SOUTH DAKOTA DEPARTMENT OF HEALTH

PUBLIC HEALTH BULLETIN

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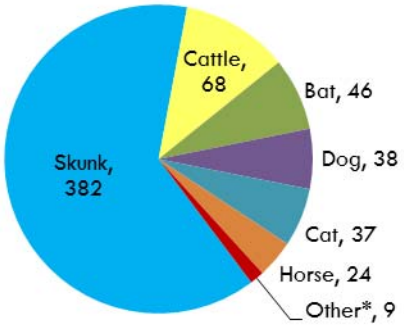
Rabies surveillance, South Dakota, 2011

Rabies is an enzootic fatal viral disease and a serious public health concern in South Dakota. In 2011, 711 animals were tested for rabies with 40 animals testing positive. This is a +25% increase over the previous year. The 40 rabid animals included 28 wild animals (20 skunks, 6 bats and 2 raccoons) and 12 domestic animals (4 cats, 4 cattle, 3 dogs and 1 horse). No human rabies was reported. South Dakota's last human rabies case was in 1970.

During 2011, 671 animals tested negative for rabies, including 191 cats, 167 dogs, 115 bats, 70 cattle, 41 raccoons, 21 skunks, 14 horses, 13 muskrats, 11 deer, 4 mice, 3 coyotes, 3 minks, 3 opossums, 2 fox, 2 goats, 2 pigs, 2 rats, and 1 each badger, gopher, guinea pig, moose, porcupine, squirrel and woodchuck.

Rabid animals, South Dakota 2002-2011

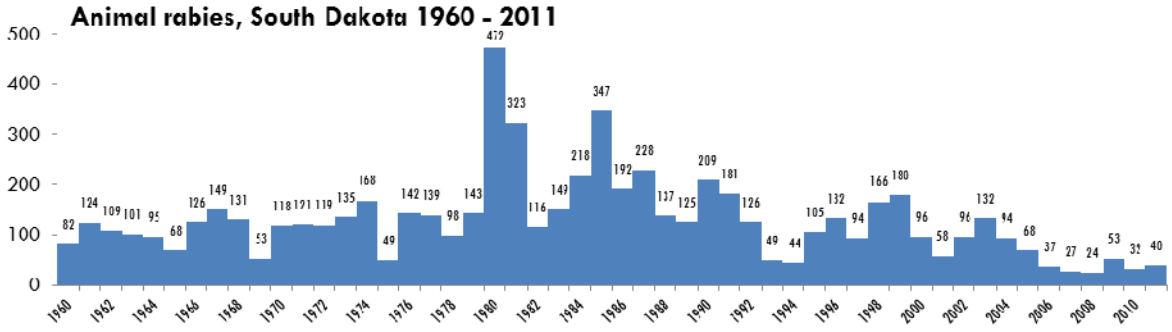
*Others include 4 goats, 3 raccoons, 1 fox and 1 woodchuck



During the past decade 28% of rabies cases in South Dakota have been domestic animals. There were 37 rabid cats and 38 rabid dogs, many of which were unvaccinated strays or semi-tame barn cats. Rabid livestock included 68 cattle, 24 horses and 4 goats.

Skunks (*Mephitis mephitis*) are the enzootic rabies reservoir in South Dakota. Since 2002, 62% of tested skunks have been rabid. Bat rabies is also enzootic in South Dakota with 46 of 1,507 (3%) bats testing positive. Although rabies is not enzootic in other wild animals in South Dakota, during the past 10 years rabies has been detected in 3 raccoons, 1 fox and 1 woodchuck. These other animals are likely spillover infections following exposure to rabid skunks.

Animal rabies, South Dakota 1960 - 2011



The most recent national animal rabies surveillance data reported are for 2010 (Blanton, et. al.). Nationally, there was an 8% decrease from the previous year with 6,154 cases of animal rabies reported (92% wild and 8% domestic animals) in 2010. Nationally, rabid domestic animals included 303 cats, 71 cattle, 69 dogs, 37 horses/mules, 6 goats/sheep, and 1 pig. Wild animals testing positive for rabies included 2,246 raccoons, 1,448 skunks, 1,430 bats, 429 foxes, 29 groundhogs, 25 mongooses, 22 bobcats, 10 coyotes, 10 deer, 4 otters, 3 opossums, 2 fishers, 2 javelinas, and 1 each badger, coati, marmot, muskrat, rabbit and squirrel.

