the transmission of COVID but, as the number shows, it has reduced the number of influenza outbreaks this spring and it has also reduced the number of RSV admissions to the children's hospitals as a result of mask wearing. Oshie Children's Unit is almost empty where it is normally full at this time of the year with RSV infections. Mask wearing does work and I will disagree with the writer very strongly on that. It is not the virus itself, it is the particles that it is preventing the spread of.</p> <p><u>Khan:</u> We run hundreds of RSV and influenza tests just in our practice in one season and this season, those tests sat on the shelf. We still have 95% or more of our testing supplies. Not everyone was wearing surgical masks, people were wearing bandanas, gators, whatever and most of those things did work. We are not challenging the science of the makeup of different types of masks, but there is some efficacy to covering the face. The commenter is entitled to their opinion but there is not much science to what they are saying.</p> <p><u>Ney:</u> I think our Board as well as the Department of Health as encouraged and educated the public on wearing masks and getting vaccinated. Unless there is a counter-indication so we will continue to stand by that.</p>
<p>Approval of March 18, 2021 Minutes</p>	<p>Tallett made a motion to approve the March 18, 2021 meeting minutes, 2nd by Kidder, all in favor, motion carried.</p>
<p>New Business: Agreements to Settle</p>	<p><u>Boria:</u> We have two agreements to settle. One was with a retail establishment that was refusing to comply with the governor's orders for mask wearing. They were given several warnings and we fined them and they settled. The second one is with a bait shop that was selling illegal products and again our inspector visited the shop during a routine inspection, gave a warning and returned at a later date and we ended up giving them a notice of hearing</p>

and they settled by paying a fine.

Tallett: What were the products?

Boria: They were flavored nicotine vape products and we found 176 items, 34 products.

Ney: Are there any additional questions?

None.

Ney: Before we move on to old business I just want to mention as an addition that there was a discussion about an increase in overdoses in today's Jamestown Post Journal and the increase in Fentanyl seizures by the police. We have had discussions about the increasing incidences of overdoses and the article clearly points out that the first part of 2021 exceeds all of 2020 and it is something that is a huge public health problem. I know that many organizations are working on it and there are a lot of root causes but it's a real serious thing. We did discuss it at length at the last meeting. This was the City Police reporting out their data, which is similar to the data that we had in regard to the increase.

Berke: This is a nationwide problem. The number of overdose deaths in the US last year was 80-90K compared to half that number or maybe a little more the year before. This is a major problem that is not getting any better.

Kidder: I will add that we are also seeing overdoses among people who did not intentionally use opiates. We are seeing Fentanyl sprinkled and laced on just about every type of drug you can have out there including marijuana which is now legal and that is where I have a lot of fears about unintentional overdoses ending in death. We've started to see Fentanyl pop up in the marijuana around this area and so just a caution to everyone on that.

Berke: The other issue is Methamphetamines which is just rampant. It is easy to make, easy to cook and it's just all over the place and it is untreatable. There is nothing to counteract it like the opioids.

Tallett: The other thing is there is a very potent source of Fentanyl making the rounds now that is even more addictive. One of the things the EMTs are finding is that they administer Narcan and it brings them around, but then they drop out again and so now they sometimes wait until they get to the hospital because it is often requiring two or three doses.

Ney: The police report mentions that the number of overdoses where multiple Narcan uses are needed and I was quite surprised by this.

Old Business:
COVID-19

Agett: Here are the numbers as of yesterday which were reported today. There were 57 active cases which is the lowest we've seen in a long time. We had 4 new cases and have exceeded the 9,000 mark for total cases since the pandemic. There have been 153 total deaths and are currently 4 people hospitalized in Chautauqua County hospitals and 248 people in quarantine. Daily case numbers were reviewed. January 9th was our big spike and then we slowly decreased. There was a slight uptick after Easter break. We are starting to see a decline in the 14 day average trend so that is good. As more people are getting vaccinated in those older age groups we are starting to see a higher portion of COVID cases in the younger age groups and less in older age groups. Charts were shared with data relating to this. Charts were shared regarding vaccination also. 47% of residents 16+ have received their first dose of vaccine and 41% of residents 16+ are fully vaccinated. We only have access to records for people who are vaccinated in NYS so if residents were vaccinated elsewhere it is not included in our numbers. We do take a look weekly at age, racial and ethnic demographics information to get an idea of who's vaccinated and who's not and it also allows us to target where we need to go in the community to reach the right people. What we saw over the last few weeks is that we are seeing lower rates in black or African American residents compared to white residents. Asian and American Indian vaccination rates were higher. We also saw higher vaccination rates in Hispanic when compared with non-Hispanic ethnicities. I think that is a result from a big push

