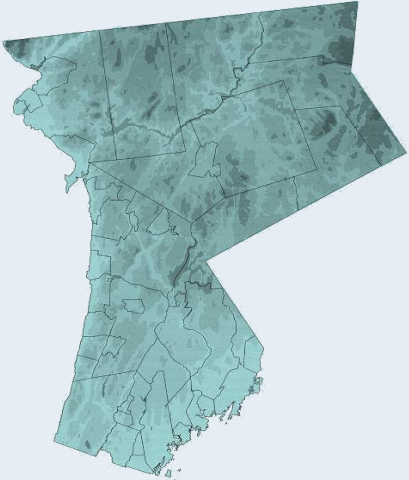


Robert P. Astorino
 Westchester County Executive
 County Board of Legislators



Annual Data Book

Communicable Disease Report

Westchester County Department of Health

Westchester
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2011

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FOREWORD

Westchester County Department of Health is the local health department for Westchester County, which is located north of New York City and covers an area of 450.5 square miles. The Hudson River and Rockland County form Westchester County's western border and Putnam County and the State of Connecticut border Westchester to the north and east, respectively. Westchester County has a population of 949,113 based on the 2010 US Census data. In 2010, 68.1% of the County's population was white, 14.6% was black, 5.5% was Asian/Pacific Islander, and 11.8% was of mixed or other races. In addition, Hispanics comprised 21.8% of Westchester County's residents.

The mission of the Department of Health is to promote health, prevent disease and prolong meaningful life for Westchester County residents. The Health Department monitors and controls the spread of communicable disease, monitors and regulates air and water quality, enforces the state and local sanitary code, promotes and ensures local public health activities, and assures the availability of community health services.

The Annual Data Book 2011 – Communicable Disease Report contains information on the number and rate of communicable diseases by patients' demographic characteristics such as age, sex, and race/ethnicity. Data used in the report are from the Communicable Disease Electronic Surveillance System of the New York State Department of Health and clinic data management and reporting systems of the Westchester County Department of Health.

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HIGHLIGHTS

- In 2010, a total of 5,254 cases, involving 35 reportable communicable diseases were reported to Westchester County Department of Health.
- Chlamydia was the most commonly reported communicable disease in Westchester County, with 2,915 reported cases in 2010, representing 55.5% of all reported cases of communicable diseases.
- The number of Chlamydia cases has increased by close to 36% from 2006 to 2010. Approximately 66% of all cases were reported among the 15 to 24 age group.
- Gonorrhea had the second highest reported case rate. In 2010, 474 cases were reported, representing 9.0% of all reported cases of communicable diseases.
- Blacks had higher reported rates of Chlamydia and Gonorrhea compared to whites.
- Although there were far fewer cases of Syphilis compared to Chlamydia and Gonorrhea, Syphilis represented 2.8% of all reported cases of communicable diseases. Among the 148 Syphilis cases in 2010, 51 were classified as early Syphilis.
- As of December 2009, 1,085 individuals were living with HIV in Westchester County and another 2,158 individuals were living with AIDS. Excluding New York City, Westchester County had the highest number of individuals living with HIV and/or AIDS among all New York State Counties.
- Meningitis and Invasive Streptococcus Pneumoniae were the most commonly reported Central Nervous System disease and causes of bacteremias, although the majority of cases were not severe.
- In 2010, 180 cases of Salmonellosis were reported, as well as 178 cases of Campylobacteriosis and 93 cases of Giardiasis.
- Post-exposure prophylaxis administered for contact with suspected rabid animals has been on the decline over the past 10 years.
- The number of Tuberculosis cases has been declining over the past five years, from 2006 to 2010.
- Reported cases of Pertussis appear to be rising again, with 40 cases reported in 2010, a 100% increase over the previous year.

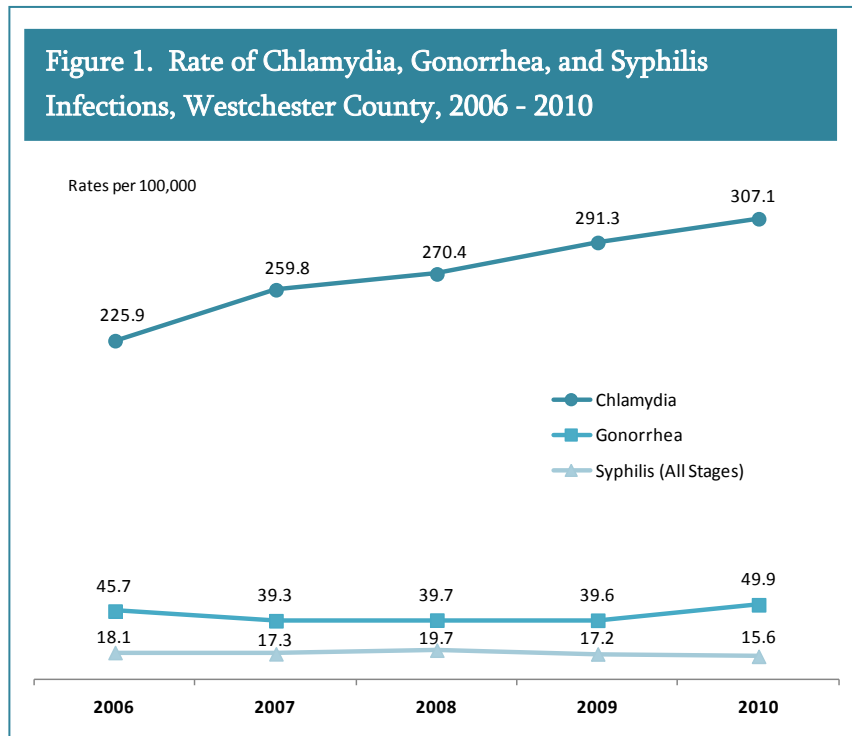
This report contains data on reportable communicable diseases among Westchester County residents for the time period of January 2010 to December 2010, with the exception of HIV and AIDS cases. In accordance with the New York State Sanitary Code (10NYCRR 2.10), health care providers and laboratories are mandated to report suspected and confirmed cases of communicable diseases to the New York State Department of Health. A full list of reportable communicable diseases can be found in the appendix at the end of this report.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) include a large number of infectious organisms usually spread through sexual contact with an infected person. Individuals infected with an STD can be asymptomatic or have mild symptoms that are easily disregarded. However, those infected have the potential to spread the disease to others and develop severe health consequences.

Chlamydia, Gonorrhea, and Syphilis

Chlamydia is the most prevalent STD in Westchester County, with 2,915 cases reported in 2010 and an overall rate of 307.1 cases per 100,000 county residents (302.0 per 100,000 excluding cases from correctional facilities). Reported infection rates of Chlamydia have risen consistently over the past five years by an average of 8.1% per year and 35.9% overall since 2006 (Figure 1).

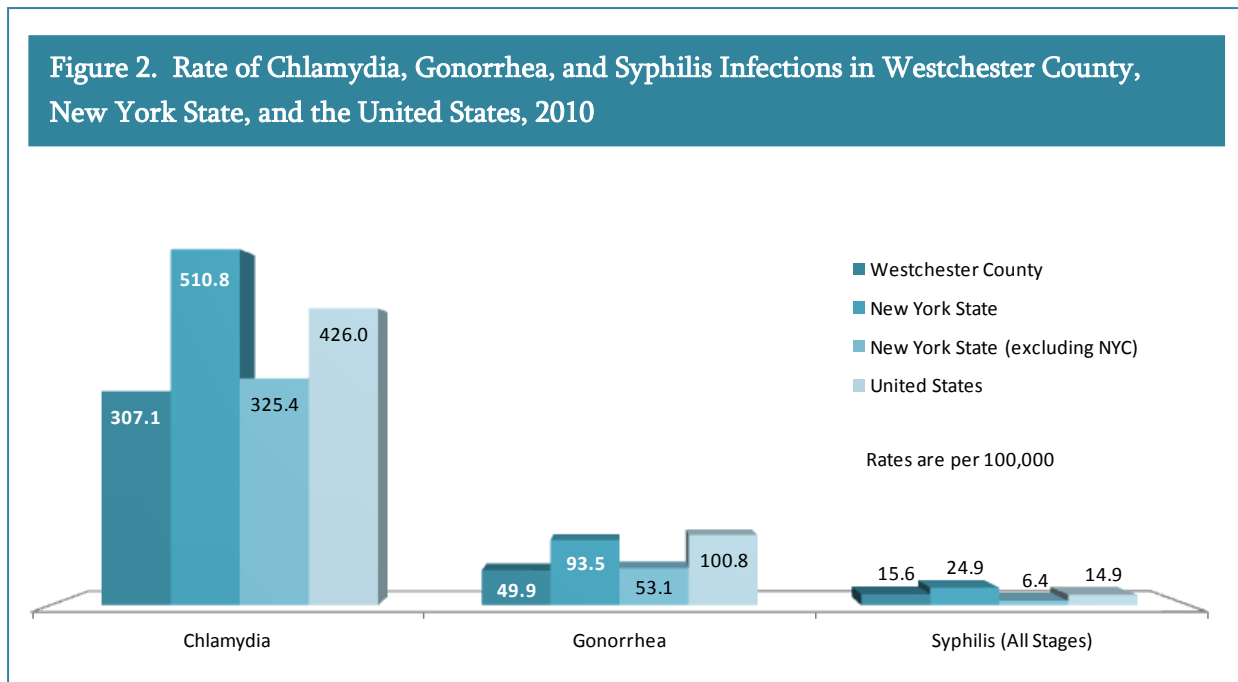


Gonorrhea is the second most prevalent STD in Westchester County with a rate of 49.9 per 100,000 in 2010 (49.4 per 100,000 excluding cases from correctional facilities). Over the past five years the rate of Gonorrhea has remained relatively stable, with less than 50 cases per 100,000 each year during the past five years (Figure 1).

Syphilis is the third most prevalent STD in Westchester County, with a rate of 15.6 per 100,000 in 2010 (15.4 cases per 100,000 when excluding cases from correctional facilities). The rate of all stages of Syphilis has also remained relatively stable over the past five years (Figure 1).

The reported rates of Chlamydia, Gonorrhea, and Syphilis in Westchester County were much lower than those in New York State when New York City is included. When New York City is excluded, Westchester County continues to have lower rates of Chlamydia and Gonorrhea infections than the rest of New York State but a higher rate of Syphilis cases than the rest of New York State (Figure 2).

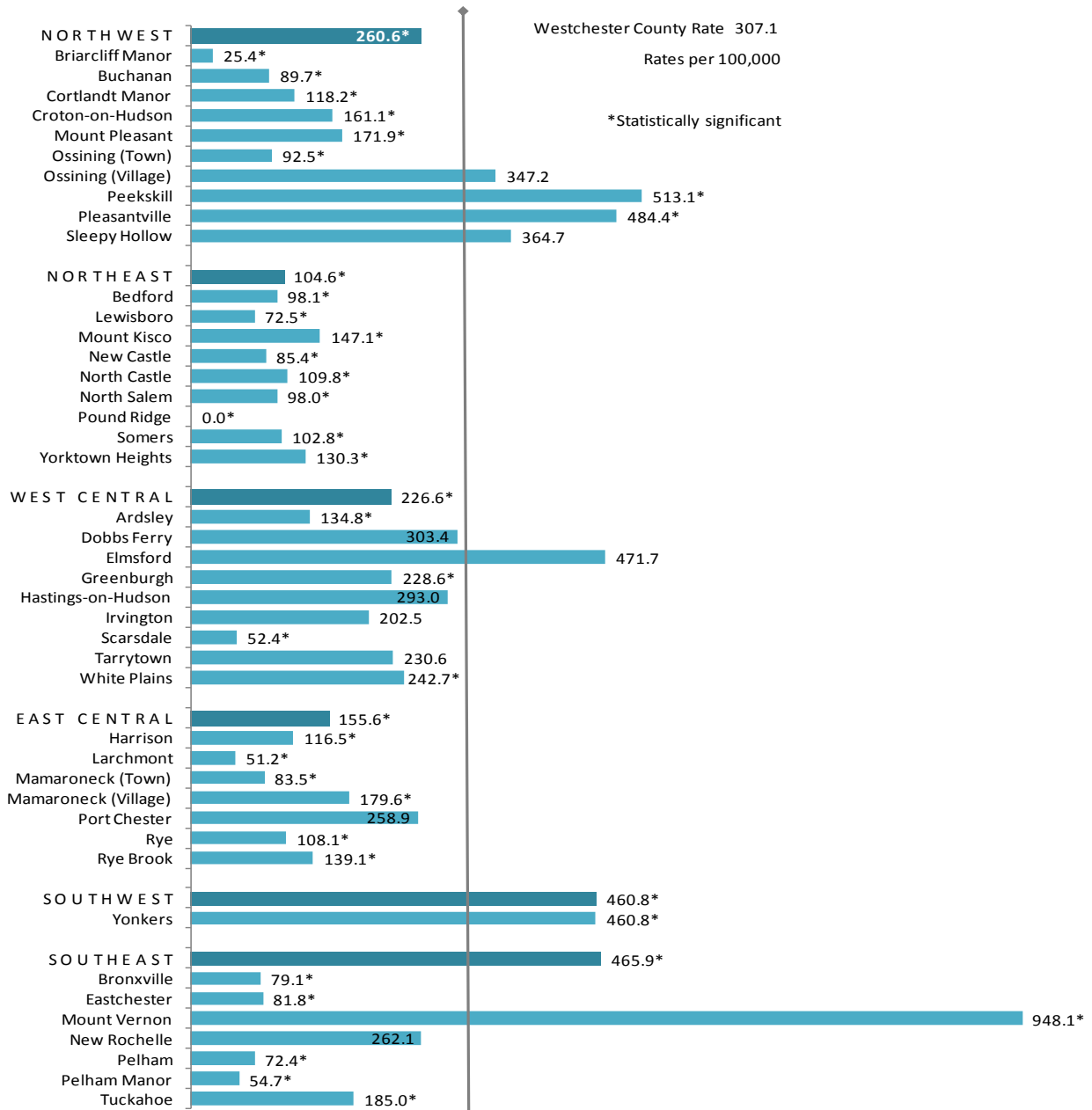
Compared to national data, Westchester County had lower rates of Chlamydia and Gonorrhea, but a slightly higher rate of Syphilis (Figure 2).



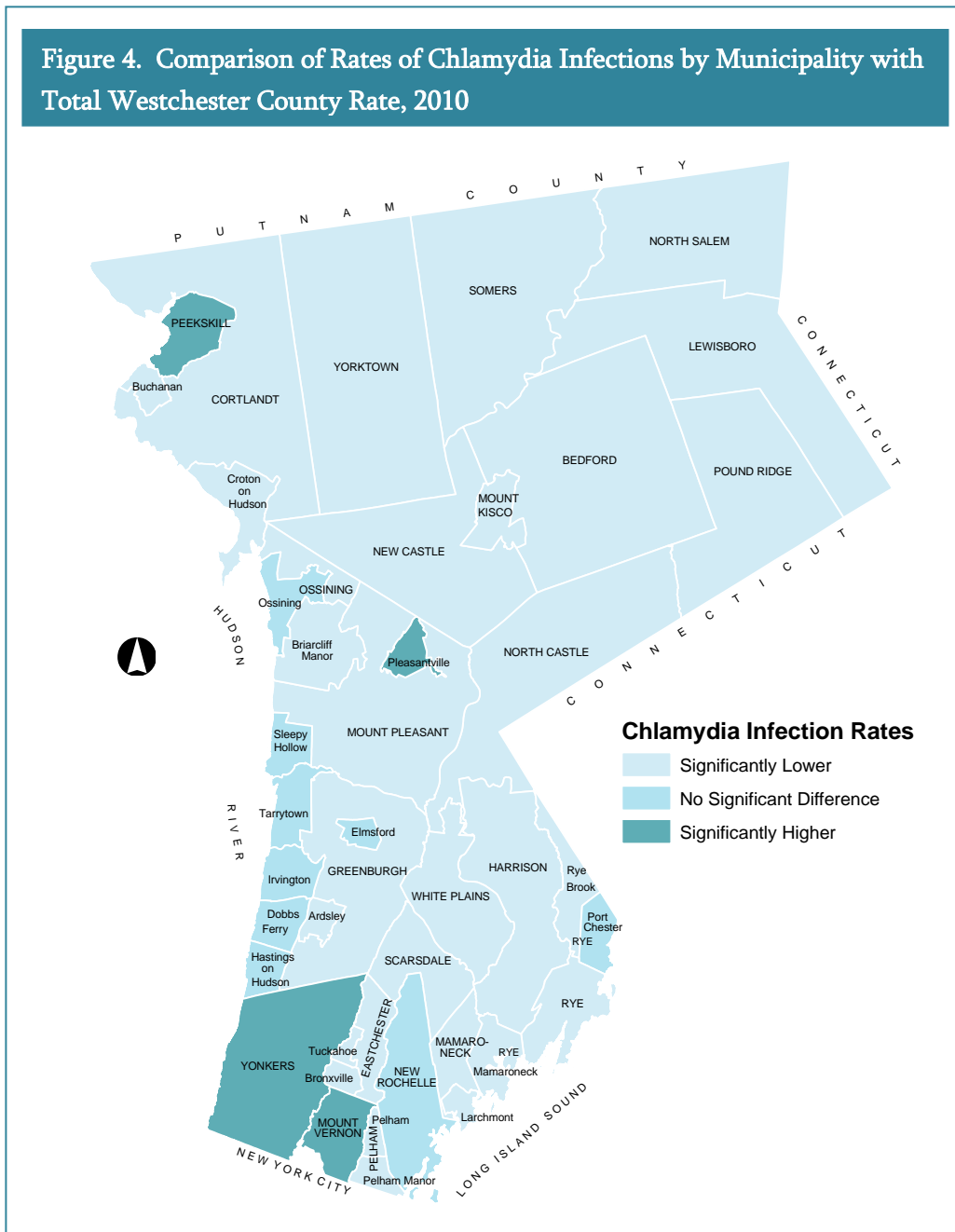
Distribution of Chlamydia Cases

The reported rates of Chlamydia infection were significantly higher in the Southeast and Southwest Health Planning Regions (465.9 and 460.8 per 100,000, respectively) than the overall county rate (307.1 per 100,000). The remaining four Health Planning Regions (HPRs) all had significantly lower rates of Chlamydia infections than the County as a whole (Figure 3).

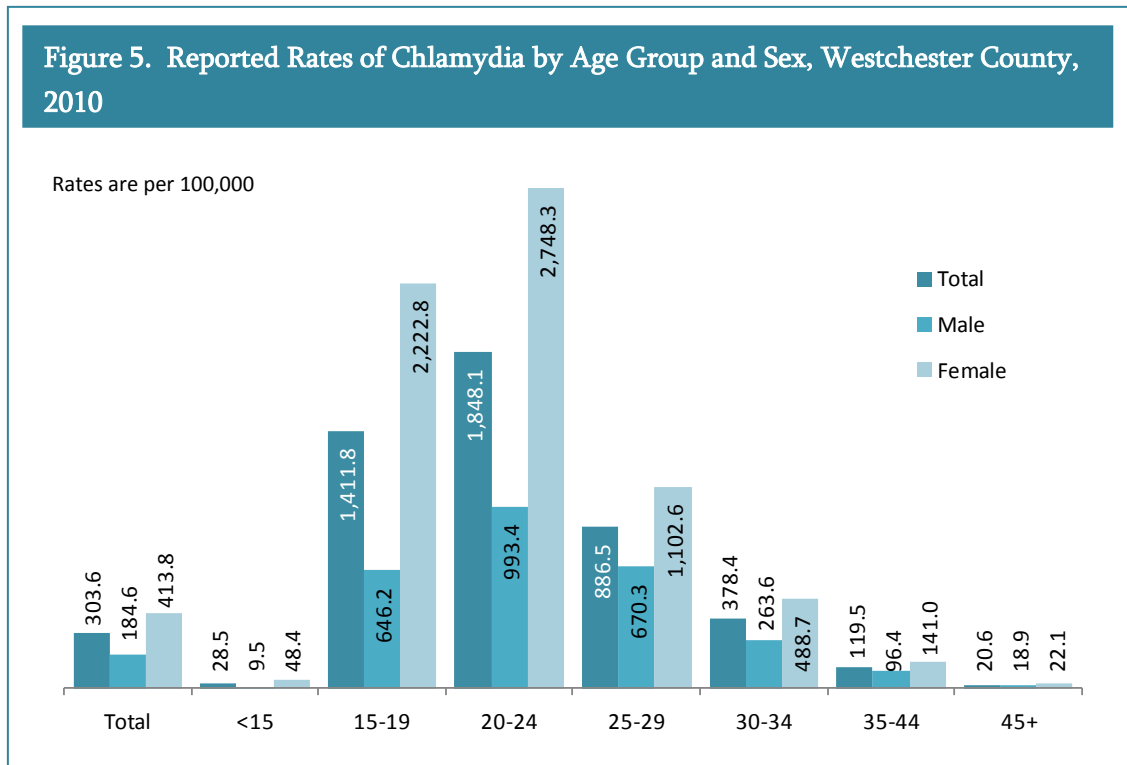
Figure 3. Reported Rates of Chlamydia by Health Planning Region and Municipality, Westchester County, 2010



Several municipalities presented significantly different rates of Chlamydia infection from the overall county rate, as shown in Figures 3 and 4.



The reported rate of Chlamydia was highest among the 20 to 24 age group (1,848.1 per 100,000), followed by the 15-19 age group (1,411.8 per 100,000). Females had a higher reported infection rate in comparison to males (Figure 5). However, the higher rate of reported infection among females may be associated with higher rates of screening among women. In addition, women may become re-infected if their partner has not been tested and treated for STDs. Many individuals infected with an STD, especially Chlamydia may not exhibit symptoms and thus are unaware of the need to be tested.

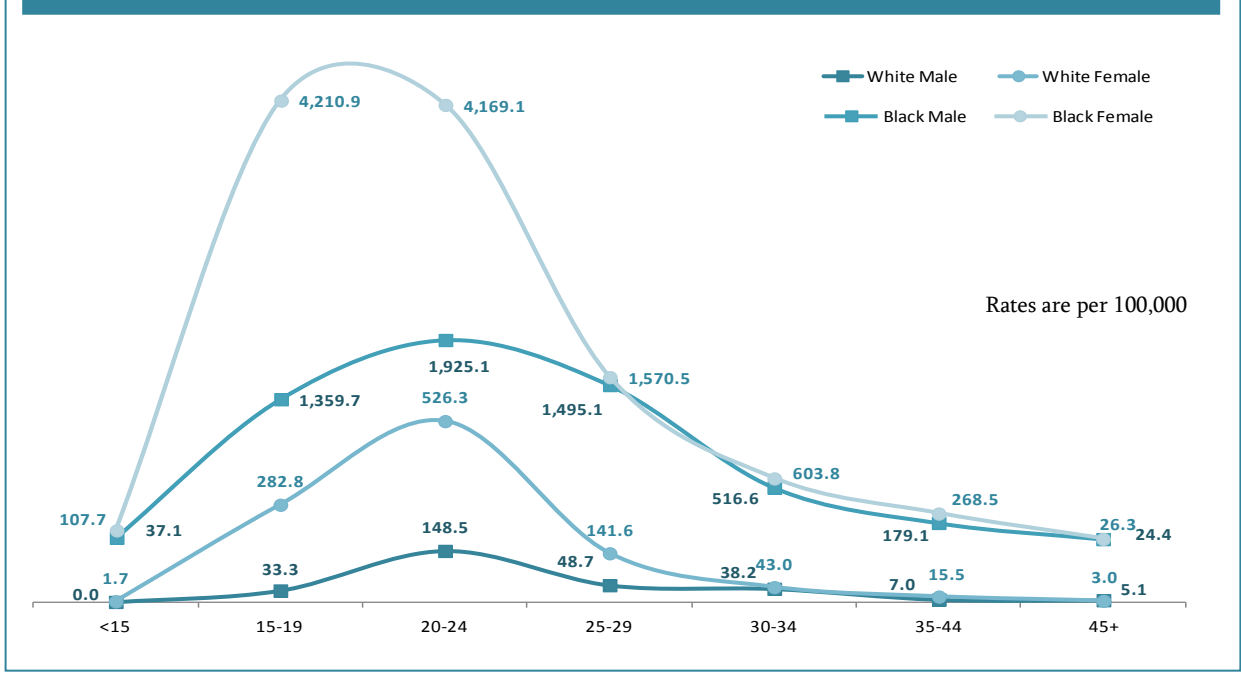


In 2010, blacks were disproportionately represented among Westchester County’s reported Chlamydia cases. Although blacks comprise only 14.6%* of the County’s population, 55.7% of the reported Chlamydia cases for whom race was known were black; 1,280 (44.7%) cases were of unknown race.

For both males and females and across all age groups, blacks have higher rates of Chlamydia than their white counterparts. In the 15 to 19 age group, black females have a rate of 4,210.9 cases per 100,000, nearly 15 times greater than white females of the same age. In the 20-24 age group, the rate of infection for black females is almost eight times greater. This trend is also evident among males. Black males aged 15-19 have a rate of 1,359.7 per 100,000 compared to 33.3 per 100,000 white males of the same age (Figure 6).

