

### HEPATITIS A

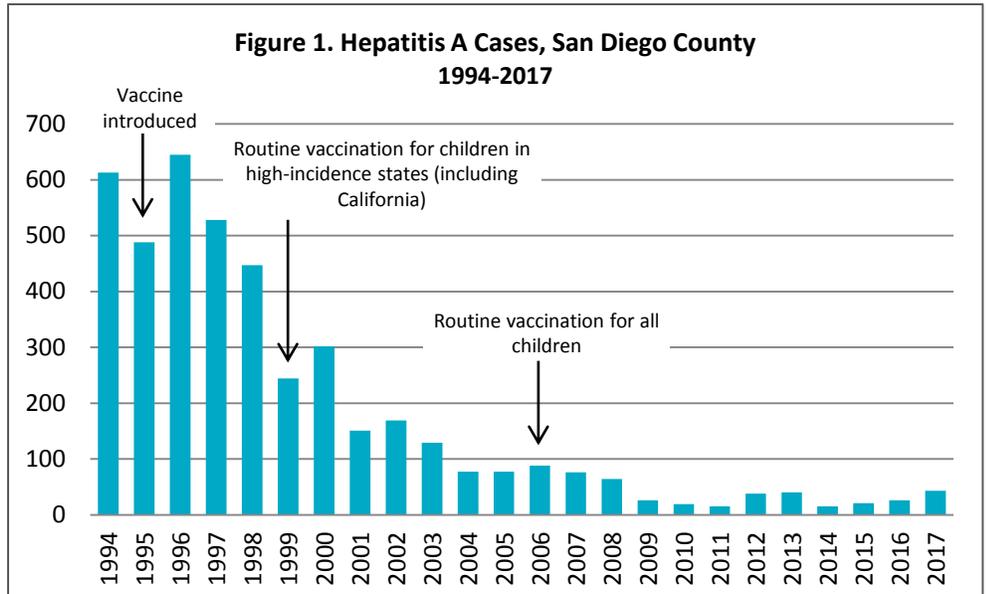
Hepatitis A is an acute viral infection clinically indistinguishable from other forms of acute viral hepatitis. Rates of hepatitis A virus (HAV) infection have declined by 95% in the United States (U.S.) since the introduction of a vaccine in 1995, according to the Centers for Disease Control and Prevention (CDC).

In San Diego County, cases of HAV infection have decreased from 645 in 1996 to 26 in 2016. Increasing use of vaccine has also changed the epidemiology of the disease, with the historically higher rates of infection among children declining most rapidly. Infections in San Diego County children under 15 years old decreased from 194 cases (34.8 per 100,000 population) in 1996 to zero cases in 2016. In contrast, the rate among adults 45-64 years old declined from 4.0 to 0.6 per 100,000 between 1996 and 2016. During the same period, the median age among San Diego County cases increased from 25 to 43 years.

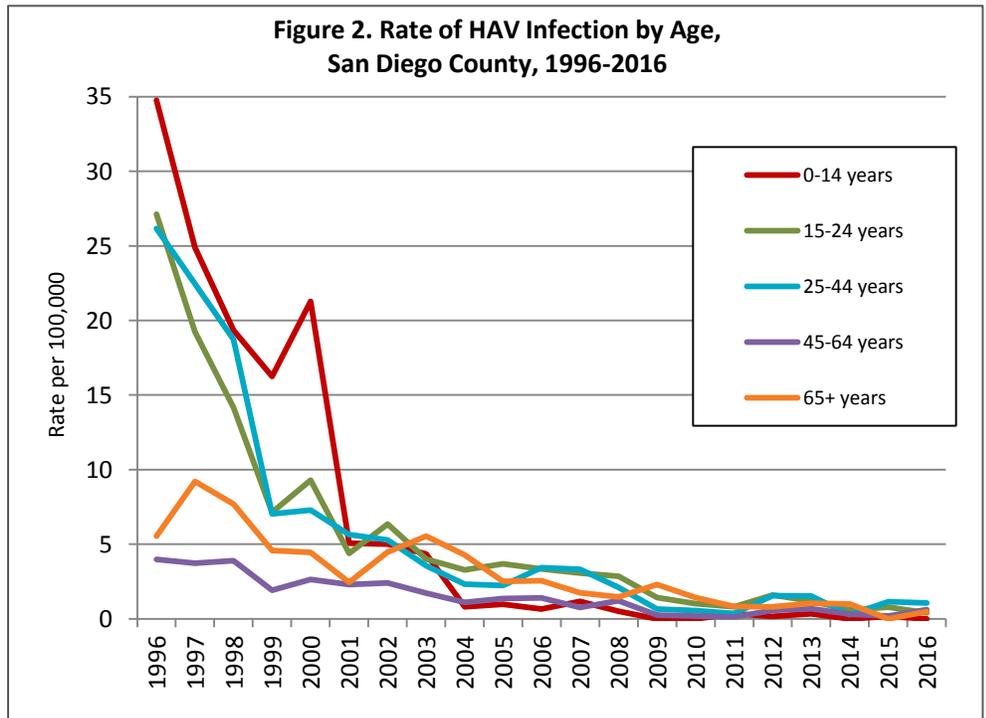
**65% HOSPITALIZED**  
San Diego County Cases  
2013-2017

