

WESTCHESTER COUNTY DEPARTMENT OF HEALTH QUARTERLY MORBIDITY REPORT*

Reporting Period: First Quarter 2011 (Data as of April 13, 2011)

Quarterly (Jan-Mar)

Cumulative (Jan. 1 - Mar. 31)

Annual Totals

	2011	2010	2009	2011	2010	2009	2010	2009
A. Vaccine-Preventable Diseases								
Mumps	0	1	0	0	1	0	4	5
Pertussis	9	9	3	9	9	3	40	20
B. CNS Diseases and Bacteremias								
Encephalitis	1	1	2	1	1	2	9	4
<i>West Nile Encephalitis (lab positive)</i>	0	0	0	0	0	0	4	0
<i>Non-West Nile Encephalitis</i>	1	1	2	1	1	2	5	4
Listeriosis	1	1	0	1	1	0	6	9
Meningitis	14	9	13	14	9	13	50	81
<i>Aseptic Meningitis</i>	8	6	10	8	6	10	35	63
<i>Meningococcal Diseases</i>	0	0	0	0	0	0	1	0
<i>Other Meningitis/Bacteremias</i> ⁽¹⁾	6	3	3	6	3	3	14	18
Group A Strep	11	11	9	11	11	9	27	25
Group B Strep	8	11	12	8	11	12	56	56
Invasive Strep Pneumoniae ⁽²⁾	33	31	33	33	31	33	90	99
<i>Invasive Strep Pneumoniae</i>	33	30	33	33	30	33	88	97
<i>Drug-Resistant Strep Pneumoniae</i>	0	1	0	0	1	0	2	2
C. Enteric Infections								
Amebiasis	4	6	10	4	6	10	23	37
Campylobacteriosis	42	24	25	42	24	25	178	153
Cryptosporidiosis	1	3	3	1	3	3	9	9
Cyclosporidiosis	0	0	0	0	0	0	3	4
Giardiasis	20	19	28	20	19	28	93	108
Salmonellosis	17	34	24	17	34	24	180	129
Shigellosis	6	7	7	6	7	7	33	39
STEC (E. Coli 0157) ⁽³⁾	2	3	3	2	3	3	21	17
Hemolytic Uremic Syndrome ⁽⁴⁾	0	0	0	0	0	0	3	2
Typhoid	3	0	0	3	0	0	1	0
Vibriosis	0	0	0	0	0	0	1	6
Yersiniosis	0	0	0	0	0	0	2	1
D. Viral Hepatitis								
Hepatitis A	1	0	3	1	0	3	8	7
Hepatitis B	23	20	26	23	20	26	83	103
<i>Acute</i>	1	0	1	1	0	1	3	3
<i>Chronic</i> ^(5,6)	22	20	25	22	20	25	80	100
Hepatitis C	23	77	93	23	77	93	239	303
<i>Acute</i>	0	0	0	0	0	0	0	0
<i>Chronic</i> ^(5,6)	23	77	93	23	77	93	239	303
E. Sexually Transmitted Diseases								
Chlamydia ⁽⁷⁾	739	657	692	739	657	692	2,914	2,764
Lymphogranuloma Venereum	0	0	0	0	0	0	2	3
Gonorrhea	125	126	86	125	126	86	474	376
Syphilis (All Stages) ⁽⁸⁾	30	28	45	30	28	45	148	163
Early Syphilis	13	8	12	13	8	12	51	55
<i>Primary and Secondary</i>	7	5	8	7	5	8	26	27
<i>Early Latent</i>	6	3	4	6	3	4	25	28
All other	17	20	33	17	20	33	97	108
Congenital Syphilis	0	1	1	0	1	1	1	1

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	2011	2010	2009	2011	2010	2009	2010	2009
F. Tuberculosis								
Tuberculosis	14	8	15	14	8	15	40	43
G. Vector-Borne, Zoonoses								
Babesiosis ⁽⁶⁾	0	0	1	0	0	1	34	59
Ehrlichiosis ⁽⁶⁾	0	0	1	0	0	1	0	35
Lyme Disease ⁽⁹⁾	24	19	16	24	19	16	114	207
<i>Sentinel Surveillance Cases</i>	23	19	13	23	19	13	95	161
<i>Non-Sentinel Surveillance Cases</i>	1	0	3	1	0	3	19	46
<i>NYSDOH Calculated Incidence</i>							404	643
Malaria	1	0	4	1	0	4	9	7
Post-Exposure Prophylaxis for Rabies ⁽¹⁰⁾	22	37	20	22	37	20	264	258
H. Others								
Legionellosis	3	4	2	3	4	2	16	22
Toxic Shock Syndrome ⁽¹¹⁾	0	3	3	0	3	3	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:

Pertussis - Incidence was decreased during the 1st quarter of 2011 compared with the 4th quarter of 2010, and was similar to the 1st quarter 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 of 2011 compared with previous years. A similar increase also is being observed in the NYC metropolitan region and throughout NYS. The increased use and sensitivity of a new test for Campylobacter may be contributing to this increase. This will be monitored.

Salmonella - Compared with previous years, the number of cases for the first 3 quarters of 2010 was increased; this has returned to baseline during the 4th quarter of 2010 and continued during the 1st quarter of 2011. This may represent natural fluctuations in disease incidence and will continue to be monitored.

Gonorrhea - The incidence was increased in Westchester, NYC, and certain upstate areas during 2010, but this has not further increased during the 1st quarter of 2011. This will continue to be monitored.

Chlamydia - Incidence for the 1st quarter of 2011 is again increased compared with the previous quarter and the 1st quarter of 2010. This continues a 12% average annual increase in Chlamydia incidence in Westchester since 2001. This is likely due to easier testing and thus more widespread use of the testing for this disease and the identification of an increased number of infected partners.