

County of San Bernardino

Department of Public Health
Communicable Disease Section



Morbidity Report 2013



Prepared July 2014

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ACKNOWLEDGEMENTS

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This report presents a summary of communicable diseases reported in the County of San Bernardino in 2013. The contents are divided into two sections:

Section 1 – Summary of Reported Communicable Diseases

- Reported Communicable Diseases by Age Group
- Reported Communicable Diseases by Race/Ethnicity

Section 2 – Incidence Rates for Selected Diseases by Primary Mode of Transmission

- Diseases Transmitted by Blood or Blood Products
- Diseases Transmitted by Fecal-Oral Route
- Diseases Transmitted by Sexual Contact
- Diseases Transmitted by Respiratory Secretions
- Diseases Associated with Environmental Factors
- Diseases Transmitted by Mammalian Vectors
- Diseases Transmitted by Arthropod Vectors

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INTRODUCTION

"In public health, we can't do anything without surveillance. That's where public health begins."

David Satcher, MD, PhD, U.S. Surgeon General, 1998-2002

Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.

The Communicable Disease Section of the County of San Bernardino Department of Public Health has the responsibility for the collecting, monitoring and control of communicable disease information. State law requires medical providers, hospitals, and laboratories to report selected diseases and conditions to the local health department. The local health department is then required to investigate the extent of these illnesses, report to the California Department of Public Health the number of said diseases, and apply control measures when necessary. As part of the investigation process, interviews of the affected persons and, in some instances, family members, friends and associates are conducted. The County of San Bernardino Department of Public Health uses a confidential database to track reportable diseases and conditions, record investigations and report to the California Department of Public Health.

Surveillance with analysis and interpretation help identify demographic groups at higher risk of illness, disease trends and disease outbreaks shaping public health interventions. We hope that you find this data useful.

Thank you for your interest,



Susan Strong, NP, M.S.N

Communicable Disease Program Manager

Why Reporting of Communicable Disease is Important

The County of San Bernardino Department of Public Health is charged by California Code of Regulations (CCR) Title 17 with protection of the health of the County's visitors and more than 2.0 million residents. To fulfill this responsibility, the Department carries out a broad and comprehensive public health program which includes public health services mandated by the State of California, a substantial range of personal health services requested by the people and chosen as priority matters by the County of San Bernardino Board of Supervisors.

Physicians and other healthcare providers, personnel in laboratories, schools, daycare centers and other residential facilities are obligated by law to report certain communicable diseases to the local department of public health. Monitoring reports of communicable disease in a community allows the department of public health to fulfill its mandate of protecting the health of its residents. With timely morbidity reports, the department of public health can evaluate the impact of a given disease and make appropriate recommendations to limit its further spread.

Delay or failure to report communicable diseases has contributed to serious outbreaks in the past. Failure to report can result in increased disease in the community, time lost from work or school, increased costs for diagnosis and treatment, hospitalization, and possibly death.

When reporting does occur, removing persons from sensitive occupations, (e.g. food handlers) prevents the spread of diseases such as salmonellosis and hepatitis A. The early detection and appropriate treatment of patients with tuberculosis, the identification of asymptomatic carriers of typhoid, the immunization of persons exposed to vaccine-preventable diseases and alerting healthcare providers about prevalent infections are just a few of the benefits derived by the entire community when reporting is timely and accurate.

Purpose of the Communicable Disease Report

The County of San Bernardino Department of Public Health summary of communicable disease serves several functions. The report describes the extent and burden of various reported illnesses for the residents in this County. Where the impact of a certain disease in a particular group of individuals appears high, this information can be used to redirect disease control efforts. This report helps evaluate the effectiveness of the County's disease prevention and control programs by comparing County of San Bernardino rates with those of California and the U.S. It represents an evolving effort by several disease control programs in the County. As the communicable disease concerns of our residents change, the data collected and summarized in this report will also change.

DATA LIMITATIONS

Data Limitations

The obligation for health care professionals to report designated diseases and conditions to their local department of public health is mandated by Title 17, Sections 2500, 2504 and 2505 of the California Code of Regulations. The data presented in this report were tabulated from disease reports received from laboratories, hospitals, physicians, schools and other healthcare providers throughout the county. The cases were reported through a passive surveillance system. For this reason, two major limitations must be acknowledged when interpreting these data.

The first major limitation is the underrepresentation of the true burden of disease. It is clear that not every reportable disease or condition is actually identified by or reported to the Department of Public Health. Individuals may not be ill enough to require medical care or the healthcare provider may not request testing of the patient at the time of the office visit. Diseases and conditions reportable only by healthcare providers (see Appendix C) are significantly underreported. Illnesses that are fatal, require prophylaxis for prevention, or those that are reportable by both laboratories and physicians are more likely to be reported.

Additionally, public health data may not reflect county residents' true risk of exposure to a particular pathogen. Individuals identified as having a notifiable condition are reported by place of residence, not by place of exposure. Immigrants and other individuals who travel both domestically and abroad may acquire an unusual illness or other condition at the location of travel. These individuals are nevertheless counted in the County of San Bernardino morbidity data if their address of residence is within the County at the time of their illness. Conversely, residents who visit the County of San Bernardino may acquire an infection here and subsequently be reported by the health jurisdiction in which they permanently reside.

Finally, one other important note regarding changes in our communicable disease data: prior to June of 2011, disease morbidity was calculated based on the date the case investigation was closed and reported to the California Department of Public Health. Beginning in June 2011, cases were counted by an "Episode Date." This date is calculated as the earliest of the following dates (if the dates exist): Date Received, Date of Diagnosis, Date of Onset, Specimen Collection Date, or Date Created. This change in methodology may only affect comparison of previous years' data in diseases where seasonality is relevant.

HOW TO INTERPRET THIS REPORT

This report contains epidemiological descriptions of reportable diseases as well as a ten-year incidence rate analysis of the disease stratified by race/ethnicity and age. The features of the disease pages are described below.

County of San Bernardino Reported Communicable Diseases 2010-2012
Diseases Transmitted by Sex

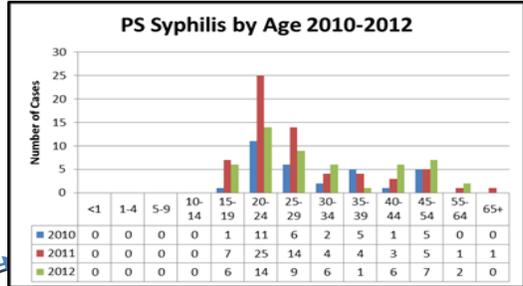
Although many communicable diseases may be transmitted by more than one mechanism, in this report they are categorized by *primary* mode of transmission.

PRIMARY/SECONDARY SYPHILIS

SEXUALLY TRANSMITTED INFECTION

Infectious Agent: *Treponema pallidum*
Mode of Transmission: contact with syphilis chancre on the genitalia, anus, or mouth, or during pregnancy or birth.
Incubation Period: 21 days, but can range from 10-

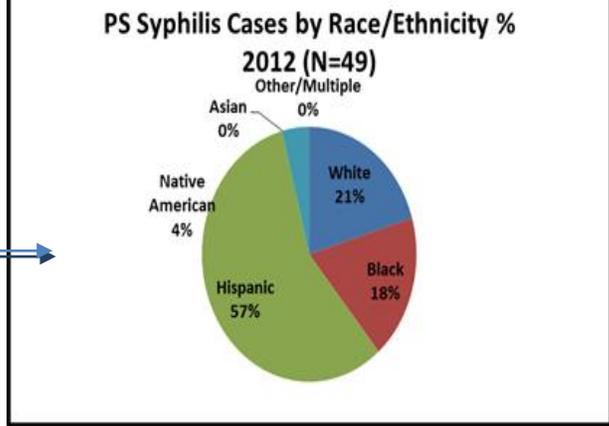
Each selected disease is accompanied by a commentary section that includes general disease facts and local epidemiological insight.



2010-2012 Review

- The number of primary and secondary (PS) stage syphilis cases, the most infectious stages, increased 64% from 2010-2012.
- The most common risk is males having sex with males (MSM) which accounts for 76.2% of cases in CA.

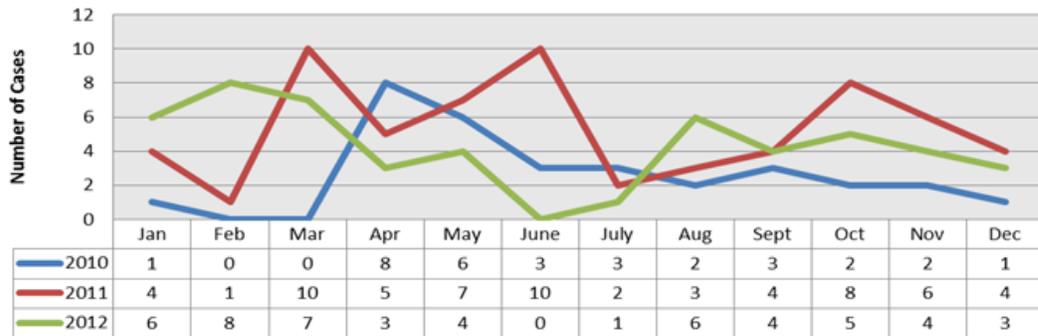
For each selected disease, the morbidity data for women may are stratified by age and of all reported cases.



Prevention

- Condoms if used correctly and consistently may prevent infection.

Seasonal Syphilis (Primary & Secondary) Incidence 2010-2012



HOW TO INTERPRET THIS REPORT (CONTINUED)

County of San Bernardino Reported Communicable Diseases 2010-2012
Diseases Transmitted by Sex

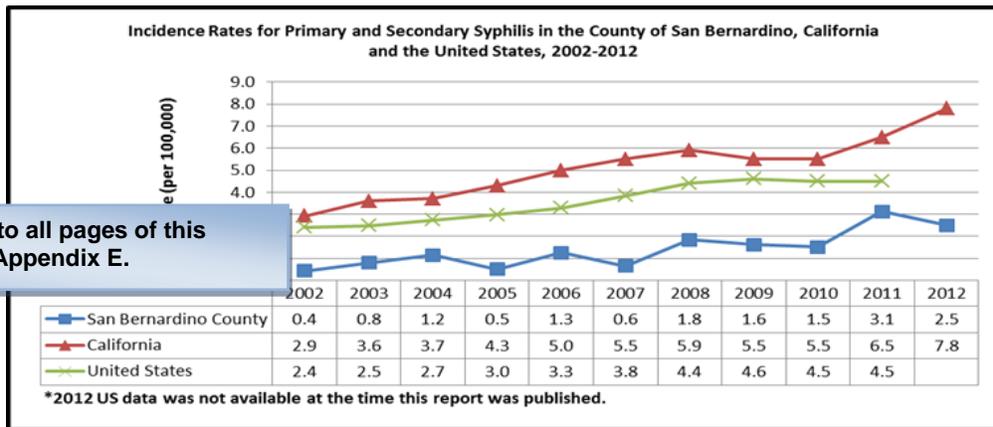
For each selected disease, a ten-year (2002-2012) trending of race/ethnicity distribution among all reported cases is presented in a data table.

Syphilis (Primary & Secondary) Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	3	4	12	2	5	0	10	8	5	11	10
Black	0	2	4	3	6	3	3	3	7	6	9
Hispanic	4	8	2	4	10	8	18	17	15	33	28
Asian	1	0	2	0	1	0	0	3	0	1	0
Native Am.	0	0	0	0	0	0	0	0	0	0	2
Other/Multiple	0	0	0	1	0	0	0	0	0	3	0
Not specified	0	1	2	0	3	2	7	3	4	10	2
Total	8	15	22	10	25	13	38	34	31	64	51

For each selected disease, a ten-year (2002-2012) trending of age distribution among all reported cases is presented in a data table.

Syphilis (Primary & Secondary) Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0
15-19	2	1	0	0	1	0	4	4	1	7	6
20-24	0	3	2	3	2	2	6	9	11	25	14
25-29	0	2	1	4	3	1	11	8	6	14	9
30-34	1	3	4	1	1	2	1	3	2	4	6
35-39	3	3	5	1	5	3	5	3	5	4	1
40-44	1	3	4	0	4	5	3	1	1	3	6
45-54	1	0	6	1	5	0	5	6	5	5	7
55-64	0	0	0	0	4	0	2	0	0	1	2
65+	0	0	0	0	0	0	1	0	0	1	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	8	15	22	10	25	13	38	34	31	64	51

Data sources applicable to all pages of this report are referenced in Appendix E.



SECTION 1

SUMMARY OF REPORTED COMMUNICABLE DISEASES

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TABLE 1*: REPORTED COMMUNICABLE DISEASES BY AGE GROUP (IN YEARS)
COUNTY OF SAN BERNARDINO, 2013

Disease Category	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-64	>65	Unknown	Total
AIDS	0	0	0	0	1	6	10	19	14	9	21	12	10	2	0	104
Amebiasis	0	0	0	0	0	2	1	0	1	0	0	1	0	0	0	5
Animal bite/exposure	1	0	0	0	1	1	0	0	0	1	0	1	3	1	0	9
Anthrax	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Botulism, Infant	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Botulism, Wound	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	3
Brucellosis	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Campylobacteriosis	8	36	15	11	16	11	12	9	7	13	7	12	21	14	2	194
Chlamydial Infections ¹	1	0	0	82	2858	4503	1927	801	414	203	117	60	42	10	4	11022
Cholera ²	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Coccidioidomycosis	0	1	0	0	0	3	5	3	1	6	6	12	13	13	0	63
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Cryptosporidiosis	0	1	0	0	0	2	0	1	1	1	0	0	0	0	0	6
Dengue	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	3
DMV Reportable	1	0	0	0	42	91	87	99	86	58	63	80	107	170	18	902
E. coli O157:H7	0	2	3	0	0	1	1	0	0	0	0	0	0	0	0	7
Encephalitis - Not Otherwise Specified	0	0	0	0	1	0	0	0	1	0	1	0	2	0	0	5
Encephalitis, Viral	0	0	0	1	1	0	0	2	0	2	2	0	2	4	0	14
Giardiasis	0	2	3	3	3	7	5	1	4	2	5	3	4	3	3	48
Gonococcal Infections ^{1,3}	0	0	0	8	398	677	385	226	130	93	55	36	18	2	1	2029
Haemophilus Influenzae (Invasive) ⁴	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3
Hantavirus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis A	0	1	0	0	0	0	1	3	0	1	1	0	2	1	0	10
Hepatitis B, Acute	0	0	0	0	0	0	0	0	1	2	0	0	3	1	0	7
Hepatitis B, Chronic	0	0	0	0	4	23	40	50	54	47	41	34	71	47	0	411
Hepatitis C, Acute	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	4
Hepatitis C, Chronic ⁵	18	1	2	2	15	96	126	207	197	202	389	521	787	283	18	2864
Hepatitis D (Delta)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis E, Acute	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2
HIV	0	0	0	0	5	35	35	23	19	16	21	15	8	2	0	179
Influenza	22	63	54	24	19	16	13	13	14	16	7	17	20	42	1	341
Legionellosis	0	0	0	0	0	0	0	0	2	2	0	1	3	2	0	10
Leprosy (Hansen's Disease)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Listeriosis	0	0	0	0	0	0	0	0	0	0	0	1	1	2	0	4
Lyme Disease	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Malaria	0	0	0	0	1	2	0	0	0	1	1	0	0	0	0	5
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningitis - Bacterial ⁶	2	0	1	1	0	0	0	1	0	1	2	1	3	6	0	18
Meningitis - Fungal	1	0	0	0	0	0	0	1	1	0	1	0	0	2	0	6
Meningitis - Not Otherwise Specified	0	1	0	0	0	1	0	0	0	1	0	1	4	2	0	10
Meningitis - Viral	14	2	4	7	9	10	9	8	11	5	7	4	3	6	0	99
Meningococcal Disease (Invasive)	1	1	0	0	0	2	0	0	0	2	1	1	1	0	0	9
Methicillin-resistant Staphylococcus aureus (MRSA)	0	0	0	0	0	0	0	0	0	0	1	0	3	2	0	6
Mumps	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Outbreak, Foodborne	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4
Outbreak, Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	13
Paratyphoid Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pelvic Inflammatory Disease	0	0	0	0	8	17	18	14	9	5	1	1	1	0	0	74
Pertussis	10	4	3	9	7	0	0	0	1	1	2	0	1	0	0	38
Pneumococcal Disease, Invasive	0	2	0	0	0	1	0	0	1	0	6	3	6	6	0	25
Rabies (Animal)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	15
Respiratory Syncytial Virus (RSV)	544	210	20	7	1	1	0	0	0	2	1	0	1	11	5	803
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Salmonellosis (Other than Typhoid Fever)	16	37	24	10	11	11	13	11	12	5	11	8	35	31	0	235
Shiga toxin positive feces	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1

* See Appendices D and E for Footnotes and Data Sources for Table 1

**TABLE 1*: REPORTED COMMUNICABLE DISEASES BY AGE GROUP (IN YEARS)
COUNTY OF SAN BERNARDINO, 2013 (CONTINUED)**

Disease Category	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-64	>65	Unknown	Total
Shigellosis, Group B (Flexneri)	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	3
Shigellosis, Group C (Boydii)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis, Group D (Sonnei)	0	3	1	0	1	1	1	0	0	0	0	0	0	0	0	7
Shigellosis, Unspecified	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Staphylococcus Aureus Infection (Severe Case)	0	0	0	0	1	0	0	1	1	1	0	0	2	3	0	9
STEC non-O157	0	3	0	0	0	1	1	0	0	1	0	0	1	0	0	7
Syphilis (Congenital)	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Syphilis (Early Latent)	0	0	0	0	4	20	13	6	5	4	4	2	2	0	0	60
Syphilis (Late/Latent, Unknown Duration)	0	0	0	0	8	45	49	24	17	14	19	8	11	3	0	198
Syphilis (Neurosyphilis)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Syphilis (Primary)	0	0	0	0	3	10	8	5	1	2	1	0	1	0	0	31
Syphilis (Secondary)	0	0	0	0	6	9	12	5	3	0	3	4	0	0	0	42
Tuberculosis, Clinically Active	0	3	2	2	3	2	1	6	1	3	7	3	8	15	0	56
Typhoid Fever	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Typhus and Other Non-Spotted Fever Rickettsioses	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Varicella Hospitalization/Death	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Vibrio Infections (Non-Cholera) ²	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	3
West Nile virus - Asymptomatic	0	0	0	0	0	0	0	0	1	0	0	0	0	3	0	4
West Nile virus - Fever	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2
West Nile virus - Neuroinvasive	0	0	0	0	1	1	0	0	0	0	2	1	1	5	0	11
Yersiniosis	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2

* See Appendices D and E for Footnotes and Data Sources for Table 1

TABLE 2*: REPORTED COMMUNICABLE DISEASES BY RACE/ETHNICITY
COUNTY OF SAN BERNARDINO, 2013

Disease Category	American Indian/ Alaska Native	Asian/Pacific Islander	Black/African- American	Hispanic	Other	White	Unknown	Total
AIDS	0	2	24	46	2	30	0	104
Amebiasis	0	0	0	2	0	2	1	5
Animal bite/exposure	0	0	0	2	0	7	0	9
Anthrax	0	0	0	0	0	0	0	0
Botulism, Infant	0	0	0	2	0	1	0	3
Botulism, Wound	0	0	0	3	0	0	0	3
Brucellosis	0	0	0	1	0	0	0	1
Campylobacteriosis	0	1	3	24	5	20	141	194
Chlamydial Infections ¹	33	75	719	1764	178	535	7718	11022
Cholera ²	0	0	0	0	0	0	0	0
Coccidioidomycosis	1	4	11	13	0	15	19	63
Creutzfeldt-Jakob Disease	0	0	1	0	0	0	0	1
Cryptosporidiosis	0	0	0	1	0	3	2	6
Dengue	0	0	0	0	0	2	1	3
DMV Reportable	5	4	85	141	12	196	459	902
E. coli O157:H7	0	0	0	2	0	4	1	7
Encephalitis - Not Otherwise Specified	0	0	0	0	0	3	2	5
Encephalitis, Viral	0	2	0	1	0	8	3	14
Giardiasis	0	0	0	3	1	1	43	48
Gonococcal Infections ^{1,3}	7	20	342	381	40	168	1071	2029
Haemophilus Influenzae (Invasive) ⁴	0	0	0	2	0	0	1	3
Hantavirus Infections	0	0	0	0	0	0	0	0
Hepatitis A	0	1	0	4	0	5	0	10
Hepatitis B, Acute	0	0	0	2	0	4	1	7
Hepatitis B, Chronic	1	177	35	36	25	37	100	411
Hepatitis C, Acute	0	0	0	2	0	2	0	4
Hepatitis C, Chronic ⁵	2	4	33	112	12	139	2562	2864
Hepatitis D (Delta)	0	0	0	0	0	0	0	0
Hepatitis E, Acute	0	0	0	1	0	1	0	2
HIV	0	9	32	88	2	38	10	179
Influenza	0	2	14	68	2	37	218	341
Legionellosis	0	0	1	3	0	4	2	10
Leprosy (Hansen's Disease)	0	0	0	0	0	0	0	0
Listeriosis	0	0	0	2	0	1	1	4
Lyme Disease	0	0	0	0	0	1	0	1
Malaria	0	0	3	0	0	2	0	5
Measles	0	0	0	0	0	0	0	0
Meningitis - Bacterial ⁶	0	2	1	4	1	9	1	18
Meningitis - Fungal	0	0	0	2	0	4	0	6
Meningitis - Not Otherwise Specified	0	1	1	3	0	4	1	10
Meningitis - Viral	0	4	7	40	5	29	14	99
Meningococcal Disease (Invasive)	0	0	0	7	0	2	0	9
Methicillin-resistant Staphylococcus aureus (MRSA)	0	0	0	1	0	1	4	6
Mumps	0	0	0	0	0	1	0	1
Outbreak, Foodborne	0	0	0	0	0	0	4	4
Outbreak, Other	0	0	0	0	0	0	13	13
Paratyphoid Fever	0	0	0	0	0	0	0	0
Pelvic Inflammatory Disease	1	0	8	30	3	21	11	74
Pertussis	0	0	0	20	0	12	6	38
Pneumococcal Disease, Invasive	0	1	2	4	0	6	12	25

*See Appendices D and E for Footnotes and Data Sources for Table 2

TABLE 2*: REPORTED COMMUNICABLE DISEASES BY RACE/ETHNICITY
COUNTY OF SAN BERNARDINO, 2013 (CONTINUED)

Disease Category	American Indian/ Alaska Native	Asian/Pacific Islander	Black/African- American	Hispanic	Other	White	Unknown	Total
Rabies (Animal)	0	0	0	0	0	1	14	15
Respiratory Syncytial Virus (RSV)	1	10	58	326	35	201	172	803
Rubella	0	0	0	0	0	0	0	0
Salmonellosis (Other than Typhoid Fever)	0	11	11	81	7	82	43	235
Shiga toxin positive feces	0	0	0	0	0	1	0	1
Shigellosis, Group B (Flexneri)	0	0	0	1	0	1	1	3
Shigellosis, Group C (Boydii)	0	0	0	0	0	0	0	0
Shigellosis, Group D (Sonnei)	0	0	1	4	0	0	2	7
Shigellosis, Unspecified	0	0	0	0	0	1	0	1
Staphylococcus Aureus Infection (Severe Case)	0	0	0	2	1	5	1	9
STEC non-O157	0	0	0	6	1	0	0	7
Syphilis (Congenital)	0	0	1	0	0	1	2	4
Syphilis (Early Latent)	1	1	6	34	1	10	7	60
Syphilis (Late/Latent, Unknown Duration)	0	3	31	78	2	24	60	198
Syphilis (Neurosyphilis)	0	0	0	0	0	0	0	0
Syphilis (Primary)	0	1	10	9	0	8	3	31
Syphilis (Secondary)	0	2	12	20	0	5	3	42
Tuberculosis, Clinically Active	0	20	4	26	0	6	0	56
Typhoid Fever	0	1	0	0	0	0	0	1
Typhus and Other Non-Spotted Fever Rickettsioses	0	0	0	0	0	1	0	1
Varicella Hospitalization/Death	0	0	0	0	0	0	1	1
Vibrio Infections (Non-Cholera) ²	0	0	0	1	0	2	0	3
West Nile virus - Asymptomatic	0	0	0	2	0	1	1	4
West Nile virus - Fever	0	0	0	1	0	1	0	2
West Nile virus - Neuroinvasive	0	1	0	5	0	4	1	11
Yersiniosis	0	0	1	0	0	1	0	2

* See Appendices D and E for Footnotes and Data Sources for Table 2

SECTION 2

INCIDENCE DATA FOR SELECTED DISEASES BY PRIMARY MODE OF TRANSMISSION

HEPATITIS B (ACUTE)

VACCINE-PREVENTABLE

Infectious Agent: hepatitis B virus (HBV)

Mode of Transmission: Contact with infected body fluids containing blood or blood products; saliva; cerebrospinal fluid; peritoneal, pleural, pericardial and synovial fluid; amniotic fluid; semen and vaginal secretions

Incubation Period: 60-90 days on average (range: 45-180 days)

Symptoms: Anorexia (loss of appetite), abdominal discomfort, nausea and vomiting, arthralgias and rash, jaundice, and in some cases fever.

Vaccine: Available since 1982

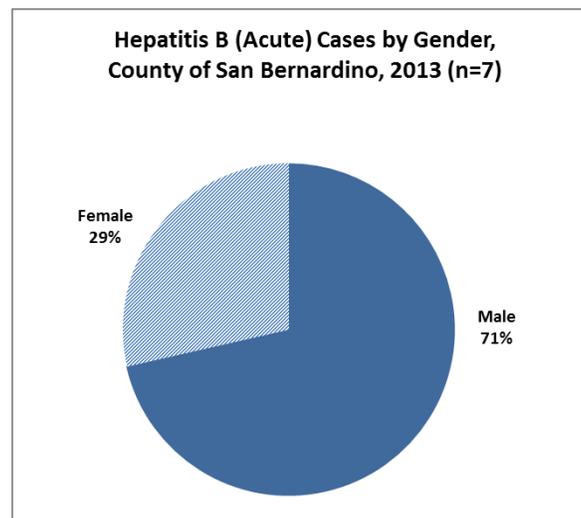
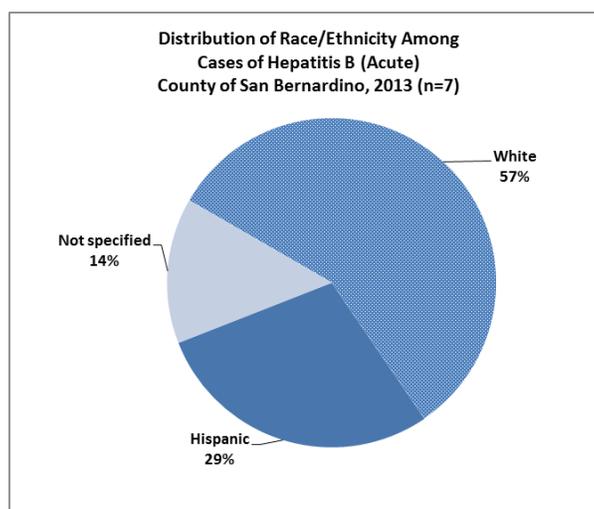
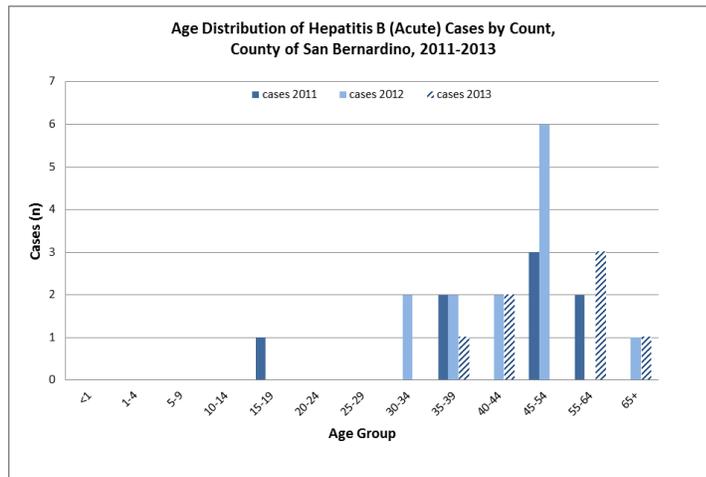
For more information: <http://www.cdc.gov/hepatitis>

2013 REVIEW

- Incidence rates in the County of San Bernardino have decreased from 1.3 cases per 100,000 in 2002 and remained below 0.8 cases per 100,000 since 2004.
- Rates of acute hepatitis B in California and United States have also decreased since 2003.
- The greatest proportion of cases occurred among White (57%) and Hispanic (29%) populations. Cell counts were less than 5 so reliable estimates of incidence could not be calculated.
- Cases are concentrated in the adult population over 25 years of age.
- Eighty-nine percent of acute cases occurred in males.
- The greatest risk factors among cases during their exposure period were sexual contact (50%), IV injections done at hospitals (33%) and dental procedures (33%). Other major risk factors observed in previous years were blood donation, prior hospitalization, tatoos, body piercing, and incarceration. The risk factors were not mutually exclusive and some cases had multiple risk factors.

PREVENTION

- Children should receive the first dose of the hepatitis B vaccine at birth and complete the series of three shots by age 6-18 months. Children under the age of 19 who have not been vaccinated should receive catch-up doses.
- Infants born to mothers who either currently have an acute hepatitis B infection or are chronic hepatitis B infection carriers should be vaccinated and receive HBIG within 12 hours of birth; 90% of infected infants develop chronic infection without this intervention and are therefore at higher risk for liver cancer and cirrhosis.
- People who are at high risk (e.g. injection drug users, men who have sex with men, incarcerated persons, hemodialysis patients), including healthcare workers and those who live with someone who has hepatitis B, should receive the hepatitis B vaccine.
- Use a condom and practice safe sex.
- Limit sharing of personal items such as razors or toothbrushes and use sterile needles for tattoos, piercings, and injections.

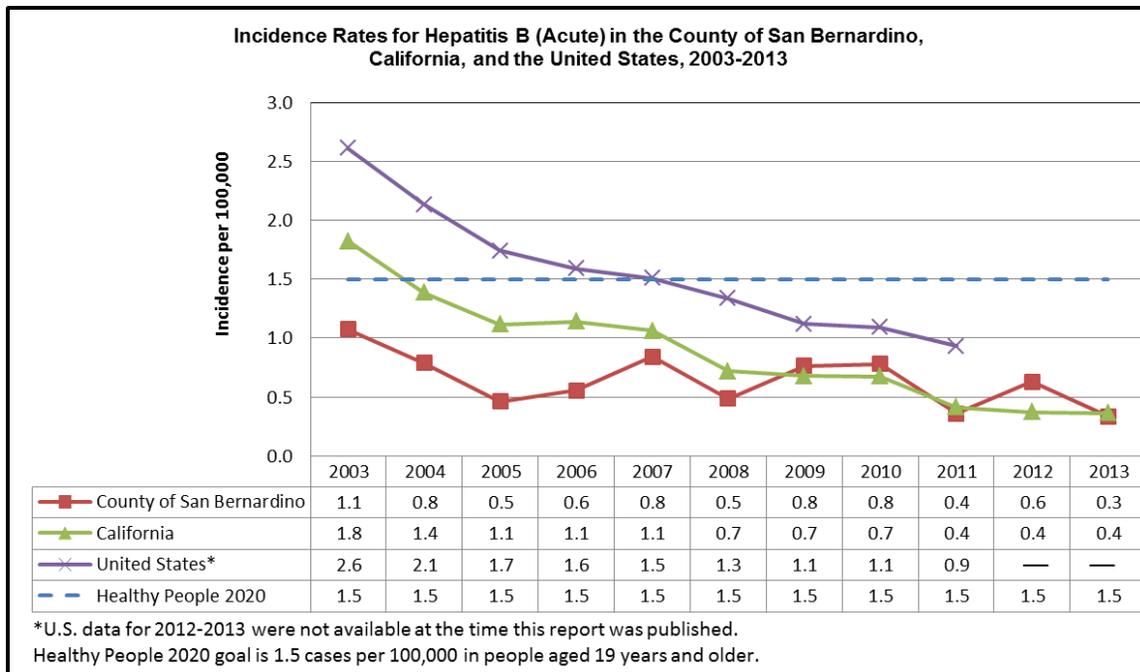


HEPATITIS B (ACUTE)

VACCINE-PREVENTABLE

Hepatitis B (Acute) Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	0	4	2	3	8	5	4	4	2	4	4
Black	7	4	2	3	3	1	4	2	1	1	0
Hispanic	9	1	3	1	5	2	5	7	4	7	2
Asian/PI	0	0	0	2	1	0	1	3	0	0	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Not specified	4	6	2	2	0	2	2	1	1	1	1
Total	20	15	9	11	17	10	16	17	8	13	7

Hepatitis B (Acute) Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0
15-19	0	0	1	0	0	0	0	0	1	0	0
20-24	1	1	4	0	1	0	1	0	0	0	0
25-29	4	2	1	2	2	2	1	3	0	0	0
30-34	6	4	0	2	2	2	3	3	0	2	0
35-39	1	2	2	2	1	1	2	2	2	2	1
40-44	4	1	1	0	5	0	2	3	0	2	2
45-54	3	3	0	4	6	4	2	2	3	6	0
55-64	1	1	0	1	0	0	2	3	2	0	3
65+	0	1	0	0	0	1	3	1	0	1	1
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	20	15	9	11	17	10	16	17	8	13	7



HEPATITIS C (ACUTE)

Infectious Agent: hepatitis C virus (HCV)

Mode of Transmission: Percutaneous (i.e. through the skin) contact with infected body fluids containing blood or blood products such as through injection drug use (IDU), needle stick injuries, receipt of blood or blood products

Incubation period: 2 weeks to 6 months (commonly 6-9 weeks)

Symptoms: anorexia (loss of appetite), abdominal discomfort, nausea and vomiting; late manifestations of chronic infection include liver cancer and cirrhosis

Vaccine: None

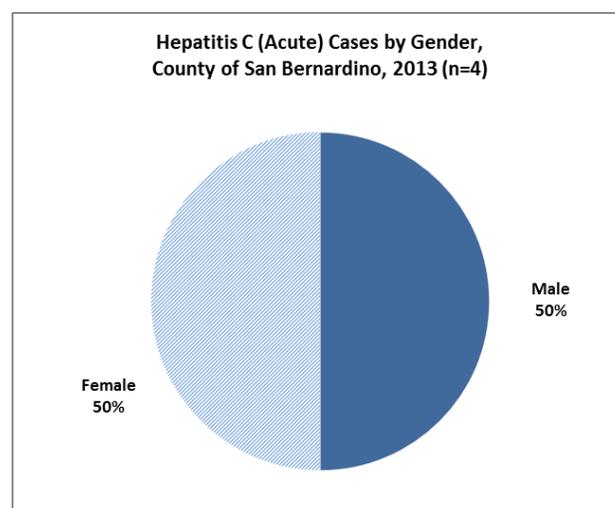
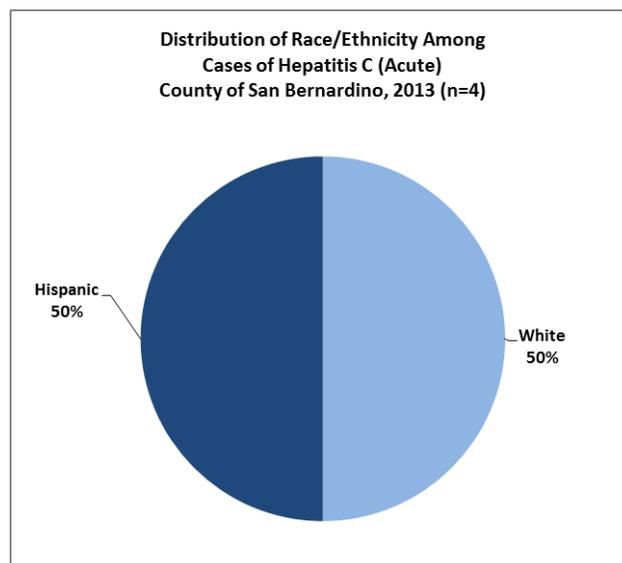
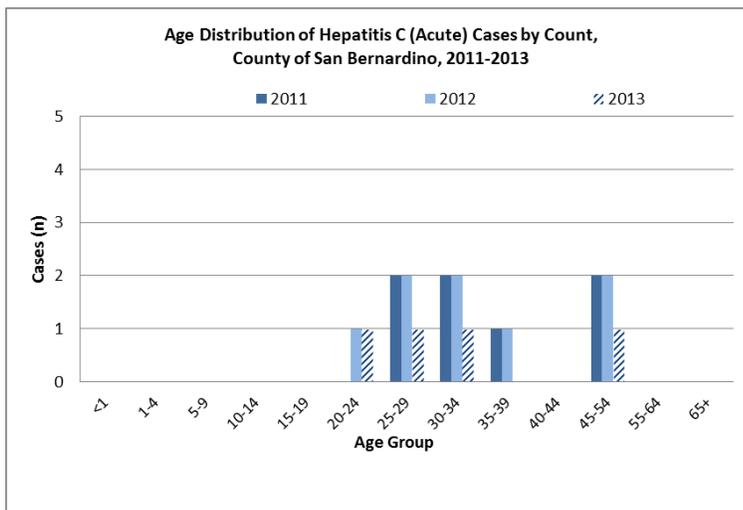
For more information: <http://www.cdc.gov/hepatitis>

2013 REVIEW

- Acute hepatitis C incidence in the County of San Bernardino has decreased since peaking in 2004 at 0.7 cases per 100,000. Incidence since 2009 has been above the Healthy People 2020 goal of 0.2 cases per 100,000 people until 2013.
- Half of cases occurred in males.
- The greatest proportion of cases occurred in the White (50%) and Hispanic (50%) populations.
- Acute hepatitis C infections were highest among adults aged 20-54 years; however, counts in each age category were less than 5 so incidence rates are not reliable.
- The greatest risk factors observed among cases during their exposure period were incarceration (50%), tattoos (25%) and intravenous drug use (25%). Other risk factors observed in previous years among cases were sexual contact, needlesticks, and body piercing. The risk factors were not mutually exclusive and some cases had multiple risk factors.

