

# COMMUNICABLE DISEASE REPORT 2018

## **Prince William Health District Communicable Disease Program**

Annual Summary of Reported Conditions  
Serving Prince William County and the cities of Manassas and Manassas Park



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## Supplemental Information for Interpretation of Report

**Data Source:** Morbidity data was obtained from the Virginia Electronic Disease Surveillance System (VEDSS) Core Case Data Reports and/or the VDH Office of Epidemiology, Division of Surveillance and Investigation, Tables of Selected Reportable Diseases in Virginia by Year of Report which can be found at: <http://www.vdh.virginia.gov/surveillance-and-investigation/virginia-reportable-disease-surveillance-data/>. All surveillance data is considered provisional and subject to change based on date of report & classification of associated investigations

**Case Definitions:** Public health surveillance case definitions are explicit classification criteria used to ensure that disease specific morbidity is comparable between different states and jurisdictions. Public health case definitions are used to standardize disease reporting and should not be used for the clinical diagnosis or management of patients. Case counts and incidence rates included in this document are based on disease reports meeting confirmed or probable case status. Rates are representative of reported cases and do not capture those cases which were subclinical or unreported.

**Disease Surveillance:** The exact incidence of disease occurrence in the population cannot be determined due to variability in disease reporting and potential for undiagnosed cases. This report includes an estimate of morbidity associated with select conditions occurring amongst the PWHD population. Public health relies on physicians and laboratories to report cases and, in turn, improve the ability of PWHD to intervene with strategies for disease control and prevention. Caution is urged in interpreting rates.

Note: Rates for counts less than 10 are considered unstable and should be interpreted with caution.



Detect Disease  
When and  
Where It Happens



Stop Disease  
Before It Spreads



Study Disease  
to Strengthen  
the Science



Improve How  
We Prevent  
and Control Disease



Keep People  
Healthy

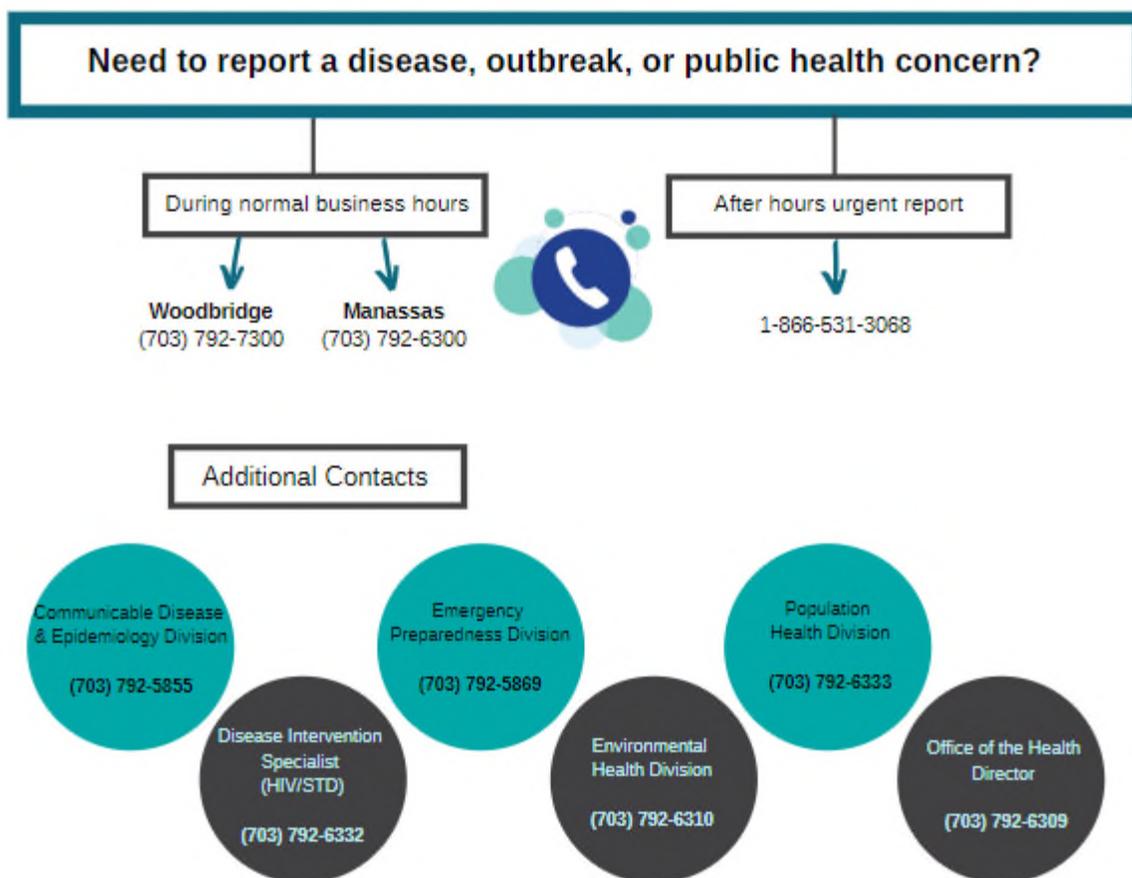
**Source:** National Notifiable Diseases Surveillance System (NNDSS), *Why we do notifiable disease surveillance*, [https://www.cdc.gov/nndss/document/NNDSS\\_Infographic.pdf](https://www.cdc.gov/nndss/document/NNDSS_Infographic.pdf)

## Introduction

The Prince William Health District (PWH) Communicable Disease Report to Providers presents a summary of selected communicable diseases in Prince William County and the independent cities of Manassas and Manassas Park. As a public health agency operating under the leadership of Virginia Department of Health (VDH), the PWH Communicable Disease Program investigates conditions which are required to be reported in accordance with the Virginia Disease Reporting Regulations. Each report is classified based on standard public health surveillance case definitions established by the Centers for Disease Control and Prevention (CDC). The definitions are not intended to serve as guidelines for patient care management and do not capture all occurrences of every condition. Instead, these classifications allow comparability of morbidity data across jurisdictions while providing insight into disease trends within the community.

PWH appreciates the ongoing collaboration with community partners to improve the health of our population. Surveillance and control efforts from public health would not be possible without the communication and responsiveness of frontline providers and the larger system of individuals and organizations working to support the mission of preventing illnesses and promoting optimum wellness. Thank you for your diligence and continued efforts.

## Contact Information



## Prince William Health District Disease Surveillance Summary

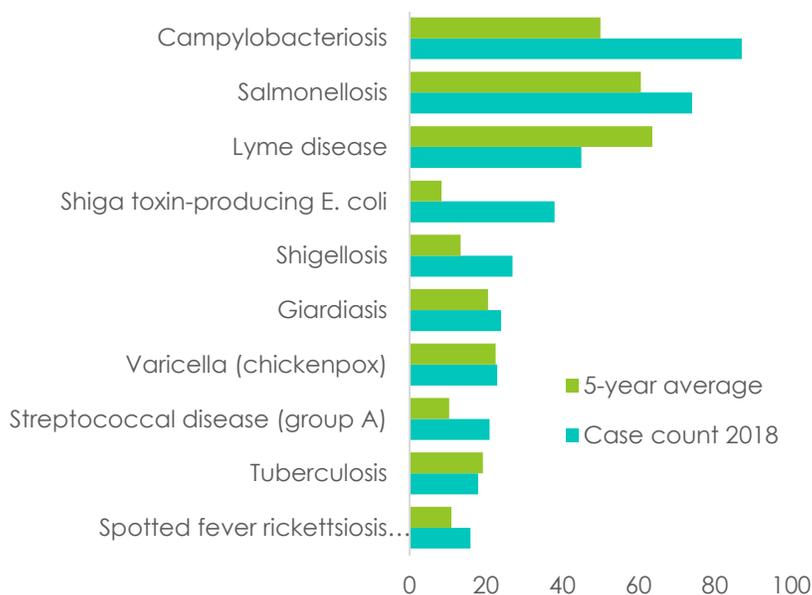
Serving the communities of Prince William County, Manassas City and City of Manassas Park, Prince William Health District investigates reported conditions impacting the health of its residents and provides public health interventions to reduce associated morbidity and mortality. Throughout 2018, 4159 individual reports of conditions named on the Virginia Reportable Disease List were identified in PWHD and evaluated by public health. Excluding sexually transmitted infections, 1680 reportable conditions were evaluated.

Figure 1. Proportion of reported conditions by locality and respective distribution of PWHD population\*



Excluding sexually transmitted infections\*\* and chronic or non-infectious illnesses, the top 10 reported cases occurring in 2018 were: campylobacteriosis, salmonellosis, Lyme disease, shiga toxin-producing E. coli (STEC), shigellosis, giardiasis, varicella (chickenpox), streptococcal disease (group A), tuberculosis, and spotted fever rickettsiosis (including RMSF).

