

# COUNTY OF SAN BERNARDINO

## DEPARTMENT OF PUBLIC HEALTH

### COMMUNICABLE DISEASE SECTION



# MORBIDITY REPORT

2010 – 2012



Prepared August 2013

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## ACKNOWLEDGEMENTS

This report was prepared by Stacey Davis, MPH and Kim Woods, MPH of the Communicable Disease Section (CDS). Others contributing to this report include: Maxwell Ohikhuare, MD, Health Officer; Susan Strong, NP, MSN, CDS Manager; Lea Morgan, MPH, Program Coordinator; and other members of CDS including Carmen Arias, Margie Castaneda, Maria Cota, Roger Gonzalez, Pilar Guillen, Diane Hardy, Anita Haro-Garcia, Maricela Hernandez, Marie Jean-Baptiste, Liset Madrigal, Tanya Martinez, Mayra Parga, Celia Saucedo, Cara Tordesillas, Beverly Villa, Vicki Williams and Mary Ann Nyc, MPH.

This report presents a summary of communicable diseases reported in the County of San Bernardino 2010-2012. The contents are divided into three 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. In order to investigate, interviews of the affected persons and, in some cases, 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.

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 and gonorrhea, 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 the 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 that was established for selected reportable conditions. 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 physician may not request testing of the patient at the time of the office visit. Diseases and conditions reportable only by physicians (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 if their address of residence is within the County. 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. County residents who are exposed to a communicable disease in another county where they work or socialize may unknowingly be part of a multi-county outbreak.

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 was closed and reported to the California Department of Public Health. Beginning in June 2011, cases were counted by an "Episode Date." This case 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

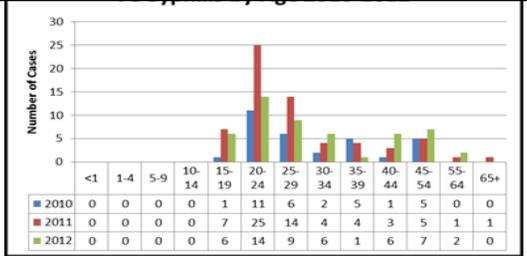
Although many communicable diseases may be transmitted by more than one mechanism, in this report they are categorized by *primary* mode of transmission.

### 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-

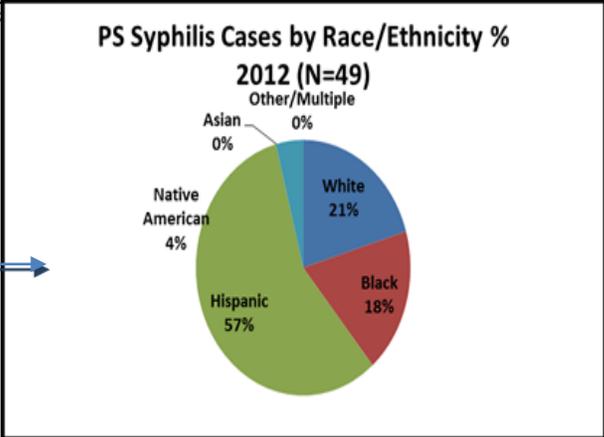
Each selected disease is accompanied by a commentary section that includes general disease facts and local epidemiological insight.



#### 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 men for 76.2%.

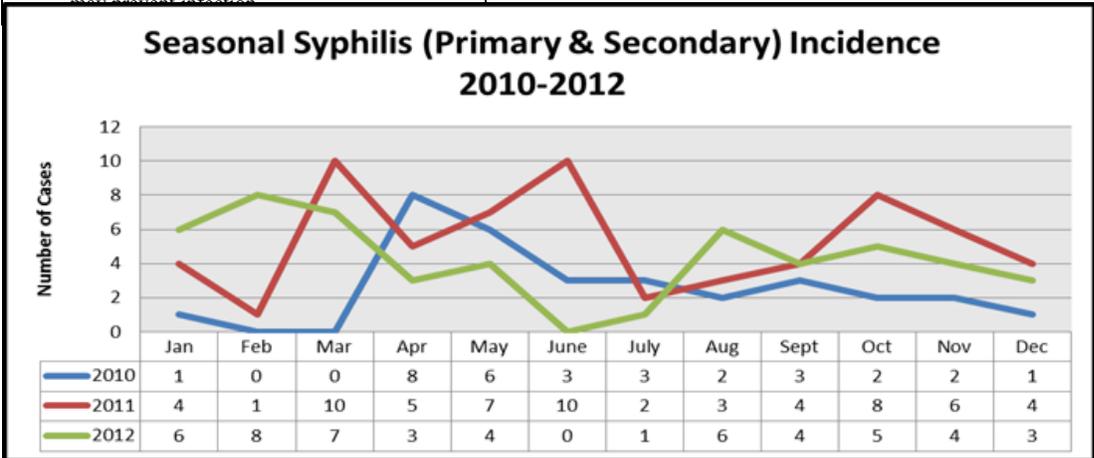
For each selected disease, the morbidity data for 2012 are analyzed based on the age and race/ethnicity of all reported cases.



- Of 2011 CA cases among MSM, 53.7% are also HIV positive and 15% report methamphetamine use.

#### Prevention

- Condoms if used correctly and consistently prevent infection.



# HOW TO INTERPRET THIS REPORT (CONTINUED)

County of San Bernardino Reported Communicable Diseases 2010-2012

*Diseases Transmitted by Sex*

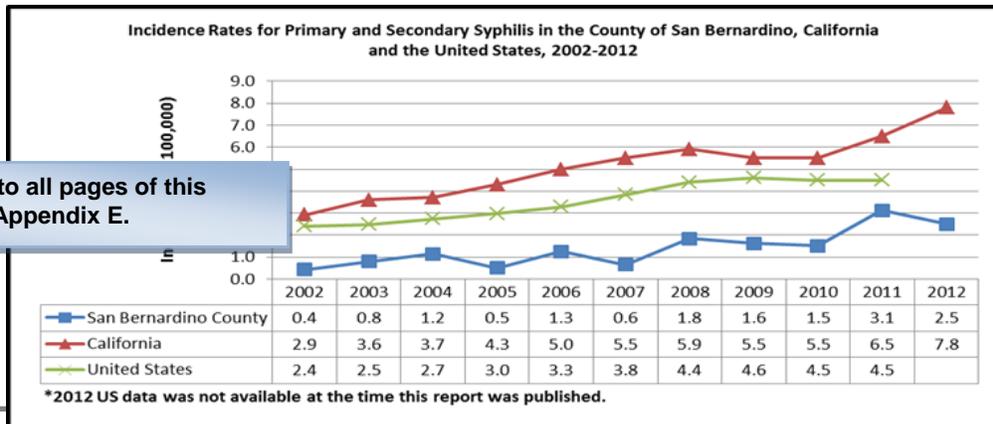
For each selected disease, a ten-year (2002-2012) trending of race/ethnicity distribution among all reported cases is presented in a data table.

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
<b>Total</b>	<b>22</b>	<b>10</b>	<b>25</b>	<b>13</b>	<b>38</b>	<b>34</b>	<b>31</b>	<b>64</b>	<b>51</b>		

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
<b>Total</b>	<b>8</b>	<b>15</b>	<b>22</b>	<b>10</b>	<b>25</b>	<b>13</b>	<b>38</b>	<b>34</b>	<b>31</b>	<b>64</b>	<b>51</b>

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, 2010**

Disease Name	<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	0	7	19	8	14	20	7	16	9	3	0	103
Amebiasis	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	3
Botulism, Infant	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Brucellosis	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	3
Campylobacteriosis	2	23	22	8	14	5	5	4	8	9	10	9	16	17	0	152
Chlamydial Infections (1)	4	0	0	74	2,532	3,400	1,391	547	287	135	67	26	18	5	0	8,486
Coccidioidomycosis	0	0	0	0	0	2	4	5	8	6	6	8	15	6	0	60
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Cryptococcosis	0	0	0	0	1	0	1	1	1	0	0	0	1	0	0	5
Cryptosporidiosis	0	3	0	0	0	1	1	0	0	0	0	0	2	1	0	8
Dengue	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
DMV Reportable	0	0	0	1	56	71	86	71	91	88	77	70	82	102	0	795
<i>E. coli O157:H7</i>	0	1	2	0	0	0	0	0	0	0	0	1	1	1	0	6
Encephalitis - Not Otherwise Specified	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Encephalitis, Viral	0	1	0	0	0	1	1	0	0	1	0	0	0	1	0	5
Foodborne Illness Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Giardiasis	0	7	2	1	2	2	3	1	4	1	2	3	2	3	0	33
Gonococcal Infections (1),(3)	3	0	0	8	267	429	195	102	55	44	21	20	2	2	0	1,148
Haemophilus Influenzae (Invasive) (4)	3	1	0	0	0	1	0	0	1	0	0	0	0	3	0	9
Hantavirus Infections	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Hepatitis A	0	0	0	0	1	1	0	1	0	0	0	1	0	0	0	4
Hepatitis B, Acute	0	0	0	0	0	0	3	3	2	3	2	0	3	1	0	17
Hepatitis B, Chronic	0	1	0	0	3	5	18	24	40	27	20	30	24	17	0	209
Hepatitis C, Acute	0	0	0	0	0	0	1	0	2	2	0	0	0	1	0	6
Hepatitis C, Chronic (5)	11	1	1	3	17	106	208	272	284	448	613	663	778	277	0	3,682
Hepatitis D (Delta)	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
HIV	0	0	0	0	7	33	45	15	16	21	16	16	17	4	0	190
Influenza	11	15	8	4	7	11	5	4	2	7	4	6	5	1	0	90
Kawasaki Syndrome	1	4	3	0	0	0	0	0	0	0	0	0	0	0	0	8
Legionellosis	0	0	0	0	0	0	0	1	0	1	1	0	1	4	0	8
Leprosy (Hansen Disease)	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Listeriosis	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3
Malaria	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	2
Meningitis - Bacterial (6)	5	1	0	0	2	0	0	0	0	0	1	1	1	0	0	11
Meningitis - Fungal	0	0	0	0	0	0	0	1	0	0	0	1	2	0	0	4
Meningitis - Not Otherwise Specified	0	0	0	1	1	0	0	1	0	0	0	0	0	0	0	3

**TABLE 1\*: REPORTED COMMUNICABLE DISEASES BY AGE GROUP (IN YEARS), 2010 (CONT'D)**

Disease Name	<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
Meningitis - Viral	9	9	11	12	12	14	8	12	7	7	2	4	5	5	1	118
Meningococcal Disease (Invasive)	2	1	0	0	0	1	0	0	0	0	0	0	0	0	0	4
Methicillin-resistant Staphylococcus aureus (MRSA)	2	0	0	1	0	0	1	1	4	2	3	5	8	23	0	50
Non-Gonococcal Urethritis	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Outbreak, Foodborne	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Outbreak, Other	0	0	0	0	0	0	0	0	0	0	0	1	0	0	15	16
Paratyphoid Fever	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pelvic Inflammatory Disease	0	0	0	0	4	6	5	5	3	2	1	0	1	0	0	27
Pertussis	51	23	14	32	10	5	1	2	2	7	2	2	0	3	1	155
Pneumococcal Disease, Invasive	0	1	2	2	2	3	0	0	0	2	1	1	10	13	0	37
Q Fever	0	0	0	0	0	0	0	0	0	1	2	0	2	0	0	5
Rabies (Animal)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	4	5
Respiratory Syncytial Virus (RSV)	452	276	15	1	3	0	0	0	0	0	0	1	1	1	0	750
Salmonellosis (Other than Typhoid Fever)	11	34	19	9	10	8	10	5	9	11	20	7	24	21	0	198
Schistosomiasis	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Sepsis	7	4	0	1	2	2	4	2	0	7	14	12	33	64	0	152
Shiga Toxin Detected in Feces	0	1	1	0	0	1	0	0	0	0	0	0	0	1	0	4
Shigellosis, Group B (Flexneri)	1	3	1	0	0	0	0	1	1	1	0	0	0	0	0	8
Shigellosis, Group C (Boydii)	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Shigellosis, Group D (Sonnei)	1	9	6	0	0	0	3	2	0	0	0	1	0	1	0	23
Shigellosis, Unspecified	0	1	2	0	0	0	0	0	0	0	0	0	0	1	0	4
Staphylococcus Aureus Infection (Severe Case)	0	1	0	1	0	0	0	2	1	5	2	2	4	4	0	22
Streptococcal Infections (Invasive Group A)	0	0	1	0	0	0	0	0	1	1	0	1	4	4	0	12
Syphilis, Early Latent	0	0	0	0	2	11	2	5	0	1	1	0	0	0	0	22
Syphilis, Latent, Unknown Duration	0	0	0	0	6	21	17	12	8	14	10	7	4	5	0	104
Syphilis, Neurosyphilis	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2
Syphilis, Primary	0	0	0	0	0	5	2	0	3	1	2	0	0	0	0	13
Syphilis, Secondary	0	0	0	0	1	6	4	2	2	0	0	3	0	0	0	18
Tuberculosis	0	0	0	1	4	2	4	2	3	6	11	6	4	19	0	62
Typhoid Fever	0	0	2	2	0	0	0	0	0	0	0	0	0	1	0	5
Typhus and Other Non-Spotted Fever	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Rickettsioses	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Varicella (Chickenpox)	0	0	3	5	1	0	0	0	0	0	0	0	0	0	0	9
Varicella Hospitalization/Death	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	2
Vibrio infections (Non-Cholera)	0	0	0	0	0	0	1	0	1	2	0	0	0	0	0	4
West Nile Virus - Unspecified	0	0	0	0	0	0	0	0	0	0	0	0	3	2	0	5
Yersiniosis	0	0	0	1	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, 2011**

Disease Name	<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	4	12	12	13	9	15	19	14	9	2	0	98
Botulism, Infant	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Botulism, Wound	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
Campylobacteriosis	6	31	12	10	16	14	12	8	13	12	8	13	18	14	0	187
Chlamydial Infections (1)	7	0	5	56	2,772	4,663	1,865	745	375	197	120	53	30	9	3	10,900
Coccidioidomycosis	0	1	0	0	3	5	2	7	5	6	16	11	6	13	0	75
Cryptococcosis	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	2
Cryptosporidiosis	1	2	0	0	1	0	0	0	1	1	1	0	0	3	0	10
Cysticercosis	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Dengue	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2
DMV Reportable	0	0	0	2	44	122	91	86	84	80	85	66	113	138	4	915
Encephalitis - Not Otherwise Specified	0	2	2	3	0	1	1	0	0	0	1	1	4	2	0	17
Encephalitis, Viral	1	1	0	0	0	2	0	0	0	0	2	1	2	2	0	11
Giardiasis	0	11	4	1	1	2	2	2	2	3	0	4	4	4	0	40
Gonococcal Infections (1),(3)	2	0	0	8	310	505	268	146	66	58	25	12	6	2	0	1,408
Haemophilus Influenzae (Invasive) (4)	1	3	0	1	0	0	0	0	0	1	0	0	0	6	0	12
Hepatitis (Other Acute)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Hepatitis A	0	0	0	0	0	0	0	0	2	0	0	5	1	0	0	8
Hepatitis B, Acute	0	0	0	0	1	0	0	0	2	0	2	1	2	0	0	8
Hepatitis B, Chronic	0	0	0	0	4	9	25	39	28	36	34	34	37	31	0	277
Hepatitis C, Acute	0	0	0	0	0	0	2	2	1	0	0	2	0	0	0	7
Hepatitis C, Chronic (5)	3	4	0	3	11	64	175	217	226	336	456	525	696	204	2	2,922
Hepatitis D (Delta)	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	3
HIV	0	0	0	0	9	39	22	29	16	22	19	17	9	4	0	186
Influenza	2	29	23	19	11	8	7	6	5	7	10	5	14	14	4	164
Influenza ICU Hospitalization/Death	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Kawasaki Syndrome	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	4
Legionellosis	0	0	1	0	0	1	0	0	1	0	1	2	6	2	0	14
Listeriosis	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Lyme Disease	0	0	1	0	0	0	0	2	1	0	0	0	0	0	0	4
Malaria	0	0	0	1	1	1	1	0	2	1	0	0	1	1	0	9
Measles (Rubeola)	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Meningitis - Bacterial (6)	2	0	1	0	1	1	0	0	0	1	0	1	4	1	0	12
Meningitis - Fungal	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	3
Meningitis - Not Otherwise Specified	0	0	0	1	1	1	0	0	0	0	0	1	0	2	0	6

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

**TABLE 1\*: REPORTED COMMUNICABLE DISEASES BY AGE GROUP (IN YEARS), 2011 (CONT'D)**

Disease Name	<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
Meningitis - Viral	8	2	10	5	7	10	5	3	2	2	4	2	4	4	0	68
Meningococcal Disease (Invasive)	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	3
Methicillin-resistant Staphylococcus aureus (MRSA)	0	0	1	0	0	0	0	0	1	2	1	4	9	8	0	26
Mumps	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Norovirus	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Outbreak, Foodborne	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outbreak, Other	11	0	0	0	0	0	0	0	0	0	0	0	0	0	16	27
Pelvic Inflammatory Disease	0	0	0	0	3	7	4	2	7	4	0	0	0	0	0	27
Pertussis	36	24	16	27	8	2	4	4	2	3	1	0	3	1	2	133
Pneumococcal Disease, Invasive	0	1	0	1	1	1	0	1	1	1	6	2	5	8	0	28
Q Fever	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Rabies (Animal)	5	0	0	0	0	0	0	0	0	0	0	0	1	0	5	11
Respiratory Syncytial Virus (RSV)	126	852	20	4	1	1	0	0	0	0	0	0	2	3	0	1,009
Rubella (German Measles)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Salmonellosis (Other than Typhoid Fever)	12	34	23	11	5	9	10	9	10	9	9	6	17	28	0	192
Sepsis	0	2	1	1	0	1	2	2	3	1	6	8	17	34	0	78
Shigellosis, Group A (Dysenteriae)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Shigellosis, Group B (Flexneri)	0	2	0	0	0	0	1	2	0	0	1	1	0	0	0	7
Shigellosis, Group D (Sonnei)	0	5	1	0	0	0	0	0	0	3	0	0	0	1	0	10
Shigellosis, Unspecified	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	2
Staphylococcus Aureus Infection (Severe Case)	2	0	0	1	0	2	1	1	1	1	4	4	4	6	0	27
STEC, including E coli O157:H7 and Shiga Toxin	1	12	0	1	0	2	2	0	0	0	0	3	2	1	0	24
Streptococcal Infections (Invasive Group A)	0	0	0	0	0	0	0	0	0	0	2	0	3	1	0	6
Syphilis, Early Latent	0	0	0	0	4	14	11	9	2	0	2	2	0	1	0	45
Syphilis, Latent, Unknown Duration	0	0	0	0	8	33	27	17	14	14	19	7	6	5	0	150
Syphilis, Neurosyphilis	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Syphilis, Primary	0	0	0	0	4	12	6	2	2	0	1	2	1	0	0	30
Syphilis, Secondary	0	0	0	0	3	13	8	2	2	3	1	1	0	1	0	34
Tuberculosis	0	2	0	0	1	1	7	1	2	8	4	7	9	10	0	52
Typhoid Fever	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	2
Varicella (Chickenpox)	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2
Varicella Hospitalization/Death	0	0	0	1	0	0	2	1	2	0	1	2	1	1	0	11
Vibrio infections (Non-Cholera) (2)	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	3
VRE	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
West Nile virus - Asymptomatic	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
West Nile virus - Neuroinvasive	0	0	0	0	0	0	0	0	0	0	0	0	1	3	0	4

\* 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, 2012**

Disease Name	<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	YTD
AIDS	0	0	0	0	0	8	10	17	6	10	21	7	5	2	0	86
Amebiasis	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	3
Campylobacteriosis	5	25	26	17	6	11	8	9	11	14	6	12	17	25	0	192
Chlamydial Infections (1)	4	0	2	99	3209	4823	1982	826	396	197	118	53	39	12	1	11761
Coccidioidomycosis	0	0	0	0	1	2	6	4	8	6	9	16	11	13	0	76
Cryptosporidiosis	0	3	1	0	1	1	0	1	0	0	1	0	0	0	0	8
Cysticercosis	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Dengue	0	0	1	0	0	0	0	1	0	0	0	3	0	0	0	5
DMV Reportable Encephalitis - Not Otherwise Specified	3	0	0	0	54	113	97	89	91	68	84	71	124	195	13	1002
Encephalitis, Viral	0	1	0	0	1	1	0	0	1	1	1	0	1	3	0	10
GI, Foodborne	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Giardiasis	0	1	3	1	1	3	2	4	1	3	2	1	3	3	0	28
Gonococcal Infections (1),(3) Haemophilus Influenzae (Invasive) (4)	0	0	0	13	395	663	334	198	113	58	38	21	14	8	0	1855
Hantavirus Infections	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Hemolytic Uremic Syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Hepatitis A	0	1	0	0	0	1	0	1	0	0	0	1	1	0	0	5
Hepatitis B (Perinatal Case)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Hepatitis B, Acute	0	0	0	0	0	0	0	2	2	2	1	0	5	1	0	13
Hepatitis B, Chronic	0	0	0	2	3	13	27	46	56	44	39	27	59	41	1	358
Hepatitis C, Acute	0	0	0	0	0	1	2	2	1	0	1	1	0	0	0	8
Hepatitis C, Chronic (5)	11	3	2	3	23	117	159	222	225	324	499	631	952	265	8	3444
HIV	0	1	0	0	4	41	37	28	19	13	26	14	7	6	0	196
Influenza Influenza - ICU Hospitalization (0-64 years old)	9	18	18	5	8	6	4	4	4	2	2	4	2	6	0	92
Influenza ICU Hospitalization/Death	6	5	0	1	0	0	1	0	1	0	0	0	1	0	0	15
Legionellosis	0	1	0	0	0	0	0	0	1	1	0	2	1	0	0	6
Malaria	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	3
Meningitis - Bacterial (6)	0	0	0	1	0	2	0	0	1	2	2	5	2	1	0	17
Meningitis - Fungal	1	0	0	1	0	0	0	1	1	2	2	0	1	0	0	8
Meningitis - Not Otherwise Specified	0	0	0	1	0	0	0	1	1	2	2	0	1	0	0	8
	1	0	0	1	0	0	0	0	1	1	1	1	1	0	0	7

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

**TABLE 1\*: REPORTED COMMUNICABLE DISEASES BY AGE GROUP (IN YEARS), 2012 (CONT'D)**

Disease Name	<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	YTD
Meningitis - Viral	3	2	3	2	2	5	6	7	5	5	4	7	6	5	0	62
Meningococcal Disease (Invasive)	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	2
Methicillin-resistant Staphylococcus aureus (MRSA)	1	0	0	0	0	0	0	0	0	0	0	1	2	6	0	10
Mumps	1	2	0	1	0	0	0	0	0	0	0	0	0	0	0	4
Norovirus	0	1	0	1	1	1	0	0	0	0	0	0	0	0	0	4
Outbreak, Foodborne	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Outbreak, Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30
Pelvic Inflammatory Disease	0	0	0	1	6	16	8	7	4	3	3	0	0	0	0	48
Pertussis	20	13	9	4	1	0	2	1	2	0	1	0	0	1	0	54
Pneumococcal Disease, Invasive	1	1	1	0	0	1	0	1	0	0	0	0	2	4	0	11
Q Fever	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Rabies (Animal)	3	0	0	0	0	0	0	0	0	0	0	0	0	0	7	10
Respiratory Syncytial Virus (RSV)	372	164	11	2	2	1	0	0	0	0	0	0	0	0	0	552
Salmonellosis (Other than Typhoid Fever)	26	34	21	8	13	11	16	8	12	9	13	15	29	30	3	248
Shigellosis, Group B (Flexneri)	0	1	0	2	1	0	1	1	0	1	0	1	1	0	0	9
Shigellosis, Group D (Sonnei)	0	4	2	0	0	0	0	0	0	0	0	0	1	0	0	7
Shigellosis, Unspecified	0	1	1	0	0	0	0	0	0	1	0	0	0	0	1	4
Staphylococcus Aureus Infection (Severe Case)	0	0	0	0	0	0	1	0	0	2	1	0	1	2	0	7
STEC, including E coli O157:H7 and Shiga Toxin	1	7	3	2	1	3	1	0	1	2	1	0	2	4	0	28
Syphilis, Congenital	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Syphilis, Early Latent	0	0	0	0	2	15	4	6	2	2	4	3	1	0	0	39
Syphilis, Late Latent	0	0	0	0	2	0	2	2	2	0	0	0	1	1	0	10
Syphilis, Latent Unknown Duration	0	0	0	0	10	42	35	12	19	15	14	17	12	5	0	181
Syphilis, Primary	0	0	0	0	3	4	5	3	0	1	1	1	0	0	0	18
Syphilis, Secondary	0	0	0	0	3	10	4	3	1	5	3	2	2	0	0	33
Tetanus	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Toxoplasmosis	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Tuberculosis	0	1	1	0	2	2	5	1	3	1	3	2	16	16	0	53
Tularemia	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Varicella (Chickenpox)	0	0	0	0	0	0	1	1	0	1	0	0	0	1	0	4
West Nile virus - Asymptomatic	0	0	0	0	3	0	0	0	0	0	0	0	1	0	0	4
West Nile virus - Fever	0	0	0	0	1	1	0	2	0	0	0	5	1	2	0	12
West Nile virus - Neuroinvasive	0	0	0	0	1	2	1	1	0	1	1	5	3	5	0	20
West Nile virus - Unspecified	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Yersiniosis	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1

\* 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, 2010**

Disease Name	White	Black	Hispanic	Asian/Pacific Islander	Native American	Other	Unknown	Total
AIDS	32	27	41	1	0	2	0	103
Amebiasis	1	0	2	0	0	0	0	3
Anthrax	0	0	0	0	0	0	0	0
Botulism, Wound	0	0	0	0	0	0	0	0
Botulism, Infant	2	0	0	0	0	0	0	2
Brucellosis	0	0	1	0	0	0	2	3
Campylobacteriosis	43	3	70	5	0	0	31	152
Chlamydial Infections (1)	595	749	1,326	74	15	1	5,726	8,486
Coccidioidomycosis	14	8	17	2	0	0	19	60
Creutzfeldt-Jakob Disease	0	0	1	0	0	0	0	1
Cryptococcosis	0	1	4	0	0	0	0	5
Cryptosporidiosis	2	0	1	0	0	0	5	8
Cyclospora	0	0	0	0	0	0	0	0
Dengue	0	0	0	1	0	0	0	1
DMV Reportable	213	114	116	12	2	0	338	795
E. coli O157:H7	2	0	1	0	0	0	3	6
Encephalitis - Not Otherwise Specified	0	0	1	0	0	0	0	1
Encephalitis, Viral	1	0	1	0	0	0	3	5
Foodborne Illness Cases	0	0	0	0	0	0	1	1
Giardiasis	15	1	10	1	0	1	5	33
Gonococcal Infections (1),(3)	83	231	150	14	1	0	669	1,148
Haemophilus Influenzae (Invasive) (4)	3	0	4	0	0	0	2	9
Hantavirus Infections	1	0	0	0	0	0	0	1
Hepatitis A	0	0	4	0	0	0	0	4
Hepatitis B, Acute	4	2	7	3	0	0	1	17
Hepatitis B, Chronic	14	22	16	70	0	1	86	209
Hepatitis C, Acute	1	1	3	0	0	0	1	6
Hepatitis C, Chronic (5)	283	90	208	7	6	0	3,088	3,682
Hepatitis D (Delta)	0	0	0	1	0	0	1	2
HIV	51	49	86	4	0	0	0	190
Influenza	9	2	3	4	0	0	72	90
Kawasaki Syndrome	2	2	3	0	0	0	1	8
Legionellosis	0	0	4	0	0	0	4	8
Leprosy (Hansen Disease)	0	0	1	0	0	0	0	1
Listeriosis	1	0	1	0	0	0	1	3
Malaria	0	1	0	0	0	0	1	2
Measles	0	0	0	0	0	0	0	0

\*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, 2010 (CONTINUED)**

Disease Name	White	Black	Hispanic	Asian/Pacific Islander	Native American	Other	Unknown	Total
Meningitis - Bacterial (6)	2	1	2	0	1	0	5	11
Meningitis - Fungal	1	1	2	0	0	0	0	4
Meningitis - Not Otherwise Specified	1	0	1	0	0	0	1	3
Meningitis - Viral	30	10	55	5	0	1	17	118
Meningococcal Disease (Invasive)	0	0	3	0	0	0	1	4
Methicillin-resistant Staphylococcus aureus (MRSA)	18	4	12	2	1	0	13	50
Outbreak, Foodborne	0	0	0	0	0	0	1	1
Outbreak, Other	0	0	0	0	0	0	16	16
Paratyphoid Fever	0	0	1	0	0	0	0	1
Pelvic Inflammatory Disease	14	3	6	0	0	0	4	27
Pertussis	43	6	80	2	0	1	23	155
Pneumococcal Disease, Invasive	21	3	7	1	0	0	5	37
Q.Fever	2	0	2	0	0	0	1	5
Rabies (Animal)	0	0	0	0	0	0	5	5
Respiratory Syncytial Virus (RSV)	166	65	321	10	1	2	185	750
Rubella	0	0	0	0	0	0	0	0
Salmonellosis (Other than Typhoid Fever)	63	14	67	10	2	0	42	198
Schistosomiasis	0	0	0	0	0	0	1	1
Sepsis	51	13	49	5	2	0	32	152
Shiga Toxin Detected in Feces	1	0	2	0	0	0	1	4
Shigellosis, Group B (Flexneri)	2	1	5	0	0	0	0	8
Shigellosis, Group C (Boydii)	0	0	0	0	0	0	1	1
Shigellosis, Group D (Sonnei)	5	1	13	1	0	0	3	23
Shigellosis, Unspecified	1	0	2	1	0	0	0	4
Staphylococcus Aureus Infection (Severe Case)	11	0	10	0	1	0	0	22
Streptococcal Infections (Invasive Group A)	3	0	5	1	0	0	3	12
Syphilis, Congenital	0	0	0	0	0	0	0	0
Syphilis, Early Latent	4	5	10	0	0	0	3	22
Syphilis, Late/Latent, Unknown Duration	9	11	49	1	0	0	34	104
Syphilis, Neurosyphilis	1	0	1	0	0	0	0	2
Syphilis, Primary	1	4	5	0	0	0	3	13
Syphilis, Secondary	4	3	10	0	0	0	1	18
Tuberculosis	5	6	28	21	0	0	2	62
Typhoid Fever	1	0	1	0	0	0	3	5
Typhus and Other Non-Spotted Fever Rickettsioses	0	0	0	0	0	0	1	1
Varicella/chickenpox	0	1	4	0	0	0	4	9
Varicella Hospitalization/Death	1	0	0	0	0	0	1	2
Vibrio infections (Non-Cholera) (2)	2	0	1	0	0	0	1	4
West Nile Virus - Unspecified	2	0	3	0	0	0	0	5
Yersiniosis	0	0	1	0	0	0	0	1

\* 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, 2011**

Disease Name	White	Black	Hispanic	Asian/Pacific Islander	Native American	Other	Unknown	Total
AIDS	34	27	45	2	0	1	0	109
Amebiasis	0	0	0	0	0	0	0	0
Anthrax	0	0	0	0	0	0	0	0
Botulism, Infant	0	0	1	0	0	0	0	1
Botulism, Wound	0	0	2	0	0	0	0	2
Campylobacteriosis	58	5	95	1	1	3	24	187
Chlamydial Infections (1)	555	790	1,486	25	6	60	7,978	10,900
Coccidioidomycosis	18	9	25	0	0	0	23	75
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	0
Cryptococcosis	0	1	1	0	0	0	0	2
Cryptosporidiosis	1	0	7	0	0	0	2	10
Cyclospora	0	0	0	0	0	0	0	0
Cysticercosis	0	0	1	0	0	0	0	1
Dengue	0	0	1	0	0	0	1	2
DMV Reportable	231	117	167	5	1	3	391	915
Encephalitis - Not Otherwise Specified	7	1	4	1	0	0	4	17
Encephalitis, Viral	5	0	5	0	0	0	1	11
Foodborne Illness Case	0	0	0	0	0	0	0	0
Giardiasis	17	3	14	1	0	0	5	40
Gonococcal Infections (1),(3)	73	190	149	5	1	11	979	1,408
Haemophilus Influenzae (Invasive) (4)	5	0	4	1	0	0	2	12
Hepatitis (Other Acute)	1	0	0	0	0	0	0	1
Hepatitis A	6	0	1	0	0	1	0	8
Hepatitis B, Acute	2	1	4	0	0	0	1	8
Hepatitis B, Chronic	33	25	21	69	0	8	121	277
Hepatitis C, Acute	5	1	1	0	0	0	0	7
Hepatitis C, Chronic (5)	128	33	66	3	0	5	2,687	2,922
Hepatitis D (Delta)	1	0	0	0	0	0	2	3
HIV	53	46	81	4	0	2	0	186
Influenza	43	12	50	3	0	0	56	164
Influenza ICU Hospitalization/Death	0	0	0	0	0	1	0	1
Kawasaki Syndrome	0	1	2	1	0	0	0	4
Legionellosis	9	4	1	0	0	0	0	14
Listeriosis	1	0	1	0	0	0	0	2
Lyme Disease	3	0	0	0	0	0	1	4
Malaria	2	2	1	3	0	0	1	9
Measles (Rubeola)	0	0	1	0	0	0	0	1

\*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, 2011 (CONTINUED)**

Disease Name	White	Black	Hispanic	Asian/Pacific Islander	Native American	Other	Unknown	Total
Meningitis - Bacterial (6)	6	1	4	0	0	0	1	12
Meningitis - Fungal	1	1	1	0	0	0	0	3
Meningitis - Not Otherwise Specified	3	0	2	0	0	0	1	6
Meningitis - Viral	23	8	31	0	0	1	5	68
Meningococcal Disease (Invasive)	1	0	2	0	0	0	0	3
Methicillin-resistant Staphylococcus aureus (MRSA)	8	3	8	1	0	0	6	26
Mumps	1	0	0	0	0	0	0	1
Norovirus	0	0	1	0	0	0	0	1
Outbreak, Foodborne	0	0	0	0	0	0	0	0
Outbreak, Other	0	0	0	0	0	0	13	13
Pelvic Inflammatory Disease	2	4	11	0	0	0	10	27
Pertussis	42	4	71	0	0	0	16	133
Pneumococcal Disease, Invasive	12	2	10	0	1	0	3	28
Q Fever	0	0	1	0	0	0	0	1
Rabies (Animal)	1	0	0	0	0	0	10	11
Respiratory Syncytial Virus (RSV)	259	97	438	18	4	2	191	1,009
Rubella (German Measles)	0	0	0	0	0	0	1	1
Salmonellosis (Other than Typhoid Fever)	72	6	82	4	1	5	22	192
Sepsis	33	10	24	3	0	0	8	78
Shigellosis, Group A (Dysenteriae)	0	1	0	0	0	0	0	1
Shigellosis, Group B (Flexneri)	1	1	3	0	0	0	2	7
Shigellosis, Group D (Sonnei)	1	0	8	0	0	0	1	10
Shigellosis, Unspecified	1	0	0	0	0	1	0	2
Staphylococcus Aureus Infection (Severe Case)	16	0	8	2	0	0	1	27
STEC, including <i>E. coli</i> O157:H7 and Shiga Toxin	10	1	10	1	0	0	2	24
Streptococcal Infections (Invasive Group A)	2	1	2	0	0	0	1	6
Syphilis, Early Latent	8	6	24	0	0	1	6	45
Syphilis, Late/Latent Unknown Duration	14	16	69	1	0	1	49	150
Syphilis, Neurosyphilis	0	1	0	0	0	0	0	1
Syphilis, Primary	4	2	18	0	0	1	5	30
Syphilis, Secondary	7	4	15	0	0	2	6	34
Tuberculosis	3	6	26	0	0	0	22	57
Typhoid Fever	0	0	1	0	0	0	1	2
Varicella (Chickenpox)	2	0	0	0	0	0	0	2
Varicella Hospitalization/Death	5	4	2	0	0	0	0	11
Vibrio infections (Non-Cholera) (2)	1	0	0	0	0	0	2	3
West Nile virus - Asymptomatic	0	0	1	0	0	0	0	1
West Nile virus - Neuroinvasive	1	0	2	0	0	0	1	4

