Infectious Diseases Morbidity Report
2015

Epidemiology and Infectious Disease Bureaus
Medical Division
August 2016
ACKNOWLEDGEMENTS

This report was prepared by the Salt Lake County Health Department, Medical Division, Epidemiology and Infectious Disease Bureaus.

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This report is found at http://slco.org/health/epidemiology/.

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EXECUTIVE SUMMARY

Utah law requires that 82 infectious diseases be routinely reported to public health for ongoing surveillance and investigation. Reportable data are collected from laboratories, hospitals, medical providers and outpatient clinics. Salt Lake County Health Department Epidemiology and Infectious Disease Bureaus then investigate each report through patient interview and/or chart abstraction and analyze the data. The results of the data analysis are utilized to implement appropriate control and prevention measures. In 2015, over 13,000 disease reports were investigated to determine the source of infection and interrupt disease transmission.

The Salt Lake County Health Department 2015 Infectious Diseases Morbidity Report highlights diseases and events of interest and summarizes data for the most commonly reported infectious diseases affecting Salt Lake County residents. Highlights include human rabies and botulism, as well as other diseases with high public interest, those with higher than expected case counts and those not previously seen in Salt Lake County. One-page disease profiles follow the highlights and present relevant demographic, clinical and epidemiologic data.

I hope this report can be a resource for healthcare providers, public health practitioners, community partners and the general public and that it can be used to help target intervention and prevention efforts.

Sincerely,

Dagmar Vitek, MD, MPH
Medical Director
Human Rabies

One case of confirmed human rabies was admitted to a Salt Lake County hospital. The case was an out of state resident. Due to the urgency of administering post exposure prophylaxis to contacts, Salt Lake County Health Department was closely involved with the investigation. The patient did pass away. The exposure was a bat that landed on the patient’s face and hand.

Botulism

There were two confirmed C. botulinum toxin cases in 2015. One case tested positive for C. botulinum toxin type A. The source was a cold beet soup that was also toxin type A positive.

West Nile Virus

Five confirmed and probable cases were identified in 2015. Four cases had neuroinvasive disease and one case had non-neuroinvasive disease. There were no common place exposures.

Vibriosis

There were five confirmed non-cholera vibrio species infections in 2015. All were non toxigenic. There were no common exposures and two cases were matched by Pulse Field Gel Electrophoresis (PFGE). No cases were associated with out-of-state or foreign travel.

Ebola Monitoring Events

Thirty-four Ebola monitoring events were conducted in 2015. All travelers were actively monitored for the required 21 days and did not develop symptoms.

Staphylococcus aureus

A cluster of 66 epidemiologically linked cases of Staphylococcus aureus was identified in 2015. The outbreak was associated with improperly handled and improperly cooled ham. One case and the food specimen tested positive for Staphylococcus aureus enterotoxins.

Tularemia

Two confirmed cases were reported in 2015. Exposures include hunting rabbits and bug bites while camping. Both cases were exposed in Utah. Common symptoms for cases included fever, lymphadenopathy and wounds.

Hepatitis E

One confirmed case was identified in 2015. Case was exposed outside of Utah and consumed seafood in Mexico during exposure period. The case was associated with 21 additional US cases from eight states with similar exposures.
# TOP 20 REPORTABLE DISEASES

