

# MONTHLY COMMUNICABLE DISEASE REPORT

FEBRUARY 2026

Volume 10, Issue 2: March 16, 2026

## SILICOSIS

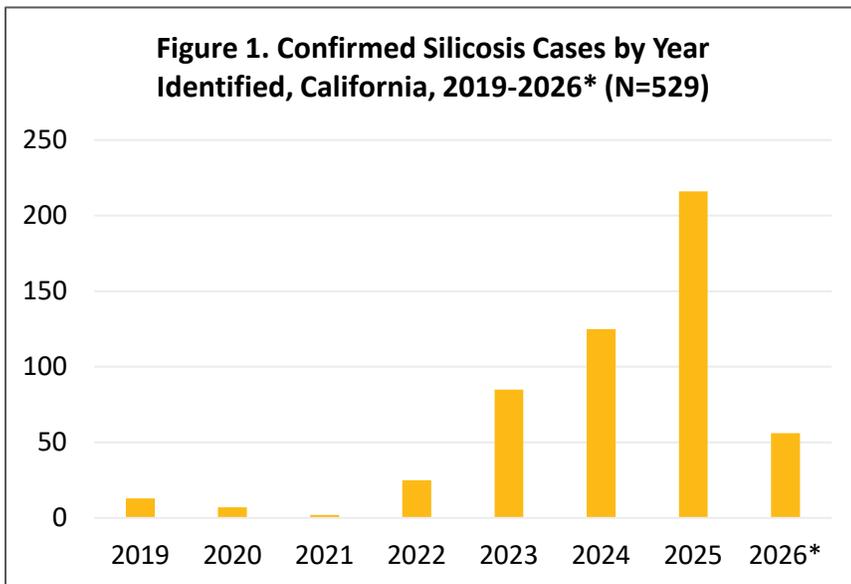
Silicon dioxide, commonly known as silica, is a primary component of the Earth’s crust, found in many minerals, rocks like granite or sand, and soil. Quartz is the most common form of crystalline silica and is widely used in engineered stone. Because it provides a durable, non-porous surface that resists stains and scratches, it is commonly used in kitchen and bathroom countertops. Silica dust, especially during countertop fabrication, can be inhaled and lead to silicosis, an incurable, irreversible lung disease.

Aside from its use in the countertop industry, crystalline silica is a well-known and extremely hazardous occupational exposure across multiple industries, including construction and demolition, denim jean manufacturing, hydraulic fracturing, mining, foundries, brickwork, and fabrication and processing of any silica-containing materials. Certain workplace tasks, such as cutting, grinding, and drilling, can lead to the release of microscopic respirable crystalline silica particles (10 micrometers or less in diameter) that can be easily inhaled deep into the lungs. Repeated inhalation over time can lead to silicosis, a severe, incurable lung disease, that causes permanent lung scarring, difficulty breathing, and even death.

Three types of silicosis—acute, accelerated, and chronic—exist depending on the duration and intensity of exposure. Acute silicosis, the most aggressive form, results from very high levels of exposure and can cause severe symptoms or death within months to a few years due to severe lung damage. Accelerated silicosis develops within 3-10 years and progresses rapidly due to high intensity exposures. Lastly, chronic silicosis, the most common form, occurs 10 to 20 years after low levels of silica exposure and causes progressive shortness of breath, persistent cough, and other symptoms. Silica exposure is also a known risk factor for lung cancer, tuberculosis, chronic obstructive pulmonary disease, kidney disease, and autoimmune disorders. In the case of tuberculosis in particular, inhaled silica damages lung tissue and impairs macrophage function, leading to reactivation of latent infection and progression of active tuberculosis. Since the disease is permanent and progressive, prevention efforts are critical.