\* 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, 2012**

Disease Name	White	Black	Hispanic	Asian/Pacific Islander	Native American	Other	Unknown	Total
AIDS	17	21	46	1	1	0	0	86
Amebiasis	1	0	1	0	0	0	1	3
Anthrax	0	0	0	0	0	0	0	0
Campylobacteriosis	60	4	71	2	0	5	50	192
Chlamydial Infections (1)	938	1239	2,967	122	32	131	6,332	11,761
Coccidioidomycosis	17	16	24	3	0	2	14	76
Cryptosporidiosis	2	0	4	0	0	0	2	8
Cysticercosis	0	0	1	0	0	0	0	1
Dengue	1	0	2	2	0	0	0	5
DMV Reportable	223	128	139	5	2	6	499	1,002
Encephalitis - Not Otherwise Specified	2	0	2	0	0	0	0	4
Encephalitis, Viral	7	0	2	1	0	0	0	10
GI, Foodborne	0	0	0	0	0	0	0	1
Giardiasis	10	0	10	1	0	0	7	28
Gonococcal Infections (1),(3)	171	387	366	16	5	27	883	1,855
Haemophilus Influenzae (Invasive) (4)	1	1	0	0	0	0	0	2
Hantavirus Infections	0	0	1	0	0	0	0	1
Hemolytic Uremic Syndrome	0	0	1	0	0	0	0	1
Hepatitis A	3	0	2	0	0	0	0	5
Hepatitis B (Perinatal Case)	0	0	1	0	0	0	0	1
Hepatitis B, Acute	4	1	7	0	0	0	1	13
Hepatitis B, Chronic	35	26	32	152	2	10	101	358
Hepatitis C, Acute	3	0	5	0	0	0	0	8
Hepatitis C, Chronic (6)	257	92	230	11	7	6	2841	3,444
HIV	43	41	104	5	1	2	0	196
Influenza	11	4	23	0	0	1	53	92
Influenza ICU Hospitalization/Death	4	2	13	0	0	0	2	21
Legionellosis	6	0	1	0	0	1	4	12
Listeria	0	0	0	0	0	0	0	0
Malaria	1	1	1	0	0	0	0	3
Meningitis - Bacterial (6)	8	2	6	0	0	0	1	17
Meningitis - Fungal	4	0	3	0	0	0	1	8

\*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, 2012 (CONTINUED)**

Disease Name	White	Black	Hispanic	Asian/Pacific Islander	Native American	Other	Unknown	Total
Meningitis - Not Otherwise Specified	2	1	2	0	0	0	2	7
Meningitis - Viral	26	4	25	3	0	1	3	62
Meningococcal Disease (Invasive)	1	0	1	0	0	0	0	2
Methicillin-resistant Staphylococcus aureus (MRSA)	5	0	2	0	0	0	3	10
Mumps	2	0	1	1	0	0	0	4
Norovirus	0	0	2	0	0	0	2	4
Outbreak, Foodborne	0	0	0	0	0	0	0	0
Outbreak, Other	0	0	0	0	0	0	0	31
Pelvic Inflammatory Disease	13	5	18	1	1	1	9	48
Pertussis	13	4	30	4	0	0	3	54
Pneumococcal Disease, Invasive	4	1	1	0	0	0	5	11
Q Fever	0	0	0	0	0	0	1	1
Rabies (Animal)	0	0	0	0	0	0	10	10
Respiratory Syncytial Virus (RSV)	152	67	243	7	0	20	63	552
Salmonellosis (Other than Typhoid Fever)	102	9	86	10	0	4	37	248
Shigellosis, Group B (Flexneri)	2	1	5	1	0	0	0	9
Shigellosis, Group D (Sonnei)	1	0	4	0	0	0	2	7
Shigellosis, Unspecified	0	0	4	0	0	0	0	4
Staphylococcus Aureus Infection (Severe Case)	2	0	4	1	0	0	0	7
STEC, including <i>E coli O157:H7</i> and Shiga Toxin	12	0	13	0	0	0	3	28
Syphilis, Congenital			1	0	0	0	0	1
Syphilis, Early Latent	6	7	21	0	0	1	4	39
Syphilis, Late Latent	0	1	0	0	0	0	9	10
Syphilis, Latent Unknown Duration	21	23	67	8	1	1	60	181
Syphilis, Primary	3	2	12	0	1	0	0	18
Syphilis, Secondary	7	7	16	0	1	0	2	33
Tetanus	0	0	1	0	0	0	0	1
Toxoplasmosis	0	1	0	0	0	0	0	1
Tuberculosis	2	2	26	21	0	0	1	52
Tularemia	0	0	1	0	0	0	0	1
Varicella (Chickenpox)	0	1	1	0	0	1	1	4
West Nile virus - Asymptomatic	3	0	1	0	0	0	0	4
West Nile virus - Fever	6	0	6	0	0	0	0	12
West Nile virus - Neuroinvasive	7	0	11	0	0	0	2	20
West Nile virus - Unspecified	0	0	0	1	0	0	0	1
Yersiniosis	1	0	0	0	0	0	0	1

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

## SECTION 2

# **INCIDENCE RATES FOR SELECTED DISEASES BY PRIMARY MODE OF TRANSMISSION**

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# HEPATITIS B (ACUTE)

## VACCINE-PREVENTABLE

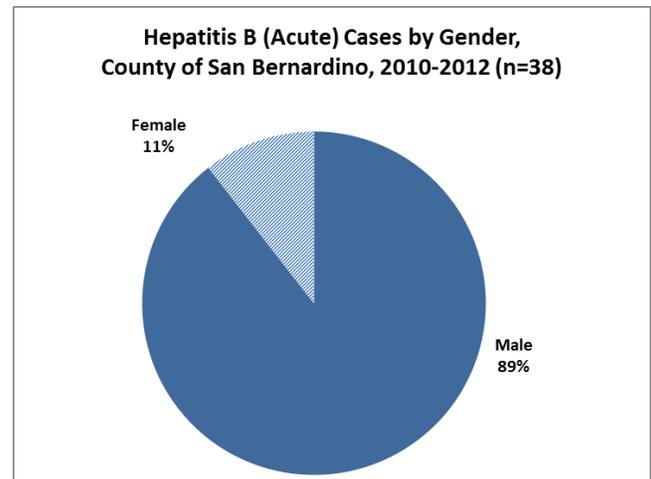
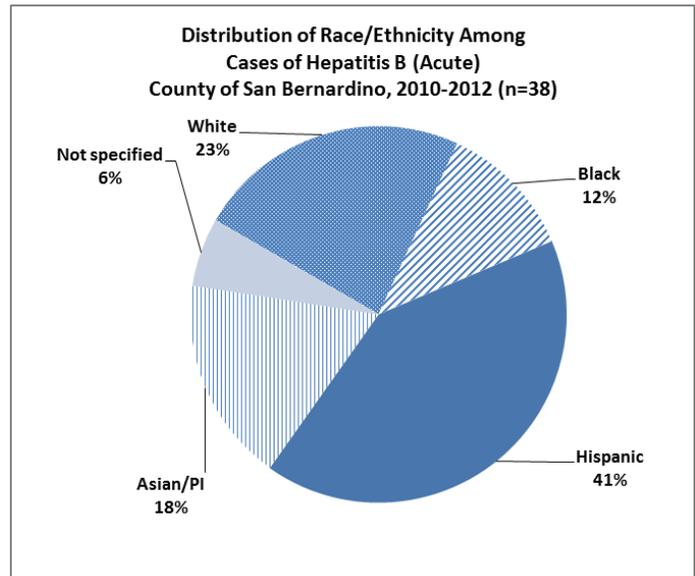
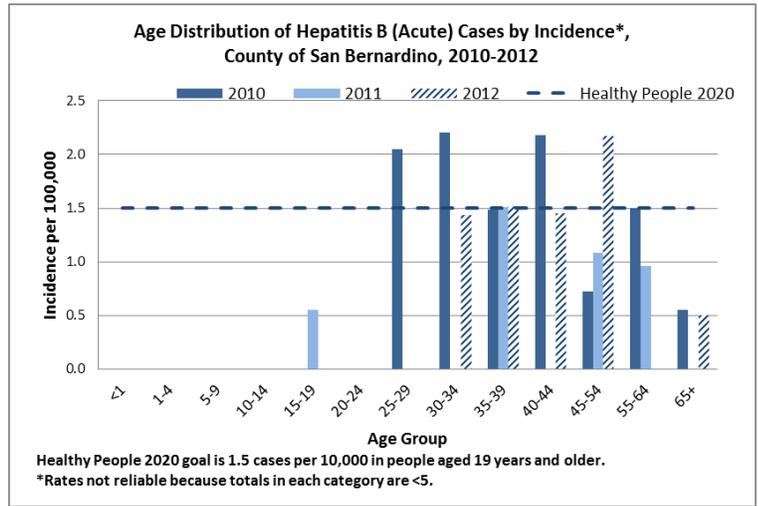
**Infectious Agent:** hepatitis B virus (HBV)  
**Mode of Transmission:** Contact with infected body fluids containing blood or blood products; saliva; cerebrospinal fluid; peritoneal, pleural, pericardial and synovial fluid; amniotic fluid; semen and vaginal secretions  
**Incubation Period:** 60-90 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>

### 2010 - 2012 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 2000.
- The greatest proportion of cases occurred in the White (23%) and Hispanic (41%) populations.
- Cases are concentrated in the adult populations over 25 years of age.
- Eighty-nine% of acute cases occurred in males.

### 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 acute or chronic hepatitis B infection should be vaccinated 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, 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, use sterile needles for tattoos, piercings, and injections.

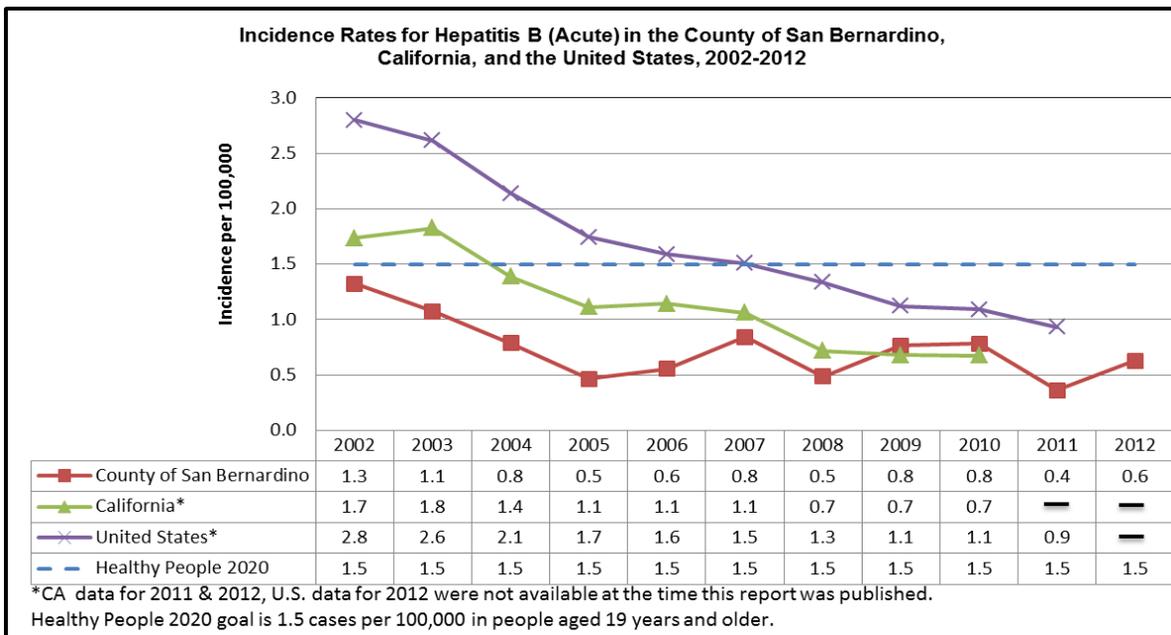


# HEPATITIS B (ACUTE)

## VACCINE-PREVENTABLE

Hepatitis B (Acute) Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	9	0	4	2	3	8	5	4	4	2	4
Black	8	7	4	2	3	3	1	4	2	1	1
Hispanic	3	9	1	3	1	5	2	5	7	4	7
Asian/PI	0	0	0	0	2	1	0	1	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	4	4	6	2	2	0	2	2	1	1	1
<b>Total</b>	<b>24</b>	<b>20</b>	<b>15</b>	<b>9</b>	<b>11</b>	<b>17</b>	<b>10</b>	<b>16</b>	<b>17</b>	<b>8</b>	<b>13</b>

Hepatitis B (Acute) 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	1	0	0	1	0	0	0	0	0	1	0
20-24	2	1	1	4	0	1	0	1	0	0	0
25-29	1	4	2	1	2	2	2	1	3	0	0
30-34	5	6	4	0	2	2	2	3	3	0	2
35-39	3	1	2	2	2	1	1	2	2	2	2
40-44	5	4	1	1	0	5	0	2	3	0	2
45-54	2	3	3	0	4	6	4	2	2	3	6
55-64	3	1	1	0	1	0	0	2	3	2	0
65+	2	0	1	0	0	0	1	3	1	0	1
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>24</b>	<b>20</b>	<b>15</b>	<b>9</b>	<b>11</b>	<b>17</b>	<b>10</b>	<b>16</b>	<b>17</b>	<b>8</b>	<b>13</b>



# 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

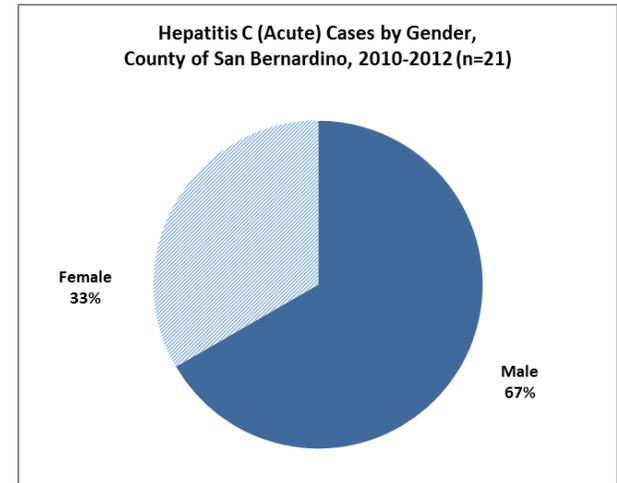
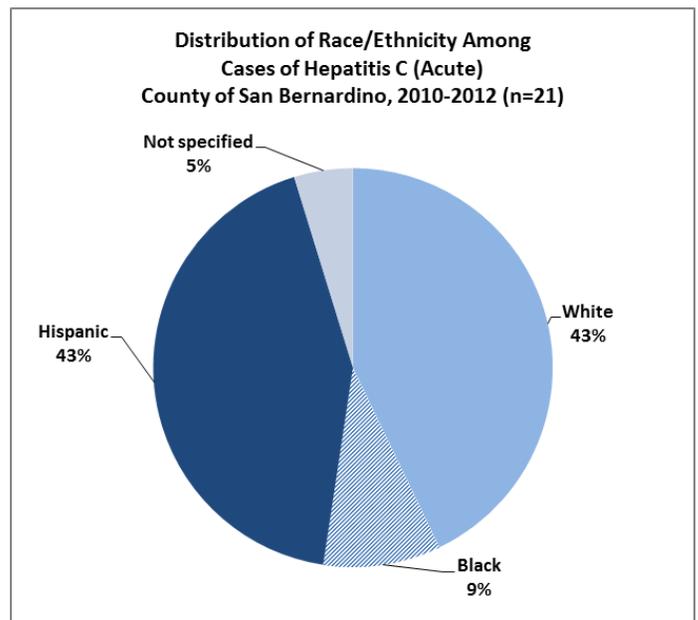
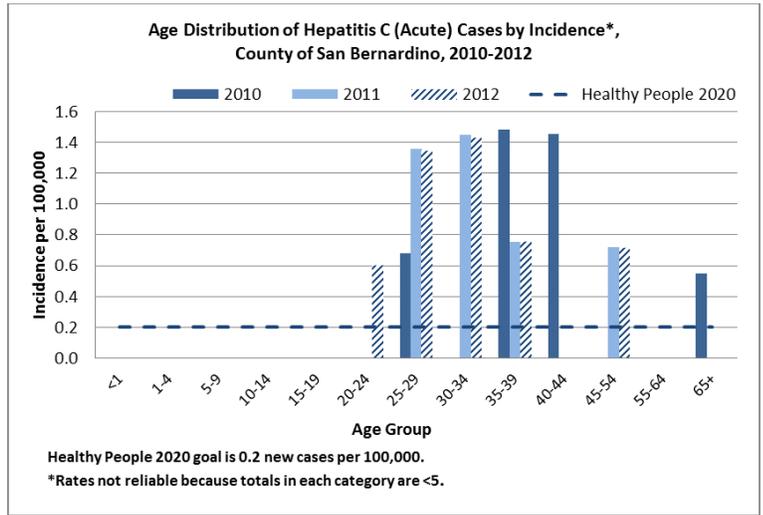
**For more information:** <http://www.cdc.gov/hepatitis>

## 2010 - 2012 REVIEW

- Acute hepatitis C incidence in the County of San Bernardino has decreased since peaking in 2004 at 0.7 cases per 100,000. However, rates have remained at or slightly above U.S. and CA rates since 2006. Incidence since 2009 has been above the Healthy People 2020 goal of 0.2 cases per 100,000 people.
- Two-thirds of cases occurred in males.
- The greatest proportion of cases occurred in the White (43%) and Hispanic (43%) populations.
- Acute hepatitis C infections were highest among adults aged 25-54 years; however, counts in each age category were less than 5.

## PREVENTION

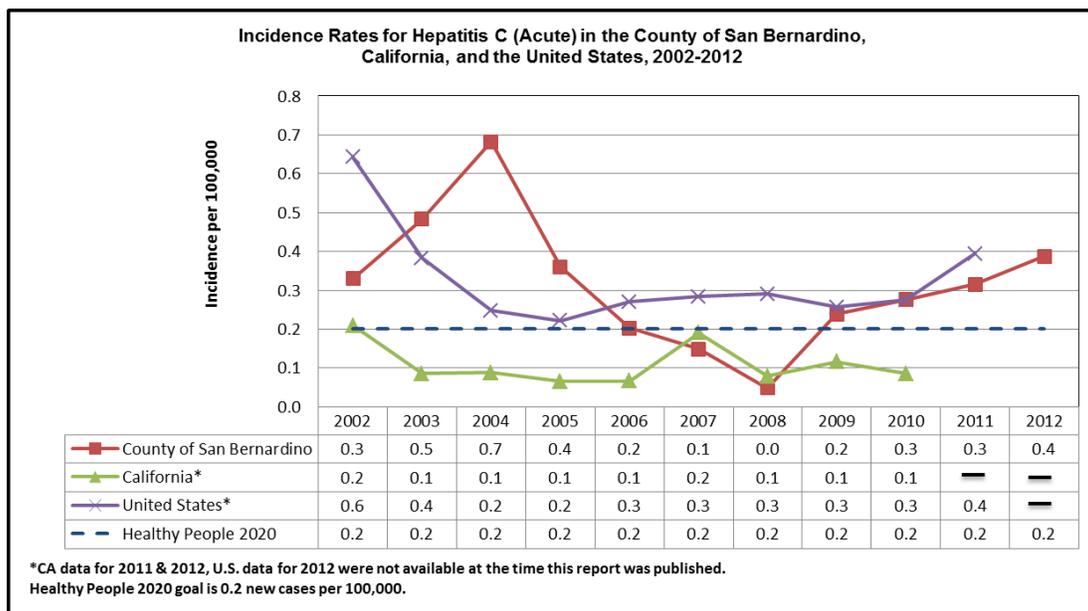
- Avoid contact with blood or blood products whenever possible. Healthcare workers should use precautions when handling blood and bodily fluids.
- Use sterile needles for tattoos, piercings, and injections.
- Sexual transmission is low among stable, monogamous couples. People who have sex outside of 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, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	2	0	5	2	2	1	0	0	1	5	3
Black	0	0	1	0	1	0	1	0	1	1	0
Hispanic	3	4	5	2	1	1	0	5	3	1	5
Asian/PI	0	0	1	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	1	5	1	3	0	1	0	0	1	0	0
<b>Total</b>	<b>6</b>	<b>9</b>	<b>13</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>

Hepatitis C (Acute) 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	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	2	1	1	0	0	0	0	0	1
25-29	1	0	0	0	0	0	0	0	1	2	2
30-34	3	0	0	1	1	1	0	0	0	2	2
35-39	1	4	2	1	0	0	0	0	2	1	1
40-44	0	2	3	1	0	0	0	0	2	0	0
45-54	1	3	2	1	2	2	0	5	0	2	2
55-64	0	0	3	2	0	0	1	0	0	0	0
65+	0	0	1	0	0	0	0	0	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>9</b>	<b>13</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>



# AMEBIASIS

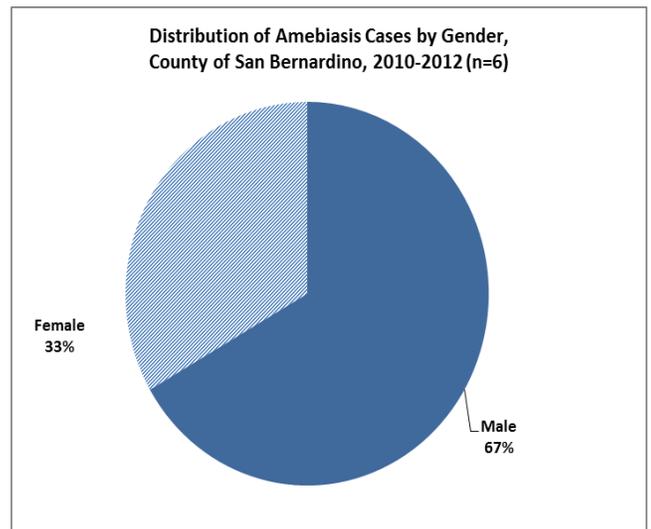
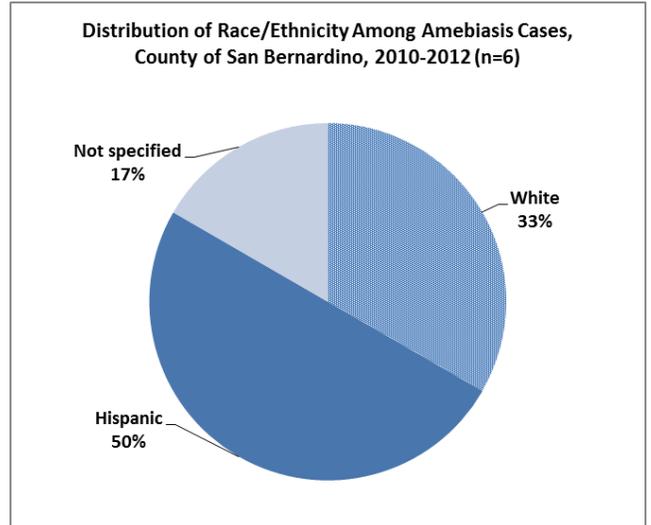
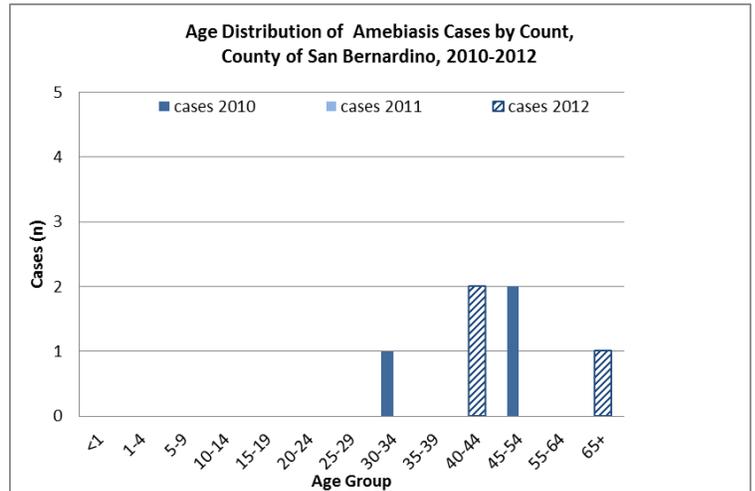
**Infectious Agent:** *Entamoeba histolytica*, a parasite  
**Mode of Transmission:** fecal-oral route, usually via contaminated food or water; oral-anal contact also plays a role  
**Incubation Period:** 2-4 weeks, range: a few days to several months  
**Symptoms:** most infections are asymptomatic; 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/>

## 2010 - 2012 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.
- Hispanics had the highest proportion of cases reported in 2010-2012 (50%).
- Incidence was highest among adults.
- Males comprised two-thirds of cases (67%).

## PREVENTION

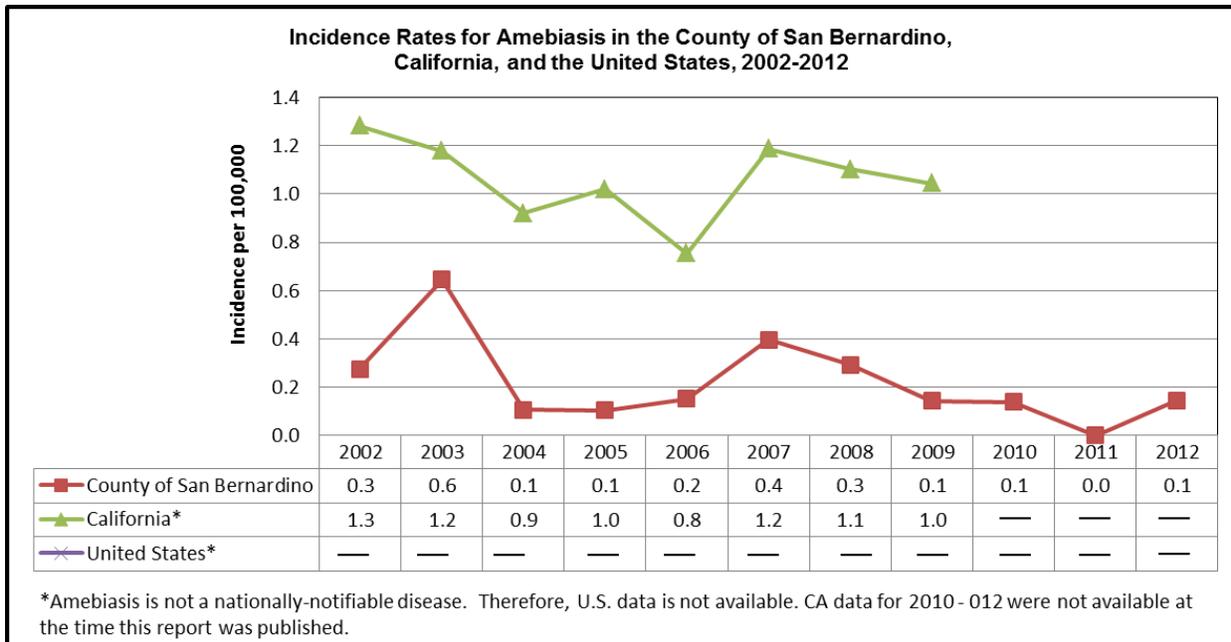
- The risk of spreading infection is low if the infected person is treated with appropriate antibiotics and practices good personal hygiene. This includes thorough hand washing with soap and water after using the toilet, after changing diapers, and before handling food.
- Avoid food that may have been 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 boiling, filtration or iodine treatment before drinking surface water (e.g. water from lake, rivers, etc.).
- 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, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	1	3	0	1	2	2	0	0	1	0	1
Black	0	1	0	0	0	1	0	0	0	0	0
Hispanic	0	6	1	0	1	4	4	1	2	0	1
Asian/PI	2	0	0	1	0	0	1	1	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	2	1	0	0	1	1	1	0	0	1
<b>Total</b>	<b>5</b>	<b>12</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>

Amebiasis 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	1	0	0	0	0	0	0	0	0	0
5-9	1	0	0	0	0	2	0	0	0	0	0
10-14	1	1	0	0	0	1	1	0	0	0	0
15-19	0	0	0	0	1	2	1	1	0	0	0
20-24	1	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	1	0	0	0	0	0	0	0
30-34	0	2	0	1	0	0	2	0	1	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	1	1	0	1	2	0	0	0	0	2
45-54	2	3	0	0	0	1	1	0	2	0	0
55-64	0	1	1	0	1	0	0	1	0	0	0
65+	0	3	0	0	0	0	1	1	0	0	1
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>12</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>



# 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:**

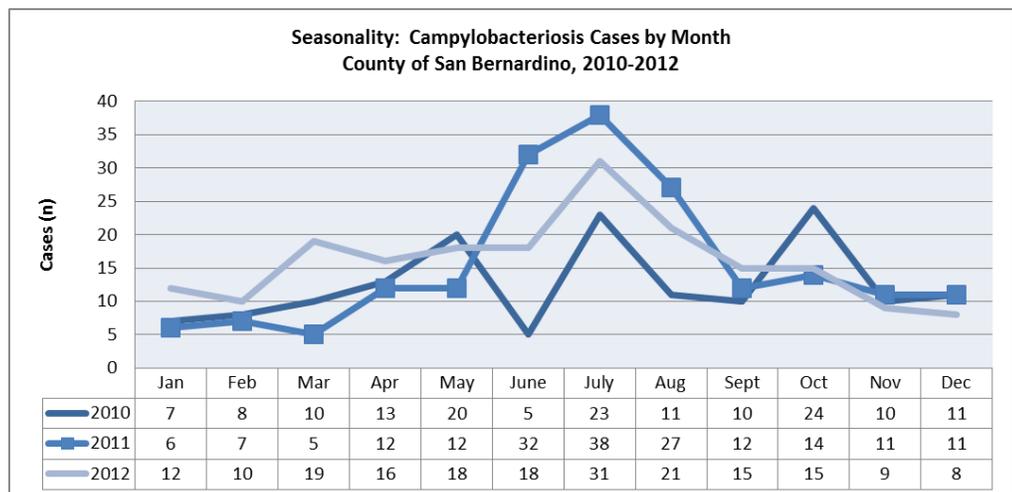
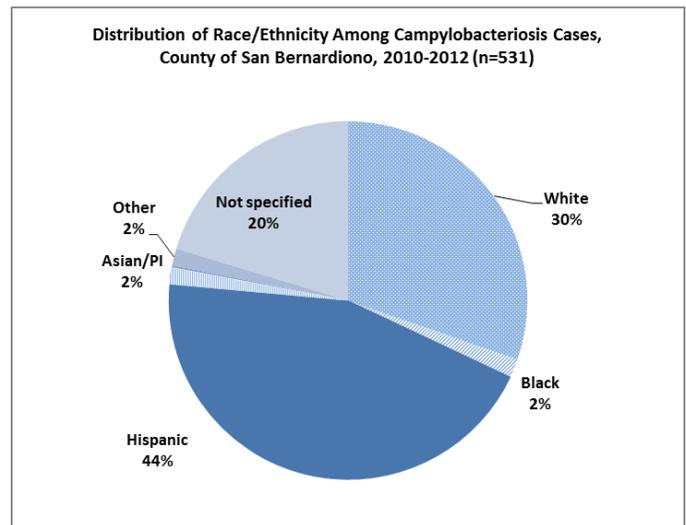
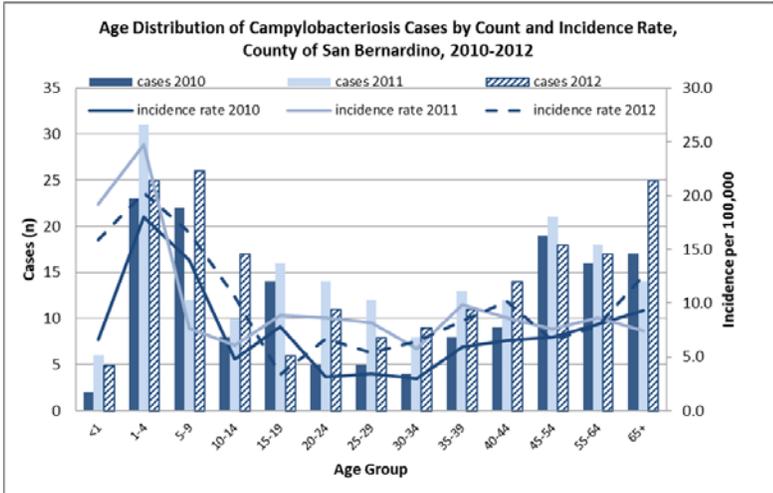
<http://www.cdc.gov/nczved/divisions/dfbmd/diseases/campylobacter/>

## 2010 - 2012 REVIEW

- Incidence has remained slightly increased since 2008, from 8.0 cases per 100,000 to 9.3 cases per 100,000 population in 2012. Incidence in California is consistently higher than in the County of San Bernardino, often twice as high or greater.
- Hispanics (44%) and Whites (30%) comprised the highest proportion of cases in 2010-2012 and also had the highest incidence rates in 2012; 7.0 and 8.7 cases per 100,000 population, respectively.
- Incidence increased among Whites from 6.3 to 8.7 cases per 100,000 population.
- Campylobacteriosis rates were highest among those aged 1-9 years of age.
- Males (53%) and females (47%) comprised almost equal proportions of cases.
- Cases increased during mid- to late-summer months, June-October.

