



3A.

NON-SEXUALLY TRANSMITTED DISEASES

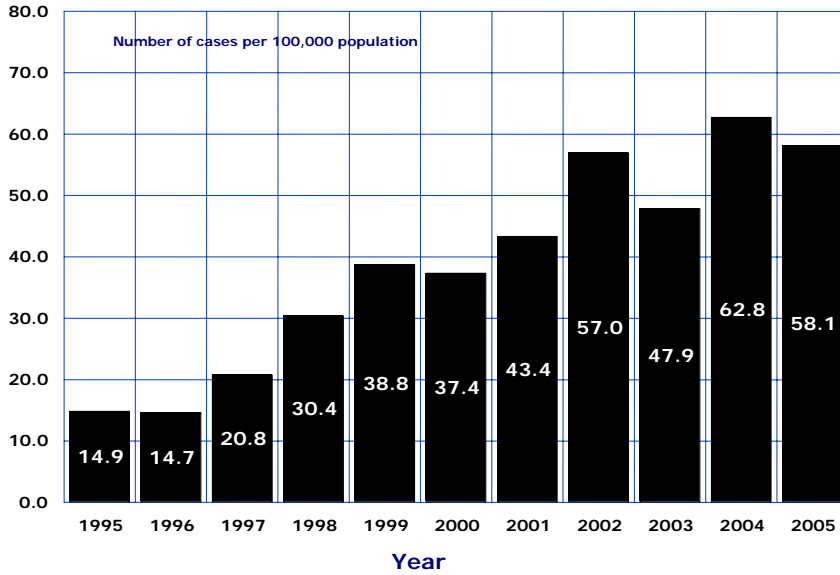
The infectious diseases designated as notifiable vary slightly by state. A notifiable disease is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease. All states generally report the internationally quarantinable 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/data_reports.htm (Office of Infectious Disease Services) and http://www.azdhs.gov/phs/hiv/hiv_epi.htm (HIV Epidemiology Program).

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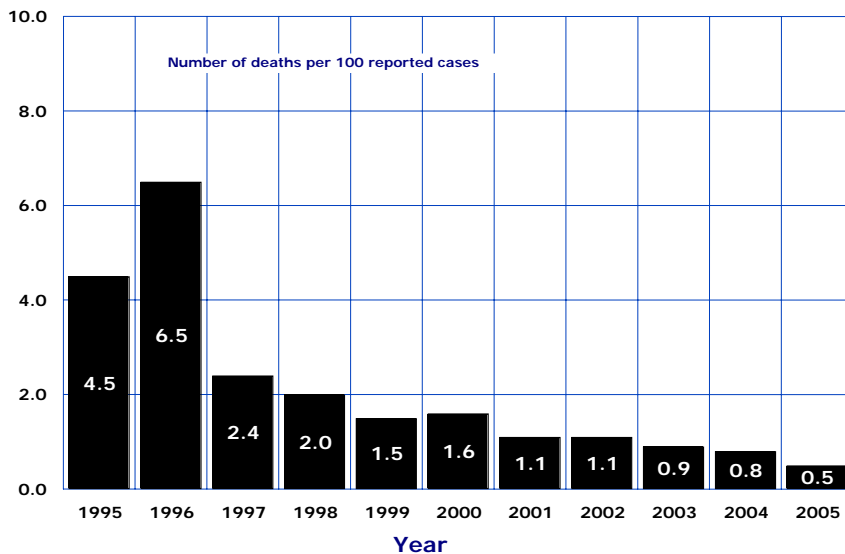
Figure 3A-1
Trends in the Incidence Rates of Valley Fever
(Coccidioidomycosis) by Year, Arizona, 1995-2005



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 2005. The number of reported cases of *Valley Fever* decreased by 4.1 percent from 3,665 in 2004 to 3,515 in 2005 (Table 3A-1). The incidence rate of Valley Fever declined to 58.1 cases per 100,000 population in 2005 (Figure 3A-1, Table 5F-2). However, this incidence rate was 3.9 times greater than the incidence rate in 1995.

