

WESTCHESTER COUNTY DEPARTMENT OF HEALTH QUARTERLY MORBIDITY REPORT*

Reporting Period: Second Quarter 2010 (Data as of July 27th, 2010)	Quarterly (Apr-Jun)			Cumulative (Jan. 1 - Jun. 30)			Annual Totals	
	2010	2009	2008	2010	2009	2008	2009	2008
A. Vaccine-Preventable Diseases								
Measles	0	0	0	0	0	0	0	0
Mumps	2	1	1	3	1	1	5	1
Pertussis	3	2	5	12	5	6	20	20
B. CNS Diseases and Bacteremias								
Encephalitis	1	0	0	2	2	2	4	5
<i>West Nile Encephalitis (lab positive)</i>	0	0	0	0	0	0	0	2
<i>Non-West Nile Encephalitis</i>	1	0	0	2	2	2	4	3
Listeriosis	2	4	2	3	4	3	9	7
Meningitis	6	11	9	15	24	19	80	44
<i>Aseptic Meningitis</i>	3	9	2	9	19	6	62	19
<i>Meningococcal Diseases</i>	0	0	0	0	0	0	0	1
<i>Other Meningitis/Bacteremias</i> ⁽¹⁾	3	2	7	6	5	13	18	24
Group A Strep	7	8	12	18	17	21	25	30
Group B Strep	15	11	14	24	22	26	53	68
Invasive Strep Pneumoniae ⁽²⁾	20	26	23	51	59	61	99	97
<i>Invasive Strep Pneumoniae</i>	20	25	23	50	58	60	97	93
<i>Drug-Resistant Strep Pneumoniae</i>	0	1	0	1	1	1	2	4
C. Enteric Infections								
Amebiasis	7	11	5	13	21	11	37	20
Campylobacteriosis	45	47	34	69	72	57	153	148
Cryptosporidiosis	1	0	1	4	3	1	9	11
Cyclosporidiosis	1	1	1	1	1	1	4	2
Giardiasis	11	23	16	30	51	38	107	83
Salmonellosis	46	37	52	80	61	73	129	149
Shigellosis	6	8	3	13	15	7	38	26
STEC (E. Coli 0157) ⁽³⁾	4	5	2	7	8	4	17	22
Hemolytic Uremic Syndrome ⁽⁴⁾	1	1	0	1	1	0	2	1
Typhoid	0	0	0	0	0	0	0	1
Vibriosis	0	0	0	0	0	0	6	0
Yersiniosis	0	0	0	0	0	0	1	1
D. Viral Hepatitis								
Hepatitis A	5	3	5	5	6	10	7	14
Hepatitis B	3	16	62	10	24	148	39	173
<i>Acute</i>	1	2	3	1	3	5	3	9
<i>Chronic</i> ^(5,6)	2	14	59	9	21	143	36	164
Hepatitis C	0	26	176	0	26	397	29	411
<i>Acute</i>	0	0	0	0	0	0	0	0
<i>Chronic</i> ^(5,6)	0	26	176	0	26	397	29	411
E. Sexually Transmitted Diseases								
Chlamydia ⁽⁷⁾	739	716	634	1,393	1,405	1,283	2,761	2,560
Lymphogranuloma Venereum	0	0	1	0	0	1	3	2
Gonorrhea	110	89	97	236	175	180	376	375
Syphilis (All Stages) ⁽⁸⁾	45	48	47	73	93	93	161	187
<i>All other</i>	31	27	33	51	60	66	106	135
Early Syphilis	14	21	14	22	33	27	55	52
Primary and Secondary	7	8	5	12	16	12	27	26
Early Latent	7	13	9	10	17	15	28	26
Congenital Syphilis	0	0	0	1	1	2	1	2

