

Chautauqua County Board of Health
MINUTES

Meeting Date/Time: Thursday, September 16, 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	Elisabeth Rankin	P	Christine Schuyler	Secretary, Public Health Director, HHS
Dr. Khan	P	Dr. Tallett	A	Doug Hamernik	Environmental Health Senior PH Sanitarian, HHS
Dr. Kidder	P	Mark Tarbrake	A	Sherri Rater	Scribe, Administrative Assistant to Commissioner, HHS
Dr. Ney	P	Nancy Rosario	P		

Call to order	The meeting was called to order at 6:04 p.m. by President Lillian Ney. Nancy Rosario has joined as a member of the Board of Health and was introduced to the other members. Welcome Nancy.
Privilege of the Floor	None
Approval of July 15, 2021 minutes	Khan made a motion to approve the July 15, 2021 meeting minutes, 2 nd by Kidder, all in favor, motion carried.
New Business: Agreements to Settle	<p>Hamernik: There were three public water suppliers who failed to submit water reports and three violators who failed to submit their second quarter samples in 2021. All of these water suppliers were fined \$100 and all were settled. Next were two food service establishments who failed to maintain sanitary conditions who were fined and settled.</p> <p>Erlandson: The category of failure to maintain sanitary conditions is rather broad based and I wonder if you could give us an example.</p> <p>Hamernik: NYS has a list of sanitary code violations and they separate them out by red for critical and blue for non-critical categories. These particular establishments had one red violation and multiple blue violations. If the red critical violation is a category one we are mandated by NYS to issue a citation and a stipulation.</p> <p>Ney: Are these establishment monitored or followed up on?</p> <p>Hamernik: Yes, we have been monitoring these facilities and they will continue to be on our radar. We can also fine a food service establishment for multiple blue violations if the Environmental Health Director decides it is needed. It's really a matter of figuring out whether or not they are going to cooperate.</p> <p>Kidder: On the list of water violations, I noticed a repeat offender. Is there a process by which the fine is increased or their license is at risk?</p> <p>Hamernik: If they have repeat violations for the same thing that the next fine could be higher.</p> <p>Ney: The Board of Health (obviously) encourages sanitary places to eat for the health of the public. It seems to</p>

<p>Agreements to Settle Cont'd</p>	<p>me that if someone gets red and a lot of blues that there should be some ongoing surveillance every three months or something. That would be what you do for a sick patient is that you get them well and then you monitor them every six months or so to make sure they are okay.</p> <p>Hamernik: There is an issue with staffing and the number of facilities we have to inspect. I will discuss this with the Environmental Health Director and see if we can set up a better monitoring system for our repeat offenders. I'd like to address the last two items on our agreements to settle. The first one is that the Busti Mobile Home Park failed to operate in compliance with NYS regulations. In total there were 57 violations issued. They were fined in excess of \$8,000, and settled to pay \$2,300. The owners have become very cooperative and responsive. There is a written compliance schedule that will be monitored.</p> <p>Schuyler: Bill Boria and our attorney, Lynn Schaffer worked a lot on this one in conjunction with the Town of Busti Code Enforcement Officer. Several violations were noted in both code enforcement as well as under our sanitary code. Some were more emergent than others and there are several empty trailers that are in bad shape that will need to be removed. The owner took several immediate actions to ensure that the immediate health and safety concerns were managed. We had to ensure that the park owner was able to remedy these issues in lieu of making people homeless. We really didn't feel that it was in anyone's best interest to make people homeless by shutting down the park if the owner was willing to repair the things that needed immediate attention and stick to a compliance schedule. If compliance does not continue, the park will be closed and he will have to pay the full fines. But the owner really has done a lot quickly and we are watching him closely and will make sure the condition of the park improves and make sure that the owner, as well as the residents take care of it.</p> <p>Hamernik: The last one was a violation of where an individual failed to follow COVID-19 contact tracer orders of isolation. The individual agreed to pay a fine of \$1,000.</p>
<p>Old Business: COVID-19</p>	<p>Ney: I would not have guessed a year ago that we would still be in COVID so deep. Last evening we spoke about a COVID update at the Zonta meeting. Myself, Dr. Jacobson and Deb Petrowski were on the panel and there was one question that came up that I would like to throw out to the group. One of the healthcare workers present said in regard to the mandates that unvaccinated people will be tested where she works, however vaccinated people can carry the delta variant just like the unvaccinated who may be asymptomatic. The worker is disputing the mandate if both groups can be positive why are only the unvaccinated being tested?</p> <p>Schuyler: We have also been posed that same question and I think the answer right now is, if you look at the CDC's recommendations, fully vaccinated people don't need to test out. As the CDC and state were putting together the mandate, one of the goals is to increase vaccination while decreasing the spread. The option is there to do pool testing and include everyone in that pool, not just the unvaccinated. A judge issued an injunction so there is a stay right now on that mandate for the healthcare workers in hospitals, nursing homes and diagnostic treatment centers so we will have to see what happens with that. We don't really know at this time. Right now everything is in a holding freeze until it is heard again on, I think, September 22nd.</p> <p>Rankin: I would like to acknowledge the great public service announcements that Christine is doing on the radio getting the word out to the public on how the virus can mutate which is just another incentive to get vaccinated, especially now when we are looking at the mandates to healthcare workers now being required to get vaccinated or they lose their jobs. I think it's interesting that the courts put a hold on it for now as far as religious exemptions.</p> <p>Schuyler: Thank you. Yes, there is a hold on the mandate.</p> <p>Rankin: I have talked with several nursing homes who have stopped taking new residents and it sounds like WCA Home may be closing down due to this new mandate. This is all very concerning.</p> <p>Schuyler: Hospitals in Chautauqua and Erie County are not completely overwhelmed with COVID yet, but they</p>

