

# MONTHLY COMMUNICABLE DISEASE REPORT

DECEMBER 2024

Volume 8, Issue 12: January 16, 2025

## LISTERIOSIS

Listeriosis is a frequently severe infection caused by *Listeria monocytogenes* bacteria. Most diagnosed cases of listeriosis are invasive, causing symptoms typical of meningitis or septicemia, such as headache, stiff neck, confusion, fever, and convulsions. In addition to infection of the blood or cerebral spinal fluid, *L. monocytogenes* may also invade joints, bones, and chest or abdominal cavities. Those most at risk of infection are adults aged 65 or older, persons with compromised immune systems, and pregnant women.

Infection during pregnancy may only cause a mild febrile illness in the pregnant woman, but can cause miscarriage, stillbirth, preterm

delivery, or serious complications in the newborn. In healthy persons, *L. monocytogenes* infection may be asymptomatic or cause mild gastrointestinal symptoms. These self-limited infections are rarely diagnosed since most routine stool cultures do not test for *L. monocytogenes*.

The Centers for Disease Control and Prevention (CDC) [estimates](#) that there are 1,600 invasive listeriosis cases and 260 deaths in the United States (U.S.) each year. Most persons diagnosed with listeriosis are hospitalized. In San Diego County, between 2020-2024, 97% of the 73 persons with a reported infection were hospitalized and there were 7 (10%) listeriosis-related deaths. Fifty-three percent of San Diego County cases between 2020-2024 occurred in persons 65 years of age or older, and 11% of cases were in pregnant women or neonates. Among eight pregnancy-related and neonatal cases, known outcomes include two fetal deaths and one preterm birth.

Most *L. monocytogenes* infections are a result of foodborne transmission, with the exception of infections in neonates, where transmission occurs from mother to fetus. *L. monocytogenes* can be found commonly in the environment and have been isolated from soil, water, vegetation, and livestock feed. *L. monocytogenes* have also been found in a wide variety of human food items. *L. monocytogenes* can survive many conditions, including freezing, heating, and drying, and unlike most foodborne pathogens, can multiply at standard refrigerator temperatures. High-risk food items include unpasteurized dairy products, hot dogs and deli meats, and produce.

Outbreaks can be difficult to detect because cases are rare and frequently dispersed in time and place. Since 2005, the [Listeria Initiative](#), a nationwide surveillance system, has been collecting detailed exposure data from persons diagnosed with listeriosis and compiling molecular subtyping data from clinical, food, and environmental samples.

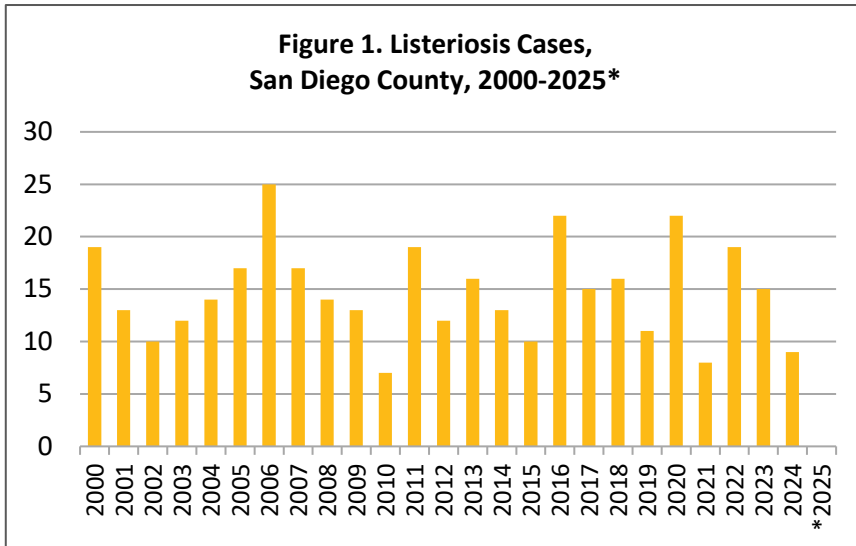
### Resources

- [Centers for Disease Control and Prevention \(CDC\) Listeriosis website](#)
- [California Department of Public Health \(CDPH\) Listeriosis website](#)
- [The Listeria Initiative website](#)
- [Foodsafety.gov Recalls and Alerts website](#)

This initiative has facilitated the detection and resolution of numerous outbreaks. Recent [outbreaks](#) have been traced to food items such as [ready-to-eat meat and poultry products](#), [deli meats](#), and [soft cheeses](#).

Suggested citation: Guzman M, Nelson JA. Listeriosis. County of San Diego Monthly Communicable Disease Report 2024; 8(12):1-2.

