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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

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

MINUTES May 3, 2026

The 942nd meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on May 3, 2026.

The following members were present:

Dr. Zahid Chohan
Kathryn Cooney-Thrush, NP, MSN
Shane Pancio

Mayor David Smith
Dr. Thomas Spigel

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Erin Whitcomb, County Attorney
Ray Jordan, Senior Public Health Sanitarian (Virtual)
Debra Lacher, Secretary to the Public Health Director
James Lawrence, Emergency Preparedness Director
Lynne Moore, Director of Nursing
Adam Packer, Resource Specialist
Dave Porter, Hearing Officer
Robert Ring, Environmental Health Director
Gilbert Witte, MD, Medical Director

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

Mayor Smith called for a motion to approve the April 1, 2026 BOH meeting minutes. A motion was made by Dr. Spigel, seconded by Dr. Chohan and unanimously approved.

DIRECTOR’S REPORT: Dr. Watkins stated that May was Lyme disease awareness month and provided an overview of the 2025 Tick Surveillance Collection conducted by the New York State Department of Health (NYSDOH). He explained that each year NYSDOH performs tick surveillance activities in every county across New York State and distributes the findings to local health departments, state agencies, medical providers, veterinarians, and the general public. He noted that while more than (80) species of ticks have been identified in the United States, approximately a dozen species are recognized as frequent human biters and confirmed vectors of human disease pathogens. Ticks acquire pathogens while feeding on infected zoonotic hosts, including mice, deer, foxes, and other wildlife. These pathogens can be maintained through the tick’s various life stages and transmitted to humans during blood feeding.



Dr. Watkins explained that three tick species are primarily responsible for the majority of tick-borne diseases affecting humans in the northeastern United States: *Ixodes scapularis* (Blacklegged Tick or Deer Tick), *Dermacentor variabilis* (American Dog Tick), and *Amblyomma americanum* (Lone Star Tick). He further explained that *Ixodes scapularis* is capable of transmitting several significant diseases, including Lyme disease, Anaplasmosis, Babesiosis, *Borrelia miyamotoi* disease, Powassan virus disease, and Ehrlichiosis.

As an example of the prevalence of tick-borne disease in Cattaraugus County, Dr. Watkins referenced the Communicable Disease section of the 2025 Annual Report, which documents reportable communicable diseases within the county. The report also identified several tick-borne illnesses reported in 2025, including (243) cases of Lyme disease, (10) cases of Anaplasmosis, and (2) cases of Ehrlichiosis.

He reviewed the seasonal activity of blacklegged ticks, noting that adult ticks are typically active from mid-October until temperatures remain consistently below freezing, with additional activity occurring during late winter and early spring from March through June. Nymphal ticks are generally active from mid-May through July. He explained that these particular ticks locate hosts by positioning themselves on the tips of low-growing vegetation, sensing body chemicals and other environmental cues, and attaching to humans or animals as they brush past vegetation. He emphasized that ticks do not jump, fly, fall from trees, or visually track hosts.

Dr. Watkins described the NYSDOH surveillance methodology for *Ixodes scapularis* monitoring, which involves “dragging” and “flagging” vegetation to collect ticks. Up to (50) ticks per life stage, typically nymphs and adults, are tested at each surveillance location.

He then shared the 2025 tick surveillance data collected in Cattaraugus County. He stated that six collection sites were monitored for nymphal ticks and five collection sites for adult ticks. Testing of collected *Ixodes scapularis* ticks revealed that the majority were positive for *Borrelia burgdorferi*, the bacterium pathogen responsible for Lyme disease. He noted that the surveillance findings represent tick infection data at a specific location and point in time and should not be interpreted as representative of all geographic areas within the county.

He further discussed the estimated time generally required for blacklegged ticks to transmit various pathogens during feeding. Transmission times include approximately (36–48 hours) for *Borrelia burgdorferi* and *Borrelia miyamotoi*; (12–24 hours) for *Anaplasma phagocytophilum*; (24–36 hours) for *Babesia microti*; and potentially as little as (15 minutes) for certain lineages of Powassan virus.

Dr. Watkins also discussed Powassan virus as an emerging tick-borne public health threat. He explained that Powassan virus is spread primarily through bites from infected blacklegged (deer) ticks. Although considered a rare disease, the number of reported cases has increased across the United States in recent years. Between 2004 and 2024, approximately (400) human cases were reported nationally, including (59) cases in New York State, with (53) deaths reported nationwide during that period. Dr. Watkins noted that in 2018, one pool of adult ticks collected in Cattaraugus County tested positive for Powassan virus.

