EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

MONTHLY COMMUNICABLE DISEASE REPORT

JULY 2018

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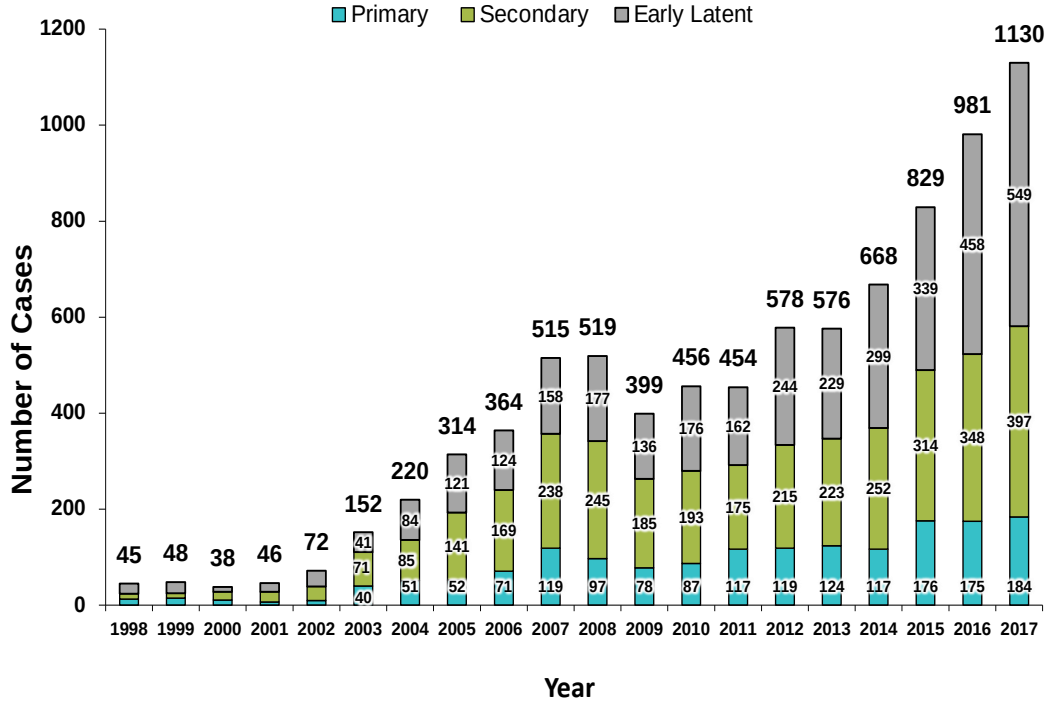
SYPHILIS

Syphilis, a bacterial infection caused by the spirochete *Treponema pallidum*, is divided into distinct stages based on clinical manifestations. Primary syphilis is characterized by one or more painless ulcers (chancres) that develop within 10 to 90 days at the site of inoculation.

Figure 1. Early Syphilis Cases by Year and Stage, San Diego County, 1998-2017



Secondary syphilis is a systemic phase of infection that occurs two to six weeks after primary syphilis. Rash, often with involvement of the palms and soles, is characteristic but not always present. Wart-like lesions (condylomata lata), mucous patches in the oral cavity and genitalia, patchy hair loss, fevers, chills, and swollen lymph nodes also may occur. Even without treatment, primary and secondary syphilis symptoms are self-limited.

Latent syphilis refers to the clinically silent stages of infection and is classified, based on duration of infection, as early (<1 year) or late (≥1 year or unknown duration).

Neurosyphilis, including ocular syphilis, can occur during any stage of infection. Symptoms may include headache, visual and hearing changes, numbness, and weakness. Visual loss can be permanent. Tertiary syphilis occurs after years of untreated infection and includes cardiovascular and musculoskeletal complications as well as tabes dorsalis (loss of coordination of movement) and general paresis (paralysis).

Congenital syphilis, or transmission of *T. pallidum* from mother to child during pregnancy or delivery, is a catastrophic, but completely preventable, condition that can cause multiple birth defects, blindness, hearing loss, stillbirth, and fetal death.

