



Communicable Diseases (CD) Quarterly Report

San Mateo County Health System

CD Control Program

• Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) • Issue No. 30 • Data to December 31, 2014

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Table 1. Selected CD cases reported in San Mateo County

Disease	2014		2013	
	4th Qtr	YTD	4th Qtr	YTD
Coccidioidomycosis	0	4	3	9
Listeriosis	4	5	0	3
Meningitis - Bacterial* [§]	2	5	2	3
Meningitis - Viral [§]	3	10	4	8
Meningococcal Disease	0	2	0	0
Paratyphoid Fever	0	1	0	1
Typhoid Fever	0	1	0	1

*Excluding meningococcal meningitis. § Includes confirmed and probable cases

Table 2. Selected Gastrointestinal illnesses reported in San Mateo County Residents

Disease	2014		2013	
	4th Qtr	YTD	4th Qtr	YTD
Amebiasis	0	6	3	8
Campylobacteriosis	74	225	46	216
Cryptosporidium	0	28	5	19
E. coli O157	4	12	7	14
Giardia	10	47	5	48
STEC w/ HUS	0	0	0	0
STEC w/o HUS	9	15	3	6
SALMONELLA (non-typhoid)	45	145	46	172
S. Enteritidis	3	20	5	24
S. Infantis	5	8	2	5
S. Typhimurium	0	8	3	16
Pending/Others	37	109	36	127
Shigellosis	17	38	5	13
Vibrio (non-cholera)	0	10	0	4

Table 3. Selected Vaccine Preventable Diseases reported in San Mateo County Residents

Disease	2014		2013	
	4th Qtr	YTD	4th Qtr	YTD
Hepatitis A	0	2	2	9
Hepatitis B (acute)	1	1	0	2
Influenza - ICU Hosp (0-64 yrs)	1	18	1	4
Influenza Death (0-64 yrs)	0	6	0	1
Measles	0	4	0	0
Pertussis*	24	133	11	96

*Includes confirmed, probable and suspect cases.

Table 4. Outbreaks in San Mateo County

Disease	2014		2013	
	4th Qtr	YTD	4th Qtr	YTD
All Gastrointestinal*	5	24	1	25
Confirmed/Probable Norovirus	4	11	1	14
Respiratory*	1	20	6	25
Confirmed Influenza	0	8	1	17

*Includes confirmed, probable and suspect cases.

Sources: California Reportable Disease Information Exchange (CalREDIE)

Notes: Morbidity is based on date report created in CalREDIE. Totals for past quarters may change due to delays in reporting from labs and providers, the use of different reporting systems, and changes to the resolution statuses of cases based on subsequent information received.

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Focus on Ebola (Part 2)

The **incubation period** is typically 6 to 12 days, but can range from 2 to 21 days. Patients with Ebola usually have an abrupt onset of non-specific symptoms and signs, such as fever, malaise, headache, and myalgias. As the illness progresses, vomiting and diarrhea may develop, often leading to significant fluid loss. Patients with worsening disease display hypotension and electrolyte imbalances leading to multi-organ failure and shock, sometimes accompanied by hemorrhage.

Clinicians worldwide should evaluate patients to determine if they have **clinical findings** consistent with the disease (ie, fever and/or severe headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage) and obtain a careful history to determine if they have had a possible exposure to Ebola virus within 21 days prior to the onset of symptoms. All patients who have or are suspected of having Ebola virus disease should be promptly isolated. Infection control precautions should include hand hygiene; standard, contact, and droplet precautions, as well as the correct use of appropriate PPE. Hospital infection control staff, as well as the local and state health department, should be contacted immediately.

Monitoring for symptoms and signs of Ebola virus disease should be performed for **asymptomatic** persons who have had an exposure to Ebola virus at any risk level. Any returning travelers from impacted areas are closely monitored for 21 days. Medical evaluation of **symptomatic** patients with a history of exposure generally includes **testing for Ebola virus** and other likely pathogens, such as malaria. Rapid diagnostic tests for Ebola virus infection are available and are mostly based upon the detection of specific RNA sequences by reverse-transcription polymerase chain reaction (RT-PCR) in blood or other body fluids. Ebola virus is generally detectable in blood samples within three days after the onset of symptoms.

Treatment for Ebola involves supportive care to correct volume losses from vomiting and diarrhea, correct electrolyte abnormalities, and prevent shock. Patients may also require evaluation and/or treatment of concurrent infections. There is no approved therapy for Ebola. However, a number of experimental treatments, including monoclonal antibodies, convalescent serum, small-molecule antivirals, and short interfering RNAs have been given to several patients. Two recombinant **vaccines** encoding the Ebola surface glycoprotein are in Phase I trials. One is based upon a chimpanzee adenovirus and the other on a vesicular stomatitis virus vector.

About the Communicable Disease Control Program

The Communicable Disease Control Program is available to help meet the reporting needs and answer the questions of San Mateo County providers. To report a disease or outbreak, please call 650-573-2346 Monday through Friday, 8:00 am to 5:00 pm, or fax a Confidential Morbidity Report (CMR) to 650-573-2919.

You may download an electronic copy of the CMR at http://smhealth.org/sites/default/files/docs/PHS/cmr_cd_std.pdf. Web-based reporting via CalREDIE is also available. Please contact us if you would like to know more about, and sign up for, web-based reporting. Non-urgent questions and/or general enquiries may be directed to PH_CDControlUnit@smcgov.org (Note: underscore between PH and CD).