



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.sfdcp.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.sfdcp.org>

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

Table 1: Select Reported Communicable Diseases

	2016 1st Qtr	2015 1st Qtr
Botulism	0	0
Invasive Meningococcal Disease	1	1
Meningitis— Bacterial [#]	0	0
Meningitis— Viral	2	1
Rabies, animal ^{**^}	1	0
Rabies PEP recommendation	7	7

Table 2: Select Reported Gastrointestinal Illnesses

	2016 1st Qtr	2015 1st Qtr
Amebiasis	8	14
Campylobacteriosis*	115	124
Giardiasis	56	56
Salmonellosis*	30	31
Shiga toxin-producing E. coli [†]	5	3
Shigellosis*	37	137
Vibriosis (Non-cholera)	1	1

Table 3: Select Reported Vaccine Preventable Diseases

	2016 1st Qtr	2015 1st Qtr
Hepatitis A	0	2
Hepatitis B, Acute	1	1
Influenza Death (0 - 64 yrs)	0	1
Measles	0	0
Pertussis*	2	19
Pertussis* (< 6 mos of age)	0	0

Table 4: Select Reported Outbreaks

	2016 1st Qtr	2015 1st Qtr
Gastrointestinal	6	1
Respiratory	7	13
Confirmed Influenza	5	13

Excludes Meningococcal Meningitis

** Includes confirmed cases only ^Only detected in bats

+ Includes Shiga toxin in Feces & E. coli 0157

*Includes confirmed, probable, & suspect cases

Feature Articles: Acute Hepatitis C & Meningococcal Vaccine

New Acute Hepatitis C Case Definition

Hepatitis C virus (HCV) is primarily a blood-borne pathogen. Acute infections are usually asymptomatic and often go undetected. Approximately 1% of United States residents have chronic HCV infection. Individuals born from 1945-65 are at higher risk, as are those who ever injected drugs, had hemodialysis, or received a blood transfusion before 1992. For the first time we now have well tolerated, highly effective oral HCV treatment regimens that can cure infection in the most patients.

In 2016, the California Department of Public Health (CDPH) broadened its surveillance case definition for acute HCV infection in order to improve detection and public health follow up of potential new infections. The updated case definitions are shown below, with the changes in *italics*. Patients in San Francisco meeting these criteria should be reported to the SFDPH Communicable Disease Control Unit within 7 days of identification.

Acute hepatitis C infection (symptomatic):

- An illness with discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g. fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain), AND
- Jaundice or a peak elevated serum ALT level > **200 IU/L** during the period of acute illness, AND
- A positive test for antibodies to hepatitis C virus (anti-HCV), or a positive HCV nucleic acid test (NAT) result

Acute hepatitis C infection (seroconversion--patient may be asymptomatic):

- A documented negative anti-HCV or HCV NAT result, followed within **12 months** by a positive result of any of these tests

For CMR and instructions on disease reporting: www.sfdcp.org/diseasereporting
CDC hepatitis C information: <http://www.cdc.gov/hepatitis/hcv/>

New Meningococcal Vaccine Recommendations

In June 2016, the Advisory Committee on Immunization Practices (ACIP) newly recommended that all HIV-positive persons age 2 months and above should be routinely immunized with quadrivalent meningococcal vaccine (MenACWY; Menactra® or Menveo®), citing evidence that HIV-infected people are at a five to 24-fold increased risk of contracting invasive meningococcal disease (IMD). For HIV-positive persons the primary MenACWY schedule is 2 doses given 8-12 weeks apart; please note however that young children have special schedule requirements. Those previously vaccinated with only one dose of MenACWY should receive a second dose at the earliest opportunity. A booster dose should be given every 5 years.

Los Angeles and Orange Counties are currently experiencing an outbreak of IMD. Most of the cases have been serogroup C infections in men who have sex with men (MSM). Although there has been only one case of IMD in a San Francisco MSM during the past 5 years, outbreaks of IMD have occurred among MSM in other US cities as well. Therefore vaccination with MenACWY is recommended locally for MSM who are not HIV-infected, especially for those who have multiple partners, who seek partners via online websites or digital applications, who visit crowded venues such as bars and parties, or who smoke or spend time in smoky settings. A booster dose can be considered for those whose last dose of MenACWY vaccine was > 5 years ago.

See our June 28, 2016 Health Advisory at <http://sfdcp.org/healthalerts>

Notes: Data includes San Francisco cases and outbreaks to March 31st 2016, 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.

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