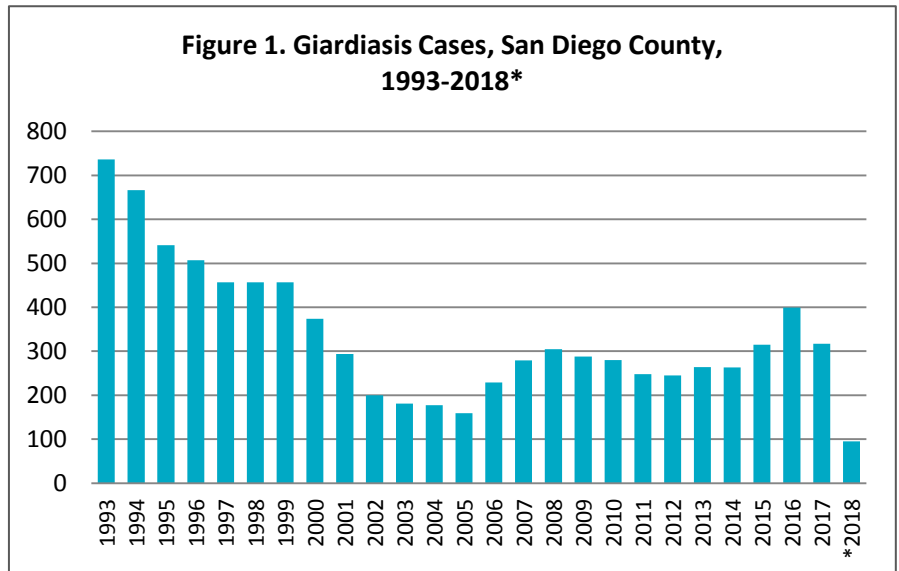


GIARDIASIS

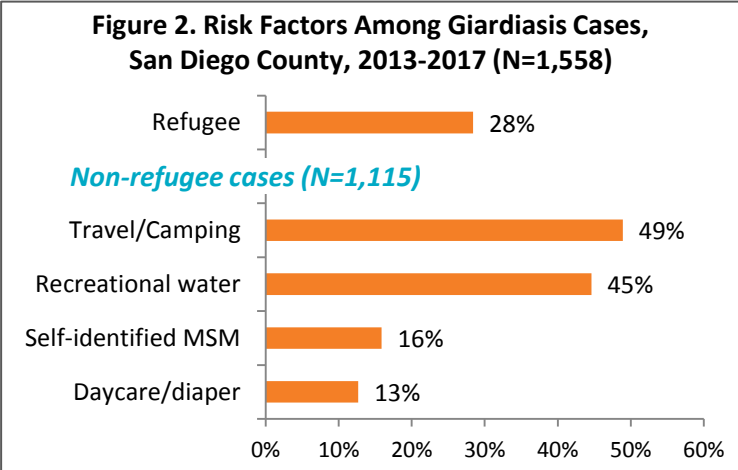
Giardiasis is an intestinal infection caused by the protozoan parasite *Giardia intestinalis* (also known as *Giardia lamblia* or *Giardia duodenalis*). Symptoms, which may include diarrhea, gas, bloating, abdominal cramps, nausea, and dehydration, usually begin one to three weeks after infection and may last two to four weeks or longer. Infection may also be asymptomatic.

Giardia are transmitted fecal-orally. People often become infected after swallowing *Giardia* cysts in contaminated food or water. Contact with recreational water and consumption of untreated drinking water (e.g., while camping or backpacking or traveling in developing countries) are frequent sources of exposure. Transmission may also be person-to-person (e.g., in child care settings or through exposure to feces during sexual contact) or [animal to person](#). The latter is less likely because the type of *Giardia* that infects humans is usually different than that causing infection in dogs and cats.

Giardiasis is a common infection worldwide, though it is more prevalent in areas with poor sanitation. In the United States (U.S.), it is the most common human intestinal parasitic disease, causing an estimated [1.2 million infections](#) annually. In 2016, the national incidence rate was 6.4 cases per 100,000 persons (16,310 reported cases), compared to a rate of 7.0 (2,736 cases) in California and 12.1 (399 cases) in San Diego County.



*2018 data are year-to-date; current as of 5/15/2018. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.



Risk factors are not confirmed sources of infection. Cases with missing data are excluded from non-refugee risk factor calculations (denominators range from 738-839), except MSM, which is a percentage of all non-refugee cases. Of adult men with complete information, 42% report sex with men. Data are provisional and subject to change as additional information becomes available.

Over the past five years, nearly 30% of San Diego cases have been in refugees, who are routinely screened for giardiasis when they arrive in the U.S. Among non-refugee cases, travel or camping and recreational water were the most frequently-reported potential exposures. The median age of refugee cases was 10 years, compared to 37 for non-refugee cases. Among all cases, 44% were under age 25 and 64% were male.

