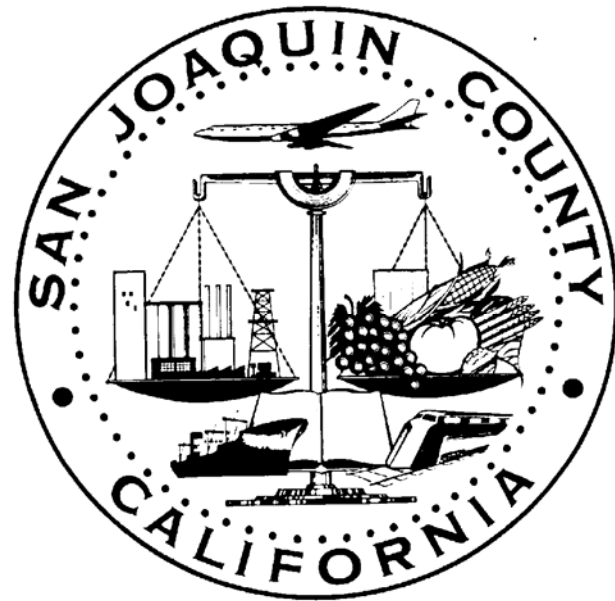


# San Joaquin County Public Health Services

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## Disease Control and Prevention Division



## Year-end Report 2005

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1601 East Hazelton, Stockton, CA 95205

**San Joaquin County Public Health Services**  
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**Disease Control and Prevention Division**

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The Disease Control and Prevention Division Quarterly Report is published as a public health service to health care professionals and interested persons by San Joaquin County Public Health Services.

*Please feel free to duplicate this report and share it with others who may benefit from its information.*

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**Epidemiologist**

**San Joaquin County Public Health Services**  
**Cases of Selected Communicable Diseases**  
**Reported to California Department of Health Services**

DISEASE	2004					2005				
	1 <sup>st</sup> qtr.	2 <sup>nd</sup> qtr.	3 <sup>rd</sup> qtr.	4 <sup>th</sup> qtr.	2004 Total	1 <sup>st</sup> qtr.	2 <sup>nd</sup> qtr.	3 <sup>rd</sup> qtr.	4 <sup>th</sup> qtr.	Total thru week 52
<b><i>Vaccine Preventable Diseases</i></b>										
Haemophilus Influenzae type B	1	0	0	1	2	0	0	0	0	0
Hepatitis A	0	8	2	7	17	9	5	7	10	31
Hepatitis B, acute	1	14	4	11	30	2	3	2	4	11
Measles	0	0	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0	0	0
Pertussis	2	2	0	10	14	0	4	2	7	13
Rubella	0	0	0	0	0	0	0	0	0	0
<b><i>Sexually Transmitted Diseases</i></b>										
AIDS	13	12	12	18	55	14*	8	12*	5	39
Chlamydia Infection	639	714	637	642	2632	650*	700*	701*	747	2798
Gonococcal Infection	170	234	199	230	833	190	173*	194*	200	757
HIV infection	27	20	17	12	76	15*	15*	14	8	52
Syphilis (primary, secondary, early latent)	9	3	2	0	14	1*	1	3	1	6
<b><i>Enteric Bacterial Diseases</i></b>										
Campylobacteriosis	34	44	37	37	152	34	47	43	26	150
Escherichia coli O157:H7	0	0	4	7	11	0	1	5	3	9
Salmonellosis	10	20	24	37	91	13	10	20	37	80
Shigellosis	1	3	3	7	14	4	5	11	19	39
Typhoid Fever	0	1	0	0	1	0	0	0	1	1
<b><i>Vector-Borne Diseases</i></b>										
Lyme Disease	0	0	0	0	0	0	0	0	2	2
Malaria	0	0	0	0	0	1	1	0	1	3
West Nile Virus	0	0	1	2	3	0	0	36	0	36
<b><i>Other</i></b>										
Amebiasis	0	0	0	1	1	0	0	1	2	3
Botulism	0	0	0	2	2	0	0	0	0	0
Brucellosis	0	1	0	1	2	0	0	0	1	1
Coccidioidomycosis	3	6	4	15	28	0	2	1	17	20
Encephalitis, Viral	0	3	0	0	3	1	0	0	0	1
Giardiasis	21	17	26	19	83	27	18	24	25	94
Hepatitis C, chronic	187	236	216	333	972	302	243	191	229	965
Legionellosis	0	0	0	1	1	0	0	0	0	0
Leprosy (Hansen's Disease)	0	0	0	2	2	0	0	0	0	0
Listeriosis	0	0	1	1	2	0	0	0	0	0
Meningitis, Viral	3	3	1	12	19	1	0	3	6	10
Meningococcal Infections	2	5	0	2	9	2	1	1	3	7
Q fever	0	0	0	0	0	0	2	3	0	5
Rabies – animal (Lab confirmed)	0	1	2	4	7	2	2	2	1	7
Tuberculosis	0	12	23	30	65	3	10	11	39	63
Vibrio Infections	0	0	0	2	2	0	0	2	1	3
Yersiniosis	1	1	0	2	4	4	0	3	7	14

**\*Amended numbers; sexually transmitted disease and HIV/AIDS numbers are not consistent with previous quarterly reports due to periodic updates of the databases.**

## Summary of West Nile Virus in San Joaquin County in 2005

The 2005 West Nile Virus season saw widespread activity throughout the county in birds, sentinel chickens, mosquito viral testing sites, horses, and humans. Table 1 below shows the total number of surveillance entities in 2005 compared to the 2004 season.

**Table 1. WNV surveillance entities in San Joaquin County, 2004-2005**

SURVEILLANCE ENTITY	NUMBER IN 2005	NUMBER IN 2004
<b>HUMAN CASES</b>	36	3
<b>HORSE CASES</b>	19	19
<b>POSITIVE DEAD BIRDS</b>	31	59
<b>POSITIVE SENTINEL CHICKEN SITES</b>	6	2
<b>POSITIVE MOSQUITO VIRAL TESTING SITES</b>	20	2
<b>REPORTED DEAD BIRDS</b>	4210	1293

### **Detailed Information: Human Infections**

Of the 36 cases of West Nile infection in San Joaquin County in 2005, 17 of the cases were female (47.2%). Three cases (8.3%) were from the North part of the county, 22 (61.1%) were from the Central area of the county, and 11 (30.6%) were from the South part of the county. Ages ranged from 7 to 86, with the median age being 48. According to the categories that the county used for reporting, there were 2 cases (5.6%) under 18, 24 (66.7%) cases between 18 and 65, and 10 (27.8%) cases greater than 65 years old. The majority of cases (n=25, 69.4%) were White, 25% (n=9) of the cases were Hispanic, and 2 (5.6%) were of Unknown race/ethnicity. Twenty-four cases (66.7%) had West Nile Fever, 10 (27.8%) had neuroinvasive disease and 2 (5.6%) were asymptomatic. Table 2 at the bottom of the page shows the most common symptoms for cases with West Nile Fever (WNF) compared to those diagnosed with West Nile neuroinvasive disease (WNND). Eleven cases (30.6%) were hospitalized and one case (2.8%) was fatal.

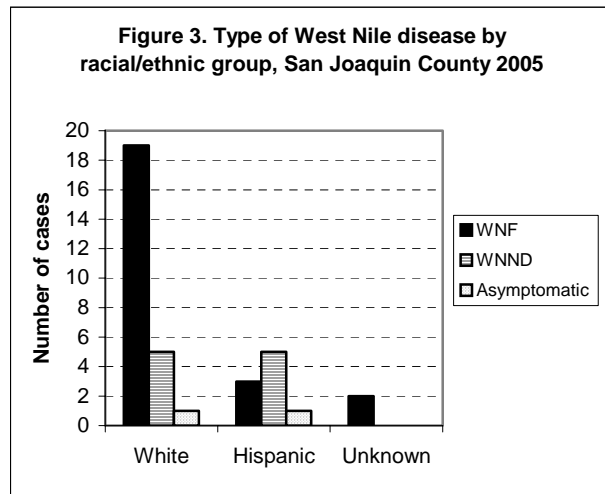
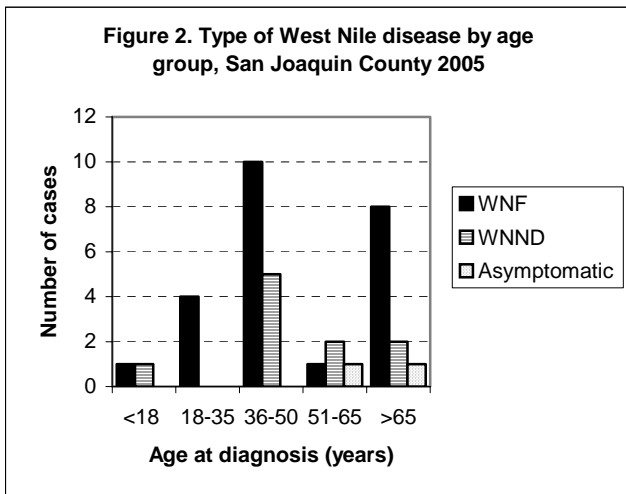
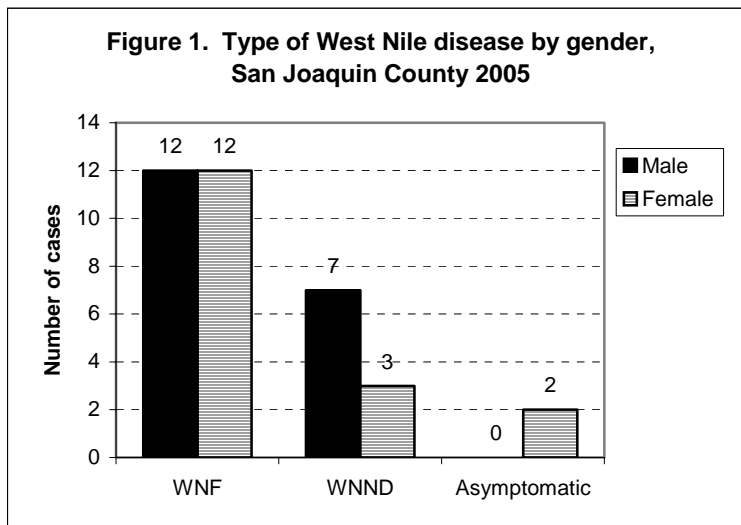
Twenty-one individuals (58.3%) stated that they had noticed mosquito bites or had a history of them. Twenty cases (55.6%) stated that they had outdoor activity in the 4 weeks prior to onset. However, only 14 (38.9%) had done something to avoid mosquito bites such as wear repellent, or drain standing water.

