



3A.

NON-SEXUALLY TRANSMITTED DISEASES

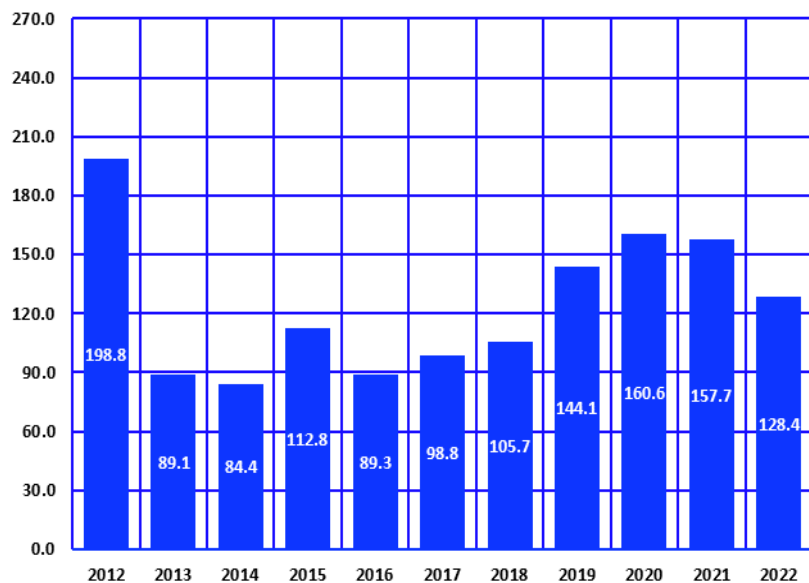
The infectious diseases designated as notifiable vary slightly by state. A notifiable disease is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease. All states generally report the internationally quarantinable 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 Infectious Disease and 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 for 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, 2012-2022

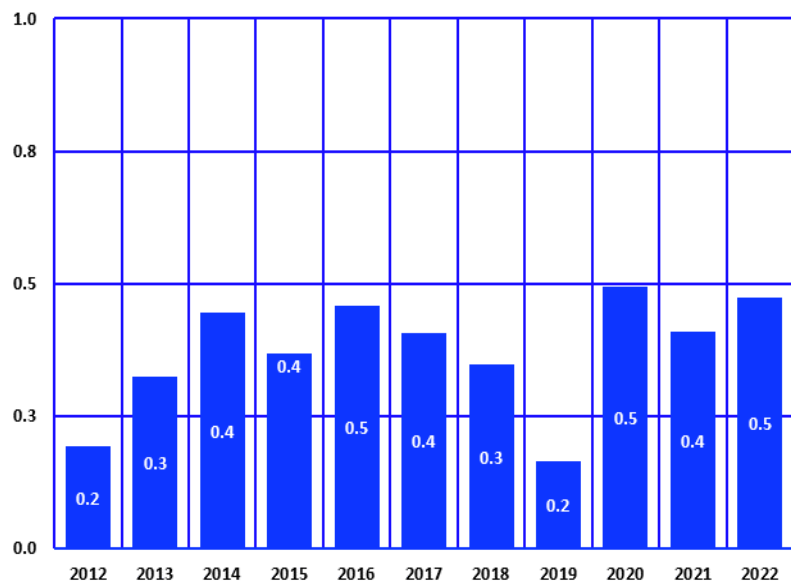


Note: ^a Number of cases per 100,000 population.

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 2022. The reported incidence of Valley Fever decreased 17.2 percent from 2021 (n=11,489) to (n=9,515) in 2022. The 2022 incidence rate of 128.4/100,000 (**Figure 3A-1, Table 5F-2**) was 18.6 percent lower than the incidence rate of 157.7/100,000 in 2021, but was 35.4 percent lower than the unprecedented incidence rate of 198.8/100,000 in 2012.

Figure 3A-2
Trends in Case Fatality Rates^a for Valley Fever (Coccidioidomycosis) by Year, Arizona, 2012-2022



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

Forty-five of the 9,515 Arizonans who had *Valley Fever* in 2022 died from it (**Table 3A-2**) for a case fatality rate of 0.5 deaths per 100 cases (**Figure 3A-2**). The 2022 case fatality rate for *Coccidioidomycosis* was 144.4 percent higher than in 2012.