Silicosis is one of the most prevalent chronic occupational diseases worldwide. Silicosis was designated as a [nationally notifiable condition](#) and was added to the Centers for Disease Control and Prevention’s [National Notifiable Diseases Surveillance System](#) (NNDSS) in 2009. Increased attention to accelerated silicosis during the 2010s coincided with the rapid growth of the quartz countertop industry and a surge of new cases. The California Department of Public Health has tracked silicosis cases related to countertop fabrication since 2019 and updates

*Continued on next page*



\*2026 data are year-to-date; current as of 3/12/2026. Data are provisional and subject to change as additional information becomes available.  
Source: <https://www.cdph.ca.gov/Programs/CCDCPP/DEODC/OHB/Pages/essdashboard.aspx>

*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](http://www.sdepi.org)) and click on the subscribe link.*

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## SILICOSIS, continued

data weekly on the [Engineered Stone Silicosis Surveillance Dashboard](#). Silicosis became a [mandatory reportable disease in California as of June 2025](#). As of March 12, 2026, there have been 529 confirmed cases in California with a median age of 46 years at diagnosis. Twenty-nine deaths have been reported with a median age of 49 years at death. Nearly all identified cases have occurred in Latino male workers, reflecting broader occupational and structural factors that place this group at increased risk. [Los Angeles County](#) has reported the highest number of cases (271) followed by Orange County (114) and San Diego County (48).

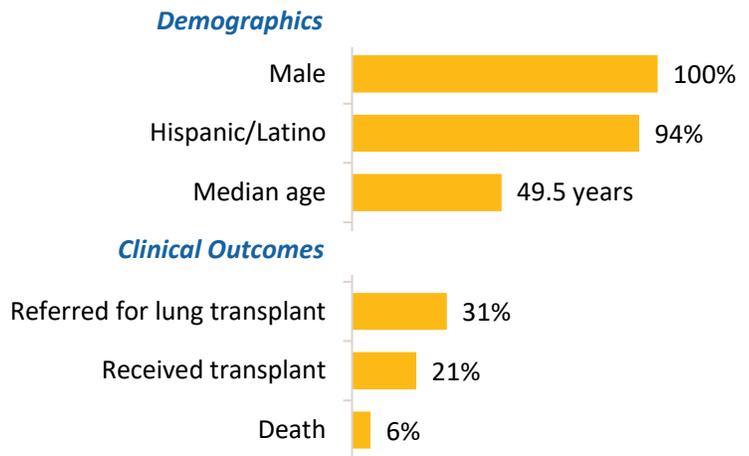
The Occupational Safety and Health Administration [mandates](#) protective respirators and strict engineering controls such as wet cutting or specialized ventilation systems, particularly when high levels of silica dust are generated. However, some employers may be unable to fully implement these safety standards. Active surveillance by healthcare providers and timely reporting of silicosis cases related to countertop fabrication are crucial to ensure appropriate medical care and monitoring, inform workplace exposure limits, and prevent premature morbidity and mortality.

### Resources

- [California Department of Public Health \(CDPH\) Silicosis website](#)
- [CDPH Engineered Stone Silicosis Surveillance Dashboard](#)
- [CDPH Countertop Fabrication Operations in California Dashboard](#)
- [Centers for Disease Control and Prevention \(CDC\) National Institute for Occupational Health and Safety \(NIOSH\) Silica website](#)
- [United States Occupational Safety and Health Administration \(OSHA\) Silica, Crystalline website](#)
- [Baum L, Arnold TC. Silicosis. \[Updated 2023 Aug 6\]. In: StatPearls \[Internet\]. Treasure Island \(FL\): StatPearls Publishing; 2026 Jan-.](#)

Suggested citation: Leigh RM, Nelson JA, Beatty M. Silicosis. County of San Diego Monthly Communicable Disease Report 2026; 10(2):1-2.

**Figure 2. Select Characteristics of Silicosis Cases Among Engineered Stone Countertop Fabrication Workers, San Diego County, 2022-2026\* (N=48)**



\*2026 data are year-to-date; current as of 3/16/2026. Data are provisional and subject to change as additional information becomes available. Source: California Department of Public Health

**CDPH Silicosis in Countertop Fabrication Workers: What Providers Need to Know**

**1. What is Silicosis?**  
Silicosis is a progressive and incurable fibrotic lung disease that develops due to inhalation of respirable crystalline silica. Many cases of silicosis<sup>1</sup> have been identified among countertop fabrication workers. Artificial stone materials, also known as quartz, have very high silica content (> 90%) and are especially dangerous.

