ALLEGHENY COUNTY

Summary of

REPORTABLE DISEASES

2004 *through* 2013

Allegheny County Health Department

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Introduction

This report provides a summary of conditions reported to the Allegheny County Health Department (ACHD) from 2004 through 2013. The diseases highlighted here are the ones most commonly reported and those of greatest public health importance, with the exception of HIV and other sexually transmitted diseases, which are described in separate reports. The most recent report is the "2013 Annual STD Report," which will soon be available on the ACHD website.

Communicable diseases must be reported to the local health department as specified in Pennsylvania's Disease Control and Prevention Act of 1955. The Allegheny County Board of Health periodically revises the list of notifiable diseases, which now include > 60 infectious conditions. Public health officials use reports to identify disease clusters, determine at risk populations, assess burden of disease, monitor trends, and recommend measures to stop disease transmission.

Cases are reported to ACHD by health care providers and laboratory staff. We gratefully acknowledge their contribution to identifying, treating and preventing infectious diseases in Allegheny County.

It is important to realize that reported cases do not reflect the true burden for many conditions, given that laboratory results are often needed for reporting and many people may not seek care or get tested. Health care providers may test for or report some conditions more often than others. Nonetheless, disease reports are helpful for monitoring trends over time and identifying groups at risk.

Detailed information on disease characteristics or prevention measures is not provided in this report. Instead, a hyperlink to a fact sheet on the website of either ACHD or the Centers for Disease Control and Prevention (CDC) is provided so that with one click the reader will be able to access pertinent clinical, risk factor, and prevention information.

Methodology

Cases and outbreaks reported to ACHD are investigated by the Infectious Disease Program and by the Office of Epidemiology and Biostatistics. After clinical and laboratory findings are verified, cases are classified as "confirmed," "probable," "suspected," or "not a case" using case definitions provided by the Centers for Disease Control and Prevention (CDC) and the Council of State and Territorial Epidemiologists (CSTE). Surveillance case definitions do not always match the criteria for clinical diagnosis. Case definitions can be found on the CDC's National Notifiable Diseases Surveillance System website at http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx.

Case counts and age-specific rates for Allegheny County residents are presented. Age-specific rates for the 10-year period (2004-2013) were calculated using reported case counts for the numerator and the 2010 US Census population times 10 for the denominator. Crude incidence rates for 2013 were calculated using 2013 case counts and the 2013 US Census population estimate for Allegheny County. Comparisons of crude incidence rates in 2013 in Allegheny County for selected foodborne diseases were made with crude incidence rates for FoodNet, an active surveillance system for selected foodborne pathogens supported by CDC in 10 states.

Data from 2004 through 2013 are presented for most diseases. For influenza, most data are from September 29, 2013 through September 27, 2014 and represent the 2013-2014 influenza season.

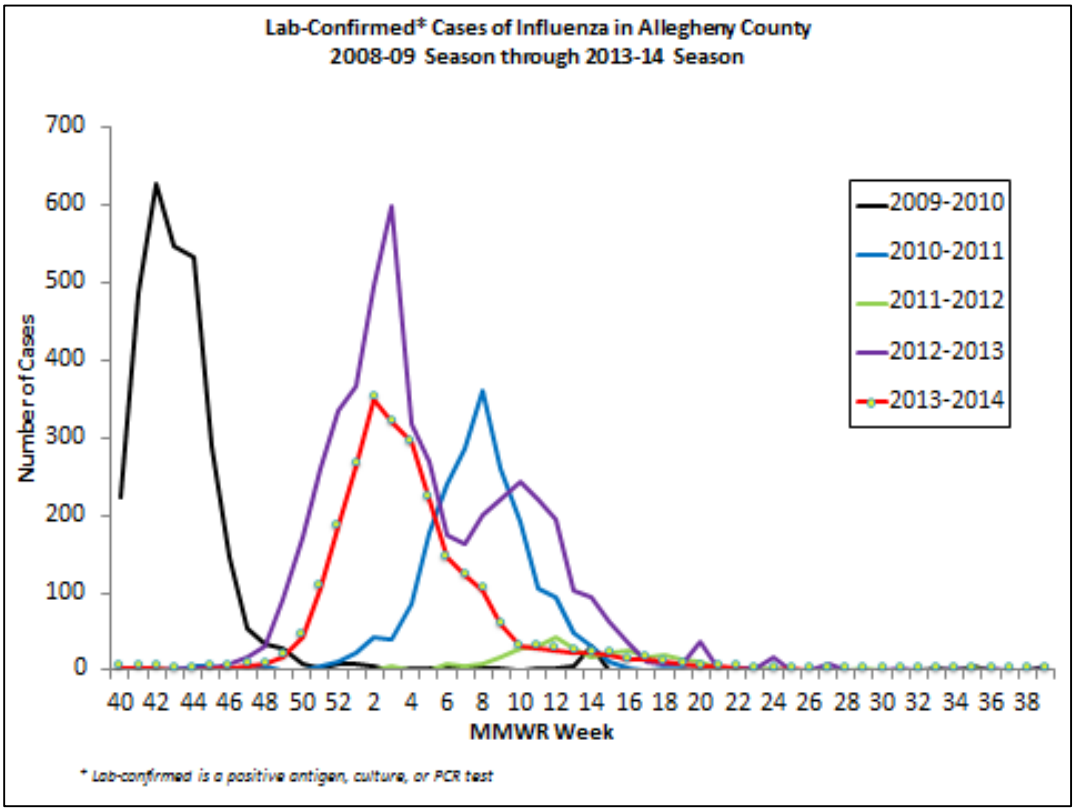
Vaccine preventable diseases

Below is a summary of surveillance data for vaccine preventable diseases in Allegheny County. Current vaccine recommendations of the Advisory Committee on Immunization Practices for each disease are available on the CDC website: http://www.cdc.gov/vaccines/hcp/acip-recs/

Influenza

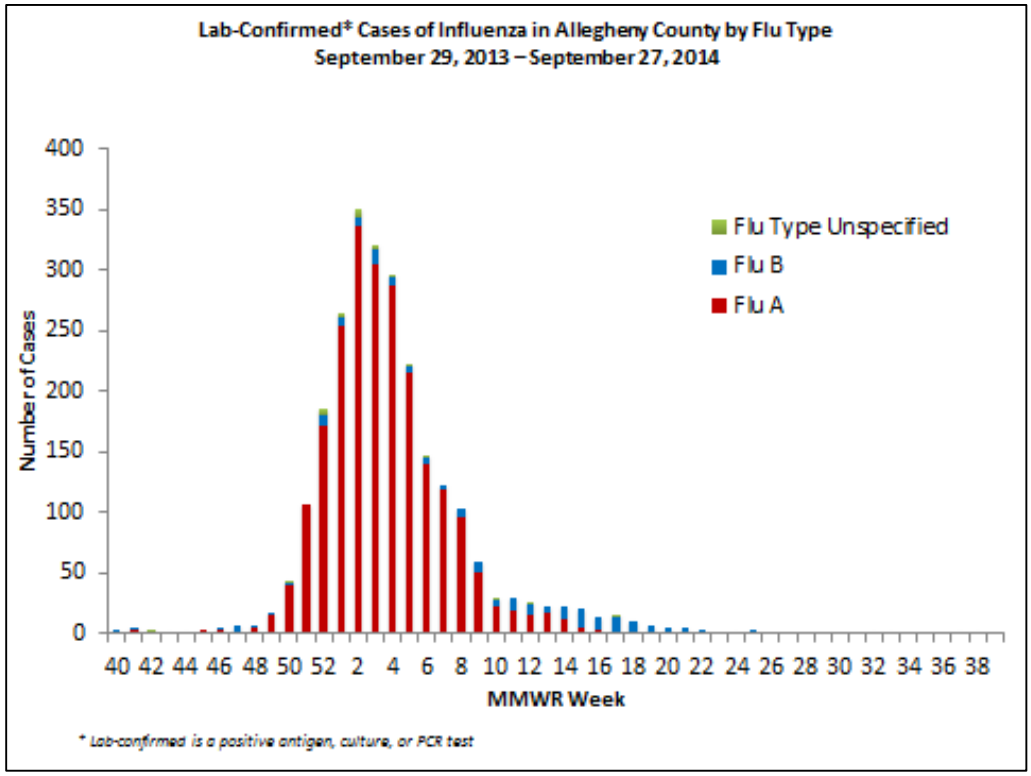
Influenza, a contagious respiratory illness, is the most commonly reported infectious disease in the county with the exception of chlamydia. The annual number of reported cases varies dramatically from year to year, depending on the type of circulating virus, the vaccine efficacy and vaccine coverage (Figure 1). During the 2009 H1N1 pandemic, cases were reported much earlier in the season, whereas in 2012-2013, the predominant strain was H3N2 and there were peaks in January and March.

Figure 1



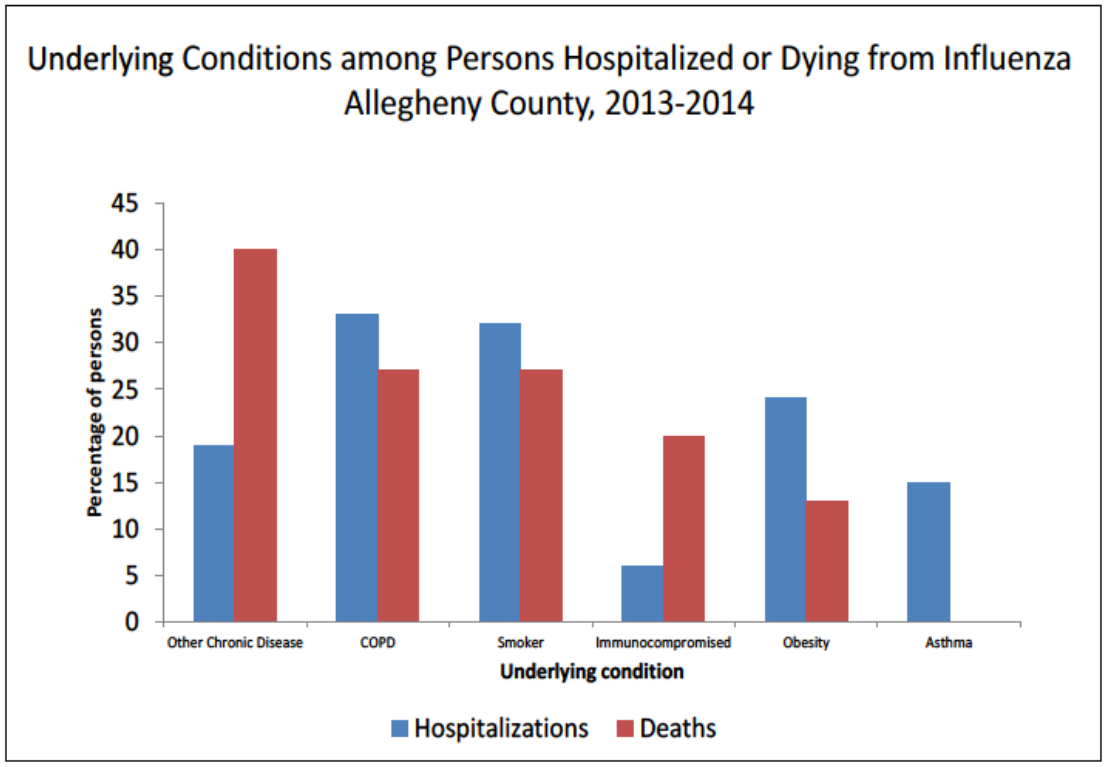
During the 2013-2014 influenza season (September 29, 2013, through September 27, 2014) 2,486 lab-confirmed cases were reported, with the number of reported cases peaking in early January (Figure 2). The majority of cases were type A (H1N1) (Figure 2).

Figure 2



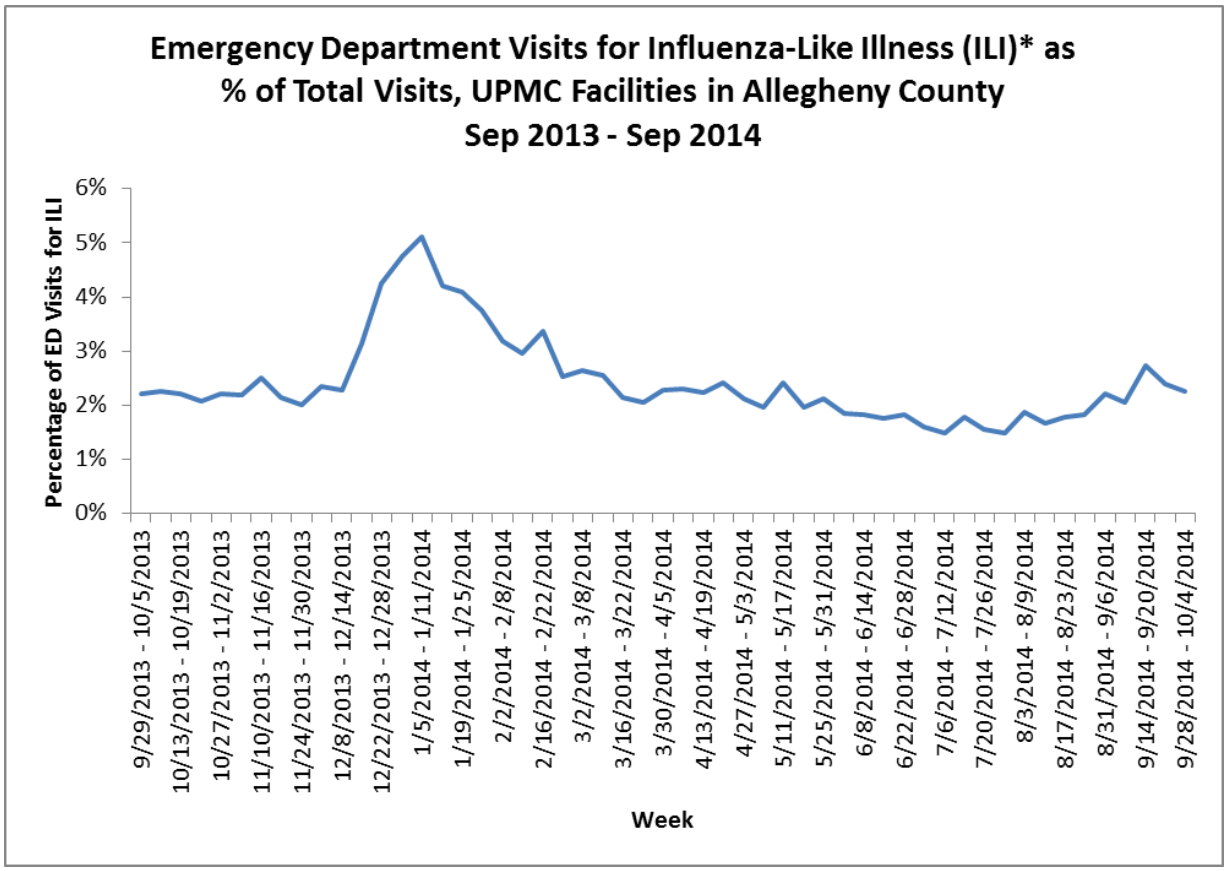
During the 2013-14 season, 295 persons were hospitalized with influenza and 15 persons died. Most persons who were hospitalized or died had underlying illness (Figure 3).

