

Westchester County Department of Health

2017.03



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Community Health Assessment Data Update

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THE STATS

Controlling the Spread of Communicable Diseases 2016

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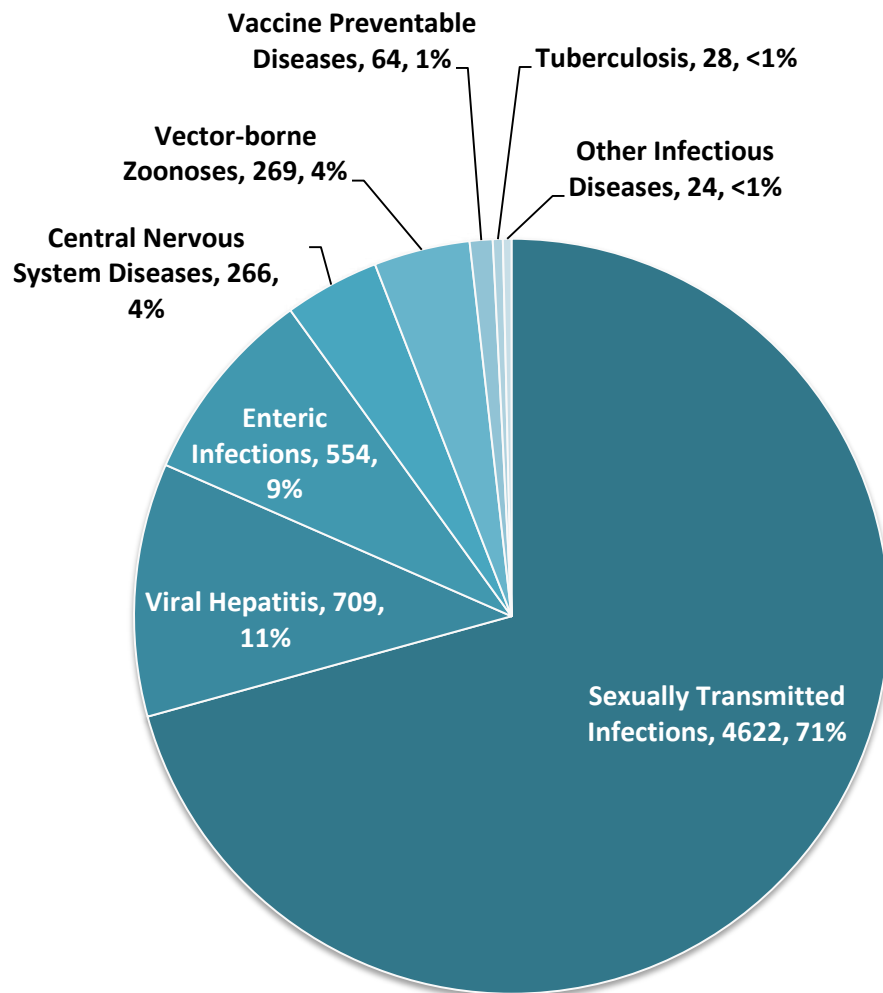
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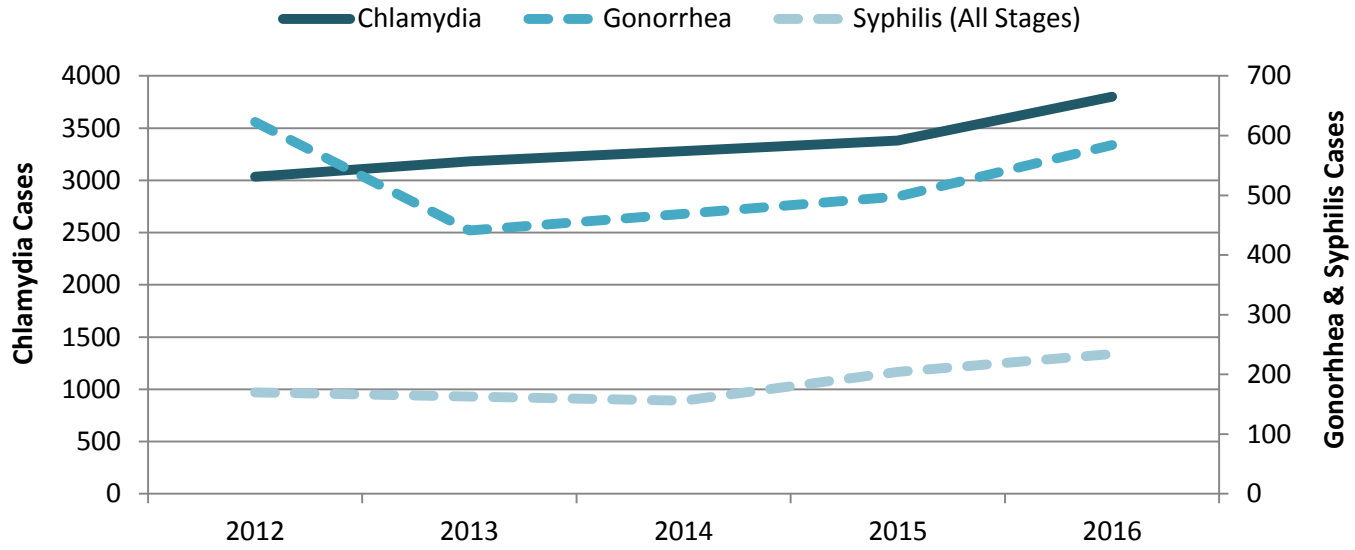
Reported Communicable Diseases*, Westchester County, 2016



