

Communicable Disease (CD) Quarterly Report

2013 Quarter 1

San Joaquin County Public Health Services

- Provider CD Reporting: 209-468-3822 (phone) 209-468-8222 (fax)
 - Karen Furst, MD, MPH, Health Officer
 - Karen Pfister, MS, Supervising Epidemiologist

Middle East Respiratory Syndrome (MERS)

Middle East Respiratory Syndrome is a viral respiratory illness first reported in Saudi Arabia in 2012. It is caused by a novel coronavirus which is now called Middle East Respiratory Syndrome Coronavirus (MERS-CoV). MERS-CoV is most similar to coronaviruses found in bats. As of December 17, 2013, 165 laboratory-confirmed cases have been reported by the World Health Organization (WHO). All diagnosed cases were among people who resided in or traveled to four countries (Saudi Arabia, United Arab Emirates, Qatar, or Jordan) within 14 days of their symptom onset, or who had close contact with people who resided in or traveled to those countries. To date, no cases have been reported in the United States, although cases have been identified in Europe.

Most cases of MERS-CoV have had severe acute respiratory illness with symptoms of fever, cough, and shortness of breath. About half of these people died. Recent data suggest that mild respiratory illness might be part of the clinical spectrum of MERS-CoV infection, and that initial presentation might not include respiratory symptoms. Although this virus has spread from ill people to others through close contact there is no evidence of sustained person-to-person transmission.

Healthcare professionals should evaluate patients for MERS-CoV infection if they develop fever and pneumonia within 14 days after traveling to countries in or near the Arabian Peninsula. Providers should also evaluate patients for MERS-CoV infection if they have had close contact with a symptomatic recent traveler from this area who has fever and acute respiratory illness.

CDC recommends collecting multiple specimens from different sites at different times after symptom onset. Lower respiratory specimens are preferred, but collecting nasopharyngeal and oropharyngeal specimens, as well as stool and serum, are strongly recommended. Positive results for another respiratory pathogen should not preclude testing for MERS-CoV. Call the SJCPHS Communicable Disease Program at (209) 468-3822 to report suspected cases and for testing information.

More information can be found at the CDC website: <http://www.cdc.gov.coronavirus/mers/>

Note: Data reflects cases that have been entered into the CalREDIE reporting system as of 6/26/14.

Table 1: Select Communicable Diseases Reported to San Joaquin County Public Health Services, 2012 and 2013

	2012		2013	
	1st Qtr	YTD	1st Qtr	YTD
Coccidioidomycosis	36	36	16	16
Meningococcal Infections	1	1	0	0
Viral Meningitis	4	4	4	4
West Nile Virus	0	0	0	0
Hepatitis C (Chronic)	238	238	171	171

Table 2: Select Gastrointestinal Diseases Reported to San Joaquin County Public Health Services, 2012 and 2013

	2012		2013	
	1st Qtr	YTD	1st Qtr	YTD
Amebiasis	2	2	1	1
Campylobacteriosis	20	20	23	23
<i>E. coli</i> Shiga Toxin Producing (STEC)	1	1	0	0
Giardiasis	3	3	9	9
Salmonellosis	12	12	19	19
Shigellosis	0	0	1	1
Yersiniosis	0	0	3	3

Table 3: Select Vaccine Preventable Diseases Reported to San Joaquin County Public Health Services, 2012 and 2013

	2012		2013	
	1st Qtr	YTD	1st Qtr	YTD
Hepatitis A	1	1	0	0
Hepatitis B (acute)	1	1	1	1
Hepatitis B (Chronic)	35	35	19	19
Pertussis	1	1	5	5

Table 4: Select Outbreaks Reported to San Joaquin County Public Health Services, 2012 and 2013

	2012		2013	
	1st Qtr	YTD	1st Qtr	YTD
Gastrointestinal	12	12	16	16
Respiratory	3	3	1	1