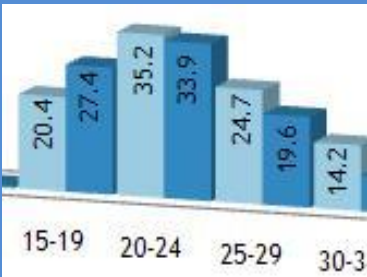


2010

Robert P. Astorino,
Westchester County Executive
County Board of Legislators



Annual Data Book

Communicable Disease Report

Westchester County Department of Health

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Westchester
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FOREWORD

Westchester County Department of Health is the local health department for Westchester County, which is located north of New York City and covers an area of 450.5 square miles. The Hudson River and Rockland County form Westchester County's western border and Putnam County and the state of Connecticut border Westchester to the north and east, respectively. Westchester County has a population of 949,113 based on 2010 US Census data*. In 2010, 68.1% of the County's population was white, 14.6% was black, 5.5% was Asian/Pacific Islander, and 11.8% was of mixed or other races. In addition, Hispanics comprised 21.8% of Westchester County's residents.

The mission of the Department of Health is to promote health, prevent disease and prolong meaningful life for Westchester County residents. The Health Department monitors and controls the spread of communicable disease, monitors and regulates air and water quality, enforces the state and local sanitary code, promotes and ensures local public health activities, and assures the availability of community health services.

Starting with the 2010 Annual Data Book, separate reports are developed in order to facilitate the retrieval of data on specific topics, such as demographics, vital statistics, cancer, communicable diseases, emergency room visits, and hospitalizations. The individual volumes of the reports will be published at various times upon the availability of data.

* Because the 2010 US census were not fully available at the time of publication, all data analyses in the Data Book are based on the 2000 US census.

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HIGHLIGHTS

- In 2009, a total of 4,545 cases, involving 35 reportable communicable diseases were reported to Westchester County Department of Health.
- Chlamydia was the most commonly reported communicable disease in Westchester County, with 2,760 reported cases in 2009, representing more than 60% of all reported cases of communicable diseases.
- The rate of Chlamydia has increased by close to 65% from 2005 to 2009. Approximately 70% of infections occurred among the 15-24 age group.
- Gonorrhea had the second highest reported case rate. In 2009, 376 cases were reported, representing 8.3% of all reported cases of communicable diseases.
- Blacks had higher reported rates of Chlamydia and Gonorrhea compared to whites.
- Although there were far fewer cases of Syphilis compared to Chlamydia and Gonorrhea, Syphilis represented 3.6% of all reported cases of communicable diseases. Among the 163 syphilis cases in 2009, 55 were classified as early syphilis.
- As of December 2008, over 1,000 individuals were living with HIV in Westchester County and almost 2,200 individuals were living with AIDS. Excluding New York City, Westchester County had the highest number of individuals living with HIV and/or AIDS among all New York State counties.
- Meningitis and Invasive Streptococcus Pneumoniae were the most commonly reported Central Nervous System diseases and causes of bacteremias, although the majority of cases were not severe.
- Approximately 130 cases of Salmonella were reported in 2009, as well as 153 cases of Campylobacter, and 107 cases of Giardia.
- The number of Tuberculosis cases has been declining over the past five years, from 2005 to 2009.

This report contains data on reportable communicable diseases among Westchester County residents for the time period of January 2009 to December 2009. In accordance with the New York State Sanitary Code (10NYCRR 2.10), healthcare providers and laboratories are mandated to report suspected and confirmed cases of communicable diseases to the New York State Health Department. A full list of reportable communicable diseases can be found in the appendix at the end of this report.

Sexually Transmitted Diseases

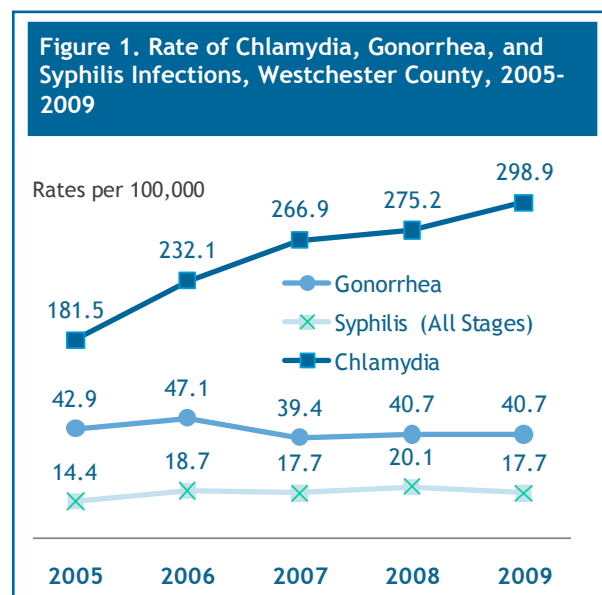
Sexually transmitted diseases (STDs) include a large number of infectious organisms usually spread through sexual contact with an infected person. Individuals infected with an STD can be asymptomatic or have mild symptoms that are easily disregarded. However, those infected have the potential to spread the disease to others and develop severe health consequences.

Chlamydia, Gonorrhea, and Syphilis

Chlamydia is the most prevalent STD in Westchester County, with 2,760 cases reported in 2009 and an overall rate of 298.9 cases per 100,000 (295.4 per 100,000 excluding cases from correctional facilities). Reported infection rates of Chlamydia have risen consistently over the past five years by approximately 9.5% per year and 64.7% overall since 2005 (Figure 1).

Gonorrhea is the second most prevalent STD in Westchester with a rate of 40.7 per 100,000 in 2009 (40.1 per 100,000 excluding cases from correctional facilities). Over the past five years the rate of Gonorrhea has remained relatively stable, at 39-43 per 100,000 with the exception of 2006 when the rate reached 47.1 per 100,000. Syphilis (all stages) is the third most prevalent reportable STD in the County and rates have remained relatively consistent over the past five years.

The reported rates of Chlamydia, Gonorrhea, and Syphilis in Westchester County were much lower than those in New York State when New York City is included. When New York City is excluded, Westchester County had lower rates of Chlamydia and Gonorrhea than the rest of New York State but a higher rate of Syphilis than the rest of New York State. (Figure 2)



Compared to national data, Westchester County had lower rates of Chlamydia and Gonorrhea but a slightly higher rate of Syphilis (Figure 2).

Distribution of Chlamydia Cases

The reported rates of Chlamydia infection were higher in the Southeast and Southwest Health Planning Regions (HPRs), 490.3 and 412.6 per 100,000, respectively, than the overall county rate. A few municipalities presented higher rates of Chlamydia infection than the county average. Such municipalities included: Mount Vernon*, Yonkers*, Elmsford, Peekskill*, Buchanan, and New Rochelle (*significantly different from the County rate $p < 0.05$) (Figure 3).

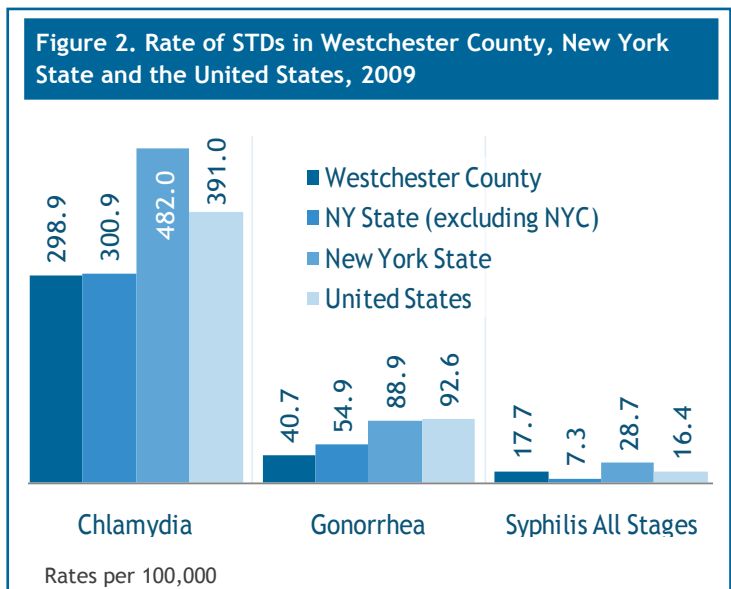


Figure 3. Reported Rate of Chlamydia by HPR and Municipality, Westchester County, 2009

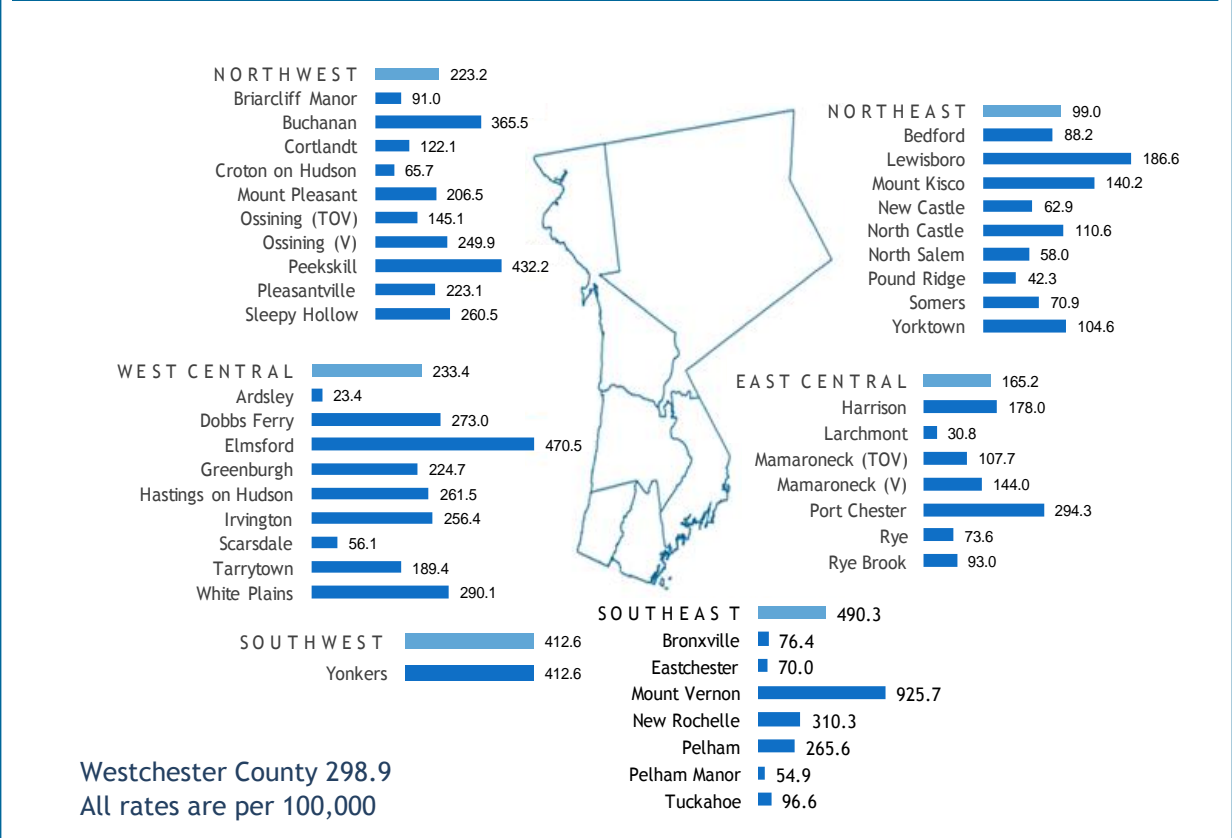


Table A. Reported Cases and Rates of Chlamydia by Age Group and Sex, Westchester County, 2009

Age Group	Total		Male		Female	
	N	Rate ²	N	Rate ²	N	Rate ²
Total¹	2728	295.4	775	175.4	1953	405.4
<15	44	22.4	4	4.0	40	41.9
15-19	886	1629.8	202	713.1	684	2627.1
20-24	975	2076.1	266	1138.1	709	3005.6
25-29	434	792.9	161	599.6	273	979.1
30-34	179	260.4	70	211.2	109	306.2
35-39	101	126.6	33	85.7	68	164.6
40+	109	25.8	39	20.4	70	30.2

¹Total excludes 32 Westchester County Correctional Facility Cases.

²Rates per 100,000.

Source: Westchester County Department of Health, data as of October 2010 (confirmed cases).

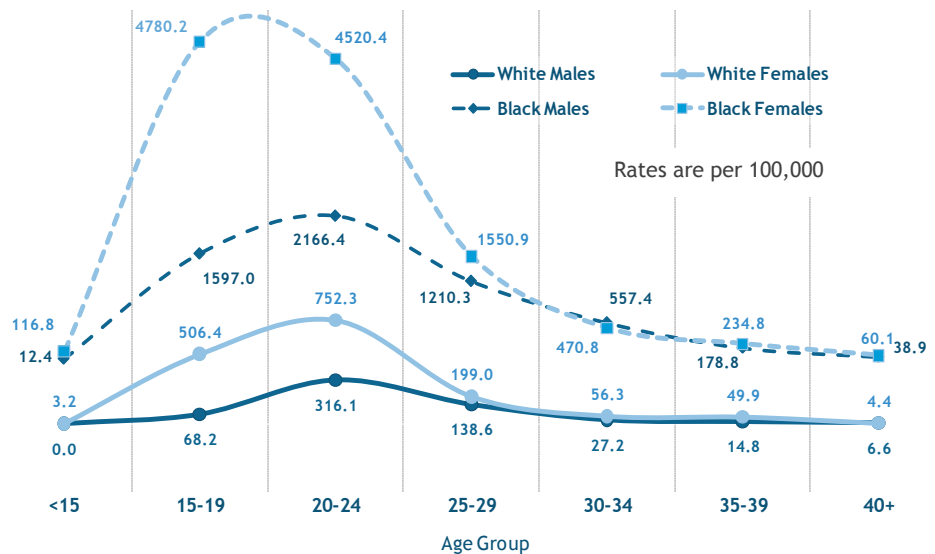
The reported rate of Chlamydia was highest in the 20-24 age group (2,076.1 per 100,000), followed by the 15-19 age group (1629.8 per 100,000). Females had a higher reported infection rate in comparison to males (Table A). However, the higher rate of reported infection among females may be associated with the higher screening rate among females. In addition, females may become re-infected if their partner has not been tested and treated. Many infected individuals may

not exhibit any symptoms and thus be unaware of the need to be tested.

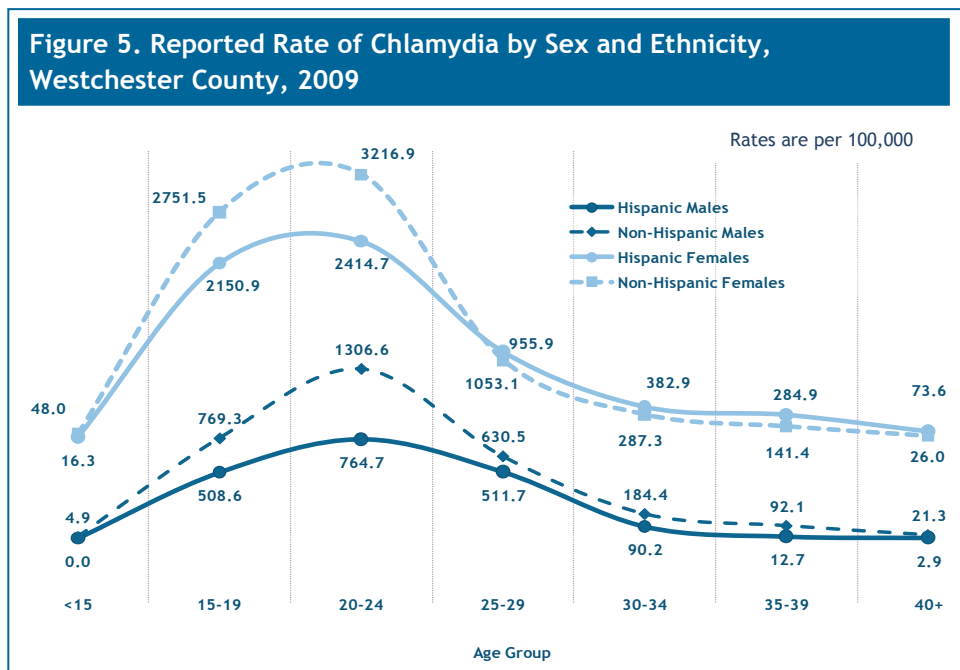
Black residents are disproportionately represented among the reported Chlamydia cases. Although blacks represent only 14.2% of Westchester County’s population, 49.6% of the reported Chlamydia cases for whom race was known (1,694 known and 1,034 Unknown) were black.

For both males and females and across all age groups black residents have higher rates of Chlamydia than white residents. In the 15-19 age group, black females have a rate of 4,780 per 100,000, over eight times greater than that of white females. In the 20-24 age group, the rate for black females is over five times greater. This trend is also evident among males, where black males aged 15-19 have a rate 1,597.0 per 100,000 versus 68.2 per 100,000 for white males (Figure 4).

Figure 4. Reported Rate of Chlamydia by Sex and Race, Westchester County, 2009



In general, reported rates of Chlamydia were lower for Hispanic individuals than for non-Hispanic individuals. However, the reported rate was slightly higher among Hispanic females over the age of 30 than in their non-Hispanic counterparts (Figure 5).



Distribution of Gonorrhea Cases

The reported rates of Gonorrhea infection were higher in the Southeast and Southwest HPRs (92.5 and 50.0 per 100,000) than the overall County rate. Municipalities with statistically significant higher rates of Gonorrhea infection included Mount Vernon, Peekskill, and Yonkers.

