



Disease Bulletin

WWW.IDB.DHW.IDAHO.GOV

VOLUME 24 NUMBER 2 • JULY 2017

Diseases and Conditions Reported to Public Health Agencies — Idaho, 2016

The Idaho Division of Public Health, Bureau of Communicable Disease Prevention (BCDP) Epidemiology Program includes epidemiologists who work with Public Health District (PHD) epidemiologists to collect information on reportable communicable diseases and other conditions. This information is used to determine disease impact, assess trends in disease occurrence, characterize affected populations, prioritize control efforts, and implement and evaluate prevention strategies. Each year, BCDP and local PHDs receive reports of disease from around the state; contributors include you, other healthcare providers and laboratories. These reports allow cases and outbreaks to be recognized when control measures are most likely to be effective in preventing additional cases.

In Idaho, public health disease reporting is not centralized; disease reports can be submitted to the BCDP Epidemiology Program or local PHD's. Communicable diseases and other health conditions are reported pursuant to Idaho Reportable Diseases (Idaho Administrative Code 16.02.10). As stated in these rules, physicians, healthcare facilities, laboratories, and others are required to report these diseases. Reporting sources

can designate an individual within an institution to perform routine reporting duties (e.g., an infection preventionist for a hospital). Provisions of the Health Insurance Portability and Accountability Act (HIPAA) allow for routine disease reporting to Public Health without patient authorization. Data maintained for reportable disease surveillance purposes are private and protected from redisclosure under state and federal law.

The table summarizes incidence and incidence rates of cases of selected communicable diseases reported in Idaho during calendar year 2016. Incidence rates in this report were calculated using disease-specific numerator data collected during 2016 and a standardized set of denominator data derived from United States Census data. Pertinent observations for some of these diseases follow the table.

Botulism (infant)

Idaho received reports of three non-fatal cases of infant botulism in 2016. The average number of cases reported annually from 2000 through 2016 is less than 1; therefore, 3 cases reported during one year is unusual. Furthermore, the cases were each due to a different toxin type: A, B, and F. According to the Centers for Disease

BUREAU OF COMMUNICABLE DISEASE PREVENTION

Contributing Staff

CHRISTINE G. HAHN, MD
State Epidemiologist

KATHRYN TURNER, PhD, MPH
Bureau Chief

LESLIE TENGELSEN, PhD, DVM
State Public Health Veterinarian

JARED BARTSCHI, MHE
Epidemiologist

KRIS CARTER, DVM, MPVM
Career Epidemiology Field Officer

SCOTT HUTTON, MPH
Epidemiologist

Control and Prevention (CDC), toxin A-associated illness predominates west of the Mississippi River; toxin type A is the type most frequently reported in Idaho cases. Toxin type B-associated illness, although more often reported east of the Mississippi River, has been documented in the west in the past. The case in 2016 represents the third toxin type B case reported in Idaho since 2005. Toxin type F cases, caused by *Clostridium baratii*, are considered exceedingly rare in the United States. As of 2016, only 18 toxin type F cases had been reported in the United States (California Infant Botulism Program personal communication). The 2016 report is Idaho's first documented case. Toxin type F-associated disease is not responsive to botulism immune globulin intravenous (BabyBIG®) available through the California Department of Public Health <http://www.infantbotulism.org/general/babybig.php>.

Brucellosis

Only 8 cases of human brucellosis were reported in Idaho between 2000 and 2016; the average annual number of cases reported is less than 1 per year. Three cases of brucellosis were reported in 2016 (2 laboratory-confirmed); all 3 patients consumed the same unpasteurized goat cheese acquired by a family member while in Mexico. The goat-associated species, *Brucella melitensis*, was identified in clinical samples collected from both confirmed cases, supporting the epidemiologic evidence that the goat cheese was the most likely source.

Chlamydia

Chlamydia trachomatis infections are the single most commonly reported infectious disease in Idaho and the United States. The 2016 incidence rate of 350.4 per 100,000 population is the highest incidence rate recorded in Idaho, although it is still lower than the national incidence rate (478.8 per 100,000 in 2015).

Table. Incidence and incidence rates for selected communicable diseases, 2016—Idaho

Disease/Condition	Incidence	Incidence Rate	Disease/Condition	Incidence	Incidence Rate
Amebiasis	2	0.1	Listeriosis	3	0.2
Botulism, infant	3	0.2	Lyme disease	17	1.0
Brucellosis	3	0.2	Meningitis, viral or aseptic	43	2.6
Campylobacteriosis	456	27.1	Meningococcal disease	3	0.2
Chlamydia	5,897	350.4	MRSA infection, invasive disease	112	6.7
Cryptosporidiosis	123	7.3	Pertussis	83	4.9
<i>E. coli</i> STEC	179	10.6	Q fever	6	0.4
Giardiasis	85	11.1	Respiratory syncytial virus	905	53.8
Gonorrhea	635	37.7	Salmonellosis	183	10.9
<i>H. influenzae</i> , invasive disease	34	2.0	Shigellosis	39	2.3
Hemolytic uremic syndrome	11	0.7	<i>S. pyogenes</i> (Group A Strep), invasive	52	3.1
Hepatitis A	11	0.7	Syphilis, all stages	27	7.5
Hepatitis B, acute	7	0.4	Tuberculosis	18	1.1
Hepatitis C, acute	9	0.5	Tularemia	3	0.2
HIV	47	2.8	West Nile virus infection	9	0.5
Lead, elevated blood levels	156	9.3	Yersiniosis	12	0.7
Legionellosis	10	0.6	Zika virus disease, non-congenital	5	0.3