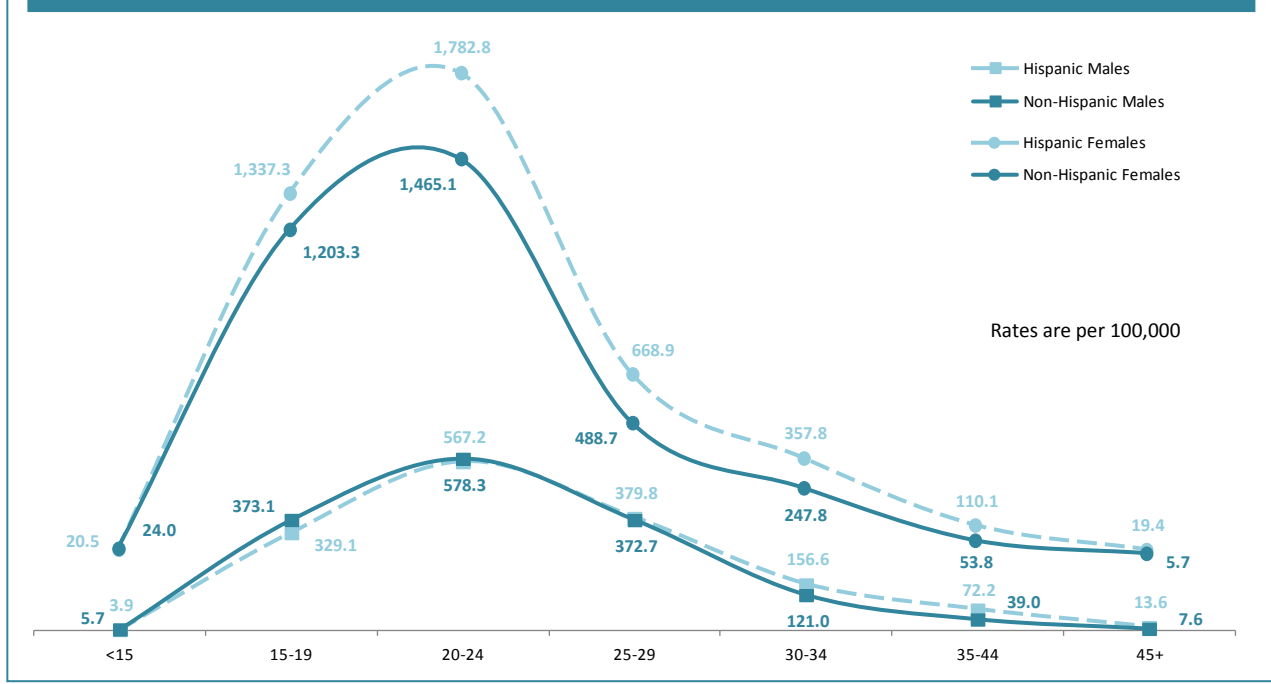
*Calculated from the 2010 census.

Figure 6. Reported Rates of Chlamydia by Age, Sex, and Race, Westchester County, 2010



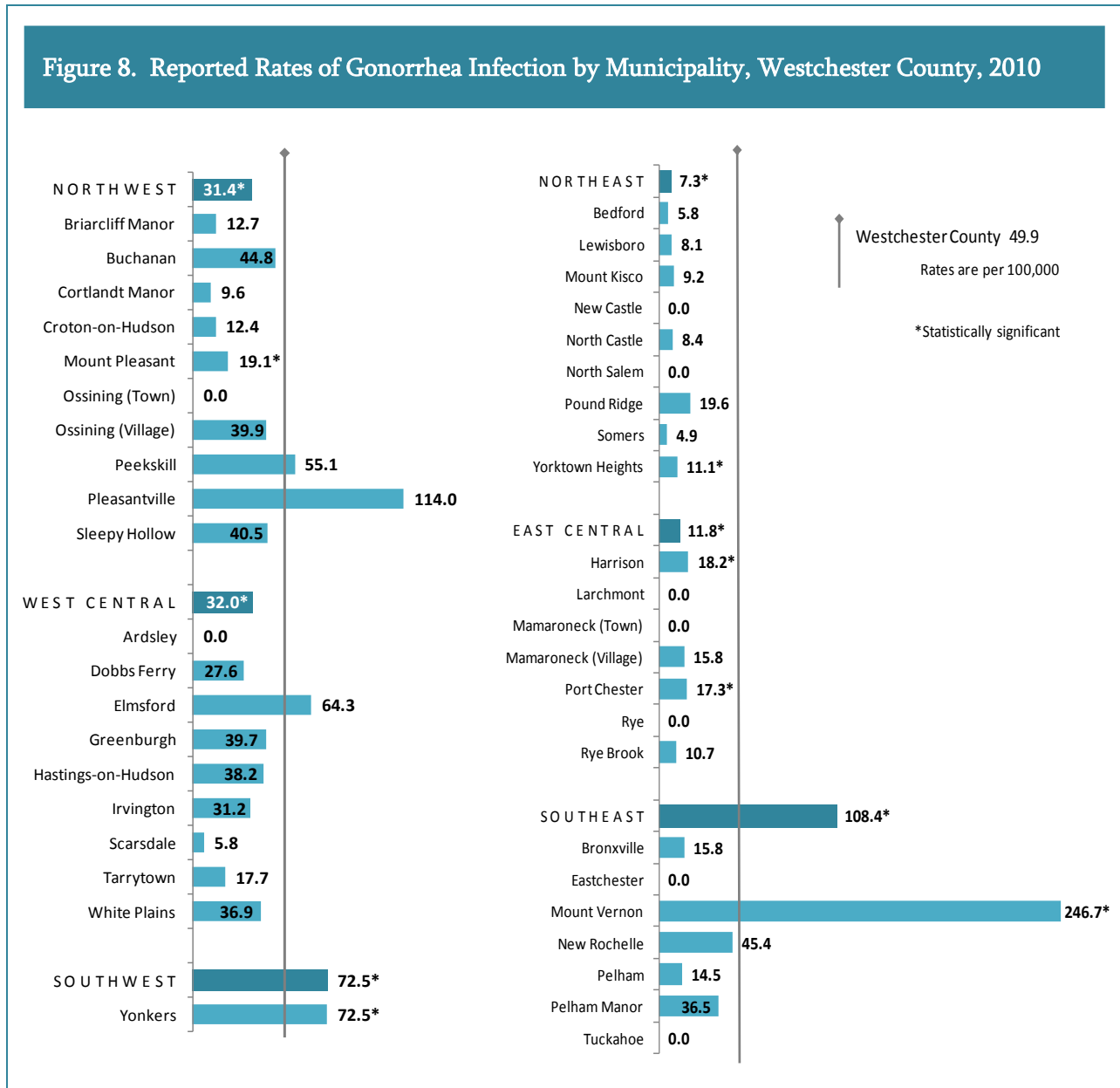
In general, reported rates of Chlamydia were slightly higher for Hispanics than for non-Hispanics (Figure 7).

Figure 7. Reported Rates of Chlamydia by Age, Sex, and Ethnicity, Westchester County, 2010



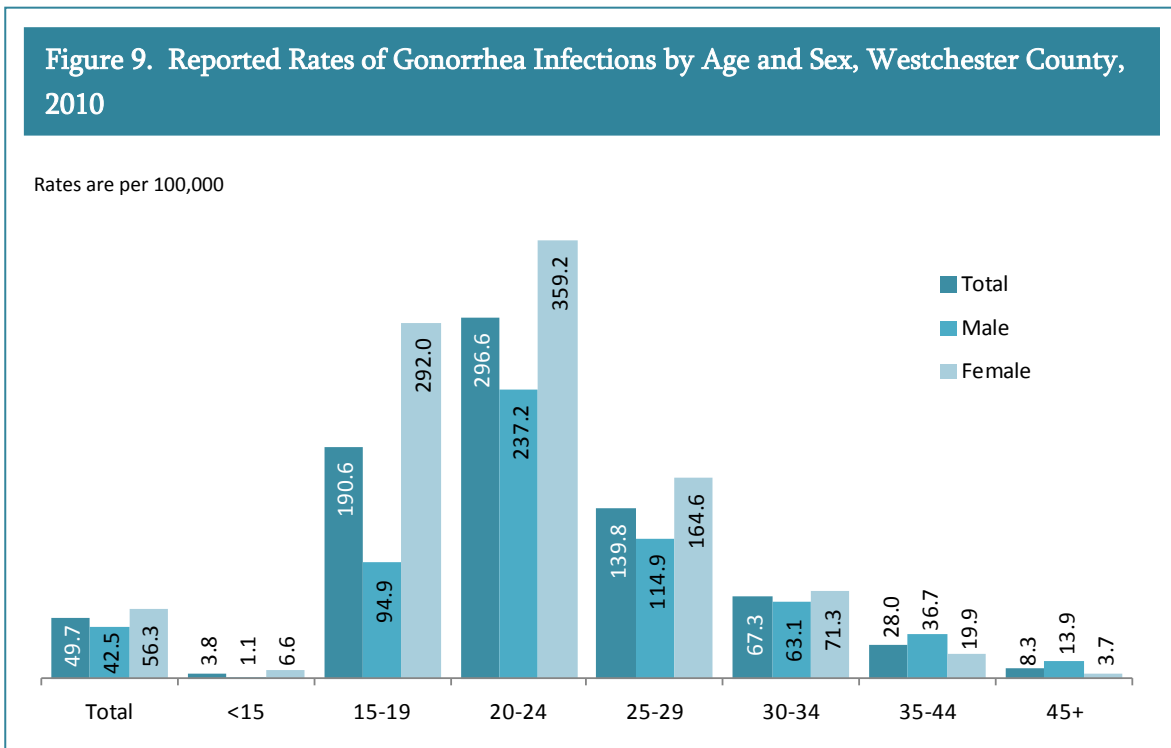
Distribution of Gonorrhea Cases

The reported rates of Gonorrhea infection were significantly higher in the Southeast and Southwest Health Planning Regions (108.4 and 72.5 per 100,000, respectively) than the overall county rate (49.9 per 100,000). The Northwest, Northeast, West Central, and East Central HPRs all had significantly lower rates of Gonorrhea infection than the County's rate (Figure 8).



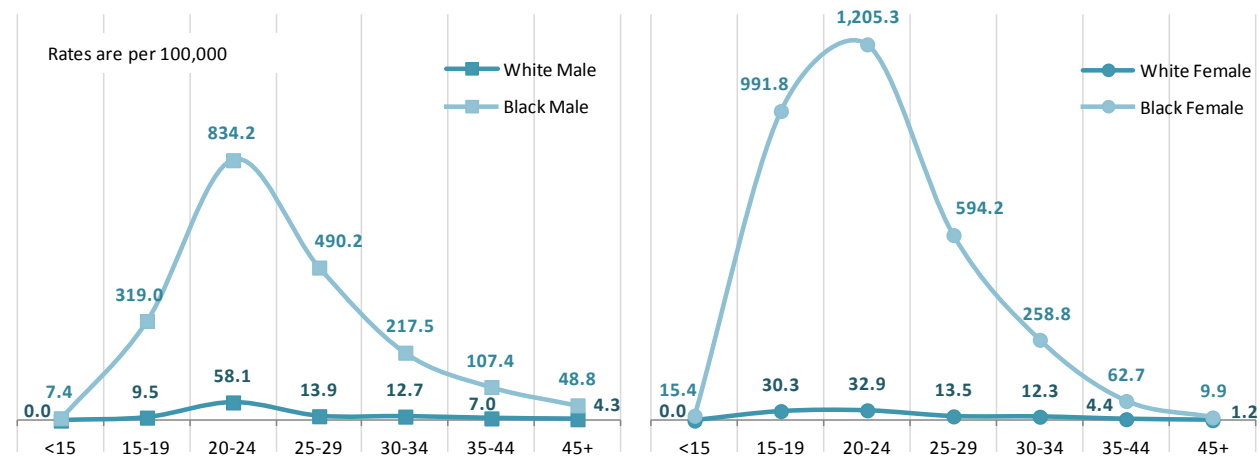
Several municipalities presented significantly different rates of Gonorrhea infection from the overall county rate (Figure 8).

In general, females had a slightly higher overall rate of infection compared to males (56.3 vs. 42.5 per 100,000). However when broken down by age, females had higher rates of Gonorrhea infection among the younger age groups and males had higher rates among age groups 35 years and older (Figure 9). In fact, over 40% of cases occurred among females aged 24 years and younger.



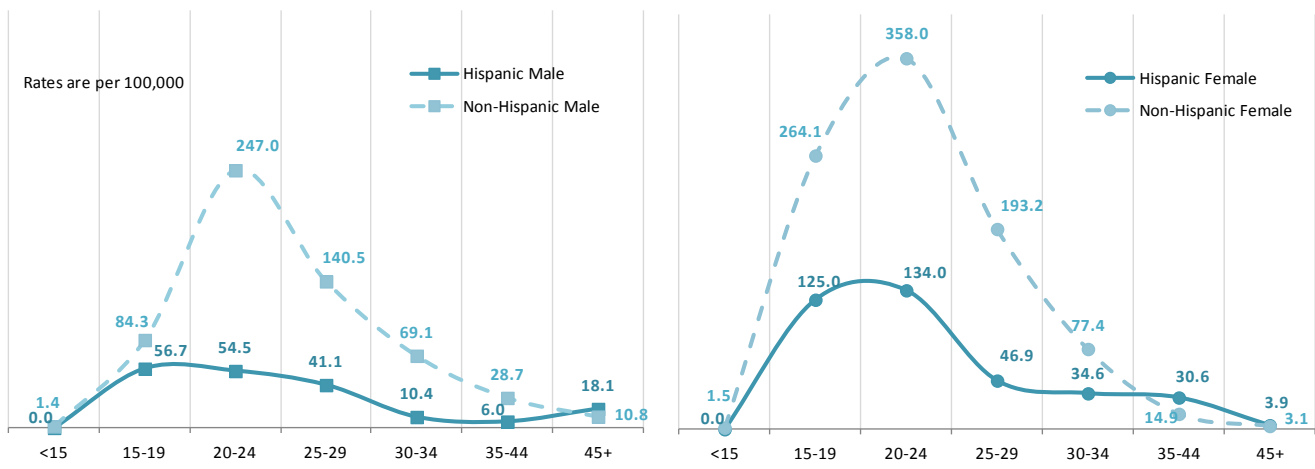
As with Chlamydia, the infection rates of Gonorrhea were higher among blacks than among whites overall (203.7 vs. 6.7 per 100,000) and across all age groups and genders. This difference was greatest among the 20 to 24 year old age group, where black women had a reported rate of 1,205.3 per 100,000 compared to only 32.9 per 100,000 for white women. Among males, the reported rate for blacks aged 20 to 24 years was 834.2 per 100,000 and 58.1 per 100,000 among whites of the same age (Figure 10).

Figure 10. Reported Rates of Gonorrhea by Age, Race, and Sex, Westchester County, 2010



Hispanics had lower rates of Gonorrhea infection than non-Hispanics except in the very oldest age groups (45 years and older for males, and 35 years and older for females) (Figure 11).

Figure 11. Reported Rates of Gonorrhea Infections by Age, Sex, and Ethnicity, Westchester County, 2010

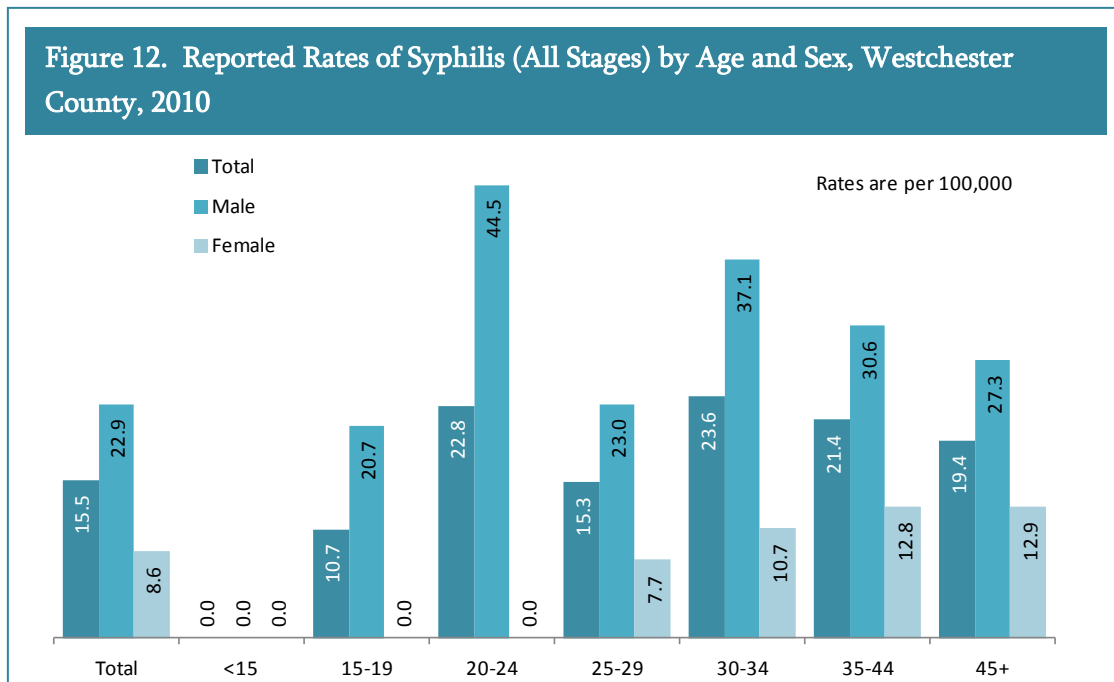


Distribution of Syphilis Cases

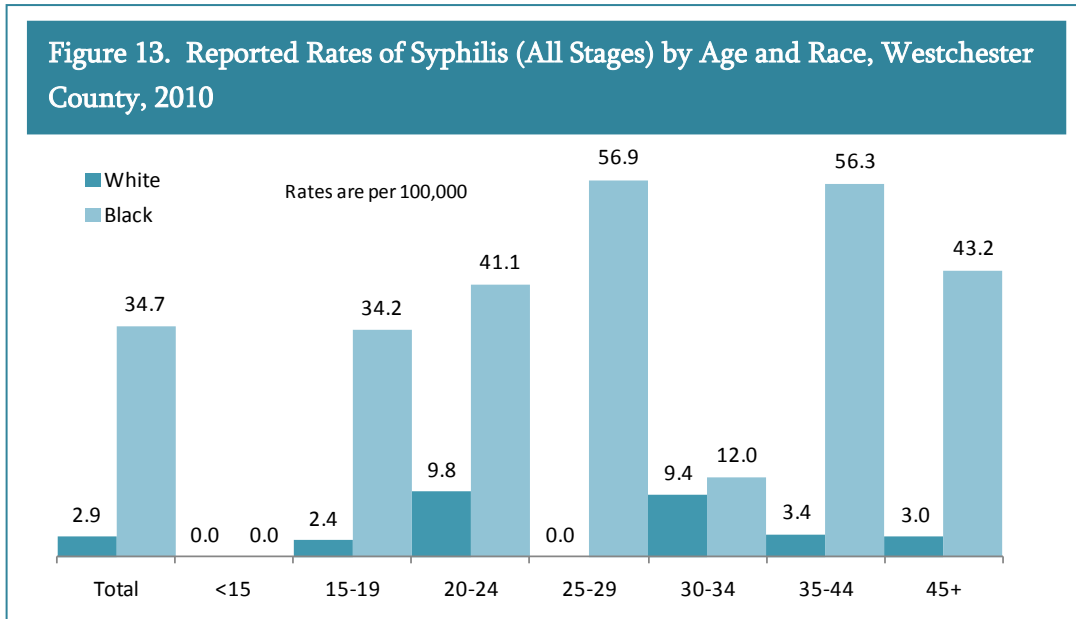
In 2010 there were 148 reported cases of Syphilis among Westchester County residents, of these 51 were cases of early Syphilis (primary, secondary, and early latent). The early stages of Syphilis are the symptomatic periods of the disease and are characterized by one or more painless sores at the site where the bacteria entered the body, rashes which can appear on any part of the body, and occasionally flu-like symptoms. These stages are also those during which transmission occurs most readily, and because many of the sores and symptoms of Syphilis are easy to overlook, transmission often occurs from persons unaware of their infection. The symptoms of early Syphilis will resolve with or without treatment, but without treatment, the infection will progress to the latent and late stages of the disease and remain in the body for decades. In the late stages of Syphilis, the disease will eventually damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints.

Over 62% of reported cases of Syphilis (excluding inmates) occurred among residents of the Southeast and Southwest Health Planning Regions. These regions are the most urban and densely populated parts of the County.

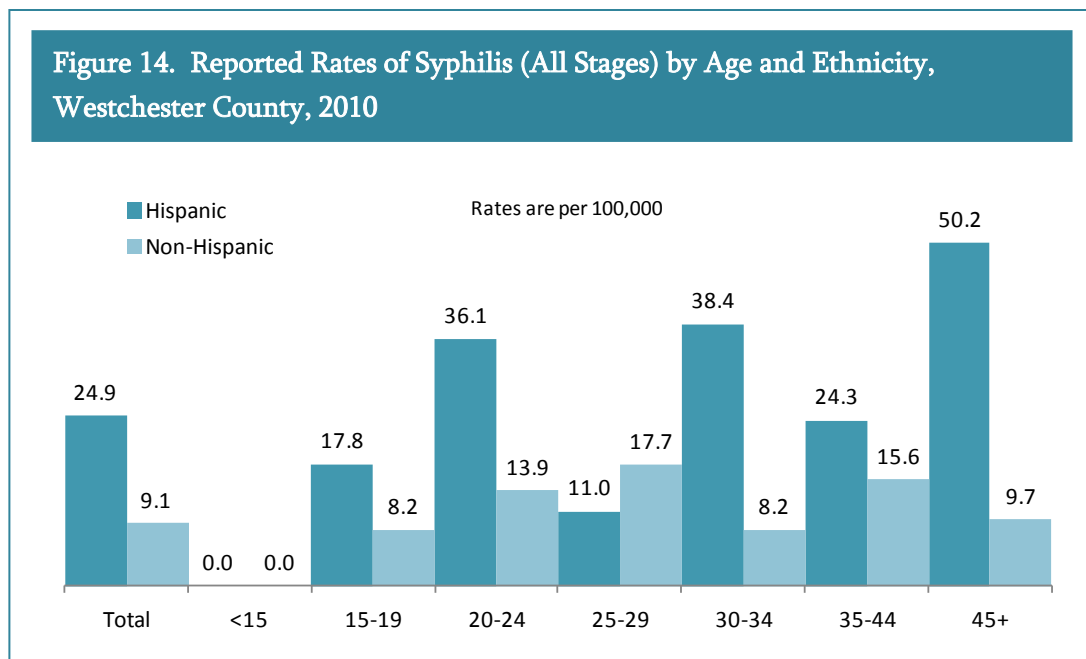
Among the total reported cases of Syphilis in 2010, nearly 73% of cases were aged 35 years or older. Unlike Chlamydia and Gonorrhea, males had higher rates of infection than females (22.9 vs. 8.6 per 100,000) (Figure 12).



Among the 110 cases of Syphilis, where race was known, 42.7% were black, 17.3% were white, and 40.0% were of another or more than one race. Like Chlamydia and Gonorrhea, reported rates of Syphilis were also higher among blacks than whites (34.7 vs. 2.9 per 100,000) (Figure 13).



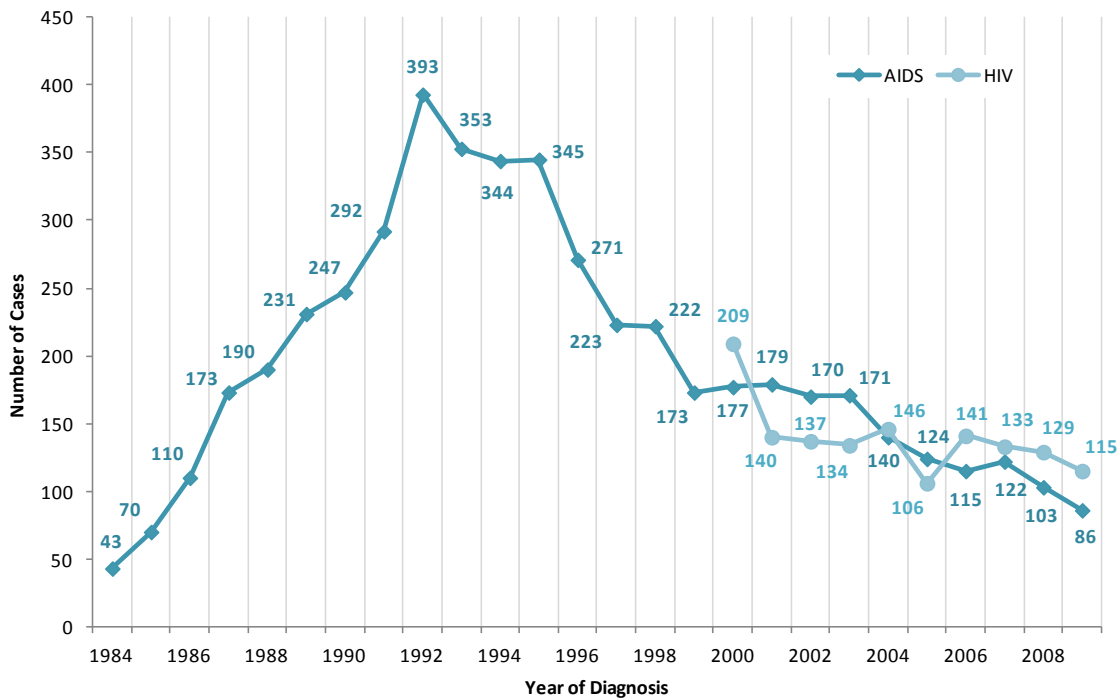
Hispanics had higher rates of Gonorrhea infection than their non-Hispanic counterparts. Hispanics also comprised 42.4% of all Gonorrhea cases where ethnicity was reported (Figure 14).



HIV and AIDS

HIV reporting became effective on June 1, 2000. Since then over 100 newly diagnosed HIV positive cases have been reported each year (Figure 15). By December 2009, 1,390 Westchester County residents (not including state prison inmates) had been newly diagnosed with HIV, separate and apart from those who may also have received an AIDS diagnosis by that date. Between January 2007 and December 2009, an average of approximately 125.7 people were diagnosed with HIV each year, which equates to 13.2 people per 100,000 Westchester County residents.

Figure 15. Number of Newly Diagnosed HIV¹ and AIDS² Cases by Year of Diagnosis, Westchester County³, 1985 – 2009



¹ HIV reporting began in June 2000. No earlier data are available.

² Persons diagnosed with HIV may also be diagnosed with AIDS in the same year or in a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables. Therefore, HIV and AIDS diagnoses cannot be added together in a meaningful way.

³ Data excludes prison inmates. County of diagnosis usually reflects location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include prison inmates may be substantially higher than those that exclude inmates.

