



Epidemiological Bulletin

Fall 2005

Volume 4, Number 4

San Mateo County Influenza Vaccine FAQ

Will San Mateo County Have a Shortage of Influenza Vaccine This Year?

We believe that there will be an adequate supply of influenza vaccine. At press time, the first of several batches of Chiron vaccine has been approved by the FDA for release. However, because of the uncertainties regarding production, the exact number of available doses and the timing of vaccine distribution for the 2005-06 influenza season remain unknown. Four manufacturers expect to provide influenza vaccine to the U.S. market during the 2005-06 influenza season: Sanofi Pasteur, Inc.; Chiron Corporation; GlaxoSmithKline, Inc.; and MedImmune Vaccines, Inc. (producer of the nasal-spray influenza vaccine).

Private healthcare providers order vaccine from all four manufacturers and administer the majority of flu vaccinations in our county. San Mateo County Public Health, which runs public health flu shot clinics (see below), receives all its vaccine from the California Department of Health Services.

What are the Indications for the Influenza Vaccines Projected to be Available this Year?

Influenza vaccine manufacturers and projected supplies for the 2005-06 influenza season					
Manufacturer	Vaccine	Formulation	Contains Thimerosal Preservative	Age Indication	Number of Projected Doses
Sanofi Pasteur, Inc.	Fluzone® trivalent inactivated influenza vaccine (TIV)	Multidose via Single-dose prefilled 0.5mL syringe or vial Single-dose prefilled 0.25mL syringe	Yes No No	≥ 6 months ≥ 36 months 6-35 months	60 million ¹
Chiron Corporation	Fluvirin™ TIV	Multidose vial Single-dose prefilled 0.5mL syringe	Yes No ³	≥ 4 yrs ≥ 4 yrs	18-26 million ²
GlaxoSmithKline, Inc.	Fluarix™ TIV	Single-dose prefilled 0.5mL syringe	No ³	≥ 18 yrs	8 million
MedImmune Vaccines, Inc.	FluMist™ live, attenuated influenza vaccine (LAIV)	Single-dose nasal sprayer	No	Healthy, nonpregnant persons aged 5-49 yrs	3 million

1. Approximately 6-8 million of the 60 million doses are projected to be distributed in single-dose prefilled syringes or vials.
2. Chiron projects that the majority of its vaccine doses will be distributed by the end of October 2005, although the exact timing of distribution is uncertain. The company now expects that the total number of vaccine doses it will produce for the season will be below its previously stated range, due to production delays related to remediation as well as lower production output associated with adaptation to new processes and procedures implemented in remediation. A minimal number of doses of Chiron thimerosal-free formulation might be available in late season.
3. These preparations contain traces of thimerosal from the production process.

Who Can Get Vaccinated at San Mateo County Public Health Flu Shot Clinics?

Those in the following priority groups can attend San Mateo County flu shot clinics:

- People aged 60 years and older with and without chronic health conditions
- People aged 18-59 years with chronic health conditions

(continued on page 2)



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 Disease Control and Prevention • Epidemiology Unit
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http://www.smhealth.org/epi_bulletin

(Influenza, cont.)

Clinic schedules are available in English and Spanish on the Web at <http://www.smhealth.org/flu>.

Even though the highest risk groups were targeted to receive vaccine before October 24, 2005, they can still receive the vaccine in November and December. Individuals will be protected from influenza as long as they receive their flu shot at least two weeks before exposure to influenza.

If I Am Not In a Priority Group Will I Be Able to Get a Flu Shot at a San Mateo County Public Health Clinic After October 24?

No, county-sponsored clinics are restricted to those at highest risk of complications from the flu. The Public Health Department's supply of vaccine represents only a small percentage of the total number of flu shots available in the county. There are many other sources of flu vaccine for healthy individuals in San Mateo County:

1. Your regular healthcare provider
2. Visiting Nurse Association (800) 500-2400
3. Participating pharmacies
4. Maxim Health Systems <http://www.findaflushot.com/>
5. Vaccination with the nasal-spray flu vaccine is an option for healthy persons aged 5-49 years who are not pregnant. This vaccine is not subject to prioritization and can be given to healthy 5-49 year olds at any time. Ask your pharmacist or healthcare provider for more information about this option.

Who Should Not Be Vaccinated?

There are some people who should not be vaccinated. These include:

- People who have a severe allergy to chicken eggs
- People who have had a severe reaction to an influenza vaccination in the past
- People who previously developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine
- Children less than 6 months of age
- People who are sick with a fever (these people can get vaccinated once their symptoms lessen)

Who Can Use the Nasal Spray Flu Vaccine?