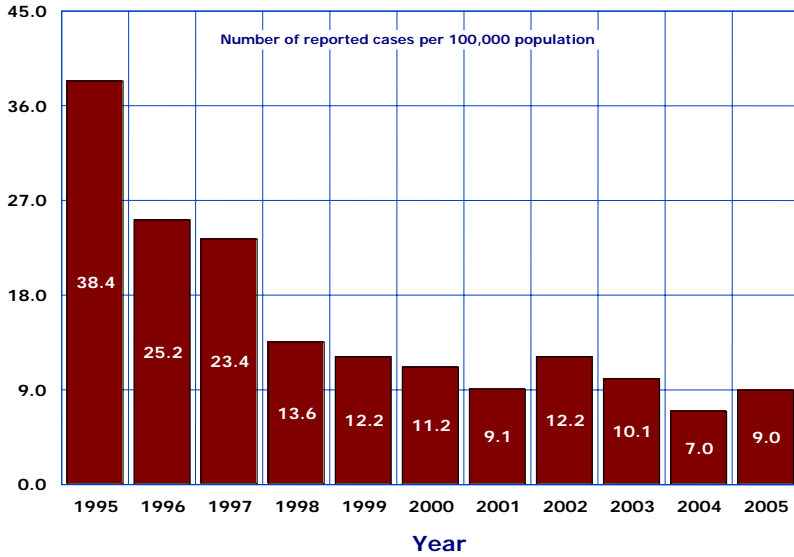
Figure 3A-2
Trends in Case Fatality Rates for Valley Fever
(Coccidioidomycosis) by Year, Arizona, 1995-2005



The mortality rates for *Valley Fever* reached their latest peak in 1996 (Figure 3A-2). Despite the increase in the incidence rates after 1996, the annual mortality rates steadily declined. Twenty-eight from among 3,515 Arizonans who had *Valley Fever* in 2005, died from it (Table 3A-2) for a case fatality rate of 0.5 deaths per 100 cases. 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, 1995-2005

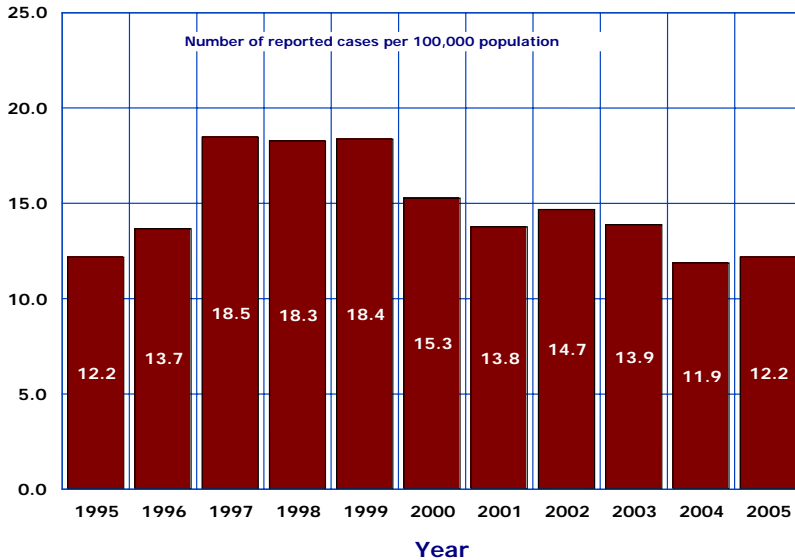


Shigellosis was the most common enteric disease to afflict Arizonans each year from 1980 – 1983 and 1987 to 1997. In 1998 - 2005, *shigellosis* was the third most common enteric disease to afflict Arizonans after *salmonellosis* and *campylobacteriosis* **Table 3A-1**).

The number of reported cases of *shigellosis* increased from 409 in 2004 to 547 in 2005. The incidence rate of *shigellosis* increased to 9 cases per 100,000 in 2005 (**Figure 3A-3**).

Despite the increase, the latter was the 3rd lowest incidence rate of *shigellosis* in the eleven-year period from 1995 to 2005.

Figure 3A-4
Trends in the Incidence Rates of Salmonellosis* by Year, Arizona, 1995-2005

