



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. 24 • Data to June 30, 2013
- Catherine Sallenave, MD, CD Controller • Scott Morrow, MD, Health Officer

Disease	2013		2012	
	2nd Qtr	YTD	2nd Qtr	YTD
Coccidioidomycosis	0	2	6	10
Hepatitis C (chronic) ^s	110	195	116	208
Haemophilus Influenzae	0	1	0	0
Listeriosis	0	2	0	0
Lyme Disease	0	1	0	0
Meningitis - Bacterial ^s	1	1	1	2
Meningitis - Viral ^s	2	3	2	7
Meningococcal Disease	0	0	0	2
Paratyphoid Fever	0	1	1	1
Typhoid Fever	0	0	0	0
Rocky Mountain Spotted Fever ^s	0	1	0	0
Staph. Aureus Infection (severe)	0	1	0	2

*Excluding meningococcal meningitis. ^s Includes confirmed and probable cases

Disease	2013		2012	
	2nd Qtr	YTD	2nd Qtr	YTD
Amebiasis	0	1	1	3
Campylobacteriosis	52	98	66	125
Cryptosporidium	1	4	17	20
E. Coli 0157: H7	1	1	1	4
Giardia	11	27	14	23
SALMONELLA (non-typhoid)	25	57	25	40
S. Enteritidis	5	15	5	10
S. Typhimurium/var 5-	0	4	1	1
Pending/Others	20	38	19	29
Shigellosis	0	2	3	6
Vibrio (non-cholera)	0	0	1	1

Disease	2013		2012	
	2nd Qtr	YTD	2nd Qtr	YTD
Hepatitis A	1	2	0	0
Hepatitis B (acute)	1	2	0	1
Hepatitis B (chronic) ^s	85	189	144	253
Influenza - ICU Hosp (0-64 yrs)	0	3	5	9
Influenza Death (0-64 yrs)	1	1	0	0
Measles	0	0	1	1
Pertussis*	39	52	0	4

*Includes confirmed, probable and suspect cases.

^s Includes confirmed and probable cases

Sources: California Reportable Disease Information Exchange (CalREDIE)

Notes: Morbidity is based on date of diagnosis. Totals for past quarters may change due to delays in reporting from labs and providers and use of different reporting systems.

Authors: Adam Crawley, Amie Dubois, and Catherine Sallenave

Disease	2013		2012	
	2nd Qtr	YTD	2nd Qtr	YTD
All Gastrointestinal*	7	21	5	19
Confirmed/Probable Norovirus	3	11	2	8
Respiratory*	1	19	4	11
Confirmed Influenza	0	16	4	10
Confirmed Pertussis	1	2	0	0

*Includes confirmed, probable and suspect outbreaks

Focus on Middle East Respiratory Syndrome Coronavirus

In September 2012, the World Health Organization announced the discovery of a novel coronavirus. This virus has been named the Middle East Respiratory Syndrome Coronavirus (MERS-CoV). MERS-CoV is a betacoronavirus, different from other human betacoronaviruses such as SARS, but closely related to several bat coronaviruses.

As of June 2013, MERS-CoV has been identified in several countries in the Middle East (Saudi Arabia, Qatar, Jordan, and the United Arab Emirates), Europe (the United Kingdom, France, and Italy), and Tunisia. All of the individuals in Europe and Tunisia had either traveled to the Middle East or had been in close contact with a sick person who had recently traveled to the Middle East. To date, no MERS-CoV cases have been reported in the United States. Limited human-to-human transmission of MERS-CoV has been documented in family members and healthcare workers exposed to cases.

Common symptoms in patients with MERS-CoV include acute, serious respiratory illness with fever, cough, shortness of breath, and breathing difficulties. Most patients have had pneumonia. Some individuals have also had gastro-intestinal symptoms, including diarrhea. Complications have included acute respiratory distress syndrome (ARDS) with multi-organ failure, renal failure requiring dialysis, consumptive coagulopathy and pericarditis. About half of people infected with MERS-CoV have died. There is no known treatment for MERS-CoV infection. Management is supportive.

No travel warnings or restrictions have been issued related to MERS-CoV. The U.S. Centers for Disease Control and Prevention (CDC) is recommending surveillance and testing for individuals who have unexplained severe respiratory illness and history of travel to countries in the Arabian Peninsula or neighboring countries. For details on who to test for possible infection and infection control guidance, go to: <http://www.cdph.ca.gov/programs/cder/Pages/MERS-CoV.aspx>

Hospitalized suspect or confirmed cases should be placed in a negative pressure isolation room with airborne, contact and standard precautions, including eye protection. Isolation should continue until PCR testing is negative for suspected cases or until 10 days after resolution of fever in laboratory-confirmed cases.

Laboratories should NOT attempt to perform viral culture on specimens from patients with suspected or laboratory-confirmed MERS-CoV infection. PCR testing for MERS CoV is available at the CDPH Viral and Rickettsial Disease Laboratory (VRDL) and CDC. Although lower respiratory tract specimens typically have the highest yield, to enhance the likelihood of detecting infection, upper respiratory tract specimens, serum and stool specimens should also be collected.

For questions regarding specimen collection, please call the Public Health Laboratory at 650-573-2500. For all other questions, please call the San Mateo County Communicable Disease Control Program at 650-573-2346.

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://smhealth.org/sites/default/files/docs/PHS/cmr_cd_std.pdf. 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 PH_CDControlUnit@smcgov.org (Note: underscore between PH and CD).