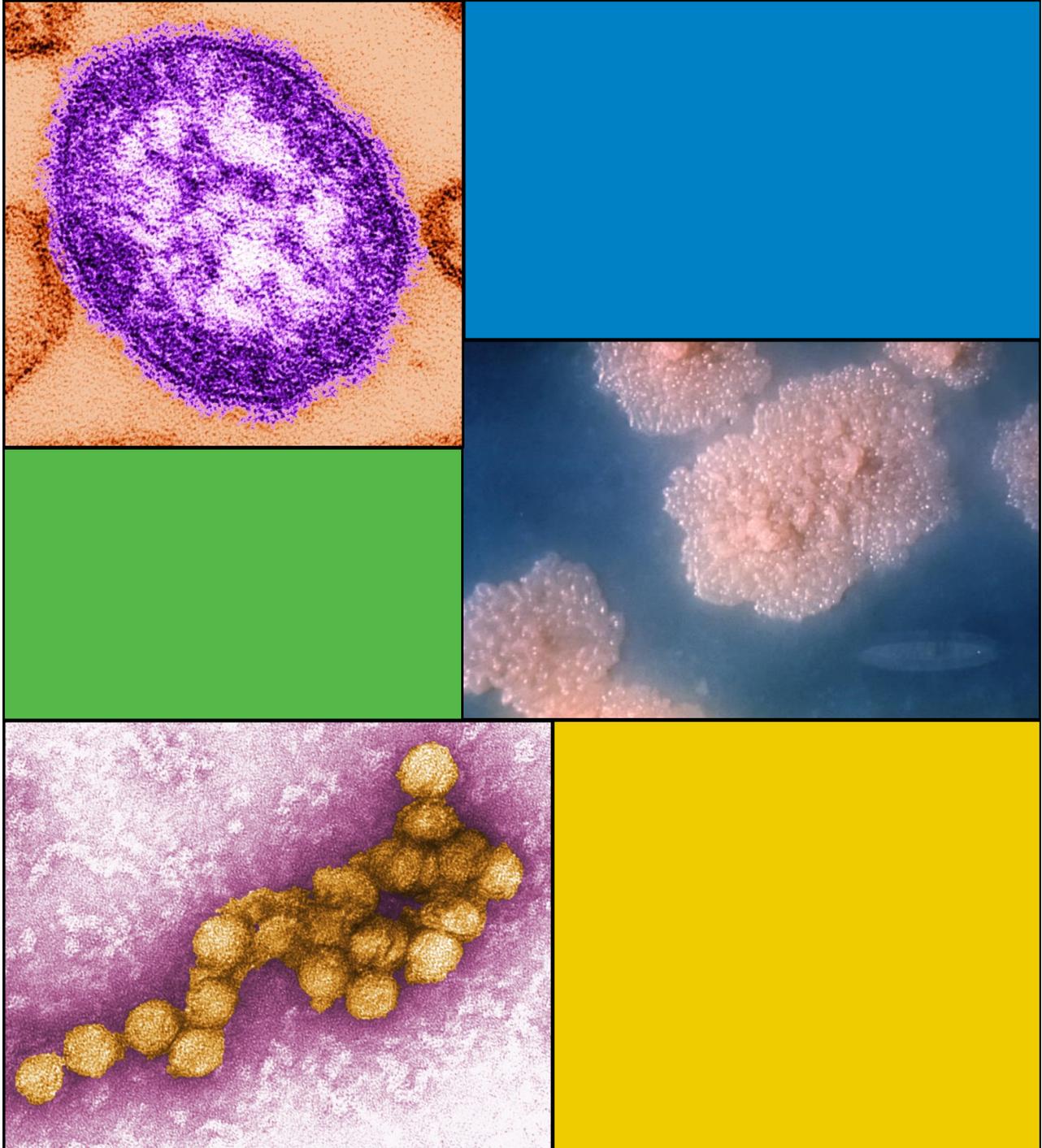


# 2025 Annual Report

Division of Communicable Disease & Epidemiology





## **Mission**

Promote and protect the health and well-being of the Davis County community.

## **Vision**

Healthy Choices. Healthy People.  
Healthy Communities.

## **Values**

Collaboration and Partnership.  
Communication. Health Equity.  
Public Health Excellence. Quality Service.  
Knowledgeable, Professional, and Friendly  
Employees.

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# 2025 Highlights



## Introduction

This is the 2025 Annual Report for the Division of Communicable Disease and Epidemiology (CD/Epi) within the Davis County Health Department (DCHD). It summarizes all communicable diseases reported within the county and highlights several important events.

## 2025 Reportable Disease Overview

In accordance with the Utah Administrative Code R386-70, there are over 80 communicable diseases or conditions that must be reported to public health. In 2025, there were **2,055** diseases reported, which translates to approximately 542.0 cases reported per 100,000 people in Davis County. Compared to 2024, this is a net decrease of 10.3%. This decrease was primarily driven by reductions in sexually-transmitted infections (STIs) and enteric diseases.

When CD/Epi receives notification of a reportable disease, a review takes place to determine if additional follow-up and investigation is needed. In 2025, CD/Epi conducted a total of **1,817** investigations. These fall into two broad categories: morbidity and contact. A morbidity investigation is when a person has a positive test for a reportable condition; a contact investigation occurs when a person has been exposed to somebody who has a reportable condition. Follow-up in these situations is necessary because that person is now at higher risk of getting the disease themselves.

## Clinic Services

CD/Epi operates a clinic on the first floor of the Clearfield building, adjacent to the immunization clinic. Here, CD/Epi nurses attend to patients for screening, testing, treatment and education services related to STIs and tuberculosis (TB). In addition, baseline testing and vaccinations for emergency medical services (EMS) personnel are provided for bloodborne pathogens.

In 2025, CD/Epi saw patients for a total of **1,101** appointments. This included **635** (57.7%) STI appointments for testing and treatment; **314** (28.5%) TB appointments for testing and treatment follow-up; **123** (11.2%) EMS appointments for bloodborne pathogen screening and vaccinations; and **29** (2.6%) appointments for other communicable disease testing needs. In addition to these appointments, **31** new individuals were enrolled in the EMS bloodborne pathogen screening and training program. The percent of patients who tested positive for an STI at a screening appointment was 9.7%, and for contact appointments it was 58.1%.

## Measles Outbreak: Preparation and Response

Due to the ongoing nationwide outbreak of measles, CD/Epi redoubled its preparation in anticipation of measles eventually arriving to Utah. Davis County itself had not seen a confirmed measles case in at least 25 years. Due to how uncommon measles has been, there were many opportunities to prepare before a case was found.

There were **three** measles cases identified in Davis County in 2025. When a case is identified, CD/Epi contacts the individual to conduct a public health investigation. Part of these investigations is to identify and work with people who were close contacts to the individual. Following up with contacts is important to prevent further infections because these individuals have a higher risk of developing measles. CD/Epi followed up with **76** measles contacts.

## 2025 Highlights



### West Nile Virus (WNV)

Human infections of WNV were elevated in 2025, both in Davis County and across the state. In Davis County there were **seven** cases, which is the highest number reported since 2021. In addition, four WNV deaths were reported in Utah, **three** of which were in Davis County residents. An analysis of WNV infections over the past 11 years show a somewhat cyclical pattern of increases and decreases. However, the reasons for this are not fully understood. If past data trends hold true, this year's increased activity is expected to decrease in the near future.

### Active Tuberculosis (ATBD)

In 2025, there were **three** cases of ATBD reported in Davis County. Immediate isolation and treatment is required when an ATBD case is identified. Isolation is a tool to prevent the spread of TB while the patient is infectious and undergoing treatment. Once the patient is no longer infectious, isolation is not required and the patient can go about their normal life. Managing ATBD cases requires CD/Epi to collaborate with several partners, including medical providers, the Utah Department of Health and Human Services (UDHHS), the Utah Public Health Laboratory, and a commitment from the patient themselves.

With these ATBD cases, CD/Epi followed-up on a total of **76** contacts. A contact is typically defined as someone who has interacted with the ATBD patient while they were infectious. This can include people at home, work, school, and social events. Following up entails notifying the person about their exposure, educating them on the signs and symptoms of TB, and most importantly, offering TB testing.

### Disease Outbreak Response

During 2025, CD/Epi identified **five** outbreaks involving **118** people. All of these outbreaks occurred at long-term care facilities. During these outbreaks, CD/Epi provided guidance on patient testing and treatment; infection control measures; and prevention methods. When necessary, CD/Epi conducted site visits in with the Environmental Health Division to evaluate kitchen, dining, and laundry areas, and advised on best practices for cleaning.

Of note was an outbreak involving invasive Group A *Streptococcus* found at a medical care facility. During a site visit, CD/Epi observed multiple areas of improvement, most of which involved adherence to aseptic clinical techniques. Facility leadership readily accepted these recommendations to improve health care outcomes in their patients. While initial cases were identified at one facility, further investigation revealed the likely source were contractual clinical providers that worked at various medical facilities along the Wasatch Front.

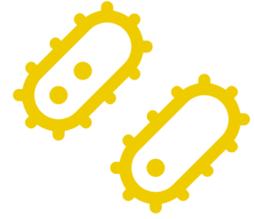
### Respiratory Illnesses: Influenza, COVID-19, and RSV

In 2025, the trend of influenza-like illness (ILI) outpatient visits was generally lower compared to years 2021-2024. However, ILI visits peaked at 7.5% during 2025, which is higher than the 2024 peak of 5.6%. For emergency department (ED) visits during 2025, influenza peaked at 8.2% during the end of December, COVID-19 peaked at 2.2% during the end of August, and RSV peaked at 2.0% during the beginning of February. Compared to 2024 ED visits, influenza was higher, COVID-19 was lower, and RSV was about the same. In a similar manner, compared to 2024 hospitalization rates, influenza hospitalizations increased by 52.1% and COVID-19 hospitalizations decreased by 47.9% in 2025.

# Reportable Disease Summary

## Overview

In 2025, there were **2,055** diseases reported, which translates to approximately 542.0 cases reported per 100,000 people in Davis County. Compared to 2024, this is a net decrease of 10.3%. This decrease was primarily driven by reductions in sexually-transmitted infections (STIs) and enteric diseases. Figure 1 displays the percentage of disease reports that fall into one of eight major categories. STIs constituted the largest proportion of all disease reports at 46.2%. This is a pattern that has been observed for many years. For more detailed data and information on reportable diseases, please see [Appendices A and B](#).



**Disease Reports  
2,055**

## Disease and Age

Figure 2 shows the rate of disease reports by age and sex. The high rates observed in the 15 -24 age group are primarily driven by STIs. This is another pattern that has been observed for many years. A disparity is seen between males and females. While the exact reason is not known, one plausible explanation is that more STIs may be found among women due to regular female health checkups and prenatal exams. Given this, it is likely that disease reporting (particularly STIs) among males ages 15-24 is underreported. The high rates observed in males age 85+ is primarily driven by respiratory illness hospitalizations and a relatively low population count

## Investigations

When CD/Epi receives notification of a reportable disease, a review takes place to determine if additional follow-up and investigation is needed. In 2025, CD/Epi conducted a total of **1,817** investigations. These fall into two broad categories: morbidity and contact.

A morbidity investigation is when a person has a positive test for a reportable condition. Depending on the situation, confirmatory testing may be needed for the diagnosis. Sometimes it turns out that the person does not have the condition after all. However, if it is confirmed, CD/Epi staff reach out to the person to conduct an investigation. These are focused on helping the individual by ensuring proper treatment, providing education and counseling, and linking the person to other medical services that would be needed. A key part of an investigation is determining how the person was infected. Obtaining this type of information is crucial to identify outbreaks and help prevent further infections.

Figure 1. Percent of Reportable Diseases, by Category, Davis County, 2025

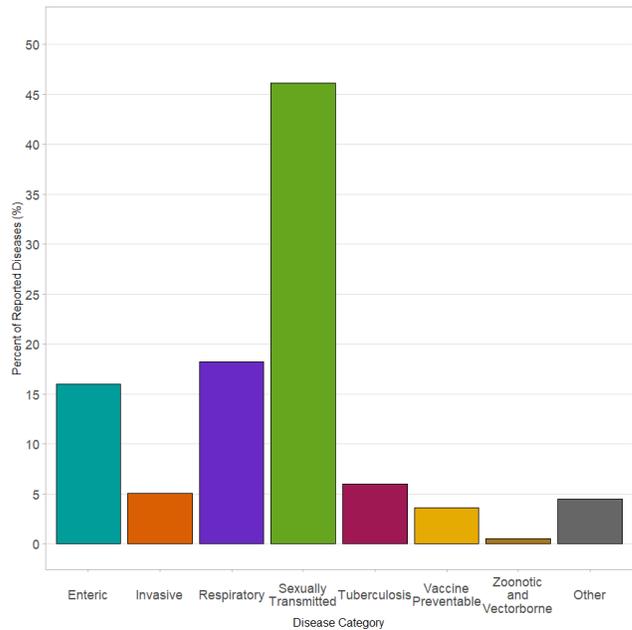
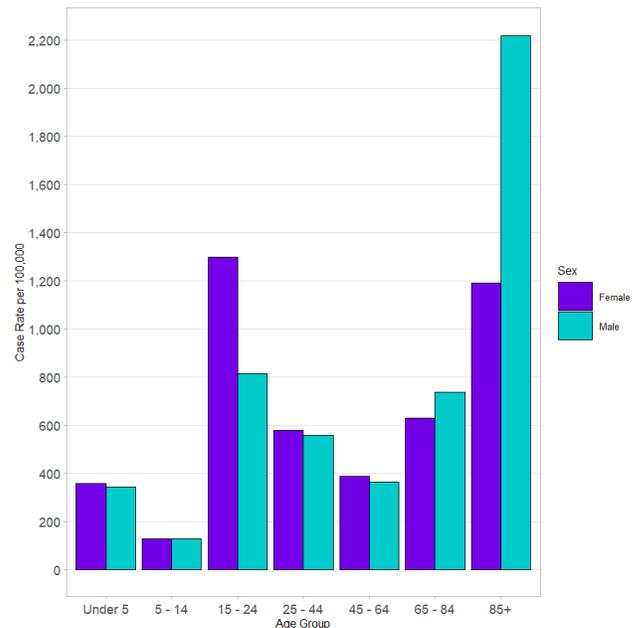


Figure 2. Rate of Disease Reports by Age Group and Sex, Davis County, 2025



# Reportable Disease Summary

A contact investigation occurs when a person has been exposed to somebody who has a reportable condition. Follow-up in these situations is necessary because that person is now at higher risk of getting the disease themselves. In a contact investigation, CD/Epi provides or arranges for prophylactic treatment and confirmatory testing, all with the goal to prevent infection. Depending on the situation, CD/Epi will regularly check-in with the person during the disease’s incubation period to make sure symptoms don’t start.



**Investigations  
1,817**

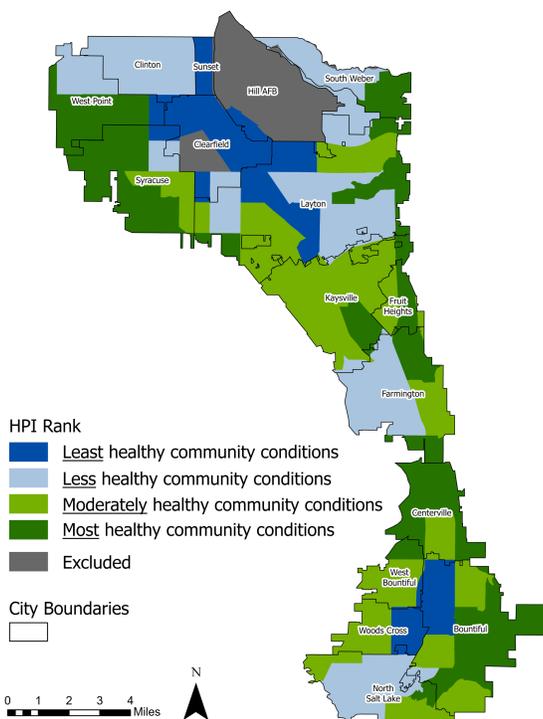
## Social Determinants of Health

Social determinants of health are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.<sup>1</sup> These conditions can play an important role in the incidence and transmission of disease. The health of community conditions is quantified using the Utah Healthy Places Index (HPI). Figure 3 presents a map of Davis County Census Tracts with the respective HPI ranking categories: least, less, moderately, and most healthy community conditions. For more detailed information on the HPI methodology, please see [Appendix D](#).

Figure 4 presents the rates of reportable diseases in Davis County by HPI rank. When the data are viewed this way, a pattern emerges: as healthy community conditions improve, disease rates decrease. In the least healthy area, rates were 721.9 cases per 100,000 people, which is 45.3% higher compared to the rest of the county.