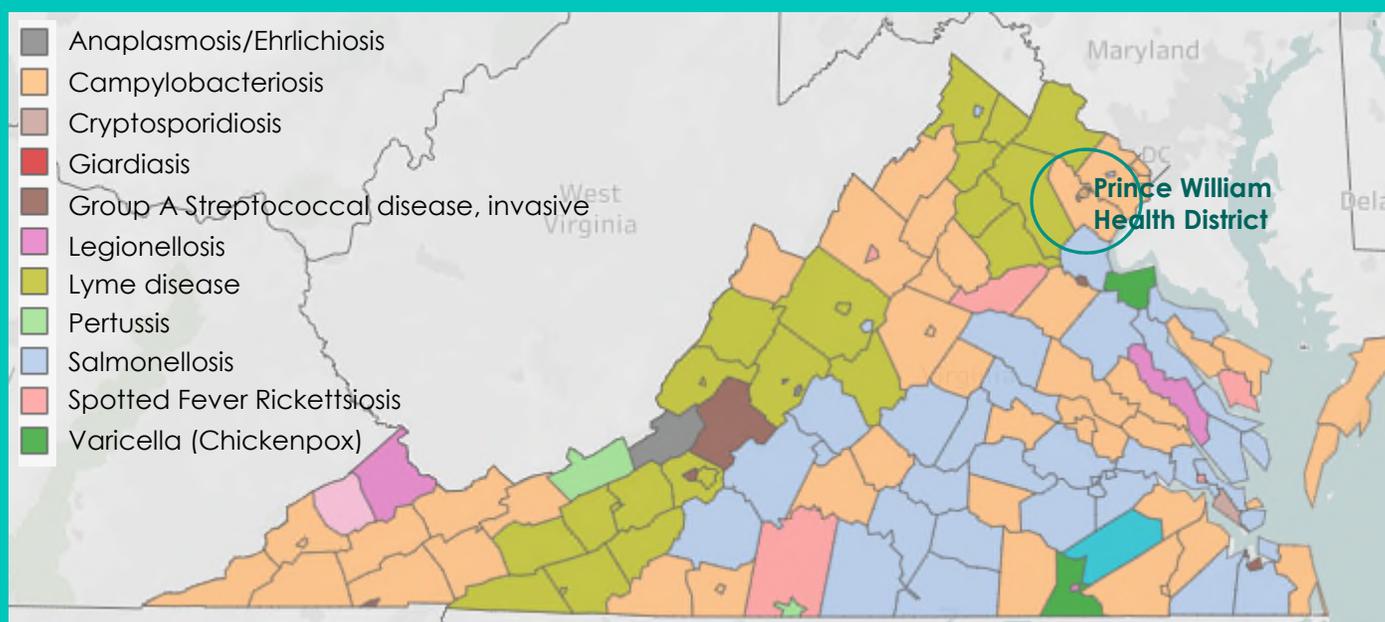
Figure 2. 2018 Top 10 Case Counts



As demonstrated with 2018 cases, campylobacteriosis, salmonellosis, and Lyme disease took the lead in top reported cases in four of the five prior years' morbidity. No longer a reportable condition in VA, the removal of methicillin-resistant *Staphylococcus aureus* from the comparison results in the same three conditions leading the top three conditions in all five of the prior years.

## Prince William Health District Disease Surveillance Summary

Figure 3. Top Communicable Disease by Virginia Locality\*\*\*, 2018



**Source:** Virginia Department of Health, Division of Disease Surveillance and Investigation, Top Communicable Disease by Locality, <http://www.vdh.virginia.gov/data/communicable-diseases/>

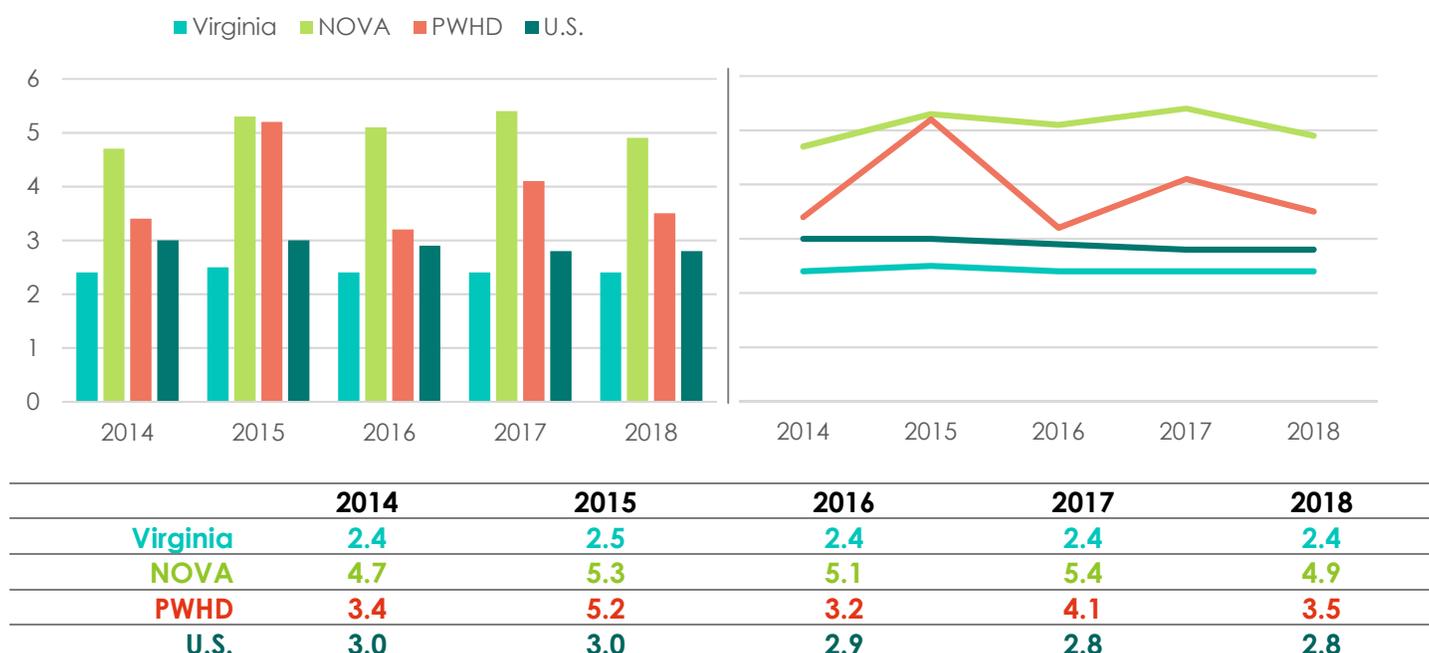
Compared to Virginia's top ten conditions in 2018, campylobacteriosis, salmonellosis, Lyme disease, shiga toxin-producing *E. coli*, varicella (chickenpox), giardiasis, streptococcal disease (group A), and spotted fever rickettsiosis were shared as most commonly occurring both locally and statewide. Cryptosporidiosis and pertussis were also included on the statewide analysis, but were replaced by shigellosis and tuberculosis in Prince William Health District.

With increasing availability of culture independent diagnostic tests (CIDTs) for diagnosing gastrointestinal illnesses, coupled with improved reporting to public health agencies has likely contributed to the noticeable rise in enteric cases (campylobacteriosis, salmonellosis shiga-toxin producing *E. coli*, and shigellosis) when compared to each of their five year averages. Additionally, domestic and international food distribution networks and ongoing international travel are other significant influences to the potential for foodborne illnesses.

## Tuberculosis

In 2018, the Northern Region was again highest among all VA regions for cases of newly diagnosed tuberculosis, representing nearly 60% (122) of the state's total cases<sup>3</sup> (205). While a slight decline was seen in PWHD from 2017 to 2018, the case rate of 3.5 continued to remain above both the state and national rates. While cases of TB disease officially classified and counted as Virginia cases reflected in this report represent a large proportion of the PWHD TB disease burden, they do not reflect the full number of individuals considered to have TB disease in the community. The inclusion of individuals clinically managed with TB disease brings the PWHD 2018 case rate to 3.6 cases per 100,000. Along with inherent challenges posed by disease burden alone, PWHD cases have also steadily increased in complexity due to higher levels of acuity and complicating comorbidities. It is important to maintain awareness of the health impacts of TB and remain dedicated to the goal of worldwide TB elimination.

Figure 4. TB Incidence 2014-2018 (rate per 100,000) in U.S., Virginia, Northern Virginia, and PWHD

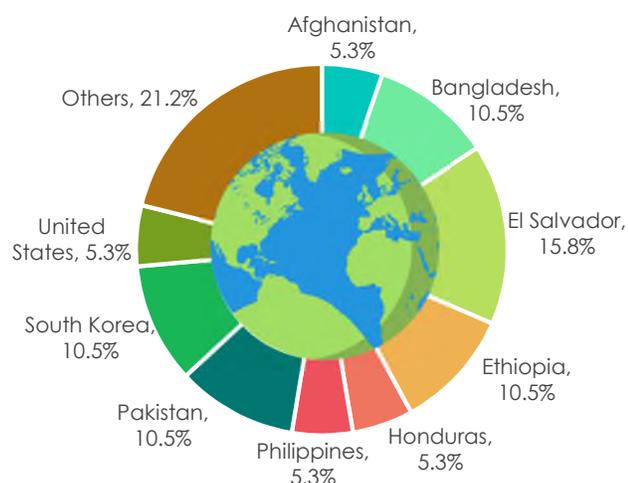


**Source:** Virginia Department of Health, Tuberculosis and Newcomer Health, <http://www.vdh.virginia.gov/tuberculosis-and-newcomer-health/>

Figure 5. Geographic Distribution of New TB Cases' Countries of Origin, PWHD, 2018

Of the 205 Virginia cases, 81% were individuals born outside of the United States<sup>3</sup>. In PWHD, 94.7% of individuals newly diagnosed with tuberculosis were foreign born.

