

Chautauqua County Board of Health
MINUTES

Meeting Date/Time: Thursday, December 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	P	Natasha Souter	A	Bill Boria	Environmental Health Director, 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 6:02 p.m. by President Tom Erlandson.
Privilege of the Floor	None.
Approval of November 19, 2020 Minutes	Tallett made a motion to approve the November 19, 2020 meeting minutes, 2 nd by Tarbrake, all in favor; motion carried.
Roll Call	Roll call was done. Those present and absent are noted above
Old Business: COVID-19	<p><u>Schuyler:</u> COVID-19 numbers posted today which are statistics as of 12/16/20. We reported 71 new cases, 1 new death, 391 active cases, 2,233 recovered cases, total number of cases is 2,649, 34 persons are currently hospitalized in county hospitals, a total of 25 deaths, 1,443 in quarantine and our 7 day average positivity rate is 8.7%. There are currently no NYS designated yellow zones in the County. Zones are announced on Tuesdays by the Governor's Office. Normally the WNY regional office epidemiologist will let us know on Monday if it looks like we are heading toward a yellow zone, and so far we have not. The dashboard (shown on screen) is what is posted on our website. This is the way our numbers are now reported. You can see all of the data that I just spoke about plus we have it broken down by zip code. You can see right now the most active cases are in the 14701, Jamestown zip code which, all of you know, encompasses a large area. Anytime we have any sort of an outbreak that is within a congregate setting such as a nursing home or adult care facility or even the jail, those numbers do not count towards us going into a yellow zone, so the state takes those numbers out of the equation. We really don't know how the state calculates the rates that put us into the yellow zone.</p> <p><u>Kidder:</u> Please refresh for us what the threshold is that would put us into a yellow zone.</p> <p><u>Schuyler:</u> 3.5% positivity rate over a 7 or 14 rolling average and then there are so may per population and we aren't able to calculate those at the local level. We get a lot of questions about that from the public and there is no</p>

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way for us to calculate. The state has to do that calculation.

Ney: The numbers you are showing don't include anything new reported today, correct?

Schuyler: Correct. We are now reporting from the previous day. With the number of cases we are now seeing each day, trying to sort through the data, eliminate duplicates and transfer cases that don't belong to our county, it's really next to impossible to get those figures to the public on the same day.

Ney: Even if we had today's figures, we could say it's not going down, right?

Schuyler: No. I can tell you we had over 100 new cases come in today, which may have set a record for us.

So that is where we are with numbers.

Rankin: Cases known by age, is that over time?

Schuyler: That is our total number of cases listed by age.

Rankin: It is interesting to see that the highest number of total cases is the 20-29 year olds (503 cases to date).

Schuyler: That goes back to our college students and the pool testing and so a lot of them were being tested frequently and a lot of them were asymptomatic. Also on the dashboard is our fatality rate by age group. There you can see that 80-89 group has had the highest fatality rate (9 deaths).

Ney: There was a national paper out today and one of the authors was the person that is going to be the new head for the CDC in the new administration. The point of the article was that there they've been seeing a lot more positive cases in the 25-40 age group then in the past and there have even been some fatalities within that age group.

Berke: The same paper reported that there have been 11,000 deaths in children over this year and so this is not something that kids just get and are fine. There is a certain mortality rate as well.

Tarbrake: If there is a person from say Long Island who is attending SUNY Fredonia, are they grouped in to Chautauqua County or Long Island area?

Schuyler: If they are staying on campus at SUNY Fredonia, they are considered a resident of Chautauqua County and would count towards Chautauqua County's numbers. If there is someone who commutes from Erie County, Cattaraugus County or even PA, those student positive cases would count towards the county they live in.