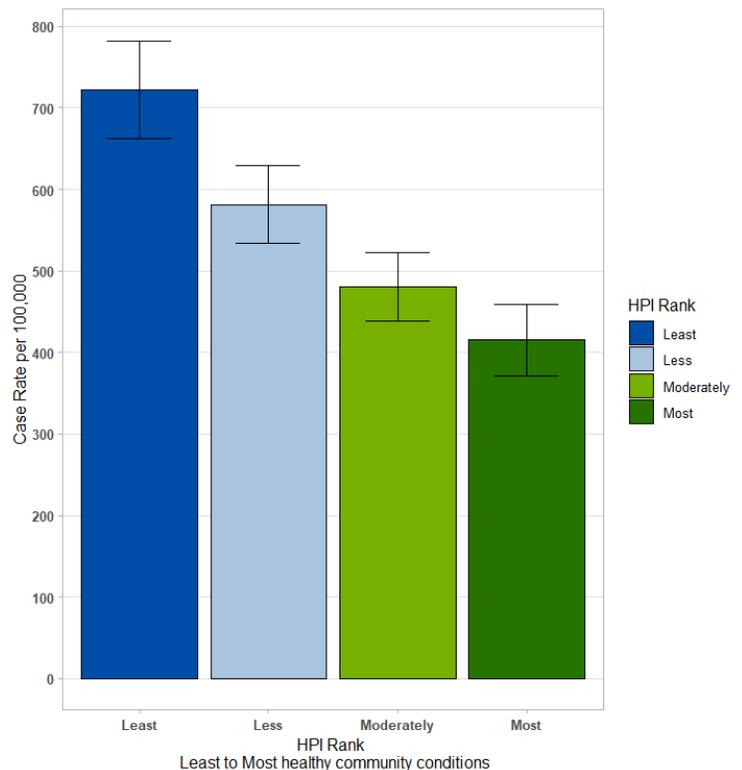
Conversely, rates in the moderately and most healthy areas are 480.6 cases and 415.3 cases per 100,000 people, respectively. Compared to the rest of the county, the moderately and most healthy areas have rates that are 15.8% and 28.8% lower, respectively.

Figure 3. Utah Healthy Places Index 2.0 Rank of 2020 Census Tracts, Davis County



Source: Utah Healthy Places Index 2.0, Public Health Alliance of Southern California and Utah Department of Health and Human Services.

Figure 4. Rate of Disease Reports, by HPI Rank, Davis County, 2025



# STI / HIV Program

Sexually-transmitted infections (STIs) affect men and women of all ages, backgrounds, and economic statuses. They are the most frequently reported type of infections. As such, CD/Epi has its own dedicated program to respond to STIs in Davis County. The STI/HIV Program strives to ensure that staff are properly trained to conduct disease investigations in order to:

- Verify that appropriate treatment was prescribed and administered;
- Confidentially identify and notify contacts/partners of infected individuals who may have been exposed and facilitate testing and treatment; and
- Provide risk-reduction counseling and education

Contact investigations not only limit the spread of infection to other individuals, but also decrease the likelihood of reinfection. Reinfections can occur when appropriately treated individuals engage in sexual activity with their untreated partners or resume sexual activity before the infection is cleared.

## 2025 STI Overview

There were **949** STIs reported in 2025. Chlamydia was the most commonly reported STI with **765** cases (80.6%), followed by gonorrhea with **138** cases (14.5%), all stages of syphilis with **39** cases (4.1%), and HIV (human immunodeficiency virus) with **7** cases (0.7%). Figure 5 shows yearly trend of STI rates in Davis County. As seen in that graph, overall STIs in Davis County have decreased 26.3% since 2021. This is primarily driven by decreases in chlamydia and gonorrhea. On the other hand (though difficult to see due to the scale of the chart), rates of syphilis and HIV have remained relatively stable.

Figure 5. Rates of STIs: Chlamydia, Gonorrhea, Syphilis (all stages), HIV, and Overall, Davis County, Utah, 2021-2025

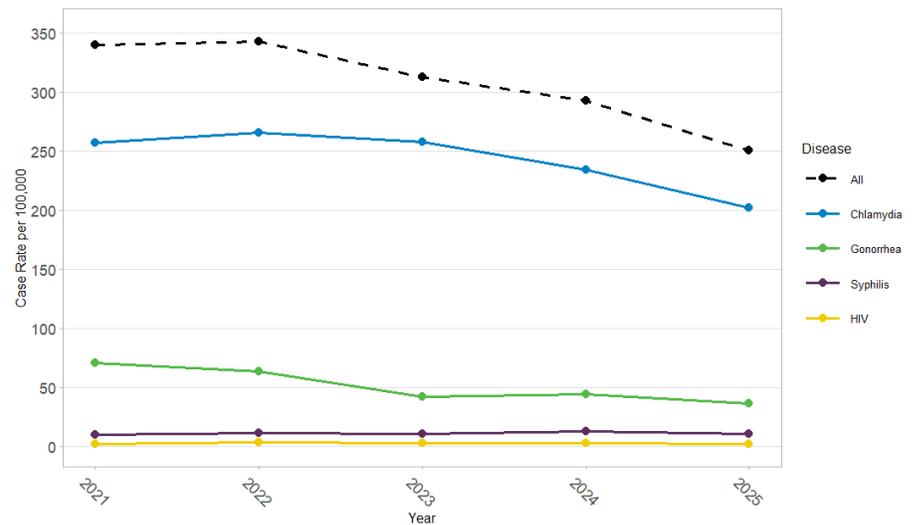
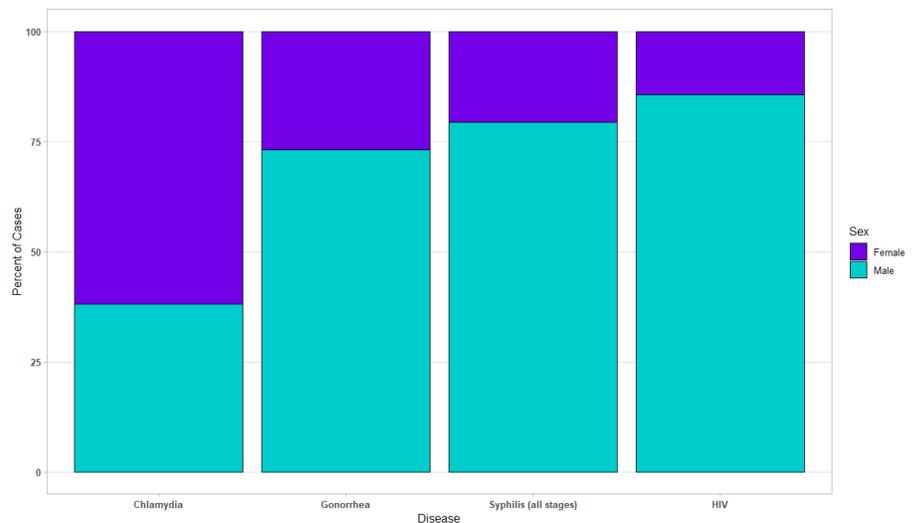


Figure 6. Percent of STIs: Chlamydia, Gonorrhea, Syphilis (all stages), and HIV, Diagnosed by Gender, Davis County, Utah, 2025

Figure 6 shows the percent of STIs that are diagnosed in males and females. Chlamydia is more frequently diagnosed in females, whereas gonorrhea, syphilis and HIV are more frequently diagnosed in males.

Females may be diagnosed with chlamydia more frequently due to prenatal care and other routine medical visits. In addition, the female reproductive system is more susceptible to bacteria growth. Women are also less



likely to have symptoms than men. If the symptoms do occur, they may go away, but the infection can remain. If left untreated, chlamydia may cause permanent damage to the reproductive system.<sup>2,3</sup>

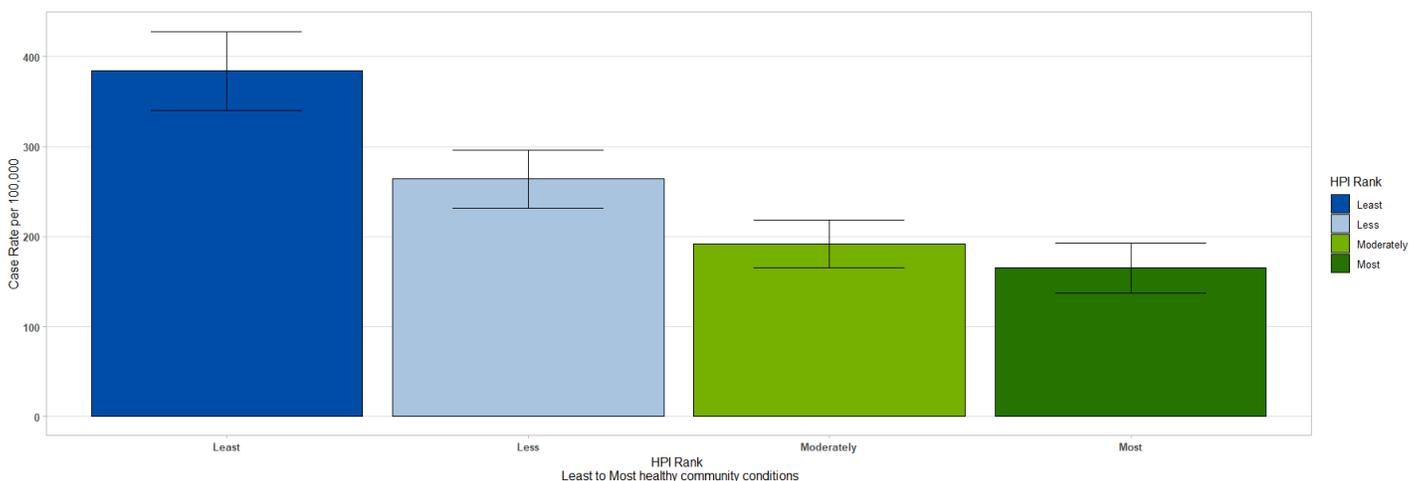
Males are typically diagnosed following contact investigations or if they become symptomatic. A recent UDHHS report on STIs in Utah states that men who have sex with men are disproportionately impacted by STIs, primarily gonorrhea, syphilis, and HIV.<sup>4</sup>

## Social Determinants of Health

Figure 7 displays the rates of STIs stratified by HPI rank area. The familiar trend of rates decreasing as healthy community conditions improve is seen. In the least healthy area, the rate was 384.3 cases per 100,000 people, which is 83.7% higher compared to the rest of the county.

Conversely, rates in the moderately and most healthy areas were 192.0 cases and 165.2 cases per 100,000 people, respectively. Compared to the rest of the county, the moderately and most healthy areas have rates that are 28.4% and 38.9% lower, respectively.

Figure 7. Rate of Sexually-Transmitted Infections, by HPI Rank, Davis County, 2025



## Clinic

During 2025, CD/Epi had **635** STI-related clinic appointments. During these appointments, CD/Epi nurses provide screening tests, treatment, and follow-up for people who are contacts to confirmed STI cases and those needing or wanting screening. The percent of patients who tested positive for an STI at a screening appointment was 9.7%, and for contact appointments it was 58.1%. These clinic appointments offer crucial one-on-one opportunities to engage with patients and help develop a risk reduction plan.

It is CD/Epi's goal to locate all partners, offer low-cost testing and treatment, and provide disease education. Locating sexual partners and providing treatment not only limits the spread of infection to other people, but also decreases the likelihood of reinfection. Reinfections occur when appropriately treated individuals engage in sexual activity with their untreated partners, or resume sexual activity before the infection is cleared.



# Tuberculosis Program

The Tuberculosis (TB) Control Program in CD/Epi is dedicated to the prevention, control, and elimination of active TB disease (ATBD), and the identification and treatment of latent TB infection (LTBI). The successful control of TB in Davis County is largely due to the following program activities:

- Early identification, isolation, and appropriate treatment of individuals suspected of or diagnosed with ATBD;
- Effective contact investigation activities to identify individuals exposed to TB and completion of medication therapy for those diagnosed with LTBI; and
- Targeted testing for those who are at higher risk of developing TB following an exposure.

CD/Epi follows up on referrals for suspect TB cases that are sent by medical providers. Screening tests for TB consist of a tuberculin skin test or blood test. People who test positive are often referred to DCHD for evaluation and treatment. Approximately 200 clients are referred to DCHD annually for TB evaluation. These evaluations can include interviews, repeat screening tests, chest x-rays, sputum testing, and physical exams in order to provide an accurate diagnosis.

## TB Screening

Targeted screening is the best way to identify patients who have an increased risk for TB. Risk factors include having close contact with an ATBD patient, being born in (or frequently visiting) a country where TB is common, working in high-risk congregate settings like homeless shelters and correctional facilities, and being a healthcare worker that serves patients with TB.

People who are at low risk generally should not be tested because the predictive value of a positive result is lower and results in unnecessary treatment. Testing people at low risk increases the number of false positive test results and can divert resources away from preventing TB among those most likely to develop it. Table 1 shows the reasons why each of the **120** LTBI cases were initially screened for TB. The most frequent screening reasons that resulted in an LTBI case being identified were incoming immigrants or refugees, and job or school requirements.

## Latent Tuberculosis Infection (LTBI)

LTBI occurs when TB bacteria are alive but inactive in the body. People with LTBI have no symptoms, cannot spread TB to others, and typically have normal chest x-rays, but do have a positive TB skin or blood test. People with LTBI do not

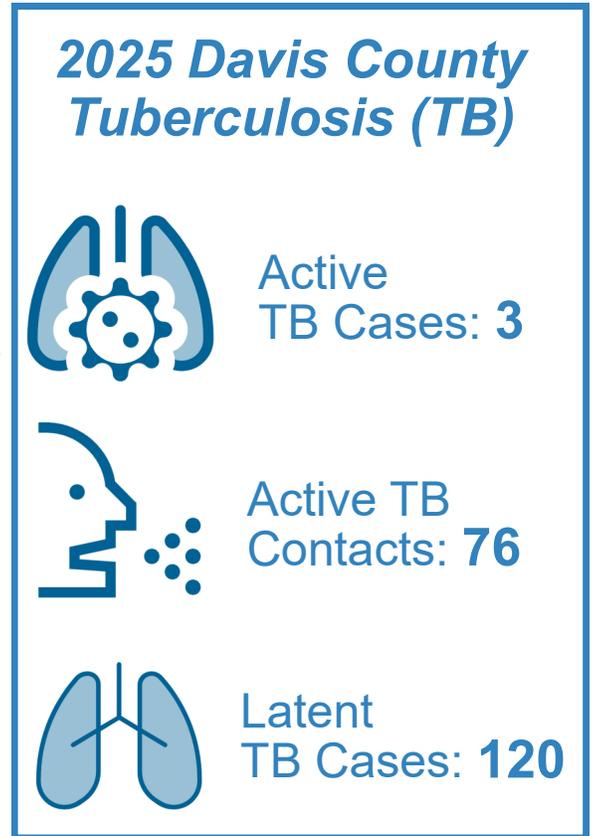


Table 1. Reasons Why Identified LTBI Cases Were Initially Screened for TB, Davis County, 2025

Reason for TB Screening	Number (%)
Contact to active tuberculosis	2 (1.7%)
Immunocompromised	1 (0.8%)
Incoming immigrant/refugee	51 (42.5%)
Job or school requirement	41 (34.2%)
Nursing home admission	1 (0.8%)
Pre- or post-mission requirement	7 (5.8%)
Other	15 (12.5%)
Unknown	2 (1.7%)
<b>Total</b>	<b>120 (100%)</b>

# Tuberculosis Program

require isolation either. However, treatment is very important because about 10% of untreated LTBI cases will develop ATBD, which is more costly to treat and control in the long run.<sup>6</sup>

In 2025, there were **120** cases of LTBI reported in Davis County. When an LTBI case is first identified, CD/Epi's first goal is to make sure the person does not have ATBD. Once this is determined, CD/Epi proceeds with ensuring the patient receives proper treatment. Patients may receive treatment through CD/Epi or through their own healthcare provider.

## Active Tuberculosis Disease (ATBD)

TB is caused by a bacteria called *Mycobacterium tuberculosis*. The bacteria usually infect the lungs, but can infect any part of the body. It is spread through the air when a person with TB coughs, speaks, or sings. ATBD happens when the immune system cannot stop the bacteria from growing, making the patient sick and able to spread TB germs to other people.<sup>5</sup>

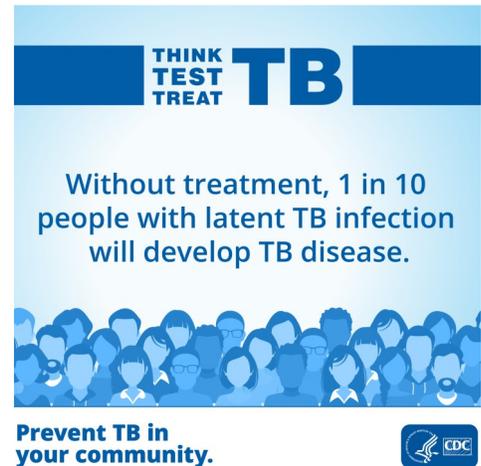
In 2025, there were **three** cases of ATBD reported in Davis County. Immediate isolation and treatment is required when an ATBD case is identified. Isolation is a tool to prevent the spread of TB while the patient is infectious and undergoing treatment. Once the patient is no longer infectious, isolation is not required and the patient can go about their normal life. Managing ATBD cases requires CD/Epi to collaborate with several partners, including medical providers, UDHHS, the Utah Public Health Laboratory, and a commitment from the patient themselves.

With these ATBD cases, CD/Epi followed-up on a total of **76** contacts. A contact is typically defined as someone who has interacted with the ATBD patient while infectious. This can include people at home, work, school, and social events. Following up entails notifying the person about their exposure, educating them on the signs and symptoms of TB, and most importantly, offering TB testing. If the person tests positive, CD/Epi will begin treatment. In certain situations, like with small children or immunocompromised individuals, CD/Epi will provide empiric prophylactic treatment. It is imperative to identify and follow-up with people who have had contact with an ATBD case to make sure they do not develop it themselves.

## TB Treatment

During 2025, CD/Epi had **314** TB-related appointments. These appointments were for screening tests and treatment evaluation follow-ups. Treatment typically consists of daily antibiotic therapy, and generally lasts 4 months for LTBI and 6 months for ATBD. However, this may be prolonged if the patient is not improving or has a form of antibiotic-resistant TB.<sup>7</sup>

CD/Epi administers ATBD treatment under directly observed therapy (DOT) to ensure compliance. Because DOT can seem personally invasive to the patient, CD/Epi seeks to implement multiple strategies to promote a less intrusive and more flexible schedule, where possible. This includes bi-/tri-weekly treatments, home visits, and video conferencing. Individuals receiving LTBI treatment are monitored throughout therapy. There are several treatment options available and CD/Epi nurses help patients choose the regimen that best fits their personal circumstances.



