2018

# MAINE REPORTABLE INFECTIOUS **DISEASES SUMMARY**

Department of Health and Human Services

**Reportable Infectious Diseases in Maine 2018 Summary**

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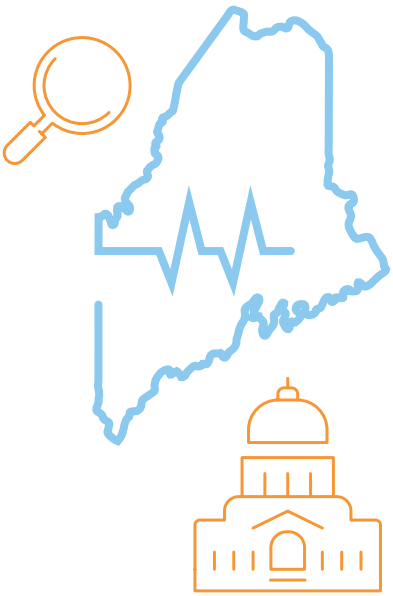
# THANK YOU



Maine Center for Disease Control and Prevention (Maine CDC) annually publishes a report on infectious diseases in Maine. This report is prepared by the Division of Disease Surveillance and is intended to provide an overview of notifiable infectious diseases of public health importance in Maine.

We could not produce this report without the continued support of our healthcare and public health partners throughout the state. We greatly appreciate all of the laboratories, healthcare providers, childcare centers, school nurses, veterinarians, and others who provide disease surveillance information. Partners spend considerable time assisting Maine CDC with infectious disease investigations and disease control measures that affect Maine residents. Public health partners' active and critical role in the infectious disease surveillance cycle informs statewide policies and programs that protect our residents from infectious diseases through health promotion, disease prevention, early detection, containment, and treatment.

We appreciate and encourage your vigilance in the effort to protect the people of Maine through timely, complete, and accurate notifiable infectious disease reporting. It is through these collaborative efforts that we are able to respond to emerging infectious disease threats and prevent outbreaks.

We hope you find this report useful as we all work to protect and promote the health of Maine's residents. As always, we welcome your feedback on how we can provide more useful disease information to you, our partners.

For more information on what, when, and how to report infectious diseases please see the Notifiable Diseases and Conditions List (Page 73) of this report, visit our website at www.maine.gov/idepi or call 1-800-821-5821.

Ann Farmer, MS

*Associate Director, Division of Disease Surveillance*

Maine Center for Disease Control and Prevention

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## Highlights for 2018

# 2018 INFECTIOUS DISEASE
# SURVEILLANCE HIGHLIGHTS

**4,879**

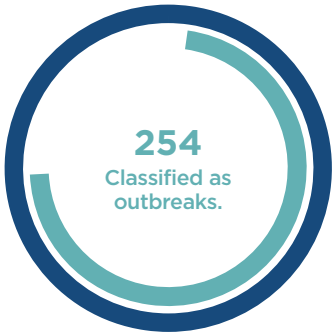
Disease reports investigated by Maine CDC staff including STD cases.

**344**

Potential outbreaks investigated by Maine CDC staff.

**9,757**

Disease reports handled without a full investigation by staff, either through passive surveillance or laboratory reports.*



*The main diseases include chlamydia, hepatitis C, Lyme disease, rabies post-exposure prophylaxis, and some varicella and invasive MRSA cases.

**69**

People with hepatitis C identified as at risk for hepatitis B.

Maine CDC initiated contact with providers to recommend vaccination.

Maine CDC sponsored a hepatitis A vaccine clinic in response to a confirmed case of hepatitis A in a person experiencing homelessness.

**185**

Received a hep A vaccine

**104**

Reported cases of infectious syphilis in 2018

**25%**

Increase from 2017

**4**

Mosquito pools tested positive for West Nile Virus (WNV)

Bangor is the farthest north Maine detected WNV in a mosquito pool

# 100+

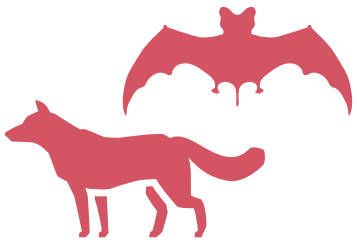
Influenza-related outbreaks during the 2018-2019 flu season

**10,300+**
Positive influenza reports

**1,000+**
Influenza-related hospitalizations

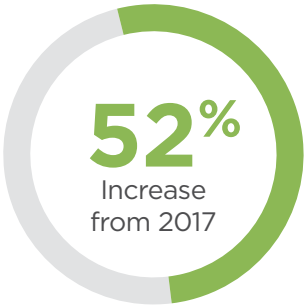
**45+**
Influenza-related deaths

**21**
Reported pertussis outbreaks



**76**
Animals tested positive for rabies at HETL

**85**
Reported cases of Group A *Streptococcus*




**3,620**
2018 Maine CDC Infectious Disease Program consults

**TOP 5**
Rabies (32%), influenza, pertussis, tuberculosis, and varicella

**10%**
of all consults occurred in August

# COUNTS OF SELECTED*
# REPORTABLE DISEASES BY YEAR

MAINE, 2009-2018**

| CONDITION | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|---|---|---|---|---|
| *Anaplasma phagocytophilum* | 15 | 17 | 26 | 52 | 94 | 191 | 185 | 372 | 663 | **476** |
| Babesiosis | 3 | 5 | 9 | 10 | 36 | 42 | 55 | 82 | 118 | **101** |
| Brucellosis | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | **0** |
| Campylobacteriosis | 172 | 148 | 195 | 189 | 229 | 225 | 221 | 255 | 234 | **247** |
| Carbapenem-resistant Enterobacteriaceae (CRE)*** | NR | NR | NR | NR | NR | NR | 12 | 51 | 58 | **92** |
| Chikungunya Virus | NA | NA | 0 | 0 | 1 | 6 | 2 | 0 | 1 | **2** |
| *Chlamydia trachomatis* infection | 2443 | 2588 | 3101 | 3413 | 3440 | 3491 | 3851 | 4152 | 4555 | **4346** |
| Creutzfeldt-Jakob Disease (CJD) | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | **0** |
| Cryptosporidiosis | 67 | 93 | 51 | 58 | 35 | 51 | 34 | 55 | 45 | **60** |
| Cyclosporiasis | 0 | 1 | 0 | 0 | 0 | 7 | 1 | 3 | 0 | **0** |
| Dengue | 3 | 6 | 0 | 0 | 1 | 1 | 5 | 2 | 0 | **3** |
| Eastern Equine Encephalitis | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | **0** |
| *Ehrlichiosis, chaffeensis* | 1 | 4 | 1 | 3 | 3 | 8 | 5 | 7 | 10 | **19** |
| Giardiasis | 223 | 223 | 171 | 169 | 218 | 154 | 116 | 137 | 129 | **163** |
| Gonorrhea | 143 | 163 | 273 | 456 | 246 | 236 | 422 | 444 | 577 | **686** |
| Group A *Streptococcus*, invasive | 21 | 47 | 43 | 37 | 37 | 53 | 56 | 60 | 56 | **85** |
| *Haemophilus influenzae*, invasive | 21 | 13 | 26 | 23 | 25 | 21 | 39 | 29 | 34 | **24** |
| Hantavirus infection, non-Hantavirus pulmonary syndromes | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Hemolytic uremic syndrome | 2 | 1 | 2 | 2 | 2 | 1 | 7 | 2 | 2 | **0** |
| Hepatitis A, acute | 1 | 7 | 6 | 9 | 10 | 8 | 8 | 8 | 7 | **9** |
| Hepatitis B, acute | 15 | 13 | 8 | 9 | 11 | 12 | 9 | 53 | 77 | **52** |
| Hepatitis B, chronic | 125 | 102 | 105 | 105 | 106 | 108 | 107 | 159 | 179 | **201** |
| Hepatitis C, acute | 2 | 2 | 12 | 12 | 9 | 31 | 29 | 37 | 32 | **39** |
| Hepatitis C, chronic | 1112 | 1016 | 1085 | 1151 | 1235 | 1409 | 1444 | 1648 | 1878 | **1872** |
| Hepatitis D, acute | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Hepatitis E, acute | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | **0** |
| HIV Infection | 51 | 57 | 51 | 46 | 33 | 61 | 48 | 53 | 29 | **30** |
| Influenza Associated Pediatric Mortality | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | **0** |
| Invasive Pneumococcal Disease | 168 | 151 | 136 | 102 | 121 | 137 | 135 | 133 | 141 | **132** |
| Legionellosis | 10 | 12 | 18 | 18 | 23 | 19 | 16 | 16 | 16 | **34** |

**NR** = not reportable; **NA** = not available

| CONDITION | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|---|---|---|---|---|
| Listeriosis | 4 | 1 | 4 | 5 | 4 | 8 | 7 | 11 | 5 | **7** |
| Lyme disease | 976 | 752 | 1013 | 1113 | 1384 | 1411 | 1215 | 1498 | 1855 | **1405** |
| Malaria | 2 | 6 | 6 | 5 | 10 | 7 | 7 | 10 | 18 | **9** |
| Measles (Rubeola) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | **0** |
| Mumps | 6 | 2 | 2 | 0 | 1 | 0 | 0 | 34 | 1 | **4** |
| *Neisseria meningitidis,* invasive (Mening. disease) | 4 | 5 | 5 | 3 | 4 | 2 | 4 | 1 | 1 | **1** |
| Novel Influenza A virus Infections | 2219 | 17 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Pertussis | 80 | 53 | 205 | 737 | 332 | 557 | 281 | 259 | 411 | **446** |
| Powassan | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 3 | **0** |
| Q fever | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Rabies PEP | 59 | 77 | 145 | 190 | 128 | 107 | 112 | 131 | 108 | **152** |
| Rabies, animal | 63 | 67 | 66 | 91 | 50 | 44 | 28 | 66 | 61 | **76** |
| *S. aureus,* methicillin resistant (MRSA), invasive | 123 | 90 | 121 | 116 | 130 | 143 | 191 | 178 | 180 | **243** |
| *S. aureus,* vancomycin intermediate resistance (VISA) | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 0 | **0** |
| Salmonellosis | 121 | 135 | 134 | 161 | 131 | 127 | 123 | 123 | 102 | **119** |
| Shellfish poisoning | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Shiga toxin-producing *Escherichia coli* (STEC) | 19 | 21 | 28 | 20 | 27 | 33 | 29 | 37 | 34 | **37** |
| Shigellosis | 5 | 8 | 32 | 7 | 5 | 29 | 4 | 2 | 13 | **7** |
| Spotted Fever Rickettsiosis | 5 | 2 | 1 | 3 | 2 | 3 | 1 | 4 | 3 | **10** |
| Syphilis | 14 | 40 | 19 | 20 | 17 | 15 | 49 | 48 | 83 | **104** |
| Tetanus | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | **0** |
| Trichinosis (Trichinellosis) | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Tuberculosis | 9 | 8 | 9 | 17 | 15 | 14 | 18 | 23 | 14 | **14** |
| Varicella (Chickenpox) | 235 | 247 | 226 | 258 | 140 | 207 | 233 | 228 | 198 | **252** |
| Vibriosis | 4 | 5 | 4 | 10 | 9 | 9 | 6 | 7 | 7 | **14** |
| West Nile | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | **2** |

*** Maine did not have any cases of the following reportable conditions in the last ten years:**

- Anthrax
- Botulism
- California Serogroup viruses
- Chancroid
- Coronavirus
- Diphtheria
- Hepatitis D, chronic
- Leptospirosis
- Plague
- Polio
- Psittacosis
- Rabies, human
- Ricin
- Rubella
- Smallpox
- Saint Louis Encephalitis
- Tularemia
- Viral Hemorrhagic Fever
- Western Equine Encephalitis
- Yellow Fever

**** Counts are updated annually. Data as of 6/5/2018**

***** CRE became reportable as of September 8, 2015 so the 2015 numbers do not represent a full year**

# RATES OF SELECTED*
# REPORTABLE DISEASES BY YEAR

**MAINE, 2009-2018****
**(PER 100,000 PERSONS)**

| CONDITION | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|---|---|---|---|---|
| *Anaplasma phagocytophilum* | 1.1 | 1.3 | 2.0 | 3.9 | 7.1 | 14.4 | 13.9 | 27.9 | 49.6 | **35.6** |
| Babesiosis | 0.2 | 0.4 | 0.7 | 0.8 | 2.7 | 3.2 | 4.1 | 6.2 | 8.8 | **7.5** |
| Brucellosis | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | **0.0** |
| Campylobacteriosis | 13.0 | 11.1 | 14.7 | 14.2 | 17.2 | 16.9 | 16.6 | 19.2 | 17.5 | **18.5** |
| Carbapenem-resistant Enterobacteriaceae (CRE)*** | NR | NR | NR | NR | NR | NR | 0.9 | 3.8 | 4.3 | **6.9** |
| Chikungunya Virus | NA | NA | 0.0 | 0.0 | 0.1 | 0.5 | 0.2 | 0.0 | 0.1 | **0.1** |
| *Chlamydia trachomatis* infection | 185.3 | 194.9 | 233.5 | 256.8 | 258.8 | 262.3 | 289.7 | 311.8 | 341.0 | **324.7** |
| Creutzfeldt-Jakob Disease (CJD) | 0.1 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | **0.0** |
| Cryptosporidiosis | 5.1 | 7.0 | 3.8 | 4.4 | 2.6 | 3.8 | 2.6 | 4.1 | 3.4 | **4.5** |
| Cyclosporiasis | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.5 | 0.1 | 0.2 | 0.0 | **0.0** |
| Dengue | 0.2 | 0.5 | 0.0 | 0.0 | 0.1 | 0.1 | 0.4 | 0.2 | 0.0 | **0.2** |
| Eastern Equine Encephalitis | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | **0.0** |
| *Ehrlichiosis, chaffeensis* | 0.1 | 0.3 | 0.1 | 0.2 | 0.2 | 0.6 | 0.4 | 0.5 | 0.7 | **1.4** |
| Giardiasis | 16.9 | 16.8 | 12.9 | 12.7 | 16.4 | 11.6 | 8.7 | 10.3 | 9.7 | **12.2** |
| Gonorrhea | 10.8 | 12.3 | 20.6 | 34.3 | 18.5 | 17.7 | 31.7 | 33.3 | 43.2 | **51.3** |
| Group A *Streptococcus*, invasive | 1.6 | 3.5 | 3.2 | 2.8 | 2.8 | 4.0 | 4.2 | 4.5 | 4.2 | **6.4** |
| *Haemophilus influenzae*, invasive | 1.6 | 1.0 | 2.0 | 1.7 | 1.9 | 1.6 | 2.9 | 2.2 | 2.5 | **1.8** |
| Hantavirus infection, non-Hantavirus pulmonary syndromes | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **0.0** |
| Hemolytic uremic syndrome | 0.2 | 0.1 | 0.2 | 0.2 | 0.2 | 0.1 | 0.5 | 0.2 | 0.1 | **0.0** |
| Hepatitis A, acute | 0.1 | 0.5 | 0.5 | 0.7 | 0.8 | 0.6 | 0.6 | 0.6 | 0.5 | **0.7** |
| Hepatitis B, acute | 1.1 | 1.0 | 0.6 | 0.7 | 0.8 | 0.9 | 0.7 | 4.0 | 5.8 | **3.9** |
| Hepatitis B, chronic | 9.5 | 7.7 | 7.9 | 7.9 | 8.0 | 8.1 | 8.0 | 11.9 | 13.4 | **15.0** |
| Hepatitis C, acute | 0.2 | 0.2 | 0.9 | 0.9 | 0.7 | 2.3 | 2.2 | 2.8 | 2.4 | **2.9** |
| Hepatitis C, chronic | 84.4 | 76.5 | 81.7 | 86.6 | 92.9 | 105.9 | 108.6 | 123.8 | 140.6 | **139.9** |
| Hepatitis D, acute | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **0.0** |
| Hepatitis E, acute | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | **0.0** |
| HIV Infection | 3.9 | 4.3 | 3.8 | 3.5 | 2.5 | 4.6 | 3.6 | 4.0 | 2.2 | **2.2** |
| Influenza Associated Pediatric Mortality | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 | 0.0 | **0.0** |
| Invasive Pneumococcal Disease | 12.7 | 11.4 | 10.2 | 7.7 | 9.1 | 10.3 | 10.2 | 10.0 | 10.6 | **9.9** |
| Legionellosis | 0.8 | 0.9 | 1.4 | 1.4 | 1.7 | 1.4 | 1.2 | 1.2 | 1.2 | **2.5** |