Moving on, we continue to have calls every other day with our county's COVID-19 response leadership team which includes myself, the County Executive, Dr. Berke, Dr. Faulk, Dr. Walters, EMS Director John Griffith and Sheriff Jim Quattrone. One of the main topics of discussion right now is the COVID-19 vaccination. The federal government is distributing vaccine directly to hospitals and nursing homes. It has a contract with CVS and Walgreens for their staff (pharmacists) or other contracted staff who are able to vaccinate to go into long term care facilities vaccinate staff and residents. Hospitals are receiving vaccine directly from the Feds. What they are receiving is what they ordered two weeks ago. So that means they had to certify that they had the freezer that could be at the extreme temperatures to store the Pfizer vaccine. We've had some cases across the state and even locally where we've had hospitals who thought they were going to receive the vaccine directly, but two weeks ago when they pre-ordered they did not have their freezer to keep the vaccine in and so even though they may have just received the freezer, it's too late, so that vaccine went to another hospital with an allocation to that other hospital and the vaccine cannot be moved. That is one of the federal requirements. For instance, in our county Brooks Hospital received, I believe, 100 doses for their staff and 20 doses allocated to Westfield Hospital because Westfield did not have their freezer at the time they preordered the vaccine. So Westfield Hospital staff will have to go to Brooks Hospital to receive their vaccination. The next round of vaccine will come from Moderna if that is approved, as expected as early as tomorrow and more of the hospitals will receive the Moderna vaccine.