It should be noted that vaccination with the nasal-spray flu vaccine is always an option for healthy persons aged 5-49 years who are not pregnant. This vaccine is not subject to prioritization and can be given to healthy 5-49 year olds at any time.

What Can I Do to Protect Myself and My Family from the Flu?

Aside from getting vaccinated, you can take several simple steps to protect yourself and your family from influenza:

- Wash your hands frequently with soap and warm water. Teach children the same habits.
- Cover your nose and mouth when you cough and sneeze, preferably with a facial tissue or your arm, not your hands. Promptly discard used facial tissues.
- If you are sick with a cough and/or fever, stay home from work or school until you recover.
- Clean surfaces you touch frequently (doorknobs, water faucets, refrigerator handle, telephones).
- Contact your medical provider if you are experiencing severe cold or flu symptoms that you believe require medical attention.

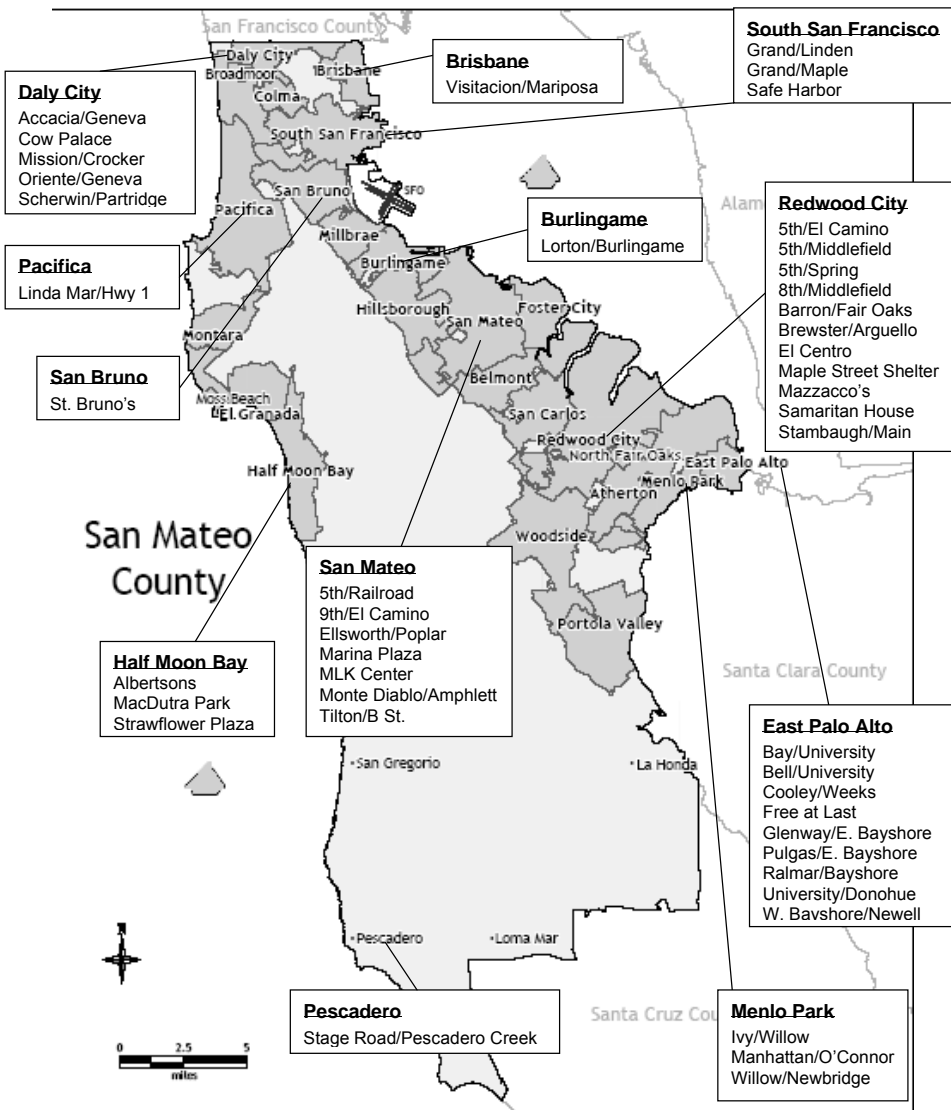
Source: Centers for Disease Control and Prevention (CDC). Update: Influenza vaccine supply and recommendations for prioritization during the 2005-06 influenza season. MMWR 2005;54:850.