According to the World Health Organization, TB disease is one of the top ten causes of death worldwide and it is a leading killer of individuals with HIV. An even more concerning threat is that, globally in 2017, an estimated 558,000 new cases of TB were resistant to at least one anti-TB drug. The emergence of growing resistance continues to be a public health crisis with only 55% of those with multidrug-resistant TB being successfully treated. Adherence to evidence-based treatment regimens by both providers and patients is critical to reducing this trend.



**Source:** Virginia Department of Health, Prince William Health District, local TB data

## Latent Tuberculosis Infection (LTBI)

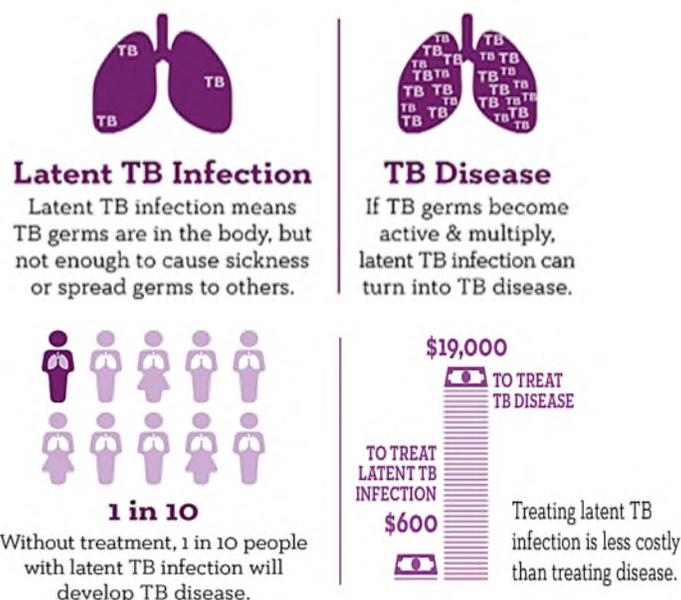
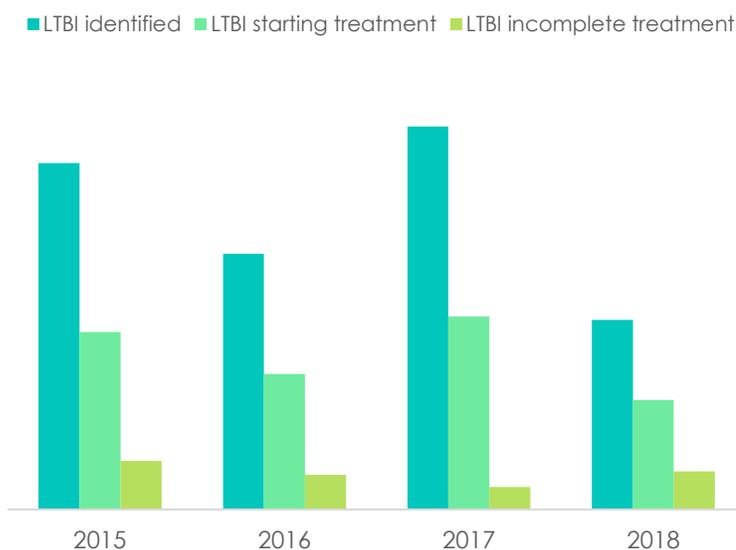
Up to 13 million people in the U.S. have latent tuberculosis infection (LTBI). **Treating LTBI prevents TB disease.** Treatment of LTBI is essential to controlling TB in the United States because it substantially reduces the risk that LTBI will progress to TB disease. Also, it is much less costly than treating active disease<sup>7</sup>.

People who should be tested for TB infection include: contacts of people with TB disease, people from countries where TB disease is common, people with health problems that make it hard to fight TB disease, and people who spend time in places where TB is more common (e.g., hospitals, shelters, correctional facilities).

In November 2018, tuberculosis (TB) infection or latent TB infection (LTBI) became reportable in Virginia among persons of any age and not just in children younger than four years of age<sup>8</sup>.

To learn more: <http://www.vdh.virginia.gov/tuberculosis-and-newcomer-health/tb-infection-ltbi/>

Figure 6. LTBI Outcomes PWHDC Clinical Services, 2015-2018



**Source:** Virginia Department of Health, Prince William Health District, local TB and LTBI data; Image from CDC – Take on Latent Tuberculosis (TB) Infection Infographic, <https://www.cdc.gov/tb/publications/infographic/default.htm>

As demonstrated in Figure 6, while there is considerable success in the identification of TB infection, the number of individuals initiating LTBI treatment is inadequate. Even further, the number of individuals successfully completing therapy to prevent TB disease is an even larger gap in the goal of global TB elimination. In order to achieve success in the fight against TB disease, more efforts are needed to identify and appropriately treat all LTBI cases.

## Sexually Transmitted Infections & HIV

According to the Centers for Disease Control and Prevention (CDC), chlamydia and gonorrhea are the two most commonly reported notifiable disease in the US. With rates of sexually transmitted infections (STIs) increasing nationally, PWHD has also demonstrated a similar trend for chlamydia and gonorrhea infections<sup>9,10</sup>. In fact, the rate of gonorrhea infections diagnosed in PWHD during 2018 increased by a 31.1% when compared to the average of annual rates occurring from 2014 to 2017. Similarly, the rate of chlamydia in PWHD experienced a 28.6% increase in the annual rate when compared to the average of the rates seen in the four prior years<sup>10,11</sup>. Rates of early syphilis also increased by 49.4%. This demonstrates the ongoing need to continue to aggressively apply prevention and control approaches for all STDs in PWHD.

Newly diagnosed HIV cases in 2018 experienced a decline compared to the prior year. Males represented 61.2% of new HIV cases in PWHD, and of those diagnoses, 36.7% were in the 25-34 year-old age group. Comparatively, this same age group only represented 5.3% of new female diagnoses in 2018. The biggest risk factor was male-to-male sexual contact (MSM).

Figure 8. New HIV Diagnosis Cases by Sex, PWHD, 2018



Figure 9. New HIV Diagnosis Cases in Males by Age, PWHD, 2018

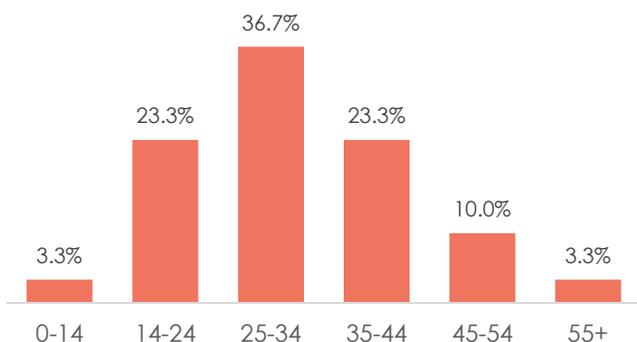
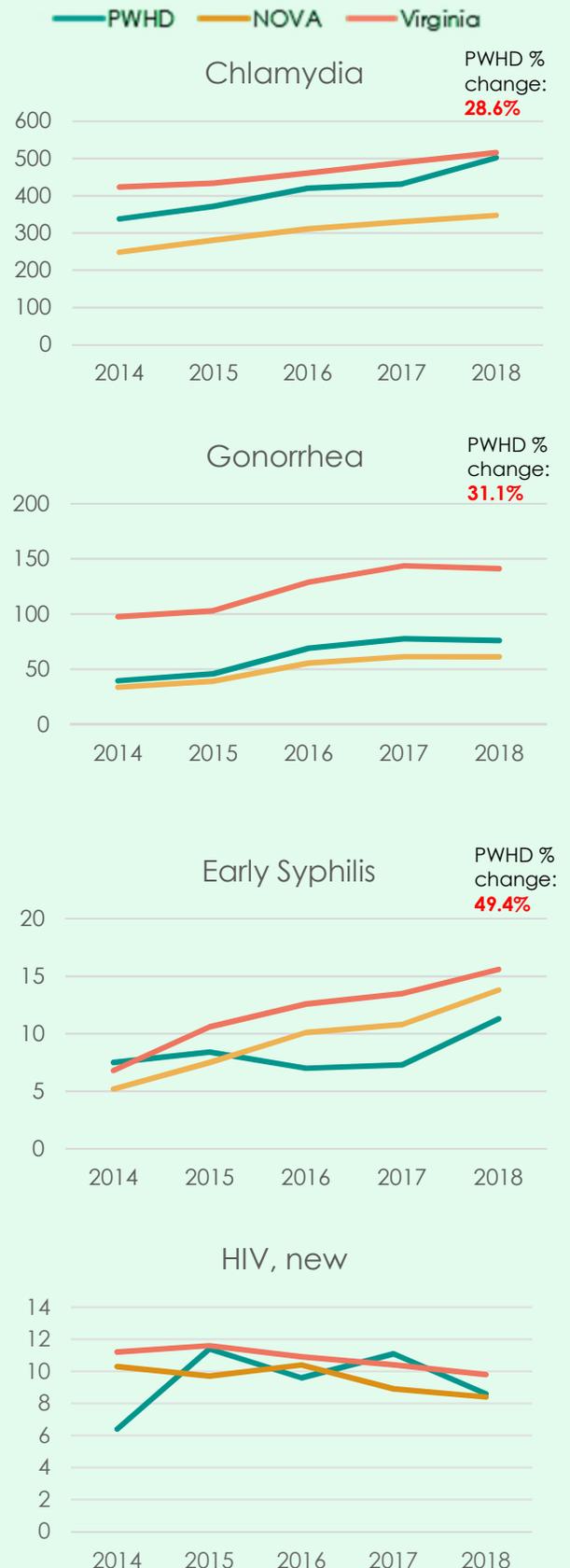


