

DIVISION OF  
DISEASE CONTROL

20  
20

# ANNUAL REPORT



Department of  
Public Health  
CITY OF PHILADELPHIA



# INTRODUCTION

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## 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 2020. 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

## **COVID-19 IMPACT ON DISEASE SURVEILLANCE**

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**In response to the emergence of the COVID-19 pandemic during 2020, the Philadelphia Department of Public Health enacted several citywide, non-pharmaceutical interventions to mitigate the spread of this novel pathogen, including restrictions on non-essential, in-person businesses and activities, indoor capacity limits, and masking mandates. Although these local mitigation strategies along with measures implemented at the state and federal level aimed to limit transmission of COVID-19, the strategies also likely decreased community transmission of other communicable diseases. In addition, the impact of the COVID-19 pandemic on healthcare access for other acute illnesses and preventative care may also have decreased the identification and diagnosis of communicable diseases among City residents during 2020.**

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# 1 OVERVIEW

DISEASE REPORTING TRENDS  
REGIONAL OVERVIEW

# DISEASE REPORTING TRENDS

Reports of Communicable Diseases Per Year:  
Philadelphia, 2011-2020

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Amebiasis	9	11	13	15	8	2	13	14	18	3
Animal Bites/Exposures	1,513	1,598	1,586	1,644	1,718	1,722	1,574	1,486	1,547	1,103
Anthrax	0	0	0	0	0	0	0	0	0	0
Babesiosis	1	0	1	1	3	2	5	4	4	3
Botulism	2	2	2	1	0	3	3	1	0	0
Brucellosis	0	1	1	0	1	0	1	0	0	1
Campylobacteriosis	141	182	103	167	211	203	233	270	274	197
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE)	-	-	-	-	-	-	-	308	234	234
<i>Chlamydia trachomatis</i>	20,471	20,803	19,570	18,935	19,169	19,959	21,119	20,206	20,354	15,834
Cholera	0	1	0	0	0	0	0	0	0	0
Cryptosporidiosis	14	18	58	30	26	48	51	38	31	24
Cyclosporiasis	0	1	0	1	3	4	3	0	3	2
Dengue Fever	1	1	11	0	5	3	0	1	13	1
Diphtheria	0	0	0	0	0	0	0	0	0	0
<i>Escherichia coli</i> , Shiga Toxin-Producing (STEC)	9	12	6	10	11	25	19	28	41	27
Giardiasis	43	60	76	65	61	58	66	59	75	47
Gonorrhea	6,761	7,293	6,303	5,961	6,260	6,957	7,288	7,205	7,043	7,302
Guillain-Barre Syndrome	0	0	1	1	4	3	7	0	1	1
<i>Haemophilus influenzae</i> [Type B]	22 [2]	39 [1]	26 [0]	23 [1]	24 [2]	36 [3]	49 [1]	27[0]	37 [1]	24[0]
Hansen's Disease (Leprosy)	0	1	0	0	1	0	1	1	0	0
Hepatitis A	8	2	6	6	6	9	19	21	454	25
Hepatitis B, Acute	7	4	5	7	8	5	10	13	44	18
Hepatitis C, Acute	0	20	42	67	79	130	155	183	147	121
Histoplasmosis	0	1	0	0	2	1	3	2	1	2
Legionellosis	64	29	61	42	53	34	66	91	56	39
Leptospirosis	0	1	0	0	0	0	0	1	1	3
Listeriosis	2	6	10	3	2	2	0	8	2	4
Lyme Disease	301	191	189	140	252	236	264	260	181	143
Malaria	19	13	21	30	18	22	30	40	45	7
Measles	0	2	0	0	0	0	0	1	0	0
Meningitis, Aseptic	104	92	124	60	55	48	55	41	36	15
Meningitis, Bacterial	12	5	3	0	2	3	6	7	7	3
Meningococcal Infections	4	6	3	2	0	2	0	1	6	14

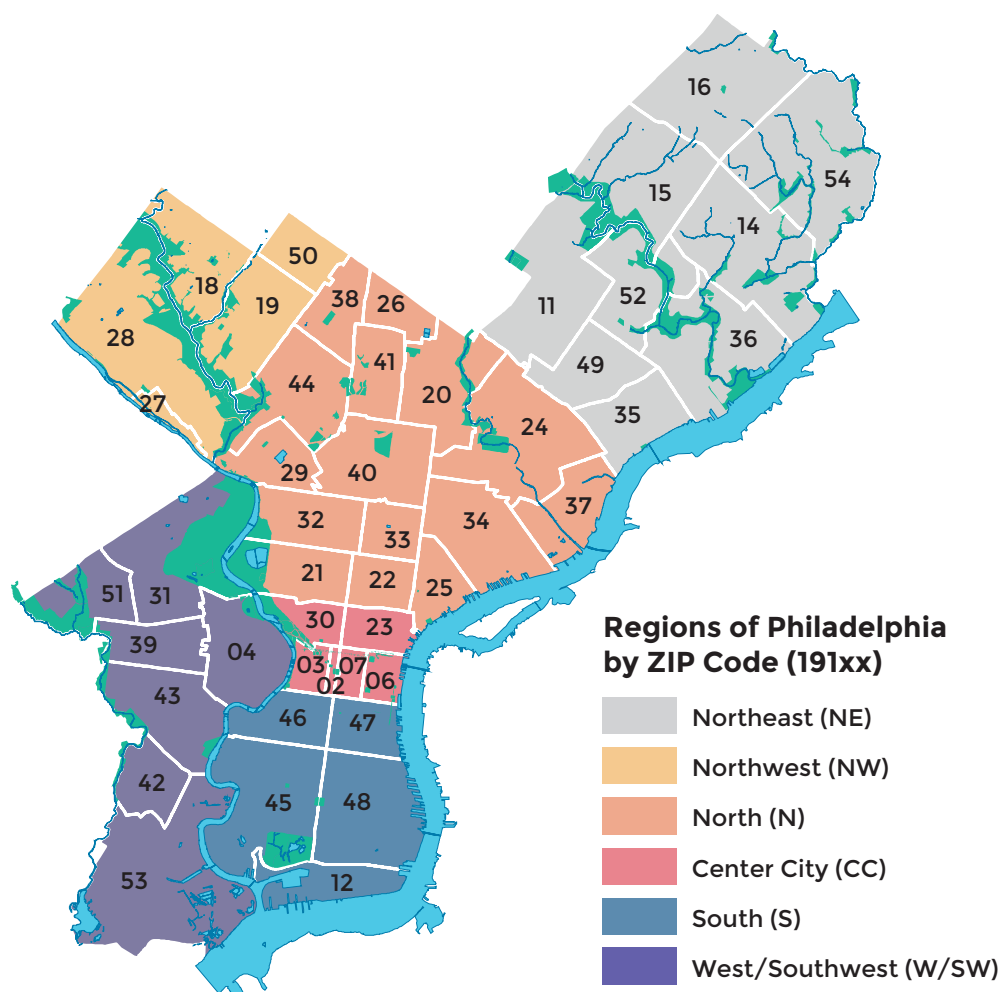
# DISEASE REPORTING TRENDS (Cont.)

Reports of Communicable Diseases Per Year:  
Philadelphia, 2011-2020 (Cont.)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Mumps	21	4	3	0	1	5	8	24	259	5
Pertussis	49	268	86	127	111	101	107	72	93	32
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	4	12	8	10	8	5	7	3	8	1
Rubella, Including Congenital Rubella Syndrome	0	0	0	1	0	0	0	0	0	0
Salmonellosis, Excluding Typhoid	301	305	284	229	237	188	219	213	244	175
Shigellosis	41	48	66	66	90	311	91	92	86	78
<i>Staphylococcus aureus</i> , vancomycin insensitive	0	0	0	1	0	0	0	4	1	0
<i>Streptococcus Pneumoniae</i> , Invasive	158	103	149	101	119	136	161	157	197	123
<i>Streptococcus</i> , Invasive gp. A [TSS]	73 [0]	61 [0]	56 [0]	95 [0]	90 [0]	78 [1]	113 [0]	156[0]	181[0]	179[0]
Syphilis-Primary & Secondary	207	269	278	308	314	428	459	408	470	511
Syphilis-Congenital	4	5	1	4	4	5	6	3	6	6
Syphilis-Total	698	798	962	894	916	927	1,256	1,214	1,262	1,374
Tetanus	0	0	0	0	0	0	0	0	0	0
Toxic Shock Syndrome, Staphylococcal	0	1	0	1	0	0	0	0	0	0
Tuberculosis	101	86	89	78	72	74	75	78	74	61
Tularemia	0	0	0	0	0	0	0	0	0	0
Typhoid Fever	3	2	1	5	3	1	3	1	1	4
Varicella (Chicken Pox only)	262	118	167	118	123	111	104	113	77	20
Vibrio SPP. Other	1	0	0	4	6	7	11	13	11	6
West Nile Virus	1	9	3	5	0	4	3	17	3	4
Yellow Fever	0	0	0	0	5	0	0	0	0	0



# REGIONAL OVERVIEW



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

	NE	NW	N	CC/S	W/SW	Total
<b>Age</b>						
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
<b>Total</b>	356,549	101,373	535,466	259,861	272,837	1,526,086

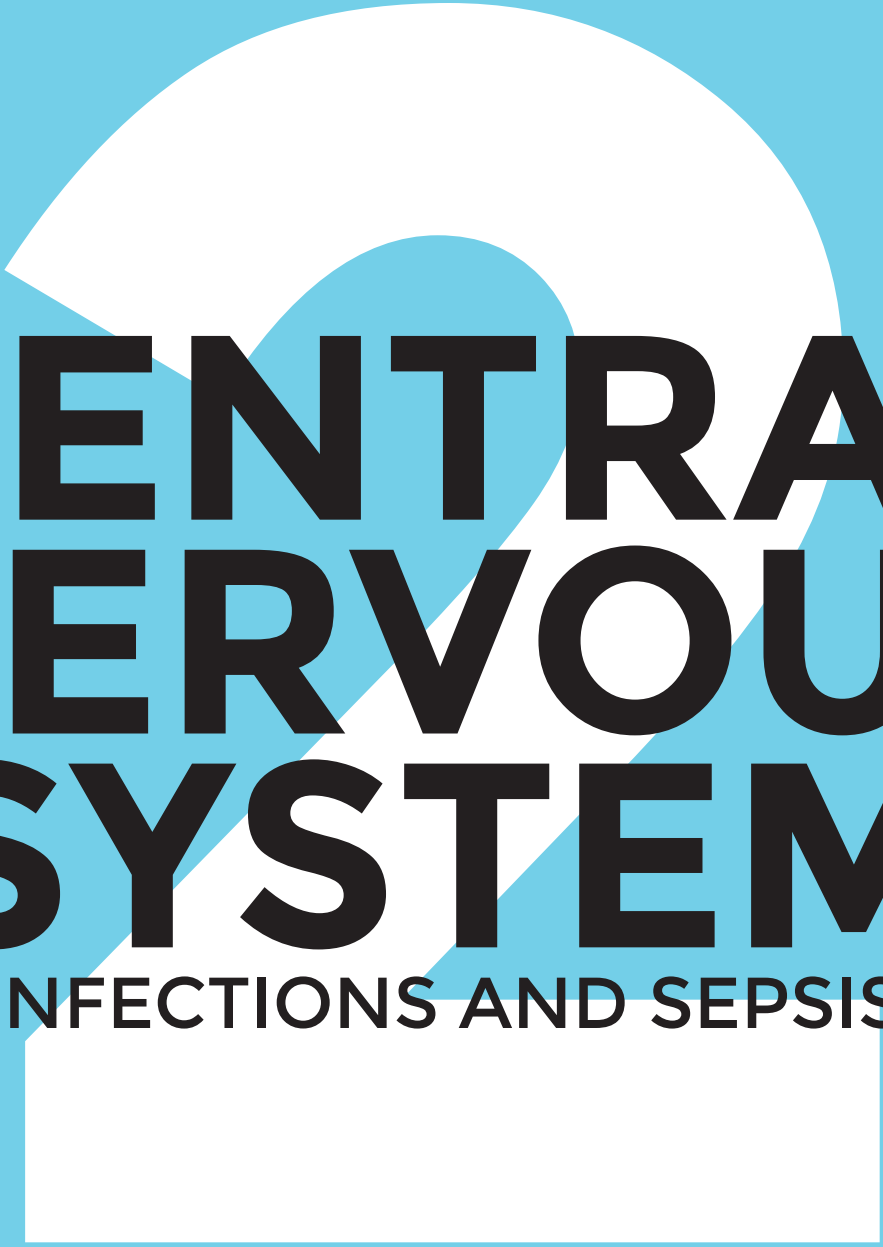
\*Data according to the U.S. Census Bureau

# REGIONAL OVERVIEW (Cont.)

Counts of Disease With Sufficient Burden:  
Philadelphia, 2020

	NE	NW	N	CC/S	W/SW	Missing	Total
	n	n	n	n	n	n	n
<b>Campylobacteriosis</b>	66	8	50	28	37	8	197
<b>Carbapenem-resistant <i>Enterobacteriaceae</i></b>	33	14	59	24	35	69	234
<b>Chlamydia</b>	2,299	538	7,519	1,522	3,385	571	15,834
<b>Giardiasis</b>	7	0	13	17	9	1	47
<b>Gonorrhea</b>	767	219	3,378	896	1,726	316	7,302
<b>Hepatitis C, Chronic (RNA +)</b>	310	31	367	96	110	109	1023
<b>Influenza (Hospitalized)</b>	171	42	336	147	192	34	922
<b>Lyme Disease</b>	45	28	30	28	12	0	143
<b>Meningitis, Aseptic</b>	4	0	3	1	4	3	15
<b>Pertussis</b>	5	1	11	10	4	1	32
<b>Salmonellosis</b>	31	6	53	25	51	9	175
<b>Shigellosis</b>	10	1	14	18	29	6	78
<b><i>Streptococcus Pneumoniae</i>, Invasive</b>	16	6	52	18	15	16	123
<b><i>Streptococcus</i>, Invasive gp A</b>	39	6	68	31	23	12	179
<b>Syphilis-Early Latent</b>	54	27	251	126	129	5	592
<b>Syphilis-Primary &amp; Secondary</b>	48	20	198	109	116	20	511
<b>Tuberculosis</b>	17	<6	18	13	12	0	61
<b>Varicella (Chicken Pox)</b>	8	1	5	3	2	1	20

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

A stylized graphic of a brain, composed of a large white semi-circle at the top and a white rectangle at the bottom, set against a light blue background. The brain is centered behind the main title text.

# CENTRAL NERVOUS SYSTEM

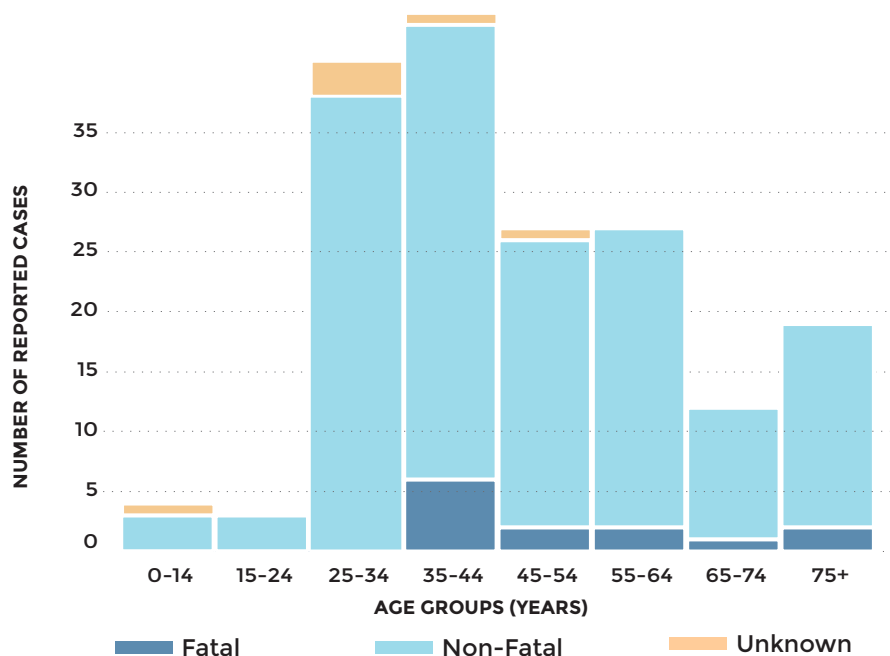
INFECTIONS AND SEPSIS

GROUP A STREPTOCOCCUS  
HAEMOPHILUS INFLUENZAE  
LISTERIOSIS  
MENINGITIS, ASEPTIC  
STREPTOCOCCUS PNEUMONIAE



# GROUP A *STREPTOCOCCUS*

**Invasive Group A *Streptococcus* by Age Group and Outcome:  
Philadelphia, 2020**



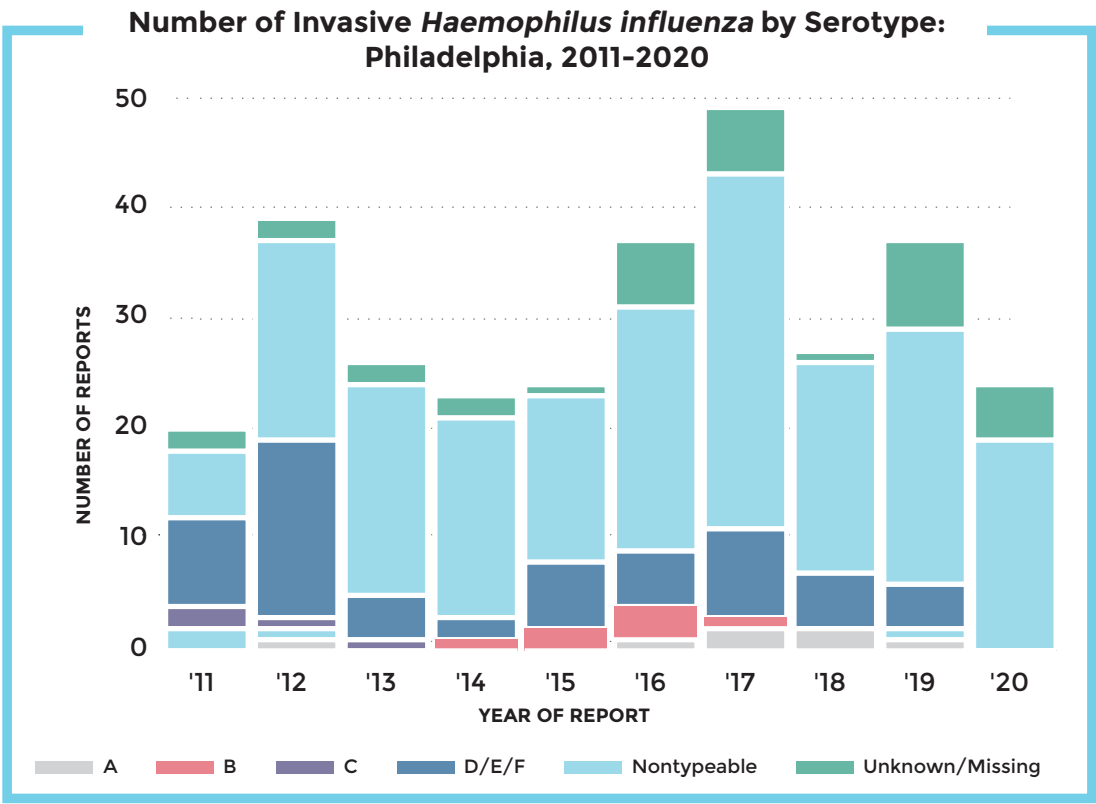
## OF NOTE

The proportion of invasive Group A Streptococcal (GAS) infections who reported recent injection drug use increased in 2020 compared with 2019 (45% vs 32%).

