EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

# MONTHLY COMMUNICABLE DISEASE REPORT

APRIL 2021

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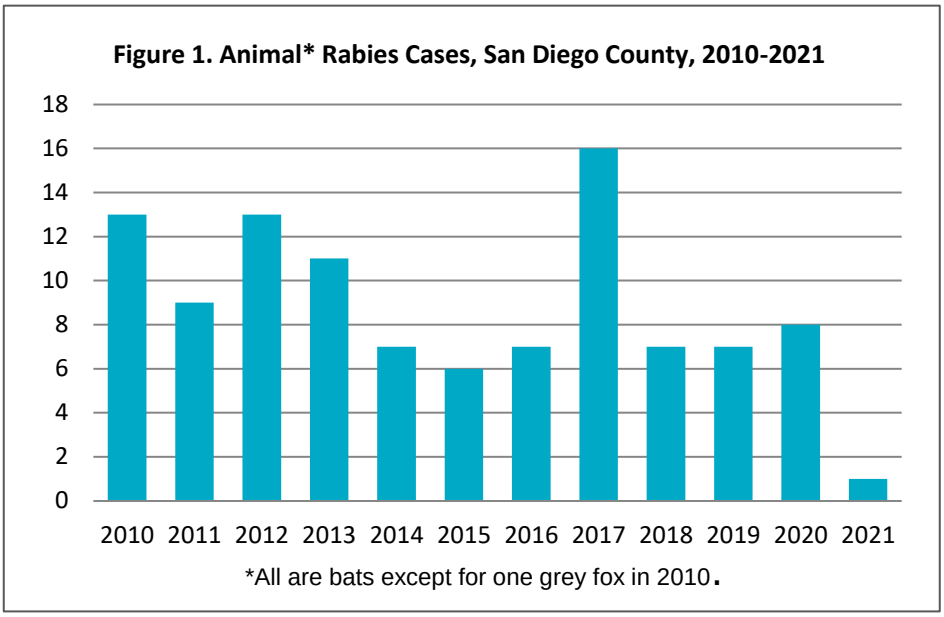
## RABIES

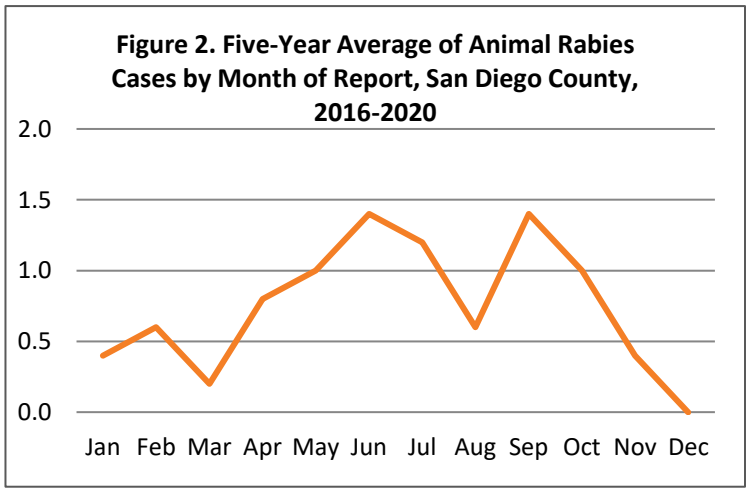
Rabies is an acute viral zoonotic disease of mammals most frequently transmitted to humans through the bite of an infected animal. The rabies virus infects the central nervous system, causing a progressive encephalomyelitis that is nearly always fatal.

Symptoms in humans include anxiety, confusion, paralysis, hallucinations, agitation, hypersalivation, difficulty swallowing, and hydrophobia. Once symptoms begin, no treatment has proven consistently effective. The incubation period is variable, but usually three to eight weeks. Fortunately, rabies post-exposure prophylaxis (PEP) is safe and effective; PEP consists of rabies vaccine and human rabies immune globulin and can prevent disease when administered as soon as possible after exposure.




2021 data are year-to-date; data current as of 5/14/2021. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

Human deaths from rabies remain common in under-developed countries around the world, where access to health care and rabies PEP is limited. Human rabies has become increasingly uncommon in the United States, declining over the last century from 100 cases per year to only one to three cases annually in recent years. The last case in San Diego County was in 2001, in a person who sustained a dog bite in the Philippines. In the United States, rabies deaths can often be attributed to an unrecognized exposure (for example, unnoticed or seemingly insignificant contact with a bat), resulting in a failure to seek medical attention.

