

Communicable Diseases

Communicable diseases are ones that can be transmitted or spread from one person or species to another.¹ A multitude of different communicable diseases are currently reportable in Texas, including tuberculosis and many types of sexually transmitted diseases. Incidence rates for communicable diseases in this section are presented as crude rates, without age-adjustment.

Tuberculosis

Tuberculosis (TB) is a chronic infection caused by the *Mycobacterium tuberculosis* bacterium. Although most people infected with *M. tuberculosis* harbor the bacterium with no symptoms (latent TB), some people do eventually develop active TB disease. TB is spread from person to person through the air. Only people with active TB disease can spread the bacteria to others.² TB usually affects the lungs, although it sometimes can affect other body parts, such as the brain, kidneys, or spine.

Key Point: South Texas had a higher incidence of TB than the rest of Texas and the nation. Also, South Texas Hispanics had a slightly higher incidence of TB than Hispanics in the rest of Texas.

Untreated TB disease can cause serious health problems, including death.²

A total of 13,767 active TB cases were reported in the U.S. in 2006.³ In addition to these active TB cases, an estimated 10-15 million people in the U.S. currently have latent TB infection.² TB incidence in the U.S. was much higher among African-Americans (10.1/100,000), Asians (25.6/100,000), and Hispanics (9.2/100,000) than among non-Hispanic whites (1.2/100,000) in 2006.³ Nationwide, males have a higher risk of TB disease than females, and older people, especially those over 65, are more at risk for TB than younger people.⁴ Foreign-born people are also disproportionately affected by TB, as the incidence of TB disease was nearly 10 times higher among foreign-born persons in the U.S. than among U.S. natives.³

A TB infection can develop into active TB disease as a result of conditions or exposures that can reduce a person's immunity, such as therapy, treatment. Other risk factors for TB include low income, long-term drug or alcohol use, and living or working in prisons or nursing homes.⁵

Tuberculosis in South Texas

The incidence of active TB disease in South Texas during 2001-2005 was 8.6/100,000. South Texas residents had a higher incidence of TB than individuals living in the rest of Texas and nationwide (Figure 4.1). The 2001-2005 average annual incidence of TB in South Texas was nearly two times higher than the national TB rate reported in 2005.

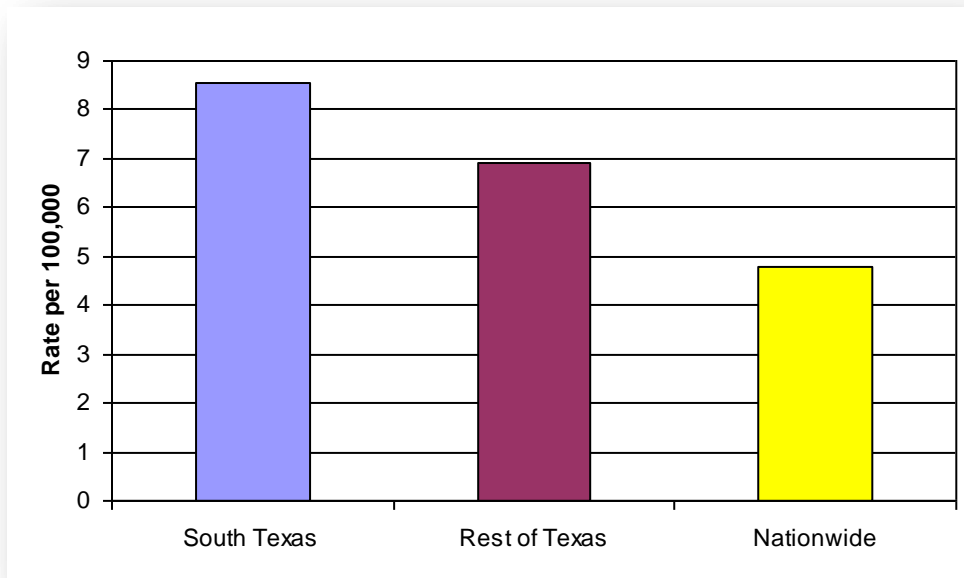


Figure 4.1. Incidence of active tuberculosis (TB) disease by location.

Source of Texas incidence: Infectious Disease Surveillance and Epidemiology Branch, Infectious Disease Control Unit, Texas Department of State Health Services, 2001-2005. Nationwide: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5511a3.htm>, 2005 only.

Hispanics in South Texas had a slightly higher incidence of TB (11.3/100,000) than did Hispanics in the rest of Texas (10/100,000) in 2001-2005. In both South Texas and the rest of Texas, the TB incidence among Hispanics was more than four times higher than the incidence among non-Hispanic whites (Figure 4.2).

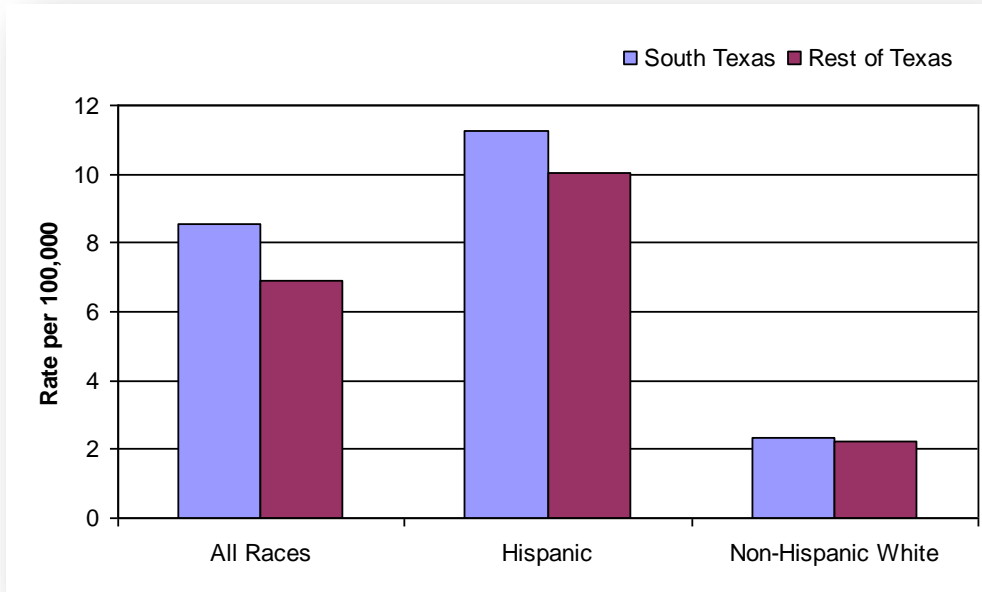


Figure 4.2. Incidence of active tuberculosis (TB) by location and race/ethnicity, 2001-2005.
 Source: Infectious Disease Surveillance and Epidemiology Branch, Infectious Disease Control Unit, Texas Department of State Health Services

TB incidence increased sharply with age among Hispanics, compared to gradual rise in non-Hispanic whites (Figure 4.3). Hispanics ages 75 or older had the highest incidence.

