EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

# MONTHLY COMMUNICABLE DISEASE REPORT

FEBRUARY 2022

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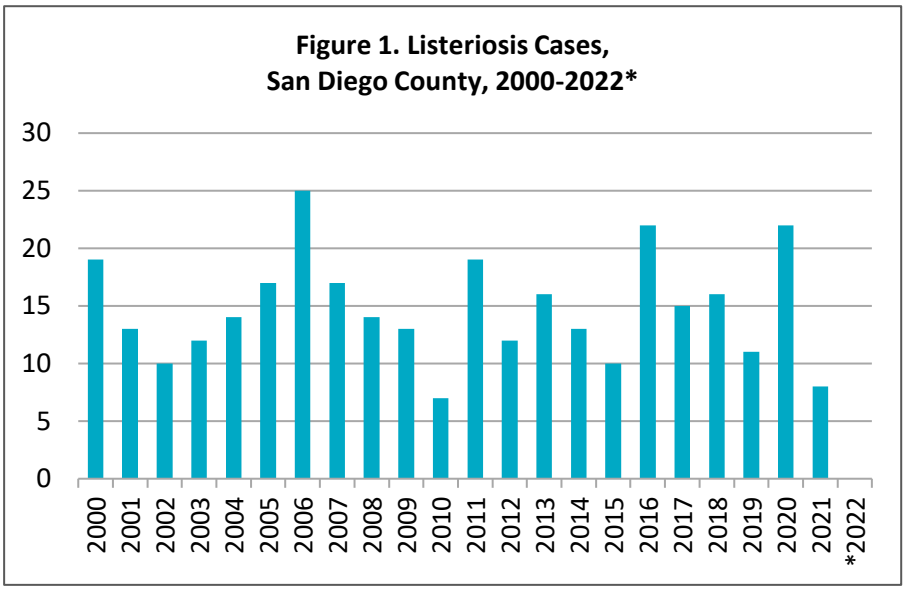
## LISTERIOSIS

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 age 65 and older, persons with compromised immune systems, and pregnant women.




*2022 data are year-to-date; current as of 3/15/2022. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

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 2017-2021, 99% of the 72 persons with a reported infection were hospitalized and there were 6 (8%) listeriosis-related deaths. Fifty-four percent of San Diego County cases between 2017-2021 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 one fetal death and three preterm births.

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. This initiative has facilitated the detection and resolution of numerous outbreaks. Recent outbreaks have been traced to food items such as packaged salads, cooked chicken, soft cheese, and deli meats.

