

REPORTABLE DISEASE

SURVEILLANCE IN

VIRGINIA, 1989



Office of Epidemiology

Reportable Disease Surveillance in Virginia, 1989

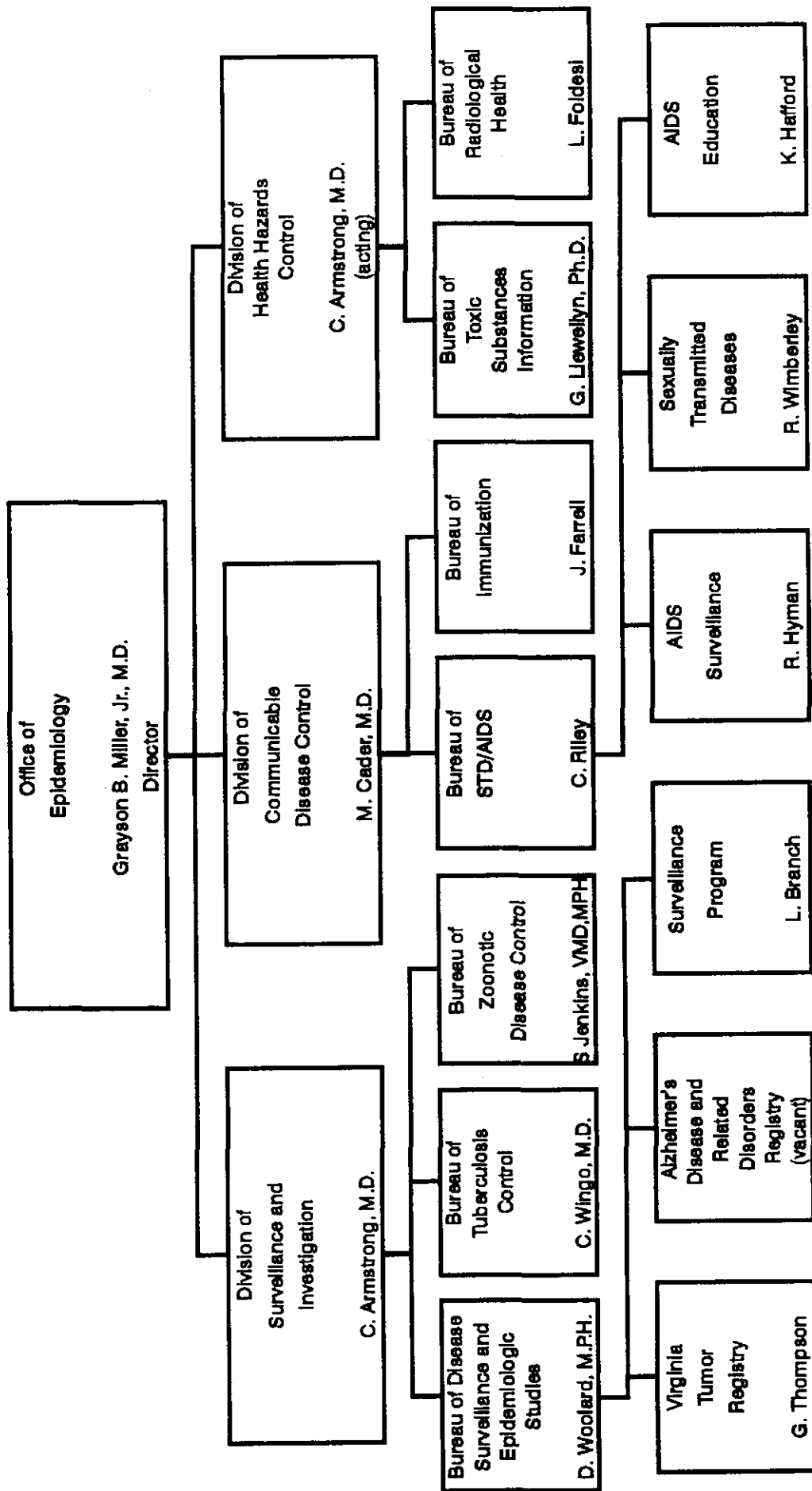
C.M.G. Buttery, M.D., M.P.H.
Commissioner of Health

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

C. Diane Woolard, M.P.H.
Report Editor

Virginia Department of Health
109 Governor Street
Richmond, Virginia 23219

VIRGINIA DEPARTMENT OF HEALTH OFFICE OF EPIDEMIOLOGY



Acknowledgement:

In addition to the persons listed on the organizational chart, the Office of Epidemiology would like to acknowledge the contributions of all persons engaged in disease surveillance and control activities across the state. This includes all epidemiology staff in local/district health departments, Regional Offices, and the Central Office, nurse epidemiologists, infection control practitioners, and others who report or manage disease surveillance data throughout the year. This report could not have been done without the ongoing efforts of those who collect and follow up on morbidity reports. Those activities are appreciated.