*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](http://www.sdepi.org)) and click on the subscribe link.*



\*2025 data are year-to-date; current as of 1/16/2025. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

# MONTHLY COMMUNICABLE DISEASE REPORT

DECEMBER 2024

Volume 8, Issue 12: January 16, 2025

Table 1. Select Reportable Diseases		2024			Prior Years	
		December	November	2024 Total	Avg YTD, 2021-2023	2023 Total
Disease and Case Inclusion Criteria (C,P,S)						
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	5	3.3	1
Brucellosis	C,P	0	0	1	4.3	3
Campylobacteriosis	C,P	74	79	1,134	993.7	1,122
<i>Candida auris</i>	C	15	13	159	53.3	95
Chickenpox, Hospitalization or Death	C,P	0	0	3	4.3	8
Chikungunya	C,P	0	0	2	1.7	0
Coccidioidomycosis	C	13	50	529	438.0	454
Cryptosporidiosis	C,P	7	7	129	94.7	132
Dengue Virus Infection	C,P	2	15	67	14.3	25
Encephalitis, All	C	3	3	39	34.0	36
Giardiasis	C,P	13	14	236	203.0	240
Hepatitis A, Acute	C	4	3	17	28.3	45
Hepatitis B, Acute	C	0	2	16	13.7	13
Hepatitis B, Chronic	C,P	33	56	665	800.0	740
Hepatitis C, Acute	C,P	1	3	90	94.3	112
Hepatitis C, Chronic	C,P	221	184	2,199	2,892.7	2,176
Legionellosis	C	8	8	75	80.7	94
Listeriosis	C	1	0	9	12.7	11
Lyme Disease	C,P	0	0	4	11.3	13
Malaria	C	2	2	18	11.7	16
Measles (Rubeola)	C	0	0	4	0.0	0
Meningitis, Aseptic/Viral	C,P,S	4	3	95	60.3	61
Meningitis, Bacterial	C,P,S	6	2	42	33.0	41
Meningitis, Other/Unknown	C	0	1	25	28.3	25
Meningococcal Disease	C,P	0	1	5	2.3	4
Mumps	C,P	1	0	2	1.7	0
Pertussis	C,P	36	74	715	166.7	329
Rabies, Animal	C	1	1	12	5.0	8
Rocky Mountain Spotted Fever	C,P	0	0	4	2.3	4
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	47	55	745	651.0	685
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	8	19	256	212.0	265
Shigellosis	C,P	15	24	465	495.7	524
Typhoid Fever	C,P	0	0	4	10.0	7
Vibriosis	C,P	1	1	50	45.0	45
West Nile Virus Infection	C,P	0	0	2	2.0	0
Yersiniosis	C,P	6	7	134	51.0	86
Zika Virus	C,P	0	0	1	0.3	0