**Number of Invasive *Group A Streptococcus* by Age and Gender:  
Philadelphia, 2020**

	0-30 Years		31-45 Years		46-65 Years		66+ Years		Total	
	n	%	n	%	n	%	n	%	n	%
Male	19	10.6	21	11.7	16	8.9	18	10.1	74	41.3
Female	18	10.1	42	23.5	33	18.4	12	6.7	105	58.7
Total	37	20.7	63	35.2	49	27.4	30	16.8	179	100

# HAEMOPHILUS INFLUENZAE

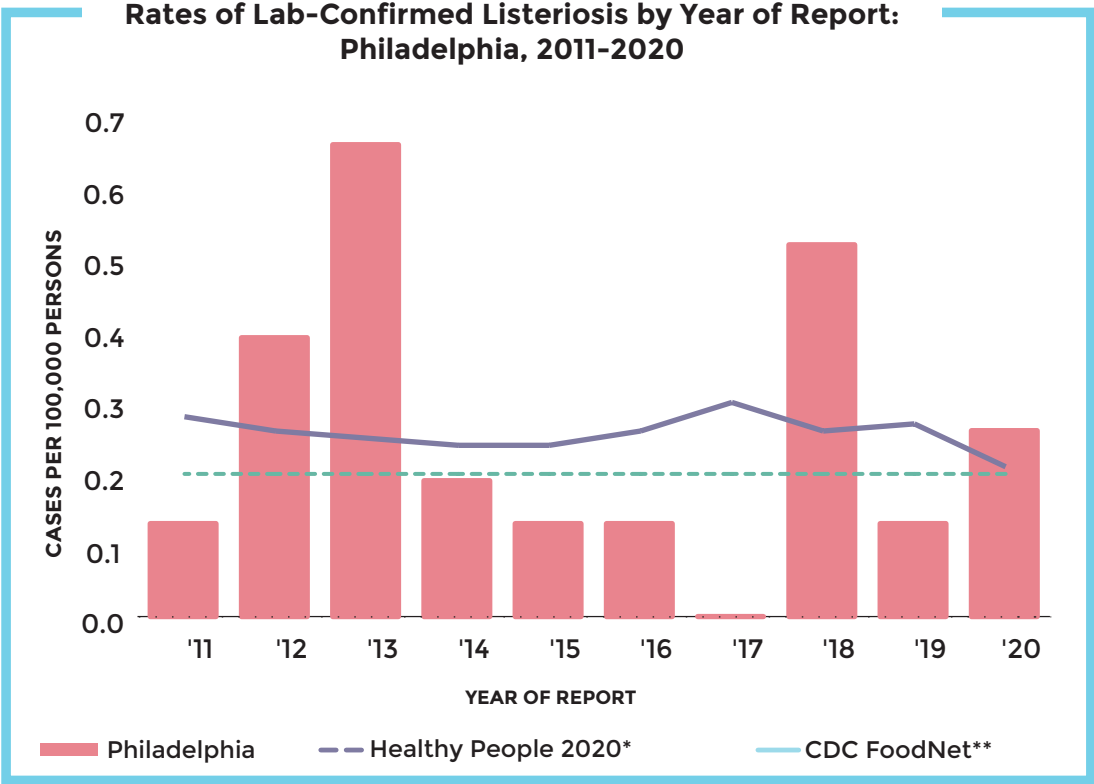


**Number of Invasive *Haemophilus influenzae* by Age: Philadelphia, 2020**

	0-34 Years		35-60 Years		60+ Years		Total	
	n	%	n	%	n	%	n	%
Total	7	29.2	10	41.7	7	29.2	24	100

# LISTERIOSIS

(*Listeria monocytogenes*)

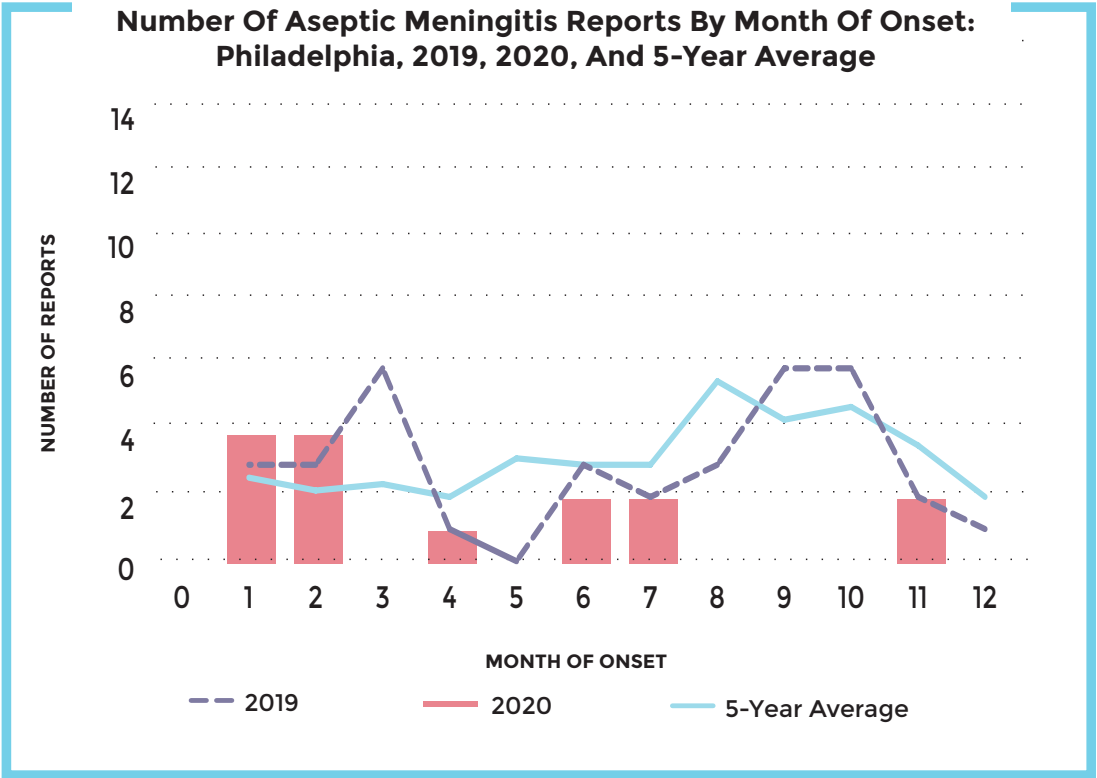


\* [https://www.cdc.gov/nchs/healthy\\_people/hp2020.htm](https://www.cdc.gov/nchs/healthy_people/hp2020.htm)  
\*\*CDC FoodNet is the Foodborne Diseases Active Surveillance Network, utilizing sentinel data to monitor trends in foodborne diseases



# MENINGITIS, ASEPTIC

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

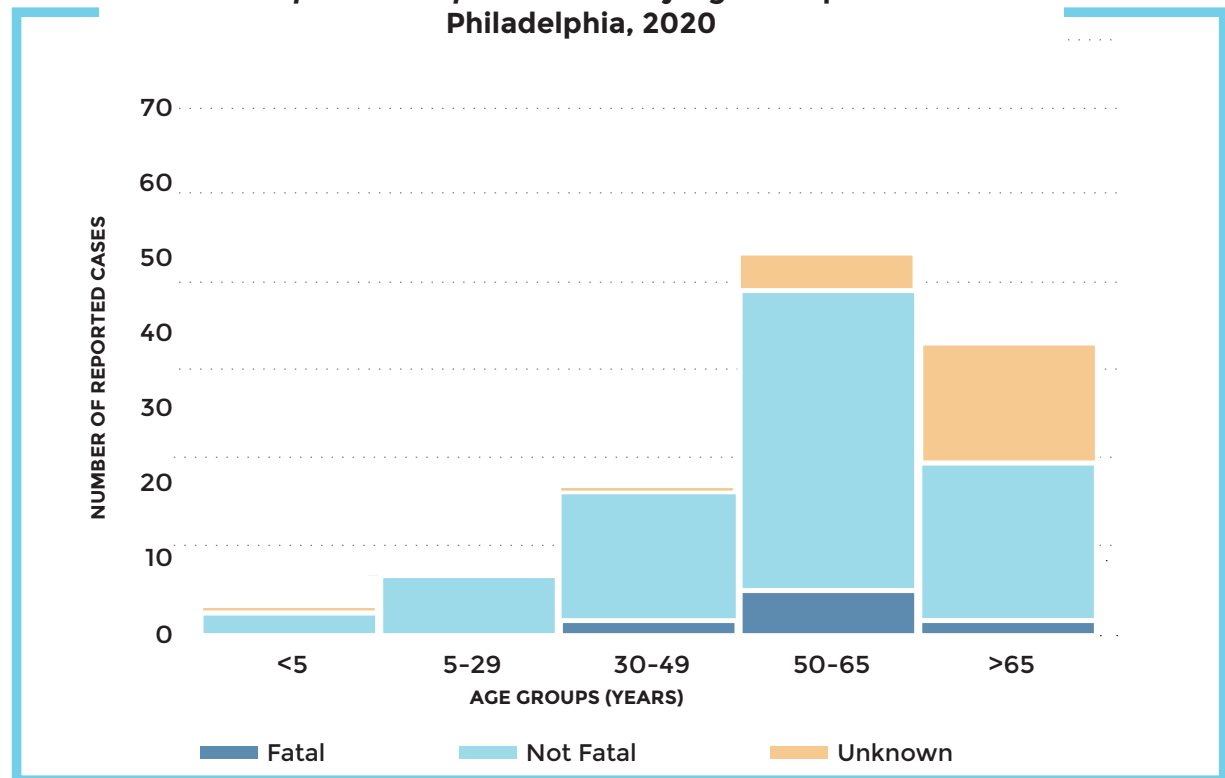


**Number of Aseptic Meningitis Reports by Age: Philadelphia, 2020**

	0-45 Years		46+ Years		Total	
	n	%	n	%	n	%
Total	7	46.7	8	53.3	15	100

# STREPTOCOCCUS PNEUMONIAE

**Invasive *Streptococcus pneumoniae* by Age Group and Outcome:  
Philadelphia, 2020**



## OF NOTE

Among 6 invasive pneumococcal cases 14 years and younger, 5 cases (83%) were up to date on the pneumococcal conjugate vaccine. One fatality occurred in a 3-week-old infant who had not yet received pneumococcal conjugate vaccine due to age. Four cases of those 14 years of age and younger had serotyping completed. One pediatric case who received Pneumococcal Conjugate Vaccine 13 prior to illness was infected with a serotype (19A) included in the vaccine. The other three cases did not have prior vaccination against serotypes identified. Isolates from 121 cases in 2019 had antibiotic resistance testing, of which 20 (17%) 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, 2020**

	0-29 Years		30-49 Years		50-59 Years		60-69 Years		70+ Years		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Male	6	4.9	12	9.8	15	22.2	19	15.4	13	10.6	65	52.8
Female	6	4.9	8	6.5	16	13.0	18	14.6	10	8.1	58	47.2
Total	12	9.8	20	16.3	31	25.2	37	30.1	23	18.7	123	100

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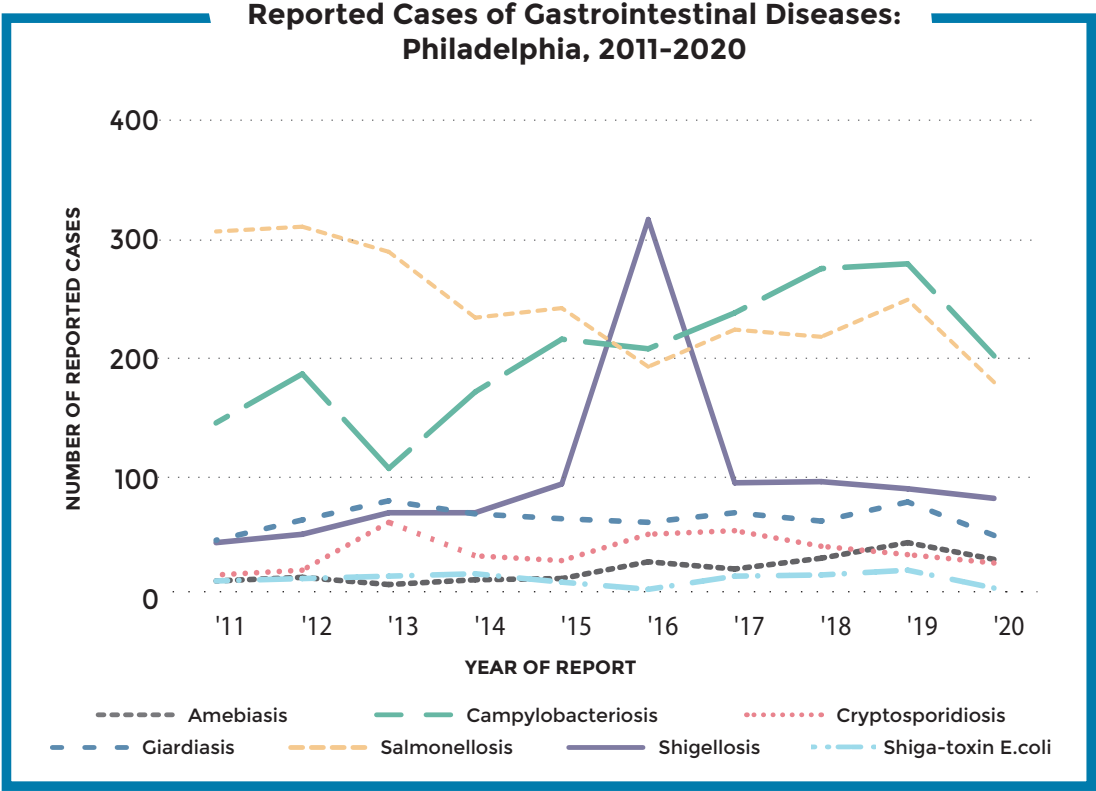


# **GASTRO- INTESTINAL**

## **INFECTIONS**

OVERVIEW  
CAMPYLOBACTERIOSIS  
CRYPTOSPORIDIOSIS  
GIARDIASIS  
SALMONELLOSIS  
SHIGELLOSIS

# OVERVIEW



# OVERVIEW (Cont.)

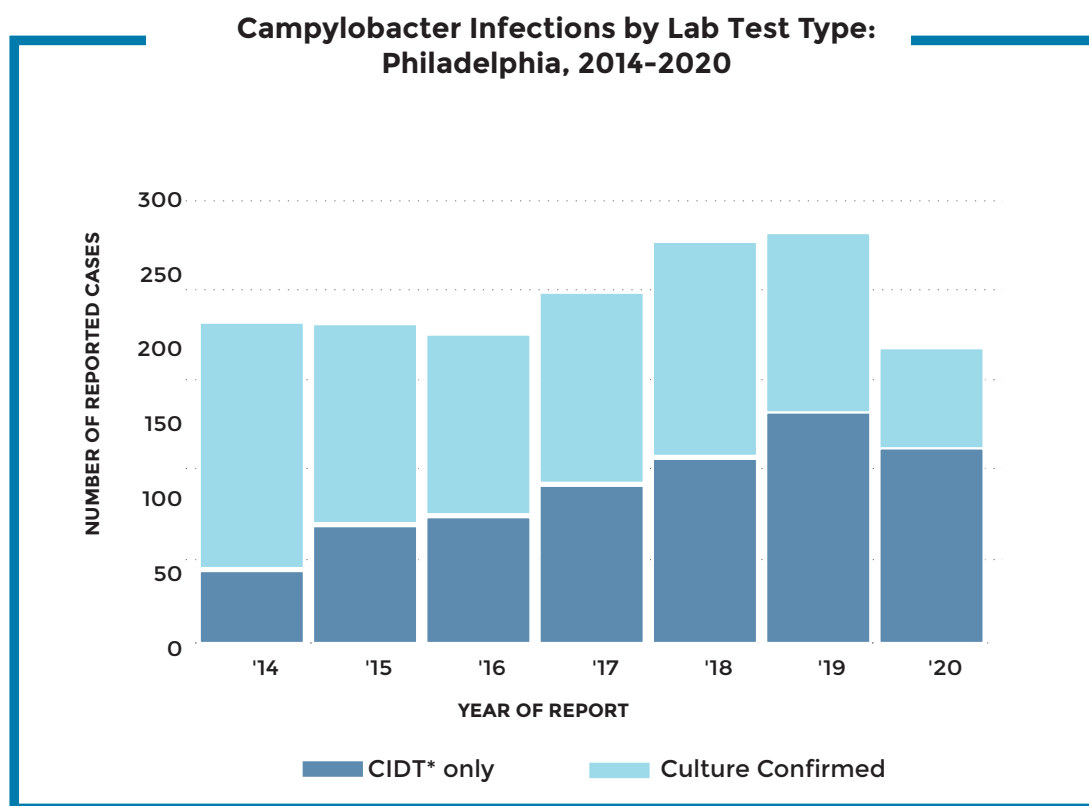
## Antibiotic Resistance of Selected Enteric Pathogens: Philadelphia, 2020

Pathogen	Antibiotics Tested	Total Tested	Resistant		Intermediate	
			n	%	n	%
Campylobacter	Ciprofloxacin	15	4	27	0	0
	Erythromycin	15	0	0	0	0
Salmonella	Ampicillin	101	10	10	1	1
	Ceftriaxone	72	0	0	0	0
	Ciprofloxacin	57	2	4	3	5
	Levofloxacin	36	0	0	3	8
	Trimethoprim-Sulfamethoxazole	100	4	4	0	0
Shigella	Ampicillin	44	37	84	0	0
	Ceftriaxone	27	1	4	0	0
	Ciprofloxacin	42	9	21	3	7
	Gentamicin	16	16	100	0	0
	Levofloxacin	27	2	7	8	30
	Trimethoprim-Sulfamethoxazole	42	37	88	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.*)



\*CIDT=Culture-Independent Diagnostic Testing

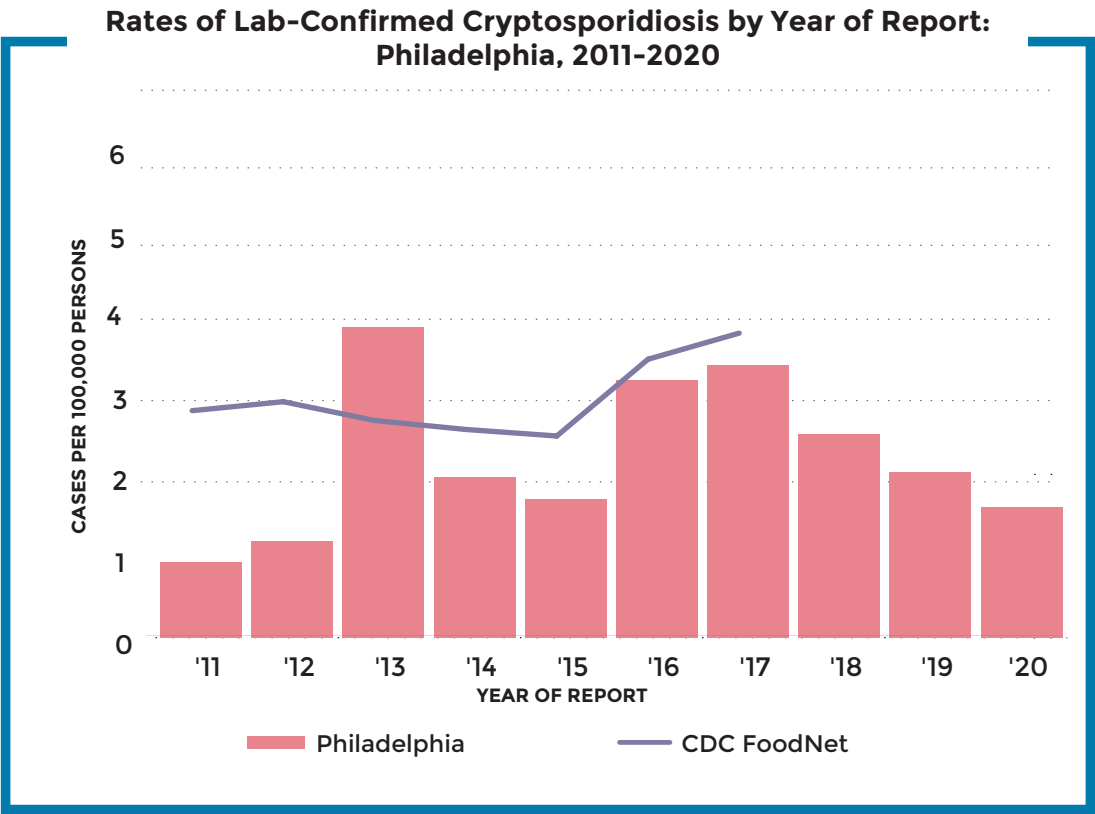
**Number of Campylobacteriosis Reports by Age and Gender:  
Philadelphia, 2020**

