Communicable Disease (CD) Quarterly Report

San Francisco Department of Public Health

2017 Quarter 4 • April 23, 2018

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 contact 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 at: https://www.sfcdcp.org/health-alerts-emergencies/health-alerts/register-for-health-alerts/

Table 1: Number of Selected Reported Communicable Disease Cases

	2017		2016	
	Q4	Q1-Q4	Q4	Q1-Q4
Botulism	0	2	0	0
Invasive Meningococcal Disease	1	1	0	2
Meningitis— Bacterial[#]	9	17	3	8
Meningitis— Viral	8	16	1	8
Rabies, animal[**^]	1	4	1	2
Rabies PEP recommendation	6	22	8	33
Zika	1	11	4	29

Table 2: Number of Selected Reported Gastrointestinal Disease Cases

	2017		2016	
	Q4	Q1-Q4	Q4	Q1-Q4
Campylobacteriosis	100	425	86	454
Giardiasis	53	248	54	215
Salmonellosis[*]	50	165	41	153
Shiga toxin-producing E. coli[+]	6	55	7	36
Shigellosis[*]	61	187	59	183
Vibriosis (Non-cholera)	3	15	0	4

Table 3: Number of Selected Reported Vaccine Preventable Disease Cases

	2017		2016	
	Q4	Q1-Q4	Q4	Q1-Q4
Hepatitis A	5	20	2	3
Hepatitis B, Acute	0	1	1	2
Influenza Death (0 - 64 yrs)	0	2	0	0
Measles	0	0	0	0
Pertussis[*]	6	31	1	13
Pertussis[*] (< 6 mos of age)	0	0	0	2

Table 4: Number of Selected Reported Outbreaks

	2017		2016	
	Q4	Q1-Q4	Q4	Q1-Q4
Gastrointestinal	5	20	3	14
Respiratory	7	23	5	15
Confirmed Influenza	6	20	4	10

\# 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, Yanyuan Liu, Wendy Lu, Melissa Ongpin, & David Stier

Pneumococcal Vaccination for Adults

Pneumococcal vaccination for adults is challenging because the recommended timing and sequence of vaccines depends on age, medical conditions, and prior immunization history. The CDC has created helpful algorithms and decision support tools for various patient scenarios: https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

The two pneumococcal vaccines available for adults are the 13-valent conjugate vaccine Prevnar13 (PCV13) and the 23-valent polysaccharide vaccine Pneumovax23 (PPSV23). The two vaccines have 12 pneumococcal serotypes in common. Studies have demonstrated improved response to the 12 serotypes contained in both vaccines if PCV13 is given before PPSV23.

The vaccines should always be given in sequence at recommended intervals, and not simultaneously, because they interfere with one another's immune response. The standard interval between vaccines is one year, but an 8-week interval between vaccines is recommended for patients at increased risk for invasive pneumococcal disease (those with immunocompromising conditions, functional or anatomic asplenia, CSF leaks, or cochlear implants). While repeat doses of PPSV23 at least 5 years apart may be indicated for certain patients, PCV13 is given as a single dose with no repeat doses for all adult patients.

Patients 19 through 64 years of age with chronic heart or lung disease, diabetes, alcoholism, chronic liver disease, or cigarette smoking should receive a dose of PPSV23. Upon turning 65, these patients should receive PCV13 and a second dose of PPSV23 at least 5 years after the first dose of PPSV23.

Patients 19 through 64 years of age with immunocompromising conditions (including HIV), functional or anatomic asplenia, CSF leaks, or cochlear implants should receive PCV13 followed by PPSV23 at least 8 weeks later. Those with CSF leaks or cochlear implants should receive a second dose of PPSV23 at age ≥ 65, at least 5 years after the prior PPSV23 dose. Those with immunocompromising conditions or asplenia should go on to receive a second dose of PPSV23 at least five years after the first dose, followed by a third dose of PPSV23 at age ≥ 65.

For patients ≥ 65 years of age who have not previously received pneumococcal vaccine, or with an unknown vaccination history, PCV13 should be administered first, followed by PPSV23 a year later.

Resources

Advisory Committee on Immunization Practices: Pneumococcal Vaccine Recommendations (MMWRs) https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html

CDC: Pneumococcal Vaccine Recommendations https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html

CDC: The Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book), Pneumococcal Disease chapter, 2015 https://www.cdc.gov/vaccines/pubs/pinkbook/pneumo.html

Notes: Data includes San Francisco cases and outbreaks through December 31, 2017, by date of report. Unless otherwise noted, confirmed and probable cases and confirmed, probable, and suspect outbreaks are included. For outbreak definitions, please see the most recent Annual Report of Communicable Diseases in San Francisco, available at: https://www.sfcdcp.org/about/publications-data-and-reports/. Numbers may change due to updates to case status based on subsequent information received and/or delays in reporting.