

Communicable Diseases (CD) Quarterly Report

2018 4th Quarter

CD Control Program, San Mateo County Health

• Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) • Issue No. 46 • Data to December 31, 2018 •
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Selected Communicable Disease Cases Reported in San Mateo County				
Disease	2018		2017	
	4 th Qtr	YTD	4 th Qtr	YTD
Chikungunya*	0	1	0	1
Coccidioidomycosis	5	16	7	19
Dengue*	3	8	0	4
Leptospirosis*	0	1	0	0
Listeriosis	0	3	1	9
Malaria	1	4	2	3
Meningitis/Encephalitis [§]	5	20	6	19
Bacterial [†]	2	6	0	6
Fungal [§]	1	2	0	1
Viral	2	12	6	12
Meningococcal Disease*	1	1	0	2
Typhus* [‡]	0	1	0	0
Zika*	1	5	0	3

*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	
	4 th Qtr	YTD	4 th Qtr	YTD
Amebiasis	0	7	1	7
Campylobacteriosis*	68	277	78	309
Cryptosporidiosis*	2	18	6	28
Cyclosporiasis	0	22	0	4
Giardiasis*	17	88	16	86
Salmonellosis (non-typhoid)*	41	140	33	150
Paratyphoid Fever	0	1	0	0
Typhoid Fever	0	1	0	1
Shigellosis*	15	80	12	68
STEC with HUS* [§]	0	1	1	1
STEC without HUS* [§]	12	54	6	45
Vibriosis (non-cholera)*	2	12	1	3

*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

2018 Bay Area Cyclosporiasis Cluster

A cluster of cyclosporiasis cases occurred in the San Francisco Bay Area between May and July 2018. Epidemiological data gathered during a collaborative investigation among local health departments, the California Department of Public Health, and other partners implicated fresh basil harvested in Mexico as the likely source of the increase in cases.

Selected Vaccine Preventable Diseases Reported in San Mateo County				
Disease	2018		2017	
	4 th Qtr	YTD	4 th Qtr	YTD
Hepatitis A	1	4	1	3
Measles	0	1	0	0
Mumps	0	0	0	3
Pertussis*	18	115	11	71

*Includes confirmed, probable and suspect cases

Data: California Reportable Disease Information Exchange (CalREDIE); data pulled 4/08/19. **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 Cyclosporiasis – Part 2

Cyclospora infection is characterized by anorexia, nausea, flatulence, fatigue, abdominal cramping, watery diarrhea, low-grade fever, and weight loss. The median incubation period is about seven days. Symptoms often last for several weeks. Infected patients may have a single self-limited episode or a prolonged waxing and waning course. Severe clinical symptoms occur most often among young children, older adults and patients with HIV/AIDS. Asymptomatic infection can also occur.

The **diagnosis** of cyclosporiasis is established via stool microscopy; **ooocysts can be detected by modified acid-fast staining of stool**, in which oocysts appear light pink to deep purple (8 to 10 microns in diameter). It is important to distinguish the *Cyclospora* oocysts from those of *Cryptosporidium*, which are also acid fast but smaller (5 microns in diameter). Several polymerase chain reaction assays have been developed to identify *Cyclospora*. The BioFire FilmArray gastrointestinal panel includes *C. cayetanensis*. There are no serologic assays available for diagnosis of *Cyclospora* infection.

The **differential diagnosis** of *Cyclospora* infection includes other protozoal parasites including giardiasis, cryptosporidiosis, and *Cystoisospora belli*. These may be distinguished from *C. cayetanensis* via stool microscopy or polymerase chain reaction.

Treatment of cyclosporiasis in immunocompetent adults usually consists of trimethoprim-sulfamethoxazole for 7 to 10 days. Nitazoxanide and Ciprofloxacin may be used in patients who have a sulfa allergy.

Selected Outbreaks in San Mateo County				
Outbreak type	2018		2017	
	4 th Qtr	YTD	4 th Qtr	YTD
All Gastrointestinal*	6	23	7	36
Norovirus [§]	2	7	3	15
All Respiratory*	3	30	10	36
Influenza [†]	0	17	8	25

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

Highlight—Animal Rabies Testing

Species # positive / # tested	2018		2017	
	4 th Qtr	YTD	4 th Qtr	YTD
Bat	1 / 6	5 / 30	1 / 6	3 / 26
Cat	0 / 8	0 / 37	0 / 5	0 / 31
Dog	0 / 7	0 / 32	0 / 8	0 / 38
Skunk	0 / 2	0 / 15	0 / 1	0 / 11
Other [†]	0 / 6	0 / 34	0 / 4	0 / 17

Rabies testing was completed at the San Mateo County Public Health Laboratory. [†] 4th Qtr: 2 opossums, 4 raccoons; 2017, 4th Qtr: 3 raccoons, 1 squirrel

Reporting Animal Bites

Rabies is endemic throughout California. California law mandates reporting of all exposures to saliva and brain/nervous system tissue of animals susceptible to rabies (all mammals) through a bite, open cut in the skin, or mucous membranes. Providers should fill out an Animal Bite Report form, which can be found at smchealth.org/providers/rabies.

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 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 SMCCDCControl@smcgov.org.



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