# Infectious Disease Control

Most communicable diseases (with the exception of STIs and TB), fall under this program. Once reported, the Infectious Disease program implements the following activities:

- Interview infected individuals to obtain a thorough history, attempt to determine the source of exposure, and identify exposed contacts;
- Review and interpret laboratory results;
- Implement necessary control measures to interrupt disease transmission (e.g. exclusion from work and/or school);
- Monitor the disease process, assessing for changes in expected manifestations;
- Facilitate appropriate treatment and prophylaxis for those infected or exposed;
- Provide education on the specific disease and important preventive measures; and
- Formalize findings and report to UDHHS.

The Infectious Disease Program responds to a wide variety of conditions: enteric disease (gastrointestinal illness), invasive diseases (infections of the blood stream or cerebral spinal fluid), vaccine-preventable diseases, and vector-borne/zoonotic diseases (infectious transmitted by insects and animals).

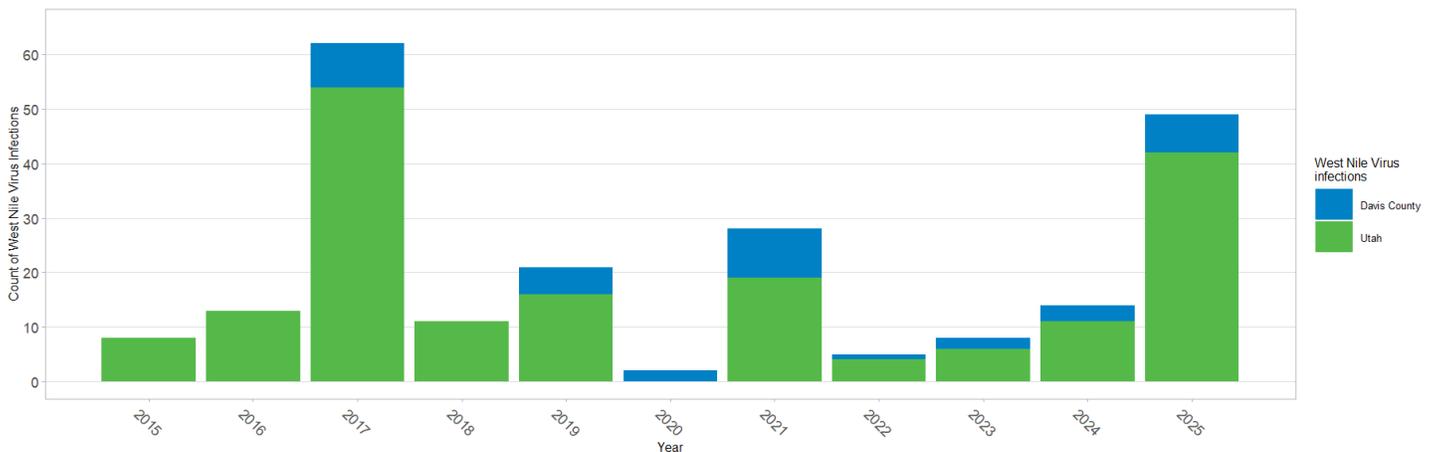
## West Nile Virus

West Nile virus (WNV) activity was elevated in 2025, both in Davis County and across the state. In Davis County there were **seven** cases, which is the highest number reported since 2021. In addition, four WNV deaths were reported in Utah, **three** of which were in Davis County residents.<sup>8</sup> Figure 8 shows the number of WNV cases in Davis County and Utah from 2015 to 2025.<sup>8,9</sup> These data show a somewhat cyclical pattern of increases and decreases over the past 11 years, though the reasons for this are not fully understood. If past data trends hold true, this year's increased activity is expected to decrease in the near future.

Most people infected with WNV are believed to have lifelong immunity or protection from getting the disease again. Some people who have weakened immune systems from certain conditions or medications might not have a strong immune response to the initial infection or their immunity may wane over time.<sup>10</sup>

WNV cases are typically underreported because the majority of infections (up to 80%) are mild or don't show any symptoms at all. Less than 1% of infected patients develop neuro-invasive disease, which typically manifests as

Figure 8. Count of West Nile Virus Cases, Davis County and Utah Statewide, 2015—2025



meningitis, encephalitis, or acute flaccid myelitis. Risk of neuro-invasive disease is higher among older individuals and those with immunocompromising conditions.<sup>10,11</sup>

## Rabies & Animal Bites

Bats are the most common carrier of rabies in Utah. **Three** rabies-positive bats were identified in Davis County during 2025. It is normal to find about two to three rabies-positive bats in Davis County each year (and about 15 to 16 each year statewide).

When a rabid animal is found, CD/Epi is responsible for following up to assess potential human exposures. The rabies virus is transmitted by the saliva from an infected animal.<sup>12</sup> “Exposure” is generally defined as either direct skin contact with the animal or being bitten by it. In the case of bats, it also includes finding a bat in an area where someone was sleeping, such as a bedroom or tent.<sup>12,13</sup> This is done out of an abundance of caution because bat bites aren’t always visible to the naked eye. If human exposures are found, CD/Epi provides rabies post-exposure prophylaxis (PEP) treatment education. PEP is essential as rabies is nearly 100% fatal. When properly administered, PEP is completely effective at preventing rabies in humans.<sup>14</sup>



**Rabid Bats Identified**

Sometimes people may be bit by other types of wild or domesticated animals. Whenever possible, CD/Epi seeks to rule out rabies before recommending that someone receive rabies PEP. This is typically done by either quarantining the animal or testing it for rabies. If neither of these options are viable, PEP is recommended out of an abundance of caution. During 2025, CD/Epi investigated 140 cases of animal bites and recommended PEP to **114** of them (81.4%).

If a domesticated animal bites someone or is possibly exposed to rabies, the animal should be quarantined to be observed for rabies. Quarantine is the preferred way so as to avoid unnecessary rabies testing and allow people to keep their pets. CD/Epi collaborates with Animal Care and Control of Davis County to make sure animals are properly quarantined, if needed. This is another important way to prevent the spread of rabies to humans. Multiple pets were placed on quarantine in 2025 due to exposure to the rabid bats found in Davis County. Fortunately, none of them developed rabies.

## Perinatal Hepatitis B Prevention Program

The CD/Epi Perinatal Hepatitis B Prevention Program is responsible for evaluating, monitoring, testing, and treating all reported cases of hepatitis B among pregnant women in Davis County. Prior to the baby’s birth, arrangements are made with the delivering hospital to administer hepatitis B immune globulin and the first dose of hepatitis B vaccine to the newborn within 12 hours of delivery. This is done to help prevent the newborn from acquiring the virus. The newborn is monitored until the vaccine series is complete.

Women who are prenatally tested and determined to be chronic hepatitis B carriers are interviewed to identify close contacts. Identified contacts (sexual partners, household contacts, and children) are recommended to have testing to determine their infection status. If serology testing is negative, the hepatitis B vaccination series is encouraged. The case management of women in this program can range from eight to 18 months. In 2025, **four** new women were enrolled to the CD/Epi Perinatal Hepatitis B Prevention Program.



**Women enrolled in the Perinatal Hepatitis B Prevention Program**

# Outbreak Response

An outbreak is generally defined as an increase of disease among a specific population in a geographic area during a specific period of time. An outbreak can occur anywhere: schools, the workplace, daycares, healthcare facilities, and more. In particular, long-term care facilities face a higher risk of outbreaks. These facilities provide a variety of services, both medical and personal care, to people who are unable to live independently. While these facilities provide important care, there is a higher risk of outbreaks and severe disease due to the typically high proportion of older or medically vulnerable individuals living in close proximity. Regardless of where an outbreak occurs, CD/Epi remains ready to respond. Should one arise, CD/Epi's efforts include:

- Building rapport with facility staff and maintaining open communication,
- Providing up-to-date guidance on infection prevention and control recommendations, including assisting with Infection Control Assessment and Response tools,
- Following up on identified cases,
- Recommending testing based on exposure, and
- Assisting with reporting requirements.

Sometimes an outbreak involves a disease that is not required to be reported. Despite this, CD/Epi will always act in the best interest of Davis County residents to control and prevent the spread of disease.

## Healthcare Facility Outbreaks in 2025

During 2025, CD/Epi identified **five** outbreaks involving a total of 118 people. All of these outbreaks occurred at long-term care facilities. During these outbreaks, CD/Epi provided guidance on patient testing and treatment; infection control measures; and prevention methods. When appropriate, CD/Epi conducted site visits in partnership with the Environmental Health Division to evaluate kitchen, dining, and laundry areas, along with advising on best practices for cleaning.

Of note was an outbreak involving invasive Group A *Streptococcus* found at a medical care facility. During a site visit, CD/Epi observed multiple areas of improvement, most of which involved adherence to aseptic clinical techniques. Facility leadership readily accepted these recommendations to improve health care outcomes in their patients. While initial cases were identified at one facility, further investigation revealed the likely source were contractual clinical providers that worked at various medical facilities along the Wasatch Front.



## Measles Outbreak: Preparation and Response

The 2025 nationwide outbreak of measles began in Texas in January, and the first Utah case was reported in June. It would not be until November that Davis County identified its first measles case. The nationwide outbreak was also linked internationally to cases in Canada and Mexico.

### *Measles Preparation*

After the Texas outbreak was announced, CD/Epi redoubled its preparation in anticipation of measles eventually arriving to Utah. Davis County itself had not seen a confirmed measles case in at least 25 years. Due to how uncommon measles has been, there were many opportunities to prepare before a case was found. This included:

- Advising healthcare facilities on clinical sampling techniques and preferred types of laboratory tests,

# Outbreak Response

- Assisting local hospitals in reviewing and updating measles-related infection control protocols,
- Collaborating with school administration prior to the start of the school year to develop protocols should a measles exposure occur at school, and
- Updating CD/Epi's standing medical orders to allow for administration of measles immune globulin.

## Measles Response

There were **three** measles cases identified in Davis County in 2025. When a case is identified, CD/Epi contacts the individual to conduct a public health investigation. These investigations are focused on:

- Providing educational guidance and isolation recommendations,
- Identifying close contacts,
- Reviewing travel history during the infectious period, and
- Collaborating with employers to facilitate isolation.

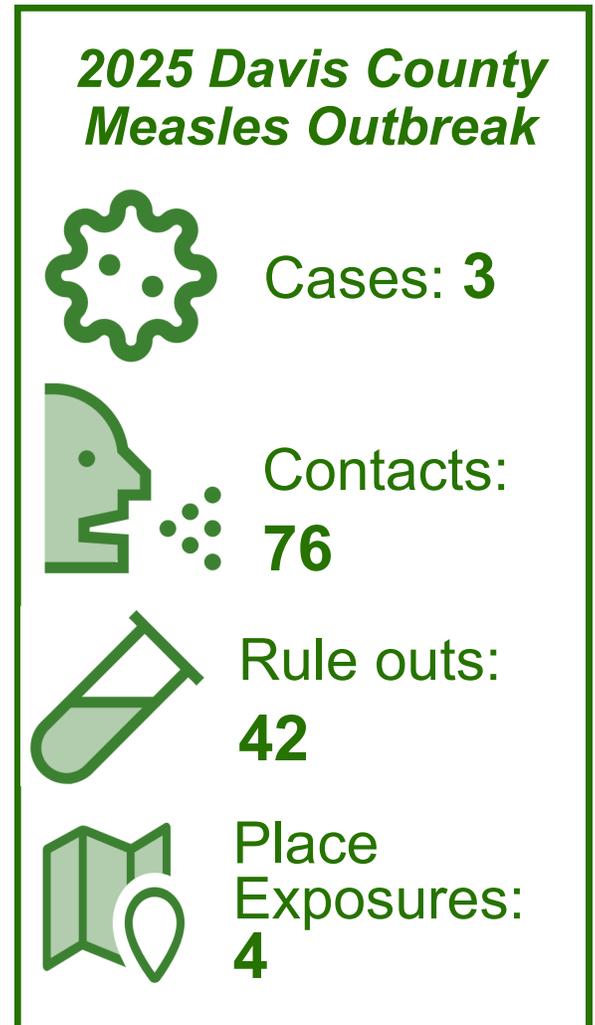
Following up with contacts is important to prevent further infections because these individuals have a higher risk of developing measles. In 2025, CD/Epi followed up with **76** measles contacts. Each contact's situation is often different, but common elements include:

- Notifying the individual of their exposure to measles,
- Providing education on symptoms to watch for,
- Recommending prophylaxis if not up-to-date on vaccination.
- Facilitating laboratory testing, and
- Consulting with doctors and healthcare providers on action plans for patients suspected of having measles.

To help prevent close contacts from getting infected, CD/Epi provided measles post-exposure prophylaxis (PEP) to a total of **11** people, two of which received immune globulin. The measles immune globulin is an important treatment for the most vulnerable patients who are exposed to measles.

There were **42** Davis County residents who were suspected of having measles, but who ultimately tested negative. These are called "rule outs." These individuals typically had measles-like symptoms but did not have any contact to a known measles case. While rule-outs are good, each one still involves follow-up and preparation in the event the individual tests positive.

CD/Epi's public health investigations yielded **four** "place exposures" in Davis County. These are typically indoor public places that the measles case went to during their infectious period, potentially spreading it to others. When it's not possible or feasible to identify all contacts, a place exposure serves as a notice to the general public to contact the health department. CD/Epi fielded many phone calls related to these place exposures. CD/Epi continues to promote vaccination as the best way to end the current measles outbreak and prevent future infections.



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# Appendices

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# Disease Frequency Tables: 2021-2025 (Appendix A)

*Disease Report Summary, Counts and Rates per 100,000 People, by Year, Davis County, 2021 - 2025*

Disease	2021 Count Rate	2022 Count Rate	2023 Count Rate	2024 Count Rate	2025 Count Rate
Babesiosis	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3
Botulism, infant	1 0.3	0 0.0	0 0.0	2 0.5	0 0.0
Botulism, wound	1 0.3	0 0.0	0 0.0	0 0.0	0 0.0
COVID-19-associated hospitalization	1,042 283.6	428 115.0	278 73.7	234 61.8	122 32.2
Campylobacteriosis	47 12.8	52 14.0	69 18.3	68 18.0	83 21.9
Candida auris	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3
Carbapenem-Resistant Organisms (CRO)	16 4.4	9 2.4	7 1.9	3 0.8	6 1.6
Chickenpox (Varicella)	9 2.4	17 4.6	11 2.9	8 2.1	15 4.0
Chikungunya virus	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3
Chlamydia	945 257.2	987 265.1	973 257.8	886 234.0	765 202.1
Coccidioidomycosis	5 1.4	3 0.8	8 2.1	13 3.4	8 2.1
Colorado Tick Fever	1 0.3	0 0.0	1 0.3	0 0.0	0 0.0
Creutzfeldt-Jakob Disease (CJD)	0 0.0	2 0.5	0 0.0	0 0.0	0 0.0
Cryptosporidiosis	20 5.4	20 5.4	117 31.0	12 3.2	15 4.0
Cyclosporiasis	1 0.3	1 0.3	4 1.1	5 1.3	2 0.5
Ehrlichia chaffeensis	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0
Giardiasis	20 5.4	16 4.3	13 3.4	22 5.8	19 5.0
Gonorrhea	260 70.8	235 63.1	158 41.9	166 43.8	138 36.5
H. influenzae, invasive disease	3 0.8	4 1.1	6 1.6	4 1.1	3 0.8
Hansen's Disease (Leprosy)	1 0.3	1 0.3	1 0.3	0 0.0	0 0.0
Hepatitis A	1 0.3	1 0.3	0 0.0	2 0.5	1 0.3
Hepatitis B, acute and chronic	11 3.0	15 4.0	21 5.6	25 6.6	20 5.3
Hepatitis C, acute and chronic	116 31.6	118 31.7	84 22.3	53 14.0	71 18.8
Hepatitis C, perinatal	1 0.3	0 0.0	0 0.0	1 0.3	0 0.0
Human immunodeficiency virus (HIV)	7 1.9	11 3.0	9 2.4	9 2.4	7 1.8
Influenza-associated death in a person under 18	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3
Influenza-associated hospitalization	3 0.8	187 50.2	93 24.6	166 43.8	252 66.6
Legionellosis	1 0.3	7 1.9	5 1.3	4 1.1	5 1.3

Disease Report Summary, Counts and Rates per 100,000 People, by Year, Davis County, 2021 - 2025 (continued)