	0-4 Years		5-24 Years		25-49 Years		50-65 Years		66+ Years		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Male</b>	22	11.2	8	4.1	27	13.7	29	14.7	16	8.1	102	51.8
<b>Female</b>	16	8.1	15	7.6	28	14.2	21	10.7	15	7.6	95	48.2
<b>Total</b>	38	19.3	23	11.7	55	27.9	50	25.4	31	15.7	197	100



# CRYPTOSPORIDIOSIS

(*Cryptosporidium spp.*)



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

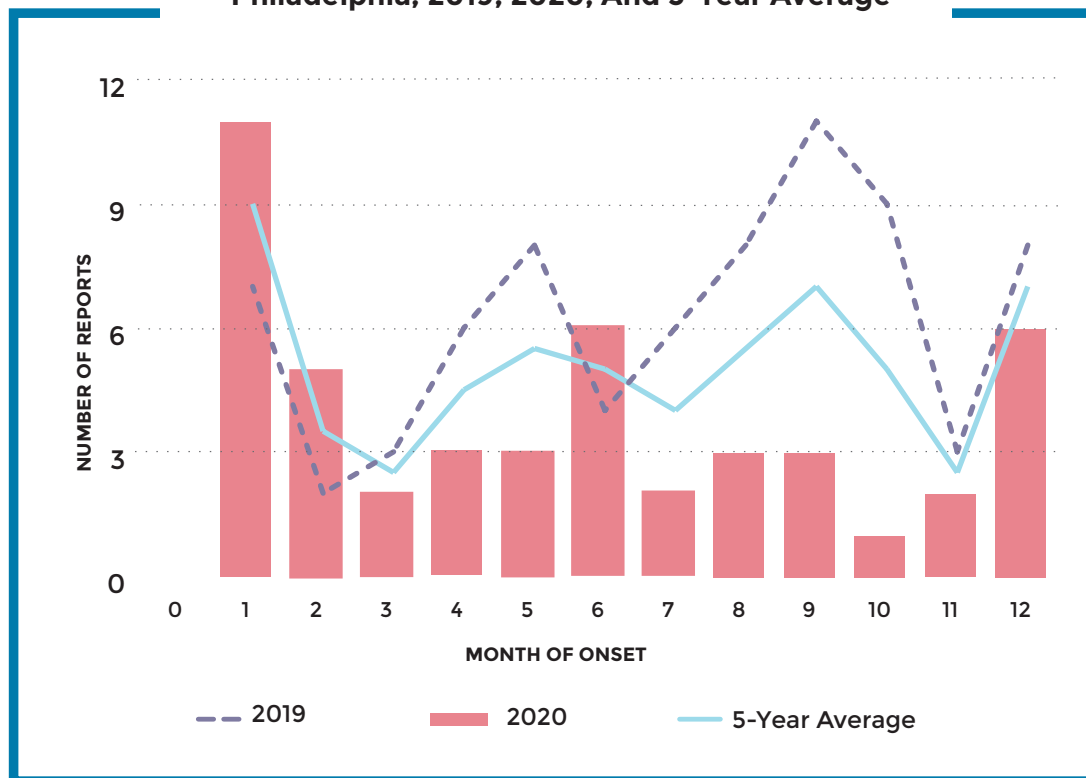
**Number of Cryptosporidiosis Reports by Age: Philadelphia, 2020**

	0-24 Years		25-39 Years		40+ Years		Total Years	
	n	%	n	%	n	%	n	%
Total	6	25.0	7	29.2	11	45.8	24	100

# GIARDIASIS

(*Giardia lamblia*)

Number of Giardiasis Reports by Week of Onset:  
Philadelphia, 2019, 2020, And 5-Year Average

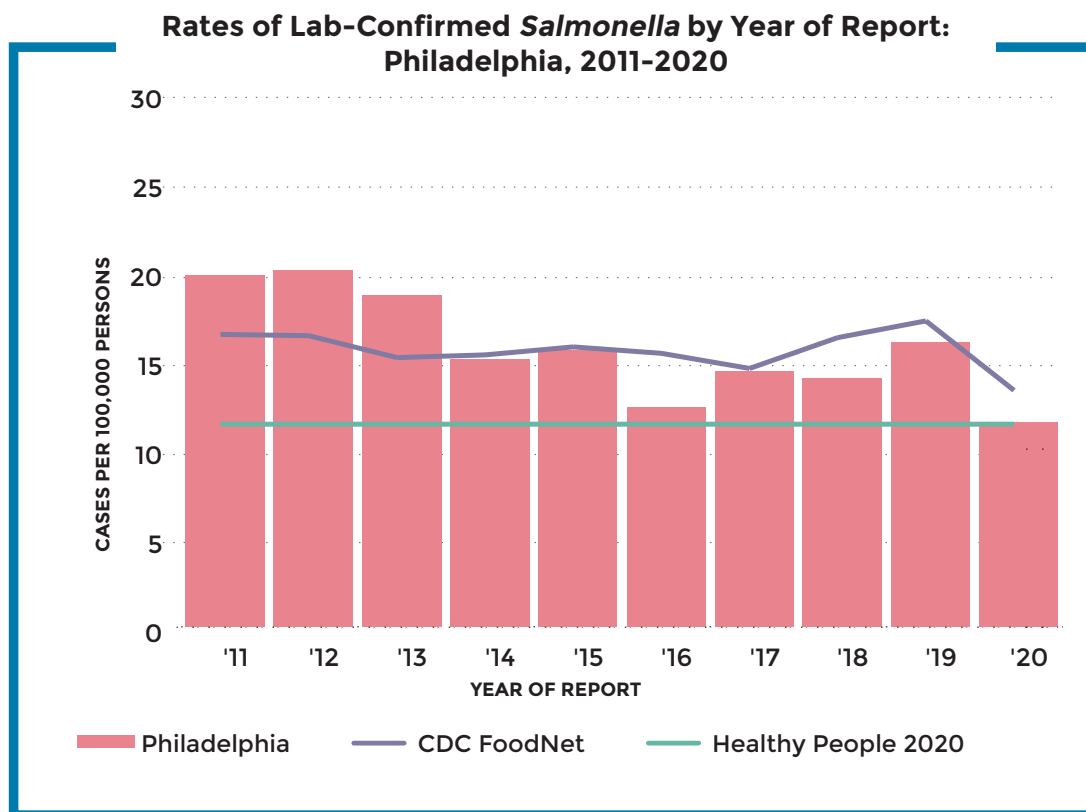


Number of Giardiasis Reports by Age:  
Philadelphia, 2020

	0-14 Years		15-29 Years		30-39 Years		40-49 Years		50+ Years		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Total	7	14.9	16	34.0	12	25.5	6	12.8	6	12.8	47	100

# SALMONELLOSIS

(*Salmonella* spp.)



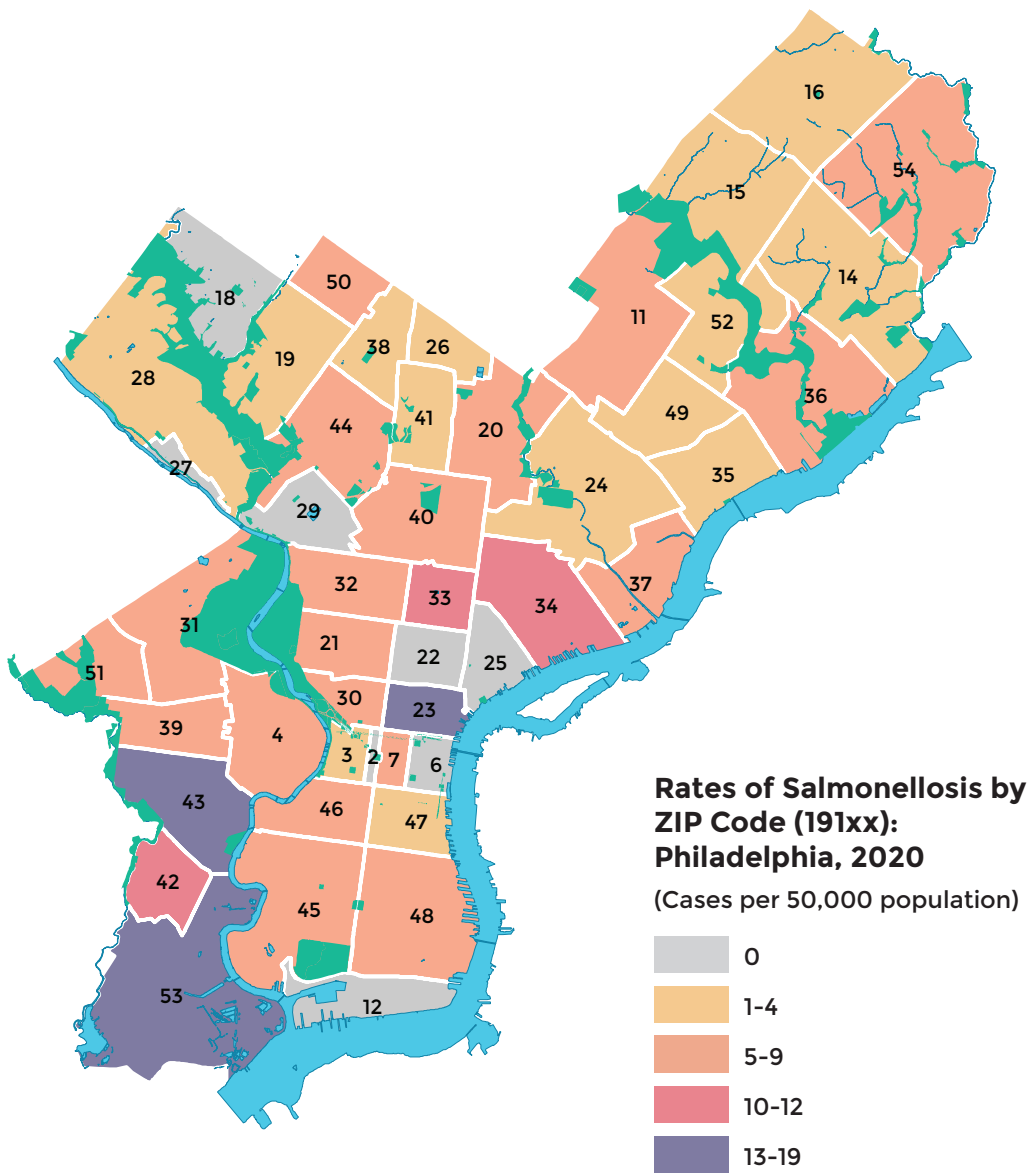
## OF NOTE

In late 2020, PDPH and the Pennsylvania Department of Health (PADOH) investigated a multistate *Salmonella* Typhimurium outbreak associated with small pet turtles. During 2020, 9 laboratory-confirmed cases from PA were identified, of whom, 4 were Philadelphia residents. All 4 cases from Philadelphia reported owning small red-eared slider turtles. Three of the Philadelphia cases were children under the age of 5 and one was an adult resident. Among the cases in PA where purchase location of the turtle was known, most were reported to be roadside vendors in Philadelphia. In early 2021, both PDPH and PADOH issued health advisories to notify healthcare providers of the outbreak.

## Number of Salmonellosis Reports by Age and Gender: Philadelphia, 2020

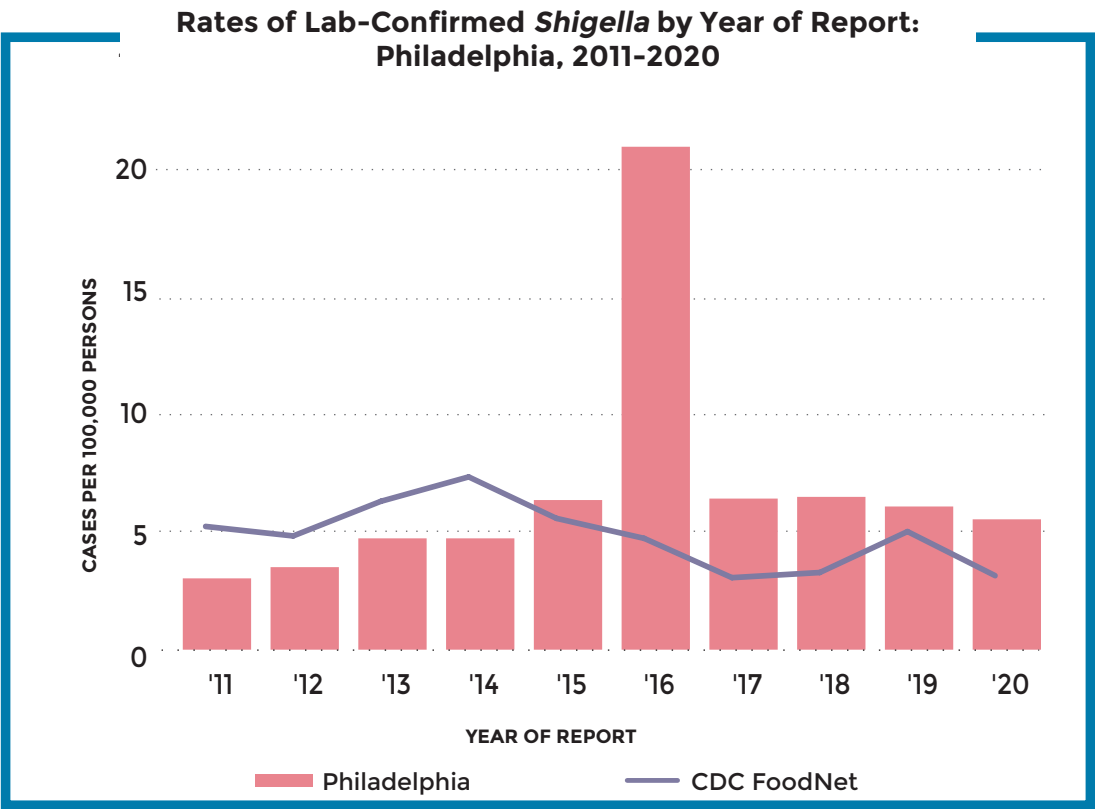
	0-4 Years		5-17 Years		18-34 Years		35-59 Years		60+ Years		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Male	22	12.6	12	6.9	10	5.7	21	12.1	15	8.6	80	46.0
Female	27	15.5	12	6.9	19	10.9	18	10.3	18	10.3	94	54.0
Total	49	28.2	24	13.8	29	16.7	39	22.4	33	19.0	174	100

# SALMONELLOSIS (Cont.)



# SHIGELLOSIS

(*Shigella spp.*)



**Number of Shigellosis Reports by Age:  
Philadelphia, 2020**

	0-5 Years		6-20 Years		21-34 Years		35+ Years		Total	
	n	%	n	%	n	%	n	%	n	%
Total	7	9.0	10	12.8	33	42.3	28	35.9	78	100

# 4 HEALTHCARE -ASSOCIATED

INFECTIONS

CARBAPENEM-RESISTANT *ENTEROBACTERIACEAE*

# OVERVIEW

## OF NOTE

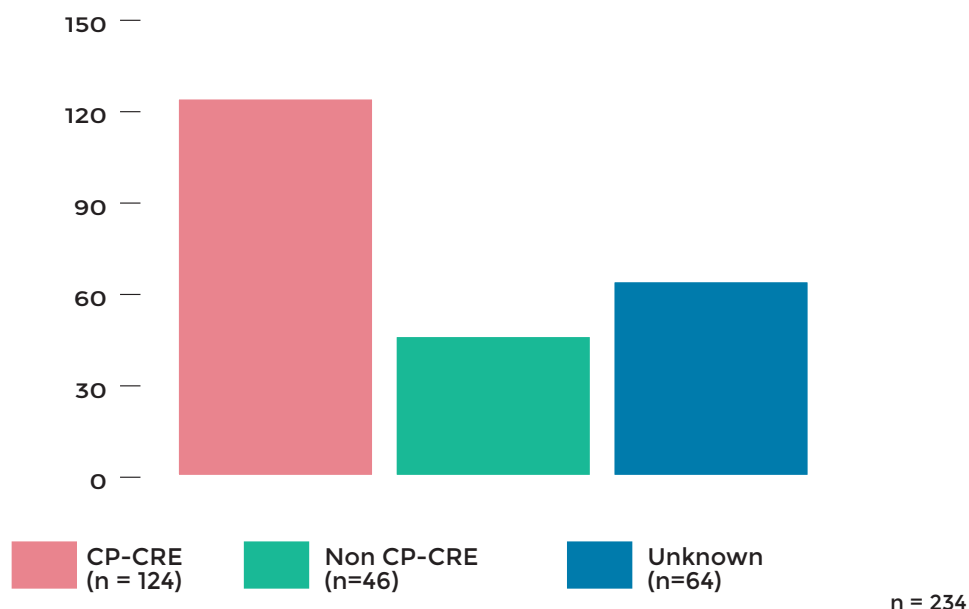
The Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR Program), established in late 2016, is dedicated to the prevention and control of Healthcare-Associated Infections (HAIs) and Antimicrobial Resistance (AR). This Program serves as a resource to the Philadelphia healthcare community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

## HEALTHCARE-ASSOCIATED INFECTIONS 2020

# CARBAPENEM-RESISTANT *ENTEROBACTERIACEAE* (CRE)

Reported Cases of CRE, by Carbapenemase-Producing (CP) Status: Philadelphia, 2020





# CARBAPENEM-RESISTANT ENTEROBACTERIACEAE (CRE)

Genus Species	n (%)	Total CP-CRE	Mechanism of Resistance (n)				
			KPC*	NDM*	IMP*	VIM*	OXA-48*
<i>Klebsiella pneumoniae</i>	115 (49)	69	67	2	.	.	.
<i>Enterbacter cloacae</i>	39 (17)	16	15	.	1	.	.
<i>Escherichia coli</i>	33 (14)	21	8	11	.	.	2
<i>Enterobacter aerogenes</i>	11 (5)	1	1	.	.	.	.
<i>Serratia marcesens</i>	3 (1)	1	1	.	.	.	.
<i>Citrobacter freundii</i>	5 (2)	4	4	.	.	.	.
<i>Klebsiella oxytoca</i>	7 (3)	4	4	1	.	.	.
<i>Citrobacter koseri</i>	1 (1)	.	0	.	.	.	.
<i>Other Citrobacter spp</i>	3 (1)	1	1	1	.	.	.
<i>Citrobacter amalonaticus</i>	4 (2)	2	2	.	.	.	.
<i>Other Enterobacteriaceae</i>	8 (3)	.	.	.	.	.	.
<i>Raoultella Spp.</i>	1 (1)	1	1	.	.	.	.
<b>Total</b>	<b>234</b>	<b>124</b>	<b>105</b>	<b>18</b>	<b>1</b>	<b>0</b>	<b>2</b>

