

WESTCHESTER COUNTY DEPARTMENT OF HEALTH QUARTERLY MORBIDITY REPORT*

Reporting Period: Third Quarter 2011 (Data as of October 12, 2011)	Quarterly (Jul-Sept)			Cumulative (Jan 1 - Sept 30)			Annual Totals	
	2011	2010	2009	2011	2010	2009	2010	2009
A. Vaccine-Preventable Diseases								
Measles	0	0	0	1	0	0	0	0
Mumps	1	1	3	1	4	4	4	5
Pertussis	12	13	3	22	25	8	40	20
B. CNS Diseases and Bacteremias								
Encephalitis	0	6	0	3	7	2	7	4
<i>West Nile Encephalitis (lab positive)</i>	2	4	0	2	4	0	4	0
<i>Non-West Nile Encephalitis</i>	0	2	0	1	3	2	3	4
Listeriosis	2	0	3	3	3	7	6	9
Meningitis	20	18	34	42	33	58	47	81
<i>Aseptic Meningitis</i>	19	14	29	31	23	48	32	63
<i>Meningococcal Diseases</i>	0	0	0	0	0	0	1	0
<i>Other Meningitis/Bacteremias</i> ⁽¹⁾	1	4	5	11	10	10	14	18
Group A Strep	1	4	5	18	22	22	27	25
Group B Strep	11	13	15	38	40	39	56	56
Invasive Strep Pneumoniae ⁽²⁾	2	11	10	55	62	69	90	99
<i>Invasive Strep Pneumoniae</i>	0	11	9	50	61	67	88	97
<i>Drug-Resistant Strep Pneumoniae</i>	2	0	1	5	1	2	2	2
C. Enteric Infections								
Amebiasis	7	6	9	20	19	30	23	37
Campylobacteriosis	74	70	56	180	143	128	178	153
Cryptosporidiosis	5	2	5	9	6	8	9	9
Cyclosporidiosis	1	2	3	3	3	4	3	4
Giardiasis	32	34	29	77	67	80	93	108
Salmonellosis	63	68	39	143	147	100	180	129
Shigellosis	4	18	14	17	31	30	33	39
STEC (E. Coli 0157) ⁽³⁾	6	7	8	15	14	16	21	17
Hemolytic Uremic Syndrome ⁽⁴⁾	0	0	1	0	1	2	3	2
Typhoid	2	0	0	5	0	0	1	0
Vibriosis	4	1	5	4	1	5	1	6
Yersiniosis	0	0	1	0	0	1	2	1
D. Viral Hepatitis								
Hepatitis A	6	3	0	8	8	6	8	7
Hepatitis B	1	27	28	37	80	100	96	126
<i>Acute</i>	1	1	0	5	2	3	3	3
<i>Chronic</i> ^(5,6)	0	26	28	32	78	97	93	123
Hepatitis C	0	80	95	33	234	302	284	369
<i>Acute</i>	0	0	0	0	0	0	0	0
<i>Chronic</i> ^(5,6)	0	80	95	33	234	302	284	369
E. Sexually Transmitted Diseases								
Chlamydia ⁽⁷⁾	707	771	639	2,173	2,172	2,047	2,915	2,764
Lymphogranuloma Venereum	0	1	1	0	1	2	2	3
Gonorrhea	133	124	92	372	360	267	474	376
Syphilis (All Stages) ⁽⁸⁾	28	37	31	96	111	124	148	163
Early Syphilis	16	15	10	40	37	43	51	55
<i>Primary and Secondary</i>	11	7	5	24	20	21	26	27
<i>Early Latent</i>	5	8	5	16	17	22	25	28
All other	12	22	21	56	74	81	97	108
Congenital Syphilis	1	0	0	1	1	1	1	1

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	2011	2010	2009	2011	2010	2009	2010	2009
F. Tuberculosis								
Tuberculosis	13	13	8	36	30	29	36	40
G. Vector-Borne, Zoonoses								
Babesiosis ⁽⁶⁾	42	28	52	54	33	56	37	59
Ehrlichiosis ⁽⁶⁾	1	9	23	2	17	36	17	36
Lyme Disease ⁽⁹⁾	59	37	89	147	104	171	114	207
<i>Sentinel Surveillance Cases</i>	51	28	66	132	83	127	95	161
<i>Non-Sentinel Surveillance Cases</i>	8	9	23	15	21	44	21	46
<i>NYSDOH Calculated Incidence</i>							404	643
Malaria	2	3	0	5	4	4	9	7
Post-Exposure Prophylaxis for Rabies ⁽¹⁰⁾	105	108	152	162	231	222	264	258
H. Others								
Legionellosis	17	8	14	25	13	19	16	22
Toxic Shock Syndrome ⁽¹¹⁾	0	1	1	0	5	5	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:

Legionellosis - The number of cases during the 3rd quarter of 2011 increased significantly. Cases were from all over the county and no epidemiological links or common exposure was identified. NYC and the metropolitan region noted a similar increase in Legionella during this time period. Legionella incidence has generally been the highest during August and September.

Mumps - Report indicates 1 case who was a student at a WC college who had documentation of appropriate vaccination for mumps and likely acquired infection from travel abroad; this may be due to waning immunity. There was a 2nd case in a student who was attending a WC language program for 3 weeks and who had not been vaccinated against mumps. This case is not reflected in the report as NYSDOH is determining whether to count this case as a WC or NYS case.

Pertussis - Incidence during the 3rd quarter of 2011 increased compared with the 1st and 2nd quarters of 2011, and was similar to the 3rd quarter of 2010, but YTD cases are stable compared with 2010. Pertussis incidence tends to be highest during fall and winter months.

West Nile Virus - There were 2 cases during the 3rd quarter of 2011, fewer than 2010 but more than 2009. WNV cases in WC occur almost exclusively during Aug and September, but are sometimes not diagnosed until October.

Campylobacter - YTD 2011, but not 3rd quarter, 2011 incidence was increased compared with previous years. NYC metropolitan region, NYS, and other states also are observing increases. The increased use and of a new test for *Campylobacter*, with decreased specificity may be contributing to this apparent increase. CDC and NYSDOH are collecting additional data on this testing. This will be monitored.

Typhoid Fever - Both cases during the 3rd quarter were related to international travel. Of the 5 YTD 2011 cases, the 3 earlier cases were all in the same family that had traveled abroad together.

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.