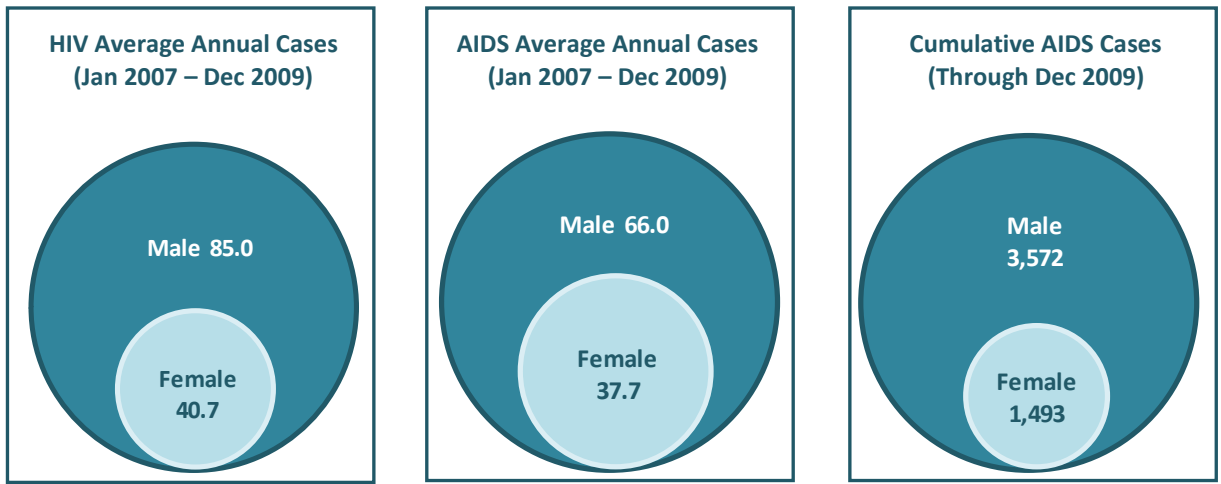
Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology AIDS Institute.

Newly diagnosed AIDS cases have gradually declined in recent years, from a peak of 396 cases reported in 1992 to 86 cases reported in 2009. (Figure 15) By December 2009, a total of 5,065 AIDS cases were diagnosed among Westchester County residents (excluding state prisoners). Between January 2007 and December 2009, an average of approximately 104 people were diagnosed with AIDS each year, resulting in an incidence rate of 10.9 people per 100,000 Westchester County residents.

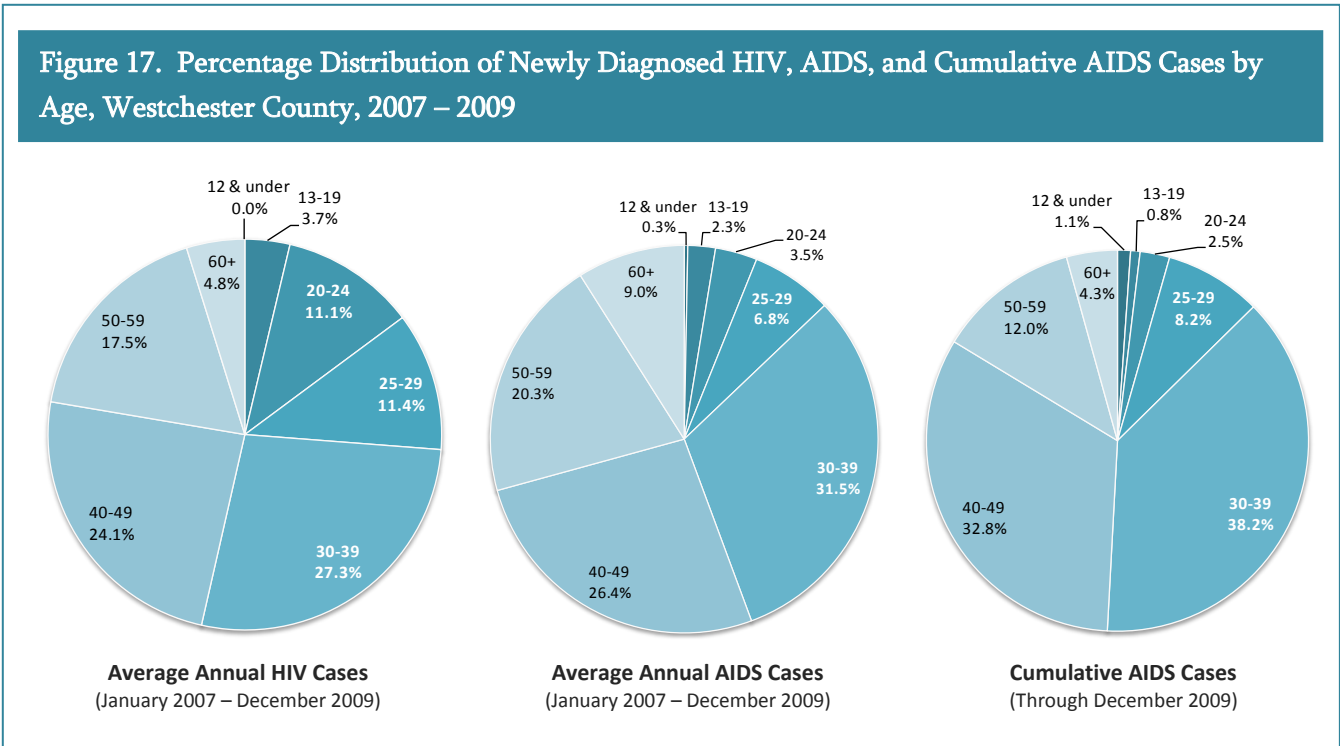
New HIV and AIDS Diagnoses

There were more males than females among those newly diagnosed with HIV and those newly diagnosed with AIDS. As reported by the New York State Department of Health, the average annual number of newly diagnosed HIV cases in Westchester County was 85 cases among males and 41 cases among females during January 2007 through December 2009. The average annual number of newly diagnosed AIDS cases was 66 among males and 38 among females. In December 2009, of the 5,065 AIDS cases living in Westchester County 3,572 were men and 1,493 were women (Figure 16).

Figure 16. Average Annual Number of Newly Diagnosed HIV and AIDS and Cumulative AIDS Cases by Sex, Westchester County, 2007 – 2009

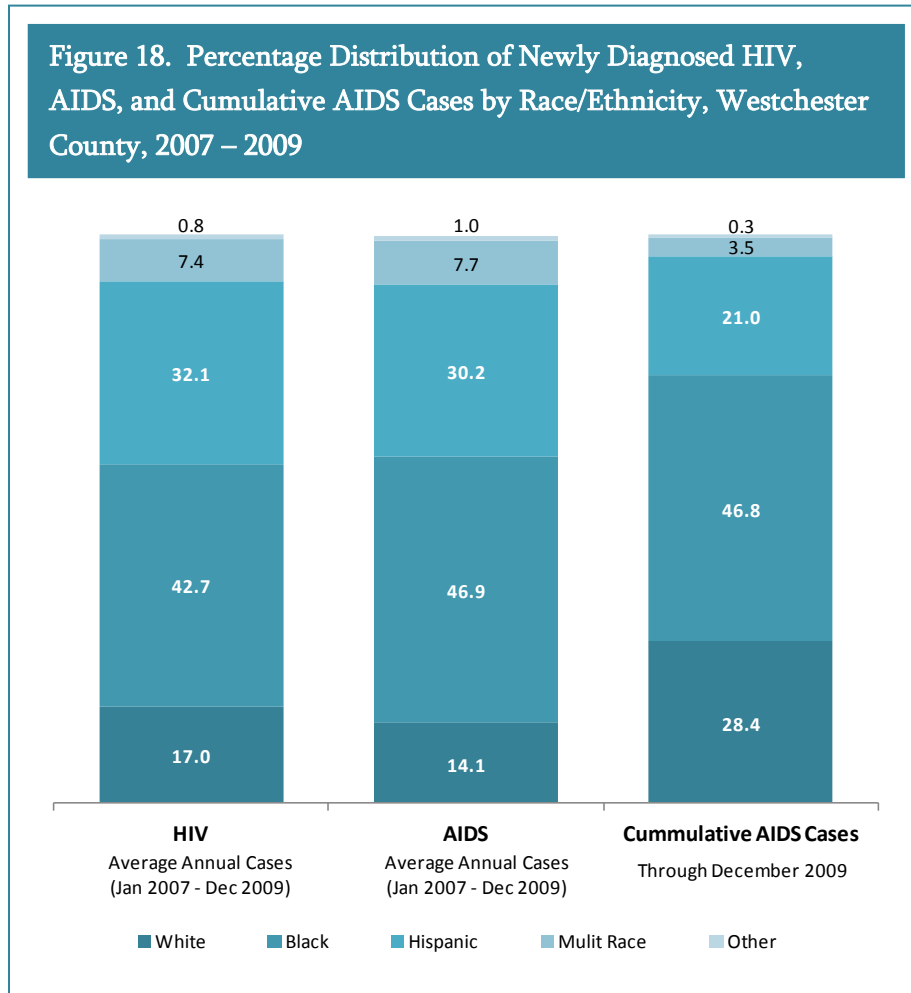


Nearly 69% of the newly diagnosed HIV cases were between the ages of 30 and 59 at diagnosis; 27.3% were between 30 and 39 years, 24.1% were between 40 and 49 years, and 17.5% were between 50 and 59 years of age. Slightly more than one-quarter (26.2%) of the newly diagnosed HIV cases were under 30 years of age (Figure 17).



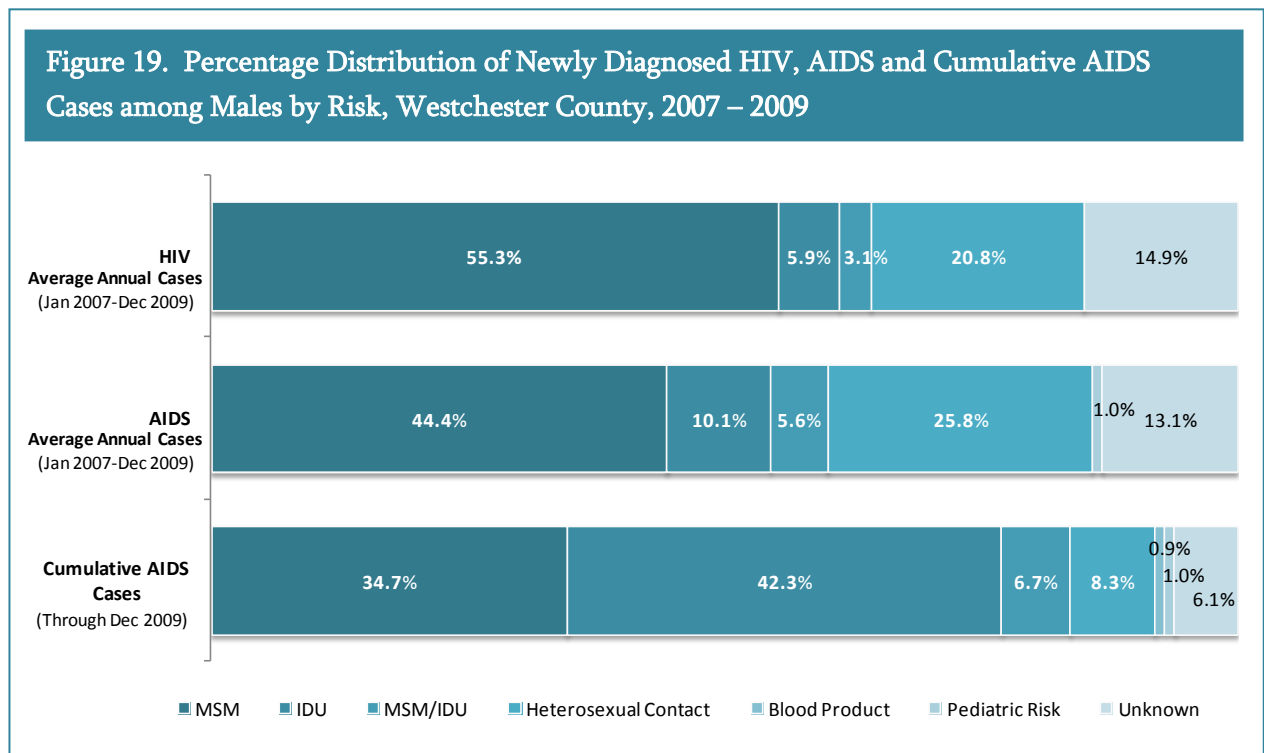
Among those newly diagnosed with AIDS, over three-quarters (78.2%) were between the ages of 30 and 59, about 13% were under the age of 30, and 9.0% were 60 years of age or older. As of December 2009, over 80% of the cumulative cases of AIDS were between 30 and 59 years of age, 12.6% were younger than 30 years, and 4.3% were 60 years or older (Figure 17).

Nearly 43% of the newly diagnosed HIV cases were among non-Hispanic blacks, 32.1% were among Hispanics, and 17.0% were among non-Hispanic whites. This distribution was nearly identical for the newly diagnosed AIDS cases; almost half (46.9%) of the cases were among non-Hispanic blacks, 30.2% were among Hispanics, and 14.1% were among non-Hispanic whites. As of December 2009, among the cumulative cases living with AIDS, 46.8% were non-Hispanic blacks, 21.0% were Hispanic, and 28.6% were non-Hispanic whites (Figure 18).



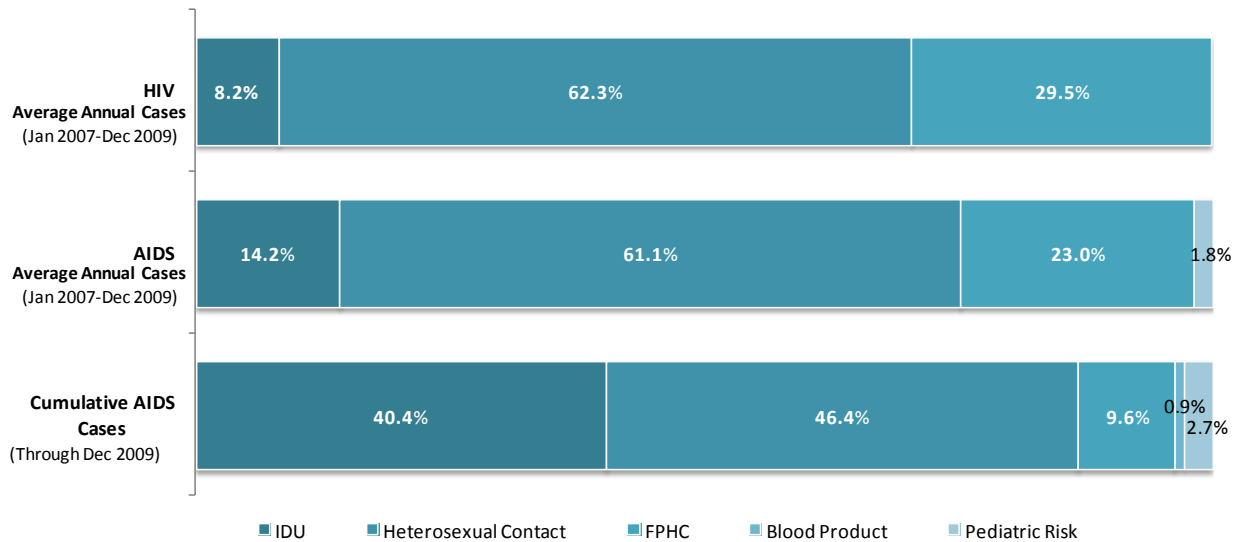
Among the total HIV cases newly diagnosed during January 2007 through December 2009, over one-third (37.4%) was among men who have sex with men (MSM), 6.6% were among injection drug users (IDU), 34.2% was due to heterosexual contact, and 9.5% were among females with presumed heterosexual contact (FPHC).

Among males diagnosed with HIV during January 2007 through December 2009, more than half (55.3%) of the cases were among men having sex with men (MSM). Less than one-quarter (20.8%) of all new cases among males were caused by heterosexual contact. In contrast, 62.3% of all newly diagnosed HIV cases among females was due to heterosexual contact and another 29.5% was due to presumed heterosexual contact (Figures 19 and 20).



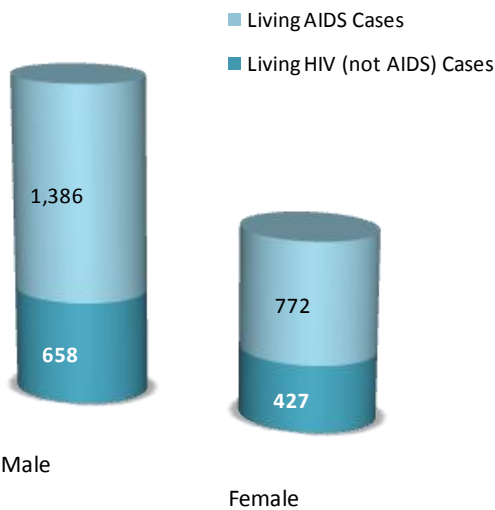
During the same time period, among males diagnosed with AIDS, over 40% were among men having sex with men, approximately 10% were IDUs, and just over one-quarter (25.8%) was attributed to heterosexual contact. Among the female cases diagnosed with AIDS between 2007 and 2009, 61.1% was due to heterosexual contact, 23.0% was due to presumed heterosexual contact, and 14.2% was due to injection drug use (Figures 19 and 20).

Figure 20. Percentage Distribution of Newly Diagnosed HIV, AIDS and Cumulative AIDS Cases among Females by Risk, Westchester County, 2007 – 2009



Persons Living with HIV and AIDS

Figure 21. Number of Living HIV and AIDS Cases by Sex, Westchester County, December 2009

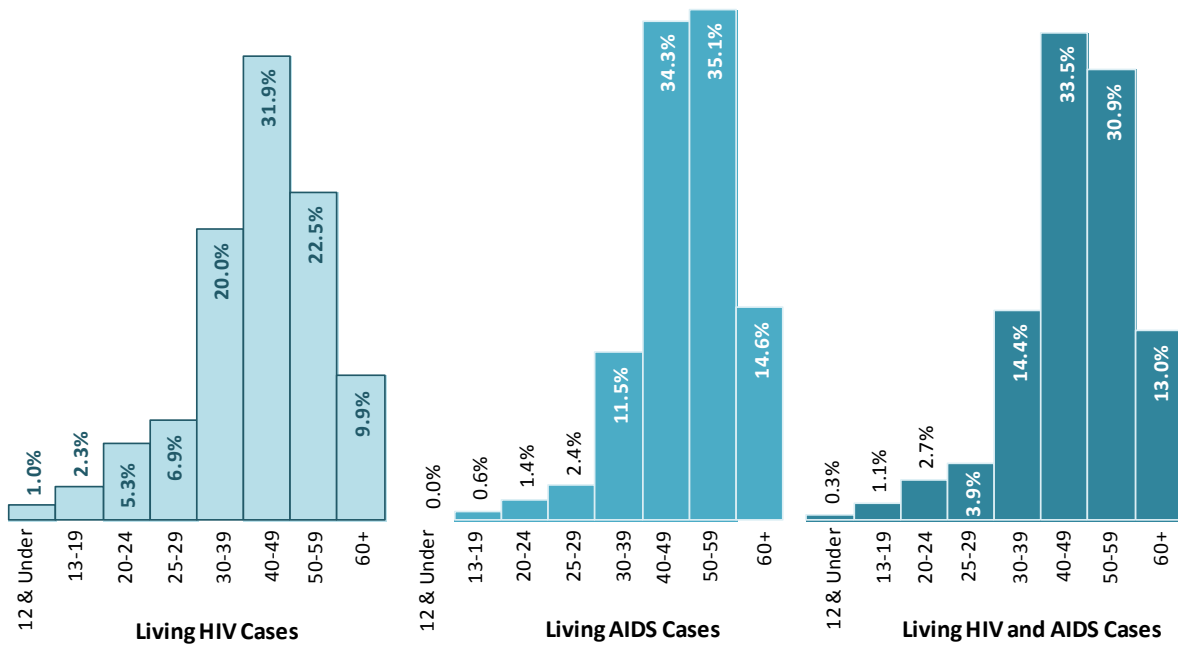


As of December 2009, there were 1,085 people living with HIV, non-AIDS (113.5 per 100,000) and 2,158 people living with AIDS (225.7 per 100,000) in Westchester County. Excluding New York City, Westchester County had the highest number of individuals living with HIV and/or AIDS among all New York State counties.

Among those living with HIV, 60.6% were males and 39.4% were females. Among those living with AIDS, 64.2% were males and 35.8% were females (Figure 21).

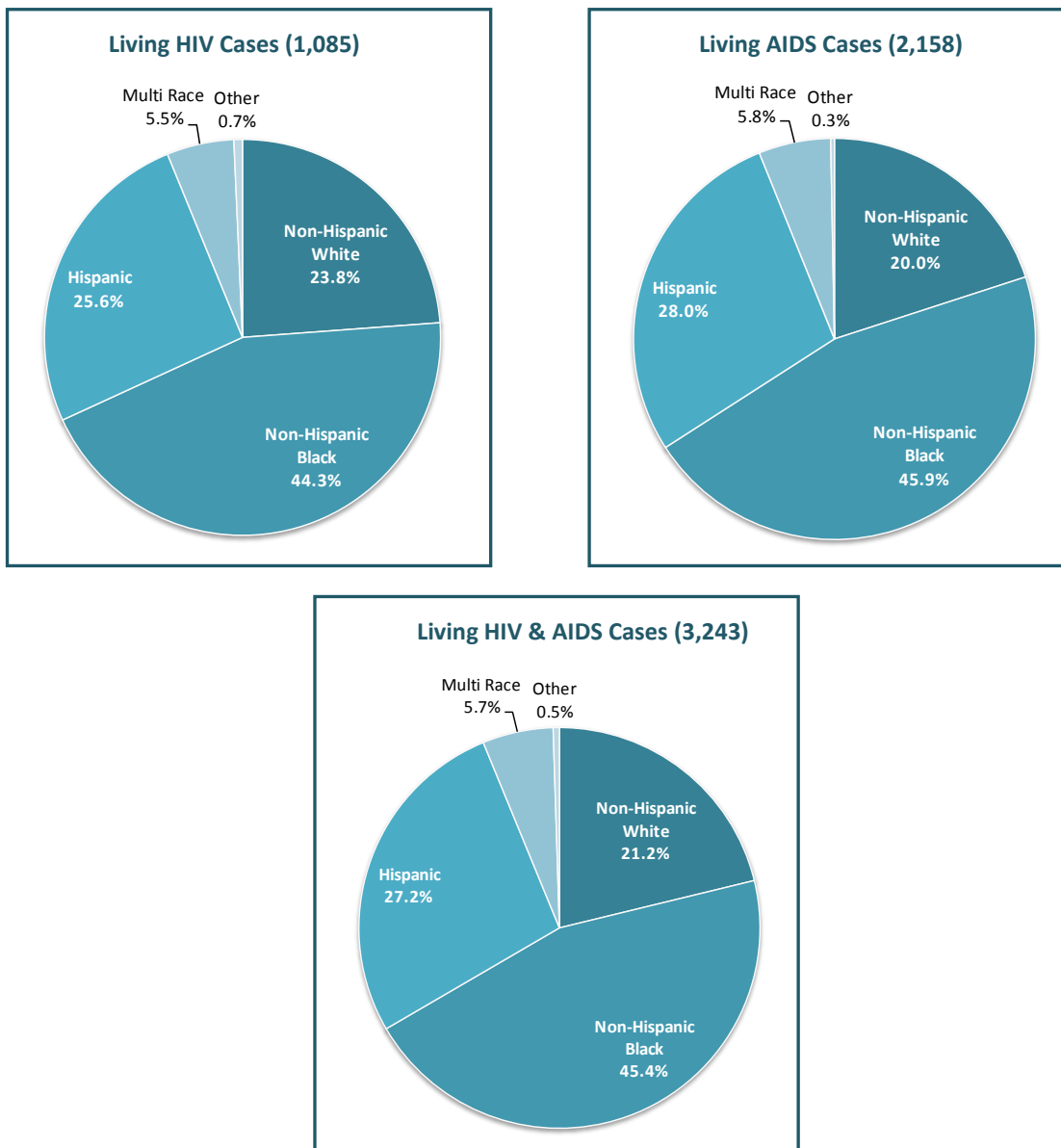
As of December 2009, the majority of Westchester County residents living with HIV and/or AIDS were between the ages of 30 and 59 (78.8%): about three-quarters (74.4%) of the population living with HIV were between these ages, as were 80.9% of those living with AIDS (Figure 22).

Figure 22. Percentage Distribution of Living HIV and AIDS Cases by Current Age, Westchester County, December 2009



Close to half (44.3%) of the individuals living with HIV were non-Hispanic blacks, whereas non-Hispanic whites and Hispanics comprised 23.8% and 25.6% of the remaining cases, respectively. Five and a half (5.5%) percent of those living with HIV were classified as being of multiple races. The racial and ethnic composition of those living with AIDS was similar to those living with HIV: 45.9% were non-Hispanic black, 20.0% were non-Hispanic white, 28.0% were Hispanics, and 5.8% were of multiple races (Figure 23).

Figure 23. Percentage Distribution of Living HIV and AIDS Cases by Race/Ethnicity, Westchester County, December 2009



Of the total population living with HIV between January 2007 and December 2009, approximately one-third (32.3%) of cases were among men who have sex with men (MSM), one-third (32.5%) were among individuals who had heterosexual contact, and 11.1% were among injection drug users (IDUs).

For males living with HIV, 53.2% of cases were among men who had sex with men, 15.2% of cases were due to heterosexual contact, and 10.2% were among injection drug users (Figure 24). For women however, 84.1% of those living with HIV contracted the virus through heterosexual contact or presumed heterosexual contact and 12.4% through injection drug use (Figure 25).

Among all individuals living with AIDS during the same time period, approximately one-third

(30.8%) of cases were among injection drug users, 28.5% were due to heterosexual contact, and approximately one-quarter (24.3%) of cases were among men who had sex with men.

Among the male living AIDS cases, greater than one-third (37.8%) were among men who had sex with men, another 30.9% was transmitted through injection drug use, and 14.4% was due to heterosexual contact. (Figure 24) In contrast, among females living with AIDS in Westchester County, two-thirds (66.7%) of cases were due to heterosexual contact or presumed heterosexual contact and 30.6% resulted from injection drug use (Figure 25).

