

# State of Wyoming



## Department of Health

### Summary of Reportable Diseases 2015 Annual Report

Thomas O. Forslund  
Director

March 2015

## Table of Contents

---

Executive Summary.....	2
Methods.....	3
Campylobacteriosis.....	4
Cryptosporidiosis.....	5
Giardiasis.....	6
Haemophilus influenza Disease.....	7
Invasive Pneumococcal Disease.....	8
Norovirus Outbreaks.....	9
Pertussis.....	10
Rabies.....	11
Salmonellosis.....	12
Shiga toxin-producing <i>Escherichia coli</i> (STEC).....	13
Shigellosis.....	14
Tularemia.....	15
West Nile Virus.....	16
Case Count by County Table, 2015.....	17
Diseases of Low Incidence, 2015.....	19

---

# **State of Wyoming Department of Health**

## **Summary of Reportable Diseases 2015 Annual Report**

Summary of Infectious Diseases Annual Report  
is published by the Public Health Division  
Wendy E. Braund, MD, MPH, MEd, FACPM  
State Health Officer and Senior Administrator

Additional information and copies may be obtained from:

Clay VanHouten, MS  
Infectious Disease Epidemiology Unit  
Wyoming Department of Health  
6101 Yellowstone Road, Suite 510  
Cheyenne, WY 82002  
307-777-5596  
[clay.vanhouten@wyo.gov](mailto:clay.vanhouten@wyo.gov)



Wyoming  
Department  
of Health

Commit to your health.

## **Executive Summary**

The Wyoming Department of Health Infectious Disease Surveillance System is a collaborative effort among personnel in Wyoming Department of Health Infectious Disease Epidemiology Program, Wyoming Public Health Laboratory, local health departments, other state agencies, clinical laboratories, and healthcare providers in Wyoming and elsewhere. These groups work together to identify, investigate, and mitigate the effects of infectious diseases in the State of Wyoming.

Data presented in this report were collected by the Wyoming Department of Health Infectious Disease Epidemiology Program through the Reportable Diseases and Conditions surveillance system and through public health case follow-up. Disease surveillance databases contain information on reportable diseases and the public health investigations carried out on these disease occurrences. The databases contain information regarding the etiology, patient demographics, geographic location, clinical laboratory results, exposure histories, and public health control measures on each reported occurrence. Data were analyzed by state-level epidemiologists and other staff, and additional retrospective case review was performed to verify actual case counts.

This report provides an overview of descriptive epidemiology of certain reportable diseases and conditions from January 1, 2015 to December 31, 2015.

## Methods

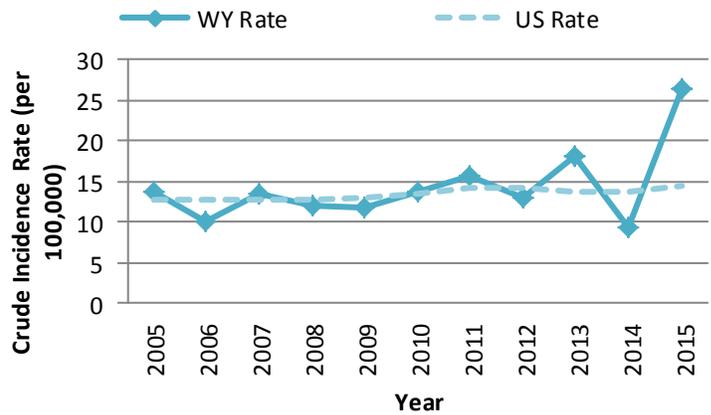
### Definitions

- Crude incidence rate - Incidence is defined as the number of *new* cases diagnosed during a set time period in a defined population. Incidence is not a representation of risk. Therefore, a crude incidence rate is the number of new cases of a disease within the specified population. A crude incidence rate has not been adjusted for age or other confounding variables. All crude incidence rates in this document are reported as the number of cases per 100,000 population.
- Outbreak - An outbreak is defined as the occurrence of two or more cases of a disease with a common exposure.
- Age-adjusted incidence rate – Statewide age-adjusted rates reported in this document were standardized against the 2000 U.S population using specified age groups and are reported as the number of cases per 100,000 population. Age-adjustment allows rates to be compared over time and allows rates from one geographic area (e.g., state) to be compared with rates from another geographic area that may have differences in age distributions. Any observed differences in age-adjusted incidence rates are not due to differing age structures.
- Standardized incidence ratio –The standardized incidence ratio (SIR) is a summary ratio that allows a comparison of incidence rates from a defined population to a standard population. When comparing statewide incidence rates, the estimated 2014 US standard population was used to calculate the SIR. It was not possible to calculate the state-level SIR for those diseases that are not nationally reportable due to lack of national summary data. A ratio of 1.00 indicates that the observed number of cases equals the expected number of cases. A ratio above 1.00 indicates that there were more cases observed than expected. Thus, a ratio of 1.25 means that there were 25 percent more observed cases than expected. A ratio below 1.00 indicates that there were fewer observed cases than expected. Therefore, a ratio of 0.85 is interpreted as 15 percent fewer observed cases occurring than expected. The confidence interval of a standardized incidence ratio is interpreted as follows:
  - If the lower number in the confidence interval is less than or equal to 1.00 and the upper number in the interval is greater than or equal to 1.00, there is no statistically significant difference between the number of observed cases and the number of expected cases.
  - If the lower number in the confidence interval is above 1.00, there is a 95 percent probability that a significantly higher number of cases were observed than expected.
  - If the upper number in the confidence interval is less than 1.00, there is a 95 percent probability that significantly fewer cases were observed than expected.

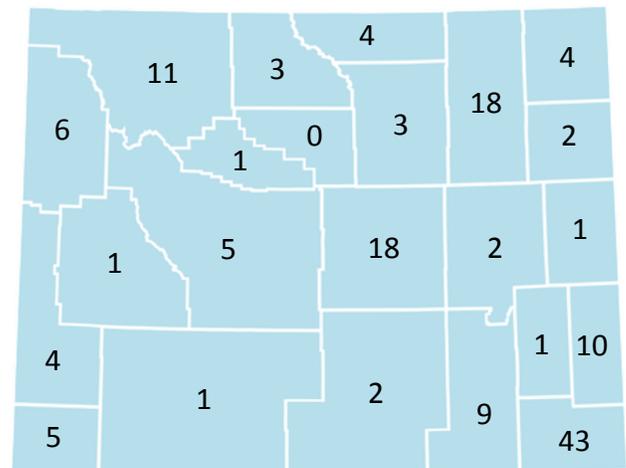
## 2015 Summary

In 2015, 154 (101 laboratory-confirmed and 53 probable) cases of campylobacteriosis were reported (crude incidence rate: 26.36 cases per 100,000 per year). The incidence of campylobacteriosis in Wyoming was greater than the estimated U.S. incidence (14.5 cases per 100,000 per year) based on CDC MMWR surveillance data (SIR: 1.80, 95% CI: 1.52-2.08). The national health objective for campylobacteriosis is 8.5 per 100,000 persons per year. The median age of cases of campylobacteriosis in Wyoming was 36 years (range: 0-84 years). Persons aged 40-64 years had the highest age-adjusted incidence rate (9.83 cases per 100,000 per year).

**Crude Incidence of Campylobacteriosis by Year, Wyoming and the US, 2005-2015**



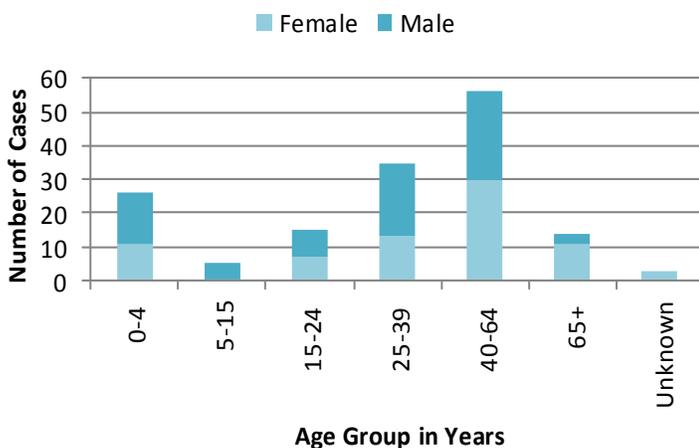
**Campylobacteriosis Cases by County of Residence**



