

Communicable Diseases (CD) Quarterly Report 2023 3rd Quarter

CD Control Program, San Mateo County Health

Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) · Issue No. 53 · Data to September 30, 2023
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Selected Communicable Disease Cases Reported in San Mateo County				
Disease	2023		2022	
	3 rd Qtr	YTD	3 rd Qtr	YTD
Brucellosis	1	1	1	2
Chikungunya	1	2	0	0
Coccidioidomycosis*	7	23	9	20
Dengue	4	6	3	4
Legionellosis [§]	2	8	1	4
Listeriosis	1	4	2	3
Malaria*	1	3	1	2
Meningitis/Encephalitis [§]	0	10	2	7
Bacterial [†]	0	4	1	2
Fungal [§]	0	3	0	0
Viral ^{††}	0	3	0	4
Not Otherwise Specified	0	0	1	1
Meningococcal Disease	0	0	0	0
West Nile Virus	4	4	1	1
Asymptomatic	1	1	0	0
Non-neuroinvasive	1	1	0	0
Neuroinvasive	2	2	1	1

*Includes confirmed cases only [§]Includes confirmed, probable, and suspect cases
[†]Excluding meningococcal meningitis [§]Excluding coccidioidomycosis ^{††}Excluding West Nile Virus

Selected Gastrointestinal Illnesses Reported in San Mateo County				
Disease	2023		2022	
	3 rd Qtr	YTD	3 rd Qtr	YTD
Amebiasis*	1	2	0	0
Campylobacteriosis	111	275	67	174
Cryptosporidiosis	8	31	8	24
Cyclosporiasis	6	9	2	2
Giardiasis	26	58	16	41
Salmonellosis (non-typhoid)	48	101	35	66
Shigellosis	43	79	23	62
Typhoid Fever	0	2	0	1
Paratyphoid Fever	0	0	0	1
STEC [^] with HUS	0	0	0	0
STEC [^] without HUS	35	83	32	57
Vibriosis (non-cholera)	8	11	5	8
Yersiniosis	5	21	4	10

*Includes confirmed cases only [^]Shiga toxin-producing *Escherichia coli*

Selected Vaccine Preventable Diseases Reported in San Mateo County				
Disease	2023		2022	
	3 rd Qtr	YTD	3 rd Qtr	YTD
Haemophilus Influenzae [#]	0	2	0	0
Hepatitis A*	0	2	0	0
Measles*	0	0	0	0
Mumps	0	1	0	0
Pertussis	3	4	1	1

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

Selected Outbreaks in San Mateo County				
Outbreak Type	2023		2022	
	3 rd Qtr	YTD	3 rd Qtr	YTD
All Gastrointestinal [§]	1	9	0	1
Norovirus [§]	0	5	0	1
All Respiratory [§] (except COVID-19)	2	6	1	4
Influenza [†]	0	0	0	2

[§]Includes confirmed, probable, and suspect outbreaks [§]Includes confirmed and probable outbreaks
[†]Includes only confirmed outbreaks

Focus on Norovirus, Part 1

Noroviruses are single-stranded, non-enveloped RNA viruses that are part of the Caliciviridae family. They are classified into 10 genogroups and 49 genotypes, with groups I, II and IV affecting humans. Genogroups are further divided into genotypes and then strains. **The most common cause of human norovirus infection is GII (mostly GII.4 and GII.17), followed by GI and GIV.** GII.4 viruses are associated with more severe outcomes, including higher hospitalization and death rates.

Noroviruses are the leading cause of viral gastroenteritis worldwide, with an estimated 19 to 21 million people affected yearly in the United States. Noroviruses often cause acute gastroenteritis **outbreaks**. In most countries where rotavirus vaccines have been included in the national immunization program, noroviruses have become the most common cause of gastroenteritis in children younger than 5 years old.

Illness due to norovirus is characterized by watery diarrhea, non-bloody and nonbilious vomiting, abdominal pain, myalgias, malaise and headache which usually resolve without treatment in 1-3 days. Fever occurs in approximately half of cases. Severe manifestations have been observed among older adults, children younger than 12 months old, and immunocompromised individuals. Neurologic complications have been reported in children. The most commonly reported chronic sequela of norovirus infection is chronic diarrhea among immunocompromised patients. **Recurrent infection can occur given the diversity of norovirus strains and the lack of full cross-strain or long-term immunity.**

Peak **viral shedding** occurs over the first 24 to 48 hours after illness onset, although the virus can be detected in stool up to 4 weeks following infection. In immunocompromised hosts, viral shedding can persist for months following infection. Stool shedding in asymptomatic individuals is common, especially in children. Excluding ill individuals from higher risk activities and/or settings (e.g., providing healthcare, preparing food, attending/working in preschool/child care settings, performing caregiving activities, etc.) until they have been symptom-free for at least 48 hours can help reduce transmission.

Outbreaks due to norovirus occur throughout the year, although there is a **seasonal pattern of increased activity during the winter months**. In addition, periodic increases tend to occur in association with the emergence of new strains.

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 smhealth.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 01/17/24. **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.
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