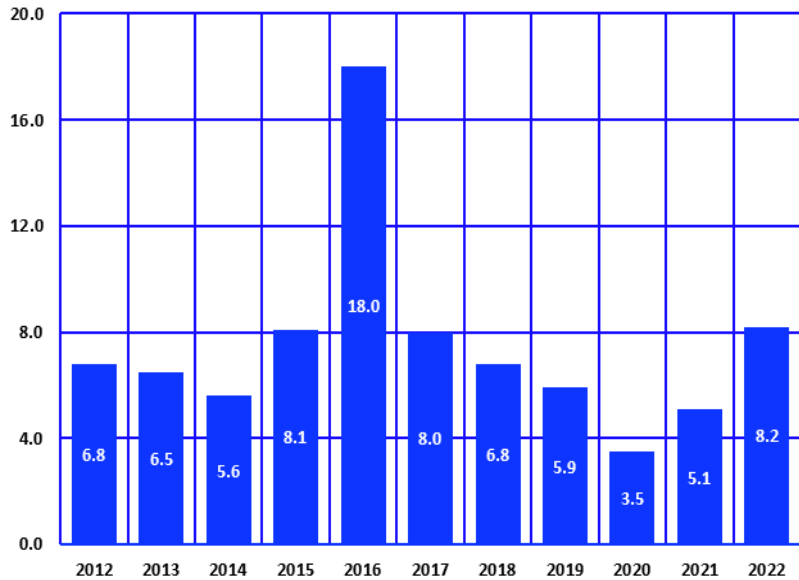
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Figure 3A-3
Trends in the Incidence Rates^a of Shigellosis by Year, Arizona, 2012-2022

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 2012–2022, *shigellosis* was the third most common enteric disease to afflict Arizonans after *campylobacteriosis* and *salmonellosis* (**Table 3A-1**).

The number of reported cases of *shigellosis* has increased by 229 cases from 375 in 2021 to 604 in 2022. Compared to 2021, the incidence rate of *shigellosis* was 60.8 percent higher at approximately 8 reported cases/100,000 population in 2022 (**Figure 3A-3**).

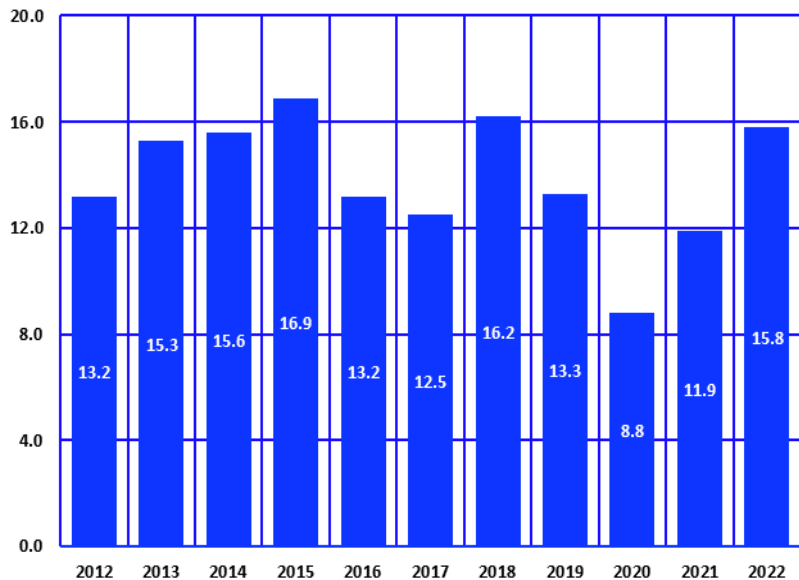


Note: ^a Number of reported cases per 100,000 population.

