

Communicable Disease (CD) Quarterly Report

San Francisco Department of Public Health
Quarter 1-2 | January 1 through June 30, 2021

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 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 Select Reported Communicable Disease Cases Q2 YTD⁵ Q2 YTD⁵ Q1 Q1 Botulism Campylobacteriosis Giardiasis Hepatitis A Hepatitis B, Acute Hepatitis C, Acute Influenza Death (< 18 yrs of age) Measles O Meningitis, Bacterial[#] Meningitis, Viral Meningococcal Disease, Invasive Mumps Pertussis (all ages) Pertussis (<4 mos of age) Rabies, animal*^ Salmonellosis Shiga toxin-producing E. coli Shigellosis Vibriosis (Non-cholera) O

Table 2: Number of Select Reported Outbreaks						
	2021			2020		
	Q1	Q2	YTD⁵	Q1	Q2	YTD⁵
Gastrointestinal	2	5	7	6	1	7
Respiratory (non-COVID-19)	0	1	1	8	0	8
Confirmed Influenza	0	0	0	2	0	2

- # Excludes Meningococcal Meningitis
- ^ Only detected in bats; no other animals
- * Includes confirmed cases only + 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 2020 and 2021, 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.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.

Routine Immunizations: Addressing gaps related to COVID-19 pandemic

The CDC endorses immunization as a key strategy to prevent numerous serious and potentially deadly diseases. The current recommended immunization schedule for children \leq 18 years offers protection against 16 diseases. These vaccinations are usually administered during well-child visits, and many are completed by age two¹. In addition, adults \geq 19 years should receive annual influenza vaccinations, Tdap boosters, and additional vaccines indicated for their age and health conditions².

On March 19, 2020, Governor Newsom issued a stay-at-home order for California that limited nonessential outings to reduce the spread of COVID-19 and preserve limited healthcare resources. On March 24, 2020, the CDC released guidance for healthcare providers to prioritize childhood immunizations, acknowledging that providers were limited in their capacity to provide well-care during the pandemic³.

However, a pandemic-associated decline in immunizations amongst both children and adults was registered almost immediately. An analysis of the California Immunization Registry (CAIR2) data found a 48% drop in reported total vaccinations among children 0-18 years in April 2020 as compared with April 2019 ⁴. In an analysis of Kaiser Permanente immunization records, vaccinations among children ≥2 years declined 94% by the week of March 22, 2020, compared to the same week in 2019, while vaccinations in those <2 years of age declined 45% over the same time period. Although vaccinations later improved among those <2 years old by late April 2020 to levels similar to April 2019, it remained below 2019 levels in those ≥2 years through the end of the analysis period (August 2020)⁵. Medicare data from March and April 2020 showed a similar decline among adults ≥65 years, with weekly vaccination rates declining 70%—89% below 2019 rates by mid-April 2020, and rates only partially recovered during May–July 2020⁵.

Closing the vaccination gaps created by the pandemic will require not just a rebound in vaccine administration, but a higher volume of administrations and greater attention to routine vaccination. Healthcare providers should evaluate all patients for vaccination status and promote catch-up vaccination for those who are behind schedule, following the CDC recommendations⁷. Strategies to close the immunization gap include^{4,8}:

- Scheduling in-person visits whenever possible
- Sharing clear and accurate information about the benefits of vaccines
- Tracking electronic health records or CAIR2 data to identify patients who are past-due
- Implementing reminder and recall communications to patients or their caregivers Adults and children ≥5 years who are due for routine catch-up vaccinations may be offered COVID-19 vaccinations during the same visit. All providers, including small and specialty practices, are encouraged to enroll in the California COVID-19 vaccination program and provide vaccinations to their patients⁹.
- $\underline{\text{https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html}}$
- https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html
- https://www.cdc.gov/vaccines/news/newsltrs/imwrks/2020/2020-03.html
- 4 https://eziz.org/assets/docs/Memo/2021May26TeachWebinar.pdf
- https://pediatrics.aappublications.org/content/pediatrics/148/1/e2020047092.full.pdf
- https://www.cdc.gov/mmwr/volumes/70/wr/mm7007a4.htm?s_cid=mm7007a4_w
- https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html
- https://cairweb.org/reminder-recall-upgrade/
- https://eziz.org/covid/