

MONTHLY COMMUNICABLE DISEASE REPORT

AUGUST 2024

Volume 8, Issue 8: September 16, 2024

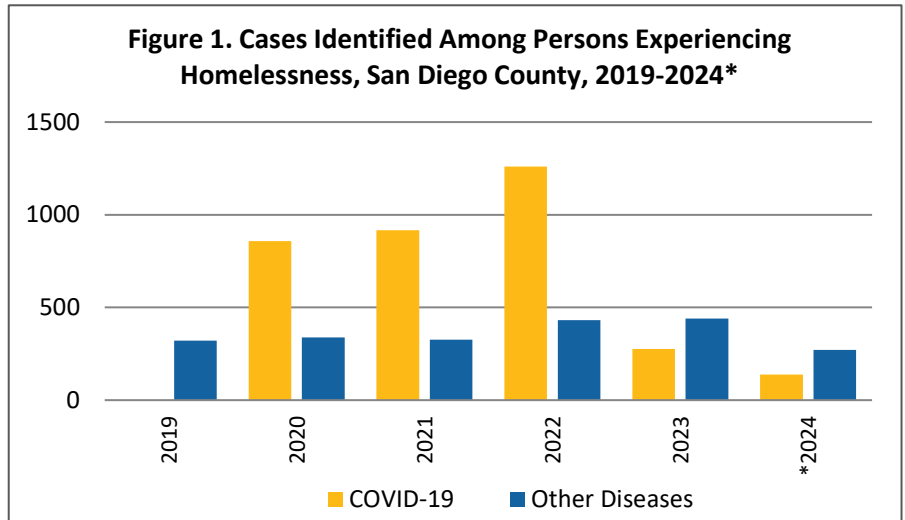
COMMUNICABLE DISEASE IN PERSONS EXPERIENCING HOMELESSNESS

Homelessness is an important public health problem. Unstable and potentially unsanitary living conditions increase the risk of many infectious illnesses among persons experiencing homelessness (PEH), and associations between homelessness and several infectious diseases including hepatitis C, HIV, and tuberculosis are well established. In recent years, outbreaks of other diseases, including [hepatitis A](#) and shigellosis, have occurred among this population in San Diego County and elsewhere in the United States. In October 2021, a [shigellosis outbreak](#) occurred in San Diego County, resulting in 53 cases. All cases were identified in persons experiencing homelessness. Because of response efforts, which included sanitation precautions and expanding public restroom availability, the outbreak was declared over in January 2022. Other jurisdictions across the country have responded to outbreaks in similar populations. [Spokane County](#) declared an outbreak of shigellosis among persons experiencing homelessness in November 2023. The counties of [Santa Cruz](#) and [Santa Clara](#) have also reported shigellosis outbreaks in 2024 that primarily impacted those experiencing homelessness.

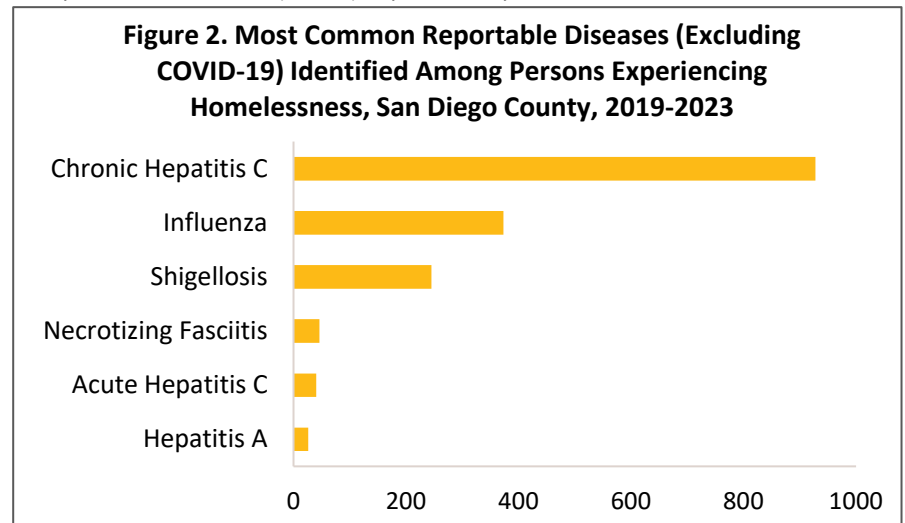
San Diego County has a large population of PEH. The San Diego Regional Task Force on Homelessness [2024 Point-in-Time Count](#)

