



Communicable Diseases (CD) Quarterly Report

2023 2nd Quarter

CD Control Program, San Mateo County Health

Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) · Issue No. 52 · Data to June 30, 2023
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Selected Communicable Disease Cases Reported in San Mateo County				
Disease	2023		2022	
	2 nd Qtr	YTD	2 nd Qtr	YTD
Chikungunya	0	1	0	0
Coccidioidomycosis*	5	16	8	11
Dengue	0	2	0	1
Legionellosis [§]	2	6	2	3
Listeriosis	1	3	0	1
Malaria*	1	2	0	1
Meningitis/Encephalitis [§]	5	10	2	5
Bacterial [†]	3	4	0	1
Fungal [§]	1	3	0	0
Viral	1	3	2	4
Not Otherwise Specified	0	0	0	0
Meningococcal Disease	0	0	0	0

*Includes confirmed cases only [†]Includes confirmed, probable, and suspect cases
[‡]Excluding meningococcal meningitis [§]Excluding coccidioidomycosis

Selected Gastrointestinal Illnesses Reported in San Mateo County				
Disease	2023		2022	
	2 nd Qtr	YTD	2 nd Qtr	YTD
Amebiasis*	1	1	0	0
Campylobacteriosis	78	164	68	107
Cryptosporidiosis	9	23	10	16
Cyclosporiasis	3	3	0	0
Giardiasis	19	32	13	25
Salmonellosis (non-typhoid)	28	53	11	31
Shigellosis	22	36	22	39
Typhoid Fever	0	2	1	1
Paratyphoid Fever	0	0	0	1
STEC* with HUS	0	0	0	0
STEC* without HUS	27	48	15	25
Vibriosis (non-cholera)	2	3	2	3
Yersiniosis	4	16	4	6

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

Selected Vaccine Preventable Diseases Reported in San Mateo County				
Disease	2023		2022	
	2 nd Qtr	YTD	2 nd Qtr	YTD
Haemophilus Influenzae [#]	1	2	0	0
Hepatitis A*	2	2	0	0
Measles*	0	0	0	0
Mumps	1	1	0	0
Pertussis	0	1	0	0

[#]Invasive disease, less than 5 years old * Includes confirmed cases only

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 7/24/23. **Notes:** For individual diseases, morbidity is based on the date the case was received 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.
Authors: Communicable Disease Control Program

Focus on Coccidioidomycosis, Part 2
 After infection, a wide spectrum of manifestations is possible, from subclinical illness and self-limited acute pneumonia (**Valley Fever**) to disseminated disease, especially in immunosuppressed patients. The proportion of infections that become clinically significant increases with more intensive dust exposure. Males are more susceptible than females to infection. Primary infections due to *Coccidioides* species most frequently manifest as **community-acquired pneumonia** about 1 to 3 weeks after exposure. The most common presenting symptoms are cough, pleuritic chest pain, headache, chills, fever and night sweats. Fatigue can persist for months and the frequent complaint of arthralgias has contributed to the alternate name of **desert rheumatism** for this illness. Cutaneous manifestations of primary coccidioidal infection include erythema nodosum and erythema multiforme.

Extrapulmonary infection can be found at any site, but most often involve the skin, bones and joints, and central nervous system. Central nervous system infection with *Coccidioides* spp. is fatal if untreated. Persons at highest risk for **disseminated infection** include pregnant women in their third trimester, persons of African or Filipino race/ethnicity, and immunocompromised individuals, especially those with HIV or organ transplant recipients. Patients receiving chemotherapy or TNF-alpha inhibitors are also at risk. Infection is usually treated with triazole antifungal agents although severe disease requires treatment with both azoles and amphotericin B. Patients often need to be treated for several years and organ-transplant recipients and those with meningitis must receive life-long therapy.

Most routine laboratory findings are unremarkable. A common, nonspecific abnormality is an elevated erythrocyte sedimentation rate. The peripheral white blood cell count is usually normal or only slightly elevated, but **eosinophilia** can be striking. Isolation of *Coccidioides* species in **culture** definitively establishes the diagnosis, even in patients with relatively mild pneumonia but constitutes a laboratory hazard. Since secondary cases have been reported in laboratory workers opening the plates for inspection, laboratory personnel should always be notified when a sample with suspected *Coccidioides* is sent for processing. In contrast, specimens for culture can be safely collected by health care workers since coccidioidal infection is not transmitted person to person. **Serologic testing** (immunodiffusion and complement fixation testing) is helpful for making the diagnosis and monitoring patients on therapy.

Species	2023		2022	
	# positive / # tested	2 nd Qtr	YTD	2 nd Qtr
Bat	1 / 15	1 / 20	1 / 5	1 / 7
Cat	0 / 8	0 / 14	0 / 7	0 / 10
Dog	0 / 11	0 / 23	0 / 9	0 / 19
Other [†]	0 / 9	0 / 11	0 / 6	0 / 18

Rabies testing was completed at the San Mateo County Public Health Laboratory. [†] 2023 2nd Qtr: 1 gopher, 4 opossums, 3 raccoons, 1 unknown; 2022 2nd Qtr: 1 fox, 3 opossums, 1 raccoon, 1 skunk