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<p>COVID-19 cont'd</p>	<p><u>O'Brien</u>: The Moderna vaccine was just approved tonight.</p> <p><u>Schuyler</u>: Hot off the presses it has been approved. So then any Moderna preorders will be filled. NYS is slated to get over 300,000 doses of the Moderna vaccine, where NYS only received about 70,000 of the Pfizer vaccine. I've heard locally that CVS is the contracted agency here to go into nursing homes. Per the states phased in plan is where you saw the groups in order to be vaccinated.</p> <p><u>Kidder</u>: Do you know if UPMC Hospital has received the Pfizer vaccine or are they on the list to receive the next round from Moderna?</p> <p><u>Schuyler</u>: I believe they are on the list for Moderna. I have not heard that they have received the Pfizer.</p> <p><u>Rankin</u>: I understand long term care facilities are scheduled to receive the vaccine in phase two. Do you know if that includes residential facilities for people with disabilities or is that more for nursing homes and assisted living?</p> <p><u>Schuyler</u>: What we heard today on our call with the NYSDOH is that this first round goes to just the skilled nursing facilities. Part B will be adult care, assisted living facilities, OPWDD and then some staff of OASIS and OMH facilities and so they are looking at some of the vulnerable congregate care settings, targeting those who are over 65 and so that is with the second batch of Moderna vaccine. EMS is also scheduled to have the second batch of Moderna vaccine. The State is working on EMS guidance. One of the main things that was evidently clear to us from the State and is really a sore spot for most of us in public health today is that the state has decided that the vaccine program will be rolled out through regional COVID-19 vaccination networks and so they have chosen that large health systems will take the lead in distributing vaccine. So we have a statewide network of lead health providers who will serve as the regional vaccination hubs in each of the 10 economic development regions. We've learned, and it's public knowledge, that Catholic Health System in Buffalo is the lead health provider who will be running our regional vaccination hub. In looking at a presentation that NYSDOH made to one of their committees, the skeleton that they have laid out does not mention LHDs in this but it looks eerily similar to the public health's emergency preparedness plan and how we work with pods and hospitals and operations and PPE and all of that. LHDs have truly been in the dark. We talked last month about sharing our immunization plan but what we have at the local level is our template for our public health emergency preparedness plan, which is what we have always had. We have no specifics because we are not included in this planning. We've not been allocated any vaccine. We filled out the forms so we can order vaccine but it's not our turn yet, so we have no idea how much we will get or when it will come. The regional hub is responsible for coordinating and partnering with all critical stakeholders to ensure there is a safe, equitable and efficient distribution of the vaccine to all residents in the region. That is an impossible task if public health is not intimately involved in the process. So today on our NYS association of county health officials call with the NYSDOH we raised those concerns very loudly. I can tell you that just recently I received an email from the Catholic hub people and we are going to have a Zoom meeting tomorrow. This includes the public health directors and health commissioner, Gale Burstein and so it's Erie, Niagara, Chautauqua, Cattaraugus and Allegheny Counties that are in our region and so what we have to do now is see what the state plan is going to be. I have a feeling that we are going to be developing the plan for the region. But I am very happy that we will now be at that table. I wish I had more information on the vaccine and distribution. We have been inundated with calls from the public as well as various partners such as law enforcement, emergency services, private healthcare providers who are used to turning to us for this sort of information and we really have no information. This is in the States hands. Hopefully now that we start to look at the regional approach and we will have an active roll locally, we will begin to get a plan in place for our county.</p> <p><u>Berke</u>: Christine you were asked to submit a plan a couple of weeks ago. What was that for?</p>
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<p>COVID-19 cont'd</p>	<p><u>Schuyler</u>: That was a requirement for our public health emergency preparedness grant, which is something that every local health department has to submit. The State has not approved any plans, everything is in draft format. Per our County Attorney's office, nothing that is in draft format can be released externally. One of the big concerns voiced at our meeting with NYSDOH today is that we have been planning for this sort of event and exercise for literally decades and this is what our community expects from us and so what have we done all of this for at the direction of NYSDOH? As part of our public health emergency preparedness plan if we were not going to be a part of that, I don't know if the state is just going to take all of the plans submitted for the region and pass them back down to the regional hub. The most important thing that we all have to remember is that our responsibility in public health is to make sure that there is equitable and efficient distribution of the vaccine to all residents of our county who want to be vaccinated. I can promise that we will make sure that happens.</p> <p><u>Ney</u>: Thank you for speaking up about the need for this area to be included in these regional plans.</p> <p><u>Schuyler</u>: Sometimes we forget that we have a voice and we have to use it because sometimes you assume that you will be included and you're not and so I think it is all working out for the best at this point.</p> <p>Moving on, as far as caseload goes, we have been able to hire additional temporary staff which has really been a huge help. We do have a lot of staff pulled in from different divisions of the Department as well. We have been able to find a few nurses, positions to fill case manager roles and clerical help so we are managing which is really good. I have to applaud Cathy Burgess, our Director of Community Health Nursing who has just worked tirelessly at this. We did have a meeting with school superintendents to discuss the utilization of schools as potential pod sites and what that would look like and entail. There are a lot of agreements and things like that that would have to go in place for that to happen. We also talked with the schools about what would happen if we were to move into a yellow zone.</p> <p><u>Kidder</u>: Is there a grace period from the time NYS identifies an area as a yellow zone to when that area adjusts to the requirements of the yellow zone or do we have to be prepared to immediately go into the yellow zone once identified?</p> <p><u>Schuyler</u>: The Governor announces the zones at a press conference and they are into effect immediately. The guidance has not changed for yellow zones. Testing of 20% of students and staff are required for schools in a yellow zone. If the testing of that one time 20% is lower than what is going on in the general community than the schools do not have to go into remote learning and we don't have to retest. For the orange and red zones the change was made so that you have a month to complete the testing instead of two weeks so we really don't understand why that has happened, but the yellow zone testing requirements were not changed.</p> <p><u>Khan</u>: The state has a pretty strict rule regarding who is tested and so if the person that is to be tested declines the school cannot go to the next student on the list. If I read correctly, then the school would have to go remote.</p> <p><u>Schuyler</u>: Actually NYSDOH did clarify that the school can move on if some parents for students or staff refused to get tested as long as you will have 20% of the in person student learning population tested. The schools have provided us with numbers for that. We do have Binax cards. NYSDOH has said that if we go to a yellow they will send immediately send out enough supplies to do the testing.</p> <p>We have been running COVID-19 rapid testing clinics on Tuesdays in Dunkirk and Thursdays in Jamestown. For the next two weeks, because of the holidays, the Jamestown clinic will be held on Wednesdays. There has been a very high demand for rapid testing. We are utilizing the states scheduling system and have tried to get the word out there that the state system is allowing multiple people to book. For example you have one 15 minute time slot and you could put your entire family of 6 (or more) in that timeslot and the system is also allowing multiple</p>
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COVID-19 cont'd

