

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

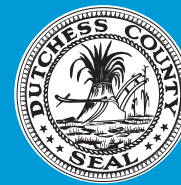
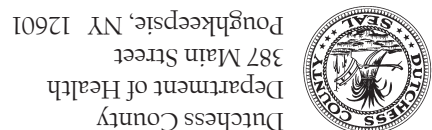
TELEPHONE NUMBERS: MAIN 845.486.3400 TTY 845.486.3417  
 EMAIL: HEALTHINFO@CO.DUTCHESS.NY.US

Communicable Disease Control Division	845.486.3402 (tel) 845.486.3564 (fax) 845.486.3557 (fax)	HIV Partner Notification Assistance	845.486.3498
Tuberculosis Reporting & Info	845.486.3423	HIV Testing & Counseling	845.486.3401
West Nile Virus Hotline	845.486.3438	HIV Hotline	845.486.3408
Lyme Disease Hotline	845.486.3407	Sexually Transmitted Disease Clinic	845.486.3401
Rabies Prevention Program	845.486.3404	Travel Immunizations	845.486.3504
		Immunization Program	845.486.3409
		Flu Hotline	845.486.3435

NEW YORK STATE DEPARTMENT OF HEALTH  
 COMMUNICABLE DISEASE REPORTING REQUIREMENTS

Reporting a suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR2.10a). The primary responsibility rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions or other locations providing health services (10NYCRR 2.12) are also required to report. Case reporting forms can be downloaded from our website or by calling 845.486.3401.  
 Call 845.486.3402 for more information about reporting a communicable disease.

Any Comments or Suggestions?  
 healthinfo@co.dutchess.ny.us



# QUARTERLY MORBIDITY REPORT

William R. Steinhaus, Dutchess County Executive

Michael C. Caldwell, Commissioner of Health

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*Our Mission is to protect and promote the health of individuals, families, communities, and the environment.*

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

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

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

**Resources**

Physician Asthma Care Education (PACE) program is a two-part interactive, multi-media educational seminar to improve physician awareness, ability, and use of communication and therapeutic techniques for reducing the effects of asthma on children and their families. It also provides instruction on how to document, code, and improve asthma counseling reimbursement. Please visit the website below for more details:  
<http://www.nhlbi.nih.gov/health/prof/lung/asthma/pace/index.htm>

**Web resources:**

<http://www.nhlbi.nih.gov/guidelines/asthma/asthdln.htm>

<http://www.cdc.gov/asthma/default.htm>

<http://www3.niaid.nih.gov/topics/asthma>

**Asthma**

MICHAEL C. CALDWELL, MD, MPH, DUTCHESS COUNTY COMMISSIONER OF HEALTH

*"The breath taking disease."* This title of a 2002 John Hopkins University School of Public Health article about asthma said it all. Asthma has emerged as a significant chronic disease over the past 25 years and continues to be a major public health problem. According to the Centers for Disease Control and Prevention, more than 22.9 million people are known to have asthma in the United States. Nearly 6.8 million of these individuals are children. Asthma is not a reportable disease making it very difficult to estimate the true extent of its prevalence in the population. In 2006, it is estimated that 1.9 million adult New Yorkers and 40,000 Dutchess County residents had self-reported asthma (Source: CDC and NYSDOH, BRFSS).

Asthma is a chronic inflammatory disorder of the lungs characterized by variable and recurring symptoms, as a result of airflow obstruction, bronchial hyper-responsiveness, and an underlying inflammation.

Airway inflammation contributes to airway hyper-responsiveness, airflow limitation, respiratory symptoms, and disease chronicity. In some patients, persistent changes in airways occur, including fibrosis, mucus hypersecretion, injury to epithelial cells, smooth muscle hypertrophy, and angiogenesis. Atopy, the genetic predisposition for the development of an immunoglobulin E (IgE)-mediated response to common air allergens, is the strongest identifiable predisposing factor for developing asthma. Viral respiratory infections are one of the most important causes of asthma exacerbation and may also contribute to the development of asthma.

Today, very little is known about what causes asthma. Researchers are looking into different pieces to this puzzle. *Is it something in our environment? Is it in our genes? It is a common phrase among scientists that asthma is "a disease in which genetics loads the gun, but environment pulls the trigger."* (Continued on Page 3)

**Salmonella Typhimurium Infections**

The Centers for Disease Control and Prevention have released an update regarding the recent outbreak of Salmonella Typhimurium Infections possibly due to King Nut brand peanut butter and also Austin and Keebler brand peanut butter crackers.

No cases have been reported in Dutchess County as of today.

To report a suspected case, or for more information, please call 845.486.3402.

