



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 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.sfcddcp.org>

Sign up to receive Health Alerts at: <https://www.sfcddcp.org/health-alerts-emergencies/health-alerts/register-for-health-alerts/>

Table 1: Number of Selected Reported Communicable Disease Cases

	2018 1st Qtr	2017 1st Qtr
Botulism	0	0
Invasive Meningococcal Disease	0	0
Meningitis— Bacterial [#]	3	2
Meningitis— Viral	2	2
Rabies, animal ^{***}	1	2
Rabies PEP recommendation	5	5
Zika	3	6

Table 2: Number of Selected Reported Gastrointestinal Disease Cases

	2018 1st Qtr	2017 1st Qtr
Campylobacteriosis	117	115
Giardiasis	58	67
Salmonellosis	18	29
Shiga toxin-producing E. coli ⁺	12	11
Shigellosis	52	37
Vibriosis (Non-cholera)	0	2

Table 3: Number of Selected Reported Vaccine Preventable Disease Cases

	2018 1st Qtr	2017 1st Qtr
Hepatitis A	2	5
Hepatitis B, Acute	0	1
Influenza Death (0 - 64 yrs) [§]	4	1
Measles	0	0
Pertussis [*]	4	4
Pertussis [*] (< 6 mos of age)	0	0

Table 4: Number of Selected Reported Outbreaks

	2018 1st Qtr	2017 1st Qtr
Gastrointestinal	10	10
Respiratory	18	14
Confirmed Influenza	17	13

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

§ Counted by hospital admission date rather than by date of report

2017-18 Flu Season Recap; Preparing for the Upcoming Flu Season

Influenza (flu) is an acute respiratory illness caused by influenza viruses. Transmission occurs from person to person mainly through respiratory droplets, and symptoms include fever, cough, sore throat, runny nose, muscle or body aches, headaches and fatigue. Complications of flu include pneumonia, myocarditis, encephalitis and sepsis. People 65 years and older, those with weakened immune systems or chronic medical conditions, pregnant women, and young children are at a higher risk of developing complications.

During the 2017-18 influenza season (October 2017 – May 2018), influenza-like illness (ILI) activity started to increase in November, peaked during January and February, and remained elevated through March. CDC experts have described this season as a high severity season, with high levels of outpatient clinic and emergency department visits for ILI, high hospitalization rates, and elevated pneumonia and influenza mortality. The timing of peak influenza activity among older adults was earlier than that among children and young adults. In June 2018, a total of 172 flu-related deaths in children were reported in the United States for the 2017-18 season, exceeding the previous record. Approximately 80% of these deaths occurred in those who had not received flu vaccination.

Influenza A(H3N2) predominated through February, accounting for the majority of circulating viruses overall, although some influenza A(H1N1) activity was also reported. Influenza B viruses became more active from March onward.

In February, an interim estimate of overall adjusted vaccine effectiveness (VE) against influenza A and B was found to be 36%. VE against influenza A(H3N2), A(H1N1)pdm09 and B were 25%, 67%, and 42%, respectively. Vaccination remains the most effective way to reduce the likelihood of severe outcomes, including hospitalization and death. Please refer to the CDC's Advisory Committee on Immunization Practices (ACIP) interim vaccine recommendations available on the CDC website; the full ACIP recommendations on seasonal influenza prevention and control for the upcoming flu season will be available later this summer: <https://www.cdc.gov/flu/professionals/acip/index.htm>

In San Francisco during the 2017-18 season, there were 22 influenza outbreaks, mostly in long term care facilities, and 4 deaths due to influenza in adults less than 65 years of age during the 2017-18 season. (Influenza deaths in individuals less than 65 years old are reportable to public health under Title 17 in California.)

Resources

SFDPH influenza resources: <https://www.sfcddcp.org/infectious-diseases-a-to-z/d-to-k/influenza-flu/flu-influenza/>

Influenza ACIP vaccine recommendations: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>

CDC Influenza information for health professionals: <https://www.cdc.gov/flu/professionals/index.htm>

Notes: Data includes San Francisco cases and outbreaks through March 31, 2018, by date of report, except influenza death (0-64 yrs). 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.sfcddcp.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.