**Table 2. Symptoms of WNF and WNND human cases in San Joaquin County, 2005**

WNF n=24		WNND n=10	
Symptom	N (%)	Symptom	N (%)
Muscle weakness	23 (95.8)	Febrile illness	10 (100)
Headache	20 (83.3)	Headache	8 (80)
Febrile illness	17 (70.8)	Muscle weakness	8 (80)
Stiff neck	16 (66.7)	Aseptic meningitis	6 (60)
Rash	12 (50)	Stiff neck	6 (60)
Altered consciousness	2 (8.3)	Acute flaccid paralysis	3 (30)
		Rash	3 (30)
		Altered consciousness	2 (20)
		Encephalitis	1 (10)

**Risk Factor Associations:**

Figure 1 shows the type of West Nile disease by gender. Although, there were no significant associations, more males were diagnosed with WNND. Figure 2 shows the distribution of disease type by age category. Evaluating the age demographic revealed that there was no significant difference in the mean age for each disease type. All but one WNND was diagnosed in individuals over the age of 43. Finally, Figure 3 shows the distribution of disease type by racial/ethnic group. Proportionally, more Hispanics were diagnosed with WNND (5/9 cases, 55.6%) than Whites (5/25 cases, 20%). There was no overall significant association between type of disease and racial/ethnic group. In 2005, the case history form collected data on pre-existing medical conditions. Fourteen cases (38.9%) had a pre-existing medical condition (either hypertension or diabetes or both). Of these 14, 3 cases had only diabetes, 7 cases only had hypertension, and 4 cases had both. Taking into consideration underlying disease conditions, there was no significant association between hypertension and WNND over all ages. However, there was a significant association between diabetes and WNND ( $p=0.049$ ) over all age groups. Therefore, diabetes was a significant risk factor for WNND in San Joaquin County during the 2005 season. Data from the California Department of Health Services has also found the same association statewide. There was not enough information on type of diabetes to do a more detailed analysis.





## TOP 10 REPORTED DISEASES IN SAN JOAQUIN COUNTY IN 2005

DISEASE	# OF CASES IN 2005	RATE OF CASES IN 2005 <sup>1</sup>	# OF CASES IN 2004	RATE OF CASES IN 2004 <sup>1</sup>	RANK IN 2005	RANK IN 2004
<b>CHLAMYDIA</b>	<b>2798</b>	<b>428.3</b>	<b>2632</b>	<b>417.4</b>	<b>1</b>	<b>1</b>
<b>CHRONIC HEPATITIS C</b>	<b>965</b>	<b>147.7</b>	<b>972</b>	<b>154.1</b>	<b>2</b>	<b>2</b>
<b>GONORRHEA</b>	<b>757</b>	<b>115.9</b>	<b>833</b>	<b>132.1</b>	<b>3</b>	<b>3</b>
<b>CHRONIC HEPATITIS B</b>	<b>177</b>	<b>27.1</b>	<b>188</b>	<b>29.8</b>	<b>4</b>	<b>4</b>
<b>CAMPYLOBACTERIOSIS</b>	<b>150</b>	<b>23.0</b>	<b>152</b>	<b>24.1</b>	<b>5</b>	<b>5</b>
<b>GIARDIASIS</b>	<b>94</b>	<b>14.4</b>	<b>83</b>	<b>13.2</b>	<b>6</b>	<b>7</b>
<b>SALMONELLOSIS</b>	<b>80</b>	<b>12.2</b>	<b>91</b>	<b>14.4</b>	<b>7</b>	<b>6</b>
<b>TUBERCULOSIS</b>	<b>63</b>	<b>9.6</b>	<b>65</b>	<b>10.3</b>	<b>8</b>	<b>9</b>
<b>HIV INFECTION</b>	<b>52</b>	<b>8.0</b>	<b>76</b>	<b>12.1</b>	<b>9</b>	<b>8</b>
<b>AIDS<sup>2</sup></b>	<b>39</b>	<b>6.0</b>	<b>55</b>	<b>8.7</b>	<b>10</b>	<b>10</b>
<b>SHIGELLOSIS<sup>2</sup></b>	<b>39</b>	<b>6.0</b>	<b>14</b>	<b>2.2</b>	<b>10</b>	<b>15</b>

The following pages of this report will be dedicated to a statistical breakdown of these diseases by sex, race/ethnicity, age, and where available, more detailed epidemiological information. Additionally, graphs of the number of cases and the case rate per 100,000 population from 1995-2005 will be displayed, except for HIV infection<sup>3</sup> and chronic hepatitis C<sup>4</sup>.

<sup>1</sup>Rate per 100,000 population

<sup>2</sup>There was a tie for the tenth most reported disease in San Joaquin County in 2005.

<sup>3</sup>HIV reporting began in California on July 1, 2002.

<sup>4</sup>Reporting of chronic hepatitis C cases as such, and not as non-A, non-B hepatitis, began in 1997.

## **Trends in the Top 10 Reported Diseases in San Joaquin County in 2005\***

For year 2005, **chlamydia** maintained the position it held in 2004 as the most reported disease in San Joaquin County. As occurred in 2004, both the number of cases and the case rate for chlamydia increased in 2005. The greatest number of infections were reported in females and individuals 15-24 years old. The rate for females in this age group was 2698.9 per 100,000 population, or, 1 out of every 37 women aged 15-24 was infected.

Both the number and rate of **chronic hepatitis C** cases decreased in 2005 after increasing in 2004. However, this disease continued to maintain its position as the 2<sup>nd</sup> most reported disease in San Joaquin County. The percentage of cases reported in incarcerated individuals was 27.3%, which is slightly higher than the percentage reported in 2004 (26.9%).

The third most reported disease in San Joaquin County in 2005 was **gonorrhea**. After seeing a significant increase in both the number of cases and the case rate in 2004, both the case number and rate decreased in 2005. Despite this decrease, the number of cases and the case rate in 2005 were still the second highest for the period from 1995-2005. This is partially due to the continued increased reporting of cases in the 1<sup>st</sup> quarter of 2005 that appeared to be associated with methamphetamine use, as had occurred in 2004.

As in 2004, **chronic hepatitis B** was again the 4<sup>th</sup> most reported disease in San Joaquin County. Chronic hepatitis B had been on an increasing trend in San Joaquin County from 1998-2002, but the number of cases and case rate has decreased since 2003. Vaccination of infants and adolescents will continue to decrease this rate over time.

**Campylobacteriosis** was the fifth most reported disease in San Joaquin County in 2005. After seeing an increase in cases from 2003 to 2004, both the campylobacteriosis case number and rate decreased in 2005. There were a steady number of cases reported throughout the year, with a peak in the month of June.

**Giardiasis** jumped to the 6<sup>th</sup> most reported disease in San Joaquin County in 2005, up from the 7<sup>th</sup> most reported disease in 2004. The increase in giardiasis cases was due to the screening of new refugees coming into the county. These refugees accounted for 27 of the 94 (28.7%) of the cases reported in 2005.

**Salmonellosis** fell to the 7<sup>th</sup> most reported disease in 2005 after rising to 6<sup>th</sup> in 2004. This decrease in cases resulted in the 2<sup>nd</sup> lowest case rate for the time period from 1995-2005. The number of cases peaked in July, and the most common serotypes reported were Typhimurium and Enteritidis.

**Tuberculosis** was the 8<sup>th</sup> most reported disease in 2005 even though the number of cases and case rate continued a decreasing trend that began in 2004. The largest percentage (54.0%) of cases were in Asians, followed by Hispanics (36.5%).

**HIV infection** dropped from the 8<sup>th</sup> most reported disease in San Joaquin County in 2004 to the 9<sup>th</sup> most reported disease in 2005. The highest percentage of HIV cases reported in 2005 occurred in the following risk categories: whites, males, individuals aged 30-39, and men who have sex with men (MSM). Compared to their proportion of San Joaquin County's population, African-Americans were disproportionately affected.

