

## Rabies Surveillance, South Dakota, 2012

Rabies is a zoonotic, nearly-always fatal, viral disease and a serious public health concern in South Dakota. In 2012, 805 animals were tested for rabies with 60 animals testing positive, 7.5%. This is a +50% increase over the previous year. The 60 rabid animals included 21 domestic animals (16 cattle, 3 horses and 2 cats) 35%, and 39 wild animals (36 skunks and 3 bats) 65%. More rabid cattle were detected in 2012 than in any year since 1999. No human rabies was reported. South Dakota's last human rabies case was in 1970.

During 2012, 745 animals tested negative for rabies, including 212 cats, 168 bats, 126 dogs, 94 cattle, 45 raccoons, 39 skunks, 13 horses, 11 deer, 8 muskrats, 6 sheep, 5 mice, 2 fox, 2 goats, 2 minks and 1 each badger, beaver, coyote, donkey, elk, ferret, ground hog, opossum, shrew, squirrel, weasel and woodchuck.

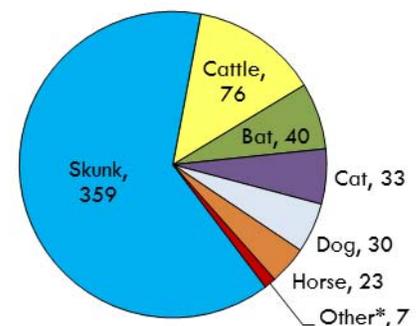
During 2012 rabid animals were detected in 29 South Dakota counties (see table). Animals were submitted for testing from all but seven counties. Although 23% of animals tested came from West River counties, 47% of the positive rabid animals were from West River. Over the past 10 years, 2003-2012, rabid animals were reported in 60 of the state's counties, with 65 of 66 counties submitting animals for testing. Over the decade 7,535 animals were tested and 568 (7.5%) animals tested were rabid.

During the past decade 29% of rabies cases in South Dakota were domestic animals. They included 33 rabid cats and 30 rabid dogs; many were unvaccinated strays or semi-tame barn cats. Rabid livestock included 76 cattle, 23 horses and 2 goats.

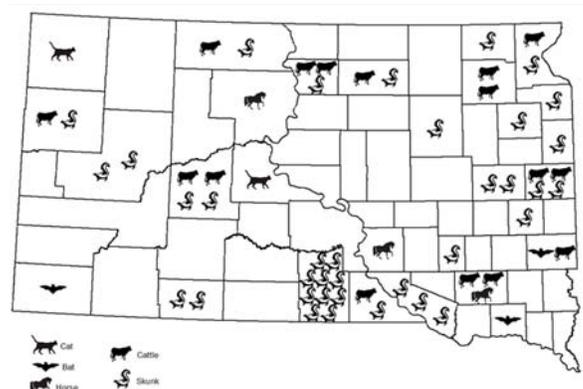
Skunks (*Mephitis mephitis*) are the primary rabies reservoir in South Dakota. Over the past decade 60% of tested skunks have been rabid. Bat rabies is also enzootic in South Dakota with 3% bats testing positive. Although rabies is not enzootic in other South Dakota animals, during

### Rabid animals, South Dakota 2003-2012

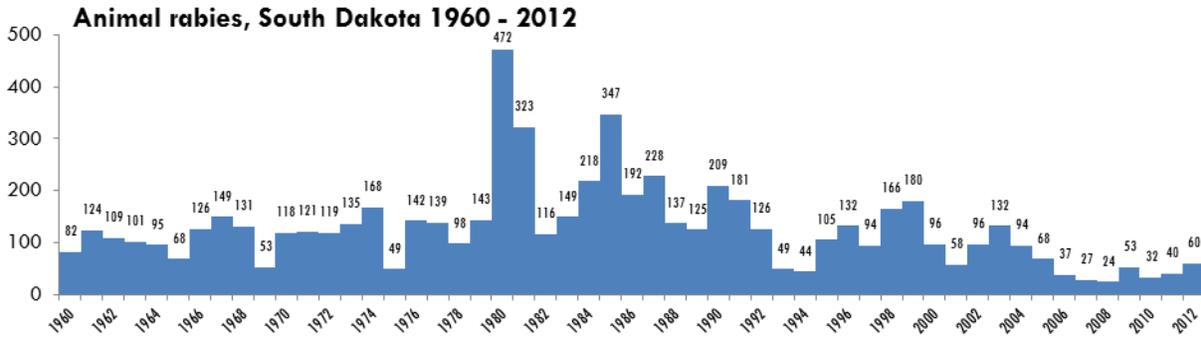
\*Others include 3 raccoons, 2 goats, 1 fox and 1 woodchuck



### Animal rabies, South Dakota 2012



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.

