

Highlights

The information below summarizes the data presented on page 2.

Top notifiable diseases reported in 2014

1. Chlamydial infections (3,538 cases)
2. Hepatitis C, chronic (1,247 cases)
3. Gonococcal infections (1,004 cases)
4. Pertussis “whooping cough” (212 cases)
5. Campylobacteriosis (204 cases) (*tied*)
5. Hepatitis B, chronic (204 cases) (*tied*)

Sexually transmitted and bloodborne diseases

Account for ~90% of all reported diseases each year and most of them increased from 2013.

- Syphilis, primary (↑61%), Syphilis, early latent (↑21%), Gonococcal infections (↑8%), Chlamydial infections (↑4%) – mirrored statewide increases
- Hepatitis B, chronic (↑96%), Hepatitis C, chronic (↑58%), – most likely due to changes in automatic electronic laboratory-based reporting and clinical testing practices
- Acquired Immune Deficiency Syndrome “AIDS” (↓22%), Human Immunodeficiency Virus “HIV” (↓21%)

Enteric infections

Tend to fluctuate every year and many more cases go undiagnosed or unreported. The majority of the cases reported were isolated, sporadic events; however most of the enteric infections increased from 2013.

- Shigellosis (↑130%), *Escherichia coli* (↑53%), Salmonellosis (↑12%), Campylobacteriosis (↑8%)
- Giardiasis (↓47%)

Respiratory infections

Like enteric infections, tend to fluctuate every year with outbreak potential. Two diseases had the highest percent increase from 2013.

- Influenza-related deaths (<65 years old) (↑800%), Pertussis (↑685%), Tuberculosis (↑26%), Coccidioidomycosis “valley fever” (↑10%)

Rare reportable conditions

- In 2014, one case of Creutzfeldt-Jakob disease (CJD), Hepatitis D, and Chikungunya (*listed as “occurrence of any unusual disease”*)

Reported Cases

| Disease | 2014 | 2013 | Disease | 2014 | 2013 |
|---|------|------|---|------|------|
| Acquired Immune Deficiency Syndrome (AIDS) | 29 | 37 | Legionellosis† | 4 | 0 |
| Amebiasis | 0 | 4 | Listeriosis‡ | 2 | 1 |
| Botulism, wound^ | 0 | 1 | Lyme Disease^ | 1 | 0 |
| Brucellosis, human‡ | 3 | 1 | Malaria† | 2 | 1 |
| Campylobacteriosis | 204 | 188 | Measles (Rubeola) | 1 | 0 |
| Chickenpox (Varicella), death or hospitalization | 1 | 0 | Meningitis, bacterial (non-meningococcal) | 7 | 7 |
| Chlamydial infections† | 3538 | 3386 | Meningitis, fungal (non-coccidioidomycosis) | 3 | 3 |
| Coccidioidomycosis (Valley Fever) | 74 | 67 | Meningitis, viral (non-arboviral) | 10 | 13 |
| Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies | 1 | 0 | Meningococcal Infections, invasive‡ | 0 | 1 |
| Cryptosporidiosis‡ | 1 | 3 | Mumps‡ | 1 | 0 |
| Dengue^ | 0 | 2 | Pelvic Inflammatory Disease^ | 15 | 7 |
| Encephalitis, primary (non-arboviral) | 3 | 1 | Pertussis (Whooping Cough)^ | 212 | 27 |
| <i>Escherichia coli</i> : shiga toxin producing (STEC) including O157‡ | 23 | 15 | Q Fever‡ | 4 | 0 |
| | | | Salmonellosis (other than Typhoid Fever)‡ | 120 | 107 |
| Giardiasis‡ | 20 | 38 | Shiga Toxin, detected in feces | 0 | 1 |
| Gonococcal Infections^ | 1004 | 930 | Shigellosis‡ | 30 | 13 |
| <i>Haemophilus influenzae</i> , invasive disease (< age 15)^ | 0 | 1 | <i>Staphylococcus aureus</i> infection, severe (death or ICU, non-nosocomial) | 2 | 1 |
| Hemolytic Uremic Syndrome w/o evidence of STEC or shiga toxin in feces‡ | 0 | 1 | Syphilis, congenital‡ | 2 | 2 |
| | | | Syphilis, primary‡ | 29 | 18 |
| Hepatitis A, acute | 3 | 3 | Syphilis, secondary‡ | 57 | 56 |
| Hepatitis B, acute | 4 | 3 | Syphilis, early latent (<1yr)* | 35 | 29 |
| Hepatitis B, chronic‡ | 204 | 104 | Tuberculosis | 54 | 43 |
| Hepatitis B, perinatal | 0 | 1 | Typhoid Fever, acute cases‡ | 1 | 1 |
| Hepatitis C, acute | 2 | 1 | Vibrio Infections (non-Cholera)‡ | 4 | 2 |
| Hepatitis C, chronic‡ | 1247 | 789 | West Nile Virus Infections ‡ | 9 | 8 |
| Hepatitis D, acute | 1 | 0 | Yersiniosis | 2 | 8 |
| Human Immunodeficiency Virus (HIV) | 69 | 87 | Occurrence of any unusual disease | 1 | 0 |
| Influenza, death in person age <65 | 8 | 0 | Outbreaks (excluding TB, STDs) | 19 | 27 |

Sources: San Joaquin County Public Health Services CD, TB & STD & HIV/AIDS Program data.

