CAMPYLOBACTERIOSIS

CRUDE DATA	
Number of Cases	1,523
Annual Incidence ^a	
LA County	16.8
United States	N/A
Age at Onset	
Mean	28
Median	25
Range	<1 - 99 yrs
Case Fatality	
LA County	0.07%
United States	N/A



^aCases per 100,000 population.

ETIOLOGY

Campylobacter, a gram-negative bacillus. C. jejuni was the species most frequently identified.

DISEASE ABSTRACT

Campylobacteriosis rates in 1997 decreased slightly from the 1996 rates; however, rates still remained higher than the years prior to 1996.

Rates remained highest in the very young (less than one year of age). Rates in children under age five were slightly higher in Hispanics than in Whites. Though the numbers are low, the 1997 Asian rate remained significantly higher than pre-1996.

STRATIFIED DATA

Trends: The campylobacteriosis rate of 16.8 cases per 100,000 population decreased 14% from the previous year (Figure 9).

Seasonality: As in previous years, the number of cases increased in the spring, with incidence peaking during May, June and July. The incidence was higher than the previous five-year average in May and June 1997.



Incidence was lowest during winter months (Figure 10).

Age: Rates decreased in all age groups, between 1996 and 1997. Rates among infants (51.2 per 100,000) continued to be highest of any age group (Figure 11). The age-specific rate for Hispanic infants (57.6 per 100,000) was the highest overall.

Sex: The male-to-female ratio was 1.3:1.

Race/Ethnicity: Campylobacteriosis ageadjusted rates were highest among Whites (23.0 per 100,000), followed by Hispanics (15.5 per 100,000). Rates decreased slightly in all ethnic groups (Figure 12).

Location: Health districts with the highest rates in 1997 were the same as those in 1995 and 1996: Harbor (29.2 per 100,000), Torrance (27.6 per 100,000) and San Fernando (25.8 per 100,000) (Map 3).

COMMENTS

Data analysis revealed no definitive reasons for the 22% increase in the campylobacteriosis incidence rate in 1996 and the decrease in 1997 comparable to rates in 1991-1995. A case-control study is under way to assess dietary customs and other potential risk factors for disease. There was one death in 1997 associated with campylobacteriosis; this person was an immunocompromised AIDS patient.







MAP 3. Campylobacteriosis Rates by Health District, Los Angeles County, 1997*