Resources

- [Centers for Disease Control and Prevention \(CDC\) Giardiasis website](#)
- [CDC Health Information for International Travel \(the Yellow Book\) - Giardiasis](#)
- [CDC Healthy Water website](#)
- [California Department of Public Health \(CDPH\) Giardiasis website](#)

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 works to identify, investigate, register, and evaluate 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, send an email to EpiDiv.HHSA@sdcounty.ca.gov.



MONTHLY COMMUNICABLE DISEASE REPORT

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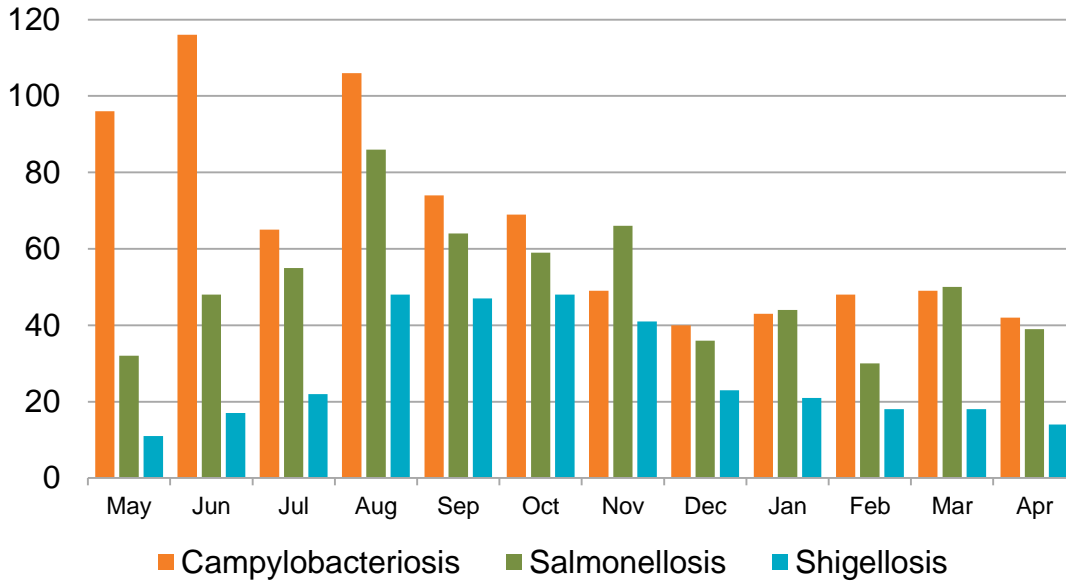


Table 1. Select Reportable Diseases		2018			Prior Years		
		Current Month	Prior Month	Year-to-Date (YTD)	2017 YTD	Avg YTD, Prior 3 Years	2017 Total
Disease and Case Inclusion Criteria (C,P,S)							
Amebiasis	C	1	0	4	2	5.3	10
Botulism (Foodborne, Infant, Wound, Other)	C,P	4	2	8	1	1.0	8
Brucellosis	C,P	0	0	0	3	1.7	5
Campylobacteriosis	C,P	42	49	182	269	221.3	885
Chickenpox, Hospitalization or Death	C,P	0	0	0	0	0.3	3
Chikungunya	C,P	0	0	0	1	0.7	2
Coccidioidomycosis	C	18	26	104	53	52.3	311
Cryptosporidiosis	C,P	3	3	15	9	6.0	54
Dengue Virus Infection	C,P	0	0	2	4	4.0	12
Encephalitis, All	C	4	6	17	16	21.7	42
Giardiasis	C,P	14	26	86	105	90.7	319
Hepatitis A, Acute	C	2	5	19	87	33.0	576
Hepatitis B, Acute	C	1	3	5	6	3.7	13
Hepatitis B, Chronic	C,P	68	72	286	293	288.3	883
Hepatitis C, Acute	C,P	0	0	1	1	0.7	4
Hepatitis C, Chronic	C,P	350	329	1,299	790	889.0	3,122
Legionellosis	C	1	6	15	25	19.0	66
Listeriosis	C	0	1	2	4	4.0	15
Lyme Disease	C,P	2	0	3	3	1.0	21
Malaria	C	2	0	2	1	2.0	8
Measles (Rubeola)	C	0	0	0	2	3.3	2
Meningitis, Aseptic/Viral	C,P,S	9	8	26	36	38.7	184
Meningitis, Bacterial	C,P,S	5	4	20	11	14.7	39
Meningitis, Other/Unknown	C	0	3	3	12	11.0	32
Meningococcal Disease	C,P	0	0	3	0	0.7	1
Mumps	C,P	0	0	3	6	6.3	15
Pertussis	C,P,S	54	80	289	325	300.3	1,164
Rabies, Animal	C	2	0	4	5	2.7	16
Rocky Mountain Spotted Fever	C,P	0	0	0	1	0.7	3
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	39	50	163	129	122.3	576
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	4	6	19	10	10.7	288
Shigellosis	C,P	14	18	71	78	53.3	335
Typhoid Fever	C,P	0	0	0	2	1.7	2
Vibriosis	C,P	1	1	3	11	10.3	50
West Nile Virus Infection	C,P	0	0	0	0	0.0	2
Yersiniosis	C,P	3	5	14	18	9.7	62
Zika Virus	C,P	1	0	2	4	5.3	20