Table B. Reported Cases and Rates of Gonorrhea by Age Group and Sex, Westchester County, 2009

Age Group	Total		Male		Female	
	N	Rate ²	N	Rate ²	N	Rate ²
Total ¹	370	40.1	178	40.3	192	39.9
<15	4	2.0	0	0.0	4	4.2
15-19	92	169.2	29	102.4	63	242.0
20-24	128	272.6	59	252.4	69	292.5
25-29	62	113.3	36	134.1	26	93.2
30-34	34	49.5	23	69.4	11	30.9
35-39	19	23.8	10	26.0	9	21.8
40+	31	7.3	21	11.0	10	4.3

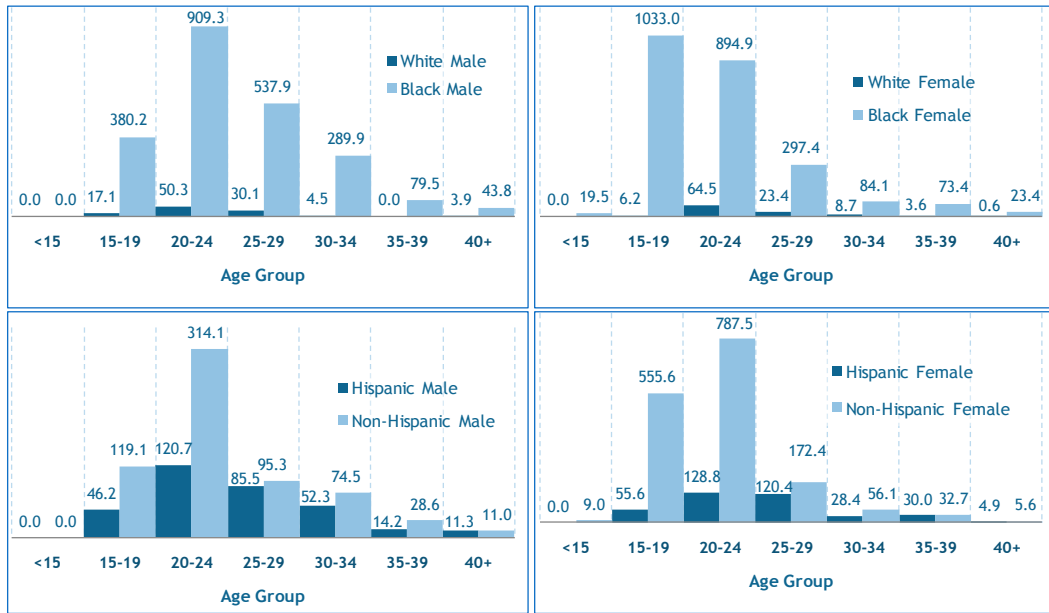
¹Total excludes 6 Westchester County Correctional Facility Cases.
²Rates per 100,000.
 Source: Westchester County Department of Health, data as of October 2010 (confirmed cases).

Males and females had similar overall infection rates (40.3 and 39.9 per 100,000). However, when broken down by age group, females had higher rates in the lower age groups, 15-19 and 20-24, and males had higher rates in all ages over 25 (Table B). In fact, more than 30% of Gonorrhea infections among females occurred in those between 15-19 years of age.

The infection rates were higher among black residents than among white residents in all age groups. The difference was particularly dramatic among 15-19 year old females where

black females had a reported rate of 1,033.0 per 100,000. The reported rate for white females was 6.2 per 100,000. In the 20-24 age group, black females and black males had much higher rates than their white counterparts. In addition, Hispanics had lower rates of Gonorrhea infection than non-Hispanics (Figure 6).

Figure 6. Rate of Gonorrhea by Sex and Race/Ethnicity, Westchester County, 2009



Rates are per 100,000 and do not include 6 Westchester County Correctional Facility Cases.

Distribution of Syphilis Cases

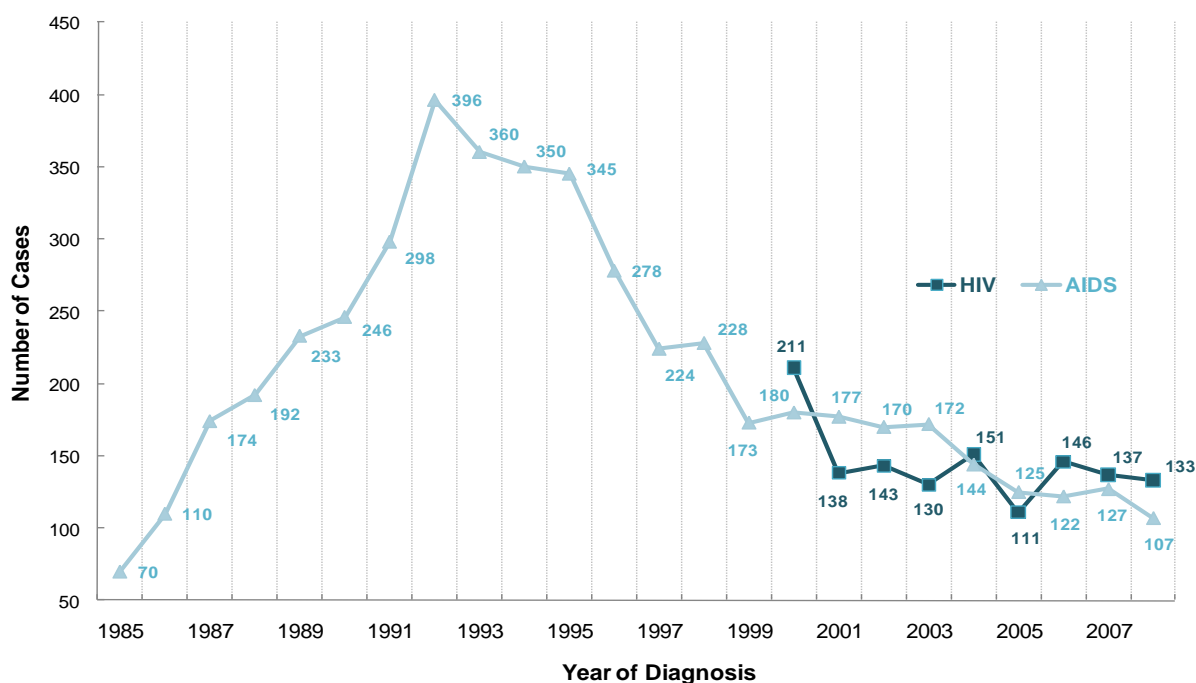
In 2009 there were 163 cases of Syphilis reported, of these, 55 were considered early (primary, secondary and early latent) syphilis. The majority of cases were concentrated in the Southeast and Southwest HPRs, which tend to be more urban and more densely populated.

Slightly more than 60% of all reported Syphilis cases were over 40 years of age and 65.4% were among males. For the 123 cases for whom race was known, 43.9% were black, 13.8% were white and an additional 42.3% were described as 'Other'. With regards to ethnicity, Hispanics males and females had higher rates than their non-Hispanic counterparts.

HIV & AIDS

HIV reporting became effective on June 1, 2000. Since then, over 100 newly diagnosed HIV positive cases have been reported each year (Figure 7). By December 2008, 1,300 Westchester County residents (not including state prison inmates) had been newly diagnosed with HIV separate and apart from those who may have also received an AIDS diagnosis by that date. Between January 2006 and December 2008, an approximate average of 140 people were diagnosed with HIV each year, which equates to 14.6 people per 100,000 Westchester County residents.

Figure 7. Number of Newly Diagnosed HIV¹ and AIDS² Cases by Year of Diagnosis, Westchester County³, 1985-2008



¹ HIV reporting began in June 2000. No earlier data are available.

² Persons diagnosed with HIV may also be diagnosed with AIDS in the same year or in a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables. Therefore, HIV and AIDS diagnoses cannot be added together in a meaningful way.

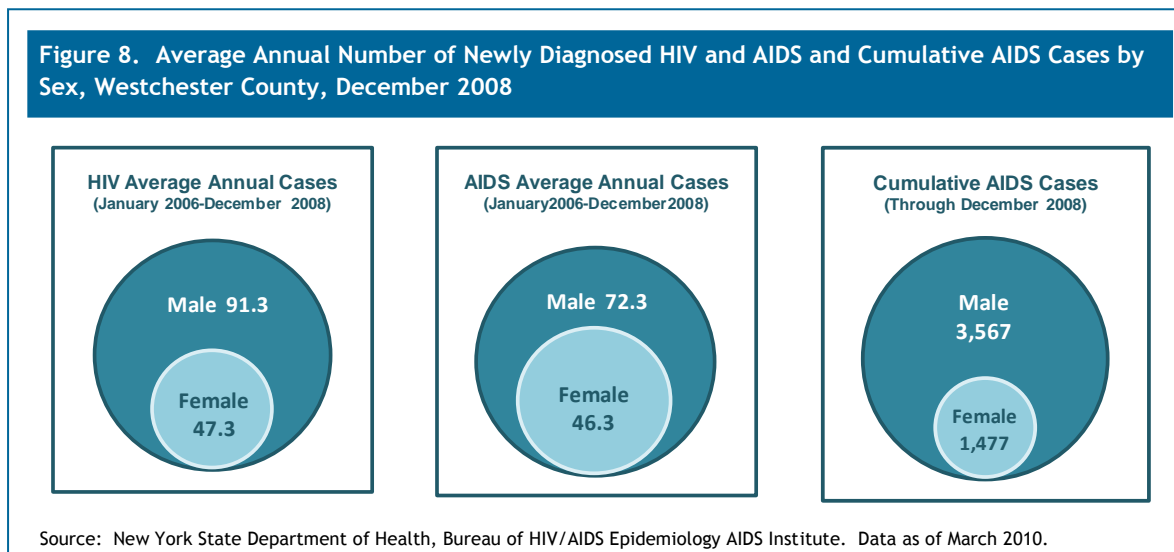
³ Data excludes prison inmates. County of diagnosis usually reflects location of the prison rather than the inmate's home county. For counties with state correctional facilities, case counts and rates that include prison inmates may be substantially higher than those that exclude inmates.

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology AIDS Institute. Data as of March 2010.

Newly diagnosed AIDS cases have gradually declined in recent years from the peak of 396 cases reported in 1992 to 107 cases reported in 2008. By December 2008, a total of 5,044 AIDS cases were diagnosed among Westchester County residents (excluding state prisoners). Between January 2006 and December 2008, an average of 119 people was diagnosed with AIDS each year, resulting in an incidence rate of 12.5 people per 100,000 Westchester County residents.

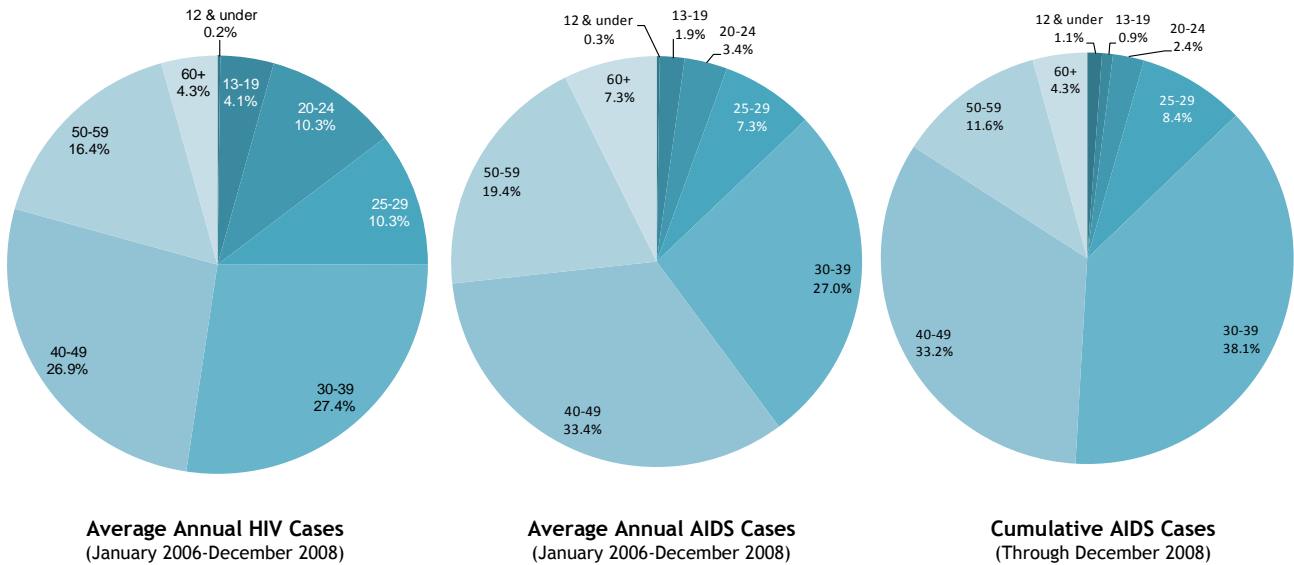
New HIV & AIDS Diagnoses

There were more males than females among those newly diagnosed with HIV and those newly diagnosed with AIDS. As reported by the New York State Department of Health, the average annual number of newly diagnosed HIV cases in Westchester County was 91 cases among males and 47 cases among females during January 2006 to December 2008. The average annual number of newly diagnosed AIDS cases was 72 among males and 46 among females. In December 2008, the cumulative number of AIDS cases in Westchester County was 3,567 men and 1,477 women (Figure 8).



Over half (54.3%) of the newly diagnosed HIV cases were between the ages of 30 and 49 at diagnosis; 27.4% were between 30 and 39 and 26.9% were between 40 and 49. More than 20% were aged 20 to 29 and just over 16% were 50 to 59 years old when they were diagnosed with HIV. Among the newly diagnosed AIDS cases, over one-third (33.4%) were between the ages of 40 and 49, over one-quarter (27.0%) were between the ages of 30 and 39, and over one-quarter (26.7%) were aged 50 or older (Figure 9).

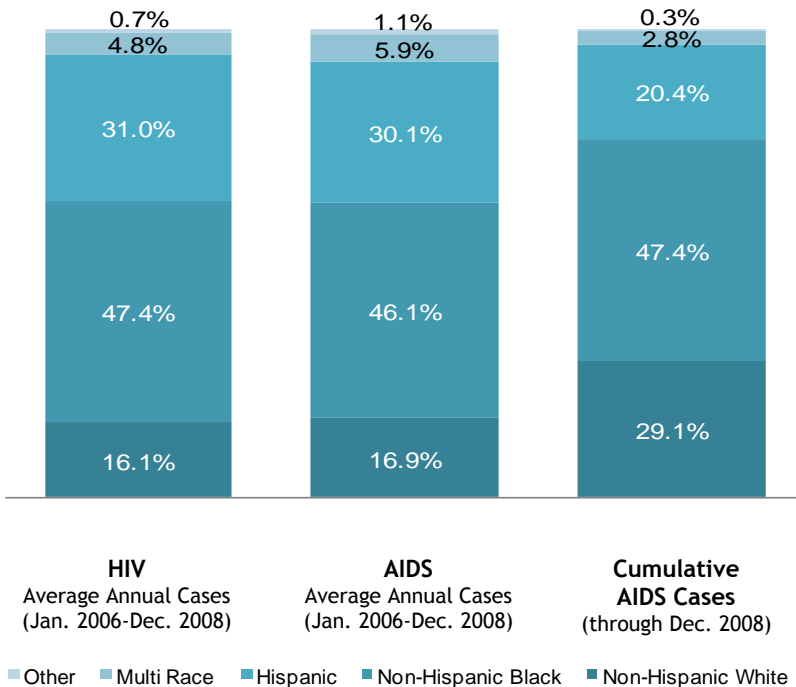
Figure 9. Percentage Distribution of Newly Diagnosed HIV, AIDS and Cumulative AIDS Cases by Age, Westchester County, December 2008



Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology AIDS Institute. Data as of March 2010.

Almost half of the newly diagnosed HIV cases (47.4%), as well as the newly diagnosed AIDS cases (46.1%), were among non-Hispanic blacks. Approximately one-third of both newly diagnosed HIV (31.0%) and newly diagnosed AIDS cases (30.1%) were among Hispanics. About 16% of new cases were among non-Hispanic whites (Figure 10).

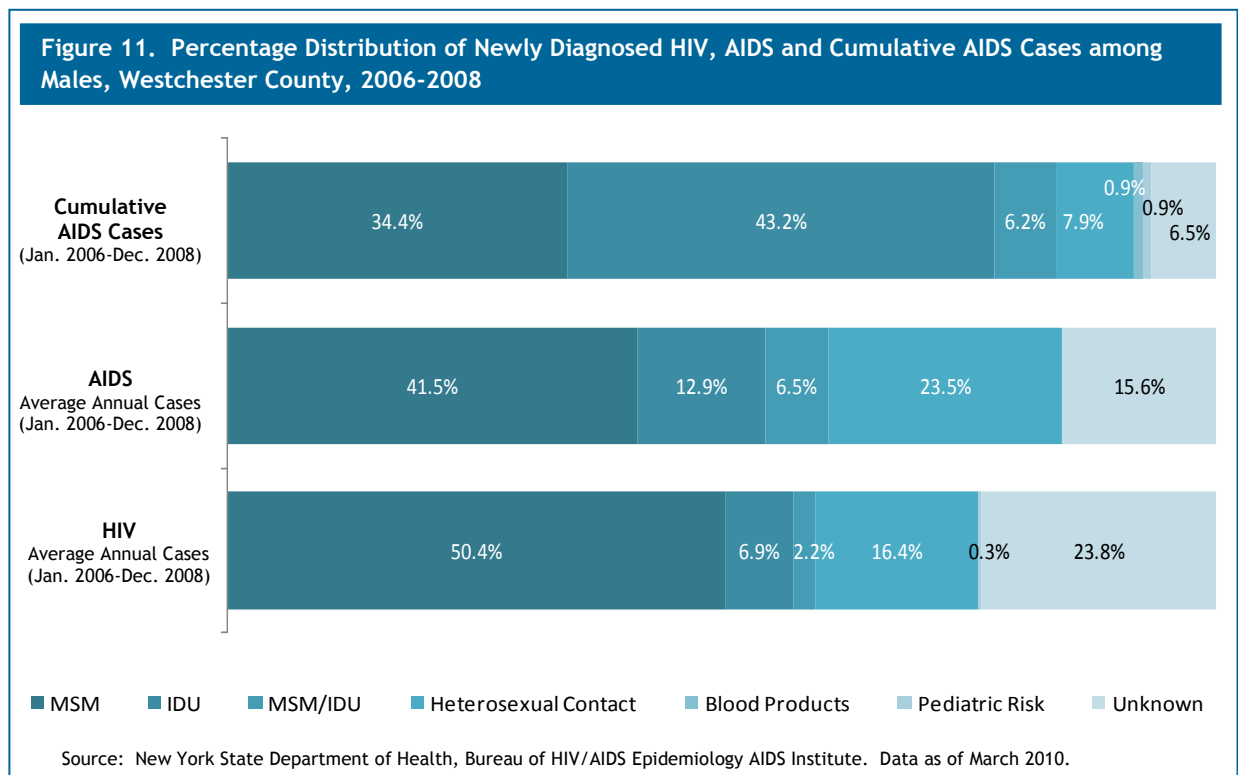
Figure 10. Percentage Distribution of Newly Diagnosed HIV, AIDS, and Cumulative AIDS Cases by Race/Ethnicity, Westchester County, December 2008



Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology AIDS Institute. Data as of March 2010.