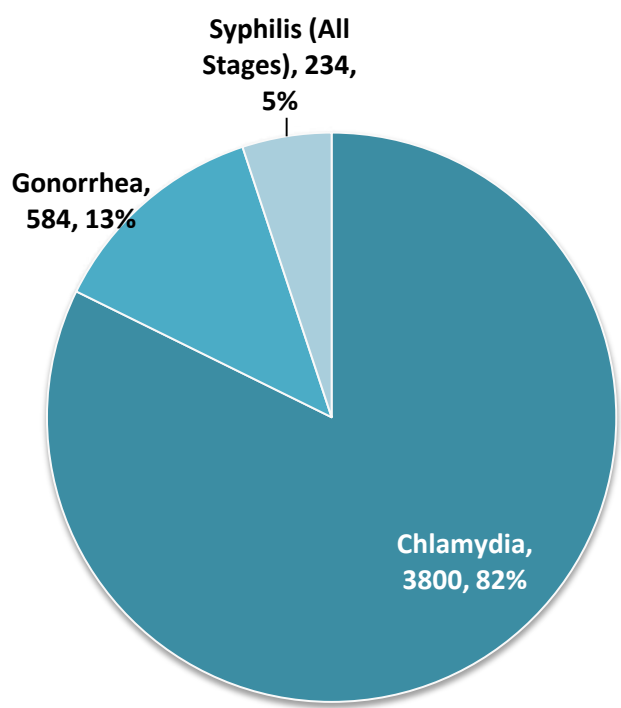
* Does not include influenza and HIV/AIDS

Sexually Transmitted Infections (STI)

Reported Sexually Transmitted Infections, Westchester County, 2012-2016



Reported Sexually Transmitted Infections by Disease, Westchester County, 2016



Reported Rate* of Sexually Transmitted Infections, Westchester County, 2016

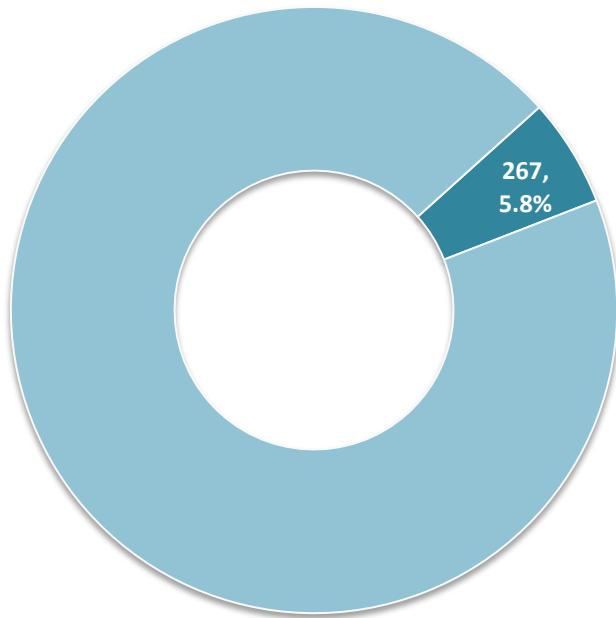
	Westchester County 2016*	NY State 2015	NY State 2014 (excluding NYC)	USA 2015
Chlamydia	389.2	524.7	345.4	478.8
Gonorrhea	59.8	129.4	58.8	123.9
Syphilis (All Stages)	24.0	39.5	14.2	23.4
Primary & Secondary	7.7	10.2	4.1	7.5

*crude rate per 100,000

The Westchester County Department of Health plays a significant role in controlling the spread of sexually transmitted infections in the County.

Clinics located in White Plains and Yonkers provide confidential STD testing, diagnosis, treatment, counseling, and partner services including expedited partner therapy for chlamydia patients (EPT) and HIV testing, pre-exposure prophylaxis (PrEP), and counseling. WCDH's Disease Control investigates all Westchester County STI cases, regardless of where testing or treatments are received.

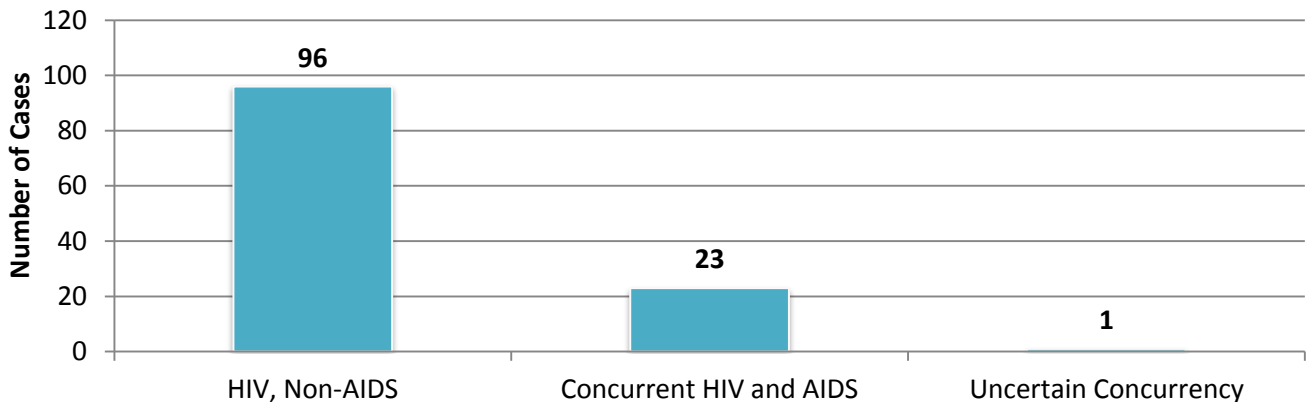
Number of STI Cases Diagnosed and/or Treated in WCDH STD Clinics, 2016



Of all 4,622 sexually transmitted infections reported for Westchester County in 2016, 267 cases (5.8% of all STIs) were either diagnosed at or treated by a WCDH clinic.

Westchester County Department of Health clinics in White Plains and Yonkers provided many services through 2,897 clinic visits in 2016.

