



Communicable Diseases (CD) Quarterly Report

2018 1st Quarter

San Mateo County Health System CD Control Program

• Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) • Issue No. 43 • Data to March 31, 2018 •

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Selected Communicable Disease Cases Reported in San Mateo County

Disease	2018		2017	
	1 st Qtr	YTD	1 st Qtr	YTD
Coccidioidomycosis	10	10	4	4
Dengue*	1	1	2	2
Leptospirosis*	1	1	0	0
Listeriosis	0	0	4	4
Malaria	0	0	1	1
Meningitis/Encephalitis [§]	4	4	6	6
Bacterial [†]	2	2	3	3
Fungal [§]	0	0	0	0
Viral	2	2	2	2
Not Otherwise Specified	0	0	1	1
Meningococcal Disease*	0	0	0	0
Typhus [‡]	1	1	0	0
Zika [‡]	1	1	1	1

*Includes confirmed and probable cases [§]Includes confirmed, probable, and suspect cases
[†]Excluding meningococcal meningitis [§]Excluding coccidioidomycosis [‡]Typhus and other Non-Spotted Fever Rickettsioses

Selected Gastrointestinal Illnesses Reported in San Mateo County

Disease	2018		2017	
	1 st Qtr	YTD	1 st Qtr	YTD
Amebiasis	1	1	2	2
Campylobacteriosis*	71	71	68	68
Cryptosporidiosis*	8	8	5	5
Giardiasis*	24	24	22	22
Salmonellosis (non-typhoid)*	27	27	28	28
serotype Enteritidis	1	1	2	2
serotype I 4,[5],12:i:-	0	0	1	1
serotype Infantis	1	1	2	2
serotype Typhimurium	3	3	1	1
Pending/Other serotypes	22	22	22	22
Shigellosis*	18	18	13	13
STEC with HUS / without HUS [§]	0 / 9	0 / 9	0 / 6	0 / 6

*Includes confirmed and probable cases [§]As of Jan 1, 2018, the Shiga Toxin-producing *E. coli* (STEC) categories combine the following historical categories: *E. coli* O157, Shiga toxin positive feces, and STEC with/without HUS; the 2017 totals are the sum of all cases in the historical categories

Selected Vaccine Preventable Diseases Reported in San Mateo County

Disease	2018		2017	
	1 st Qtr	YTD	1 st Qtr	YTD
Hepatitis A	2	2	1	1
Influenza - ICU Hosp (0-64 yrs)	2	2	3	3
Influenza Death (0-64 yrs)	3	3	0	0
Measles	0	0	0	0
Mumps	0	0	1	1
Pertussis*	28	28	32	32

*Includes confirmed, probable and suspect cases

Selected Outbreaks in San Mateo County

Outbreak type	2018		2017	
	1 st Qtr	YTD	1 st Qtr	YTD
All Gastrointestinal*	7	7	11	11
Norovirus [§]	3	3	4	4
All Respiratory*	24	24	21	21
Influenza [†]	13	13	14	14

*Includes confirmed, probable, and suspect outbreaks [§]Includes confirmed and probable outbreaks
[†]Only confirmed outbreaks

Focus on Leptospirosis—Part 1

Leptospirosis is a disease caused by **spirochete** bacteria in the genus *Leptospira*. While leptospirosis has a worldwide distribution, incidence is higher in **tropical or sub-tropical climates**, with an estimated worldwide annual incidence of more than 1 million cases and almost 60,000 deaths. In the United States, about 100 to 150 cases are reported annually, the majority being reported in **Puerto Rico and Hawaii**. Outbreaks tend to occur after heavy rainfall or flooding in endemic areas, especially in urban areas of developing countries with poor sanitary/housing conditions.

Leptospires are spread by the **urine of infected animals**: rodents, dogs, livestock, pigs, horses and wildlife. The bacteria can survive for weeks to months in urine-contaminated water and soil. **People become infected through direct contact with the urine/reproductive fluids of infected animals, contact with urine-contaminated water and wet soil or ingestion of urine-contaminated food or water.** Transmission occurs through mucous membranes, conjunctiva and skin cuts/abrasions. Although very rare, human-to-human transmission has been reported through sexual intercourse and breastfeeding. **Travelers participating in recreational freshwater activities** such as wading, swimming or boating in urine-contaminated floodwater or freshwater **are at increased risk.** Other high risk activities include direct contact with animals and activities leading to skin abrasion and water/soil exposure such as clearing brush, trekking and gardening.

The incubation period is 2-30 days and illness, when it develops, occurs 5 to 14 days after exposure. **About 90% of clinical illnesses present as a non-specific febrile illness and about 10% present with severe illness with multi-organ failure.** In patients who progress to severe disease, the illness can be **biphasic**, with a temporary decrease in fever between phases. The **acute septicemic phase** presents as an acute febrile illness with headache, retro-orbital pain and photophobia, chills, myalgia (characteristically involving the lower back and calves), **conjunctival suffusion**, nausea, vomiting, diarrhea, abdominal pain, cough and rarely a skin rash. The **second or immune phase** is characterized by antibody production and the presence of leptospire in the urine. Severe symptoms can include jaundice, renal failure, hemorrhage (especially pulmonary), aseptic meningitis, cardiac arrhythmias and hemodynamic collapse. **Combined renal and liver failure associated with leptospirosis is referred to as Weil's disease.** The case fatality rate is 5 to 15% among patients with severe illness but can exceed 50% in patients with severe pulmonary hemorrhagic syndrome. Leptospirosis during pregnancy can lead to fetal demise.

Highlight—Animal Rabies Testing

Species # positive / # tested	2018		2017	
	1 st Qtr	YTD	1 st Qtr	YTD
Bat	1 / 7	1 / 7	1 / 5	1 / 5
Cat	0 / 6	0 / 6	0 / 8	0 / 8
Dog	0 / 8	0 / 8	0 / 13	0 / 13
Skunk	0 / 0	0 / 0	0 / 1	0 / 1
Other*	0 / 2	0 / 2	0 / 6	0 / 6

*2018 - 1 squirrel and 1 raccoon; 2017 - 2 opossums and 4 raccoons

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 inquiries may be directed to SMCCDControl@smcgov.org.

Data: California Reportable Disease Information Exchange (CalREDIE); case data pulled 4/17/18, outbreak data pulled 4/24/18 (2018 data) and 5/1/18 (2017 data). **Notes:** Morbidity is based on the date the case was received by the CD Control Program. Case definitions changed as of 1/1/2018 for several gastrointestinal illness conditions which may result in an artificial increase in 2018 case counts compared to 2017 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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