

Agenda Item Number:

**ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY**

Meeting Date: November 19, 2014

Agenda Item Subject: Communicable Disease Annual Report

Attachment(s): Communicable Disease Statistics, January-September, 2014

Staff or Board Member Reporting: Judy Butler, Public Health Nurse Supervisor

Purpose: ___ Action
 ___x Information only
 ___ Information with possible action

Summary Information:

Communicable disease case and suspect information for January-September, 2014 is provided with some historical data for comparison.

Recommended Action: ___ Approve
 ___ Approve & forward to Board of Commissioners for action
 ___ Approve & forward to _____
 X Accept as information
 ___ Revise & schedule for future action
 ___ Other (detail):

**Communicable Disease Report
January-September 2014**

	Cases Jan-Sept, 2014	Suspects Jan-Sept, 2014	Average Cases 2009-2013	Cases 2013
Brucellosis	0	1	0	0
Campylobacter	15	6	19.2	25
Creutzfeldt Jacob	0	1	.4	0
Cryptosporidiosis	7	0	3	8
Dengue	0	0	.4	0
Shigatoxin-producing Ecoli	5	4	2.6	4
Ehrlichiosis	4	6	7.6	4
Arboviral encephalitis	2	0	0	0
Invasive Haemophilus Influenza B (HIB)	2	0	1	1
Hemolytic Uremic Syndrome	0	0	.2	1
Hepatitis A	0	2	.6	1
Hepatitis B Acute	0	1	1	0
Hepatitis B Carrier	12	7	24.6	17
Hepatitis C Acute	0	1	.2	0
Legionellosis	2	0	.4	1
Listeriosis	0	2	0	0
Lyme	5	18	7.4	3
Malaria	3	0	.6	1
Measles	0	0	1.6	8
Meningococcal	1	0	.4	0
Mumps	0	1	1	0
Pertussis	4	4	10.2	4
Q Fever	1	0	.2	0
Rocky Mtn. Spotted Fever	17	24	16.8	16
Salmonellosis	25	14	21.2	21
Shigellosis	1	2	1.4	4
Group A Invasive Strep	5	7	2	5
Toxic Shock Syndrome	0	0	.4	1
TB	1	10	2.6	3
Tularemia	0	0	.2	0
Typhoid	0	1	0	0
Vibrio Infection	0	1	.6	1

2009-2013 date taken from CD Branch stats

**Communicable Disease Report
January-September 2014**

CD-Related Activities (January –September 2014)

	Jan-Sept 2014	
Bloodborne Pathogen Exposures	1	Situations involving OCHD in the mandated testing (and compliance) of someone exposed to potentially infectious body fluids of another
Quarantine Orders Issued*	0	
Isolation Orders Issued*	1 (TB)	
CD Control Measure Orders Issued*	12	
Hepatitis B Perinatals Tracked	7	
Infants Born to Hepatitis B Positive Moms	8	
Infants Becoming Hepatitis B Infected at Birth	0	Infants born to Hepatitis B infected moms are very likely to be Hepatitis B positive for life (and at high risk for early death) unless a series of vaccines are received at appropriate times within the first 6 months of life; these vaccines must begin within 24 hours of birth; we track the moms and children in an effort to assure that these vaccines are received on time and that appropriate follow-up if obtained

*Annual reporting is an accreditation requirement

Historical Information*

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Jan-Sept 2014
Rabies Contacts	15	27	17	4	36	241	398	358	370	268	303	301	333	418	417
Pertussis Cases	0	4	0	4	2	0	2	0	11	18	2	4	23	4	4
TB cases	7	5	2	5 (Jail)	5	4	2	7 (Jail)	7 (Jail)	1	4	3	2	3	1
Latent TB Infections Treated	11	24	32	29	44	53	35	85	72	65	41	64	53	59	30
Refugee Arrivals/ CD Screenings									227	118	51	87	78	73	60

* data from first 9 months of 2014 compared to annual data for other years

**Communicable Disease Report
January-September 2014**

Outbreaks 2014

	Date	Cases	Suspects	Contacts
Suspected Shigellosis in Long Term Care Facility (LTCF)	1/2014	0	1	~50
Norovirus in Long Term Care Facility	2/2014	17	0	Entire facility and staff
Norovirus-like illness in Retirement Community	2/2014	6	0	Entire facility and staff
Meningococcal- Local High School	2/2014	1	0	35
Respiratory/GI illnesses local private school*	3/2014	154	0	307
Hepatitis B LTCF	3/2014	2	0	5
Influenza-like Illness - Retirement Community	4/2014	3	39 residents 12 staff	Entire facility and staff
Noro-like illness-LTCF/Rehab Center	4/2014	1	19 residents 12 staff	Limited to a specific unit.
Salmonella – Family Vacation	7/2014	3	4 suspects	8 in all; 7 became ill
Retirement Community – Possible Meningococcal Disease	8/2014	0	1	6
Boy Scout Troop Nepal Trip- Crypto v. Giardia	9/2014	1 confirmed crypto; 1 confirmed giardia	9	11 7/16/14-8/20/14: Travel to Nepal- camped at 18,000 ft. Suspects may have had giardia, altitude sickness or crypto. Period of infectiousness for crypto was over by the time investigation initiated.

* Illness with similar symptoms noted but the cause and source were never identified. There was an increased absenteeism during this time with reports of both respiratory and GI illnesses. Control measures implemented and absenteeism tracked.

Sexually Transmitted Disease (STDs)

	2009	2010	2011	2012	2013	Average 2009-2013	Jan-Sept 2014
Gonorrhea	82	88	122	85	114	98.2	83
Chlamydia	379	336	544	456	470	437	365
Syphilis	7	1	4	3	5	4	21
HIV cases	13	8	13	15	17	13.2	17
AIDS cases	2	2	3	2	7	3.2	7
Total	483	435	686	561	613	555.6	493