EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

MONTHLY COMMUNICABLE DISEASE REPORT

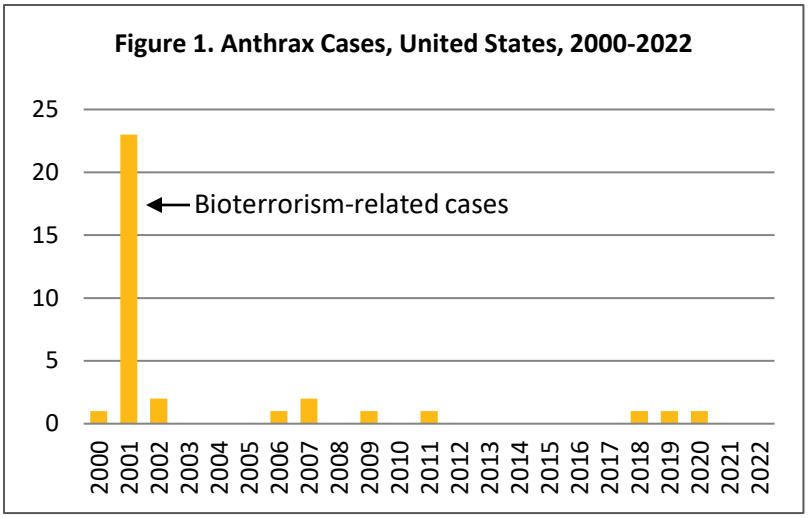
OCTOBER 2025

Volume 9, Issue 10: November 17, 2025

ANTHRAX

Anthrax is a zoonotic illness caused by *Bacillus anthracis* or other *Bacillus*-expressing anthrax toxin. The spores formed by *B. anthracis* bacteria can persist in soil and remain viable for years. Anthrax is primarily a disease of animals, affecting both livestock and wild animals, and remains an issue in many agricultural areas of the world. Humans can be infected when they come into contact with infected animals or contaminated animal products, making it an occupational risk for workers such as veterinarians, farmers, and those who process hides or meat. Anthrax is not transmitted from person to person. It has been almost eliminated from the United States (U.S.) due to livestock vaccination, but sporadic infection in wildlife and livestock occurs in some areas of the country. Very few human cases occur in the U.S. and none have been reported in San Diego County in over 30 years.

Figure 1. Anthrax Cases, United States, 2000-2022



Sources: Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System Annual Summary Data, 2016-2022, CDC WONDER online database. MMWR Summaries of Notifiable Diseases and Conditions, 1993-2015.

There are several types of anthrax, defined by the route of exposure. Incubation periods range from 1 day to more than 40 days. Cutaneous anthrax is the most common and least severe form of human disease and occurs when spores directly enter the body through a break in the skin, often when handling infected animals or contaminated products such as hides or wool. It affects the tissue and skin around the site of infection, resulting in a typical sore with a black center.

Inhalational anthrax is the deadliest form and can cause severe lung damage and respiratory distress. Persons are infected by breathing in anthrax spores, most commonly when working in settings such an tanneries, wool mills, or slaughterhouses. Ingesting raw or undercooked meat from an infected animal can lead to gastrointestinal anthrax.

Injection anthrax has been more recently identified among persons who inject drugs and causes infection similar to cutaneous anthrax, but deep in the skin. Recently identified among welders and metal workers is welder's anthrax, an anthrax-like pneumonia caused by other *Bacillus* species producing anthrax toxin.

Because *B. anthracis* can be easily produced and disseminated and has the potential for high morbidity and mortality, anthrax has been designated a potential bioterrorism agent. In 2001, anthrax spores were sent through the mail in a terrorism attack, causing 11 cases of skin anthrax and 11 cases of inhalational anthrax, 5 of which were fatal. Because of this potential, suspect cases should be reported immediately to the Epidemiology Program.

All types of anthrax can be fatal if not treated with antibiotics with activity against *B. anthracis*. Even with treatment, fatality rates can range from <2% for cutaneous anthrax to 45% for inhalational anthrax. Patients with severe cases may require hospitalization and aggressive treatment and supportive care. Persons exposed to anthrax should receive post-exposure prophylaxis consisting of both antibiotics and anthrax vaccine.

Resources

- Centers for Disease Control and Prevention (CDC) Anthrax website
- California Department of Public Health Anthrax website

Suggested citation: Nelson JA. Anthrax. County of San Diego Monthly Communicable Disease Report 2025; 9(10):1.

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.