**2. Who is at Risk?**

- Countertop fabricators who cut, polish or grind artificial stone can be exposed to large amounts of toxic silica dust, which can cause **accelerated silicosis**.
- Most cases identified in California have occurred among young **immigrant men**.
- Most patients report that **dust control measures**, such as water suppression, ventilation, and respiratory protection, were **inadequate in their workplaces**.

**3. Identifying Patients with Silicosis**

- Patients with silicosis may present with respiratory symptoms or be asymptomatic.
- Patients with silicosis are often misdiagnosed with tuberculosis (TB) or pneumonia.
- Providers should ask **patients about work history** and consider silicosis in both asymptomatic and symptomatic countertop fabrication workers.
- Order chest imaging and pulmonary function tests when silicosis is suspected.
  - Chest x-ray may have limited sensitivity for silicosis; consider follow-up chest CT if x-ray is negative and index of suspicion is high.



**4. Diagnostic Criteria**

- History of silica dust exposure
- Chest imaging and/or lung pathology consistent with silicosis
- Absence of another explanatory diagnosis

**Silicosis Diagnosis: Next Steps**

- Refer patients to Pulmonology and Occupational Medicine.
- Refer patients to Division of Workers' Compensation<sup>1</sup> (workers are eligible regardless of immigration status).
- Report to public health<sup>1</sup>.

**5. Silica Medical Surveillance Exams**

Cal/OSHA requires medical surveillance exams for silica exposed workers. Providers performing silica medical exams should review the Cal/OSHA silica regulation<sup>1</sup> for additional information.

**Such exams must include:**

- Clinical and occupational history, physical exam
- Low-dose chest CT **OR** chest x-ray classified by NIOSH-certified B reader, depending on exposure.
  - a. Chest x-ray: profusion score > 1/0 is abnormal.**
- Pulmonary function tests (spirometry)
- Latent TB infection test

Report all silicosis cases detected through medical surveillance to Cal/OSHA<sup>1</sup> and California Department of Public Health (CDPH). In addition, report all exam results, regardless of diagnosis, to CDPH.

**6. Treatment Options**

Treatment options are limited, with no specific therapy identified at this time. Recommendations for management include:

- Avoiding** further silica exposure, which may be difficult for patients who depend on this work for their livelihood. For patients with silicosis who choose to continue in countertop fabrication, a supplied-air respirator is required.
- Supportive care** with bronchodilators for symptom management and supplemental oxygen when needed.
- Lung transplant** when respiratory failure progresses.

May 2025 • V2.0 <sup>1</sup> For more information, and for links to the resources in this document, scan the QR Code or visit [Silicosis for Health Care Providers](#)



<https://www.cdph.ca.gov/Programs/CCDC/DEOD/OC/OSHA/CDPH%20Document%20Library/SilicosisinCountertopFabricationWorkersWhatProvidersNeedtoKnow.pdf>