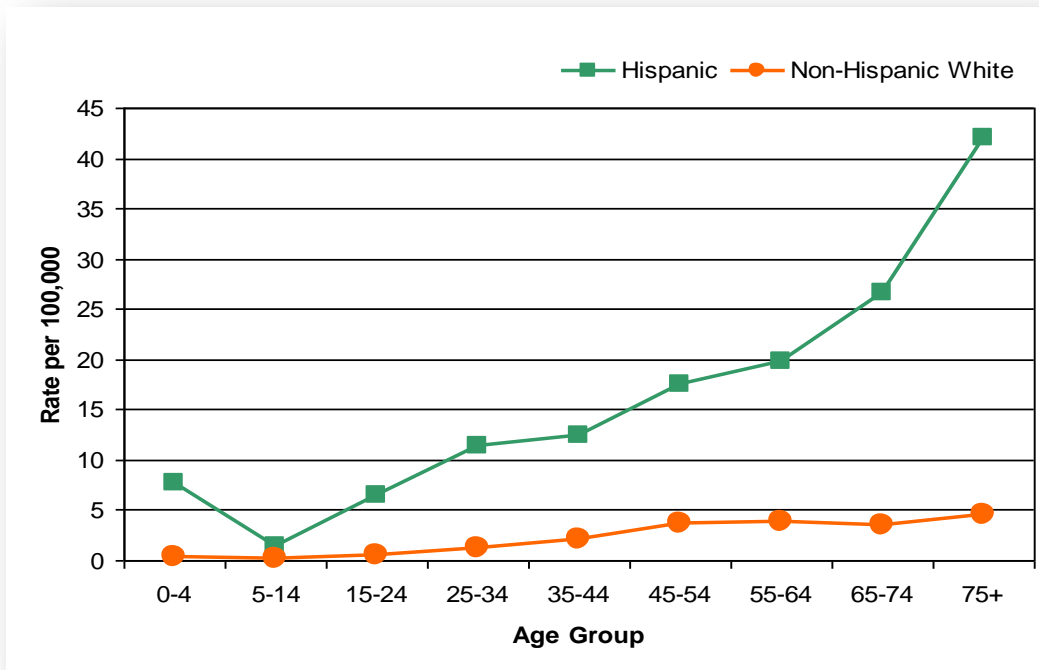


Figure 4.3. Incidence of tuberculosis in South Texas by age group and race/ethnicity, 2001-2005.
 Source: Infectious Disease Surveillance and Epidemiology Branch, Infectious Disease Control Unit, Texas Department of State Health Services

South Texas males had a TB incidence more than twice as high as the incidence in females. When stratifying by sex and race/ethnicity, TB incidence estimates ranged from 15.4/100,000 in Hispanic males to 1.1/100,000 in non-Hispanic white females (Figure 4.4).

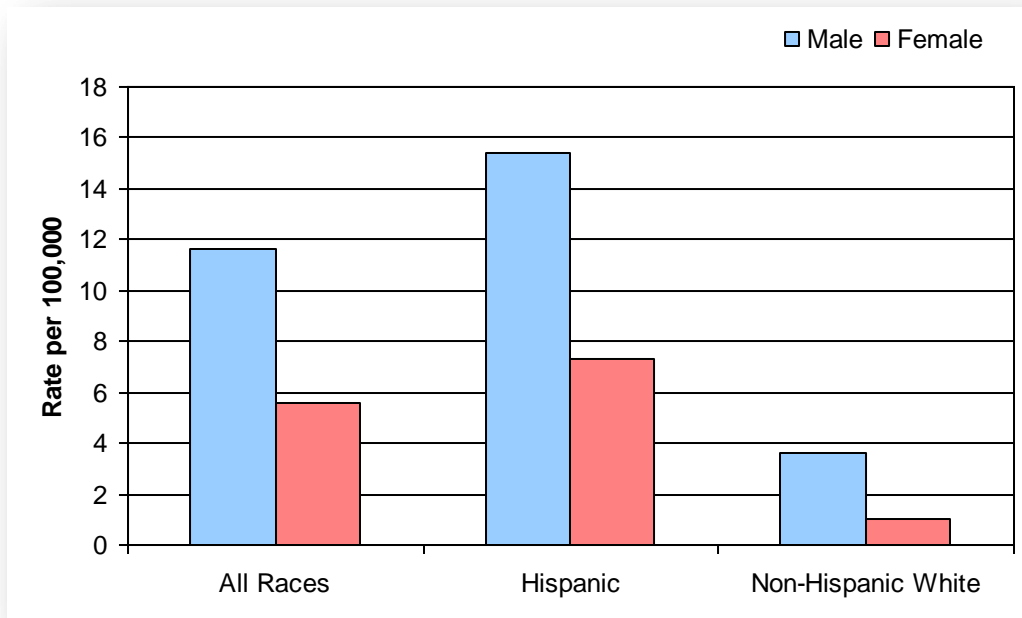


Figure 4.4. Incidence of tuberculosis in South Texas by sex and race/ethnicity, 2001-2005.
Source: Infectious Disease Surveillance and Epidemiology Branch, Infectious Disease Control Unit, Texas Department of State Health Services

In 2001-2005, the incidence of TB in Bexar County (5.3/100,000) was lower than the incidence in South Texas as a whole (8.6/100,000). However, TB estimates in Webb County (19/100,000) and the Lower Rio Grande Valley region (14.2/100,000) were at least one-and-a-half times higher than in all of South Texas (Figure 4.5).

