



CATTARAUGUS COUNTY BOARD OF HEALTH

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

Established 1923

David L. Smith, President

Legislator Kelly Andreano, Vice-President

Joseph Bohan, MD

Zahid Chohan, MD

Thomas Spigel, MD

Kathryn Cooney Thrush, NP, MSN

Theresa Raftis

Legislator Ginger D. Schroder, Esq.

MINUTES September 2, 2026

The 945th meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on September 2, 2026.

The following members were present:

Dr. Joseph Bohan

Dr. Zahid Chohan

Kathryn Cooney-Thrush, NP, MSN

Theresa Raftis (Virtual)

Ginger Schroder, Legislator

David Smith

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director

Erin Whitcomb, County Attorney

Bob Clark, Olean Times Herald

Richard Helmich, Legislator (Virtual)

Ray Jordan, Senior Public Health Sanitarian (Virtual)

James Lawrence, Emergency Preparedness Director

Rick Miller, Olean Star

Lynne Moore, Director of Nursing

Dave Porter, Hearing Officer

Kelly Reed, County Administrator (Virtual)

Robert Ring, Environmental Health Director

President Smith called the September 2, 2026 BOH meeting to order and a roll call was conducted, confirming that a quorum was present.

President Smith called for a motion to approve the minutes of the August 5, 2026, Board of Health meeting. Mrs. Cooney-Thrush requested clarification regarding a statement attributed to her in the minutes from the previous meeting. Following a detailed discussion, it was agreed that any information in the minutes requiring correction or clarification to accurately reflect what was stated during the meeting can be directed to Mrs. Lacher. It was also noted that meeting minutes may be amended retroactively when necessary to accurately reflect the proceedings.

ENFORCEMENT REPORT: Mr. Porter presented an enforcement action resulting from the August 11, 2026, administrative hearing held at 11:00 a.m., Docket No. 26-010.



Respondent: Perkins LLC, 1468 Washington Street, Salamanca, New York 14779. Location of property, 4343 Whalen Road, Great Valley, NY 14741.

Violations: The respondent was found to be in violation of 10 NYCRR Subpart 5-1.72 (c) for failing to submit completed daily operation reports for its public water supply by the end of the required monthly reporting periods of April 10, May 10, June 10, and July 10, 2026. This constitutes a second ENF-1.

Recommendation: Mr. Porter recommended that the \$150 civil compromise previously offered be converted to a \$150 fine, doubled to \$300 due to the respondent's failure to appear. The \$300 fine is to be paid on or before September 30, 2026. Failure to achieve compliance would result in a \$10-per-day per diem penalty until compliance is achieved.

Legislator Schroder asked whether respondents typically provide a reason for failing to submit the required reports. Mr. Porter explained that the Department does not ask respondents to recreate or submit reports solely for the purpose of satisfying the requirement; rather, the Department requires accurate records documenting the actual operation of the water system.

Mr. Ring added that the Department follows a three-strike enforcement policy, and this matter represents the respondent's second enforcement within a 24-month period. Mr. Ring further explained that this particular public water system does not require an individual to hold a licensed water operator certification. The Department provides education and attempts to assist operators through on-site support. If noncompliance continues, the Department may require the water system to retain the services of a licensed water operator.

Ms. Cooney-Thrush noted that the respondent's wife had recently passed away and suggested that this circumstance may have contributed to the respondent's failure to comply.

A motion was made by Legislator Schroder to accept the recommendation of Mr. Porter, seconded by Dr. Bohan, and unanimously approved.

DIRECTOR'S REPORT: Dr. Watkins reported on the increasing number of measles cases in the western and central New York region. New York State Department of Health (NYSDOH) has been conducting weekly conference calls with local health departments to provide updates regarding measles cases and public health response activities across the state.

He stated that according to the Centers for Disease Control and Prevention (CDC), there have been approximately (2,900) confirmed measles cases in the United States in 2026 to date, compared with (2,289) cases reported during all of 2025. As of date, confirmed measles cases have been reported in all states except Arkansas, Hawaii, Mississippi, Nevada, and New Hampshire. The states with the largest number of cases in proximity to New York included Ohio and Pennsylvania.