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	2010	2009	2008	2010	2009	2008	2009	2008
F. Tuberculosis	9	14	11	9	14	11	40	62
G. Vector-Borne, Zoonoses								
Babesiosis ⁽⁶⁾	4	3	8	4	4	9	57	36
Ehrlichiosis ⁽⁶⁾	0	12	11	0	13	13	35	35
Lyme Disease ⁽⁹⁾	19	67	75	25	82	100	207	247
<i>Sentinel Surveillance Cases</i>	12	49	64	22	62	84	164	205
<i>Non-Sentinel Surveillance Cases</i>	7	18	11	3	19	16	43	42
Malaria	1	0	1	1	4	1	7	3
Post-Exposure Prophylaxis for Rabies ⁽¹⁰⁾	86	52	71	123	72	103	258	359
H. Others								
Legionellosis	2	3	6	6	5	10	22	31
Toxic Shock Syndrome ⁽¹¹⁾	1	1	1	4	3	1	0	2

*The Quarterly Morbidity Report lists the diseases that are reportable according to the New York State law. Cases are reported by the month of diagnosis if available. If not, a report date is assigned to the case by first symptom date, date reported to the Health Department, date when a supplemental file was created, or date when the Health Department received the record. Diseases with no cases reported for two years prior, are not included. Some disease categories may include probable cases.

1. As of January 2009, "other meningitis/bacteremias" do not include meningitis caused by Haemophilus influenzae Type B, Group A Strep, Group B Strep or Strep Pneumo.

2. Beginning in January 2000, Invasive Strep Pneumoniae includes Invasive Strep Pneumoniae (Sensitive), Bacteremia and Meningitis. In prior years, only Pneumococcal Meningitis was reportable.

3. Shiga toxin producing E. Coli (STEC); may include non-0157 shiga toxin producing strains of E. Coli.

4. Some Hemolytic Uremic Syndrome cases are also reported as STEC (E. coli 0157).

5. Chronic Hepatitis B and C became reportable in NYS in June 2002.

6. Incomplete data due to surveillance limitations.

7. Total Chlamydia cases do not include LGV.

8. Total syphilis cases do not include congenital syphilis.

9. Lyme disease totals includes number of confirmed cases from sentinel surveillance, erythema migrans (EM) rash and provider reporting. Sentinel surveillance randomly extracts 20% of cases reported to WCDOH through the Electronic Clinical Laboratory Reporting System (ECLRS)

10. The number of individuals to whom rabies post-exposure prophylaxis has been distributed.

11. Some Toxic Shock Syndrome cases are also reported as Group A Strep and Group B Strep.

Comments from the Division of Disease Control

Overview:

- Changes for a single reporting period must generally be further monitored to assess significance
- When numbers are low, minor variations can appear significant.
- The incidence of most diseases fluctuate naturally and are often temporally clustered without necessarily having any significance.

Highlights:

Chronic Hepatitis - The reduction in the number of cases noted for 2009 and 2010 compared with 2008 is due to decreased capacity for investigation and data entry of case reports beginning in 2009, with priority given to surveillance of acute cases.

Lyme: The number of case reports received for investigation and confirmed Lyme cases during the first 2 quarters of 2010 are decreased compared with 2008 and 2009. This is consistent with NYSDOH tick surveillance information that there were very few nymphal ticks (the primary vector for Lyme disease) earlier this year.

Pertussis – Although the incidence of pertussis cases during the 2nd quarter of 2010 was comparable to that in the previous 2 years, the cumulative total for the first 2 quarters of 2010 reflect the increase during the 1st quarter. That increase likely represents the natural periodic increase in disease observed every 3-5 years since the early 1980s. The last significant peak in pertussis cases was observed in 2004 (81 cases).

Gonorrhea - The increase in cases during the first 2 quarters of 2010 also is being observed in NYC and certain upstate areas, but not other counties in the metropolitan region. This may represent natural fluctuations in disease incidence and will continue to be monitored.

Syphilis - The decrease in total and early syphilis cases during the first 2 quarters of 2010 also is being observed throughout the NYC metropolitan region and follows an increase in such cases for the past several years. This may represent natural fluctuations in disease incidence and will continue to be monitored.