Notes: Counts subject to change as data in reporting systems are not static.

Only cases that were reported in 2013 and 2014 are displayed (refer to p. 3 for a list of all reportable diseases and conditions).

^Includes confirmed, probable and suspect cases

‡Includes confirmed and probable cases

†Includes confirmed and suspect cases

*Includes probable cases only

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

- ⓪ ! = Report immediately by telephone (designated by a ♦ in regulations).
- † = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).
- FAX ⓪ ☒ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
- = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

- Acquired Immune Deficiency Syndrome (AIDS)
(HIV infection only: see "Human Immunodeficiency Virus")
- FAX ⓪ ☒ Amebiasis
- Anaplasmosis/Ehrlichiosis
- ⓪ ! Anthrax, human or animal
- FAX ⓪ ☒ Babesiosis
- ⓪ ! Botulism (Infant, Foodborne, Wound, Other)
- Brucellosis, animal (except infections due to *Brucella canis*)
- ⓪ ! Brucellosis, human
- FAX ⓪ ☒ Campylobacteriosis
- Chancroid
- FAX ⓪ ☒ Chickenpox (Varicella) (only hospitalizations and deaths)
- Chlamydia trachomatis* infections, including lymphogranuloma venereum (LGV)
- ⓪ ! Cholera
- ⓪ ! Ciguatera Fish Poisoning
- Coccidioidomycosis
- Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- FAX ⓪ ☒ Cryptosporidiosis
- Cyclosporiasis
- Cysticercosis or taeniasis
- ⓪ ! Dengue
- ⓪ ! Diphtheria
- ⓪ ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- FAX ⓪ ☒ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ⓪ ! *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
- † FAX ⓪ ☒ Foodborne Disease
- Giardiasis
- Gonococcal Infections
- FAX ⓪ ☒ *Haemophilus influenzae*, invasive disease (report an incident of less than 15 years of age)
- ⓪ ! Hantavirus Infections
- ⓪ ! Hemolytic Uremic Syndrome
- FAX ⓪ ☒ Hepatitis A, acute infection
- Hepatitis B (specify acute case or chronic)
- Hepatitis C (specify acute case or chronic)
- Hepatitis D (Delta) (specify acute case or chronic)
- Hepatitis E, acute infection
- Influenza, deaths in laboratory-confirmed cases for age 0-64 years
- ⓪ ! Influenza, novel strains (human)
- Legionellosis
- Leprosy (Hansen Disease)
- Leptospirosis
- FAX ⓪ ☒ Listeriosis
- Lyme Disease
- FAX ⓪ ☒ Malaria
- ⓪ ! Measles (Rubeola)
- FAX ⓪ ☒ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ⓪ ! Meningococcal Infections
- Mumps
- ⓪ ! Paralytic Shellfish Poisoning
- Pelvic Inflammatory Disease (PID)
- FAX ⓪ ☒ Pertussis (Whooping Cough)
- ⓪ ! Plaque, human or animal
- FAX ⓪ ☒ Poliovirus Infection
- FAX ⓪ ☒ Psittacosis

- FAX ⓪ ☒ Q Fever
- ⓪ ! Rabies, human or animal
- FAX ⓪ ☒ Relapsing Fever
- Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- FAX ⓪ ☒ Salmonellosis (Other than Typhoid Fever)
- ⓪ ! Scombroid Fish Poisoning
- ⓪ ! Severe Acute Respiratory Syndrome (SARS)
- ⓪ ! Shiga toxin (detected in feces)
- FAX ⓪ ☒ Shigellosis
- ⓪ ! Smallpox (Variola)
- FAX ⓪ ☒ *Staphylococcus aureus* infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
- FAX ⓪ ☒ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
- FAX ⓪ ☒ Syphilis
- Tetanus
- Toxic Shock Syndrome
- FAX ⓪ ☒ Trichinosis
- FAX ⓪ ☒ Tuberculosis
- Tularemia, animal
- ⓪ ! Tularemia, human
- FAX ⓪ ☒ Typhoid Fever, Cases and Carriers
- FAX ⓪ ☒ *Vibrio* Infections
- ⓪ ! Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
- FAX ⓪ ☒ West Nile virus (WNV) Infection
- ⓪ ! Yellow Fever
- FAX ⓪ ☒ Yersiniosis
- ⓪ ! OCCURRENCE of ANY UNUSUAL DISEASE
- ⓪ ! OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, § 2641.5-2643.20 and <http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.aspx>

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800-2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)
Pesticide-related illness or injury (known or suspected cases)**
Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593)***

LOCALLY REPORTABLE DISEASES (If Applicable):

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

** Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).

*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrca.org.