



ANNUAL MORBIDITY REPORT

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Volume 9, Issue 1

85 Civic Center Plaza - Suite 106, Poughkeepsie, NY 12601

December 2014

A MESSAGE FROM THE COMMISSIONER

While there is reason to be concerned about Ebola so long as the epidemic in Africa continues to spread, the chances of an outbreak within our community are negligible. The identity of any person who has been in direct contact with a confirmed Ebola patient either in Africa or in the United States will be known to your State and Local Health Departments. Any such person will be monitored or quarantined for up to 21 days since the date of last exposure, depending on their individual risk of contracting the disease. With the advent of flu season, it is much more likely that someone with flu-like symptoms will panic, believing they might have had contact with someone exposed to Ebola. A negative answer to the question: "Have you been in direct contact with a person sick with confirmed Ebola within the past 21 days?" should rapidly dispel any concern and reassure the patient.

It is understandably unsettling when a mysterious and terrifying contagious disease travels to our country for the first time. Fear of contracting the disease is going to spread far more rapidly than the disease itself. The development of a vaccine against the Ebola virus will not only save lives and prevent the disease from spreading, but also mitigate the fear factor.

Ironically, while we all hope for a vaccine against Ebola, there is increasing reluctance on the part of many Americans to get vaccinated against the endemic contagious diseases we are at risk for here at home. Vaccination rates in children are high because they are mandated by schools, but among adults, rates are far below what is recommended by the Advisory Committee on Immunization Practices and other State and Federal agencies. According to the most current data released by the NYS Department of Health, less than 50% of adults aged 49 to 64 years and less than 70% of seniors 65 and over get their annual flu shot. Tens of thousands of people die of complications of the flu every year in the United States. This is more than the total number of people who have died of Ebola in Africa since the start of the current epidemic.

People who refuse immunizations not only deny themselves protection against the disease, but also place their loved ones and others at risk. As health practitioners, it is incumbent upon us to comply with recommended vaccination schedules and educate our patients. A discussion about Ebola and other debilitating and deadly diseases for which there are no vaccines may provide some perspective.

According to the CDC, this winter's flu season is likely to be a bad one in part because the virus mutated to the more highly pathogenic H3N2 strain after the current vaccine was developed. While the vaccine may not be as effective as anticipated, it will still provide protection in most cases and remains the most effective means of protection. Rapid treatment with antiviral drugs is recommended as a second line of defense in patients at highest risk for complications, such as children under the age of 2, adults 65 and over, people with asthma, heart disease or morbid obesity, and people with weakened immune systems.

The Dutchess County Department of Health's Mission is to protect and promote the health of individuals, families, communities, and the environment.

We are committed to the core functions of public health: Assessment, Assurance, and Policy Development.

We strive to deliver the essential services necessary for people to live healthy lives.

We are increasingly data-driven in our priority setting, applying our resources in ways that optimize prevention and risk reduction.

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Annual Morbidity Report is Available online at:

<http://www.co.dutchess.ny.us/CountyGov/Departments/Health/14178.htm>

Sign up for DutchessDelivery eSubscription Service for Public Health alerts and more at :

<http://www.co.dutchess.ny.us/CountyGov/21914.htm>

Communicable Diseases

The communicable diseases listed in the table below are reportable to the Dutchess County and New York State Departments of Health. Vaccine-preventable diseases are denoted with a (V). As many conditions are relatively rare, the most recent three years of data are aggregated for comparison with New York State.

Rates of Communicable Diseases¹ by Primary Mode of Transmission			
Cases per 100,000 Residents			
Disease	Dutchess County 2013	Dutchess County 2011-2013	NYS (excluding NYC) 2011-2013
Food-borne and/or Fecal-Oral Diseases			
Campylobacteriosis	19.2	15.7	18.7
E.Coli 0157:H7	1.1	1.0	0.8
Giardiasis	8.5	8.8	9.4
Listeriosis	1.1	0.7	0.5
Salmonellosis	14.4	15.5	12.4
Shigellosis	0.7	1.4	4.5
Droplet Contact or Airborne Diseases			
Haemophilus influenzae (V)	1.5	0.9	1.7
Influenza, lab confirmed* (V)	144.7	115.5	152.1
Measles (V)	0.0	0.0	<0.1
Mumps (V)	0.4	0.1	0.1
Pertussis (V)	3.7	15.5	13.1
Rubella (V)	0.0	0.0	<0.1
Streptococcus pneumoniae (V)	7.4	9.3	9.8
Tuberculosis	1.5	1.4	2.0
Sexually Transmitted or Blood-borne Diseases (See also HIV/AIDS table below)			
Chlamydia	303.0	292.2	342.5
Gonorrhea	40.1	51.8	62.0
Hepatitis B, Chronic (V)	10.3	14.4	5.6
Hepatitis C, Chronic	90.6	142.2	48.0
Syphilis, Early Latent	0.4	2.2	1.5
Syphilis, Primary or Secondary	4.8	4.1	2.2
Vector-borne Diseases (See also Regional chart below)			
Anaplasmosis	22.5	24.3	3.2
Babesiosis	19.5	15.6	3.2
Ehrlichiosis	4.8	2.6	0.7
Lyme Disease**	143.8	145.9	57.7
Rocky Mountain Spotted Fever	0.4	0.4	0.2
West Nile Virus	0.0	0.4	0.4