reported 10,605 (4,495 unsheltered and 6,110 sheltered) PEH in the county, but the number over the course of a year is likely higher. PEH may experience living conditions that increase risk of transmission for infectious diseases. Inadequate availability of toilet and handwashing facilities increases risk of diseases transmitted via the fecal-oral route, including hepatitis A, shigellosis, and other enteric diseases. Crowded shelters or facilities with inadequate ventilation increases the risk for respiratory diseases, including COVID-19, tuberculosis, and influenza. Unsanitary living conditions and inability to wash clothing increases the risk of wound infections, scabies, and body

Continued on next page



*2024 data are year-to-date; COVID-19 data current as of 9/10/2024 and other diseases data current as of 9/16/2024. Data are provisional and subject to change as additional information becomes available. Counts do not include tuberculosis, sexually transmitted infections, and mpox. Grouped by CDC disease years.



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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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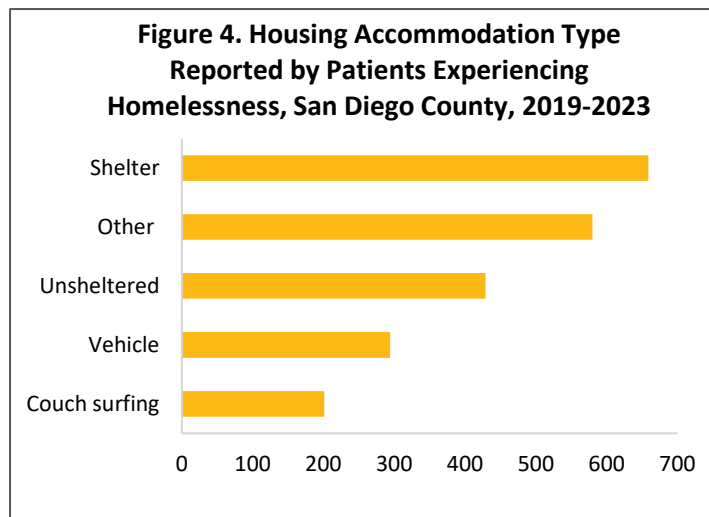
COMMUNICABLE DISEASE IN PEH, continued

lice (the vector associated with bartonellosis). Some may also engage in risky sexual and injection drug use behaviors, increasing risk of bloodborne and sexually transmitted diseases, particularly hepatitis B, hepatitis C, and HIV.

Cases among PEH are identified during case investigation interviews or through medical records for diseases not routinely interviewed such as influenza and chronic hepatitis C. Housing accommodation type information is also collected during interviews.

In 2023, 717 cases were identified among PEH, 276 COVID-19 cases and 441 cases of other diseases. Disease counts do not include tuberculosis, sexually transmitted infections, and mpox. The median age of PEH was 46 years (range 0-84) and 70% of cases were male. Among those with reported race/ethnicity, 47% were white, 31% were Hispanic, 14% were black or African American, 2% were Asian, and 6% reported other or multiple races. Of 168 cases with housing type information in 2023, 75 case-patients were unsheltered, 45 reported staying in shelters, 12 reported living in vehicles, 12 reported couch surfing, and 41 reported other housing accommodations.

