



Communicable Diseases (CD) Quarterly Report

San Mateo County Health System
CD Control Program

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Table 1. Selected CD cases reported in San Mateo County

Disease	2012		2011	
	4th Qtr	YTD	4th Qtr	YTD
Botulism, Infant	0	1	0	0
Brucellosis	0	1	0	0
Coccidioidomycosis	1	14	5	9
Hepatitis C (chronic) [§]	118	402	\$	\$
Haemophilus Influenzae	1	1	1	2
Legionellosis	1	2	2	3
Meningitis - Bacterial*	1	2	0	5
Meningitis - Viral	1	9	0	4
Meningococcal Disease	0	2	0	1
Paratyphoid Fever	0	2	1	2
Typhoid Fever	1	2	0	2
Rocky Mountain Spotted Fever	1	1	0	0
Spotted Fever Rickettsioses	1	1	0	0
Staph. Aureus Infection (severe)	0	2	2	2

[§] 2011 data not available at this time due to reporting changes. *Excluding meningococcal meningitis.

Table 2. Selected Gastrointestinal illnesses reported in San Mateo County Residents

Disease	2012		2011	
	4th Qtr	YTD	4th Qtr	YTD
Amebiasis	2	6	1	6
Campylobacteriosis	51	264	66	247
Cryptosporidium	6	37	10	47
E. Coli O157: H7	2	7	1	9
Giardia	9	48	15	58
SALMONELLA (non-typhoid)	31	132	23	93
S. Enteritidis	5	25	5	12
S. Braenderup	1	13	0	1
S. Thompson	1	9	0	0
Shigellosis	2	17	6	24
Vibrio (non-cholera)	2	8	0	1

Table 3. Selected Vaccine Preventable Diseases reported in San Mateo County Residents

Disease	2012		2011	
	4th Qtr	YTD	4th Qtr	YTD
Hepatitis A	0	0	1	8
Hepatitis B (acute)*	1	2	2	3
Hepatitis B (chronic) [§]	126	511	\$	\$
Influenza - ICU Hosp (0-64 yrs)	0	10	0	17
Influenza Death (0-64 yrs)	0	2	0	0
Measles	0	1	0	1
Pertussis*	16	24	6	65
Varicella Hospitalization/Death	0	2	0	1

[§] 2011 data not available at this time due to reporting changes. *Includes confirmed, probable and suspect cases.
* Please note: This quarter's hepatitis B and Hepatitis C numbers include confirmed and probable cases, while previous quarters reported only confirmed cases

Table 4. Outbreaks in San Mateo County

Disease	2012		2011	
	4th Qtr	YTD	4th Qtr	YTD
All Gastrointestinal	4	25	10	20
Confirmed Norovirus	4	12	4	7
Respiratory	2	16	1	11
Confirmed Influenza	0	12	0	5

Focus on Norovirus

Norovirus is the leading cause of acute viral gastroenteritis worldwide. Hospitalization and mortality associated with norovirus infection occur most frequently among elderly persons, young children, and immunocompromised patients. Noroviruses belong to the family *Caliciviridae* and can be grouped into five genogroups (GI through GV), which are further divided into at least 34 genotypes. Human disease is primarily caused by GI and GII noroviruses, with most outbreaks caused by GII.4 strains. During the past decade, new GII.4 strains have emerged every 2–4 years, replacing previously predominant GII.4 strains. Compared with other norovirus genotypes, GII.4 noroviruses have been associated with increased rates of hospitalizations and deaths during outbreaks. Emergence of these new norovirus strains has often, but not always, led to increased outbreak activity. For example, the previously dominant GII.4 New Orleans strain was not associated with increased norovirus outbreak activity in the United States. A new GII.4 strain, GII.4 Sydney, recently emerged in Australia and has been associated with increased norovirus activity in the United Kingdom, the Netherlands, Japan, Australia, France and New Zealand.

In the United States, GII.4 Sydney has spread rapidly nationwide, causing an increasing number of outbreaks. Between September and December 2012, 53% of the norovirus outbreaks reported nationally were caused by GII.4 Sydney. 51% of these GII.4 Sydney outbreaks resulted from direct person-to-person transmission; 20% were foodborne, 1% was waterborne, and the transmission mode was unknown in the remaining 28% of the outbreaks. Long-term-care facilities and restaurants were the most frequently reported settings, accounting for 65% and 13% of the GII.4 Sydney outbreaks, respectively.

Proper hand hygiene, environmental disinfection, and isolation of ill persons remain the mainstays of norovirus prevention and control. Acute care and long-term care facilities should be prepared to institute infection control measures quickly and should report all suspected or confirmed Norovirus outbreaks to San Mateo County Communicable Disease Control and CDPH Licensing & Certification Division. Additionally, we strongly recommend that facilities submit specimens from suspected norovirus outbreaks for testing/strain typing.

Guidance for controlling suspected and confirmed Norovirus outbreaks is available from CDPH at <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/PCofViralGastroenteritisOutbreaks.pdf> and from CDC at <http://www.cdc.gov/hicpac/pdf/norovirus/Norovirus-Guideline-2011.pdf> as well as <http://www.cdc.gov/norovirus/php/responding.html>

For more information regarding norovirus, please go to <http://www.smchealth.org/norovirus> or <http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm>