

*Reportable Disease
Surveillance in Virginia,
1992*



VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment

Office of Epidemiology

Reportable Disease Surveillance in Virginia, 1992

Robert B. Stroube, M.D., M.P.H.
State Health Commissioner

Grayson B. Miller, Jr., M.D.
State Epidemiologist

C. Diane Woolard, M.P.H.
and Leslie M. Branch
Report Editors

Virginia Department of Health
P.O. Box 2448
Richmond, Virginia 23218

*Virginia Department of Health, Office of Epidemiology
Surveillance Contacts: Directors and Epidemiologists*

State Epidemiologist: Grayson B. Miller, Jr., M.D., Office Director

Bureau of Disease Surveillance and Epidemiologic Studies: Diane Woolard, Director (804-786-6261)

Surveillance Program: Leslie M. Branch, Epidemiologist (804-786-6261)

Robert L. Hackler, Epidemiologist (*Western Operations*, Roanoke, 703-857-7411)

Betty S. Rouse, Epidemiologist (*Eastern Operations*, Virginia Beach, 804-363-3874)

Virginia Cancer Registry: M. Gillian Thompson, C.T.R., Director (804-786-1668)

Alzheimer's Disease & Related Disorders Registry: Elizabeth Turf, Ph.D., Director (804-786-6263)

Bureau of Zoonotic Disease Control: Suzanne R. Jenkins, V.M.D., M.P.H., Director (804-786-6261)

Division of Communicable Disease Control: A. Martin Cader, M.D., Director (804-786-6261)

Bureau of STD/AIDS: Casey W. Riley, Director (804-786-6267)

Elijah J. West, Deputy Director (804-786-6267)

Statistics and Data Management: Heidi F. Villanueva, Ph.D., Epidemiologist (804-225-4845)

Surveillance and Seroprevalence: vacant (804-225-4845)

Health Care Services: Kathryn A. Hafford, R.N., M.S., Nurse Consultant (804-225-4844)

Bureau of Immunization: James B. Farrell, Director (804-786-6246)

Jack Milton, Deputy Director (804-786-6246)

Richard C. Carney, Public Health Advisor (804-786-6246)

Bureau of Tuberculosis Control: A. Martin Cader, M.D., Acting Director (804-786-6261)

Angelos A. Iatridis, M.D., Deputy Director (804-786-6251)

Thomas D. Privett, Program Administrator (804-786-6251)

Division of Health Hazards Control: Carl W. Armstrong, M.D., Director (804-786-6029)

Bureau of Toxic Substances Information: Khizar Wasti, Ph.D., Director (804-786-1763)

Bureau of Radiological Health: Leslie P. Foldesi, M.S., C.H.P., Director (804-786-5932)

ACKNOWLEDGMENT:

In addition to the persons listed on the preceding page, the Office of Epidemiology would like to acknowledge the contributions of all persons engaged in disease surveillance and control activities across the state throughout the year.

We appreciate the commitment to public health of all epidemiology staff in local and district health departments, Operations offices, and the Central Office, as well as the conscientious work of nurses/nurse epidemiologists, environmental health specialists, infection control practitioners, physicians, laboratory staff, and administrators. These persons report or manage disease surveillance data on an ongoing basis and diligently strive to control morbidity in Virginia. This report would not be possible without the efforts of all those who collect and follow up on morbidity reports.

We thank the many Central Office staff who worked on the production of this report. Zo Elliott's support and attention to detail are particularly appreciated.

The editors would also like to express a special note of thanks to Mary Jean Linn, who is responsible for creating the tables and graphs included in this report. We sincerely appreciate her contribution to this project.

TABLE OF CONTENTS

List of Figures	vii
List of Tables	ix

VIRGINIA DISEASE SURVEILLANCE

Introduction and Data Summary	1
---	---

PART ONE DESCRIPTIVE EPIDEMIOLOGY OF REPORTABLE DISEASES

Amebiasis	13
Anthrax	13
Arboviral Infection	13
Aseptic Meningitis	13
Bacterial Meningitis	14
Botulism	15
Brucellosis	15
Campylobacteriosis	15
Chancroid	16
Chickenpox	16
<i>Chlamydia trachomatis</i> Infection	16
Congenital Rubella Syndrome	17
Diphtheria	17
Ehrlichiosis, Human	17
Encephalitis, Primary	17
Encephalitis, Post-Infectious	18
Fifth Disease	18
Foodborne Outbreaks	18
Fungal Diseases	18
Giardiasis	20
Gonorrhea	20
Granuloma Inguinale	21
<i>Haemophilus influenzae</i> Infection, Invasive	21
Hansen's Disease (Leprosy)	22
Hepatitis A	22
Hepatitis B	23
Hepatitis Non-A Non-B	23
Hepatitis Unspecified	24
Histoplasmosis	24

Human Immunodeficiency Virus (HIV) Infection and the Acquired Immunodeficiency Syndrome (AIDS)	24
Influenza	26
Kawasaki Syndrome.	27
Legionellosis	28
Leptospirosis	28
Listeriosis	28
Lyme Disease	28
Lymphogranuloma Venereum	29
Malaria	29
Measles	30
Meningococcal Infection	30
Mumps	31
Nosocomial Outbreaks	32
Occupational Illnesses.	32
Ophthalmia Neonatorum	32
Other Meningitis	32
Parasites, Intestinal	32
Pertussis	33
Phenylketonuria (PKU)	33
Plague.	34
Poliomyelitis	34
Psittacosis.	34
Q Fever	34
Rabies in Animals	34
Rabies in Humans	35
Reye Syndrome	35
Rocky Mountain Spotted Fever	35
Rubella	36
Salmonellosis	36
Shigellosis.	37
Smallpox	37
Syphilis, Early.	38
Congenital Syphilis	38
Tetanus	39
Toxic Shock Syndrome	39
Toxic Substance Related Illnesses.	39
Toxoplasmosis	39
Trichinosis	40
Tuberculosis	40
Tularemia	41
Typhoid Fever.	41
Typhus, Flea-borne	41
<i>Vibrio</i> Infection	41

Waterborne Outbreaks	41
Yellow Fever	41
Yersiniosis	41

**PART TWO NUMBER OF REPORTED CASES AND RATE PER 100,000
POPULATION FOR SELECTED DISEASES BY CITY/COUNTY,
DISTRICT, AND REGION**

Acquired Immunodeficiency Syndrome	43
Amebiasis	43
Aseptic Meningitis	43
Bacterial Meningitis	47
Campylobacteriosis	47
Chickenpox	47
<i>Chlamydia trachomatis</i> Infection	51
Encephalitis, Primary	51
Giardiasis	51
Gonorrhea	55
Hepatitis A	55
Hepatitis B	55
Hepatitis Non-A Non-B	59
Hepatitis Unspecified	59
HIV Infection	59
Influenza	63
Kawasaki Syndrome	63
Legionellosis	63
Lyme Disease	67
Malaria	67
Measles	67
Meningococcal Infection	71
Mumps	71
Pertussis	71
Rabies in Animals	75
Rocky Mountain Spotted Fever	75
Salmonellosis	75
Shigellosis	79
Syphilis, Early	79
Tuberculosis	79

PART THREE MAPS OF INCIDENCE RATES BY LOCALITY

Acquired Immunodeficiency Syndrome	83
Amebiasis	84
Aseptic Meningitis	85
Bacterial Meningitis	86
Campylobacteriosis	87
Chickenpox	88
<i>Chlamydia trachomatis</i> Infection	89
Encephalitis, Primary	90
Giardiasis	91
Gonorrhea	92
Hepatitis A	93
Hepatitis B	94
Hepatitis Non-A Non-B	95
Hepatitis Unspecified	96
HIV Infection	97
Influenza	98
Kawasaki Syndrome	99
Legionellosis	100
Lyme Disease	101
Malaria	102
Measles	103
Meningococcal Infection	104
Mumps	105
Pertussis	106
Number of Rabid Animals Identified	107
Rocky Mountain Spotted Fever	108
Salmonellosis	109
Shigellosis	110
Syphilis, Early Stage	111
Tuberculosis	112

