

MONTHLY COMMUNICABLE DISEASE REPORT

DECEMBER 2023

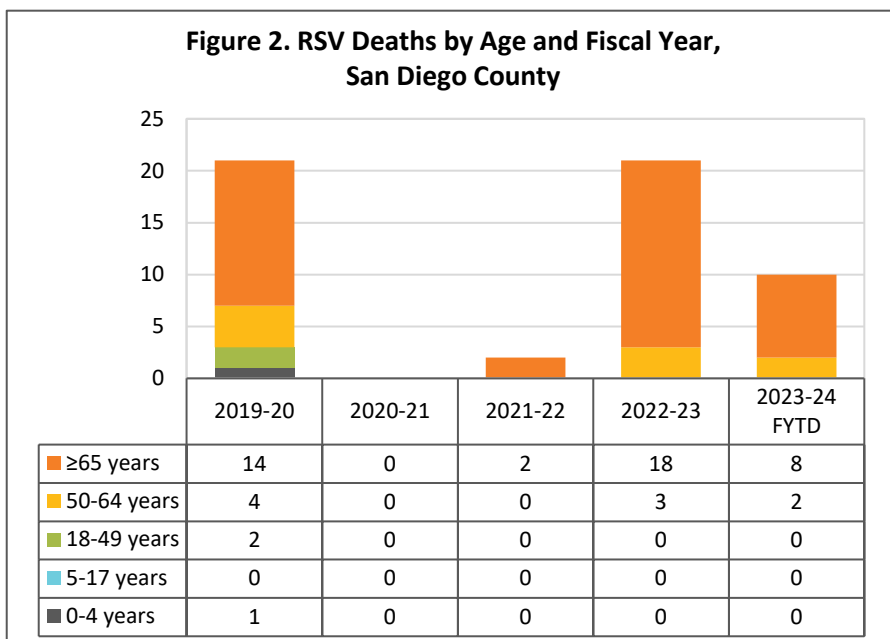
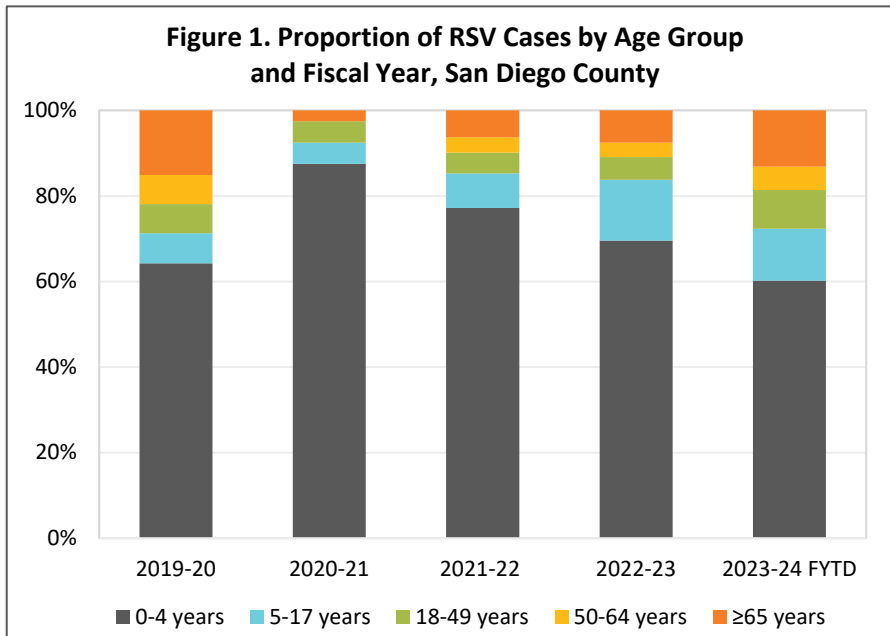
Volume 7, Issue 12: January 18, 2024

RESPIRATORY SYNCYTIAL VIRUS INFECTION (RSV)