### 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

*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.*

| Table 1. Select Reportable Diseases | | 2022 | | | Prior Years | | |
|---|---|---|---|---|---|---|---|
| Disease and Case Inclusion Criteria (C,P,S) | | Current Month | Prior Month | Year-to-Date (YTD) | 2021 YTD | Avg YTD, Prior 3 Years | 2021 Total |
| Botulism (Foodborne, Infant, Wound, Other) | C,P | 0 | 0 | 0 | 1 | 0.3 | 3 |
| Brucellosis | C,P | 0 | 1 | 1 | 1 | 0.7 | 3 |
| Campylobacteriosis | C,P | 42 | 47 | 89 | 82 | 109.0 | 905 |
| Chickenpox, Hospitalization or Death | C,P | 0 | 0 | 0 | 2 | 1.0 | 3 |
| Chikungunya | C,P | 0 | 0 | 0 | 0 | 0.0 | 2 |
| Coccidioidomycosis | C | 22 | 39 | 61 | 107 | 96.0 | 452 |
| Cryptosporidiosis | C,P | 0 | 4 | 4 | 2 | 7.0 | 53 |
| Dengue Virus Infection | C,P | 0 | 0 | 0 | 0 | 0.7 | 2 |
| Encephalitis, All | C | 1 | 0 | 1 | 7 | 8.7 | 34 |
| Giardiasis | C,P | 6 | 12 | 18 | 24 | 32.3 | 160 |
| Hepatitis A, Acute | C | 0 | 0 | 0 | 1 | 4.0 | 10 |
| Hepatitis B, Acute | C | 0 | 2 | 2 | 2 | 2.0 | 16 |
| Hepatitis B, Chronic | C,P | 78 | 84 | 162 | 119 | 137.0 | 814 |
| Hepatitis C, Acute | C,P | 0 | 1 | 1 | 17 | 14.3 | 61 |
| Hepatitis C, Chronic | C,P | 186 | 182 | 368 | 757 | 741.0 | 3,497 |
| Legionellosis | C | 4 | 12 | 16 | 13 | 10.3 | 62 |
| Listeriosis | C | 0 | 0 | 0 | 0 | 0.3 | 8 |
| Lyme Disease | C,P | 0 | 0 | 0 | 2 | 1.0 | 3 |
| Malaria | C | 0 | 0 | 0 | 0 | 1.3 | 8 |
| Measles (Rubeola) | C | 0 | 0 | 0 | 0 | 0.0 | 0 |
| Meningitis, Aseptic/Viral | C,P,S | 6 | 3 | 9 | 13 | 15.7 | 46 |
| Meningitis, Bacterial | C,P,S | 1 | 2 | 3 | 8 | 8.0 | 19 |
| Meningitis, Other/Unknown | C | 1 | 1 | 2 | 6 | 6.3 | 24 |
| Meningococcal Disease | C,P | 0 | 0 | 0 | 0 | 1.7 | 1 |
| Mumps | C,P | 0 | 1 | 1 | 0 | 6.0 | 2 |
| Pertussis | C,P,S | 1 | 2 | 3 | 8 | 87.0 | 68 |
| Rabies, Animal | C | 1 | 0 | 1 | 1 | 0.7 | 4 |
| Rocky Mountain Spotted Fever | C,P | 0 | 0 | 0 | 1 | 0.3 | 2 |
| Salmonellosis (Non-Typhoid/Non-Paratyphoid) | C,P | 29 | 22 | 51 | 39 | 54.7 | 581 |
| Shiga toxin-Producing *E. coli* (including O157) | C,P | 6 | 7 | 13 | 11 | 18.7 | 133 |
| Shigellosis | C,P | 23 | 28 | 51 | 24 | 48.3 | 430 |
| Typhoid Fever | C,P | 0 | 3 | 3 | 1 | 2.3 | 9 |
| Vibriosis | C,P | 0 | 2 | 2 | 1 | 4.0 | 51 |
| West Nile Virus Infection | C,P | 0 | 0 | 0 | 0 | 0.0 | 3 |
| Yersiniosis | C,P | 0 | 6 | 6 | 3 | 4.7 | 21 |
| Zika Virus | C,P | 0 | 0 | 0 | 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.