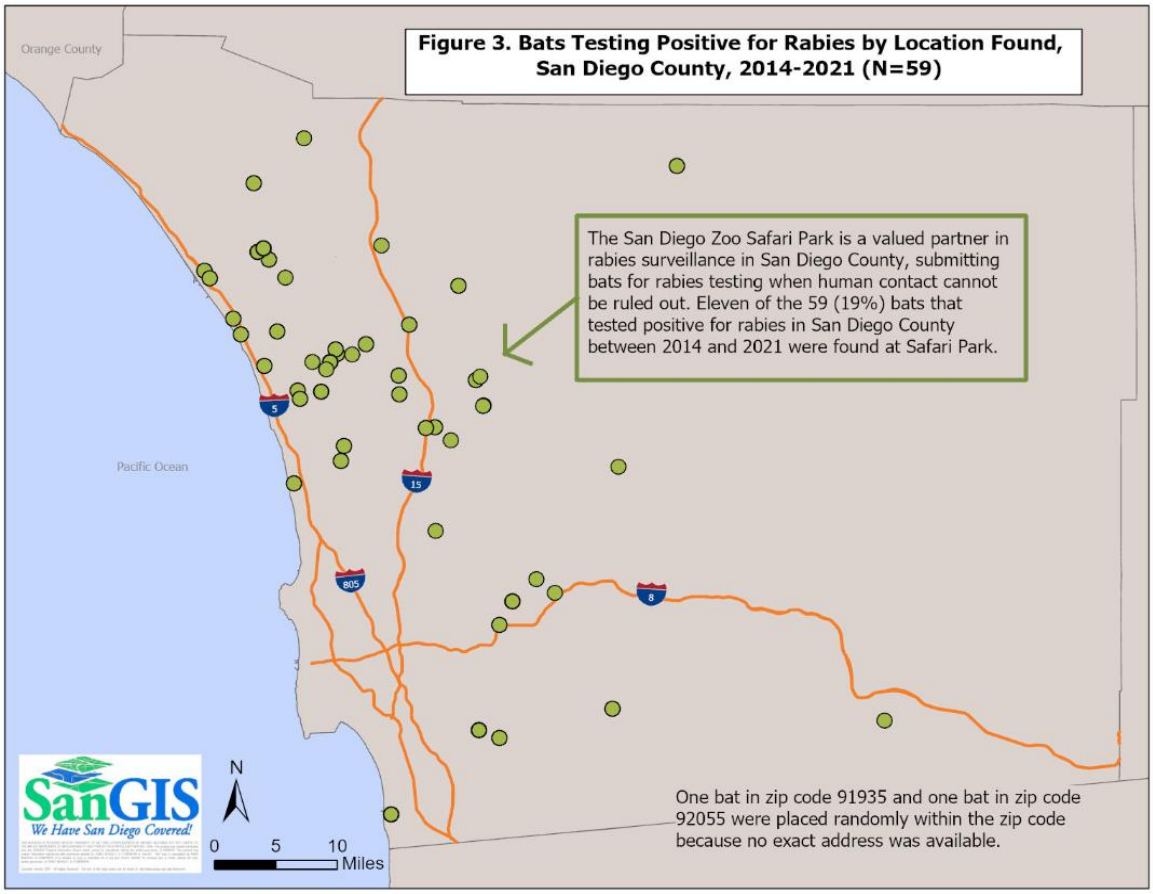



The epidemiology of animal rabies in the United States has also changed over the years. Prior to 1960, most cases of animal rabies were in domestic animals. Now, over 90% of rabies cases detected in animals in the United States (nearly 5,000 in 2018) are in wild animals, primarily raccoons, bats, skunks, and foxes. Bats were the most frequently reported rabid wildlife species in the United States in 2018. Since 2010, 105 animals have tested positive for rabies in San Diego County, including one so far this year; all but one (a grey fox infected with a bat variant of rabies in 2010) were bats.

*Continued on next page*

*The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB works to identify, investigate, register, and evaluate communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the Statistics and Reports page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.*

## RABIES, continued




Data current as of 5/14/2021. Data are provisional and subject to change as additional information becomes available.
Generally, only animals that have come into contact with humans or pets are tested; counts are not reflective of all animal rabies in the county.