Animals tested and confirmed rabid cases, South Dakota 2002 - 2011

Animal	2011		2002 - 2011		
	Positive	Total tested	Positive	Total tested	% Pos
Skunk	20	41	382	619	62%
Cattle	4	74	68	878	8%
Bat	6	121	46	1,507	3%
Dog	3	170	38	1,590	2%
Cat	4	195	37	2,290	2%
Horse	1	15	24	241	10%
Goat	0	2	4	27	15%
Raccoon	2	43	3	350	1%
Fox	0	2	1	31	3%
Woodchuck	0	1	1	16	6%
Deer, elk, donkey	0	11	0	89	0%
Squirrel, chipmunk	0	1	0	74	0%
Rodents*	0	9	0	74	0%
Sheep	0	0	0	45	0%
Muskrat	0	13	0	43	0%
Opossum	0	3	0	28	0%
Coyote, wolf	0	3	0	26	0%
Weasel, ferret, mink	0	3	0	22	0%
Rabbit, hare	0	0	0	13	0%
Pig	0	2	0	6	0%
Badger	0	1	0	5	0%
Shrew, mole	0	0	0	4	0%
Bison	0	0	0	3	0%
Mountain lion	0	0	0	3	0%
Moose	0	1	0	1	0%
Other animals	0	0	0	6	0%
TOTAL	**40**	**711**	**604**	**7,991**	**8%**

Nationally from 2001 through 2011, there were 29 human rabies cases, including 26 deaths and 3 survivals, which is a 90% case fatality rate. Twenty of the human cases (70%) were associated with bat-rabies virus, 6 (21%) had dog rabies virus (all foreign imports) and 1 raccoon, 1 fox and 1 unknown exposure. These 29 human rabies cases were from California (7), Texas (5), Indiana (2), Virginia (2), Wisconsin (2) and 1 case each in Arkansas, Florida, Iowa, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Oklahoma, Puerto Rico and Tennessee.

Two laboratories provide rabies tests in South Dakota: (1) the Animal Disease Research Diagnostic Laboratory (ADRDL) in Brookings, and (2) the State Public Health Laboratory (SDPHL) in Pierre. Both laboratories use the direct fluorescent antibody (DFA) technique. The case definition of a confirmed animal rabies case is a positive DFA test, performed preferably on central nervous system tissue, or isolation of the rabies virus in cell culture or in a laboratory animal. Human serum rabies antibody titers may be ordered through SDPHL.

Distribution of terrestrial rabies virus variants in the United States, 2010 (J. Blanton et al.)

Rabies consultations are available from the Office of Disease Prevention, South Dakota Department of Health, 7 days a week. Consultations are based on current Centers for Disease Control and Prevention (CDC) recommendations*. We strive to recommend appropriate rabies prevention measures and to minimize unnecessary and inappropriate post-exposure testing and prophylactic treatment.

