Communicable Diseases (CD) Quarterly Report

San Mateo County Health System

CD Control Program

▪ Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) ▪ Issue No. 7 ▪ Data to Mar 31, 2009

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

Disease	2009		2008	
	1st Qtr	YTD	1st Qtr	YTD
Creutzfeldt–Jakob disease	1	1	0	0
Coccidioidomycosis	1	1	1	1
Dengue	1	1	0	0
H. Flu, Invasive Disease	1	1	0	0
Hepatitis C (chronic)	148	148	98	98
Legionella	1	1	1	1
Listeriosis	1	1	0	0
Malaria	2	2	0	0
Meningococcal Meningitis	1	1	3	3
Other Bacterial Meningitis	2	2	1	1
Meningitis - Viral	7	7	3	3
MRSA	282	282	231	231
Typhoid Fever (S. typhii)	1	1	1	1

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

Disease	2009		2008	
	1st Qtr	YTD	1st Qtr	YTD
Amebiasis	2	2	1	1
Campylobacteriosis	40	40	46	46
Cryptosporidium	4	4	0	0
E. Coli 0157:H7	1	1	0	0
Giardia	15	15	10	10
Salmonella (non-typhoid)	23	23	23	23
Scombroid Poisoning	1	1	0	0
Shigella	4	4	6	6

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

Disease	2009		2008	
	1st Qtr	YTD	1st Qtr	YTD
Hepatitis A (acute)	1	1	1	1
Hepatitis B (acute)	2	2	2	2
Hepatitis B (chronic)	80	80	31	31
Hepatitis B (perinatal)	1	1	0	0
Tetanus	1	1	0	0

Want to receive health alerts and updates from San Mateo County Health System?

Please sign up for the California Health Alert Network (CAHAN) system. CAHAN is the State of California's web-based information and communications system available on a 24/7/365 basis for distribution of health alerts, dissemination of prevention guidelines, and emergency preparedness planning. CAHAN participants have the ability to receive alerts and notifications via alphanumeric pager, e-mail, fax, and phone (cellular and landline).

To request access, training, or assistance, please contact: Theresa Smith at THSmith@co.sanmateo.ca.us.

FOCUS ON: 2009 NOVEL INFLUENZA A H1N1 ("SWINE FLU") VIRUS

As of May 19th 2009, 5,710 cases of swine (H1N1) influenza infection have been reported in the United States, with 8 fatalities. 333 cases have been confirmed in California, with 30 hospitalizations but no deaths. Most confirmed cases of 2009 Novel Influenza A (H1N1) in the United States remain mild. The World Health Organization (WHO) reports that 4,533 cases of 2009 Novel Influenza A (H1N1) have been confirmed in 39 other countries, including 71 deaths.

The viruses identified thus far contain genetic pieces from 4 different sources: North American swine influenza viruses, North American avian influenza viruses, human influenza viruses and swine influenza viruses found in Asia and Europe, which represents a novel genetic combination.

Swine influenza is an endemic respiratory disease of pigs, caused by type A influenza virus, typically H1N1 and H3N2 strains. Seasonal human influenza vaccine usually does not protect against swine influenza A H1N1 viruses, which are very different antigenically from human H1N1 viruses. Normally, swine flu viruses do not infect humans, but sporadic cases of human infections with swine flu do occur. Most commonly, these cases occur in patients who are directly in contact with pigs. Human-to-human transmission of swine flu is rare, but the current situation suggests that widespread human-to-human transmission has occurred.

The symptoms of novel influenza A (H1N1) infection in people are similar to the symptoms of regular human influenza and include fever, cough, sore throat, myalgias, headache, chills and fatigue. Some people have reported nausea, vomiting or diarrhea. Novel influenza A (H1N1) is thought to spread like regular seasonal influenza, mainly through the coughs and sneezes of people who are sick with the virus.

Available data to date suggest that this novel influenza A (H1N1) virus is so far behaving similarly to seasonal influenza viruses in terms of morbidity and mortality among those infected. For this reason, Public Health efforts have shifted towards a surveillance model similar to that used for seasonal influenza. Of interest, laboratory data show that regular seasonal influenza A (H1N1, H3N2) and influenza B viruses are still circulating in the United States.

At this point in time, testing should be limited to individuals of clinical and epidemiologic significance, including fatal cases of influenza like illness (ILI), and hospitalized patients with severe respiratory illness. Patient testing recommendations have changed since the beginning of the epidemic and may continue to change; for up-to-date recommendations, go to http://smhealth.org/swineflu.

Thus far, testing has revealed that the viruses are resistant to adamantanes (amantadine and rimantidine) but are susceptible to the neuraminidase inhibitors (oseltamivir and zanamivir). **Antiviral drugs should currently be reserved to treat severe influenza illness (i.e. hospitalized patients) or sick people who are considered at high risk of serious influenza-related complications,** including but not limited to, very young children, pregnant women and immunocompromised individuals. Treatment (and prophylaxis) recommendations are subject to change. For current guidance on use of antiviral drugs, please go to http://www.cdc.gov/h1n1flu/recommendations.htm

So far, illness due to novel influenza A H1N1 has been relatively mild, but the virus may mutate and become more virulent. For this reason, surveillance efforts remain of paramount importance. Please help countywide surveillance by reporting severe influenza cases and influenza-related deaths to the Communicable Disease Control Program.

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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