



# 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*

**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 5, 2026

The 944<sup>th</sup> meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on August 5, 2026.

### *The following members were present:*

Kelly Andreano, Legislator

Dr. Joseph Bohan

Dr. Zahid Chohan

Kathryn Cooney-Thrush, NP, MSN

Theresa Raftis

Ginger Schroder, Legislator

David Smith

Dr. Thomas Spigel

### *Also present were:*

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

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

Rick Miller, Olean Star

Lynne Moore, Director of Nursing

Dave Porter, Hearing Officer

Kelly Reed, County Administrator (Virtual)

Robert Ring, Environmental Health Director

Jessica Shaffer, Resident

Gilbert Witte, MD, Medical Director

President Smith welcomed Jessica Shaffer, resident who is in attendance at the meeting. The meeting of the BOH was called to order and a roll call was conducted, confirming that a quorum was present.

President Smith called for a motion to approve the June 3, 2026 BOH meeting minutes. A motion was made by Ms. Raftis, seconded by Dr. Spigel and unanimously approved.

**DIRECTOR'S REPORT:** Dr. Watkins stated that at the previous Board meeting, there was a discussion regarding lead poisoning, and he wanted to follow up on a few questions raised at that meeting.



He explained that children can be exposed to lead from a variety of sources, including deteriorating or chipping lead-based paint in homes built before 1978; contaminated soil near older buildings or busy roads; drinking water delivered through lead pipes, faucets, or plumbing fixtures; and consumer products such as toys, jewelry, antiques, certain foods, cosmetics, and traditional medicines imported from other countries. Lead can also be brought into the home by parents or caregivers whose occupations or hobbies involve the use of lead-based products.

Dr. Watkins reviewed several ways lead poisoning may present in children. Potential signs and symptoms can include bluish discoloration around the gums; pica behaviors, such as eating paint chips, soil, sand, or chalk; abdominal cramping, nausea, and vomiting; neurological effects like seizures, and weakness. Potential effects on the Central Nervous System may include developmental delays, reduced IQ, and hearing problems. Pallor or paleness of the skin may also be observed.

At the previous BOH meeting, a question was raised regarding how Cattaraugus County compares with neighboring counties in the prevalence of Elevated Blood Lead Levels (EBLL). Dr. Watkins shared statewide maps displaying county-level elevated blood lead levels from 2021. One map showed the number and percentage of children born in 2021 who were tested before age three and had elevated blood lead levels of 5 to less than 10 mcg/dL in New York State, excluding New York City. A second map showed the number and percentage of children born in 2021 who were tested before age three and had elevated blood lead levels greater than or equal to 10 mcg/dL, also excluding New York City. After reviewing the data for Cattaraugus County, it was concluded that the county's numbers and percentages were generally comparable to those of other counties in Western and Central New York.

Dr. Watkins also addressed a question regarding recommended actions based on blood lead levels (BLLs). He reviewed a recommended action-level chart from the New York State Department of Health (NYSDOH) and the Centers for Disease Control and Prevention (CDC), outlining recommended interventions for various BLLs. For BLLs of 3.5–19 mcg/dL under CDC guidance and 5–<15 mcg/dL under NYSDOH guidance, recommended actions include conducting an environmental exposure assessment, assessing for iron deficiency, completing developmental monitoring, and making referrals as needed. For BLLs of approximately 20–44 mcg/dL under CDC guidance and 25–45 mcg/dL under NYSDOH guidance, recommended actions may include an abdominal X-ray and a comprehensive medical evaluation. For BLLs greater than 45 mcg/dL, chelation therapy may be considered based on a comprehensive medical evaluation and clinical circumstances.