**AIDS** was tied for the 10<sup>th</sup> most reported disease in 2005, the same rank this disease held in 2004. The largest percentage of AIDS cases reported in 2005 occurred in individuals who acquired the disease through heterosexual contact and in MSM. Whites, males, and individuals aged 30-49 were the other demographic categories most affected.

**Shigellosis** was tied with AIDS for the 10<sup>th</sup> most reported disease in 2005; it was only the 15<sup>th</sup> most reported disease in 2004. Both the number of cases and case rate increased in 2005 after being at the lowest level of the 1995-2005 time period in 2004. The majority of the cases were reported in Hispanics (69.2%), with a peak in cases occurring in the month of August.

**\*Note: The trend data discussed in this document are analyzed and displayed by date of report, not by date of diagnosis.**

# Chlamydia

## San Joaquin County Cases in 2005

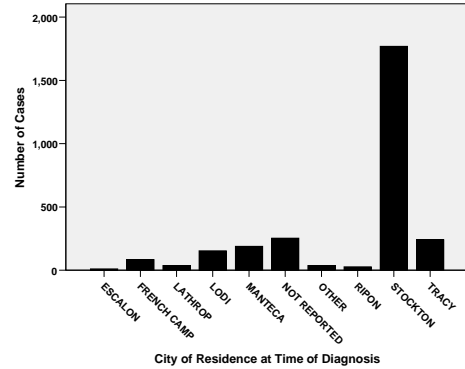
(N = 2798 cases)<sup>1</sup>

- ❖ **Signs/Symptoms:** In women, initial symptoms usually include an abnormal vaginal discharge and a burning sensation when urinating. Untreated chlamydia in females can lead to pelvic inflammatory disease and infertility. Men with symptoms generally have a discharge from the penis and a burning sensation when urinating. Men might also have burning and itching around the opening of the penis or pain and swelling in the testicles. It is important to note, however, that approximately ¾ of infected females and ½ of infected males have no symptoms.
- ❖ **Incubation Period:** If symptoms do occur, they usually appear within 1 to 3 weeks of exposure.
- ❖ **Risk Groups:** Sexually active men and women, especially sexually active teenagers and young adults (ages 15-24). Also, babies whose mothers are infected.
- ❖ **Transmission:** Chlamydia can be transmitted during vaginal, oral, or anal sex. Chlamydia can also be passed from an infected mother to her newborn during vaginal childbirth.

SEX	# OF CASES	% OF CASES
Male	811	29.0%
Female	1987	71.0%

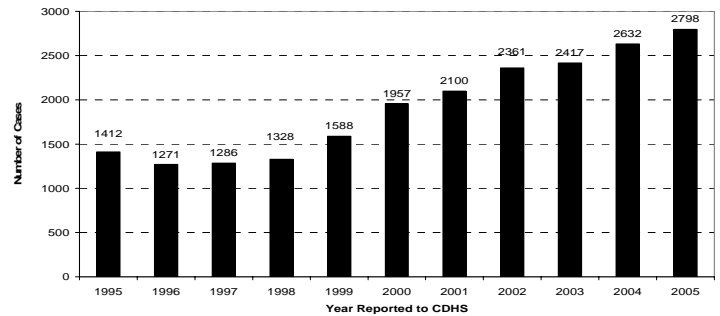
AGE GROUP	# OF CASES	% OF CASES
0 – 4	0	0.0%
5 – 9	0	0.0%
10 – 14	33	1.2%
15 – 19	1032	36.9%
20 – 24	966	34.5%
25 - 29	423	15.1%
30 – 34	169	6.0%
35 – 39	80	2.9%
40 – 44	36	1.3%
45 – 54	31	1.1%
55 – 64	5	0.2%
65+	2	0.1%
Not Reported	21	0.8%

RACE/ETHNICITY	# OF CASES	% OF CASES
White, Non-Hispanic	268	9.6%
Hispanic	515	18.4%
African-American	341	12.2%
Asian/Pacific Islander	120	4.3%
AI/AN <sup>2</sup>	11	0.4%
Multi-race	3	0.1%
Not Reported	1540	55.0%

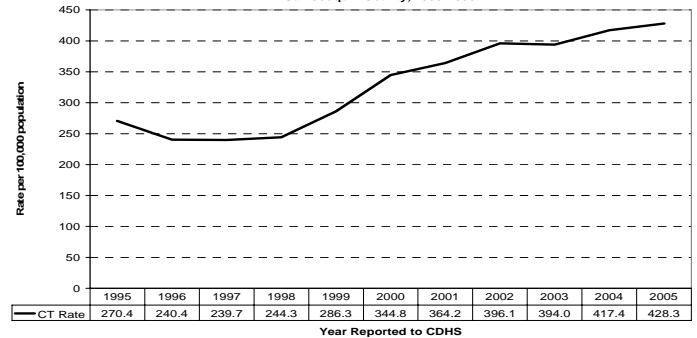


## Chlamydia – Trend Graphs

**CHLAMYDIA CASES**  
San Joaquin County, 1995-2005



**Chlamydia Rate**  
San Joaquin County, 1995-2005



### Sources:

Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention, Division of Sexually Transmitted Diseases Prevention, available at: [http://www.cdc.gov/nchstp/dstd/Fact\\_Sheets/FactsChlamydiaInfo.htm](http://www.cdc.gov/nchstp/dstd/Fact_Sheets/FactsChlamydiaInfo.htm)

<sup>1</sup> Data includes chlamydia PID cases

<sup>2</sup> American Indian/Alaskan Native

# Chronic Hepatitis C

## San Joaquin County Cases in 2005

(N =965 cases)

- ❖ **Background Information:** An estimated 3.9 million Americans (1.8%) have been infected with the hepatitis C virus (HCV), of whom 2.7 million are chronically infected. Chronic infection may persist for up to 20 years before the onset of cirrhosis or liver cancer; about half of individuals chronically infected will develop cirrhosis or liver cancer. Most infections with HCV are due to injection drug use.
- ❖ **Risk Groups:** Include injection drug users, recipients of clotting factors made before 1987 & blood and/or solid organs before 1992, hemodialysis patients, individuals with multiple sex partners, individuals with a sex partner infected with HCV, and healthcare workers due to needlesticks.
- ❖ **Transmission:** HCV is primarily spread by direct contact with blood. Sexual transmission has been documented to occur, but is far less efficient or frequent.

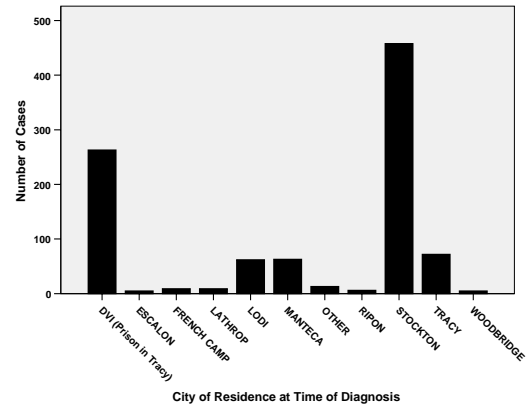
SEX	# OF CASES	% OF CASES
Male	694	71.9%
Female	270	28.0%
Not Reported	1	0.1%

RACE/ETHNICITY	# OF CASES	% OF CASES
White, Non-Hispanic	283	29.3%
Hispanic	193	20.0%
African-American	110	11.4%
Asian/Pacific Islander	23	2.4%
AI/AN <sup>1</sup>	2	0.2%
Other	17	1.8%
Not Reported	337	34.9%

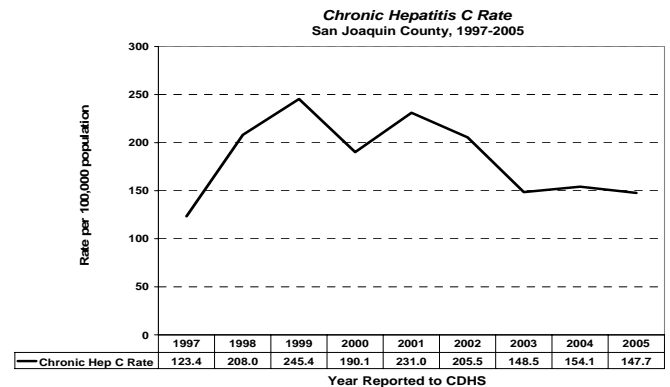
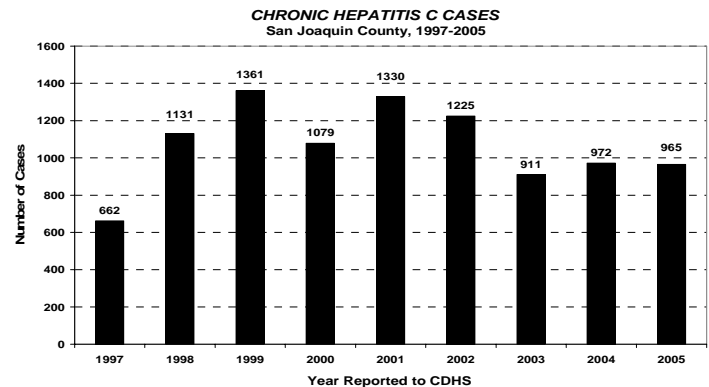
### AGE STATISTICS

MEAN AGE	46 years
MINIMUM AGE	3 months
MAXIMUM AGE	86 years

SEX	Incarcerated at time of diagnosis	
	YES	NO
MALE	263	431
FEMALE	0	270
UNKNOWN	0	1
TOTAL	263	702



### Chronic Hepatitis C – Trend Graphs



#### Sources:

Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Viral Hepatitis, available at: <http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm>  
Control of Communicable Diseases Manual, 17<sup>th</sup> edition, 2000.

