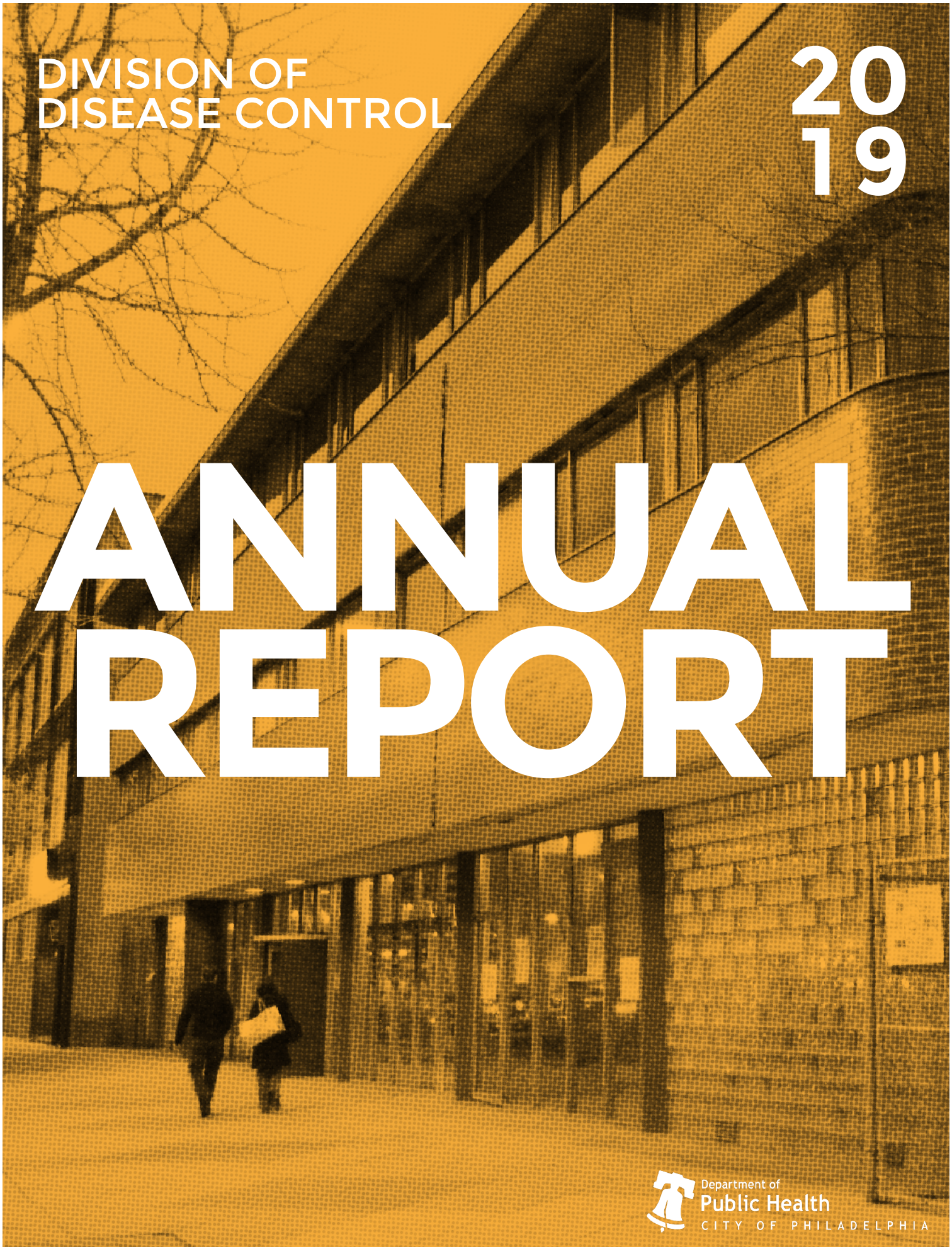

DIVISION OF
DISEASE CONTROL

2019

ANNUAL REPORT

Department of
Public Health
CITY OF PHILADELPHIA

INTRODUCTION

OVERVIEW

This annual report provides an epidemiologic summary of conditions reported to the Philadelphia Department of Public Health (PDPH) Division of Disease Control (DDC) in 2019. There are currently 76 medical conditions that health care providers or laboratories must report to the DDC (see page 61). The report highlights the most commonly reported conditions and those of public health importance. Data regarding cases of HIV/AIDS are reported separately by the Division of HIV Health (DHH).

For additional information, please visit: https://hip.phila.gov/

CASE DEFINITION

A standard reporting case definition has been set for most reportable conditions by the Centers for Disease Control and Prevention (CDC) and the Council of State and Territorial Epidemiologists (CSTE). These case definitions may differ from the criteria used to make a clinical diagnosis.

Case definitions can be found at : https://wwwn.cdc.gov/nndss/

HOW DDC CAN ASSIST HEALTH-CARE PROVIDERS

If you suspect a disease outbreak or that a patient is infected with a disease of urgent public health importance, DDC can facilitate diagnostic testing and assist with infection control and disease management. To speak with a medical specialist, please call 215-685-6748. For urgent after hours immediate reporting and consultation, please call 215-686-4514 and ask for the Division of Disease Control on-call staff.

LOCATION

STD testing and services at Health Center 1 and Directly Observed Therapy (DOT) services at the Lawrence F. Flick Memorial Center are now both located at:

Constitution Health Plaza
1930 S Broad St
Philadelphia, PA 19145

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1 OVERVIEW

DISEASE REPORTING TRENDS
REGIONAL OVERVIEW

DISEASE REPORTING TRENDS

Reports of Communicable Diseases Per Year: Philadelphia, 2010-2019

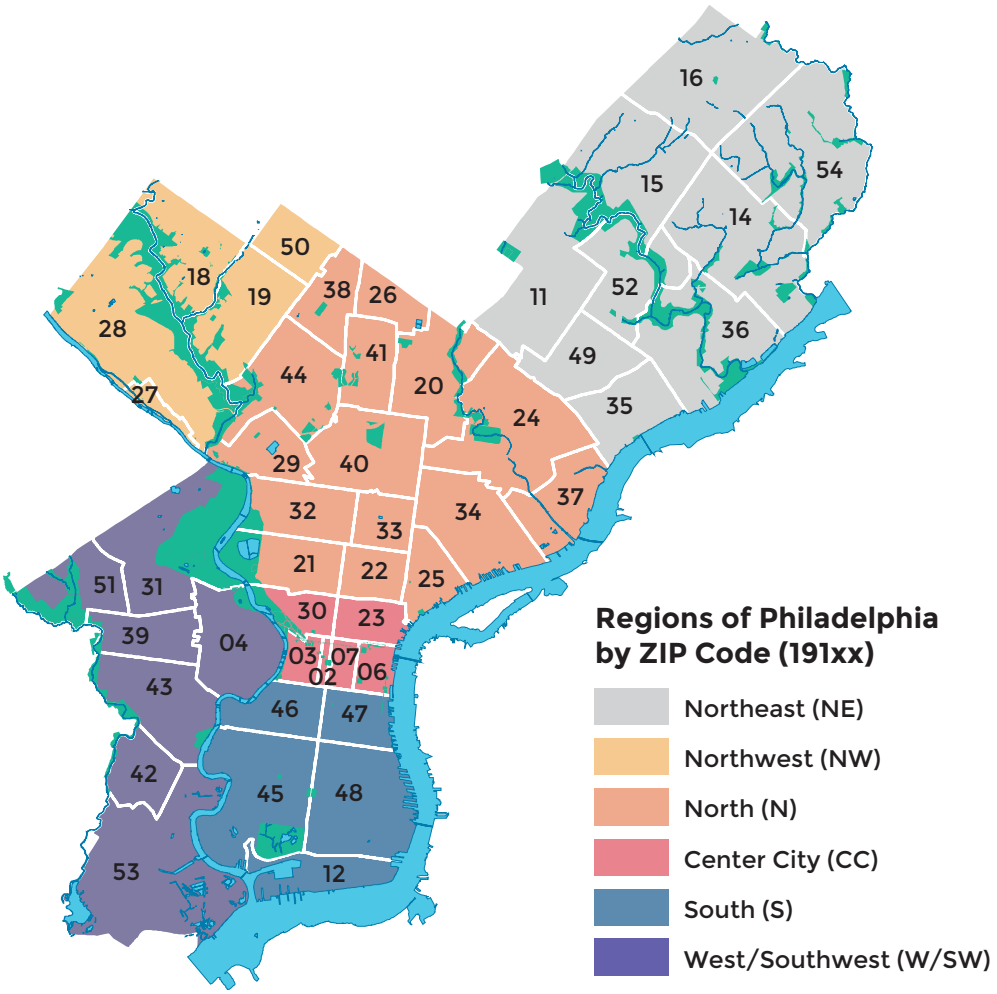
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Amebiasis	4	9	11	13	15	8	2	13	14	18
Animal Bites/Exposures	1624	1513	1598	1586	1644	1718	1722	1574	1486	1547
Anthrax	0	0	0	0	0	0	0	0	0	0
Babesiosis	0	1	0	1	1	3	2	5	4	4
Botulism	1	2	2	2	1	0	3	3	1	0
Brucellosis	0	0	1	1	0	1	0	1	0	0
Campylobacteriosis	121	141	182	103	167	211	203	233	270	274
Carbapenem-resistant *Enterobacteriaceae (CRE)*	-	-	-	-	-	-	-	-	308	234
Chlamydia trachomatis	19,428	20,471	20,803	19,570	18,935	19,169	19,959	21,119	20,206	20,354
Cholera	0	0	1	0	0	0	0	0	0	0
Cryptosporidiosis	17	14	18	58	30	26	48	51	38	31
Cyclosporiasis	0	0	1	0	1	3	4	3	0	3
Dengue Fever	3	1	1	11	0	5	3	0	1	13
Diphtheria	0	0	0	0	0	0	0	0	0	0
Escherichia coli, Shiga Toxin-Producing (STEC)	14	9	12	6	10	11	25	19	28	41
Giardiasis	122	43	60	76	65	61	58	66	59	75
Gonorrhea	6,533	6,761	7,293	6,303	5,961	6,260	6,957	7,288	7,205	7,043
Guillian-Barre Syndrome	0	0	0	1	1	4	3	7	0	1
Haemophilus influenzae [Type B]	28 [1]	22 [2]	39 [1]	26 [0]	23 [1]	24 [2]	36 [3]	49 [1]	27[0]	37 [1]
Hansen's Disease (Leprosy)	1	0	1	0	0	1	0	1	1	0
Hepatitis A	13	8	2	6	6	6	9	19	21	454
Hepatitis B, Acute	5	7	4	5	7	8	5	10	13	44
Hepatitis C, Acute	1	0	20	42	67	79	130	155	183	147
Histoplasmosis	2	0	1	0	0	2	1	3	2	1
Legionellosis	33	64	29	61	42	53	34	66	91	56
Leptospirosis	1	0	1	0	0	0	0	0	1	1
Listeriosis	8	2	6	10	3	2	2	0	8	2
Lyme Disease	238	301	191	189	140	252	236	264	260	181
Malaria	22	19	13	21	30	18	22	30	40	45
Measles	0	0	2	0	0	0	0	0	1	0
Meningitis, Aseptic	84	104	92	124	60	55	48	55	41	36
Meningitis, Bacterial	12	12	5	3	0	2	3	6	7	7
Meningococcal Infections	5	4	6	3	2	0	2	0	1	6

DISEASE REPORTING TRENDS (Cont.)

Reports of Communicable Diseases Per Year: Philadelphia, 2010-2019 (Cont.)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Mumps	54	21	4	3	0	1	5	8	24	259
Pertussis	74	49	268	86	127	111	101	107	72	93
Plague	0	0	0	0	0	0	0	0	0	0
Poliomyelitis	0	0	0	0	0	0	0	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0	0	0
Rickettsial Diseases, Including RMSF	9	4	12	8	10	8	5	7	3	8
Rubella, Including Congenital Rubella Syndrome	0	0	0	0	1	0	0	0	0	0
Salmonellosis, Excluding Typhoid	395	301	305	284	229	237	188	219	213	244
Shigellosis	141	41	48	66	66	90	311	91	92	86
Staphylococcus aureus, vancomycin insensitive	0	0	0	0	1	0	0	0	4	1
Streptococcus Pneumoniae, Invasive	154	158	103	149	101	119	136	161	157	197
Streptococcus, Invasive gp. A [TSS]	66 [0]	73 [0]	61 [0]	56 [0]	95 [0]	90 [0]	78 [1]	113 [0]	156[0]	181[0]
Syphilis-Primary & Secondary	238	207	269	278	308	314	428	459	408	470
Syphilis-Congenital	1	4	5	1	4	4	5	6	3	6
Syphilis-Total	667	698	798	962	894	916	927	1,256	1,214	1,262
Tetanus	0	0	0	0	0	0	0	0	0	0
Toxic Shock Syndrome, Staphylococcal	0	0	1	0	1	0	0	0	0	0
Tuberculosis	96	101	86	89	78	72	74	75	78	74
Tularemia	0	0	0	0	0	0	0	0	0	0
Typhoid Fever	2	3	2	1	5	3	1	3	1	1
Varicella (Chicken Pox only)	261	262	118	167	118	123	111	104	113	77
Vibrio SPP. Other	0	1	0	0	4	6	7	11	13	11
West Nile Virus	13	1	9	3	5	0	4	3	17	3
Yellow Fever	0	0	0	0	0	5	0	0	0	0

REGIONAL OVERVIEW



Total Population Count by Age and Region: Philadelphia, 2010*

Age	NE	NW	N	CC/S	W/SW	Total
0-4 Yrs	23,127	5,055	41,227	13,888	17,760	101,057
5-17 Yrs	56,820	12,189	103,578	26,046	44,165	242,798
18-34 Yrs	86,479	29,154	149,432	95,613	89,090	449,768
35-60 Yrs	122,363	34,069	171,370	81,045	81,124	489,971
>60 Yrs	67,760	20,906	69,859	43,269	40,698	242,492
Total	356,549	101,373	535,466	259,861	272,837	1,526,086

*Data according to the U.S. Census Bureau

REGIONAL OVERVIEW (Cont.)

Counts of Disease With Sufficient Burden*: Philadelphia, 2019

	NE	NW	N	CC/S	W/SW	Missing	Total
	n	n	n	n	n	n	n
Campylobacteriosis	65	7	83	58	44	17	274
Carbapenem-resistant *Enterobacteriaceae*	35	6	39	24	52	78	234
Chlamydia	2,556	734	9,805	2,330	4,878	51	20,354
Giardiasis	6	3	22	27	13	4	75
Gonorrhea	746	230	3,274	1,039	1,741	13	7,043
Hepatitis C, Chronic (RNA +)	371	47	511	165	157	99	1350
Influenza (Hospitalized)	228	81	549	253	410	126	1,647
Lyme Disease	58	32	39	34	15	3	181
Meningitis, Aseptic	12	0	15	4	5	0	36
Pertussis	30	9	16	21	17	0	93
Salmonellosis	48	11	86	23	61	15	244
Shigellosis	11	8	20	16	22	9	86
Streptococcus Pneumoniae, Invasive	25	12	85	30	32	13	197
Streptococcus, Invasive gp A	31	6	71	36	22	15	181
Syphilis-Early Latent	55	16	217	101	102	0	491
Syphilis-Primary & Secondary	37	20	185	108	115	5	470
Tuberculosis	11	<6	22	9	<20	25	74
Varicella (Chicken Pox)	19	<6	32	13	<20	0	77

*Public health deems that this reportable disease still poses a serious risk to the population by reason of their contagiousness, severity, or frequency.

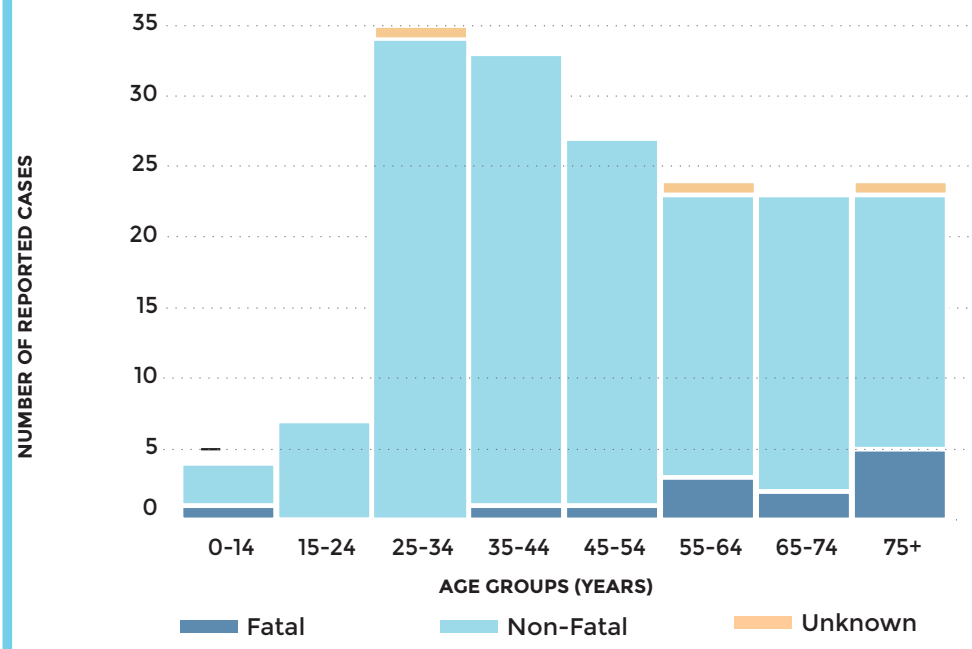
CENTRAL NERVOUS SYSTEM

INFECTIONS AND SEPSIS

GROUP A STREPTOCOCCUS
HAEMOPHILUS INFLUENZAE
LISTERIOSIS
MENINGITIS, ASEPTIC
STREPTOCOCCUS PNEUMONIAE

GROUP A *STREPTOCOCCUS*

Invasive Group A *Streptococcus* by Age Group and Outcome: Philadelphia, 2019



OF NOTE

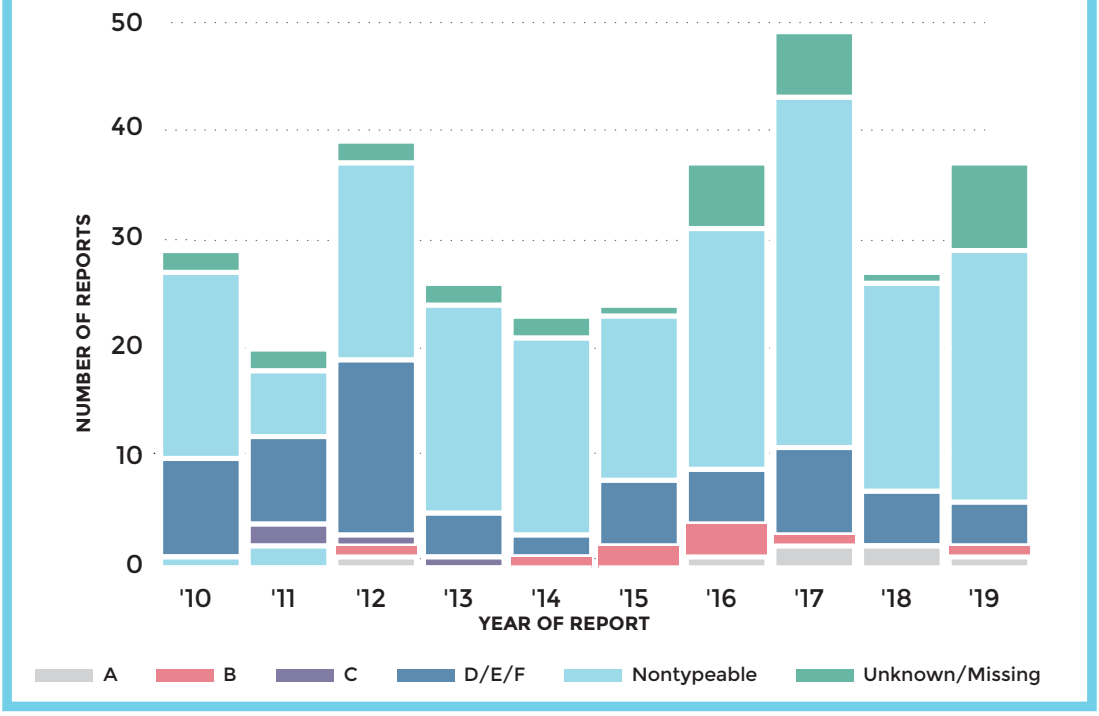
PDPH identified 181 confirmed cases of invasive Group A Streptococcal (GAS) infection in 2019; 2 of which were associated with a cluster at a long term care facility (LTCFs). PDPH worked with this facility to enhance infection control precautions. In addition, the proportion of invasive (GAS) cases who reported recent injection drug use was somewhat similar in 2019 compared with 2018 (32% vs 36%).