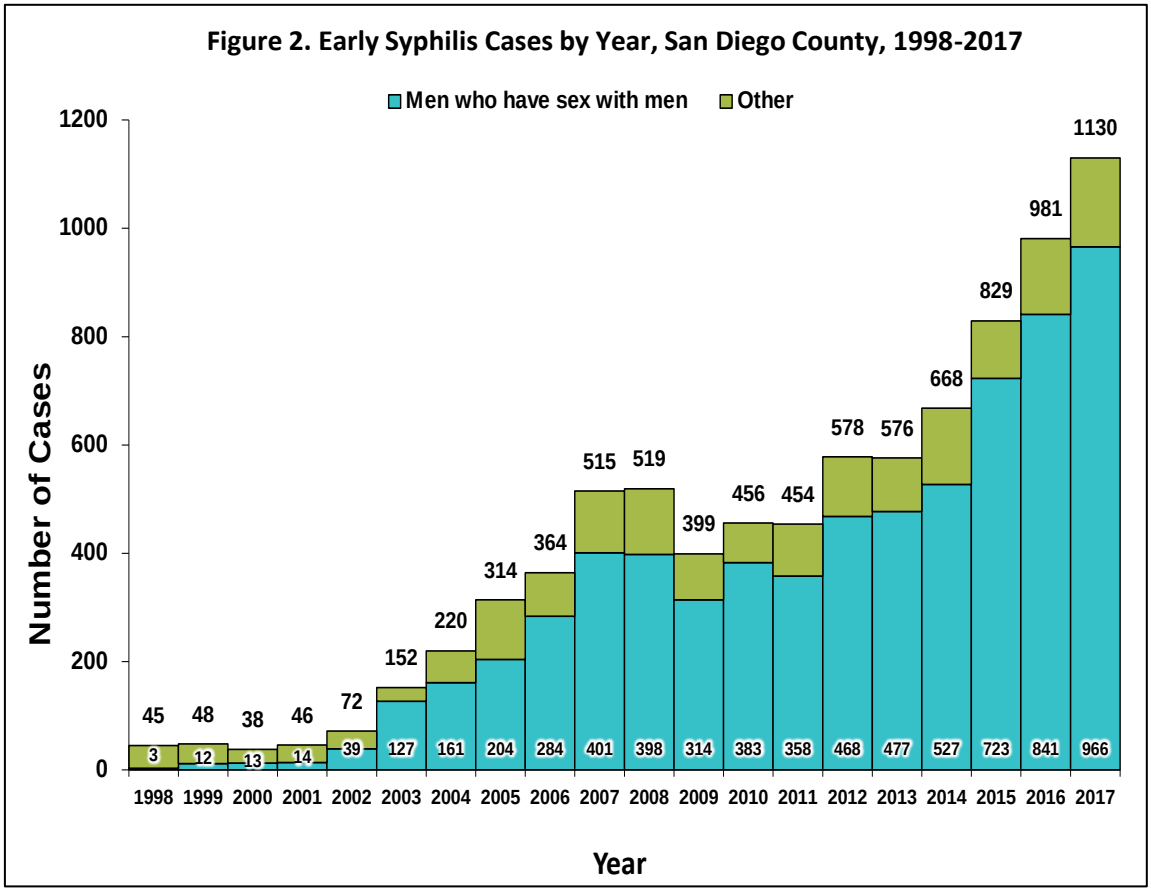
Sexual transmission of *T. pallidum* occurs during the symptomatic stages of infection, and people are not considered infectious after one year of infection (even without treatment). Therefore, adult transmission only occurs during primary, secondary, and early latent syphilis (i.e., “early syphilis”). Because transmission from mother to child is through the bloodstream, any stage of syphilis (early or late) is associated with risk for congenital syphilis.

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, send an email to EpiDiv.HHSA@sdcounty.ca.gov.

SYPHILIS, continued

Since 2000, syphilis has resurged throughout the United States, including San Diego County. Early syphilis reports have increased in the county from 38 cases in 2000 to 1,130 cases in 2017 (34.1 cases per 100,000 population), an increase of over 2000%. Gay, bisexual, and other men who have sex with men (MSM) are disproportionately impacted and accounted for 85.5% of infectious syphilis cases in 2017. Syphilis is associated with increased risk of human immuno-deficiency virus (HIV) acquisition and transmission. Of the MSM early syphilis cases reported in 2017, 55% were co-infected with HIV.



Congenital syphilis cases have increased by over 700% in California since 2012. Statewide, in 2017, there were 278 congenital syphilis cases, including 30 stillbirths, compared to 33 cases reported in 2012. This was associated with increased syphilis cases among women.

The Central Valley region had the highest rates of congenital syphilis in the state. In 2017, there were 11 cases of congenital syphilis in San Diego County. Although most of these did not have clinical manifestations of congenital syphilis, there have been 5 stillbirths from 2013-2017, including one in 2017.

Resources

- Centers for Disease Control and Prevention Syphilis website
- California Department of Public Health Syphilis website
- County of San Diego HIV, STD, and Hepatitis Branch website
- County of San Diego Sexually Transmitted Disease Data and Statistics website

This edition of the Epidemiology and Immunization Services Monthly Communicable Disease Report features a guest article from the County of San Diego HIV, STD, and Hepatitis Branch (HSHB). Their most recent data slides, including chlamydia and gonorrhea data, as well as additional syphilis data, are available on their data and statistics website. Also available on this website are past issues of the monthly report produced by HSHB. Reports include monthly and cumulative (year-to-date) cases and rates for reportable STDs in San Diego County and an editorial note.
To subscribe to the report and other STD-related health alerts, email STD@sdcounty.ca.gov with "Join STD" in the subject line.

