

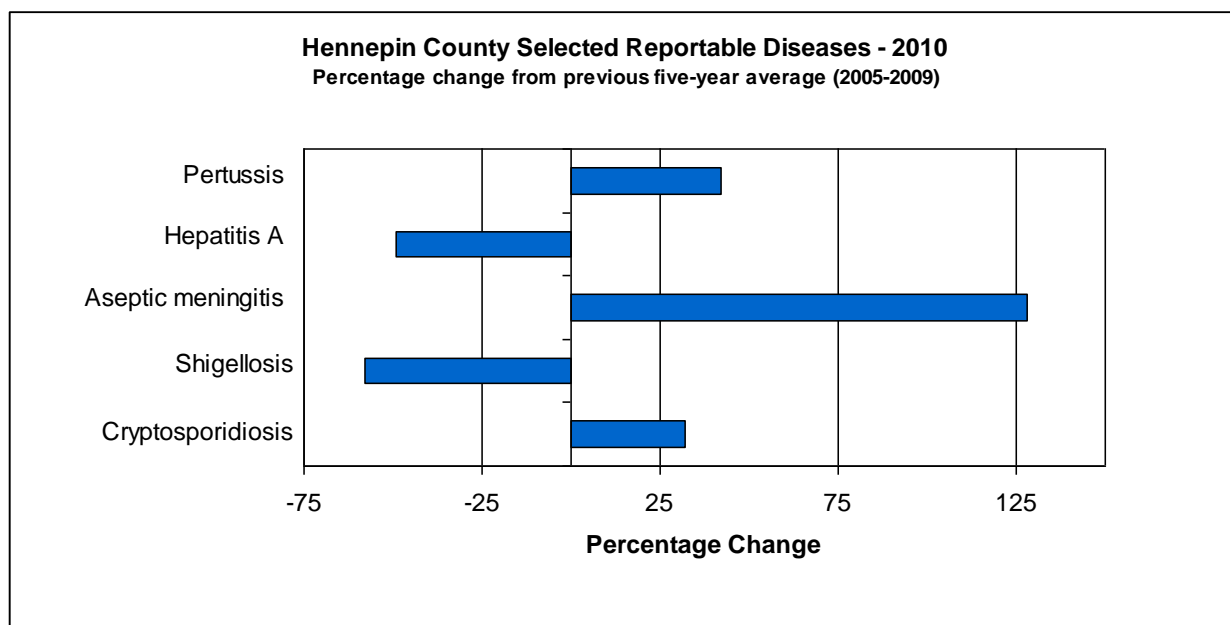
# Epidemiology Update Supplement

## Selected Reportable Diseases for Hennepin County – 2010 Year-end Report

This is the 2010 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. Past issues of *Epidemiology Updates* are available at [www.hennepin.us/epidemiologyupdates](http://www.hennepin.us/epidemiologyupdates)

The chart represents the percent change for selected reported diseases between 2010 and the previous five-year average.

The table includes the number of reported cases of selected diseases during 2010 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.



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## KEY FINDINGS

**Pertussis:** Pertussis (whooping cough) cases in Hennepin County increased between 2009 and 2010 (190 to 234 cases, 23% increase) and the number of cases in 2010 was 42% greater than the average number of cases in the past five years. Minnesota is currently experiencing a peak period in pertussis activity that started in the fall of 2008 and has continued through 2010. Pertussis disease normally peaks every three to five years.

Exposure can occur when a person with pertussis coughs or sneezes tiny droplets with pertussis bacteria into the air and another person breathes them in. Cases usually occur in infants less than six months of age and in adolescents and young adults who are not up-to-date on immunizations or having waning immunity. Healthcare providers should recommend the one-time Tdap vaccine (combined tetanus, diphtheria, and pertussis booster) for adolescents 11-12 years of age before they start middle school, in place of the Td (tetanus and diphtheria) booster. Older adolescents and adults should receive a one time Tdap in place of the Td booster, especially if they care for infants less than 12 months of age. If there is a high index of suspicion for pertussis, healthcare providers should test the patient and remind him/her to stay home from school, work and other activities until five days of antibiotic treatment have been completed or until the laboratory test comes back negative. An *Epidemiology Update* on pertussis was written in 2010 can be found at [www.hennepin.us/epiupdates](http://www.hennepin.us/epiupdates).

**Hepatitis A:** The number of hepatitis A cases decreased by 22% between 2009 and 2010 (9 cases in 2009 to 7 cases in 2010) and a greater decrease of 49% was seen when comparing the 2010 case count to the previous five-year average. No outbreaks of hepatitis A were reported in Hennepin County in 2010. Hepatitis A is an infection of the liver caused by the hepatitis A virus and is spread by the fecal-oral route. Outbreaks commonly occur when food or beverages are contaminated with infected feces. A vaccine for hepatitis A is currently available for anyone 12 months of age and older who wants to be protected against the disease and is recommended for all children at 12 months of age. Prophylaxis may be given to prevent the onset of symptoms in unvaccinated persons exposed to hepatitis A within the previous two weeks. The prophylaxis recommendation for healthy persons 12 months of age to 40 years of age is hepatitis A vaccine. The prophylaxis recommendation for those under 12 months of age or those older than 40 year of age is immune globulin (IG).