bookings for a time slot and so we are having issues with overbooking and it's really not an issue of not having enough staff, but that the Abbott IDNOW analyzers take 15 minutes to run a test and so you can only run so many tests in a certain amount of time. It doesn't matter how many staff you have swabbing, the analyzers only go so fast. We are trying to work through this. We had a clinic where 60 people were supposed to be registered and we had 190. The staff have managed and people have been waiting. I give them all kinds of credit because I don't know how they are doing it, but they are. They are keeping their heads about them, being pleasant and kind and so I'm very proud of the work that the staff is doing.

Boria: I have an update on the CDMS double booking problem. Supposedly that was resolved today so moving forward for next Tuesday's clinic it should be smooth sailing.

Schuyler: That's good news. It really has been trying not only for staff but also for people who are waiting thinking they have an appointment time and can't understand why they ended up waiting for two hours.

Ney: The FDA has approved a home (rapid) test and claim it won't be too much longer before it will be on store shelves. Does anybody know what the time lag is going to be? How much longer will people have to wait?

Schuyler: I have heard that it will be available as early as mid-January. It doesn't require a doctor's order. You do have to download an app on your phone.

I would like to give an update on the Chautauqua County Jail. As this board knows, we are responsible for implementing the medical needs at the jail and in collaboration with the help of the corrections staff, we have been monitoring the spread of the virus in the jail. We did retest inmates and corrections staff yesterday. That was our second round of testing. This resulted in 23 additional positive inmates out of 129 tested and one additional staff member out of 23 tested. So since this outbreak started at the jail about three weeks ago, a total of 88 inmates have tested positive and of those 88 inmates, 37 have recovered and 51 are still active. A total of 14 corrections staff have tested positive and 6 of those have recovered to date. We continue to work very closely with the Sheriff on this situation and doing our best to make sure that the inmates and the staff are getting the care that they need. In general, we have multiple clusters all over. We are truly at the point of community spread. I am fielding many calls from employers and businesses about what do we do now that someone has tested positive. I hope that every business and organization out there will go back to their reopening plan that they had to submit to the state and review the guidance as well as the CDCs guidance on what do to when you have a confirmed case in your workplace and implement those policies. Assist us with contact tracing, but know that we will be in contact with that positive case and doing contact tracing as well. We are also seeing many positives with families and family members, which was not unexpected with the Thanksgiving holiday. I am afraid by the time we get through the upcoming holidays that we will see increased spread. Right across the border in PA there is a tremendous increase in cases and hospitalization there. People really need to be vigilant. This is not the time to let down your guard. We do have a light at the end of the tunnel now with the vaccine but we are still a long ways off. We are looking at spring before the general population will receive the vaccine and so in the meantime we really need to take care of ourselves and the people that are close to us including wearing masks, washing hands, social distancing and avoiding large gatherings.

Tarbrake: Warren County, right from the beginning has not had many cases and that struck me as strange that they could be so far behind us and it seems like they are now catching up. What is the difference in their reporting or what is the change there?

