

## YERSINIOSIS

Yersiniosis is an acute enteric infection most frequently caused by the bacteria *Yersinia enterocolitica*. *Y. pseudotuberculosis* also cause 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.

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. Some culture-independent diagnostic testing (CIDT) panels include targets for *Y. enterocolitica*. The number of infections identified may increase as use of these panels increases. However, neither standard culture panels nor all molecular panels include *Y. enterocolitica*. If yersiniosis is suspected, clinicians must specifically request testing.

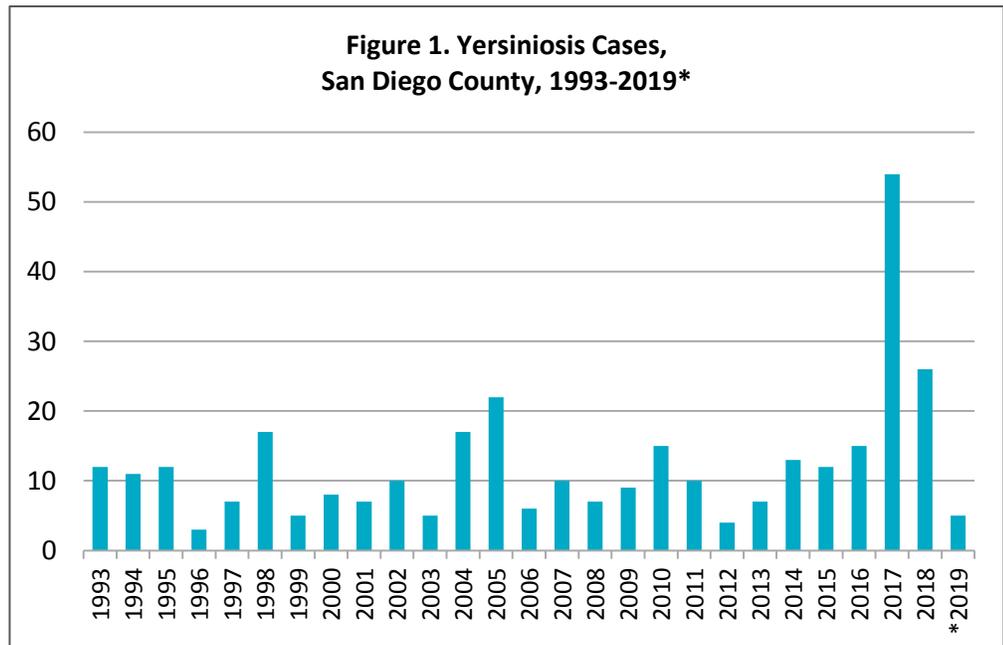
Yersiniosis is not nationally notifiable, but the Centers for Disease Control and Prevention (CDC) estimate that there are approximately 117,000 [yersiniosis cases](#) each year, resulting in 640 [hospitalizations](#) and 35 deaths. In California, yersiniosis is reportable to local health departments; 252 cases were [reported](#) in 2018. San Diego County saw a nearly four-fold increase in reported yersiniosis, from 15 cases in 2016 to 54 in 2017, largely driven by increased use of CIDT panels. The San Diego County case count of 26 in 2018 represented a decrease from the 2017 high, but was still elevated over previous years.

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 (large intestines, also known as chitlins), tofu, and milk.

### Resources

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

Figure 1. Yersiniosis Cases, San Diego County, 1993-2019\*



\*2019 data are year-to-date; current as of 3/15/2019. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

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 [Statistics and Reports](#) page on the Epidemiology Program website ([www.sdepi.org](http://www.sdepi.org)) and click on the subscribe link.