COVID-19 cont'd

are seeing younger people come in who are sicker. There is a high demand for testing, people are flocking to Urgent Care and Hospitals for rapid testing and most of these people are symptomatic. We are actively working with private physician offices to get them on board with testing in their own offices and helping them in any way we can – setting up safe practices, equipment, supplies, PPE, whatever the need is. If local doctor's offices could assess and test more of their sick patients, some of the load could be taken off of our emergency rooms and Urgent Care Centers. We have been working with the schools on their testing program. We are setting up optional pool testing at the schools for staff and students who opt in to being voluntarily tested for surveillance purposes. Pool testing is where you take a random 10% of a building. About 12 people are tested in one pool. Each take an interior nasal swab, not super evasive, and that pool of 12 are run through the lab as one test and if there is a positive result then those in that pool will each be retested individually to determine which one of those samples is the positive person. The other option for the schools is that we are offering rapid testing for students K-12 and any school personnel. If someone is symptomatic they can arrange to be tested at our Department of Emergency Services which is a drive through testing by appointment. This way we can quickly identify if there is a COVID-19 case so that teachers and students can get back to school faster.

Statistics were reported – see attachment A

We are seeing vaccinated and non-vaccinated people test positive for COVID. From speaking with some of the emergency room physicians, they say that it is obvious from presentation without even asking that they can tell who is vaccinated and who is not based on the symptoms and the severity of the symptoms. Those who are not vaccinated are absolutely more ill and that is the trend that is being seen statewide and nationwide proving that these vaccines do work and do what they are meant to do and that is to reduce hospitalizations, serious illness and death.

With our current numbers increasing, the weather changing, people inside more, this is the time when we see any communicable disease get spread around more quickly and easily. When people are in enclosed spaces with less airflow, it is just natural to see more spread of a respiratory virus.

Our drive through vaccination clinics are continuing at the Chautauqua Lake Central School bus garage every Tuesday evening from 4:30-6:30pm offering Pfizer, Moderna and Johnson and Johnson vaccine. We have also had clinics at SUNY Fredonia. Every week we are starting to hold clinics either at SUNY Fredonia or at JCC to offer some bigger walk-in vaccination clinics for the general population in an effort to try to get more people vaccinated so that we can get out of this pandemic.

Ney: How are the turn outs for these vaccination clinics?

Schuyler: At the SUNY Fredonia clinic yesterday there were about 70 people vaccinated. Many requested the Johnson and Johnson vaccine as I believe we are the only ones who have that locally. We also had some people who are immunocompromised come in for their third dose.

Rankin: Is that the third dose?

Schuyler: Yes. Immunocompromised are the only ones currently eligible.

Kidder: It is actually a very specific subset of immunocompromised patients who meet criteria for that. It's your organ transplant patients, cancer patients on active chemotherapy, active immunosuppression or high dose corticosteroids. It's not just every diabetic, obese hypertensive patient as previously categorized in the first round of the vaccine.

Schuyler: We do have information on our website chqgov.com listing who is currently eligible.

Kidder: I'm glad you are doing the vaccination clinics again in Jamestown because the Chautauqua Lake School bus garage is a haul for a lot of people in Jamestown without transportation so I think JCC clinics is a great

COVID-19 cont'd

addition.

Schuyler: Yes and there are also many pharmacies offering the vaccine as well. We list all of the options on our website.

COVID is everywhere. To me, zip code means nothing. We are seeing it everywhere, in all ages, all walks of life. As of yesterday there were 140 school aged children positive for COVID. The statewide average of those hospitalized are in their 40s and so now we are seeing a lot of younger people with this.

Ney: We are aware of the huge amount of work that you are doing with the school systems. The educational information and suggestions that you have sent them are outstanding. Schools must have been relieved to have that. I give a lot of credit to the individual school boards who have had to independently try to assess the situation and potential danger and do what they had to do. It is no easy task. On a national basis, it has been very difficult. I want to commend the people involved and especially want to thank you for what you have done.

Schuyler: Bree Agett, our Epidemiologist, and Cathy Burgess our Director of Community Health Nursing, and all of our staff have done a phenomenal job and continue to do so. It seems like it is never ending and the workload is certainly not letting up.

I am hopeful that we can assist in getting some more testing options out there for the folks with mild symptoms. I think it is important that we decrease the load on our emergency rooms and urgent care centers right now with things that are not emergent. There is a large volume of people and it is really stressing our emergency response system when you've got someone having to sit in an ambulance in the bay of the ER for two hours waiting for to get in to be seen. This is really happening and there are a lot of factors playing into that but if one of those factors is that people want to be tested for COVID-19 and that is something that the private medical community can help to alleviate then that is one thing that we are working on. That in conjunction with getting the testing into the schools or at our emergency services department for the school children and the staff will be a big help there as well. Parents and school staff will know where to go.

Khan: Christine, I want to tell you how appreciative we were as a medical community to receive the email that went out from your office a few days ago reaching out to the providers. There are a few providers that are comfortable swabbing for COVID testing but there are some that are not so for the Health Department to reach out and offer help to establish some of those testing services is fabulous. There are much larger counties that are not doing that and patients are calling their doctor's offices and being told no, go to the ER or urgent care center or to drive thru testing sites who are charging an arm and a leg and so we are really appreciative that you have reached out to develop that capacity in the county.

Schuyler: Thank you. We are really lucky in our county that people are so willing to work together. The school superintendents have been very supportive and have worked together to figure out how we can do what is best for our community and our medical community is the same way. That is a really good thing about where we live.

