



# VIRGINIA

# EPIDEMIOLOGY BULLETIN

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## Summary of Notifiable Diseases, Virginia, 2004

### Introduction

While national health statistics are valuable for identifying broad trends, data generated locally are critical for detecting community-specific or regional public health threats. These data also provide the basis for implementing or modifying health promotion and disease prevention activities at the state and local level. Therefore, each year the Virginia Department of Health (VDH) Office of Epidemiology publishes a report entitled *Reportable Disease Surveillance in Virginia*

(available at [www.vdh.virginia.gov/epi/survdata.asp](http://www.vdh.virginia.gov/epi/survdata.asp)). This issue of the *Virginia Epidemiology Bulletin* (VEB) summarizes some of the key findings from disease surveillance in Virginia for 2004.

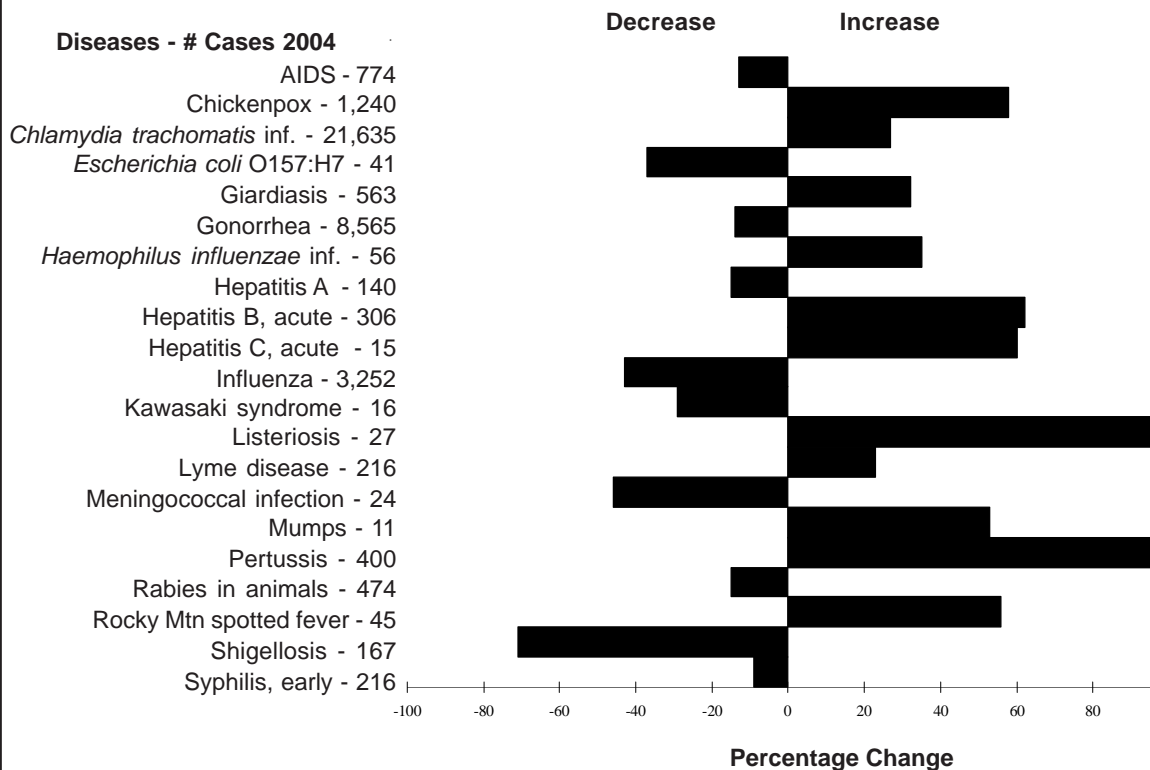
### Data Sources

Physicians, directors of medical care facilities and directors of laboratories are required to report known or suspected cases of notifiable conditions listed in the *Regulations for Disease Reporting and Control* to the local health department.

When necessary, health department staff collect additional data (e.g., from patient records or interviews) and utilize standardized case definitions to determine if cases should be counted.

The Office of Epidemiology analyzes the reports collected by the local health departments and monitors patterns in time and place. This allows identifying diseases that represent new health risks and evaluating the success of disease prevention activities. Data are reviewed monthly and are disseminated publicly through the VEB and on the VDH website. The data