COVID-19 cont'd

that we have done over the last several weeks with partners in the communities to really try to reach that group of Hispanic residents. We also saw lower vaccination rates in the western part of the county in the Sherman, Mina, Clymer, Ripley areas where there is a high Amish population. There is a shift there with residents going to Erie PA to receive medical care so we may be missing some numbers because of that too. We also see a lower vaccination rate in the northwest part of Jamestown. The highest vaccination rates are among older individuals which makes sense considering they have been eligible for a long time and are at the greatest risk of severe disease and death due to COVID. As you know we have been working over the last several months to get residents vaccinated and for a very long time we were doing large clinics at SUNY Fredonia, JCC and here in Mayville. We are starting to move from those larger clinics to smaller ones in key areas. Because of the recent expansion of eligibility for 12-14 year olds we are hosting clinics at schools over the next 4-5 weeks. Drive-through clinics are scheduled on Tuesdays at the Cassadaga Valley bus garage where we will offer all three vaccines. We have had several smaller clinics in more rural areas too.

NYS has adopted the CDC guidelines for masking and what that means is any vaccinated person can essentially resume pre-pandemic activities and are not required to mask unless a business, a jurisdiction or wherever they are going has masking guidance on top of any state or federal regulations. Business and employers do have the right to ask for proof of vaccination status

Boria: I will just mention the guidance we are providing to restaurants. Most of them are going to put signage out stating masks are required for unvaccinated patrons and staff that are vaccinated do not need to wear a mask but they are going to have to show the manager of restaurant proof of vaccination so when we do inspections we will know who is supposed to be wearing a mask.

Berke: What are the recommendations for gyms?

Agett: The CDC guidelines state that gyms follow the same guidance as other businesses so vaccinated individuals are not required to mask and unvaccinated individuals must mask. That being said, each gym could have their own policy on top of that guidance.

Boria: I did speak with a spa owner today and our recommendation is that people who are getting a massage should wear a mask and if they don't want to wear a mask they should show proof of being vaccinated.

Kidder: How do you anticipate the enforcement of masking will go for some of these businesses? If they have an issue are they going to reach out to the police or the Health Department and what role do we have in this next phase?

Boria: That is a really good question. It is going to be hard to determine who's vaccinated and who's not. If we do get a complaint we will talk with the business owner about it. I don't anticipate going in and policing it as that could create problems.

Khan: CDC has said that it's on the honor system and so if people take off their masks and act like they are vaccinated they are putting themselves at risk. I don't know how it can be policed but basically the onus is on people who are not vaccinated if they decide to uncover their face.

Tallett: Do we know any of the reasons people are reluctant to get vaccinated?

Agett: I think there is a great deal of misinformation out there as we all know. Some of the concerns are the speed of the vaccine and its development, some feel they are at lower risk and feel that if they were to get COVID they wouldn't have severe disease and face the risk of death. There is the misperception that the vaccine causes infertility and we know that is a reason that a lot of younger women aren't seeking out vaccination. I think some people don't want to feel like they are being made to get it, that it is their right. It is their right but it is also really

COVID-19 cont'd

good for our community and the health of our community to get vaccinated because it really slows down the transmission of disease and that is important to getting back to a normal life and living a mentally healthy life as well.

Berke: If you ask Betsy, Tarik or myself, there are a laundry list of excuses that we have been given from the vaccine causes COVID to I know someone who had the vaccine and then got the disease anyway, it's my right not to, I'm going to wait and see because it hasn't been tried out yet even though we have 150 million doses already in arms. The story about the fact that it has been rushed through is really an interesting story. MRNA vaccine has been under development for 20 years. They just sped up the end process for this virus but this has been a process that people have been looking at for 20 years because it is so novel. It's a unique way to develop a vaccine that absolutely cannot cause the illness and it can be engineered fairly uniquely to the specifics of a certain viruses methodology to attack your cells.

