

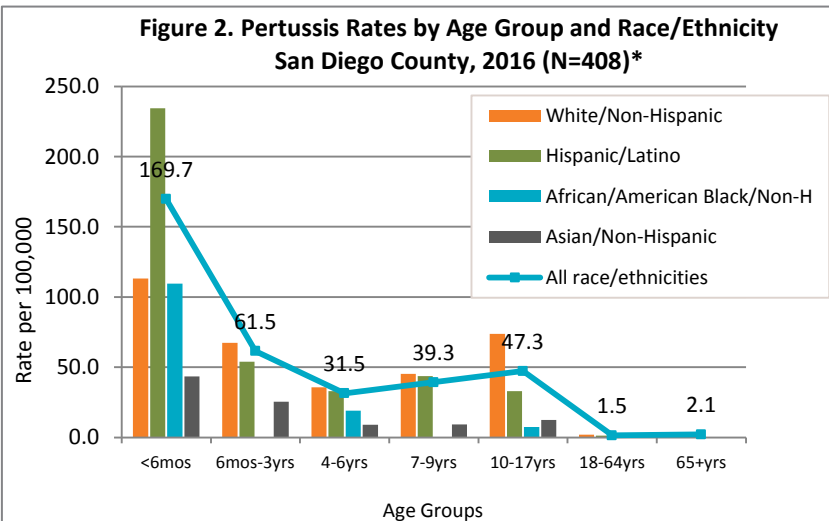
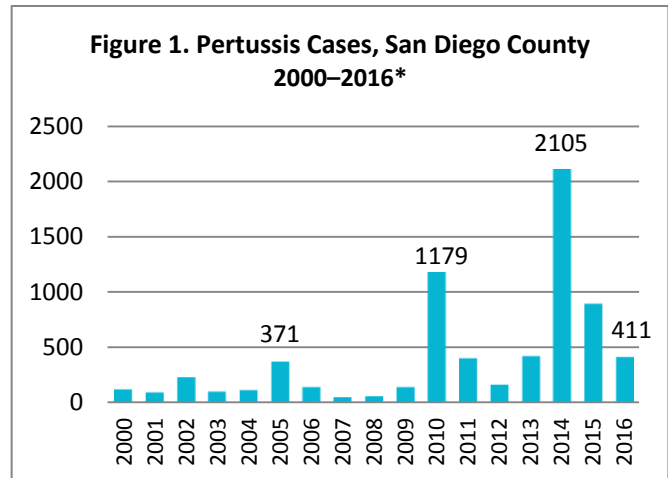
The Epidemiology and Immunization Services Branch is pleased to present the first issue of the relaunched Monthly Communicable Disease Report. Our goal is to provide relevant, up-to-date information about communicable diseases affecting the San Diego County population. Each issue will feature a short article and data summary about a disease or related topic. In addition, it will include a monthly case count table and graphs showing recent trends in select diseases. We intend this publication to report back to the medical and public health professionals who make communicable disease control possible through timely and consistent reporting; we hope you will find it useful.

PERTUSSIS (WHOOPIING COUGH)

Pertussis, a bacterial respiratory infection caused by *Bordetella pertussis*, has seen a resurgence in recent years. After the introduction of a vaccine in the 1940s, annual United States case counts dropped from an average of 175,000 per year to fewer than 3,000 per year in the 1980s. While not approaching pre-vaccine levels, case counts have been rising through the 1990s to recent peaks in 2010 and 2014. In San Diego County, the 2014 peak was 2,105 cases, a rate of 65.9 per 100,000 population, up from 4.4 per 100,000 in 2000. Preliminary data for 2016 put the San Diego County pertussis rate at 12.7 per 100,000, about three times the California average rate.

Although the number of cases in San Diego County in 2016 was greatest among adolescents 10–17 years old (n=153), the rate was highest among infants less than 6 months of age (n=37, rate=169.7), with a particularly high rate of 234.5 cases per 100,000 Hispanic/Latino infants. Infants are at highest risk of hospitalization and death from pertussis; in 2016, one infant aged under 6 months died from pertussis in San Diego County.

Thus, pregnant women are encouraged to receive pertussis vaccine, Tdap, during the third trimester of every pregnancy so that antibodies are transferred to their infants to help protect them until they are old enough to be vaccinated. A single booster dose of Tdap is also recommended for adolescents 11–18 years, as well as adults and children ages 7–10 who are not fully vaccinated. In 2013, San Diego survey data showed that 12% of children had not received the fourth dose of DTaP.



*Data current as of 2/14/2017. Data for 2016, in particular, are provisional and subject to change as additional information becomes available.

Resources

- [Centers for Disease Control and Prevention website](#)
- [Epidemiology and Prevention of Vaccine-Preventable Diseases \(the Pink Book\)](#)
- [California Department of Public Health Pertussis Report \(state-level data summary 2016\)](#)
- [San Diego Immunization Program](#)

The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB works to identify, investigate, register, and evaluate communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, send an email to EpiDiv.HHSA@sdcounty.ca.gov.