# MONTHLY COMMUNICABLE DISEASE REPORT

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Table 1. Select Reportable Diseases		2026			Prior Years		
		February	January	January - February (YTD)	2025 YTD	Avg YTD, 2023-2025	2025 Total
Disease and Case Inclusion Criteria (C,P,S)							
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	0	0	0.0	4
Brucellosis	C,P	0	0	0	0	0.0	0
Campylobacteriosis	C,P	77	65	142	136	147.3	1,199
<i>Candida auris</i>	C	15	10	25	45	25.7	170
Chickenpox, Hospitalization or Death	C,P	0	1	1	0	0.7	2
Chikungunya	C,P	0	0	0	0	0.0	1
Coccidioidomycosis	C	57	57	114	134	100.0	661
Cryptosporidiosis	C,P	4	13	17	15	14.0	154
Dengue Virus Infection	C,P	0	1	1	5	3.3	17
Encephalitis, All	C	1	2	3	8	6.0	33
Giardiasis	C,P	10	16	26	51	40.7	247
Hepatitis A, Acute	C	0	0	0	1	4.7	11
Hepatitis B, Acute	C	1	1	2	7	4.0	15
Hepatitis B, Chronic	C,P	41	67	108	117	108.3	704
Hepatitis C, Acute	C,P	0	0	0	17	16.7	96
Hepatitis C, Chronic	C,P	147	115	262	298	342.3	1,388
Legionellosis	C	12	10	22	12	16.3	78
Listeriosis	C	0	0	0	2	1.3	9
Lyme Disease	C,P	0	0	0	0	0.7	7
Malaria	C	0	1	1	1	2.0	15
Measles (Rubeola)	C	0	0	0	0	0.3	1
Meningitis, Aseptic/Viral	C,P,S	5	2	7	5	8.3	87
Meningitis, Bacterial	C,P,S	0	6	6	6	8.0	48
Meningitis, Other/Unknown	C	3	6	9	2	3.7	31
Meningococcal Disease	C,P	0	0	0	2	1.3	11
Mumps	C,P	0	0	0	1	0.7	8
Pertussis	C,P	14	22	36	84	62.0	341
Rabies, Animal	C	1	2	3	0	0.0	21
Rocky Mountain Spotted Fever	C,P	0	0	0	0	0.0	1
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	31	49	80	86	86.3	927
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	13	20	33	36	32.0	290
Shigellosis	C,P	20	34	54	47	66.7	399
Typhoid Fever	C,P	0	1	1	1	0.7	2
Vibriosis	C,P	3	1	4	5	3.3	56
West Nile Virus Infection	C,P	0	0	0	0	0.0	0
Yersiniosis	C,P	6	13	19	27	21.3	160
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. Includes San Diego County resident cases only.