**Probable Exposure Reported by Cases**



**Campylobacteriosis Cases by Age Group and Sex**



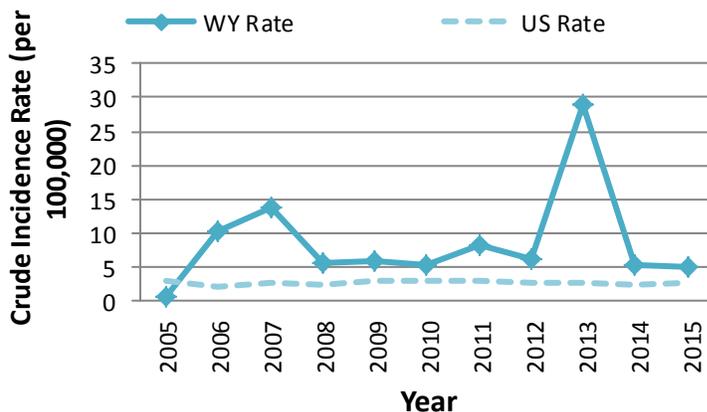
**Campylobacteriosis Outbreaks**

Number of Multistate Outbreaks With Wyoming Cases	1
Number of Wyoming Outbreaks Identified	3

## 2015 Summary

In 2015, 28 laboratory-confirmed cases of cryptosporidiosis were reported (crude incidence rate: 4.79 cases per 100,000 per year). The incidence of cryptosporidiosis in Wyoming was greater than the estimated U.S. incidence (2.52 cases per 100,000 per year) based on CDC MMWR surveillance data (SIR: 1.91 95% CI: 1.20 -2.62). The median age of cases of cryptosporidiosis was 31 years (range: 2-89 years). Persons aged 25-39 years had the highest age-adjusted incidence rate (1.54 per 100,000 persons).

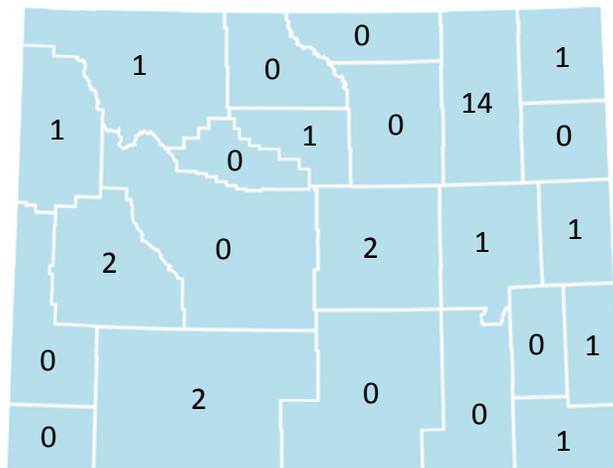
## Crude Incidence of Cryptosporidiosis by Year, Wyoming and the US, 2005-2015



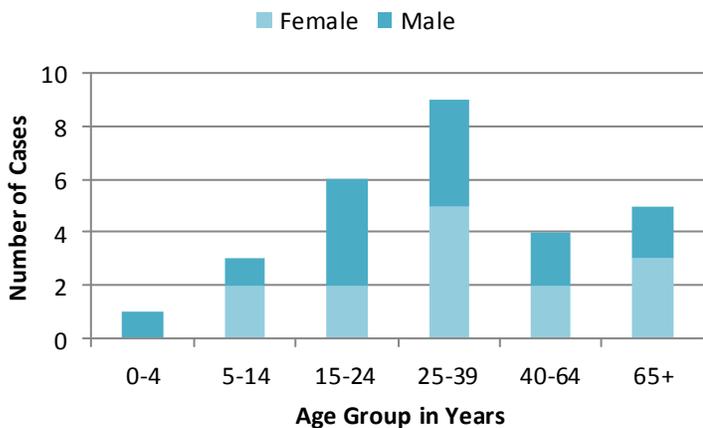
## Probable Exposure Reported by Cases



## Cryptosporidiosis Cases by County of Residence



## Cryptosporidiosis Cases by Age Group and Sex



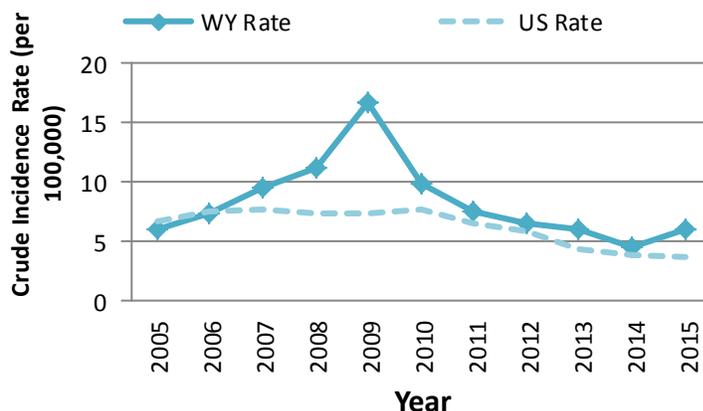
## Cryptosporidiosis Outbreaks

Number of Multistate Outbreaks With Wyoming Cases	0
Number of Wyoming Outbreaks Identified	0

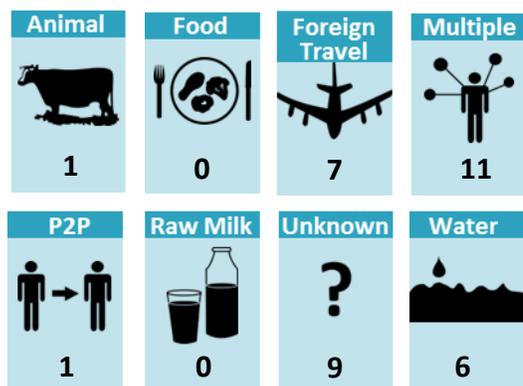
## 2015 Summary

In 2015, 35 laboratory-confirmed cases of giardiasis were reported (crude incidence rate: 6.03 cases per 100,000 per year). The incidence of giardiasis in Wyoming was greater than the estimated U.S. incidence (3.62 cases per 100,000 per year) based on CDC MMWR surveillance data (SIR: 1.67, 95% CI: 1.11-2.22). The median age of cases of giardiasis was 27.5 years (range: 1-81 years). Persons aged 25-39 years had the highest age-adjusted incidence rate (1.75 per 100,000 persons).

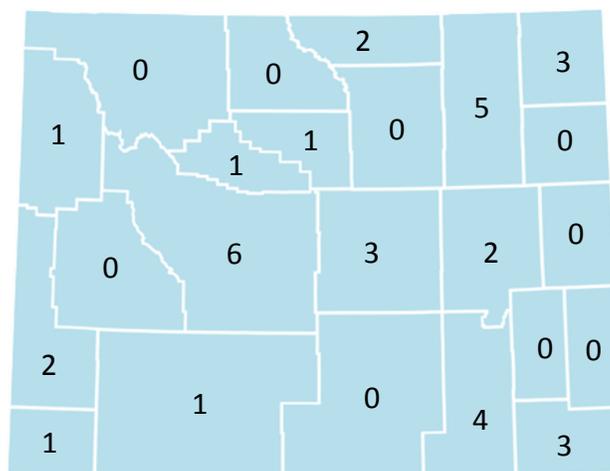
## Crude Incidence of Giardiasis by Year, Wyoming and the US, 2005-2015



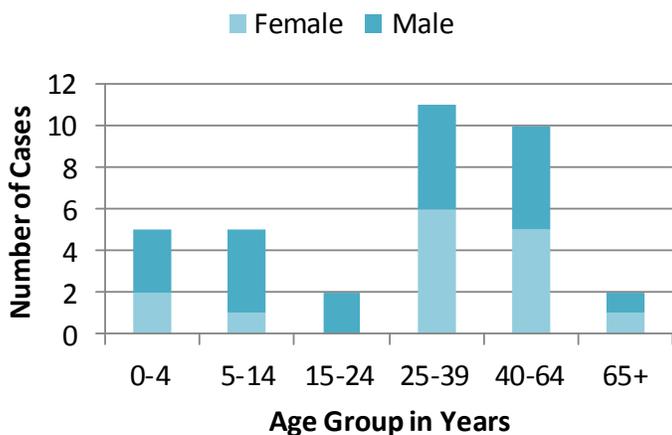
## Probable Exposure Reported by Cases



## Giardiasis Cases by County of Residence



## Giardiasis Cases by Age Group and Sex



## Giardiasis Outbreaks

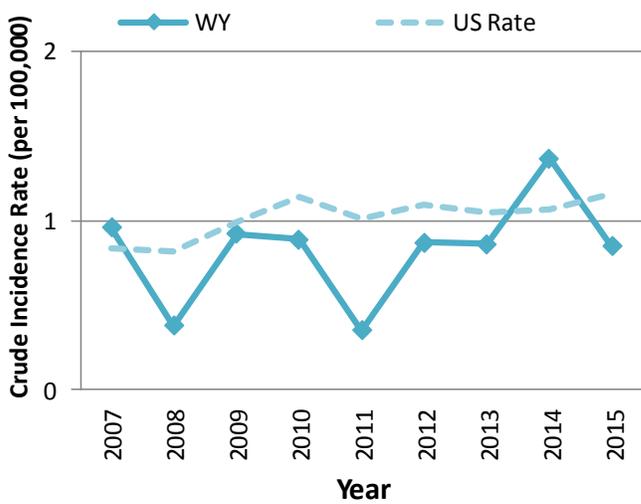
Number of Multistate Outbreaks With Wyoming Cases	0
Number of Wyoming Outbreaks Identified	0