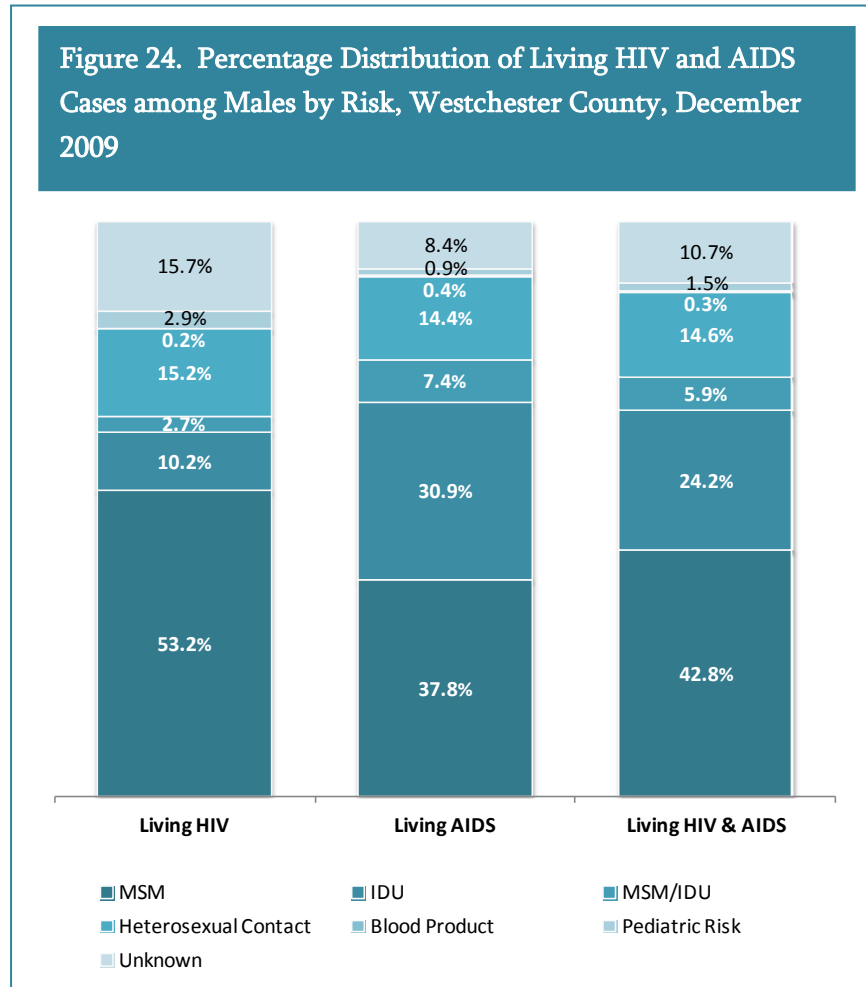
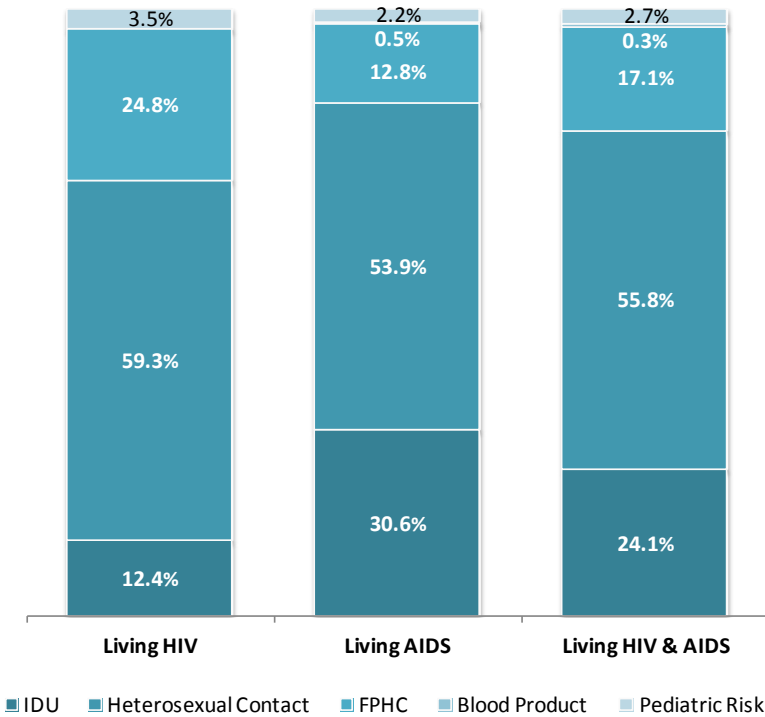


Figure 25. Percentage Distribution of Living HIV and AIDS Cases among Females by Risk, Westchester County, December 2009



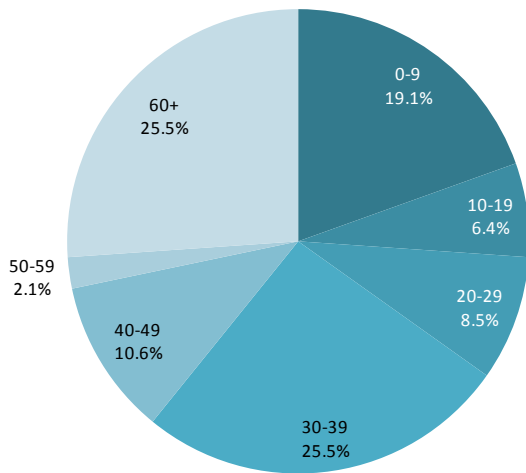
Westchester County Department of Health (WCDH) works to prevent and control the spread of STDs and HIV/AIDS through its free and confidential walk-in STD clinics. In 2010, WCDH held STD clinics at District locations in White Plains and Yonkers. Collectively, clinic sessions were available four days a week including an evening session one day per week. The clinics provide free walk-in STD testing and treatment, as well as free HIV testing and counseling for all Westchester County residents.

A total of 2,222 clients were seen in the WCDH's STD

clinics in 2010 with a total of 3,937 visits. Of all the STD cases diagnosed in Westchester County, 12.7% were tested and/or treated at WCDH clinics. A total of 2,566 clients received HIV testing and/or counseling in WCDH clinics; among these, 2,211 clients (86.2%) received HIV testing with 2,569 tests performed.

Central Nervous System (CNS) Diseases and Bacteremias

Figure 26. Percentage Distribution of Meningitis Infections by Age, Westchester County, 2010



Infectious diseases affecting the central nervous system include bacterial and viral pathogens that may infect one or many locations in the body including the brain, spinal cord membranes (meningitis), and/or the bloodstream (bacteremias). In 2010, the most frequently reported diseases in this category were Meningitis and Invasive Streptococcus (Strep) Pneumoniae.

Meningitis is a disease caused by a bacterial or viral infection of the protective membranes covering the brain and spinal cord. Meningitis is also referred to as spinal meningitis. In 2010, 47 cases of meningitis were reported among Westchester County residents. Of these, 32 cases (68.1%) were aseptic meningitis, which is less

severe than bacterial meningitis and does not require treatment of close contacts to the infected individual. The majority of meningitis cases diagnosed in 2010 were adults, with only 25.5% of the confirmed meningitis cases being among children aged 19 years of younger (Figure 26).

The age groups with the highest rates of meningitis infections were those aged 30-39 (10.2 per 100,000) and those aged 0-9 (7.5 per 100,000), followed by the oldest group, 60 years and older (6.2 per 100,000) (Figure 27).

Figure 27. Reported Rates of Meningitis Infections by Age, Westchester County, 2010

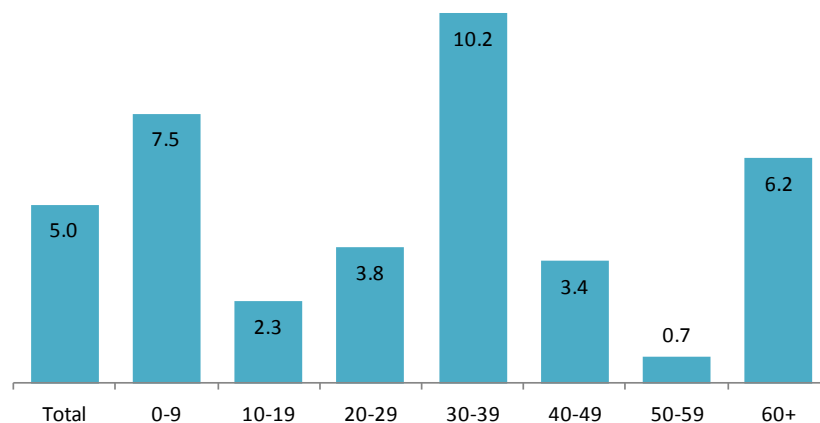
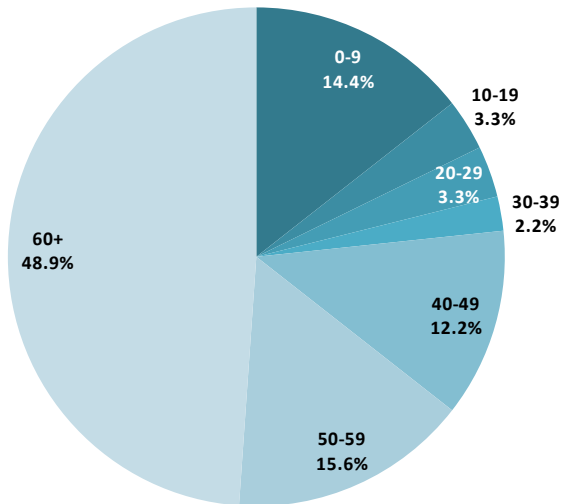


Figure 28. Percentage Distribution of Invasive Streptococcus Pneumoniae Infections by Age, Westchester County, 2010

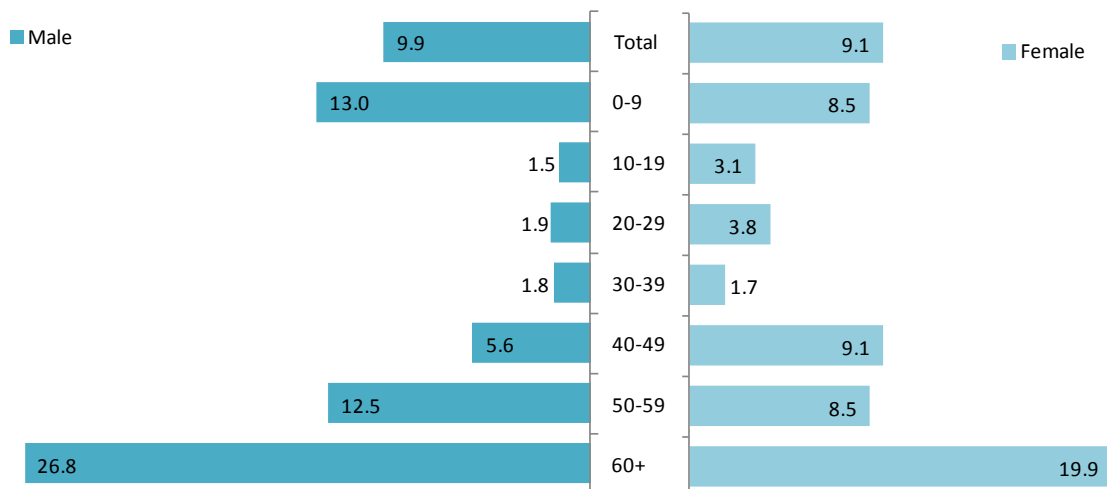


Invasive streptococcus pneumoniae infection is caused by the bacterial pathogen *Streptococcus pneumoniae*, which is the most common cause of bacterial pneumonia and bacterial meningitis in the United States. The pathogen usually resides in a person’s respiratory tract and is spread through respiratory droplets. Having the pathogen does not always result in illness; however, such a person may be a carrier and able to spread the disease to others.

In 2010, there were 90 cases of invasive streptococcus pneumoniae infection in Westchester County. The majority of cases (76.7%) occurred among adults aged 40 and older, with 48.9% among those aged 60 years and above (Figure 28).

In 2010, invasive streptococcus pneumoniae infections were evenly distributed between the sexes (45 cases each) with a slightly higher overall rate of infection among males when compared to females (9.9 vs. 9.1 per 100,000) (Figure 29).

Figure 29. Reported Rates of Invasive Streptococcus Pneumoniae by Age and Sex, Westchester County, 2010



Enteric Diseases

Enteric infections enter the body through the mouth and intestinal tract and are usually spread through contaminated food and water or by contact with infected vomit or feces.

In 2010, the three most prevalent enteric diseases in Westchester County were Campylobacteriosis, Giardiasis, and Salmonellosis; with 178, 93, and 180 cases, respectively.

The rates of all three major enteric infections were more prevalent among children aged younger than 10 years than among all other age groups (Figure 30).

Figure 30. Rates of Major Enteric Infections by Age, Westchester County, 2010

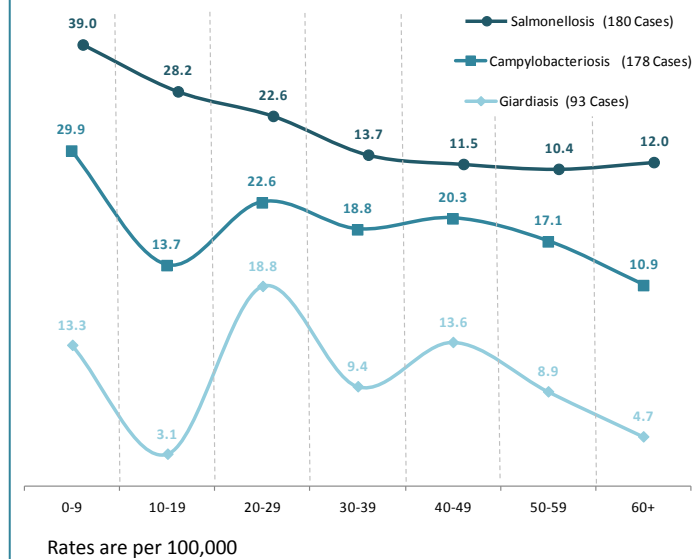
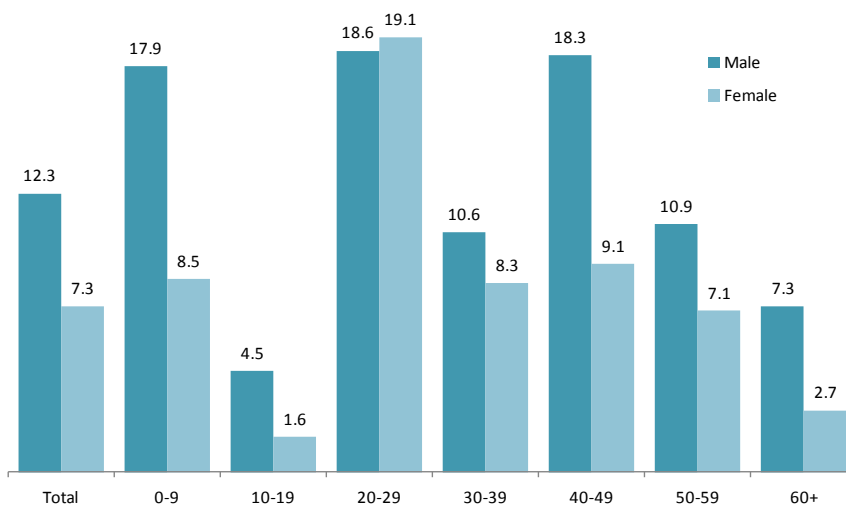
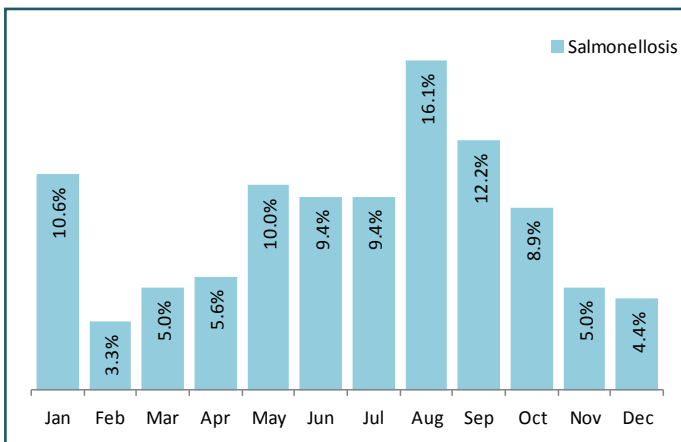
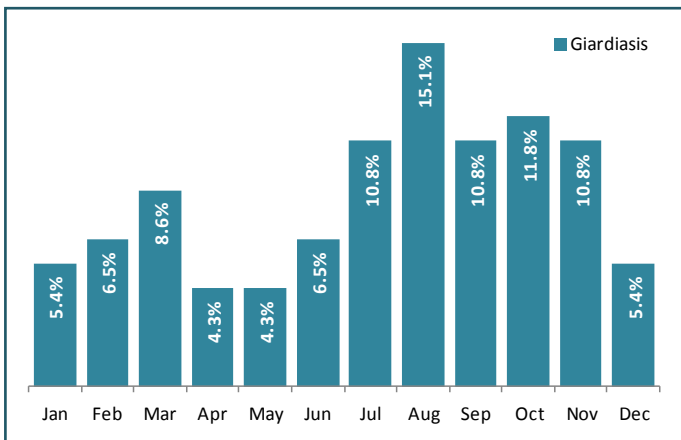
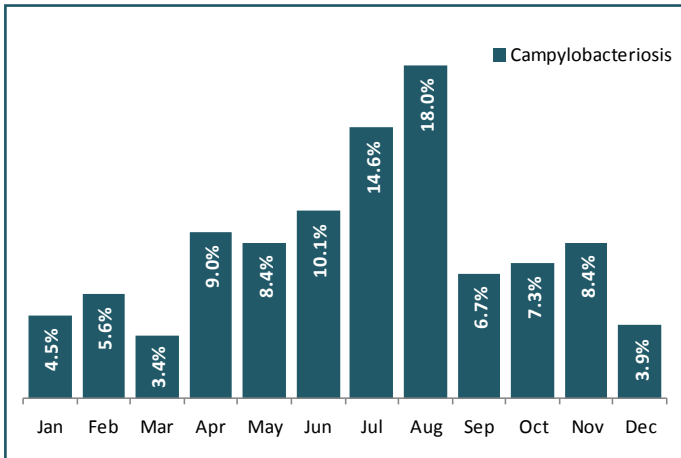


Figure 31. Reported Rates of Giardiasis Infections by Age and Sex, Westchester County, 2010



In general, rates of Campylobacteriosis and Salmonellosis infections in 2010 were evenly distributed among males and females. However, rates of Giardiasis infections were higher among males than females across all age groups except the 20 to 29 year cohort (Figure 31).

Figure 32. Percentage Distribution of Major Enteric Infections by Month, Westchester County, 2010



Rates of foodborne illnesses undergo seasonal fluctuations. These infections are more prevalent in warmer months and begin to decline with the onset of colder weather (Figures 32).

To reduce the spread of foodborne disease, the Westchester County Department of Health performed over 13,000 regular and ad hoc inspections of restaurants and other food service establishments during 2010.

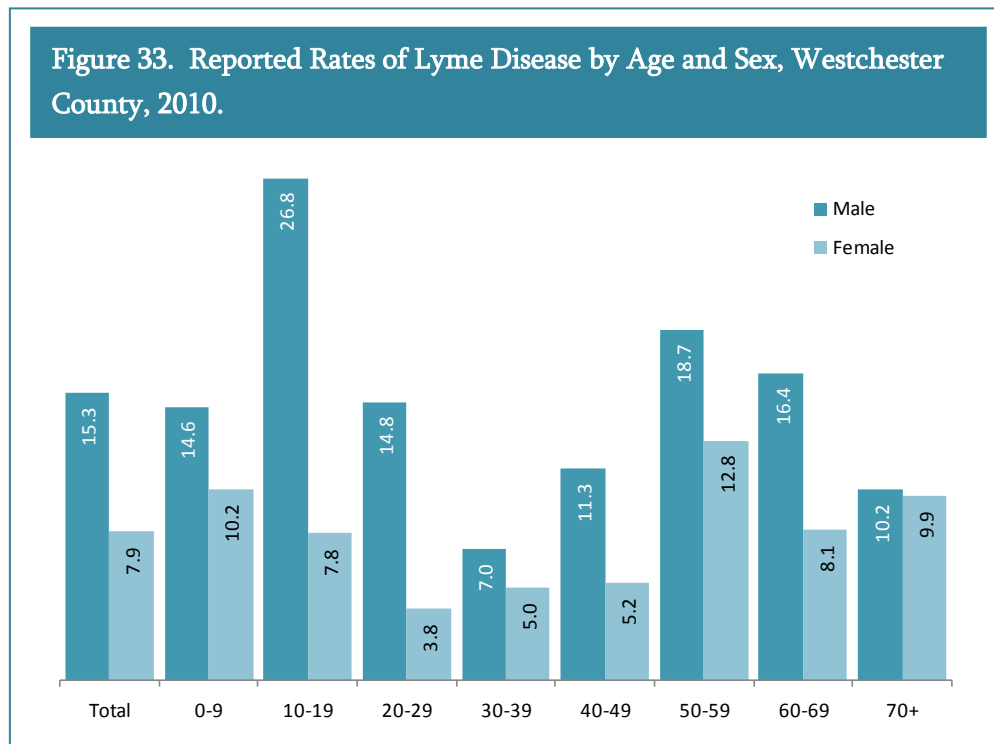
Vector-Borne Zoonoses

Transmission of an infectious disease can involve a vector or carrier. The most common vector-based disease in Westchester County is Lyme disease, which is transmitted by infected deer ticks.

Lyme Disease

Lyme disease can cause symptoms that affect the skin, nervous system, heart, and joints. The most common indication of infection is a bulls-eye or solid rash (referred to as erythema migrans) close to the site of the bite.

In 2010, there were 114 confirmed cases of Lyme disease in Westchester County; most reported through the New York State designed Sentinel Surveillance System. Due to the large volume of Lyme cases in New York State, only a 20% random sampling of reported laboratory cases and 100% of all provider reports of erythema migrans are selected for follow-up. As a result, the data for reported Lyme disease infections presented in this report represents only an estimate of confirmed cases. The New York State Department of Health calculated total incidence of Lyme disease in Westchester County was 404 cases during 2010.



The reported rate of Lyme disease was highest among children aged 10 to 19 (17.6 per 100,000), lowest among those aged 30 to 39 (6.0 per 100,000), and higher among males than females (15.3 vs. 7.9 per 100,000) (Figure 33).

In 2010, cases of Lyme disease were more prevalent in the Northeast and Northwest HPRs (35.1 and 21.1 per 100,000, respectively) than in the overall county (12.0 per 100,000). In general, Lyme disease is less prevalent in the urban regions of the County (Figure 34).

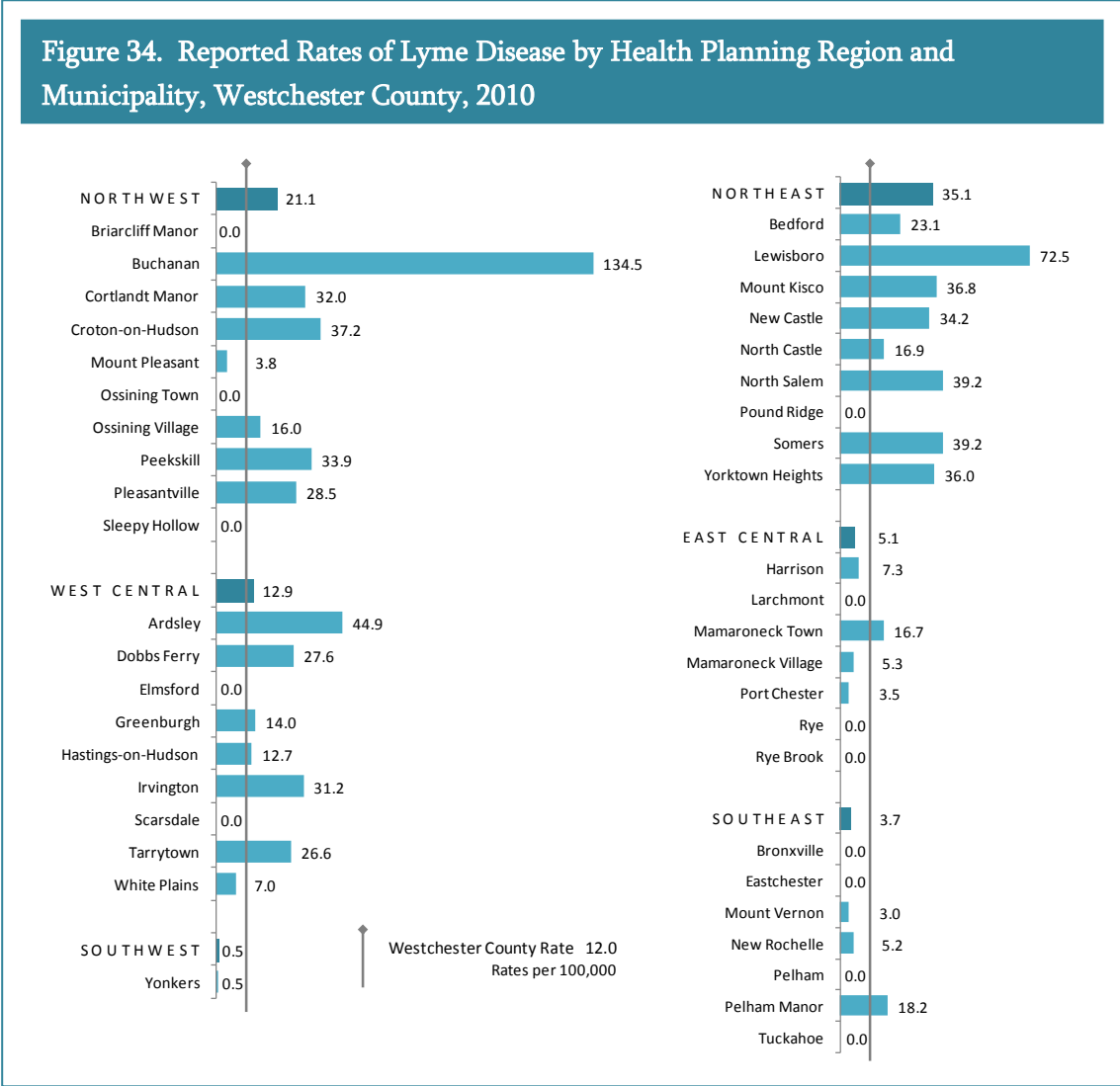
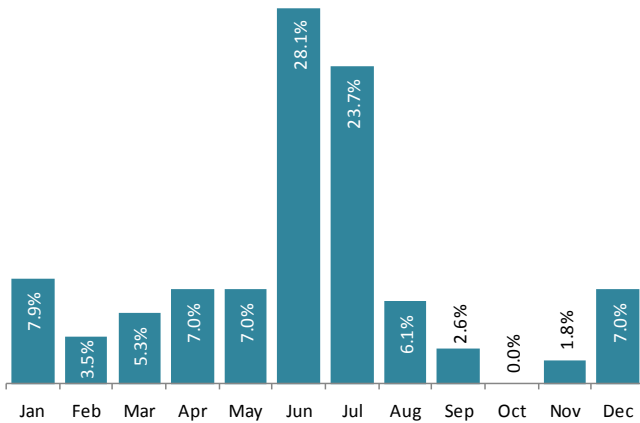


Figure 35. Percentage Distribution of Reported Cases of Lyme Disease by Month, Westchester County, 2010



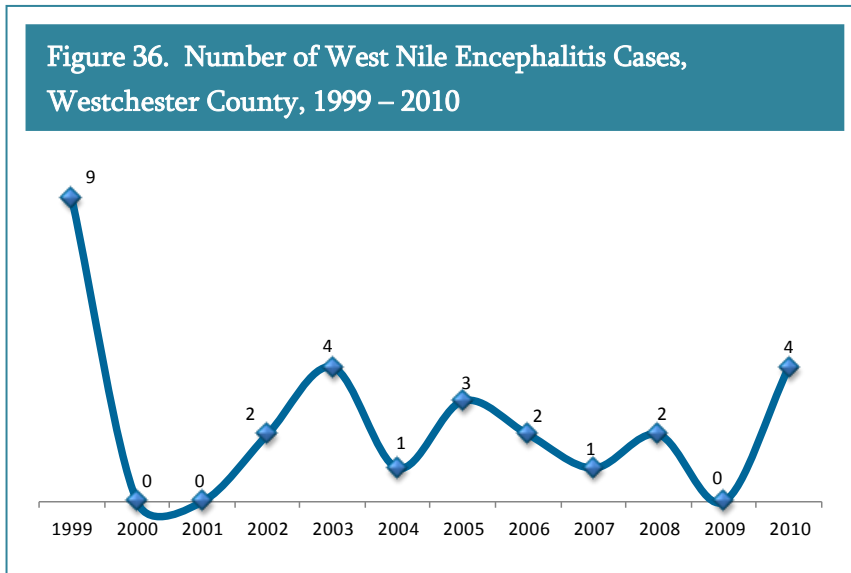
Lyme disease infections also display a seasonal pattern. The months with the greatest percentages of Lyme disease transmissions were June and July, coinciding with the months when residents are most likely to be outdoors and when the nymphal deer tick is actively feeding (Figure 35). Humans primarily acquire the bacteria responsible for Lyme disease from deer tick nymphs because of their small size (less than 1/16th of an inch). Adult ticks are larger (1/8th of an inch) and more likely to be removed before the bacteria is transmitted.

