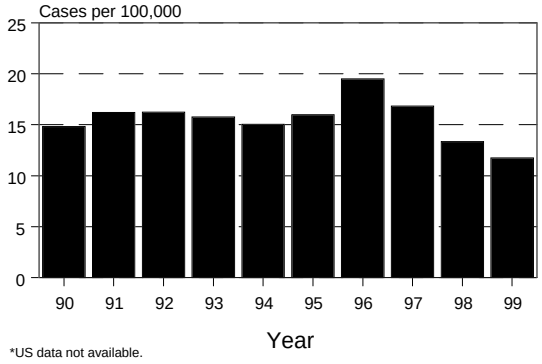
CAMPYLOBACTERIOSIS

CRUDE DATA	
Number of Cases	1,077
Annual Incidence[a]	
LA County	11.7
United States	N/A
Age at Onset	
Mean	27
Median	26
Range	<1-91 yrs
Case Fatality	
LA County	0.1%
United States	N/A

[a]Cases per 100,000 population.

Figure 5

Campylobacteriosis
Incidence Rates by Year
Los Angeles County,* 1990-1999



*US data not available.

ETIOLOGY

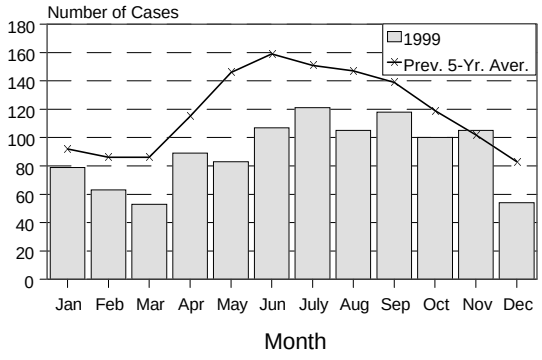
Campylobacter, is a gram-negative bacillus. *C jejuni* accounted for 91% of all identified species.

DISEASE ABSTRACT

Campylobacteriosis rates in 1999 decreased for the third year. Rates are the lowest they have been since 1989. The reason for the decrease is not known, which has been seen in other enteric diseases. Speculation points to a combination of better food safety control measures and less testing of symptomatic patients. Rates were highest in children from 1 to 4 years of age. Rates were highest in Whites, followed by Hispanics, Asians, and Blacks.

Figure 6

Campylobacteriosis
Cases by Month of Onset
Los Angeles County, 1999



STRATIFIED DATA

Trends: The campylobacteriosis rate of 11.7 cases per 100,000 population in 1999 decreased 12% from the previous year and 40% from a rate of 19.5 per 100,000 population in 1996 (Figure 5).

Seasonality: As in previous years, the number of cases increased in the spring, with incidence peaking June through September. The incidence was lower than the previous five-year average in all months except November. The reason for this decline is not known (Figure 6).

Age: Rates decreased in all age groups except the 15- to 34-year olds between 1998 and 1999; this group showed an 18% increase. The rate among children ages 1-4 (33.6 per 100,000) was the highest of any age group (Figure 7).

Sex: The male-to-female ratio was 1.2:1.

Race/Ethnicity: Campylobacteriosis age-adjusted rates were highest among Whites (14.5 per 100,000), followed by Hispanics (10.5 per 100,000). Rates decreased in Hispanics by 24%, and remained relatively constant in Whites. Rates increased in Asians by 14% and in Blacks by 17% (Figure 8). There were no outbreaks identified and the reason for the increase in rates in Asians and Blacks remains unknown.

Location: Health districts with the highest incidence in 1999 were Torrance (20.1 per 100,000),

Figure 7

Campylobacteriosis
Incidence Rates by Age Group
Los Angeles County, 1998-1999

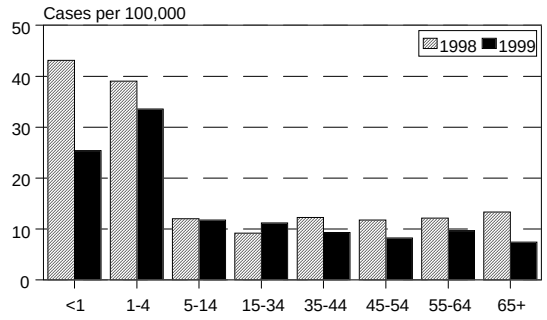
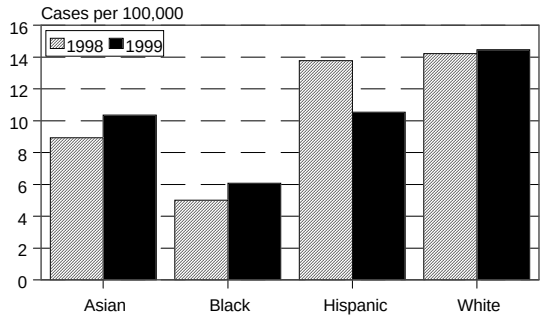