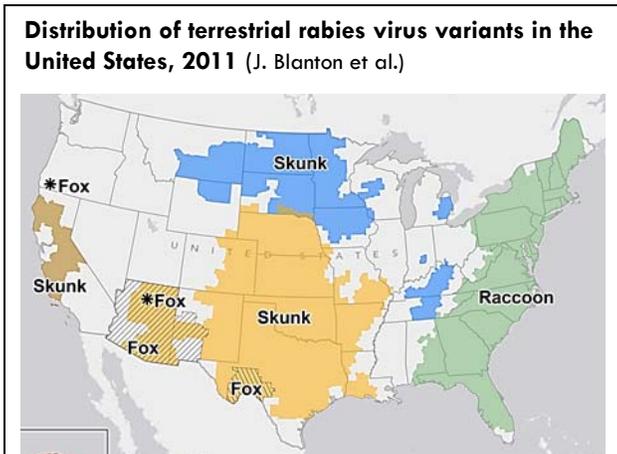


Over the past half-century animal rabies has been reported every year in South Dakota. The most cases were reported in 1980 with 472 rabid animals and the fewest in 2008 with 24 rabid animals.

The most recent national animal rabies surveillance data reported are for 2011 (Blanton, et. al.). Nationally, there was an 2% decrease from the previous year with 6,031 cases of animal rabies reported (92% wild and 8% domestic animals) in 2011. South Dakota had the second highest state percentage of domestic animal rabies cases, 30%. Nationally, rabid domestic animals included 303 cats, 70 dogs, 65 cattle, 44 horses/mules, 12 goats/sheep, 1 bison and 1 alpaca. Wild animals testing positive for rabies included 1,981 raccoons, 1,627 skunks, 1,380 bats, 427 foxes, 45 groundhogs, 35 mongooses, 19 bobcats, 8 coyotes, 5 deer, 3 beavers, 2 otters, 2 javelinas, and 1 wolf hybrid.

Animals tested and confirmed rabid cases, South Dakota 2003 - 2012					
Animal	2012		2003 - 2012		
	Positive	Total test-	Posi-	Total tested	% Pos
Skunk	36	75	359	602	60%
Cattle	16	110	76	889	9%
Bat	3	171	40	1,300	3%
Horse	3	16	23	170	14%
Cat	2	214	33	2,229	1%
Dog	0	126	30	1,507	2%
Raccoon	0	45	3	340	1%
Goat	0	2	2	26	8%
Fox	0	2	1	25	4%
Woodchuck	0	2	1	16	6%
Deer, elk, donkey	0	13	0	93	0%
Rodents*	0	6	0	73	0%
Squirrel, chipmunk	0	1	0	67	0%
Sheep	0	6	0	46	0%
Muskrat	0	8	0	43	0%
Opossum	0	1	0	27	0%
Coyote, wolf	0	1	0	23	0%
Weasel, ferret, mink	0	4	0	22	0%
Rabbit, hare	0	0	0	12	0%
Badger	0	1	0	6	0%
Pig	0	0	0	6	0%
Shrew, mole	0	1	0	4	0%
Mountain lion	0	0	0	3	0%
Bison	0	0	0	2	0%
Other animals	0	2	0	5	0%
<b>TOTAL</b>	<b>60</b>	<b>805</b>	<b>568</b>	<b>7,536</b>	<b>8%</b>

Nationally from 2002 through July 2012, there were 33 human rabies cases, including 30 deaths and 3 survivals, which is a 91% case



fatality rate. Twenty-two of the human cases (67%) were associated with bat-rabies virus, 8 (24%) had dog rabies virus (all foreign imports), 1 fox, 1 raccoon and 1 unknown exposure. The 33 human rabies cases were from California (6), Texas (5), Indiana (2), Massachusetts (2), Virginia (2), Wisconsin (2) and 1 case each in Arkansas, Florida, Iowa, Louisiana, Michigan, Minnesota, Mississippi, Missouri, New Jersey, New York, Oklahoma, Puerto Rico, South Carolina 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. During 2012, 53% of rabies tests were done at ADRDL and 47% at SDPHL. 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.

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

## Rabies Prevention

### Pet rabies prevention:

- Vaccinate pet dogs, cats and ferrets.
- Keep pets away from wildlife so they won't be bitten by a rabid animal.
- Call local Animal Control to remove wild or stray animals from city, especially if acting strangely.
- If an animal bites your pet, take it to a veterinarian for 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 tightly closed and don't leave pet food out to attract skunks or raccoons.
- If you are bitten by an animal, consult your physician.
- Post-exposure prophylaxis: rabies immune globulin and 4 doses of rabies vaccine over 14 days.