# Haemophilus influenzae Disease

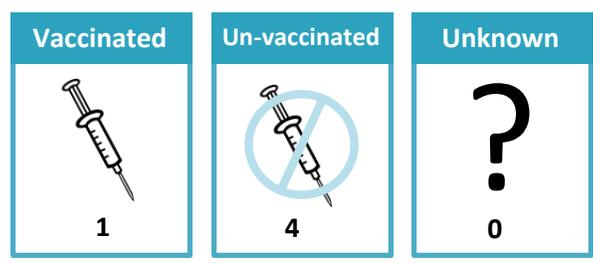
## 2015 Summary

In 2015, five invasive cases of Haemophilus influenzae Disease were reported. The cases include all serotypes. Most of the cases presented with bacteremia with another clinical manifestation (cellulitis, pneumonia, and meningitis). The vaccination status was known for all of the cases, and only one individual was immunized. The median age of cases was 60 years (range: 0 to 93 years) and 60% of cases were female.

**Crude Incidence of Haemophilus influenzae Disease by Year, Wyoming and the US, 2007-2015**



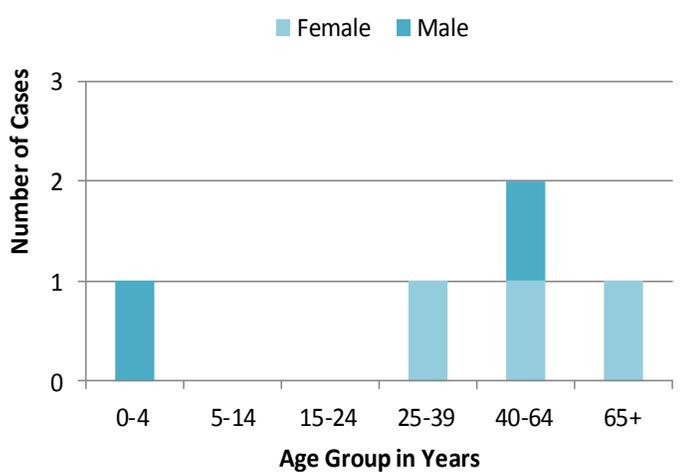
## Vaccine Status of H. flu Cases



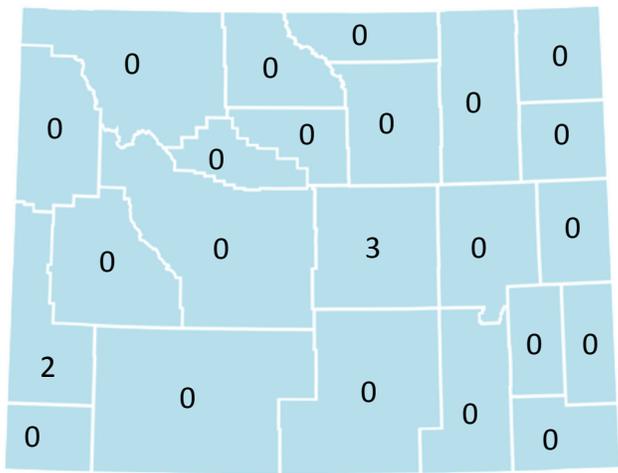
## Serotypes of H. flu Cases

Serotype B	1
Unknown Serotype	4

## H. flu Cases by Age Group and Sex



## H. flu Cases by County of Residence



## H. flu Cases by Clinical Manifestation

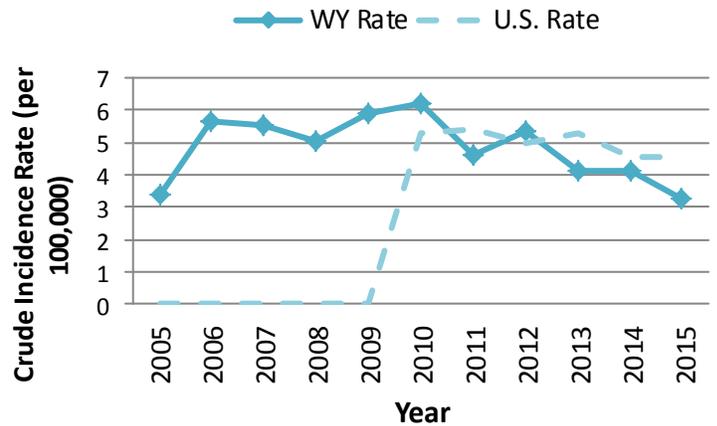
Bacteremia	2
Bacteremia + cellulitis	1
Bacteremia + meningitis	1
Bacteremia + pneumonia	1

# Invasive Pneumococcal Disease

## 2015 Summary

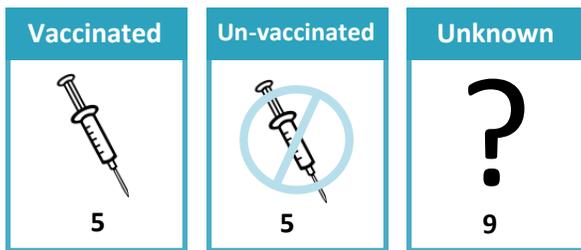
In 2015, 19 cases of invasive pneumococcal disease (IPD) were reported. Drug-resistant *Streptococcus pneumoniae* isolates were the cause of 4 of the 19 IPD cases. Most of the cases presented with bacteremia with or without clinical pneumonia. Vaccination status was known for just over half of the cases, and only five individuals were immunized. The median age of cases was 59 years (range: 2 to 86 years) and 42% of cases were female.

## Annual IPD Crude Incidence by year for Wyoming and the US (2005-2015)\*

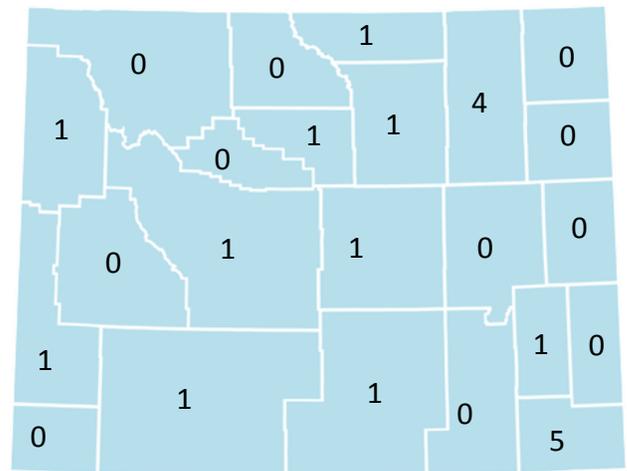


\*Data not available prior to 2010

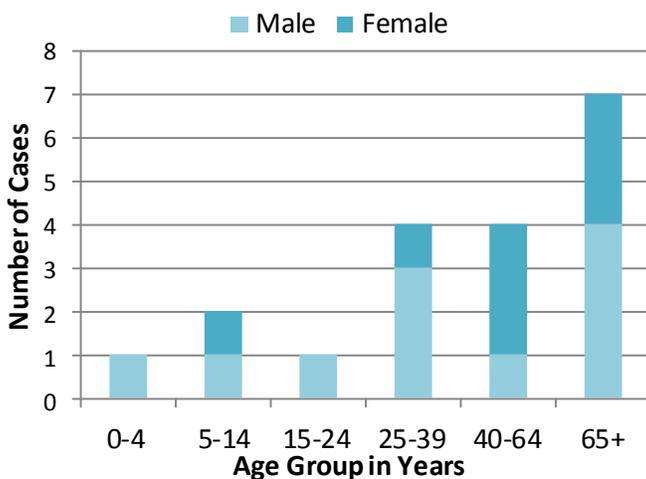
## Vaccine Status of IPD Cases



## IPD Cases by County of Residence



## IPD Cases by Age Group and Sex



## IPD Cases by Clinical Manifestation

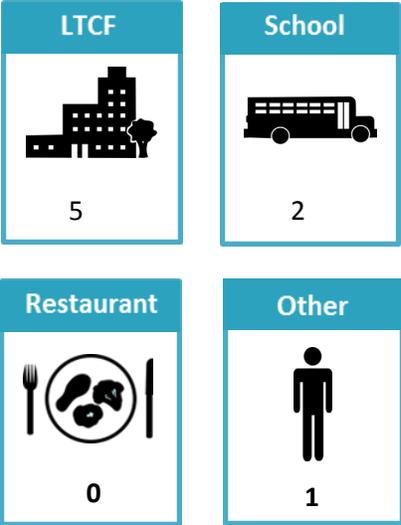
Bacteremia	16
Bacteremia + pneumonia	13
Pleural Effusion	2
Meningitis	1
Cellulitis	1
Empyema	1

