



Communicable Disease (CD) Quarterly Report

San Francisco Department of Public Health
Quarter 1 | January 01 through March 31, 2019

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

Confidential Morbidity Report (CMR): <http://www.sfcddcp.org/cmrr>

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

	2019 Q1	2018 Q1
Botulism	0	0
Campylobacteriosis	119	123
Giardiasis	47	59
Hepatitis A	4	2
Hepatitis B, Acute	2	0
Influenza Death (0–64 yrs)	0	4
Invasive Meningococcal Disease	0	0
Measles	1	0
Meningitis— Bacterial [#]	0	3
Meningitis— Viral	4	2
Mumps	4	2
Pertussis* (all ages)	14	1
Pertussis* (<4 mos of age)	0	0
Rabies, animal ^{***}	1	1
Salmonellosis	40	22
Shiga toxin-producing E. coli ⁺	17	10
Shigellosis	89	50
Vibriosis (Non-cholera)	0	0
Zika	2	3

Table 2: Number of Selected Reported Outbreaks

	2019 Q1	2018 Q1
Gastrointestinal	7	10
Respiratory	12	18
Confirmed Influenza	10	17

[#] 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

Notes: Data include San Francisco cases and outbreaks by the earliest of the following dates (if available): onset date, diagnosis date, date of death, laboratory specimen collection date, or date report received. 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.

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

Measles and MMR Vaccination

In 2019, measles cases in the USA surged, with 1,215 cases confirmed in 30 states through August 22. California in 2019 has experienced five measles outbreaks with the majority linked to international travel, and a total of 67 measles cases as of August 28. Among the California measles cases in 2019 to date for whom vaccination status could be determined, 31% occurred in persons who had received two or more doses of measles vaccine.

Why do we see measles cases among persons who have been fully vaccinated? A [recent document from the California Department of Public Health](#) explains, based on three key points: (1) measles is highly infectious – about 90% of susceptible, unvaccinated individuals exposed to measles will develop the disease; (2) MMR vaccine is highly effective but not perfect – up to 3% of persons do not develop immunity after two doses of MMR; and (3) our population is highly vaccinated – vaccinated persons outnumber the unvaccinated by a factor of about 9:1. With such a preponderance of fully vaccinated individuals, even a low 3% vaccine failure rate can result in a significant number of breakthrough cases.

Two doses of MMR vaccine are recommended routinely for all children, the first dose at 12-15 months of age and the second dose at 4-6 years of age. The second dose is not a booster, but rather is intended to produce immunity in the small percentage of people who do not respond to the first dose.

For those planning international travel, the CDC recommends the following:

- **Infants 6-11 months of age** should receive a single early dose of MMR prior to travel. This should be followed by the recommended 2-dose MMR vaccination schedule beginning at 12-15 months of age.
- **Children 12 months of age and older** should receive two MMR doses that were given after their first birthday and with a minimum interval of 28 days between doses.
- **Adults born after 1957** should get vaccinated with two doses of MMR if they did not receive the two doses as children, with a minimum interval of 28 days between doses.

For adults who previously received a dose of measles vaccine in 1963-1967 and are unsure which type of vaccine it was, or are sure it was inactivated measles vaccine, that dose should be considered invalid and the patient revaccinated with MMR vaccine.