PREVENTION

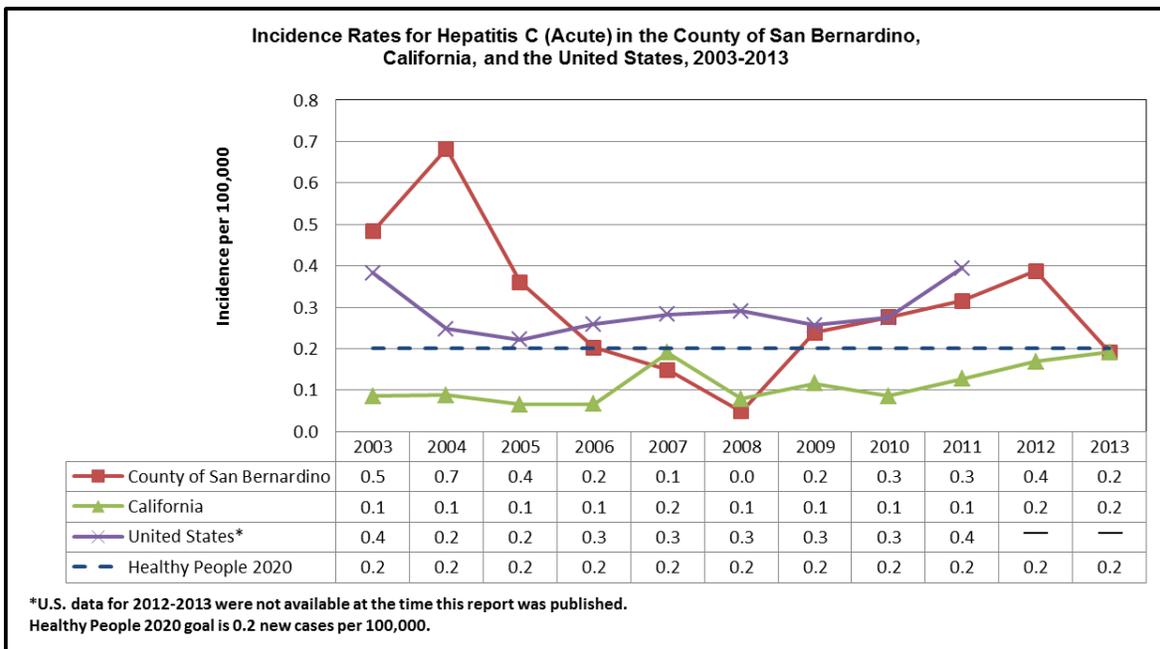
- Avoid contact with blood or blood products whenever possible. Healthcare workers should use precautions when handling blood and bodily fluids.
- Use sterile needles for tattoos, piercings, and injections.
- Sexual transmission is low among stable, monogamous couples. People who have sex outside of a monogamous relationship should practice safe sex behaviors to avoid hepatitis C and other sexually-transmitted infections.



HEPATITIS C (ACUTE)

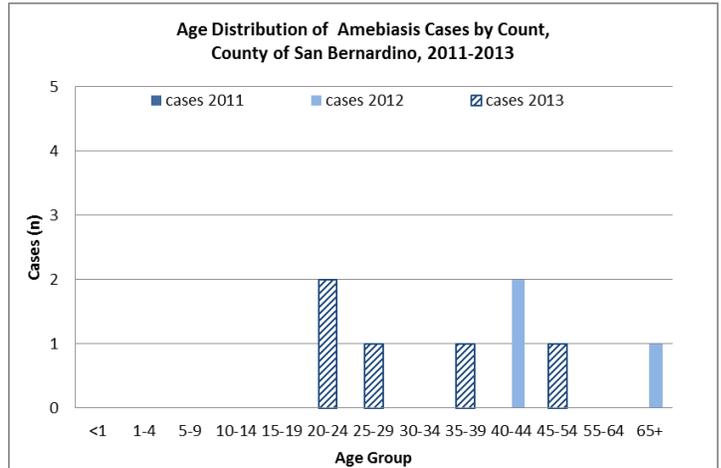
Hepatitis C (Acute) Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	0	5	2	2	1	0	0	1	5	3	2
Black	0	1	0	1	0	1	0	1	1	0	0
Hispanic	4	5	2	1	1	0	5	3	1	5	2
Asian/PI	0	1	0	0	0	0	0	0	0	0	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Not specified	5	1	3	0	1	0	0	1	0	0	0
Total	9	13	7	4	3	1	5	6	7	8	4

Hepatitis C (Acute) Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0	0
20-24	0	2	1	1	0	0	0	0	0	1	1
25-29	0	0	0	0	0	0	0	1	2	2	1
30-34	0	0	1	1	1	0	0	0	2	2	1
35-39	4	2	1	0	0	0	0	2	1	1	0
40-44	2	3	1	0	0	0	0	2	0	0	0
45-54	3	2	1	2	2	0	5	0	2	2	1
55-64	0	3	2	0	0	1	0	0	0	0	0
65+	0	1	0	0	0	0	0	1	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	9	13	7	4	3	1	5	6	7	8	4



AMEBIASIS

Infectious Agent: *Entamoeba histolytica*, a parasite
Mode of Transmission: Fecal-oral route, usually via contaminated food or water; oral-anal contact also plays a role
Incubation Period: 2-4 weeks, (range: a few days to several months)
Symptoms: Most infections are asymptomatic; diarrhea with blood and/or mucous, abdominal pain, & fever alternating with periods of constipation
Vaccine: None
For more information: <http://www.cdc.gov/parasites/amebiasis/>

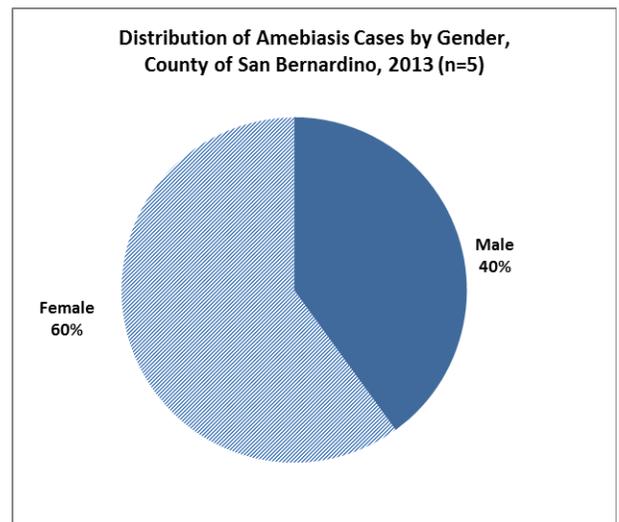
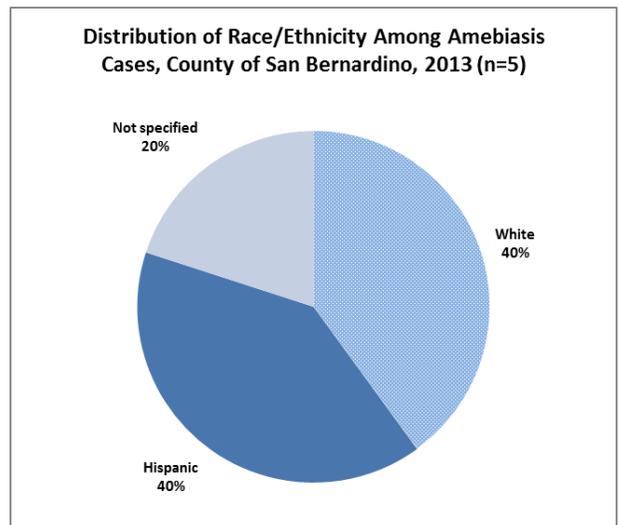


2013 REVIEW

- Incidence in the County of San Bernardino is consistently lower than in California. Total reported cases per year has been fewer than 5 since 2009.
- Race/ethnicity distribution is similar to previous years, with the highest proportion of cases reported among Whites (40%) and Hispanics (40%).
- Incidence was highest among adults.
- Females comprised nearly two-thirds of cases (60%).

PREVENTION

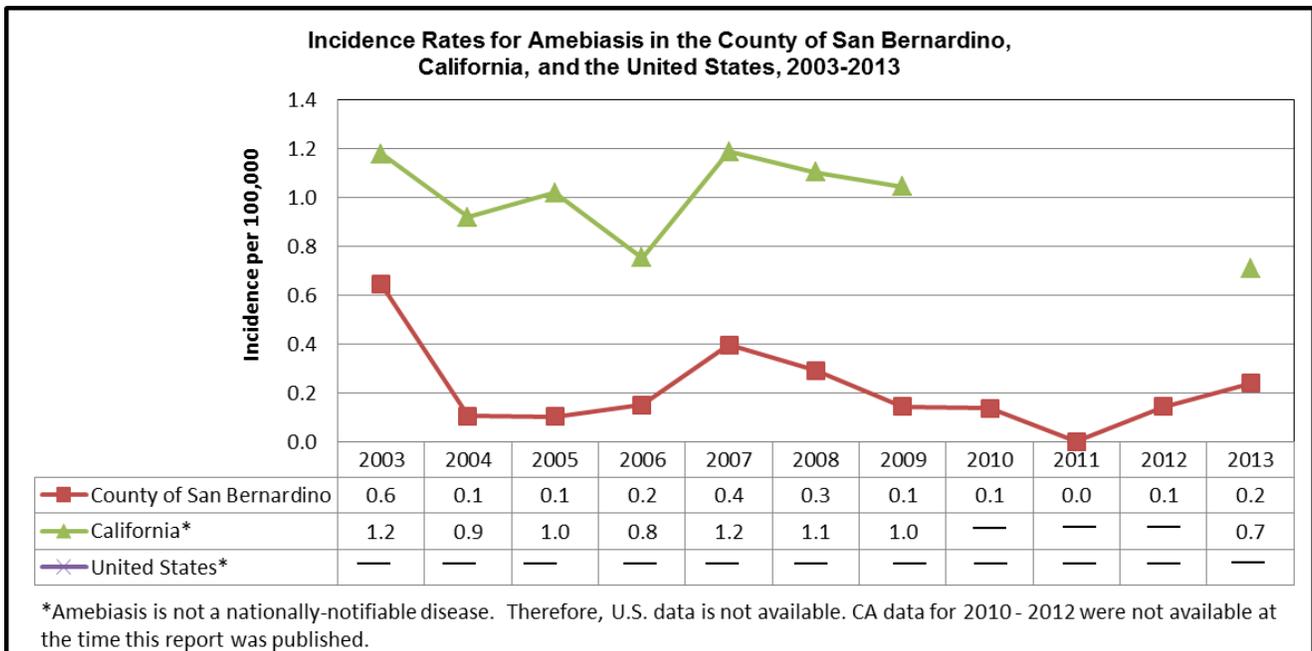
- The risk of spreading infection is low if the infected person is treated with appropriate antibiotics and practices good personal hygiene. This includes thorough hand washing with soap and water after using the toilet, after changing diapers, and before handling food.
- Avoid food that may have been washed in contaminated water and or handled by vendors without adequate hand washing facilities.
- Use a barrier for oral-anal sex and a condom during anal sex. Wash hands after handling the condom or touching the anal area.
- Use a water purification method such as filtration or iodine treatment before drinking surface water (e.g. water from lakes, rivers, and ponds).
- Everyone, especially workers in higher risk settings such as daycare centers or restaurants, should use good hand washing techniques with soap and water. Infected workers should not prepare food or drinks until tested and cleared by the health department.



AMEBIASIS

Amebiasis Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	3	0	1	2	2	0	0	1	0	1	2
Black	1	0	0	0	1	0	0	0	0	0	0
Hispanic	6	1	0	1	4	4	1	2	0	1	2
Asian/PI	0	0	1	0	0	1	1	0	0	0	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Not specified	2	1	0	0	1	1	1	0	0	1	1
Total	12	2	2	3	8	6	3	3	0	3	5

Amebiasis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	1	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	2	0	0	0	0	0	0
10-14	1	0	0	0	1	1	0	0	0	0	0
15-19	0	0	0	1	2	1	1	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0	2
25-29	0	0	1	0	0	0	0	0	0	0	1
30-34	2	0	1	0	0	2	0	1	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	1
40-44	1	1	0	1	2	0	0	0	0	2	0
45-54	3	0	0	0	1	1	0	2	0	0	1
55-64	1	1	0	1	0	0	1	0	0	0	0
65+	3	0	0	0	0	1	1	0	0	1	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	12	2	2	3	8	6	3	3	0	3	5



CAMPYLOBACTERIOSIS

Infectious Agent: Commonly *Campylobacter jejuni*, a bacteria

Mode of Transmission: Fecal-oral route through ingestion of contaminated food, water, or milk; undercooked meat, especially poultry; contact with infected pets, farm animals, or infants

Incubation Period: 2-5 days average (range: 1-10 days)

Symptoms: Diarrhea (frequently with bloody stools), abdominal pain, fever, nausea and/or vomiting

Vaccine: None

For more information:

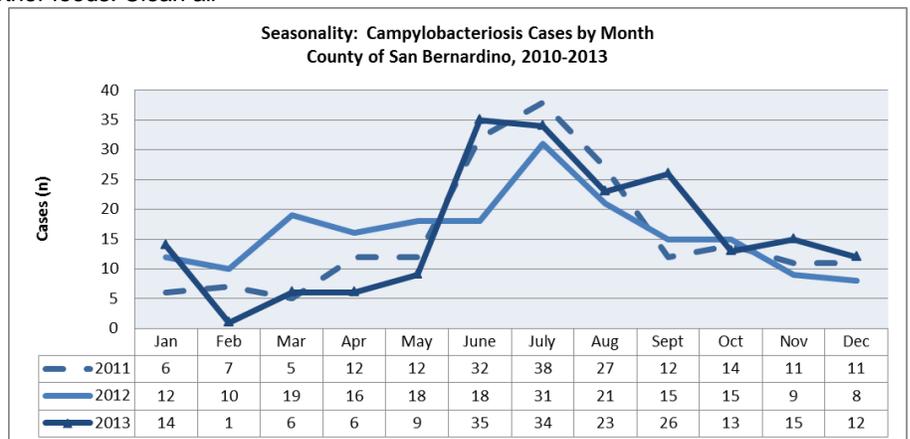
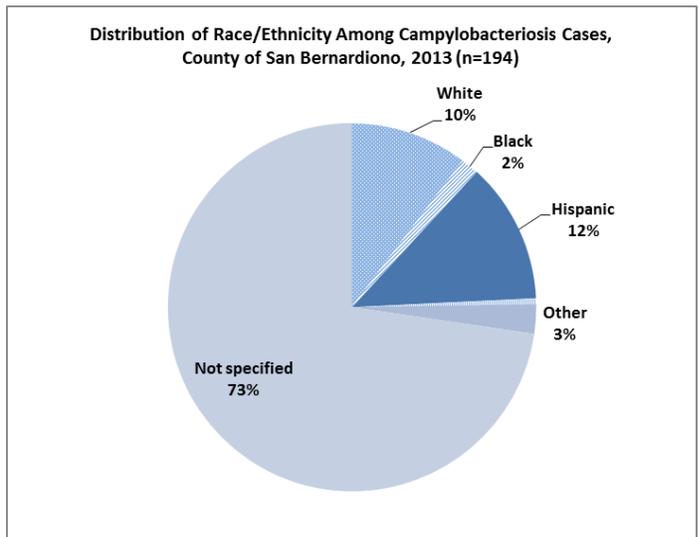
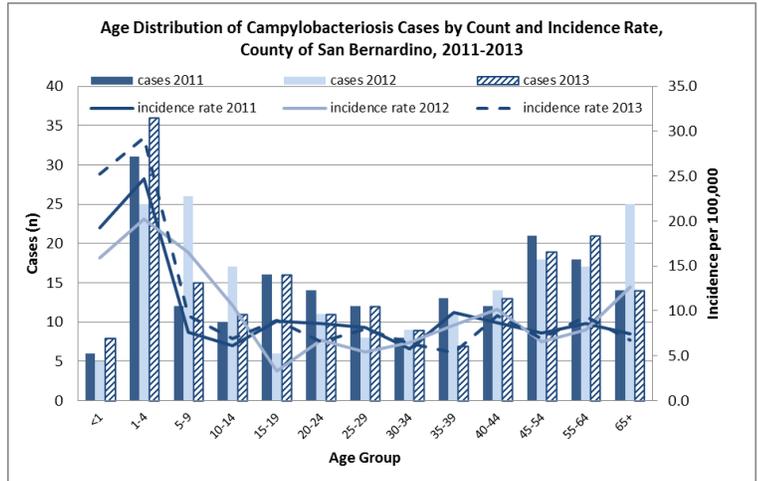
<http://www.cdc.gov/nczved/divisions/dfbmd/diseases/campylobacter/>

2013 REVIEW

- Incidence has remained slightly increased since 2008, from 8.0 cases per 100,000 to 9.3 cases per 100,000 population in 2013. Incidence in California is consistently higher than in the County of San Bernardino, often twice as high or greater.
- Nearly three-quarters (73%) of cases had incomplete data on race/ethnicity in 2013, up from 20% for the period from 2010-2012.
- Campylobacteriosis rates were highest among those aged 1-4 years of age (29.3 cases per 100,000).
- Males (53%) and females (47%) comprised almost equal proportions of cases.
- Cases increased during mid-summer to fall, June-October, consistent with past trends in seasonality.

PREVENTION

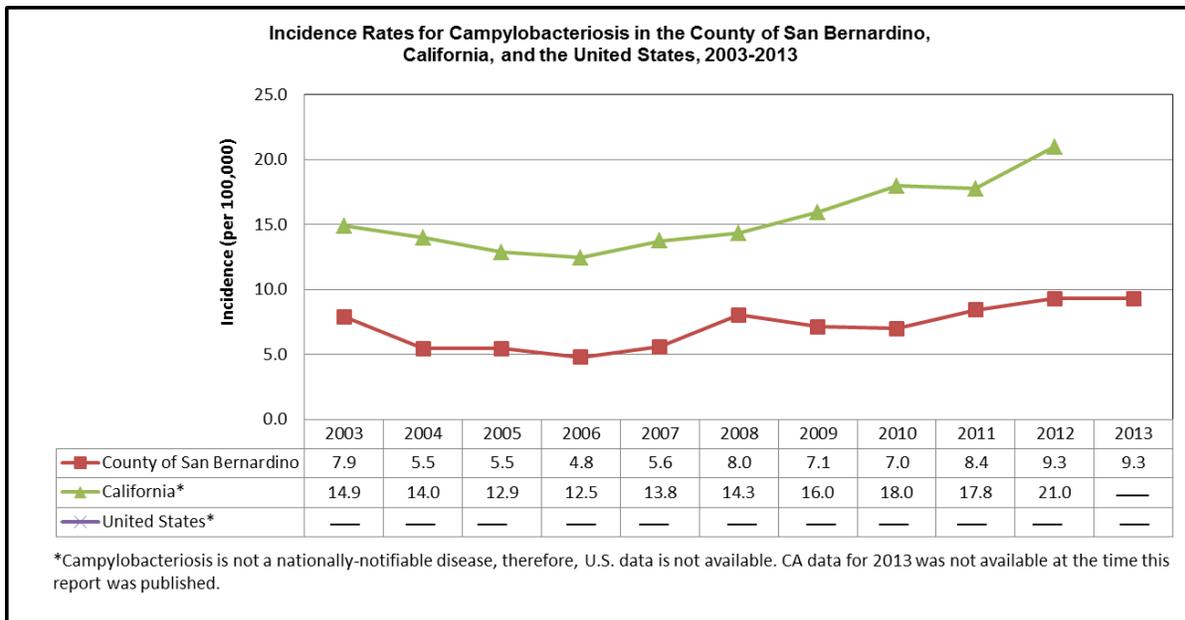
- Cook all poultry products until it reaches a minimum internal temperature of 165°F.
- Wash hands with soap and water before preparing food, after handling raw foods of animal origin (meat and poultry), after handling pet feces, and after changing diapers.
- Prevent cross-contamination in the kitchen by using separate cutting boards for foods of animal origin and other foods. Clean all cutting boards, countertops and utensils with soap and hot water after preparing raw food of animal origin before placing cooked or other food items on these surfaces.
- Avoid consuming unpasteurized milk and untreated surface water.
- Make sure that persons with diarrhea, especially children, wash their hands carefully and frequently with soap and water to reduce the risk of spreading the infection.



CAMPYLOBACTERIOSIS

Campylobacteriosis Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	25	26	38	33	43	58	44	43	58	60	20
Black	3	4	4	2	4	13	8	3	2	4	3
Hispanic	58	41	44	44	52	75	60	70	95	71	24
Asian/PI	5	2	2	8	5	8	5	5	1	2	1
Native Am.	1	0	0	0	1	0	0	0	1	0	0
Other	0	0	1	0	0	0	1	0	3	5	5
Not specified	55	31	17	8	8	11	31	31	27	50	141
Total	147	104	106	95	113	165	149	152	187	192	194

Campylobacteriosis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	3	8	2	3	4	5	2	2	6	5	8
1-4	25	20	17	17	26	25	32	23	31	25	36
5-9	14	12	12	11	13	22	17	22	12	26	15
10-14	8	7	8	8	2	9	12	8	10	17	11
15-19	4	3	6	5	8	11	7	14	16	6	16
20-24	6	1	3	4	4	10	9	5	14	11	11
25-29	9	4	6	3	6	11	9	5	12	8	12
30-34	10	6	6	5	4	7	3	4	8	9	9
35-39	13	7	5	5	5	7	5	8	13	11	7
40-44	15	5	6	5	7	7	9	9	12	14	13
45-54	18	13	13	14	14	22	12	19	21	18	19
55-64	9	10	12	5	10	18	19	16	18	17	21
65+	13	8	10	10	10	11	13	17	14	25	14
Unknown	0	0	0	0	0	0	0	0	0	0	2
Total	147	104	106	95	113	165	149	152	187	192	194



GIARDIASIS

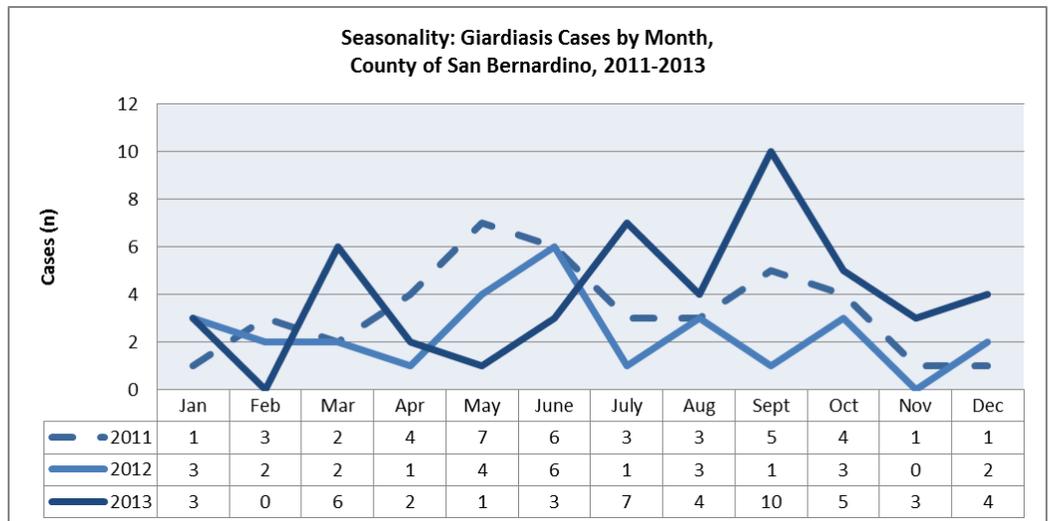
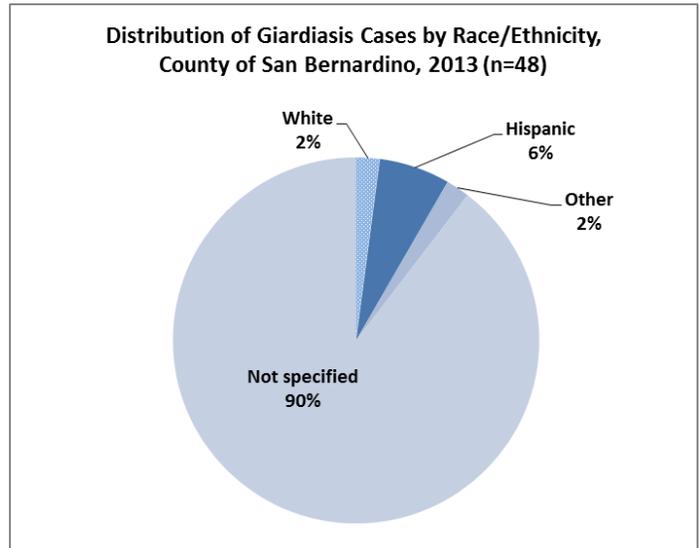
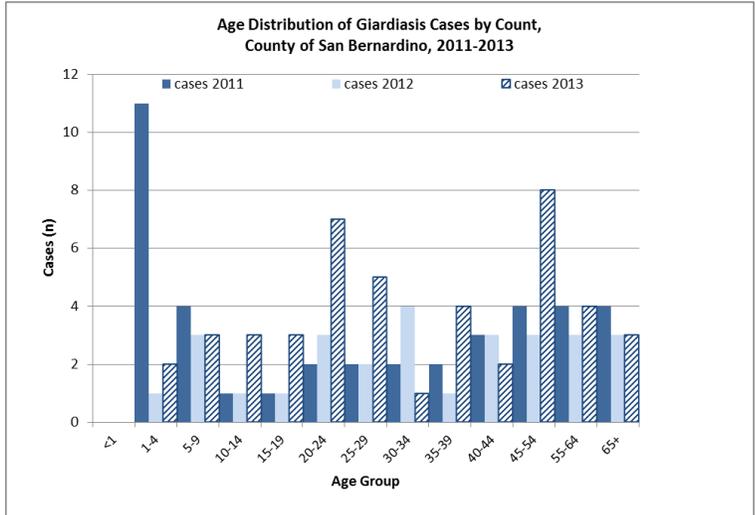
Infectious Agent: *Giardia lamblia*, a parasite
Mode of Transmission: Fecal-oral route through ingestion of cysts from the feces of an infected person or animal, usually via contaminated food or water; anal sex also contributes to transmission
Incubation Period: 7-10 days average (range: 3-25 days or longer)
Symptoms: Frequent diarrhea, with loose pale, greasy stools; abdominal cramps; bloating; fatigue; malabsorption of fats & fat-soluble vitamins
Vaccine: None
For more information: <http://www.cdc.gov/parasites/giardia/>

2013 REVIEW

- Incidence in the County of San Bernardino has been variable but has remained close to 2.0 cases per 100,000 population since 2007. Incidence is lower than in both California and the United States, often between one-half to one-third of the state and national incidence rates.
- Ninety percent (90%) of cases had incomplete race/ethnicity data reported in 2013, up from 17% for the period from 2010-2012.
- Adults aged 20-24 years and 25-29 years had the highest incidence (4.2 cases and 3.3 per 100,000, respectively).
- Cases occurred more often in males (58%) versus females (42%).
- Giardiasis demonstrated irregular seasonality, with the largest proportion of cases reported from July to October.

PREVENTION

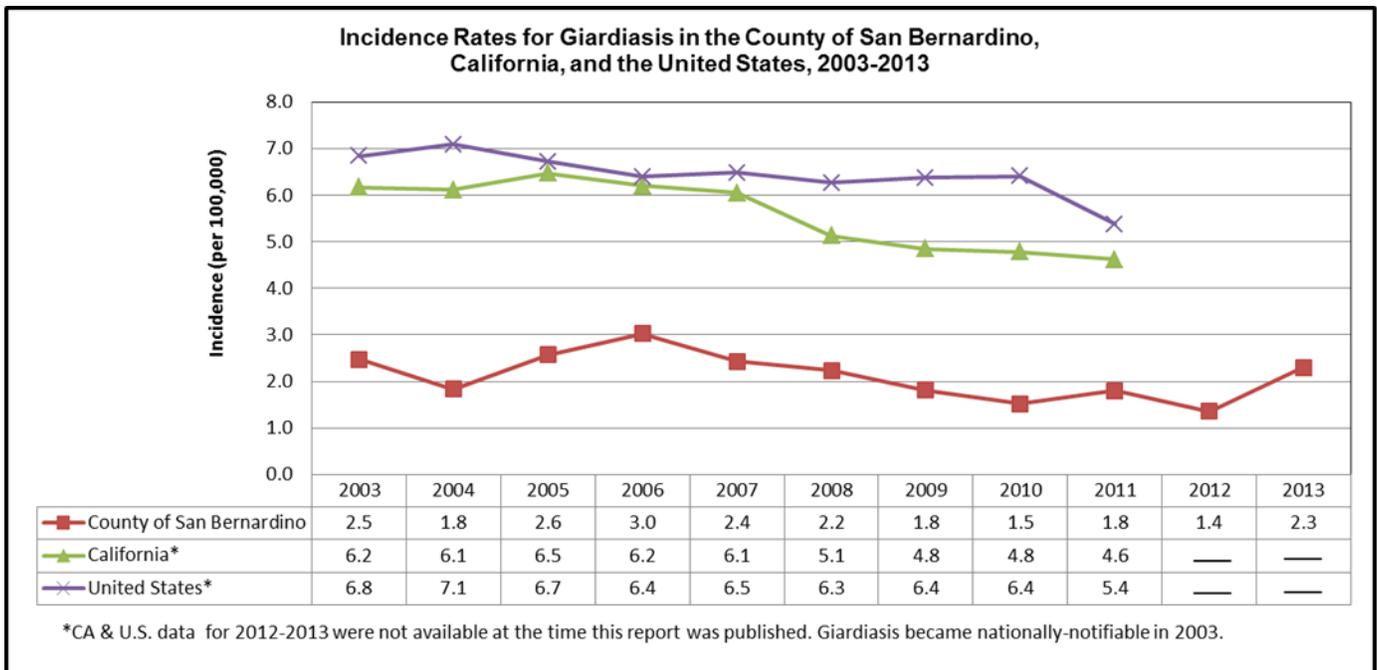
- Use a water purification method such as boiling, filtration or iodine treatment before drinking surface water (e.g. water from lakes, rivers, and ponds.). Hikers or others who use surface water should consider all water sources as potentially contaminated.
- Workers in higher risk settings, such as day care centers or institutions, should use good hand washing techniques when diapering multiple children or caring for multiple patients.
- Avoid food that may have been washed in contaminated water and or handled by vendors without adequate hand washing facilities.
- Use a barrier for oral-anal sex and a condom during anal sex. Wash hands after handling the condom or touching the anal area.



GIARDIASIS

Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	9	11	20	27	17	21	13	15	17	10	1
Black	5	5	6	1	1	2	0	1	3	0	0
Hispanic	14	12	14	26	26	16	16	10	14	10	3
Asian/PI	0	0	3	1	2	2	2	1	1	1	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	0	0	1	0	0	1
Not specified	18	7	7	4	3	5	7	5	5	7	43
Total	46	35	50	60	49	46	38	33	40	28	48

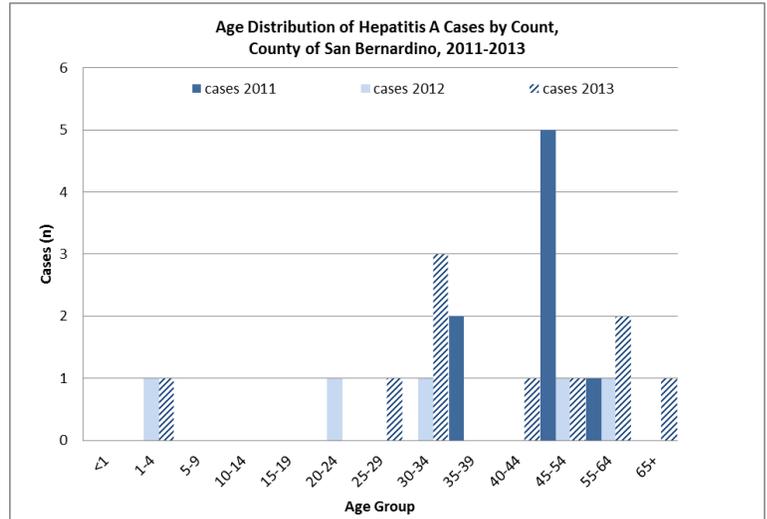
Giardiasis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	1	0	0	1	0	2	1	0	0	0	0
1-4	7	8	13	9	15	7	6	7	11	1	2
5-9	4	3	4	10	7	6	7	2	4	3	3
10-14	8	2	3	5	2	2	0	1	1	1	3
15-19	1	2	1	0	1	1	0	2	1	1	3
20-24	2	1	2	1	1	1	4	2	2	3	7
25-29	1	3	3	1	0	3	4	3	2	2	5
30-34	0	3	1	4	4	4	1	1	2	4	1
35-39	5	2	5	2	5	1	1	4	2	1	4
40-44	2	5	4	6	4	6	4	1	3	3	2
45-54	7	4	6	9	6	8	4	5	4	3	8
55-64	5	1	7	9	4	1	4	2	4	3	4
65+	3	1	1	3	0	4	2	3	4	3	3
Unknown	0	0	0	0	0	0	0	0	0	0	3
Total	46	35	50	60	49	46	38	33	40	28	48



HEPATITIS A

VACCINE-PREVENTABLE

Infectious Agent: hepatitis A virus (HAV)
Mode of Transmission: Person-to-person by the fecal-oral route
Incubation Period: 28-30 days average (range: 15-50 days)
Symptoms: Decreased appetite, abdominal discomfort, nausea, jaundice, dark urine; illness in children is frequently asymptomatic or mild
Vaccine: Available since 1995 for high-risk groups such as international travelers; since 1999 recommended as routine vaccination for children ≥2 years in high-incidence areas; in 2007, recommended for all children aged 12-23 months
For more information: <http://www.cdc.gov/hepatitis>

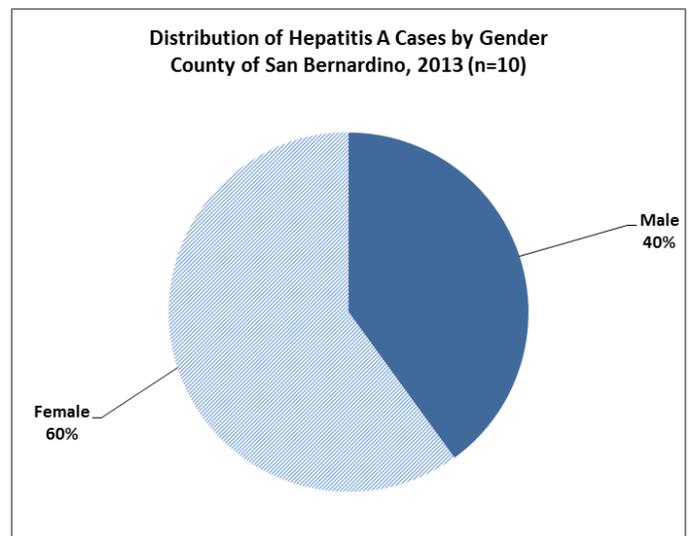
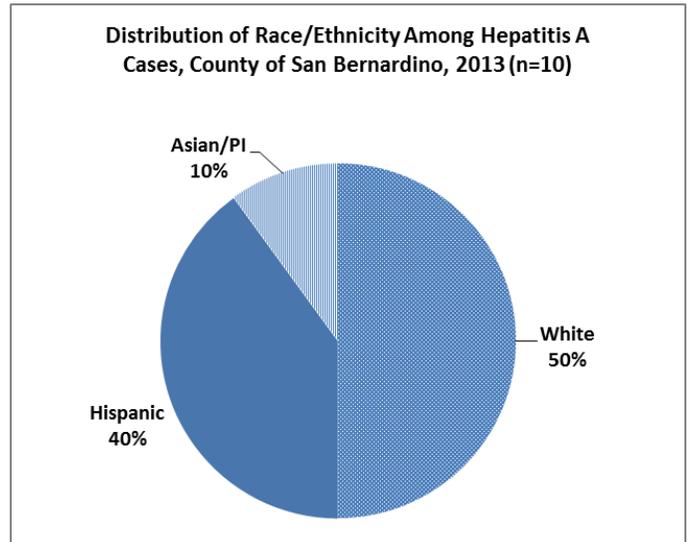


2013 REVIEW

- Acute hepatitis A incidence had been decreasing steadily since 2005. Incidence in 2013 more than doubled from the previous year due to a national outbreak associated with frozen berries. San Bernardino County reported 4 cases that were associated with that outbreak.
- The greatest proportion of cases occurred among White (50%) and Hispanic residents (40%).
- Hepatitis A cases occurred largely among adults with the exception of one outbreak-associated case in a child.
- Gender distribution among cases changed slightly from previous years where cases were more often seen among adult males. This was skewed slightly by the outbreak associated with frozen berries where cases occurred more often among females, both nationally and locally (3 of 4 San Bernardino County cases were females).
- The risk factors most frequently reported during 2013 cases' exposure period were contact with a diapered child (40%), eating outside the home (80%), shellfish consumption (20%), and sexual contact (40%). Four cases were part of the national outbreak linked to a frozen berry mix. These risk factors were not mutually exclusive and some cases had multiple risk factors.

