



# 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. 9 • Data to Sep 30, 2009
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**Table 1. Selected CD cases reported in San Mateo County Residents**

Disease	2009		2008	
	3rd Qtr	YTD	3rd Qtr	YTD
Coccidioidomycosis	5	8	2	6
Cryptococcosis	1	3	0	0
Listeriosis	1	2	3	4
H1N1 related deaths	4	8	0	0
Hepatitis C (chronic)	99	427	*	*
Malaria	1	3	0	0
Meningitis - Bacterial	1	5	2	7
Meningitis - Viral	1	10	6	15
Meningitis - Unknown	3	7	1	3
MRSA	271	820	261	787
Typhoid fever ( <i>S. typhi</i> )	1	2	2	5

\* Incomplete data, not reported at this time

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

Disease	2009		2008	
	3rd Qtr	YTD	3rd Qtr	YTD
Amebiasis	3	5	2	6
Campylobacteriosis	62	159	32	130
Ciguatera	1	1	0	0
Cryptosporidium*	33	59	7	13
E. Coli O157: H7	3	6	8	12
Giardia	15	38	18	44
<b>SALMONELLA (non-typhoid)</b>	<b>42</b>	<b>89</b>	<b>34</b>	<b>85</b>
S. Enteritidis	5	12	9	15
S. Typhimurium	1	7	5	11
Other	36	70	20	59
Shigella	5	17	14	24
Vibrio (non-cholera)	2	3	3	4

\* There has been a significant increase in the number of Cryptosporidium cases in the 2nd & 3rd quarter. All cases are investigated by the Cryptosporidium Surveillance Project. These cases remain isolated and have not been linked to any outbreak.

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

Disease	2009		2008	
	3rd Qtr	YTD	3rd Qtr	YTD
Hepatitis A	5	6	3	6
Hepatitis B (acute)	1	4	0	4
Hepatitis B (chronic)	99	277	*	*
Pertussis	2	10	9	20

\* Incomplete data, not reported at this time

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

Disease	2009		2008	
	3rd Qtr	YTD	3rd Qtr	YTD
Gastrointestinal Illness	3	23	1	9
Respiratory (including flu)	9	17	0	4

## Focus on: RABIES

Rabies is a preventable zoonotic disease, usually transmitted through saliva via the bite of an infected animal. In developed countries, rabies is usually a disease of wild carnivores, with sporadic spillover infection to domestic animals. Since the 1980s, bat variant rabies viruses have emerged as the dominant source associated with indigenous human deaths in the USA. Recent surveillance in the USA has identified four major animal reservoirs: bats, raccoons, skunks, and foxes. Cases of rabies in cats appear to be on the rise. In 2008, 178 rabid animals were identified in California, including 1 cat, 9 foxes, 31 skunks and 137 bats. The absolute numbers of identified rabid skunks and foxes appear to be on the rise this year and 2 bats recently tested positive for the rabies virus at the San Mateo County Public Health Laboratory.

Individuals who find a bat in their room when they awake, or see a bat in the room of an unattended child, mentally impaired or intoxicated person, should seek medical advice and have the bat tested, if possible, even in the absence of an obvious bite wound. Patients who develop bat-associated rabies usually present with atypical features, including neuro-pathic pain, sensory or motor deficits, choreiform movements of the bitten limb, cranial nerve palsies, myoclonus, and seizures.

In the United States, there has been an average of three fatal human cases per year since 1980. The only documented patient who had not received prophylaxis prior to the onset of clinical symptoms to survive from clinical rabies is a 15-year-old female from Wisconsin who was bitten by a bat and presented to the hospital with symptoms one month later. Use of the so-called "Milwaukee treatment protocol" has been unsuccessful in subsequent reports in a total of five patients.

Given the lack of proven effective therapy, prevention of human rabies infection by the administration of either preexposure prophylaxis (PreEP) for high-risk groups or postexposure prophylaxis (PEP) remains the cornerstone of management. As of July 2009, the Advisory Committee on Immunization Practices (ACIP) recommendations for rabies post-exposure prophylaxis (PEP) reduce the number of vaccine doses in the series from 5 to 4, given on days 0, 3, 7 and 14, as long as the individual needing PEP is immunocompetent. Human rabies immune globulin (HRIG) continues to be recommended (20 IU/Kg) on day 0 for persons not previously immunized for rabies. For persons with broadly defined immunosuppression, PEP should be administered using all 5 doses of vaccines (on days 0, 3, 7, 14 and 28), with the understanding that the immune response may still be inadequate. Recommendations for PEP for previously vaccinated persons remain unchanged: 2 vaccine doses on days 0 and 3; HRIG should NOT be given.

More detailed information about rabies can be found at <http://www.cdc.gov/rabies/>, and at <http://www.cdph.ca.gov/HealthInfo/discond/Pages/rabies.aspx>

Please help the San Mateo County Health System Communicable Disease Control Program by filling out and submitting an animal bite report whenever providing care to an individual who was bitten by an animal. The form can be found at [http://www.co.sanmateo.ca.us/vgn/images/portal/cit\\_609/22/37/466160087phs\\_animal\\_bite\\_form.pdf](http://www.co.sanmateo.ca.us/vgn/images/portal/cit_609/22/37/466160087phs_animal_bite_form.pdf). Please fax the form to the Peninsula Humane Society and SPCA at 650-685-0102. If you have questions or need more information regarding rabies, management of animal bites or reporting in general, please call 650-573-2346 (this number is only for provider use, not the general public) during normal business hours or 650-363-4981 for after-hours emergencies.

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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