He reviewed the clinical presentation of Powassan virus infection, noting that early symptoms may include fever, headache, vomiting, weakness, and typically no rash. Severe disease can progress to encephalitis, confusion, seizures, and paralysis.

Dr. Watkins stated that approximately (10%) of severe cases result in death, and nearly (50%) of survivors may experience long-term neurological complications. He further noted that there is currently no vaccine or specific antiviral treatment available for Powassan virus disease.

The Lone Star ticks have recently undergone a rapid expansion throughout the Northeast and Midwest regions of the United States. This species has been identified in a significant number of cases associated with Alpha-gal Syndrome (AGS), although any tick species may potentially transmit the alpha-gal sugar molecule through its saliva during a bite. Alpha-gal, or galactose- α -1,3-galactose, is a sugar molecule naturally found in the cells and tissues of all mammals except humans and other primates. It is commonly present in mammals such as cows, pigs, lambs, and goats, as well as in certain mammalian-derived products including milk and gelatin.

Following exposure through a tick bite, the immune system may recognize alpha-gal as harmful and produce IgE antibodies, resulting in an allergic response. Individuals with AGS may experience allergic reactions after consuming foods or products containing alpha-gal, typically occurring (2–6 hours) after ingestion. Symptoms can range from mild to severe and may include hives, swelling, gastrointestinal distress, coughing, shortness of breath, and, in some cases, life-threatening anaphylaxis. Because symptoms are often delayed and inconsistent, diagnosis can be challenging.

Individuals diagnosed with AGS are encouraged to practice diligent tick bite prevention measures, as additional tick bites may trigger or reactivate allergic responses to alpha-gal. Management of Alpha-gal Syndrome primarily involves avoiding foods and products that contain alpha-gal. Individuals with AGS are generally still able to consume foods that do not contain alpha-gal, including poultry such as chicken and turkey, as well as fish.

The majority of vector-borne disease cases reported in the United States are transmitted by ticks, with Lyme disease accounting for approximately (68%) of all reported cases. According to the Centers for Disease Control and Prevention (CDC) Tick Bite Data Tracker, during the fourth week of April - 2026, (114) out of every (100,000) emergency department visits nationwide were related to tick bites, the highest rate reported for this time of year since 2017, when the rate was (90) per (100,000) visits.

CDC data indicates that the Northeast region is experiencing the largest increase in tick-related emergency department visits, followed by the Midwest, Southeast, West, and South-Central regions. In the Northeast, (163) out of every (100,000) emergency department visits were related to tick complaints, an increase from (52) per (100,000) visits reported in March. Current data also showed that New Jersey reported (13) tick-related emergency department visits per (100,000) visits, while New York reported (80) per (100,000) visits.

Dr. Chohan asked why there was such a significant difference between the New Jersey and New York data. Dr. Watkins responded that New Yorkers may be more aware of Lyme disease and more likely to seek medical evaluation and treatment for tick bites and associated symptoms; however, he noted this was speculative.

Dr. Watkins reiterated that Lyme disease is caused by the bacterium *Borrelia burgdorferi*. Common symptoms include erythema migrans, the characteristic “bull’s-eye” skin rash, along with fever, headache, fatigue, and muscle or joint aches.

Diagnosis typically involves a two-step serologic testing process, beginning with either an enzyme immunoassay (EIA) or immunofluorescence assay, followed by a Western immunoblot test if the initial screening is positive. Treatment for Lyme disease generally consists of antibiotics, most commonly doxycycline, a tetracycline-class antibiotic.

He also discussed prevention strategies, emphasizing the importance of reducing tick exposure. Recommended prevention measures include treating outdoor clothing, shoes, tents, and camping gear with products containing 0.5% permethrin; applying Environmental Protection Agency (EPA)-registered insect repellents to exposed skin, avoiding the face; and performing thorough full-body tick checks after spending time outdoors in grassy or wooded areas. If a tick is found attached, it should be removed promptly using fine-tipped tweezers by grasping the tick close to the skin and pulling upward steadily and outward.

Additionally, Dr. Watkins noted that in March 2026, Pfizer and Valneva released Phase 3 clinical trial data on their investigational four-dose Lyme disease vaccine, PF-0730740, which demonstrated approximately (70%) effectiveness in preventing Lyme disease. He noted that the FDA has not approved the vaccine.

Dr. Watkins stated that during the previous month's meeting, following Mr. Ring's report, Dr. Chohan asked whether the BOH would consider having a more in-depth discussion regarding strategies to address the growing sale of illegal vaping products and the operation of vape shops without proper permits. In response, Dr. Watkins presented a proposal for the Board's consideration aimed at addressing the increasing prevalence of illegal vape sales and unregulated vape retailers within Cattaraugus County.

