



CATTARAUGUS COUNTY BOARD OF HEALTH

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Public Health
Prevent. Promote. Protect
Cattaraugus County
Health Department
Established 1923

Mayor David L. Smith, President

Legislator Kelly Andreano, Vice-President

*Joseph Bohan, MD
Zahid Chohan, MD
Thomas Spigel, MD
Kathryn Cooney Thrush, NP, MSN
Shane Pancio
Theresa Raftis
Legislator Ginger D. Schroder*

MINUTES March 5, 2025

The 930th meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on March 5, 2025.

The following members were present:

Joseph Bohan, MD
Zahid Chohan, MD
Thomas Spigel, MD
Legislator Kelly Andreano

Kathryn Cooney-Thrush, NP, MSN
Theresa Raftis (Virtual)
Legislator Ginger Schroder
Mayor David Smith

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Ashley Smith, County Attorney
Ray Jordan, Senior Public Health Sanitarian (Virtual)
Debra Lacher, Secretary to the Public Health Director
James Lawrence, Emergency Preparedness Director
Rick Miller, Catt Co News & Photos/Olean Star
Lynne Moore, Director of Nursing
Brooke Schnell, Supervising Community Health Nurse
Dave Porter, Hearing Officer
Kellen Quigley, Olean Times Herald
Robert Ring, Environmental Health Director
Gil Witte, Medical Director

Mayor Smith welcomed everyone to the Board of Health (BOH) meeting, the roll was called, and a quorum was noted.

Mayor Smith asked for a motion to approve the February 7, 2025 BOH meeting minutes. A motion was made by Leg. Andreano to approve the meeting minutes as presented, the motion was seconded by Dr. Bohan, and unanimously approved.



DIRECTORS REPORT: Dr. Watkins shared that March is colorectal cancer awareness month. Colorectal cancer is the second most common cause of cancer deaths in the United States (US). Colorectal cancer is a growth of cells in the colon or rectum that grow out of control. It is important to catch it early to reduce the mortality rate that is associated with this type of cancer. Every (3) years the American Cancer Society provides statistics based on incidence from population-based cancer registries and mortality from the National Center for Health Statistics. It is estimated that (154,270) individuals will be diagnosed with colorectal cancer in 2025. Of these, (107,320) cases will be colon and (46,950) cases will be rectal cancer. Approximately (52,900) people will die from colorectal cancer in 2025.

In New York State colorectal cancer is also the second leading cause of cancer deaths. Over (4,600) men and (4,200) women will be diagnosed in 2025 and about (1,500) men and (1,400) women in NYS will die from this disease this year.

In Cattaraugus County between the years of 2016 and 2020 the average rate of men and women diagnosed with colorectal cancer was (37.8%) and the average rate of death from the disease was (13.2%). Incidence rates from 2017 thru 2021 for Cattaraugus County is (37.2%), which is starting to come down. Looking at the mortality rates between 2017 and 2021 is (13.9%) which is an increase. Dr. Watkins remarked that as data becomes more current, it appears residents are not being diagnosed sooner or residents are not participating in the recommended screenings process. Testing options includes stool test, flex sigmoidoscopy, CT colonography, and a colonoscopy which is the gold standard for screening for colorectal cancer.

Risk factors of colorectal cancer include: age, family history, personal health history, obesity, physical inactivity, diet, and lifestyle factors. Signs and symptoms include a change in bowel habits, constipation, bleeding, fatigue, weight loss, abdominal pain, iron deficiency or anemia. A diet low in animal fats, and high in fruits, vegetables, and whole grains reduces the risk. In addition, increasing physical activity, maintaining a healthy weight, limiting alcohol consumption and avoiding tobacco use, also reduces one's risk.