Newly Diagnosed HIV Cases by HIV Stage*, Westchester County, 2014



*includes inmate population; most recent 2014 data as of 8/12/15

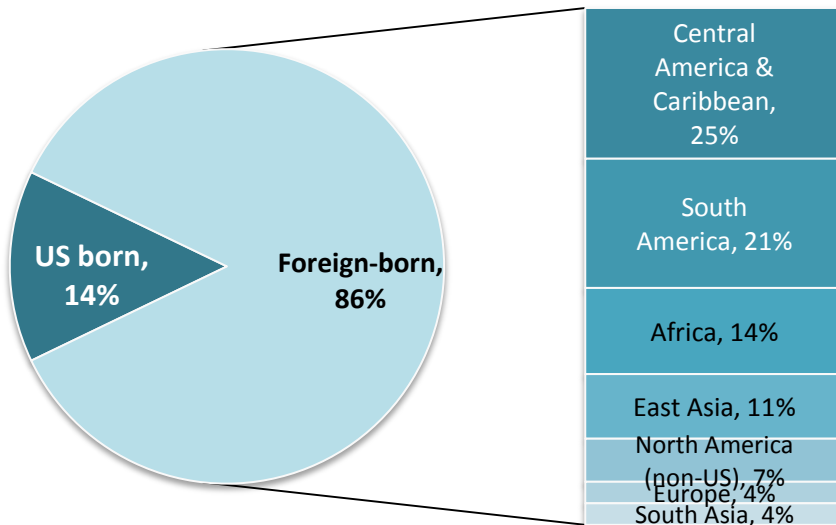
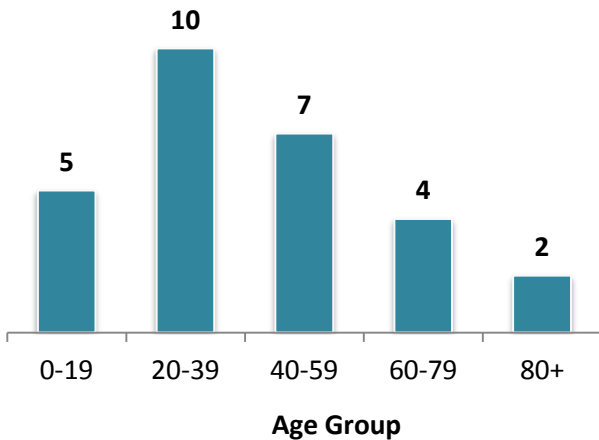
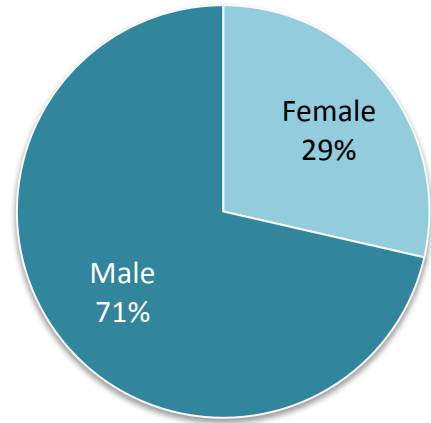
Note: Detailed HIV/AIDS data are not yet released for 2015/2016; more in-depth analyses through 2012 can be found in the fourth issue of the 2015 data brief collection - "Controlling the Spread of Communicable Diseases". An additional update for 2013 can be found in the second issue of the 2016 collection - "Sexually Transmitted Infections 2010-2014".

TUBERCULOSIS

Confirmed Cases of Tuberculosis by Select Demographics, Westchester County, 2016

2016 total confirmed cases = 28

WCDH plays a major role in detecting, treating, and controlling the spread of tuberculosis (TB). The WCDH offers day and evening clinics at two locations. The Department also conducts contact investigations, testing, x-ray referrals, treatment and medications, and Directly Observed Therapy and Preventive Therapy.



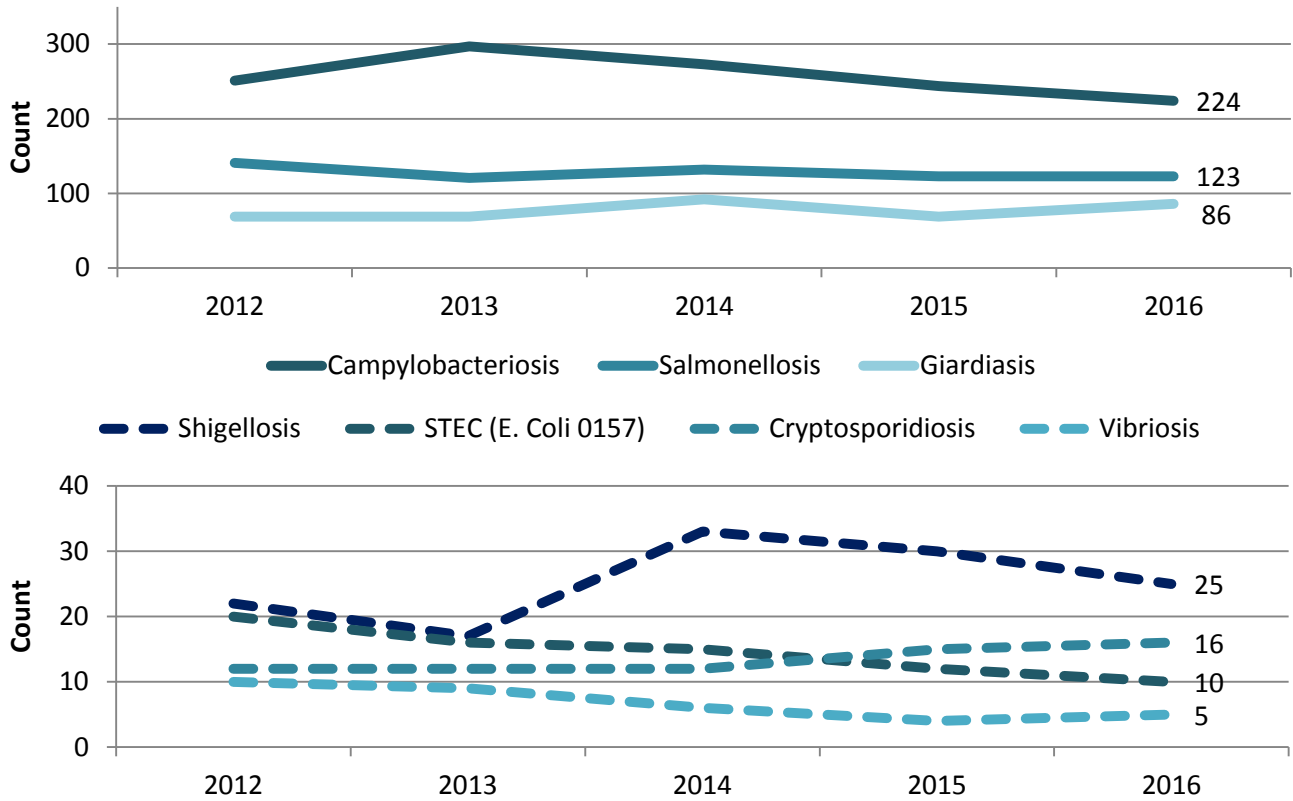
Number of TB Clinic Visits & Additional PPD Skin Tests Administered by WCDH in 2016

