



3A.

NON-SEXUALLY TRANSMITTED DISEASES

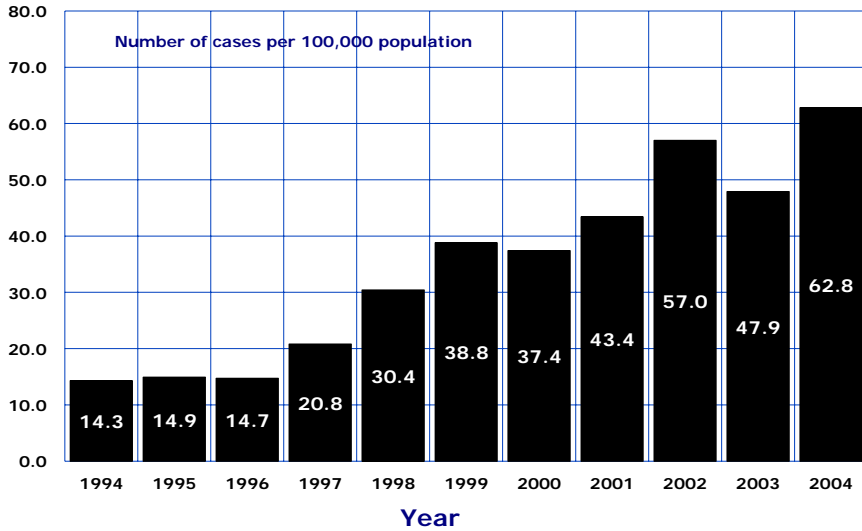
The infectious diseases designated as notifiable vary slightly by state. A notifiable disease is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease. All states generally report the internationally quarantinable diseases (i.e., cholera or plague) in compliance with the World Health Organization's International Health Regulations.

Data on morbidity, levels of disease and disability in the Arizona population, are obtained for certain infectious diseases that must be reported by law. The Bureau of Epidemiology and Disease Control Services conducts surveillance and monitoring of these reportable diseases, and it provided data for the respective sections of this chapter and sections 5F, 6A and 6B.

This section provides some illustrative findings from the tabulated data. It is not intended to be an exhaustive analysis of the incidence of infectious diseases in the State. There is more information available online at <http://www.azdhs.gov/phs/oids/epi/index.htm> (Infectious Disease Epidemiology), <http://www.azdhs.gov/phs/oids/std/index.htm> (Sexually Transmitted Disease Control), http://www.azdhs.gov/phs/hiv/hiv_epi.htm (HIV Epidemiology Program), and <http://www.azdhs.gov/phs/oids/stats/index.htm#TBStats> (Tuberculosis Control).

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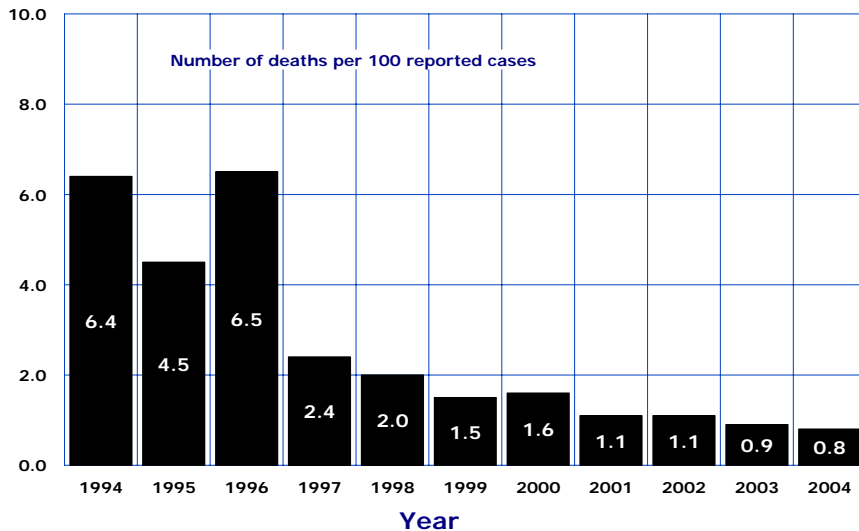
Figure 3A-1
Trends in the Incidence Rates of Valley Fever
(Coccidioidomycosis) by Year, Arizona, 1994-2004



Coccidioidomycosis is a fungal infection caused by inhalation of airborne spores that are present in the soil of southwestern United States, California and parts of Central and South America. Most infections are asymptomatic or self-limited in patients with healthy immune systems. In rare instances, severe lung disease or disseminated infection can develop in patients.