San Mateo County AIDS Program, NIGHT Intervention & Outreach

Diane Webster, AIDS Program Supervisor

As part of the San Mateo County AIDS Program, the Prevention Services Section provides intervention services for clients. An intervention is defined as, “a specific activity (or set of related activities) intended to bring about HIV risk reduction in a particular target population using a common strategy for delivering the prevention messages.”¹ One such intervention is the NIGHT (Neighborhood Intervention Gearred toward High-Risk Testing) Program. This intervention was created to increase the number of people with high-risk behaviors obtaining HIV counseling and testing services through targeted prevention activities in locations where people in these groups are likely to hang out. Target groups include: women of childbearing age (12-45 years of age) who have high-risk behaviors; men who have sex with men; sex industry workers; transgendered persons; and substance/injection drug users and their sex and/or needle-sharing partners.

HIV Testing Sites January – June 2005



San Mateo County currently has three mobile testing vans that provide a private space to offer HIV counseling and testing services. There are usually two testing sites per day, Monday through Friday, with an average of 2.5 hours spent at each testing site. Through these testing vans, the NIGHT Program administers approximately 100 HIV tests per month. Each testing site provides outreach, counseling and testing services, and is staffed with Pre-/Post- HIV Test Counselors, Community Health Outreach Workers, and phlebotomists. The program offers face-to-face outreach with high-risk individuals and distributes condoms, bleach, sexual responsibility kits, and educational materials.

Outreach is not limited to testing sites; an average of 1.3 hours are spent at other locations each day. The map illustrates the intersections at which some of our testing sites have been located between January and June of this year.

For more information about HIV testing or the mobile van schedule, please call (650) 573-2588 or visit our website at: <http://www.smhealth.org> and type “HIV testing” in the search field.

1. Available at: <http://www.dhs.ca.gov/ps/ooa/Counseling/ELI/definitions.htm>

SPECIAL NOTE

New Confidential Morbidity Report (CMR) form

An updated version of the Confidential Morbidity Report (CMR) form for use by healthcare providers in San Mateo County was released in September 2005. Both West Nile Virus infection and Severe Acute Respiratory Syndrome (SARS) have been added to the list of reportable conditions. Additionally, Alzheimer's disease, which was previously listed separately under *reportable non-communicable diseases and conditions*, is now included as one of the *disorders characterized by lapses of consciousness*.

A copy of the new CMR form can be found on the San Mateo County Health Department website at:

<http://www.smhealth.org/cmr>

Field-Delivered Therapy for Sexually Transmitted Diseases

Sharon Byrd, Communicable Disease Investigator

Jim Olson, Senior Communicable Disease Investigator

Beginning July 15, 2005, the San Mateo County Health Department's, Sexually Transmitted Diseases (STD) program, began field-delivered therapy (FDT) for treatment of people infected with chlamydia or gonorrhea. Patterned after the successful implementation of this protocol by the San Francisco Department of Public Health in 1999,¹ the objective of this program is to increase treatment completion among the growing number of people with chlamydia and gonorrhea in the county.

FDT is a "single-dose, directly observed therapy protocol for uncomplicated chlamydial and gonococcal infections." Treatment for chlamydia is azithromycin, 1g; gonorrhea is treated with cefpodoxime, 400mg. After the protocol was implemented in San Francisco, "the proportion of cases completing treatment increased significantly, from 61.8% in 1998 to 81.0% in 2000."¹

Since July 15, Communicable Disease Investigators (CDIs) in the STD program have conducted ten FDTs throughout the county using the following protocol:

- Arrange time and place to meet
- Confirm patient's identity
- Assure confidentiality
- Counsel patient about their infection and the need for treatment
- Offer FDT
- Assess patient for medication allergies, serious medical conditions, and STD symptoms
- Obtain written consent
- Administer medication
- Observe for adverse reactions (15 minutes)
- Counsel patient about STD prevention and partner notification
- Provide literature and condoms
- Refer to STD clinic if needed

The response of people receiving FDT has been overwhelmingly positive, and no potential recipient has refused

(continued on page 5)

1. Steiner KC, Davila V, Kent CK, Chaw JK, Fischer L, Klausner JD. Field-delivered therapy increases treatment for chlamydia and gonorrhea. Am J Public Health. 2003 Jun;93(6):882-4.

(Field-Delivered Therapy, cont.)

treatment. People who have received treatment state that barriers to their returning for treatment (e.g., to their private medical doctors, community clinics, Planned Parenthood, or county STD/HIV clinic) include transportation and child care concerns. FDT has also been used in cases where the patient's doctor and/or pharmacy did not have the appropriate treatment available.

In addition to delivering needed treatment, FDT also creates the opportunity for enhanced patient education about STDs and HIV, discussions about STD prevention, and referral for other health services if necessary.

West Nile Virus Update

Evelyn Tu, MPH, Epidemiologist

In 2005, West Nile Virus (WNV) activity has been prevalent throughout California, including San Mateo County. As of October 18, 2005, two county residents have tested positive for WNV. These individuals are believed to have acquired the infection outside San Mateo County, in areas with higher levels of WNV activity. Additionally, eight dead birds have tested positive for WNV. The first positive bird was a Pine Siskin collected on March 24, 2005.