Kidder: I echo what Dr. Khan said and in fact we had a staff meeting today about how our goal is to really keep patients out of the ER and treating whatever we can over the phone, by video. We are seeing such a surge in sickness and so we are trying to keep those visits virtual to keep our colleagues who are absolutely exhausted and really who some are at the point of resigning out of pure exhaustion and the idea of facing another year or year and a half that looked like the last year and a half is so daunting. So thanks to our public health officers for all of the work that they are doing. It's unbelievable to think that we are continuing down this pathway. On the financial side of it I saw a study today about the cost of treating COVID illness in unvaccinated patients to understand what it is costing the country and in the past three months that was \$5.7 billion for unvaccinated treatment and \$3.7 billion of that was August alone so I can only imagine what September, October and November are going to feel like. It is

<p>COVID-19 cont'd</p>	<p>my goal to really push vaccination and to explain and educate people that remain hesitant because I don't see a pathway out of this mutation cycle and death cycle without getting a greater proportion vaccinated. It is a daunting future we have ahead of us.</p> <p>Berke: I have never been more pessimistic about the future of public health than I am at the moment. We are seeing the possibility of endless cycles of mutations. There are more than 6 billion unvaccinated people in the world and this virus is just what it does. We are living a paradigm with all of these people in front of the school board yelling about masking their kids, etc. Last year the virus was very nice to kids where we had very little pediatric cases and now the virus has given us a left turn and it loves kids. We have protected many of the older folks although some of them are still unvaccinated and dying but we are looking at a virus that just keeps mutating to find new hosts. For some reason people are stuck in a paradigm that can't understand that we are fighting an entirely new variant that is dangerous, dangerous for our kids and is going to keep going. One of the big tragedies is that here we are giving booster shots and most of the world can't even get an initial shot. We are forgetting that this virus is a worldwide issue. No matter what we do here we are going to have successive waves of variants coming from all over the world unless we manage the worldwide issue.</p> <p>Ney: One of the folks that was listening to the panel last night brought up the point that people who have refused vaccination for whatever reason, if they got sick they received the antibodies which has not been studied nearly as much as the vaccine. The delta variant does have a life cycle that reaches a very high intensity but then precipitously wanes at least it did in India without a lot of vaccinations.</p> <p>Berke: The Harvard study in India showed that we had grossly underestimated the number of deaths. They looked at all causes of mortality from the year before not taking into account and it was millions more than they reported. 3.3 million more deaths. It goes to sleep for a while and then we get another variant that attacks a different age group. If you look at the age groups that got it a century ago at each time it went after a different age group. I just think we are in for a longer siege than we think here.</p> <p>Kidder: Another positive note that the public should know is that it has been deemed safe to give both the flu and COVID vaccine at the same time without any concerns so people can go to their local pharmacies and get both.</p> <p>Ney: We really have to encourage it this year. As you know, seasonal allergies, the flu, and breakthrough COVID all have the same symptoms with the COVID differential of the loss of taste and smell so let's get the flu out of the way.</p>
<p>Director's Report:</p>	<p>Schuyler: We have had our first West Nile Virus (WNV) positive horse. That is the first positive West Nile case this year and we will be getting that information out to the public tomorrow. It goes to show you that there are still other diseases out there that we really need to be vigilant about. We are still in mosquito season and the best thing that we can do is advise the public to protect themselves from mosquito bites and that means covering yourself up as much as you can and applying bug spray. We are seeing WNV in a neighboring county as well as Eastern Equine Encephalitis (EEE). We did not have any mosquito pool surveillance done by NYSDOH this summer, which we have had in the past, and that usually alerts us of positive mosquito pools. Hence, we don't have the proof that mosquito pools were positive for WNV or EEE, but that doesn't mean that it's not here.</p> <p>Another press release will be going out tomorrow morning regarding some water complaints received from Village of Fredonia water customers regarding water taste and odor. We have been working closely with water operators and village officials. All of the bacteria testing results came back good. The water is safe for consumption. There are other reasons for some of those cosmetic issues in the water. The initial investigation indicates factors</p>

Director's Report cont'd

including that the Village recently sold water to the City of Dunkirk through an interconnection between the two municipalities and the water demand in the village significantly increasing because of SUNY Fredonia students being back. These factors had an impact in the flow direction distribution system causing some increased turbidity in the water and also the water temperature in the reservoir has increased. An increase in temperature increases the microbial growth that can lead to some minor taste and odor issues. The Village of Fredonia is going to flush the lines and we will increase our testing to ensure the water continues to be safe for use.

The City of Dunkirk water emergency started on August 31st. It really was an unprecedented water emergency for the city and the county. Nothing has happened as large as this in the last 60 years with more than 18,000 people impacted. Doug Hamernick has more on this matter.

Hamernick: First of all I can say that I live in Dunkirk and never remembered a situation where we lost water for this long and I'm 61. Environmental Health Director, Bill Boria, put together an update that I will read: Emergencies almost never occur because of just one problem, but a combination of several problems that compound themselves to create an emergency. In this case, there was a massive leak in an elbow of a 20" main, one of the largest mains in the city. The city could not isolate the main by closing down either side because the valves did not work. After repairs were made to the main there was an operational error made at the plant that caused a temporary shutdown of the filtering water, which extended the time consumers were without water by nearly half a day. Lastly, Fredonia had to shut down their connection feeding Dunkirk because their water plant could not keep up with the extra demand. In summary, the combination of these problems either cause the emergency or extended it longer than necessary. I am really proud of the work that our staff and the City of Dunkirk has done during this event.