## PREVENTION

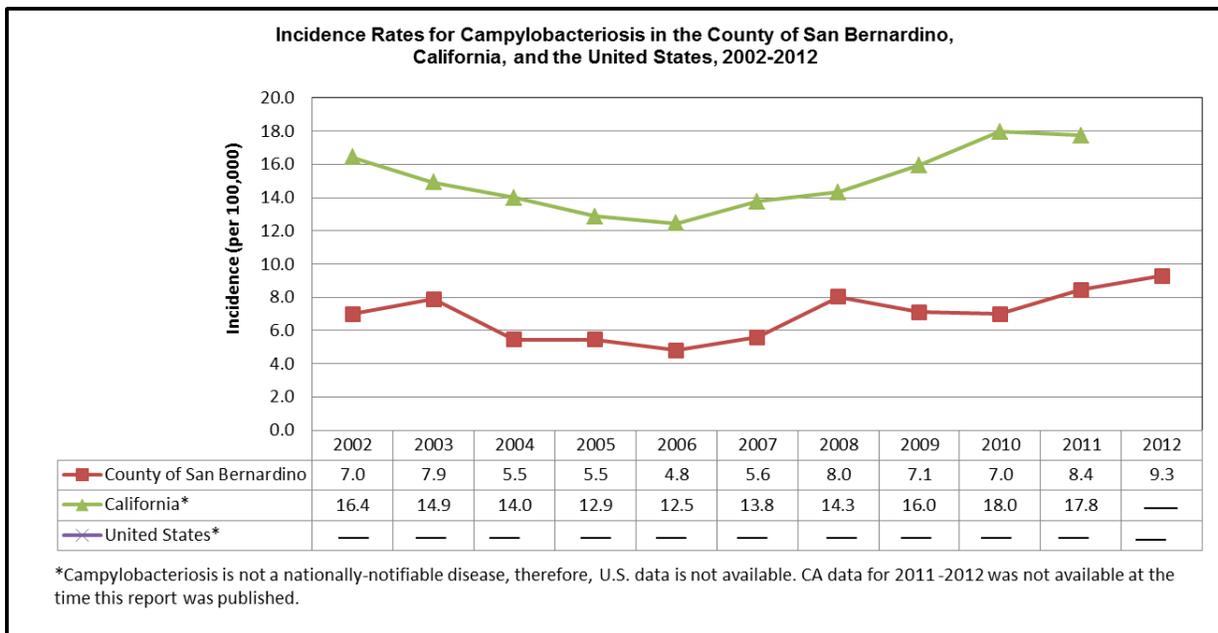
- Cook all poultry products until it reaches a minimum internal temperature of 165°F.
- Wash hands with soap and water before preparing food, after handling raw foods of animal origin (meat and poultry), after handling pet feces, and after changing diapers.
- Prevent cross-contamination in the kitchen 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, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	28	25	26	38	33	43	58	44	43	58	60
Black	2	3	4	4	2	4	13	8	3	2	4
Hispanic	51	58	41	44	44	52	75	60	70	95	71
Asian/PI	1	5	2	2	8	5	8	5	5	1	2
Native Am.	0	1	0	0	0	1	0	0	0	1	0
Other	0	0	0	1	0	0	0	1	0	3	5
Not specified	45	55	31	17	8	8	11	31	31	27	50
<b>Total</b>	<b>127</b>	<b>147</b>	<b>104</b>	<b>106</b>	<b>95</b>	<b>113</b>	<b>165</b>	<b>149</b>	<b>152</b>	<b>187</b>	<b>192</b>

Campylobacteriosis Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	6	3	8	2	3	4	5	2	2	6	5
1-4	25	25	20	17	17	26	25	32	23	31	25
5-9	16	14	12	12	11	13	22	17	22	12	26
10-14	12	8	7	8	8	2	9	12	8	10	17
15-19	10	4	3	6	5	8	11	7	14	16	6
20-24	6	6	1	3	4	4	10	9	5	14	11
25-29	2	9	4	6	3	6	11	9	5	12	8
30-34	5	10	6	6	5	4	7	3	4	8	9
35-39	5	13	7	5	5	5	7	5	8	13	11
40-44	11	15	5	6	5	7	7	9	9	12	14
45-54	14	18	13	13	14	14	22	12	19	21	18
55-64	5	9	10	12	5	10	18	19	16	18	17
65+	10	13	8	10	10	10	11	13	17	14	25
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>127</b>	<b>147</b>	<b>104</b>	<b>106</b>	<b>95</b>	<b>113</b>	<b>165</b>	<b>149</b>	<b>152</b>	<b>187</b>	<b>192</b>



# GIARDIASIS

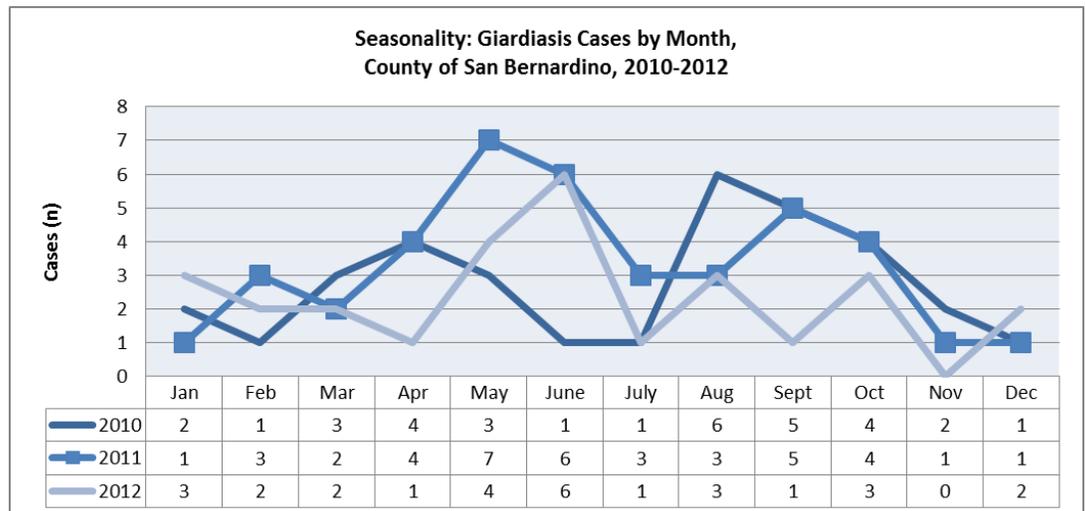
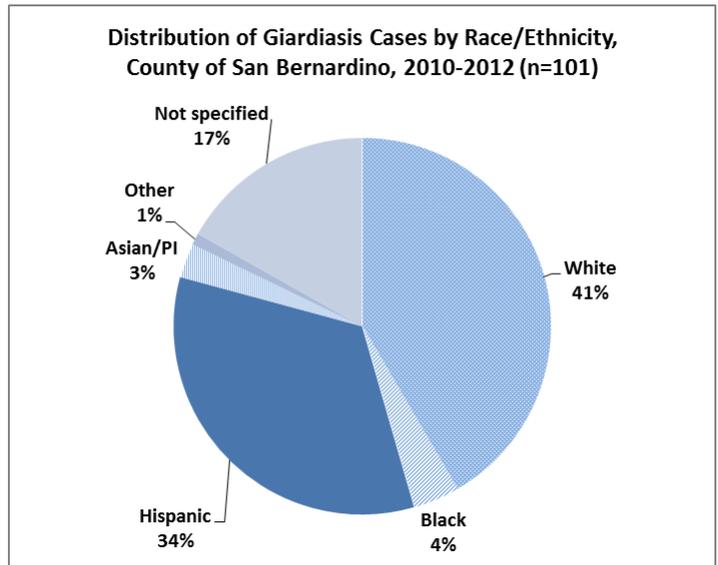
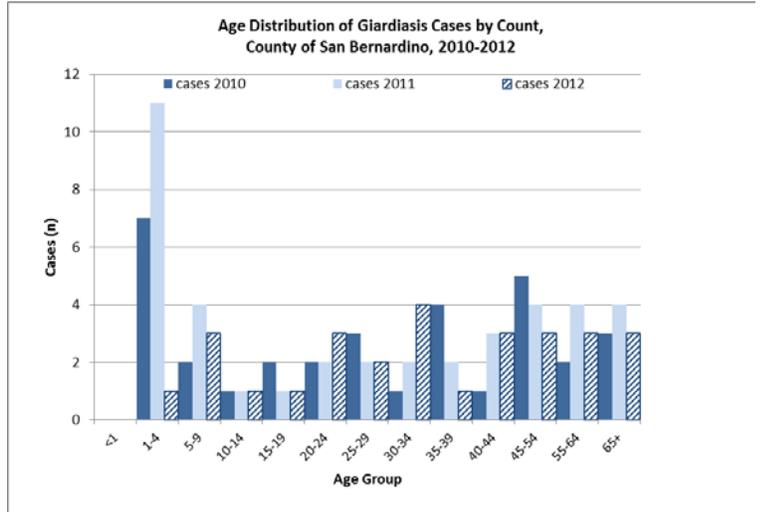
**Infectious Agent:** *Giardia lamblia*, a parasite  
**Mode of Transmission:** fecal-oral route through ingestion of cysts from the feces of an infected person or animal, usually via contaminated food or water; anal sex also contributes to transmission  
**Incubation Period:** 7-10 days average (range: 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/>

## 2010 - 2012 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 statewide and national incidence rates.
- Whites (41%) and Hispanics (34%) comprised the highest proportion of cases.
- Children aged 1-4 years had the highest incidence in 2010 and 2011 with 5.0 and 8.4 cases per 100,000 population in each respective year.
- Cases occurred almost twice as frequently in males (65%) as females (35%).
- Giardiasis demonstrated irregular seasonality, with the largest proportion of cases reported from May to October.

## PREVENTION

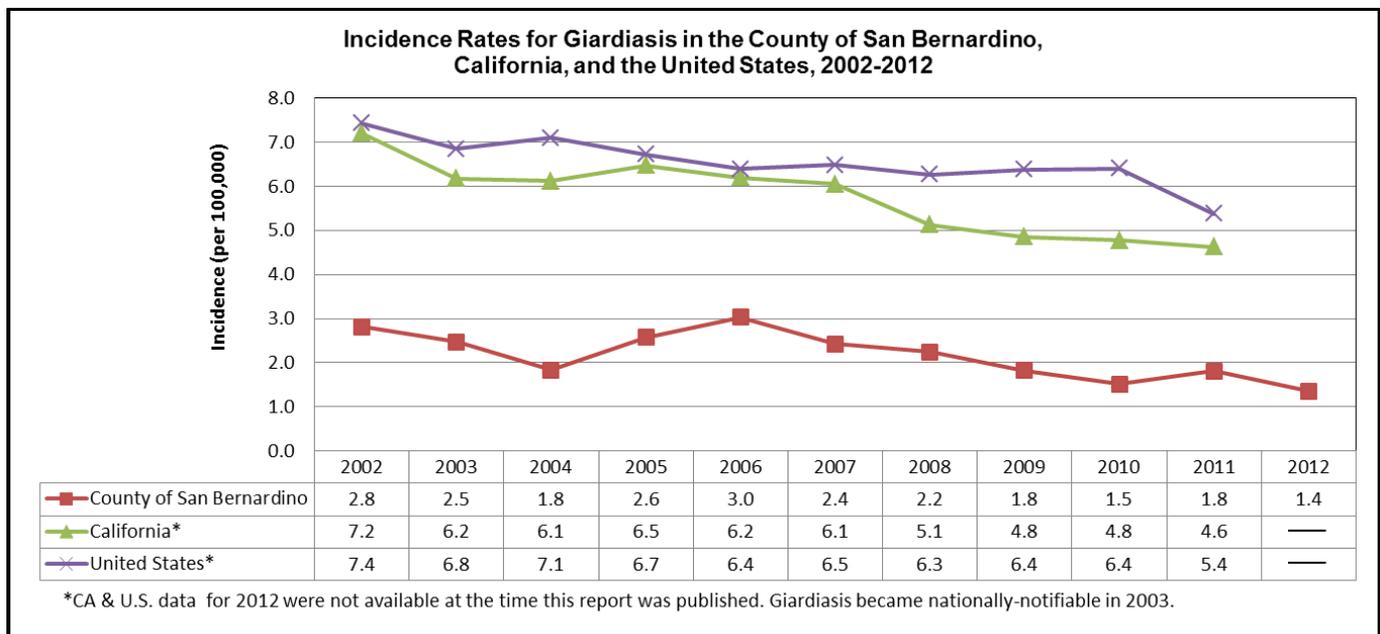
- Use a water purification method such as boiling, filtration or iodine treatment before drinking surface water (e.g. water from lakes, rivers, etc.). Hikers or others who use surface water should consider all water sources as potentially contaminated.
- Workers in higher risk settings, such as day care 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, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	13	9	11	20	27	17	21	13	15	17	10
Black	5	5	5	6	1	1	2	0	1	3	0
Hispanic	15	14	12	14	26	26	16	16	10	14	10
Asian/PI	1	0	0	3	1	2	2	2	1	1	1
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	1	0	0	0	1	0	0
Not specified	16	18	7	7	4	3	5	7	5	5	7
<b>Total</b>	<b>51</b>	<b>46</b>	<b>35</b>	<b>50</b>	<b>60</b>	<b>49</b>	<b>46</b>	<b>38</b>	<b>33</b>	<b>40</b>	<b>28</b>

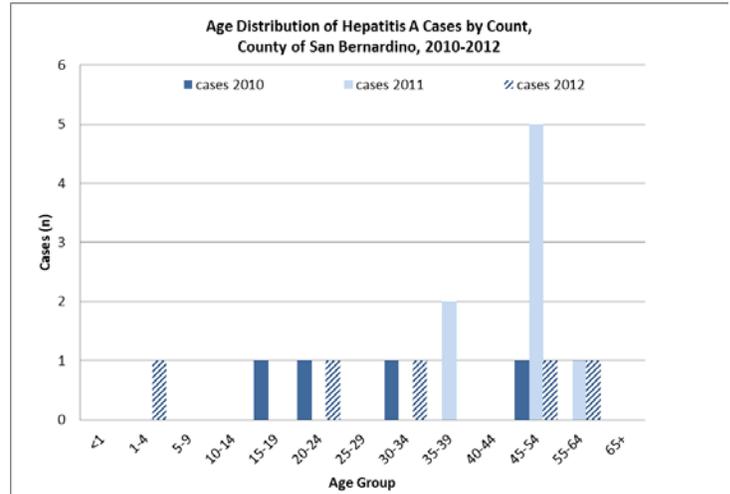
Giardiasis Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	0	1	0	0	1	0	2	1	0	0	0
1-4	3	7	8	13	9	15	7	6	7	11	1
5-9	9	4	3	4	10	7	6	7	2	4	3
10-14	5	8	2	3	5	2	2	0	1	1	1
15-19	1	1	2	1	0	1	1	0	2	1	1
20-24	1	2	1	2	1	1	1	4	2	2	3
25-29	3	1	3	3	1	0	3	4	3	2	2
30-34	1	0	3	1	4	4	4	1	1	2	4
35-39	7	5	2	5	2	5	1	1	4	2	1
40-44	2	2	5	4	6	4	6	4	1	3	3
45-54	12	7	4	6	9	6	8	4	5	4	3
55-64	2	5	1	7	9	4	1	4	2	4	3
65+	5	3	1	1	3	0	4	2	3	4	3
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>51</b>	<b>46</b>	<b>35</b>	<b>50</b>	<b>60</b>	<b>49</b>	<b>46</b>	<b>38</b>	<b>33</b>	<b>40</b>	<b>28</b>



# 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>

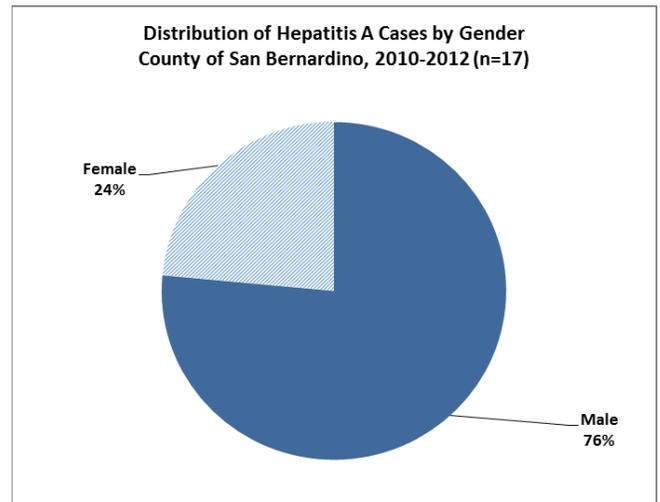
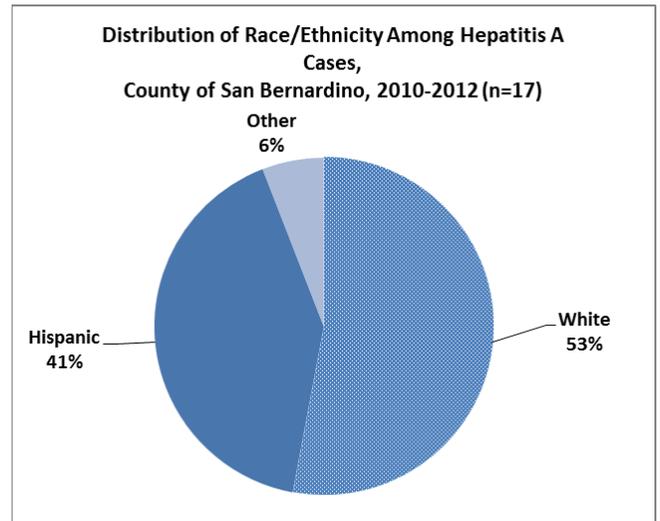


### 2010 - 2012 REVIEW

- Acute hepatitis A incidence has been decreasing steadily since 2005. However, the number and incidence of cases doubled from 2010 to 2011 from 4 (0.2 cases per 100,000) to 8 (0.4 cases per 100,000). Cases decreased again in 2012 to 5 cases (0.2 cases per 100,000).
- The greatest proportion of cases occurred among White (53%) and Hispanic residents (41%).
- Hepatitis A cases occurred largely among adults.
- Three-quarters of cases occurred among males (76%).
- Among 2011 cases (n=8), the risks and exposures most frequently reported by cases were shellfish consumption (83.3%), history of travel (83.3%), and consumption of food prepared outside the home (100%).

### PREVENTION

- Hepatitis A is a vaccine preventable disease. The hepatitis A vaccine begins to protect 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).

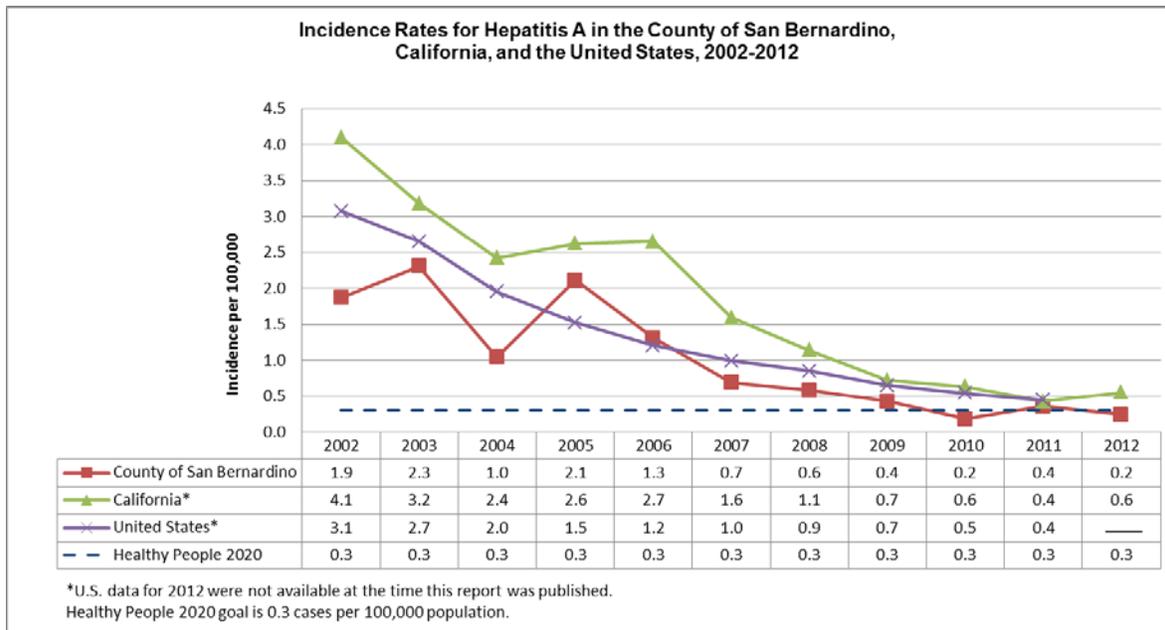


# HEPATITIS A

## VACCINE-PREVENTABLE

Hepatitis A Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	18	9	5	10	8	8	7	0	0	6	3
Black	0	1	0	1	3	1	0	1	0	0	0
Hispanic	10	16	9	20	11	3	3	3	4	1	2
Asian/PI	0	2	2	3	1	0	0	0	0	0	0
Native Am.	0	0	1	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	1	0
Not specified	6	15	3	7	3	2	2	5	0	0	0
<b>Total</b>	<b>34</b>	<b>43</b>	<b>20</b>	<b>41</b>	<b>26</b>	<b>14</b>	<b>12</b>	<b>9</b>	<b>4</b>	<b>8</b>	<b>5</b>

Hepatitis A 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	1	1	1	1	0	0	0	0	0	1
5-9	5	5	1	1	0	1	0	0	0	0	0
10-14	7	9	2	3	2	0	0	0	0	0	0
15-19	3	9	3	7	3	1	2	0	1	0	0
20-24	2	0	0	8	3	2	1	2	1	0	1
25-29	2	3	3	4	1	1	0	1	0	0	0
30-34	2	2	1	2	1	1	2	1	1	0	1
35-39	0	6	3	0	1	1	1	0	0	2	0
40-44	1	0	3	2	0	0	1	1	0	0	0
45-54	4	5	3	10	9	4	1	2	1	5	1
55-64	6	1	0	2	3	3	2	1	0	1	1
65+	2	2	0	1	2	0	2	1	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>34</b>	<b>43</b>	<b>20</b>	<b>41</b>	<b>26</b>	<b>14</b>	<b>12</b>	<b>9</b>	<b>4</b>	<b>8</b>	<b>5</b>



# LISTERIOSIS

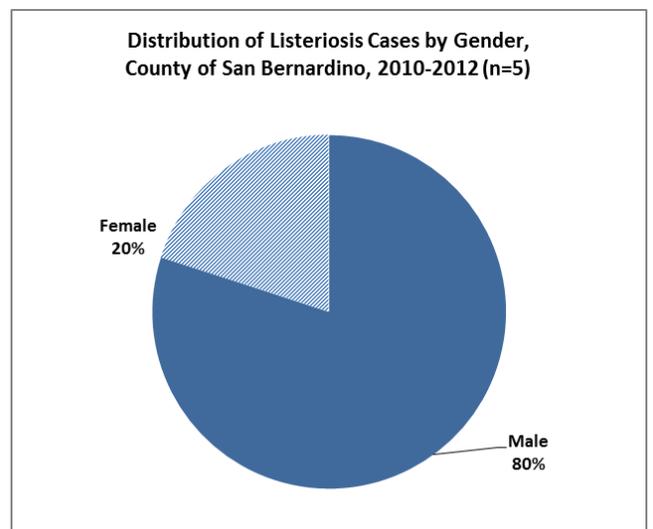
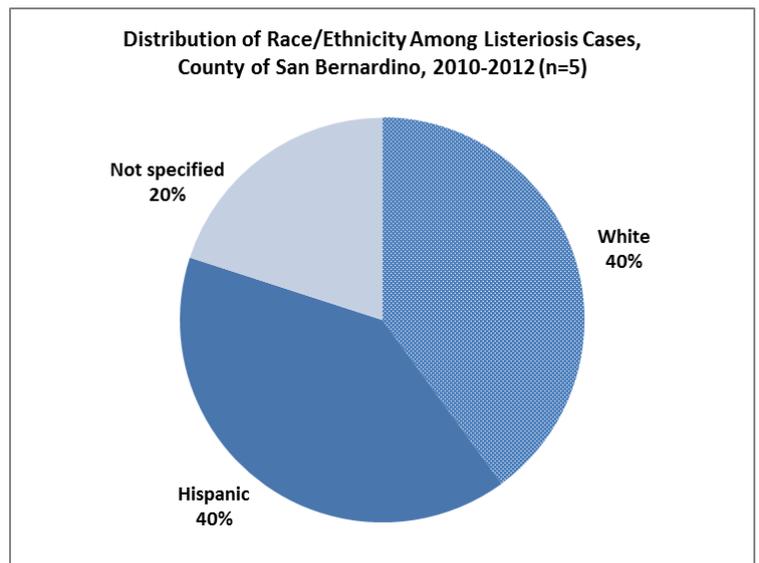
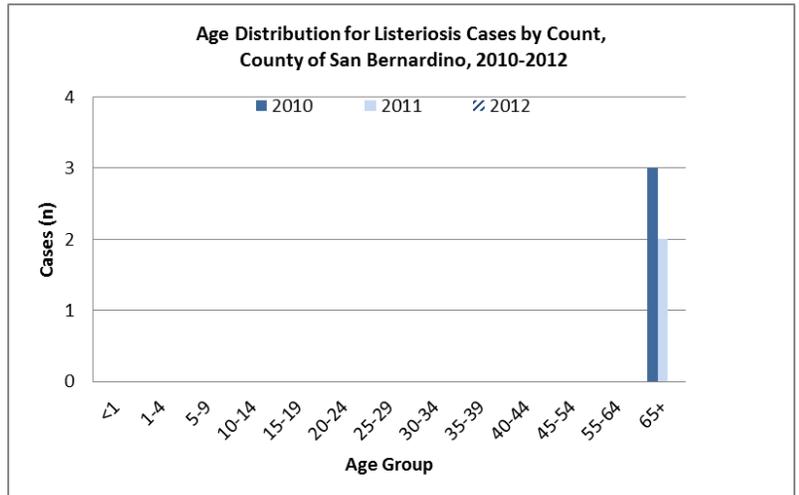
**Infectious Agent:** *Listeria monocytogenes*, a bacteria  
**Mode of Transmission:** fecal-oral route, usually via contaminated food or water; commonly associated with foods such as raw or contaminated milk, soft cheeses, ready-to-eat meats (hot dogs, deli meat), raw produce  
**Incubation Period:** 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>

## 2010 - 2012 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.
- Hispanics and Whites had the equal proportions of cases reported (40% each).
- Incidence occurred exclusively among adults 65 years and older.
- Males comprised 80% of cases.

## PREVENTION

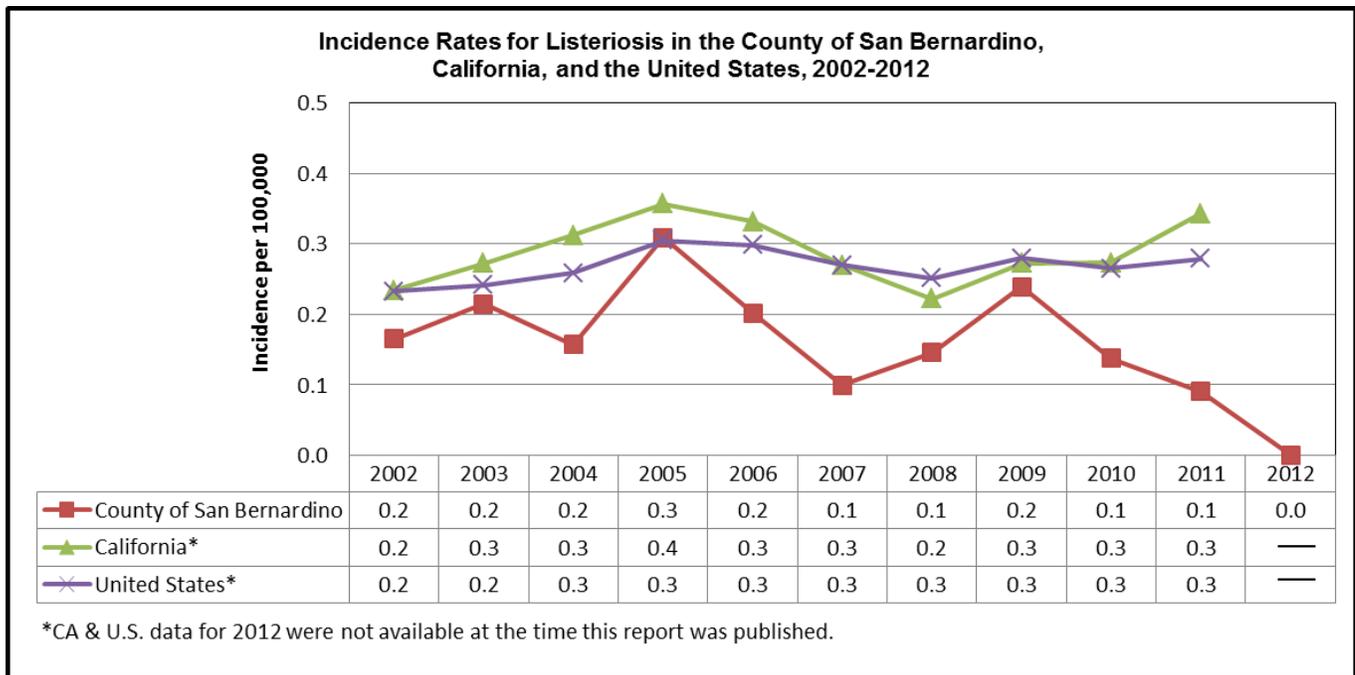
- Thoroughly wash raw fruits and vegetables before eating.
- Be aware that *Listeria monocytogenes* can grow in foods in the refrigerator. Use an appliance thermometer, such as a refrigerator thermometer, to check the temperature inside your refrigerator. The refrigerator should be 40°F or lower and 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 and lunch meats (unless heated to an internal temperature of 165°F), 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, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	1	0	1	2	1	0	1	1	1	1	0
Black	0	1	0	0	0	0	0	0	0	0	0
Hispanic	0	1	1	3	3	1	0	3	1	1	0
Asian/PI	2	0	1	0	0	0	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	0	2	0	1	0	1	1	1	1	0	0
<b>Total</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>0</b>

Listeriosis Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	1	1	0	1	0	0	0	1	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	0	1	0	0	0	0	0	0	0
25-29	1	2	0	0	0	0	0	0	0	0	0
30-34	0	0	0	1	0	0	0	0	0	0	0
35-39	0	0	0	0	1	0	0	1	0	0	0
40-44	0	1	0	0	0	0	0	0	0	0	0
45-54	0	0	2	0	1	1	1	2	0	0	0
55-64	0	0	1	2	1	1	1	1	0	0	0
65+	1	0	0	1	1	0	1	0	3	2	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>0</b>



# SALMONELLOSIS

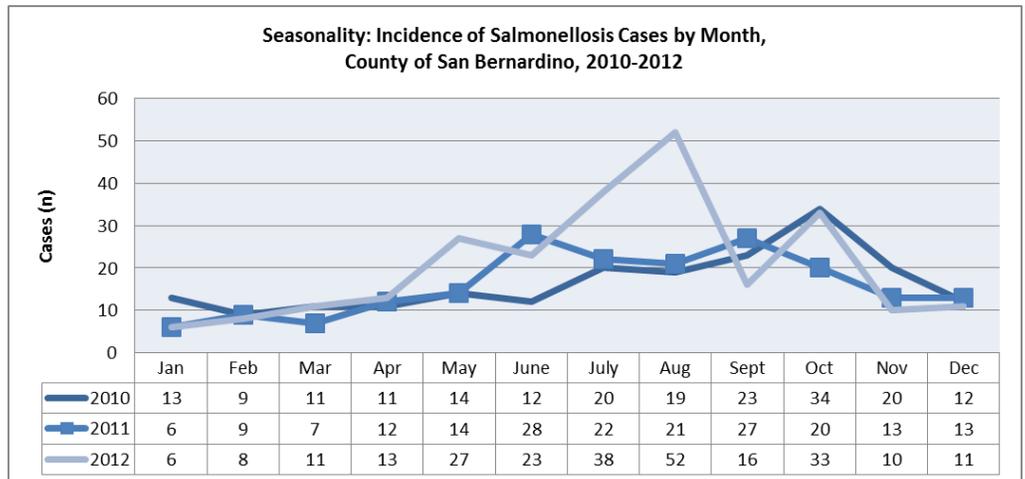
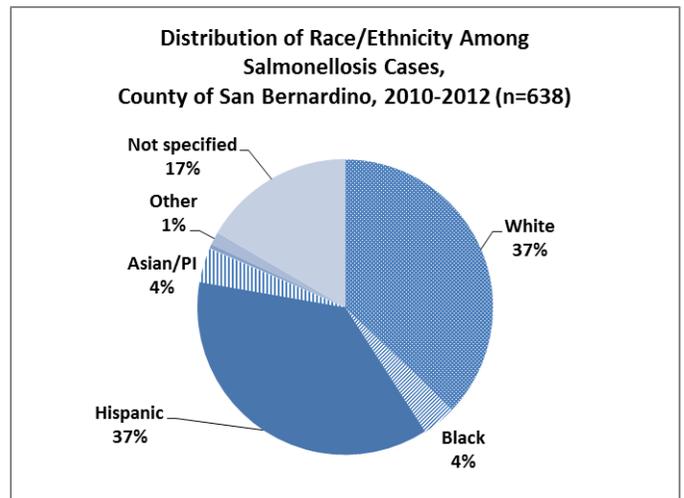
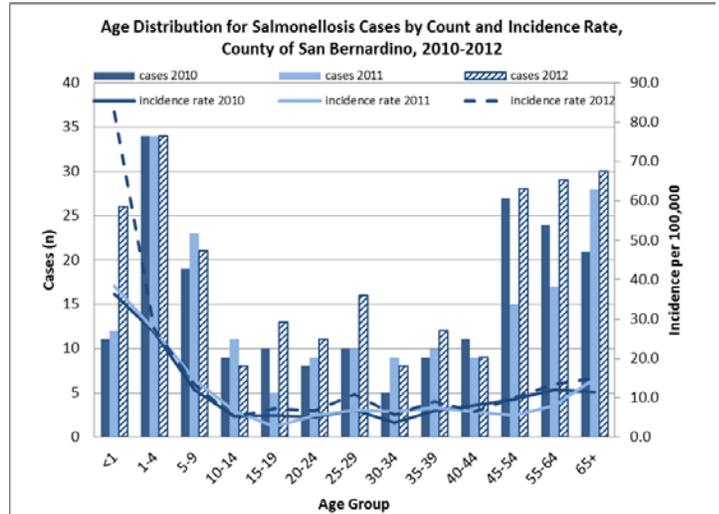
**Infectious Agent:** *Salmonella sp.*, a bacteria  
**Mode of Transmission:** fecal-oral route, usually via contaminated food or water  
**Incubation Period:** 12-36 hours average (range: 6-72 hours)  
**Symptoms:** diarrhea, fever, headache, abdominal pain, nausea and/or vomiting  
**Vaccine:** none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

## 2010 - 2012 REVIEW

- Incidence decreased between 2008-2011, from 10.7 cases to 8.7 cases per 100,000 population. In 2012, incidence increased to 12 cases per 100,000 population, mainly among children under 1 year of age. Incidence in the County of San Bernardino is consistently lower than in California and the United States.
- Hispanics (37%) and Whites (37%) comprised the highest proportion of cases. Incidence in 2010 was highest in the White population (9.2 per 100,000 population); incidence in this group increased to 14.8 cases per 100,000 population in 2012. Incidence of cases among Hispanics increased slightly from 6.7 to 8.5 cases per 100,000 between 2010 and 2012.
- Incidence was highest among those aged <1 year to 4 years of age.
- Males (45%) and females (55%) comprised approximately equal proportions of cases.
- Increased cases were reported in time period from June-October.
- Cases in 2011 were exposed to pets, including dogs and cats (39.4%); ground beef (40.2%); poultry (62.9%); egg (48.5%); lettuce (47.0%); raw fruit (60.6%); and tomato (47.0%) during their incubation period.

