Communicable Disease (CD) Quarterly Report

San Francisco Department of Public Health

2017 Quarter 2 • November 30, 2017

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

Tomás Aragón, MD, DrPH, Health Officer

Cora Hoover, MD, MPH, Director, Communicable Disease Control and Prevention

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: Number of Selected Reported Communicable Disease Cases

	2017		2016	
	Q2	Q1-Q2	Q2	Q1-Q2
Botulism	1	1	0	0
Invasive Meningococcal Disease	0	0	0	1
Meningitis— Bacterial[#]	4	6	5	5
Meningitis— Viral	2	4	3	5
Rabies, animal[**^]	0	2	0	1
Rabies PEP recommendation	3	8	5	12
Zika	3	9	4	7

Table 2: Number of Selected Reported Gastrointestinal Disease Cases

	2017		2016	
	Q2	Q1-Q2	Q2	Q1-Q2
Campylobacteriosis	114	229	128	243
Giardiasis	62	129	46	102
Salmonellosis[*]	29	58	43	73
Shiga toxin-producing E. coli[+]	11	22	7	12
Shigellosis[*]	41	78	30	67
Vibriosis (Non-cholera)	4	6	1	2

Table 3: Number of Selected Reported Vaccine Preventable Disease Cases

	2017		2016	
	Q2	Q1-Q2	Q2	Q1-Q2
Hepatitis A	1	6	1	1
Hepatitis B, Acute	0	1	0	1
Influenza Death (0 - 64 yrs)	0	1	0	0
Measles	0	0	0	0
Pertussis[*]	12	16	5	7
Pertussis[*] (< 6 mos of age)	0	0	2	2

Table 4: Number of Selected Reported Outbreaks

	2017		2016	
	Q2	Q1-Q2	Q2	Q1-Q2
Gastrointestinal	4	14	5	11
Respiratory	0	14	2	9
Confirmed Influenza	0	13	1	6

\# Excludes Meningococcal Meningitis

^ Only detected in bats; no other animals

\+ Includes Shiga toxin in feces & *E. coli* O157

** Includes confirmed cases only

* Includes confirmed, probable, & suspect cases

Authors: Cora Hoover, Leah Huang (guest author), Yanyuan Liu, Wendy Lu, & Melissa Ongpin

Hepatitis A: Outbreaks in California and increase among MSM in San Francisco

Hepatitis A is a vaccine-preventable disease caused by the hepatitis A virus (HAV), a highly infectious enteric virus. Transmission occurs by the fecal-oral route, by ingestion of contaminated food or liquids, and by close personal contact (including sexual contact). The infection is a self-limited illness involving fever, malaise, anorexia, abdominal discomfort, dark urine, and jaundice, with accompanying transaminitis.

Populations at risk for hepatitis A include: travelers to countries with endemic hepatitis A, men who have sex with men (MSM), and drug users. In 1996, the CDC's Advisory Committee on Immunization Practices recommended routine vaccination for those at increased risk for the disease. In 2006 this recommendation was extended to all children starting at 12 months of age, and catch-up immunization is recommended. Due to vaccination, there has been 93.7% decrease in the number of Hepatitis A cases in the United States from 1990 to 2009; however, many adults in ACIP risk groups have not been vaccinated appropriately.

Currently there are large hepatitis A outbreaks in California, mainly occurring in homeless and drug-using individuals. San Diego, Santa Cruz, and Los Angeles have declared local outbreaks. As of November 10, 2017, there have been a total of 649 outbreak cases in California and 21 deaths. In San Francisco, a separate increase in hepatitis A has been identified in MSM, with nine cases confirmed since August 1, 2017. The hepatitis A increase among MSM in San Francisco is attributed to a genotype of the virus that is causing infections in MSM in the United States and Europe, rather than the genotype causing outbreaks in homeless individuals in California.

The primary hepatitis A prevention and control strategy is vaccination of patients at risk. A seroprotection rate of nearly 100% is achieved after the series is completed. Two monovalent vaccines are approved for adults (two-dose series, 6 months apart), and a combination hepatitis A and B vaccine is also available (three-dose series at 0, 1, and 6 months). The combination vaccine may be especially helpful for patients such as MSM or drug users for whom both vaccines are indicated. San Francisco clinicians should identify and immediately vaccinate unvaccinated patients at risk for hepatitis A (including homeless individuals), confirm suspect acute hepatitis A by HAV IgM testing, and report cases of symptomatic, lab-confirmed hepatitis A to the SFDPH Communicable Disease Control Unit.

Resources

CDC Pinkbook: Hepatitis A
https://www.cdc.gov/vaccines/pubs/pinkbook/hepa.html

CDPH: Hepatitis A Outbreak in California
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Hepatitis-A-Outbreak.aspx

SFDPH Hepatitis A Health Advisories
http://sfcdcp.org/healthalerts.html

Notes: Data includes San Francisco cases and outbreaks through June 30, 2017, by date of report. Unless otherwise noted, confirmed and probable cases and confirmed and suspect outbreaks are included. For outbreak definitions, please see the most recent Annual Report of Communicable Diseases in San Francisco, available at http://www.sfcdcp.org/publications.html. Numbers may change due to updates to case status based on subsequent information received and/or delays in reporting.