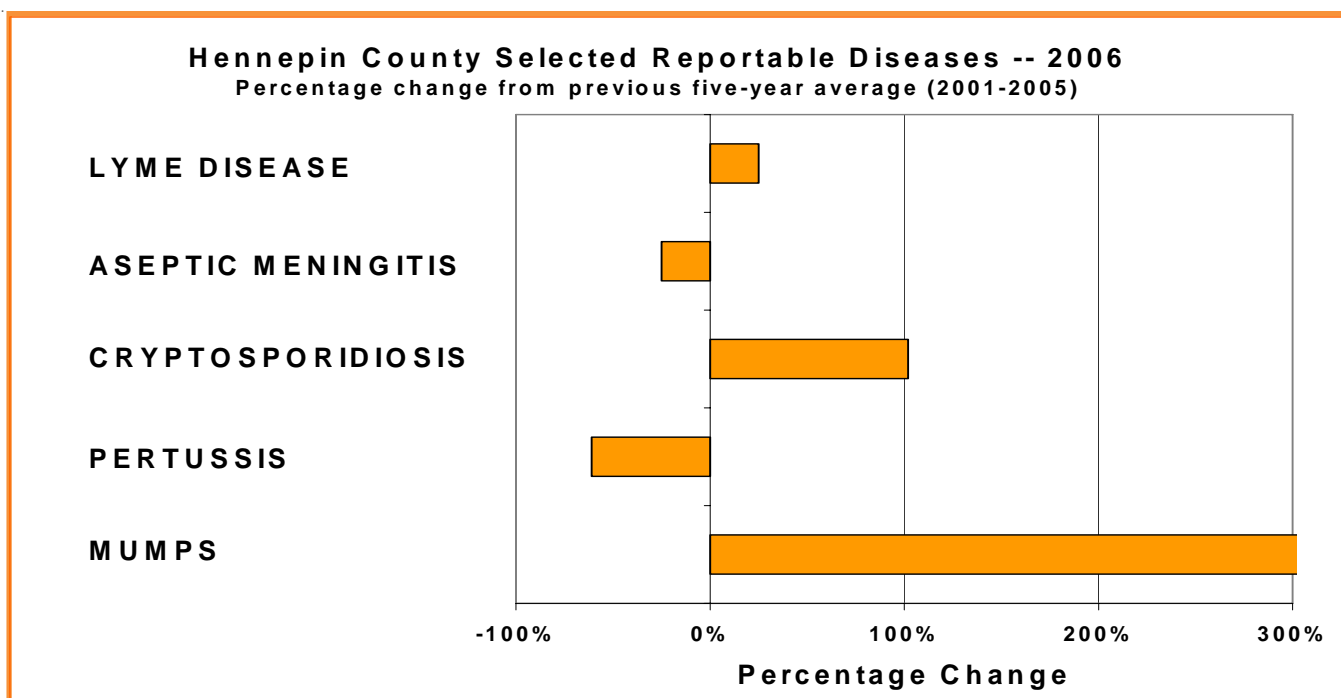


## Selected Reportable Diseases for Hennepin County -- 2006 Year - end Report

This is the 2006 summary of selected reportable diseases for Hennepin County. The Hennepin County data is obtained from the reportable disease surveillance data collected by the Minnesota Department of Health (MDH). This report is a supplement to the *Epidemiology Updates* that describe trends of specific infectious diseases and environmental conditions.

THE CHART represents the percent change for selected reported diseases between 2006 and the previous five-year average.

THE TABLE includes the number of reported cases of selected diseases during 2006 for Minneapolis, Bloomington/Edina/Richfield, greater Hennepin County and the total for all of Hennepin County. In addition, the previous five-year average and the highest and lowest number of cases for that period are listed.



## KEY FINDINGS:

**Lyme Disease:** Lyme disease cases in Hennepin County declined between 2005 and 2006; however, the number of cases in 2006 (127) is 25% greater than the average number of cases in the past five years. Cases of babesiosis and human anaplasmosis, two vector-borne diseases also transmitted by deer ticks in Minnesota, have significantly increased in comparison to the previous five year averages. Hennepin County residents can prevent exposures to tick-borne disease by avoiding activities in deer tick habitat (wooded, brushy areas), using insect repellents containing DEET or Permethrin, wearing long-sleeved shirts and long pants while outdoors, and remembering to check for ticks after outdoor activities and promptly removing any ticks using a pair of tweezers. Please refer to the June 2007 edition of the *Epidemiology Update*, which was devoted entirely to vector-borne disease.

