



# 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*

*Joseph Bohan, MD*

*Zahid Chohan, MD*

*Thomas Spigel, MD*

*Kathryn Cooney Thrush, NP, MSN*

*Shane Pancio*

*Theresa Raftis*

*Legislator Ginger D. Schroder, Esq.*

## MINUTES

August 6, 2025

The 934<sup>th</sup> meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on August 6, 2025.

### *The following members were present:*

Joseph Bohan, MD

Theresa Raftis

Ginger Schroder, Legislator

David Smith, Mayor

Thomas Spigel, MD (Virtual)

Kathryn Thrush, NP, MSN

### *Also present were:*

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

Erin Brady Swenson, Asst. County Attorney

Bob Clarke, Olean Times Herald

Debra Lacher, Secretary to the Public Health Director

Rick Miller, Catt Co. News Photos/Olean Star

Adam Packer, Resource Specialist

Robert Ring, Environmental Health Director

Brooke Schnell, Supervising Community Health Nurse

Gilbert Witte, MD, Medical Director

Mayor Smith welcomed everyone to the Board of Health (BOH) meeting, and recognized attendees Erin Brady Swenson, Asst. County Attorney, Adam Packer, Resource Specialist for Children with Special Health Care Needs, and Bob Clark, reporter with the Olean Times Herald.

The roll was called and a quorum was established.

Mayor Smith asked for a motion to approve the June 25, 2025 BOH meeting minutes. A motion was made by Theresa Raftis to approve the meeting minutes as presented, the motion was seconded by Dr. Bohan, and unanimously approved.



**ENVIRONMENTAL HEALTH REPORT:** Mr. Ring announced that four free rabies vaccine clinics for dogs, cats, and ferrets has been scheduled in September. Three will be held at County Department of Public Works garages: Thursday, September 4<sup>th</sup> in Dayton, Tuesday, September 9<sup>th</sup> in Machias, and Thursday, September 11<sup>th</sup> in Allegany. The fourth clinic will take place Tuesday, September 16<sup>th</sup> at the Lyndon Volunteer Fire Company.

During the summer months, approximately 8–10 children's camps operate within the county. These facilities are closely monitored by both the State and the department due to higher-risk activities such as swimming and overnight stays. Mr. Ring stated that all camps operated smoothly this season, with no incidents reported.

In addition, the summer season brings a significant number of temporary food events. To date, the department has inspected 26 temporary and mobile food permitted facilities, including vendors at the county fair. The environmental health division also participated in agricultural education and outreach efforts at the fair, supporting both public health and community engagement.

The department is applying for a Lead Capacity grant totaling \$4.4 million over four years. This funding will support residential improvements for lead abatement in low-to moderate-income family's homes, with priority given to households where children, under the age of six, have elevated blood lead levels (BLL). Approximately 65% of the grant—about \$600,000 annually—will be directed toward home improvements, and the department will partner with Allegany County Health Department to implement the program.

During discussion, Ms. Raftis inquired about how community members would be informed of the funding opportunities. Mr. Ring explained that outreach will include targeted advertising campaigns, as well as direct engagement with families already identified through blood lead testing, the WIC program, and Section 8 housing, all of whom automatically qualify. Following outreach to these priority groups, the program will be expanded to the general public.

Mayor Smith thanked Mr. Ring for the advertisement of the rabies clinics, as the department does a really good job in getting the word out.

**DIRECTORS REPORT:** Dr. Watkins informed the Board that the State has reported an increase in Legionellosis cases, including a large outbreak occurring in Central Harlem, New York City. He stated that in July, the department received a health advisory from New York State Department of Health (NYSDOH) directing local health departments to promptly investigate all reported cases of Legionnaires' disease and to notify regional epidemiology offices of any suspected clusters. The advisory was also distributed to healthcare providers, urging them to remain vigilant and include Legionnaires' disease in their differential diagnoses. Nationally, approximately 62% of Legionnaires' cases occur between June and October, coinciding with warm weather when air conditioning systems and cooling towers are in frequent use.

Legionnaires' disease is caused by bacteria from the *Legionella* genus, most commonly found in freshwater, but also present in soil. Infection typically occurs through the inhalation of aerosolized water droplets containing the bacteria. The disease usually develops within 2–10 days after exposure. Symptoms often begin with headache, muscle aches, and fever, followed by cough, shortness of breath, chest pain, nausea, vomiting, diarrhea, or altered mental status. Because the pneumonia caused by *Legionella* resembles other types of pneumonia, diagnostic testing is essential.

The gold standard for diagnosis is culture on buffered charcoal yeast extract, as *Legionella* requires cysteine and iron for growth and will not grow on standard blood agar or dipslides. Many hospitals also employ the urinary antigen test (UAT) for rapid detection. Additional diagnostic methods include polymerase chain reaction (PCR), direct fluorescent antibody (DFA) testing, and serology.