A domestic animal has not tested positive for rabies in San Diego County in over 40 years. However, hundreds of domestic animals in the United States test positive for rabies each year. Bites from domestic dogs and cats should be considered a potential risk for rabies exposure, with increased risk when there is no evidence of animal ownership, the bite is unprovoked, the animal is ill appearing, or the animal is not up-to-date on rabies vaccination. Most pets get rabies from contact with wild animals.

The Epidemiology Unit is available 24/7 to provide consultation regarding potential rabies exposures. Rabies-related calls are among the most frequent type of calls received by the Epidemiology Unit from the public, the medical community, and animal health care providers. In the United States, approximately 55,000 people receive PEP each year to prevent rabies infection after a potential exposure.

Inquiries to the Epidemiology Unit and positive test results in animals tend to follow a seasonal pattern, with instances increasing during the summer months and early fall when bat activity increases and warmer weather and outdoor activities provide opportunities for humans and pets to have contact with wild animals. However, bats test positive for rabies throughout the year as well as in locations throughout San Diego County.

### Federal Resources

- Centers for Disease Control and Prevention (CDC) Rabies website
- CDC Rabies Vaccination website
- Advisory Committee on Immunization Practices (ACIP) - Rabies
- Rabies Surveillance in the United States during 2018

### State Resources

- California Department of Public Health (CDPH) Rabies website
- CDPH California Compendium of Rabies Control and Prevention
- Investigation, Management, and Prevention of Animal Bites in California
- CDPH Rabies Surveillance in California Annual Report 2019

### Local Resources

- County of San Diego Rabies website

| Table 1. Select Reportable Diseases | | 2021 | | | Prior Years | | |
|---|---|---|---|---|---|---|---|
| Disease and Case Inclusion Criteria (C,P,S) | | Current Month | Prior Month | Year-to-Date (YTD) | 2020 YTD | Avg YTD, Prior 3 Years | 2020 Total |
| Botulism (Foodborne, Infant, Wound, Other) | C,P | 0 | 0 | 1 | 0 | 3.0 | 2 |
| Brucellosis | C,P | 0 | 0 | 0 | 0 | 0.7 | 0 |
| Campylobacteriosis | C,P | 55 | 74 | 211 | 176 | 215.7 | 596 |
| Chickenpox, Hospitalization or Death | C,P | 0 | 1 | 3 | 0 | 0.3 | 0 |
| Chikungunya | C,P | 0 | 0 | 0 | 0 | 0.0 | 1 |
| Coccidioidomycosis | C | 15 | 43 | 163 | 170 | 135.3 | 278 |
| Cryptosporidiosis | C,P | 5 | 2 | 9 | 16 | 16.3 | 29 |
| Dengue Virus Infection | C,P | 0 | 0 | 0 | 2 | 2.0 | 5 |
| Encephalitis, All | C | 1 | 2 | 8 | 12 | 16.0 | 26 |
| Giardiasis | C,P | 6 | 7 | 33 | 53 | 79.3 | 149 |
| Hepatitis A, Acute | C | 1 | 1 | 3 | 13 | 13.3 | 15 |
| Hepatitis B, Acute | C | 2 | 0 | 4 | 3 | 3.3 | 7 |
| Hepatitis B, Chronic | C,P | 66 | 77 | 277 | 235 | 280.7 | 638 |
| Hepatitis C, Acute | C,P | 0 | 0 | 0 | 23 | 15.3 | 25 |
| Hepatitis C, Chronic | C,P | 199 | 251 | 723 | 1,108 | 1,340.0 | 2,714 |
| Legionellosis | C | 6 | 3 | 22 | 13 | 16.0 | 36 |
| Listeriosis | C | 0 | 0 | 0 | 1 | 2.0 | 17 |
| Lyme Disease | C,P | 0 | 1 | 3 | 1 | 2.0 | 1 |
| Malaria | C | 1 | 0 | 1 | 5 | 3.3 | 7 |
| Measles (Rubeola) | C | 0 | 0 | 0 | 0 | 0.0 | 0 |
| Meningitis, Aseptic/Viral | C,P,S | 5 | 2 | 19 | 26 | 32.3 | 61 |
| Meningitis, Bacterial | C,P,S | 0 | 1 | 9 | 10 | 15.7 | 20 |
| Meningitis, Other/Unknown | C | 1 | 0 | 2 | 1 | 6.3 | 6 |
| Meningococcal Disease | C,P | 0 | 0 | 0 | 4 | 4.3 | 4 |
| Mumps | C,P | 0 | 0 | 0 | 16 | 9.0 | 16 |
| Pertussis | C,P,S | 1 | 2 | 10 | 203 | 237.7 | 220 |
| Rabies, Animal | C | 0 | 0 | 1 | 1 | 1.7 | 8 |
| Rocky Mountain Spotted Fever | C,P | 1 | 0 | 2 | 1 | 0.3 | 3 |
| Salmonellosis (Non-Typhoid/Non-Paratyphoid) | C,P | 37 | 31 | 107 | 116 | 144.7 | 501 |
| Shiga toxin-Producing *E. coli* (including O157) | C,P | 11 | 3 | 24 | 38 | 44.7 | 100 |
| Shigellosis | C,P | 16 | 9 | 47 | 78 | 90.0 | 238 |
| Typhoid Fever | C,P | 0 | 0 | 1 | 2 | 2.7 | 4 |
| Vibriosis | C,P | 1 | 1 | 3 | 7 | 8.3 | 37 |
| West Nile Virus Infection | C,P | 0 | 0 | 0 | 0 | 0.0 | 2 |
| Yersiniosis | C,P | 4 | 0 | 7 | 10 | 12.0 | 27 |
| Zika Virus | C,P | 0 | 0 | 0 | 0 | 1.7 | 0 |

