

# Utah Health Status Update:

## Communicable Disease Highlights in Utah, 2013

July 2014

In a collaborative effort with local public health and private health care providers, the Utah Department of Health (UDOH) routinely collects surveillance data on more than 75 communicable diseases. Below are highlights on numbers and rates as reported to UDOH.

**Sexually Transmitted Diseases:** Among the top diseases reported, two of the four sexually transmitted diseases saw the greatest increases from 2012 to 2013. During 2013, the numbers of gonorrhea and syphilis cases reported to UDOH increased by 98% and 69%, respectively. The increase in gonorrhea may be associated with a shift in its demography. Unlike previous years, gonorrhea cases reported in 2013 comprised an increasingly female and heterosexual population. Currently, an extended survey is being conducted with recent gonorrhea cases to examine additional risk factors associated with infection. Syphilis cases and rates during 2013 increased by nearly two-thirds compared to 2012. Three of the 14 female cases (21%) were pregnant at the time of their syphilis diagnosis.

- In 2013, the numbers of gonorrhea and syphilis cases reported to UDOH increased by 98% and 69%, respectively.
- The numbers of reported chlamydia and HIV cases remained relatively stable in Utah, with chlamydia continuing to be the most frequently reported communicable disease in both Utah and the U.S.
- The number of reported cases of cryptosporidiosis was down from 2012 but still higher than expected.
- The number of reported salmonellosis cases was up from 2012 but was not above expected levels.
- The second most commonly reported condition in the state during 2013 was pertussis, also known as whooping cough.
- The number of reported chickenpox cases in Utah has declined each year since 2011.

### Communicable Disease Highlights—Counts\*

Table 1. Top 10 communicable diseases reported in Utah, 2013, showing number of reported cases in 2013 and 2012 and the percent change

Rank	Disease†	Number of Reported Cases		Percent Change
		2012	2013	
1	Chlamydia	7,616	7,535	↓ 1%
2	Pertussis (whooping cough)	1,591	1,308	↓ 18%
3	Gonorrhea	480	951	↑ 98%
4	Salmonellosis	260	322	↑ 24%
5	Giardiasis	286	228	↓ 20%
6	Varicella (chickenpox)	318	227	↓ 29%
7	<i>Streptococcus pneumoniae</i> , invasive, all ages	183	202	↑ 10%
8	Syphilis, total, all stages	102	172	↑ 69%
9	HIV infection, adult	118	114	↓ 3%
10	Cryptosporidiosis	196	86	↓ 56%

\* Utah case counts for reporting year 2013 are provisional and subject to change.

† Some diseases that are reportable in Utah but not the United States are not included in this list.

### Communicable Disease Highlights—Rates\*

Table 2. Top 10 communicable diseases reported in Utah, 2013, showing rate of reported cases in 2013 and 2012 and the percent change

Rank	Disease†	Rate‡ of Reported Cases per 100,000 Population		Percent Change
		2012 (N=2,854,871)	2013 (N=2,900,872)	
1	Chlamydia	266.8	259.8	↓ 3%
2	Pertussis (whooping cough)	55.7	45.1	↓ 19%
3	Gonorrhea	16.8	32.8	↑ 95%
4	Salmonellosis	9.1	11.1	↑ 22%
5	Giardiasis	10.0	7.9	↓ 22%
6	Varicella (chickenpox)	11.1	7.8	↓ 30%
7	<i>Streptococcus pneumoniae</i> , invasive, all ages	6.4	6.9	↑ 9%
8	Syphilis, total, all stages	3.6	5.9	↑ 66%
9	HIV infection, adult	4.2	3.9	↓ 5%
10	Cryptosporidiosis	6.9	3.0	↓ 57%

\* Utah rates for reporting year 2013 are provisional and subject to change.

† Some diseases that are reportable in Utah but not the United States are not included in this list.