\*KPC = *Klebsiella pneumoniae* carbapenemase

\*NDM = New Delhi metallo-β-lactamase

\*IMP = Imipenemase metallo-β-lactamase

\*VIM = Verona integron-encoded metallo-β-lactamase

\*OXA-48 Like = Oxacillinase-48 like

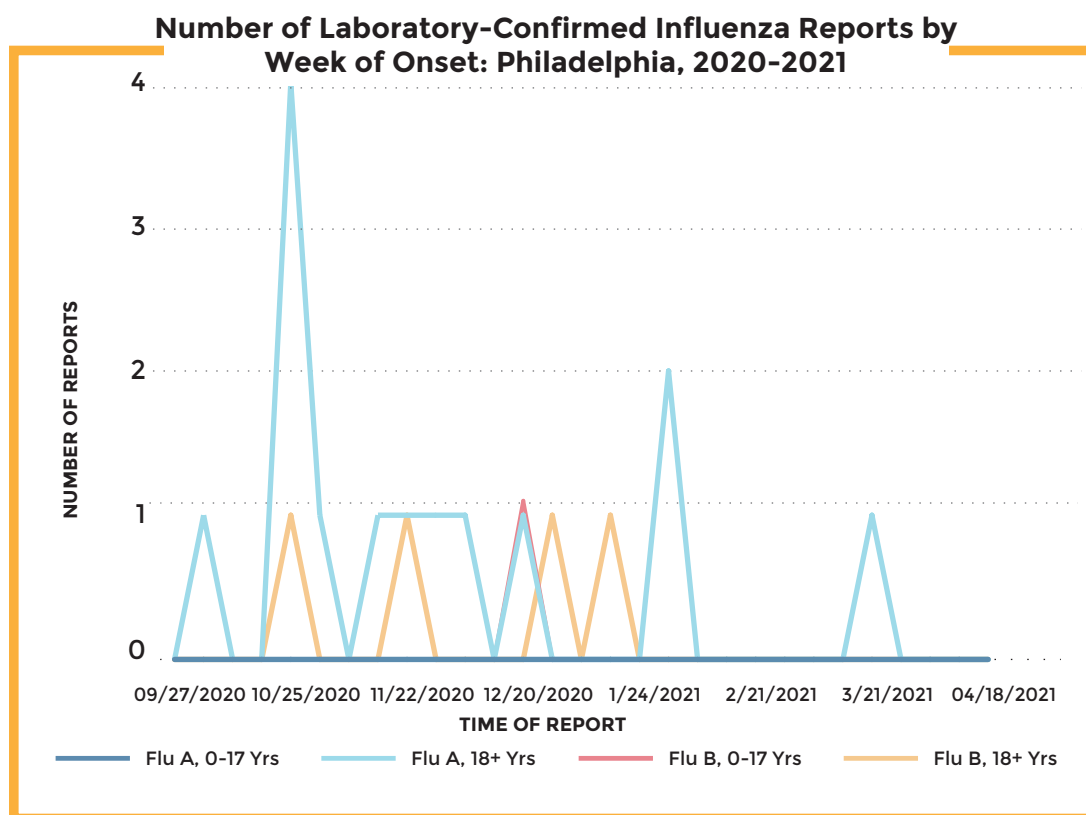


# **RESPIRATORY**

## **INFECTIONS**

INFLUENZA  
LEGIONELLOSIS  
TUBERCULOSIS

# INFLUENZA



**Number of Hospitalized Influenza Reports by Age and Region: Philadelphia, 2020-2021**

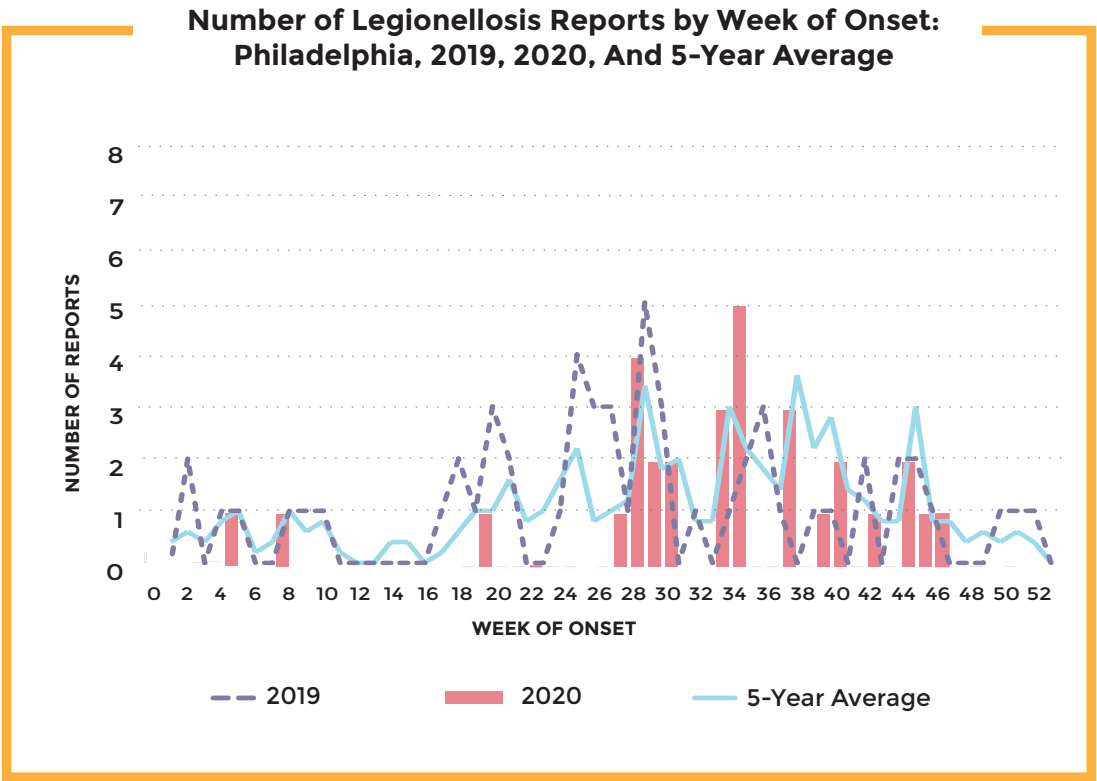
	NE		NW		N		CC		S		W/SW		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Age</b>														
<b>0-4 Yrs</b>	14	1.4	<6	--	26	2.6	<6	--	<10	--	28	2.8	78	7.7
<b>5-17</b>	11	1.1	<6	--	22	2.2	<6	--	<6	--	<6	--	44	4.3
<b>18-44 Yrs</b>	34	3.3	9	0.9	98	9.6	8	0.8	21	2.1	37	3.6	207	20.4
<b>45-64</b>	60	5.9	16	1.6	134	13.2	12	1.2	33	3.2	73	7.2	328	32.3
<b>65+ Yrs</b>	95	9.3	19	1.9	107	10.5	21	2.1	57	5.6	61	6.0	360	35.4
<b>Total</b>	214	21.0	47	4.6	387	38.1	43	4.2	122	12.0	204	20.1	1,017	100.0
<b>Rate**</b>	60		46		72		63				75		95.5	

\* South Philadelphia's rate is combined with Center City's rate

\*\*Rate per 100,000

# LEGIONELLOSIS

(*Legionella pneumophila*)

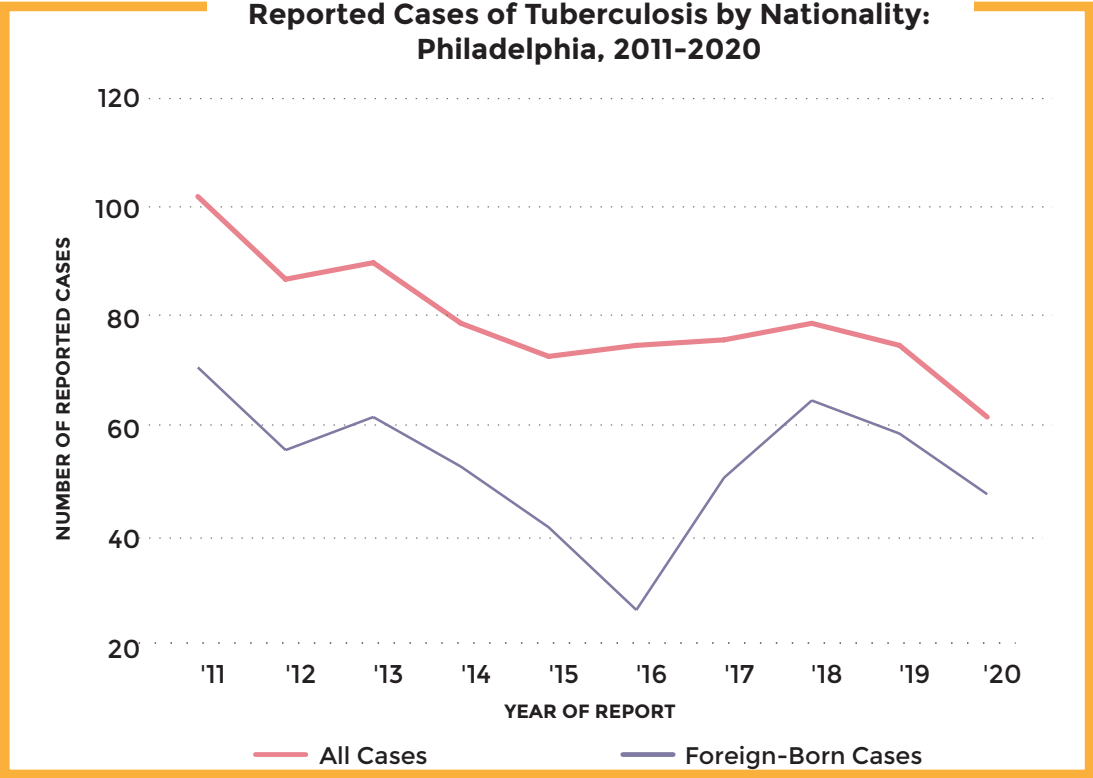


Number of Legionellosis Reports by Age:  
Philadelphia, 2020

	0-50 Years		51-64 Years		65+ Years		Total	
	n	%	n	%	n	%	n	%
Total	10	25.6	14	35.9	15	38.5	39	100

# TUBERCULOSIS

(*Mycobacterium tuberculosis*)



**Number of Tuberculosis Reports by Age:  
Philadelphia, 2020**

	0-30 Years		31-44 Years		45-65 Years		66+ Years		Total	
	n	%	n	%	n	%	n	%	n	%
Total	8	13.1	12	19.7	26	42.6	15	24.6	61	100

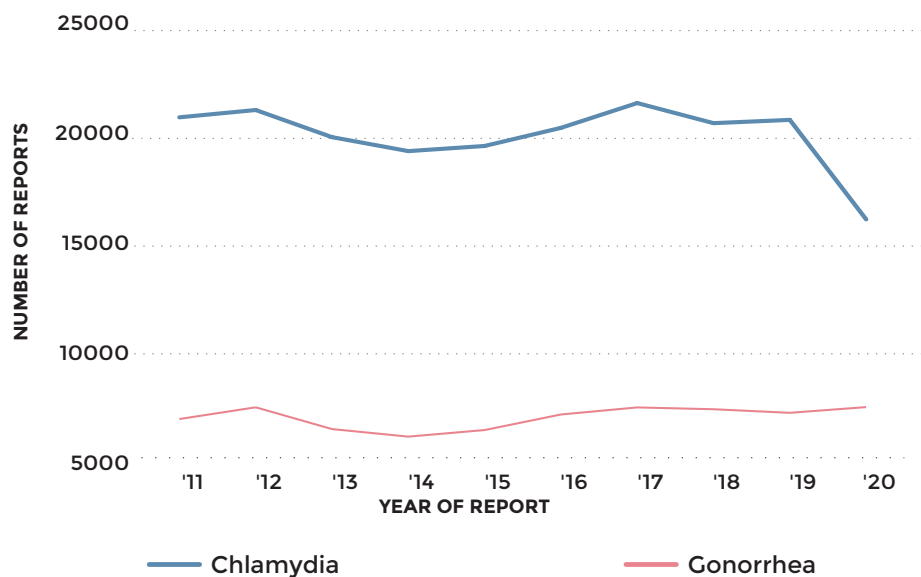


# **SEXUALLY TRANSMITTED DISEASES**

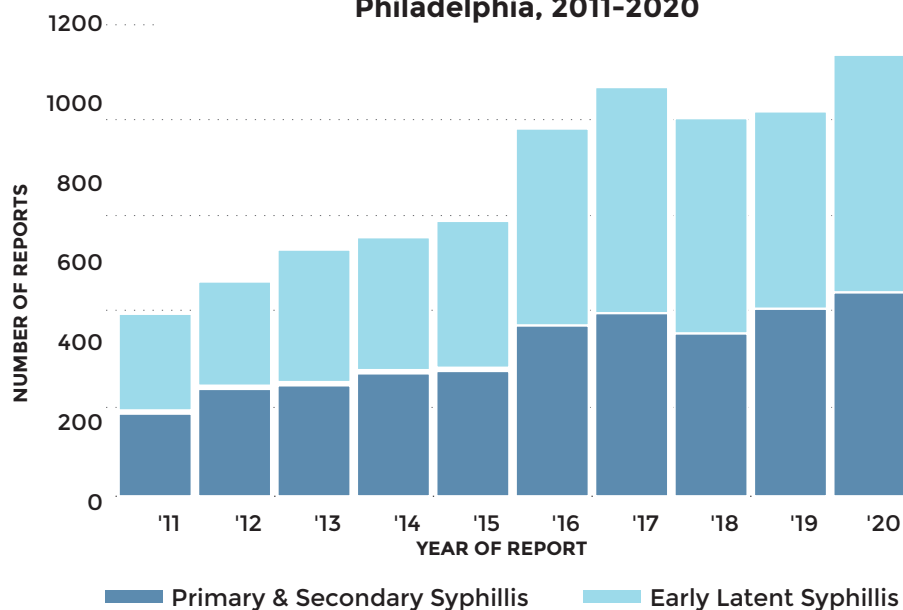
OVERVIEW  
CHLAMYDIA  
GONORRHEA  
SYPHILIS-PRIMARY & SECONDARY  
SYPHILIS-LATENT

# OVERVIEW

**Reported Chlamydia and Gonorrhea Cases:  
Philadelphia, 2011-2020**

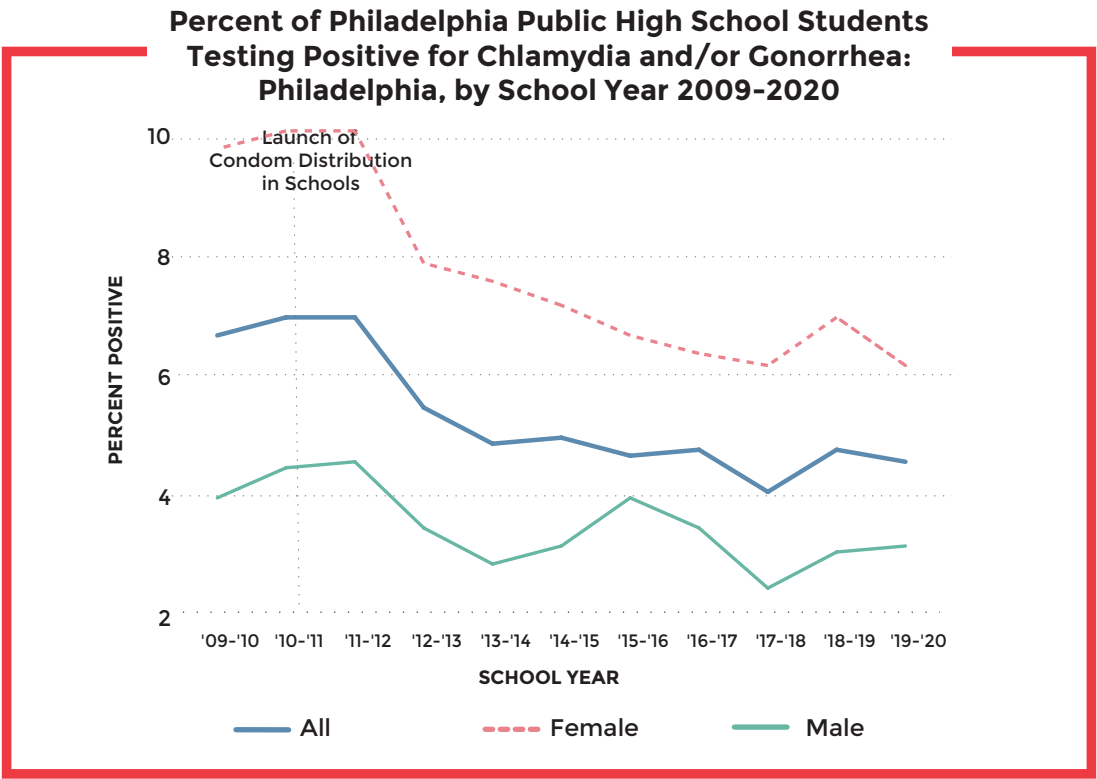


**Primary & Secondary and Early Latent Syphilis:  
Philadelphia, 2011-2020**





# OVERVIEW (Cont.)

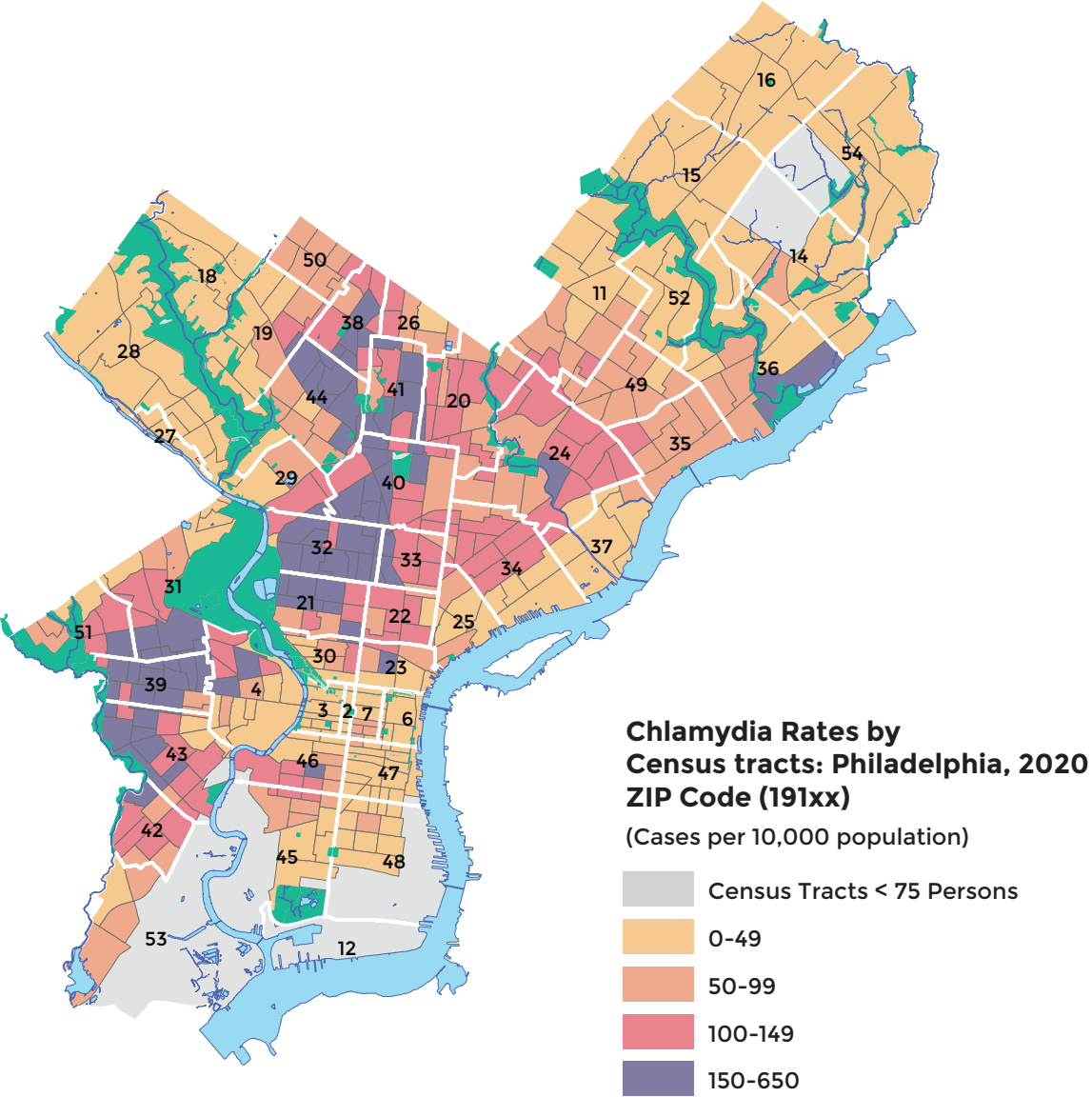


**Percent of Philadelphia Public High School Students Testing Positive for Chlamydia and/or Gonorrhea: Philadelphia, by School Year 2009-2020**