West Nile Virus

West Nile Virus (WNV) made its first appearance in the United States in New York City during the summer of 1999 and quickly spread to surrounding areas, including Westchester County.

The virus is transmitted from mosquito vectors to humans, birds, and other mammals. In very few individuals (1 in 150), WNV will cause encephalitis, a serious illness in which there is acute swelling of the brain. Symptoms may include high fever, headache, disorientation, coma, tremors, and convulsions and may last several weeks. These neurological effects can become irreversible. Up to 20% of people who become infected with WNV will have a milder form of encephalitis, with symptoms lasting from a few days to several weeks. Most people (approximately 80%) however, will be asymptomatic.

A total of 32 confirmed human cases of West Nile encephalitis have been reported in Westchester County since 1999 (Figure 36). The number of West Nile encephalitis cases in Westchester County declined sharply after the initial peak of 9 human cases in 1999. Between 2000 and 2010, no more than 4 people have become infected with West Nile encephalitis each year.



Westchester County Department of Health works diligently to reduce the threat of WNV by conducting extensive mosquito larviciding and surveillance activities. In 2010, WCDH inspected and/or treated approximately 70,000 catch basins throughout the County. In addition, the Department trapped and identified the species of over 10,000 mosquitoes and submitted 378 mosquito batches for testing. Thirteen mosquito batches tested positive for the virus in 2010.

Rabies

Zoonotic diseases are caused by infections that can be transmitted between animals and humans. Rabies is a deadly virus that lives in the saliva and brain tissue of an infected animal and is spread through bites, scratches, and contact with the infected animal. Because of the highly infective nature of the disease and its near 100% mortality rate if no medical intervention is obtained, rabies is the most closely monitored zoonotic disease in Westchester County.

Westchester County Department of Health closely monitors rabies exposures, with timely testing of suspected animals and prophylactic treatment of individuals who have come in contact with suspected rabid animals.

In 2010, 540 animals were tested for rabies with 42 being confirmed positive. A total of 264 Westchester County residents were treated with post-exposure prophylaxis (PEP) after being exposed to an animal suspected of having rabies (Table A). The number of individuals receiving PEP for rabies has decreased significantly over the past decade. The majority of rabies PEP is administered for exposures to suspected rabid bats; however, a fungal infection has radically reduced the bat population in the northeastern United States and may be contributing to a decrease in human-bat exposures and therefore, rabies PEP.

Table A. Rabies Surveillance and Human Post-Exposure Prophylaxis, Westchester County, 2006 –2010

Table A. Rabies Surveillance and Human Post-Exposure Prophylaxis, Westchester County, 2006 - 2010

	2010	2009	2008	2007	2006
Total Reported Animal Bites & Scratches	1,108	1,141	1,107	1,068	1,004
Total Animals Tested	540	608	615	596	724
Animals Confirmed Rabid ¹	42	37	31	31	51
Raccoon	22	22	17	15	32
Skunk	5	2	3	5	5
Bat	7	10	9	9	12
Cat	7	2	1	1	2
Fox	0	1	0	1	0
Woodchuck	0	0	1	0	0
<i>As Percent of Total Tested</i>	<i>7.8</i>	<i>6.1</i>	<i>5.0</i>	<i>5.2</i>	<i>7.0</i>
Human Post-Exposure Prophylaxis	264	258	359	332	396

¹ Confirmed rabid after brain tissue samples are tested at Wadsworth Laboratory, NYSDOH.

One confirmed rabid racoon and one confirmed rabid cat originated in Putnam County.

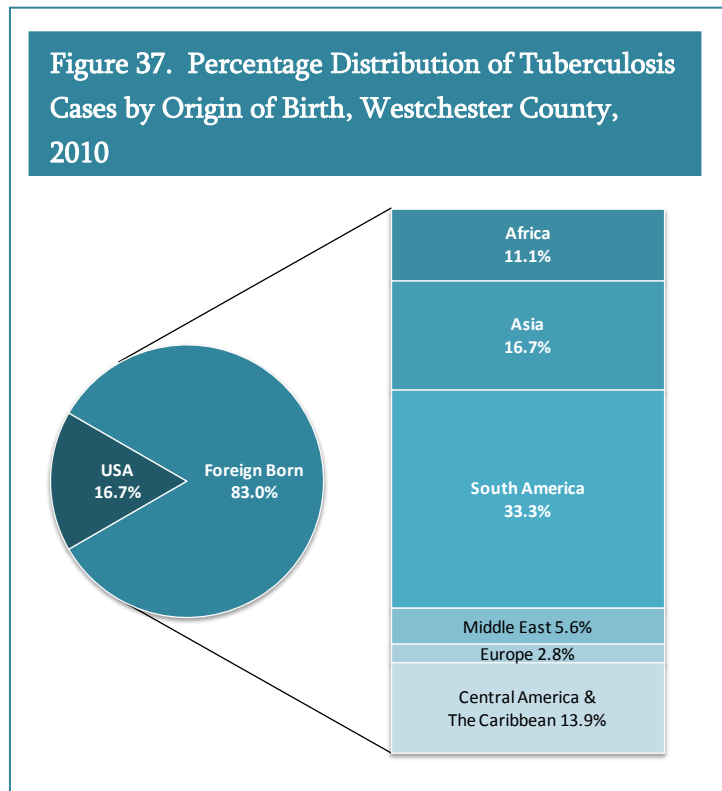
One confirmed rabid cat originated in the Bronx.

Source: Westchester County Department of Health. Data as of December 2011.

Tuberculosis

Tuberculosis (TB) is a highly contagious air-borne disease that is spread by people with active, untreated TB infections of the lungs or throat. While TB usually affects the lungs, the disease can also cause illness in other parts of the body, including the brain, kidneys, or the spine. If left untreated it can become fatal.

In 2010, 37 new cases of TB were confirmed in Westchester County, 63.9% were male and 36.1% were female. The majority of TB patients were foreign-born (83%) and 16.7% were born in the United States (Figure 37).



Westchester County Department of Health conducted tuberculosis clinics at its district offices in White Plains and Yonkers. In 2010, WCDH provided TB tests and/or treatments to 606 clients who were seen at the TB clinics during a total of 2,681 visits. In addition, WCDH conducted investigations of 378 people who had close contact with an individual with active TB outside of the TB clinics.

The standard of care for active TB treatment is Directly Observed Therapy (DOT), as recommended by the Centers for Disease Control and Prevention. A trained healthcare worker monitors the patient's intake of medication at the patient's home or other locations conducive to the needs and privacy of the patient. DOT is necessary for all active TB cases to ensure patients complete their entire therapy regimen, to monitor drug therapy response, to decrease the rates of drug resistance, and to improve the survival rates in those with HIV co-morbidity.

Table B. Number of Clients Receiving DOT/DOPT Services and Number of DOT/DOPT Visits Received by Sex, Westchester County, 2010

Services	Patients			Number of Visits
	Total	Male	Female	
Total	147	63	84	5,561
DOT	114	47	67	4,853
DOPT	33	16	17	708

Directly Observed Preventive Therapy (DOPT) involves a trained healthcare worker monitoring the preventative therapy courses for latent and active TB patients at the patient’s home or other locations. In addition to clinical services, WCDH provided DOT and DOPT services to 147 clients, with 5,561 visits

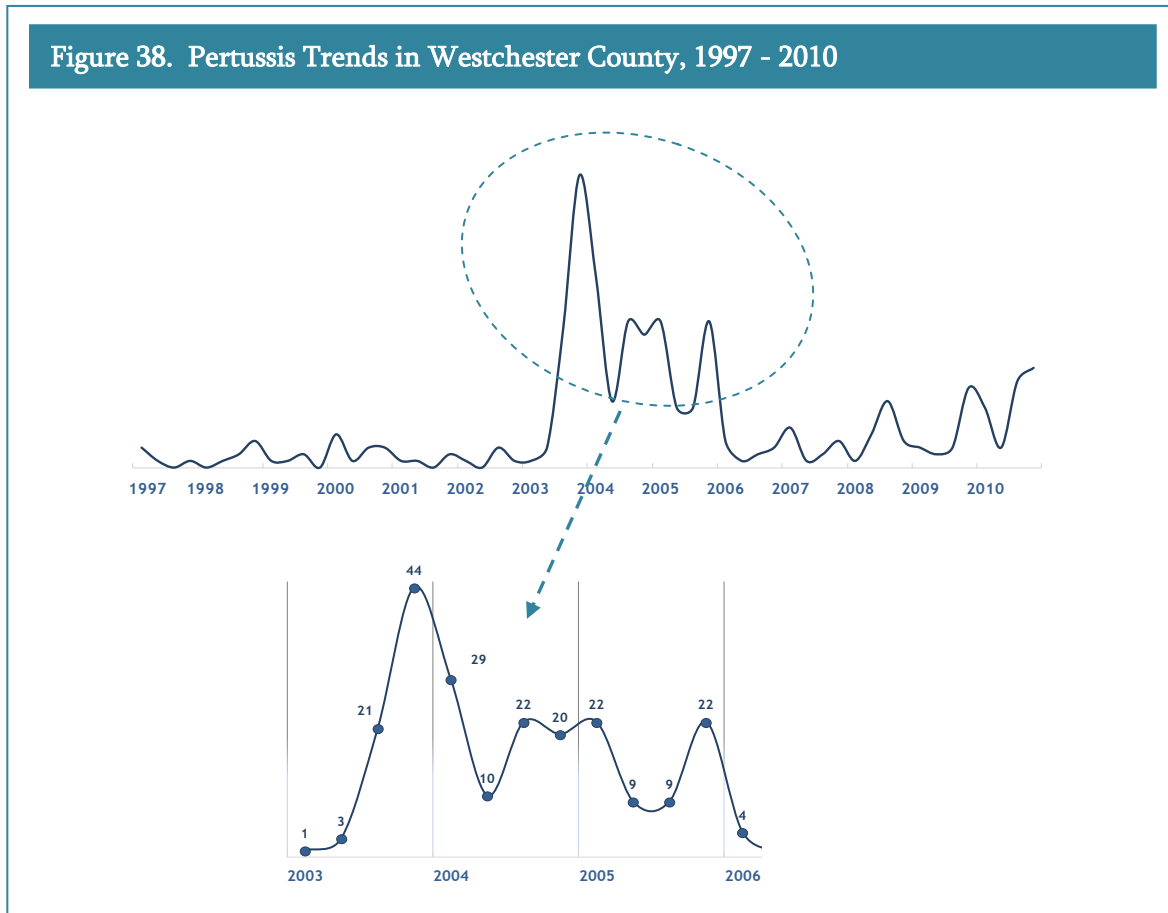
conducted in clients’ homes or other locations specified by the clients (Table B).

Vaccine Preventable Diseases

In 2002, the World Health Organization reported that approximately 1.4 million deaths among children under 5 years of age could have been prevented by routine vaccinations. Vaccinations are a front-line tool in infectious disease prevention and control. Through widespread immunization programs, many vaccine preventable diseases (VPDs) have been contained in the United States.

The most commonly reported VPD in Westchester County is Pertussis (Whooping Cough). Pertussis is highly contagious and begins with symptoms that are similar to the common cold. However, severe coughing appears after 1-2 weeks and can persist for up to 6 weeks. The classic whooping sound can be identified in older children and adults. Pertussis is particularly dangerous for young children and infants who can develop respiratory distress and difficulty breathing, usually requiring hospitalization for infants.

After a significant increase in the number of Pertussis cases between the winter of 2003 and spring of 2006, cases remained relatively low for the following three years. However, the number of infections appears to again be rising. In 2010, 40 cases of Pertussis were reported in Westchester County, a 100% increase over the previous year. (Figure 38)



The vaccine for Pertussis in infants and children is the DtaP; for older children and adults it is the TdaP. The Pertussis vaccination is combined with the vaccinations for diphtheria and tetanus. Some vaccinations lose their effectiveness over time and revaccinations or booster shots may be required. A full schedule of vaccinations and recommendations appear in the appendix at the end of this report.

Tables

Table 1. Reported Cases and Rates of Reportable Diseases, Westchester County, 2006-2010

Communicable Disease Category	Total Annual Cases					Rate* (per 100,000 persons)				
	2010	2009	2008	2007	2006	2010	2009	2008	2007	2006
Vaccine Preventable Diseases										
Measles	0	0	0	1	0	0.0	0.0	0.0	0.1	0.0
Mumps ¹	4	5	1	3	0	0.4	0.5	0.1	0.3	0.0
Pertussis ¹	40	20	20	13	10	4.2	2.1	2.1	1.4	1.1
Central Nervous System Diseases & Bacteremias										
Encephalitis	7	4	5	6	2	0.7	0.4	0.5	0.6	0.2
<i>West Nile Encephalitis</i>	4	0	2	0	1	0.4	0.0	0.2	0.0	0.1
<i>Non-West Nile Encephalitis¹</i>	3	4	3	6	1	0.3	0.4	0.3	0.6	0.1
Listeriosis	6	9	7	4	5	0.6	0.9	0.7	0.4	0.5
Meningitis	47	81	44	41	36	5.0	8.5	4.6	4.3	3.8
<i>Aseptic Meningitis</i>	32	63	19	30	18	3.4	6.6	2.0	3.2	1.9
<i>Meningococcal Diseases¹</i>	0	0	1	1	4	0.0	0.0	0.1	0.1	0.4
<i>Other Meningitis/Bacteremias</i>	15	18	24	10	14	1.6	1.9	2.5	1.1	1.5
Group A Strep	27	25	30	25	27	2.8	2.6	3.2	2.6	2.8
Group B Strep	56	56	69	51	53	5.9	5.9	7.3	5.4	5.6
All Invasive Strep Pnumoniae ²	90	99	97	110	76	9.5	10.4	10.2	11.6	8.0
<i>Invasive Strep Pnumoniae</i>	88	97	93	109	69	9.3	10.2	9.8	11.5	7.3
<i>Drug Resistant Strep Pnumoniae</i>	2	2	4	1	7	0.2	0.2	0.4	0.1	0.7
Enteric Infections										
Amebiasis	23	37	20	24	28	2.4	3.9	2.1	2.5	3.0
Campylobacteriosis	178	153	148	175	163	18.8	16.1	15.6	18.4	17.2
Cryptosporidiosis	9	9	11	19	14	0.9	0.9	1.2	2.0	1.5
Cyclospora	3	4	2	3	1	0.3	0.4	0.2	0.3	0.1
Giardiasis	93	108	84	110	122	9.8	11.4	8.9	11.6	12.9
Salmonellosis ¹	180	129	149	155	121	19.0	13.6	15.7	16.3	12.7
Shigellosis ¹	33	39	26	18	14	3.5	4.1	2.7	1.9	1.5
STEC (E. coli 0157) ^{1,3}	21	17	22	27	6	2.2	1.8	2.3	2.8	0.6
Hemolytic Uremic Syndrome	3	2	1	3	0	0.3	0.2	0.1	0.3	0.0
Typhoid	1	0	1	0	1	0.1	0.0	0.1	0.0	0.1
Vibrio	1	6	0	1	2	0.1	0.6	0.0	0.1	0.2
Yersiniosis	2	1	1	1	6	0.2	0.1	0.1	0.1	0.6
Viral Hepatitis										
Hepatitis A ¹	8	7	14	13	12	0.8	0.7	1.5	1.4	1.3
Hepatitis B	96	128	238	276	269	10.1	13.5	25.1	29.1	28.3
<i>Acute¹</i>	3	3	9	6	8	0.3	0.3	0.9	0.6	0.8
<i>Chronic¹</i>	93	125	229	269	260	9.8	13.2	24.1	28.3	27.4
<i>Infant Perinatal</i>	0	0	0	1	1	0.0	0.0	0.0	0.1	0.1
Hepatitis C	288	396	687	784	787	30.3	41.7	72.4	82.6	82.9
<i>Acute</i>	0	0	0	2	1	0.0	0.0	0.0	0.2	0.1
<i>Chronic¹</i>	288	396	687	782	786	30.3	41.7	72.4	82.4	82.8
Other Hepatitis	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0

(continued)

Table 1. Reported Cases and Rates of Reportable Diseases, Westchester County, 2006-2010 (continued)

Communicable Disease Category	Total Annual Cases					Rate* (per 100,000 persons)				
	2010	2009	2008	2007	2006	2010	2009	2008	2007	2006
Sexually Transmitted Diseases										
Chlamydia ⁴	2,915	2,765	2,566	2,466	2,144	307.1	291.3	270.4	259.8	225.9
Lymphogranuloma Verereum	2	3	2	0	0	0.2	0.3	0.2	0.0	0.0
Gonorrhea ⁵	474	376	377	373	434	49.9	39.6	39.7	39.3	45.7
Syphilis (All Stages) ^{4,6}	148	163	187	164	172	15.6	17.2	19.7	17.3	18.1
<i>Early Syphilis</i>	51	55	52	57	30	5.4	5.8	5.5	6.0	3.2
<i>Primary and Secondary</i>	26	27	26	30	22	2.7	2.8	2.7	3.2	2.3
<i>Early Latent</i>	25	28	26	27	8	2.6	3.0	2.7	2.8	0.8
<i>All Other Syphilis</i>	97	108	135	107	142	10.2	11.4	14.2	11.3	15.0
Congenital Syphilis ⁷	1	1	2	2	3	9.0 ⁸	9.0	17.4	16.9	25.2
Tuberculosis										
	37	40	62	44	72	3.8	4.2	7.0	4.5	7.4
Vector-Borne Zoonoses										
Babesiosis	37	59	36	29	25	3.9	6.2	3.8	3.1	2.6
Ehrlichiosis	17	36	36	44	61	1.8	3.8	3.8	4.6	6.4
Lyme Disease ^{1,9}	114	207	263	248	260	12.0	21.8	27.7	26.1	27.4
<i>NYSDOH Calculated Total Incidence¹⁰</i>	404	643	—	—	—	42.6	67.7	—	—	—
Malaria	9	7	3	13	12	0.9	0.7	0.3	1.4	1.3
Post-Exposure Prophylaxis for Rabies ¹¹	264	258	359	332	396	27.8	27.2	37.8	35.0	41.7
Other										
Legionellosis	16	22	31	16	18	1.7	2.3	3.3	1.7	1.9
Toxic Shock	5	5	2	3	0	0.5	0.5	0.2	0.3	0.0

¹ Includes probable cases.

² Invasive Strep Pneumoniae includes Invasive Strep Pneumoniae (Sensitive).

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

⁴ Includes cases from Westchester County Correctional Facilities.

⁵ PPNG (Penicillinase Producing N. gonorrhea) included in Gonorrhea total.

⁶ Total Syphilis excludes Congenital Syphilis.

⁷ Rates for Congenital Syphilis are per 100,00 live births.

⁸ Due to the lack of the availability of the data, 2009 birth data was used to calculate the rate of congenital syphilis for 2010.

⁹ Lyme Disease totals includes the 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 actual cases was extrapolated to generate estimates of the total number of cases. Data is not available before 2009.

¹¹ Number of individuals for whom rabies post-exposure prophylaxis has been distributed by Westchester County Department of Health.

*Rates are calculated using the 2010 US Census.

Source: Westchester County Department of Health. Data as of November 2011.

Table 2. Number of Major Sexually Transmitted Diseases in Westchester County, New York State, and the United States, 2010

	Westchester County ¹		New York State ²		New York State (excluding NYC) ²		United States ³	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Chlamydia	2,915	307.1	99,823	510.8	36,279	325.4	1,307,893	426.0
Gonorrhea	474	49.9	18,270	93.5	5,916	53.1	309,341	100.8
Syphilis (All Stages)	148	15.6	4,869	24.9	708	6.4	45,834	14.9
<i>Primary & Secondary</i>	26	2.7	2,461	12.6	271	2.4	13,774	4.5

¹ Source: Westchester County Department of Health. Data as of November 2011.

² Source: New York State Department of Health.

³ Source: Centers for Disease Control and Prevention.

Table 3. Reported Cases and Rates of Chlamydia by Municipality, Westchester County, 2006-2010

Health Planning Region & Municipality	Total Cases					Rate (per 100,000)				
	2010	2009	2008	2007	2006	2010	2009	2008	2007	2006
Westchester County	2,915	2,765	2,566	2,466	2,144	307.1	291.3	270.4	259.8	225.9
Northwest	382	315	281	278	194	260.6	214.9	191.7	189.7	132.4
Briarcliff Manor	2	7	5	8	1	25.4	89.0	63.6	101.7	12.7
Buchanan	2	7	2	3	1	89.7	313.9	89.7	134.5	44.8
Cortlandt Manor	37	36	37	23	10	118.2	115.0	118.2	73.5	32.0
Croton-on-Hudson	13	5	7	4	3	161.1	62.0	86.7	49.6	37.2
Mount Pleasant	45	35	33	32	31	171.9	133.7	126.1	122.2	118.4
Ossining (Town)	5	6	6	4	1	92.5	111.0	111.0	74.0	18.5
Ossining (Village)	87	61	78	83	59	347.2	243.4	311.3	331.2	235.4
Peekskill	121	99	74	70	53	513.1	419.8	313.8	296.8	224.7
Pleasantville	34	35	15	26	14	484.4	498.6	213.7	370.4	199.5
Sleepy Hollow	36	24	24	25	21	364.7	243.2	243.2	253.3	212.8
Northeast	143	138	129	105	83	104.6	100.9	94.3	76.8	60.7
Bedford	17	15	8	9	9	98.1	86.5	46.1	51.9	51.9
Lewisboro	9	25	6	7	5	72.5	201.4	48.3	56.4	40.3
Mount Kisco	16	15	26	21	16	147.1	137.9	239.0	193.1	147.1
New Castle	15	10	9	7	5	85.4	56.9	51.2	39.8	28.5
North Castle	13	13	13	9	9	109.8	109.8	109.8	76.0	76.0
North Salem	5	3	0	1	1	98.0	58.8	0.0	19.6	19.6
Pound Ridge	0	2	2	2	1	0.0	39.2	39.2	39.2	19.6
Somers	21	16	17	17	11	102.8	78.3	83.2	83.2	53.8
Yorktown Heights	47	39	48	32	26	130.3	108.1	133.0	88.7	72.1
West Central	368	376	362	320	299	226.6	231.5	222.9	197.0	184.1
Ardsey	6	2	1	1	0	134.8	44.9	22.5	22.5	0.0
Dobbs Ferry	33	31	26	24	27	303.4	285.1	239.1	220.7	248.3
Elmsford	22	20	16	18	16	471.7	428.8	343.1	385.9	343.1
Greenburgh	98	100	89	96	78	228.6	233.3	207.6	224.0	182.0
Hastings-on-Hudson	23	23	16	8	9	293.0	293.0	203.8	101.9	114.7
Irvington	13	17	28	15	7	202.5	264.8	436.1	233.6	109.0
Scarsdale	9	8	13	7	11	52.4	46.6	75.7	40.8	64.1
Tarrytown	26	21	14	15	15	230.6	186.2	124.1	133.0	133.0
White Plains	138	154	159	136	136	242.7	270.9	279.7	239.2	239.2
East Central	184	193	176	133	107	155.6	163.2	148.8	112.4	90.5
Harrison	32	44	35	39	36	116.5	160.2	127.4	142.0	131.0
Larchmont	3	2	8	4	5	51.2	34.1	136.4	68.2	85.3
Mamaroneck (Town)	10	17	8	10	6	83.5	141.9	66.8	83.5	50.1
Mamaroneck (Village)	34	28	29	19	19	179.6	147.9	153.2	100.4	100.4
Port Chester	75	83	86	48	30	258.9	286.5	296.9	165.7	103.6
Rye	17	11	5	12	7	108.1	70.0	31.8	76.3	44.5
Rye Brook	13	8	5	1	4	139.1	85.6	53.5	10.7	42.8
Southwest	903	808	721	732	697	460.8	412.3	367.9	373.5	355.7
Yonkers	903	808	721	732	697	460.8	412.3	367.9	373.5	355.7
Southeast	881	898	851	847	719	465.9	474.8	450.0	447.9	380.2
Bronxville	5	5	8	10	4	79.1	79.1	126.5	158.2	63.3
Eastchester	16	14	6	8	8	81.8	71.6	30.7	40.9	40.9
Mount Vernon	638	633	598	567	497	948.1	940.7	888.7	842.6	738.6
New Rochelle	202	219	219	231	178	262.1	284.2	284.2	299.8	231.0
Pelham	5	17	5	7	15	72.4	246.0	72.4	101.3	217.1
Pelham Manor	3	4	5	7	4	54.7	72.9	91.1	127.6	72.9
Tuckahoe	12	6	10	17	13	185.0	92.5	154.2	262.1	200.4
Westchester County Correctional Facilities	49	34	43	51	44	—	—	—	—	—
Unknown	5	3	3	0	1	—	—	—	—	—

Source: Westchester County Department of Health. Data as of November 2011 (confirmed cases).