<table>
<thead>
<tr>
<th>Disease</th>
<th>Rank</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>1</td>
<td>4554</td>
</tr>
<tr>
<td>Hepatitis C, acute &amp; chronic</td>
<td>2</td>
<td>1055</td>
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<tr>
<td>Gonorrhea</td>
<td>3</td>
<td>1028</td>
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<tr>
<td>Tuberculosis, latent infection</td>
<td>4</td>
<td>777</td>
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<tr>
<td>Influenza, hospitalized</td>
<td>5</td>
<td>372</td>
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<tr>
<td>Hepatitis B, acute &amp; chronic</td>
<td>6</td>
<td>196</td>
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<tr>
<td>Pertussis</td>
<td>7</td>
<td>176</td>
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<tr>
<td>Streptococcal disease, invasive other</td>
<td>8</td>
<td>171</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>9</td>
<td>167</td>
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<tr>
<td>Salmonellosis</td>
<td>10</td>
<td>154</td>
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<tr>
<td>Streptococcal disease, invasive, group A</td>
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<td>97</td>
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<tr>
<td>Chickenpox</td>
<td>12</td>
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<tr>
<td>Streptococcus pneumoniae, invasive disease</td>
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<td>90</td>
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<tr>
<td>Giardiasis</td>
<td>14</td>
<td>89</td>
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<tr>
<td>HIV, new</td>
<td>15</td>
<td>74</td>
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<tr>
<td>Syphilis (primary, secondary, early latent)</td>
<td>16</td>
<td>73</td>
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<tr>
<td>Streptococcal disease, invasive, group B</td>
<td>17</td>
<td>71</td>
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<tr>
<td>Cryptosporidiosis</td>
<td>18</td>
<td>65</td>
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<tr>
<td>Acinetobacter, carbapenem non-susceptible</td>
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<td>51</td>
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<tr>
<td>Haemophilus influenzae, invasive</td>
<td>20</td>
<td>31</td>
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<tr>
<td>Shiga toxin-producing E. coli</td>
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</tr>
<tr>
<td>Meningitis, viral</td>
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</tr>
</tbody>
</table>
CAMPYLOBACTERIOSIS
cdc.gov/foodsafety/diseases/campylobacter/index.html

167
Number of cases reported

15.3
Incidence rate per 100,000 population

Clinical Review

11%  Hospitalized
0    Deaths
0    Hemolytic uremic syndrome
47%  Bloody diarrhea
8    Median duration of illness, days

Epidemiologic Review

- Most common risk factors for infection:
  o Animal exposure
  o Immunocompromised
  o Foreign travel
  o Outdoor exposure
  o Raw milk / raw milk product

Campylobacteriosis by age and gender

Campylobacteriosis incidence rates, 2006-15

Campylobacteriosis by race and ethnicity
Cryptosporidiosis

cdc.gov/parasites/crypto

65
Number of cases reported

6.0
Incidence rate per 100,000 population

Clinical Review

22%  Hospitalized
0    Deaths
91%  Diarrhea
14   Median duration of illness, days

Epidemiologic Review

- Four aquatic facilities were associated with infection. Three facilities were hyperchlorinated and one had a properly working UV system.
- Most common risk factors for infection:
  - Immunocompromised
  - Foreign travel
  - Water exposure

Cryptosporidiosis monthly frequency and cumulative incidence rate

Cryptosporidiosis by age and gender

Cryptosporidiosis by race and ethnicity

Cryptosporidiosis incidence rates, 2006-15
GIARDIASIS

cdc.gov/parasites/giardia

89

Number of cases reported

8.2

Incidence rate per 100,000 population

Clinical Review

3% Hospitalized
0 Deaths
5% Co-infected
33% Weight loss
39 Median duration of illness, days

Epidemiologic Review

- 10% of cases were refugees or recent immigrants.
- Most common risk factors for infection, among cases who were not refugees/recent immigrants:
  - Water exposure
  - Foreign travel
  - Animal exposure
  - Outdoor exposure

Giardiasis by age and gender

Giardiasis incidence rates, 2006-15

Giardiasis by race and ethnicity
SALMONELLOSIS
cdc.gov/salmonella

154
Number of cases reported

14.1
Incidence rate per 100,000 population

Clinical Review

19% Hospitalized
0 Deaths
0 Hemolytic uremic syndrome
10 Median duration of illness, days
42% Bloody diarrhea
2% Asymptomatic

Epidemiologic Review

• Nine outbreaks were identified and investigated.
• 47% of cases were linked to national outbreaks.
• Common risk factors for infection include animal exposure, immunocompromised status, suspect meat exposure, foreign travel.
• Top 5 serotypes: Enteritidis (32%), Typhimurium (10%), Poona (10%), Newport (8%), Heidelberg (6%).