Unlike other viral hepatitis infections, hepatitis A infection does not become chronic. However, acute infections can often be quite severe, especially in adults.

*Continued on next page*



2017 data are year-to-date; data current as of 4/14/2017. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.



Data current as of 4/14/2017. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years. Population data: SANDAG.

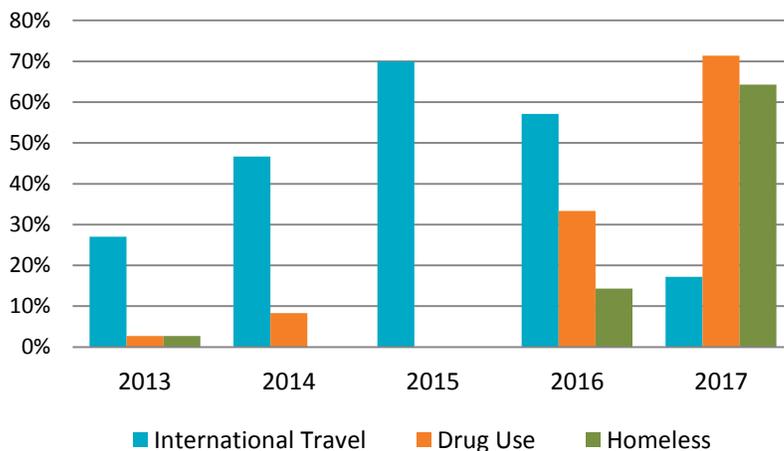
The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB works to identify, investigate, register, and evaluate communicable, reportable, and emerging diseases and conditions to protect 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](mailto:EpiDiv.HHSA@sdcounty.ca.gov).

## HEPATITIS A, continued

HAV infection has a long incubation period (28 days on average, range 15-50 days) and persons become infectious up to two weeks prior to symptom onset. These factors contribute to the challenges of identifying sources of infection and interrupting transmission.

Humans are the only natural host for HAV and spread it via fecal-oral transmission: person-to-person among household members and sexual partners, or by ingesting contaminated food or water. Specific sources of infection often remain unknown outside of common source outbreaks. In San Diego County, 22 cases were linked to a local restaurant-associated outbreak in 2008 and 19 cases were linked to the national outbreak associated with imported pomegranate arils (primarily in a frozen berry mix) in 2013.

**Figure 3. Risk Factors Reported by Hepatitis A Cases, San Diego County, 2013-2017**



Among cases with available information (n=122-134). Categories are not mutually exclusive and do not indicate a confirmed source of infection.

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Since widespread transmission has waned in the U.S., infection is most frequently found in populations with specific risk factors: travelers to [countries with high or intermediate endemicity](#) of HAV infection, men who have sex with men, users of injection and non-injection illegal drugs, and persons with clotting factor disorders. HAV outbreaks have been reported among the homeless, who have an increased risk of infection due to poor living conditions when compared with the general population. This increased risk due to homelessness [has been demonstrated](#) to be independent of other known risk factors, such as injection of illicit drugs and sexual practices.

Recently, illicit drug users and homeless persons have been disproportionately affected by HAV infection in San Diego County, with 37 confirmed cases in these populations since November 1, 2016. Investigation and intervention activities related to these cases are ongoing.

### Local Resources

- [CAHAN San Diego Health Alert – Hepatitis A Virus Outbreak in San Diego County](#)
- [San Diego Immunization Program](#)

### Other Resources

- [Centers for Disease Control and Prevention Hepatitis A website](#)
- [Epidemiology and Prevention of Vaccine-Preventable Diseases – Hepatitis A \(the Pink Book\)](#)
- [CDC Health Information for International Travel \(the Yellow Book\) – Chapter 3: Infectious Diseases Related to International Travel – Hepatitis A](#)
- [Recommendations of the Advisory Committee on Immunization Practices \(ACIP\) – Hepatitis A, 2006](#)
- [California Department of Public Health Hepatitis A website](#)