Schuyler: The City of Dunkirk really worked well with us to get this under control. It's very difficult to clear out a 20" main – you can't pump the water out fast enough to try to find where the break is so we definitely needed to take immediate action. The City Engineer worked with us in order to do that. I really have to commend Bill Boria on a phenomenal job. Our water team worked around the clock with the City to get this done as quickly as possible. We worked with Brooks Hospital, the area Nursing Homes to ensure that people had water. We had to have water trucked in and brought bottled water. Fortunately, we had several pallets of water left from the Mayville water emergency that the State had donated, so we were able to quickly mobilize and get that to Brooks Hospital and then to the disbursement site in Dunkirk so residents could get their basic needs met and have drinking water. The hospital had to go into emergency mode as far as canceling elective surgeries, putting in mobile hand washing stations, porta-johns, etc. All of the sudden you've got major facilities and major operators such as Purina that had to shut down, so this really was a big deal and I am really proud of the work that our team did and that the City did in cooperation with the State's emergency management system. Everyone really pulled together to get this fixed as quickly as they did. The grocery stores and local businesses were also phenomenal and donated a lot of water for people.

Ney: Thank you all so much. I think that most of us thought that because it was such a big deal that it would go on for weeks and so really the timeline was expeditious considering the scope of the project.

Schuyler: There are some questions that have come through the comments on our Facebook live feed. One wants to know if there are any studies on the effects of the vaccine in adolescents and around fertility. From everything that I have read and seen there is no evidence of any fertility problems or side effect of any vaccine, including the COVID-19 vaccine. There is also no evidence to show that women are at any higher risk of miscarriage from being vaccinated during pregnancy and there has been extensive safety monitoring of the

Director's Report cont'd

vaccines. There are newer studies that show there is real protection for the baby if the mother is vaccinated because some of that immunity will be transferred through the umbilical cord. When you look at the risk of disease and complications, especially on a pregnant woman, your risk of complications from a COVID-19 infection is much worse than any risks associated with being vaccinated. I can say as a mom of children in their 20s and 30s and already having three beautiful grandbabies, that all of my children are vaccinated. I don't hesitate to recommend that our teenagers and women of reproductive age get vaccinated.

Berke: This issue on the effect on fertility has really spooked many younger people including members of my family who are getting married and thinking about having kids. The data does not support any of that and the interesting thing is male and female fertility over the last 20 years has decreased considerably and may attribute to the stabilizers in the makeup you are wearing on your face and on the Teflon pans and other plastics that we are using and cooking with and this has been the worse for fertility, not the vaccine. Everybody's cooking their eggs and doing these other things that are effecting their fertility and are worried about the vaccine which has not been shown to effect fertility. It's really amazing what people will go along with and not look at some of the scientific data that is out there showing that they should be really careful with some of these products that they are using on a regular basis because it has much more effect on their fertility than anything else.

Ney: I think that some of the confusion early on regarding fertility had nothing to do with the vaccine but had to do with the disease COVID. The disease has actually been shown to decrease sperm counts. The American College of OBGYN has now pointed out that COVID in pregnancy leads to higher complications of COVID so the recommendation is clear now where I don't think it was a year ago.

Schuyler: Dr. Khan, as a pediatrician can you speak to what you see from the American Academy of Pediatrics?

Khan: First of all I'd like to echo the thoughts of the other members of the Board. The Academy of Pediatrics has come out to say that it is perfectly safe for moms who are either pregnant or breastfeeding to get the COVID vaccine and it's absolutely safe for children, right now for those 12 and up. The studies are still ongoing and hopefully soon we will have an emergency use authorization for younger children to protect them. The vaccine safety and efficacy is very similar to other vaccines that are recommended for children. One of the arguments that we all have is that it wasn't studied enough or the mRNA technology is new. MRNA technology is over a decade old. The beauty of mRNA technology is that we can quickly change the 'chess pieces' and create a vaccine for whatever we want to create a vaccine against. That is why the vaccine was able to be created so quickly in regard to the Moderna and Pfizer vaccines which are mRNA. Hundreds and hundreds of millions of doses have been given worldwide. One of the ways that I appeal to parents who are still concerned, have young children and come into the office is that I tell them the risk of getting severe COVID is much higher than any complication from a COVID vaccine, so please consider getting the vaccine because you have young children at home and older parents so for the safety of all. We can go on and on about this topic, but vaccines are safe.

Berke: I think the hold up with the children is trying to figure out the appropriate dosage for different age groups more than anything else with respect to safety. They are extremely safe vaccines. One of the other things I think we are suffering from is the initial premise that once we reach herd immunity that this would go away and we realized that the science showed that is not exactly what is happening. This is a virus that is mutating and we have a much more difficult process than achieving herd immunity, there are a variety of other things that we need to do. We have to get people to understand that this is a very dangerous virus we are dealing with and it's constantly changing tactics and we have to be smarter than living on last year's news and the other thing is that we now know that people who are vaccinated still get sick with COVID but that's okay. It was not designed to be 100%. All of the naysayers have latched onto these scientific failures so to speak when really all science is doing is looking at a