**NR** = not reportable; **NA** = not available

| CONDITION | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|---|---|---|---|---|
| Listeriosis | 0.3 | 0.1 | 0.3 | 0.4 | 0.3 | 0.6 | 0.5 | 0.8 | 0.4 | **0.5** |
| Lyme disease | 74.0 | 56.6 | 76.3 | 83.8 | 104.1 | 106.0 | 91.4 | 112.5 | 138.9 | **105.0** |
| Malaria | 0.2 | 0.5 | 0.5 | 0.4 | 0.8 | 0.5 | 0.5 | 0.8 | 1.3 | **0.7** |
| Measles (Rubeola) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | **0.0** |
| Mumps | 0.5 | 0.2 | 0.2 | 0.0 | 0.1 | 0.0 | 0.0 | 2.6 | 0.1 | **0.3** |
| *Neisseria meningitidis,* invasive (Mening. disease) | 0.3 | 0.4 | 0.4 | 0.2 | 0.3 | 0.2 | 0.3 | 0.1 | 0.1 | **0.1** |
| Novel Influenza A virus Infections | 168.3 | 1.3 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **0.0** |
| Pertussis | 6.1 | 4.0 | 15.4 | 55.5 | 25.0 | 41.9 | 21.1 | 19.5 | 30.8 | **33.3** |
| Powassan | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 | 0.1 | 0.2 | **0.0** |
| Q fever | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **0.1** |
| Rabies PEP | 4.5 | 5.8 | 10.9 | 14.3 | 9.6 | 8.0 | 8.4 | 9.8 | 8.1 | **11.4** |
| Rabies, animal | NA | NA | NA | NA | NA | NA | NA | NA | NA | **NA** |
| *S. aureus,* methicillin resistant (MRSA), invasive | 9.3 | 6.8 | 9.1 | 8.7 | 9.8 | 10.7 | 14.4 | 13.4 | 13.5 | **18.2** |
| *S. aureus,* vancomycin intermediate resistance (VISA) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.2 | 0.1 | 0.0 | **0.0** |
| Salmonellosis | 9.2 | 10.2 | 10.1 | 12.1 | 9.9 | 9.5 | 9.3 | 9.2 | 7.6 | **8.9** |
| Shellfish poisoning | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **0.0** |
| Shiga toxin-producing *Escherichia coli* (STEC) | 1.4 | 1.6 | 2.1 | 1.5 | 2.0 | 2.5 | 2.2 | 2.8 | 2.5 | **2.8** |
| Shigellosis | 0.4 | 0.6 | 2.4 | 0.5 | 0.4 | 2.2 | 0.3 | 0.2 | 1.0 | **0.5** |
| Spotted Fever Rickettsiosis | 0.4 | 0.2 | 0.1 | 0.2 | 0.2 | 0.2 | 0.1 | 0.3 | 0.2 | **0.7** |
| Syphilis | 1.1 | 3.0 | 1.4 | 1.5 | 1.3 | 1.1 | 3.7 | 3.6 | 6.2 | **7.8** |
| Tetanus | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.1 | **0.0** |
| Trichinosis (Trichinellosis) | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **0.0** |
| Tuberculosis | 0.7 | 0.6 | 0.7 | 1.3 | 1.1 | 1.1 | 1.4 | 1.7 | 1.0 | **1.0** |
| Varicella (Chickenpox) | 17.8 | 18.6 | 17.0 | 19.4 | 10.5 | 15.6 | 17.5 | 17.1 | 14.8 | **18.8** |
| Vibriosis | 0.3 | 0.4 | 0.3 | 0.8 | 0.7 | 0.7 | 0.5 | 0.5 | 0.5 | **1.0** |
| West Nile | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | **0.1** |

*** Maine did not have any cases of the following reportable conditions in the last ten years:**

- Anthrax
- Botulism
- California Serogroup viruses
- Chancroid
- Coronavirus
- Diphtheria
- Hepatitis D, chronic
- Leptospirosis
- Plague
- Polio
- Psittacosis
- Rabies, human
- Ricin
- Rubella
- Smallpox
- Saint Louis Encephalitis
- Tularemia
- Viral Hemorrhagic Fever
- Western Equine Encephalitis
- Yellow Fever

**** Counts are updated annually. Data as of 6/5/2018**

***** CRE became reportable as of September 8, 2015 so the 2015 numbers do not represent a full year**

# CASES OF REPORTED DISEASES
# BY AGE AND GENDER

**MAINE, 2018**

| | GENDER | | AGE GROUP | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| CONDITION | F | M | 0-5 years | 5-14 years | 15-24 years | 25-34 years | 35-44 years | 45-54 years | 55-64 years | 65+ years |
| *Anaplasma phagocytophilum* | 178 | 298 | 5 | 10 | 8 | 16 | 32 | 67 | 114 | 224 |
| Babesiosis | 28 | 73 | 0 | 2 | 2 | 4 | 7 | 14 | 21 | 51 |
| *Borrelia miyamotoi* | 5 | 3 | 0 | 1 | 0 | 1 | 1 | 0 | 2 | 3 |
| Campylobacteriosis | 112 | 135 | 11 | 13 | 14 | 34 | 25 | 40 | 40 | 70 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | 60 | 32 | 0 | 3 | 2 | 2 | 1 | 12 | 11 | 61 |
| Chikungunya Virus | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| *Chlamydia trachomatis* infection | 2854 | 1492 | 866 | 10 | 2299 | 921 | 183 | 48 | 14 | 5 |
| Coccidioidomycosis | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Cryptosporidiosis | 38 | 22 | 3 | 10 | 10 | 12 | 7 | 5 | 6 | 7 |
| Dengue | 2 | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 |
| *Ehrlichiosis, chaffeensis* | 10 | 9 | 1 | 1 | 1 | 1 | 0 | 5 | 1 | 9 |
| Ehrlichiosis/Anaplasmosis, undetermined | 6 | 3 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 3 |
| Emerging Infection | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Giardiasis | 72 | 91 | 5 | 10 | 20 | 17 | 19 | 22 | 36 | 34 |
| Gonorrhea | 246 | 440 | 0 | 2 | 239 | 243 | 114 | 53 | 32 | 3 |
| Group A *Streptococcus*, invasive | 32 | 53 | 1 | 2 | 3 | 12 | 9 | 7 | 7 | 44 |
| *Haemophilus influenzae*, invasive | 15 | 9 | 3 | 2 | 1 | 1 | 0 | 2 | 6 | 9 |
| Hepatitis A, acute | 5 | 4 | 0 | 0 | 0 | 1 | 2 | 1 | 3 | 2 |
| Hepatitis B, acute | 22 | 30 | 0 | 0 | 2 | 9 | 23 | 13 | 5 | 0 |
| Hepatitis B, chronic | 63 | 138 | 2 | 3 | 9 | 44 | 63 | 38 | 22 | 20 |
| Hepatitis C, acute | 17 | 22 | 0 | 0 | 3 | 14 | 15 | 6 | 1 | 0 |
| Hepatitis C, chronic | 824 | 1048 | 6 | 3 | 200 | 577 | 373 | 228 | 295 | 190 |
| HIV | 7 | 23 | 0 | 0 | 3 | 11 | 8 | 4 | 3 | 1 |
| Invasive Pneumococcal Disease | 69 | 63 | 4 | 1 | 1 | 7 | 9 | 18 | 32 | 60 |
| Jamestown Canyon virus | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Legionellosis | 15 | 19 | 0 | 0 | 0 | 1 | 3 | 8 | 7 | 15 |
| Listeriosis | 4 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 5 |
| Lyme disease | 604 | 801 | 60 | 192 | 91 | 82 | 112 | 165 | 281 | 422 |

| | GENDER | | AGE GROUP | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| CONDITION | F | M | 0-5 years | 5-14 years | 15-24 years | 25-34 years | 35-44 years | 45-54 years | 55-64 years | 65+ years |
| Malaria | 5 | 4 | 0 | 1 | 3 | 1 | 1 | 2 | 1 | 0 |
| Mumps | 1 | 3 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| *Neisseria meningitidis*, invasive (Mening. disease) | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pertussis | 215 | 231 | 147 | 177 | 87 | 7 | 9 | 6 | 7 | 6 |
| Q fever | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Rabies PEP | 94 | 58 | 12 | 10 | 16 | 28 | 23 | 26 | 18 | 19 |
| Rabies, animal | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | 94 | 149 | 2 | 3 | 6 | 32 | 24 | 25 | 38 | 113 |
| Salmonellosis | 61 | 58 | 7 | 9 | 9 | 14 | 10 | 20 | 20 | 30 |
| Shiga toxin-producing *Escherichia coli* (STEC) | 24 | 13 | 7 | 1 | 9 | 4 | 6 | 1 | 4 | 5 |
| Shigellosis | 3 | 4 | 1 | 0 | 3 | 1 | 1 | 0 | 1 | 0 |
| Spotted Fever Rickettsiosis | 4 | 6 | 0 | 1 | 1 | 3 | 2 | 0 | 2 | 1 |
| Streptococcal toxic-shock syndrome | 5 | 7 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 7 |
| Syphilis | 8 | 96 | 0 | 0 | 15 | 36 | 13 | 30 | 7 | 3 |
| Tuberculosis | 4 | 10 | 1 | 1 | 2 | 3 | 2 | 2 | 1 | 2 |
| Varicella (Chickenpox) | 144 | 108 | 58 | 59 | 15 | 18 | 14 | 15 | 24 | 49 |
| Vibriosis | 4 | 10 | 0 | 0 | 1 | 3 | 1 | 1 | 1 | 7 |
| WNV, Non-Human | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| West Nile Fever | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |

# CASES OF REPORTED DISEASES
# BY RACE AND ETHNICITY

MAINE, 2018

| | RACE | | | | | | | ETHNICITY | | |
|---|---|---|---|---|---|---|---|---|---|---|
| CONDITION | American Indian or Alaska Native | Asian or Pacific Islander | Black or African American | White | Two or more | Other | Unknown | Hispanic | Non-Hispanic | Unknown |
| *Anaplasma phagocytophilum* | 2 | 2 | 1 | 460 | 0 | 0 | 11 | 5 | 424 | 47 |
| Babesiosis | 0 | 1 | 0 | 99 | 0 | 0 | 1 | 0 | 97 | 4 |
| *Borrelia miyamotoi* | 0 | 0 | 0 | 7 | 0 | 0 | 1 | 0 | 7 | 1 |
| Campylobacteriosis | 1 | 1 | 2 | 233 | 0 | 0 | 10 | 3 | 226 | 18 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | 0 | 1 | 1 | 69 | 0 | 1 | 20 | 0 | 58 | 34 |
| Chikungunya Virus | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 1 |
| *Chlamydia trachomatis* infection | 26 | 37 | 248 | 2632 | 6 | 148 | 1249 | 46 | 2167 | 2133 |
| Coccidioidomycosis | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 |
| Cryptosporidiosis | 1 | 1 | 0 | 57 | 0 | 0 | 1 | 1 | 58 | 1 |
| Dengue | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 | 0 |
| *Ehrlichiosis, chaffeensis* | 0 | 0 | 0 | 17 | 0 | 0 | 2 | 0 | 17 | 2 |
| Ehrlichiosis/Anaplasmosis, undetermined | 0 | 0 | 0 | 8 | 0 | 0 | 1 | 0 | 9 | 0 |
| Emerging Infection | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Giardiasis | 0 | 1 | 8 | 147 | 0 | 0 | 7 | 1 | 148 | 14 |
| Gonorrhea | 5 | 7 | 117 | 497 | 16 | 17 | 27 | 24 | 578 | 84 |
| Group A *Streptococcus*, invasive | 0 | 0 | 2 | 79 | 0 | 2 | 2 | 1 | 79 | 5 |
| *Haemophilus influenzae,* invasive | 0 | 1 | 0 | 22 | 0 | 0 | 1 | 0 | 23 | 1 |
| Hepatitis A, acute | 0 | 0 | 0 | 9 | 0 | 0 | 0 | 1 | 7 | 1 |
| Hepatitis B, acute | 3 | 0 | 0 | 48 | 1 | 0 | 0 | 0 | 52 | 0 |
| Hepatitis B, chronic | 1 | 14 | 68 | 102 | 1 | 5 | 10 | 3 | 173 | 25 |
| Hepatitis C, acute | 2 | 0 | 1 | 33 | 0 | 0 | 3 | 0 | 34 | 5 |
| Hepatitis C, chronic | 7 | 3 | 23 | 1110 | 9 | 38 | 682 | 10 | 688 | 1174 |
| HIV | 1 | 1 | 5 | 23 | 0 | 0 | 0 | 2 | 28 | 0 |
| Invasive Pneumococcal Disease | 1 | 1 | 1 | 127 | 0 | 0 | 2 | 1 | 123 | 8 |
| Jamestown Canyon virus | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Legionellosis | 0 | 0 | 0 | 31 | 0 | 0 | 3 | 0 | 30 | 4 |
| Listeriosis | 0 | 0 | 0 | 6 | 0 | 0 | 1 | 0 | 6 | 1 |

| CONDITION | RACE | | | | | | | ETHNICITY | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | American Indian or Alaska Native | Asian or Pacific Islander | Black or African American | White | Two or more | Other | Unknown | Hispanic | Non-Hispanic | Unknown |
| Lyme disease | 0 | 3 | 4 | 1172 | 0 | 0 | 226 | 6 | 513 | 886 |
| Malaria | 0 | 0 | 7 | 1 | 0 | 0 | 1 | 0 | 6 | 3 |
| Mumps | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 1 | 3 | 0 |
| *Neisseria meningitidis*, invasive (Mening. disease) | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Pertussis | 2 | 3 | 8 | 411 | 0 | 0 | 22 | 3 | 403 | 40 |
| Q fever | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Rabies PEP | 0 | 1 | 0 | 114 | 0 | 2 | 35 | 1 | 92 | 59 |
| Rabies, animal | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | 1 | 0 | 2 | 208 | 1 | 0 | 31 | 1 | 134 | 108 |
| Salmonellosis | 0 | 0 | 2 | 112 | 1 | 0 | 4 | 1 | 111 | 7 |
| Shiga toxin-producing *Escherichia coli* (STEC) | 0 | 1 | 0 | 31 | 0 | 0 | 5 | 1 | 30 | 6 |
| Shigellosis | 0 | 0 | 4 | 3 | 0 | 0 | 0 | 0 | 7 | 0 |
| Spotted Fever Rickettsiosis | 0 | 0 | 0 | 9 | 0 | 0 | 1 | 0 | 9 | 1 |
| Streptococcal toxic-shock syndrome | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 12 | 0 |
| Syphilis | 1 | 1 | 4 | 89 | 2 | 1 | 6 | 1 | 82 | 21 |
| Tuberculosis | 0 | 2 | 8 | 4 | 0 | 0 | 0 | 0 | 14 | 0 |
| Varicella (Chickenpox) | 0 | 5 | 4 | 179 | 0 | 0 | 64 | 2 | 177 | 73 |
| Vibriosis | 0 | 0 | 0 | 13 | 0 | 0 | 1 | 0 | 13 | 1 |
| WNV, Non-Human | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| West Nile Fever | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 |

# 2018 MAINE **OUTBREAKS**

Outbreaks are a reportable condition in Maine and are classified into types of outbreak by the potential etiology. All reported outbreaks are assigned out for follow-up with a field epidemiologist. This table only represents those that met an outbreak definition of confirmed, probable, or suspect. Outbreak definitions vary based on the category, setting, and suspected etiology.

## OUTBREAK CATEGORIES AND DEFINITIONS

**Absenteeism:** Absenteeism reports are submitted by schools when they have ≥15% absenteeism due to illness. If there is a single etiology an absenteeism report may also be counted as a disease-specific outbreak.

**Airborne and Direct Contact (ADC):** Airborne and Direct Contact outbreaks are transmitted through airborne bacteria or viruses or through direct contact. Examples of Airborne and Direct Contact outbreaks include pneumonia, conjunctivitis, hand foot and mouth disease, and MRSA.

**Gastrointestinal Illness (GI):** GI illness outbreaks are characterized through gastrointestinal symptoms. The most commonly reported GI outbreak is caused by norovirus. Out of state GI outbreaks are when a Maine resident matches a national cluster through Pulsed-field Gel Electrophoresis (PFGE) testing such as Salmonella or Shiga toxin producing *E. coli* (STEC).

**Influenza-like Illness (ILI):** Influenza-like illness outbreaks are characterized as a respiratory illness with fever and/or sore throat without another known cause. The majority of ILI outbreaks are confirmed as influenza through laboratory testing.

**Other:** Outbreaks in this category are not captured in any other group. Examples include *C. difficile*, multi-drug resistant organisms, or outbreaks caused by contaminated devices.

**Vaccine-Preventable Disease (VPD):** Vaccine-preventable disease outbreaks are caused by one of the illnesses for which there is a routine vaccine. The most commonly reported VPD outbreak is caused by pertussis. Pertussis was the cause of all VPD outbreaks in 2018.

**Varicella:** Varicella (chickenpox) outbreaks are caused by chickenpox. An outbreak is defined as three or more confirmed cases in a single setting.

