

## Preventive Health Services

**Lewis County Preventive Health Services are designed to accomplish the Ten Essential Public Health Functions. Our staff provides a variety of services to residents of all ages. Our Preventive Health Programs are intended to prevent disease, promote healthy lifestyles and protect the health and safety of Lewis County residents.**

- We monitor the community and identify health problems continually as we update a Community Health Assessment every year and publish the results every four years.
- We investigate health problems and health hazards in the community when we investigate a case of whooping cough and when we make a home visit to a child with an elevated blood lead level.
- We continually inform, educate and empower our citizens about health issues when we have a booth at the local fair or when we go into the schools and teach children about handwashing.
- We enforce public health laws and regulations that are meant to protect health and ensure safety when we offer free rabies clinics for pets and when we conduct Child Passenger Safety Seat checks.
- We link people to needed personal health services and ensure the provision of health care when it is otherwise unavailable when we offer free immunizations to under insured children, conduct public influenza clinics and make home visits to pregnant women and newborn babies.

*Our programs include; Maternal Child Home Visiting Program, Childhood Lead Poisoning Prevention Program, Immunizations for Children and Adults, International Travel Vaccination Clinics, Communicable Disease Control, Rabies Prevention, West Nile and Lyme Disease Prevention, Dental Health, Child Passenger Safety Seat Program, Health Education, Chronic Disease Prevention, Tobacco Cessation Programs.*

## Maternal - Child Home Visiting Program

The Maternal-Child Home Visiting Program offers nursing visits by a registered nurse to all pregnant women, new mothers and newborn infants. A Public Health Nurse provides information on pregnancy, nutrition, labor and delivery, family planning, infant care, breast-feeding and parenting. The agency also serves as a resource to direct clients to other community services.

Public Health staff assists with Presumptive Eligibility for Medicaid for pregnant women. This enables their entry into Medicaid starting with their first prenatal visit. Home nursing visits are reimbursed through Medicaid and some private insurance. Visits are offered to pregnant and post partum women regardless of their ability to pay.

**In 2009, there were 409 births in Lewis County. Our nurses visited about 23% of the prenatal population in the county and they visited 37% of all newborn babies.**

### Referrals and Admissions for Maternal Child Visiting Program

Referrals	2006	2007	2008	2009	Admissions	2006	2007	2008	2009
<b>MOMS</b>	134	120	118	83	<b>MOMS</b>	97	89	98	63
<b>Antepartal Health Guidance</b>	12	5	6	44	<b>Antepartal Health Guidance</b>	9	4	5	31
<b>Postpartum Health Guidance</b>	18	10	7	6	<b>Postpartum Health Guidance</b>	4	2	4	2
<b>Newborn Health Guidance</b>	185	157	169	177	<b>Newborn Health Guidance</b>	155	128	140	151

### Referrals Not Admitted

Every attempt is made to try to have clients accept our nursing visits. When a referral is received, the client is contacted to set up a convenient appointment. If the client misses their appointment three times, a letter is sent asking if they are interested in our services.

Reasons Not Admitted	MOMS	Antepartal Health Guidance	Postpartum Health Guidance	Newborn Health Guidance
<b>Moved out of County</b>	2	N/A	N/A	1
<b>Refused Services</b>	8	7	2	15
<b>Miscarriage/Fetal Demise</b>	2	N/A	N/A	N/A
<b>Not Pregnant</b>	N/A	N/A	N/A	N/A
<b>Unable to Contact</b>	8	6	2	10
<b>Total</b>	20	13	4	26

## Adolescent Pregnancy

Teenagers are at higher risk for complications during pregnancy and for poor birth outcomes. Our nurses provide enhanced education and intervention for this population in order to increase healthy birth outcomes.

**\* In 2008, we observed a significant increase in the number of adolescent pregnancies.**

Number of Teens Admitted	2005	2006	2007	2008	2009
Age 18	9	3	6	9	6
Age 17	1	5	2	9	3
Age 16	3	0	1	4	2
Age < 16	0	0	2	2	0

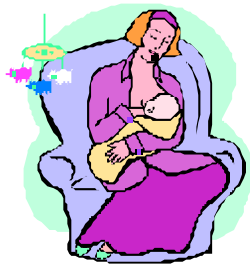
## Low Birth Weight Babies

Infants that are born weighing less than five pounds and eight ounces are at increased risk for complications. Our nurses monitor these infants closely and offer parents additional support.

2005	2006	2007	2008	2009
16	10	6	7	11
Includes 5 sets of twins				

## Breast Feeding

Both babies and mothers gain many benefits from breast-feeding. Breast milk is easy to digest and contains antibodies that can protect infants from bacterial and viral infections. Research indicates that women who breast-feed may have lower rates of certain breast and ovarian cancers.