Risk factors for Legionnaires' disease include age over 50, male sex, smoking, chronic lung disease, diabetes, cancer, liver failure, recent organ transplantation, or other conditions that compromise the immune system. Clinicians should also maintain suspicion for Legionnaires in patients with pneumonia who have recently traveled, been hospitalized, lived in a skilled nursing facility, or been exposed to hot tubs.

Treatment for Legionnaires' disease typically involves antibiotic therapy with either fluoroquinolones (such as ciprofloxacin or levofloxacin) or macrolides (such as erythromycin or azithromycin). Early diagnosis and prompt treatment are critical to improving outcomes.

In 2023, New York State reported 793 cases of legionellosis, including five in Cattaraugus County. In 2024, the county reported three cases, and in 2025, there has been one confirmed case to date. Limited information is available on the current case, as the patient remains in the intensive care unit and has not yet been available for interview.

Notably, a significant outbreak occurred in New York City in 2015, representing the second largest community outbreak in the United States, with 138 cases reported between July and August and an additional 15 cases between September and October, resulting in 16 deaths. Both outbreaks were traced to contaminated cooling towers, prompting revisions to the New York State Sanitary Code, which added Section 225(5)(a), Part 4 "Protection Against *Legionella*", effective July 6, 2016.

As of yesterday, August 15<sup>th</sup>, New York City reported (67) confirmed cases of Legionnaires' disease, with (21) hospitalizations and (3) deaths linked to the recent Harlem outbreak. Eleven cooling towers have been implicated. Under state regulations, all cooling tower owners are required to register their systems, conduct routine testing for *Legionella*, and implement a maintenance program. Cattaraugus County currently has (21) registered cooling towers: (10) operational, (9) decommissioned, and (2) out of service. Of the (10) that are operational, (3) operate year-round and (7) operate seasonally. Environmental health staff continue to monitor compliance and review all maintenance records.

A recent incident involving an individual bitten by a rabid fox in the local area prompted the department to issue multiple community alerts. Rabies is transmitted primarily through the bite or scratch of an infected animal; however, saliva from an infected animal can also spread the virus if it comes into contact with the eyes, nose, or mouth. Once introduced, the virus travels through the nervous system to the spinal cord and brain. In a raccoon, the incubation period typically ranges from 3 to 12 weeks. Once the virus reaches the brain, symptoms rapidly develop, and death usually occurs within seven days. There is no cure for rabies once symptoms appear in animals or humans, which underscores the importance of timely post-exposure vaccination. In New York, the wildlife most commonly associated with rabies includes raccoons, skunks, bats, and foxes.

In 2025, the department submitted 27 specimens to the New York State Wadsworth laboratory for rabies testing, of which two were positive: one fox and one bat. The bat case involved a family of six who had to receive rabies post exposure vaccines. The fox case involved a Portville resident who had been feeding the wild fox along with several stray cats in his yard. The fox became aggressive, chased the cats, and ultimately bit the resident as he attempted to intervene.

The fox was captured, and the resident received appropriate wound care, a rabies post-exposure prophylaxis (PEP) series, and antibiotics. Nineteen feral cats were involved in the incident; three were vaccinated, sixteen received boosters, and all were quarantined for ten days. Following this event, the resident discontinued feeding wild or stray animals. Any animal exposed to the rabid fox between June 16 and June 26 may still be at risk of developing rabies in the coming months. The department strongly recommends that all pets remain current on rabies vaccinations and that owners thoroughly examine outdoor pets for any wounds that may indicate exposure.

Human rabies remains extremely rare in the United States, with only one to three cases reported annually. Over the past decade, 25 cases have been reported nationwide. In 2021, five Americans died of rabies—the highest number in ten years.

Standard rabies exposure treatment includes administration of rabies immune globulin as soon as possible after exposure, along with a series of four rabies vaccine doses over two weeks. If a wound is present, the full dose of immune globulin should be injected directly into the wound, accompanied by the first vaccine dose.

Preventing rabies requires avoiding contact with wild animals, stray dogs, or cats, and ensuring pets remain indoors at night. All animal bites or suspicious contact with wild animals should be reported immediately. As part of rabies prevention, Oral Rabies Vaccination (ORV) baits will be distributed across northern Cattaraugus County between August 1<sup>st</sup> and September 16<sup>th</sup>, 2025, by aircraft and ground vehicles by the US Department of Agriculture Wildlife Services Program. Legislator Schroder asked what if a pet eats the bait. Dr. Watkins replied that accidental ingestion of a small number of baits poses no significant risk.

A West Nile Virus (WNV) positive mosquito pool, collected by the department's mosquito surveillance aides in the Town of Carrollton, was confirmed by the New York State Arbovirus Laboratory in Albany. WNV is transmitted through the bite of an infected mosquito. While most infected individuals remain asymptomatic, some may experience mild illness, and a smaller proportion may develop severe neurological conditions such as encephalitis or meningitis. Symptoms typically appear 3–14 days after infection and may include headache, fever, stiff neck, tremors, seizures, paralysis, coma, and in rare cases, death.

