



Mecklenburg County Health Department Reportable Communicable Diseases

Reported to NC Department of Health and Human Services
Reflects report dates, not always onset dates

Monthly Report: March 2013
Preliminary Figures

HIV/AIDS & Syphilis case reports are currently unavailable due to changes in reporting system

DISEASES		January	February	March	April	May	June	July	August	September	October	November	December	2013 Total Cases (Year to Date)	MARCH 5-yr Avg.	Year-to-Date (5 Year Average)	
Sexually Transmitted and Bloodborne	AIDS** 1,3	-	-	-										-	-	-	
	Chancroid**	0	0	0										0	0	0	
	Chlamydia (Laboratory confirmed) ³	756	432	505										1693	500	1471	
	Gonorrhea** ³	236	119	140										495	159	460	
	Granuloma Inguinale**	0	0	0										0	0	0	
	Hep. Type B, Acute**	0	0	0										0	0	2	
	Hep. Type B, Carrier	13	11	10										34	16	46	
	Perinatal Hepatitis B**	0	0	0										0	0	0	
	Hep. Type C, Acute	0	0	0										0	0	0	
	HIV Disease** ^{1,3}	-	-	-											-	-	-
	Lymphogranuloma Venereum	0	0	0											0	0	0
	Nongonococcal Urethritis (NGU)	29	13	17											59	32	76
	Pelvic Inflammatory Disease (PID)	1	1	0											2	2	4
	Syphilis** ³	-	-	-											-	-	-
Congenital Syphilis** ³	-	-	-											-	-	-	
Enteric, Food and Waterborne	Botulism²	0	0	0										0	0	0	
	Campylobacter Infection**	3	5	2										10	7	16	
	Cholera**	0	0	0										0	0	0	
	Cryptosporidiosis**	0	3	0										3	1	2	
	Cyclosporiasis**	0	0	0										0	0	0	
	C. perfringens**	0	0	0										0	0	0	
	E. coli, Shiga toxin-producing**	0	0	1										1	1	2	
	Hepatitis A**	1	1	1										3	1	1	
	Hemolytic-Uremic Syndrome**	0	0	0										0	0	0	
	Legionellosis	0	1	0										1	0	1	
	Listeriosis**	0	0	0										0	0	0	
	Salmonellosis**	5	0	12										17	7	19	
	Shigellosis**	6	0	1										7	10	16	
	Staphylococcal (food poisoning)**	0	0	0										0	0	0	
	Trichinosis	0	0	0										0	0	0	
	Typhoid, Acute**	0	0	0										0	0	0	
	Typhoid, Carrier**	0	0	0										0	0	0	
	Vibrio Vulnificus	0	0	0										0	0	0	
	Vibrio Infection (other than cholera) **	0	0	0										0	0	0	
Other or Unknown Foodborne**	0	0	0										0	0	0		
Vaccine Preventable	Diphtheria**	0	0	0										0	0	0	
	Hemophilus influenzae, invasive disease**	3	3	2										8	1	3	
	Influenza Death **	0	0	0										0	0	1	
	Measles (Rubeola), Total**	0	0	0										0	0	0	
	Measles, Indigenous	0	0	0										0	0	0	
	Measles, Imported	0	0	0										0	0	0	
	Mumps	0	0	0										0	0	1	
	Pertussis (whooping cough)**	2	4	1										7	1	3	
	Polio, paralytic**	0	0	0										0	0	0	
	Rubella**	0	0	0										0	0	0	
Rubella, Congenital Syndrome	0	0	0										0	0	0		
Tetanus	0	0	0										0	0	0		