**Figure 1. Change in Disease Incidence in 2004 When Compared to Five-Year Mean**



**Table 1. Ten Year Trend in Number of Reported Cases of Selected Diseases, Virginia, 1995-2004**

Disease	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
AIDS*	1,461	1,211	1,177	963	912	908	970	866	793	774
Amebiasis	16	28	30	31	34	24	37	16	20	25
Campylobacteriosis	648	790	644	700	637	574	583	686	882	668
Chickenpox	2,667	1,778	1,760	1,115	1,490	592	563	605	682	1,240
<i>Chlamydia trachomatis</i> inf.	12,287	11,755	11,604	13,370	13,427	15,366	18,322	18,518	19,439	21,635
<i>Escherichia coli</i> O157:H7†	37	53	88	69	79	77	52	70	49	41
Giardiasis	318	405	465	503	471	437	417	386	426	563
Gonorrhea	10,342	9,292	8,731	9,215	9,315	10,166	11,081	10,462	9,062	8,565
<i>H. influenzae</i> infection, inv.	28	11	15	19	24	41	34	41	68	56
Hepatitis A	238	218	250	226	185	164	167	163	141	140
Hepatitis B, acute	118	163	137	109	106	174	213	224	227	306
Hepatitis C, acute	21	17	27	13	11	3	3	15	15	15
HIV*	1,268	987	998	825	922	804	977	992	797	880
Influenza	1,484	957	517	1,160	2,558	1,909	1,963	3,486	18,765	3,252
Kawasaki syndrome	32	19	27	36	33	29	28	11	11	16
Legionellosis	28	54	34	27	41	37	39	35	110	56
Listeriosis	14	16	7	8	17	9	15	10	18	27
Lyme disease	55	57	67	73	122	149	156	259	195	216
Malaria	55	60	73	61	76	55	54	36	60	59
Measles	0	3	1	2	18	2	1	0	0	0
Meningococcal infection	64	67	60	49	60	42	46	46	28	24
Mumps	28	19	21	13	11	11	8	5	1	11
Pertussis	31	108	59	56	65	134	272	168	219	400
Rabies in animals	459	612	690	549	581	574	502	592	542	474
Rocky Mtn spotted fever	34	54	23	14	20	7	40	43	34	45
Salmonellosis	1,358	1,229	1,120	1,135	1,286	1,020	1,368	1,277	1,175	1,196
Shigellosis	412	746	416	200	136	460	784	1,061	451	167
Syphilis, early	1,144	798	615	379	364	266	235	165	156	216
Tuberculosis	359	349	349	339	334	292	306	315	332	329
Typhoid fever	10	11	5	7	11	22	15	8	16	11

\*Some numbers have changed from those previously reported due to a reassessment of the data.

†Not required to be reported prior to 1999.

presented in this report may differ from the provisional data published in 2004 issues of the VEB as a result of delays in finalizing case information. Population data for calculating incidence rates are based on 2003 U.S. census data.

For additional information about disease surveillance in Virginia, visit the VDHP

web site: [www.vdh.virginia.gov/epi/newhome.htm](http://www.vdh.virginia.gov/epi/newhome.htm).

### **Trend Data**

Figure 1 shows selected reportable diseases that demonstrated the greatest change (increase or decrease) in the number of cases reported in 2004 compared

to the average annual number of cases reported during the previous five years (five-year mean). Table 1 shows the number of reported cases for selected diseases in Virginia from 1994-2004. Table 2 shows the number of reported cases and rate per 100,000 population for selected diseases by region.

## 2004 HIGHLIGHTS FOR SELECTED DISEASES

### AIDS/HIV

The decrease in the number of newly reported cases of AIDS in 2004 is consistent with the downward trend observed over the past decade (Figure 2). The 774 new cases of AIDS reported in Virginia in 2004 were 13% below the five-year mean, marking the lowest number of reported cases since the case definition was changed in 1993. The main cause for the decline in the number of cases of AIDS has been improved treatment of HIV infection. Unfortunately, the 880 newly reported cases of HIV infection in 2004 represent a 10% increase from 2003. While this may be the result of improved case finding, it also indicates that continued HIV-infection prevention efforts are still necessary.

### Arboviral Infection (Human)

Seven human cases of arboviral infection were reported in Virginia in 2004 compared to 31 cases in 2003. Five of the seven cases were due to West Nile Virus (WNV). For the third consecutive year, the first human WNV case in Virginia occurred in July. One human case of WNV infection was reported from each of the five regions of the state. All five reported cases occurred in adults 45 years of age or older; one of the five WNV cases died. It is important to note that a large proportion (approximately 80%) of persons infected with WNV are asymptomatic or have only mild symptoms, and so the disease is rarely detected.

The cause of the significant decrease in reported WNV cases in 2004 could be attributable to one or more factors, including: frequent rainfalls that may have adversely impacted the breeding habitats for the main WNV mosquito vector in Virginia; cooler temperatures that may have slowed virus replication in mosquitoes; mosquito control efforts and personal protection measures that may have protected more persons;

and fewer viremic wild birds to infect mosquitoes due to the impact of WNV on bird populations and increased resistance to the disease.

Two cases of LaCrosse encephalitis were reported in 2004; both cases occurred in children 3-9 years of age. One case was reported from the northwest region and one from the southwest region of the state.

### Campylobacteriosis

*Campylobacter* spp. remain an important cause of bacterial gastroenteritis in Virginia. The number of cases of campylobacteriosis reported in 2004 decreased from the number reported in 2003, ending a three year upward trend (Figure 3). However, the number of cases (668) reported was

comparable to the five-year mean of 672 cases/year. It is suspected that campylobacteriosis is significantly under-diagnosed as a bacterial cause of enteric disease.