Figure 3



Because many persons with influenza do not seek medical care, are not tested, and are not reported, ACHD also monitors influenza activity using emergency room data on "influenza-like illness (ILI)," defined as fever plus cough or sore throat. Figure 4 shows what percentage of all persons seen in University of Pittsburgh Medical Center (UPMC) emergency rooms presented for ILI between September 2013 and September 2014.

Figure 4



Source: RODS Laboratory at the University of Pittsburgh

Measles, Mumps, Rubella

Measles, a highly infectious respiratory illness characterized by fever and rash, was eliminated from the US in 2000. Since then, clusters stemming from imported cases have reappeared from time to time. From 2004 through 2013, five confirmed cases of measles were reported to ACHD, including three in 2009, one in 2008 and one in 2006.

Mumps, also now a rare respiratory illness, is characterized by swelling of the salivary glands. Ten cases of mumps were reported in 2004-2013, including six in 2006. Two unrelated cases were reported in 2013, one associated with an outbreak at an out-of-state college.

No cases of rubella have been reported in the past 10 years.

Pertussis

Pertussis, a bacterial infection commonly known as whooping cough, is characterized by violent or prolonged coughing. A resurgence of pertussis occurred locally and nationally in 2012. Among Allegheny County residents, 226 cases were reported that year (Figure 5) .

The incidence of pertussis was highest in infants < 12 months of age (Figure 6). Pertussis is most serious for this age group, given their lack of full protection from vaccination. During the 10-year period, 74 cases in infants <1 year were reported, of whom 23 (31%) were hospitalized and one (1%) died.

Figure 5

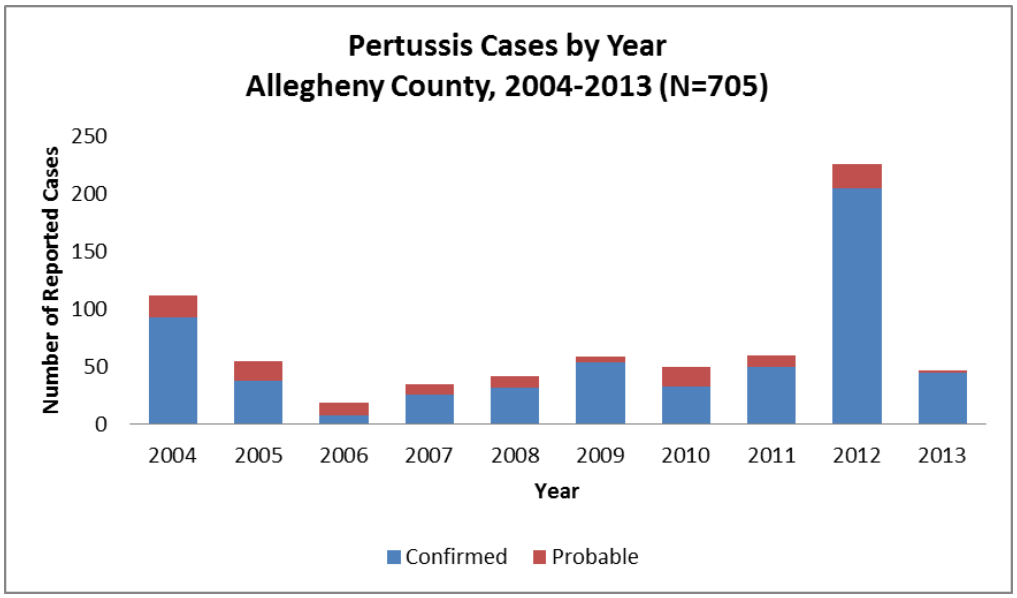
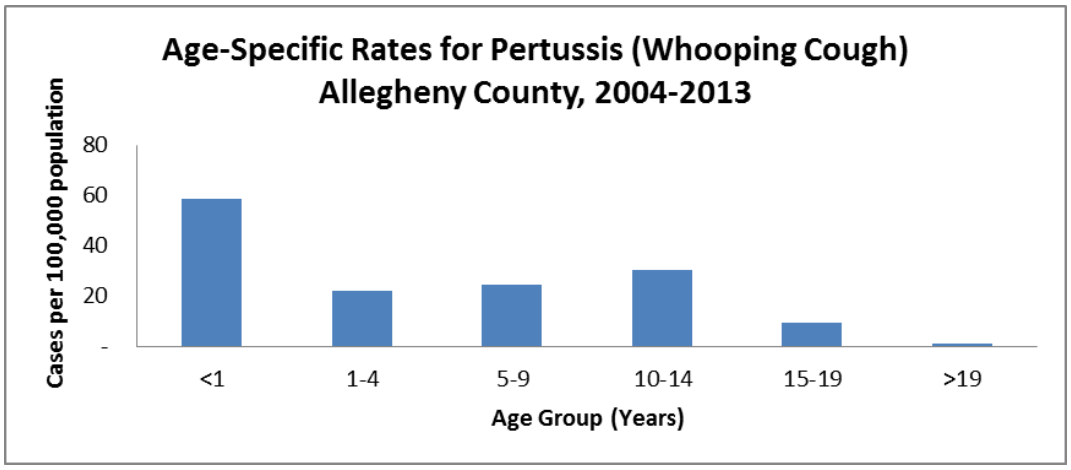


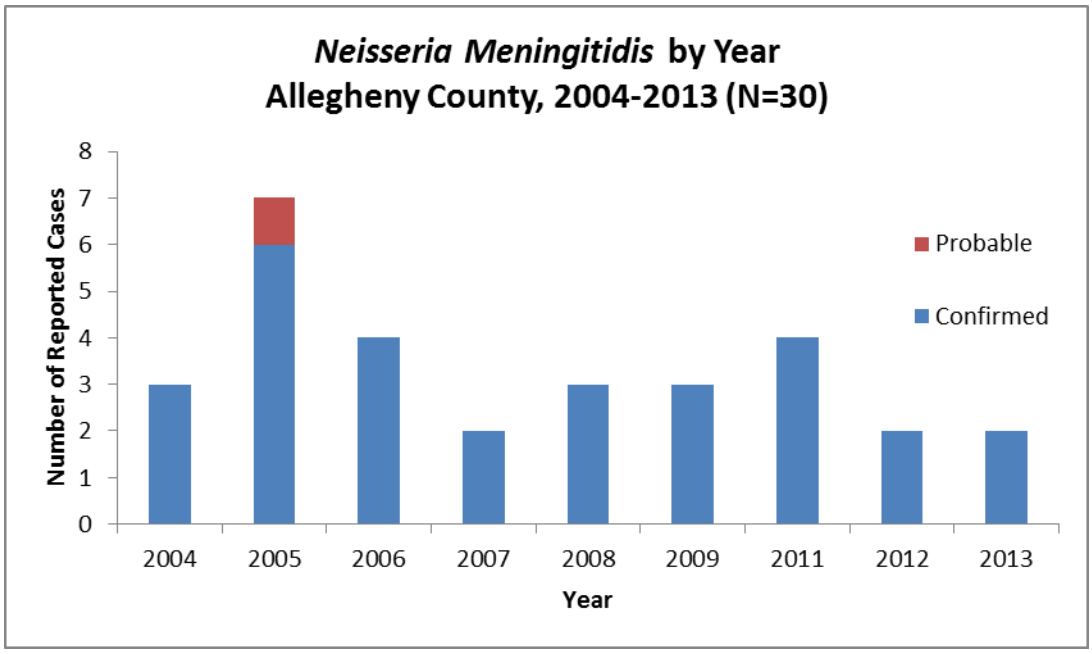
Figure 6



Invasive meningococcal disease

Neisseria meningitidis, also called meningococcus, can cause meningitis and bloodstream infections. During 2004-2013, 30 cases of invasive meningococcal disease were reported in Allegheny County (Figure 7). All age groups were affected. All but one case was hospitalized and 3 persons died. Serogroup information was available for 18 (60%) cases; documented serogroups included Y (7), C (5), B (5), and W135 (1). The vaccine routinely given to adolescents protects against serogroups A, Y, C, and W135. In addition, there are two recently-licensed vaccines for serogroup B disease, which are available for persons aged 10-25 years old.

Figure 7



Invasive pneumococcal disease

Invasive pneumococcal disease includes meningitis and bacteremia caused by the bacterium *Streptococcus pneumoniae*. *S. pneumoniae* also causes pneumonia, but pneumonia alone is not considered invasive for the purposes of public health surveillance. The incidence of invasive pneumococcal disease appears to be increasing with an average of 31 cases per year reported to ACHD in 2004-2008 and an average of 57 cases per year reported in 2009-2013. In 2013, 60 cases were reported (Figure 8). Most cases were diagnosed by positive blood culture (86%). Of the 439 cases reported in 2004-2013, 72% were hospitalized and 9% died.

The incidence rate for invasive disease was much higher in the elderly in 2004-2013 (Figure 9). Data from the Allegheny County Health Survey in 2009-2010 indicate that 78% of county residents ≥ 65 years of age reported ever having had a pneumonia vaccination.

Figure 8

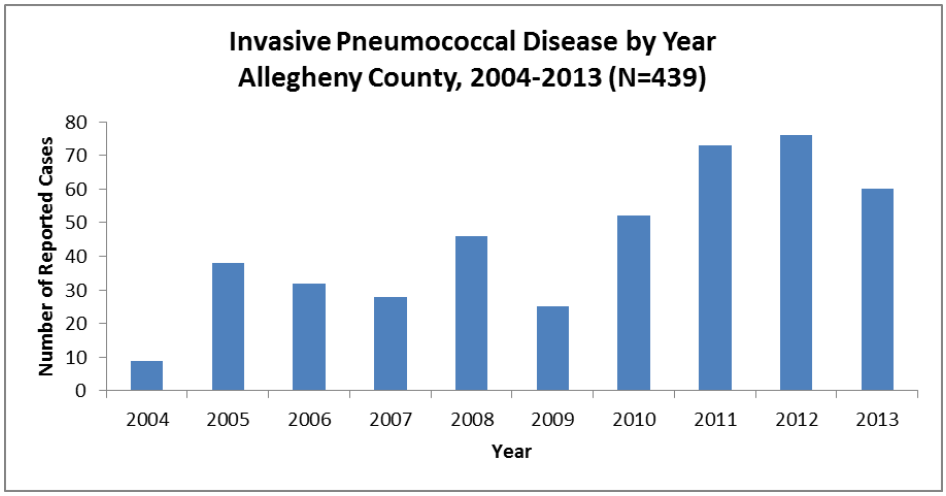
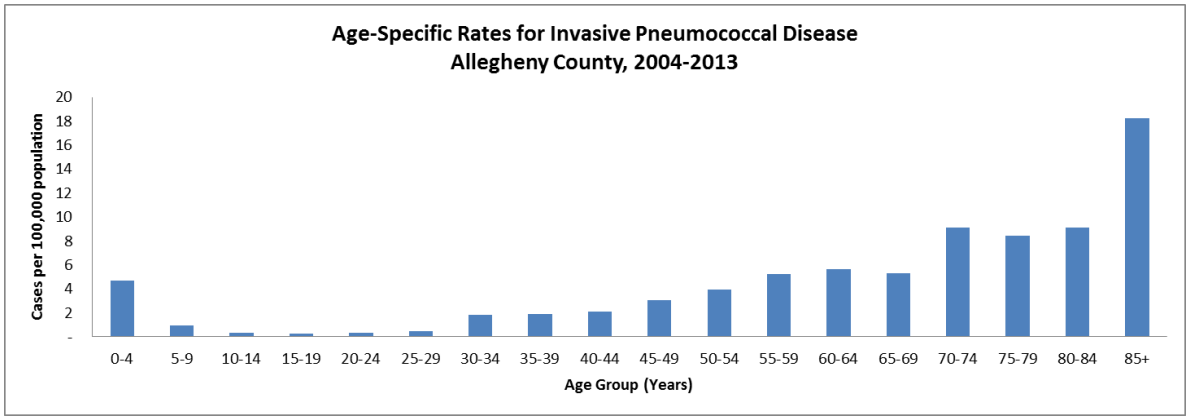


Figure 9



Invasive Haemophilus influenzae

Haemophilus influenzae is a bacterium that may cause pneumonia, bacteremia, meningitis, epiglottis, or other conditions. A confirmed case of invasive disease requires isolation of the organism from a normally sterile site. A total of 150 cases, 15 cases per year on average, were reported in Allegheny County in 2004-2013 (Figure 10). Approximately 58% of reported cases were hospitalized. Age groups most affected were those ≥65 years and <5 years (Figure 11).

Information on serotype was available for 60 cases: 41 (71%) were nontypeable, 10 (17%) were serotype f, 4 (7%) were b, and 3 (5%) were e. The Hib vaccine series has been recommended for routine use in children 2 months and older since 1991. Since then, the number of reported cases in children has decreased dramatically nationwide.

