



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. 25 • Data to Sept 30, 2013
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Table 1. Selected CD cases reported in San Mateo County

Disease	2013		2012	
	3rd Qtr	YTD	3rd Qtr	YTD
Coccidioidomycosis	4	6	3	13
Hepatitis C (chronic) ^s	97	292	76	284
Haemophilus Influenzae	0	1	0	0
Listeriosis	1	3	0	0
Lyme Disease	5	6	0	0
Meningitis - Bacterial ^s	0	1	0	2
Meningitis - Viral ^s	1	4	4	11
Meningococcal Disease	0	0	0	2
Paratyphoid Fever	0	1	1	2
Typhoid Fever	0	0	1	1
Rocky Mountain Spotted Fever ^s	1	2	0	0
Staph. Aureus Infection (severe)	0	1	0	2

*Excluding meningococcal meningitis. † Includes confirmed and probable cases

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

Disease	2013		2012	
	3rd Qtr	YTD	3rd Qtr	YTD
Amebiasis	3	4	1	4
Campylobacteriosis	68	166	88	213
Cryptosporidium	9	13	11	31
E. Coli 0157: H7	5	6	1	5
Giardia	16	43	16	39
SALMONELLA (non-typhoid)	64	121	61	101
S. Enteritidis	4	19	10	20
S. Typhimurium/var 5-	7	13	6	10
S. Heidelberg	13	17	0	2
Pending/Others	40	72	43	66
Shigellosis	6	8	9	15
Vibrio (non-cholera)	4	4	5	6

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

Disease	2013		2012	
	3rd Qtr	YTD	3rd Qtr	YTD
Hepatitis A	5	7	0	0
Hepatitis B (acute)	0	2	0	1
Hepatitis B (chronic) ^s	93	282	132	385
Influenza - ICU Hosp (0-64 yrs)	0	3	1	10
Influenza Death (0-64 yrs)	0	1	2	2
Measles	0	0	0	1
Pertussis*	32	84	3	7

*Includes confirmed, probable and suspect cases.

† 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.

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Table 4. Outbreaks in San Mateo County

Disease	2013		2012	
	3rd Qtr	YTD	3rd Qtr	YTD
All Gastrointestinal*	3	24	2	22
Confirmed/Probable Norovirus	1	12	0	8
Respiratory*	0	19	3	14
Confirmed Influenza	0	16	2	12
Confirmed Pertussis	0	2	0	1

*Includes confirmed, probable and suspect outbreaks

Focus on Giardia lamblia

Giardia lamblia is a protozoan parasite capable of causing epidemic or sporadic diarrheal illness. It is an important cause of water-borne and food-borne disease, day care center outbreaks, and illness in international travelers. G. lamblia infection occurs worldwide. **High risk groups** include infants, young children, international adoptees, travelers, immunocompromised individuals, and patients with hypochlorhydria or cystic fibrosis. The highest rates of infection occur among children younger than five years. Giardiasis is common in areas with poor sanitary conditions and insufficient water treatment facilities. According to a surveillance report by the Centers for Disease Control (CDC), approximately 20,000 cases occur annually in the United States.

Giardia cysts may be **transmitted** via water, food, or fecal-oral transmission between infected individuals. Giardia cysts survive readily in mountain streams as they are hardy in cold water. For this reason, giardiasis is an important cause of diarrheal illness among hikers in wilderness areas who drink water that has not been adequately filtered, treated, or boiled.

Symptoms of **acute giardiasis** include diarrhea, foul-smelling and fatty stools, abdominal cramps and bloating, flatulence, weight loss, vomiting and fever. Symptoms usually develop after an incubation period of 7 to 14 days. Symptoms may last two to four weeks. Significant weight loss occurs in about half of symptomatic patients.

Chronic giardiasis may follow the acute phase of illness or may develop in the absence of a preceding acute illness. Chronic symptoms can develop in up to half of symptomatic individuals and include: loose stools, steatorrhea, profound weight loss, malabsorption, fatigue, abdominal cramping, flatulence and burping.

In general, stool microscopy should be pursued for initial **diagnostic evaluation** of giardiasis. Several immunoassays using antibodies against cyst or trophozoite antigens are also available for stool analysis.

Symptomatic patients with giardiasis should be treated. Tinidazole, metronidazole or nitazoxanide are the **drugs of choice**. Patients with giardiasis should be counseled to avoid lactose-containing foods for at least one month after therapy. Acquired lactose intolerance occurs in up to 20 to 40 percent of cases and can take weeks or months to resolve even after parasite clearance.

Attention to hygiene is necessary to **prevent** person-to-person **transmission** of giardiasis. Boiling or heating water to at least 70°C for 10 minutes eliminates Giardia cysts. For hikers and campers, iodine-based water treatments are more effective than chlorine-based treatments. High-quality water filtration units are also effective for Giardia cyst removal.

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).