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DISEASES		January	February	March	April	May	June	July	August	September	October	November	December	2013 Total Cases (Year to Date)	MARCH 5-yr Avg.	Year-to-Date (5 Year Average)
Direct Contact and Respiratory	Influenza, Novel Virus Infection	0	0	0										0	0	0
	Severe Acute Respiratory Syndrome (SARS)**	0	0	0										0	0	0
	Smallpox²	0	0	0										0	0	0
	VRSA (<i>Staphylococcal aureus</i> with reduced susceptibility to Vancomycin)**	0	0	0										0	0	0
	Streptococcal infections, Group A invasive	3	2	2										7	1	5
	Tuberculosis**	0	0	0										0	2	3
	Vaccinia**	0	0	0										0	0	0
Vectorborne and Zoonotics	Anthrax²	0	0	0										0	0	0
	Brucellosis	0	0	0										0	0	0
	Dengue	0	0	0										0	0	0
	Ehrlichiosis	0	0	0										0	0	0
	Hantavirus Infection	0	0	0										0	0	0
	Hemorrhagic Fever, viral²	0	0	0										0	0	0
	Leprosy (Hansen's Disease)	0	0	0										0	0	0
	Leptospirosis	0	0	0										0	0	0
	Lyme disease	0	0	0										0	0	0
	Malaria	0	0	1										1	1	3
	Monkeypox**	0	0	0										0	0	0
	Plague²	0	0	0										0	0	0
	Psittacosis	0	0	0										0	0	0
	Q Fever	0	0	0										0	0	0
	Rabies, Animal	0	2	0										2	2	4
	Rabies, Human**	0	0	0										0	0	0
	Rocky Mountain Spotted Fever	0	0	0										0	0	0
Tularemia²	0	0	0										0	0	0	
Typhus, Epidemic (Louse-borne)	0	0	0										0	0	0	
Yellow Fever	0	0	0										0	0	0	
Encephalitis, Meningitis and Prion Diseases	Creutzfeldt-Jakob Disease (CJD)	0	0	0										0	0	0
	Encephalitis, arboviral	0	0	0										0	0	0
	Meningococcal Disease**	0	0	0										0	0	1
	Meningitis, Pneumococcal	0	0	0										0	0	2
Other	Toxic Shock Syndrome non-Strep.	0	0	0										0	0	0
	Streptococcal Toxic Shock Syndrome	1	0	0										1	0	0

REPORT TIMETABLE FOR DISEASES/CONDITIONS (for a complete listing of NC Reportable Disease, please call 919-715-7404)

Highlighted diseases	Category A Bioterrorism Agents/Diseases (report immediately by phone)
	Disease/Condition with Pandemic Potential (report immediately by phone)
**	Reportable within 24 hours after the disease or condition is reasonably suspected to exist. (by phone and form)
All Other Conditions	All other conditions, report within 7 days, (by form)

TO REPORT DISEASES BY TELEPHONE:

Animal Bite Consults: Al Piercy 704.336.6440

General Diseases including Hepatitis B: Belinda Worsham: 704.336.5498 Beth Quinn: 704.336.5398 Penny Moore: 704.353.1270 Freda Grant: 704.336.6436
 Beth Young: 704.336.5076 Earlene Campbell-Coleman: 704.432.1975

Sexually Transmitted Diseases and HIV/AIDS: 704.432.1742

Suspected Foodborne Outbreaks: Bill Hardister 704.336.5533

Tuberculosis: Kristi McCray 704.432.2496

Report forms can now be found on-line at: <http://www.charmeck.org>

1 The cumulative number for HIV Disease is 6,796 in Mecklenburg County and 38,397 in North Carolina. This figure is based on reports of confidential testing done between January 1990 - December 2010. Please note a change reflecting recent changes in North Carolina reporting, "HIV Disease" refers to all people infected with human immunodeficiency virus, with and without an AIDS defining condition. Previously data were reported separately for HIV and AIDS. Currently AIDS cases are subset of HIV disease. AIDS case reporting began in the United States in 1981 and North Carolina in 1984. HIV infection reporting began in North Carolina in January 1990 and HIV disease reporting in 2001.

2 Category A Bioterrorism Agents/Disease including pathogens that are rarely seen in the United States and that pose a risk to national security because they can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness.

3 Case numbers are lower than expected or not available due to transition to a new reporting system.