EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

MONTHLY COMMUNICABLE DISEASE REPORT

JUNE 2024

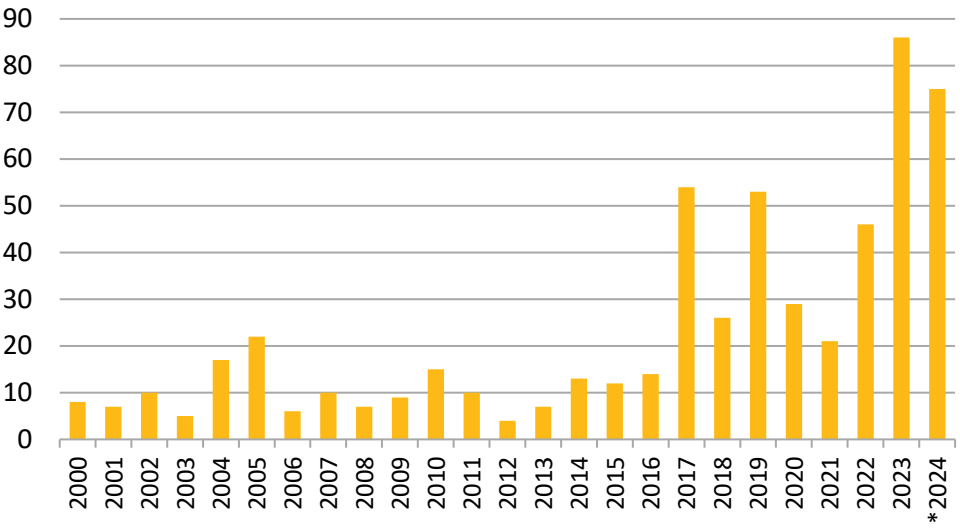
Volume 8, Issue 6: July 15, 2024

YERSINIOSIS

Yersiniosis is an acute enteric infection most frequently caused by the bacteria *Yersinia enterocolitica*. *Y. pseudotuberculosis* also causes some infections. Yersiniosis is relatively uncommon, but likely underdiagnosed.

Symptoms include fever and diarrhea, which may be bloody. Abdominal pain is also common and may mimic appendicitis, especially in older children and adults. Symptoms usually appear four to seven days after exposure (range one to 14 days) and may last for one to three weeks or longer.

Figure 1. Yersiniosis Cases, San Diego County, 2000-2024*



*2024 data are year-to-date; current as of 7/15/2024. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

Complications are rare, but postinfectious reactive arthritis and erythema nodosum (painful red bumps on the trunk or legs) have been noted, usually occurring one month post-onset and resolving on their own within six months. Treatment for yersiniosis is usually not required; most infections are self-limited. Antibiotics may be needed for severe infections.

Y. enterocolitica can be difficult to identify. Use of specific media and incubation of the organism at specific temperatures may aid in identification. Several culture-independent diagnostic testing (CIDT) panels that include targets for *Y. enterocolitica* are now available. The number of infections identified has increased in recent years as use of these panels increased. However, neither standard culture panels nor all molecular panels include *Y. enterocolitica*. If yersiniosis is suspected, clinicians should specifically request testing.

Yersiniosis is not nationally notifiable, but in a 2011 study, the Centers for Disease Control and Prevention (CDC) estimated approximately 117,000 yersiniosis cases each year, resulting in 640 hospitalizations and 35 deaths. Using data from sentinel FoodNet sites, CDC estimated yersiniosis incidence as 0.34 per 100,000 population in 2011 and 1.97 in 2022, an almost six-fold increase in just over 10 years. Similarly, in California, where yersiniosis is reportable to local health departments, reported cases increased from 72 in 2014 to 549 in 2022. San Diego County cases also increased dramatically during the same period (Figure 1), with a 2023 incidence of 2.6 per 100,000. Driven by a continued increase in CIDT panel use, the case count in 2024 is on pace to surpass that.

Transmission is fecal-oral through consumption of contaminated food or water or through contact with infected persons or animals. The most common source of infection is raw pork or pork products. Past outbreaks of yersiniosis have been attributed to pork chitterlings (chitlins), tofu, and milk.