## 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 Group <http://sdbwg.org>

### Animal Disease Research and Diagnostic Laboratory (rabies testing)

North Campus Drive  
South Dakota State University  
Brookings, SD 57007-1396  
Phone: 605-688-5171  
[www.sdstate.edu/vs/adrdl](http://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](http://www.cdc.gov/rabies)

## References and resources

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

CDC. Compendium of animal rabies prevention and control, 2011. National Assoc of State Public Health Veterinarians. MMWR 2011; 60 (RR-6). [www.cdc.gov/mmwr/preview/mmwrhtml/rr6006a1.htm?s\\_cid=rr6006a1\\_w](http://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](http://www.cdc.gov/mmwr/pdf/rr/rr6004.pdf)

Blanton, J, J Dyer, J McBrayer and C Rupprecht. 2012. Rabies surveillance in the United States during 2011. Journal of the Am Veterinary Medical Assoc 241: 712-722. [avmajournals.avma.org/doi/pdf/10.2460/javma.241.6.712](http://avmajournals.avma.org/doi/pdf/10.2460/javma.241.6.712)

## Animal Rabies Cases by County, South Dakota, 2003 - 2012

County	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	TOTAL
Aurora	6	0	0	0	0	0	1	0	0	0	7
Beadle	5	1	3	0	1	0	0	0	1	0	11
Bennett	0	0	0	0	0	0	0	0	0	2	2
Bon Homme	1	1	2	2	1	0	0	0	0	0	7
Brookings	4	3	6	2	2	1	1	3	1	4	27
Brown	6	7	2	5	4	2	3	0	0	0	29
Brule	4	0	0	1	0	0	0	1	0	1	7
Buffalo	1	0	0	0	0	0	0	0	0	0	1
Butte	1	0	0	0	0	0	0	0	2	2	5
Campbell	0	1	1	0	0	0	0	0	0	0	2
Charles Mix	9	4	2	0	0	0	2	1	2	3	23
Clark	2	1	2	2	3	3	2	0	0	0	15
Clay	2	0	1	3	0	0	1	0	1	0	8
Codington	1	6	1	0	1	0	2	2	1	1	15
Corson	1	0	0	0	0	0	0	0	0	2	3
Custer	0	0	0	0	0	0	0	0	0	0	0
Davison	2	4	2	1	0	0	0	1	0	1	11
Day	4	3	2	1	0	2	2	2	0	2	18
Deuel	1	4	5	1	1	0	0	0	0	1	13
Dewey	0	1	0	0	0	0	0	0	0	1	2
Douglas	2	1	1	0	0	0	1	0	0	0	5
Edmunds	1	1	0	0	1	1	0	0	0	2	6
Fall River	0	0	0	0	0	0	0	0	0	1	1
Faulk	1	1	2	1	1	0	0	0	1	0	7
Grant	1	2	1	0	0	1	1	0	3	1	10
Gregory	1	0	2	0	0	2	1	0	1	2	9
Haakon	0	0	0	0	0	0	0	0	0	4	4
Hamlin	4	4	1	2	2	2	0	4	1	0	20
Hand	2	0	1	0	0	0	1	0	0	0	4
Hanson	3	0	0	1	0	0	1	0	0	0	5
Harding	0	0	0	0	0	0	2	0	2	1	5
Hughes	4	2	3	1	0	0	1	0	1	0	12
Hutchinson	7	5	3	0	0	1	3	2	0	3	24
Hyde	0	1	1	0	0	0	1	0	0	0	3
Jackson	0	0	0	0	1	0	0	0	0	0	1
Jerauld	1	0	0	1	0	0	0	0	0	0	2
Jones	0	0	0	0	0	0	0	0	0	0	0
Kingsbury	6	7	0	1	1	0	2	2	0	2	21
Lake	3	4	3	0	0	1	6	1	0	1	19
Lawrence	0	0	0	0	0	0	0	0	1	0	1
Lincoln	1	1	1	0	0	0	1	1	1	0	6
Lyman	0	0	0	0	1	0	0	0	2	0	3
Marshall	1	4	2	1	0	1	0	1	1	1	12
McCook	8	3	0	1	0	2	0	0	1	0	15
McPherson	3	1	0	0	1	0	3	1	0	0	9
Meade	0	0	0	1	3	2	2	0	0	2	10
Mellette	0	0	0	1	0	0	0	0	2	0	3
Miner	5	0	0	1	0	0	0	1	1	0	8
Minnehaha	6	7	5	3	0	3	4	3	5	2	38
Moody	2	2	3	1	0	0	0	0	0	0	8
Pennington	2	0	0	0	0	0	2	0	1	0	5
Perkins	0	1	0	0	0	0	0	0	0	0	1
Potter	1	0	0	0	0	0	0	0	0	0	1
Roberts	3	0	0	0	0	0	1	0	0	2	6
Sanborn	1	2	2	0	0	0	0	0	1	0	6
Shannon	0	0	0	0	0	0	0	0	0	0	0
Spink	2	1	2	0	0	0	3	0	0	1	9
Stanley	0	0	1	1	0	0	0	0	0	1	3
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	1	1	0	1	0	0	1	6	10	22
Turner	5	1	2	0	0	0	3	4	1	0	16
Union	0	1	0	2	1	0	0	0	0	0	4
Walworth	3	2	2	1	1	0	0	0	0	3	12
Yankton	1	3	0	0	0	0	0	1	0	1	6
Ziebach	0	0	0	0	0	0	0	0	0	0	0
West River	7	3	4	3	6	4	7	1	17	28	80
East River	125	91	64	35	21	20	46	31	23	32	488
<b>South Dakota</b>	<b>132</b>	<b>94</b>	<b>68</b>	<b>38</b>	<b>27</b>	<b>24</b>	<b>53</b>	<b>32</b>	<b>40</b>	<b>60</b>	<b>568</b>