‡ Rates are based on 2012 and 2013 United States Census Bureau Utah population estimates (<http://quickfacts.census.gov/qfd/states/49000.html>)

Seventy-five percent of Hispanic cases were diagnosed within a latent stage, suggesting further screening efforts are needed to diagnose and treat the infection during earlier stages. The numbers of reported chlamydia and HIV cases remained relatively stable in Utah, with chlamydia continuing to be the most frequently reported communicable disease in both Utah and the U.S. Newly diagnosed cases of HIV infection reported to UDOH

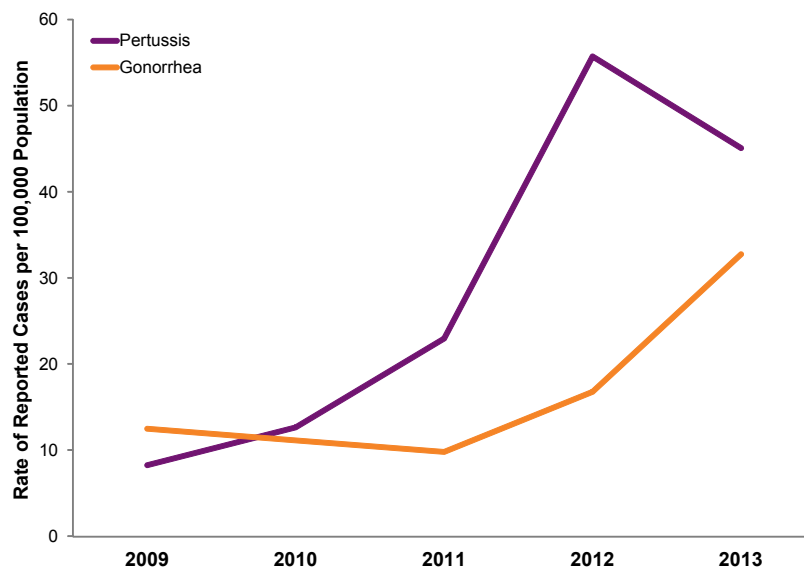
continue to remain fairly stable, although the number of people living with HIV (PLWH) continues to increase each year. White, non-Hispanic individuals continue to be primarily affected by HIV infection in Utah, however, other populations including Hispanics, Blacks, and Native Americans/Alaska Natives are disproportionately affected.

**Enteric Diseases:** Three of the highlighted conditions were enteric diseases: salmonellosis, giardiasis, and cryptosporidiosis. The number of reported cases of cryptosporidiosis was down from 2012 but still higher than expected. Unlike 2012, no cryptosporidiosis outbreaks linked to swimming pools were identified in 2013. The number of reported salmonellosis cases was up from 2012 but was not above expected levels. Contact with live poultry has been increasingly identified as a risk factor for *Salmonella* infection. A large, national outbreak of *Salmonella* Typhimurium, linked to exposure to baby chicks and ducks, affected a number of people in Utah. UDOH and the Utah Department of Agriculture and Food worked with Utah feed stores to provide prevention education to Utah residents who purchase live poultry.

**Vaccine-Preventable Diseases:** Among the highlighted diseases in Utah, three were vaccine-preventable. The second most commonly reported condition in the state during 2013 was pertussis, also known as whooping cough. Although occurring relatively frequently within the Utah population, the number and rate of reported cases were down from the previous year. Because it is a cyclical disease, UDOH expects a decrease in 2014 as well. There was also a decrease in the number and rate of reported varicella, also called “chickenpox.” In 2013, UDOH reported fewer cases and also identified fewer outbreaks of chickenpox. The

## Pertussis and Gonorrhea Rates

Figure 1. Pertussis and gonorrhea rates per 100,000 population, Utah, 2009–2013



number of chickenpox cases in Utah has declined each year since 2011. It is difficult to identify all of the contributing factors that have led to the decrease in recent years. Contributing factors may include: a decrease in reporting; the cyclical nature of chickenpox; better control of disease transmission in schools and child care settings; and other public health interventions. Ensuring complete and current vaccination is an important step in preventing the transmission of these communicable diseases.