Figure 7. Rates of Selected STIs per 100,000, 5-year trend, PWHD 2014-2018

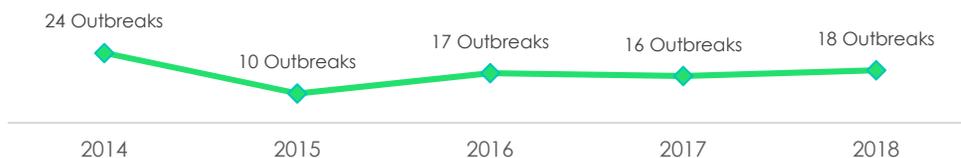


**Source:** Virginia Department of Health, Disease Prevention, HIV and STIs, <http://www.vdh.virginia.gov/disease-prevention/>, Percent change compares the 2018 rate to the 2014-2017 average annual rate

# Outbreaks

The Prince William Health District monitors reportable and emerging diseases or suspected outbreaks of illness, provides recommendations and guidance to prevent the spread of communicable diseases, and investigates outbreaks of disease and other public health emergencies.

**18** outbreaks were reported to the health district in 2018, compared to 16 outbreaks the prior year.



Most outbreaks occur in daycare/pre-K and school settings, followed by assisted living facilities. The most common infectious agents associated with these outbreaks were norovirus (45.5%) and influenza (45.5%), followed by *Clostridium difficile* (9.1%).

Figure 10. PWHHD Outbreaks by Setting, 2018

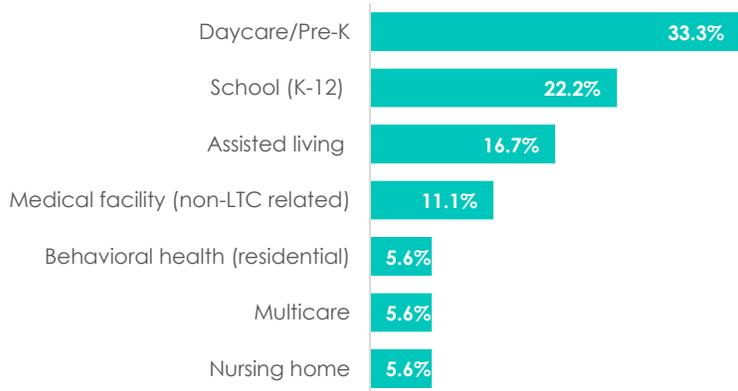


Figure 12. Average Number of Outbreaks per Month, PWHHD 2014-2018

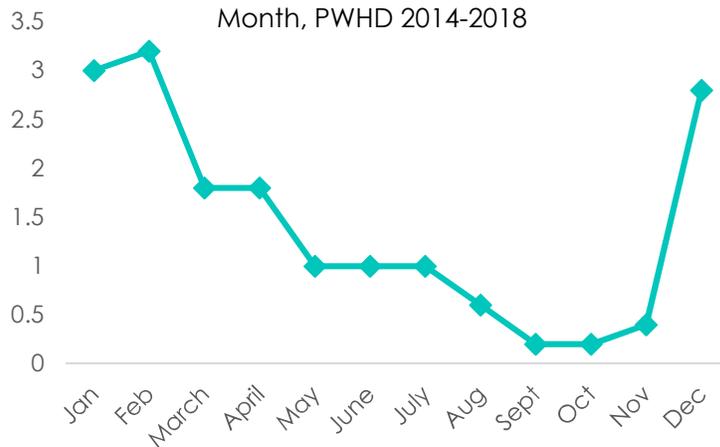


Figure 11. PWHHD Outbreaks by Symptom Group, 2018

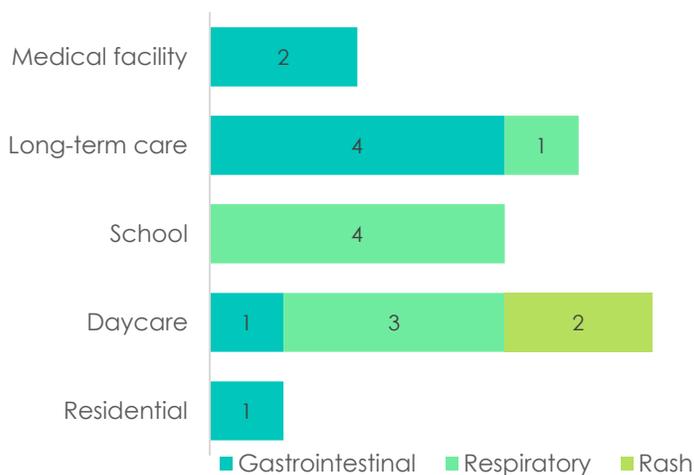
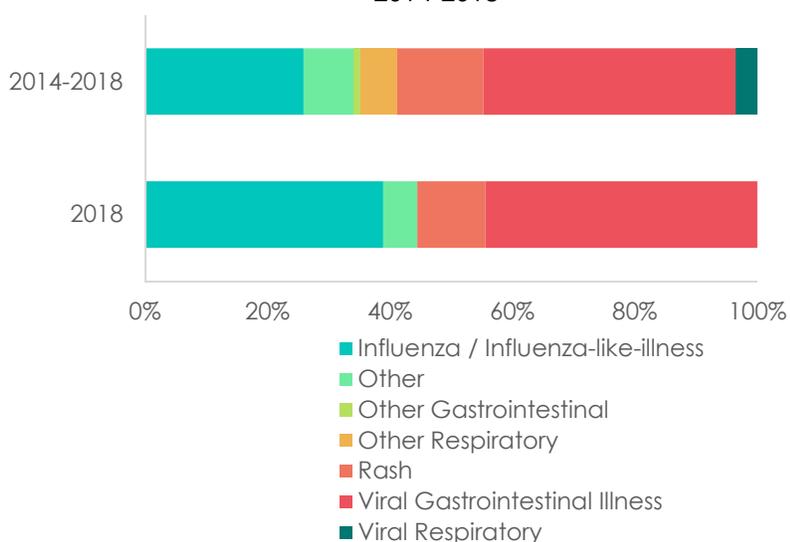


Figure 13. PWHHD Outbreaks by Symptom Group, 2014-2018



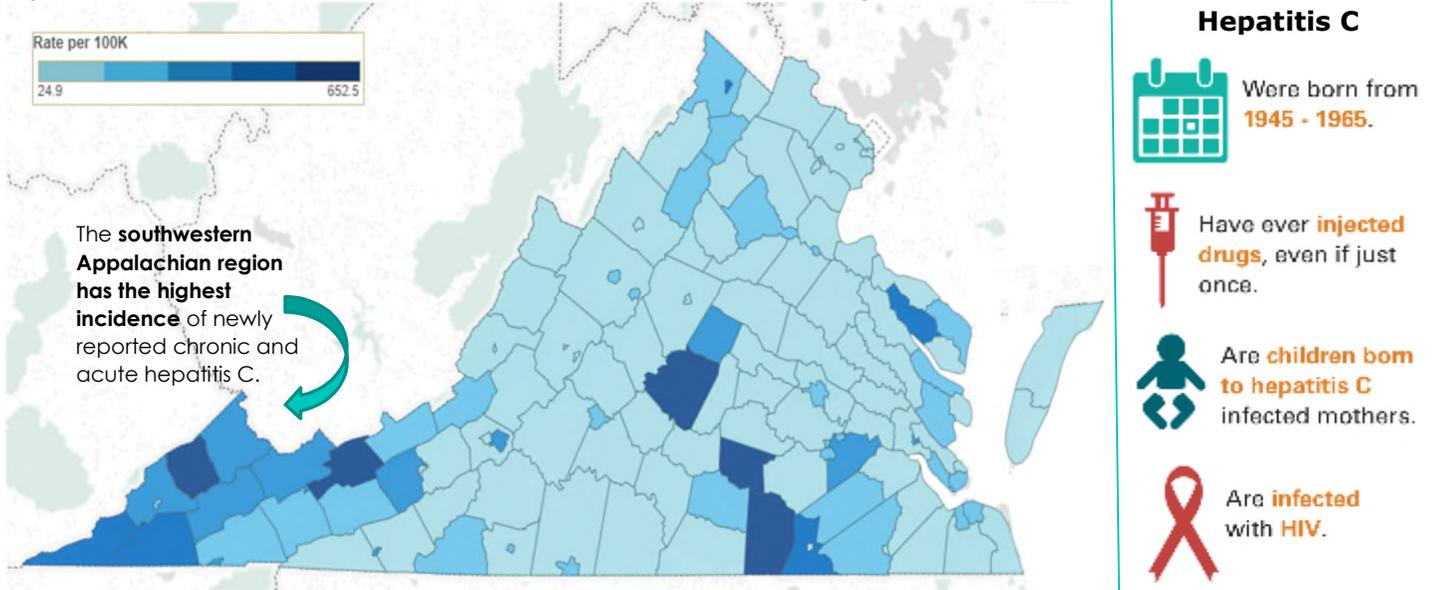
Source: Virginia Department of Health, Prince William Health District, local outbreak dat