# MONTHLY COMMUNICABLE DISEASE REPORT

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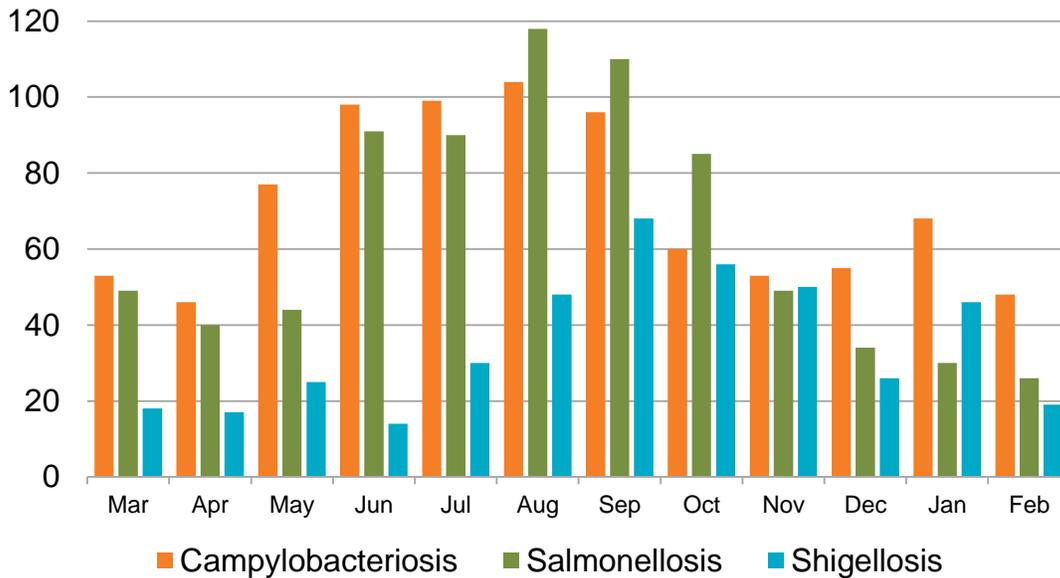


Table 1. Select Reportable Diseases		2019			Prior Years		
		Current Month	Prior Month	Year-to-Date (YTD)	2018 YTD	Avg YTD, Prior 3 Years	2018 Total
Disease and Case Inclusion Criteria (C,P,S)							
Amebiasis	C	0	2	2	3	1.7	10
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	0	2	1.0	11
Brucellosis	C,P	1	0	1	0	1.0	1
Campylobacteriosis	C,P	48	68	116	92	102.7	827
Chickenpox, Hospitalization or Death	C,P	0	0	0	0	0.0	4
Chikungunya	C,P	0	0	0	0	0.3	5
Coccidioidomycosis	C	19	38	57	64	40.3	295
Cryptosporidiosis	C,P	2	5	7	10	5.7	90
Dengue Virus Infection	C,P	0	0	0	2	3.0	8
Encephalitis, All	C	2	1	3	7	9.0	60
Giardiasis	C,P	13	18	31	47	48.0	227
Hepatitis A, Acute	C	1	0	1	12	9.7	35
Hepatitis B, Acute	C	0	1	1	1	1.3	9
Hepatitis B, Chronic	C,P	146	74	220	145	145.7	874
Hepatitis C, Acute	C,P	1	2	3	1	0.3	1
Hepatitis C, Chronic	C,P	251	363	614	704	522.7	4,194
Legionellosis	C	7	3	10	8	8.7	53
Listeriosis	C	0	1	1	1	2.0	13
Lyme Disease	C,P	1	0	1	1	1.0	13
Malaria	C	0	0	0	1	0.7	7
Measles (Rubeola)	C	0	0	0	0	0.0	0
Meningitis, Aseptic/Viral	C,P,S	9	7	16	11	14.0	129
Meningitis, Bacterial	C,P,S	1	5	6	13	9.7	35
Meningitis, Other/Unknown	C	0	2	2	0	4.7	16
Meningococcal Disease	C,P	1	2	3	3	1.0	11
Mumps	C,P	3	3	6	3	2.7	9
Pertussis	C,P,S	30	47	77	155	104.7	648
Rabies, Animal	C	0	0	0	2	1.3	7
Rocky Mountain Spotted Fever	C,P	0	0	0	0	0.3	1
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	26	30	56	78	61.0	772
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	5	7	12	11	7.3	171
Shigellosis	C,P	19	46	65	39	38.3	386
Typhoid Fever	C,P	1	3	4	0	0.3	4
Vibriosis	C,P	2	4	6	1	3.0	57
West Nile Virus Infection	C,P	0	0	0	0	0.0	3
Yersiniosis	C,P	4	1	5	2	2.0	26
Zika Virus	C,P	0	0	0	1	3.7	7