PREVENTION

- Hepatitis A is a vaccine preventable disease. The hepatitis A vaccine is a two-dose vaccine series. Protection begins 4 weeks after receiving the first dose. One additional dose 6 months after the first dose is required for best protection against disease.
- Always wash hands after using the restroom and after coming in contact with an infected person's stools.
- The virus may spread more rapidly through daycare centers and other places where people are in close contact. Thorough hand washing before and after each diaper change, before serving food, and after using the restroom may help prevent outbreaks.
- Travelers should take precautions and avoid food that may have been washed in contaminated water and or handled by vendors without adequate hand washing facilities. Travelers should also be vaccinated against hepatitis A (and possibly hepatitis B) if traveling to highly endemic areas (e.g. Africa, Middle East, Central and South America, eastern Europe, & Asia).

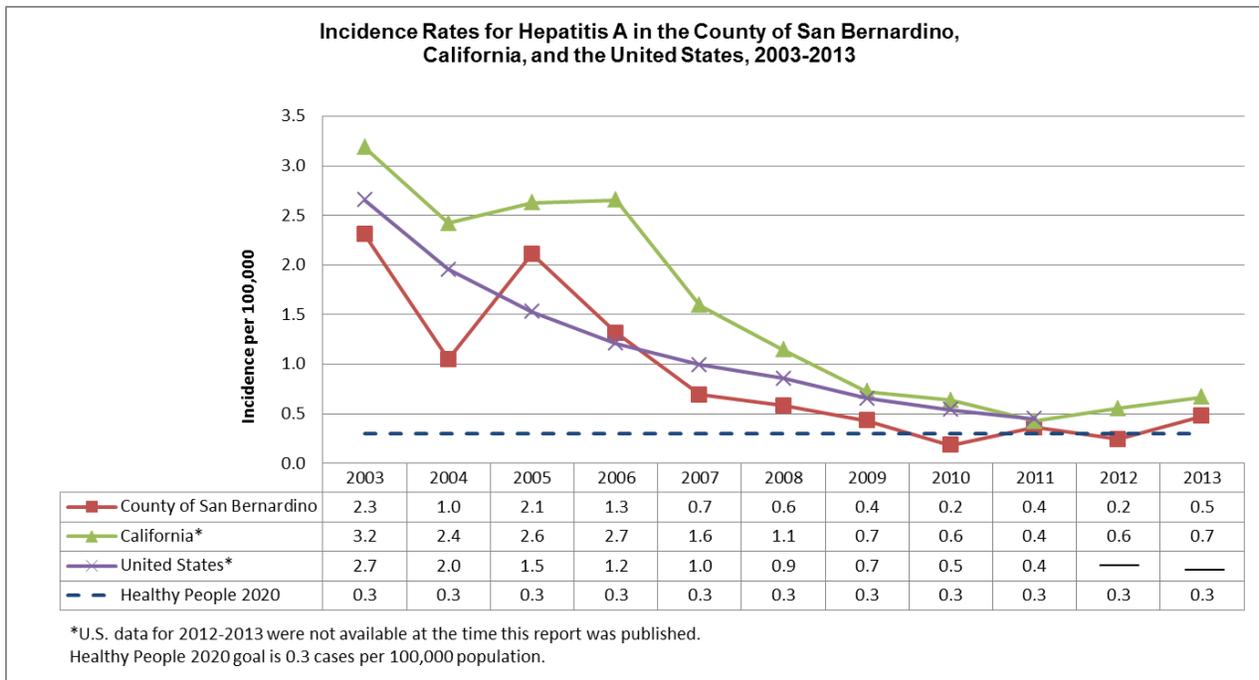


HEPATITIS A

VACCINE-PREVENTABLE

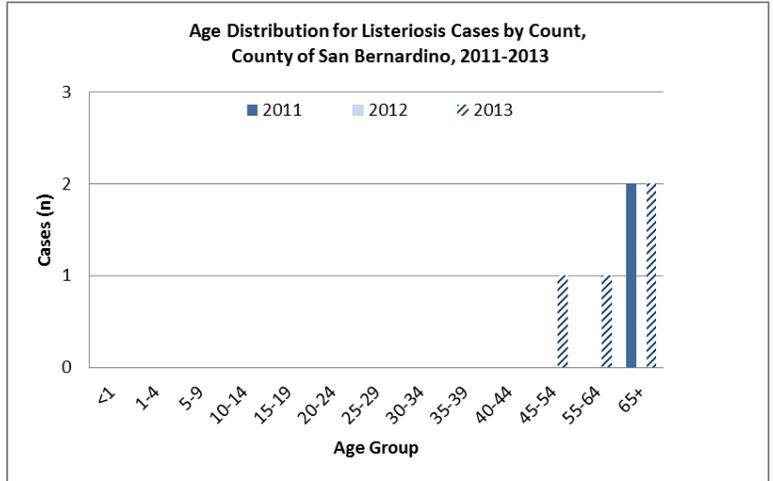
Hepatitis A Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	9	5	10	8	8	7	0	0	6	3	5
Black	1	0	1	3	1	0	1	0	0	0	0
Hispanic	16	9	20	11	3	3	3	4	1	2	4
Asian/PI	2	2	3	1	0	0	0	0	0	0	1
Native Am.	0	1	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	1	0	0
Not specified	15	3	7	3	2	2	5	0	0	0	0
Total	43	20	41	26	14	12	9	4	8	5	10

Hepatitis A Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	1	1	1	1	0	0	0	0	0	1	1
5-9	5	1	1	0	1	0	0	0	0	0	0
10-14	9	2	3	2	0	0	0	0	0	0	0
15-19	9	3	7	3	1	2	0	1	0	0	0
20-24	0	0	8	3	2	1	2	1	0	1	0
25-29	3	3	4	1	1	0	1	0	0	0	1
30-34	2	1	2	1	1	2	1	1	0	1	3
35-39	6	3	0	1	1	1	0	0	2	0	0
40-44	0	3	2	0	0	1	1	0	0	0	1
45-54	5	3	10	9	4	1	2	1	5	1	1
55-64	1	0	2	3	3	2	1	0	1	1	2
65+	2	0	1	2	0	2	1	0	0	0	1
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	43	20	41	26	14	12	9	4	8	5	10



LISTERIOSIS

Infectious Agent: *Listeria monocytogenes*, a bacteria
Mode of Transmission: Fecal-oral route, usually via contaminated food or water; commonly associated with foods such as raw or contaminated milk, soft cheeses, ready-to-eat meats (hot dogs, deli meat), raw produce
Incubation Period: 3 weeks, estimated (range: 3-70 days)
Symptoms: Usually a mild fever, muscle aches, & diarrhea, but can cause blood and cerebrospinal fluid infections; in pregnant women, can cause preterm delivery, miscarriage and/or fetal infection
Vaccine: None
For more information: <http://www.cdc.gov/listeria/index.html>

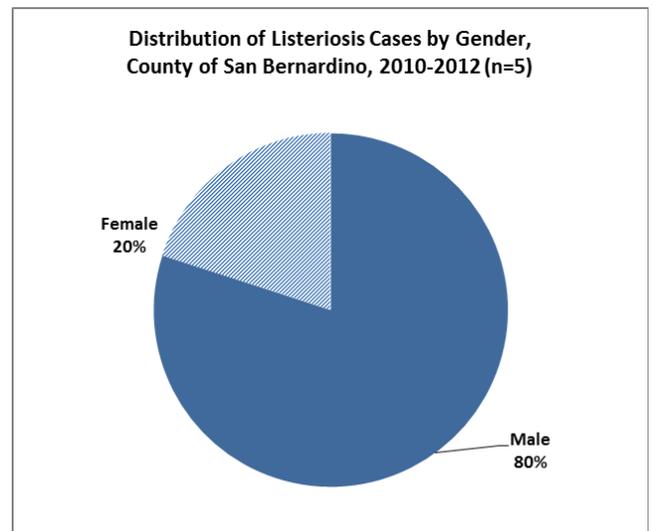
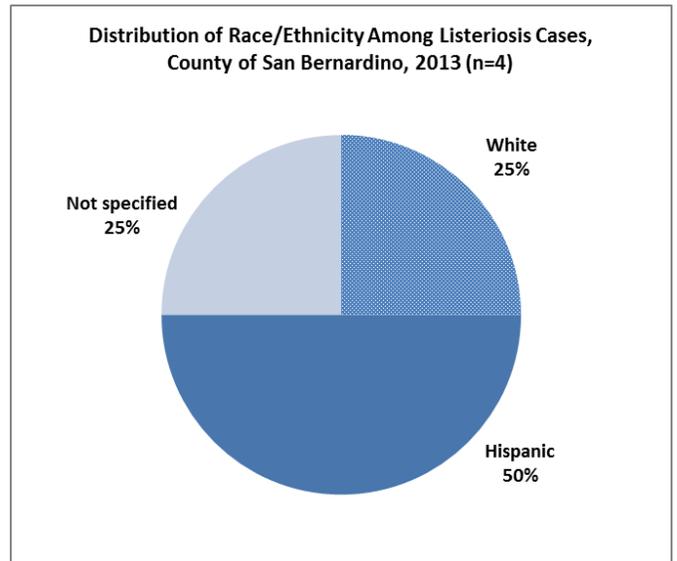


2013 REVIEW

- Incidence in the County of San Bernardino is lower or comparable to incidence in California and the United States. Total reported cases per year has been less than or equal to 5 since 2006.
- Half of reported cases occurred among Hispanics.
- Incidence occurred among adults 45 years and older, consistent with age distribution observed in previous years.
- Males comprised 75% of cases, similar to the gender distribution observed in recent years.

PREVENTION

- Thoroughly wash raw fruits and vegetables before eating.
- Wash the outside skin of firm produce (melons and cucumbers) even if the produce will be peeled.
- Be aware that *Listeria monocytogenes* can grow in foods in the refrigerator. Use an appliance thermometer, such as a refrigerator thermometer, to check the temperature inside your refrigerator. The refrigerator should be 40°F or lower and the freezer 0°F or lower.
- Clean up all spills in your refrigerator right away—especially juices from hot dog and lunch meat packages, raw meat, and raw poultry.
- High risk individuals (pregnant women, immunocompromised persons, older adults) should avoid hot dogs (unless heated to an internal temperature of 165°F), lunch meats, and soft cheeses (unless made with pasteurized milk), and avoid refrigerated smoked seafood (e.g. lox).

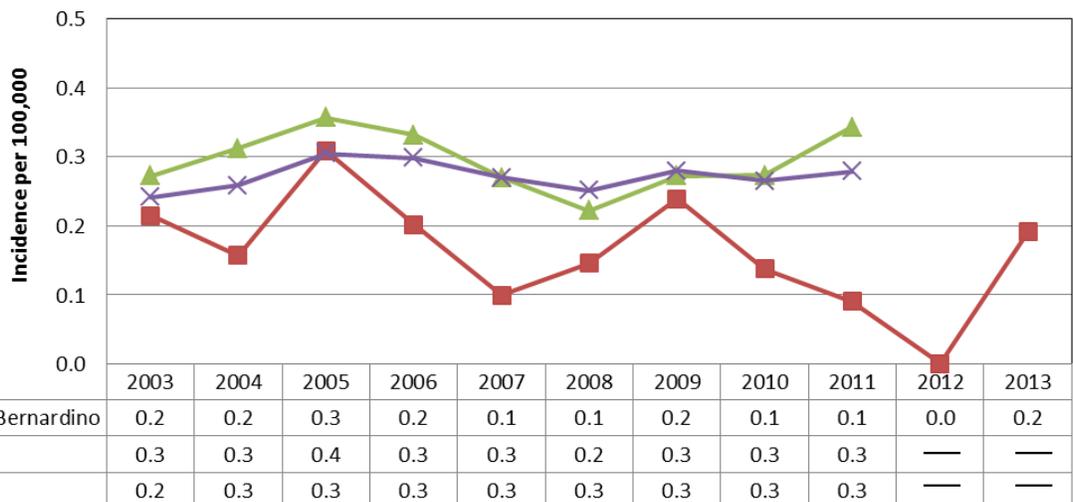


LISTERIOSIS

Listeriosis Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	0	1	2	1	0	1	1	1	1	0	1
Black	1	0	0	0	0	0	0	0	0	0	0
Hispanic	1	1	3	3	1	0	3	1	1	0	2
Asian/PI	0	1	0	0	0	1	0	0	0	0	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Not specified	2	0	1	0	1	1	1	1	0	0	1
Total	4	3	6	4	2	3	5	3	2	0	4

Listeriosis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	1	0	1	0	0	0	1	0	0	0	0
1-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	1	0	0	0	0	0	0	0	0
25-29	2	0	0	0	0	0	0	0	0	0	0
30-34	0	0	1	0	0	0	0	0	0	0	0
35-39	0	0	0	1	0	0	1	0	0	0	0
40-44	1	0	0	0	0	0	0	0	0	0	0
45-54	0	2	0	1	1	1	2	0	0	0	1
55-64	0	1	2	1	1	1	1	0	0	0	1
65+	0	0	1	1	0	1	0	3	2	0	2
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	4	3	6	4	2	3	5	3	2	0	4

Incidence Rates for Listeriosis in the County of San Bernardino, California, and the United States, 2003-2013



*CA & U.S. data for 2012-2013 were not available at the time this report was published.

SALMONELLOSIS

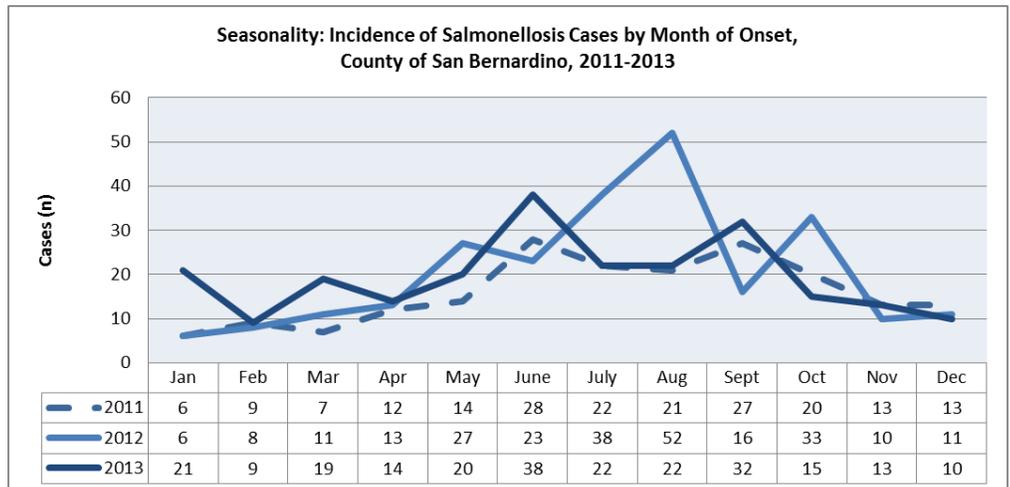
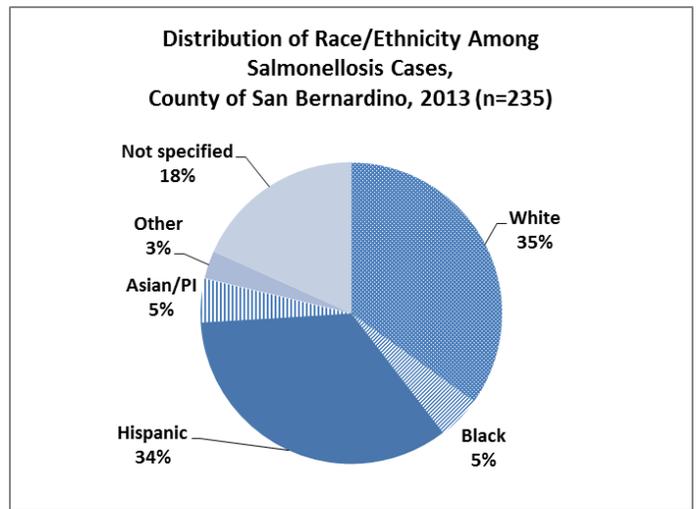
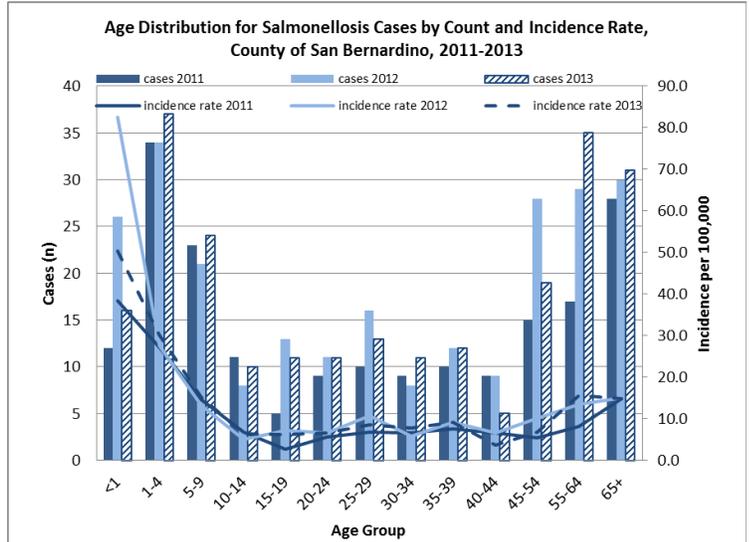
Infectious Agent: *Salmonella sp.*, a bacteria
Mode of Transmission: Fecal-oral route, usually via contaminated food or water
Incubation Period: 12-36 hours average (range: 6-72 hours)
Symptoms: Diarrhea, fever, headache, abdominal pain, nausea and/or vomiting
Vaccine: none
For more information: <http://www.cdc.gov/salmonella/>

2013 REVIEW

- Incidence decreased slightly to 11.3 cases per 100,000 population, but has remained elevated since 2012 when compared to the previous 5-year average (2007-2011). Incidence in the County of San Bernardino is consistently lower than in California and the United States.
- Hispanics (34%) and Whites (35%) comprised the highest proportion of cases, as in previous years. However, while case count was relatively low (n=7), incidence in the Other (multiracial) race category was highest at 15.8 cases per 100,000 population followed by Whites at 11.9 cases per 100,000 population.
- Incidence was highest among those aged <1 to 4 years of age.
- Males (45%) and females (55%) comprised approximately equal proportions of cases.
- Increased cases were reported in the time period from June-October.
- Cases in 2012-2013 were primarily exposed to pets, including dogs (37%); ground beef (34%); poultry (54%); eggs (39%); lettuce (42%); raw fruit (47%); and tomato (37%) during their incubation period. Fifteen percent of cases reported some type of travel during their incubation period. These trends in exposures are similar to those observed in recent years.

PREVENTION

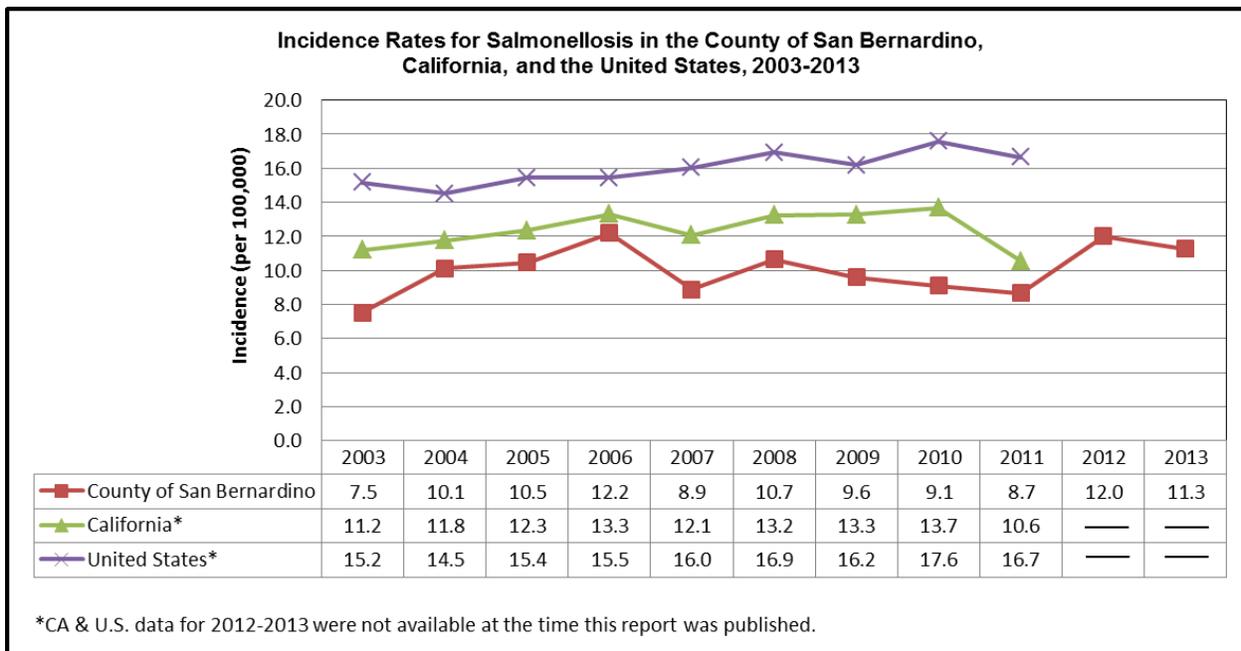
- Workers in higher risk settings such as day care centers or restaurants should use good hand washing techniques with soap and water and should not work until tested and cleared by the health department.
- Wash hands with soap after handling reptiles, birds, or baby chicks, and after contact with pet feces.
- Wash kitchen work surfaces, cutting boards, and utensils with soap and water immediately after they have been in contact with raw meat or poultry.
- Thoroughly cook all poultry, ground beef, and eggs. Avoid food and drinks containing raw eggs or unpasteurized milk.
- Avoid direct or even indirect contact between reptiles (turtles, iguanas, other lizards, snakes) and infants or immunocompromised persons.



SALMONELLOSIS

Salmonellosis Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	41	54	63	108	66	86	49	63	72	102	82
Black	6	19	11	11	12	19	9	14	1	9	11
Hispanic	54	73	69	86	77	75	71	67	82	86	81
Asian/PI	4	9	14	7	8	5	2	10	4	10	11
Native Am.	1	0	0	2	0	0	0	2	1	0	0
Other	0	0	2	0	0	0	1	0	5	4	7
Not specified	34	38	44	27	16	34	69	42	27	37	43
Total	140	193	203	241	179	219	201	198	192	248	235

Salmonellosis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	10	28	31	25	26	24	20	11	12	26	16
1-4	21	33	34	40	30	34	45	34	34	34	37
5-9	9	21	24	31	13	24	23	19	23	21	24
10-14	15	14	13	12	13	25	14	9	11	8	10
15-19	7	7	9	18	10	7	8	10	5	13	11
20-24	9	6	11	15	3	4	7	8	9	11	11
25-29	7	15	7	10	6	16	7	10	10	16	13
30-34	4	8	8	9	4	20	5	5	9	8	11
35-39	8	6	6	9	11	12	11	9	10	12	12
40-44	9	6	11	10	7	14	9	11	9	9	5
45-54	21	18	20	23	20	10	16	27	15	28	19
55-64	12	14	10	18	17	11	13	24	17	29	35
65+	8	17	19	21	19	18	23	21	28	30	31
Unknown	0	0	0	0	0	0	0	0	0	3	0
Total	140	193	203	241	179	219	201	198	192	248	235



SHIGELLOSIS

Infectious Agent: *Shigella sp.*, a group of four species of bacteria: Group A (*Shigella dysenteriae*), Group B (*Shigella flexneri*), Group C (*Shigella boydii*), Group D (*Shigella sonnei*)

Mode of Transmission: Fecal-oral route, usually via contaminated food or water

Incubation Period: 1-3 days average (range: 12-96 hours, or up to one week for *S. dysenteriae*)

Symptoms: Diarrhea (sometimes bloody), fever, nausea and/or vomiting

Vaccine: none

For more information:

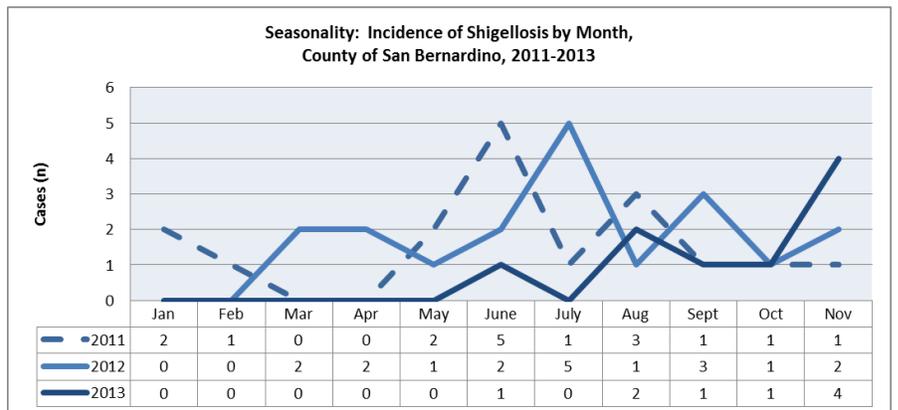
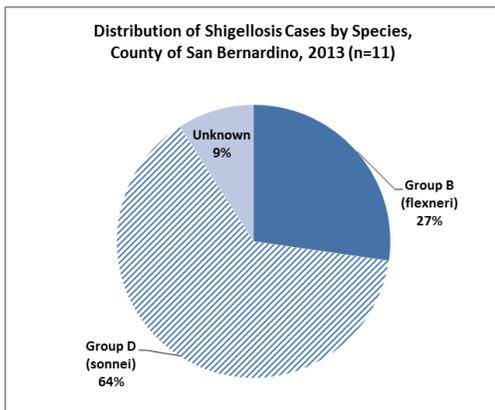
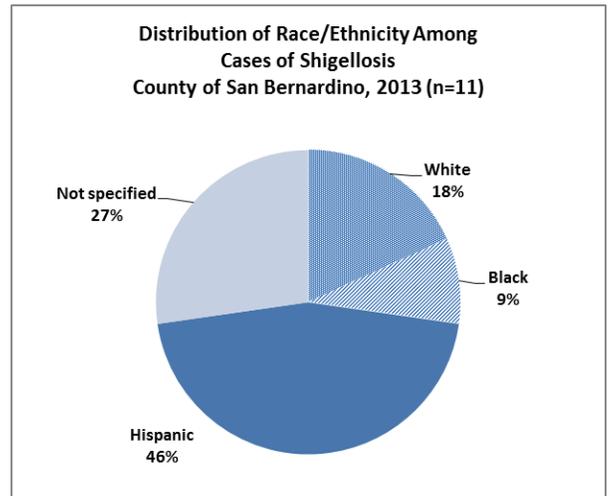
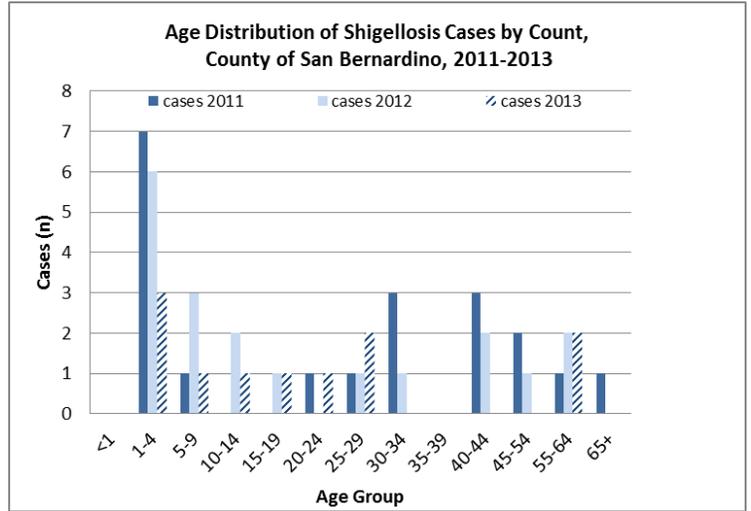
<http://www.cdc.gov/nczved/divisions/dfbmd/diseases/shigellosis>

2013 REVIEW

- Incidence decreased by half in 2013 to 0.5 cases per 100,000 compared to 2012. Since 2003, incidence has decreased approximately ten times from 5.4 to 0.5 cases per 100,000 in 2013.
- Incidence in the County of San Bernardino is consistently lower than incidence rates in California and the United States.
- The largest proportion of cases occurred in Hispanics (46%) and Whites (18%). Incidence is consistently highest among Hispanics.
- The incidence decreased by half from 2012 to 2013 (2.4 cases per 100,000 population) for children aged 1-4 years. All age categories had less than 5 cases reported.
- 73% of cases occurred among females (n=8).
- Shigellosis did not demonstrate consistent seasonality, as in tropical climates.
- More than half of cases (64%) were identified as Group D (*Shigella sonnei*) and 27% (n=3) as Group B (*Shigella flexneri*).

PREVENTION

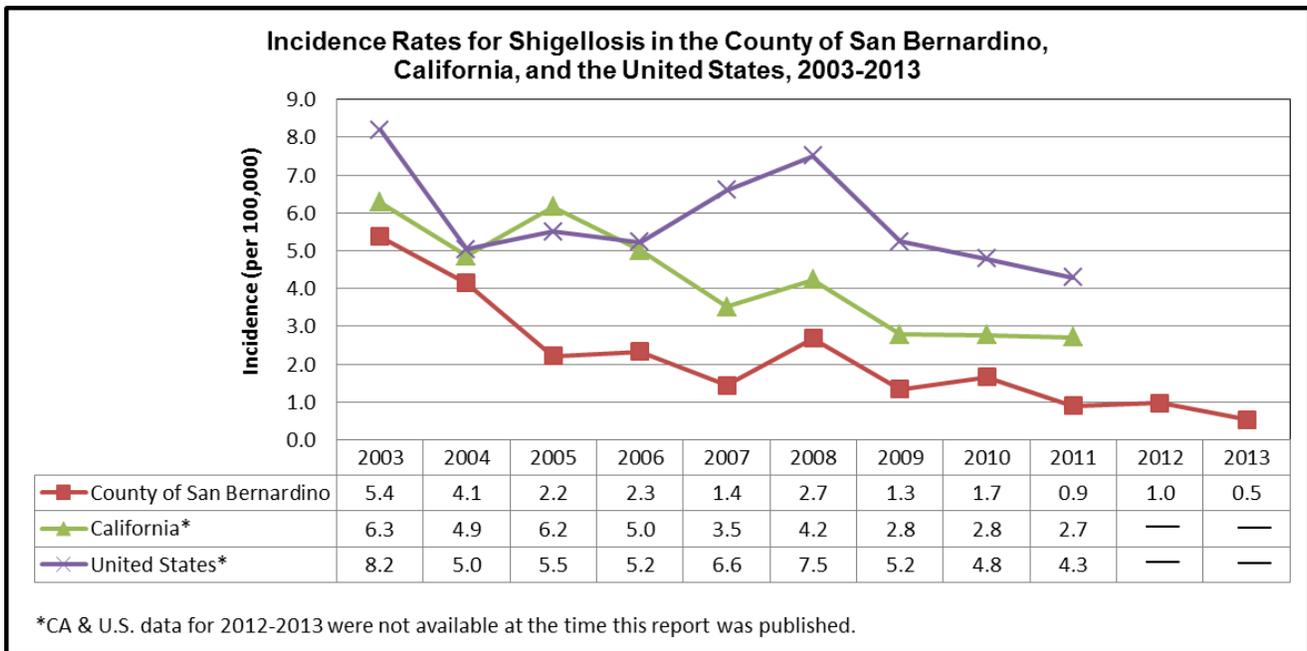
- Everyone, especially workers in higher risk settings such as day care centers or restaurants, should use good hand washing techniques with soap and water. Workers in sensitive occupations should not work until tested and cleared by the health department.
- Avoid food that may have been washed in contaminated water and or handled by vendors without adequate hand washing facilities.
- When traveling to areas without adequate sewage treatment, drink only treated or boiled water.