Dr. Watkins reported that, as of September 2, 2026, New York State had (41) confirmed measles cases, including six cases in New York City and (35) cases throughout the remainder of the state. Of the cases outside of New York City, (27) were reported within Plain communities. County-level cases included six in Allegany County, six in Steuben County, five in Seneca County, two each in Ontario and Otsego counties, and one each in Chautauqua, Chenango, Cortland, Madison, Montgomery, and Tioga counties.

He further reported that, as of September 2, 2026, Cattaraugus County had been notified of its first confirmed measles case since 1990. He noted that many of the reported cases statewide have occurred among individuals who were unvaccinated.

Dr. Watkins stated that the Health Department has begun mobilizing its vaccination team into communities with lower vaccination rates to offer the Measles, Mumps, and Rubella (MMR) vaccine. He noted that, unlike previous experiences, members of the community have been proactively contacting the Health Department to request vaccination services. The Department is also working closely with a Nurse Practitioner who serves this population and continues to provide updates regarding individuals who are interested in receiving the MMR vaccine.

He shared excerpts from BOH minutes dating back to January 22, 1990, which documented (56) cases of measles and one confirmed case of pertussis (whooping cough) in the Amish community. Minutes from February 16, 1990, reported (160) cases of measles and (83) cases of whooping cough. Four Cattaraugus County residents were hospitalized at WCA Hospital in Chautauqua County. He noted that during the 1990 measles outbreak, the Health Department provided vaccines and, in certain circumstances, immune globulin to individuals who had been exposed. He explained that the circumstances are different today. While the Health Department maintains a supply of MMR vaccine, it does not routinely stock immune globulin because of the significant cost associated with maintaining a supply, which in the past twenty-five years, has rarely been used. He also noted that for pregnant individuals requiring post-exposure prophylaxis, current recommendations call for intravenous administration of immune globulin.

Dr. Watkins also shared two historical reportable disease charts. The 1989 report documented (41) cases of measles, one case of pertussis, (154) cases of chlamydia, and (16) cases of gonorrhea. The 1990 report documented (197) cases of measles, (166) cases of pertussis, (218) cases of chlamydia, and (25) cases of gonorrhea.

He presented a New York State county-level map showing the percentage of children who were two years of age as of January 1, 2026, and had received at least one dose of MMR vaccine. He stated that, based on the data presented, Cattaraugus County had the lowest reported percentage among counties in Western New York, at (73.9%), indicating that additional vaccination outreach is needed.

Measles is highly contagious and among the most contagious infectious diseases. He noted that approximately (90%) of susceptible, unvaccinated individuals may develop measles following exposure to an infected person. The incubation period is generally 11 to 12 days, and transmission occurs primarily through the airborne route. An individual with measles can transmit the virus from approximately four days before the onset of the rash through four days after the rash appears. The measles virus can remain infectious in an indoor airspace for up to two hours after an infected person has left the area.

Signs and symptoms of measles, typically include high fever, cough, runny nose, and red, watery eyes. Two to three days after the initial symptoms begin, small white spots known as Koplik spots may occasionally appear inside the mouth, typically opposite the lower molars. Approximately three to four days after the onset of symptoms, a characteristic rash generally develops, beginning as flat red spots on the face near the hairline and then spreading downward to the neck, trunk, arms, legs, and feet.

Dr. Watkins stated that testing typically involves collection with a nasopharyngeal swab, ideally within zero to three days after rash onset, although specimens may be collected for up to 10 days following rash onset. Another testing option is a blood specimen for serology to detect measles-specific IgM antibodies. Providers may also collect a urine specimen to test for the presence of measles virus, with collection recommended within 10 days of rash onset. He noted that collecting both respiratory and urine specimens may improve testing sensitivity.

