

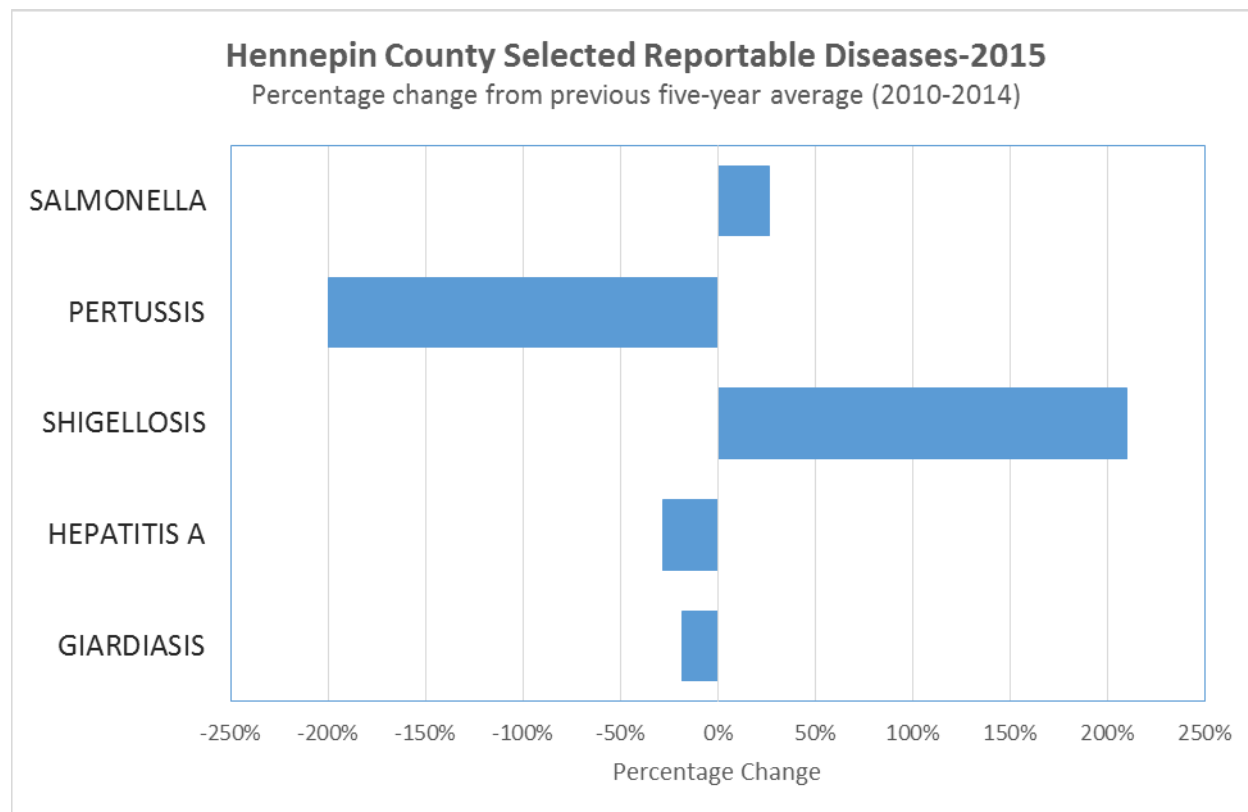
Epidemiology Update Supplement

Selected Reportable Diseases for Hennepin County – 2015 Year-end Report

This is the 2015 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 2015 and the previous five-year average.

The TABLE includes the number of reported cases of selected diseases during 2015 for Minnesota 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

Salmonellosis: Cases of salmonellosis increased 35.3% between 2014 and 2015 (163 cases to 252). The case count was 26.5% more than the previous five-year average. *Salmonella* is a bacterium causing diarrheal illness that is spread through fecal-oral route. Most of the outbreaks of salmonellosis are associated with eating undercooked or raw foods that are contaminated with feces such as eggs, poultry, meat, fruits, and vegetables. Other modes of exposure include having contact with farm animals and pets (such as reptiles, baby chicks, and ducklings) and drinking raw, unpasteurized milk. Exposure to *Salmonella* can be prevented by not eating raw or undercooked eggs, poultry, or meat; preventing cross-contamination in the kitchen when preparing meats, poultry, and seafood; and not drinking unpasteurized milk. Also, patients infected with *Salmonella* should not use swimming beaches, pools, water parks, and spas for two weeks after diarrhea has stopped.

Pertussis: Pertussis cases in Hennepin County decreased between 2014 and 2015 (195 to 115 cases) and the number of cases in 2007 was 200% less than the average number of cases in the past five years (the highest number of cases was 970, reported in 2012). 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 6 months of age and in adolescents and young adults who are not up-to-date on immunizations or have waning immunity. Health care 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 booster. Adolescents 13-18 years of age should receive Tdap if they have not received a Td booster within the last 5 years 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. For **pregnant women** one dose of Tdap vaccine is recommended during each pregnancy, preferably at 27 through 36 weeks (third trimester). If Tdap was not administered during pregnancy, Tdap should be administered immediately after delivery.

