EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

MONTHLY COMMUNICABLE DISEASE REPORT

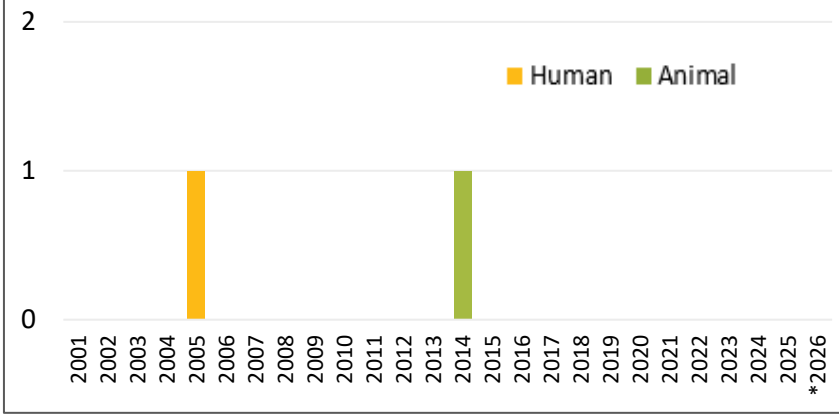
MARCH 2026

Volume 10, Issue 3: April 15, 2026

TULAREMIA

Tularemia is caused by the bacterium *Francisella tularensis*, which can infect more than 100 animal species, most commonly wild rodents, rabbits, and hares. It is transmitted to humans via tick or deer fly bites or through handling infected animals (e.g., during hunting or skinning). Infection can also spread through contaminated water, incorrectly prepared meat, or inhalation of contaminated aerosols. *F. tularensis* is highly infectious and has been designated as a potential bioterrorism agent. No cases of transmission from person to person have been reported.

Figure 1. Human and Animal Tularemia Cases, San Diego County, 2001-2026*



*2026 data are year-to-date; current as of 4/15/2026.

Both human and animal cases are reportable in California. The only human case reported in San Diego County in the last 30 years (Figure 1) was in a child who had contact with an ill wild rabbit; a domestic cat tested positive in 2014. Most cases in the United States occur from May through September, when outdoor activities are common. Every state except Hawaii has reported cases of tularemia, with the highest case numbers in central states and parts of Massachusetts. The disease is more common in males and children. In 2023, 196 cases were reported in the United States.

Symptoms vary depending on route of infection and can range from mild to life-threatening. When infected via a tick or deer fly bite or by handling an infected animal, a skin ulcer may form at the site, leading to swelling of the regional lymph glands. Less common routes of infection include inhalation of aerosols, with symptoms of coughing, chest pain, and difficulty breathing; entry through the eyes, causing inflammation of the eye and preauricular node swelling; and consuming contaminated food or water, which causes ulcers, stomach pains, tonsillitis, and cervical lymphadenopathy. Typhoidal tularemia is characterized by high fevers, headaches, and other systemic symptoms without localized findings. Tularemia has an incubation period of 3-5 days.

Because laboratory workers may be exposed if they do not take appropriate precautions, providers should immediately alert the laboratory if they suspect a tularemia case. Treatment should be initiated as soon as tularemia is suspected, as a delay in treatment can lead to therapeutic failure.

There is currently no licensed vaccine for tularemia, making environmental and occupational exposure prevention essential. Individuals can protect themselves from ticks by wearing protective gear, using repellents, and frequently checking for the presence of ticks and bites. Protective gear should also be worn in situations where carcasses of rabbits, hares, and rodents are being handled. Potentially infected animals, including domestic cats and dogs, should not be directly touched if they are sick or deceased. All game meat should be adequately cooked, and proper precautions must be met when handling clinical specimens in the laboratory.

Resources

- Centers for Disease Control and Prevention Tularemia website
- California Department of Public Health (CDPH) Tularemia website
- County of San Diego One Health Epidemiology Program

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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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Table 1. Select Reportable Diseases

