

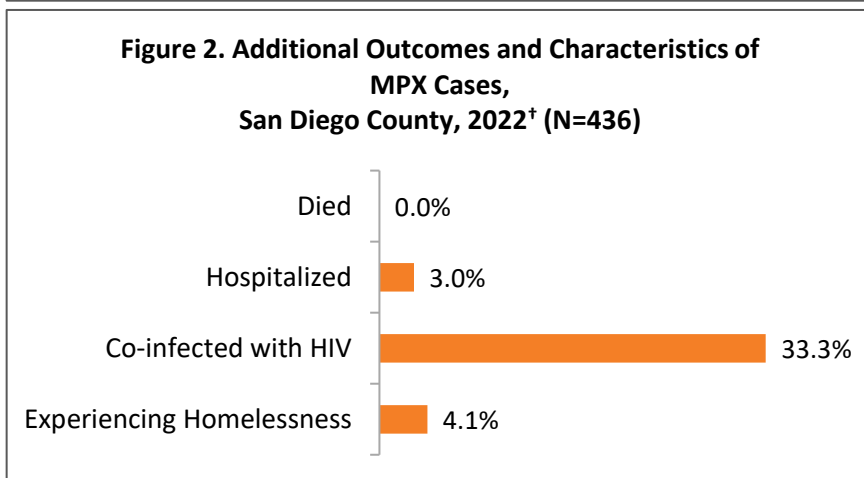
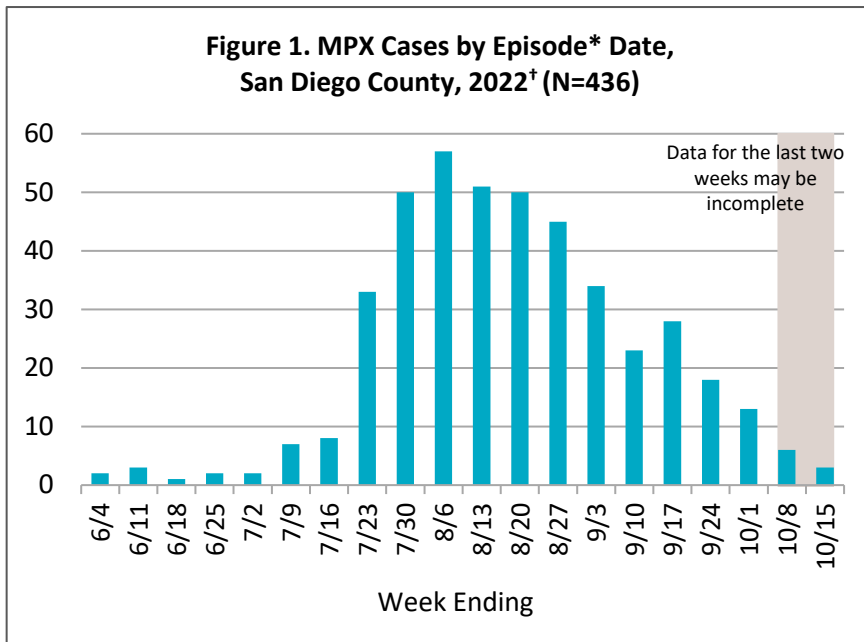
### MONKEYPOX (MPX)

MPX is caused by the MPX virus in the *Orthopoxvirus* genus. It is primarily transmitted through close, skin-to-skin contact, especially sexual contact. While co-infections with sexually transmitted infections (STIs) are common, MPX is not considered an STI. Transmission can also occur by inhalation of large droplets and fomites.

Since late May 2022, there has been an ongoing global MPX outbreak. While MPX 2022 has primarily affected men who have sex with men (MSM), the virus can be transmitted to any individual. As of October 15, 2022, there are 436 cases of MPX in San Diego County (additional data on [website](#)).

Classically, MPX infection causes a fever prodrome followed by a centrifugal rash. Other symptoms may include chills, swollen lymph nodes, exhaustion, muscle pain, headache, and respiratory symptoms. During the 2022 outbreak, prodromal symptoms have been less common. The characteristic rash has been more focal, appearing on or near the genitals, anus, mouth, and sometimes involving palms and soles. The rash progresses through several stages: macule, papule, vesicle (with clear to pustular fluid), then scabbing, but may appear like pimples or blisters. Rash is often painful especially when involving mucous membranes. Infection can last 21 days or longer. Individuals are no longer infectious when scabs flake off from the skin surface and new skin has formed.

The Jynneos® vaccine can prevent MPX. Jynneos® is also indicated for post exposure prophylaxis (PEP). Tecovirimat (TPOXX®) is first line treatment for severe cases or those at risk for complications or progression.



\*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported.

† Data through 10/15/2022, current as of 10/17/2022. Data are provisional and subject to change.