	TB Clinics	Skin Test (PPD)
Visits	1476	162
Clients	381	103

Directly Observed Therapy (DOT) and Directly Observed Preventive Therapy Delivered by WCDH in 2016

Total DOT/DOPT	4710
Video	2612
Visits	2098
Total Clients	131

Reported Enteric Infections, Westchester County, 2012-2016



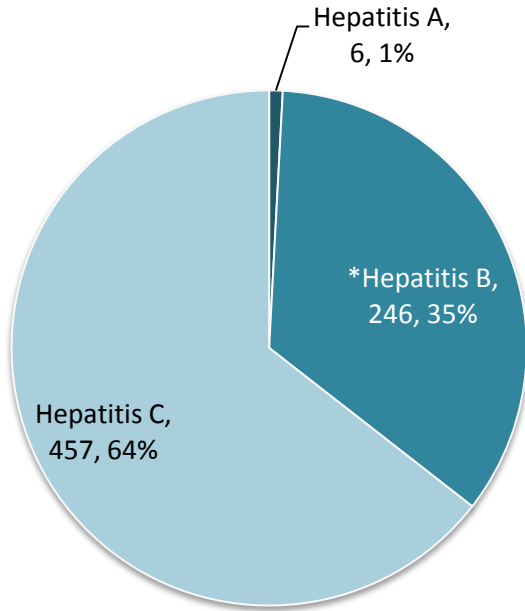
Inspections & Field Visits made by WCDH
Environmental Health Protections, 2016

Water Quality Investigations	575
Drinking Water Systems	1088
Community Systems	422
Non-Community Systems	650
Individual Water Systems	16
Food Services	10837
Food Service Establishment	9934
Day Care Centers	112
Temporary Food	791
Recreational and Misc.	1728
Children's Camps	603
Hotels and Motels	89
Swimming Pools	934
Bathing Beaches	102

To protect the public from possible foodborne illness, WCDH issues permits and conducts regular field inspections to all restaurants and temporary food service establishments in the County. In addition, WCDH inspects drinking water systems, children's camps, beaches, swimming pools, and other types of facilities.

The WCDH actively investigates reports and outbreaks of foodborne and other enteric infections. ***During 2016, WCDH investigated multiple GI outbreaks for norovirus at multiple facilities and locations.***

**Reported Hepatitis Cases by Type,
Westchester County, 2016**



Hepatitis is a disease that affects the liver.

Westchester County Department of Health provides Hepatitis A and B vaccinations to eligible Westchester County residents, as well as Hepatitis C screenings at the Department’s two clinic locations in White Plains and Yonkers. Clients with positive Hepatitis screening results are referred to health care providers for treatment.

** Among the 246 Hepatitis B cases, 2 were acute and 244 were chronic.*

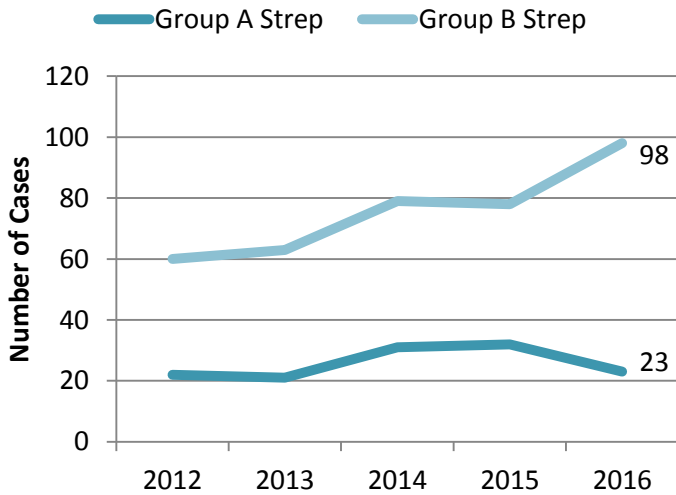
**Reported Vaccine Preventable
Diseases, Westchester County, 2016**

Vaccines help protect everyone. Some diseases, like pertussis (whooping cough), can be deadly for newborns or infants who are too young to be fully vaccinated. You can help protect them by keeping you and your family up to date on vaccines.