Figure 10

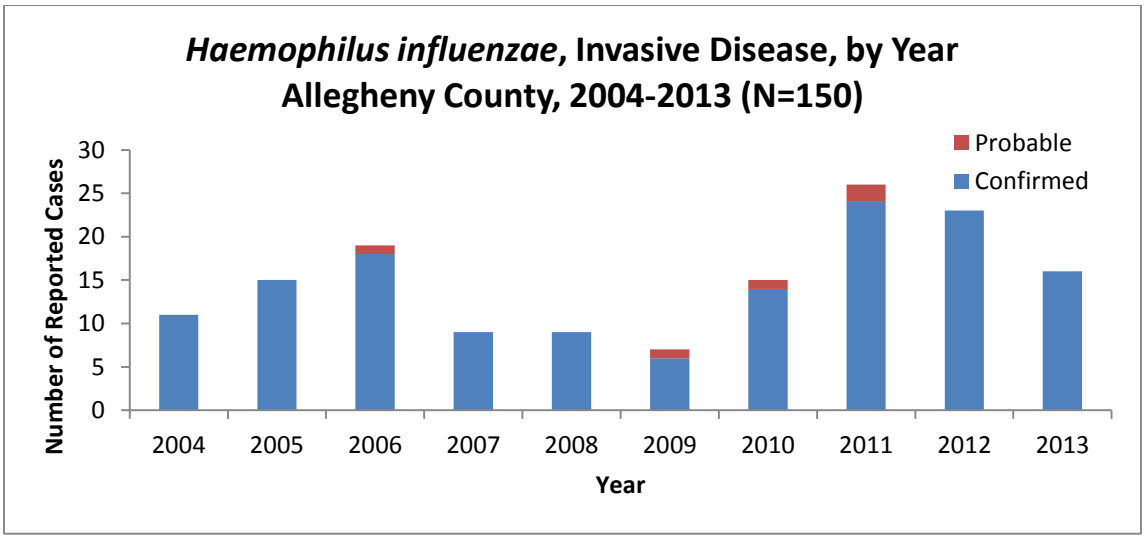
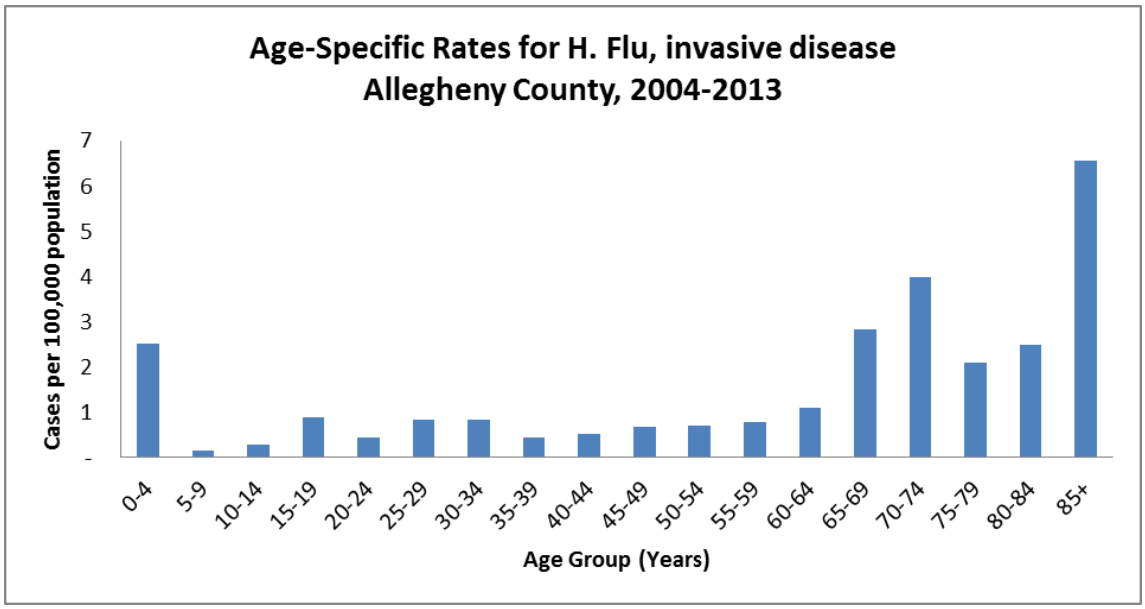


Figure 11



Varicella

The varicella vaccine was introduced into the routine pediatric vaccine schedule in 1995, causing the number of cases of varicella, more commonly known as chickenpox, to decrease dramatically. When a second dose of vaccine was added to the schedule in 2006, cases decreased further, both nationally and locally (Figure 12).

In Allegheny County, the incidence of reported cases was highest in children 5 to 9 years of age (Figure 13); approximately half of reported cases in 2005-2013 were in this age group. Of the 1,967 reported cases, 23 (1%) were hospitalized.

Figure 12

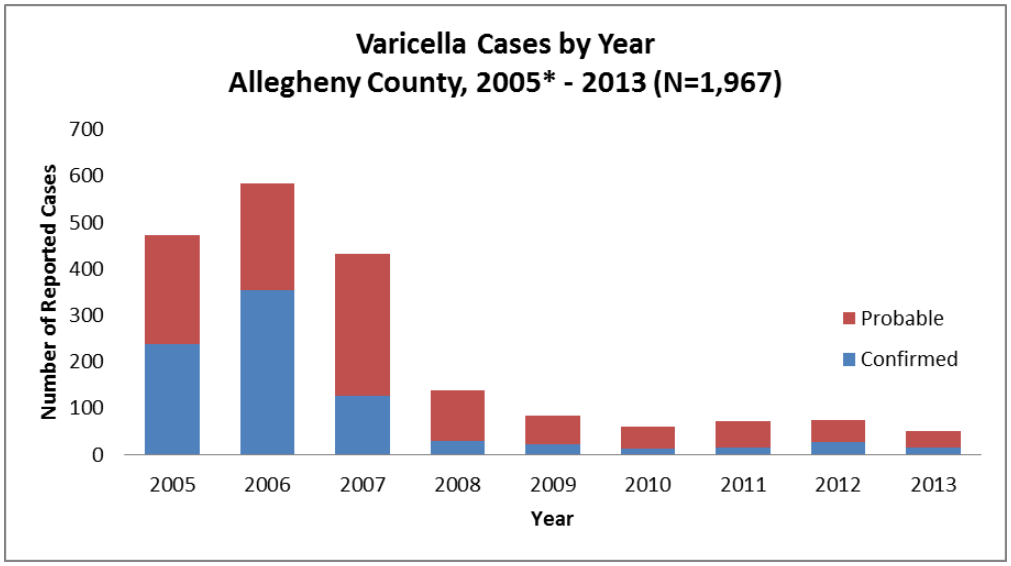
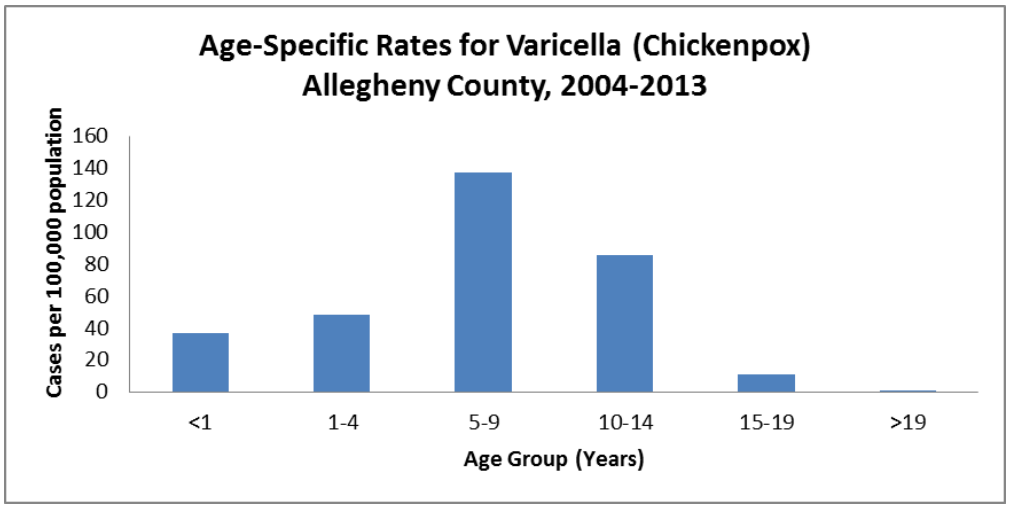


Figure 13



Hepatitis A

The hepatitis A virus is transmitted via the fecal-oral route and causes inflammation of the liver. The number of reported cases of hepatitis A was usually <10 per year in Allegheny County in 2004-2013, with the exception of 2004 and 2007 (Figure 14). Of the 86 cases reported in 2004-2013, 42% were hospitalized.

The reported incidence of hepatitis A was lowest in children 0-9 years of age (Figure 15). Infections in children are often asymptomatic. A vaccine for hepatitis A has been part of the routine childhood vaccination schedule since 2006.

Of the 86 cases reported in 2004-2013, 21% reported foreign travel and 9% reported eating raw shellfish.

Figure 14

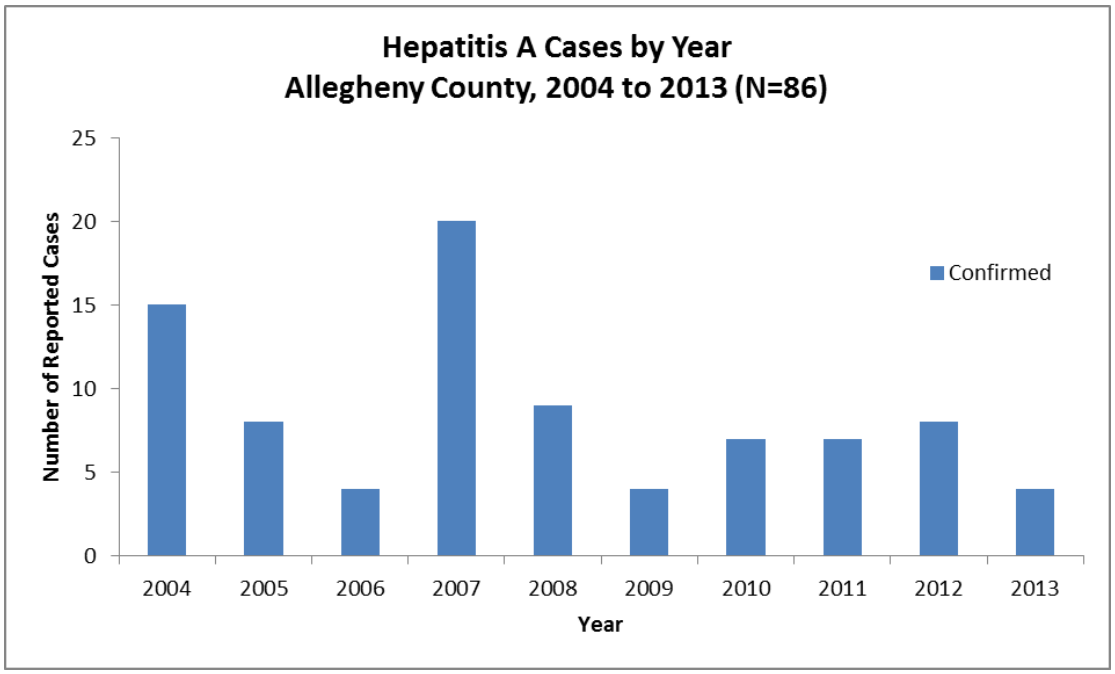
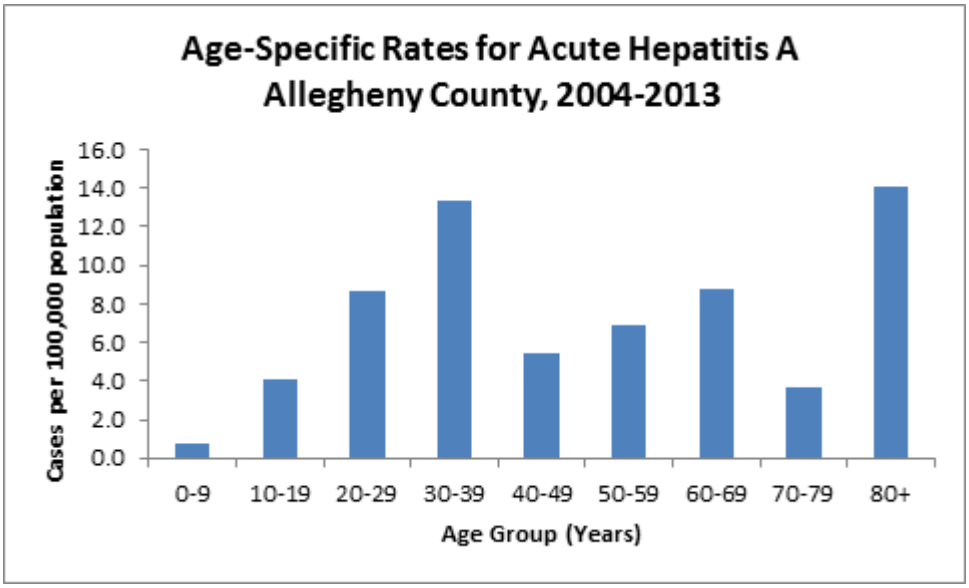


Figure 15



Acute hepatitis B infections

The hepatitis B virus is found in blood and other body fluids. The number of acute hepatitis B infections decreased over the past 10 years with only two reported in 2012 and 10 in 2013 (Figure 16). Rates of acute infection were highest among those 30 through 49 years of age (Figure 17). A higher percentage of cases were male (62%) than female. Approximately one third (32%) of cases were hospitalized.

Very few had obvious risk factors identified: 14% were known to be injection drug users, 14% reported dental work or oral surgery, 5% received tattoos, and 4% reported a needle stick. Of the 222 cases, 138 had a known sexual history; of these, 27% reported multiple partners.