Dr. Watkins stated that, as part of the Department's annual public health discussions, Legionella continues to be an important topic. The New York State Department of Health (NYSDOH) reminds Local Health Departments of the importance of educating healthcare providers in their communities regarding the recognition, diagnosis, reporting, and prevention of Legionnaires' disease. Legionnaires' disease is a severe form of pneumonia caused by Legionella bacteria and is most commonly associated with human-made water systems. Cases are generally classified as community-acquired (approximately 70%), travel-associated (approximately 20%), or healthcare-associated/nosocomial (approximately 10%). In the United States, approximately (62%) of reported cases occur between June and October, coinciding with warmer weather and increased use of air-conditioning systems, including those utilizing cooling towers. The most common cause of Legionnaires' disease is *Legionella pneumophila*, a freshwater bacterium that occurs naturally in the environment, particularly in water and soil.

People most commonly become infected by inhaling aerosolized water droplets contaminated with *Legionella*. Less commonly, infection can occur through aspiration of contaminated water into the lungs. Symptoms of Legionnaires' disease typically develop within 2–10 days after exposure. Initial symptoms may include headache, muscle aches, and a high fever, which can reach 104°F or higher. Within the following two to three days, patients may develop cough, shortness of breath, chest pain, gastrointestinal symptoms, and, in some cases, confusion or other changes in mental status.

Laboratory diagnosis may be performed using several methods. Traditionally, *Legionella* has been detected through culture on buffered charcoal yeast extract (BCYE) agar, which requires cysteine and iron to support bacterial growth. *Legionella* will not grow on commonly used blood agar or on dip-slide media used for routine water testing. Many hospitals use the *Legionella* urinary antigen test (UAT) for initial diagnosis when *Legionella* pneumonia is suspected. The UAT detects a specific antigen associated primarily with *L. pneumophila* serogroup 1. Additional diagnostic methods include polymerase chain reaction (PCR), direct fluorescent antibody testing, and serologic testing. Culture is the gold standard, and remains particularly important because it can identify viable organisms and allows for further characterization and comparison of environmental and clinical isolates when an investigation is warranted.

Dr. Watkins reviewed the risk factors associated with Legionnaires' disease, noting that healthy younger individuals are generally less likely to develop the disease. However, the risk increases significantly among individuals over 50 years of age, males, current or former smokers, and those with underlying health conditions such as chronic lung disease, diabetes, cancer, kidney disease, or liver failure. Individuals who have received an organ transplant or who have weakened immune systems are also at increased risk.

He also discussed the importance of clinical recognition of Legionnaires' disease. Clinical suspicion should be heightened when a patient presents with pneumonia and has a history of recent travel, recent inpatient care in a healthcare facility, exposure to hot tubs or other aerosol-generating water sources, or residence in a congregate setting such as a skilled nursing facility. Treatment typically involves an antibiotic effective against *Legionella*, with commonly used options including fluoroquinolones, such as levofloxacin or ciprofloxacin, or macrolides, such as azithromycin or erythromycin.

Dr. Watkins emphasized that prevention of Legionnaires' disease focuses primarily on minimizing the growth and spread of *Legionella* within complex building water systems and devices. In New York State, owners of cooling towers are required to register their towers with the State and implement a maintenance program that includes routine inspection, cleaning, disinfection, and testing, as applicable.

Dr. Watkins reported that Cattaraugus County currently has (14) registered cooling towers. Of these, (10) are operational, two are decommissioned, and two are out of service. Of the (10) operational towers, four operate year-round and six operate seasonally. Environmental Health staff review the cooling tower registry on a monthly basis to monitor compliance and ensure that required information and maintenance activities are current.

Dr. Watkins discussed handouts that were shared electronically with Board members prior to the meeting regarding recent New York State updates related to cannabis and cannabis legalization. He noted that the BOH previously discussed the potential effects of marijuana legalization in 2022 following legalization in New York State in 2021. At that time, other states had already legalized cannabis, and local emergency department physicians were reporting increases in visits related to unintentional cannabis exposures and poisonings among children. Dr. Watkins emphasized that cannabis-infused products can closely resemble familiar candies, snacks, and other foods, creating a significant risk of accidental ingestion by children.