**Figure 2. Select Enteric Infections by Month**
**March 2021 – February 2022**

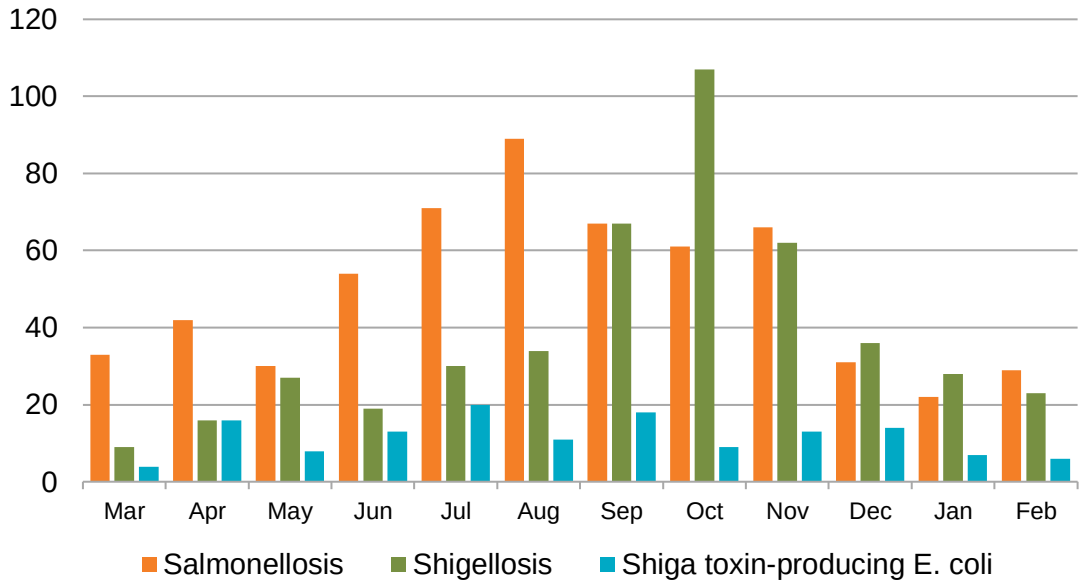



**Figure 3. Select Vaccine-Preventable Infections by Month**
**March 2021 – February 2022**

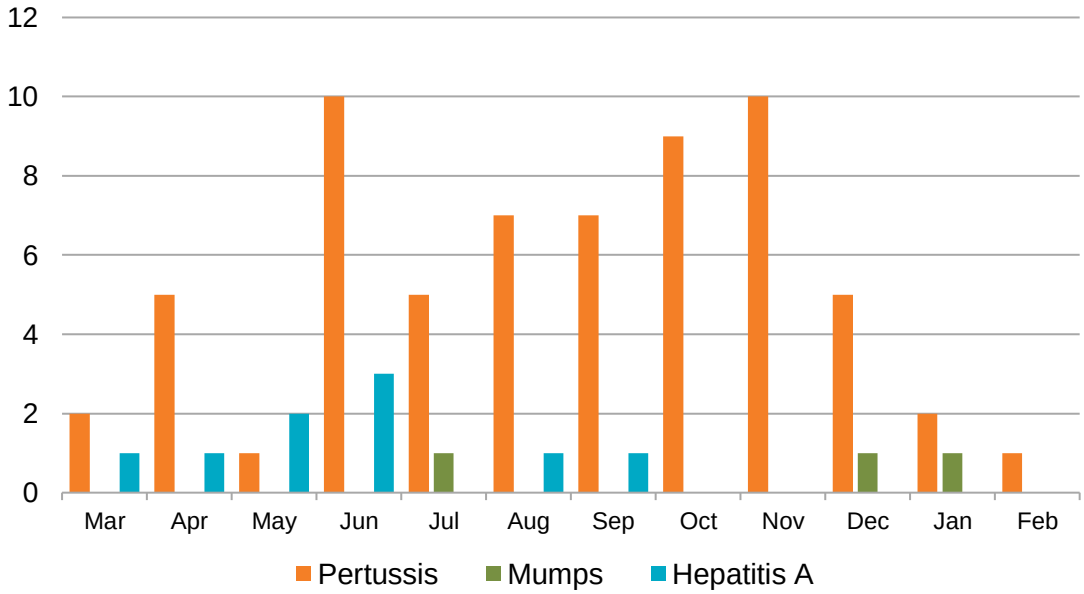



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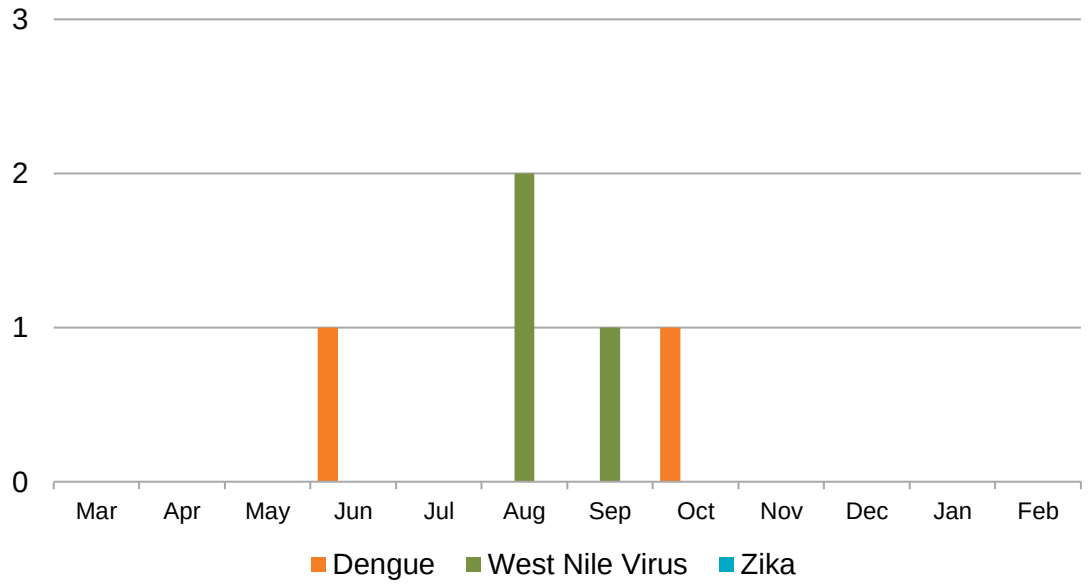
**Figure 4. Select Vector-Borne Infections by Month**
**March 2021 – February 2022**




All of the dengue and Zika virus cases are travel-associated. For additional information on Zika cases, see the HHSA Zika Virus webpage. 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.