Schuyler: I feel there is a tremendous difference in the way public health functions between PA and NY. PA state health department is responsible for most of the counties in the state, especially the rural ones. There are only

<p>COVID-19 cont'd</p>	<p>certain areas that have large city centers that have their own County Health Department, such as Erie, and Allegheny that covers the Pittsburgh area. Warren county doesn't have a health department other than the help they get from the State. They were not really doing any testing and so they weren't uncovering any cases and fortunately I think this part of the country we really did not see a lot of spread of disease until this second wave here. Sadly it has hit Warren County and those rural areas very very hard this time. I also feel there has been a lack of outreach to ensure that message is getting out. I live very close to the PA border and I don't feel the message was as strong for mask wearing and the other preventative measures that we have done here. But definitely there are a lot of very sick people there and in Chautauqua County as well, so it is not the time to let our guard down.</p> <p><u>Berke</u>: One of the things that has come up is that there is a fair amount of stress in our emergency rooms. The major receiving hospitals in our area in Buffalo and Erie are overwhelmed and the ER docs are reporting they are having difficulties transporting people who are in need of care. They are sometimes sitting on them for many hours in our local hospitals with conditions that should be shipped out and they are having difficulty getting people received elsewhere because of what is going on in Erie and Buffalo.</p> <p><u>Erlandson</u>: Are these non-COVID patients?</p> <p><u>Berke</u>: Right, these are patients who are having an MI or stroke symptoms who should be at a stroke center or a cardiac center. Dr. Faulk reported sitting on a patient who was having a mild MI and had the patient in the ER for 18 hours and finally got him to Pittsburgh 120 miles away because that is the only place that would take him. We are in more than serious to heavy water here. Christine is reporting cases, but those cases represent people going into the hospitals. Our numbers of COVID cases in hospitals are in the 30s were before they were just a couple and so if you go outside of here, Warren has 20-25, Saint Vincent 60-80, Hamot 60-80. Some of the Buffalo hospitals have patients in the ER, boarding them for hours until they can get a bed upstairs and for some it is not the number of beds, it is the number of nurses and staff to look after these people. So even though things are still okay we are close to being very very tight here.</p> <p><u>Schuyler</u>: An real life example is I heard of a new nurse who is working at one of the hospitals in Erie and so instead of working urology like she had planned she is on the COVID unit and she has got the marks and bruises from wearing an N95 mask all day, she comes home in tears after work and says I just can't take it. People are dying every shift and it's so hard, especially on a new nurse and so this is going to wear down our healthcare system. This is happening right in our referring hospitals in Erie, so people really do need to pay attention.</p> <p><u>Erlandson</u>: What can the Board of Health do about that as far as communicating something to the public?</p> <p><u>Schuyler</u>: I think each and every one of you are terrific advocates for public health and that onus is there to continue to push the prevention measures in your own circles and with the public, with your patients. It's important that people really take this seriously and limit their social circles at this time, continue to wear their masks and be diligent. I imagine there are very few people who have not been affected by this virus.</p> <p><u>Kidder</u>: The messaging, in addition to avoiding large gatherings, at this point, we are in the avoiding gatherings period stage in terms of what we want to put out there as a public health message. It's sad at the holidays to tell people to just stay home and be with those in your household but that is the message that needs to come out in a strong way from the public health side.</p> <p><u>Tallett</u>: It's unfortunate that there is a small population that still think this is a hoax. Look at the mayor in Kansas who resigned because of death threats because she wanted to impose a mask mandate for the city.</p> <p><u>Schuyler</u>: Fortunately, I think people and businesses in our county have been really good at following precautions.</p>
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	<p>You are always going to have that small segment of the population that are going to be your resisters no matter what it is that we are talking about, but the vast majority have done an excellent job at trying to control the spread of this virus.</p> <p><u>Berke</u>: Look at South Korea and Japan who have really done an excellent job but even they are having problems. And it's the same here we have done an excellent job and our numbers have been low for a long time compared to other places, but this is a relentless virus and all it needs is small breaks in your attention to details and it gets in. So even though we have been good we are still experiencing the increased cases, hospitalizations and deaths. And those numbers are not so great, but I think they are as good as we can expect in the face of this and we just have to make sure that people understand we just have to keep going. It is much like running a marathon where you train and train and train and when it is race day and you get to mile 20 and you are somewhat out of gas and there are 6 miles left you have to say, now I have to run the last half of this race and so you have to just get your head around it one foot in front of the other and do it and you do get through it if you listened to your training and coaching and everything else you will be fine. This is the same thing, we've been 9 months on this marathon and we still have 3-4 or so more months go to and it is not the time to let down your guard and so you really have to stick to your plan and spend time with your small nuclear group and ride this out until we get out the other side. Otherwise, we see what is happening 3500 dead yesterday in this country.</p>
<p>Old Business Hepatitis A</p> <p>Hepatitis A (cont'd)</p>	<p><u>Schuyler</u>: Just to update the board with where we are at to try and stop the spread of another virus, Hepatitis A. We did issue a press release a couple of days ago about this. It is concerning that from 2017-2019 we had an average of one case a year and so far this year we have seen 19 cases. Most people, when they think of Hepatitis A think of contaminated food or water, but in this country and what we are seeing locally is person-to-person contact. Our main goal here is to vaccinate, as Hep A is a vaccine preventable disease. We have been working with some community partners to go into the community and vaccinate and through our nurse who is spearheading this, we have vaccinated 38 people. Total recently vaccinated in our community is near 60 if you include our partners. The message is out there to please get vaccinated. It is a highly contagious virus that is spread when someone unknowingly ingests the virus. It is spread through the stool, so when people do not properly wash their hands with warm water and soap after going to the bathroom. Since we are seeing a lot of person-to-person contact we really need to continue to vaccinate and educate those that are high risk for Hep A which are people who use drugs (injection or non-injection), people who are experiencing unstable housing or homelessness, men who have sex with men, people who are currently or recently incarcerated and people with chronic liver disease such as cirrhosis, Hepatitis B or Hepatitis C. The more we can do to try to prevent this disease the better we are. There is always a risk that someone with Hep A could come in contact with a food supply such as preparing food in a restaurant that is when you see the really large outbreaks.</p> <p><u>Kidder</u>: Are we doing vaccinations for inmate at the jail?</p> <p><u>Schuyler</u>: Yes, we have since we took over the implementation of Jail medical and so it has been a few years now.</p> <p><u>Ney</u>: I was wondering about having a mobile vaccination unit go to places like MHA for education and also vaccination.</p> <p><u>Schuyler</u>: We are not licensed to have a mobile clinic. We have partnered with Evergreen. We have a presence at the needle exchange program and that is where we have been vaccinating people and providing education to them.</p> <p><u>Khan</u>: In addition to all the risk factors, if you look at Hep A worldwide, poverty is a common denominator and we have a rise of poverty in our County and Country. I wish that ACIP would make a recommendation for vaccination</p>