### Chickenpox

Varicella vaccine has been available in the U.S. since 1995 and vaccination is required in Virginia for school entry for all children born on or after January 1, 1997. Studies suggest that a steady decline in reported varicella (chickenpox) cases has resulted from the increased use of varicella vaccine.<sup>1</sup> However, the 1,240 cases of chickenpox reported in Virginia in 2004 represent a significant increase from the average of 786 cases/year seen from 1999-2003. This increase is attributed primarily to better morbidity reporting from healthcare providers and schools. Thirty-two outbreaks (all among school-aged children) with an average size of 15 cases per outbreak were investigated by local health departments in 2004. Although unvaccinated young children constitute a continually smaller proportion of the entire population, there remains a large population of susceptible school-aged children. For example, more cases were reported among children ages 8-9 years (313, 25.2%) than for any other age group.

Figure 2. AIDS/HIV Cases: Ten Year Trend, Virginia, 1995-2004

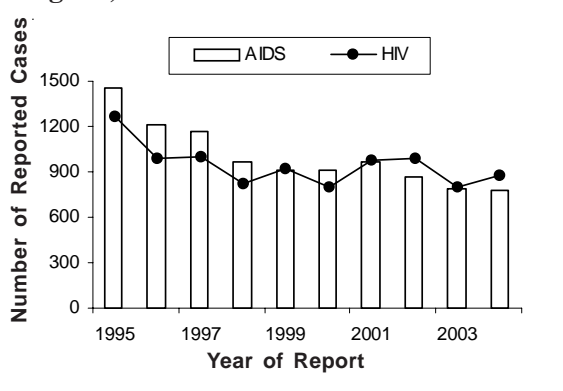


Figure 3. Campylobacteriosis, Virginia, 1999-2004

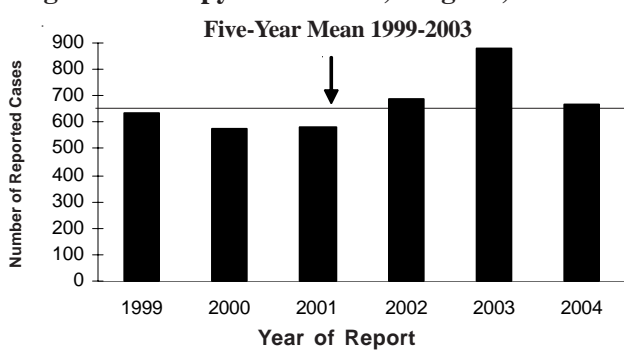
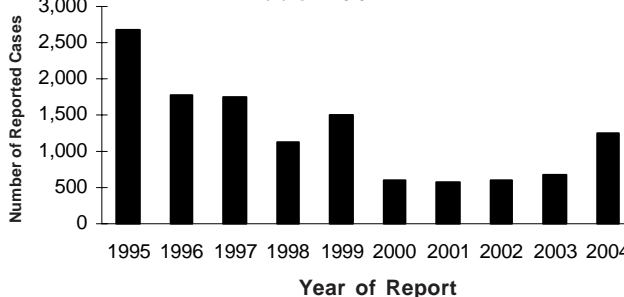


Figure 4. Chickenpox: Ten Year Trend, Virginia, 1995-2004



### *E. coli* O157:H7 and Other STEC Infections

Shiga toxin-producing *Escherichia coli* (STEC), including *E. coli* O157:H7, infections do not account for a large proportion of the reported cases of gastroenteritis in Virginia compared to *Salmonella* spp., *Campylobacter* spp., or *Shigella* spp. However, STEC infections can cause significant morbidity and mortality, including complications such as hemolytic uremic syndrome (HUS). In 2004, 41 cases of *E. coli* O157:H7 were reported, with an additional 21 cases of infections caused by other STECs reported (compared with 49 and 14 cases, respectively, in 2003).

### *Haemophilus influenzae* Infection, Invasive

Prior to the introduction of effective vaccines, *Haemophilus*

**Table 2. Number of Reported Cases and Rate per 100,000 Population for Selected Diseases by Health Planning Region, Virginia, 2004**

