

MONTHLY COMMUNICABLE DISEASE REPORT

NOVEMBER 2025

Volume 9, Issue 11: December 15, 2025

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 April 30, 2024, the Centers for Disease Control and Prevention (CDC) [reported](#) a cumulative total of 44,937 cases in these outbreaks, including 27,461 hospitalizations (61%) and 424 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.

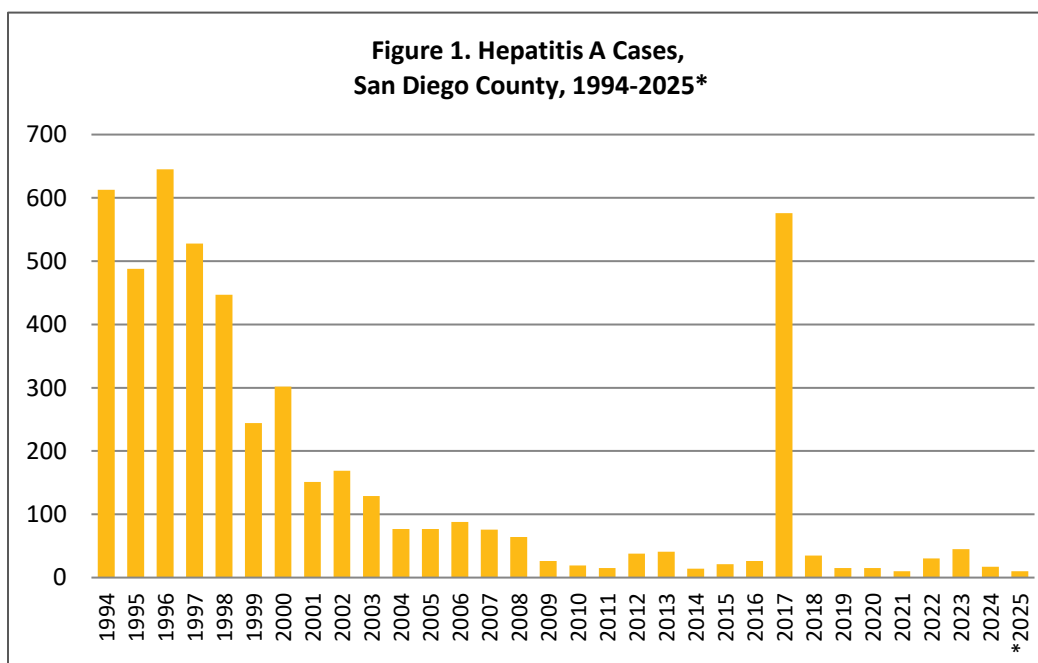
HAV infection has a long incubation period (28 days on average, range 15-50 days) and persons become infectious up to two weeks prior to symptom onset. These factors contribute to the challenges of identifying sources of infection and interrupting transmission.

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

Figure 1. Hepatitis A Cases, San Diego County, 1994-2025*



*2025 is year to date; current as of 12/5/2025. 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.

Since the beginning of 2025, 10 acute hepatitis A infections have been confirmed. None of these cases were persons experiencing homelessness (PEH); five reported international travel. Three cases identified as gay, bisexual and other men who have sex with men (MSM). No epidemiologic link was identified between these cases and none reported travel outside of the county during their incubation period; this suggests spread of HAV in MSM sexual and social networks in the county. Previous case increases have occurred within [MSM communities in the United States](#). The county encourages [vaccination of individuals with an indication for the vaccine](#), including MSM for whom the vaccine is recommended as a routine part of healthcare.