***Case counts are provisional and subject to change as additional information becomes available.*** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

**Figure 4. Select Enteric Infections by Month**
**May 2020 – April 2021**

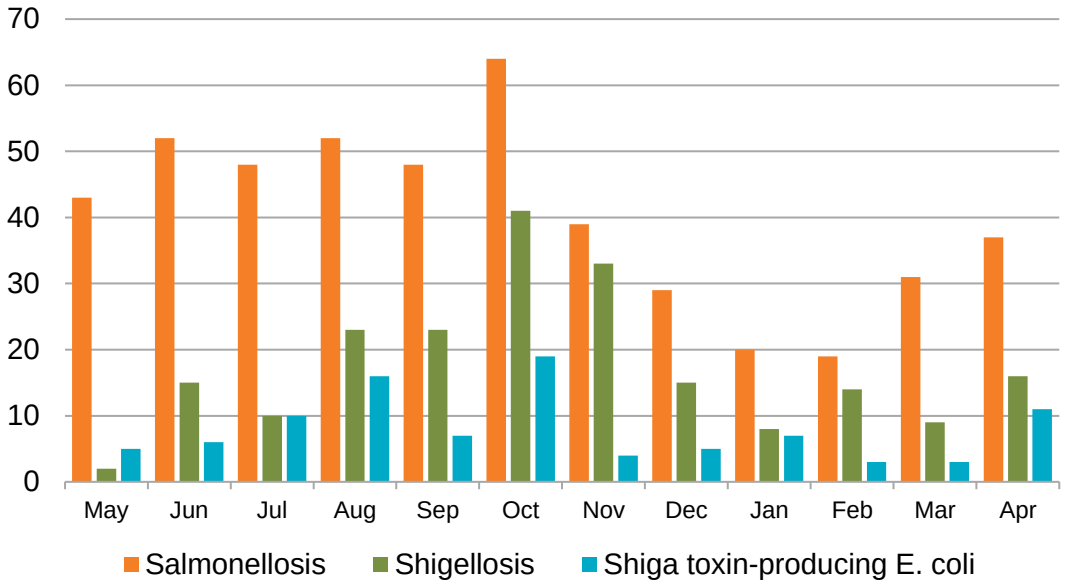



**Figure 5. Select Vaccine-Preventable Infections by Month**
**May 2020 – April 2021**

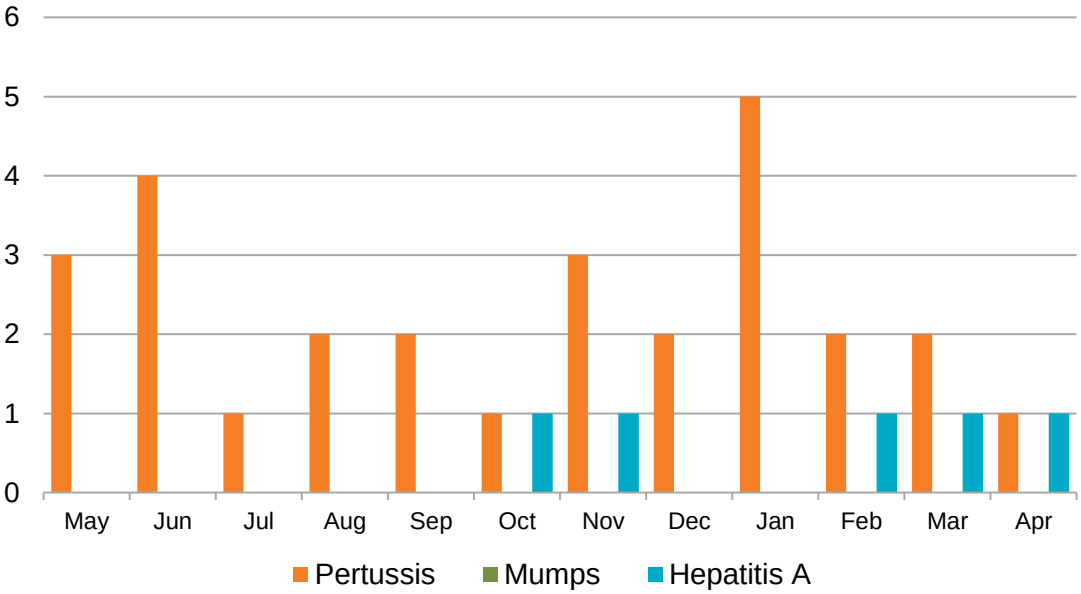



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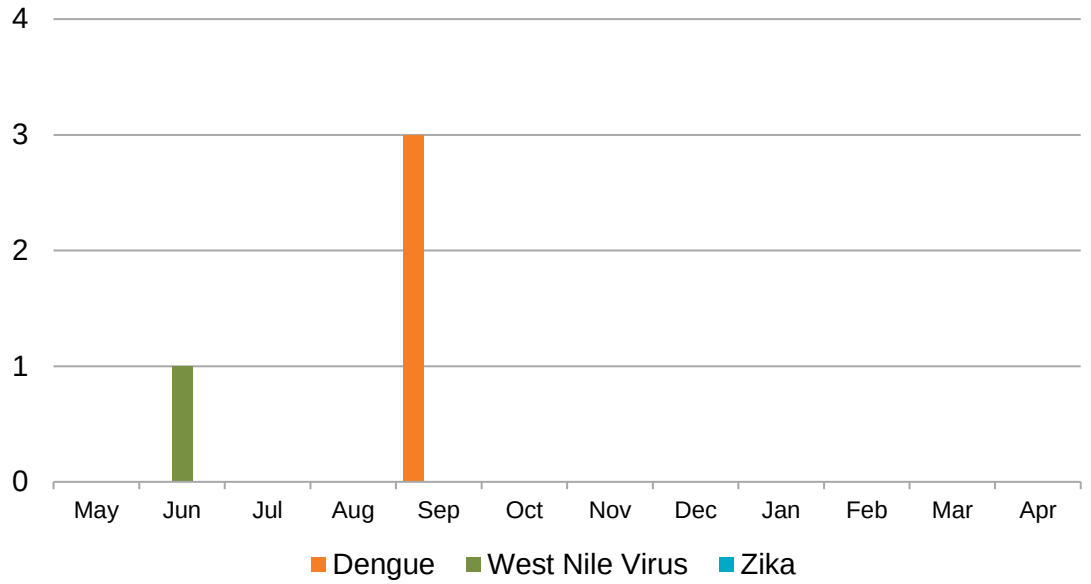
**Figure 6. Select Vector-Borne Infections by Month**
**May 2020 – April 2021**




All of the dengue and Zika virus cases are travel-associated. For additional information on Zika cases, see the HHSA Zika Virus webpage. For more information on West Nile virus, see the County West Nile virus webpage. ***Case counts are provisional and subject to change as additional information becomes available.*** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

**Disease Reporting in San Diego County**

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the San Diego Health Connect Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections 2500, 2505, and 2508), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html.