**Aseptic meningitis:** Cases of aseptic meningitis, an inflammation of the tissues that cover the brain and spinal cord, increased by 188% between 2009 and 2010 (51 to 147 cases). The case count in 2010 was also 130% greater than the previous five year average (64 cases). Aseptic meningitis can be caused by several types of viruses and is usually caused by 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 and illness usually occurs in the summer and early fall. Since most persons who are infected with enteroviruses do not become sick, it can be difficult to prevent the spread of the virus to others. Adhering to proper hand hygiene can help reduce the chance of becoming infected.

**Shigellosis:** While cases of shigellosis increased slightly between 2009 and 2010 (25 to 29 cases, 16%), the case count in 2010 was 58% less than the previous five year average. Similar trends were also observed for the entire state of Minnesota. Caused by the bacteria *Shigella*, the symptoms of shigellosis include abdominal pain, cramps, fever, and diarrhea. Disease resolves in five to seven days and is usually only serious in the very young and the elderly. Infection is transmitted by the fecal-oral route and can be prevented by proper hand washing, exclusion of young children with diarrhea from daycare and preschools, and avoiding drinking or swimming in contaminated waters. Outbreaks are often associated with recreational water venues, such as pools, spas, and water parks. No outbreaks of *Shigella* occurred in Hennepin County in 2010.

**Cryptosporidiosis:** Cryptosporidiosis cases increased by 79% between 2009 and 2010 (14 to 25 cases) and also increased when compared to the previous five year average (32%). 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. *Cryptosporidium* can survive outside the body and in the environment for long periods of time, even in swimming pools with adequate levels of chlorine.

## Hennepin County Selected Reportable Diseases 2010 Year-End Report

\*MPLS=Minneapolis; \*\*BER=Bloomington, Edina, Richfield; \*\*\*GREATER COUNTY=All other Hennepin County suburbs

DISEASE	2010				2005–2009 Total County		
	2010 TOTAL	MPLS*	BER**	GREATER COUNTY***	5 Year Average	Highest No. Cases	Lowest No. Cases
Amebiasis	13	7	2	4	18	48	7
Aseptic meningitis	147	58	16	73	64	78	51
Campylobacteriosis	214	2	3	209	187	192	179
Chlamydia	5238	2964	403	1871	4669	5003	4304
Cryptosporidiosis	25	0	0	25	19	32	12
Diphtheria	0	0	0	0	0.2	1	0
Encephalitis, West Nile	0	0	0	0	2	5	0
Shiga toxin producing <i>E. coli</i>	53	0	0	53	29	47	5
Giardiasis	145	55	16	74	258	353	164
Gonorrhea	1073	725	51	297	1513	1727	1050
<i>Haemophilus influenzae</i> invasive disease	21	7	4	10	15	24	10
Hepatitis A	7	3	0	4	14	35	7
Hepatitis B	9	5	1	3	13	20	5
Hepatitis C	0	0	0	0	4	7	2
HIV infection							
AIDS cases	73	54	2	17	87	103	78
Antibody positive (non-AIDS)	134	107	6	21	144	157	132
Legionellosis	8	2	1	5	8	11	2
Listeriosis	3	0	0	3	3	6	1
Lyme disease	167	65	17	85	166	197	113
Malaria	27	5	2	20	19	22	12
Meningococcal disease (invasive disease)	4	2	0	2	6	9	4
Mumps	4	0	0	4	10	30	0
Pertussis	234	89	15	130	164	232	69
Polio	0	0	0	0	0	0	0
Rubella (German measles)	0	0	0	0	0	0	0
Rubeola (measles)	2	1	0	1	0	0	0
Salmonellosis	158	5	0	153	163	205	128
Shigellosis	29	1	0	28	69	129	25
Strep gr A invasive disease	33	20	3	10	34	41	21
Strep gr B invasive disease	89	37	18	34	91	118	75
<i>S. pneumoniae</i> invasive disease	115	54	13	48	61	71	51
Syphilis (total for all stages)	213	160	13	40	126	161	109
Tetanus	0	0	0	0	0	0	0
Toxic shock syndrome	2	0	0	2	2	3	1
Tuberculosis	67	39	6	22	93	114	61
Typhoid fever	0	0	0	0	3	6	1
West Nile fever	0	0	0	0	2	7	0
Yersiniosis	5	0	0	5	2	3	1

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