In California this year, 859 individuals from 54 (of 58) counties have tested positive for WNV. Ninety-six of the 859 infections (11%) were initially detected in asymptomatic individuals through screening done at blood banks; 39 of these blood donors (41%) later developed symptoms. Of the 806 WNV cases with symptoms, 267 (33%) were classified as having West Nile neuroinvasive disease, 467 (58%) were classified as having West Nile fever, and 72 (9%) were of unknown clinical presentation. The median age for symptomatic cases with available data was 50 years (range: 2 to 95 years). There have been 18 WNV-related fatalities in California this year; the median age of the fatalities was 79 years.

Nationally, 40 states have reported a total of 2,316 cases of human WNV illness in 2005 (compared to 2,740 last year). Of the 2,316 cases, 913 (39%) were reported as West Nile meningitis or encephalitis (neuroinvasive disease), 1,239 (53%) were reported as West Nile fever (milder disease), and 164 (7%) were clinically unspecified at this time.

As WNV continues to become more prevalent in California, it is important to consider WNV *year-round* in the differential diagnosis of individuals with:

- Encephalitis
- Aseptic meningitis
- Acute flaccid paralysis, atypical Guillain-Barré syndrome, transverse myelitis
- Febrile illness (consistent with WNV fever, duration of at least 7 days)

Suspected cases of WNV or cases with preliminary lab results that are positive for WNV should be reported immediately to the San Mateo County Health Department by telephone (650) 573-2346 or fax (650) 573-2919. After hours reports should be directed to the on-call Public Health Officer at County Communications (650) 363-4981. The San Mateo County Public Health Laboratory and the California Department of Health Services Viral and Rickettsial Disease Laboratory will provide WNV testing on suspect cases.

Further information on WNV can be found at:

San Mateo County Health Department: www.smhealth.org/fightthebite

San Mateo County Mosquito Abatement District: www.smcmad.org

California Department of Health Services: www.westnile.ca.gov

Centers for Disease Control: www.cdc.gov/westnile

U.S. Geological Survey West Nile Virus Maps: www.westnilemaps.usgs.gov

Male Involvement Program

Nabil Ahmed, Project Coordinator

In January 2005, the San Mateo County Health Department was awarded a Male Involvement Program (MIP) grant from the Office of Family Planning at the California Department of Health Services. The objectives of the program are to:

- Promote the roles of males in the prevention of teen and unintended pregnancies
- Increase the number of fathers who support the economic, social, and emotional well-being of their children
- Promote and support the development of self-assured, future-oriented youth who are capable of navigating through adolescence to responsible adulthood and positively contributing to society.

The grant is administered through a partnership between the Maternal, Child, and Adolescent Health Unit and the Health Policy, Planning and Promotion Unit. Four components fulfill the objectives of the MIP:

1. **Health Education:** Sexuality and reproductive health education is provided at no cost to “at-risk young men.” “At-risk young men” include those who are at risk of early or repeat fatherhood. These young men consist of, but are not limited to, those who are incarcerated or attending alternative schools.
2. **Peer Program:** A peer program identifies 4 to 8 young men who have exhibited strong leadership skills. These young men are recruited into the peer program and are given a budget to conduct a community activity focused around teen pregnancy prevention. Their project is presented at a “Young Men’s Summit” in the spring of each year. The summit is attended by MIPs throughout the state.
3. **Referral Services:** A referral service allows young men to access reproductive health services. The County has collaborated with various providers who will provide STD testing and general health counseling without charge. The young men can also receive condoms and literature at these clinics.
4. **Support Group:** Young men who are fathers can also attend a weekly support group where they receive education on how to care for a young child, learn about their legal rights as fathers, and are linked to other resources throughout the county. The support group is free and food is provided at the weekly gatherings.

Overall, the Male Involvement Program strives to instill the values of leadership and responsibility, and to reduce teen birth rates. Through the efforts of the San Mateo County Health Department and collaboration with various community-based organizations, we hope to inspire these young men to achieve their full potential.

If you are working with young men at your facility, you are welcome to refer them for MIP-related services. We provide case management, reproductive health services, and a support group for young fathers. Also, if you have a group of young men that meets at your facility regularly, please contact us about conducting prevention education at your site. If your clinic is a FFACT (Family Planning, Access, Care and Treatment) provider, please contact us to be included into our list of providers for referrals.

