



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. 40 • Data to June 30, 2017

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

Disease	2017		2016	
	2nd Qtr	YTD	2nd Qtr	YTD
Chikungunya [§]	1	1	0	0
Coccidioidomycosis	3	7	2	2
Dengue [§]	0	2	3	8
Listeriosis	1	5	1	2
Malaria	0	1	0	2
Meningitis - Bacterial* [§]	2	5	1	2
Meningitis - Fungal ^{†§}	0	0	1	2
Meningitis - Viral [§]	1	3	3	6
Meningitis, NOS ^{‡§}	0	0	0	1
Meningococcal Disease [§]	2	2	1	2
Zika [§]	0	1	1	5

*Excluding meningococcal meningitis †Excluding coccidioidomycosis ‡Not Otherwise Specified
§Includes confirmed and probable cases

Table 2. Selected Gastrointestinal Illnesses reported in SMC Residents

Disease	2017		2016	
	2nd Qtr	YTD	2nd Qtr	YTD
Amebiasis	3	5	1	3
Campylobacteriosis [§]	75	142	62	124
Cryptosporidium [§]	1	6	4	8
Shigellosis [§]	21	34	5	13
Vibriosis (non-cholera) [§]	0	0	0	0
Salmonellosis (non-typhoid) [§]	32	60	22	54
S. Enteritidis	2	4	5	12
S. I 4,[5],12:i:-	2	3	4	10
S. Infantis	1	3	1	3
Pending/Others	27	50	12	29
E. coli O157 w/o HUS*	1	1	0	3
Shiga Toxin Positive Feces w/o HUS [#]	3	4	1	2
STEC w/o HUS* [#]	4	9	3	7

*STEC categories exclude E. coli O157 #No HUS cases were reported for these conditions
§Includes confirmed and probable cases

Table 3. Selected Vaccine Preventable Diseases reported in SMC Residents

Disease	2017		2016	
	2nd Qtr	YTD	2nd Qtr	YTD
Hepatitis A	1	2	0	1
Hepatitis B (acute)	0	0	0	0
Hepatitis C (acute)	0	0	0	0
Influenza - ICU Hosp (0-64 yrs)	0	3	1	6
Influenza Death (0-64 yrs)	0	0	2	2
Measles	0	0	0	0
Mumps	0	1	0	0
Pertussis*	20	52	11	21

*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 1

Rabies is a preventable zoonotic disease, usually transmitted when the rabies virus is introduced into a bite wound, open cuts in skin or onto mucous membranes. In developed countries, rabies is usually a disease of wild carnivores, with sporadic spillover infection to domestic animals. Recent surveillance in the United States has identified four major animal reservoirs: bats, raccoons, skunks and foxes. In 2016, 226 rabid animals were identified in California, including 3 dogs, 3 cats, 12 foxes, 32 skunks, and 176 bats. In San Mateo County, 0 rabid animals were identified in 2016, and 3 rabid animals were identified in 2015; all 3 were bats.

Since the 1980s, **bat variant rabies viruses have emerged as the dominant source associated with indigenous human deaths in the United States**. Of the 34 naturally acquired bat-associated human cases of rabies in the United States between 1990 and 2007, 8 reported confirmed or probable bat bite, 15 reported physical contact with a bat but no bite was documented (e.g., removing a bat from the home, presence of a bat in the room where the person had been sleeping), and 11 did not report a bat encounter. Bats are considered a high risk species as they can harbor and transmit the rabies virus, often without people even knowing they were exposed. Bite marks from bats are very small and often go unnoticed. According to the California Department of Public Health, 1,312 rabid bats were identified in California from 2010-2016, with 12 rabid bats identified in San Mateo County during that time period.

Individuals who find a bat in their room when they awake, or see a bat in the room of an unattended child, mentally impaired or intoxicated person, should seek medical advice and have the bat tested, if possible, even in the absence of an obvious bite wound. Patients who develop bat-associated rabies usually present with **atypical features**, including neuropathic pain, sensory or motor deficits, choreiform movements of the bitten limb, cranial nerve palsies, myoclonus and seizures.

After entry into the central nervous system, rabies causes an **acute, progressive encephalomyelitis**. The incubation period usually ranges from 1 to 3 months after exposure, but can range from days to years. Rabies is associated with the highest case fatality rate of any infectious disease, and there is no proven effective medical treatment after the development of clinical signs. Patients who don't receive prophylaxis prior to the onset of clinical symptoms usually do not survive. Two patients survived after being treated with the so-called **"Milwaukee protocol"** but the treatment protocol failed in several other reports.

Stay tuned for Part 2 in the next quarterly report — what you can do to prevent rabies locally.

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.