



Communicable Disease (CD) Quarterly Report

San Francisco Department of Public Health
 Quarter 2 | April 1 through June 30, 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		2018	
	Q2	YTD [§]	Q2	YTD [§]
Botulism	1	1	0	0
Campylobacteriosis	115	234	120	243
Giardiasis	47	94	50	109
Hepatitis A	5	9	1	3
Hepatitis B, Acute	1	3	2	2
Influenza Death (0–64 yrs)	0	0	0	4
Invasive Meningococcal Disease	0	0	0	0
Measles	0	1	0	0
Meningitis— Bacterial [#]	2	2	3	6
Meningitis— Viral	7	11	6	8
Mumps	3	7	4	6
Pertussis* (all ages)	11	25	12	13
Pertussis* (<4 mos of age)	0	0	0	0
Rabies, animal ^{***}	0	1	0	1
Salmonellosis	48	88	32	54
Shiga toxin-producing E. coli ⁺	24	41	18	28
Shigellosis	54	143	79	129
Vibriosis (Non-cholera)	2	2	1	1
Zika	2	4	3	6

Table 2: Number of Selected Reported Outbreaks

	2019		2018	
	Q2	YTD [§]	Q2	YTD [§]
Gastrointestinal	4	11	4	14
Respiratory	5	17	0	18
Confirmed Influenza	3	13	0	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
 § YTD refers to data from the beginning of the year to the end of reporting quarter (Jan 1–Jun 30 of 2018 and 2019, respectively)

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, Melissa Ongpin, David Stier, & Juliet Stoltey

Preparing for 2019-20 Influenza Season

The 2018-19 influenza season was the longest flu season in a decade in the United States. Influenza activity began increasing in November and continued through mid-April, for a total duration of 21 weeks. Illnesses attributed to influenza A dominated throughout the season, while influenza B represented only small percentage of positive flu tests. There were 2 distinct waves of influenza A activity: from October to mid-February A(H1N1) cases predominated; after mid-February, there was an influx of A(H3N2) cases. The A(H1N1) antigen in the 2018-19 vaccine formulation was well-matched with the A(H1N1) virus in widest circulation, leading to high vaccine effectiveness during the first part of the season. However, the circulating 2018-19 A(H3N2) virus was more antigenically diverse leading to a less robust match with vaccine virus antigen and a corresponding decrease in vaccine effectiveness later in the season. Overall, CDC characterized 2018-19 flu season severity as moderate based on estimates of 37-43 million symptomatic illnesses, 17-20 million medical visits, 531,000-647,000 hospitalizations, and 36,400-61,200 deaths associated with influenza in the USA. (See <https://www.cdc.gov/mmwr/volumes/68/wr/mm6824a3.htm>)

Looking to the coming 2019-20 influenza season, strain predominance, vaccine match, and overall severity are difficult to predict. Australia experienced more flu cases than usual and an early peak in influenza activity during summer 2019, but it is unclear whether this pattern will continue for the northern hemisphere. For 2019-20, vaccine composition includes new strains for the A(H1N1) and A(H3N2) components.

CDC continues to recommend seasonal flu vaccination for everyone age 6 months and older, especially for young children, elderly persons, pregnant women, those with chronic medical conditions, and health care personnel (HCP).

Annual flu vaccination of HCP plays a key role in protecting the health of the public, for several reasons:

- HCP have contact with vulnerable populations where advanced age, immune compromise, and chronic metabolic and cardiopulmonary disease put them at high risk for severe complications if infected with influenza.
- Flu cases are infectious one day prior to illness onset. HCP incubating influenza can transmit flu to their patients without knowing it. Vaccination makes this less likely.

Annual flu vaccination is a safe, low-cost intervention that is the best way to protect against influenza. Mild local and systemic side effects may occur but serious adverse events caused by the vaccine are extremely rare.

Resources

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

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/>