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### RABIES

Rabies is an acute viral zoonotic disease of mammals, most frequently transmitted to humans through the bite of an infected animal. The rabies virus infects the central nervous system, causing a progressive encephalomyelitis that is nearly always fatal.

Symptoms in humans include anxiety, confusion, paralysis, hallucinations, agitation, hypersalivation, difficulty swallowing, and hydrophobia. Once symptoms begin, no treatment has proven consistently effective. The incubation period varies but is usually three to eight weeks. Fortunately, <u>rabies post-exposure</u>





\*All are bats except for one grey fox in 2010.

+2024 data are year-to-date; data current as of 12/16/2024. Data are grouped by CDC disease years and subject to change as additional information becomes available.

when administered as soon as possible after a suspected exposure to rabies virus. Human deaths from rabies remain common in under-developed countries around the world, where access to health care and rabies PEP is limited. Human rabies is <u>uncommon</u> in the United States, declining over the last century from 100 cases per year to only one to three cases annually in recent years. The last human rabies case in San Diego County was in 2001 in a person who was bitten by a dog in the Philippines. In the United States, rabies deaths are most often attributed to unrecognized exposures, such as unnoticed or seemingly insignificant <u>contact with a bat</u>, which can result in failure

## Table 1. Animals Tested for Rabies at San Diego County PublicHealth Laboratory, 2019-2024\*

Animal Type	Positive	Negative % Positive		Total Submitted⁺	
Bat	42	243	14.7%	302	
Cat	0	690	-	704	
Coyote	0	19	-	21	
Dog	0	1,587	-	1,611	
Racoon	0	39	-	42	
Skunk	0	67	-	72	
Other <sup>‡</sup>	0	28	-	31	
Total	42	2,673	1.5%	2,783	

\*2024 data are year-to-date; data current as of 12/10/2024.

\*Animals unsatisfactory for testing or yielding indeterminate results were excluded from positivity calculations. \*Other animals include bobcat (3), gopher (2), fox (2), opossum (4), rabbit (2), rat (3),

rodent (2), squirrel (7), giant eland (1), unspecified (2)

to seek medical attention.

The epidemiology of animal rabies in the United States has changed over the years. Prior to 1960, most cases of animal rabies were in domestic animals. Now, <u>over 90%</u> of rabies cases detected in animals in the United States (3,579 reported in <u>2022</u>) are in wild animals, primarily bats, raccoons, skunks, and foxes. Bats were the most frequently reported rabid wildlife species in the United States in 2022.

Since 2010, 130 animals have tested positive for rabies in San Diego County, including 12 so far this year; all were bats except for one (a grey fox infected with a bat variant of rabies in 2010).

A domestic animal has not tested positive for rabies in San Diego County in over 40 years. However,

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 <u>Data and</u> <u>Reports</u> page on the Epidemiology Program website (<u>www.sdepi.org</u>) and click on the subscribe link.



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## **RABIES**, continued



Data current as of 12/16/2024. Data are subject to change as additional information becomes available. Generally, only animals that have had contact with humans or pets are tested for rabies; counts are not reflective of all animal rabies in the county.

#### **Federal Resources**

- <u>Centers for Disease Control and Prevention (CDC) Rabies</u>
  <u>website</u>
- <u>Advisory Committee on Immunization Practices (ACIP)</u> Rabies PEP
- <u>ACIP Rabies Vaccine</u>
- Rabies Surveillance in the United States during 2022

#### **State Resources**

- <u>California Department of Public Health (CDPH) Rabies</u>
  <u>website</u>
- <u>CDPH California Compendium of Rabies Control and</u>
  <u>Prevention</u>
- Investigation, Management, and Prevention of Animal Bites in California
- <u>CDPH Rabies Surveillance in California Annual Report 2022</u>

#### **Local Resources**

County of San Diego Rabies website

#### Suggested citation:

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animals in the United States test positive for rabies each year. Bites from domestic dogs and cats should be considered a potential risk for rabies exposure, with increased risk when there is no evidence of animal ownership, the bite is unprovoked, the animal is ill appearing, or the animal is not up-to-date on rabies vaccination. Although the canine rabies virus variant is not present in the United States, pets can get rabies from contact with infected wild animals, or can be imported with rabies from rabies-endemic countries. To prevent rabies: keep pets up to date on rabies vaccines; stay a safe distance from wildlife (do

hundreds of domestic

not feed or touch); if you are bitten by an animal, thoroughly clean the wound and contact your healthcare provider.