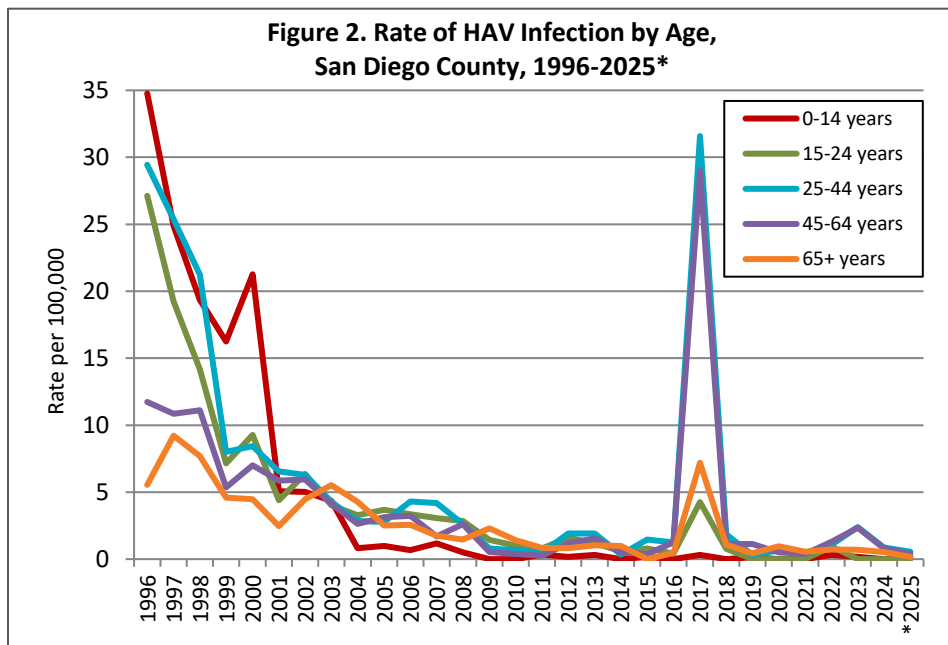
County of San Diego Resources

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

Other Resources

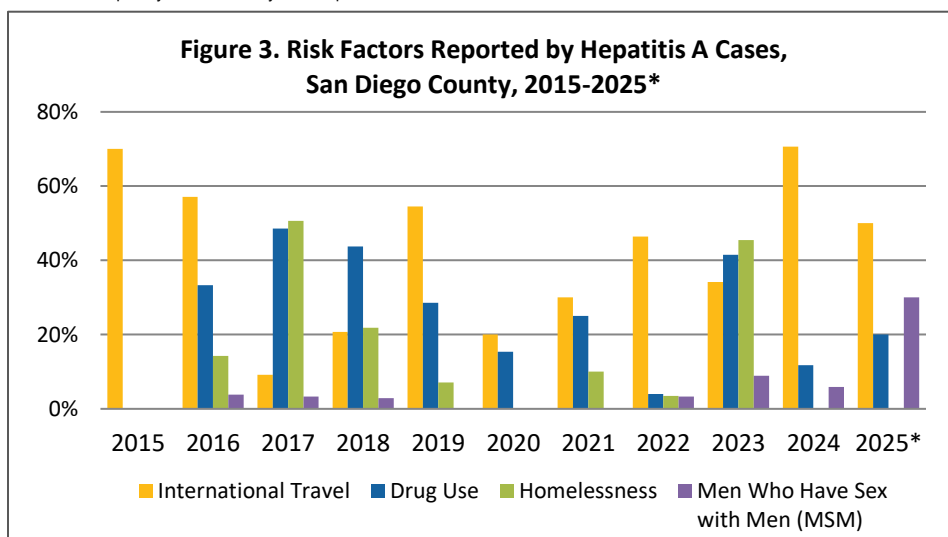
- [Centers for Disease Control and Prevention Hepatitis A website](#), includes the [recent outbreaks webpage](#)
- [Recommendations of the Advisory Committee on Immunization Practices \(ACIP\) – Hepatitis A, 2020](#)
- [Epidemiology and Prevention of Vaccine-Preventable Diseases – Hepatitis A \(the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

Figure 2. Rate of HAV Infection by Age, San Diego County, 1996-2025*



*2025 is year to date; current as of 12/5/2025. 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, 2015-2025*



*2025 is year to date; current as of 12/5/2025. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years. Denominators are cases with available information, with the exception of MSM. Denominator for MSM is all cases. Risk factors are potential sources as reported by case-patients, not confirmed sources of infection. Categories are not mutually exclusive.