**Vector:** Vector outbreaks are caused by an organism that spreads infection from one host to another. The most common vectors in Maine are ticks and mosquitoes, but the most common vector outbreak is caused by scabies.

| | Androscoggin | Aroostook | Cumberland | Franklin | Hancock | Kennebec | Knox | Lincoln | Out of State | Oxford | Penobscot | Piscataquis | Sagadahoc | Somerset | Waldo | Washington | York | **Total** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Absenteeism | 1 | 0 | 1 | 0 | 4 | 1 | 1 | 2 | 0 | 1 | 0 | 0 | 0 | 3 | 5 | 2 | 1 | **22** |
| ADC | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | **6** |
| GI | 10 | 2 | 19 | 0 | 0 | 7 | 4 | 2 | 11 | 0 | 4 | 0 | 0 | 1 | 0 | 0 | 9 | **69** |
| ILI | 10 | 6 | 34 | 1 | 2 | 11 | 9 | 1 | 0 | 8 | 8 | 0 | 4 | 6 | 0 | 4 | 23 | **127** |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | **1** |
| VPD | 1 | 0 | 3 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 9 | **21** |
| Varicella | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | **6** |
| Vector | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | **2** |
| **Total** | **23** | **8** | **62** | **1** | **10** | **19** | **14** | **5** | **11** | **9** | **15** | **0** | **5** | **10** | **8** | **7** | **47** | **254** |

*ILI outbreaks included here are for the calendar year 2018, so includes outbreaks from the 2017-2018 and 2018-2019 influenza seasons. Any outbreak can be healthcare associated.

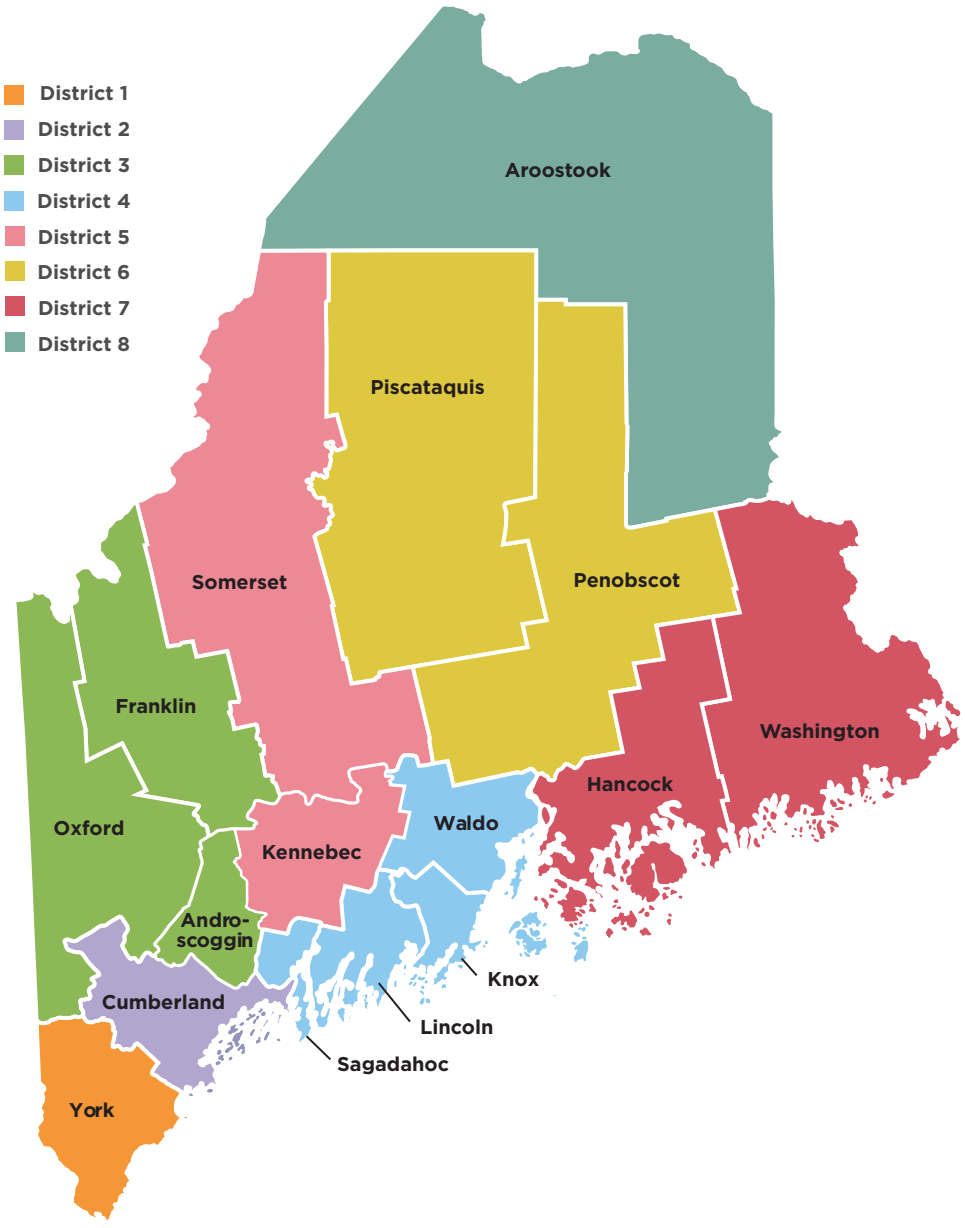
# PUBLIC DISTRICT **HEALTH MAP**

Since 2003, the Infectious Disease Programs of Maine CDC publish an annual summary of infectious disease data. Publishing reports on surveillance activities and data provides the health care community, government agencies, individuals, and groups with important statistical information on Maine's reportable diseases and conditions.

This annual report also includes information on conditions that are investigated that are not explicitly reportable but have public health significance. Examples of these conditions include *Borrelia miyamotoi*, Jamestown Canyon virus and Zika virus. Maine also follows up on unusual conditions that may not have specific case definitions but potentially have public health significance. These conditions are indicated by "Emerging Infections." In 2018 the emerging infection was a report of alpha-gal allergy that Maine CDC is monitoring. The goal of this annual report is to provide Maine CDC's partners with a helpful resource.

Maine CDC counts cases by their residence, not where they acquired the condition.

(Population data is from 2018 census estimates.)



# ANDROSCOGGIN COUNTY



**107,679**

**Population**


**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **31** | **28.8** | 48 | 24.6 | 476 | 35.6 |
| Babesiosis | **9** | **8.4** | 11 | 5.6 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 0 | 0.0 | 8 | 0.6 |
| Campylobacteriosis | **16** | **14.9** | 30 | 15.4 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **5** | **4.6** | 14 | 7.2 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **569** | **528.4** | 807 | 413.4 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **0** | **0.0** | 1 | 0.5 | 60 | 4.5 |
| Dengue | **1** | **0.9** | 1 | 0.5 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **3** | **2.8** | 3 | 1.5 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **1** | **0.9** | 2 | 1.0 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **10** | **9.3** | 22 | 11.3 | 163 | 12.2 |
| Gonorrhea | **238** | **221.0** | 263 | 134.7 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **14** | **13.0** | 21 | 10.8 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **2** | **1.9** | 5 | 2.6 | 24 | 1.8 |
| Hepatitis A, acute | **2** | **1.9** | 2 | 1.0 | 9 | 0.7 |
| Hepatitis B, acute | **1** | **0.9** | 1 | 0.5 | 52 | 3.9 |
| Hepatitis B, chronic | **25** | **23.2** | 31 | 15.9 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **3** | **2.8** | 4 | 2.0 | 39 | 2.9 |
| Hepatitis C, chronic | **124** | **115.2** | 200 | 102.5 | 1872 | 139.9 |
| HIV | **1** | **0.9** | 2 | 1.0 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **10** | **9.3** | 17 | 8.7 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **3** | **2.8** | 7 | 3.6 | 34 | 2.5 |
| Listeriosis | **1** | **0.9** | 2 | 1.0 | 7 | 0.5 |
| Lyme disease | **68** | **63.2** | 128 | 65.6 | 1405 | 105.0 |
| Malaria | **2** | **1.9** | 2 | 1.0 | 9 | 0.7 |
| Mumps | **1** | **0.9** | 1 | 0.5 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **1** | **0.9** | 1 | 0.5 | 1 | 0.1 |
| Pertussis | **25** | **23.2** | 34 | 17.4 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **5** | **4.6** | 11 | 5.6 | 152 | 11.4 |
| Rabies, animal | **7** | **NA** | 15 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **14** | **13.0** | 29 | 14.9 | 243 | 18.2 |
| Salmonellosis | **8** | **7.4** | 14 | 7.2 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **1** | **0.9** | 2 | 1.0 | 37 | 2.8 |
| Shigellosis | **4** | **3.7** | 4 | 2.0 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **1** | **0.9** | 1 | 0.5 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **0** | **0.0** | 1 | 0.5 | 12 | 0.9 |
| Syphilis | **7** | **6.5** | 13 | 6.7 | 104 | 7.8 |
| Tuberculosis | **1** | **0.9** | 1 | 0.5 | 14 | 1.0 |
| Varicella (Chickenpox) | **9** | **8.4** | 15 | 7.7 | 252 | 18.8 |
| Vibriosis | **0** | **0.0** | 1 | 0.5 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

# AROOSTOOK COUNTY



**67,111**

**Population**

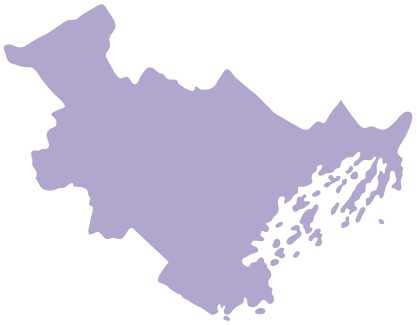

**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **0** | **0.0** | 0 | 0.0 | 476 | 35.6 |
| Babesiosis | **0** | **0.0** | 0 | 0.0 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 0 | 0.0 | 8 | 0.6 |
| Campylobacteriosis | **23** | **34.3** | 23 | 34.3 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **1** | **1.5** | 1 | 1.5 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **171** | **254.8** | 171 | 254.8 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **2** | **3.0** | 2 | 3.0 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 0 | 0.0 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 0 | 0.0 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **4** | **6.0** | 4 | 6.0 | 163 | 12.2 |
| Gonorrhea | **10** | **14.9** | 10 | 14.9 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **2** | **3.0** | 2 | 3.0 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **1** | **1.5** | 1 | 1.5 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Hepatitis B, acute | **0** | **0.0** | 0 | 0.0 | 52 | 3.9 |
| Hepatitis B, chronic | **3** | **4.5** | 3 | 4.5 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

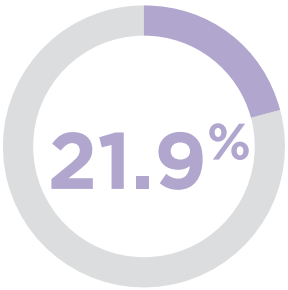
| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **3** | **4.5** | 3 | 4.5 | 39 | 2.9 |
| Hepatitis C, chronic | **55** | **82.0** | 55 | 82.0 | 1872 | 139.9 |
| HIV | **2** | **3.0** | 2 | 3.0 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **10** | **14.9** | 10 | 14.9 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **3** | **4.5** | 3 | 4.5 | 34 | 2.5 |
| Listeriosis | **1** | **1.5** | 1 | 1.5 | 7 | 0.5 |
| Lyme disease | **4** | **6.0** | 4 | 6.0 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 0 | 0.0 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **1** | **1.5** | 1 | 1.5 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **6** | **8.9** | 6 | 8.9 | 152 | 11.4 |
| Rabies, animal | **1** | **NA** | 1 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **19** | **28.3** | 19 | 28.3 | 243 | 18.2 |
| Salmonellosis | **7** | **10.4** | 7 | 10.4 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **1** | **1.5** | 1 | 1.5 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **0** | **0.0** | 0 | 0.0 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **0** | **0.0** | 0 | 0.0 | 12 | 0.9 |
| Syphilis | **0** | **0.0** | 0 | 0.0 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| Varicella (Chickenpox) | **15** | **22.4** | 15 | 22.4 | 252 | 18.8 |
| Vibriosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

# CUMBERLAND COUNTY



293,557

Population




Of Maine's Total Population

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **71** | **24.2** | 71 | 24.2 | 476 | 35.6 |
| Babesiosis | **20** | **6.8** | 20 | 6.8 | 101 | 7.5 |
| *Borrelia miyamotoi* | **1** | **0.3** | 1 | 0.3 | 8 | 0.6 |
| Campylobacteriosis | **61** | **20.8** | 61 | 20.8 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **33** | **11.2** | 33 | 11.2 | 92 | 6.9 |
| Chikungunya Virus | **1** | **0.3** | 1 | 0.3 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **1050** | **357.7** | 1050 | 357.7 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **11** | **3.7** | 11 | 3.7 | 60 | 4.5 |
| Dengue | **1** | **0.3** | 1 | 0.3 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **7** | **2.4** | 7 | 2.4 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **46** | **15.7** | 46 | 15.7 | 163 | 12.2 |
| Gonorrhea | **181** | **61.7** | 181 | 61.7 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **20** | **6.8** | 20 | 6.8 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **8** | **2.7** | 8 | 2.7 | 24 | 1.8 |
| Hepatitis A, acute | **4** | **1.4** | 4 | 1.4 | 9 | 0.7 |
| Hepatitis B, acute | **15** | **5.1** | 15 | 5.1 | 52 | 3.9 |
| Hepatitis B, chronic | **93** | **31.7** | 93 | 31.7 | 201 | 15.0 |

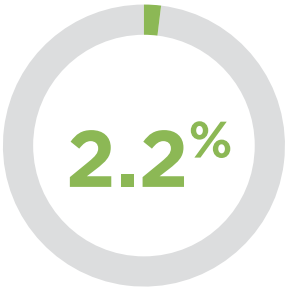
Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **13** | **4.4** | 13 | 4.4 | 39 | 2.9 |
| Hepatitis C, chronic | **536** | **182.6** | 536 | 182.6 | 1872 | 139.9 |
| HIV | **9** | **3.1** | 9 | 3.1 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **14** | **4.8** | 14 | 4.8 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **3** | **1.0** | 3 | 1.0 | 34 | 2.5 |
| Listeriosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Lyme disease | **285** | **97.1** | 285 | 97.1 | 1405 | 105.0 |
| Malaria | **4** | **1.4** | 4 | 1.4 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 0 | 0.0 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **57** | **19.4** | 57 | 19.4 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **22** | **7.5** | 22 | 7.5 | 152 | 11.4 |
| Rabies, animal | **17** | **NA** | 17 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **37** | **12.6** | 37 | 12.6 | 243 | 18.2 |
| Salmonellosis | **26** | **8.9** | 26 | 8.9 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **12** | **4.1** | 12 | 4.1 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **1** | **0.3** | 1 | 0.3 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **3** | **1.0** | 3 | 1.0 | 12 | 0.9 |
| Syphilis | **34** | **11.6** | 34 | 11.6 | 104 | 7.8 |
| Tuberculosis | **11** | **3.7** | 11 | 3.7 | 14 | 1.0 |
| Varicella (Chickenpox) | **73** | **24.9** | 73 | 24.9 | 252 | 18.8 |
| Vibriosis | **5** | **1.7** | 5 | 1.7 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **2** | **0.7** | 2 | 0.7 | 2 | 0.1 |

# FRANKLIN COUNTY

**29,897**

**Population**



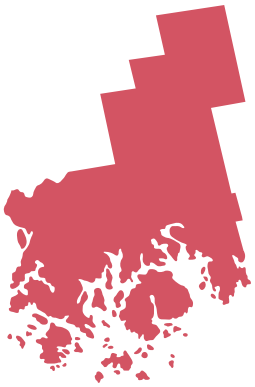

**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **3** | **10.0** | 48 | 24.6 | 476 | 35.6 |
| Babesiosis | **0** | **0.0** | 11 | 5.6 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 0 | 0.0 | 8 | 0.6 |
| Campylobacteriosis | **4** | **13.4** | 30 | 15.4 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **1** | **3.3** | 14 | 7.2 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **72** | **240.8** | 807 | 413.4 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **0** | **0.0** | 1 | 0.5 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 1 | 0.5 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 3 | 1.5 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **0** | **0.0** | 2 | 1.0 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **4** | **13.4** | 22 | 11.3 | 163 | 12.2 |
| Gonorrhea | **8** | **26.8** | 263 | 134.7 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **1** | **3.3** | 21 | 10.8 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **0** | **0.0** | 5 | 2.6 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 2 | 1.0 | 9 | 0.7 |
| Hepatitis B, acute | **0** | **0.0** | 1 | 0.5 | 52 | 3.9 |
| Hepatitis B, chronic | **1** | **3.3** | 31 | 15.9 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **0** | **0.0** | 4 | 2.0 | 39 | 2.9 |
| Hepatitis C, chronic | **16** | **53.5** | 200 | 102.5 | 1872 | 139.9 |
| HIV | **1** | **3.3** | 2 | 1.0 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **3** | **10.0** | 17 | 8.7 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **3** | **10.0** | 7 | 3.6 | 34 | 2.5 |
| Listeriosis | **1** | **3.3** | 2 | 1.0 | 7 | 0.5 |
| Lyme disease | **13** | **43.5** | 128 | 65.6 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 2 | 1.0 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 1 | 0.5 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 1 | 0.5 | 1 | 0.1 |
| Pertussis | **7** | **23.4** | 34 | 17.4 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **0** | **0.0** | 11 | 5.6 | 152 | 11.4 |
| Rabies, animal | **2** | **NA** | 15 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **6** | **20.1** | 29 | 14.9 | 243 | 18.2 |
| Salmonellosis | **3** | **10.0** | 14 | 7.2 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **0** | **0.0** | 2 | 1.0 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 4 | 2.0 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **0** | **0.0** | 1 | 0.5 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **0** | **0.0** | 1 | 0.5 | 12 | 0.9 |
| Syphilis | **5** | **16.7** | 13 | 6.7 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 1 | 0.5 | 14 | 1.0 |
| Varicella (Chickenpox) | **4** | **13.4** | 15 | 7.7 | 252 | 18.8 |
| Vibriosis | **1** | **3.3** | 1 | 0.5 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

