

**July – August 2005**

**In this Issue:**

- HIV/AIDS Update
- Influenza Sentinel Surveillance
- Summary of Selected Reportable Conditions

## HIV/AIDS Update

### Biannual Update

Table 1 summarizes newly diagnosed HIV/AIDS cases reported from Jan. 1 through June 30, 2005, and compares the data to the same period in 2004. The table

also provides a summary about residents of North Dakota diagnosed with HIV or AIDS and known to be living as of Dec. 30, 2004.

**Table 1. New HIV and AIDS Diagnoses by Gender, Age at Diagnosis, Race/Ethnicity, and Exposure Risk**

North Dakota, 2004 - 2005											
	New HIV Diagnoses <sup>1</sup>				New AIDS Diagnoses <sup>2</sup>				Living HIV and AIDS Cases <sup>3</sup>		
	January - June				January - June						
	2005		2004		2005		2004		No.	(%)*	
	No.	(%)*	No.	(%)*	No.	(%)*	No.	(%)*	No.	(%)*	
<b>Gender</b>											
Male	2	(67)	8	(89)	2	(67)	4	(100)	104	(80)	
Female	1	(33)	1	(11)	1	(33)	0	--	26	(20)	
<b>Race/Ethnicity</b>											
White	3	(100)	6	(67)	1	(33)	4	(100)	94	(72)	
American Indian	0	--	0	--	0	--	0	--	10	(8)	
Black	0	--	2	(22)	2	(67)	0	--	20	(15)	
Hispanic	0	--	1	(11)	0	--	0	--	6	(5)	
<b>Age at Diagnosis</b>											
<12	0	--	0	--	0	--	0	--	2	(1)	
13-19	0	--	0	--	0	--	0	--	4	(3)	
20-29	1	(33)	3	(33)	1	(33)	0	--	37	(28)	
30-39	1	(33)	4	(44)	1	(33)	0	--	49	(38)	
40-49	0	--	1	(11)	1	(33)	1	(25)	28	(21)	
50-59	0	--	1	(11)	0	--	3	(75)	10	(8)	
>60	1	(33)	0	--	0	--	0	--	0	--	
<b>Risk</b>											
Male-to-Male Sexual Contact (MMS)	2	(67)	5	(56)	1	(33)	2	(50)	65	(50)	
Injecting drug use (IDU)	0	--	2	(22)	0	--	1	(25)	12	(9)	
MMS/IDU	0	--	0	--	0	--	0	--	2	(2)	
Heterosexual contact	1	(33)	1	(11)	1	(33)	1	(25)	26	(20)	
Receipt of blood or tissue	0	--	0	--	0	--	0	--	3	(2)	
Adult Hemophilia/coagulation disorder	0	--	0	--	0	--	0	--	2	(2)	
Mother w/or risk for HIV infection	0	--	0	--	0	--	0	--	2	(2)	
Pediatric hemophilia/coag. Disorder	0	--	0	--	0	--	0	--	1	(1)	
Risk not specified	0	--	1	(11)	1	(33)	0	--	17	(13)	
<b>Total</b>	<b>3</b>		<b>9</b>		<b>3</b>		<b>4</b>		<b>130</b>		

\* Due to rounding, values may not equal 100 percent.

<sup>1</sup> New HIV diagnoses reflects all residents of North Dakota diagnosed with HIV infection for the first time during the time period, regardless of AIDS status. Some also may be counted as AIDS cases if they received an AIDS diagnosis during the same period.

<sup>2</sup> New AIDS diagnoses reflect all residents of North Dakota who first met the criteria for AIDS during the time period, regardless of when their HIV infection was reported to the state.

<sup>3</sup> Living HIV and AIDS cases reflect people diagnosed with HIV or AIDS as a resident of North Dakota and were known to be living on December 31, 2004. All deaths may not have been reported.

## Cumulative Reported Cases

Cumulative reported cases include newly diagnosed cases of HIV infection and AIDS in North Dakota residents, and cases previously diagnosed in other states who resided in North Dakota during the reporting period.

As of June 30, 2005, 351 cumulative HIV/AIDS cases have been reported to the North Dakota Department of Health (NDDoH) since HIV/AIDS surveillance began in 1984. Of these, 37 percent are known to have died, 28 percent are known to be living with AIDS, and 34 percent are known to be living with HIV but have not received an AIDS diagnosis.

Most frequently reported risk factors are unprotected male-to-male sexual contact, 52 percent; unprotected heterosexual contact, 15 percent; and injecting drug use, 10 percent.

Of the 351 reported cases:

- 85 percent were male; 15 percent, female.
- 71 percent were between the ages of 20 and 39 at diagnosis.
- 77 percent (270) were white; 11 percent (38) were American Indian; 9 percent (33) were black; 3 percent (9) were Hispanic – any race; and less than one percent were Asian/Pacific Islander.

All HIV/AIDS data are based on the best information available but are subject to change as more complete information is received. Please note that a slight change in the number of reported HIV cases will result in significant changes in rates because of the relatively low numbers.

## Reporting HIV/AIDS Diagnoses

North Dakota health-care and service providers are required to report to the NDDoH anyone with HIV for whom they are providing care or services.