Healthy People 2010 have set a benchmark of having 75% or more women initiate breast-feeding in the early postpartum stage.

Our nurses followed a total of 65 women who initiated breast-feeding in the hospital. They followed them for six months after the birth of their baby to determine longevity rates of breast-feeding in our patient population. The 55 women represent a 68% initiation rate. At 6 weeks postpartum, 75% of the women were continuing to breast-feed. The study allows us to explore opportunities for improving breast-feeding initiation rates. By making additional contacts to these breast-feeding mothers our nurses could provide education and intervention if the mother was having difficulty with breast-feeding.

## **Dental Health**

Our dental hygiene consultant handed out materials in 23 elementary classes at Lowville Academy totaling 432 students during 2009. She also handed out materials at Port Leyden Elementary School. Materials were given to 11 classes, totaling 163 students. Our dental hygiene consultant donated a total of seven hours of her time to the program. Age appropriate education aids, such as coloring books, are used to show good dental habits. Cartoon videos are used for the youngest school children and videos with teenage actors are used for adolescents. Toothbrushes, toothpaste and dental floss samples are distributed at the educational sessions. Healthy nutrition and the dangers of smokeless tobacco use are also covered. Copenhagen Central School District, South Lewis School District, Beaver River District and Harrisville School District participate in the Fluoride Rinse Program, a New York State dental decay prevention program.

## **Lead Poisoning Prevention Program**

The Lead Poisoning Prevention Program is a State Grant funded program which focuses on preventing lead poisoning in children. Lead poisoning is a serious health problem, especially for children. It can cause

- learning difficulties
- kidney damage
- hearing loss
- growth problems
- anemia and behavior problems.

Therefore, medical providers are required, **by law**, to test all one and two year old children for the presence of lead. Public Health offers free lead screening to any child who does not have a primary provider and/or no insurance. Public Health receives all test results and provides case management services to all children with lead levels above 15. Case management services include; risk assessment, risk reduction education, nutritional assessment and growth and development screening. A recent change in Public Health Law also makes it mandatory for the family of a child with a blood lead level of 15 ug/dl to have a visit by a Public Health Sanitarian, who will do a complete environmental assessment.

<b>Number of Children Lead Tested</b>												
<b>Ages</b>	<b>Screened or tested</b>			<b>=&gt;10-14 ug/dl</b>			<b>=&gt;15-19 ug/dl</b>			<b>=&gt;20 ug/dl</b>		
	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
<1	44	25	27	0	0	0	0	0	0	0	0	0
1	171	143	187	4	1	3	5	0	1	0	1	0
2	97	123	106	1	1	3	0	0	2	0	1	3
>2-6	105	129	121	1	1	4	5	0	0	0	0	0
<b>Totals</b>	<b>417</b>	<b>420</b>	<b>441</b>	<b>6</b>	<b>3</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>3</b>

### **Overall County Rate of Lead Testing**

**2009** – 58% of one year olds      **2008** - 43% of one year olds      **2007** - 67% of one year olds  
 30% of two year olds                      36% of two year olds                      29% of two year olds

## **Immunization Program**

Lewis County Public Health offers on-site and off-site immunization clinics for adults and children. Clinics are held at the Public Health Office every Tuesday from 9 am to 10:30 am. Evening clinics are held on 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of the month from 3 pm to 5 pm. Walk-in clients are accepted and we also offer immunization clinics at all five school districts. All immunizations are given based on standards approved by the New York State Department of Health and the Advisory Committee on Immunization Practices or ACIP.

### **Immunization Clinic Attendance**

<b>Total Attendance</b>	<b>Public Health</b>	<b>School Clinics</b>
<b>2006</b>	1,070	195
<b>2007</b>	1,697	376
<b>2008</b>	1,549	380
<b>2009</b>	1,313	335

<b>Childhood Vaccines Available</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>DtaP (diphtheria, tetanus, acellular pertussis)</b>	85	53	90
<b>Hepatitis A</b>	436	224	169
<b>Hepatitis B</b>	24	21	98
<b>HIB ( hemophilus influenzae type B)</b>	93	69	59
<b>HPV (Human Papilloma Virus)</b>	577	181	51
<b>Infanrix (Dtap, polio)</b>	Not available	37	90
<b>Seasonal Influenza</b>	268	182	370
<b>H1N1 Influenza</b>	n/a	n/a	1498
<b>Menactra (menigococcal)</b>	301	168	176
<b>MMR (measles, mumps and reubella)</b>	32	81	104
<b>MMRV (measles, mumps, reubella and varicella)</b>	92	Not available	Not available
<b>Pediarix ( Dtap, HepB, IPV)</b>	91	81	0*
<b>Polio</b>	82	42	58
<b>Prevnar (pneumococcal conjugate)</b>	120	100	151
<b>Rotavirus</b>	45	61	78
<b>Tdap (tetanus, diphtheria and acellular pertussis)</b>	678	458	330
<b>Tetanus</b>	9	1	0
<b>Trihibit (DTaP - HIB)</b>	25	14	Not available

