

# Utah health status update

## Key findings

- The number of congenital cytomegalovirus (cCMV) tests completed per year increased from 281 in 2014 to more than 2,500 annually during 2020 and 2021 (figure 1).<sup>2</sup>
- The percentage of tests resulting in identification of positive cCMV cases remained consistent at 1% from 2018 to 2020. However, in 2021, the number of positive cCMV cases dropped to 0.4% (figure 1).

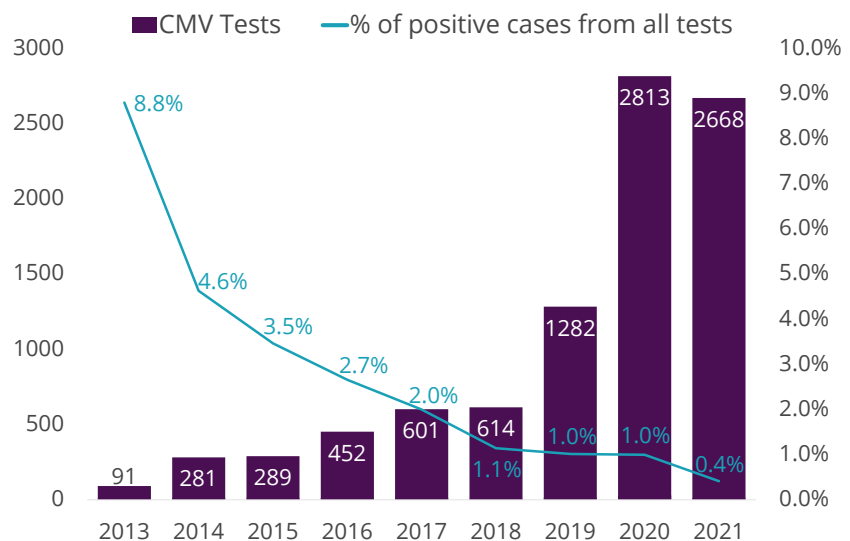
## Reduced incidence of congenital cytomegalovirus (CMV) infections during the COVID-19 pandemic

Cytomegalovirus (CMV) is a common virus affecting people of all ages.<sup>1</sup> More than half of all adults are infected at some point by age 40 in the U.S. Most CMV infections are asymptomatic or result in a mild illness. However, when pregnant women contract CMV and pass it to their child prior to birth (a congenital CMV, or cCMV, infection), the virus can cause severe and permanent health problems in the unborn child including hearing loss, developmental delays, and vision loss.<sup>1</sup>

The Utah Early Hearing Detection and Intervention program has tracked cCMV tests performed on newborn children in the state since 2013. The number of cCMV tests completed per year increased from 281 in 2014 to more than 2,500 annually during 2020 and 2021 (figure 1).<sup>2</sup> Despite the increase in testing, the percentage of tests resulting in the identification of positive cCMV cases remained consistent at around 1% from 2018 to 2020. In 2021, the number of positive cCMV cases dropped to 0.4% (figure 1). This decrease coincided with hygienic practices promoted during the height of the COVID-19 pandemic.

### Percentage of cCMV cases and number of tests, by year, Utah, 2013–2021

Figure 1. Positive cCMV case percentage was at an all-time low in 2021.



Source: Utah Early Hearing Detection and Intervention Program.

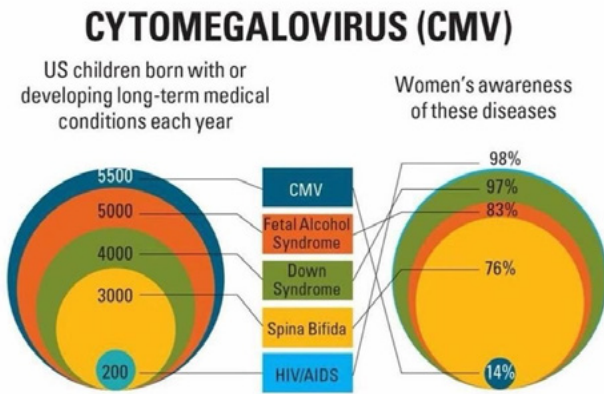


Feature article continued

Awareness of cCMV is lower than nearly any other major childhood health condition. A 2016 study found fewer than 7% of US adults had heard of cCMV.<sup>3</sup> It is estimated that 1 in every 200 babies born will have a cCMV infection. Of these, about 20% will develop permanent health problems, which equates to roughly 6,000 children in the US, and 50 babies in Utah each year. This makes cCMV-related disabilities more common than many other well-known conditions, including Down syndrome, fetal alcohol syndrome, and spina bifida (Figure 2).<sup>4</sup>

### Congenital cytomegalovirus occurrences vs. awareness

Figure 2. In the U.S., CMV was a lesser known childhood medical condition even though it is more common than others.