<sup>1</sup>American Indian/Alaskan Native

# Gonorrhea

## San Joaquin County Cases in 2005

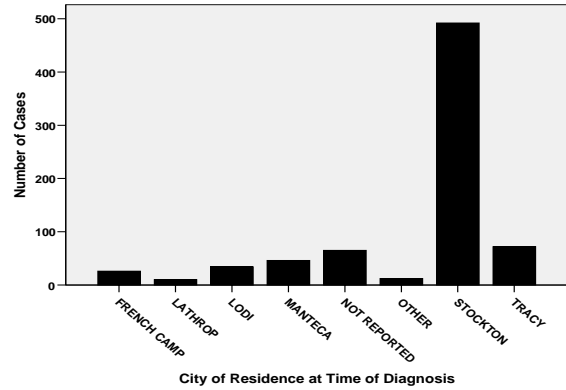
(N = 757 cases)<sup>1</sup>

- ❖ **Signs/Symptoms:** The initial symptoms in females include a painful or burning sensation when urinating, and a vaginal discharge that is yellow or occasionally bloody. Untreated gonorrhea in females can lead to pelvic inflammatory disease. In men, symptoms include a burning sensation when urinating, a yellowish white discharge from the penis, and sometimes painful or swollen testicles. Many gonorrhea infections are asymptomatic.
- ❖ **Incubation Period:** Usually 2-7 days.
- ❖ **Risk Groups:** Any sexually active person; in the U.S., approximately 75% of all reported gonorrhea is found in persons aged 15 to 29 years. Also, babies of infected mothers.
- ❖ **Transmission:** By contact with secretions from mucous membranes of infected people, almost always as a result of sexual activity (vaginal, oral, or anal). Gonorrhea can also be spread from mother to child during birth.

SEX	# OF CASES	% OF CASES
Male	370	48.9%
Female	387	51.1%

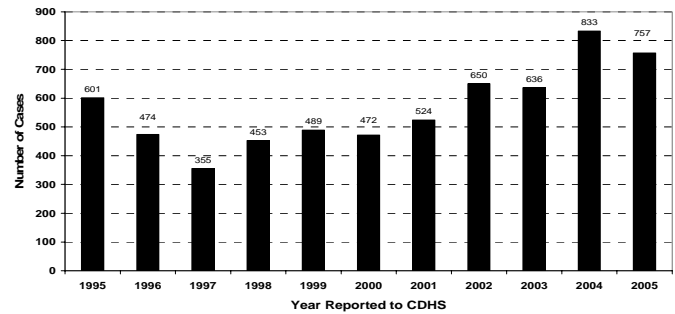
AGE GROUP	# OF CASES	% OF CASES
0 – 4	0	0.0%
5 – 9	0	0.0%
10 – 14	8	1.1%
15 – 19	184	24.3%
20 – 24	241	31.8%
25 - 29	130	17.2%
30 – 34	75	9.9%
35 – 39	51	6.7%
40 – 44	31	4.1%
45 – 54	26	3.4%
55 – 64	4	0.5%
65+	1	0.1%
Not Reported	6	0.8%

RACE/ETHNICITY	# OF CASES	% OF CASES
White, Non-Hispanic	84	11.1%
Hispanic	101	13.3%
African-American	121	16.0%
Asian/Pacific Islander	14	1.8%
AI/AN <sup>2</sup>	2	0.3%
Not Reported	435	57.5%

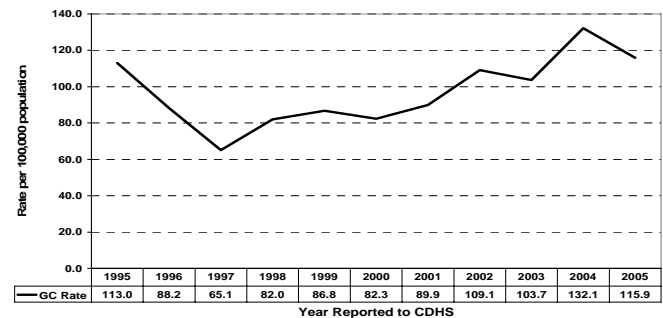


## Gonorrhea – Trend Graphs

GONORRHEA CASES  
San Joaquin County, 1995-2005



Gonorrhea Rate  
San Joaquin County, 1995-2005



### Sources:

Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention, Division of Sexually Transmitted Diseases Prevention, available at:

[http://www.cdc.gov/nchstp/dstd/Fact\\_Sheets/FactsGonorrhea.htm](http://www.cdc.gov/nchstp/dstd/Fact_Sheets/FactsGonorrhea.htm)

Control of Communicable Diseases Manual, 17<sup>th</sup> edition, 2000.

<sup>1</sup> Data includes gonorrhea PID cases

<sup>2</sup> American Indian/Alaskan Native

# Chronic Hepatitis B

## San Joaquin County Cases in 2005

(N =177 cases)

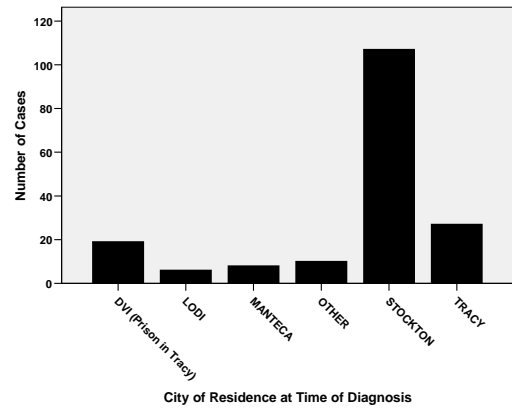
- ❖ **Background Information:** Chronic hepatitis B occurs in 90% of infants infected with the hepatitis B virus at birth, in 20-50% of children infected between ages 1-5 years, and in 1-10% of persons infected after age 5 years.
- ❖ **Risk Groups:** Include injection drug users, sex contacts of infected individuals, household contacts of chronically infected persons, infants born to infected mothers, hemodialysis patients, and immigrants from areas with high rates of chronic hepatitis B such as Asia.
- ❖ **Transmission:** Major modes of transmission include through sexual contact, injecting drug use, perinatal transmission from mother to infant, and household contact with an infected individual.
- ❖ **Prevention:** Hepatitis B vaccination of infants and adolescents will result in the decrease of cases over time. All pregnant women should be tested for hepatitis B so that the baby can be immunized if the mother tests positive.

SEX	# OF CASES	% OF CASES
Male	93	52.5%
Female	84	47.5%

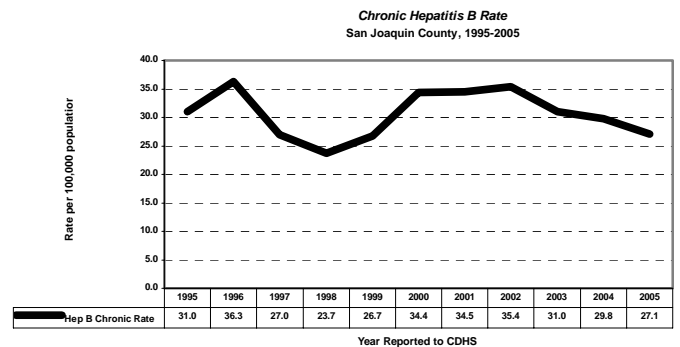
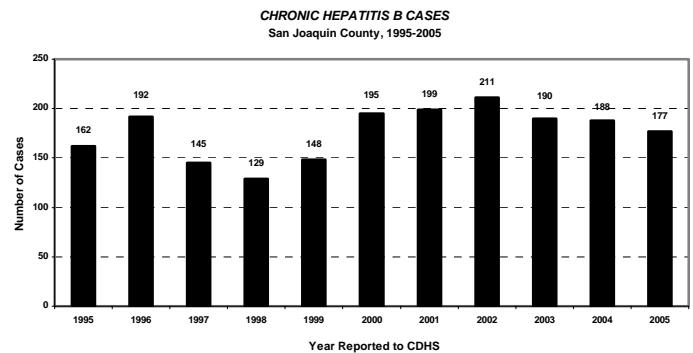
RACE/ETHNICITY	# OF CASES	% OF CASES
White, Non-Hispanic	12	6.8%
Hispanic	15	8.5%
African-American	4	2.3%
Asian/Pacific Islander	69	39.0%
AI/AN <sup>1</sup>	0	0.0%
Other	0	0.0%
Not Reported	77	43.5%

### AGE STATISTICS

MEAN AGE	38 years
MINIMUM AGE	12 years
MAXIMUM AGE	83 years



### Chronic Hepatitis B – Trend Graphs



#### Sources:

Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Viral Hepatitis, available at: <http://www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm>  
Control of Communicable Diseases Manual, 17th edition, 2000.

