

Maine CDC Infectious Disease Program

Quarterly Case Counts: Quarters 1-2, 2018



	Androscoggin	Aroostook	Cumberland	Franklin	Hancock	Kennebec	Knox	Lincoln	Oxford	Penobscot	Piscataquis	Sagadahoc	Somerset	Waldo	Washington	York	Total
Absenteeism	1	0	1	0	2	1	0	2	1	0	0	0	3	5	2	1	19
Air Outbreak	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	4
<i>Anaplasma phagocytophilum</i>	14	0	30	0	3	31	39	22	3	2	0	14	3	13	0	39	213
Babesiosis	4	0	9	0	1	3	2	2	0	1	0	0	0	1	0	7	30
<i>Borrelia miyamotoi</i>	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	3
Campylobacteriosis	4	10	19	2	1	8	0	2	4	12	3	2	3	0	2	12	84
Carbapenem-resistant Enterobacteriaceae (CRE)	4	0	14	0	0	3	3	1	5	4	0	2	1	1	0	7	45
Chikungunya Virus	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	2
Chlamydia trachomatis infection	262	73	526	42	69	183	55	41	68	278	20	48	69	38	56	273	2101
Coccidioidomycosis	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Cryptosporidiosis	0	1	4	0	0	3	0	0	0	3	1	0	2	2	0	1	17
Dengue	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Ehrlichiosis, <i>chaffeensis</i>	0	0	2	0	0	1	0	0	0	1	0	0	0	0	0	1	5
GI Illness Outbreak	6	1	12	0	0	6	1	0	0	2	0	0	1	0	0	9	38
Giardiasis	2	3	18	0	5	6	1	0	0	6	1	1	3	0	0	8	54
Gonorrhea	115	5	88	2	2	20	3	1	7	23	0	2	3	6	2	41	320
<i>Group A Streptococcus</i> , invasive	8	2	6	0	3	5	1	0	4	11	0	0	1	2	1	4	48
<i>Haemophilus influenzae</i> , invasive	1	1	7	0	0	0	0	1	0	1	0	0	0	0	0	2	13

	Androscoggin	Aroostook	Cumberland	Franklin	Hancock	Kennebec	Knox	Lincoln	Oxford	Penobscot	Piscataquis	Sagadahoc	Somerset	Waldo	Washington	York	Total
Hepatitis A, acute	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Hepatitis B, acute	0	0	5	0	3	0	1	0	0	7	2	0	0	0	3	3	24
Hepatitis B, chronic	14	2	58	0	4	4	2	3	4	9	0	1	1	2	5	10	119
Hepatitis C, acute	1	1	3	0	0	0	2	0	0	1	1	0	1	0	0	1	11
Hepatitis C, chronic	50	29	276	8	36	36	45	18	32	128	13	12	37	27	24	125	896
HIV	1	2	2	1	3	1	1	1	0	0	0	0	1	0	0	2	15
ILI Related Outbreak	10	6	33	1	2	11	9	1	8	8	0	4	6	0	4	23	126
Invasive Pneumococcal Disease	6	5	11	2	5	14	3	2	2	10	3	3	4	3	4	14	91
Latent TB Infection	40	3	108	0	0	0	0	0	1	0	0	0	0	0	0	3	155
Legionellosis	0	0	0	0	1	0	0	0	0	1	1	0	1	0	0	1	5
Listeriosis	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2
Lyme disease*	14	3	86	6	40	46	17	14	19	14	0	15	15	11	1	70	371
Malaria	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Mumps	1	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	4
Pertussis	15	1	18	2	1	3	0	2	0	26	0	4	5	29	1	61	168
Rabies PEP	1	2	6	0	1	4	0	5	1	9	0	2	0	2	7	1	41
Rabies, animal	3	1	6	1	0	1	2	0	1	1	0	1	0	1	4	1	23
<i>S. aureus</i> , coag+, meth- or oxi- resistant (MRSA)	11	10	16	2	5	15	4	2	4	25	1	2	2	5	2	15	121
Salmonellosis (excluding paratyphoid fever and typ	3	1	11	1	4	1	2	2	0	5	0	1	0	1	0	12	44
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	1	1	5	0	0	4	0	0	1	0	0	1	0	1	0	7	21
Shigellosis	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3
Spotted Fever Rickettsiosis	0	0	0	0	1	2	2	0	0	0	0	0	0	0	0	0	5

	Androscoggin	Aroostook	Cumberland	Franklin	Hancock	Kennebec	Knox	Lincoln	Oxford	Penobscot	Piscataquis	Sagadahoc	Somerset	Waldo	Washington	York	Total
Streptococcal toxic-shock syndrome	0	0	0	0	1	1	0	0	0	2	0	0	0	0	1	2	7
Syphilis, early non-primary, non-secondary	1	0	7	0	0	0	0	0	0	2	0	0	1	0	0	4	15
Syphilis, late latent	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Syphilis, primary	1	0	5	0	0	1	0	0	0	0	0	2	0	1	1	3	14
Syphilis, secondary	2	0	8	1	0	2	0	0	0	1	0	0	0	0	0	1	15
Syphilis, unknown duration or late	1	1	4	0	0	0	0	1	0	0	0	0	0	0	0	3	10
Tuberculosis	1	0	9	0	1	0	0	0	0	0	0	0	0	0	0	0	11
Varicella (Chickenpox)	5	8	45	2	4	7	2	2	1	19	0	1	6	5	2	32	141
Varicella (Chickenpox) Outbreak	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Vector Outbreak	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2
Vibriosis (non-cholera Vibrio species infections)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
VPD Outbreak	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	3	5

This includes investigations initiated during the first and second quarters of MMWR Year 2018 (December 31, 2017 through June 30, 2018). Only investigations with a case status are included in this report. For all outbreak conditions confirmed, probable, and suspect case statuses are included. For non-outbreak conditions confirmed and probable case statuses are included. If a condition is not listed that means no cases met the case definition during this time.

*Lyme disease surveillance is a passive system and can take several months for cases to be counted. These numbers may change dramatically as providers return case report forms and the system is updated.