He reviewed the signs and symptoms associated with cannabis poisoning. Mild to moderate symptoms may include drowsiness, dizziness, nausea, vomiting, and slurred speech. More severe symptoms can include severe agitation, hallucinations, psychosis, seizures, and significant dehydration resulting from persistent vomiting. Very young children may present differently, including excessive sleepiness, difficulty breathing, and loss of muscle tone, and may require hospitalization.

Dr. Watkins reported that, in the handout “Trends in Cannabis-Related Emergency Department Visits and Hospital Discharges in New York State” in 2023, cannabis-related emergency department visit rates among counties in New York State ranged from 5.6 to 42.5 visits per 100,000 residents. The statewide average was 14.3 visits per 100,000 residents, while the median county rate was 11.9 per 100,000 residents. Cattaraugus County recorded 11 cannabis-related emergency department visits in 2023, representing a crude rate of 14.4 per 100,000 residents based on a population of 76,479. This rate was slightly above the statewide average and above the median county rate.

He noted that Wyoming County had the highest reported rate in New York State at 42.5 visits per 100,000 residents, followed by several counties in Central and Western New York, including Onondaga, Cayuga, and Orleans. Overall, the higher rates of emergency department visits were concentrated in Western and Central New York, with elevated rates observed in areas surrounding Buffalo, Rochester, and Syracuse. In contrast, nine of the 16 counties with the lowest reported rates were located in New York City and the lower Hudson Valley.

Dr. Watkins reviewed the age distribution of individuals presenting to emergency departments for cannabis-related poisoning in 2023. The highest rate was among adolescents ages 15–19, at 26.4 visits per 100,000 residents. The second-highest rate was among children ages 0–4, at 22.9 per 100,000, followed by adults 20–44, at 17.4 per 100,000. He stressed the importance of adults who use cannabis, to store cannabis products securely and out of the sight and reach of children in order to prevent accidental exposures.

Legislator Andreano shared that several years ago when Dr. Watkins presented this topic to the Board he brought examples of cannabis-infused products packaged to resemble popular children's candy and snack products, including Nerds Rope-style products, candy clusters, suckers, and other familiar brands. She questioned what actions could be taken at the local level to address marketing and packaging practices that may appeal to children. Dr. Watkins responded that cannabis regulation and enforcement are addressed at the state level (The Office of Cannabis Management), but acknowledged that there continue to be concerns regarding the effectiveness and consistency of enforcement.

Dr. Watkins presented a clinical example involving a 36-year-old male who presented to a local emergency department with recurrent episodes of uncontrollable vomiting, epigastric pain, sweating, restlessness or agitation, and anxiety. Based on his clinical history and presentation, he was diagnosed with Cannabinoid Hyperemesis Syndrome (CHS), a condition characterized by recurrent nausea, severe vomiting, and abdominal pain associated with prolonged and frequent cannabis use.

He stated that CHS is more commonly associated with long-term, frequent cannabis use, particularly use of high-potency products. Dr. Watkins explained the pathophysiology of CHS. THC activates cannabinoid type 1 (CB1) receptors in the brain, affecting the hypothalamus and other pathways involved in thermoregulation, nausea, and vomiting. In the gastrointestinal tract, CB1 and cannabinoid type 2 (CB2) receptors can alter gastric emptying, motility, and secretions. CB2 receptors also influence immune signaling, inflammation, and visceral pain. These effects of chronic cannabis exposure on the brain-gut system can result in recurrent episodes of severe nausea, vomiting, and abdominal pain.

Diagnosis is primarily clinical and is supported by a history of prolonged cannabis use, recurrent or cyclic episodes of severe vomiting, temporary relief with hot bathing, and improvement following cessation of cannabis use. Laboratory testing, including a urine drug screen, may support the assessment of recent cannabis exposure but does not, by itself, establish a diagnosis of CHS.

Treatment during an acute episode is primarily supportive and may include intravenous fluids, correction of electrolyte abnormalities, symptom and pain management, and appropriate medications for nausea and vomiting. Dr. Watkins emphasized that the most important long-term intervention is complete cessation of cannabis use. Symptoms may begin to improve after stopping cannabis, although recovery can take considerably longer in some individuals.