	<p>of Hep A in adults like we do in pediatrics. Hep A outbreaks are not going to go away and with the poverty rising it is going to be a persistent issue.</p> <p><u>Erlandson</u>: Last month you reported that we received 100 doses of the vaccine. What is the situation? How are individuals selected to receive that vaccine?</p> <p><u>Schuyler</u>: We are trying to get the word out via social media and other venues to reach some of those high risk populations to know that the vaccine is available and partnering with those agencies that serve those high risk populations, such as Evergreen, MHA, the mission, homeless shelters, Chautauqua Opportunities. We can provide free immunizations to anyone who wants them.</p> <p><u>Rankin</u>: What group has received the vaccine so far?</p> <p><u>Schuyler</u>: It's not really a group, rather members of the public who are willing to take the vaccine in the targeted areas where we have been partnering to try to ensure that they get vaccinated.</p> <p><u>Kidder</u>: The clinics in the County are all aware of the outbreak and so they are proactively vaccinating, out of our own supplies of vaccines, our patients who fall into the higher risk categories as well.</p>
<p>Old Business Sanitary Code</p> <p>Sanitary Code (cont'd)</p>	<p><u>Erlandson</u>: Tuesday the sanitary code was sent out for review and two items were noted. The first one was a correction relative to monetary penalties. The correct amount should be \$2,000 and there was a spot where it was listed as \$1,000. The second relates to last month where there was a question about who is going to sign subpoenas and so far there have been none relative to COVID. This does not need to be added to the code and now both the President and the Vice President have the ability to sign which was designated last month, correct Sherri?</p> <p><u>Rater</u>: We did, but just to clarify that what is listed in the sanitary code related to subpoenas is not relative to COVID. Last month, Christine, you mentioned that if there were an issue with COVID, that you have the ability to handle those enforcement measures because the rules and regulations are different when we are in a pandemic.</p> <p><u>Schuyler</u>: Yes, that is correct. Thank you Sherri. In a pandemic, we have a lot of emergency authority and we can issue agreements to settle and fines based on our investigation and if we do need to move to the board of health, we can. If there was an issue where we needed to try to enforce an isolation or quarantine order that would go before Judge Cass. The issue is really to get that evidence brought into the hearing.</p> <p><u>Kidder</u>: The subpoenas we talked about last month that the president and vice president would sign is not related to COVID enforcement, but more general Board of Health issues that would require the Board of Health to take action.</p> <p><u>Schuyler</u>: Yes, this was something that was overlooked and needed to be addressed, but really has nothing to do with or related to COVID.</p> <p><u>Khan</u>: Thanks for clarifying that because at least I presumed otherwise as well.</p> <p><u>Ney</u>: And I did too. In fact I did call in today with some questions and it was clarified to me that it is not related to COVID, it was, I would say confusing at the last meeting.</p>
<p>Old Business Tobacco</p>	<p><u>Erlandson</u>: This continues on hold. I had an email a couple of days ago from Lynn Schaffer, the Health Department Attorney, and she has been swamped with other public health matters. She did suggest that we might want to consider giving the Legislature a heads up on what we are thinking. Elisabeth, do you have comments on that? Would it make sense to bring some of our comments to the Legislature in advance trying to develop modifications of the sanitary code relative to tobacco?</p> <p><u>Rankin</u>: I think it does make sense to bring it up in advance and I would be happy to facilitate that.</p> <p><u>Schuyler</u>: We really would need a local law which is not something the Board of Health has the ability to do and so</p>