Tables 1 and 2 represent the counts (numbers) and rates of the highlighted communicable diseases in Utah for the years 2012 and 2013. The data presented comprise nationally notifiable conditions. Some conditions, such as influenza-associated hospitalizations and campylobacteriosis, have previously been reported frequently in Utah, however, they are not nationally notifiable. Despite efforts to describe changes in the incidence of communicable disease in Utah with utmost accuracy, it is likely that the results reported here represent only a small proportion of the true burden of communicable diseases in the state. It is estimated that there are many more cases that were not reported for various reasons, including failure of the individual to seek medical attention, incomplete laboratory testing and confirmation, and inaccurate and untimely reporting.

Figure 1 represents two diseases, pertussis and gonorrhea, which have experienced the greatest change in the reported rate of disease over the past five years. The number of pertussis cases increased from a rate of 8.3 cases per 100,000 population in 2009 to 55.7 cases per 100,000 population in 2012. While pertussis decreased slightly in 2013 (45.1 cases per 100,000 population), it remained the second most frequently reported disease in Utah. Gonorrhea, a sexually transmitted disease, increased from 12.5 cases per 100,000 population in 2009 to 32.8 cases per 100,000 population in 2013.

It is important to note that while the previously mentioned diseases fluctuated between 2012 and 2013, the overall historical trend of most communicable diseases has remained relatively stable. Communicable diseases with large increases or decreases require special attention.

## July 2014 Utah Health Status Update

For additional information about this topic, contact Amanda Whipple, Epidemiologist, Utah Department of Health, 801-538-6299, email: [amwhipple@utah.gov](mailto:amwhipple@utah.gov), or the Office of Public Health Assessment, Utah Department of Health, Box 142101, Salt Lake City, UT 84114-2101, (801) 538-9191, email: [chdata@utah.gov](mailto:chdata@utah.gov)

## Breaking News, July 2014

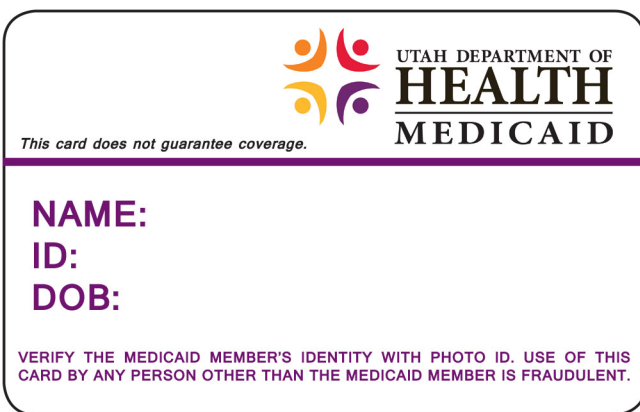
### New Medicaid Member Card

Starting July 2014, Medicaid and Primary Care Network (PCN) members will receive a new, wallet-sized plastic Medicaid card. The new card will replace the current color-coded, full sheet of paper that shows the member's eligibility each month. The new card will be used whenever the member is eligible for Medicaid.

The new wallet-sized cards will not have eligibility information listed on them. Instead, they will have the member's name, Medicaid ID number, and date of birth. The back of the card has helpful contact information and websites for both providers and members. See below for a sample of the new card.

Before providing services, providers will be able to use a new online tool to verify if their patient is eligible for Medicaid. The Eligibility Lookup Tool is a website that allows a provider to electronically view a member's Medicaid eligibility, plan enrollment, and co-pay information.

**More information about the new Medicaid card and helpful tools are available on the Medicaid website:**  
<https://medicaid.utah.gov/whats-new>



#### Medicaid Members:

- Show this card with photo ID before getting medical care
- For information about your Medicaid benefits or claims, call toll-free 1-844-238-3091
- To verify your Medicaid eligibility, visit [mybenefits.utah.gov](http://mybenefits.utah.gov)
- For changes affecting your eligibility, visit [jobs.utah.gov/mycase](http://jobs.utah.gov/mycase) or call 1-866-435-7414
- If you have other insurance, report changes to ORS at 801-536-8798