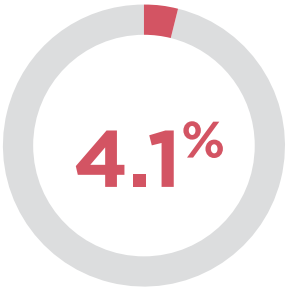
# HANCOCK COUNTY





**54,811**

**Population**



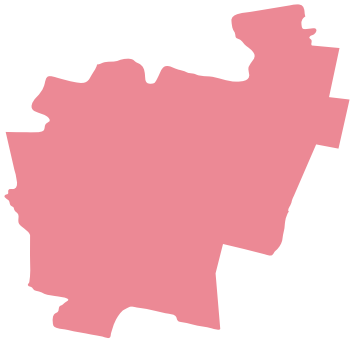

**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **15** | **27.4** | 16 | 18.5 | 476 | 35.6 |
| Babesiosis | **5** | **9.1** | 6 | 7.0 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 0 | 0.0 | 8 | 0.6 |
| Campylobacteriosis | **12** | **21.9** | 16 | 18.5 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **0** | **0.0** | 1 | 1.2 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **126** | **229.9** | 220 | 254.9 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **2** | **3.6** | 3 | 3.5 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 0 | 0.0 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 0 | 0.0 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **7** | **12.8** | 8 | 9.3 | 163 | 12.2 |
| Gonorrhea | **11** | **20.1** | 15 | 17.4 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **5** | **9.1** | 8 | 9.3 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **0** | **0.0** | 1 | 1.2 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Hepatitis B, acute | **7** | **12.8** | 12 | 13.9 | 52 | 3.9 |
| Hepatitis B, chronic | **5** | **9.1** | 15 | 17.4 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **2** | **3.6** | 3 | 3.5 | 39 | 2.9 |
| Hepatitis C, chronic | **68** | **124.1** | 115 | 133.3 | 1872 | 139.9 |
| HIV | **4** | **7.3** | 4 | 4.6 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **6** | **10.9** | 13 | 15.1 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **2** | **3.6** | 2 | 2.3 | 34 | 2.5 |
| Listeriosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Lyme disease | **174** | **317.5** | 189 | 219.0 | 1405 | 105.0 |
| Malaria | **1** | **1.8** | 1 | 1.2 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 0 | 0.0 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **31** | **56.6** | 32 | 37.1 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **2** | **3.6** | 12 | 13.9 | 152 | 11.4 |
| Rabies, animal | **3** | **NA** | 8 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **11** | **20.1** | 20 | 23.2 | 243 | 18.2 |
| Salmonellosis | **7** | **12.8** | 10 | 11.6 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **0** | **0.0** | 0 | 0.0 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **1** | **1.8** | 2 | 2.3 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **1** | **1.8** | 2 | 2.3 | 12 | 0.9 |
| Syphilis | **2** | **3.6** | 4 | 4.6 | 104 | 7.8 |
| Tuberculosis | **1** | **1.8** | 1 | 1.2 | 14 | 1.0 |
| Varicella (Chickenpox) | **9** | **16.4** | 13 | 15.1 | 252 | 18.8 |
| Vibriosis | **1** | **1.8** | 1 | 1.2 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

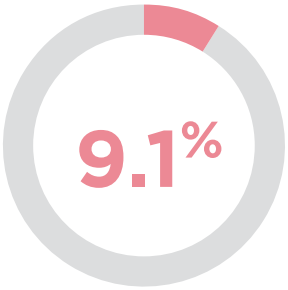
# KENNEBEC COUNTY





**122,083**

**Population**




**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **57** | **46.7** | 67 | 38.8 | 476 | 35.6 |
| Babesiosis | **5** | **4.1** | 5 | 2.9 | 101 | 7.5 |
| *Borrelia miyamotoi* | **2** | **1.6** | 2 | 1.2 | 8 | 0.6 |
| Campylobacteriosis | **25** | **20.5** | 33 | 19.1 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **7** | **5.7** | 8 | 4.6 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **364** | **298.2** | 518 | 300.0 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **5** | **4.1** | 12 | 6.9 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 0 | 0.0 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **6** | **4.9** | 6 | 3.5 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **4** | **3.3** | 4 | 2.3 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **12** | **9.8** | 20 | 11.6 | 163 | 12.2 |
| Gonorrhea | **47** | **38.5** | 59 | 34.2 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **7** | **5.7** | 10 | 5.8 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **0** | **0.0** | 0 | 0.0 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 2 | 1.2 | 9 | 0.7 |
| Hepatitis B, acute | **1** | **0.8** | 2 | 1.2 | 52 | 3.9 |
| Hepatitis B, chronic | **4** | **3.3** | 6 | 3.5 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

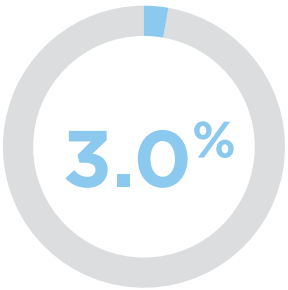
| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| Hepatitis C, acute | **0** | **0.0** | 3 | 1.7 | 39 | 2.9 |
| Hepatitis C, chronic | **147** | **120.4** | 212 | 122.8 | 1872 | 139.9 |
| HIV | **2** | **1.6** | 4 | 2.3 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **18** | **14.7** | 24 | 13.9 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **3** | **2.5** | 5 | 2.9 | 34 | 2.5 |
| Listeriosis | **1** | **0.8** | 2 | 1.2 | 7 | 0.5 |
| Lyme disease | **181** | **148.3** | 226 | 130.9 | 1405 | 105.0 |
| Malaria | **1** | **0.8** | 1 | 0.6 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 1 | 0.6 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **15** | **12.3** | 26 | 15.1 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **15** | **12.3** | 23 | 13.3 | 152 | 11.4 |
| Rabies, animal | **9** | **NA** | 10 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **25** | **20.5** | 34 | 19.7 | 243 | 18.2 |
| Salmonellosis | **7** | **5.7** | 10 | 5.8 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **5** | **4.1** | 7 | 4.1 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **3** | **2.5** | 3 | 1.7 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **1** | **0.8** | 1 | 0.6 | 12 | 0.9 |
| Syphilis | **9** | **7.4** | 14 | 8.1 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| Varicella (Chickenpox) | **12** | **9.8** | 22 | 12.7 | 252 | 18.8 |
| Vibriosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

# KNOX COUNTY



**39,771**

**Population**




**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **88** | **221.3** | 182 | 121.8 | 476 | 35.6 |
| Babesiosis | **17** | **42.7** | 30 | 20.1 | 101 | 7.5 |
| *Borrelia miyamotoi* | **1** | **2.5** | 5 | 3.3 | 8 | 0.6 |
| Campylobacteriosis | **6** | **15.1** | 27 | 18.1 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **2** | **5.0** | 11 | 7.4 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 1 | 0.7 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **114** | **286.6** | 385 | 257.6 | 4346 | 324.7 |
| Coccidioidomycosis | **1** | **2.5** | 2 | 1.3 | 2 | 0.1 |
| Cryptosporidiosis | **0** | **0.0** | 8 | 5.4 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 1 | 0.7 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 0 | 0.0 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **0** | **0.0** | 2 | 1.3 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **7** | **17.6** | 24 | 16.1 | 163 | 12.2 |
| Gonorrhea | **7** | **17.6** | 32 | 21.4 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **1** | **2.5** | 4 | 2.7 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **0** | **0.0** | 1 | 0.7 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Hepatitis B, acute | **2** | **5.0** | 2 | 1.3 | 52 | 3.9 |
| Hepatitis B, chronic | **4** | **10.1** | 17 | 11.4 | 201 | 15.0 |

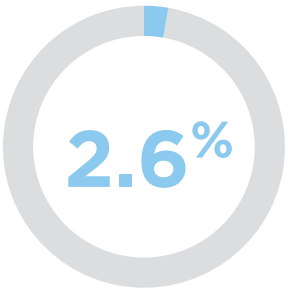
Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **1** | **2.5** | 1 | 0.7 | 39 | 2.9 |
| Hepatitis C, chronic | **96** | **241.4** | 214 | 143.2 | 1872 | 139.9 |
| HIV | **2** | **5.0** | 4 | 2.7 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **4** | **10.1** | 15 | 10.0 | 132 | 9.9 |
| Jamestown Canyon virus | **1** | **2.5** | 1 | 0.7 | 1 | 0.1 |
| Legionellosis | **1** | **2.5** | 2 | 1.3 | 34 | 2.5 |
| Listeriosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Lyme disease | **105** | **264.0** | 292 | 195.4 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 0 | 0.0 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **3** | **7.5** | 87 | 58.2 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **11** | **27.7** | 27 | 18.1 | 152 | 11.4 |
| Rabies, animal | **2** | **NA** | 16 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **7** | **17.6** | 26 | 17.4 | 243 | 18.2 |
| Salmonellosis | **3** | **7.5** | 19 | 12.7 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **0** | **0.0** | 6 | 4.0 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 1 | 0.7 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **3** | **7.5** | 3 | 2.0 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **0** | **0.0** | 0 | 0.0 | 12 | 0.9 |
| Syphilis | **2** | **5.0** | 9 | 6.0 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| Varicella (Chickenpox) | **4** | **10.1** | 20 | 13.4 | 252 | 18.8 |
| Vibriosis | **2** | **5.0** | 2 | 1.3 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

# LINCOLN COUNTY

**34,342**

**Population**




**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **44** | **128.1** | 182 | 121.8 | 476 | 35.6 |
| Babesiosis | **5** | **14.6** | 30 | 20.1 | 101 | 7.5 |
| *Borrelia miyamotoi* | **3** | **8.7** | 5 | 3.3 | 8 | 0.6 |
| Campylobacteriosis | **9** | **26.2** | 27 | 18.1 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **5** | **14.6** | 11 | 7.4 | 92 | 6.9 |
| Chikungunya Virus | **1** | **2.9** | 1 | 0.7 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **92** | **267.9** | 385 | 257.6 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 2 | 1.3 | 2 | 0.1 |
| Cryptosporidiosis | **1** | **2.9** | 8 | 5.4 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 1 | 0.7 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 0 | 0.0 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **1** | **2.9** | 2 | 1.3 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **8** | **23.3** | 24 | 16.1 | 163 | 12.2 |
| Gonorrhea | **4** | **11.6** | 32 | 21.4 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **0** | **0.0** | 4 | 2.7 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **1** | **2.9** | 1 | 0.7 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Hepatitis B, acute | **0** | **0.0** | 2 | 1.3 | 52 | 3.9 |
| Hepatitis B, chronic | **5** | **14.6** | 17 | 11.4 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

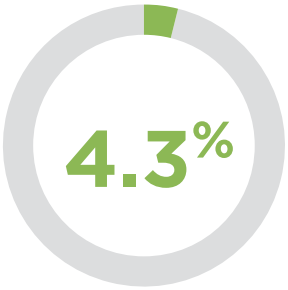
| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **0** | **0.0** | 1 | 0.7 | 39 | 2.9 |
| Hepatitis C, chronic | **38** | **110.7** | 214 | 143.2 | 1872 | 139.9 |
| HIV | **1** | **2.9** | 4 | 2.7 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **2** | **5.8** | 15 | 10.0 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 1 | 0.7 | 1 | 0.1 |
| Legionellosis | **1** | **2.9** | 2 | 1.3 | 34 | 2.5 |
| Listeriosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Lyme disease | **62** | **180.5** | 292 | 195.4 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 0 | 0.0 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **5** | **14.6** | 87 | 58.2 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **6** | **17.5** | 27 | 18.1 | 152 | 11.4 |
| Rabies, animal | **2** | **NA** | 16 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **7** | **20.4** | 26 | 17.4 | 243 | 18.2 |
| Salmonellosis | **6** | **17.5** | 19 | 12.7 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **0** | **0.0** | 6 | 4.0 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 1 | 0.7 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **0** | **0.0** | 3 | 2.0 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **0** | **0.0** | 0 | 0.0 | 12 | 0.9 |
| Syphilis | **1** | **2.9** | 9 | 6.0 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| Varicella (Chickenpox) | **5** | **14.6** | 20 | 13.4 | 252 | 18.8 |
| Vibriosis | **0** | **0.0** | 2 | 1.3 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

# OXFORD COUNTY



**57,618**

**Population**



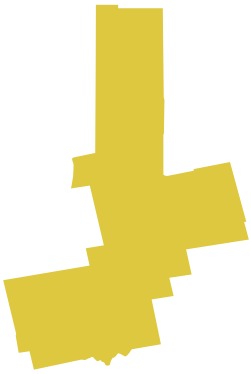

**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **14** | **24.3** | 48 | 24.6 | 476 | 35.6 |
| Babesiosis | **2** | **3.5** | 11 | 5.6 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 0 | 0.0 | 8 | 0.6 |
| Campylobacteriosis | **10** | **17.4** | 30 | 15.4 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **8** | **13.9** | 14 | 7.2 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **166** | **288.1** | 807 | 413.4 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **1** | **1.7** | 1 | 0.5 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 1 | 0.5 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 3 | 1.5 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **1** | **1.7** | 2 | 1.0 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **8** | **13.9** | 22 | 11.3 | 163 | 12.2 |
| Gonorrhea | **17** | **29.5** | 263 | 134.7 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **6** | **10.4** | 21 | 10.8 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **3** | **5.2** | 5 | 2.6 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 2 | 1.0 | 9 | 0.7 |
| Hepatitis B, acute | **0** | **0.0** | 1 | 0.5 | 52 | 3.9 |
| Hepatitis B, chronic | **5** | **8.7** | 31 | 15.9 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

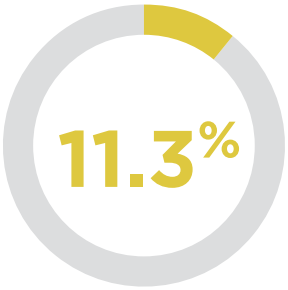
| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **1** | **1.7** | 4 | 2.0 | 39 | 2.9 |
| Hepatitis C, chronic | **60** | **104.1** | 200 | 102.5 | 1872 | 139.9 |
| HIV | **0** | **0.0** | 2 | 1.0 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **4** | **6.9** | 17 | 8.7 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **1** | **1.7** | 7 | 3.6 | 34 | 2.5 |
| Listeriosis | **0** | **0.0** | 2 | 1.0 | 7 | 0.5 |
| Lyme disease | **47** | **81.6** | 128 | 65.6 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 2 | 1.0 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 1 | 0.5 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 1 | 0.5 | 1 | 0.1 |
| Pertussis | **2** | **3.5** | 34 | 17.4 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **6** | **10.4** | 11 | 5.6 | 152 | 11.4 |
| Rabies, animal | **6** | **NA** | 15 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **9** | **15.6** | 29 | 14.9 | 243 | 18.2 |
| Salmonellosis | **3** | **5.2** | 14 | 7.2 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **1** | **1.7** | 2 | 1.0 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 4 | 2.0 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **0** | **0.0** | 1 | 0.5 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **1** | **1.7** | 1 | 0.5 | 12 | 0.9 |
| Syphilis | **1** | **1.7** | 13 | 6.7 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 1 | 0.5 | 14 | 1.0 |
| Varicella (Chickenpox) | **2** | **3.5** | 15 | 7.7 | 252 | 18.8 |
| Vibriosis | **0** | **0.0** | 1 | 0.5 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

# PENOBSCOT COUNTY



151,096

Population




Of Maine's Total Population

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **8** | **5.3** | 8 | 4.8 | 476 | 35.6 |
| Babesiosis | **2** | **1.3** | 2 | 1.2 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 0 | 0.0 | 8 | 0.6 |
| Campylobacteriosis | **24** | **15.9** | 28 | 16.7 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **6** | **4.0** | 6 | 3.6 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **558** | **369.3** | 601 | 358.0 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **11** | **7.3** | 14 | 8.3 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 0 | 0.0 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **2** | **1.3** | 2 | 1.2 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **19** | **12.6** | 22 | 13.1 | 163 | 12.2 |
| Gonorrhea | **49** | **32.4** | 49 | 29.2 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **15** | **9.9** | 15 | 8.9 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **4** | **2.6** | 4 | 2.4 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Hepatitis B, acute | **10** | **6.6** | 12 | 7.1 | 52 | 3.9 |
| Hepatitis B, chronic | **20** | **13.2** | 20 | 11.9 | 201 | 15.0 |

