CATTARAUGUS COUNTY BOARD OF HEALTH

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

MINUTES
February 4, 2026

The 939th meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on February 4, 2026.

The following members were present:

Joe Bohan, MD
Kathryn Cooney-Thrush, NP, MSN
Shane Pancio
Theresa Raftis
Ginger Schroder, Esq., Legislator
Mayor David Smith
Thomas Spigel, MD

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director
Michael Brisky, Deputy County Administrator (Virtual)
Richard Helmich, Legislator (Virtual)
Kelly Reed, County Administrator (Virtual)
Erin Whitcomb, County Attorney
Bob Clark, Olean Times Herald
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
Rick Miller, Catt Co. News Photos/Olean Star
Dave Porter, Hearing Officer
Robert Ring, Environmental Health Director
Gilbert Witte, MD, Medical Director

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 also welcomed Erin Whitcomb, who was recently appointed as the new County Attorney.

Theresa Raftis reported that the nominating committee met and recommended Mayor Smith to serve as President and Legislator Andreano to serve as Vice President for the 2026 term. Mayor Smith stated that he accepted the nomination, and Ms. Raftis confirmed that Legislator Andreano also accepted. Mayor Smith expressed his appreciation, noting that it has been an honor and privilege to work with the Board and to serve the residents of the County.

Mayor Smith called for a motion to approve the December 17, 2025 Board of Health (BOH) meeting minutes. A motion was made by Dr. Spigel, seconded by Ms. Raftis, and unanimously approved.

DIRECTOR'S REPORT: Dr. Watkins reported that he had three action items for Board's approval. The first item was the 2026 Clinic Immunization Fee Schedule, which had been previously distributed to the Board via email for review, with additional copies provided to members in attendance. He explained that the Department's formulary includes (46) vaccines. Of these, (40) vaccines are recommended for a fee increase in 2026 compared to 2025, (2) vaccines are recommended for a decrease, and (4) vaccines are recommended to remain unchanged.

Ms. Raftis inquired about the high cost of the rabies vaccine. Dr. Watkins explained that it is among the most expensive vaccines provided by the department and requires a series of doses. He noted that rabies vaccines are not mass-produced on the same scale as childhood vaccines, leading to higher per-unit costs. He further explained that there was a strict manufacturing standard, and a near-monopoly market structure that may also contribute to higher prices. Additionally, rabies immunoglobulin dosing is weight-based, which can further increase costs.

Ms. Raftis also asked whether the rabies vaccine could be administered by a primary care provider. Dr. Watkins responded that it can be; however, the initial dose is typically administered in an emergency room or urgent care setting, while subsequent doses in the series are often provided through the health department, sometimes by referral from primary care providers or following an emergency room or urgent care visit.

Dr. Spigel asked what percentage of vaccines are covered by insurance versus out of pocket, and if the insurance covers the full cost. Dr. Watkins responded that most vaccines are covered by insurance. For individuals without insurance, or whose insurance does not cover a specific vaccine, the department offers a sliding fee scale set at three percent of the vaccine's actual cost. In addition, the department receives select vaccines from New York State Department of Health (NYSDOH), which are made available for free to both children and adults when eligible.

Dr. Bohan noted that several vaccine increases appeared significant and asked whether limited manufacturers contributed to higher prices. Mrs. Moore responded that most vaccines are produced by multiple manufacturers and that the department routinely conducts price comparisons to secure the most cost-effective purchasing options. She speculated that the recent increase in costs was due to the general economic inflation.

Mr. Pancio asked if the vaccines are produced domestically. Mrs. Moore stated that all shipments are received through U.S. distributors but was uncertain whether some products are initially manufactured overseas.

Dr. Spigel asked whether the health department has historically lost money, broken even, or generated revenue through vaccine services over the past ten years. Dr. Watkins reported that influenza and COVID-19 vaccination programs generally perform well financially, while travel vaccines incurred losses during the past year. He noted that a new policy requiring upfront payment for travel vaccines has been implemented to reduce future financial losses.