SHIGELLOSIS

Shigellosis Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	18	26	9	10	5	15	7	8	3	3	2
Black	4	4	1	2	0	2	0	2	2	1	1
Hispanic	40	34	26	29	21	32	7	20	11	13	5
Asian/PI	2	0	1	1	1	0	2	2	0	1	0
Native Am.	1	0	1	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	0	0	0	1	0	0
Not specified	34	15	5	4	2	6	12	4	3	2	3
Total	100	79	43	46	29	55	28	36	20	20	11

Shigellosis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	4	0	1	0	0	2	0	2	0	0	0
1-4	26	21	10	14	10	17	9	14	7	6	3
5-9	26	15	8	10	3	6	3	9	1	3	1
10-14	13	5	4	3	5	4	3	0	0	2	1
15-19	7	5	5	2	0	0	1	0	0	1	1
20-24	4	5	3	3	0	2	3	0	1	0	1
25-29	2	7	4	1	2	6	1	3	1	1	2
30-34	2	6	2	4	1	2	1	3	3	1	0
35-39	3	3	0	1	2	3	0	1	0	0	0
40-44	4	4	1	1	0	3	0	1	3	2	0
45-54	7	2	1	3	2	5	4	1	2	1	0
55-64	1	2	2	3	3	2	2	0	1	2	2
65+	1	4	2	1	1	3	1	2	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	1	0
Total	100	79	43	46	29	55	28	36	20	20	11



SHIGA TOXIN-PRODUCING *E. COLI* (STEC), INCLUDING *E. COLI* O157:H7

Infectious Agent: A group of shiga toxin-producing *E. coli* bacteria; mainly *E. coli* O157:H7

Mode of Transmission: Fecal-oral route, usually via food or water contaminated with ruminant feces (e.g. cow feces), or direct contact with animals or their environment

Incubation Period: 3-4 days (range: 2-10 days)

Symptoms: Diarrhea (sometimes bloody), abdominal cramps; children under 5 years and elderly people are at higher risk for hemolytic uremic syndrome (HUS), a type of kidney failure

Vaccine: None

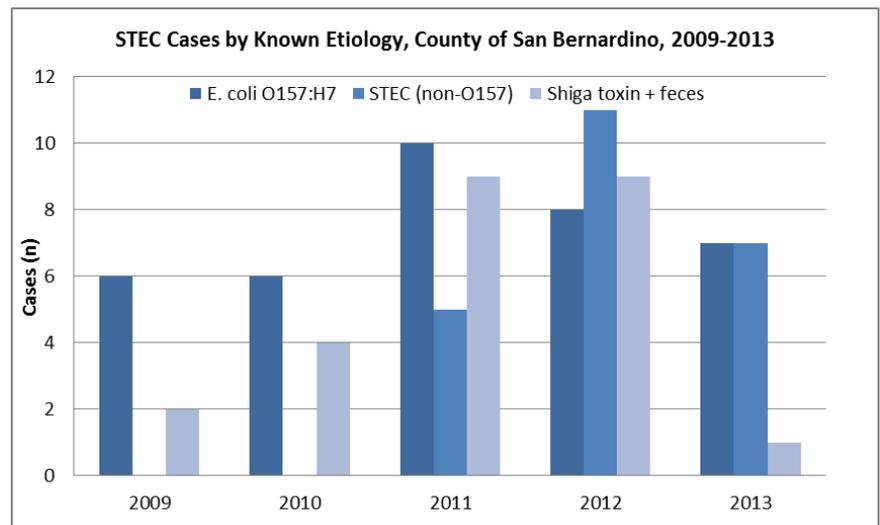
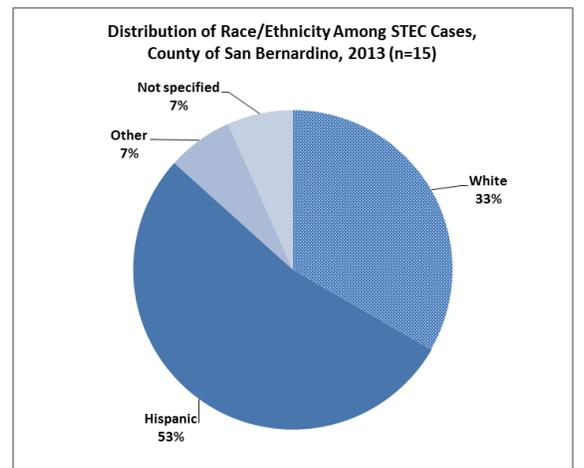
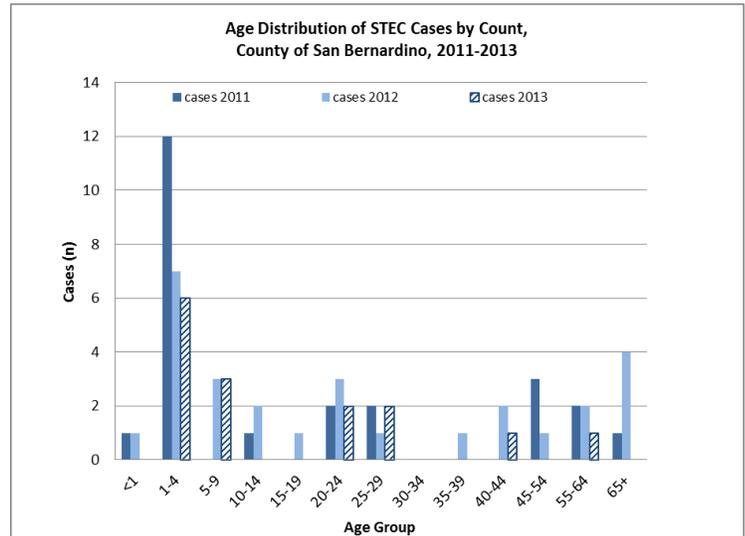
For more information: <http://www.cdc.gov/ecoli/>

2013 REVIEW

- Incidence decreased by half from 2012 to 2013 from 1.4 to 0.7 cases per 100,000 population.
- Hispanics made up 53% of cases in 2013, comparable to trends observed in recent years.
- The greatest number of cases occurred among children aged 1-4 years, similar to age trends observed since 2010.
- Males comprised 67% of cases, a shift from approximately equal gender distribution in recent years.
- STEC infections did not demonstrate consistent seasonality, although a large proportion of cases had onsets from May-October.
- *E. coli* O157:H7 and other non-O157 STECs comprised the majority of cases in 2013.

PREVENTION

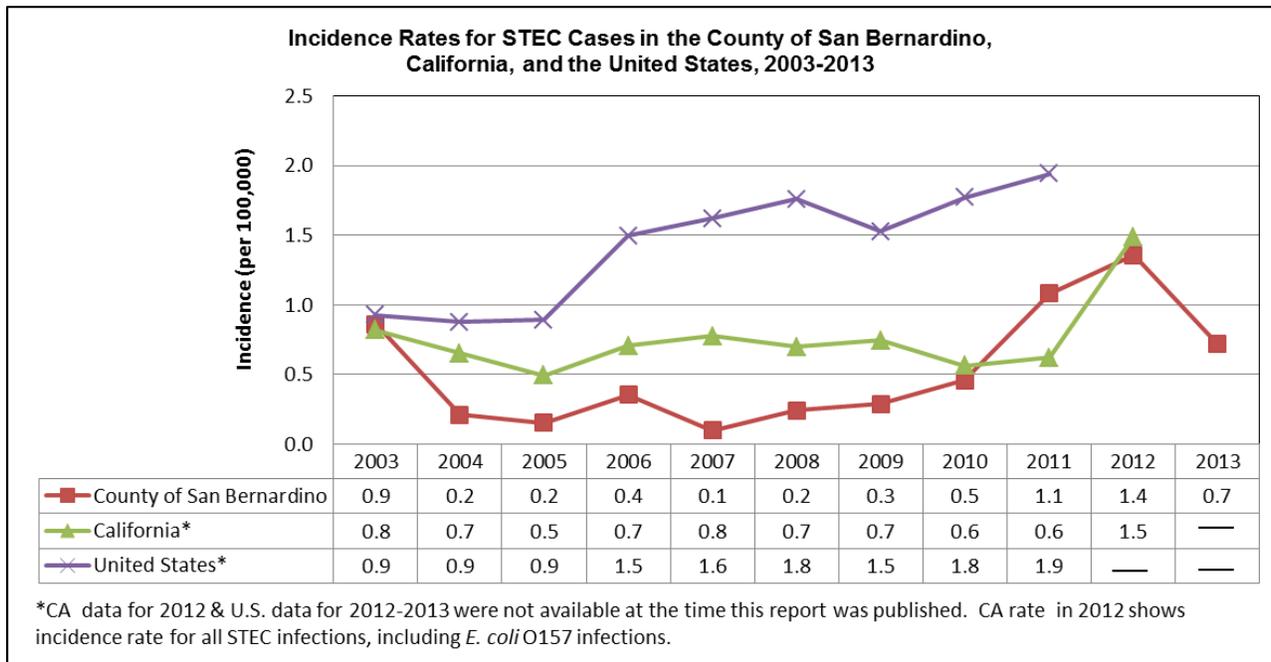
- Practice good personal hygiene. This includes thorough hand washing with soap and water after using the toilet, after changing diapers, and before handling food. Workers in these occupations should not work until tested and cleared by the health department.
- Cook meats thoroughly. Ground beef and meat that has been needle-tenderized should be cooked to a temperature of at least 160°F/70°C. Use a thermometer to verify the temperature. Color is not a very reliable indicator of how thoroughly meat has been cooked.
- Avoid consuming raw milk, unpasteurized dairy products, and unpasteurized juices (like fresh apple cider).
- Avoid swallowing water when swimming or playing in lakes, ponds, streams, swimming pools, and backyard "kiddie" pools.
- Prevent cross-contamination in food preparation areas by thoroughly washing hands, counters, cutting boards, and utensils after they touch raw meat.
- Wash your hands after contact with animals or their environments (at farms, petting zoos, fairs, even your own backyard). Use an alcohol-based hand sanitizer if soap & water are not available. However, hand sanitizers are not a substitute for washing with soap & water.



SHIGA TOXIN-PRODUCING *E. COLI* (STEC), INCLUDING *E. COLI* O157:H7

Shiga Toxin-producing <i>E. coli</i> (STEC) Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	8	3	1	2	0	1	2	3	10	12	5
Black	0	0	0	2	1	1	0	0	1	0	0
Hispanic	4	0	1	3	1	2	2	3	10	13	8
Asian/PI	0	1	0	0	0	0	0	0	1	0	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	1
Not specified	4	0	1	0	0	1	2	4	2	3	1
Total	16	4	3	7	2	5	6	10	24	28	15

Shiga Toxin-producing <i>E. coli</i> (STEC) Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	2	0	0	0	0	0	0	0	1	1	0
1-4	9	1	1	4	2	1	1	2	12	7	6
5-9	1	0	0	0	0	1	3	3	0	3	3
10-14	1	1	0	1	0	0	0	0	1	2	0
15-19	0	1	1	0	0	1	1	0	0	1	0
20-24	0	0	0	0	0	1	0	1	2	3	2
25-29	0	0	0	1	0	0	0	0	2	1	2
30-34	1	0	0	0	0	0	0	0	0	0	0
35-39	0	0	1	0	0	1	0	0	0	1	0
40-44	1	0	0	0	0	0	0	0	0	2	1
45-54	0	0	0	0	0	0	0	1	3	1	0
55-64	1	0	0	1	0	0	1	1	2	2	1
65+	0	1	0	0	0	0	0	2	1	4	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	16	4	3	7	2	5	6	10	24	28	15



HIV/AIDS

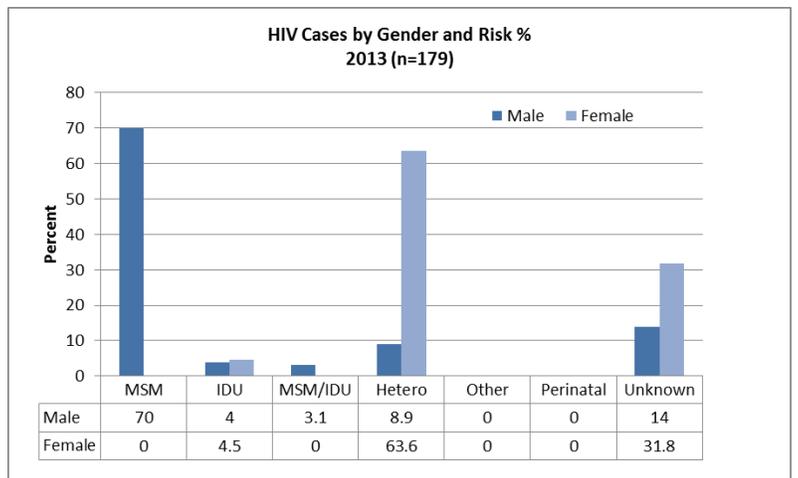
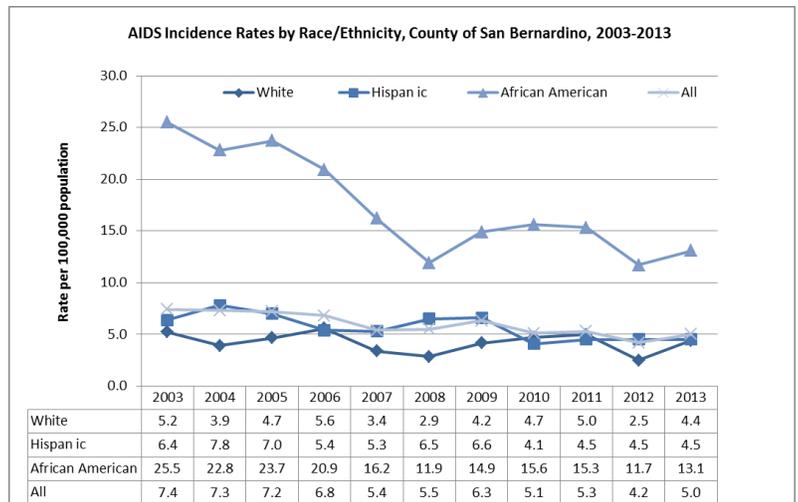
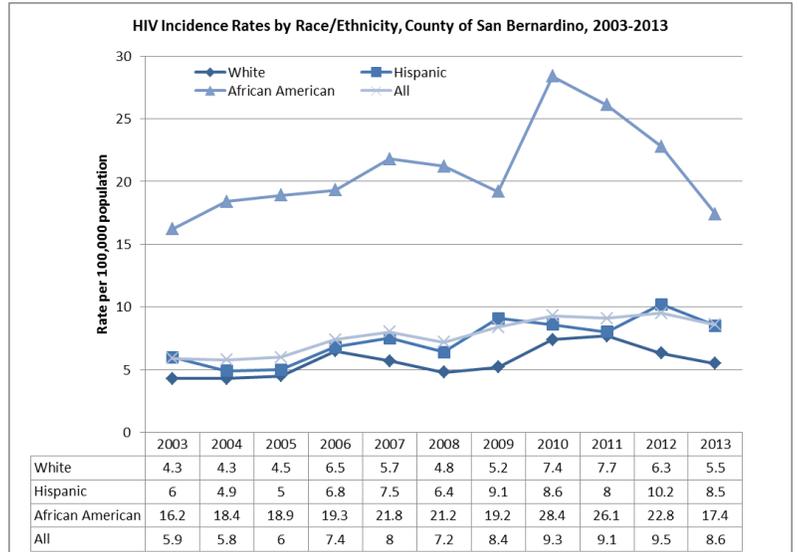
Infectious Agent: Human Immunodeficiency Virus (HIV)
Mode of Transmission: Contact with infected body fluids containing blood, blood products; amniotic fluid; semen and vaginal secretions
Incubation Period: 2 weeks to 6 months for HIV infection; 1 to 15 years to develop AIDS
Symptoms: fever, chills, night sweats, rashes for HIV-
Vaccine: none
For more information: <http://www.cdc.gov/hiv/>

2013 REVIEW

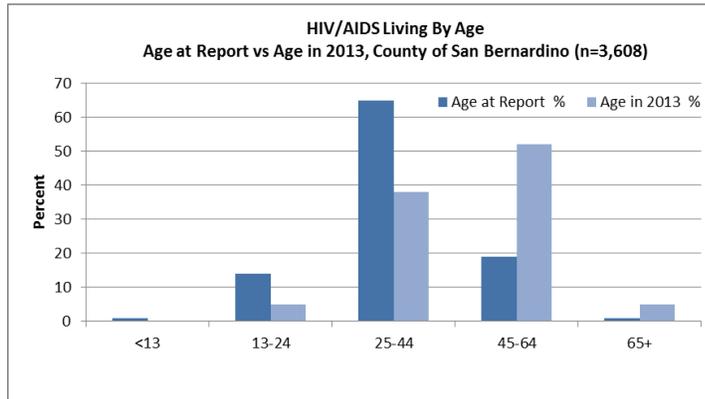
- Reports of new diagnoses of HIV infections (incidence), regardless of stage, remained level from 2010-2013.
- While there are several qualifying conditions, the most common way people progress from HIV to AIDS is having a CD4 count drop below 200 or CD4% below 14.
- New diagnoses of AIDS (incidence) continue to decline each year due to advances in treatment.
- The number of persons living with HIV/AIDS in this county increased 4.9% in 2013 to 3,613.
- The actual number of people living with HIV/AIDS is even higher as an estimated 16% of infected people are unaware of their status and the numbers do not include those individuals who have moved into this county to receive care.
- Of the new HIV diagnoses reported each year, 32% develop AIDS in the same or following year indicating their first HIV diagnosis came after years of positivity.
- By race/ethnicity, African Americans make up 9% of the county population but account for 19.8% of HIV cases diagnosed.

PREVENTION

- Condoms used consistently and correctly may prevent infection.
- Avoid sharing needles or razors.
- All individuals aged 13- 64 should be tested at least once, then annually if high risk. MSM could be screened every 3-6 months depending on risk.
- All pregnant women should be screened at their first prenatal visit.
- Linking HIV positive individuals with a medical provider has been shown to decrease viral load and increase CD4 count and treatment adherence.
- All partners of HIV positive individuals within the last 12 months or more depending on the type of partner, should be notified of their exposure and tested. The public health department is available to assist with this confidential service.



HIV/AIDS



HIV/AIDS Incidence Surveillance, County of San Bernardino, 2011-2013						
	HIV (3)			AIDS		
	2011	2012	2013	2011	2012	2013
Incidence	188	196	179	117	127	104
Rate per 100,000 (2)	9.2	9.5	8.6	5.7	6.2	5.0
Risk						
MSM	118	114	110	67	76	66
IDU	15	16	7	15	9	9
MSM/IDU	8	7	5	5	7	3
Hetero	18	22	28	15	14	18
Other	0	1	0	0	0	0
Perinatal	0	0	0	0	3	0
Unknown	29	36	29	15	18	8
Gender						
Males	163	164	157	98	109	92
Females	25	32	22	19	18	12
Race/Ethnicity						
White	52	42	38	36	25	30
Black	46	41	32	29	39	24
Hispanic	83	103	88	48	60	46
Asian	4	5	9	3	1	2
American Indian	0	1	0	0	0	0
Multi race	3	3	2	1	1	2
Unknown	0	1	10	0	1	0
Age Group (Age at Diagnosis)						
<13	0	1	0	0	0	0
13-24	50	47	40	16	15	7
25-44	85	97	93	53	64	52
45-64	49	45	44	46	46	43
65+	4	6	2	2	2	2
Unknown	0	0	0	0	0	0

Source: CA Office of AIDS eHARS Download 04/8/2014.

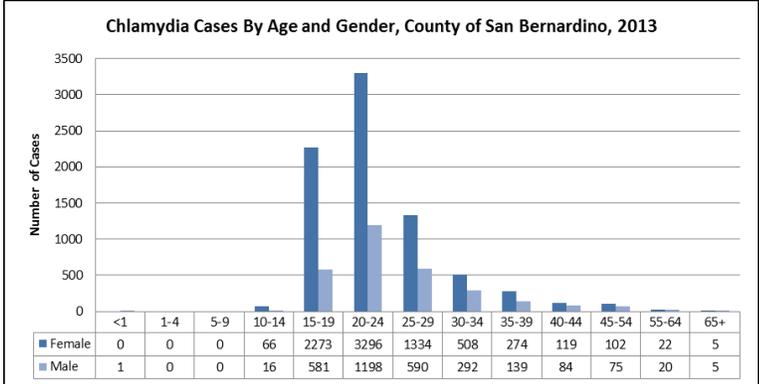
(1) Due to delays in reporting, 2013 data may not be complete.

(2) State of California, Department of Finance, E-6. Population Estimates and Components of Change By County- July 1, 2010-2013. December 2013.

(3) HIV numbers include all persons diagnosed with HIV in a given year regardless of their AIDS status.

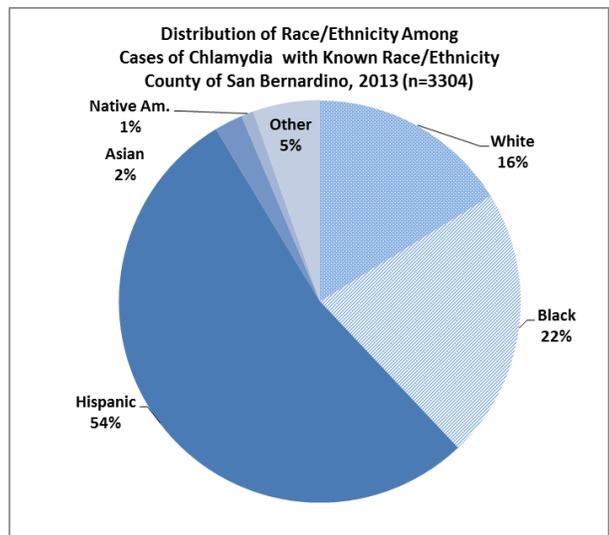
CHLAMYDIA

Infectious Agent: *Chlamydia trachomatis (CT)*
Mode of Transmission: Sexual activity or from mother to infant during birth
Incubation Period: 7-14 days or longer
Symptoms: vaginal, penile or rectal discharge, itching, or burning on urination
Vaccine: none
Complications: untreated CT can cause pelvic inflammatory disease (PID), ectopic pregnancy, and infertility in women and preterm delivery and pneumonia in infants born to infected women
For more information:
<http://www.cdc.gov/std/chlamydia/default.htm>



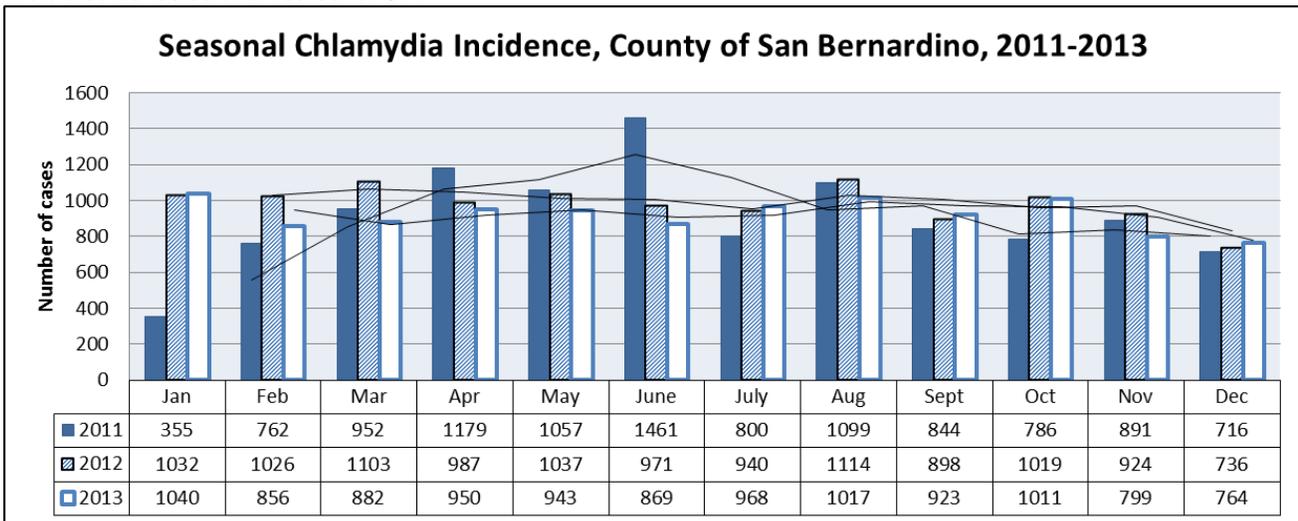
2013 REVIEW

- Since 2010, chlamydia (CT) cases have increased 30% in the County. The numbers of cases among females increased 30% while cases in males increased 17% during the same time.
- Up to 90% of men and 70% of women may be asymptomatic. The Centers for Disease Control and Prevention (CDC) estimates the actual number of infections is double that reported.
- The continued increases in CT cases each year may be due to increased screening of asymptomatic cases, the use of more sensitive tests, better reporting or a true increase in morbidity.
- Females comprised 73% of cases.
- The best prevention is regular screening of women 25 years and younger; pregnant women; or any individual at increased risk (HIV-infected, men who have sex with men, have multiple sex partners).
- Individuals with CT should avoid having sex until 7 days after beginning their antibiotics. Any sexual partners within the previous 60 days should also be tested and treated for CT.



PREVENTION

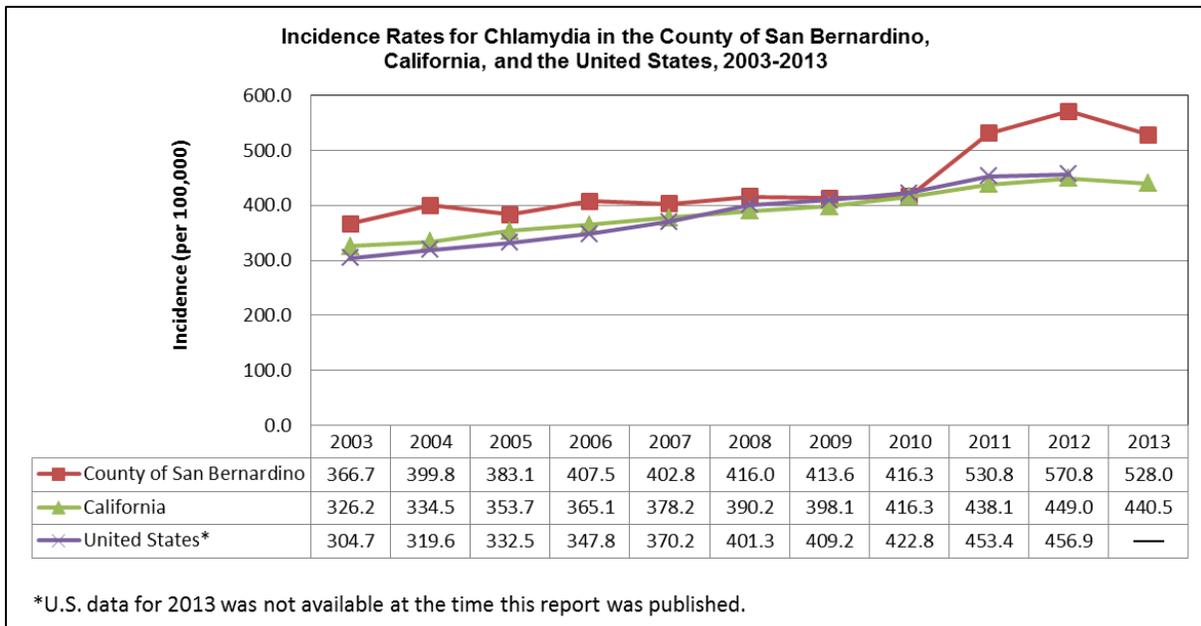
- The best prevention is regular screening of women 25 years and younger, pregnant women, or any individual at increased risk; use of a barrier contraception method; or abstinence from sexual intercourse.
- Individuals with CT should avoid having sex until 7 days after beginning their antibiotics. Any partners within the previous 60 days should also be tested and treated for CT.



CHLAMYDIA

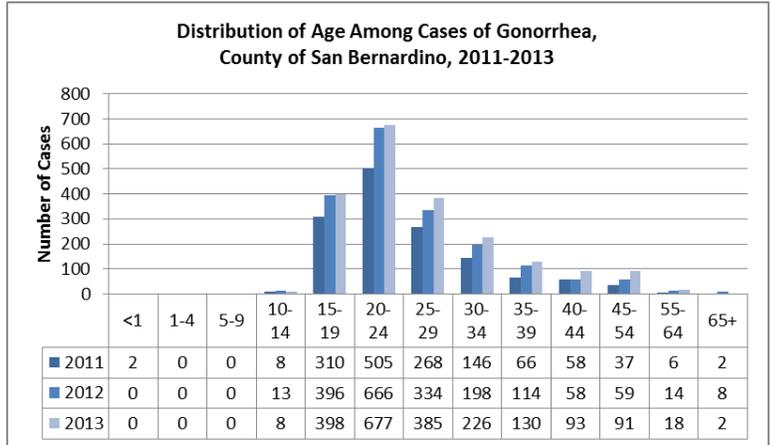
Chlamydia Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	882	963	863	758	607	608	639	595	267	939	535
Black	870	1122	1206	1041	736	1016	1087	749	391	1241	719
Hispanic	1557	1784	1988	1842	1743	1640	1842	1326	1486	2978	1764
Asian	113	137	119	95	90	92	116	74	25	122	75
Native Am.	12	6	14	15	9	8	15	15	6	32	33
Other	10	0	3	4	0	0	0	1	34	134	178
Not specified	3384	3606	3248	4309	4937	5184	4955	5726	8693	6341	7718
Total	6828	7618	7441	8064	8122	8548	8654	8486	10902	11787	11022

Chlamydia Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	11	6	3	10	9	2	0	4	7	4	1
1-4	0	0	1	0	1	0	0	0	0	0	0
5-9	1	0	1	2	2	0	0	0	5	2	0
10-14	76	109	77	75	67	69	70	74	56	99	82
15-19	2193	2566	2505	2668	2698	2809	2763	2532	2773	3215	2858
20-24	2692	2883	2816	3059	3045	3197	3309	3400	4663	4834	4503
25-29	983	1136	1097	1194	1341	1341	1370	1391	1865	1984	1927
30-34	475	493	467	522	501	572	583	547	746	828	801
35-39	217	220	244	281	234	303	282	287	375	398	414
40-44	99	110	118	118	110	140	146	135	197	199	203
45-54	66	75	93	97	85	98	99	93	173	171	177
55-64	11	14	15	24	23	14	22	18	30	40	42
65+	4	6	4	14	6	3	10	5	9	12	10
Unknown	0	0	0	0	0	0	0	0	3	1	4
Total	6828	7618	7441	8064	8122	8548	8654	8486	10902	11787	11022



GONORRHEA

Infectious Agent: *Neisseria gonorrhoeae* (GC)
Mode of Transmission: Sexual activity or from mother to child at birth
Incubation Period: 1-14 days
Symptoms: Urethral discharge, itching, burning
Vaccine: None
Complications: Untreated GC can cause pelvic inflammatory disease (PID), ectopic pregnancy, and infertility in women and blindness, joint infection and disseminated blood infection in infants born to infected women
For more information: <http://www.cdc.gov/std/Gonorrhea/>

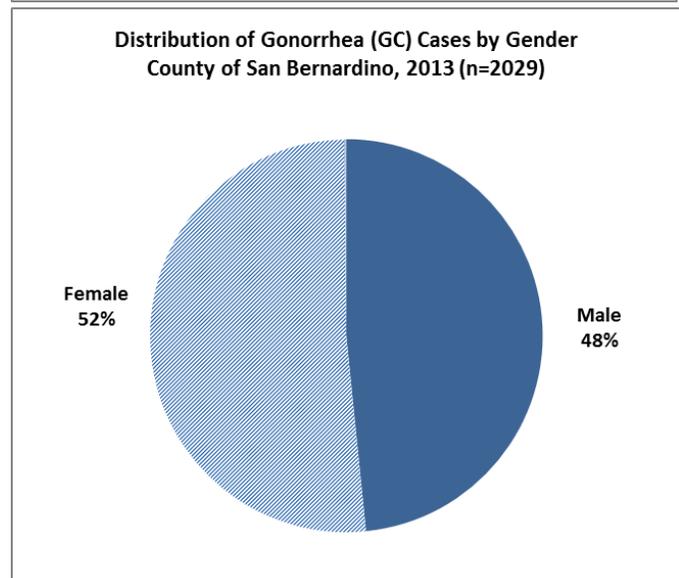
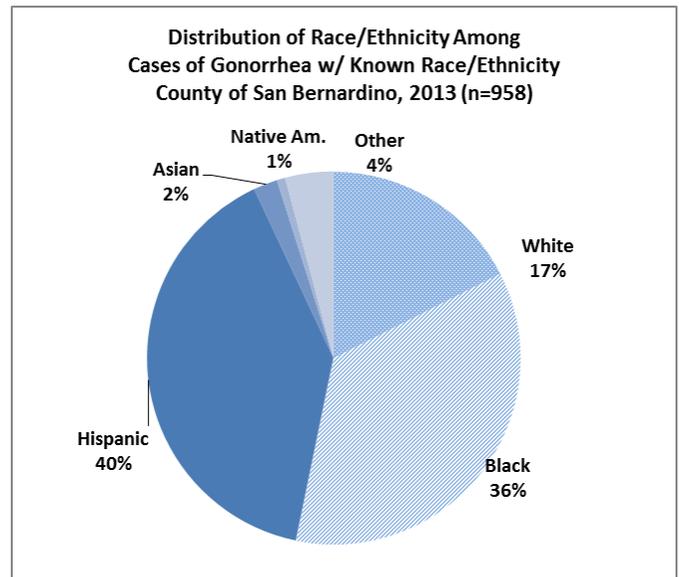


2013 REVIEW

- Gonorrhea cases increased 77% in the county from 2010 to 2013 from 56.3 to 97.2 cases per 100,000.
- Males comprised 48% of cases in San Bernardino County.
- Incidence was significantly higher among Blacks (186 cases per 100,000 population) even though they comprised one third of cases. Hispanics had the next highest incidence: 36.9 cases per 100,000 population.
- Among CA cases, 12% were also HIV positive at the time their GC infection was diagnosed.
- In CA, 63% of cases were symptomatic at the time of their diagnosis, with male heterosexuals having the highest percent at 87%.
- More than 1/3 (36%) of CA cases were treated for GC inappropriately or not treated at all.

PREVENTION

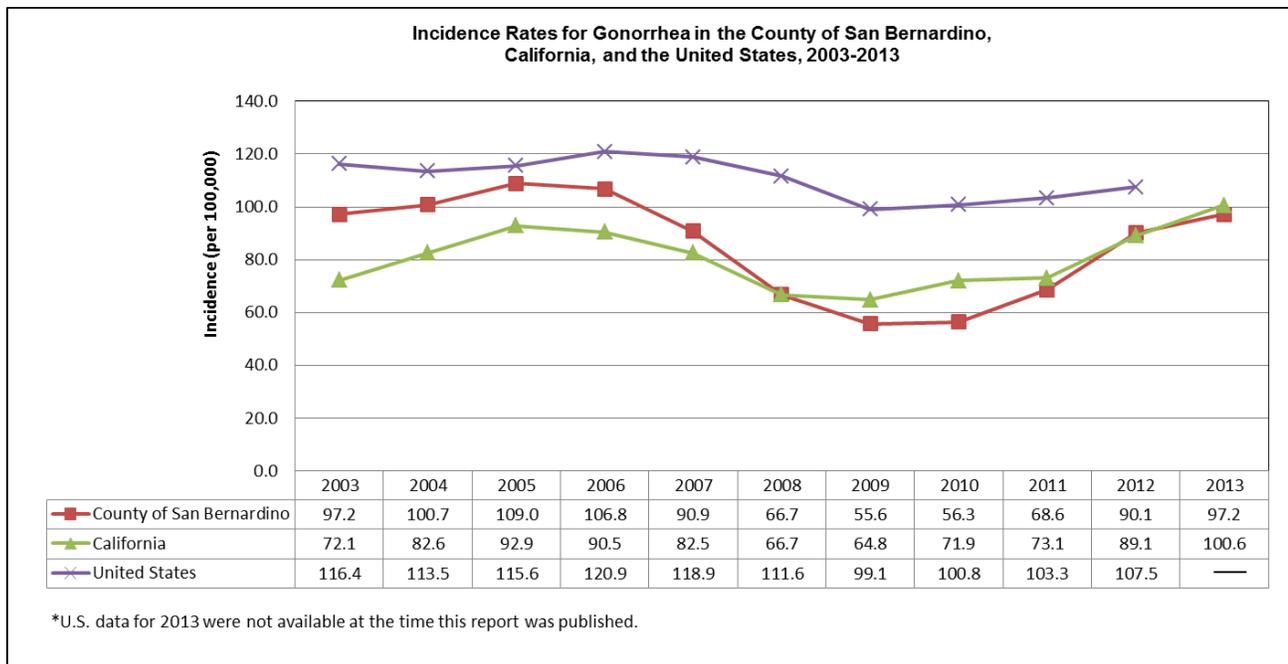
- Use latex condoms consistently and correctly if not in a mutually monogamous relationship.
- Annual screening and prompt effective treatment is important among sexually active individuals.
- The most recent guidelines issued in 2010 recommend dual therapy with two antibiotics for treatment, ceftriaxone and azithromycin or doxycycline, to limit resistance in oral cephalosporins.
- All partners of a GC-infected individual within the 60 days prior to diagnosis should be tested and treated.