#### Resources

- [Centers for Disease Control and Prevention \(CDC\) Monkeypox website](#)
- [California Department of Public Health \(CDPH\) Monkeypox website](#)
- [County of San Diego Monkeypox website](#)

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

# MONTHLY COMMUNICABLE DISEASE REPORT

SEPTEMBER 2022

Volume 6, Issue 9: October 18, 2022



Table 1. Select Reportable Diseases		2022			Prior Years		
		Current Month	Prior Month	Year-to-Date (YTD)	2021 YTD	Avg YTD, 2019-2021	2021 Total
Disease and Case Inclusion Criteria (C,P,S)							
Botulism (Foodborne, Infant, Wound, Other)	C,P	2	0	2	3	1.0	3
Brucellosis	C,P	0	0	2	2	1.0	3
Campylobacteriosis	C,P	89	102	685	682	666.7	903
Chickenpox, Hospitalization or Death	C,P	0	0	0	3	1.7	3
Chikungunya	C,P	1	0	2	0	1.0	2
Coccidioidomycosis	C	0	3	264	382	359.3	512
Cryptosporidiosis	C,P	11	11	64	42	47.7	57
Dengue Virus Infection	C,P	3	2	10	1	8.0	3
Encephalitis, All	C	0	3	13	31	31.3	39
Giardiasis	C,P	9	18	142	122	138.0	176
Hepatitis A, Acute	C	1	3	21	10	11.3	10
Hepatitis B, Acute	C	0	1	11	16	9.3	16
Hepatitis B, Chronic	C,P	73	71	687	580	585.3	800
Hepatitis C, Acute	C,P	0	2	56	65	50.7	76
Hepatitis C, Chronic	C,P	225	252	2,352	2,800	2,969.7	3,539
Legionellosis	C	6	7	51	42	40.7	64
Listeriosis	C	1	3	15	6	9.7	8
Lyme Disease	C,P	0	0	5	13	7.0	13
Malaria	C	0	1	8	5	5.7	8
Measles (Rubeola)	C	0	0	0	0	0.7	0
Meningitis, Aseptic/Viral	C,P,S	7	3	43	36	78.0	46
Meningitis, Bacterial	C,P,S	1	4	23	17	20.7	24
Meningitis, Other/Unknown	C	0	1	12	22	25.0	34
Meningococcal Disease	C,P	0	0	1	1	3.7	1
Mumps	C,P	0	0	3	1	19.7	2
Pertussis	C,P,S	6	3	47	45	267.0	70
Rabies, Animal	C	0	1	3	4	5.3	4
Rocky Mountain Spotted Fever	C,P	0	0	3	1	1.7	1
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	87	95	515	425	433.3	585
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	22	21	156	125	136.3	163
Shigellosis	C,P	67	67	354	228	226.3	433
Typhoid Fever	C,P	0	0	12	9	6.3	10
Vibriosis	C,P	7	11	27	47	40.0	52
West Nile Virus Infection	C,P	1	1	3	3	2.3	3
Yersiniosis	C,P	2	2	32	18	26.7	21
Zika Virus	C,P	0	0	1	0	2.3	0

**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.

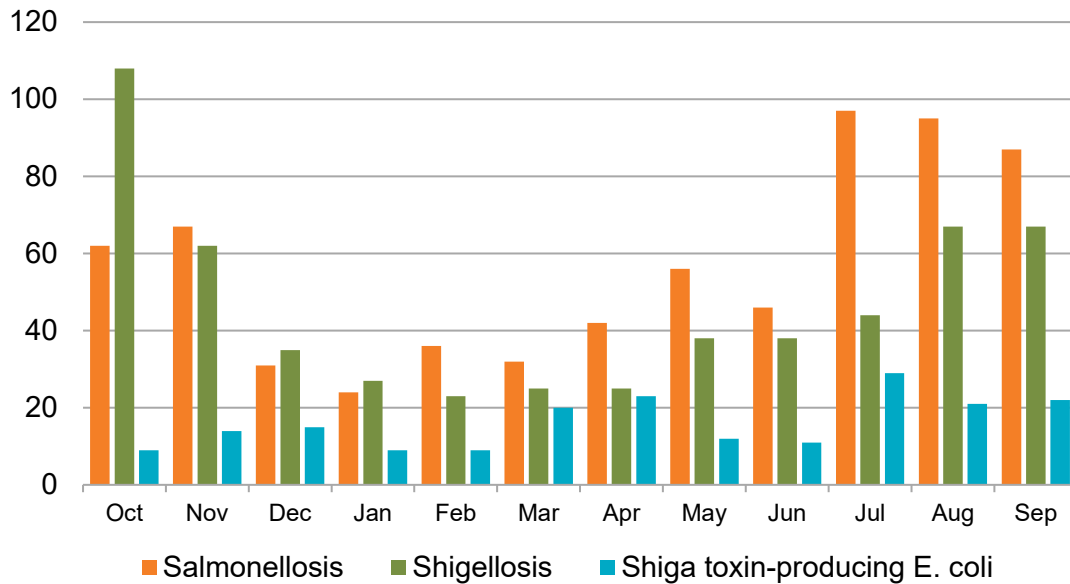
[San Diego County Sexually Transmitted Infection Data](#) | [San Diego County Tuberculosis Data](#)

