EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

MONTHLY COMMUNICABLE DISEASE REPORT

JANUARY 2025

Volume 9, Issue 1: February 18, 2025

FOODBORNE DISEASE OUTBREAKS

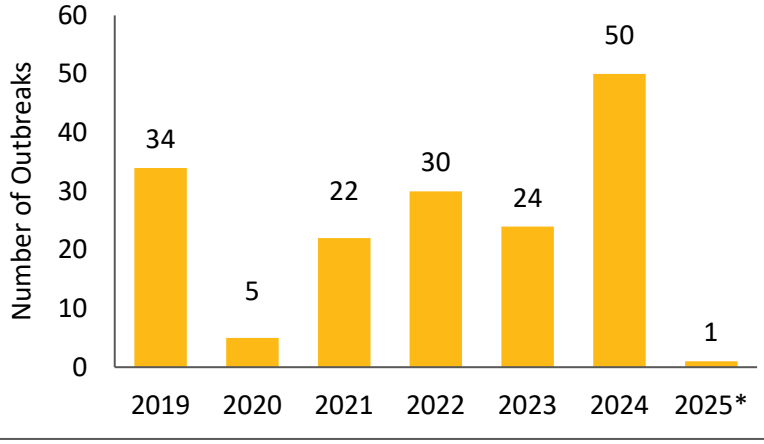
The Centers for Disease Control and Prevention (CDC) estimates that each year 48 million people get sick from foodborne illness, 128,000 are hospitalized, and 3,000 people die. While most people with foodborne illness get better without medical treatment, symptoms can sometimes be severe and even life-threatening, especially for pregnant people, children under 5, adults 65 or older, and those with weakened immune systems.

Over 250 pathogens can cause foodborne illness and outbreaks, including a variety of bacteria, viruses, and parasites. Toxins and chemicals can also cause foodborne illness. The top five pathogens responsible for foodborne illness in the United States are: norovirus, *Salmonella*, *Clostridium perfringens*, *Campylobacter*, and *Staphylococcus aureus*.

The California Code of Regulations (CCR), Title 17 §2500, defines a foodborne disease outbreak as an incident in which two or more persons experience a similar illness after ingestion of a common contaminated food, non-water beverage, or other ingestible item such as a dietary supplement or herbal remedy. Outbreaks of any disease, including foodborne disease outbreaks, are reportable to the local health jurisdiction.

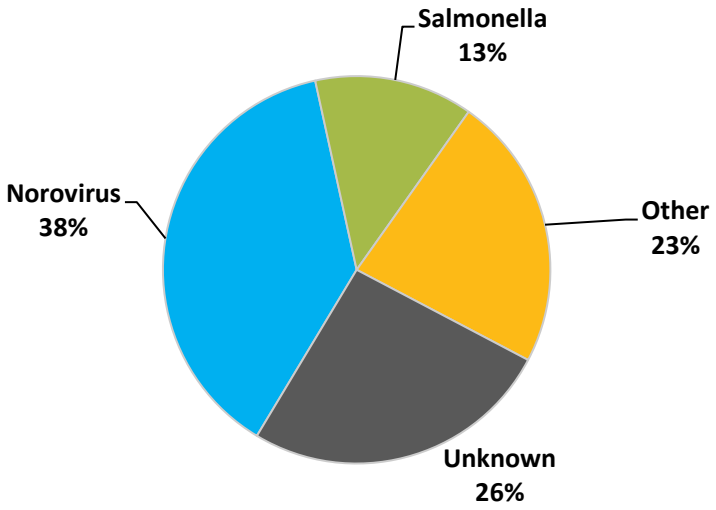
The County of San Diego Health and Human Services Agency (HHSA) requires immediate reporting when two or more cases, or suspected cases, of foodborne illness from separate households are believed to have the same source of illness. Since 2019, HHSA has investigated 166 foodborne disease outbreaks involving 1,137 outbreak-associated cases and 27 hospitalizations.

Figure 1. Foodborne Disease Outbreaks, San Diego County, 2019–2025*



*2025 data are year-to-date; data current as of 2/18/2025. Data are provisional and subject to change as additional information becomes available. One outbreak from 2023 and 15 of the outbreaks from 2024 are associated with multi-jurisdictional outbreaks involving consumption of raw oysters.

Figure 2. Foodborne Disease Outbreaks by Etiologic Agent, San Diego County (N=166), 2019-2025*



*2025 data are year-to-date; data current as of 2/18/2025. Data are provisional and subject to change as additional information becomes available. Etiologic agents may be confirmed, probable, or suspect based on laboratory testing and/or clinical criteria. Other etiologies include various bacteria, viruses, toxins, and parasites.

