Local Snapshot: Ticks & Lyme Disease in Clinton County

Reported cases of Lyme disease in Clinton County increased significantly from 2015 to 2016 and nearly doubled again in 2017, to a high of 67 cases. From January 1 to May 31, 2018, reported cases of Lyme disease increased over 50% as compared to 2017. In addition, while Lyme disease continues to be the most prevalent tick-borne disease in NYS, other tick-borne diseases, including babesiosis and anaplasmosis, are spreading geographically within the state. Higher numbers of cases of tick-borne diseases are typically diagnosed in July, August and September, making this a key time for providers and patients to remain vigilant.

Figure 1. Lyme Disease Cases in Clinton County, by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>29</td>
</tr>
<tr>
<td>2016</td>
<td>38</td>
</tr>
<tr>
<td>2017</td>
<td>67</td>
</tr>
</tbody>
</table>

Providers are vital to disseminating prevention messages, monitoring for signs and symptoms of tick-borne diseases, and assuring that recommended testing and treatment guidelines are followed. Patient and provider resources have been included in CCHD’s July 2018 Partner Nurse Program materials distributed to provider offices, and are also accessible at www.clintonhealth.org/partnernurse. For additional resources call CCHD’s Health Planning & Promotion Division at 518-565-4993.

Table 1. Tickborne Diseases in Clinton County:
Number of Cases by Year

<table>
<thead>
<tr>
<th>Disease</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaplasmosis</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Babesiosis</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Rocky Mountain Spotted Fever</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Lyme Disease Testing

Currently, two-tier testing is recommended for Lyme disease diagnosis (https://bit.ly/2sEqDOu). The first required test is the Enzyme Immunoassay (EIA) or Immunofluorescence Assay (IFA). If this test yields negative results, an alternative diagnosis should be considered. In cases where symptoms have been present for less than or equal to 30 days, patients may be treated and followed up with a convalescent serum test. If the first test yields positive or equivocal results, two options are available: 1) if the patient has had symptoms for less than or equal to 30 days, an IgM Western Blot is performed; 2) if the patient has had symptoms for more than 30 days, the IgG Western Blot is performed. The IgM should not be used if the patient has been ill for more than 30 days.

For more information on tickborne diseases, tick identification, and treatment information visit https://bit.ly/2InDE6A.

Reminder: Communicable Disease Reporting Requirements

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.

CCHD recently released the Spring 2018 Action for Health insert. The semi-annual publication details activities and progress related to the Community Health Improvement Plan (CHIP) in a resident-friendly format. For a limited time, access the publication at https://bit.ly/2tzVdLy.
**PATIENT RESOURCE**

*Children with Special Health Care Needs (CSHCN)*

is a free public health program designed to improve the system of care for children with special health care needs and their families. A registered nurse provides short-term case management and intermittent nursing care for qualifying children. The nurse will provide the family with community-based resources and information, as well as offer education, guidance and support centered on the child’s individual needs. Any child from birth to age 21 living in Clinton County who has, or is suspected of having, a serious or chronic physical, developmental, behavioral or emotional condition that requires extra health care or support services may be eligible.

To make a referral to this or other children’s programs at CCHD, call Health Care Services at 518-565-4848. For more information visit [https://on.ny.gov/2DyBEGg](https://on.ny.gov/2DyBEGg).

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**EBT Coming to WIC Program Fall 2018**

The NYS WIC Program is implementing a new management information system, allowing WIC benefits to be issued via an electronic benefit transfer (EBT) card instead of paper checks. The system transition is a statewide, multi-year project that started in April 2018 and will continue through July 2019.

To allow for necessary hardware and software upgrades, the Clinton County WIC Program will close for one week, September 17-21, 2018. During this closure, the local WIC program will be unable to issue WIC benefits. Limited service of the program will resume Monday, September 24, 2018; full service to all WIC families is anticipated by Monday, October 15, 2018.

Community organizations may experience an increase in requests for assistance while the system is upgraded. For questions contact WIC at 518-565-4830.

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**CCHD Project Findings Featured at National Conference**

CCHD recently participated in the 2018 National WIC Association Annual Education and Training Conference in Chicago, presenting data related to its Improving the Nutritional Quality of Food Pantry Donations (INQFPD) project in three separate poster sessions. Hundreds of WIC, community nutrition and public health professionals from across the country and internationally attend the conference each year.

Project insights shared CCHD’s findings to point-of-decision cues, or “ nudges,” intended to increase selection of healthier foods items in our local food pantries. These small environmental changes have been noted to increase selection of healthier foods up to 300%. CCHD also shared approaches to and tools for monitoring the nutritional quality of food pantry inventories and collecting food pantry client feedback. To-date findings for each were also detailed in the poster session. Many questions fielded during the poster sessions focused on CCHD’s adaptations to successfully meet the needs and limitations of small, rural food pantries.