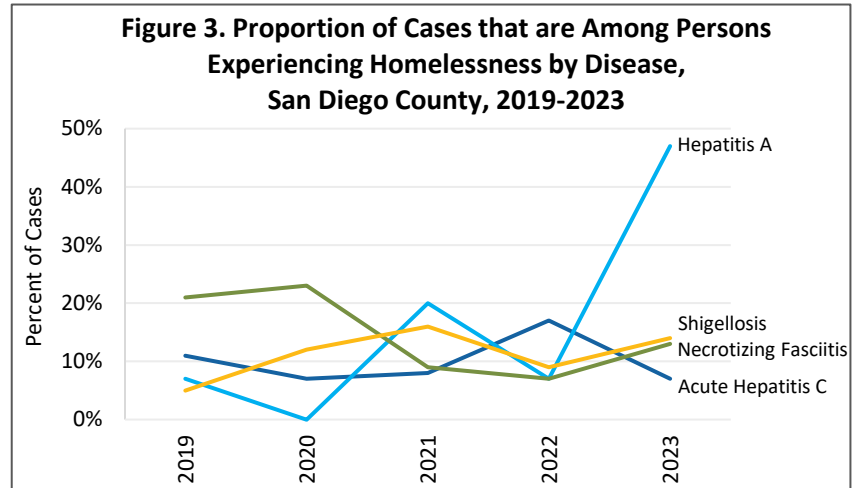
Excluding COVID-19, the most common reportable diseases among PEH were chronic hepatitis C (158, 36% of the 441 cases identified as PEH), influenza (126, 29%), shigellosis (74, 17%), and hepatitis A (21, 5%).



Case-patients may indicate multiple housing accommodation types.

Resources

- [Centers for Disease Control and Prevention \(CDC\) Homelessness and Health](#)
- [CDC Public Health Considerations for Shigellosis Among People Experiencing Homelessness](#)
- [CDC TB Risk and People Experiencing Homelessness](#)
- [Regional Task Force on the Homeless San Diego Website](#)
- [County of San Diego Housing & Community Development Services, Ending Homelessness Website](#)
- [County of San Diego Health and Human Services Agency Office of Homeless Solutions Website](#)



Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

For some diseases, including hepatitis A and shigellosis, a higher proportion of cases are among PEH (Figure 3). In early 2023, the County identified an [increase in hepatitis A](#) cases among PEH. Through prevention efforts like vaccination, sanitation, and increased publicly available restrooms, an outbreak was prevented.

The true burden of infectious disease among PEH is likely underestimated as this population may be less likely to seek medical care or may lack access to health care, and if diagnosed, may be harder to reach for interviews. Individuals may also decline to disclose this sensitive information. Despite its limitations, systematically documenting housing status may provide a useful sentinel for emerging issues and early outbreak detection and allow for characterization of infectious disease trends in this vulnerable population.

Suggested citation:
Guzman M, Stous S, Nelson J. Communicable Disease in Persons Experiencing Homelessness. County of San Diego Monthly Communicable Disease Report 2024; 8(8):1-2.

