



# Communicable Diseases (CD) Quarterly Report

San Mateo County Health Department  
CD Control Program

- Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) • Issue No. 3 • Data to Mar 31, 2008
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**Table 1. Selected CD cases reported in San Mateo County Residents**

Disease	2008		2007	
	1st Qtr	YTD	1st Qtr	YTD
Coccidioidomycosis	1	1	4	4
Legionella	1	1	0	0
Leprosy	1	1	0	0
Listeriosis	1	1	3	3
Meningococemia	1	1	0	0
Meningococcal Disease - Other	1	1	0	0
Meningitis - Bacterial (total)	3	3	0	0
Meningococcal Meningitis	3	3	0	0
Meningitis — Viral	3	3	4	4
MRSA	246	246	263	263
Toxoplasmosis	1	1	0	0
Typhoid Fever (S. typhi)	2	2	2	2

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

Disease	2008		2007	
	1st Qtr	YTD	1st Qtr	YTD
Amebiasis	1	1	2	2
Campylobacteriosis	47	47	46	46
Giardia	11	11	17	17
<b>ALL SALMONELLA (non-typhoid)</b>	<b>16</b>	<b>16</b>	<b>32</b>	<b>32</b>
S. Enteritidis	0	0	6	6
S. Typhimurium	4	4	1	1
S. Newport	1	1	5	5
S. Paratyphi	2	2	0	0
Other	9	9	20	20
Shigella	6	6	5	5
Non- cholera Vibrio	1	1	0	0
Yersiniosis	1	1	1	1

**Table 3. Outbreaks in San Mateo County**

Disease	2008		2007	
	1st Qtr	YTD	1st Qtr	YTD
<b>GI — ALL</b>	<b>8</b>	<b>8</b>	<b>15</b>	<b>15</b>
Norovirus (confirmed)	5	5	10	10
Unspecified/Other	3	3	5	5
<b>RESPIRATORY — ALL</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>2</b>
Influenza B	1	1	0	0
Unspecified	2	2	1	1
Mixed (Flu A, B and RSV)	1	1	0	0

**Table 4. Selected Vaccine Preventable Diseases reported in San Mateo County Residents**

Disease	2008		2007	
	1st Qtr	YTD	1st Qtr	YTD
Hepatitis A	2	2	7	7
Hepatitis B (acute)	2	2	5	5
Hepatitis B (perinatal)*	1	1	0	0
Pertussis	4	4	7	7

\* Infants infected with Hepatitis B at birth

## Focus on: San Mateo County Perinatal Hepatitis B Prevention Program

Each year an estimated 20,000 infants are born to HBsAg-positive women in the United States. Nationally, approximately 80% of these women belong to ethnic minorities, and approximately 50% are of Asian descent. In California, according to state data, 80% of the HBsAg-positive women are of Asian/Pacific Islander descent. The infants born to these women are at high risk for perinatal Hepatitis B virus (HBV) infection, chronic HBV infection and associated complications of chronic liver disease, including cirrhosis and hepatocellular carcinoma.

**Infants born to HBsAg-positive mothers have a 70-90% chance of acquiring HBV perinatally. Administration of timely immunoprophylaxis [Hepatitis B Immune Globulin (HBIG) and hepatitis B vaccination] is almost 90% effective in preventing infection in children born to HBsAg-positive mothers.**

**The San Mateo County Perinatal Hepatitis B Prevention Project was created in the fall of 2007 to help prevent the spread of the Hepatitis B virus to newborn children and to any household and/or sexual contacts of HBsAg-positive pregnant women.**

We work closely with obstetric, pediatric and hospital providers in order to meet the following goals:

- Identification of HBsAg-positive pregnant women residing in San Mateo County
- Institution of appropriate and timely prophylaxis for infants born to HBsAg-positive women
- Follow-up of post-vaccination serologies for infants at the end of the HBV vaccination series to test for immunity
- Screening and vaccination of susceptible household, sexual and needle-sharing contacts

Not only do we offer intensive case management of HBsAg-positive pregnant women and their infants, but we also provide hepatitis B education to HBsAg-positive pregnant women in a variety of languages and train clinical staff on issues related to perinatal hepatitis B.

According to California law, hepatitis B is a reportable disease by physicians and laboratories. All cases, whether acute or chronic, must be reported to the Health Department within 7 days. Thank you for partnering with us to help prevent the spread of hepatitis B. If you have any questions regarding our perinatal hepatitis B program, please feel free to contact **Natasha Desai, MPH**, Viral Hepatitis Disease Investigator, at **(650) 573-2009**.

† 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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