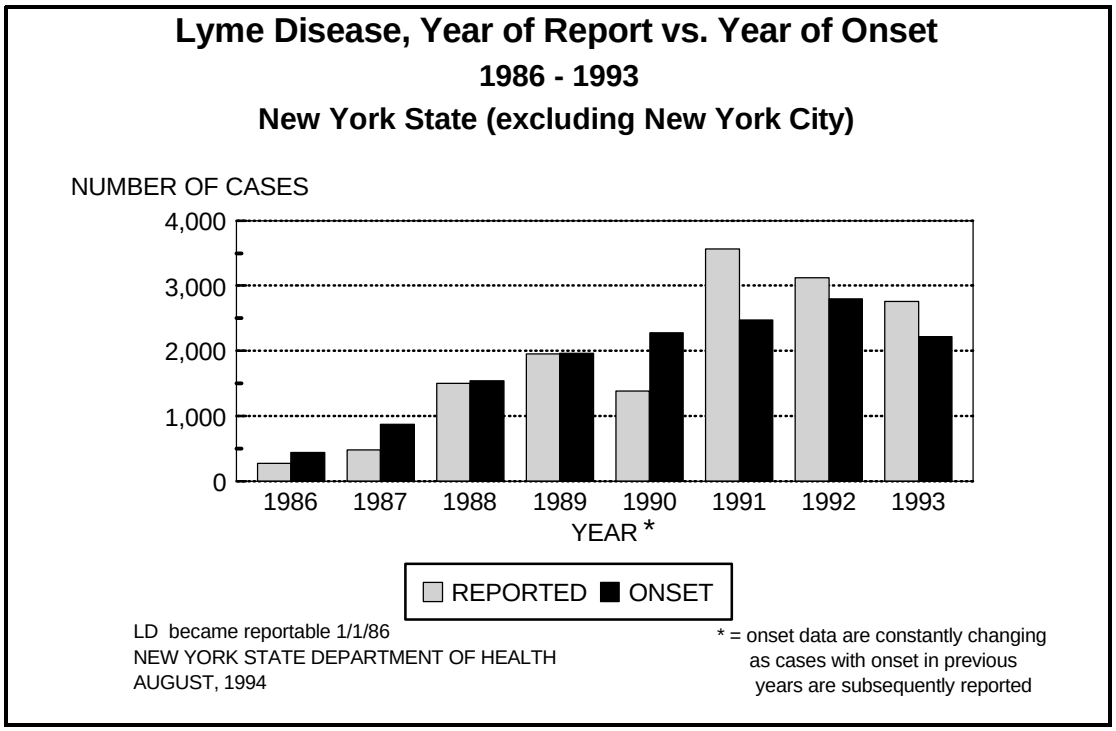
ARTHROPOD-BORNE DISEASES

LYME DISEASE

Since Lyme disease became reportable in January 1986, the New York State Department of Health has monitored case reports against the case definition established by the Council for State and Territorial Epidemiologists and the CDC. During these eight years of disease surveillance, the department has developed a case registry of more than 15,000 cases meeting the surveillance case definition. Annual case reports from New York comprise between 35-40 percent of all Lyme disease reported to the CDC.

During 1992, of 3,480 Lyme disease reports, 3,122 met the case definition, indicating a state incidence rate excluding New York City of 29.3/100,000 population. Certain staff changes occurred in local health units in 1993 which, in part, resulted in an overall reduction in the effort to continue an aggressive surveillance program. Reported cases of Lyme disease increased slightly to 3,541, while only 2,758 met the surveillance case definition. Roughly 93 percent of these cases were residents of one of nine counties considered endemic for Lyme disease (which currently include Albany, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Ulster and Westchester counties). Two-thirds of the confirmed cases reside in either Westchester or Suffolk County.



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.