## Snakes and Spiders: Venomous Bite Hospitalizations in South Dakota

Every year nearly a dozen South Dakotans are hospitalized due to venomous bites, which include snake, spider and lizard bites. The prairie rattlesnake is the only native poisonous snake in South Dakota and the black widow spider is our only native venomous spider. There are no wild venomous lizards in South Dakota.



Hospital discharge principal diagnosis of venomous bites (ICD-9 code: 989.5) patient data were coded and submitted by South Dakota community and specialty hospitals (submitted to the South Dakota Association of Healthcare Organizations). Federal hospitals did not submit discharge data, i.e., Veterans Administration and Indian Health Service hospitals.

Over the 12-year period, 2000-2011, 132 South Dakota residents were hospitalized due to venomous bites. Twenty-nine out-of-state residents were also hospitalized in SD hospitals. Two-thirds (66%) of the people hospitalized were male, while 34% were female. Eight percent of the hospitalizations were among young children, 1-4 years of age, and 30% were among middle-age adults 40-64 years of age. Fifty-eight percent of venomous bite hospitalizations were white race, whereas 42% were among American Indian residents. The American Indian cases may be under-counted, since IHS does not submit hospitalization data. The counties with the most resident hospitalizations were Pennington (24), Todd (13), Mellette (12), Meade (10) and Shannon (10).

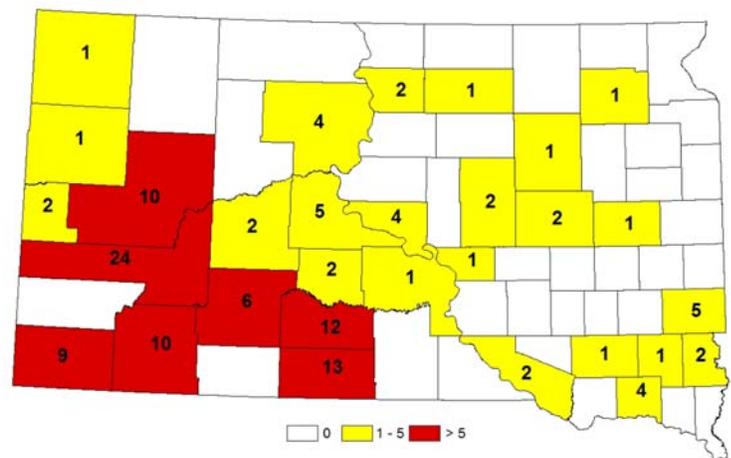


The most venomous bite hospitalizations were reported in 2008 with 22, and the fewest were reported in 2004 with six (average 11 per year). The most hospitalizations were during the summer months, peaking in July with 37 hospitalizations during the 12 years. It was surprising to find a few hospitalizations during the winter months when snakes and spiders would be inactive during the cold South Dakota season. These winter bites may have been South Dakotans who vacationed in warmer climates, or had venomous indoor “pets”.