	<p>we really need to get the support of the Legislature, which I think Mrs. Rankin could help facilitate that.</p> <p><u>Erlandson</u>: I have communicated with Mark Tarbrake and Ken Dahlgren who are on the subcommittee. Mark do you have any comments?</p> <p><u>Tarbrake</u>: I think it is important that Elisabeth gets involved. She is a member of the Human Services Committee, which this would come under, and Lynn and Steve Abdella could get involved if a local law is needed and so I think we are on the right track here. I talked to Pierre every so often and so I could contact him as well.</p> <p><u>Erlandson</u>: Would you do that please?</p> <p><u>Tarbrake</u>: Absolutely.</p> <p><u>Erlandson</u>: Elisabeth, I will be in touch with you and let you know where we are at this point.</p>
<p>New Business Village of Mayville Water Advisory</p> <p>Village of Mayville Water Advisory (cont'd)</p>	<p><u>Boria</u>: Approximately one year ago, we did some preliminary testing in Mayville's wells for PFAS compounds. PFAS stands for per- and polyfluoroalkyl substances. NYS and the Federal Government are just newly scrutinizing them. NYS just developed regulations for two of those compounds in August of this year. NYSDOH was doing a review of all of the results and they flagged the ones from last year and they started taking a closer look at them and requested resamples, which we did. Results were received on 12/10/20 and one compound listed called PFNA, that is not yet regulated, and it stands for perfluorononanoic acid. The PFNA is being detected in rather high levels. These compounds are the first compounds that have been regulated in drinking water at very low levels. They are the first compounds that have parts per trillion levels for their regulations. For the two compounds that are regulated which is PFOS and PFON are 10 parts per trillion. We saw levels from the sample results we got last week that range between 75-330 parts per trillion from the three wells that Mayville has. When NYSDOH saw those levels they became concerned and requested that we work with the State and Village to put them on a do not drink order, which we did. We are now in the mist of remediation. We brought in a new well that was scheduled to be put online next year. NYSDEC, NYSDOH, County EMS, the Village staff have all been great and stepped up to make sure that we are doing whatever we can do to remove this contaminant from the drinking water. Well Four was put online Monday and it is now the only well that is being used. It is a clean well, safe with no PFNAs or PFAS in it. It is currently pumping 24 hours a day in an effort to turn the water over in the 400,000 gallon storage tank that the Village has. We are taking samples out of the storage tank daily to see what the levels are doing. Things are looking good in terms of replacing the water in the tank with clean, safe water and flushing the system. The Village is doing the flushing that they can with just one well. When this first started, we thought it was going to take a month or two to get where we are at now in one week. If things keep going this well we anticipate lifting the do not drink water advisory very soon, as early as next week. We are also testing the distribution system. We are also concerned about private wells. NYSDOH and NYSDEC has allocated resources to provide testing for 39 private wells going out a one mile radius from the village wells that we will be sampling on Saturday. Results for those will probably come shortly after Christmas. DEC has expedited contracts to identify the source of the contamination. They have a contract with a drilling firm to drill six monitoring wells. All of this is happening at lightning speed, getting these contracts in place in a matter of a few days, which would typically take months. This contaminant is related to Teflon compounds and is used in everything from clothing, to manufacturing, to scotch guard. It is literally everywhere. There has to be a source and the DEC is working to identify it and hopefully remove it.</p> <p><u>Tallett</u>: Has this product been found in Chautauqua Lake, Lake Erie, or Cassadaga Lake?</p> <p><u>Boria</u>: Not that we know of. Other public water supplies have started to test for this from the regulations that were adopted earlier this year. Large communities with a population above 3,300 in population are testing. So</p>