<sup>1</sup>American Indian/Alaskan Native

# Campylobacteriosis

## San Joaquin County Cases in 2005

(N = 150 cases)

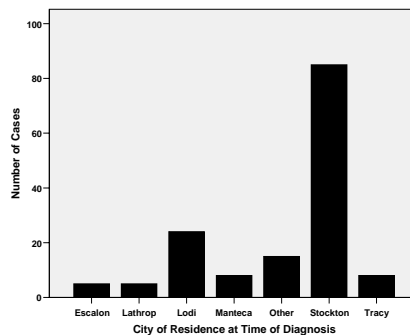
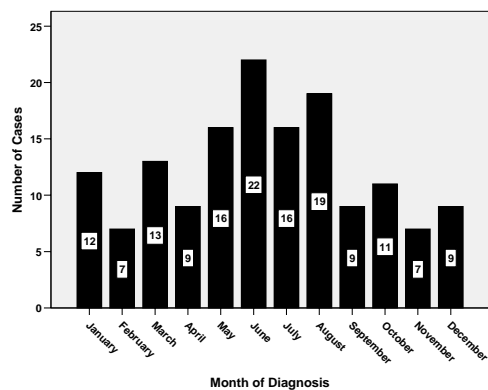
- ❖ **Signs/Symptoms:** Fever, abdominal cramps, diarrhea (often bloody), nausea, vomiting, reactive arthritis, and Guillain-Barré syndrome.
- ❖ **Incubation Period:** Usually 2 to 5 days, with a range of 1-10 days, depending on dose ingested.
- ❖ **Risk Groups:** Infants and young adults are most likely to be infected.
- ❖ **Transmission:** Through contaminated food (particularly poultry), especially as a result of cross contamination when preparing meals at home. Also through contaminated water and contact with infected animals (particularly kittens & puppies).

SEX	# OF CASES	% OF CASES
Male	77	51.3%
Female	73	48.7%

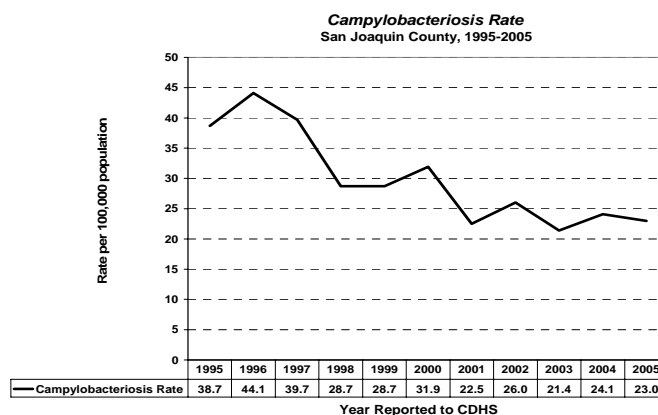
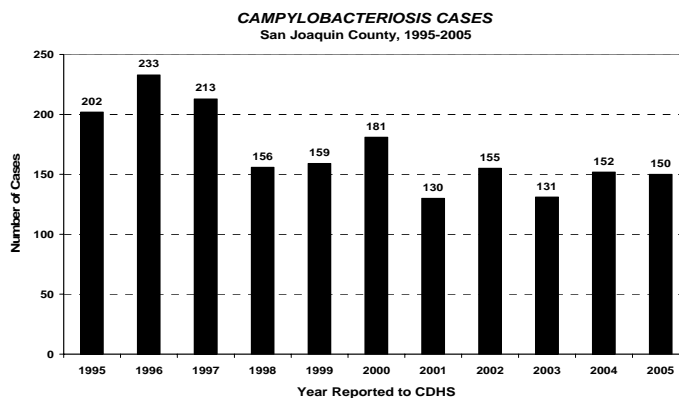
RACE/ETHNICITY	# OF CASES	% OF CASES
White, non-Hispanic	13	8.7%
Hispanic	38	25.3%
African-American	0	0.0%
Asian/Pacific Islander	4	2.7%
AI/AN <sup>1</sup>	0	0.0%
Other	2	1.3%
Not Reported	93	62.0%

### AGE STATISTICS

MEAN AGE	30 years
MINIMUM AGE	18 days
MAXIMUM AGE	83 years



### Campylobacteriosis – Trend Graphs



#### Sources:

Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases, available at:

[http://www.cdc.gov/ncidod/dbmd/diseaseinfo/campylobacter\\_t.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/campylobacter_t.htm)

Control of Communicable Diseases Manual, 17<sup>th</sup> edition, 2000.

<sup>1</sup>American Indian/Alaskan Native

# Giardiasis

## San Joaquin County Cases in 2005 (N = 94 cases)

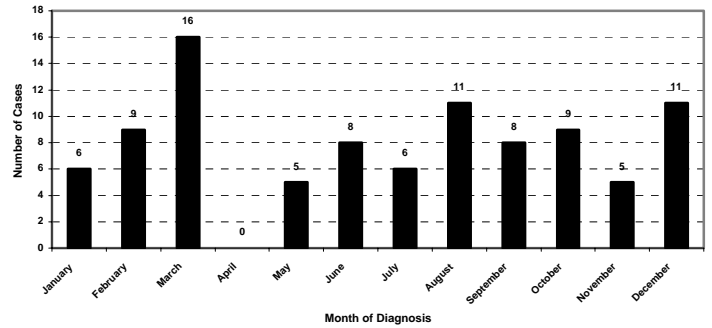
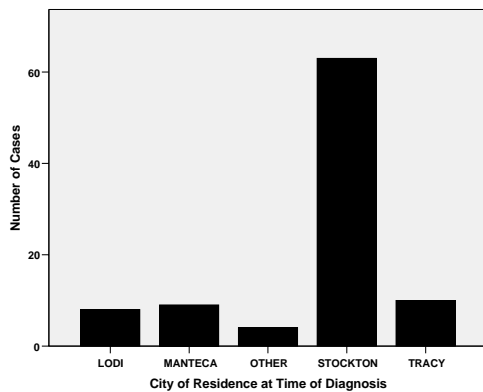
- ❖ **Signs/Symptoms:** Chronic diarrhea, abdominal cramps, bloating, frequent loose and pale greasy stools, fatigue, and weight loss.
- ❖ **Incubation Period:** Usually 3-25 days or longer; median is 7-10 days.
- ❖ **Risk Groups:** Child care workers, children who attend day care centers, international travelers, hikers, campers, and swimmers.
- ❖ **Transmission:** Person-to-person via the fecal-oral route, through ingestion of contaminated food and water, and through anal/oral intercourse.

SEX	# OF CASES	% OF CASES
Male	56	59.6%
Female	38	40.4%

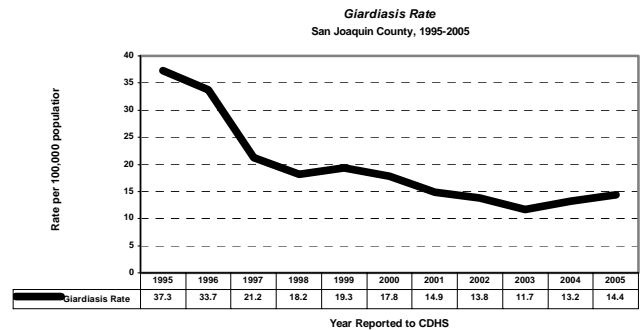
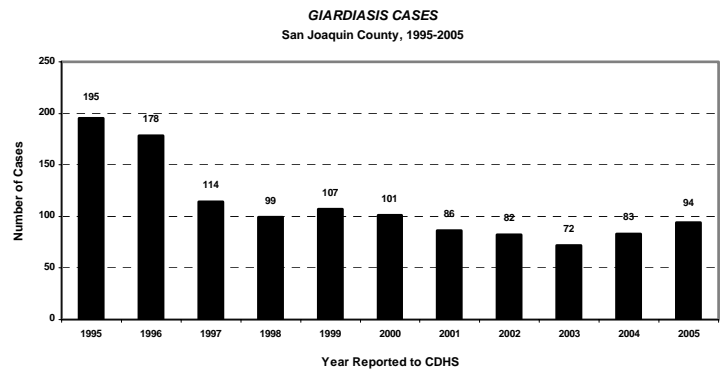
RACE/ETHNICITY	# OF CASES	% OF CASES
White, Non-Hispanic	3	3.2%
Hispanic	23	24.5%
African-American	0	0.0%
Asian/Pacific Islander	29	30.9%
AI/AN <sup>1</sup>	0	0.0%
Other	0	0.0%
Not Reported	39	41.5%

### AGE STATISTICS

MEAN AGE	17 years
MINIMUM AGE	1 year
MAXIMUM AGE	77 years



### Giardiasis – Trend Graphs



#### Sources:

Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Parasitic Diseases, available at:

[http://www.cdc.gov/ncidod/dpd/parasites/giardiasis/factsheet\\_giardia.htm](http://www.cdc.gov/ncidod/dpd/parasites/giardiasis/factsheet_giardia.htm)

Control of Communicable Diseases Manual, 17<sup>th</sup> edition, 2000.

