



Communicable Diseases (CD) Quarterly Report

San Mateo County Health System
CD Control Program

- Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) • Issue No. 23 • Data to Mar 31, 2013
- Catherine Sallenave, MD, CD Controller • Scott Morrow, MD, Health Officer

Table 1. Selected CD cases reported in San Mateo County

Disease	2013		2012	
	1st Qtr	YTD	1st Qtr	YTD
Coccidioidomycosis	2	2	4	4
Hepatitis C (chronic) [§]	85	85	92	92
Haemophilus Influenzae	1	1	0	0
Listeriosis	2	2	0	0
Lyme Disease	1	1	0	0
Meningitis - Bacterial [§]	0	0	0	0
Meningitis - Viral [§]	1	1	5	5
Meningococcal Disease	0	0	2	2
Paratyphoid Fever	1	1	0	0
Typhoid Fever	0	0	0	0
Rocky Mountain Spotted Fever [§]	1	1	0	0
Staph. Aureus Infection (severe)	1	1	2	2

*Excluding meningococcal meningitis. § Includes confirmed and probable cases

Table 4. Outbreaks in San Mateo County

Disease	2013		2012	
	1st Qtr	YTD	1st Qtr	YTD
All Gastrointestinal*	14	14	14	14
Confirmed/Probable Norovirus	9	9	6	6
Respiratory*	18	18	7	7
Confirmed Influenza	16	16	6	6
Confirmed Pertussis	1	1	0	0

*Includes confirmed, probable and suspect outbreaks

Focus on Hepatitis A

Hepatitis A virus (HAV) is an RNA virus in the Picornaviridae family which causes infections worldwide. The incidence in the USA has declined significantly since vaccination was recommended for persons at increased risk and children living in states with the highest incidence of HAV. HAV is spread via the fecal-oral route. The most common reported **risk factor** in the United States is international travel, mainly to Mexico and Central or South America. Other risk factors include sexual and household contact with another person with hepatitis A, homosexual activity in men, injection drug use, food or waterborne outbreaks, and participation or employment in a daycare center.

HAV infection usually results in an acute, self-limited illness and only rarely leads to fulminant hepatic failure. HAV infection is usually silent or subclinical in children. Infection in adults can vary in severity from a mild flu-like illness to fulminant hepatitis. The **incubation period** averages 30 days, after which the illness begins in symptomatic patients with the sudden onset of fatigue, malaise, nausea, vomiting, anorexia, fever, and right upper quadrant pain. Within a few days, patients usually develop dark urine, acholic stools, jaundice, and pruritus. The prodromal symptoms usually diminish when jaundice appears. Infected individuals are **contagious** during the incubation period and for about 7 days after jaundice appears. The two most common findings on physical examination are **jaundice and hepatomegaly**. **Laboratory findings** are notable for marked elevations of serum aminotransferases (>1000 IU/dL), bilirubin (>10 mg/dL), and alkaline phosphatase. ALT is usually higher than AST.

The **diagnosis** of acute HAV infection is made by the detection of serum IgM anti-HAV antibodies in a patient with the typical clinical presentation. Because the disease is usually self-limited, treatment is supportive. Occasional patients require hospitalization. Patients who develop fulminant infection require aggressive supportive therapy, and should be transferred to a center capable of performing liver transplantation. **Prevention** rests on pre-exposure vaccination and adherence to sanitary practices such as hand-washing, heating foods appropriately, and avoidance of potentially contaminated water and foods from endemic areas. Chlorination and certain disinfecting solutions (i.e. household bleach) are sufficient to inactivate the virus. Persons who have been exposed recently to HAV and who have not been previously immunized against HAV, should be administered a single dose of single-antigen **HAV vaccine** or immune globulin (**IG**) as soon as possible, depending on age and immune status.

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 http://smhealth.org/sites/default/files/docs/PHS/cmr_cd_std.pdf. 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 enquiries may be directed to PH_CDControlUnit@smcgov.org (Note: underscore between PH and CD)

Table 2. Selected Gastrointestinal illnesses reported in San Mateo County Residents

Disease	2013		2012	
	1st Qtr	YTD	1st Qtr	YTD
Amebiasis	1	1	2	2
Campylobacteriosis	46	46	59	59
Cryptosporidium	3	3	3	3
E. Coli 0157: H7	0	0	3	3
Giardia	15	15	9	9
SALMONELLA (non-typhoid)	32	32	15	15
S. Enteritidis	7	7	5	5
S. Typhimurium/var 5-	5	5	1	1
Pending/Others	20	20	9	9
Shigellosis	2	2	3	3
Vibrio (non-cholera)	0	0	0	0

Table 3. Selected Vaccine Preventable Diseases reported in San Mateo County Residents

Disease	2013		2012	
	1st Qtr	YTD	1st Qtr	YTD
Hepatitis A	1	1	0	0
Hepatitis B (acute)	1	1	1	1
Hepatitis B (chronic) [§]	104	104	109	109
Influenza - ICU Hosp (0-64 yrs)	3	3	4	4
Influenza Death (0-64 yrs)	0	0	0	0
Measles	0	0	0	0
Pertussis*	13	13	4	4

*Includes confirmed, probable and suspect cases.
§ Includes confirmed and probable cases

Sources: CalReDIE

Notes: Morbidity is based on date of diagnosis. Totals for past quarters may change due to delays in reporting from labs and providers and use of different reporting systems.

Authors: Swati Deshpande, Amie Dubois and Catherine Sallenave.