MONTHLY COMMUNICABLE DISEASE REPORT

OCTOBER 2025

Volume 9, Issue 10: November 17, 2025

Table 1. Select Reportable Diseases

Disease and Case Inclusion Criteria (C,P,S)		2025 October	2025 Sept.	2025 January-October (YTD)	Prior Years 2024 YTD	Prior Years Avg YTD, 2022-2024	Prior Years 2024 Total
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	3	5	3.3	5
Brucellosis	C,P	0	0	0	1	2.7	1
Campylobacteriosis	C,P	157	130	1,011	975	913.3	1,127
Candida auris	C	15	12	139	128	81.0	150
Chickenpox, Hospitalization or Death	C,P	0	0	1	3	3.7	3
Chikungunya	C,P	0	0	0	2	1.3	2
Coccidioidomycosis	C	69	52	613	523	418.0	649
Cryptosporidiosis	C,P	16	28	130	115	101.7	129
Dengue Virus Infection	C,P	1	0	13	49	27.3	64
Encephalitis, All	C	2	0	25	39	29.7	49
Giardiasis	C,P	20	20	206	213	192.7	244
Hepatitis A, Acute	C	3	2	10	11	23.7	17
Hepatitis B, Acute	C	0	0	13	15	13.0	18
Hepatitis B, Chronic	C,P	50	51	582	512	601.3	622
Hepatitis C, Acute	C,P	0	0	66	84	85.3	94
Hepatitis C, Chronic	C,P	114	129	1,256	1,668	2,060.0	1,879
Legionellosis	C	9	5	59	61	70.0	83
Listeriosis	C	0	1	6	8	12.3	10
Lyme Disease	C,P	0	1	7	5	7.7	6
Malaria	C	1	0	12	14	12.0	19
Measles (Rubeola)	C	0	0	1	4	1.3	4
Meningitis, Aseptic/Viral	C,P,S	6	6	59	93	68.0	106
Meningitis, Bacterial	C,P,S	1	5	35	35	31.7	44
Meningitis, Other/Unknown	C	1	2	27	24	21.3	25
Meningococcal Disease	C,P	0	0	9	4	3.3	5
Mumps	C,P	0	0	6	1	1.3	2
Pertussis	C,P	25	20	290	608	277.7	729
Rabies, Animal	C	2	5	20	10	7.0	13
Rocky Mountain Spotted Fever	C,P	0	0	0	3	3.0	3
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	93	76	805	646	603.7	748
Shiga toxin-Producing *E. coli* (including O157)	C,P	26	37	239	233	215.7	262
Shigellosis	C,P	46	49	349	430	435.0	471
Typhoid Fever	C,P	0	0	1	4	7.0	4
Vibriosis	C,P	5	9	44	51	41.3	53
West Nile Virus Infection	C,P	0	0	0	2	1.7	2
Yersiniosis	C,P	8	15	141	121	77.3	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