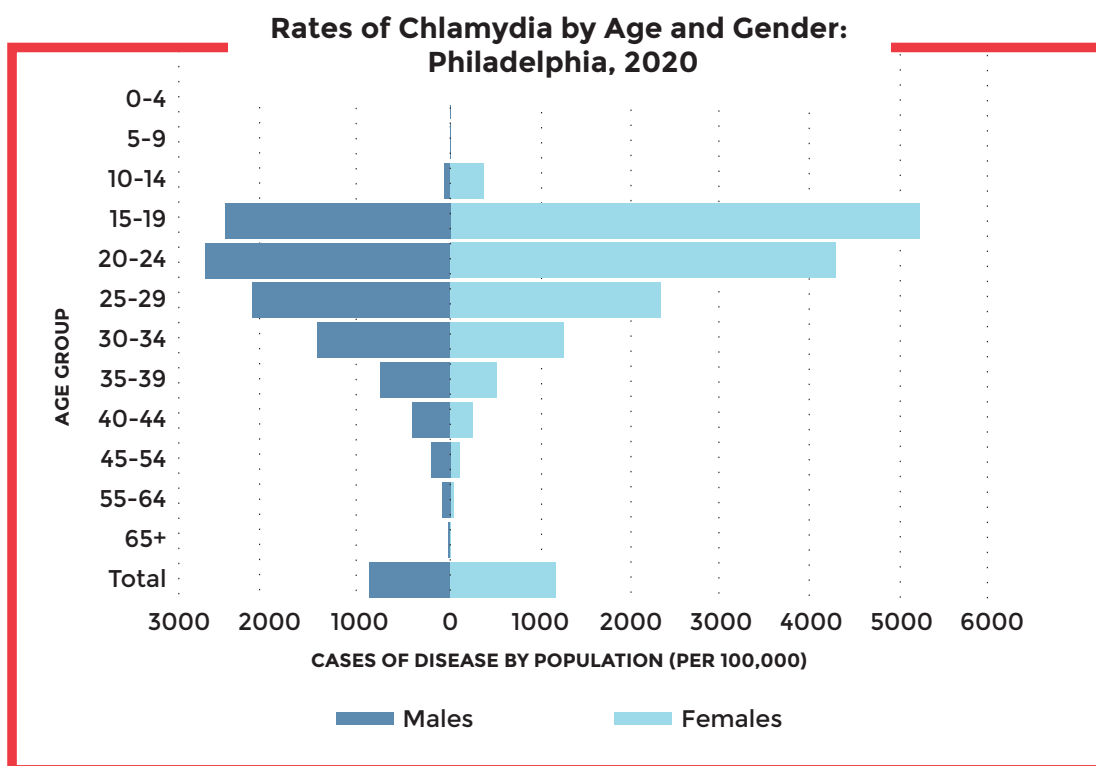
	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20
	%	%	%	%	%	%	%	%	%	%	%
Male	3.9	4.4	4.5	3.4	2.8	3.1	3.9	3.4	2.4	3.0	3.1
Female	9.7	10	10	7.8	7.5	7.1	6.6	6.3	6.1	6.9	6.1
Total	6.6	6.9	6.9	5.4	4.8	4.9	4.6	4.7	4.0	4.7	4.5

# CHLAMYDIA

(*Chlamydia trachomatis*)



# CHLAMYDIA (Cont.)



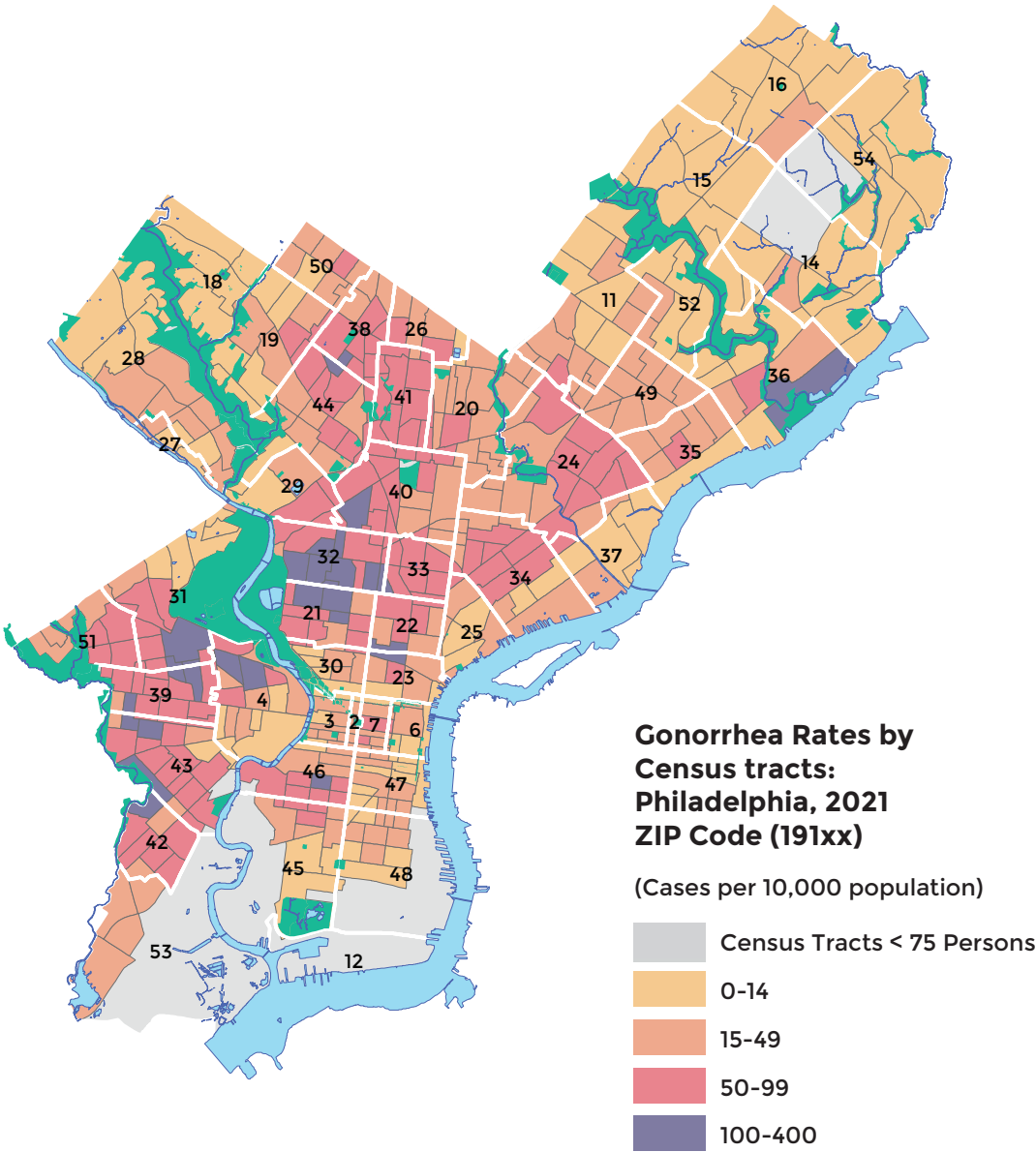
**Number of Chlamydia Reports by Age, Gender, and Region:  
Philadelphia, 2020**

	NE		NW		N		CC		S		W/SW		Total*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Male</b>														
0-14 Yrs	<6	--	<6	--	18	0	<6	--	<6	--	10	0	31	1
15-19 Yrs	214	3	36	1	741	12	18	0	52	1	341	6	1,402	23
20-24 Yrs	422	7	73	1	809	13	52	1	102	2	404	7	1,862	30
25-34 Yrs	359	6	66	1	873	14	149	2	199	3	461	7	2,107	34
35+ Yrs	123	2	27	0	333	5	78	1	89	1	139	2	789	13
<b>Female</b>														
0-14 Yrs	14	0	6	0	100	1	<6	--	<10	--	31	0	162	2
15-19 Yrs	328	4	102	1	1,675	18	53	1	165	2	673	7	2,996	33
20-24 Yrs	410	5	133	1	1,554	17	81	1	184	2	730	8	3,092	34
25-34 Yrs	351	4	81	1	1,143	13	101	1	133	1	499	6	2,308	25
35+ Yrs	75	1	14	0	267	3	18	0	35	0	97	1	506	6
<b>Grand Total</b>	<b>2,299</b>	<b>15</b>	<b>538</b>	<b>3</b>	<b>7,519</b>	<b>49</b>	<b>553</b>	<b>3</b>	<b>969</b>	<b>6.4</b>	<b>3,385</b>	<b>22</b>	<b>15,263</b>	

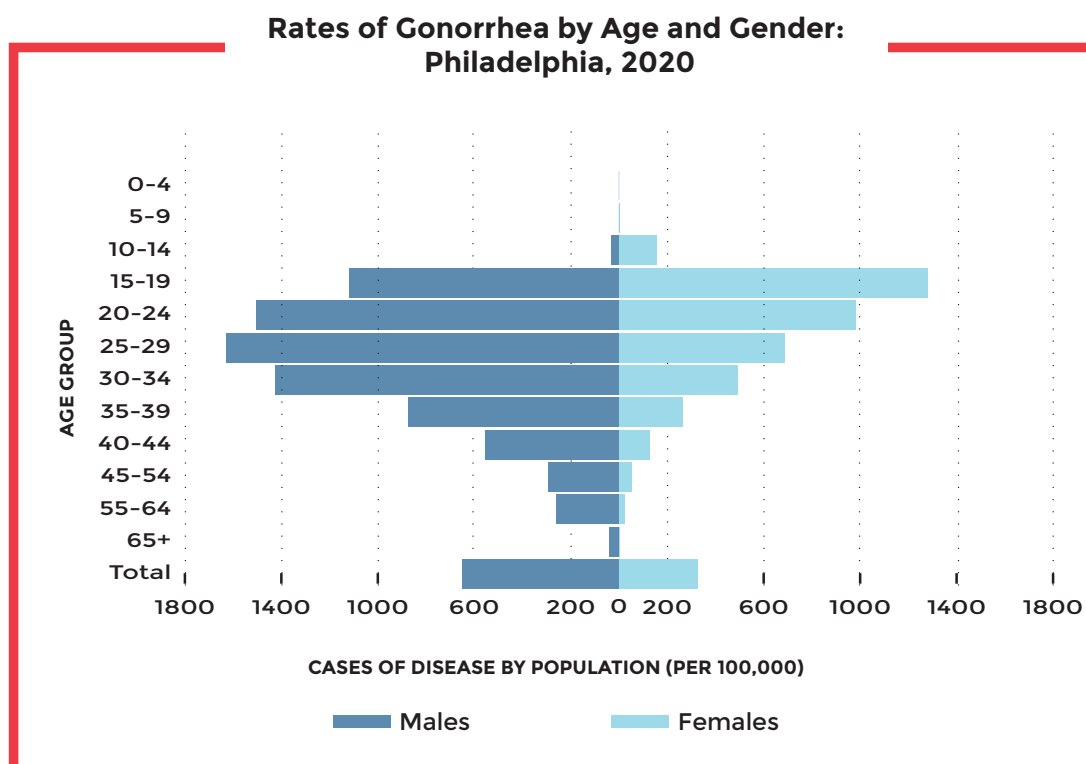
\*unknown=571

# GONORRHEA

(*Neisseria gonorrhoeae*)



# GONORRHEA (Cont.)



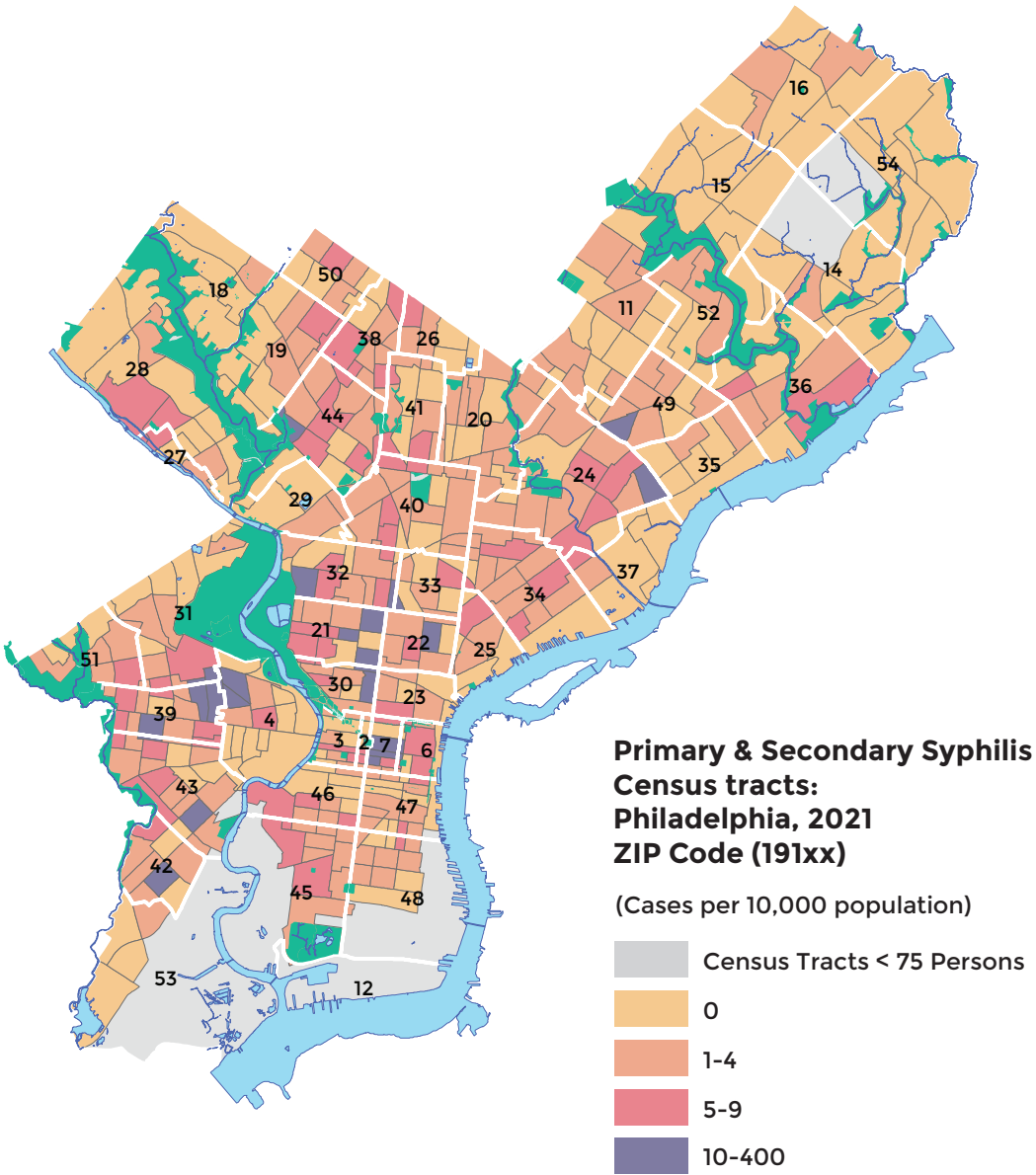
**Number of Gonorrhea Reports by Age, Gender, and Region:  
Philadelphia, 2020**

	NE		NW		N		CC		S		W/SW		Total*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Male</b>														
0-14 Yrs	<6	--	<6	--	<6	--	<6	--	<6	--	8	0	15	0
15-19 Yrs	79	2	11	0	327	7	13	0	30	1	161	4	621	14
20-24 Yrs	147	3	30	1	481	11	28	1	56	1	273	6	1,015	23
25-34 Yrs	184	4	61	1	739	16	115	3	209	5	433	10	1,741	39
35+ Yrs	111	2	39	1	447	10	89	2	166	4	233	5	1,085	24
<b>Female</b>														
0-14 Yrs	<6	--	<6	--	38	2	<6	--	<6	--	17	1	67	3
15-19 Yrs	60	2	19	1	437	17	14	1	34	1	170	7	734	29
20-24 Yrs	64	3	24	1	383	15	12	0	32	1	191	8	706	28
25-34 Yrs	83	3	24	1	383	17	24	1	46	2	178	7	738	29
35+ Yrs	34	1	7	0	137	5	13	1	8	0	62	2	261	10
Grand Total	767	11	219	3	3,378	48	311	4	585	8	1,726	25	6,986	100

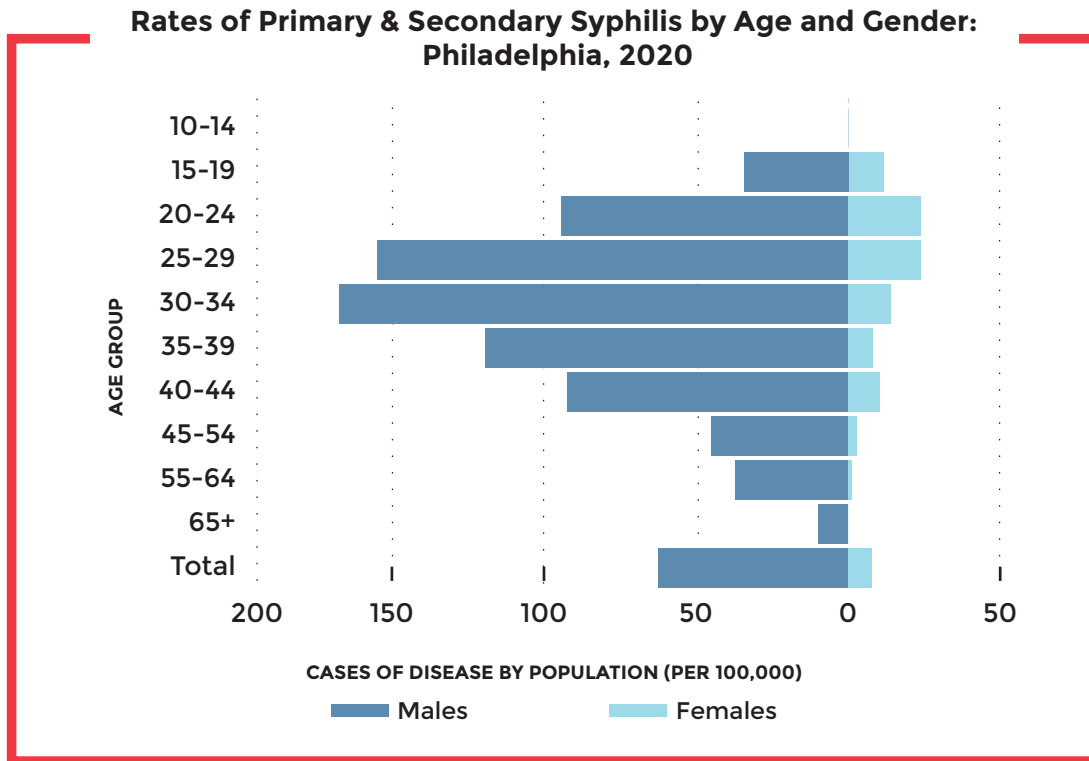
\*unknown=316

# SYPHILIS-PRIMARY & SECONDARY

(*Treponema pallidum*)