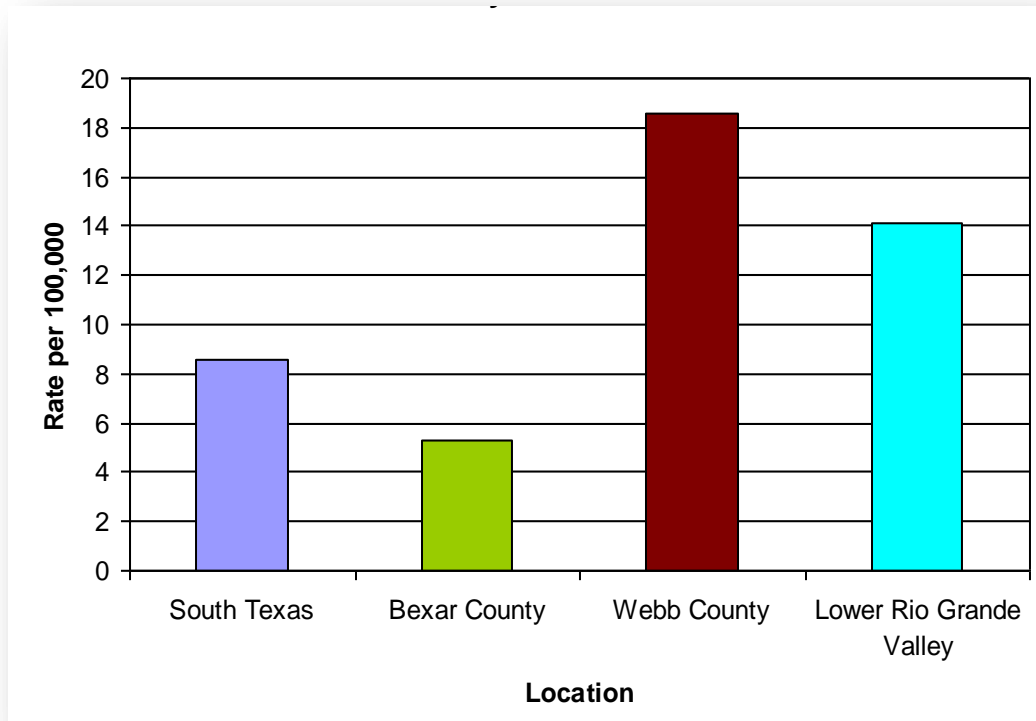


Figure 4.5. Incidence of tuberculosis in selected South Texas locations, 2001-2005.

Source: Infectious Disease Surveillance and Epidemiology Branch, Infectious Disease Control Unit, Texas Department of State Health Services

References

1. Dorland's Medical Dictionary. Merck Medicus. 2004. Accessed 2007 June; http://www.merckmedicus.com/pp/us/hcp/thcp_dorlands_content.jsp?pg=/ppdocs/us/common/dorlands/dorland/dmd_c_49.htm.
2. Tuberculosis Fact Sheet. National Institute of Allergy and Infectious Diseases. 2006. Accessed 2007 May; <http://www.niaid.nih.gov/factsheets/tb.htm>.
3. Pratt R, Robison V, Navin T. Trends in Tuberculosis Incidence - United States, 2006. MMWR 2007; 56:245-250.
4. Centers for Disease Control and Prevention. Reported Tuberculosis in the United States, 2005. 2006. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
5. Mayo Clinic Staff. Tuberculosis: Risk Factors. Mayo Clinic. 2006. Accessed 2007 May; <http://www.mayoclinic.com/health/tuberculosis/DS00372/DSECTION=4>.

HIV/AIDS

HIV (human immunodeficiency virus) is a human retrovirus that infects and slowly depletes a type of white blood cells known as T-lymphocytes or CD4+ T-lymphocytes.

These white blood cells are essential to maintaining an effective immune response.

HIV gradually destroys the body's ability to fight infections and certain cancers by damaging or killing immune system cells.¹

People with the human immunodeficiency virus have what is called HIV infection.

Some of these people will develop AIDS

(acquired immunodeficiency syndrome) as a result of their HIV infection.² HIV is most commonly transmitted by having unprotected sex with a partner who is infected. HIV also can be spread through contact with infected blood, such as sharing drug needles or syringes or through contaminated blood transfusions. Women infected with HIV can transmit the virus to their babies during pregnancy or birth or through breast milk.¹

Key Point: The incidence of HIV/AIDS in South Texas was lower than in the rest of Texas. Hispanics in South Texas had a higher incidence of HIV/AIDS than non-Hispanic whites.

Many people do not have any symptoms when they first become infected with HIV. This

“asymptomatic” infection period can differ

begin to experience symptoms within just a few months, while others may remain

symptom-free for more than 10 years. AIDS refers to the most advanced stages of HIV

infection. People with AIDS often contract opportunistic infections that do not usually

affect healthy people. In AIDS patients, these infections are frequently severe and are

sometimes fatal because the immune system has been so damaged by HIV that it can no

longer resist bacteria, viruses, parasites, or other microbes. People with AIDS also are

particularly susceptible to certain cancers.¹ There is no cure for HIV or AIDS. However,

a number of drugs currently exist that fight HIV infection and associated cancers and

infections.¹

In 2003, more than one million individuals in the U.S. were estimated to be living with either HIV or AIDS, of which an estimated 24-27% were undiagnosed and unaware that they had HIV.³ There were approximately 17,000 AIDS deaths in the U.S in 2005. The HIV/AIDS epidemic in the U.S. is growing most rapidly among minority populations and is a leading killer of African-American males ages 25 to 44. The risk of HIV/AIDS is nearly seven times higher in African Americans and almost three times higher in Hispanics than in non-Hispanic whites. In 2001-2005, 74% of newly diagnosed HIV/AIDS cases in the U.S. were male, and persons aged 35-39 years were at the highest risk for HIV/AIDS.² Major risk factors for HIV/AIDS includes having unprotected sex with multiple partners or with someone who is HIV-positive, sharing needles during drug use, or already having hepatitis, tuberculosis (TB), or another sexually transmitted disease (STD) such as syphilis, herpes, or chlamydia.^{4,5}

HIV/AIDS in South Texas

In 2001-2005, the average annual incidence of HIV/AIDS in South Texas (16.4/100,000) was more than one-and-a-half-times lower than the incidence in the rest of Texas (25.6/100,000). South Texas Hispanics had a higher incidence of HIV/AIDS (16.5/100,000) than non-Hispanic whites (12.7/100,000) (Figure 4.6).