Animal Rabies Cases by County, South Dakota, 2002 - 2011

County	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	TOTAL
Aurora	0	6	0	0	0	0	0	1	0	0	7
Beadle	2	5	1	3	0	1	0	0	0	1	13
Bennett	0	0	0	0	0	0	0	0	0	0	0
BonHomme	0	1	1	2	2	1	0	0	0	0	7
Brookings	3	4	3	6	2	2	1	1	3	1	26
Brown	11	6	7	2	5	4	2	3	0	0	40
Brule	2	4	0	0	1	0	0	0	1	0	8
Buffalo	0	1	0	0	0	0	0	0	0	0	1
Butte	1	1	0	0	0	0	0	0	0	2	4
Campbell	2	0	1	1	0	0	0	0	0	0	4
CharlesMix	5	9	4	2	0	0	0	2	1	2	25
Clark	1	2	1	2	2	3	3	2	0	0	16
Clay	1	2	0	1	3	0	0	1	0	1	9
Codington	1	1	6	1	0	1	0	2	2	1	15
Corson	0	1	0	0	0	0	0	0	0	0	1
Custer	0	0	0	0	0	0	0	0	0	0	0
Davison	5	2	4	2	1	0	0	0	1	0	15
Day	6	4	3	2	1	0	2	2	2	0	22
Deuel	0	1	4	5	1	1	0	0	0	0	12
Dewey	1	0	1	0	0	0	0	0	0	0	2
Douglas	0	2	1	1	0	0	0	1	0	0	5
Edmunds	1	1	1	0	0	1	1	0	0	0	5
Fall River	1	0	0	0	0	0	0	0	0	0	1
Faulk	0	1	1	2	1	1	0	0	0	1	7
Grant	0	1	2	1	0	0	1	1	0	3	9
Gregory	4	1	0	2	0	0	2	1	0	1	11
Haakon	0	0	0	0	0	0	0	0	0	0	0
Hamlin	3	4	4	1	2	2	2	0	4	1	23
Hand	2	2	0	1	0	0	0	1	0	0	6
Hanson	0	3	0	0	1	0	0	1	0	0	5
Harding	1	0	0	0	0	0	0	2	0	2	5
Hughes	0	4	2	3	1	0	0	1	0	1	12
Hutchinson	0	7	5	3	0	0	1	3	2	0	21
Hyde	1	0	1	1	0	0	0	1	0	0	4
Jackson	0	0	0	0	0	1	0	0	0	0	1
Jerauld	2	1	0	0	1	0	0	0	0	0	4
Jones	0	0	0	0	0	0	0	0	0	0	0
Kingsbury	1	6	7	0	1	1	0	2	2	0	20
Lake	4	3	4	3	0	0	1	6	1	0	22
Lawrence	1	0	0	0	0	0	0	0	0	1	2
Lincoln	1	1	1	1	0	0	0	1	1	1	7
Lyman	0	0	0	0	0	1	0	0	0	2	3
Marshall	1	1	4	2	1	0	1	0	1	1	12
McCook	3	8	3	0	1	0	2	0	0	1	18
McPherson	1	3	1	0	0	1	0	3	1	0	10
Meade	0	0	0	0	1	3	2	2	0	0	8
Mellette	0	0	0	0	1	0	0	0	0	2	3
Miner	1	5	0	0	1	0	0	0	1	1	9
Minnehaha	6	6	7	5	3	0	3	4	3	5	42
Moody	3	2	2	3	1	0	0	0	0	0	11
Pennington	2	2	0	0	0	0	0	2	0	1	7
Perkins	0	0	1	0	0	0	0	0	0	0	1
Potter	0	1	0	0	0	0	0	0	0	0	1
Roberts	2	3	0	0	0	0	0	1	0	0	6
Sanborn	6	1	2	2	0	0	0	0	0	1	12
Shannon	0	0	0	0	0	0	0	0	0	0	0
Spink	3	2	1	2	0	0	0	3	0	0	11
Stanley	0	0	0	1	1	0	0	0	0	0	2
Sully	0	0	0	0	0	0	0	0	0	0	0
Todd	0	0	0	0	0	0	0	0	0	0	0
Tripp	2	2	1	1	0	1	0	0	1	6	14
Turner	1	5	1	2	0	0	0	3	4	1	17
Union	1	0	1	0	2	1	0	0	0	0	5
Walworth	1	3	2	2	1	1	0	0	0	0	10
Yankton	0	1	3	0	0	0	0	0	1	0	5
Ziebach	0	0	0	0	0	0	0	0	0	0	0
West River counties	13	7	3	4	3	6	4	7	1	17	65
East River counties	83	125	91	64	35	21	20	46	31	23	539
South Dakota	**96**	**132**	**94**	**68**	**38**	**27**	**24**	**53**	**32**	**40**	**604**

Rabies Prevention

Pet rabies prevention:

- Make sure your pet dog, cat or ferret gets its rabies shot.
- Keep your pets away from wildlife so they won´t be bitten by a rabid animal.
- Call your local Animal Control to take wild or stray animals away, especially if acting strangely.
- If an animal bites your pet, take them to your veterinarian so they can get a rabies booster vaccination.

Human rabies prevention:

- Never touch stray, unfamiliar or wild animals, especially skunks and bats.
- Never adopt wild animals or bring them into your home.
- Keep your trash cans closed up tight and don´t leave pet food out to attract skunks or raccoons.