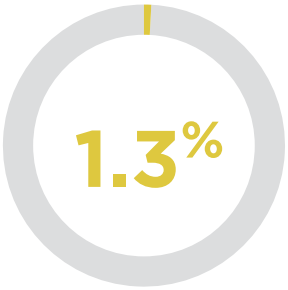
Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| Hepatitis C, acute | **7** | **4.6** | 8 | 4.8 | 39 | 2.9 |
| Hepatitis C, chronic | **237** | **156.9** | 265 | 157.8 | 1872 | 139.9 |
| HIV | **2** | **1.3** | 2 | 1.2 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **18** | **11.9** | 21 | 12.5 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **5** | **3.3** | 7 | 4.2 | 34 | 2.5 |
| Listeriosis | **1** | **0.7** | 1 | 0.6 | 7 | 0.5 |
| Lyme disease | **77** | **51.0** | 80 | 47.6 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Mumps | **1** | **0.7** | 1 | 0.6 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **35** | **23.2** | 36 | 21.4 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 1 | 0.6 | 1 | 0.1 |
| Rabies PEP | **13** | **8.6** | 13 | 7.7 | 152 | 11.4 |
| Rabies, animal | **3** | **NA** | 5 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **44** | **29.1** | 46 | 27.4 | 243 | 18.2 |
| Salmonellosis | **8** | **5.3** | 9 | 5.4 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **1** | **0.7** | 1 | 0.6 | 37 | 2.8 |
| Shigellosis | **2** | **1.3** | 2 | 1.2 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **0** | **0.0** | 0 | 0.0 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **2** | **1.3** | 2 | 1.2 | 12 | 0.9 |
| Syphilis | **7** | **4.6** | 8 | 4.8 | 104 | 7.8 |
| Tuberculosis | **1** | **0.7** | 1 | 0.6 | 14 | 1.0 |
| Varicella (Chickenpox) | **39** | **25.8** | 40 | 23.8 | 252 | 18.8 |
| Vibriosis | **1** | **0.7** | 1 | 0.6 | 14 | 1.0 |
| WNV, Non-Human | **2** | **NA** | 2 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

# PISCATAQUIS COUNTY

**16,800**

**Population**




**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **0** | **0.0** | 8 | 4.8 | 476 | 35.6 |
| Babesiosis | **0** | **0.0** | 2 | 1.2 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 0 | 0.0 | 8 | 0.6 |
| Campylobacteriosis | **4** | **23.8** | 28 | 16.7 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **0** | **0.0** | 6 | 3.6 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **43** | **256.0** | 601 | 358.0 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **3** | **17.9** | 14 | 8.3 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 0 | 0.0 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 2 | 1.2 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **3** | **17.9** | 22 | 13.1 | 163 | 12.2 |
| Gonorrhea | **0** | **0.0** | 49 | 29.2 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **0** | **0.0** | 15 | 8.9 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **0** | **0.0** | 4 | 2.4 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Hepatitis B, acute | **2** | **11.9** | 12 | 7.1 | 52 | 3.9 |
| Hepatitis B, chronic | **0** | **0.0** | 20 | 11.9 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

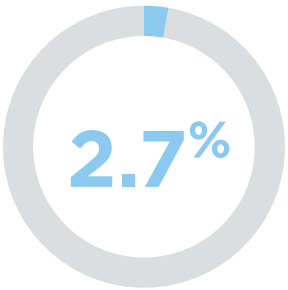
| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **1** | **6.0** | 8 | 4.8 | 39 | 2.9 |
| Hepatitis C, chronic | **28** | **166.7** | 265 | 157.8 | 1872 | 139.9 |
| HIV | **0** | **0.0** | 2 | 1.2 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **3** | **17.9** | 21 | 12.5 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **2** | **11.9** | 7 | 4.2 | 34 | 2.5 |
| Listeriosis | **0** | **0.0** | 1 | 0.6 | 7 | 0.5 |
| Lyme disease | **3** | **17.9** | 80 | 47.6 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 1 | 0.6 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **1** | **6.0** | 36 | 21.4 | 446 | 33.3 |
| Q fever | **1** | **6.0** | 1 | 0.6 | 1 | 0.1 |
| Rabies PEP | **0** | **0.0** | 13 | 7.7 | 152 | 11.4 |
| Rabies, animal | **2** | **NA** | 5 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **2** | **11.9** | 46 | 27.4 | 243 | 18.2 |
| Salmonellosis | **1** | **6.0** | 9 | 5.4 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **0** | **0.0** | 1 | 0.6 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 2 | 1.2 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **0** | **0.0** | 0 | 0.0 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **0** | **0.0** | 2 | 1.2 | 12 | 0.9 |
| Syphilis | **1** | **6.0** | 8 | 4.8 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 1 | 0.6 | 14 | 1.0 |
| Varicella (Chickenpox) | **1** | **6.0** | 40 | 23.8 | 252 | 18.8 |
| Vibriosis | **0** | **0.0** | 1 | 0.6 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 2 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

# SAGADAHOC COUNTY



35,634

Population



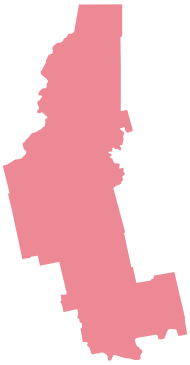

Of Maine's Total Population

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **27** | **75.8** | 182 | 121.8 | 476 | 35.6 |
| Babesiosis | **2** | **5.6** | 30 | 20.1 | 101 | 7.5 |
| *Borrelia miyamotoi* | **1** | **2.8** | 5 | 3.3 | 8 | 0.6 |
| Campylobacteriosis | **6** | **16.8** | 27 | 18.1 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **2** | **5.6** | 11 | 7.4 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 1 | 0.7 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **101** | **283.4** | 385 | 257.6 | 4346 | 324.7 |
| Coccidioidomycosis | **1** | **2.8** | 2 | 1.3 | 2 | 0.1 |
| Cryptosporidiosis | **3** | **8.4** | 8 | 5.4 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 1 | 0.7 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 0 | 0.0 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **1** | **2.8** | 2 | 1.3 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **3** | **8.4** | 24 | 16.1 | 163 | 12.2 |
| Gonorrhea | **9** | **25.3** | 32 | 21.4 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **1** | **2.8** | 4 | 2.7 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **0** | **0.0** | 1 | 0.7 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Hepatitis B, acute | **0** | **0.0** | 2 | 1.3 | 52 | 3.9 |
| Hepatitis B, chronic | **3** | **8.4** | 17 | 11.4 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **0** | **0.0** | 1 | 0.7 | 39 | 2.9 |
| Hepatitis C, chronic | **24** | **67.4** | 214 | 143.2 | 1872 | 139.9 |
| HIV | **0** | **0.0** | 4 | 2.7 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **5** | **14.0** | 15 | 10.0 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 1 | 0.7 | 1 | 0.1 |
| Legionellosis | **0** | **0.0** | 2 | 1.3 | 34 | 2.5 |
| Listeriosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Lyme disease | **47** | **131.9** | 292 | 195.4 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 0 | 0.0 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **15** | **42.1** | 87 | 58.2 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **7** | **19.6** | 27 | 18.1 | 152 | 11.4 |
| Rabies, animal | **7** | **NA** | 16 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **6** | **16.8** | 26 | 17.4 | 243 | 18.2 |
| Salmonellosis | **7** | **19.6** | 19 | 12.7 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **4** | **11.2** | 6 | 4.0 | 37 | 2.8 |
| Shigellosis | **1** | **2.8** | 1 | 0.7 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **0** | **0.0** | 3 | 2.0 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **0** | **0.0** | 0 | 0.0 | 12 | 0.9 |
| Syphilis | **3** | **8.4** | 9 | 6.0 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| Varicella (Chickenpox) | **1** | **2.8** | 20 | 13.4 | 252 | 18.8 |
| Vibriosis | **0** | **0.0** | 2 | 1.3 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

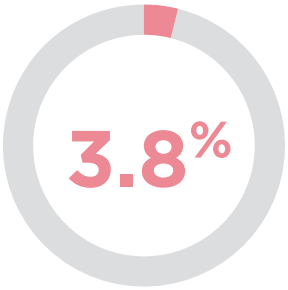
# SOMERSET COUNTY





**50,592**

**Population**



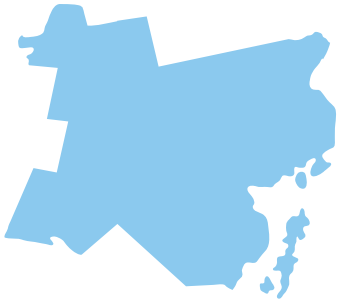

**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **10** | **19.8** | 67 | 38.8 | 476 | 35.6 |
| Babesiosis | **0** | **0.0** | 5 | 2.9 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 2 | 1.2 | 8 | 0.6 |
| Campylobacteriosis | **8** | **15.8** | 33 | 19.1 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **1** | **2.0** | 8 | 4.6 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **154** | **304.4** | 518 | 300.0 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **7** | **13.8** | 12 | 6.9 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 0 | 0.0 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 6 | 3.5 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **0** | **0.0** | 4 | 2.3 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **8** | **15.8** | 20 | 11.6 | 163 | 12.2 |
| Gonorrhea | **12** | **23.7** | 59 | 34.2 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **3** | **5.9** | 10 | 5.8 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **0** | **0.0** | 0 | 0.0 | 24 | 1.8 |
| Hepatitis A, acute | **2** | **4.0** | 2 | 1.2 | 9 | 0.7 |
| Hepatitis B, acute | **1** | **2.0** | 2 | 1.2 | 52 | 3.9 |
| Hepatitis B, chronic | **2** | **4.0** | 6 | 3.5 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **3** | **5.9** | 3 | 1.7 | 39 | 2.9 |
| Hepatitis C, chronic | **65** | **128.5** | 212 | 122.8 | 1872 | 139.9 |
| HIV | **2** | **4.0** | 4 | 2.3 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **6** | **11.9** | 24 | 13.9 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **2** | **4.0** | 5 | 2.9 | 34 | 2.5 |
| Listeriosis | **1** | **2.0** | 2 | 1.2 | 7 | 0.5 |
| Lyme disease | **45** | **88.9** | 226 | 130.9 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 1 | 0.6 | 9 | 0.7 |
| Mumps | **1** | **2.0** | 1 | 0.6 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **11** | **21.7** | 26 | 15.1 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **8** | **15.8** | 23 | 13.3 | 152 | 11.4 |
| Rabies, animal | **1** | **NA** | 10 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **9** | **17.8** | 34 | 19.7 | 243 | 18.2 |
| Salmonellosis | **3** | **5.9** | 10 | 5.8 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **2** | **4.0** | 7 | 4.1 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **0** | **0.0** | 3 | 1.7 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **0** | **0.0** | 1 | 0.6 | 12 | 0.9 |
| Syphilis | **5** | **9.9** | 14 | 8.1 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| Varicella (Chickenpox) | **10** | **19.8** | 22 | 12.7 | 252 | 18.8 |
| Vibriosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

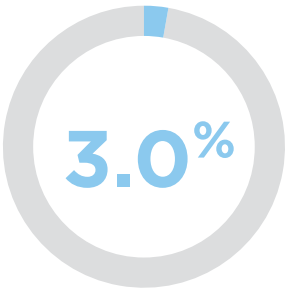
# WALDO COUNTY





**39,694**

**Population**



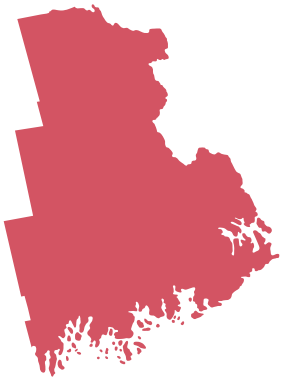

**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **23** | **57.9** | 182 | 121.8 | 476 | 35.6 |
| Babesiosis | **6** | **15.1** | 30 | 20.1 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 5 | 3.3 | 8 | 0.6 |
| Campylobacteriosis | **6** | **15.1** | 27 | 18.1 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **2** | **5.0** | 11 | 7.4 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 1 | 0.7 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **78** | **196.5** | 385 | 257.6 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 2 | 1.3 | 2 | 0.1 |
| Cryptosporidiosis | **4** | **10.1** | 8 | 5.4 | 60 | 4.5 |
| Dengue | **1** | **2.5** | 1 | 0.7 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 0 | 0.0 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **0** | **0.0** | 2 | 1.3 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **6** | **15.1** | 24 | 16.1 | 163 | 12.2 |
| Gonorrhea | **12** | **30.2** | 32 | 21.4 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **2** | **5.0** | 4 | 2.7 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **0** | **0.0** | 1 | 0.7 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Hepatitis B, acute | **0** | **0.0** | 2 | 1.3 | 52 | 3.9 |
| Hepatitis B, chronic | **5** | **12.6** | 17 | 11.4 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **0** | **0.0** | 1 | 0.7 | 39 | 2.9 |
| Hepatitis C, chronic | **56** | **141.1** | 214 | 143.2 | 1872 | 139.9 |
| HIV | **1** | **2.5** | 4 | 2.7 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **4** | **10.1** | 15 | 10.0 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 1 | 0.7 | 1 | 0.1 |
| Legionellosis | **0** | **0.0** | 2 | 1.3 | 34 | 2.5 |
| Listeriosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Lyme disease | **78** | **196.5** | 292 | 195.4 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 0 | 0.0 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **64** | **161.2** | 87 | 58.2 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **3** | **7.6** | 27 | 18.1 | 152 | 11.4 |
| Rabies, animal | **5** | **NA** | 16 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **6** | **15.1** | 26 | 17.4 | 243 | 18.2 |
| Salmonellosis | **3** | **7.6** | 19 | 12.7 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **2** | **5.0** | 6 | 4.0 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 1 | 0.7 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **0** | **0.0** | 3 | 2.0 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **0** | **0.0** | 0 | 0.0 | 12 | 0.9 |
| Syphilis | **3** | **7.6** | 9 | 6.0 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| Varicella (Chickenpox) | **10** | **25.2** | 20 | 13.4 | 252 | 18.8 |
| Vibriosis | **0** | **0.0** | 2 | 1.3 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

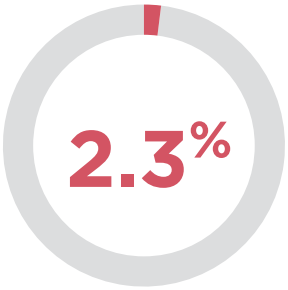
# WASHINGTON COUNTY





**31,490**

**Population**




**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **1** | **3.2** | 16 | 18.5 | 476 | 35.6 |
| Babesiosis | **1** | **3.2** | 6 | 7.0 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 0 | 0.0 | 8 | 0.6 |
| Campylobacteriosis | **4** | **12.7** | 16 | 18.5 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **1** | **3.2** | 1 | 1.2 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **94** | **298.5** | 220 | 254.9 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **1** | **3.2** | 3 | 3.5 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 0 | 0.0 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **0** | **0.0** | 0 | 0.0 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Emerging Infection | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Giardiasis | **1** | **3.2** | 8 | 9.3 | 163 | 12.2 |
| Gonorrhea | **4** | **12.7** | 15 | 17.4 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **3** | **9.5** | 8 | 9.3 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **1** | **3.2** | 1 | 1.2 | 24 | 1.8 |
| Hepatitis A, acute | **0** | **0.0** | 0 | 0.0 | 9 | 0.7 |
| Hepatitis B, acute | **5** | **15.9** | 12 | 13.9 | 52 | 3.9 |
| Hepatitis B, chronic | **10** | **31.8** | 15 | 17.4 | 201 | 15.0 |

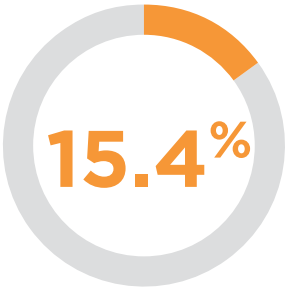
Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **1** | **3.2** | 3 | 3.5 | 39 | 2.9 |
| Hepatitis C, chronic | **47** | **149.3** | 115 | 133.3 | 1872 | 139.9 |
| HIV | **0** | **0.0** | 4 | 4.6 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **7** | **22.2** | 13 | 15.1 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **0** | **0.0** | 2 | 2.3 | 34 | 2.5 |
| Listeriosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Lyme disease | **15** | **47.6** | 189 | 219.0 | 1405 | 105.0 |
| Malaria | **0** | **0.0** | 1 | 1.2 | 9 | 0.7 |
| Mumps | **0** | **0.0** | 0 | 0.0 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **1** | **3.2** | 32 | 37.1 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **10** | **31.8** | 12 | 13.9 | 152 | 11.4 |
| Rabies, animal | **5** | **NA** | 8 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **9** | **28.6** | 20 | 23.2 | 243 | 18.2 |
| Salmonellosis | **3** | **9.5** | 10 | 11.6 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **0** | **0.0** | 0 | 0.0 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **1** | **3.2** | 2 | 2.3 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **1** | **3.2** | 2 | 2.3 | 12 | 0.9 |
| Syphilis | **2** | **6.4** | 4 | 4.6 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 1 | 1.2 | 14 | 1.0 |
| Varicella (Chickenpox) | **4** | **12.7** | 13 | 15.1 | 252 | 18.8 |
| Vibriosis | **0** | **0.0** | 1 | 1.2 | 14 | 1.0 |
| WNV, Non-Human | **0** | **NA** | 0 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