<b>Varicella</b>	188	174	152
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- Switched from using Pediarix (DTaP, polio, hepB) to using Pentacel (DTaP, polio, HIB)

### Adult Immunizations

A variety of immunizations are available for adults as well. There is a charge for all adult vaccinations except for Hepatitis A and B as they are offered free to all adults who screen at risk for these diseases. Public Health also has an International Travel Clinic and is a certified Yellow Fever Provider. This clinic is by appointment only and will assist the traveler in receiving all necessary immunizations and health education required for international travel. There is a \$30 consultation fee charged in addition to a charge for any vaccinations.

### Number of Travel Clinic Participants

**2006** - 40 plus three groups of 30 planning missionary travel

**2007** - 23

**2008** - 38

**2009** - 20

Adult Vaccinations Offered	Total Given			
	2006	2007	2008	2009
<b>Hep A</b>	27	46	66	58
<b>Hep B</b>	78	23	0	21
<b>HPV</b>	Not available	26	19	0
<b>Seasonal Influenza</b>	1,562	1,318	1,247	1045
<b>H1N1 Influenza</b>	Not available	Not available	Not available	808
<b>Meningococcal</b>	11	5	10	8
<b>MMR</b>	17	1	19	13
<b>Pneumonia</b>	30	33	40	25
<b>Polio</b>	5	1	4	7
<b>TDaP</b>	9	40	38	21
<b>Tetanus</b>	161	78	69	59
<b>Twinrix (Hep A &amp; B combined)</b>	109	172	196	113
<b>Typhoid</b>	32	17	23	29
<b>Varicella</b>	1	5	1	1
<b>Yellow Fever</b>	7	10	12	7
<b>Zosterix (shingles vaccine)</b>	1	69	43	64



## **H1N1: Lewis County Responds to the Challenge**

In **March of 2009**, Federal District of Mexico medical authorities began to diagnose cases of a deadly disease known at the time as swine flu. Within 10 days, the U.S. Center for Disease Control and Prevention (CDC) verified that the onset of swine flu had begun in the U.S. The CDC response to the novel virus was immediate and aggressive with CDC laboratories initiating the testing of samples from suspect cases in an effort to determine where the virus was and how fast it was spreading across the United States.

On **April 17, 2009**, CDC laboratories confirmed two cases of swine flu in California. Three additional cases were confirmed the next day with two more in Texas added the day after.

With the rapidly spreading virus being reported worldwide, The World Health Organization (WHO), on **April 27, 2009**, raised the pandemic alert level from level 3 to level 4.

Two days later, on **April 29, 2009** The WHO raised the pandemic alert level to 5, a strong signal that a pandemic was imminent.

At the same time, Lewis County was experiencing its own swine flu outbreak. On **April 29, 2009**, Lewis County Public Health reported four (4) suspected cases of swine flu. A Lewis County resident with a confirmed case of swine flu was reported on **May 4, 2009**.

The swine flu outbreak was now being referred to as the H1N1 flu outbreak. Lewis County Public Health focused on the active surveillance for H1N1 cases in the county and on the distribution of critical educational information to county agencies, day care centers, schools, health care providers and the public. Public Health worked closely with community partners to get information to hard to reach populations including the Amish and the Hispanic farm workers in Lewis County. Conference calls with the New York State Department of Health were scheduled for every other day, as were regular contacts and updates with Lewis County General Hospital and the Lewis County Office of Emergency Management.

In response to the constant request for information from the media, the Lewis County Manager was designated as the Public Information Officer (PIO) for the crisis, with all requests for information initially going through the PIO.

On **June 11, 2009** The WHO raised the pandemic alert level to Phase 6, the highest level, designating the H1N1 flu outbreak as a full-blown, worldwide influenza pandemic, the first in 41 years. This declaration heightened the need for immediate vaccine development and the contiguous planning for rapid and effective vaccine distribution.

