CATTARAUGUS COUNTY BOARD OF HEALTH

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

MINUTES
March 4, 2026

The 940th meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on March 4, 2026.

The following members were present:
Kelly Andreano, Legislator
Joe Bohan, MD
Dr. Zahid Chohan
Kathryn Cooney-Thrush, NP, MSN
Theresa Raftis
Ginger Schroder, Esq., Legislator
Mayor David Smith

Also present were:
Kevin D. Watkins, MD, MPH, Public Health Director
Richard Helmich, Legislator (Virtual)
Erin Whitcomb, County Attorney
Bob Clark, Olean Times Herald
Ray Jordan, Senior Public Health Sanitarian
Debra Lacher, Secretary to the Public Health Director
James Lawrence, Emergency Preparedness Director
Lynne Moore, Director of Nursing
Rick Miller, Catt Co. News Photos/Olean Star
Adam Packer, Resource Specialist
Dave Porter, Hearing Officer
Robert Ring, Environmental Health Director (Virtual)
Gilbert Witte, MD, Medical Director

A moment of silence was held for our troops.

Mayor Smith called the meeting of the Board of Health (BOH) to order and welcomed attendees. A roll call was conducted, confirming that a quorum was present.

Mayor Smith congratulated Legislator Kelly Andreano on her reappointment as Vice President of the Board of Health.

Mayor Smith called for a motion to approve the February 4, 2026 Board of Health (BOH) meeting minutes. A motion was made by Mrs. Cooney-Thrush, seconded by Ms. Raftis, and unanimously approved.

DIRECTOR'S REPORT: Dr. Watkins shared that March is Colorectal Cancer Awareness Month. Colorectal cancer is currently the second leading cause of cancer-related deaths in the United States. He noted that a recent groundbreaking research study, published approximately two months ago in the Journal of the American Medical Association, found that colorectal cancer is now the leading cause of cancer deaths among individuals younger than 50 in the United States. This milestone occurred seven years earlier than researchers had previously projected. Mortality rates from colorectal cancer in this age group have been increasing by approximately 1% annually since 2005. Between 1990 and 2023, there were approximately 1,267,520 cancer-related deaths among individuals under the age of 50. During that same period, however, the overall cancer mortality rate declined by 44%, dropping from 25.5 deaths per 100,000 people in 1990 to 14.2 in 2023.

The study further found that among the five leading causes of cancer deaths for individuals under age 50 between 2014 and 2023, four types of cancer showed declining mortality rates. Lung cancer deaths decreased by 5.7% per year, leukemia by 2.3% per year, breast cancer by 1.4% per year, and brain cancer by 0.3% per year. Colorectal cancer was the only cancer in this age group with increasing mortality, rising by 1.1% per year since 2005. As a result, colorectal cancer has moved from the fifth leading cause of cancer death among younger individuals in the early 1990s to the leading cause in 2023.

Researchers describe this trend as a "birth-cohort effect," meaning that individuals born after 1960 appear to have a higher underlying risk of developing colorectal cancer than previous generations. Possible contributing factors include increased consumption of processed foods and preservatives. Researchers also noted that many of the cancers occurring in younger adults are located in the rectum and the lower portion of the intestine. It is believed that the higher concentration of bacteria in formed stool, along with prolonged exposure in this area, may contribute to an increased risk of rectal cancer. Several additional factors may also contribute to the increased risk among younger generations, including rising obesity rates, sedentary lifestyles, alcohol use, diets high in ultra-processed foods, changes in the gut microbiome, and environmental exposures.

Dr. Watkins also shared the stories of two well-known celebrities who died from colorectal cancer after experiencing symptoms but delaying medical evaluation. He emphasized the importance of seeking medical attention if symptoms occur. Individuals experiencing symptoms such as blood in the stool, frequent constipation or diarrhea, fatigue, or unexplained weight loss should consult their primary care provider regardless of their age.

The American Cancer Society estimates that approximately 158,850 individuals will be diagnosed with colorectal cancer in 2026. Of these cases, approximately 84,160 will occur in men and 74,690 in women. Colon cancer is expected to account for 108,860 cases (55,410 in men and 53,450 in women), while rectal cancer will account for approximately 49,990 cases (28,750 in men and 21,240 in women). Approximately 55,230 deaths from colorectal cancer are projected in 2026, including about 30,110 men and 25,120 women.