# YORK COUNTY

206,229

**Population**




**Of Maine's Total Population**

| | County | | District | | State | |
|---|---|---|---|---|---|---|
| **Condition** | **Count** | **Rate** | **Count** | **Rate** | **Count** | **Rate** |
| *Anaplasma phagocytophilum* | **84** | **40.7** | 84 | 40.7 | 476 | 35.6 |
| Babesiosis | **27** | **13.1** | 27 | 13.1 | 101 | 7.5 |
| *Borrelia miyamotoi* | **0** | **0.0** | 0 | 0.0 | 8 | 0.6 |
| Campylobacteriosis | **29** | **14.1** | 29 | 14.1 | 247 | 18.5 |
| Carbapenem-resistant *Enterobacteriaceae* (CRE) | **18** | **8.7** | 18 | 8.7 | 92 | 6.9 |
| Chikungunya Virus | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| *Chlamydia trachomatis* infection | **594** | **288.0** | 594 | 288.0 | 4346 | 324.7 |
| Coccidioidomycosis | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |
| Cryptosporidiosis | **9** | **4.4** | 9 | 4.4 | 60 | 4.5 |
| Dengue | **0** | **0.0** | 0 | 0.0 | 3 | 0.2 |
| Ehrlichiosis, *chaffeensis* | **1** | **0.5** | 1 | 0.5 | 19 | 1.4 |
| Ehrlichiosis/Anaplasmosis, undetermined | **1** | **0.5** | 1 | 0.5 | 9 | 0.7 |
| Emerging Infection | **1** | **0.5** | 1 | 0.5 | 1 | 0.1 |
| Giardiasis | **17** | **8.2** | 17 | 8.2 | 163 | 12.2 |
| Gonorrhea | **77** | **37.3** | 77 | 37.3 | 686 | 51.3 |
| Group A *Streptococcus*, invasive | **5** | **2.4** | 5 | 2.4 | 85 | 6.4 |
| *Haemophilus influenzae,* invasive | **4** | **1.9** | 4 | 1.9 | 24 | 1.8 |
| Hepatitis A, acute | **1** | **0.5** | 1 | 0.5 | 9 | 0.7 |
| Hepatitis B, acute | **8** | **3.9** | 8 | 3.9 | 52 | 3.9 |
| Hepatitis B, chronic | **16** | **7.8** | 16 | 7.8 | 201 | 15.0 |

Counts of confirmed and probable cases. Rates of confirmed and probable cases per 100,000 people.

| Condition | County | | District | | State | |
|---|---|---|---|---|---|---|
| | Count | Rate | Count | Rate | Count | Rate |
| Hepatitis C, acute | **4** | **1.9** | 4 | 1.9 | 39 | 2.9 |
| Hepatitis C, chronic | **275** | **133.3** | 275 | 133.3 | 1872 | 139.9 |
| HIV | **3** | **1.5** | 3 | 1.5 | 30 | 2.2 |
| Invasive Pneumococcal Disease | **18** | **8.7** | 18 | 8.7 | 132 | 9.9 |
| Jamestown Canyon virus | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Legionellosis | **5** | **2.4** | 5 | 2.4 | 34 | 2.5 |
| Listeriosis | **1** | **0.5** | 1 | 0.5 | 7 | 0.5 |
| Lyme disease | **201** | **97.5** | 201 | 97.5 | 1405 | 105.0 |
| Malaria | **1** | **0.5** | 1 | 0.5 | 9 | 0.7 |
| Mumps | **1** | **0.5** | 1 | 0.5 | 4 | 0.3 |
| *Neisseria meningitidis*, invasive (Mening. disease) | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Pertussis | **173** | **83.9** | 173 | 83.9 | 446 | 33.3 |
| Q fever | **0** | **0.0** | 0 | 0.0 | 1 | 0.1 |
| Rabies PEP | **38** | **18.4** | 38 | 18.4 | 152 | 11.4 |
| Rabies, animal | **4** | **NA** | 4 | NA | 76 | NA |
| *S. aureus,* methicillin resistant (MRSA), invasive | **32** | **15.5** | 32 | 15.5 | 243 | 18.2 |
| Salmonellosis | **24** | **11.6** | 24 | 11.6 | 119 | 8.9 |
| Shiga toxin-producing *Escherichia coli* (STEC) | **8** | **3.9** | 8 | 3.9 | 37 | 2.8 |
| Shigellosis | **0** | **0.0** | 0 | 0.0 | 7 | 0.5 |
| Spotted Fever Rickettsiosis | **0** | **0.0** | 0 | 0.0 | 10 | 0.7 |
| Streptococcal toxic-shock syndrome | **3** | **1.5** | 3 | 1.5 | 12 | 0.9 |
| Syphilis | **22** | **10.7** | 22 | 10.7 | 104 | 7.8 |
| Tuberculosis | **0** | **0.0** | 0 | 0.0 | 14 | 1.0 |
| Varicella (Chickenpox) | **54** | **26.2** | 54 | 26.2 | 252 | 18.8 |
| Vibriosis | **4** | **1.9** | 4 | 1.9 | 14 | 1.0 |
| WNV, Non-Human | **3** | **NA** | 3 | NA | 5 | NA |
| West Nile Fever | **0** | **0.0** | 0 | 0.0 | 2 | 0.1 |

# WORKGROUP **SUMMARIES**

## DATA QUALITY WORKGROUP

Maine's Data Quality Workgroup meets every other week to review data quality of laboratory reports that are sent to Maine Center for Disease Control and Prevention (Maine CDC) with attention paid to those facilities that only send electronic lab reports (ELR). The Workgroup is chaired by Maine CDC's Infectious Disease Informatician and other attendees are the Infectious Disease Program Director, Informatics Epidemiologist, and Influenza Surveillance Coordinator. The Data Quality Workgroup ensures that lab volumes are consistent and that all data feeds are running correctly. The group also reviews documents submitted by the labs that are looking to stop faxing paper lab reports and move to ELR only. In 2018, Maine CDC approved an additional facility to report only electronically bringing the total paper off reporters to six.

## FOOD SAFETY WORKGROUP

The Maine Interagency Food Safety Workgroup is led by Maine CDC's Foodborne Disease Epidemiologist and is comprised of representatives from state agencies, federal agencies, and other organizations involved in improving food safety in Maine (including, but not limited to, Maine Department of Marine Resources (Maine DMR), Maine Department of Agriculture, Conservation, and Forestry (Maine DACF), Maine Department of Education (Maine DOE), United States Department of Agriculture (USDA), the Food and Drug Administration (FDA), and the University of Maine Cooperative Extension). These organizations and agencies collaborate to reduce the incidence of foodborne and waterborne infectious diseases in the state, respond to foodborne and waterborne outbreaks, and work together to advance food safety initiatives. The Workgroup meets quarterly during the year to discuss the latest developments and cooperate to improve response and prevention. It occasionally holds trainings for its member agencies and invites industry members to meetings to highlight common issues.

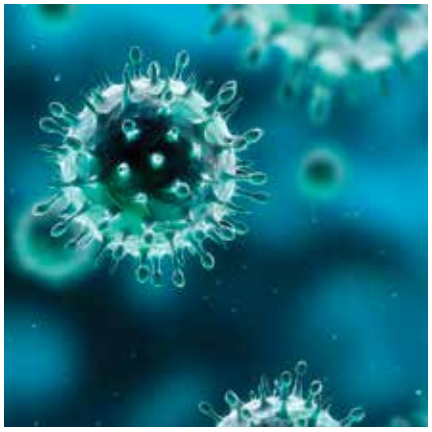
Members of the Workgroup and Maine CDC infectious disease epidemiologists investigated a large waterborne outbreak of norovirus during the summer of 2018. Members of the Workgroup collaborated on several other outbreak investigations over the course of the year. Several members of the Workgroup presented at various conferences and meetings throughout the year, including the FDA Northeast Annual Food Protection Seminar in Portland in September 2018.

## HEALTH EDUCATION WORKGROUP

Maine CDC's Health Education Workgroup started meeting in December of 2018 and meets every other month to address health education topics in public health. The Workgroup aims to strengthen skills such as health literacy, plain language, provider outreach, and the use of social media and infographics. This meeting also provides an opportunity to share resources and allows Maine CDC's programs to be more interconnected. The Workgroup is chaired by Maine CDC's Infectious Disease Health Educator and includes health educators and similar roles from Maine CDC's Environmental and Occupational Health Program, HIV, STD, and Viral Hepatitis Program, Immunization Program, and Tobacco and Substance Use Prevention and Control Program. The Workgroup plans to expand in 2019 to include representation from other programs including Women, Infants, and Children Nutrition Program and the Suicide Prevention Program.


## INFLUENZA WORK GROUP

Maine's Influenza Workgroup meets quarterly to address current topics in influenza and other viral respiratory pathogens. The Workgroup is chaired by the Influenza Surveillance Coordinator and includes representatives from Infectious Disease Epidemiology, Public Health Preparedness, the Maine Immunization Program, Public Health Nursing, Maine's Health and Environmental Testing Laboratory (HETL), Maine DACF, and other relevant partners. The Workgroup coordinates surveillance and response to influenza and maintains and updates the Pandemic Influenza Operations Plan. The Influenza Workgroup also sponsors a start of influenza season conference call for healthcare providers and laboratories to update them on new guidance, reporting requirements, and assistance available from the State.



# WORKGROUP **SUMMARIES**

## RABIES WORKGROUP

The Maine Rabies Workgroup meets quarterly to address current topics in statewide rabies prevention and management. The Workgroup, co-chaired by the State Epidemiologist and the State Veterinarian, is comprised of animal and human health representatives from local, state, and federal agencies whose mission is to control the spread of rabies, a fatal zoonotic disease that is endemic in Maine. Agencies and organizations that participate in the Workgroup include, but are not limited to: Maine CDC, Maine DACF, HETL, Maine Department of Inland, Fisheries, and Wildlife (Maine IF&W), USDA, Maine Veterinary Medical Association, Maine Federation of Humane Societies, and the Maine Animal Control Association.

Members of the Workgroup provide training to town animal control officers and game wardens regarding rabies biology and prevention and control of the disease in Maine. The USDA's Animal and Plant Health Inspection Service distributes oral rabies vaccines in northern and eastern areas of the state with the goal to reduce the incidence of raccoon rabies. In 2018, the Workgroup introduced and piloted the Mail-A-Bat program at five vet clinics across the state. The Workgroup provided clinics with shipping material to mail bats to HETL for rabies testing. After a successful trial, the Workgroup hopes to expand this program to more vet clinics in future years.


## SYNDROMIC SURVEILLANCE USER GROUP

Maine's Syndromic Surveillance User Group meets every other month to address topics related to syndromic surveillance such as opioid overdose and influenza like illness (ILI) related emergency department visits as well as provide training on the use of available tools such as the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). The User Group is chaired by the Informatics Epidemiologist and includes partners from within Maine CDC, Substance Abuse and Mental Health Services Administration (SAMSHA), Emergency Medical Services (EMS) as well as hospitals around Maine. The Group started meeting in April 2018 and provided several trainings for ESSENCE. The Group also worked together to create dashboards which have trend-over-time graphs and maps for topics that are of interest to the Group such as influenza-like illness and drug overdose syndromes.

## VECTORBORNE WORKGROUP

Maine's Vectorborne Workgroup meets every other month to address current topics in vectorborne diseases including illnesses spread by ticks, mosquitoes, and vectors of other medical importance like browntail moths. The Workgroup is chaired by the Infectious Disease Epidemiology Program Director at Maine CDC and includes representatives from epidemiology, environmental health, HETL, Maine DACF, Maine DOE, Maine Department of Environmental Protection, Maine Medical Center Research Institute, University of Maine Cooperative Extension, Maine IF&W, the Biodiversity Research Institute, pest control companies, and other relevant individuals.

Subcommittees include the Wildlife Subcommittee which works on issues like deer density, the Messaging Committee which works on creating and standardizing information for common questions, and the Education Subcommittee which works on outreach. The Workgroup coordinates mosquito and tick surveillance within the state, and supports Lyme Disease Awareness Month in May.

The committee also launched a new mosquito messaging website with commonly asked questions, their answers, and the references that back the answers up. This website can be viewed at www.maine.gov/dhhs/mosquitofaq.

# REMOVING BARRIERS TO HEPATITIS C TREATMENT **IN MAINE**

MaineCare clients are no longer required to prove sobriety to receive treatment for hepatitis C.

On July 10, 2018, a group of doctors and hepatitis specialists from Maine sent a letter to MaineCare, Maine's Medicaid program, advocating for the removal of the sobriety barrier for hepatitis C treatment for MaineCare patients. This letter prompted MaineCare to request Maine CDC's Viral Hepatitis Prevention Program to present information on studies related to sobriety barriers for hepatitis C treatment to MaineCare's Drug Utilization Review Committee. The Committee voted unanimously to remove the sobriety barrier, and on October 1, 2018, MaineCare clients were no longer required to prove sobriety to receive treatment for hepatitis C.

Previously, MaineCare required clients to be sober from alcohol and illicit drugs for six months before receiving hepatitis C treatment. However, multiple studies show that sobriety restrictions are unnecessary and undermine public health efforts to end the hepatitis C epidemic.[1,2] In addition, removing sobriety barriers to hepatitis C treatment can result in lower medical costs to the state.[3] The cost of treating hepatitis C when diagnosed is far less expensive than treating liver disease or performing liver transplants, for which hepatitis C is the leading cause.[4,5]

Studies show that hepatitis treatment medication is just as effective in people who use drugs (PWUD) or alcohol as it is in people who do not, and PWUD adhere to treatment at the same rates as non-drug using individuals.[6,7,8,9,10,11] Also, hepatitis C treatment for PWUD can lead to significant reductions in hepatitis C prevalence and reduced transmissions. Furthermore, the risk of reinfection for PWUD is less than 4%.[9,12]

Sobriety restrictions come with legal and financial risks. Several states with sobriety barriers for hepatitis C treatment in their Medicaid programs have lost costly lawsuits for not providing this treatment.[13,14,15,16] Currently, at least half of all state Medicaid programs do not require individuals to meet sobriety criteria before obtaining treatment.[17] Lessons learned from the HIV epidemic of the 1980s and 1990s showed that having health insurance coverage and access to treatment was crucial in ending those epidemics.[18,19] Maine CDC's Viral Hepatitis Prevention Program continues to provide information to healthcare providers, state agencies and the public to help end the hepatitis C epidemic.



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[2] The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America, HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C, Sep. 21, 2017, available at https://www.hcvguidelines.org/.

[3] National Center for Biotechnology Information, *Recommendations for the management of hepatitis C infection among people who inject drugs*, August 2013 https://www.ncbi.nlm.nih.gov/pubmed/23884061.

[4] NASTAD. Science over Stigma: The Public Health Case Against HCV Treatment Sobriety Restrictions. NASTAD. https://www.nastad.org/sites/default/files/nondiscrimination-in-hcv-tx-provision_final_tem.pdf. August 2017

[5] Bentley, T.S., Phillips, S.J., 2017 U.S. Organ and Tissue Transplant Cost Estimates and Discussion. *Milliman Research Report*. August 2017; p5. https://researchguides.uic.edu/ld.php?content_id=10003294

[6] Campbell, Canary, Smith, et al., *State HCV Incidence and Policies Related to HCV Preventive and Treatment Services for Persons Who Inject Drugs — United States, 2015–2016*, 66 MMWR 1 (2017).

[7] Tsui J, Williams E, Green P, Berry K, Su F, and Ioannou G., *Alcohol use and hepatitis C virus treatment outcomes among patients receiving direct antiviral agents*, 169 DRUG ALCOHOL DEPEND 101 (2016).

[8] Ann Intern Med. 2016; 165(9):625-634. doi: 10.7326/M16-0816. http://annals.org/aim/fullarticle/2542526/elbasvir-grazoprevir-treat-hepatitis-c-virus-infection-persons-receiving-opioid

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[12] Ann Intern Med. 2016; 165(9):625-634. doi: 10.7326/M16-0816.

[13] "Washington state told to lift restrictions on hepatitis C medicines." Stat News. May 27, 2016. https://www.statnews.com/pharmalot/2016/05/27/washington-state-hepatitis-drug-prices/

[14] "Two Florida Lawsuits Win Class-Action Settlements for Hepatitis C Coverage." Hep Magazine. December 14, 2017. https://www.hepmag.com/article/two-florida-lawsuits-win-classaction-settlements-hepatitis-c-coverage

[15] "Florida let hepatitis C go untreated in prisons, now it may cost taxpayers millions." Miami Herald. https://www.miamiherald.com/news/state/florida/article185341808.html.

[16] "More prison inmates get access to hepatitis C drugs." The Wall Street Journal. March 9, 2018. https://www.wsj.com/articles/more-prison-inmates-get-access-to-hepatitis-c-drugs-1520631413

[17] National Viral Hepatitis Roundtable, *Hepatitis C: The State of Medicaid Access*, Report, October 23, 2017

[18] Don C. Des Jarlais; Thomas Kerr; Patrizia Carrieri; Jonathan Feelemyer; Kamyar Arasteh. HIV Infection Among Persons who Inject Drugs; Ending Old Epidemics and Addressing New Outbreaks. AIDS. 2016;30(6):815-826. https://www.medscape.com/viewarticle/862885. August 1, 2018.

