

This report is a monthly snapshot of diseases reported in Larimer County as well as other relevant communicable disease topics. The Communicable Disease Team partners with the medical community and other agencies to limit and stop the spread of disease in Larimer County.

Larimer County Influenza Data: 10/1/17 - 3/31/18

Influenza hospitalizations: 279

Influenza Pediatric deaths: 0

Of the 280 hospitalized flu cases reported in Larimer county, 74 cases were H3 strains, 9 cases were H1 and 120 were an influenza A strain that was not typed. 76 cases were influenza B. Cases ranged from 5 months to 100 years of age. Since October 1st, Larimer County had reports of 27 influenza outbreaks in long term care settings. The number of hospitalized cases per week is decreasing. Since the week ending 2/28/18, influenza B has predominated over influenza A in hospitalized cases. Please view the CO Flu Report for more detailed information and state trends. <http://bit.ly/2o7mger>

Childhood Lead Poisoning

Childhood lead poisoning, a reportable disease in – Colorado, is the number one preventable environmental health threat to children in the United States. Lead has adverse effects on almost all organ systems in the body. Even at low levels, children’s intelligence, hearing and growth can be irreparably damaged.

Colorado guidelines currently recommend blood lead testing for all low-income children. Children should be screened at 12 months and 24 months of age with either a capillary or venous blood specimen. Additional risk factors should be considered and can be found in Colorado’s lead screening guideline: [Childhood Lead Screening Guide for Health Care Professionals](#).

Blood lead levels (BLL) for children ages 18 and under, are required to be reported to the Colorado Department of Public Health and Environment: < 5µg/dL are to be reported in 30 business days, > 5µg/dL are to be reported within 7 business days. For levels at or above 20 µg/dL, consult with Rocky Mountain Poison & Drug Center (800-332-3073).

Common Reportable Illnesses by Report Date

Disease	March	YTD
Enterics		
Campylobacter	4	13
Cryptosporidium	0	4
Giardia	0	3
Salmonella	0	7
Shigella	2	5
Shiga-Toxin Producing E. coli	5	8
Sexually Transmitted Infections		
Chlamydia	65	162
Gonorrhea	15	46
Syphilis	0	2
Zoonoses		
Animal Rabies	8	10
Human Tularemia	0	0
Human West Nile Virus	0	0
Vaccine-Preventable Diseases		
Chicken Pox	0	3
Pertussis	3	20
Tuberculosis (active disease)	0	0

Capillary or finger stick screening BLL above 5 µg/dL should be confirmed with a venous sample. All children should have a hemoglobin or hematocrit test performed, as anemia is associated with elevated BLLs.

Colorado has adopted CDC’s guidance on case management for lead. A summary table for follow-up and case management of children with elevated BLL can be found at: <https://bit.ly/2HQtRGH>

We’d like your feedback, if there is any additional information that you’d like to see regularly in this report, please email Awier@larimer.org