Respiratory syncytial virus (RSV) is a common respiratory virus that most often causes a cold-like illness. In the United States (U.S.) and other areas with similar climates, RSV season typically begins in the fall and peaks in the winter. It spreads through contact with respiratory droplets from an infected person or through contact with fomites. Symptoms include runny nose, coughing, sneezing, fever, and decreased appetite, usually starting four to six days after infection. While symptoms can be mild and most people recover in one to two weeks, RSV can be severe for [infants and older adults](#), leading to hospitalization or even death. In the U.S., it is the most common cause of bronchiolitis (inflammation of the small airways in the lung) and pneumonia in children less than one year of age. RSV infection in older adults may also cause pneumonia and worsen conditions such as asthma and congestive heart failure.

As of 2023, the Centers for Disease Control and Prevention (CDC) has recommended [new immunizations](#) to protect infants and older adults from severe illness. Following a discussion with their healthcare provider, adults 60 years of age and older can receive a single dose of RSV vaccine (Pfizer Abrysvo or GSK Arexvy) optimally before the start of the fall and winter RSV season. For infants, the two options are either maternal RSV vaccination (Pfizer Abrysvo only) or infant immunization with RSV monoclonal antibody (Nirsevimab [Beyfortus]). Those who are pregnant can protect their babies by getting a single dose of RSV vaccine during weeks 32 through 36 of pregnancy from

Continued on next page



Data are presented by fiscal year, which runs July 1–June 30. Because data are also presented by CDC disease week, which runs Sunday–Saturday, we start the data for 2023-24 on July 2, 2023. 2023-24 data are fiscal year to date; data through 1/13/2024. Data are provisional and subject to change as additional information becomes available.

The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the [Data and Reports](#) page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.

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RSV, continued

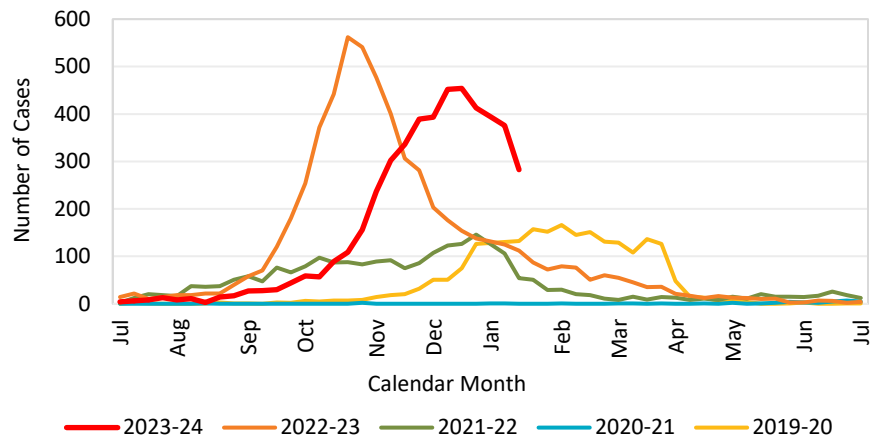
September through January. If maternal RSV vaccination was not administered at least two weeks before delivery, then [nirsevimab](#), a new RSV monoclonal antibody product, is recommended for infants younger than 8 months of age born before or entering their first RSV season. It may also be given to infants and toddlers 8 to 19 months of age entering their second RSV season who are at increased risk for severe disease. Palivizumab (Synagis) is also a monoclonal antibody product that is still available, but has a limited indication for children younger than 24 months of age, with certain conditions putting them at risk for severe illness. In October 2023, the CDC issued a [Health Alert Network \(HAN\)](#) providing options for clinicians surrounding the limited supply of nirsevimab. Other preventative actions to reduce the spread of RSV include washing hands regularly, cleaning frequently touched surfaces, and staying home when sick.

In the U.S., [seasonal patterns of RSV](#) were temporarily disrupted during the COVID-19 pandemic. RSV circulation in 2020-21 was historically low while activity during 2021-22 began earlier and continued longer than prepandemic seasons. 2022-23 began later than the previous season but earlier than prepandemic seasons. In the 2023-24 season to date, children 0-4 years old account for 60% of cases reported to the County of San Diego Epidemiology Unit. There have been ten deaths this season, all in persons >50 years old. As of January 2024, RSV vaccine coverage in San Diego County is 11.8% for adults 60 years and older and 0.3% for women of reproductive age (15-45 years). It is estimated that 8.2% of eligible infants have received nirsevimab.