# Norovirus Outbreaks

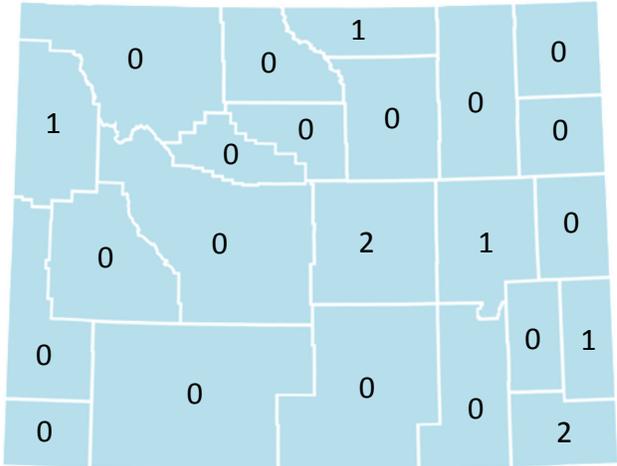
## 2015 Summary

In 2015, 8 outbreaks of norovirus were reported. The number of outbreaks reported slightly decreased from the previous year.

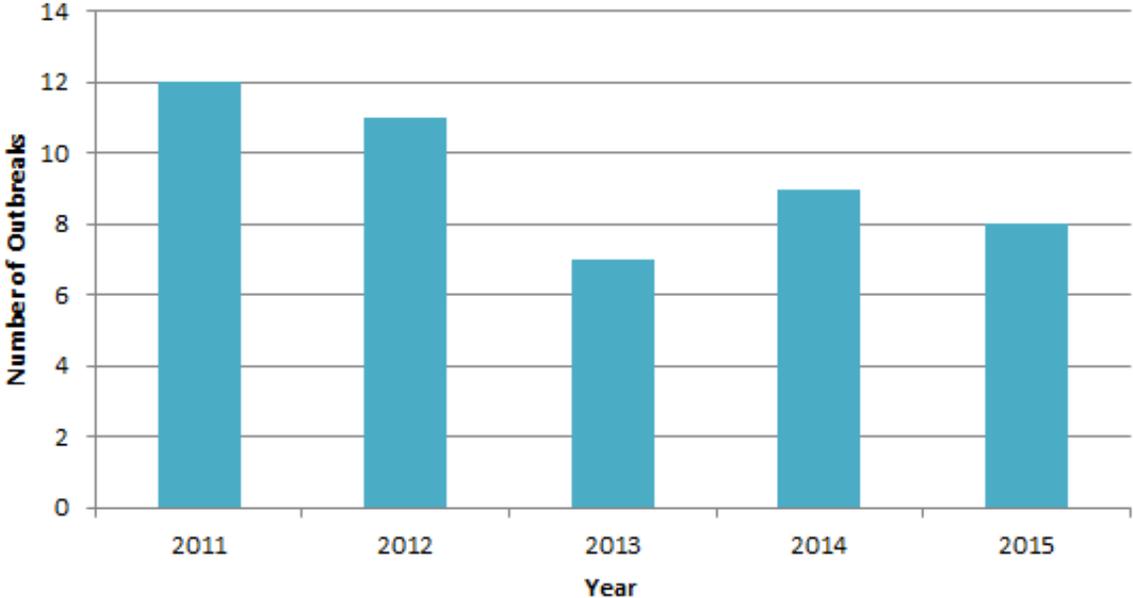
### Outbreak Location



### Norovirus Outbreaks by County



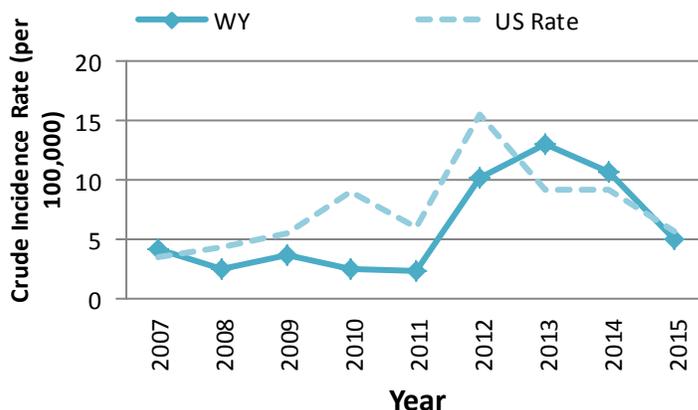
### Norovirus Outbreaks 2011—2015



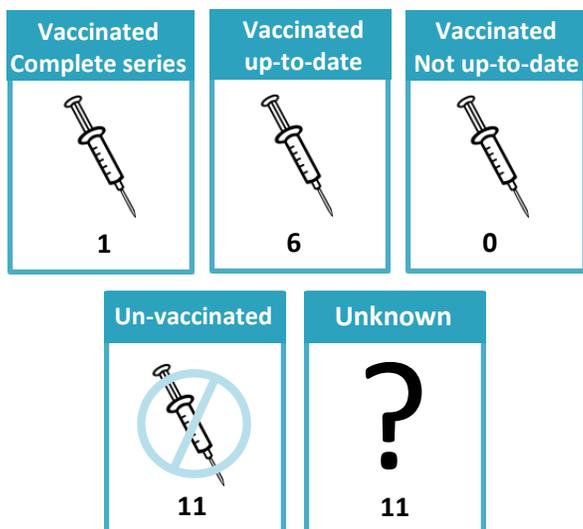
## 2015 Summary

In 2015, 29 (26 confirmed and 3 probable) confirmed cases of pertussis were reported (crude incidence rate: 4.95 cases per 100,000 per year). The crude incidence rate of pertussis in Wyoming was lower than the estimated U.S. incidence (5.65 cases per 100,000 per year) based on the CDC 2015 Final Pertussis Surveillance Report. The median age of cases of pertussis was 13 years (range: 0-56 years).

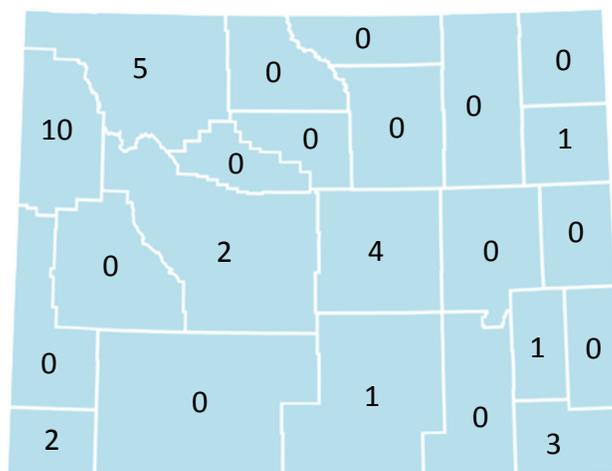
## Crude Incidence of Pertussis by Year, Wyoming and the US, 2007-2015



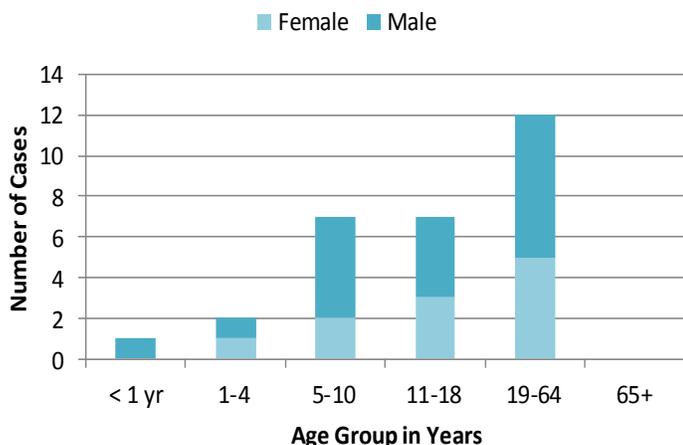
## Vaccine Status among Cases



## Pertussis Cases by County of Residence



## Pertussis Cases by Age Group and Sex



## Pertussis Outbreaks

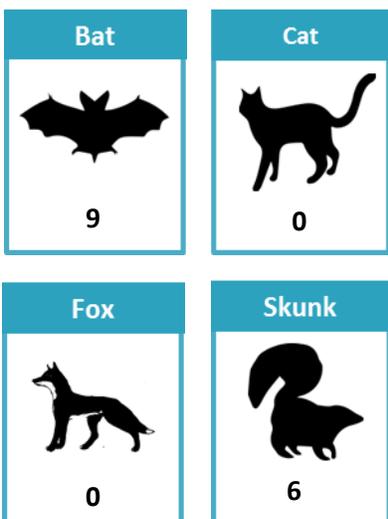
Number of Multistate Outbreaks With Wyoming Cases	2
Number of Wyoming Outbreaks Identified	0