# SYPHILIS-PRIMARY & SECONDARY (Cont.)



**Number of Primary & Secondary Syphilis Reports by Age and Region:  
Philadelphia, 2020**

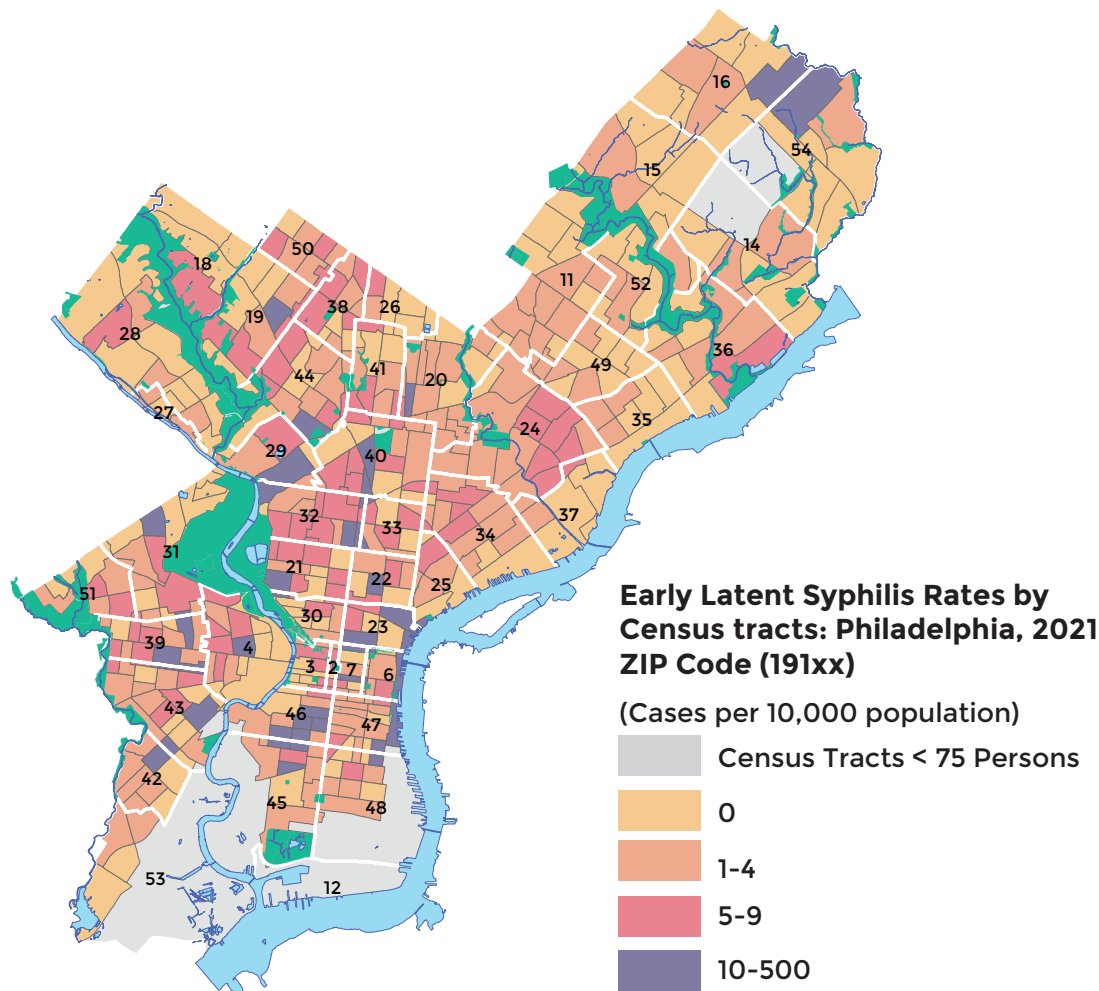
	NE		NW		N		CC		S		W/SW		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Age</b>														
0-24 Yrs	15	3	<6	--	49	10	<6	--	7	1	26	5	106	22
25-34 Yrs	8	2	8	2	88	18	22	4	24	5	57	12	207	42
35+ Yrs	25	5	8	2	61	12	27	6	24	5	33	7	178	36
<b>Total</b>	48	10	20	4	198	40	54	11	55	11	116	24	511	100

\*Missing 20



# SYPHILIS-EARLY LATENT

(*Treponema pallidum*)

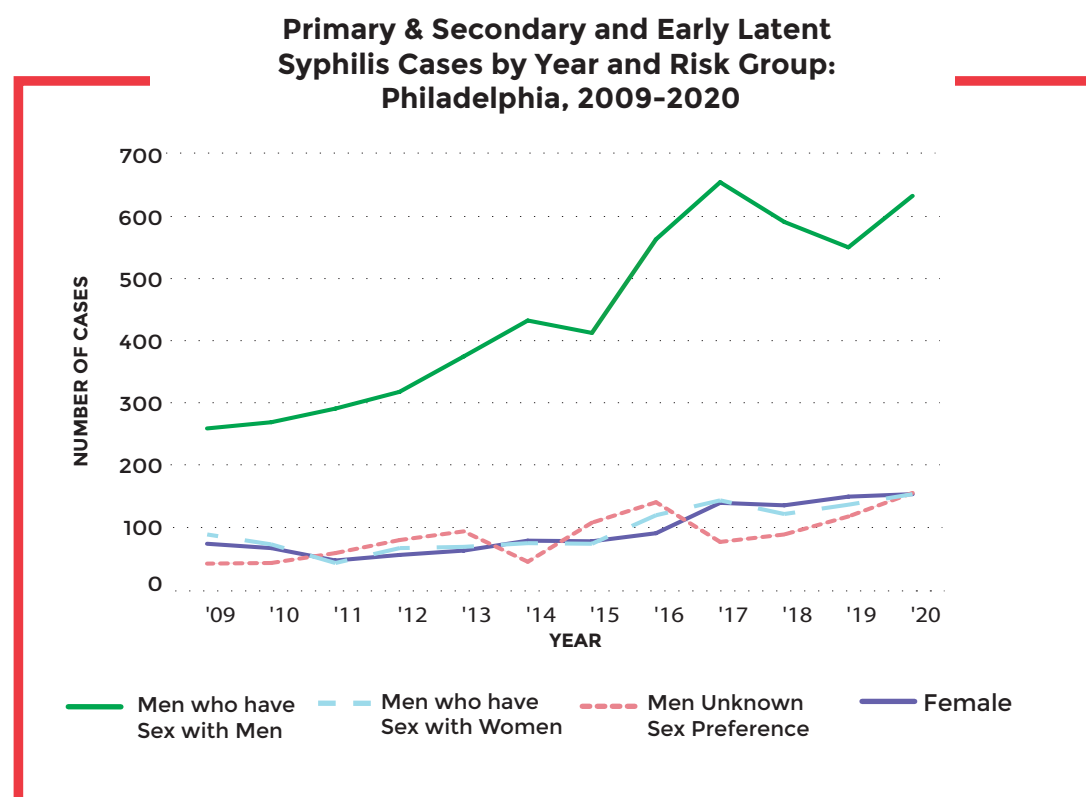
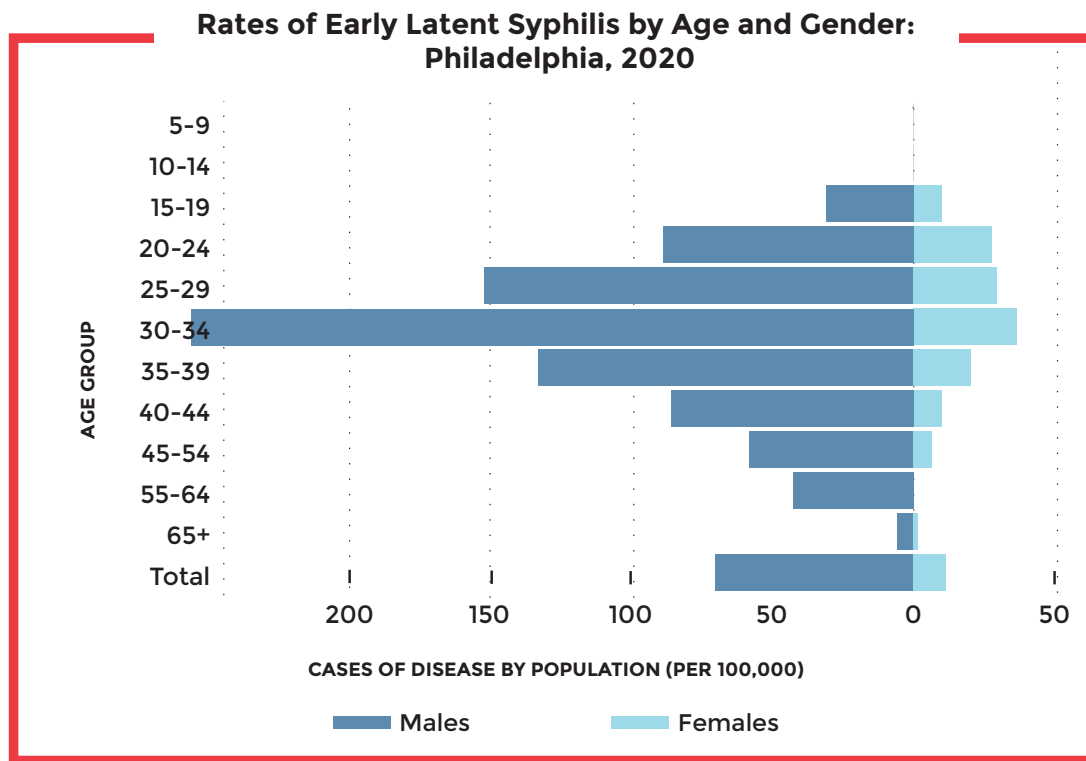


Number of Early Latent Syphilis Reports by Age and Region: Philadelphia, 2020

	NE		NW		N		CC		S		W/SW		Total*	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Age														
0-24 Yrs	14	2	<6	--	58	10	<6	--	<6	--	22	4	103	18
25-34 Yrs	20	3	15	3	122	21	<25	--	30	5	63	11	272	46
35+ Yrs	20	3	10	2	71	12	19	3	48	8	44	8	212	36
Total	54	9	27	5	251	43	43	7	83	14	129	22	587	100

\*unknown=5

# SYPHILIS-EARLY LATENT (Cont.)



A large, stylized number '7' is centered on the page. It is white with a thick orange border. The '7' is composed of a horizontal bar at the top and a diagonal stem extending from the bottom left to the middle right.

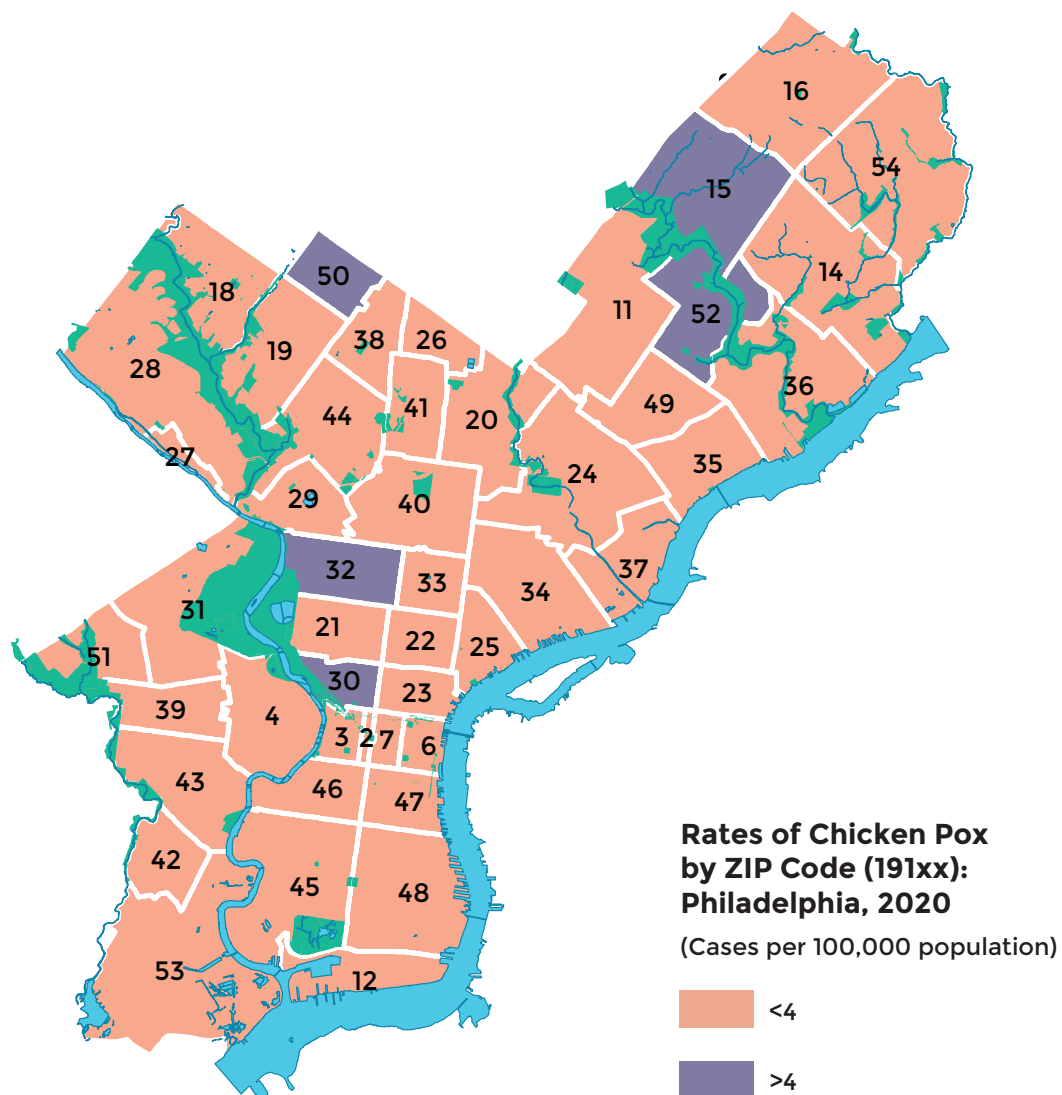
# **VACCINE- PREVENTABLE**

## **DISEASES**

CHICKEN POX  
MENINGOCOCCAL DISEASE  
PERTUSSIS

# CHICKEN POX

(Varicella zoster virus)



# CHICKEN POX (Cont.)

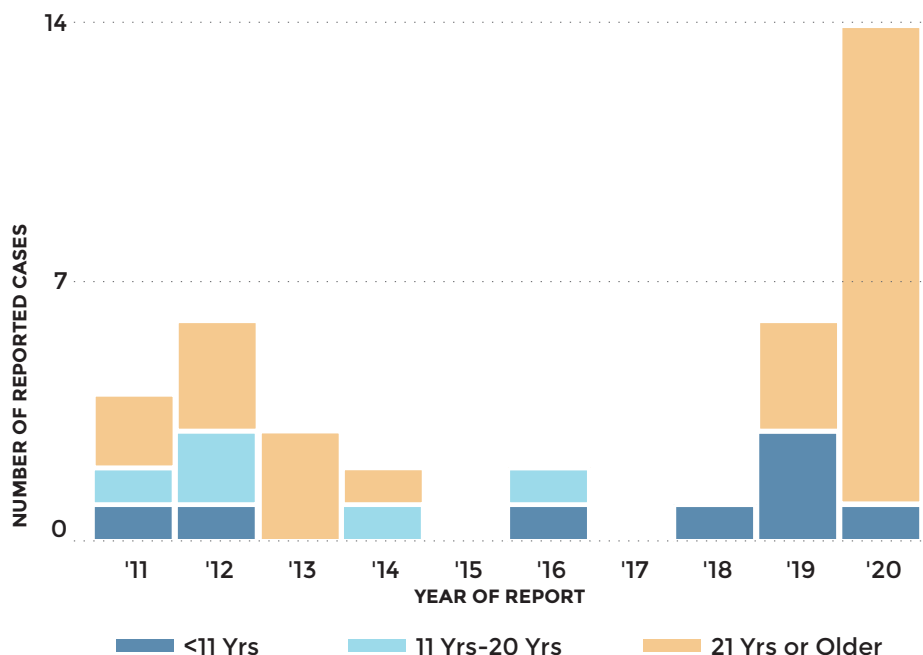
Number of Chicken Pox Reports by Age:  
Philadelphia, 2020

	0-3 Years		4-19 Years		20+ Years		Total	
	n	%	n	%	n	%	n	%
Total	8	40.0	6	20.0	6	20.0	20	100

# MENINGOCOCCAL DISEASE

(*Neisseria meningitidis*)

**Invasive Meningococcal Disease by Age Group:  
Philadelphia, 2011-2020**



## OF NOTE

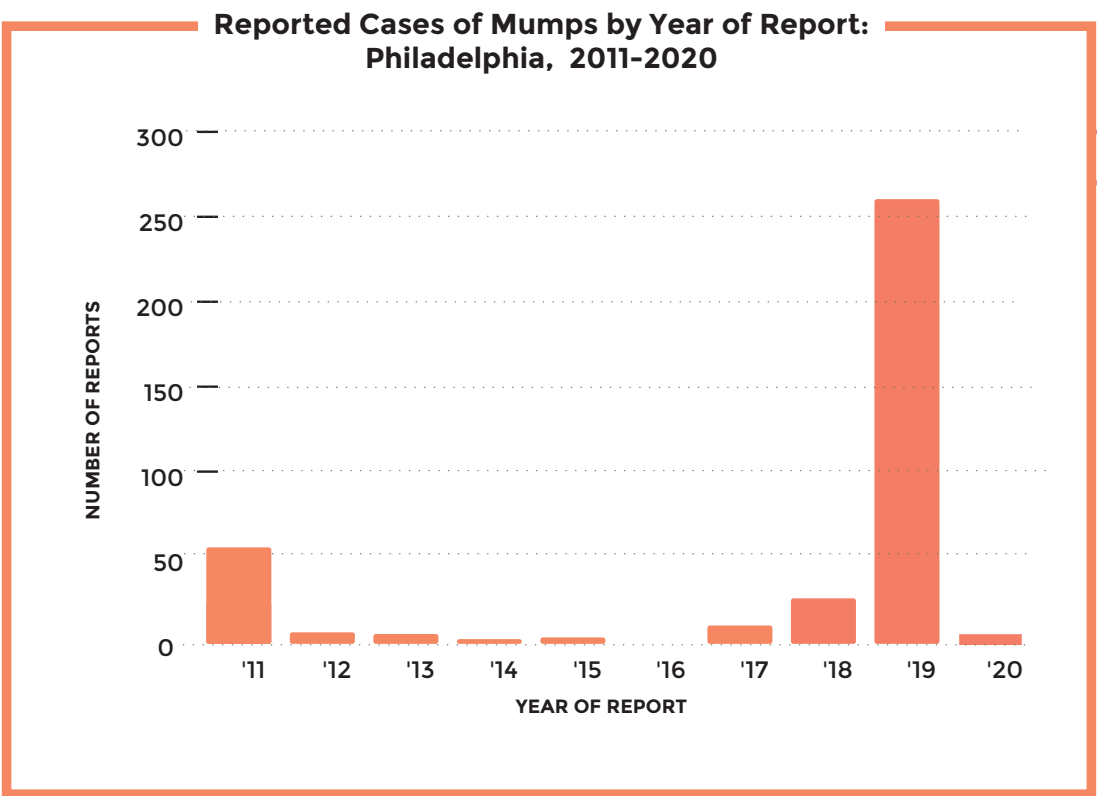
In 2020, 8,941 individuals aged 16-23 years from Philadelphia received  $\geq 1$  dose of meningococcal B vaccine, which provides short-term protection against most strains of serogroup B meningococcal disease. It should be noted that meningococcal B vaccine is administered following shared clinical decision making between the provider and the patient (Category B Recommendation).

