

MONTHLY COMMUNICABLE DISEASE REPORT

FEBRUARY 2023

Volume 7, Issue 2: March 20, 2023

HEPATITIS A

Hepatitis A is a highly contagious infection of the liver caused by the hepatitis A virus (HAV). Liver inflammation is observed, which leads to symptoms such as fever, vomiting, diarrhea, fatigue, and jaundice. Symptoms of HAV infection are clinically indistinguishable from other forms of acute viral hepatitis.

There is no specific treatment for HAV infection, but a highly effective vaccine introduced in 1995 reduced rates of reported disease by 95% in the United States (U.S.) by 2010. Beginning in late 2016, widespread person-to-person infections occurred across the U.S., primarily affecting persons experiencing homelessness and those who use illicit drugs. As of March 3, 2023, the Centers for Disease Control and Prevention (CDC) [reported](#) a cumulative total of 44,797 cases in these outbreaks, including 27,354 hospitalizations (61%) and 421 deaths.

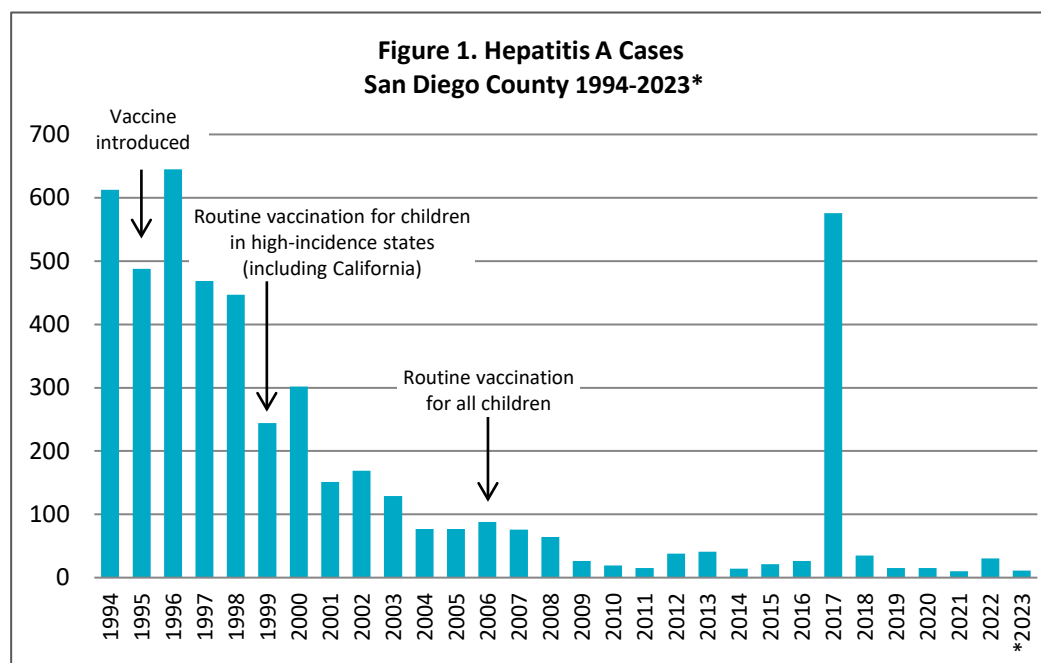
One of the first national person-to-person outbreaks occurred in San Diego County, where 592 HAV cases were detected, including 20 deaths. The local outbreak was [successfully terminated](#) using a “vaccinate, sanitize, educate” strategy that included the [declaration of a public health emergency](#). Local cases of HAV infection observed after the local outbreak are comparable to the pre-outbreak period.

HAV infection has a long incubation period (28 days on average, range 15-50 days) and persons become infectious up to two weeks prior to symptom onset. These factors contribute to the challenges of identifying sources of infection and interrupting transmission.

Humans are the only natural host for HAV and spread it via fecal-oral transmission: person-to-person from household members and sexual partners, by ingesting contaminated food or water, or by living in unsanitary conditions with inadequate handwashing. Specific sources of infection often remain unknown outside of common source outbreaks.