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# MONTHLY COMMUNICABLE DISEASE REPORT

MARCH 2017

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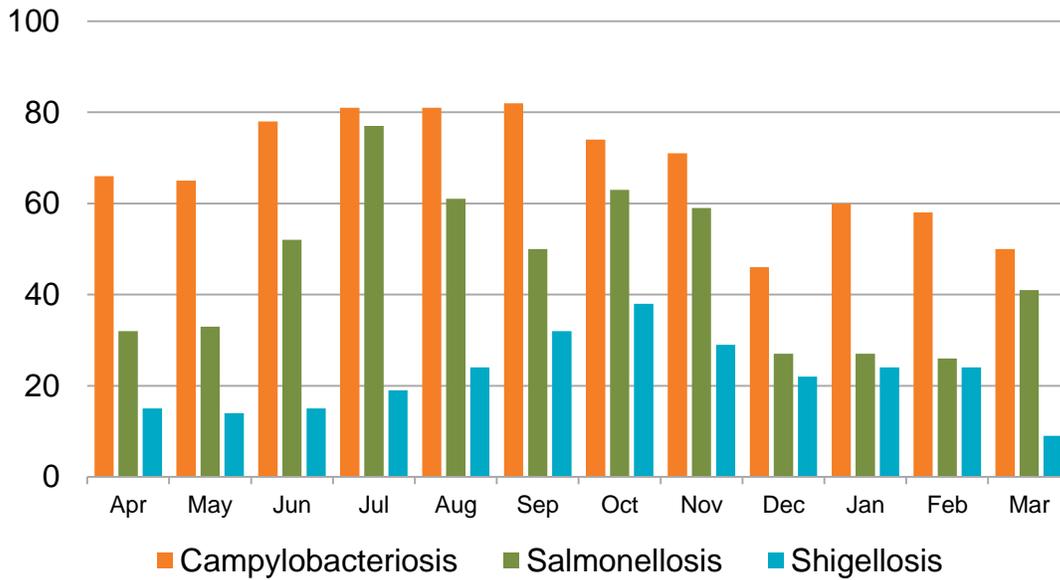


Table 1. Select Reportable Diseases		2017			2016	2014-2016
		Current Month	Prior Month	Year-to-Date (YTD)	Prior YTD	Avg YTD, Prior 3 Years
Disease and Case Inclusion Criteria (C,P,S)						
Amebiasis	C	1	1	2	13	12.0
Botulism (Foodborne, Infant, Wound)	C	0	0	1	0	0.3
Brucellosis	C	1	0	1	1	0.3
Campylobacteriosis	C	50	58	168	132	129.7
Chickenpox, Hospitalization or Death	C,P	0	0	0	0	0.0
Chikungunya	C,P	0	0	1	0	0.0
Coccidioidomycosis	C,P	3	10	23	31	38.0
Cryptosporidiosis	C,P	1	1	3	7	4.7
Dengue Virus Infection	C	0	1	2	6	2.7
Encephalitis, All	C,P	2	1	6	12	14.7
Giardiasis	C,P	20	21	70	68	52.7
Hepatitis A, Acute	C	25	8	36	6	3.7
Hepatitis B, Acute	C,P	1	1	3	0	2.0
Hepatitis B, Chronic	C	68	83	213	225	221.7
Hepatitis C, Acute	C,P	1	0	1	0	0.0
Hepatitis C, Chronic	C,P	191	167	546	711	662.7
Legionellosis	C	1	4	11	10	9.7
Listeriosis	C,P	1	2	4	4	2.0
Lyme Disease	C	1	0	2	0	0.3
Malaria	C	0	1	1	0	1.0
Measles (Rubeola)	C,P	2	0	2	0	4.0
Meningitis, Aseptic/Viral	C	4	4	13	24	31.3
Meningitis, Bacterial	C	1	1	4	16	12.0
Meningitis, Other/Unknown	C,P,S	0	0	0	10	7.7
Meningococcal Infection	C,P	0	0	0	0	2.0
Mumps	C,P	2	3	6	12	4.0
Pertussis	C,P,S	92	41	189	85	244.3
Rabies, Animal	C	0	1	2	0	0.7
Rocky Mountain Spotted Fever	C,P	0	0	1	0	0.3
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	41	26	94	81	77.7
Shiga toxin-Positive Feces (without culture confirmation)	C,P	1	0	1	5	3.0
Shiga toxin-Producing E. coli (including O157)	C,P	0	0	0	6	4.3
Shigellosis	C,P	9	24	57	36	26.3
Typhoid Fever	C,P	0	0	1	1	0.7
Vibriosis	C,P	1	1	5	4	4.7
West Nile Virus Infection	C,P	0	0	0	0	0.0
Yersiniosis	C,P	6	2	9	4	4.0
Zika Virus	C,P	0	1	4	10	3.3

