



# Communicable Diseases (CD) Quarterly Report 2025 3<sup>rd</sup> Quarter

## CD Control Program, San Mateo County Health

Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) · Issue No. 61 · Data to September 30, 2025  
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Selected Communicable Disease Cases Reported in San Mateo County				
Disease	2025		2024	
	3 <sup>rd</sup> Qtr	YTD	3 <sup>rd</sup> Qtr	YTD
Coccidioidomycosis*	13	46	8	33
Dengue	5	9	5	8
Legionellosis <sup>§</sup>	4	5	1	6
Malaria*	1	2	1	7
Meningitis/Encephalitis <sup>§</sup>	7	20	2	20
Bacterial <sup>†</sup>	3	8	1	2
Fungal <sup>§</sup>	1	3	0	2
Viral <sup>††</sup>	2	7	0	9
Not Otherwise Specified	1	2	1	7
Meningococcal Disease	0	2	0	1

\*Includes confirmed cases only <sup>§</sup>Includes confirmed, probable, and suspect cases  
<sup>†</sup>Excluding meningococcal meningitis <sup>§</sup>Excluding coccidioidomycosis <sup>††</sup>Excluding West Nile Virus

Selected Gastrointestinal Illnesses Reported in San Mateo County				
Disease	2025		2024	
	3 <sup>rd</sup> Qtr	YTD	3 <sup>rd</sup> Qtr	YTD
Campylobacteriosis	134	335	105	280
Cryptosporidiosis	11	23	11	30
Cyclosporiasis	9	9	1	2
Giardiasis	28	83	30	81
Salmonellosis (non-typhoid)	54	134	75	153
Shigellosis	20	64	34	97
Typhoid Fever	0	0	0	2
STEC <sup>^</sup> with HUS	1	1	0	0
STEC <sup>^</sup> without HUS	39	98	44	89
Vibriosis (non-cholera)	9	10	3	10
Yersiniosis	5	26	10	29

<sup>^</sup>Includes confirmed cases only <sup>^</sup>Shiga toxin-producing *Escherichia coli*

Selected Vaccine Preventable Diseases Reported in San Mateo County				
Disease	2025		2024	
	3 <sup>rd</sup> Qtr	YTD	3 <sup>rd</sup> Qtr	YTD
Haemophilus Influenzae <sup>#</sup>	0	0	0	0
Hepatitis A <sup>*</sup>	1	1	3	5
Measles <sup>*</sup>	0	1	0	0
Pertussis	11	51	24	54

<sup>#</sup>Invasive disease, less than 5 years old <sup>\*</sup>Includes confirmed cases only

Selected Outbreaks in San Mateo County				
Outbreak Type	2025		2024	
	3 <sup>rd</sup> Qtr	YTD	3 <sup>rd</sup> Qtr	YTD
All Gastrointestinal <sup>§</sup>	0	5	3	14
Norovirus <sup>&amp;</sup>	2	2	0	5
All Respiratory <sup>§</sup> (except COVID-19)	1	27	2	16
Influenza <sup>*</sup>	0	21	0	4

<sup>§</sup>Includes confirmed, probable, and suspect outbreaks <sup>&</sup>Includes confirmed and probable outbreaks  
<sup>\*</sup>Includes only confirmed outbreaks

### 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/communicabledisease-reporting](http://smchealth.org/communicabledisease-reporting). 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](mailto:SMCCDControl@smcgov.org).

### Focus: Hepatitis E (Part 2)

Laboratory findings include elevated serum concentrations of bilirubin, ALT and AST. The appearance of clinical symptoms coincides with a sharp rise in ALT levels, typically into the thousands, before returning to normal during convalescence. The **diagnosis of acute HEV** is usually based upon the detection of **IgM antibodies** to HEV, but both false positives and false negatives are common with available assays. In most cases, acute HEV infection is diagnosed based on a positive serum HEV Ig M in the appropriate clinical setting. A definitive diagnosis is made by detecting **HEV RNA in serum or stool by polymerase chain reaction (PCR)**, but **HEV viremia can be short-lived especially in immunocompetent individuals and therefore a negative PCR result does not exclude a recent HEV infection.** Patients should also be tested for other viral hepatic infections such as Hepatitis A, B and C. **Chronic HEV infection** is diagnosed by the **persistent elevation of HEV RNA in serum or stool for a minimum of six months** after the initial infection.

The **management of acute HEV infection** is usually supportive, as the disease tends to be mild and self-limited in immunocompetent patients. The role of ribavirin in the management of acute HEV infection in immunocompromised patients remains uncertain. Of note, ribavirin is contraindicated in pregnancy due to its teratogenic risk. The **management of chronic HEV infection in immunosuppressed patients** involves the reduction of immunosuppressive therapy and using antiviral agents such as ribavirin, peginterferon or both.

**To prevent HEV infection**, travelers to endemic areas (i.e. Asia, Africa, Middle East, and Central America) should follow the general precautions used for the prevention of travelers' diarrhea. This includes avoidance of water and ice of unknown purity, food from street vendors, raw or undercooked seafood, meat or pork products as well as raw vegetables. In addition, travelers to Europe should avoid uncooked and undercooked pork/boar sausage or other wild animal meats (i.e. rabbit) that have not been properly heated.

A **recombinant protein vaccine** against HEV (Hecolin—HEV 239) has been developed and is available in China. It has been used in some outbreak situations elsewhere but is not widely available. It is not licensed and has not been approved for use in the United States, but the FDA has permitted clinical trials to evaluate its safety and immunogenicity in healthy adults and specific populations like those over 65 or living with HIV.

If you could not attend the **2025 Peninsula Infectious Diseases Conference** in September but would like to review the recording and get free Continuing Education Credits, please click [this link](#).

**Data:** California Reportable Disease Information Exchange (CalREDIE); data pulled 10/16/25. **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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