Resources

- Centers for Disease Control and Prevention (CDC) *Yersinia enterocolitica* (Yersiniosis) website
- Foodborne Diseases Active Surveillance Network (FoodNet) website

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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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Table 1. Select Reportable Diseases

Disease and Case Inclusion Criteria (C,P,S)		2024 June	2024 May	2024 YTD	Prior Years 2023 YTD	Prior Years Avg YTD, 2021-2023	Prior Years 2023 Total
Botulism (Foodborne, Infant, Wound, Other)	C,P	1	0	2	0	0.7	1
Brucellosis	C,P	0	0	1	1	2.0	3
Campylobacteriosis	C,P	109	121	566	502	447.7	1,122
Candida auris	C	10	11	62	32	15.3	97
Chickenpox, Hospitalization or Death	C,P	0	1	3	3	2.0	8
Chikungunya	C,P	1	0	1	0	0.3	0
Coccidioidomycosis	C	9	20	189	238	221.3	481
Cryptosporidiosis	C,P	9	12	62	54	37.0	131
Dengue Virus Infection	C,P	3	4	15	2	1.7	26
Encephalitis, All	C	2	3	15	14	16.0	34
Giardiasis	C,P	18	21	113	105	89.0	237
Hepatitis A, Acute	C	0	0	7	32	17.7	45
Hepatitis B, Acute	C	0	0	3	7	8.7	13
Hepatitis B, Chronic	C,P	35	53	318	389	404.0	767
Hepatitis C, Acute	C,P	18	12	64	61	52.7	112
Hepatitis C, Chronic	C,P	134	172	933	1,136	1,551.7	2,176
Legionellosis	C	6	3	29	53	39.0	94
Listeriosis	C	0	0	2	6	5.7	11
Lyme Disease	C,P	1	0	3	1	4.0	12
Malaria	C	1	1	7	3	4.3	16
Measles (Rubeola)	C	0	1	3	0	0.0	0
Meningitis, Aseptic/Viral	C,P,S	13	9	44	32	31.7	63
Meningitis, Bacterial	C,P,S	2	2	23	20	16.0	42
Meningitis, Other/Unknown	C	0	1	11	9	11.3	25
Meningococcal Disease	C,P	0	0	4	3	1.7	4
Mumps	C,P	0	0	1	0	1.0	0
Pertussis	C,P	51	65	335	49	36.3	329
Rabies, Animal	C	0	0	0	3	2.0	8
Rocky Mountain Spotted Fever	C,P	2	0	3	0	1.0	4
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	49	60	272	255	229.3	685
Shiga toxin-Producing *E. coli* (including O157)	C,P	19	15	102	98	84.0	265
Shigellosis	C,P	35	44	227	197	156.7	523
Typhoid Fever	C,P	1	0	3	3	7.0	7
Vibriosis	C,P	2	2	13	10	8.0	45
West Nile Virus Infection	C,P	0	0	0	0	0.0	0
Yersiniosis	C,P	6	16	73	39	22.3	86
Zika Virus	C,P	0	1	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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Figure 2. Select Enteric Infections by Month
July 2023 – June 2024