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Table 1. Select Reportable Diseases		2024			Prior Years		
		August	July	January-August (YTD)	2023 YTD	Avg YTD, 2021-2023	2023 Total
Disease and Case Inclusion Criteria (C,P,S)							
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	3	0	1.3	1
Brucellosis	C,P	0	0	1	1	2.3	3
Campylobacteriosis	C,P	106	120	793	764	663.7	1,122
<i>Candida auris</i>	C	18	9	88	63	30.3	95
Chickenpox, Hospitalization or Death	C,P	0	1	3	7	3.7	8
Chikungunya	C,P	0	0	0	0	0.7	0
Coccidioidomycosis	C	0	0	216	328	305.7	481
Cryptosporidiosis	C,P	15	12	93	89	59.3	131
Dengue Virus Infection	C,P	8	11	33	12	7.3	25
Encephalitis, All	C	1	1	17	18	20.7	34
Giardiasis	C,P	10	19	154	153	130.7	239
Hepatitis A, Acute	C	0	0	7	34	20.3	45
Hepatitis B, Acute	C	0	0	8	7	9.7	13
Hepatitis B, Chronic	C,P	27	43	405	502	526.7	739
Hepatitis C, Acute	C,P	1	8	75	79	65.7	112
Hepatitis C, Chronic	C,P	239	139	1,303	1,536	2,046.0	2,176
Legionellosis	C	4	8	42	66	51.0	94
Listeriosis	C	1	4	7	9	9.7	11
Lyme Disease	C,P	0	0	3	8	8.0	12
Malaria	C	3	0	10	5	6.0	16
Measles (Rubeola)	C	1	0	4	0	0.0	0
Meningitis, Aseptic/Viral	C,P,S	7	5	63	43	41.3	63
Meningitis, Bacterial	C,P,S	1	1	25	28	22.7	42
Meningitis, Other/Unknown	C	0	1	12	16	17.7	25
Meningococcal Disease	C,P	0	0	4	4	2.0	4
Mumps	C,P	0	0	1	0	1.3	0
Pertussis	C,P	28	59	435	64	48.7	329
Rabies, Animal	C	1	1	2	6	4.3	8
Rocky Mountain Spotted Fever	C,P	0	1	4	2	1.7	4
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	93	110	480	393	393.0	685
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	14	37	167	136	130.7	265
Shigellosis	C,P	46	34	315	292	248.0	523
Typhoid Fever	C,P	0	0	3	5	8.7	7
Vibriosis	C,P	12	7	34	24	29.0	45
West Nile Virus Infection	C,P	0	0	0	0	1.3	0
Yersiniosis	C,P	6	11	94	53	31.7	86
Zika Virus	C,P	1	0	1	0	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](#)