HAV infection in the U.S. has most frequently been found in populations with specific risk factors: travelers to [countries with high or intermediate endemicity](#) of HAV infection, men who have sex with men, users of injection and non-injection illegal drugs, and persons with clotting factor disorders. The recent HAV outbreaks have highlighted that persons experiencing homelessness (PEH) are [at increased risk](#) of infection even when other risk factors are considered. This led to the 2018 Advisory Committee on Immunization Practices (ACIP)

Continued on next page



*2023 is year to date; current as of 3/15/2023. 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 [Data and Reports](#) page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.



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HEPATITIS A, continued

recommendation to immunize PEH with HAV vaccine.

Prior to 2002, children had the highest reported rates of HAV infection in San Diego County. Rates were low for all age groups thereafter until the 2016-18 outbreak, which primarily affected those between 25 and 64 years of age. Illicit drug users and homeless persons have been also disproportionately affected by HAV infection in the county, especially since 2016. International travel has consistently been a locally-identified risk factor, though in 2020, most cases in the county had no identified risk factors.

Currently, San Diego County has an [increased hepatitis A](#) case count. Since the beginning of 2023, 11 acute hepatitis A infections have been confirmed. Seven of these cases are persons experiencing homelessness (PEH); four of those also reported using illicit drugs. Epidemiologic links have been identified between two pairs of cases; only one of those pairs were PEH. The County is conducting outreach to increase HAV vaccination rates especially among PEH and [encouraging local providers to do the same](#).

County of San Diego Resources

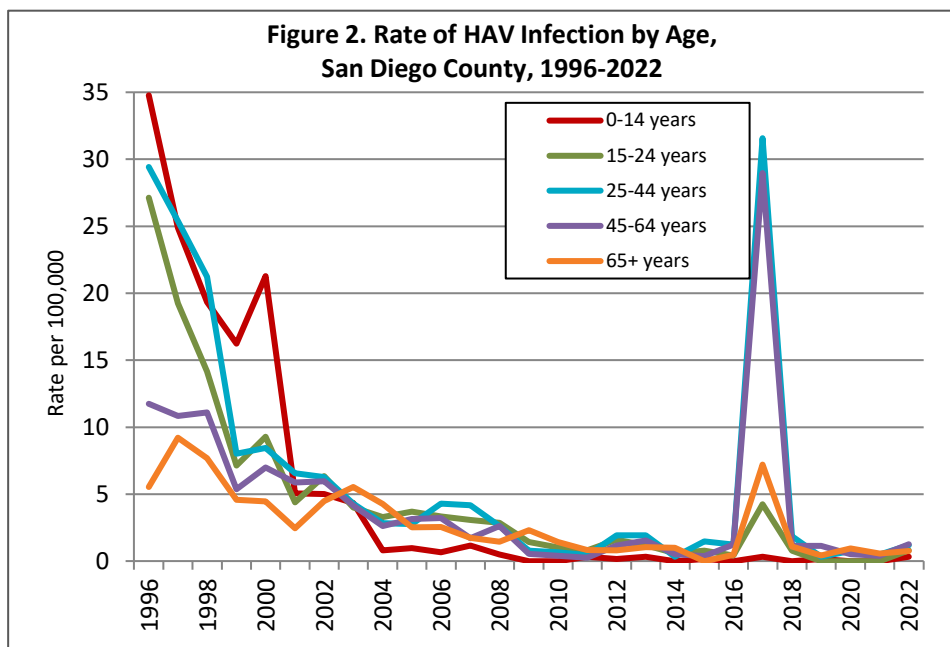
- [Hepatitis A website](#)
- [San Diego Immunization Program](#)

Other Resources

- [Centers for Disease Control and Prevention Hepatitis A website](#), includes the [current outbreaks webpage](#)
- [Recommendations of the Advisory Committee on Immunization Practices \(ACIP\) – Hepatitis A, 2020](#)
- [Epidemiology and Prevention of Vaccine-Preventable Diseases – Hepatitis A \(the Pink Book\)](#)
- [CDC Health Information for International Travel \(the Yellow Book\) – Chapter 3: Infectious Diseases Related to International Travel – Hepatitis A](#)
- [California Department of Public Health Hepatitis A website](#), including post-exposure prophylaxis, immune globulin administration, and vaccine information resources