GONORRHEA

Gonorrhea Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	279	221	258	212	149	119	76	83	73	171	168
Black	416	480	574	435	287	299	273	231	190	387	342
Hispanic	328	364	391	360	276	198	152	150	149	368	381
Asian	16	22	22	11	15	17	17	14	5	16	20
Native Am.	0	1	6	4	2	4	0	1	1	5	7
Other	2	0	1	1	0	0	0	0	11	29	40
Not specified	769	831	864	1091	1103	733	645	669	979	884	1071
Total	1810	1919	2116	2114	1832	1370	1163	1148	1408	1860	2029

Gonorrhea Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	2	0	2	1	2	0	0	3	2	0	0
1-4	1	1	0	2	0	0	0	0	0	0	0
5-9	2	0	0	4	0	0	0	0	0	0	0
10-14	22	19	30	17	15	10	9	8	8	13	8
15-19	438	453	530	563	499	459	349	267	310	396	398
20-24	544	620	681	692	613	429	387	429	505	666	677
25-29	320	330	384	361	319	215	204	195	268	334	385
30-34	208	215	212	195	161	118	86	102	146	198	226
35-39	107	110	120	140	102	61	47	55	66	114	130
40-44	95	77	83	66	51	41	32	44	58	58	93
45-54	45	71	54	58	57	33	40	41	37	59	91
55-64	20	19	13	13	11	3	9	2	6	14	18
65+	6	4	7	2	2	1	0	2	2	8	2
Unknown	0	0	0	0	0	0	0	0	0	0	1
Total	1810	1919	2116	2114	1832	1370	1163	1148	1408	1860	2029



SYPHILIS, ALL STAGES

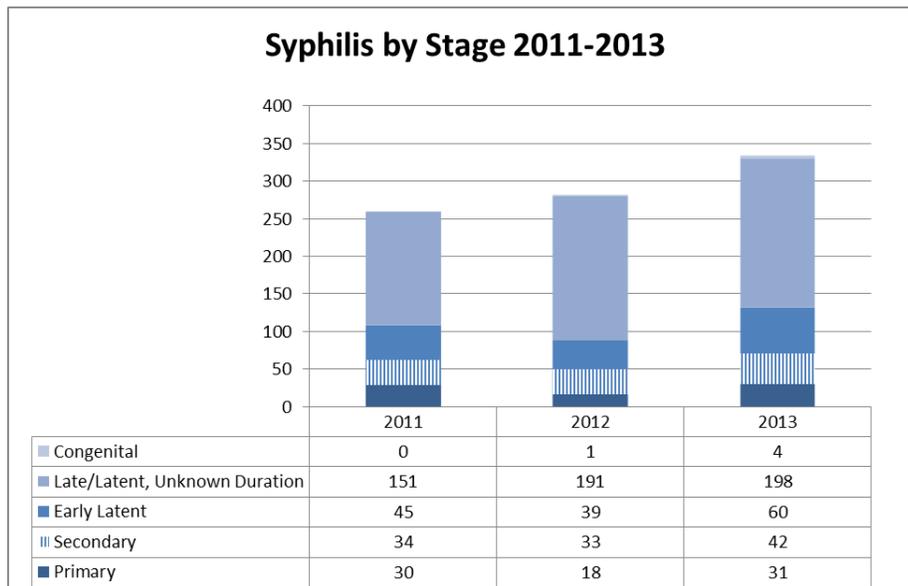
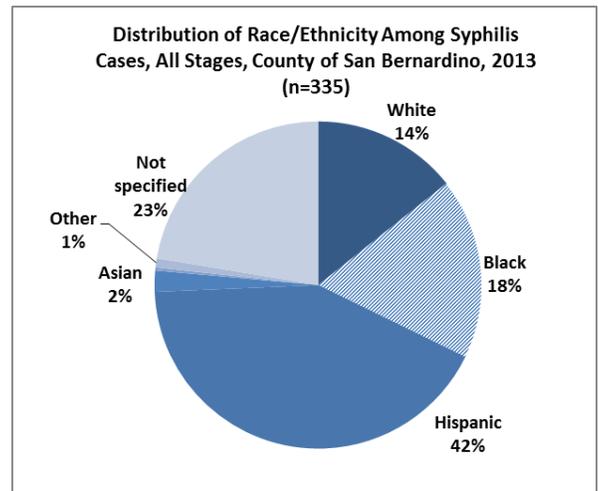
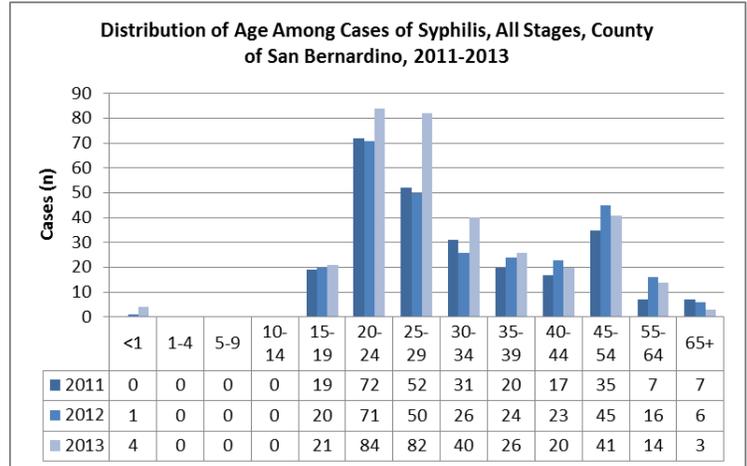
Infectious Agent: *Treponema pallidum*
Mode of Transmission: Contact with syphilis chancre on the genitalia, anus, or mouth, or during pregnancy or birth
Incubation Period: 21 days (range:10-90 days)
Symptoms: Chancre, rash including palms and soles of feet, fever, swollen lymph glands, sore throat, hair loss, muscle aches and fatigue
Vaccine: none
For more information:
<http://www.cdc.gov/std/syphilis/STDFact-Syphilis-detailed.htm>

2013 REVIEW

- Primary, secondary and early latent syphilis are the infectious stages of syphilis; cases continued to increase in these categories in 2013, comparable to trends in recent years.
- Cases increased by 19% from 2012 to 2013, with the largest increases occurring among the infectious stages (primary, secondary, and early latent).
- Of the 335 cases of any stages reported in 2013, 79% were in males.
- Increases were observed in almost all age groups with the largest increases among those individuals aged 20-34 years.
- Four congenital syphilis cases were reported in 2013, underscoring the importance of screening pregnant women.

PREVENTION

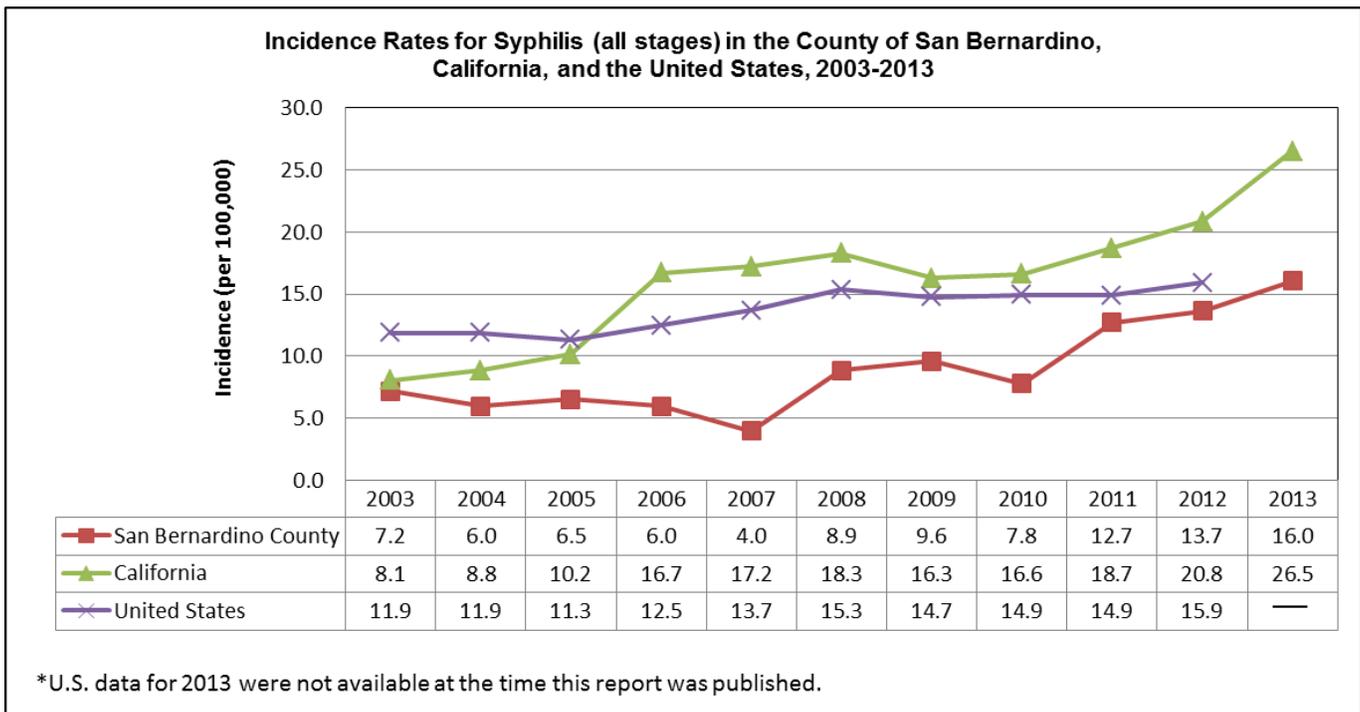
- Condoms, if used correctly and consistently, may prevent infection.
- Pregnant women should be screened at their first prenatal visit.
- High risk individuals (men who have sex with men, HIV-infected, multiple sex partners) should be screened annually or as often as every 3-6 months.



SYPHILIS, ALL STAGES

Syphilis (All Stages) Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	12	14	20	13	8	16	31	19	33	37	48
Black	14	17	16	28	17	21	26	23	29	40	60
Hispanic	74	57	60	60	32	85	87	75	126	117	141
Asian	4	1	7	1	1	6	5	1	6	8	7
Native Am.	0	0	0	0	0	0	1	0	0	3	1
Other	0	0	1	1	0	0	0	0	5	2	3
Not specified	30	25	23	15	22	54	51	41	61	75	75
Total	134	114	127	118	80	182	201	159	260	282	335

Syphilis (All Stages) Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	2	1	3	0	0	3	1	0	0	1	4
1-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	1	1	0	1	0	0	0	0	0	0	0
15-19	7	1	11	4	2	9	16	9	19	20	21
20-24	18	7	9	7	9	22	37	43	72	71	84
25-29	17	17	18	15	6	28	31	25	52	50	82
30-34	21	14	16	13	3	13	19	19	31	26	40
35-39	15	26	19	15	9	24	25	13	20	24	26
40-44	20	12	17	23	13	33	24	17	17	23	20
45-54	18	19	15	25	19	29	38	23	35	45	41
55-64	7	6	10	12	10	7	9	5	7	16	14
65+	8	10	9	3	9	14	1	5	7	6	3
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	134	114	127	118	80	182	201	159	260	282	335



PRIMARY/SECONDARY SYPHILIS

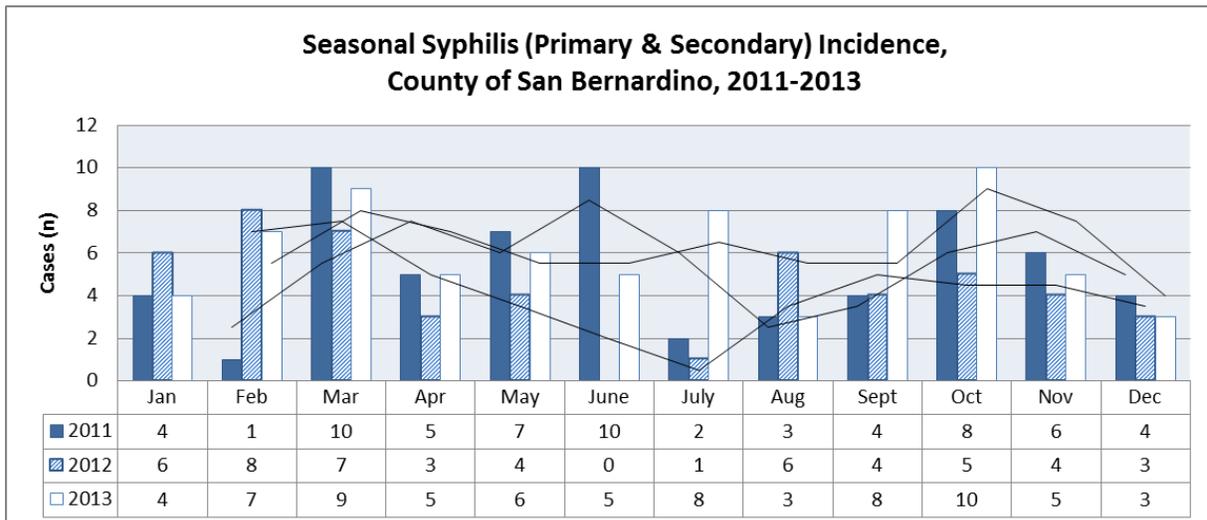
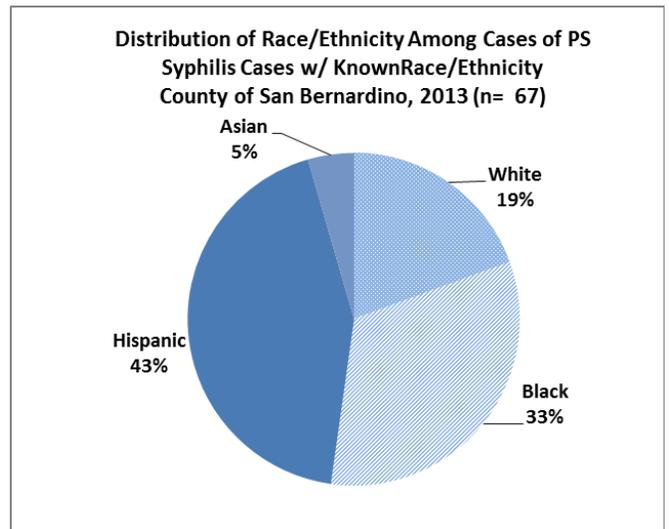
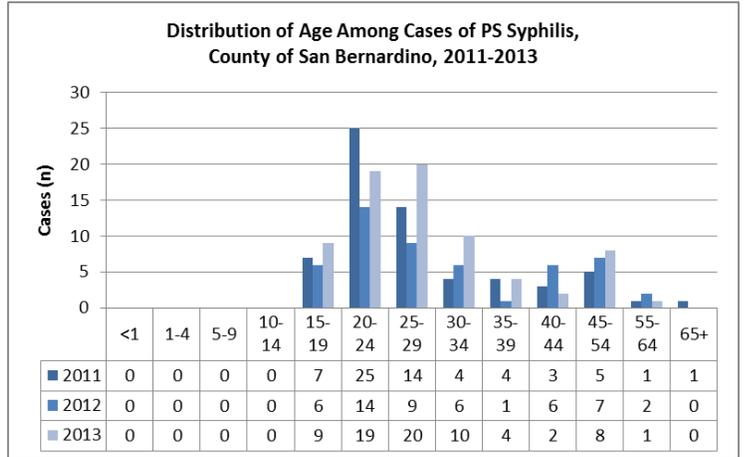
Infectious Agent: *Treponema pallidum*
Mode of Transmission: Contact with syphilis chancre on the genitalia, anus, or mouth, or during pregnancy or birth
Incubation Period: 21 days (range: 10-90 days)
Symptoms: Chancre, rash including palms and soles of feet, fever, swollen lymph glands, sore throat, hair loss, muscle aches and fatigue
Vaccine: None
For more information:
<http://www.cdc.gov/std/syphilis/STDFact-Syphilis-detailed.htm>

2013 REVIEW

- The number of primary and secondary (PS) stage syphilis cases, the most infectious stages, increased 135% in the County of San Bernardino from 2010-2013.
- In San Bernardino County, 93% of cases are males.
- Males who have sex with males (MSM) account for 77% of cases in CA.
- Of CA cases, 49% were also HIV positive at the time of their syphilis diagnosis.
- Before their infection, 49% of CA cases reported having one or more anonymous sex partners.
- The presence of a syphilis chancre increases the risk of acquiring HIV by 2-5 times if exposed.

PREVENTION

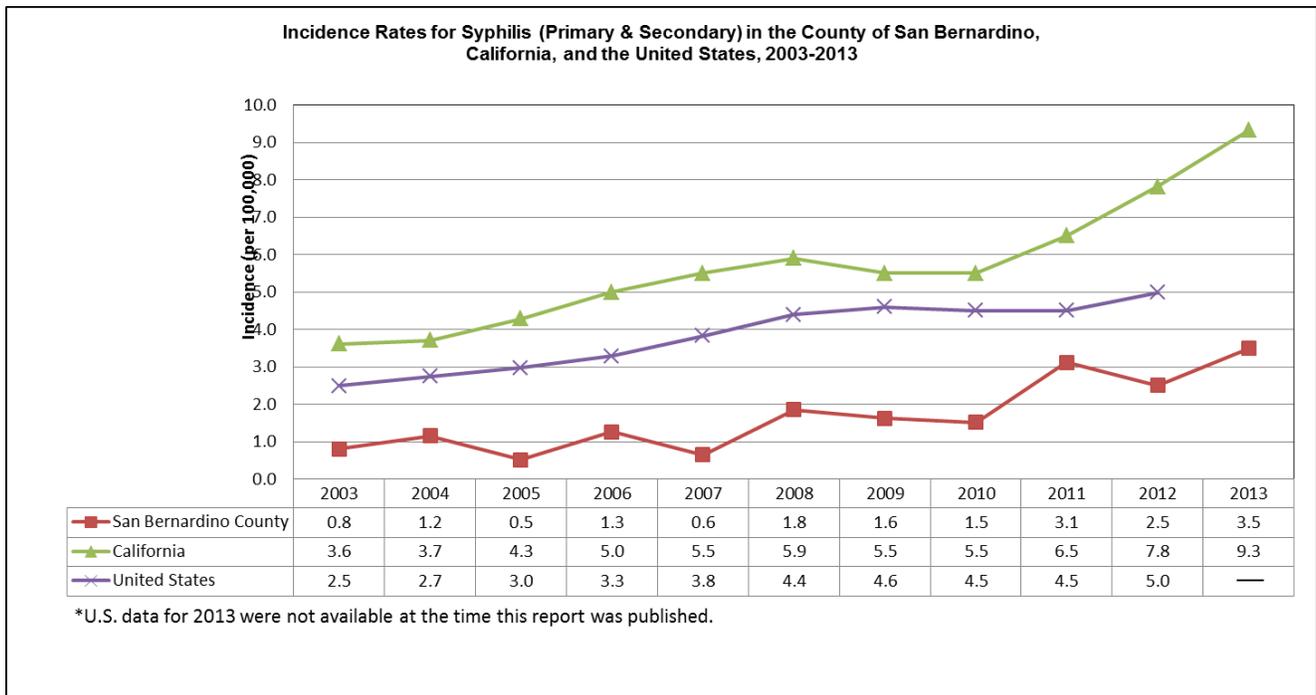
- Condoms if used correctly and consistently may prevent infection.
- Pregnant women should be screened at their first prenatal visit.
- High risk individuals (HIV-infected, men who have sex with men, multiple sex partners) should be screened annually or as often as every 3-6 months.



PRIMARY/SECONDARY SYPHILIS

Syphilis (Primary & Secondary) Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	4	12	2	5	0	10	8	5	11	10	13
Black	2	4	3	6	3	3	3	7	6	9	22
Hispanic	8	2	4	10	8	18	17	15	33	28	29
Asian	0	2	0	1	0	0	3	0	1	0	3
Native Am.	0	0	0	0	0	0	0	0	0	2	0
Other/Multiple	0	0	1	0	0	0	0	0	3	0	0
Not specified	1	2	0	3	2	7	3	4	10	2	6
Total	15	22	10	25	13	38	34	31	64	51	73

Syphilis (Primary & Secondary) Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0
15-19	1	0	0	1	0	4	4	1	7	6	9
20-24	3	2	3	2	2	6	9	11	25	14	19
25-29	2	1	4	3	1	11	8	6	14	9	20
30-34	3	4	1	1	2	1	3	2	4	6	10
35-39	3	5	1	5	3	5	3	5	4	1	4
40-44	3	4	0	4	5	3	1	1	3	6	2
45-54	0	6	1	5	0	5	6	5	5	7	8
55-64	0	0	0	4	0	2	0	0	1	2	1
65+	0	0	0	0	0	1	0	0	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	15	22	10	25	13	38	34	31	64	51	73



VIRAL MENINGITIS

Infectious Agent: Many viruses, mainly enteroviruses in the U.S.

Mode of Transmission: Variable, depending on the specific infectious agent; enteroviruses are spread through fecal-oral route and respiratory secretions

Incubation Period: Variable, depending on infectious agent; for enteroviruses, 3-10 days

Symptoms: Usually cold-like symptoms, fever, and muscle aches or rashes

Vaccine: none

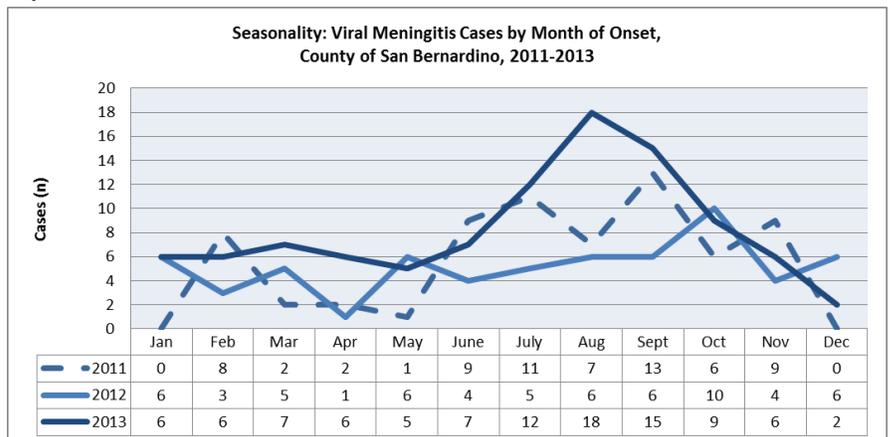
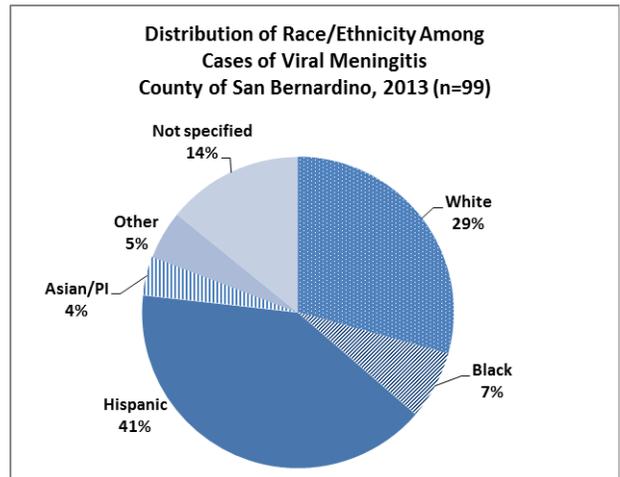
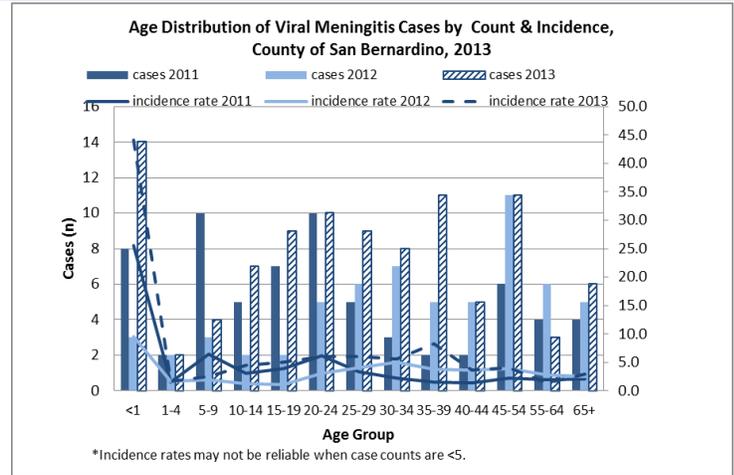
For more information: <http://www.cdc.gov/meningitis/viral.html>

2013 REVIEW

- Incidence increased to 4.7 cases per 100,000 population from the previous year with a peak incidence of 18 cases in August.
- Incidence was highest among children less than one year of age (44.1 cases per 100,000 population), double the average prior three-year incidence rate (21.6 cases per 100,000 population).
- The greatest proportion of cases occurred among Hispanics (43%) and Whites (32%). Incidence was also highest among Whites (4.2 cases per 100,000 population) and Hispanics (3.9 cases per 100,000). Incidence in all race/ethnicity groups increased from 2012 to 2013, although case counts were small in all groups but Hispanics and Whites.
- A slightly greater proportion of cases occurred among males (57%) than females (43%), an increase from previous years.
- More cases occurred during late summer months (June-September), which coincides with both known seasonality for enterovirus infections in the U.S. and could coincide with greater exposure to mosquito vectors.

PREVENTION

- To protect against respiratory viruses:
 - Cover nose and mouth with a tissue when coughing or sneezing.
 - Wash hands often with soap and water, especially after coughing or sneezing.
 - Avoid close contact with sick people who may release viruses into the air.
 - Clean contaminated surfaces and soiled articles first with soap and water, and then disinfect them with a dilute solution of chlorine-containing bleach (¼ cup of bleach per 1 gallon of water) can be a very effective way to inactivate enterovirus, especially in institutional settings such as child care centers.
- To protect against mosquito-borne viruses:
 - Avoid spending time outside when mosquitoes are most active.
 - Wear shoes, socks, long pants and long-sleeved shirts that are loose fitting and light colored.
 - Remove or drain all standing water around your property where mosquitoes lay eggs such as birdbaths, ponds, old tires, buckets, clogged gutters or puddles from leaky sprinklers.
 - Apply insect repellent containing DEET. When using DEET, be sure to read and follow the label instructions.

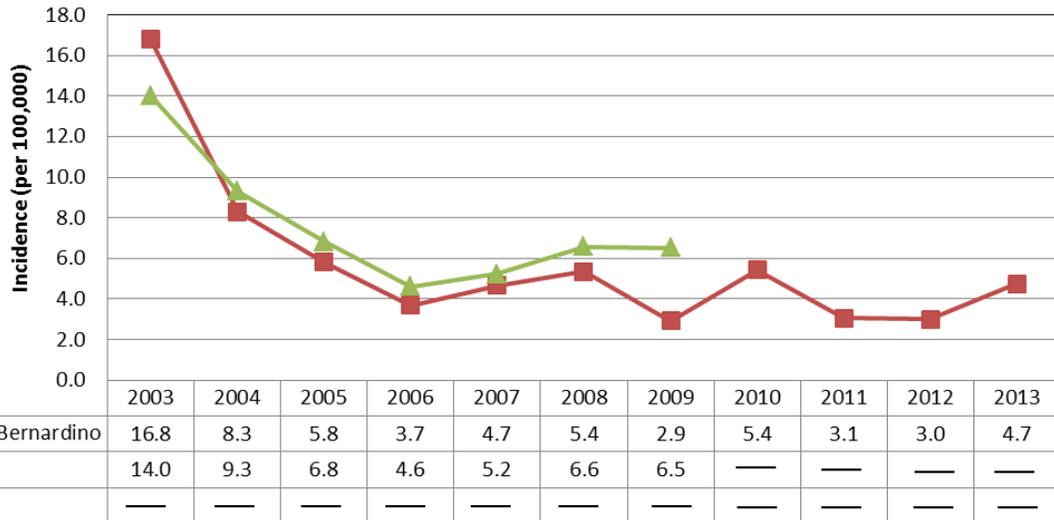


VIRAL MENINGITIS

Viral Meningitis Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	57	50	37	26	27	36	17	30	23	26	29
Black	28	19	13	5	12	9	8	10	8	4	7
Hispanic	88	57	36	35	44	51	22	55	27	25	40
Asian/PI	4	3	5	1	1	4	1	5	4	3	4
Native Am.	0	1	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	0	1	1	1	5
Not specified	136	28	21	5	10	10	13	17	5	3	14
Total	313	158	113	73	94	110	61	118	68	62	99

Viral Meningitis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	37	16	10	12	16	11	4	9	8	3	14
1-4	17	7	6	1	3	7	2	9	2	2	2
5-9	57	34	10	1	4	15	4	11	10	3	4
10-14	59	21	8	7	12	10	8	12	5	2	7
15-19	43	15	8	7	9	13	5	12	7	2	9
20-24	38	8	11	4	7	7	9	14	10	5	10
25-29	17	14	9	14	3	11	6	8	5	6	9
30-34	21	10	10	5	5	7	3	12	3	7	8
35-39	7	4	10	3	11	4	6	7	2	5	11
40-44	3	5	12	4	5	4	3	7	2	5	5
45-54	10	17	8	6	10	10	9	6	6	11	11
55-64	3	2	5	5	6	6	1	5	4	6	3
65+	1	5	6	4	3	5	1	5	4	5	6
Unknown	0	0	0	0	0	0	0	1	0	0	0
Total	313	158	113	73	94	110	61	118	68	62	99

Incidence Rates for Viral Meningitis in the County of San Bernardino, California, and the United States, 2003-2013



*2010-2013 CA data were not available at the time this report was published. Viral meningitis is not a nationally-notifiable condition.

MENINGOCOCCAL DISEASE

VACCINE-PREVENTABLE

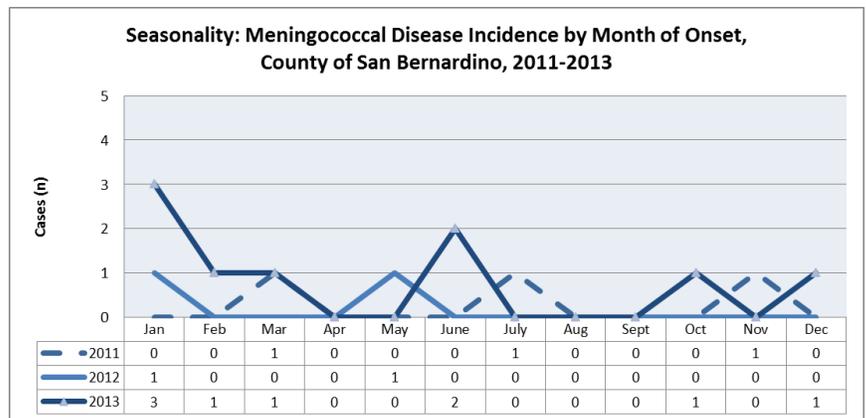
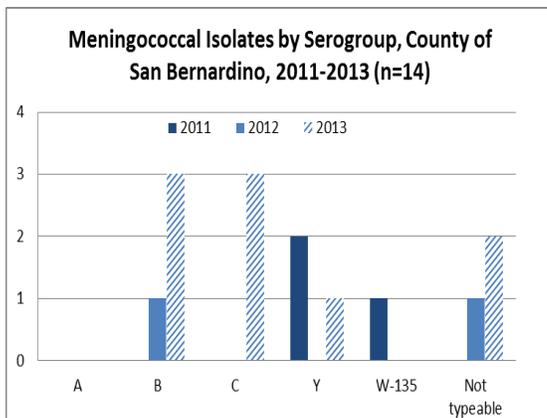
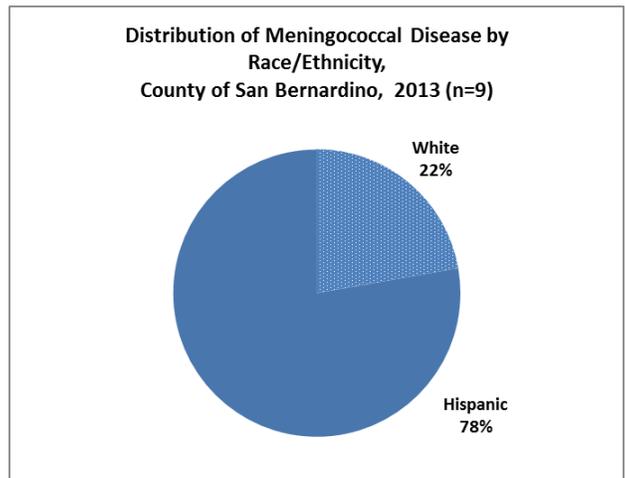
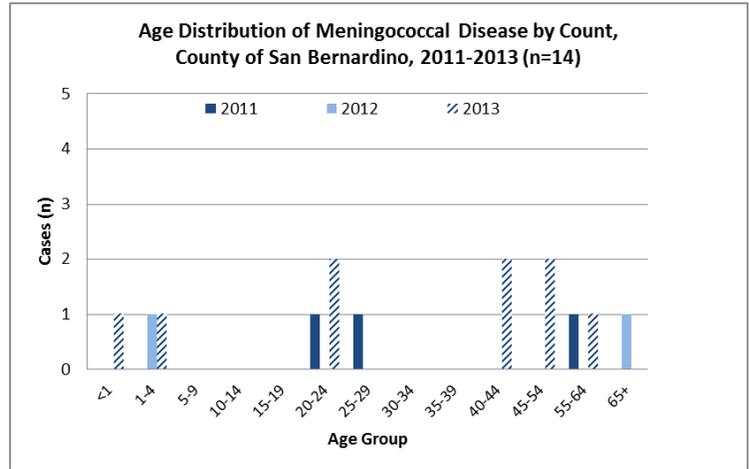
Infectious Agent: *Neisseria meningitidis*, a bacteria
Mode of Transmission: Direct contact, including respiratory secretions from noses and throats of infected people
Incubation Period: 2-10 days, usually 3-4 days
Symptoms: Fever, intense headache, nausea and/or vomiting, stiff neck, photophobia, sometimes a petechial rash; can progress to meningitis
Vaccine: Available since 1974
For more information:
<http://www.cdc.gov/meningitis/bacterial.html>

2013 REVIEW

- Incidence increased to 0.4 cases per 100,000 population from 0.1 cases per 100,000 in both 2011 and 2012.
- Rates of meningococcal disease are generally below CA and U.S. rates, and have remained at or below the Healthy People 2020 goal of 0.3 cases per 100,000 since 2007.
- Two cases reported during this time period occurred among children under the age for vaccination.
- The greatest proportion of cases occurred among Hispanics (78%).
- Males (56%) and females (46%) comprised approximately equal proportions of cases.
- Serogroups B and C were each isolated from 3 cases. There were no serogroups identified that were linked to a known outbreak of meningococcal disease.
- There was no distinct seasonality noted among cases.

PREVENTION

- Children should receive their first dose of meningococcal conjugate vaccine (for serogroups A, C, Y, and W-135) at 11-12 years of age and a booster dose at 16-18 years of age.
- Travelers to endemic areas¹ should get vaccinated prior to travel.
- Close contacts to a case of meningococcal disease should receive antibiotics within 14 days to prevent disease.
- Cover nose and mouth when coughing or sneezing.
- Wash hands often with soap and water, especially after coughing or sneezing.



¹ See <http://wwwnc.cdc.gov/travel>

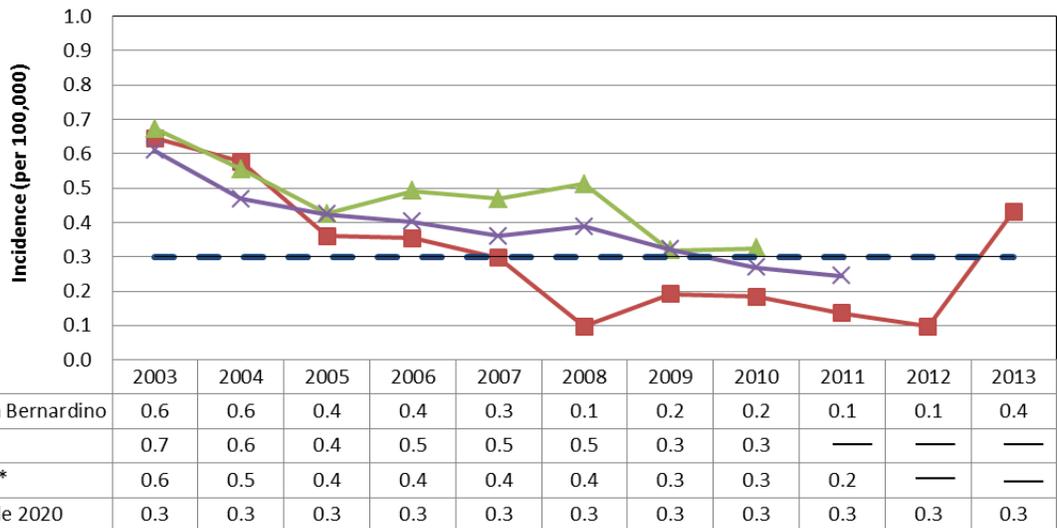
MENINGOCOCCAL DISEASE

VACCINE-PREVENTABLE

Meningococcal Disease Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	4	4	4	1	3	0	0	0	1	1	2
Black	1	0	0	1	1	0	0	0	0	0	0
Hispanic	3	6	2	4	2	1	3	3	2	1	7
Asian/PI	0	0	0	0	0	0	0	0	0	0	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Not specified	4	1	1	1	0	1	1	1	0	0	0
Total	12	11	7	7	6	2	4	4	3	2	9

Meningococcal Disease Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	2	1	1	1	1	1	0	2	0	0	1
1-4	2	0	1	1	0	0	0	1	0	1	1
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	0	1	0	1	0	0	1	0	0	0	0
15-19	1	2	1	2	0	0	0	0	0	0	0
20-24	1	1	0	0	0	0	0	1	1	0	2
25-29	2	0	0	0	0	0	0	0	1	0	0
30-34	0	0	1	0	0	0	1	0	0	0	0
35-39	0	0	1	0	1	0	0	0	0	0	0
40-44	0	0	0	0	1	0	0	0	0	0	2
45-54	2	3	1	1	0	0	1	0	0	0	2
55-64	2	2	1	1	2	0	1	0	1	0	1
65+	0	1	0	0	1	1	0	0	0	1	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	12	11	7	7	6	2	4	4	3	2	9

Incidence Rates for Meningococcal Disease in the County of San Bernardino, California, and the United States, 2003-2013



*CA data for 2011-2013, U.S. data for 2012-2013 were not available at the time this report was published.