Source: National CMV Foundation.

Because of this lack of awareness, it is vitally important for women of childbearing age to be educated about the risk of CMV during pregnancy and taught behavioral strategies to reduce their risk. CMV is spread through bodily fluids such as urine and saliva and young children are the most likely age group to have an active infection. Pregnant women can lower their risk of CMV infection by avoiding the sharing of food, drink, or utensils with young children, and washing their hands with soap and water after changing a child's diapers or helping them use a toilet.<sup>4</sup>

One positive outcome of the COVID-19 pandemic was societal behavioral changes based on hygienic measures, including masking, increased hand washing, and social distancing. These behavioral changes coincided with a decreased number of cCMV cases.<sup>5</sup>

To find more information and shareable resources on CMV, please visit [health.utah.gov/cmV](https://health.utah.gov/cmV). If your organization or community group would like an educational webinar or presentation on CMV, email [cmv@utah.gov](mailto:cmv@utah.gov).

- Centers for Disease Control and Prevention. (2022, May 27). Babies born with congenital cytomegalovirus (CMV). Centers for Disease Control and Prevention. Retrieved July 13, 2022, from <https://www.cdc.gov/cmV/congenital-infection.html>
- The Utah Department of health and Human Services Early Hearing and Detection Program, 2022.
- Doutre, S. M., Barrett, T. S., Greenlee, J., & White, K. R. (2016). Losing Ground: Awareness of Congenital Cytomegalovirus in the United States. *Journal of Early Hearing Detection and Intervention*, 1(2), 39-48. DOI: <https://doi.org/10.15142/T32G62>
- What is CMV? | National CMV Foundation. Retrieved July 13, 2022, from <https://www.nationalcmv.org/overview/start-here>
- Villaverde, S., Esquivel, E., Baquero-Artigao, F., Noguera-Julian, A., Frick, M. A., Rojo, P., & Blázquez-Gamero, D. (2022). Impact of the COVID-19 pandemic on the diagnosis of congenital cytomegalovirus infection in Spain. *Pediatric Infectious Disease Journal*, 41(7), 590–592. <https://doi.org/10.1097/inf.0000000000003532>

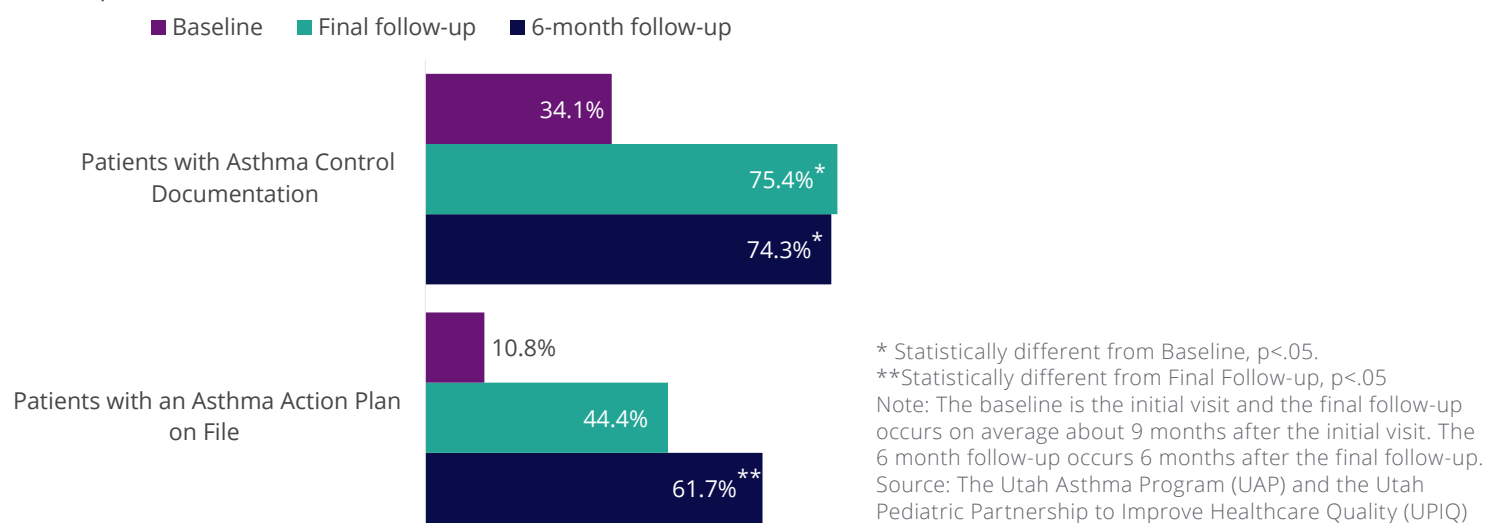
## Asthma clinical quality improvement processes: evaluating successes and barriers to implementation and sustainability