CONTINUED ON PAGE TWO

Idaho Disease Bulletin

Idaho Department of Health and Welfare
Division of Public Health
P.O. Box 83720
Boise, ID 83720-0036

PRSR STD
U.S. Postage
PAID
Permit No. 1
Boise, ID

**ROUTINE 24-Hour
Disease Reporting Line
1.800.632.5927**

**EMERGENCY 24-Hour
Reporting Line
1.800.632.8000**

An electronic version of the Idaho Reportable Diseases Rules may be found at <http://admin-rules.idaho.gov/rules/current/16/0210.pdf>.

Current and past issues are archived online at www.idb.dhw.idaho.gov.

CONTINUED FROM PAGE ONE

Gonorrhea

After years of decreasing rates, the incidence rate of gonorrhea rose to alarming levels in 2015 and 2016. The 2016 incidence rate of 37.7 per 100,000 population is the highest reported incidence rate since 1987 (67.7 per 100,000 population). Although the rate in 2016 represents the highest rate in three decades, it is still lower than the U.S. incidence rate of 123.9 per 100,000 population in 2015.

Elevated Blood Lead Levels

Reporting rules for blood lead level (BLL) were revised in 2015 and the reportable level among children less than 18 years of age was lowered from 10 ug/dL to 5 ug/dL of whole blood. This change resulted in an increase in reported incidence of elevated BLLs, with the increase attributed completely to the change in reporting laws. Most elevated BLL cases reported are in children: 74 (58%) of 127 cases in 2015 and 97 (62%) of 156 reported cases in 2016.

Hemolytic Uremic Syndrome

During 2016, eleven cases of hemolytic uremic syndrome (HUS) were reported in Idaho. This represents the highest annual number of cases reported in the 15 years HUS has been reportable in Idaho. The 2016 incidence rate of 0.7 per 100,000 population is much higher than the average annual U.S. incidence rate of 0.1 per 100,000 population. All (100%) patients were hospitalized. *Escherichia coli* O157:H7 was isolated by culture in 10 (91%) cases and 4 (36%) cases were

associated with identified *E. coli* outbreaks. Nearly all (10) cases were among children, with a mean age of 5.5 years.

Pertussis

After a record high incidence of pertussis in 2014 at 22.5 per 100,000 population, the rate of reported pertussis cases declined to 4.9 per 100,000 in 2016. Pertussis incidence generally has a 5-year cycle of increasing and decreasing incidence. Idaho's 2016 incidence rate is the lowest it has been since 2008.

Shigellosis

Incidence rates of shigellosis have been on the rise since 2012; with an incidence rate of 0.6 per 100,000 population in 2012, increasing to an incidence rate of 2.3 per 100,000 population in 2016. Although the incidence rate of shigellosis cases reported in Idaho last year was higher than expected, Idaho's incidence rate remains much lower than the U.S. incidence rate of 6.5 per 100,000 population. Nearly 95% of the cases reported in 2016 were residents of southern Idaho, with 61.5% of those being from counties in the South Central Public Health District. The CDC has declared antibiotic-resistant *Shigella* an urgent threat in the United States. Healthcare providers treating patients with shigellosis are encouraged to consider drug resistance testing in their management decisions.

Syphilis

The incidence rate of syphilis (all stages) in Idaho hit a 30-year record high level in 2016 at 7.5 per

100,000 population as a result of a continuing syphilis outbreak in central and southwest Idaho. Although Idaho's syphilis incidence rate increased, it remains below the U.S. incidence rate of 23.4 per 100,000 population (2015). Syphilis incidence rates nationwide are also increasing, with a 58% increase during 2011–2015.

Tuberculosis

After three consecutive years of incidence rates of 0.6 per 100,000 population, tuberculosis (TB) climbed to 1.1 per 100,000 population in 2016. Although still below the national incidence rate of 2.9 per 100,000 population, some groups in Idaho continue to be disproportionately affected by TB. In 2016, children under the age of five years had a TB incidence rate four times higher than that of persons aged five years and older (3.6 per 100,000 versus 0.9 per 100,000, respectively). This incidence rate in children represents a 300% increase from the previous calendar year. Additionally, consistent with national trends, the foreign-born in Idaho accounted for 55% of the TB disease burden reported to public health agencies. Reports of TB in residents of Canyon County, Ada County, and Bannock County combined accounted for two thirds of the total reports made to Idaho public health agencies in 2016. Thirty three percent of all reported Idaho cases occurred in Canyon County with a majority of these being related to a single, large cluster of TB disease identified by public health officials.