## Spotlight: Hepatitis

Hepatitis C is a contagious liver disease that ranges from an acute illness lasting a few weeks to a chronic, lifelong illness that attacks the liver. It results from infection with the hepatitis C virus (HCV), which is spread primarily through contact with the blood of an infected person<sup>12</sup>.

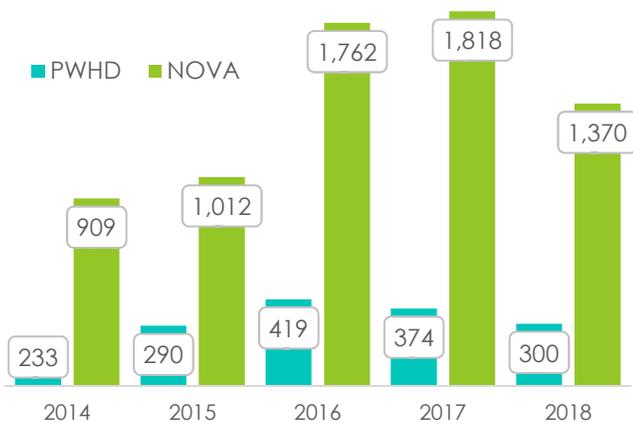
The majority of infected persons might not be aware of their infection because they are not clinically ill. There is no vaccine for Hepatitis C. The best way to prevent Hepatitis C is by avoiding behaviors that can spread the disease, especially injecting drugs.

Figure 14. Map of Incidence of Hepatitis C, Chronic by Locality, Virginia, 2018



**Source:** Virginia Department of Health, <http://www.vdh.virginia.gov/disease-prevention/disease-prevention/viral-hepatitis/> and CDC Hepatitis C infographic, <https://www.cdc.gov/nchstp/newsroom/2018/hepatitis-c-prevalence-estimates.html#Graphics>

Figure 15. Newly Identified Chronic Hepatitis C Case Counts, 2014-2018, PWHD and Northern Virginia



While hepatitis C infection rates are not as high in PWHD as compared to other regions in the state, it is estimated that up to 75% of people living with hepatitis C do not know they are infected. Many people can live with hepatitis C for decades with no symptoms. This highlights the importance of testing, especially in those groups determined to be high risk<sup>12,13</sup>.

An accurate estimate of hepatitis C prevalence can inform public health interventions and resource allocation strategies aimed at reducing the healthcare burden and economic costs.

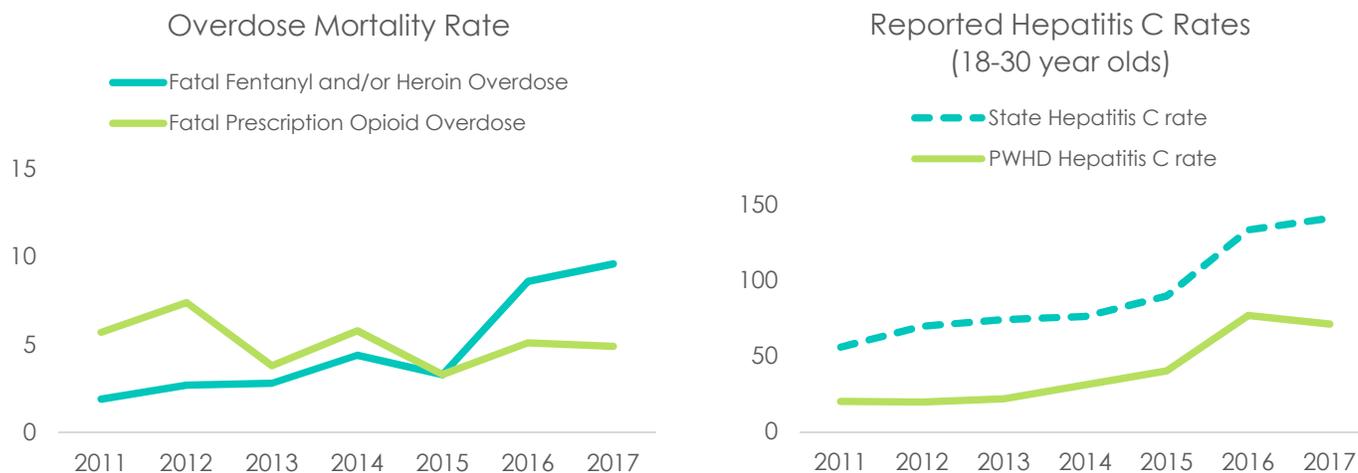
**Source:** Virginia Department of Health, Viral hepatitis, <http://www.vdh.virginia.gov/disease-prevention/disease-prevention/viral-hepatitis/>

## Hepatitis C and Opioids

CDC reports that the most new infections of hepatitis C in the U.S. are transmitted via shared needles or other injection materials. As the opioid epidemic continues, new cases of hepatitis C and other infectious diseases will continue to increase<sup>12</sup>.

**In the shadow of the opioid epidemic, CDC estimates that new cases have more than tripled since 2011.**

Figure 16. Overdose Mortality Rate and Reported Hepatitis C Rates (18-30 year olds), PWHD, 2011-2017

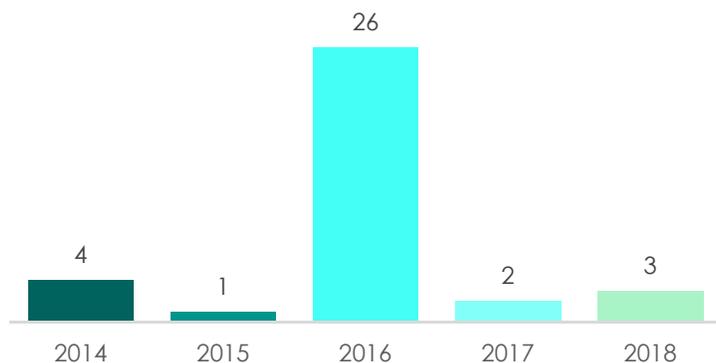


**Source:** Virginia Department of Health, Virginia Opioid Addiction Indicators, rates are calculated per 100,000 Virginia residents; <http://www.vdh.virginia.gov/data/opioid-overdose/>

## Hepatitis A

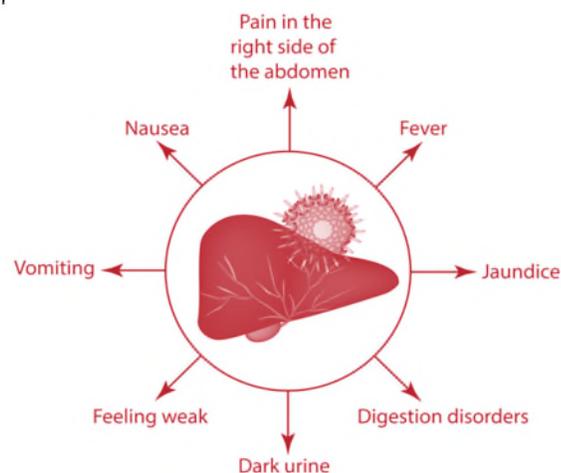
Hepatitis A is a contagious liver disease that results from infection with the hepatitis A virus (HAV). Hepatitis A can cause no symptoms at all, or a mild to serious illness. High risk populations include men who have sex with men, people who use illegal drugs, those who are homeless or in transient living, people in jail or prison, and those with underlying liver disease<sup>13</sup>.