MUMPS

VACCINE-PREVENTABLE

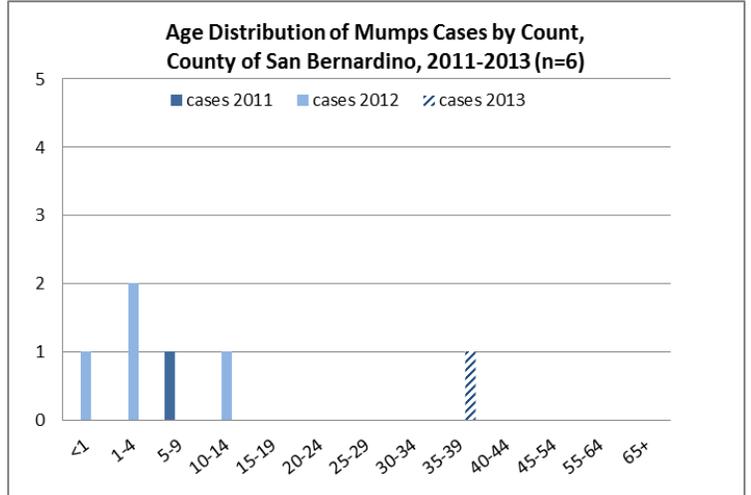
Infectious Agent: Mumps virus
Mode of Transmission: Airborne, droplet spread or by contact with saliva of an infected person
Incubation Period: 12-25 days
Symptoms: Fever, headache, muscle aches, tiredness, tenderness and swelling of one or more parotid glands.
Vaccine: MMR vaccine given at 12-15 months and at 4-6 years
For more information:
<http://www.cdc.gov/mumps/about/mumps-facts.html>

2013 REVIEW

- The County of San Bernardino has not reported a confirmed case of mumps in the last five years. The CSTE case definition for mumps was expanded to include a Suspect definition in 2008². Since 2008, 5 of 6 reported mumps cases met the Suspect case definition and 1 met the Probable case definition.
- The one probable case reported in 2013 was a White male.
- Because incidence is so low, mumps does not demonstrate a distinct seasonality in San Bernardino County.
- Complications of mumps can include inflammation of the testicles, brain, ovaries and temporary or permanent deafness.

PREVENTION

- Keep your family and yourself up to date on recommended vaccines, including MMR.
- Stay home for 5 days after your glands begin to swell and try to minimize contact with other members of your household, especially babies and immunocompromised people who cannot be vaccinated.
- Cover your mouth and nose if you cough or sneeze, dispose of the tissue, and keep your hands washed.



² <http://wwwn.cdc.gov/NNDS/script/conditionssummary.aspx?CondID=109>

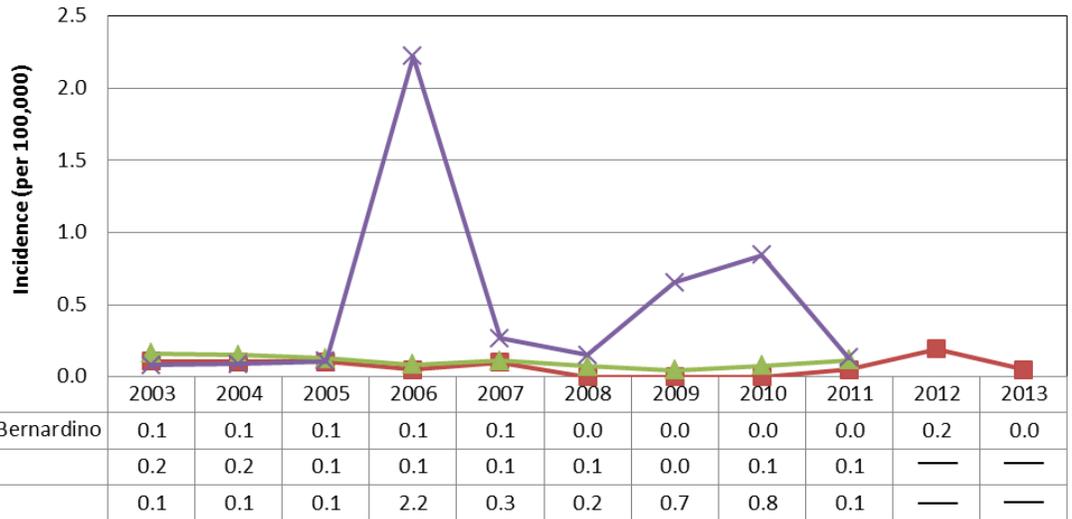
MUMPS

VACCINE-PREVENTABLE

Mumps Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	1	1	0	0	1	0	0	0	1	2	1
Black	0	0	0	0	0	0	0	0	0	0	0
Hispanic	0	1	0	0	0	0	0	0	0	1	0
Asian	1	0	1	1	1	0	0	0	0	1	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Not specified	0	0	1	0	0	0	0	0	0	0	0
Total	2	2	2	1	2	0	0	0	1	4	1

Mumps Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	1	0
1-4	1	1	0	0	0	0	0	0	0	2	0
5-9	0	0	1	0	2	0	0	0	1	0	0
10-14	0	0	0	0	0	0	0	0	0	1	0
15-19	0	1	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	1	1	0	0	0	0	0	0	0
30-34	1	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	1
40-44	0	0	0	0	0	0	0	0	0	0	0
45-54	0	0	0	0	0	0	0	0	0	0	0
55-64	0	0	0	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	2	2	2	1	2	0	0	0	1	4	1

Incidence Rates for Mumps in the County of San Bernardino, California, and the United States, 2003-2013



*CA & U.S. data for 2012-2013 were not available at the time this report was published.

PERTUSSIS (WHOOPING COUGH)

VACCINE-PREVENTABLE

Infectious Agent: *Bordetella pertussis*, a Gram negative aerobic bacteria

Mode of Transmission: Airborne and direct contact with expulsions such as large droplets from respiratory mucous membranes of infected persons.

Incubation Period: 9-10 days on average (range: 6-21 days)

Symptoms: Paroxysmal coughs lasting 1-2 months, high-pitched whoop, expulsions of clear mucus, vomiting

Vaccine: Available since 1961

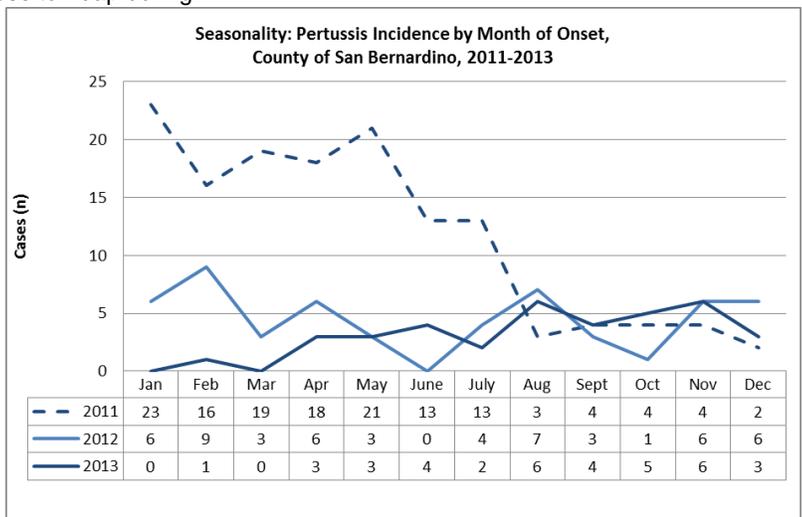
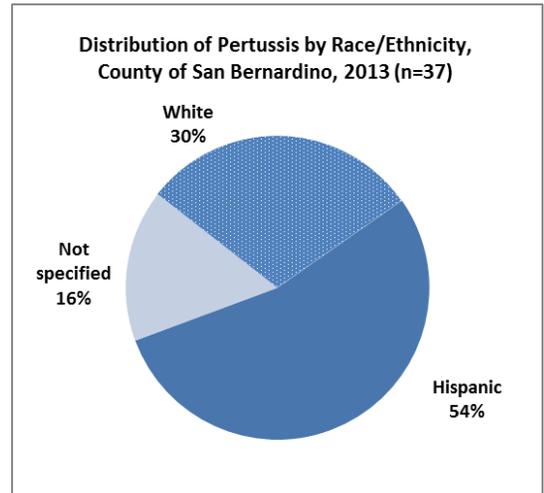
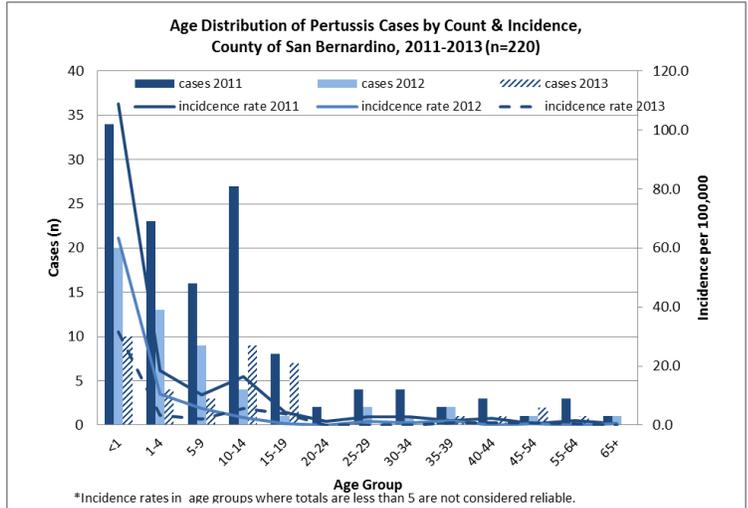
For more information: <http://www.cdc.gov/pertussis>

2013 REVIEW

- Incidence of pertussis decreased from 2012 to 2013 to 1.8 cases per 100,000 population. However, incidence remained higher than pre-epidemic levels (pre-2010), which averaged less than 1.0 case per 100,000 population.
- The greatest proportion of cases was among children less than 1 year of age and children 10-14 years of age. Incidence in children under 1 year of age dropped by half from 2012 to 2013 to 31.5 cases per 100,000 population. Incidence in the 10-14 year old age group doubled from 2012 to 2013 to 5.7 cases per 100,000 population, although case counts were small (n=9).
- Whites (30%) and Hispanic (54%) populations comprised the greatest proportion of cases, as seen in previous years. Incidence rates were also highest in these populations: 1.6 per 100,000 population in Whites and 1.9 per 100,000 population in Hispanics.
- Almost two-thirds of cases occurred among females (62%).
- There were fewer cases in the winter months and instead incidence increased in late summer through fall (August to November).

PREVENTION

- Vaccination is the best method to prevent pertussis. The DTaP vaccination protects children against pertussis infection; five doses are recommended. They are usually given to children at ages 2 months, 4 months, 6 months, 15-18 months and 4-6 years. The Tdap vaccine should be given around age 11 or 12, and every 10 years thereafter and during every pregnancy. Tdap is now required for all students entering 7th grade in California.
- CDC now recommends that pregnant women receive a dose to Tdap during each pregnancy, preferably in the third trimester.
- Some health care organizations strongly recommend that adults up to the age of 65 years receive the adult form of the vaccine against pertussis.

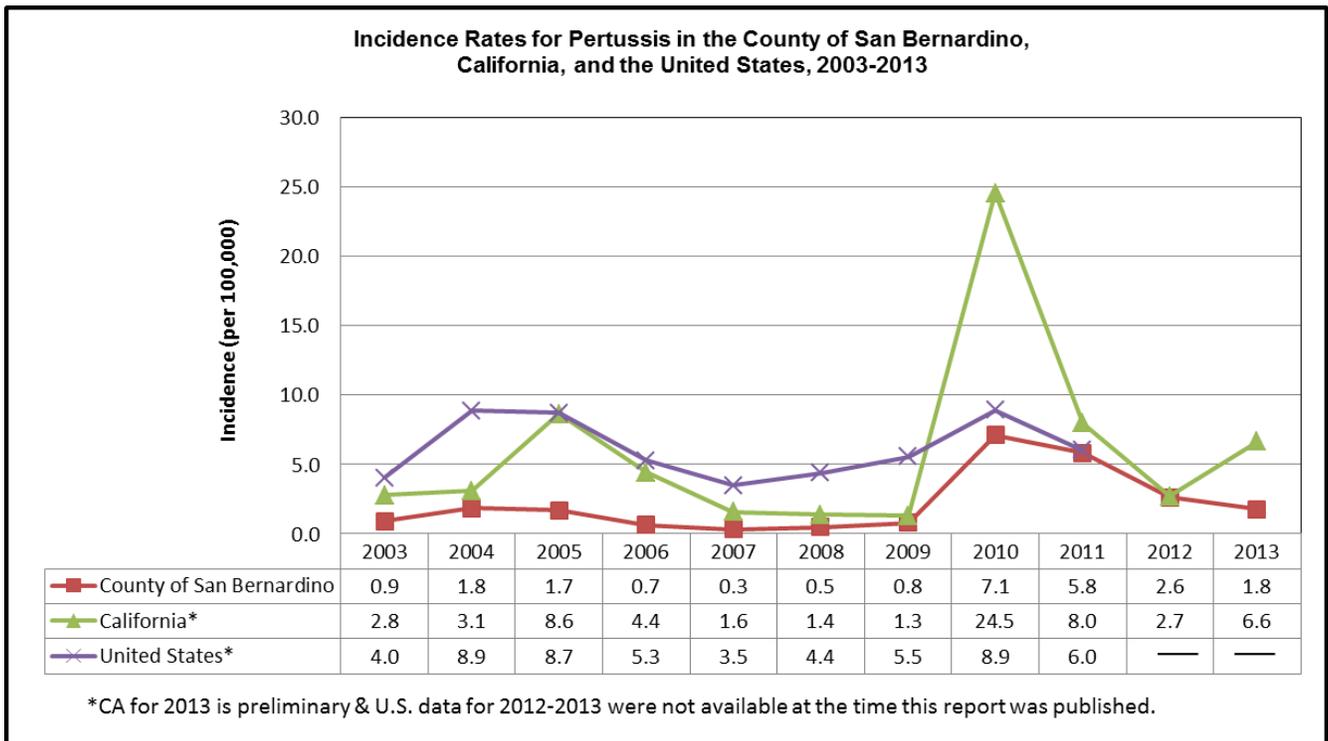


PERTUSSIS (WHOOPING COUGH)

VACCINE-PREVENTABLE

Pertussis Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	3	17	13	6	5	4	6	43	40	13	11
Black	0	0	7	0	0	0	0	6	4	4	0
Hispanic	10	16	12	6	1	4	4	80	69	30	20
Asian/PI	1	1	0	0	0	0	0	2	2	4	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	1	0	0	0
Not specified	3	1	1	1	1	2	7	23	14	3	6
Total	17	35	33	13	7	10	17	155	129	54	37

Pertussis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	14	24	21	4	6	6	12	51	34	20	10
1-4	1	1	0	1	0	1	2	23	23	13	4
5-9	2	3	2	2	0	1	1	14	16	9	2
10-14	0	2	6	2	1	2	1	32	27	4	9
15-19	0	1	2	1	0	0	1	10	8	1	7
20-24	0	1	1	0	0	0	0	5	2	0	0
25-29	0	1	0	0	0	0	0	1	4	2	0
30-34	0	0	1	3	0	0	0	2	4	1	0
35-39	0	0	0	0	0	0	0	2	2	2	1
40-44	0	1	0	0	0	0	0	7	3	0	1
45-54	0	0	0	0	0	0	0	4	1	1	2
55-64	0	1	0	0	0	0	0	0	3	0	1
65+	0	0	0	0	0	0	0	3	1	1	0
Unknown	0	0	0	0	0	0	0	1	1	0	0
Total	17	35	33	13	7	10	17	155	129	54	37



RESPIRATORY SYNCYTIAL VIRUS (RSV)

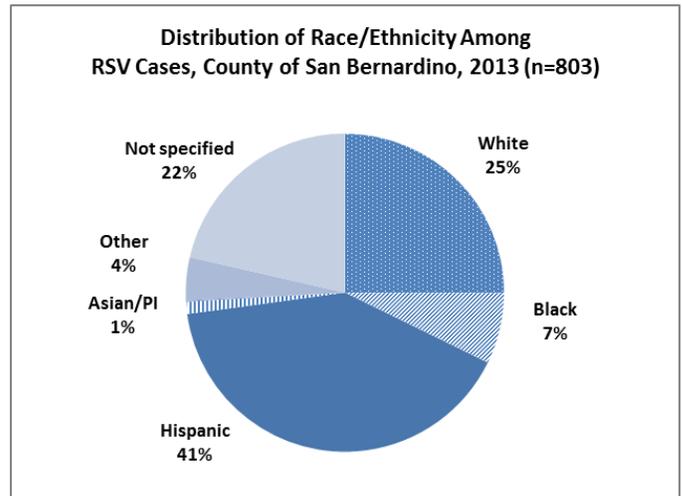
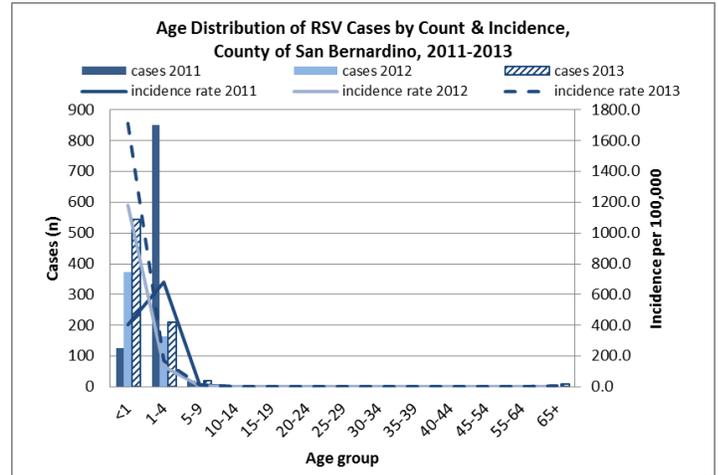
Infectious Agent: Respiratory syncytial virus (RSV)
Mode of Transmission: Through airborne respiratory droplets spread by an infected person coughing or sneezing or by direct or indirect contact with respiratory secretions from an infected person
Incubation Period: 4-6 days (range: 2-8 days)
Symptoms: Runny nose, decrease in appetite; coughing, sneezing, and fever typically develop 1 to 3 days later. Wheezing may also occur. In very young infants, irritability, decreased activity, and breathing difficulties may be the only symptoms.
Vaccine: None
For more information: <http://www.cdc.gov/rsv/>

2013 REVIEW

- Incidence increased by 45% from 2012 to 2013 to 38.5 cases per 100,000 population. Incidence appears to fluctuate every two years and the general trend in incidence has been decreasing since 2003.
- Incidence was highest among children less than one year of age (1712.8 cases per 100,000 population).
- The greatest proportion of cases occurred among Hispanics (41%) and Whites (25%). Incidence rates were highest among Blacks (31.6 cases per 100,000 population), Hispanics (31.6 cases per 100,000 population), and those of Multiple Race/Ethnic background (79.0 cases per 100,000).
- Males comprised 60% of cases.
- More cases occurred during winter months (January-March), which coincides with known seasonality for this region.

PREVENTION

- Cover nose and mouth when coughing or sneezing.
- Wash hands often with soap and water, especially after coughing or sneezing.
- Infected people should not share cups or eating utensils with others.
- Avoid close contact with sick people who may release the virus into the air. Infected people should not spend time with high-risk children (premature infants, children under 2 years who have chronic lung or heart conditions, children with weakened immune systems).
- Limit time high-risk children spend in childcare centers.
- Clean high-contact surfaces such as doorknobs and handrails frequently.

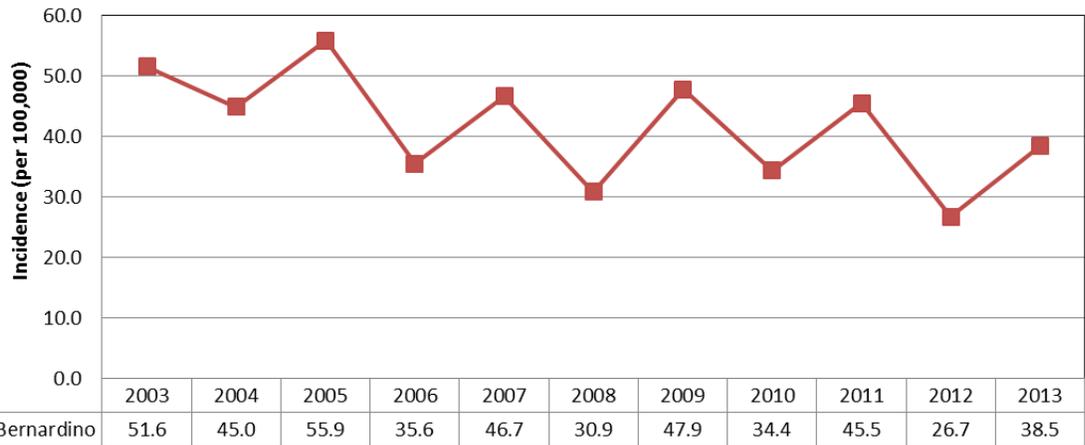


RESPIRATORY SYNCYTIAL VIRUS (RSV)

RSV Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	228	166	163	191	243	124	144	166	259	152	201
Black	84	53	50	40	60	44	60	65	97	67	58
Hispanic	284	234	211	307	404	290	359	321	438	243	326
Asian/PI	8	6	10	8	7	12	13	10	18	7	10
Native Am.	1	1	0	0	0	0	0	1	4	0	1
Other	16	0	5	2	0	0	0	2	2	20	35
Not specified	340	397	647	156	228	165	426	185	191	63	172
Total	961	857	1086	704	942	635	1002	750	1009	552	803

RSV Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	711	637	912	552	730	499	678	452	126	372	544
1-4	215	211	163	137	205	127	301	276	852	164	210
5-9	9	7	7	12	3	6	14	15	20	11	20
10-14	1	1	1	1	1	2	5	1	4	2	7
15-19	0	0	0	0	2	0	1	3	1	2	1
20-24	0	0	1	0	0	0	1	0	1	1	1
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	1	0	0	0	0	0	0	0	0	0	0
40-44	0	0	1	1	0	0	1	0	0	0	2
45-54	0	0	1	0	0	0	0	1	0	0	1
55-64	0	1	0	0	0	0	0	1	2	0	1
65+	2	0	0	1	1	1	1	1	3	0	11
Unknown	22	0	0	0	0	0	0	0	0	0	5
Total	961	857	1086	704	942	635	1002	750	1009	552	803

Incidence Rates for RSV in the County of San Bernardino, 2003-2013



*RSV became reportable in County of San Bernardino in 2002.
RSV is not reportable in CA and is not nationally-notifiable.

TUBERCULOSIS (TB)

Infectious Agent: *Mycobacterium tuberculosis* complex, a group of acid-fast bacilli

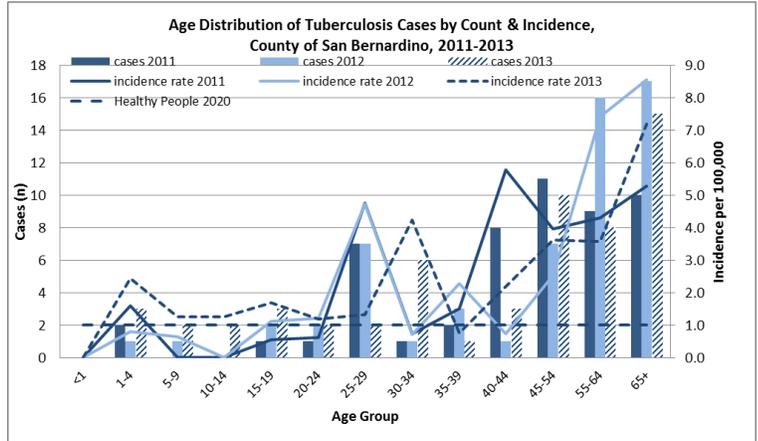
Mode of Transmission: Inhalation of infectious respiratory droplets produced by persons with pulmonary or respiratory TB

Incubation Period: Variable: 2-10 weeks from infection to demonstrable TST reaction or positive IGRA; less than 10% infected develop active TB in their lifetime, and half of those (5%) will develop symptoms within 2 years

Symptoms: Common symptoms of pulmonary TB include cough, fatigue, fever, weight loss, night sweats

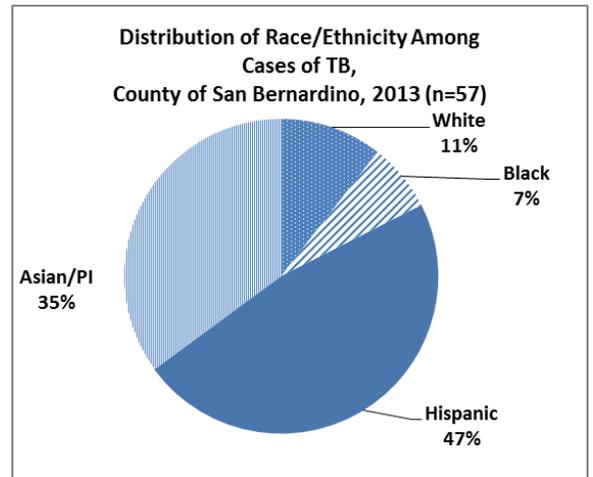
Vaccine: None

For more information: <http://www.cdc.gov/tb/>



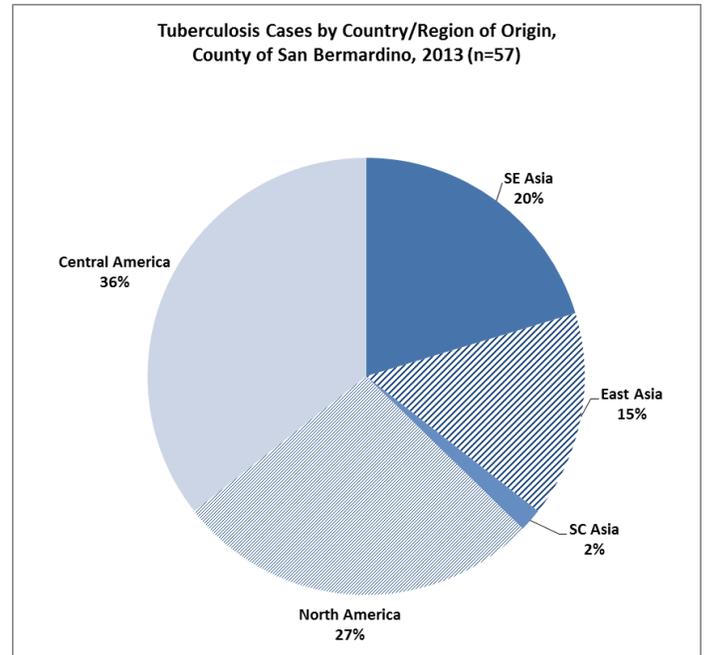
2013 REVIEW

- Incidence is lower in County of San Bernardino than in both California and the U.S.
- Incidence was highest among adults over 65 years of age (7.2 cases per 100,000 population). All other cell counts were small.
- The greatest proportion of cases occurred among Hispanics (47%) and Asian/Pacific Islanders (35%). Incidence was highest among Asian/Pacific Islanders (15.6 per 100,000 population), comparable to previous years.
- Males comprised 61% of cases.
- Three quarters of cases (74%) occurred among foreign-born residents. Incidence among foreign-born residents (13.1 cases per 100,000 population) was thirteen times higher than among US-born residents (1.0 cases per 100,000 population), comparable to trends in both California and the United States.
- Most cases are from Central America, including Mexico (36%), followed by the United States (27%), and Southeast Asia (20%), including the Philippines and Vietnam.
- Nearly three-quarters of TB cases were pulmonary TB (73.7%), comparable to proportions observed in previous years and slightly higher than the distribution observed in California in 2012 (66.5%).



PREVENTION

- Early diagnosis and treatment of active TB cases, particularly the most infectious smear-positive pulmonary cases, is the best method of preventing the spread of TB.
- Active case finding through contact investigation of pulmonary TB cases helps to reduce transmission.
- Treat latent TB infections with isoniazid (INH) for 6-9 months or Rifampentine to prevent progression to active disease.
- Screen HIV-infected people for TB during their first clinical evaluation and vice versa.
- Provide directly observed therapy (DOT) for TB cases.
- Educate TB cases, their contacts, and the public on the means of transmission, control, and importance of adherence to treatment.

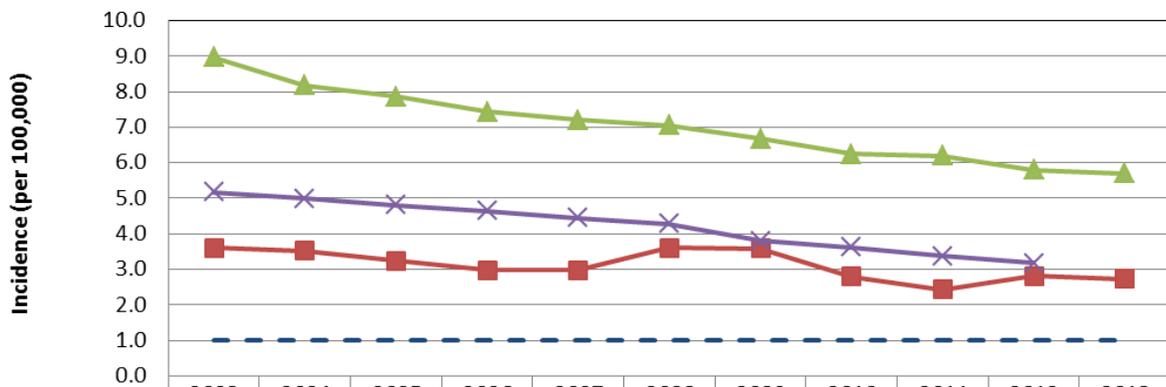


TUBERCULOSIS (TB)

Tuberculosis Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	4	7	6	4	13	8	8	6	4	2	6
Black	7	6	4	1	5	5	4	6	4	5	4
Hispanic	27	28	35	38	25	28	26	29	25	29	27
Asian/PI	22	24	14	15	11	23	29	21	19	21	20
Native Am.	0	0	0	0	0	1	1	0	0	1	0
Other	2	0	0	1	0	1	2	0	0	0	0
Not specified	5	2	4	0	6	9	9	0	0	0	0
Total	67	67	63	59	60	75	79	62	52	58	57

Tuberculosis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	1	0	2	0	0	2	0	0	0	0
1-4	1	1	4	1	1	1	3	0	2	1	3
5-9	2	1	0	1	1	0	2	0	0	1	2
10-14	1	0	0	1	1	0	1	1	0	0	2
15-19	4	2	5	1	1	2	2	4	1	2	3
20-24	3	3	2	1	1	6	6	2	1	2	2
25-29	1	8	5	5	4	3	8	4	7	7	2
30-34	4	7	3	4	11	4	10	2	1	1	6
35-39	5	7	4	7	3	12	3	3	2	3	1
40-44	9	5	6	2	7	3	8	6	8	1	3
45-54	10	14	12	7	9	13	10	17	11	7	10
55-64	13	6	7	6	8	12	8	4	9	16	8
65+	14	12	15	21	13	19	16	19	10	17	15
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	67	67	63	59	60	75	79	62	52	58	57

Incidence Rates for TB in the County of San Bernardino, California, and the United States, 2003-2013



County of San Bernardino	3.6	3.5	3.2	3.0	3.0	3.6	3.6	2.8	2.4	2.8	2.7
California*	9.0	8.2	7.9	7.4	7.2	7.0	6.7	6.2	6.2	5.8	5.7
United States*	5.2	5.0	4.8	4.6	4.4	4.3	3.8	3.6	3.4	3.2	—
Healthy People 2020	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

*U.S. data for 2013 were not available at the time this report was published.
 Healthy People 2020 goal is 1.0 cases per 100,000 population.

VARICELLA HOSPITALIZATIONS/DEATHS

VACCINE-PREVENTABLE

Infectious Agent: Varicella-Zoster Virus (VZV)

Mode of Transmission: Person-to-person direct contact, airborne spread of droplet vesicle fluid, contact with vesicle fluid or mucous membrane of infected people

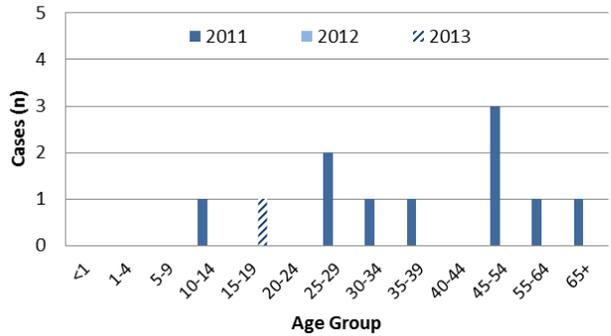
Incubation Period: 10-21 days on average (range: 10—28 days)

Symptoms: Fever, macules, papules characterized as pruritic (itchy), approximately 250-500 vesicular lesions lasting 3-4 days that then crust and scab

Vaccine: Available since 1995

For more information: <http://www.cdc.gov/chickenpox>

Age Distribution of Varicella Hospitalizations/Deaths by Count, County of San Bernardino, 2011-2013 (n=11)



2013 REVIEW

- Varicella hospitalizations and deaths have been reportable in California since 2003, and the first complete year of data was available for 2004.
- US data, however, reflects only deaths resulting from varicella infection.
- San Bernardino County did not report any deaths due to varicella infection.
- One hospitalized case was reported in 2013.

PREVENTION

- Vaccination is the best method to prevent varicella. MMRV has been licensed for use in children 12 months to 12 years.
 - One dose of vaccine is recommended for children aged 12-18 months with a second dose recommended at 4-6 years up to 12 years of age.
 - For people 13 years or older, two doses of varicella vaccine are recommended 4-6 weeks apart administrations.
- Isolate infected individuals to prevent varicella transmission.
- Neonates and immunocompromised people, who are considered high-risk for developing severe varicella infection after an exposure, should receive varicella zoster immune globulin (VariZIG) as soon as possible and within 10 days of exposure.

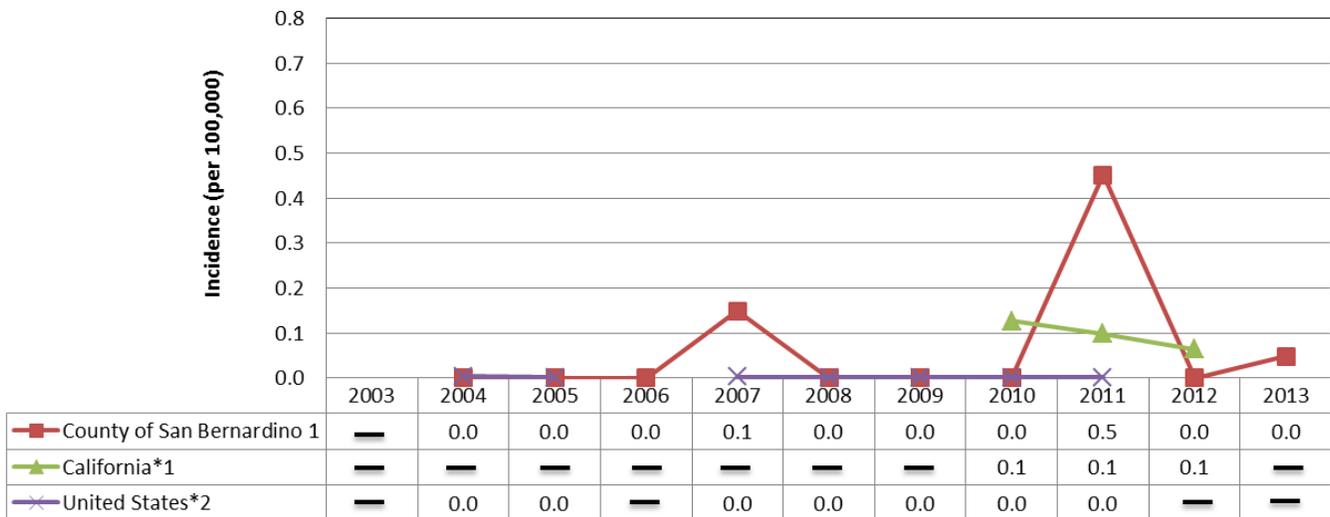
VARICELLA HOSPITALIZATIONS/DEATHS

VACCINE-PREVENTABLE

Varicella Hospitalization/Death Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	0	0	0	0	1	0	0	1	5	0	0
Black	0	0	0	0	1	0	0	0	3	0	0
Hispanic	0	0	0	0	1	0	0	0	2	0	0
Asian/PI	0	0	0	0	0	0	0	0	0	0	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Not specified	0	0	0	0	0	0	0	1	0	0	1
Total	0	0	0	0	3	0	0	2	10	0	1

Varicella Hospitalizations/Deaths Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	1	0	0
15-19	0	0	0	0	0	0	0	1	0	0	1
20-24	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	1	0	0	0	2	0	0
30-34	0	0	0	0	0	0	0	0	1	0	0
35-39	0	0	0	0	0	0	0	0	1	0	0
40-44	0	0	0	0	1	0	0	0	0	0	0
45-54	0	0	0	0	1	0	0	1	3	0	0
55-64	0	0	0	0	0	0	0	0	1	0	0
65+	0	0	0	0	0	0	0	0	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	3	0	0	2	10	0	1

Incidence Rates for Varicella Hospitalizations/Deaths in the County of San Bernardino, California, and the United States, 2003-2013



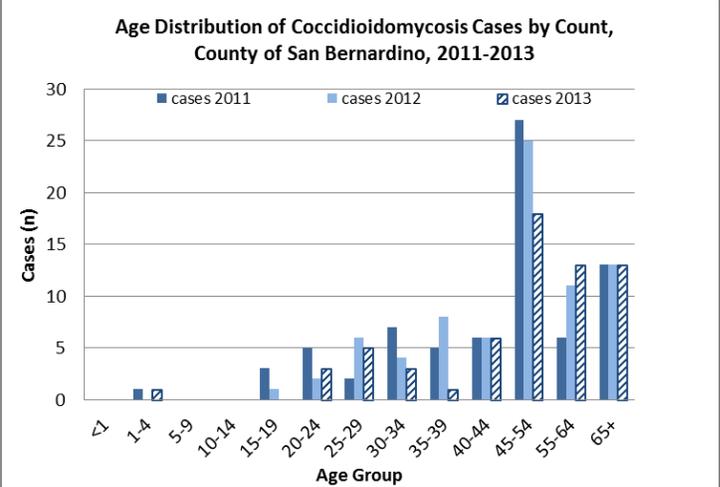
¹Complete annual data for varicella hospitalizations/deaths was not available until 2004 in San Bernardino County and CA.