**Percent Change in Item Selection Following “Nudge” Interventions**

<table>
<thead>
<tr>
<th>Nudge Type</th>
<th>Item</th>
<th>Pre-Nudge Selection (% of clients)</th>
<th>Post-Nudge Selection (% of clients)</th>
<th>Percent Change (Pre-to Post-Nudge Intervention)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signage</td>
<td>Brown Rice</td>
<td>17.9</td>
<td>9.9</td>
<td>-44.7</td>
</tr>
<tr>
<td></td>
<td>Whole Wheat Pasta</td>
<td>3.5</td>
<td>14.2</td>
<td>+305.7</td>
</tr>
<tr>
<td></td>
<td>White Rice (control)</td>
<td>19.2</td>
<td>19.8</td>
<td>+3.1</td>
</tr>
<tr>
<td>Order</td>
<td>Fish</td>
<td>2.8</td>
<td>5.7</td>
<td>+103.6</td>
</tr>
<tr>
<td></td>
<td>Stir Fry</td>
<td>7.7</td>
<td>11.9</td>
<td>+54.5</td>
</tr>
<tr>
<td></td>
<td>Average—all other meals (control)</td>
<td>6.5</td>
<td>5.3</td>
<td>-18.5</td>
</tr>
<tr>
<td>Multiple Exposure</td>
<td>Chickpeas</td>
<td>26.1</td>
<td>39.0</td>
<td>+49.4</td>
</tr>
</tbody>
</table>

**Oxygen Back-up Plan**

Power outages are common following summer storms. While an inconvenience to all, losing power can be a perilous situation for people reliant on oxygen. Calls to 9-1-1 from residents in just this situation are not uncommon following storms in Clinton County. Providers can help patients on oxygen prepare for such emergencies by encouraging them to have a back-up plan that secures them access to power.

Patients may want to consider having: portable oxygen on hand; a generator and necessary fuel; or a plan that includes transportation to a location that has a back-up power supply.

Patients can also call their power company and alert them of their reliance on oxygen. This may help power companies prioritize response within an area. Back-up plans should accommodate oxygen needs for 2-3 days. As storms grow in intensity, outages are likely to last longer.
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 2.102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.36) 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
Amebiasis
Animal bites for which rabies prophylaxis is given
Anthrax
Arboviral infection
Babesiosis
Botulism
Brucellosis
Campylobacteriosis
Chancroid
Chlamydia trachomatis Infection
Cholera
Cryptosporidiosis
Cyclosporiasis
Diphtheria
E.coli O157:H7 infection
Ehrlichiosis
Encephalitis
Foodborne Illness
Glanders
Gonococcal infection
Haemophilus influenzae (invasive disease)
Hantavirus disease
Hemolytic uremic syndrome
Hepatitis A
Hepatitis B (acute or chronic)
Hepatitis C (acute or chronic)
Pregnant hepatitis B carrier
Herpes infection, infants aged 60 days or younger
Hospital associated infections (as defined in section 2.2 10NYCR)
Influenza
Influenza, laboratory-confirmed
Legionellosis
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
Measles
Melioidosis
Meningitis
Asperic or viral
Haemophilus
Meningococcal
Other (specify type)
Meningococemia
Monkeypox
Mumps
Pertussis
Plague
Poliomyelitis
Pottasiosis
Q Fever
Rabies
Rocky Mountain spotted fever
Rubella
(including congenital rubella syndrome)
Salmoneellosis
Severe Acute Respiratory Syndrome (SARS)
Shigatoxin-producing E. coli
(STE C)
Shigellosis
Siplochelitis
Staphylococcus aureus
(due to strains showing reduced susceptibility or resistance to vancomycin)
Staphylococcal enterotoxin B poisoning
Streptococcal infection (invasive disease)
Group A beta-hemolytic strep
Group B strep
Streptococcus pneumoniae
Syphilis, specify stage
Tetanus
Toxic shock syndrome
Tranmissible spongiform encephalopathies (TSE)
Trichinosis
Tuberculosis current disease (specify site)
Typhus
Typhoid
Vaccinia disease
Vibriosis
Viral hemorrhagic fever
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:    Communicable Disease Intake Supervisor

Name:             Clinton County Health Department

Address:          133 Margaret Street, Plattsburgh, NY 12901

*After hours/ weekends/ holidays (518) 565-3270

Phone:            (518) 565-4848*        Fax    (518) 565-4509

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 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 shiogatoxin 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, sputum or throat.
6. Proposed addition to list.
7. Any non-treponemal test ≤ 1:16 or any positive prenatal or return 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 skin 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) 861-2809 after hours. In New York City: 1 (866) NYC-DOH1. To obtain reporting forms (DOH-389), call (518) 474-0548.

PLEASE POST THIS CONSPICUOUSLY