



EPI CONNECTIONS

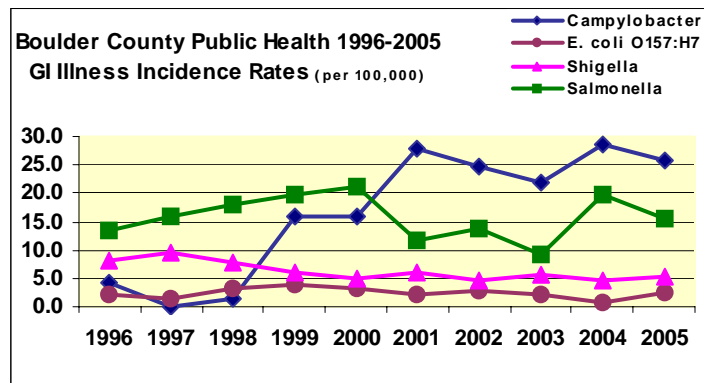
A Bimonthly Newsletter of the Communicable Disease Control Division

February 2006

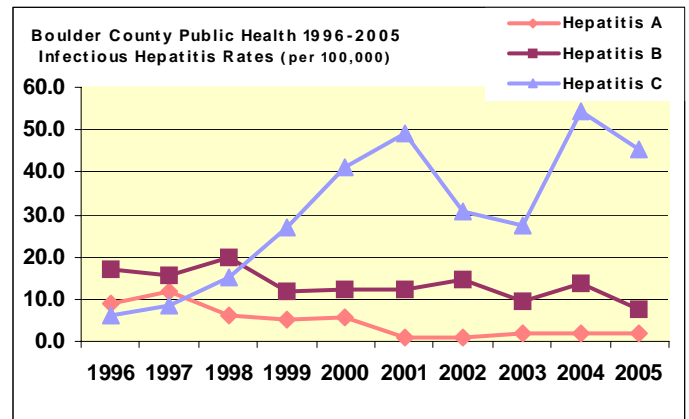
16% Decrease in 2005 Communicable Disease Reports

In 2005, Boulder County Public Health (BCPH) received 832 communicable disease reports, a 16% decrease from 2004 (991 cases). Newly diagnosed chronic hepatitis C was reported most often, and meningococcal, *vibrio*, and typhoid infections were the least reported illnesses (1 case each). Notably, Boulder County also reported its first 2 hantavirus cases (*Epi-Connections*, August 2005).

Gastrointestinal Illness: Gastrointestinal illnesses comprised 25% of the total cases reported in 2005. *Campylobacter* remained the most common GI illness reported, with a frequency of 75 and an incidence rate of 26 per 100,000 population. Thirty-one percent of campy cases reported travel history within the exposure period, a very common risk factor to campy infection.



Tuberculosis: Boulder County Public Health received three reports of active tuberculosis in 2005. All three county cases were not born in the US, which reflects a recent state trend, as 70% or more of the TB cases in Colorado are foreign-born. While Colorado continues to have a low TB incidence rate (3.5 per 100,000 for over 15 years), the changing epidemiology of TB in Boulder County emphasizes the need for strategies to appropriately diagnose prevalent active TB in foreign-born residents of Colorado and prevent future cases in these populations. THINK TB in your foreign-born patients.



Hepatitis A, B, and C: Infectious hepatitis comprised 19% of the total disease burden in 2005. Hepatitis C chronic infection prevalence remained high at a frequency of 132 and a prevalence rate of 45 per 100,000 population. Acute hepatitis A remained very low, with 5 cases reported in 2005. Four of the 5 cases had international travel history and consumed local fare while traveling.

HIV: In 2005, Boulder County Public Health tested 603 individuals for HIV; one positive case was identified. The majority of individuals tested exhibited risk of infection (i.e. unprotected heterosexual sex); many different high-risk populations were represented as well:

- 8.3% Men having Sex with Men (MSM)
- 4.1% Injection Drug Users (IDU)
- 0.3% MSM/IDU
- 3.3% Hispanic or Latino
- 28.2% Youth ages 13-24

BCPH will be collaborating with Boulder County AIDS Project (BCAP) in 2006 to provide more targeted outreach testing for high-risk populations and identify referrals for partner notification and disease investigation activities of positive cases.