Disease	Total			Northwest Region			Northern Region			Southwest Region			Central Region			Eastern Region		
	No.	Rate	Population	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	
AIDS	774	10.48	7,386,330	59	5.37	1,099,075	14.60	284	14.60	63	4.82	1,307,766	190	15.14	1,255,163	178	10.00	
Amebiasis	25	0.34		5	0.45		0.82	16	0.82	2	0.15		1	0.08		1	0.06	
Campylobacteriosis	668	9.04		144	13.10		8.18	159	8.18	157	12.01		88	7.01		120	6.74	
Chickenpox	1,240	16.79		179	16.29		10.75	209	10.75	250	19.12		245	19.52		357	20.06	
<i>Chlamydia trachomatis</i> infection	21,635	292.91		2,416	219.82		136.35	2,652	136.35	3,023	231.16		5,314	423.37		8,230	462.52	
<i>Escherichia coli</i> O157:H7	41	0.56		5	0.45		0.67	13	0.67	13	0.99		6	0.48		4	0.22	
Giardiasis	563	7.62		106	9.64		8.74	170	8.74	109	8.33		92	7.33		86	4.83	
Gonorrhea	8,565	115.96		629	57.23		34.29	667	34.29	1,006	76.93		2,283	181.89		3,980	223.67	
<i>Haemophilus influenzae</i> infection	56	0.76		17	1.55		0.26	5	0.26	12	0.92		10	0.80		12	0.67	
Hepatitis A	140	1.90		14	1.27		2.91	48	2.91	23	1.76		17	1.35		38	2.14	
Hepatitis B	306	4.14		32	2.91		1.75	34	1.75	77	5.89		78	6.21		85	4.78	
Hepatitis C	15	0.20		1	0.09		0.05	1	0.05	7	0.54		2	0.16		4	0.22	
HIV infection	880	11.91		51	4.64		12.03	234	12.03	82	6.27		208	16.57		305	17.14	
Influenza	3,252	44.03		345	31.39		11.21	218	11.21	800	61.17		594	47.32		1,295	72.78	
Kawasaki syndrome	16	0.22		0	0.00		0.05	1	0.05	4	0.31		3	0.24		8	0.45	
Legionellosis	56	0.76		11	1.00		0.51	10	0.51	16	1.22		4	0.32		15	0.84	
Listeriosis	27	0.37		4	0.36		0.36	7	0.36	4	0.31		9	0.72		3	0.17	
Lyme disease	216	2.92		28	2.55		5.45	106	5.45	5	0.38		15	1.20		62	3.48	
Malaria	59	0.80		8	0.73		1.80	35	1.80	2	0.15		5	0.40		9	0.51	
Measles	0	0.00		0	0.00		0.00	0	0.00	0	0.00		0	0.00		0	0.00	
Meningococcal infection	24	0.32		5	0.45		0.15	3	0.15	4	0.31		1	0.08		11	0.62	
Mumps	11	0.15		1	0.09		0.10	2	0.10	6	0.46		0	0.00		2	0.11	
Pertussis	400	5.42		137	12.47		4.06	79	4.06	36	2.75		75	5.98		73	4.10	
Rabies in animals	474	--		108	--		--	132	--	91	--		61	--		82	--	
Rocky Mountain spotted fever	45	0.62		9	0.82		0.46	9	0.46	5	0.38		10	0.80		12	0.67	
Salmonellosis	1,196	16.19		184	16.74		15.84	308	15.84	196	14.99		214	17.05		294	16.52	
Shigellosis	167	2.26		16	1.46		3.65	71	3.65	10	0.76		51	4.06		19	1.07	
Syphilis, early	216	2.92		9	0.82		3.44	67	3.44	12	0.92		30	2.39		98	5.51	
Tuberculosis	329	4.45		24	2.18		8.64	168	8.64	22	1.68		51	4.06		64	3.60	
Typhoid fever	11	0.15		0	0.00		0.36	7	0.36	0	0.00		4	0.32		0	0.00	

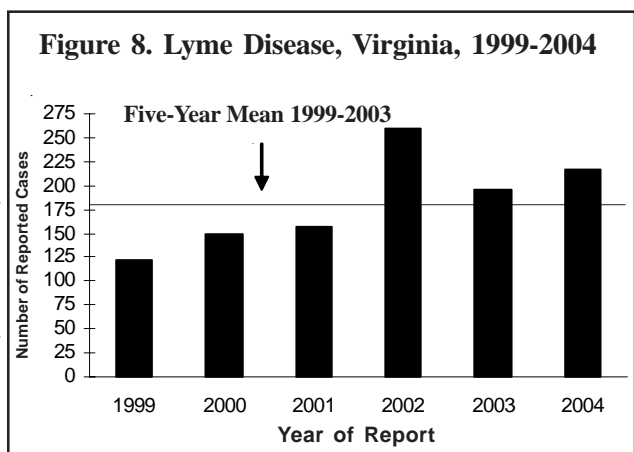
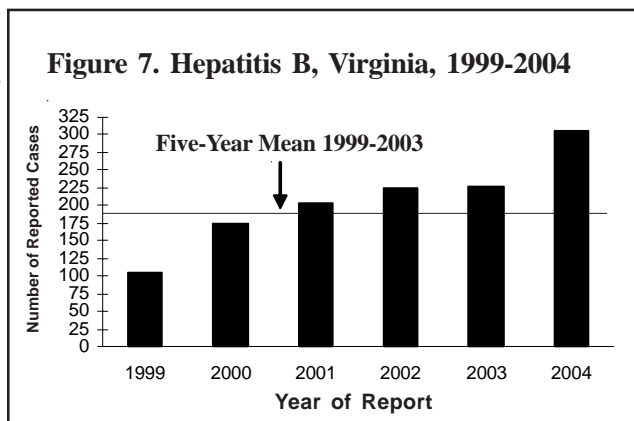
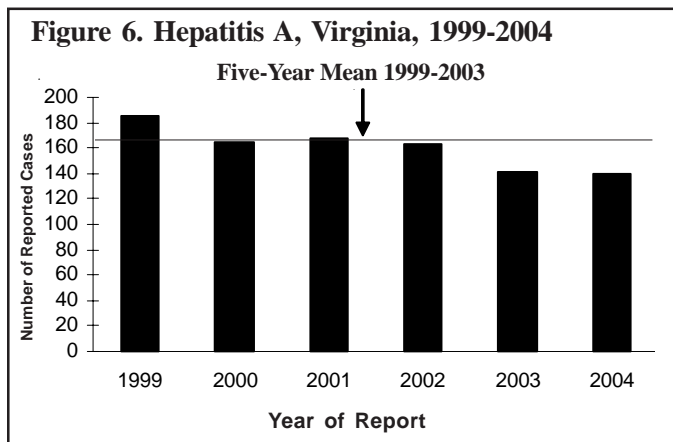
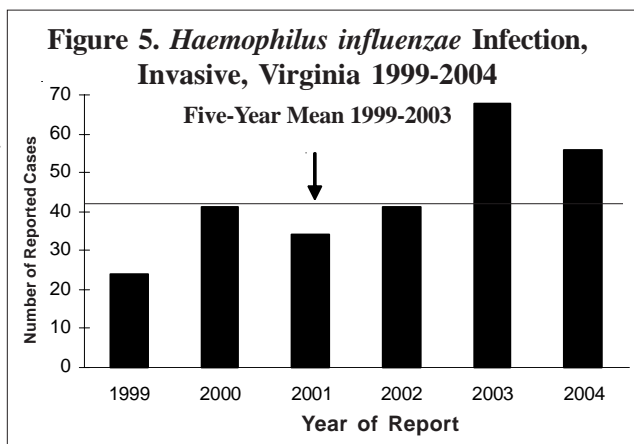
*influenzae* type b (Hib) was the leading cause of bacterial meningitis and other invasive bacterial disease among children less than five years of age. With the availability of a highly effective vaccine, Hib has become a rare cause of invasive disease in children in Virginia. In 2004, the annual number of reported cases of invasive infections due to all types of *H. influenzae* decreased by 18% (from 68 cases reported in 2003 to 56 cases reported in 2004). However, this remains 33% higher than the five-year mean of 42 cases/year (Figure 5). Only six (11%) of the 56 cases reported in 2004 were less than five years of age and only one of those was reported as type b.