²Varicella became nationally notifiable again in 2003 after it was removed in 1981.

*CA data prior to 2010, CA 2013, & U.S. data for 2012-13 were not available at the time this report was published.

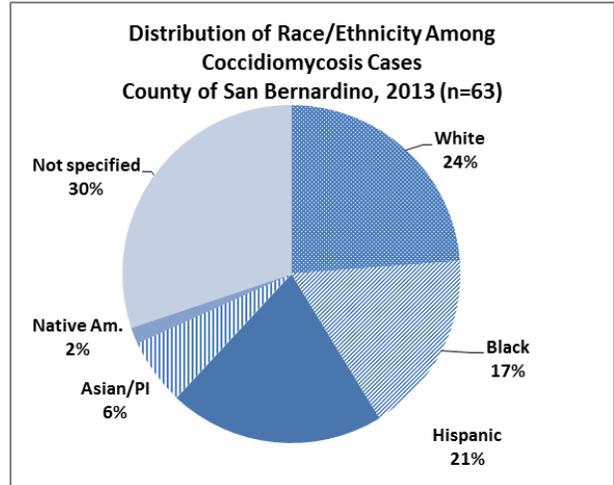
COCCIDIOIDOMYCOSIS

Infectious Agent: *Coccidioides immitis* or *posadasii*, a fungus
Mode of Transmission: Inhalation of spores in the air, especially after disruption of soil
Incubation Period: 1-4 weeks for primary infection; up to years for disseminated infection
Symptoms: Fever, cough, headache, rash on upper trunk or extremities, muscle aches, joint pain in the knees or ankles; advanced disease may involve multiple organs, chronic pneumonia, bone or joint infection
Vaccine: None
For more information:
<http://www.cdc.gov/fungal/diseases/coccidioidomycosis/index.html>



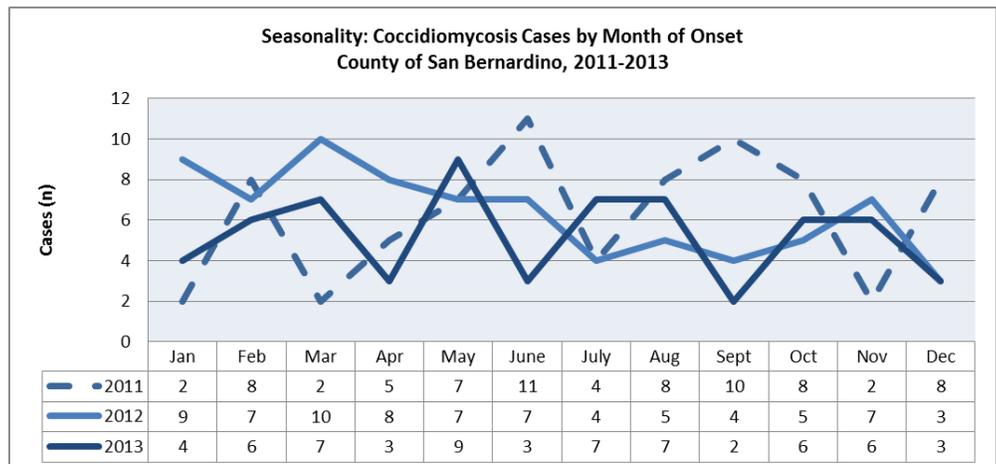
2013 REVIEW

- Incidence in the County of San Bernardino has increased since 2008 from 1.1 cases per 100,000 to 3.7 cases per 100,000 in 2012. In 2013, incidence decreased to 3.0 cases per 100,000 population. Importantly, coccidioidomycosis became laboratory-reportable in California in 2010. Incidence in the County of San Bernardino is consistently lower than in California.
- Incident cases do not necessarily indicate exposure within the County of San Bernardino.
- Highest incidence rates occurred among adults aged 48 years and older. The median age was 47 years (range 3-86 years).
- Hispanics comprised 21% of cases and Whites 24% of cases. Incidence was highest among Blacks/African-Americans who had 6.0 cases per 100,000 population. By comparison, incidence in Whites was 2.2 cases per 100,000 population and Hispanics 1.3 cases per 100,000 population.
- Approximately 25% of cases (n=16) occurred among institutionalized³ residents of the County of San Bernardino. These cases may have been exposed and infected in another jurisdiction.⁴
- Males comprised 76% of cases.
- There was no consistent seasonality observed among cases.



PREVENTION

- If traveling to or living in an endemic environment (California, Arizona, New Mexico), avoid dusty areas when possible.
- Immune compromised persons and pregnant women in the third trimester are at higher risk for severe disease and should: 1) avoid activities that involve close contact to dust such as yard work, gardening, digging; 2) wear an N95 mask if in or near a dusty environment where construction is taking place; and 3) clean skin injuries well with soap and water if exposed to soil or dust.



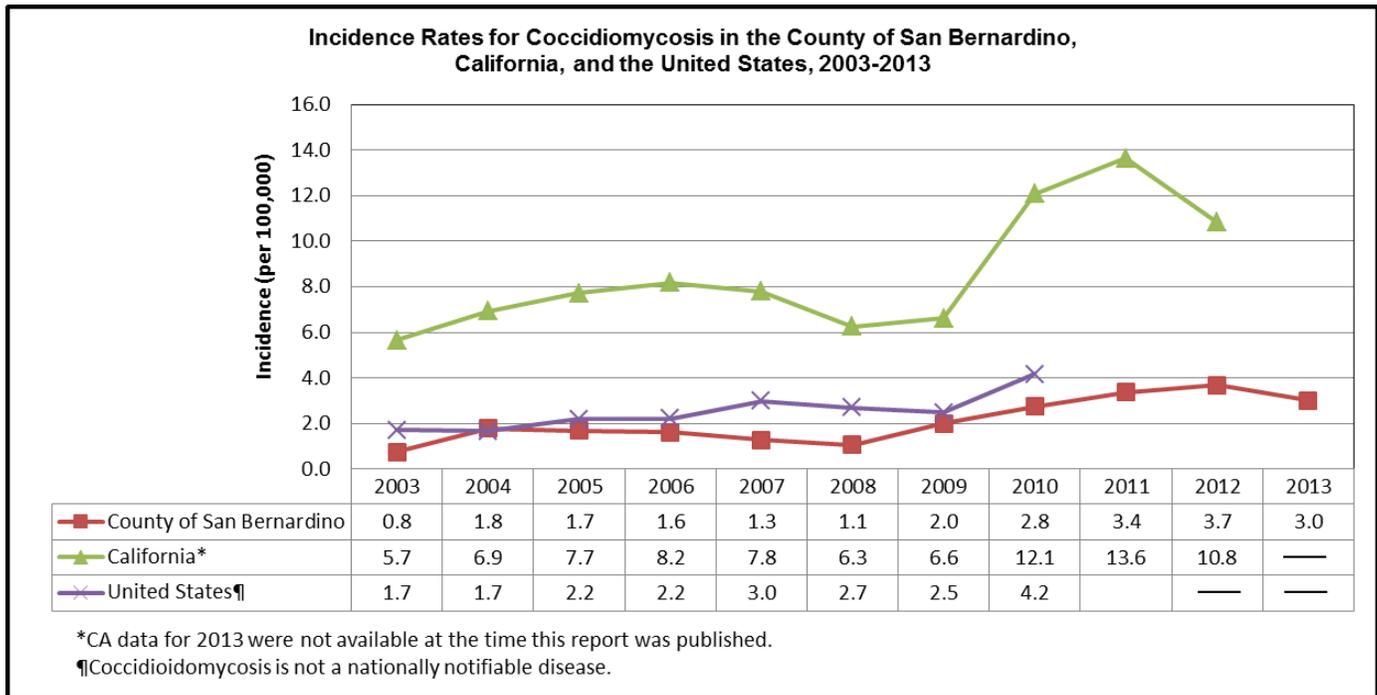
³ County of San Bernardino encompasses several local, state, and federal jails, prisons, and detention centers.

⁴ Inmates in state prisons are screened upon entry to each facility to which they are transferred.

COCCIDIOIDOMYCOSIS

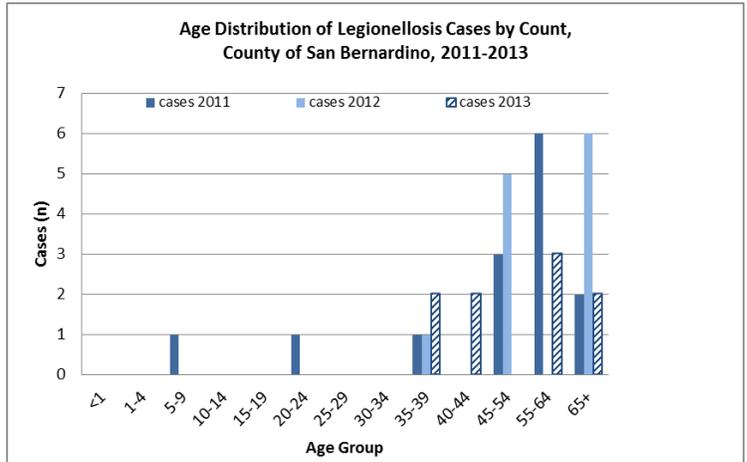
Coccidioidomycosis Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	4	9	5	13	9	10	9	14	18	17	15
Black	0	9	7	3	5	2	5	8	9	16	11
Hispanic	1	4	11	11	7	6	10	17	25	24	13
Asian/PI	0	7	1	2	1	2	1	2	0	3	4
Native Am.	1	0	0	0	0	0	0	0	0	0	1
Other	0	0	0	0	0	0	0	0	0	2	0
Not specified	8	5	9	3	4	2	17	19	23	14	19
Total	14	34	33	32	26	22	42	60	75	76	63

Coccidioidomycosis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	0	0	0	0	1	0	1
5-9	0	1	0	0	0	0	1	0	0	0	0
10-14	0	0	1	0	0	0	3	0	0	0	0
15-19	0	0	2	1	0	1	1	0	3	1	0
20-24	0	1	2	3	0	1	2	2	5	2	3
25-29	2	3	2	1	3	2	1	4	2	6	5
30-34	4	3	1	1	3	1	3	5	7	4	3
35-39	1	3	2	4	3	2	1	8	5	8	1
40-44	2	6	9	3	0	1	5	6	6	6	6
45-54	2	5	5	8	10	7	9	14	27	25	18
55-64	1	6	7	7	5	5	9	15	6	11	13
65+	2	6	2	4	2	2	7	6	13	13	13
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	14	34	33	32	26	22	42	60	75	76	63



LEGIONELLOSIS

Infectious Agent: *Legionella pneumophila*, a bacteria
Mode of Transmission: Inhalation of bacteria in the air or water, commonly from warm, moist environments (e.g. spas, humidifiers, air conditioning towers)
Incubation Period: 5-6 days (range: 2-10 days) for Legionnaire's disease; 24-48 hours (range: 5-72 hours) for Pontiac fever
Symptoms: Anorexia (loss of appetite), muscles aches, headache, fever, abdominal pain, diarrhea; Legionnaire's disease: pneumonia, non-productive cough; Pontiac fever: self-limited fever
Vaccine: None
For more information: <http://www.cdc.gov/legionella/index.html>

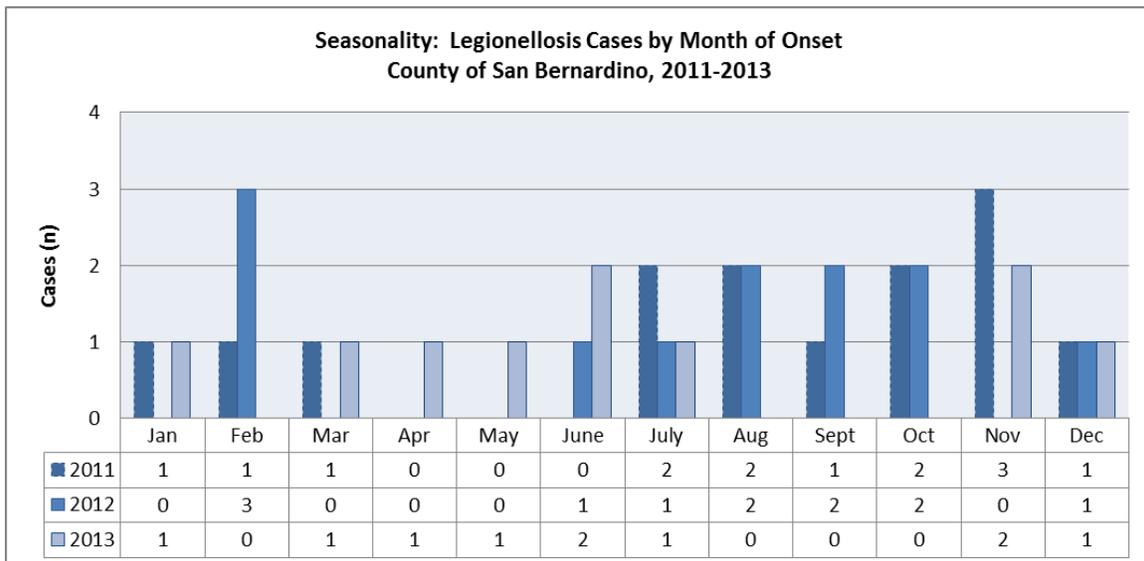
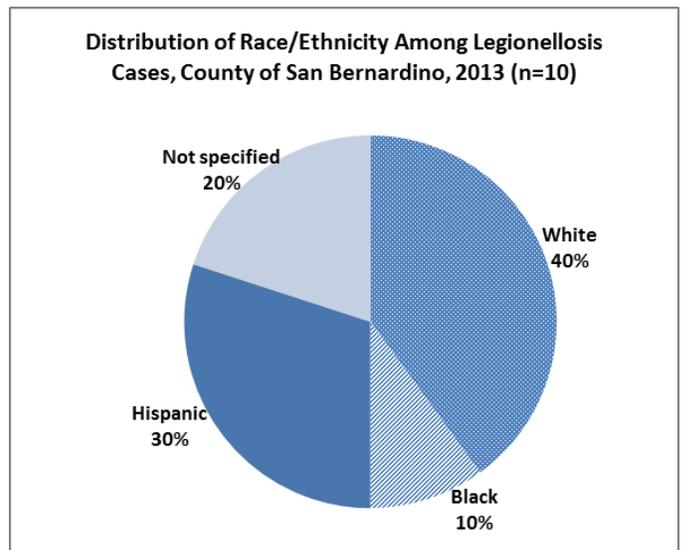


2013 REVIEW

- Incidence in the County of San Bernardino is consistently lower than in California and the U.S.
- Incidence slightly declined from 2012 to 2013 to 0.5 cases per 100,000 population.
- The largest proportion of cases (50%) occurred in adults over 45 years of age.
- Whites (40%) and Hispanics (30%) comprised the largest proportions of cases. Counts in all cells were less than 5.
- Males comprised 70% of cases.
- There was no consistent seasonality observed among cases.

PREVENTION

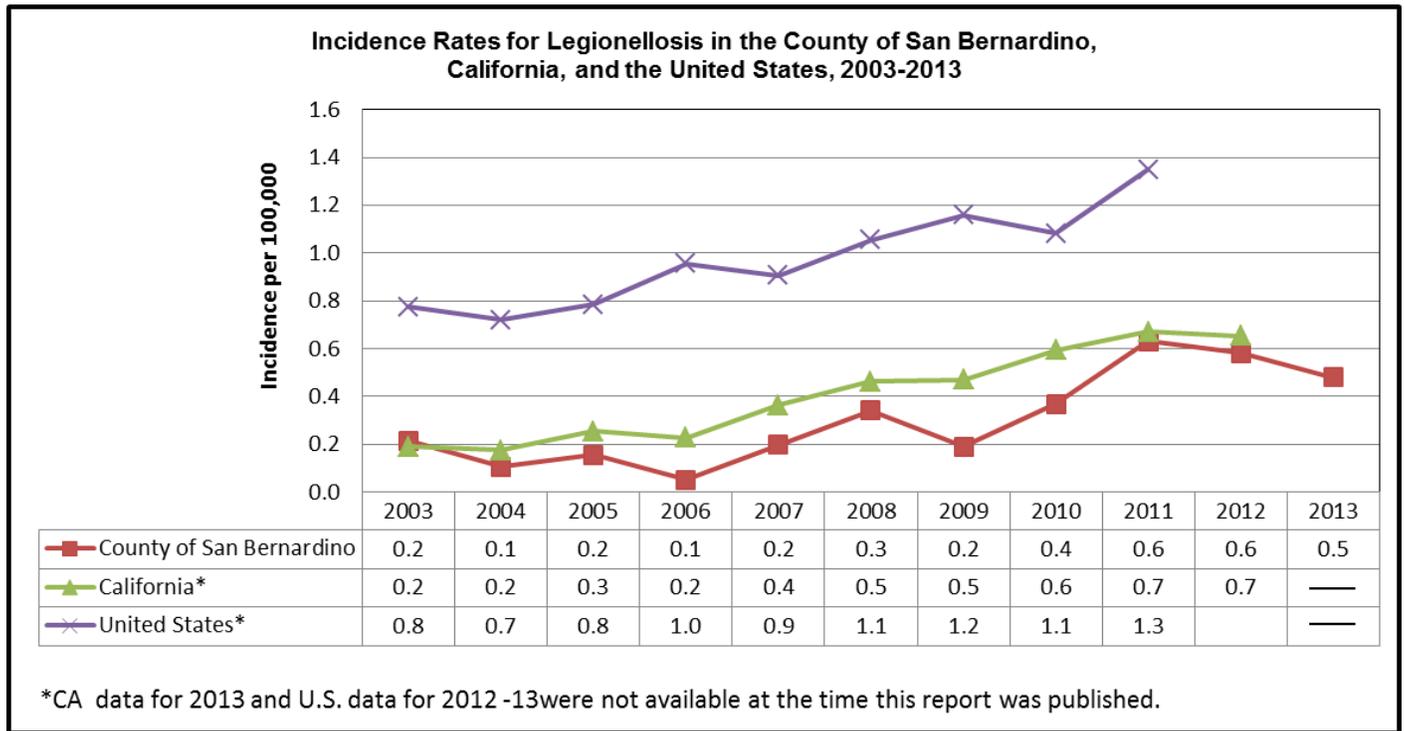
- Cooling towers should be drained when not in use and mechanically cleaned to remove scale and sediment.
- Water treatment chemicals should be used at appropriate levels and intervals to prohibit growth of *Legionella* in pools and spas.
- Tap water should not be used in respiratory therapy devices.



LEGIONELLOSIS

Legionellosis Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	2	1	2	0	2	5	1	0	9	6	4
Black	1	0	1	0	0	0	2	0	4	0	1
Hispanic	0	0	0	1	2	1	0	4	1	1	3
Asian/PI	0	1	0	0	0	0	0	0	0	0	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	1	0
Not specified	1	0	0	0	0	1	1	4	0	4	2
Total	4	2	3	1	4	7	4	8	14	12	10

Legionellosis Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	1	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	1	0	0
25-29	0	0	0	1	0	0	1	0	0	0	0
30-34	0	0	0	0	0	0	0	1	0	0	0
35-39	0	0	0	0	0	0	0	0	1	1	2
40-44	0	0	0	0	0	0	0	1	0	0	2
45-54	0	1	2	0	2	1	2	1	3	5	1
55-64	2	0	0	0	1	2	1	1	6	0	3
65+	2	1	1	0	1	4	0	4	2	6	2
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	4	2	3	1	4	7	4	8	14	12	10



RABIES

Infectious Agent: Usually rabies virus, one of a group of Lyssaviruses known to cause rabies

Mode of Transmission: Through direct contact with infectious saliva or infected neurological tissue as in a bite or tear in the skin; possibly through airborne transmission as in bat caves or laboratories; rarely through organ donation

Incubation Period: Highly variable in humans, usually 3-8 weeks, but can be as short as a few days or as long as several years

Symptoms: Humans—early symptoms include fever, headache, general weakness; later symptoms include confusion, slight or partial paralysis, hallucinations, difficulty swallowing, and hydrophobia (fear of water), and ultimately, death. Animals—unusually tameness in wild animals; nocturnal animals active during the day; difficulty walking, eating, or drinking; aggressiveness

Vaccine: Available for both animals and humans

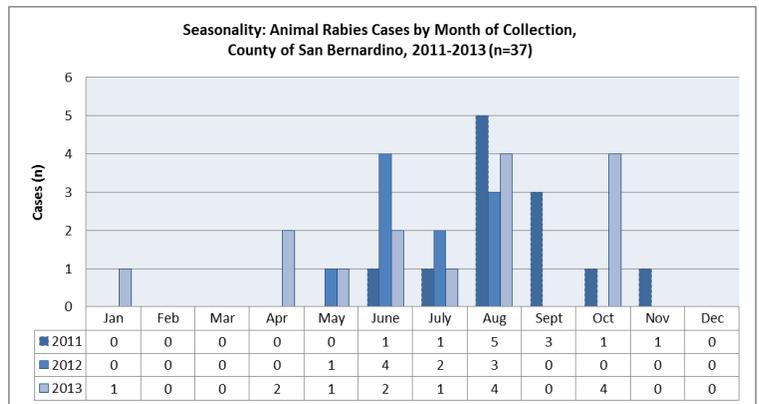
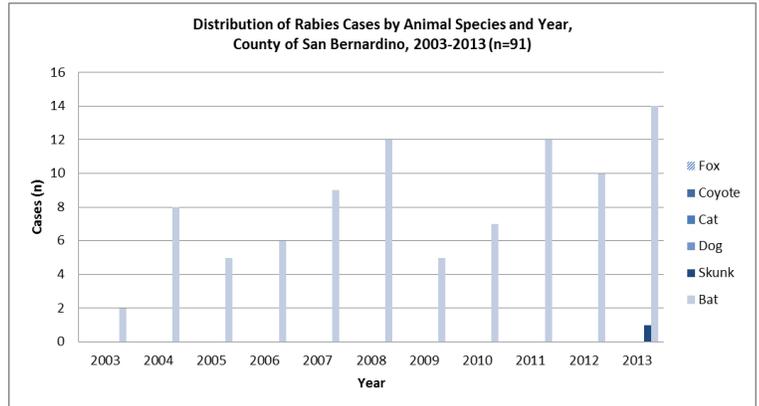
For more information: <http://www.cdc.gov/rabies/index.html>

2013 REVIEW

- 93% of rabid animals detected in San Bernardino County were bats. One rabid skunk was detected.
- Most rabid bats were collected or found in late spring through early fall (April to August), consistent with the time when many young bats leave the roost.
- The percent of animals tested that are positive for rabies is higher in San Bernardino County than in CA and the US, and has fluctuated between 6.8 and 11.3 percent from 2008-2013.
- In San Bernardino County, the last rabid dog was detected in 1948, and the last rabid cat was identified in 1993.

PREVENTION

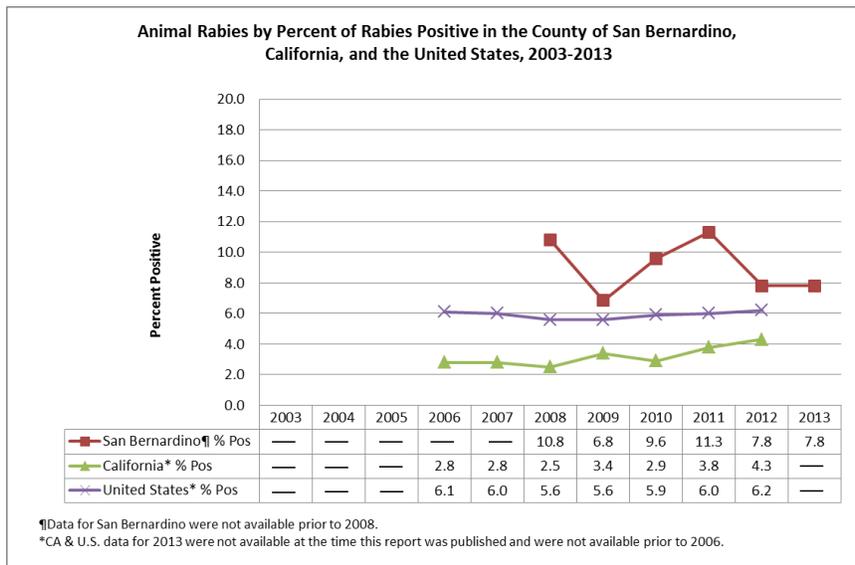
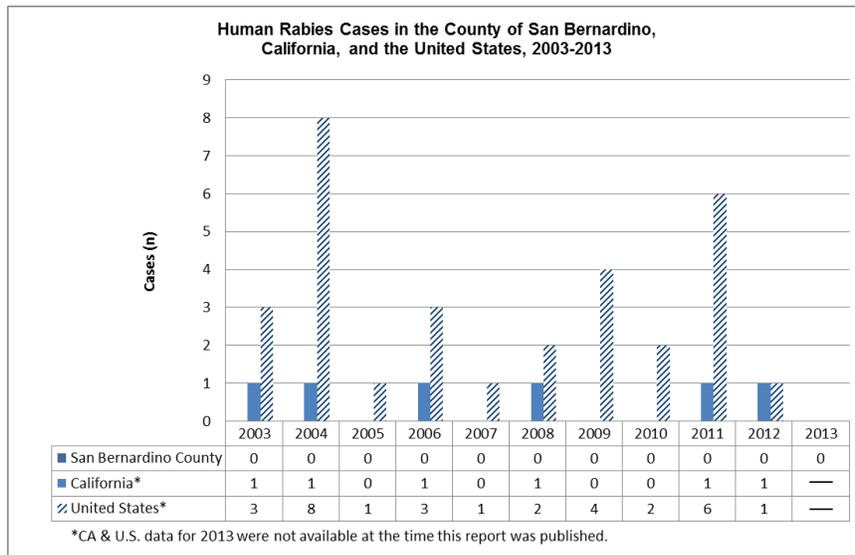
- To prevent rabies in animals:
 - Keep cats, dogs, and ferrets up-to-date on their rabies vaccinations;
 - Maintain control of your pets by keeping cats and ferrets indoors and dogs under direct supervision to reduce their exposure to wildlife;
 - Spay or neuter your pets to help reduce the number of unwanted pets that may not be cared for or vaccinated regularly;
 - Call animal control to remove all stray animals from your neighborhood since they may be unvaccinated or ill.
- Avoid contact with unfamiliar or injured domestic and wild animals.
- To protect against human exposures to possible or confirmed rabid animals:
 - Seek prompt medical attention and clean bite wounds and scratches;
 - Obtain tetanus booster vaccination, if indicated;
 - Obtain both passive (human rabies immune globulin) and active immunization (rabies vaccine) in a series of four intramuscular doses on Days 0, 3, 7, and 14.
- In California, pre-exposure vaccination should be offered to persons at increased risk of rabies exposure. This "frequent risk" category includes veterinarians, animal handlers, animal control officers, laboratory workers potentially exposed to rabies virus, and persons traveling to and spending time (e.g., >1 month) in foreign countries where canine rabies is endemic.
 - The vaccination is a series of three intramuscular doses on Days 0, 7, and 21 or 28.



RABIES

Animal Rabies Cases by Species											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Fox	0	0	0	0	0	0	0	0	0	0	0
Coyote	0	0	0	0	0	0	0	0	0	0	0
Cat	0	0	0	0	0	0	0	0	0	0	0
Dog	0	0	0	0	0	0	0	0	0	0	0
Skunk	0	0	0	0	0	0	0	0	0	0	1
Bat	2	8	5	6	9	12	5	7	12	10	14
Total	2	8	5	6	9	12	5	7	12	10	15

Human Rabies Cases											
County of San Bernardino vs. State of California vs. United States 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
County of San Bernardino	0	0	0	0	0	0	0	0	0	0	0
California	1	1	0	1	0	1	0	0	1	1	-
United States*	3	8	1	3	1	2	4	2	6	1	-
Total	4	9	1	4	1	3	4	2	7	2	0



MALARIA

Infectious Agent: *Plasmodium vivax*, *P. malariae*, *P. ovale*, and *P. falciparum*, parasites

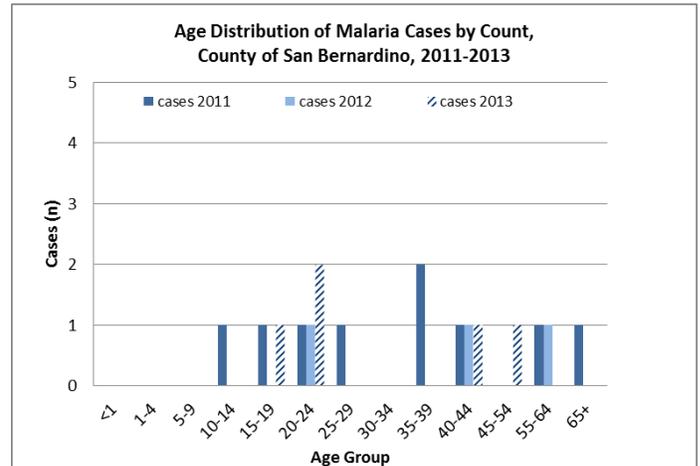
Mode of Transmission: Through the bite of an infective female mosquito which injects the parasite into the blood

Incubation Period: *P. vivax* & *P. ovale*: 12-18 days, *P. malariae*: 18-40 days, *P. falciparum*: 9-14 days

Symptoms: Chills, fever, muscle aches, headache, diarrhea, vomiting, enlarged spleen, anemia; can progress to acute encephalopathy, severe anemia, renal failure, respiratory distress

Vaccine: None

For more information: <http://www.cdc.gov/malaria/>

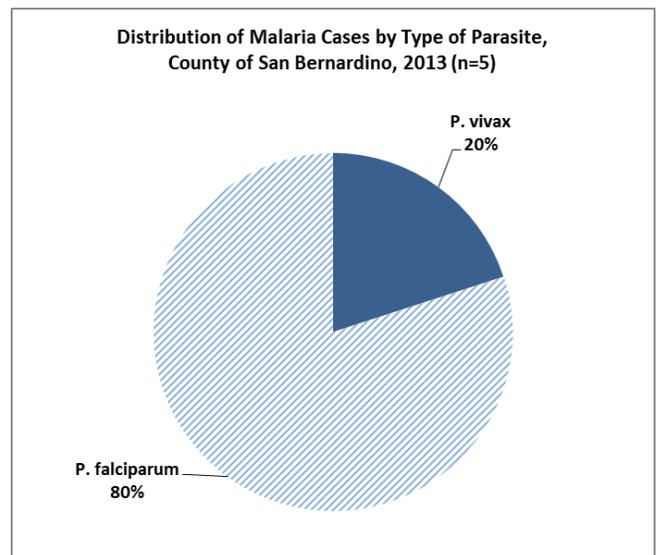
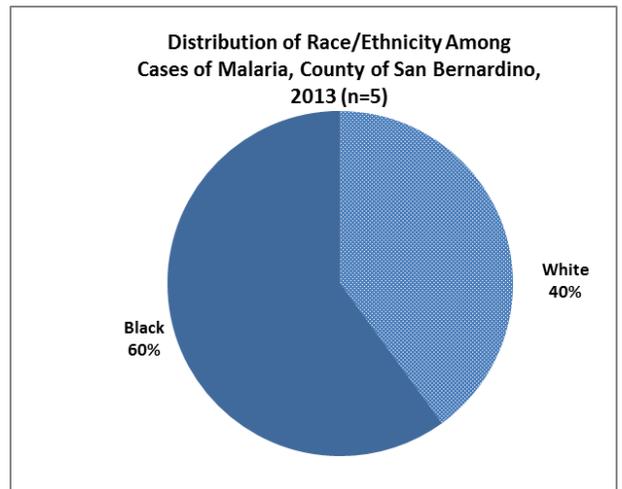


2013 REVIEW

- Incidence in the County of San Bernardino (0.2 per 100,000) has been relatively low when compared to statewide and national incidence.
- Median age was 23 years (range 19-46 years).
- Blacks/African Americans (60%), and Whites (40%) comprised the greatest proportions of cases.
- Cases occurred more frequently in females (60%).
- All cases reported recent travel to a malaria-endemic country. 100% (n=5) reported likely exposure in Africa.
- Eighty percent of cases were infected with *P. falciparum*.

PREVENTION

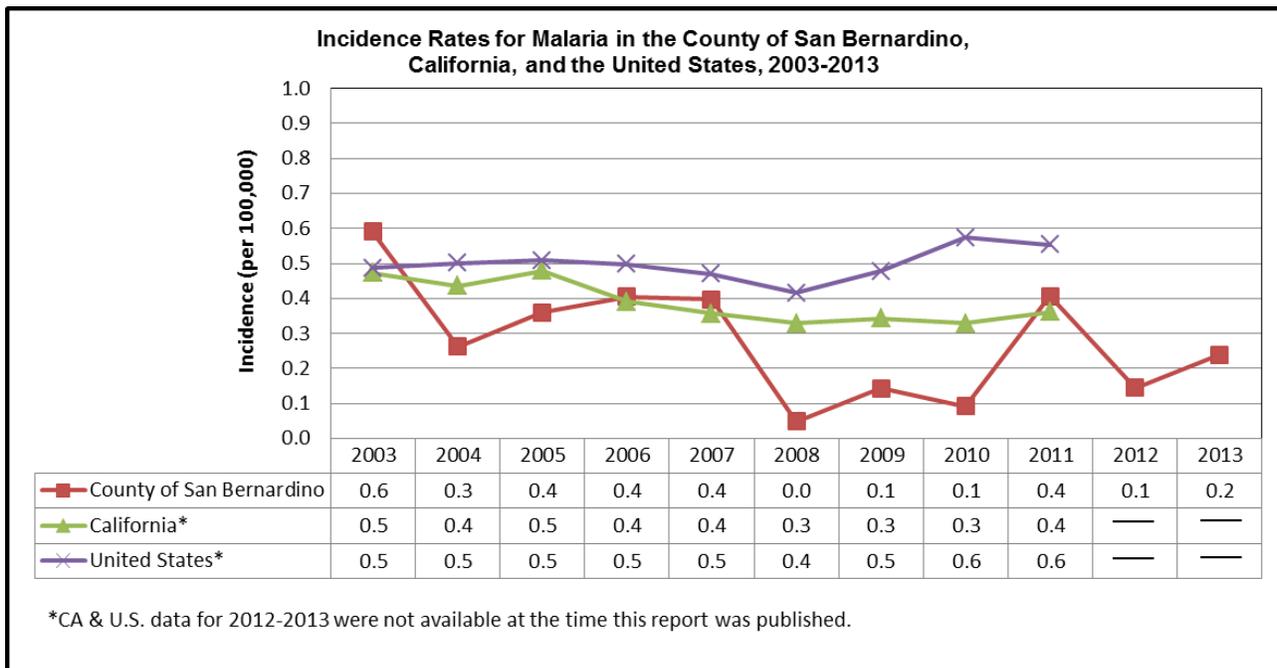
- Check to see if a travel destination is in an area where malaria transmission occurs. If so, tailor preventative measures for each traveler, including:
 - Anti-malarial medication,
 - Bed nets,
 - Insect spray, and
 - Long-sleeved clothing.