A motion was made by Mrs. Cooney-Thrush to approve the 2026 Clinic Immunization Fee Schedule as presented, seconded by Mr. Pancio, and unanimously approved.

The second action item was the presentation of bad debt write-offs incurred during the 2025 fiscal year. Dr. Watkins reported that the total write-off request for unpaid debt for 2025 was ($3,474.12), compared to ($6,076.65) in 2024. Program-specific write-offs were as follows: Home Care — ($745.00) in 2025 compared to ($2,668.00) in 2024; Clinic — ($2,304.99) in 2025 compared to ($3,089.78) in 2024; and Family Planning — ($424.13) in 2025 compared to ($318.87) in 2024.

Accounts that remain unpaid for more than four months, with no action taken by the patient or responsible party, are referred to Southern Tier Credit Collection Agency.

Dr. Spigel inquired whether the County reimburses any bad debt losses. Dr. Watkins clarified that while there is no direct reimbursement, budgetary funds are utilized to offset the losses. Dr. Bohan commended the Department on its improvements in collections and reducing the overall bad debit. A motion to forward the bad debt write-offs, as presented, to the County Legislature for removal from the department's accounts receivable, was made by Mr. Pancio, seconded by Ms. Raftis, and unanimously approved.

The final action item presented by Dr. Watkins was the Department's 2026–2030 Strategic Plan. He explained that a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was conducted across the Department's divisions, and the findings were used to develop the strategic plan. Identified strengths included: an experienced, skilled, and adaptable workforce; a strong and recognized presence in the community; long-standing community partnerships; and the delivery of high-quality services. Weaknesses included: resource constraints and ongoing financial pressures, as well as aging infrastructure and technology limitations.

Opportunities identified included: expanding community engagement through the Community Health Assessment and Community Health Improvement Plan processes, and enhancing technology and data innovation. Threats noted included: continued resource constraints, financial pressures, funding instability, and barriers to access and services associated with rural infrastructure challenges.

Dr. Watkins outlined the five goals included in the strategic plan: (1) advance health equity and reduce disparities; (2) strengthen mental health and substance use prevention; (3) promote communicable disease prevention and improve immunization access; (4) strengthen organizational infrastructure, workforce capacity, and service delivery systems; and (5) enhance community engagement, communication, regulatory action, and public trust.

He stated that the department will review the strategic plan quarterly with the management team and conduct an annual review with the Board. The Plan will be adjusted as needed through established quality improvement processes to support ongoing accreditation readiness. Dr. Spigel commented on the level of detail and inquired who oversees the strategic planning process. Dr. Watkins responded that oversight is part of his responsibilities, while emphasizing that implementation is a department-wide effort. A motion to approve the Strategic Plan as presented was made by Mrs. Cooney-Thrush, seconded by Dr. Bohan. A vote was taken with six ayes and one abstention (Legislator Schroder); the motion carried.

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

NURSING DIVISION REPORT: Mrs. Moore reported that the current homecare census stands at (135).

Lead Program Update: In December, (89) lead tests were conducted. One child previously identified in 2025 with a blood lead level (BLL) of (44 µg/dL) [reference level <5 µg/dL] showed improvement, with a follow-up BLL of (25.7 µg/dL). The next highest BLL was (14 µg/dL) in a child who previously had a level of (25 µg/dL) in May 2025. Four additional children had BLLs between (5–8 µg/dL), all showing improvement from higher levels earlier in 2025. The remaining (83) children tested at or below (5 µg/dL).

In January, (75) lead tests were conducted. One child had a BLL of (24.6 µg/dL), previously (25.7 µg/dL); one child had a BLL of (15 µg/dL), previously (17.8 µg/dL); and one child had a BLL of (11 µg/dL), previously (19 µg/dL) in October 2025. Eight children had BLLs between (5–9 µg/dL), including one child with an initial venous level of (9 µg/dL); all others had previously recorded higher levels. The remaining (64) children tested at or below (5 µg/dL). The total active lead caseload currently stands at (51) children.

