

## Selected Notifiable Disease Quarterly Report Quarter 3 (July-September) 2015

**Table 1: Vaccine Preventable Diseases**

	2015		2014	
	3rd Qtr	YTD	3rd Qtr	YTD
Hepatitis A	2	5	0	1
Hepatitis B (acute)	1	3	0	1
Hepatitis B (chronic)	79	245	48	130
Measles	0	0	0	1
Meningococcal Infections	0	1	0	0
Pertussis	17	75	87	194

**Table 2: Gastrointestinal Diseases**

	2015		2014	
	3rd Qtr	YTD	3rd Qtr	YTD
Campylobacteriosis	83	200	79	155
<i>E. coli</i> Shiga Toxin Producing (STEC)	10	26	10	15
Giardiasis	5	15	3	16
Salmonellosis	37	72	48	90
<b>Shigellosis</b>	<b>58</b>	<b>127</b>	<b>13</b>	<b>19</b>

**Table 3: Other Communicable Diseases**

	2015		2014	
	3rd Qtr	YTD	3rd Qtr	YTD
Coccidioidomycosis	29	69	18	58
Hepatitis C (chronic)	335	931	356	903
Tuberculosis	12	47	15	36
Viral Meningitis	5	7	2	5
West Nile Virus	2	2	8	8

**Table 4: Outbreaks**

	2015		2014	
	3rd Qtr	YTD	3rd Qtr	YTD
Gastrointestinal	1	11	1	14
Respiratory	0	6	0	1

Note: Data reflect only cases that have been processed and validated as of 11/02/15; cases currently under investigation may not be included.

**Table 5: Sexually Transmitted Diseases**

	2015		2014	
	3rd Qtr	YTD	3rd Qtr	YTD
Chlamydia	957	2654	876	2620
Gonorrhea	354	940	250	736
HIV (non-AIDS)	14	51	9	38
HIV (AIDS)	8	27	7	19
Syphilis (congenital)	0	3	2	2
Syphilis (early latent)	11	43	14	31
Syphilis (primary)	8	26	11	21
Syphilis (secondary)	16	40	15	48

### Spotlight: Shigellosis

San Joaquin County is currently experiencing a community-wide outbreak of a rare type of *Shigella sonnei* that produces Shiga toxin 1 (Stx1).

Between January 1, 2015 and October 31, 2015, 114 cases of Stx1-producing *S. sonnei* were reported and confirmed by laboratory testing, with an additional 49 suspected cases. This is significantly higher than the county's reports of 30 cases of *Shigella* (any species) in 2014 and 13 cases in 2013.

Of the 59 isolates with available antimicrobial susceptibility, no resistance to ciprofloxacin has been identified. Most have been resistant to trimethoprim-sulfamethoxazole (TMP-SMX).

*S. sonnei* commonly causes milder gastrointestinal symptoms and the illness resolves without medical intervention, but the majority of the outbreak cases had to visit a hospital emergency room (54%) or required hospitalization (28%).

While an initial source has not been identified for this community-wide outbreak, the majority of the cases seem to have been secondary due to an infected close contact.

Regular and frequent hand washing with soap and running water is the single most important preventive measure to interrupt the spread of *Shigella*.

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