Disease and Case Inclusion Criteria (C,P,S)		2026 March	2026 February	2026 January - March (YTD)	Prior Years 2025 YTD	Prior Years Avg YTD, 2023-2025	Prior Years 2025 Total
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	0	1	0.7	4
Brucellosis	C,P	0	0	0	0	0.0	0
Campylobacteriosis	C,P	89	77	231	200	221.3	1,199
Candida auris	C	14	15	39	52	32.3	169
Chickenpox, Hospitalization or Death	C,P	0	0	0	0	0.7	2
Chikungunya	C,P	0	0	0	0	0.0	1
Coccidioidomycosis	C	52	56	165	188	143.7	661
Cryptosporidiosis	C,P	13	4	30	26	27.0	154
Dengue Virus Infection	C,P	0	0	1	9	5.3	17
Encephalitis, All	C	3	2	7	11	9.3	35
Giardiasis	C,P	10	11	38	72	59.7	249
Hepatitis A, Acute	C	0	0	0	1	7.7	11
Hepatitis B, Acute	C	0	3	4	10	6.0	15
Hepatitis B, Chronic	C,P	39	44	150	177	164.3	703
Hepatitis C, Acute	C,P	2	2	5	23	25.7	93
Hepatitis C, Chronic	C,P	110	118	328	414	490.7	1,389
Legionellosis	C	9	13	32	18	22.0	78
Listeriosis	C	0	0	0	2	2.3	9
Lyme Disease	C,P	0	0	0	0	0.7	7
Malaria	C	1	0	2	1	2.0	15
Measles (Rubeola)	C	0	0	0	0	0.7	1
Meningitis, Aseptic/Viral	C,P,S	3	6	12	12	15.0	87
Meningitis, Bacterial	C,P,S	5	0	11	12	11.7	48
Meningitis, Other/Unknown	C	3	3	12	3	6.0	32
Meningococcal Disease	C,P	0	0	0	2	2.0	11
Mumps	C,P	0	0	0	1	0.7	8
Pertussis	C,P	17	19	62	118	98.7	342
Rabies, Animal	C	4	1	7	1	0.3	21
Rocky Mountain Spotted Fever	C,P	0	0	0	0	0.0	1
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	59	33	141	141	129.3	928
Shiga toxin-Producing *E. coli* (including O157)	C,P	12	18	51	54	49.0	295
Shigellosis	C,P	29	22	85	79	98.7	399
Typhoid Fever	C,P	0	0	1	1	1.3	2
Vibriosis	C,P	5	4	10	9	6.7	56
West Nile Virus Infection	C,P	0	0	0	0	0.0	0
Yersiniosis	C,P	23	5	41	41	33.3	160
Zika Virus	C,P	1	0	1	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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Figure 2. Select Enteric Infections by Month
April 2025 – March 2026

