



# 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.sfcddcp.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.sfcddcp.org>

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

**Table 1: Number of Select Reported Communicable Disease Cases**

	2016		2015	
	Q3	Q1-Q3	Q3	Q1-Q3
Botulism	0	0	0	0
Invasive Meningococcal Disease	2	3	1	4
Meningitis— Bacterial <sup>#</sup>	0	5	1	1
Meningitis— Viral	2	7	3	7
Rabies, animal <sup>***</sup>	0	1	0	2
Rabies PEP recommendation	13	25	28	44
Zika	18	25	0	0

**Table 2: Number of Select Reported Gastrointestinal Disease Cases**

	2016		2015	
	Q3	Q1-Q3	Q3	Q1-Q3
Amebiasis	19	38	14	44
Campylobacteriosis	125	368	133	385
Giardiasis	59	161	44	140
Salmonellosis <sup>*</sup>	32	105	51	126
Shiga toxin-producing E. coli <sup>+</sup>	17	29	19	27
Shigellosis <sup>*</sup>	56	123	65	258
Vibriosis (Non-cholera)	2	4	17	19

**Table 3: Number of Select Reported Vaccine Preventable Disease Cases**

	2016		2015	
	Q3	Q1-Q3	Q3	Q1-Q3
Hepatitis A	0	1	1	5
Hepatitis B, Acute	0	1	1	3
Influenza Death (0 - 64 yrs)	0	0	0	2
Measles	0	0	0	0
Pertussis <sup>*</sup>	5	12	17	61
Pertussis <sup>*</sup> (< 6 mos of age)	0	2	1	2

**Table 4: Number of Select Reported Outbreaks**

	2016		2015	
	Q3	Q1-Q3	Q3	Q1-Q3
Gastrointestinal	1	12	2	12
Respiratory	1	10	0	13
Confirmed Influenza	0	6	0	13

# Excludes Meningococcal Meningitis

\*\* Includes confirmed cases only

^ Only detected in bats; no other animals

\* Includes confirmed, probable, & suspect cases

+ Includes Shiga toxin in Feces & E. coli O157

## Feature Article: Zika Virus

Zika virus has emerged as a global public health concern over the last year. Zika is a mosquito-borne flavivirus that is transmitted by the bite of the *Aedes* mosquito. Intrauterine transmission and sexual transmission are also significant factors in the current epidemic. Zika was first identified in Africa during the 1940s; the virus has spread rapidly throughout Latin America since early 2015, and active transmission is now occurring in more than 60 countries and U.S. territories worldwide.

As of February 3, 2017, 486 cases of Zika virus infection have been reported in California. All of the cases have been travel-associated; Zika has been diagnosed in travelers returning from Zika-affected regions and in sex partners of returned travelers. Several infants with birth defects potentially related to Zika have also been identified. No cases of local mosquito-borne transmission have been reported in California, though local transmission has been documented in both southern Florida and Texas.

Many of those infected with Zika virus will be asymptomatic or will only have mild symptoms such as fever, rash, conjunctivitis, and joint pain. The complications of Zika virus infection include Guillain-Barré syndrome and birth defects resulting from maternal infection during pregnancy. Zika infection during pregnancy can cause fetal microcephaly, ocular malformations, intracranial calcifications, congenital contractures, spontaneous abortion, and stillbirth.

In the absence of a specific antiviral treatment or vaccine, efforts to prevent infections in pregnant women rely on avoidance of travel to Zika-affected areas, and mosquito bite prevention if travel cannot be postponed. Sexual transmission can be reduced by condom use or abstinence, and is recommended for the duration of a pregnancy and/or for 6 months pre-conception if a male partner has traveled to a Zika-affected area.

Zika testing is now available from major commercial laboratories and may include PCR (urine and serum) and/or IgM serology, depending on the timing of testing and clinical scenario. If testing through a commercial lab is unavailable, testing can also be done at the California Department of Public Health Laboratory and should be coordinated with San Francisco Department of Public Health Communicable Disease Control Unit. Testing is recommended for any patient with Zika symptoms with symptom onset within 2 weeks of potential Zika exposure (Zika exposure includes travel to a Zika-affected area or sexual contact with a person who traveled). Zika testing should also be offered to asymptomatic pregnant women with potential Zika exposure within a 12 week time window. The CDC has created an online decision tool to help healthcare providers apply the updated recommendations for Zika virus testing for pregnant women (see CDC link below).

### For more information:

CDC Zika resources: [www.cdc.gov/zika/hc-providers](http://www.cdc.gov/zika/hc-providers)

Zika MMWRs: [www.cdc.gov/mmwr/zika\\_reports.html](http://www.cdc.gov/mmwr/zika_reports.html)

CDPH Zika resources: [www.cdph.ca.gov/HealthInfo/discond/Pages/Zika.aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Zika.aspx)

SFDPH Zika resources, including testing instructions: [www.sfcddcp.org/zika\\_providers](http://www.sfcddcp.org/zika_providers)

**Notes:** Data includes San Francisco cases and outbreaks to September 30, 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.