While RSV-associated deaths in persons under the age of 5 have been reportable in California for a number of years, RSV was added to the list of [laboratory reportable conditions](#) in 2023 by the California Department of Public Health (CDPH). Positive and non-positive test results from molecular tests and antigen detection tests must be reported by laboratories.

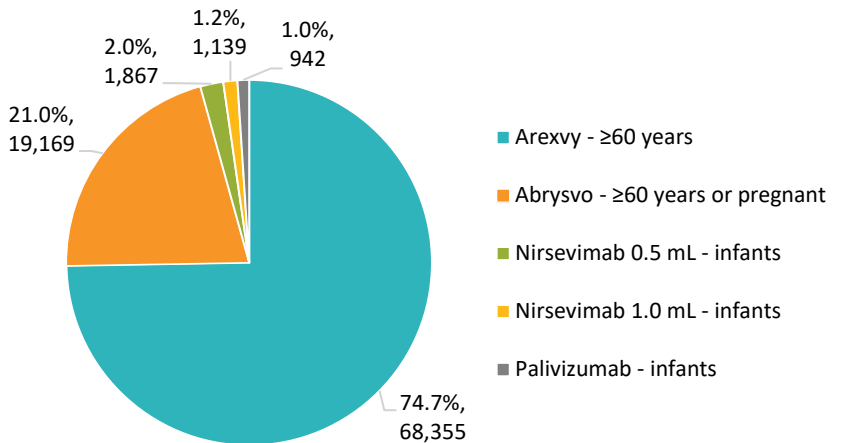
Suggested citation: Guzman M, Nelson JA, Beatty M. Respiratory Syncytial Virus Infection (RSV). County of San Diego Monthly Communicable Disease Report 2023; 7(12):1-2.

Figure 3. RSV Cases by CDC Episode Week and Fiscal Year, San Diego County



Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent weeks of 2023-24 may be incomplete. RSV has been voluntarily reported by laboratories in San Diego County for several years; however, the CDPH requirement instituted in 2023 may have affected reporting and absolute numbers should be interpreted with caution.

Figure 4. RSV Immunizations by Type, San Diego County, 2023-24 YTD



Data are provisional and subject to change as additional information becomes available. RSV immunizations administered and entered into the California Immunization Registry (CAIR2).

Resources

- [Centers for Disease Control and Prevention \(CDC\) RSV website](#)
- [CDC RSV Immunizations website](#)
- [California Department of Public Health \(CDPH\) RSV website](#)
- [County of San Diego RSV website](#)
- [County of San Diego Respiratory Viruses data website](#)

