

# PUBLIC HEALTH CONNECTION

*A quarterly newsletter from the Clinton County Health Department*

## RABIES PREVENTION

CCHD saw a significant increase in residents receiving post exposure prophylaxis (PEP) following potential bat exposures in 2019. A total of 120 doses of post-exposure rabies vaccine were administered in 2019, compared to 71 doses in 2018 and 47 doses in 2017. In many instances, bats were not captured resulting in potentially unnecessary PEP. In an effort to minimize unnecessary medical interventions, providers are encouraged to:

- Notify CCHD immediately if a patient is bitten by a wild or domestic animal. CCHD's Animal Bite/ Exposure Form may be accessed at <https://bit.ly/3ffgXRR>.
- Educate patients on rabies prevention, prompt notification of an animal bite or potential rabies exposure, and the need for timely PEP. If a patient finds a bat in their house, they should safely capture it and call CCHD at 518-565-4870.
- Encourage patients to vaccinate their pets.
- Instruct patients to avoid contact with all animals when traveling internationally and to seek medical care immediately if they are bitten or scratched.

To view CCHD's *Clinton County Profiles in Public Health: Rabies*, visit <https://bit.ly/312Pbmf>. For any questions, call CCHD's Environmental Health & Safety Division at **518-565-4870**.

## TICKBORNE DISEASE TESTING

**Lyme disease** continues to be the most common tickborne disease in our region, with 54 confirmed cases in 2018 and 63 in 2019. When testing for Lyme disease, follow the **two-step testing method** (<https://bit.ly/2sEqDOu>). This includes Lyme testing with reflex followed by serologic assays that utilize EIA or immunoblot, commonly, the Western Blot.

**Anaplasmosis** and **Babesiosis** are also carried by the deer tick (*Ixodes scapularis*) that is common in our region. Coinfection with *B. microti* and/or *A. phagocytophilum* should be considered in patients who present with initial symptoms that are more severe than are commonly observed with Lyme disease alone, especially in those who have high-grade fever for more than 48 hours despite appropriate antibiotic therapy or who have unexplained leukopenia, thrombocytopenia, or anemia. Coinfection should also be considered in patients whose erythema migrans skin lesion has resolved but have persistent flu-like symptoms. To test for Anaplasmosis and Babesiosis, order a PCR.

For more information on tickborne diseases, visit <https://bit.ly/2XalDzl>. To view the July 2020 *NYSDOH Health Advisory: Testing and Reporting of Mosquito- and Tick-Borne Illnesses*, visit <https://bit.ly/6Cwjnt>.

## MANDATED COMMUNICABLE DISEASE REPORTING

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code. Visit <https://on.ny.gov/2Ka66ho> or see attached for the full listing of reportable diseases.

Diseases listed in **red bold type** with  the telephone icon must be reported *immediately* to the Health Department, regardless of the day of the week or hour of the day. During normal business hours (Monday through Friday, 8am to 5pm) call CCHD's Health Care Services Division at **518-565-4848**.

Notifications occurring outside of regular business hours and on holidays should be called to the after-hours line at **518-565-3270**. This number connects the caller to the Clinton County Office of Emergency Services, who then contacts the appropriate CCHD staff.

Diseases in **black** require reporting to CCHD as soon as possible during normal business hours.

**Note:** A confirmed laboratory report of the disease is not necessary in order to report. Many diseases are diagnosed by clinical criteria only. A suspicion of a communicable disease should also be reported, especially if it is listed in red.

CCHD communicable disease staff are required to follow up on all reportable diseases. Staff may reach out to your office via letters or phone. CCHD asks that requested information is returned as completely as possible in a timely manner. This allows CCHD to complete mandated follow-up with minimal requests for clarification and additional information from provider offices. CCHD appreciates your cooperation in protecting the health of our community. Communicable Disease staff are available Monday through Friday, 8am to 5pm, excluding holidays, at **518-565-4848** for questions or guidance.