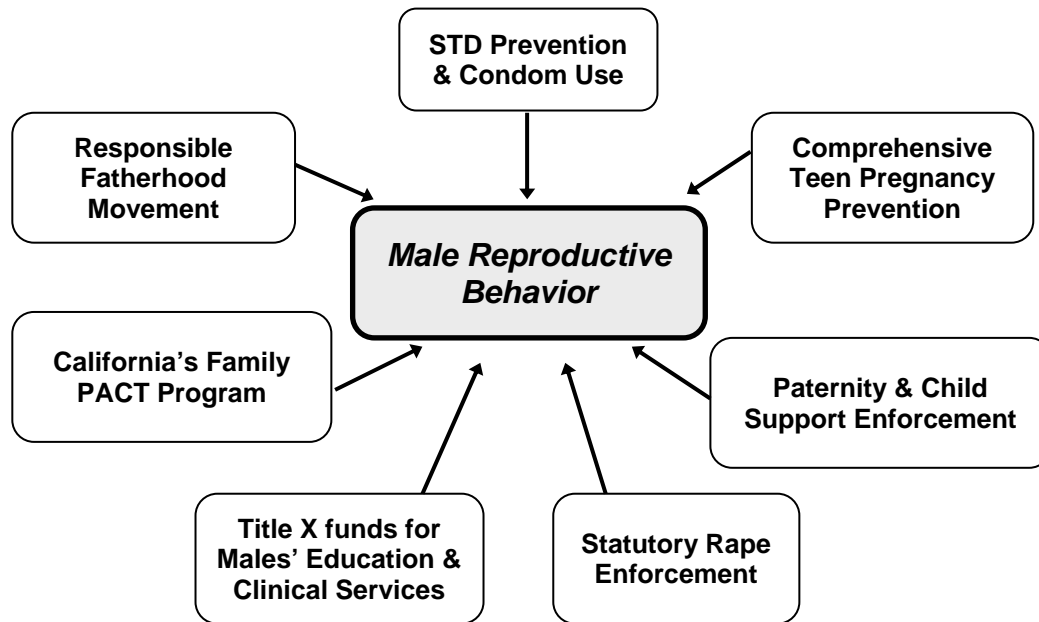
For more information about the Male Involvement Program
or to have the education program brought to your young men’s group, please contact:
Nabil Ahmed at (650) 573-2033 NAhmed@co.sanmateo.ca.us

If you know a young father who would benefit from the “Young Dad’s Support Group” please contact:
Alex Herrera at (650) 573-2505 AHerrera@co.sanmateo.ca.us

(continued on page 7)

(Male Involvement Program, cont.)

Conceptual Framework for the Male Involvement Project (MIP)



Epidemiology Unit Begins Using GIS

Michael Leach, MPH, Supervising Epidemiologist

Recently, the San Mateo County Health Department received training in the use of a Geographic Information System (GIS). GIS is a technology used to view and analyze data using maps and other geographical representations. Whether choosing sites for clinics, planning distribution networks, responding to emergencies, or redrawing municipal boundaries, this technology can be used to answer questions that in some way involve geography. San Mateo County currently uses GIS in applications ranging from public works (e.g., sewers, water, electricity), election districts, voter outreach services, and police/law enforcement.

GIS can be used as a framework for an organization's overall information system. With just a street address, GIS links this location to many other layers of data, such as location of bus stops or power lines, illustrating the relationships between very different types of information. GIS is a powerful tool for illustrating trends, patterns, and relationships across a geographic area.

The County of San Mateo uses a shared, central geo-database which holds geographic information that can be used by many different county departments. This facilitates data sharing and eliminates redundancy and inconsistencies in information. This system is useful to the Epidemiology Unit in the analysis of disease or health disparities in an area, providing additional information such as population density, resource location, or the distance between places. Ideally, this will provide a more comprehensive and descriptive picture of a population and allow for interventions that account for contextual factors that impact a population's health status.

The mapping of change in a geographic area is also an important tool provided by GIS. By mapping the locations of diseases and conditions over time, health professionals can better understand multiple determinants of health and anticipate future health needs.

(continued on page 8)

(GIS, cont.)

From rates of communicable disease to health disparities and chronic disease, the Epidemiology Unit is beginning to utilize GIS in a number of different areas. In the future, the epidemiologists plan to use GIS as both a tool for data analysis and as a more comprehensive visual display to describe the health of the county.