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Disease and Case Inclusion Criteria (C,P,S)	2023			Prior Years		
	December	November	2023 Total	2020-2022 Avg Total	2022 Total	
Botulism (Foodborne, Infant, Wound, Other)	C,P	2	0	2	3.7	6
Brucellosis	C,P	0	0	3	3.3	7
Campylobacteriosis	C,P	67	90	1,130	835.3	959
<i>Candida auris</i>	C	2	14	99	21.7	57
Chickenpox, Hospitalization or Death	C,P	0	0	7	1.7	2
Chikungunya	C,P	0	0	0	1.3	2
Coccidioidomycosis	C	11	16	421	457.3	461
Cryptosporidiosis	C,P	7	8	126	60.3	95
Dengue Virus Infection	C,P	2	0	21	7.7	15
Encephalitis, All	C	1	3	29	34.0	28
Giardiasis	C,P	17	11	220	175.0	193
Hepatitis A, Acute	C	1	7	45	18.3	30
Hepatitis B, Acute	C	0	0	11	12.0	12
Hepatitis B, Chronic	C,P	59	66	766	774.0	900
Hepatitis C, Acute	C,P	1	4	91	66.3	95
Hepatitis C, Chronic	C,P	154	157	2,277	3,423.0	2,998
Legionellosis	C	7	7	93	66.0	84
Listeriosis	C	0	0	11	16.0	19
Lyme Disease	C,P	0	0	12	8.7	8
Malaria	C	5	0	16	8.7	11
Measles (Rubeola)	C	0	0	0	0.0	0
Meningitis, Aseptic/Viral	C,P,S	5	8	60	64.7	75
Meningitis, Bacterial	C,P,S	7	2	39	26.7	35
Meningitis, Other/Unknown	C	1	2	22	29.3	26
Meningococcal Disease	C,P	0	0	4	2.3	2
Mumps	C,P	0	0	0	7.0	3
Pertussis	C,P	63	91	308	130.3	102
Rabies, Animal	C	0	0	8	5.0	3
Rocky Mountain Spotted Fever	C,P	0	0	3	2.0	2
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	41	73	689	586.0	683
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	14	14	243	160.3	208
Shigellosis	C,P	22	74	517	400.7	528
Typhoid Fever	C,P	1	0	6	9.0	13
Vibriosis	C,P	3	3	45	43.0	38
West Nile Virus Infection	C,P	0	0	0	2.3	3
Yersiniosis	C,P	5	4	74	32.0	46
Zika Virus	C,P	0	0	0	0.3	1

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

[San Diego County Sexually Transmitted Infection Data](#) | [San Diego County Tuberculosis Data](#)