## PREVENTION

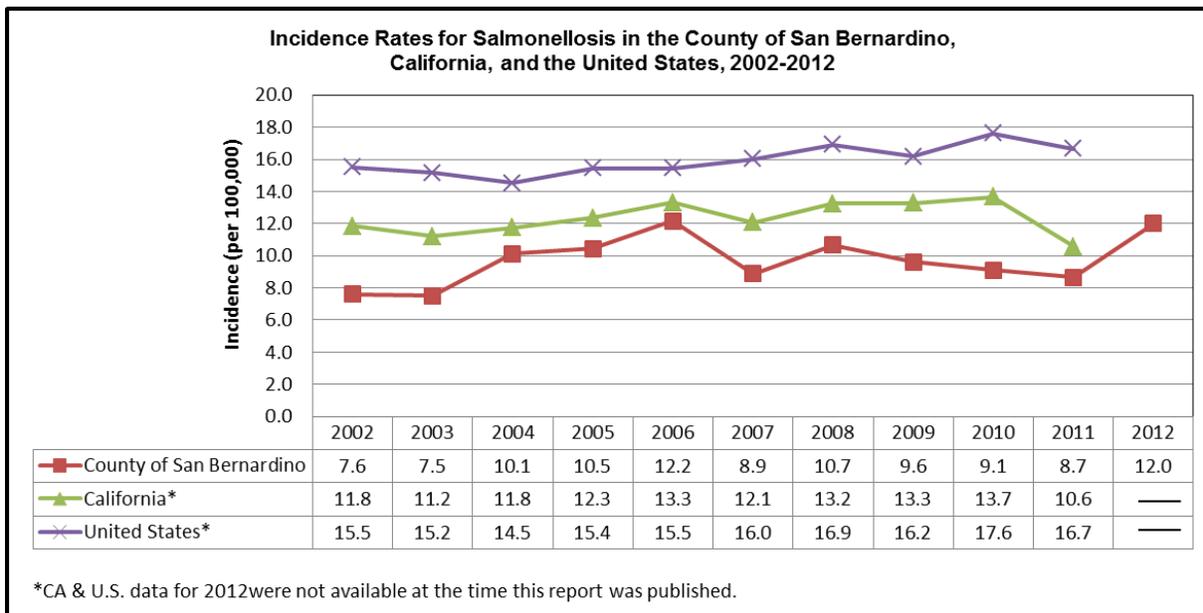
- Workers in higher risk settings such as day care centers or restaurants should use good hand washing techniques with soap and water and should not work until tested and cleared by the health department.
- Wash hands with soap after handling reptiles, birds, or baby chicks, and after contact with pet feces.
- Wash kitchen work surfaces 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, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	46	41	54	63	108	66	86	49	63	72	102
Black	8	6	19	11	11	12	19	9	14	1	9
Hispanic	52	54	73	69	86	77	75	71	67	82	86
Asian/PI	5	4	9	14	7	8	5	2	10	4	10
Native Am.	1	1	0	0	2	0	0	0	2	1	0
Other	0	0	0	2	0	0	0	1	0	5	4
Not specified	26	34	38	44	27	16	34	69	42	27	37
<b>Total</b>	<b>138</b>	<b>140</b>	<b>193</b>	<b>203</b>	<b>241</b>	<b>179</b>	<b>219</b>	<b>201</b>	<b>198</b>	<b>192</b>	<b>248</b>

Salmonellosis Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	15	10	28	31	25	26	24	20	11	12	26
1-4	26	21	33	34	40	30	34	45	34	34	34
5-9	16	9	21	24	31	13	24	23	19	23	21
10-14	10	15	14	13	12	13	25	14	9	11	8
15-19	6	7	7	9	18	10	7	8	10	5	13
20-24	9	9	6	11	15	3	4	7	8	9	11
25-29	2	7	15	7	10	6	16	7	10	10	16
30-34	9	4	8	8	9	4	20	5	5	9	8
35-39	3	8	6	6	9	11	12	11	9	10	12
40-44	10	9	6	11	10	7	14	9	11	9	9
45-54	15	21	18	20	23	20	10	16	27	15	28
55-64	13	12	14	10	18	17	11	13	24	17	29
65+	4	8	17	19	21	19	18	23	21	28	30
Unknown	0	0	0	0	0	0	0	0	0	0	3
<b>Total</b>	<b>138</b>	<b>140</b>	<b>193</b>	<b>203</b>	<b>241</b>	<b>179</b>	<b>219</b>	<b>201</b>	<b>198</b>	<b>192</b>	<b>248</b>



# 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:**

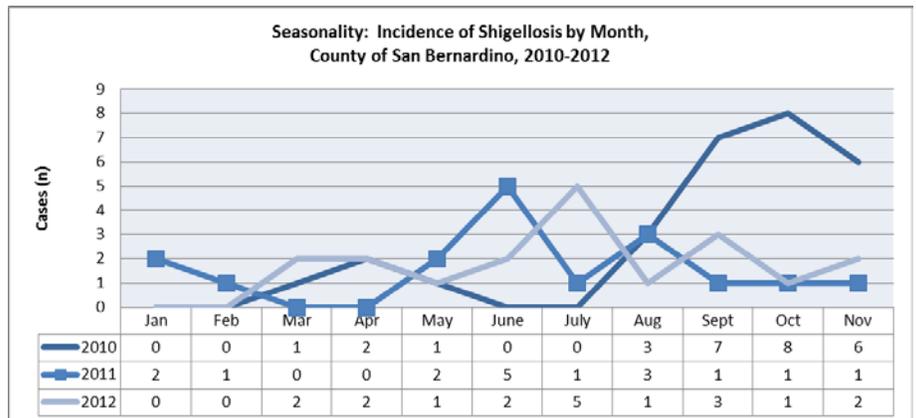
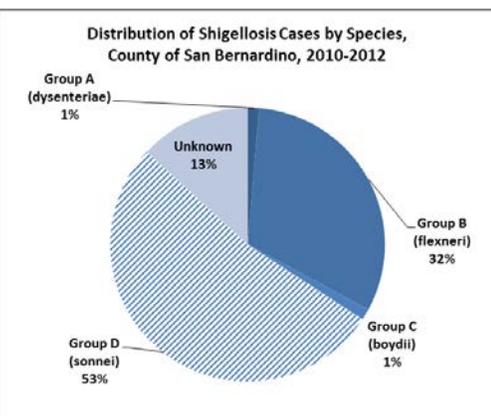
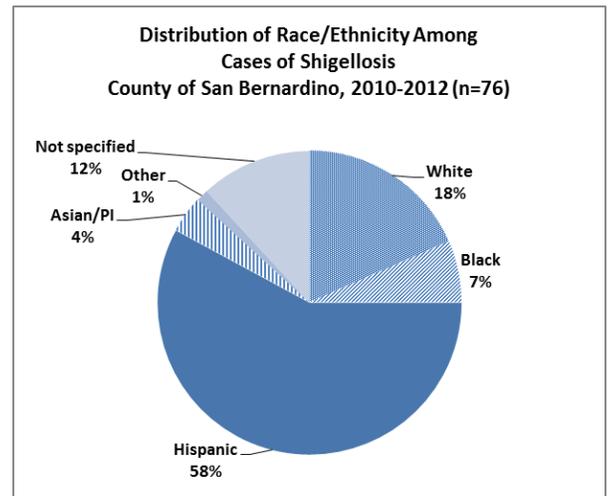
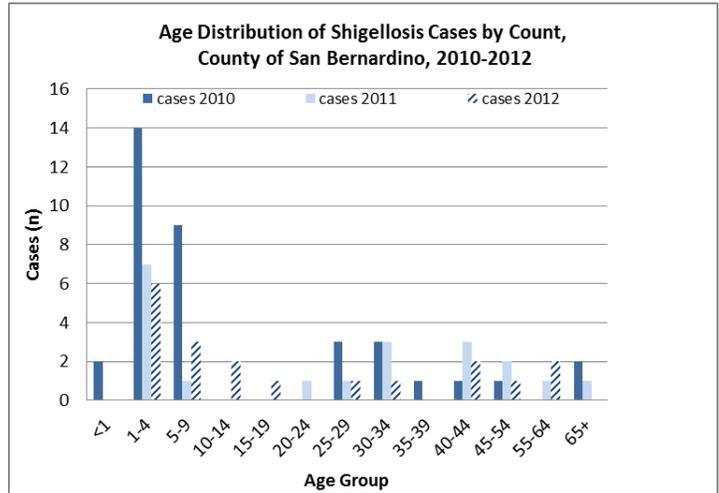
<http://www.cdc.gov/nczved/divisions/dfbmd/diseases/shigellosis>

## 2010 - 2012 REVIEW

- Incidence in the County of San Bernardino decreased from a high of 5.4 cases per 100,000 population in 2003 to 1.0 cases per 100,000 population in 2012. Incidence has been variable, but has remained below 3.0 cases per 100,000 population since 2005.
- Incidence in the County of San Bernardino is consistently lower than rates in California and the United States.
- The largest proportion of cases occurred in Hispanics (58%) and Whites (18%). Incidence is consistently highest among Hispanics.
- The incidence rates were highest for children aged 1-4 years. Rates decreased from 10.9 per 100,000 in 2010 to 4.9 per 100,000 population in 2012. In 2010, children aged 5-9 years were also among groups with the highest incidence (5.7 cases per 100,000 population). All other age categories had less than 5 cases reported.
- Cases occurred as frequently in females (46%) as males (54%).
- Shigellosis did not demonstrate consistent seasonality, as in tropical climates.
- Half of cases were identified as Group D (*Shigella sonnei*) and one third as Group B (*Shigella flexneri*).

## PREVENTION

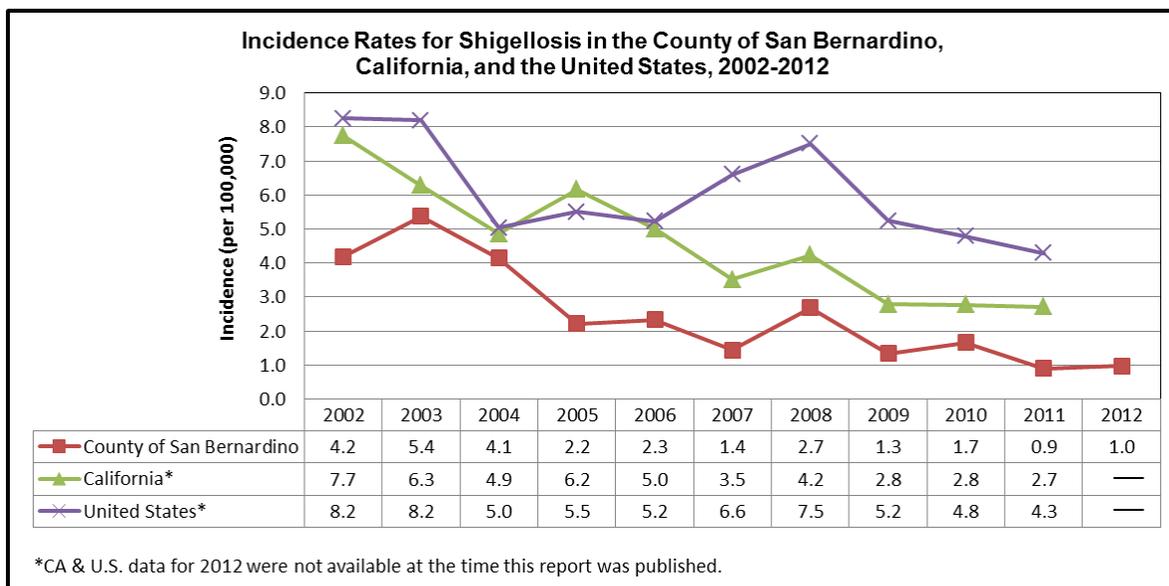
- Everyone, especially workers in higher risk settings such as day care centers or restaurants, should use good hand washing techniques with soap and water. Workers in sensitive occupations should not work until tested and cleared by the health department.
- Avoid food that may have been washed in contaminated 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, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	8	18	26	9	10	5	15	7	8	3	3
Black	4	4	4	1	2	0	2	0	2	2	1
Hispanic	47	40	34	26	29	21	32	7	20	11	13
Asian/PI	2	2	0	1	1	1	0	2	2	0	1
Native Am.	0	1	0	1	0	0	0	0	0	0	0
Other	0	1	0	0	0	0	0	0	0	1	0
Not specified	15	34	15	5	4	2	6	12	4	3	2
<b>Total</b>	<b>76</b>	<b>100</b>	<b>79</b>	<b>43</b>	<b>46</b>	<b>29</b>	<b>55</b>	<b>28</b>	<b>36</b>	<b>20</b>	<b>20</b>

Shigellosis Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	1	4	0	1	0	0	2	0	2	0	0
1-4	21	26	21	10	14	10	17	9	14	7	6
5-9	30	26	15	8	10	3	6	3	9	1	3
10-14	6	13	5	4	3	5	4	3	0	0	2
15-19	3	7	5	5	2	0	0	1	0	0	1
20-24	3	4	5	3	3	0	2	3	0	1	0
25-29	1	2	7	4	1	2	6	1	3	1	1
30-34	1	2	6	2	4	1	2	1	3	3	1
35-39	3	3	3	0	1	2	3	0	1	0	0
40-44	3	4	4	1	1	0	3	0	1	3	2
45-54	4	7	2	1	3	2	5	4	1	2	1
55-64	0	1	2	2	3	3	2	2	0	1	2
65+	0	1	4	2	1	1	3	1	2	1	0
Unknown	0	0	0	0	0	0	0	0	0	0	1
<b>Total</b>	<b>76</b>	<b>100</b>	<b>79</b>	<b>43</b>	<b>46</b>	<b>29</b>	<b>55</b>	<b>28</b>	<b>36</b>	<b>20</b>	<b>20</b>



# 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

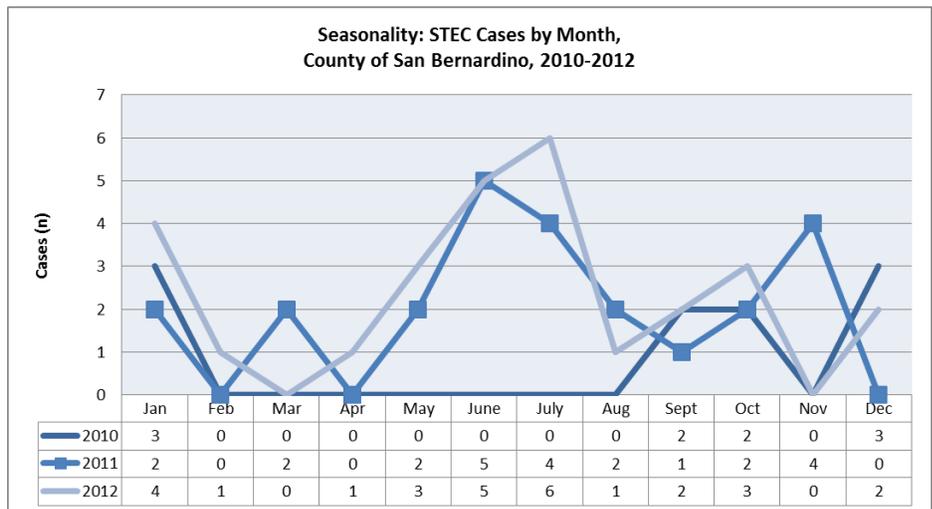
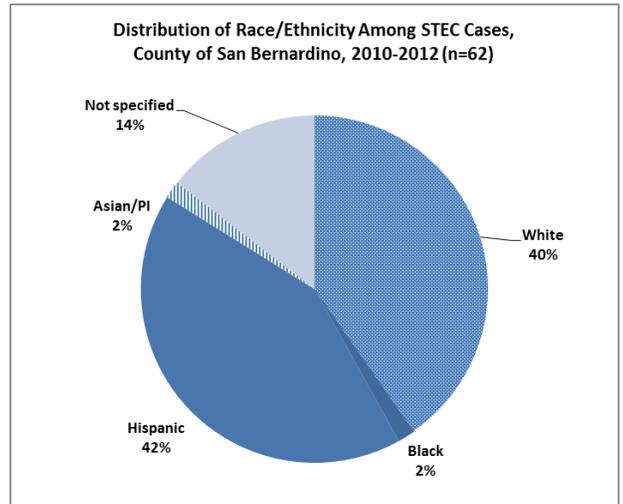
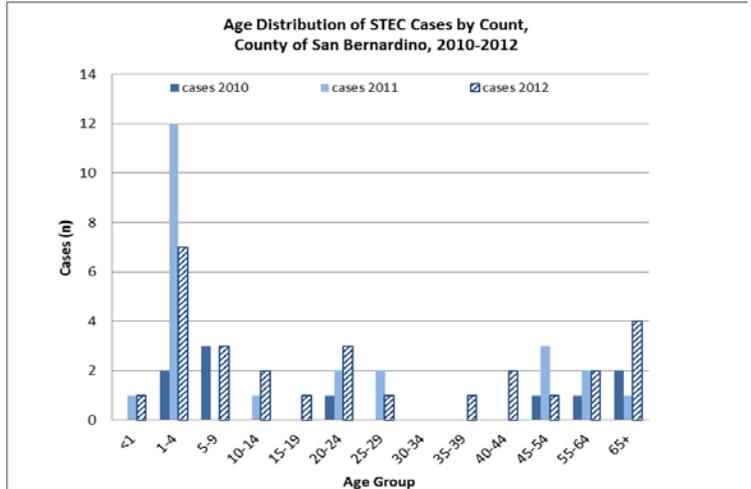
**For more information:** <http://www.cdc.gov/ecoli/>

## 2010 - 2012 REVIEW

- Incidence in the County of San Bernardino has remained lower than incidence in both California and the United States since 2004. Incidence has increased since 2009, from 0.3 cases per 100,000 population to 1.4 cases per 100,000 population in 2012.
  - One possible explanation for the increase in cases is the increased availability of laboratory testing to identify shiga toxin-producing bacteria in feces.
- Whites (40%) and Hispanics (42%) comprised approximately equal proportions of cases and incidence rates in 2012 (1.7 and 1.3 cases per 100,000 population, respectively).
- Incidence among children aged 1-4 years increased in 2011 and 2012.
- Females comprised 55% of cases.
- STEC infections did not demonstrate consistent seasonality, although a large proportion of cases in 2011-2012 had onsets from May-October.

## PREVENTION

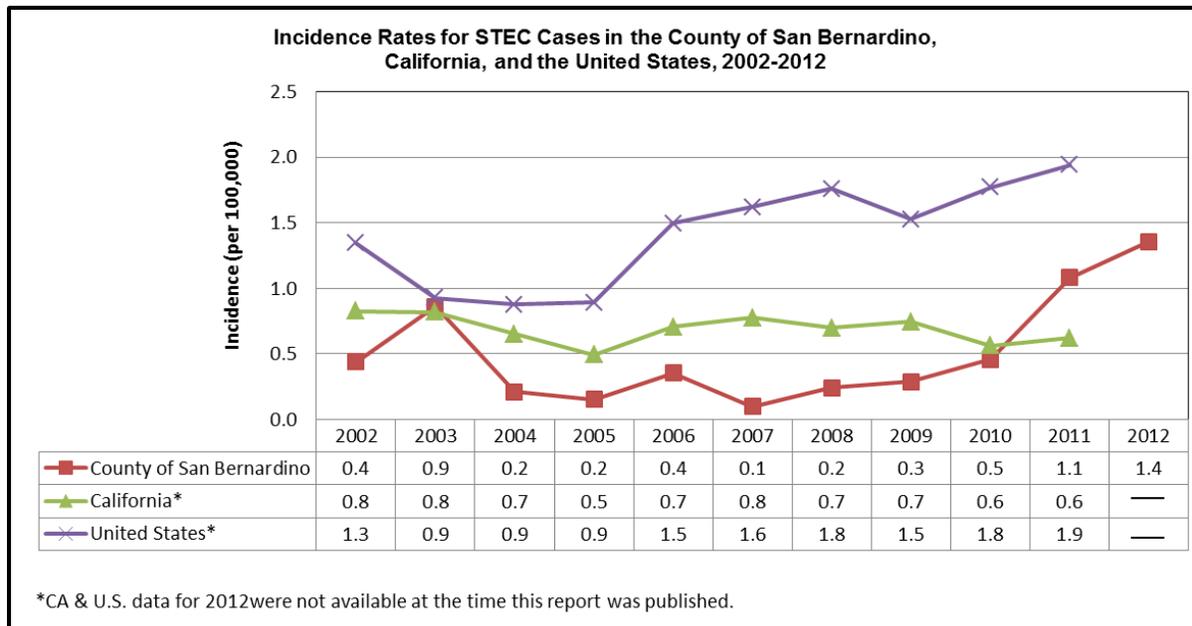
- Practice good personal hygiene. This includes thorough hand washing with soap and water after using the toilet, after changing diapers, and before handling food. Workers in these occupations should not work until tested and cleared by the health department.
- Cook meats thoroughly. Ground beef and 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, 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, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	6	8	3	1	2	0	1	2	3	10	12
Black	0	0	0	0	2	1	1	0	0	1	0
Hispanic	1	4	0	1	3	1	2	2	3	10	13
Asian/PI	0	0	1	0	0	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	1	4	0	1	0	0	1	2	4	2	3
<b>Total</b>	<b>8</b>	<b>16</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>10</b>	<b>24</b>	<b>28</b>

Shiga Toxin-producing <i>E. coli</i> (STEC) Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	0	2	0	0	0	0	0	0	0	1	1
1-4	1	9	1	1	4	2	1	1	2	12	7
5-9	2	1	0	0	0	0	1	3	3	0	3
10-14	0	1	1	0	1	0	0	0	0	1	2
15-19	2	0	1	1	0	0	1	1	0	0	1
20-24	0	0	0	0	0	0	1	0	1	2	3
25-29	0	0	0	0	1	0	0	0	0	2	1
30-34	0	1	0	0	0	0	0	0	0	0	0
35-39	0	0	0	1	0	0	1	0	0	0	1
40-44	0	1	0	0	0	0	0	0	0	0	2
45-54	2	0	0	0	0	0	0	0	1	3	1
55-64	0	1	0	0	1	0	0	1	1	2	2
65+	1	0	1	0	0	0	0	0	2	1	4
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>16</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>10</b>	<b>24</b>	<b>28</b>



# HIV/AIDS

## SEXUALLY TRANSMITTED INFECTION

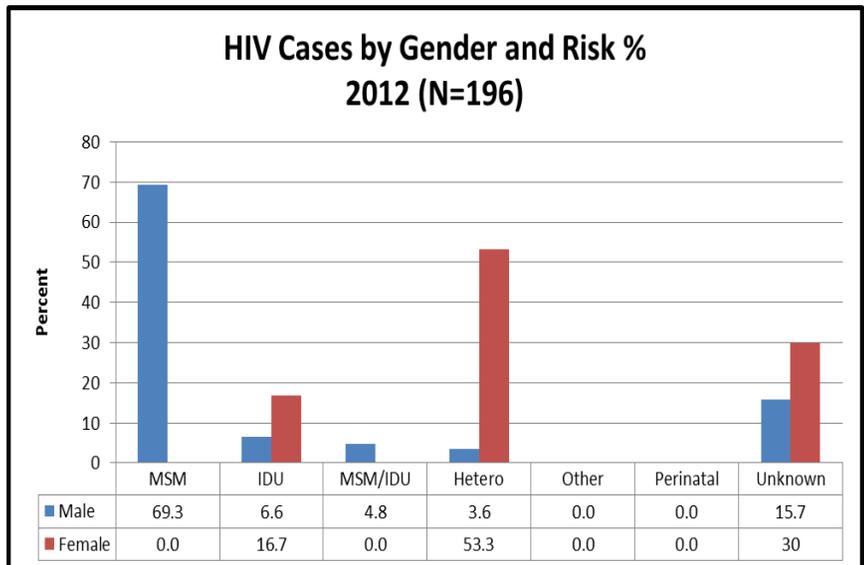
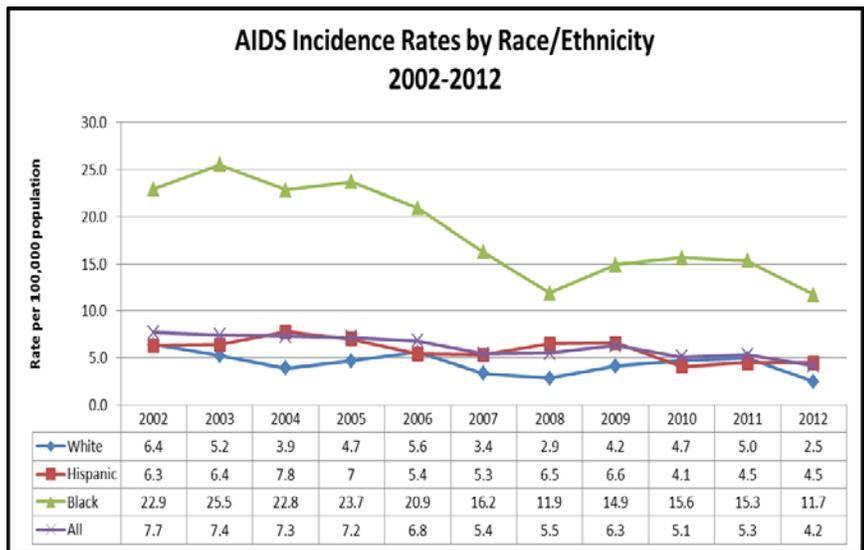
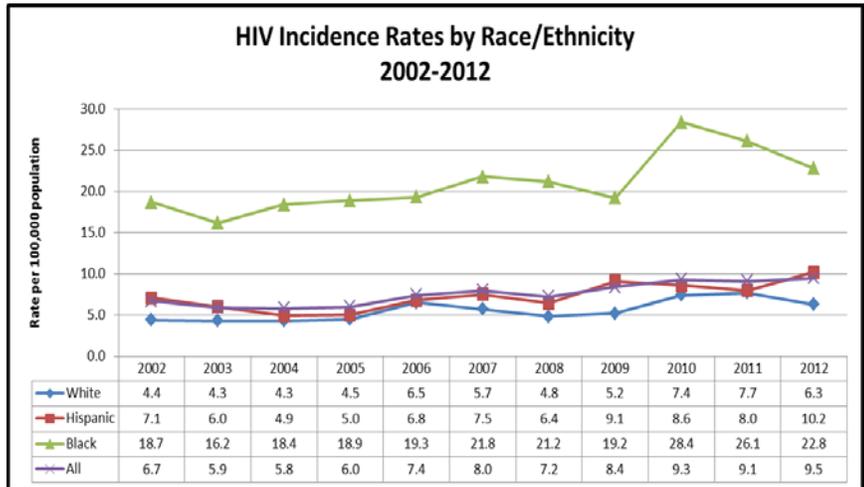
**Infectious Agent:** Human Immunodeficiency Virus (HIV)  
**Mode of Transmission:** Contact with infected body fluids containing blood, blood products; amniotic fluid; semen and vaginal secretions  
**Incubation Period:** 2 weeks to 6 months for HIV infection; 1 to 15 years to develop AIDS  
**Symptoms:**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

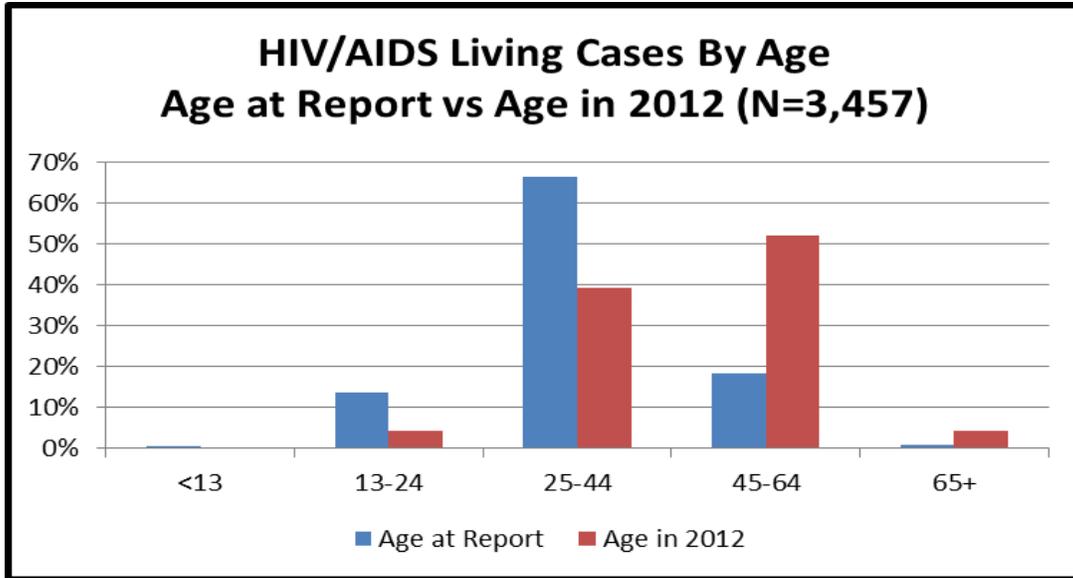
### 2010-2012 Review

- Reports of new diagnoses of HIV infections (incidence), regardless of stage, remained level from 2010-2012.
- 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 9.6% in 2012 to 3,457.
- The actual number of people living with HIV/AIDS is even higher as an estimated 21% 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, 29-35% develop AIDS in the same year, indicating their first HIV diagnosis came after years of positivity.
- By race/ethnicity, African Americans make up 7% of the county population but account for 20.9% 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, 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(1)			AIDS		
	2010	2011	2012	2010	2011	2012
Incidence (New Reports)	190	186	196	103	109	86
Rate per 100,000 (2)	9.32	9.05	9.49	5.05	5.3	4.16
<b>Risk</b>						
MSM	115	118	115	59	63	51
IDU	26	14	16	12	13	8
MSM/IDU	11	6	8	7	4	5
Hetero	19	20	22	17	14	9
Other	0	0	0	1	0	0
Perinatal	0	0	0	0	0	1
Unknown	19	28	35	7	15	12
<b>Gender</b>						
Males	161	162	166	84	92	75
Females	29	24	30	19	17	11
<b>Race/Ethnicity</b>						
White	51	53	43	32	34	17
Black	49	46	41	27	27	21
Hispanic	86	81	104	41	45	46
Asian	4	4	5	1	2	1
American Indian	0	0	1	0	0	1
Multi race	0	2	2	2	1	0
Unknown	0	0	0	0	0	0
<b>Age Group (Age at Diagnosis)</b>						
<13	0	0	1	0	0	0
13-24	40	48	45	7	16	8
25-44	97	89	97	61	49	43
45-64	49	45	47	32	42	33
65+	4	4	6	3	2	2
Unknown	0	0	0	0	0	0
<b>% AIDS Same Yr</b>	34.7	36.0	29.1	Not applicable		
<b>% Surviving</b>	93.2	95.2	98.9	81.5	90.8	96.5

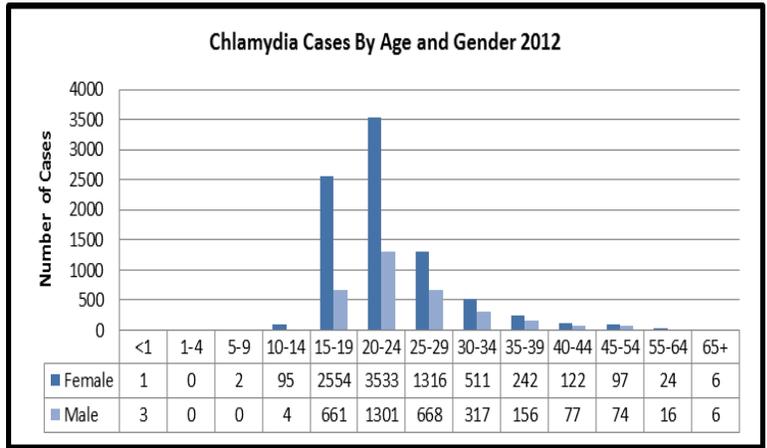
(1) HIV infection is now reported by total new diagnoses in a given year regardless of stage.

(2) 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.

# CHLAMYDIA

## SEXUALLY TRANSMITTED INFECTION

**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) or ectopic pregnancy in women and preterm delivery and pneumonia in infants born to infected women  
**For more information:**  
<http://www.cdc.gov/std/chlamydia/default.htm>

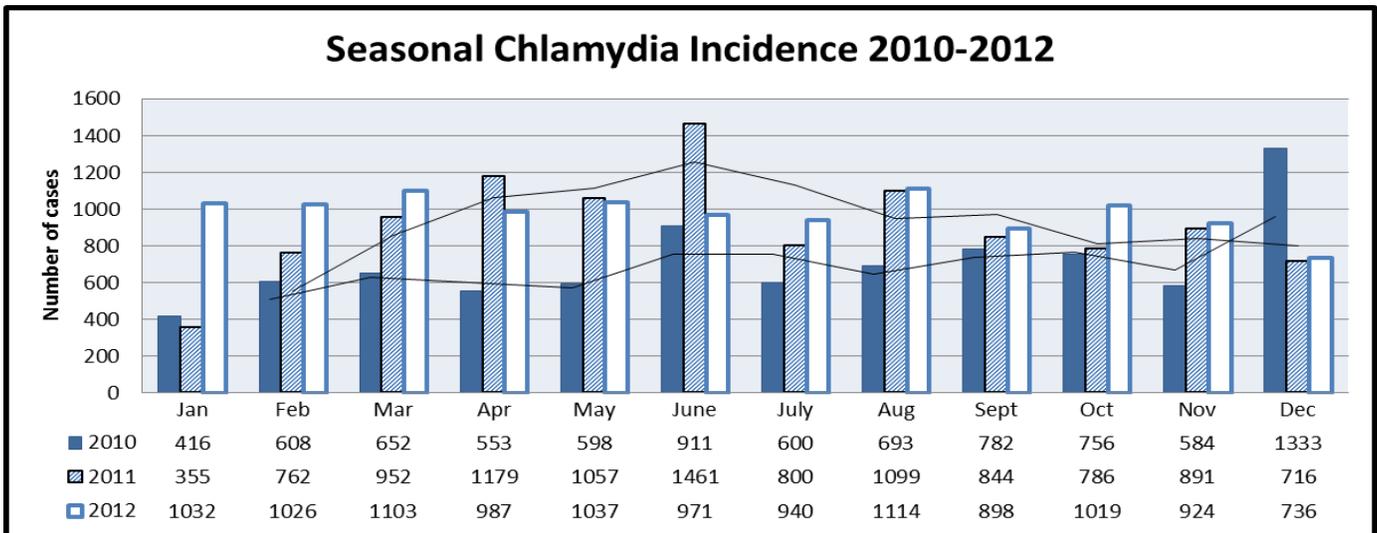
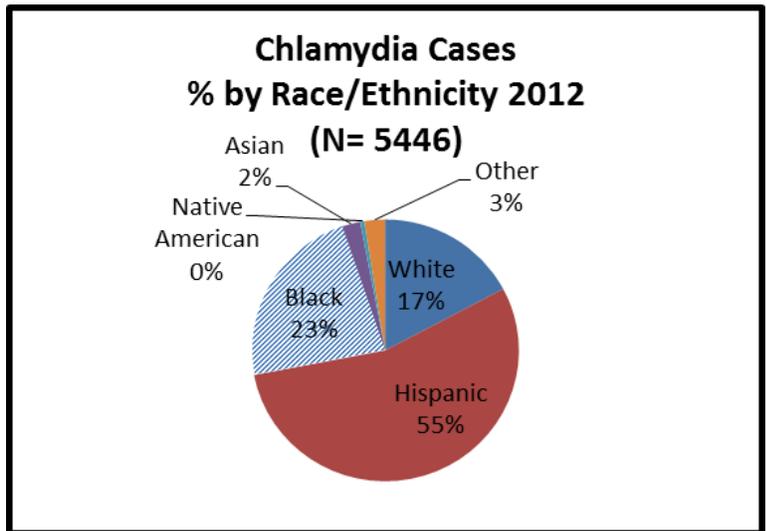


### 2010-2012 Review

- Since 2010, chlamydia cases have increased 39% in the County. The numbers of cases among females increased 41% while cases in males increased 33% 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 chlamydia 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.