Figure 17. Hepatitis A Cases, 2014-2018, Prince William Health District



Note: There was a large spike in Hepatitis A cases in 2016, many of which were associated with an outbreak linked to imported, frozen strawberries. To learn more: <http://www.vdh.virginia.gov/immunization/hav/>

**Source:** Virginia Department of Health, Viral Hepatitis, <http://www.vdh.virginia.gov/disease-prevention/disease-prevention/viral-hepatitis/>; viral hepatitis symptoms image from Shutterstock



Number of Cases and Rate per 100,000 of selected conditions for Virginia, Northern Virginia Region, and Prince William Health District, 2014-2018:	Geographic Jurisdiction	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District
	Year	2014			2015			2016			2017			2018		
	Estimated Population	8,317,372	2,413,165	501,029	8,367,587	2,438,471	507,684	8,411,808	2,461,243	512,608	8,465,207	2,499,042	521,738	8,517,685	2,522,001	526,959
Amebiasis	Number Reported Cases	29	14	4	25	15	0	39	24	6	31	21	7	29	16	4
	Rate per 100,000 population	0.3	0.6	0.8	0.3	0.6	0.0	0.5	1.0	1.2	0.4	0.8	1.3	0.3	0.6	0.8
Botulism	Number Reported Cases	1	1	0	3	0	0	5	0	0	3	1	0	9	1	0
	Rate per 100,000 population	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Brucellosis	Number Reported Cases	1	0	0	2	1	0	0	0	0	5	2	1	3	2	0
	Rate per 100,000 population	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.0	0.1	0.0
Campylobacteriosis	Number Reported Cases	744	275	36	1564	556	53	1580	546	66	1531	466	64	1664	544	87
	Rate per 100,000 population	8.9	11.4	7.2	18.7	22.8	10.4	18.8	22.2	12.9	18.1	18.6	12.3	19.5	21.6	16.5
Chikungunya	Number Reported Cases	58	32	6	24	17	5	6	5	1	5	3	0	3	3	0
	Rate per 100,000 population	0.7	1.3	1.2	0.3	0.7	1.0	0.1	0.2	0.2	0.1	0.1	0.0	0.0	0.1	0.0
Chickenpox (Varicella)	Number Reported Cases	324	115	18	354	131	26	284	148	30	336	137	19	352	155	23
	Rate per 100,000 population	3.9	4.8	3.6	4.2	5.4	5.1	3.4	6.0	5.9	4.0	5.5	3.6	4.1	6.1	4.4
Cryptosporidiosis	Number Reported Cases	152	64	10	234	104	13	244	79	10	239	89	7	309	134	10
	Rate per 100,000 population	1.8	2.7	2.0	2.8	4.3	2.6	2.9	3.2	2.0	2.8	3.6	1.3	3.6	5.3	1.9
Cyclosporiasis	Number Reported Cases	4	3	0	8	1	0	11	7	0	18	5	1	21	8	2
	Rate per 100,000 population	0.0	0.1	0.0	0.1	0.0	0.0	0.1	0.3	0.0	0.2	0.2	0.2	0.2	0.3	0.4
Dengue	Number Reported Cases	17	8	0	24	17	2	26	18	1	12	8	0	8	6	0
	Rate per 100,000 population	0.2	0.3	0.0	0.3	0.7	0.4	0.3	0.7	0.2	0.1	0.3	0.0	0.1	0.2	0.0
Ehrlichiosis/ Anaplasmosis	Number Reported Cases	137	11	3	116	16	2	115	12	3	134	28	5	146	22	3
	Rate per 100,000 population	1.6	0.5	0.6	1.4	0.7	0.4	1.4	0.5	0.6	1.6	1.1	1.0	1.7	0.9	0.6
Escherichia coli, Shiga Toxin-Producing	Number Reported Cases	121	36	5	107	27	5	139	58	12	179	64	15	400	180	38
	Rate per 100,000 population	1.5	1.5	1.0	1.3	1.1	1.0	1.7	2.4	2.3	2.1	2.6	2.9	4.7	7.1	7.2

Number of Cases and Rate per 100,000 of selected conditions for Virginia, Northern Virginia Region, and Prince William Health District, 2014-2018:	Geographic Jurisdiction	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District
	Year	2014			2015			2016			2017			2018		
	Estimated Population	8,317,372	2,413,165	501,029	8,367,587	2,438,471	507,684	8,411,808	2,461,243	512,608	8,465,207	2,499,042	521,738	8,517,685	2,522,001	526,959
Giardiasis	Number Reported Cases	256	132	23	269	116	15	317	151	21	284	151	28	332	160	24
	Rate per 100,000 population	3.1	5.5	4.6	3.2	4.8	3.0	3.8	6.1	4.1	3.4	6.0	5.4	3.9	6.3	4.6
<i>H. influenzae</i> Infection, Invasive	Number Reported Cases	88	12	2	121	27	8	142	26	5	172	39	10	151	31	7
	Rate per 100,000 population	1.1	0.5	0.4	1.4	1.1	1.6	1.7	1.1	1.0	2.0	1.6	1.9	1.8	1.2	1.3
Hepatitis A	Number Reported Cases	27	12	4	50	20	1	190	76	26	46	21	2	82	27	3
	Rate per 100,000 population	0.3	0.5	0.8	0.6	0.8	0.2	2.3	3.1	5.1	0.5	0.8	0.4	1.0	1.1	0.6
Hepatitis B, Acute	Number Reported Cases	61	2	0	69	4	2	56	3	0	61	8	2	62	8	1
	Rate per 100,000 population	0.7	0.1	0.0	0.8	0.2	0.4	0.7	0.1	0.0	0.7	0.3	0.4	0.7	0.3	0.2
Hepatitis C, Acute	Number Reported Cases	53	3	3	52	1	1	73	5	1	81	1	0	68	4	1
	Rate per 100,000 population	0.6	0.1	0.6	0.6	0.0	0.2	0.9	0.2	0.2	1.0	0.0	0.0	0.8	0.2	0.2
HUS	Number Reported Cases	6.0	2.0	0.0	4.0	0.0	0.0	4.0	2.0	1.0	12.0	5.0	0.0	10.0	4.0	1.0
	Rate per 100,000 population	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.1	0.2	0.0	0.1	0.2	0.2
Legionellosis	Number Reported Cases	129	16	6	139	28	7	144	23	8	197	32	11	236	46	11
	Rate per 100,000 population	1.6	0.7	1.2	1.7	1.1	1.4	1.7	0.9	1.6	2.3	1.3	2.1	2.8	1.8	2.1
Listeriosis	Number Reported Cases	25	7	1	22	5	0	23	6	1	26	10	1	34	13	4
	Rate per 100,000 population	0.3	0.3	0.2	0.3	0.2	0.0	0.3	0.2	0.2	0.3	0.4	0.2	0.4	0.5	0.8
Lyme Disease	Number Reported Cases	1,346	581	55	1,539	518	67	1,350	467	62	1,657	500	76	1,135	338	45
	Rate per 100,000 population	16.2	24.1	11.0	18.4	21.2	13.2	16.0	19.0	12.1	19.6	20.0	14.6	13.3	13.4	8.5
Malaria	Number Reported Cases	77	57	16	66	43	10	74	57	10	92	62	15	63	47	13
	Rate per 100,000 population	0.9	2.4	3.2	0.8	1.8	2.0	0.9	2.3	2.0	1.1	2.5	2.9	0.7	1.9	2.5
Measles	Number Reported Cases	2.0	2.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0
	Rate per 100,000 population	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Number of Cases and Rate per 100,000 of selected conditions for Virginia, Northern Virginia Region, and Prince William Health District, 2014-2018:	Geographic Jurisdiction	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District
	Year	2014			2015			2016			2017			2018		
	Estimated Population	8,317,372	2,413,165	501,029	8,367,587	2,438,471	507,684	8,411,808	2,461,243	512,608	8,465,207	2,499,042	521,738	8,517,685	2,522,001	526,959
Meningococcal Disease	Number Reported Cases	10	2	0	10	2	1	10	4	1	12	4	1	6	0	0
	Rate per 100,000 population	0.1	0.1	0.0	0.1	0.1	0.2	0.1	0.2	0.2	0.1	0.2	0.2	0.1	0.0	0.0
Mumps	Number Reported Cases	20	4	0	34	6	0	17	12	3	45	16	2	178	29	11
	Rate per 100,000 population	0.2	0.2	0.0	0.4	0.2	0.0	0.2	0.5	0.6	0.5	0.6	0.4	2.1	1.1	2.1
Pertussis	Number Reported Cases	505	128	34	369	62	9	225	28	3	296	58	29	241	56	8
	Rate per 100,000 population	6.1	5.3	6.8	4.4	2.5	1.8	2.7	1.1	0.6	3.5	2.3	5.6	2.8	2.2	1.5
Salmonellosis, including paratyphoid fever	Number Reported Cases	1,150	295	52	1,181	323	56	1,193	314	59	1,286	384	85	1,360	410	75
	Rate per 100,000 population	13.8	12.2	10.4	14.1	13.2	11.0	14.2	12.8	11.5	15.2	15.4	16.3	16.0	16.3	14.2
Shigellosis	Number Reported Cases	214	106	16	317	84	19	358	57	8	207	84	12	234	117	27
	Rate per 100,000 population	2.6	4.4	3.2	3.8	3.4	3.7	4.3	2.3	1.6	2.4	3.4	2.3	2.7	4.6	5.1
Spotted Fever Rickettsiosis, including RMSF	Number Reported Cases	373	38	15	296	40	10	312	35	9	307	53	16	336	40	16
	Rate per 100,000 population	4.5	1.6	3.0	3.5	1.6	2.0	3.7	1.4	1.8	3.6	2.1	3.1	3.9	1.6	3.0
Streptococcal Disease, Group A, Invasive	Number Reported Cases	200	45	8	203	42	8	233	47	7	286	70	24	327	69	19
	Rate per 100,000 population	2.4	1.9	1.6	2.4	1.7	1.6	2.8	1.9	1.4	3.4	2.8	4.6	3.8	2.7	3.6
Streptococcal Disease, Group A, Toxic Shock	Number Reported Cases	10	5	0	19	6	0	7	2	0	21	8	0	23	13	2
	Rate per 100,000 population	0.1	0.2	0.0	0.2	0.2	0.0	0.1	0.1	0.0	0.2	0.3	0.0	0.3	0.5	0.4
<i>S. pneumoniae</i> invasive < 5	Number Reported Cases	19	7	0	28	8	3	36	11	2	35	14	5	23	5	2
	Rate per 100,000 population	0.2	0.3	0.0	0.3	0.3	0.6	0.4	0.4	0.4	0.4	0.6	1.0	0.3	0.2	0.4
Tuberculosis	Number Reported Cases	198	113	17	212	129	26	205	126	16	204	134	21	205	122	18
	Rate per 100,000 population	2.4	4.7	3.4	2.5	5.3	5.1	2.4	5.1	3.1	2.4	5.4	4.0	2.4	4.8	3.4
Tularemia	Number Reported Cases	0	0	0	4	1	0	2	0	0	1	0	0	2	0	0
	Rate per 100,000 population	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Number of Cases and Rate per 100,000 of selected conditions for Virginia, Northern Virginia Region, and Prince William Health District, 2014-2018:	Geographic Jurisdiction	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District	Virginia	Northern Region	Prince William Health District
	Year	2014			2015			2016			2017			2018		
	Estimated Population	8,317,372	2,413,165	501,029	8,367,587	2,438,471	507,684	8,411,808	2,461,243	512,608	8,465,207	2,499,042	521,738	8,517,685	2,522,001	526,959
Typhoid fever	Number Reported Cases	9	7	2	11	10	1	12	8	3	7	5	1	17	12	1
	Rate per 100,000 population	0.1	0.3	0.4	0.1	0.4	0.2	0.1	0.3	0.6	0.1	0.2	0.2	0.2	0.5	0.2
Vibriosis	Number Reported Cases	59	15	0	40	8	2	40	3	0	60	17	5	86	26	6
	Rate per 100,000 population	0.7	0.6	0.0	0.5	0.3	0.4	0.5	0.1	0.0	0.7	0.7	1.0	1.0	1.0	1.1
West Nile Virus	Number Reported Cases	7	3	0	21	15	3	8	3	2	13	6	1	48	16	1
	Rate per 100,000 population	0.1	0.1	0.0	0.3	0.6	0.6	0.1	0.1	0.4	0.2	0.2	0.2	0.6	0.6	0.2
Yersiniosis	Number Reported Cases	21	3	0	17	3	0	23	5	1	61	15	3	52	11	3
	Rate per 100,000 population	0.3	0.1	0.0	0.2	0.1	0.0	0.3	0.2	0.2	0.7	0.6	0.6	0.6	0.4	0.6