Table 4. Reported Cases and Rates of Gonorrhea by Municipality, Westchester County, 2006-2010

Health Planning Region & Municipality	Total Cases					Rate (per 100,000)				
	2010	2009	2008	2007	2006	2010	2009	2008	2007	2006
Westchester County	474	376	377	373	434	49.9	39.6	39.7	39.3	45.7
Northwest	46	37	27	32	37	31.4	25.2	18.4	21.8	25.2
Briarcliff Manor	1	2	0	0	1	12.7	25.4	0.0	0.0	12.7
Buchanan	1	0	0	0	0	44.8	0.0	0.0	0.0	0.0
Cortlandt Manor	3	6	5	1	2	9.6	19.2	16.0	3.2	6.4
Croton-on-Hudson	1	1	0	0	0	12.4	12.4	0.0	0.0	0.0
Mount Pleasant	5	4	6	6	8	19.1	15.3	22.9	22.9	30.6
Ossining (Town)	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Ossining (Village)	10	8	4	4	9	39.9	31.9	16.0	16.0	35.9
Peekskill	13	12	6	11	13	55.1	50.9	25.4	46.6	55.1
Pleasantville	8	2	6	10	2	114.0	28.5	85.5	142.5	28.5
Sleepy Hollow	4	2	0	0	2	40.5	20.3	0.0	0.0	20.3
Northeast	10	10	13	15	11	7.3	7.3	9.5	11.0	8.0
Bedford	1	1	0	1	1	5.8	5.8	0.0	5.8	5.8
Lewisboro	1	0	0	3	1	8.1	0.0	0.0	24.2	8.1
Mount Kisco	1	1	2	1	2	9.2	9.2	18.4	9.2	18.4
New Castle	0	1	0	1	1	0.0	5.7	0.0	5.7	5.7
North Castle	1	0	1	1	1	8.4	0.0	8.4	8.4	8.4
North Salem	0	2	0	0	1	0.0	39.2	0.0	0.0	19.6
Pound Ridge	1	0	0	0	0	19.6	0.0	0.0	0.0	0.0
Somers	1	1	2	3	0	4.9	4.9	9.8	14.7	0.0
Yorktown Heights	4	4	8	5	4	11.1	11.1	22.2	13.9	11.1
West Central	52	44	48	31	54	32.0	27.1	29.6	19.1	33.2
Ardley	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Dobbs Ferry	3	5	8	6	6	27.6	46.0	73.6	55.2	55.2
Elmsford	3	2	3	1	0	64.3	42.9	64.3	21.4	0.0
Greenburgh	17	12	13	8	23	39.7	28.0	30.3	18.7	53.7
Hastings-on-Hudson	3	3	5	2	1	38.2	38.2	63.7	25.5	12.7
Irvington	2	3	3	1	0	31.2	46.7	46.7	15.6	0.0
Scarsdale	1	2	0	2	0	5.8	11.7	0.0	11.7	0.0
Tarrytown	2	4	1	0	1	17.7	35.5	8.9	0.0	8.9
White Plains	21	13	15	11	23	36.9	22.9	26.4	19.3	40.5
East Central	14	11	17	18	10	11.8	9.3	14.4	15.2	8.5
Harrison	5	7	5	6	6	18.2	25.5	18.2	21.8	21.8
Larchmont	0	0	0	1	0	0.0	0.0	0.0	17.1	0.0
Mamaroneck (Town)	0	0	3	4	1	0.0	0.0	25.0	33.4	8.3
Mamaroneck (Village)	3	1	2	2	1	15.8	5.3	10.6	10.6	5.3
Port Chester	5	3	7	4	2	17.3	10.4	24.2	13.8	6.9
Rye	0	0	0	1	0	0.0	0.0	0.0	6.4	0.0
Rye Brook	1	0	0	0	0	10.7	0.0	0.0	0.0	0.0
Southwest	142	97	97	120	149	72.5	49.5	49.5	61.2	76.0
Yonkers	142	97	97	120	149	72.5	49.5	49.5	61.2	76.0
Southeast	205	171	165	147	160	108.4	90.4	87.2	77.7	84.6
Bronxville	1	1	1	1	0	15.8	15.8	15.8	15.8	0.0
Eastchester	0	1	2	2	3	0.0	5.1	10.2	10.2	15.3
Mount Vernon	166	130	126	107	128	246.7	193.2	187.2	159.0	190.2
New Rochelle	35	34	33	31	27	45.4	44.1	42.8	40.2	35.0
Pelham	1	2	1	3	0	14.5	28.9	14.5	43.4	0.0
Pelham Manor	2	1	1	0	0	36.5	18.2	18.2	0.0	0.0
Tuckahoe	0	2	1	3	2	0.0	30.8	15.4	46.3	30.8
Westchester County Correctional Facilities	5	6	10	10	13	—	—	—	—	—

Source: Westchester County Department of Health. Data as of November 2011 (confirmed cases).

Table 5. Reported Cases and Rates of Syphilis (All Stages) by Municipality, Westchester County, 2006-2010

Health Planning Region & Municipality	Total Cases					Rate (per 100,000)				
	2010	2009	2008	2007	2006	2010	2009	2008	2007	2006
Westchester County	148	163	187	164	172	15.6	17.2	19.7	17.3	18.1
Northwest	14	16	8	13	18	9.6	10.9	5.5	8.9	12.3
Briarcliff Manor	0	0	0	0	1	0.0	0.0	0.0	0.0	12.7
Buchanan	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Cortlandt Manor	4	2	1	0	3	12.8	6.4	3.2	0.0	9.6
Croton-on-Hudson	0	0	1	1	0	0.0	0.0	12.4	12.4	0.0
Mount Pleasant	3	6	0	2	0	11.5	22.9	0.0	7.6	0.0
Ossining (Town)	0	0	0	0	1	0.0	0.0	0.0	0.0	18.5
Ossining (Village)	3	2	3	4	5	12.0	8.0	12.0	16.0	20.0
Peekskill	1	5	2	3	5	4.2	21.2	8.5	12.7	21.2
Pleasantville	1	0	0	1	1	14.2	0.0	0.0	14.2	14.2
Sleepy Hollow	2	1	1	2	2	20.3	10.1	10.1	20.3	20.3
Northeast	2	2	10	10	6	1.5	1.5	7.3	7.3	4.4
Bedford	0	0	1	3	0	0.0	0.0	5.8	17.3	0.0
Lewisboro	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Mount Kisco	2	0	4	0	2	18.4	0.0	36.8	0.0	18.4
New Castle	0	1	2	0	1	0.0	5.7	11.4	0.0	5.7
North Castle	0	0	1	0	0	0.0	0.0	8.4	0.0	0.0
North Salem	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Pound Ridge	0	0	0	1	0	0.0	0.0	0.0	19.6	0.0
Somers	0	0	0	2	0	0.0	0.0	0.0	9.8	0.0
Yorktown	0	1	2	4	3	0.0	2.8	5.5	11.1	8.3
West Central	19	30	20	26	24	11.7	18.5	12.3	16.0	14.8
Ardley	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Dobbs Ferry	0	1	2	3	2	0.0	9.2	18.4	27.6	18.4
Elmsford	2	2	1	2	1	42.9	42.9	21.4	42.9	21.4
Greenburgh	3	7	4	3	5	7.0	16.3	9.3	7.0	11.7
Hastings-on-Hudson	0	1	0	1	0	0.0	12.7	0.0	12.7	0.0
Irvington	0	1	0	0	0	0.0	15.6	0.0	0.0	0.0
Scarsdale	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Tarrytown	1	0	0	1	1	8.9	0.0	0.0	8.9	8.9
White Plains	13	18	13	16	15	22.9	31.7	22.9	28.1	26.4
East Central	19	10	16	12	10	16.1	8.5	13.5	10.1	8.5
Harrison	5	0	1	6	3	18.2	0.0	3.6	21.8	10.9
Larchmont	1	0	1	0	0	17.1	0.0	17.1	0.0	0.0
Mamaroneck (Town)	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Mamaroneck (Village)	4	1	8	3	0	21.1	5.3	42.3	15.8	0.0
Port Chester	8	9	5	3	6	27.6	31.1	17.3	10.4	20.7
Rye	1	0	1	0	0	6.4	0.0	6.4	0.0	0.0
Rye Brook	0	0	0	0	1	0.0	0.0	0.0	0.0	10.7
Southwest	49	57	76	53	55	25.0	29.1	38.8	27.0	28.1
Yonkers	49	57	76	53	55	25.0	29.1	38.8	27.0	28.1
Southeast	42	47	53	50	59	22.2	24.9	28.0	26.4	31.2
Bronxville	1	0	1	0	0	15.8	0.0	15.8	0.0	0.0
Eastchester	3	0	0	1	0	15.3	0.0	0.0	5.1	0.0
Mount Vernon	22	32	43	29	38	32.7	47.6	63.9	43.1	56.5
New Rochelle	16	14	9	20	21	20.8	18.2	11.7	26.0	27.3
Pelham	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Pelham Manor	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Tuckahoe	0	1	0	0	0	0.0	15.4	0.0	0.0	0.0
Westchester County Correctional Facilities	2	1	4	0	0	—	—	—	—	—
Unknown	1	0	0	0	0	—	—	—	—	—

Source: Westchester County Department of Health. Data as of November 2011 (confirmed cases).

Table 6. Reported Cases and Rates¹ of Chlamydia by Age Group, Sex, and Race/Ethnicity, Westchester County, 2010

Sex & Race/Ethnicity	Age Group															
	Total ²		<15		15-19		20-24		25-29		30-34		35-44		45+	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Total	2,866	303.6	53	28.5	926	1411.8	972	1848.1	463	886.5	208	378.4	162	119.5	82	20.6
White	230	35.7	1	0.8	63	154.3	103	335.6	28	95.8	13	40.7	10	11.3	12	4.0
Black	883	651.8	19	71.7	323	2759.7	301	3091.6	135	1535.5	47	565.2	45	230.2	13	25.5
Other	473	287.5	8	20.4	138	1058.0	154	1265.2	94	661.0	43	293.0	28	100.8	8	18.4
Unknown	1,280	—	25	—	402	—	414	—	206	—	105	—	79	—	49	—
Hispanic ³	505	251.8	6	12.0	136	808.8	185	1112.6	94	514.7	46	252.2	30	91.0	8	16.7
Non-Hispanic	1,056	142.0	20	14.7	380	779.1	369	1025.9	147	432.8	69	187.9	48	46.8	23	6.6
Males	838	184.6	9	9.5	218	646.2	268	993.4	175	670.3	71	263.6	63	96.4	34	18.9
White	53	17.1	0	0.0	7	33.3	23	148.5	7	48.7	6	38.2	3	7.0	7	5.1
Black	276	454.4	5	37.1	81	1359.7	90	1925.1	61	1495.1	19	516.6	15	179.1	5	24.4
Other	138	164.4	1	4.9	31	459.9	47	689.5	36	470.7	10	132.2	11	79.0	2	9.7
Unknown	371	—	3	—	99	—	108	—	71	—	36	—	34	—	20	—
Hispanic ³	149	146.8	1	3.9	29	329.1	52	567.2	37	379.8	15	156.6	12	72.2	3	13.6
Non-Hispanic	313	88.8	4	5.7	93	373.1	103	578.3	61	372.7	21	121.0	19	39.0	12	7.6
Females	2,028	413.8	44	48.4	708	2222.8	704	2748.3	288	1102.6	137	488.7	99	141.0	48	22.1
White	177	52.9	1	1.7	56	282.8	80	526.3	21	141.6	7	43.0	7	15.5	5	3.0
Black	607	812.1	14	107.7	242	4210.9	211	4169.1	74	1570.5	28	603.8	30	268.5	8	26.3
Other	335	415.8	7	37.4	107	1697.6	107	1998.1	58	882.5	33	463.9	17	122.8	6	26.5
Unknown	909	—	22	—	303	—	306	—	135	—	69	—	45	—	29	—
Hispanic ³	356	359.3	5	20.5	107	1337.3	133	1782.8	57	668.9	31	357.8	18	110.1	5	19.4
Non-Hispanic	743	190.0	16	24.0	287	1203.3	266	1465.1	86	488.7	48	247.8	29	53.8	11	5.7

¹ Rates are per 100,000 persons, calculated using the 2008-2010 American Community Survey three-year population estimates.

² Total excludes 49 Westchester County Correctional Facility cases.

³ Hispanic is an ethnic group and may be of any race. Therefore, Hispanics are also included in the race categories.

Source: Westchester County Department of Health, Division of Disease Control. Data as of November 2011 (confirmed cases).

Table 7. Reported Cases and Rates¹ of Gonorrhea by Age Group, Sex, and Race/Ethnicity, Westchester County, 2010

Sex & Race/Ethnicity	Age Group															
	Total ²		<15		15-19		20-24		25-29		30-34		35-44		45+	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Total	469	49.7	7	3.8	125	190.6	156	296.6	73	139.8	37	67.3	38	28.0	33	8.3
White	43	6.7	0	0.0	8	19.6	14	45.6	4	13.7	4	12.5	5	5.7	8	2.6
Black	276	203.7	3	11.3	76	649.4	100	1027.1	48	546.0	20	240.5	16	81.8	13	25.5
Other	63	38.3	1	2.5	19	145.7	15	123.2	11	77.4	3	20.4	6	21.6	8	18.4
Unknown	87	—	3	—	22	—	27	—	10	—	10	—	11	—	4	—
Hispanic ³	53	26.4	0	0.0	15	89.2	15	90.2	8	43.8	4	21.9	6	18.2	5	10.5
Non-Hispanic	324	43.6	2	1.5	84	172.2	109	303.1	57	167.8	27	73.5	22	21.5	23	6.6
Males	193	42.5	1	1.1	32	94.9	64	237.2	30	114.9	17	63.1	24	36.7	25	13.9
White	24	7.8	0	0.0	2	9.5	9	58.1	2	13.9	2	12.7	3	7.0	6	4.3
Black	106	174.5	1	7.4	19	319.0	39	834.2	20	490.2	8	217.5	9	107.4	10	48.8
Other	22	26.2	0	0.0	7	103.9	1	14.7	4	52.3	1	13.2	4	28.7	5	24.1
Unknown	41	—	0	—	4	—	15	—	4	—	6	—	8	—	4	—
Hispanic ³	20	19.7	0	0.0	5	56.7	5	54.5	4	41.1	1	10.4	1	6.0	4	18.1
Non-Hispanic	132	37.4	1	1.4	21	84.3	44	247.0	23	140.5	12	69.1	14	28.7	17	10.8
Females	276	56.3	6	6.6	93	292.0	92	359.2	43	164.6	20	71.3	14	19.9	8	3.7
White	19	5.7	0	0.0	6	30.3	5	32.9	2	13.5	2	12.3	2	4.4	2	1.2
Black	170	227.4	2	15.4	57	991.8	61	1205.3	28	594.2	12	258.8	7	62.7	3	9.9
Other	41	50.9	1	5.3	12	190.4	14	261.4	7	106.5	2	28.1	2	14.4	3	13.2
Unknown	46	—	3	—	18	—	12	—	6	—	4	—	3	—	0	—
Hispanic ³	33	33.3	0	0.0	10	125.0	10	134.0	4	46.9	3	34.6	5	30.6	1	3.9
Non-Hispanic	192	49.1	1	1.5	63	264.1	65	358.0	34	193.2	15	77.4	8	14.9	6	3.1

¹ Rates are per 100,000 persons, calculated using the 2008-2010 American Community Survey three-year population estimates.

² Total excludes 5 Westchester County Correctional Facilities cases.

³ Hispanic is an ethnic group and may be of any race. Therefore, Hispanics are also reported in the race categories.

Source: Westchester County Department of Health, Division of Disease Control. Data as of November 2011 (confirmed cases).

Table 8. Reported Cases and Rates¹ of Syphilis (All Stages) by Age Group, Sex, and Race/Ethnicity, Westchester County, 2010

Sex & Race/Ethnicity	Age Group															
	Total ²		<15		15-19		20-24		25-29		30-34		35-44		45+	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Total	146	15.5	0	0.0	7	10.7	12	22.8	8	15.3	13	23.6	29	21.4	77	19.4
White	19	2.9	0	0.0	1	2.4	3	9.8	0	0.0	3	9.4	3	3.4	9	3.0
Black	47	34.7	0	0.0	4	34.2	4	41.1	5	56.9	1	12.0	11	56.3	22	43.2
Other	44	26.7	0	0.0	2	15.3	2	16.4	2	14.1	7	47.7	8	28.8	23	53.0
Unknown	36	—	0	—	0	—	3	—	1	—	2	—	7	—	23	—
Hispanic ³	50	24.9	0	0.0	3	17.8	6	36.1	2	11.0	7	38.4	8	24.3	24	50.2
Non-Hispanic	68	9.1	0	0.0	4	8.2	5	13.9	6	17.7	3	8.2	16	15.6	34	9.7
Males	104	22.9	0	0.0	7	20.7	12	44.5	6	23.0	10	37.1	20	30.6	49	27.3
White	18	5.8	0	0.0	1	4.8	3	19.4	0	0.0	3	19.1	3	7.0	8	5.8
Black	36	59.3	0	0.0	4	67.1	4	85.6	5	122.5	1	27.2	8	95.5	14	68.3
Other	29	34.6	0	0.0	2	29.7	2	29.3	1	13.1	5	66.1	5	35.9	14	67.6
Unknown	21	—	0	—	0	—	3	—	0	—	1	—	4	—	13	—
Hispanic ³	35	34.5	0	0.0	3	34.0	6	65.4	1	10.3	5	52.2	5	30.1	15	68.0
Non-Hispanic	52	14.8	0	0.0	4	16.0	5	28.1	5	30.5	3	17.3	12	24.6	23	14.6
Females	42	8.6	0	0.0	0	0.0	0	0.0	2	7.7	3	10.7	9	12.8	28	12.9
White	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.6
Black	11	14.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	26.9	8	26.3
Other	15	18.6	0	0.0	0	0.0	0	0.0	1	15.2	2	28.1	3	21.7	9	39.7
Unknown	15	—	0	—	0	—	0	—	1	—	1	—	3	—	10	—
Hispanic ³	15	15.1	0	0.0	0	0.0	0	0.0	1	11.7	2	23.1	3	18.4	9	35.0
Non-Hispanic	16	4.1	0	0.0	0	0.0	0	0.0	1	5.7	0	0.0	4	7.4	11	5.7

¹ Rates are per 100,000 persons, calculated using the 2008-2010 American Community Survey three-year population estimates.

² Total excludes 2 Westchester County Correctional Facilities cases.

³ Hispanic is an ethnic group and may be of any race. Therefore, Hispanics are also reported in the race categories.

Source: Westchester County Department of Health, Division of Disease Control. Data as of November 2011 (confirmed cases).

Table 9. Newly Diagnosed HIV and AIDS Cases by Year of Diagnosis, Westchester County, December 2009

Year of Diagnosis	HIV	AIDS
Prior to 1986		111
1986		110
1987		173
1988		190
1989		231
1990		247
1991		292
1992		393
1993		353
1994		344
1995		345
1996		271
1997		223
1998		222
1999		173
2000	209	177
2001	140	179
2002	137	170
2003	134	171
2004	146	140
2005	106	124
2006	141	115
2007	133	122
2008	129	103
2009	115	86
Total	1,390	5,065

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

HIV reporting began in June 2000.

Persons diagnosed with HIV may also be diagnosed with AIDS in the same or a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables HIV and AIDS diagnoses cannot be added together in a meaningful way.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology.

Data as of May 2011.

Table 10. Average Annual Newly Diagnosed HIV and AIDS Cases and Cumulative AIDS Cases by Sex, Age, Race/Ethnicity, and Risk, Westchester County, December 2008

	HIV Diagnoses		AIDS Diagnoses		Cumulative AIDS Cases	
	Annual Average		Annual Average		Through December 2009	
	Jan. 2007-Dec. 2009	Jan. 2007-Dec. 2009	Jan. 2007-Dec. 2009	Jan. 2007-Dec. 2009	Number	%
	Number	%	Number	%	Number	%
Total	125.7	100	103.7	100	5,065	100
Sex						
Male	85.0	67.6	66.0	63.7	3,572	70.5
Female	40.7	32.4	37.7	36.3	1,493	29.5
Age at Diagnosis						
12 & under	0.0	0.0	0.3	0.3	58	1.1
13-19	4.7	3.7	2.2	2.3	43	0.8
20-24	14.0	11.1	3.7	3.5	128	2.5
25-29	14.3	11.4	7.0	6.8	413	8.2
30-39	34.3	27.3	32.7	31.5	1,935	38.2
40-49	30.3	24.1	27.3	26.4	1,660	32.8
50-59	22.0	17.5	21.0	20.3	608	12.0
60+	6.0	4.8	9.3	9.0	220	4.3
Race/Ethnicity						
White	21.3	17.0	14.7	14.1	1,436	28.4
Black	53.7	42.7	48.7	46.9	2,372	46.8
Hispanic	40.3	32.1	31.3	30.2	1,063	21.0
Mult Race	9.3	7.4	8.0	7.7	177	3.5
Other	1.0	0.8	1.0	1.0	17	0.3
Risk Group						
MSM	47.0	37.4	29.3	28.3	1,241	24.5
IDU	8.3	6.6	12.0	11.6	2,114	41.7
MSM/IDU	2.7	2.1	3.7	3.5	239	4.7
Heterosexual Contact	43.0	34.2	40.0	38.6	989	19.5
FPHC ¹	12.0	9.5	8.7	8.4	143	2.8
Blood Products	0.0	0.0	0.0	0.0	44	0.9
Pediatric Risk	0.0	0.0	1.3	1.3	76	1.5
Unknown	12.7	10.1	8.7	8.4	219	4.3

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

Persons diagnosed with HIV may also be diagnosed with AIDS in the same or a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables HIV and AIDS diagnoses cannot be added together in a meaningful way.

¹ Female Presumed Heterosexual Contact - record must show sex at birth is female, case does not meet requirements for any other transmission risk group, no indication of injection drug use, and positive indication of heterosexual contact.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of May 2011.

Table 11. Average Annual Newly Diagnosed HIV and AIDS Cases and Cumulative AIDS Cases by Sex and Risk, Westchester County, December 2009

	HIV Diagnoses		AIDS Diagnoses		Cumulative AIDS Cases	
	Annual Average		Annual Average		Through December 2009	
	Jan. 2007-Dec. 2009		Jan. 2007-Dec. 2009		Through December 2009	
	Number	%	Number	%	Number	%
Total	125.7	100	103.7	100	5,065	100
MSM	47.0	37.4	29.3	28.3	1,241	24.5
IDU	8.3	6.6	12.0	11.6	2,114	41.7
MSM/IDU	2.7	2.1	3.7	3.5	239	4.7
Heterosexual Contact	43.0	34.2	40.0	38.6	989	19.5
FPHC	12.0	9.5	8.7	8.4	143	2.8
Blood Product	0.0	0.0	0.0	0.0	44	0.9
Pediatric Risk	0.0	0.0	1.3	1.3	76	1.5
Unknown	12.7	10.1	8.7	8.4	219	4.3
Male	85.0	100	66.0	100	3,572	100
MSM	47.0	55.3	29.3	44.4	1,241	34.7
IDU	5.0	5.9	6.7	10.1	1,511	42.3
MSM/IDU	2.7	3.1	3.7	5.6	239	6.7
Heterosexual Contact	17.7	20.8	17.0	25.8	296	8.3
Blood Product	0.0	0.0	0.0	0.0	31	0.9
Pediatric Risk	0.0	0.0	0.7	1.0	35	1.0
Unknown	12.7	14.9	8.7	13.1	219	6.1
Female	40.7	100	37.7	100	1,493	100
IDU	3.3	8.2	5.3	14.2	603	40.4
Heterosexual Contact	25.3	62.3	23.0	61.1	693	46.4
FPHC	12.0	29.5	8.7	23.0	143	9.6
Blood Product	0.0	0.0	0.0	0.0	13	0.9
Pediatric Risk	0.0	0.0	0.7	1.8	41	2.7
Unknown	0.0	0.0	0.0	0.0	0	0.0

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

Persons diagnosed with HIV may also be diagnosed with AIDS in the same or a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables. HIV and AIDS diagnoses cannot be added together in a meaningful way.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of May 2011.

Table 12. Living HIV and AIDS Cases by Sex, Age, Race/Ethnicity, and Risk, Westchester County, December 2009

	Living HIV (not AIDS) Cases		Living AIDS Cases		Living HIV & AIDS Cases	
	Number	%	Number	%	Number	%
Total	1,085	100	2,158	100	3,243	100
Sex						
Male	658	60.6	1,386	64.2	2,044	63.0
Female	427	39.4	772	35.8	1,199	37.0
Current Age						
12 & under	11	1.0	0	0.0	11	0.3
13-19	25	2.3	12	0.6	37	1.1
20-24	58	5.3	31	1.4	89	2.7
25-29	75	6.9	51	2.4	126	3.9
30-39	217	20.0	249	11.5	466	14.4
40-49	346	31.9	741	34.3	1,087	33.5
50-59	244	22.5	757	35.1	1,001	30.9
60+	107	9.9	315	14.6	422	13.0
Unknown	2	0.2	8	0.1	4	0.1
Race/Ethnicity						
White	258	23.8	431	20.0	689	21.2
Black	481	44.3	991	45.9	1,472	45.4
Hispanic	278	25.6	604	28.0	882	27.2
Multi Race	60	5.5	125	5.8	185	5.7
Other	8	0.7	7	0.3	15	0.5
Risk Group						
MSM	350	32.3	524	24.3	874	27.0
IDU	120	11.1	664	30.8	784	24.2
MSM/IDU	18	1.7	102	4.7	120	3.7
Heterosexual Contact	353	32.5	615	28.5	968	29.8
FPHC ¹	106	9.8	99	4.6	205	6.3
Blood Products	1	0.1	9	0.4	10	0.3
Pediatric Risk	34	3.1	29	1.3	63	1.9
Unknown	103	9.5	116.0	5.4	219	6.8

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of May 2011.