### Prevention

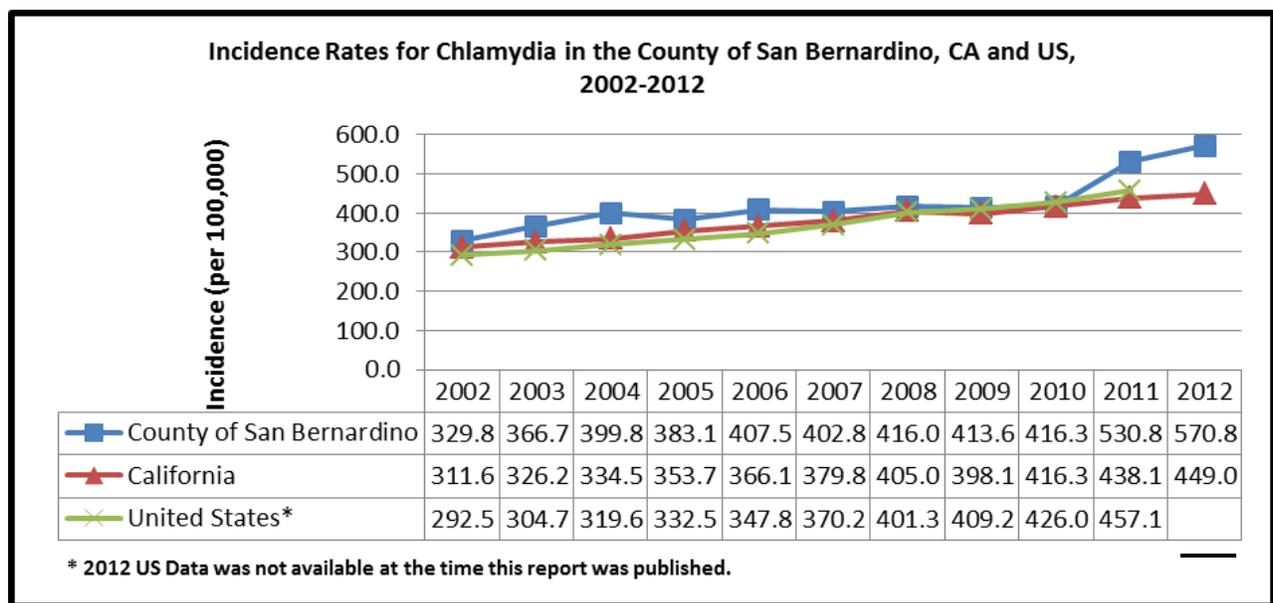
- In addition to correct and consistent condom use, prevention includes regular screening of women 25 years and younger; pregnant women; or any individual at increased risk.
- Individuals with CT should avoid having sex until 7 days after beginning their antibiotics and their partners within the previous 60 days should be tested and treated for CT.



**County of San Bernardino Communicable Disease Report 2010-2012**  
**Diseases Transmitted by Sexual Contact**

Chlamydia Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	796	882	963	863	758	607	608	639	595	267	939
Black	851	870	1122	1206	1041	736	1016	1087	749	391	1241
Hispanic	1549	1557	1784	1988	1842	1743	1640	1842	1326	1486	2978
Asian	73	113	137	119	95	90	92	116	74	25	122
Native Am.	8	12	6	14	15	9	8	15	15	6	32
Other	4	10	0	3	4	0	0	0	1	34	134
Not specified	2710	3384	3606	3248	4309	4937	5184	4955	5726	8693	6341
<b>Total</b>	<b>5991</b>	<b>6828</b>	<b>7618</b>	<b>7441</b>	<b>8064</b>	<b>8122</b>	<b>8548</b>	<b>8654</b>	<b>8486</b>	<b>10902</b>	<b>11787</b>

Chlamydia Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	1	11	6	3	10	9	2	0	4	7	4
1-4	0	0	0	1	0	1	0	0	0	0	0
5-9	1	1	0	1	2	2	0	0	0	5	2
10-14	87	76	109	77	75	67	69	70	74	56	99
15-19	1943	2193	2566	2505	2668	2698	2809	2763	2532	2773	3215
20-24	2340	2692	2883	2816	3059	3045	3197	3309	3400	4663	4834
25-29	865	983	1136	1097	1194	1341	1341	1370	1391	1865	1984
30-34	418	475	493	467	522	501	572	583	547	746	828
35-39	175	217	220	244	281	234	303	282	287	375	398
40-44	97	99	110	118	118	110	140	146	135	197	199
45-54	49	66	75	93	97	85	98	99	93	173	171
55-64	13	11	14	15	24	23	14	22	18	30	40
65+	2	4	6	4	14	6	3	10	5	9	12
Unknown	0	0	0	0	0	0	0	0	0	3	1
<b>Total</b>	<b>5991</b>	<b>6828</b>	<b>7618</b>	<b>7441</b>	<b>8064</b>	<b>8122</b>	<b>8548</b>	<b>8654</b>	<b>8486</b>	<b>10902</b>	<b>11787</b>



# GONORRHEA

## SEXUALLY TRANSMITTED INFECTION

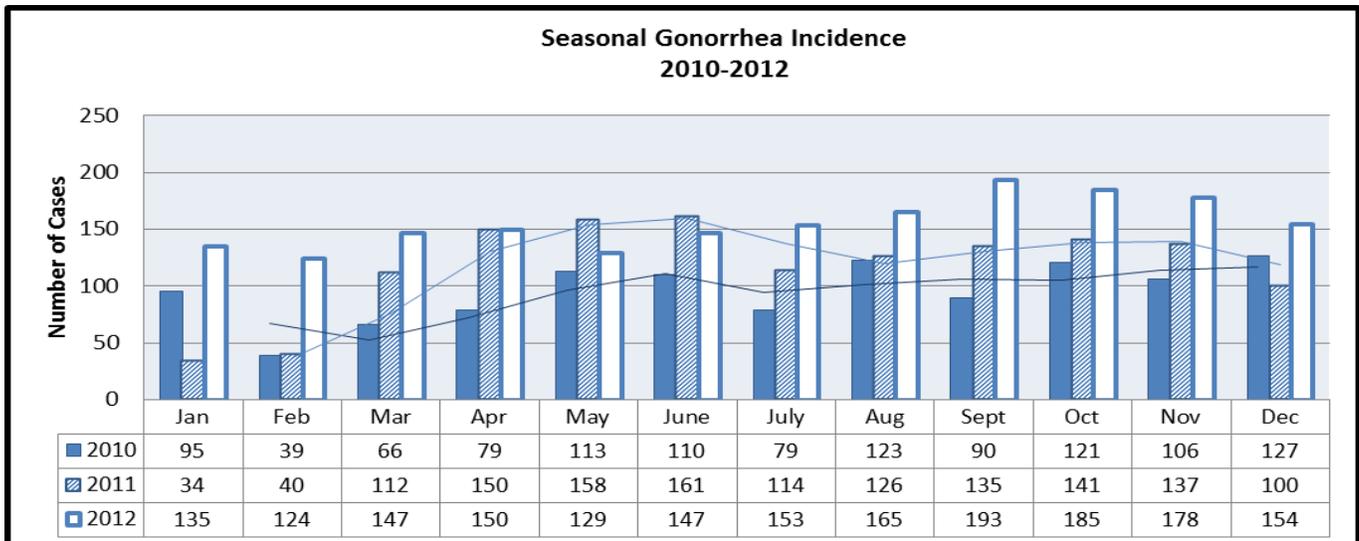
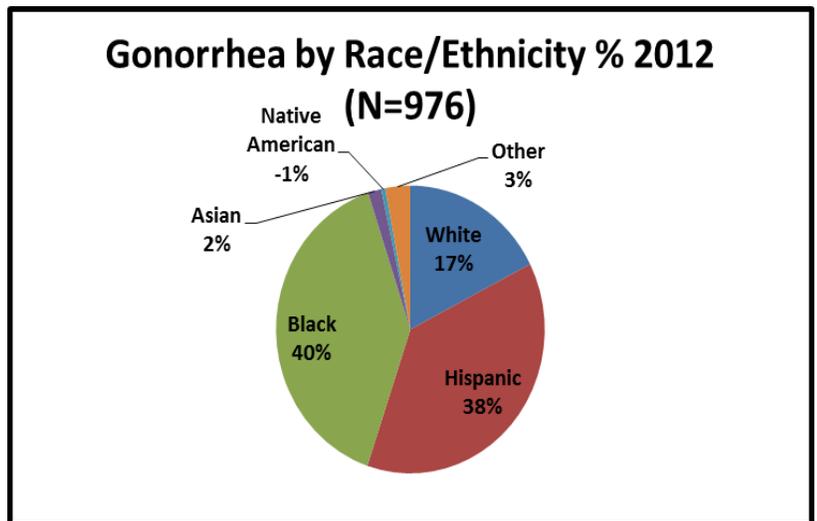
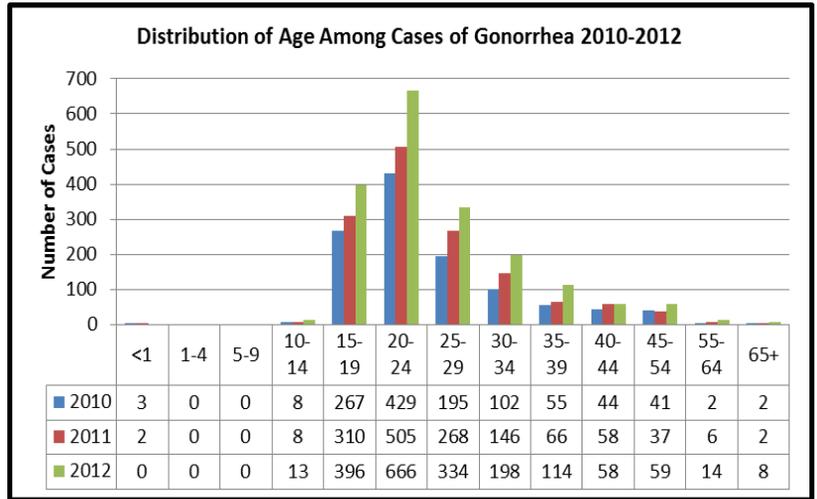
**Infectious Agent:** *Neisseria gonorrhoeae* (GC)  
**Mode of Transmission:** sexual activity or from mother to child at birth.  
**Incubation Period:** 1-14 days  
**Symptoms:** urethral discharge, itching, burning  
**Vaccine:** None  
**Complications:** untreated GC can cause pelvic inflammatory disease (PID) and ectopic pregnancy 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/>

### 2010-2012 Review

- Gonorrhea cases increased 62.0% in the county from 2010 to 2012.
- Treatment guidelines for GC, updated in 2010, recommend dual therapy with two antibiotics; ceftriaxone and azithromycin or doxycycline, to limit resistance in oral cephalosporins.
- Males who have sex with males (MSM) accounted for 38% of GC cases in CA in 2011. Of these, 27% were HIV positive at the time of infection.
- Of 2011 CA cases, 36% received inadequate or no treatment for GC.
- Of CA male cases, 21% of cases reported incarceration in the past year.

### Prevention

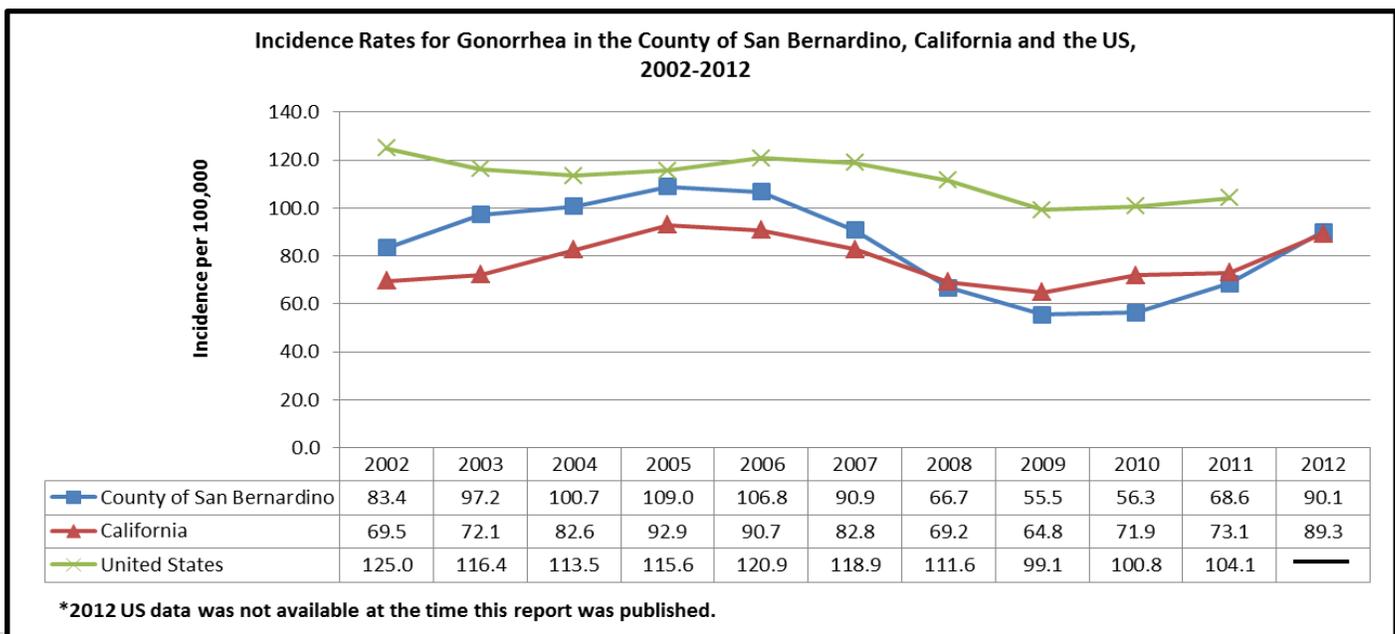
- Use latex condoms consistently and correctly if not in a mutually monogamous relationship.
- Annual screening and prompt effective treatment is important for sexually active individuals.
- All partners within the previous 60 days of an individual with GC should be tested and treated.



County of San Bernardino Communicable Disease Report 2010-2012  
Diseases Transmitted by Sexual Contact

Gonorrhea Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	191	279	221	258	212	149	119	76	83	73	171
Black	382	416	480	574	435	287	299	273	231	190	387
Hispanic	268	328	364	391	360	276	198	152	150	149	368
Asian	10	16	22	22	11	15	17	17	14	5	16
Native Am.	0	0	1	6	4	2	4	0	1	1	5
Other	3	2	0	1	1	0	0	0	0	11	29
Not specified	660	769	831	864	1091	1103	733	645	669	979	884
<b>Total</b>	<b>1514</b>	<b>1810</b>	<b>1919</b>	<b>2116</b>	<b>2114</b>	<b>1832</b>	<b>1370</b>	<b>1163</b>	<b>1148</b>	<b>1408</b>	<b>1860</b>

Gonorrhea Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	0	2	0	2	1	2	0	0	3	2	0
1-4	0	1	1	0	2	0	0	0	0	0	0
5-9	0	2	0	0	4	0	0	0	0	0	0
10-14	8	22	19	30	17	15	10	9	8	8	13
15-19	384	438	453	530	563	499	459	349	267	310	396
20-24	519	544	620	681	692	613	429	387	429	505	666
25-29	279	320	330	384	361	319	215	204	195	268	334
30-34	159	208	215	212	195	161	118	86	102	146	198
35-39	66	107	110	120	140	102	61	47	55	66	114
40-44	47	95	77	83	66	51	41	32	44	58	58
45-54	40	45	71	54	58	57	33	40	41	37	59
55-64	11	20	19	13	13	11	3	9	2	6	14
65+	1	6	4	7	2	2	1	0	2	2	8
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1514</b>	<b>1810</b>	<b>1919</b>	<b>2116</b>	<b>2114</b>	<b>1832</b>	<b>1370</b>	<b>1163</b>	<b>1148</b>	<b>1408</b>	<b>1860</b>



# SYPHILIS, ALL STAGES

## SEXUALLY TRANSMITTED INFECTION

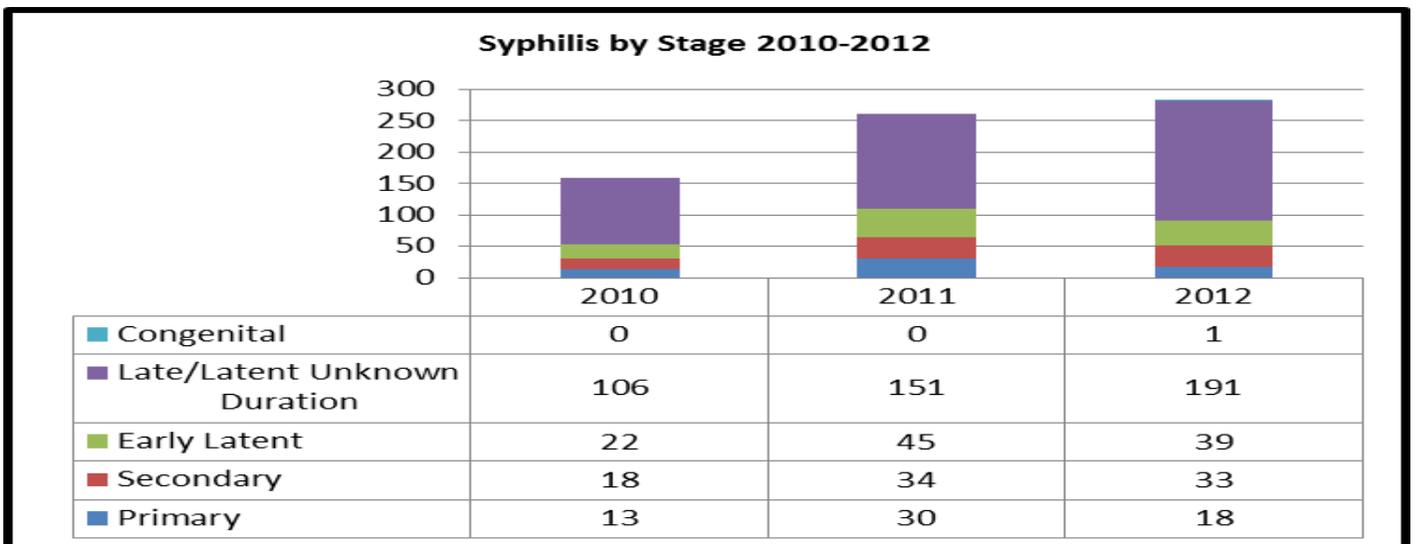
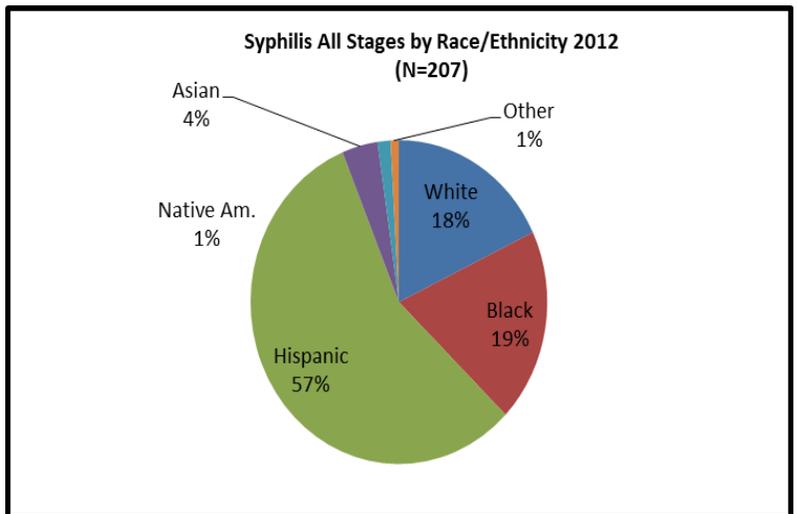
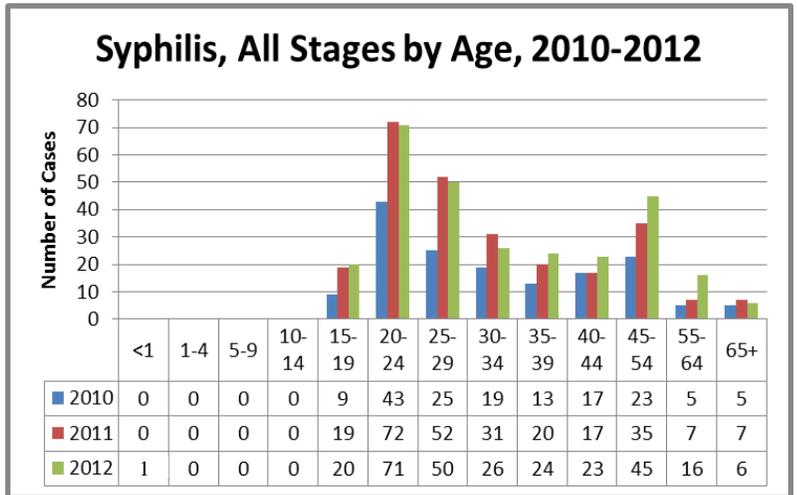
**Infectious Agent:** *Treponema pallidum*  
**Mode of Transmission:** contact with syphilis chancre on the genitalia, anus, or mouth, or during pregnancy or birth  
**Incubation Period:** 21 days, but can range from 10-90 days  
**Symptoms:** chancre, rash including palms and soles of feet, fever, swollen 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>

### 2010-2012 Review

- Primary, secondary and early latent are the infectious stages of syphilis and increased 70% from 2010 to 2012.
- Reports increased 77% from 2010-2012 with the largest increases occurring among late/latent unknown duration stage cases.
- Of the 282 cases of all stages reported in 2012, 77.9% were in males.
- From 2010 - 2012 increases were observed in almost all age groups with the largest increase among those individuals aged 20-29 years.

### Prevention

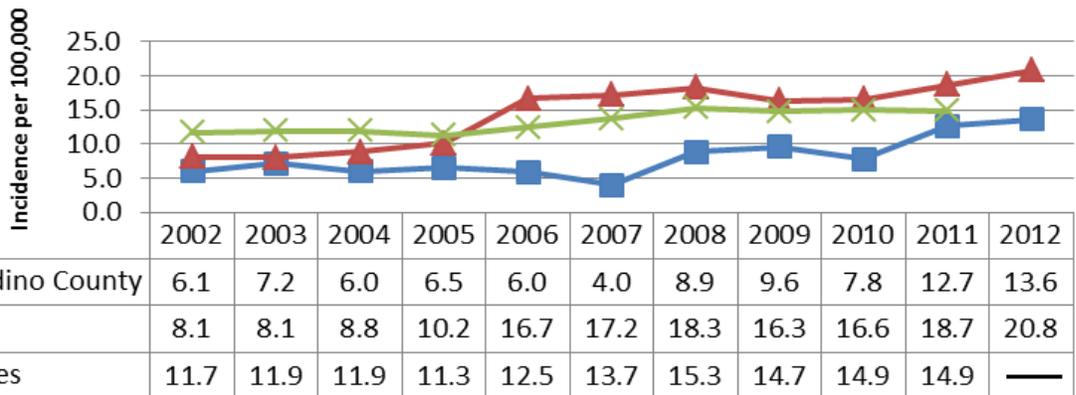
- Condoms if used correctly and consistently may prevent infection.
- Pregnant women should be screened at their first prenatal visit.
- High risk individuals should be screened annually or as often as every 3-6 months.



Syphilis (All Stages) Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	12	12	14	20	13	8	16	31	19	33	37
Black	10	14	17	16	28	17	21	26	23	29	40
Hispanic	66	74	57	60	60	32	85	87	75	126	117
Asian	5	4	1	7	1	1	6	5	1	6	8
Native Am.	0	0	0	0	0	0	0	1	0	0	3
Other	1	0	0	1	1	0	0	0	0	5	2
Not specified	16	30	25	23	15	22	54	51	41	61	75
<b>Total</b>	<b>110</b>	<b>134</b>	<b>114</b>	<b>127</b>	<b>118</b>	<b>80</b>	<b>182</b>	<b>201</b>	<b>159</b>	<b>260</b>	<b>282</b>

Syphilis (All Stages) Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	1	2	1	3	0	0	3	1	0	0	1
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	1	1	0	1	0	0	0	0	0	0
15-19	5	7	1	11	4	2	9	16	9	19	20
20-24	8	18	7	9	7	9	22	37	43	72	71
25-29	9	17	17	18	15	6	28	31	25	52	50
30-34	17	21	14	16	13	3	13	19	19	31	26
35-39	19	15	26	19	15	9	24	25	13	20	24
40-44	15	20	12	17	23	13	33	24	17	17	23
45-54	20	18	19	15	25	19	29	38	23	35	45
55-64	9	7	6	10	12	10	7	9	5	7	16
65+	7	8	10	9	3	9	14	1	5	7	6
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>110</b>	<b>134</b>	<b>114</b>	<b>127</b>	<b>118</b>	<b>80</b>	<b>182</b>	<b>201</b>	<b>159</b>	<b>260</b>	<b>282</b>

**Incidence Rates for Syphilis All Stages in the County of San Bernardino, California, and the United States, 2002-2012**



\*2012 US data was not available at the time this report was published

## 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 10-90 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>

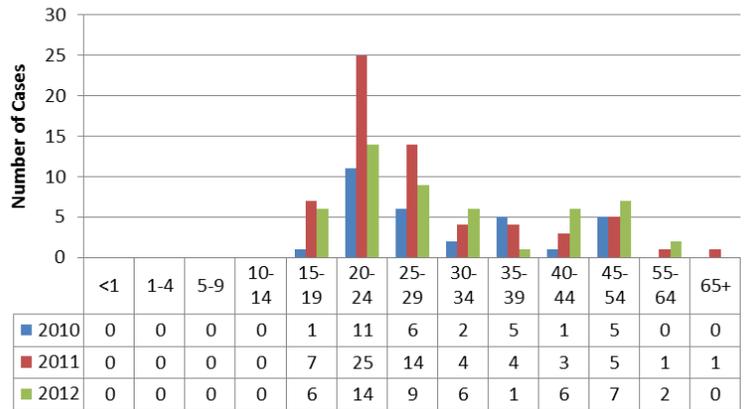
### 2010-2012 Review

- 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 accounted for 76.2% of cases in CA.
- Infants born to infected untreated women may be stillborn.
- The presence of a syphilis chancre increases the risk of acquiring HIV by 2-5 times if exposed.
- Of 2011CA cases among MSM, 53.7% are also HIV positive and 15% report methamphetamine use.

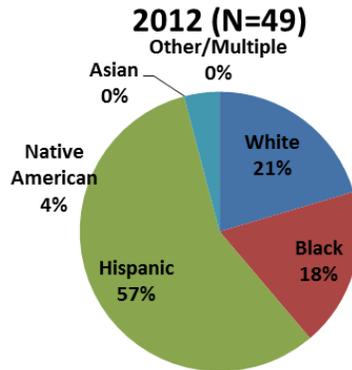
### Prevention

- Condoms if used correctly and consistently may prevent infection.
- Pregnant women should be screened at their first prenatal visit.
- High risk individuals including those with multiple or anonymous partners or who exchange sex for money or drugs, should be screened annually or as often as every 3-6 months.

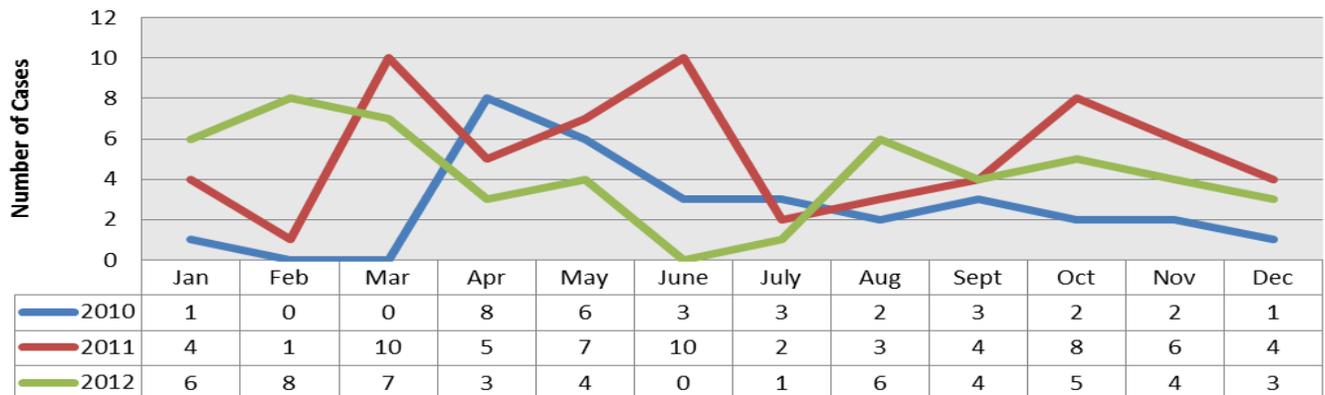
PS Syphilis by Age 2010-2012



PS Syphilis Cases by Race/Ethnicity %

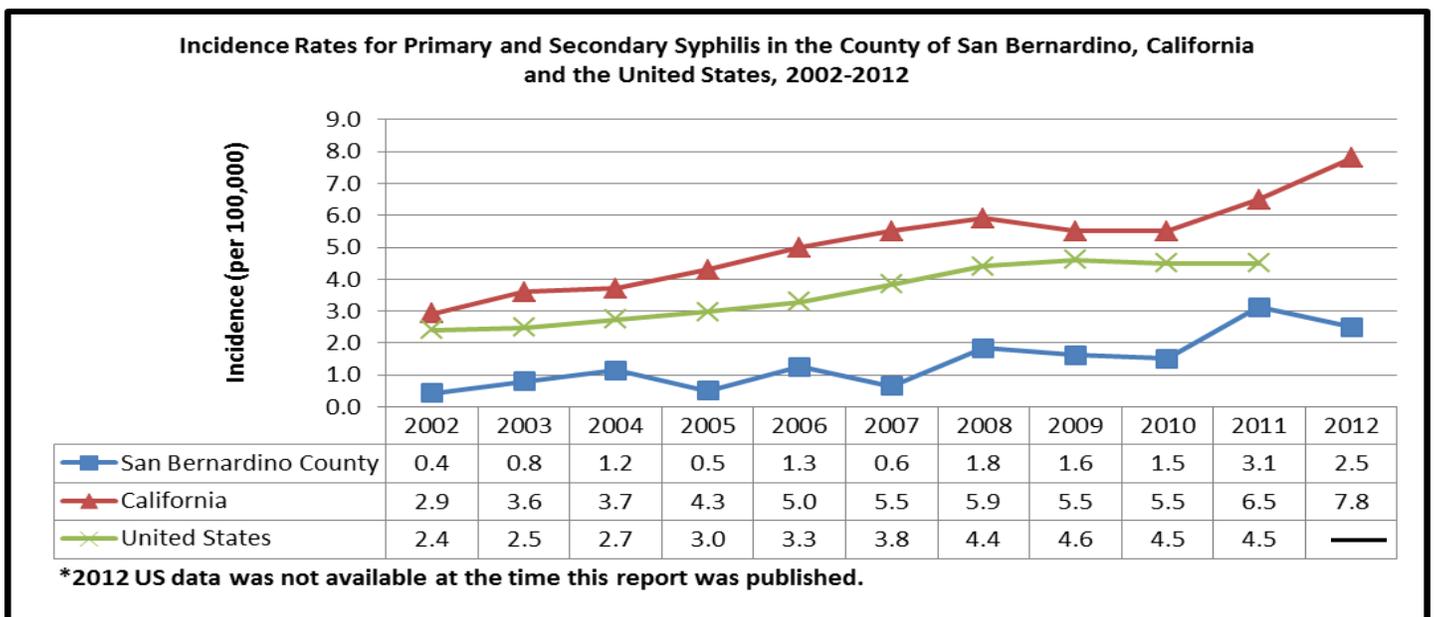


Seasonal Syphilis (Primary & Secondary) Incidence  
2010-2012



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
<b>Total</b>	<b>8</b>	<b>15</b>	<b>22</b>	<b>10</b>	<b>25</b>	<b>13</b>	<b>38</b>	<b>34</b>	<b>31</b>	<b>64</b>	<b>51</b>

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
<b>Total</b>	<b>8</b>	<b>15</b>	<b>22</b>	<b>10</b>	<b>25</b>	<b>13</b>	<b>38</b>	<b>34</b>	<b>31</b>	<b>64</b>	<b>51</b>



# 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

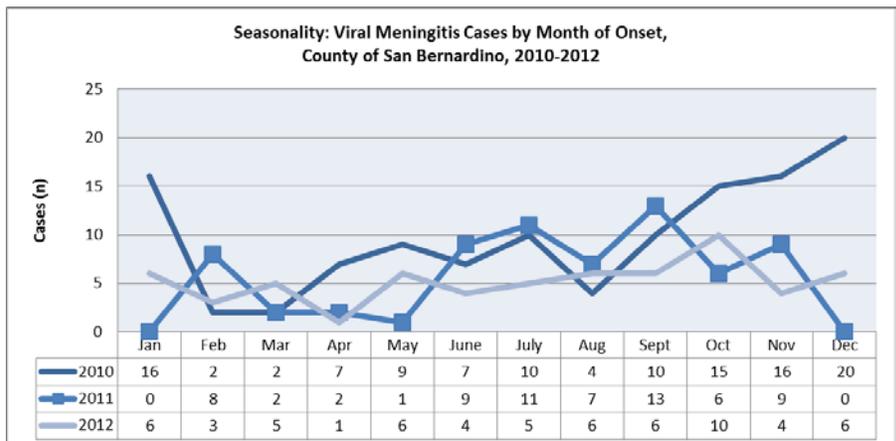
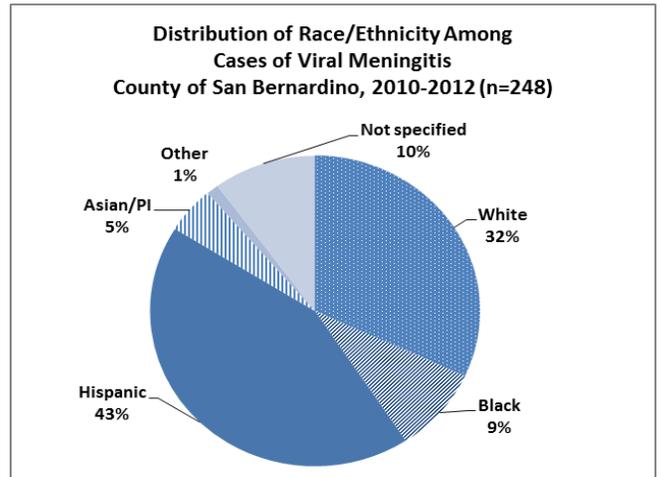
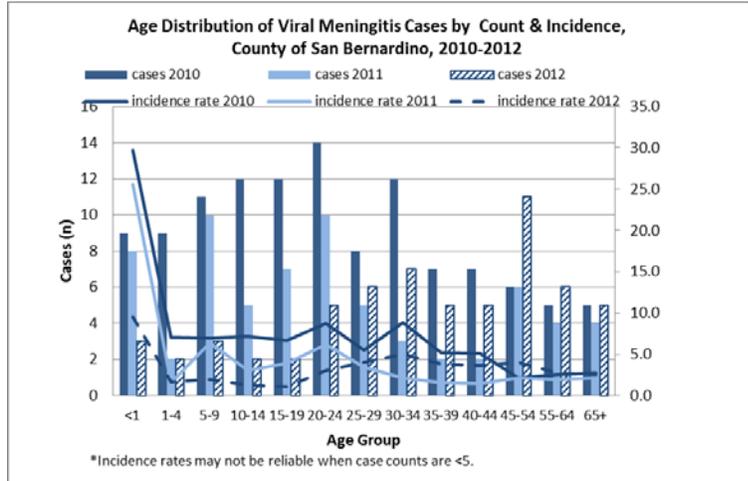
**For more information:** <http://www.cdc.gov/meningitis/viral.html>

## 2010 - 2012 REVIEW

- Incidence was highest among children less than one year of age in both 2010 and 2011 (24.3 and 21.1 cases per 100,000 population, respectively). Incidence in this age group decreased significantly in 2012.
- The greatest proportion of cases occurred among Hispanics (43%) and Whites (32%). Incidence was highest among Blacks in 2010 and 2011 (7.8 and 4.5 cases per 100,000 population, respectively). In 2012, incidence was highest among Whites (3.8 cases per 100,000 population). Incidence in all race/ethnicity groups declined from 2010-2012.
- Equal proportions of cases occurred among both males (51%) and females (49%).
- 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. The shift in seasonality among 2012 cases to early winter months (October-January) could indicate a shift in etiology from mosquito-borne viruses to respiratory virus infections.