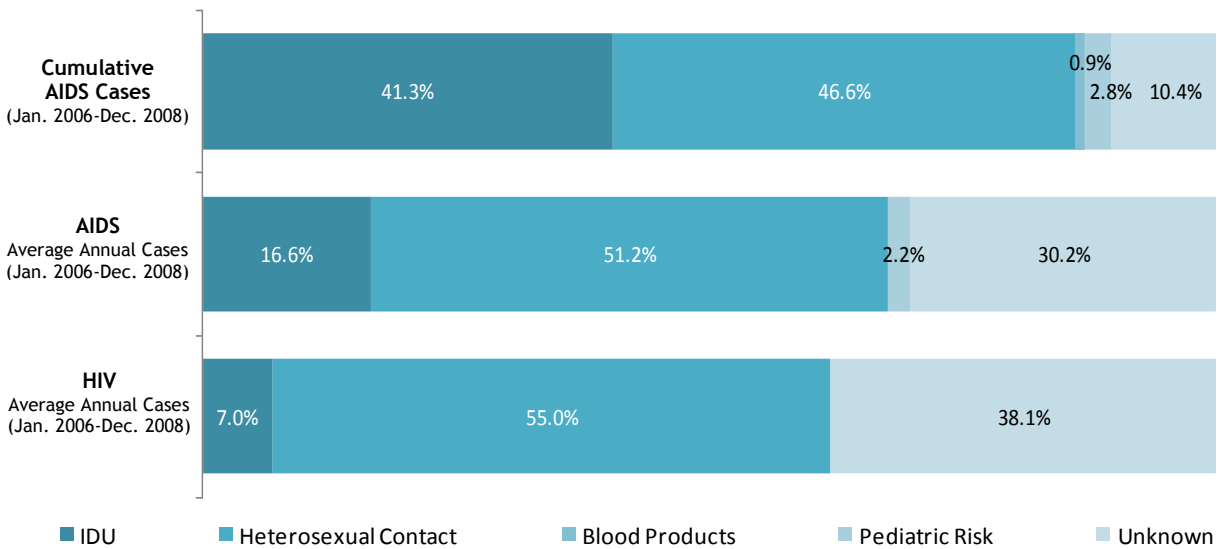
Among those HIV cases newly diagnosed during January 2006 and December 2008, approximately one-third (33.2%) was among men who have sex with men (MSM), 7% was among injecting drug users (IDU), and slightly less than one-third (29.6%) was due to heterosexual contact. Among newly diagnosed AIDS cases during the same time period, greater than one-third (34.3%) was due to heterosexual contact, one-quarter (25.3%) was among men having sex with men, and 14.3% was transmitted via injection drug use.

Among males diagnosed with HIV during January 2006 and December 2008, more than half (50.4%) of the cases were among men having sex with men (MSM). Less than one-sixth (16.4%) of all new cases among men were caused by heterosexual contact. In contrast, greater than half (55.0%) of all newly diagnosed HIV cases among women was due to heterosexual contact (Figures 11 & 12).



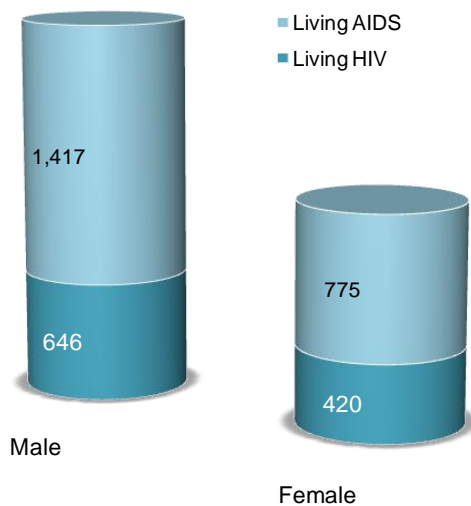
During the same time period, among the males diagnosed with AIDS, over 40% were among men having sex with men, approximately 13% were IDUs, and just under one-quarter (23.5%) were attributed to heterosexual contact. Among the female cases diagnosed with AIDS between 2006 and 2008, 51.2% were due to heterosexual contact and 16.6% were due to intravenous drug use (Figures 11 & 12).

Figure 12. Percentage Distribution of Newly Diagnosed HIV, AIDS and Cumulative AIDS Cases among Females by Risk, Westchester County, 2006-2008



Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology AIDS Institute. Data as of March 2010.

Figure 13. Number of Living HIV and AIDS Cases by Sex, Westchester County, December 2008



Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology AIDS Institute. Data as of March 2010.

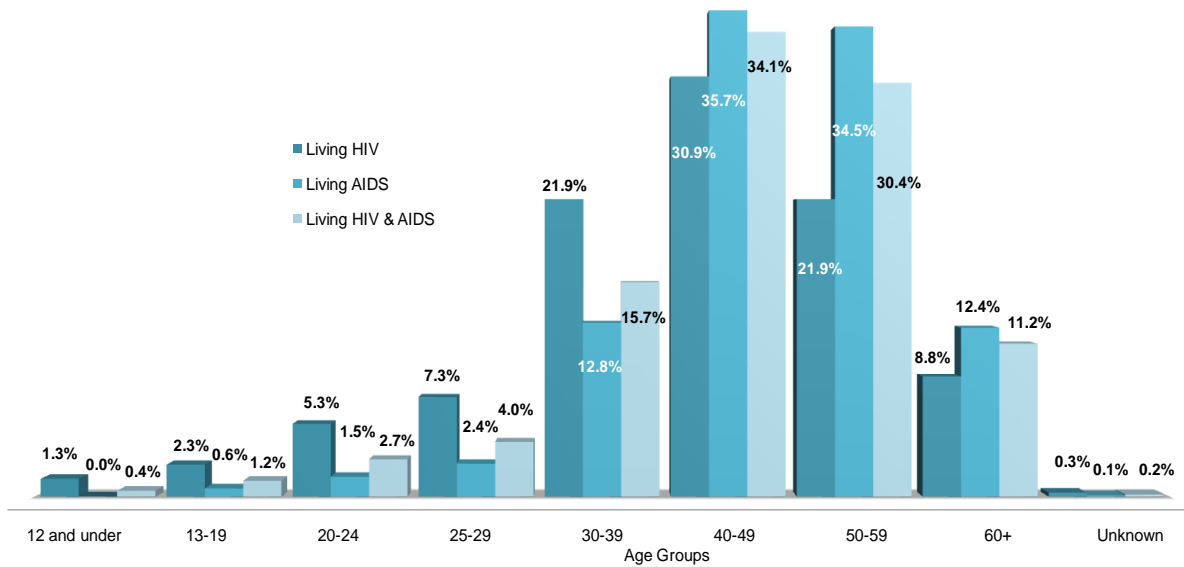
Persons Living with HIV & AIDS

As of December 2008, there were 1,066 people living with HIV, non-AIDS, (112.2 per 100,000) and 2,192 people living with AIDS (230.8 per 100,000) in Westchester County. Excluding New York City, Westchester County had the highest number of individuals living with HIV and/or AIDS among all New York State counties.

Among those living with HIV, 60.6% were males and 39.4% were females. Among those living with AIDS, 64.6% were males and 35.4% were females (Figure 13).

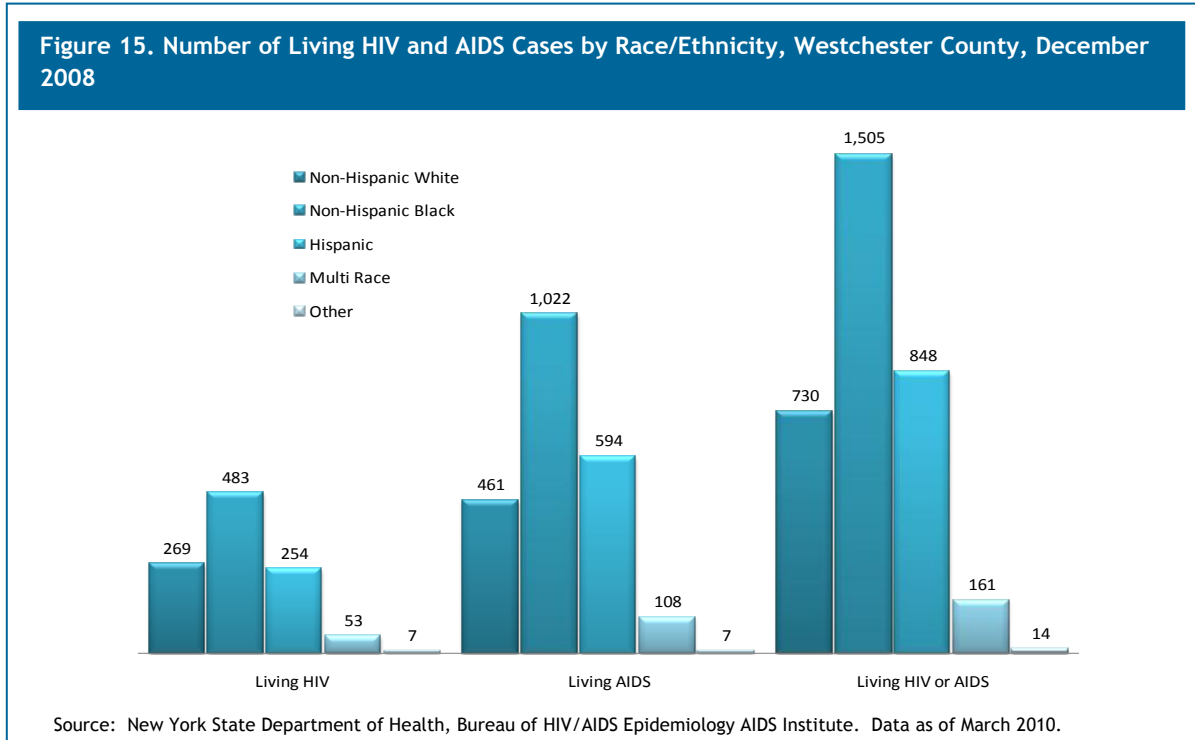
As of December 2008, the majority of Westchester County residents living with HIV or AIDS were between the ages of 30 and 59: about three-quarters (74.7%) of the population living with HIV was between these ages, as were 83% of those living with AIDS (Figure 14).

Figure 14. Percentage Distribution of Living HIV and AIDS Cases by Current Age, Westchester County, December 2008



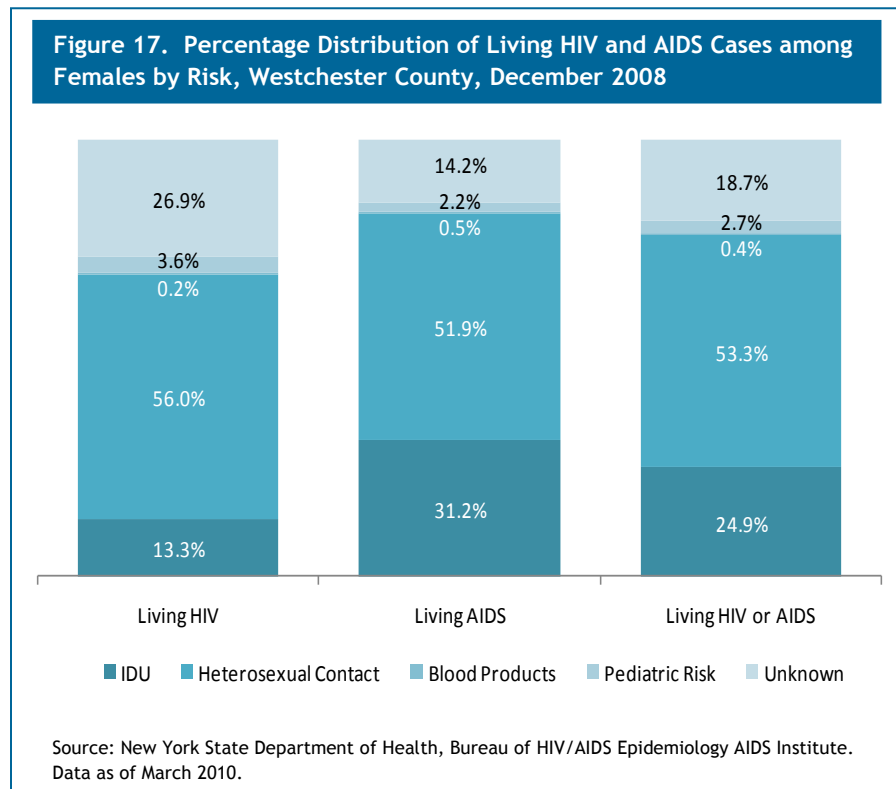
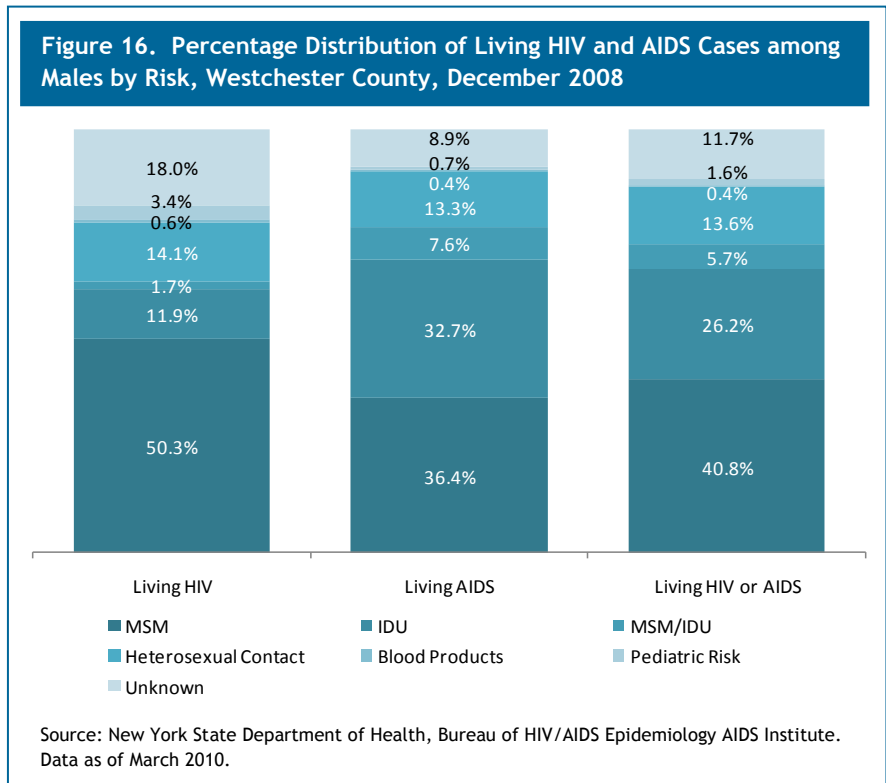
Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology AIDS Institute. Data as of March 2010.

Close to half (45.3%) of the individuals living with HIV were non-Hispanic blacks, whereas non-Hispanic whites and Hispanics comprised 25.2% and 23.8% of the remaining cases, respectively. Five percent of those living with HIV were classified as being of multiple races. The racial and ethnic composition of those living with AIDS was similar to those living with HIV: 46.6% were non-Hispanic black, 21.0% were non-Hispanic white, 27.1% were Hispanic, and 4.9% were of multiple races (Figure 15).



Of the population living with HIV between January 2006 and December 2008, approximately one-third (30.5%) of cases were among men who have sex with men (MSM), close to one-third (30.6%) were among individuals who had heterosexual contact, and 12.5% were among injecting drug users (IDUs).

For males living with HIV, 50.3% of cases were among men who had sex with men, 14.1% of cases were due to heterosexual contact, and 11.9% were among injecting drug users (Figure 16). For women however, over half (56.0%) of those living with HIV contracted the virus through heterosexual contact and 13.3% through injection drug use (Figure 17).



Among the individuals living with AIDS during the same time period, approximately one-third (32.2%) of cases were among injecting drug users, 27.0% of cases were due to heterosexual contact, and approximately one-quarter (23.5%) of cases were among men who had sex with men.

Among the male living AIDS cases, greater than one-third (36.4%) were among men who had sex with men, another one-third

was transmitted through injection drug use, and 13.3% was due to heterosexual contact. In contrast, among the female living AIDS cases in Westchester County, 51.9% were due to heterosexual contact and 31.2% resulted from intravenous drug use.

Westchester County Department of Health (WCDH) works to prevent and control the spread of STDs and HIV/AIDS through its free and confidential walk-in STD clinics. In 2009, WCDH held STD clinics at District locations in New Rochelle, White Plains, and Yonkers. Collectively, clinic sessions were available four days a week including an evening session one day per week. The clinics provide free walk-in STD testing and treatment, as well as free HIV testing and counseling for all Westchester County residents.

A total of 2,482 clients were seen in the WCDH's STD clinics in 2009 with a total of 4,544 visits. Of all the STD cases diagnosed in Westchester County, 12.5% were tested and/or treated at WCDH clinics. A total of 2,678 clients received HIV testing and/or counseling in WCDH clinics; among these, 2,514 clients (93.9%) received HIV testing with 2,838 tests performed.

Central Nervous System (CNS) Diseases and Bacteremias

Infectious diseases affecting the central nervous system include bacterial and viral pathogens that may infect one or many locations in the body including the brain, spinal cord membranes (meningitis) and/or the bloodstream (bacteremias). In 2009, the most frequently reported diseases in this category were Meningitis and Invasive Streptococcus (Strep) Pneumoniae.

Table C. Reported Cases and Rates of Meningitis by Age and Sex, Westchester County, 2009¹

Age	Total			Male			Female		
	N	Rate	%	N	Rate	%	N	Rate	%
Total	80	8.7	100	47	11.6	100	33	7.8	100
0-9	14	10.6	17.5	10	14.8	21.3	4	6.2	12.1
10-19	14	11.9	17.5	9	14.7	19.1	5	8.8	15.2
20-29	5	4.9	6.3	3	6.0	6.4	2	3.9	6.1
30-39	10	6.7	12.5	5	7.0	10.6	5	6.5	15.2
40-49	13	8.9	16.3	7	10.0	14.9	6	8.0	18.2
50-59	8	7.3	10.0	4	7.7	8.5	4	6.9	12.1
60+	16	22.1	20.0	9	27.5	19.1	7	17.7	21.2

¹Includes confirmed cases of aseptic meningitis, meningococcal diseases, and other meningitis /bacteremias.

Source: Westchester County Department of Health, Data as of October 2010. Rates per 100,000.