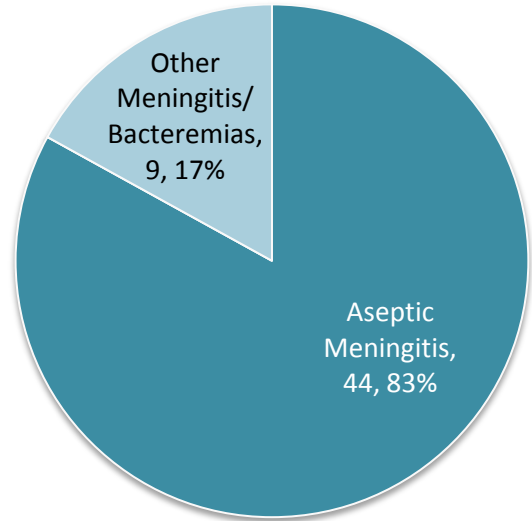
WCDH investigated/followed up with individuals infected with pertussis and mumps, as well as individuals who were exposed to people infected with these diseases.

Disease	Number of Cases
Measles	0
Mumps	6
Pertussis	58
Rubella	0

Reported Invasive Bacteremias, Westchester County, 2012-2016

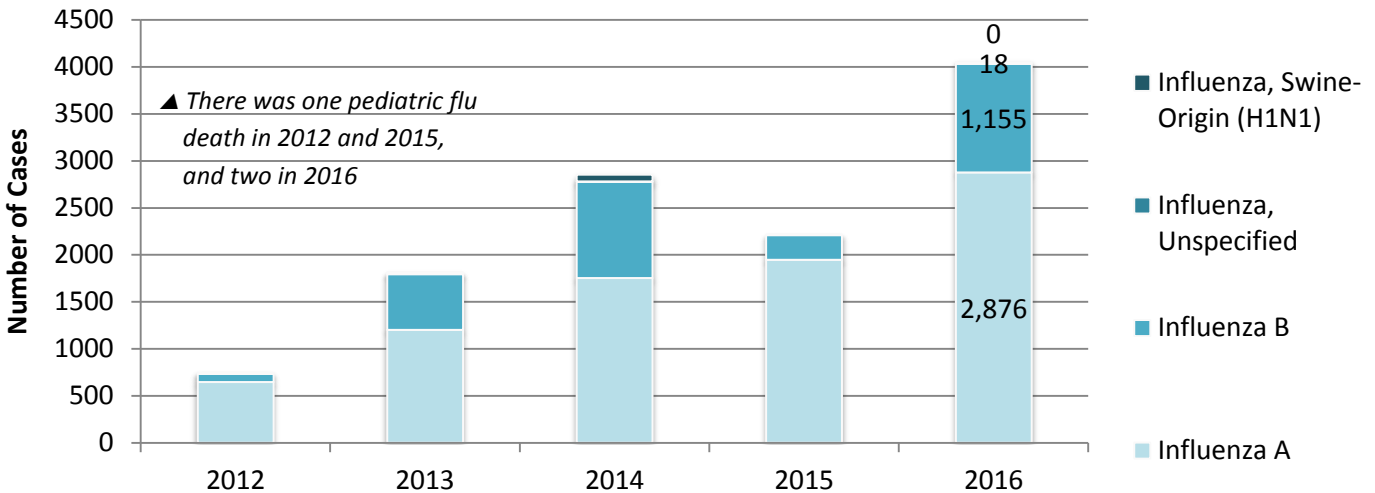


Reported Meningitis Cases by Type, Westchester County, 2016*



*In 2016, there were no reported cases of meningitis due to meningococcal disease (*Neisseria meningitidis*).

Reported Influenza by Type, Westchester County, 2012-2016

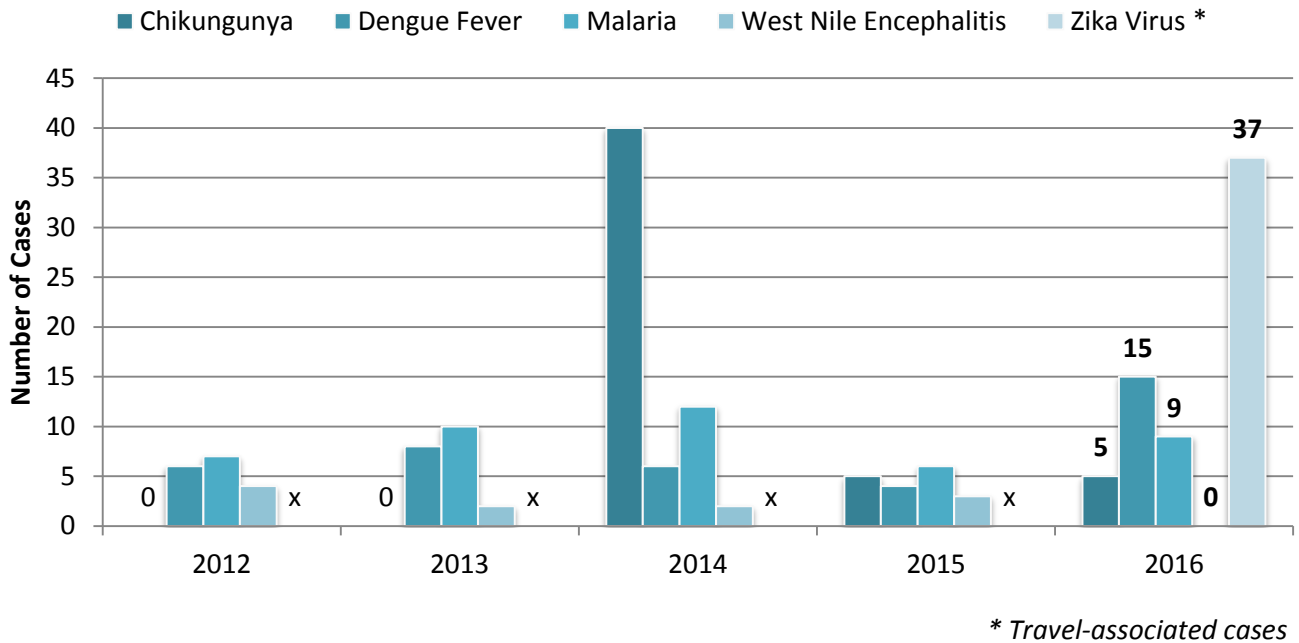


The best defense against the flu is the flu vaccine. It is recommended that everyone six months of age and over get a flu shot every season, which generally runs October through May. **During the months of September through November 2016, WCDH held 13 flu clinics and provided 1,172 free flu shots to County residents.**

VECTOR-BORNE DISEASE

Vectors are living organisms that can transmit disease between humans or from animals to humans; vector borne diseases are illnesses caused by pathogens and parasites spread by those vectors. The most common vectors include mosquitoes and ticks.

