



QUARTERLY MORBIDITY REPORT

Marcus J. Molinaro, Dutchess County Executive

Michael C. Caldwell, Commissioner of Health

Volume 7 Issue 3

Autumn 2012

THE DANGER OF EXEMPTION TO VACCINATION

Recently the Dutchess County Department of Health (DCDOH) was notified of a confirmed measles case in a school-aged child in Ulster County. The issue at hand is that many of the exposed children at that school were not immunized and therefore found themselves at a higher risk of getting the measles. Although no cases have presented in Dutchess County, as of the writing of this article, we know of five unvaccinated Dutchess County residents who attended the school, and we quickly advised healthcare providers to assess any suspected cases and report them immediately to us while the patient is still in the office.

Throughout the past few years, we have seen outbreaks of vaccine preventable diseases including pertussis, mumps, and measles, which we thought had disappeared. The Public Health community believes that one of the reasons for the reappearance of these diseases is that too many people are saying "no" to vaccination. The reality is that even when our state laws require children who go to school to get their immunizations, there is room for exemptions. In New York, children can be exempt from vaccination for medical reasons (such as in the case when the child has an immune disease), or for religious reasons. While most of the population is immune, these exposures place non-immune individuals at risk for becoming infected. Of greatest concern are infants less than 12 months, pregnant women, and persons who have immuno-compromising conditions as they have the highest risk for severe complications.

The investigation of the measles case in Ulster County revealed more than 50% of students and staff were not vaccinated, and consequently, they were susceptible to infection. Measles is a highly contagious respiratory disease caused by a virus. Symptoms include fever, red watery eyes, runny nose, cough and later rash all over the body. Persons with measles often suffer complications ranging from ear infections to pneumonia, which is the leading cause of measles-related deaths.

Healthcare providers should be on the alert for individuals who request an appointment due to fever and rash symptoms, so precautionary methods can be taken to reduce the potential spread of measles. For example, have the patient come in through a different entrance or after hours. Be sure to provide masks in all the entrance areas for patients with fever and rash.

Before measles vaccine, nearly all children were infected by measles before they were 15 years old. Historically, 450-500 people died annually in the U.S. from measles, with 48,000 hospitalizations, 7,000 seizures, and 1,000 suffering permanent brain damage or deafness. Today, there are 50 cases a year reported in the U.S. with most of these originating outside the country. Already in 2012, there have been 50 cases of measles, of which 46 were import-associated. In 2011, 222 cases of measles were reported in the U.S. Most patients (86%) were unvaccinated or had unknown vaccination status. This underscores the ongoing risk for measles among unvaccinated persons and the importance of vaccination.

Health care providers should visit the NYS Department of Health's website for the latest measles guidelines
http://www.health.ny.gov/prevention/immunization/providers/docs/measles_outbreak_control_guidelines.pdf

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.

ON THE INSIDE

Childhood Obesity - Student Weight Status Reporting Survey page 3

Coming Attractions: DCDOH will soon be instituting improvements in order to provide busy clinicians with the information they need, when they want it - - **The Quarterly Morbidity Report** will become an annual electronic publication.

Now Playing: DutchessDelivery eSubscription Service for Dutchess County events, Public Health alerts, and services, sign up at:
<http://www.co.dutchess.ny.us/CountyGov/Departments/Health/14178.htm>

COMMUNICABLE DISEASES

Second Quarter 2012 (April - June)

Disease Incidence (rate per 100,000 population)	April - June 2012		Year to Date 2012	April-June 3 Year Average (2009-2011)
	# of Cases	Rate	Rate	Rate
ARTHROPOD-BORNE DISEASES				
Babesiosis	0	0.0	0.0	12.1
Ehrlichiosis	1	1.3	2.7	1.3
Lyme Disease (see notes)	Jan-Dec 2011 Cases = 440 Rate = 147.6			Jan-Dec 2009-2011 Rate = 218.0
BLOOD-BORNE PATHOGENS				
Hepatitis B, Chronic	8	10.8	6.1	14.8
Hepatitis C, Chronic	95	127.7	100.2	212.4
SEXUALLY TRANSMITTED INFECTIONS				
Chlamydia	159	213.8	200.3	229.9
Gonorrhea, total	21	28.2	23.5	39.0
Early Latent Syphilis	0	0	1.3	2.7
Primary/Secondary Syphilis	0	0.0	0.0	0.0
GASTRO-ENTERIC INFECTIONS				
Campylobacteriosis	11	14.8	12.8	8.1
E.Coli 0157:H7	0	0	0	1.3
Giardiasis	5	6.7	4.7	5.4
Salmonellosis	7	9.4	4.7	10.8
Shigellosis	0	0.0	0.0	1.3
RESPIRATORY INFECTIONS				
Pertussis	43	57.8	32.3	1.3
Streptococcus pneumoniae, invasive	5	6.7	7.4	8.1
Tuberculosis ⁴	0	0	0	2.7

HIV and AIDS				
(exclusive of prisoners) (rate per 100,000)	Living Cases (As of December 2010)		Average Annual Newly Diagnosed Cases (2008-2010)	
	# of Cases	Prevalence Rate	# of Cases	Case Rate
HIV	231	77.7	15.3	5.2
AIDS	368	123.7	14.3	4.8

Notes:

- Rates are incidence rates: number of new cases for the specified period(s).

- Case numbers are based on the month they were reported (or December if created in Jan/Feb of the following year). Numbers may be adjusted as lab reports become available.

- Case definitions have changed over the years for some of the diseases listed. Such changes are noted only if they occur during the year currently being reported.

- LYME DISEASE - Since only a sample of positive lab reports are investigated because of sentinel surveillance, the NYSDOH provides annual estimates only.