Complications associated with measles, typically include, diarrhea, ear infections, pneumonia and encephalitis (swelling of the brain). He noted that measles infection during pregnancy can result in miscarriage or low birth weight. Treatment is primarily supportive and may include ibuprofen to manage fever. Antibiotics may be used to treat secondary bacterial infections, such as pneumonia, and hospitalization may be required for patients who develop encephalitis or other serious complications.

Vaccination is the primary method of preventing measles. Dr. Watkins reported that one dose of MMR vaccine is approximately (93%) effective at preventing measles, while two doses are approximately (97%) effective. The recommended schedule is for the first dose of MMR vaccine to be administered between 12 and 15 months of age, with the second dose administered between 4 and 6 years of age.

Dr. Watkins updated the Board on influenza vaccine effectiveness (VE) during the 2025–2026 influenza season. He reported that, among adolescents under 18 years of age, influenza vaccination was approximately (38%–41%) effective in preventing influenza-associated outpatient visits and approximately (41%) effective in preventing influenza-associated hospitalization. Among adults 18 years of age and older, vaccine effectiveness was approximately (22%–34%) against influenza-associated outpatient visits and approximately (30%) against influenza-associated hospitalization.

He stated that the updated 2026–2027 influenza vaccines will all be trivalent, providing protection against three influenza strains: H1N1, H3N2, and an influenza B/Victoria lineage virus.

Dr. Watkins stated that, consistent with previous influenza seasons, the Advisory Committee on Immunization Practices (ACIP) recommends routine annual influenza vaccination for all individuals six months of age and older. For adults 65 years of age and older, ACIP recommends the use of an influenza vaccine appropriate for this age group, including higher-dose or otherwise enhanced vaccines. Influenza vaccination should generally be offered during September or October and should continue to be offered throughout the influenza season while influenza viruses are circulating.

He stated that the Cattaraugus County Health Department will offer Fluarix, manufactured by GSK, for individuals six months of age and older. For individuals 65 years of age and older, the Department will offer Fluzone, manufactured by Sanofi, as its higher-dose influenza vaccine.

Dr. Watkins also discussed a newly approved influenza vaccine manufactured by Moderna, mFlusiva, which is indicated for adults 50 years of age and older. He noted that the vaccine is relatively new and that additional studies are ongoing. He reported that preliminary information indicates the vaccine may provide enhanced protection against hospitalization and protection comparable to higher-dose influenza vaccines. Potential adverse effects reported included fever, injection-site pain, and flu-like symptoms.

Dr. Bohan asked whether the Department knew what percentage of Cattaraugus County residents received an influenza vaccine during the previous influenza season. Dr. Watkins stated that vaccination coverage was lower than in previous years. He estimated that approximately (30%) or fewer county residents may have received the vaccine and indicated that he would verify the data and provide the Board with the confirmed percentage.

Dr. Chohan asked why the measles vaccine is substantially more effective than the influenza vaccine. Dr. Watkins explained that influenza viruses undergo frequent genetic changes, requiring the composition of the influenza vaccine to be updated periodically. He noted that influenza vaccine strains are selected based on influenza viruses circulating in different regions of the world and on the strains anticipated to be most likely to circulate during the upcoming influenza season. As a result, the effectiveness of the influenza vaccine can vary from season to season. Measles virus is more stable, does not undergo changes to escape immunity.

Dr. Chohan asked why healthcare workers are required to receive an annual influenza vaccination if the vaccine's effectiveness was reported to be approximately (28%) during the previous season. Dr. Watkins explained that annual influenza vaccination for healthcare workers is supported by ACIP recommendations and is incorporated into NYSDOH requirements. He further stated that, even during seasons when vaccine effectiveness is lower, vaccination can provide the immune system with additional protection against circulating influenza viruses and may reduce the severity of illness.

Legislator Schroder stated that she believes influenza vaccination is the standard of care and commented that financial considerations are also involved.

Dr. Chohan stated that, when it comes to the development of the influenza vaccine, more needs to be done to improve its effectiveness.