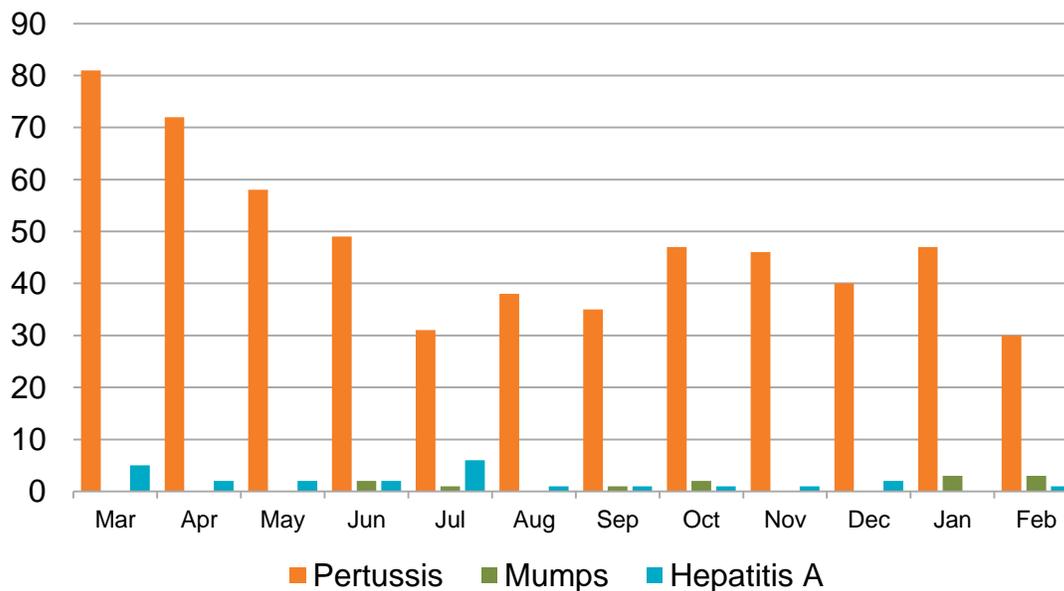
**Case counts are provisional and subject to change as additional information becomes available.** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from 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 2018 – February 2019**

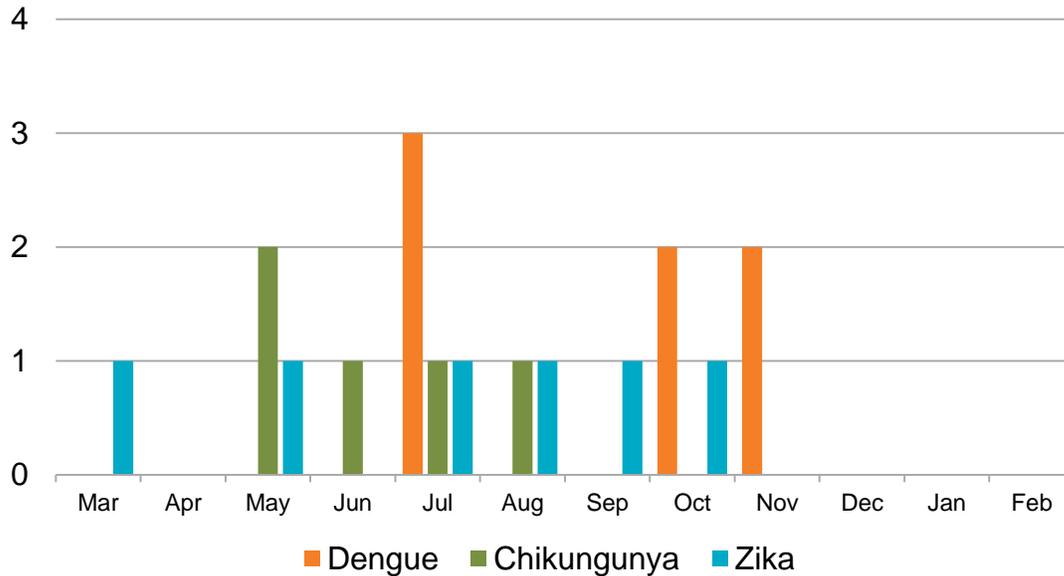


**Figure 3. Select Vaccine-Preventable Infections by Month  
March 2018 – February 2019**



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**Figure 4. Select Vector-Borne Infections by Month  
March 2018 – February 2019**



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](http://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>.