

Communicable Diseases (CD) Quarterly Report

2018 2nd Quarter

CD Control Program, San Mateo County Health

▪ Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) ▪ Issue No. 44 ▪ Data to June 30, 2018 ▪
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Selected Communicable Disease Cases Reported in San Mateo County				
Disease	2018		2017	
	2 nd Qtr	YTD	2 nd Qtr	YTD
Coccidioidomycosis	1	10	4	8
Dengue*	1	2	0	2
Leptospirosis*	0	1	0	0
Listeriosis	0	0	1	5
Malaria	1	1	0	1
Meningitis/Encephalitis [§]	3	7	3	9
Bacterial†	0	2	2	5
Fungal [§]	0	0	0	0
Viral	3	5	1	4
Not Otherwise Specified	0	0	0	0
Meningococcal Disease*	0	0	2	2
Typhus*‡	0	1	0	0
Zika*	1	2	1	2

*Includes confirmed and probable cases [§]Includes confirmed, probable, and suspect cases
[†]Excluding meningococcal meningitis [‡]Excluding coccidioidomycosis ‡Typhus and other Non-Spotted Fever Rickettsioses

Selected Gastrointestinal Illnesses Reported in San Mateo County				
Disease	2018		2017	
	2 nd Qtr	YTD	2 nd Qtr	YTD
Amebiasis	4	5	3	5
Campylobacteriosis*	60	133	75	143
Cryptosporidiosis*	2	10	1	6
Cyclosporiasis	11	11	1	2
Giardiasis*	26	50	23	45
Salmonellosis (non-typhoid)*	24	51	33	61
serotype Enteritidis	4	5	3	5
serotype I 4,[5],12:-	0	0	1	2
serotype Infantis	0	1	2	4
serotype Typhimurium	0	3	1	3
Pending/Other serotypes	20	42	26	47
Typhoid Fever	1	1	0	1
Shigellosis*	24	44	21	34
STEC with HUS [§]	1	1	0	0
STEC without HUS [§]	10	19	9	15
Vibrio (non-cholera)*	3	3	0	0

*Includes confirmed and probable cases [§]As of Jan 1, 2018, the Shiga Toxin-producing *E. coli* (STEC) categories combine the following historical categories: *E. coli* O157, Shiga toxin positive feces, and STEC with/without HUS; the 2017 totals are the sum of all cases in the historical categories

Selected Vaccine Preventable Diseases Reported in San Mateo County				
Disease	2018		2017	
	2 nd Qtr	YTD	2 nd Qtr	YTD
Hepatitis A	1	3	1	2
Influenza - ICU Hosp (0-64 yrs)	1	3	1	4
Influenza Death (0-64 yrs)	0	3	0	0
Measles	0	0	0	0
Mumps	0	0	0	1
Pertussis*	46	74	20	51

*Includes confirmed, probable and suspect cases

Data: California Reportable Disease Information Exchange (CalREDIE); data pulled 7/24/18. **Notes:** For individual diseases, morbidity is based on the date the case was received by the CD Control Program; for outbreaks, counts are based on the date the outbreak event was created in CalREDIE by the CD Control Program. Case definitions changed as of 1/1/2018 for several gastrointestinal illness conditions, which may result in artificial increases in 2018 cases compared to 2017 cases. Totals for past quarters may change due to delays in reporting from labs and providers, the use of different reporting systems, and changes to the resolution statuses of cases based on subsequent information received. All totals are for confirmed cases, unless noted otherwise.
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Focus on Leptospirosis—Part 2

Diagnosis is usually based on serology. Various serologic screening tests are available, including ELISA and multiple rapid diagnostic tests. Positive screening tests should be confirmed with the **microscopic agglutination test (MAT)**. MAT is the gold standard but can only be performed at certain reference laboratories, including CDC. Culture is insensitive but detection of the organism in blood or cerebrospinal fluid using **real-time PCR** provides a timely diagnosis during the acute, septicemic phase.

Early antimicrobial therapy may decrease the duration and severity of leptospirosis and should be initiated without waiting for confirmatory test results, if leptospirosis is suspected. **Doxycycline is the drug of choice for patients with mild symptoms** but it is not recommended for pregnant women or children younger than 8; alternative options include azithromycin, ampicillin and amoxicillin. **Intravenous penicillin** is the drug of choice for patients with severe disease although ceftriaxone was shown to be equally effective.

No vaccine is available in the United States. Limited studies have shown that **chemoprophylaxis with doxycycline** begun 1-2 days before and continuing through the period of exposure may be effective in preventing clinical disease in adults and could be considered for people at risk and with short-term exposures. However, **the best way to prevent infection is to avoid exposure.** Travelers should be educated on exposure risks and advised to avoid contact with potentially contaminated bodies of water, and contact with potentially infected animals and their bodily fluids. Protective clothing especially footwear should be worn and cuts and abrasions should be covered with occlusive dressings.

Selected Outbreaks in San Mateo County				
Outbreak type	2018		2017	
	2 nd Qtr	YTD	2 nd Qtr	YTD
All Gastrointestinal*	6	13	7	19
Norovirus [§]	1	4	2	7
All Respiratory*	2	25	5	24
Influenza†	0	14	1	15

*Includes confirmed, probable, and suspect outbreaks [§]Includes confirmed and probable outbreaks
 †Only confirmed outbreaks

Highlight—Animal Rabies Testing				
Species	2018		2017	
	# positive / # tested	YTD	2 nd Qtr	YTD
Bat	3 / 10	4 / 17	1 / 8	2 / 13
Cat	0 / 10	0 / 16	0 / 8	0 / 16
Dog	0 / 13	0 / 21	0 / 11	0 / 24
Skunk	0 / 2	0 / 2	0 / 1	0 / 2
Other*	0 / 17	0 / 19	0 / 4	0 / 10

Rabies testing was completed at the San Mateo County Public Health Laboratory. *2018, 2nd Qtr: 6 opossums, 7 raccoon, 1 rat, 3 squirrels; 2017, 2nd Qtr: 2 opossums, 1 raccoon, and 1 squirrel

About the Communicable Disease Control Program

The Communicable Disease Control Program is available to help meet the reporting needs and answer the questions of San Mateo County providers. To report a disease or outbreak, please call 650-573-2346 Monday through Friday, 8:00 am to 5:00 pm, or fax a Confidential Morbidity Report (CMR) to 650-573-2919. You may download an electronic copy of the CMR at <http://www.smchealth.org/communicablediseasereporting>. Web-based reporting via CalREDIE is also available. Please contact us if you would like to know more about, and sign up for, web-based reporting. Non-urgent questions and/or general inquiries may be directed to SMCCDControl@smcgov.org.