Asthma is an important public health issue in Utah with 10.8% of the adult population diagnosed in 2020, an increase from 9.9% in 2019.<sup>1</sup> Quality asthma care is essential to managing asthma-related complications and preventing emergency department visits by ensuring the right medications are prescribed for those who need it.<sup>2</sup> The Utah Asthma Program (UAP), in partnership with the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ), completed an evaluation of clinical quality improvement (QI) activities for all ages to identify the sustainability and impact of quality improvement on asthma care in clinics.

A pre-post test design analyzed improvements in documentation of asthma control and asthma action plans (AAPs) in patient medical charts from baseline provider visits to 6-month post-QI intervention. Content analysis evaluated focus group data from a subset of clinics who discussed implementation and sustainability of quality improvement processes. Quality measures improved with a statistically significant ( $p < .05$ ) improvement in documentation of asthma control from 31.4% at baseline to 75.4% at final follow-up. Documentation of AAPs also statistically improved ( $p < .05$ ) from 10.8% at baseline to 44.4% at final follow-up. Both measures maintained these gains at the 6 month post follow-up with 74.3% and 61.7%, respectively (figure 1). Focus group data showed the QI processes promoted better patient care through improved collaboration across providers. Consistent use of guidelines-based care was easy to initiate and incorporate into work flows. However, the gap between electronic health records software and value seen in QI processes, trained staff, asthma patients, and ongoing support by made some processes difficult to maintain over time. For more updates please visit <https://health.utah.gov/asthma/>.

### Percentage of patients with a documented asthma control and an asthma action plan, Utah, 2018–2019

Figure 1. Documentation of asthma control and asthma action plans files increased significantly from baseline to follow-up visits.



1. Utah Behavioral Risk Factor Surveillance System (BRFSS). [https://ibis.health.utah.gov/ibisph-view/query/builder/brfss/LandlineCellAgeAdj5\\_AsthNow/AsthNow.html](https://ibis.health.utah.gov/ibisph-view/query/builder/brfss/LandlineCellAgeAdj5_AsthNow/AsthNow.html)

2. U.S. Department of Health and Human Services Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease/reduce-emergency-department-visits-people-aged-5-years-and-over-asthma-rd-03>

# Monthly health indicators

Monthly report of notifiable diseases, June 2022	Current month # cases	Current month # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity Ratio (obs/exp)
COVID-19 (SARS-CoV-2)	Weekly updates at <a href="https://coronavirus.utah.gov/case-counts/">https://coronavirus.utah.gov/case-counts/</a>				
Influenza*	Updates at <a href="http://health.utah.gov/epi/diseases/influenza">http://health.utah.gov/epi/diseases/influenza</a>				
Campylobacteriosis (Campylobacter)	62	61	273	257	1.1
Salmonellosis (salmonella)	28	39	180	149	1.2
Shiga toxin-producing Escherichia coli (E. coli)	25	25	97	75	1.3
Shigellosis (shigella)	8	<5	39	23	1.7
Pertussis (whooping cough)	4	28	46	159	0.3
Varicella (chickenpox)	<5	7	43	80	0.5
Hepatitis A (infectious hepatitis)	<5	<5	7	32	0.2
Hepatitis B, acute infections (serum hepatitis)	<5	<5	<5	11	0.2
Meningococcal disease	<5	<5	<5	<5	n/a
West Nile virus	<5	<5	<5	<5	n/a
Quarterly report of notifiable diseases, 2nd quarter 2022	Current quarter # cases	Current quarter # expected cases (5-yr average)	# cases YTD	# expected cases YTD (5-yr average)	YTD standard morbidity ratio (obs/exp)
HIV/AIDS†	24	28	52	59	0.9
Chlamydia	3,118	2,614	11,206	10,342	1.1
Gonorrhea	1,078	728	3,620	2,699	1.3
Syphilis	52	32	212	130	1.6
Tuberculosis	14	<5	18	12	1.6
Medicaid expenditures (in millions) for the month of June 2022	Current month	Expected/budgeted for month	Fiscal YTD	Budgeted fiscal YTD	Variance over (under) budget
Mental health services	\$10	\$10	\$213	\$214	(\$1.4)
Inpatient hospital services	\$12	\$12	\$238	\$239	(\$1.4)
Outpatient hospital services	\$3	\$3	\$37	\$39	(\$1.8)
Nursing home services	\$19	\$19	\$323	\$324	(\$1.2)
Pharmacy services	\$12	\$12	\$149	\$150	(\$1.0)
Physician/osteo services‡	\$4	\$3	\$84	\$85	(\$1.0)
Medicaid expansion services	\$64	\$64	\$1,097	\$1,099	(\$1.5)
***Total Medicaid	\$207	\$206	\$4,328	\$4,328	(\$0.7)