Dr Watkins went on to discuss measles. He stated that measles was declared eliminated in 2000, when there was no sign of spreading of the disease in any state. These large outbreaks are cyclical and 2025 is shaping up to be a critical year for the measles virus. The Centers of Disease Control (CDC) has reported over (164) measles cases since February 27th of this year compared to only (41) this same time period in 2024. Overall, there were (285) cases for the whole year of 2024. As of date, there have been (9) states identified in this current measles outbreak; those states include Alaska, California, Georgia, Kentucky, New Jersey, New Mexico, New York City, Rhode Island, and Texas. In Texas where the largest outbreak has occurred there has been (159) confirmed cases as of yesterday. Eighty (80) of the cases were unvaccinated individuals, and (74) were unknown vaccine status, and (5) had only (1) dose of the vaccine instead of the recommended (2) doses. One dose has a (93%) vaccine effectiveness versus (2) doses which has a (97%) vaccine effectiveness. There has been (1) death of a school age child reported, without a lot of detail. Canada has also reported (44) cases of measles in 2025 and (33) of these cases were unvaccinated or had unknown vaccination status. New Mexico have reported (9) cases, New Jersey reported (3) cases, and New York City has had (2) cases of measles in 2025. Beyond NYC, New York State has not identified any other positive cases. Dr. Watkins shared a map of the Measles Mumps and Rubella (MMR) vaccination rates by county for NYS, which show's Cattaraugus County with a vaccination rate of (74.0%) for 1 MMR dose by 2 years of age as of January 1, 2025.

Dr. Watkins asked why that rate is so low. Legislator Schroder responded due to our Amish population which does not vaccinate. Measles is one of the most contagious diseases we have out there; up to (90%) of those who are not immunized against measles, will get measles when they are exposed.

Measles has an airborne transmission; symptoms include high fever, cough, runny nose and red, watery eyes. After those symptoms occur within (3-4) days a rash usually begins as flat red spots that appear on the face at the hairline, and spread downward to the neck, trunk, arms, legs, and feet. In addition, raised skin lesions can also appear on flat spots - maculopapular rash lasting (5-6) days. Measles diagnosis is done via collection of a nasopharyngeal swab; ideally 0-3 days after rash onset and up to 10 days after rash onset. Urine samples can also be collected but within 10 days of rash onset.

Measles complications include pneumonia, brain swelling, for pregnant women, they can have miscarriages, or low birth weight infants. Treatments for measles includes: antibiotics, hospitalization, and ibuprofen/acetaminophen. Prevention is vaccination; (1) dose has a (93%) effectiveness rate, versus (2) doses which has a (97%) effectiveness rate.

Dr. Watkins went on to give an update on influenza. He stated he shared, via email, a Morbidity and Mortality Weekly Report on Influenza Vaccine Effectiveness for the 2024-2025 influenza season (a preliminary report). Influenza symptoms include fever, cough, sore throat, runny nose, muscle or body aches, headaches, fatigue, and some will have vomiting and diarrhea though this is more common in children than adults. He reminded the Board that in the months of October - December 2024 there was hardly any spread of influenza in Cattaraugus County with only (55) cases reported by providers in the community, as of date, from October - March 5th there are (382) cases reported by providers in Cattaraugus County and many cases throughout NYS. In the next month or two the level of positive influenza cases should begin to trend downward.

An unfortunate case of an influenza death was reported in Western NY of a (9) year old in Buffalo, NY. This child developed a fever in the early morning hours of February 19th, after vomiting she was taken to the emergency room of Oishei Children's Hospital. Based on the news report she had a seizure and was intubated. Her family said the doctor believes she had influenza B which caused severe swelling of her brain, which lead to a bleed on her brain, along with heart issues. On February 23rd she succumbed to her illness. Some of complications to influenza include pneumonia, heart issues, brain swelling, muscle tissue swelling, and multiple organ failure can occur. Treatment would be hospitalization, and antivirals. The best prevention is vaccination.

Influenza vaccine effectiveness for the 2024-2025 influenza season (October 2024-February 2025); among children less than (18) years of age, vaccine effectiveness in an outpatient setting was between (32%-60%). Among children less than (18) years of age, in reducing hospitalization, the 2024-2025 influenza vaccine had a (63%-78%) vaccine effectiveness. Among adults over (18) years of age in an outpatient setting, the 2024-2025 influenza vaccine had a (36%-54%) vaccine effectiveness. Among adults over (18) years of age, in reducing hospitalization, the 2024-2025 influenza vaccine had a (41%-55%) vaccine effectiveness. This year's vaccine seemed to be effective, preliminary estimates indicates that those who received the vaccine were less likely to have to go to a provider with symptoms of influenza or be hospitalized from influenza. The CDC still recommends those (6 months of age) or older still receive a vaccine as long as the influenza viruses continue to circulate locally.