### Black widow spider (*Latrodectus mactans*)

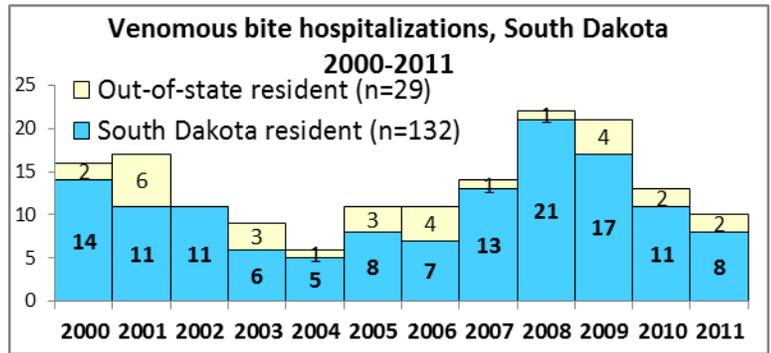
The poisonous female is about 1 ½ inches in length with a characteristic red hourglass mark on her underbelly. The black widow’s bite is small and may not be noticed. The bite often appears as two red dots with some redness and swelling. Pain may become intense and persist for a few days. The black widow’s neurotoxic venom causes pain at the bite area and then spreads to the arms, legs, chest, abdomen, or the entire body. The venom causes sweats, chills, belly cramps, spasms and difficulty breathing. Children become more severely ill than adults. Black widow spider bites are sometimes fatal.

Venomous bites by County, South Dakota, 2000-2011



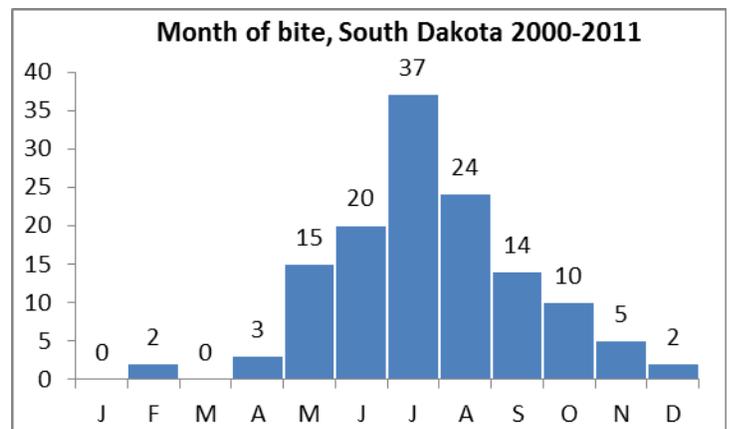
### Prevention of spider bites

- Inspect or shake out clothing, shoes, towels, or equipment before use.
- Wear protective clothing such as a long-sleeved shirt and long pants, hat, gloves, and boots when handling stacked or undisturbed piles of materials.
- Minimize empty spaces between stacked materials.
- Remove and reduce debris and rubble from around outdoor work areas.
- Trim or eliminate tall grasses from around outdoor work areas.
- Store apparel and outdoor equipment in tightly closed plastic bags.
- Keep your tetanus boosters up-to-date (every 10 years). Spider bites can become infected with tetanus spores.



### Spider bite first aid and treatment

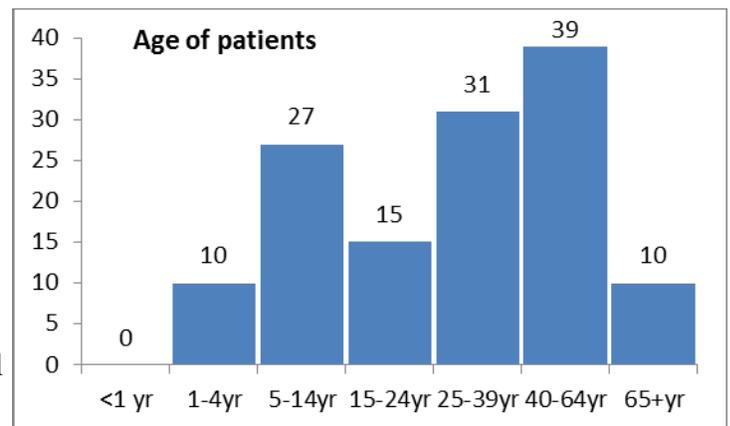
- Stay calm. Identify the type of spider if it is possible to do so safely. Identification will aid in medical treatment.
- Wash the bite area with soap and water.
- Apply a cloth dampened with cold water or filled with ice to the bite area to reduce swelling.
- Elevate bite area if possible.
- Do not attempt to remove venom.
- Immediately seek professional medical attention.
- If you have a heart condition or other heart problem, you may need hospitalization.
- Antivenin may be used.