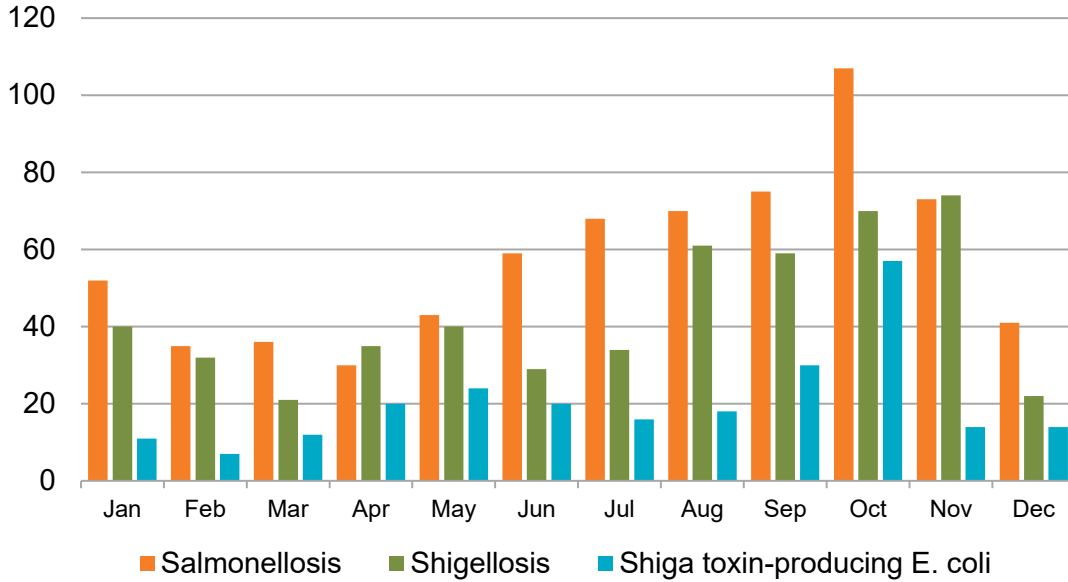


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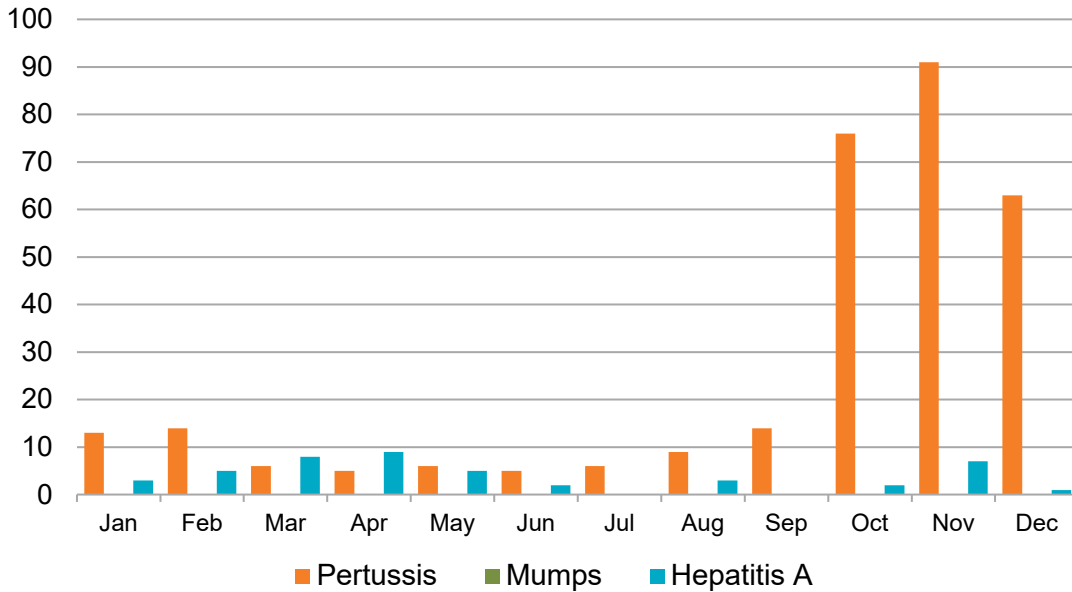
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**Figure 5. Select Enteric Infections by Month
January 2023 – December 2023**



**Figure 6. Select Vaccine-Preventable Infections by Month
January 2023 – December 2023**



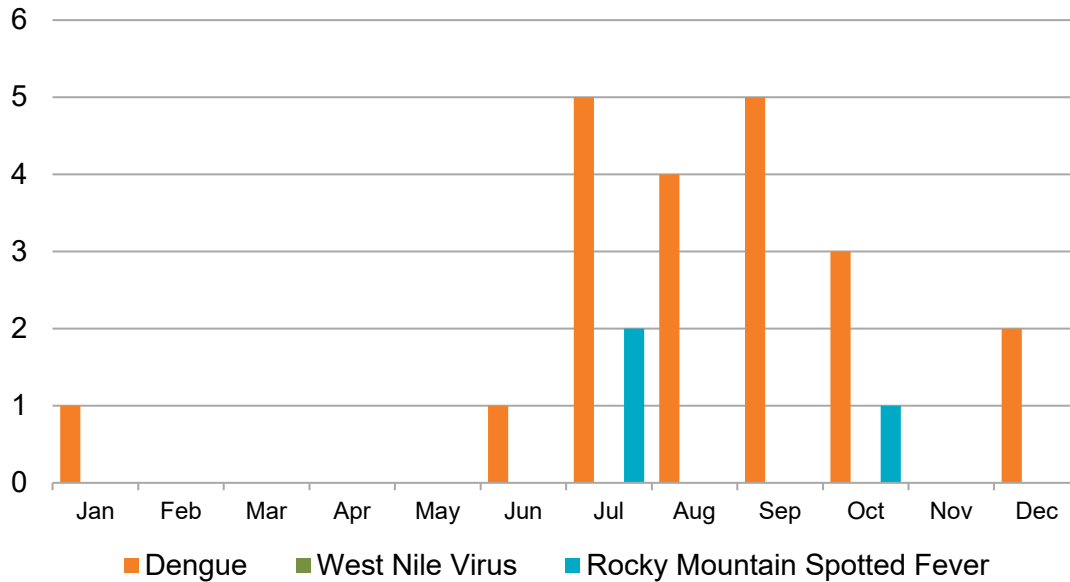
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**Figure 7. Select Vector-Borne Infections by Month
January 2023 – December 2023**



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

Disease Reporting in San Diego County

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

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

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

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