## 2015 Summary

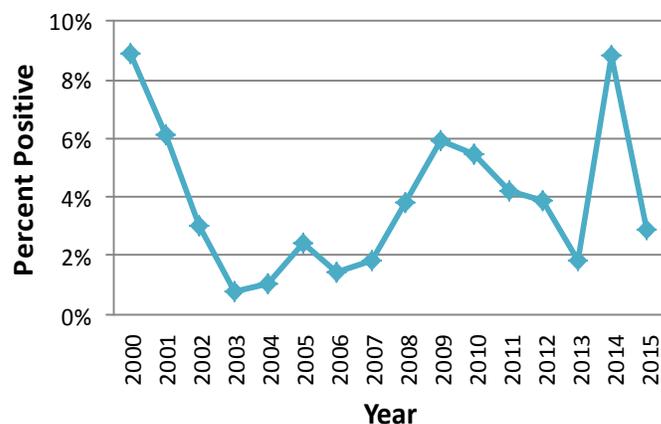
In 2015, 15 rabies positive animals were reported: 9 bats and 6 skunks. A total of 522 animals captured or located in Wyoming were tested for rabies at the Wyoming State Veterinary Laboratory, with approximately 3% of animals testing positive. As a result of contact with animals that either tested positive or were suspected of having rabies, a total of 38 people received rabies post-exposure prophylaxis (PEP).

The first documented human case of rabies in Wyoming was reported in 2015. In September an elderly woman was admitted to a local hospital with a 5-day history of progressive weakness, ataxia, dysarthria, and dysphagia. Due to respiratory failure, she was subsequently transferred to a referral hospital in Utah. The patient's family informed clinicians that in August the patient awoke with a bat on her neck but had not sought medical care. Tests at CDC confirmed infection with a rabies virus variant enzootic to the silver-haired bat. The patient died on October 3, 2015.

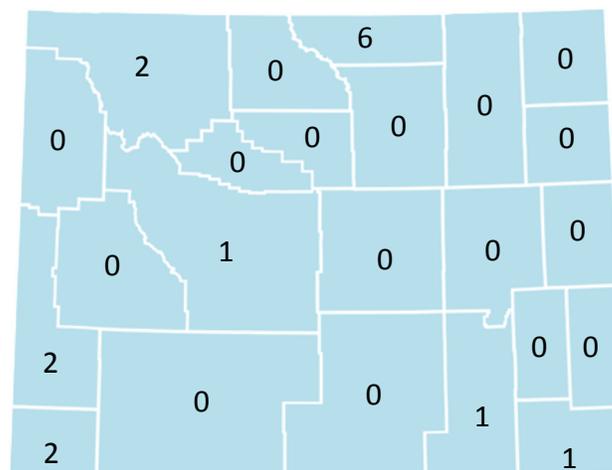
## Animal Cases by Species



## Rabies Positive Percent of Animals Tested, Wyoming, 2000-2015



## Animal Rabies Cases by County of Capture



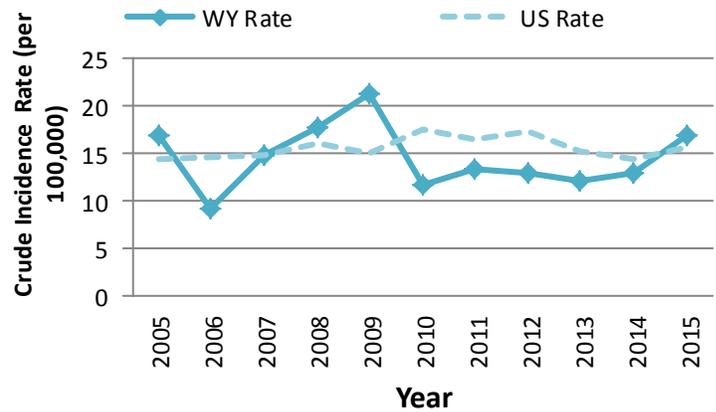
## Number of Humans who Received PEP

Contact with a <b>BAT</b> suspected rabid	15
Contact with a <b>CAT</b> suspected rabid	6
Contact with a <b>DOG</b> suspected rabid	8
Contact with some <b>OTHER</b> animal (includes skunk, cow, raccoon, coyote, prairie dog, and pack rat) suspected rabid	8

## 2015 Summary

In 2015, 99 (92 laboratory-confirmed and 7 probable) cases of salmonellosis were reported (crude incidence rate: 16.95 cases per 100,000 per year). The incidence of salmonellosis in Wyoming was equal to the estimated U.S. incidence (15.56 cases per 100,000 per year) based on CDC MMWR data (SIR: 1.10 95% CI: 0.88-1.31). The national health objective for salmonellaosis is 11.4 per 100,000 persons per year. The median age of cases of salmonellosis was 30 years (range: 0-85 years). Persons aged 40-64 years had the highest age-adjusted incidence rate (5.44 per 100,000 persons).

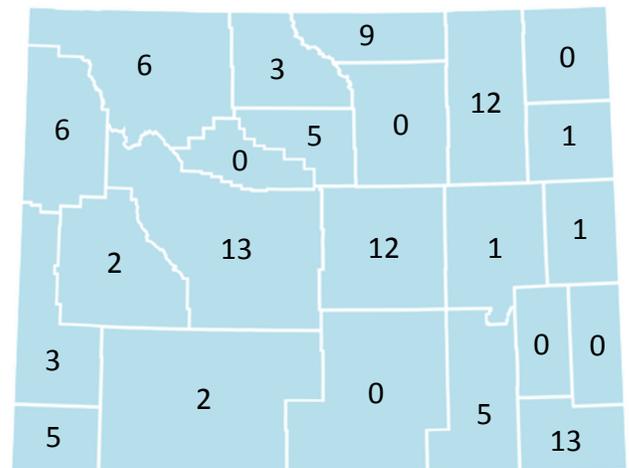
## Crude Incidence of Salmonellosis by Year, Wyoming and the US, 2005-2015



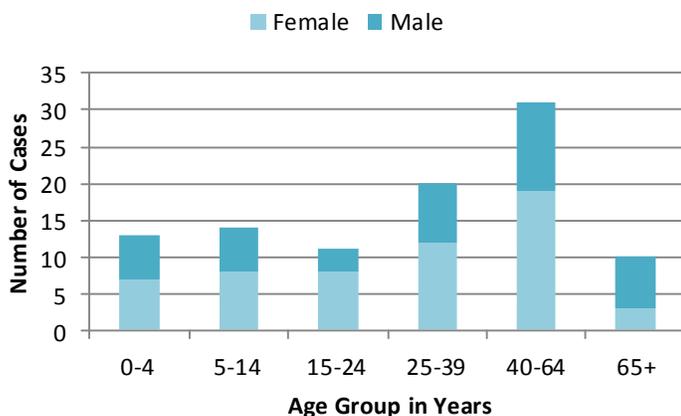
## Probable Exposure Reported by Cases



## Salmonellosis Cases by County of Residence



## Salmonellosis Cases by Age Group and Sex



## Salmonellosis Outbreaks

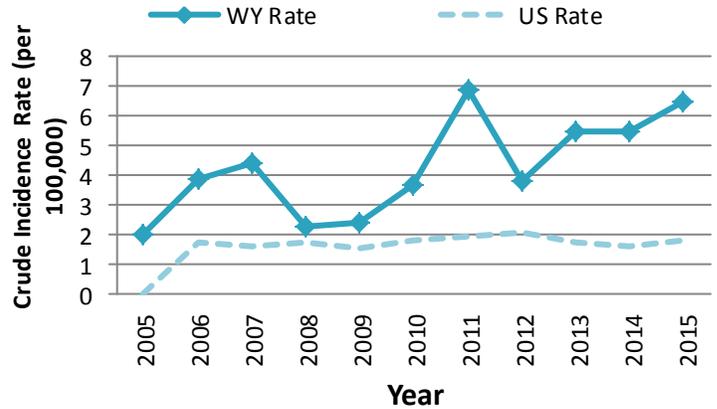
Number of Multistate Outbreaks With Wyoming Cases	9
Number of Wyoming Outbreaks Identified	3

# Shiga toxin-producing *Escherichia coli* (STEC)

## 2015 Summary

In 2015, 38 (27 laboratory-confirmed and 11 probable) cases of shiga toxin-producing *Escherichia coli* (STEC) were reported (crude incidence rate: 6.51 cases per 100,000 per year). The incidence of STEC in Wyoming was greater than the estimated U.S. incidence (1.78 cases per 100,000 per year) based on CDC MMWR data (SIR: 3.57, 95% CI: 2.43-4.70). In Wyoming, incidence of Non-O157:H7 STEC was higher compared to incidence of O157:H7 STEC (3.42 vs. 1.37 per 100,000 persons). The national health objective for STEC O157 is 0.6 per 100,000 persons per year. The median age of cases of STEC was 12 years (range: 1-66 years). Persons aged 0-14 years had the highest age-adjusted incidence rate (1.71 per 100,000 persons).