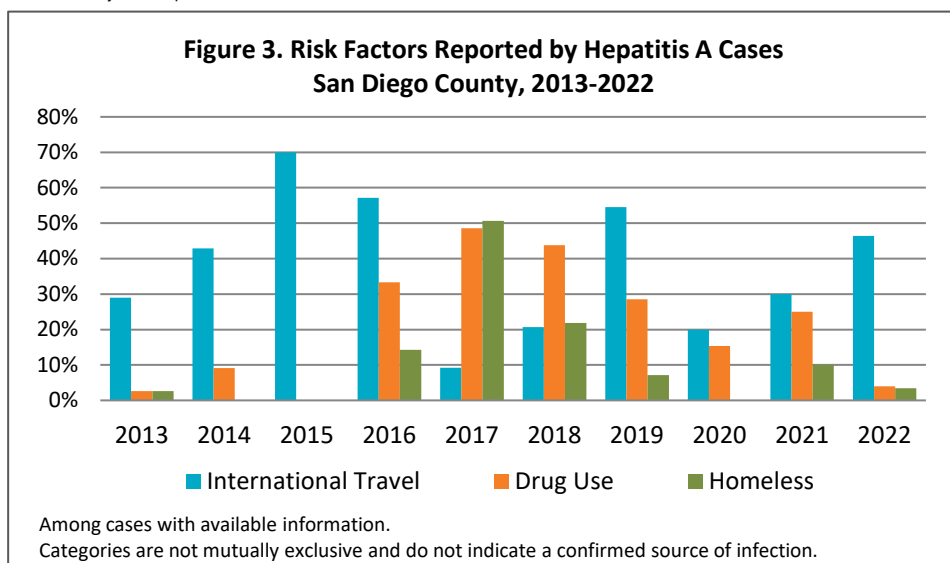
Suggested citation: Beatty M, Stous S, Nelson JA, Shah, S. Hepatitis A. County of San Diego Monthly Communicable Disease Report 2023; 7(2):1-2.

Figure 2. Rate of HAV Infection by Age, San Diego County, 1996-2022



Data current as of 3/15/2023. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years. Population data: SANDAG.

Figure 3. Risk Factors Reported by Hepatitis A Cases San Diego County, 2013-2022



Among cases with available information.

Categories are not mutually exclusive and do not indicate a confirmed source of infection.

Data current as of 3/15/2023. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.



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Table 1. Select Reportable Diseases		2023			Prior Years		
		Current Month	Prior Month	Year-to-Date (YTD)	2022 YTD	Avg YTD, 2020-2022	2022 Total
Disease and Case Inclusion Criteria (C,P,S)							
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	0	0	0.3	3
Brucellosis	C,P	0	0	0	1	0.7	4
Campylobacteriosis	C,P	54	84	138	90	99.7	921
Chickenpox, Hospitalization or Death	C,P	0	1	1	0	0.7	1
Chikungunya	C,P	0	0	0	1	0.3	2
Coccidioidomycosis	C	0	0	0	74	85.7	379
Cryptosporidiosis	C,P	3	4	7	6	6.0	87
Dengue Virus Infection	C,P	0	1	1	0	0.7	14
Encephalitis, All	C	1	2	3	3	7.3	13
Giardiasis	C,P	4	10	14	28	26.3	183
Hepatitis A, Acute	C	5	3	8	0	3.7	31
Hepatitis B, Acute	C	0	2	2	3	2.3	12
Hepatitis B, Chronic	C,P	67	55	122	155	138.3	891
Hepatitis C, Acute	C,P	4	4	8	16	18.3	66
Hepatitis C, Chronic	C,P	170	211	381	502	685.0	2,928
Legionellosis	C	7	12	19	15	11.7	72
Listeriosis	C	1	0	1	0	0.0	17
Lyme Disease	C,P	0	0	0	1	1.3	6
Malaria	C	0	1	1	1	1.7	11
Measles (Rubeola)	C	0	0	0	0	0.0	0
Meningitis, Aseptic/Viral	C,P,S	2	2	4	10	12.7	57
Meningitis, Bacterial	C,P,S	2	1	3	4	6.7	29
Meningitis, Other/Unknown	C	0	0	0	3	4.7	11
Meningococcal Disease	C,P	0	0	0	0	0.7	2
Mumps	C,P	0	0	0	1	4.3	3
Pertussis	C,P	10	10	20	6	54.7	89
Rabies, Animal	C	0	0	0	1	1.0	3
Rocky Mountain Spotted Fever	C,P	0	0	0	0	0.3	3
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	30	49	79	61	55.7	675
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	4	6	10	19	20.0	194
Shigellosis	C,P	31	38	69	50	42.7	517
Typhoid Fever	C,P	0	0	0	4	2.0	12
Vibriosis	C,P	0	1	1	3	3.0	36
West Nile Virus Infection	C,P	0	0	0	0	0.0	3
Yersiniosis	C,P	5	3	8	2	3.0	39
Zika Virus	C,P	0	0	0	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.

