

In fall 1993, the DOH filled three surveillance positions funded by a education and surveillance grant from CDC. Two of these positions were assigned to the Suffolk and Westchester County Health Departments, and one was assigned to the central office in Albany to significantly increase the level and range of active and passive disease surveillance activities, essentially on a statewide basis. The benefits derived from the availability of these positions will be far-reaching as the department tries to understand the dynamics of this burgeoning public health threat. These surveillance staff have developed a streamlined case reporting process which has been developed for use by physicians statewide during 1994. While capturing the important data elements on individual case reports, the new process requires significantly less time to complete. Indications for the effectiveness of this new system should be available with the 1994 disease transmission season.

## BABESIOSIS

A protozoal disease transmitted by the same species of tick responsible for the transmission of Lyme disease, babesiosis continues to affect the lives of New York residents. Although disease incidence associated with babesiosis is much less than observed with Lyme, babesiosis is often associated with case-fatality rates as high as 10 percent. Thirty-two cases of babesiosis were reported in 1992, and 27 were reported in 1993. One patient died in 1992, while no mortality was reported in 1993. Although the deer tick responsible for Lyme disease has been detected in 42 New York State counties, babesia infection is limited to the Long Island area. It would not be entirely unexpected to begin to detect locally acquired cases of this disease in other areas of the state where this tick species exists in large numbers, especially the lower Hudson Valley.