## GROWING SUPPORT FOR BREASTFEEDING

Congratulations to Hudson Headwaters Health Network (HHHN) Champlain Family Health and UVHN Elizabethtown Health Center on achieving NYS's [Breastfeeding Friendly Practice Designation](#)! With the support of the *Creating Breastfeeding Friendly Communities* grant, they are joining 10 other designated practices throughout the region. The following practices are dedicated to improving maternity and newborn care in support of breastfeeding:

Adirondack Internal Medicine and Pediatrics
Adirondack Pediatrics
Alice Hyde Pediatrics
Benardot Pediatrics
Champlain Family Health, HHHN
Elizabethtown Health Center, UVHN
Glens Falls Pediatric Consultants
Lake Champlain OB/GYN, Malone
Lake Champlain OB/GYN, Plattsburgh
Mountain View Pediatrics
Plattsburgh Pediatrics
Plattsburgh Primary Care Health Partners

In addition to the practice-level work occurring in our community, many other partners have stepped up to show their support for breastfeeding. The Clinton County Breastfeeding Coalition's 'Breastfeeding Welcome Here' campaign, which originally targeted local restaurants, has expanded to include community based organizations, local businesses and other community settings. Currently, over 50 establishments within the community are participating and demonstrating their support by displaying a 'Breastfeeding Welcome Here' decal in their window. The goal of this campaign is to normalize nursing in public.

If you are interested in becoming a Breastfeeding Friendly Practice or would like a Breastfeeding Welcome Here decal, contact CCHD's Health Planning & Promotion staff at **518-565-4993**.

## CLINTON COUNTY WIC PROGRAM UPDATES

- A waiver allowing WIC services to be provided remotely has been extended by the USDA through 9/30/20. The Clinton County WIC Program has been completing appointments remotely since March 2020. Participants receive an automated message prior to their appointment that it will be completed remotely. New participants continue to be enrolled in the program.
- NEW income guidelines for WIC participants are now available through June 30<sup>th</sup>, 2021 ([www.clintonhealth.org/wic](http://www.clintonhealth.org/wic)). Applicants can be determined income-eligible for WIC based on their participation in programs such as Medicaid, SNAP or TANF. If they do not participate in the mentioned programs, household income must be assessed to determine eligibility. The Clinton County WIC Program is open M-F 8am-5pm. Residents are encouraged to call **518-565-4830** with any questions or to review household income.
- Farmers Market Coupons are available through 9/30/20 for eligible WIC participants. Due to COVID-19, coupons are mailed to interested participants. For a list of participating markets, visit: <https://agriculture.ny.gov/farming/farmers-markets>.

## ANNUAL TUBERCULOSIS (TB) UPDATE

2019 saw the lowest number of TB cases ever reported in the U.S., with a provisional total of 8,920 TB cases reported and an incidence of 2.7 cases per 100,000 persons.<sup>1</sup> In 2019, the incidence of TB was 3.9/100,000 in NYS<sup>1</sup> and in 1.2/100,000 in Clinton County.

Despite encouraging trends, local, state, and national rates remain above the Healthy People 2020 target of 1/100,000. The most common risk factor for TB in the U.S. continues to be having been born outside of the U.S. In 2019, non-U.S.-born persons accounted for 70.9% of cases, with an incidence rate 15.5 times that of U.S.-born persons. Currently, approximately 80% of TB cases result from reactivation of LTBI acquired years in the past, often outside of the U.S. TB elimination will require enhanced surveillance, detection, and treatment.

Focusing on populations that are at increased risk for latent TB infection (LTBI) will be important in achieving TB elimination.

CDC and the U.S. Preventive Services Task Force recommend testing populations at increased risk for TB, including: persons born in or who frequently travel to countries where TB is prevalent; persons who currently live, or previously lived, in congregate settings; health care workers and others who work in places where there is a high risk of TB transmission; persons who are contacts of a person with infectious TB disease; and, immunocompromised persons, who have a higher risk for developing TB disease once infected.

### LOCAL SNAPSHOT:

One new case of active TB was reported in Clinton County in 2019, requiring 216 visits by CCHD for Directly Observed Therapy. No secondary cases were identified from this case. In addition, five people were referred for LTBI treatment and CCHD performed 129 TSTs in 2019.

<sup>1</sup>Schwartz NG, Price SF, Pratt RH, Langer AJ. Tuberculosis — United States, 2019. MMWR Morb Mortal Wkly Rep 2020;69:286–289. DOI: <http://dx.doi.org/10.15585/mmwr.mm6911a3>.

# Communicable Disease Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10,2.14). 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.