Disease	2021 Count Rate	2022 Count Rate	2023 Count Rate	2024 Count Rate	2025 Count Rate
Leptospirosis	0 0.0	0 0.0	0 0.0	2 0.5	0 0.0
Listeriosis	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0
Lyme disease	0 0.0	1 0.3	3 0.8	2 0.5	1 0.3
Malaria	1 0.3	1 0.3	0 0.0	2 0.5	1 0.3
Measles (rubeola)	0 0.0	0 0.0	0 0.0	0 0.0	3 0.8
Meningitis, bacterial and other	3 0.8	5 1.3	1 0.3	0 0.0	1 0.3
Meningitis, viral (aseptic meningitis)	4 1.1	4 1.1	3 0.8	3 0.8	6 1.6
Mpox (Monkeypox)	0 0.0	16 4.3	0 0.0	1 0.3	0 0.0
Mumps	0 0.0	0 0.0	0 0.0	2 0.5	1 0.3
Norovirus	36 9.8	73 19.6	181 48.0	244 64.5	132 34.9
Pertussis	7 1.9	9 2.4	26 6.9	18 4.8	34 9.0
Q fever, acute and chronic	0 0.0	1 0.3	1 0.3	0 0.0	0 0.0
Salmonellosis	31 8.4	41 11.0	44 11.7	35 9.2	45 11.9
Shiga toxin-producing E. coli (STEC)	33 9.0	17 4.6	40 10.6	28 7.4	22 5.8
Shigellosis	6 1.6	2 0.5	14 3.7	10 2.6	11 2.9
Spotted Fever Rickettsiosis	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0
Streptococcal disease, invasive, Group A	18 4.9	15 4.0	24 6.4	20 5.3	28 7.4
Streptococcal disease, invasive, Group B	28 7.6	13 3.5	21 5.6	11 2.9	24 6.3
Streptococcal disease, invasive, other	38 10.3	28 7.5	12 3.2	6 1.6	16 4.2
Streptococcus pneumoniae, invasive disease	18 4.9	16 4.3	13 3.4	18 4.8	21 5.5
Syphilis (all stages)	37 10.1	40 10.7	38 10.1	47 12.4	39 10.3
Syphilis, congenital	0 0.0	2 0.5	2 0.5	1 0.3	0 0.0
Toxic-shock syndrome, Streptococcal	2 0.5	5 1.3	2 0.5	4 1.1	4 1.1
Tuberculosis, active	1 0.3	4 1.1	1 0.3	1 0.3	3 0.8
Tuberculosis, latent	78 21.2	105 28.2	127 33.7	143 37.8	120 31.7
Tularemia	0 0.0	1 0.3	0 0.0	0 0.0	0 0.0
Vibriosis	2 0.5	0 0.0	3 0.8	4 1.1	0 0.0
West Nile Virus disease	9 2.4	1 0.3	2 0.5	3 0.8	7 1.8

# Specific Diseases (Appendix B)

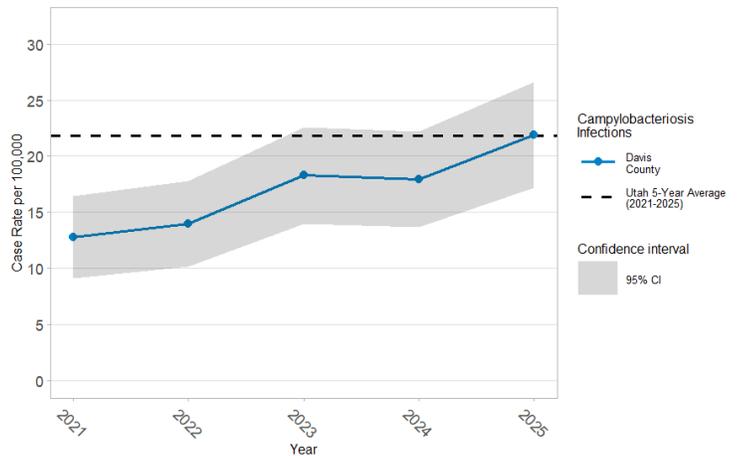
## Enteric Diseases

Enteric infections enter the body through the mouth and intestinal tract and are usually spread through contaminated food and water or by contact with vomit or feces. Common symptoms include diarrhea, vomiting, nausea, fever, and stomach cramps.

**Campylobacteriosis** is caused by bacteria of the genus *Campylobacter*, which are transmitted via the fecal-oral route. Improperly cooked poultry, untreated water, and raw milk are the most common sources of infection. Almost all cases occur as isolated or sporadic events and are not usually associated with an outbreak. Nationwide analyses suggest that about 20 cases are diagnosed each year per 100,000 people. However, many more go undiagnosed and underreported. It is estimated to affect over 1.5 million people every year, making it one of the most common bacterial causes of diarrheal illness in the United States (US).<sup>15</sup>

In Davis County, the rate of campylobacteriosis infections has increased since 2021 to become more comparable to the rest of the state (Figure 9).

Figure 9. Annual Rate of Davis County Campylobacteriosis Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025

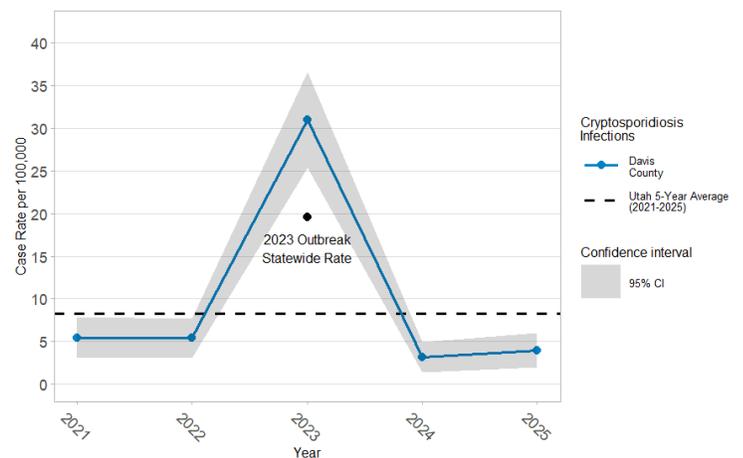


**Cryptosporidiosis** is caused by the parasite *Cryptosporidium parvum*, which can infect a wide range of vertebrate hosts. Infections mainly occur through ingesting water or food that is contaminated with feces, or following direct contact with infected animals or people. The parasite may also be found in drinking water and recreational water.<sup>16,17</sup> It is extremely chlorine-tolerant, which means it can spread among swimmers even when the chlorine concentration is well-maintained in pools and water playgrounds.<sup>18</sup>

In Davis County, the rate of cryptosporidiosis infections has been generally lower than the state average (Figure 10) since 2021, with the exception of 2023.

The increase in 2023 was part of a large statewide outbreak of cryptosporidiosis. No single point source was identified as the cause of the outbreak. However, the majority of cases were associated with recreational water facilities such as pools, splash pads, and water parks. The single point on Figure 10 shows the overall statewide infection for that year during the outbreak. It shows that Davis County had a higher rate of infection than the rest of the state.

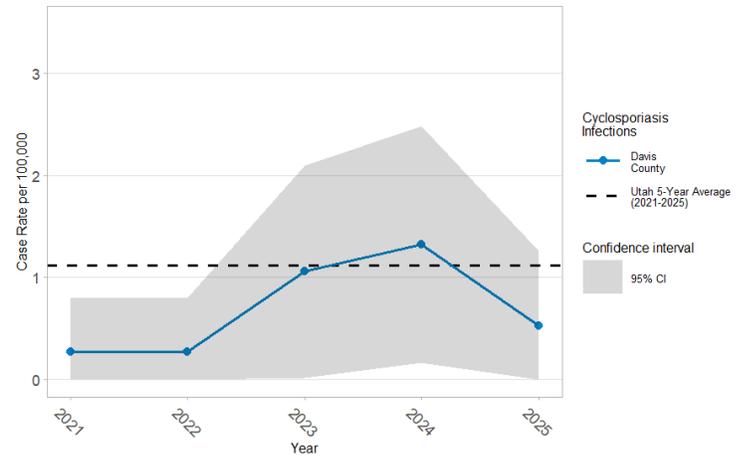
Figure 10. Annual Rate of Davis County Cryptosporidiosis Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



**Cyclosporiasis** is caused by the parasite *Cyclospora cayetanensis*. It is primarily associated with contaminated food and water. It occurs in many countries, but seems to be most common in tropical and subtropical regions. People become infected with *Cyclospora* by ingesting sporulated oocysts, which are the infective form of the parasite. This most commonly occurs when food or water contaminated with feces is consumed. An infected person sheds unsporulated (immature, non-infective) *Cyclospora* oocysts in the feces. In the US, foodborne outbreaks of cyclosporiasis have been linked to various types of imported fresh produce.<sup>19</sup>

Cyclosporiasis is relatively uncommon in Utah, with about one case on average reported per 100,000 people. In Davis County, the rate of cyclosporiasis infections has been generally comparable to the state average in recent years (Figure 11).

Figure 11. Annual Rate of Davis County Cyclosporiasis Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025

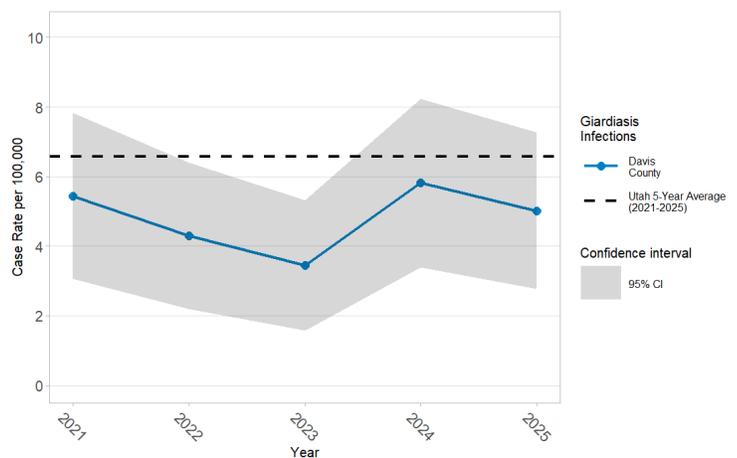


**Giardiasis** is caused by *Giardia duodenalis*, a microscopic parasite that causes diarrheal illness. *Giardia* is found on surfaces or in soil, food, or water that has been contaminated with fecal matter from infected humans or animals. Humans and other mammals are reservoirs and shed the organism in their feces.<sup>20</sup> Yet, the chances of being infected from a dog or a cat is small since the type of *Giardia* that infects humans is not the same type that infects dogs and cats. Some types of *Giardia* can spread between people and animals like chinchillas, beavers, birds, opossums, and monkeys.<sup>21</sup>

*Giardia* is hard to eliminate from the environment and can survive for several months in cold water or soil.<sup>21</sup> While the parasite can be spread in different ways, water (either drinking or recreational) is the most common mode of transmission.

In Davis County, the rate of giardiasis infections has been generally lower than the state average (Figure 12).

Figure 12. Annual Rate of Davis County Giardiasis Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



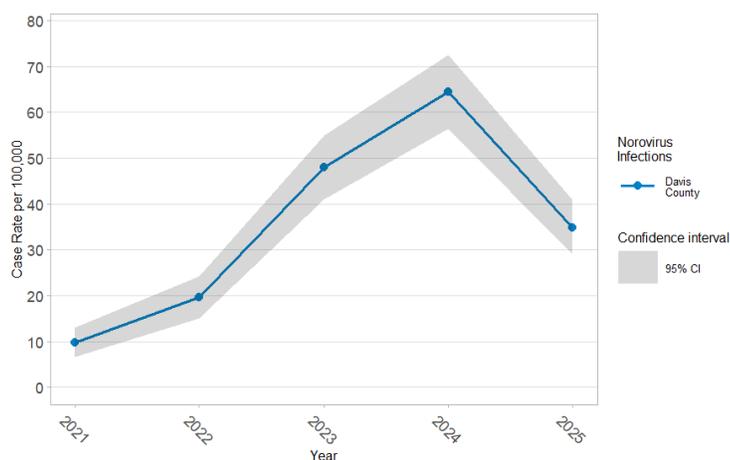
**Norovirus** is very contagious and spreads quickly and easily. It can spread through contaminated food, water, and surfaces. People are most contagious with norovirus when they have symptoms (especially vomiting) and during the first few days after feeling better. Norovirus is the leading cause of foodborne illness in the US, accounting for 58% of foodborne illness.<sup>22</sup>

It is often confused for influenza, which is caused by a different virus. Due to the short duration of illness (typically 24 hours) and the self-limited, mild-to-moderate manifestation, people infected with norovirus often do not seek medical care.<sup>23</sup>

In Utah, only norovirus outbreaks are required to be reported; individual cases are not reportable.<sup>23</sup> When suspect cases are reported to the health department, they are often received after the patient has recovered or late into the illness, making it difficult to confirm a diagnosis.

In Davis County, the rate of identified norovirus infections decreased in 2025 after seeing sustained increases since 2021 (Figure 13).

Figure 13. Annual Rate of Davis County Norovirus Infections, per 100,000 people, 2021-2025

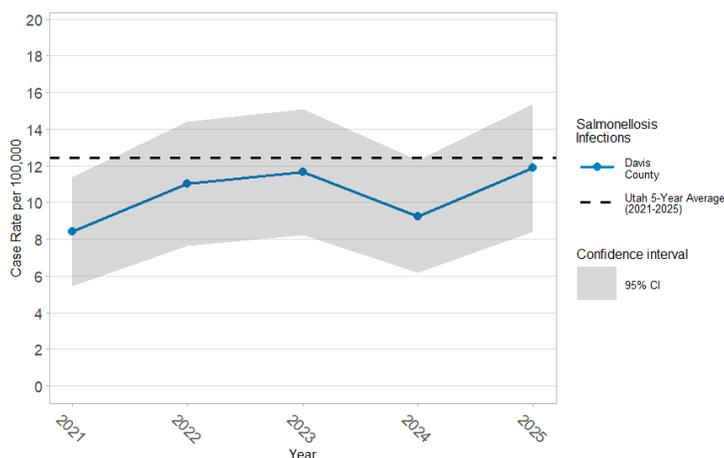


**Salmonellosis** is an infection caused by the bacteria *Salmonella*, which lives in the intestines of people and animals. People can get salmonellosis from a variety of sources, including eating contaminated food or drinking contaminated water, and touching infected animals, their feces, or their environment.<sup>24</sup>

When a *Salmonella* case is identified, it is critical to determine its serotype and whole genome sequencing (WGS) pattern to identify sources and epidemiological links among cases. Private laboratories are required to submit *Salmonella* isolates to the Utah Public Health Laboratory for serotyping and WGS analysis. WGS patterns are then compared with state and nationwide *Salmonella* isolates to identify possible clusters and suspect sources.

In Davis County, the rate of salmonellosis infections has been generally comparable to the state average (Figure 14).

Figure 14. Annual Rate of Davis County Salmonellosis Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025

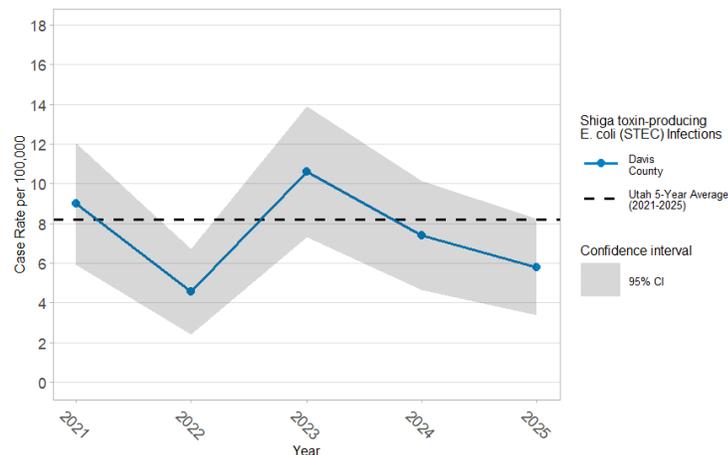


**Escherichia coli** (*E. coli*) bacteria normally live in the intestines of people and animals. Most *E. coli* are harmless and actually are an important part of a healthy human intestinal tract. However, some *E. coli* are pathogenic, meaning they can cause illness, either diarrhea or illness outside of the intestinal tract. The types of *E. coli* that can cause diarrhea can be transmitted through contaminated water or food, or through contact with animals or persons.<sup>25</sup>

Some kinds of *E. coli* cause disease by making a toxin called Shiga toxin. The bacteria that make these toxins are called **Shiga toxin-producing *E. coli***, or STEC for short. A serious complication of a STEC infection is called hemolytic uremic syndrome, which is a type of kidney failure.<sup>25</sup>

In Davis County, the rate of STEC infections has been generally comparable to the state average (Figure 15).

Figure 15. Annual Rate of Davis County Shiga toxin-producing *E. coli* (STEC) Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



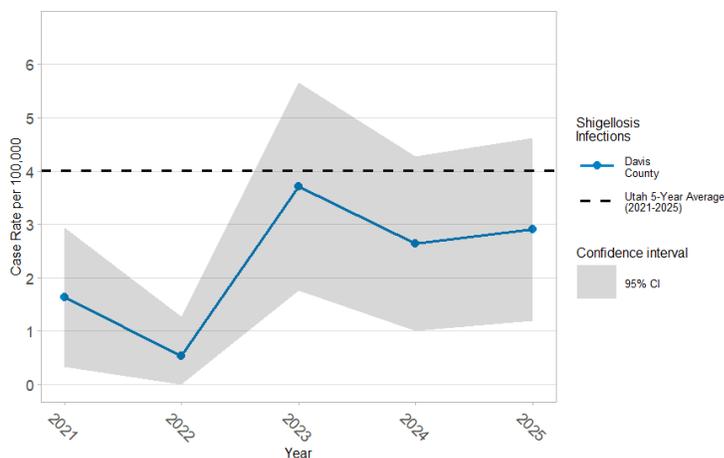
**Shigellosis** is caused by a bacterium called *Shigella* that is spread via the fecal-oral route. Shigellosis occurs when someone swallows the bacteria, typically from getting it on their hands first.<sup>26</sup>

Antimicrobial-resistant *Shigella* infections have been rising since 2016. Anyone can get an antimicrobial-resistant *Shigella* infection, but some people have a greater chance of infection, such as international travelers, men who have sex with men, and people with weakened immune systems.<sup>26</sup>

If *Shigella* bacteria are resistant, first-choice antibiotics recommended to treat these infections may not work. Healthcare providers might need to prescribe second- or third-choice drugs for treatment. However, these drugs might be less effective, may need to be taken through a vein instead of by mouth, may be more toxic, and may be more expensive.<sup>27</sup>

In Davis County, the rate of shigellosis infections has typically been lower than the state average, but has increased in recent years (Figure 16).