### Hepatitis A

The annual number of reported cases of hepatitis A in Virginia has been declining for the past seven years. The 140 cases reported in 2004 are comparable to the 141 cases reported in 2003 and are 15% below the five-year mean of 164 cases/year (Figure 6). Specific causes for the decline in Virginia are not known but may be a result of the cyclical nature of epidemics combined with the impact of immunization.<sup>2</sup>

### Hepatitis B, Acute

In 2004, the number of reported cases (306) of acute hepatitis B was 62% higher than the five-year mean (Figure 7); this represents the fifth consecutive increase in the annual number of reported cases since IgM antibody to hepatitis B core antigen (IgM anti-HBc) became a reportable condition by directors of laboratories in 1999. Although the cause of the continuing increase is unknown (especially given the use of hepatitis B vaccine in children increasing the overall level of immunity in the population) one suspected reason is an increase in the level of reporting by laboratories, rather than an actual increase in the incidence of the disease. However, some populations remain at high risk



(e.g., injection drug users, men who have sex with men) and these data may indicate a need to strengthen efforts to reach these populations with vaccine.

### Legionellosis

In 2004, 56 cases of disease caused by *Legionella pneumophila* were reported. This was 7% above the five-year mean. However, more importantly it is a significant decline from the dramatic increase in the number of cases (109) reported in 2003. While the cause of the increase in 2003 has not been determined, it may have been related to warm weather combined with the very high rainfall promoting the growth of the bacterium. Conditions in 2004 may not have been as favorable for the dissemination of *L. pneumophila*.

### Lyme Disease

Since becoming a notifiable disease, Lyme disease is the most frequently reported tick-borne illness in Virginia. The 216 cases reported in 2004 represent an 11% increase above the 195 cases reported in 2003 and were 23% higher than the five-year mean (Figure 8). Cases were reported from all regions of the state; however, the largest proportion (49%) were reported from the northern region.

### Malaria

The 59 cases of malaria reported in 2004 represent a 2% decrease from 2003 and were 5% below the five-year mean. Newly identified cases almost always occur among U.S. residents with recent travel to malarious countries or among foreign residents immigrating to or visiting the U.S. No domestically-acquired case of malaria was reported to VDH in 2004, although acquiring malaria in Virginia remains possible—three Virginia residents were infected domestically during the period of 2002-2003.

### Measles

No cases of measles have been reported in Virginia since 2001, demon-

strating the continued effectiveness of the vaccine and the benefit of efforts that have been made to protect children in Virginia from vaccine-preventable diseases.

### Meningococcal Infection

The 24 cases of meningococcal infection reported in 2004 were the lowest annual number of cases reported in more than a decade and represent a decrease of 45% from the five-year mean of 44 cases/year (Figure 9). Nevertheless, two deaths from meningococcal infection were reported in 2004.

Persons living in crowded environments, such as campus dormitories, are at least three times more likely to contract the meningococcal bacteria.<sup>3</sup> The decline in cases in Virginia may be partly attributed to the 2001 Virginia law requiring that students enrolling in any four-year Virginia public college or university for the first time must be immunized against meningococcal disease. The availability of the newly licensed conjugated meningococcal vaccine MCV4 (Sanofi Pasteur's Menactra) may help to further reduce the incidence of this serious disease in the future.