Reported Mosquito-borne Diseases, Westchester County, 2012-2016



Each year during the summer months, WCDH traps, collects, and submits batches of mosquitoes for testing as part of the County’s surveillance effort. Each batch of mosquitoes is tested for West Nile Virus, Eastern Equine Encephalitis, and most recently Zika Virus in 2016; positive batches allow the Department to know which mosquito-borne diseases may be present in certain areas. ***In 2016, the Health Department submitted 337 batches of mosquitoes for arbovirus testing. Among these, three batches were positive for West Nile Virus and none were positive for Zika Virus.***

West Nile Encephalitis is a potentially serious disease spread via mosquito bites which can cause swelling of the brain. Over the last decade, WCDH has made a great effort to prevent the spread of WNV by conducting mosquito surveillance and catch basin larviciding. Every year since 1999, 53,000 to 70,000 catch basins are evaluated and larvicided. In recent years since 2013, WCDH has also distributed mosquito larvae-eating minnows to County residents and municipalities to provide control before they emerge as adult mosquitoes.

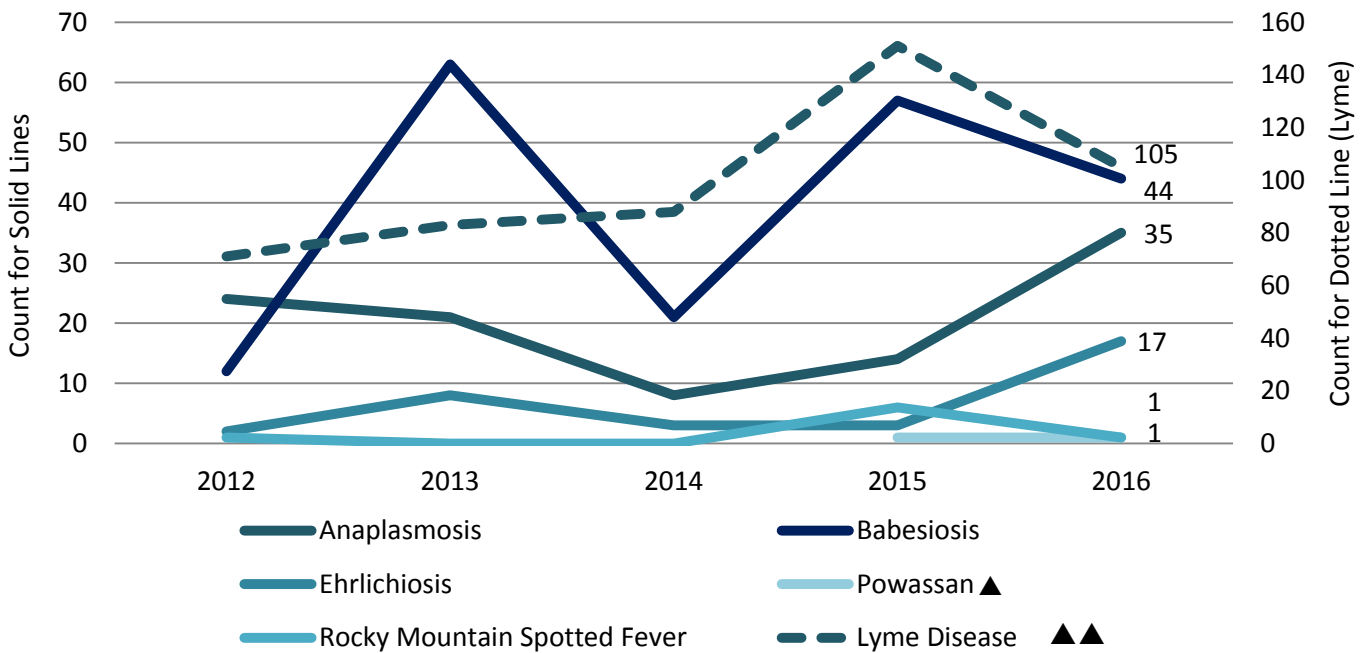
VECTOR-BORNE DISEASE

Zika Virus

Zika virus is primarily transmitted to people through the bite of an infected *Aedes* species mosquito. Only about one in five people infected with Zika will get sick; so, many might not realize they have been infected. People usually don't get sick enough to go to the hospital but Zika virus infection during pregnancy can cause severe fetal brain defects. For this reason, WCDH has a comprehensive plan in place to protect residents and works diligently to address Zika through education, surveillance, and mosquito control.

Zika cases in the United States have largely been associated with travel to locations outside of the United States. While locally-transmitted cases have appeared in Florida and Texas, there is no evidence of local transmission in Westchester County or any other state in the US. Still, WCDH maintains a comprehensive plan as Zika virus may continue to spread to new areas.








