

Attachment 10

Annual Summary Forms and Tables sent to State Epidemiologists

Attachment 10

TABLE 1: FINAL REPORT TO VERIFY NETSS/NNDS DISEASE INCIDENCE DATA
(excludes STD Diseases) -- 2002 -- IOWA
MMWR Weeks 1-52, December 30, 2001 - December 28, 2002

1

DIS	UNKNOWN STATUS	SUSPECT STATUS	PROBABLE STATUS	CONFIRMED STATUS	TOTAL REPORTED TO CDC VIA NETSS	MMWR PRINT TOTAL
Amebiasis	0	0	0	0	0	0
Anthrax	0	0	0	0	0	0
Bacterial mening., other	0	0	0	0	0	0
Botulism, foodborne	0	0	0	0	0	0
Botulism, infant	0	0	0	0	0	0
Botulism, other /wound	0	0	0	0	0	0
Botulism, other unsp.	0	0	0	0	0	0
Botulism, total	0	0	0	0	0	0
Botulism, wound	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0
Campylobacteriosis	0	0	0	426	426	426
Chickenpox (Varicella)	0	0	0	0	0	NON-NOTIFIABLE
Cholera	0	0	0	0	0	0
Coccidioidomycosis	0	0	0	0	0	NON-NOTIFIABLE
Cryptosporidiosis	0	0	0	49	49	49
Cyclosporiasis	0	0	0	0	0	0
Dengue Fever	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0
E. coli 0157:H7	0	0	8	113	121	121
E. coli shiga toxin+ (non-0157)	0	0	0	0	0	0
E. coli shiga toxin+ (not serogrouped)	0	0	0	0	0	0
Ehrlichiosis, hum. granu. (HGE)	0	0	0	0	0	0
Ehrlichiosis, hum. mono. (HME)	0	0	0	0	0	0
Ehrlichiosis hum. other/unsp	0	0	0	0	0	0
Enceph., California ser	0	0	0	3	3	3
Enceph., Eastern equine	0	0	0	0	0	0

Please review and verify the disease totals and the diseases marked non-notifiable or unavailable. Mark up changes in the non-notifiable and unavailable designations on this form before returning it to us. Data changes should not be made to this form. Your signature below indicates you have reviewed the table, concur with the incidence data presented, and either concur with the non-notifiable/unavailable designations reported in Table 1 or have marked up the table with the corrections to more accurately reflect what conditions should be designated non-notifiable and unavailable.

STATE EPIDEMIOLOGIST (PLEASE PRINT): _____

DATE: _____

SIGNATURE: _____

TABLE 1: FINAL REPORT TO VERIFY NETSS/NDSS DISEASE INCIDENCE DATA
(excludes STD Diseases) -- 2002 -- IOWA
MMWR Weeks 1-52, December 30, 2001 - December 28, 2002

DIS	UNKNOWN STATUS	SUSPECT STATUS	PROBABLE STATUS	CONFIRMED STATUS	TOTAL REPORTED TO CDC VIA NETSS	MMWR PRINT TOTAL
Enceph., Powassan	0	0	0	0	0	0
Enceph., St. Louis	0	0	0	0	0	0
Enceph., Venezuelan equ	0	0	0	0	0	0
Enceph., West Nile	0	0	0	0	0	0
Enceph., Western equine	0	0	0	0	0	0
Giardiasis	0	0	0	314	314	314
Haemophilus influenzae	0	0	0	1	1	1
Hansen disease	0	0	0	0	0	0
Hantavirus Pulmonary Syndrome	0	0	0	0	0	0
Hemolytic uremic syndrome post-diarrhe	0	0	0	3	3	3
Hepatitis, non A, non B	0	0	0	0	0	0
Hepatitis A	0	0	2	64	66	66
Hepatitis B	0	0	0	20	20	20
Hepatitis B Virus Infection, Chronic	0	0	0	0	0	0
Hepatitis B, Virus Infection Perinatal	0	0	0	0	0	0
Hepatitis C, non-A, non-B	0	0	0	1	1	1
Hepatitis C Virus Infection, Past/Pres	0	0	0	0	0	0
Legionellosis	0	0	0	13	13	13
Leptospirosis	0	0	0	0	0	0
Listeriosis	0	0	0	3	3	3
Lyme disease	0	0	0	42	42	42
Malaria	0	0	0	4	4	4
Measles, Total	0	0	0	0	0	0
Meningococcal disease	0	0	1	28	29	29
Mumps	0	0	0	1	1	1
Pertussis	0	0	0	157	157	157