Number of Invasive *Group A Streptococcus* by Age and Gender: Philadelphia, 2019

	0-30 Years		31-45 Years		46+ Years		Total	
	n	%	n	%	n	%	n	%
Male	14	7.7	31	17.1	61	33.7	75	41.4
Female	14	7.7	22	12.2	39	21.5	106	58.6
Total	28	15.5	53	29.3	100	55.2	181	100

HAEMOPHILUS INFLUENZAE

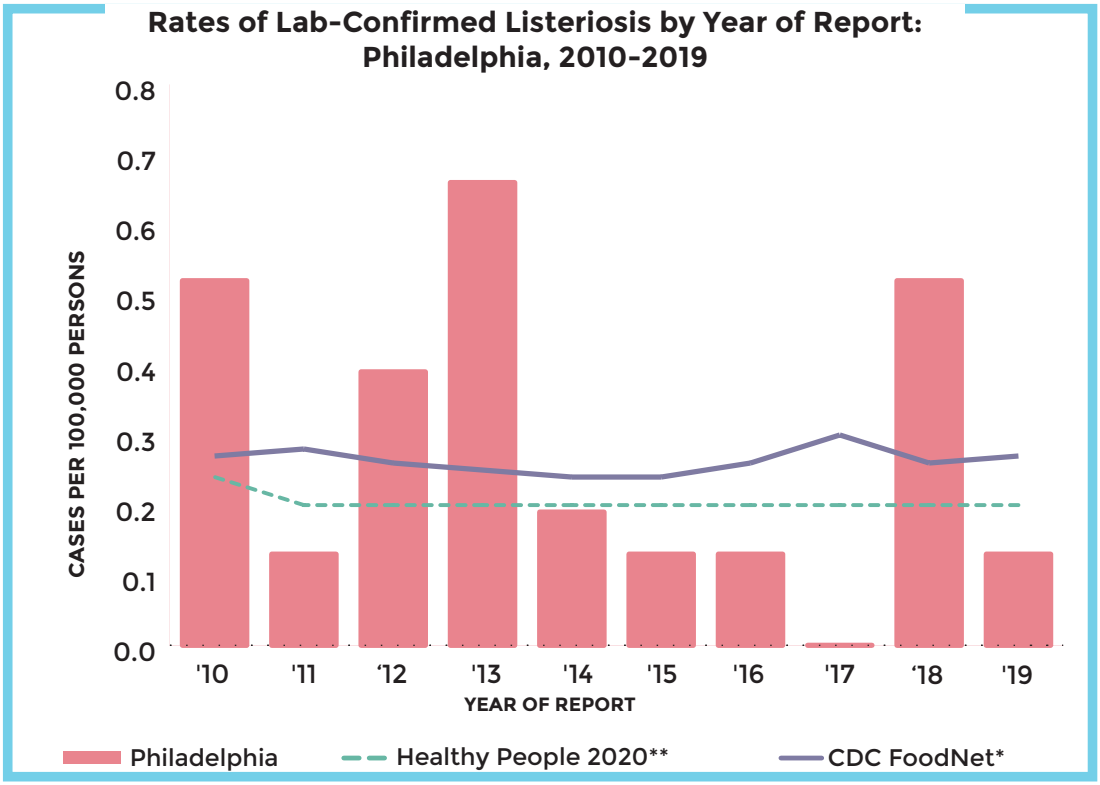
Number of Invasive *Haemophilus influenza* by Serotype: Philadelphia, 2010-2019



Number of Invasive *Haemophilus influenza* by Age: Philadelphia, 2019

	0-40 Years		41-55 Years		56-70 Years		71-79 Years		80+ Years		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Total	7	18.9	8	21.6	7	18.9	7	18.9	8	21.6	37	100

LISTERIOSIS
(Listeria monocytogenes)

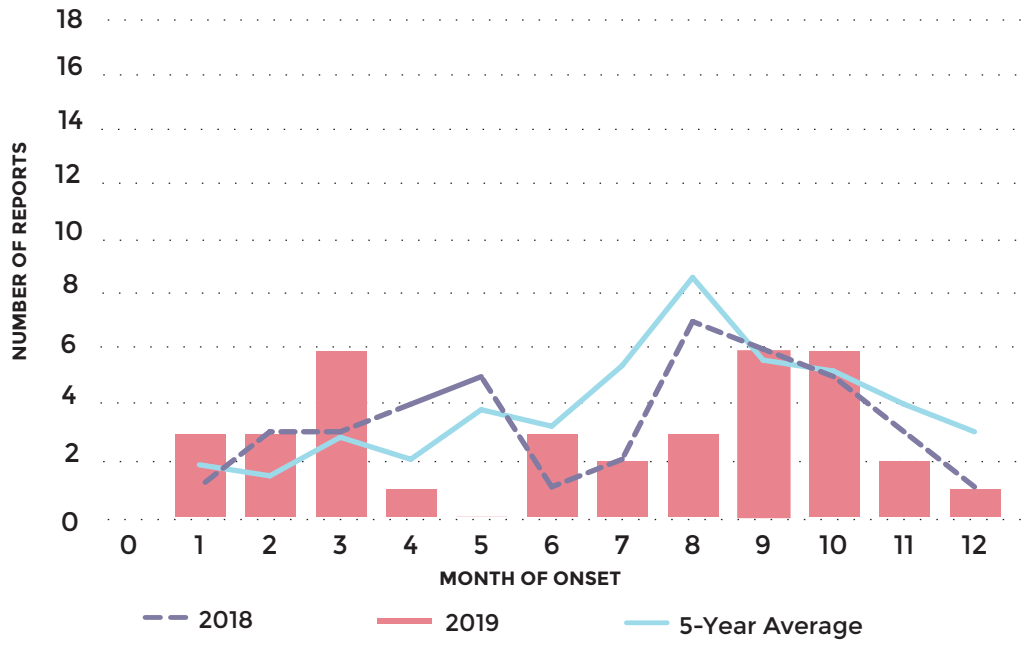


* https://www.cdc.gov/nchs/healthy_people/hp2020.htm
**CDC FoodNet is the Foodborne Diseases Active Surveillance Network, utilizing senti-

MENINGITIS, ASEPTIC

(Pleocytosis in cerebroprinal fluid and no bacterial, fungal or parasitic organisms on culture)

Number Of Aseptic Meningitis Reports By Month Of Onset: Philadelphia, 2018, 2019, And 5-Year Average

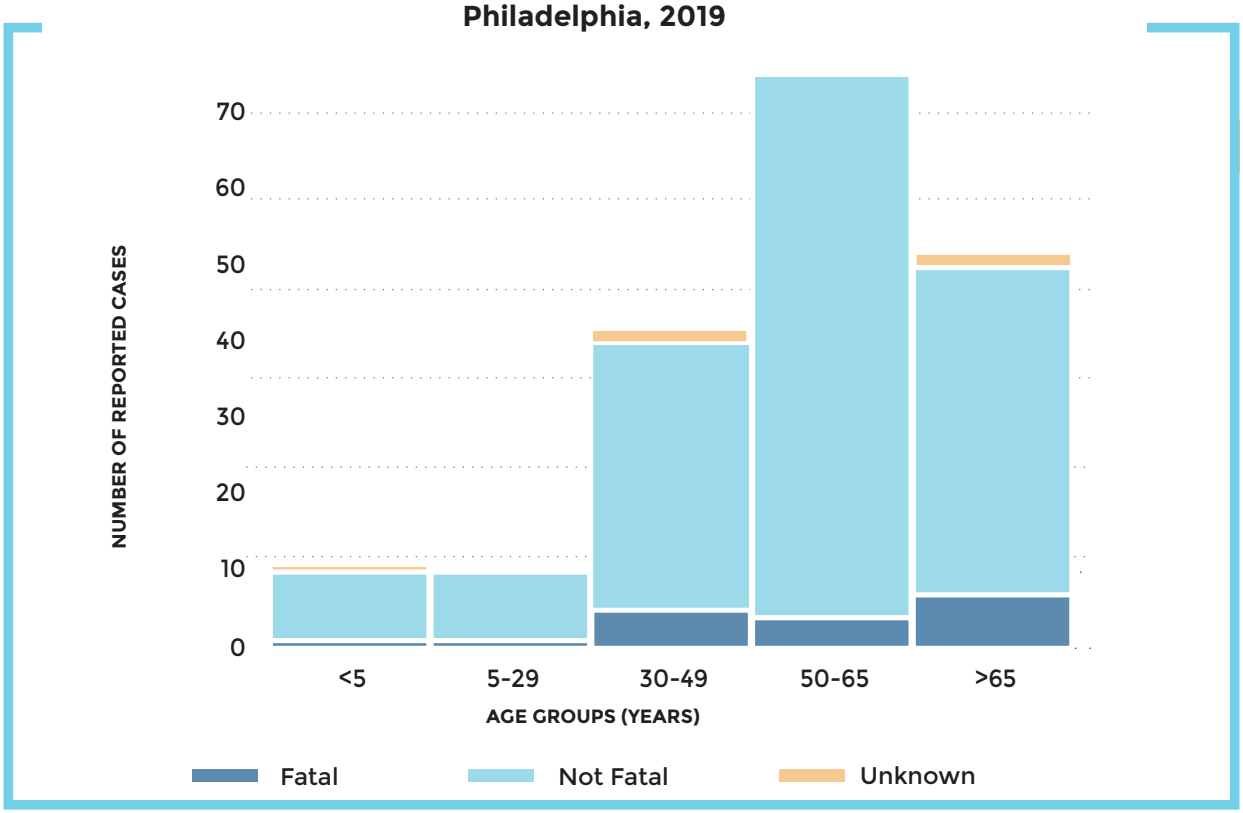


Number of Aseptic Meningitis Reports by Age: Philadelphia, 2019

	0-5 Years		6-20 Years		21-45 Years		46-59 Years		60+ Years		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Total	9	25.0	8	21.6	7	19.4	6	16.7	7	23.3	36	100

STREPTOCOCCUS PNEUMONIAE

Invasive *Streptococcus pneumoniae* by Age Group and Outcome: Philadelphia, 2019



OF NOTE

Among 11 invasive pneumococcal cases 14 years and younger, 8 cases (73%) were up to date on the pneumococcal conjugate vaccine and 9 cases (82%) had serotyping completed. Two of the pediatric cases were attributable to serotypes (3 and 19F) included in the vaccine product received (Pneumococcal Conjugate Vaccine 13). All other isolates were non-vaccine serotypes. One fatality occurred in an infant who was up to date on the pneumococcal vaccination and infected with a non-vaccine serotype. Isolates from 138 cases in 2019 had antibiotic resistance testing, of which 22 (16%) were fully or intermediately resistant to at least one antimicrobial agent currently approved for treatment pneumococcal infection.

Number of Invasive *Streptococcus pneumoniae* by Age and Gender: Philadelphia, 2019

	0-20 Years		21-40 Years		41-50 Years		51-60 Years		61-75 Years		76+ Years		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Male	6	3.0	10	5.1	11	5.6	18	9.1	24	12.2	14	7.1	83	42.1
Female	8	4.1	15	7.6	16	8.1	38	19.3	27	13.7	10	5.1	114	57.9
Total	14	7.1	25	12.7	27	13.7	56	28.4	51	25.9	24	12.2	197	100

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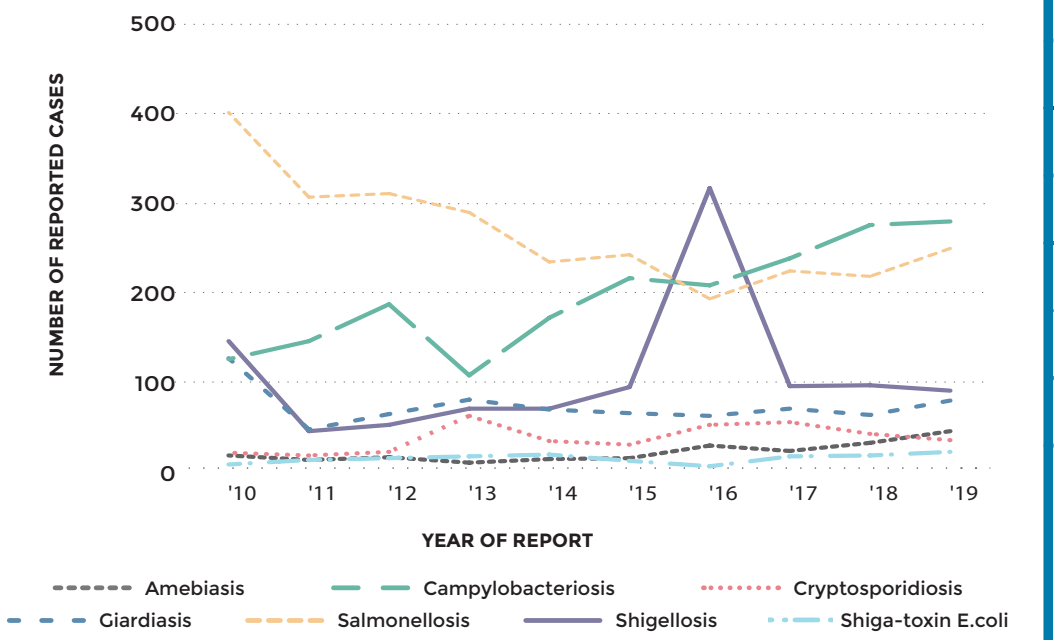
3

GASTRO-INTESTINAL INFECTIONS

OVERVIEW

Reported Cases of Gastrointestinal Diseases: Philadelphia, 2010-2019



OF NOTE

In August of 2019, PDPH investigated a cluster of E. coli O157:H7. From early patient interviews, it appeared that three Philadelphia restaurants were linked to the outbreak, suggesting a common source was distributed to these three facilities. After obtaining food histories on multiple cases, PDPH collected food samples from one of the facilities for laboratory testing, but all food samples tested negative for E. coli O157:H7. In total, 13 confirmed cases and 7 probable cases (1 was an out of state resident) were identified with onset dates from August 21, 2019-September 1, 2019.

OVERVIEW (Cont.)

Antibiotic Resistance of Selected Enteric Pathogens: Philadelphia, 2019

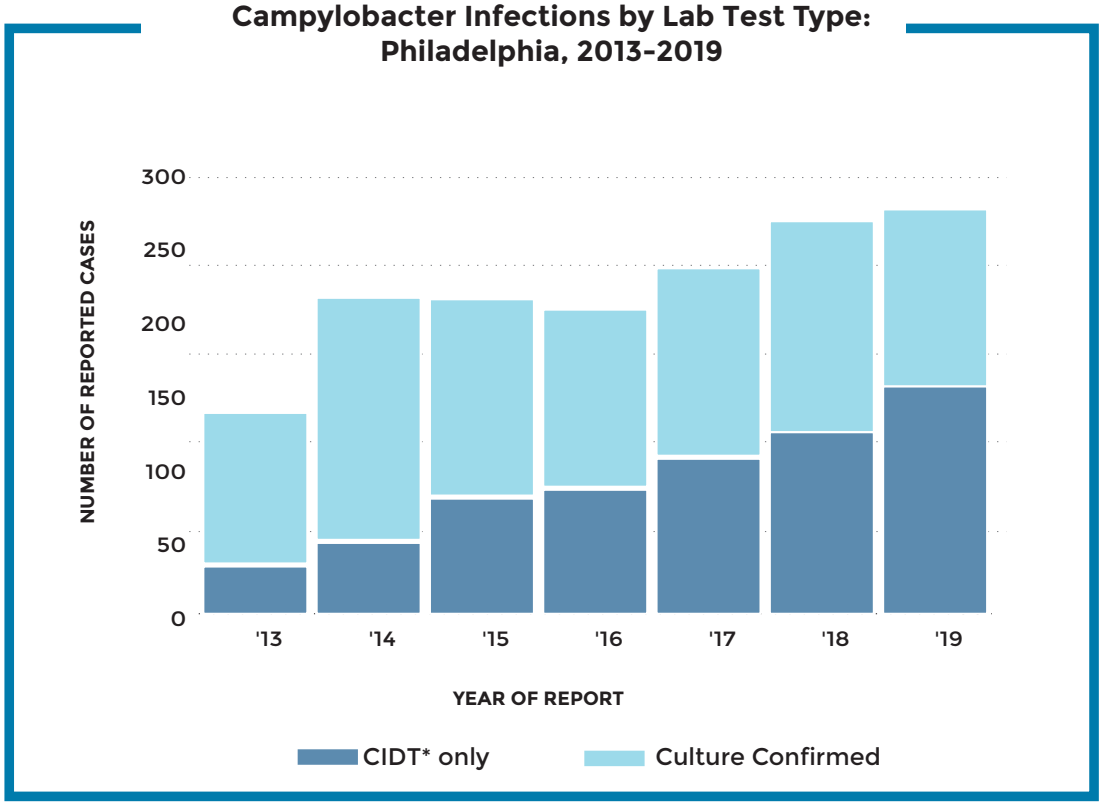
Pathogen	Antibiotics Tested	Total Tested	Resistant		Intermediate	
			n	%	n	%
Campylobacter	Ciprofloxacin	35	16	46	1	3
	Erythromycin	35	3	9	0	0
Salmonella	Ampicillin	109	8	7	0	0
	Ceftriaxone	67	0	0	0	0
	Ciprofloxacin	47	2	4	0	0
	Levofloxacin	47	1	2	8	17
	Trimethoprim-Sulfamethoxazole	109	1	1	0	0
Shigella	Ampicillin	41	33	80	2	5
	Ceftriaxone	22	0	0	0	0
	Ciprofloxacin	37	5	14	2	5
	Gentamicin	17	15	88	0	0
	Levofloxacin	23	4	17	3	13
	Trimethoprim-Sulfamethoxazole	41	38	93	0	0

Results of antimicrobial susceptibility testing show if bacteria are susceptible (can be treated with the drug), intermediate (may be treatable with the drug, but may require adjusted dosage), or resistant (cannot be treated with drug). https://www.cdc.gov/narms/resources/glossary.html#:~:text=Results%20of%20antimicrobial%20susceptibility%20testing,cannot%20be%20treated%20with%20drug).