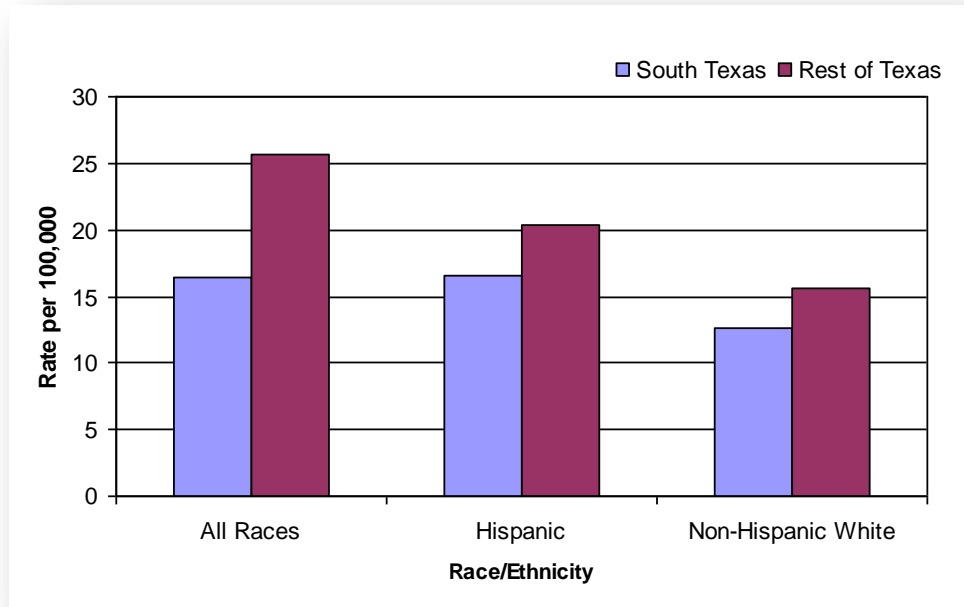


Figure 4.6. Incidence of HIV/AIDS by location and race/ethnicity, 2001-2005.

Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

In South Texas, the incidence of HIV/AIDS was more than four times higher in males (27/100,000) than in females (6.1/100,000). As observed nationwide, the highest incidence was seen in individuals ages 35-39 (44.8/100,000). The incidence of HIV/AIDS was approximately three times higher in South Texas metropolitan counties (17.9/100,000) than in non-metropolitan counties (5.8/100,000). Bexar County had a higher incidence of HIV/AIDS (25.4/100,000) than South Texas as a whole (16.4/100,000), and Webb County and the Lower Rio Grande Valley region both had lower incidences of HIV/AIDS (11.3/100,000 and 13.9/100,000, respectively) than all of South Texas (Figure 4.7).

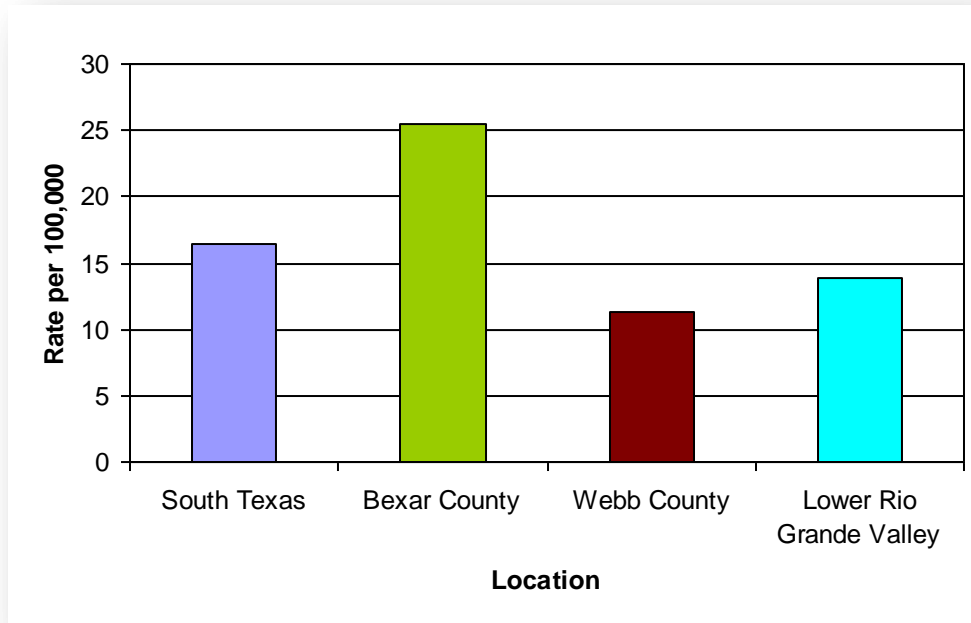


Figure 4.7. Incidence of HIV/AIDS in selected South Texas locations, 2001-2005.
Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

References

1. HIV Infection and AIDS: An Overview. National Institute of Allergy and Infectious Diseases. 2005. Accessed 2007 May; <http://www.niaid.nih.gov/factsheets/hivinf.htm>.
2. Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2005. Vol. 17. 2006. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
3. HIV/AIDS Statistics and Surveillance: Basic Statistics. Centers for Disease Control and Prevention. 2007. Accessed 2007 May; <http://www.cdc.gov/hiv/topics/surveillance/basic.htm>.
4. HIV/AIDS: Basic Information. Centers for Disease Control and Prevention. 2007. Accessed 2007 May; <http://www.cdc.gov/hiv/topics/basic/index.htm>.
5. Mayo Clinic Staff. HIV/AIDS: Risk Factors. Mayo Clinic. 2006. Accessed 2007 May; <http://www.mayoclinic.com/health/hiv-aids/DS00005/DSECTION=4>.