Reporting of the following diseases is required by state law (Sections 32.1-36 and 32.1-37 of the Code of Virginia and 12 VAC 5-90-80 of the Board of Health Regulations for Disease Reporting and Control – <http://www.vdh.virginia.gov/surveillance-and-investigation/division-of-surveillance-and-investigation/commonwealth-of-virginiastate-board-of-health/>). Report all conditions when suspected or confirmed to your local health department (LDH). Reports may be submitted by computer-generated printout, Epi-1 form, CDC or VDH surveillance form, or upon agreement with VDH, by means of secure electronic submission.

**BOLD** = Laboratories must submit initial isolate or other initial specimen to the Division of Consolidated Laboratory Services (DCLS) within 7 days of identification. All specimens must be identified with patient and physician information, and the LHD must be notified within the timeframe specified below.

## REPORT IMMEDIATELY

**Anthrax (*Bacillus anthracis*)** [a]  
**Botulism (*Clostridium botulinum*)** [a]  
**Brucellosis (*Brucella* spp.)** [a]  
**Cholera (*Vibrio cholerae* O1/O139)** [a]  
**Coronavirus infection, severe (e.g., SARS-CoV, MERS-CoV)** [a]  
**Diphtheria (*Corynebacterium diphtheriae*)** [a]  
 Disease caused by an agent that may have been used as a weapon  
***Haemophilus influenzae* infection, invasive** [a]  
 Hepatitis A [a]  
 Influenza-associated deaths if younger than 18 years of age  
**Influenza A, novel virus** [a]  
 Measles (Rubeola) [a]  
**Meningococcal disease (*Neisseria meningitidis*)** [a]  
 Outbreaks, all (including but not limited to foodborne, healthcare-associated, occupational, toxic substance-related, waterborne, and any other outbreak)  
 Pertussis (*Bordetella pertussis*) [a]  
**Plague (*Yersinia pestis*)** [a]  
**Poliovirus infection, including poliomyelitis** [a]  
 Psittacosis (*Chlamydophila psittaci*) [a]  
**Q fever (*Coxiella burnetii*)** [a]  
 Rabies, human and animal [a]  
 Rubella [a], including congenital rubella syndrome [a]  
 Smallpox (Variola virus) [a]  
 Syphilis (*Treponema pallidum*), congenital, primary, and secondary [a]  
**Tuberculosis, active disease (*Mycobacterium tuberculosis* complex)** [a,b]  
**Tularemia (*Francisella tularensis*)** [a]  
**Typhoid/Paratyphoid infection (*Salmonella* Typhi, *Salmonella* Paratyphi)** [a]  
 Unusual occurrence of disease of public health concern  
 Vaccinia, disease or adverse event [a]  
**Vibriosis (*Vibrio* spp.)** [a,e]  
 Viral hemorrhagic fever [a]  
 Yellow fever [a]

## LEGEND

[a] Reportable by directors of laboratories. These and all other conditions listed must be reported by physicians and directors of medical care facilities.  
 [b] Laboratories report AFB, *M. tuberculosis* complex or any other mycobacteria, and antimicrobial susceptibility for *M. tuberculosis* complex.  
 [c] Includes submission of *Candida haemulonii* specimens to DCLS.  
 [d] Laboratories that use EIA without a positive culture should forward positive stool specimens or enrichment broth to DCLS.  
 [e] Includes reporting of *Photobacterium damsela* and *Grimontia hollisae*.

## REPORT WITHIN 3 DAYS

Amebiasis (*Entamoeba histolytica*) [a]  
 Arboviral infections (e.g., CHIK, dengue, EEE, LAC, SLE, WNV, Zika) [a]  
 Babesiosis (*Babesia* spp.) [a]  
 Campylobacteriosis (*Campylobacter* spp.) [a]  
***Candida auris*, infection or colonization** [a,c]  
**Carbapenemase-producing organism, infection or colonization** [a]  
 Chancroid (*Haemophilus ducreyi*) [a]  
 Chickenpox (Varicella virus) [a]  
*Chlamydia trachomatis* infection [a]  
 Cryptosporidiosis (*Cryptosporidium* spp.) [a]  
 Cyclosporiasis (*Cyclospora* spp.) [a]  
 Ehrlichiosis/Anaplasmosis (*Ehrlichia* spp., *Anaplasma phagocytophilum*) [a]  
 Giardiasis (*Giardia* spp.) [a]  
 Gonorrhea (*Neisseria gonorrhoeae*) [a]  
 Granuloma inguinale (*Calymmatobacterium granulomatis*)  
 Hantavirus pulmonary syndrome [a]  
 Hemolytic uremic syndrome (HUS)  
 Hepatitis B (acute and chronic) [a]  
 Hepatitis C (acute and chronic) [a]  
 Hepatitis, other acute viral [a]  
 Human immunodeficiency virus (HIV) infection [a]  
 Influenza, confirmed seasonal strain [a]  
 Lead, blood levels [a]  
 Legionellosis (*Legionella* spp.) [a]  
 Leprosy/Hansen's disease (*Mycobacterium leprae*)  
 Leptospirosis (*Leptospira interrogans*) [a]  
**Listeriosis (*Listeria monocytogenes*)** [a]  
 Lyme disease (*Borrelia* spp.) [a]  
 Lymphogranuloma venereum (*Chlamydia trachomatis*)  
 Malaria (*Plasmodium* spp.) [a]  
 Mumps [a]  
 Neonatal abstinence syndrome (NAS)  
 Ophthalmia neonatorum  
 Rabies treatment, post-exposure  
**Salmonellosis (*Salmonella* spp.)** [a]  
**Shiga toxin-producing *Escherichia coli* infection** [a,d]  
**Shigellosis (*Shigella* spp.)** [a]  
 Spotted fever rickettsiosis (*Rickettsia* spp.) [a]  
**Streptococcal disease, Group A, invasive or toxic shock** [a]  
*Streptococcus pneumoniae* infection, invasive and <5 years of age [a]  
 Syphilis (*Treponema pallidum*), if not primary, secondary, or congenital  
 Tetanus (*Clostridium tetani*)  
 Toxic substance-related illness [a]  
 Trichinosis/Trichinellosis (*Trichinella spiralis*) [a]  
 Tuberculosis infection [a]  
**Vancomycin-intermediate or vancomycin-resistant *Staphylococcus aureus* infection** [a]  
**Yersiniosis (*Yersinia* spp.)** [a]



# FAQ: Disease Reporting for Medical Providers

## What are the legal requirements for physicians to report communicable diseases?

According sections 32.1-36 and 32.1-37 of the *Code of Virginia* and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health *Regulations for Disease Reporting and Control*, state law requires the reporting of all diseases on the Virginia Reportable Disease List.