CAMPYLOBACTERIOSIS

(*Campylobacter spp.*)

Campylobacter Infections by Lab Test Type: Philadelphia, 2013-2019



*CIDT=Culture-Independent Diagnostic Testing

Number of Campylobacteriosis Reports by Age and Gender: Philadelphia, 2019

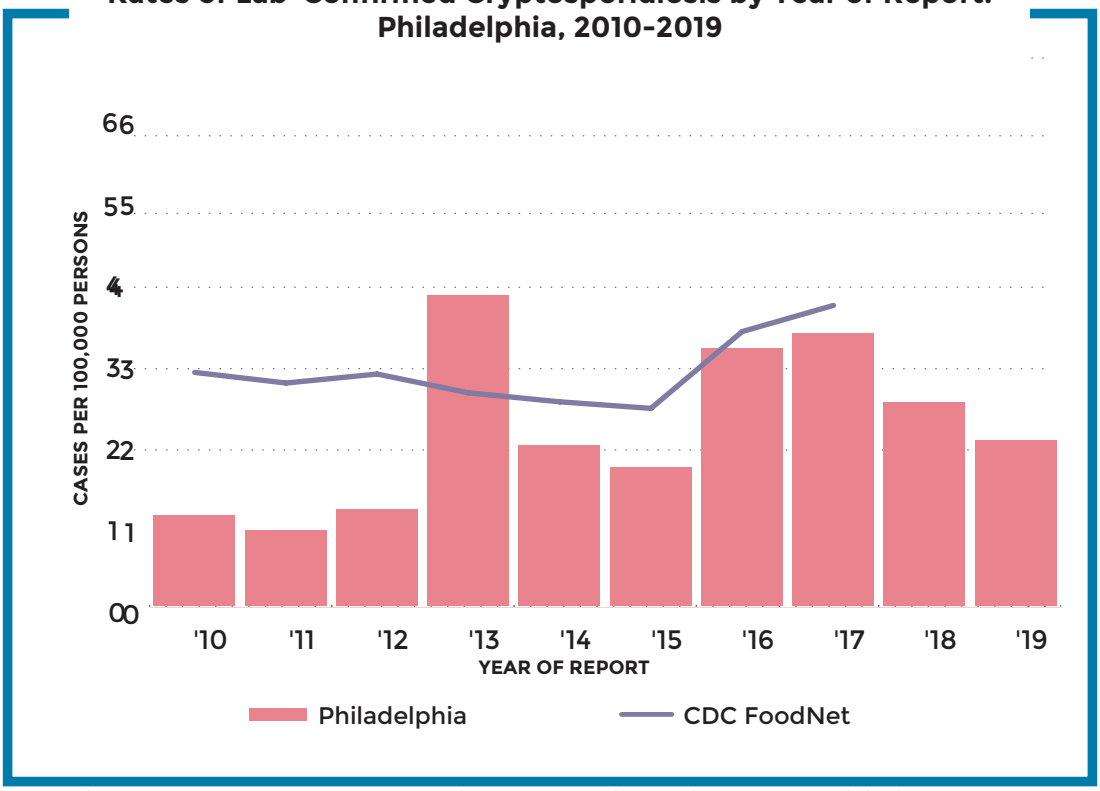
	0-4 Years		5-24 Years		25-49 Years		50-65 Years		66+ Years		Total*	
	n	%	n	%	n	%	n	%	n	%	n	%
Male	15	5.5	24	8.8	44	16.1	36	13.2	30	11.0	149	54.6
Female	8	2.9	19	7.0	43	15.8	28	10.3	26	9.5	124	45.4
Total	23	8.4	43	15.8	87	31.9	64	23.4	56	20.5	273	100

*unknown=1

CRYPTOSPORIDIOSIS

(*Cryptosporidium spp.*)

Rates of Lab-Confirmed Cryptosporidiosis by Year of Report: Philadelphia, 2010-2019



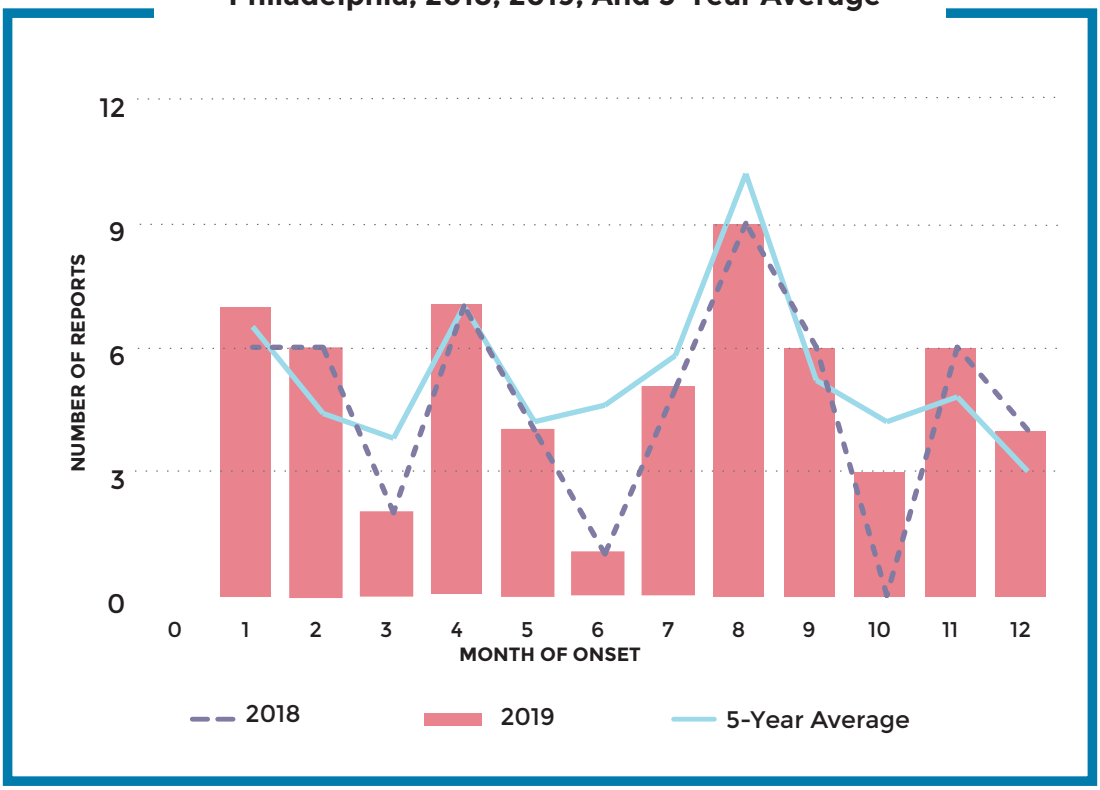
*Since 2017, CDC FoodNet no longer includes surveillance for Cryptosporidiosis.

Number of Cryptosporidiosis Reports by Age and Gender: Philadelphia, 2019

	0-17 Years		18-35 Years		36+ Years		Total Years	
	n	%	n	%	n	%	n	%
Total	7	22.6	13	41.9	11	35.5	31	100

GIARDIASIS
(*Giardia lamblia*)

Number of Giardiasis Reports by Week of Onset: Philadelphia, 2018, 2019, And 5-Year Average

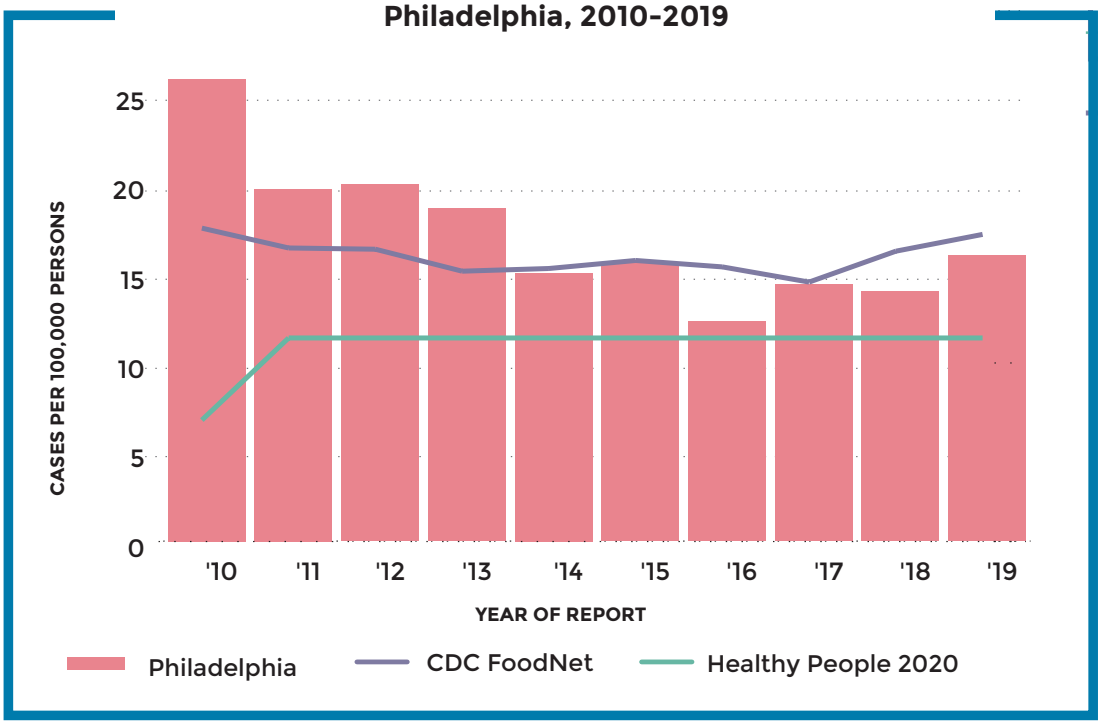


Number of Giardiasis Reports by Age: Philadelphia, 2019

	0-4 Years		5-24 Years		25-49 Years		50-65 Years		66+ Years		Total*	
	n	%	n	%	n	%	n	%	n	%	n	%
Total	6	8.0	13	17.3	35	46.7	13	17.3	8	10.7	75	100

SALMONELLOSIS
(*Salmonella spp.*)

Rates of Lab-Confirmed *Salmonella* by Year of Report: Philadelphia, 2010-2019



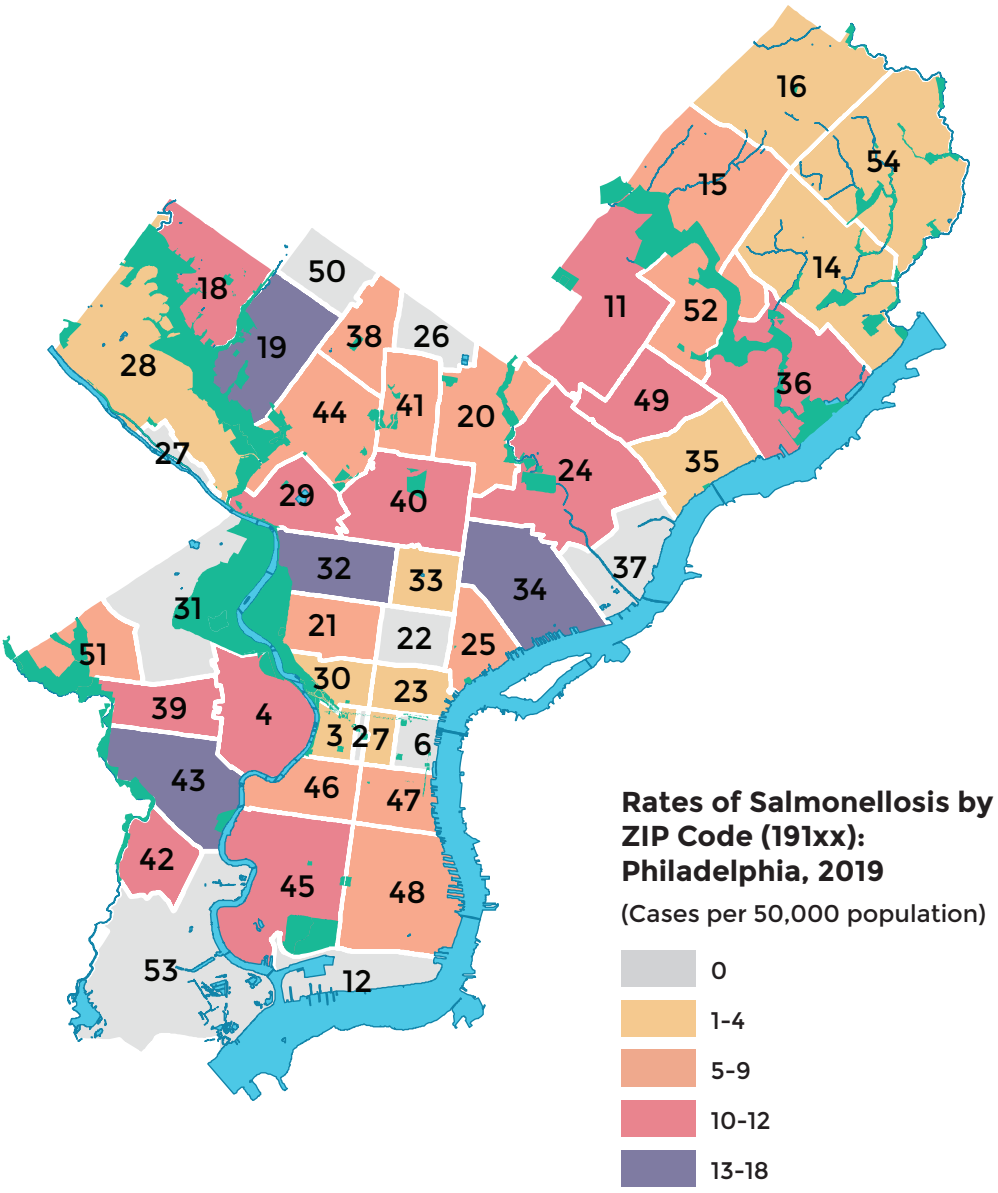
OF NOTE

In late 2019, PDPH collaborated with the Pennsylvania Department of Health (PADOH) to investigate an outbreak of Salmonella Javiana that primarily affected individuals in healthcare facilities. In total, PADOH and PDPH identified 46 cases of salmonellosis linked to this outbreak, with onset dates from November 7-December 16, 2019. Nineteen Philadelphia residents were among the outbreak cases. Cases were linked to 3 different healthcare facilities, 2 of which were located in Philadelphia. Epidemiological evidence suggested a pre-cut fruit mix from Company A that was distributed to all affected facilities. This pre-cut fruit mix included honeydew melon, cantaloupe, pineapple, and grapes. This led to a recall on Company A's pre-cut fruit mix on December 7, 2019.

Number of Salmonellosis Reports by Age and Gender: Philadelphia, 2019

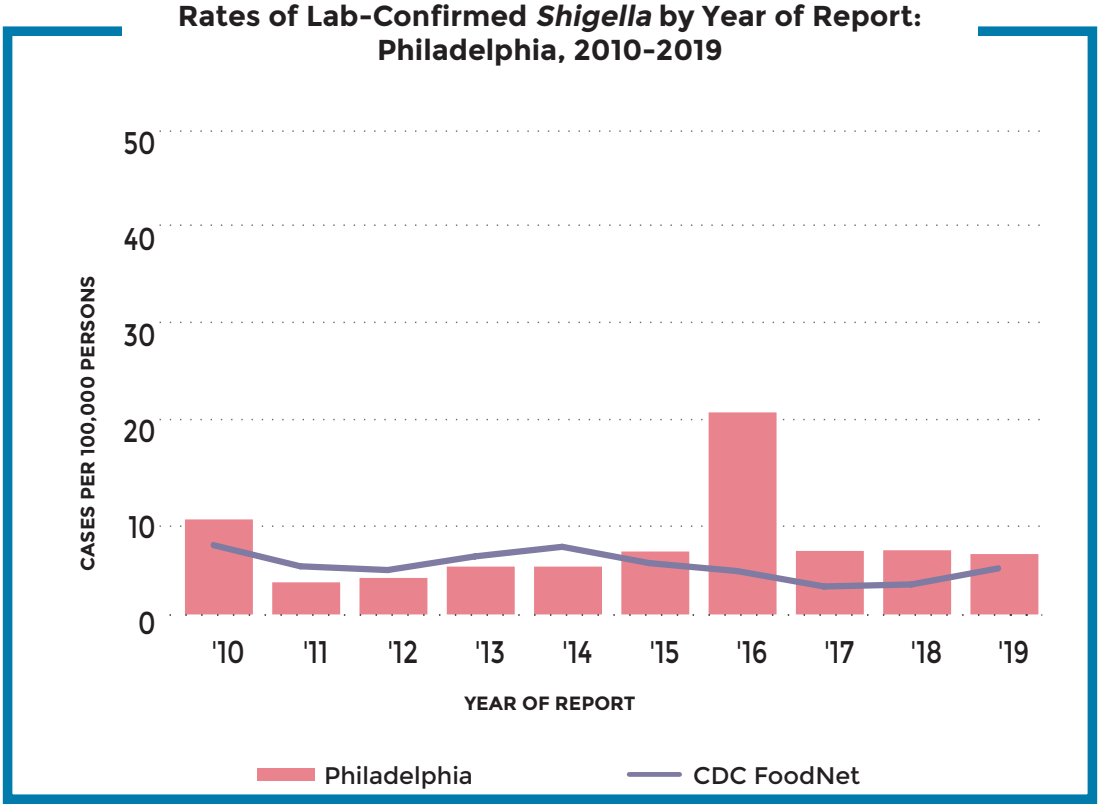
	0-4 Years		5-17 Years		18-34 Years		35-59 Years		60+ Years		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Male	23	9.4	17	7.0	18	7.4	30	12.3	25	10.2	113	46.3
Female	25	10.2	11	4.5	29	11.9	37	15.2	29	11.9	131	53.7
Total	48	19.7	28	11.5	47	19.3	67	27.5	54	22.1	244	100

SALMONELLOSIS (Cont.)



SHIGELLOSIS
(*Shigella spp.*)

Rates of Lab-Confirmed *Shigella* by Year of Report: Philadelphia, 2010-2019



Number of Shigellosis Reports by Age and Gender: Philadelphia, 2019

	0-25 Years		26-40 Years		41+ Years		Total	
	n	%	n	%	n	%	n	%
Male	7	8.1	29	33.7	27	31.4	63	73.3
Female	7	8.1	5	5.8	11	12.8	23	26.7
Total	14	16.3	34	29.5	38	44.2	86	100

HEALTHCARE-ASSOCIATED

INFECTIONS

CARBAPENEM-RESISTANT *ENTEROBACTERIACEAE*

OVERVIEW

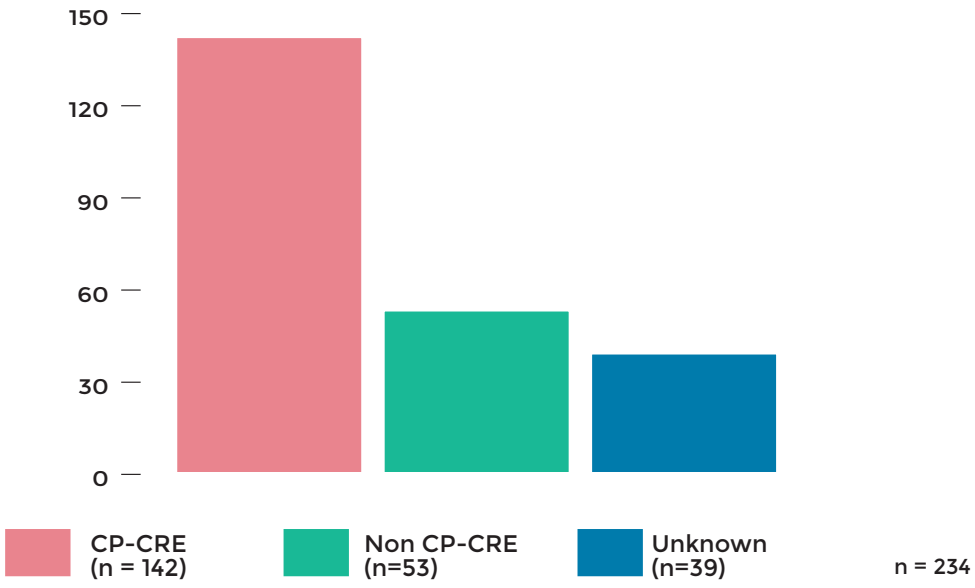
OF NOTE

The Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR Program), established in late 2016, is dedicated to the prevention and control of Healthcare-Associated Infections (HAIs) and Antimicrobial Resistance (AR). This Program serves as a resource to the Philadelphia healthcare community and public with the goal of improving healthcare safety and quality in the city of Philadelphia.

The HAI/AR Program, works on topics including, but not limited to: infections transmitted in healthcare settings and associated with healthcare; drug-resistant organism surveillance, prevention, and containment; infection prevention and control assessments and guidance in healthcare settings; healthcare worker (HCW) safety, including HCW exposures and immunization policies, and infection control education; antimicrobial stewardship in healthcare settings; antibiotic education for the general public.

