Communicable Disease (CD) Quarterly Report

San Francisco Department of Public Health

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Disease Reporting: 415-554-2830 (phone); 415-554-2848 (fax); http://www.sfcdcp.org

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The **Communicable Disease Control Unit** receives and responds to reports of communicable diseases. For urgent reports during business hours, please call (415) 554-2830. For urgent or emergent reports after hours, please call (415) 554-2830 and follow instructions to page the on-call physician. For non-urgent reports, please fax a Confidential Morbidity Report (CMR) to (415) 554-2848.

Please see our website for more information: http://www.sfcdcp.org

Sign up to receive Health Alerts and Advisories at: http://www.sfcdcp.org/registerforalert.html

Table 1: Select Reported Communicable Diseases

	2015		2014	
	Q4	Q1-Q4	Q4	Q1-Q4
Botulism	0	0	0	0
Invasive Meningococcal Disease	1	5	0	2
Meningitis— Bacterial[#]	3	4	3	7
Meningitis— Viral	3	10	2	4
Rabies, animal[**^]	1	3	3	6
Rabies PEP recommendation	2	46	10	42

Table 2: Select Reported Gastrointestinal Illnesses

	2015		2014	
	Q4	Q1-Q4	Q4	Q1-Q4
Amebiasis	13	57	13	55
Campylobacteriosis[*]	131	516	108	404
Giardiasis	61	202	34	165
Salmonellosis[*]	55	181	47	180
Shiga toxin-producing E. coli[+]	12	39	13	33
Shigellosis[*]	56	314	146	266
Vibriosis (Non-cholera)	6	25	4	22

Table 3: Select Reported Vaccine Preventable Diseases

	2015		2014	
	Q4	Q1-Q4	Q4	Q1-Q4
Hepatitis A	0	5	4	6
Hepatitis B, Acute	1	4	0	2
Influenza Death (0 - 64 yrs)	0	1	0	3
Measles	0	0	0	0
Pertussis[*]	9	70	38	123
Pertussis[*] (< 6 mos of age)	0	2	0	1

Table 4: Select Reported Outbreaks

	2015		2014	
	Q4	Q1-Q4	Q4	Q1-Q4
Gastrointestinal	8	20	3	15
Respiratory	0	13	1	5
Confirmed Influenza	0	13	0	2

Excludes Meningococcal Meningitis ** Includes confirmed cases only ^Only detected in bats

+ Includes Shiga toxin in Feces & E. coli O157 * Includes confirmed, probable, & suspect cases

Feature Article: Meningococcal Disease

Neisseria meningitidis, a Gram-negative diplococcus, causes invasive meningococcal disease (IMD), which involves bacteremia, sepsis, and/or meningitis. In the USA, IMD has a 10-15% mortality rate and *N. meningitidis* is the leading cause of bacterial meningitis. Rates of meningococcal disease are highest among infants, with a second peak in late adolescence. Overall, rates of IMD in the USA have decreased since the 1990s; this decrease began before the introduction of expanded vaccination recommendations. The majority of IMD worldwide is caused by one of five serogroups: A, B, C, Y and W. Serogroups B, C and Y predominate in the USA, whereas serogroup A causes most cases in the "meningitis belt" of sub-Saharan Africa. Recent outbreaks of IMD on college campuses have generally been due to serogroup B. **A suspected case of IMD in San Francisco should be reported immediately by phone to the SFDPH Communicable Disease Control Unit (415-554-2830) without waiting for laboratory confirmation.**

N. meningitidis is transmitted by respiratory aerosols or nasopharyngeal secretions from an infected or colonized person. Risk factors for IMD include host factors (e.g. immune deficiencies, asplenia), environmental/ behavioral factors (e.g. smoking, household crowding) and occupational risk (certain laboratory workers). College-aged persons, whether or not they are attending college or living in residence halls, are at increased risk for IMD. Since 2001, IMD outbreaks have occurred among men who have sex with men (MSM) in both the United States and Europe. MSM with HIV infection are more likely to develop disease and more likely to die from IMD than those without HIV.

All children are recommended to receive a dose of quadrivalent MenACWY conjugate vaccine at age 11-12 and a booster dose at age 16 years. Persons including young children diagnosed with asplenia or persistent complement component deficiency should receive a 2-dose primary series followed by periodic booster doses. MenACWY vaccination is recommended for travelers to the African "meningitis belt" and to Mecca during the Hajj pilgrimage, for some laboratory workers, and for MSM traveling to US cities experiencing IMD outbreaks among MSM. Persons with HIV who require vaccination should always receive a 2-dose primary series. Monovalent MenB vaccine is recommended routinely for high-risk persons at age 10 years and above, and is licensed for healthy persons aged 16-23 years. Although MenB vaccine is not part of the standard immunization schedule for adolescents, providers now have the opportunity to offer patients protection from the meningococcal B serogroup most likely to cause IMD outbreaks in the college setting.

For more information:

CDC: Meningococcal vaccines and immunizations

CDC (yellow book): Meningococcal vaccine recommendations for travelers

CDC (pink book): Meningococcal Disease

MMWR: Notes from the Field: Meningococcal Disease among MSM – United States, Jan 2012 - June 2015

Notes: Data includes San Francisco cases and outbreaks to December 31, 2015, by date of report. Unless otherwise noted, confirmed and probable cases and confirmed and suspect outbreaks are included. Numbers may change due to updates to case status based on subsequent information received and/or delays in reporting.