Coccidioidomycosis or *Valley Fever* imposed the greatest burden on morbidity among all non-sexually transmitted, notifiable diseases in Arizona in 2004. The number of reported cases of *Valley Fever* increased by 36 percent from 2,695 in 2003 to 3,665 in 2004 (**Table 3A-1**). The incidence rate of *Valley Fever* increased to 62.8/100,000 in 2004 (**Figure 3A-1**) and it was 4.4 times greater than the incidence rate in 1994.

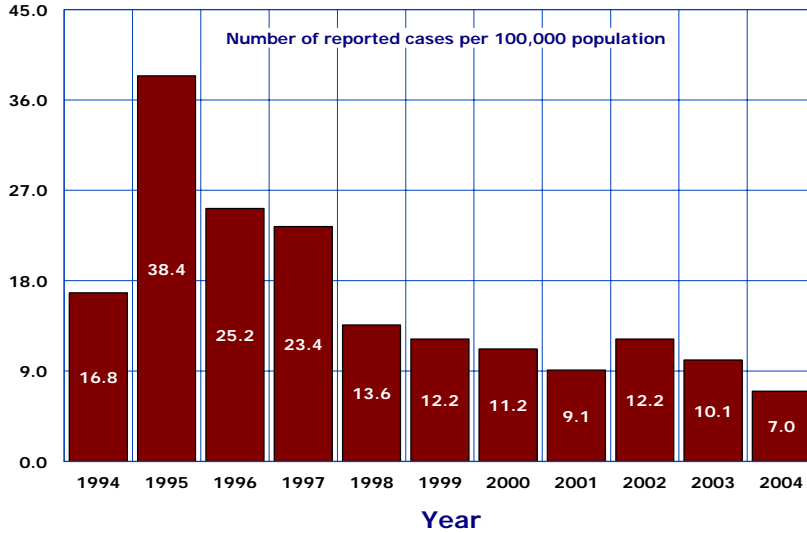
Figure 3A-2
Trends in Case Fatality Rates for Valley Fever
(Coccidioidomycosis) by Year, Arizona, 1994-2004



Despite the increasing incidence rate (**Figure 3A-1**), the mortality rates for *Valley Fever* did not increase from 1994 to 2004. Twenty-eight from among 3,665 Arizonans who had *Valley Fever* in 2004, died from it (**Table 3A-2**) for a case fatality rate of 0.8 deaths per 100 cases (**Figure 3A-2**). This case fatality rate was the lowest since 1990.

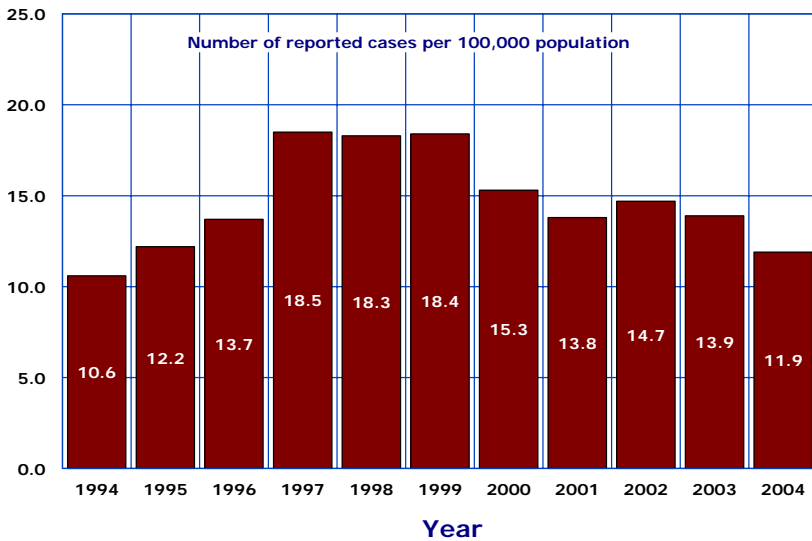
3A. NON-SEXUALLY TRANSMITTED DISEASES

Figure 3A-3
Trends in the Incidence Rates of Shigellosis by Year, Arizona, 1994-2004



Shigellosis was the most common enteric disease to afflict Arizonans each year from 1980 – 1983 and 1987 to 1997. In 2004, *shigellosis* was the third most common enteric disease to afflict Arizonans (409 reported cases) after *campylobacteriosis* (795 cases) and *salmonellosis* (694 cases; excluding *S. Typhi* and *S. Paratyphi*; **Table 3A-1**). The incidence of *shigellosis* decreased by 17.2 percent from 10.1 cases per 100,000 population in 2003 to 7.0/100,000 in 2004 (**Figure 3A-3**). The latter was the lowest incidence rate of *shigellosis* in the eleven-year period from 1994 to 2004.