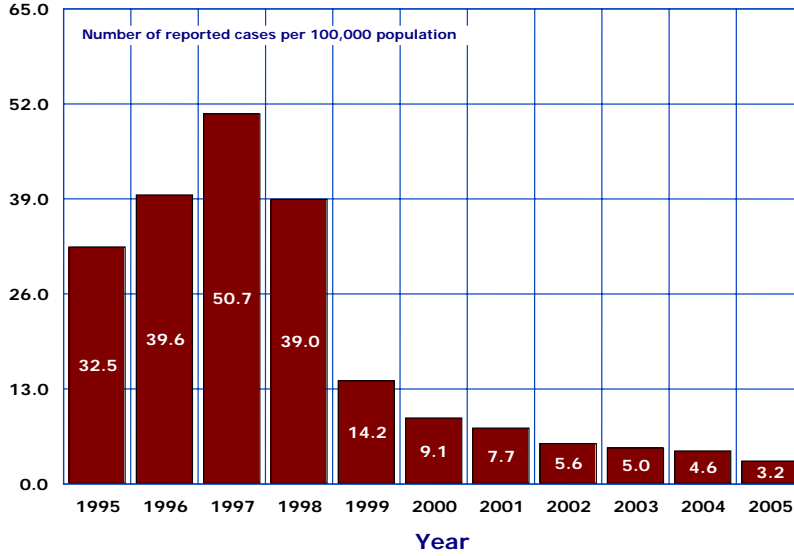


* Excluding *S. Typhi* and *S. Paratyphi*

From 1998 to 2002, *salmonellosis* (excluding *S. Typhi* and *S. Paratyphi*) was the most common enteric disease in Arizona. In 2003 - 2005 *campylobacteriosis* was the most common, followed by *salmonellosis* (**Table 3A-1**). The incidence rate of *salmonellosis* slightly increased from 11.9 cases per 100,000 population in 2004, to 12.2/100,000 in 2005 (**Figure 3A-4**).

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Figure 3A-5
Trends in the Incidence Rates of *Hepatitis A* by Year, Arizona, 1995-2005



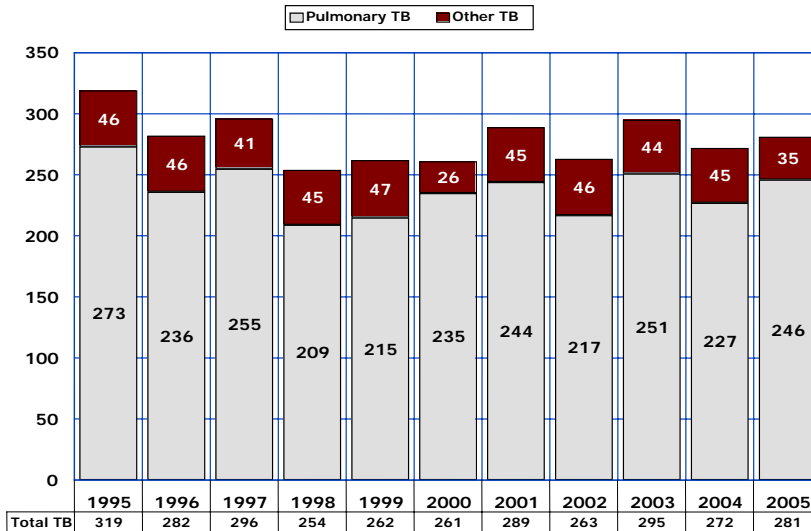
Note: *Hepatitis A* vaccine was first licensed in 1995.

Routine childhood vaccination for *hepatitis A* was recommended in 1999 in states where *hepatitis A* incidence rates were consistently elevated.

In Arizona, the incidence of *hepatitis A* declined for the eighth consecutive year from 2,330 cases in 1997 to 195 cases reported in 2005. Among the 572 cases of any type of hepatitis in 2005, *hepatitis B* accounted for the largest share at 65.6 percent, followed by *hepatitis A* (34.1 percent). All other forms of hepatitis accounted for 0.3 percent.

The incidence rate of *hepatitis A* decreased by 93.7 percent from a recent high of 50.7/100,000 in 1997 to 3.2/100,000 in 2005 (**Figure 3A-5**).

Figure 3A-6
Trends in the Incidence of Pulmonary Tuberculosis and Total Tuberculosis by Year, Arizona, 1995-2005



Number of reported cases by year.

The number of reported cases of *pulmonary tuberculosis* increased from 227 in 2004 to 246 in 2005. In contrast, the number of reported cases of tuberculosis other than pulmonary decreased from 45 in 2004 to 35 in 2005 (**Figure 3A-6**). The incidence rate of *total tuberculosis* changed little from 4.7 cases per 100,000 population in 2004 to a rate of 4.6/100,000 in 2005 (**Table 5F-2**).

Pulmonary tuberculosis accounted for 87.5 percent of all tuberculosis infections in 2005 (**Table 3A-1**). Seventeen Arizonans who had *tuberculosis* died from it in 2005 (**Table 3A-2**).