Table 13. Living HIV and AIDS Cases by Sex and Risk, Westchester County, December 2009

	Living HIV (not AIDS) Cases		Living AIDS Cases		Living HIV & AIDS Cases	
	Number	%	Number	%	Number	%
Total	1,085	100	2,158	100	3,243	100
MSM	350	32.3	524	24.3	874	27.0
IDU	120	11.1	664	30.8	784	24.2
MSM/IDU	18	1.7	102	4.7	120	3.7
Heterosexual Contact	353	32.5	615	28.5	968	29.8
FPHC	106	9.8	99	4.6	205	6.3
Blood Product	1	0.1	9	0.4	10	0.3
Pediatric Risk	34	3.1	29	1.3	63	1.9
Unknown	103	9.5	116	5.4	219	6.8
Male	658	100	1,386	100	2,044	100
MSM	350	53.2	524	37.8	874	42.8
IDU	67	10.2	428	30.9	495	24.2
MSM/IDU	18	2.7	102	7.4	120	5.9
Heterosexual Contact	100	15.2	199	14.4	299	14.6
Blood Product	1	0.2	5	0.4	6	0.3
Pediatric Risk	19	2.9	12	0.9	31	1.5
Unknown	103	15.7	116	8.4	219	10.7
Female	427	100	772	100	1,199	100
IDU	53	12.4	236	30.6	289	24.1
Heterosexual Contact	253	59.3	416	53.9	669	55.8
FPHC	106	24.8	99	12.8	205	17.1
Blood Product	0	0.0	4	0.5	4	0.3
Pediatric Risk	15	3.5	17	2.2	32	2.7
Unknown	0	0.0	0	0.0	0	0.0

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects the location of the prison rather than the inmates' home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology. Data as of May 2011.

Table 14. Reported Cases and Rates of Major Central Nervous System Diseases and Bacteremias by Municipality, Westchester County, 2010

Health Planning Region & Municipality	Meningitis ¹		Invasive Strep	
	Cases	Rate ²	Cases	Rate ²
Westchester County	47	5.0	90	9.5
Northwest	11	7.5	13	8.9
Briarcliff Manor	2	25.4	0	0.0
Buchanan	0	0.0	0	0.0
Cortlandt Manor	1	3.2	3	9.6
Croton-on-Hudson	0	0.0	2	24.8
Mount Pleasant	1	3.8	2	7.6
Ossining Town	0	0.0	0	0.0
Ossining Village	3	12.0	3	12.0
Peekskill	2	8.5	0	0.0
Pleasantville	1	14.2	2	28.5
Sleepy Hollow	1	10.1	1	10.1
Northeast	4	2.9	6	4.4
Bedford	1	5.8	0	0.0
Lewisboro	0	0.0	0	0.0
Mount Kisco	1	9.2	0	0.0
New Castle	0	0.0	1	5.7
North Castle	1	8.4	2	16.9
North Salem	0	0.0	0	0.0
Pound Ridge	0	0.0	0	0.0
Somers	1	4.9	2	9.8
Yorktown Heights	0	0.0	1	2.8
West Central	11	6.8	20	12.3
Ardsley	0	0.0	1	22.5
Dobbs Ferry	0	0.0	0	0.0
Elmsford	0	0.0	0	0.0
Greenburgh	2	4.7	3	7.0
Hastings-on-Hudson	0	0.0	0	0.0
Irvington	0	0.0	1	15.6
Scarsdale	1	5.8	2	11.7
Tarrytown	0	0.0	1	8.9
White Plains	8	14.1	12	21.1

(continued)

Table 14. Reported Cases and Rates of Major Central Nervous System Diseases and Bacteremias by Municipality, Westchester County, 2010 *(continued)*

Health Planning Region & Municipality	Meningitis ¹		Invasive Strep	
	Cases	Rate ²	Cases	Rate ²
East Central	9	7.6	18	15.2
Harrison	2	7.3	3	10.9
Larchmont	1	17.1	0	0.0
Mamaroneck Town	0	0.0	1	8.3
Mamaroneck Village	1	5.3	5	26.4
Port Chester	2	6.9	4	13.8
Rye	1	6.4	5	31.8
Rye Brook	2	21.4	0	0.0
Southwest	6	3.1	24	12.2
Yonkers	6	3.1	24	12.2
Southeast	6	3.2	9	4.8
Bronxville	0	0.0	0	0.0
Eastchester	1	5.1	0	0.0
Mount Vernon	2	3.0	5	7.4
New Rochelle	3	3.9	4	5.2
Pelham	0	0.0	0	0.0
Pelham Manor	0	0.0	0	0.0
Tuckahoe	0	0.0	0	0.0

¹ Meningitis disease category includes aseptic meningitis, meningococcal diseases, and other meningitis/bacteremias.

² Rates are per 100,000 persons, calculated using the 2010 US Census.

Source: Westchester County Department of Health. Data as of November 2011.

Table 15. Reported Cases and Rates of Meningitis by Age and Sex, Westchester County, 2010

Age (years)	Total ¹			Male			Female		
	Number	Rate ²	Percent	Number	Rate ²	Percent	Number	Rate ²	Percent
Total	47	5.0	100	28	6.1	100	18	3.7	100
0-9	9	7.5	19.1	7	11.4	25.0	2	3.4	11.1
10-19	3	2.3	6.4	2	3.0	7.1	1	1.6	5.6
20-29	4	3.8	8.5	3	5.6	10.7	1	1.9	5.6
30-39	12	10.2	25.5	6	10.6	21.4	6	10.0	33.3
40-49	5	3.4	10.6	4	5.6	14.3	1	1.3	5.6
50-59	1	0.7	2.1	1	1.6	3.6	0	0.0	0.0
60+	12	6.2	25.5	5	6.1	17.9	7	6.3	38.9

¹ Total includes one case of unknown age and sex.

² Rates are per 100,000 persons, calculated using the 2010 US Census population.

Source: Westchester County Department of Health. Data as of November 2011.

Table 16. Reported Cases and Rates of Invasive Strep Pneumoniae by Age and Sex, Westchester County, 2010

Age (years)	Total			Male			Female		
	Number	Rate ¹	Percent	Number	Rate ¹	Percent	Number	Rate ¹	Percent
Total	90	9.5	100	45	9.9	100	45	9.1	100
0-9	13	10.8	14.4	8	13.0	17.8	5	8.5	11.1
10-19	3	2.3	3.3	1	1.5	2.2	2	3.1	4.4
20-29	3	2.8	3.3	1	1.9	2.2	2	3.8	4.4
30-39	2	1.7	2.2	1	1.8	2.2	1	1.7	2.2
40-49	11	7.5	12.2	4	5.6	8.9	7	9.1	15.6
50-59	14	10.4	15.6	8	12.5	17.8	6	8.5	13.3
60+	44	22.9	48.9	22	26.8	48.9	22	19.9	48.9

¹ Rates are per 100,000 persons, calculated using the 2010 US Census population.
Source: Westchester County Department of Health. Data as of November 2011.

Table 17. Reported Cases and Rates of Major Enteric Infections, Westchester County, 2010

Health Planning Region & Municipality	Campylobacteriosis		Giardiasis		Salmonellosis	
	Cases	Rate	Cases	Rate	Cases	Rate
Westchester County	178	18.8	93	9.8	180	19.0
Northwest	35	23.9	11	7.5	24	16.4
Briarcliff Manor	2	25.4	0	0.0	1	12.7
Buchanan	1	44.8	0	0.0	1	44.8
Cortlandt Manor	3	9.6	1	3.2	7	22.4
Croton-on-Hudson	4	49.6	1	12.4	1	12.4
Mount Pleasant	5	19.1	4	15.3	1	3.8
Ossining Town	2	37.0	0	0.0	1	18.5
Ossining Village	6	23.9	0	0.0	6	23.9
Peekskill	8	33.9	2	8.5	4	17.0
Pleasantville	0	0.0	2	28.5	0	0.0
Sleepy Hollow	4	40.5	1	10.1	2	20.3
Northeast	27	19.7	16	11.7	29	21.2
Bedford	3	17.3	5	28.8	3	17.3
Lewisboro	3	24.2	0	0.0	0	0.0
Mount Kisco	0	0.0	0	0.0	2	18.4
New Castle	3	17.1	1	5.7	7	39.8
North Castle	6	50.7	2	16.9	7	59.1
North Salem	1	19.6	0	0.0	0	0.0
Pound Ridge	2	39.2	0	0.0	0	0.0
Somers	4	19.6	5	24.5	4	19.6
Yorktown Heights	5	13.9	3	8.3	6	16.6
West Central	32	19.7	16	9.9	42	25.9
Ardsley	1	22.5	2	44.9	0	0.0
Dobbs Ferry	2	18.4	0	0.0	1	9.2
Elmsford	1	21.4	1	21.4	1	21.4
Greenburgh	6	14.0	4	9.3	14	32.7
Hastings-on-Hudson	2	25.5	0	0.0	2	25.5
Irvington	0	0.0	1	15.6	3	46.7
Scarsdale	8	46.6	4	23.3	5	29.1
Tarrytown	0	0.0	0	0.0	3	26.6
White Plains	12	21.1	4	7.0	13	22.9

(continued)

Table 17. Reported Cases and Rates of Major Enteric Infections, Westchester County, 2010 (continued)

Health Planning Region & Municipality	Campylobacteriosis		Giardiasis		Salmonellosis	
	Cases	Rate	Cases	Rate	Cases	Rate
East Central	33	27.9	23	19.4	23	19.4
Harrison	6	21.8	4	14.6	5	18.2
Larchmont	1	17.1	3	51.2	2	34.1
Mamaroneck Town	3	25.0	3	25.0	1	8.3
Mamaroneck Village	6	31.7	5	26.4	3	15.8
Port Chester	11	38.0	5	17.3	10	34.5
Rye	3	19.1	2	12.7	1	6.4
Rye Brook	3	32.1	1	10.7	1	10.7
Southwest	30	15.3	7	3.6	38	19.4
Yonkers	30	15.3	7	3.6	38	19.4
Southeast	21	11.1	20	10.6	24	12.7
Bronxville	1	15.8	0	0.0	1	15.8
Eastchester	0	0.0	1	5.1	0	0.0
Mount Vernon	3	4.5	4	5.9	13	19.3
New Rochelle	12	15.6	13	16.9	8	10.4
Pelham	3	43.4	1	14.5	1	14.5
Pelham Manor	0	0.0	0	0.0	0	0.0
Tuckahoe	2	30.8	1	15.4	1	15.4

¹ Rates are per 100,000 persons, calculated using the 2010 US Census.

Source: Westchester County Department of Health. Data as of November 2011.

Table 18. Reported Cases and Rates of Campylobacteriosis by Age and Sex, Westchester County, 2010

Age (years)	Total ¹			Male			Female		
	Number	Rate ²	Percent	Number	Rate ²	Percent	Number	Rate ²	Percent
Total	178	18.8	100	91	19.9	100	83	16.9	100
0-9	36	29.9	20.2	21	34.1	23.1	15	25.5	18.1
10-19	18	13.7	10.1	11	16.4	12.1	7	11.0	8.4
20-29	24	22.6	13.5	11	20.4	12.1	13	24.8	15.7
30-39	22	18.8	12.4	10	17.6	11.0	12	19.9	14.5
40-49	30	20.3	16.9	18	25.4	19.8	12	15.7	14.5
50-59	23	17.1	12.9	10	15.6	11.0	13	18.5	15.7
60+	21	10.9	11.8	10	12.2	11.0	11	10.0	13.3

¹ Total includes four cases of unknown sex and/or age.

² Rates are per 100,000 persons, calculated using the 2010 US Census population data.

Source: Westchester County Department of Health. Data as of November 2011.

Table 19. Reported Cases and Rates of Giardiasis by Age and Sex, Westchester County, 2010

Age (years)	Total ¹			Male			Female		
	Number	Rate ²	Percent	Number	Rate ²	Percent	Number	Rate ²	Percent
Total	93	9.8	100	56	12.3	100	36	7.3	100
0-9	16	13.3	17.2	11	17.9	19.6	5	8.5	13.9
10-19	4	3.1	4.3	3	4.5	5.4	1	1.6	2.8
20-29	20	18.8	21.5	10	18.6	17.9	10	19.1	27.8
30-39	11	9.4	11.8	6	10.6	10.7	5	8.3	13.9
40-49	20	13.6	21.5	13	18.3	23.2	7	9.1	19.4
50-59	12	8.9	12.9	7	10.9	12.5	5	7.1	13.9
60+	9	4.7	9.7	6	7.3	10.7	3	2.7	8.3

¹ Total includes one case of unknown sex and/or age.

² Rates are per 100,000 persons, calculated using the 2010 US Census population data.

Source: Westchester County Department of Health. Data as of November 2011.

Table 20. Reported Cases and Rates of Salmonellosis by Age and Sex, Westchester County, 2010

Age (years)	Total¹			Male			Female		
	Number	Rate²	Percent	Number	Rate²	Percent	Number	Rate²	Percent
Total	180	19.0	100	81	17.7	100	97	19.7	100
0-9	47	39.0	26.1	24	39.0	29.6	23	39.1	23.7
10-19	37	28.2	20.6	20	29.8	24.7	17	26.6	17.5
20-29	24	22.6	13.3	7	13.0	8.6	17	32.5	17.5
30-39	16	13.7	8.9	3	5.3	3.7	13	21.6	13.4
40-49	17	11.5	9.4	9	12.7	11.1	8	10.4	8.2
50-59	14	10.4	7.8	8	12.5	9.9	6	8.5	6.2
60+	23	12.0	12.8	10	12.2	12.3	13	11.8	13.4

¹ Total includes two cases of unknown sex and/or age.

² Rates are per 100,000 persons, calculated using the 2010 US Census population data.

Source: Westchester County Department of Health. Data as of November 2011.

**Table 21. Reported Cases of Major Enteric Infections by Month,
Westchester County, 2010**

Month	Campylobacteriosis	Giardiasis	Salmonellosis
Total	178	93	180
January	8	5	19
February	10	6	6
March	6	8	9
April	16	4	10
May	15	4	18
June	18	6	17
July	26	10	17
August	32	14	29
September	12	10	22
October	13	11	16
November	15	10	9
December	7	5	8

Source: Westchester County Department of Health. Data as of November 2011.

Table 22. Reported Cases and Rates of Lyme Disease by Municipality, Westchester County, 2006-2010

Health Planning Region & Municipality	Cases					Rate (per 100,000) ¹				
	2010	2009	2008	2007	2006	2010	2009	2008	2007	2006
Westchester County	114	207	263	246	259	12.0	21.8	27.7	25.9	27.3
Northwest	31	60	61	61	44	21.1	40.9	41.6	41.6	30.0
Briarcliff Manor	0	1	2	3	1	0.0	12.7	25.4	38.1	12.7
Buchanan	3	2	2	1	1	134.5	89.7	89.7	44.8	44.8
Cortlandt Manor	10	24	17	15	9	32.0	76.7	54.3	47.9	28.8
Croton-on-Hudson	3	4	6	3	4	37.2	49.6	74.3	37.2	49.6
Mount Pleasant	1	7	11	11	9	3.8	26.7	42.0	42.0	34.4
Ossining Town	0	4	2	4	2	0.0	74.0	37.0	74.0	37.0
Ossining Village	4	4	9	7	11	16.0	16.0	35.9	27.9	43.9
Peeckskill	8	7	6	8	4	33.9	29.7	25.4	33.9	17.0
Pleasantville	2	3	5	3	1	28.5	42.7	71.2	42.7	14.2
Sleepy Hollow	0	4	1	6	2	0.0	40.5	10.1	60.8	20.3
Northeast	48	94	113	135	168	35.1	68.7	82.6	98.7	122.8
Bedford	4	14	16	12	36	23.1	80.8	92.3	69.2	207.7
Lewisboro	9	12	16	18	18	72.5	96.7	128.9	145.0	145.0
Mount Kisco	4	5	8	7	15	36.8	46.0	73.5	64.4	137.9
New Castle	6	13	17	12	19	34.2	74.0	96.8	68.3	108.1
North Castle	2	4	4	8	8	16.9	33.8	33.8	67.6	67.6
North Salem	2	8	5	12	13	39.2	156.7	98.0	235.1	254.7
Pound Ridge	0	3	5	10	11	0.0	58.8	98.0	195.9	215.5
Somers	8	13	13	28	36	39.2	63.6	63.6	137.0	176.2
Yorktown Heights	13	22	29	28	12	36.0	61.0	80.4	77.6	33.3
West Central	21	21	41	27	23	12.9	12.9	25.2	16.6	14.2
Ardsey	2	1	3	0	1	44.9	22.5	67.4	0.0	22.5
Dobbs Ferry	3	2	3	4	2	27.6	18.4	27.6	36.8	18.4
Elmsford	0	0	1	1	0	0.0	0.0	21.4	21.4	0.0
Greenburgh	6	6	7	10	7	14.0	14.0	16.3	23.3	16.3
Hastings-on-Hudson	1	1	5	5	3	12.7	12.7	63.7	63.7	38.2
Irvington	2	1	3	1	2	31.2	15.6	46.7	15.6	31.2
Scarsdale	0	1	3	0	4	0.0	5.8	17.5	0.0	23.3
Tarrytown	3	4	7	3	2	26.6	35.5	62.1	26.6	17.7
White Plains	4	5	9	3	2	7.0	8.8	15.8	5.3	3.5
East Central	6	13	18	12	18	5.1	11.0	15.2	10.1	15.2
Harrison	2	3	8	4	4	7.3	10.9	29.1	14.6	14.6
Larchmont	0	1	0	1	0	0.0	17.1	0.0	17.1	0.0
Mamaroneck Town	2	1	4	1	1	16.7	8.3	33.4	8.3	8.3
Mamaroneck Village	1	2	3	1	1	5.3	10.6	15.8	5.3	5.3
Port Chester	1	1	1	3	4	3.5	3.5	3.5	10.4	13.8
Rye	0	2	2	1	8	0.0	12.7	12.7	6.4	50.9
Rye Brook	0	3	0	1	0	0.0	32.1	0.0	10.7	0.0
Southwest	1	11	17	7	2	0.5	5.6	8.7	3.6	1.0
Yonkers	1	11	17	7	2	0.5	5.6	8.7	3.6	1.0
Southeast	7	8	13	4	4	3.7	4.2	6.9	2.1	2.1
Bronxville	0	2	1	0	1	0.0	31.6	15.8	0.0	15.8
Eastchester	0	0	2	0	0	0.0	0.0	10.2	0.0	0.0
Mount Vernon	2	0	2	1	0	3.0	0.0	3.0	1.5	0.0
New Rochelle	4	3	6	3	3	5.2	3.9	7.8	3.9	3.9
Pelham	0	1	1	0	0	0.0	14.5	14.5	0.0	0.0
Pelham Manor	1	1	1	0	0	18.2	18.2	18.2	0.0	0.0
Tuckahoe	0	1	0	0	0	0.0	15.4	0.0	0.0	0.0

¹ Rates were calculated using the 2010 US Census population data.
Source: Westchester County Department of Health. Data as of November 2011.

Table 23. Reported Cases and Rates of Lyme Disease by Age and Sex, Westchester County, 2010

Age (years)	Total ¹			Male			Female		
	Number	Rate ²	Percent	Number	Rate ²	Percent	Number	Rate ²	Percent
Total	114	12.0	100	70	15.3	100	39	7.9	100
0-9	15	12.5	13.2	9	14.6	12.9	6	10.2	15.4
10-19	23	17.6	20.2	18	26.8	25.7	5	7.8	12.8
20-29	10	9.4	8.8	8	14.8	11.4	2	3.8	5.1
30-39	7	6.0	6.1	4	7.0	5.7	3	5.0	7.7
40-49	12	8.1	10.5	8	11.3	11.4	4	5.2	10.3
50-59	21	15.6	18.4	12	18.7	17.1	9	12.8	23.1
60-69	11	11.9	9.6	7	16.4	10.0	4	8.1	10.3
70+	10	10.0	8.8	4	10.2	5.7	6	9.9	15.4

¹ Total includes five cases of unknown sex and/or age.

² Rates are per 100,000 persons, calculated using the 2010 US Census population data.

Source: Westchester County Department of Health. Data as of November 2011.

**Table 24. Reported Cases of Lyme Disease
by Month, Westchester County, 2010**

Month	Cases	Percent
Total	114	100
January	9	7.9
February	4	3.5
March	6	5.3
April	8	7.0
May	8	7.0
June	32	28.1
July	27	23.7
August	7	6.1
September	3	2.6
October	0	0.0
November	2	1.8
December	8	7.0

Source: Westchester County Department of Health.
Data as of November 2011.

Table 25. Number of Tuberculosis Cases and Contacts, Westchester County, 2006 - 2010

	2010		2009		2008		2007		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
New Tuberculosis Cases ¹	37		40		62		44		72	
Sex										
Male	24	64.9	25	62.5	40	64.5	21	47.7	42	58.3
Females	13	35.1	15	37.5	22	35.5	23	52.3	30	41.7
Race										
White	22	59.4	25	62.5	46	74.2	25	56.8	36	50.0
Black	5	13.5	7	17.5	4	6.5	12	27.3	16	22.2
Asian	6	16.2	8	20.0	12	19.4	7	15.9	20	27.8
Other	4	10.8								
Ethnicity										
Hispanic	19	51.4	20	50.0	35	56.5	21	47.7	31	43.1
Non-Hispanic	18	48.4	20	50.0	27	43.5	23	52.3	41	56.9
Foreign Born	31	83.8	32	80.0	52	83.9	36	81.8	53	73.6
US Born	6	16.2	8	20.0	10	16.1	8	18.2	19	26.4
Site of Infection										
Pulmonary	27	73.0	29	72.5	56	90.3	34	77.3	62	86.1
Extra-Pulmonary Only ²	10	27.0	11	27.5	6	9.7	10	22.7	10	13.9
Drug Resistant										
None Identified ³	36	97.3	34	85.0	55	88.7	40	90.9	67	93.1
Drug Resistant (Non-MDR) ⁴	0	0.0	3	7.5	7	11.3	4	9.1	5	6.9
Multi-Drug Resistant ⁵	1	2.7	3	7.5	0	0.0	0	0.0	0	0.0
HIV Status										
Negative	27	73.0	32	80.0	50	80.6	31	70.5	50	69.4
Positive	3	8.1	2	5.0	7	11.3	5	11.4	8	11.1
Unknown	7	18.9	6	15.0	5	8.1	8	18.2	14	19.4
Active Cases ⁶	31		29		56		35		65	
Contacts Identified ⁷	378		944		1,151		1,801		1,715	
Incidence Rate per 100,000	3.9		4.4		6.7		4.8		7.8	

¹ Those treated with ≥2 drugs for TB as of 12/31 of year; includes cases reported by DOCS & followed by NYSDOH.

² Pulmonary cases may also have extra-pulmonary presentations. Extra-pulmonary-only cases have no pulmonary parenchymal involvement.

³ Includes culture-confirmed cases and clinical cases without positive cultures.

⁴ Resistant to any other drugs, but not the combination of INH + Rifampin.

⁵ Resistant to at least INH + Rifampin.

⁶ Persons being monitored on December 31st of the year shown.

⁷ Source: Westchester County Department of Health. Data as of January 2012.

Table 26. Number of Clients and Visits to Westchester County Department of Health Clinics by Age, Sex, and Race/Ethnicity, Westchester County, 2010

	Clients	%	Visits	%	Average Visits per Client
Total ^{1,2}	3,328	..	7,747	..	2.3
Gender					
Female	1,498	45.0	3,472	44.8	2.3
Male	1,828	54.9	4,275	55.2	2.3
Race/Ethnicity					
White - Non Hispanic ³	541	16.3	1,047	13.5	1.9
Black - Non Hispanic ³	1,256	37.7	2,464	31.8	2.0
Hispanic - White	543	16.3	1,776	22.9	3.3
Hispanic - Black	51	1.5	86	1.1	1.7
Hispanic - Race unspecified	497	14.9	1,217	15.7	2.4
Asian/Native	101	3.0	340	4.4	3.4
Hawaiian/Pacific Islander					
Multicultural/Some Other					
Race/Unknown	337	10.1	817	10.5	2.4
Age Group					
<1	2	0.1	8	0.1	4.0
1-4	48	1.4	136	1.8	2.8
5-9	89	2.7	273	3.5	3.1
10 - 14	119	3.6	292	3.8	2.5
15 - 19	358	10.8	799	10.3	2.2
20 - 24	824	24.8	1,687	21.8	2.0
25 - 29	553	16.6	1,165	15.0	2.1
30 - 34	400	12.0	913	11.8	2.3
35 - 39	230	42.4	541	7.0	2.4
40 - 44	202	6.1	494	6.4	2.4
45 - 64	434	13.0	1,232	15.9	2.8
65+	67	2.0	207	2.7	3.1

¹ Patients may visit one or more clinic programs during the year, including STD, TB, PPD, Immunization and HIV; total is an unduplicated count of all the patients utilizing services across all the clinic programs. Therefore, total patient count may be less than the sum of individual programs. Does not include the School Dental Program or the Home Health Program.

² District office numbers includes confidential HIV counseling & testing visits that are part of STD and TB clinics.

³White-Non Hispanic includes 8 cases of unknown ethnicity and Black-Non Hispanic includes 27 cases of unknown ethnicity.

Source: Westchester County Department of Health. Data as of December 2011.

Table 27. Number of Clients and Visits to Westchester County Department of Health Sexually Transmitted Disease Clinics by Age, Sex, and Race/Ethnicity, Westchester County, 2010

Demographics	Total Patients¹	Total Visits	Visits per Patient
Total²	2,222	3,937	1.8
Sex			
Female	972	1,754	1.8
Male	1,250	2,183	1.7
Race/Ethnicity			
White - Non Hispanic ³	408	702	1.7
Black - Non Hispanic ³	1,070	1,916	1.8
Hispanic - White	215	394	1.8
Hispanic - Black	47	76	1.6
Hispanic - Race unspecified	307	547	1.8
Asian/Native	24	41	1.7
Hawaiian/Pacific Islander			
Multicultural/Some Other	151	261	1.7
Race/ Unknown			
Age Group			
<15	11	16	1.5
15 - 19	280	496	1.8
20 - 24	696	1,211	1.7
25 - 29	429	738	1.7
30 - 34	269	438	1.6
35 - 39	152	255	1.7
40 - 44	117	216	1.8
45+	268	567	2.1

¹Total represents unduplicated patients; includes patients who may have received HIV testing and counseling during the

²Total includes unknown sex and unknown race/ethnicity.