## 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 in the air.
  - Clean contaminated surfaces and soiled articles first with soap and water, and then disinfecting them with a dilute solution of chlorine-containing bleach (¼ cup of bleach with 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.

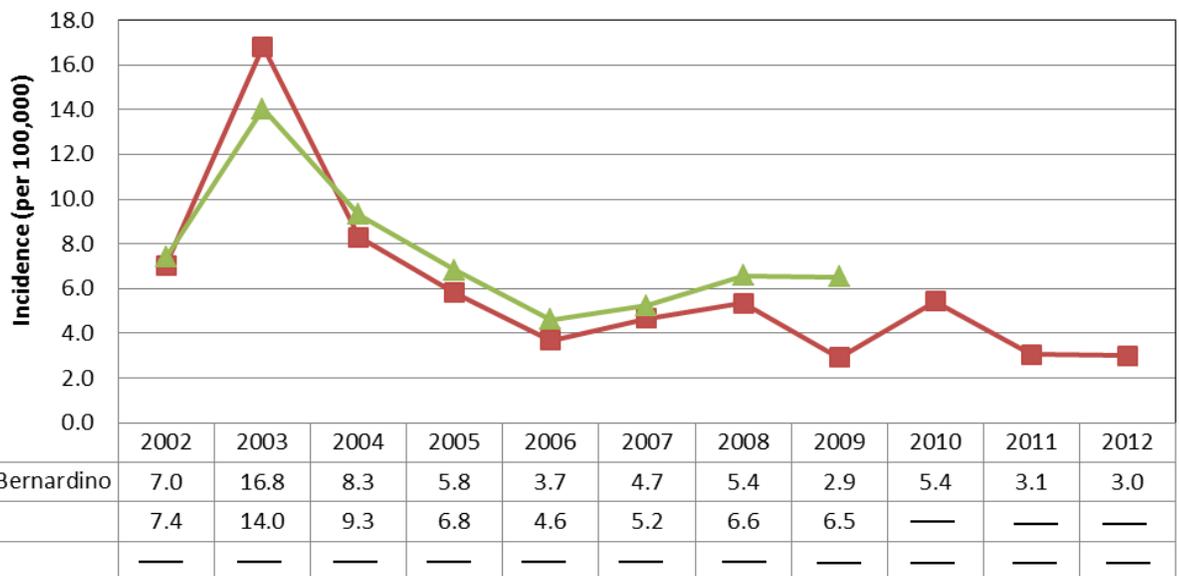


# VIRAL MENINGITIS

Viral Meningitis Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	44	57	50	37	26	27	36	17	30	23	26
Black	20	28	19	13	5	12	9	8	10	8	4
Hispanic	49	88	57	36	35	44	51	22	55	27	25
Asian/PI	2	4	3	5	1	1	4	1	5	4	3
Native Am.	0	0	1	0	0	0	0	0	0	0	0
Other	0	0	0	1	1	0	0	0	1	1	1
Not specified	13	136	28	21	5	10	10	13	17	5	3
<b>Total</b>	<b>128</b>	<b>313</b>	<b>158</b>	<b>113</b>	<b>73</b>	<b>94</b>	<b>110</b>	<b>61</b>	<b>118</b>	<b>68</b>	<b>62</b>

Viral Meningitis Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	15	37	16	10	12	16	11	4	9	8	3
1-4	7	17	7	6	1	3	7	2	9	2	2
5-9	26	57	34	10	1	4	15	4	11	10	3
10-14	15	59	21	8	7	12	10	8	12	5	2
15-19	8	43	15	8	7	9	13	5	12	7	2
20-24	9	38	8	11	4	7	7	9	14	10	5
25-29	14	17	14	9	14	3	11	6	8	5	6
30-34	10	21	10	10	5	5	7	3	12	3	7
35-39	4	7	4	10	3	11	4	6	7	2	5
40-44	8	3	5	12	4	5	4	3	7	2	5
45-54	8	10	17	8	6	10	10	9	6	6	11
55-64	4	3	2	5	5	6	6	1	5	4	6
65+	0	1	5	6	4	3	5	1	5	4	5
Unknown	0	0	0	0	0	0	0	0	1	0	0
<b>Total</b>	<b>128</b>	<b>313</b>	<b>158</b>	<b>113</b>	<b>73</b>	<b>94</b>	<b>110</b>	<b>61</b>	<b>118</b>	<b>68</b>	<b>62</b>

**Incidence Rates for Viral Meningitis in the County of San Bernardino, California, and the United States, 2002-2011**



\*2010-2012 CA data were not available at the time this report was published. Viral meningitis is not a nationally-notifiable condition.

# MENINGOCOCCAL DISEASE

## VACCINE-PREVENTABLE

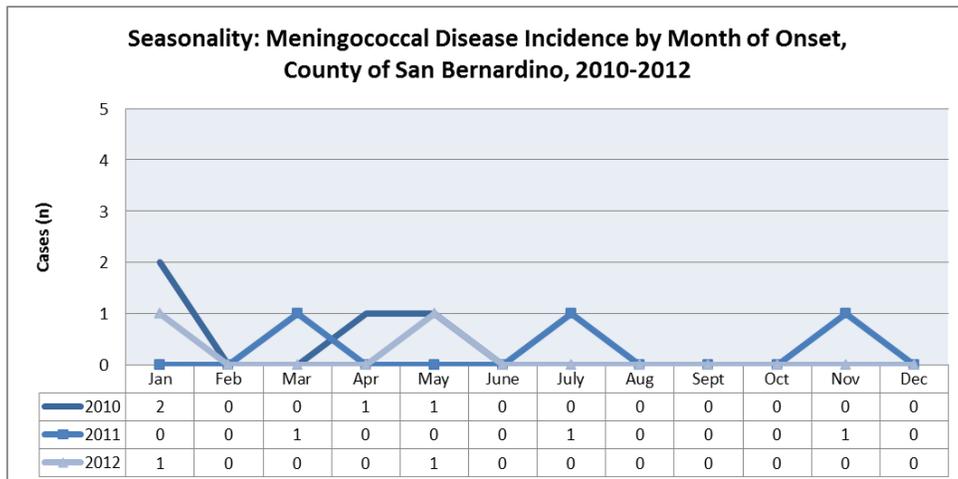
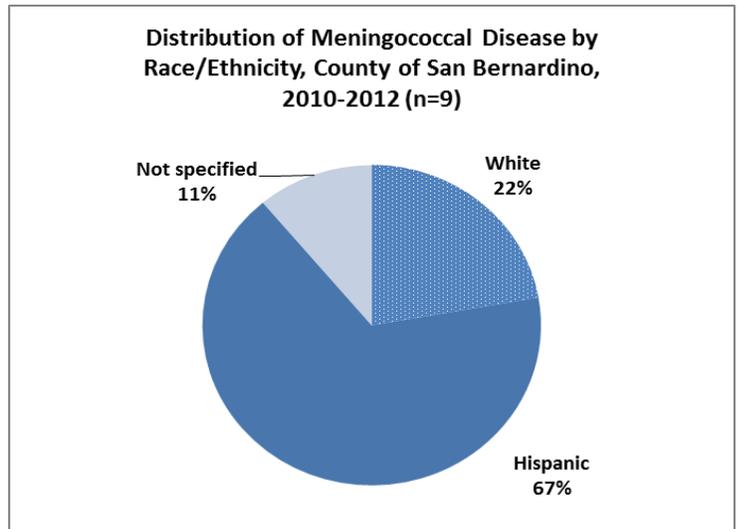
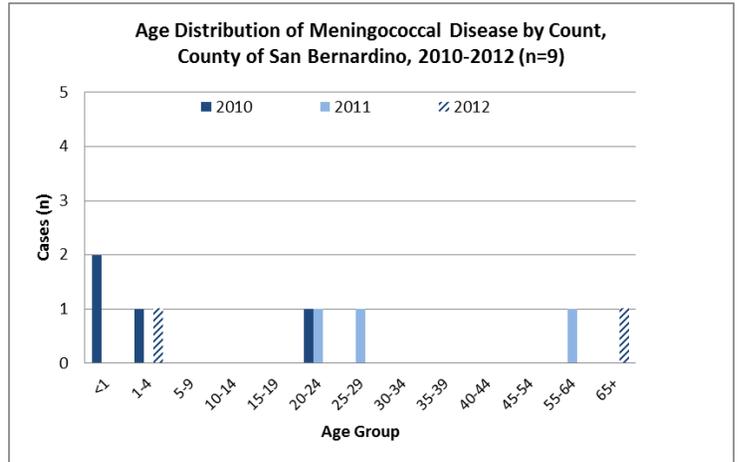
**Infectious Agent:** *Neisseria meningitidis*, a bacteria  
**Mode of Transmission:** direct contact, including respiratory secretions from noses and throats of infected people  
**Incubation Period:** 2-10 days, usually 3-4 days  
**Symptoms:** fever, intense headache, nausea and/or vomiting, stiff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

### 2010 - 2012 REVIEW

- 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.
- Four of 9 cases reported during this time period occurred among children under the age for vaccination.
- The greatest proportion of cases occurred among Hispanics (67%).
- Males comprised 67% of cases.
- 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 areas should get vaccinated.
- 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.

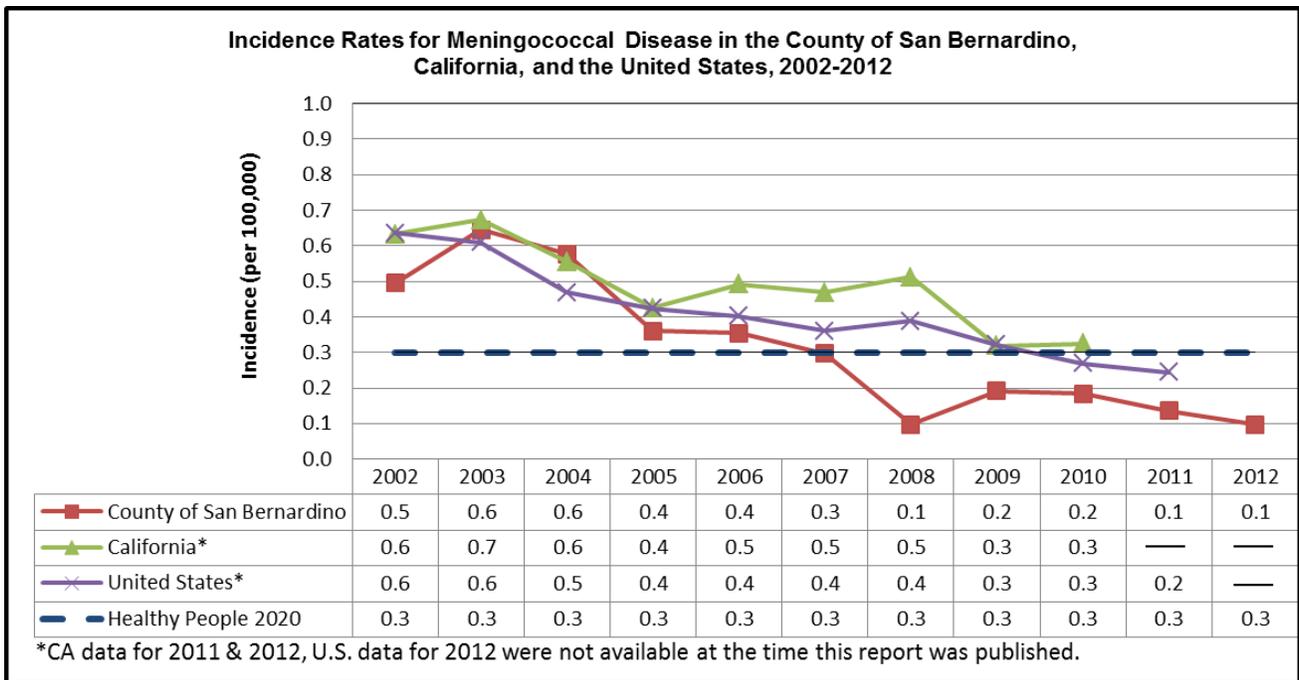


# MENINGOCOCCAL DISEASE

## VACCINE-PREVENTABLE

Meningococcal Disease Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	4	4	4	4	1	3	0	0	0	1	1
Black	0	1	0	0	1	1	0	0	0	0	0
Hispanic	4	3	6	2	4	2	1	3	3	2	1
Asian/PI	1	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	4	1	1	1	0	1	1	1	0	0
<b>Total</b>	<b>9</b>	<b>12</b>	<b>11</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>2</b>

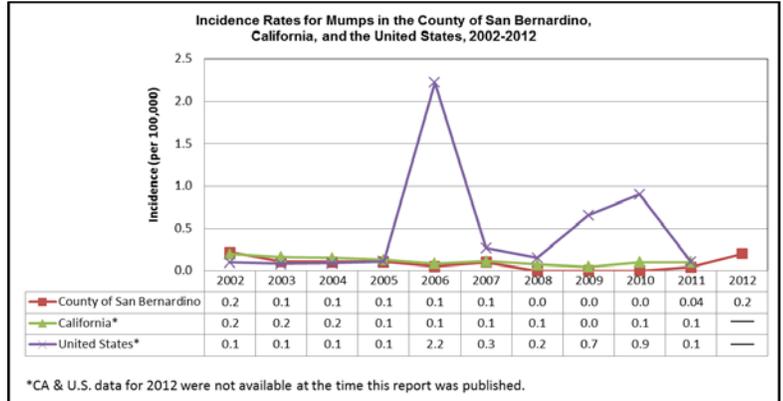
Meningococcal Disease Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	2	2	1	1	1	1	1	0	2	0	0
1-4	1	2	0	1	1	0	0	0	1	0	1
5-9	0	0	0	0	0	0	0	0	0	0	0
10-14	1	0	1	0	1	0	0	1	0	0	0
15-19	1	1	2	1	2	0	0	0	0	0	0
20-24	0	1	1	0	0	0	0	0	1	1	0
25-29	1	2	0	0	0	0	0	0	0	1	0
30-34	0	0	0	1	0	0	0	1	0	0	0
35-39	0	0	0	1	0	1	0	0	0	0	0
40-44	0	0	0	0	0	1	0	0	0	0	0
45-54	0	2	3	1	1	0	0	1	0	0	0
55-64	1	2	2	1	1	2	0	1	0	1	0
65+	2	0	1	0	0	1	1	0	0	0	1
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>9</b>	<b>12</b>	<b>11</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>2</b>



# 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>



### 2010 - 2012 REVIEW

- In 2012, the county reported 4 cases, mainly in children too young to be immunized completely.
- In 2009-2010 the US experienced the largest mumps outbreak since 2006. Spread from a United Kingdom outbreak, cases were mostly >6 years and among a highly vaccinated population.
- 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.

Mumps Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	1	1	1	0	0	1	0	0	0	1	2
Black	0	0	0	0	0	0	0	0	0	0	0
Hispanic	2	0	1	0	0	0	0	0	0	0	1
Asian	0	1	0	1	1	1	0	0	0	0	1
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	1	0	0	0	0	0	0	0
<b>Total</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>

Mumps 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	1
1-4	1	1	1	0	0	0	0	0	0	0	2
5-9	1	0	0	1	0	2	0	0	0	1	0
10-14	1	0	0	0	0	0	0	0	0	0	1
15-19	0	0	1	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	0	1	1	0	0	0	0	0	0
30-34	0	1	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-54	1	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
<b>Total</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>

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# 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

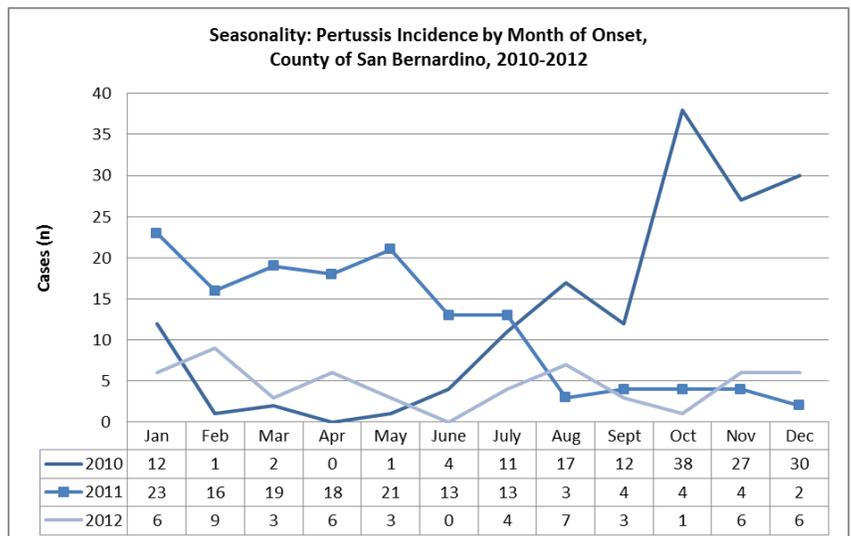
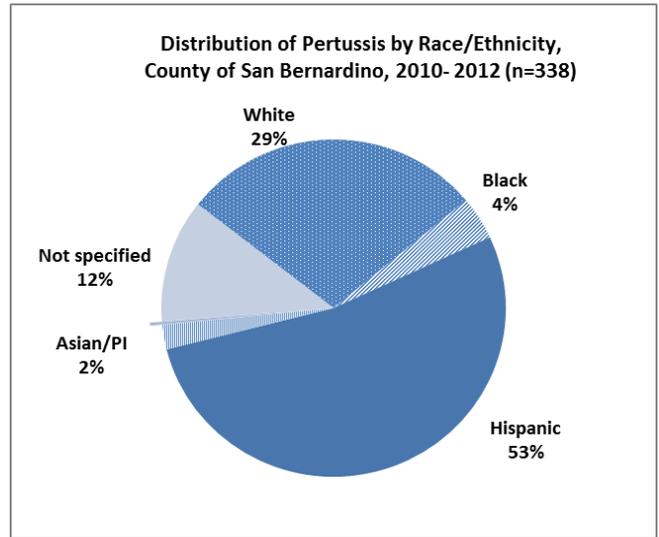
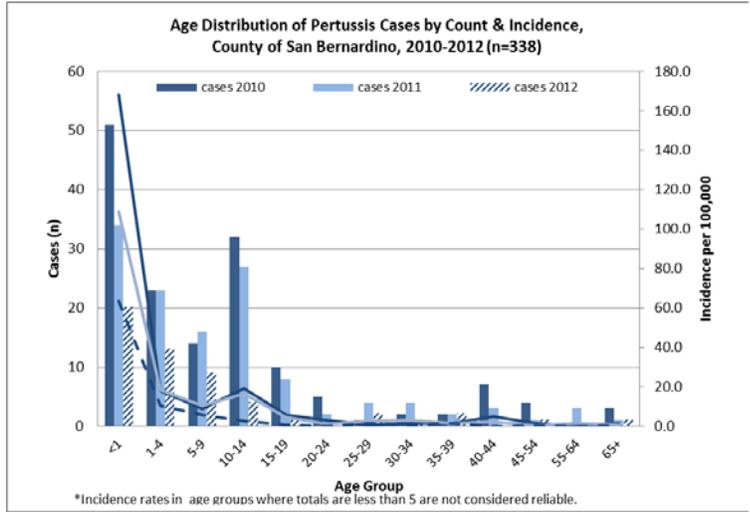
**For more information:** <http://www.cdc.gov/pertussis>

### 2010 - 2012 REVIEW

- California experienced an epidemic of pertussis in 2010, following the usual peaks of incidence every 3-5 years. Consequently, rates in San Bernardino County also increased. Incidence of pertussis jumped from 0.8 cases per 100,000 in 2009 to 7.1 cases per 100,000 in 2010. Incidence decreased in 2011 to 5.8 cases per 100,000 and continued to decline to 2.6 cases per 100,000 in 2012.
- The greatest proportion of cases was among children less than 1 year through 4 years of age. Incidence in children under 1 year was greatest in 2010 and 2011 (168.5 and 108.9 cases per 100,000, respectively). Incidence in this age group decreased by almost half from 2011 to 2012.
- Children aged 10-14 years also showed a significant increase in incidence in 2010 (19.0 cases per 100,000) and 2011 (16.4 cases per 100,000), likely due to waning immunity from childhood vaccinations. In 2012, incidence in this age group also decreased dramatically as only 4 cases were reported. Implementation of California law AB 354 in July 2011, which required all entering 7-12<sup>th</sup> graders to receive a booster Tdap vaccine, may have contributed to this decreased incidence.
- Whites (29%) and Hispanic (53%) populations comprised the greatest proportion of cases. Incidence rates were also highest in these populations, ranging from 6.3 to 1.9 per 100,000 among Whites and 8.0 to 2.9 per 100,000 among Hispanics from 2010 to 2012.
- 2010-2011 demonstrated an extended seasonality with more reports occurring October – May, versus the typical October - February.

### 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.
- During a pertussis outbreak, unimmunized children under age 7 should not attend school or public gatherings, and should be isolated from anyone known or suspected to be infected with pertussis.
- Some health care organizations strongly recommend that adults up to the age of 65 years receive the adult form of the vaccine against pertussis.

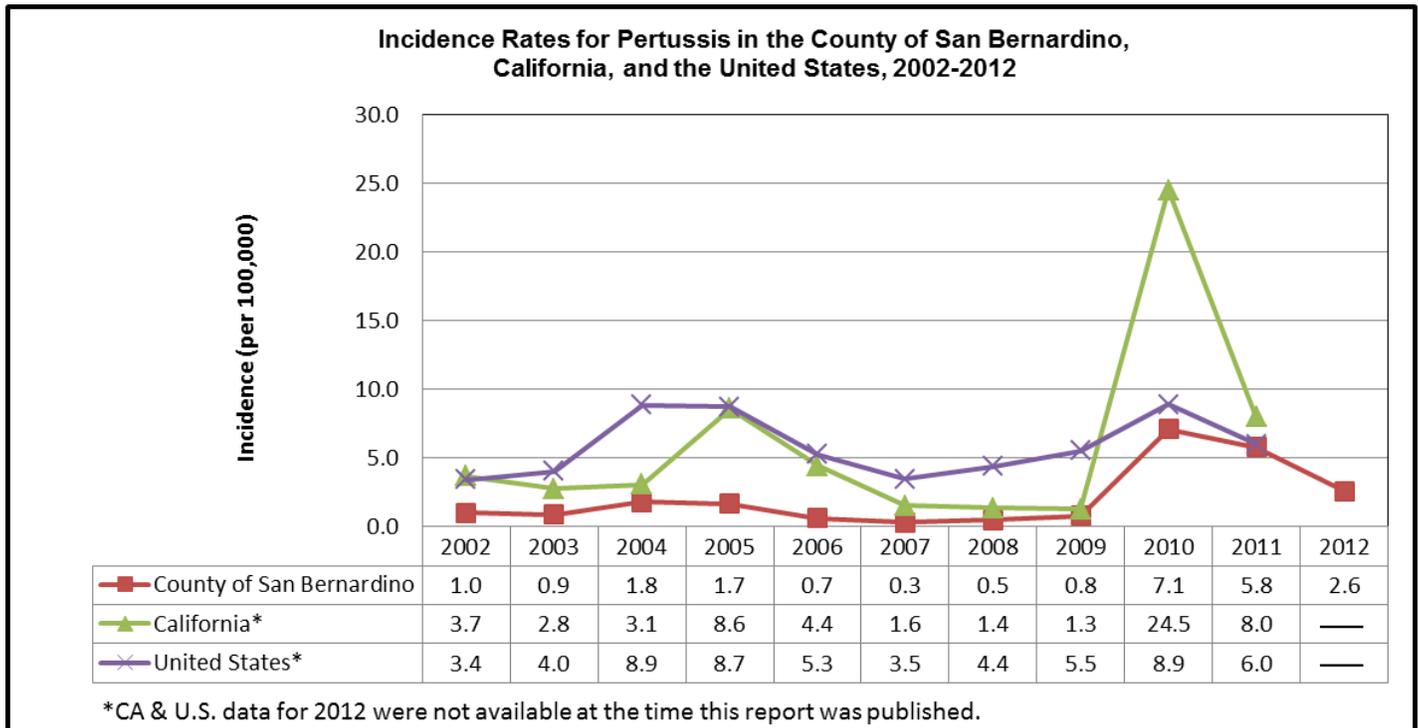


# PERTUSSIS (WHOOPING COUGH)

## VACCINE-PREVENTABLE

Pertussis Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	5	3	17	13	6	5	4	6	43	40	13
Black	3	0	0	7	0	0	0	0	6	4	4
Hispanic	8	10	16	12	6	1	4	4	80	69	30
Asian/PI	0	1	1	0	0	0	0	0	2	2	4
Native Am.	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	1	0	0
Not specified	3	3	1	1	1	1	2	7	23	14	3
<b>Total</b>	<b>19</b>	<b>17</b>	<b>35</b>	<b>33</b>	<b>13</b>	<b>7</b>	<b>10</b>	<b>17</b>	<b>155</b>	<b>129</b>	<b>54</b>

Pertussis Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	14	14	24	21	4	6	6	12	51	34	20
1-4	3	1	1	0	1	0	1	2	23	23	13
5-9	0	2	3	2	2	0	1	1	14	16	9
10-14	1	0	2	6	2	1	2	1	32	27	4
15-19	0	0	1	2	1	0	0	1	10	8	1
20-24	1	0	1	1	0	0	0	0	5	2	0
25-29	0	0	1	0	0	0	0	0	1	4	2
30-34	0	0	0	1	3	0	0	0	2	4	1
35-39	0	0	0	0	0	0	0	0	2	2	2
40-44	0	0	1	0	0	0	0	0	7	3	0
45-54	0	0	0	0	0	0	0	0	4	1	1
55-64	0	0	1	0	0	0	0	0	0	3	0
65+	0	0	0	0	0	0	0	0	3	1	1
Unknown	0	0	0	0	0	0	0	0	1	1	0
<b>Total</b>	<b>19</b>	<b>17</b>	<b>35</b>	<b>33</b>	<b>13</b>	<b>7</b>	<b>10</b>	<b>17</b>	<b>155</b>	<b>129</b>	<b>54</b>



# RESPIRATORY SYNCYTIAL VIRUS (RSV)

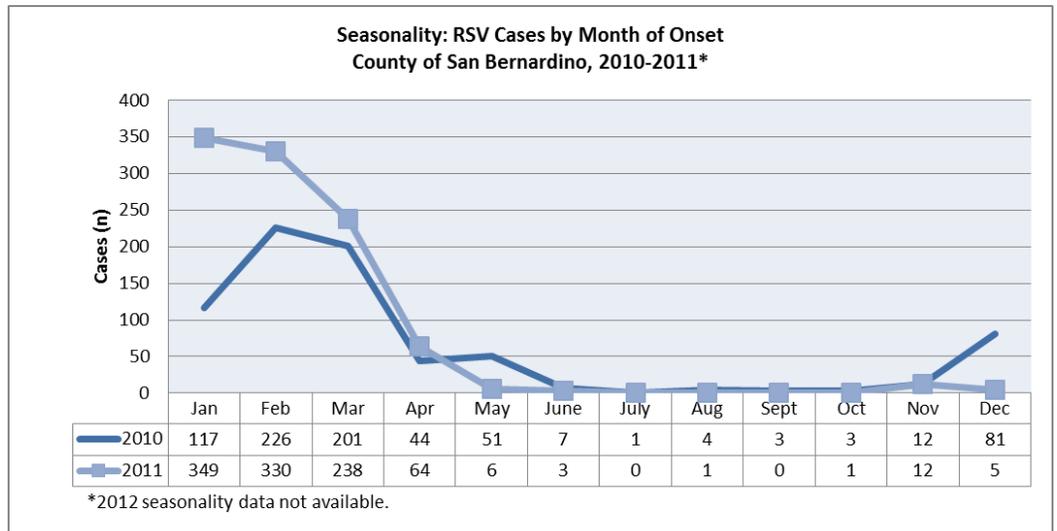
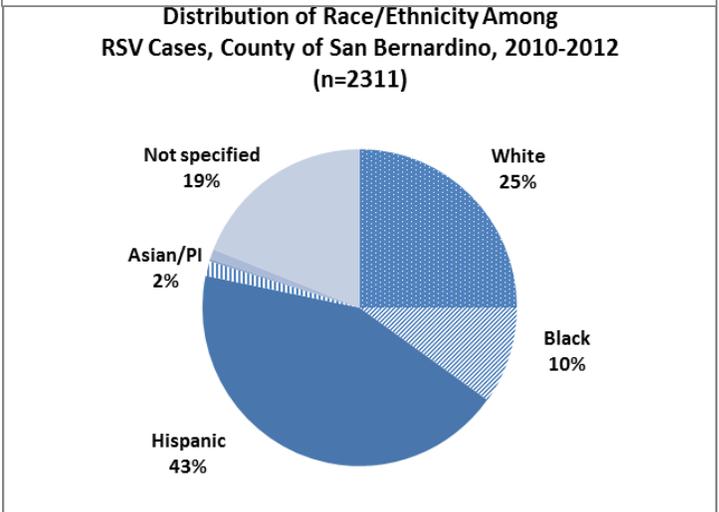
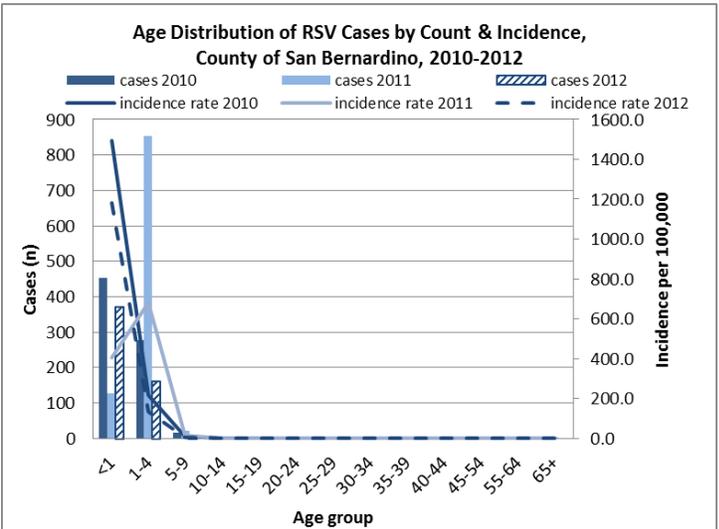
**Infectious Agent:** respiratory syncytial virus (RSV)  
**Mode of Transmission:** through airborne respiratory droplets spread by an infected person coughing or sneezing or by direct or indirect contact with respiratory secretions from an infected person  
**Incubation Period:** 4-6 days (range: 2-8 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/>

## 2010 - 2012 REVIEW

- Incidence in 2012 decreased by 40% from 2011 to 2012.
- Incidence was highest among children less than one year of age in 2010 and children 1-4 years 2011 (1218.4 and 593.4 cases per 100,000 population, respectively). Incidence decreased for all age groups in 2012.
- The greatest proportion of cases occurred among Hispanics (43%) and Whites (25%). Incidence rates were highest among Blacks in all years (range: 37.2 to 54.9 cases per 100,000).
- Approximately equal proportions of cases occurred among both males (56%) and females (44%).
- 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 in 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.

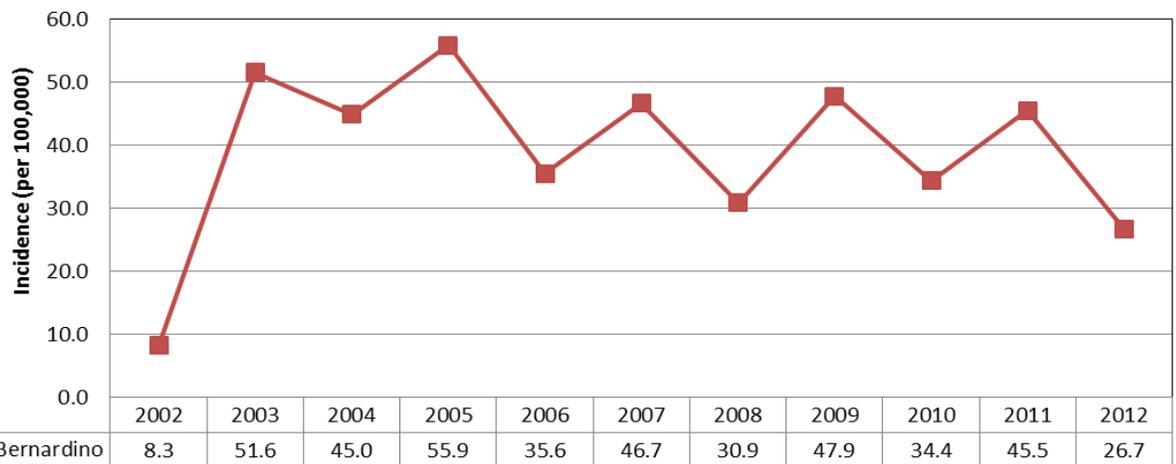


## RESPIRATORY SYNCYTIAL VIRUS (RSV)

RSV Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	7	228	166	163	191	243	124	144	166	259	152
Black	21	84	53	50	40	60	44	60	65	97	67
Hispanic	56	284	234	211	307	404	290	359	321	438	243
Asian/PI	3	8	6	10	8	7	12	13	10	18	7
Native Am.	0	1	1	0	0	0	0	0	1	4	0
Other	1	16	0	5	2	0	0	0	2	2	20
Not specified	62	340	397	647	156	228	165	426	185	191	63
<b>Total</b>	<b>150</b>	<b>961</b>	<b>857</b>	<b>1086</b>	<b>704</b>	<b>942</b>	<b>635</b>	<b>1002</b>	<b>750</b>	<b>1009</b>	<b>552</b>

RSV Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	114	711	637	912	552	730	499	678	452	126	372
1-4	34	215	211	163	137	205	127	301	276	852	164
5-9	1	9	7	7	12	3	6	14	15	20	11
10-14	0	1	1	1	1	1	2	5	1	4	2
15-19	0	0	0	0	0	2	0	1	3	1	2
20-24	0	0	0	1	0	0	0	1	0	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	0	1	0	0	0	0	0	0	0	0	0
40-44	0	0	0	1	1	0	0	1	0	0	0
45-54	0	0	0	1	0	0	0	0	1	0	0
55-64	0	0	1	0	0	0	0	0	1	2	0
65+	0	2	0	0	1	1	1	1	1	3	0
Unknown	1	22	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>150</b>	<b>961</b>	<b>857</b>	<b>1086</b>	<b>704</b>	<b>942</b>	<b>635</b>	<b>1002</b>	<b>750</b>	<b>1009</b>	<b>552</b>

Incidence Rates for RSV in the County of San Bernardino, 2002-2012



\*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

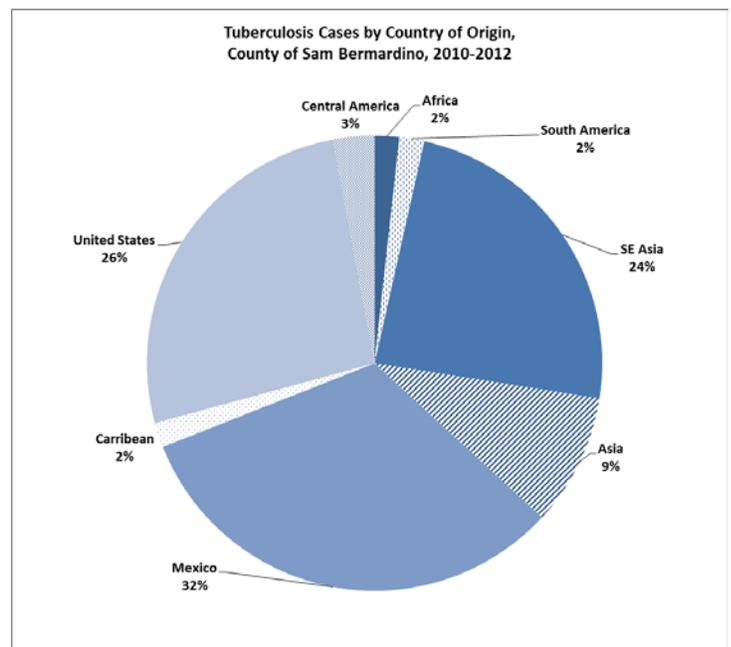
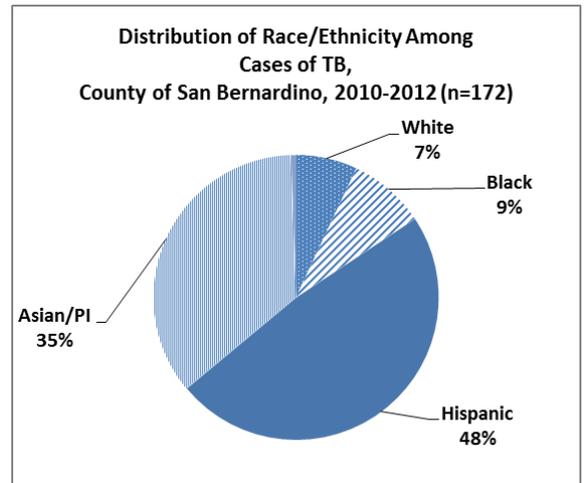
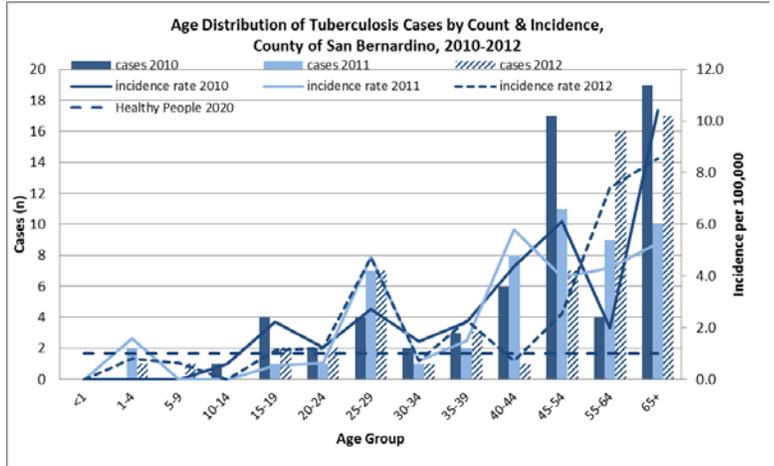
**For more information:** <http://www.cdc.gov/tb/>

## 2010 - 2012 REVIEW

- Incidence is lower in San Bernardino than in both California and the U.S.
- Incidence was highest among adults over 65 years of age and also high among adults 40-54 years of age in 2010 and 2011. Incidence increased between 2010-2012 in the 55-64 year old age group from 2.0 to 7.4 cases per 100,000.
- The greatest proportion of cases occurred among Hispanics (48%) and Asian/Pacific Islanders (35%). Incidence was highest among Asian/Pacific Islanders in all years (16.4 per 100,000 in 2012) versus among Hispanics (2.8 per 100,000 in 2012).
- Males comprised 61% of cases.
- Three quarters of cases (74%) occurred among foreign-born residents.