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# LYME DISEASE
# SOCIAL MEDIA CAMPAIGN

The Public Health Corps (PHC), within Maine CDC's Division of Disease Surveillance, designed and launched a Lyme disease social media campaign aimed at adults 65 years and older. The campaign targeted this specific age group because adults ages 65 years and older have the highest rate of Lyme disease in Maine. The PHC conducted a literature review and found that best practices for public health social media campaigns include the use of videos less than 44 seconds, pictures, and mascots. Mascots are beneficial in messaging since they help brand the campaign and allow users to quickly recognize the material. Maine CDC worked with a graphic designer to create four video slideshows, a static photo advertisement, and a mascot for the campaign (Image 1).


Image 1

In August 2018, Maine CDC posted each advertisement for one week as Facebook boosted posts, Facebook sponsored advertisements, and YouTube paid instream video advertisements. Maine CDC spent $9,298.42 in total on the campaign. To determine the number of views and reach of each advertisement, Maine CDC looked at Google and Facebook analytics.

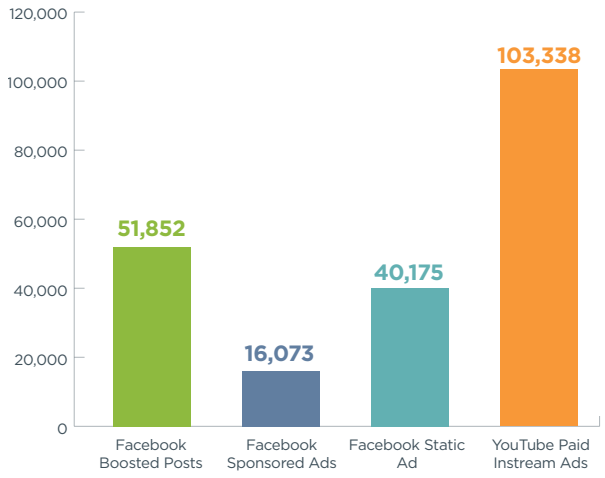



Chart 1: Average Number of Advertisement Views by Dissemination Method

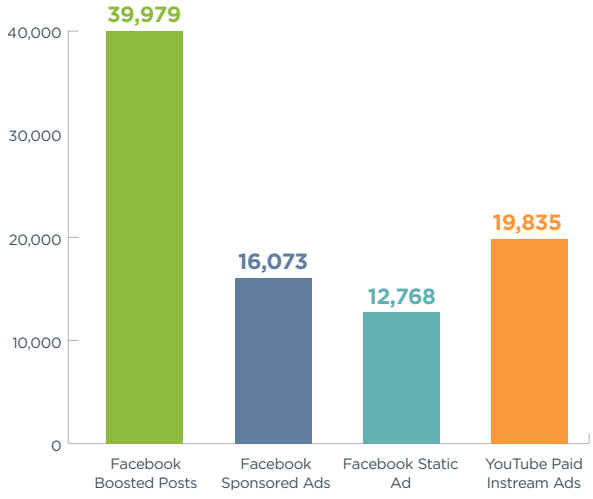
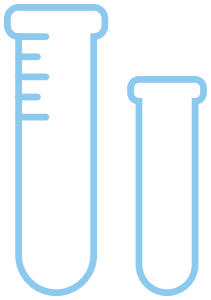



Chart 2: Average Number of Viewers Within the Target Population


Facebook boosted posts generated an average of 51,852 views and reached 46,370 people. Facebook sponsored advertisements generated an average of 16,073 views and reached 25,304 people. The Facebook sponsored static advertisement reached 40,175 people. There are no data available on the average number of views for Facebook static advertisements since they are viewed differently than videos. YouTube paid instream advertisements generated an average of 46,377 views and reached 104,021 people. Maine CDC found that YouTube paid instream advertisements and Facebook boosted posts reached more people and generated the most views (Chart 1). YouTube paid instream advertisements generated the most views when Maine CDC selected to advertise to both the target age group and users with an unknown age. Facebook boosted posts and Facebook sponsored advertisements reached the most people within the target population (Chart 2).

Maine CDC found that each advertisement method had strengths and weaknesses. YouTube paid instream advertisements work best to reach the general public, while Facebook boosted posts work best to reach an age-specific target population. The Facebook static advertisement had more views than Facebook sponsored advertisements, although the static advertisement reached less of the target population. Maine CDC will use this information to inform future social media campaigns to maximize the reach of the information to target populations.

# EXTRAGENITAL TESTING:
# POTENTIAL SOLUTIONS TO CURB THE INCIDENCE OF STI INFECTIONS IN MAINE



Rapid detection of STIs is crucial in reducing the incidence of STIs in Maine.

There is an increase in cases of sexually transmitted infections (STIs) in the United States, as well as in the state of Maine. From 2016-2017, Maine saw an increase of 30% for gonorrhea and 77% for infectious syphilis. There was another increase from 2017-2018, with a 19% increase in gonorrhea and a 25% increase in infectious syphilis. There are many hypotheses of why STIs are increasing nationally, including: better surveillance, increased testing, reduced condom use, and an upsurge in popularity of dating apps which may increase one's sexual network. Transmission is further amplified by the high rates of undiagnosed asymptomatic STIs, or STIs that are left untreated/untested because they are in exposure sites that are not typically tested (pharyngeal or rectal). Rapid detection of STIs is crucial in reducing the incidence of STIs in Maine. Some health consequences of untreated STIs include: stillbirths, ectopic pregnancy, pelvic inflammatory disease, infertility and an increased risk for HIV transmission.

It is possible that providers are missing asymptomatic STIs that present in extragenital sites of exposure. The federal CDC's current recommendations state that men who have sex with men (MSM) who have had receptive anal or oral sex be screened using the Nucleic Acid Amplification Test (NAAT) annually[1]. Medical providers should take thorough sexual health histories to assess if an individual should be tested more frequently. Studies indicate that genitourinary screening alone for MSM has the potential to miss 80% of chlamydia and 77% of gonorrhea infections[2]. Research shows that medical providers are screening regularly for syphilis among HIV positive MSM but are screening less than 10% of HIV positive MSM for gonorrhea and chlamydia (rectal and pharyngeal).[1] Anal chlamydia and gonorrhea infections are associated with a greater risk of acquiring HIV. One-in-ten new HIV cases among MSM are due to the presence of chlamydia and gonorrhea infection[3]. Maine 2018 data indicate

that rectal and pharyngeal STI testing only represent about 1% of total STI testing (8% of STI testing had no specimen description listed). Potential barriers to lack of extragenital testing could be physicians' comfort level in taking sexual history and the fact that extragenital testing is not yet FDA approved.

[1] Center for Disease Control and Prevention. (2015). Special Populations - 2015 STD Treatment Guidelines." Centers for Disease Control and Prevention, www.cdc.gov/std/tg2015/specialpops.htm.

[2] Danby, C. S., Cosentino, L. A., Rabe, L. K., Priest, C. L., Damare, K. C., Macio, I. S., Meyn, L. A., Wiesenfeld, H. C., … Hillier, S. L. (2016). Patterns of Extragenital Chlamydia and Gonorrhea in Women and Men Who Have Sex With Men Reporting a History of Receptive Anal Intercourse. Sexually transmitted diseases, 43(2), 105-9.

[3] Centers for Disease Control and Prevention. Detailed STD Facts - HIV/AIDS & STDs. (2014). Centers for Disease Control and Prevention, www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm.

# EMERGING THREAT:
# CARBAPENEMASE-PRODUCING ORGANISMS

## BACKGROUND:

While most bacterial resistance is acquired from prior exposure to antibiotics, there are some bacteria that can share their resistance genes directly with other bacteria, including bacteria of other genus and species. This type of bacterial resistance is known as plasmid-mediated resistance.

## THE THREAT:

- Carbapenemase-producing organisms (CPO) are a subset of carbapenemase-resistant organisms (CRO) that are capable of plasmid-mediated resistance.
- CPOs are highly resistant to multiple classes of antibiotics, leaving clinicians with few treatment options.
- Infections with CPOs are associated with high mortality rates.
- A person can be colonized with a CPO and not be aware of it, potentially spreading it.
- Hospitalization outside of the USA, including surgery and dialysis, in an CPO endemic country, is a significant risk factor for acquiring a CPO.
- CPOs are now found in every state in the USA, including Maine.

## CARBAPENEM-RESISTANCE DEFINED:

**CRO**
**Carbapenem-resistant**

Carbapenem-resistant Organisms (CRO) are bacteria in the family Enterobacteriaceae (e.g. *Citrobacter* spp., *Enterobacter* spp., *Escherichia coli, Klebsiella* spp., *Morganella morganii, Proteus* spp., *Providencia* spp., Serratia spp., *Salmonella* spp., *Shigella* spp., *Yersinia* spp.), *Pseudomonas aeruginosa* and *Acinetobacter baumannii* that test resistant to one or more carbapenem antibiotics, regardless of the method of resistance.

**Non-CPO**
**Acquired resistance**

Non carbapenemase-producing organisms (non-CPO), are those CROs that have undergone further laboratory testing and were found not to contain a carbapenemase-producing enzyme that breaks down the carbapenem antibiotics or the gene (e.g. IMP, KPC, NDM, OXA-48, VIM) that produces the carbapenemase enzyme. Therefore, resistance to the carbapenem antibiotic(s) is acquired resistance.

**CPO**
**Plasmid-mediated resistance**

Carbapenemase-producing organisms (CPO), are CROs that test positive for the carbapenemase-producing enzyme or gene, signifying that resistance to the carbapenem antibiotic(s) is plasmid-mediated. CPOs can share their resistance genes directly with other bacteria and are considered a public health threat.

## PREVENTION:

- Hand hygiene is still the best prevention.
- Clean and disinfect patient rooms and equipment.
- Follow contact precautions for known patients colonized or infected with a CPO.
- Practice good antimicrobial stewardship.

## HEALTHCARE FACILITIES SHOULD NOTIFY MAINE CDC AT 1-800-821-5821 WHEN:

- A CRO is identified (and send the isolate to the state public health laboratory)
- Healthcare associated transmission of a CRO is suspected

Carbapenemase-producing organisms are emerging multi-drug resistant bacteria that present a serious health threat for the people of Maine.

# MAINE'S RYAN WHITE PART B AND AIDS **DRUG ASSISTANCE PROGRAM**

The Ryan White Part B Program helps low-income people living with HIV (PLWH) in Maine fill gaps in care and treatment by providing a variety of services, depending on individual need, with the ultimate goal being the achievement and maintenance of viral suppression. The Ryan White Part B Program helps low-income PLWH access food, dental care, and housing. The Program also supports medical case management for those who do not qualify for other types of case management, and administers the AIDS Drug Assistance Program (ADAP), which helps low-income PLWH obtain and maintain access to prescription drugs to treat HIV and its related conditions. ADAP services include assistance with health insurance premiums, copays, deductibles, coinsurance, HIV-related lab tests, and the full cost of HIV-related drugs for those without insurance.

People Living with HIV Utilizing Ryan White Part B Services, 2015-2018

| Service | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|
| Dental assistance | 183 | 180 | 279 | 293 |
| Food assistance | 497 | 522 | 579 | 584 |
| Full-cost drugs | 110 | 120 | 106 | 118 |
| Housing assistance | 168 | 199 | 257 | 304 |
| Insurance premiums | 208 | 190 | 240 | 299 |
| Lab tests | 14 | 20 | 24 | 25 |
| Medical case management | 87 | 90 | 97 | 101 |
| Prescription wrap-around | 626 | 602 | 544 | 560 |
| Total utilizing members | 882 | 923 | 939 | 987 |

PLWH who are virally suppressed (defined as a viral load test result less than 200 copies/mL) are less likely to develop HIV-related complications, so they lead longer, healthier lives and require less costly care and treatment. PLWH who are virally suppressed are much less likely to transmit the virus to others. The National HIV/AIDS Strategy calls for viral suppression among 80 percent of all PLWH in the U.S. by 2020. In 2018, 90 percent of Part B Program enrollees were virally suppressed as of the last result reported in 2018, compared to 85 percent of enrollees in 2017.

Viral Suppression Among Ryan White Part B Enrollees by Public Health District, 2018

| District | Number Virally Suppressed | Number Enrolled | % Virally Suppressed |
|---|---|---|---|
| Aroostook | 27 | 29 | 93% |
| Central | 123 | 142 | 87% |
| Cumberland | 354 | 386 | 92% |
| Downeast | 70 | 78 | 90% |
| Mid Coast | 64 | 69 | 93% |
| Penquis | 81 | 86 | 94% |
| Western | 126 | 151 | 83% |
| York | 133 | 146 | 91% |
| **Overall** | **978** | **1,087** | **90%** |

**90%**

of people living with HIV enrolled in Maine's Ryan White Part B Program were virally suppressed in 2018.

# POND OUTBREAK
# CUMBERLAND COUNTY JULY 2018

On Friday July 6, 2018 a member of the public contacted Maine CDC about family and friends who became ill with gastrointestinal symptoms after visiting a public beach on Woods Pond, operated by the Town of Bridgton, Maine. Given the gastrointestinal (GI) symptoms and the epidemiology described in the initial report, an outbreak team quickly formed to investigate. Maine CDC notified and worked closely with local hospitals and officials to investigate this outbreak. Based on information provided to town officials, the Town of Bridgton closed the public beach on July 6.

Using the initial information provided, Maine CDC's Cumberland Field Epidemiologist conducted open ended interviews with seven heads of households to generate a list of questions for a wider attendee survey. The Foodborne and Waterborne Epidemiologist added exposures of note to a modified version of the Division of Disease Surveillance's Foodborne/Enteric Disease survey template. The Maine CDC interview team consisted of five epidemiologists and one public health educator. The interview team used this survey to collect information about individuals' exposures, symptoms, and duration of illness.

Using the Maine CDC Facebook page, Maine CDC issued a call for cases and identified additional individuals who visited the pond between July 1 – July 6, 2018. In many circumstances, the heads of households provided answers for multiple family members. The interview team entered interview data into a spreadsheet, and the Foodborne and Waterborne Epidemiologist analyzed these using Epi Info 7 statistical software. Maine CDC asked ill respondents to submit stool specimens for viral and bacterial testing at Maine's Health and Environmental Testing Laboratory (HETL). New York State Wadsworth Center Virology Laboratory assisted in confirming test results as needed.

Maine CDC consulted with the federal Centers for Disease Control and Prevention (CDC) regarding testing the pond's water if the outbreak team deemed it appropriate. The outbreak team also discussed additional testing and epidemiology strategies. Maine CDC decided testing of the pond water would not be useful given the circumstances of the outbreak.

After the call for additional cases, Maine CDC interviewed a total of thirty-four (34) heads of household by phone and collected data on 148 people who visited the pond or were exposed to ill individuals at home. 139 people reported attending the pond between July 1 – July 6. Of those who visited the pond, 97 people reported being sick (attack rate: 69.8%). Pond visitors who went under the water or swallowed the water while swimming were over three times more likely to be sick than those who did not (relative risk = 3.19, $p < 0.001$). There were no significant relative risks for other exposures such as using the playground and eating or drinking at the beach.

**69.8%**

**Attack Rate**

**3X**

**Swimmers who went under water were 3 times more likely to become ill.**

Health care providers collected four (4) human stool specimens for bacterial and viral testing that was performed at HETL. Two out of four human stool specimens tested positive for Norovirus GI. Based on collected data and two positive human specimens, Maine CDC confirmed this as a continuous common source waterborne outbreak of norovirus with secondary person-to-person transmission.

Although Maine CDC associated the outbreak with swimming underwater at the beach, Maine CDC was unable to determine the source of the norovirus. There may have been numerous sources for contamination that resulted in a high number of ill individuals. The town of Bridgton reopened the public beach on July 10, 2018 and no additional individuals reported illnesses associated with this outbreak.

Maine CDC confirmed this as a continuous common source waterborne outbreak of norovirus with secondary person-to-person transmission.

# CAKE OUTBREAK
# ANDROSCOGGIN COUNTY JUNE 2018

On Monday June 25, 2018 a Hospital Infection Preventionist (IP) notified Maine CDC of a gastrointestinal outbreak seemingly stemming from a work party event held on Thursday, June 21 at a private medical practice in Androscoggin County. Maine CDC's Western District Field Epidemiologist began collecting information about the outbreak and notified the Foodborne Epidemiologist who convened an outbreak investigation team.

The work party consisted of approximately 40 attendees; 21 had been or were currently ill with nausea, vomiting, and diarrhea. Many of the ill individuals had symptom onset on Friday, June 22 and Saturday, June 23. Average duration of illness was approximately two days. Employees attending the party brought in food for the potluck including: taco salad, homemade cookie cake, ice cream, assorted dips and chips, seven-layer dip, meatballs, strawberries stuffed with cheesecake filling, rotisserie chicken, potato salad, pasta salad, and soda.