Salmonellosis by race and ethnicity

Salmonellosis incidence rates, 2006-15
31
Number of cases reported

3.1
Incidence rate per 100,000 population

Clinical Review

16%  Hospitalized
0     Deaths
3%    Hemolytic uremic syndrome
45%   Bloody diarrhea
10    Median duration of illness, days

Epidemiologic Review

- Most common serotypes were O157:H7 (34%), O26 (21%) and O103 (21%).
- Common risk factors for infection include animal exposure, immunocompromised status, suspect meat exposure, foreign and out-of-state travel and suspect water exposure.
- Two separate events occurred where household contacts were symptomatic and had matching serotypes.
SHIGELLOSIS

Number of cases reported

1.1 Incidence rate per 100,000 population

Clinical Review

25% Hospitalized
0 Deaths
42% Bloody diarrhea
8 Median duration of illness, days

Epidemiologic Review

- Common risk factors for infection include foreign travel and men who have sex with men.
- One case was associated with a national outbreak cluster of multidrug-resistant S. Sonnei, identified in the MSM community.
- Most frequent species identified include:
  - S. Sonnei (66%)
  - S. Flexneri (22%)

Shigellosis by age and gender

Shigellosis incidence rates, 2006-15
HEPATITIS B, ACUTE

http://www.cdc.gov/hepatitis/hbv/index.htm

11
Number of cases reported

1.0
Incidence rate per 100,000 population

Clinical Review

73%  Hospitalized
0    Deaths
9%   Co-infection with hepatitis C
91%  Elevated liver function enzymes

Epidemiologic Review

- Common symptoms include jaundice, fatigue, nausea and dark urine.
- Risk factors include intravenous drug use, high-risk sexual contacts and foreign born, with Mexico as the most common country of origin.
HAEMOPHILUS INFLUENZAE

cdc.gov/hi-disease

31
Number of cases reported

2.8
Incidence rate per 100,000 population

Clinical Review

87% Hospitalized
3 Deaths

Epidemiologic Review

- Zero *H. influenzae* type b (Hib).
- Types include nontypeable (61%), type a (19%), type f (10%), type e (3%) and unknown type (6%).
- Nine cases report receiving a Hib vaccine, of those nine, six cases were less than five years of age.
- Common risk factors for infection include diabetes and prematurity. 13% of cases were premature.
176
Number of cases reported

16.1
Incidence rate per 100,000 population

Clinical Review

5%  Hospitalized
0   Deaths
94% Paroxysmal cough
51% Inspiratory whoop
50% Post-tussive vomiting

Epidemiologic Review

- Six outbreaks were identified and investigated. Five of the six outbreaks occurred in elementary and high schools.
- Reasons for vaccine exemption include philosophical objections (80%) and participating in a delayed vaccination schedule (15%).
- 41% of cases were epi linked to another case.
- 86% of cases reported receiving at least one vaccine. 51% of those cases were up to date.
VARICELLA (CHICKENPOX)
cdc.gov/varicella

91
Number of cases reported

8.3
Incidence rate per 100,000 population

Clinical Review

7% Hospitalized
0 Deaths

Epidemiologic Review

- 42% of cases received one or more doses of vaccine.
- 10% of cases were infected by household contacts.
- Seven cases had prior history of disease and two of the seven had been vaccinated.
GROUP A STREPTOCOCCUS (GAS)

cdc.gov/groupastrep

97
Number of cases reported

8.9
Incidence rate per 100,000 population

Clinical Review

97% Hospitalized
9 Deaths
40% Cellulitis
16% Pneumonia

Epidemiologic Review

• Common risk factors for infection include smoking, alcohol abuse, homelessness, intravenous drug use, heart disease and diabetes.
• 14% of cases had streptococcal toxic shock syndrome; of these, 57% died.
• 11% of cases were both homeless and intravenous drug users.
GROUP B STREPTOCOCCUS (GBS)

http://www.cdc.gov/groupbstrep/

71
Number of cases reported

6.5
Incidence rate per 100,000 population

Clinical Review

96% Hospitalized
3 Deaths

Epidemiologic Review

- 40% of adult cases had diabetes as an underlying condition.
- 28% of infants with GBS were born to mothers screened at 35-37 weeks’ gestation.
- All deaths were in adults over 18 years of age who had significant underlying medical conditions.
STREPTOCOCCUS PNEUMONIAE

cdc.gov/pneumococcal

90
Number of cases reported

8.2
Incidence rate per 100,000 population

Clinical Review

91% Hospitalized
9 Deaths

Epidemiologic Review

- Vaccination percentages:
  - Children under 18 years of age: 92%
  - Adults 18 years of age and older: 25%
- Common risk factors for infection include smoking, alcohol abuse, intravenous drug use, homelessness and diabetes.
- 46% of cases abused alcohol, were smokers and/or used drugs intravenously.
- All deaths were among adults over 18 years of age with no common underlying conditions.
STREPTOCOCCAL TOXIC SHOCK

cdc.gov/groupastrep

15
Number of cases reported

1.0
Incidence rate per 100,000 population

Clinical Review

93% Hospitalized
8 Deaths
27% Disseminated intravascular coagulation
20% Soft tissue necrosis
13% Acute Respiratory Distress Syndrome