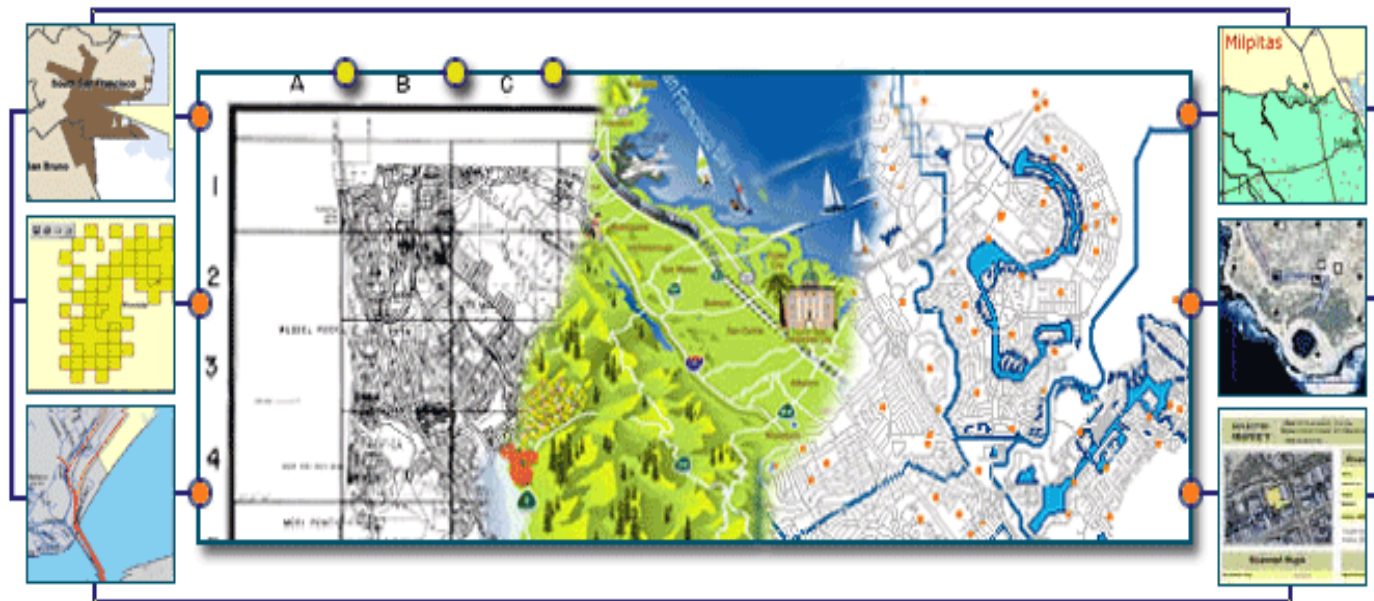


Image source: San Mateo County Geographic Information System intranet site.

Asthma in San Mateo County

Dorothy Vura-Weis, MD, MPH, Assistant Health Officer

Asthma is a significant health problem in San Mateo County and the most common chronic disease causing school absences. Its importance relates to both its high prevalence and its impact on school readiness and absence, work absences, hospitalizations, and healthcare costs. Its presence and severity are affected by environmental factors, and the degree of symptom control is dependent on access to ongoing healthcare. These characteristics make it an appropriate focus for public health activities. This article summarizes existing data on the burden of asthma in San Mateo County.

Overall Asthma Prevalence

Information on prevalence rates comes from survey data, rather than from medical evaluation of populations. The California Health Interview Survey (CHIS) used the question “Has a doctor ever told you that you or your child has asthma?” Based on the answers to this question, asthma among youth (0-18 years old) in San Mateo County increased from 9.3% in 2001 to 14.4% in 2003. There was a smaller rise in those 19 years of age and older, from 9.5% in 2001 to 10.5% in 2003. For women of childbearing age (15-45 years old), 10.3% reported asthma in 2001 and 8.2% in 2003. Of these 12,000 women who reported asthma in 2003, all said they had symptoms in the previous year.

The California Healthy Kids Survey (CHKS) for 2001-2003, administered to more than 10,000 students in San Mateo County, shows an even higher prevalence of self-reported asthma among 7th, 9th and 11th graders: 19.2%, compared to a statewide rate of 18.4%. CHKS used a question similar to the CHIS survey, “Has a doctor ever told you or your parents that you have asthma?”

(continued on page 9)

(Asthma, cont.)