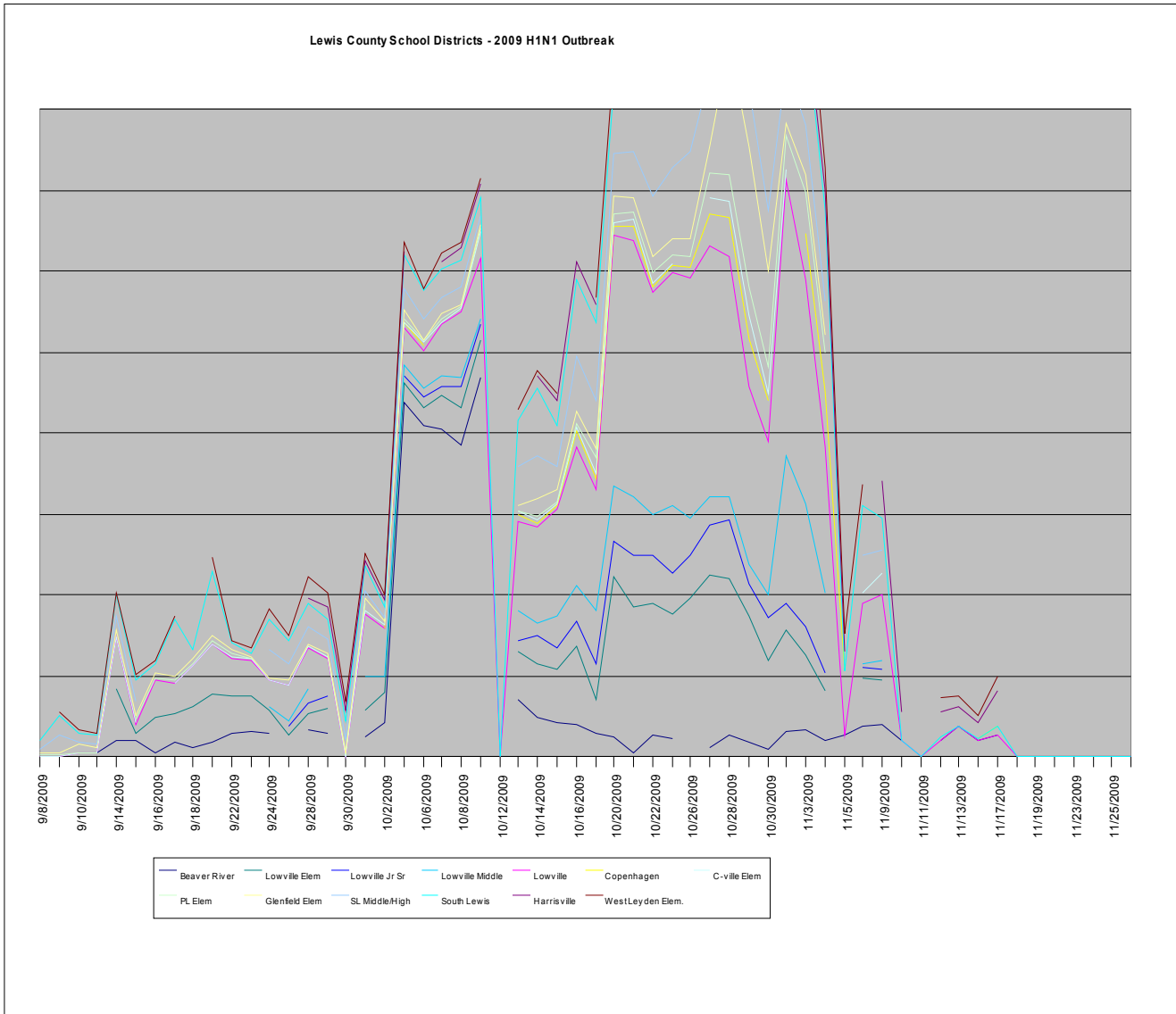
With the number of cases of H1N1 increasing daily throughout the summer, of immediate concern was the anticipated impact of the virus on the students returning to school in September and on those individuals at risk of developing life-threatening symptoms from the virus.

When very limited amounts of the H1N1 vaccine were made available to health care providers in **October, 2009**, only those individuals in the following priority groups were eligible to receive the free vaccine: pregnant women, persons who live with or provide care for infants less than 6 months of age, children and young adults ages 6 months to 24 years old, adults ages 25 to 64 with specific risk factors and health care personnel and EMS who provide direct patient care.

Lewis County Public Health received a limited first shipment of H1N1 vaccine in October 2009, not enough to begin vaccinating students but adequate to offer the H1N1 vaccine to EMS personnel at a POD conducted on **October 22, 2009**.