**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](#)

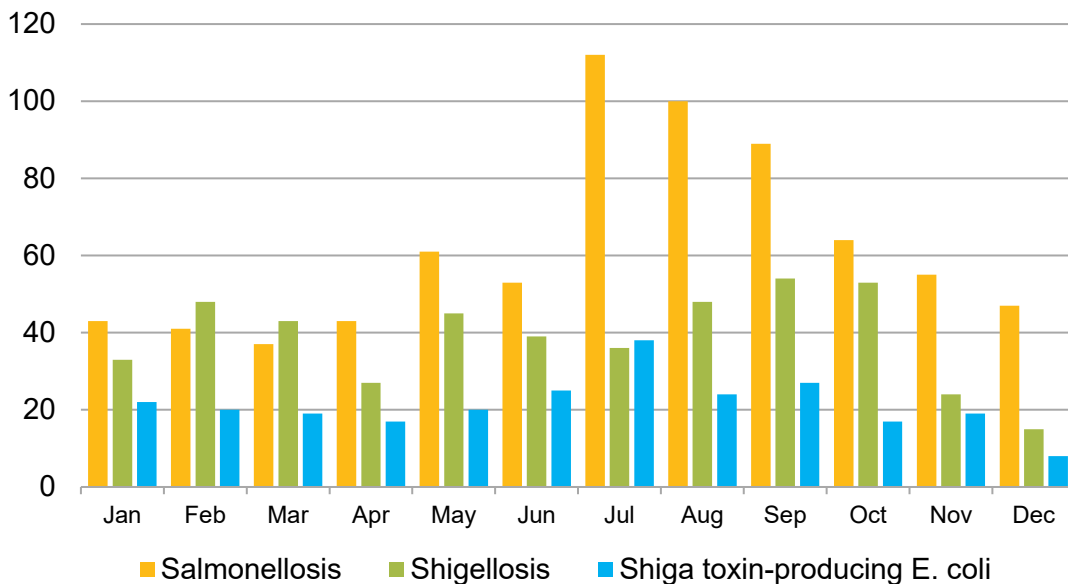


# MONTHLY COMMUNICABLE DISEASE REPORT

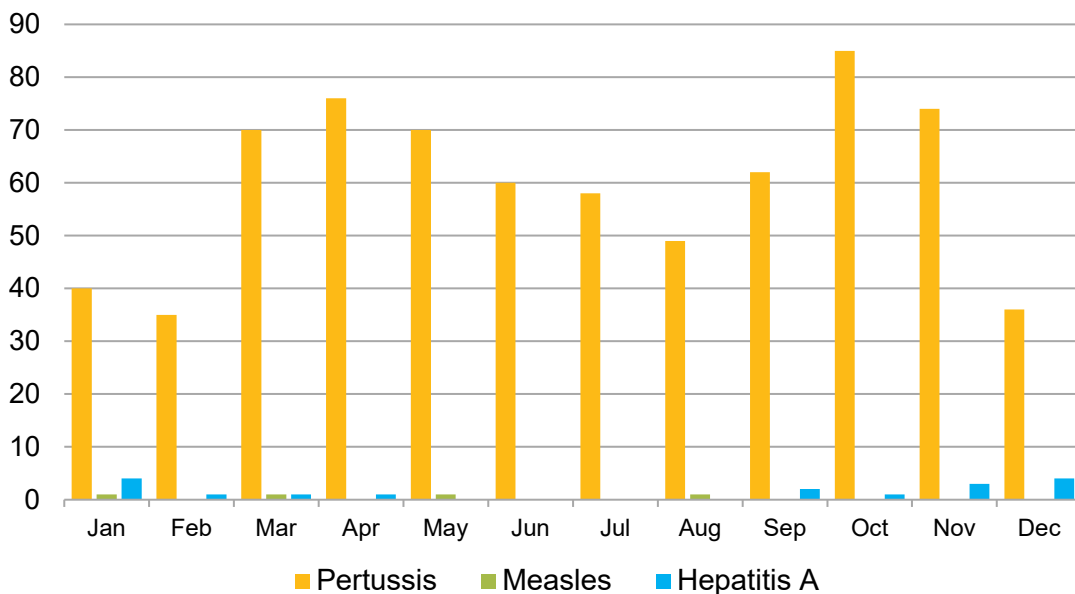
DECEMBER 2024

Volume 8, Issue 12: January 16, 2025

**Figure 2. Select Enteric Infections by Month  
January 2024 – December 2024**



**Figure 3. Select Vaccine-Preventable Infections by Month  
January 2024 – December 2024**



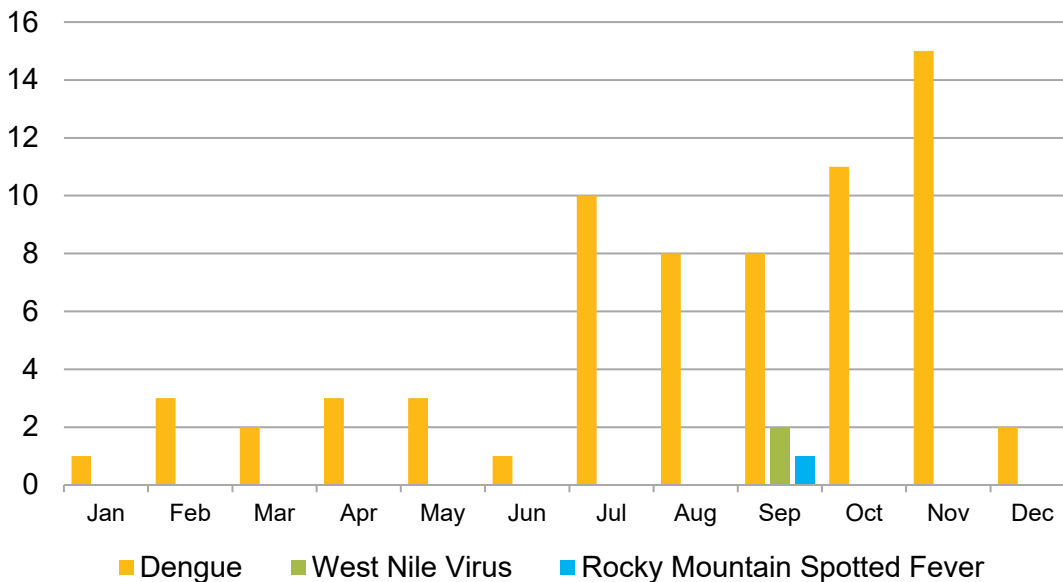
**Case counts are provisional and subject to change as additional information becomes available.** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from 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.

# MONTHLY COMMUNICABLE DISEASE REPORT

DECEMBER 2024

Volume 8, Issue 12: January 16, 2025

**Figure 4. Select Vector-Borne Infections by Month  
January 2024 – December 2024**



See the County disease-specific webpages, for more information on [West Nile virus](#) and [Dengue](#).

**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](http://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>.