MONTHLY COMMUNICABLE DISEASE REPORT

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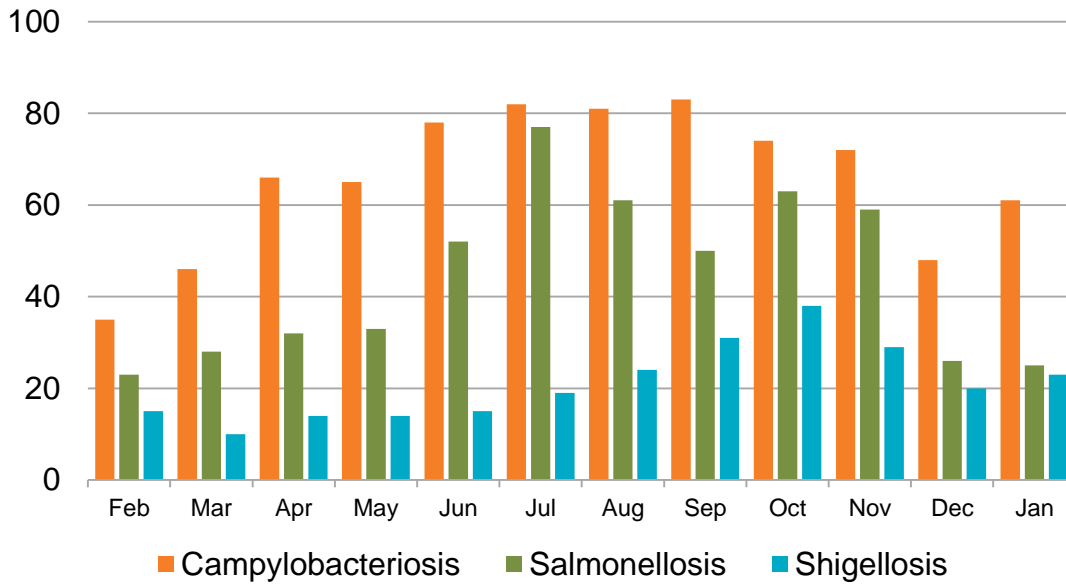


Table 1. Select Reportable Diseases		2017			2016	2014-2016
		Current Month	Prior Month (Dec 2016)	Year-to-Date (YTD)	Prior YTD	Avg YTD, Prior 3 Years
Disease and Case Inclusion Criteria (C,P,S)						
Amebiasis	C	1	0	1	5	3.7
Botulism (Foodborne, Infant, Wound)	C	1	0	1	0	0.0
Brucellosis	C	0	0	0	0	0.0
Campylobacteriosis	C	61	48	61	51	45.7
Chickenpox, Hospitalization or Death	C,P	0	1	0	0	0.0
Chikungunya	C,P	0	1	0	0	0.0
Coccidioidomycosis	C,P	1	3	1	14	16.7
Cryptosporidiosis	C,P	1	3	1	4	3.0
Dengue Virus Infection	C	1	2	1	2	1.0
Encephalitis, All	C,P	2	0	2	6	4.0
Giardiasis	C,P	24	30	24	21	18.3
Hepatitis A, Acute	C	3	4	3	4	1.7
Hepatitis B, Acute	C,P	0	0	0	0	0.7
Hepatitis B, Chronic	C	56	71	56	76	73.7
Hepatitis C, Acute	C	0	1	0	0	0.0
Hepatitis C, Chronic	C,P	162	169	162	230	231.7
Legionellosis	C	6	4	6	3	3.0
Listeriosis	C,P	1	1	1	1	1.0
Lyme Disease	C	0	0	0	0	0.3
Malaria	C	0	2	0	0	0.0
Measles (Rubeola)	C,P	0	0	0	0	2.7
Meningitis, Aseptic/Viral	C	5	6	5	12	9.3
Meningitis, Bacterial	C	2	5	2	5	4.3
Meningitis, Other/Unknown	C,P,S	0	0	0	4	2.0
Meningococcal Infection	C,P	0	0	0	0	0.0
Mumps	C,P	1	2	1	0	0.0
Pertussis	C,P,S	34	47	34	33	93.0
Rabies, Animal	C	1	0	1	0	0.0
Rocky Mountain Spotted Fever	C,P	0	0	0	0	0.0
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	25	26	25	30	24.0
Shiga toxin-Positive Feces (without culture confirmation)	C,P	0	1	0	3	1.3
Shiga toxin-Producing E. coli (including O157)	C,P	0	2	0	1	0.7
Shigellosis	C,P	23	20	23	11	8.7
Typhoid Fever	C,P	0	4	0	0	0.0
Vibriosis	C,P	2	1	2	2	1.7
West Nile Virus Infection	C,P	0	0	0	0	0.0
Yersiniosis	C,P	0	4	0	1	1.7
Zika Virus	C,P	2	3	2	4	1.3