The information and education (I & E) committee (made up of Board members) were provided (3) updated family planning pamphlets to approve. The first pamphlet was a pamphlet that described the MOM's (Medicaid Obstetrical Maternal Services) program. Legislator Andreano stated that the pamphlet uses the term chest feeding and that term is totally inappropriate and should be removed. Legislator Schroder stated that chest feeding was in two locations in the pamphlet and both should be removed from the pamphlet. Dr. Watkins said this was not a problem, the term chest feeding could be removed.

Brooke Schnell, supervising community health nurse shared information on chest feeding stating their goal was to improve communication between provider and clients. Legislator Schroder stated that she was totally opposed to it. Dr. Witte asked if NYS Department of Health had a recommendation regarding this information. Dr. Watkins replied that the State tends to go with a more inclusive vocabulary for breastfeeding that includes chest feeding, but the I & E committee is allowed to approve what is best for their community. Dr. Bohan stated that everyone is for a healthy MOM's program, but he objected to the sentence that a registered nurse will be available for the participant. A registered nurse provides home visits before and after delivery. He asked why these visits are not done at the health department. There could be exceptions available for those who don't have a vehicle but to offer home visits by an RN to everyone in the program seems extreme. Dr. Watkins replied that the MOM's program only consists of (5) or less clients at this time, and he explained that mothers who qualify for the program are not taking advantage of the program, hence an updated pamphlet.

Dr. Spigel asked what the cost was for this service. Dr. Watkins stated that this is a grant supported program by NYS Department of Health and it covers all expenses for staff in the program. Legislator Schroder stated it does cost the county as we pay a quarter of a million in-healthcare coverage when that nurse retires. Dr. Witte asked if this nurse solely did just this program? Dr. Watkins stated that this nurse completes other duties within the department as well.

Legislator Andreano asked what was the percentage of mothers who did not receive prenatal care in Cattaraugus County. Schnell stated she was not sure but she would get the number and provide it to Legislator Andreano after the meeting. After an extensive discussion, it was decided to remove the word's chest feeding; and replace the word a "RN" will provide" and the word a "RN" is here for you and replace it with staff will provide; and "staff is here for you"

The second pamphlet was a pamphlet on the Family Planning Benefit Program, which lists the department's locations, what services are provided in the program, who qualifies for the program, and how to enroll in the program. There were no questions or concerns from the I and E committee.

The third pamphlet was a pamphlet on the reproductive health clinic. This pamphlet lists the department's locations, what service are provided in this clinic, and information for the health educator who is available to come out into the community and provide presentations. There were no questions or concerns from the committee.

The last item provided was a resource list that is used by the family planning division to distribute to clients who come into the program. There were no questions or concerns from the committee.

Mayor Smith asked for a motion to approve the (3) pamphlets and the resource lists, provided it included the changes previously noted. A motion was made by Mrs. Cooney-Thrush, seconded by Legislator Schroder and unanimously approved.

Dr. Spigel asked if there was any new information on the universal influenza vaccine? Dr. Watkins replied that it has been talked about but it's not available yet, maybe in a few more years.

ENFORCEMENT REPORT: Mr. Porter reported there were no new enforcements this month.

NURSING DIVISION REPORT: Mrs. Moore shared that the homecare census was currently (215). There were (76) admissions in February, and (77) discharges were completed. She stated that something that is impacting the census is a couple of health care insurance plans within the community that is out of network for the agency, these include Humana, and United Healthcare plans.