NURSING DIVISION REPORT: Mrs. Moore reported that the current Certified Home Health Agency (CHHA) census stands at (24) patients.

During August, (83) blood lead tests were conducted. The highest blood lead level (BLL) was 22 µg/dL (reference level: <5 µg/dL), an increase from the previous level of 18 µg/dL. Mrs. Moore noted that the child's father has been renovating the home.

Three children had BLLs ranging from 16.3 µg/dL to 18 µg/dL, with all three showing improvement from their previous levels. One child had an initial venous blood draw with an elevated blood lead level (EBLL) of 10 µg/dL. Three additional children had BLLs ranging from 6 µg/dL to 9.1 µg/dL; two were initial levels and one represented an improvement from a previous level. The remaining (75) children had BLLs of 5 µg/dL or less.

The Department's active Childhood Lead Poisoning Prevention Program (CLPPP) caseload currently includes (57) children.

Mrs. Moore reported that the flu clinic schedule for the 2026–2027 influenza season has been finalized. COVID-19 vaccinations will also be offered at the clinics. Schedules were distributed to those in attendance.

She reported that a box of the standard influenza vaccine costs approximately \$250, while the newer influenza vaccine, mFlusiva, costs approximately \$1,500 for a box of (10) doses. Because insurance coverage for the newer vaccine may be limited, the Department will evaluate the need to purchase mFlusiva vaccine at this time.

During August, six HIV tests were conducted: three in Olean and three in Salamanca. No HIV testing was conducted in Machias. All six tests were negative.

Mrs. Moore also provided an update on rabies prophylaxis activities. During August, no pre-exposure rabies vaccinations were administered. A total of (30) individuals completed post-exposure rabies prophylaxis (PEP). This included one individual following a cat bite, (26) individuals following bat exposures, and three individuals visiting from out of state who required an additional PEP dose as part of a series initiated in their home state.

Reportable Diseases for August included: Chlamydia: (10) cases; Gonorrhea: (1) case; Campylobacteriosis: (1) case due to contact with ill animals; Lyme: (67) probable cases; Hepatitis C: (2) Chronic cases; Anaplasmosis (4) suspected cases and (1) probable case; Influenza A: zero cases; Influenza B: zero cases; COVID-19: (9) cases; RSV: (1) case; Babesiosis: (1) probable case; Haemophilus Influenza: (2) cases; and Legionellosis: (1) case with two possible sources.

Dr. Bohan asked where blood lead testing is conducted, including whether testing is performed in schools, in homes, or at the Health Department. Mrs. Moore explained that the Department's lead staff conducts testing in a variety of settings, including homes, schools, WIC clinic sites, physician offices, and community outreach events.

Mrs. Cooney-Thrush, complimented the health department staff sharing that a relative of hers was identified with an EBBL, which was a very important finding that their pediatrician did not check. Thus, making the health department staff a crucial safety net. Although the child's mother initially felt offended by the intervention, Mrs. Cooney Thrush stated that she reassured the mother that the Health Department's involvement was a positive development and that identifying the EBBL was important for the child's health.

President Smith noted that Gowanda has experienced its share of lead-related concerns over the past five years. He stated that families in the community have subsequently expressed appreciation for the Health Department's follow-up, including the home visits and services provided by Department staff.

ENVIRONMENTAL HEALTH REPORT: Mr. Ring announced that the Department will hold four free rabies vaccination clinics for domestic animals throughout September at various locations throughout the County.

The Community Development Block Grant (CDBG) Well and Septic Program has funded (30) projects, with approximately \$400,000 in construction costs allocated to the projects.

Mr. Ring provided an update on the Department's Lead Hazard Reduction Program grant. Five projects have been designed, bids have been received, and are ready for construction. The Department's goal is to complete (10) projects under the current grant. Nine families have qualified for assistance, leaving four additional projects to be completed. Nearly \$500,000 in grant funding has been allocated to these projects.

Families beyond the capacity of the current grant will be considered under the Department's second Lead Hazard Reduction Program grant, which is a four-year grant.