Information about Salmonella, the investigation, and a list of recalled items:

- [http://www.cdc.gov/nczved/dfbmb/disease\\_listing/salmonellosis\\_gi.html](http://www.cdc.gov/nczved/dfbmb/disease_listing/salmonellosis_gi.html)
- <http://www.fda.gov/oc/opacom/hottopics/salmonellatyph.html>
- <http://www.cdc.gov/salmonella/>

# COMMUNICABLE DISEASES

Disease Incidence * (rate per 100,000 population)	Jan-Sept 2008 <sup>1</sup>		Jan- Sept 2007		Jan- Sept 2006		Jan- Sept 2005		Jan- Sept Avg ('05-'07)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
<b>ARTHROPOD-BORNE DISEASES</b>										
Babesiosis	25	11.3	23	10.4	16	7.2	17	7.7	19	8.6
Ehrlichiosis <sup>2</sup>	53	23.9	57	25.7	60	27.1	117	52.9	78	35.2
Lyme Disease <sup>2</sup>	433	195.6	221	99.8	612	276.5	601	271.5	478	215.9
<b>BLOOD-BORNE PATHOGENS</b>										
Hepatitis B, Chronic	4	1.8	23	10.4	5	2.3	31	14.0	20	9.0
Hepatitis C, Chronic	286	129.2	360	162.6	81	36.6	389	175.7	277	125.1
<b>SEXUALLY TRANSMITTED INFECTIONS</b>										
Chlamydia	398	179.8	337	152.2	261	117.9	304	137.3	301	136.0
Gonorrhea, total	52	23.5	51	23.0	56	25.3	75	33.9	61	27.6
Early Latent Syphilis	4	1.8	4	1.8	2	0.9	1	0.5	2	0.9
Primary/Secondary Syphilis	2	0.9	0	0.0	3	1.4	1	0.5	1	0.5
<b>GASTRO-ENTERIC INFECTIONS</b>										
Campylobacteriosis	18	8.1	19	8.6	18	8.1	24	10.8	20	9.0
Cryptosporidiosis	1	0.5	0	0.0	1	0.5	12	5.4	4	1.8
E.Coli O157:H7	1	0.5	2	0.9	0	0.0	2	0.9	1	0.5
Giardiasis	16	7.2	13	5.9	21	9.5	25	11.3	20	9.0
Salmonellosis	24	10.8	32	14.5	19	8.6	29	13.1	27	12.2
Shigellosis	3	1.4	2	0.9	2	0.9	4	1.8	3	1.4
<b>RESPIRATORY INFECTIONS</b>										
Pertussis <sup>2</sup>	4	1.8	9	4.1	13	5.9	20	9.0	14	6.3
Streptococcus pneumoniae, invasive	19	8.6	19	8.6	18	8.1	19	8.6	19	8.6
Tuberculosis <sup>3</sup>	5	2.3	2	0.9	4	1.8	3	1.4	3	1.4

<b>HIV and AIDS</b>				
Cases diagnosed through 2007, Excluding prison inmates <sup>4</sup>	Prevalence <sup>5</sup>		Incidence <sup>6</sup>	
	Freq	Rate per 100,000	Freq	Rate per 100,000
HIV	239	81.6	29	9.9
AIDS	425	145.2	18	6.1

<sup>1</sup> Based on month case was created, or December for cases created in Jan/Feb of following year

<sup>2</sup> Confirmed and probable cases counted; Lyme Disease probable cases only as of 2008

<sup>3</sup> Not official numbers

<sup>4</sup> Data are provisional; rates are calculated based on 2007 Population Estimates.

<sup>5</sup> Cases presumed living with through December 2007. HIV prevalence are counted as living HIV (not AIDS) cases

<sup>6</sup> Reported to NYSDOH in 2007 (preliminary data as of August 2008)

\* Rates are incidence rates (based on number of new cases for the reporting period)

Continued from Page 1...

The cost of treating asthma emergencies and hospitalizations has gone up over the years causing undue economic strain on hospitals and ERs. While the rates of asthma related emergency visits in Dutchess County declined from 477/100,000 population in 2006 to 321/100,000 population in 2007, the average cost has increased from \$1086/patient to \$1236/patient (Graph 1).

The rate of hospitalizations from asthma in Dutchess County residents have also declined from 124/100,000 population in 2004 to 86/100,000 population in 2007. However, the average daily cost of hospitalization has increased from \$5025 per day in 2004 to \$5589 per day in 2007 (Graph 2).

Until we find a way to prevent asthma, the National Heart, Lung, and Blood Institute's Expert Panel Report outlines the clinical practice guidelines for the diagnosis and management of asthma. It organizes these recommendations for asthma care into four components considered essential to effective asthma management.