Addresses, telephone numbers and websites

Department of Health (rabies consultations)
615 East Fourth Street
Pierre, SD 57501-1700
Phone: 800-592-1861 or 605-773-3737;
after hours 605-280-4810
http://doh.sd.gov/DiseaseFacts/Rabies.aspx

Department of Health, Public Health Laboratory (rabies testing)
615 East Fourth Street
Pierre, SD 57501-1700
Phone: 800-592-1861 or 605-773-3368
http://doh.sd.gov/Lab/rabies.aspx

South Dakota Bat Working Group http://sdbwg.org

Animal Disease Research and Diagnostic Laboratory (rabies testing)
Box 2175, North Campus Drive
South Dakota State University
Brookings, SD 57007-1396
Phone: 605-688-5171
www.sdstate.edu/vs/adrdl

SD Animal Industry Board (livestock and animal veterinary and regulatory issues)
441 S. Fort Street, Pierre, SD 57501
Phone: 605-773-3321
http://aib.sd.gov

CDC Rabies: www.cdc.gov/rabies

Rabies post-exposure prophylaxis online training:

http://ideha.dhmh.maryland.gov/training/SitePages/rabies.aspx

References and resources

*CDC. Human rabies prevention – United States, 2008: (ACIP). MMWR 2008; 57 (RR-3). www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm

CDC. Compendium of animal rabies prevention and control, 2011. National Association of State Public Health Veterinarians. MMWR 2011; 60 (RR-6). www.cdc.gov/mmwr/preview/mmwrhtml/rr6006a1.htm?s_cid=rr6006a1_w

CDC. Compendium of measures to prevent disease associated with animals in public settings, 2011: National Association of State Public Health Veterinarians. MMWR 2011; 60 (RR-4). www.cdc.gov/mmwr/pdf/rr/rr6004.pdf

Blanton, JD, D Palmer, J Dyer and CE Rupprecht. 2011. Rabies surveillance in the United States during 2010. Journal of the American Veterinary Medical Association 239: 773-783. http://avmajournals.avma.org/doi/pdf/10.2460/javma.239.6.773

CDC honors Aberdeen doctor with Childhood Immunization Champion Award


Dr. Erick Temoka

The federal Centers for Disease Control and Prevention (CDC) recently honored Dr. Erick Temoka, Aberdeen, with a *Childhood Immunization Champion* award. CDC launched the awards program this year to recognize individuals making significant contributions to childhood immunizations. The awards were announced in conjunction with National Infant Immunization Week, April 21-28.

The pediatrician has helped Avera Medical Group Pediatrics Aberdeen achieve a 90% improvement in the number of patients who are current with immunizations.

"Dr. Temoka takes every opportunity to educate his patients about immunizations, addressing concerns about safety, efficacy, and side effects, regardless of the time it takes," said Tim Health, Immunization Program Manager for the South Dakota Department of Health. "Whether auditing records to identify kids who are behind on immunizations or contacting parents with reminders, Dr. Temoka and the Avera Pediatrics team are committed to doing what it takes to protect children from life-threatening illnesses."

"Vaccine-preventable diseases still circulate in the United States and elsewhere. Without the diligent efforts of our champions, these potentially deadly diseases would be an even greater threat to our nation's children," said Dr. Anne Schuchat, Director of the CDC's National Center for Immunization and Respiratory Diseases. "Each of us has the potential to be a champion by protecting children's health through immunization."

Read Dr. Temoka's profile and learn more about the *Childhood Immunization Champion Award* program at http://www.cdc.gov/vaccines/champions.

Infection control conference scheduled for October

Hot Topics in Infection Prevention is the theme of the South Dakota Infection Prevention Council Annual Conference, October 11-12 at the Ramkota Hotel in Rapid City. Registration information and a complete conference agenda will be available soon. For details contact Susan Gannon, Department of Health, at susan.gannon@state.sd.us.

SERV SD volunteer health registry expands

The South Dakota Department of Health recently welcomed the South Dakota Dental Association's Forensic Dental Team to the Statewide Emergency Registry of the Volunteers in South Dakota (SERV SD). The skills and expertise of the Forensic Dental Team will be crucial when responding to a mass fatality event, such as a plane crash.

Members of the Forensic Dental Team join more than 800 fellow healthcare professionals and 400 healthcare students from across South Dakota who have registered with SERV SD and are ready to respond during a public health emergency. The Forensic Dental Team also joins other community organizations, including the Pennington County Medical Reserve Corps, the network of community Points-of-Dispensing groups and the Dakota Amateur Radio Network, who use the SERV SD online registry to coordinate their members.