Mrs. Moore also reported that Island Peer Review Organization (IPRO) had conducted a triennial survey - conducted once every three years – at the Machias clinic office on January 27–28, 2026. Survey results are expected within approximately 30 days, and a plan of correction will be required if any deficiencies are identified.

No HIV testing was conducted in December or January.

Rabies Prophylaxis:
Pre-exposure: None in December; one individual received the vaccine series in January due to employment as a dog control officer.

Post-exposure: None in December; one individual received the vaccine series in January following a bat exposure.

Reportable Diseases (December/January): Chlamydia: (7) cases in December, (8) in January; Gonorrhea: none in December, (1) case in January; Anaplasmosis (1) case in December, none in January; Strep Group B: (1) case in December none in January; Giardiasis none in December, (1) case in January; Hepatitis C chronic (4) cases in December, (5) in January; Influenza A: (176) cases in December, (265) in January; Influenza B (6) cases in December, (19) in January; COVID-19: (43) cases in December, (100) in January; respiratory syncytial virus (RSV): (25) cases in December, (30) in January; Lyme disease: (21) cases in December, and (18) cases in January, all probable; and Strep Pneumoniae none in December and (1) case in January.

Dr. Spigel inquired why Lyme disease cases are consistently listed as probable. Dr. Watkins explained that the Centers of Disease Control (CDC) and New York State utilize standardized surveillance case definitions. Lyme disease cases are classified as probable when laboratory evidence is positive but the complete clinical presentation is either incomplete or not fully documented (e.g., erythema migrans rash, arthritis, facial palsy, carditis, or meningitis/encephalitis). This distinction supports accurate confirmation while allowing for comprehensive public health surveillance.

Mr. Miller asked whether the reported cases were based on individuals presenting with symptoms. Dr. Watkins responded that this is likely; however, since providers most likely did not document the signs and symptoms required to meet the surveillance case definition, this prevents these cases from being classified as confirmed.

ENVIRONMENTAL HEALTH REPORT: Mr. Ring reported that the Environmental Health Division monitors agricultural fairgrounds, including the Cattaraugus County Fair, which takes place over eight days. The department supports the fair in meeting regulatory requirements, including oversight of food service operations, water supplies, wastewater treatment, refuse and animal waste management, and campground facilities for fair workers. Mr. Ring highlighted a case study from Washington County, New York, where a sanitary code was developed following an E. coli outbreak. At that fair, a shallow well supplied unchlorinated water to several food vendors, who used it for beverages and ice. Initial testing revealed high levels of coliforms and E. coli, and at least (10) children were hospitalized with bloody diarrhea or Escherichia coli O157:H7 infection. All affected children had attended the Washington County Fair, held August 23–29, 1999, which drew approximately (108,000) attendees. Subsequent investigations also identified fairgoers infected with Campylobacter jejuni. This report underscores the role of contaminated well water in the outbreak and the importance of strict sanitary oversight at agricultural events.

Regarding grants, Mr. Ring reported that the Lead Hazard Reduction Grant is moving toward a four-year extension, with upcoming discussions with Housing and Urban Development (HUD) to finalize the remaining negotiation points.

The Community Development Block Grant (CDBG) Lateral, Well, and Septic Repair or Replacement Assistance Program is entering its second and final year. Currently, there are (21) active projects: (15) septic replacements and (8) well repair or replacement projects. As construction season approaches, the Department plans to advertise (4) additional projects and anticipates capacity for (10–15) more projects.

Old/New Business: Mayor Smith stated there is no old or new business.

A motion to adjourn the meeting was made by Ms. Raftis, the motion was seconded by Dr. Spigel, and unanimously approved.

Respectfully submitted,

Kevin D. Watkins, M.D.

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