Communicable Disease (CD) Quarterly Report

San Francisco Department of Public Health

Quarter 4 | October 1 through December 31, 2018

Disease Reporting: 415-554-2830 (phone); 415-554-2848 (fax); http://www.sfcdcp.org

Tomás Aragón, MD, DrPH, Health Officer

Juliet Stoltey, 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

Confidential Morbidity Report (CMR): http://www.sfcdcp.org/cmr

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	
	Q4	YTD§	Q4	YTD§
Botulism	0	0	0	2
Campylobacteriosis	116	465	99	424
Giardiasis	47	217	53	247
Hepatitis A	1	4	5	20
Hepatitis B, Acute	1	4	0	1
Influenza Death (0—64 yrs)	0	4	0	2
Invasive Meningococcal Disease	2	2	1	1
Measles	0	0	0	0
Meningitis— Bacterial#	4	11	8	16
Meningitis— Viral	4	19	8	16
Mumps	2	15	1	11
Pertussis* (all ages)	8	34	6	32
Pertussis* (<4 mos of age)	0	0	0	0
Rabies, animal**^	1	2	1	4
Salmonellosis	35	128	50	165
Shiga toxin-producing E. coli+	14	59	6	55
Shigellosis	84	284	61	186
Vibriosis (Non-cholera)	3	9	3	15
Zika	4	10	1	10

Table 2: Number of Selected Reported Outbreaks

	2018		2017	
	Q4	YTD§	Q4	YTD§
Gastrointestinal	3	22	5	20
Respiratory	0	18	7	23
Confirmed Influenza	0	17	6	20

\# Excludes meningococcal meningitis

^ Only detected in bats; no other animals

\+ Includes Shiga toxin in feces & *E. coli* O157

§ YTD refers to data from the beginning of the year to the end of reporting quarter (Jan 1—Dec 31 of 2017 and 2018, respectively)

** Includes confirmed cases only

* Includes confirmed, probable, & suspect cases

Notes: Data include San Francisco cases and outbreaks 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.

Authors: Yanyuan Liu, Wendy Lu, Melissa Ongpin, David Stier, & Juliet Stoltey

San Francisco Animal Rabies Pearls—Part 2

For Animal Rabies Pearls Part 1, see https://www.sfcdcp.org/wp-content/uploads/2019/02/CD-Quarterly-Report-2018Q3-final-SFDPH-2.13.2019.pdf

Q: Rabies Post-Exposure Prophylaxis (PEP) After a Dog Bite in San Francisco – Yes or No?

A: When a dog bite occurs in San Francisco, SFDPH takes the following approach to recommending rabies PEP: (a) If the dog is owned and locatable and can be observed for the next 10 days (see the 10-day rule), rabies PEP can be deferred unless there are cranial or massive wounds. If at day 10 the dog remains healthy then no PEP is needed. If the dog becomes ill or dies, it should promptly undergo rabies testing and PEP is strongly recommended. (b) If the dog cannot be located or observed, SFDPH issues a "permissive" recommendation for rabies PEP. With a permissive recommendation, the bite victim is told that the likelihood that a San Francisco dog has rabies is extremely unlikely, and on this basis SFDPH does not strongly recommend PEP. However, since SFDPH cannot rule out rabies with certainty in a missing animal, and since rabies is fatal once acquired, we support rabies PEP if the bite victim wishes to receive it after consulting with their healthcare provider.

Q: Rabies PEP After a Dog Bite Outside of San Francisco -- Yes or No?

A: SFDPH issues a strong recommendation for rabies PEP when bites occur in a developing country where rabies is endemic in dogs. If the bite occurred in another location in the USA, SFDPH would determine rabies endemicity in that jurisdiction in order to provide the most appropriate PEP recommendation. When dog bites occur outside of San Francisco, the 10-day rule still applies - with an owned and locatable dog that can be observed for the next 10 days, rabies PEP can be deferred unless there are cranial or massive wounds, and PEP would be strongly recommended if the dog becomes ill or dies.

Q: Must Rabies Vaccine Always be Given Intramuscularly in the Deltoid Muscle?

A: Yes, rabies vaccine should always be given intramuscularly in the deltoid muscle, except with small children in whom it may be given intramuscularly in the anterolateral thigh muscle. Rabies vaccine should never be given in the gluteal area, because of the possibility it could inadvertently be deposited subcutaneously where its absorption and ability to generate an immune response is less consistent.

Resources

SFDPH Rabies resources: https://www.sfcdcp.org/infectious-diseases-a-to-z/rabies/

CDPH Rabies information: https://www.cdph.ca.gov/Programs/CID/DCDC/pages/rabies.aspx

CDC Rabies resources: https://www.cdc.gov/rabies/

ACIP Rabies vaccination: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-

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