## 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 respiratory 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 contact, and the public on the means of transmission, control, and importance of adherence to treatment.

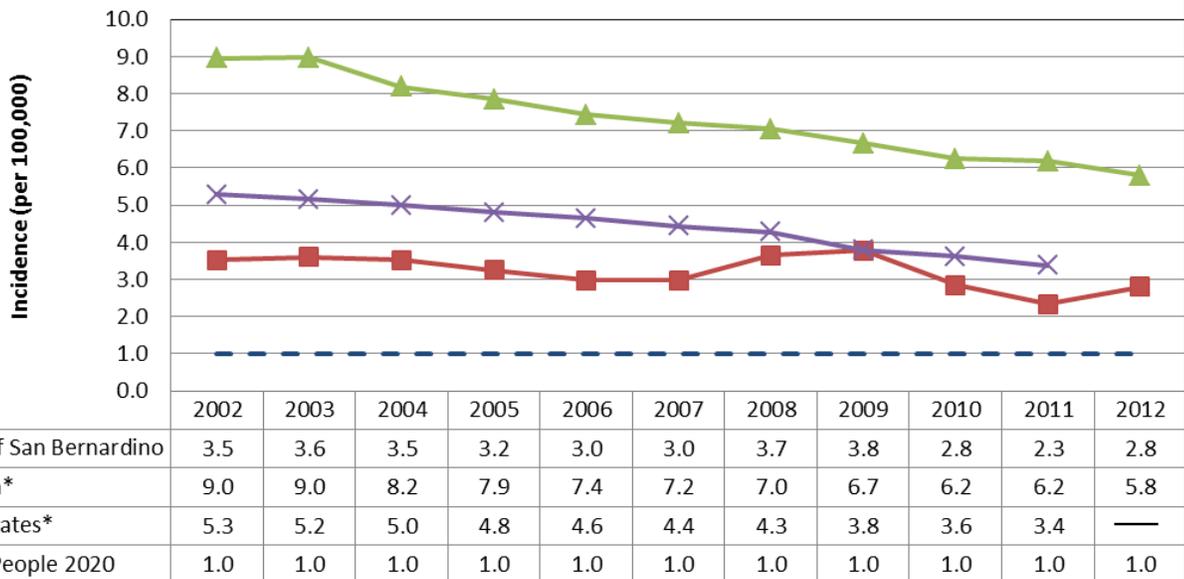


# TUBERCULOSIS

Tuberculosis Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	7	4	7	6	4	13	8	8	6	4	2
Black	7	7	6	4	1	5	5	4	6	4	5
Hispanic	24	27	28	35	38	25	28	26	29	25	29
Asian/PI	24	22	24	14	15	11	23	29	21	19	21
Native Am.	0	0	0	0	0	0	1	1	0	0	1
Other	1	2	0	0	1	0	1	2	0	0	0
Not specified	1	5	2	4	0	6	9	9	0	0	0
<b>Total</b>	<b>64</b>	<b>67</b>	<b>67</b>	<b>63</b>	<b>59</b>	<b>60</b>	<b>75</b>	<b>79</b>	<b>62</b>	<b>52</b>	<b>58</b>

Tuberculosis Cases by Age											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<1	0	0	1	0	2	0	0	2	0	0	0
1-4	1	1	1	4	1	1	1	3	0	2	1
5-9	0	2	1	0	1	1	0	2	0	0	1
10-14	1	1	0	0	1	1	0	1	1	0	0
15-19	1	4	2	5	1	1	2	2	4	1	2
20-24	6	3	3	2	1	1	6	6	2	1	2
25-29	7	1	8	5	5	4	3	8	4	7	7
30-34	6	4	7	3	4	11	4	10	2	1	1
35-39	8	5	7	4	7	3	12	3	3	2	3
40-44	1	9	5	6	2	7	3	8	6	8	1
45-54	7	10	14	12	7	9	13	10	17	11	7
55-64	11	13	6	7	6	8	12	8	4	9	16
65+	15	14	12	15	21	13	19	16	19	10	17
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>64</b>	<b>67</b>	<b>67</b>	<b>63</b>	<b>59</b>	<b>60</b>	<b>75</b>	<b>79</b>	<b>62</b>	<b>52</b>	<b>58</b>

Incidence Rates for TB in the County of San Bernardino, California, and the United States, 2002-2012



\*U.S. data for 2012 were not available at the time this report was published.  
 Healthy People 2020 goal is 1.0 cases per 100,000 population.

# VARICELLA HOSPITALIZATION/DEATH

## VACCINE-PREVENTABLE

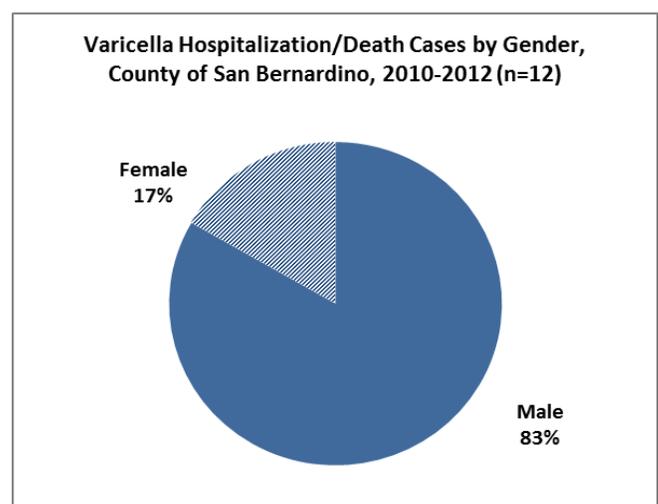
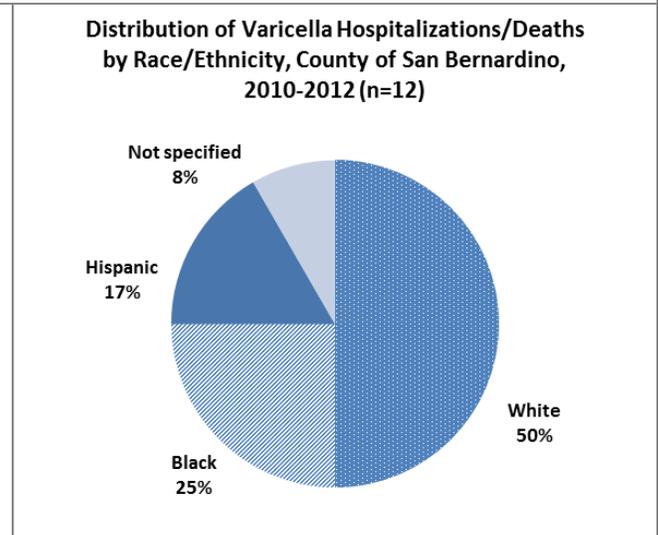
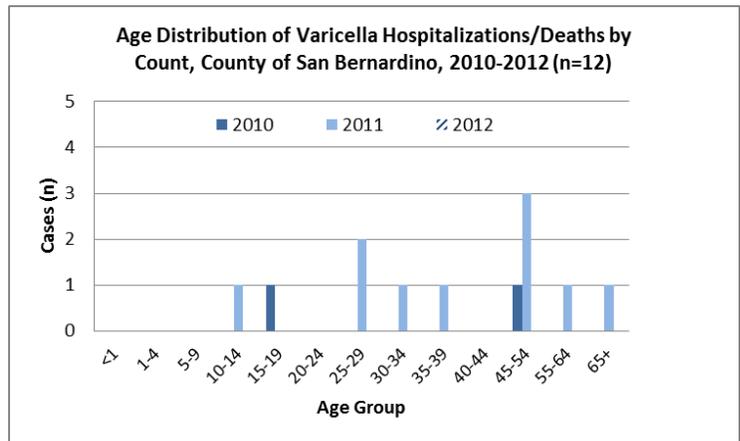
**Infectious Agent:** Varicella-Zoster Virus (VZV)  
**Mode of Transmission:** Person-to-person direct contact, airborne spread of droplet vesicle fluid, contact with vesicle fluid or mucous membrane of infected people  
**Incubation Period:** 10-21 days on average (range: 10–28 days)  
**Symptoms:** 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>

### 2010 - 2012 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.
- Whites (50%) and Blacks (25%) comprised the highest proportions of cases.
- The increase in cases in 2011 is due to an outbreak that occurred in a correctional facility which required that 6 inmates be hospitalized in negative pressure rooms to prevent further transmission. All of these cases were among adults.
- A greater proportion of cases occurred among males (83%).

### 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.

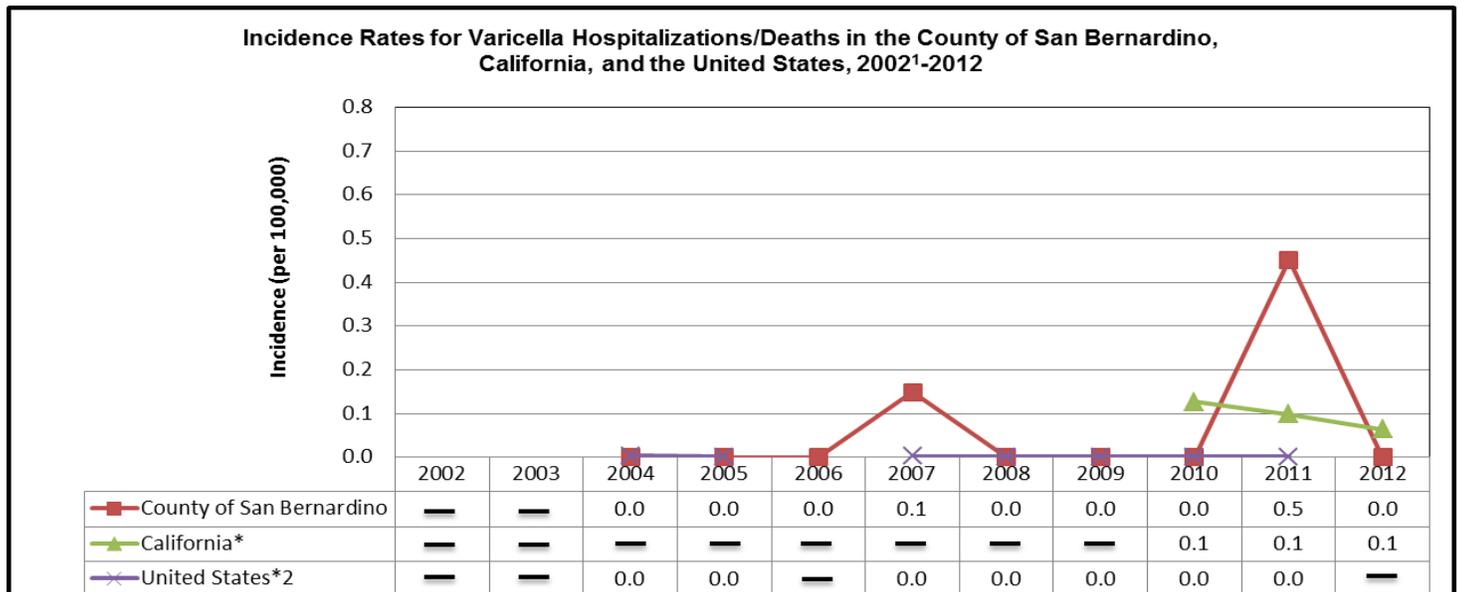


# VARICELLA HOSPITALIZATION/DEATH

## VACCINE-PREVENTABLE

Varicella Hospitalization/Death Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	0	0	0	0	0	1	0	0	1	5	0
Black	0	0	0	0	0	1	0	0	0	3	0
Hispanic	0	0	0	0	0	1	0	0	0	2	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	0	1	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>10</b>	<b>0</b>

Varicella Hospitalizations/Deaths 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	1	0
15-19	0	0	0	0	0	0	0	0	1	0	0
20-24	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	1	0	0	0	2	0
30-34	0	0	0	0	0	0	0	0	0	1	0
35-39	0	0	0	0	0	0	0	0	0	1	0
40-44	0	0	0	0	0	1	0	0	0	0	0
45-54	0	0	0	0	0	1	0	0	1	3	0
55-64	0	0	0	0	0	0	0	0	0	1	0
65+	0	0	0	0	0	0	0	0	0	1	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>10</b>	<b>0</b>



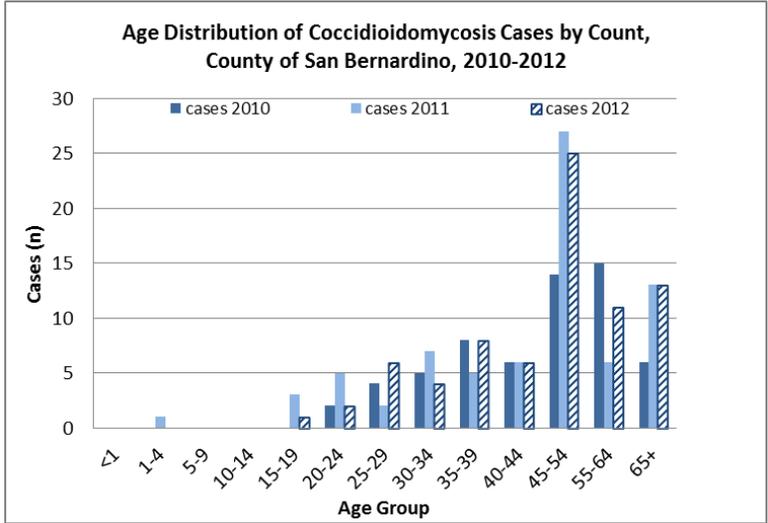
<sup>1</sup>Complete annual data for varicella hospitalizations/deaths was not available until 2004 in San Bernardino County and CA.

<sup>2</sup>Varicella became nationally notifiable again in 2003 after it was removed in 1981.

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

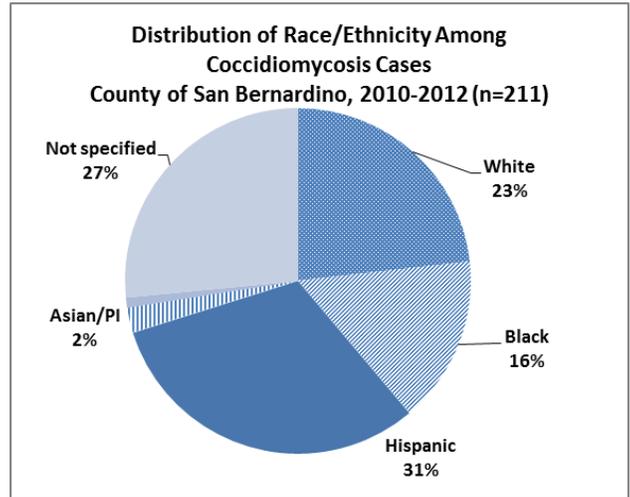
# COCCIDIOIDOMYCOSIS

**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/coccidioidomycosis/>



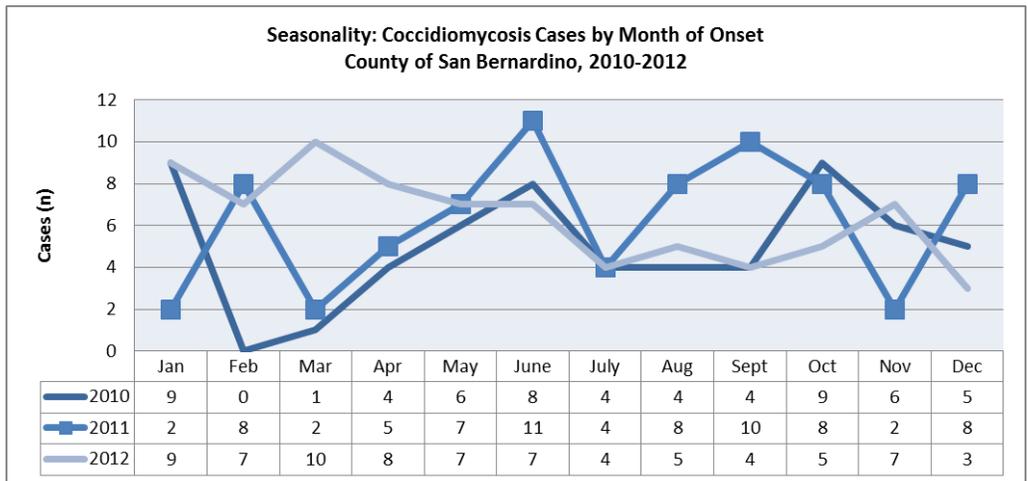
## 2010 - 2012 REVIEW

- 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. 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 31% of cases and Whites 23% of cases. Incidence was highest among Blacks/African-Americans who had 5.1-8.9 cases per 100,000 population in 2010-2012. By comparison, incidence in Whites ranged from 2.0-2.6 per 100,000 and Hispanics from 1.7-2.5 per 100,000.
- In 2011, approximately one-third of cases (n=24) occurred among institutionalized<sup>1</sup> residents of the County of San Bernardino. Incidence was also higher among institutionalized populations than in the rest of the community. These cases were likely exposed and infected in another jurisdiction.<sup>2</sup>
- 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.



<sup>1</sup> County of San Bernardino encompasses several local, state, and federal jails, prisons, and detention centers.

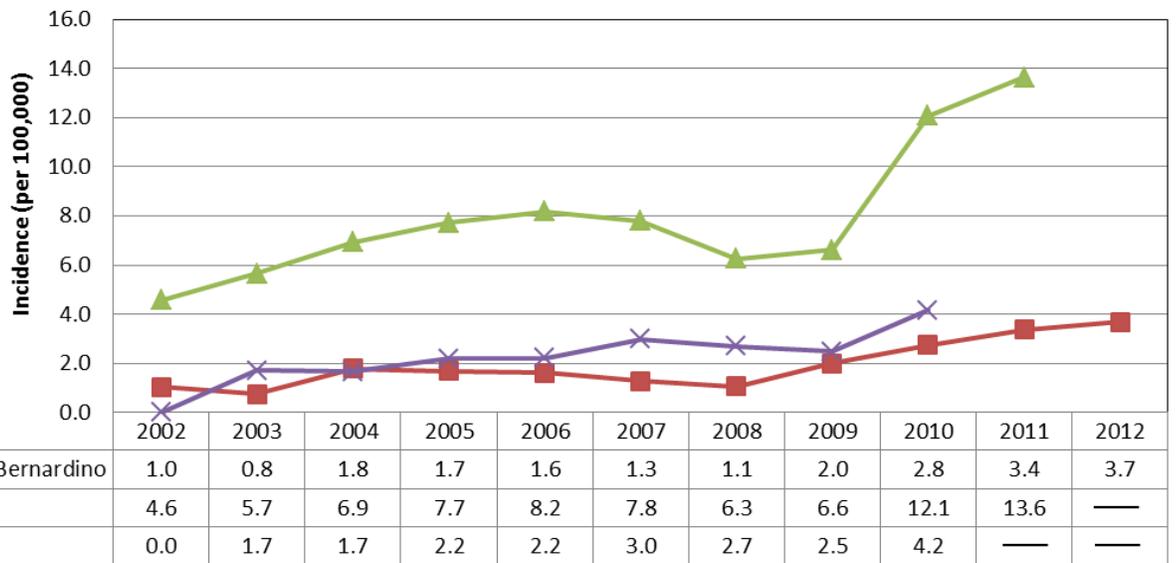
<sup>2</sup> Inmates in state prisons are screened upon entry to each facility to which they are transferred.

# COCCIDIOIDOMYCOSIS

Coccidioidomycosis Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	4	4	9	5	13	9	10	9	14	18	17
Black	5	0	9	7	3	5	2	5	8	9	16
Hispanic	3	1	4	11	11	7	6	10	17	25	24
Asian/PI	0	0	7	1	2	1	2	1	2	0	3
Native Am.	0	1	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	2
Not specified	7	8	5	9	3	4	2	17	19	23	14
<b>Total</b>	<b>19</b>	<b>14</b>	<b>34</b>	<b>33</b>	<b>32</b>	<b>26</b>	<b>22</b>	<b>42</b>	<b>60</b>	<b>75</b>	<b>76</b>

Coccidioidomycosis 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	1	0
5-9	0	0	1	0	0	0	0	1	0	0	0
10-14	0	0	0	1	0	0	0	3	0	0	0
15-19	1	0	0	2	1	0	1	1	0	3	1
20-24	2	0	1	2	3	0	1	2	2	5	2
25-29	0	2	3	2	1	3	2	1	4	2	6
30-34	0	4	3	1	1	3	1	3	5	7	4
35-39	1	1	3	2	4	3	2	1	8	5	8
40-44	0	2	6	9	3	0	1	5	6	6	6
45-54	8	2	5	5	8	10	7	9	14	27	25
55-64	4	1	6	7	7	5	5	9	15	6	11
65+	3	2	6	2	4	2	2	7	6	13	13
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>19</b>	<b>14</b>	<b>34</b>	<b>33</b>	<b>32</b>	<b>26</b>	<b>22</b>	<b>42</b>	<b>60</b>	<b>75</b>	<b>76</b>

Incidence Rates for Coccidiomycosis in the County of San Bernardino, California, and the United States, 2002-2012

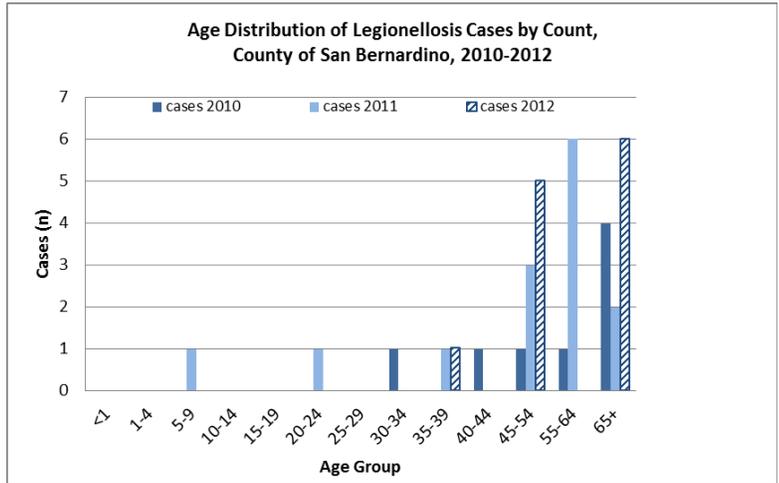


\*CA data for 2012 were not available at the time this report was published.

¶Coccidioidomycosis is not a nationally notifiable disease.

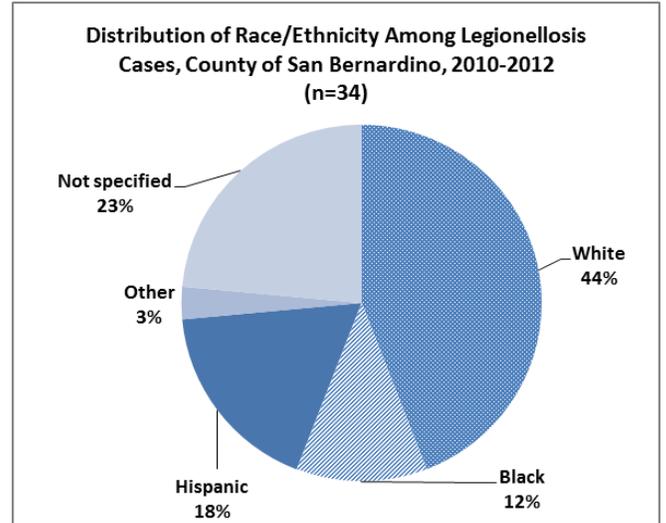
# LEGIONELLOSIS

**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.htm>



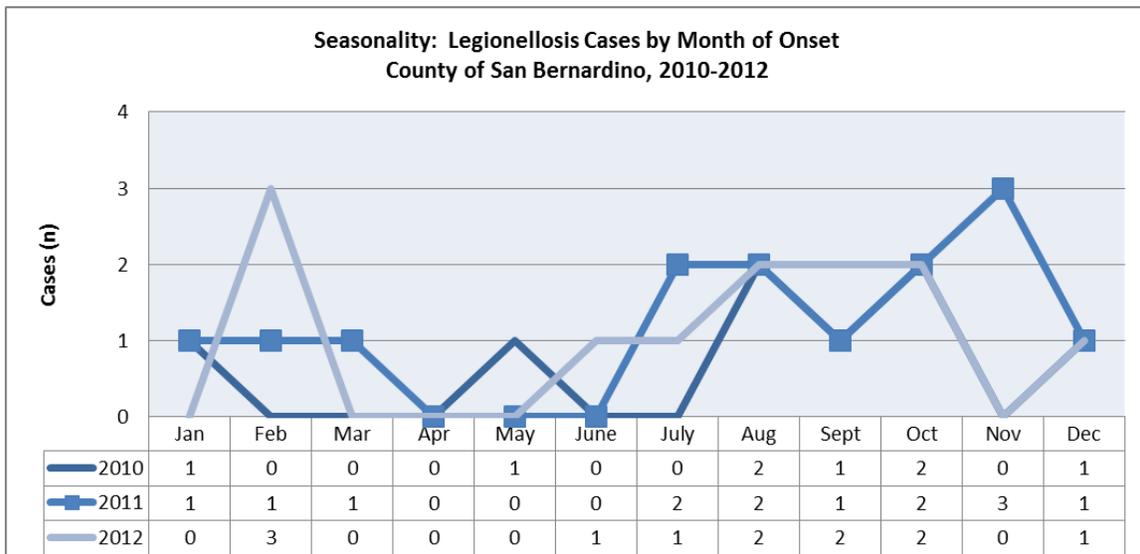
## 2010 - 2012 REVIEW

- Incidence in the County of San Bernardino is consistently lower than in California and the U.S.
- Incidence in the County of San Bernardino has increased each year since 2009 from 0.2 cases per 100,000 to 0.6 cases per 100,000 in 2012.
- The largest proportion of cases (82%) occurred in adults over 45 years of age.
- Whites (44%) and Hispanics (18%) comprised the largest proportions of cases. Whites had the highest incidence of cases in 2011 and 2012 of 1.3 cases per 100,000, respectively.
- Males (56%) and females (44%) comprised approximately equal proportions of cases.
- Incidence was higher in the late summer and early autumn months.



## PREVENTION

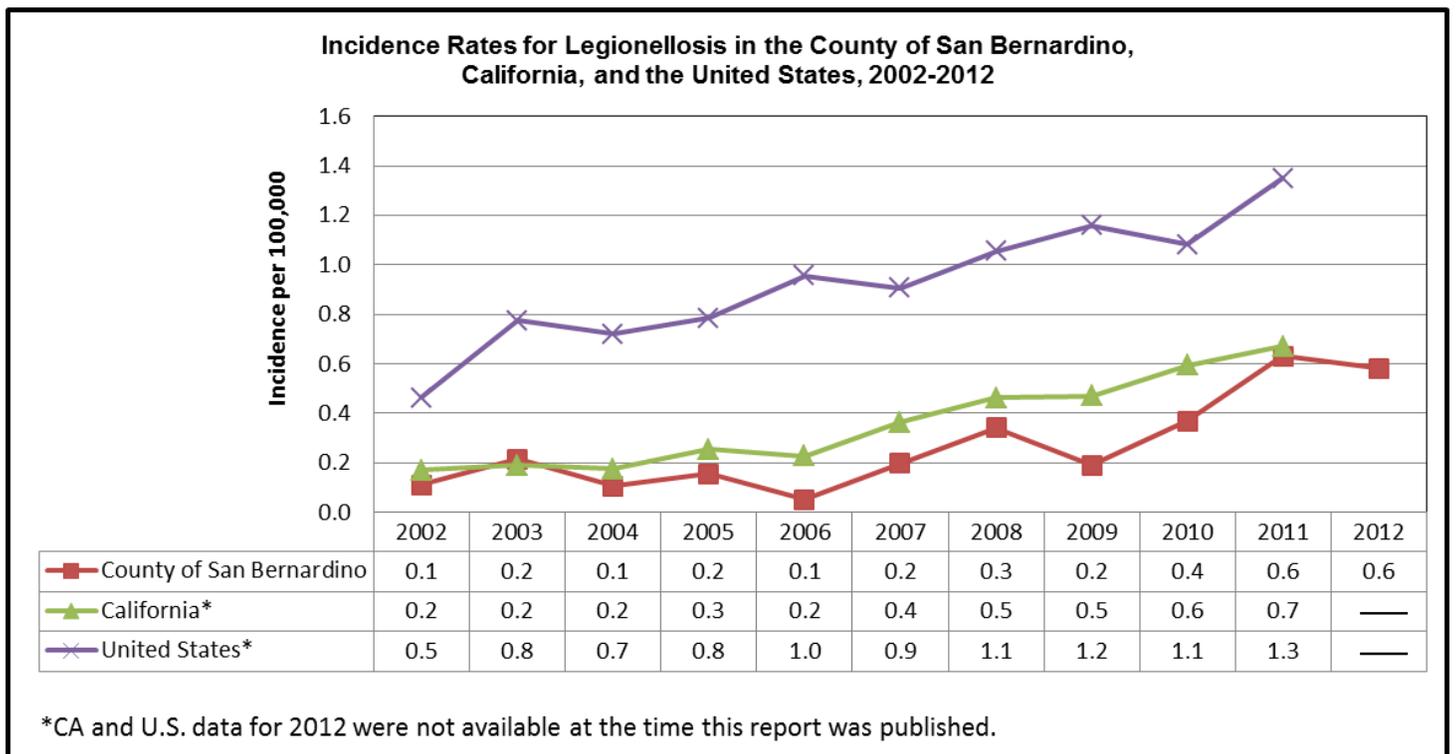
- Cooling towers should be drained when not in use and mechanically cleaned to remove scale and sediment.
- Appropriate water treatment chemicals should be used at appropriate levels and intervals to prohibit growth of *Legionella* in pools and spas.
- Tap water should not be used in respiratory therapy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



## LEGIONELLOSIS

Legionellosis Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	0	2	1	2	0	2	5	1	0	9	6
Black	1	1	0	1	0	0	0	2	0	4	0
Hispanic	1	0	0	0	1	2	1	0	4	1	1
Asian/PI	0	0	1	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	1
Not specified	0	1	0	0	0	0	1	1	4	0	4
<b>Total</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>14</b>	<b>12</b>

Legionellosis 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	1	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	0	1	0
25-29	0	0	0	0	1	0	0	1	0	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	0	1	1
40-44	1	0	0	0	0	0	0	0	1	0	0
45-54	1	0	1	2	0	2	1	2	1	3	5
55-64	0	2	0	0	0	1	2	1	1	6	0
65+	0	2	1	1	0	1	4	0	4	2	6
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>14</b>	<b>12</b>



# RABIES

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

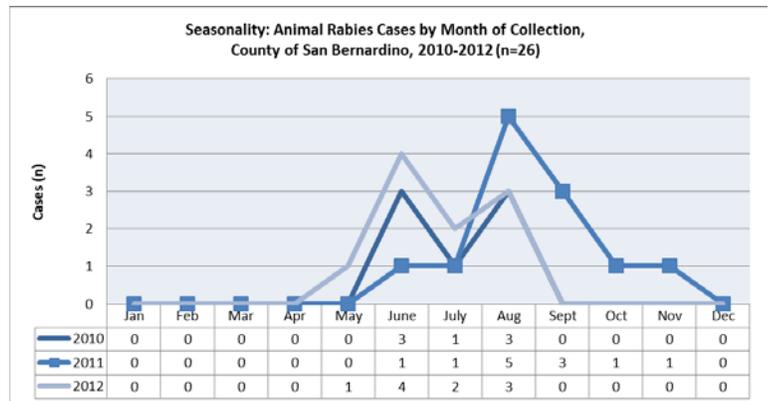
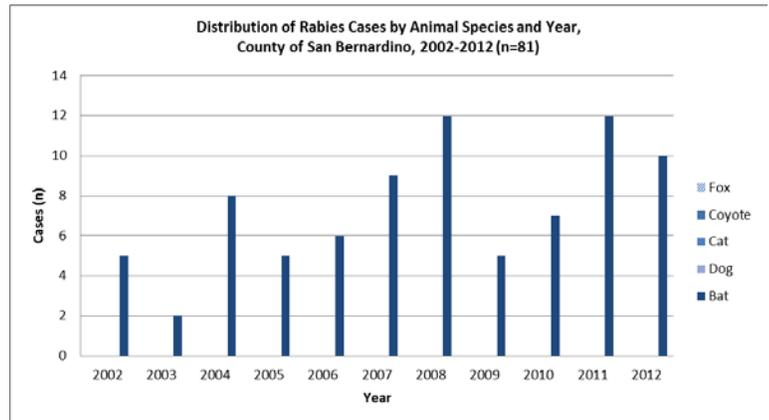
**Mode of Transmission:** through direct contact with infectious saliva or infected neurological tissue as in a bite or tear in the skin; possibly through airborne transmission as in bat caves or laboratories; rarely through organ donation

**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>



## 2010 - 2012 REVIEW

- 100% of rabid animals detected in San Bernardino County were bats.
- Most rabid bats were collected or found in the summer and early autumn months (June-October), 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 2008-2012.
- In San Bernardino County, the last rabid dog was detected in 1948, and the last rabid cat was identified in 1993.