<sup>1</sup>American Indian/Alaskan Native

# Salmonellosis

## San Joaquin County Cases in 2005

(N = 80 cases)

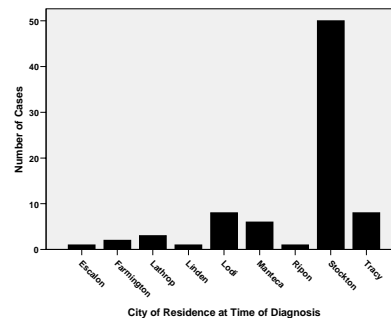
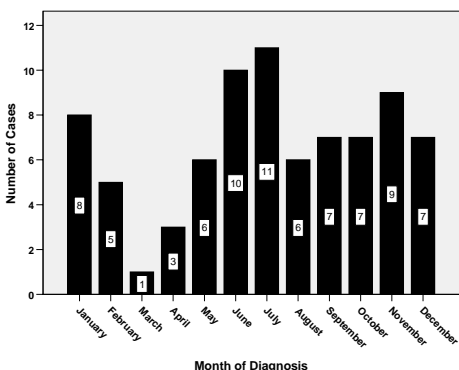
- ❖ **Signs/Symptoms:** Fever, diarrhea (sometimes bloody), abdominal cramps, nausea, headache, and sometimes vomiting.
- ❖ **Incubation Period:** From 6 to 72 hours, usually about 12-36 hours.
- ❖ **Risk Groups:** Groups at greatest risk for severe or complicated disease include infants, the elderly, and persons with compromised immune systems.
- ❖ **Transmission:** Through ingestion of contaminated food and water, or contact with infected animals. Also, person-to-person via the fecal-oral route. Outbreaks have been associated with the consumption of cheese made from raw milk, especially queso fresco sold by door-to-door street vendors and at flea markets.

SEX	# OF CASES	% OF CASES
Male	48	60.0%
Female	32	40.0%

RACE/ETHNICITY	# OF CASES	% OF CASES
White, Non-Hispanic	20	25.0%
Hispanic	41	51.3%
African-American	8	10.0%
Asian/Pacific Islander	9	11.3%
AI/AN <sup>1</sup>	0	0.0%
Not Reported	2	2.5%

### AGE STATISTICS

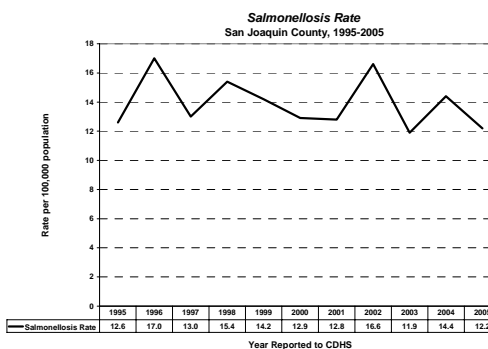
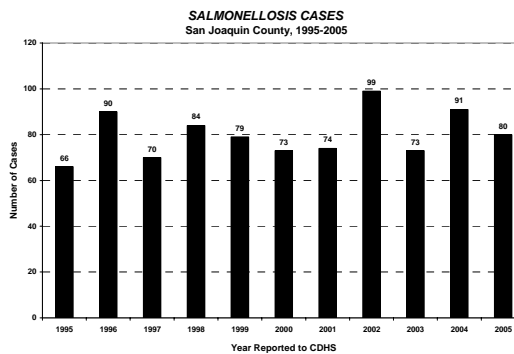
MEAN AGE	21 years
MINIMUM AGE	3 months
MAXIMUM AGE	85 years



### 5 Most Common Serotypes of Year 2005 Salmonellosis Cases in San Joaquin County

SEROTYPE	NUMBER OF CASES	PERCENT OF CASES
Typhimurium	19	23.8%
Enteritidis	7	8.8%
Heidelberg	5	6.3%
Newport	5	6.3%
Paratyphi	5	6.3%

### Salmonellosis – Trend Graphs



#### Sources:

Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases, available at:

[http://www.cdc.gov/ncidod/dbmd/diseaseinfo/salmonellosis\\_t.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/salmonellosis_t.htm)

Control of Communicable Diseases Manual, 17<sup>th</sup> edition, 2000.

<sup>1</sup>American Indian/Alaskan Native

# Tuberculosis

## San Joaquin County Cases in 2005 (N = 63 cases)

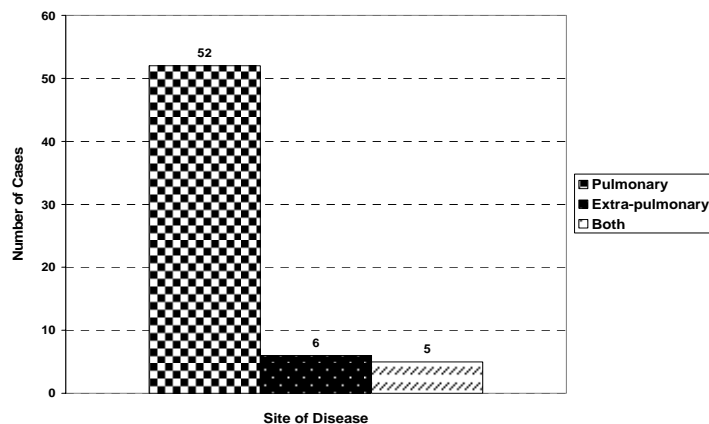
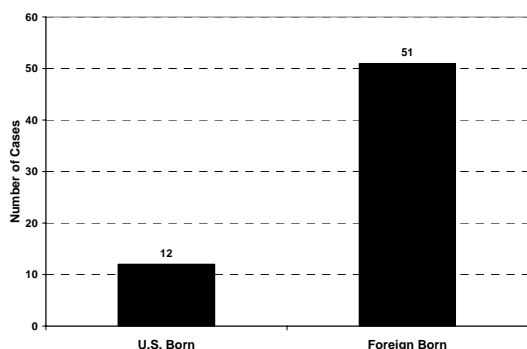
- ❖ **Signs/Symptoms:** Symptoms of tuberculosis disease include cough, hemoptysis (coughing up blood), fatigue, fever, weight loss, and night sweats.
- ❖ **Incubation Period:** About 2-10 weeks from infection to demonstrable significant tuberculin skin test reaction; most individuals have latent infection for decades.
- ❖ **Risk Groups:** Groups at risk for TB disease include immigrants from countries with high rates of TB, individuals with HIV/AIDS, injection drug users, persons with medical conditions such as diabetes, certain types of cancer, or those undergoing immunosuppressive therapy, and individuals with recent TB infection (within the past 2 years).
- ❖ **Transmission:** Through exposure to tubercle bacilli in airborne droplet nuclei produced by people with pulmonary or laryngeal TB during expiratory efforts, such as coughing or sneezing.

SEX	# OF CASES	% OF CASES
Male	40	63.5%
Female	23	36.5%

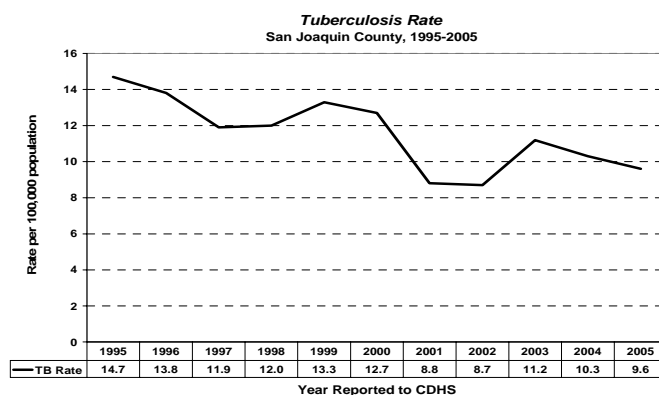
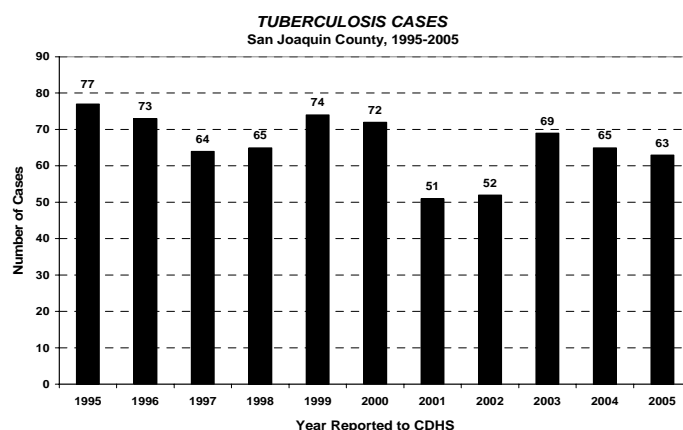
RACE/ETHNICITY	# OF CASES	% OF CASES
White, Non-Hispanic	4	6.3%
Hispanic	23	36.5%
African-American	2	3.2%
Asian/Pacific Islander	34	54.0%
AI/AN <sup>1</sup>	0	0.0%
Other	0	0.0%

### AGE STATISTICS

MEAN AGE	49 years
MINIMUM AGE	3 months
MAXIMUM AGE	89 years



### Tuberculosis – Trend Graphs



#### Sources:

Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention, Division of Tuberculosis Elimination, available at:  
<http://www.cdc.gov/nchstp/tb/default.htm>  
 Control of Communicable Diseases Manual, 17<sup>th</sup> edition, 2000.