*Includes types A, B, and unspecified

**Includes NYSDOH Division of Epidemiology Lyme Disease estimates for counties conducting sentinel surveillance.

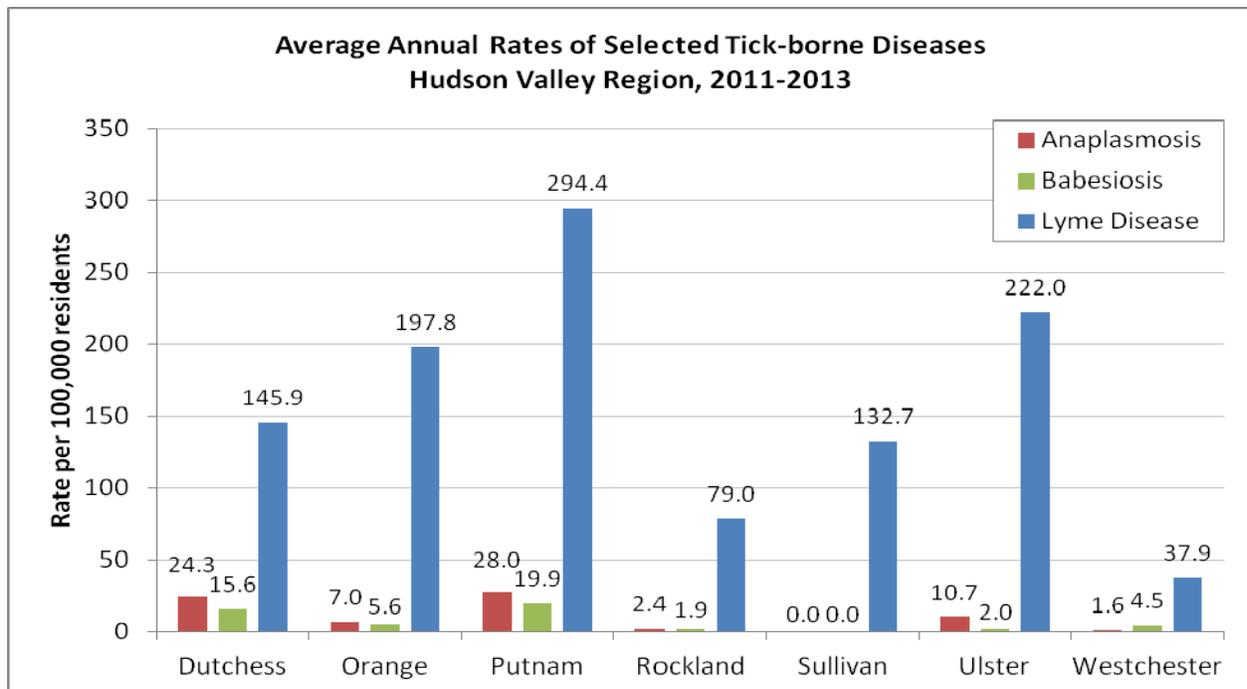
¹ **Data Source:** NYSDOH Communicable Disease Registry Query System

The total number people living with HIV and AIDS by NYS county, as well as the number of newly-diagnosed individuals living with HIV and AIDS by county, are published annually. The current report released in August of 2014 reflects cases diagnosed or living with HIV/AIDS as of December 2012. Due to small numbers, newly diagnosed cases are aggregated for the most recent three years of reporting.

Current HIV/AIDS* Prevalence and New Case Rates²				
People living with HIV or AIDS as of December 2012	Dutchess County		NYS (excluding NYC)	
	Number	Prevalence per 100,000	Number	Prevalence per 100,000
HIV	248	83.5	9107	81.1
AIDS	373	125.5	12,756	113.6
Average annual newly diagnosed cases (2010-2012)	Number	Rate per 100,000	Number	Rate per 100,000
HIV	18.0	6.0	777.7	6.9
AIDS	12.3	4.1	534.7	4.8

*Exclusive of prison inmates. New case rates by year of diagnosis.

A regional comparison is presented below for the three most common tick-borne diseases diagnosed in the Hudson Valley.³ Preventing tick-borne diseases is one of four priority areas identified in the Dutchess County Community Health Improvement Plan for 2014-2017.