Director's Report cont'd	<p>novel virus and trying to figure out how to manage and get beyond it. We've got people thinking too black and white about this. There are a lot of grays still. We are still learning and we have to be smart enough to make sure people understand.</p> <p>Schuyler: People keep asking me why are we doing this now compared to where we were last year. There is no comparison to where we were last year because of the Delta variant and what has happened. We didn't get enough people vaccinated quickly enough to actually get to an endemic virus that we learn how to control and live with. We gave the virus the upper hand and allowed it to mutate so then it can further go on and affect those who aren't vaccinated and that is the cycle Dr. Berke is referring to that is going to continue sadly until hopefully we can somehow get this under control.</p>
Other: Marijuana	<p>Ney: Various establishments are talking about the now legal selling of marijuana in their establishments. There was a panel discussion recently in Dunkirk. It occurred to me that this is something that has not been discussed as a Board. There are already several municipalities that have taken a vote and do not want businesses selling it in their jurisdiction.</p> <p>Schuyler: I was invited and did attend the panel discussion in Dunkirk that Senator George Borrello put together. There was a lot of talk about economic development, banking and physical space. I brought up some of our public health and child welfare concerns and just how we need to be very solution focused and work on the regulations to ensure inclusion of things such as safe, child proof packaging and those sorts of things. Melanie Witkowski with Prevention Works spoke about the educational aspect with our children, like we do with tobacco to keep our kids from starting.</p> <p>Rankin: Now that the governor has named the board for the Cannabis authority. I have noticed that a lot of small municipalities have opted out but I haven't seen much from the City of Jamestown and don't know what is happening in the City of Dunkirk.</p> <p>Ney: You are absolutely right about Jamestown. It did come up at a council meeting a few weeks ago and the quotation in the paper noted that they were going to discuss it at a future time before year's end. I just wondered if we had any feelings about the matter.</p> <p>Rankin: It would be nice for us, as a body to have some sort of a position on it. I'm also interested to hear what Sheriff Quattrone has to say about how it is affecting law enforcement.</p> <p>Schuyler: Law enforcement was also on the panel in Dunkirk; the Sheriff's Office, State Police, Jamestown and Dunkirk Police also spoke there.</p> <p>Rankin: Do you have any information you can share with us?</p> <p>Schuyler: Some of the concerns with law enforcement were just being able to identify those who are under the influence and there is a very special training that is required and cost to actually identify and prove those. Some of that started when DUIs first became a problem and so we had a few that were specifically trained for that, where now everyone is pretty much trained.</p> <p>Ney: If the store is close at hand, then it is logical to think that the surrounding area would have a greater population using marijuana whereas areas that do not have it available nearby may have less usage. Public health concerns such as someone who is in the early stages of pregnancy and may not even know that she is pregnant, uses marijuana and ends up having serious damage to the fetus. Public health concerns sometimes are covered by other factors such as economic development. Perhaps we can discuss it a little more at the November meeting.</p> <p>Khan: Just because the issue is so politicized with the economic and the health care side doesn't mean we shouldn't continue to work, educate and bring it to people's attention. It is a serious issue for all populations, especially younger folks and as a board of health and I think we can continue to do our work. I support putting this</p>

Marijuana cont'd	<p>on the November agenda to have a robust discussion about it and what we can do.</p> <p>Schuyler: I think it is important to note that recreational marijuana is already legal in NYS. Someone can legally possess up to three ounces of cannabis.</p> <p>Ney: We just want to educate people about effects for the reasons I mentioned plus it is a gateway drug.</p> <p>Schuyler: I'm sure Melanie Witkowski with Prevention Works would love to present on what she knows about the health impacts associated with marijuana. Municipalities do have the option to opt out of dispensaries and consumption sites within their area. The County cannot opt out; it has to be each municipality. Municipalities that opt out will have a one-time option to opt in later. One of the concerns the municipalities have is that the regulations aren't out yet by the State.</p>
Adjournment	Motion to adjourn by Khan. Meeting adjourned at 7:29pm
Future Meeting Dates	11/18/21



COVID-19 Statistics for September 15, 2021

(updated at 12:30 on 9/16/2021)

Total Cases	New Cases	New Deaths	Active Cases	Total Recovered	Currently Hospitalized	Total Deaths	People in Quarantine	7-Day Average % Positive*	CDC Level of Community Transmission
10989	71	0	424	10396	31	169	1001	9.3%	HIGH

2 duplicates from 9/14 and 1 duplicate from 9/15 removed on 9/16

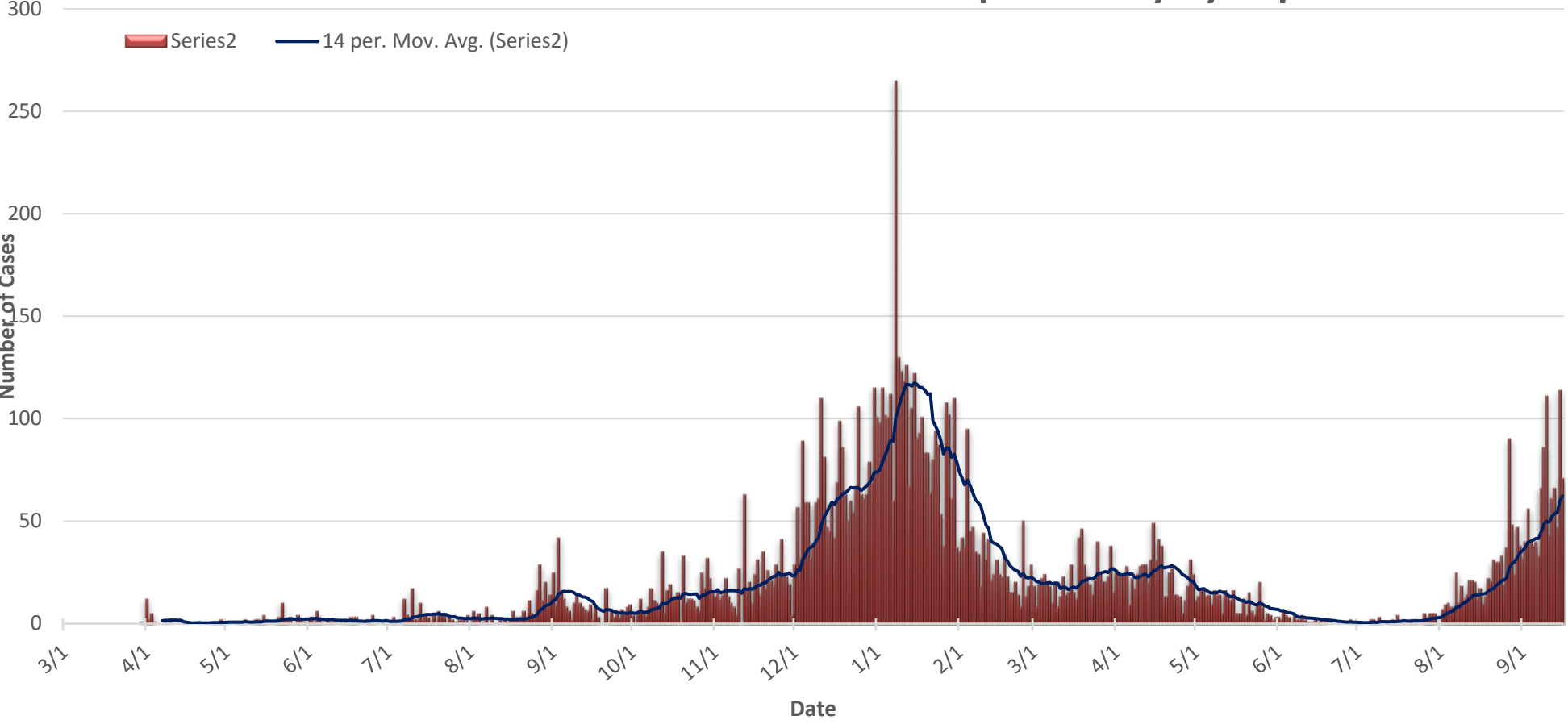
*<https://forward.ny.gov/percentage-positive-results-county-dashboard>