The following indicators of HIV infection are mandated as reportable to the NDDoH: a confirmed positive HIV antibody screen, detectable and non-detectable viral load test results, and any CD4 T-lymphocyte test result.

Accurately counting newly diagnosed HIV and AIDS cases impacts federal resources allocated to North Dakota for HIV/AIDS prevention, care and supportive services, and surveillance activities.

### **New HIV/TB Program Manager**

Melissa Casteel  
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## **Influenza Sentinel Surveillance**

The NDDoH conducts influenza surveillance with voluntary sentinel sites each influenza season for both schools and health-care providers. Surveillance begins Oct. 1, 2005 and ends May 31, 2006. Influenza sentinel providers report influenza-like illness activity in their areas to the NDDoH. The health department is again looking for volunteers to participate in our sentinel surveillance programs.

Information about the influenza sentinel health-care provider surveillance program and how to participate is listed below:

- An influenza sentinel provider conducts surveillance for influenza-like illness (ILI) in collaboration with the NDDoH and the CDC.
- Most providers report that it takes less than 30 minutes a week to compile and report their data.
- Sentinel providers can submit specimens from a subset of patients for virus isolation free of charge.
- Providers of any specialty in any type of practice are eligible to be influenza sentinel providers.

Information about the school sentinel surveillance program is listed below:

- An influenza sentinel school provides student absenteeism **due to illness** data to the NDDoH.
- On a weekly basis, sentinel schools report the total number of absences due to illness (each day) over the average number of students enrolled in the school (per week).
- Most schools report that it takes less than 20 minutes a week to compile and report their data.
- Schools of all grades (high school, middle school or elementary) are eligible to be influenza sentinel schools.

For more information, contact Tracy Miller, at 800.472.2180 or [tkmiller@state.nd.us](mailto:tkmiller@state.nd.us).

## **Meet the Field Epi**

**Name:** Dhidha J. Timona



**Health Unit:** Bismarck Burleigh Public Health

**Education Background:** B.S. in community health, M.S. in public, human service & health administration from Minnesota State University Moorhead. Currently pursuing an MPH in public health informatics from the University of Illinois at Chicago.

**Past Experience:** “I worked as a public health technician in Kenya, worked in higher education as a graduate assistant for student activities and peer health educator, and worked in local government as an assistant to the city manager for the city of Moorhead.”

**Family/Hobbies:** “I am the eldest in a family of seven children. I recently got married to Rashmi – no kids yet! I like to travel, read, community development and spend time with friends.”

## Summary of Selected Reportable Conditions

### North Dakota, 2004-2005

Reportable Condition	July - August 2005*	January- August 2005*	July - August 2004	January- August 2004
Campylobacteriosis	21	85	28	92
Chlamydia	285	1205	255	1202
Cryptosporidiosis	3	4	2	10
<i>E. coli</i> , shiga toxin positive (non-O157)	1	1	1	6
<i>E. coli</i> O157:H7	3	8	7	11
Enterococcus, Vancomycin-resistant (VRE)	0	14	1	7
Giardiasis	3	14	2	18
Gonorrhea	16	57	13	77
Haemophilus influenzae (invasive)	1	4	0	3
Hepatitis A	3	4	0	1
Hepatitis B	6	9	1	4
HIV/AIDS	3	11	4	14
Legionellosis	2	7	1	2
Lyme Disease	1	1	0	0
Malaria	0	0	1	3
Meningitis, bacterial <sup>1</sup> (non meningococcal)	1	4	0	6
Meningococcal disease	0	4	1	2
Mumps	0	3	0	1
Pertussis	13	100	522	631
Q fever	0	0	0	0
Rabies (animal)	3	25	17	55
Salmonellosis	16	64	15	35
Shigellosis	0	3	1	3
<i>Staphylococcus aureus</i> , Methicillin-resistant (MRSA)	36	626	282	1014
Streptococcal disease, Group A <sup>2</sup> (invasive)	2	9	1	10
Streptococcal disease, Group B <sup>2</sup> (infant < 3 months of age)	2	2	1	2
Streptococcal disease, Group B <sup>2</sup> (invasive <sup>3</sup> )	5	22	5	28
Streptococcal disease, other <sup>2</sup> (invasive)	1	14	2	6
Streptococcal pneumoniae <sup>2</sup> , (invasive, children < 5 years of age)	0	7	0	2
Streptococcal pneumoniae <sup>2</sup> (invasive <sup>4</sup> )	2	29	5	50
Streptococcus pneumoniae <sup>2</sup> , drug-resistant	0	2	0	0
Tuberculosis	2	6	0	3
West Nile Virus Infection	61	61	15	15

\*Provisional data

<sup>1</sup> Meningitis caused by *Staphylococcus aureus* and *Streptococcus pneumoniae*.

<sup>2</sup> Includes invasive infections caused by streptococcal disease not including those classified as meningitis.

<sup>3</sup> Includes invasive infections of streptococcal, Group B, disease in persons  $\geq$  3 months of age.

<sup>4</sup> Includes invasive infections caused by *Streptococcus pneumoniae* in persons  $\geq$  5 years of age.