

WESTCHESTER COUNTY DEPARTMENT OF HEALTH QUARTERLY MORBIDITY REPORT*

Reporting Period: Second Quarter 2011 (Data as of July 13, 2011)	Quarterly (Apr-Jun)			Cumulative (Jan. 1 - Jun. 30)			Annual Totals	
	2011	2010	2009	2011	2010	2009	2010	2009
A. Vaccine-Preventable Diseases								
Measles	1	0	0	1	0	0	0	0
Mumps	0	2	1	0	3	1	4	5
Pertussis	4	3	2	11	12	5	40	20
B. CNS Diseases and Bacteremias								
Encephalitis	0	0	0	1	1	2	7	4
<i>West Nile Encephalitis (lab positive)</i>	0	0	0	0	0	0	4	0
<i>Non-West Nile Encephalitis</i>	0	0	0	1	1	2	3	4
Listeriosis	0	2	4	1	3	4	6	9
Meningitis	7	6	11	22	15	24	47	81
<i>Aseptic Meningitis</i>	4	3	9	12	9	19	32	63
<i>Meningococcal Diseases</i>	0	0	0	0	0	0	1	0
<i>Other Meningitis/Bacteremias</i> ⁽¹⁾	3	3	2	10	6	5	14	18
Group A Strep	3	7	8	16	18	17	27	25
Group B Strep	15	16	12	24	27	24	56	56
Invasive Strep Pneumoniae ⁽²⁾	14	20	26	51	51	59	90	99
<i>Invasive Strep Pneumoniae</i>	12	20	25	49	50	58	88	97
<i>Drug-Resistant Strep Pneumoniae</i>	2	0	1	2	1	1	2	2
C. Enteric Infections								
Amebiasis	7	7	11	13	13	21	23	37
Campylobacteriosis	50	49	47	97	73	72	178	153
Cryptosporidiosis	3	1	0	4	4	3	9	9
Cyclosporidiosis	1	1	1	1	1	1	3	4
Giardiasis	17	14	23	39	33	51	93	108
Salmonellosis	46	45	37	66	79	61	180	129
Shigellosis	4	6	9	12	13	16	33	39
STEC (E. Coli 0157) ⁽³⁾	7	4	5	9	7	8	21	17
Hemolytic Uremic Syndrome ⁽⁴⁾	0	1	1	0	1	1	3	2
Typhoid	0	0	0	3	0	0	1	0
Vibriosis	0	0	0	0	0	0	1	6
Yersiniosis	1	0	0	1	0	0	2	1
D. Viral Hepatitis								
Hepatitis A	0	5	3	1	5	6	8	7
Hepatitis B	9	30	39	33	54	72	98	127
<i>Acute</i>	2	1	2	3	1	3	3	3
<i>Chronic</i> ^(5,6)	7	29	37	30	53	69	93	124
Hepatitis C	8	67	91	33	151	198	277	358
<i>Acute</i>	0	0	0	0	0	0	0	0
<i>Chronic</i> ^(5,6)	8	67	91	33	151	198	277	358
E. Sexually Transmitted Diseases								
Chlamydia ⁽⁷⁾	640	744	716	1,490	1,401	1,408	2,915	2,764
Lymphogranuloma Venereum	0	0	1	0	0	1	2	3
Gonorrhea	106	110	89	232	236	175	474	376
Syphilis (All Stages) ⁽⁸⁾	24	46	48	58	74	93	148	163
Early Syphilis	9	14	21	23	22	33	51	55
<i>Primary and Secondary</i>	6	8	8	13	13	16	26	27
<i>Early Latent</i>	3	6	13	10	9	17	25	28
All other	15	32	27	35	52	60	97	108
Congenital Syphilis	0	0	0	0	1	1	1	1

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	2011	2010	2009	2011	2010	2009	2010	2009
F. Tuberculosis								
Tuberculosis	24	11	8	34	19	23	37	40
G. Vector-Borne, Zoonoses								
Babesiosis ⁽⁶⁾	2	4	3	2	4	4	34	59
Ehrlichiosis ⁽⁶⁾	0	1	12	0	1	13	6	35
Lyme Disease ⁽⁹⁾	47	48	66	75	67	82	114	207
<i>Sentinel Surveillance Cases</i>	47	38	48	75	57	61	95	161
<i>Non-Sentinel Surveillance Cases</i>	0	10	18	0	10	21	19	46
<i>NYSDOH Calculated Incidence</i>							404	643
Malaria	2	1	0	3	1	4	9	7
Post-Exposure Prophylaxis for Rabies ⁽¹⁰⁾	33	86	52	55	123	72	264	258
H. Others								
Legionellosis	1	1	3	4	5	5	16	22
Toxic Shock Syndrome ⁽¹¹⁾	0	1	1	0	4	4	5	5

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

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

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

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

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

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

6. Incomplete data due to surveillance limitations.

7. Total Chlamydia cases do not include LGV.

8. Total syphilis cases do not include congenital syphilis.

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

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

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

Comments from the Division of Disease Control

Overview:

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

Highlights:

Measles - A case was confirmed (by CDC) in a WC resident who had previous documentation of immunity to measles. CDC has recently reported a number of such cases, which do not appear to be highly infectious, and may be due to waning immunity. The last measles case in a WC resident was identified in 2007.

Pertussis - Incidence was decreased during the 1st and 2nd quarters of 2011 compared with the 4th quarter of 2010, and was similar to the 1st and 2nd quarters of 2010. This may indicate that the increase in pertussis in Westchester and throughout the U.S. during 2010 has peaked and is now decreasing. (Cyclical increases in incidence every 3-5 years).

Campylobacter - Incidence was increased during the 1st quarter, but not the 2nd quarter of 2011 compared with previous years. NYC metropolitan region and NYS also had observed an increase during the first quarter. The increased use and sensitivity of a new test for Campylobacter may be contributing to this increase. This will be monitored.

Chlamydia - Incidence for the 2nd quarter of 2011 is decreased compared with the previous quarter and the 2nd quarter of 2010. This may be due to the natural fluctuation in disease, as the YTD incidence remains increased compared with previous years. This will continue to be monitored.

Rabies Post-Exposure Prophylaxis - The number of individuals receiving PEP for Rabies has decreased significantly compared with previous years and will continue to be monitored. Most rabies PEP is administered for bat exposures and a fungal infection which is decreasing the bat population in the northeastern U.S. may be contributing to a decrease in bat exposures and thus PEP.