



# Communicable Diseases (CD) Quarterly Report 2019 1<sup>st</sup> Quarter

## CD Control Program, San Mateo County Health

Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) · Issue No. 47 · Data to March 31, 2019  
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### Selected Communicable Disease Cases Reported in San Mateo County

Disease	2019	2018
	1 <sup>st</sup> Qtr / YTD	1 <sup>st</sup> Qtr / YTD
Coccidioidomycosis*	7	9
Dengue	0	1
Leptospirosis	0	1
Listeriosis	0	0
Malaria*	0	0
Meningitis/Encephalitis <sup>§</sup>	2	4
Bacterial <sup>†</sup>	0	2
Fungal <sup>§</sup>	2	0
Viral	0	2
Meningococcal Disease	0	0
Typhus <sup>‡</sup>	0	1
Zika	0	1

\*Includes confirmed cases only   §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	2019	2018
	1 <sup>st</sup> Qtr / YTD	1 <sup>st</sup> Qtr / YTD
Amebiasis*	2	1
Campylobacteriosis	78	73
Cryptosporidiosis	5	8
Cyclosporiasis	0	0
Giardiasis	13	22
Salmonellosis (non-typhoid)	26	27
Shigellosis	18	20
Typhoid Fever	2	0
STEC <sup>§</sup> with HUS	0	0
STEC without HUS	8	9
Vibriosis (non-cholera)	0	0

\*Includes confirmed cases only   §Shiga toxin-producing *Escherichia coli*

### Selected Vaccine Preventable Diseases Reported in San Mateo County

Disease	2019	2018
	1 <sup>st</sup> Qtr / YTD	1 <sup>st</sup> Qtr / YTD
Hepatitis A*	0	2
<b>Measles*</b>	<b>2</b>	<b>0</b>
Mumps	1	0
Pertussis <sup>^</sup>	33	28

\*Includes confirmed cases only   ^Includes confirmed, probable and suspect cases

#### 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 [smchealth.org/communicablediseasereporting](http://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 [SMCCDCControl@smcgov.org](mailto:SMCCDCControl@smcgov.org).

**Data:** California Reportable Disease Information Exchange (CalREDIE); data pulled 5/7/19. **Notes:** For individual diseases, morbidity is based on the date the case was received by the CD Control Program. Totals for past quarters may change due to delays in reporting from laboratories 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 and probable cases, unless noted otherwise.

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### Focus on Measles (Rubeola)

Measles is a highly contagious viral illness. The reproduction number for measles is 12 to 18, which means that one person with measles can infect 12 to 18 susceptible individuals. In contrast, the reproduction number for influenza is 1 to 3. **The attack rate in susceptible individuals exposed to measles is 90 percent.** Person-to-person contact is not necessary to transmit measles, as infectious airborne droplets produced from the respiratory secretions of a patient with measles can remain in the air for up to 2 hours after the infected person has left the area.

Measles causes a distinct clinical syndrome characterized by fever, malaise, cough, coryza, conjunctivitis (the 3 Cs) and **an erythematous maculopapular rash that typically begins on the face** and upper neck and then spreads downwards to the rest of the body. **Koplik's spots** (small spots that look like grains of salt) may occur on the buccal mucosa.

Most patients recover without complications, but measles is a severe illness in immunocompromised individuals and can result in premature labor or miscarriage if acquired during pregnancy. Measles can result in encephalitis and pneumonia, and, in some cases, the late complication of **Subacute Sclerosing Panencephalitis (SSPE)**, a progressive, disabling and fatal disorder with symptoms that typically appear 4-8 years after measles infection.

In the pre-vaccination era, there were as many as 3-4 million measles cases in the U.S. each year, including 400 to 500 deaths. Several years after the FDA approval of the measles vaccine in 1963, the number of cases had fallen by approximately 99 percent. At this point in time, measles is no longer considered an endemic disease in the U.S. However, because of declining immunization rates, measles is now widespread in Western Europe, and is also circulating in Asia, Africa, and Eastern Europe. There are currently large measles outbreaks in Israel, the Ukraine and the Philippines.

As of **July 11, 2019**, there have been **1,123 individual cases** of measles in 28 states in the U.S. Many cases were related to imported measles cases with spread to unvaccinated susceptible persons. **The great majority of cases were unvaccinated.** This is the greatest number of cases reported in the U.S. since 1992 and since measles was declared eliminated in the U.S. in 2000. If intentional under-vaccination rates continue to rise, measles could again become an endemic disease in the U.S. As of **July 10, 2019**, there have been **58 measles cases** in California, including 4 cases in San Mateo County. To date, there has not been any outbreak in San Mateo County.

**Clinicians should remain alert for possible cases of measles, and should consider this diagnosis in any patient presenting with fever and a descending morbilliform rash**, especially in individuals who were born in 1957 or later and never immunized, and in individuals with a known exposure to a case of measles, recent international travel, transit through U.S. international airports, or interaction with foreign visitors, including visiting a U.S. tourist attraction, in the preceding 3 weeks.

Polymerase chain reaction (**PCR**) is the preferred testing method for measles and can only be performed in Public Health laboratories. Measles IgM testing is not recommended. For details about specimen collection and laboratory testing, visit [tinyurl.com/ydhh9u85](http://tinyurl.com/ydhh9u85).

All **suspect cases** should be **isolated** right away and should immediately be reported to the San Mateo County CD Control Program. **Exposed contacts** should be identified as soon as possible as they may require **post-exposure prophylaxis (MMR vaccine or immune globulin) and/or quarantine**, depending on the situation.

#### For detailed information on measles prevention, diagnosis, post-exposure prophylaxis and infection control measures, visit the following:

- CDPH Clinical Guidance – Identification/Testing of Suspect Measles Cases: [tinyurl.com/CDPH-ClinicalGuidance](http://tinyurl.com/CDPH-ClinicalGuidance)
- CDPH Measles Webpage: [tinyurl.com/CDPH-measles](http://tinyurl.com/CDPH-measles)
- CDC Measles (Rubeola) for Healthcare Professionals: [cdc.gov/measles/hcp](http://cdc.gov/measles/hcp)
- San Mateo County Measles Information for Healthcare Providers: [smchealth.org/providers/measles](http://smchealth.org/providers/measles)
- San Mateo County Health, April 2019 Health Advisory: Measles in San Francisco Bay Area: [tinyurl.com/Apr19-BayArea-Advisory](http://tinyurl.com/Apr19-BayArea-Advisory)