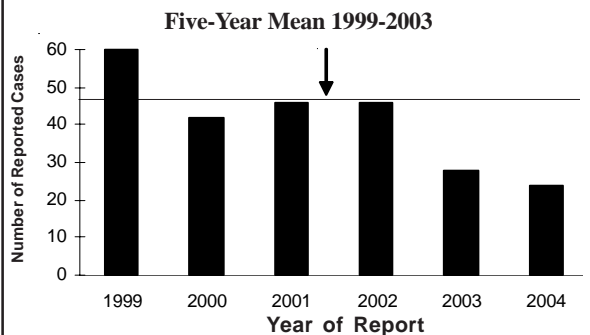
### Mumps

Eleven cases of mumps were reported in 2004, representing a 53% increase from the average of seven cases/year seen from 1999-2003. Of note, three of the eleven cases occurred as part of an outbreak among a group of unvaccinated international children who were visiting the U.S. The ease with which diseases can be imported highlights the need for maintaining high immunization rates.

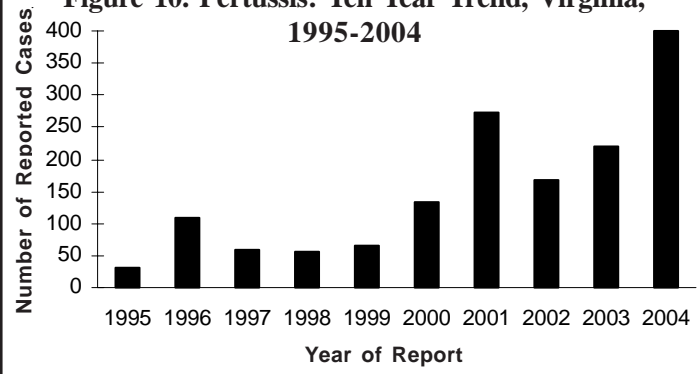
### Pertussis

The number of pertussis cases reported has increased in recent years in Virginia despite high levels of vaccination coverage in children. In 2004, 400 cases (including 11 outbreaks) were reported, representing an 83% increase from the 219 cases reported in 2003. During 2004, most of the 400 reported cases were adolescents and adults [e.g., 188 of the 400 cases (47%) were children 11-18 years

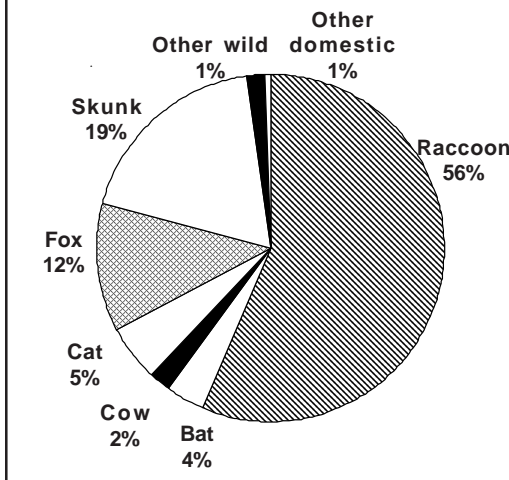
**Figure 9. Meningococcal Infection, Virginia, 1999-2004**



**Figure 10. Pertussis: Ten Year Trend, Virginia, 1995-2004**



**Figure 11. Species of Animals Positive for Rabies, Virginia, 2004**



of age]. In addition, 14% (55) of the reported cases were children less than six months of age, who were too young to be adequately immunized. Although the majority of cases continue to be reported from the northwest region of Virginia, significant increases in the number of cases reported from the other four regions of the state contributed to the record number of cases in 2004 (Figure 10).

Although not known for certain, this trend may be a result of: increased recognition of the disease in adolescents and adults by clinicians; increased susceptibility among adolescents and adults due to waning immunity following vaccination (since no booster vaccine had been available for persons over seven years of age); and increased availability of more sensitive laboratory testing. The recent Food and Drug Administration approval of pertussis booster vaccines for older age groups (e.g., GlaxoSmithKline's Boostrix, indicated for persons 10-18 years of age; Sanofi Pasteur's Adacel, indicated for persons 11-64 years of age) may help to further reduce the incidence of this disease in the future.

### Rabies

The number (474) of rabid animals reported in 2004 is the lowest annual number reported in a decade and is 15% lower than

the five-year mean of 558 cases/year. Rabid raccoons (267 cases) accounted for 56% of all rabid animals (Figure 11). Other frequently reported rabid animals included skunks (89 cases), foxes (56 cases), cats (25 cases), and bats (17 cases). The number of rabid animals tends to cycle, probably due to changes in wildlife populations (especially raccoons) and the proportion of animals that is susceptible in those populations.

Overall, 15,368 animal bites were reported to health departments in 2004; healthcare providers reported initiating 741 courses of post-exposure prophylaxis. No human cases of rabies were reported in 2004. The last known human death from rabies in Virginia occurred in 2003 from a raccoon rabies virus variant; however, how the person became infected remains unknown.

