



# 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. 11 • Data to Mar 31, 2010
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**Table 1. Selected CD cases reported in San Mateo County Residents**

| Disease                     | 2010    |     | 2009    |     |
|-----------------------------|---------|-----|---------|-----|
|                             | 1st Qtr | YTD | 1st Qtr | YTD |
| Kawasaki Syndrome           | 1       | 1   | 0       | 0   |
| Legionellosis               | 1       | 1   | 1       | 1   |
| Listeriosis                 | 1       | 1   | 1       | 1   |
| Malaria                     | 1       | 1   | 2       | 2   |
| Meningococcal Meningitis    | 2       | 2   | 1       | 1   |
| Other Bacterial Meningitis  | 1       | 1   | 2       | 2   |
| Rabies (bat)                | 1       | 1   | 0       | 0   |
| Typhoid/Paratyphoid Fever   | 2       | 2   | 1       | 1   |
| Varicella (hospitalization) | 1       | 1   | 0       | 0   |

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

| Disease                         | 2010     |          | 2009      |           |
|---------------------------------|----------|----------|-----------|-----------|
|                                 | 1st Qtr  | YTD      | 1st Qtr   | YTD       |
| Amebiasis                       | 3        | 3        | 2         | 2         |
| Campylobacteriosis              | 51       | 51       | 40        | 40        |
| Cryptosporidium                 | 4        | 4        | 4         | 4         |
| Giardia                         | 15       | 15       | 15        | 15        |
| <b>SALMONELLA (non-typhoid)</b> | <b>8</b> | <b>8</b> | <b>23</b> | <b>23</b> |
| S. Enteritidis                  | 1        | 1        | 3         | 3         |
| S. Typhimurium                  | 1        | 1        | 3         | 3         |
| Other                           | 4        | 4        | 17        | 17        |
| Pending                         | 2        | 2        | 0         | 0         |
| Scombroid Fish Poisoning        | 1        | 1        | 1         | 1         |
| Shigella                        | 3        | 3        | 4         | 4         |
| Shiga toxin producing E. coli   | 1        | 1        | 0         | 0         |
| Vibrio (non-cholera)            | 1        | 1        | 0         | 0         |

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

| Disease                          | 2010    |     | 2009    |     |
|----------------------------------|---------|-----|---------|-----|
|                                  | 1st Qtr | YTD | 1st Qtr | YTD |
| Total Gastrointestinal Outbreaks | 14      | 14  | 14      | 14  |
| Confirmed Norovirus              | 10      | 10  | 10      | 10  |
| Foodborne Outbreaks              | 3       | 3   | 0       | 0   |

### CalReDIE Update

San Mateo County successfully completed the pilot phase of the California Reportable Disease Information Exchange (CalReDIE), which is a web-based disease reporting and surveillance system. In the near future, providers and laboratories will also use CalReDIE to report cases of diseases of public health interest.

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

| Disease               | 2010    |     | 2009    |     |
|-----------------------|---------|-----|---------|-----|
|                       | 1st Qtr | YTD | 1st Qtr | YTD |
| Hepatitis B (acute)   | 1       | 1   | 2       | 2   |
| Hepatitis B (chronic) | 57      | 57  | 80      | 80  |
| Pertussis             | 6       | 6   | 0       | 0   |

### Focus on: Measles

Four confirmed measles cases were recently identified in Northern California. None of the four individuals had contact with one another. Three had recently traveled outside North America. Measles is a highly contagious illness, caused by the measles virus. The attack rate in susceptible individuals exposed to measles is 75 percent. Subclinical illness is unusual. Measles causes a distinct clinical syndrome characterized by fever, malaise, conjunctivitis, coryza, cough and an erythematous maculopapular rash that usually begins on the face and upper neck. Koplik's spots (small spots with white to bluish-white centers on an erythematous base) may occur on the buccal mucosa. Person-to-person contact is not necessary to transmit measles, as infectious airborne droplets produced from the respiratory secretions of a patient with measles can remain in the air for several hours.

In the pre-vaccination era, there were as many as 500,000 reported cases of measles per year in the United States. Several years after the FDA approval of the measles vaccine in 1963, the number of cases had fallen by approximately 99 percent. At this point in time, measles is no longer considered an endemic disease in the United States. Because of declining immunization rates, measles is now widespread in Western Europe, and is also circulating in Asia, Africa, and Eastern Europe. There is currently a large measles outbreak in the Philippines.

Although measles remains a relatively rare disease in the United States, isolated cases and outbreaks do occur. Most of these are related to imported measles cases with spread to unvaccinated susceptible persons. By way of example, in 2008, an intentionally unvaccinated 7 year-old-boy returning from a trip to Switzerland was the source of a large measles outbreak in San Diego. Of the 839 persons who were exposed, 11 children (all unvaccinated) were infected, and an infant too young to be immunized had to be hospitalized. If intentional under-vaccination rates continue to rise, measles could again become an endemic disease in the US.

Groups at risk for measles in the United States include children too young to be vaccinated, persons who were never vaccinated, persons who decline vaccination, persons who have not received a second dose of measles vaccine, and persons in whom the vaccine failed to elicit a protective immune response. Travel outside the developed world or contact with ill persons arriving from the developing world increases the risk of exposure to measles.

Clinicians should remain alert for possible cases of measles, and should consider this diagnosis in any patient presenting with fever and morbilliform rash, especially in individuals with a known exposure to a case of measles, recent international travel, exposure to a visitor from abroad or contact with a US resident who is a returning international traveler. All suspect cases should be immediately reported to the San Mateo County Communicable Disease Control Program. Exposed contacts should be identified as soon as possible as they may require post-exposure prophylaxis (MMR vaccine or immune globulin) and/or quarantine, depending on the situation. **For detailed information on prevention, diagnosis, post-exposure prophylaxis and infection control measures, go to <http://www.smhealth.org/measles> and <http://www.cdph.ca.gov/HealthInfo/discond/Pages/Measles.aspx>**

### PERTUSSIS HEALTH ADVISORY

Increasing numbers of pertussis cases are being reported nationally and in California. The number of cases reported to San Mateo County has also risen sharply. Pertussis has a cyclical pattern with peaks every 2-5 years, and we may be at the beginning of a new cycle. Health care providers are encouraged to remain alert for possible cases among patients of all age groups, especially infants in the first year of life, adolescents and adults. Confirmed and suspected cases should be reported to the Communicable Disease Control program by calling (650) 573-2346 or faxing a Confidential Morbidity Report (CMR) to (650) 573-2919.

Sources: CalReDIE (2010) and Automated Vital Statistics System (AVSS) (2009)

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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