### Prairie rattlesnake, (*Crotalus viridis*)

In South Dakota rattle snakes can be found in all West River counties and in East River counties that border the Missouri River.

According to the South Dakota Game, Fish and Parks: “The rattles and their distinctive rattling sound are the most recognizable feature of this snake. The Prairie Rattlesnake is the only venomous snake native to South Dakota. Young rattlesnakes are born with a prebutton, a rattle segment at the tip of their tail. All other South Dakota snakes are born with a pointed tail. Rattlesnakes (along with copperheads and cottonmouths) are members of the Pit Viper family. The "pit vipers" have a triangular shaped head with a small cavity or pit on each side, between the eye and the nostril. They can sense warm-blooded prey in complete darkness up to 2 feet away. These thermoreceptor organs contain nerves that are sensitive to heat or warmth and can detect temperature differences within several thousandths of a degree.



The color of the prairie rattlesnake varies from light brown to green, with a yellowish belly. Dark oval blotches with light colored borders run along the center of its back. The blotches become crossbands on the back part of the body and rings around the tail. Adults will range in length from 30-40 inches, with a record of 57 inches. 3 foot rattlesnakes normally weigh 1 pound (a 54-inch snake weighed 3 1/2 pounds). Many South Dakotans admit they have never seen a rattlesnake in the wild, even those in rattlesnake country. If they knew how many times they were within 10-15 feet of a snake, there would be many places to which they would never go back. The snakes are there; if you leave them alone, they will likely do the same to you. Snakes have a great display of camouflage. Most snakes are normally timid and secretive. When approached, they usually remain quiet to avoid detection. They may try to escape if given an opportunity. When frightened, cornered, or attacked, snakes will stand their ground and may attempt to strike at or even bite their intruder.

Rattlesnakes are cold-blooded or ectothermic animals. Their body temperature is influenced more by the temperature at the ground surface where they are lying, rather than the air temperature. High or low temperatures cause the snakes to seek escape cover or shady areas. Most snakes cannot survive exposure to direct sunlight with temperatures over 100 degrees Fahrenheit, but rattlesnakes have a greater endurance to lower or freezing temperatures. Lethal temperatures for the snakes depend on the time of exposure. Unlike warm-blooded or endothermic animals, snakes are unable to produce their own body heat. To maintain a desirable temperature, snakes must rely on the temperature or warmth of their surroundings. The snake's circulatory/nervous systems aid in controlling the warming or cooling of their body.

With the harsh winter conditions in the northern states, rattlesnakes need to find an underground refuge for the winter months. Early fall frosts and shortening daylight encourage snakes to move toward the dens, normally found on hillsides, bluffs, and rocky outcrops with underground openings used as denning sites. Snakes will also den up in holes or burrow systems of prairie dogs or other animals. Any such underground hole, crevice, mammal burrow, or other retreat area must be deep and extend to a depth below the frost line. The dens are normally found on hillsides with a southerly sun exposure allowing for spring and fall basking in the sun. Preferred dens are found on higher elevations above creeks and drainages that may be prone to spring flooding. Snakes cannot dig their own holes, although they can push or root out material with their noses. Vacant holes left behind by other animals are often used as escape cover or denning over the winter months. Snakes start their movements toward the den during the first freezing temperatures in the fall months and will congregate near the den until the lower temperatures drive them underground. In late March or April, triggered by increasing ground temperatures, the snakes will move toward the ground surface or the den opening. With the warming nighttime temperatures and the prolonged period of sunlight, snakes leave the den to find food, mate, and have young during their summer travels. Throughout the summer months the dens are abandoned and the snakes will travel 2-4 miles from their den. In a Wyoming study, radio transmitters were implanted in various snakes and one female rattlesnake traveled a distance of 8 miles from its den. Snakes return to the same den year after year, provided the den is not disturbed or destroyed. These dens or hibernaculums have been used by many generations of snakes over the years. Some people feel that snakes leave scent trails or pheromones to identify past travels. Other snakes, such as juveniles, may use their sense of smell to follow the odor or pheromone trails of adult snakes, to locate their dens.