Figure 16

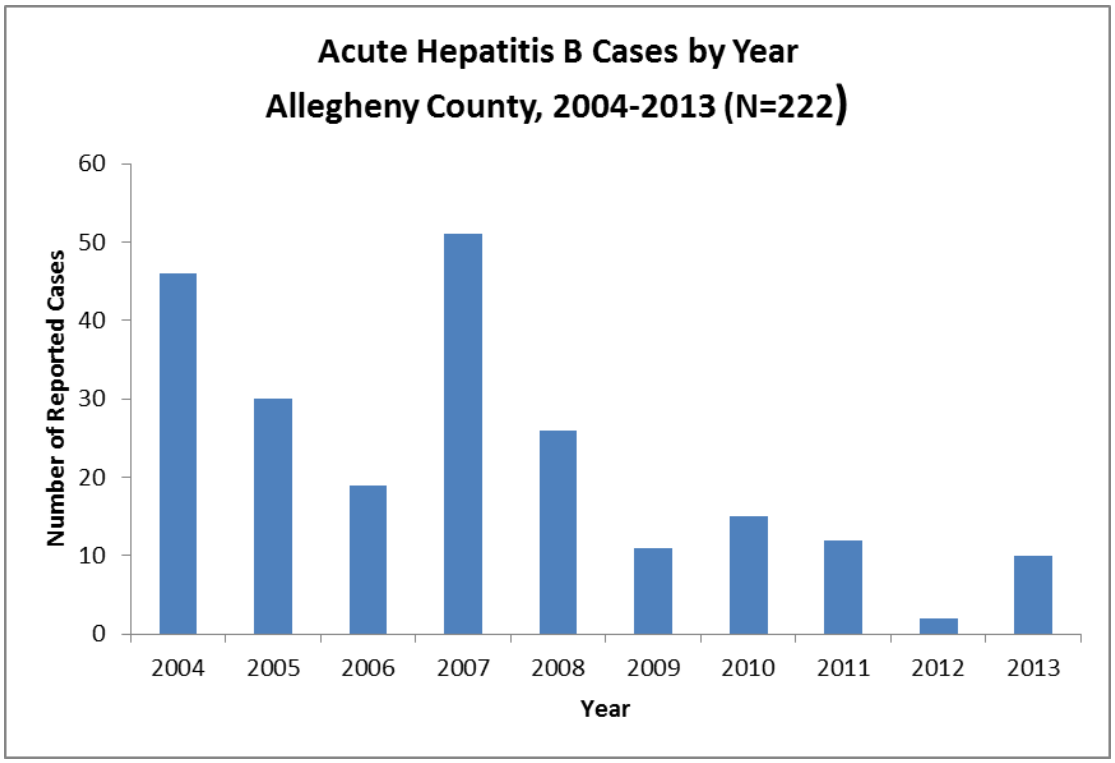
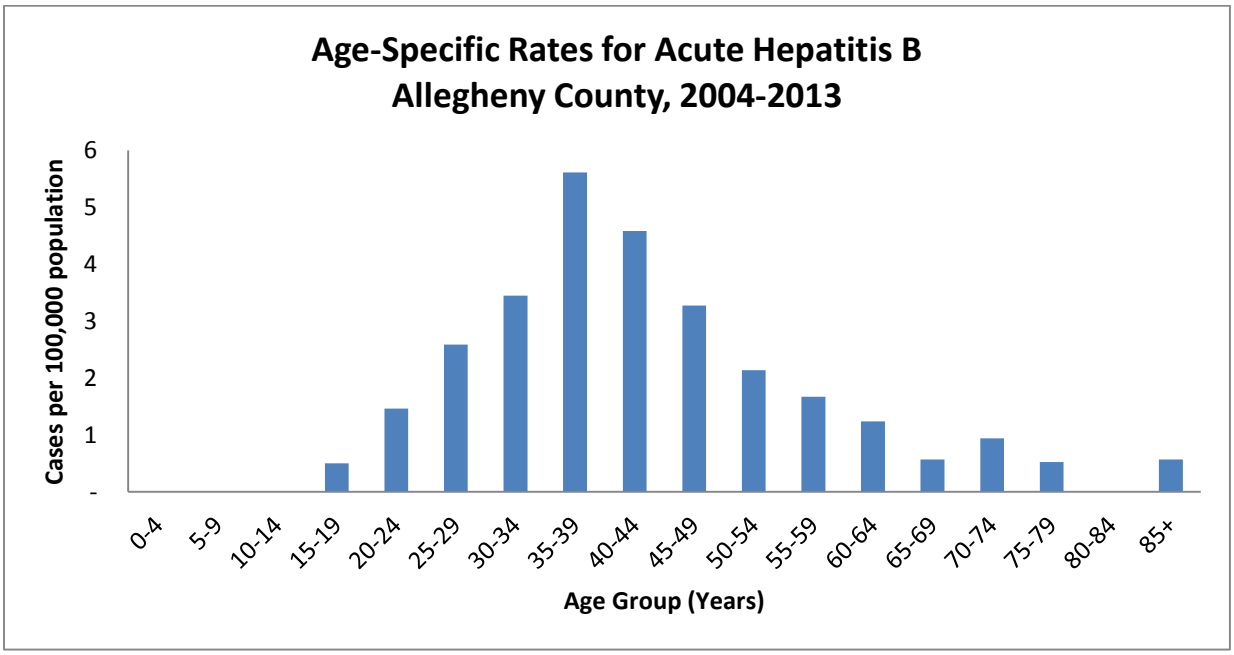


Figure 17



Perinatal hepatitis

In 2013, 28 infants born to women with chronic hepatitis B virus were followed by the Infectious Disease Program. All received hepatitis B immune globulin (HBIG) and a dose of hepatitis B vaccine within one day of birth. The complete vaccine series was completed by 25 infants by 10 months of age and by the other three by 13 months of age. Of the 28 infants followed, 4 moved away before serology was done; of the remaining 24, 20 were negative for hepatitis B surface antigen (HBsAg), 2 were not yet tested, and 2 were unable to be located.

Enteric diseases

Salmonellosis

Salmonellosis is a diarrheal disease transmitted via contaminated food or by contact with animal feces. An average of 123 salmonellosis cases per year was reported to ACHD in 2004-2013 (Figure 18). In 2013, 108 cases were reported for a crude incidence rate of 8.8 per 100,000, lower than the U.S. FoodNet rate of 15.2 per 100,000. All ages were affected but children <5 years of age had the highest incidence rate (Figure 19). More specifically, infants < 1 year of age were at highest risk (43 per 100,000). Slightly more females than males were affected (55 % vs 45%). More cases were reported during the summer months (Figure 20). Of 1,232 cases reported, 397 (32%) were hospitalized and 4 (0.3%) died.

In 2011-2013, information on serotype was available for 377 of the 378 reported cases. The most common serotypes were *S.* Enteritidis (32 %), *S.* Typhimurium (18%), *S.* Newport (6%), and *S.* Heidelberg (5%).

Figure 18

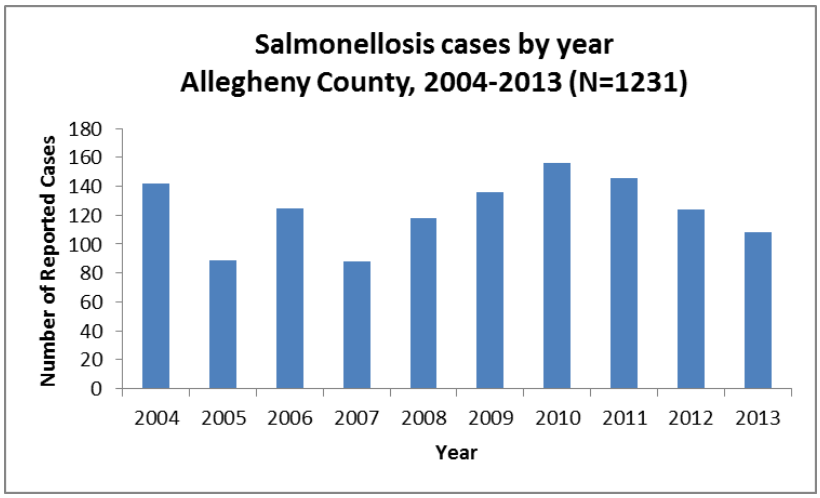


Figure 19

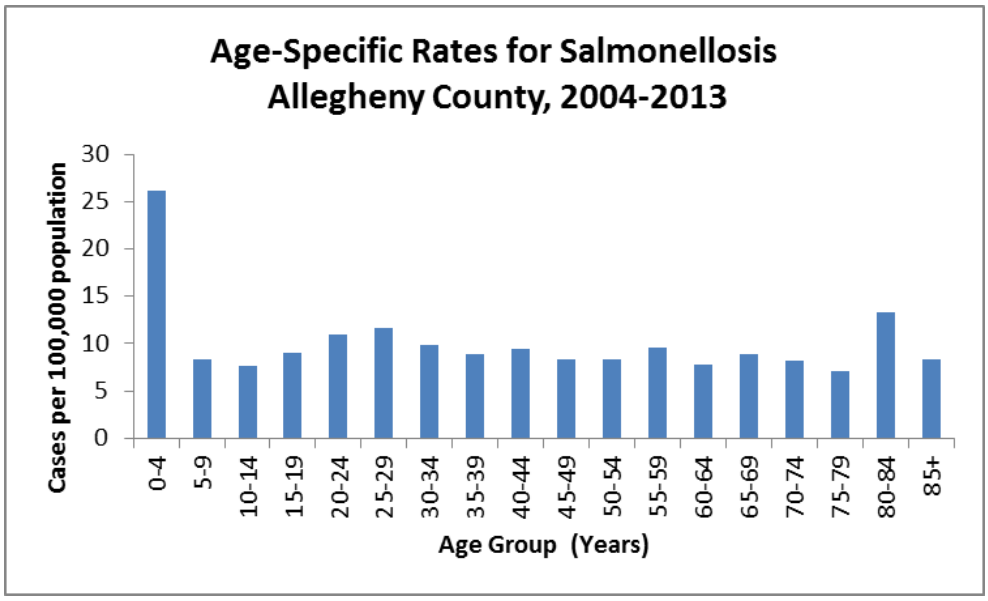
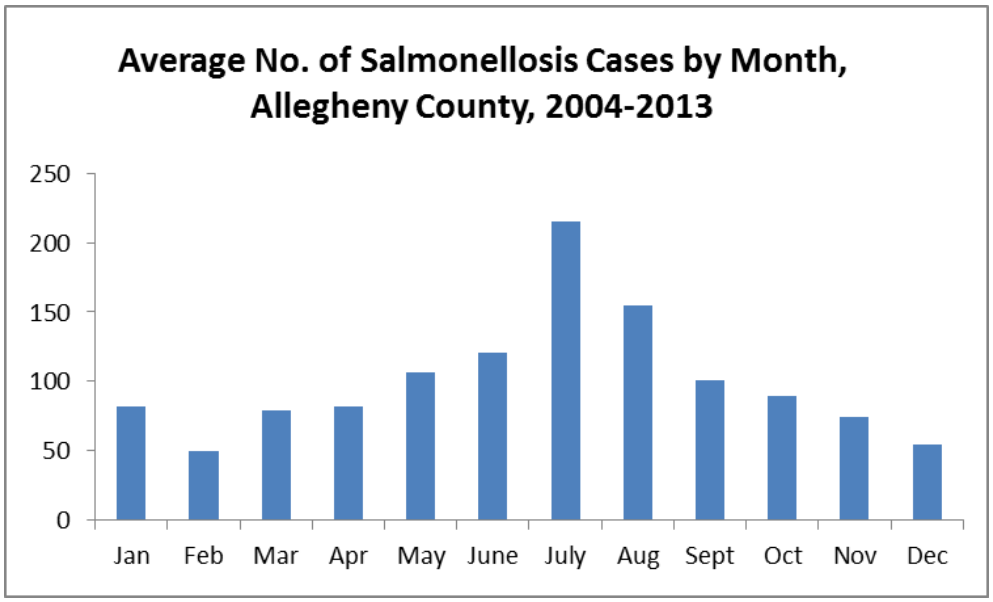


Figure 20



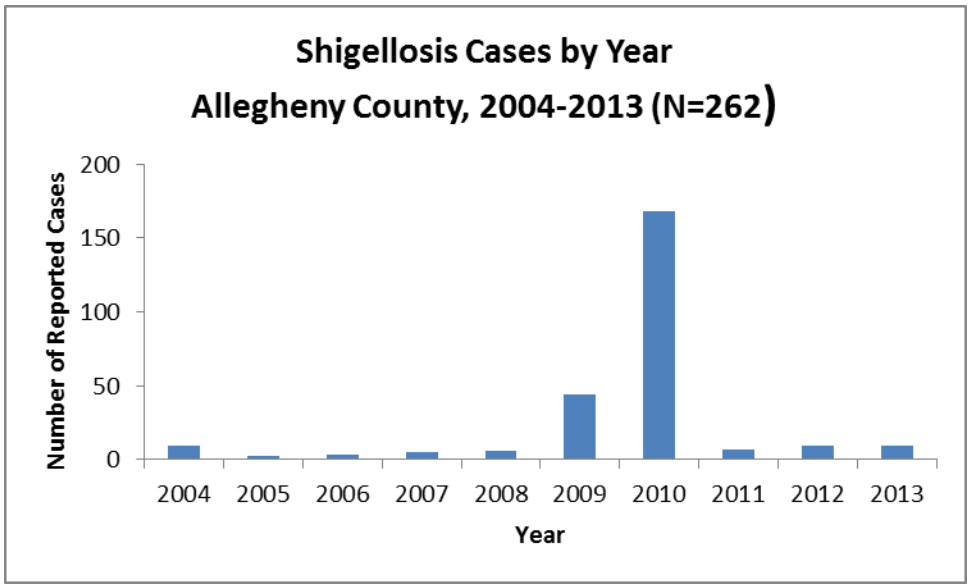
Typhoid fever

In 2004-2013, 24 cases of typhoid fever, caused by *Salmonella typhi*, were reported to ACHD. Of these, 20 (83%) reported travel outside of the US and Canada. Twenty (83%) were hospitalized but no deaths were reported. In 2013, only 2 cases were reported; one had traveled outside the US without receiving vaccine and one had family members with recent travel.

Shigellosis

Shigellosis is a diarrheal disease with outbreaks common at childcare facilities and among men who have sex with men. Fewer than 10 cases of shigellosis are reported each year, except in 2009 and 2010 when several childcare facilities experienced outbreaks (Figure 21). During these 2 outbreak years, 212 cases were reported with median age of 8 years; of these, 199 (94%) were *S. sonnei.* In 2013, nine cases were reported (serotypes *flexneri* or *sonnei*); of these, none reported travel outside the US or Canada or association with day care facilities. Eight (89%) consumed meals outside the home.

Figure 21



Campylobacteriosis

Campylobacteriosis was the second most commonly reported enteric disease after salmonellosis with an average of 107 cases reported per year (Figure 22). In 2013, 131 cases were reported. The reported incidence rate in 2013 for Allegheny County was 10.6, lower than the FoodNet rate of 13.8 per 100,000.

Campylobacter infection was more common among adults than among school aged children (Figure 23) and slightly more common among males (54%).

Common risk factors for campylobacteriosis include eating undercooked poultry or cross contaminated foods or contact with the stool of an ill dog or cat. In Allegheny County, 54% of cases reported exposure to animals, 13% reported eating raw or undercooked meat, and 11% reported eating raw or undercooked eggs.