One of the outbreaks in 2023 and 15 of the outbreaks in 2024 were associated with multi-jurisdictional norovirus outbreaks involving consumption of raw oysters. Most foodborne disease outbreaks investigated by HHSA were

Continued on next page

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.

FOODBORNE DISEASE OUTBREAKS, continued

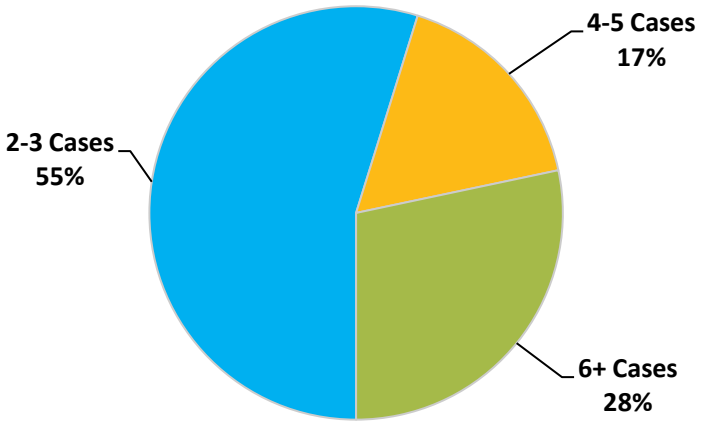
associated with norovirus (38%), unknown etiologies (26%), and *Salmonella* (13%). Other outbreak etiologies included suspected toxin-producing bacteria (11%), *Vibrio* (6%), *Campylobacter* (2%), Shiga toxin-producing *E. coli* (1%), scombroid fish poisoning (1%), *Shigella* (<1%) and *Bacillus cereus* (<1%).

More than half of the foodborne disease outbreaks investigated by HHSA during this time period involved two or three cases of reported illness. Another 17% of outbreaks involved four or five cases. The remaining 28% involved six or more cases. Since 2019, local foodborne disease outbreak case counts have ranged from 2-68 reported cases (median three cases per outbreak).

A total of 134 (81%) foodborne disease outbreaks involved food prepared at restaurants. The remaining 32 (19%) outbreaks involved food prepared at other or multiple locations, including caterers, grocery stores/markets, farmer's markets, fairs, and private homes. This is consistent with national data showing that restaurants are the most commonly reported locations of food preparation associated with foodborne disease outbreaks.

The County of San Diego Department of Environmental Health and Quality Food, Water, and Housing Division (DEHQ-FWHD) is responsible for investigating all locally-regulated food facilities, including restaurants, that are implicated in outbreaks. Single cases of suspected foodborne illness and general complaints regarding regulated food facilities may be directed to DEHQ-FWHD. Suspected foodborne illness associated with a reportable disease or condition diagnosed by a healthcare provider should be reported to the HHSA Epidemiology Unit. Once reported, suspected foodborne outbreaks are jointly investigated by DEHQ-FWHD and the Epidemiology Unit in order to identify the source of illness and recommend corrective actions to prevent others from becoming ill. There are many ways that food can become contaminated during the food production process. While it may be challenging to know exactly what caused a food item to become contaminated, everyone can play a role in making food safety a priority.

Figure 3. Foodborne Disease Outbreaks by Number of Cases, San Diego County (N=166), 2019-2025*



*2025 data are year-to-date; data current as of 2/18/2025. Data are provisional and subject to change as additional information becomes available.

Figure 4. Foodborne Disease Outbreaks by Location Food Was Prepared, San Diego County (N=166), 2019-2025*

*2025 data are year-to-date; data current as of 2/18/2025. Data are provisional and subject to change as additional information becomes available. Other locations include caterers, grocery stores/markets, farmer's markets, fairs, private homes, and multiple locations including restaurants.

Resources

- Department of Environmental Health Foodborne Illnesses website
- California Department of Public Health Foodborne Diseases and Outbreaks website
- CDC Foodborne Outbreaks website
- CDC Foodborne Disease Information for Healthcare Professionals
- CDC People with a Higher Risk of Food Poisoning
- CDC How to Prevent Food Poisoning
- Annual Reports of Foodborne Illness Source Attribution Estimates
- Incidence and Trends of Foodborne Infections, 2022
- FoodNet 2023 Preliminary Data

Suggested citation: Poranski M, Springfield O, Hopkins J, Maroufi A, Nelson JA. Foodborne Disease Outbreaks. County of San Diego Monthly Communicable Disease Report 2025; 9(1):1-2.

