

WESTCHESTER COUNTY DEPARTMENT OF HEALTH QUARTERLY MORBIDITY REPORT*

Reporting Period: Third Quarter 2010 (Data as of October 15th, 2010)	Quarterly (Jul-Sept)			Cumulative (Jan. 1 - Sept. 30)			Annual Totals	
	2010	2009	2008	2010	2009	2008	2009	2008
A. Vaccine-Preventable Diseases								
Mumps	1	3	0	4	4	1	5	1
Pertussis	16	3	10	28	8	16	20	20
B. CNS Diseases and Bacteremias								
Encephalitis	7	0	3	9	2	5	4	5
<i>West Nile Encephalitis (lab positive)</i>	4	0	2	4	0	2	0	2
<i>Non-West Nile Encephalitis</i>	3	0	1	5	2	3	4	3
Listeriosis	0	3	1	3	7	4	9	7
Meningitis	20	34	20	35	58	39	81	44
<i>Aseptic Meningitis</i>	17	29	11	26	48	17	63	19
<i>Meningococcal Diseases</i>	0	0	1	0	0	1	0	1
<i>Other Meningitis/Bacteremias</i> ⁽¹⁾	3	5	8	9	10	21	18	24
Group A Strep	4	5	5	22	22	26	25	30
Group B Strep	12	15	22	39	39	48	56	69
Invasive Strep Pneumoniae ⁽²⁾	11	10	8	62	69	69	99	97
<i>Invasive Strep Pneumoniae</i>	11	9	8	61	67	68	97	93
<i>Drug-Resistant Strep Pneumoniae</i>	0	1	0	1	2	1	2	4
C. Enteric Infections								
Amebiasis	6	9	4	19	30	15	37	20
Campylobacteriosis	67	56	67	139	128	124	153	148
Cryptosporidiosis	2	5	10	6	8	11	9	11
Cyclosporidiosis	2	3	1	3	4	2	4	2
Giardiasis	39	29	24	62	80	62	108	84
Salmonellosis	67	39	52	146	100	125	129	149
Shigellosis	18	14	12	31	30	19	39	26
STEC (E. Coli 0157) ⁽³⁾	7	8	17	14	16	21	17	22
Hemolytic Uremic Syndrome ⁽⁴⁾	0	1	1	1	2	1	2	1
Typhoid	0	0	1	0	0	1	0	1
Vibriosis	1	5	0	1	5	0	6	0
Yersiniosis	0	1	0	0	1	0	1	1
D. Viral Hepatitis								
Hepatitis A	3	0	2	8	6	12	7	14
Hepatitis B	7	9	18	22	34	168	42	177
<i>Acute</i>	1	0	2	2	3	7	3	9
<i>Chronic</i> ^(5,6)	6	9	16	20	31	161	39	168
Hepatitis C	1	4	14	7	35	410	38	412
<i>Acute</i>	0	0	0	0	0	0	0	0
<i>Chronic</i> ^(5,6)	1	4	14	7	35	410	38	412
E. Sexually Transmitted Diseases								
Chlamydia ⁽⁷⁾	735	639	643	2,137	2,047	1,931	2,764	2,565
Lymphogranuloma Venereum	1	1	0	1	2	1	3	2
Gonorrhea	120	92	109	357	267	290	376	376
Syphilis (All Stages) ⁽⁸⁾	37	31	42	111	124	135	163	187
Early Syphilis	15	10	12	37	43	39	55	52
<i>Primary and Secondary</i>	7	5	6	20	21	18	27	26
<i>Early Latent</i>	8	5	6	17	22	21	28	26
All other	22	21	30	74	81	96	108	135
Congenital Syphilis	0	0	0	1	1	2	1	2

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	2010	2009	2008	2010	2009	2008	2009	2008
F. Tuberculosis	24	8	18	42	31	51	43	67
G. Vector-Borne, Zoonoses								
Babesiosis ⁽⁶⁾	28	52	24	32	56	33	59	36
Ehrlichiosis ⁽⁶⁾	0	22	20	0	35	33	35	35
Lyme Disease ⁽⁹⁾	34	89	116	98	171	217	207	263
<i>Sentinel Surveillance Cases</i>	27	66	99	82	127	183	161	221
<i>Non-Sentinel Surveillance Cases</i>	7	23	17	16	44	34	46	42
Malaria	3	0	1	4	4	2	7	3
Post-Exposure Prophylaxis for Rabies ⁽¹⁰⁾	109	150	225	232	222	328	258	359
H. Others								
Legionellosis	6	14	12	11	19	22	22	31
Toxic Shock Syndrome ⁽¹¹⁾	1	1	0	5	5	1	5	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 3 quarters of 2010 are decreased compared with 2008 and 2009. NYSDOH has observed a statewide decrease in Lyme disease thus far in 2010; this is consistent with NYSDOH tick surveillance of few nymphal ticks (the primary vector for Lyme disease) earlier this year.

Pertussis - An increase in incidence was noted during the 3rd quarter and year to date 2010 compared to the previous 2 years. A number of states, including NYS, have reported an increase in cases during 2010. This 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 3 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.

Chlamydia - An increase in incidence was noted during the 3rd quarter which accounts for the year to date 2010 increase compared to the previous 2 years. This may represent natural fluctuation in disease incidence and will continue to be monitored.