Figure 22

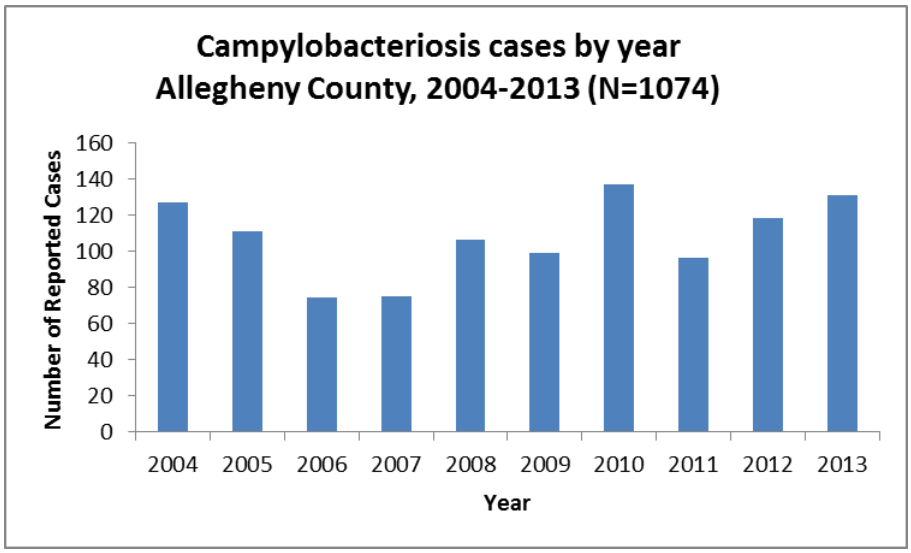
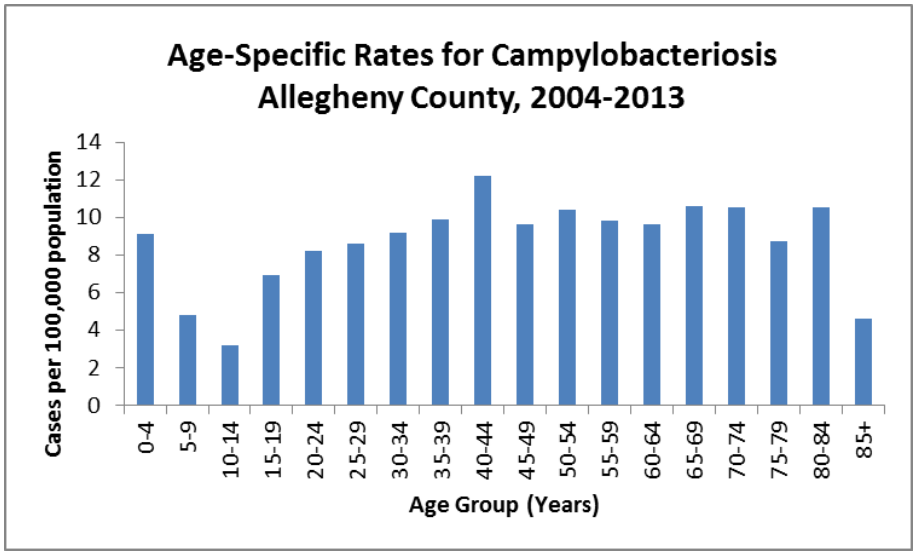


Figure 23

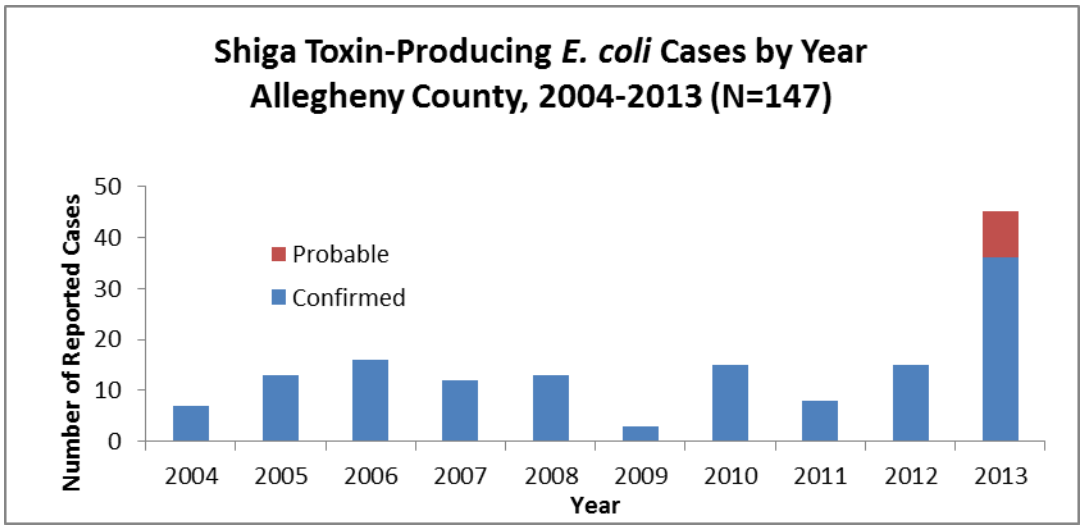


Shiga-toxin producing *E.Coli*

Some types of *E. coli* bacteria cause disease by making a toxin called Shiga toxin. *E. Coli* 0157:H7 is the most commonly identified STEC in North America. In 2013, 43 cases of Shiga-toxin producing *E. coli* (STEC) were reported to ACHD, far more than are usually reported (Figure 24). Twenty four (56%) of the 43 cases were associated with eating at a particular restaurant. Most (84%) of these restaurant-associated cases had eaten a beef burger. Isolates from all of the outbreak-associated cases were typed as *E. coli* 0157:H7.

Of the 147 STEC cases reported in 2004-2013, 39% were hospitalized and 1 died. The median age of cases was 22 years, with a range of 0 to 90 years. About one third (31%) of cases reported eating raw or undercooked meat, and 19% reported swimming before illness onset.

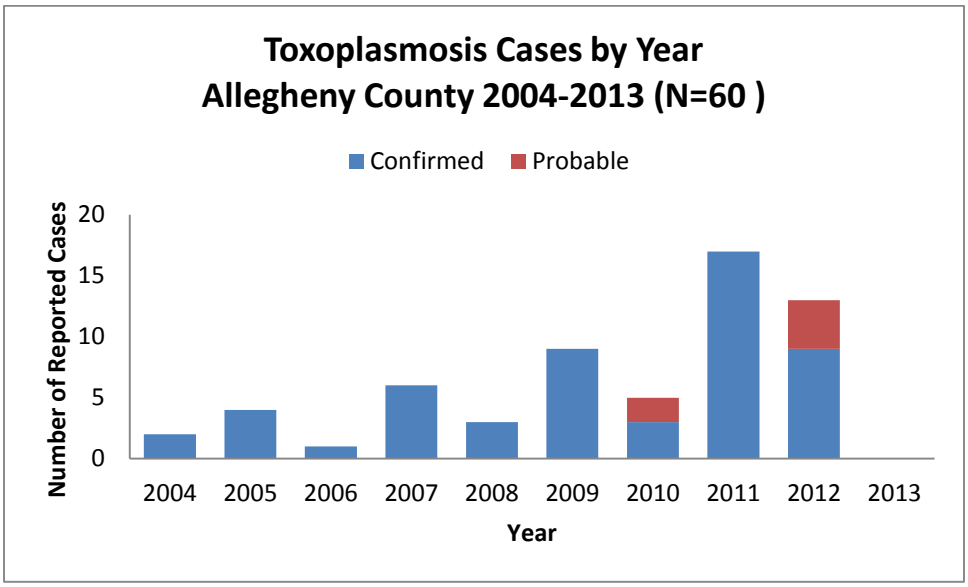
Figure 24



Toxoplasmosis

Approximately 60 million Americans are infected with the *Toxoplasma* parasite, but most infected persons are asymptomatic. Newly infected pregnant women and immunocompromised persons are at risk for complications. In 2004-2013, 54 confirmed and 6 probable cases were reported to ACHD (Figure 25). Of these, 13 (22%) were pregnant and 3 were known to be immunocompromised. Although exposure to cats is associated with risk for infection, only 12 (20%) of the reported cases in Allegheny County had been exposed to cats.

Figure 25



Listeriosis

Listeriosis is a rare but serious foodborne illness which most often affects the elderly, those with compromised immune systems, and pregnant women and their newborns. Infections may be mild but those diagnosed are often more serious, involving blood infection or meningitis. In Allegheny County, an average of 7 cases per year was reported in 2004-2013 (Figure 26). In 2013, three cases were reported for a rate of 0.24 per 100,000, similar to the FoodNet rate of 0.26 but above the HP 2020 goal of 0.20 per 100,000. Infants and the elderly had the highest incidence rates (Figure 27); 45 cases were reported among persons ≥60 years. Only one case was known to be pregnant. Five (7%) were infants < 12 months of age.

Of the 70 total reported cases in 2004-2013, 57 (81%) were hospitalized, including all five infants < 12 months of age and all 45 who were ≥60 years of age.

Figure 26

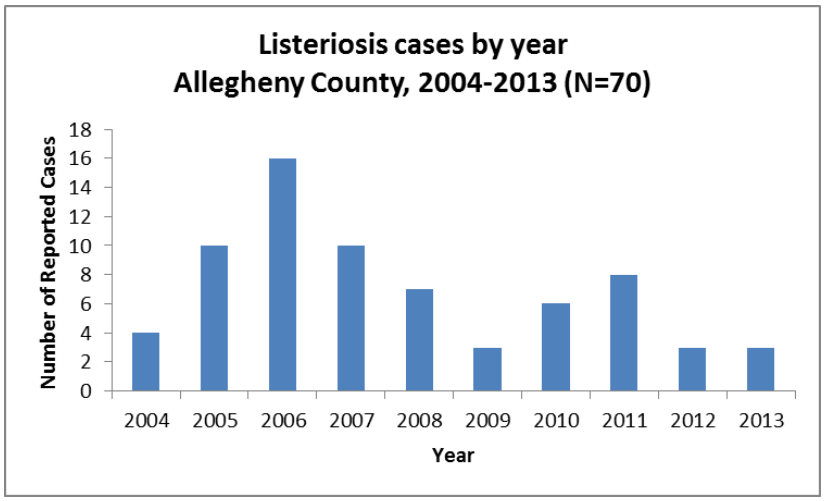
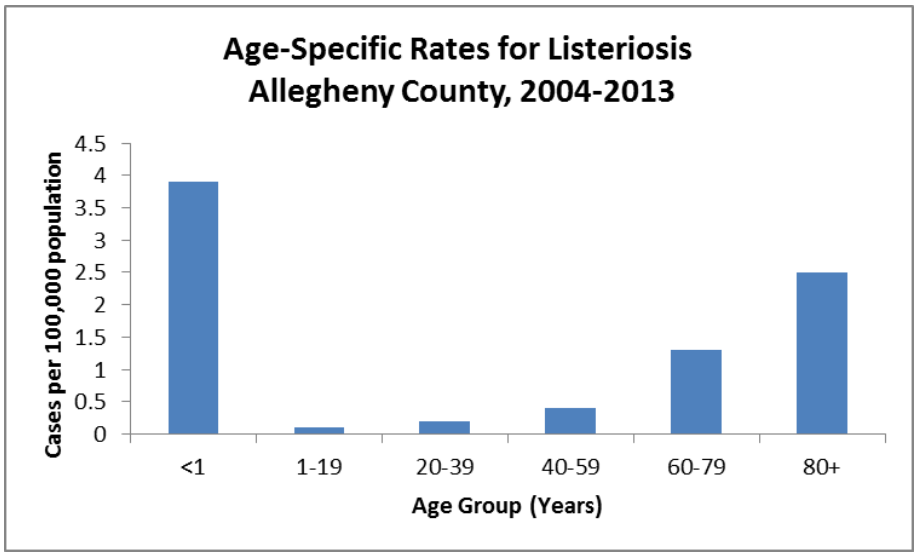


Figure 27



Cryptosporidiosis

Cryptosporidiosis is a diarrheal disease caused by a parasite most commonly transmitted through drinking water or recreational water. The number of reported cases of cryptosporidiosis in Allegheny County appears to be increasing (Figure 28), with an average of 17 cases per year reported in 2004-2008 and an average of 31 per year reported in 2009-2013. In 2013, 31 cases were reported for a crude incidence rate of 2.5 per 100,000, equal to the 2013 FoodNet rate of 2.5 per 100,000. The majority (55%) of reported cases were female; all age groups were affected (Figure 29). One third (33%) of cases were hospitalized.

Almost one half (46%) of the cases reported having been around an animal, 21% had been swimming, and 10% had traveled outside of the US and Canada. Cryptosporidiosis is more common in immunocompromised persons, but no information on HIV status or other immunodeficiencies was available for reported cases in Allegheny County.