Figure 16. Annual Rate of Davis County Shigellosis Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



# Invasive Diseases

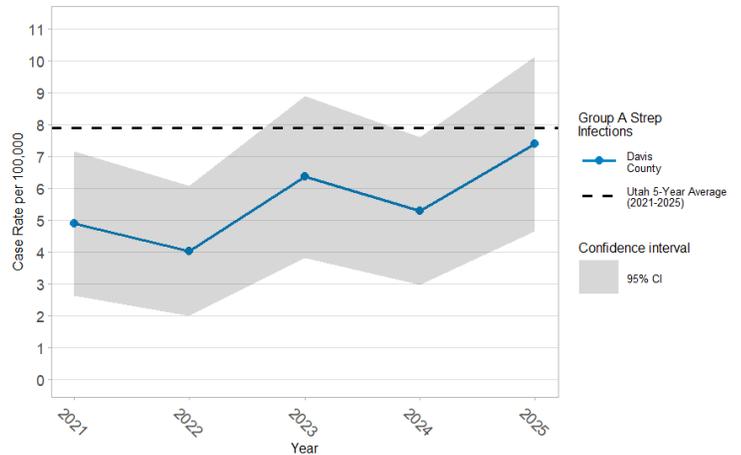
Invasive diseases include infections of the bloodstream, as well as meningitis and encephalitis. All cases of meningitis, encephalitis, and toxic shock syndrome are reportable to the health department, regardless of the causative organism. In addition, all cases of invasive streptococcal disease (isolation of *Streptococcus* from a normally sterile site) must be reported.

**Group A *Streptococcus*** infections are caused by the bacteria *Streptococcus pyogenes*. This disease may manifest as necrotizing fasciitis (infection that rapidly destroys skin, fat, and muscle tissue), streptococcal toxic shock syndrome (infection that leads to sudden low blood pressure and organ failure), bacteremia (bacteria in the bloodstream), and pneumonia.<sup>28</sup> It is transmitted person-to-person by contact with infectious secretions.

It is common for people to have *S. pyogenes* in their pharynx without any symptoms, but it is most common among children between the ages of five and 15.<sup>29</sup>

In Davis County, Group A *Streptococcus* infection rates have risen slightly to be more comparable to the state average (Figure 17).

Figure 17. Annual Rate of Davis County Group A Streptococcus Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



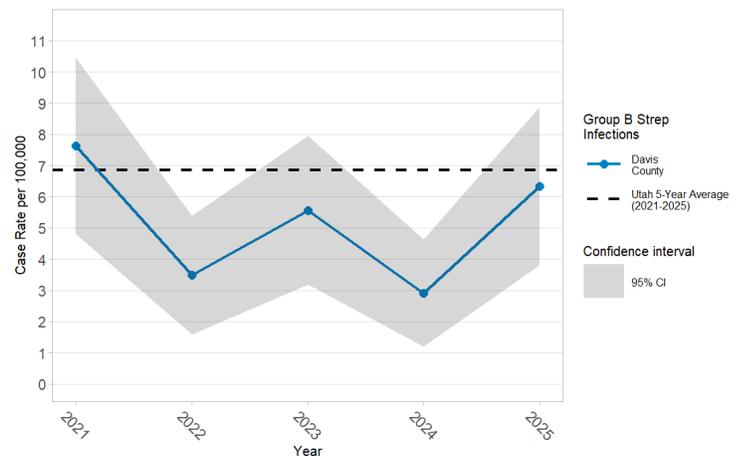
**Group B *Streptococcus*** infections are caused by the bacteria *Streptococcus agalactiae*. This causes many types of infections, some of which can be life threatening. While anyone can get Group B *Streptococcus*, it is most common in newborn babies.<sup>30</sup>

Since there are different types of infections, symptoms depend on the part of the body that is affected. In newborn babies, this infection typically manifests as sepsis, pneumonia, and meningitis. In adults, sepsis and soft tissue infections are most common.<sup>30</sup>

Pregnancy-related infections include sepsis and amnionitis. Asymptomatic carriage in gastrointestinal and genital tracts is common and intrapartum transmission via ascending spread from vaginal and/or gastrointestinal colonization occurs. The mode of transmission in nonpregnant adults and older infants (greater than one week old) is unknown.<sup>30</sup>

In Davis County, Group B *Streptococcus* infection rates rose in 2025 to be similar to the state average (Figure 18).

Figure 18. Annual Rate of Davis County Group B Streptococcus Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025

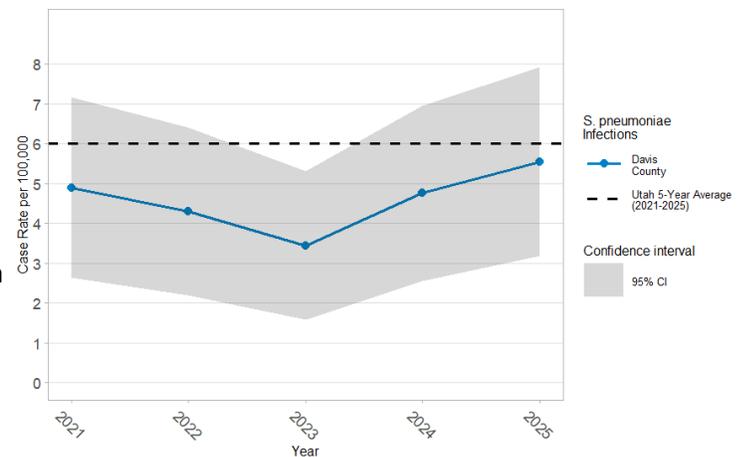


***Streptococcus pneumoniae*** is a bacteria that can cause pneumococcal disease. This disease can range from ear and sinus infections, to more serious complications like pneumonia, meningitis, and bacteremia. While complications aren't common for mild infections, serious infections can result in long-term health problems or death. Vaccination is the best way to prevent pneumococcal disease.<sup>31</sup>

Within the *Streptococcus pneumoniae* family, there are 100 known serotypes that cause disease. However, only a minority of serotypes produce the majority of pneumococcal infections.<sup>32</sup> Not all *Streptococcus pneumoniae* serotypes are considered invasive.

In Davis County, *Streptococcus pneumoniae* infections have increased in recent years to be more similar to the state average (Figure 19).

Figure 19. Annual Rate of Davis County Streptococcus pneumoniae Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



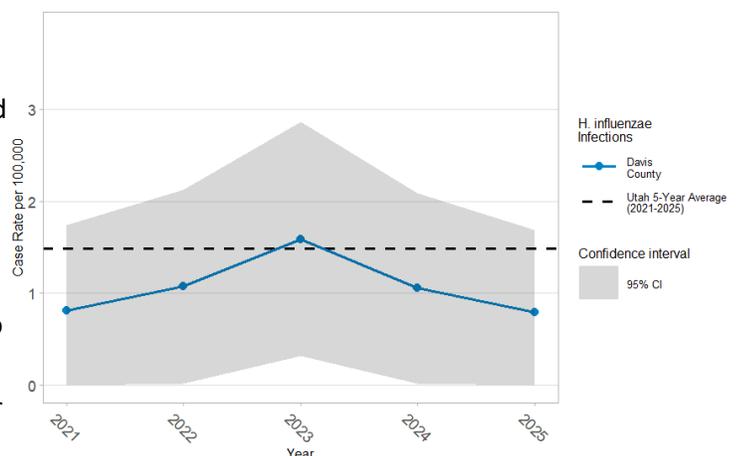
***Haemophilus influenzae*** is a bacteria that can cause many types of infections, some of which are mild, while others are serious. Despite the name, *H. influenzae* does not cause the flu. These bacteria commonly live in the nose and throat and usually cause no harm. However, it can move to other parts of the body and cause infection.<sup>33</sup>

The most common serious infections include pneumonia, bloodstream infection, meningitis, epiglottitis (throat infection), cellulitis (skin infection), and infectious arthritis. *H. influenzae* is spread to others by coughing and sneezing. It can also spread to people who have close or lengthy contact with a person who has *H. influenzae* disease.<sup>33</sup>

Vaccination is the best protection against serious infection. All children under age five are recommended to receive the vaccine. While older children and adults don't usually need the vaccine, vaccination is recommended for those who have had bone marrow transplants or other medical conditions (e.g. HIV, cancer, sickle cell disease, weakened immune system).<sup>33,34</sup>

*H. influenzae* infections are relatively uncommon in Utah. In Davis County, *H. influenzae* infections are similar to the statewide average (Figure 20).

Figure 20. Annual Rate of Davis County H. influenzae Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



# Respiratory Diseases

Respiratory illnesses affect your lungs and airways, making it hard to breathe. This section focuses on influenza, COVID-19, and RSV.

## Respiratory Disease Surveillance

Respiratory diseases are very common, and the number of people infected each season can only be estimated because not everyone will seek medical care or get tested.<sup>35</sup> Instead, these diseases are monitored using a variety of methods. These methods approximate the burden of disease and provide insight on trends and severity.

One method is syndromic surveillance. When people seek treatment in a medical facility, the facility sends de-identified data about the visit, including chief complaint, diagnosis codes, and patient characteristics, to state and local health departments. These data are called “syndromic surveillance” because it tracks the symptoms and diseases people are experiencing. CD/Epi currently uses syndromic surveillance data to track outpatient visits due to influenza-like illness (ILI) and ED visits associated with common respiratory diseases.

Another method is to monitor hospitalizations and deaths that are associated with respiratory diseases. Medical providers, hospitals, and laboratories report hospitalized cases and deaths to the local health departments. These are important measures to help CD/Epi assess the severity of the current respiratory disease season.

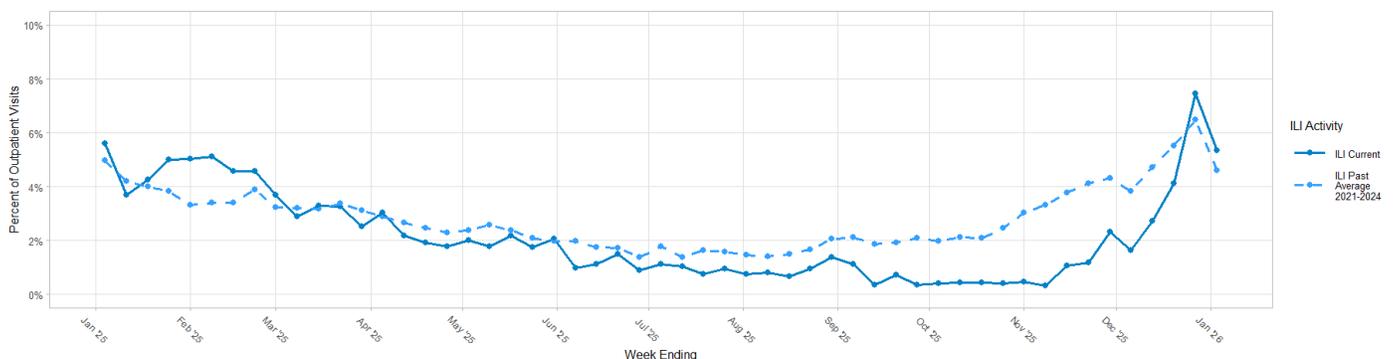
Finally, hospitals and other clinics submit viral specimens for testing and typing to the UPHL so that circulating strains can be identified. These methods of respiratory disease surveillance should all be evaluated in the context of other data to obtain a complete and accurate picture of respiratory disease.

During the respiratory disease season, CD/Epi releases a report called the Respiratory Illness Report. This report is a weekly publication that aims to provide the most up-to-date information on these diseases in Davis County. The report follows trends of ED visits, hospitalizations, school absenteeism, and ILI visits. Each report also includes brief summaries of important updates or information pertinent to respiratory diseases. The report can be found in the Newsletter section of the DCHD website at <https://www.daviscountyutah.gov/health>.

## Influenza-like Illness (ILI)

As previously mentioned, ILI is a syndromic surveillance measure that helps track the number of outpatient visits due to certain symptoms. If someone presents to the doctor and has a fever and a cough and/or a sore throat, it is considered an ILI visit.<sup>36</sup> Figure 21 displays the weekly percentage of all outpatient visits that were due to ILI. For comparison, the dashed line shows the previous average from 2021 to 2024. The trend of ILI visits was generally lower in 2025 compared previous years. However, ILI visits peaked at 7.5% during 2025, which is higher than the 2024 peak of 5.6%

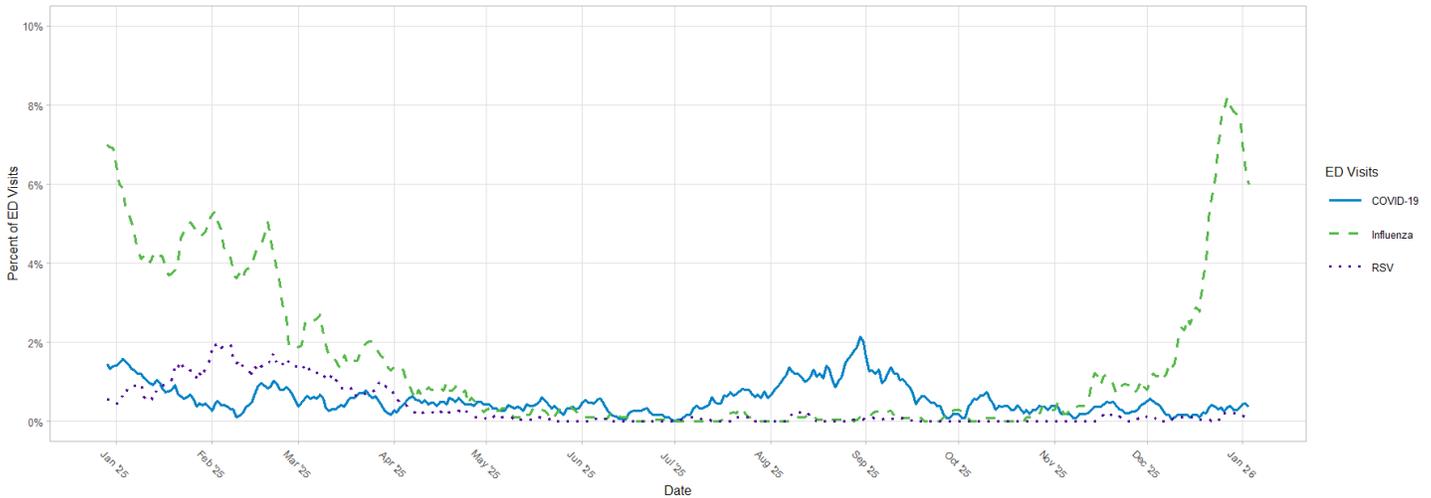
Figure 21. Percent of Outpatient Visits due to ILI, Davis County, 2025 and 2021-2024 Average



## Emergency Department (ED) Visits

CD/Epi also uses syndromic surveillance to track ED visits due to respiratory diseases. These are based on the discharge diagnosis code. Figure 22 presents the rolling seven-day average of the percentage of ED visits due to influenza, COVID-19, and respiratory syncytial virus (RSV). For all ED visits during 2025, influenza peaked at 8.2% during the end of December, COVID-19 peaked at 2.2% during the end of August, and RSV peaked at 2.0% during the beginning of February. Compared to 2024 ED visits, influenza was higher, COVID-19 was lower, and RSV was about the same.

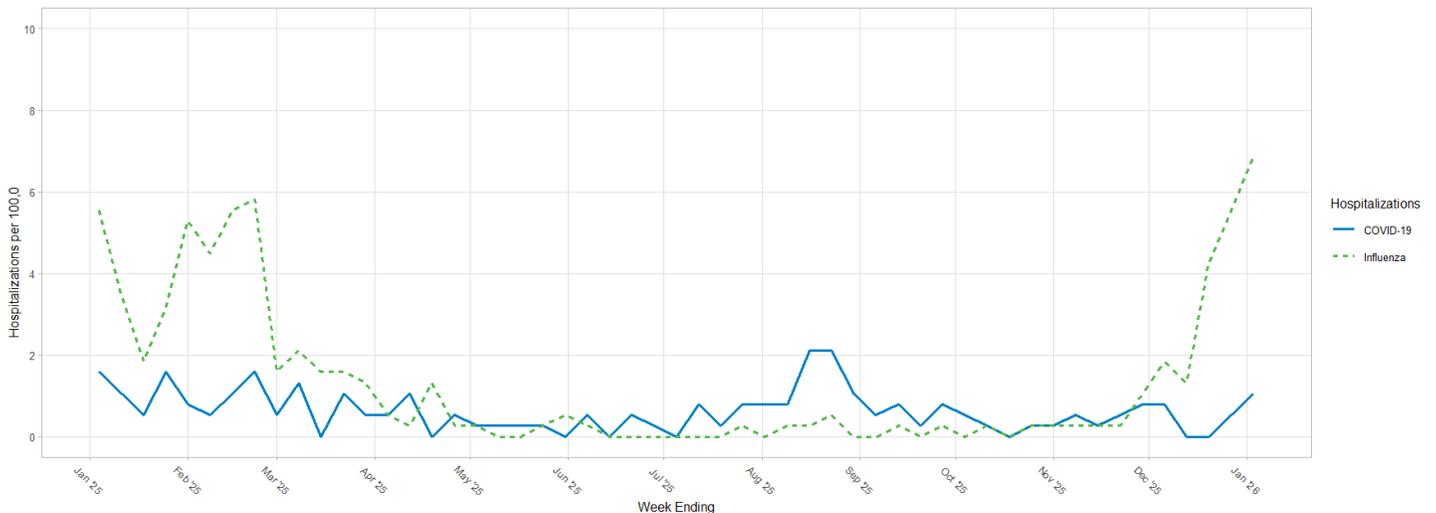
Figure 22. Percent of Emergency Department (ED) Visits due to COVID-19, Influenza, and RSV, Rolling 7-Day Average, Davis County, 2025



## Hospitalizations

Finally, CD/Epi monitors hospitalizations that are associated with respiratory disease. Figure 23 presents rates of influenza- and COVID-19-associated hospitalizations per 100,000 people in Davis County. During 2025, there were 252 influenza-associated hospitalizations and 122 COVID-19-associated hospitalizations. At this time RSV-associated hospitalizations are not tracked. COVID-19 hospitalizations peaked at 2.1 per 100,000 people during the middle of August. Influenza hospitalizations peaked at 6.9 per 100,000 people during the end of December. Compared to hospitalization rates in 2024, influenza hospitalizations increased by 52.1% and COVID-19 hospitalizations decreased by 47.9% in 2025.