CARBAPENEM-RESISTANT *ENTEROBACTERIACEAE* (CRE)

Reported Cases of CRE, by Carbapenemase-Producing (CP) Status: Philadelphia, 2019



CARBAPENEM-RESISTANT *ENTEROBACTERIACEAE* (CRE)

Genus Species	n (%)	Total CP-CRE	Mechanism of Resistance (n)				
			KPC*	NDM*	IMP*	VIM*	OXA-48*
Klebsiella pneumoniae	118 (50)	88	81	5	.	.	1
Enterbacter cloacae	39 (17)	12	12	1	.	.	.
Escherichia coli	37 (16)	25	15	10	.	.	.
Enterobacter aerogenes	12 (5)	.	.	.	.	.	.
Serratia marcesens	9 (4)	3	2	.	.	.	.
Citrobacter freundii	5 (2)	4	4	.	.	.	.
Klebsiella oxytoca	3 (1)	3	3	.	.	.	.
Citrobacter koseri	2 (1)	1	1	.	.	.	.
Other Citrobacter spp	2 (1)	2	2	.	.	.	.
Other Enterobacteriaceae	3 (1)	.	.	.	.	.	.
Raoultella Spp.	2 (1)	2	.	1	1	.	1
Total	234	142	119	17	2	0	2

*KPC = *Klebsiella pneumoniae* carbapenemase
*NDM = New Delhi metallo-ß-lactamase
*IMP = Imipenemase metallo-ß-lactamase
*VIM = Verona integron-encoded metallo-ß-lactamase
*OXA-48 Like = Oxacillinase-48 like

5

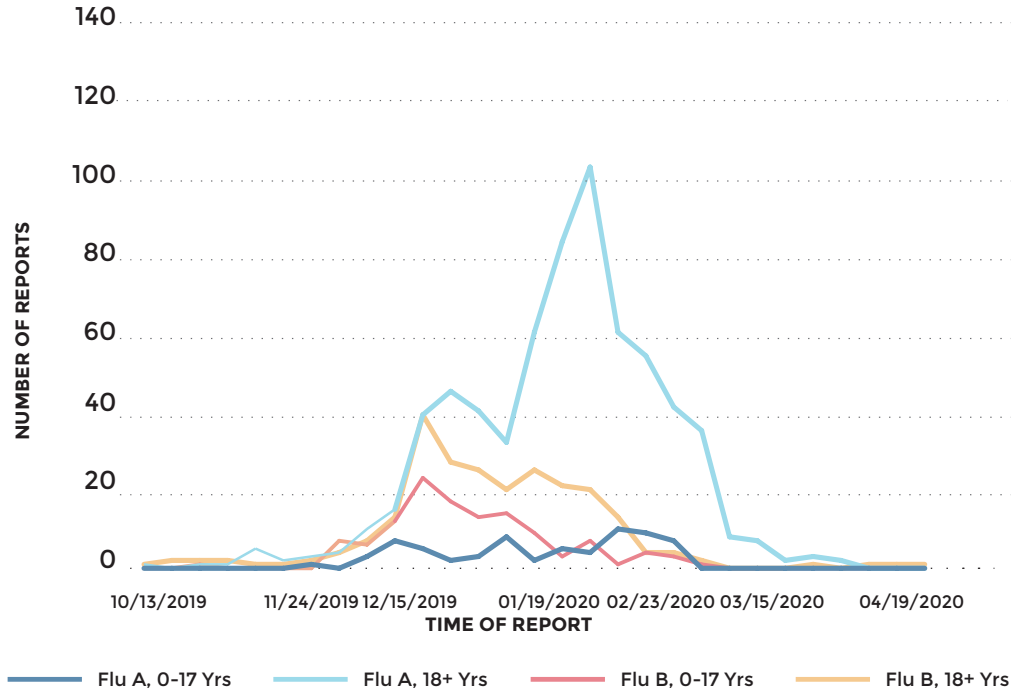
RESPIRATORY

INFECTIONS

INFLUENZA
LEGIONELLOSIS
TUBERCULOSIS

INFLUENZA

Number of Laboratory-Confirmed Influenza Reports by Week of Onset: Philadelphia, 2019-2020



Number of Hospitalized Influenza Reports by Age and Region: Philadelphia, 2019-2020

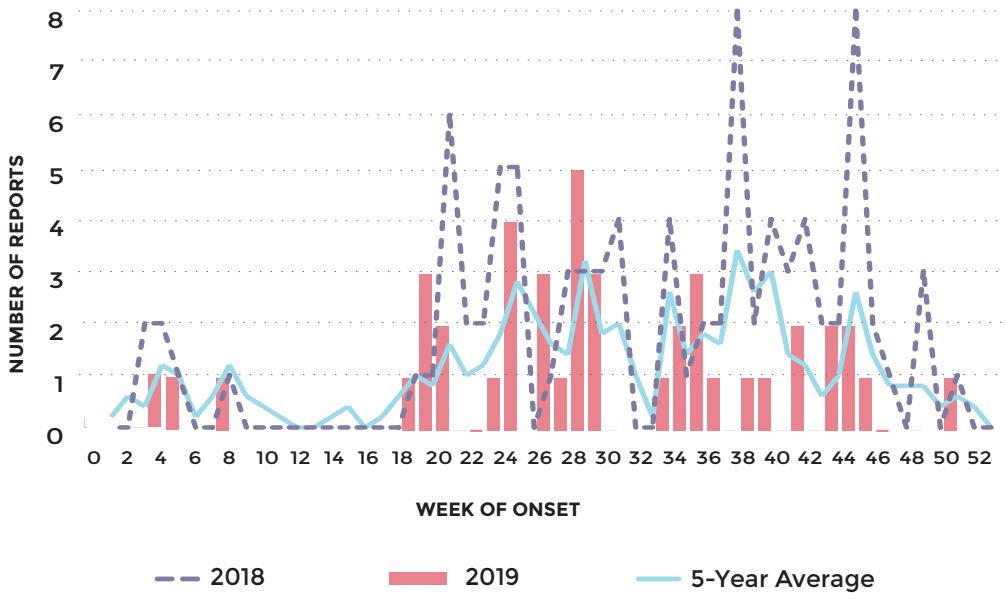
	NE		NW		N		CC		S		W/SW		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Age														
0-4 Yrs	20	0.2	<6	--	47	4.5	<6	--	<10	--	30	2.9	109	10.4
5-17 Yrs	14	0.1	<6	--	37	3.5	<6	--	8	--	8	0.8	72	6.8
18-44 Yrs	28	0.8	12	1.1	100	9.5	8	0.8	28	2.7	47	4.5	223	21.2
45-64 Yrs	51	1.1	16	1.5	128	12.2	12	1.1	36	3.4	78	7.4	321	30.5
65+ Yrs	67	2.0	19	1.8	102	9.7	21	2.0	54	5.1	64	6.1	327	31.1
Total	180	4.2	53	5.0	414	39.4	44	4.2	134	12.7	227	21.6	1,052	100.0
Rate**	50.5		52.3		77.3		68.5				83.2		95.5	

* South Philadelphia's rate is combined with Center City's rate
**Rate per 100,000

LEGIONELLOSIS

(*Legionella pneumophila*)

Number of Legionellosis Reports by Week of Onset: Philadelphia, 2018, 2019, And 5-Year Average

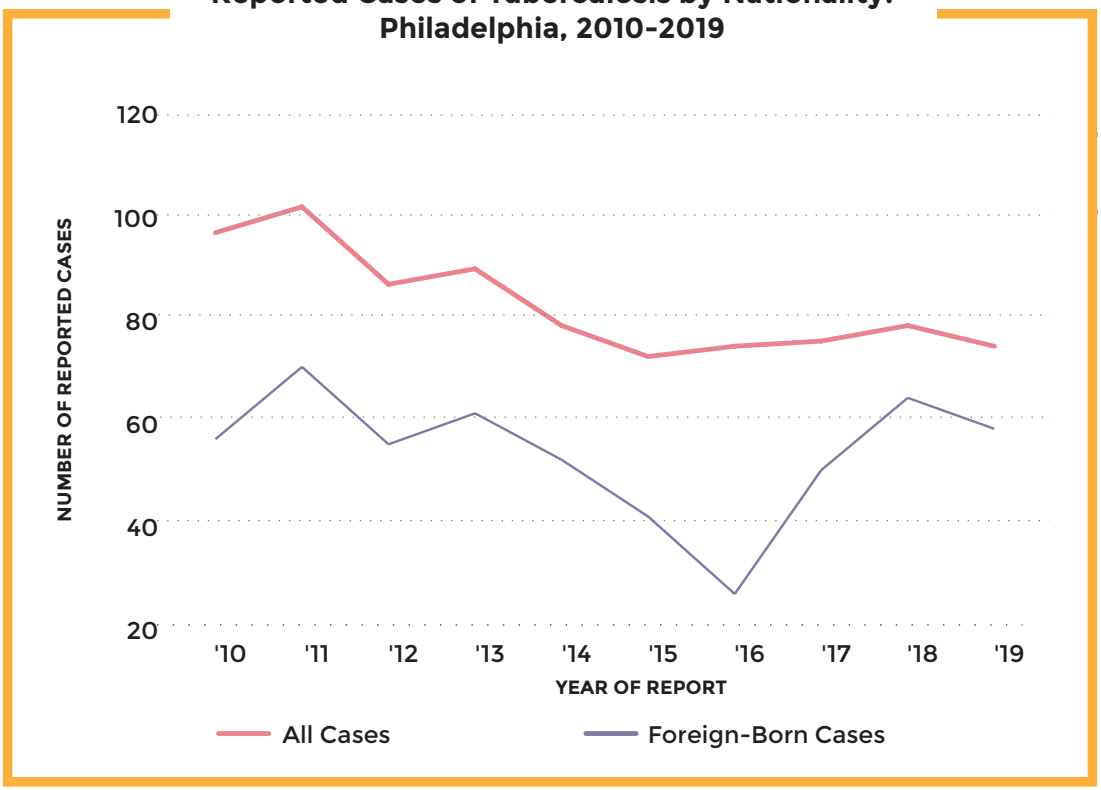


Number of Legionellosis Reports by Age: Philadelphia, 2019

	0-50 Years		51-64 Years		65+ Years		Total	
	n	%	n	%	n	%	n	%
Total	12	21.4	17	30.4	27	48.2	56	100

TUBERCULOSIS
(*Mycobacterium tuberculosis*)

Reported Cases of Tuberculosis by Nationality: Philadelphia, 2010-2019



Number of Tuberculosis Reports by Age: Philadelphia, 2019

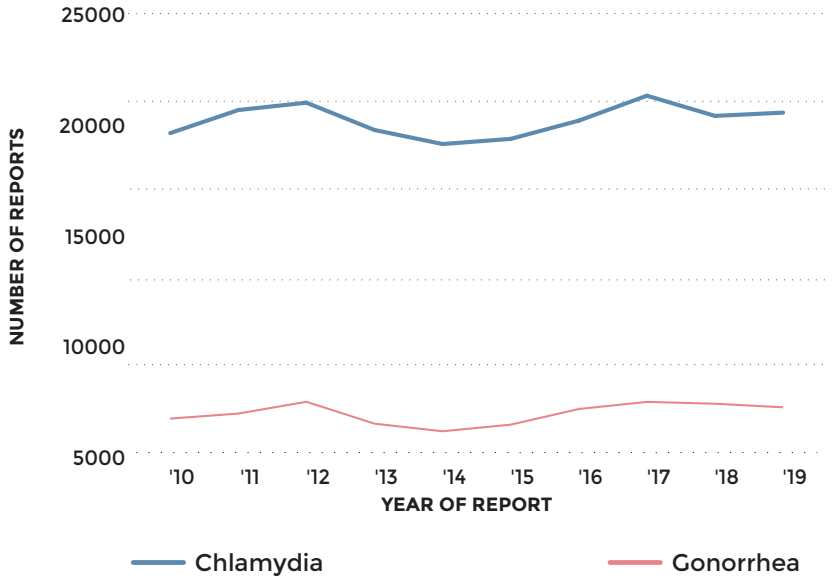
	0-30 Years		31-44 Years		45-65 Years		66+ Years		Total	
	n	%	n	%	n	%	n	%	n	%
Total	9	12.0	15	20.3	25	33.8	25	33.8	74	100

6 SEXUALLY TRANSMITTED DISEASES

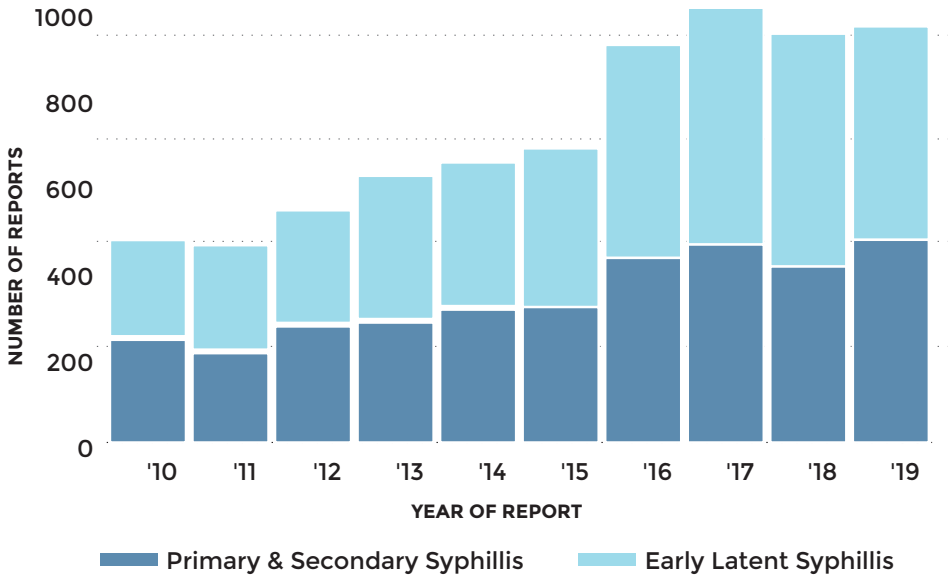
OVERVIEW
CHLAMYDIA
GONORRHEA
SYPHILIS-PRIMARY & SECONDARY
SYPHILIS-LATENT

OVERVIEW

Reported Chlamydia and Gonorrhea Cases: Philadelphia, 2010-2019

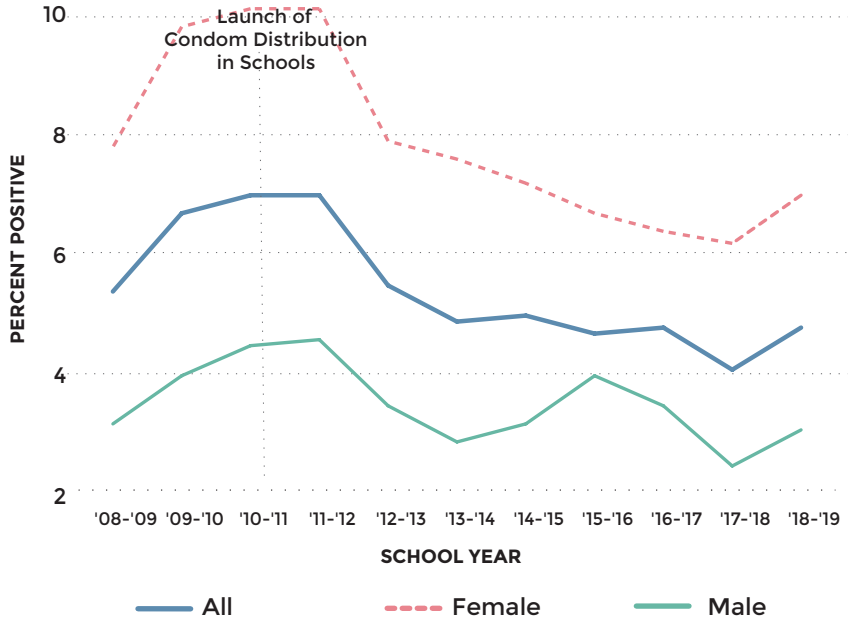


Primary & Secondary and Early Latent Syphilis: Philadelphia, 2010-2019



OVERVIEW (Cont.)

Percent of Philadelphia Public High School Students Testing Positive for Chlamydia and/or Gonorrhea: Philadelphia, by School Year 2008-2019

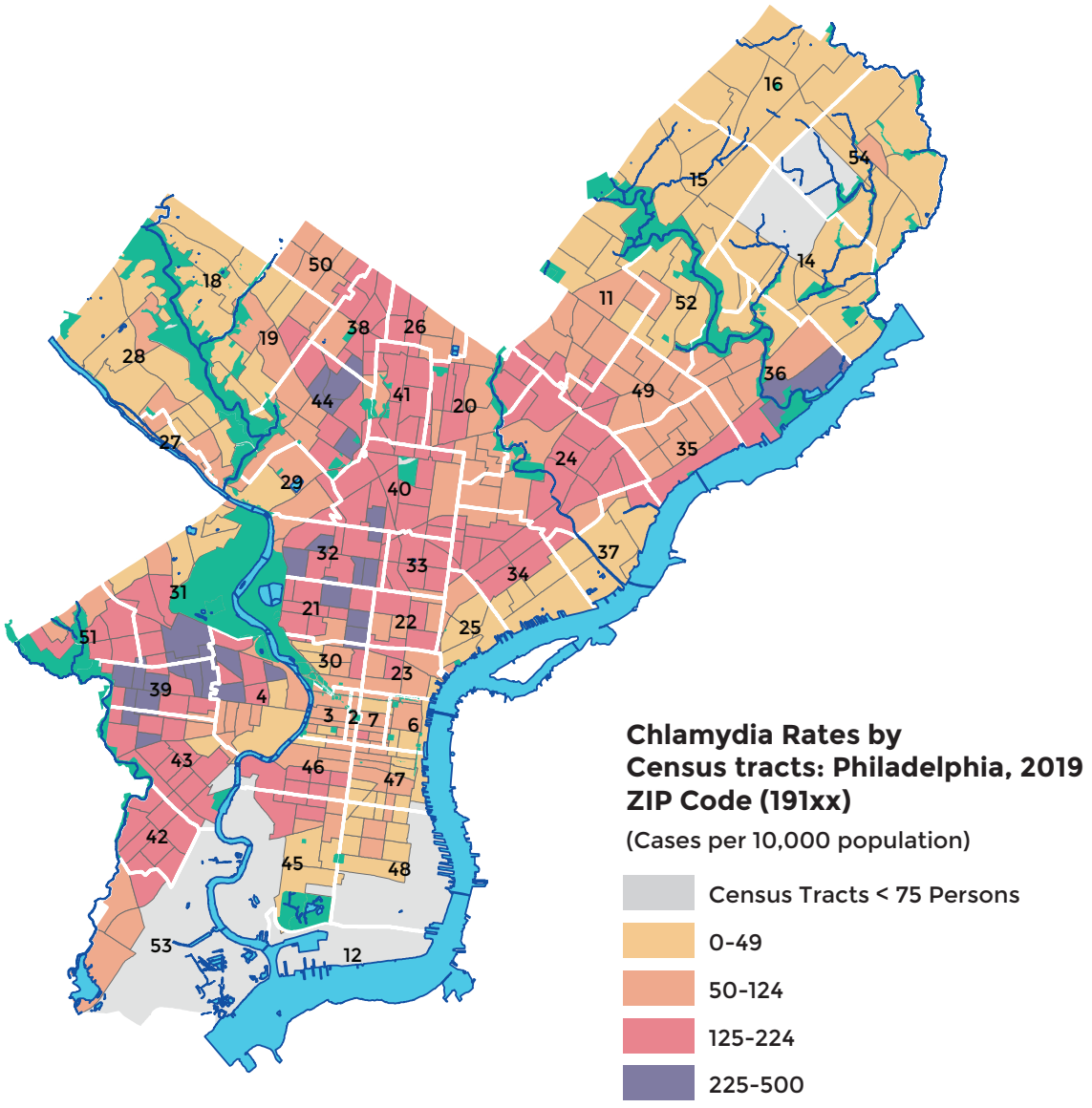


Percent of Philadelphia Public High School Students Testing Positive for Chlamydia and/or Gonorrhea: Philadelphia, by School Year 2008-2019

	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19
	%	%	%	%	%	%	%	%	%	%	%
Male	3.1	3.9	4.4	4.5	3.4	2.8	3.1	3.9	3.4	2.4	3.0
Female	7.7	9.7	10	10	7.8	7.5	7.1	6.6	6.3	6.1	6.9
Total	5.3	6.6	6.9	6.9	5.4	4.8	4.9	4.6	4.7	4.0	4.7

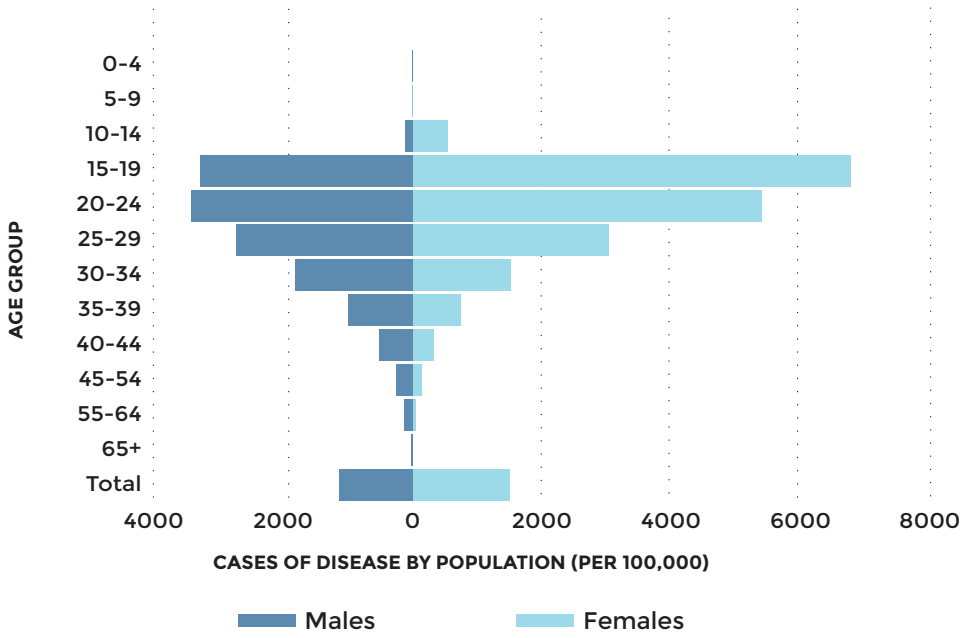
CHLAMYDIA

(*Chlamydia trachomatis*)



CHLAMYDIA (Cont.)