## What diseases are required to be reported?

All diseases included on the Virginia Reportable Disease list, which is available at [http://www.vdh.virginia.gov/content/uploads/sites/13/2018/11/Reportable\\_Disease\\_List.pdf](http://www.vdh.virginia.gov/content/uploads/sites/13/2018/11/Reportable_Disease_List.pdf)

## Which health department should be contacted?

The corresponding local health department serving the city and/or county in which the medical facility is located should be the contact point for disease reporting. If the medical facility is located in Prince William County, Manassas City, or Manassas Park the contact is Prince William Health District and information is available at <http://www.vdh.virginia.gov/prince-william/> Information on all of Virginia's health districts is available at <http://www.vdh.virginia.gov/local-health-districts/>

## What is the required timeframe for providers to submit disease reports?

Once a disease on Virginia's Reportable Disease list is suspected or confirmed, physicians generally have three days to submit a report. However, for diseases listed under the **RED HEADER** on Virginia's Reportable Disease list or if an outbreak is suspected, a report must be generated *immediately* due to the potential communicability of the disease.

## Who is required to complete and submit a report?

The physician who treats or examines a person who has a **suspected or confirmed** reportable disease or condition is required to submit a timely report. However, the physician may designate someone else to report on his or her behalf but will be responsible for ensuring that the report is made.

## What is needed in order to complete and submit a disease report?

For the convenience of healthcare providers, the Virginia Department of Health has a consolidated morbidity report form, also referred to as an Epi-1 form, which contains information needed for a disease report. The Epi-1 form is available at <http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/Epi1.pdf>

## What information should I include in the report?

The information expected in a disease report includes a completed Epi-1 form along with any additional relevant and/or supportive lab results. In lieu of an Epi-1, alternate report formats/methods must include patient demographics, clinical information, and provider contact details.

## How does one submit a disease report?

Disease reports can be submitted via fax, mail, or telephone. In cases where immediate notification is required, telephone is the preferred method of communication. During normal business hours please call (703) 792-6300 or (703) 792-7300. For urgent after-hours reporting please call 1-866-531-3068.

## Additional Information

\* Population estimates for data analysis were obtained from U.S. Census figures (Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017 and Annual Estimates of the Resident Population for Counties of Virginia: April 1, 2000 to July 1, 2017, Source: U.S. Census Bureau, Population Division) which can be found at: <https://factfinder.census.gov><sup>1</sup>. Incidence rates were calculated based on U.S. Census Estimates for the stated year(s).

\*\* Sexually Transmitted Infections: Chlamydia, Gonorrhea, Early Syphilis (includes diagnoses of primary, secondary and early latent syphilis), HIV disease (includes newly reported HIV infection regardless of disease progression and includes people with AIDS).

\*\*\* Figure adapted from VDH Division of Surveillance and Investigation's Public Health Surveillance visualizations <http://www.vdh.virginia.gov/data/communicable-diseases/>

\*\*\*\* Northern Virginia Region/NOVA includes: Alexandria City, Arlington County, Fairfax (Fairfax County, Cities of Fairfax and Falls Church), Loudoun County, and Prince William (Prince William County, Cities of Manassas & Manassas Park) Health Districts

## References

- (1) U.S. Census Bureau, Population Division. *Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018*. Release Dates: For the United States, regions, divisions, states, and Puerto Rico Commonwealth, December 2018. For counties, municipios, metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, and combined statistical areas, April 2019. Accessed May 9, 2019.
- (2) Centers for Disease Control and Prevention. *Atlas Plus National Tuberculosis Rates*. <https://www.cdc.gov/nchhstp/atlas/index.htm>. Accessed May 9, 2019.
- (3) Virginia Department of Health. *2018 Annual Tuberculosis Surveillance Report*. <http://www.vdh.virginia.gov/tuberculosis-and-newcomer-health/tuberculosis-new/data-reports/>. Published August 2018, Accessed August 30, 2019.
- (4) World Health Organization. *Tuberculosis Fact Sheet*. <https://www.who.int/en/news-room/fact-sheets/detail/tuberculosis>. Updated September 2018. Accessed May 9, 2019.
- (5) Centers for Disease Control and Prevention. *CDC Messages and Resources: U.S. Preventive Services Task Force Recommendation on Latent Tuberculosis Infection*. <https://www.cdc.gov/tb/publications/tbi/tbiresources.htm>. Reviewed May 2017, Accessed May 9, 2019.
- (6) Healthy People 2020 Topics and Objectives: Immunizations and Infectious Diseases. <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>. Accessed May 9, 2019.
- (7) Centers for Disease Control and Prevention. *Tuberculosis (TB) – Latent TB Infection and TB Disease*. <https://www.cdc.gov/tb/topic/basics/tbinfectiondisease.htm>. Accessed May 9, 2019.
- (8) Virginia Department of Health. *Tuberculosis and Newcomer Health – TB infection (LTBI)*. <http://www.vdh.virginia.gov/tuberculosis-and-newcomer-health/tb-infection-ltbi/>. Accessed May 9, 2019.
- (9) Centers for Disease Control and Prevention. *2018 Sexually Transmitted Disease Surveillance*. <https://www.cdc.gov/std/stats/default.htm>. Accessed August 30, 2019.
- (10) Centers for Disease Control and Prevention. *Gonorrhea*. <https://www.cdc.gov/std/gonorrhea/default.htm>. Accessed May 9, 2019.
- (11) Virginia Department of Health. *Disease Prevention – HIV and STDS*. <http://www.vdh.virginia.gov/disease-prevention/>. Accessed May 9, 2019.
- (12) Centers for Disease Control and Prevention. *Viral Hepatitis – Hepatitis C Information*. <https://www.cdc.gov/hepatitis/hcv/index.htm>. Accessed May 9, 2019.
- (13) Virginia Department of Health. *Disease Prevention – Viral Hepatitis*. <http://www.vdh.virginia.gov/disease-prevention/disease-prevention/viral-hepatitis/>. Accessed May 9, 2019.

## Resources

Resource	Web Address
Prince William Health District	<a href="http://www.vdh.virginia.gov/prince-william/">http://www.vdh.virginia.gov/prince-william/</a>
Virginia Department of Health	<a href="http://www.vdh.virginia.gov/">http://www.vdh.virginia.gov/</a>
VDH Data Portal	<a href="http://www.vdh.virginia.gov/data/">http://www.vdh.virginia.gov/data/</a>
Centers for Disease Control and Prevention	<a href="https://www.cdc.gov/">https://www.cdc.gov/</a>
World Health Organization	<a href="http://www.who.int/en/">http://www.who.int/en/</a>

## Our Offices



### Manassas Clinic

9301 Lee Avenue  
Manassas, VA 20110  
Phone: 703-792-6300  
FAX: 703-792-6338

### Woodbridge Clinic

4001 Prince William Parkway, Suite 101  
Woodbridge, VA 22192  
Phone: 703-792-7300  
FAX: 703-792-7311

### Environmental Health –

**On-Site Sewage & Water Services**  
Development Services Building  
5 County Complex Court, Suite 240  
Woodbridge, VA 22192  
Phone: 703-792-6310 – Option 2  
FAX: 703-792-4743

### Environmental Health –

**Consumer Services**  
8470 Kao Circle  
Manassas, VA 20110  
Phone: 703-792-6310 – Option 1  
FAX: 703-257-5138

### Women, Infants and Children (WIC) – multiple locations

#### Woodbridge Office

4001 Prince William Parkway, Suite 204  
Woodbridge, VA 22192  
Phone: 703-792-7319  
FAX: 703-792-7166  
Email: [PWHDWIC@vdh.virginia.gov](mailto:PWHDWIC@vdh.virginia.gov)

#### Manassas Office

9430 Forestwood Lane  
Manassas, VA 20110  
Phone: 703-792-7319  
FAX: 571-292-1901

#### Georgetown South Office

9444 Taney Road  
Manassas, VA 20110  
Phone: 703 792-7319  
FAX: 703 792-7166

For more information, please visit:

<http://www.vdh.virginia.gov/prince-william/locations/>

Email us: [pwhd@vdh.virginia.gov](mailto:pwhd@vdh.virginia.gov)



## Prince William Health District

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