

Communicable Diseases (CD) Quarterly Report

2024 4th Quarter

CD Control Program, San Mateo County Health

Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) • Issue No. 58 • Data to December 31, 2024
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Selected Communicable Disease Cases Reported in San Mateo County				
Disease	2024		2023	
	4 th Qtr	YTD	4 th Qtr	YTD
Coccidioidomycosis*	10	43	12	35
Dengue	8	16	3	9
Legionellosis [§]	2	9	3	11
Leprosy (Hansen Disease)	1	1	0	0
Listeriosis	2	2	0	4
Malaria*	1	8	0	3
Meningitis/Encephalitis [§]	6	26	6	17
Bacterial†	2	4	1	5
Fungal [§]	1	3	0	3
Viral†	3	12	5	9
Not Otherwise Specified	0	7	0	0
Meningococcal Disease	0	1	0	0

*Includes confirmed cases only †Includes confirmed, probable, and suspect cases
‡Excluding meningococcal meningitis §Excluding coccidioidomycosis ¶Excluding West Nile Virus

Selected Gastrointestinal Illnesses Reported in San Mateo County				
Disease	2024		2023	
	4 th Qtr	YTD	4 th Qtr	YTD
Campylobacteriosis	77	357	71	346
Cryptosporidiosis	5	35	7	38
Cyclosporiasis	1	3	0	9
Giardiasis	25	106	26	84
Salmonellosis (non-typhoid)	49	202	50	151
Shigellosis	16	113	25	104
Typhoid Fever	0	3	2	4
STEC [^] with HUS*	0	0	0	0
STEC [^] without HUS*	33	121	31	114
Vibriosis (Non-Cholera)	2	12	2	13
Yersiniosis	6	35	2	23

*Shiga toxin-producing *Escherichia coli* *Hemolytic Uremic Syndrome

Selected Vaccine Preventable Diseases Reported in San Mateo County				
Disease	2024		2023	
	4 th Qtr	YTD	4 th Qtr	YTD
Hepatitis A*	0	5	2	4
Hepatitis E*	1	3	0	0
Measles*	0	0	0	0
Pertussis	57	113	2	6

*Invasive disease, less than 5 years old †Includes confirmed cases only

Highlight – Animal Rabies Testing				
Species # positive / # tested	2024		2023	
	4 th Qtr	YTD	4 th Qtr	YTD
Bat	0 / 1	0 / 37	0 / 10	1 / 36
Cat	0 / 5	0 / 34	0 / 3	0 / 25
Dog	0 / 11	0 / 39	0 / 16	0 / 52
Skunk	0 / 0	0 / 2	0 / 1	0 / 1
Other†	0 / 4	0 / 26	0 / 4	0 / 20

Rabies testing was completed at the San Mateo County Public Health Laboratory.† 2024 4th Qtr: 1 racoon, 1 rat, 2 squirrels; † 2023 4th Qtr: 2 raccoons, 2 squirrels.

Focus on Pertussis - Part 1

Pertussis, or "whooping cough", is an acute vaccine-preventable communicable disease caused by a small, gram-negative coccobacillus, *Bordetella pertussis*. **Pertussis is cyclical**, with peaks in cases occurring every 3 to 5 years. **Pertussis can cause severe disease** and even, in rare instances, death. Severe disease is most common in infants who are too young to be immunized.

The **initial catarrhal stage** has an insidious onset with an irritating cough that gradually becomes **paroxysmal**, usually within 1-2 weeks, and lasts for 1-2 months or longer. Paroxysms are characterized by spasms of severe coughing followed by a sudden deep inspiration, often resulting in a characteristic "whooping" noise. Post-tussive vomiting is common. During the **final convalescent stage**, paroxysms are less common, and the cough gradually resolves over 2-3 weeks. Illness may be milder in previously vaccinated individuals. Of note, **very young infants** often present differently. They may not have a noticeable cough or "whoop" but may have facial color changes (may turn blue, purple or red). They may gag, gasp or stop breathing and often have **leukocytosis** with an increased absolute lymphocyte count.

Pertussis is highly contagious. Transmission typically occurs when a susceptible person inhales aerosolized droplets from the respiratory tract of an infected person. Transmission via contact with fomites rarely occurs, if ever. **Complications of infection** with *B. pertussis* include pneumonia, seizures, encephalopathy and death. The number of deaths in vaccinated populations is low. **Most deaths occur in infants under 6 months** who are too young to have completed primary immunization.

The preferred methods for the laboratory diagnosis of pertussis are culture and polymerase chain reaction (PCR). PCR has optimal sensitivity during the first 3 weeks of cough when bacterial DNA is still present in the nasopharynx. PCR is unlikely to be useful 5 or more days after start of antimicrobial therapy. Commercial serological tests and direct fluorescent antibody (DFA) testing are not recommended.

Antimicrobial treatment is recommended for all recently infected individuals, regardless of their age. In patients with a clinical history suggestive of pertussis and with risk factors for severe complications, antibiotic treatment should be promptly initiated, without waiting for test results. [Several antibiotics can be used for treatment of pertussis](#) but azithromycin is usually the preferred agent due to its efficacy, side effect profile and high completion rate. TMP-SMX can be used as an alternative agent if needed in patients aged >2 months. Individuals infected with pertussis are considered contagious for 21 days after the onset of cough or until 5 days of antibiotic treatment have been completed.

Please report all suspected and confirmed individual cases and outbreaks of pertussis to the San Mateo County Communicable Disease Control Program. You can report by phone Monday through Friday, 8:00 am to 5:00 pm by calling 650-573-2346. You can also fax a Confidential Morbidity Report (CMR) to 650-573-2919 or report via CalREDIE.

To view our recent Pertussis Health Advisory, go to https://www.smchealth.org/sites/main/files/file_attachments/san_mateo_county_health_advisory_pertussis.pdf?1732731281. For more details regarding vaccination with Tdap, please refer to <https://www.immunize.org/wp-content/uploads/acip/mm6903a5-H.pdf>

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. 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.

Data: California Reportable Disease Information Exchange (CalREDIE); data pulled 2/11/2025.
Notes: For individual diseases, morbidity is based on the date the case was received by the CD Control Program. Past totals 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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