The <u>Epidemiology Unit</u> is available 24/7 to provide consultation regarding potential rabies exposures. Rabies-related calls are among the most frequent type of calls received by the Epidemiology Unit from the public, the medical community, and animal health care providers. In the United States, approximately <u>60,000</u> <u>people receive PEP</u> each year to prevent rabies infection after a potential exposure.

Outdoor activity and animal-human interaction commonly increase during the summer and early fall, which leads to an increase in rabies-related inquiries to the Epidemiology Unit and animals submitted to the <u>San Diego County Public Health Laboratory</u> for rabies testing. Bats are the most likely animal species to test positive for rabies year-round and in locations throughout San Diego County.

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Table 2. Select Reportable Diseases							
	_	2024		Prior Years			
				January-		Avg YTD,	
				Nov.	2023	2021-	2023
Disease and Case Inclusion Criteria (C,P,S)		Nov.	October	(YTD)	YTD	2023	Total
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	1	5	0	2.7	1
Brucellosis	C,P	0	0	1	3	4.0	3
Campylobacteriosis	C,P	79	98	1,060	1,053	926.0	1,122
Candida auris	C	14	26	149	89	48.0	95
Chickenpox, Hospitalization or Death	C,P	0	0	3	7	3.7	8
Chikungunya	C,P	0	0	2	0	1.0	0
Coccidioidomycosis	С	18	38	472	408	396.7	454
Cryptosporidiosis	C,P	7	7	121	121	86.0	132
Dengue Virus Infection	C,P	16	11	66	20	12.3	25
Encephalitis, All	C	3	2	33	33	30.3	36
Giardiasis	C,P	11	23	218	212	183.3	240
Hepatitis A, Acute	C	3	2	14	43	26.3	45
Hepatitis B, Acute	C	1	1	14	12	13.3	13
Hepatitis B, Chronic	C,P	40	45	583	681	734.7	740
Hepatitis C, Acute	C,P	3	3	88	106	86.3	112
Hepatitis C, Chronic	C,P	185	272	1,985	2,044	2,715.7	2,176
Legionellosis	C	8	5	67	87	72.7	94
Listeriosis	C	0	0	8	11	11.7	11
Lyme Disease	C,P	0	0	4	11	10.3	13
Malaria	C	2	0	15	11	10.0	16
Measles (Rubeola)	C	0	0	4	0	0.0	0
Meningitis, Aseptic/Viral	C,P,S	3	6	92	57	57.0	62
Meningitis, Bacterial	C,P,S	2	3	35	35	28.0	41
Meningitis, Other/Unknown	C	1	0	24	23	25.0	25
Meningococcal Disease	C,P	0	0	4	4	2.3	4
Mumps	C,P	0	0	1	0	1.3	0
Pertussis	C,P	61	80	651	251	133.3	329
Rabies, Animal	C	1	4	11	8	5.0	8
Rocky Mountain Spotted Fever	C,P	0	0	4	4	2.3	4
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	54	63	696	648	616.7	685
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	17	18	247	244	196.3	265
Shigellosis	C,P	23	52	448	496	464.7	523
Typhoid Fever	C,P	0	0	4	5	9.0	7
Vibriosis	С,Р	1	2	49	42	43.0	45
West Nile Virus Infection	, С,Р	0	0	2	0	2.0	0
Yersiniosis	C,P	7	8	128	75	46.0	86
Zika Virus	С,Р	1	0	2	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 4. Select Vaccine-Preventable Infections by Month December 2023 – November 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.





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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

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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.





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