<sup>1</sup>American Indian/Alaskan Native

# HIV Infection

## San Joaquin County Cases in 2005

(N = 52 cases)

Of 52 HIV cases reported to San Joaquin County Public Health Services from January 1, 2005 through December 31, 2005:

- ❖ All of the 52 cases were in adults/adolescents (age ≥ 13 at time of diagnosis); 41 male (78.8%) and 11 female (21.2%)
- ❖ None of the cases were pediatric (age <13 at time of diagnosis)

*Note: In the tables below, HIV data is displayed for year 2005, and for cumulative HIV cases*

YEAR HIV POSITIVE	1/1/05 – 12/31/05		7/1/02 – 12/31/05	
	# OF CASES	% OF CASES	# OF CASES	% OF CASES
1983	0	0.0%	2	0.5%
1984	0	0.0%	1	0.3%
1985	1	1.9%	4	1.0%
1986	0	0.0%	1	0.3%
1987	0	0.0%	1	0.3%
1988	0	0.0%	3	0.8%
1989	0	0.0%	5	1.3%
1990	1	1.9%	6	1.6%
1991	0	0.0%	5	1.3%
1992	1	1.9%	11	2.9%
1993	1	1.9%	6	1.6%
1994	1	1.9%	14	3.7%
1995	3	5.8%	20	5.2%
1996	1	1.9%	20	5.2%
1997	0	0.0%	21	5.5%
1998	0	0.0%	20	5.2%
1999	0	0.0%	26	6.8%
2000	0	0.0%	20	5.2%
2001	1	1.9%	40	10.4%
2002	4	7.7%	46	12.0%
2003	5	9.6%	46	12.0%
2004	9	17.3%	41	10.7%
2005	24	46.2%	24	6.3%
<b>TOTAL</b>	<b>52</b>	<b>100%</b>	<b>383</b>	<b>100%</b>

AGE GROUP	1/1/05 – 12/31/05		7/1/02 – 12/31/05	
	# OF CASES	% OF CASES	# OF CASES	% OF CASES
Under 5	0	0.0%	3	0.8%
5-12	0	0.0%	3	0.8%
13-19	3	5.8%	11	2.9%
20-29	10	19.2%	101	26.4%
30-39	24	46.2%	152	39.7%
40-49	12	23.1%	84	21.9%
Over 49	3	5.8%	29	7.6%
<b>TOTAL</b>	<b>52</b>	<b>100%</b>	<b>383</b>	<b>100%</b>

RACE/ETHNICITY	1/1/05 – 12/31/05		7/1/02 – 12/31/05	
	# OF CASES	% OF CASES	# OF CASES	% OF CASES
White	21	40.4%	160	41.8%
African-American	13	25.0%	107	27.9%
Hispanic	13	25.0%	96	25.1%
Asian/P.I. <sup>1</sup>	5	9.6%	16	4.2%
A.I./A.N. <sup>2</sup>	0	0.0%	2	0.5%
Multi-race	0	0.0%	2	0.5%
<b>TOTAL</b>	<b>52</b>	<b>100%</b>	<b>383</b>	<b>100%</b>

EXPOSURE CATEGORY	1/1/05 – 12/31/05		7/1/02 – 12/31/05	
	# OF CASES	% OF CASES	# OF CASES	% OF CASES
MSM <sup>3</sup>	17	32.7%	137	35.8%
IDU <sup>4</sup>	15	28.8%	95	24.8%
MSM & IDU	2	3.8%	36	9.4%
Heterosexual Contact	14	26.9%	89	23.2%
Blood Exposure	1	1.9%	3	0.8%
Mother with/at risk for HIV	0	0.0%	5	1.3%
Risk not reported/Other	3	5.8%	18	4.7%
<b>TOTAL</b>	<b>52</b>	<b>100%</b>	<b>383</b>	<b>100%</b>

### Major Sources of Reported HIV Infections To Date

- 84/383 (21.9%) were reported by hospitals
- 179/383 (46.7%) were reported by private physicians/HMOs
- 76/383 (19.8%) were reported by correctional facilities
- 44/383 (11.5%) were reported by Public Health (Early Intervention Program and Counseling & Testing)

<sup>1</sup>P.I. = Pacific Islander

<sup>2</sup>A.I./A.N. = American Indian/Alaskan Native

<sup>3</sup>MSM = Men who have sex with men

<sup>4</sup>IDU = Injection drug use

# AIDS

## San Joaquin County Cases in 2005 (N = 39 cases)

The following data is based on the 39 AIDS cases reported to San Joaquin County Public Health Services from January 1, 2005 through December 31, 2005.

Of these 39 cases:

- ❖ 38 were in adults/adolescents (age ≥ 13 at time of diagnosis); 35 male (92.1%) and 3 female (7.9%)
- ❖ 1 of the cases was classified as pediatric (age <13 at time of diagnosis); 0 male (0.0%) and 1 female (100.0%)
- ❖ 7 deaths occurred, for a case-fatality rate of 17.9%

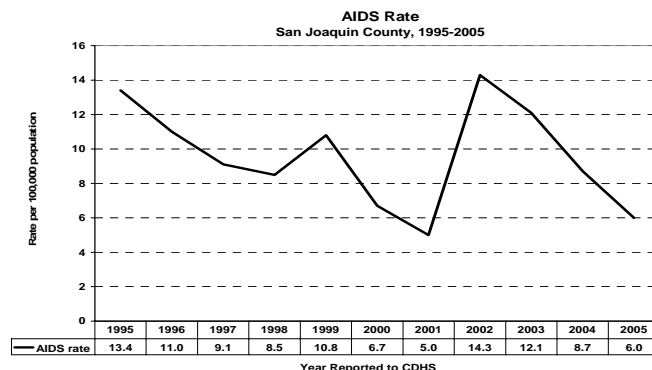
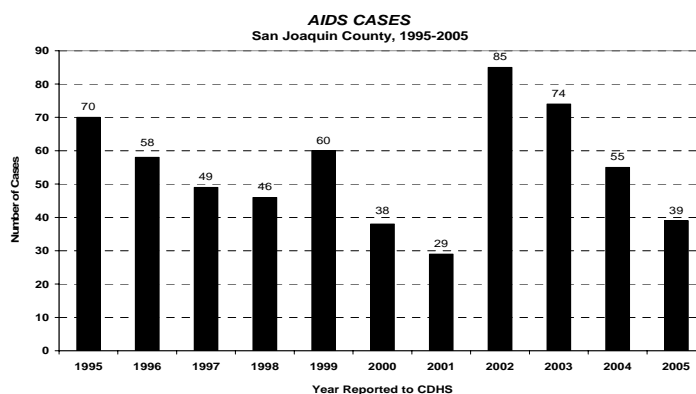
*Note: In the tables below, AIDS data is displayed for year 2005, and for cumulative AIDS cases*

AGE GROUP	1/1/05 – 12/31/05		1983 – 12/31/05	
	# OF CASES	% OF CASES	# OF CASES	% OF CASES
<b>Under 5</b>	1	2.6%	9	0.9%
<b>5-12</b>	0	0.0%	6	0.6%
<b>13-19</b>	0	0.0%	5	0.5%
<b>20-29</b>	7	17.9%	171	16.3%
<b>30-39</b>	12	30.8%	447	42.6%
<b>40-49</b>	12	30.8%	267	25.5%
<b>Over 49</b>	7	17.9%	144	13.7%
<b>TOTAL</b>	<b>39</b>	<b>100%</b>	<b>1049</b>	<b>100%</b>

RACE/ ETHNICITY	1/1/05 – 12/31/05		1983 – 12/31/05	
	# OF CASES	% OF CASES	# OF CASES	% OF CASES
<b>White</b>	13	33.3%	484	46.1%
<b>African-American</b>	9	23.1%	224	21.4%
<b>Hispanic</b>	10	25.6%	274	26.1%
<b>Asian/P.I.<sup>1</sup></b>	3	7.7%	37	3.5%
<b>A.I./A.N.<sup>2</sup></b>	1	2.6%	3	0.3%
<b>Multi-race</b>	0	0.0%	17	1.6%
<b>Not Reported</b>	3	7.7%	10	1.0%
<b>TOTAL</b>	<b>39</b>	<b>100%</b>	<b>1049</b>	<b>100%</b>

EXPOSURE CATEGORY	1/1/05 – 12/31/05		1983 – 12/31/05	
	# OF CASES	% OF CASES	# OF CASES	% OF CASES
<b>MSM<sup>3</sup></b>	11	28.2%	474	45.2%
<b>IDU<sup>4</sup></b>	7	17.9%	237	22.6%
<b>MSM &amp; IDU</b>	7	17.9%	124	11.8%
<b>Heterosexual Contact</b>	11	28.2%	152	14.5%
<b>Blood Exposure</b>	0	0.0%	25	2.4%
<b>Mother with/at risk for HIV</b>	1	2.6%	10	1.0%
<b>Risk not reported/Other</b>	2	5.1%	27	2.6%
<b>TOTAL</b>	<b>39</b>	<b>100%</b>	<b>1049</b>	<b>100%</b>