PART FOUR CHRONIC DISEASE SURVEILLANCE IN VIRGINIA

The Virginia Cancer Registry	113
Cancer and Prevention	113
Definitions	114
Summary of Cancer Incidence in Virginia, 1991	115
Breast Cancer	116
Lung/Bronchus Cancer	116
Prostate Cancer	116
Cancer of the Colon/Rectum	116
Cancer of the Cervix Uteri	116
Bladder Cancer	116
Cancer of the Oral Cavity and Pharynx	117
Melanoma of the Skin	117
Cancer of the Corpus Uteri	117
Cancer of the Kidney and Renal Pelvis	117
Data Presentation (Text and Figures on Total Cancer and the Ten Most Common Primary Sites)	117
References	119
Total Cancer (All Sites)	120
Female Breast Cancer	122
Cancer of the Lung and Bronchus	124
Prostate Cancer	126
Cancer of the Colon and Rectum	128
Cancer of the Cervix Uteri	130
Bladder Cancer	132
Cancer of the Oral Cavity and Pharynx	134
Melanoma of the Skin	136
Cancer of the Corpus Uteri	138
Cancer of the Kidney and Renal Pelvis	140
The Alzheimer's Disease and Related Disorders Registry	151
ADRDR Reports, July 1989 - June 1992	151
Postmortem Examination Program	154

LIST OF FIGURES

1.	Cases of Amebiasis by Date of Onset, Virginia, 1992	13
2.	Cases of Aseptic Meningitis by Date of Onset, Virginia, 1992.	14
3.	Bacterial Meningitis: Ten Year Trend, Virginia, 1983-1992.. . . .	14
4.	Campylobacteriosis: Rate by Age Group, Virginia, 1992	15
5.	Chickenpox: Ten Year Trend, Virginia, 1983-1992.	16
6.	<i>Chlamydia trachomatis</i> : Rate by Age Group, Virginia, 1992	16
7.	Primary Encephalitis: Rate by Race, Virginia, 1992.	18
8.	Giardiasis: Rate by Region, Virginia, 1992	20
9.	Gonorrhea: Rate by Age Group, Virginia, 1992	20
10.	Gonorrhea: Rate by Region, Virginia, 1992.	21
11.	Invasive <i>H. influenzae</i> : Four Year Trend, Virginia, 1989-1992	21
12.	Hepatitis A: Ten Year Trend, Virginia, 1983-1992	22
13.	Hepatitis A & B: Rate by Age Group, Virginia, 1992.	23
14.	Hepatitis B: Rate by Region, Virginia, 1992	23
15.	Histoplasmosis: Ten Year Trend, Virginia, 1983-1992	24
16.	A Comparison of AIDS and HIV Infection by Sex, Virginia, 1992	25
17.	HIV Infection: Rate by Region, Virginia, 1992	25
18.	Cases of AIDS by Year of Report and Vital Status, Virginia, 1982-1992	25
19.	AIDS: Mode of Transmission, Virginia, 1992.	26
20.	Influenza Reported by Sentinel Physicians in Two "Flu Seasons"	27
21.	Kawasaki Syndrome: Rate by Region, Virginia, 1992.	27
22.	Legionellosis: Ten Year Trend, Virginia, 1983-1992.	28
23.	Cases of Lyme Disease by Date of Onset, Virginia, 1992	29

