



CATTARAUGUS COUNTY BOARD OF HEALTH

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737



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, Esq.*

MINUTES June 25, 2025

The 933rd meeting of the Cattaraugus County Board of Health (BOH) was held at the Cattaraugus County Health Department Conference Room A on June 25, 2025.

The following members were present:

Kelly Andreano, Legislator
Joseph Bohan, MD
Zahid Chohan, MD
Theresa Raftis

Ginger Schroder, Legislator
David Smith, Mayor
Thomas Spigel, MD
Kathryn Thrush, NP, MSN

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Haley Germain, Asst. County Attorney
Nicholas Berardi, County Attorney Intern
Ray Jordan, Senior Public Health Sanitarian (Virtual)
Cassandra Kelly, County Attorney Intern
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
Dave Porter, Hearing Officer
Robert Ring, Environmental Health Director
Sydney Saunders, County Attorney/District Attorney Intern
Gilbert Witte, MD, Medical Director

Mayor Smith welcomed everyone to the Board of Health (BOH) meeting, he recognized attendees Haley Germain, Asst. County Attorney, Cassandra Kelly and Nicholas Berardi who are both interns with the County Attorney's office and Sydney Saunders who is an intern with both the County Attorney's office and the District Attorney's office.

Ms. Raftis addressed the Board, thanking the Board for the beautiful flowers and the card that was sent on behalf of the loss of her father.



The roll was called and a quorum was reported. Legislator Andreano shared that Shane Pancio is still serving the army overseas although he originally expected to be home a month ago. Mayor Smith asked for a moment of silence for all who are serving in the armed forces.

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

ENFORCEMENT REPORT: Mr. Porter reported that there were no new enforcements for today's meeting.

DIRECTORS REPORT: Dr. Watkins welcomed everyone to the Health Department and offered a tour if anyone was interested after the meeting was held.

Dr. Watkins spoke about hantavirus which he stated had a low prevalence in the United States but based on recent reports, the virus has started to spread or has more frequently become part of the differential diagnosis by providers. A suspected hantavirus case was recently tested for in Cattaraugus County. Hantavirus belongs to the viral classification order Bunyavirales and is a tri-segmented single-stranded viral RNA. It is a virus that is spread from infected rats and mice. The deer mouse is the most common carrier of the virus in Northern and Central America. Rodents shed the virus in their urine, feces, and saliva. When fresh droppings or urine are stirred up, small particles containing the hantavirus become airborne. Hantaviruses are transmitted mainly through aerosols and droplets that contain rodent excretions, as well as through contaminated food, bites, and scratches.

Humans are generally considered a dead-end host for hantavirus and human to human transmission is very rare. Most often, symptoms occur within (9-33) days after the virus enters the body, symptoms can appear as early as one week or as late as eight weeks. Early symptoms include fever, fatigue, muscle aches, headache, nausea, and vomiting. There are two types of hantavirus infections, the first is hantavirus pulmonary syndrome (HPS) which is a lung disease that can be fatal and the second is hantavirus hemorrhagic fever with renal syndrome (HFRS). A person with HPS may develop coughing and shortness of breath caused by fluid buildup in the lungs. In the lungs, the virus causes blood vessels to weaken and leak. A person with HFRS may develop high fever, acute kidney injury with severe thrombocytopenia, anemia, flushing, subconjunctival hemorrhage, and bradycardia.

There is no specific treatment, cure, or vaccine for hantavirus. Early supportive treatment can improve survival. Blood tests can reveal if the body has made antibodies to hantavirus. The enzyme-linked immunosorbent assay (ELISA) test detects antibodies against the virus. The western blot test confirms the result of the ELISA test. The polymerase chain reaction (PCR) test detects viral genetic material in the blood. Dr. Spigel asked what the turnaround time was for these tests. Dr. Watkins replied that the tests come back in a couple days.

The suspected hantavirus case in Cattaraugus County was a (75-year) old man who presented to Olean General Hospital with complaints of headaches for two weeks, photophobia, and fever. He stated that he worked in a cabin with mice/rat exposure. Shortly after admission he rapidly decompensated and developed encephalitis with acute kidney injury. He was then transferred to the intensive care unit (ICU) at Buffalo General Hospital. Prior to the transfer an ELISA test was ordered for suspected hantavirus.

The ELISA test came back positive. An IgM marker, which is the first antibody marker to indicate an acute phase of an infection, was positive for hantavirus. However, the IgG marker or antibody marker which is produced a little later, but still in the acute phase of the infection, was negative for hantavirus.

Legislator Andreano stated that if the (IgM) marker was present early in the infectious stage that the IgG antibody marker might be delayed and could appear later. Dr. Watkins responded, that is correct, the provider may have taken the IgG test too early or the patient was in the more acute stages of the infection when IgG antibodies are not detected and possibly, the provider might want to consider retesting the patient for the hantavirus IgG marker at a later time. The IgG marker is considered to be more specific. It also remains longer in the blood to help protect the body from future infections. Ms. Andreano asked if the department could follow-up with the case.