### AIDS – Trend Graphs



<sup>1</sup>P.I. = Pacific Islander

<sup>2</sup>A.I./A.N. = American Indian/Alaskan Native

<sup>3</sup>MSM = Men who have sex with men

<sup>4</sup>IDU = Injection drug use

# Shigellosis

## San Joaquin County Cases in 2005

(N = 39 cases)

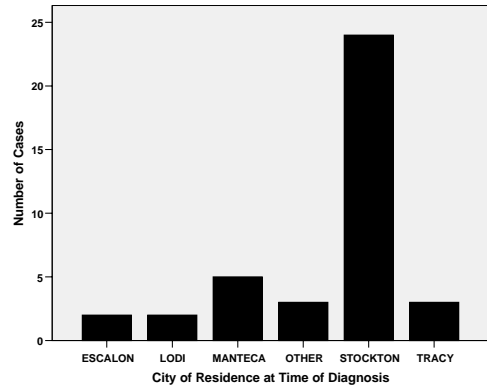
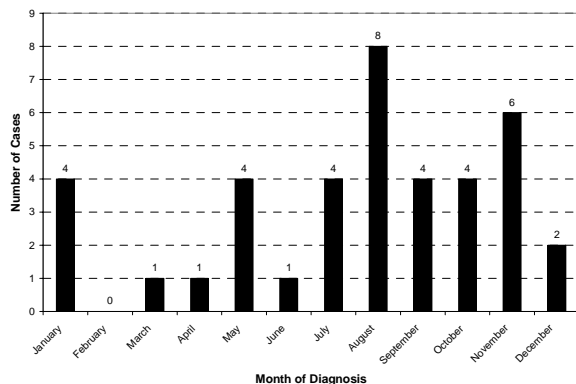
- ❖ **Signs/Symptoms:** Watery or bloody diarrhea, abdominal pain, fever, and malaise.
- ❖ **Incubation Period:** Usually from 1-3 days, but may range from 12-96 hours.
- ❖ **Risk Groups:** In the U.S., groups at increased risk include children in child-care centers, Native Americans, and men who have sex with men.
- ❖ **Transmission:** Person-to-person via the fecal-oral route, and through ingestion of contaminated food and water. Shigellosis can also be transmitted by flies.

SEX	# OF CASES	% OF CASES
Male	22	56.4%
Female	17	43.6%

RACE/ETHNICITY	# OF CASES	% OF CASES
White, Non-Hispanic	3	7.7%
Hispanic	27	69.2%
African-American	1	2.6%
Asian/Pacific Islander	7	17.9%
AI/AN <sup>1</sup>	0	0.0%
Not Reported	1	2.6%

### AGE STATISTICS

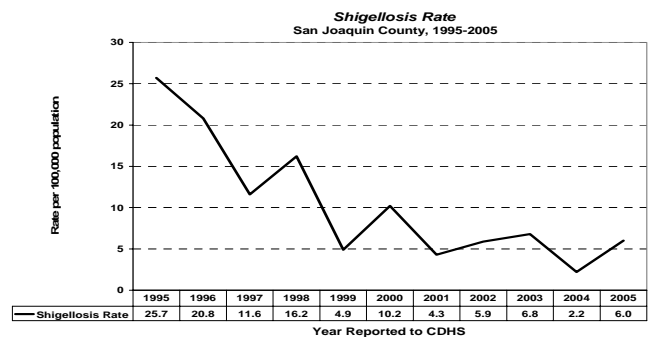
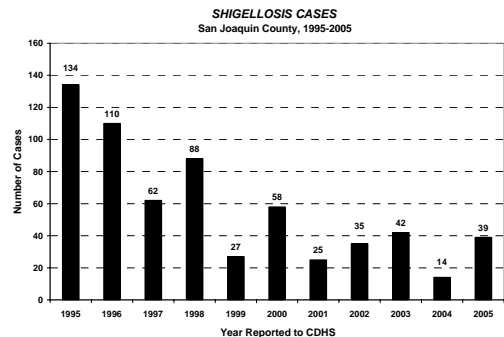
MEAN AGE	20 years
MINIMUM AGE	1 year
MAXIMUM AGE	84 years



### Distribution of Shigellosis cases by Group in San Joaquin county in 2005

GROUP	NUMBER OF CASES	PERCENT OF CASES
A (dysenteriae)	0	0.0%
B (flexneri)	15	38.5%
C (boydii)	0	0.0%
D (sonnei)	24	61.5%

### Shigellosis – Trend Graphs



#### Sources:

Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases, available at:

[http://www.cdc.gov/ncidod/dbmd/diseaseinfo/shigellosis\\_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/shigellosis_g.htm)

Control of Communicable Diseases Manual, 17<sup>th</sup> edition, 2000.

<sup>1</sup>American Indian/Alaskan Native

# QUICK REFERENCE LIST OF REPORTABLE DISEASES

## Diseases to be Reported Immediately by Telephone

*(Due to potential for rapid and/or preventable transmission)*

Anthrax	Diphtheria	Meningococcal Infection	Severe Acute Respiratory Syndrome (SARS)
Botulism (infant, foodborne, wound)	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	Outbreaks of any Disease (Specify if institutional and/or open community)	Smallpox Tularemia
Brucellosis (Undulant fever)	<i>Escherichia coli</i> 0157:H7	Paralytic Shellfish Poisoning	Unusual Diseases Varicella deaths
Cholera	Infections	Plague, human or animal	Viral Hemorrhagic Fevers (e.g., Ebola, Lassa and Marburg viruses)
Ciguatera Fish Poisoning	Hantavirus Infection	Rabies, human or animal	Yellow Fever
Dengue	Hemolytic Uremic Syndrome	Scombroid Fish Poisoning	

## Diseases to be Reported within One Working Day of Identification

Amebiasis	Foodborne Disease	Pertussis	Swimmer's Itch
Anisakiasis	<i>Haemophilus Influenzae</i> , Invasive Disease	Poliomyelitis (Paralytic)	(Schistosomal Dermatitis)
Babesiosis	Hepatitis A	Psittacosis	Syphilis
Campylobacteriosis	Listeriosis	Q Fever	Trichinosis
Colorado Tick Fever	Lymphocytic Choriomeningitis	Relapsing Fever	Tuberculosis
Conjunctivitis, Acute Infectious of the Newborn	Malaria	Salmonellosis	Typhoid Fever, Cases & Carriers
Cryptosporidiosis	Measles (Rubeola)	Shigellosis	<i>Vibrio</i> Infections
Encephalitis, Specify Etiology: viral, bacterial, fungal, parasitic	Meningitis, Specify Etiology: viral, bacterial, fungal, parasitic	Streptococcal Infections (outbreaks and individual cases in food handlers & dairy workers only)	Waterborne Disease West Nile Virus Yersiniosis

## Diseases to be Reported within Seven Calendar Days of Identification

Acquired Immune Deficiency Syndrome (AIDS)	Giardiasis	Kawasaki Syndrome	Rheumatic Fever, Acute
Chancroid	Gonococcal Infections	Legionellosis	Rocky Mountain Spotted Fever
Chlamydial Infections	Hepatitis B (specify acute or chronic)	Leprosy	Rubella (German Measles)
Coccidioidomycosis	Hepatitis C (specify acute or chronic)	Leptospirosis	Rubella Syndrome, Congenital
Cysticercosis	Hepatitis D (delta hepatitis)	Lyme Disease	Tetanus
Echinococcosis (Hydatid Disease)	Hepatitis, other acute	Mumps	Toxic Shock Syndrome
Ehrlichiosis	HIV infection ( <u>non-name</u> )	Non-Gonococcal Urethritis	Toxoplasmosis
		Pelvic Inflammatory Disease (PID)	Typhus fever
		Reye Syndrome	

## Reportable Non-Communicable Diseases

Disorders Characterized by Lapses of Consciousness; Cancer, except: 1) basal and squamous skin cancer unless occurring on genitalia, and, 2) carcinoma in-situ and CIN III of the cervix; Pesticide-related illness or injury (known or suspected cases)

## Reporting Procedures

**For all diseases except HIV/AIDS and Sexually Transmitted Diseases, mail reports to:**  
(Seal & Mark: CONFIDENTIAL)

San Joaquin County Public Health Services  
Attention: Morbidity  
P.O. Box 2009  
Stockton, CA 95201-2009

Or fax reports (please use Disease Control & Prevention FAX Transmission Cover Sheet) to: (209) 468-8222  
Or phone reports to: (209) 468-3822

**For Sexually Transmitted Diseases:**  
Fax reports to: (209) 948-7473  
Or phone reports to: (209) 468-3862

San Joaquin County Public Health Services  
Attention: Sexually Transmitted Diseases  
P.O. Box 2009  
Stockton, CA 95201-2009

**For HIV/AIDS reports, mail to:**  
(Seal & Mark: CONFIDENTIAL)

San Joaquin County Public Health Services  
Attention: Rosa Castillo-Cuellar  
P.O. Box 2009  
Stockton, CA 95201-2009

Or phone reports (no fax) to: (209) 468-3475

San Joaquin County Public Health Services  
Disease Control and Prevention Division  
P.O. Box 2009  
Stockton, CA 95201-2009

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