



3A.

NON-SEXUALLY TRANSMITTED DISEASES

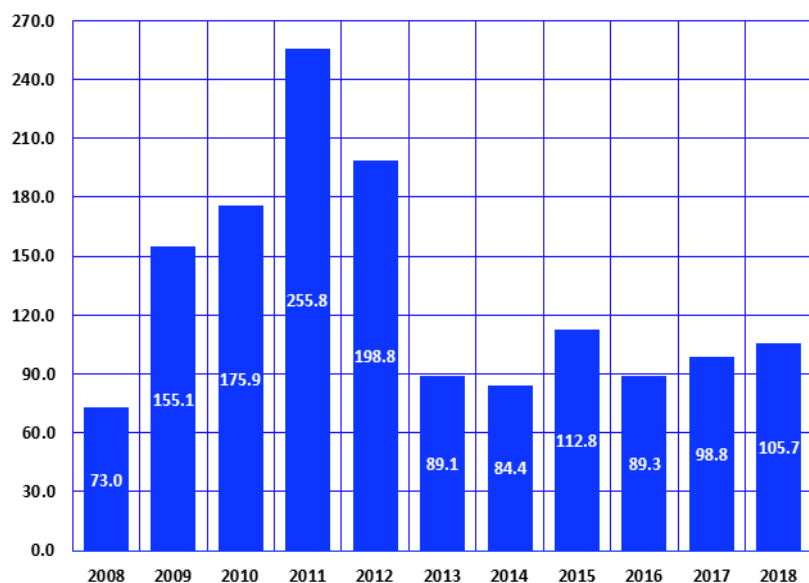
The infectious diseases designated as notifiable vary slightly by state. A notifiable disease is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease. All states generally report the internationally quarantinable 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 on the website of the Office of Infectious Disease Services at: <http://azdhs.gov/phs/oids/index.htm>.

3A. NON-SEXUALLY TRANSMITTED DISEASES

Figure 3A-1
Trends in the Incidence Rates^a of Valley Fever (Coccidioidomycosis) by Year, Arizona, 2008-2018

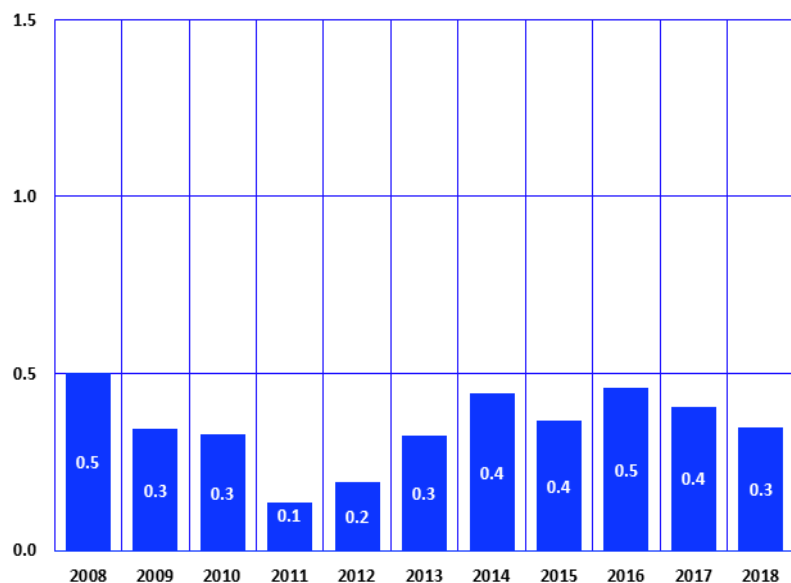


Note: ^a Number of cases per 100,000 population.

Coccidioidomycosis or *Valley Fever* 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.

Valley Fever imposed the greatest burden on morbidity among all non-sexually transmitted, notifiable diseases in Arizona in 2018. The reported incidence of Valley Fever increased 8.6 percent from 2017 (n=6,885) to 2018 (n=7,478). The 2018 incidence rate of 105.7/100,000 (**Figure 3A-1, Table 5F-2**) was 7.0 percent greater than the incidence rate of 98.8/100,000 in 2017, but was 58.7 percent lower than the unprecedented incidence rate of 255.8/100,000 in 2011.

Figure 3A-2
Trends in Case Fatality Rates^a for Valley Fever (Coccidioidomycosis) by Year, Arizona, 2008-2018



Note: ^a Number of deaths per 100 reported cases.

Twenty six of the 7,478 Arizonans who had *Valley Fever* in 2018 died from it (**Table 3A-2**) for a case fatality rate of 0.3 deaths per 100 cases (**Figure 3A-2**). The 2018 case mortality rate for *Coccidioidomycosis* was 30.9 percent lower than in 2008.