In New York State (NYS), colorectal cancer is also the second leading cause of cancer deaths among men and women combined. Each year in New York, more than 4,600 men and about 4,200 women are diagnosed with colorectal cancer. Approximately 1,500 men and 1,400 women die from the disease annually in NYS.

In Cattaraugus County, colorectal cancer is likewise the second leading cause of cancer deaths among men and women combined. Based on reports from 2018–2022, the average incidence rate for men and women diagnosed with colorectal cancer was 39.1, and the average mortality rate was 12.7. Charts were provided to those in attendance showing cancer incidence and mortality rates for Cattaraugus County during the 2018–2022 period.

A review of the mortality chart showed an annual mortality rate of 15.7 deaths among males and 9.9 among females. Several Board members noted that this difference may be partially attributed to women being more likely to seek routine medical care and cancer screenings, while men are often more likely to delay medical treatment.

A map showing colorectal cancer incidence and mortality rates for the period 2018–2022 was reviewed. The incidence map indicated that the colorectal cancer incidence rate in Cattaraugus County is higher than in both Chautauqua County and Erie County, but comparable to Allegany County. The mortality map for the same period showed that the colorectal cancer mortality rate in Cattaraugus County is lower than Allegany County, but higher than both Chautauqua and Erie Counties.

Colorectal cancer screening was discussed as a key strategy for increasing early detection. The U.S. Preventive Services Task Force recommends that adults between the ages of 45 and 75 undergo regular screening. Recommended screening options include stool-based tests, flexible sigmoidoscopy, CT colonography, and colonoscopy. Current data indicate that New York State's colorectal cancer screening rate is 73.5%, which exceeds the Healthy People 2030 target of 72.3%. Dr. Witte asked whether screening data were available specifically for individuals between the ages of 45 and 50. Dr. Watkins reported that the screening rate for that age group in New York State is approximately 56%, noting that increased awareness is needed to improve participation among younger eligible adults.

Risk factors for colorectal cancer include age, family history, personal health history, obesity, physical inactivity, diet, and other lifestyle factors. Common symptoms may include changes in bowel habits, fatigue, unexplained weight loss, rectal bleeding, and iron deficiency anemia. Preventive measures include maintaining a healthy diet low in animal fat, increasing physical activity, limiting alcohol consumption, and avoiding tobacco use.

Last month, there was a discussion regarding how Mrs. Moore reports out Lyme disease case. Mrs. Moore provides monthly reports on the number of Lyme disease cases in Cattaraugus County, and her reports indicate that each case is classified as probable. Both New York State and the Centers for Disease Control and Prevention use standardized case definitions for Lyme disease surveillance. This surveillance system is used for public health tracking and classifies cases as confirmed, probable, or suspected.

To illustrate the reporting process, Dr. Watkins shared a slide showing a positive Lyme disease laboratory report for an individual in Cattaraugus County.

Laboratory results are initially submitted by a New York State clinical laboratory to the Electronic Clinical Laboratory Reporting System (ECLRS). After review, the New York State Department of Health laboratory transfers these results to the Communicable Disease Electronic Surveillance System (CDESS). During this process, cases that originate as positive laboratory reports may appear in the surveillance system as probable cases, depending on how the established case definition criteria for surveillance reporting are applied.

Dr. Watkins explained that for a case to be classified as confirmed under traditional surveillance definitions, a two-tier serologic testing process is required. This typically includes an enzyme immunoassay (EIA) or enzyme-linked immunosorbent assay (ELISA) test followed by a confirmatory Western blot test, or two positive ELISA tests. In addition to positive laboratory results, clinical evidence of illness is usually required. Examples include an erythema migrans rash, arthritis, facial palsy, carditis, or documented clinical reasoning for ordering the test. In rare instances, laboratory confirmation may come from culture or polymerase chain reaction (PCR) testing of blood, cerebrospinal fluid (CSF), or tissue.

Dr. Watkins further explained that a case is classified as probable when there is laboratory evidence of infection (positive serology), but the required clinical information is lacking. This may occur when symptoms are not documented, not reported, or are inconsistent with Lyme disease.

Legislator Andreano asked why Lyme disease appears to be "downplayed" in the reporting when it is so prevalent in the region. Dr. Watkins responded that the classification system is not intended to minimize the disease but rather to standardize reporting for surveillance purposes. Dr. Witte added that physicians must document the clinical reason for ordering the test for the case to meet the confirmed classification criteria.