Epi-Eye

A Look Outside Our Community and Around the World

Polio Waning

Global polio eradication efforts have succeeded in halting endemic polio transmission in all but four countries worldwide. Since the beginning of 2005, Nigeria, India, Pakistan, and Afghanistan are the only remaining countries reporting indigenous polio cases. New campaigns initiated in those countries in 2006 are focusing on the use of next-generation monovalent vaccines that target the last remaining strains—poliovirus 1 and 3.

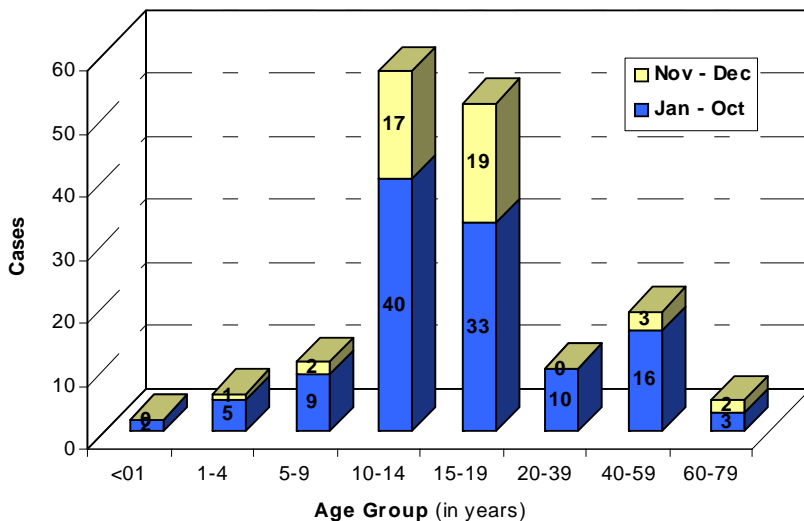


Pertussis: Whooping cough activity rose sharply throughout Boulder County with 40 cases reported in November and December of 2005. Outbreaks (2 or more cases) of whooping cough have been reported in a number of schools ranging from child-care up to high school. Thirty of these forty cases (75%) were among children between the ages of 10 and 19 years. Pertussis booster vaccines (Tdap) are currently available and recommended by ACIP.

Who should get Tdap and when?

- The Advisory Committee on Immunization Practices (ACIP) recommends that adolescents aged 11–18 years receive a single dose of Tdap in place of tetanus/diphtheria (Td). The preferred age for Tdap vaccination is 11-12 years.
- ACIP also recommends that adults receive a Tdap vaccination 5-10 years after their last tetanus/diphtheria (Td) vaccination.
- In situations when it is important to protect against pertussis (such as outbreak situations or for people who have close contact with infants younger than 1 year of age), intervals of 2-5 years since the last Td vaccination may be used.

**Pertussis Cases Reported to BCPH by Age Group
January - December 2005**



Improved Air Quality Reduces Heart Attacks

Smoke-free indoor air laws may cause an immediate and significant decline in heart attack admissions to local hospitals, according to a study released in November 2005.

The Pueblo Heart Study, a controlled study of hospital admissions data at two major metropolitan hospitals in Pueblo revealed a sharp decline in heart attack admissions following enactment of a citywide smoke-free indoor air ordinance.

The analysis examined electronic medical records from the 2 primary hospitals in Pueblo, evaluating the number of heart attacks over a 3-year period from January 2002 to December 2004. This timeframe covered the 18 months before implementation of the city's Smoke free Indoor Air Act as well as the 18 months after the law was put in place.

Results showed that heart attack rates among Pueblo city residents decreased by nearly 30 percent after implementation of the city's Smoke-Free Indoor Air Act. By contrast, heart attack hospitalizations for individuals living outside the city limits – and unaffected by the smoke-free air law – increased by 26 percent during the same time period, according to the study.

For more information, contact Kim Hills, Tobacco Education and Prevention Partnership (TEPP), BCPH, 303.413.7524, khills@co.boulder.co.us