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Influenza related absenteeism rates in the Lewis County schools remained stable through September 2009. During the **first week of October** student absenteeism rates rose sharply and remained high for two weeks. In several of the Lewis County school districts absenteeism rates fell to acceptably normal rates. In most of the Lewis County schools however, **absenteeism rates shot up again October 12 through to November 5**. (See accompanying graph)



On **November 4, 2009** LCPH conducted the first school-based Point of Distribution (POD) and community clinic at Beaver River Central School having finally received enough H1N1 vaccine to begin vaccinating the targeted priority groups.

By **December 9, 2009** LCPH had conducted PODs in all five Lewis County School Districts, vaccinating students during the school day and community members during the evening hours.

By the close of December 2009 the vaccine administration limitations were lifted with the H1N1 vaccine being made available to all who wanted it, still at no cost.

<b>Lewis County Provider</b>	<b>H1N1 Vaccination Doses Received</b>	<b>H1N1 Vaccination Doses Administered</b>
<b>Lewis County Public Health</b> (Includes school based PODs, Community Based PODs and PH Clinics)	<b>5,900</b>	<b>3,015</b>
<b>Lewis County General Hospital</b> (Includes Beaver River Health Center, South Lewis Health Center, LCGH employees, Residential Healthcare Facility and Inpatients)	<b>1,900</b>	<b>721</b>
<b>Local Physicians</b>	<b>1,700</b>	<b>1,176</b>
<b>Total</b>	<b>9,500</b>	<b>4,912</b>

\* Data compiled as of 02/2010

### Seasonal Influenza Season 2008-2009

- This year's vaccine contains three strains of influenza virus; two "A" and one "B".  
A/Brisbane/59/2007 (H1N1) – like virus  
A/Brisbane/10/2007 (H3N2) – like virus  
B/Brisbane/60/2008 – like virus
- Lewis County Public Health purchased 1,400 doses of flu vaccine for adults. We also ordered and received 300 doses of free flu vaccine for children. There was a delay in receiving our full order of adult vaccine this year. Therefore, Public Health only offered 3 large public clinics for Seasonal Influenza Vaccination in 2009.
- In 2009, we gave a total of 1045 adult flu shots and 370 children's flu shots. The children's doses also include doses given in the beginning of 2009 during the 2008-2009 flu season. We will continue to offer flu vaccination through the early months of 2010.

<b>Influenza Clinic Site</b>	<b>Doses Administered</b>
Public Health Office Clinics	190
Public Health & Hospice Employees	47
Home Care & Hospice Patients	17
Office for the Aging - Senior Day	38

Lowville Fire Hall	489
Central NY DSO	24
East Road Adult Home	12
Croghan Fire Hall	138
Constableville Fire Hall	90
<b>Total</b>	<b>1045</b>

### **Communicable Disease**

Reporting of suspected or confirmed communicable diseases is mandated under Public Health Law. Physicians, laboratories, school nurses, day care directors, hospitals and nursing homes must report cases of communicable diseases to Public Health. It is then the responsibility of our Communicable Disease Nurse to do case investigation, disease surveillance, health education and referrals as indicated.

- There was an increase in the number of Salmonella cases across the state this year and 4 different strains were indentified in outbreak situations.
- April 23, 2009 was the beginning of the H1N1 influenza pandemic. Lewis County had one of the first cases diagnosed in upstate NY.
- In May, Lewis County had one death related to Neisseria Meningitis. In total, 3 cases were identified in Lewis, Jefferson and St. Lawrence counties and 2 deaths occurred.
- During the late summer Eastern Equine Encephalitis was identified in mosquito pools in Onondaga and Oswego counties and one human case of the disease.

<b>Reported Cases</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Campylobacteriosis	17	6	14	17
Chlamydia	28	31	33	44
Cryptosporidiosis	7	2	11	9
E Col I 0157:H7	1	0	0	1
Encephalitis	1	0	0	1
Giardiasis	5	8	7	8
Gonorrhea	2	3	3	1
Hepatitis B, Chronic	5	2	0	2
Hepatitis C, Chronic	17	5	6	3
Legionella	0	0	0	1
Lyme Disease	1	1	2	4
Influenza, Seasonal, laboratory confirmed	35	113	212	116*
Influenza, H1N1 laboratory confirmed	0	0	0	6
Meningitis, viral	2	0	0	0
Meningitis, bacterial	0	0	0	1

Pertussis	17	0	0	1
Q-Fever	0	0	1	0
Salmonellosis	7	5	5	9
Shigellosis	1	0	0	1
Syphyllis	0	0	0	1
Group A Strep	0	0	0	2
Group B Strep	0	0	2	2
Strep Pneumonia, invasive	2	3	1	3
Tuberculosis	0	1	0	0
<b>Total</b>	154	180	297	224

- Cases were all from 2008-2009 flu season; diagnosed from January to March 2009.