Dr. Watkins emphasized that vaping continues to be a significant public health concern. Although electronic cigarettes have been available for several years, they remain the most commonly used tobacco product among youth in the United States. Many young people perceive vaping as safer than traditional cigarette smoking; however, vaping carries substantial health risks.

He explained that flavored vaping products are one of the primary reasons youth initiate vaping. Popular flavors such as fruit, candy, mint, and dessert varieties mask the harshness of nicotine, making these products more appealing to adolescents. He further noted that nicotine exposure can negatively impact brain development through approximately age 25, affecting memory, attention, learning, impulse control, and increasing the risk of anxiety, depression, and future substance abuse. In addition, vaping exposes users to toxic chemicals, heavy metals, and ultrafine particles.

He also discussed the association between vaping and serious respiratory illnesses, including E-cigarette or Vaping Product Use-Associated Lung Injury (EVALI). He explained that EVALI is an acute or subacute respiratory illness that can be severe and, in some cases, fatal. More than (50%) of EVALI patients require admission to an intensive care unit.

Dr. Watkins stated that the Health Department has identified a gap in local authority that limits oversight and control of vape retail environments. To address this issue, the department is proposing the development of a local permit law requiring all retailers selling vaping products to register with the Health Department. Under the proposal, all vape retailers would be required to obtain a Health Department permit and pay an annual fee to support enforcement efforts.

Benefits of the proposed law would include identifying all vape and tobacco retailers operating within the county, enabling inspections and compliance checks, and creating accountability through fines and penalties for violations.

Dr. Watkins noted that Cattaraugus County currently has an existing local law entitled “A Local Law Regulating Electronic Cigarettes (“E-Cigarettes”) and Herbal Cigarettes,” which prohibits the use of herbal and electronic cigarettes in areas where smoking tobacco products is prohibited or restricted. He suggested either expanding the current law or developing a new local law focused specifically on retailer registration and enforcement requirements. He recommended reviewing local laws and regulations from neighboring jurisdictions, including Oneida County, Erie County, and the Village of Franklinville, all of which have implemented stricter vaping regulations. He stated that these existing models could serve as guidance while working collaboratively with the County Attorney to develop an appropriate regulation tailored to Cattaraugus County that would close existing loopholes in state and local enforcement.

He stated that if the Board considered developing stricter regulations in the form of mandatory retailer registration this would ultimately have to be adopted by the County Legislature. He emphasized that the overall goal would be to reduce youth access to vaping products, limit illegal product sales, and strengthen local enforcement capacity.

Dr. Chohan asked whether the proposed local law would prohibit the sale of vaping products to minors. Dr. Watkins responded that it would, noting that the legal age to purchase tobacco and vaping products in New York State is 21 years of age. Dr. Watkins further explained that although a New York State law already prohibits the sale of flavored vaping products, flavored vapes remain widely available throughout Cattaraugus County.

Dr. Spiegel asked two questions: 1.) If retailers are required to register and a business chooses not to comply, how would penalties be determined? 2.) Regarding Alpha-gal Syndrome, does the method of cooking meat impact the severity of symptoms, such as whether well-done meat would cause fewer symptoms than rare meat?

Dr. Watkins responded that penalties for noncompliance would be clearly outlined within the proposed law and communicated to all retailers. He stated that the department recognizes some businesses may initially claim ignorance of the law; therefore, retailers would be provided with copies of the local law and associated regulations and given a designated period to come into compliance. Continued noncompliance could result in substantial fines and possible placarding or enforcement action against the business.

Regarding Alpha-gal Syndrome, Dr. Watkins explained that individual reactions would depend largely on a person’s immune response and level of sensitivity. He stated that even when meat is thoroughly cooked, some individuals may still react to the alpha-gal sugar molecules naturally present in mammalian meat products. Dr. Witte added that information he reviewed indicated that thoroughly cooked or well-done meat may actually increase alpha-gal levels.

Dr. Witte further noted that Native American-owned smoke shops would not be subject to county registration requirements established through a local law. Dr. Watkins acknowledged that this was correct.

Mayor Smith asked what the next steps would be if the Board wished to move forward. Dr. Watkins replied that the Health Department would work with the County Attorney to draft proposed legislation and then present the draft back to the BOH for review and discussion. Following Board review, the Board's two legislative representatives would be asked to sponsor the proposed law and it would be submitted to the County Legislature for consideration and adoption. If adopted by the Legislature, the law would then be filed with the New York State Secretary of State and officially enacted as a local law for Cattaraugus County.