Please review and verify the disease totals and the diseases marked non-notifiable or unavailable. Mark up changes in the non-notifiable and unavailable designations on this form before returning it to us. Data changes should not be made to this form. Your signature below indicates you have reviewed the table, concur with the incidence data presented, and either concur with the non-notifiable/unavailable designations reported in Table 1 or have marked up the table with the corrections to more accurately reflect what conditions should be designated non-notifiable and unavailable.

STATE EPIDEMIOLOGIST (PLEASE PRINT): _____

DATE: _____ SIGNATURE: _____

TABLE 1: FINAL REPORT TO VERIFY NETSS/NDSS DISEASE INCIDENCE DATA

3

(excludes STD Diseases) -- 2002 -- IOWA

MMWR Weeks 1-52, December 30, 2001 - December 28, 2002

DIS	UNKNOWN STATUS	SUSPECT STATUS	PROBABLE STATUS	CONFIRMED STATUS	TOTAL REPORTED TO CDC VIA NETSS	MMWR PRINT TOTAL
Plague	0	0	0	0	0	0
Polio, paralytic	0	0	0	0	0	0
Psittacosis	0	0	0	0	0	0
Q fever	0	0	0	0	0	NON-NOTIFIABLE
Rabies, animal	0	0	0	79	79	79
Rabies, human	0	0	0	1	1	1
Rocky Mountain sp. fever	0	0	2	1	3	3
Rubella	0	0	0	0	0	0
Rubella, cong. syndrome	0	0	0	0	0	0
Salmonellosis	0	0	36	471	507	507
Shigellosis	0	0	25	97	122	122
Streptococcal disease, inv.Group A	0	0	0	0	0	NON-NOTIFIABLE
Streptococcal toxic-shock syndrome	0	0	0	0	0	0
Streptococcus pneumoniae, inv. disease	0	0	0	0	0	NON-NOTIFIABLE
Streptococcus pneumoniae, drug-resista	0	0	0	0	0	NON-NOTIFIABLE
Tetanus	0	0	0	1	1	1
Toxic-shock Syndrome	0	0	0	1	1	1
Trichinosis	0	0	0	0	0	0
Tuberculosis	0	0	0	34	34	34
Tularemia	0	0	0	0	0	NON-NOTIFIABLE
Typhoid fever	0	0	0	0	0	0
West Nile Fever	0	0	0	0	0	0
Yellow fever	0	0	0	0	0	0

Please review and verify the disease totals and the diseases marked non-notifiable or unavailable. Mark up changes in the non-notifiable and unavailable designations on this form before returning it to us. Data changes should not be made to this form. Your signature below indicates you have reviewed the table, concur with the incidence data presented, and either concur with the non-notifiable/unavailable designations reported in Table 1 or have marked up the table with the corrections to more accurately reflect what conditions should be designated non-notifiable and unavailable.

STATE EPIDEMIOLOGIST (PLEASE PRINT):

DATE: _____ SIGNATURE: _____

DISEASE	STATUS OF
	REPORTING
CHICKENPOX	NON-NOTIFIABLE
COCCIDIOIDOMYCOSIS	NON-NOTIFIABLE
Q FEVER	NON-NOTIFIABLE
STREP, GROUP A, INVASIVE	NON-NOTIFIABLE
STREPTOCOCCUS PNEUMONIAE, < 5 YEARS	NON-NOTIFIABLE
STREPTOCOCCUS PNEUMONIAE, DRUG-REST	NON-NOTIFIABLE
TULAREMIA	NON-NOTIFIABLE

Please review and verify the reporting status of the diseases indicated. If status is different, please give month and year the reporting status changed. If you concur with the information presented in Table 2, please sign and date below.

STATE EPIDEMIOLOGIST (PLEASE PRINT): _____

DATE: _____ SIGNATURE: _____