Meningitis is a disease caused by a bacterial or viral infection of the protective membranes covering the brain and spinal cord. Meningitis is also referred to as spinal meningitis. In 2009, 80 cases of meningitis were reported among Westchester County residents. Of these, 62 cases (77.5%) were aseptic meningitis, which is less severe than bacterial meningitis and does not require treatment of close contacts to the infected individual. The majority of meningitis cases diagnosed in 2009 were adults, with only 35% of the

confirmed meningitis cases being among children aged 19 years or younger (Table C).

Invasive streptococcus pneumoniae infection is caused by the bacterial pathogen Streptococcus pneumonia, which is the most common cause of bacterial pneumonia and bacterial meningitis in the U.S. The pathogen usually resides in a person's respiratory tract and is spread through respiratory droplets. Having the pathogen does not always result in illness; however, such a person may be a carrier and able to spread the disease to others.

In 2009, there were 99 cases of invasive streptococcus pneumoniae infection in Westchester County. The majority of cases (70.7%) occurred among adults aged 50 and over, with 42.4% among those aged 60 and older (Table D).

Table D. Reported Cases and Rates of Invasive Strep Pneumoniae by Age and Sex, Westchester County, 2009

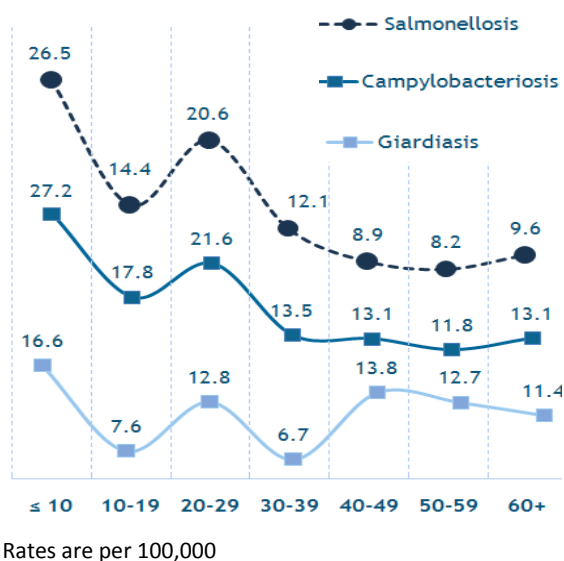
Age	Total			Male			Female		
	N	Rate	%	N	Rate	%	N	Rate	%
Total	99	10.7	100	55	13.6	100	44	10.4	100
0-9	9	6.8	9.1	4	5.9	7.3	5	7.7	11.4
10-19	1	0.8	1.0	0	0.0	0.0	1	1.8	2.3
20-29	3	2.9	3.0	1	2.0	1.8	2	3.9	4.5
30-39	8	5.4	8.1	6	8.4	10.9	2	2.6	4.5
40-49	8	5.5	8.1	7	10.0	12.7	1	1.3	2.3
50-59	28	25.4	28.3	17	32.8	30.9	11	18.8	25.0
60+	42	58.0	42.4	20	61.0	36.4	22	55.5	50.0

Source: Westchester County Department of Health, Data as of October 2010. Rates per 100,000

Enteric Diseases

Enteric infections enter the body through the mouth and intestinal tract and are usually spread through contaminated food and water or by contact with infected vomit or feces.

Figure 18. Rates of Major Enteric Infections by Age, Westchester County, 2009



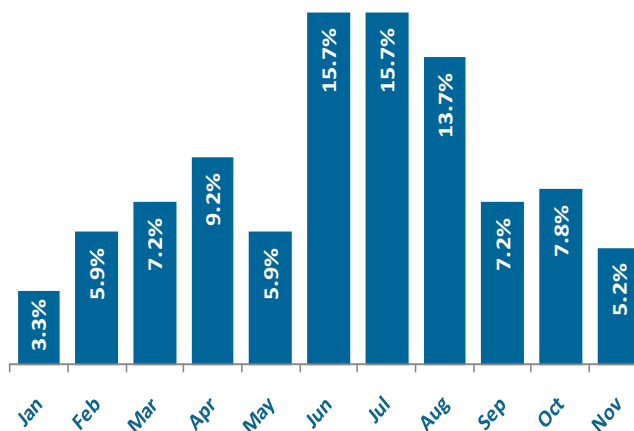
In 2009, the three most prevalent enteric diseases in Westchester County were Campylobacteriosis, Giardiasis, and Salmonellosis with 153, 107, and 129 cases, respectively.

The rates of all three major enteric infections were more prevalent among children aged 10 and younger than among all other age groups (Figure 18).

Rates of foodborne illnesses undergo seasonal fluctuations. These infections are more prevalent in the warmer months and begin to decline with the onset of colder weather (Figure 19).

To reduce the spread of foodborne disease, the Westchester County Department of Health performed nearly 14,000 regular and ad hoc inspections of restaurants and other food service establishments during 2009.

Figure 19. Percent of Campylobacteriosis Infections by Month, Westchester County, 2009



Source: Westchester County Department of Health.
Data as of December 2010.

Vector-Borne Zoonoses

Transmission of an infectious disease can involve a vector or carrier. The most common vector-based disease in Westchester County is Lyme disease, which is transmitted by infected deer ticks.

Lyme Disease

Table E. Reported Cases and Rates of Lyme Disease by Age and Sex, Westchester County, 2009¹

Age	Total			Male			Female		
	N	Rate	%	N	Rate	%	N	Rate	%
Total	205	22.2	100	113	25.6	100	92	19.1	100
0-9	32	24.2	15.6	19	28.1	16.8	13	20.1	14.1
10-19	28	23.7	13.7	16	26.1	14.2	12	21.1	13.0
20-29	17	16.7	8.3	9	17.9	8.0	8	15.5	8.7
30-39	20	13.5	9.8	11	15.4	9.7	9	11.7	9.8
40-49	30	20.6	14.6	14	20.0	12.4	16	21.2	17.4
50-59	29	26.3	14.1	16	30.9	14.2	13	22.3	14.1
60-69	18	24.9	8.8	11	33.6	9.7	7	17.7	7.6
70+	31	32.7	15.1	17	46.7	15.0	14	23.9	15.2

¹ 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).

Source: Westchester County Department of Health. Data as of October 2010. Rates are per 100,000.

Lyme disease can cause symptoms that affect the skin, nervous system, heart, and joints. The most common indication of infection is a bulls-eye or solid rash (referred to as erythema migrans) close to the site of the bite.

In 2009, there were 205 confirmed cases of Lyme disease in Westchester County, most from the New York State designed Sentinel Surveillance System (Table E). Due to the large volume of Lyme cases in New York State, only a 20% random sampling of reported laboratory cases and all provider

reports of erythema migrans are selected for follow-up. As a result, the data for reported Lyme disease infections represents only an estimate of confirmed cases.

In 2009, cases of Lyme disease were more prevalent in the Northeast and Northwest HPRs (61.5 and 40.5 per 100,000, respectively) than in the overall county. In general, Lyme disease is less prevalent in the urban regions of the County.

The reported rate of Lyme disease was highest in persons aged 70 years or over and lowest among those aged 20 to 39.

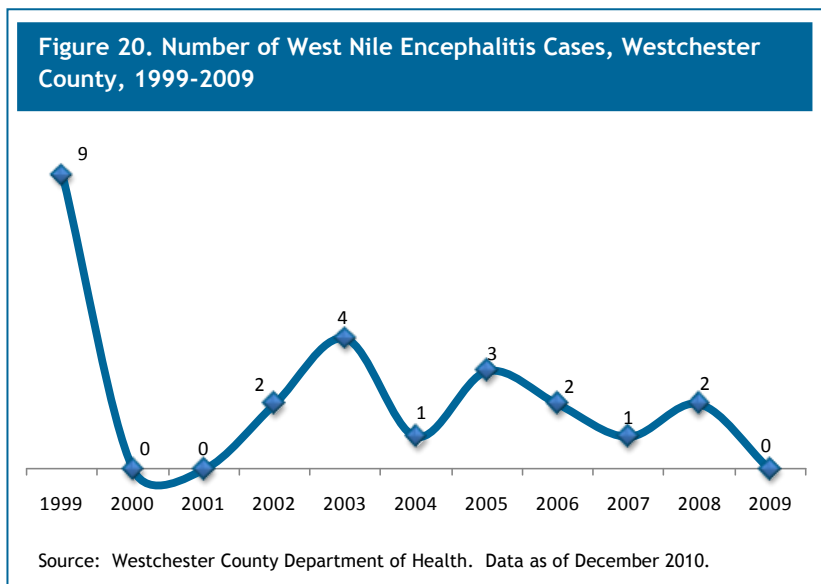
West Nile Virus

West Nile Virus (WNV) made its first appearance in the United States in New York City during the summer of 1999, and quickly spread to surrounding areas, including Westchester County.

The virus is transmitted from mosquito vectors to humans, birds, and other mammals. In very few individuals (1 in 150), WNV will cause encephalitis, a serious illness in which there is acute swelling of the brain. Symptoms may include high fever, headache, stiff neck, disorientation, coma, tremors, and convulsions and may last several weeks. These neurological effects can become irreversible. Up to 20% of people who become infected with WNV will have a milder form of encephalitis, with symptoms lasting from a few days to several weeks. Most people, however, (approximately 80%) will be asymptomatic.

A total of 28 confirmed human cases of West Nile encephalitis have been reported in Westchester County since 1999 (Figure 20).

The number of West Nile encephalitis cases in Westchester County declined sharply after the initial peak of 9 human cases in 1999. Between 2000 and 2010, very few people became infected with West Nile encephalitis each year.



Westchester County Department of Health works diligently to reduce the threat of WNV by conducting extensive mosquito larviciding activities within the County. In 2009, WCDH inspected and/or treated approximately 70,000 catch basins and conducted mosquito surveillance and typing.

Rabies

Zoonotic diseases are caused by infections that can be transmitted between animals and humans. Rabies is a deadly virus that lives in the saliva and brain tissue of an infected animal and is spread through bites, scratches and contact with the infected animal. Because of the highly infective nature of the disease and its near 100% mortality rate if no medical intervention is obtained, rabies is the most closely monitored zoonotic disease in Westchester County.

Westchester County Department of Health closely monitors rabies exposures, with timely testing of suspected animals and prophylactic treatment of individuals who have come in contact with suspected rabid animals.

In 2009, 608 animals were tested for rabies with 37 (6.1%) being confirmed positive. A total of 258 Westchester County residents were treated with post-exposure prophylaxis after being exposed to an animal suspected of having rabies (Table F).

Table F. Rabies Surveillance and Human Post-Exposure Prophylaxis, Westchester County, 2005-2009

	2009	2008	2007	2006	2005
Total Reported Animal Bites & Scratches	1,141	1,107	1,068	1,004	1,027
Total Animals Tested	608	615	596	724	680
Animals Confirmed Rabid ¹	37	31	31	51	52
Raccoon	22	17	15	32	37
Skunk	2	3	5	5	8
Bat	10	9	9	12	5
Cat	2	1	1	2	2
Fox	1	0	1	0	0
Woodchuck	0	1	0	0	0
<i>As % of Total Tested</i>	<i>6.1</i>	<i>5.0</i>	<i>5.2</i>	<i>7.0</i>	<i>7.6</i>
Human Post-Exposure Prophylaxis	258	359	332	396	432

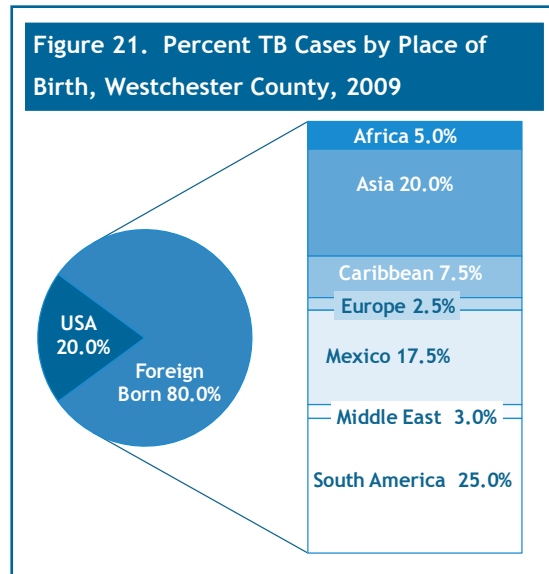
¹ Confirmed rabid after brain tissue samples are tested at Wadsworth Laboratory, NYSDOH. (1 animal originated in Putnam County).

Source: Westchester County Department of Health.

Tuberculosis

Tuberculosis (TB) is a highly contagious air-borne disease that is spread by people with active, untreated TB germs of the lungs or throat. While TB usually affects the lungs, the disease can also cause illness in other parts of the body, including the brain, kidneys, or the spine. If left untreated it can become fatal.

In 2009, 40 new cases of TB were confirmed in Westchester County, 62.5 % were male and 37.5% were female. 15% percent of cases were identified as being resistant to at least one drug. The majority of TB patients were from foreign countries (80%), although 20% were US born (Figure 21).



Westchester County Department of Health conducted two tuberculosis clinics in 2009 at its district offices in White Plains and Yonkers. The clinics provided treatment and medications to individuals infected with active TB at no cost to the patients. WCDH provided TB services and medications to the 791 patients who were seen at the TB clinics during a total of 3,317 visits. In addition, WCDH conducted investigations of 944 people who had close contact with an individual with active TB and provided PPD testing (tuberculosis skin tests) to 408 people to assess for TB infection.

The standard of care for active TB treatment is Directly Observed Therapy (DOT), as recommended by the Centers for Disease Control and Prevention. A trained health care worker monitors the patient’s intake of medication at the patient’s home or other locations conducive to the needs and privacy of the patient. DOT is necessary for all active TB cases to ensure patients complete their entire therapy regimen, to monitor drug therapy response, to decrease the rates of drug resistance, and to improve the survival rates in those with HIV co-morbidity. Directly Observed Preventive Therapy (DOPT)

involves a trained healthcare worker monitoring the preventive therapy courses for latent and active TB patients at the patient’s home or other locations.

Table G. Number of Clients Receiving DOT/DOPT Services and Number of DOT/DOPT Visits Received by Sex, Westchester County, 2009

	Patients			Visits
	Total	Male	Female	N
Total	166	105	61	6,272
DOT	136	89	47	5,339
DOPT	30	16	14	933

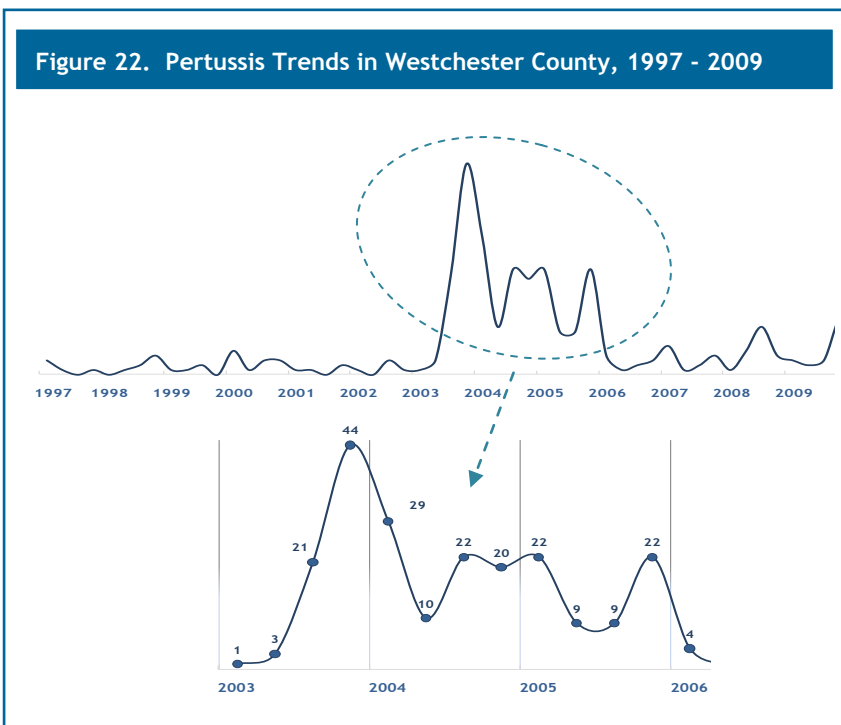
Source: Westchester County Department of Health. Data as of December 2010.

In addition to clinical services, WCDH provided DOT and DOPT services to 166 clients, with 6,272 visits conducted to clients’ homes or other locations specified by the clients (Table G).

Vaccine Preventable Diseases

In 2002, the World Health Organization (WHO) reported that approximately 1.4 million deaths among children under 5 years of age could have been prevented by routine vaccinations. Vaccinations are a front-line tool in infectious disease prevention and control. Through widespread immunization programs, many vaccine preventable diseases (VPDs) have been contained in the United States.

The most commonly reported VPD in Westchester County is Pertussis (Whooping cough). Pertussis is highly contagious and begins with symptoms that are similar to the common cold. However, severe coughing appears after 1-2 weeks and can persist for up to 6 weeks. The classic whooping sound can be identified in older children and adults. Pertussis is particularly dangerous for young children and infants who can develop respiratory distress and difficulty breathing, usually requiring hospitalization for infants. In 2009, 20 cases of Pertussis were reported in Westchester County (Figure 22).



The vaccination for pertussis in infants and children is the DtaP; for older children and adults it is the TdaP. The pertussis vaccination is combined with the vaccinations for diphtheria and tetanus. Some vaccinations lose their effectiveness over time and revaccinations or booster shots may be required. A full schedule of vaccinations and recommendations appears in the appendix at the end of this report.

Westchester County Department of Health plays an active role in providing immunization services to children without health insurance. In 2009, 5,706 doses of vaccines were administered by WCDH in its district offices or at community clinics. These included 2,937 flu vaccinations, 192 pneumococcal vaccines (primarily for seniors and individuals with chronic medical conditions), and 1,899 vaccinations primarily for school admission and/or prevention of STDs (i.e. Hepatitis B).