² Data Source: NYSDOH Bureau of HIV/AIDS Epidemiology/AIDS Institute Annual Report 2012 (counts)

³ Data Source: NYSDOH Communicable Disease Query System/Lyme Disease estimates from sentinel surveillance

Tick-borne Disease Survey for Healthcare Providers

More than one hundred Dutchess County physicians, physician assistants, and nurse practitioners participated in a Spring 2014 survey on knowledge, attitudes, and practices concerning tick-borne diseases. Most providers, regardless of their specialty, consider tick-borne diseases to be a serious health concern (63%) or at least a moderate health concern (32%) for Dutchess County residents. Self-rated knowledge of tick-borne diseases varied by specialty and disease. Over 90% of primary care providers felt their knowledge of Lyme disease was good or very good, compared with approximately 60% of specialists. Meanwhile, less than 75% of primary care providers and less than 25% of specialists rated their knowledge of babesiosis, anaplasmosis, and ehrlichiosis as good or very good. Less than one-quarter of all providers rated their knowledge of Rocky Mountain Spotted Fever or Powassan/Deer Tick Virus as good or very good.

Issues were identified with testing and treatment practices. While 81% of providers who ever tested patients for Lyme disease used the recommended diagnostic tests of enzyme-linked immunoassay (EIA) or immunofluorescence assay (IFA), which are to be followed by Western blot for confirmatory diagnosis, 40% of providers also indicated they have used polymerase chain reaction (PCR) to diagnose Lyme disease, which is not recommended by CDC. Meanwhile, fewer than 40% of providers who ever tested patients for anaplasmosis and ehrlichiosis have used IFA and less than 25% have used PCR, which are the gold standard diagnostic tests for these diseases. Finally, in response to a case study of an asymptomatic teenage patient having a recent history of tick bite with evidence of substantial attachment, about 70% of adult primary care providers, but less than 40% of pediatricians, would follow the single-dose doxycycline prophylaxis guidelines currently recommended by the Infectious Disease Society of America and CDC.

The vast majority of providers (77%) indicated they rely primarily on laboratories to report positive test results to the Department of Health. As the diagnosis of Lyme disease can be made on the basis of erythema migrans rash during early stage illness when serology tests are insensitive, such clinically-diagnosed cases would be undercounted in Lyme disease incidence rates if not reported directly by providers to the Department of Health. Strong interest was expressed in Continuing Medical Education on tick-borne diseases, which presents an opportunity to increase awareness of current best practices in the diagnosis, treatment, and reporting of tick-borne disease. Complete results of the survey are available on the Dutchess County Department of Health website at www.dutchessny.gov/health.

TICKBORNE DISEASE TREATMENT GUIDELINES, CMEs, & HEALTHCARE PROVIDERS' HANDBOOK
<http://www.cdc.gov/lyme/healthcare/clinicians.html>

TICKBORNE DISEASES: A Review of Diagnosis, Treatment & Prevention (April 10, 2014)
http://emergency.cdc.gov/coca/calls/2014/callinfo_041014.asp
CME, CNE, CEU, CHES, CPE, and AAVSB Credits Available until 5/2016

Dutchess County Department Of Health Clinical Services Directory

Communicable Disease Control Division	845.486.3402 (tel) 845.486.3564 (fax) 845.486.3557 (fax)	HIV Partner Notification Assistance	845.486.3452
Tuberculosis Reporting & Info	845.486.3423	HIV Testing & Counseling	845.486.3401
West Nile Virus Info Line	845.486.3438	HIV Info Line	845.486.3408
Lyme Disease Info Line	845.486.3407	STD Clinic	845.486.3401
Rabies Prevention Program	845.486.3404	Travel Immunizations	845.486.3504
Medical Examiner's Office (main)	845.486.3414	Immunization Program	845.486.3409
		Flu Info Line	845.486.3435
		Medical Examiner's Office (24/7)	845.431.9177

NEW YORK STATE DEPARTMENT OF HEALTH COMMUNICABLE DISEASE REPORTING REQUIREMENTS

Reporting a suspected or confirmed communicable disease is mandated under the New York State Sanitary Code (10NYCRR2.10a). The primary responsibility 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 or other locations providing health services (10NYCRR 2.12) are also required to report. Case reporting forms can be downloaded from our website or by calling 845.486.3402.

Call 845.486.3402 for more information about reporting a communicable disease.

Dutchess County Department of Health Clinical Services is Located at:
Family Partnership Center - Suite 109
29 N. Hamilton Street, Poughkeepsie, NY 12601

CLINIC SERVICES AND HOURS:

www.DutchessNY.gov/Health

Select "Services & Programs" and "Clinical & Nursing Services"

Any Comments or Suggestions?
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