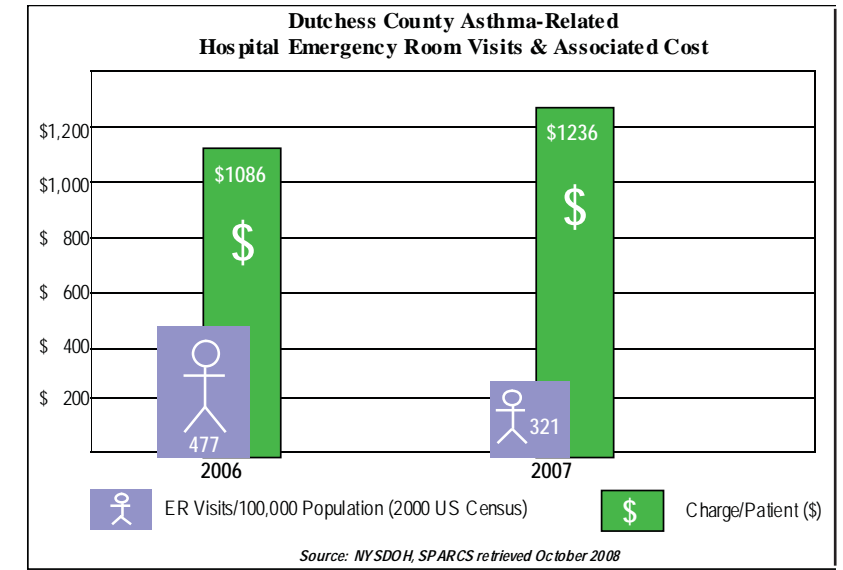
i. *Measures of assessment and monitoring, by objective tests, physical examination, patient history and patient report. This is essential to diagnose and assess the characteristics and severity of asthma and to monitor whether asthma control is achieved and maintained.*

ii. *Patient education: Asthma self-management education is essential to provide patients with the skills necessary to control asthma and improve outcomes.*

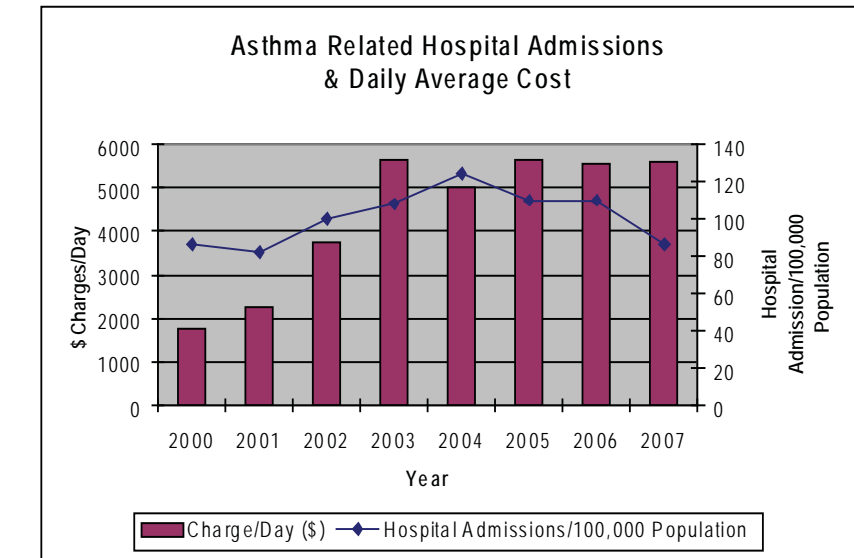
iii. *Control of environmental factors and co-morbidities that affect asthma. Patients who have asthma when exposed to allergens or irritants have been shown to increase asthma symptoms and precipitate asthma exacerbations should be evaluated for the potential role of allergens, particularly indoor inhalant allergens. Treatment of comorbidities such as obesity, gastroesophageal reflux disease (GERD), rhinitis/sinusitis and chronic stress/depression can improve asthma management in patients whose asthma is not controlled.*

iv. *Medications for asthma are categorized into two general classes: long-term control medications used to achieve and maintain control of persistent asthma and quick-relief medications used to treat acute symptoms and exacerbations.*

Graph 1



Graph 2



## INFLUENZA UPDATE

Children with asthma are at high risk for complications from influenza, and other viral respiratory illnesses. Vaccination has been determined to safely and effectively reduce rates of influenza in these children. Since its establishment in 1964, the Advisory Committee on Immunization Practices (ACIP) has recommended that all children with asthma aged >6 months receive vaccination with inactivated influenza vaccine during each influenza season.