Figure 28

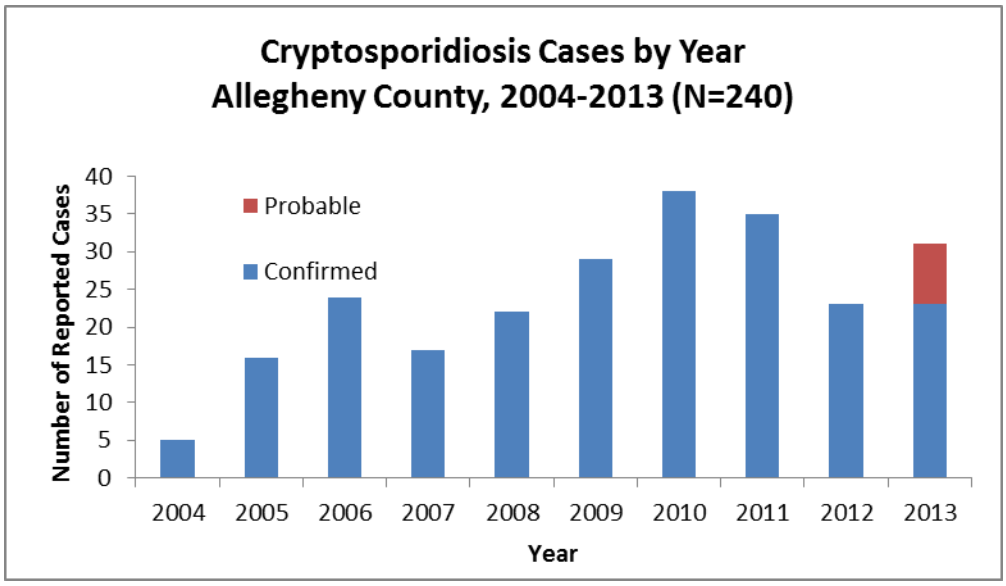
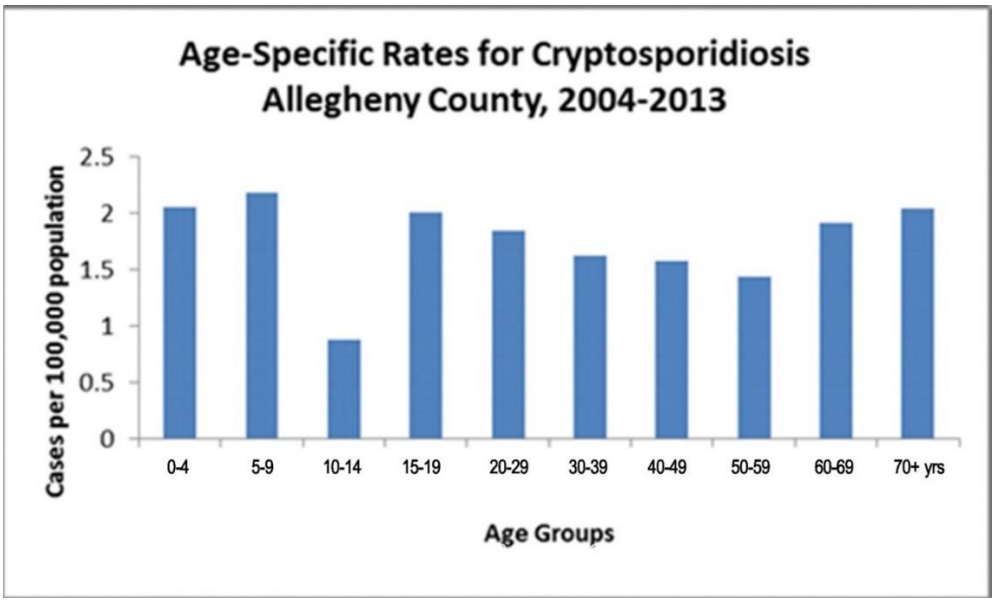


Figure 29


Age-Specific Rates for Cryptosporidiosis
Allegheny County, 2004-2013
Cases per 100,000 population
2.5
2
1.5
1
0.5
0
0-4
5-9
10-14
15-19
20-29
30-39
40-49
50-59
60-69
70+ yrs
Age Groups

Giardiasis

Giardiasis is an intestinal disease caused by ingestion of *Giardia* cysts in fecally contaminated water or by person-to-person transmission. An average of 70 cases of giardiasis per year was reported to ACHD (Figure 30). More cases were reported during late summer and early fall (Figure 31). The median age of reported cases was 36 years with a range of 0 to 93 years. The incidence rate was highest among children 0-4 years of age (Figure 32). Ninety three (13%) cases were hospitalized.

Of 703 total cases reported, risk information was available on 632. Of these, 30% reported possible exposure outside of the US, and 20% reported having gone swimming in 14 days prior to illness.

Figure 30

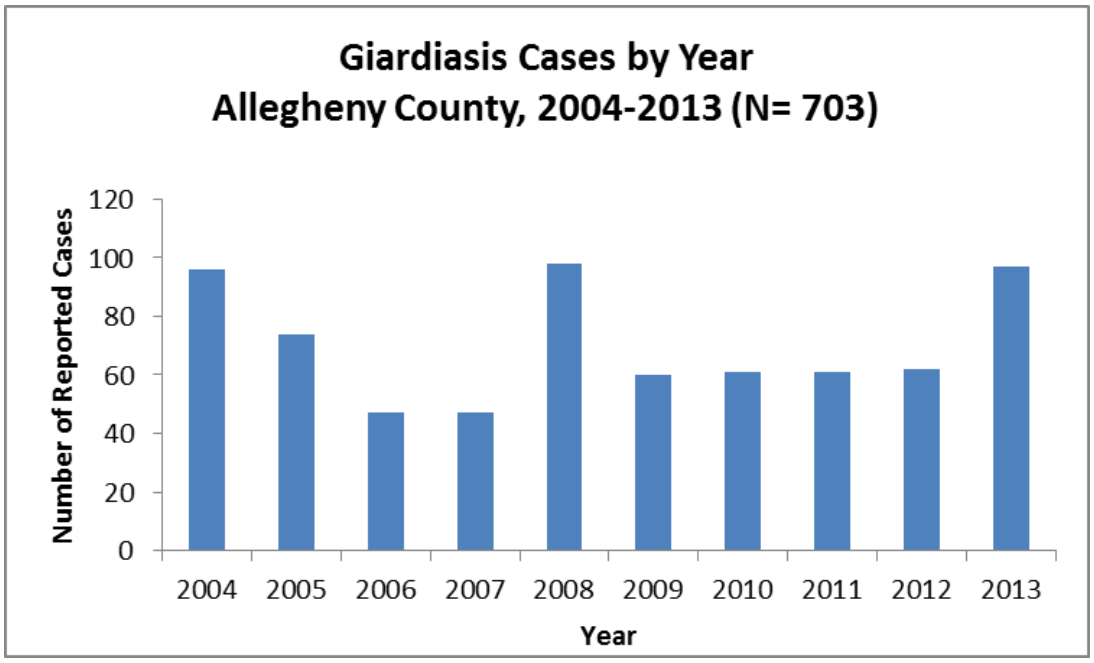


Figure 31

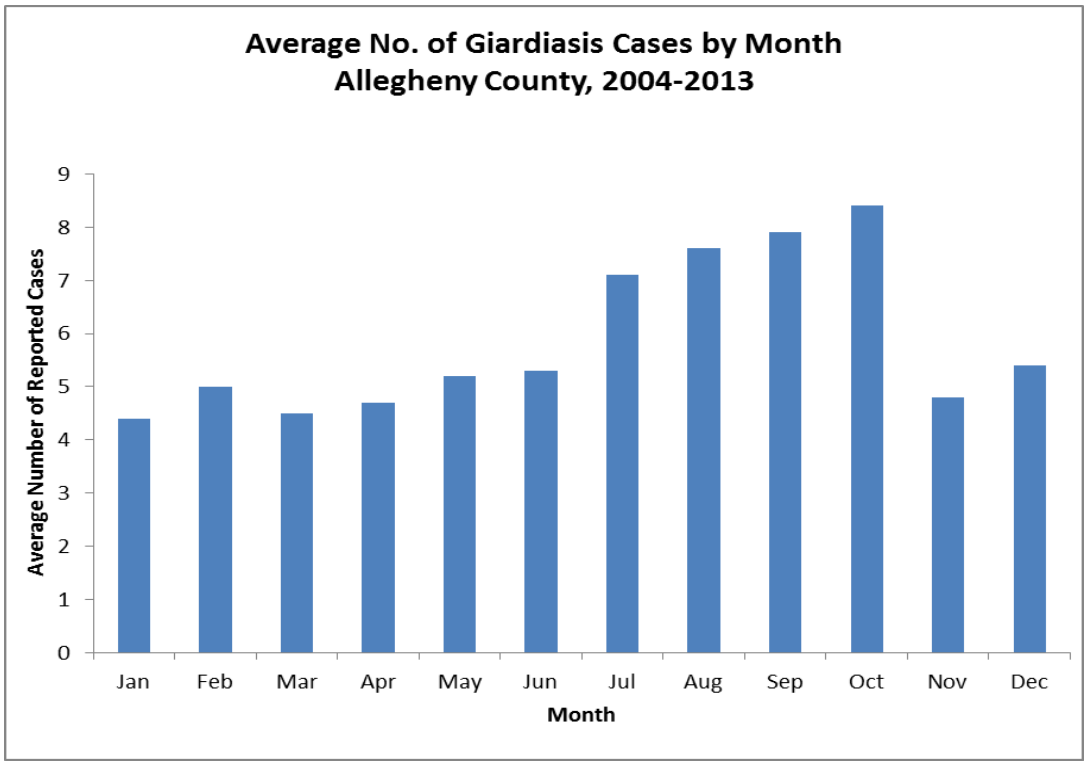
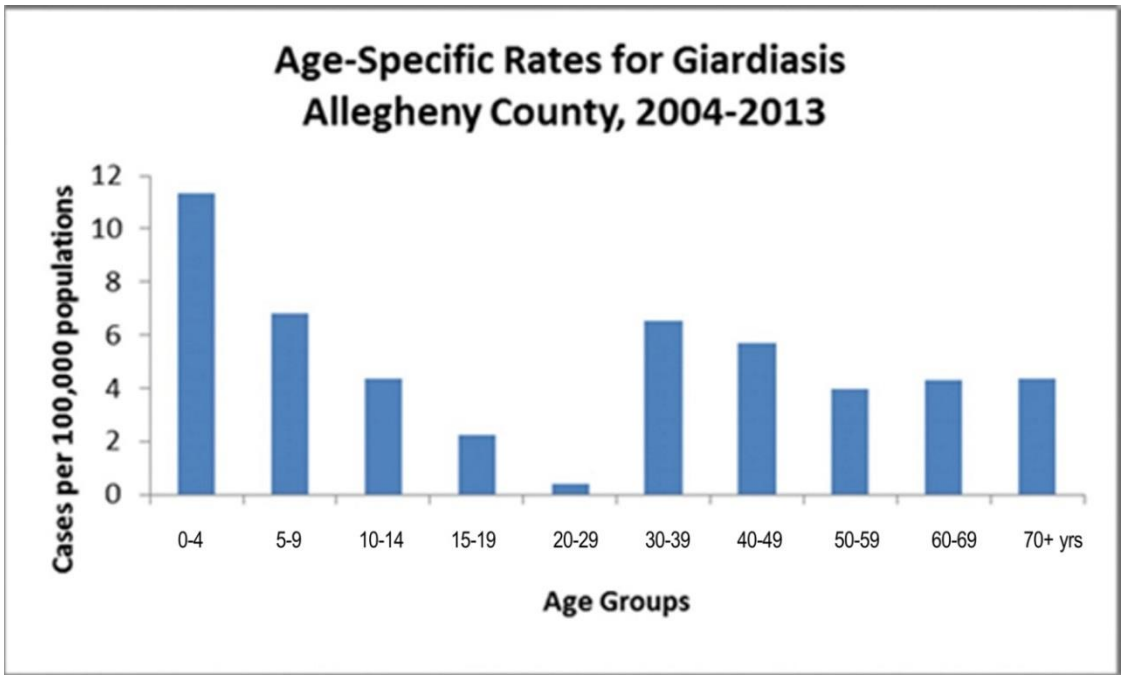


Figure 32



Amebiasis

Amebiasis is caused by ingestion of the parasite *Entamoeba histolytica*. During 2004-2013, 11 cases of amebiasis were reported, including 2 in 2013.

Infant botulism

Botulism is a muscle paralyzing disease cause by the ingestion of the toxin of the bacterium *Clostridium botulinum* or by colonization of the intestinal tract in infants. In 2004-2013, 5 confirmed cases of infant botulism were reported to ACHD, including one in 2013. All were < 1 year of age. All were hospitalized, received antitoxin and survived. None reported having consumed honey. Three of the 5 were reported to have had construction around their house.

Respiratory diseases

Tuberculosis

Tuberculosis is a highly contagious respiratory disease that is endemic in many countries outside the US. Approximately 20 cases per year of active tuberculosis (TB) were reported to ACHD (Figure 33). The crude incidence rate for Allegheny County in 2013 (1.2 per 100,000) was considerably lower than the national rate of 3.0 per 100,000 in 2013.

The median age of cases was 52 years with range of 0 to 97 years. Persons ≥70 years of age were at highest risk (Figure 34).

Most (69%) cases were confirmed by culture. Susceptibility testing was only recorded for 2 cases, both of which were susceptible to drugs tested.

Of 112 cases with information on country of birth, 61 (54%) were foreign born. HIV status was known for 97% of the cases, of whom 4% were HIV-infected.

Figure 33

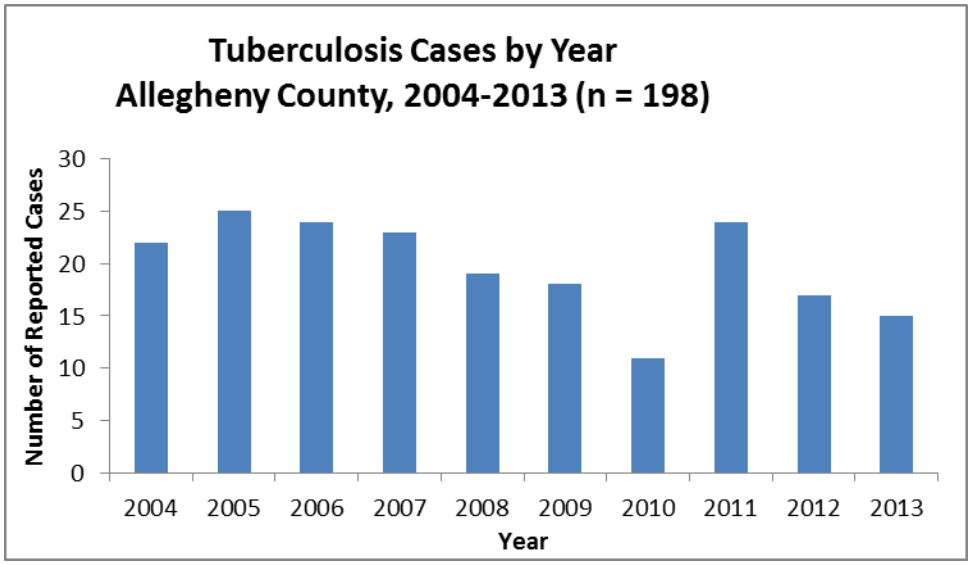
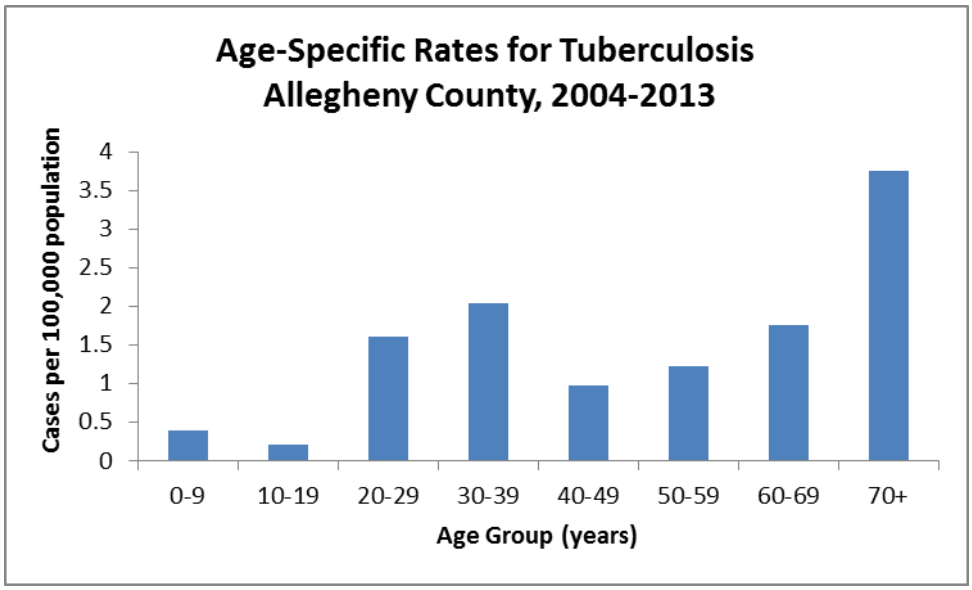