Table 1. Select Reportable Diseases		2018			Prior Years		
Disease and Case Inclusion Criteria (C,P,S)		Current Month	Prior Month	Year-to-Date (YTD)	2017 YTD	Avg YTD, Prior 3 Years	2017 Total
Amebiasis	C	0	1	6	8	10.3	10
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	1	10	3	2.7	8
Brucellosis	C,P	0	0	1	3	2.0	5
Campylobacteriosis	C,P	85	96	447	546	442.0	883
Chickenpox, Hospitalization or Death	C,P	0	0	0	1	1.3	3
Chikungunya	C,P	0	1	3	2	2.3	2
Coccidioidomycosis	C	12	18	160	121	96.0	313
Cryptosporidiosis	C,P	9	7	39	30	17.0	54
Dengue Virus Infection	C,P	2	0	4	9	7.3	12
Encephalitis, All	C	3	1	26	27	41.3	43
Giardiasis	C,P	10	16	136	209	183.0	317
Hepatitis A, Acute	C	5	2	28	328	117.3	576
Hepatitis B, Acute	C	0	1	6	10	7.0	13
Hepatitis B, Chronic	C,P	76	75	510	509	497.0	868
Hepatitis C, Acute	C,P	0	0	1	4	1.7	4
Hepatitis C, Chronic	C,P	398	388	2,622	1,560	1,659.0	3,113
Legionellosis	C	2	0	27	43	34.7	66
Listeriosis	C	3	2	8	10	10.0	15
Lyme Disease	C,P	0	0	6	11	8.0	21
Malaria	C	0	0	4	3	4.7	8
Measles (Rubeola)	C	0	0	0	2	3.3	2
Meningitis, Aseptic/Viral	C,P,S	18	9	66	79	87.3	187
Meningitis, Bacterial	C,P,S	1	1	26	24	24.0	39
Meningitis, Other/Unknown	C	1	0	9	21	18.7	34
Meningococcal Disease	C,P	1	2	6	0	0.7	1
Mumps	C,P	1	2	6	8	7.3	15
Pertussis	C,P,S	25	49	440	671	523.0	1,161
Rabies, Animal	C	1	0	5	11	6.3	16
Rocky Mountain Spotted Fever	C,P	1	0	1	1	0.7	3
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	77	88	376	264	272.3	576
Shiga toxin-Producing *E. coli* (including O157)	C,P	26	17	86	21	25.0	288
Shigellosis	C,P	24	14	137	128	95.7	334
Typhoid Fever	C,P	0	0	0	2	2.3	2
Vibriosis	C,P	11	6	24	25	23.0	50
West Nile Virus Infection	C,P	0	0	0	1	1.3	2
Yersiniosis	C,P	4	1	16	34	15.7	54
Zika Virus	C,P	0	0	3	10	14.3	21

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 3. Select Enteric Infections by Month
August 2017 – July 2018