#### Medicaid Providers:

- Most members are enrolled in a health plan
- To verify eligibility, health plan enrollment, coverage dates, and covered benefits, call *AccessNow* at 1-800-662-9651 or visit [medicaid.utah.gov/eligibility](http://medicaid.utah.gov/eligibility)

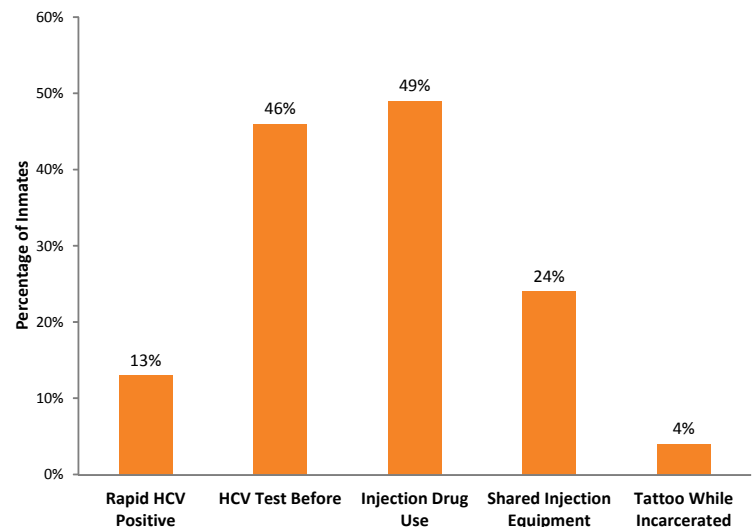
## Community Health Indicators Spotlight, July 2014

### Hepatitis C Testing Among Incarcerated Populations in Utah

The Utah Department of Health Communicable Disease Prevention Program received funding from the Centers for Disease Control and Prevention (CDC) for a three-year demonstration project to provide integrated HIV, STD, and hepatitis C testing among Utah's incarcerated populations. This funding provided not only for the identification of disease but also to enhance linkages to care and support services and to improve health outcomes for people living with HIV, STD, and hepatitis C.

Testing was conducted at the Utah State Prison from July 2012 through December 2013. Of the 1,654 hepatitis C antibody (HCV) tests that were conducted, 220 were positive, resulting in a 13.3% positivity rate. Although the Utah State Prison does not routinely test for HCV, 46% of inmates reported they had received an HCV test at some time. Utah State Prison inmates reported high rates of injection drug use behavior, with 49% reporting they had used injection drugs in their life. Additionally, 24% reported sharing injection drug equipment and another 4% reported receiving a piercing or tattoo while incarcerated.

**Rapid HCV Testing, Utah State Prison, July 2012–December 2013**  
(1,654 total tested)



# Monthly Health Indicators Report

(Data Through May 2014)

Monthly Report of Notifiable Diseases, May 2014	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	47	47	165	150	1.1
Shiga toxin-producing Escherichia coli (E. coli)	2	7	16	21	0.8
Hepatitis A (infectious hepatitis)	0	1	2	3	0.7
Hepatitis B, acute infections (serum hepatitis)	0	0	2	4	0.5
Meningococcal Disease	0	0	1	3	0.3
Pertussis (Whooping Cough)	33	73	395	308	1.3
Salmonellosis (Salmonella)	28	35	144	119	1.2
Shigellosis (Shigella)	2	1	13	13	1.0
Varicella (Chickenpox)	19	39	105	221	0.5
Influenza*	Weekly updates at <a href="http://health.utah.gov/epi/diseases/flu">http://health.utah.gov/epi/diseases/flu</a>				
Quarterly Report of Notifiable Diseases, 1st Qtr 2013	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	36	28	36	28	1.3
Chlamydia	2,105	1,779	2,105	1,779	1.2
Gonorrhea	314	93	314	93	3.4
Syphilis	12	9	12	9	1.4
Tuberculosis	5	8	5	8	0.6
Medicaid Expenditures (in Millions) for the Month of May 2014	Current Month	Expected/Budgeted‡ for Month	Fiscal YTD	Budgeted‡ Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 17.6	\$ 14.6	\$ 136.3	\$ 134.5	\$ 1.8
Inpatient Hospital	\$ 7.7	\$ 10.1	\$ 105.6	\$ 137.8	\$ (32.2)
Outpatient Hospital	\$ 6.3	\$ 7.2	\$ 51.2	\$ 66.4	\$ (15.2)
Long Term Care	\$ 18.1	\$ 17.0	\$ 155.7	\$ 156.2	\$ (0.5)
Pharmacy ‡	\$ 11.8	\$ 9.6	\$ 102.8	\$ 135.6	\$ (32.7)
Physician/Osteo Services §	\$ 5.6	\$ 8.3	\$ 52.4	\$ 76.2	\$ (23.7)
TOTAL HCF MEDICAID	\$226.5	\$223.6	\$2,062.5	\$2,064.7	\$ (2.2)