Mr. Pancio asked whether there was any available data from local schools indicating the percentage of students who are vaping. Mayor Smith responded that Gowanda Central School regularly confiscates vaping devices and turns them over to Roswell Park Comprehensive Cancer Center. He stated that, personally, he had turned over approximately (44) confiscated vaping devices from September through the present, averaging more than one per week, and noted that those numbers only reflected devices that were confiscated and collected, suggesting the actual number of student vaping incidents is likely significantly higher.

NURSING DIVISION REPORT: Mrs. Moore reported that the current Certified Home Health Agency (CHHA) census stands at (104) patients.

During the month of April, a total of (120) lead tests were conducted. One child was identified with an elevated venous blood lead level (BLL) of 24µg/dL (reference level: <5 µg/dL). The child's parents reside in separate households with an alternating visitation schedule. Home visits were completed; however, no definitive lead source has been identified at this time.

The next highest BLL recorded was 21µg/dL. This child previously had a peak BLL of 11µg/dL in January 2026. Ongoing home renovations are currently being conducted at the residence and are considered a potential contributing factor. Another child, who had a significantly elevated BLL of 47µg/dL in 2025, continues to show improvement, with the current level reduced to 20µg/dL.

Additionally, one child was identified with a BLL of 12 µg/dL; an initial home visit was completed with no lead source identified. Another child with a BLL of 10 µg/dL resides with grandparents, and the initial home assessment remains pending. Seven additional children recorded BLLs between 5–9 µg/dL, while the remaining (107) children tested had BLLs at or below 5 µg/dL. The department's total active lead caseload currently stands at (50) children.

HIV testing completed in the month of April resulted in (4) tests in Olean, (1) test in Salamanca, and (1) test in Machias, all were negative.

Rabies Prophylaxis:

Pre-exposure: No vaccinations were administered in April.

Post-exposure: One individual completed a rabies vaccination series following a cat bite.

Reportable Diseases for April included: Chlamydia: (12) cases; Gonorrhea: (1) case; Strep Group B: (1) case; Legionellosis (1) case; Lyme: (29) probable cases; Strep pneumoniae: (1) case; Influenza A: (9) cases; Influenza B: (58) cases; COVID-19: (79) cases; RSV: (31) cases; Candida Auris (1) case and Ehrlichiosis (1) case.

Dr. Spiegel asked whether Influenza B is typically reported at higher levels than Influenza A, or if the current trend is unique to this year. Mrs. Moore responded that a similar pattern was observed during the previous influenza season, with Influenza A cases peaking earlier in November and December, followed by a higher prevalence of Influenza B cases after January.

ENVIRONMENTAL HEALTH REPORT: Mr. Ring reported that a rabies vaccination clinic was held the previous Saturday in Little Valley, during which a total of (411) animals were vaccinated, including (310) dogs, (97) cats, and (4) ferrets. He noted that several additional rabies clinics are scheduled to be held throughout the fall season.

Mr. Ring also reported that the department will be hosting a mosquito and tick identification workshop as part of an educational initiative for staff involved in the county's mosquito control program during the summer months. The training opportunity will be open to representatives from seven neighboring counties. The NYSDOH, in collaboration with Cornell Cooperative Extension, will assist in providing the educational program and technical training.

The department's mosquito surveillance and control program is scheduled to begin at the end of the month. Two college students have been hired to assist with mosquito collection, identification, and surveillance activities throughout the county.

Mr. Ring explained that Environmental Health continues to coordinate closely with the Nursing Division regarding children identified with elevated blood lead levels (BLLs). Environmental Health staff receives approximately (45–75) referrals annually for children with elevated BLLs. Staff conduct home assessments to evaluate environmental risks, identify potential lead exposure sources, and assist families with mitigation efforts, while nursing staff provide education and follow-up support to the families.

Mr. Ring further reported that the first housing project under the department's Lead Grant Program has officially gone out to bid. The initial project involves remediation and rehabilitation of a rental property, with plans for an additional (40–50) homes to follow as part of the ongoing lead hazard reduction initiative.

With the start of the construction season, several drinking water infrastructure improvement projects are currently underway throughout the county. Active projects are occurring in the City of Olean, Village of Portville, Village of Allegany, Town and Village of Ellicottville, Village of Little Valley, and Village of Cattaraugus. Additional future projects are planned for the City of Salamanca and the Town of Machias.

Old/New Business: Mayor Smith stated there is no old or new business. The next BOH meeting will be held on Wednesday, June 3, 2026 and for planning purposes there is no meeting in July.

A motion to adjourn was made by Mrs. Cooney-Thrush, seconded by Mr. Pancio, and unanimously approved.

Respectfully submitted,



KEVIN D. WATKINS, M.D., M.P.H.

Secretary to the Board of Health