Crude Incidence of STEC by Year, Wyoming and the

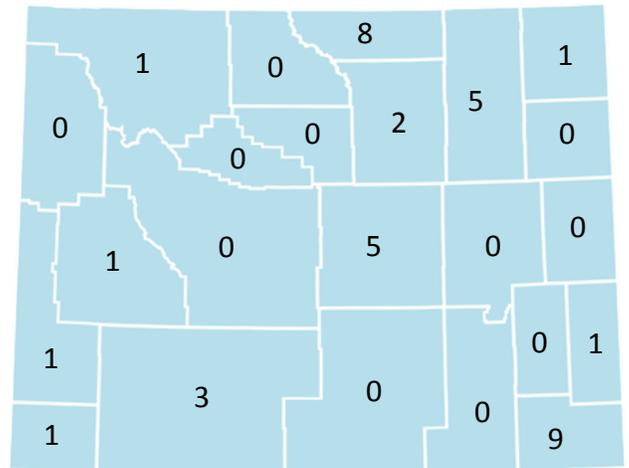


\* STEC not nationally notifiable until 2006

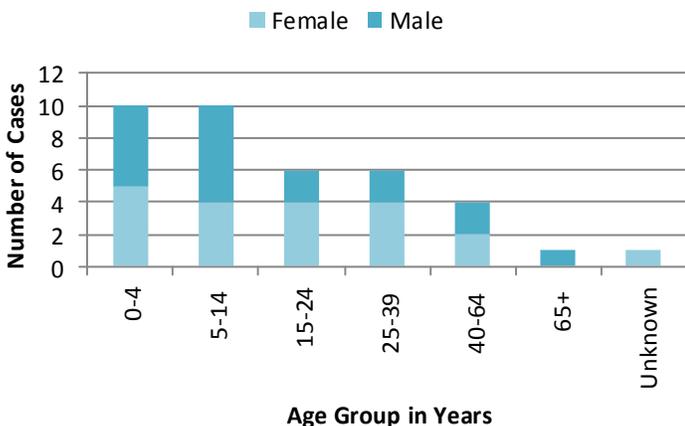
## Probable Exposure Reported by Cases



## STEC Cases by County of Residence



## STEC Cases by Age Group and Sex



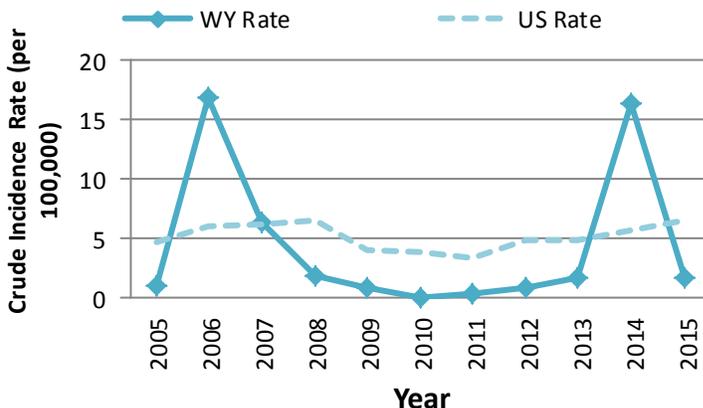
## STEC Outbreaks

Number of Multistate Outbreaks With Wyoming Cases	0
Number of Wyoming Outbreaks Identified	2

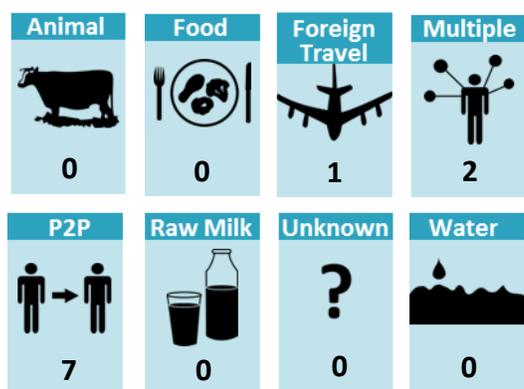
## 2015 Summary

In 2015, 10 (6 laboratory-confirmed and 4 probable) cases of shigellosis were reported (crude incidence rate: 1.71 cases per 100,000 per year). The incidence of shigellosis in Wyoming was less than the estimated U.S. incidence (6.56 cases per 100,000 per year) based on CDC MMWR data (SIR: 0.26, 95% CI: 0.10-0.42). The median age of cases of shigellosis was 8.5 years (range: 2-70 years). Persons aged 5-14 years had the highest age-adjusted incidence rate (0.86 per 100,000 persons).

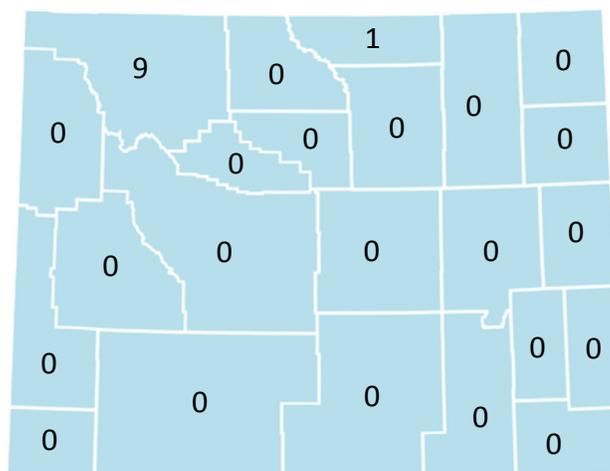
## Crude Incidence of Shigellosis by Year, Wyoming and the US, 2005-2015



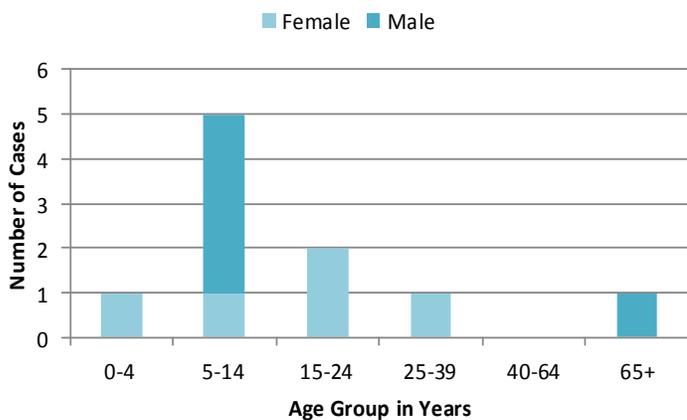
## Probable Exposure Reported by Cases



## Shigellosis Cases by County of Residence



## Shigellosis Cases by Age Group and Sex



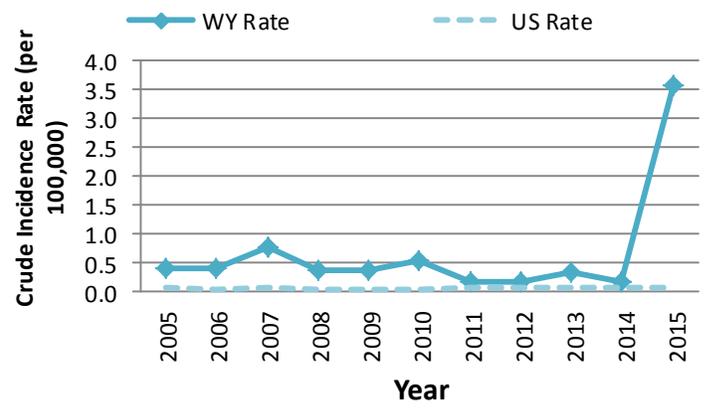
## Shigellosis Outbreaks

Number of Multistate Outbreaks With Wyoming Cases	1
Number of Wyoming Outbreaks Identified	0