Rates of Chlamydia by Age and Gender: Philadelphia, 2019



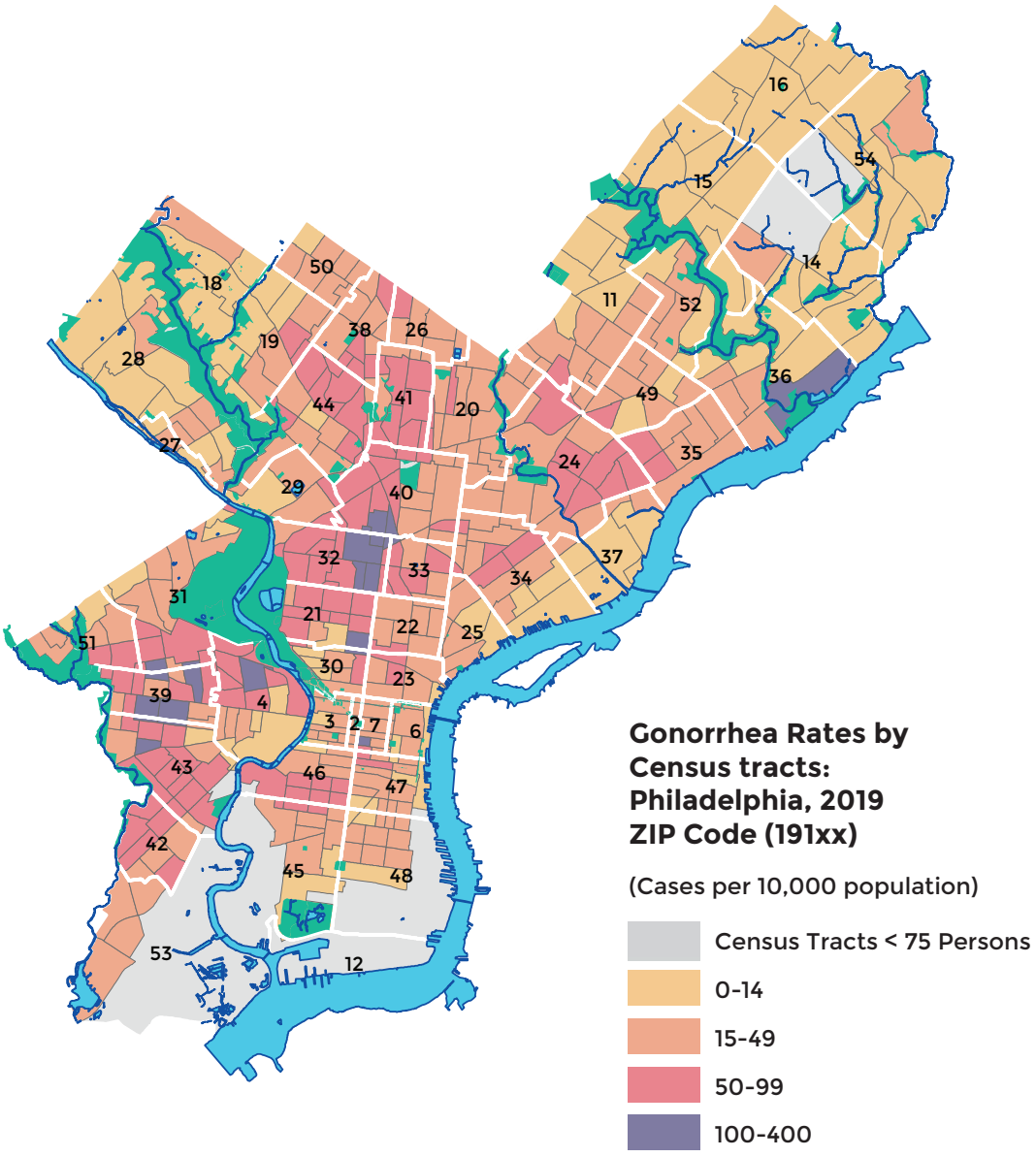
Number of Chlamydia Reports by Age, Gender, and Region: Philadelphia, 2019

	NE		NW		N		CC		S		W/SW		Total*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Male														
0-14 Yrs	6	0	<6	--	26	0	<6	--	<6	--	15	0	52	1
15-19 Yrs	233	3	58	1	952	12	31	0	95	1	541	7	1,910	23
20-24 Yrs	362	4	87	1	1,150	14	77	1	168	2	580	7	2,424	30
25-34 Yrs	365	4	93	1	1,084	13	247	3	307	4	626	8	2,722	33
35+ Yrs	129	1	43	1	397	5	118	1	120	1	220	3	1,027	13
Female														
0-14 Yrs	19	0	10	0	136	1	7	0	<10	--	70	1	252	2
15-19 Yrs	463	4	129	1	2,220	18	80	1	200	2	958	8	4,050	33
20-24 Yrs	500	4	181	1	2,022	17	134	1	269	2	961	8	4,067	33
25-34 Yrs	361	3	103	1	1,441	12	136	1	243	2	743	6	3,027	25
35+ Yrs	116	1	29	0	358	3	34	0	47	0	159	1	743	6
	2,556	12.6	734	3.6	9,805	48.3	865	4.3	1,465	7.2	4,878	24.0	20,303	

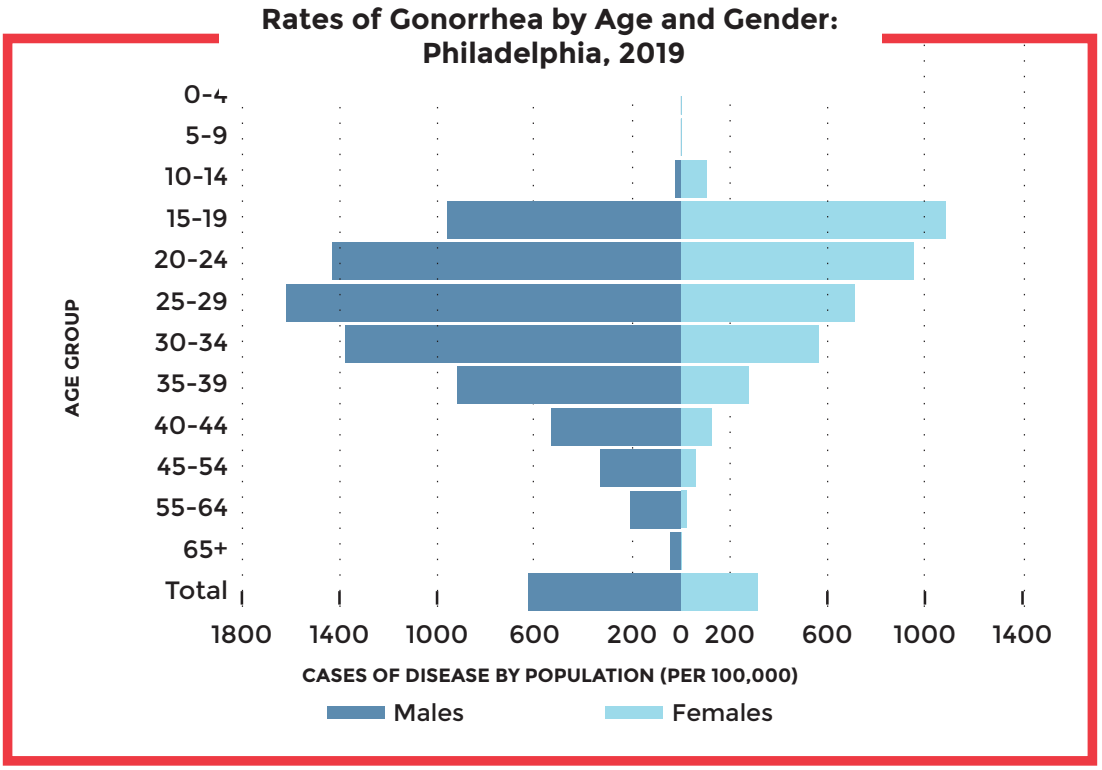
*unknown=51

GONORRHEA

(*Neisseria gonorrhoeae*)



GONORRHEA (Cont.)



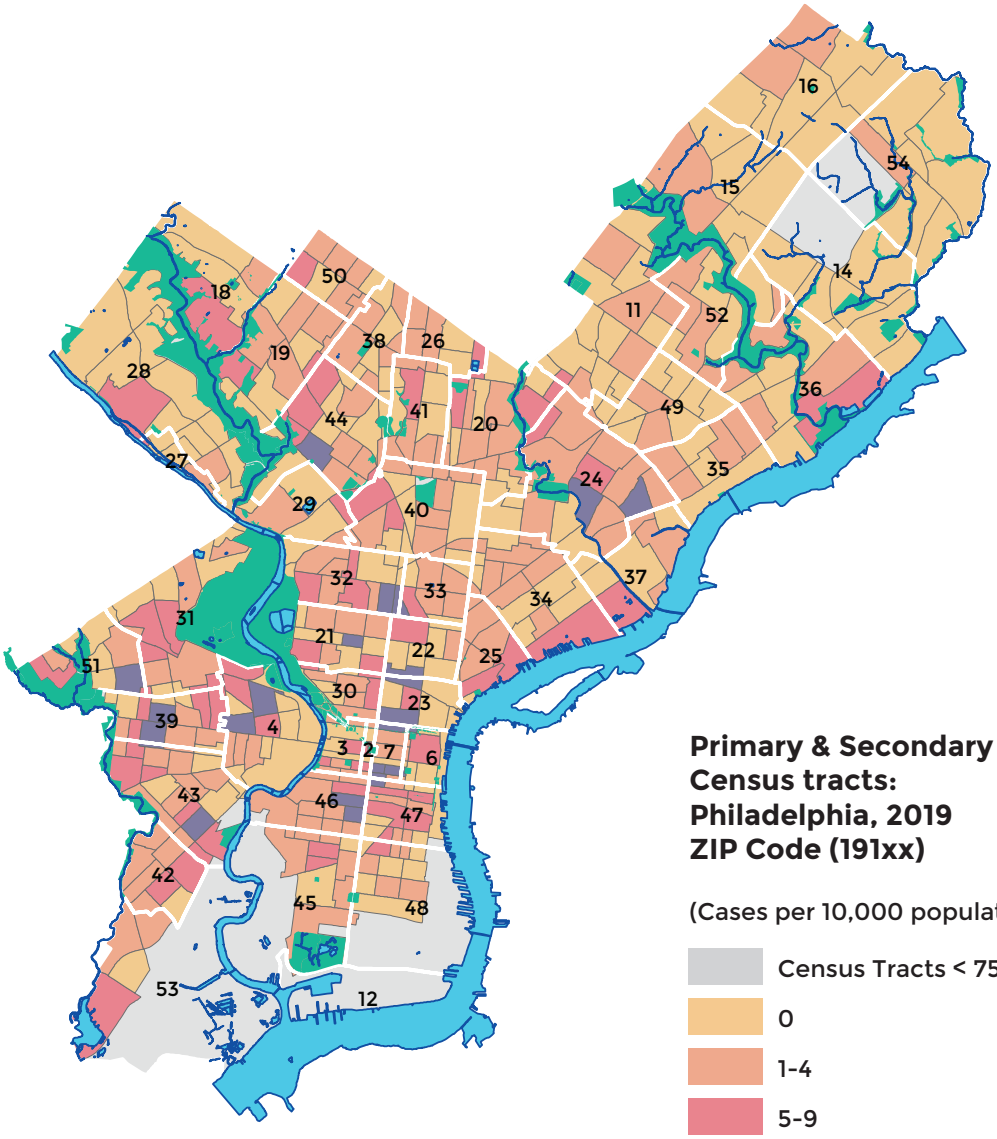
Number of Gonorrhea Reports by Age, Gender, and Region: Philadelphia, 2018

	NE		NW		N		CC		S		W/SW		Total*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Male														
0-14 Yrs	<6	--	<6	--	6	0	<6	--	<6	--	<6	0	10	0
15-19 Yrs	68	2	15	0	272	6	14	0	26	1	164	4	559	12
20-24 Yrs	124	3	27	1	484	11	35	1	75	2	266	6	1,011	22
25-34 Yrs	174	4	59	1	727	16	150	3	248	6	416	9	1,774	39
35+ Yrs	124	3	40	1	441	10	130	3	155	3	256	6	1,146	25
Female														
0-14 Yrs	<6	--	<6	--	24	0	<6	--	<6	--	10	0	48	2
15-19 Yrs	46	2	32	1	341	14	19	1	31	1	180	7	649	26
20-24 Yrs	71	3	29	1	380	15	14	1	36	1	189	8	719	29
25-34 Yrs	97	4	17	1	444	17	19	1	52	2	197	8	826	33
35+ Yrs	36	1	6	0	151	6	14	1	12	0	60	2	279	11
Grand	746	11	230	3	3,274	47	398	6	641	9	1,741	25	7,030	100

*unknown=13

SYPHILIS–PRIMARY & SECONDARY

(*Treponema pallidum*)



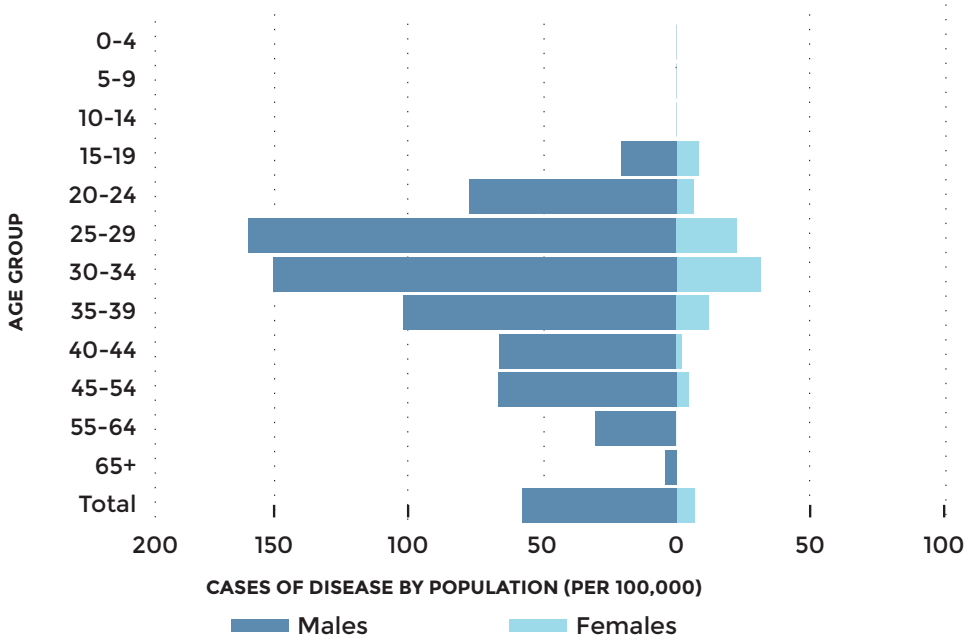
Primary & Secondary Syphilis
Census tracts:
Philadelphia, 2019
ZIP Code (191xx)

(Cases per 10,000 population)

- Census Tracts < 75 Persons
- 0
- 1-4
- 5-9
- 10-400

SYPHILIS–PRIMARY & SECONDARY (Cont.)

