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, 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 1st Qtr	2014 1st Qtr
Botulism	0	0
Invasive Meningococcal Disease	1	2
Meningitis— Bacterial#	0	1
Meningitis— Viral	1	0
Rabies, animal*	0	0
Rabies PEP recommendation	7	6

Table 2: Select Reported Gastrointestinal Illnesses

	2015 1st Qtr	2014 1st Qtr
Amebiasis	14	11
Campylobacteriosis	125	79
Giardiasis	56	47
Salmonellosis	30	36
Shiga toxin-producing E. coli**	3	6
Shigellosis	137	26
Vibriosis (Non-cholera)	1	1

Table 3: Select Reported Vaccine Preventable Diseases

	2015 1st Qtr	2014 1st Qtr
Hepatitis A	2	2
Hepatitis B, Acute	0	2
Influenza Death (0 - 64 yrs)	1	3
Measles	0	0
Pertussis$	20	8
Pertussis$ (< 6 mos of age)	0	0

Table 4: Select Reported Outbreaks

	2015 1st Qtr	2014 1st Qtr
Gastrointestinal	2	10
Respiratory	13	2
Confirmed Influenza	13	1

Excludes Meningococcal Meningitis

* Includes confirmed cases only

** Includes Shiga toxin in Feces & E. coli O157

$ Includes confirmed, probable, & suspect cases.

Feature Article: Hepatitis A Vaccine for Travelers

Hepatitis A virus (HAV) is a common infection among travelers to developing countries, and is preventable through vaccination. Hepatitis A vaccine is recommended for persons 12 months of age and older who are traveling to countries with high or intermediate HAV endemicity--all areas of the world except Canada, Western Europe, Scandinavia, Japan, New Zealand, and Australia. The hepatitis A vaccine is now part of the routine childhood vaccination schedule; adults who were not vaccinated in childhood should consider receiving the vaccine as part of their pre-travel and/or routine preventive care. A pre-travel medical consultation should also include discussion of hygiene, food safety, and additional preventive measures and immunizations appropriate to the destination. (cdc.gov/travel/yellowbook/2014/chapter-2-the-pre-travel-consultation/the-pre-travel-consultation).

Hepatitis A vaccine is administered in 2 doses, at least 6 months apart. The first dose of vaccine will give most healthy persons adequate protection for travel, since 95% of adults will develop protective antibody within 4 weeks. Nearly 100% will seroconvert after two doses. The first dose should be administered as soon as travel is considered, and can be given at any time but preferably at least 2 weeks before departure.

For optimal protection, adults > 40 years, immunocompromised persons, and those with chronic liver disease or other chronic medical conditions who are planning to travel should receive both the initial dose of the vaccine and a simultaneous dose of immune globulin (IG) (0.02 mL/kg at a separate injection site). For individuals who are unable to receive hepatitis A vaccine, a single dose of IG can provide short-term protection.

CDC Health Information for International Travel (Yellow Book) http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/hepatitis-a

CDC Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book) http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hepa.pdf

SFDPH AITC Immunization and Travel Clinic http://www.sfcdcp.org/aitc.html

Notes: Data is based on confirmed & probable individual cases and confirmed & suspect outbreaks in San Francisco to March 31st 2015, by date of report. Numbers may change due to updates to case status based on subsequent information received and/or delays in reporting.