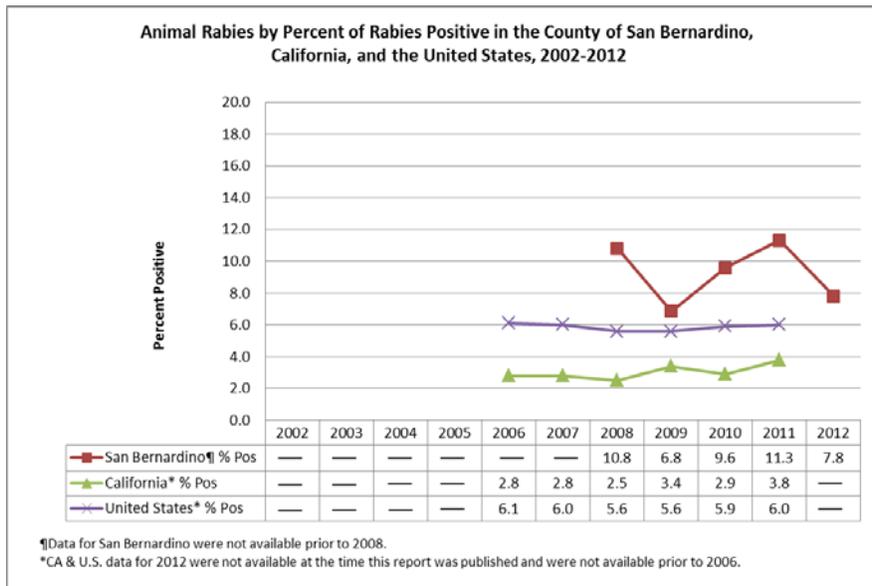
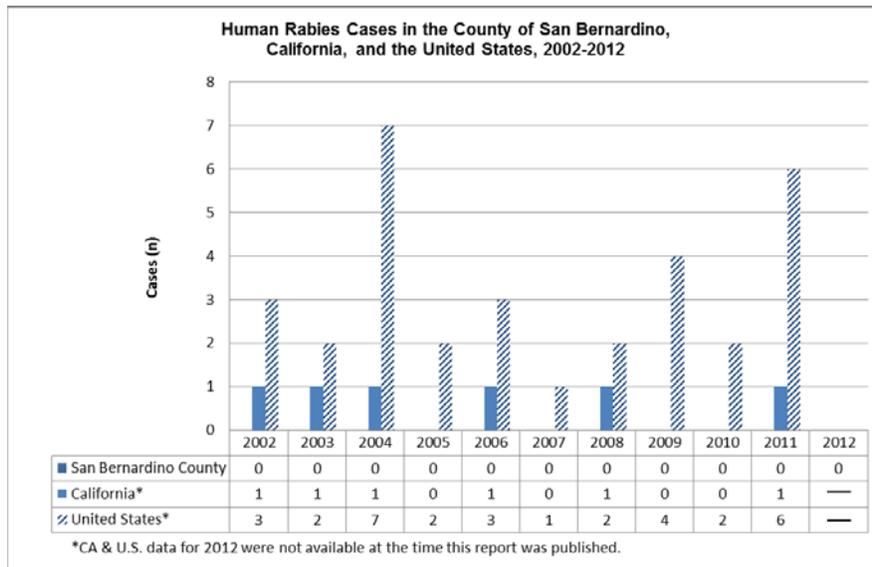
## PREVENTION

- 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 the wound;
  - 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, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
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
Bat	5	2	8	5	6	9	12	5	7	12	10
<b>Total</b>	<b>5</b>	<b>2</b>	<b>8</b>	<b>5</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>5</b>	<b>7</b>	<b>12</b>	<b>10</b>

Human Rabies Cases											
County of San Bernardino vs. State of California vs. United States 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
County of San Bernardino	0	0	0	0	0	0	0	0	0	0	0
California	1	1	1	0	1	0	1	0	0	1	-
United States*	3	2	7	2	3	1	2	4	2	6	-
<b>Total</b>	<b>4</b>	<b>3</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>0</b>



# 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

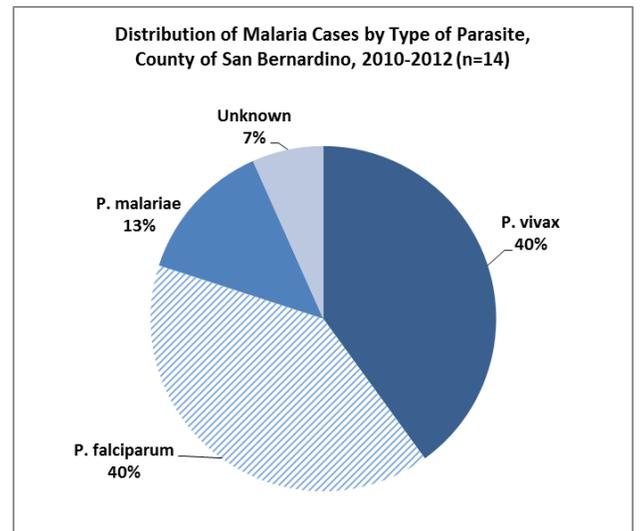
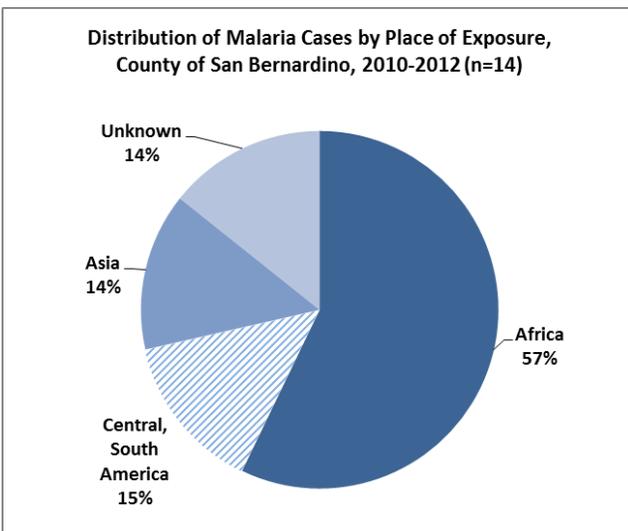
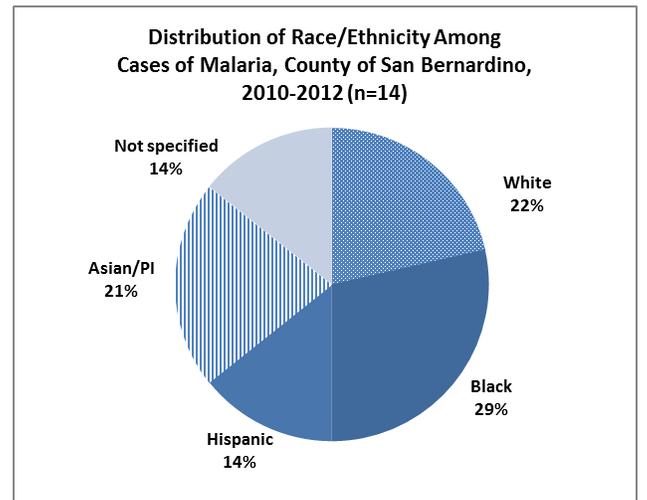
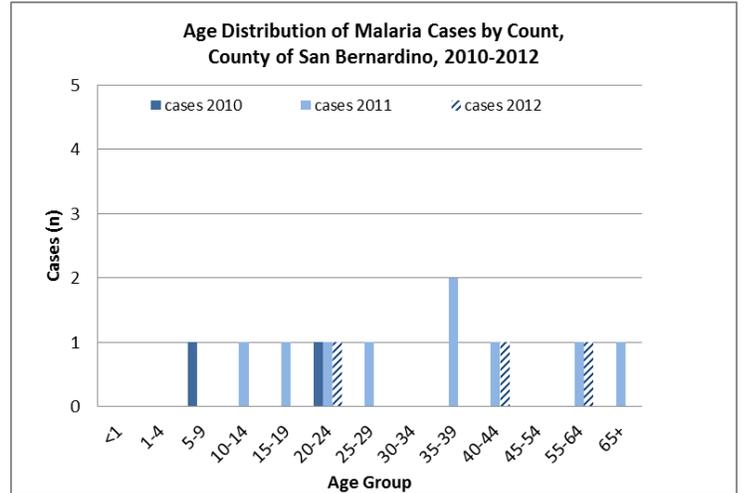
**For more information:** <http://www.cdc.gov/malaria/>

## 2010 - 2012 REVIEW

- Incidence in the County of San Bernardino (0.1 per 100,000) has been relatively low when compared to statewide and national incidence. In 2011, there was a slight increase in cases resulting in an incidence rate of 0.9 per 100,000.
- Median age was 25.5 years (range 5-78 years).
- Asians/Pacific Islanders (21%), Blacks/African Americans (29%), and Whites (22%) comprised the greatest proportions of cases.
- Cases occurred more frequently in males (71%).
- All cases reported recent travel to a malaria-endemic country or were infected with a form of malaria that can cause relapses. 57% (n=8) reported likely exposure in Africa.
- Forty percent of cases were infected with *P. vivax* and 40% of cases were infected with *P. falciparum*. One case was coinfecting with *P. vivax* and *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.

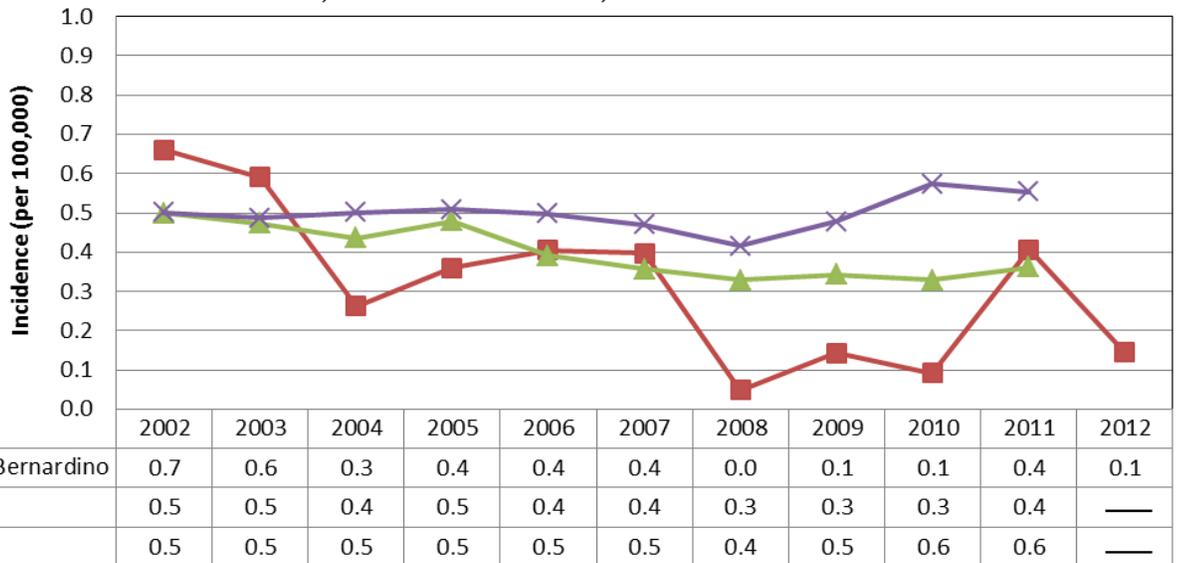


# MALARIA

Cases by Race/Ethnicity											
County of San Bernardino, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	1	1	1	0	2	3	0	1	0	2	1
Black	8	7	4	3	5	2	1	2	1	2	1
Hispanic	0	2	0	1	0	1	0	0	0	1	1
Asian/PI	3	0	0	3	1	0	0	0	0	3	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	1	0	0	0	2	0	0	1	1	0
<b>Total</b>	<b>12</b>	<b>11</b>	<b>5</b>	<b>7</b>	<b>8</b>	<b>8</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>9</b>	<b>3</b>

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	1	0	0	0	0	0	0	0	0	0	0
5-9	1	1	0	0	0	0	1	0	1	0	0
10-14	1	1	1	0	0	0	0	0	0	1	0
15-19	3	1	0	2	2	0	0	0	0	1	0
20-24	0	0	1	0	2	2	0	0	1	1	1
25-29	0	0	0	2	0	2	0	0	0	1	0
30-34	1	0	0	0	0	0	0	0	0	0	0
35-39	0	5	0	1	1	0	0	1	0	2	0
40-44	1	1	1	0	0	2	0	0	0	1	1
45-54	4	2	1	1	1	0	0	2	0	0	0
55-64	0	0	1	0	0	1	0	0	0	1	1
65+	0	0	0	1	2	1	0	0	0	1	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>12</b>	<b>11</b>	<b>5</b>	<b>7</b>	<b>8</b>	<b>8</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>9</b>	<b>3</b>

Incidence Rates for Malaria in the County of San Bernardino, California, and the United States, 2002-2012



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

# WEST NILE VIRUS

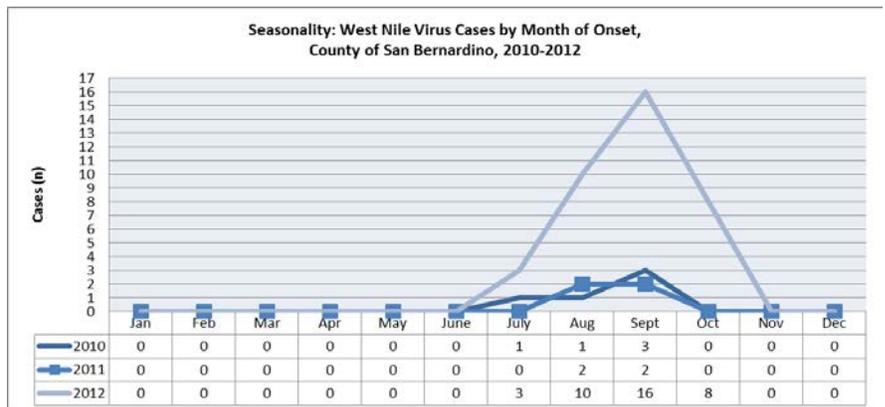
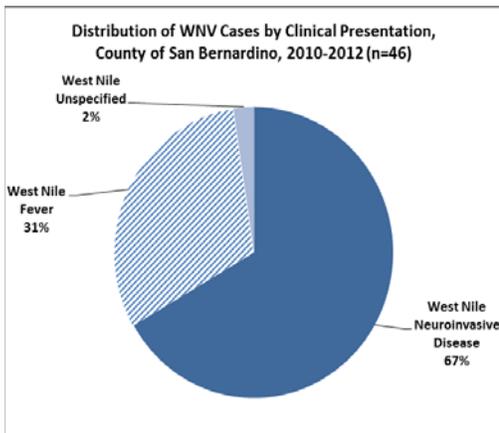
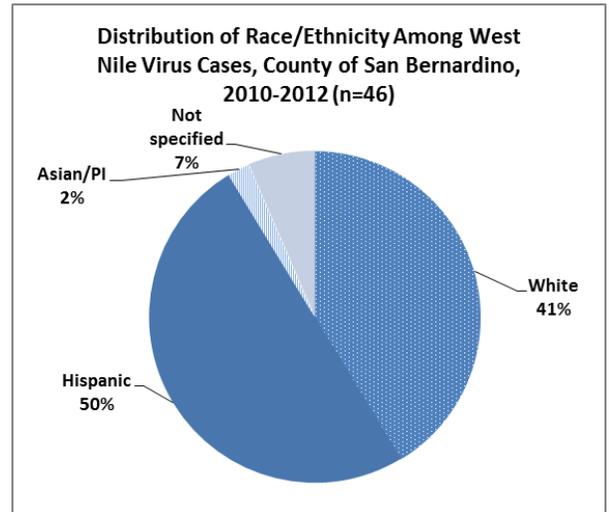
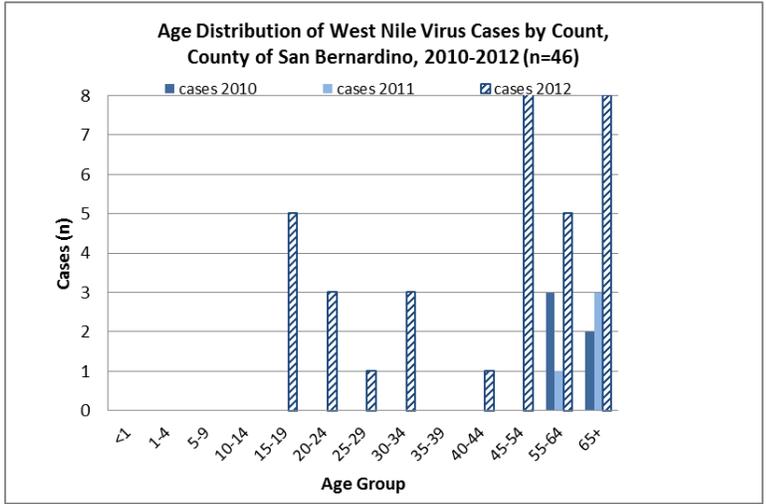
**Infectious Agent:** West Nile virus  
**Mode of Transmission:** through the bite of an infective mosquito which injects the virus into the blood  
**Incubation Period:** 2-14 days  
**Symptoms:** most infections are asymptomatic; fever, muscle aches, headache, diarrhea, vomiting, swollen lymph glands, 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>

## 2010 - 2012 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 (50%) and Whites (41%) comprised the greatest proportion of cases.
- Males (52%) and females (48%) comprised approximately equal proportions of cases.
- Cases occurred mainly in the late summer and early fall months, from July through October.
- 67% of cases had neuroinvasive disease (n=28).

## PREVENTION

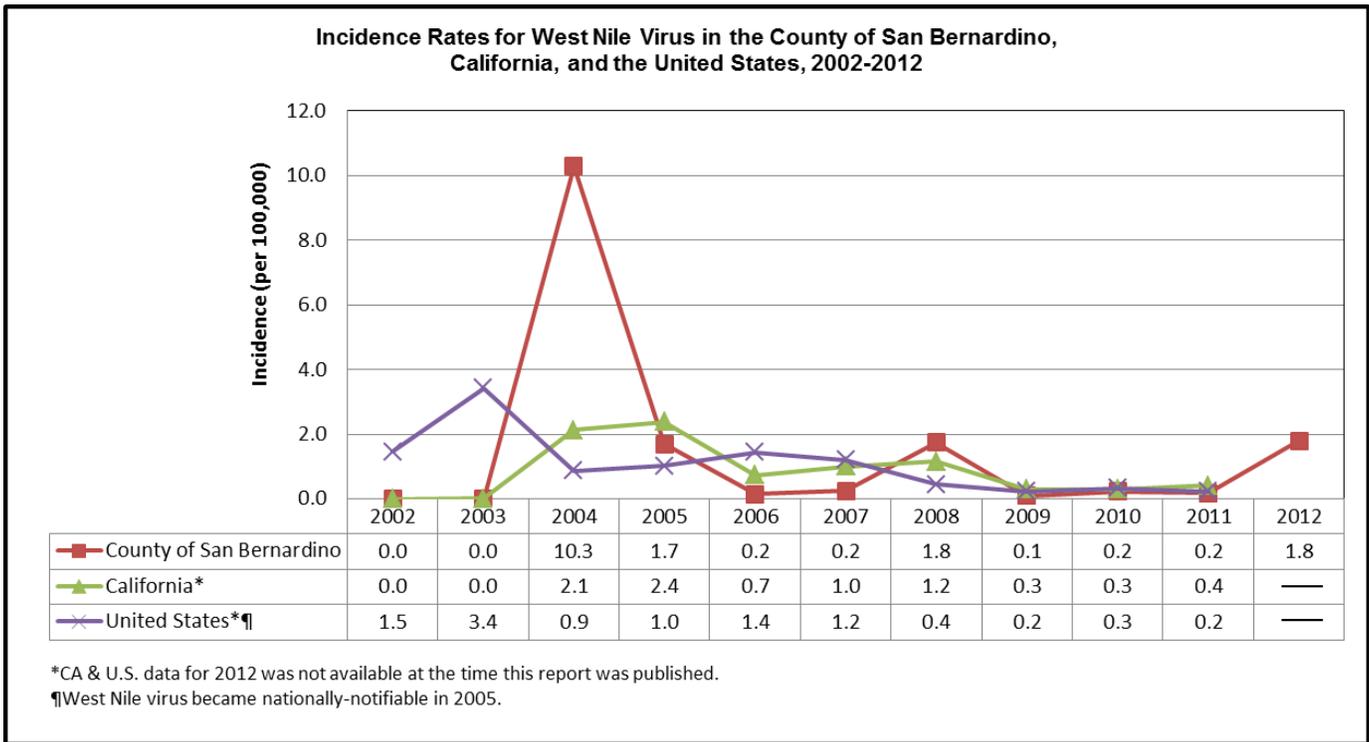
- Avoid spending time outside when mosquitoes are most active (dawn and dusk).
- Wear shoes, socks, long pants and long-sleeved shirts that are loose-fitting and light colored.
- Remove or drain all standing water around your property where mosquitoes lay eggs such as birdbaths, ponds, old tires, buckets, 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, 2002-2012											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	0	0	95	19	2	4	12	0	2	1	16
Black	0	0	3	1	0	0	0	0	0	0	0
Hispanic	0	0	53	7	1	0	18	1	3	2	18
Asian/PI	0	0	6	1	0	0	0	0	0	0	1
Native Am.	0	0	0	1	0	0	0	0	0	0	0
Other	0	0	0	1	0	0	0	0	0	0	0
Not specified	0	0	39	3	0	1	6	1	0	1	2
<b>Total</b>	<b>0</b>	<b>0</b>	<b>196</b>	<b>33</b>	<b>3</b>	<b>5</b>	<b>36</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>37</b>

West Nile Virus 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	1	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	1	0	0	0	0
10-14	0	0	4	0	1	0	0	0	0	0	0
15-19	0	0	9	0	0	0	2	0	0	0	5
20-24	0	0	6	1	0	0	1	0	0	0	3
25-29	0	0	10	0	0	0	1	0	0	0	1
30-34	0	0	6	2	1	0	4	0	0	0	3
35-39	0	0	11	5	0	0	2	0	0	0	0
40-44	0	0	19	2	0	0	5	0	0	0	1
45-54	0	0	57	12	0	1	8	1	0	0	11
55-64	0	0	32	4	1	1	6	0	3	1	5
65+	0	0	41	7	0	3	6	1	2	3	8
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>196</b>	<b>33</b>	<b>3</b>	<b>5</b>	<b>36</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>37</b>



## APPENDICES

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## APPENDIX A: HEALTHY PEOPLE 2020 PROGRESS REPORT

Comparison of Progress toward Healthy People 2020 Goals for Selected Diseases (1), County of San Bernardino and California

Reportable Disease	County of San Bernardino 2012 Reportable Disease Rate (3) per 100,000 population	California Reportable Disease Rate (2), (3) per 100,000 population	Healthy People 2020 Goal Per 100,000 population
AIDS in Adolescents and Adults	4.2	9.8	12.4
Campylobacteriosis	9.3*	18.0*	8.5
<i>E. coli</i> O157:H7 Infection	1.4*	0.5	0.6
<b>Gonorrhea</b>			
Females aged 15-44 years	96.6	33.0	251.9
Males aged 15-44 years	76.7	46.9	194.8
Hepatitis A	0.2	0.5*	0.3
Hepatitis B (Acute) in Adults	0.6	Data not available	1.5
Hepatitis C (Acute)	0.4*	0.1	0.25
Listeriosis	0 cases	0.3*	0.2
Meningococccal Infection	0.1	0.3	0.3
Pertussis (aged < 1 year)	20	Data not available	10% decrease
Salmonellosis	12.0*	10.5*	11.4
Syphilis, Congenital	0 cases	5.9	9.6
<b>Syphilis, Primary &amp; Secondary)</b>			
Females	0.2	0.6	1.3
Males	4.7	14.9*	6.7
Tuberculosis	2.5*	5.9*	1.0

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

(2) California 2012 data was only available for HIV/STD data at the time of this report.

(3) County 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.

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

## APPENDIX B: CALIFORNIA DEPARTMENT OF FINANCE POPULATION ESTIMATES

### COUNTY OF SAN BERNARDINO POPULATION BY RACE/ETHNICITY, SEX, AND AGE: 2010

Age	All Race / Ethnicity			White			Hispanic			Asian / Pacific Islander			Black			Native American		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
<1	30,261	15,441	14,820	6,765	3,461	3,304	18,536	9,453	9,083	1,339	705	634	2,385	1,214	1,171	79	38	
1-4	127,972	65,520	62,452	27,004	13,789	13,215	80,295	41,244	39,051	5,884	3,005	2,879	10,135	5,090	5,045	318	163	
5 - 9	157,322	80,749	76,573	33,465	17,372	16,093	98,176	50,257	47,919	7,687	3,960	3,727	12,648	6,422	6,226	436	227	
10 - 14	168,006	86,095	81,911	37,430	19,497	17,933	102,360	52,161	50,199	8,175	4,208	3,967	14,516	7,439	7,077	515	254	
15 - 19	179,876	92,604	87,272	44,887	23,350	21,537	104,303	53,413	50,890	8,453	4,412	4,041	16,809	8,731	8,078	649	328	
20 - 24	160,456	82,996	77,460	47,182	25,127	22,055	86,222	44,172	42,050	8,240	4,391	3,849	14,587	7,200	7,387	697	392	
25 - 29	146,605	74,196	72,409	44,172	22,838	21,334	77,351	39,018	38,333	9,511	4,655	4,856	12,155	6,021	6,134	626	340	
30 - 34	136,021	67,627	68,394	39,085	19,976	19,109	73,468	36,440	37,028	9,585	4,452	5,133	10,969	5,369	5,600	522	275	
35 - 39	134,837	66,206	68,631	38,202	19,278	18,924	72,837	35,691	37,146	10,580	4,858	5,722	10,612	5,110	5,502	529	280	
40 - 44	137,485	68,283	69,202	44,156	22,090	22,066	68,469	34,570	33,899	10,148	4,725	5,423	12,148	5,708	6,440	600	277	
45 - 54	277,445	136,323	141,122	116,252	58,031	58,221	110,551	54,794	55,757	19,863	8,999	10,864	25,569	12,036	13,533	1,510	731	
55 - 64	199,570	97,057	102,513	101,098	50,528	50,570	61,945	29,644	32,301	15,886	7,245	8,641	16,925	7,832	9,093	1,228	582	
65 +	182,667	80,296	102,371	105,162	47,033	58,129	48,742	20,886	27,856	12,806	5,464	7,342	13,144	5,707	7,437	951	451	
<b>Total</b>	<b>2,038,523</b>	<b>1,013,393</b>	<b>1,025,130</b>	<b>684,860</b>	<b>342,370</b>	<b>342,490</b>	<b>1,003,255</b>	<b>501,743</b>	<b>501,512</b>	<b>128,157</b>	<b>61,079</b>	<b>67,078</b>	<b>172,602</b>	<b>83,879</b>	<b>88,723</b>	<b>8,660</b>	<b>4,338</b>	<b>4,338</b>

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 OF SAN BERNARDINO POPULATION BY RACE/ETHNICITY, SEX, AND AGE: 2011

Age	All Race / Ethnicity			White			Hispanic			Asian / Pacific Islander			Black			Native American		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
<1	31,234	16,358	14,876	7,562	3,996	3,566	18,233	9,523	8,710	1,457	785	672	2,577	1,324	1,253	70	36	
1-4	125,382	64,139	61,243	26,999	13,779	13,220	78,041	40,094	37,947	5,671	2,902	2,769	9,986	5,004	4,982	310	160	
5 - 9	156,839	80,399	76,440	33,327	17,274	16,053	98,006	50,085	47,921	7,512	3,861	3,651	12,581	6,408	6,173	429	219	
10 - 14	164,279	84,248	80,031	36,445	18,944	17,501	100,092	51,120	48,972	8,125	4,181	3,944	14,162	7,223	6,939	491	244	
15 - 19	180,610	92,733	87,877	43,660	22,619	21,041	105,643	53,982	51,661	8,705	4,517	4,188	17,002	8,848	8,154	636	319	
20 - 24	162,756	84,350	78,406	47,258	25,241	22,017	88,174	45,149	43,025	7,863	4,214	3,649	15,025	7,522	7,503	707	392	
25 - 29	147,310	74,804	72,506	44,781	23,169	21,612	77,098	39,103	37,995	9,387	4,674	4,713	12,579	6,173	6,406	621	343	
30 - 34	137,988	68,979	69,009	40,489	20,801	19,688	73,500	36,697	36,803	9,482	4,420	5,062	11,453	5,601	5,852	545	279	
35 - 39	132,423	65,134	67,289	36,924	18,656	18,268	72,098	35,395	36,703	10,316	4,759	5,557	10,490	5,067	5,423	506	268	
40 - 44	138,397	68,387	70,010	43,517	21,810	21,707	69,549	34,759	34,790	10,355	4,802	5,553	12,307	5,773	6,534	597	283	
45 - 54	277,706	136,654	141,052	112,968	56,286	56,682	113,651	56,650	57,001	19,874	9,041	10,833	25,976	12,193	13,783	1,465	715	
55 - 64	209,025	101,458	107,567	104,607	52,220	52,387	65,741	31,460	34,281	16,590	7,534	9,056	18,180	8,343	9,837	1,292	617	
65 +	189,401	83,589	105,812	107,523	48,305	59,218	51,111	22,043	29,068	13,554	5,789	7,765	14,231	6,170	8,061	1,002	469	
<b>Total</b>	<b>2,053,350</b>	<b>1,021,232</b>	<b>1,032,118</b>	<b>686,060</b>	<b>343,100</b>	<b>342,960</b>	<b>1,010,937</b>	<b>506,060</b>	<b>504,877</b>	<b>128,891</b>	<b>61,479</b>	<b>67,412</b>	<b>176,549</b>	<b>85,649</b>	<b>90,900</b>	<b>8,671</b>	<b>4,344</b>	<b>4,344</b>

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 B: CALIFORNIA DEPARTMENT OF FINANCE POPULATION ESTIMATES

(CONTINUED)

### COUNTY OF SAN BERNARDINO POPULATION BY RACE/ETHNICITY, SEX, AND AGE: 2012

**County of San Bernardino Communicable Disease Report 2010-2012**

**Appendices**

Age	All Race / Ethnicity			White			Hispanic			Asian / Pacific Islander			Black			Native American		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
<1	31,488	16,491	14,997	7,448	3,935	3,513	18,495	9,658	8,837	1,674	902	772	2,700	1,388	1,312	109	56	5
1-4	123,610	63,545	60,065	27,761	14,301	13,460	75,429	38,884	36,545	5,559	2,875	2,684	9,987	5,024	4,963	299	156	1
5 - 9	157,273	80,616	76,657	33,607	17,352	16,255	98,170	50,224	47,946	7,366	3,788	3,578	12,613	6,434	6,179	424	214	2
10 - 14	160,345	82,190	78,155	35,571	18,458	17,113	97,835	49,968	47,867	7,820	4,027	3,793	13,737	6,988	6,749	467	235	2
15 - 19	180,231	92,433	87,798	42,296	21,899	20,397	106,308	54,246	52,062	8,775	4,549	4,226	17,200	8,942	8,258	608	304	3
20 - 24	164,437	85,302	79,135	47,315	25,191	22,124	89,776	46,091	43,685	7,463	4,004	3,459	15,213	7,672	7,541	697	377	3
25 - 29	148,118	75,579	72,539	45,341	23,627	21,714	77,268	39,317	37,951	8,901	4,504	4,397	13,036	6,381	6,655	650	367	2
30 - 34	139,280	69,864	69,416	41,744	21,443	20,301	73,236	36,771	36,465	9,249	4,363	4,886	11,839	5,782	6,057	564	288	2
35 - 39	131,457	64,750	66,707	36,835	18,640	18,195	71,432	35,082	36,350	9,908	4,609	5,299	10,650	5,147	5,503	493	256	2
40 - 44	137,720	67,971	69,749	42,345	21,245	21,100	69,998	34,876	35,122	10,431	4,792	5,639	12,228	5,784	6,444	590	287	3
45 - 54	276,583	136,117	140,466	109,179	54,332	54,847	116,478	58,184	58,294	19,502	8,884	10,618	26,136	12,217	13,919	1,422	693	7
55 - 64	215,934	104,637	111,297	106,340	52,958	53,382	69,313	33,265	36,048	16,936	7,667	9,269	19,320	8,777	10,543	1,328	640	6
65 +	198,541	88,098	110,443	111,774	50,572	61,202	53,833	23,305	30,528	14,327	6,162	8,165	15,419	6,682	8,737	1,068	497	5
<b>Total</b>	<b>2,065,016</b>	<b>1,027,593</b>	<b>1,037,423</b>	<b>687,555</b>	<b>343,952</b>	<b>343,603</b>	<b>1,017,571</b>	<b>509,871</b>	<b>507,700</b>	<b>127,912</b>	<b>61,126</b>	<b>66,786</b>	<b>180,077</b>	<b>87,218</b>	<b>92,859</b>	<b>8,718</b>	<b>4,370</b>	<b>44</b>

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/OAHIVRptgSP.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/OAHIVRptgSP.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/tOAHIVRptgSP.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](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 calendar 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/tOAHIVRptgSP.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 **not regular business hours** should be reported by telephone immediately, 24 hours a day. 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](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.crcal.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.
- STD 2008-2012 CDPH STD Branch. Cases and Rates, California Counties and Selected City Health Jurisdictions, 2008-2012, Provisional Data. Available at <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Chlamydia-Provisional-Tables.pdf>
- STD 2002-2007 *Sexually Transmitted Diseases in California, 2011*. California Department of Public Health, STD Control Branch, October 2012.
- Tuberculosis. Westenhouse, J., Cueva, C., Johnson, L., Kanowitz, S., Robsky, K., California Department of Public Health. Report on Tuberculosis in California, 2011. October 2012. .
- West Nile Virus Data: State of California (2010). *2004-2009 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, 4/23/2013.

#### **California**

- California Department of Public Health Office of AIDS. HIV/AIDS Surveillance in California. Retrieved from <http://www.cdph.ca.gov/data/statistics/Pages/OAHIVAIDSSStatistics.aspx>, 8/14/13.

#### **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*. (19<sup>th</sup> ed.). Washington, DC: American Public Health Association.