Tables

Table 1. REPORTED CASES & RATES OF REPORTABLE DISEASES, WESTCHESTER COUNTY, 2005-2009

Communicable Disease Category	Cases					Rate (per 100,000)				
	2009	2008	2007	2006	2005	2009	2008	2007	2006	2005
Vaccine Preventable Diseases										
Measles	0	0	1	0	1	0.0	0.0	0.1	0.0	0.1
Mumps	5	1	3	0	0	0.5	0.1	0.3	0.0	0.0
Pertussis ¹	20	20	13	10	62	2.2	2.2	1.4	1.1	6.7
Central Nervous System Diseases & Bacteremias										
Encephalitis	4	5	6	3	4	0.4	0.5	0.6	0.3	0.4
<i>West Nile Encephalitis (lab positive)</i>	0	2	0	2	2	0.0	0.2	0.0	0.2	0.2
<i>Non-West Nile Encephalitis</i>	4	3	6	1	2	0.4	0.3	0.6	0.1	0.2
Haemophilus Influenzae Type B	0	0	0	0	1	0.0	0.0	0.0	0.0	0.1
Listeriosis	9	7	4	4	8	1.0	0.8	0.4	0.4	0.9
Meningitis	80	49	41	112	128	8.7	5.3	4.4	12.1	13.9
<i>Aseptic Meningitis</i>	62	24	30	18	19	6.7	2.6	3.2	1.9	2.1
<i>Meningococcal Diseases</i> ¹	0	1	1	5	1	0.0	0.1	0.1	0.5	0.1
<i>Other Meningitis/Bacteremias</i>	18	24	10	89	108	1.9	2.6	1.1	9.6	11.7
StrepA	25	29	25	-	-	2.7	3.1	2.7	-	-
Strep B	56	67	51	-	-	6.1	7.3	5.5	-	-
Invasive Strep Pneumoniae ²	99	98	109	75	88	10.7	10.6	11.8	8.1	9.5
<i>Invasive Strep Pneumoniae</i>	97	94	108	69	76	10.5	10.2	11.7	7.5	8.2
<i>Drug-Resistant Strep Pneumoniae</i>	2	4	1	7	12	0.2	0.4	0.1	0.8	1.3
Enteric Diseases										
Amebiasis	37	19	24	27	27	4.0	2.1	2.6	2.9	2.9
Campylobacteriosis	153	147	174	156	132	16.6	15.9	18.8	16.9	14.3
Cryptosporidiosis	9	11	19	14	83	1.0	1.2	2.1	1.5	9.0
Cyclosporidiosis	4	1	3	1	11	0.4	0.1	0.3	0.1	1.2
Giardiasis	107	82	110	119	124	11.6	8.9	11.9	12.9	13.4
Salmonellosis	129	148	156	112	126	14.0	16.0	16.9	12.1	13.6
Shigellosis ¹	38	21	18	14	27	4.1	2.3	1.9	1.5	2.9
STEC (E. Coli 0157) ^{1,3}	17	22	27	6	9	1.8	2.4	2.9	0.6	1.0
Hemolytic Uremic Syndrome	2	0	3	0	0	0.2	0.0	0.3	0.0	0.0
Typhoid	0	0	0	1	0	0.0	0.0	0.0	0.1	0.0
Vibrio	6	0	1	2	0	0.6	0.0	0.1	0.2	0.0
Yersiniosis	1	1	1	6	1	0.1	0.1	0.1	0.6	0.1
Viral Hepatitis										
Hepatitis A	7	14	13	12	15	0.8	1.5	1.4	1.3	1.6
Hepatitis B										
<i>Acute</i> ¹	3	8	6	9	5	0.3	0.9	0.6	1.0	0.5
<i>Chronic</i> ¹	35	172	242	256	179	3.8	18.6	26.2	27.7	19.4
<i>Infant Perinatal</i>	0	0	1	0	0	0.0	0.0	0.1	0.0	0.0
Hepatitis C										
<i>Acute</i>	0	0	2	1	0	0.0	0.0	0.2	0.1	0.0
<i>Chronic</i> ¹	28	427	721	890	723	3.0	46.2	78.1	96.4	78.3
Other Hepatitis	0	0	1	0	0	0.0	0.0	0.1	0.0	0.0

Continued

Table 1. REPORTED CASES & RATES OF REPORTABLE DISEASES, WESTCHESTER COUNTY, 2005-2009 (continued)

Communicable Disease Category	Cases					Rate (per 100,000)				
	2009	2008	2007	2006	2005	2009	2008	2007	2006	2005
Sexually Transmitted Diseases										
Chlamydia ⁴	2,760	2,541	2,465	2,143	1,676	298.9	275.2	266.9	232.1	181.5
Gonorrhea	376	376	364	435	396	40.7	40.7	39.4	47.1	42.9
Syphilis (All Stages) ^{4, 6}	163	186	163	173	133	17.7	20.1	17.7	18.7	14.4
All Other	108	134	107	142	110	11.7	14.5	11.6	15.4	11.9
Early Syphilis	55	52	56	30	23	6.0	5.6	6.1	3.2	2.5
Primary and Secondary	27	26	30	22	13	2.9	2.8	3.2	2.4	1.4
Early Latent	28	26	26	8	10	3.0	2.8	2.8	0.9	1.1
Congenital Syphilis ⁷	1	2	2	3	2	8.7	17.4	16.9	25.2	16.5
Tuberculosis	42	62	44	72	53	4.5	6.7	4.8	7.8	5.7
Vector-Borne, Zoonoses										
Babesiosis	57	36	29	25	13	6.2	3.9	3.1	2.7	1.4
Ehrlichiosis ¹	34	21	41	61	0	3.7	2.3	4.4	6.6	0.0
Lyme Disease ⁸	205	256	247	253	435	22.2	27.7	26.7	27.4	47.1
Malaria	7	2	13	12	10	0.8	0.2	1.4	1.3	1.1
Post-Exposure Phrophylaxis for Rabies ⁹	258	359	332	396	432	27.9	38.9	36.0	42.9	46.8
Other										
Legionellosis	22	31	16	18	41	2.4	3.4	1.7	1.9	4.4
Toxic Shock Syndrome	5	0	3	0	0	0.0	0.0	0.3	0.0	0.0

¹ Includes probable cases.

² Invasive Strep Pneumoniae includes Invasive Strep Pneumoniae (Sensitive).

³ (STEC) Shiga toxin producing E. Coli; may include non-0157 shiga toxin producing strains of E. Coli.

⁴ Includes cases from Westchester County Correctional Facilities.

⁵ Penicillinase producing N. Gonorrhea. PPNG included in Gonorrhea total.

⁶ Total Syphilis excludes Congenital Syphilis.

⁷ Rates for Congenital Syphilis are per 100,000 live births.

⁸ 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).

⁹ Number of individuals for whom rabies post-exposure prophylaxis has been distributed by Westchester County Department of Source: Westchester County Department of Health, Data as of October 2010.

Table 2. Number of STDs in Westchester County, New York State, and the United States, 2009

Disease	Westchester	NY (with NYC)	NY (without NYC)	United States
Chlamydia	2,760	91,469	32,099	1,100,230
Gonorrhea	376	16,878	5,852	260,530
Syphilis All	162	5,450	775	46,277
Primary & Secondary	27	2,576	290	13,500

Table 3. Reported Cases and Rates of Chlamydia by Municipality, Westchester County, 2005-2009

Health Planning Region & Municipality	Cases					Rate (per 100,000)				
	2009	2008	2007	2006	2005	2009	2008	2007	2006	2005
Westchester County	2,760	2,541	2,460	2,143	1,676	298.9	275.2	266.4	232.1	181.5
Northwest	314	280	284	228	267	223.2	199.1	201.9	162.1	189.8
Briarcliff Manor	7	5	7	1	3	91.0	65.0	91.0	13.0	39.0
Buchanan	8	2	3	0	1	365.5	91.4	137.0	0.0	45.7
Cortlandt	35	36	24	10	18	122.1	125.6	83.7	34.9	62.8
Croton on Hudson	5	7	3	3	6	65.7	92.0	39.4	39.4	78.9
Mount Pleasant	54	47	55	69	78	206.5	179.7	210.3	263.9	298.3
Ossining (TOV)	8	4	3	1	6	145.1	72.5	54.4	18.1	108.8
Ossining (V)	60	79	85	59	46	249.9	329.0	354.0	245.7	191.6
Peekskill	97	72	70	54	76	432.2	320.8	311.9	240.6	338.7
Pleasantville	16	4	9	11	5	223.1	55.8	125.5	153.4	69.7
Sleepy Hollow	24	24	25	20	28	260.5	260.5	271.4	217.1	304.0
Northeast	132	133	101	80	84	99.0	99.7	75.7	60.0	63.0
Bedford	16	10	12	10	11	88.2	55.1	66.2	55.1	60.7
Lewisboro	23	6	8	3	3	186.6	48.7	64.9	24.3	24.3
Mount Kisco	14	25	19	14	10	140.2	250.4	190.3	140.2	100.2
New Castle	11	8	6	6	7	62.9	45.7	34.3	34.3	40.0
North Castle	12	16	6	10	10	110.6	147.5	55.3	92.2	92.2
North Salem	3	0	1	0	3	58.0	0.0	19.3	0.0	58.0
Pound Ridge	2	3	2	1	3	42.3	63.5	42.3	21.2	63.5
Somers	13	17	17	11	8	70.9	92.7	92.7	60.0	43.6
Yorktown	38	48	30	25	29	104.6	132.2	82.6	68.8	79.9
West Central	368	348	321	295	219	233.4	220.7	203.6	187.1	138.9
Ardley	1	1	1	0	2	23.4	23.4	23.4	0.0	46.8
Dobbs Ferry	29	24	24	27	14	273.0	225.9	225.9	254.2	131.8
Elmsford	22	16	23	16	15	470.5	342.2	491.9	342.2	320.8
Greenburgh	94	78	59	80	51	224.7	186.5	141.1	191.3	121.9
Hastings on Hudson	20	16	6	6	7	261.5	209.2	78.5	78.5	91.5
Irvington	17	28	14	6	2	256.4	422.3	211.1	90.5	30.2
Scarsdale	10	13	8	10	5	56.1	72.9	44.9	56.1	28.1
Tarrytown	21	14	15	15	13	189.4	126.2	135.3	135.3	117.2
White Plains	154	158	171	135	110	290.1	297.7	322.2	254.3	207.2
East Central	185	171	126	103	96	165.2	152.7	112.5	92.0	85.7
Harrison	43	35	39	36	26	178.0	144.9	161.5	149.0	107.6
Larchmont	2	8	4	5	4	30.8	123.4	61.7	77.1	61.7
Mamaroneck (TOV)	12	8	7	4	2	107.7	71.8	62.8	35.9	18.0
Mamaroneck (V)	27	28	18	18	10	144.0	149.3	96.0	96.0	53.3
Port Chester	82	81	47	32	39	294.3	290.7	168.7	114.8	140.0
Rye	11	5	10	6	9	73.6	33.4	66.9	40.1	60.2
Rye Brook	8	6	1	2	6	93.0	69.8	11.6	23.3	69.8
Southwest	809	718	733	689	480	412.6	366.2	373.8	351.4	244.8
Yonkers	809	718	733	689	480	412.6	366.2	373.8	351.4	244.8
Southeast	901	845	848	727	521	490.3	459.9	461.5	395.7	283.5
Bronxville	5	8	8	7	2	76.4	122.3	122.3	107.0	30.6
Eastchester	13	5	11	7	6	70.0	26.9	59.3	37.7	32.3
Mount Vernon	633	592	568	500	349	925.7	865.7	830.6	731.2	510.4
New Rochelle	224	221	236	185	145	310.3	306.2	327.0	256.3	200.9
Pelham	17	4	5	12	11	265.6	62.5	78.1	187.5	171.9
Pelham Manor	3	5	6	4	3	54.9	91.5	109.8	73.2	54.9
Tuckahoe	6	10	14	12	5	96.6	161.0	225.4	193.2	80.5
Westchester County Correctional Facilities	32	42	47			-	-	-		
Unknown	19	4	0	21	9	-	-	-	-	-

Source: Westchester Department of Health, Data as of October 2010 (confirmed cases).

Table 4. Reported Cases and Rates of Gonorrhea by Municipality, Westchester County, 2005-09

Health Planning Region & Municipality	Cases					Rate (per 100,000)				
	2009	2008	2007	2006	2005	2009	2008	2007	2006	2005
Westchester County	376	365	364	435	396	40.7	39.5	39.4	47.1	42.9
Northwest	38	25	33	46	40	27.0	17.8	23.5	32.7	28.4
Briarcliff Manor	2	0	0	1	0	26.0	0.0	0.0	13.0	0.0
Buchanan	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Cortlandt	6	5	1	2	4	20.9	17.4	3.5	7.0	14.0
Croton on Hudson	1	0	0	0	0	13.1	0.0	0.0	0.0	0.0
Mount Pleasant	6	10	15	18	15	22.9	38.2	57.4	68.8	57.4
Ossining (TOV)	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Ossining (V)	8	4	4	8	9	33.3	16.7	16.7	33.3	37.5
Peekskill	12	5	11	14	8	53.5	22.3	49.0	62.4	35.6
Pleasantville	1	1	2	1	1	13.9	13.9	27.9	13.9	13.9
Sleepy Hollow	2	0	0	2	3	21.7	0.0	0.0	21.7	32.6
Northeast	9	14	14	12	13	6.7	10.5	10.5	9.0	9.7
Bedford	0	0	1	1	2	0.0	0.0	5.5	5.5	11.0
Lewisboro	0	0	3	1	1	0.0	0.0	24.3	8.1	8.1
Mount Kisco	1	2	1	1	2	10.0	20.0	10.0	10.0	20.0
New Castle	1	0	1	2	2	5.7	0.0	5.7	11.4	11.4
North Castle	0	2	0	1	2	0.0	18.4	0.0	9.2	18.4
North Salem	2	0	0	1	1	38.7	0.0	0.0	19.3	19.3
Pound Ridge	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Somers	1	2	3	0	2	5.5	10.9	16.4	0.0	10.9
Yorktown	4	8	5	5	1	11.0	22.0	13.8	13.8	2.8
West Central	42	45	32	53	44	26.6	28.5	20.3	33.6	27.9
Ardsley	0	0	0	0	1	0.0	0.0	0.0	0.0	23.4
Dobbs Ferry	5	7	6	6	4	47.1	65.9	56.5	56.5	37.7
Elmsford	1	5	1	0	2	21.4	106.9	21.4	0.0	42.8
Greenburgh	11	10	7	23	12	26.3	23.9	16.7	55.0	28.7
Hastings on Hudson	3	4	0	0	6	39.2	52.3	0.0	0.0	78.5
Irvington	3	3	1	0	1	45.2	45.2	15.1	0.0	15.1
Scarsdale	2	0	3	0	2	11.2	0.0	16.8	0.0	11.2
Tarrytown	4	1	0	1	3	36.1	9.0	0.0	9.0	27.1
White Plains	13	15	14	23	13	24.5	28.3	26.4	43.3	24.5
East Central	11	18	15	10	18	9.8	16.1	13.4	8.9	16.1
Harrison	7	6	5	6	7	29.0	24.8	20.7	24.8	29.0
Larchmont	0	0	2	0	1	0.0	0.0	30.8	0.0	15.4
Mamaroneck (TOV)	0	3	1	1	0	0.0	26.9	9.0	9.0	0.0
Mamaroneck (V)	1	2	2	1	1	5.3	10.7	10.7	5.3	5.3
Port Chester	3	7	4	2	7	10.8	25.1	14.4	7.2	25.1
Rye	0	0	0	0	1	0.0	0.0	0.0	0.0	6.7
Rye Brook	0	0	1	0	1	0.0	0.0	11.6	0.0	11.6
Southwest	98	98	123	149	121	50.0	50.0	62.7	76.0	61.7
Yonkers	98	98	123	149	121	50.0	50.0	62.7	76.0	61.7
Southeast	170	165	147	161	156	92.5	89.8	80.0	87.6	84.9
Bronxville	1	1	1	0	0	15.3	15.3	15.3	0.0	0.0
Eastchester	1	1	4	3	0	5.4	5.4	21.5	16.2	0.0
Mount Vernon	130	128	105	130	123	190.1	187.2	153.6	190.1	179.9
New Rochelle	33	32	33	26	27	45.7	44.3	45.7	36.0	37.4
Pelham	2	1	3	0	3	31.3	15.6	46.9	0.0	46.9
Pelham Manor	1	1	0	0	1	18.3	18.3	0.0	0.0	18.3
Tuckahoe	2	1	1	2	2	32.2	16.1	16.1	32.2	32.2
Westchester County Correctional Facilities	6	11	9	-	-	-	-	-	-	-
Unknown	2	0	0	4	4	-	-	-	-	-

Source: Westchester Department of Health, Data as of October 2010 (all confirmed).

Table 5. Reported Cases and Rates of Syphilis (All Stages) by Municipality, Westchester County, 2005-2009

Health Planning Region & Municipality	Cases					Rate (per 100,000)				
	2009	2008	2007	2006	2005	2009	2008	2007	2006	2005
Westchester County	163	182	162	173	133	17.7	19.7	17.5	18.7	14.4
Northwest	16	8	13	19	9	11.4	5.7	9.2	13.5	6.4
Briarcliff Manor	0	0	0	1	0	0.0	0.0	0.0	13.0	0.0
Buchanan	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Cortlandt	2	1	0	3	0	7.0	3.5	0.0	10.5	0.0
Croton on Hudson	0	1	1	0	2	0.0	13.1	13.1	0.0	26.3
Mount Pleasant	6	0	4	0	0	22.9	0.0	15.3	0.0	0.0
Ossining (TOV)	0	0	0	1	0	0.0	0.0	0.0	18.1	0.0
Ossining (V)	2	3	4	6	4	8.3	12.5	16.7	25.0	16.7
Peekskill	5	2	3	4	2	22.3	8.9	13.4	17.8	8.9
Pleasantville	0	0	1	1	1	0.0	0.0	13.9	13.9	13.9
Sleepy Hollow	1	1	0	3	0	10.9	10.9	0.0	32.6	0.0
Northeast	2	10	9	7	8	1.5	7.5	6.7	5.2	6.0
Bedford	0	1	2	0	0	0.0	5.5	11.0	0.0	0.0
Lewisboro	0	0	0	0	1	0.0	0.0	0.0	0.0	8.1
Mount Kisco	0	4	0	2	1	0.0	40.1	0.0	20.0	10.0
New Castle	1	2	0	1	0	5.7	11.4	0.0	5.7	0.0
North Castle	0	1	0	1	1	0.0	9.2	0.0	9.2	9.2
North Salem	0	0	0	0	1	0.0	0.0	0.0	0.0	19.3
Pound Ridge	0	0	1	0	0	0.0	0.0	21.2	0.0	0.0
Somers	0	0	2	0	1	0.0	0.0	10.9	0.0	5.5
Yorktown	1	2	4	3	3	2.8	5.5	11.0	8.3	8.3
West Central	30	18	27	22	34	19.0	11.4	17.1	14.0	21.6
Ardsley	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Dobbs Ferry	1	1	3	1	0	9.4	9.4	28.2	9.4	0.0
Elmsford	2	1	2	1	4	42.8	21.4	42.8	21.4	85.5
Greenburgh	9	4	2	4	12	21.5	9.6	4.8	9.6	28.7
Hastings on Hudson	1	0	1	0	0	13.1	0.0	13.1	0.0	0.0
Irvington	1	0	0	0	0	15.1	0.0	0.0	0.0	0.0
Scarsdale	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Tarrytown	0	0	2	1	2	0.0	0.0	18.0	9.0	18.0
White Plains	16	12	17	15	16	30.1	22.6	32.0	28.3	30.1
East Central	11	16	10	10	11	9.8	14.3	8.9	8.9	9.8
Harrison	1	1	4	3	0	4.1	4.1	16.6	12.4	0.0
Larchmont	0	1	0	0	0	0.0	15.4	0.0	0.0	0.0
Mamaroneck (TOV)	0	0	1	0	1	0.0	0.0	9.0	0.0	9.0
Mamaroneck (V)	1	8	2	0	2	5.3	42.7	10.7	0.0	10.7
Port Chester	9	5	3	6	7	32.3	17.9	10.8	21.5	25.1
Rye	0	1	0	0	1	0.0	6.7	0.0	0.0	6.7
Rye Brook	0	0	0	1	0	0.0	0.0	0.0	11.6	0.0
Southwest	56	76	53	55	26	28.6	38.8	27.0	28.0	13.3
Yonkers	56	76	53	55	26	28.6	38.8	27.0	28.0	13.3
Southeast	45	54	50	59	45	24.5	29.4	27.2	32.1	24.5
Bronxville	0	1	0	0	0	0.0	15.3	0.0	0.0	0.0
Eastchester	0	0	1	0	1	0.0	0.0	5.4	0.0	5.4
Mount Vernon	30	44	29	38	29	43.9	64.3	42.4	55.6	42.4
New Rochelle	14	9	20	21	15	19.4	12.5	27.7	29.1	20.8
Pelham	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Pelham Manor	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0
Tuckahoe	1	0	0	0	0	16.1	0.0	0.0	0.0	0.0
Westchester County Correctional Facilities ¹	1	4	1	-	-	-	-	-	-	-
Unknown	2	0	0	1	0	-	-	-	-	-

Source: Westchester Department of Health, Data as of October 2010 (confirmed cases).