Dr. Watkins thanked the Board member who brought this topic to his attention. Legislator Schroder thanked Dr. Watkins for presenting the information and described the issue as a serious and concerning public health topic. She stated that the Board may be seeing more cases of CHS in states where cannabis has been legalized, potentially in part because of the greater potency of commercially available cannabis products compared with products that were traditionally grown or obtained privately.

Dr. Bohan expressed concern regarding the potential effects of maternal cannabis use on newborns and questioned what long-term outcomes may result from prenatal exposure.

President Smith raised concerns regarding the difficulty of determining when an individual is impaired by cannabis compared with alcohol and noted that, regardless of the substance, impaired individuals may pose a danger to others.

He also expressed concern about the proliferation of cannabis-related businesses in the Gowanda area and the proximity to the Indian reservation. He questioned the extent to which products sold through businesses operating outside state regulatory systems are subject to oversight. He further expressed concern that commercial incentives may encourage the sale of increasingly potent cannabis products.

Ms. Cooney-Thrush asked whether the Food and Drug Administration (FDA) is responsible for regulating cannabis products to ensure they are not sold to minors. Dr. Watkins explained that cannabis products currently sold in the States are not regulated by the FDA but rather by state regulatory agencies. Businesses licensed to sell cannabis are prohibited from selling to individuals under the legal age. However, he noted that, similar to violations identified through Adolescent Tobacco Use Prevention Act (ATUPA) compliance checks, some businesses may nonetheless sell restricted products to underage individuals.

Legislator Schroder asked whether these age restrictions also apply to businesses operating within sovereign tribal jurisdictions. Dr. Watkins responded that tribal jurisdictions have separate regulatory structures and that state regulatory requirements do not necessarily apply in the same manner.

Dr. Watkins congratulated President Smith on being selected as one of the nominees for Congressman Langworthy American Heroes award on August 14<sup>th</sup>, and also for being selected to be inducted into the Hall of Fame for Gowanda School on September 18<sup>th</sup> at the Gowanda Historic Theatre.

**NURSING DIVISION REPORT:** Mrs. Moore reported that the current Certified Home Health Agency (CHHA) census stands at (51) patients.

During June, (64) blood lead tests were conducted. The highest blood lead level (BLL) was 25 µg/dL, (reference level: < µg/dL); this child's current level represents an improvement from the child's previous test. The second-highest BLL in June was 18 µg/dL. Additional elevated BLLs included 8.3 µg/dL and 8 µg/dL. Eight additional children had BLLs ranging from 5.0–5.4 µg/dL. The remaining (52) children tested had BLLs at or below 5.0 µg/dL.

In July, (68) blood lead tests were conducted. The highest BLL was 22 µg/dL, which was also lower than the child's previous test. Two children had BLLs of 21 µg/dL, with additional elevated levels of 13 µg/dL and 11 µg/dL. Two children had BLLs of 6 µg/dL, and six additional children had BLLs ranging from 5.0–5.6 µg/dL. The remaining (55) children tested had BLLs below 5.0 µg/dL.

The Department's active Childhood Lead Poisoning Prevention Program (CLPPP) caseload currently includes (55) children.

Flu vaccines has been reserved for the 2026–2027 influenza season. Mrs. Lacher has confirmed all community influenza vaccination clinics. The schedule will be provided to the Board at its next meeting. The first community clinic is scheduled for the end of September, with the final clinic planned for the end of October.

HIV testing continued at Department locations throughout June and July. In June, (20) tests were conducted in Olean, (16) in Salamanca, and (3) in Machias. In July, (4) tests were conducted in Olean, (4) in Salamanca, and none in Machias. No positive HIV results were reported during either month.