24.	Lyme Disease: Rate by Race, Virginia, 1992	29
25.	Cases of Malaria by Place of Acquisition, Virginia, 1992	30
26.	Measles: Ten Year Trend, Virginia, 1983-1992.	30
27.	Cases of Meningococcal Infection by Date of Onset, Virginia, 1992	31
28.	Mumps: Ten Year Trend, Virginia, 1983-1992.. . . .	31
29.	Intestinal Parasites, Virginia, 1992	33
30.	Pertussis: Ten Year Trend, Virginia, 1983-1992.	33
31.	Species of Animals Positive for Rabies, Virginia, 1992.	34
32.	Animal Rabies Tests by Month and Test Result, Virginia, 1992	35
33.	Cases of Rocky Mountain Spotted Fever by Date of Onset, Virginia, 1992.	36
34.	Salmonellosis Trend, Virginia, 1977-1992.	36
35.	Shigellosis: Rate by Age Group, Virginia, 1992.	37
36.	Early Syphilis: Ten Year Trend, Virginia, 1983-1992.	38
37.	Early Syphilis: Rate by Region, Virginia, 1992.	38
38.	Congenital Syphilis by Mother's Average Age and Year of Report, Virginia, 1988-1992.	39
39.	Tuberculosis: Ten Year Trend, Virginia, 1983-1992.	40
40.	A Comparison of Cancer Incidence and Mortality, by Sex, Virginia, 1991.	118
41.	ADRDR: Facilities Reporting, Virginia, July 1989 - June 1992.. . . .	152
42.	ADRDR: Reported Cases by Sex, Age, Virginia, July 1989 - June 1992.	152
43.	ADRDR: Rate by Sex, Age, Virginia, July 1989 - June 1992.	153
44.	ADRDR: Distribution of Marital Status, Virginia, July 1989 - June 1992.	153
45.	ADRDR: Most Commonly Reported Diagnoses by Sex, Virginia, July 1989 - June 1992.	154

LIST OF TABLES

Table 1.	Reportable Diseases in Virginia.	5
Table 2.	Ten Year Trend in Number of Reported Cases of Selected Diseases, Virginia, 1983-1992	6
Table 3.	Number of Reported Cases and Rate per 100,000 Population for Selected Diseases by Health Planning Region, Virginia, 1992.	7
Table 4.	Number of Reported Cases and Rate per 100,000 Population for Selected Diseases by Age, Virginia, 1992	8
Table 5.	Number of Reported Cases and Rate per 100,000 Population for Selected Diseases by Race, Virginia, 1992	9
Table 6.	Number of Reported Cases and Rate per 100,000 Population for Selected Diseases by Sex, Virginia, 1992	10
Table 7.	Number and Percent of Reported Cases by Quarter of Onset, Virginia, 1992	11
Table 8.	Etiology of Bacterial Meningitis Cases Reported in Virginia, 1992	15
Table 9.	Foodborne Outbreaks Confirmed in Virginia, 1992	19
Table 10.	Number and Percent of <i>Salmonella</i> Infections by Species, Virginia, 1992	37
Table 11.	Number and Rate of Newly Diagnosed Cancer Cases by Primary Site and Sex, Virginia, 1991	142
Table 12.	Number and Rate of Newly Diagnosed Cancer Cases by Primary Site and Race, Virginia, 1991.	143
Table 13.	Number and Rate of Newly Diagnosed Cancer Cases by Primary Site and Age at Diagnosis, Virginia, 1991	144
Table 14.	Age-Adjusted Cancer Incidence Rates by Primary Site and Health Planning Region, Virginia, 1991	145
Table 15.	Summary Stage of Cancer at Diagnosis by Primary Site and Source of Report, Virginia, 1991	146
Table 16.	Number of Newly Diagnosed Cancer Cases by Primary Site and Age at Diagnosis, Virginia, 1991	147

Table 17. Number of Newly Diagnosed Cancer Cases by Primary Site and Age at Diagnosis, Males, Virginia, 1991	148
Table 18. Number of Newly Diagnosed Cancer Cases by Primary Site and Age at Diagnosis, Females, Virginia, 1991	149
Table 19. ADRDR Autopsy Findings, Virginia, July 1989 - June 1992	155

Introduction

The Office of Epidemiology is responsible for the ongoing statewide surveillance of diseases reported according to the provisions of the *Regulations for Disease Reporting and Control*. Disease surveillance involves the collection of pertinent data, the tabulation and evaluation of the data, and the dissemination of the information to all who need to know.