Syphilis

Syphilis is a sexually transmitted disease that is caused by the *Treponema pallidum*

bacterium. Syphilis has been called “the great imitator” because symptoms are associated with the disease, and these

symptoms often mirror ones seen in many other diseases.^{1,2} Syphilis is most commonly spread by sexual contact with an infected individual.¹ The syphilis bacterium is transmitted by direct contact with a syphilis sore; sores usually occur on the genitals or anus, but can also occur on the lips or in the mouth.² Syphilis can also

Key Point: The incidence of syphilis in South Texas was lower than in the rest of Texas among both Hispanics and non-Hispanic whites. South Texas Hispanics had an incidence rate almost four times higher than non-Hispanic whites.

be transmitted from an infected mother to her baby during pregnancy. The primary stage of syphilis is characterized by one or more small, round sores, called chancres, that are located where the bacterium entered the body. Because chancres are usually not painful, can occur inside the body, and heal without treatment, symptoms of primary syphilis may go unnoticed. If left untreated, the syphilis infection progresses to the secondary stage, which is usually marked by a skin rash. Symptoms of secondary syphilis may be mild and will also go away without treatment. However, without treatment, syphilis infection is still present in the body. Although there may be no outward signs or symptoms for many years after secondary syphilis, untreated syphilis infection may damage internal organs such as the heart, brain, nervous system, eyes, bones, and joints. Late-stage syphilis infection can cause blindness, deafness, mental illness, paralysis, heart disease, and even death.^{1,2} Untreated syphilis in pregnant women is associated with a high risk of adverse pregnancy outcomes such as miscarriage, stillbirth, preterm birth, and infant mortality.^{1,2} Syphilis is curable with antibiotics, but treatment cannot repair damage already done to the body by syphilis infection.²

In 2005, 33,278 new cases of syphilis (at all stages) were reported in the U.S., including 8,724 cases of primary and secondary syphilis. Nationally, the incidence of primary and secondary syphilis was almost six times higher among men than among women in 2005. The incidence of primary and secondary syphilis in the U.S. was more than five times higher among African-Americans and nearly two times higher among Hispanics than among non-Hispanic whites.³ The age-specific incidence of syphilis in the U.S. varied depending on race/ethnicity and sex, although among both Hispanics and non-Hispanic whites, women ages 20-24 and men ages 35-39 had the highest incidence of primary and secondary syphilis.³ Men who have unprotected sex with other men have a higher risk of syphilis infection than the general population.⁴ Other risk factors for syphilis include having unprotected sex and having sex with multiple partners.^{2,5}

Syphilis in South Texas

The average annual incidence of syphilis (all stages) during 2001 to 2005 was lower in South Texas (15.3/100,000) than in the rest of Texas (19.1/100,000). This lower

incidence in South Texas was observed among both Hispanics and non-Hispanic whites (Figure 4.8). In South Texas, the incidence of syphilis among Hispanics was almost four times higher than the incidence among non-Hispanic whites (Figure 4.8).

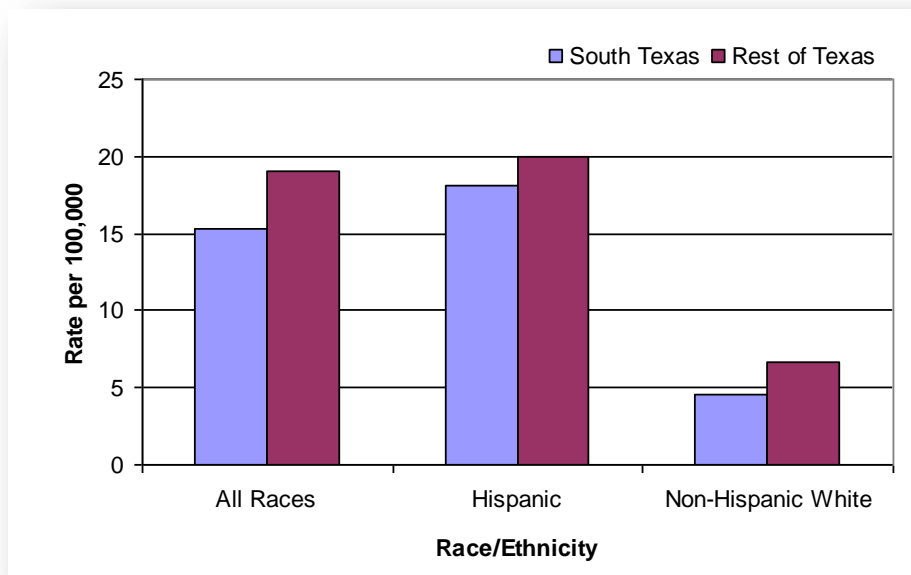


Figure 4.8. Incidence of syphilis by location and race/ethnicity, 2001-2005.

Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

South Texas females had a slightly lower incidence of syphilis (12.2/100,000) than males (18.5/100,000). The incidence of syphilis in South Texas was highest among individuals 20-39 years of age (over 30/100,000). Syphilis incidence was higher in South Texas metropolitan counties (16.2/100,000) than in non-metropolitan counties (9/100,000) in 2001-2005. The incidence of syphilis was also higher in Bexar County (22.8/100,000) than in South Texas as a whole (15.3/100,000).

References

1. Syphilis Fact Sheet. National Institute of Allergy and Infectious Diseases. 2005. Accessed 2007 May; <http://www.niaid.nih.gov/factsheets/stdsyph.htm>.
2. Division of STD Prevention. Syphilis - CDC Fact Sheet. Centers for Disease Control and Prevention. 2004. Accessed 2007 May; <http://www.cdc.gov/std/syphilis/syphilis.pdf>.
3. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2005. 2006. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

4. Mayo Clinic Staff. Syphilis: Risk Factors. Mayo Clinic. 2006. Accessed 2007 May; <http://www.mayoclinic.com/health/syphilis/DS00374/DSECTION=4>.
5. Syphilis. EngenderHealth. 2005. Accessed 2007 May; <http://www.engenderhealth.org/wh/inf/dsyph.html>.

Chlamydia

Chlamydia is a sexually transmitted disease caused by the *Chlamydia trachomatis* bacterium. Chlamydia bacteria live in vaginal fluid and semen and can be transmitted to a partner during vaginal, anal, or oral sex.

Chlamydia can also be transmitted from an infected mother to her infant during a vaginal childbirth. Chlamydia can infect the cervix, uterus, and fallopian tubes in women, and can infect the urethra (urinary tract), rectum, and eyes in both sexes.