|| Comparisons include previous data year 2020. Updates for COVID-19 can be found at <https://coronavirus.utah.gov>. This includes case counts, deaths, number of Utahns tested for disease, and latest information about statewide public health measures to limit the spread of COVID-19 in Utah.

\* More information and weekly reports for influenza can be found at <http://health.utah.gov/epi/diseases/influenza>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations.

‡ Medicaid payments reported under physician/osteo Services do not include enhanced physician payments.

\*\*\*The Total Medicaid program costs do not include costs for the PRISM project.

# Monthly health indicators

Program enrollment for the month of June	Current month	Previous month	% change <sup>§</sup> from previous month	1 year ago	% change <sup>§</sup> from 1 year ago
Medicaid	474,169	470,024	+0.9%	424,510	+11.7%
CHIP (Children's Health Insurance Plan)	7,126	7,132	-0.1%	9,521	-25.2%
Commercial insurance payments <sup>#</sup>	Current data year	Number of members	Total payments	Payments per member per month (PMPM)	% change <sup>§</sup> from previous year
Dental	2020	5,667,256	\$ 154,748,044	\$27.31	N/A
Medical	2020	11,631,161	\$ 3,365,207,356	\$289.33	-3.8%
Pharmacy	2020	10,845,512	\$ 889,492,538	\$82.01	+9.4%
Annual community health measures	Current data year	Number affected	Percent\rate	% change from previous year	State rank <sup>**</sup> (1 is best)
Suicide deaths	2020	651	20.0 / 100,000	-1.90%	40 (2019)
Asthma prevalence (adults 18+)	2020	250,600	10.80%	9.10%	39 (2020)
Poor mental health (adults 18+)	2020	540,700	23.30%	7.90%	37 (2020)
Influenza immunization (adults 65+)	2020	261,400	68.50%	7.20%	23 (2020)
Drug overdose deaths involving opioids	2020	432	13.3 / 100,000	7.30%	20 (2019)
Unintentional fall deaths	2020	651	20.0 / 100,000	-1.90%	17 (2019)
Infant mortality	2020	366	11.3 / 100,000	4.60%	17 (2018)
Traumatic brain injury deaths	2020	2,272	69.9 / 100,000	6.10%	15 (2019)
Obesity (adults 18+)	2020	663,700	28.60%	-2.10%	13 (2020)
Diabetes prevalence (adults 18+)	2020	188,000	8.10%	1.30%	17 (2020)
Births to adolescents (ages 15-17)	2020	318	4.1 / 1,000	7.70%	10 (2018)
Childhood immunization (4:3:1:3:3:1:4)††	2020	47,970	74.6%	-2.5%	19 (2020)
Motor vehicle traffic crash injury deaths	2020	299	9.2 / 100,000	27.60%	7 (2019)
High blood pressure (adults 18+)	2020	598,700	25.80%	5.70%	7 (2019)
Cigarette smoking (adults 18+)	2020	206,500	8.90%	1.10%	1 (2020)
Binge drinking (adults 18+)	2020	264,500	11.40%	0.90%	1 (2020)
Coronary heart disease deaths	2020	1,853	57.0 / 100,000	12.00%	1 (2020)
All cancer deaths	2020	3,459	106.4 / 100,000	3.70%	1 (2020)
Stroke deaths	2020	916	28.2 / 100,000	-1.00%	1 (2020)
Child obesity (grade school children)	2018	38,100	10.60%	11.60%	n/a
Vaping, current use (grades 8, 10, 12)	2019	37,100	12.40%	11.30%	n/a
Health insurance coverage (uninsured)	2020	383,500	11.80%	-6.30%	n/a
Early prenatal care	2020	34,716	75.90%	0.00%	n/a

<sup>§</sup> Relative percent change. Percent change could be due to random variation.

<sup>#</sup> Figures subject to revision as new data is processed.

<sup>\*\*</sup> State rank in the United States based on age-adjusted rates where applicable.

<sup>††</sup> Data from 2020 NIS for children aged 24 month (birth year 2018).