Rattlesnakes eat animals such as mice, ground squirrels, and the young of prairie dogs or cottontail rabbits. They also eat other snakes, lizards, birds, and insects. The average snake will consume 2-3 times its own weight in various food items during the spring to fall months when the snake is away from its winter den.”  
<http://gfp.sd.gov/wildlife/critters/amphibians-reptiles/snakes/prairie-rattlesnake.aspx>

**What to DO if you or someone else is bitten by a snake**

- If you or someone you know are bitten, try to see and remember the color and shape of the snake, which can help with treatment of the snake bite.
- Keep the bitten person still and calm. This can slow down the spread of venom if the snake is poisonous.
- Seek medical attention as soon as possible.
- Dial 911 or call local Emergency Medical Services (EMS).
- Apply first aid if you cannot get the person to the hospital right away.
- Lay or sit the person down with the bite below the level of the heart.
- Tell him/her to stay calm and still.
- Cover the bite with a clean, dry dressing.

**What NOT to do if you or someone else is bitten by a snake**

- Do not pick up the snake or try to trap it (this may put you or someone else at risk for a bite).
- Do not apply a tourniquet.
- Do not slash the wound with a knife.
- Do not suck out the venom.
- Do not apply ice or immerse the wound in water.
- Do not drink alcohol as a pain killer.
- Do not drink caffeinated beverages.

Authors: Lon Kightlinger and Nato Tarkhashvili, South Dakota Department of Health

## Colorectal Cancer in South Dakota, 2010

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

The 2010 colorectal cancer data has been released. For 2006-2010, the average number of new colorectal cancer cases per year was 444 and the average number of annual deaths due to colorectal cancer was 158.

### Incidence 2010

### Mortality 2010

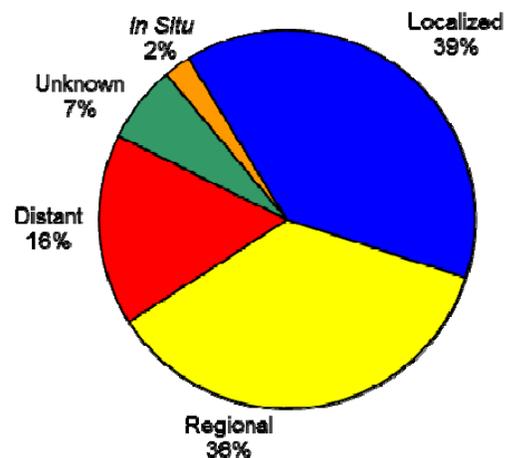
Incidence 2010		Mortality 2010	
Number of cases		Number of deaths	
Total	459	Total	165
Males	237	Males	89
Females	222	Females	76
White	434	White	158
American Indian	22	American Indian	7
Median age at diagnosis	71 yrs	Median age at death	78 yrs
Mode	82 yrs	Mode	85 yrs
Age range at diagnosis	14-100 yrs	Age range at death	41-98 yrs
SD age-adjusted incidence rate	48.8	SD age-adjusted death rate	16.4
US SEER age-adjusted incidence rate (2009) *	43.4	US SEER age-adjusted death rate (2009) *	15.7

Rates per 100,000 US 2000 Standard Population and SD 2010 Estimated Population

\*2010 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 2010 colorectal cancer cases in South Dakota. As shown, more than half of the cases were diagnosed at the more advanced stages of regional and distant. Patient survival rates decline when diagnosed at a more advanced stage as illustrated in the table below for cases diagnosed nationally in years 2001-2008.



Source: South Dakota Department of Health

Stage at Diagnosis	5-Year Relative Survival, 2001-2008
Localized	89.8%
Regional	69.3%
Distant	11.6%
Unknown	34.8%

**GET SCREENED SD**  
Stop Colorectal Cancer.

### South Dakota's Colorectal Cancer Screening Program 2010-2012

To increase colorectal cancer screening, the South Dakota Department of Health implemented a colorectal screening program June 1, 2010. While the program focus is to raise awareness for all South Dakotans, the program provides direct colorectal screening services through participating medical providers for patients that qualify. Colorectal Cancer Screen Program eligibility criteria are based on the following:

**Age:** 50 and older

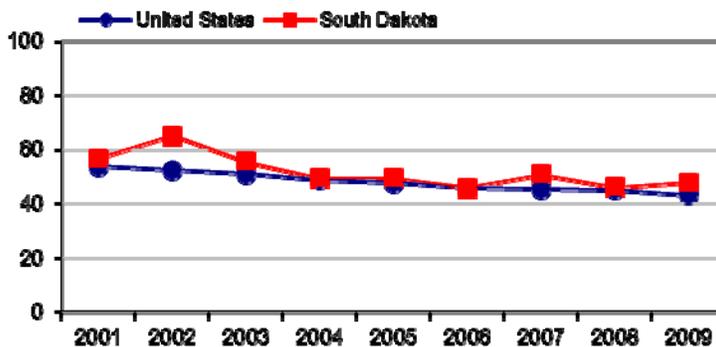
**Income:** 200% of the Federal Poverty Guideline

**Insurance:** Underinsured or uninsured for colorectal cancer screening

During the first three years of the program, 1,661 patients were screened and **219 patients had potential cancers prevented.**

Diet and physical activity are the most important environmental influences on colorectal cancer. Without behavior modification to reduce the risk of developing colorectal cancer, the incidence rates will not decline without recommended colorectal cancer screenings. See below for the age-adjusted colorectal cancer incidence rates for the United States and South Dakota for 2001-2009. Except for 2002, South Dakota rates have been close to the national rates.