Agett: There is also the vaccine adverse events (VAEs) data that is out there for the public to view but I think it is often misunderstood. Anytime someone has an adverse reaction to a vaccine they can report that and anyone can access that report and read it. Those are claims from people who have received the vaccine or their family members have received the vaccine and they aren't necessarily the truth of the matter. So maybe I had an event that I would have had anyway whether I got the vaccine or not, etc. So I think there is a misunderstanding about the data sources as well and they take those claims as fact.

Berke: There are people who get vaccinated and then get COVID after they have been vaccinated. It turns out that the number is 0.01% of the people who have been vaccinated have subsequently tested positive for COVID-19. It is such a small number. These vaccines have been proven to be remarkably effective.

Kidder: I will add one thing about barriers to getting the vaccine. Lack of ability to sign up on the internet has been a barrier for many. I have found that just sitting with patients and asking them if they want to get the vaccine and they agree, I find that if I just sign them up in the moment I eliminate that barrier. And with the new option to allow for walk-ins has been helpful I tell patients that you can go and get your family vaccinated too. That has been transformational in some of the populations that we have had difficulty reaching. A lot of people still do trust their medical professionals, doctors and scientists and they want to get their vaccine from their doctor because they trust the staff and that relationship and that is where we can have those discussions and answer those questions, so I think that when we can get the vaccine into the doctor's offices and people can have those discussions with professionals who they've had those long term relationships with, that will be a great opportunity to get it into the populations that have been hesitate to date.

Khan: NYS and the feds has started making some changes in the number of doses that can be accepted and administered and it's not such a large number. Plus I have to back up a few steps and say that the Department of Health has done a tremendous job. We have been the beneficiary of running several clinics because the doses were provided to us by the County. I'm hoping that sometime this spring and into summer that we start to see more and more vaccine in the doctor's hands and we will see the numbers climb.

Tallett: When I downloaded my NYS Excelsior pass confirming my COVID-19 vaccination I noticed that it had an expiration date of July 2021. Is that an indication that we are going to have to have a booster shot?

Agett: The State will continue to update the expiration date on your passes as we learn more about the vaccine and how long it is effective for. Some people have had trouble getting the excelsior pass on their phone. I would advise that if your information is incorrect you can call our department to assist you in making sure your information is correct in NYSIIS.

Ney: Going back to the vaccination, some of the younger population feel that they are at considerably lower risk

COVID-19 cont'd	<p>but what disturbs me is that even with a moderate or mild disease, long term COVID affects these folks. There is increasing science that shows that they may be the subject of long haul COVID which is a nasty thing depending on what type they get. I feel strongly about passing this on to young people who are on the fence about this.</p> <p><u>Berke:</u> There's also the young folks who are smoking and vaping that puts them at higher risk and if you look at the historical data. The successive waves took people out in age groups. Initially it was the elderly and then the young 20-30 year olds. I am hesitant to think that we are through this. I think next fall, winter we may see this come back with vengeance and if we are sitting at 45-50% of the population not immunized, we are going to see more hospitalizations and mortality. I have a couple of people that I am treating that are dealing with this long COVID and are still not able to go back to work and they are 35-40 old.</p> <p><u>Kidder:</u> Yes, they are young and previously healthy and that is an important message that we need to get out with our education campaigns.</p> <p><u>Tallett:</u> I've heard that some of the long haulers who have since been vaccinated have been getting better. Have you any experience with that?</p> <p><u>Kidder:</u> We don't have enough patients to make a summary statement there, but it is certainly something that is being looked at. There is a lot of research going on with long haulers because we don't have ways to treat them and so they are being watched perspectivevely through time because we don't have ways to treat them. I agree with Dr. Berke if we don't get this County up to 75% vaccinated we are going to have another significant spike this fall and winter.</p>
Old Business: Tobacco Policies	<p><u>Erlandon:</u> We have made no progress in the last few months. We are currently awaiting guidance from our Law Department and that is essentially, what I will report. I am hoping within the next two months we can move forward.</p>
Old Business: Village of Mayville Water	<p><u>Boria:</u> They put a new well online when this emergency arose which was a temporary connection. That has since been made permanent. They have a new treatment plant building and they've got a permanent pump and well. They are having a little trouble with brown water because that well contains some iron. The village engineers are looking at installing an appropriate treatment. The County HD was instrumental in helping the village obtain a \$1,000,000 grant from NYS to install treatment on one of their contaminated wells. Going into the summer season water demands are going to go up with the influx of visitors to the area and the village and county are both concerned that the single well needs a back up. The State has realized that and so they fast tracked installing treatment on one well which is going to be granular activated carbon and that is currently being built. It should be operational by the end of June.</p> <p>Ney: It's safe to drink now, right?</p> <p>Boria: Yes, it is safe to drink. We are recommending if you have a little brown water to run your tap and it clears up and then use it, but even the brown water has been analyzed and we know it is iron and it does not pose a health risk.</p>
Other Early Intervention	<p><u>Agett:</u> Federal regulations required that we conduct an Early Intervention (EI) Family Outcomes Survey and EI services in Chautauqua County were rated between 90-100% positive on every measure, which was higher than the state average. While the response rate was low state wide, the outcome results were very positive and telling of the tremendous work that our EI supervisor, Denise Nichols and her staff as well as the EI providers throughout the County do with children and their families.</p>