Figure 8

Campylobacteriosis
Age-adjusted Rates by Race/Ethnicity
Los Angeles County, 1998-1999

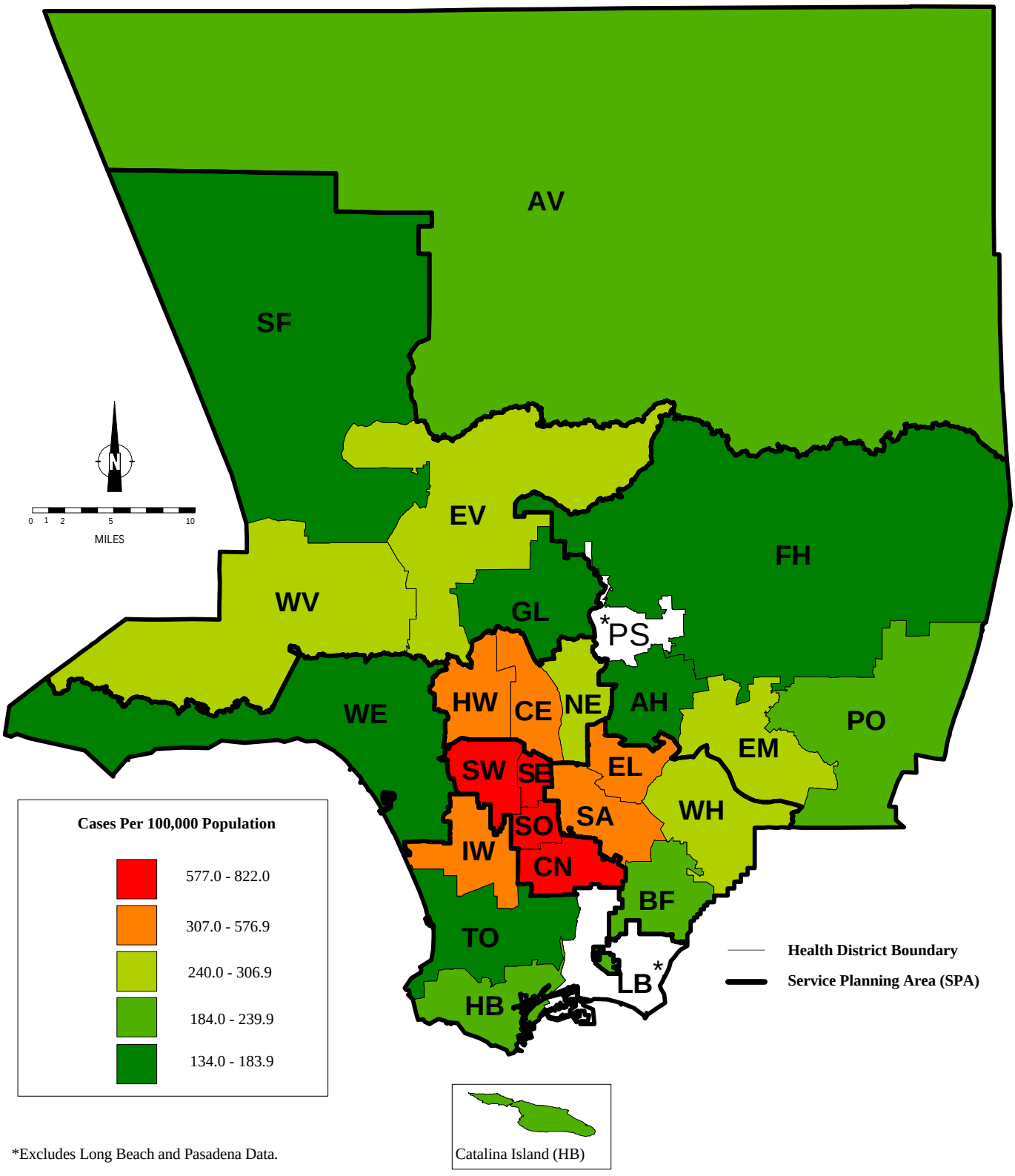


San Fernando (19.1 per 100,000), and West (18.6 per 100,000) (Map 2). This is comparable to previous years.

Analysis revealed no definitive reasons for the 22% increase in the campylobacteriosis incidence rate in 1996. In 1999, there was one campylobacteriosis-associated death in a 20-year-old male with no previous medical history and no other risk factors found at autopsy. Two persons, a 50-year-old male and a 60-year-old male, developed Guillain-Barre′ syndrome subsequent to their campylobacteriosis diagnosis; two persons were diagnosed with appendicitis and had an appendectomy prior to the return of stool culture results.

MAP 13. Chlamydia

Rates by Health District, Los Angeles County, 1999*



*Excludes Long Beach and Pasadena Data.