### Salmonellosis

*Salmonella* spp. infections are the most frequently reported enteric disease in Virginia. The 1,196 reported cases of salmonellosis in 2004 were 2% more than the 1,175 cases reported in 2003 but 2% less than the five-year mean. Fewer foodborne outbreaks due to *Salmonella* were reported in 2004 than in previous years.

## Sexually Transmitted Diseases

In 2004, *Chlamydia trachomatis* infection was the most frequently reported sexually transmitted disease in Virginia. The 21,635 cases reported represent the seventh consecutive year that the number of cases has increased (Figure 12). This was likely a result of the increased awareness of the importance of this organism combined with the availability of sensitive laboratory amplification techniques that have enhanced case finding.

The 8,565 cases of gonorrhea reported in 2004 were 14% less than the five-year mean. This represents the third year of decline and may be partially attributable to increased efforts targeting sexually transmitted disease education, detection and treatment by the Virginia Epidemiology Response Team (VERT).

Early syphilis, which includes primary, secondary and early latent stages of syphilis, increased in 2004. The 216 cases reported in 2004 followed the lowest number (156 cases) ever recorded in Virginia and ended a nine-year decline in the annual number of reported cases. The continued low number of reported cases can be partially attributable to VERT syphilis elimination efforts, including additional contact tracing and social networking activities. However, pockets of high-risk activity have made investigation and treatment of some contacts very difficult.

## Shigellosis

The 167 cases of shigellosis reported in 2004 represent a decrease of 63% from the 451 cases reported in 2003. The number of cases reported in 2004 was also considerably less than the five-year mean of 578 cases/year (Figure 13). Although the spread of this disease can occur through contamination of food and water, the predominant mode of transmission is by direct contact with an infected person. Thorough hand washing remains the most effective method of prevention.

## Tuberculosis

The 329 reported cases of tuberculosis (TB) in 2004 represent a 1% decrease compared to the 332 cases reported in 2003. This was 3% above the five-year mean (Figure 14). One case of multi-drug resistant TB (MDR-TB) was reported in 2004 compared to two in 2003. In 2004, 15 TB cases (4.6%) were co-infected with HIV compared to 21 cases reported in 2003. In addition, in 2004, 66% of cases were born outside the U.S. Prior to 2000, less than 50% of cases were born outside of the U.S.

## Summary

This report summarizes the disease surveillance statistics for selected notifiable conditions in Virginia during the 2004 calendar year. Conditions in 2004 with a significant increase in the number of cases, or that continued to be significantly elevated, included chickenpox, *Chlamydia trachomatis* infection, acute hepatitis B, Lyme disease, mumps, pertussis and syphilis. While newly-reported cases of AIDS decreased, the increase in the number of newly-reported HIV infections suggests that work on preventing new infection remains necessary. In addition, fewer foodborne outbreaks of salmonellosis were reported; however, the overall number of cases did not change significantly. Finally, the number of new cases of TB and STEC remained relatively unchanged in 2004.

On the positive side, significant progress continues to be made in controlling many vaccine preventable diseases, particularly hepatitis A, meningococcal infection, and measles. And while reported cases of invasive *H. influenzae* remained higher than the five-year mean in 2004, the number of Hib infections remained very low. In addition, the number of reported cases of arboviral infections, campylobacteriosis, gonorrhea, legionellosis, and shigellosis all declined in 2004.

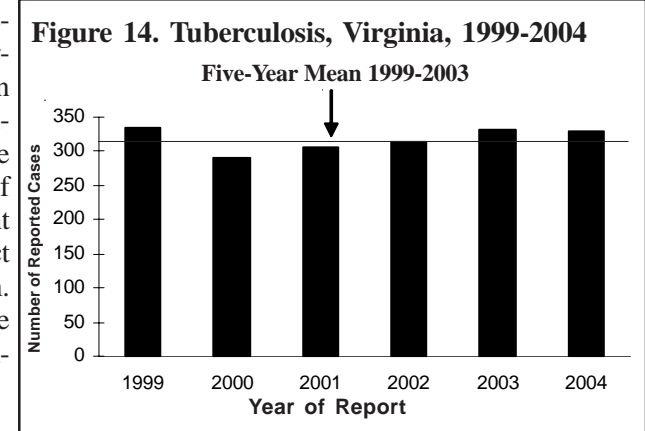
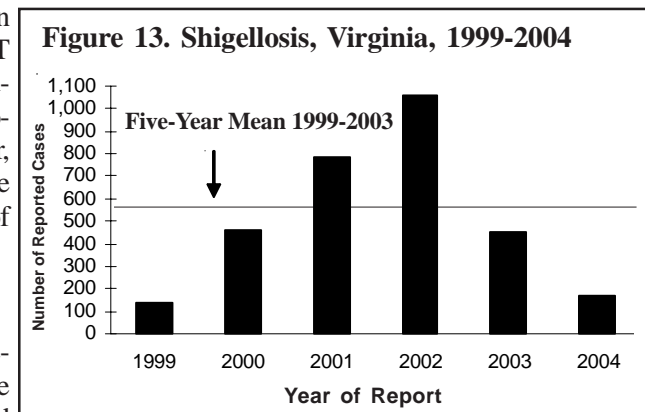
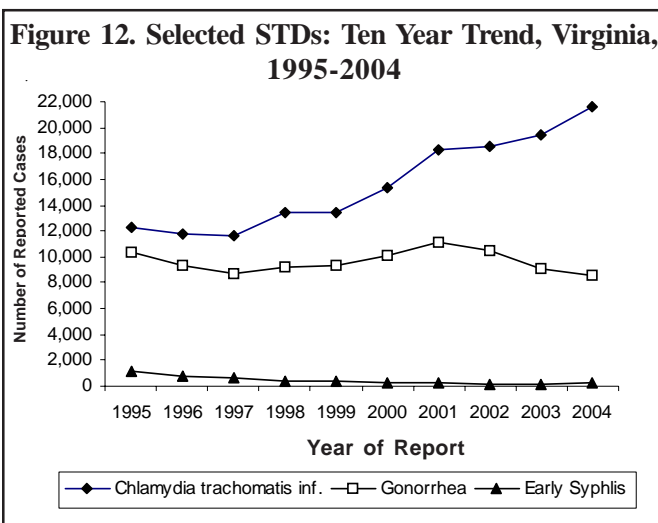
The primary purpose of the communicable disease surveillance system is to detect possible outbreaks, and to trigger investigation and control measures rapidly. However, these processes also help to monitor the health of communities. Healthcare providers play a critical role in this system—it all begins with disease reporting. For more information on ways to improve the reporting process for your practice or facility, please contact your local health department.