Dr. Watkins noted that with electronic medical records, there may not always be a clear or consistent place for this information to be documented. However, if laboratory results are positive, as in the example presented, treatment should begin immediately regardless of whether the surveillance system lists the case as probable.

In New York State (excluding New York City), a total of 18,704 confirmed or probable cases of Lyme disease were reported in 2024. Between 2020 and 2024, the incidence of Lyme disease in New York State increased from 37.2 to 164.8 cases per 100,000 residents. The national surveillance case definition for Lyme disease was updated in 2022, allowing cases to be classified based on positive laboratory results alone, without requiring documented clinical evidence. This change contributed to the significant increase in reported case counts and incidence rates.

NURSING DIVISION REPORT: Mrs. Moore shared that within the Electronic Clinical Laboratory Reporting System (ECLRS), Lyme disease is one of the conditions the department typically does not investigate directly, but instead receives routine laboratory reports through the system.

Mrs. Moore reported that the current homecare census stands at (140) patients.

Lead Program Update: In February, (85) lead tests were conducted. One two-year-old child was identified with a high venous blood lead level (BLL) of 18.6 μg/dL (reference level: <5 μg/dL). In November 2025, this same child had a BLL of 8 μg/dL.

The source of lead exposure was identified as window casings in the home. There are two other children living in the residence. One of the other children, a one-year-old, also has an elevated BLL of 8.1 µg/dL. The remaining (83) children tested had levels at or below 5 µg/dL.

The New York State Department of Health contracted with Island Peer Review Organization (IPRO) to conduct the clinic survey. The IPRO Statement of Deficiencies was received on February 27, 2026. The department is currently working to complete a Corrective Action Plan (CAP) for the clinic and has 45 days to finalize and submit the plan.

No HIV testing was conducted in February.

Rabies Prophylaxis:
Pre-exposure: None administered in February.
Post-exposure: One individual received the vaccine series in February following a fox exposure.

Reportable Diseases for February included: Chlamydia: (17) cases; Gonorrhea: (1) case; Strep Group A: (2) cases; Hepatitis C: (3) chronic cases; Lyme: (18) probable cases; Strep pneumoniae: (3) cases; Influenza A: (90) cases in February compared to (265) cases in the month of January; Influenza B: (101) cases in February compared to (19) cases in January; COVID-19: (84) cases; and RSV: (41) cases.

ENVIRONMENTAL HEALTH REPORT: Mr. Jordan provided additional details regarding the rabid fox incident. The individual who was bitten had been feeding an outdoor cat and had set up a heated cat house for it during the winter. When he reached into the cat house to place food inside, a fox that had taken shelter in the house bit him.

Environmental Health staff are currently working on the annual water quality reports for public water supply systems. In addition, they are collaborating with water system operators to ensure compliance monitoring requirements are met.

Water program staff is also conducting sampling at public water supplies for several water quality parameters, including Inorganic Compounds (IOCs), Principal Organic Compounds (POCs), Synthetic Organic Compounds (SOCs), and Emerging Contaminants (1,4 Dioxane & PFAS).

This sampling is conducted annually by the Environmental Health Division and analyzed through the NYSDOH Wadsworth Center as part of the NYSDOH State Assisted Sampling Program. This program provides laboratory testing at no cost to qualifying water systems (municipalities, schools, non-profits, and mobile home parks) and the Health Department provides free scheduling and sampling services to local water operators, in order to assist with cost of compliance with Federal drinking water standards.

Staff are also preparing for the upcoming children's camp season, which requires the review and completion of extensive documentation before permits can be issued.

As the weather begins to improve, staff are addressing a growing number of Real Property Transfers (RPTs) that involve onsite water supply and sewage disposal systems, which must be inspected as part of the transfer process.

Inquiry letters were sent to certain municipalities to determine their interest in participating in the mosquito surveillance program for the upcoming season.

At this time, it is anticipated that both mosquito program aides from last year will return, which will allow the program to begin promptly without the need for additional training.

The Community Development Block Grant (CDBG) Lateral, Well, and Septic Repair or Replacement Assistance Program remains ongoing, and the department continues to receive calls from residents interested in participating in the program.

Old/New Business: Mayor Smith stated there is no old or new business. The next meeting will be held on Wednesday, April 1, 2026.

A motion to adjourn the meeting was made by Dr. Chohan, the motion was seconded by Dr. Bohan, and unanimously approved.

Respectfully submitted,

Kevin D. Watkins, M.D.

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