CDC COVID-19 Integrated County View: <https://covid.cdc.gov/covid-data-tracker/#county-view>

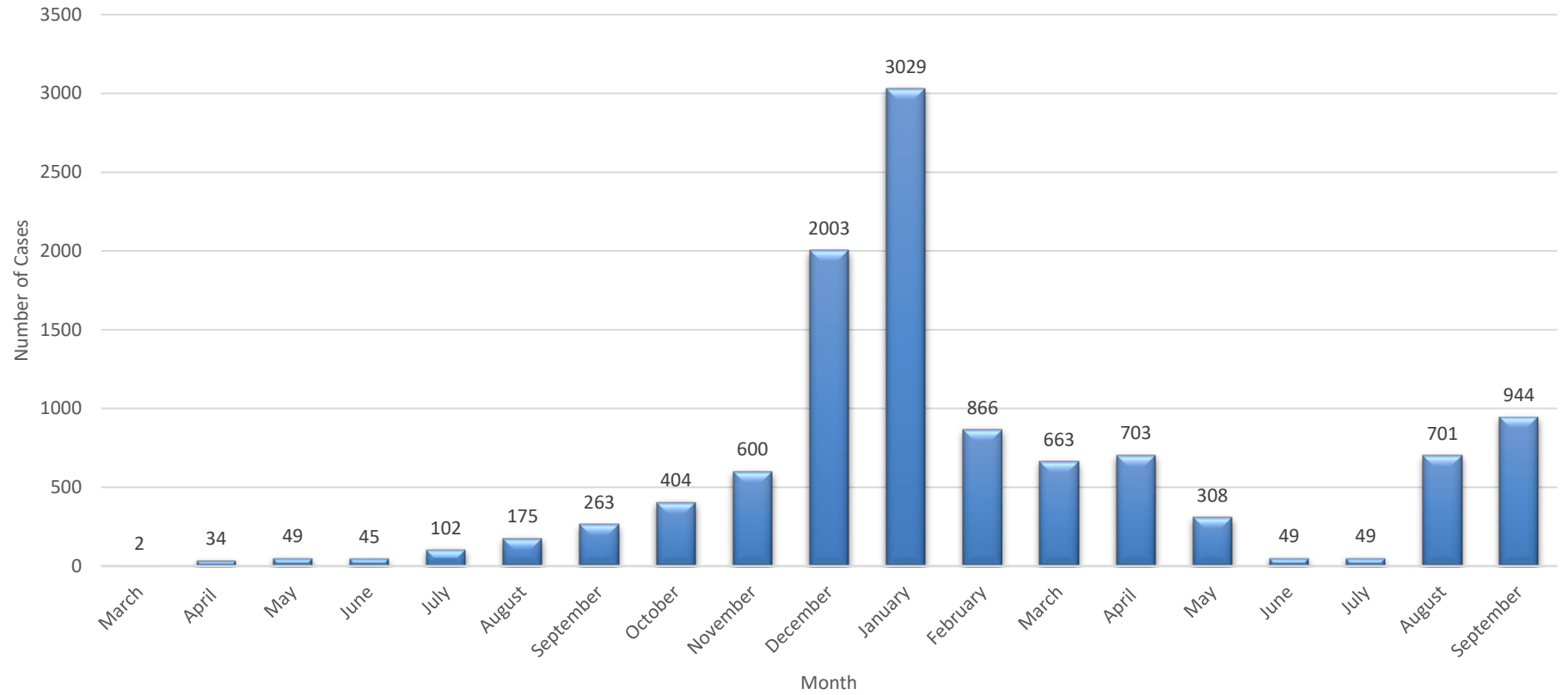
COVID-19 Cases Reported Since August 1, 2021 by Case's Vaccination Status

Vaccination Status	Number	Percent
Partially Vaccinated	118	7%
Fully Vaccinated	237	14%
Not Vaccinated	837	51%
Unknown	452	27%
Total Cases	1644	100%