Disparities in Asthma Prevalence and Symptom Control

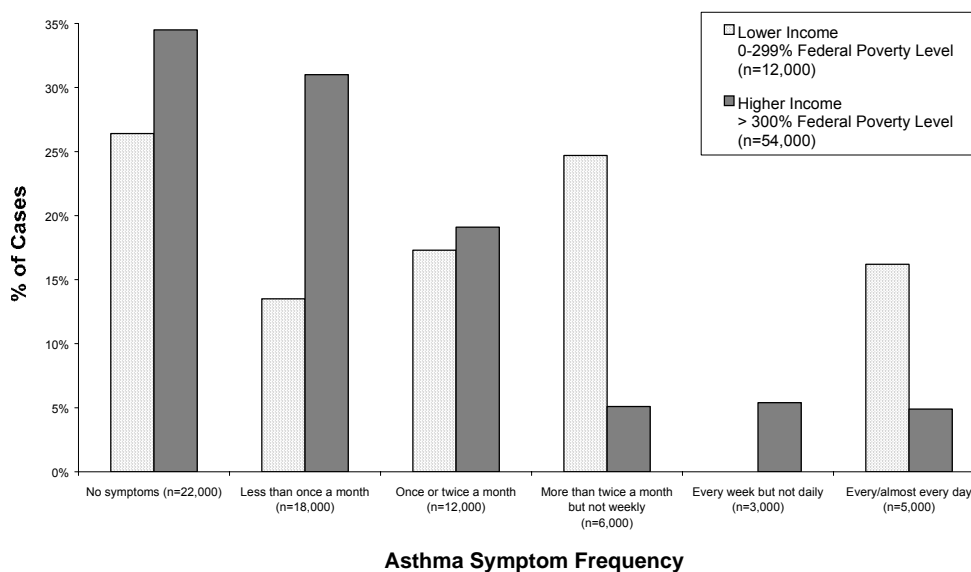
Prevalence: According to CHKS, asthma prevalence varied by ethnic group (in decreasing order): 26.5% among American Indian/Alaska Natives, 24.1% among African Americans, 23.5% among Native Hawaiian/Pacific Islanders, 19.8% among Asians, 18.0% among Whites, and 16.7% among Hispanics.

Surprisingly, the CHIS data show lower prevalence rates for African Americans than for some of the other groups even though most studies report that African Americans have higher rates. The unexpected results may be related to the small numbers of people of color surveyed by CHIS in San Mateo County. As in many other studies where Latino groups are predominantly Mexican-American, their rates were lower. Of note, the rates for African Americans and Latinos had decreased from 2001 to 2003; because the sample size was small, these decreases were not statistically significant. If Latinos and African Americans, who are disproportionately represented in lower income levels, have less access to healthcare, their rates for physician-diagnosed asthma would probably be inappropriately lower.

	2001		2003	
	%	95% Confidence Interval	%	95% Confidence Interval
All San Mateo County	9.5	7.6 - 11.3	11.5	8.7 - 14.3
African American*	9.8	1.0 - 18.6	8.8	0 - 20.4
Asian	9.4	4.6 - 14.1	13.0	6.1 - 19.8
Latino*	5.4	1.9 - 8.3	3.4	0 - 6.8
White	10.3	8.0 - 12.6	12.2	8.7 - 15.6

* Small sample size, please use caution when interpreting.

Symptom Control: Another important measure of asthma is how well symptoms are controlled among those with the disease. To assess this, the 2001 CHIS included a question on frequency of asthma symptoms. The responses showed much better control of asthma among those at higher income levels (above 300% of the federal poverty level) than those with lower income (below 300% of federal poverty level). Among people with higher incomes, 65.5% had symptoms less than once a month and only 15.4% had symptoms more than twice a month. Among those with lower incomes, 39.9% had symptoms less than once a month and 40.9% had symptoms more than twice a month. Although the unweighted number of lower-income residents with asthma was small, the magnitude of the difference suggests that it may be real.



The Winter 2006 edition of the Epidemiological Bulletin will contain information about asthma-related hospitalizations and San Mateo County Health Department asthma-related activities.

— From the Health Officer —



San Mateo County Health Department, Disease Control and Prevention

Avian Influenza A (H5N1) Update

October 14, 2005

To: Providers Caring for Travelers, Refugees and Immigrants from Asia

From: Scott Morrow, MD, MPH, Health Officer, San Mateo County Health Department

As of October 10, 2005, 117 human cases of avian influenza H5N1 and 60 deaths have been reported from Vietnam, Thailand, Indonesia, and Cambodia since avian outbreaks of this strain began in winter 2003. Infected wild birds and poultry continue to be detected in these countries as well as China, Siberian Russia, Kazakhstan, and Mongolia. Attempts to eliminate H5N1 from the area through culling of birds have been unsuccessful and additional avian outbreaks and human cases are expected to continue. Thus far, most human cases have been linked to contact with poultry or poultry products and only limited person-to-person transmission has occurred in close contacts. Please see http://www.who.int/csr/disease/avian_influenza/en/ for the latest updates.

Early identification of the importation of avian influenza H5N1 into the United States is critical and depends on healthcare providers such as yourself to identify patients with the appropriate exposure history who may have avian influenza.