The immediate use of surveillance data is for disease control. The long-term use is for the assessment of trends and patterns in morbidity. The goal of surveillance, both immediate and long-term, is to reduce morbidity in the population. Surveillance data may be used to implement and evaluate disease control measures, detect outbreaks, document disease transmission, quantify morbidity and estimate trends, identify risk factors for disease acquisition, and facilitate research. This document may assist with the planning and evaluation of public health measures to decrease morbidity rates in the Commonwealth.

The Virginia Department of Health, Office of Epidemiology is pleased to present its fifth annual report of disease surveillance activities. This report summarizes morbidity data reported by the Virginia Department of Health, Office of Epidemiology to the federal Centers for Disease Control and Prevention (CDC) during calendar year 1992. The report is divided into five sections, each of which is described below.

Introduction and Data Summary: Tables summarizing 1992 morbidity are included in this introductory section. These tables include the list of reportable diseases, ten year trend of disease reports, number of reports and rate per 100,000 population for selected diseases by region, age, race, sex, and number and percent of reports by quarter of onset. These tables apply to the officially notifiable diseases only. Similar data on chronic diseases may be found in the last section of the report.

Descriptive Epidemiology of Reportable Diseases: This section consists of narrative and graphics summarizing the populations reported with each reportable condition. Included are information on the total number of cases reported, the ten year trend in reported cases, the demographics of cases in terms of their age, race, and sex, and the distribution of cases by date of onset and health planning region of the state. Mortality, species, and other attributes of diseases are also presented when applicable. Population rates are often presented as a more valid measure of disease risk than percent of the total. In calculating rates, the modified, age, race, and sex population data from the 1990 Census were used for the population at risk. Some additional notes on coding are listed below.

Race is usually coded as black, white or other. The "other" race category refers to Hispanics, Asian/Pacific Islanders, American Indians, and Alaskan Natives. To ensure consistency of the coding of rates in the case and the population data, white and black Hispanics were removed from the white and black population totals and added to the "other" population.

Date of onset is used whenever it is available. Onset is defined as either month or quarter of the year in which symptoms first occurred. Some cases reported in 1992 experienced onset prior to the year of report. Statistics on some diseases are only available by date of report, meaning date the

information was furnished to the CDC or first received in the Office of Epidemiology, rather than date of onset of symptoms.

Numbers and Rates by Locality: In this section of the report are tables containing the number of cases and rates per 100,000 population for selected diseases by locality, district, and health planning region. Cities and counties that have separate health departments are listed individually; those that share one health department are combined. Caution is urged in interpreting the data listed in this section as well as in the following section. Localities with small populations may have large disease rates but only a few reported cases of disease. Both number of cases and incidence rates should be weighed when using these tables to rank morbidity by city or county.

Maps of Incidence Rates: Maps are presented which depict the information listed in the previous section. For each map, the rates have been divided into four categories using the following process:

Category 1 - Localities reporting zero cases of the disease.

Category 2 - Localities with an incidence rate greater than zero and up to the mean for the state.

Category 3 - Localities with an incidence rate greater than the mean and up to one standard deviation above the mean for the state.

Category 4 - Localities with an incidence rate greater than one standard deviation above the mean for the state.