Using this list, epidemiologists designed and administered a customized survey to better collect exposure and illness information. The Western District Field Epidemiologist interviewed 23 employees in person at the office, and other epidemiologists interviewed another 15 attendees by telephone. The Foodborne Epidemiologist analyzed the data collected from the surveys to look for statistically significant exposures that may have led to these illnesses. Those who ate or came in to contact with the cookie cake were more than eight (8) times more likely to be ill (relative risk = 8.34 [1.27 - 54.69], $p < 0.0002$) than those who did not. Contact included eating, serving, cooking, preparing, and disposing of the cake. Epidemiologists found no

**50%**

Number of attendees who had been or were currently ill.

**8X**

Attendees who came in contact with the cake were 8 times more likely to become ill.

other food exposures significantly associated with illness. The employee who brought the homemade cookie cake to the potluck said that multiple family members were ill during the previous week.

One attendee submitted a stool specimen to Maine's Health and Environmental Testing Laboratory (HETL) for bacterial and viral testing. Epidemiologists collected leftover food from the office and brought it to HETL, and laboratorians sampled parts of the cookie cake for norovirus testing. All of the cake components tested negative for norovirus, but the one human specimen submitted tested positive for norovirus GII. Testing for norovirus in food is challenging, so the absence of norovirus in the cake sample did not mean that other parts of the cake were not contaminated.

In conclusion, epidemiologists classified this outbreak as a probable norovirus outbreak associated with consuming or coming into contact with the cookie cake at the party. Epidemiologists were able to provide a strong epidemiological link between illness and consumption of the cake despite the negative results on the cake samples tested. The Western District Field Epidemiologist shared these findings with the office and provided guidance on safe food handling practices, staying out of work while ill, not preparing food for others while ill, and general sanitation practices.

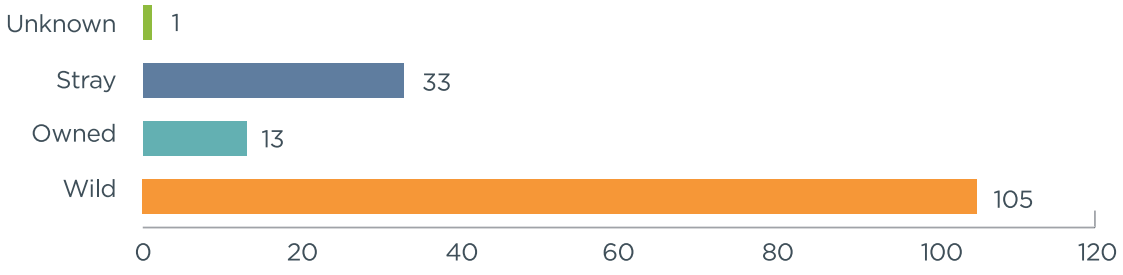
# RABIES POST-EXPOSURE PROPHYLAXIS (PEP) IN MAINE, 2018

Animal rabies is endemic in Maine and every year humans are exposed to rabid or potentially rabid animals. Rabies is 100% fatal if left untreated, but can be prevented when treated promptly after an exposure to the rabies virus. Recommendations for individuals to receive rabies treatment after an exposure to the rabies virus depend on the circumstances surrounding the exposure. The treatment is called rabies post-exposure prophylaxis (PEP), and it involves a series of rabies vaccines and rabies immune globulin (RIG) shots. Healthcare providers are required by Maine law to report rabies PEP to Maine CDC within 48 hours of administration, but many providers fall short of this requirement. For this reason, the reported cases of rabies PEP in Maine does not accurately represent the true number of rabies PEP given statewide.

Maine CDC considers a case of rabies PEP when a person either receives a treatment recommendation, begins treatment, or both. In 2018, Maine reported 152 cases of rabies PEP. 96% (146 reported cases) went to a healthcare provider or emergency department to begin their treatment. Six individuals received recommendations, but did not begin rabies PEP. One individual refused treatment. One individual no longer needed treatment because the attacking animal was ruled rabies free. Four individuals were lost to follow-up.

Rabies PEP is considered a medical urgency, but not a medical emergency. In many cases, rabies PEP can wait until the response measure (either quarantine or testing) for the attacking animal is completed. Of the 146 individuals who began rabies PEP, 37% (57 individuals) received rabies PEP because the attacking animal could not be located after the exposure and 23% (34 individuals) received rabies PEP because the attacking animal tested positive or unsatisfactory for rabies. Other reasons for the administration for rabies PEP include, but are not limited to, possible exposures to bats, contact with mucous membranes, or a severe attack to the head or neck.

Rabies PEP is readily available, but often in short supply. For this reason, healthcare providers must individually evaluate each suspected human exposure to a potentially rabid animal. Rabies exposures are rarely clear-cut issues, so treatment decisions must consider a variety of factors. These factors include type of exposure, extent or severity of exposure, type of animal species involved, animal vaccination status, circumstances leading to exposure, availability of animal for confinement and observation or testing, and the epidemiology of rabies in the region.




**Cases of Rabies PEP by Animal Encountered**

Generally, Maine CDC will recommend rabies PEP in cases where an animal tests positive for rabies, a high-risk animal is unavailable for quarantine or testing, or when serious attacks occur to the head, face, or neck. This is not a hard-set rule, but a guide as most people who are exposed to a potentially rabid animal still require a thorough evaluation. 37% of the 152 exposures in 2018 occurred to a hand or finger while 11% occurred to a leg, 8% to an arm, and 7% to the head or neck. In 7% of cases, exposures occurred to two or more regions of the body. About 30% of exposure sites were unknown.

Of the 152 animal exposures, bats were by far the most frequent animal encountered accounting for almost 40% of all cases of rabies PEP. Wild animal encounters made up 69% of all exposures followed by stray animal exposures at 22% and owned animal exposures just under 9%.

Rabies PEP is typically not required when pets bite humans because pets are typically available for confinement and observation. In 2018, 13 individuals received rabies treatment after a bite from an owned pet. In 31% of these cases, the pet's owner fled with the pet after the attack and in another 31% because the pet died within the days of exposure. Other situations why people received treatment after an exposure to a pet include, but are not limited to, owners provoking their pets, people exposed by someone else's pet while on a trip or camping, or pet could not be identified. Maine CDC normally does not recommend rabies PEP for encounters with small rodents like mice and squirrels because it is generally understood that small mammals are highly unlikely to survive an attack from a commonly rabid animal. Thus, it is unlikely for this group of mammals to transmit the rabies virus. Only in one rabies PEP case was the animal type and status unknown.

Maine CDC and Maine Department of Agriculture, Conservation, and Forestry, together with the Maine Rabies Workgroup, produce the Maine Rabies Management Guidelines. To review these guidelines and other resources, please visit www.maine.gov/dhhs/rabies.

**Cases of Rabies PEP by Animal Encountered Reported to Maine CDC, 2018**

| Status | Animal | Rabies PEP |
|---|---|---|
| Wild | Bat | 60 |
| | Bear | 1 |
| | Ermine | 1 |
| | Fox | 15 |
| | Mouse | 1 |
| | Raccoon | 20 |
| | Skunk | 4 |
| | Squirrel | 3 |
| Owned | Cat | 4 |
| | Dog | 9 |
| Stray | Cat | 23 |
| | Dog | 10 |
| Unknown | Unknown | 1 |
| Total | | 152 |

# EVALUATION OF THE MAINE VARICELLA SURVEILLANCE SYSTEM

## BACKGROUND

In 2002, federal CDC encouraged states to develop case-based varicella surveillance systems by 2005 to help monitor changing trends in varicella epidemiology following the implementation of a routine varicella immunization schedule. Varicella surveillance aims to document the impact of varicella vaccine on varicella related morbidity and mortality, evaluate the effectiveness of prevention strategies, and evaluate vaccine effectiveness.

The Maine varicella surveillance system relied on passive case reports from healthcare providers, school nurses, and laboratories. Maine investigated all cases of varicella reported by a provider and all hospitalized or invasive cases of varicella zoster in patients over the age of 18 (determined by lab specimen source and/or patient status in lab report). Maine does not investigate other laboratory reports of varicella zoster in patients over the age of 18 but counts them as cases in the surveillance system. Maine classifies those with PCR or IgM positive labs as cases. Maine considers these cases of varicella to be "non-investigated varicella cases".

## METHODS

In 2018, the Maine vaccine preventable disease (VPD) epidemiologist reviewed varicella surveillance as part of the VPD program evaluation. The VPD epidemiologist validated every reporting source and created a process to test the accuracy of case classification for non-investigated varicella cases. The VPD epidemiologist pulled all non-investigated cases of varicella from Maine's electronic case database. An epidemiologist followed up on selected cases by calling the associated physician to get clinical information about the case and determine if the patient met the surveillance case classification for varicella.

## RESULTS

Since 2012, Maine averaged 117 non-investigated varicella cases per year. The proportion of non-investigated varicella cases averaged 57% of all cases (Table 1).

Table 1. Investigated and non-investigated varicella cases, by year

| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|---|---|
| **Investigated varicella cases** | 170 (65.9 %) | 47 (33.6 %) | 58 (28.0 %) | 92 (39.5 %) | 113 (49.6 %) | 85 (42.9 %) | 132 (52.4 %) |
| **Non-investigated varicella cases** | 88 (34.1 %) | 93 (66.4 %) | 149 (72.0 %) | 141 (60.5 %) | 115 (50.4 %) | 113 (57.1 %) | 120 (47.6 %) |
| **Total varicella cases** | 258 (100%) | 140 (100%) | 207 (100%) | 233 (100%) | 228 (100%) | 198 (100%) | 252 (100%) |

In 2018, the VPD epidemiologist identified 120 non-investigated varicella cases and randomly selected 63 cases for follow-up. None of the 63 cases investigated met the varicella case definition. Forty-six of the 63 cases (73%) had shingles, six (10%) had titers drawn to check for immunity, and ten (16%) had other non-varicella diagnoses without a diffuse rash.

## CONCLUSIONS

The results of the investigation showed that classifying cases as varicella based only on laboratory results was inappropriate. Therefore, as of January 1, 2019, epidemiologists will review and document all varicella PCR positive or IgM positive laboratory results reported in adults >18 years but will not investigate or count the reports as cases unless providers specifically report the patients as cases or varicella-related deaths. This will greatly impact Maine varicella data, especially when comparing to previous years, but will improve accuracy and the Maine varicella surveillance system will reflect a better understanding of the true burden of varicella in the population.

# INFLUENZA EDUCATION AMONG **YOUTH IN AGRICULTURE**

During the 2017-2018 influenza season Maine participated in a federally funded project aimed at educating youth in agriculture on influenza and other zoonotic diseases. This was done as a collaboration between Maine Center for Disease Control and Prevention (Maine CDC) and Maine Department of Agriculture, Conservation, and Forestry (Maine DACF). The goal of this project was to educate youth about zoonotic infections, deliver prevention messages to keep people and animals safe and healthy, and strengthen One Health networks among state human and animal health departments and agricultural communities.

ONE HEALTH MAINE

## TRAIN-THE-TRAINER EVENT:

In January 2018, Maine CDC and Maine DACF held a train-the-trainer event for 39 youth agricultural leaders. Attendees included representatives from 14 out of 16 counties in Maine and representatives from 22 out of the 25 Maine annual agricultural fairs.

This event provided direct instruction to youth agriculture leaders about diseases that can be transmitted between animals and humans, signs and symptoms of the diseases, and prevention strategies to reduce the risk of transmission. Maine CDC and Maine DACF delivered this information through presentations, interactive activities and group discussions. Maine encouraged attendees to teach and share the information with their local youth agriculture groups after the train-the-trainer event.

As of July 1, 2018, 37 of the 39 (95%) participants completed or planned a teaching event for youth. Of the completed events, the average number of participants was 22 with a range of 6-60 with over 700 estimated total participants.

**37**
Events completed or planned

**6-60**
Number range of participants

**700**
Total Participants

September 8, 2015

Maine Center for Disease Control and Prevention

# NOTIFIABLE DISEASES AND CONDITIONS LIST

24 Hours A Day, 7 Days A Week Disease Reporting:

**Telephone: 1-800-821-5821** **Fax: 1-800-293-7534**

☎ Conditions are reportable **immediately** by telephone on recognition or strong suspicion of disease

All others are reportable by telephone, fax, electronic lab report, or mail within **48 hours** of recognition or strong suspicion of disease

➔✉ Directors of laboratories are to submit isolates or clinical specimens, as well as any isolates or clinical specimens as requested by Maine CDC, to the *Maine Health and Environmental Testing Laboratory* for confirmation, typing, and/or antibiotic sensitivity

Acid-Fast Bacillus ➔ ✉
Acquired Immunodeficiency Syndrome (AIDS)
Anaplasmosis
☎ Anthrax ➔ ✉ (*Bacillus anthracis*)
Babesiosis
☎ Botulism ➔ ✉ (*Clostridium botulinum*)
☎ Brucellosis ➔ ✉ (*Brucella* species)
California Serogroup Viruses
Campylobacteriosis
Carbapenem-resistant Enterobacteriaceae (CRE)[1]
Carbon Monoxide Poisoning[2]
Chancroid
Chlamydia
Chickenpox (Varicella)
Chikungunya
☎ Coronavirus, Novel and SARS ➔ ✉
Creutzfeldt-Jakob disease, <55 years of age
Cryptosporidiosis
Cyclosporiasis
Dengue
☎ Diphtheria ➔ ✉ (*Corynebacterium diphtheriae*)
E. coli, Shiga toxin-producing (STEC) ➔ ✉
Eastern Equine Encephalitis
Ehrlichiosis
Giardiasis
Gonorrhea
Haemophilus influenzae, invasive ➔ ✉
Hantavirus, pulmonary and non-pulmonary syndromes
Hemolytic-uremic syndrome (post-diarrheal)
☎ Hepatitis A, B, C, D, E (acute)
Hepatitis B, C, D (chronic)
Human Immunodeficiency Virus (HIV)[3]
Influenza-associated pediatric death
☎ Influenza A, Novel ➔ ✉
Influenza-associated hospitalizations, laboratory-confirmed
Legionellosis
Leptospirosis
Listeriosis ➔ ✉ (*Listeria monocytogenes*)
Lyme Disease
Malaria
☎ Measles ➔ ✉ (Rubeola virus)
☎ Meningococcal Disease, invasive ➔ ✉ (*Neisseria meningitidis*)
☎ Mumps ➔ ✉
☎ Pertussis
☎ Plague ➔ ✉ (*Yersinia pestis*)
☎ Poliomyelitis ➔ ✉ (Polio virus)
Powassan Virus
Psittacosis
☎ Q Fever
☎ Rabies (human and animal) ➔ ✉ (Rabies virus)
Rabies Post-Exposure Prophylaxis
☎ Ricin Poisoning ➔ ✉
☎ Rubella (including congenital) ➔ ✉ (Rubella virus)
Salmonellosis ➔ ✉ (*Salmonella* species)
☎ Shellfish Poisoning
Shigellosis ➔ ✉ (*Shigella* species)
☎ Smallpox ➔ ✉ (Variola virus)
Spotted Fever Rickettsiosis
St. Louis Encephalitis
Staphylococcus aureus, Methicillin-Resistant (MRSA), invasive
☎ Staphylococcus aureus with resistance to Vancomycin (VRSA) ➔ ✉
Streptococcus Group A, invasive
Streptococcus pneumoniae, invasive
Syphilis
☎ Tetanus ➔ ✉ (*Clostridium tetani*)
Trichinosis
☎ Tuberculosis (active and presumptive) ➔ ✉ (*Mycobacterium tuberculosis*)
☎ Tularemia ➔ ✉ (*Francisella tularensis*)
Vibrio species, including Cholera ➔ ✉ (*Vibrio* species)
☎ Viral Hemorrhagic Fever
West Nile Virus
Western Equine Encephalitis
Yellow Fever

☎ **Any Case of Unusual Illness of Infectious Cause**
☎ **Any Cluster/Outbreak of Illness with Potential Public Health Significance**

**Who must report:** Health Care Providers, Medical Laboratories, Health Care Facilities, Administrators, Health Officers, Veterinarians

**What to report: Disease reports must include as much of the following as is known:**

- Disease or condition diagnosed or suspected
- Patient's name, date of birth, address, phone number, occupation, race, and ethnicity
- Diagnostic laboratory findings and dates of test relevant to the notifiable condition
- Health care provider name, address and phone number
- Name and phone number of person making the report

Footnotes:

1. Carbapenem-resistant Enterobacteriaceae (CRE): See current definition as adopted by the United States Centers for Disease Control and Prevention
2. Carbon Monoxide, including clinical signs, symptoms or known exposure consistent with diagnosis of carbon monoxide poisoning and/or: a carboxyhemoglobin (COHb) level ≥5%
3. Human Immunodeficiency Virus (HIV), including:
   - Confirmed, positive antibody tests
   - Viral load tests, all results
   - CD4 lymphocyte counts, all results

***Complete Rules for the Control of Notifiable Diseases and Conditions:***
http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/index.shtml

*Maine Center for Disease Control and Prevention*
*An Office of the Department of Health and Human Services*

**Department of Health and Human Services**
**Maine Center for Disease Control and Prevention**

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