Submitted by Leslie Branch, Division of Surveillance and Investigation

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3. MMWR. 2000. 49(RR07): 11-20.

Submitted by Leslie Branch, Division of Surveillance and Investigation



**Cases of Selected Notifiable Diseases Reported in Virginia\***

**Total Cases Reported, April 2005**

**Total Cases Reported Statewide,  
January - April**

Disease	State	Regions					This Year	Last Year	5 Yr Avg
		NW	N	SW	C	E			
AIDS	41	7	13	2	13	6	210	215	241
Campylobacteriosis	47	10	14	13	3	7	113	117	110
<i>E. coli</i> O157:H7	4	0	1	1	2	0	5	1	5
Giardiasis	71	7	27	18	11	8	181	104	97
Gonorrhea	562	50	61	81	117	253	2,782	2,972	3,113
Hepatitis, Viral									
A	9	1	3	2	1	2	29	20	35
B, acute	31	2	6	4	10	9	77	58	51
C, acute	1	1	0	0	0	0	6	7	2
HIV Infection	64	4	30	5	10	15	241	264	267
Lead in Children†	59	12	2	13	20	12	125	170	153
Legionellosis	1	0	0	0	1	0	5	5	4
Lyme Disease	14	0	13	1	0	0	28	9	9
Measles	0	0	0	0	0	0	0	0	0
Meningococcal Infection	7	0	1	3	0	3	12	3	13
Mumps	0	0	0	0	0	0	0	1	2
Pertussis	20	5	4	3	4	4	63	41	31
Rabies in Animals	67	18	15	17	7	10	147	158	165
Rocky Mountain Spotted Fever	4	0	0	2	0	2	4	0	<1
Rubella	0	0	0	0	0	0	0	0	0
Salmonellosis	65	7	16	13	22	7	211	168	201
Shigellosis	9	1	4	1	1	2	28	30	101
Syphilis, Early§	25	4	6	0	3	12	64	42	69
Tuberculosis	26	2	13	0	7	4	76	60	59

*Localities Reporting Animal Rabies This Month:* Accomack 1 fox, 4 raccoons; Albemarle 1 raccoon; Alexandria 1 raccoon; Augusta 1 raccoon; Bedford 1 raccoon; Campbell 1 skunk; Carroll 2 raccoons; Chesterfield 1 raccoon; Clarke 1 fox, 1 raccoon; Culpeper 2 raccoons; Fairfax 6 raccoons, 1 skunk; Fauquier 1 cat, 3 raccoons; Franklin 1 raccoon; Frederick 1 skunk; Fredericksburg 1 raccoon; Goochland 1 raccoon; Hanover 1 fox; Henry 1 raccoon; Lancaster 1 raccoon; Loudoun 2 raccoons; Lynchburg 1 skunk; Mecklenburg 2 skunks; Northampton 2 raccoons; Patrick 1 raccoon; Pittsylvania 1 fox, 1 raccoon, 1 skunk; Prince George 1 raccoon; Prince William 1 fox, 2 raccoons, 2 skunks; Roanoke 1 cat; Rockbridge 1 skunk; Rockingham 1 skunk; Shenandoah 1 raccoon, 1 skunk; Spotsylvania 1 raccoon; Stafford 1 raccoon; Suffolk 1 fox; Sussex 1 skunk; Tazewell 1 fox, 1 raccoon, 1 skunk; Virginia Beach 1 fox; Wythe 2 skunks.

*Toxic Substance-related Illnesses:* Adult Lead Exposure 17; Asbestosis 3; Mercury Exposure 1; Mesothelioma 1; Pneumoconiosis 4.

\*Data for 2005 are provisional. †Elevated blood lead levels  $\geq 10\mu\text{g/dL}$ . §Includes primary, secondary, and early latent.

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