Individuals frequently do not know that they are infected with chlamydia because its symptoms often are mild or completely absent. This is problematic, because, if left untreated, chlamydia infection can cause irreversible reproductive and other health problems, particularly in women.¹ Chlamydia is the most often reported bacterial sexually transmitted disease in America, with more than 976,000 cases reported in 2005.^{1,2} However, because most individuals are unaware that they have chlamydia and thus do not get tested, under-reporting of this disease is considerable. An estimated 2.8 million persons in the U.S. are actually infected with chlamydia every year.¹

Key Point: South Texas had a higher incidence of chlamydia than the rest of Texas, and incidence among Hispanics in South Texas was three-and-a-half times higher than among non-Hispanic whites.

In 2005, the reported incidence of chlamydia infection among women in the U.S. was more than three times higher than the incidence among men, most likely because a greater number of women are screened for chlamydia than men. Among women in the U.S., the highest age-specific chlamydia incidence was observed among those ages 15-24, while age-specific incidence of chlamydia in men was highest among those ages 20-24.² If sexually active, teenage girls and young women are at higher risk of chlamydia infection than older women, because the cervix has not yet fully matured.¹

Nationally, the incidence of chlamydia among African-Americans is more than eight times higher than the incidence among non-Hispanic whites. Chlamydia incidence is also five times higher among Native Americans and three times higher among Hispanics than among non-Hispanic whites.² Other risk factors for chlamydia include having unprotected sex and having multiple sex partners.¹

Chlamydia in South Texas

The average annual incidence of chlamydia in South Texas was 344.6/100,000 in 2001-2005. This was higher than the incidence of chlamydia in the rest of Texas (310.7/100,000). Although Hispanics also had a higher incidence of chlamydia in South Texas than in the rest of Texas, for non-Hispanic whites, incidence in South Texas was very similar to the incidence in the rest of Texas (Figure 4.9). Chlamydia incidence was three-and-a-half times higher among Hispanics than among non-Hispanic whites in South Texas (Figure 4.9).

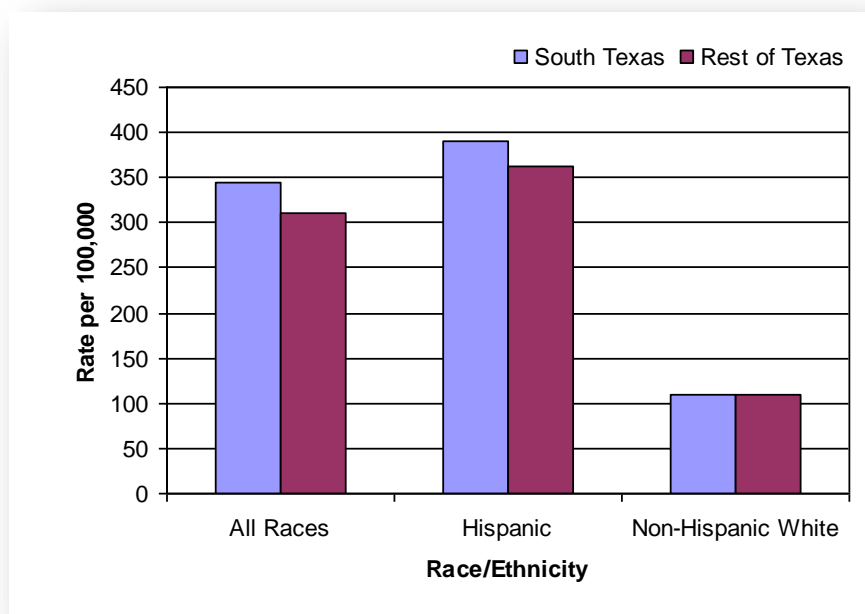


Figure 4.9. Incidence of chlamydia by location and race/ethnicity, 2001-2005.

Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

The incidence of chlamydia among South Texas females (572.8/100,000) was more than five times higher than the incidence among males (107.3/100,000). As observed nationwide, individuals ages 15-24 had a much higher incidence of chlamydia than any other age groups. In South Texas, individuals ages 20-24 had an incidence of 1,615.5/100,000.

Overall, chlamydia incidence was significantly higher in South Texas metropolitan counties (352.7/100,000) than in non-metropolitan counties (288/100,000). However, for non-Hispanic whites, the incidence of chlamydia was similar in metropolitan and non-metropolitan counties (Figure 4.10).

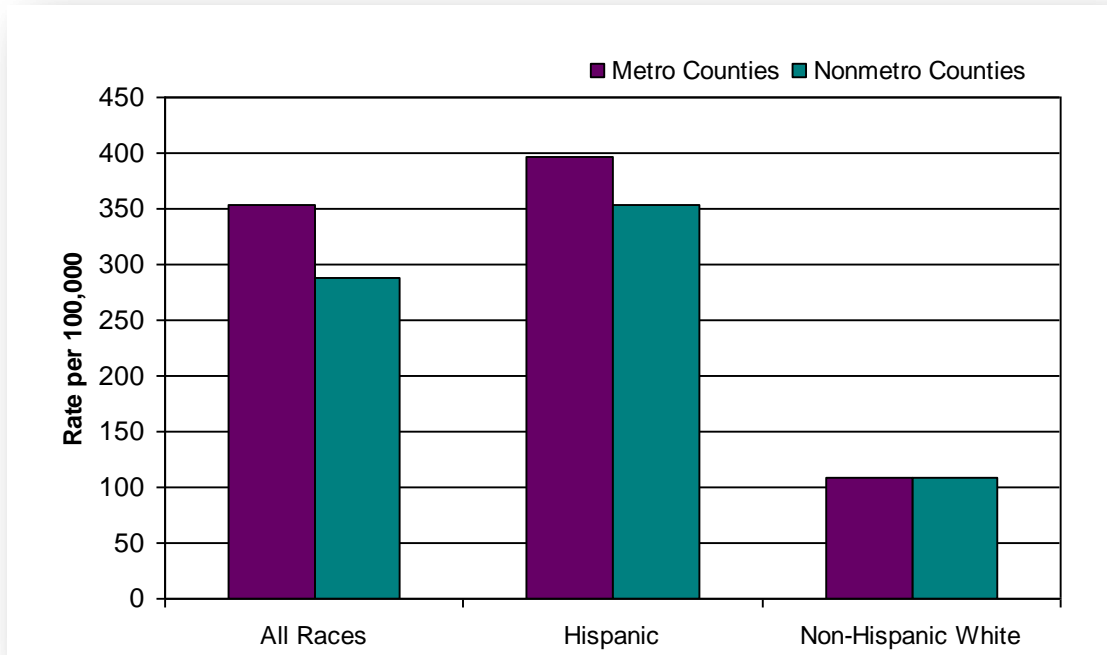


Figure 4.10. Incidence of chlamydia in South Texas by county designation and race/ethnicity, 2001-2005.

Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

In 2001-2005, the incidence of chlamydia was higher in Bexar County (445/100,000) than in South Texas as a whole (344.6/100,000). However, chlamydia incidence estimates were lower in Webb County (244/100,000) and the Lower Rio Grande Valley region (282.5/100,000) than in South Texas (Figure 4.11).

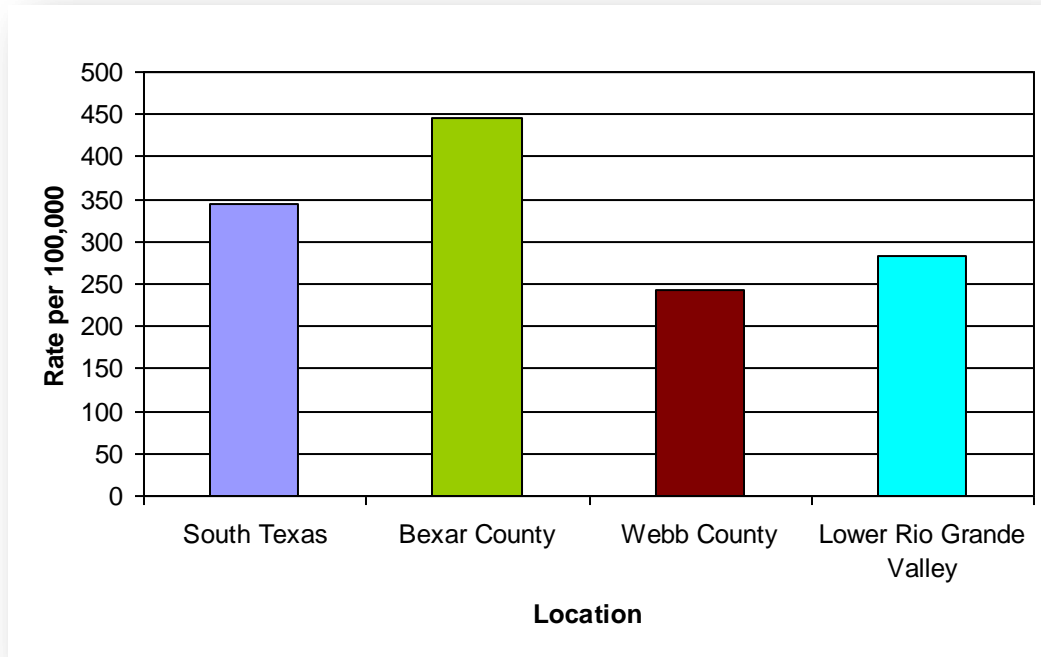


Figure 4.11. Incidence of chlamydia in selected South Texas locations, 2001-2005.
Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

References

1. Division of STD Prevention. Chlamydia - CDC Fact Sheet. Centers for Disease Control and Prevention. 2006. Accessed 2007 May; <http://www.cdc.gov/std/Chlamydia/chlamydia.pdf>.
2. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2005 Supplement, Chlamydia Prevalence Monitoring Project Annual Report 2005. 2006. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Gonorrhea

Gonorrhea is a sexually transmitted disease caused by the *Neisseria gonorrhoeae* bacterium. This bacterium grows easily in many parts of the reproductive tract, including the cervix, uterus, and fallopian tubes in women and the urethra in both women and men. Gonorrhea can also grow in the throat, mouth, eyes, and anus. Gonorrhea bacteria can be transmitted by contact with the penis, mouth, vagina, or anus of an infected individual; ejaculation is not necessary for the disease to be spread. Gonorrhea can also be transmitted from an infected mother to her baby during childbirth. If left untreated,

gonorrhea can cause permanent health problems, including infertility, in both sexes. Gonorrhea infection also can spread to the blood or joints, which can be life-threatening.¹ Gonorrhea can usually be successfully treated and cured with antibiotics; however, drug-resistant gonorrhea infections are becoming more common in the U.S., complicating treatment.¹

Key Point: The incidence of gonorrhea was much lower than that of chlamydia in South Texas. The incidence of gonorrhea was more than two times higher than for non-Hispanic whites.

Gonorrhea is the second-most frequently reported notifiable disease in America, with 339,593 reported cases in the U.S. in 2005. However, because many people with gonorrhea are asymptomatic and thus do not get tested, this disease is often under-reported. The U.S. Centers for Disease Control and Prevention estimates that more than 700,000 new gonorrhea infections occur each year.^{1,2} In 2005, the Southern region of the U.S., which includes Texas, had a higher incidence of gonorrhea than the other regions. Nationwide, the incidence of gonorrhea is currently slightly higher among women than men and higher among 20-24 year-olds than among any other age group.² The incidence of gonorrhea is 18 times higher among African-Americans, more than three times higher among Native Americans, and two times higher among Hispanics than among non-Hispanic whites.² Like most sexually transmitted diseases, the major risk factors for gonorrhea include having unprotected sex and having sex with multiple partners.^{1,3}

Gonorrhea in South Texas

Overall, the average annual incidence of gonorrhea in South Texas (81.5/100,000) was much lower than the incidence of gonorrhea in the rest of Texas (127.4/100,000). This geographic differential was not seen among either Hispanics or non-Hispanic whites. Non-Hispanic whites in South Texas had a slightly lower incidence of gonorrhea than non-Hispanic whites in the rest of Texas, and Hispanics in South Texas had a slightly higher incidence than Hispanics in the rest of Texas (Figure 4.12). The high overall incidence of gonorrhea observed in the rest of Texas is possibly due to a higher percentage of African-Americans residing in the rest of Texas than in South Texas (as African-Americans have a higher incidence of gonorrhea than any other racial/ethnic group in the U.S.).