Rates of Primary & Secondary Syphilis by Age and Gender: Philadelphia, 2019



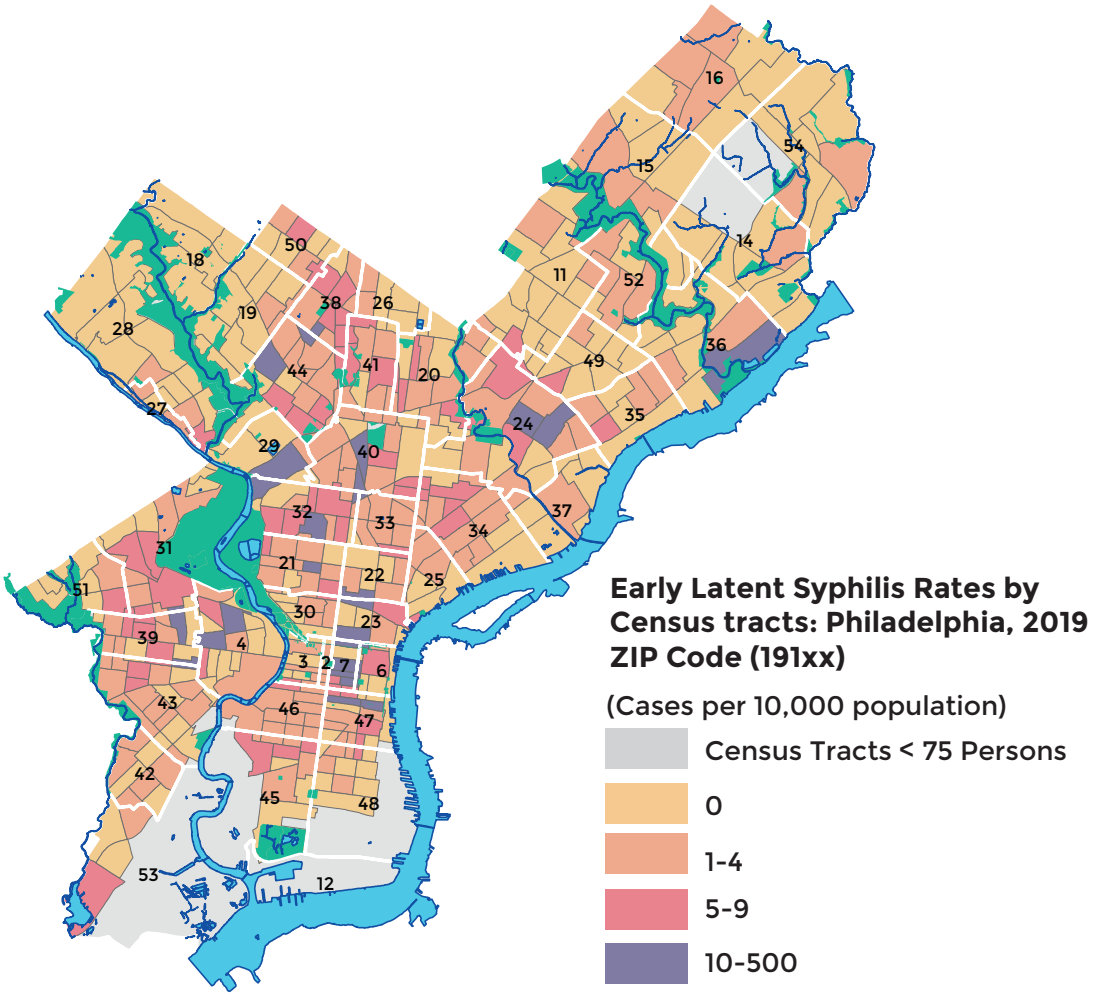
Number of Primary & Secondary Syphilis Reports by Age and Region: Philadelphia, 2019

	NE		NW		N		CC		S		W/SW		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Age														
0-24 Yrs	<6	--	<6	--	38	8	<6	--	8	2	20	4	75	16
25-34 Yrs	15	3	12	3	78	17	27	6	27	6	57	12	216	46
35+ Yrs	18	4	6	1	69	15	18	4	25	5	38	8	174	37
Total	37	8	20	4	185	40	48	10	60	13	115	25	465*	100

*Unknown=5

SYPHILIS-EARLY LATENT

(*Treponema pallidum*)



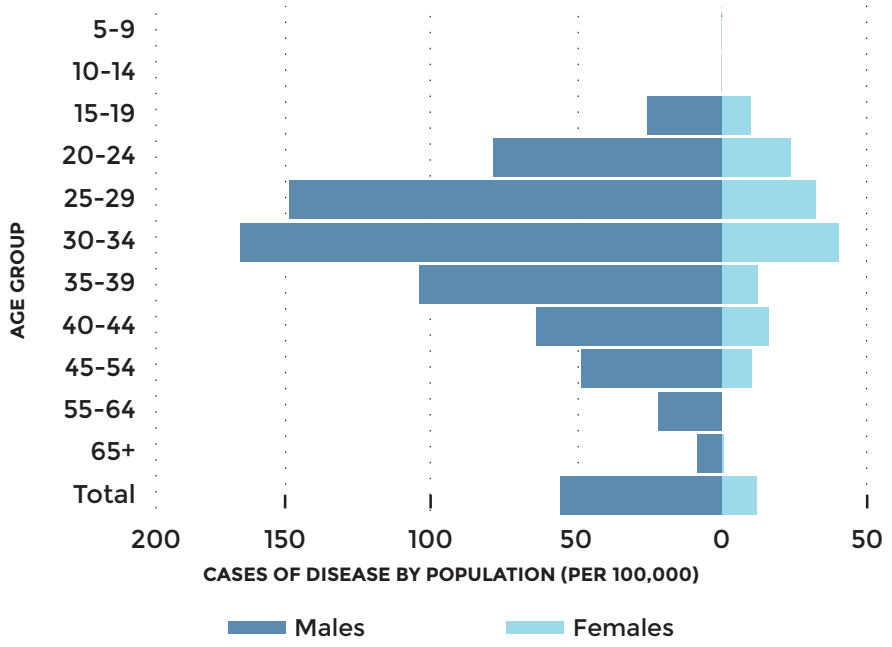
Number of Early Latent Syphilis Reports by Age and Region: Philadelphia, 2019

	NE		NW		N		CC		S		W/SW		Total*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Age														
0-24 Yrs	16	3	<6	--	44	9	<6	--	<6	--	25	5	96	20
25-34 Yrs	26	5	<10	--	104	21	<25	--	29	6	46	9	228	46
35+ Yrs	13	3	<6	--	69	14	25	5	24	5	31	6	167	34
Total	55	11	16	3	217	44	43	9	58	12	102	21	491	100

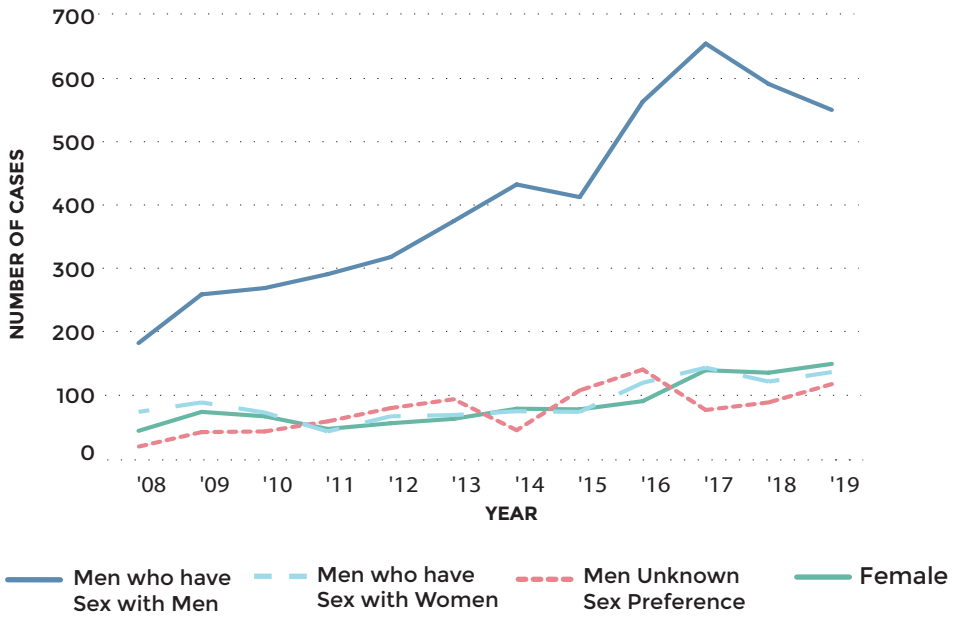
*unknown=3

SYPHILIS-EARLY LATENT (Cont.)

Rates of Early Latent Syphilis by Age and Gender: Philadelphia, 2019



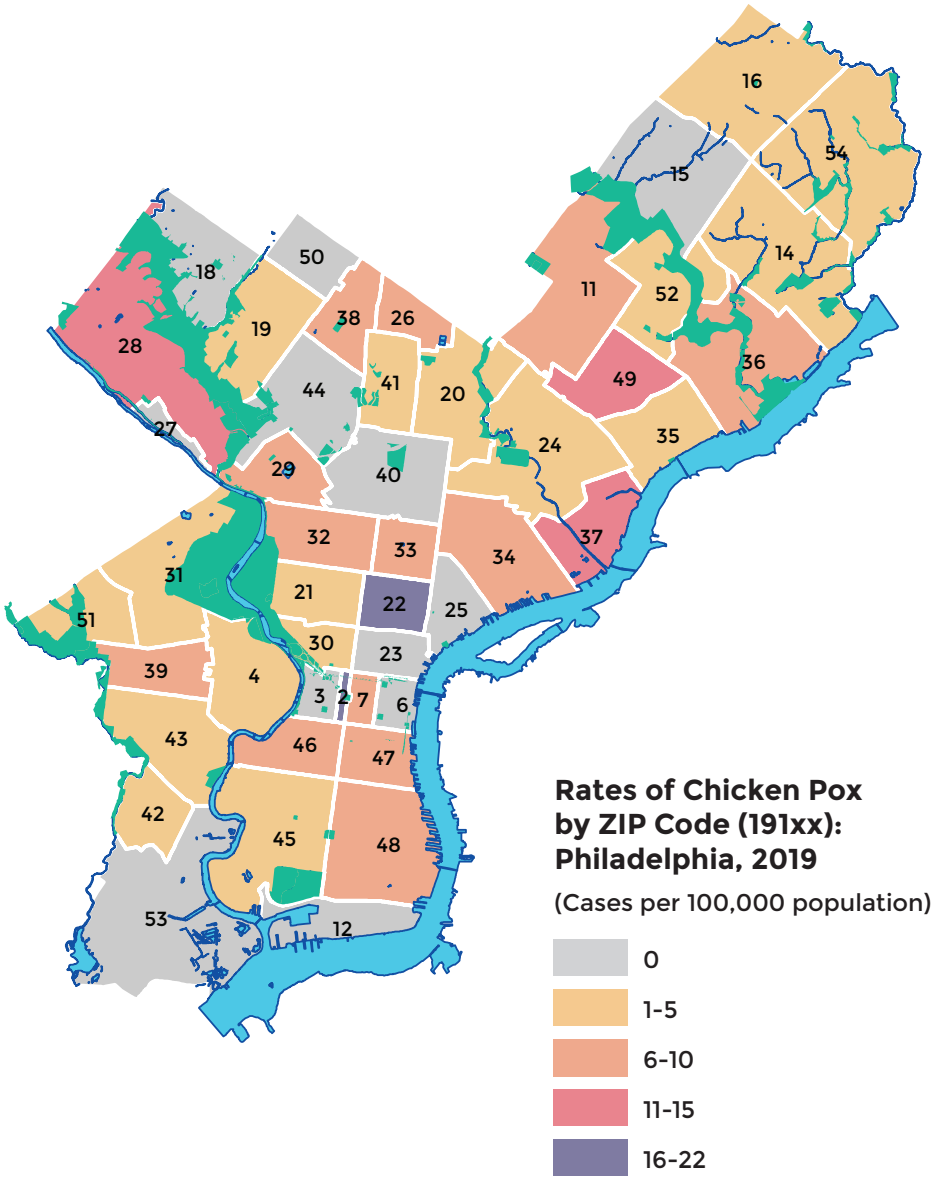
Primary & Secondary and Early Latent Syphilis Cases by Year and Risk Group: Philadelphia, 2008-2019



7 VACCINE-PREVENTABLE DISEASES

CHICKEN POX
MENINGOCOCCAL DISEASE
PERTUSSIS

CHICKEN POX
(Varicella zoster virus)



CHICKEN POX (Cont.)

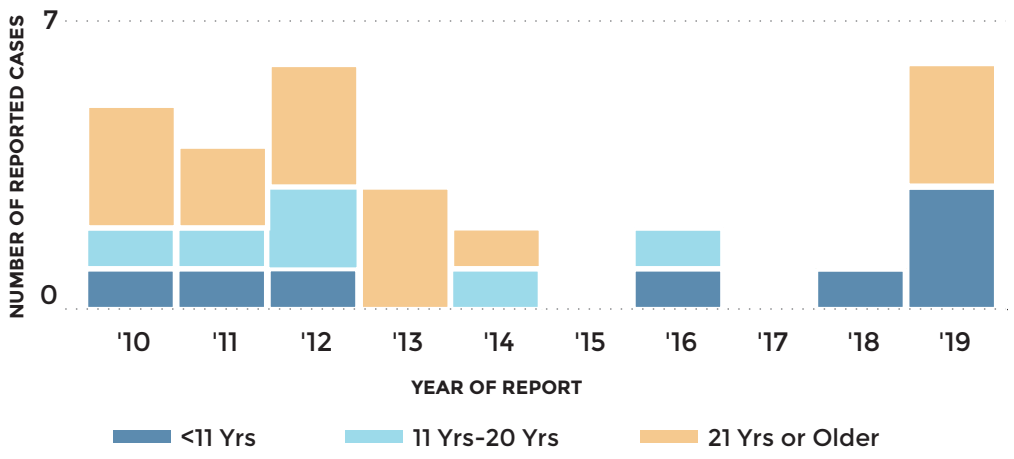
Number of Chicken Pox Reports by Age and Gender: Philadelphia, 2019

	0–4 Years		5–11 Years		12–25 Years		26+ Years		Total	
	n	%	n	%	n	%	n	%	n	%
Male	12	15.6	12	15.6	6	7.8	13	16.9	43	55.8
Female	8	10.4	6	7.8	10	13.0	10	13.0	34	44.2
Total	20	26.0	18	23.4	16	20.8	23	29.9	77	100

MENINGOCOCCAL DISEASE

(*Neisseria meningitidis*)

Invasive Meningococal Disease by Age Group: Philadelphia, 2010-2019



OF NOTE

In 2019, 11,937 individuals aged 16-23 years from Philadelphia received ≥ 1 dose of meningococcal B vaccine, which provides short-term protection against most strains of serogroup B meningococcal disease. It should be noted that meningococcal B vaccine is administered following shared clinical decision making between the provider and the patient (Category B Recommendation).

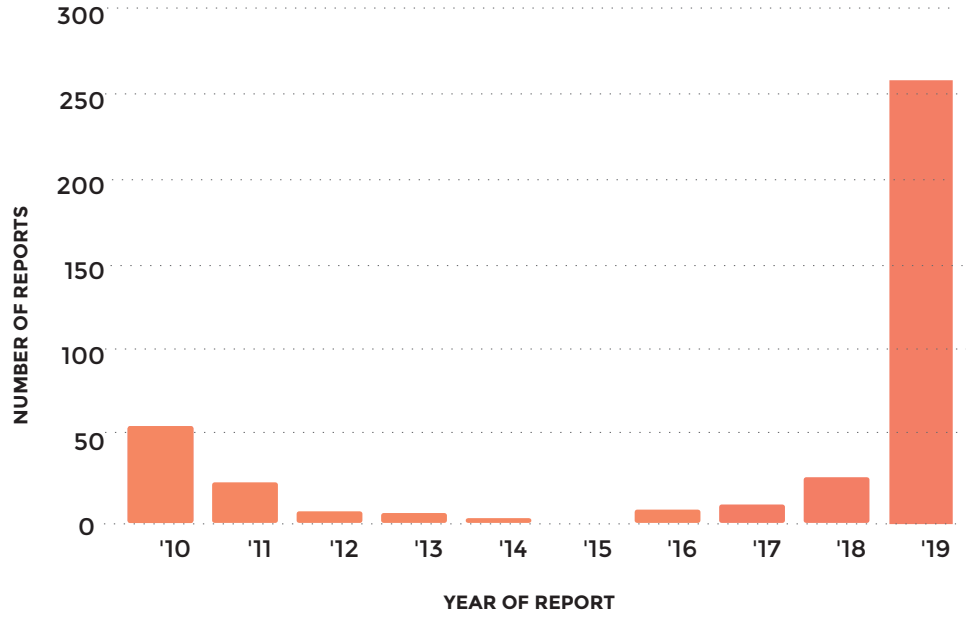
In the spring of 2019, a cluster of meningococcal disease was reported as being associated with a church. The cluster consisted of 2 confirmed cases, including a young child and an adult. To control further transmission within the church community, PDPH provided antibiotic chemoprophylaxis to 101 church members. Additionally, one case of ciprofloxacin-resistant, beta-lactamase-producing Neisseria meningitidis serogroup Y was identified in 2019.

Reports of Meningococal Disease by Serogroup Per Year: Philadelphia, 2009-2019

Serogroup	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Total N (%)
B	8	1	1	2	0	1	0	1	0	0	3	17 (41%)
C	1	1	0	1	0	0	0	0	0	0	0	3 (7%)
W	1	0	0	0	0	0	0	0	0	0	0	1 (2%)
X	0	0	1	0	0	0	0	0	0	0	0	1 (2%)
Y	2	2	2	2	2	0	0	0	0	0	1	11 (27%)
Z	0	0	0	0	0	0	0	0	0	0	0	0 (0%)
Nontypeable	0	1	0	1	1	1	0	1	0	1	2	8 (20%)
Total	12	5	4	6	3	2	0	2	0	1	6	41 (100%)

MUMPS

Reported Cases of Mumps by Year of Report: Philadelphia, 2010-2019



OF NOTE

In the spring of 2019, two large university-affiliated mumps outbreaks were identified and investigated. At University A, 188 mumps cases associated with the outbreak were identified. Cases primarily occurred among undergraduate students (171, 91%). Among cases with vaccination records available (n=132), the majority were highly vaccinated with at least 2 doses of measles, mumps, and rubella (MMR) vaccine before onset (122, 92%). At University B, 33 mumps cases associated with the outbreak were identified. Similar to the University A outbreak, the majority of mumps cases were highly vaccinated with at least 2 doses of MMR vaccine (n=31, 94%). To control further transmission, a third dose of MMR vaccine was recommended for both outbreaks. A total of 5,790 doses were subsequently administered to individuals ages 18 to 24 years old in Philadelphia County during the outbreak period. University A and PDPH held two large-scale MMR vaccine clinics on campus where the majority (66%) of the MMR doses were administered.

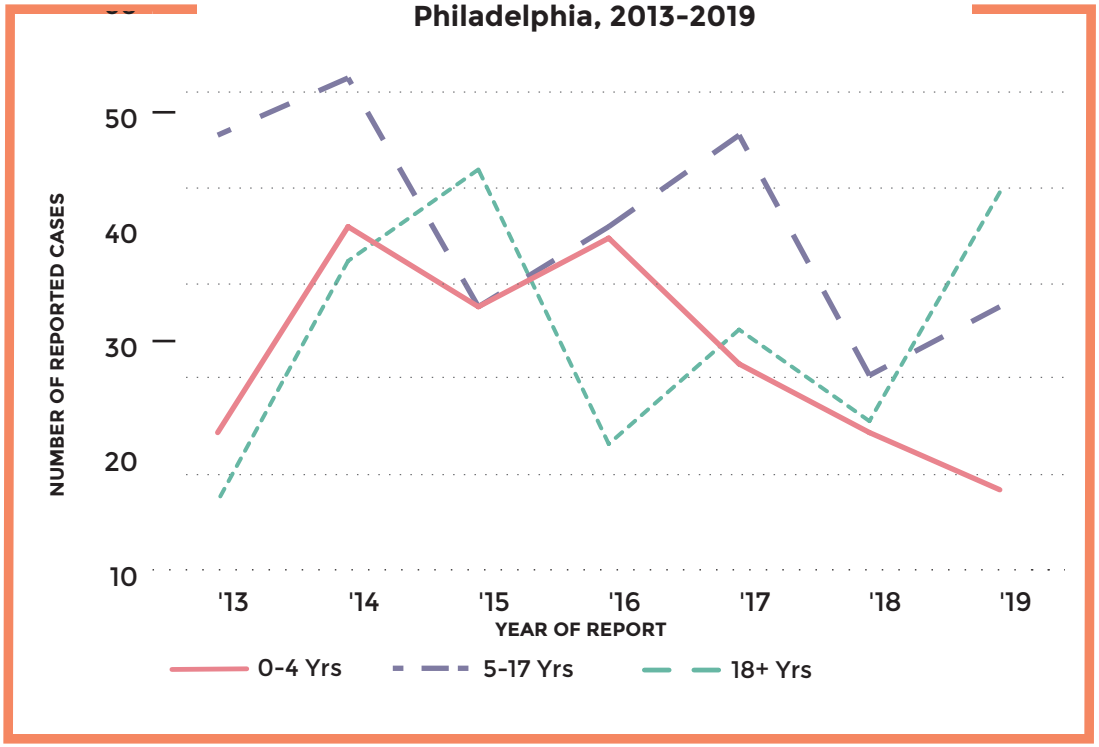
Number of Mumps Reports by Age and Gender: Philadelphia, 2019

	0-5 Years		6-14 Years		15-24 Years		25-29 Years		30+ Years		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Male	9	3.5	30	11.6	70	27.1	10	3.8	12	4.7	131	50.8
Female	7	2.7	41	15.9	64	24.8	8	3.1	7	2.7	127	49.2
Total	16	6.2	71	27.5	134	51.9	18	7.0	19	7.4	258	100

*unknown=1

PERTUSSIS
(*Bordetella pertussis*)

Pertussis Disease by Age Group: Philadelphia, 2013-2019



OF NOTE

In the fall of 2019, a pertussis outbreak among students occurred at a private high school in Philadelphia. Eighteen cases (14 confirmed, 4 suspect cases with cough illness and no testing) associated with the outbreak were identified. All but one case resided in Philadelphia. The majority of outbreak-related cases were up to date on pertussis containing vaccine (14, 78%). To control further transmission within the school, PDPH recommended post-exposure chemoprophylaxis for immunocompromised persons and close contacts of cases.