Program Enrollment for the Month of May 2014	Current Month	Previous Month	% Change¶ From Previous Month	1 Year Ago	% Change¶ From 1 Year Ago
Medicaid	278,466	277,677	+0.3%	260,046	+7.1%
PCN (Primary Care Network)	9,395	11,914	-21.1%	12,465	-24.6%
CHIP (Children's Health Ins. Plan)	15,653	15,814	-1.0%	34,563	-54.7%
Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change¶ From Previous Year	Total Charges in Millions	% Change¶ From Previous Year
Overall Hospitalizations (2012)	281,605	9.2%	-1.2%	\$ 6,146.4	+5.6%
Non-maternity Hospitalizations (2012)	177,753	5.7%	-0.3%	\$ 5,208.7	+6.1%
Emergency Department Encounters (2011)	665,925	22.5%	+1.8%	\$ 1,309.5	+12.8%
Outpatient Surgery (2011)	376,054	12.7%	+2.5%	\$ 1,878.5	+6.5%
Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change¶ From Previous Year	State Rank# (1 is best)
Obesity (Adults 18+)	2012	476,400	24.3%	-0.5%	10 (2012)
Cigarette Smoking (Adults 18+)	2012	207,300	10.6%	-10.8%	1 (2012)
Influenza Immunization (Adults 65+)	2012	147,100	56.0%	-1.5%	40 (2012)
Health Insurance Coverage (Uninsured)	2012	376,600	13.2%	-1.5%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2012	205	7.2 / 100,000	-16.8%	19 (2010)
Poisoning Deaths	2012	661	23.1 / 100,000	+15.6%	45 (2010)
Suicide Deaths	2012	545	19.1 / 100,000	+9.3%	45 (2010)
Diabetes Prevalence (Adults 18+)	2012	141,100	7.2%	+7.5%	14 (2012)
Poor Mental Health (Adults 18+)	2012	307,800	15.7%	-3.7%	12 (2012)
Coronary Heart Disease Deaths	2012	1,580	55.3 / 100,000	-3.4%	3 (2010)
All Cancer Deaths	2012	2,861	100.2 / 100,000	+3.3%	1 (2010)
Stroke Deaths	2012	793	27.8 / 100,000	+0.6%	17 (2010)
Births to Adolescents (Ages 15-17)	2012	668	10.4 / 1,000	-6.6%	11 (2011)
Early Prenatal Care	2012	38,829	75.5%	+1.0%	n/a
Infant Mortality	2012	248	4.8 / 1,000	-12.6%	10 (2010)
Childhood Immunization (4:3:1:3:3:1)	2012	40,000	74.9%	+5.3%	15 (2012)

\* Influenza activity is minimal in Utah. Influenza-like illness activity is below baseline statewide. As of May 14, 2014, 812 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at <http://health.utah.gov/epi/diseases/flu>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ Includes only the gross pharmacy costs. Pharmacy Rebate and Pharmacy Part D amounts are excluded from this line item.

§ Physician/Osteo Services - Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.

¶ % Change could be due to random variation.

# State rank based on age-adjusted rates.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile virus has ended until the 2014 season.