Figure 23. Rate of Hospitalizations due to COVID-19 and Influenza, per 100,000 people, Davis County, 2025



# Sexually Transmitted Infections

Diseases that are caused by bacteria, viruses, and other organisms transmitted from one person to another through sexual activity.

**Chlamydia** is caused by the bacteria *Chlamydia trachomatis*. It is the most commonly reported STI in the US. Chlamydia often has no symptoms, but it can cause serious health problems, even without symptoms. If symptoms occur, they may not appear until several weeks after having sex with a partner who has chlamydia. Women with symptoms may notice an abnormal vaginal discharge or a burning sensation when urinating. Men with symptoms may notice penis discharge, a burning sensation when urinating, and pain or swelling in one or both of the testicles.<sup>37</sup>

In Davis County, rates of chlamydia have consistently been below the state average and are decreasing (Figure 24).

**Gonorrhea** is caused by the bacteria *Neisseria gonorrhoeae*, and is one of the most common notifiable STIs in the US. Gonorrhea infections are often asymptomatic in women and are becoming increasingly so in men. If left untreated, gonorrhea may result in serious complications. For women, this includes pelvic inflammatory disease, which can lead to internal abscesses, chronic pain, infertility, and an increased risk of ectopic pregnancy. In men, it may lead to epididymitis and infertility.<sup>38</sup>

Gonorrhea has progressively developed resistance to the antibiotic drugs prescribed to treat it. Following the spread of gonococcal fluoroquinolone resistance, the cephalosporin antibiotics are the foundation of recommended treatment for gonorrhea. The emergence of cephalosporin-resistant gonorrhea would significantly complicate the ability to treat gonorrhea successfully, since there are few antibiotic options left that are simple, well-studied, well-tolerated and highly effective. It is critical to continuously monitor resistance and encourage research and development of new treatment regimens.<sup>39</sup>

In Davis County, gonorrhea rates have consistently been below the state average and are decreasing (Figure 25).

Figure 24. Annual Rate of Davis County Chlamydia Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025

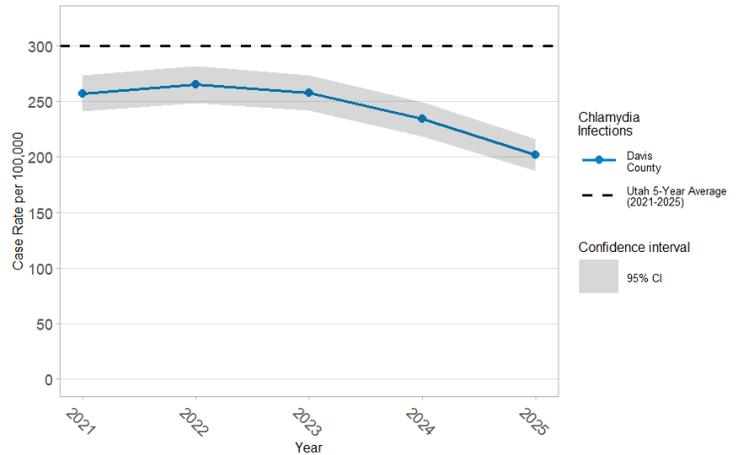
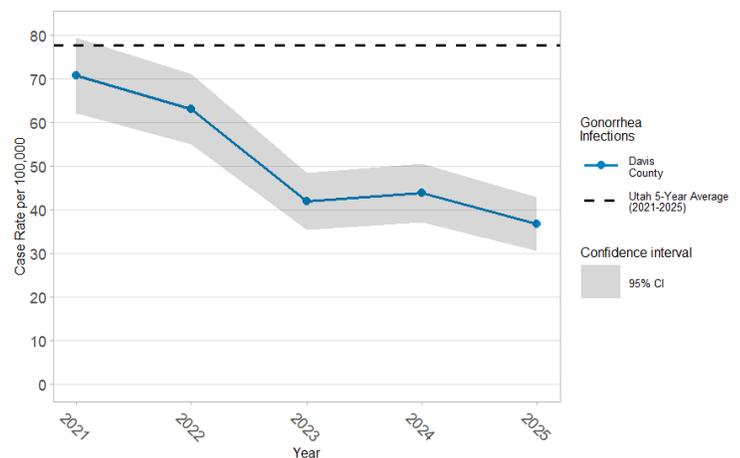


Figure 25. Annual Rate of Davis County Gonorrhea Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



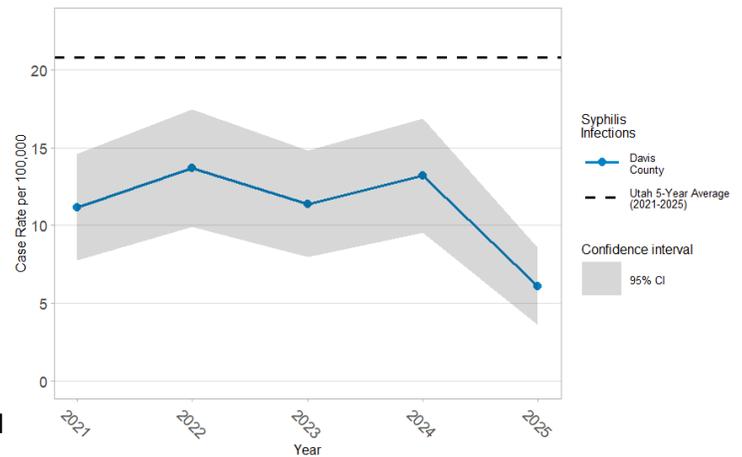
**Syphilis** is caused by the bacterial spirochete *Treponema pallidum*.<sup>40</sup> There are four stages of syphilis, each with different signs and symptoms.<sup>41</sup> The staging of syphilis requires obtaining a thorough history (including past test results), risk factors, previous treatment regimens, and evaluation of symptoms.

There are four stages of syphilis (primary, secondary, latent, and tertiary). Each stage has different signs and symptoms. Without treatment, syphilis can spread to the brain and nervous system (neurosyphilis), the eye (ocular syphilis), or the ear (otosyphilis). This can happen during any of the stages described above.<sup>41</sup>

Syphilis is usually transmitted from person-to-person by direct contact with a syphilitic sore, known as a chancre, during sexual contact. Syphilis is not transmitted by casual contact with objects, such as doorknobs or toilet seats.<sup>41</sup>

In Davis County, the rate of syphilis infections has consistently been lower than the statewide average (Figure 26).

Figure 26. Annual Rate of Davis County Syphilis Infections (All Stages), and Utah 5-Year Average, per 100,000 people, 2021-2025



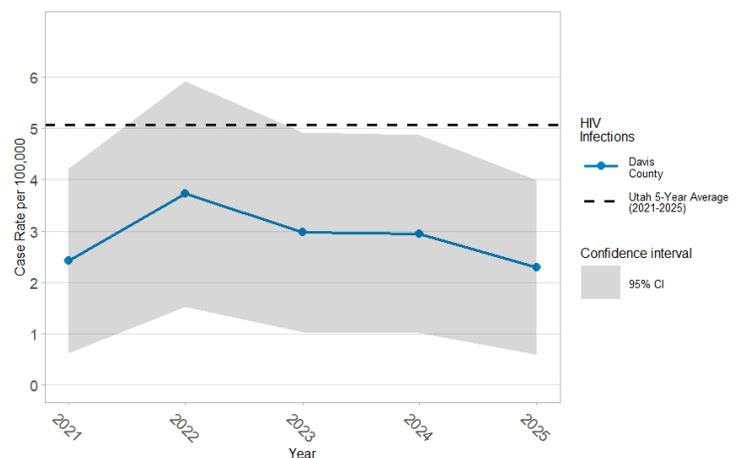
**HIV** (human immunodeficiency virus) is a virus that attacks the body's immune system. Without treatment, it can lead to AIDS (acquired immunodeficiency syndrome).

Once people get HIV, they have it for life and there is currently no effective cure. But proper medical care can control the virus. HIV treatment helps people live long, healthy lives and prevents HIV transmission. Without HIV treatment, people with AIDS typically survive about three years.<sup>42</sup>

Most people who get HIV get it through anal or vaginal sex, or sharing needles, syringes, or other drug injection equipment. Factors like a person's viral load, other sexually transmitted infections, and alcohol or drug use can increase the chances of getting or transmitting HIV. The only way to know if you have HIV is to get tested.<sup>42</sup>

In Davis County, the rate of HIV infections (among people age 13 and over) has remained relatively consistent and below the statewide average (Figure 27).

Figure 27. Annual Rate of Davis County Newly-Identified HIV Infections, and Utah 5-Year Average, per 100,000 people, Among Age 13+, 2021-2025



# Tuberculosis

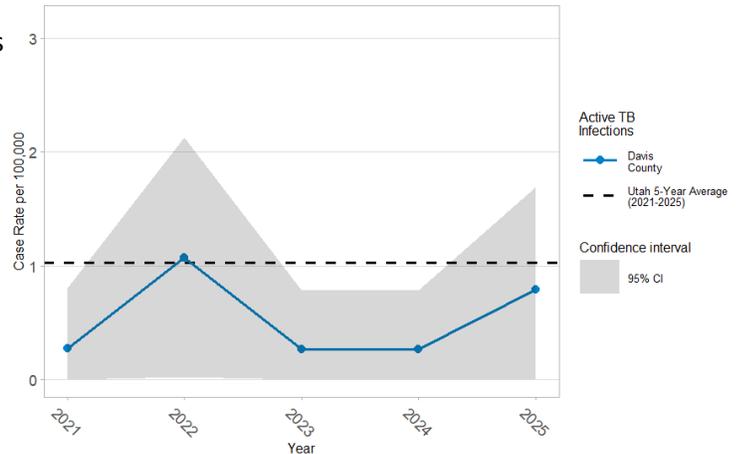
*Tuberculosis is a disease caused by bacteria that are spread from person to person through the air. It usually affects the lungs, but can also affect other parts of the body, such as the brain, kidneys, or spine.*

**Active Tuberculosis Disease (ATBD)** is when the body's immune system cannot stop the *Mycobacterium tuberculosis* bacteria from growing and multiplying in the body. People with ATBD feel sick and can spread TB germs to others. TB disease can almost always be treated and cured with medicine. However, without treatment, it can be fatal.<sup>5</sup>

Symptoms of ATBD include a cough that lasts at least three weeks, chest pain, unintentional weight loss, coughing up blood, chills, fevers, and night sweats.<sup>5</sup>

Fortunately, ATBD is relatively uncommon in Utah and lower than the national average.<sup>43</sup> In Davis County, rates of ATBD are typically lower than the statewide average (Figure 28).

Figure 28. Annual Rate of Davis County Active Tuberculosis Disease Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



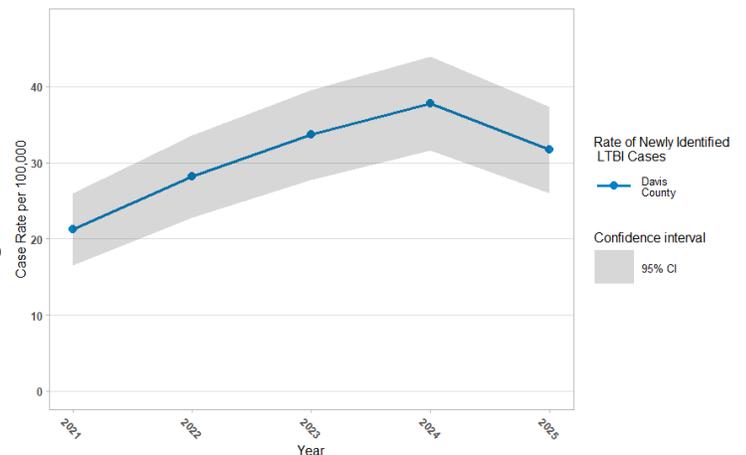
**Latent Tuberculosis Infection (LTBI)** is a condition in which the *Mycobacterium tuberculosis* bacteria are alive, but inactive in the body. People with LTBI have no symptoms, cannot spread TB to others, and usually have a positive skin test reaction or interferon gamma-release assay blood test.<sup>6</sup>

Anyone can get TB, but some people are at higher risk of being exposed to it. This includes being born in or frequently visiting a country where TB is common; and living or working in correctional facilities, homeless shelters, and nursing homes.<sup>6</sup>

Development to ATBD occurs in about 10% of people who do not receive treatment for LTBI. Progression from untreated LTBI to ATBD accounts for approximately 80% of ATBD cases in the US. Finding and treating people with LTBI is essential for controlling and eliminating ATBD nationwide.<sup>6</sup>

In Davis County, the rate of LTBI has increased consistently from 2021 to 2024 (Figure 29). However, the rate decreased slightly in 2025. Data on statewide Utah LTBI infections are currently unavailable.

Figure 29. Annual Rate of Davis County Latent Tuberculosis Infections, per 100,000 people, 2021-2025



## Vaccine-Preventable Diseases

Vaccine-preventable diseases are infectious diseases for which an effective preventive vaccine exists.

**Chickenpox** is a highly contagious disease caused by the varicella-zoster virus. The virus spreads mainly through close contact with someone who has chickenpox.

The classic symptom of chickenpox is a rash that turns into itchy, fluid-filled blisters that eventually turn into scabs. The rash may first show up on the chest, back, and face, before it spreads to the rest of the body. Children usually miss 5 to 6 days of school or childcare due to chickenpox.<sup>44</sup>

For most people, getting chickenpox once provides immunity for life. Though it is uncommon, it is possible to get infected more than once. The best way to prevent chickenpox is to get vaccinated against it.<sup>44</sup>

In Davis County, rates of chickenpox infections are typically at or above the statewide average (Figure 30).

**Hepatitis B** is caused by the hepatitis B virus (HBV) and is transmitted through blood or body fluids. Common modes of transmission include percutaneous and permucosal exposure to infectious body fluids, sharing needles or syringes, sexual contact with an infected person, and perinatal exposure from an infected mother.<sup>45,46</sup> HBV infection in a pregnant woman poses a serious risk to her infant at birth. Without treatment, up to 90% of infants born to HBV-infected mothers will get HBV. Subsequently, 90% of those infants develop chronic HBV infection and approximately one-fourth of these infants eventually will die from liver-related complications.<sup>45,46</sup>

A vaccine for hepatitis B is available, and, during the last 30 years, vaccination has prevented more than half a million US children from acquiring the disease. Although the hepatitis B vaccine successfully prevents infection, women who have had the vaccine should still get screened during every pregnancy.<sup>45,46</sup>

In Davis County, rates of hepatitis B infection have increased since 2021, but remain below the statewide average (Figure 31).

Figure 30. Annual Rate of Davis County Chickenpox Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025

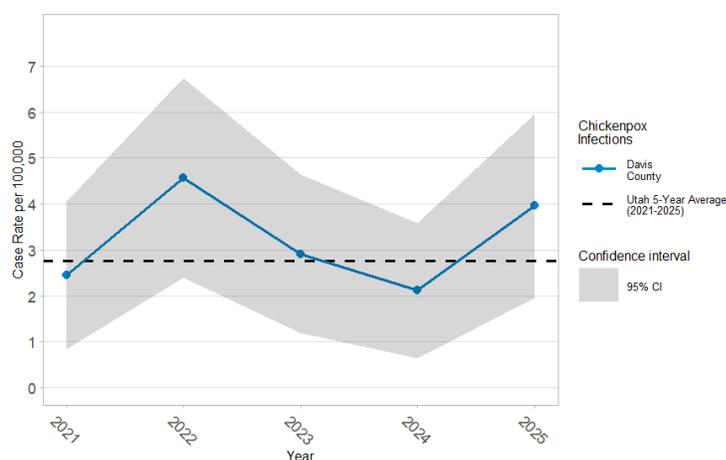
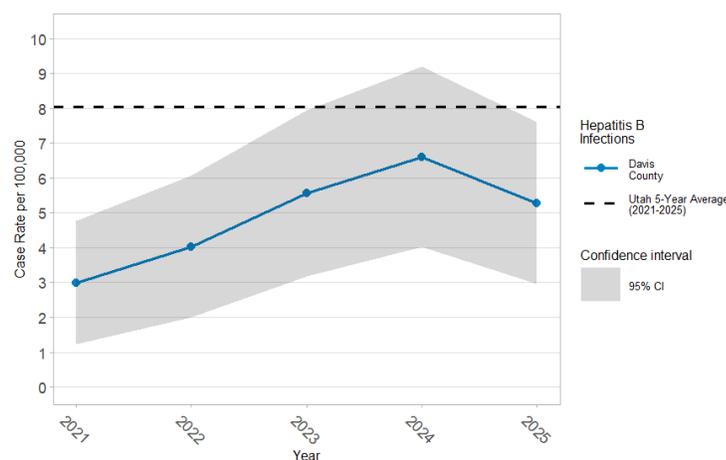


Figure 31. Annual Rate of Davis County Hepatitis B Infections (Acute and Chronic), and Utah 5-Year Average, per 100,000 people, 2021-2025



**Measles** is caused by the virus *Morbillivirus hominis*. It is highly contagious and spreads through the air when an infected person coughs or sneezes. Up to nine out of 10 people will become infected if they are not protected.<sup>47</sup>

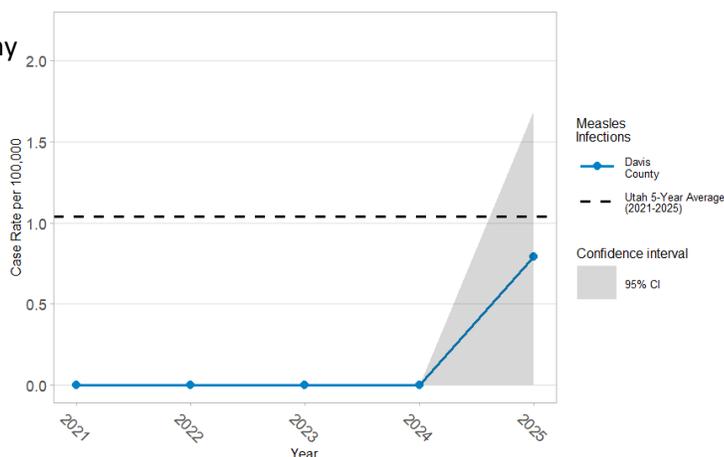
Classic early symptoms include fever and the three Cs: cough, conjunctivitis (red, watery eyes), and coryza (runny nose). The measles rash usually begins as flat, red spots that appear on the face and hairline, and spread downward from there. Tiny white spots may appear in the mouth as well.<sup>47,48</sup>

Complications from measles include hospitalizations, pneumonia, encephalitis, and death. During pregnancy, measles can result in premature birth or low birth weight.<sup>48</sup>

The best way to protect against measles is with the measles, mumps, and rubella (MMR) vaccine. MMR is safe and effective. Two doses of MMR vaccine are about 97% effective at preventing measles.<sup>47</sup>

There have been sporadic measles cases in Utah prior to the 2025 outbreak. The majority of cases in the 2025 outbreak occurred in the southwest region of Utah.<sup>49</sup> In Davis County, measles rates have been below the statewide average (Figure 32).