Anaplasmosis	Cryptosporidiosis	Pregnant hepatitis B carrier	<b>C</b> Monkeypox	<b>C</b> Staphylococcal enterotoxin B poisoning <sup>2</sup>
Amebiasis	Cyclosporiasis	Herpes infection, infants aged 60 days or younger	Mumps	Streptococcal infection (invasive disease) <sup>5</sup>
<b>C</b> Animal bites for which rabies prophylaxis is given <sup>1</sup>	<b>C</b> Diphtheria	Hospital associated infections (as defined in section 2.2 10NYCRR)	<b>C</b> Plague <sup>2</sup>	Group A beta-hemolytic strep
<b>C</b> Anthrax <sup>2</sup>	E.coli O157:H7 infection <sup>4</sup>	Influenza, laboratory-confirmed	<b>C</b> Poliomyelitis	Group B strep
<b>C</b> Arboviral infection <sup>3</sup>	<b>C</b> Encephalitis	Legionellosis	<b>C</b> Q Fever <sup>2</sup>	Streptococcus pneumoniae
Babesiosis	<b>C</b> Foodborne Illness	Listeriosis	<b>C</b> Rabies <sup>1</sup>	<b>C</b> Syphilis, specify stage <sup>7</sup>
<b>C</b> Botulism <sup>2</sup>	Giardiasis	Lyme disease	Rocky Mountain spotted fever	Tetanus
<b>C</b> Brucellosis <sup>2</sup>	<b>C</b> Glanders <sup>2</sup>	Lymphogranuloma venereum	<b>C</b> Rubella (including congenital rubella syndrome)	Toxic shock syndrome
Campylobacteriosis	Gonococcal infection	Malaria	Salmonellosis	Transmissible spongiform encephalopathies <sup>8</sup> (TSE)
Chancroid	Haemophilus influenzae <sup>5</sup> (invasive disease)	<b>C</b> Measles	Shigatoxin-producing E.coli <sup>4</sup> (STEC)	Trichinosis
Chlamydia trachomatis infection	<b>C</b> Hantavirus disease	<b>C</b> Melioidosis <sup>2</sup>	Shigellosis <sup>4</sup>	<b>C</b> Tuberculosis current disease (specify site)
<b>C</b> Cholera	Hemolytic uremic syndrome	Meningitis	<b>C</b> Smallpox <sup>2</sup>	<b>C</b> Tularemia <sup>2</sup>
<b>C</b> Coronavirus (severe or novel) 2019 Novel Coronavirus (COVID-19)	Hepatitis A	Aseptic or viral	Staphylococcus aureus <sup>6</sup> (due to strains showing reduced susceptibility or resistance to vancomycin)	<b>C</b> Typhoid
Severe Acute Respiratory Syndrome (SARS)	<b>C</b> Hepatitis A in a food handler	<b>C</b> Haemophilus		<b>C</b> Vaccinia disease <sup>9</sup>
Middle East Respiratory Syndrome (SARS)	Hepatitis B (specify acute or chronic)	<b>C</b> Meningococcal		Vibriosis <sup>6</sup>
	Hepatitis C (specify acute or chronic)	Other (specify type)		<b>C</b> Viral hemorrhagic fever <sup>2</sup>
		<b>C</b> Meningococemia		Yersiniosis

## 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 Clinton County Health Department

Name Communicable Disease Intake Supervisor

Address 133 Margaret Street, Plattsburgh, NY

Phone 518-565-4848\* (8am-5pm, M-F) Fax 518-565-4509

*\*After hours/ weekends/ holidays 518-565-3270*

## 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.

## SPECIAL NOTES

- Diseases listed in **bold type** **C** 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 case report 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 on form DOH-4189 which may be obtained by contacting:**

Division of Epidemiology, Evaluation and Research  
P.O. Box 2073, ESP Station  
Albany, NY 12220-2073  
(518) 474-4284

In NYC: New York City Department of Health and Mental Hygiene  
For HIV/AIDS reporting, call:  
(212) 442-3388

1. Local health department must be notified prior to initiating rabies prophylaxis.
2. Diseases that are possible indicators of bioterrorism.
3. Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.
4. Positive shigatoxin test results should be reported as presumptive evidence of disease.
5. Only report cases with positive cultures from blood, CSF, joint, peritoneal or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
6. Proposed addition to list.
7. Any non-treponemal test  $\geq 1:16$  or any positive prenatal or delivery test regardless of titer or any primary or secondary stage disease, should be reported by phone; all others may be reported by mail.
8. Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, cases should also be reported to the NYCDOHMH.
9. Persons with vaccinia infection due to contact transmission and persons with the following complications from vaccination; eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinal encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

## ADDITIONAL INFORMATION

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**