Number of Pertussis Reports by Age and Gender: Philadelphia, 2019

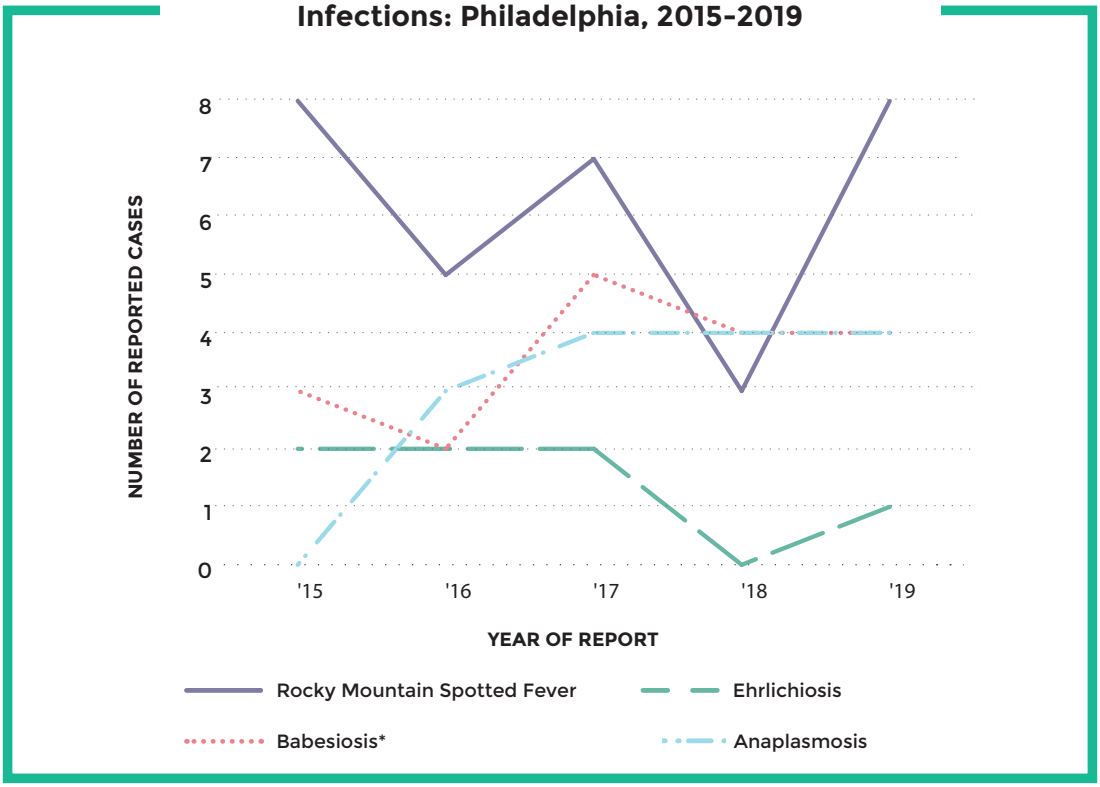
	0-4 Years		5-17 Years		18+ Years		Total	
	n	%	n	%	n	%	n	%
Male	7	7.5	17	18.3	15	16.1	39	41.9
Female	10	10.8	16	17.2	28	30.1	54	58.1
Total	17	18.3	33	35.5	43	46.2	93	100

VECTOR-BORNE DISEASES

TICKBORNE INFECTIONS
ARBOVIRAL INFECTIONS
ZIKA VIRUS
LYME DISEASE
MALARIA
WEST NILE VIRUS

TICKBORNE INFECTIONS

Reported Cases of Other Non-Lyme Tickborne Infections: Philadelphia, 2015-2019



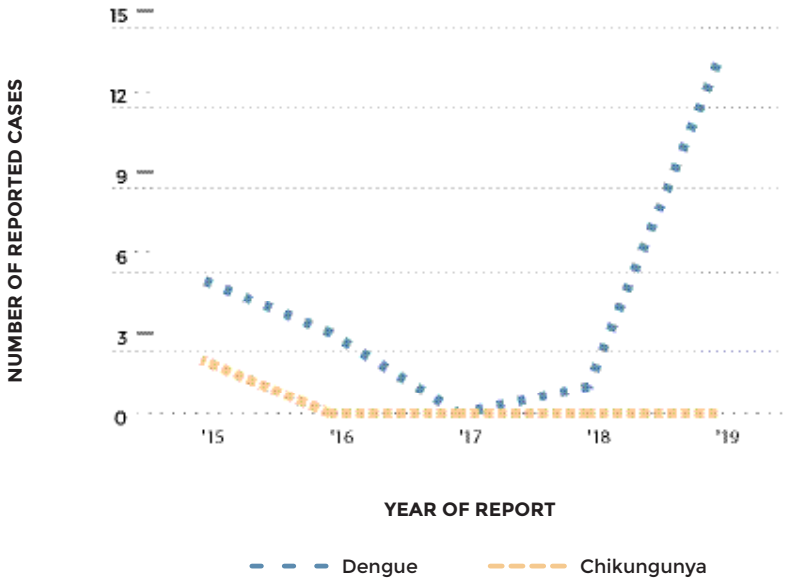
Reported Cases of Other Non-Lyme Tickborne Infections: Philadelphia, 2015-2019

	2015	2016	2017	2018	2019	Total
Anaplasmosis	0	3	4	4	4	15
Babesiosis*	3	2	5	4	4	18
Ehrlichiosis	2	2	2	0	1	7
Rocky Mountain Spotted Fever	8	5	7	3	8	31
Total	13	12	18	11	17	71

*Babesiosis includes locally-acquired and travel-associated infections as well as transfusion-associated cases

ARBOVIRAL INFECTIONS

Reported Cases of Travel-associated Arboviral Infections: Philadelphia, 2015-2019



Demographics of Travel Associated Arboviral Infections: Philadelphia, 2014-2019

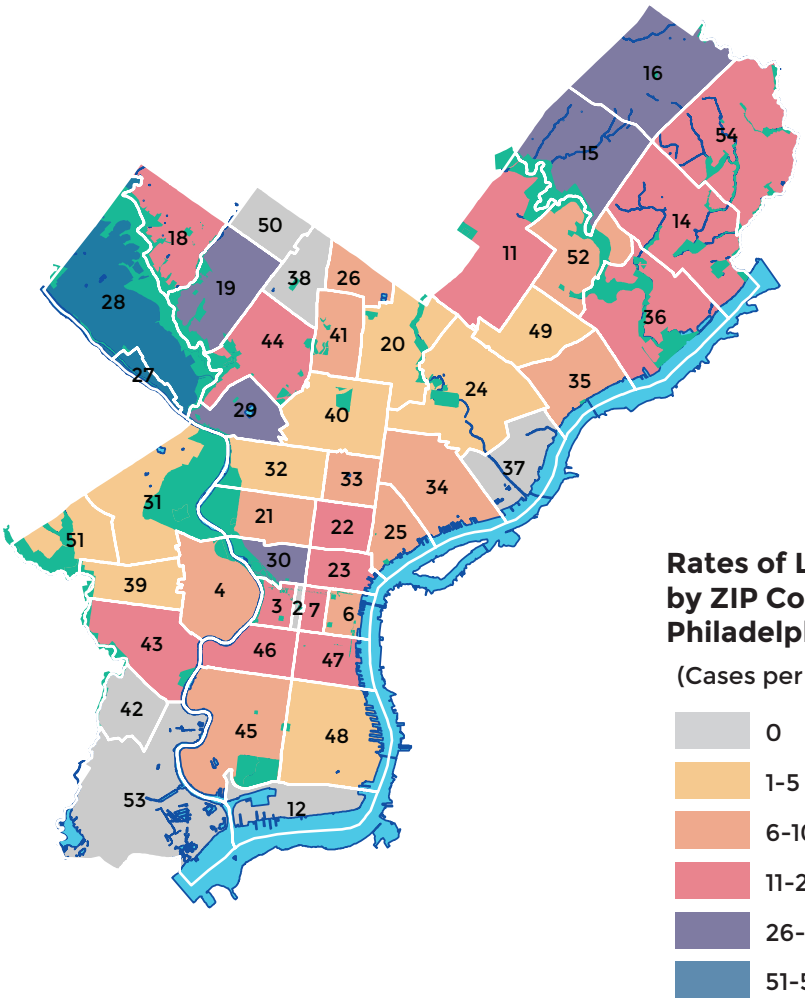
	Chikungunya		Dengue	
	n= 44	%	n= 35	%
Female	34	77	10	28
Foreign Born	31	70	8	23
Median Age (Range) Years	42.5	(5-78)	35.5	(5-64)

Outcomes of Travel-associated Arboviral Infections: Philadelphia, 2014-2019

	Chikungunya		Dengue	
	n= 44	%	n= 35	%
Hospitalized	9	20	13	37
Death	0	0	0	0

LYME DISEASE

(*Borrelia burgdorferi*)



Rates of Lyme Disease by ZIP Code (191xx): Philadelphia, 2019

(Cases per 100,000 population)

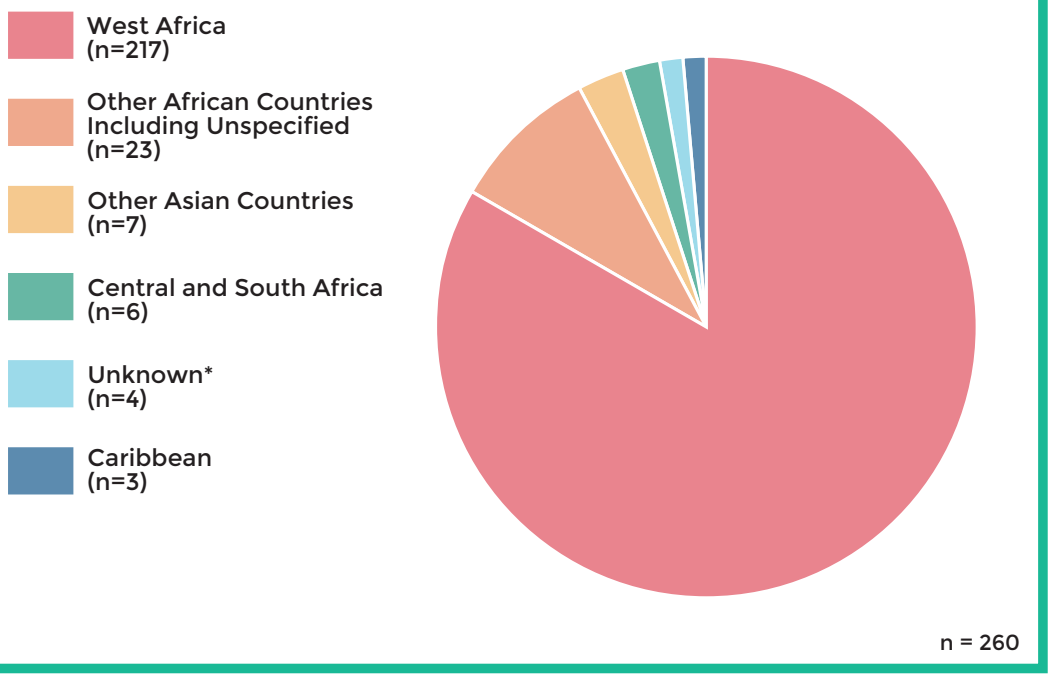
- 0
- 1-5
- 6-10
- 11-25
- 26-50
- 51-55

Number of Lyme Disease Reports by Age and Gender: Philadelphia, 2019

	0-14 Years		15-34 Years		35-60 Years		61+ Years		Total	
	n	%	n	%	n	%	n	%	n	%
Male	16	8.8	36	19.9	35	19.3	25	13.8	112	61.9
Female	17	9.4	21	11.6	16	8.8	15	8.3	69	38.1
Total	33	18.2	57	31.5	51	28.2	40	22.1	181	100

MALARIA
(*Plasmodia spp.*)

Reported Cases of Malaria by Travel History: Philadelphia, 2010-2019



*Includes one cryptic case with unknown source of infection and one congenital case

WEST NILE VIRUS

OF NOTE

During the 2019 season, 3 Philadelphia residents developed West Nile Virus (WNV) infections (3 neuro-invasive WNV and 0 WNV fever). All cases occurred in adults >50 years of age and required hospitalization. Cumulative WNV positivity in mosquitoes collected during the 2019 season was lower than 2018 (12% vs 38%), but higher than the historic median rate (4%). The final 2019 West Nile Virus Season Summary can be found on the Health Information Portal: https://hip.phila.gov/data-reports-statistics/west-nile-virus/

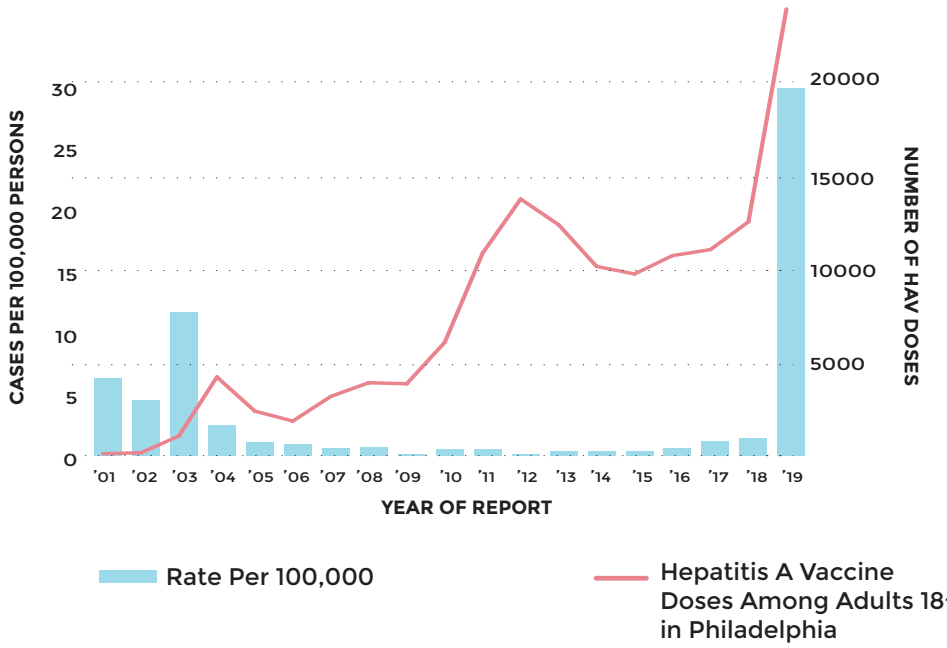
9 VIRAL HEPATITIS

INFECTIONS

HEPATITIS A
HEPATITIS B & C-ACUTE
HEPATITIS B-CHRONIC
HEPATITIS B & C-PERINATAL
HEPATITIS C-CHRONIC

HEPATITIS A
(Hepatitis A virus)

Rates of Hepatitis A: Philadelphia, 2001–2019

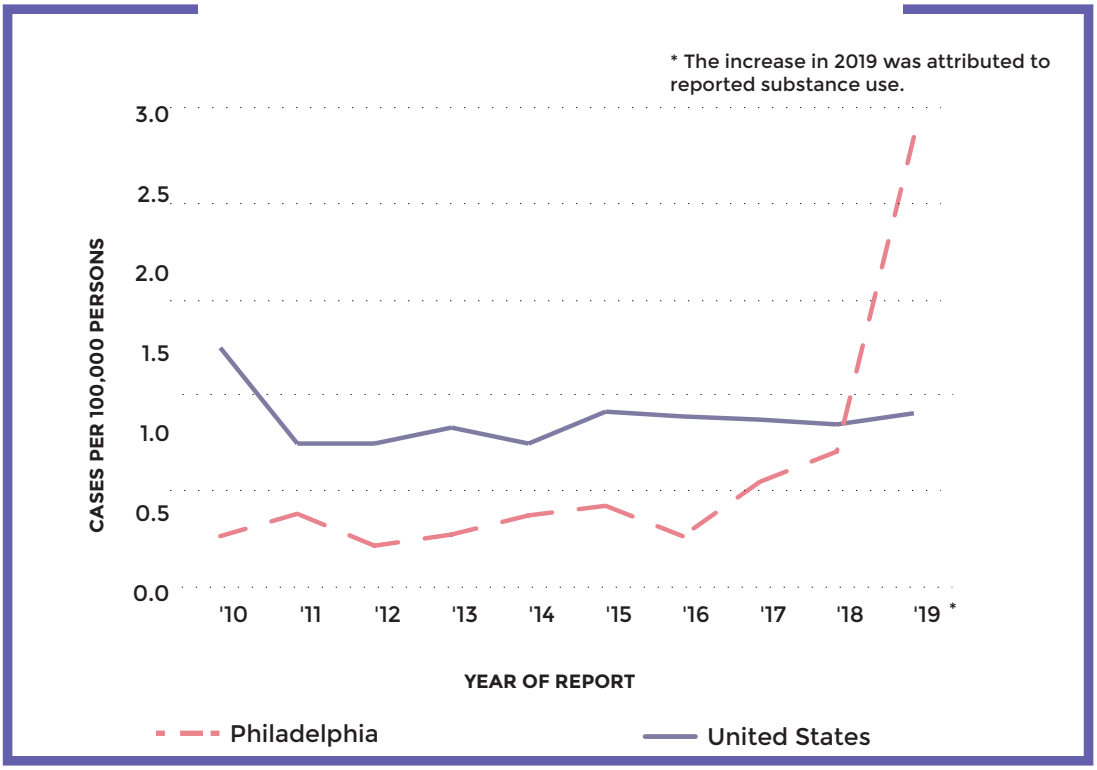


OF NOTE

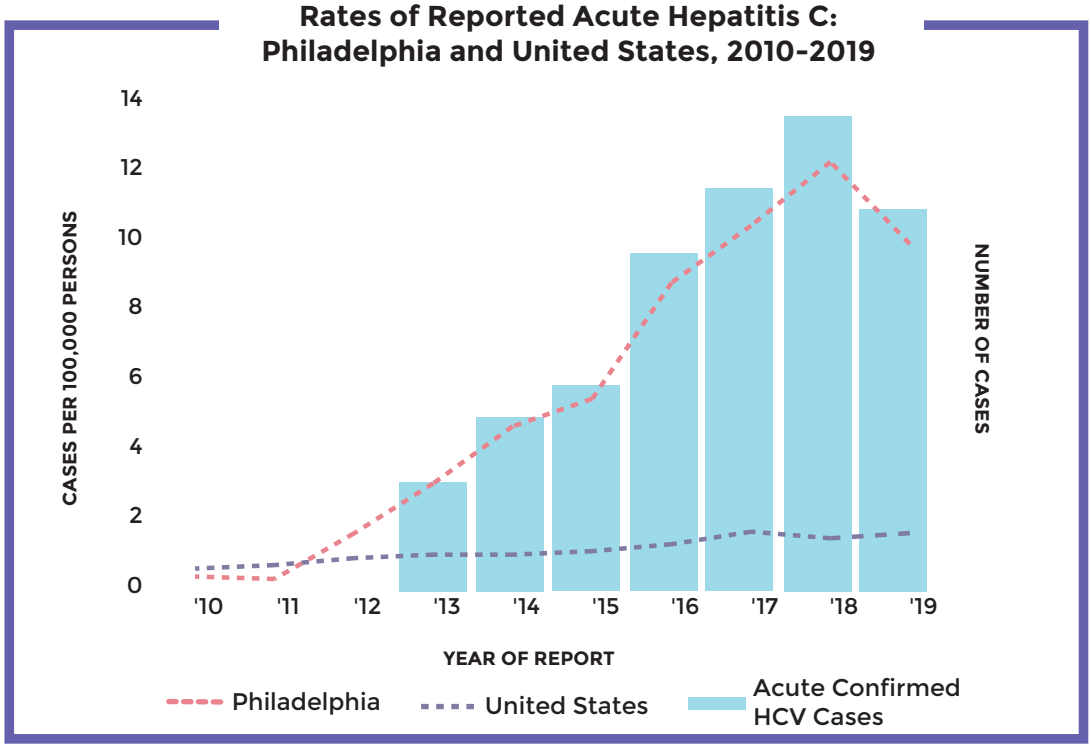
In August of 2019, PDPH declared an outbreak of hepatitis A, coinciding with a national increase that began in 2017. PDPH identified 440 confirmed cases of hepatitis A during 2019, primarily among persons who use drugs and persons experiencing homelessness (265, 60%). New cases peaked in August, followed by a steady decline in the final months of 2019. Median age of the hepatitis A cases was 38 (range: 6 - 80 years). Most hepatitis A cases were hospitalized (362, 82%) and 4 (1%) infections were fatal. Through targeted outreach and collaboration with partner agencies, PDPH greatly increased hepatitis A vaccination among persons at-risk for hepatitis A.