³White-Non Hispanic includes 7 cases of unknown ethnicity and Black-Non Hispanic includes 26 cases of unknown

Source: Westchester County Department of Health. Data as of December 2011.

Table 28. Number of Clients and Visits for HIV Tests and/or Counseling Services at Westchester County Department of Health HIV Clinics by Age, Sex, and Race/Ethnicity, Westchester County, 2010

Demographics	Total Patients	Total Visits	Visits per Patient
Total	2,566	3,267	1.3
Sex			
Female	1,135	1,457	1.3
Male	1,430	1,810	1.3
Race/Ethnicity			
White - Non Hispanic	453	558	1.2
Black - Non Hispanic	1,109	1,435	1.3
Hispanic - White	333	422	1.3
Hispanic - Black	48	58	1.2
Hispanic - Race unspecified	366	469	1.3
Asian/Native	57	74	1.3
Hawaiian/Pacific Islander			
Multicultural/Some Other	199	249	1.3
Race/Unknown			
Unknown	180	208	1.2
Age Group			
<10	37	52	1.4
10 - 14	14	24	1.7
15 - 19	304	375	1.2
20 - 24	752	939	1.2
25 - 29	466	610	1.3
30 - 34	314	388	1.2
35 - 39	172	215	1.3
40 - 44	148	191	1.3
45+	358	473	1.3

Source: Westchester County Department of Health. Data as of December 2011.

Table 29. Number of Clients and Visits to Westchester County Department of Health Tuberculosis Clinics by Age, Sex, and Race/Ethnicity, Westchester County, 2010

Demographics	Total Patients¹	Total Visits	Visits per Patient
Total²	606	2,681	4.4
Sex			
Female	281	1,205	4.3
Male	325	1,476	4.5
Race/Ethnicity			
White - Non Hispanic ³	46	174	3.8
Black - Non Hispanic ³	61	284	4.7
Hispanic - White	228	1,102	4.8
Hispanic - Black	1	3	3.0
Hispanic - Race unspecified	128	525	4.1
Asian/Native	51	239	4.7
Hawaiian/Pacific Islander			
Multicultural/Some Other	91	353	3.9
Race/Other/Unknown			
Age Group			
<10	71	268	3.8
10 - 14	35	161	4.6
15 - 19	41	226	5.5
20 - 24	69	327	4.7
25 - 29	66	278	4.2
30 - 34	68	328	4.8
35 - 39	44	211	4.8
40 - 44	53	210	4.0
45 - 64	127	577	4.5
65+	32	95	3.0

Source: Westchester County Department of Health. Data as of December 2011.

Table 30. Number of Clients Enrolled in Home Health Program¹ and Number of Home Health Visits Received by Age, Sex, and Race/Ethnicity, Westchester County Department of Health, 2010

	Total Patients	Total Visits	Average Visits per Patient
Total	3,545	13,650	3.9
Age Group			
<1	241	479	2.0
1 - 4	361	1,255	3.5
5 - 9	57	588	10.3
10 - 14	74	131	1.8
15 - 19	91	199	2.2
20 - 24	109	826	7.6
25 - 29	66	984	14.9
30 - 34	64	371	5.8
35 - 39	71	408	5.7
40 - 44	83	876	10.6
45 - 49	144	1,058	7.3
50 - 54	148	541	3.7
55 - 59	150	473	3.2
60 - 64	165	642	3.9
65 - 69	167	645	3.9
70 - 74	169	506	3.0
75 - 79	235	811	3.5
80 - 84	358	891	2.5
85 - 89	351	874	2.5
90+	441	1,092	2.5
Sex			
Female	2,357	7,965	3.4
Male	1,188	5,685	4.8
Race/Ethnicity			
White - Non Hispanic	1,220	3,487	2.9
Black - Non Hispanic	707	2,755	3.9
Hispanic - White	514	3,398	6.6
Hispanic - Black	26	62	2.4
Hispanic - Race unspecified	65	601	9.2
Asian/Native	65	682	10.5
Hawaiian/Pacific Islander			
Multicultural/Some Other			
Race/Other/Unknown	929	2,665	2.9

¹ Home Health Program includes DOT, DOPT, and other visits.

Source: Westchester County Department of Health. Data as of December 2010.

Table 31. Number of Clients Served and Number of Client Visits, Westchester County Department of Health, 2010

Clinic / Programs	Patients	%	Visits	%	Average Visits per Client
TOTAL¹	3,328	..	7,747	..	2.3
Sexually Transmitted Diseases	2,224	0.7	3,937	50.8	1.8
Tuberculosis	606	0.2	2,681	34.6	4.2
PPD ²	306	0.1	489	6.3	2.0
HIV Counseling and Testing ³	2,566	0.8	3,267	42.2	1.3
HIV Counseling and Testing Only ⁴	277	0.1	313	4.0	1.1
Immunization	286	0.1	327	4.2	1.2
Certified Home Health Program ⁵	3,545	1.1	13,650	176.2	3.9
School-Based Dental	292	0.1	294	3.8	1.0

¹ Clients may visit one or more clinic during the year, therefore, total client count may be more than the sum of individual programs.

² Includign PPDs given during community surveys outside of the clinics.

^{3,4} Clients may visit an HIV clininc to receive only HIV counseling and testing services. However, they may also receive HIV couseling and testing services in STD or T clinics while receiving other services. Such visits are not included in the total.

⁵ Visits in Certified Home Health Program refers to the number of visits received by clients at their homes or other locations.

⁶ Clients seen in designated schools in the county.

Appendices

A1. Communicable Disease Reporting Requirements

Westchester County publishes a quarterly morbidity report detailing the incidence of all reportable diseases that occur within the County. The monthly morbidity report can be found on the Health Department's website www.westchestergov.com/health, under data and statistics. Diseases are reported in the Monthly Morbidity Report if there have been cases during the past 5 years, therefore not every disease that is listed in the New York State Department of Health reporting requirements will appear.

NEW YORK STATE DEPARTMENT OF HEALTH

COMMUNICABLE DISEASE REPORTING REQUIREMENTS

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

<ul style="list-style-type: none"> Amebiasis ☒ Animal bites for which rabies prophylaxis is given¹ ☒ Anthrax² ☒ Arboviral infection³ Babesiosis ☒ Botulism² ☒ Brucellosis² Campylobacteriosis Chancroid Chlamydia trachomatis infection ☒ Cholera Cryptosporidiosis Cyclosporiasis ☒ Diphtheria E. coli O157:H7 infection⁴ Ehrlichiosis/Anaplasmosis ☒ Encephalitis ☒ Foodborne illness Giardiasis ☒ Glanders² Gonococcal infection Haemophilus influenzae⁵ (invasive disease) ☒ Hantavirus disease Hemolytic uremic syndrome Hepatitis A ☒ Hepatitis A in a food handler Hepatitis B, C (specify acute or chronic) 	<ul style="list-style-type: none"> Pregnant hepatitis B carrier Herpes infection, infants aged 60 days or younger Hospital associated infections (as defined in section 2.2 10NYCRR) Influenza, laboratory-confirmed Legionellosis Listeriosis Lyme disease Lymphogranuloma venereum Malaria ☒ Measles ☒ Melioidosis² Meningitis <li style="padding-left: 20px;">Aseptic or viral ☒ Haemophilus ☒ Meningococcal <li style="padding-left: 20px;">Other (specify type) ☒ Meningococemia ☒ Monkeypox Mumps Pertussis ☒ Plague² ☒ Poliomyelitis Psittacosis ☒ Q Fever² ☒ Rabies² Rocky Mountain spotted fever ☒ Rubella (including congenital rubella syndrome) 	<ul style="list-style-type: none"> Salmonellosis ☒ Severe Acute Respiratory Syndrome (SARS) Shigatoxin-producing ecoli⁶ Shigellosis⁴ ☒ Smallpox² Staphylococcus aureus⁵ (due to strains showing reduced susceptibility or resistance to vancomycin) ☒ Staphylococcal enterotoxin B poisoning² Streptococcal infection (invasive disease)⁵ Group A beta-hemolytic strep 	<ul style="list-style-type: none"> Group B strep Streptococcus pneumoniae ☒ Syphilis, specify stage⁷ Tetanus Toxic shock syndrome Transmissible spongiform encephalopathies⁸ Trichinosis ☒ Tuberculosis current disease (specify site) ☒ Tularemia² ☒ Typhoid Vibriosis⁵ ☒ Vaccinia disease⁹ ☒ Viral hemorrhagic fever² Yersiniosis
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SPECIAL NOTES

- Diseases listed in **bold type (☒)** warrant prompt action and should be reported **immediately** to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use universal reporting form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- **Cases of HIV infection, HIV-related illness and AIDS are reportable to:**
 Division of Epidemiology
 P.O. Box 2073, ESP Station
 Albany, NY 12220-2073
 (518) 474-4284
 In New York City: New York City Department of Health and Mental Hygiene
 For HIV/AIDS reporting, call: (212) 442-3388

For more information on disease reporting,
 call your local health department or the
 New York State Department of Health
 Bureau of Communicable Disease Control at
 (518) 473-4439 or (866) 881-2809 after hours.
 In New York City, 1 (866) NYC-DOH1.
 To obtain reporting forms (DOH-389), call (518) 474-0548.

PLEASE POST THIS CONSPICUOUSLY

WHO SHOULD REPORT?

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Contact Person _____

Name/Address _____

Phone _____

Fax _____

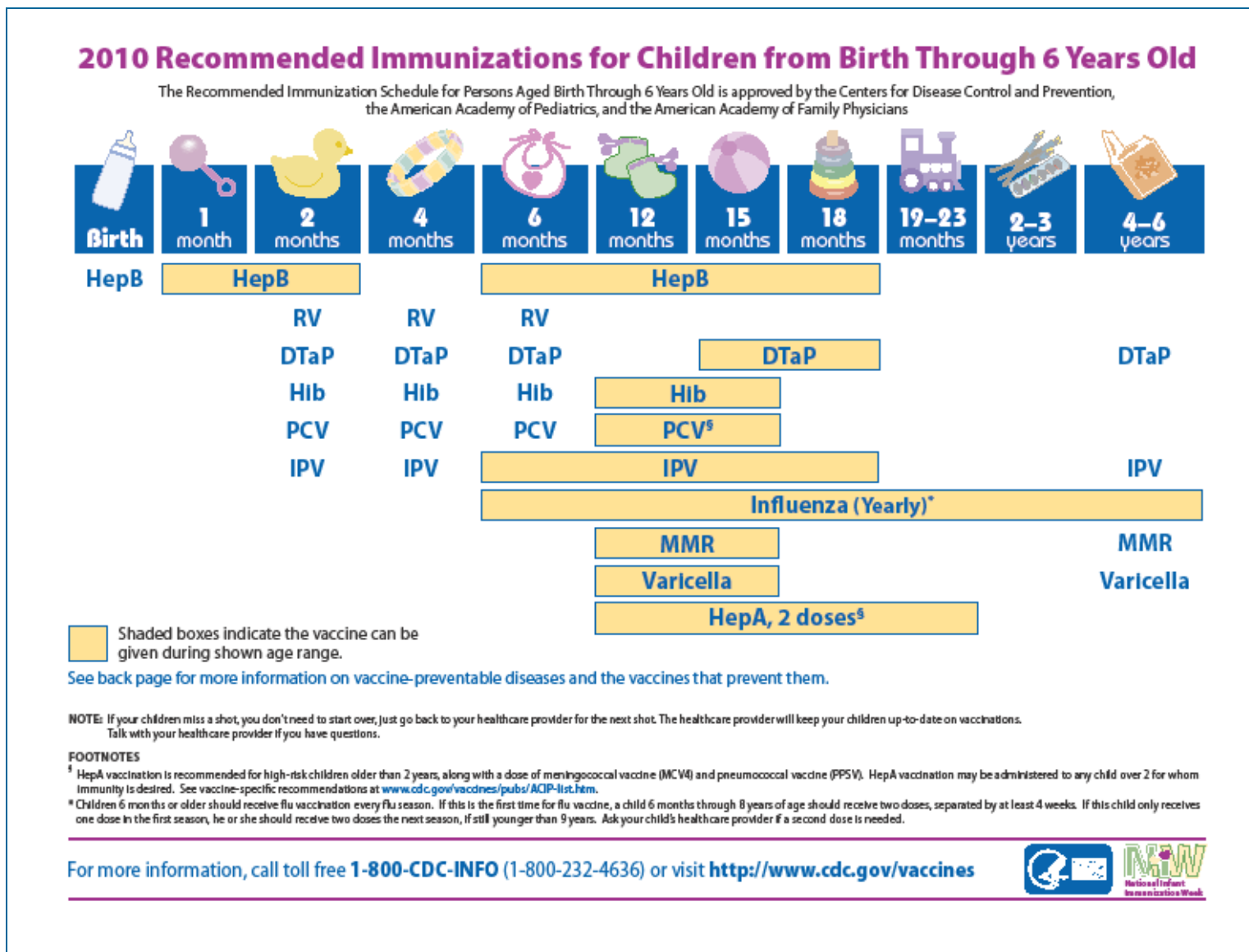
WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- phone diseases in bold type,
- mail case report, DOH-389, for all other diseases.
- in New York City use form PD-16.

Revised 10/07

A2. Childhood Immunization Schedule



Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Diphtheria (Can be prevented by DTaP vaccine)*

Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diphtheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, low-grade fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In severe cases, the illness can cause coma, paralysis, and even death.

Haemophilus influenzae type b (Can be prevented by Hib vaccine)

Hib disease is caused by bacteria called Haemophilus influenzae type b. The disease is very serious for children younger than age 5, especially infants. Hib is spread from person to person by direct contact, or by contact with respiratory droplets from an infected person's cough or sneeze. Hib is most commonly spread by people who have the bacteria in their noses and throats but who are not sick. Hib can cause meningitis—an infection around the brain and spinal cord—which can lead to life-long disability, mental retardation, or death. Hib can also cause epiglottitis (infection in the throat) and pneumonia (infection in the lungs). All these infections can be life threatening.

Hepatitis A (Can be prevented by HepA vaccine)

Hepatitis A is an infection in the liver caused by a virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes). An infected person may have no symptoms, may have mild illness for a week or two, or may have severe illness for several months that requires hospitalization. In the U.S., about 100 people a year die from hepatitis A.

Hepatitis B (Can be prevented by HepB vaccine)

Hepatitis B is an infection of the liver caused by a virus. It spreads through contact with blood or other body fluids, for example, from sharing personal items, such as toothbrushes or eating utensils. Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. The virus stays in the liver of some people for the rest of their lives and can result in severe liver diseases, including fatal cancer.

Influenza (Can be prevented by annual flu vaccine)

Influenza is a highly contagious viral infection of the nose, throat, and lungs. It spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

Measles (Can be prevented by MMR vaccine)**

Measles is one of the most contagious viral diseases. Measles is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and watery eyes. Fever can persist, reaching 104°F or higher, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

Mumps (Can be prevented by MMR vaccine)**

Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes fever, headaches, painful swelling of the salivary glands under the jaw, fever, muscle aches, tiredness, and loss of appetite. Severe complications for children who get mumps are rare, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which can lead to sterility in men.

Pertussis (Whooping Cough) (Can be prevented by DTaP vaccine)*

Pertussis is caused by bacteria that spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, low grade fever, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

Pneumococcal Disease (Can be prevented by PCV vaccine)

Pneumococcal disease is a bacterial infection that invades the lungs, causing the most common kind of bacterial pneumonia. The bacteria are commonly found in many people's noses and throats and are spread by droplets when people who have the bacteria in their throats or noses cough or sneeze. People—especially children—often have the bacteria in their throats without being ill. In fact, the bacteria are present in about 25% of people. Why the bacteria suddenly invade the body and cause disease is unknown. The bacteria can invade both the bloodstream (bacteremia) and the brain (meningitis, that is infection of the covering of the brain and spinal cord). Symptoms include high fever, cough with chest pain and mucus, shaking chills, breathlessness, and chest pain that increases with breathing. Pneumococcal disease can result in hospitalization and even death.

Polio (Can be prevented by IPV vaccine)

Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the feces (stool) of an infected person and through droplets from a sneeze or cough. Symptoms typically include sudden fever, sore throat, headache, muscle weakness, and pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, up to 5% of children may die because they become unable to breathe.

Rotavirus (Can be prevented by RV vaccine)

Rotavirus is caused by a virus and is the most common cause of severe diarrhea among children. Rotavirus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Common symptoms of rotavirus include vomiting, watery diarrhea that lasts for 3-8 days, fever and abdominal pain. Approximately 55,000 children are hospitalized each year in the United States from severe diarrhea and vomiting caused by rotavirus.

Rubella (German Measles) (Can be prevented by MMR vaccine)**

Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious in pregnant women. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

Tetanus (Lockjaw) (Can be prevented by DTaP vaccine)*

Tetanus is caused by bacteria found in soil that enters the body through a wound, such as a deep cut. When people are infected, the bacteria produce a toxin (poison) in the body that causes serious, painful spasms and stiffness of all muscles in the body. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. Three of ten people who get tetanus die from the disease.

Varicella (Chickenpox) (Can be prevented by Varicella vaccine)

Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. It can spread from either a cough, sneeze. It can also spread by contact with virus particles that come from the blisters on the skin, either by touching them or by breathing in these virus particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

*DTaP is a combination vaccine that can prevent Diphtheria, Tetanus, and Pertussis.




**MMR is a combination vaccine that can prevent Measles, Mumps, and Rubella.

A3. Adolescent Immunization Schedule

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years - United States • 2011

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age➤	7-10 years	11-12 years	13-18 years
Tetanus, Diphtheria, Pertusis ¹			Tdap	Tdap
Human Papillomavirus ²		See footnote ²	HPV (3 doses)(females)	HPV series
Meningococcal ³		MCV4	MCV4	MCV4
Influenza ⁴			Influenza (yearly)	
Pneumococcal ⁵			Pneumococcal	
Hepatitis A ⁶			HepA Series	
Hepatitis B ⁷			HepB Series	
Inactivated Poliovirus ⁸			IPV Series	
Measles, Mumps, and Rubella ⁹			MMR Series	
Varicella ¹⁰			Varicella Series	

	Range of recommended ages for all children		Range of recommended ages for catch-up immunization		Range of recommended ages for certain high-risk groups
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This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- (Minimum age: 10 years for Boostrix and 11 years for Adacel)
 - Persons aged 11 through 18 years who have not received Tdap should receive a dose followed by Td booster doses every 10 years thereafter.
 - Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
 - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- #### 2. Human papillomavirus vaccine (HPV).
- (Minimum age: 9 years)
 - Quadrivalent HPV vaccine (HPV4) or bivalent HPV vaccine (HPV2) is recommended for the prevention of cervical precancers and cancers in females.
 - HPV4 is recommended for prevention of cervical precancers, cancers, and genital warts in females.
 - HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
 - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- #### 3. Meningococcal conjugate vaccine, quadrivalent (MCV4).
- (Minimum age: 2 years)
 - Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
 - Administer 1 dose at age 13 through 18 years if not previously vaccinated.
 - Persons who received their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.
 - Administer 1 dose to previously unvaccinated college freshmen living in a dormitory.
 - Administer 2 doses at least 8 weeks apart to children aged 2 through 10 years with persistent complement deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
 - Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
 - Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
 - Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older).
- #### 4. Influenza vaccine (seasonal).
- For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
 - Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

- Children 6 months through 8 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33-34.
- #### 5. Pneumococcal vaccines.
- A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children aged 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak. See *MMWR* 2010;59(No. RR-11).
 - The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
 - Administer pneumococcal polysaccharide vaccine at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
- #### 6. Hepatitis A vaccine (HepA).
- Administer 2 doses at least 6 months apart.
 - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
- #### 7. Hepatitis B vaccine (HepB).
- Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
 - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
- #### 8. Inactivated poliovirus vaccine (IPV).
- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- #### 9. Measles, mumps, and rubella vaccine (MMR).
- The minimum interval between the 2 doses of MMR is 4 weeks.
- #### 10. Varicella vaccine.
- For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
 - For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

The recommended Immunization Schedules for Persons Aged 0 Through 18 years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/recs/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).
Department of Health and Human Services • Centers for Disease Control and Prevention

A4. Adult Immunization Schedule

Vaccinations for Adults

You're **NEVER** too old to get immunized!

Getting immunized is a lifelong, life-protecting job. Don't leave your healthcare provider's office without making sure you've had all the vaccinations you need.

Age ➤ Vaccine ▼	19-49 years	50-64 years	65 years & older
Influenza	You need a dose every fall (or winter) for your protection and the protection of others around you.		
Pneumococcal	You need 1-2 doses if you smoke cigarettes or if you have certain chronic medical conditions.*		You need 1 dose at age 65 (or older) if you've never been vaccinated.
Tetanus, Diphtheria, Pertussis (Whooping Cough) (Td, Tdap)	Be sure to get a 1-time dose of "Tdap" vaccine (the adult whooping cough vaccine) if you are younger than age 65 years, are 65+ and have contact with an infant, are a healthcare worker, or simply want to be protected from whooping cough. You need a Td booster dose every 10 years. Consult your healthcare provider if you haven't had at least 3 tetanus- and diphtheria-containing shots sometime in your life or have a deep or dirty wound.		
Hepatitis B (HepB)	You need this vaccine if you have a specific risk factor for hepatitis B virus infection* or you simply wish to be protected from this disease. The vaccine is given in 3 doses, usually over 6 months.		
Hepatitis A (HepA)	You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or you simply wish to be protected from this disease. The vaccine is usually given as 2 doses, 6-18 months apart.		
Human Papillomavirus (HPV)	You need this vaccine if you are a woman who is age 26 years or younger. One brand, Gardasil, can be given to men age 26 years or younger to prevent genital warts. The vaccine is given in 3 doses over 6 months.		
Measles, Mumps, Rubella (MMR)	You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a second dose.		
Varicella (Chickenpox)	If you've never had chickenpox or you were vaccinated but received only 1 dose, talk to your healthcare provider to find out if you need this vaccine.*		
Meningococcal	If you are going to college and plan to live in a dormitory, or have one of several medical conditions*, you need to get vaccinated against meningococcal disease. You may also need additional booster shots.		
Zoster (Shingles)			If you are age 60 years or older, you should get this vaccine now.

*Consult your healthcare provider to determine your level of risk for infection and your need for this vaccine.

Do you travel outside the United States? If so, you may need additional vaccines. The Centers for Disease Control and Prevention (CDC) provides information to assist travelers and their healthcare providers in deciding the vaccines, medications, and other measures necessary to prevent illness and injury during international travel. Visit CDC's website at www.cdc.gov/travel or call (800) CDC-INFO ([800] 232-4636). You may also consult a travel clinic or your healthcare provider.

Technical content provided by the Centers for Disease Control and Prevention, December 2010. www.immunize.org/catg.d/p4030.pdf • Item #P4030(12/10)

Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.vaccineinformation.org • www.immunize.org

A5. Data Sources

The information source on communicable diseases in Westchester County is the New York State Communicable Disease Electronic Surveillance System (CDESS). CDESS is a live database that collects information regarding cases and investigations of numerous communicable diseases in New York State. The information presented in this report represents a snapshot of the data at the time it was downloaded. Subsequently, cases may have been revoked, added, or found to have been duplicates and removed based on new information.

A6. Westchester County Municipalities

Health Planning Region and Municipality ¹	Code ²
Northwest	
Cortlandt Town	T
Buchanan Village	V
Croton-on-Hudson Village	V
Cortlandt Unincorporated	TOV
Mount Pleasant Town	T
Briarcliff Manor Village (Mount Pleasant Part) ²	V
Pleasantville Village	V
Sleepy Hollow Village	V
Mount Pleasant Unincorporated	TOV
Ossining Town	T
Briarcliff Manor Village (Ossining Part) ²	V
Ossining Village	V
Ossining Unincorporated	TOV
Peekskill	C
Northeast	
Bedford Town	T
Lewisboro Town	T
Mount Kisco Town/Village	T/V
New Castle Town	T
North Castle Town	T
North Salem Town	T
Pound Ridge Town	T
Somers Town	T
Yorktown Town	T
West Central	
Greenburgh Town	T
Ardsley Village	V
Dobbs Ferry Village	V
Elmsford Village	V
Hastings-on-Hudson Village	V
Irvington Village	V
Tarrytown Village	V
Greenburgh Unincorporated	TOV
Scarsdale Town/Village	T/V
White Plains	C

Health Planning Region and Municipality ¹	Code ²
East Central	
Harrison Town/Village	T/V
Mamaroneck Town	T
Larchmont Village	V
Mamaroneck Village (Mamaroneck Part) ³	V
Mamaroneck Unincorporated	TOV
Rye City	C
Rye Town	T
Mamaroneck Village (Rye Part) ³	V
Port Chester Village	V
Rye Brook Village	V
Southwest	
Yonkers	C
Southeast	
Eastchester Town	T
Bronxville Village	V
Tuckahoe Village	V
Eastchester Unincorporated	TOV
Mount Vernon	C
New Rochelle	C
Pelham Town	T
Pelham Village	V
Pelham Manor Village	V

¹ For regional planning purposes, municipalities are grouped into six geographic health planning regions.

² A town may or may not include incorporated villages located within the town boundary. When it does not include any incorporated villages within the town boundary, the statistics refer to the town as a whole (T). When it does include incorporated villages within its boundary, the statistics refer to the unincorporated area within the town boundary (TOV). The entities of Harrison, Mount Kisco, and Scarsdale are both towns and villages (V/T). The land in two towns, Pelham and Rye, has all been incorporated into separated villages. Therefore, no data are reported for these two towns.

³ The Village of Briarcliff Manor and the Village of Mamaroneck are split between two towns. Briarcliff Manor is within the Town of Ossining (92% of its surface area and 91% of its population) and the Town of Mount Pleasant (8% of its surface area and 9% of its population). The Village of Mamaroneck is within the Town of Mamaroneck (63% of its surface area and 60% of its population) and the Town of Rye (37% of its surface area and 40% of its population).

A7. Health Planning Regions and Municipality Map