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

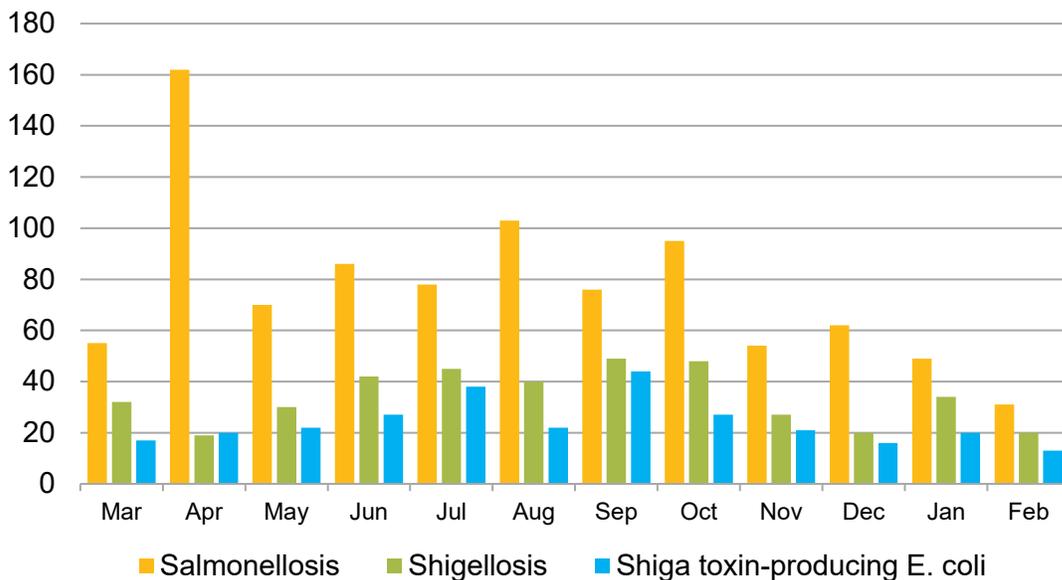


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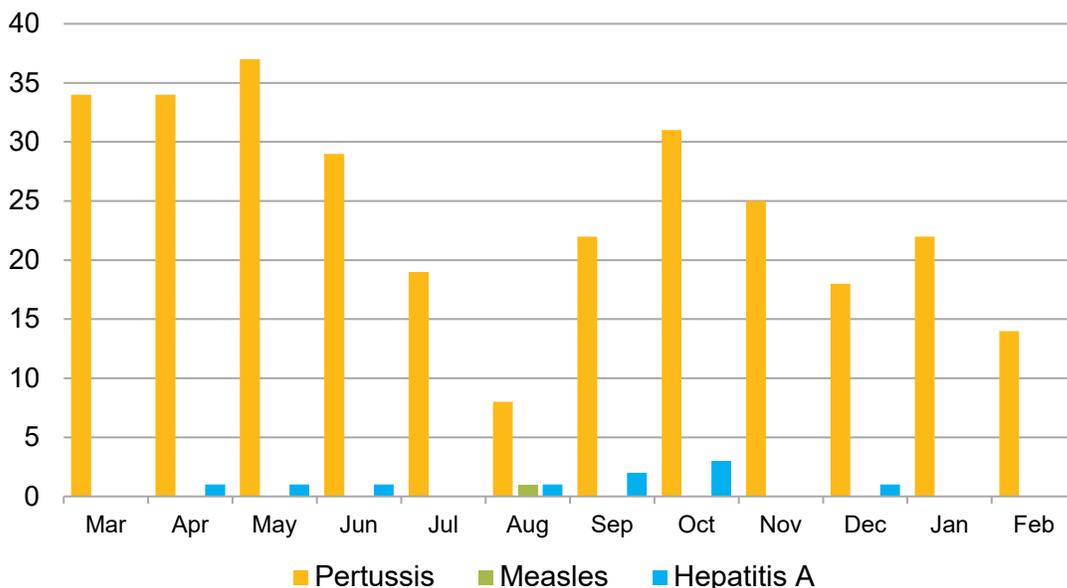
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**Figure 3. Select Enteric Infections by Month  
March 2025 – February 2026**



**Figure 4. Select Vaccine-Preventable Infections by Month  
March 2025 – February 2026**



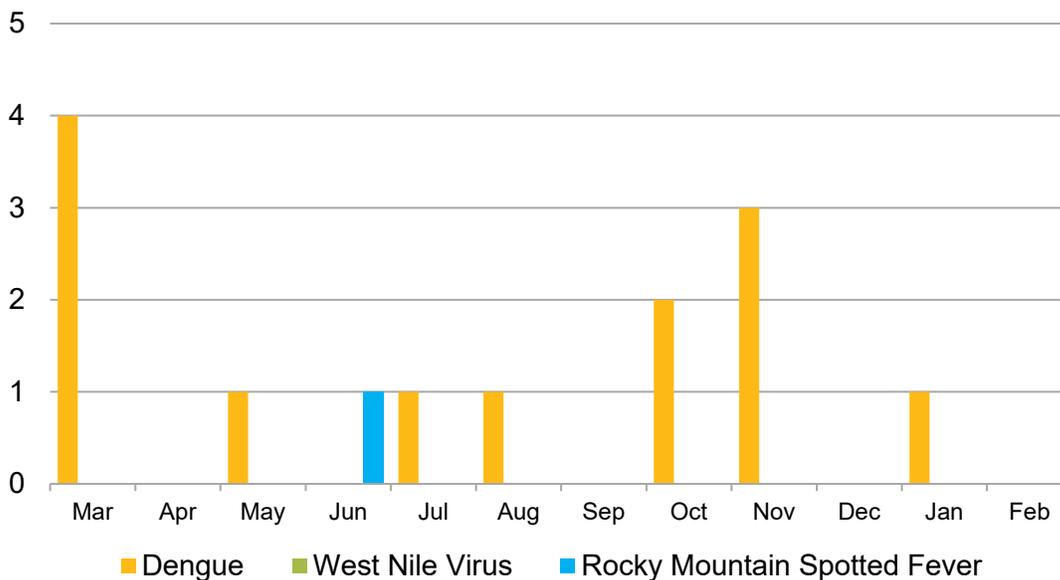
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**Figure 5. Select Vector-Borne Infections by Month  
March 2025 – February 2026**



See the County disease-specific webpages, for more information on [West Nile virus](#) and [Dengue](#).

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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](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>.