### Tuberculin Testing

TB skin testing was provided for health care workers and the public through immunization clinics and office visits. The Mantoux test determines if a person has had exposure to Tuberculosis. **305 people were tested at the clinic in 2009.**

### HIV Testing

Free confidential and anonymous HIV counseling and testing services are available to any Lewis County resident. Clients are usually self-referred or were referred by their physicians, school nurses or counselors. **In 2009, a total of 4 people received HIV counseling and testing.**

### Rabies

Rabies is a reportable disease caused by a virus. Only mammals can get rabies. The primary sources of rabies in New York State are raccoons, skunks, foxes and bats. Rabies is invariably fatal but can be prevented if treatment is provided after an exposure.

	2006	2007	2008	2009
<b>Bite exposure reports received</b>	129	185	172	114
<b>Specimens submitted for testing</b>	76	70	93	40
<b>Positive animal rabies cases</b>	2	1	5	6
<b>Humans receiving post exposure treatment</b>	12	41	21	6
<b>Pre-exposure vaccinations to residents @ cost</b>	1	0	0*	1
<b>Booster vaccinations given to residents @ cost</b>	1	1	0*	1

\*No pre exposure vaccinations or boosters were given this year due to a national shortage of human rabies vaccine.

Our efforts to prevent human and domestic animal rabies include the following on an annual basis:

- A rabies vaccine clinic for pets in seven county locations each spring, and a clinic in January and September at Countryside Vet Clinic where animal vaccination is offered.
- Provision of education materials and presentations to schools
- Public Service Announcements and paid ads on radio and in papers.
- News releases about cases and accompanying educational information to area media.

- Distribution of materials to town clerks' offices to be given to residents applying for dog licenses and hunting licenses.
- Distribution of materials to taxidermists and deer butchers.
- Inclusion of rabies information at every health fair attended by Public Health Staff and on our web site:
- Participation in the Cornell University Bait Drop Research project.

### **Confinement of Unvaccinated Animals**

By law, all unvaccinated (including those not up to date on rabies vaccination) dogs, cats or ferrets which have bitten or scratched a person **MUST** be confined at an approved animal shelter or veterinary clinic at the expense of the owner. This law may stimulate pet owners to assure that their animals receive their first immunization by 4 months of age, 1 year later and every three years thereafter. **8 unvaccinated dogs and 13 unvaccinated cats were confined or euthanized this year.**

Unvaccinated dogs, cats or livestock, if a rabid animal attacks them, must be quarantined for six months or euthanized. **1 dog is being quarantined for such an exposure in 2009.**

## Arthropod-Borne Disease Program

The arthropod-borne disease program of Lewis County Public Health conducts surveillance activities designed to identify and monitor the prevalence of diseases people can acquire from mosquitoes and ticks.

West Nile virus, eastern equine encephalitis, and Cache Valley fever are mosquito-borne diseases infectious to humans that have been found in Lewis County. Lyme disease and Powassan virus are tick-borne diseases infectious to humans and have also been determined to be present in Lewis County.

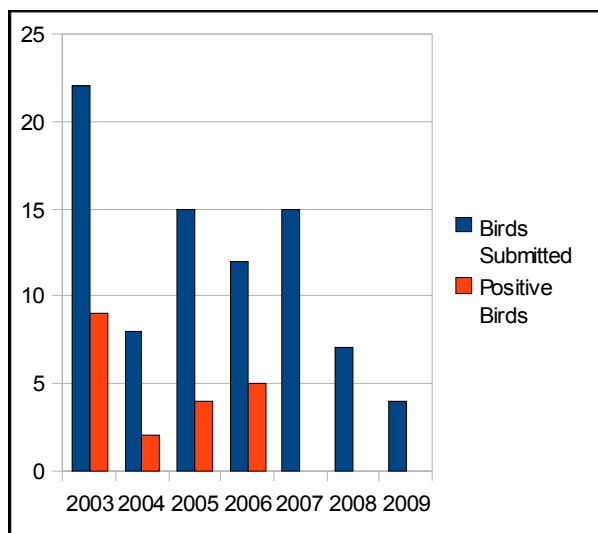
Arthropod-borne diseases are caused by pathogens transmitted to humans and animals through the bites of insects. The arthropod-borne diseases indigenous to Lewis County can cause severe illness in humans, long lasting debilitation and can be fatal.