PDPH identified a total of 15 cases of meningococcal disease (14 confirmed and 1 suspect) in 2020. This was a marked increase of 400% from a mean of 3 cases reported annually from 2011-2019 (range 0-6 cases). No outbreaks were identified in 2020 and therefore, the increase was due to ongoing community transmission. Of note, cases were primarily adults (14, 93%), and the median age was 53 years (range: 3-79 years). Seven cases (47%) occurred among persons experiencing homelessness. Serogrouping was completed for all 14 confirmed cases, with *Neisseria meningitidis* group C being the primary serogroup identified (12, 86%).

**Reports of Meningococcal Disease by Serogroup Per Year:  
Philadelphia, 2010-2020**

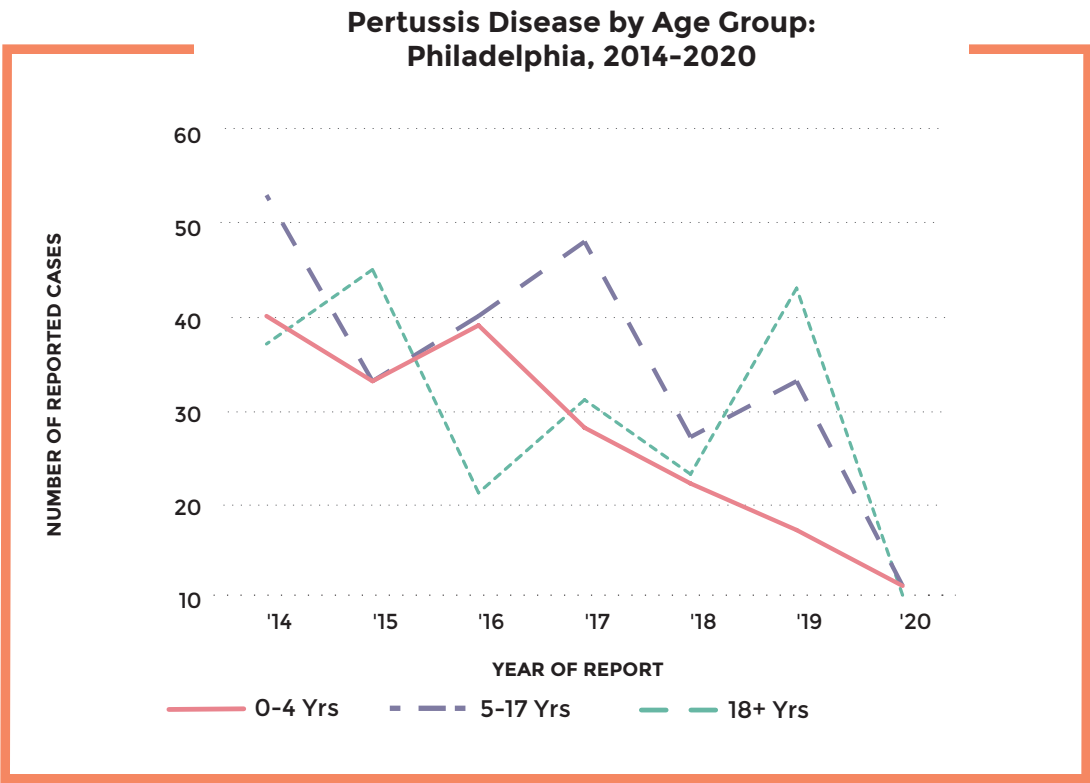
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total N (%)
<b>Serogroup</b>												
B	1	1	2	0	1	0	1	0	0	3	1	10 (23%)
C	1	0	1	0	0	0	0	0	0	0	12	14 (33%)
W	0	0	0	0	0	0	0	0	0	0	0	0 (0%)
X	0	1	0	0	0	0	0	0	0	0	0	1 (2%)
Y	2	2	2	2	0	0	0	0	0	1	1	10 (23%)
Z	0	0	0	0	0	0	0	0	0	0	0	0 (0%)
Nontypeable	1	0	1	1	1	0	1	0	1	2	0	8 (19%)
<b>Total</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>14</b>	<b>43 (100%)</b>

# MUMPS



# PERTUSSIS

(*Bordetella pertussis*)



**Number of Pertussis Reports by Age:  
Philadelphia, 2020**

	0-4 Years		5-17 Years		18+ Years		Total	
	n	%	n	%	n	%	n	%
Total	11	34.4	11	34.4	10	31.3	32	100



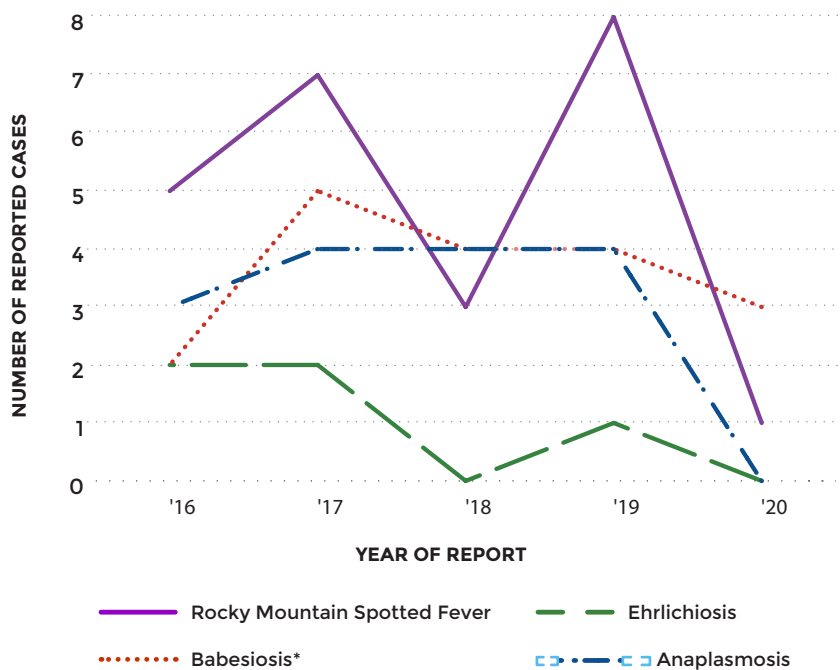


# VECTOR- BORNE DISEASES

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

# TICKBORNE INFECTIONS

Reported Cases of Other Non-Lyme Tickborne Infections: Philadelphia, 2016-2020



## OF NOTE

In May 2020, the first Powassan virus infection was diagnosed in a resident of the City. This resident was likely infected while visiting another county in Pennsylvania.

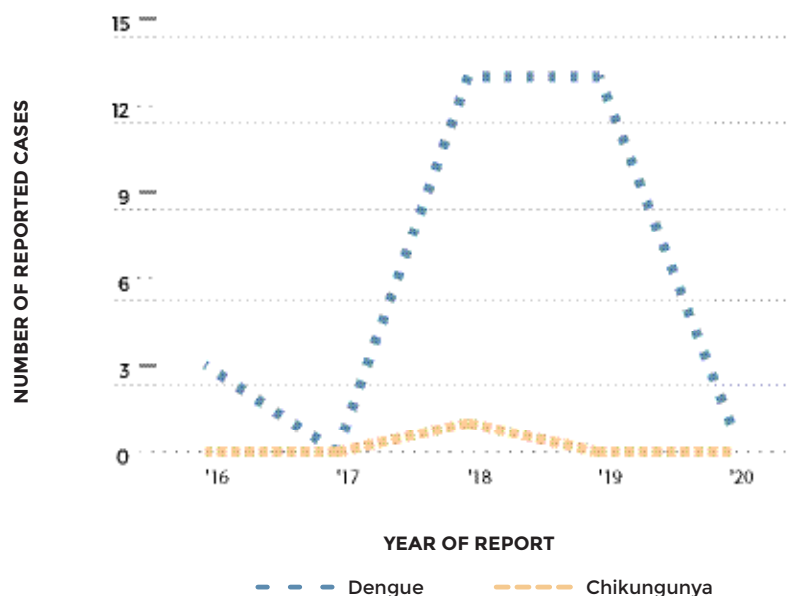
Reported Cases of Other Non-Lyme Tickborne Infections: Philadelphia, 2016-2020

	2016	2017	2018	2019	2020	Total
<b>Anaplasmosis</b>	3	4	4	4	0	15
<b>Babesiosis*</b>	2	5	4	4	3	18
<b>Ehrlichiosis</b>	2	2	0	1	0	5
<b>Rocky Mountain Spotted Fever</b>	5	7	3	8	1	24
<b>Total</b>	12	18	11	17	4	62

\*All infection include locally-acquired and travel-associated infections. Babesiosis also includes transfusion-associated cases.

# ARBOVIRAL INFECTIONS

**Reported Cases of Travel-associated Arboviral Infections: Philadelphia, 2016-2020**



**Demographics of Travel Associated Arboviral Infections: Philadelphia, 2014-2020**

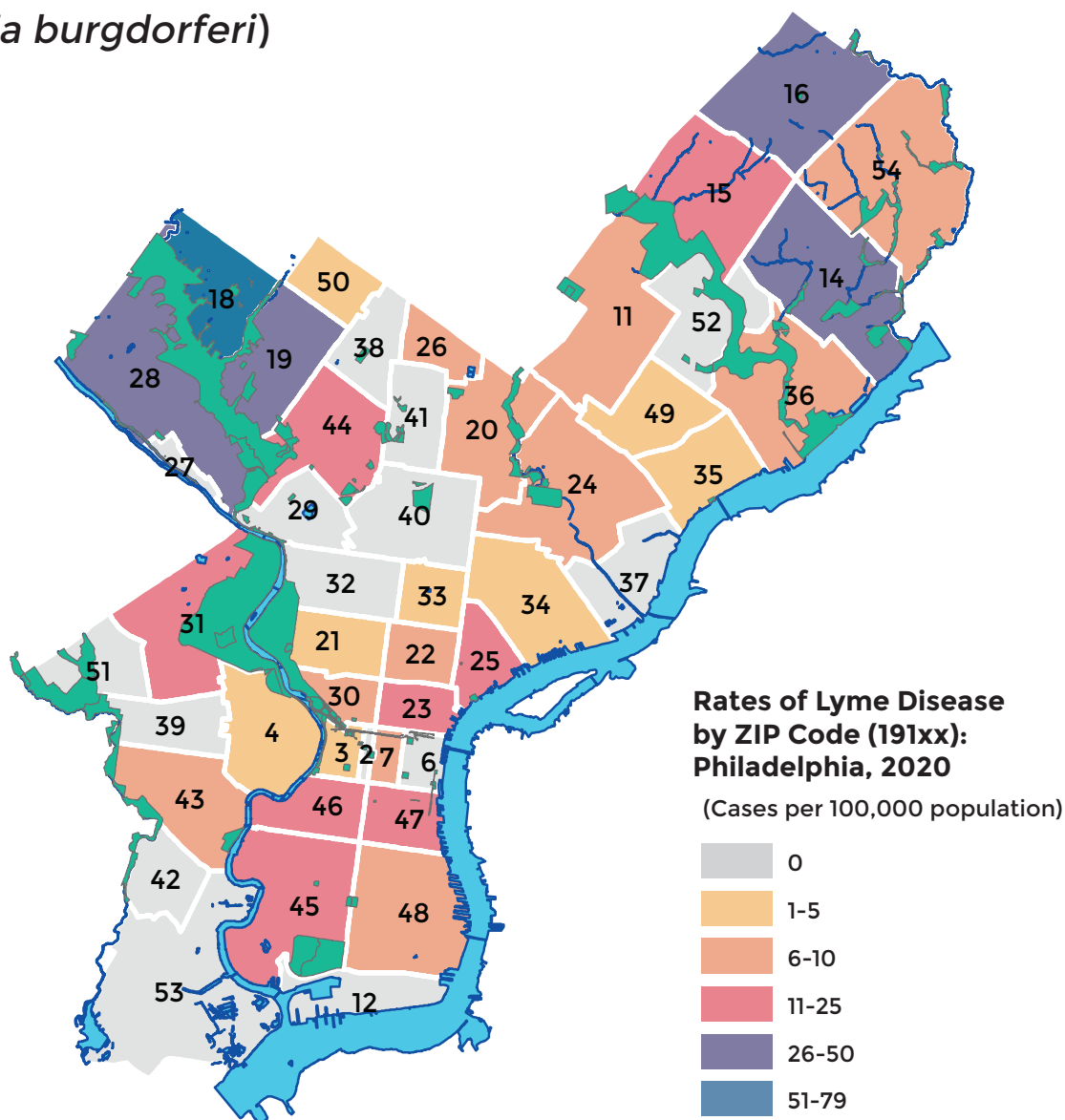
	Chikungunya		Dengue	
	n= 44	%	n= 36	%
<b>Female</b>	34	77	10	28
<b>Foreign Born</b>	31	70	8	23
<b>Median Age (Range) Years</b>	42.5	(5-78)	35.5	(5-64)

**Outcomes of Travel-associated Arboviral Infections: Philadelphia, 2014-2020**

	Chikungunya		Dengue	
	n= 44	%	n= 36	%
<b>Hospitalized</b>	9	20	13	37
<b>Death</b>	0	0	0	0

# LYME DISEASE

(*Borrelia burgdorferi*)

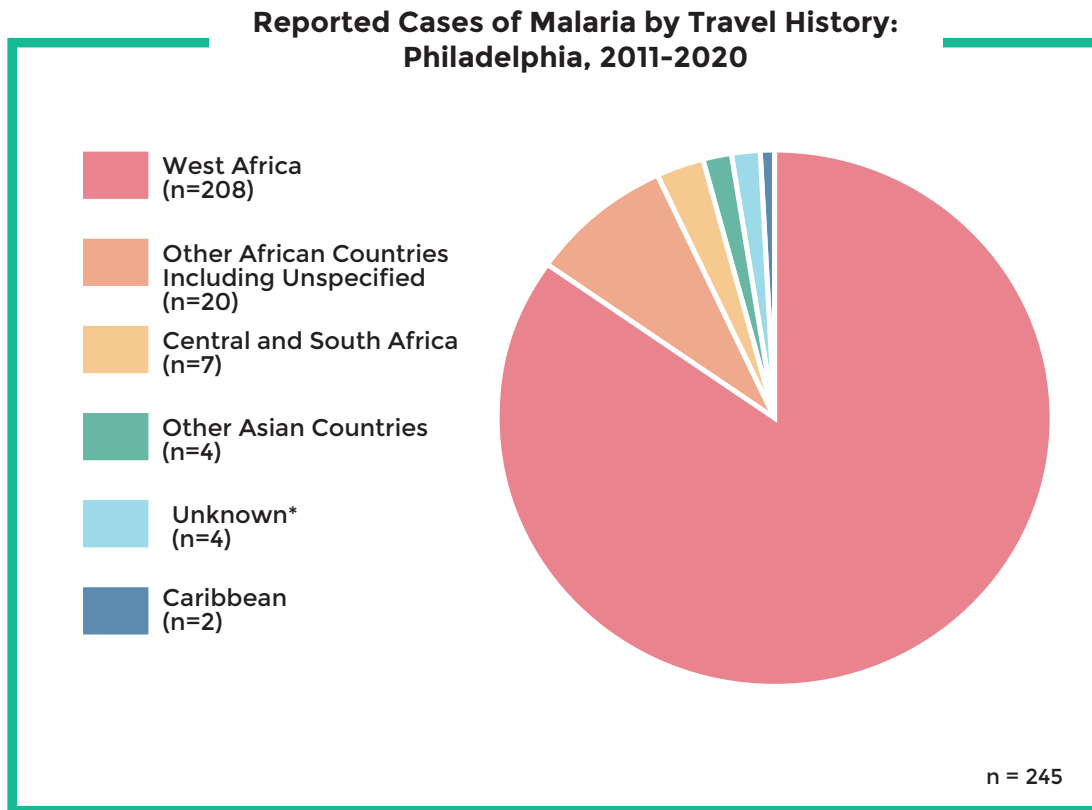


**Number of Lyme Disease Reports by Age and Gender: Philadelphia, 2020**

	0-15 Years		16-34 Years		35-60 Years		61+ Years		Total	
	n	%	n	%	n	%	n	%	n	%
Male	16	11.2	19	13.3	26	18.2	18	12.6	79	55.2
Female	6	4.2	18	12.6	17	11.9	23	16.1	64	44.8
Total	22	15.4	37	25.6	43	30.1	41	28.7	143	100

# MALARIA

(*Plasmodia spp.*)



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

## VECTOR-BORNE DISEASES

# WEST NILE VIRUS

### OF NOTE

During the 2020 season, 4 Philadelphia residents developed West Nile Virus (WNV) infections (4 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 2020 season was higher than 2019 (16% vs 12%), and higher than the historic median rates (5%).



# **VIRAL HEPATITIS**

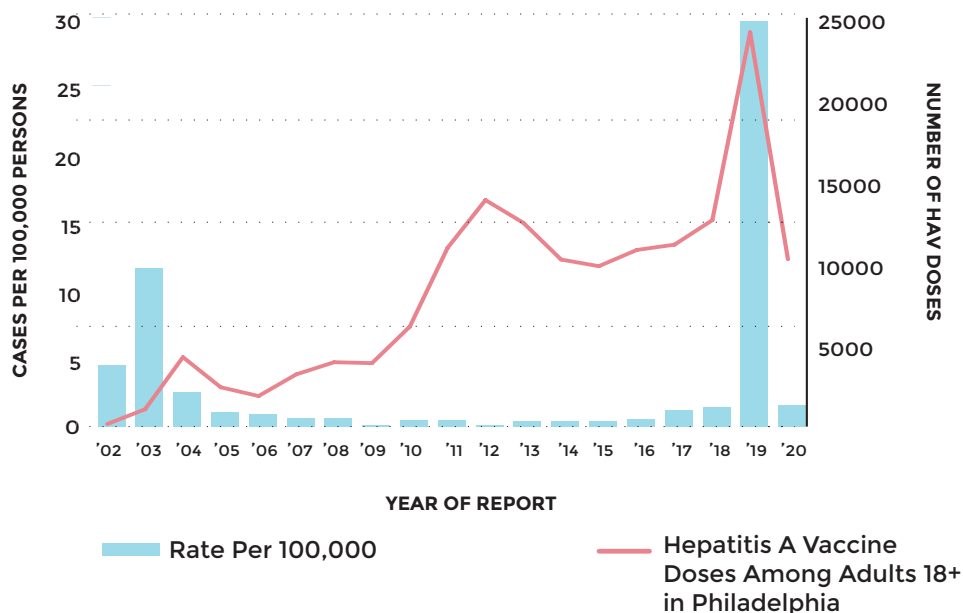
## **INFECTIONS**

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, 2002–2020**



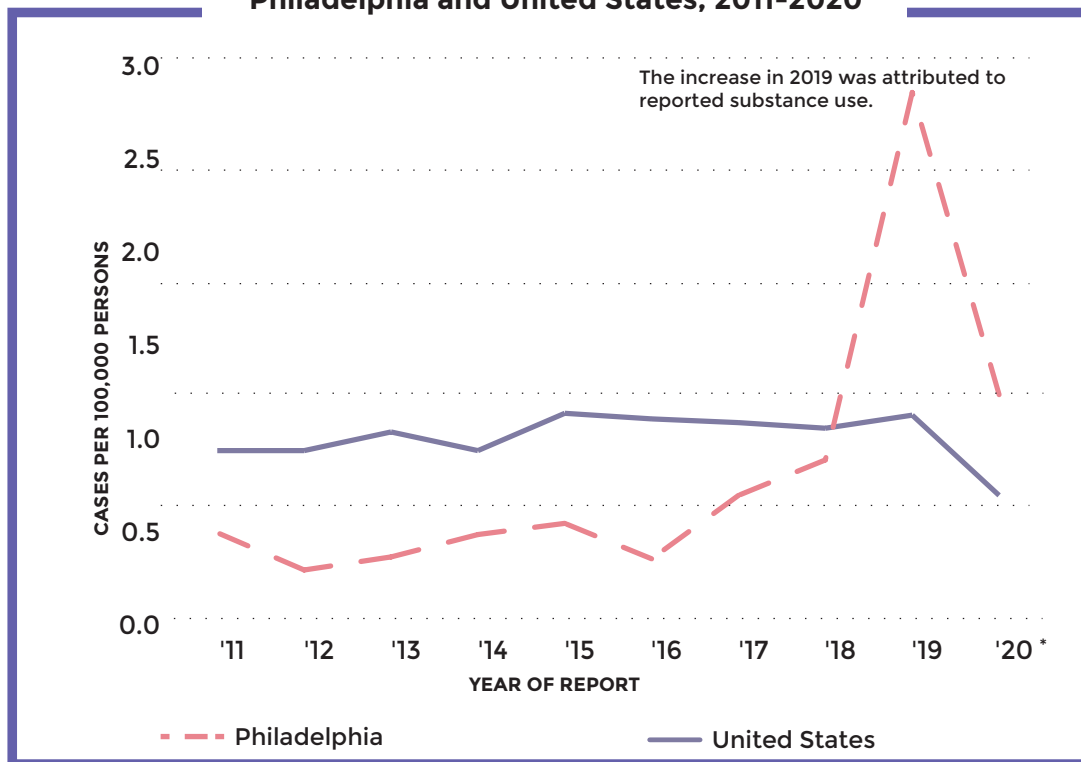
## OF NOTE

In 2020, PDPH identified 25 confirmed cases of hepatitis A. Under one-third of the cases occurred among persons who use drugs and persons experiencing homelessness (8, 32%). Median age of the hepatitis A cases was 38 (range: 20 - 85 years). Most hepatitis A cases were hospitalized (21, 84%) and 2 (8%) infections were fatal. The decline in hepatitis A cases during 2020 was likely due to a combination of COVID-19 Safer At Home mitigation strategies and possible under recognition of infections.

