



Communicable Diseases (CD) Quarterly Report 2026 1st Quarter

CD Control Program, San Mateo County Health

Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) · Issue No. 63 · Data to March 31, 2026
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Selected Communicable Disease Cases Reported in San Mateo County		
Disease	2026	2025
	1 st Qtr / YTD	1 st Qtr / YTD
Coccidioidomycosis*	13	15
Dengue	0	3
Legionellosis[§]	1	2
Meningitis/Encephalitis [§]	6	9
Bacterial [†]	1	3
Fungal [§]	0	1
Viral ^{††}	5	4
Not Otherwise Specified	0	1
Meningococcal Disease	0	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	2026	2025
	1 st Qtr / YTD	1 st Qtr / YTD
Campylobacteriosis	99	101
Cryptosporidiosis	3	8
Giardiasis	21	29
Salmonellosis (non-typhoid)	30	39
Shigellosis	25	16
Typhoid Fever	1	0
STEC [^] without HUS	16	39
Vibriosis (non-cholera)	3	0
Yersiniosis	4	8

*Includes confirmed cases only [^]Shiga toxin-producing *Escherichia coli*

Selected Vaccine Preventable Diseases Reported in San Mateo County		
Disease	2026	2025
	1 st Qtr / YTD	1 st Qtr / YTD
Measles [*]	2	1
Pertussis	21	21

[#]Invasive disease, less than 5 years old ^{*}Includes confirmed cases only

Selected Outbreaks in San Mateo County		
Outbreak Type	2026	2025
	1 st Qtr / YTD	1 st Qtr / YTD
All Gastrointestinal [*]	2	5
Norovirus [§]	0	2
All Respiratory [*] (except COVID-19)	14	21
Influenza [†]	9	19

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

Focus on: Legionellosis

Legionellosis refers to clinical syndromes associated with *Legionella* infections, including **Legionnaires' disease** which refers to pneumonia caused by *Legionella* species and **Pontiac fever**, which is an acute, nonspecific, probably toxin-mediated, self-limited febrile illness that is typically acquired during outbreaks without signs and symptoms of lower respiratory tract infection. **Legionella bacteria are gram-negative bacteria that are commonly found in water and soil.** *Legionella* bacteria were first identified as a result of the investigation of an outbreak of severe pneumonia amongst attendees at an American Legion convention in a Philadelphia hotel in July 1976. **Legionella pneumophila serotype 1** is the most commonly reported cause of human *Legionella* infections worldwide. *Legionella longbeachae* is the second most common cause of human *Legionella* infections and is mostly reported in Australasia (Australia and New Zealand). *Legionella pneumophila* and most other *Legionella* species are found worldwide and mainly **reside in bodies of water**. By contrast, *Legionella longbeachae* primarily resides in **soil and compost**.

Most *Legionella* infections are sporadic, but epidemics can occur. They are often associated with **exposure to contaminated manmade communal water supplies in large facilities such as hospitals, hotels, cruise ships or apartment buildings**. Natural water systems such as rivers and streams are less common sources of infection. There is one report of suspected *Legionella* transmission from a single donor who died from freshwater drowning in a river to two lung transplant recipients.

Legionella bacteria are typically **transmitted to humans via inhalation of contaminated aerosols**. *Legionella* species are estimated to cause 2 to 10% of cases of community-acquired pneumonia, with over 75% of cases occurring in adults over the age of 50. Pediatric Legionnaires' disease does occur but is rare. In addition to older age, **risk factors for Legionnaires' disease** include smoking, chronic respiratory disease, cardiovascular disease, diabetes, end-stage renal disease and other immunocompromising conditions, particularly those involving impaired cell-mediated immunity. Legionnaires' disease ranges from mild to severe. Up to 44% of patients require intensive care unit admission, with some patients requiring extracorporeal membrane oxygenation. The associated mortality ranges from 1 to 10 percent. In contrast, Pontiac fever is typically a self-limited illness that resolves in 2 to 5 days without antibiotic therapy.

Pneumonia caused by Legionella is clinically and radiographically similar to other forms of pneumonia although immunocompromised patients may present with more unusual radiographic features such as pulmonary nodules. **Predominant symptoms** include fever, cough and shortness of breath. Symptoms usually appear 2 to 10 days after exposure to contaminated water or soil. Although no signs or symptoms clearly distinguish Legionnaires' disease from other forms of pneumonia, the following features are suggestive of, and should prompt testing for *Legionella*: **gastrointestinal symptoms such as nausea, vomiting and diarrhea, hyponatremia, elevated transaminases and failure to respond to treatment with beta-lactam monotherapy.**

To test for *Legionella* in patients with pneumonia, it is recommended to perform **PCR** on a sputum or bronchoalveolar lavage specimen because PCR has a very high diagnostic accuracy and **detects all Legionella species and serogroups**. If PCR testing is not available or sputum cannot be obtained, it is recommended to perform **urine antigen testing** which has a high specificity and rapid turnaround time, but **only detects Legionella pneumophila serotype 1**.

Azithromycin and levofloxacin are the preferred agents for the treatment of Legionnaires' disease. Patients with *Legionella* infections do not require isolation or contact precautions. Although *Legionella* infections are associated with outbreaks, person-to-person spread is exceedingly rare. **Key preventive measures** include early identification of outbreaks, routine water distribution disinfection and in the case of *Legionella longbeachae*, safe handling of soil and compost.

Data: California Reportable Disease Information Exchange (CalREDIE); data pulled 04/21/2026.

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.

Authors: Communicable Disease Control Program