



Communicable Diseases (CD) Quarterly Report

San Mateo County Health System
CD Control Program

• Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) • Issue No. 41 • Data to September 30, 2017

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Table 1. Selected Communicable Disease cases reported in San Mateo County (SMC) Residents

Disease	2017		2016	
	3rd Qtr	YTD	3rd Qtr	YTD
Chikungunya*	0	1	1	1
Coccidioidomycosis	3	10	0	2
Dengue*	2	4	4	12
Listeriosis	3	8	2	4
Malaria	0	1	0	2
Meningitis - Bacterial ^{††}	0	5	0	2
Meningitis - Fungal ^{†§}	0	0	0	2
Meningitis - Viral [†]	2	5	4	10
Meningitis - NOS ^{†#}	0	0	0	1
Meningococcal Disease*	0	2	0	2
Zika*	1	2	5	10

*Includes confirmed and probable cases [†]Includes confirmed, probable, and suspect cases [‡]Excluding meningococcal meningitis [§]Excluding coccidioidomycosis [#]Not Otherwise Specified

Table 2. Selected Gastrointestinal Illnesses reported in SMC Residents

Disease	2017		2016	
	3rd Qtr	YTD	3rd Qtr	YTD
Amebiasis	1	6	1	4
Campylobacteriosis*	88	230	93	217
Cryptosporidiosis*	16	22	7	15
Shigellosis*	21	55	15	28
Vibriosis (non-cholera)*	2	2	2	2
Salmonellosis (non-typhoid)*	56	117	46	100
S. Enteritidis	3	8	7	20
S. I 4,[5],12:-	0	2	5	15
S. Infantis	3	7	0	3
Pending/Others	50	100	34	62
E. coli O157 with HUS / without HUS [†]	0 / 16	0 / 17	2 / 2	2 / 5
STEC without HUS ^{††}	5	15	7	14
Shiga Toxin Positive Feces without HUS ^{††}	0	4	4	6

*Includes confirmed and probable cases [†]E. coli O157, STEC, and Shiga Toxin Positive Feces categories are mutually exclusive ^{††}No HUS cases were reported for these conditions

Table 3. Selected Vaccine Preventable Diseases reported in SMC Residents

Disease	2017		2016	
	3rd Qtr	YTD	3rd Qtr	YTD
Hepatitis A	0	2	0	1
Influenza - ICU Hosp (0-64 yrs)	0	4	0	6
Influenza Death (0-64 yrs)	0	0	0	2
Measles	0	0	0	0
Mumps	2	3	1	1
Pertussis*	9	61	22	43

*Includes confirmed, probable and suspect cases

Sources: California Reportable Disease Information Exchange (CalREDIE)
Notes: Morbidity is based on the date the case was received by the CD Control Program; Salmonella serotypes are based on the date the incident was created in CalREDIE. Case definitions changed as of 1/1/2017 for several gastrointestinal illness conditions which may result in an artificial increase in 2017 case counts compared to 2016 case counts. 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 Rabies

Part 2

Rabies can be prevented by avoidance of exposure to the virus and initiation of prompt medical intervention when exposure does occur. In a recent study in the United States, approximately 23,000 persons per year were estimated to have been exposed to potentially rabid animals and received rabies post-exposure prophylaxis (PEP). **Prompt wound care and the administration of human rabies immune globulin (HRIG) and vaccine are highly effective in preventing human rabies following exposure.** According to the CDC, PEP is known to be universally effective in preventing rabies when administered promptly and appropriately following an exposure. Of the >55,000 persons who die annually of rabies worldwide, the majority either did not receive any PEP, received some form of PEP (usually without HRIG) after substantial delays, or were administered PEP according to schedules that deviated substantially from current recommendations. In the United States, there has been an average of three fatal human cases per year since 1980. While it is preferable to initiate PEP as soon as possible after an exposure, PEP should be administered after a documented or likely exposure regardless of the length of delay, provided that compatible clinical signs of rabies are not present in the exposed person.

For unvaccinated persons, the combination of human rabies immune globulin (HRIG) and vaccine is recommended. If PEP has been initiated and appropriate laboratory diagnostic testing (i.e., direct fluorescent antibody testing) indicates that the animal that caused the exposure was not rabid, PEP may be discontinued. Immunocompetent individuals should receive 4 doses of **rabies vaccine** (on days 0, 3, 7 and 14). For persons with broadly defined immunosuppression, PEP should be administered using 5 doses of vaccine, on days 0, 3, 7, 14 and 28. Previously vaccinated persons should receive 2 vaccine doses (on days 0 and 3). **HRIG** should not be given to previously vaccinated individuals but must be given on day 0 (20 IU/Kg) for persons not previously immunized for rabies. Of note, if HRIG was not administered when vaccination was begun on day 0, it can be administered up to and including day 7 of the PEP series.

Please help San Mateo County Health System Communicable Disease Control Program by filling out an **animal bite/exposure report** when you provide care to an individual who has been exposed to a potentially rabid animal. The form can be found at www.smchealth.org/providers/rabies and should be faxed to the Peninsula Humane Society and SPCA at 650-685-0102.

More detailed information about rabies can be found at <http://www.cdc.gov/rabies/> and at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Rabies.aspx>.

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 enquiries may be directed to SMCCDControl@smcgov.org.