SERV SD is maintained by the department's Office of Public Health Preparedness and Response, which seeks to identify and credential volunteer healthcare professionals prior to a public health emergency. Registered volunteers choose whether to participate in any response and are not obligated to deploy. SERV SD is associated with the Emergency System for the Advanced Registration of Volunteer Healthcare Professionals, or ESAR-VHP, maintained by the United States Department of Health and Human Services.

To learn more about SERV SD, inquire about using the SERV SD online registry with your community-level disaster preparedness group, or to register as a volunteer healthcare professional, go to http://serv.sd.gov.

Melanoma in South Dakota

By the South Dakota Cancer Registry, South Dakota Department of Health

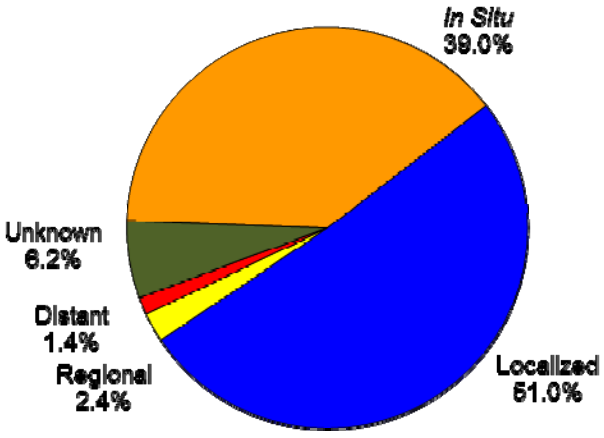
The South Dakota Cancer Registry has released the 2009 melanoma data. For 2005-2009, the average number of new melanoma cases per year was 122. For the same time period, 115 South Dakota residents died from melanoma.

Melanoma was the number one cause of cancer death in white women age 25 to 29 in South Dakota in 2005-2009. According to the American Academy of Dermatology, tanning beds and sun lamps increase the risk of developing melanoma by 75%. The increase in diagnosis is growing faster than any other cancer in the

Incidence 2009		**Mortality 2009**	
Number of cases		Number of deaths	
Total	128	Total	19
Males	70	Males	13
Females	58	Females	6
White	127	White	19
American Indian	0	American Indian	0
Median age at diagnosis	64 yrs	Median age at death	77 yrs
Mode	81 yrs	Mode	46 yrs
Age range at diagnosis	15-97 yrs	Age range at death	46-93 yrs
SD age-adjusted incidence rate	14.2	SD age-adjusted death rate	2.0
US SEER age-adjusted incidence rate (2008)	*21.0	US SEER age-adjusted death rate (2008)	*2.7

Rates per 100,000 US 2000 Standard Population and SD 2009 Estimated Population *2009 US SEER age-adjusted rates not available.
Source: South Dakota Department of Health

The graph at the right displays the Surveillance Epidemiology and End Results (SEER) Summary Stage at diagnosis for 2009 melanoma cases in South Dakota. As shown, 90% of the cases were diagnosed at an early stage. If detected early and treated properly, melanoma is highly curable. However, melanoma is more likely than other types of skin cancer to metastasize to other parts of the body. Patient survival rates decline when melanoma is diagnosed at a more advanced stage as illustrated in the table below.



Source: South Dakota Department of Health

Stage at Diagnosis	5-Year Relative Survival in US 2002-2008
Localized	98.2%
Regional	62.4%
Distant	15.1%
Unknown	75.8%

Source: SEER Program
http://seer.cancer.gov/statfacts/html/melan.html

Risk Factors

- Tanning bed or sun lamp use
- UV (ultraviolet) light
- Moles (greater than 50)
- Fair skin
- Family history of melanoma
- Personal history of melanoma
- Weak immune system
- Aging
- Male gender