MONTHLY COMMUNICABLE DISEASE REPORT

OCTOBER 2025

Volume 9, Issue 10: November 17, 2025

Figure 2. Select Enteric Infections by Month
November 2024 – October 2025

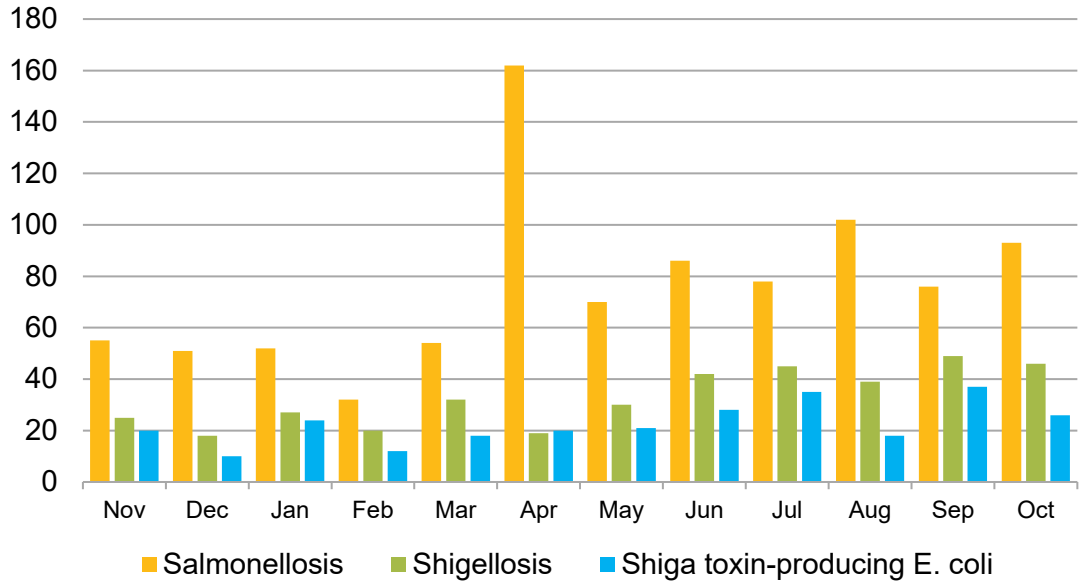
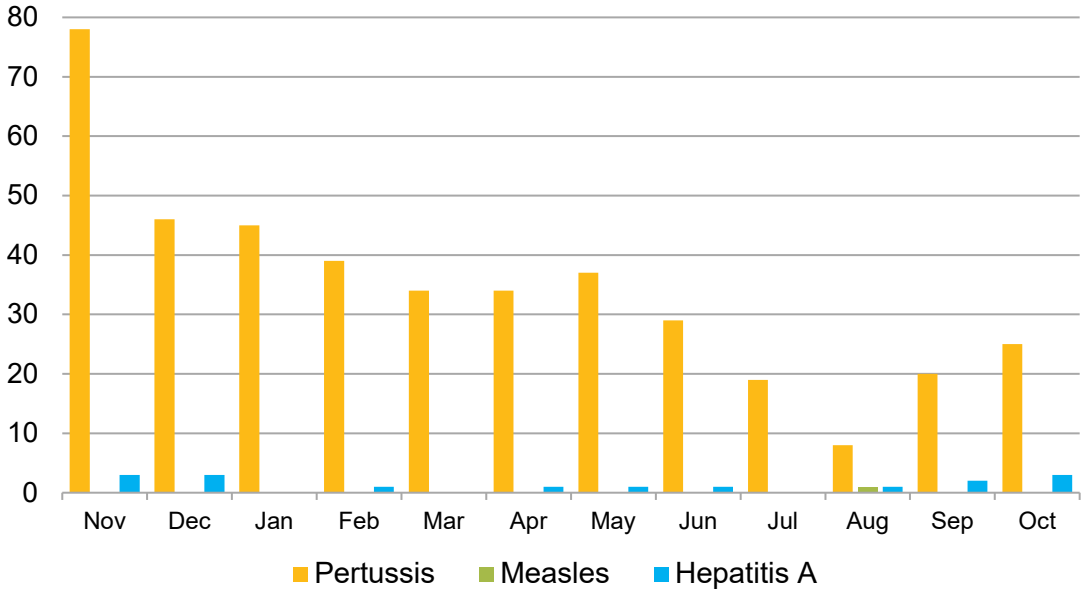


Figure 3. Select Vaccine-Preventable Infections by Month
November 2024 – October 2025



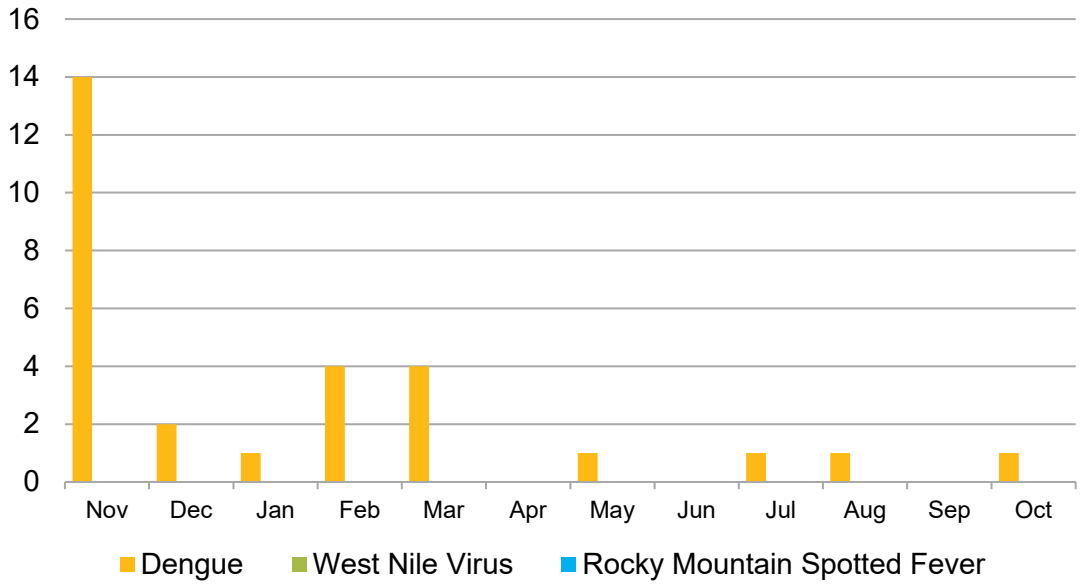
Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously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

MONTHLY COMMUNICABLE DISEASE REPORT

OCTOBER 2025

Volume 9, Issue 10: November 17, 2025

Figure 4. Select Vector-Borne Infections by Month
November 2024 – October 2025



See the County disease-specific webpages, for more information on West Nile virus and Dengue.
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.