Communicable Diseases (CD) Quarterly Report
2025 2nd Quarter
CD Control Program, San Mateo County Health

Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) · Issue No. 60 · Data to June 30, 2025
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Selected Communicable Disease Cases Reported in San Mateo County

Disease	2025		2024	
	2nd Qtr	YTD	2nd Qtr	YTD
Coccidioidomycosis*	18	33	11	25
Dengue	1	4	1	3
Legionellosis$	0	1	4	5
Malaria*	1	1	2	6
Meningitis/Encephalitis$	4	13	8	19
Bacterial†	2	5	0	1
Fungal$	1	2	1	2
Viral¶	1	5	4	9
Not Otherwise Specified	0	1	3	6
Meningococcal Disease	1	2	1	1

*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	2025		2024	
	2nd Qtr	YTD	2nd Qtr	YTD
Campylobacteriosis	100	200	93	175
Cryptosporidiosis	4	12	10	19
Cyclosporiasis	0	0	1	1
Giardiasis	26	55	20	51
Salmonellosis (non-typhoid)	42	80	54	78
Shigellosis"	28	44	30	63
Typhoid Fever	0	0	1	2
STEC^ without HUS	20	59	30	45
Vibriosis (non-cholera)	1	1	5	7
Yersiniosis	13	21	8	19

*Includes confirmed cases only ^Shiga toxin-producing *Escherichia coli* "Includes all shigella groups (A,B,C,D & unspecified)

Selected Vaccine Preventable Diseases Reported in San Mateo County

Disease	2025		2024	
	2nd Qtr	YTD	2nd Qtr	YTD
Haemophilus Influenzae#	0	0	0	0
Hepatitis A*	0	0	2	2
Hepatitis E* (Acute)	**0**	**1**	**1**	**2**
Measles*	0	1	0	0
Mumps	0	0	0	0
Pertussis	18	40	29	30

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

Highlight – Animal Rabies Testing

Species # positive / # tested	2025		2024	
	2nd Qtr	YTD	2nd Qtr	YTD
Bat	0/9	0/14	0/6	0/24
Cat	0/8	0/15	0/3	0/13
Dog	0/11	0/18	0/8	0/17
Skunk	0/1	0/1	0/1	0/2
Other†	0/2	0/4	0/11	0/16

*Rabies testing was completed at the San Mateo County Public Health Laboratory. † 2025 2nd Qtr: 1 opossum, 1 raccoon; 2024 2nd Qtr: 6 opossums, 3 raccoons, 2 squirrels.

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 SMCCDControl@smcgov.org.

Focus on: Hepatitis E (Part 1)

Hepatitis E virus (HEV) is a small, nonenveloped, single-stranded RNA virus in the Hepeviridae family that usually causes a self-limited, acute viral hepatitis. HEV infection has a global distribution, but prevalence rates are higher in resource-limited countries. According to the World Health Organization (WHO), HEV causes approximately 20 million new infections and over 55,000 deaths annually. Hepatitis E has at least 8 known genotypes but only genotypes 1, 2, 3 and 4 commonly cause disease in humans.

Genotypes 1 and 2 are transmitted through the fecal-oral route via contaminated water, are predominantly found in developing countries and can cause large outbreaks. During outbreaks, these genotypes typically affect young adults (15-40 years of age), causing a **self-limited acute** infection that generally does not progress to chronic infection.

Genotypes 3 and 4 are primarily zoonotic, found in animals, and transmitted to humans through the consumption of undercooked meat such as pork, wild boar, and deer. These genotypes are more common in Europe and other developed, high-income countries such as the United States, Australia, Japan, and China. They generally cause **sporadic cases**, mainly affecting adults aged older than 40. While they can cause acute infections, there is a **risk of progression to chronic infection**, particularly in immuno-compromised patients, such as solid organ transplants and individuals with weakened immune systems due to HIV.

The **incubation period** of HEV infection ranges from 15 to 60 days, with an average of 40 days from exposure to the virus until symptoms appear. Most patients are asymptomatic or only mildly symptomatic. When **clinical signs and symptoms do develop, they resemble those of other forms of acute viral hepatitis. Jaundice** stands out as the most common symptom and is observed in two-thirds of cases. Malaise and lethargy affect one-third of patients, usually occur before the onset of jaundice and are accompanied by fever, anorexia and myalgia. Nausea and vomiting are also reported. Of note, neurologic complications, although less common, affect about 8% of patients and represent an important aspect of HEV's extrahepatic manifestations. Other less common features include arthralgia, pruritus, and urticarial rash.

Fulminant hepatic failure is more likely in pregnant women and in individuals who are malnourished or have pre-existing liver disease. In individuals with pre-existing chronic liver disease, acute HEV infection can trigger acute-on-chronic liver failure which carries a high mortality rate. Acute HEV infection in pregnant women, particularly with genotypes 1 and 2 in developing countries and in the third trimester, is associated with a poor prognosis and with a 15% to 25% maternal mortality rate. The fetus is also at considerable risk, with preterm birth, stillbirth and neonatal death being more common than in non-infected pregnancies. Although rare, vertical transmission of HEV from mother to child has been documented, leading to neonatal hepatitis E.

Chronic hepatitis does not develop after acute HEV infection, except in immunocompromised individuals, such as transplant recipients and is typically associated with genotypes 3 and 4. Due to their ongoing immunosuppression, those with a transplant are unable to clear the virus and can develop chronic hepatitis, and in some cases cirrhosis.

Data: California Reportable Disease Information Exchange (CalREDIE); data pulled 7/16/2025.
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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