	<p>Jamestown, Fredonia, Dunkirk and the Chautauqua Utility Districted have all been testing and we have not seen any detections of any PFAS compounds.</p> <p><u>Ney</u>: You don't think it has anything to do with the storage container, do you?</p> <p><u>Boria</u>: That is a good thought, but no, it doesn't. Actually, they have a brand new glass lined storage tank that was just constructed. We know that they are coming from the wells because we are taking raw water samples from the wells</p> <p><u>Erlandson</u>: Have the owners of the 39 private wells that have been identified for testing been advised not to drink their water or are they using it until the results come in?</p> <p><u>Boria</u>: We have not told them not to drink the water. Some people are taking the precaution not to drink it and others are not. This is something that has taken a long time for the contaminant to enter the ground water. We have no idea how long it has been there and it will take a fairly long time to clean it up once we eliminate the source. Christine Schuyler has really done an awesome job handling this emergency amidst everything else that is going on.</p> <p><u>Schuyler</u>: Thank you Bill. I have to say that Bill and Casey Miller on his staff, Paul Snyder our engineer and others have really stepped up and everyone has worked together on this water emergency. I've never seen something of this magnitude handled so quickly and so we are very fortunate.</p>
Other	<p><u>Khan</u>: I would like to take a moment to talk about the SART program that Andy has in his zoom background. As you all know our SART program, which is now called Strong Starts Chautauqua Program, has many agencies in the county working together at the universal screening of young children and pregnant women. Now it's called Strong Starts Chautauqua and it has a website (https://strongstartschaut.com/) with a lot of information. We started a pilot this fall with screenings at the participating pediatric practices, schools, other agencies.</p>
Adjournment	<p>Motion to adjourn by Tarbrake. Meeting adjourned at 7:25pm.</p>
Future Meeting Dates	<p>January 21, 2021; March 18, 2021; May 20, 2021; July 15, 2021; September 16, 2021; November 18, 2021</p>