Figure 32. Annual Rate of Davis County Measles Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



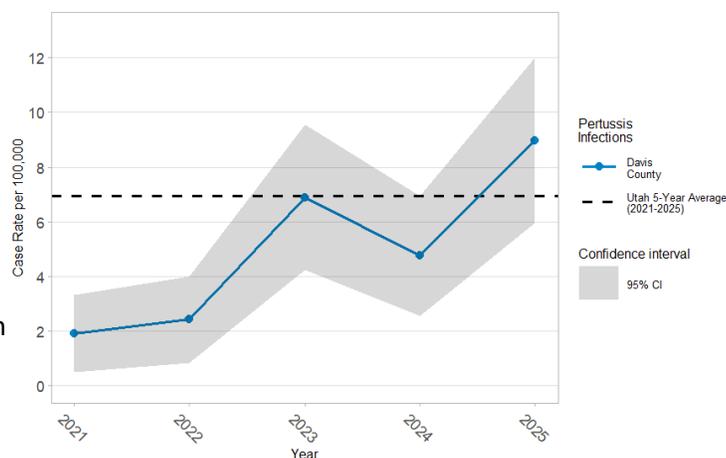
**Pertussis** (also known as whooping cough), is a very contagious respiratory illness caused by the bacteria *Bordetella pertussis*. It spreads easily through the air when someone who has it sneezes or coughs.<sup>50</sup>

Early symptoms of pertussis can look like a common cold. Its nickname of whooping cough is called so for the “whoop” noise when someone gasps for air after a coughing fit. Babies and young children may not cough but may have difficulty breathing instead.<sup>50</sup>

Infants who get pertussis have a higher risk of hospitalization, pneumonia, and death than older children and adults who get it. Vaccination is a key tool in preventing pertussis infections.<sup>50</sup>

In Davis County, rates of pertussis infections have increased since 2021, becoming more comparable to the statewide average (Figure 33).

Figure 33. Annual Rate of Davis County Pertussis Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



# Zoonotic & Vector-borne Disease

These are diseases that are passed from animals or insects to humans.

**Chikungunya** is a viral infection spread to people by the bite of an infected mosquito. Infections primarily occur in Africa, Southeast Asia, the Indian subcontinent, Pacific Region, and the tropical regions of the Americas.

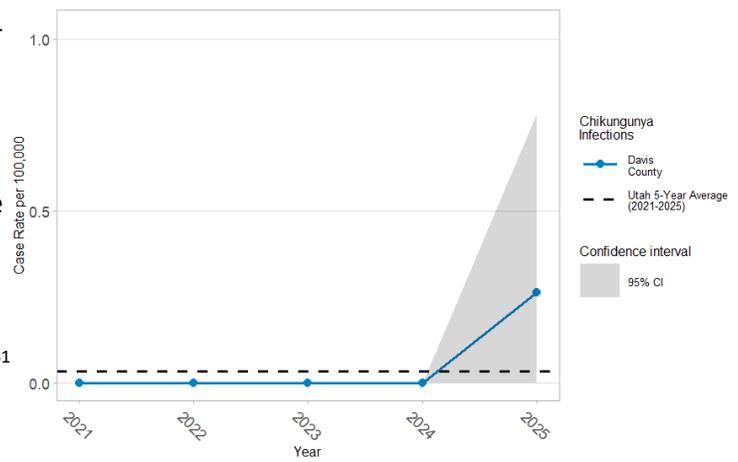
Common symptoms are fever and joint pain, and may include headache, muscle pain, and rashes. Death from chikungunya is rare. The virus is not spread from person-to-person and is not spread through coughing, sneezing, or touching.<sup>51,52</sup>

Rarely the infection can be spread from a pregnant woman to her fetus. If the woman is infected around the time of delivery, the baby can be infected at birth, often resulting in severe disease in the baby. The virus has not been found in breast milk, and there have been no reports of infants being infected through breastfeeding.<sup>51</sup>

The best way prevent infection is to prevent mosquito bites and receiving the chikungunya vaccine.

Chikungunya infections are rare in Utah and only associated with travel. In Davis County, rates of chikungunya infections increased in 2025 due to the first case being identified in over 10 years (Figure 34).

Figure 34. Annual Rate of Davis County Chikungunya Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025

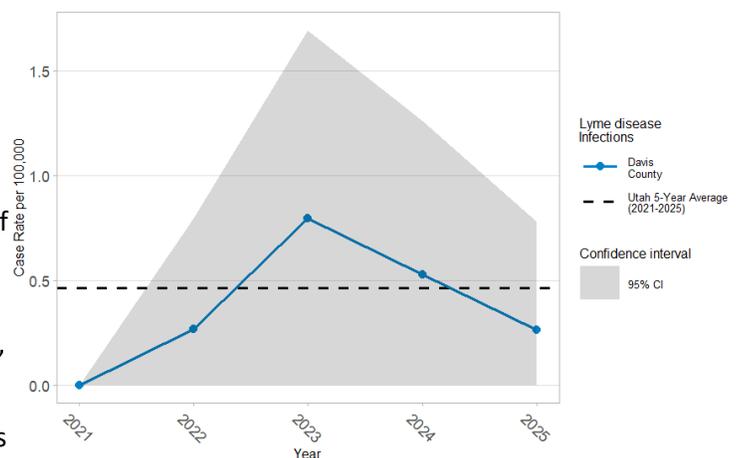


**Lyme disease** is the most common vector-borne disease in the US, caused by the bacterium *Borrelia burgdorferi*. It is most frequently reported from the upper midwestern, northeastern, and mid-Atlantic states where it is spread by *Ixodes scapularis* ticks, also known as the deer tick or black-legged tick.<sup>53</sup>

Its classic symptom is the bullseye-shaped skin rash, called erythema migrans. Early symptoms include fever, chills, swollen lymph nodes, and headache. Later stages of untreated Lyme disease can produce a wide range of symptoms, depending on the stage of infection. These include fever, rash, facial paralysis, an irregular heartbeat, and arthritis.

Lyme disease is uncommon in Utah. In Davis County, rates of Lyme disease infections are similar to the state, having peaked in 2023 (Figure 35).

Figure 35. Annual Rate of Davis County Lyme Disease Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



**Malaria** is a disease caused by a parasite, spread by the *Anopheles* mosquito. Not all *Anopheles* mosquitoes have malaria, but if they bite a person with malaria, they can become infectious. Once they bite another person, this continues the cycle of spreading from mosquito to people.<sup>55</sup>

Malaria is not endemic in US and does not regularly occur or spread here. Most of cases are in people who contract malaria while traveling to another country where malaria spreads. On rare occasions, local transmission (spread) occurs because of an imported case of malaria. People do not spread malaria to other people, like the common cold or the flu. Also, malaria is not sexually transmitted.<sup>55</sup>

Symptoms range from very mild illness (fever, chills, headache) to severe disease (seizures, kidney failure, coma), and even death if not treated quickly.<sup>55</sup>

In Davis County, rates of malaria infections are generally similar to the rest of the state (Figure 36).

**West Nile virus (WNV)** is the leading cause of mosquito-borne disease in the continental US. It is most commonly spread to people by the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds. Infected mosquitoes then spread WNV to people and other animals by biting them.<sup>10</sup>

WNV cases are typically underreported because the majority of infections (up to 80%) are mild or don't show any symptoms at all. Symptoms of mild illness include developing flu-like symptoms, such as fever, headache, and joint pain. Most people with mild illness recover completely, but fatigue and weakness may last for weeks or months.<sup>10</sup>

Less than 1% of infected patients develop neuro-invasive disease, which typically manifests as meningitis, encephalitis, or acute flaccid myelitis. Risk of neuro-invasive disease is higher among older individuals and those with immunocompromising conditions.<sup>10,11</sup>

In Davis County, rates of WNV infections have increased consistently since 2022 (Figure 37). For more information on WNV this year, please see page 9.

Figure 36. Annual Rate of Davis County Malaria Infections, per 100,000 people, 2021-2025

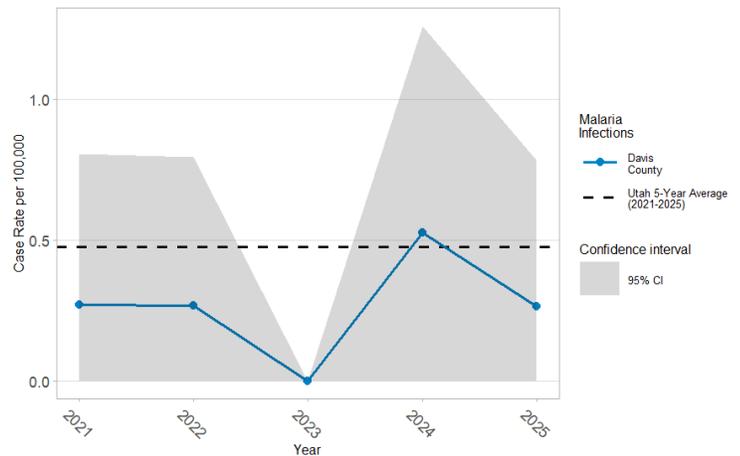
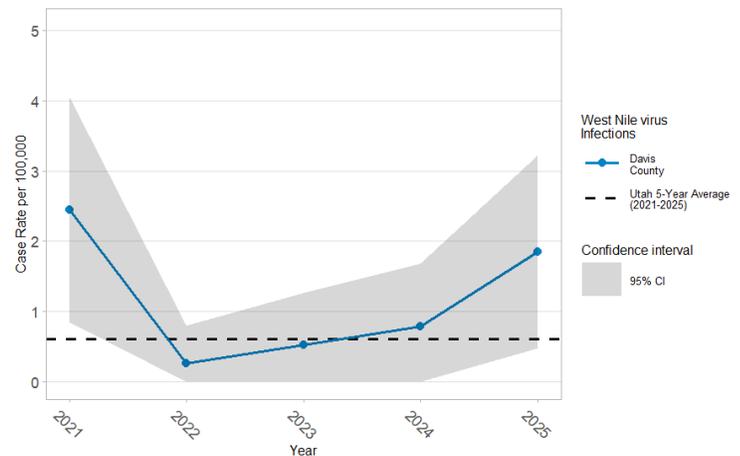


Figure 37. Annual Rate of Davis County West Nile Virus Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



## Other Diseases

*Diseases that do not fall under a specific category.*

**Carbapenem-resistant organisms (CROs)** are a part of the larger public health problem of antibiotic resistance. Since the creation of antibiotic medicines, bacteria continue to evolve to find ways to kill the antibiotics created to stop their spread. Due to the misuse of antibiotics in humans and animals, the problem is increasing in magnitude and new multidrug-resistant organisms are emerging. Antibiotic resistance occurs when the germs no longer respond to the antibiotics designed to kill them. Bacteria are constantly finding new ways to avoid the effects of the antibiotics used to treat the infections they cause.<sup>56</sup>

CROs are a major concern for patients in healthcare settings because they are resistant to carbapenem antibiotics, which are considered the last line of defense to treat multidrug-resistant bacterial infections. High levels of antibiotic resistance leave treatment options that are more toxic and less effective.

In Davis County, there has been a decline in CRO infections from 2021 to 2025 (Figure 38). This graph only includes cases that are serious enough for the patient to require contact precautions while in a healthcare facility.

**Coccidioidomycosis** (also called Valley fever) is a lung infection caused by breathing in spores from the fungus *Coccidioides*. In the US, this fungus is primarily found in the southwest US and the Pacific Northwest.<sup>57</sup>

Symptoms include fatigue, cough, fever, headache, muscle pain, shortness of breath, and night sweats. Because it has the same symptoms as pneumonias caused by bacteria or viruses, it is often misdiagnosed or undiagnosed. This can lead to ineffective treatments or delays in appropriate antifungal treatment for people who need it. Coccidioidomycosis does not spread from person to person or between people and animals.<sup>57</sup>

In Davis County, rates of coccidioidomycosis have increased in recent years to become more comparable to the rest of the state (Figure 39).

Figure 38. Annual Rate of Davis County Carbapenem-Resistant Organism (CRO) Infections, per 100,000 people, 2021-2025

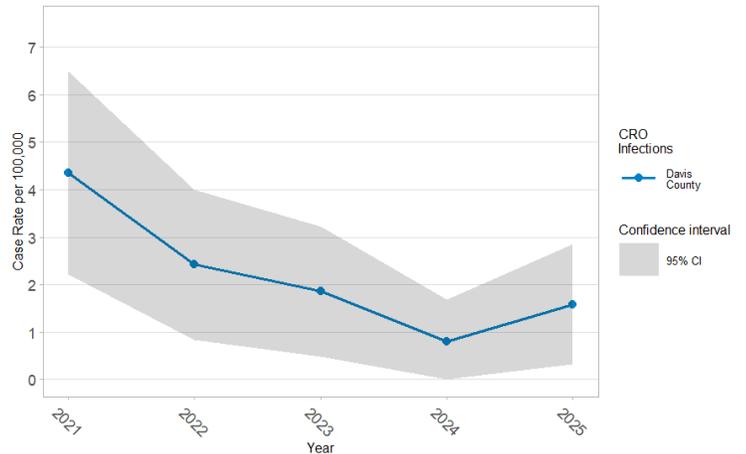
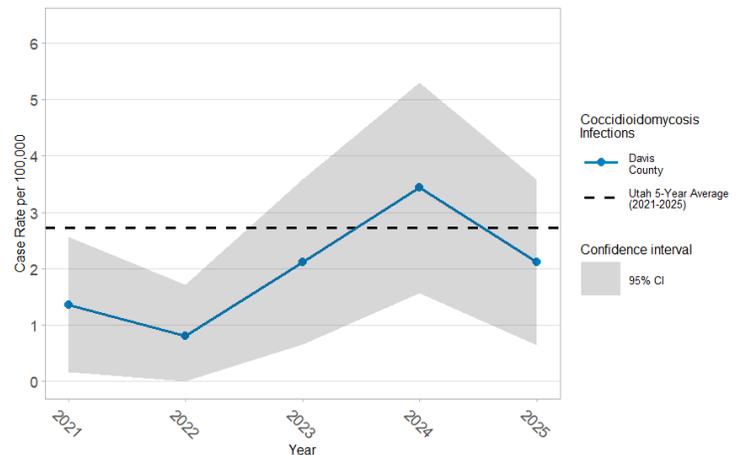


Figure 39. Annual Rate of Davis County Coccidioidomycosis Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025

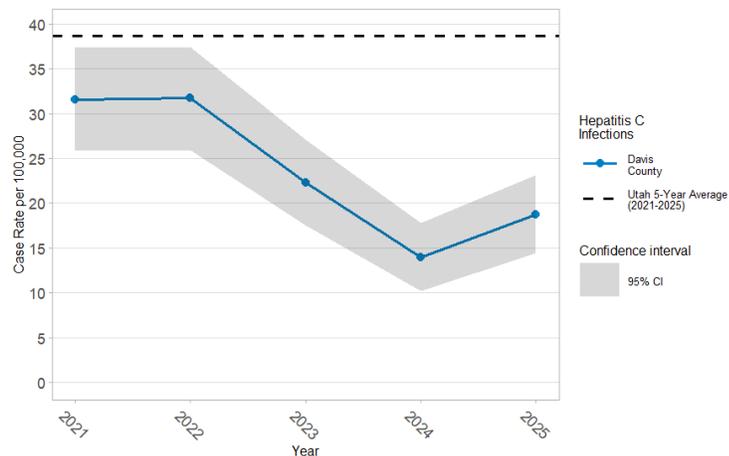


**Hepatitis C** is a liver infection caused by the hepatitis C virus (HCV). Hepatitis C is spread through contact with blood from an infected person. Today, most people become infected with the HCV by sharing needles or other equipment used to prepare and inject drugs.<sup>58</sup>

For some people, hepatitis C is a short-term illness, but for more than half of people who become infected with HCV, it becomes a long-term, chronic infection. Chronic hepatitis C can result in serious, even life-threatening health problems like cirrhosis and liver cancer. People with chronic hepatitis C can often have no symptoms and do not feel sick. When symptoms appear, they often are a sign of advanced liver disease. There is no vaccine for hepatitis C.<sup>58</sup>

In Davis County, rates of acute and chronic hepatitis C infections have consistently been below the statewide average (Figure 40).

