

## Rates of select infectious diseases for First Nations in Alberta

### *Rates of select infectious diseases by First Nations status, both sexes, Alberta, 2013 to 2017*

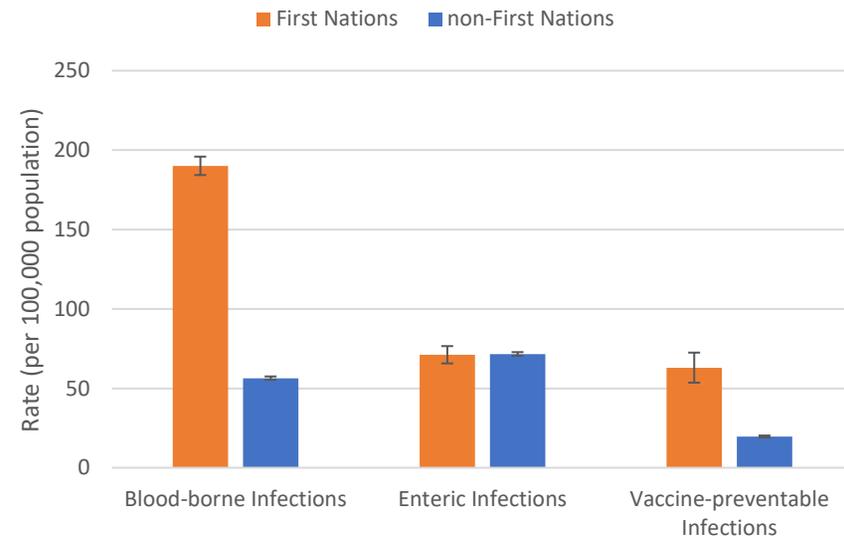
Infectious diseases are caused by microorganisms, such as bacteria or viruses. They are transmitted directly or indirectly from person-to-person, through bodily fluids, or contaminated food and/or water. Blood-borne infections (BBIs)<sup>1</sup> are transmitted through bodily fluids, such as blood. Enteric infections<sup>2</sup> generally cause acute illness (e.g. fever and diarrhea) and are mainly transmitted through contaminated food or water. Vaccine-preventable infections (VPIs)<sup>3</sup> are preventable through vaccination (usually in childhood). In today's *First Nations – Health Trends Alberta*,<sup>4</sup> we present rates for select infectious diseases during 2013 to 2017 in First Nations and non-First Nations separately. Select infectious diseases diagnoses are notifiable to Alberta Health, and rates are presented for both sexes combined.

### BBI and VPI rates are 3 times higher for First Nations compared to non-First Nations

From 2013 to 2017, the average annual rate of BBIs diagnosed (per 100,000 population) was 190 among First Nations and 56 among non-First Nations people. Rates among First Nations were 3 times higher than non-First Nations people and accounted for an average of 12 percent (n=1,545) of BBI diagnoses each year.

The average annual rate of VPIs diagnosed (per 100,000 population) was 63 among First Nations and 20 among non-First Nations people. Rates were also 3 times higher for First Nations compared to non-First Nations people and accounted for an average of 11 percent (n=512) of all VPI diagnoses each year.

The average annual rate of enteric infection diagnoses was the same among First Nations and non-First Nations people (71 cases per 100,000 population). Enteric infections among First Nations people accounted for an average of 3 percent (n=578) of diagnoses each year.



1 BBIs: HIV, Hepatitis B, and Hepatitis C

2 Enteric infections: Salmonellosis, campylobacteriosis, amoebiasis, cryptosporidiosis, cyclosporiasis, Verotoxigenic *Escherichia coli*, shigellosis, giardiasis, *Vibrio cholerae* (O1, O139), *Vibrio cholerae* (non-O1, non-O139), *Vibrio parahaemolyticus* infection, shellfish poisoning, Hepatitis A, typhoid, and paratyphoid

3 VPIs: diphtheria, pertussis, *Haemophilus influenzae* type B, tetanus, measles, mumps, rubella, poliomyelitis, invasive meningococcal disease (serogroups: A, B, C, W, Y) and invasive pneumococcal disease (serotypes: 1, 2, 3, 4, 5, 6A, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19A, 19F, 20, 22F, 23F, and 33F)

4 This is the 36<sup>th</sup> in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC ([communications@afnigc.ca](mailto:communications@afnigc.ca); 403-539-5775).