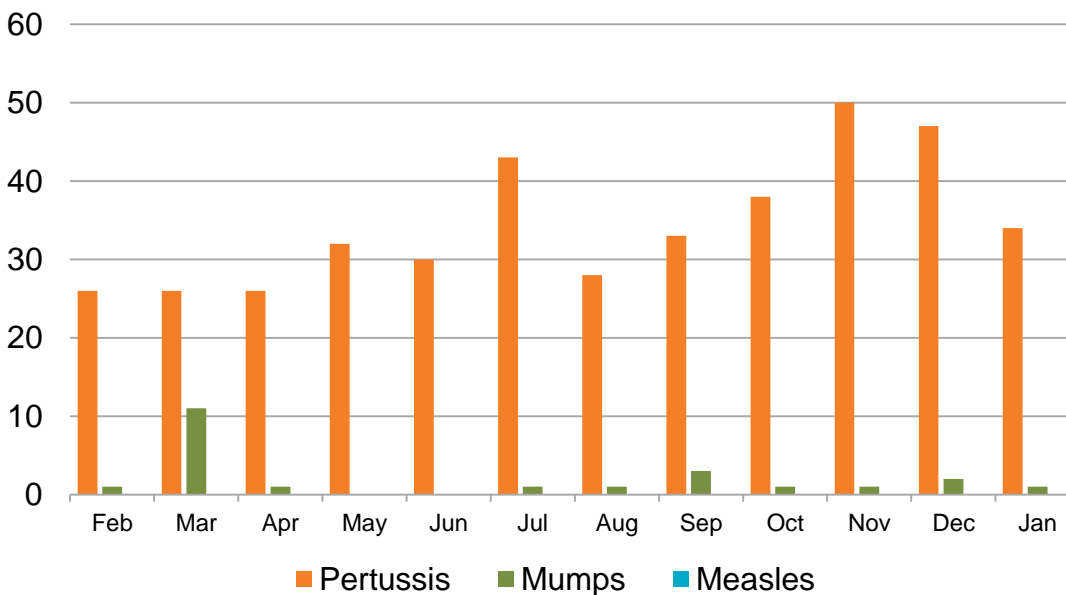
Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.



**Figure 3. Select Enteric Infections by Month
February 2016 – January 2017**

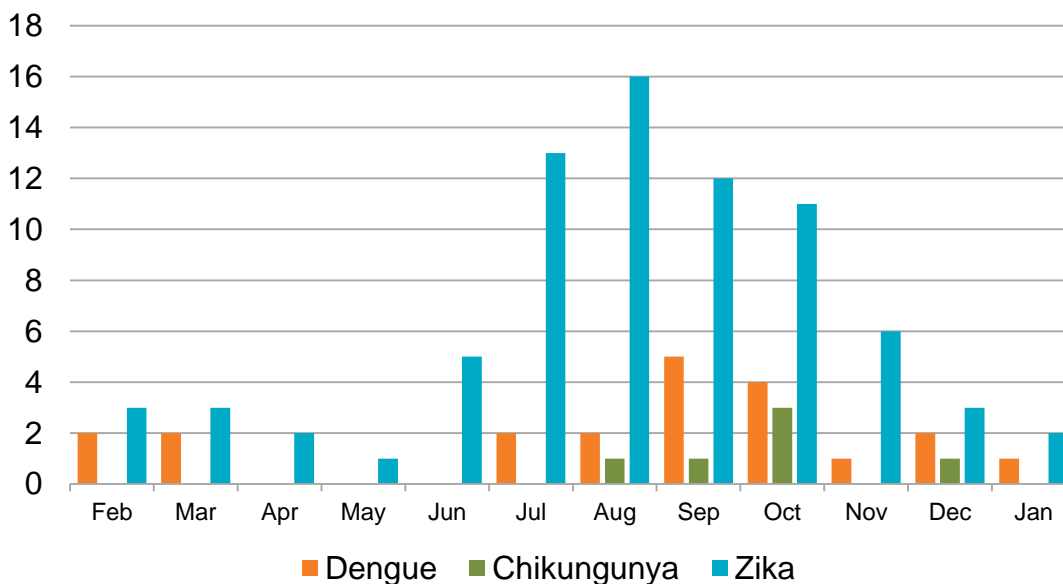


**Figure 4. Select Vaccine-Preventable Infections by Month
February 2016 – January 2017**



Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

**Figure 5. Select Vector-Borne Infections by Month
February 2016 – January 2017**



All of these dengue, chikungunya, and Zika virus cases are travel-associated. For additional information on Zika cases, see the [HHSa Zika Virus webpage](#). **Case counts are provisional and subject to change as additional information becomes available.** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

Disease Reporting in San Diego County

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the San Diego Health Connect Health Information Exchange (HIE). The data presented in this report are the result of those efforts.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections 2500, 2505, and 2508), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, <http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html>.