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, 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

	2018		2017	
	Q2	Q1-Q2	Q2	Q1-Q2
Botulism	0	0	1	1
Invasive Meningococcal Disease	0	0	0	0
Meningitis— Bacterial[#]	1	4	4	6
Meningitis— Viral	7	9	2	4
Rabies, animal[**^]	0	1	0	2
Rabies PEP recommendation	2	7	3	8
Zika	2	5	2	8

Table 2: Number of Selected Reported Gastrointestinal Disease Cases

	2018		2017	
	Q2	Q1-Q2	Q2	Q1-Q2
Campylobacteriosis	110	227	114	229
Giardiasis	48	106	62	128
Salmonellosis	28	46	29	58
Shiga toxin-producing E. coli[+]	16	28	11	22
Shigellosis	68	120	41	78
Vibriosis (Non-cholera)	0	0	4	6

Table 3: Number of Selected Reported Vaccine Preventable Disease Cases

	2018		2017	
	Q2	Q1-Q2	Q2	Q1-Q2
Hepatitis A	1	3	1	6
Hepatitis B, Acute	0	0	0	1
Influenza Death (0 - 64 yrs)	1	1	0	1
Measles	0	0	0	0
Pertussis[*] (all ages)	7	11	12	16
Pertussis[*] (< 4 mos of age)	0	0	0	0

Table 4: Number of Selected Reported Outbreaks

	2018		2017	
	Q2	Q1-Q2	Q2	Q1-Q2
Gastrointestinal	4	14	4	14
Respiratory	0	18	0	14
Confirmed Influenza	0	17	0	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

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Current Recommendations for Shingles Prevention

Herpes zoster, or shingles, is a painful vesicular rash caused by reactivation of the varicella-zoster virus (VZV, the virus that causes chickenpox). The rash most commonly occurs in a dermatomal distribution and usually heals in 2-4 weeks. In 10-13% of cases over age 50, a painful postherpetic neuralgia develops that may last for weeks, months, and occasionally, years. Risk of shingles increases with age; CDC estimates a 50% lifetime risk in persons living to age 85. Altered immunocompetence increases the risk for shingles as well as risk of severe complications.

A live, attenuated shingles vaccine (Zostavax®) has been available since 2006, but its effectiveness is modest and protection wanes substantially after several years. In 2017, a new adjuvanted, inactivated vaccine (Shingrix®) was approved by the FDA for prevention of shingles in adults aged ≥50 years.

Shingrix is highly immunogenic and prevents >85% of shingles cases over a 3-year period. Longer term data on efficacy are not yet available. CDC recommends that immunocompetent adults aged ≥50 years receive Shingrix for prevention of herpes zoster and related complications, and Shingrix is preferred over Zostavax for this indication. Persons may receive Shingrix if they have previously been vaccinated with Zostavax; have previously had shingles; have chronic medical conditions; are anticipating immunosuppression or have recovered from an immunocompromising illness. It is not necessary to screen for a history of chickenpox or test for varicella IgG before administering Shingrix.

Shingrix has not yet been studied in those who are currently immune suppressed, are known to be serologically VZV-negative, or are pregnant or breastfeeding, and is not recommended in these individuals until more information becomes available. It may be co-administered with other vaccines, though co-administration with adjuvanted vaccines (Fluad or Heplisav-B) should probably be avoided as the safety and efficacy of concomitantly administering two adjuvanted vaccines have not yet been evaluated.

Follow package instructions carefully; store Shingrix in the refrigerator (do not freeze) and reconstitute the freeze-dried vaccine with the liquid adjuvant. It is administered intramuscularly in a 2-dose series; the second dose should be administered 2-6 months after the first. Serious side effects are rare but injection site reactions and malaise following vaccination are common and can be severe enough to interfere with regular activities.

Resources

SFDPH Vaccine Facts: https://www.sfcdcp.org/immunizations/immunization-resources-materials/vax-facts-vaccine-updates/

CDC Herpes Zoster Vaccine Recommendations: https://www.cdc.gov/mmwr/volumes/67/wr/mm6703a5.htm

CDC Shingles Vaccine Factsheet: https://www.cdc.gov/shingles/downloads/shingles-factsheet-hcp.pdf

Notes: Data include San Francisco cases and outbreaks through June 30, 2018, 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.