Table 6. Reported Cases and Rates of Syphilis (All Stages) by Age Group, Sex, and Race/Ethnicity, Westchester County, 2009

Sex & Race/Ethnicity	Total		<15		15-19		20-24		25-29		30-34		35-39		40+	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Total ¹	162	17.5	1	0.5	8	14.7	11	23.4	12	21.9	16	23.3	16	20.0	98	23.2
White	17	2.6	0	0.0	0	0.0	0	0.0	4	11.9	2	4.4	2	3.6	9	2.7
Black	54	41.2	1	3.2	5	49.0	6	74.1	3	35.6	4	38.3	9	76.0	26	51.4
Other	52	39.0	0	0.0	3	28.9	4	36.4	5	39.6	8	60.9	3	23.4	29	74.8
Unknown	39	..	0	..	0	..	1	..	0	..	2	..	2	..	34	..
Hispanic ²	57	39.5	0	0.0	3	25.2	4	29.3	8	55.3	8	54.4	3	21.9	31	81.5
Non-Hispanic	105	13.5	1	0.6	5	11.8	7	21.0	4	9.9	8	14.8	13	19.7	67	17.4
Male	106	24.0	1	1.0	6	21.2	8	34.2	11	41.0	12	36.2	13	33.8	55	28.8
White	13	4.1	0	0.0	0	0.0	0	0.0	3	18.1	2	9.1	2	7.4	6	3.9
Black	38	64.4	1	6.2	3	57.0	5	133.7	3	80.7	3	66.9	7	139.1	16	77.8
Other	37	55.4	0	0.0	3	54.8	3	52.5	5	76.5	6	91.3	2	31.4	18	98.0
Unknown	18	..	0	..	0	..	0	..	0	..	1	..	2	..	15	..
Other/Unknown																
Hispanic ²	45	61.3	0	0.0	3	46.2	3	40.2	7	89.5	7	91.5	3	42.7	22	124.6
Non-Hispanic	61	16.6	1	1.2	3	13.7	5	31.4	4	21.0	5	19.6	10	31.8	33	19.0
Female	56	11.6	0	0.0	2	7.7	3	12.7	1	3.6	4	11.2	3	7.3	43	18.5
White	4	1.2	0	0.0	0	0.0	0	0.0	1	5.9	0	0.0	0	0.0	3	1.7
Black	16	22.2	0	0.0	2	40.5	1	22.9	0	0.0	1	16.8	2	29.4	10	33.4
Other	15	22.5	0	0.0	0	0.0	1	19.0	0	0.0	2	30.5	1	15.5	11	53.9
Unknown	21	..	0	..	0	..	1	..	0	..	1	..	0	..	19	..
Other/Unknown																
Hispanic ²	12	17.0	0	0.0	0	0.0	1	16.1	1	15.0	1	14.2	0	0.0	9	44.2
Non-Hispanic	44	10.7	0	0.0	2	0.0	2	11.5	0	0.0	3	10.5	3	8.7	34	16.1

¹Total excludes 1 Westchester County Correctional Facility Case.

²Hispanic is an ethnic group and may be of any race. Therefore, Hispanics are also reported in the race categories.
Source: Westchester County Department of Health, Division of Disease Control as of October 2010 (confirmed Cases).

Table 7. Newly Diagnosed HIV and AIDS Cases by Year of Diagnosis, Westchester County, December 2008*

Year of Diagnosis	HIV	AIDS
Prior to 1985		43
1985		70
1986		110
1987		174
1988		192
1989		233
1990		246
1991		298
1992		396
1993		360
1994		350
1995		345
1996		278
1997		224
1998		228
1999		173
2000	211	180
2001	138	177
2002	143	170
2003	130	172
2004	151	144
2005	111	125
2006	146	122
2007	137	127
2008	133	107
Total	1,300	5,044

* Data as of March 2010

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects location of the prison rather than the inmate's home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

HIV reporting began in June, 2000.

Persons diagnosed with HIV may also be diagnosed with AIDS in the same or a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables. HIV and AIDS diagnoses cannot be added together in a meaningful way.

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

Table 8. Average Annual Newly Diagnosed HIV and AIDS Cases and Cumulative AIDS Cases by Sex, Age, Race/Ethnicity, and Risk, Westchester County, December 2008*

	HIV Diagnoses		AIDS Diagnoses		Cumulative AIDS Cases	
	Annual Average		Annual Average		Through Dec. 2008	
	Jan. 2006-Dec. 2008		Jan. 2006-Dec. 2008		Through Dec. 2008	
	Number	%	Number	%	Number	%
Total	138.7	100.0	118.7	100.0	5,044	100.0
Sex						
Male	91.3	65.8	72.3	60.9	3,567	70.7
Female	47.3	34.1	46.3	39.0	1,477	29.3
Age at Diagnosis						
12 & under	0.3	0.2	0.3	0.3	58	1.1
13-19	5.7	4.1	2.3	1.9	43	0.9
20-24	14.3	10.3	4.0	3.4	123	2.4
25-29	14.3	10.3	8.7	7.3	422	8.4
30-39	38.0	27.4	32.0	27.0	1,922	38.1
40-49	37.3	26.9	39.7	33.4	1,675	33.2
50-59	22.7	16.4	23.0	19.4	586	11.6
60+	6.0	4.3	8.7	7.3	215	4.3
Race/Ethnicity						
White	22.3	16.1	20.0	16.8	1,469	29.1
Black	65.7	47.4	54.7	46.1	2,392	47.4
Hispanic	43.0	31.0	35.7	30.1	1,027	20.4
Multi Race	6.7	4.8	7.0	5.9	139	2.8
Other	1.0	0.7	1.3	1.1	17	0.3
Risk Group						
MSM	46.0	33.2	30.0	25.3	1,226	24.3
IDU	9.7	7.0	17.0	14.3	2,139	42.4
MSM/IDU	2.0	1.4	4.7	4.0	222	4.4
Heterosexual Contact	41.0	29.6	40.7	34.3	956	19.0
Blood Products	0.0	0.0	0.0	0.0	44	0.9
Pediatric Risk	0.3	0.2	1.0	0.8	74	1.5
Unknown	39.7	28.6	25.3	21.3	383	7.6

* Data as of March 2010.

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects location of the prison rather than the inmate's home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

Persons diagnosed with HIV may also be diagnosed with AIDS in the same or a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables. HIV and AIDS diagnoses cannot be added together in a meaningful way.

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

Table 9. Newly Diagnosed HIV and AIDS Cases and Cumulative AIDS Cases by Sex and Risk, Westchester County, December 2008*

	HIV Diagnoses		AIDS Diagnoses		Cumulative AIDS Cases	
	Annual Average		Annual Average		Through Dec. 2008	
	Jan. 2006-Dec. 2008		Jan. 2006-Dec. 2008		Through Dec. 2008	
	Number	%	Number	%	Number	%
Total	138.7	100.0	118.7	100.0	5,044	100.0
MSM	46.0	33.2	30.0	25.3	1,226	24.3
IDU	9.7	7.0	17.0	14.3	2,139	42.4
MSM /IDU	2.0	1.4	4.7	4.0	222	4.4
Heterosexual Contact	41.0	29.6	40.7	34.3	956	19.0
Blood Products	0.0	0.0	0.0	0.0	44	0.9
Pediatric Risk	0.3	0.2	1.0	0.8	74	1.5
Unknown	39.7	28.6	25.3	21.3	383	7.6
Male	91.3	100.0	72.3	100.0	3,567	100.0
MSM	46.0	50.4	30.0	41.5	1,226	34.4
IDU	6.3	6.9	9.3	12.9	1,542	43.2
MSM /IDU	2.0	2.2	4.7	6.5	222	6.2
Heterosexual Contact	15.0	16.4	17.0	23.5	281	7.9
Blood Products	0.0	0.0	0.0	0.0	31	0.9
Pediatric Risk	0.3	0.3	0.0	0.0	33	0.9
Unknown	21.7	23.8	11.3	15.6	232	6.5
Female	47.3	100.0	46.3	100.0	1,447	100.0
IDU	3.3	7.0	7.7	16.6	597	41.3
Heterosexual Contact	26.0	55.0	23.7	51.2	675	46.6
Blood Products	0.0	0.0	0.0	0.0	13	0.9
Pediatric Risk	0.0	0.0	1.0	2.2	41	2.8
Unknown	18.0	38.1	14.0	30.2	151	10.4

* Data as of March 2010.

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects location of the prison rather than the inmate's home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

Persons diagnosed with HIV may also be diagnosed with AIDS in the same or a later year and their AIDS diagnosis will be counted in the AIDS diagnosis tables. HIV and AIDS diagnoses cannot be added together in a meaningful way.

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

Table 10. Living HIV and AIDS Cases by Sex, Age, Race/Ethnicity, and Risk, Westchester County, December 2008*

	Living HIV (not AIDS) Cases		Living AIDS Cases		Living HIV & AIDS Cases	
	Number	%	Number	%	Number	%
Total	1,066	100.0	2,192	100.0	3,258	100.0
Sex						
Male	646	60.6	1,417	64.6	2,063	63.3
Female	420	39.4	775	35.4	1,195	36.7
Age at Diagnosis						
12 and under	14	1.3	0	0.0	14	0.4
13-19	25	2.3	13	0.6	38	1.2
20-24	57	5.3	32	1.5	89	2.7
25-29	78	7.3	53	2.4	131	4.0
30-39	233	21.9	280	12.8	513	15.7
40-49	329	30.9	783	35.7	1,112	34.1
50-59	233	21.9	757	34.5	990	30.4
60+	94	8.8	272	12.4	366	11.2
Unknown	3	0.3	2	0.1	5	0.2
Race/Ethnicity						
White	269	25.2	461	21.0	730	22.4
Black	483	45.3	1,022	46.6	1,505	46.2
Hispanic	254	23.8	594	27.1	848	26.0
Multi Race	53	5.0	108	4.9	161	4.9
Other	7	0.7	7	0.3	14	0.4
Risk Group						
MSM	325	30.5	516	23.5	841	25.8
IDU	133	12.5	706	32.2	839	25.8
MSM /IDU	11	1.0	107	4.9	118	3.6
Heterosexual Contact	326	30.6	591	27.0	917	28.1
Blood Products	5	0.5	9	0.4	14	0.4
Pediatric Risk	37	3.5	27	1.2	64	2.0
Unknown	229	21.5	236	10.8	465	14.3

* Data as of March 2010.

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects location of the prison rather than the inmate's home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

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

Table 11. Living HIV and AIDS Cases by Sex and Risk, Westchester County, December 2008*

	Living HIV (not AIDS) Cases		Living AIDS Cases		Living HIV & AIDS Cases	
	Number	%	Number	%	Number	%
Total	1,066	100.0	2,192	100.0	3,258	100.0
MSM	325	30.5	516	23.5	841	25.8
IDU	133	12.5	706	32.2	839	25.8
MSM/IDU	11	1.0	107	4.9	118	3.6
Heterosexual Contact	326	30.6	591	27.0	917	28.1
Blood Products	5	0.5	9	0.4	14	0.4
Pediatric Risk	37	3.5	27	1.2	64	2.0
Unknown	229	21.5	236	10.8	465	14.3
Male	646	100.0	1,417	100.0	2,063	100.0
MSM	325	50.3	516	36.4	841	40.8
IDU	77	11.9	464	32.7	541	26.2
MSM/IDU	11	1.7	107	7.6	118	5.7
Heterosexual Contact	91	14.1	189	13.3	280	13.6
Blood Products	4	0.6	5	0.4	9	0.4
Pediatric Risk	22	3.4	10	0.7	32	1.6
Unknown	116	18.0	126	8.9	242	11.7
Female	420	100.0	775	100.0	1,195	100.0
IDU	56	13.3	242	31.2	298	24.9
Heterosexual Contact	235	56.0	402	51.9	637	53.3
Blood Products	1	0.2	4	0.5	5	0.4
Pediatric Risk	15	3.6	17	2.2	32	2.7
Unknown	113	26.9	110	14.2	223	18.7

* Data as of March 2010.

Excludes state prison inmates. County of diagnosis for prison inmates usually reflects location of the prison rather than the inmate's home county. For counties with state correctional facilities, case counts and rates that include inmates may be substantially higher than those that exclude inmates.

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

Table 12. Reported Cases and Rates of Major Central Nervous System Diseases and Bacteremias, Westchester County, 2009¹

Health Planning Region & Municipality	Meningitis		Invasive Strep Pneumoniae	
	Cases	Rate	Cases	Rate
Westchester County	80	8.7	99	10.7
Northwest	9	6.4	18	12.8
Briarcliff Manor	1	13.0	0	0.0
Buchanan	0	0.0	2	91.4
Cortlandt	3	10.5	7	24.4
Croton on Hudson	0	0.0	1	13.1
Mount Pleasant	3	11.5	3	11.5
Ossining (TOV)	0	0.0	0	0.0
Ossining (V)	2	8.3	1	4.2
Peekskill	0	0.0	4	17.8
Pleasantville	0	0.0	0	0.0
Sleepy Hollow	0	0.0	0	0.0
Northeast	11	8.2	8	6.0
Bedford	1	5.5	1	5.5
Lewisboro	0	0.0	0	0.0
Mount Kisco	0	0.0	1	10.0
New Castle	3	17.2	0	0.0
North Castle	1	9.2	0	0.0
North Salem	0	0.0	1	19.3
Pound Ridge	0	0.0	0	0.0
Somers	2	10.9	1	5.5
Yorktown	4	11.0	4	11.0
West Central	20	12.7	18	11.4
Ardsley	0	0.0	0	0.0
Dobbs Ferry	3	28.2	0	0.0
Elmsford	1	21.4	0	0.0
Greenburgh	3	7.2	6	14.3
Hastings on Hudson	0	0.0	0	0.0
Irvington	0	0.0	0	0.0
Scarsdale	5	28.1	1	5.6
Tarrytown	0	0.0	0	0.0
White Plains	8	15.1	11	20.7
East Central	8	7.1	12	10.7
Harrison	4	16.6	1	4.1
Larchmont	0	0.0	0	0.0
Mamaroneck (TOV)	0	0.0	1	9.0
Mamaroneck (V)	0	0.0	4	21.3
Port Chester	2	7.2	5	17.9
Rye	2	13.4	1	6.7
Rye Brook	0	0.0	0	0.0
Southwest	21	10.7	21	10.7
Yonkers	21	10.7	21	10.7
Southeast	11	6.0	21	11.4
Bronxville	0	0.0	0	0.0
Eastchester	1	5.4	2	10.8
Mount Vernon	4	5.8	8	11.7
New Rochelle	6	8.3	7	9.7
Pelham	0	0.0	1	15.6
Pelham Manor	0	0.0	1	18.3
Tuckahoe	0	0.0	2	32.2
Unknown	0	0.0	1	0.0

¹All confirmed cases. The meningitis disease category include aseptic meningitis, meningococcal diseases, & other meningitis/bacteremias. Rates are per 100,000.