**Aseptic Meningitis:** Cases of aseptic meningitis, an inflammation of the tissues that cover the brain and spinal cord, have been decreasing in Hennepin County over the last three years. Aseptic meningitis can be caused by several types of viruses, usually enteroviruses (such as coxsackieviruses and echoviruses), and is rarely fatal in persons with normal immune systems. Enteroviruses are transmitted through direct contact with respiratory secretions or stool of an infected person. Since most persons who are infected with enteroviruses do not become sick, it can be difficult to prevent the spread of the virus. Adhering to proper hand hygiene can help reduce the chance of becoming infected.

**Cryptosporidiosis:** It was interesting to note that cryptosporidiosis cases nearly doubled from 2005 to 2006. Caused by the parasite *Cryptosporidium*, the symptoms of cryptosporidiosis include watery diarrhea, vomiting, and cramps. Disease usually resolves in two weeks, but may be more severe and persist for persons with compromised immune systems. Infection is transmitted by the fecal-oral route and can be prevented by proper hand washing, avoiding swallowing recreational water, and avoiding drinking or swimming in contaminated waters.

**Pertussis:** Pertussis cases in Hennepin County declined between 2005 and 2006 and the number of cases in 2006 (69) is 61% less than the average number of cases in the past five years. This decline was not unexpected, as pertussis disease normally peaks every three to five years. The most recent peak occurred in 2004 with 357 cases. Cases usually occur in individuals less than 6 months of age who have not been fully immunized and in adolescents and young adults who are not up-to-date on immunizations or have waning immunity. Suspect pertussis cases should immediately be reported to the state health department. Further information about pertussis can be found in the June 2006 *Epidemiology Update*.

**Mumps:** Thirty one cases of mumps were reported for Hennepin County in 2006. No mumps cases had been identified in the county since 2002. Cases in Hennepin County could be linked to the 2006 outbreaks in Iowa or other Midwestern states; however, the reasons for increased mumps activity have not been determined. Minnesota healthcare providers and school and college officials should ensure patients are up-to-date on MMR vaccinations and should be on high alert for mumps cases when patients demonstrate parotid swelling. Immediately report suspect mumps cases to the state health department.

**Hennepin County  
SELECTED REPORTABLE DISEASES  
2006 Year End Report**

DISEASE	2000-2005 Total County						
	2006 TOTAL	MPLS *	BER **	GREATER COUNTY ***	5 Year Average	Highest No.Cases	Lowest No. Cases
Amebiasis	7	5	1	1	39	53	1
Aseptic Meningitis	56	15	4	37	75	109	51
Campylobacteriosis	194	72	24	98	211	229	191
Chlamydia	4573	2676	363	1534	4019	4304	3515
Cryptosporidiosis	23	13	1	9	11	16	6
Diphtheria	0	0	0	0	0	0	0
Encephalitis	0	0	0	0	0	0	0
Encephalitis West Nile	3	1	0	2	2	8	0
E.coli O157:H7	24	5	5	14	28	63	14
Giardiasis	350	164	46	140	3310	392	225
Gonorrhea	1688	1196	102	390	1643	1750	1445
Haemophilus Influenzae (Invasive disease)	24	11	6	7	11	16	7
Hepatitis A	7	4	1	2	17	23	8
Hepatitis B	20	12	4	4	22	30	16
Hepatitis C	5	3	0	2	3	6	0
HIV Infection							
AIDS Cases	85	61	5	19	90	106	81
Antibody Positive (non-AIDS)	145	95	11	39	118	132	104
Legionellosis	2	1	0	1	5	6	2
Listeriosis	1	1	0	0	2	5	0
Lyme Disease	127	31	33	63	102	149	66
Malaria	22	6	1	15	15	19	12
Meningococcal Disease (Invasive disease)	4	0	2	2	6	10	2
Mumps	31	11	5	15	1	4	0
Pertussis	69	31	15	23	176	357	68
Polio	0	0	0	0	0	0	0
Rubella (German Measles)	0	0	0	0	0	0	0
Rubeola (Measles)	0	0	0	0	1	4	0
Salmonellosis	206	88	19	99	141	166	116
Shigellosis	79	49	7	23	70	152	27
Strep gr A (Invasive disease)	32	14	6	12	38	60	21
Strep gr B (Invasive disease)	86	30	16	40	76	90	51
S.pneumoniae(Invasive disease)	56	23	11	22	83	145	48
Syphilis (total)	109	77	6	26	100	129	73
Tetanus	0	0	0	0	0	0	0
Toxic Shock Syndrome	1	0	0	1	3	4	1
Tuberculosis	95	62	6	27	118	140	99
Typhoid Fever	2	0	0	2	3	4	1
West Nile Fever	2	1	0	1	1	4	0
Yersiniosis	2	1	0	1	3	5	1

\*MPLS=Minneapolis; \*\*BER=Bloomington, Edina, Richfield; \*\*\*GREATER COUNTY=All Other Suburbs

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