Figure 34


Age-Specific Rates for Tuberculosis
Allegheny County, 2004-2013
Cases per 100,000 population
4
3.5
3
2.5
2
1.5
1
0.5
0
0-9
10-19
20-29
30-39
40-49
50-59
60-69
70+
Age Group (years)

Legionellosis

Legionnaire's disease is a severe pneumonia which may affect persons with weak immune systems who breathe in aerosolized water containing Legionella bacteria. An average of 83 cases of legionellosis per year was reported (range 54 to 118) to ACHD in 2004-2013 (Figure 35). The crude incidence rate varied from 4.4 to 9.7 during the 10-year period, much higher than the national rate which varied from 0.7 to 1.1 in 2004-2009 (most recent data available). The Mid-Atlantic region, which includes Pennsylvania, has the highest rates of Legionnaire's disease in the US. Most (86%) cases with laboratory data were identified by urine antigen tests. Almost all (92%) cases were hospitalized; 67 (8%) died.

The rates of reported infection were highest in the elderly (Figure 36), but most (78%) cases were 45-64 years of age. More males (62%) than females were reported. The incidence was highest during the summer months (Figure 37). Most (84%) infections were community acquired, with 16% possibly acquired in a health care facility. Of the community-acquired cases, only 2% reported travel during the 10 days before illness onset.

Figure 35

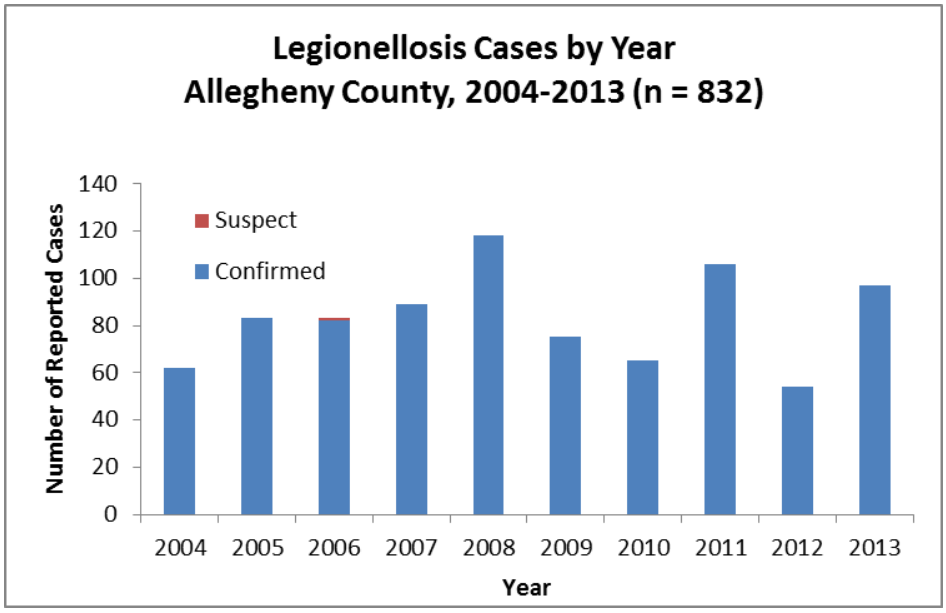


Figure 36

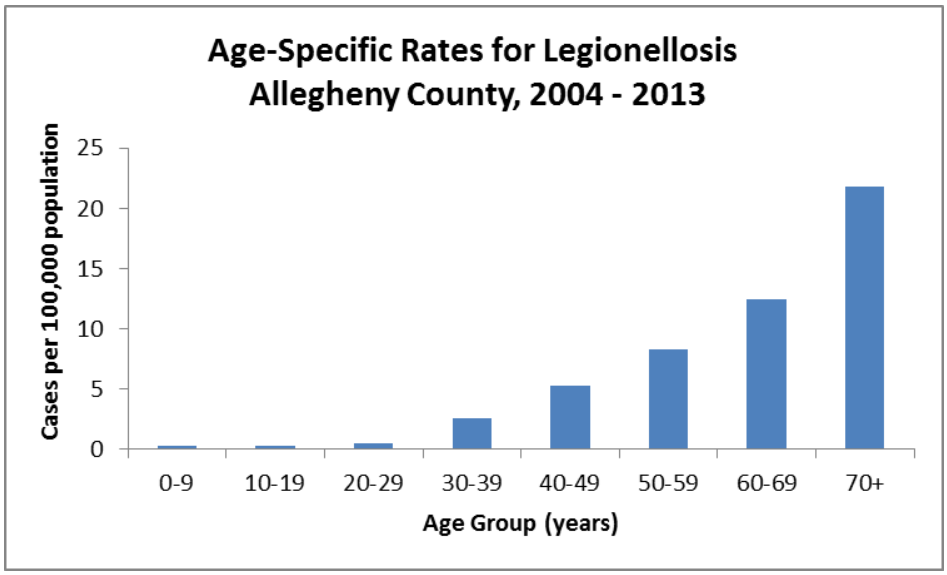
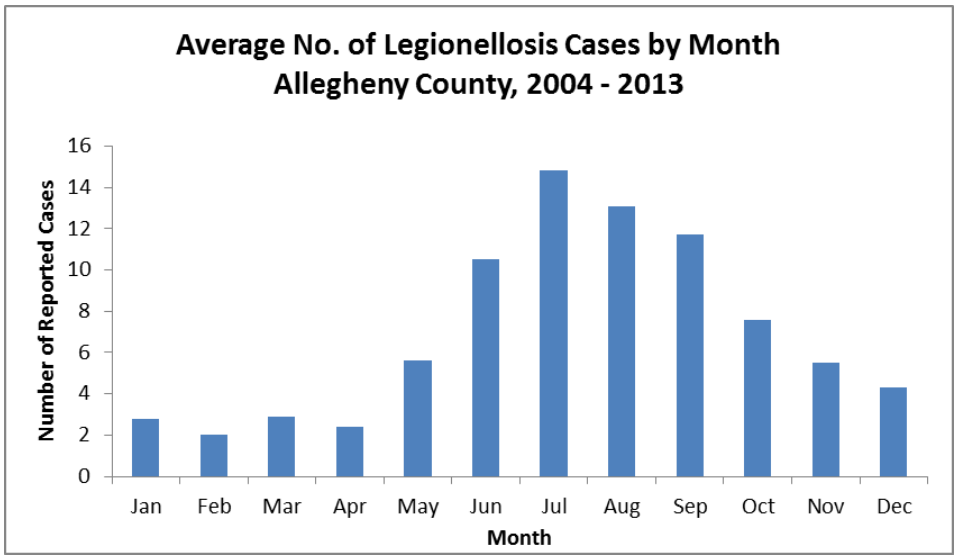


Figure 37



Vectorborne

Lyme disease

The number of positive laboratory reports received by ACHD for Lyme disease, a tickborne infection, increased dramatically during the past 10 years, with approximately 600 case/laboratory reports received in 2013. Most laboratory reports did not include information on symptoms, so they could not be classified as confirmed cases. Improvements in the case follow-up and classification process are in progress. A recent report released by the Pennsylvania Department of Environmental Protection noted that 39% of deer ticks in the southwest region of Pennsylvania were positive for *Borrelia burgdorferi*.

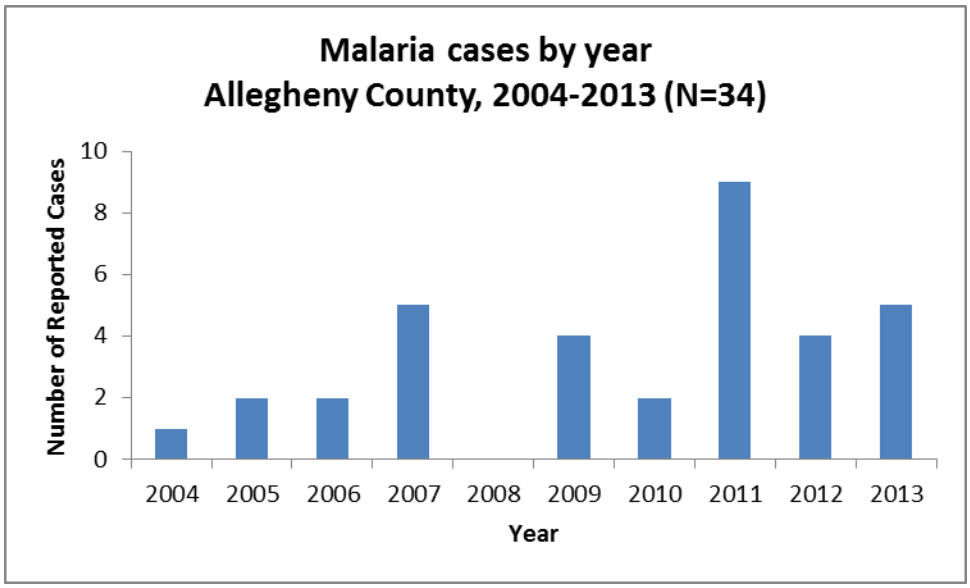
West Nile virus disease

The West Nile virus is transmitted by mosquito and can cause a febrile illness and occasionally encephalitis. Eight confirmed cases of West Nile virus disease were reported in 2004-2013; none of these occurred in 2012 or 2013.

Malaria

In 2004-2013, 34 cases of malaria, a mosquito-borne infection caused by the Plasmodium parasite, were reported to ACHD (Figure 38). All persons affected had traveled outside the US and Canada. Cases ranged in age from 1 to 75 years. Fourteen (41%) cases were likely infected in West Africa, 9 (26%) in India, 4 (12%) in East and Southern Africa, and one in Afghanistan. Specific travel history was not known for 6 cases. At least half of the cases did not take any prophylactic antimalarial medication while traveling.

Figure 38



Dengue

In 2004-2013, 14 cases of dengue fever, a mosquito-borne viral disease common in warm climates, were reported to ACHD with an age range of 17 to 72 years. All cases had traveled outside of the US and Canada. Infections were most likely acquired in India (36%), Central or South America (36%), the Caribbean (21%), and Sri Lanka (7%).

Other diseases

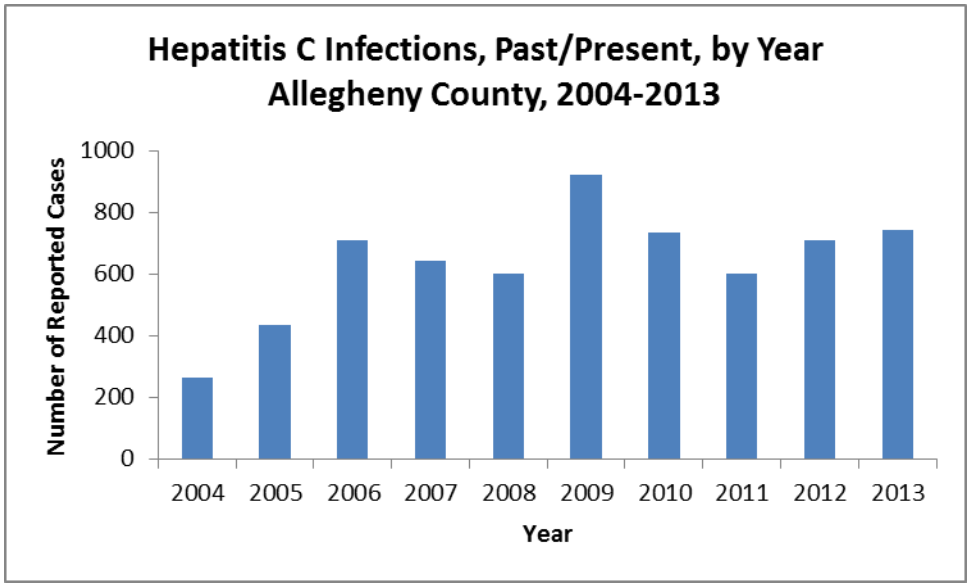
Hepatitis C, acute

Only 10 confirmed cases of acute hepatitis C, a viral disease which can lead to liver damage, were reported to ACHD in 2004-2013, all before 2008.

Hepatitic C, past or present

From 2004-2013, ACHD received 17,219 reports of hepatitis C. Of these, 6368 (37%) were classified as confirmed (Figure 39). In 2013, 1,627 reports were received, including 741 (46%) classified as confirmed and 38 (2%) as probable; 857 had only positive antibody tests. Of the confirmed cases of hepatitis C reported in 2009-2013, 62% were males and 61% were 45 to 65 years of age.

Figure 39



Invasive Group A Streptococcal infection

Group A streptococci cause infections of the throat and skin. If the bacteria invade the blood, fascia, or organs, they cause more severe infections including necrotizing fasciitis, toxic shock syndrome, pneumonia, and septicemia. An average of 35 cases per year of invasive group A streptococcal infection were reported to ACHD (Figure 40). Of those with information available about site of infection, 62% had a positive blood culture and 16% had a positive wound culture. Persons ≥65 years were at greatest risk (Figure 41). Of 347 total cases, 202 (55%) were hospitalized and 19 (5%) died.