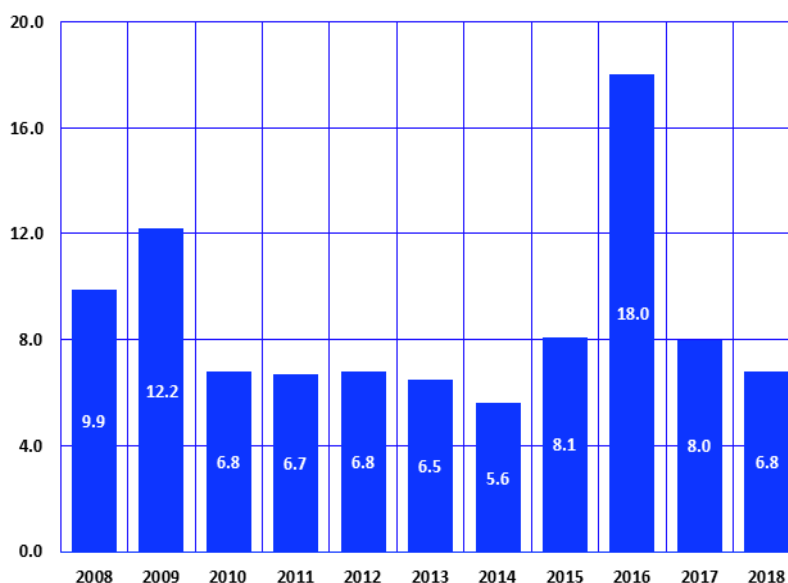
3A. NON-SEXUALLY TRANSMITTED DISEASES

Shigellosis is an infectious disease caused by a group of bacteria called *Shigella* that can cause diarrhea in humans. To spread from one person to another, *Shigellae* can be transmitted through contaminated foods, sexual contact, and water used for drinking or recreational purposes.

From 2008–2018, *shigellosis* was the most common enteric disease to afflict Arizonans after *campylobacteriosis* and *salmonellosis* (**Table 3A-1**).

The number of reported cases of *shigellosis* has decreased by 77 cases from 555 in 2017 to 478 in 2018. Compared to 2017, The incidence rate of *shigellosis* was 15.0 percent lower at approximately 7 reported cases/100,000 population in 2018 (**Figure 3A-3**).

Figure 3A-3
Trends in the Incidence Rates^a of Shigellosis by Year, Arizona, 2008-2018

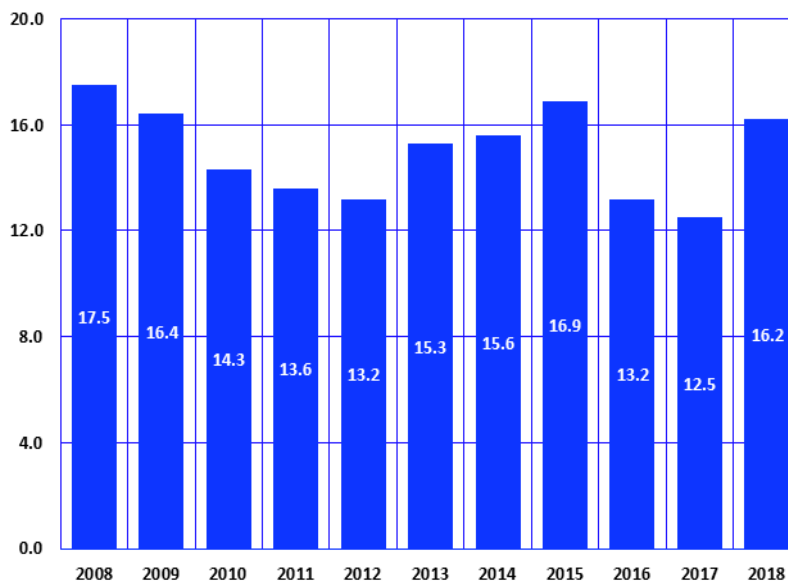


Note: ^a Number of reported cases per 100,000 population.

Figure 3A-4
Trends in the Incidence Rates^a of Salmonellosis^b by Year, Arizona, 2008-2018

Salmonellosis is a bacterial infection. Most of those who are infected with *Salmonella* develop diarrhea, fever, and abdominal cramps.