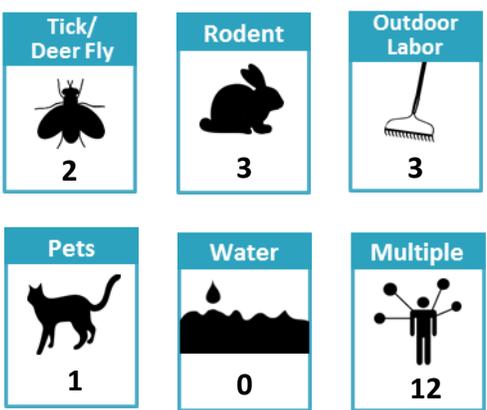
## 2015 Summary

In 2015, 21 (11 laboratory-confirmed and 10 probable) cases of tularemia were reported (crude incidence rate: 3.59 cases per 100,000 per year). The incidence of tularemia in Wyoming was higher than the estimated U.S. incidence (.07 cases per 100,000 per year) based on CDC MMWR data (SIR: 51.89, 95% CI: 29.68-74.04). The median age of cases of tularemia was 49 years (range: 6-81 years). Persons aged 40-64 years had the highest age-adjusted incidence rate (1.4 per 100,000 persons).

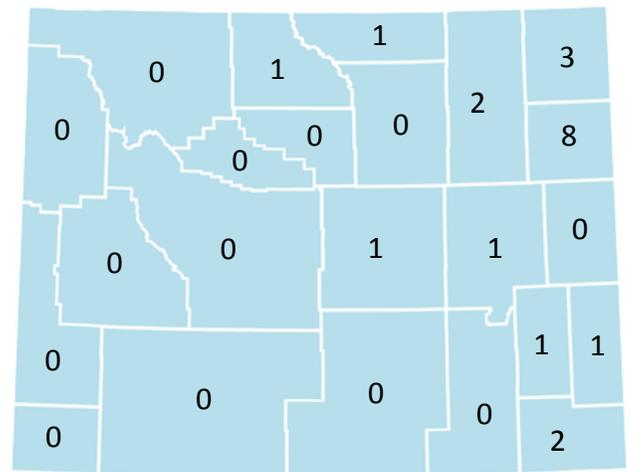
## Crude Incidence of Tularemia by Year, Wyoming and the US, 2005-2015



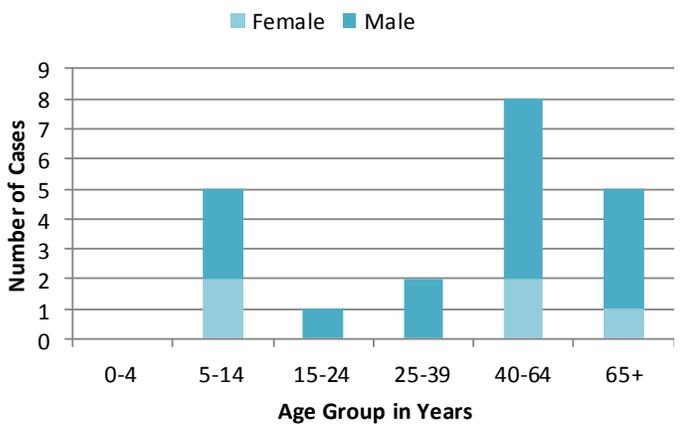
## Probable Exposure Reported by Cases



## Tularemia Cases by County of Residence



## Tularemia Cases by Age Group and Sex



## Tularemia Clinical Manifestation

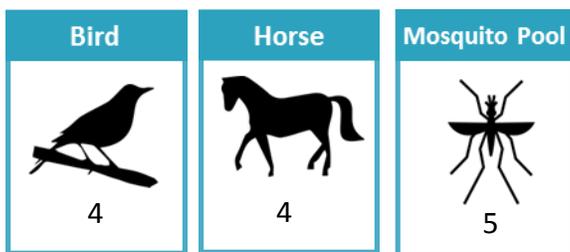
Glandular	5
Oropharyngeal	1
Pneumonic	4
Typhoidal	6
Ulcerative	1
Ulceroglandular	4

## 2015 Summary

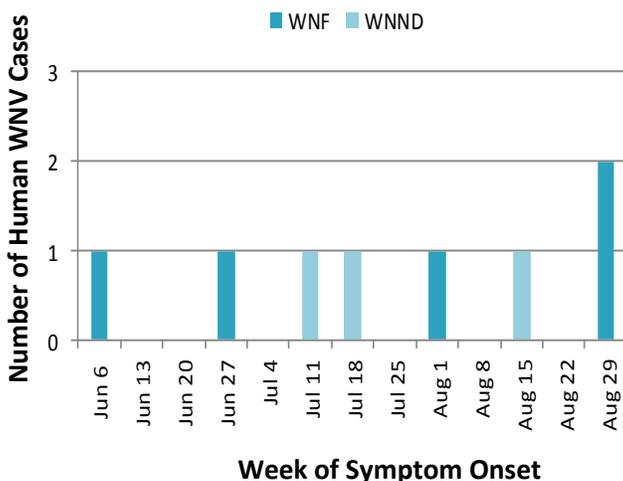
In 2015, five West Nile Fever (WNV) and three West Nile Neuroinvasive Disease (WNND) cases were reported (crude incidence rate for WNND cases 0.5 per 100,000 per year). The incidence of WNND in Wyoming was equal to the estimated U.S. incidence (0.41 cases per 100,000 per year) based on CDC MMWR data (SIR: 1.27, 95% CI:

-0.17-2.70). The median age of WNV cases was 61.5 (range 14-81 years). Cases were evenly distributed among males and females. Most case patients were likely infected within the state of Wyoming. Numerous bird species, horses and mosquito pools also tested positive for West Nile Virus in 2015.

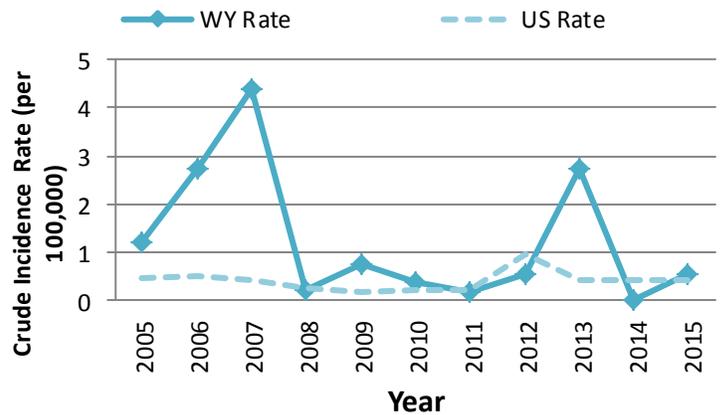
## Other Species Infected



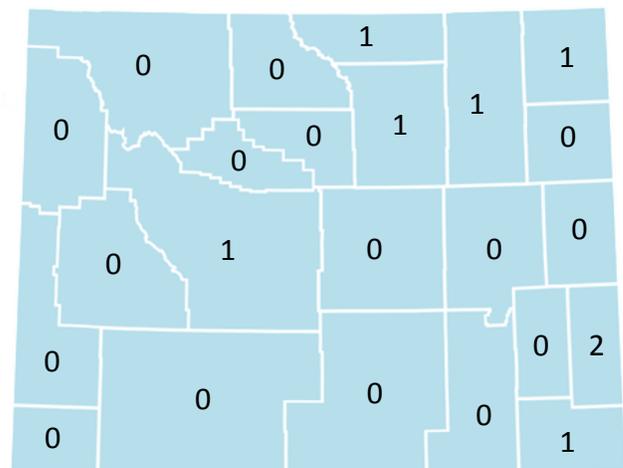
## West Nile Virus (WNV) Human Cases in Wyoming, 2015