The ELISA test for Lyme disease, Anaplasmosis and Ehrlichiosis was also positive for this patient. The patient was placed on antibiotics and started to respond to the antibiotic treatment. Dr. Spiegel asked if the individual's symptoms were getting better prior to the antibiotics, Dr. Watkins responded no. The patient was eventually discharged home. Dr. Watkins stated that prevention methods from hantavirus include, wearing rubber or plastic gloves when cleaning up an area where mice or rat droppings are located. Spraying (soak) the area with disinfect before cleaning and let it sit for about 5 minutes. Use paper towels to clean up the area. Mop or sponge the area. Wash gloves and hands after the cleanup. Wearing a mask when entering in confined spaces where rodent's habitat. He also recommended sealing off gaps and holes around the house, shed and barn.

Dr. Watkins noted that there has been lots of rain this Spring and now that the humidity is very high, this climate is perfect for mosquitos to become a nuisance. The department is currently conducting larvicide spraying to control the mosquito population. When a mosquito bites, it pierces the skin with a mouthpart called proboscis to draw up blood. As the mosquito is feeding, it injects saliva into the skin. The body reacts to the saliva resulting in itching and bumps.

The life cycle of a mosquito begins with an egg, which hatches in a few days to months when covered with water. The egg develops into a larvae that live in water and will develop into a pupae in as few as (5) days. Pupae live in water and will develop into an adult flying mosquito in (2-3) days. The most effective means of controlling mosquito populations is to identify breeding sites so that they can be modified. To collect, and identify adult mosquitoes, staff use different mosquito surveillance traps including light, gravid, resting boxes, and sentinel traps. A weekly report is generated providing the number of mosquitos that are trapped in different areas throughout the County. Mosquito borne diseases that are more prevalent in Western New York include: Eastern Equine Encephalitis Virus (EEEV) and the West Nile Virus (WNV). The EEEV is spread by the bite of a mosquito infected with the EEE virus. It is a rare but serious and often fatal infection, there are some people who will never even develop any symptoms although they were bitten by an infected mosquito. Symptoms of EEEV infection typically appear (4-10) days after being bitten by an infected mosquito. People over age (50) and younger than age (15) are at greatest risk for developing severe disease. Tests for EEE virus can be conducted through a blood test as well as spinal fluids.

WNV is spread by the bite of a mosquito infected with the West Nile Virus (WNV). WNV may cause a mild illness but may also cause encephalitis or meningitis. Most people who are infected with WNV do not show symptoms. Symptoms of WNV typically appear (3 to 14) days after being bitten by an infected mosquito. WNV can cause serious illness, and in some cases death.

In Cattaraugus County the last reported EEEV case was an equine case in 2019 and the last reported WNV case was an equine case in 2021. Vaccines are available to help protect horses from EEEV and WNV, but there are no commercial vaccines available for humans at this time. Treatment for either EEEV or WNV in humans is supportive. Prevention is the best method for reducing the risk of contracting either virus. Use insect repellent properly. Those that contain DEET, picaridin or oil of lemon eucalyptus are most effective but should be used with care. Limit outdoor activities in areas where mosquitoes are most active and between dusk and dawn. Wearing long-sleeved shirts, long pants, shoes and socks as weather permits helps to reduce the risk of bites.

The department had its site visit from the Public Health Accreditation Board (PHAB) for reaccreditation on May 27th and May 28th, which was actually a virtual ZOOM visit. As part of the site visit, the review team asked to meet with representatives from the governing body. Mayor Smith, Dr. Bohan, Dr. Spigel, and Dr. Witte all participated. They spoke with the PHAB reviewers who were very impressed with the Board. The reviewer's overall impression was that the department had a strong foundation of leadership who really take pride in serving the community. Despite ongoing challenges of staff turnover, the department continues to adapt and evolve reflecting resilience and forward thinking. The collective dedication of mission work, and continuing improvement is a strong commitment to public health. Dr. Watkins stated that he fully expects to be approved for reaccreditation for another (5) years but notification will not happen until after the August PHAB accreditation meeting.

Legislator Schroder asked why the mosquito surveillance is only focused in certain areas of the county. Dr. Watkins explained that it is only conducted in areas that municipalities have agreed to pay for the spraying. Currently, there are seven municipalities that participate. Dr. Spigel asked why have they not been able to create a human vaccine for EEE and WNV if they have developed one for horses. Dr. Watkins shared those vaccines were developed but they had their challenges, so at this time, they are still under clinical trial.

NURSING DIVISION REPORT: Mrs. Moore shared that the homecare census was currently (220). In May, there were (83) admissions, and (88) discharges.

The department is currently looking at an updated electronic health records software system called "myUnity". The nursing division has used the old version of NetSmart for several years and many issues are coming from using the older system. NetSmart myUnity has a web-based platform instead of a server-based platform. NetSmart myUnity can work offline, and utilizes tablets. Information is updated every thirty seconds and all the information would be saved which should solve many documentation regulatory issues. It would take six months to have everything set up and running.