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Table 1. Select Reportable Diseases		2025			Prior Years		
		Nov.	October	January-Nov. (YTD)	2024 YTD	Avg YTD, 2022-2024	2024 Total
Disease and Case Inclusion Criteria (C,P,S)							
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	1	4	5	3.3	5
Brucellosis	C,P	0	0	0	1	3.3	1
Campylobacteriosis	C,P	92	157	1,103	1,056	997.0	1,128
<i>Candida auris</i>	C	16	15	156	140	92.3	150
Chickenpox, Hospitalization or Death	C,P	0	0	2	3	3.7	3
Chikungunya	C,P	0	0	0	2	1.3	2
Coccidioidomycosis	C	41	61	615	583	455.7	636
Cryptosporidiosis	C,P	15	18	147	122	109.0	129
Dengue Virus Infection	C,P	3	2	17	63	32.3	64
Encephalitis, All	C	2	3	28	45	33.7	49
Giardiasis	C,P	11	22	223	230	206.3	245
Hepatitis A, Acute	C	0	3	10	14	27.7	17
Hepatitis B, Acute	C	0	0	14	18	14.0	18
Hepatitis B, Chronic	C,P	35	60	634	572	664.7	622
Hepatitis C, Acute	C,P	0	0	64	91	93.0	94
Hepatitis C, Chronic	C,P	107	112	1,344	1,768	2,206.0	1,877
Legionellosis	C	6	12	68	71	78.3	83
Listeriosis	C	2	0	8	8	12.3	10
Lyme Disease	C,P	0	0	7	5	7.7	6
Malaria	C	0	1	13	17	13.0	19
Measles (Rubeola)	C	0	0	1	4	1.3	4
Meningitis, Aseptic/Viral	C,P,S	5	13	72	99	75.3	106
Meningitis, Bacterial	C,P,S	3	2	42	37	34.0	44
Meningitis, Other/Unknown	C	1	2	29	25	23.7	25
Meningococcal Disease	C,P	0	0	9	5	3.7	5
Mumps	C,P	0	0	7	1	1.3	2
Pertussis	C,P	19	27	312	686	340.3	729
Rabies, Animal	C	1	2	21	11	7.3	13
Rocky Mountain Spotted Fever	C,P	0	0	0	3	3.0	3
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	52	93	858	702	666.0	749
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	14	25	254	253	231.7	262
Shigellosis	C,P	27	48	379	455	483.0	471
Typhoid Fever	C,P	0	0	1	4	7.0	4
Vibriosis	C,P	6	6	51	52	43.3	53
West Nile Virus Infection	C,P	0	0	0	2	1.7	2
Yersiniosis	C,P	7	9	150	128	82.3	136
Zika Virus	C,P	0	0	2	1	0.7	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.

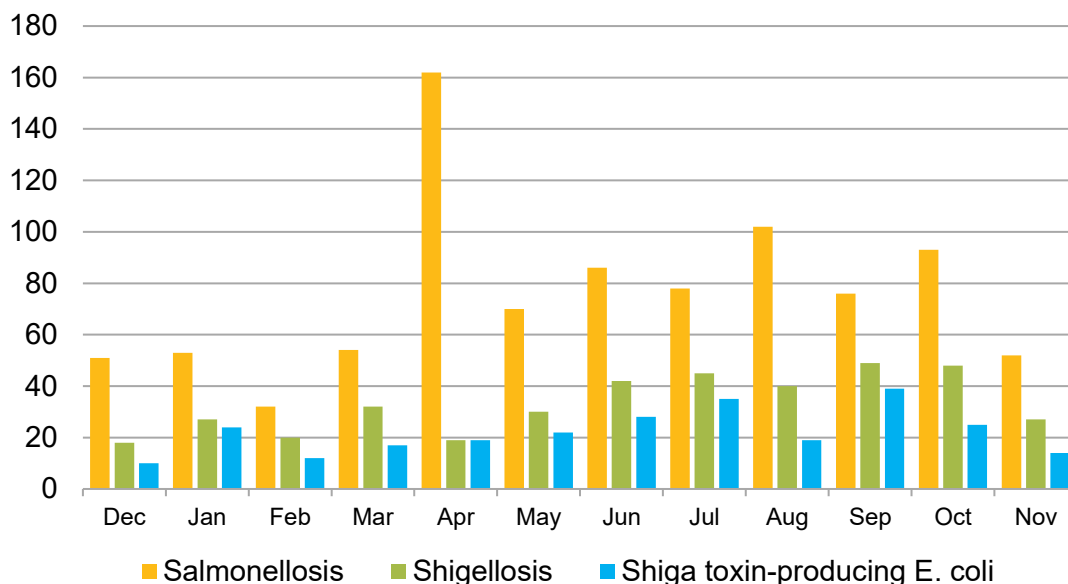
[San Diego County Sexually Transmitted Infection Data](#) | [San Diego County Tuberculosis Data](#)