[San Diego County Sexually Transmitted Infection Data](#) | [San Diego County Tuberculosis Data](#)



Epidemiology and Immunization Services Branch

619-692-8499 ♦ www.sdepi.org

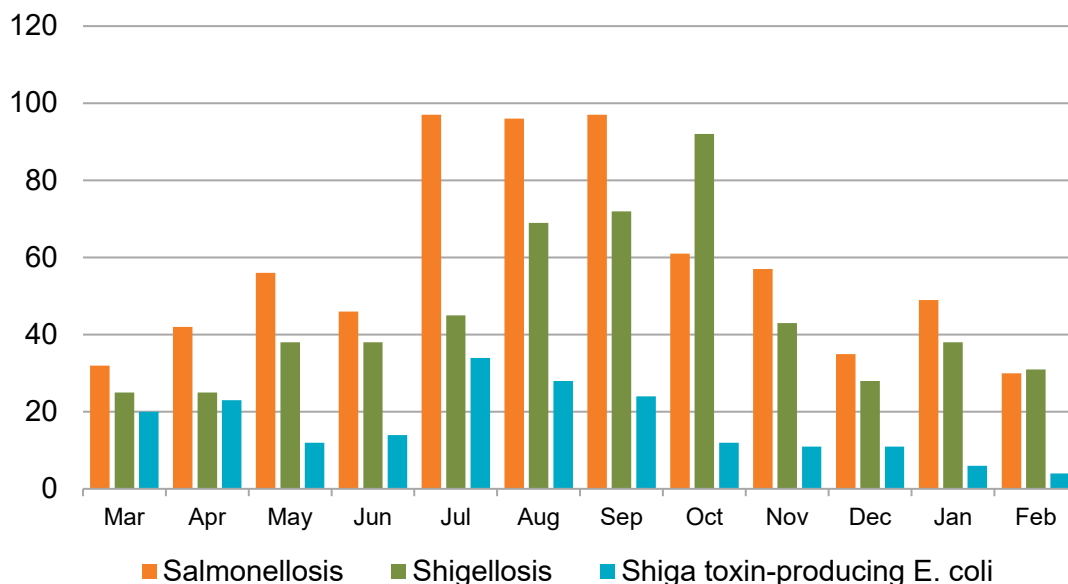
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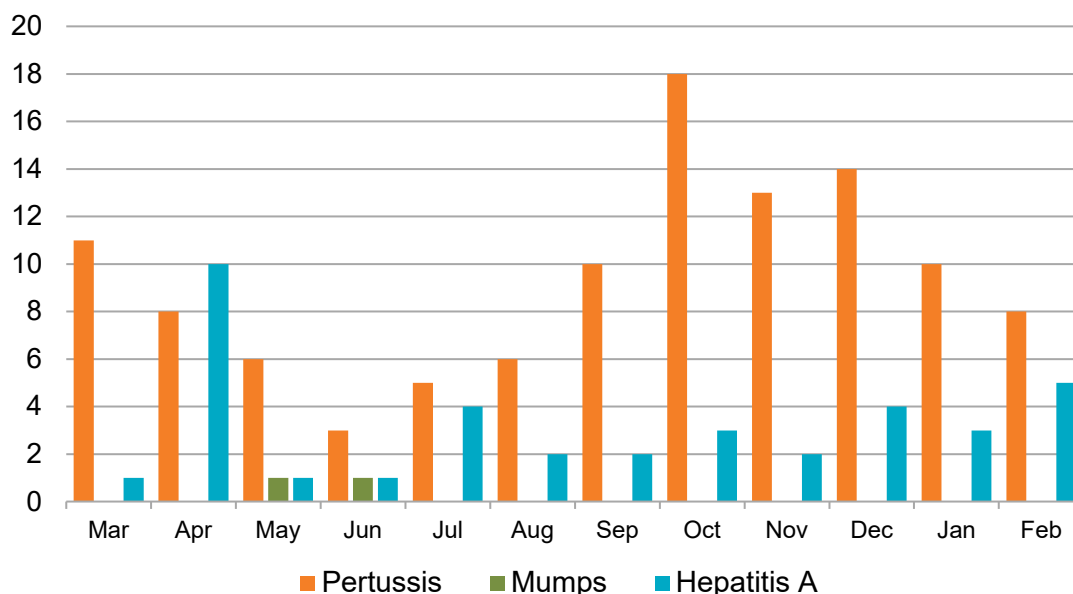
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**Figure 4. Select Enteric Infections by Month
March 2022 – February 2023**