### **Mosquito-Borne Viruses:**

The principal surveillance methods for detecting arthropod-borne diseases are dead bird collection and testing, mosquito trapping and testing, tick identification and human surveillance and reporting activities. Additional surveillance information is also obtained from local health care providers, the New York State Department of Health and the residents of Lewis County. The information collected is used to determine the levels of risk of disease transmission to humans, assist in determining appropriate disease control strategies if necessary, provide critical public education and information, and in the consideration of medical treatment for potentially infected Lewis County residents.

West Nile virus (WNV) was first identified during the spring of 2000 in Lewis County. Dead birds submitted by LCPH to the NYSDOH Wadsworth Laboratory tested positive for the disease. The presence of WNV in the environment posed a new and significant health risk for Lewis County residents and in response to the new health threat LCPH developed and has since conducted a county wide arthropod-borne disease surveillance program.

For the years 2000 through to 2006, WNV was detected in dead birds submitted and tested from Lewis County. The highest rate of detection was in 2003 when 9 birds tested positive from the total of 22 submitted, a significant number of positive specimens in relation to the small sample size. The years 2007, 2008 and the past year, 2009 had no birds test positive for WNV from Lewis County. There have been no laboratory confirmed human cases of WNV in Lewis County.



The variable trend of West Nile virus in New York State is evident by the following positive source information supplied by the NYSDOH Arthropod-Borne Disease Program:

West Nile	Dead Birds	Mosquito Pools	Horses	Human Cases (Deaths)
To Date, 2009	66	100	1	7(0)
Year End, 2008	159	351	3	46 (6)
Year End, 2007	83	266	0	18 (2)
Year End, 2006	264	380	2	23 (2)
Year End, 2005	300	392	2	38 (4)
Year End, 2004	207	239	5	10 (0)

Eastern equine encephalitis (EEE) is an arbovirus similar to West Nile virus. EEE differs in its high case fatality rate in humans and is regarded as one of the most serious mosquito-borne diseases in the United States. EEE emerged in Lewis County in 2004 and again in 2009. In both cases the disease was diagnosed in local horses and proved fatal.

For 2009 Lewis County had one human case of encephalitis virus, a probable case of non-LaCrosse California group virus.

The surveillance activities for EEE are based on the similar mosquito trapping, identification and testing techniques, and dead bird reporting and testing procedures for West Nile virus. In addition, active human and animal surveillance is conducted for EEE in Lewis County to closely monitor the prevalence and potential risk of human infection from this potentially fatal disease.

Should the presence of mosquito-borne disease become a public health threat in Lewis County, a plan of control will be initiated by Lewis County Public Health. Public education is a key element of any control plan. Should a mosquito control strategy include the use of mosquito spraying every effort will be made by Public Health to inform the residents of Lewis County of the details of that activity and what precautions to take prior to any insecticide application.

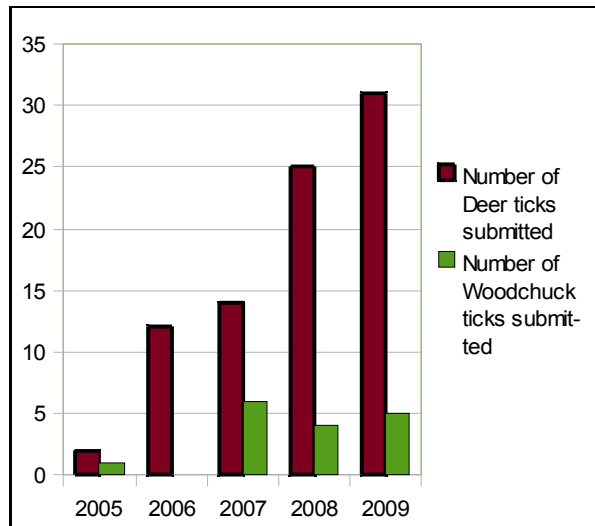
**Tick-Borne Diseases:**

The Arthropod-Borne Disease Program provides free tick analysis services for the residents of Lewis County. Ticks submitted to LCPH are identified to genus and species and the length of time the tick was attached to the host is carefully estimated. This and other important information, useful in determining the potential risk for infection is forwarded to the patient, and their physician if requested.

Lewis County is home to predominantly three types of ticks; deer or blacklegged ticks, woodchuck ticks, and American dog ticks. Ticks can carry diseases that are unique to its type. For example, deer ticks are well known for being carriers of Lyme disease. Woodchuck ticks can carry Powassen virus and American dog ticks are associated with Rocky Mountain spotted fever.

Lewis County residents have been submitting ticks for analysis since 2005 when three ticks were submitted. Since then the numbers have been steadily increasing with 12 ticks submitted in 2006, 20 in 2007, 29 ticks submitted in 2008 and 36 ticks submitted for analysis in 2009.