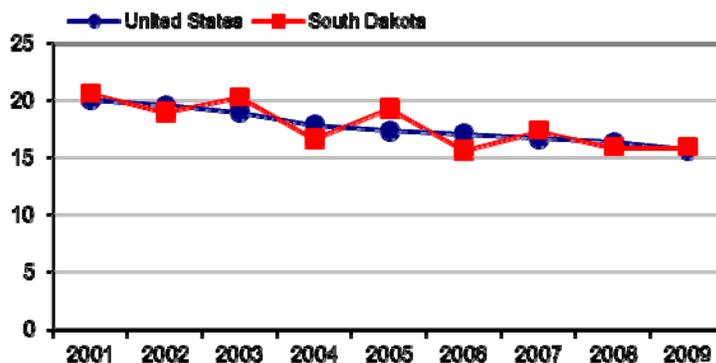
### Colorectal Cancer Incidence Rates, US and SD



Rates per 100,000 US 2000 Standard Population and SD Estimated Population  
 US rates are provided by SEER [www.seer.cancer.gov](http://www.seer.cancer.gov)  
 Source: South Dakota Department of Health

As more South Dakotans participate in recommended colorectal cancer screenings, the mortality rates will continue to decrease. During screenings, precancerous polyps are removed to prevent cancer. The age-adjusted colorectal cancer mortality rates are shown below for the United States and South Dakota for 2001-2009.

### Colorectal Cancer Mortality Rates, US and SD



Rates per 100,000 US 2000 Standard Population and SD Estimated Population  
 US rates are provided by SEER [www.seer.cancer.gov](http://www.seer.cancer.gov)  
 Source: South Dakota Department of Health

For additional information, please contact Kay Dosch, South Dakota Cancer Registry Coordinator, at 605-773-6345 or 800-592-1861 or see the website at <http://getscreened.sd.gov/registry/> under the Data and Publications tab for the entire colorectal cancer monograph.

**South Dakota Department of Health – Infectious Disease Surveillance**

**Selected Morbidity Report, 1 January – 28 February 2013**

(provisional numbers) see <http://doh.sd.gov/ID/site.aspx>

	Disease	2013 year-to-date	5-year median	Percent change
<b>Vaccine-Preventable Diseases</b>	Diphtheria	0	0	n/a
	Tetanus	0	0	n/a
	Pertussis	3	4	-25%
	Poliomyelitis	0	0	n/a
	Measles	0	0	n/a
	Mumps	0	0	n/a
	Rubella	0	0	n/a
	<i>Haemophilus influenzae</i> type b	0	0	n/a
<b>Sexually Transmitted Infections and Blood-borne Diseases</b>	HIV infection	9	4	+125%
	Hepatitis B, acute	2	4	n/a
	Chlamydia	606	503	+20%
	Gonorrhea	75	63	+19%
	Syphilis, early	2	0	—
<b>Tuberculosis</b>	Tuberculosis	0	2	—
<b>Invasive Bacterial Diseases</b>	Meningococcal, invasive	2	0	—
	<i>Strep</i> pneumo, invasive	25	20	+25%
<b>Enteric Diseases</b>	<i>E. coli</i> , Shiga toxin-producing	1	2	-50%
	Campylobacteriosis	9	22	-59%
	Salmonellosis	12	14	-14%
	Shigellosis	0	-	—
	Giardiasis	10	13	-23%
	Cryptosporidiosis	7	8	-13%
	Hepatitis A	0	0	n/a
<b>Vector-borne Diseases</b>	Animal Rabies	0	3	—
	Tularemia	0	-	—
	Rocky Mountain Spotted Fever	0	-	—
	Malaria (imported)	1	0	—
	Hantavirus Pulmonary Syndrome	0	0	—
	Lyme disease	0	-	—
	West Nile Virus disease	0	-	—
<b>Other Diseases</b>	Legionellosis	1	1	0
	Additionally, the following were reported: Chicken Pox (2); Hepatitis B, chronic (5); MRSA, invasive (17); Typhoid (1)			

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](http://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".