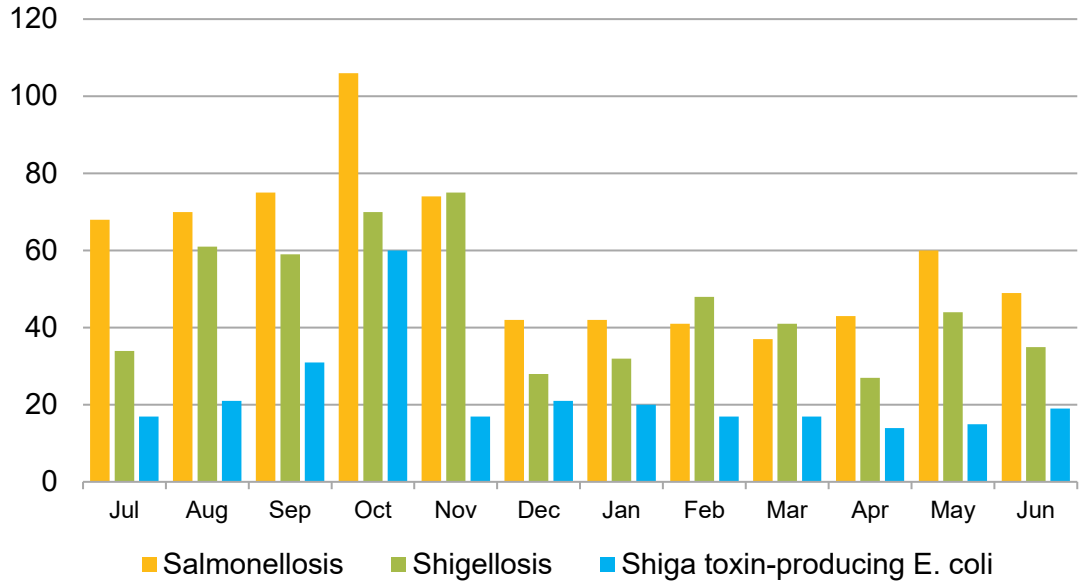

Figure 3. Select Vaccine-Preventable Infections by Month
July 2023 – June 2024

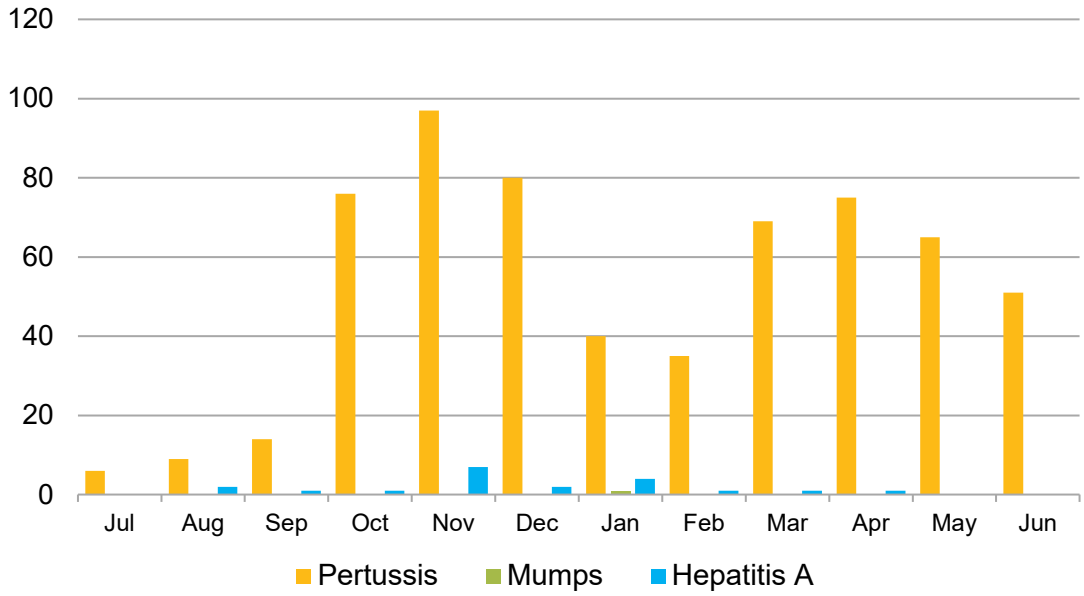

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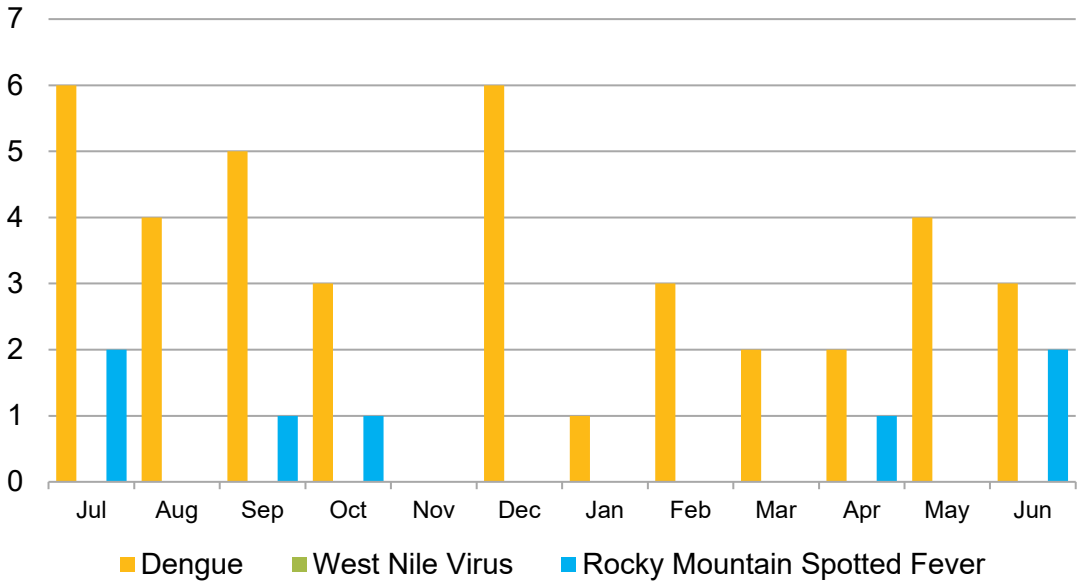
Figure 4. Select Vector-Borne Infections by Month
July 2023 – June 2024



All of the dengue cases are travel-associated. For more information on West Nile virus, see the County West Nile virus webpage.
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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.