



# 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. 28 • Data to June 30, 2014
- Catherine Sallenave, MD, CD Controller • Scott Morrow, MD, Health Officer

**Table 1. Selected CD cases reported in San Mateo County**

Disease	2014		2013	
	2nd Qtr	YTD	2nd Qtr	YTD
Coccidioidomycosis	1	3	0	2
Hepatitis C (chronic) <sup>§</sup>	131	273	113	197
Listeriosis	1	1	0	2
Meningitis - Bacterial* <sup>§</sup>	1	2	1	1
Meningitis - Viral <sup>§</sup>	2	5	2	3
Meningococcal Disease	0	2	0	0
Paratyphoid Fever	1	1	0	1
Typhoid Fever	1	1	0	0

\*Excluding meningococcal meningitis. § Includes confirmed and probable cases

**Table 4. Outbreaks in San Mateo County**

Disease	2014		2013	
	2nd Qtr	YTD	2nd Qtr	YTD
All Gastrointestinal*	9	15	7	21
Confirmed/Probable Norovirus	2	6	3	11
Respiratory*	8	15	1	19
Confirmed Influenza	1	5	0	16
Confirmed Pertussis	5	5	1	2

\*Includes confirmed, probable and suspect outbreaks

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

Disease	2014		2013	
	2nd Qtr	YTD	2nd Qtr	YTD
Amebiasis	2	4	0	1
Campylobacteriosis	53	101	52	98
Cryptosporidium	11	20	2	5
E. Coli O157: H7	2	5	1	1
Giardia	9	19	11	27
SALMONELLA (non-typhoid)	31	52	25	58
S. Enteritidis	5	10	5	15
S. Typhimurium/var 5-	4	7	0	5
Pending/Others	22	35	20	38
Shigellosis	6	12	0	2
Vibrio (non-cholera)	0	2	0	0

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

Disease	2014		2013	
	2nd Qtr	YTD	2nd Qtr	YTD
Hepatitis A	1	2	1	2
Hepatitis B (acute)	0	0	1	2
Hepatitis B (chronic) <sup>§</sup>	85	178	85	189
Influenza - ICU Hosp (0-64 yrs)	0	17	0	3
Influenza Death (0-64 yrs)	0	6	1	1
Measles	0	4	0	0
Pertussis*	44	61	39	52

\*Includes confirmed, probable and suspect cases.  
§ Includes confirmed and probable cases

## Focus on Chikungunya

**Chikungunya** is an **arthropod-borne virus** endemic to West Africa. Since 2004, chikungunya has spread broadly via travel of infected individuals between regions where competent mosquitoes (*Aedes aegypti* and *Aedes albopictus*) exist for perpetuation of local transmission, causing large outbreaks in the Indian Ocean region, India, other parts of Asia, Europe, and, most recently, the Americas. In December 2013, chikungunya was reported in the Caribbean Island of Saint Martin. Since then, local transmission has been confirmed in many countries and territories in the Caribbean, North America, Central America, and South America. **The majority of cases reported in the continental United States have been imported cases. However, two cases of locally-acquired Chikungunya were reported in Florida in mid-July 2014.** While not typically found in California, *Aedes aegypti* mosquitos were recently detected in San Mateo County. No locally acquired cases of chikungunya have been reported to date.

Chikungunya causes **high fevers and bilateral polyarthralgia** with intense pain. The name of the disease is derived from a local language in Tanzania meaning "that which bends up" because of the incapacitating arthralgia caused by the disease. The most common skin manifestation of the disease is a macular or maculopapular rash. Additional manifestations include headache, myalgia, and gastrointestinal symptoms. Many patients experience persistent rheumatologic symptoms following acute illness. These may include polyarthralgia, morning stiffness, tenosynovitis, and Raynaud phenomena. Severe complications including meningoencephalitis, cardiopulmonary decompensation, acute renal failure, and death have been described with greater frequency among patients older than 65 years and those with underlying chronic medical problems.

**Serology is the primary tool for diagnosis** in the clinical setting. IgM anti-chikungunya virus antibodies are present starting about five days following onset of symptoms and persist for several weeks to three months. IgG antibodies start to appear about two weeks following onset of symptoms and persist for years. **Treatment** of chikungunya consists of supportive care including anti-inflammatory and analgesic agents. No antiviral agents have been shown to be effective in human infection. **Prevention** consists of minimizing mosquito exposure. Patients receiving care in an area inhabited by mosquitoes competent to transmit chikungunya should be treated in screened, mosquito-free areas or under a bednet to avoid spread.

## 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](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](mailto:PH_CDControlUnit@smcgov.org) (Note: underscore between PH and CD).

**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, the use of different reporting systems, and changes to the resolution statuses of cases based on subsequent information received.  
**Authors:** Moon Choi, Ellen Silva, and Catherine Sallenave