Epidemiologic Review

- Common risk factors for infection include diabetes, COPD and smoking.
- Reported symptoms include diarrhea, myalgia, fever and altered mental status.
- 27% of cases were wound associated.

**CHLAMYDIA**

cdc.gov/std/chlamydia

4554

Number of cases reported

417.1

Incidence rate per 100,000 population

Clinical Review

0% Hospitalized

0 Deaths

**Epidemiologic Review**
• 90% of diagnosed infections occurred among males and females aged 15-34 years.
• Females aged 15-24 years comprised 40% of all infection.
• Hispanic men and women were disproportionately infected.

**GONORRHEA**
cdc.gov/std/Gonorrhea

**1028**
Number of cases reported

**94.2**
Incidence rate per 100,000 population

**Clinical Review**

0% Hospitalized
0 Deaths

**Epidemiologic Review**
- Men and women aged 15-34 years comprise over half of all infections.
- Males comprise 70% of all infections.
- Cases have increased over 500% from 2012 to 2015.

**HIV, NEW**
cdc.gov/hiv

74
Number of cases reported

6.8
Incidence rate per 100,000 population

Clinical Review

11% Hospitalized
0 Deaths
**Epidemiologic Review**

- Common risk factors for infection include men who have sex with men (MSM).
- 93% of new infections were in males.
- Men of color were disproportionately infected.
SYPHILIS
(PRIMARY, SECONDARY, EARLY LATENT)
cdc.gov/std/syphilis

73
Number of cases reported

6.7
Incidence rate per 100,000 population

Clinical Review
0%  Hospitalized
0   Deaths

Epidemiologic Review
- 90% of cases were among men who have sex with men (MSM).
- Four cases had neurological involvement.
- 43% of cases were co-infected with HIV.

Syphilis incidence rates, 2010-15

Syphilis by age and gender

Syphilis by race and ethnicity
ACINETOBACTER
(CARBAPENEM NON-SUSCEPTIBLE)

cdc.gov/HAI/organisms/acinetobacter.html

51
Number of cases reported

3.1
Incidence rate per 100,000 population

Clinical Review

45% Hospitalized
8 Deaths
47% Long term acute care (LTAC)

Epidemiologic Review

• 90% of cases showed resistance to meropenem, 39% showed resistance to imipenem, and 29% showed resistance to both meropenem & imipenem.
• Sites of infection include respiratory tract (57%), wound (24%), urinary tract (10%) and blood (4%).
• 94% of cases were infected with A. baumannii.
Number of cases reported

1.5 Incidence rate per 100,000 population

Clinical Review

50% Hospitalized
0 Deaths

Epidemiologic Review

- 38% of cases had travel to an endemic region which includes Arizona, New Mexico, Nevada and California.
- Most common underlying condition was diabetes.
- Reported symptoms include headache, chest pain, fatigue and cough.
HEPATITIS C, ACUTE
cdc.gov/hepatitis/hcv

13
Number of cases reported

1.2
Incidence rate per 100,000 population

Clinical Review

54%
Hospitalized

0
Deaths

38%
Elevated liver function enzymes

Epidemiologic Review

• 31% of cases reported intravenous drug use or had sexual contact with an intravenous drug user.
• Four cases had genotype 1a or 1b and one case had genotype 3a. Of the 1a and 1b genotypes, all cases reported intravenous drug use or had sexual contact with an intravenous drug user.
• 46% of cases had consistent symptoms of acute hepatitis, primarily jaundice.
KLEBSIELLA
(CARBAPENEM NON-SUSCEPTIBLE)

www.cdc.gov/HAI/organisms/klebsiella/klebsiella.html

9
Number of cases reported

0.8
Incidence rate per 100,000 population

Clinical Review

44% Hospitalized
3 Deaths
89% Klebsiella pneumoniae

Epidemiologic Review

- 56% of cases were resistant to meropenem.
- Two cases were infected with both Klebsiella and Acinetobacter.
18
Number of cases reported

1.6
Incidence rate per 100,000 population

Clinical Review

100%  Hospitalized
3    Death
100%  Pneumonia

Epidemiologic Review

- Common risk factors include chronic lung disease, chronic heart disease and smoking.
- All cases were infected with the *L. pneumophila* strain.
- Two cases were nosocomial, four were possibly nosocomial and twelve were community acquired.
- 39% of cases used oxygen at home.
MENINGITIS, ASEPTIC

cdc.gov/meningitis/viral.html

19
Number of cases reported

1.7
Incidence rate per 100,000 population

Clinical Review

100% Hospitalized
5 Deaths
95% Meningitis
5% Meningitis and encephalitis

Epidemiologic Review

- Common symptoms include fever, headache, stiff neck, photophobia, altered mental status and muscle pain.
- Enterovirus and herpes simplex virus were the most common viruses tested.
- Common treatments included acyclovir (47%) and vancomycin (32%).
31
Number of cases reported
2.8
Incidence rate per 100,000 population

Clinical Review
97% Hospitalized
0 Deaths
94% Headache
68% Neck stiffness

Epidemiologic Review
- Causes include enterovirus (71%), herpes simplex viruses (23%) and varicella-zoster virus (6%).
- One outbreak was identified and investigated in a day care center. Identified virus was enterovirus.
- Other common symptoms include fever (65%), nausea and/or vomiting (58%) and photophobia (52%).
TUBERCULOSIS, ACTIVE

cdc.gov/tb

31
Number of cases reported

2.8
Incidence rate per 100,000 population

Clinical Review

35%  Hospitalized
0    Deaths
1    Multidrug-resistant case

Epidemiologic Review

- Nine smear positive patients.
- One outbreak was investigated. Largest outbreak since 2009 within a family.
- Twenty-three cases were foreign born, five US born and three unknown. Mexico and India were the most common countries of birth origin.
Summarized diseases include reportable conditions with a 2015 count ≥ 10, as well as *Klebsiella*, carbapenem non-susceptible. Diseases with a 2015 count < 10 are not included and influenza data are summarized in a separate report. Analysis included data based on date reported to public health (1/1/15-12/31/15) and case status (Table 1). Outbreak data are only provided for diseases where outbreaks were identified (Table 1). Rates were calculated per 100,000 population. Population denominators were obtained from the Utah Indicator-Based Information System (IBIS). U.S. incidence rates are not available for diseases that are not nationally notifiable or whose data are otherwise unavailable. Historical incidence rates for carbapenem non-susceptible *Acinetobacter* and *Klebsiella* are only available for 2013 when it became a notifiable disease. Race and ethnicity data may not sum exactly to 100% due to rounding error. Age and gender data may not sum exactly to 100% due to the exclusion of unknown data.

Table 1. Reportable disease case statuses and outbreak definitions used in data analysis.

<table>
<thead>
<tr>
<th>Reportable Disease</th>
<th>Case status</th>
<th>Outbreak definition*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enteric Diseases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Shiga toxin-producing <em>E. coli</em></td>
<td>x</td>
<td>x</td>
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<tr>
<td>Shigellosis</td>
<td>x</td>
<td>x</td>
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<tr>
<td><strong>Vaccine-Preventable Diseases</strong></td>
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<tr>
<td>Hepatitis B, acute</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em></td>
<td>x</td>
<td>x</td>
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<tr>
<td>Pertussis</td>
<td>x</td>
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<td>Varicella (chickenpox)</td>
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<tr>
<td><strong>Invasive Diseases</strong></td>
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<tr>
<td>Group A streptococcus</td>
<td>x</td>
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<tr>
<td>Group B streptococcus</td>
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<tr>
<td><em>Streptococcus pneumoniae</em></td>
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<td>Streptococcal Toxic Shock</td>
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<td>Tuberculosis, active</td>
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* Outbreak definition is only provided for diseases where outbreaks were identified.
† ≥ 2 related cases
§ ≥ 2 related cases in 21 days