Reported Tick-borne Disease Trends, Westchester County, 2012-2016



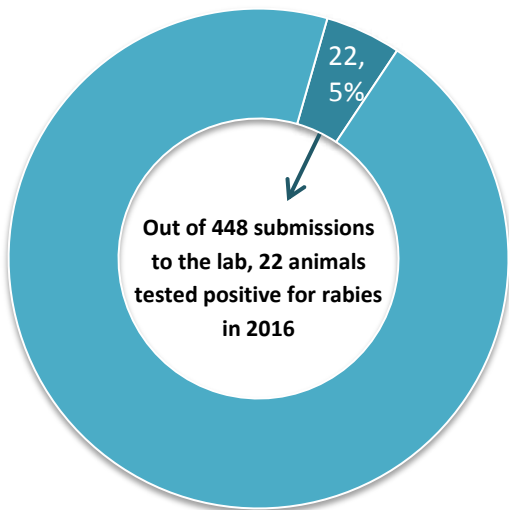
▲ The first case of Powassan disease in Westchester County was reported in 2015.
 ▲▲ The New York State Department of Health has projected 343 cases in 2016.

The Westchester County Department of Health operates a Tick-borne Disease Info-line, (914) 813-LYME, available 24-hours-a-day with current information about tick-borne diseases and their prevention.

**Rabies Surveillance and Human Post-Exposure Prophylaxis,
Westchester County, 2012-2016**

	2012	2013	2014	2015	2016
Total Reported Animal Bites and Scratches	1,249	1,156	1,152	1,270	1162
Total Animals Tested	507	512	630	605	448
Animals Confirmed Rabid	29	20	37	41	22
 Bat	11	10	14	9	8
 Raccoon	9	6	15	16	6
 Skunk	6	3	2	9	5
 Cat	3	1	4	6	1
 Woodchuck	0	0	1	0	0
 Fox	0	0	1	1	1
 Coyote	0	0	0	0	1
Confirmed Rabid Animals as % of Total Tested	5.7	3.9	5.9	6.8	4.9
Human Post-Exposure Prophylaxis	202	171	235	242	140

Number of Animals Testing Positive for Rabies, Westchester County, 2016



Due to the highly virulent nature of the rabies virus, potential exposures to the disease are closely monitored by the WCDH. This includes the timely testing of suspected animals and prophylactic (preventive) treatment of individuals who have come in contact with suspected rabid animals.

In 2016, 1,162 animal bites and scratches were reported to the Health Department and 448 animals were tested for rabies with 22 (4.9%) being confirmed positive. One hundred forty (140) Westchester County residents were treated with rabies Post Exposure Prophylaxis (PEP).