Shigellosis: Cases of shigellosis has seen an increase between 2014 and 2015 (38 to 157 cases, 313% increase). The number of cases in 2015 was 210% greater than the average number of cases in the past five years. 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. Those infected with *Shigella* should not go in lakes, pools, splash pads, water parks, or hot tubs until one week after diarrhea has stopped. Outbreaks are often associated with recreational water venues such as pools, spas, and water parks.

Hepatitis A: Cases of hepatitis A increased by 40% between 2014 and 2015 (3 to 5 cases). Overall, hepatitis A cases decreased by 28% compared to the average number of cases in the past five years. Hepatitis A is an infection of the liver caused by the hepatitis A virus. The hepatitis A virus is spread by fecal-oral transmission and is best prevented by vaccination. The vaccine is recommended for children at age 1 year, men who have sex with men, persons who use street

drugs, travelers to countries with endemic hepatitis A, and for all others who wish to be protected against hepatitis A. Prophylaxis may be given to prevent the onset of symptoms in unvaccinated person 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 years of age is immune globulin (IG).

Giardiasis: Cases of giardiasis, a gastrointestinal disease, decreased by 28% between 2014 and 2015 (161 to 125 cases) and decreased by 18% compared to the previous five-year average. The *Giardia* parasite is shed in the stool of both humans and animals and is spread by fecal-oral transmission. *Giardia* is recognized as one of the most common causes of waterborne disease. Spread is reduced by thorough handwashing, avoiding swallowing water when swimming, and not drinking untreated water. Also, anyone with giardiasis should not use swimming beaches, pools, water parks, and spas for two weeks after diarrhea has stopped.



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Hennepin County
 SELECTED REPORTABLE DISEASE
 2015 Year End Report

DISEASE	Hennepin County & Minnesota		2010-2014 Hennepin County		
	2015 Hennepin	2015 Minnesota	5 Year Average	Highest No. Cases	Lowest No. Cases
Amebiasis	24	112	20	28	14
Anaplasmosis-Enrlichiosis undetermined	4	21	12	58	0
Aseptic Meningitis	87	381	89	147	43
Babesiosis	2	45	5	10	1
Bacterial Meningitis -other	1	14	2	4	0
Blastomycosis	7	34	4	5	2
Botulism, infant	0	1	0	0	0
Brucellosis	0	4	0	1	0
Campylobacteriosis	212	924	192	214	152
Chikungunya	4	15	*	7	4
Chlamydia	7016	21238	5718	7016	4852
Cryptosporidiosis	25	316	25	35	16
Cyclospora	0	1	1	2	0
Dengue	7	21	4	9	1
<i>E. coli</i> O157:H7	28	115	*	28	7
Giardiasis	125	620	147	161	125
Gonorrhea	2008	1501	1477	2008	689
Haemophilus Influenzae Invasive disease	17	4097	16	21	10
Hepatitis A	5	21	6	8	3
Hepatitis B	9	19	7	9	5
Hepatitis B, Virus Inf-perinatal	1	3	*	1	0
Hepatitis C	11	37	7	11	4
Histoplasmosis	64	251	33	64	28
HIV Infection					
AIDS Cases	53	141	88	117	53
Antibody Positive (non-AIDS)	138	228	137	175	123
Human Anaplasmosis	57	613	47	69	31
Human Enrlichiosis (<i>E. chaffeensis</i>)	2	4	1	2	0
Human Enrlichiosis (<i>E. muris-like</i>)	0	3	1	2	0
Influenza (Hospitalized cases)	465	104	669	927	395
Jamestown Canyon	0	2	0	0	0
Kawasaki Disease	5	26	9	13	5
La Crosse	0	1	1	2	0
Legionellosis	14	51	8	14	7
Listeriosis	1	3	2	3	0
Lyme Disease	146	1176	135	171	95
Malaria (some not MN residents)	22	40	25	32	15
Measles	2	2	6	23	0
Meningococcal Disease (Invasive Disease)	1	7	3	5	1
Mumps	2	6	4	14	0

DISEASE	Hennepin County & Minnesota		2010-2014 Hennepin County		
	2015 Hennepin	2015 Minnesota	5 Year Average	Highest No. Cases	Lowest No. Cases
Pertussis	115	595	345	970	115
Powassan	0	0	0	1	0
Q Fever, Acute	0	2	1	1	0
Rabies, Animal-positive	4	28	8	11	4
Rocky Mountain Spotted fever	2	10	3	5	0
S Pneumoniae, invasive Disease	89	534	104	119	83
Salmonellosis	252	975	185	252	158
non-0157 Shiga Toxin-producing	17	108	37	50	17
Shigellosis	157	292	51	157	29
Strep gr A Invasive disease	67	236	51	71	33
Strep gr B Invasive disease	128	527	123	142	90
Syphilis					
Syphilis Early Latent	123	185	78	123	49
Syphilis Late Latent	128	220	84	128	52
Syphilis Primary	83	132	49	83	33
Syphilis Secondary	75	114	70	99	39
Tetanus	0	0	0	1	0
Toxic Shock Syndrome (Staph)	4	11	3	4	2
Toxic Shock Syndrome (Strep)	3	10	*	3	
Tuberculosis	57	150	60	71	51
Varicella	70	361	62	115	0
Vibrio	8	20	7	14	0
West Nile Fever	7	9	4	8	1
Yersiniosis	4	23	4	5	3

*Insufficient data to compute 5 year average.

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