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Table 1. Select Reportable Diseases

Disease and Case Inclusion Criteria (C,P,S)		2025			Prior Years		
		January	December	January (YTD)	2024 YTD	Avg YTD, 2022-2024	2024 Total
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	0	0	0.0	5
Brucellosis	C,P	0	0	0	0	0.3	1
Campylobacteriosis	C,P	75	74	75	69	66.7	1,133
Candida auris	C	18	15	18	10	3.7	152
Chickenpox, Hospitalization or Death	C,P	0	0	0	1	0.7	3
Chikungunya	C,P	0	0	0	0	0.0	2
Coccidioidomycosis	C	0	18	0	44	38.3	554
Cryptosporidiosis	C,P	9	7	9	10	6.0	128
Dengue Virus Infection	C,P	1	2	1	1	0.7	64
Encephalitis, All	C	1	4	1	0	2.0	42
Giardiasis	C,P	26	16	26	19	13.3	241
Hepatitis A, Acute	C	0	4	0	4	2.3	18
Hepatitis B, Acute	C	3	0	3	1	2.0	16
Hepatitis B, Chronic	C,P	38	51	38	62	65.7	700
Hepatitis C, Acute	C,P	0	1	0	8	6.7	91
Hepatitis C, Chronic	C,P	222	215	222	166	198.0	2,157
Legionellosis	C	5	9	5	4	9.3	76
Listeriosis	C	1	2	1	0	0.0	10
Lyme Disease	C,P	0	0	0	1	0.3	4
Malaria	C	0	2	0	4	1.3	18
Measles (Rubeola)	C	0	0	0	1	0.3	4
Meningitis, Aseptic/Viral	C,P,S	2	6	2	3	3.0	99
Meningitis, Bacterial	C,P,S	1	8	1	7	4.3	44
Meningitis, Other/Unknown	C	1	0	1	2	2.3	25
Meningococcal Disease	C,P	1	0	1	1	0.3	5
Mumps	C,P	0	1	0	1	0.7	2
Pertussis	C,P	28	45	28	40	18.3	730
Rabies, Animal	C	0	2	0	0	0.0	13
Rocky Mountain Spotted Fever	C,P	0	0	0	0	0.0	4
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	48	51	48	44	40.0	748
Shiga toxin-Producing *E. coli* (including O157)	C,P	16	10	16	22	14.0	258
Shigellosis	C,P	25	18	25	33	32.3	468
Typhoid Fever	C,P	1	0	1	0	1.0	4
Vibriosis	C,P	2	2	2	3	2.0	50
West Nile Virus Infection	C,P	0	0	0	0	0.0	2
Yersiniosis	C,P	6	7	6	10	5.3	135
Zika Virus	C,P	1	0	1	0	0.0	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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Figure 5. Select Enteric Infections by Month
February 2024 – January 2025

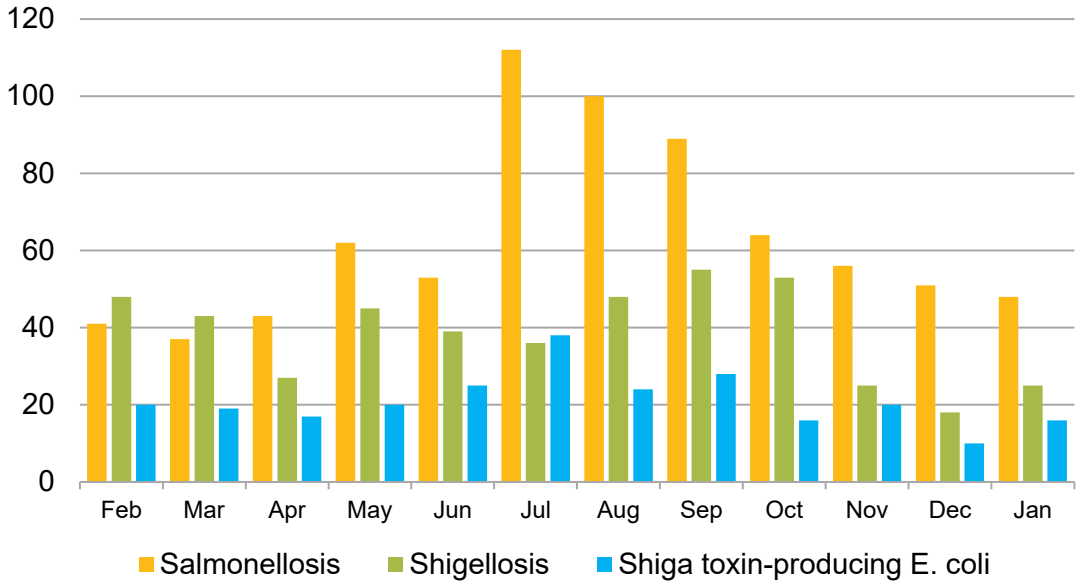

Figure 6. Select Vaccine-Preventable Infections by Month
February 2024 – January 2025