# HEPATITIS-ACUTE

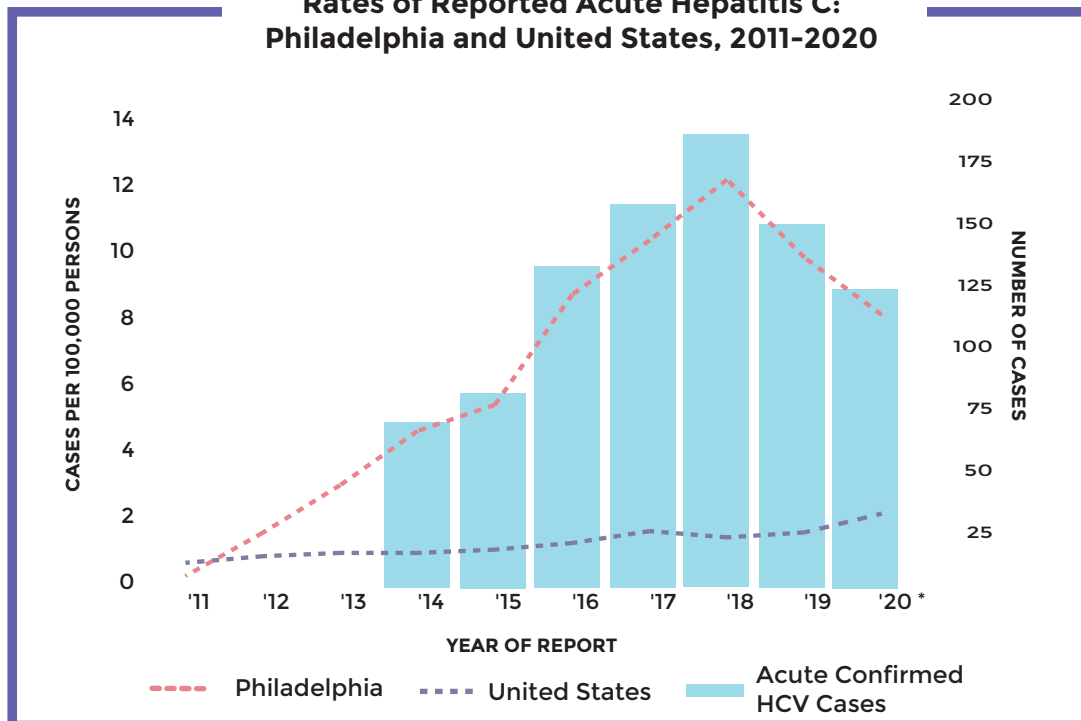
(Hepatitis B & C virus)

**Rates of Reported Acute Hepatitis B:  
Philadelphia and United States, 2011-2020**



\*Totals for 2020 were likely to have been impacted by the COVID-19 pandemic.

**Rates of Reported Acute Hepatitis C:  
Philadelphia and United States, 2011-2020**

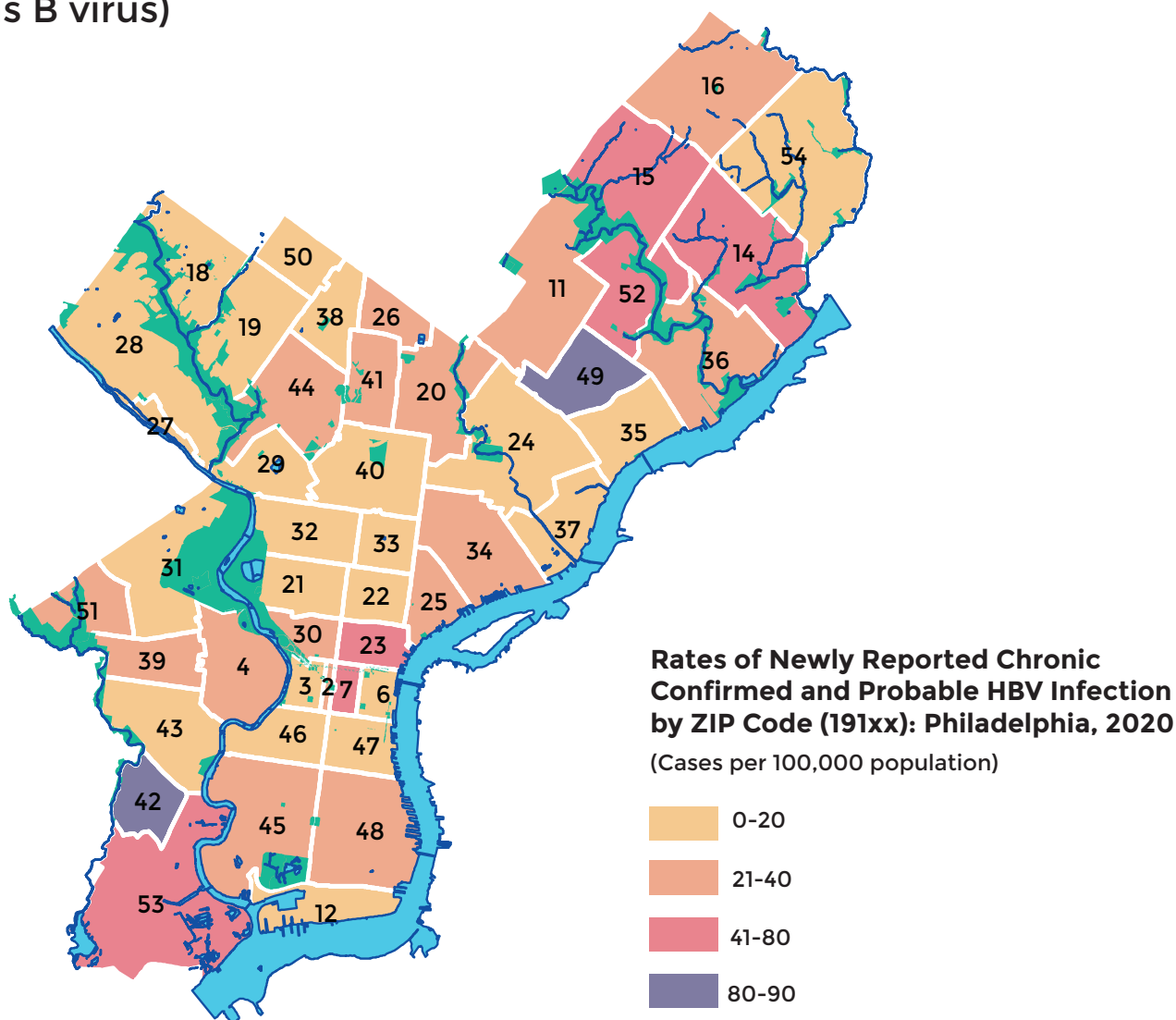


\*Totals for 2020 were likely to have been impacted by the COVID-19 pandemic.



# HEPATITIS B-CHRONIC

(Hepatitis B virus)



**Number of Newly-reported Chronic Hepatitis B Reports by Age and Gender: Philadelphia, 2020**

	0-30 Years		31-45 Years		46-65 Years		66+ Years		Total*	
	n	%	n	%	n	%	n	%	n	%
<b>Male</b>	33	7.5	104	23.7	102	23.2	43	9.8	282	64.2
<b>Female</b>	37	8.4	56	12.8	40	9.1	24	5.5	157	35.8
<b>Total</b>	70	15.6	160	36.5	142	32.4	67	15.3	439	100

\*19 had missing age

# HEPATITIS-PERINATAL

(Hepatitis B & C virus)

## Comparison of Perinatal Hepatitis B: Philadelphia 2011-2019

	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total Birthing Person-Infant Pairs Followed	131	171	153	164	155	174	131	139	128
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%)	112 (88%)
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%)	122 (95%)
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%)	112 (88%)
Children HBsAg+*** at Screening (9-12 months old)	0	1 (<1%)	0	0	1 (<1%)	0	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, 2019

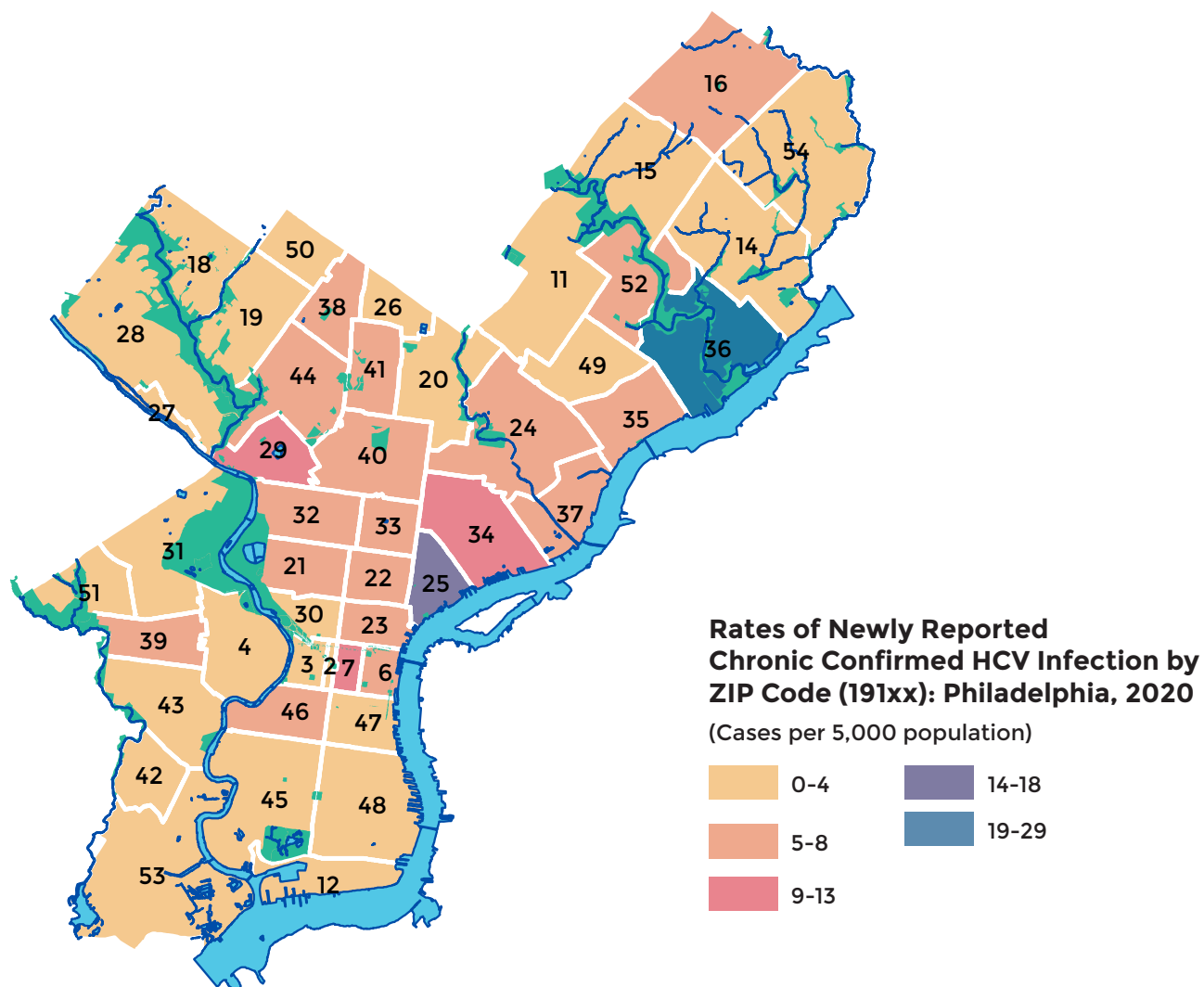
Year of Birth	Number Known Exposed	Infants with Completed Screening*	Infants Positive after Perinatal Exposure
2018	107	60	5
2019	91	50	1

### 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, 2020**

	0-30 Years		31-45 Years		46-65 Years		66+ Years		Total*	
	n	%	n	%	n	%	n	%	n	%
<b>Male</b>	87	6.8	293	22.9	306	24.0	182	14.2	868	67.8
<b>Female</b>	71	5.6	135	10.6	131	10.2	75	5.9	412	32.1
<b>Total</b>	158	12.3	428	33.4	437	34.1	257	20.1	1,280	100

\*8 had missing age



# **REPORTING DISEASES & CONDITIONS**

NOTIFIABLE DISEASE LIST  
REPORT FORM



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

<b>Acute flaccid myelitis*</b>	Conococcal infections	Leptospirosis	Shigellosis
<b>Amebiasis</b>	Guillain-Barré Syndrome	Listeriosis	<b>Smallpox*</b>
<b>Animal bites (wild/stray/domestic)</b>	<b>Haemophilus influenzae, invasive disease*</b>	Lyme disease	Staphylococcus aureus, vancomycin insensitive
<b>Anthrax*</b>	<b>Hantavirus Pulmonary Syndrome*</b>	Malaria	Streptococcal disease, invasive group A
<b>Arboviruses*</b>	<b>Hemorrhagic fever, all*</b>	<b>Measles (rubeola)*</b>	Streptococcal disease, invasive group B (infants 0-89 days of age)
<b>Babesiosis</b>	Hepatitis A	<b>Melioidosis*</b>	Streptococcus pneumoniae, invasive disease
<b>Botulism*</b>	Hepatitis B, also including: pregnancy in a Hepatitis B infected woman	<b>Meningitis (viral, fungal, bacterial)</b>	Syphilis
<b>Bruceellosis*</b>	Hepatitis C, also including: pregnancy in a Hepatitis C infected woman	<b>Meningococcal infections*</b>	Tetanus
<b>Campylobacteriosis</b>	Hepatitis, other viral	<b>Mpox*</b>	Toxic Shock Syndrome
<b>Candida auris*</b>	Histoplasmosis	<b>Multisystem Inflammatory Syndrome (MIS)</b>	Trichinosis
<b>Carbapenem-resistant Enterobacteriaceae (CRE)</b>	Human immunodeficiency virus (HIV/AIDS) ‡ also including:	Mumps	Tuberculosis §
<b>Chancroid</b>	• acute HIV infection*+ • birth of an infant to an HIV infected woman* <sub>A</sub> , • new HIV positive result in a pregnant woman* <sub>A</sub> , and • pregnancy in an HIV infected woman* <sub>A</sub>	Neonatal Abstinence Syndrome (NAS)	<b>Tularemia*</b>
<b>Chikungunya</b>		Novel coronaviruses (SARS, MERS-CoV, COVID-19 including infections in pregnant persons)*	<b>Typhoid (Salmonella typhi and paratyphi)*</b>
<b>Chlamydia trachomatis including lymphogranuloma venereum</b>		Pandrug-resistant organism* Pertussis (whooping cough)	Varicella, including zoster
<b>Cholera*</b>		Plague*	Vibriosis
<b>Creutzfeldt-Jakob Disease</b>		Poliomyelitis*	<b>West Nile Virus*</b>
<b>Cryptosporidiosis</b>		Psittacosis (ornithosis)	<b>Yellow Fever*</b>
<b>Cyclosporiasis</b>		<b>Rabies*</b>	Yersiniosis
<b>Dengue</b>		Rickettsial diseases (including Rocky Mountain spotted fever, rickettsial pox, typhus fever)	Zika, including prenatal and postnatal birth defects associated with congenital Zika infection
<b>Diphtheria*</b>		<b>Rubella (German Measles) &amp; Congenital Rubella*</b>	
<b>Ehrlichiosis/Anaplasmosis</b>		<b>Salmonellosis</b>	
<b>Encephalitis*</b>	Influenza (including novel influenza A*, pediatric deaths*, and institutional outbreaks*)		
<b>Escherichia coli O157:H7 and Shiga toxin-producing bacteria*</b>	Lead poisoning †		
<b>Food poisoning*</b>	Legionellosis		
<b>Giardiasis</b>	Leprosy (Hansen's disease)		

*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](http://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**Patient Information**

Report Date (Mo., Day, Yr.) ____/____/____	Name (Last, First, M.I.) _____	Parent or caretaker (if applicable) _____
DOB (Mo., Day, Yr.) ____/____/____		Age ____
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation _____	Telephone (Home) _____ (Cell) _____ (Work) _____
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 <input type="checkbox"/> Clinical <input type="checkbox"/> Lab confirmed	Fatal (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Death _____
Chief Symptoms / Complaints <input type="checkbox"/> cough <input type="checkbox"/> nausea <input type="checkbox"/> diarrhea <input type="checkbox"/> headache <input type="checkbox"/> joint pain <input type="checkbox"/> coryza <input type="checkbox"/> vomiting <input type="checkbox"/> fever <input type="checkbox"/> body aches <input type="checkbox"/> rash		Suspected source(s) of Infection (if known) <input type="checkbox"/> school/daycare <input type="checkbox"/> home/relative <input type="checkbox"/> park/outdoors <input type="checkbox"/> work <input type="checkbox"/> restaurant <input type="checkbox"/> recreational water <input type="checkbox"/> travel (where/dts: _____) <input type="checkbox"/> 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
		<input type="checkbox"/> Blood <input type="checkbox"/> Stool <input type="checkbox"/> CSF <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Blood <input type="checkbox"/> Stool <input type="checkbox"/> CSF <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Blood <input type="checkbox"/> Stool <input type="checkbox"/> CSF <input type="checkbox"/> Other _____			

**Antibiotic Sensitivities (if applicable)**

Antibiotic	Resistant	Intermediate	Susceptible
Ampicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trimethoprim/ Sulfamethoxazole (Bactrim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Notes****Reporter Information**

Facility Name _____	Reporter Name _____	Reporter Phone # _____	Reporter <input type="checkbox"/> ICP <input type="checkbox"/> ED <input type="checkbox"/> School Nurse <input type="checkbox"/> Lab <input type="checkbox"/> Other _____
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**DO NOT WRITE IN AREA BELOW - FOR DEPARTMENT USE**

Name (Person Receiving Report) _____	Method of reporting <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Other _____
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**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.