Chronic Disease Surveillance: This section includes data reported to the Virginia Cancer Registry and to the Alzheimer's Disease and Related Disorders Registry. The cancer data are based on Virginia cases diagnosed in 1991 and reported to the Registry. The most current complete year for which cancer statistics are available is 1991. In that year, reporting to the registry was a requirement for all hospitals and independent pathology laboratories in Virginia. This report includes information on the annual total of cancer data as well as on the ten most commonly reported major body sites.

The Alzheimer's Disease and Related Disorders Registry collects data on persons with memory loss disorders in Virginia. Physicians, hospitals, and long-term care facilities are the primary sources of these data. This report includes data on persons reported with dementia in Virginia during the first three years that the Registry was operating, from July 1, 1989 through June 30, 1992. Reporting was voluntary during this period.

The Office of Epidemiology hopes that the readers of this report will find it to be a valuable resource for understanding the epidemiology of reportable diseases in Virginia. Any questions or suggestions about this report may be directed to Diane Woolard, Virginia Department of Health, Office of Epidemiology, P.O. Box 2448, Richmond, Virginia 23218.

Data Summary

Tables 1-7, on the following pages, present a summary of the primary epidemiologic data elements for selected diseases. Table 1 is a list of the reportable conditions in Virginia. Table 2 presents the number of cases of selected diseases reported annually during the past ten years. Table 3 presents number of cases and rate per 100,000 population by region. Table 4 presents the same data by age; Table 5 by race; and Table 6 by sex. In Table 7, number and percent of cases by quarter of the year in which onset occurred is provided. A brief description of the major findings presented in these tables follows.

TREND - Compared to 1991, the following diseases increased in incidence in 1992: AIDS, amebiasis, campylobacteriosis, chickenpox, hepatitis non-A non-B, histoplasmosis, Kawasaki syndrome, legionellosis, meningococcal infection, rabies in animals, Rocky Mountain spotted fever (RMSF) and tuberculosis.

Decreases were observed for aseptic meningitis, bacterial meningitis, *Chlamydia trachomatis* infection, primary encephalitis, giardiasis, gonorrhea, *Haemophilus influenzae* infection, hepatitis A and B, HIV infection, influenza, Lyme disease, malaria, measles, mumps, occupational illnesses, pertussis, salmonellosis, shigellosis, early syphilis and typhoid fever.

REGION - Overall, the northern and eastern health planning regions experienced the highest incidence rates. The northern health planning region had the highest incidence rates of all regions for AIDS, amebiasis, aseptic meningitis, giardiasis, hepatitis A, Lyme disease, malaria, measles, shigellosis and typhoid fever. The eastern health planning region experienced the highest incidence rates of bacterial meningitis, chickenpox, *Chlamydia trachomatis* infection, primary encephalitis, gonorrhea, hepatitis B and non-A non-B, mumps and early syphilis. These two regions had similar rates for Kawasaki syndrome.

The northwest health planning region had the highest incidence rates for campylobacteriosis, *Haemophilus influenzae* infection, legionellosis, pertussis and Rocky Mountain spotted fever. The largest number of rabid animals also came from the northwest region. Incidence rates were highest for HIV infection, salmonellosis and tuberculosis in the central health planning region. The northwest and central health planning regions experienced the highest, and similar, rates of histoplasmosis. The southwest health planning region had the highest rates for influenza and meningococcal infection. Cancer rates were generally lower in the southwest region compared to the other regions, with the exception of cancer of the uterine cervix. This is probably the result of residents of southwest Virginia seeking cancer care outside the state.

AGE - Infants were at the greatest risk for aseptic meningitis, bacterial meningitis, campylobacteriosis, primary encephalitis, invasive *H. influenzae* infection, measles, meningococcal infection,

pertussis, and salmonellosis. Young children (age 1-9) experienced the highest incidence rates of giardiasis, Kawasaki syndrome, mumps and shigellosis. Older children (age 10-19) were most likely to be reported with *Chlamydia trachomatis* infection, hepatitis A, malaria, and typhoid fever.