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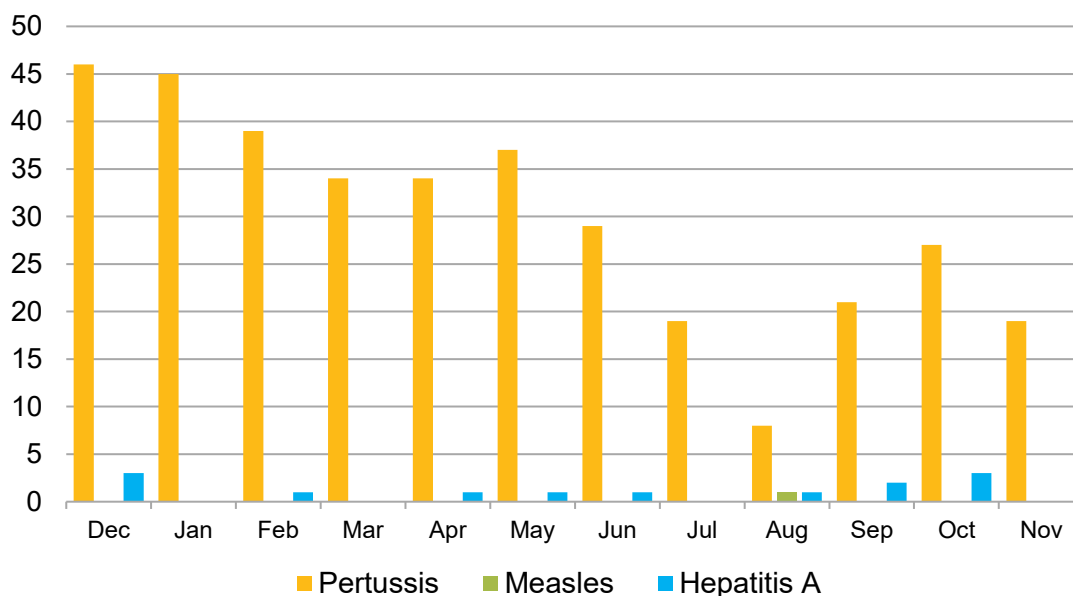
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**Figure 4. Select Enteric Infections by Month
December 2024 – November 2025**



**Figure 5. Select Vaccine-Preventable Infections by Month
December 2024 – November 2025**



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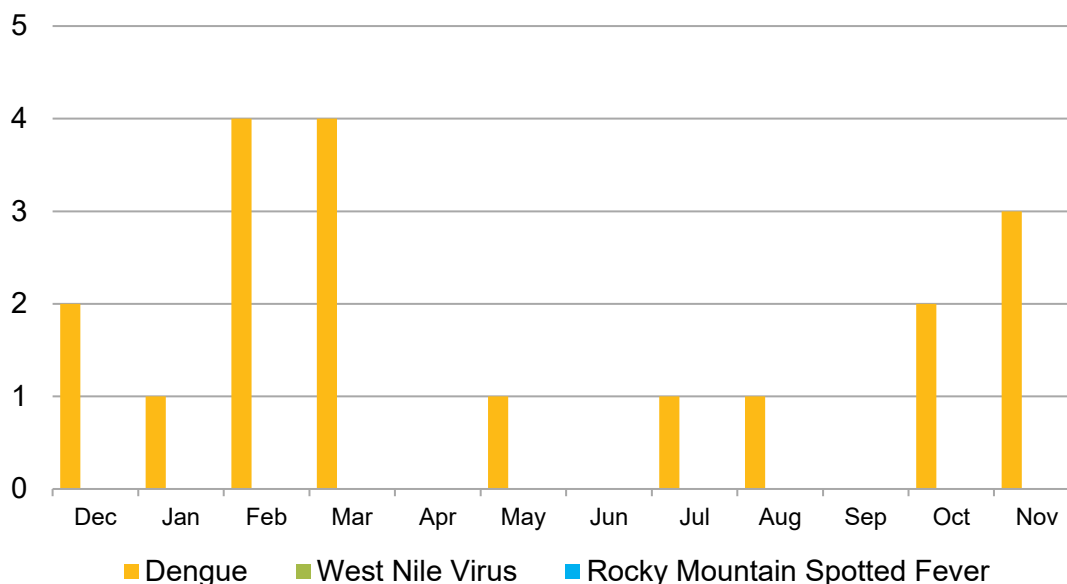


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**Figure 6. Select Vector-Borne Infections by Month
December 2024 – November 2025**



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>.