



Communicable Diseases (CD) Quarterly Report

San Mateo County Health Department
CD Control Program

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

Disease	2008		2007	
	2nd Qtr	YTD	2nd Qtr	YTD
Coccidioidomycosis	3	4	1	4
Legionella	1	2	0	1
Leprosy	0	1	0	0
Listeriosis	1	1	1	4
Meningococemia	1	3	0	0
Meningococcal Meningitis	0	2	0	0
Other Bacterial Meningitis	1	1	1	1
Meningitis - Viral	5	8	4	8
MRSA	270	519	212	475
Typhoid Fever (S. typhii)	1	3	3	5
Typhoid Carrier	1	1	0	0

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

Disease	2008		2007	
	2nd Qtr	YTD	2nd Qtr	YTD
Amebiasis	3	4	2	3
Campylobacteriosis	44	92	48	94
Cryptosporidium	6	6	1	3
E. Coli 0157: H7	2	2	2	4
Giardia	15	26	17	34
ALL SALMONELLA (non-typhoid)	27	44	17	49
S. Enteritidis	3	4	2	8
S. Typhimurium	3	6	2	3
S. Newport	1	4	2	5
S. Heidelberg	2	6	1	3
Other	4	10	10	30
Pending	14	14	0	0
Shigella	4	10	7	13
Yersiniosis	1	2	1	2

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

Disease	2008		2007	
	2nd Qtr	YTD	2nd Qtr	YTD
Hepatitis A	4	5	3	10
Hepatitis B (acute)	1	3	1	6
Mumps	1	1	0	0
Pertussis	8	12	3	10

Table 4. Outbreaks in San Mateo County

Disease	2008		2007	
	2nd Qtr	YTD	2nd Qtr	YTD
Strep Throat	2	2	0	0
Scarlet Fever	1	1	0	0
Hand, Foot and Mouth Disease (HFMD)	1	1	0	0
Varicella	1	1	0	0

Focus on: Pertussis

Pertussis, or "whooping cough", is an acute communicable disease caused by a small, gram-negative coccobacillus, *Bordetella pertussis*. The **initial catarrhal stage** has an insidious onset with an irritating cough that gradually becomes **paroxysmal**, usually within 1-2 weeks, and lasts for 1-2 months or longer. Paroxysms are characterized by spasms of severe coughing followed by a sudden deep inspiration, often resulting in a characteristic "whooping" noise. Post-tussive vomiting is common. During the **final convalescent stage**, paroxysms are less common and the cough gradually resolves over 2-3 weeks.

Complications of infection with *B. pertussis* include pneumonia, seizures, encephalopathy and death. The number of deaths in vaccinated populations is low. **Most deaths occur in infants under 6 months**, too young to have completed primary immunization. **An increasing proportion of cases is being reported in previously immunized individuals, suggesting waning immunity following vaccination.**

The preferred methods for the laboratory diagnosis of pertussis are culture and polymerase chain reaction. Commercial serological tests and direct fluorescent antibody (DFA) testing are not recommended.

Antimicrobial treatment with azithromycin is recommended for all recently infected individuals, regardless of their age. TMP-SMX can be used as an alternative agent if needed in patients aged >2 months. **Communicability ends after 5 days of treatment.**

Antimicrobial prophylaxis with azithromycin is routinely given to individuals in close contact with cases of pertussis, regardless of their age or vaccination status. Such prophylaxis is usually initiated for close contacts in household, child care, hospital and selected school settings. Close contacts at high risk for severe disease (i.e., infants < 6 months of age, unimmunized infants/children, immunocompromised individuals) or close contacts who may transmit pertussis to high risk persons (i.e., healthcare workers) should also be prophylaxed.

Children should be vaccinated against pertussis with **DTaP**, beginning at 2 months of age. Adults need a tetanus/diphtheria booster every 10 years after completing the primary series. For adults aged 18-64, a 1-time dose of **Tdap** for protection from pertussis is currently recommended to replace the next **Td** vaccine. A minimum interval of 2 years is recommended from the last Td, although shorter intervals are acceptable, as in the case of a pertussis outbreak. Vaccine information can be found at <http://www.cdph.ca.gov/programs/immunize> and at <http://www.cdc.gov/vaccines>. For details regarding vaccination of adults with Tdap, please refer to <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm>. Information regarding the prevention of pertussis among pregnant, postpartum women and their infants can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5704a1.htm>.

Sources: Automated Vital Statistics System (AVSS)

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

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