



# Communicable Diseases (CD) Quarterly Report

San Mateo County Health System  
CD Control Program

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**Table 1. Selected CD cases reported in San Mateo County Residents**

Disease	2010		2009	
	4th Qtr	YTD	4th Qtr	YTD
Coccidioidomycosis	2	6	0	8
Influenza - Pediatric ICU Hosp	1	1	0	0
Listeriosis	0	4	1	3
Hepatitis C (chronic)	252	696	94	544
Meningitis - Bacterial <sup>1</sup>	0	3	2	7
Meningitis - Viral	1	7	2	12
Meningococcal Disease	1	5	*	*
Typhoid/Paratyphoid Fever	2	9	3	6

<sup>1</sup> Excluding Meningococcal meningitis; \* Data not available at this time due to reporting changes

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

Disease	2010		2009	
	4th Qtr	YTD	4th Qtr	YTD
Amebiasis	0	6	0	5
Campylobacteriosis	47	234	68	229
Cryptosporidium	5	32	11	70
E. Coli O157: H7	1	6	2	8
Giardia	15	56	6	44
<b>SALMONELLA (non-typhoid)</b>	<b>19</b>	<b>129</b>	<b>20</b>	<b>109</b>
S. Enteritidis	3	39	1	13
S. Typhimurium	6	23	0	7
Other	10	67	19	89
Scombroid Fish Poisoning	1	3	0	1
Shigella	3	19	5	22
Shiga Toxin producing E. Coli	1	4	0	0
Vibrio (non-cholera)	0	6	3	7
Yersiniosis	0	3	0	0

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

Disease	2010		2009	
	4th Qtr	YTD	4th Qtr	YTD
Hepatitis A	5	7	1	7
Hepatitis B (acute)	1	3	0	5
Hepatitis B (chronic)	123	367	48	341
<b>Pertussis*</b>	<b>74</b>	<b>175</b>	<b>0</b>	<b>10</b>

\*Includes confirmed, probable and suspect cases

### Special Alert: New School Tdap Vaccination Requirement

We all need to work hard to get our 55,000 7th-12th graders vaccinated with Tdap before start of school this Fall. For information on California school immunization laws, and particularly AB 354, the pertussis vaccination requirement for all 7th through 12th graders, go to <http://www.shotsforschool.org/>.

For more information on pertussis go to [www.smhealth.org/pertussis](http://www.smhealth.org/pertussis) and for information on other communicable diseases, please visit the CD Control Program webpage at [www.smhealth.org/cdcontrol](http://www.smhealth.org/cdcontrol). You will find information for the general public and for providers, including a section on reporting, all our alerts and Quarterly Reports, as well as a section on Infection Control.

**Table 4. Outbreaks in San Mateo County**

Disease	2010		2009	
	4th Qtr	YTD	4th Qtr	YTD
Gastrointestinal Illness	3	31	0	23
<b>Pertussis</b>	<b>4</b>	<b>8</b>	<b>0</b>	<b>0</b>

### Focus on Mumps

**Mumps** is a highly infectious RNA virus. Mumps epidemics have occurred worldwide with school-aged children often serving as the vector for spread to household family members. The first inactivated mumps vaccine was introduced in the 1940s. It was then replaced by the attenuated vaccine (Jeryl-Lynn strain) in 1967. Since the introduction of the vaccine, mumps cases have declined by 96 percent in the United States. Despite this significant decline, there have been a number of sporadic mumps **outbreaks** reported in cohorts of susceptible individuals in the military, high schools, summer camps and college dormitories. In San Mateo County, only 2 cases of mumps have been reported in the past 5 years.

Mumps virus is typically **transmitted by respiratory droplets**, direct contact, or fomites. Infants less than one year rarely acquire mumps due to passage of maternal antibodies. The incubation period is usually 14 to 18 days from exposure to onset of symptoms.

Mumps infection is frequently accompanied by a nonspecific prodrome consisting of low-grade fever, malaise, headache, myalgias, and anorexia. These symptoms are generally followed within 48 hours by the development of **parotitis**, a classic feature of mumps infection. Routine blood testing often reveals leukopenia, with a relative lymphocytosis, and an elevated amylase. Parotid swelling is present in 95 percent of symptomatic cases of mumps and is most common in children ages 2 to 9. Of note, the more serious complications of mumps, such as meningitis, encephalitis, and orchitis, may occur in the absence of parotitis. **Other causes** of unilateral or bilateral parotitis include other viral infections (influenza A, parainfluenza, coxsackievirus, HIV, Epstein-Barr virus, cytomegalovirus and adenovirus,) and bacterial infections, particularly *Staphylococcus aureus*.

**Laboratory evidence** supportive of a mumps diagnosis include a positive IgM mumps antibody, a significant rise in IgG titers between acute and convalescent specimens, and isolation of mumps virus or nucleic acid from a clinical specimen. Serum IgM antibody testing should be obtained no earlier than 3 days following the onset of symptoms. The test typically remains positive for up to 4 weeks but may be negative in some individuals with acute disease who were previously immunized. In patients with aseptic meningitis due to mumps, the virus can frequently be isolated from the **CSF** during the first three days of clinical symptoms. Virus is usually present in **saliva** for approximately one week, starting two to three days before the onset of parotitis. Virus is excreted in **urine** for the first two weeks of illness. Viral shedding can occur in asymptomatic individuals.

**Therapy** for mumps parotitis is symptomatic and includes analgesics or antipyretics. **Prevention** of transmission of mumps rests on early diagnosis, isolation of the infected patient for 5 days from onset of parotitis, and immunization of susceptible exposed individuals. Immunization after exposure has not been demonstrated to be protective but will decrease the risk of disease with possible future exposures. IG is not effective and not recommended.