Figure 3A-4
Trends in the Incidence Rates of Salmonellosis* by Year, Arizona, 1994-2004

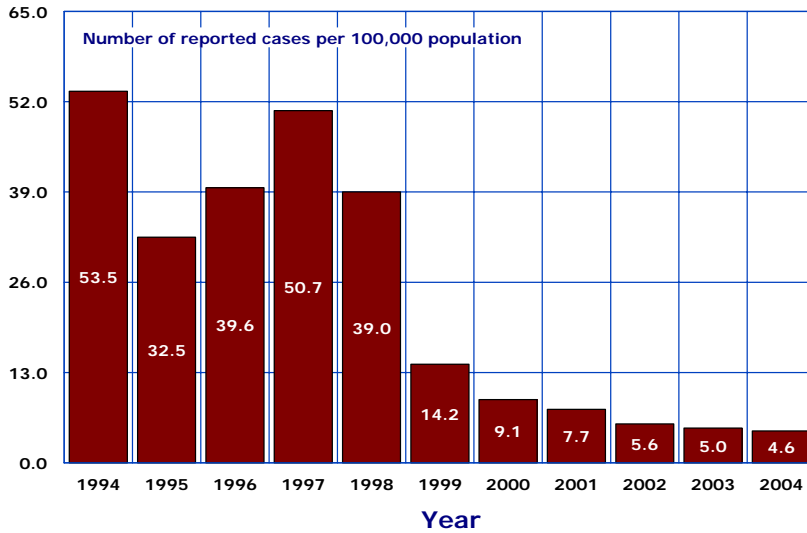


*Excluding *S. Typhi* and *S. Paratyphi*.

From 1998 to 2002, *salmonellosis* (excluding *S. Typhi* and *S. Paratyphi*) was the most common enteric disease in Arizona. In 2003 - 2004 *campylobacteriosis* was the most common, followed by *salmonellosis* (**Table 3A-1**). The incidence rate of *salmonellosis* decreased from 13.9 cases per 100,000 population in 2003, to 11.9/100,000 in 2004 (**Figure 3A-4**).

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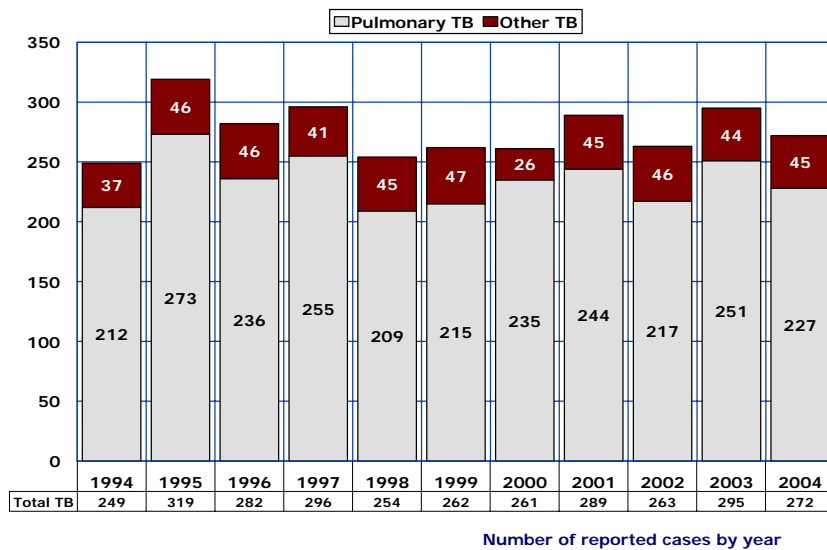
Figure 3A-5
Trends in the Incidence Rates of *Hepatitis A* by Year, Arizona, 1994-2004



Note: *Hepatitis A* vaccine was first licensed in 1995.

The incidence of *hepatitis A* declined for the seventh consecutive year from 2,330 cases in 1997 to 267 cases reported in 2004. Among the 557 cases of any type of hepatitis in 2003, *hepatitis B* accounted for the largest share at 51.9 percent, followed by *hepatitis A* (47.9 percent). All other forms of hepatitis accounted for 0.2 percent. The incidence rate of *hepatitis A* decreased by 90.9 percent from a recent high of 50.7/100,000 in 1997 to 4.6/100,000 in 2004 (Figure 3A-5).

Figure 3A-6
Trends in the Incidence of Pulmonary Tuberculosis and Total Tuberculosis by Year, Arizona, 1994-2004



Number of reported cases by year

The number of reported cases of *pulmonary tuberculosis* declined from 251 in 2003 to 227 in 2004. There was no change in the number of reported cases of tuberculosis other than pulmonary. The incidence rate of *total tuberculosis* decreased by 8.3 percent from 5.2/100,000 in 2003 to a rate of 4.7/100,000 in 2004.

Pulmonary tuberculosis accounted for 83.8 percent of all tuberculosis infections in 2004. Figure 3A-6, Table 3A-1). Eleven Arizonans who had *tuberculosis* died from it in 2004 (Table 3A-2).