Other: Hepatitis A	<p><u>Agett:</u> Over the past few months we have reported that we have been investigating a Hepatitis A outbreak throughout the County and we continue to do that. We did get a few more cases this week and are currently investigating the situation at a restaurant in the County. There may be more information coming about that in the next week or two.</p> <p><u>Ney:</u> Is the restaurant operating?</p> <p><u>Boria:</u> The restaurant is operating and we are working with NYSDOH to evaluate the situation and determine where to go from here and determine if the restaurant is the source.</p> <p><u>Agett:</u> We don't know that quite yet because the incubation period for Hepatitis A is quite long. We are continuing to investigate working with NYSDOH making sure we follow the proper protocols and procedures.</p> <p><u>Boria:</u> The incubation period is 1-50 days and the average is 30 days and the average is what everyone goes by.</p>
Other: HABS	<p><u>Erlandson:</u> I would like to add that with this warm weather some of us start to think about cyanobacteria in the lake and on April 10th there was a Zoom research conference sponsored by the Chautauqua Institution. Research teams from Fredonia, Bowling Green and the Jefferson Project on Lake George reported. It was extremely encouraging. I was particularly impressed by the data for Chautauqua Lake by the Lake George group. Their sensors were able to gather data that I never thought would be possible including sub-surface flora from the Arnold Bay area down through the bridge by Bemus Bay so there is new information coming out and we look forward to more in the future.</p> <p><u>Boria:</u> SUNY Oneonta was also involved with that and they are doing some research on the lake that during a HAB outbreak what are the health effects or the potential for someone who is recreating on the lake, like water skiing or tubing, to ingest aerosolized HABS that contain toxins and they are actually going out dragging around a tube with samplers on it. It will be very interesting to see what the results of their study are.</p> <p><u>Kidder:</u> Are there any new interventions happening on the lake that you are aware of, Dr. Erlandson, in regard to HABS and cyanobacteria?</p> <p><u>Erlandson:</u> What used to be the science committee has been renamed to the data and use committee, has been looking at a couple of things, particularly the data from the Bowling Green group showed that two streams of the 16 sampled stood out. One of them is Dewittville Creek which is high in phosphates and the other is Ball Creek which comes in at Stow, which is high in ammonia. What is the source of those two compounds? We think we have a pretty good handle on the Dewittville Creek because there is a large dairy farm upstream of Dewittville Creek.</p> <p><u>Boria:</u> On Ball Creek the researchers are doing longitudinal sampling upstream to see if they can narrow down what the source is.</p> <p><u>Ney:</u> regarding the Oneonta project with the inner tube, is that something that we may consider doing here?</p> <p><u>Boria:</u> It's not going to be used as an indicator. They are doing research to determine what the public health risk is associated with that activity and they are actually going to be doing this research on Chautauqua Lake while active blooms are occurring and collecting data to determine if there is an inhalation issue and if so, how big is the risk.</p>
Adjournment	Motion to adjourn by Kidder. Meeting adjourned at 7:15pm
Future Meeting Dates	7/15/21, 9/16/21, 11/18/21