MALARIA

Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	1	1	0	2	3	0	1	0	2	1	2
Black	7	4	3	5	2	1	2	1	2	1	3
Hispanic	2	0	1	0	1	0	0	0	1	1	0
Asian/PI	0	0	3	1	0	0	0	0	3	0	0
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Not specified	1	0	0	0	2	0	0	1	1	0	0
Total	11	5	7	8	8	1	3	2	9	3	5

Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	0	0	0	0	0	0	0
5-9	1	0	0	0	0	1	0	1	0	0	0
10-14	1	1	0	0	0	0	0	0	1	0	0
15-19	1	0	2	2	0	0	0	0	1	0	1
20-24	0	1	0	2	2	0	0	1	1	1	2
25-29	0	0	2	0	2	0	0	0	1	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	5	0	1	1	0	0	1	0	2	0	0
40-44	1	1	0	0	2	0	0	0	1	1	1
45-54	2	1	1	1	0	0	2	0	0	0	1
55-64	0	1	0	0	1	0	0	0	1	1	0
65+	0	0	1	2	1	0	0	0	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	11	5	7	8	8	1	3	2	9	3	5



WEST NILE VIRUS

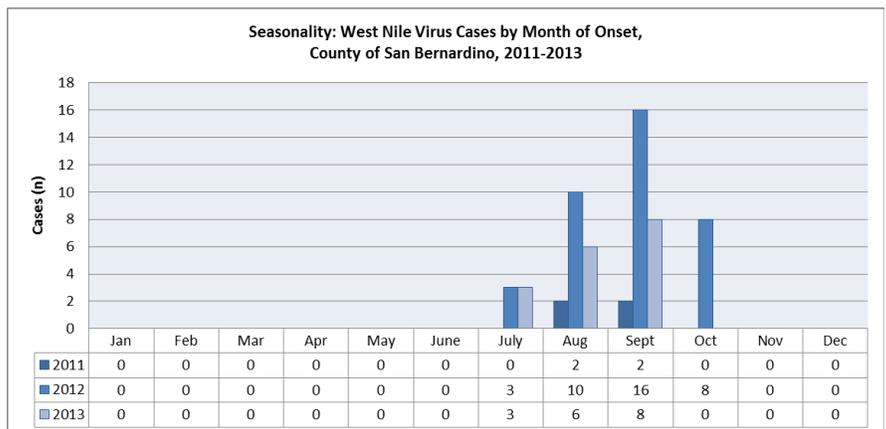
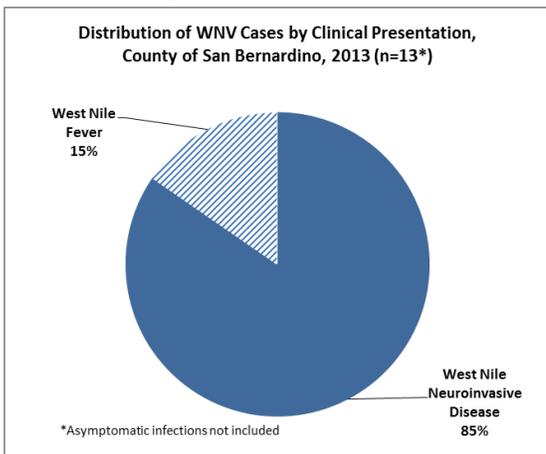
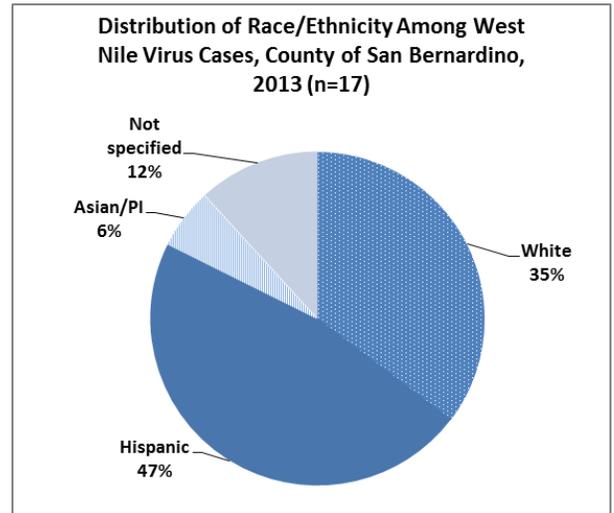
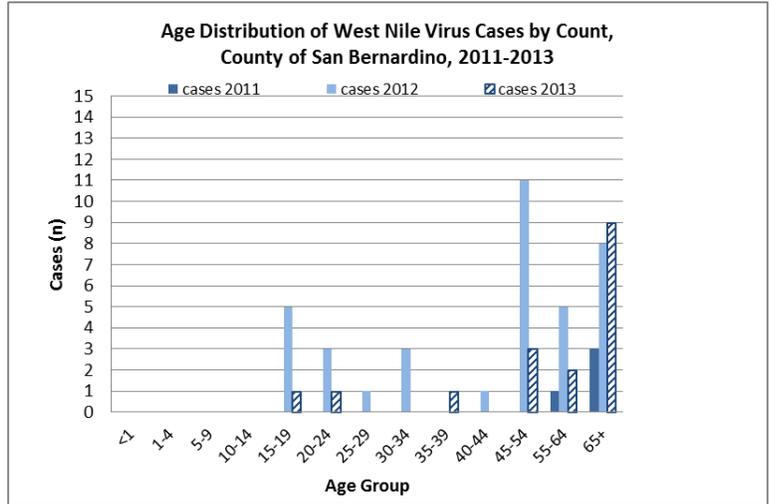
Infectious Agent: West Nile virus
Mode of Transmission: Through the bite of an infective mosquito which injects the virus into the blood
Incubation Period: 2-14 days
Symptoms: Most infections are asymptomatic; fever, muscle aches, headache, diarrhea, vomiting, swollen lymph glands, or skin rash on chest, stomach, back; can progress to acute encephalopathy, coma, tremors, convulsions, vision loss, numbness, and paralysis
Vaccine: None
For more information:
<http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>

2013 REVIEW

- Incidence in the County of San Bernardino has remained on par with incidence in California and the United States with peaks of incidence every 3-5 years.
- Hispanics (47%) and Whites (35%) comprised the greatest proportion of cases.
- Males comprised 59% of cases.
- More than half of cases (53%) occurred among adults over 65 years of age.
- Cases occurred mainly in the late summer and early fall months, from July through October, comparable to previously observed trends in seasonality.
- 85% of cases had neuroinvasive disease (n=11) and there was one fatality.

PREVENTION

- Avoid spending time outside when mosquitoes are most active (dawn and dusk).
- Wear shoes, socks, long pants and long-sleeved shirts that are loose-fitting and light colored.
- Remove or drain all standing water around your property where mosquitoes lay eggs such as birdbaths, ponds, old tires, buckets, clogged gutters or puddles from leaky sprinklers.
- Apply insect repellent containing DEET. When using DEET, be sure to read and follow the label instructions.
- Make sure doors and windows have tight-fitting screens. Repair or replace screens that have tears or holes to prevent mosquitoes from entering the home.

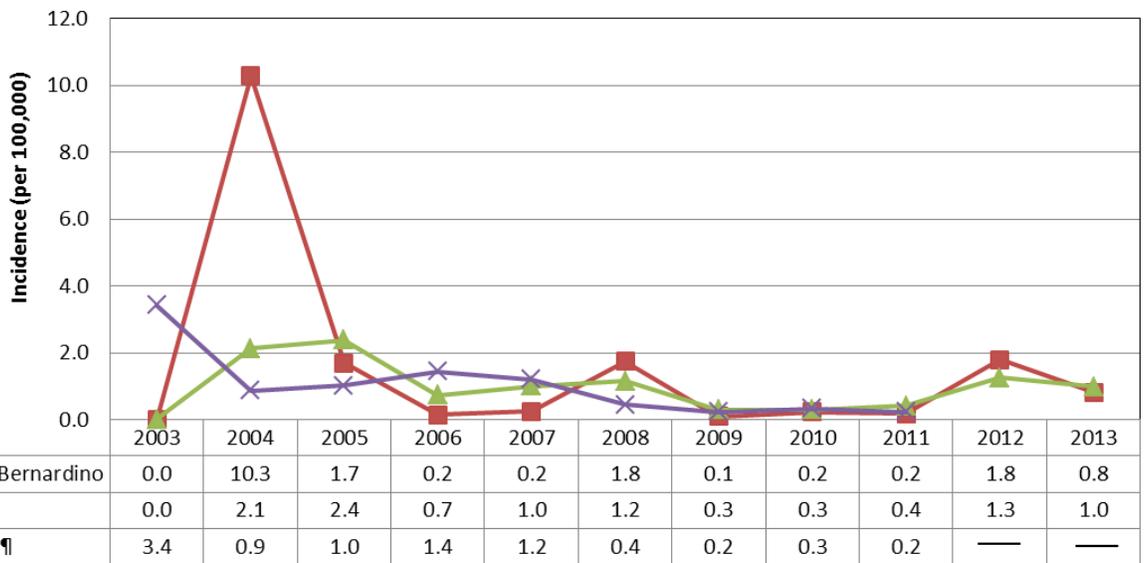


WEST NILE VIRUS

West Nile Virus Cases by Race/Ethnicity											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	0	95	19	2	4	12	0	2	1	16	6
Black	0	3	1	0	0	0	0	0	0	0	0
Hispanic	0	53	7	1	0	18	1	3	2	18	8
Asian/PI	0	6	1	0	0	0	0	0	0	1	1
Native Am.	0	0	1	0	0	0	0	0	0	0	0
Other	0	0	1	0	0	0	0	0	0	0	0
Not specified	0	39	3	0	1	6	1	0	1	2	2
Total	0	196	33	3	5	36	2	5	4	37	17

West Nile Virus Cases by Age											
County of San Bernardino, 2003-2013											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<1	0	0	0	0	0	0	0	0	0	0	0
1-4	0	1	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	1	0	0	0	0	0
10-14	0	4	0	1	0	0	0	0	0	0	0
15-19	0	9	0	0	0	2	0	0	0	5	1
20-24	0	6	1	0	0	1	0	0	0	3	1
25-29	0	10	0	0	0	1	0	0	0	1	0
30-34	0	6	2	1	0	4	0	0	0	3	0
35-39	0	11	5	0	0	2	0	0	0	0	1
40-44	0	19	2	0	0	5	0	0	0	1	0
45-54	0	57	12	0	1	8	1	0	0	11	3
55-64	0	32	4	1	1	6	0	3	1	5	2
65+	0	41	7	0	3	6	1	2	3	8	9
Unknown	0	0	0	0	0	0	0	0	0	0	0
Total	0	196	33	3	5	36	2	5	4	37	17

Incidence Rates for West Nile Virus in the County of San Bernardino, California, and the United States, 2003-2013



*U.S. data for 2012 was not available at the time this report was published.
¶West Nile virus became nationally-notifiable in 2005.

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APPENDICES

APPENDIX A: HEALTHY PEOPLE 2020 PROGRESS REPORT

Comparison of Progress toward Healthy People 2020 Goals for Selected Diseases⁵, County of San Bernardino and California

Reportable Disease	County of San Bernardino 2013 Reportable Disease Rate ⁶ per 100,000 population	California 2013 Reportable Disease Rate ⁷ per 100,000 population	Healthy People 2020 Goal Per 100,000 population
AIDS in Adolescents and Adults	5.0	9.9	12.4
Campylobacteriosis	9.3*	21.0*	8.5
E. coli O157:H7 Infection	0.7*	0.7*	0.6
Gonorrhea			
Females aged 15-44 years	228.2	169.6	251.9
Males aged 15-44 years	198.1*	249.5*	194.8
Hepatitis A	0.5*	0.7*	0.3
Hepatitis B (Acute) in Adults	0.5	Data not available	1.5
Hepatitis C (Acute)	0.2	0.2	0.25
Listeriosis	0.2	0.3*	0.2
Meningococcal Infection	0.4*	0.3	0.3
Pertussis (aged < 1 year)	10 cases	Data not available	10% decrease
Salmonellosis	11.3*	10.6	11.4
Syphilis, Congenital	13.1*	11.1*	9.6
Syphilis, (Primary & Secondary)			
Females	0.5	1.1	1.3
Males	6.9*	17.6*	6.7
Tuberculosis	2.7*	5.7*	1.0

* Denotes indicators that do not meet or exceed Healthy People 2020 goal.

⁵Selected diseases consist of those diseases for which Healthy People 2020 comparison can be made to local indicators produced from existing and available data.

⁶County and State population data: State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age and Gender, 2010-2060. Sacramento, California, January 2013.

County and State live birth data: State of California, Department of Public Health, Birth Records. Available at <http://www.cdph.ca.gov/data/statistics/Documents/VSC-2011-0218.pdf>

⁷ California 2013 data was only available for HIV/STD data at the time of this report. Other California data represented is from 2012 with the exception of Listeriosis and Salmonellosis for which 2011 data is represented, and Meningococcal Infection for which 2010 data is represented.

APPENDIX B: CALIFORNIA DEPARTMENT OF FINANCE POPULATION ESTIMATES

COUNTY OF SAN BERNARDINO POPULATION BY RACE/ETHNICITY, SEX, AND AGE: 2013

San Bernardino County Population by Race / Ethnicity, Sex, and Age: 2013																					
Age	All Race / Ethnicity			White			Hispanic			Asian / Pacific Islander			Black			Native American			Multiple Race		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
<1	31,760	16,630	15,130	7,492	3,958	3,534	18,697	9,762	8,936	1,621	873	748	2,747	1,413	1,334	110	57	53	1,092	568	525
1-4	122,950	63,492	59,458	28,423	14,759	13,664	73,811	38,128	35,683	5,725	3,013	2,712	10,107	5,118	4,989	326	168	158	4,557	2,305	2,251
5 - 9	158,396	81,265	77,131	33,872	17,442	16,430	98,861	50,689	48,172	7,328	3,758	3,571	12,748	6,524	6,224	412	207	205	5,175	2,646	2,529
10 - 14	158,618	81,422	77,196	35,080	18,234	16,847	97,216	49,755	47,461	7,605	3,928	3,677	13,391	6,791	6,600	453	236	217	4,872	2,479	2,394
15 - 19	178,650	91,518	87,131	40,714	21,041	19,672	106,564	54,331	52,232	8,780	4,566	4,214	16,994	8,810	8,183	588	289	299	5,011	2,480	2,531
20 - 24	167,108	86,400	80,708	46,944	24,807	22,138	92,372	47,336	45,036	7,310	3,884	3,427	15,501	7,871	7,630	686	361	325	4,294	2,141	2,153
25 - 29	151,000	77,386	73,615	46,217	24,277	21,940	78,937	40,235	38,702	8,542	4,408	4,134	13,569	6,647	6,922	661	382	280	3,074	1,437	1,637
30 - 34	141,656	71,202	70,454	42,880	22,030	20,850	73,923	37,221	36,702	9,182	4,369	4,813	12,307	5,999	6,308	591	303	288	2,773	1,279	1,493
35 - 39	131,989	65,243	66,746	37,312	19,015	18,297	71,419	35,164	36,255	9,577	4,502	5,076	10,960	5,253	5,708	495	261	234	2,225	1,048	1,177
40 - 44	137,196	67,461	69,735	41,174	20,578	20,597	70,667	35,020	35,648	10,471	4,752	5,718	12,110	5,800	6,309	565	276	289	2,209	1,035	1,174
45 - 54	275,872	135,819	140,053	105,265	52,386	52,879	119,871	59,969	59,902	19,294	8,810	10,485	26,172	12,157	14,015	1,385	671	714	3,884	1,827	2,058
55 - 64	223,766	108,390	115,376	108,253	53,838	54,415	73,509	35,386	38,123	17,343	7,844	9,499	20,445	9,264	11,181	1,371	667	705	2,846	1,393	1,453
65 +	208,481	92,804	115,677	116,002	52,723	63,279	57,110	24,823	32,287	15,217	6,558	8,660	16,737	7,221	9,516	1,137	524	613	2,277	955	1,321
Total	2,087,441	1,039,031	1,048,410	689,627	345,086	344,541	1,032,957	517,818	515,139	127,997	61,264	66,733	183,788	88,866	94,922	8,783	4,403	4,379	44,289	21,593	22,696

State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, January 2013.

APPENDIX C: REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*
REPORTABLE COMMUNICABLE DISEASES AND CONDITIONS
CALIFORNIA CODE OF REGULATIONS

Section 2500, 2641.5-2643.20 Reporting to the Local Health Authority

Acquired Immune Deficiency Syndrome (AIDS) (HIV Infections only: see "Human Immunodeficiency Virus")	Malaria †
Amebiasis †	Measles (Rubeola) †
Anaplasmosis/Ehrlichiosis	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic †
Anthrax, human or animal*	Meningococcal Infections*
Babesiosis †	Mumps
Botulism (Infant, Foodborne, Wound, Other)*	Paralytic Shellfish Poisoning*
Brucellosis, animal (except infections due to <i>Brucella canis</i>)*	Pelvic Inflammatory Disease (PID)
Brucellosis, human*	Pertussis † (Whooping Cough)
Campylobacteriosis †	Plague, Human or Animal*
Chancroid	Poliovirus Infection †
Chickenpox (Varicella) (only hospitalization and death) †	Psittacosis †
<i>Chlamydia trachomatis</i> infections, including lymphogranuloma Venereum (LGV)	Q Fever †
Cholera*	Rabies, Human or Animal*
Ciguatera Fish Poisoning*	Relapsing Fever †
Coccidioidomycosis	Rheumatic Fever, Acute
Creutzfeldt-Jakob Disease (CJD) and Other Transmissible	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses
Spongiform Encephalopathies (TSE)	Rocky Mountain Spotted Fever
Cryptosporidiosis †	Respiratory Syncytial Virus (RSV) ∞
Cysticercosis or Taeniasis	Rubella (German Measles)
Dengue*	Rubella Syndrome, Congenital
Diphtheria*	Salmonellosis † (Not Typhoid Fever)
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)*	Scombroid Fish Poisoning*
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic †	Severe Acute Respiratory Syndrome (SARS)*
<i>Escherichia coli</i> : Shiga Toxin Producing (STEC) incl <i>E coli O157</i> *	Shiga Toxin (detected in feces)*
Foodborne Disease ††	Shigellosis †
Giardiasis	Smallpox (Variola)*
Gonococcal Infections	<i>Staphylococcus aureus</i> Infections, Severe † †
<i>Haemophilus influenzae</i> , Invasive Disease (report an incident of <15 years of age) †	Streptococcal Infections † (Outbreaks of any type and individual cases in food handlers and dairy workers only)
Hantavirus Infections*	Syphilis †
Hemolytic Uremic Syndrome*	Tetanus
Hepatitis A, acute infection †	Toxic Shock Syndrome
Hepatitis B (specify acute case or chronic)	Trichinosis †
Hepatitis C (specify acute case or chronic)	Tuberculosis †
Hepatitis D (Delta) (specify acute case or chronic)	Tularemia, animal
Hepatitis E, acute infection	Tularemia, human*
Human Immunodeficiency Virus (HIV) § (2641-2643) See Note 1	Typhoid Fever, Cases and Carriers †
Influenza, deaths in laboratory-confirmed cases for age 0-64 years	<i>Vibrio</i> Infections †
Influenza, novel strains (human)	Viral Hemorrhagic Fevers, human or animal* (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
Legionellosis	West Nile Virus (WNV) Infection †
Leprosy (Hansen Disease)	Yellow Fever*
Leptospirosis	Yersiniosis †
Listeriosis †	
Lyme Disease	

* **Occurrence of Any Unusual Disease** - a rare disease or emerging disease or syndrome of uncertain etiology which could possibly be caused by a transmissible infectious agent or microbial toxin.

* **Outbreak of Any Disease** - occurrence of cases of a disease above the expected level over a given amount of time, in a geographic area or facility, or in a specific population group, including diseases not listed in Section 2500.

* = **Extremely urgent conditions or diseases** to be reported immediately by telephone.

† = **Urgent conditions or diseases** to be reported by fax, telephone, or mail within one (1) working day of identification of the case or suspected case.

∞ = **All other conditions or diseases** are to be reported within seven (7) calendar days from the time of identification.

◆ = **When two (2) or more cases or suspected cases of foodborne disease** from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.

§ = **HIV infection** became reportable by name April 17, 2006 by Health and Safety Code Section 121022. For additional information on reporting HIV infection, see

<http://www.cdph.ca.gov/programs/aids/Pages/IOAHIVRptSP.aspx> or call the HIV/STD Program at 1(800) 722-4794.

∞ = **RSV** became reportable on November 13, 2002 in San Bernardino County. RSV must be reported within seven (7) calendar days from the time of identification.

◆ = **Severe infections due to MRSA or MSSA** in a previously healthy person that resulted in ICU admission or death became reportable on 02/13/2008. A previously healthy person is defined as one 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 to be reported within one working day by fax, telephone, or mail.

Section 2641.5-2643.20 Additional Reporting Requirements by Health Care Providers

Note 1: Guidelines for Reporting HIV: Human Immunodeficiency Virus (HIV) infection is reportable by fax, traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report from (CDPH 8641 A) available from the local health department. **If faxing, please contact an HIV/STD program employee first.** For completing HIV-specific reporting requirements, see Title 17, CCR Section 2641.5-2643.20 and visit: <http://www.cdph.ca.gov/programs/aids/Pages/IOAHIVRptSP.aspx>

APPENDIX C: REPORTABLE DISEASES AND CONDITIONS (CONTINUED)

Title 17, California Code of Regulations, Sections 2505 & 2641.5 – 2643.20 REPORTABLE INFECTIOUS DISEASES: REPORTING BY LABORATORIES

Section 2505 and 2612. Notification by Laboratories. Laboratories are to report the following diseases: (8/1/2011)

List (e)(1) ▲

Anthrax, animal (*B. anthracis*) and See Note 1
Anthrax, human (*B. anthracis*) and See Note 1
Botulism and See Note 1
Brucellosis, human (all *Brucella* spp.) and See Note 1
Burkholderia pseudomallei and *B. mallei*
(detection or isolation from a clinical specimen) and See Note 1
Influenza, novel strains (human)
Plague, animal and See Note 1
Plague, human and See Note 1
Smallpox (*Variola*) and See Note 1
Tularemia, human (*F. tularensis*)
Viral hemorrhagic Fever agents, animal (VHF),
(e.g., Crimean-Congo, Ebola, Lassa
and Marburg viruses) and See Note 1
Viral Hemorrhagic Fever agents, human
(VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses) and See Note
1

List (e)(2) ■

Acid-fast bacillus (AFB)
Anaplasmosis/Ehrlichiosis
***Bordetella pertussis* acute infection, by culture molecular**
identification
***Borrelia burgdorferi* infection**
Brucellosis, animal (*Brucella* spp. except *Brucella canis*)
Campylobacteriosis (*Campylobacter* spp.) (detection or
isolation from a clinical specimen)
Chancroid (*Haemophilus ducreyi*)
***Chlamydia trachomatis* infections, including lymphogranuloma venereum**
Coccidioidomycosis
Cryptosporidiosis
***Cyclosporiasis* (*Cyclospora cayetanensis*)**
Dengue (dengue virus)
Diphtheria
Encephalitis, arboviral
***Escherichia coli*: shiga toxin producing (STEC) including E.**
***coli* O157**
Giardiasis (*Giardia lamblia, intestinalis, or duodenalis*)
Gonorrhea
Haemophilus influenzae (report an incident of less than 15
years of age, from sterile site)
Hantavirus Infections
Hepatitis A, acute infection
Hepatitis B, acute or chronic infection (specify gender)
Hepatitis C, acute or chronic infection and See Note 2
Hepatitis D (Delta), acute or chronic infection
Hepatitis E, acute infection (detection of hepatitis E virus
RNA from a clinical specimen or positive serology)
Legionellosis (*Legionella* spp.) (antigen or culture)
Leprosy (Hansen Disease) (*Mycobacterium leprae*)
Leptospirosis (*Leptospira* spp.)
Listeriosis (*Listeria*)
Malaria and See Note 4
Measles (Rubeola), acute infection
Mumps (mumps virus), acute infection
Mycobacterium tuberculosis and See Note 5
Neisseria meningitidis (sterile site isolate)
Poliovirus
Psittacosis (*Chlamydophila psittaci*)
Q Fever (*Coxiella burnetii*)
Rabies, animal or human
Relapsing Fever (*Borrelia* spp.) (identification of *Borrelia* spp.
spirochetes on peripheral blood smear)
***Rickettsia*, any species, acute infection** (detection from a
clinical specimen or positive serology)
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)
Rubella, acute infection
***Salmonellosis* (*Salmonella* spp.)** and See Note 6
Shiga toxin (detected in feces)
Shigellosis (*Shigella* spp.)
Syphilis
Trichinosis (*Trichinella*)
Tuberculosis
Tularemia, animal (*F. tularensis*) and See Note 1
Typhoid
***Vibrio* species infections**
West Nile virus infection
Yellow Fever (yellow fever virus)
Yersiniosis (*Yersinia* spp., non-pestis) (isolation from a
clinical specimen)

▲ These diseases shall be reported by telephone within **one (1) hour, and** followed by written report submitted by electronic facsimile transmission or electronic mail within **one (1) working day** to local health officer in jurisdiction where the health care provider who submitted the specimen is located.

■ These diseases shall be submitted by courier, mail, electronic facsimile transmission or electronic mail within **one (1) working day** to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located.

All laboratory notifications are acquired in confidence. The confidentiality of patient information is always protected.

APPENDIX C: REPORTABLE DISEASES AND CONDITIONS (CONTINUED)

ADDITIONAL REPORTING REQUIREMENTS (TITLE 17, CCR, SECTION 2505)

§= HIV infection became reportable by name April 17, 2006 by Health and Safety Code Section 121022. For additional information on reporting HIV infection, see <http://www.cdph.ca.gov/programs/aids/Pages/IOAHIVRptgSP.aspx> or call the HIV/STD Program at (800) 722-4794.

Note 1: Anthrax, Avian Influenza, Botulism, Brucellosis, Glanders, Melioidosis, Plague, Smallpox, Tularemia, and Viral Hemorrhagic Fevers
When a laboratory receives a specimen for the laboratory diagnosis of a suspected human case of one of these diseases, such laboratory shall communicate immediately by telephone with the Microbial Disease Laboratory 510-412-3700 (or, for Avian influenza, Smallpox or Viral Hemorrhagic Fevers, with the Viral and Rickettsial Disease Laboratory 510-307-8585) of the Department of Public Health for instructions.

Note 2: Guidelines for Reporting Hepatitis C: Report all HCV positive RIBA tests; all HCV RNA positive tests (e.g. NAT); all HCV genotype reports; and anti-HCV reactive by a screening test (e.g., EIA or CIA) at or above the S/CO ratio or index value predictive of a true positive. The URL for the s/co ratios that meet the CDC case definition is: http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc_ratios.htm

Note 3: Guidelines for Reporting HIV: Human Immunodeficiency Virus (HIV), including antibody tests, viral loads, antigens and CD4 counts and percents from HIV positive individuals, is reportable by fax, traceable mail, or person-to-person transfer within seven calendars days. If faxing, please contact an HIV/STD program employee first. For complete HIV-specific reporting requirements, see Title 17, CCR Section 2641.5-2643.20, HSC 121023 and 120130(g) and <http://www.cdph.ca.gov/programs/aids/Pages/IOAHIVRptgSP.aspx>.

Note 4: Guidelines for Reporting Malaria: Any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the local public health laboratory for the local health jurisdiction where the health care provider is located. When requested, all blood films must be returned to the submitter.

Note 5: Guidelines for Reporting Tuberculosis: Any laboratory that isolates Mycobacterium tuberculosis from a patient specimen must submit a culture to the local public health laboratory for the local health jurisdiction in which the health care provider's office is located as soon as available from the primary isolates on which a diagnosis of tuberculosis was established. Also, the information required for laboratory reporting listed below must be submitted with the culture.

Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory must do the following:

- Perform or refer for drug susceptibility testing on at least one isolate for each patient from whom Mycobacterium tuberculosis was isolated,
- Report the results of drug susceptibility testing to the local health officer of the city or county where the submitting physician's office is located within one (1) working day from the time the health care provider or other authorized person who submitted the specimen is notified, and
- If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug-resistant Mycobacterium tuberculosis was isolated to the local public health laboratory (as described above).

Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

Note 6: Guidelines for Reporting Salmonella: Title 17, CCR, Section 2612 requires that a culture of the organisms on which a diagnosis of salmonellosis is established must be submitted to the local public health laboratory and then to the State's Microbial Diseases Laboratory for definitive identification.

APPENDIX C: REPORTABLE DISEASES AND CONDITIONS (CONTINUED)

REPORTABLE DISEASES AND CONDITIONS California Code of Regulations

HOW TO REPORT: Extremely urgent conditions or diseases * (i.e., anthrax, botulism, cholera, dengue, diphtheria, plague and rabies) should be reported by telephone immediately, 24 hours a day. Other urgent conditions or diseases □ should be reported by telephone during regular business hours. Non-urgent conditions may be reported by telephone or mail on confidential morbidity report (CMR) forms. These forms must be filled out completely. All of the requested information is essential, including the laboratory information for selected diseases on the front of the form. All telephone and mailed reports are to be made to the Epidemiology Program in San Bernardino.

County of San Bernardino Department of Public Health
351 N. Mt. View Ave, San Bernardino, CA 92415-0010
(909) 387-6377 FAX (909) 356-3805 Night and Weekend Emergency

Epidemiology Program (800) 722-4794
Tuberculosis Control Program (800) 722-4794
HIV/STD Program (800) 722-4794

ORDERING CMRs: For the reporting of non-urgent conditions we will supply CMRs to all providers wishing to utilize them. Once or twice weekly you may insert all accumulated CMRs into an envelope and mail them. For a copy of the CMR form, contact Epidemiology at (800) 722-4794 or go to the Communicable Disease Section website at

http://www.sbcounty.gov/pubhlth/programs_services/communicable_disease_section/communicable_disease_home.htm

ANIMAL BITE: Animal bites by a species subject to rabies are reportable in order to identify persons potentially requiring prophylaxis for rabies. Additionally, vicious animals are identified and controlled by this regulation and local ordinances (California Code of Regulations, Title 17, Sections 2606, et seq.; Health and Safety Code Sections 1900-2000). Reports can be filed with the local animal control agency or the County Animal Control Office at 1-800-472-5609.

LABORATORY REPORTING: Forward a copy of the laboratory report within the specified time period. Line listings are not acceptable. Forward to the county in which the health care provider is located or to the State Health Officer if out of California. The following information should be included:

Patient Information

- Name
- Date of birth
- Identification number
- Address (if known)
- Telephone number (if known)

Specimen Information

- Result
- Date taken
- Date reported
- Accession number

Provider Information

- Name
- Address
- Telephone number

REPORTABLE NON-COMMUNICABLE DISEASES AND CONDITIONS Section 2800-2812, 2593

DISORDERS CHARACTERIZED BY LAPSES OF CONSCIOUSNESS (includes Alzheimer's Disease). A physician and surgeon shall notify the local health officer within seven (7) calendar days of every patient 14 years of age or older diagnosed with a disorder characterized by lapses of consciousness. Examples of medical conditions that this section may cover include Alzheimers disease and related disorders, seizure disorders, brain tumors, narcolepsy, sleep apnea and abnormal metabolic states, including hypo- and hyperglycemia associated with diabetes. Reporting requirements and exclusions are further defined in CCR Title 17 Division 1 Chapter 4 Sections 2800-2812.

PESTICIDE EXPOSURE: The Health and Safety Code, Section 105200, requires that a physician who knows, or who has reason to believe, that a patient has a known or suspected case of pesticide-related illness or condition, must report the case to the local health officer by telephone within 24 hours. This reporting requirement includes all types of pesticide related illnesses: skin and eye injuries, systemic poisonings, suicides, homicides, home cases, and occupational cases. Failure to comply with the foregoing reporting requirement renders the physician liable for a civil penalty of \$250.00. Phone reports may be made to (800) 722-4794. For occupational exposure there is an additional requirement to send the "Doctor's First Report of Occupational Injury or Illness" to the Department of Health within seven days. Copies of the report form (5021, Rev. 4/92) may be obtained from the same office for future use.

CANCER REPORTING: Certain kinds of cancer meaning all malignant neoplasms, including carcinoma in situ, which are specified in the California Cancer Reporting System Standards and the International Classification of Diseases for Oncology, shall be reported to the regional cancer registry within 30 days by physicians and surgeons, and those facilities designated as cancer reporting facilities. For additional information on cancer reporting requirements, please contact the Desert Sierra Cancer Surveillance Program at (909) 558-6170 or obtain their publication at <http://www.ccrca.org>.

APPENDIX D: FOOTNOTES

- (1) Pelvic Inflammatory Disease (PID) does not include chlamydial PID or gonococcal PID, which are shown separately under chlamydia and gonococcal PID respectively. PID cases for which the etiologic agent is determined to be *Chlamydia trachomatis* or *N. gonorrhoeae* are included in the total number of cases of chlamydia and gonorrhea, respectively.
- (2) Diagnosis of cholera is confirmed by isolating *Vibrio cholerae* from feces, and is distinguished from isolation of other *Vibrio* species that also cause gastrointestinal disease and are counted as Vibrio Infections in this report.
- (3) Midway through 1992, penicillinase-producing *Neisseria gonorrhoeae* (PPNG) was no longer tested for in the Public Health Department Laboratory and are thus no longer tallied as a separate category.
- (4) Effective June 12, 2007 invasive *Haemophilus influenzae* occurring in patients 15 years of age and older is no longer a reportable condition.
- (5) Effective December 1, 1998, at the request of the California Department of Health Services, individuals with hepatitis C antibody who do not meet the criteria to be reported as hepatitis C acute are to be reported as hepatitis C carrier.
- (6) This category of bacterial meningitis does not include *Neisseria meningitidis*, which is reported separately as meningococcal meningitis or meningococemia.

APPENDIX E: DATA SOURCES

Communicable Disease (CD) Incidence Data (For all CDs except AIDS and HIV)

County of San Bernardino

- County of San Bernardino CD records.

California

- CD Data (2000-2007): US Department of Health and Human Services (2009). Summary of Notifiable Diseases, United States, 2007. *Morbidity and Mortality Weekly Report*, 56(53).
- CD Data (2008-2009): Center for Infectious Diseases (January 26, 2010). *Selected California Reportable Diseases Monthly Summary Report, December 2009*. Sacramento, CA: California Department of Public Health.
- CD Data (2010-2012): *Yearly Summary Reports of Selected General Communicable Diseases in California*. Available at <http://www.cdph.ca.gov/data/statistics/Pages/CD-YearlyTables.aspx>
- Rabies 2012 CDPH Infectious Diseases Branch. Rabies Surveillance in California, Annual Report 2012. Available at <http://www.cdph.ca.gov/HealthInfo/discond/Documents/RabiesSurveillanceinCA2012.pdf>
- STD 2008-2013 CDPH STD Branch. Cases and Rates, California Counties and Selected City Health Jurisdictions, 2008-2013. Available at <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-LHJ-SanBernardino.pdf>
- STD 2002-2007 *Sexually Transmitted Diseases in California, 2012*. California Department of Public Health, STD Control Branch, February 2014.
- Tuberculosis (2012) Tuberculosis Control Branch, Report on Tuberculosis in California, 2012. California Department of Public Health, Richmond, CA. July 2013.
- Tuberculosis (2013) Tuberculosis Control Branch, 2013 Provisional California TB Tables. Available at <http://www.cdph.ca.gov/data/statistics/Pages/TuberculosisDiseaseData.aspx>
- West Nile Virus (2013) *2002-2013 WNV Case Summary*. Retrieved from <http://www.westnile.ca.gov/>

United States

- US Department of Health and Human Services (2013). Summary of Notifiable Diseases, United States, 2011. *Morbidity and Mortality Weekly Report*, 60(53).

AIDS and HIV Data

County of San Bernardino

- CA Office of AIDS, eHARS download, 4/23/2014.

California

- California Department of Public Health Office of AIDS. HIV/AIDS Surveillance in California. Retrieved from <http://www.cdph.ca.gov/data/statistics/Pages/OAHIVAIDSStatistics.aspx>, 8/14/14.

United States

- US Department of Health and Human Services (2013). Summary of Notifiable Diseases, United States, 2011. *Morbidity and Mortality Weekly Report*, 60(53).

Population Data

County of San Bernardino and California

- State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, January 2013.

United States

- US Census Bureau, Population Division. Table 1. Annual Estimates of the Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 2012 (NST-EST2012-01). December 2012.

Healthy People 2020 Objectives

- US Department of Health and Human Services. *Healthy People 2020*. Retrieved from <http://healthypeople.gov/2020/default.aspx>, 8/15/13.

General Disease Facts and Data

- Centers for Disease Control and Prevention. *Diseases & Conditions*. Retrieved from <http://www.cdc.gov/DiseasesConditions/>
- Heymann, D. L. (Ed.). (2008). *Control of Communicable Diseases Manual*. (19th ed.). Washington, DC: American Public Health Association.