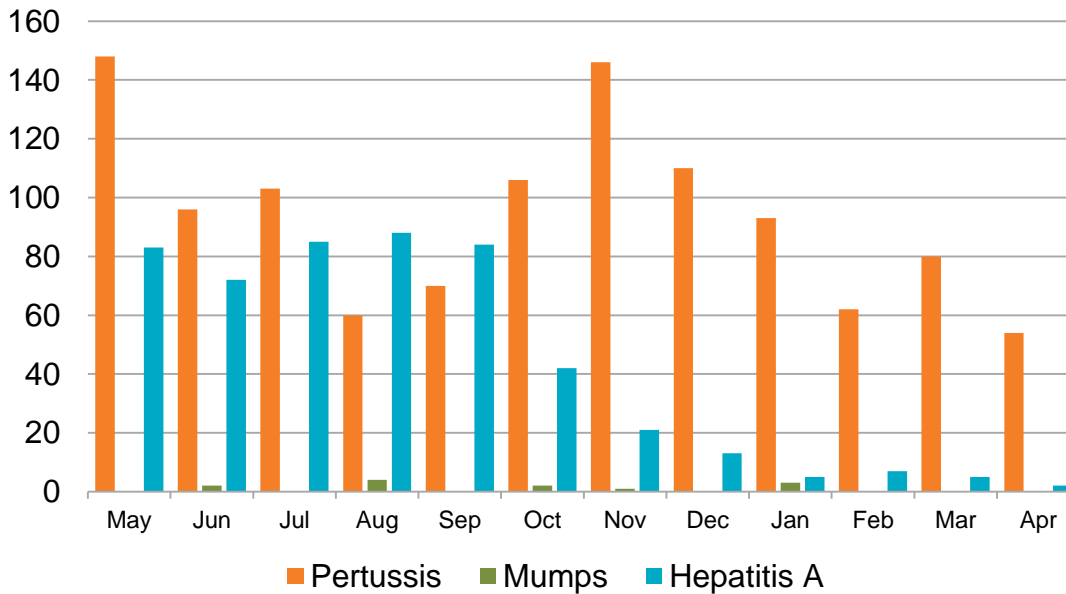
Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously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



**Figure 3. Select Enteric Infections by Month
May 2017 – April 2018**

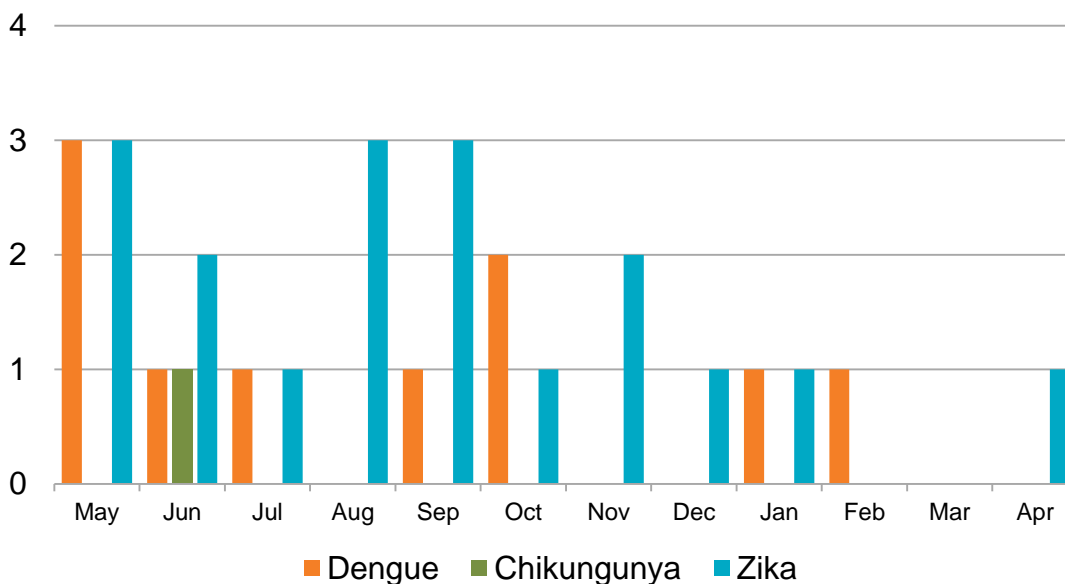


**Figure 4. Select Vaccine-Preventable Infections by Month
May 2017 – April 2018**



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.

**Figure 5. Select Vector-Borne Infections by Month
May 2017 – April 2018**



All of these dengue, chikungunya, and Zika virus cases are travel-associated. For additional information on Zika cases, see the [HHSa Zika 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 those efforts.

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>.