Diseases	Total Annual Cases					Rate (per 100,000 persons)				
	2016	2015	2014	2013	2012	2016*	2015	2014	2013	2012
A. Vaccine-Preventable Diseases										
Measles	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Mumps	6	7	6	0	2	0.6	0.7	0.6	0.0	0.2
Pertussis	58	62	60	49	231	5.9	6.3	6.2	5.1	24.0
B. CNS Diseases and Bacteremias										
Botulism	1	0	0	0	0	0.1	0.0	0.0	0.0	0.0
Encephalitis	5	8	7	13	8	0.5	0.8	0.7	1.3	0.8
<i>West Nile Encephalitis (lab positive)</i>	0	3	2	2	4	0.0	0.3	0.2	0.2	0.4
<i>Non-West Nile Encephalitis</i>	5	5	5	11	4	0.5	0.5	0.5	1.1	0.4
Haemophilus Influenzae	16	11	8	8	19	1.6	1.1	0.8	0.8	2.0
Listeriosis	3	0	4	6	5	0.3	0.0	0.4	0.6	0.5
Meningitis	53	57	60	54	52	5.4	5.8	6.2	5.6	5.4
<i>Aseptic Meningitis</i>	44	35	52	34	43	4.5	3.6	5.3	3.5	4.5
<i>Meningococcal Disease</i>	0	0	0	3	1	0.0	0.0	0.0	0.3	0.1
<i>Other Meningitis/Bacteremias</i>	9	22	8	17	8	0.9	2.3	0.8	1.8	0.8
Group A Strep	23	32	31	21	22	2.4	3.3	3.2	2.2	2.3
Group B Strep	98	79	79	63	60	10.0	8.1	8.1	6.5	6.2
Invasive Strep Pneumoniae	67	62	69	70	53	6.9	6.3	7.1	7.2	5.5
<i>Invasive Strep Pneumoniae</i>	60	55	59	64	48	6.1	5.6	6.1	6.6	5.0
<i>Drug-Resistant Strep Pneumoniae</i>	7	7	10	6	5	0.7	0.7	1.0	0.6	0.5
C. Enteric Infections										
Amebiasis	20	25	22	11	17	2.0	2.6	2.3	1.1	1.8
Calicivirus	30	10	151	350	154	3.1	1.0	15.5	36.1	16.0
Campylobacteriosis	224	244	273	297	251	22.9	25.0	28.1	30.7	26.1
Cryptosporidiosis	16	15	12	12	12	1.6	1.5	1.2	1.2	1.2
Cyclosporidiosis	6	5	5	3	2	0.6	0.5	0.5	0.3	0.2
Enterovirus	0	0	28	0	0	0.0	0.0	2.9	0.0	0.0
Giardiasis	86	69	92	69	69	8.8	7.1	9.5	7.1	7.2
Hemolytic Uremic Syndrome	0	0	0	0	1	0.0	0.0	0.0	0.0	0.1
Salmonellosis	123	123	132	121	141	12.6	12.6	13.6	12.5	14.7
Shigellosis	25	30	33	17	22	2.6	3.1	3.4	1.8	2.3
STEC (E. Coli 0157) ⁽¹⁾	10	12	15	16	20	1.0	1.2	1.5	1.7	2.1
Typhoid	4	2	0	2	4	0.4	0.2	0.0	0.2	0.4
Vibriosis	5	4	6	9	10	0.5	0.4	0.6	0.9	1.0
Yersiniosis	5	5	3	1	3	0.5	0.5	0.3	0.1	0.3
D. Viral Hepatitis										
Hepatitis A	6	5	4	10	9	0.6	0.5	0.4	1.0	0.9
Hepatitis B	246	240	235	316	128	25.2	24.6	24.2	32.6	13.3
<i>Acute</i>	2	5	3	9	6	0.2	0.5	0.3	0.9	0.6
<i>Chronic</i> ⁽²⁾	244	235	232	307	122	25.0	24.1	23.9	31.7	12.7
<i>Infant Perinatal</i>	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Hepatitis C	457	569	707	615	841	46.8	58.3	72.7	63.5	87.5
<i>Acute</i>	1	1	2	1	1	0.1	0.1	0.2	0.1	0.1
<i>Chronic</i> ⁽²⁾	456	568	705	614	840	46.7	58.2	72.5	63.4	87.3
E. Sexually Transmitted Diseases										
Chlamydia	3800	3380	3280	3182	3035	389.2	346.2	337.2	328.4	315.6
Gonorrhoea	584	498	469	441	623	59.8	51.0	48.2	45.5	64.8
Herpes Infant	4	0	0	0	1	0.4	0.0	0.0	0.0	0.1
Syphilis (All Stages)	234	204	156	163	170	24.0	20.9	16.0	16.8	17.7
Early Syphilis	112	104	72	67	78	11.5	10.7	7.4	6.9	8.1
<i>Primary and Secondary</i>	75	63	40	40	48	7.7	6.5	4.1	4.1	5.0
<i>Early Latent</i>	37	41	32	27	30	3.8	4.2	3.3	2.8	3.1
All other	122	100	84	96	92	12.5	10.2	8.6	9.9	9.6
Congenital Syphilis	0	0	1	1	3	0.0	0.0	0.1	0.1	0.3
F. Tuberculosis										
Tuberculosis (confirmed)	28	35	27	30	35	2.9	3.6	2.8	3.1	3.6
G. Vector-Borne, Zoonoses										
Anaplasmosis	35	14	8	21	24	3.6	1.4	0.8	2.2	2.5
Babesiosis	44	57	21	63	12	4.5	5.8	2.2	6.5	1.2
Chikungunya	5	5	40 [^]	0	0	0.5	0.5	4.1	0.0	0.0
Dengue Fever	15	4	6	8	6	1.5	0.4	0.6	0.8	0.6
Ehrlichiosis	17	3	3	8	2	1.7	0.3	0.3	0.8	0.2
Anaplasmosis/Ehrlichiosis Undetermined	0	0	0	1	0	0.0	0.0	0.0	0.1	0.0
Lyme Disease	105	151	88	83	71	10.8	15.5	9.0	8.6	7.4
<i>NYSDOH Calculated Incidence</i>	—	—	194	247	211	—	—	20	25	22
Malaria	9	6	12	10	7	0.9	0.6	1.2	1.0	0.7
Post-Exposure Prophylaxis for Rabies	140	242	235	171	202	14.3	24.8	24.2	17.7	21.0
Powassan Disease	1	1	0	0	0	0.1	0.1	0.0	0.0	0.0
Rocky Mountain Spotted Fever	1	6	0	0	1	0.1	0.6	0.0	0.0	0.1
Zika Virus	37 [^]	—	—	—	—	3.8	—	—	—	—
H. Influenza (Laboratory-Confirmed)										
Influenza A	2876	1948	1752	1201	647	294.6	199.5	180.1	124.0	67.3
Influenza B	1155	261	1024	591	87	118.3	26.7	105.3	61.0	9.0
Influenza, Unspecified	18	6	5	4	2	1.8	0.6	0.5	0.4	0.2
Influenza, Pediatric Deaths	2	1	0	0	1	0.2	0.1	0.0	0.0	0.1
Influenza, Swine-Origin (H1N1)	0	0	71	17	7	0.0	0.0	7.3	1.8	0.7
I. Others										
Legionellosis	22	35	24	25	25	2.3	3.6	2.5	2.6	2.6
Toxic Shock Syndrome	2	1	1	4	1	0.2	0.1	0.1	0.4	0.1
Vancomycin-intermediate (VISA) or Vancomycin-resistant (VRSA) S. aureus	0	1	0	2	0	0.0	0.1	0.0	0.2	0.0

¹ Shiga toxin producing E. coli (STEC) may include non-0157 shiga toxin producing strains of E. coli.

² Data may be incomplete due to surveillance limitations.

Data source: New York State's Communicable Disease Electronic Surveillance System (CDESS). Data as of March 15 2017.

[^] Travel-related cases.

* The crude rates for 2016 were calculated using the US Census 2015 ACS 1-year population estimate due to availability.

Data in this document are from the New York State Department of Health (NYSDOH) Communicable Disease Electronic Surveillance System (CDESS) and data series issued by the Bureau of HIV/AIDS Epidemiology. Data are also gathered from Westchester County's electronic health record and clinical management system.

The electronic communicable disease surveillance system is part of NYSDOH's larger web-based public health infrastructure. Other components include electronic clinical laboratory reporting and syndromic surveillance which provide a secure and reliable health information exchange. This system allows New York local health departments such as the Westchester County Department of Health, NYSDOH, and hospital infection control programs to collect, analyze, and report data from various sources for infectious disease surveillance. In addition to core functions where disease reports can trigger public health investigations, the system also provides disease tracking, case management, and contact tracing capabilities.

The timing of flu is very unpredictable and can vary in different parts of the country and from season to season. Seasonal flu viruses can be detected year-round; however, seasonal flu activity can begin as early as October and continue to occur as late as May. Flu activity most commonly peaks in the United States between December and March. In this report, influenza data are reported for calendar years.

Disease rates are calculated using data from the US Census Bureau – American Community Survey 1-year Estimates for Westchester County 2012 through 2015. Rates for 2016 were calculated using 2015 population counts due to data availability.