Preventive measures include the use of repellents containing DEET, limiting outdoor activities between dusk and dawn, wearing long-sleeved shirts, long pants, socks, and shoes, repairing window and door screens, and reducing standing water where mosquitoes can breed.

Legislator Schroder inquired whether there have been any cases of Ebola virus in Cattaraugus County. She noted that during an annual ambulance inspection, she observed a requirement for conducting an Ebola response exercise. Dr. Watkins clarified that there have never been any Ebola cases in Cattaraugus County, and the previous requirement for local health departments to conduct annual drills consisting of donning and doffing of PPE for Ebola, was removed several years ago.

**NURSING DIVISION REPORT:** Mrs. Schnell shared that the homecare census was currently (227). In June, there were (77) admissions, and (77) discharges; in July there were (69) admissions and (56) discharges.

Lead program update: In the month of June, there were (108) lead tests conducted. There was (1) child with an elevated blood lead level (BLL) of (26ug/dl), the level was down from (29.1ug/dl) in May [normal is < 5ug/dl]; the second highest level was (10.4ug/dl) a capillary test. Confirmatory venous testing results a week later showed a level of (2.9ug/dl). There were (5) children between (5.1-9ug/dl); first child had a BLL of (9ug/dl), where previously this child had a BLL of (47ug/dl) one year ago; second child had a BLL of (7ug/dl), increased from a less than (2ug/dl) one year ago; third child BLL was (6.6ug/dl), decreased from (8ug/dl), one year ago; fourth child BLL was (5.2ug/dl), and the last child BLL was (5.1ug/dl) both were first time capillary testing and will require a venous confirmatory test completed by their personal care physician.

Remaining BLL's included (4) children with BLL's between (3.5-4.9ug/dl), and (97) children that had BLL's that are lower than (3.4ug/dl).

In the month of July, there were (112) lead tests conducted. The highest BLL was a child with a venous BLL of (8.2ug/dl), this is down from (10.6ug/dl) one year ago; (4) children BLL's ranged from (5.1-9ug/dl); the highest BLL was a (6.2ug/dl); a second child had a BLL of (6 ug/dl) which was a one point elevation from April; third child had a BLL of (5.3ug/dl) decreased from (6.5ug/dl) six months ago; and the final child had a BLL of (5ug/dl), which was an increase from a (1.8ug/dl) two years ago. Eight remaining children BLL's are between (3.5-4.9ug/dl), and (99) children BLL's are less than (3.4ug/dl); with a total lead case load of (56) children.

#### Immunization Clinics:

Planning is underway for the fall community vaccination clinics. A total of (20) clinics will be offered, including (11) open community clinics and (9) closed organizational clinics as requested by the local businesses.

#### Communicable Disease Testing:

In June, HIV testing included (7) individuals in Olean, (3) in Salamanca, and (2) in Machias, all test results were negative. In July, (5) HIV tests were conducted in Olean, with no testing in Salamanca or Machias, all test results were negative.

#### Rabies Post-Exposure Prophylaxis:

In June, (8) individuals received the rabies post-exposure vaccine series, prompted by (3) dog bites, (1) cat bite, (1) fox bite, and (3) bat exposures. In July, (11) individuals received the rabies post-exposure vaccine series due to (8) bat exposures, (2) cat bites, and a continuation of the fox case from June.

Reportable diseases: In June, there were (5) cases of Chlamydia; (1) case of Gonorrhea; (2) chronic cases of Hepatitis C; (1) case of Strep Group A, invasive; (2) cases of Strep Group B, invasive; (2) cases of ehrlichiosis; (5) cases of influenza A; (1) case of COVID-19; (1) case of RSV; (1) suspected case of babesiosis; (2) cases of campylobacteriosis; and (45) individuals tested for Lyme disease, all results were probable.

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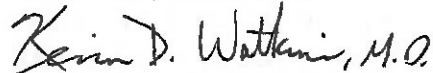
Reportable diseases: In July, there were (8) cases of Chlamydia; (1) case of Gonorrhea; (1) chronic case of Hepatitis B; (3) cases of Syphilis; (5) cases of chronic Hepatitis C; (1) case of cryptosporidiosis; (1) case of Strep Group B, invasive; (1) case of Legionellosis; (1) case of influenza B; (2) cases of COVID-19; (1) case of anaplasmosis; (2) cases of Salmonellosis; (1) case of RSV; (3) cases of Babesiosis; (2) cases of campylobacteriosis; and (104) individuals tested for Lyme all results were probable.

Dr. Witte asked whether all individuals tested for Lyme disease receive results categorized as "probable." Mrs. Schnell stated that the Centers of Disease Control and NYSDOH laboratories have case definitions, so if it does not meet their specification's, they label it probable. Dr. Witte asked that she look into this situation closer for the next meeting.

**Old/New Business:** No old or new business. The next meeting will be held on September 3, 2025.

A motion was made by Ms. Raftis 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