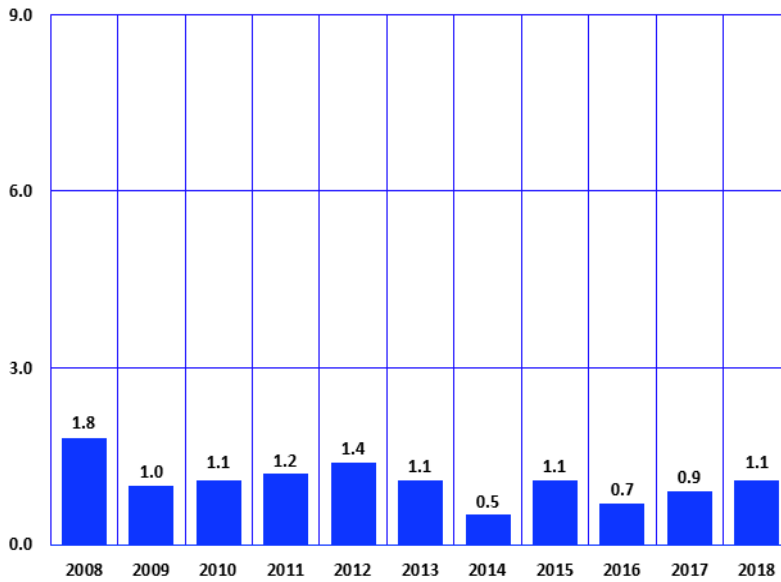
The incidence rate of *salmonellosis* increased 29.6 percent from 12.5/100,000 in 2017 to 16.2/100,000 in 2018 (**Figure 3A-4**). The risk of *salmonellosis* was substantially higher in Apache (53.2/100,000), Santa Cruz (42.0/100,000), Navajo (39.9/100,000) and Graham (39.3/100,000) than the remaining counties (**Table 5F-2**).



Notes: ^a Number of reported cases per 100,000 population; ^b Excluding *S. Typhi* and *S. Paratyphi*.

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Figure 3A-5
Trends in the Incidence Rates^a of Hepatitis A by Year, Arizona, 2008-2018

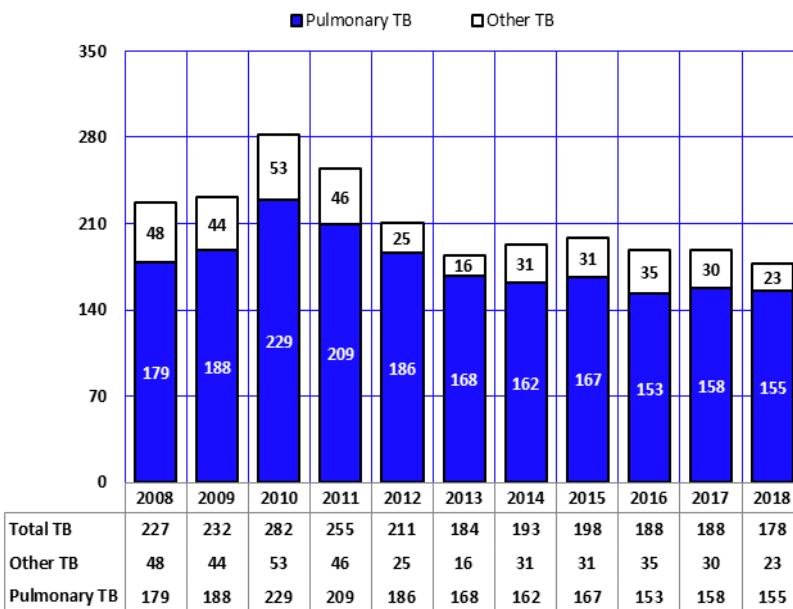


Note: ^a Number of reported cases per 100,000 population.

Hepatitis A is a liver disease caused by the *hepatitis A* virus. During 1995-1996, highly effective *hepatitis A* vaccines became available in the United States. Routine childhood vaccination for *hepatitis A* was recommended in 1999. The expansion of recommendations for routine *hepatitis A* vaccination to include all children in the United States aged 12-23 months is likely to reduce hepatitis rates further.

In Arizona, the incidence rate of *hepatitis A* decreased 38.9 percent from 1.8/100,000 in 2008 to 1.1/100,000 in 2018 (**Figure 3A-5**).

Figure 3A-6
Trends in the Incidence of Pulmonary Tuberculosis and Total Tuberculosis^a by Year, Arizona, 2008-2018



Note: ^a Number of reported cases by year.

Tuberculosis (TB) is an infectious disease that usually attacks the lungs, but can attack almost any part of the body. Tuberculosis is spread from person to person through the air.

The number of reported cases of *pulmonary tuberculosis* slightly decreased from 158 cases in 2017 to 155 reported cases in 2018. The number of reported cases of tuberculosis other than pulmonary decreased in 2018 to 23 cases (**Figure 3A-6, Table 3A-1**). The incidence rate of *total* tuberculosis decreased from 2.7/100,000 in 2017 to 2.5/100,000 in 2018 (**Table 5F-2**).

Pulmonary tuberculosis accounted for 87.1 percent of all tuberculosis infections in 2018 (**Table 3A-1**). Ten Arizonans who had *tuberculosis* died from it in 2018 (**Table 3A-2**).