Number of COVID-19 Cases in Chautauqua County by Report Date

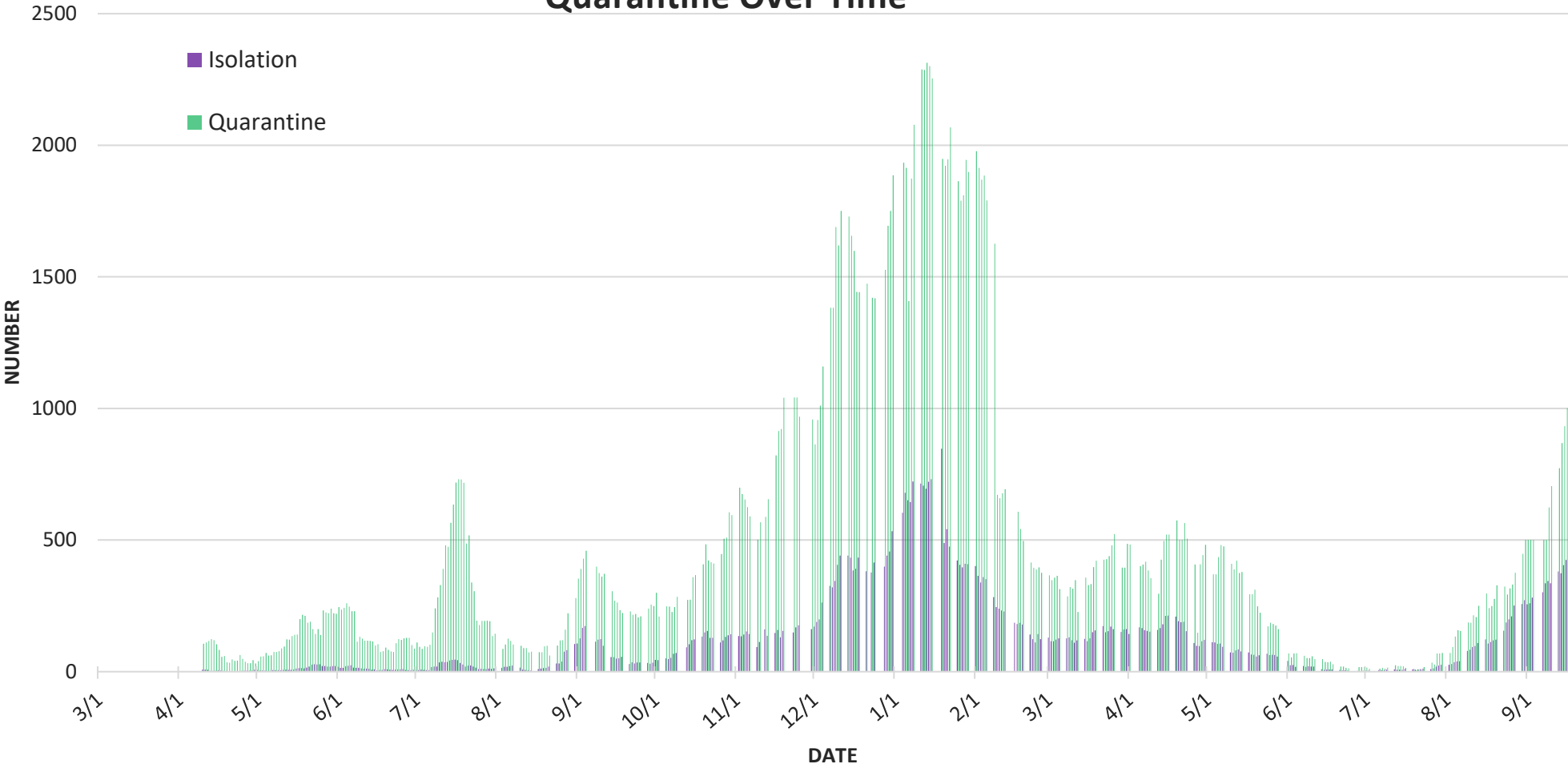


Number of COVID-19 Cases in Chautauqua County by Month



Number of People in Chautauqua County in Isolation or Quarantine Over Time

- Isolation
- Quarantine



Data through Mon Sep 13 2021

New Admissions (last 7 days) 31
Rate of New Admissions (last 7 days) 20.13
% Change (last 7 days) 40.91

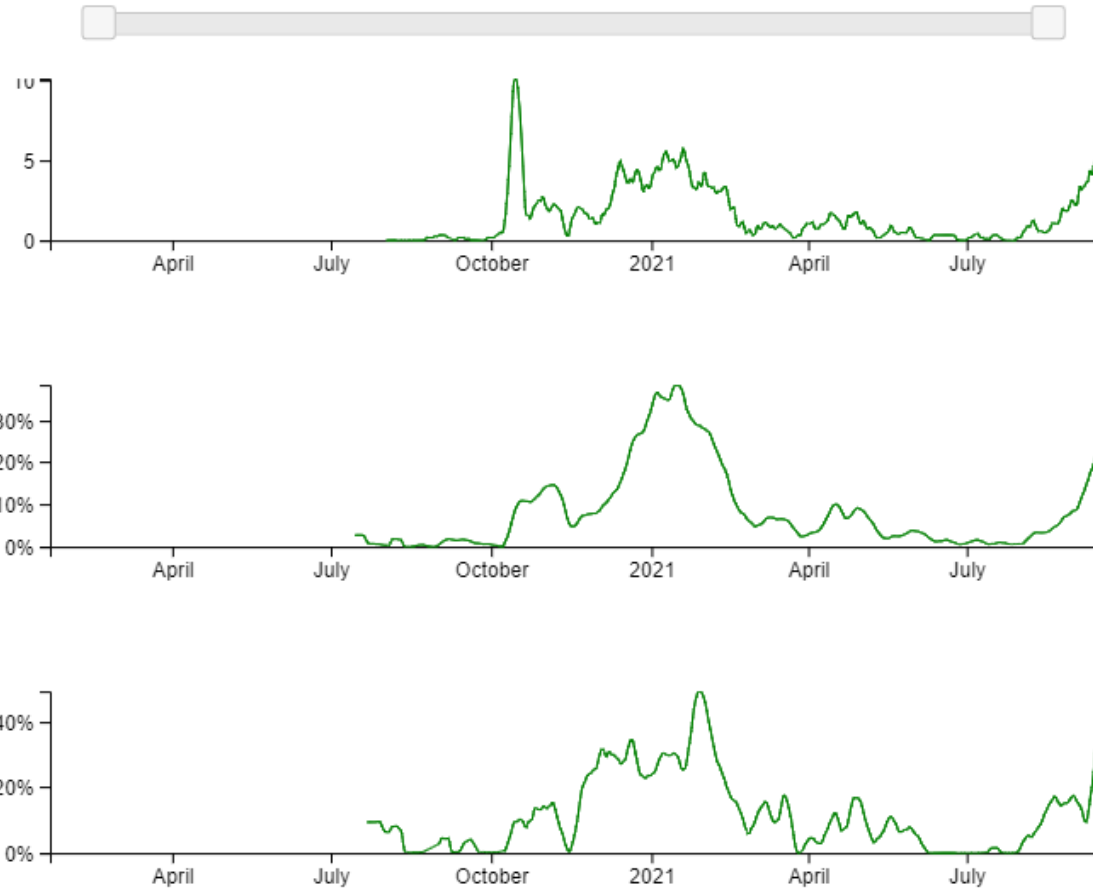
% Beds Used (last 7 days) 19.25
% Change (last 7 days) 7.74