Young adults (age 20-29) experienced the highest incidence rates for amebiasis, gonorrhea, hepatitis B and early syphilis. The 30-39 year olds had higher incidence rates for AIDS, hepatitis non-A non-B and HIV infection. Histoplasmosis and Lyme disease were most often reported in 40-49 year olds; legionellosis, RMSF, and tuberculosis in those age 50 or older. Conditions discussed in the Chronic Disease Surveillance section of this report, cancer and memory loss disorders, are most prevalent in older individuals.

RACE - The highest incidence rates were generally more likely to be in blacks, as shown in Table 5. Compared to the other two race categories, incidence rates in blacks were especially high for AIDS, bacterial meningitis, *Chlamydia trachomatis* infection, gonorrhea, hepatitis B, HIV infection, salmonellosis, and early syphilis. Amebiasis, giardiasis, hepatitis A, Kawasaki syndrome, malaria, measles, and tuberculosis were most likely to be reported in the other race category. Whites, however, had higher rates for campylobacteriosis, histoplasmosis, legionellosis, and Lyme disease. Persons in the other race category were almost as likely to be reported with mumps as whites.

SEX - Compared to females, males were at a greater risk for more diseases (see Table 6). Major differences in incidence rates by sex were particularly notable for AIDS, *Chlamydia trachomatis* infection, gonorrhea, HIV infection, Kawasaki syndrome, malaria, measles and tuberculosis. Of these, rates were higher for females for only *Chlamydia trachomatis* infection and measles.

ONSET - Bacterial meningitis, *H. influenzae* infection, histoplasmosis and influenza were most likely to occur during the first quarter of the reporting year. During the second quarter of the year, chickenpox, legionellosis and Lyme disease were most likely to occur. The third quarter of the year was the most frequent onset time for aseptic meningitis, giardiasis, malaria, salmonellosis and shigellosis. Comparable numbers of cases of campylobacteriosis and RMSF occurred during the second and third quarters; typhoid during the third and fourth quarters.

The following diseases were not found to demonstrate a clear trend when assessed by quarter of onset: amebiasis, primary encephalitis, hepatitis B and non-A non-B, Kawasaki syndrome, measles, meningococcal infection, mumps and pertussis.

Table 1. Reportable Diseases in Virginia

Acquired immunodeficiency syndrome (AIDS)	Malaria
Amebiasis	Measles (Rubeola)
Anthrax	Meningococcal infection
Arboviral infection	Mumps
Aseptic meningitis	Nosocomial outbreak
Bacterial meningitis	Occupational illness
Botulism	Ophthalmia neonatorum
Brucellosis	Pertussis (Whooping cough)
<i>Campylobacter</i> infection	Phenylketonuria (PKU)
Chancroid	Plague
Chickenpox	Poliomyelitis
<i>Chlamydia trachomatis</i> infection	Psittacosis
Congenital rubella syndrome	Q fever
Diphtheria	Rabies in animals
Encephalitis - primary and post-infectious	Rabies in man
Foodborne outbreak	Rabies treatment, post-exposure
Giardiasis	Reye syndrome
Gonorrhea	Rocky Mountain spotted fever
Granuloma inguinale	Rubella (German measles)
<i>Haemophilus influenzae</i> infection, invasive	Salmonellosis
Hepatitis A	Shigellosis
B	Smallpox
Non-A, Non-B	Syphilis
Unspecified	Tetanus
Histoplasmosis	Toxic shock syndrome
Human immunodeficiency virus (HIV) infection	Toxic substance related illness
Influenza	Trichinosis
Kawasaki syndrome	Tuberculosis
Lead - elevated levels in children (1993)	Tularemia
Legionellosis	Typhoid fever
Leprosy (Hansen's disease)	Typhus, flea-borne
Leptospirosis	<i>Vibrio</i> infection, including cholera
Listeriosis	Waterborne outbreak
Lyme disease	Yellow fever
Lymphogranuloma venereum	