Source: Westchester County Department of Health, Data as of October, 2010

Table 13. Reported Cases and Rates of Major Enteric Infections, Westchester County, 2009

Region & Municipality	Campylobacteriosis		Giardiasis		Salmonellosis	
	Cases	Rate	Cases	Rate	Cases	Rate
Westchester County	153	16.6	107	11.6	129	14.0
Northwest	35	24.9	25	17.8	23	16.4
Briarcliff Manor	0	0.0	2	26.0	1	13.0
Buchanan	1	45.7	0	0.0	1	45.7
Cortlandt	2	7.0	5	17.4	2	7.0
Croton on Hudson	0	0.0	3	39.4	1	13.1
Mount Pleasant	6	22.9	9	34.4	2	7.6
Ossining (TOV)	3	54.4	0	0.0	1	18.1
Ossining (V)	12	50.0	1	4.2	6	25.0
Peekskill	6	26.7	2	8.9	4	17.8
Pleasantville	0	0.0	1	13.9	1	13.9
Sleepy Hollow	5	54.3	2	21.7	4	43.4
Northeast	20	15.0	17	12.7	21	15.7
Bedford	3	16.5	2	11.0	1	5.5
Lewisboro	1	8.1	2	16.2	0	0.0
Mount Kisco	4	40.1	2	20.0	2	20.0
New Castle	1	5.7	1	5.7	2	11.4
North Castle	4	36.9	1	9.2	2	18.4
North Salem	1	19.3	0	0.0	1	19.3
Pound Ridge	0	0.0	1	21.2	1	21.2
Somers	2	10.9	5	27.3	1	5.5
Yorktown	4	11.0	3	8.3	11	30.3
West Central	31	19.7	20	12.7	26	16.5
Ardsley	0	0.0	0	0.0	0	0.0
Dobbs Ferry	5	47.1	1	9.4	2	18.8
Elmsford	0	0.0	1	21.4	1	21.4
Greenburgh	3	7.2	8	19.1	3	7.2
Hastings on Hudson	1	13.1	1	13.1	1	13.1
Irvington	4	60.3	0	0.0	0	0.0
Scarsdale	6	33.7	2	11.2	4	22.4
Tarrytown	7	63.1	3	27.1	2	18.0
White Plains	5	9.4	4	7.5	13	24.5
East Central	24	21.4	17	15.2	13	11.6
Harrison	6	24.8	5	20.7	3	12.4
Larchmont	0	0.0	1	15.4	1	15.4
Mamaroneck (TOV)	4	35.9	0	0.0	2	18.0
Mamaroneck (V)	4	21.3	1	5.3	4	21.3
Port Chester	6	21.5	1	3.6	3	10.8
Rye	4	26.7	6	40.1	0	0.0
Rye Brook	0	0.0	3	34.9	0	0.0
Southwest	17	8.7	14	7.1	27	13.8
Yonkers	17	8.7	14	7.1	27	13.8
Southeast	24	13.1	13	7.1	17	9.3
Bronxville	1	15.3	1	15.3	0	0.0
Eastchester	2	10.8	1	5.4	1	5.4
Mount Vernon	4	5.8	6	8.8	3	4.4
New Rochelle	9	12.5	5	6.9	13	18.0
Pelham	5	78.1	0	0.0	0	0.0
Pelham Manor	2	36.6	0	0.0	0	0.0
Tuckahoe	1	16.1	0	0.0	0	0.0
Unknown	2	-	1	-	2	-

Source: Westchester County Department of Health. Data as of October 2010.
Rates are per 100,000.

Table 14. Reported Cases and Rates of Lyme Disease by Municipality, Westchester County, 2005-2009¹

Health Planning Region & Municipality	Cases					Rates per 100,000				
	2009	2008	2007	2006	2005	2009	2008	2007	2006	2005
Westchester County	205	256	245	253	454	22.2	27.7	26.5	27.4	49.2
Northwest	57	61	64	42	92	40.5	43.4	45.5	29.9	65.4
Briarcliff Manor	1	2	3	1	5	13.0	26.0	39.0	13.0	65.0
Buchanan	2	2	1	1	1	91.4	91.4	45.7	45.7	45.7
Cortlandt	22	16	16	9	29	76.7	55.8	55.8	31.4	101.1
Croton on Hudson	4	7	2	2	3	52.6	92.0	26.3	26.3	39.4
Mount Pleasant	7	13	13	9	23	26.8	49.7	49.7	34.4	88.0
Ossining (TOV)	4	1	4	3	1	72.5	18.1	72.5	54.4	18.1
Ossining (V)	4	10	8	10	13	16.7	41.6	33.3	41.6	54.1
Peekskill	6	6	8	4	7	26.7	26.7	35.6	17.8	31.2
Pleasantville	3	3	4	1	6	41.8	41.8	55.8	13.9	83.7
Sleepy Hollow	4	1	5	2	4	43.4	10.9	54.3	21.7	43.4
Northeast	82	107	132	141	247	61.5	80.2	99.0	105.7	185.2
Bedford	12	19	17	30	57	66.2	104.8	93.8	165.4	314.3
Lewisboro	10	14	19	17	34	81.1	113.6	154.2	137.9	275.9
Mount Kisco	5	5	8	11	15	50.1	50.1	80.1	110.2	150.3
New Castle	12	15	10	19	32	68.6	85.8	57.2	108.6	183.0
North Castle	4	4	9	7	18	36.9	36.9	83.0	64.5	165.9
North Salem	4	4	12	10	10	77.3	77.3	232.0	193.3	193.3
Pound Ridge	2	5	8	9	13	42.3	105.8	169.3	190.4	275.1
Somers	11	13	22	28	34	60.0	70.9	119.9	152.6	185.3
Yorktown	22	28	27	10	34	60.6	77.1	74.3	27.5	93.6
West Central	21	42	28	23	28	13.3	26.6	17.8	14.6	17.8
Ardsey	1	4	0	1	2	23.4	93.7	0.0	23.4	46.8
Dobbs Ferry	2	3	4	2	3	18.8	28.2	37.7	18.8	28.2
Elmsford	0	1	1	0	0	0.0	21.4	21.4	0.0	0.0
Greenburgh	6	8	13	7	4	14.3	19.1	31.1	16.7	9.6
Hastings on Hudson	1	5	1	3	4	13.1	65.4	13.1	39.2	52.3
Irvington	1	3	1	2	1	15.1	45.2	15.1	30.2	15.1
Scarsdale	1	2	0	4	4	5.6	11.2	0.0	22.4	22.4
Tarrytown	4	7	3	2	3	36.1	63.1	27.1	18.0	27.1
White Plains	5	9	5	2	7	9.4	17.0	9.4	3.8	13.2
East Central	13	17	10	19	22	11.6	15.2	8.9	17.0	19.7
Harrison	3	7	3	4	5	12.4	29.0	12.4	16.6	20.7
Larchmont	1	0	0	0	1	15.4	0.0	0.0	0.0	15.4
Mamaroneck (TOV)	1	4	2	1	1	9.0	35.9	18.0	9.0	9.0
Mamaroneck (V)	2	3	1	1	1	10.7	16.0	5.3	5.3	5.3
Port Chester	2	1	2	3	6	7.2	3.6	7.2	10.8	21.5
Rye	2	2	1	10	8	13.4	13.4	6.7	66.9	53.5
Rye Brook	2	0	1	0	0	23.3	0.0	11.6	0.0	0.0
Southwest	11	17	7	2	12	5.6	8.7	3.6	1.0	6.1
Yonkers	11	17	7	2	12	5.6	8.7	3.6	1.0	6.1
Southeast	8	11	4	3	14	4.4	6.0	2.2	1.6	7.6
Bronxville	2	0	0	0	4	30.6	0.0	0.0	0.0	61.1
Eastchester	0	2	0	0	3	0.0	10.8	0.0	0.0	16.2
Mount Vernon	0	1	1	0	3	0.0	1.5	1.5	0.0	4.4
New Rochelle	3	6	3	3	3	4.2	8.3	4.2	4.2	4.2
Pelham	1	1	0	0	0	15.6	15.6	0.0	0.0	0.0
Pelham Manor	1	1	0	0	0	18.3	18.3	0.0	0.0	0.0
Tuckahoe	1	0	0	0	1	16.1	0.0	0.0	0.0	16.1
Unknown	13	1	0	23	39	-	-	-	-	-

¹As of October 2010. Rates per 100,000 population. Data is incomplete due to surveillance limitations.

Source: Westchester County Department of Health.

Table 15. Number of Tuberculosis Cases and Contacts, Westchester County, 2001-2009

	2009		2008		2007		2006		2005	
	N	%	N	%	N	%	N	%	N	%
New Tuberculosis Cases ¹	40	100	62	100	44	100	72	100	53	100
Sex										
Male	25	62.5	40	64.5	21	47.7	42	58.3	28	52.8
Female	15	37.5	22	35.5	23	52.3	30	41.7	25	47.2
Race										
White	25	62.5	46	74.2	25	56.8	36	50.0	33	62.3
Black	7	17.5	4	6.5	12	27.3	16	22.2	7	13.2
Asian	8	20.0	12	19.4	7	15.9	20	27.8	13	24.5
Ethnicity										
Hispanic	20	50.0	35	56.5	21	47.7	31	43.1	27	50.9
Non-Hispanic	20	50.0	27	43.5	23	52.3	41	56.9	26	49.1
Foreign Born ²	32	80.0	52	83.9	36	81.8	53	73.6	45	84.9
U.S. Born	8	20.0	10	16.1	8	18.2	19	26.4	8	15.1
Site of Infection										
Pulmonary	29	72.5	56	90.3	34	77.3	62	86.1	41	77.4
Extra-Pulmonary-Only ³	11	27.5	6	9.7	10	22.7	10	13.9	12	22.6
Drug Resistant										
None Identified ⁴	34	85.0	55	88.7	40	90.9	67	93.1	47	88.7
Drug Resistant (non-MDR) ⁵	3	7.5	7	11.3	4	9.1	5	6.9	4	7.5
Multi-Drug Resistant ⁶	3	7.5	0	0.0	0	0.0	0	0.0	2	3.8
HIV Status										
Negative	32	80.0	50	80.6	31	70.5	50	69.4	33	62.3
Positive	2	5.0	7	11.3	5	11.4	8	11.1	6	11.3
Unknown	6	15.0	5	8.1	8	18.2	14	19.4	14	26.4
Active Cases ⁷	29		56		35		65		42	
Contacts Identified ⁸	944		1,151		1,801		1,715		1,058	
Incidence Rate per 100,000	4.4		6.7		4.8		7.8		5.7	

1 Those treated ≥ 2 drugs for TB as of 12/31 of year; includes cases reported by DOCS & followed by NYS DOH.

2 Foreign born cases include 2009: Albania 1, Colombia 1, Dominican Republic 2, Ecuador 5, Guinea 1, Haiti 1, India 4, Mexico 7, Morocco 1, Peru 4, Philippines 4, Yemen 1.

3 Pulmonary cases may also have extra-pulmonary presentations. Extra-pulmonary-only cases have no pulmonary parenchymal involvement.

4 Includes culture-confirmed cases and clinical cases without positive cultures.

5 Resistant to any other drugs, but not the combination of INH + Rifampin.

6 Resistant to at least INH + Rifampin.

7 Persons being monitored on December 31st of the year shown.

8 Source: Westchester County Department of Health. Data as of October 2010.

Table 16. Number of Clients and Visits to Westchester County Department of Health Clinics by Age, Sex, and Race/Ethnicity, Westchester County, 2009

	Clients	%	Visits	%	Average Visits per Client
Total	4002	..	9615	..	2.4
Gender					
Female	1756	43.9	4227	44.0	2.4
Male	2246	56.1	5388	56.0	2.4
Race/Ethnicity					
White - Non Hispanic	681	17.0	1354	14.1	2.0
Black - Non Hispanic	1414	35.3	2834	29.5	2.0
Hispanic - White	597	14.9	1936	20.1	3.2
Hispanic - Black	46	1.1	88	0.9	1.9
Hispanic - Race unspecified	329	8.2	793	8.2	2.4
Asian/Native Hawaiian/ Pacific Islander	94	2.3	345	3.6	3.7
Multicultural/Other Race/ Unknown	841	21.0	564	5.9	0.7
Age Group					
<1	2	0.0	6	0.1	3.0
1-4	57	1.4	155	1.6	2.7
5-9	120	3.0	310	3.2	2.6
10 - 14	149	3.7	368	3.8	2.5
15 - 19	460	11.5	977	10.2	2.1
20 - 24	967	24.2	1932	20.1	2.0
25 - 29	674	16.8	1614	16.8	2.4
30 - 34	402	10.0	1088	11.3	2.7
35 - 39	303	50.8	789	8.2	2.6
40 - 44	261	6.5	674	7.0	2.6
45 - 64	517	12.9	1418	14.7	2.7
65+	90	2.2	285	3.0	3.2

Source: Westchester County Department of Health.

Table 17. Number of Clients and Visits to Westchester County Department of Health Sexually Transmitted Disease Clinics by Age, Sex, and Race/Ethnicity, 2009

Demographics	Total Patients	Total Visits	Visits per Patient
Total	2,481	4,541	1.8
Age Group			
<15	4	5	1.3
15 - 19	322	539	1.7
20 - 24	798	1,396	1.7
25 - 29	488	911	1.9
30 - 34	252	445	1.8
34 - 39	169	320	1.9
40 - 44	152	295	1.9
45+	297	630	2.1
Sex			
Female	1,092	2,038	1.9
Male	1,389	2,503	1.8
Race/Ethnicity			
White - Non Hispanic	450	772	1.7
Black - Non Hispanic	1,163	2,144	1.8
Hispanic - White	203	388	1.9
Hispanic - Black	38	66	1.7
Hispanic - Race unspecified	219	400	1.8
Asian/Native Hawaiian/Pacific Islander	23	42	1.8
Multicultural/Some Other			
Race/ Unknown	385	731	1.9

Source: Westchester County Department of Health.

Table 18. Number of Clients and Visits for HIV Tests and/or Counseling Services at Westchester County Department of Health HIV Clinics by Age, Sex, and Race/Ethnicity, 2009

Demographics	Total Patients	Total Visits	Visits per Patient
Total	2,678	3,353	1.3
Age Group			
<10	13	15	1.2
10 - 14	17	23	1.4
15 - 19	320	388	1.2
20 - 24	764	947	1.2
25 - 29	506	657	1.3
30 - 34	283	350	1.2
35 - 39	222	273	1.2
40 - 44	177	222	1.3
45+	376	478	1.3
Sex			
Female	1,151	1,459	1.3
Male	1,527	1,894	1.2
Race/Ethnicity			
White - Non Hispanic	477	566	1.2
Black - Non Hispanic	1,091	1,431	1.3
Hispanic - White	340	411	1.2
Hispanic - Black	35	44	1.3
Hispanic - Race unspecified	235	275	1.2
Asian/Native	42	57	1.4
Hawaiian/Pacific Islander			
Multicultural/Some Other	452	568	1.3
Race/Unknown			
Unknown	180	208	1.2

Source: Westchester County Department of Health.

Table 19. Number of Clients and Visits to Westchester County Department of Health Tuberculosis Clinics by Age, Sex, and Race/Ethnicity, 2009

Demographics	Total Patients	Total Visits	Visits per Patient
Total	791	3,317	4.2
Age Group			
<10	70	242	3.5
10 - 14	56	195	3.5
15 - 19	54	239	4.4
20 - 24	70	285	4.1
25 - 29	102	481	4.7
30 - 34	101	503	5.0
35 - 39	77	333	4.3
40 - 44	65	268	4.1
45 - 64	157	628	4.0
65+	39	143	3.7
Sex			
Female	342	1,416	4.1
Male	449	1,901	4.2
Race/Ethnicity			
White - Non Hispanic	76	307	4.0
Black - Non Hispanic	68	277	4.1
Hispanic - White	283	1,221	4.3
Hispanic - Black	5	14	2.8
Hispanic - Race unspecified	56	249	4.4
Asian/Native	46	208	4.5
Hawaiian/Pacific Islander			
Multicultural/Some Other			
Race/Other/Unknown	257	1,041	4.1

Source: Westchester County Department of Health.

Table 20. Number of Clients Enrolled in Home Health Program¹ and Number of Home Health Visits Received by Age, Sex, and Race/Ethnicity, Westchester County Department of Health, 2009

Demographics	Total Patients	Total Visits Received	Average Visits per Patient
Total	3,560	16,171	4.5
Age Group			
<1	222	478	2.2
1 - 4	323	1,171	3.6
5 - 9	59	575	9.7
10 - 14	85	278	3.3
15 - 19	89	430	4.8
20 - 24	101	878	8.7
25 - 29	77	1,018	13.2
30 - 34	70	1,200	17.1
35 - 39	74	512	6.9
40 - 44	101	710	7.0
45 - 49	141	990	7.0
50 - 54	151	683	4.5
55 - 59	155	788	5.1
60 - 64	179	838	4.7
65 - 69	166	811	4.9
70 - 74	185	538	2.9
75 - 79	246	821	3.3
80 - 84	366	1,141	3.1
85 - 89	354	1,072	3.0
90+	416	1,239	3.0
Sex			
Female	2,390	9,514	4.0
Male	1,170	6,657	5.7
Race/Ethnicity			
White - Non Hispanic	1,258	4,021	3.2
Black - Non Hispanic	707	2,499	3.5
Hispanic - White	549	4,254	7.7
Hispanic - Black	31	162	5.2
Hispanic - Race unspecified	28	342	12.2
Asian/Native	56	1,128	20.1
Hawaiian/Pacific Islander			
Multicultural/Some Other	910	3714	4.1
Race/Other/Unknown			

¹ Home Health Program includes DOT, DOPT, and other visits.

Source: Westchester County Department of Health.

Appendices

A1. Communicable Disease Reporting Requirements

Westchester County publishes a quarterly morbidity report detailing the incidence of all reportable diseases that occur within the County. The quarterly morbidity report can be found on the Health Department's website www.westchestergov.com/health, under data and statistics. Diseases are reported in the Quarterly Morbidity Report if there have been cases during the past 3 years, therefore not every disease that is listed in the New York State Department of Health reporting requirements will appear.

NEW YORK STATE DEPARTMENT OF HEALTH COMMUNICABLE DISEASE REPORTING REQUIREMENTS

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). The primary responsibility for reporting 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 (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

<ul style="list-style-type: none"> Amebiasis Animal bites for which rabies prophylaxis is given¹ Anthrax² Arboviral infection³ Babesiosis Botulism² Brucellosis² Campylobacteriosis Chancroid Chlamydia trachomatis infection Cholera Cryptosporidiosis Cyclosporiasis Diphtheria E. coli O157:H7 infection⁴ Ehrlichiosis/Anaplasmosis Encephalitis Foodborne illness Giardiasis Glanders⁵ Gonococcal infection Haemophilus influenzae⁵ (invasive disease) Hantavirus disease Hemolytic uremic syndrome Hepatitis A Hepatitis A in a food handler Hepatitis B, C (specify acute or chronic) 	<ul style="list-style-type: none"> Pregnant hepatitis B carrier Herpes infection, infants aged 60 days or younger Hospital associated infections (as defined in section 2.2 10NYCRR) Influenza, laboratory-confirmed Legionellosis Listeriosis Lyme disease Lymphogranuloma venereum Malaria Measles Melioidosis² Meningitis <ul style="list-style-type: none"> Aseptic or viral Haemophilus Meningococcal Other (specify type) Meningococcemia Monkeypox Mumps Pertussis Plague² Polio myelitis Psittacosis Q Fever² Rabies Rocky Mountain spotted fever Rubella (including congenital rubella syndrome) 	<ul style="list-style-type: none"> Salmonellosis Severe Acute Respiratory Syndrome (SARS) Shigatoxin-producing ecoli⁴ Shigellosis⁴ Smallpox² Staphylococcus aureus⁶ (due to strains showing reduced susceptibility or resistance to vancomycin) Staphylococcal enterotoxin B poisoning² Streptococcal infection (invasive disease)⁵ Group A beta-hemolytic strep Group B strep Streptococcus pneumoniae Syphilis, specify stage⁷ Tetanus Toxic shock syndrome Transmissible spongiform encephalopathies³ Trichinosis Tuberculosis current disease (specify site) Tularemia² Typhoid Vibriosis⁵ Vaccinia disease⁹ Viral hemorrhagic fever² Yersiniosis
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SPECIAL NOTES

- Diseases listed in **bold type** (☒) warrant prompt action and should be reported **immediately** to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use universal reporting form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- **Cases of HIV infection, HIV-related illness and AIDS are reportable to:**
 Division of Epidemiology
 P.O. Box 2073, ESP Station
 Albany, NY 12220-2073
 (518) 474-4284
 In New York City: New York City Department of Health and Mental Hygiene
 For HIV/AIDS reporting, call: (212) 442-3388

WHO SHOULD REPORT?