Hispanics had a higher incidence of gonorrhea than non-Hispanic whites in both South Texas and the rest of Texas. In 2001-2005, the average annual incidence of gonorrhea among Hispanics in South Texas (71.8/100,000) was more than two times higher than among non-Hispanic whites (29.4/100,000) (Figure 4.12).

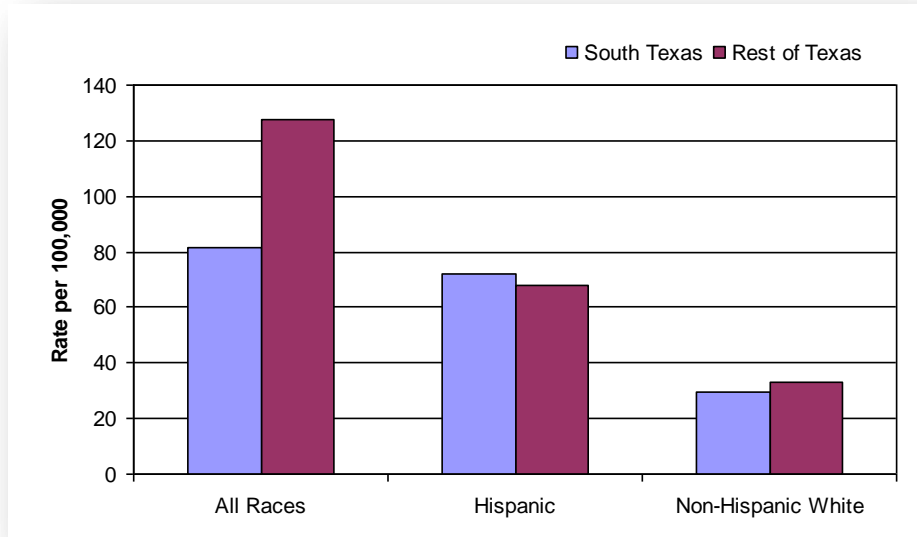


Figure 4.12. Incidence of gonorrhea by location and race/ethnicity, 2001-2005.
 Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

In South Texas, the incidence of gonorrhea was higher for females (84/100,000) than for males (78.8/100,000). Individuals ages 20-24 had a higher risk of gonorrhea (346.7/100,000) than all other age groups in South Texas. The incidence of gonorrhea was more than two-and-a-half times higher in South Texas metropolitan counties (88.3/100,000) than in non-metropolitan counties (34.6/100,000). Bexar County had a much higher incidence of gonorrhea (144.3/100,000) than all of South Texas (81.5/100,000); however, the gonorrhea incidence estimates for Webb County (14.1/100,000) and the Lower Rio Grande Valley region (22.9/100,000) were much lower than for South Texas as a whole (Figure 4.13). The incidence of gonorrhea in Webb County was five times lower than the incidence of gonorrhea in South Texas.

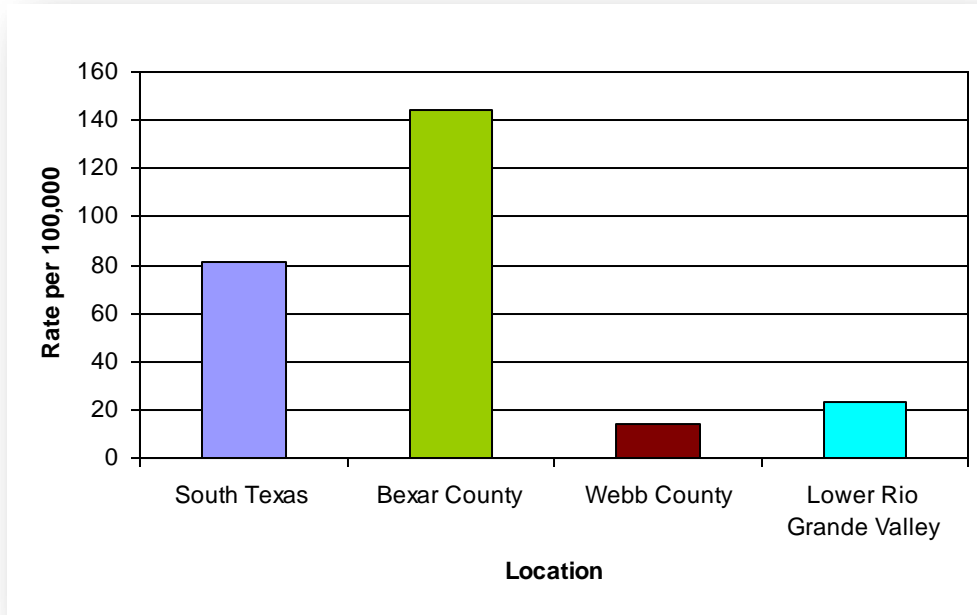


Figure 4.13. Incidence of gonorrhea in selected South Texas locations, 2001-2005.
 Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

References

1. Division of STD Prevention. Gonorrhea - CDC Fact Sheet. Centers for Disease Control and Prevention. 2006. Accessed 2007 May; <http://www.cdc.gov/std/gonorrhea/gonorrhea.pdf>.
2. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2005. 2006. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
3. Gonorrhea. EngenderHealth. 2005. Accessed 2007 May; <http://www.engenderhealth.org/wh/inf/dgon.html>.

Summary – Communicable Diseases

Table 4.1. Summary table of crude incidence rates in South Texas, the rest of Texas, and nationwide* for each of the communicable diseases analyzed.

| Health Indicator | Incidence per 100,000 population | | |
|------------------|----------------------------------|-----------------------------|------------------|
| | South Texas, 2001-2005 | Rest of Texas, 2001-2005 | Nationwide, 2005 |
| Tuberculosis | 8.6 | 6.9 | 4.8 |
| HIV/AIDS | 16.4 | 25.6 | ---- |
| Syphilis | 15.3 | 19.1 | ---- |
| Chlamydia | 344.6 | 310.7 | ---- |
| Gonorrhea | 81.5 | 127.4 | ---- |

* Nationwide estimates are not available for some health indicators if the incidence of the health indicator could be found.