Figure 40

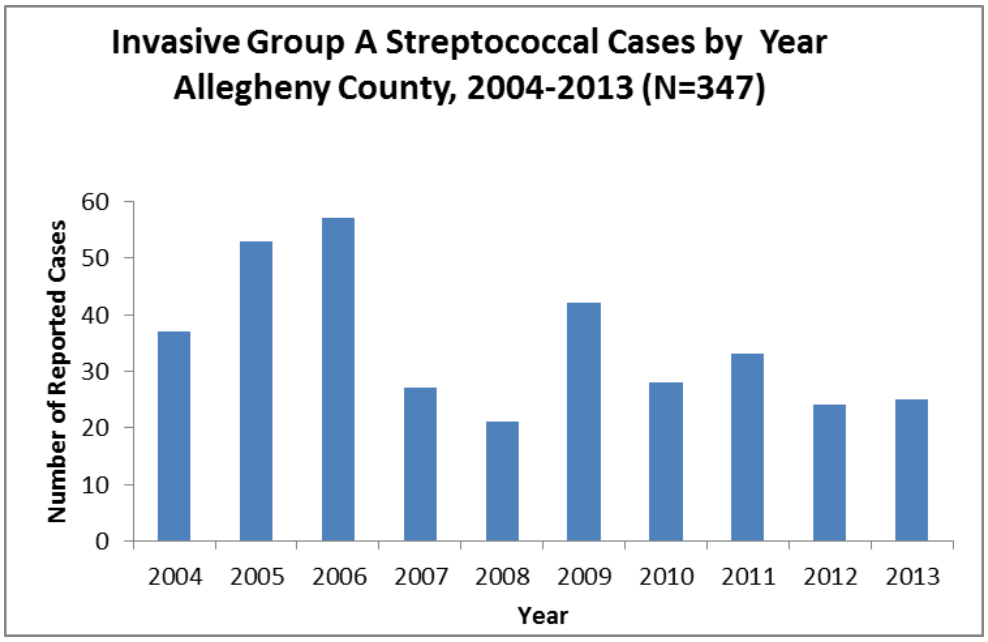
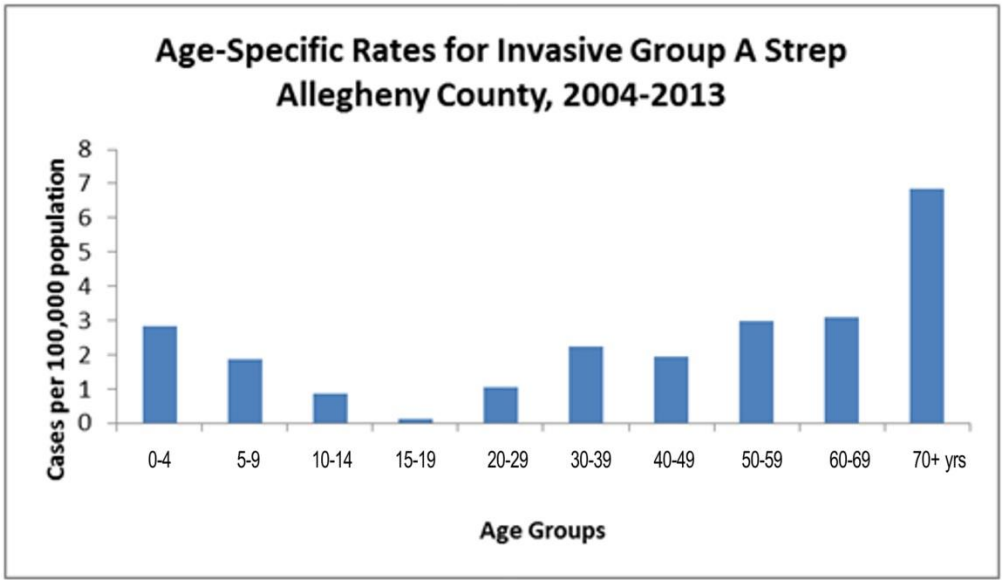


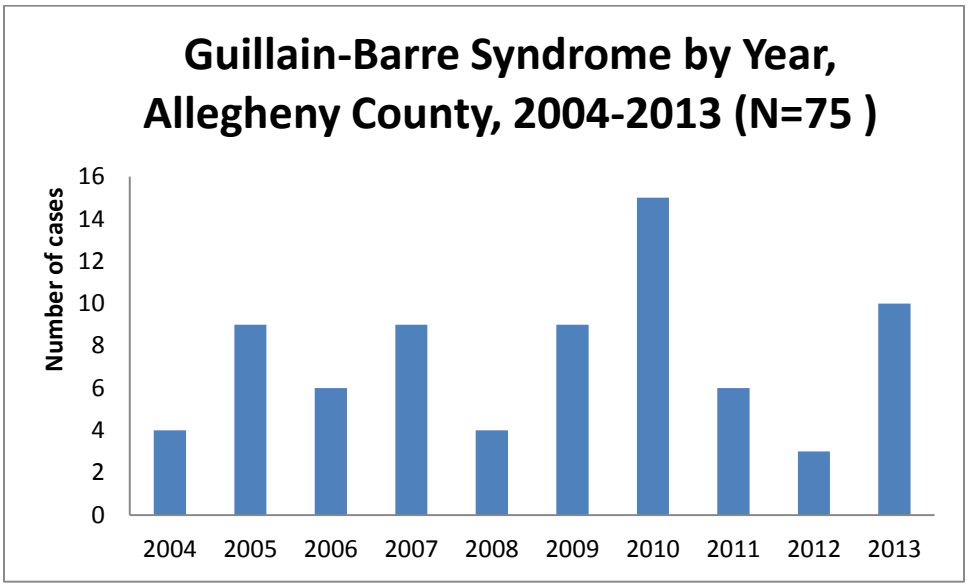
Figure 41



Guillain-Barre Syndrome

Guillain-Barre Syndrome (GBS) is an autoimmune disease characterized by muscle weakness and paralysis, often preceded by diarrheal or respiratory infections. In 2004-2013, 75 confirmed cases of GBS syndrome were reported to ACHD (Figure 42). The median age of cases was 55 years with a range of 19 to 82 years. Information on preceding diarrheal or respiratory illness was incomplete. Only one case reported vaccination within 2 weeks of symptom onset.

Figure 42



Creutzfeldt-Jakob Disease (CJD)

In 2004-2013, 16 cases of classic Creutzfeldt-Jakob disease, a neurodegenerative prion disease, were reported to ACHD, including 3 cases in 2013. The reported cases include 5 confirmed, 7 probable, and 4 suspect cases. No cases of variant CJD, which is related to "mad cow" disease, were reported. All reported cases of classic CJD were ≥45 years of age (median 56 years). Eleven (69%) cases were hospitalized at time of diagnosis. CJD is always fatal.

Outbreaks

In 2013, ACHD investigated 54 disease outbreaks, including 35 influenza outbreaks at long- term care facilities (LTCFs) and 12 norovirus/diarrhea outbreaks, 9 of which were at LTCFs.

Condition	Norovirus	GI unspecified	Food poisoning unspecified	Scombroid poisoning	Campylo-bacteriosis	Shiga-toxin producing *Escherichia coli*	Lead Poisoning	Influenza
# outbreaks	10	2	2	1	1	2	1	35
# people ill	335	n/a	18	5	9	27	4	335
# outbreaks by setting								
Restaurant	2	0	2	1	0	2	0	0
Long-term care facility	7	2	0	0	0	0	0	35
Hospital	1	0	0	0	0	0	0	0
School trip (outside of U.S.)	0	0	0	0	1	0	0	0
Construction area	0	0	0	0	0	0	1	0

Appendix A: Number of cases reported by disease, Allegheny County, 2004-2013

Disease	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Grand Total
AMEBIASIS	0	0	1	0	1	3	1	2	1	2	11
BOTULISM INFANT	0	0	0	1	0	0	2	0	1	1	5
CAMPYLOBACTER	127	111	74	75	106	99	137	96	118	131	1074
CREUTZFELD JAKOB DISEASE	1	2	0	0	1	5	0	1	3	3	16
CRYPTOSPORIDIOSIS	5	16	24	17	22	29	38	35	23	31	240
DENGUE	0	0	2	1	1	0	1	0	5	3	14
GIARDIASIS	96	74	47	47	98	60	61	61	62	97	703
GUILLAIN BARRE	4	9	6	9	4	9	15	6	3	10	75
HAEMOPHILUS INFLUENZA	11	15	19	9	9	7	15	26	23	16	150
HEPATITIS A	15	8	4	20	9	4	7	7	8	4	86
HEPATITIS B ACUTE	46	30	19	51	26	11	15	12	2	10	222
HEPATITIS C ACUTE	3	6	0	1	0	0	0	0	0	0	10
HEPATITIS C PAST/PRESENT	2245	1754	1684	1633	1811	1898	1449	1374	1734	1637	17219
LEGIONELLA	62	83	83	89	118	75	65	106	54	97	832
LISTERIOSIS	4	10	16	10	7	3	6	8	3	3	70
MALARIA	1	2	2	5	0	4	2	9	4	5	34
MEASLES	0	0	1	0	1	3	0	0	0	0	5
MUMPS	1	0	6	0	0	1	0	0	0	2	10
N MENING	3	7	4	2	3	3	0	4	2	2	30
PERTUSSIS	112	55	19	35	42	59	50	60	226	47	705
SALMONELLA	142	89	125	88	118	136	156	146	124	107	1231
SHIGELLOSIS	9	2	3	5	6	44	168	7	9	9	262
SHIGO TOXIN PRODUCING E. COLI	7	13	16	12	13	3	15	8	15	45	147
STREPTOCOCCUS GROUP A, INVASIVE	37	53	57	27	21	42	28	33	24	25	347
STREPTOCOCCUS PNEUMONIAE, INVASIVE	9	38	32	28	46	25	52	73	76	60	439
TUBERCULOSIS	22	25	24	23	19	18	11	24	17	15	198
TOXOPLASMOSIS	2	4	1	6	3	9	5	17	13	0	60
TYPHOID	0	0	1	2	5	3	4	6	1	2	24
VARICELLA		472	583	433	139	83	59	73	75	50	1967
WEST NILE VIRUS	0	8	0	2	0	0	0	1	0	0	11

Appendix B

REPORTABLE DISEASES/CONDITIONS IN ALLEGHENY COUNTY

Report the Following Diseases/Conditions via PA-NEDSS* at https://www.nedss.state.pa.us

Report HIV to (412) 578-8358 and Sexually Transmitted Infections to (412) 578-8081

Any unusual diseases/infections/conditions including SARS or MERS-CoV are to be reported IMMEDIATELY as soon as clinically suspected. Reporting is not to await laboratory confirmation.

Outbreaks of any kind are to be reported IMMEDIATELY

ON NIGHTS, WEEKENDS, AND HOLIDAYS REPORT ALL TO (412) 687-ACHD (2243)

Healthcare practitioners and healthcare facilities MUST report the following WITHIN 24 HOURS**

1) Animal bites (*separate form on ACHD website*)
2) Anthrax
3) Arboviruses (*includes chikungunya, dengue, Eastern encephalitis, Japanese encephalitis, Powassan, St. Louis encephalitis West Nile virus infection, Yellow fever, et. al.*)
4) Botulism (all forms)
5) Carbon Monoxide Poisoning
6) Cholera
7) Diphtheria
8) Enterohemorrhagic *E. coli* (shiga toxin-producing *E. coli* or STEC)
9) Food poisoning
10) *Haemophilus Influenzae* invasive disease
11) Hantavirus pulmonary syndrome
12) Hemorrhagic fever (*includes Ebola*) *equine*
13) Lead Poisoning
14) Legionnellosis
15) Measles
16) Meningococcal invasive disease
17) Plague
18) Poliomyelitis
19) Rabies
20) Smallpox
21) Typhoid fever

Healthcare practitioners and healthcare facilities MUST report the following within FIVE WORKING DAYS**

22) Acquired Immunodeficiency Syndrome (AIDS)
23) Anaplasmosis
24) Amebiasis
25) Babesiosis
26) Brucellosis
27) Campylobacteriosis
28) Cancer (report to the Pennsylvania Cancer Registry)
29) CD4 T-Lymphocyte test result <200 or a percentage <14% of total
30) Chancroid
31) Chickenpox (Varicella)
32) Chlamydia trachomatis (Chlamydia) Infections
33) Creutzfeldt-Jakob Disease
34) Cryptosporidiosis
35) Ehrlichiosis
36) Encephalitis (all types)
37) Giardiasis
38) Neisseria gonorrhoeae (Gonorrhea) Infections
39) Granuloma Inguinale
40) Guillain-Barre Syndrome
41) Hepatitis, Viral — Acute and Chronic (A, B, C, D, E)
42) Histoplasmosis
43) Human Immunodeficiency Virus (HIV)
44) Influenza (Lab-confirmed only)
45) Leprosy
46) Leptospirosis
47) Listeriosis
48) Lyme Disease
49) Lymphogranuloma Venereum
50) Malaria
51) Methicillin-Resistant Staphylococcus Aureus (MRSA), invasive disease (separate form on ACHD website)
52) Meningitis (all types—not limited to invasive Haemophilus influenzae or Neisseria meningitidis)
53) Mumps
54) Perinatal exposure of a newborn to Hepatitis B
55) Perinatal exposure of a newborn to HIV
56) Pertussis
57) Psittacosis (Ornithosis)
58) Respiratory Syncytial Virus
59) Rickettsial Diseases
60) Rubella and Congenital Rubella Syndrome
61) Salmonellosis
62) Shigellosis
63) Staphylococcus aureus, Vancomycin-resistant (VRSA) or Intermediate (VISA) invasive disease
64) Streptococcal invasive disease (group A)
65) Streptococcus pneumoniae, invasive disease
66) Syphilis - all stages
67) Tetanus
68) Toxic Shock Syndrome
69) Toxoplasmosis
70) Trichinosis
71) Tuberculosis
72) Tularemia

Reportable only in children <5 years of age to the Pennsylvania Department of Health at (877) 724-3258

73) Congenital Adrenal Hyperplasia (CAH)
74) Congenital Hypothyroidism
75) Galactosemia
76) Maple Syrup Urine Disease
77) Phenylketonuria
78) Sickle Cell Disease

* *PA-NEDSS is Pennsylvania's version of the National Electronic Disease Surveillance System. New Users: To register for PA-NEDSS access please send an e-mail to NEDSS@pa.gov.*

** *Clinical laboratories — all diseases are reportable by next workday*

Updated 07.02.2014