

TABLE OF CONTENTS

I.	INTRODUCTION	iii
	Description of Kentucky	1
	Area Development Districts	2
	Area Development District Map	3
	Surveillance System	5
	List of Reportable Diseases	7
	Kentucky Reportable Disease Form (EPID 200, Rev. Jan/03)	9
II.	DISEASE SUMMARIES	
	AIDS	11
	Campylobacteriosis	15
	Chlamydial Infections	17
	Cryptosporidiosis	20
	Ehrlichiosis	21
	Encephalitis, Arboviral	22
	Escherichia coli O157:H7	25
	Gonorrhea	27
	Haemophilus influenzae	30
	Hepatitis A	32
	Hepatitis B	34
	Hepatitis C	37
	Histoplasmosis	39
	Influenza	41
	Legionellosis	44
	Listeriosis	46
	Lyme Disease	47
	Malaria	49
	Meningococcal Disease	50
	Pertussis	52
	Q Fever	55
	Rabies	56
	Rocky Mountain Spotted Fever	58
	Salmonellosis	60

Shigellosis	63
Streptococcal Disease, Invasive Group A	65
<i>Streptococcus pneumoniae</i> , Drug-Resistant Invasive Disease	67
Syphilis	68
Tuberculosis	71
Diseases of Low Frequency	74

INTRODUCTION

The Division of Epidemiology and Health Planning is pleased to release this surveillance summary of reportable diseases in Kentucky. This publication will offer valuable information about disease incidence to readers throughout the health and human services community. Only data on cases that are reported to the Division of Epidemiology and meet the confirmed status category for a case definition are included in this summary, except where specifically noted.

Kentucky was part of the nationwide West Nile Virus outbreak. The state participated in West Nile virus surveillance, documenting West Nile virus cases in 7 of the 15 Kentucky Area Development Districts with 14 confirmed human cases

Cases of most vaccine preventable diseases remained low. Most notable was an increase in pertussis cases and a greatly increased influenza activity compared to the prior year.

Q Fever, added to the reportable list in 2000, presented with nine cases and two cases of Tularemia were reported.

We acknowledge the contribution of the local health departments' surveillance personnel and of all the physicians, hospital infection control personnel and medical laboratory personnel who have reported cases as required by statute. We remain committed to the timely dissemination of our findings to all who are partners in disease prevention.