HEPATITIS-ACUTE
(Hepatitis B & C virus)

**Rates of Reported Acute Hepatitis B:
Philadelphia and United States, 2010-2019**

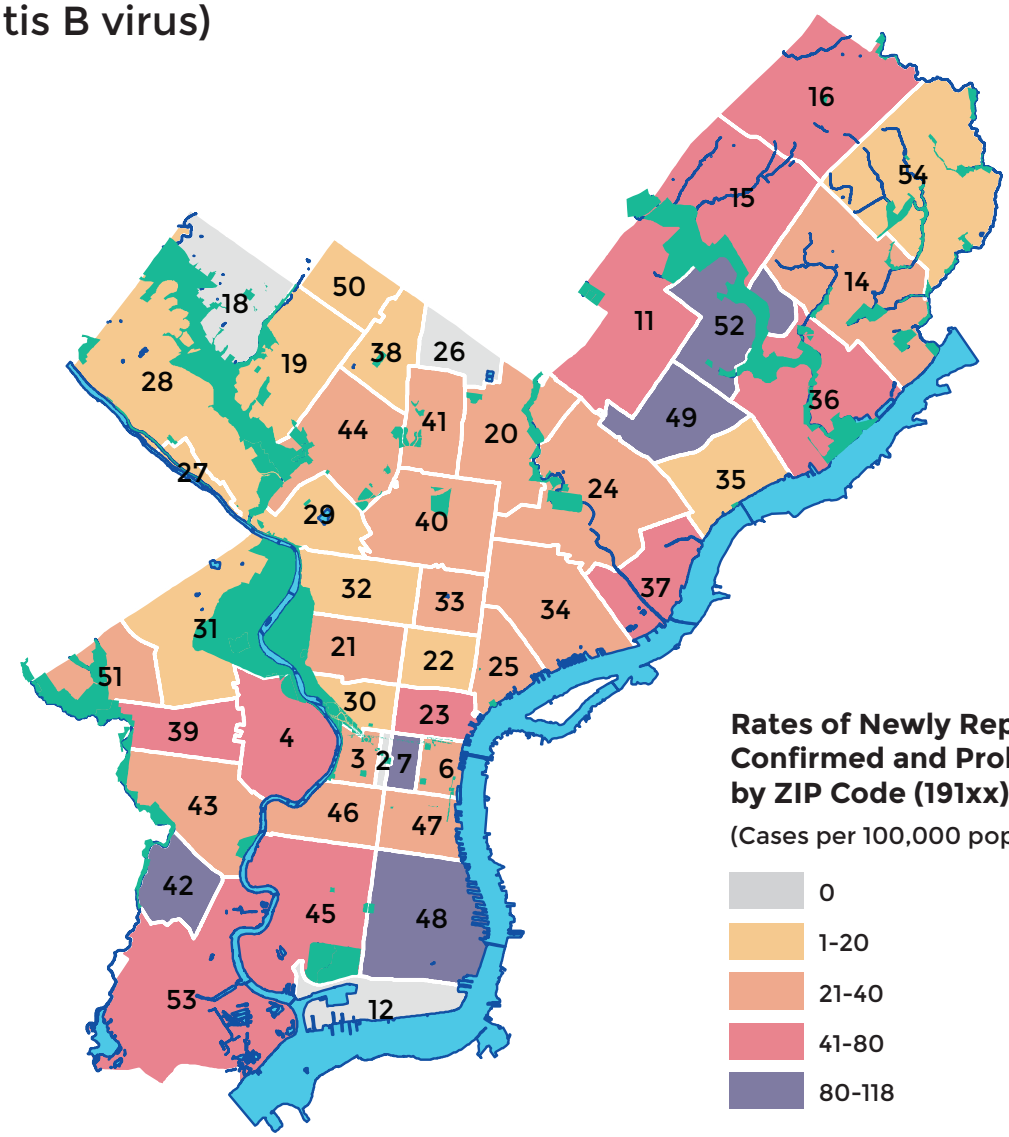


**Rates of Reported Acute Hepatitis C:
Philadelphia and United States, 2010-2019**



HEPATITIS B-CHRONIC

(Hepatitis B virus)



Rates of Newly Reported Chronic Confirmed and Probable HBV Infection by ZIP Code (191xx): Philadelphia, 2019

(Cases per 100,000 population)

- 0
- 1-20
- 21-40
- 41-80
- 80-118

Number of Newly-reported Chronic Hepatitis B Reports by Age and Gender: Philadelphia, 2019

	0-30 Years		31-45 Years		46-65 Years		66+ Years		Total*	
	n	%	n	%	n	%	n	%	n	%
Male	67	10.0	163	24.3	136	20.3	42	6.3	408	60.9
Female	52	7.8	108	16.1	78	11.6	24	3.6	262	39.1
Total	119	17.8	271	40.5	214	31.9	66	9.6	670	100

*9 had missing age

HEPATITIS-PERINATAL
(Hepatitis B & C virus)

Comparison of Perinatal Hepatitis B: Philadelphia 2011-2018

	2011	2012	2013	2014	2015	2016	2017	2018
Total Birthing Person-Infant Pairs Followed	131	171	153	164	155	174	131	139
Total Children Receiving HBIG** Within One Calendar Day of Birth	129 (98%)	154 (90%)	140 (92%)	23 (14%)	81 (52%)	157 (90%)	118 (90%)	135 (97%)
Total Children Receiving Birth HepB Vaccine Within One Calendar Day of Birth	129 (98%)	167 (98%)	150 (98%)	22 (23%)	128 (83%)	163 (94%)	121 (92%)	139 (100%)
Total Children Receiving 3 HBV Vaccines in 1 Year	114 (87%)	167 (98%)	134 (88%)	139 (85%)	120 (77%)	154 (89%)	121 (92%)	124 (92%)
Children HBsAg+*** at Screening (9-12 months old)	0	1 (<1%)	0	0	1 (<1%)	0	0	0

***HBIG: Hepatitis B Immunoglobulin*

****HBsAg+: Hepatitis B surface antigen positive*

OF NOTE

The Perinatal Hepatitis B Prevention Program offers education and case management services to any person who is pregnant/gives birth and has hepatitis B. This follow up extends to the infant until they are fully screened for hepatitis B infection and immunity.
*In 2014, the quality of HBIG and birth dose of hepatitis B vaccine data was insufficient and not accepted for many infants. However, PDPH does not expect there was a meaningful gap in services offered to infants that year.

Hepatitis C-positive Babies After Perinatal Exposure: Philadelphia, 2018

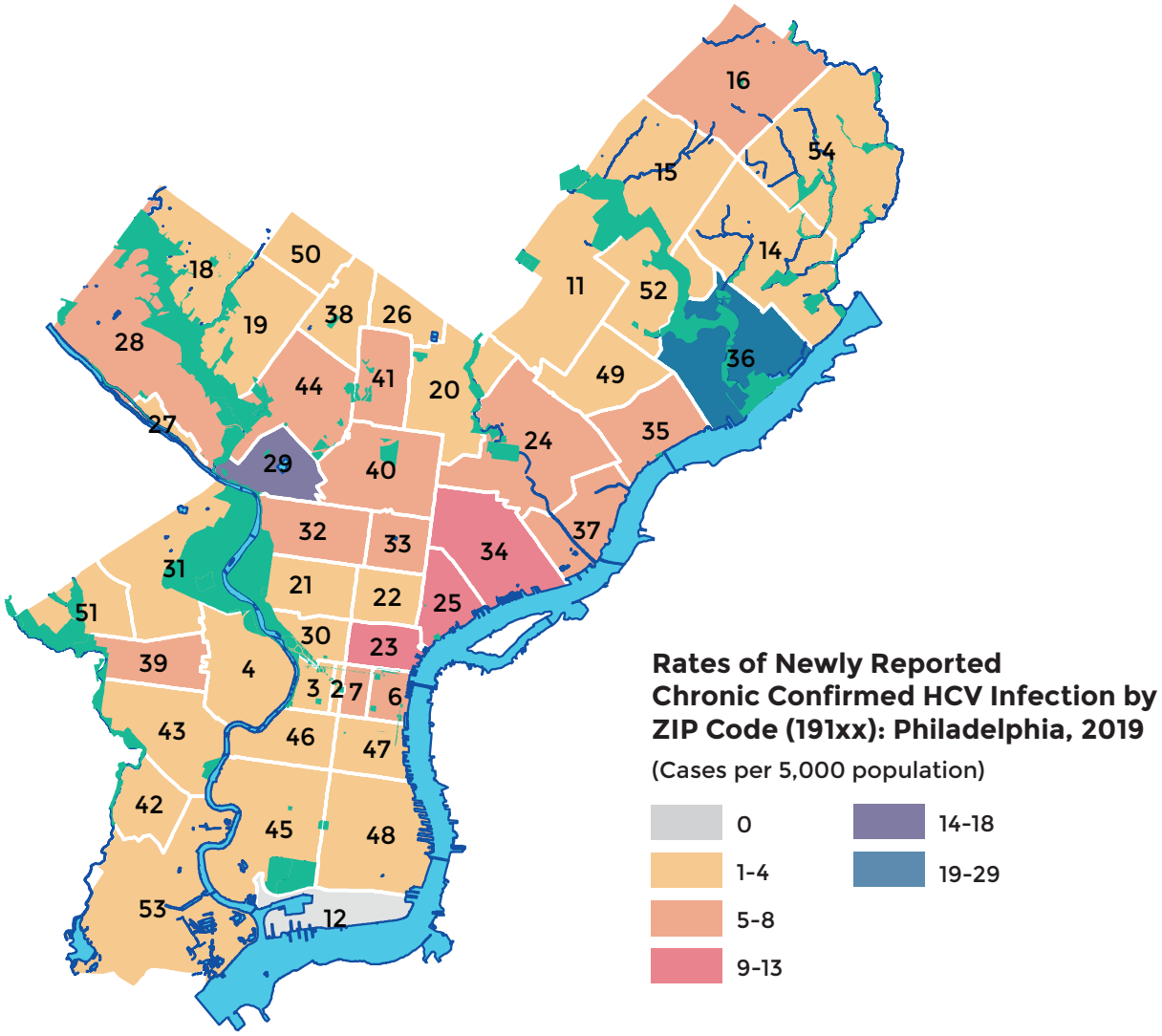
Year of Birth	Number Known Exposed	Infants with Completed Screening*	Infants Positive after Perinatal Exposure
2017	127	84	4
2018	107	60	5

OF NOTE

In 2016, PDPH formed the **nation's first Perinatal Hepatitis C Program.** The program aims to work with healthcare providers and birthing persons to: (1) identify hepatitis C-positive pregnant people, (2) encourage them to receive hepatitis C care, (3) work to ensure infants are tested appropriately for hepatitis C, (4) ensure hepatitis C-positive infants are linked to a specialist, and (5) characterize perinatal hepatitis C in Philadelphia.

HEPATITIS C-CHRONIC

(Hepatitis C virus)



Number of Newly-reported Chronic Hepatitis C Reports by Age and Gender: Philadelphia, 2019

	0-30 Years		31-45 Years		46-65 Years		66+ Years		Total*	
	n	%	n	%	n	%	n	%	n	%
Male	106	6.3	383	22.7	423	25.0	236	14.0	1148	67.9
Female	72	4.3	177	10.5	172	10.2	122	7.2	543	32.1
Total	178	10.5	560	33.1	595	35.2	358	21.2	1691	100

*8 had missing age

REPORTING DISEASES & CONDITIONS

NOTIFIABLE DISEASE LIST
REPORT FORM

Department of Public Health
CITY OF PHILADELPHIA

Division of Disease Control (DDC)

For more information, please visit: https://hip.phila.gov/

Call (215) 686-4514 for immediate reporting and consultation after hours, on weekends, and holidays.
Please note that you will need to **press 1 for Unified Dispatch** and ask to be connected with the Division of Disease Control on-call staff.

REPORTABLE DISEASES AND CONDITIONS

Acute flaccid myelitis*
Amebiasis
Animal bites (wild/stray/domestic)
Anthrax*
Arboviruses*
Babesiosis
Botulism*
Brucellosis*
Campylobacteriosis
Candida auris*
Carbapenem-resistant Enterobacteriaceae (CRE)
Chancroid
Chikungunya
Chlamydia trachomatis including lymphogranuloma venereum
Cholera*
Creutzfeldt-Jakob Disease
Cryptosporidiosis
Cyclosporiasis
Dengue
Diphtheria*
Ehrlichiosis/Anaplasmosis
Encephalitis*
Escherichia coli O157:H7 and Shiga toxin-producing bacteria*
Food poisoning*
Giardiasis
Gonococcal infections
Guillain-Barré Syndrome
Haemophilus influenzae, invasive disease*
Hantavirus Pulmonary Syndrome*
Hemorrhagic fever, all*
Hepatitis A
Hepatitis B, also including: pregnancy in a Hepatitis B infected woman
Hepatitis C, also including: pregnancy in a Hepatitis C infected woman
Hepatitis, other viral
Histoplasmosis
Human immunodeficiency virus (HIV/AIDS) ‡, also including:
- acute HIV infection*+
- birth of an infant to an HIV infected woman*^,
- new HIV positive result in a pregnant woman*^, and
- pregnancy in an HIV infected woman*^

Influenza (including novel influenza A*, pediatric deaths*, and institutional outbreaks*)
Lead poisoning †
Legionellosis
Leprosy (Hansen's disease)
Leptospirosis
Listeriosis
Lyme disease
Malaria
Measles (rubeola)*
Melioidosis*
Meningitis (viral, fungal, bacterial)
Meningococcal infections*
Mpox*
Multisystem Inflammatory Syndrome (MIS)
Mumps
Neonatal Abstinence Syndrome (NAS)
Novel coronaviruses (SARS, MERS-CoV, COVID-19 including infections in pregnant persons)*
Pandrug-resistant organism*•
Pertussis (whooping cough)
Plague*
Poliomyelitis*
Psittacosis (ornithosis)
Rabies*
Rickettsial diseases (including Rocky Mountain spotted fever, rickettsial pox, typhus fever)
Rubella (German Measles) & Congenital Rubella*
Salmonellosis
Shigellosis
Smallpox*
Staphylococcus aureus, vancomycin insensitive
Streptococcal disease, invasive group A
Streptococcal disease, invasive group B (infants 0-89 days of age)
Streptococcus pneumoniae, invasive disease
Syphilis
Tetanus
Toxic Shock Syndrome
Trichinosis
Tuberculosis §
Tularemia*
Typhoid (Salmonella typhi and paratyphi)*
Varicella, including zoster
Vibriosis
West Nile Virus*
Yellow Fever*
Yersiniosis
Zika, including prenatal and postnatal birth defects associated with congenital Zika infection

*Mandatory reporting of **all** immunizations administered to **all individuals of all ages** in the City of Philadelphia to PhilaVax, the City-wide immunization information system, at vax.phila.gov.*

***Report suspected and confirmed cases within 24 hours.** All unusual disease clusters, disease outbreaks, and unusual disease occurrences should be reported immediately.*
†Report to Lead Poisoning Prevention at (215) 685-2788
§Report to TB Control Program at (215) 685-6873
‡+^Report to AIDS Activities Coordinating Office at ‡(215) 685-4789, +(215) 685-4781, or ^(215) 685-4766, based on result/event type
• Organism is pan-drug resistant if it exhibits non-susceptibility to all antibacterial or antifungal agents tested

Phone: (215) 685-6748
Fax: (215) 238-6947

To report a case to DDC, call, fax, or submit through PA-NEDSS the following information:
Patient Name | Condition | Age/DOB, Sex, Address & Phone | Clinician Name, Address & Phone | Laboratory Results

Effective: 08/2023

Notifiable Disease Case Report *(Confidential)*

Philadelphia Department of Public Health
Division of Disease Control
Acute Communicable Disease Program
1101 Market St, 12th Floor, Philadelphia, PA 19107

City of Philadelphia
LIFE • LIBERTY • AND YOU™

Patient Information

Report Date *(Mo., Day, Yr.)* ____/____/____

Name *(Last, First, M.I.)*

Parent or caretaker (if applicable)

Telephone
(Home) _____
(Cell) _____
(Work) _____

DOB *(Mo., Day, Yr.)* ___/___/___

Age

Sex ☐ Male ☐ Female

Occupation

Name of Employer or School

Employer/School Address (Number, Street, City, Zip Code)

Medical Information

Disease or Condition

Date of Onset *(Mo., Day, Yr.)* ____/____/____

Diagnosis
☐ Clinical
☐ Lab confirmed

Fatal (check one)
☐ No
☐ Yes
Date of Death _____

Chief Symptoms / Complaints
☐ cough ☐ nausea ☐ diarrhea ☐ headache ☐ joint pain
☐ coryza ☐ vomiting ☐ fever ☐ body aches ☐ rash

Suspected source(s) of Infection (if known)
☐ school/daycare ☐ home/relative ☐ park/outdoors
☐ work ☐ restaurant ☐ recreational water
☐ travel (where/dts:_____) ☐ other _____

If Case Hospitalized (Name of Hospital/Medical Provider)

Admission Date ____/____/____

Discharge Date ____/____/____

Laboratory Information If Pertinent *(attach copies if applicable)*

Name of Lab	Name of Test	Site Source	Result	Collection Date	Result Date
		☐ Blood ☐ Stool ☐ CSF ☐ Other _____			
		☐ Blood ☐ Stool ☐ CSF ☐ Other _____			
		☐ Blood ☐ Stool ☐ CSF ☐ Other _____			

Antibiotic Sensitivities (if applicable)

Antibiotic	Resistant	Intermediate	Susceptible
Ampicillin	☐	☐	☐
Ceftriaxone	☐	☐	☐
Ciprofloxacin	☐	☐	☐
Levofloxacin	☐	☐	☐
Penicillin	☐	☐	☐
Trimethoprim/ Sulfamethoxazole (Bactrim)	☐	☐	☐

Notes

Reporter Information

Facility Name

Reporter Name

Reporter Phone #

Reporter
☐ ICP ☐ ED ☐ School Nurse
☐ Lab ☐ Other _____

DO NOT WRITE IN AREA BELOW - FOR DEPARTMENT USE

Name *(Person Receiving Report)*

Method of reporting
☐ Phone ☐ Fax ☐ Mail ☐ Other _____

Any unusual illness, disease clusters or possible outbreaks should be reported *immediately* by telephone. Please fax all completed reports to 215-238-6947 or call 215-685-6748 to report by phone.

Revised 06/14/2018

If reporting influenza, animal exposure, TB, please use specific form.