Lead program update: In the month of February, there were (90) lead tests conducted. There were (2) children with elevated blood lead levels (BLL) between (15-20ug/dl) the highest was (17.3ug/dl) [normal is < 5ug/dl], this level is higher than when they were previously tested (15.1ug/dl) in November of 2024 suspected exposure is at the Grandmothers home. Dr. Spigel asked why someone didn't go to the home of the grandmother to test for lead in the case of the child with an elevated BLL. Moore replied that the grandmother lives in Pennsylvania and we have no way of tracking out of state. A second child BLL tested at (15.3ug/dl) decreased from a high of (36.8ug/dl) in August of 2024. Remaining BLL's include; (1) child with a BLL of (10ug/dl) in February, (4) children with BLL's between (5-10ug/dl), and the remaining (83) children BLL's were (<5ug/dl). The total lead case load is (66) children.

HIV testing; in February, there was (7) tests conducted in Olean; (1) in Salamanca and (0) in Machias, all results were negative.

In February, there was (1) rabies pre-exposure vaccine series given, and no post-exposure vaccine series given.

Communicable diseases: in February, there were (6) cases of Chlamydia; (1) case of Gonorrhea; (4) chronic cases of Hepatitis C; (1) case of strep group A; (1) case of strep group B, invasive; (3) cases of strep pneumonia; (235) cases of influenza A with (2) H1N1; (8) cases of influenza B; (25) cases of RSV; and (42) cases of COVID-19; (1) case of campylobacteriosis (no source identified); and (1) case of legionellosis (no source identified, unable to speak with individual yet).

Communicable diseases: in January, there were (5) cases of chlamydia; (1) case of syphilis; (1) case of salmonellosis; (2) cases of Hepatitis B; (1) case of chronic Hepatitis C; (1) case of strep group A, invasive; (1) case of strep. penumo. invasive; (18) cases of probable Lyme; (1) case of anaplasmosis; (91) cases of influenza A; (40) cases of RSV; and (50) cases of COVID-19.

ENVIRONMENTAL HEALTH REPORT: Mr. Ring shared that the Lead Capacity Building Grant informational meetings are being held for contractors interested in repair, renovation, and painting. A class was completed for contractors on February 27th, with (12) attendees. These meetings will be scheduled for every other month, and are required for every contractor disturbing paint in a house built before 1978. This is not enforceable but if there was an issue, it would be settled as a civil issue therefore, the department is encouraging all contractors to get this training.

For work that will be done in homes the department is required to provide a lead abatement supervisor course that will be available on March 11th and 14th, and a lead abatement worker course on March 27th. We have reached out to nearly every contractor in the area asking if they are interested in being offered this program and it has been very successful so far.

There is a free animal rabies clinic scheduled for Saturday, May 3rd at the county Department of Public Works (DPW) garage in Little Valley from 9:30AM-11:30AM.

Capital project update; campgrounds are very popular within our county. Nearly every campground in the county has expanded and this year there are (3) new campgrounds slated to open this year. One of those campgrounds will have (100) sites, another (30-60) sites, and the other is (40) sites. Most of these are recreational vehicles, small water systems, and septic systems. These are held closely to regulation standards because of the concern for potential contamination of the water supply.

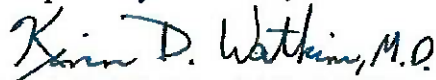
Water capital projects for 2025 include the Village of Franklinville, Village of Little Valley, the Town and Village of Ellicottville, the City of Salamanca, and the Village of Portville. In the planning stages are the Village of Cattaraugus, the Town of Machias, Village of Delevan, and the City of Olean.

The department has begun planning for the mosquito program for this year. Permits and applications are required. We have reached out to the material supplier who is from Ohio, and flies in with his plane to provide larvicide spraying services to our county. Our goal is to lock him in for a price for the upcoming season. Our mosquito aides will start sometime in May and then will start providing mosquito counts for our upcoming Board meetings.

Old/New Business: The BOH next meeting will be held at noon, on Wednesday, April 2nd.

A motion was made by Ms. Cooney-Thrush to adjourn the meeting, the motion was seconded by Dr. Bohan and unanimously approved.

Respectfully submitted,



Kevin D. Watkins, M.D., M.P.H.
Secretary to the Board of Health