**Figure 5. Select Vaccine-Preventable Infections by Month
March 2022 – February 2023**



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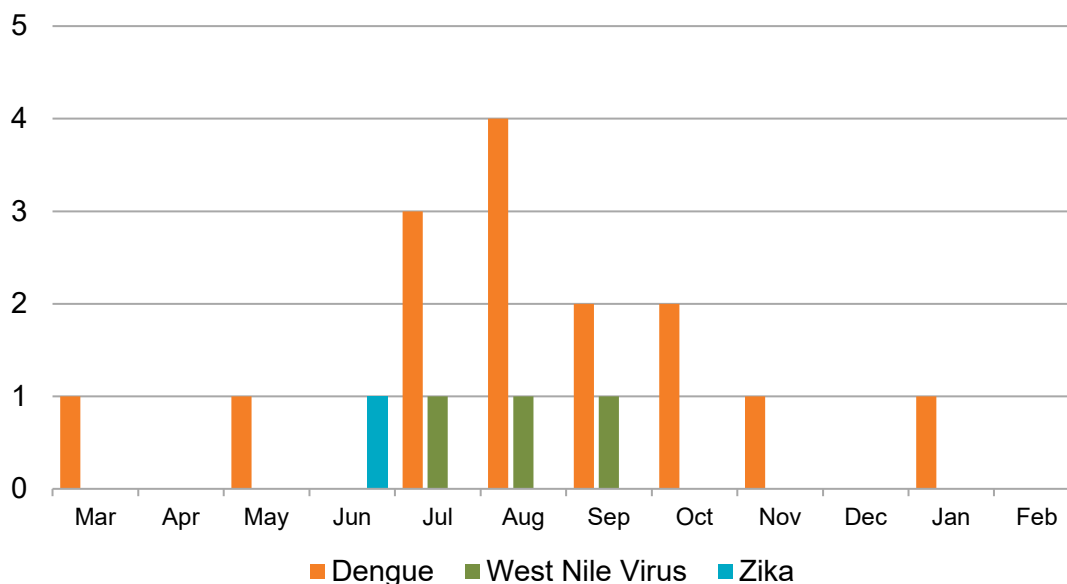


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**Figure 6. Select Vector-Borne Infections by Month
March 2022 – February 2023**



All of the dengue and Zika virus cases are travel-associated. For additional information on Zika cases, see the [HHSA Zika Virus webpage](#). 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

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>.