Epidemiology and Immunization Services Branch

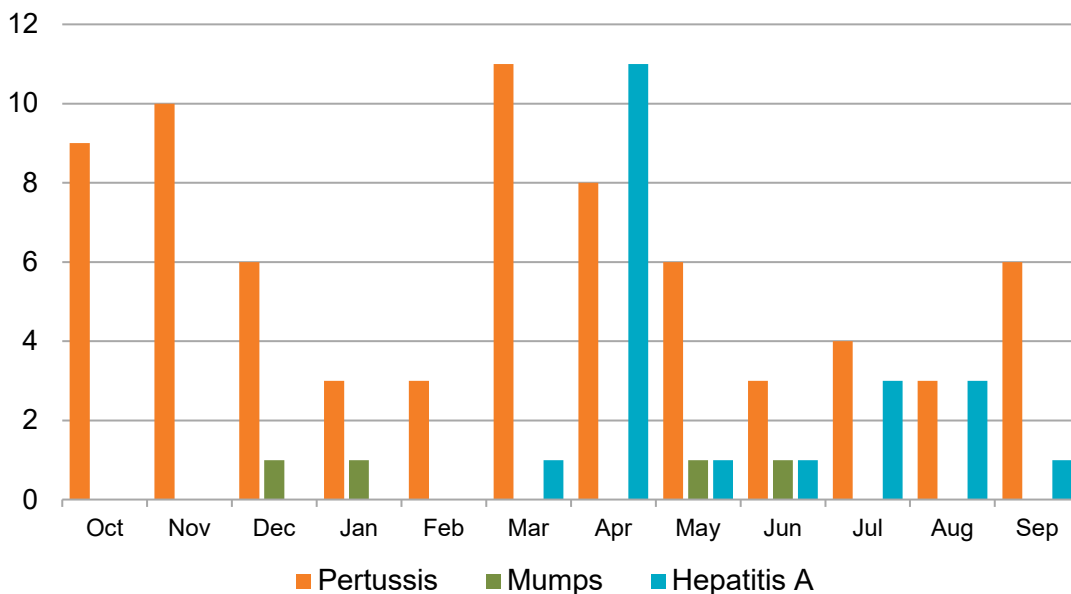
619-692-8499 ♦ [www.sdepi.org](http://www.sdepi.org)



**Figure 3. Select Enteric Infections by Month  
October 2021 – September 2022**

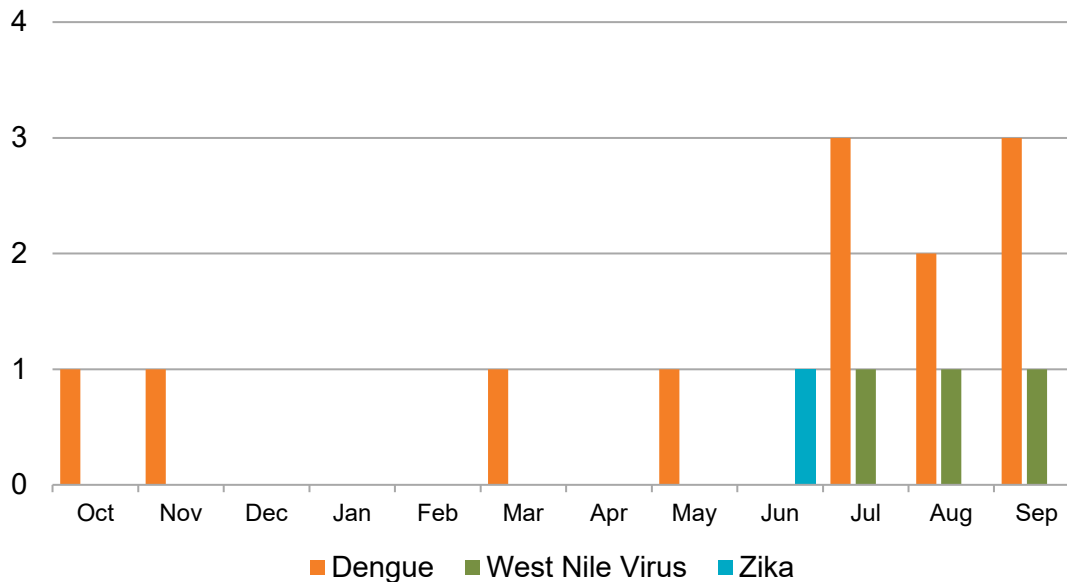


**Figure 4. Select Vaccine-Preventable Infections by Month  
October 2021 – September 2022**



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**Figure 5. Select Vector-Borne Infections by Month  
October 2021 – September 2022**



All of the dengue and Zika virus cases are travel-associated. For additional information on Zika cases, see the [HHS 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](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>.