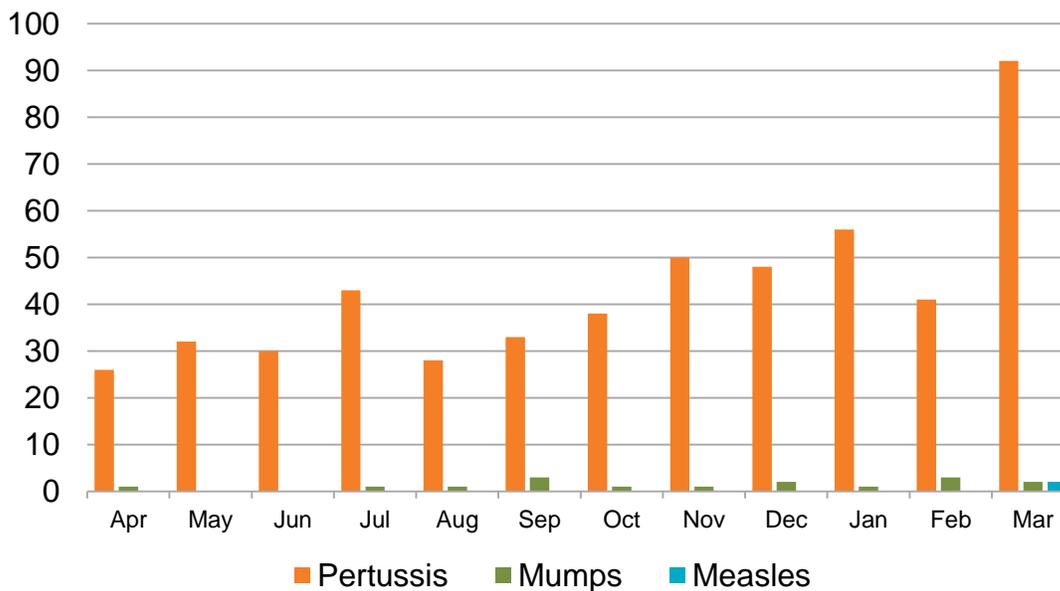
**Case counts are provisional and subject to change as additional information becomes available.** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from 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 4. Select Enteric Infections by Month  
April 2016 – March 2017**

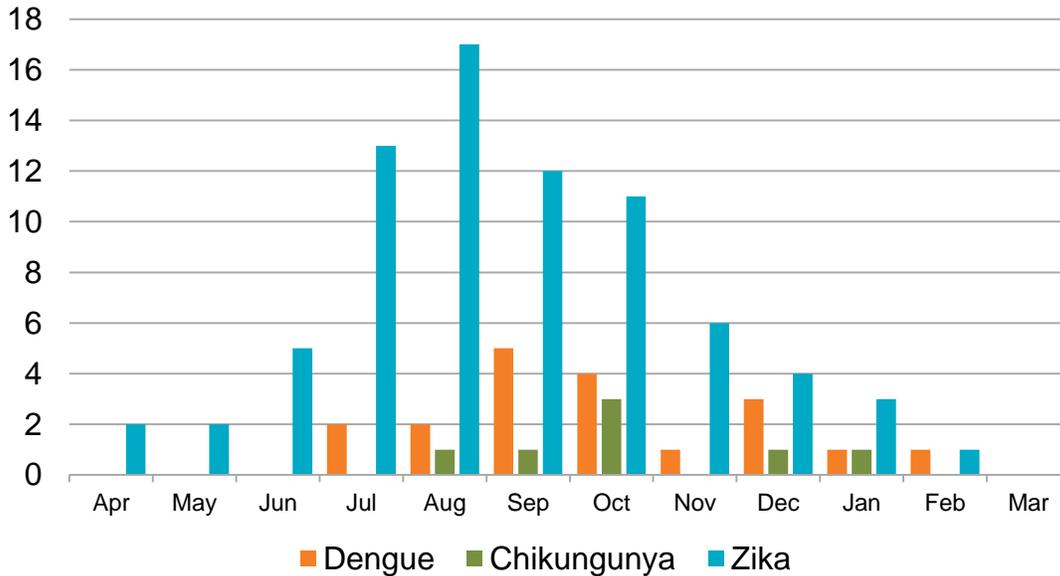


**Figure 5. Select Vaccine-Preventable Infections by Month  
April 2016 – March 2017**



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**Figure 6. Select Vector-Borne Infections by Month  
April 2016 – March 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](http://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>.