Mr. Ring reported that Environmental Health oversees (18) campgrounds and more than (1,000) campsites throughout the County. Eleven of the (18) campgrounds have expanded during the past five years. The Department also regulates the water supplies serving these campgrounds.

He also provided an update on the Department's mosquito surveillance activities. Duflo spraying was conducted at the end of June, and the larvicide is advertised to remain effective for approximately (30) days. Mr. Ring noted that the treatment appeared to remain effective longer than anticipated this year, although a slight increase in mosquito activity was observed in mid-August. With the onset of cooler weather, mosquito numbers have begun to decline.

Mr. Ring reported that the current week will be the Department's final week of mosquito data collection for the season, representing the longest period over which the Department has maintained mosquito surveillance counts. One of the Department's college students was able to continue working through the extended surveillance period after graduating in May.

President Smith expressed appreciation for the time and effort invested by Department staff in protecting and promoting the health of County residents. He stated that the Board recognizes and appreciates the staff's continued commitment to maintaining a healthy community.

Old/New Business: President Smith stated there is no old business or new business. Our next BOH meeting will be held on Wednesday, October 7, 2026.

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

Respectfully submitted,

A handwritten signature in blue ink that reads "Kevin D. Watkins, M.D." The signature is written in a cursive style.

Kevin D. Watkins, M.D., M.P.H.

Secretary to the Board of Health

AMENDMENT OF 9/2/26 BOH Minutes:

Page 1, Paragraph 3 currently reads:

President Smith called for a motion to approve the minutes of the August 5, 2026, Board of Health meeting. Mrs. Cooney-Thrush requested clarification regarding a statement attributed to her in the minutes from the previous meeting. Following a detailed discussion, it was agreed that any information in the minutes requiring correction or clarification to accurately reflect what was stated during the meeting can be directed to Mrs. Lacher. It was also noted that meeting minutes may be amended retroactively when necessary to accurately reflect the proceedings.

Amend Page 1, Paragraph 3 to read:

President Smith called for a motion to approve the minutes of the August 5, 2026 Board of Health meeting. Mrs. Cooney-Thrush requested clarification regarding a statement attributed to her in the minutes from the previous meeting. Mrs. Cooney-Thrush shared information regarding an article about the Drug Enforcement Administration (DEA) shutting down three dispensaries in St. Regis, New York on the Mohawk Territory. She inquired if it is the Boards responsibility, to contact the DEA?

Following a detailed discussion, it was agreed that any information in the minutes requiring correction or clarification to accurately reflect what was stated during the meeting can be directed to Mrs. Lacher. It was also noted that meeting minutes may be amended retroactively when necessary to accurately reflect the proceedings.

A motion was then made by Mrs. Cooney-Thrush to approve the August 5, 2026 minutes, the motion was seconded by Legislator Schroder and unanimously approved.

AMENDMENT OF 9/2/26 BOH Minutes: (cont.)

Page 6, Paragraph 6 currently reads:

Mrs. Cooney-Thrush. shared that a relative of hers was identified with an elevated blood lead level, which was through testing conducted by the Health Department and that the child's mother initially felt offended by the intervention. Mrs. Cooney Thrush stated that she reassured the mother that the Health Department's involvement was a positive development and that identifying the elevated lead level was important for the child's health.

Amend Page 6, Paragraph 6 to read:

Mrs. Cooney-Thrush complimented the Health Department staff for their excellent work in the lead screening program. She shared that a relative was recently identified with an elevated blood lead level (EBLL), a significant finding that had not previously been identified through the child's pediatric care. She noted that this experience demonstrated the important role of the Health Department's lead screening program as a critical safety net for children in the community.

Mrs. Cooney-Thrush further explained that, although the child's mother was initially concerned by the Health Department's intervention, she reassured her that the Department's involvement was a positive and important step. Early identification of an elevated blood lead level allows for appropriate follow-up, intervention, and measures to reduce continued exposure and protect the child's health.