## Crude Incidence of WNND, Wyoming and the US, 2005-2015



## WNV and WNND Combined Cases by County of Residence



## Probable Location of Exposure

	WNV	WNND
In-state	4	1
Out-of-State	0	0
Multiple Exposures	0	1
Undetermined	1	1

Wyoming Morbidity Report 2015	Albany	Big Horn	Campbell	Carbon	Converse	Crook	Fremont	Goshen	Hot Springs	Johnson	Laramie	Lincoln	Natrona	Niobrara	Park	Platte	Sheridan	Sublette	Sweetwater	Teton	Uinta	Washakie	Weston	Total
Aseptic meningitis	0	0	3	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Botulism, infant	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Campylobacteriosis	9	3	18	2	2	4	5	10	1	3	43	4	18	1	11	1	4	1	1	6	5	0	2	154
Coccidioidomycosis	1	0	0	0	0	0	1	0	0	0	3	1	3	0	0	1	0	0	3	1	0	0	0	14
Colorado Tick Fever	0	0	0	3	0	0	1	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	7
Creutzfeldt-Jacob Disease (CJD)	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3
Cryptosporidiosis	0	0	14	0	1	1	0	1	0	0	1	0	2	1	1	0	0	2	2	1	0	1	0	28
Giardiasis	4	0	5	0	2	3	6	0	1	0	3	2	3	0	0	0	2	0	1	1	1	1	0	35
Group A Streptococcus, invasive	0	0	1	0	0	0	2	0	0	0	0	0	1	0	0	0	1	0	0	1	0	1	1	8
Group B Streptococcus, invasive	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0	0	2	0	1	7
Haemophilus influenzae, invasive	0	0	0	0	0	0	0	0	0	0	0	2	3	0	0	0	0	0	0	0	0	0	0	5
Hantavirus pulmonary syndrome	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Hepatitis A, acute	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	3
Legionellosis	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	4
Lyme disease	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Malaria	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Neisseria meningitidis, invasive (Mening. disease)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1

<b>Wyoming Morbidity Report 2015 Continued</b>	<b>Albany</b>	<b>Big Horn</b>	<b>Campbell</b>	<b>Carbon</b>	<b>Converse</b>	<b>Crook</b>	<b>Fremont</b>	<b>Goshen</b>	<b>Hot Springs</b>	<b>Johnson</b>	<b>Laramie</b>	<b>Lincoln</b>	<b>Natrona</b>	<b>Niobrara</b>	<b>Park</b>	<b>Platte</b>	<b>Sheridan</b>	<b>Sublette</b>	<b>Sweetwater</b>	<b>Teton</b>	<b>Uinta</b>	<b>Washakie</b>	<b>Weston</b>	<b>Total</b>
<b>Pertussis</b>	0	0	0	1	0	0	2	0	0	0	3	0	4	0	5	1	0	0	0	10	2	0	1	<b>29</b>
<b>Rabies, animal</b>	1	0	0	0	0	0	1	0	0	0	1	2	0	0	2	0	6	0	0	0	2	0	0	<b>15</b>
<b>Rabies, human</b>	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>1</b>
<b>Salmonellosis</b>	5	3	12	0	1	0	13	0	0	0	13	3	12	1	6	0	9	2	2	6	5	5	1	<b>99</b>
<b>Shiga toxin-producing Escherichia coli (STEC)</b>	0	0	5	0	0	1	0	1	0	2	9	1	5	0	1	0	8	1	3	0	1	0	0	<b>38</b>
<b>Shigellosis</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0	1	0	0	0	0	0	0	<b>10</b>
<b>Spotted Fever Rickettsiosis</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	<b>1</b>
<b>Strep, other, invasive, beta-hem (non-A nonB)</b>	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	3	0	1	0	1	1	0	<b>8</b>
<b>Streptococcal toxic-shock syndrome</b>	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	<b>1</b>
<b>Streptococcus pneumoniae, invasive disease (IPD)</b>	0	0	4	1	0	0	1	0	0	1	5	1	1	0	0	1	1	0	1	1	0	1	0	<b>19</b>
<b>Tularemia</b>	0	1	2	0	1	3	0	1	0	0	2	0	1	0	0	1	1	0	0	0	0	0	8	<b>21</b>
<b>Varicella (Chickenpox)</b>	0	1	5	0	1	0	1	1	0	0	2	1	0	0	0	0	1	0	0	1	0	0	0	<b>14</b>
<b>West Nile Virus</b>	0	0	1	0	0	1	1	2	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	<b>8</b>
<b>Yersiniosis</b>	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	<b>3</b>

## Diseases of low Incidence

Disease	2015	2014	2013	2012	2011
Amoebiasis ( <i>Entamoeba histolytica</i> )	0	0	0	0	1
Anaplasma/Ehrlichiosis	0	0	0	0	1
Anthrax ( <i>Bacillus anthracis</i> )	0	0	0	0	0
Babesiosis ( <i>Babesia</i> sp)	0	0	0	0	0
Bartonellosis ( <i>Bartonella</i> sp)	0	0	0	0	0
Botulism ( <i>Clostridium botulinum</i> )	1	0	0	2	0
Brucellosis ( <i>Brucella</i> sp)	0	0	0	0	0
California Serogroup Virus (Jamestown Canyon, La Crosse, others)	1	0	0	0	0
Cholera ( <i>Vibrio cholerae</i> )	0	0	0	0	0
Coccidioidomycosis ( <i>Coccidioides immitis</i> )	14	2	5	7	3
Colorado Tick Fever	7	4	4	1	0
Creutzfeldt-Jacob Disease	3	0	1	0	0
Cyclosporiasis ( <i>Cyclospora cayetanensis</i> )	0	0	1	0	0
Dengue Fever	0	0	0	0	0
Diphtheria ( <i>Corynebacterium diphtheriae</i> )	0	0	0	0	0
Eastern Equine Encephalitis Virus	0	0	0	0	0
Glanders ( <i>Burkholderia mallei</i> )	0	0	0	0	0
<i>Haemophilus influenzae</i> (sterile site)	5	6	6	2	2
Hantaviral Disease	1	1	0	1	1
Hemorrhagic Fever Viruses	0	0	0	0	0
Hemolytic Uremic Syndrome	0	0	1	0	1
Hepatitis A	3	1	0	1	2
Kawasaki Syndrome	0	2	2	0	1
Legionellosis ( <i>Legionella</i> sp)	4	2	1	4	4
Leprosy ( <i>Mycobacterium leprae</i> )	0	0	0	0	0
Leptospirosis ( <i>Leptospira interrogans</i> )	0	0	0	0	0
Listeriosis ( <i>Listeria monocytogenes</i> )	0	0	0	0	6
Lyme Disease ( <i>Borrelia burgdorferi</i> )	1	3	3	4	2
Malaria ( <i>Plasmodium</i> sp)	1	0	0	0	0
Measles	0	0	0	0	0
Meloidiosis ( <i>Burkholderia pseudomallei</i> )	0	0	0	0	0
Meningococcal Disease ( <i>Neisseria meningitidis</i> )	1	0	2	3	0

Disease	2015	2014	2013	2012	2011
Mumps	0	0	0	1	1
Plague ( <i>Yersinia pestis</i> )	0	0	0	0	0
Poliomyelitis/Poliovirus Infection	0	0	0	0	0
Powassan Virus (neuro- and non-neuro invasive)	0	0	0	0	0
Psittacosis ( <i>Chlamydophila psittaci</i> )	0	0	0	0	0
Q-Fever ( <i>Coxiella burnetii</i> )	0	0	1	1	1
Relapsing Fever ( <i>Borrelia</i> sp)	0	0	0	0	0
Reyes Syndrome	0	0	0	0	0
Rocky Mountain Spotted Fever ( <i>Rickettsia rickettsii</i> )	1	0	2	2	10
Rubella	0	0	0	0	0
Severe Acute Respiratory Syndrome (SARS)	0	0	0	0	0
St. Louis Encephalitis Virus (neuro- and non-neuro invasive)	0	0	0	0	0
Smallpox	0	0	0	0	0
Group A Streptococcus, invasive	8	7	7	7	7
Group B Streptococcus, invasive	7	8	2	2	2
Strep pneumoniae, invasive	19	13	19	23	14
Strep, other, invasive, beta-hem (non-A, nonB)	8	5	2	0	0
Tetanus ( <i>Clostridium tetani</i> )	0	0	0	0	1
Toxic-Shock Syndrome (Streptococcal, Staphylococcal)	1	1	0	1	0
Trichinellosis ( <i>Trichinella</i> sp)	0	0	0	0	0
Tularemia ( <i>Francisella tularensis</i> )	21	1	2	1	1
Typhoid Fever ( <i>Salmonella typhi</i> )	0	0	0	0	0
Typhus ( <i>Rickettsia</i> sp)	0	0	0	0	0
Vancomycin-Intermediate <i>Staphylococcus aureus</i> (VISA)	0	1	0	0	0
Vancomycin-Resistant <i>Staphylococcus aureus</i> (VRSA)	0	0	0	0	0
Varicella (chickenpox only)	14	11	9	19	13
Vibrio sp (including non-cholera)	0	1	0	0	1
Western Equine Encephalitis Virus	0	0	0	0	0
Yellow Fever	0	0	0	0	0
Yersiniosis ( <i>Y. enterocolitica</i> , <i>Y. pseudotuberculosis</i> )	3	1	1	1	0