Prevention

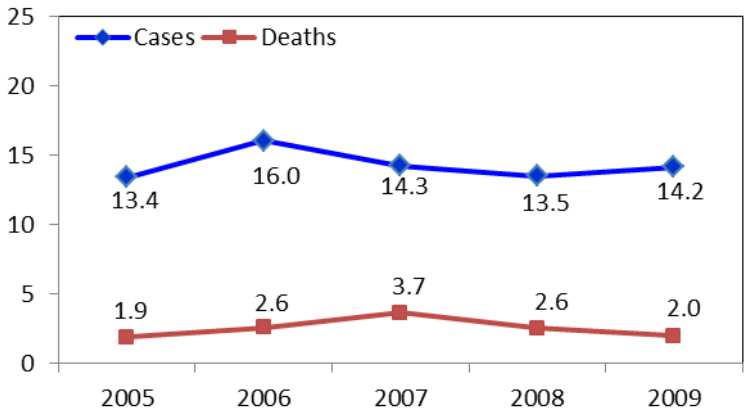
- Do not use tanning beds or sun lamps
- Do not burn or tan
- Seek shade
- Wear protective clothing
- Wear sunglasses
- Generously apply sunscreen (SPF 30-recommended)
- Use extra caution near water, snow, and sand
- Get vitamin D safely

Detection

The **ABCDE rule** can help distinguish a normal mole from an abnormal mole. If a mole has any of these traits, it should be checked by a doctor.

- **A - Asymmetry** - one half is different than the other half
- **B - Border Irregularity** - the edges are notched, uneven, or blurred
- **C - Color** - is uneven; shades of brown, tan, and black are present
- **D - Diameter** - is greater than 6 millimeters
- **E - Elevation/Evolving** - the mole is raised and has an uneven surface

South Dakota Melanoma
Incidence and Mortality, 2005-2009



Rates per 100,000 US 2000 Standard Population and SD 2009 Estimated Population
Source: South Dakota Department of Health

During the last decade, melanoma incidence and mortality rates have remained fairly consistent in South Dakota. Melanoma is primarily a disease of the white population. It can affect young, otherwise healthy people.

View the complete melanoma monograph at http://GetScreened.SD.gov/registry/data/. For additional information, please contact Kay Dosch, Cancer Registry Coordinator, at 605-773-6345 or 800-592-1861.

Let's Have Healthy Babies: Prenatal Care in South Dakota

By Lon Kightlinger, MSPH, PhD, State Epidemiologist
and Peggy Seurer, RN, Prenatal and Community Health Specialist

Prenatal care is the health care a mother has while she is pregnant. Prenatal care is very important in keeping the mother and baby healthy. South Dakota babies whose mothers did not have prenatal care were 8-times more likely to die than those babies born to mothers who had prenatal care and nearly 3-times as likely to have been low birth weight.

The first recommendation of the South Dakota Governor's Task Force on Infant Mortality is to "Improve Access to Early, Comprehensive Prenatal Care". Early and regular prenatal care is an important part of improving pregnancy and health outcomes for the mother and baby. Regular prenatal care helps the health care provider monitor the pregnancy and identify and manage any potential health problems (i.e., gestational diabetes, preeclampsia) before they become serious (Final Report http://doh.sd.gov/InfantMortality/documents/final_report.pdf)

Strategies to achieve this recommendation include:

- Pilot alternative models of delivery of prenatal care in rural South Dakota.
- Replicate and expand best practice systems of prenatal care for pregnant women with chronic health conditions to ensure appropriate management of conditions to optimize birth outcomes.
- Screen all pregnant women for tobacco, alcohol and drug use, mental health and domestic violence throughout pregnancy and provide support and referral to appropriate services.
- Improve access to perinatology and neonatology services via regionalized systems of care.
- Identify transportation assistance options for pregnant women to attend prenatal care visits.
- Promote preconception and inter-conception education and care to women of childbearing age.

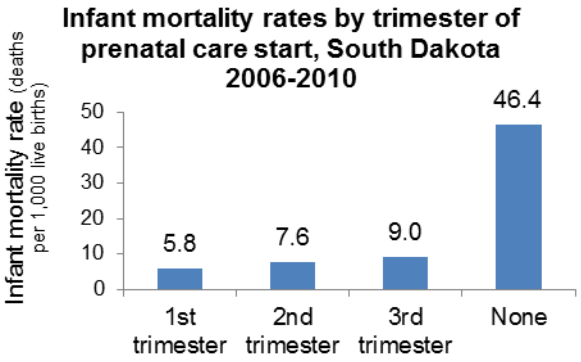
In 2010 there were 11,795 South Dakota births with 71% of mothers starting prenatal care during their first trimester of pregnancy, 23% started care during the second trimester, 5% during their third trimester and <1% received no prenatal care.