% ICU Beds Used (last 7 days) 27.89
% Change (last 7 days) 17.01

7 Day Moving Averages

Tue, Jan 21st 2020 - Tue, Sep 14th 2021

Use slider to update time series chart



Chautauqua County Residents Vaccinated for COVID-19

People Vaccinated	At Least One Dose		Fully Vaccinated	
	Number	Percent	Number	Percent
Total County Population	68,788	54.2%	62,653	49.4%
Population ≥ 12 Years of Age	68,787	62.4%	62,653	56.8%
Population ≥ 18 Years of Age	65,020	64.2%	59,334	58.6%
Population ≥ 65 Years of Age	22,079	84.0%	20,370	77.5%

Source: <https://covid.cdc.gov/covid-data-tracker/#county-view>

Data as of September 15, 2021

COVID-19 Cases by ZIP Code of Residence

Zip Code	New Cases	Daily Case Rate per 100,000 residents	Total Cases	Percent of Total Cases
14048- Dunkirk	8	56.4	1741	15.8%
14062- Forestville	0	0.0	274	2.5%
14063- Fredonia	3	20.4	1269	11.5%
14081- Irving	0	0.0	85	0.8%
14136- Silver Creek	2	43.9	406	3.7%
14138- South Dayton	0	0.0	44	0.4%
14701- Jamestown	34	85.6	3143	28.6%
14710- Ashville	5	153.0	229	2.1%
14712- Bemus Point	0	0.0	364	3.3%
14716- Brocton	0	0.0	297	2.7%
14718- Cassadaga	2	100.6	105	1.0%

14720- Celoron	1	167.5	38	0.3%
14722- Chautauqua	0	0.0	6	0.1%
14723- Cherry Creek	0	0.0	79	0.7%
14724- Clymer	0	0.0	143	1.3%
14726- Conewango Valley	2	109.3	30	0.3%
14728- Dewittville	1	96.8	53	0.5%
14733- Falconer	1	26.0	296	2.7%
14736- Findley Lake	0	0.0	22	0.2%
14738- Frewsburg	2	61.6	336	3.1%
14740- Gerry	0	0.0	106	1.0%
14747- Kennedy	1	45.4	170	1.5%
14750- Lakewood	1	22.3	399	3.6%
14757- Mayville	1	30.3	292	2.7%
14767- Panama	0	0.0	69	0.6%
14769- Portland	0	0.0	73	0.7%
14775- Ripley	0	0.0	150	1.4%
14781- Sherman	4	191.5	143	1.3%
14782- Sinclairville	0	0.0	160	1.5%
14784- Stockton	0	0.0	93	0.8%
14787- Westfield	3	63.3	374	3.4%
Total	71	54.8	10989	100.0%

ZIP Code 14048 (Dunkirk) includes cases from 14135 (Sheridan) and 14166 (Van Buren Point). ZIP Code 14710 (Ashville) includes cases from 14785 (Stow). ZIP Code 14712 (Bemus Point) includes cases from 14742 (Greenhurst). ZIP Code 14718 (Cassadaga) includes cases from 14752 (Lily Dale). ZIP Code 14726 (Conewango Valley) includes cases from 14732 (Ellington).

COVID-19 Cases by Known Age

Age	Number	Percent
0-19	1856	16.9%

20-29	1916	17.4%
30-39	1558	14.2%
40-49	1427	13.0%
50-59	1498	13.6%
60-69	1246	11.3%
70-79	682	6.2%
80-89	410	3.7%
90+	187	1.7%

COVID-19 Cases by Presence of Symptoms at Time of Interview

Symptoms	Number	Percent
Yes	6520	73.0%
No	2411	27.0%
Symptoms Known	8931	

Fatality Rate by Age Group

Age Group	Total Deaths	Fatality Rate
All Ages	169	1.54%
0-39	1	0.02%
40-49	4	0.28%
50-59	8	0.53%
60-69	19	1.52%
70-79	36	5.28%
80-89	62	15.12%
90+	39	20.86%

NYS Fatality Rate: 1.6%

US Fatality Rate: 1.6%

Source: CDC COVID Data Tracker (https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100klast7days)

Link to Chautauqua County COVID-19 Map (Updated Monthly):

<https://chautauquacounty.maps.arcgis.com/apps/dashboards/012d07321ad6415c8cf17c4f673643c9>

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