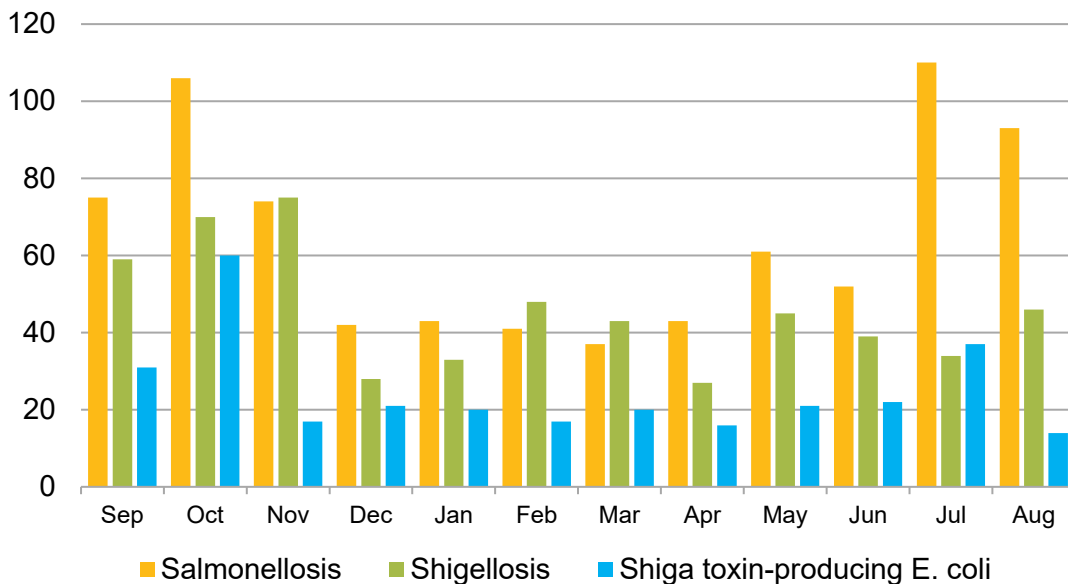


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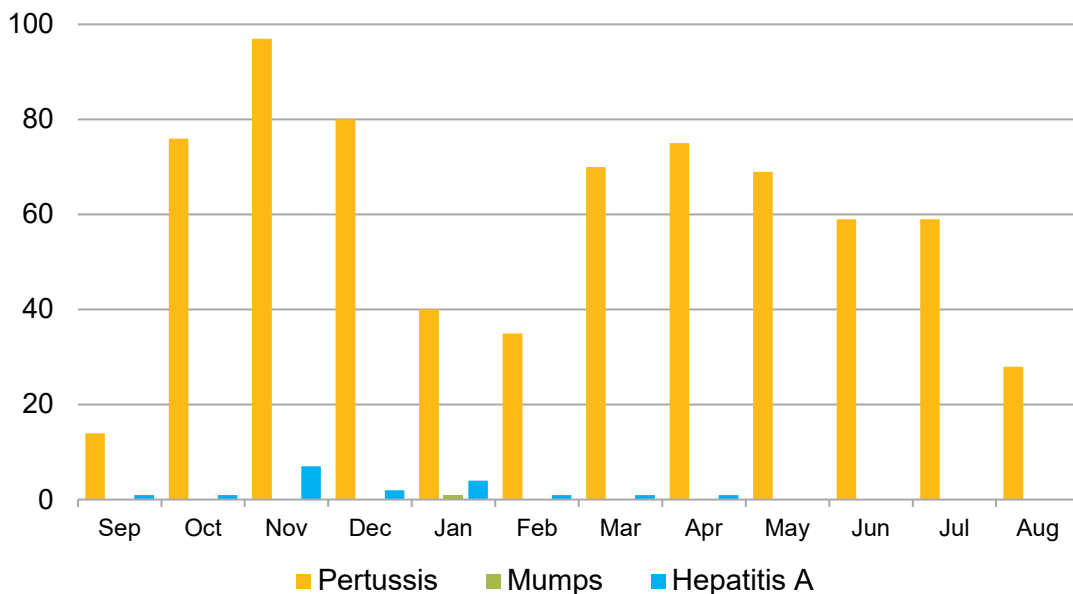
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**Figure 5. Select Enteric Infections by Month
September 2023 – August 2024**



**Figure 6. Select Vaccine-Preventable Infections by Month
September 2023 – August 2024**



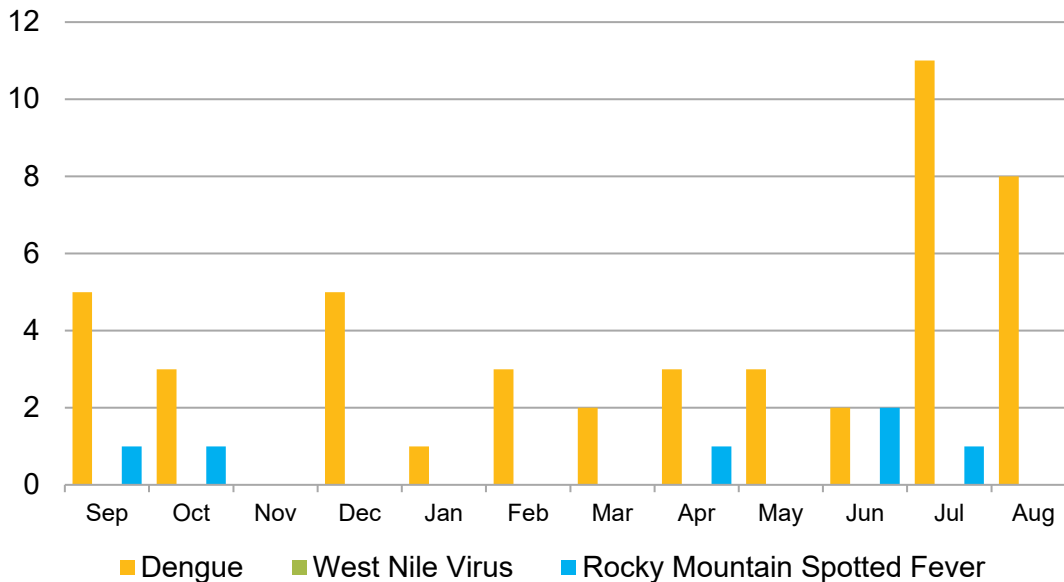
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**Figure 7. Select Vector-Borne Infections by Month
September 2023 – August 2024**



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>.