Year	Births	First trimester Prenatal Care	Second Trimester Prenatal Care	Third Trimester Prenatal Care	No Prenatal Care
2006	11,914	70.3%	24.0%	4.8%	0.9%
2007	12,253	70.7%	23.5%	5.0%	0.8%
2008	12,074	68.9%	24.8%	5.4%	0.8%
2009	11,930	66.9%	26.2%	5.0%	0.8%
2010	11,795	71.0%	23.2%	4.8%	0.9%
Median	**11,930**	**70.3%**	**24.0%**	**5.1%**	**0.8%**

SDDOH 2010 Vital Statistics Report, page 28. http://doh.sd.gov/Statistics/2010Vital/Natality.pdf

Trimester of pregnancy when prenatal care started, South Dakota, 2006-2010

The quality of prenatal care is difficult to assess across a population. The "Kotelchuck Index" can be used as an assessment of the adequacy of prenatal care utilization for low risk pregnancies. The "Kotelchuck Index" is based on American Congress of Obstetricians and Gynecologists (ACOG) standards of 1 visit per month through 28 weeks of pregnancy, 1 visit every 2 weeks through 36 weeks of pregnancy, and 1 visit per week thereafter for the remainder of the pregnancy. For example, in a 40-week pregnancy ACOG recommends 14 visits; if prenatal care began in month 4 (3 missed visits), then the expected number of visits = 11 (14-3). The proportion of observed prenatal visits/expected prenatal visits is calculated. This index does not assess quality of the prenatal care that is delivered, only its utilization. A score of <50% is considered inadequate. During the years 2000-2010 13% of South Dakota mothers received "inadequate" prenatal care, 38%



were "intermediate" (score 50-79%), 41% were "adequate" (80-109%) and 8% were "adequate plus" (>110%). Probably not coincidentally, the counties with low rates of early prenatal care and high rates of inadequate prenatal care also had high rates of infant mortality.

Early and comprehensive prenatal care is essential to give their babies a healthy start to life. Doctors and nurses can detect health problems early when they see mothers regularly. Detecting a problem early leads to timely treatment which can cure many problems and prevent others.

Infant mortality*, early prenatal care** and inadequate prenatal care*** by South Dakota county.

County	Infant mortality rate*	Early prenatal care**	Inadequate prenatal care***	County	Infant mortality rate*	Early prenatal care**	Inadequate prenatal care***
South Dakota	**7.1**	**71.0%**	**12.9%**				
Aurora	6.1	69.0%	8.6%	Hyde	0.0	75.0%	12.4%
Beadle	7.8	61.20	10.7%	Jackson	16.6	46.6%	35.5%
Bennett	12.6	47.8%	42.5%	Jerauld	0.0	72.4%	17.6%
Bon Homme	0.0	80.6%	9.8%	Jones	15.9	90.0%	8.4%
Brookings	6.3	69.2%	7.2%	Kingsbury	10.0	70.6%	6.0%
Brown	5.3	75.9%	4.7%	Lake	4.7	70.4%	8.4%
Brule	8.3	67.1%	18.9%	Lawrence	5.2	83.9%	5.7%
Buffalo	14.3	52.1%	46.1%	Lincoln	4.8	84.0%	7.0%
Butte	11.5	77.0%	5.9%	Lyman	6.6	57.7%	28.3%
Campbell	0.0	62.5%	14.5%	Marshall	15.3	67.3%	13.3%
Charles Mix	10.0	62.6%	27.7%	McCook	8.2	67.5%	8.5%
Clark	8.6	61.7%	18.6%	McPherson	10.4	83.3%	9.3%
Clay	2.5	78.8%	7.8%	Meade	8.6	78.1%	8.6%
Codington	4.5	79.6%	3.7%	Mellette	9.8	51.4%	36.5%
Corson	16.2	55.3%	38.0%	Miner	0.0	73.7%	6.4%
Custer	5.1	69.5%	14.3%	Minnehaha	7.0	72.8%	10.7%
Davison	5.7	72.9%	8.4%	Moody	6.9	65.1%	14.6%
Day	3.0	59.1%	11.3%	Pennington	6.9	72.0%	11.4%
Deuel	3.7	81.3%	6.0%	Perkins	6.5	78.1%	16.9%
Dewey	4.2	45.1%	29.4%	Potter	0.0	75.0%	10.1%
Douglas	0.0	82.8%	8.2%	Roberts	14.5	58.4%	21.1%
Edmunds	0.0	60.6%	7.1%	Sanborn	7.6	78.3%	10.7%
Fall River	14.2	59.3%	19.4%	Shannon	15.3	48.5%	34.0%
Faulk	8.4	39.1%	11.2%	Spink	10.5	67.9%	9.7%
Grant	2.5	74.6%	8.0%	Stanley	5.1	75.6%	11.0%
Gregory	0.0	63.3%	14.9%	Sully	10.4	61.1%	10.0%
Haakon	0.0	73.9%	12.4%	Todd	13.8	44.2%	48.8%
Hamlin	5.8	68.7%	7.1%	Tripp	2.8	56.7%	18.7%
Hand	16.1	65.2%	7.1%	Turner	2.1	68.4%	8.4%
Hanson	4.0	68.5%	15.2%	Union	0.0	86.5%	2.8%
Harding	0.0	85.7%	9.3%	Walworth	3.2	62.5%	16.7%
Hughes	7.7	70.4%	11.9%	Yankton	6.0	84.4%	7.8%
Hutchinson	2.6	70.4%	17.2%	Ziebach	22.4	46.0%	32.7%