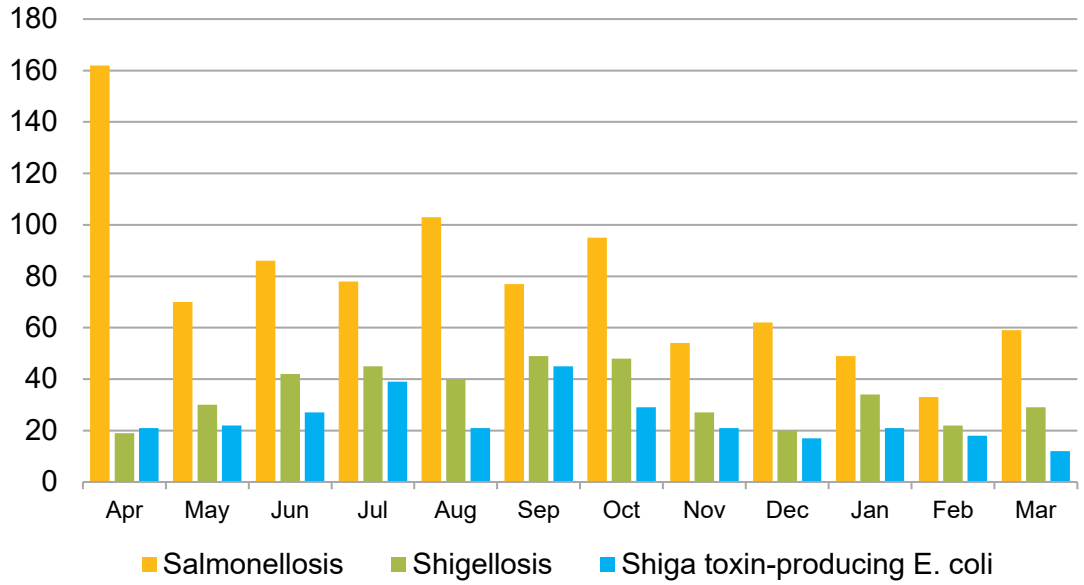

Figure 3. Select Vaccine-Preventable Infections by Month
April 2025 – March 2026

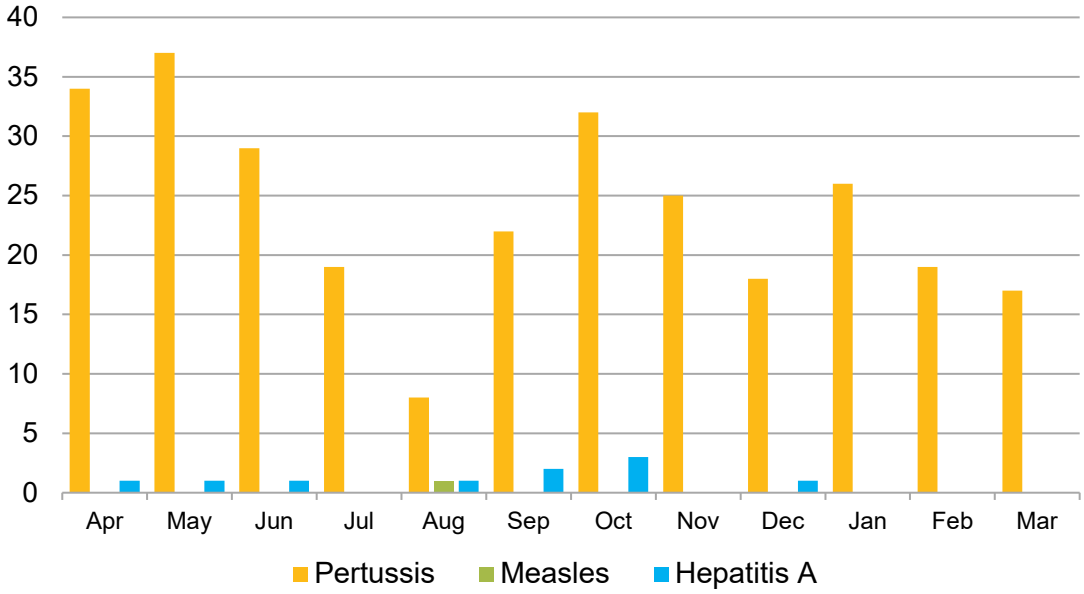

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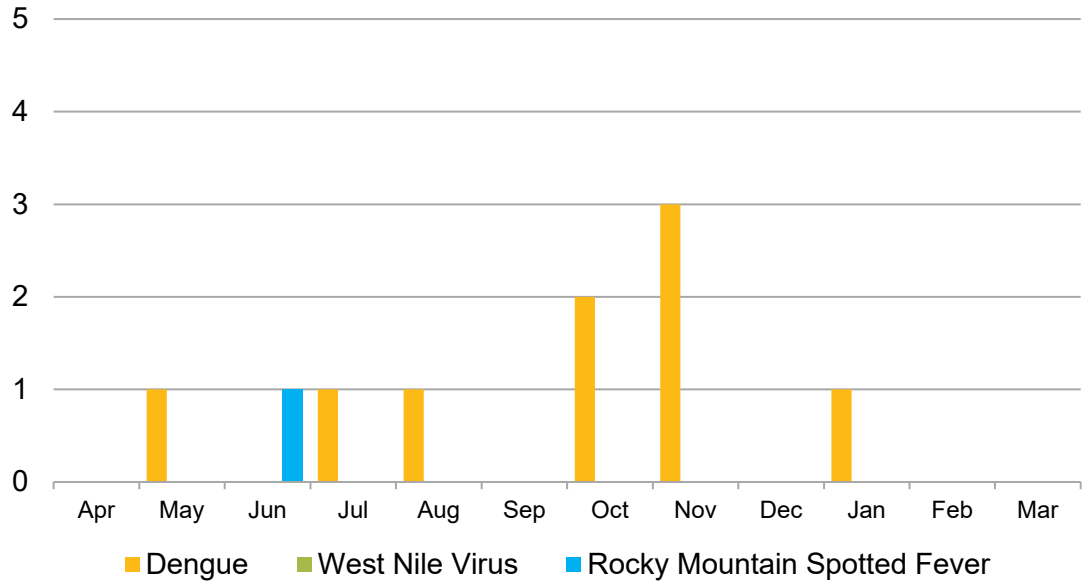
Figure 4. Select Vector-Borne Infections by Month
April 2025 – March 2026



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.

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.