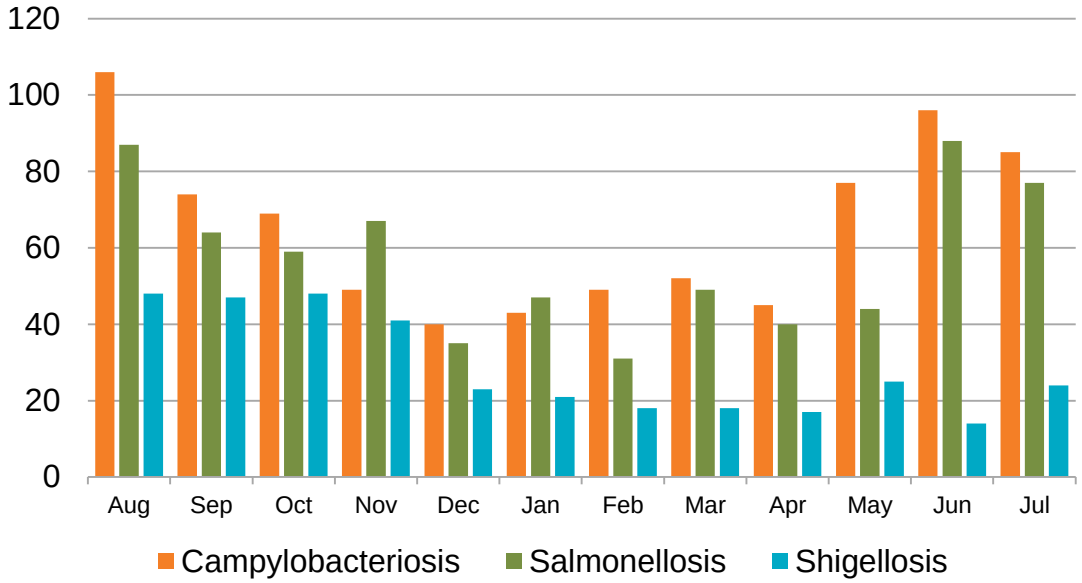


Figure 4. Select Vaccine-Preventable Infections by Month
August 2017 – July 2018

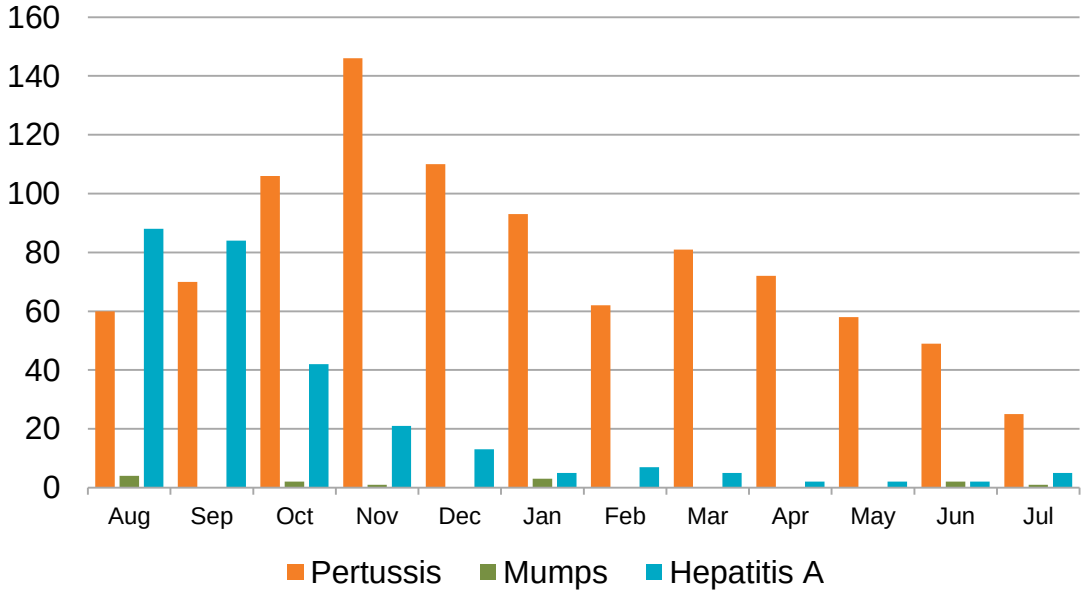


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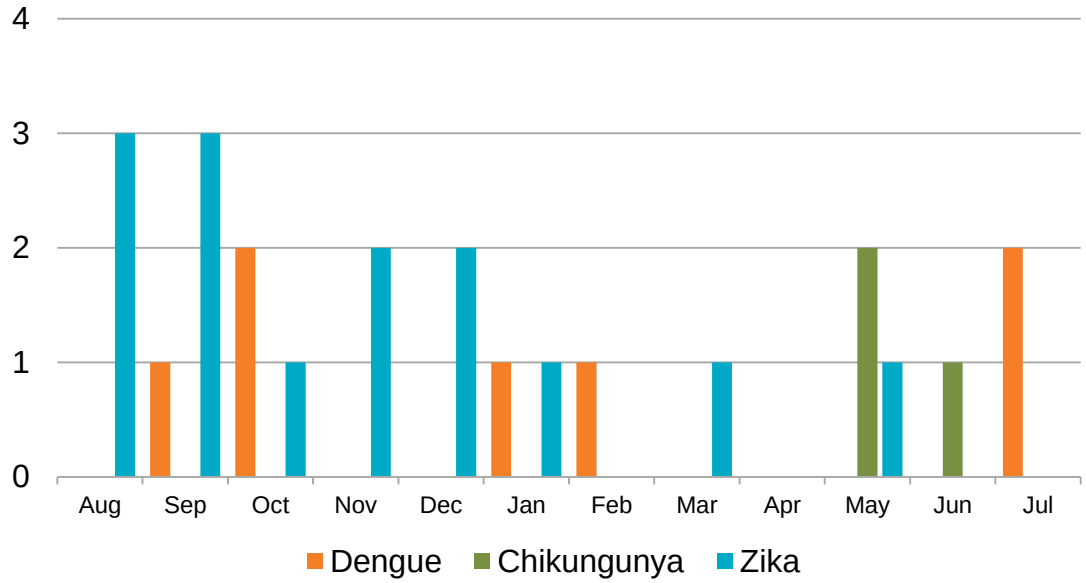
Figure 5. Select Vector-Borne Infections by Month
August 2017 – July 2018



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