The following chart illustrates the increasing number of deer and woodchuck ticks being submitted for analysis, an indicator that Lewis County residents are becoming more aware of the service and are increasing their knowledge of the risk of tick-borne disease in Lewis County.



Lewis County recorded two human Lyme disease cases in 2008 and one case in 2009. In 2007 Lewis County had one confirmed case of Powassen virus, a very rare but serious encephalitis transmitted through the bite of a woodchuck tick.

According to the New York State Department of Health, the number of Lyme disease cases has increased significantly in parts of the New York State, particularly in its migration northward along the Hudson River and in Jefferson and St. Lawrence Counties where case numbers have increased 50% and 80% respectively over their 2008 case numbers. Also as reported by NYSDOH, human cases of Powassen virus in New York State have increased dramatically in recent years.

## **Health Education**

One of the Ten Essential Public Health Functions is to “inform, educate, and empower people about health issues.”

Lewis County Public Health participated in 4 large health presentations in 2009:

**Community Health Day at Lewis County General Hospital** - included blood pressure screening

**Lewis County Fair; Baby Changing Booth**

**Farm Safety Day**

**West Leyden Elementary School Health Fair** – included blood pressure screening

In addition, our staff offer presentations to all five school districts, parent groups, and senior citizens groups on a variety of subjects such as; hand washing, infection control, tobacco cessation, nutrition, poison control, STD's, and puberty, lead poisoning prevention and immunizations.

We have a weekly column in our local newspaper on current health topics. We also redesigned our web site; and have a wealth of health information available including a monthly feature article.

**The 3rd Annual “Family Fit n’ Fun Faire” was held on August 9th.** The goal of the fair was to have not only health information, but to have highly interactive opportunities for children. We had 22 different community service providers’ man booths at the Lewis County Fair Grounds. Activities included; lead screening, hand washing demos, Sun Safety, an obstacle course, school safety bus tour, and child car seat fit station and lots of healthy snacks. Lola the Lead Poisoning Prevention Lion also made an appearance. Almost 200 people attended. Those who participated with at least 10 different activities received a coupon for \$10 for fresh fruits and vegetables from the Farmer’s Market. This Health faire was a highly successful collaboration of Lewis County Service Providers.

### **Diabetes Wellness**

Lewis County Public Health participates in the Community Diabetes Recognition and Outreach Coalition or CDROP. Through our involvement with this coalition, Public Health is able to obtain funding to obtain teaching materials and staff education in relation to diabetes. The goal of this service is to minimize potential mortality and morbidity related to uncontrolled diabetes. Our Health Educator offered Primary Prevention services by conducting diabetes risk assessment screening on National Diabetes Alert Day March 24, 2009. 15 people were screened and 6 were found to be at high risk for developing diabetes. She provides Secondary Prevention through educational support and services to people with diabetes in the county in collaboration with Lewis County General Hospital. Educational topics addressed are nutrition and diet instruction, reinforcing the importance of regular medical follow up, exercise, and disease process instruction. Our Health Educator provided diabetes education to 45 new diabetics with follow up according to need. During Diabetes Awareness Month, we collaborated with Lewis County General Hospital with an educational display for the entire month of October.

**“Baby and Me, Tobacco Free.”** This is a special cessation program for pregnant women. If they continue to be smoke-free during the first year after their baby is born, they are entitled to monthly coupons for free diapers. 21 women participated. 5 completed the program and are receiving diaper coupons, 5 did not successfully complete the program and the remainder have not yet delivered.

**Adult Tobacco Cessation**, we have 4 staff trained to provide smoking cessation counseling to anyone in the community. Due to our involvement with the Tobacco Cessation Center of Northern New York we were able to hand out free nicotine replacement therapy as well. 41 boxes of patches, 3 boxes of lozenges and 11 boxes of gum were given out. 12 clients were successful in quitting. We continue to be a member of the Tobacco Prevention and Cessation Coalition.

### **The Child Passenger Safety Seat Fit Station**

This program is funded by the Governor’s Traffic Safety grant for Child Passenger Seat Safety. Two Public Health employees have been trained and certified as Child Safety Seat technicians and are able to inspect seats, properly install seats and teach parents how to install their child’s seat. The grant also enables the technicians to replace any unsafe seats. In 2009, the Child Seat Fit Station was operational 12 times. During the Fit Stations, 132 seats were inspected for proper installation. 109 seats were replaced with new seats. The main reasons for seat replacement were; the child was too big for their current seat, the seat had an unknown history (purchased at a garage sale), or the seat was too old or recalled.

Infant Seats	Convertible Seats	Booster Seats	Total Attendance
38	45	26	132

