MEASLES UPDATE

Transmission of measles in communities in NYS continues to be ongoing, with the majority of cases in those who are unvaccinated or undervaccinated. Since October 1, 2018, 968 cases have been reported in NYS. This includes 359 confirmed cases of measles in NYS outside of NYC (275 in Rockland County, 54 in Orange County, 18 in Westchester County, 10 in Sullivan County, 1 in Greene County, and 1 in Suffolk County), as of June 26, 2019, and 609 in NYC, as of June 24, 2019.

In the event of a suspected measles case, immediately notify the Clinton County Health Department at 518-565-4848; do not wait for lab confirmation. Notifications occurring outside of regular business hours and on holidays should be called to 518-565-3270.

In addition:

- **Implement** standard airborne precautions. Note that the virus can remain infectious in the air for up to two hours after an infected person leaves an area.
- **Obtain** both a blood sample for IgM and IgG antibodies and throat or nasopharyngeal swab for PCR.
- **Instruct** infected individuals to remain isolated for 4 days after the rash appears. Patients are considered to be contagious from 4 days before to 4 days after the rash appears.
- **Offer** post-exposure prophylaxis (PEP) to susceptible contacts. CCHD will advise on appropriate PEP and conduct a contact investigation. PEP may include MMR vaccine (administered within 72 hours of initial measles exposure), OR immunoglobulin (IG) (administered within six days of exposure). Do not administer MMR vaccine and IG simultaneously, as this practice invalidates the vaccine.

For more information, visit [www.cdc.gov/measles/hcp/index.html](http://www.cdc.gov/measles/hcp/index.html).

SYMPTOMS OF MEASLES

Typically appear 7 to 14 days after a person is infected with measles, and include fever (as high as 105°F), cough, coryza, and conjunctivitis (the three “C”s).

**Two to 3 days** after symptoms begin a pathognomonic enanthema (Koplik spots) may appear.

**Three to 5 days** after symptoms begin a maculopapular rash appears. The rash usually begins as flat red spots that appear on the face at the hairline and spreads down the trunk to the lower extremities. Of note, sometimes immunocompromised patients do not develop the rash.

Other symptoms that may be associated include malaise, diarrhea, anorexia, and lymphadenopathy.

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](https://on.ny.gov/2Ka66ho) or see attached for the full listing of reportable diseases.

Diseases listed in **red bold type** 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.
**TICKBORNE DISEASE TESTING**

Lyme disease continues to be the most common tickborne disease in our community region, with 67 confirmed cases in 2017 and 54 in 2018. When testing for Lyme disease, follow the two-step testing method ([https://bit.ly/2sEqDOu](https://bit.ly/2sEqDOu)). This includes Lyme testing with reflex followed by 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.


**BREASTFEEDING IN CLINTON COUNTY**

A trend favoring increased breastfeeding initiation, duration and exclusivity is emerging from data collected by CCHD from local pediatric practices over the last five years. Data collected is used to assess the status of breastfeeding in Clinton County and develop individual and community level interventions to increase initiation and duration of breastfeeding.

From 2013 to 2017, average breastfeeding rates in Clinton County experienced an average percentage point increase of 6.5%. More babies are receiving breastmilk and an increase in breastfeeding rates is evident at each milestone well-visit, for exclusively breastfed infants as well as those supplemented with formula. At their two-day well visit, 74.1% of infants born in 2017 attending a Clinton County pediatric practice were breastfeeding, exclusively and in combination with formula. This number decreases to 38.7% by the six-month well visit, and to 25.2% by the one-year well visit. The largest decrease in breastfeeding rates occurred between the two-week and two-month well visits.


**Infants breastfeeding in Clinton County by well visit (exclusive and any), 2013-2017**

This overall increase in breastfeeding in our community may be attributed to community-wide efforts to remove barriers and change the social context of breastfeeding, as well as an increased capacity to provide individualized clinical support through primary care. Local approaches have incorporated activities identified and suggested by community partners and have been designed utilizing existing best practices. While successes are notable given the short time period for change, opportunities still exist to further improve local breastfeeding rates, especially through early infancy. In addition, Clinton County continues to fall short of meeting several Healthy People 2020 targets related to breastfeeding. To obtain a copy of the complete Clinton County 2017 Breastfeeding Data Summary, contact Health Planning & Promotion at **518-565-4993**.

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**Who’s eligible?**

Infants starting at 6 months of age up to 5 years old, pregnant, post-partum and breastfeeding women.

Each eligible participant will receive $20 to spend at a local market or farm stand on locally grown fresh fruits and vegetables.

For questions, patients may call the WIC office at **518-565-4830**.

Don’t let your patients miss out on this berry good opportunity!
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 2.10,2.14). 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
Amebiasis
Animal bites for which rabies prophylaxis is given1
Anthrax2
Arboviral infection1
Babesiosis
Botulism1
Brucellosis2
Campylobacteriosis
Chancroid
Chlamydia trachomatis infection
Cholera
Cryptosporidiosis
Cyclosporiasis
Diphtheria
E.coli O157:H7 infection4
Ehrlichiosis
Encephalitis
Foodborne Illness
Giardiasis
Glanders2
Gonococcal infection
Haemophilus influenzae6 (invasive disease)
Hantavirus disease
Hemolytic uremic syndrome
Hepatitis A
Hepatitis A in a food handler
Hepatitis B (specify acute or chronic)
Hepatitis C (specify acute or chronic)
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
Meliodosis2
Meningitis
Aseptic or viral
Haemophilus
Meningococcal
Other (specify type)
Meningococcemia
Monkeypox
Mumps
Pertussis
Plague2
Poliomyelitis
Psittacosis
Q Fever2
Rabies1
Rocky Mountain spotted fever
Rubella (including congenital rubella syndrome)
Salmonellosis
Severe Acute Respiratory Syndrome (SARS)
Shigatoxin-producing E.coli4 (STEC)
Shigellosis4
Smallpox1
Staphylococcus aureus6 (due to strains showing reduced susceptibility or resistance to vancomycin)
Staphylococcal enterotoxin B poisoning1
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 (TSE)
Trichinosis
Tuberculosis current disease (specify site)
Tularemia2
Typhoid
Vaccinia disease9
Vibriosis4
Viral hemorrhagic fever2
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
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 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, ESC 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 infectious 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 ≥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, call (866) NYC-DOH1.
To obtain reporting forms (DOH-389), call (518) 474-0548.

PLEASE POST THIS CONSPICUOUSLY