Figure 40. Annual Rate of Davis County Hepatitis C Infections (Acute and Chronic), and Utah 5-Year Average, per 100,000 people, 2021-2025



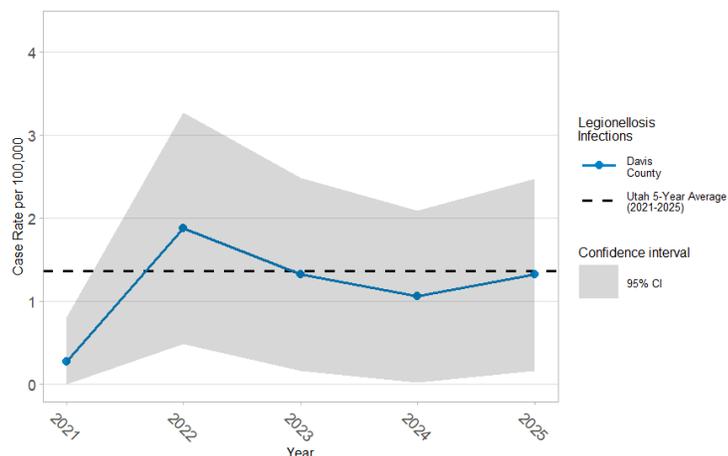
**Legionellosis** is caused by *Legionella* bacteria, which are found naturally in freshwater environments, like lakes and streams. The bacteria can become a health concern when they grow and spread in human-made building water systems like showerheads and sink faucets, cooling towers, hot tubs, decorative fountains and water features, hot water tanks and heaters, and large, complex plumbing systems.<sup>59</sup>

After *Legionella* grows and multiplies in a building water system, water containing *Legionella* can spread in droplets small enough for people to breathe in. Symptoms include cough, shortness of breath, fever, muscle aches, and headaches.<sup>59,60</sup>

Most healthy people exposed to *Legionella* do not get sick. Risk factors for infection include advanced age, current or former smoking, taking immunosuppressant drugs, and other underlying conditions like chronic lung disease, cancer, and diabetes.<sup>59,60</sup>

In Davis County, rates of legionellosis infections are comparable to the state average (Figure 41).

Figure 41. Annual Rate of Davis County Legionellosis Infections, and Utah 5-Year Average, per 100,000 people, 2021-2025



## UTAH REPORTABLE DISEASES

Davis County Health Department Disease Reporting Line

Phone: (801) 525-5220

Fax: (801) 525-5210

### DISEASE REPORTING RULE

Utah law requires prompt disease reporting under the Communicable Disease Rule R386-702, adopted under the authority of Sections 26-1-30, 26-6-3, and 26-23b to interrupt disease transmission, locate and provide prophylaxis or treatment to exposed contacts, identify and contain outbreaks, ensure effective treatment and follow-up of cases, and alert the medical community. All reports required by rule are confidential and are not open to public inspection. Nothing in this rule, however, precludes the discussion of case information with the attending physician or public health workers. A release of information is not required to provide public health workers with patient information.

Diseases that require **immediate** reporting should be telephoned to the Disease Reporting Line at (801) 525-5220. The disease reporting line is available 24/7.

Non-urgent disease reports may be telephoned to the disease reporting line or faxed to (801) 525-5210.

For questions about disease reporting, please contact [dchdepi@co.davis.ut.us](mailto:dchdepi@co.davis.ut.us) or call (801) 525-5200.



Davis County Health Department  
Communicable Disease &  
Epidemiology Division

22 South State Street  
Clearfield, UT 84015

Disease Reporting Line  
Phone: (801) 525-5220  
Fax: (801) 525-5210

Revised July 2023

\*Laboratories shall submit clinical material to the Utah Public Health Laboratory for all cases identified with these organisms, or any organism implicated in an outbreak when instructed by authorized local or state health department staff.

<sup>†</sup>Full panel susceptibility results, including minimum inhibitory concentration and results suppressed to the ordering clinician, are reportable when performed on the following organisms.

### REPORT IMMEDIATELY

- **Anthrax\*** (*Bacillus anthracis*)
- **Botulism\*** (*Clostridium botulinum*)
- **Cholera** (*Vibrio cholerae*)
- **Coronavirus**, novel – including MERS and SARS
- **Diphtheria\*** (*Corynebacterium diphtheriae*)
- **Haemophilus influenzae\***, invasive disease
- **Hepatitis A**
- **Influenza infection, non-seasonal strain\***
- **Measles\*** (Rubeola virus)
- **Meningococcal disease\*** (*Neisseria meningitidis*)
- **Plague\*** (*Yersinia pestis*)
- **Polioyelitis**, paralytic and non-paralytic
- **Rabies**, human and animal
- **Rubella**, excluding congenital syndrome
- **Smallpox** (*Variola virus*)
- **Staphylococcus aureus\***<sup>†</sup>, with resistance to vancomycin (VRSA) isolated from any site
- **Transmissible spongiform encephalopathies (prion diseases), including Creutzfeldt-Jakob disease**
- **Tuberculosis\***<sup>†</sup> (*Mycobacterium tuberculosis*)
- **Tularemia\*** (*Francisella tularensis*)
- **Typhoid\***<sup>†</sup> (*Salmonella typhi*), cases and carriers
- **Viral hemorrhagic fevers**, including Ebola, Lassa, and Marburg virus-related illnesses
- **Yellow Fever**
- **Any unusual diseases or outbreaks of any kind and any exposure/infection that may indicate a bioterrorism event**

### REPORT WITHIN THREE (3) DAYS

- **Acute flaccid myelitis (AFM)**
- **Adverse event resulting from smallpox vaccination** (*Vaccinia virus*)
- **Anaplasmosis** (*Anaplasma phagocytophilum*)
- **Arbovirus infection**, including Chikungunya, West Nile virus\*, and Zika virus\*
- **Babesiosis** (*Babesia*)
- **Botulism, infant\*** (*Clostridium botulinum*)
- **Brucellosis\*** (*Brucella*)
- **Campylobacteriosis\*** (*Campylobacter*)
- **Candida auris or haemulonii** from any body site\*<sup>†</sup>
- **Carbapenem-resistant or carbapenemase-producing Acinetobacter species, Enterobacter species, Escherichia coli, Klebsiella species, any other Enterobacteriaceae species, or Pseudomonas aeruginosa\***<sup>†</sup>
- **Chagas disease**
- **Chancroid** (*Haemophilus ducreyi*)
- **Chickenpox** (Varicella-zoster virus)
- **Chlamydia trachomatis infection**
- **Coccidioidomycosis** (*Coccidioides*)
- **Colorado tick fever**
- **COVID-19 (SARS-CoV-2) detected by NAAT\***
- **Cryptosporidiosis** (*Cryptosporidium*)
- **Cyclosporiasis** (*Cyclospora*)
- **Dengue fever**
- **Ehrlichiosis** (*Ehrlichia*)
- **Encephalitis**, bacterial, fungal, parasitic, protozoan, and viral
- **Giardiasis** (*Giardia lamblia*)
- **Gonorrhea** (*Neisseria gonorrhoeae*), sexually transmitted & ophthalmia neonatorum<sup>†</sup>
- **Hantavirus infection** (Sin Nombre virus)
- **Hemolytic Uremic Syndrome**, post-diarrheal
- **Hepatitis, viral**, including hepatitis B (acute, chronic, and perinatal), C (acute, chronic, perinatal), D, and E
- **Human immunodeficiency virus (HIV) infection**, including perinatal and AIDS
- **Influenza-associated hospitalization\***
- **Influenza-associated death in a person less than 18 years of age**
- **Legionellosis\*** (*Legionella*)
- **Leprosy** (*Mycobacterium leprae*), Hansen's Disease
- **Leptospirosis** (*Leptospira*)
- **Listeriosis\*** (*Listeria*)
- **Lyme disease** (*Borrelia burgdorferi* and *mayonii*)
- **Malaria** (*Plasmodium*)
- **Meningitis**, bacterial, fungal, parasitic, protozoan, and viral
- **Mumps**
- **Mycobacterial infections other than tuberculosis**
- **Pertussis** (*Bordetella pertussis*)
- **Pregnancy associated with a Hepatitis B, Hepatitis C, HIV, Listeria, Rubella, Syphilis, or Zika virus infection**
- **Psittacosis** (*Chlamydia psittaci*)
- **Q Fever** (*Coxiella burnetii*)
- **Relapsing fever** (*Borrelia*), tick-borne and louse-borne
- **Rubella**, congenital syndrome
- **Salmonellosis\***<sup>†</sup> (*Salmonella*)
- **Shiga toxin-producing Escherichia coli (STEC) infection\***
- **Shigellosis\***<sup>†</sup> (*Shigella*)
- **Spotted fever rickettsioses, including Rocky Mountain spotted fever (Rickettsia)**
- **Streptococcal disease, invasive**, due to *Streptococcus pneumoniae*<sup>†</sup> and Groups A and B
- **Syphilis**, all stages, congenital and syphilitic stillbirths
- **Tetanus** (*Clostridium tetani*)
- **Toxic-Shock Syndrome**, staphylococcal or streptococcal
- **Trichinellosis** (*Trichinella*)
- **Vibriosis\*** (*Vibrio*)

### ELECTRONIC LABORATORY REPORTING (ELR)

Entities reporting via ELR have additional reporting requirements not listed on this document. Those requirements can be found under the "Information for Reporters" tab at <https://epi.health.utah.gov/disease-reporting/> or by contacting the Utah Department of Health and Human Services at [edx@utah.gov](mailto:edx@utah.gov).

# Healthy Places Index (Appendix D)

## Overview

Social determinants of health are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.<sup>1</sup> These conditions can play an important role in the incidence and transmission of disease. When looking at population health, communities with higher income and education are healthier, as is the case in Davis County. When compared to Utah and the US, Davis County is above state and national averages for health outcomes and other related factors (such as health behaviors, clinical care, and social and economic measures).<sup>61</sup>

However, this does not mean that these factors are distributed evenly across the county. To see how social determinants of health impact infectious disease, we must look at smaller areas, like neighborhoods. To help with this, the UDHHS partnered with the Public Health Alliance of Southern California to create the Utah Healthy Places Index (HPI).<sup>62</sup> The complete Utah HPI may be accessed at <https://dhhs.utah.gov/utahhpi/>.

## Utah Healthy Places Index

In short, the Utah HPI tool evaluates the relationship between 22 identified key drivers of health and life expectancy at birth — which can vary dramatically by neighborhood. Based on that analysis, it produces a score ranking from 1 to 99 that shows the relative impact of conditions in a selected area compared to all other such places in the state. The Utah HPI scores and compares geographies across the state with the ability to view data neighborhood-by-neighborhood in order to provide a granular view of community well-being.<sup>63</sup> The 22 indicators can be organized into eight thematic groups: education, transportation, housing, social, clean environment, neighborhood, healthcare access, and economics.<sup>62</sup> In this report, we evaluated the HPI score ranking for each census tract in Davis County.

## Methodology

Each census tract in Davis County was grouped into quartiles based on their HPI score and given a rank based on the community health conditions: least, less, moderately, and most healthy. Figure 42 presents a map of Davis County census tracts with the respective HPI ranking. City boundaries are included as a visual aid. Census tract rankings were only compared within Davis County and not the rest of the state. As such, a given census tract's overall ranking may differ than what is found on the official Utah HPI website. Census tracts were included if they had a population of 1,500 or greater and a group quarters population less than 50% of the total population. Given that, some census tracts were excluded from analysis. Table 2 shows the total population of each HPI rank area along with its percent of the total county population.<sup>64</sup>

All Davis County disease reports from 2025 were geocoded using the address where the patient lived when they were diagnosed. Records were geocoded using tools from the Utah Geospatial Resource Center. Records were then assigned to their respective census tract and corresponding HPI rank.

There was a total of 2,055 disease reports in 2025. Of these, 1,974 records had sufficient address information to successfully geocode (96.0%).

## Analysis

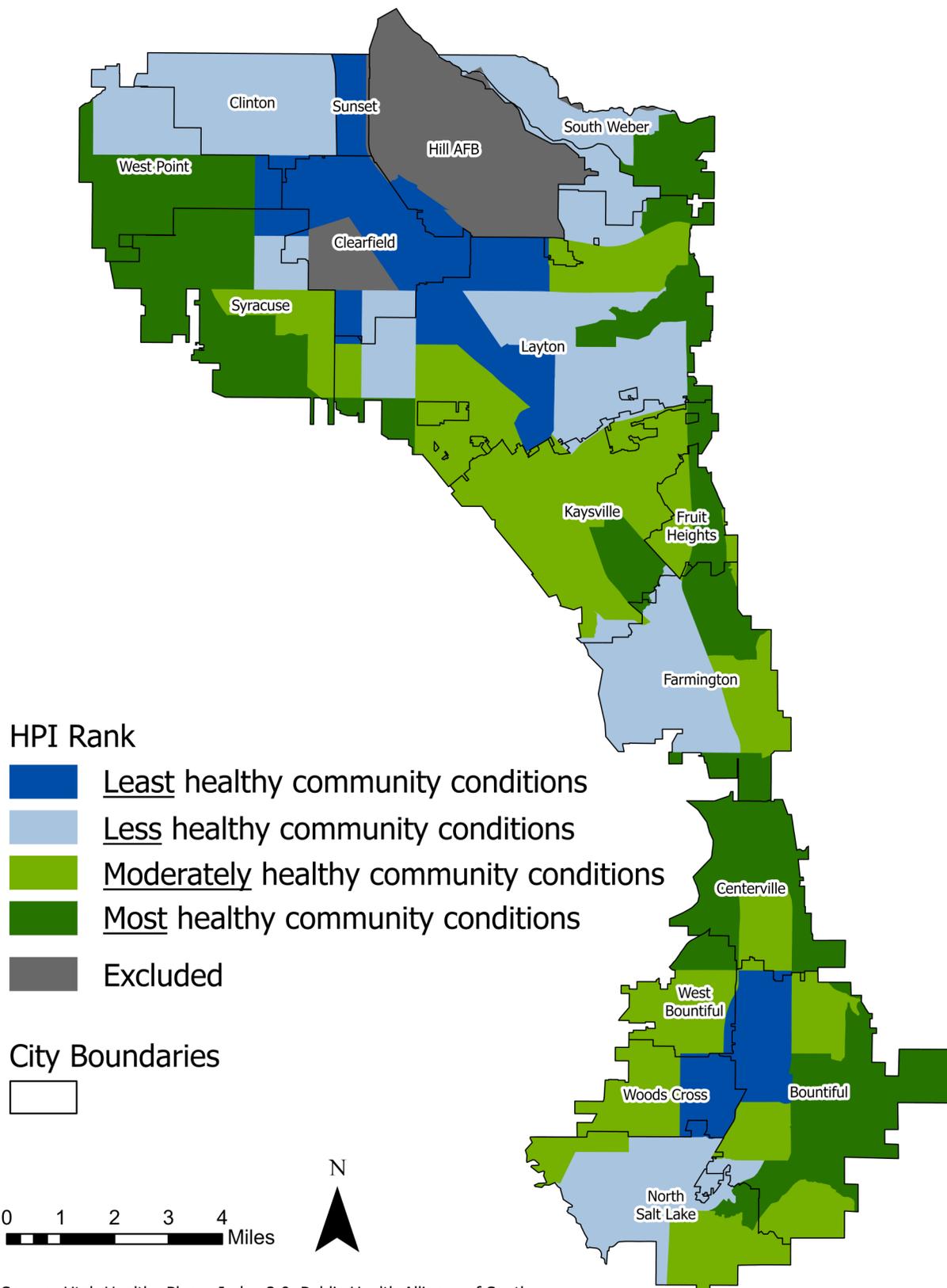
This annual report presents analyses using the HPI. Throughout this report, incidence rates of selected disease categories are stratified by the four HPI rank areas. Further uses of the HPI will be evaluated for future analyses as well.

Table 2. Population of HPI Rank Areas, Davis County, 2020\*

HPI Rank	Population	Percent of County
Least healthy	77,020	21.3%
Less healthy	98,893	27.3%
Moderately healthy	103,629	28.6%
Most healthy	82,348	22.8%

\* Population based on the 2020 Census population data.

Figure 42. Utah Healthy Places Index 2.0 Rank of 2020 Census Tracts, Davis County



Source: Utah Healthy Places Index 2.0. Public Health Alliance of Southern California and Utah Department of Health and Human Services.

## Acronyms (Appendix E)

AIDS – Acquired immunodeficiency syndrome

ATBD – Active tuberculosis disease

CD/Epi – Division of Communicable Disease and Epidemiology

CRO – Carbapenem-resistant organism

DCHD – Davis County Health Department

DOT – Directly observed therapy

*E. coli* – *Escherichia coli*

ED – Emergency department

EMS – Emergency medical services

HBV – Hepatitis B virus

HCV – Hepatitis C virus

HIV – Human immunodeficiency virus

HPI – Healthy Places Index

ILI – Influenza-like illness

LTBI – Latent tuberculosis infection

MMR – Measles, mumps, and rubella vaccine

PEP – Post-exposure prophylaxis

RSV – Respiratory syncytial virus

STI – Sexually-transmitted infection

STEC – Shiga toxin-producing *E. coli*

TB – Tuberculosis

UDHHS – Utah Department of Health and Human Services

US – United States

WGS – Whole genome sequencing

WNV – West Nile virus