Mrs. Moore also provided an update on rabies prophylaxis activities. During June, (2) pre-exposure rabies vaccinations were administered. Fourteen individuals completed post-exposure rabies prophylaxis (PEP), including (1) individual following a dog bite in the Philippines, (4) individuals who initiated prophylaxis while out of state, (1) visitor to the area who needed an additional PEP in their series, (2) individuals with cat exposures, and (6) individuals with bat exposures.

In July, no pre-exposure vaccinations were administered. Ten individuals completed post-exposure rabies prophylaxis, including (1) dog bite, (3) raccoon bites, (1) baby skunk exposure, (1) cat bite, and (4) bat exposures.

Reportable Diseases for June/July included: Chlamydia: (12) cases in June and (12) cases in July; Gonorrhea: (1) case in June and (1) case in July; Syphilis: No cases reported in either month; Campylobacteriosis: (1) case in June and (3) cases in July; Lyme: (30) probable cases in June, and (84) probable cases in July; Hepatitis C: (1) Chronic case in both June and July; Anaplasmosis: (7) suspected cases in June and (14) suspected cases in July; Influenza A: 2 cases in June and zero cases in July; Influenza B: zero cases in June and (1) case in July; COVID-19: (9) cases in June and (8) cases in July; RSV: (2) cases in June, and zero in July; Salmonellosis: zero cases in June, and (1) case in July; and Babesiosis (2) cases in June with (6) cases in July.

Mrs. Moore reported that there was a positive measles case in Allegany County, but there have been none in Cattaraugus. There was (2) exposures to that positive who lives in Cattaraugus County and the department will follow those individuals in accordance with public health protocols.

**ENVIRONMENTAL HEALTH REPORT:** Mr. Ring announced that there will be four (4) free rabies clinics for domestic animals held in the month of September at various locations, and media outlets and municipal clerks have been notified of the clinic schedule to ensure the information is widely available to the public.

Mr. Ring provided a presentation on the Department's Lead Hazard Reduction Program, highlighting a significant project involving a historic home in the Village of Cattaraugus. The home, which was constructed in 1896, is occupied by a family of four. The Department became involved after a child residing in the home was identified with an elevated blood lead level (EBLL). The family qualified for the Lead Hazard Reduction Program, and the Department is moving forward with comprehensive measures to identify and remediate lead hazards throughout the property.

He noted that the historic features that make the home significant also present considerable challenges in maintaining and safely rehabilitating the property. Funding through the U.S. Department of Housing and Urban Development (HUD) Lead Hazard Reduction Program provides an important opportunity to both protect the health of the child and preserve a historically significant home.

As part of the completed inspection, more than 600 X-ray fluorescence (XRF) scans were conducted, along with the collection of 20 dust-wipe samples. Nineteen of the 20 dust-wipe samples exceeded allowable levels. The highest sample measured 27,300 µg/ft², which is more than 900 times the allowable level, demonstrating the significant extent of lead contamination present in the home.

Mr. Miller asked if the family will need to relocate from the home during renovations. Mr. Ring replied that the family will be temporarily relocated for approximately one to two weeks while the necessary lead hazard reduction work is completed.

Mr. Ring also reported that soil testing was conducted around the property, including areas where the children play. Lead concentrations in the children's play area were measured at (15.8) times the Environmental Protection Agency (EPA) hazard threshold, while soil near the home's foundation measured three times the EPA hazard threshold.

Due to the extensive lead hazards identified both inside and outside the home, the project will require a significant investment. Mr. Ring reported that the total cost of the project is expected to exceed \$100,000. The project represents a substantial investment in protecting the health and safety of the family while helping to preserve a historic home within the community.

**Old/New Business:** President Smith stated there is no old business. New business includes a revision to the BOH schedule for the December meeting which will be held on Thursday, December 10<sup>th</sup>, and our next BOH meeting will be held on Wednesday, September 2, 2026.

Jessica Shaffer briefly addressed the Board concerning the transition of the Home Care division, and respectfully asked for a reconsideration of this decision.

A motion to adjourn was made by Legislator Andreano, seconded by Ms. Raftis, 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, flowing style.

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

Secretary to the Board of Health