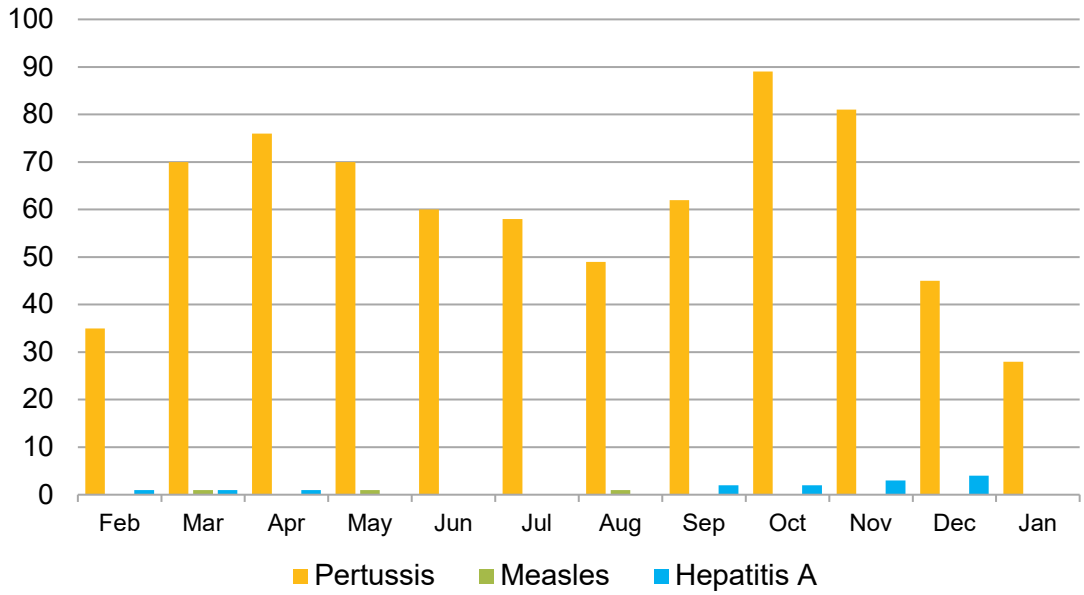

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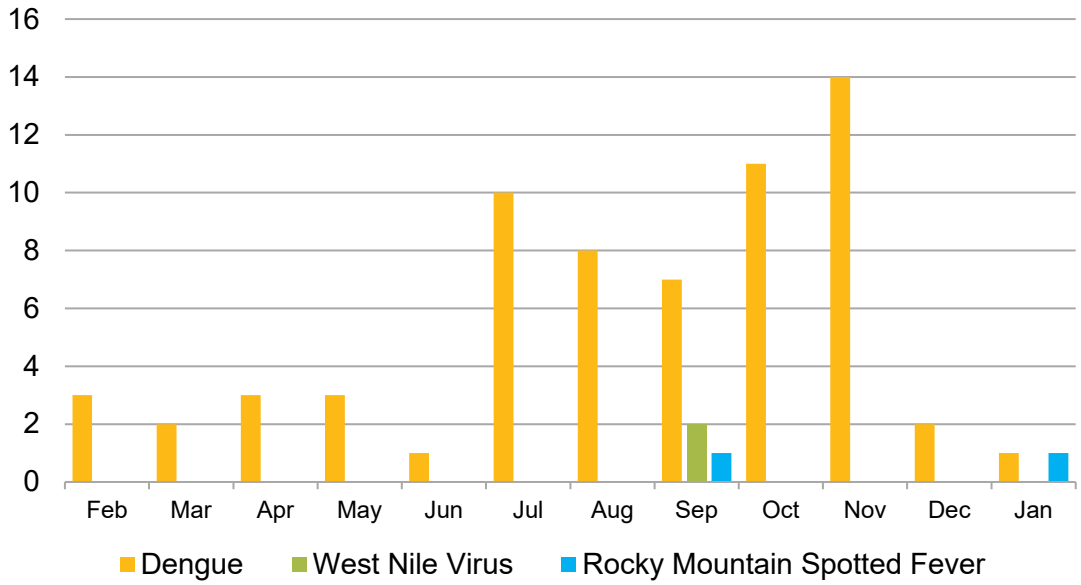
Figure 7. Select Vector-Borne Infections by Month
February 2024 – January 2025



See the County disease-specific webpages, for more information on West Nile virus and Dengue.
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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.