*Infant mortality 2006-2010: infant deaths per 1,000 live births.
**Early prenatal care 2010: percent of births starting prenatal care during the first trimester of pregnancy.
***Inadequate prenatal care, 2000-2010: Less than 50% "Kotelchuck Index" assessment of adequacy of prenatal care.

South Dakota Department of Health – Infectious Disease Surveillance

Selected Morbidity Report, 1 January – 30 April 2012

	Disease	2012 year-to-date	5-year median	Percent change
Vaccine-Preventable Diseases	Diphtheria	0	0	n/a
	Tetanus	0	0	n/a
	Pertussis	5	9	-44%
	Poliomyelitis	0	0	n/a
	Measles	0	2	n/a
	Mumps	0	2	n/a
	Rubella	0	0	n/a
	Haemophilus influenza type b	0	0	n/a
Sexually Transmitted Infections and Blood-borne Diseases	HIV infection	7	7	0%
	Hepatitis B, acute	1	1	n/a
	Chlamydia	1027	991	4%
	Gonorrhea	146	106	38%
	Syphilis, early	0	0	n/a
Tuberculosis	Tuberculosis	8	3	+167%
Invasive Bacterial Diseases	Meningococcal, invasive	0	1	n/a
	Invasive Group A *Streptococcus*	0	0	n/a
Enteric Diseases	*E. coli*, Shiga toxin-producing	9	4	125%
	Campylobacteriosis	27	58	-53%
	Salmonellosis	28	44	-36%
	Shigellosis	0	3	n/a
	Giardiasis	25	24	+4%
	Cryptosporidiosis	29	24	21%
	Hepatitis A	0	0	n/a
Vector-borne Diseases	Animal Rabies	21	8	163%
	Tularemia	0	0	n/a
	Rocky Mountain Spotted Fever	0	0	n/a
	Malaria (imported)	0	0	n/a
	Hantavirus Pulmonary Syndrome	0	0	n/a
	Lyme disease	1	0	n/a
	West Nile Virus disease	0	0	n/a
Other Diseases	Legionellosis	2	1	100%
	Streptococcus pneumoniae, invasive	35	0	n/a
	Additionally, the following were reported: Chicken Pox (10); Hepatitis B, chronic (6); Hepatitis C (109); MRSA, invasive (21)			

Communicable diseases are obligatorily reportable by physicians, hospitals, laboratories, and institutions. The **Reportable Diseases List** is found at http://doh.sd.gov/Disease/report.aspx or upon request. Diseases are reportable by telephone, fax, mail, website, or courier.
Secure website: www.state.sd.us/doh/diseasereport
Telephones: 24 hour answering device 1-800-592-1804; for a live person at any time call 1-800-592-1861; after hours emergency 605-280-4810.
Fax 605-773-5509.
Mail in a sealed envelope addressed to the DOH, Office of Disease Prevention, 615 E. 4th Street, Pierre, SD 57501, marked "Confidential Medical Report".