SAN MATEO COUNTY HEALTH

Communicable Diseases (CD) Quarterly Report
2019 3rd Quarter
CD Control Program, San Mateo County Health

Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) · Issue No. 49 · Data to September 30, 2019
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Selected Communicable Disease Cases Reported in San Mateo County

Disease	2019		2018	
	3rd Qtr	YTD	3rd Qtr	YTD
Chikungunya	1	1	1	1
Coccidioidomycosis*	11	23	1	11
Dengue	3	3	3	5
Leptospirosis	0	0	0	1
Listeriosis	1	1	3	3
Malaria*	1	1	2	3
Meningitis/Encephalitis$	7	15	8	15
Bacterial†	5	9	2	4
Fungal§	0	2	1	1
Viral	1	3	5	10
Not Otherwise Specified	1	1	0	0
Meningococcal Disease	0	0	0	0
Typhus‡	0	0	0	1
Zika	1	1	1	4

*Includes confirmed cases only $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	2019		2018	
	3rd Qtr	YTD	3rd Qtr	YTD
Campylobacteriosis	80	234	76	209
Cryptosporidiosis	12	24	6	16
Cyclosporiasis	3	3	11	24
Giardiasis	34	61	21	69
Paratyphoid Fever	1	2	1	1
Salmonellosis (non-typhoid)	59	98	48	99
Shigellosis	28	59	21	65
STEC$ with HUS	0	0	0	1
STEC without HUS	43	68	23	42
Typhoid Fever	1	5	0	1
Vibriosis (non-cholera)	6	6	7	10

*Includes confirmed cases only $Shiga toxin-producing *Escherichia coli*

Selected Vaccine Preventable Diseases Reported in San Mateo County

Disease	2019		2018	
	3rd Qtr	YTD	3rd Qtr	YTD
Hepatitis A*	0	0	0	3
Measles*	1	5	1	1
Mumps	1	2	0	0
Pertussis^	42	99	23	96

*Includes confirmed cases only ^Includes confirmed, probable and suspect cases

Selected Outbreaks in San Mateo County

Outbreak type	2019		2018	
	3rd Qtr	YTD	3rd Qtr	YTD
All Gastrointestinal*	0	14	4	17
Norovirus$	0	5	1	6
All Respiratory*	3	35	2	27
Influenza†	0	13	2	17

*Includes confirmed, probable, and suspect outbreaks $Includes confirmed and probable outbreaks †Only confirmed outbreaks

Focus on Baylisascariasis, Part 2

Diagnosis of baylisascariasis is dependent upon a compatible history of exposure, clinical signs and symptoms, and the results of diagnostic tests. **Clinical testing usually includes a CBC with differential, a lumbar tap and CSF cytologic evaluation, serology, identification of larvae recovered from the tissues by biopsy or autopsy or visualized in the eye, and imaging of the CNS for characteristic changes.** *B. procyonis* infection should be considered in all cases of **eosinophilic meningo-encephalitis** and ocular larva migrans.

Because of the seriousness of the illness and the limitations of effective therapy, early consideration and diagnosis are essential. Damage to the brain occurs quickly and treatment needs to be started without delay. Unfortunately, the prognosis, especially in cases of heavy infections is usually poor, even with treatment.

Treatment usually consists of albendazole, which should be started as soon as the diagnosis is suspected (CNS disease with CSF eosinophilia and likely exposure) while serology and other diagnostic tests are being pursued. Concomitant use of **corticosteroids** is recommended.

When humans live close to forests or natural areas, they are more likely to attract raccoons into their yards. In addition, food sources such as pet food, garbage, and bird feed increase the likelihood that raccoons will create latrines. In areas of high raccoon density, **these attractants should be removed**. While trapping and removing raccoons is possible, **bait deworming of raccoons and latrine clean-up/decontamination** are preferred by many. The application of some form of **heat** has been found to be the most effective decontamination method. Children need to be taught how to **recognize and avoid raccoon latrines and to wash their hands** after playing outside or with animals. There is currently **no vaccine** against *B. procyonis*.

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 SMCCDControl@smcgov.org.

Data: California Reportable Disease Information Exchange (CalREDIE); data pulled 10/29/19. **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 was created in CalREDIE by the CD Control Program. Past totals may change due to delays in reporting from laboratories 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 and probable cases, unless noted otherwise.
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