Lead program update: In the month of May, there were (92) lead tests conducted. There was (1) child with an elevated blood lead level (BLL) of (29.1ug/dl), the level was (17.3ug/dl) in February [normal is < 5ug/dl], there will be a follow-up venous draw in three to four weeks. The second highest level was (20ug/dl), that child was actually at (25ug/dl) in August of 2024. There were (2) children between (10-15ug/dl) with the highest at (14.8ug/dl). There were two children with BLL's between (5.6 and 6ug/dl) and the remaining (86) children were all (<5ug/dl).

Legislator Andreano asked when a child with a high blood lead level is found does the environmental health division go out to assess where the lead is at, and provide an order to remedy that.

Mr. Ring stated yes, the environmental health division goes out to determine the potential paint source. Mrs. Moore added that most families are receptive to the lead team reaching out to them. Legislator Andreano asked what happens if the parents are non-compliant. Dr. Watkins stated that the department has several enforcement measures that can be use if the child is experiencing chronic lead disease due to lead toxicity, and the parents are non-compliant in mitigating the source. This includes working with Department of Social Services. The children can be removed from the home if necessary so they are in a safe environment.

Dr. Bohan asked if there is any outreach to the Amish community regarding lead testing. Dr. Watkins replied because the Amish do not follow the vaccine schedule, children are not seeing physicians at age (1 and 2) where they are typically tested and educated about lead poisoning. Dr. Bohan suggested sending someone to their schools to educate staff and children about lead and the importance of testing. Mrs. Moore replied that their schools are difficult to locate. Dr. Chohan stated statistically, the health of the Amish compared to the general population of the county is better. They seem not to die early, they aren't getting vaccinated, they aren't getting lead tested. Legislator Schroder shared that the Amish in her community are the healthiest people that she knows, due to non-processed food and exercise.

Communicable Disease: In May, there were (28) HIV tests conducted in Olean, (22) in Salamanca, and (9) in Machias, all were negative.

For the month of May there were (2) pre-exposure rabies vaccine series administered, and there were (3) post-exposure rabies vaccine series administered, due to (2) dog bites and (1) cat bite.

Reportable diseases: In May, there were (7) cases of Chlamydia; (4) cases of Gonorrhea; (8) chronic cases of Hepatitis C; (1) case of Giardiasis, (1) case of group Strep A; (10) cases of influenza A; (15) cases of influenza B; (7) cases of COVID-19; (1) case of anaplasmosis; (1) case of salmonellosis, and (1) suspected case of hantavirus.

ENVIRONMENTAL HEALTH REPORT: Mr. Ring shared that staff has investigated (99) reported animal bites since January, primarily from dog and cat bites, (17) of those animals were sent to the state lab for rabies testing which all came back negative.

This time of year, bats are coming out of hibernation and making their way through homes finding themselves in bedrooms and living rooms. Such reports are referred to nursing for triage due to the possibility that someone was bitten while they were sleeping without being aware of a bite. If a bat is caught, the department sends the bat to the state lab for rabies testing.

Mr. Ring stated that he received a report that a fox was chasing cats in a residential area. A resident went out to investigate and was bitten by the fox. The resident killed the fox with a shovel and the specimen was sent to the state lab for rabies testing. Legislator Andreano asked if this was at a farm. Mr. Ring responded that it was at a residence home in Portville.

Mr. Ring followed up on a question that was asked to him at the last BOH meeting regarding if there was any danger of blue green algae remaining on a kayak. After completing some research, he stated that blue green algae can be harmful if it sticks to boats or kayaks and a person should wash them down after being in a body of water with the algae. The department has not seen or been notified of any blue green algae in any bodies of water in this area this year.

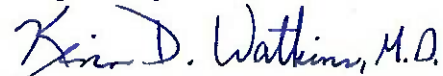
Cuba Lake recently had some flooding; when testing for E.coli, it came back positive. Ms. Raftis asked what will Cuba Lake do to rectify that situation. Mr. Ring replied that it needs to settle out, and once the food supply for E.coli is gone then it will die off or find another place to go. Dr. Chohan asked if the sewer is properly handled in Cuba. Mr. Ring replied that most wastewater plants have a limit to how much wastewater it can accept at any particular time, and when there are high rain events, the plants can reach exceedances and spill wastewater over into clean bodies of water.

There is another benchmark coming up July 1st, where every community and non-transient non-community water system that has lead, galvanized requiring replacement, or lead status unknown service lines must deliver consumer notification of service line materials to all affected consumers as specified in §141.85(e). The completed Certification along with a copy of each final consumer notification of service line materials must be sent to the health department by July 1st. Sixty-seven water systems were required to submit inventories and (12-13) have missed that deadline. The local health departments must certify that this work has been done.

Old/New Business: Mayor Smith thanked the Health Department for hosting the meeting and catering the excellent food. There is no scheduled meeting in July and the next BOH meeting will be held at noon, on Wednesday, August 6th at the Old Library with new owners of the facility. The new owners have stated that they will continue to honor the original contract through the end of the year and provide an option for renewing in 2026.

A motion was made by Dr. Chohan 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