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Introduction and Summary Data

The Virginia Department of Health, Office of Epidemiology is pleased to present its second annual report of disease surveillance activities. The importance of surveillance as the basis for disease control activities cannot be overestimated. Surveillance begins with city and county health departments receiving timely notification of disease occurrence from physicians and other health care providers so that they may institute appropriate disease intervention measures. Long term surveillance, i.e., data collected over a year or many years, is also valuable for the determination of changes in disease occurrence and the analysis of explanations of these changes.

The state Board of Health determines which diseases are officially reportable. They publish lists of diseases that must be reported by physicians, directors of medical care facilities, directors of laboratories, and others in the Virginia Regulations for Disease Reporting and Control. In 1989, several diseases were added to the list of reportable conditions, including Chlamydia trachomatis infections, human immunodeficiency virus infections, invasive Haemophilus influenzae infections, listeriosis, and Lyme disease. The reporting of cancer also became mandatory for hospitals and independent pathology laboratories.

This report represents the results of statewide disease surveillance activities for diseases reported by the Office of Epidemiology to the federal Centers for Disease Control during calendar year 1989. It contains four sections: a description of the populations reported with each reportable condition; a list of the number of cases reported and rate per 100,000 population of selected reportable diseases by city/county, district, and region; maps of selected reportable conditions depicting morbidity rates per 100,000 population for each city and county; and cancer data reported to the Virginia Tumor Registry.

Section 1, the descriptive epidemiology of reportable diseases, includes 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, the distribution of date of onset and 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.

Some notes on coding follow:

Race is usually coded as white or nonwhite. Nonwhite is occasionally subdivided, however, into black and other. In this instance the "other" category refers to Hispanics, Asian/Pacific Islanders, American Indians, and Alaskan Natives.

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 1989 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 Centers for Disease Control or first received in the Office of Epidemiology, rather than date of onset of symptoms. For cancers, date of admission to the reporting hospital is utilized.

Summary tables follow this introduction, presenting tables of 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.

Section 2 lists number of cases and rates for selected diseases by locality. 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 Section 3. Localities with small populations may have large disease rates but only a few reported cases of disease. Both number of cases and morbidity rate should be weighed when using these tables to rank morbidity by city or county.

Section 3 includes maps of morbidity rates. 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 a disease rate greater than zero and up to the mean for the state

Category 3 - Localities with a disease rate greater than the mean and up to one standard deviation above the mean for the state

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

Categories 2 and 3 are combined for diseases with a small mean and standard deviation.

Section 4 includes data reported to the Virginia Tumor Registry. These data are presented in two formats: (1) all cases ever reported to the Registry from 1970-1988, and (2) cases reported in 1988. The most current year for which statistics are available, due to the acceptable lag time for reporting cancer data, is 1988. Most of the data in Section 4 are presented graphically.

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.

Table 1
Reportable Diseases in Virginia, 1989

Acquired immunodeficiency syndrome	Listeriosis ¹
Amebiasis	Lyme disease ¹
Anthrax	Lymphogranuloma venereum
Arboviral infections	Malaria
Aseptic meningitis	Measles (Rubeola)
Bacterial meningitis	Meningococcal infections
(specify etiology)	Mumps
Botulism	Nosocomial outbreaks
Brucellosis	Occupational illnesses
Campylobacter infections	Ophthalmia neonatorum
Chancroid	Pertussis (Whooping cough)
Chickenpox	Phenylketonuria (PKU)
Chlamydia trachomatis infections ¹	Plague
Congenital rubella syndrome	Poliomyelitis
Diphtheria	Psittacosis
Encephalitis primary	Q fever
(specify etiology)	Rabies in animals
post-infectious	Rabies in man
Foodborne outbreaks	Rabies treatment, post-exposure
Giardiasis	Reye syndrome
Gonorrhea	Rocky Mountain spotted fever
Granuloma inguinale	Rubella (German measles)
Haemophilus influenzae infections, invasive ¹	Salmonellosis
Hepatitis	Shigellosis
A	Smallpox
B	Syphilis
Non A, Non B	Tetanus
Unspecified	Toxic shock syndrome
Histoplasmosis	Toxic substance related illnesses
Human immunodeficiency virus (HIV) infection ²	Trichinosis
Influenza	Tuberculosis
Kawasaki syndrome	Tularemia
Legionellosis	Typhoid fever
Leprosy	Typhus, flea-borne
Leptospirosis	Vibrio infections, including cholera
	Waterborne outbreaks
	Yellow fever

¹ Became officially reportable in February, 1989.

² Became permissively reportable by physicians and medical care facilities in February, 1989. Became fully reportable by physicians and medical care facilities in September, 1989. Became reportable by laboratories in March, 1990.