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Contact Person _____

Name/Address _____

Phone _____

Fax _____

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

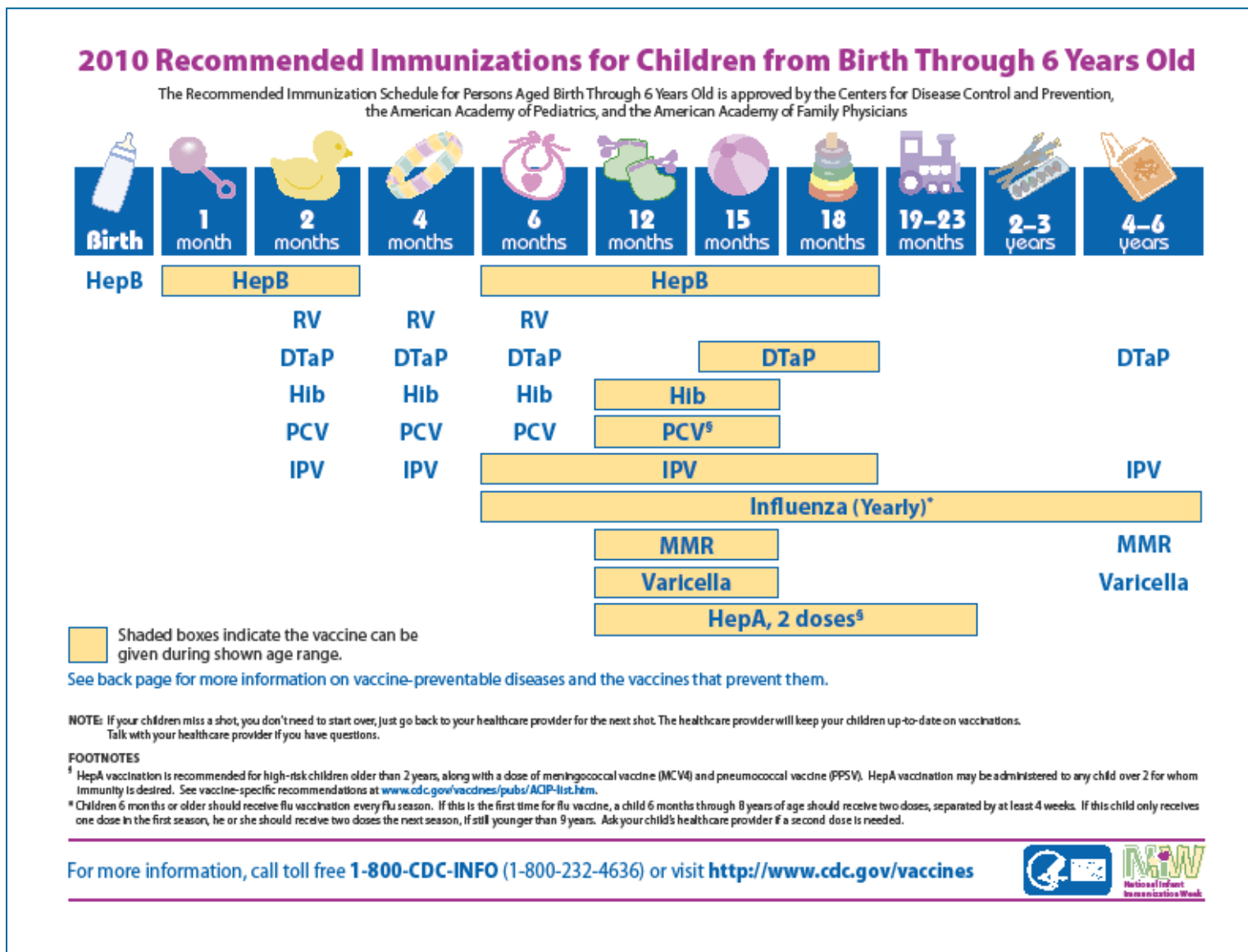
- phone diseases in bold type,
- mail case report, DOH-389, for all other diseases.
- in New York City use form PD-16.

For more information on disease reporting, call your local health department or the New York State Department of Health Bureau of Communicable Disease Control at (518) 473-4439 or (866) 881-2809 after hours. In New York City, 1 (866) NYC-DOH1. To obtain reporting forms (DOH-389), call (518) 474-0548.

PLEASE POST THIS CONSPICUOUSLY

Revised 10/07

A2. Childhood Immunization Schedule



Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Diphtheria (Can be prevented by DTaP vaccine)*

Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diphtheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, low-grade fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In severe cases, the illness can cause coma, paralysis, and even death.

Haemophilus influenzae type b (Can be prevented by Hib vaccine)

Hib disease is caused by bacteria called Haemophilus influenzae type b. The disease is very serious for children younger than age 5, especially infants. Hib is spread from person to person by direct contact, or by contact with respiratory droplets from an infected person's cough or sneeze. Hib is most commonly spread by people who have the bacteria in their noses and throats but who are not sick. Hib can cause meningitis—an infection around the brain and spinal cord—which can lead to life-long disability, mental retardation, or death. Hib can also cause epiglottitis (infection in the throat) and pneumonia (infection in the lungs). All these infections can be life threatening.

Hepatitis A (Can be prevented by HepA vaccine)

Hepatitis A is an infection in the liver caused by a virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes). An infected person may have no symptoms, may have mild illness for a week or two, or may have severe illness for several months that requires hospitalization. In the U.S., about 100 people a year die from hepatitis A.

Hepatitis B (Can be prevented by HepB vaccine)

Hepatitis B is an infection of the liver caused by a virus. It spreads through contact with blood or other body fluids, for example, from sharing personal items, such as toothbrushes or eating utensils. Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. The virus stays in the liver of some people for the rest of their lives and can result in severe liver diseases, including fatal cancer.

Influenza (Can be prevented by annual flu vaccine)

Influenza is a highly contagious viral infection of the nose, throat, and lungs. It spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

Measles (Can be prevented by MMR vaccine)**

Measles is one of the most contagious viral diseases. Measles is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and watery eyes. Fever can persist, reaching 104°F or higher, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

Mumps (Can be prevented by MMR vaccine)**

Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes fever, headaches, painful swelling of the salivary glands under the jaw, fever, muscle aches, tiredness, and loss of appetite. Severe complications for children who get mumps are rare, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which can lead to sterility in men.

Pertussis (Whooping Cough) (Can be prevented by DTaP vaccine)*

Pertussis is caused by bacteria that spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, low grade fever, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

Pneumococcal Disease (Can be prevented by PCV vaccine)

Pneumococcal disease is a bacterial infection that invades the lungs, causing the most common kind of bacterial pneumonia. The bacteria are commonly found in many people's noses and throats and are spread by droplets when people who have the bacteria in their throats or noses cough or sneeze. People—especially children—often have the bacteria in their throats without being ill. In fact, the bacteria are present in about 25% of people. Why the bacteria suddenly invade the body and cause disease is unknown. The bacteria can invade both the bloodstream (bacteremia) and the brain (meningitis, that is infection of the covering of the brain and spinal cord). Symptoms include high fever, cough with chest pain and mucus, shaking chills, breathlessness, and chest pain that increases with breathing. Pneumococcal disease can result in hospitalization and even death.

Polio (Can be prevented by IPV vaccine)

Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the feces (stool) of an infected person and through droplets from a sneeze or cough. Symptoms typically include sudden fever, sore throat, headache, muscle weakness, and pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, up to 5% of children may die because they become unable to breathe.

Rotavirus (Can be prevented by RV vaccine)

Rotavirus is caused by a virus and is the most common cause of severe diarrhea among children. Rotavirus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Common symptoms of rotavirus include vomiting, watery diarrhea that lasts for 3-8 days, fever and abdominal pain. Approximately 55,000 children are hospitalized each year in the United States from severe diarrhea and vomiting caused by rotavirus.

Rubella (German Measles) (Can be prevented by MMR vaccine)**

Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious in pregnant women. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

Tetanus (Lockjaw) (Can be prevented by DTaP vaccine)*

Tetanus is caused by bacteria found in soil that enters the body through a wound, such as a deep cut. When people are infected, the bacteria produce a toxin (poison) in the body that causes serious, painful spasms and stiffness of all muscles in the body. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. Three of ten people who get tetanus die from the disease.

Varicella (Chickenpox) (Can be prevented by Varicella vaccine)

Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. It can spread from either a cough, sneeze. It can also spread by contact with virus particles that come from the blisters on the skin, either by touching them or by breathing in these virus particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

*DTaP is a combination vaccine that can prevent Diphtheria, Tetanus, and Pertussis.




**MMR is a combination vaccine that can prevent Measles, Mumps, and Rubella.

A3. Adolescent Immunization Schedule

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years - United States • 2011

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age➤	7-10 years	11-12 years	13-18 years
Tetanus, Diphtheria, Pertusis ¹			Tdap	Tdap
Human Papillomavirus ²		See footnote ²	HPV (3 doses)(females)	HPV series
Meningococcal ³		MCV4	MCV4	MCV4
Influenza ⁴			Influenza (yearly)	
Pneumococcal ⁵			Pneumococcal	
Hepatitis A ⁶			HepA Series	
Hepatitis B ⁷			HepB Series	
Inactivated Poliovirus ⁸			IPV Series	
Measles, Mumps, and Rubella ⁹			MMR Series	
Varicella ¹⁰			Varicella Series	

	Range of recommended ages for all children		Range of recommended ages for catch-up immunization		Range of recommended ages for certain high-risk groups
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This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- (Minimum age: 10 years for Boostrix and 11 years for Adacel)
 - Persons aged 11 through 18 years who have not received Tdap should receive a dose followed by Td booster doses every 10 years thereafter.
 - Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
 - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- #### 2. Human papillomavirus vaccine (HPV).
- (Minimum age: 9 years)
 - Quadrivalent HPV vaccine (HPV4) or bivalent HPV vaccine (HPV2) is recommended for the prevention of cervical precancers and cancers in females.
 - HPV4 is recommended for prevention of cervical precancers, cancers, and genital warts in females.
 - HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
 - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).

3. Meningococcal conjugate vaccine, quadrivalent (MCV4).

- (Minimum age: 2 years)
- Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
- Administer 1 dose at age 13 through 18 years if not previously vaccinated.
- Persons who received their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.
- Administer 1 dose to previously unvaccinated college freshmen living in a dormitory.
- Administer 2 doses at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
- Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
- Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
- Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older).

4. Influenza vaccine (seasonal).

- For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who

were vaccinated for the first time during the previous influenza season but only received 1 dose.

- Children 6 months through 8 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33-34.

5. Pneumococcal vaccines.

- A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children aged 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak. See *MMWR* 2010;59(No. RR-11).
- The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
- Administer pneumococcal polysaccharide vaccine at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.

6. Hepatitis A vaccine (HepA).

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

8. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).

- The minimum interval between the 2 doses of MMR is 4 weeks.

10. Varicella vaccine.

- For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
- For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

The recommended Immunization Schedules for Persons Aged 0 Through 18 years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/recs/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

Department of Health and Human Services • Centers for Disease Control and Prevention

A4. Adult Immunization Schedule

Vaccinations for Adults

You're **NEVER** too old to get immunized!

Getting immunized is a lifelong, life-protecting job. Don't leave your healthcare provider's office without making sure you've had all the vaccinations you need.

Age Vaccine	19-49 years	50-64 years	65 years & older
Influenza	You need a dose every fall (or winter) for your protection and the protection of others around you.		
Pneumococcal	You need 1-2 doses if you smoke cigarettes or if you have certain chronic medical conditions.*		You need 1 dose at age 65 (or older) if you've never been vaccinated.
Tetanus, Diphtheria, Pertussis (Whooping Cough) (Td, Tdap)	Be sure to get a 1-time dose of "Tdap" vaccine (the adult whooping cough vaccine) if you are younger than age 65 years, are 65+ and have contact with an infant, are a healthcare worker, or simply want to be protected from whooping cough. You need a Td booster dose every 10 years. Consult your healthcare provider if you haven't had at least 3 tetanus- and diphtheria-containing shots sometime in your life or have a deep or dirty wound.		
Hepatitis B (HepB)	You need this vaccine if you have a specific risk factor for hepatitis B virus infection* or you simply wish to be protected from this disease. The vaccine is given in 3 doses, usually over 6 months.		
Hepatitis A (HepA)	You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or you simply wish to be protected from this disease. The vaccine is usually given as 2 doses, 6-18 months apart.		
Human Papillomavirus (HPV)	You need this vaccine if you are a woman who is age 26 years or younger. One brand, Gardasil, can be given to men age 26 years or younger to prevent genital warts. The vaccine is given in 3 doses over 6 months.		
Measles, Mumps, Rubella (MMR)	You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a second dose.		
Varicella (Chickenpox)	If you've never had chickenpox or you were vaccinated but received only 1 dose, talk to your healthcare provider to find out if you need this vaccine.*		
Meningococcal	If you are going to college and plan to live in a dormitory, or have one of several medical conditions*, you need to get vaccinated against meningococcal disease. You may also need additional booster shots.		
Zoster (Shingles)			If you are age 60 years or older, you should get this vaccine now.

*Consult your healthcare provider to determine your level of risk for infection and your need for this vaccine.

Do you travel outside the United States? If so, you may need additional vaccines. The Centers for Disease Control and Prevention (CDC) provides information to assist travelers and their healthcare providers in deciding the vaccines, medications, and other measures necessary to prevent illness and injury during international travel. Visit CDC's website at www.cdc.gov/travel or call (800) CDC-INFO [(800) 232-4636]. You may also consult a travel clinic or your healthcare provider.

A5. Data Sources

The information source on communicable diseases in Westchester County is the New York State Communicable Disease Electronic Surveillance System (CDESS). CDESS is a live database that collects information regarding cases and investigations of numerous communicable diseases in New York State. The information presented in this report represents a snapshot of the data at the time it was downloaded. Subsequently, cases may have been revoked, added, or found to have been duplicates and removed based on new information.

References

1. *Centers for Disease Control & Prevention, Healthy People 2010*. (n.d.). Retrieved 8 9, 2010, from <http://www.healthypeople.gov/document/html/volume2/25stds.htm>
2. *National Institutes of Health*. (2008, 9 28). Retrieved 8 9, 2010, from <http://www.nlm.nih.gov/medlineplus/ency/article/000614.htm>
3. *Centers for Disease Control & Prevention, West Nile Virus: What you Need to Know, CDC Fact Sheet*. (2006, 9 12). Retrieved 12 10, 2010, from http://www.cdc.gov/ncidod/dvbid/westnile/wnv_factsheet.htm
4. *Centers for Disease Control & Prevention, Fact Sheets: Foodborne Illness & Disease*. (2010, 12 9). Retrieved 12 16, 2010, from http://www.fsis.usda.gov/factsheets/foodborne_illness_peaks_in_summer/index.asp

A6. Westchester County Municipalities

Health Planning Region and Municipality ¹	Code ²
Northwest	
Cortlandt Town	T
Buchanan Village	V
Croton-on-Hudson Village	V
Cortlandt Unincorporated	TOV
Mount Pleasant Town	T
Briarcliff Manor Village (Mount Pleasant Part) ²	V
Pleasantville Village	V
Sleepy Hollow Village	V
Mount Pleasant Unincorporated	TOV
Ossining Town	T
Briarcliff Manor Village (Ossining Part) ²	V
Ossining Village	V
Ossining Unincorporated	TOV
Peekskill	C
Northeast	
Bedford Town	T
Lewisboro Town	T
Mount Kisco Town/Village	T/V
New Castle Town	T
North Castle Town	T
North Salem Town	T
Pound Ridge Town	T
Somers Town	T
Yorktown Town	T
West Central	
Greenburgh Town	T
Ardsley Village	V
Dobbs Ferry Village	V
Elmsford Village	V
Hastings-on-Hudson Village	V
Irvington Village	V
Tarrytown Village	V
Greenburgh Unincorporated	TOV
Scarsdale Town/Village	T/V
White Plains	C

Health Planning Region and Municipality ¹	Code ²
East Central	
Harrison Town/Village	T/V
Mamaroneck Town	T
Larchmont Village	V
Mamaroneck Village (Mamaroneck Part) ³	V
Mamaroneck Unincorporated	TOV
Rye City	C
Rye Town	T
Mamaroneck Village (Rye Part) ³	V
Port Chester Village	V
Rye Brook Village	V
Southwest	
Yonkers	C
Southeast	
Eastchester Town	T
Bronxville Village	V
Tuckahoe Village	V
Eastchester Unincorporated	TOV
Mount Vernon	C
New Rochelle	C
Pelham Town	T
Pelham Village	V
Pelham Manor Village	V

¹ For regional planning purposes, municipalities are grouped into six geographic health planning regions.

² A town may or may not include incorporated villages located within the town boundary. When it does not include any incorporated villages within the town boundary, the statistics refer to the town as a whole (T). When it does include incorporated villages within its boundary, the statistics refer to the unincorporated area within the town boundary (TOV). The entities of Harrison, Mount Kisco, and Scarsdale are both towns and villages (V/T). The land in two towns, Pelham and Rye, has all been incorporated into separated villages. Therefore, no data are reported for these two towns.

³ The Village of Briarcliff Manor and the Village of Mamaroneck are split between two towns. Briarcliff Manor is within the Town of Ossining (92% of its surface area and 91% of its population) and the Town of Mount Pleasant (8% of its surface area and 9% of its population). The Village of Mamaroneck is within the Town of Mamaroneck (63% of its surface area and 60% of its population) and the Town of Rye (37% of its surface area and 40% of its population).

A7. Health Planning Regions and Municipality Map