Figure 3A-4
Trends in the Incidence Rates^a of Salmonellosis^b by Year, Arizona, 2012-2022

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

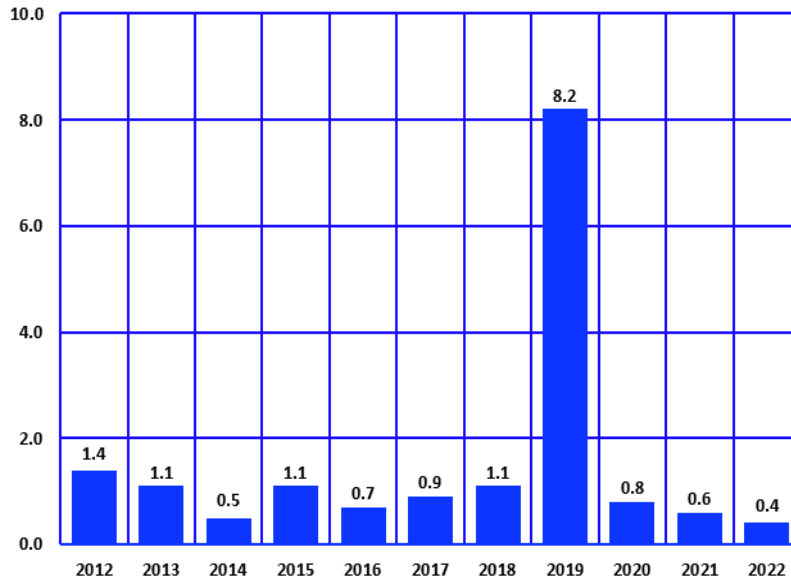
The incidence rate of *salmonellosis* increased 32.8 percent from 11.9/100,000 in 2021 to 15.8/100,000 in 2022 (**Figure 3A-4**). The risk of *salmonellosis* was substantially higher in Apache (49.4/100,000), Navajo (44.2/100,000), Graham (38.5/100,000), Gila (37.1/100,000), and Greenlee (31.1/100,000) 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, 2012-2022

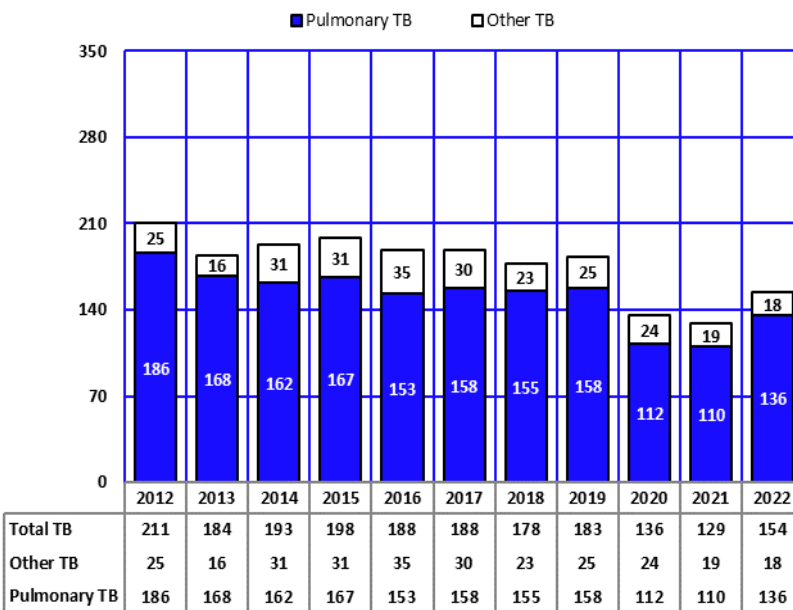


Note: ^a Number of reported cases per 100,000 population.

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* was 0.4/100,000 in 2022. The highest rate recorded during the 2012-2022 period was 8.2 in 2019. The 2022 incidence rate was approximately 20 times lower than the 2019 rate (8.2/100,000; **Figure 3A-5**).

Figure 3A-6
Trends in the Incidence of Pulmonary Tuberculosis and Total Tuberculosis^a
by Year, Arizona, 2012-2022



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* increased from 110 cases in 2021 to 136 reported cases in 2022. The number of reported cases of tuberculosis other than pulmonary decreased from 19 in 2021 to 18 in 2022 cases (**Figure 3A-6, Table 3A-1**). The incidence rate of *total* tuberculosis increased from 2021 1.8/100,000 to 2.1/100,000 in 2022 (**Table 5F-2**).

Pulmonary tuberculosis accounted for 88.3 percent of all tuberculosis infections in 2022 (**Table 3A-1**). Ten Arizonans who had *tuberculosis* died from it in 2022, a decrease from 16 in 2021 (**Table 3A-2**).