- Previous issues of this publications can be found at : <http://www.co.dutchess.ny.us/CountyGov/Departments/Health/HDindexpub.htm>

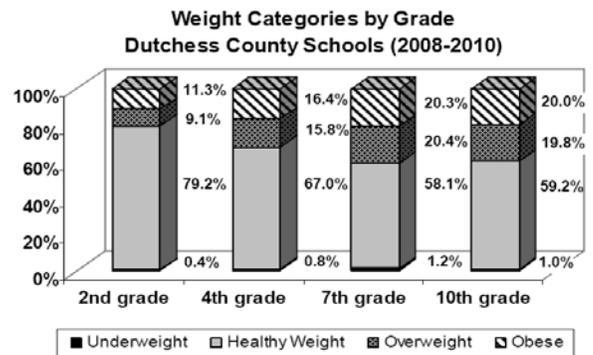
Data Source: New York State Department of Health, Division of Epidemiology & Bureau of HIV/AIDS Epidemiology.

Childhood Obesity - Student Weight Status Reporting Survey

National surveys estimate that the percentage of children and adolescents (age 6-19 years) who are overweight and obese has more than tripled over the past three decades. An estimated 18% of children and adolescents are obese and an additional 17% are overweight¹. In an effort to support state and local efforts to tackle the problem of childhood obesity, NYS Education Law was amended in 2007 to establish the Student Weight Status Category Reporting System. Data from the system can be used to evaluate prevention activities and assist in planning targeted nutrition and physical education components and local wellness policy.

The amendments added Body Mass Index (BMI) and weight status category (based on BMI-for-age percentile) to the school health certificate required at school entry (pre-kindergarten or kindergarten) and in grades 2, 4, 7 and 10 for students attending all public schools outside of the five boroughs of New York City (NYC).

Aggregate data were collected during the 2008-2009 and 2009-2010 school years. Half of the school districts entered student weight status data at the school building level during the 2008-2009 school year and the other half reported during the 2009-2010 school year.



Overweight among children and adolescents is defined as a body mass index (BMI) of 85th-94th percentile, and obesity is defined as a BMI => the 95th percentile of the sex-specific BMI-for-age growth charts². For the study period 2008-2010, Dutchess County weight distributions were similar to those of NYS (excl NYC), with 66% healthy weight, 16% overweight, and 17% obese. The prevalence of overweight/obesity increased with age.

Note: Results cannot be considered statistically representative of all students because percentages in weight categories are based on a portion of the student population, and due to variations in reporting completeness (response rate, privacy issues, missing and erroneous data). However, improvements in methodology are ongoing.

1 Ogden CL et al. High body mass index for age among US children and adolescents. 2003-2006. JAMA. 2008; 299(20):2401-2405.

2 Kuczmarski RJ et al. CDC growth charts: United States. Adv.Data. 2000;(314):1-27.

Source: NYSDOH Student Weight Category Reporting Survey, County-Level Report, 2008-2010, http://www.health.ny.gov/prevention/obesity/statistics_and_impact/

So Physicians - What Can We Do?

According to the Mayo Clinic, "Childhood obesity is particularly troubling because the extra pounds often start children on the path to health problems that were once confined to adults ...and can also lead to low self-esteem and depression." Childhood obesity has become so severe that children are developing chronic diseases at a much earlier age. An overweight or obese child has an increased risk for type 2 diabetes, hypertension, high cholesterol, asthma, sleep apnea, depression and a decreased life span.

A new study from the University of Tel Aviv warns parents of obese/overweight children of another danger they should consider: "a significantly higher risk of certain cancers that can develop when their children grow up."

The American Academy of Family Physicians encourages providers to discuss healthy lifestyle habits at all visits and encourages families to:

- Eat breakfast daily
- Limit children's fast food intake to no more than once per week
- Have family meals together as often as possible
- Allow children to self-regulate intake and avoid food restriction - "parent provides, child decides"
- Limit portions to appropriate serving sizes

Promoting healthy lifestyles for our school age population can be as simple as the AAFP's adopted "5-2-1-0 initiative" for childhood obesity and published "The Pediatric Obesity Clinical Decision Support Chart 5 2 1 0" for physicians, recommending:

- 5** – Eat vegetables and fruits at least 5 or more times a day;
- 2** – Limit screen time (unrelated to school) to 2 hours or less per day (No screen time under the age of 2) ;
- 1** – Get 1 hour, or more, of moderate to vigorous physical activity every day and 20 minutes of vigorous activity 3 times per week;
- 0** – Drink less sugary-sweetened beverages. Try water, fat-free / low-fat milk

CLINIC SERVICES AND HOURS:

LOG ON TO WWW.DUTCHESSNY.GOV (HEALTH DEPT - SERVICES & PROGRAMS) OR
WWW.CO.DUTCHESS.NY.US/COUNTYGOV/DEPARTMENTS/HEALTH/HDINDEX.HTM

TELEPHONE NUMBERS: MAIN 845.486.3400 TTY 845.486.3417
EMAIL: HEALTHINFO@CO.DUTCHESS.NY.US

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
		Immunization Program	845.486.3409
		Flu Info Line	845.486.3435

**NEW YORK STATE DEPARTMENT OF HEALTH
COMMUNICABLE DISEASE REPORTING REQUIREMENTS**

Reporting a suspected or confirmed communicable diseases 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 845.486.3401.

Call 845.486.3402 for more information about reporting a communicable disease.

Any Comments or Suggestions?
healthinfo@dutchessny.gov



Dutchess County
Department of Health
387 Main Street
Poughkeepsie, NY 12601