Recommendations for Surveillance, Diagnostic Evaluation, and Infection Control Precautions

We ask that all clinicians maintain a high index of suspicion for influenza A (H5N1) infection in patients who meet the following criteria. For assistance with evaluation and specimen submission, please contact:

San Mateo County Disease Control & Prevention
at 650-573-2346 (Monday – Friday between 8 am - 5 pm)
or after hours at on-call Health Officer pager 650-363-4981

(continued on page 11)

Consider influenza A (H5N1) in the following situations:

1) Hospitalized patients with:

- Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other unexplained severe respiratory illness, **AND**
- History of travel to or immigration from a country with documented H5N1 avian influenza infections with poultry or humans within 10 days of symptom onset (for current information on affected countries, see: http://oie.int/download/AVIAN%20influenza/A_AI-Asia.htm);

2) Hospitalized or ambulatory patients with:

- Documented temperature $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$), **AND**
- Cough, sore throat, and/or shortness of breath, **AND**
- History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) in an H5N1-affected country or with a known or suspected human case of influenza A (H5N1) within 10 days of symptom onset.

Testing for influenza A (H5N1) infection will be performed on all patients meeting both criteria under (1) above and on select patients meeting all three criteria under (2).

Respiratory viral cultures should NOT be ordered nor performed in hospital laboratories on patients suspected of having H5N1 infection because of laboratory safety requirements.

Commercial antigen detection (rapid flu NP swab) testing can be conducted at hospital laboratories but specimens should ALSO be sent to the San Mateo County Public Health Laboratory for polymerase chain reaction (PCR) testing. Please contact Disease Control and Prevention at 650-573-2346 or after hours at on-call Health Officer pager 650-363-4981 to arrange for testing.

Hospitalized patients diagnosed with or under evaluation for influenza A (H5N1) should be isolated using airborne (this includes use of N-95 respirators), contact, and standard precautions, as well as eye protection within 3 feet, for 14 days after onset of symptoms unless an alternative diagnosis is established and/or influenza infection is excluded. ALL healthcare facilities should follow the CDC's **Respiratory Hygiene/ Cough Etiquette** guidelines: (<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>) to prevent the spread of respiratory infections within healthcare settings.

Outpatients or discharged patients must be isolated in the home setting under an Isolation Order from the Health Officer, which will be served to the patient by calling the San Mateo Health County Health Department, Disease Control and Prevention at 650-573-2346 or the Health Officer pager 650-363-4981 after hours.

Selected Reportable Diseases, San Mateo County Residents

	Year of Diagnosis			Year of Diagnosis			
	2005 (to date)	2004	2003	2005 (to date)	2004	2003	
Acquired Immune Deficiency Syndrome (AIDS)	15	31	43	12	20	18	
Amebiasis	3	1	17	-	-	-	
Anisakiasis	-	1	-	41	64	37	
Anthrax	-	-	-	43	48	24	
Botulism:				26	6	5	
- Foodborne	-	-	-	-	-	-	
- Infant	-	-	-	-	-	-	
- Wound	-	1	-	1	1	2	
Brucellosis	-	1	1	Rabies:			
Campylobacteriosis	87	191	228	- Animal	-	-	1
Chlamydial Infection	880	1485	1364	- Human	-	-	-
Cholera	-	-	-	Relapsing Fever	-	1	-
Ciguatera Fish Poisoning	-	1	-	Rocky Mountain Spotted Fever	1	1	-
Coccidioidomycosis	1	6	-	Rubella	-	-	-
Cryptosporidiosis	4	11	5	Rubella Syndrome, Congenital	-	-	-
Cysticercosis	-	2	-	Salmonellosis	103	96	131
Dengue	2	-	1	Scromboid Fish Poisoning	-	2	-
Ehrlichiosis	-	1	-	Shigellosis:			
Encephalitis:				- Group A	-	-	1
- Arboviral	-	-	-	- Group B	9	16	11
- Other Viral	-	-	-	- Group C	2	-	3
E. Coli (O157:H7)	2	5	17	- Group D	29	25	30
Foodborne Illness Outbreaks	1	7	6	- Group Unspecified	7	8	7
Giardiasis	40	62	60	Smallpox	-	-	-
Gonococcal Infection	140	238	224	Syphilis:			
<i>Haemophilus influenzae Invasive Disease</i>	2	2	5	- Primary	1	5	9
Hemolytic Uremic Syndrome (HUS)	1	1	-	- Secondary	5	4	5
Hepatitis: (acute)				- Early Latent	1	1	7
- Type A	10	17	18	- Late & Late Latent	23	16	22
- Type B	12	28	3	- Congenital	-	-	-
- Type C	1	-	-	Tetanus	-	-	-
- Type D	-	-	-	Toxoplasmosis	-	1	-
- Non-A / Non-B	-	-	-	Tuberculosis	36	56	53
- Other Viral	-	-	-	Tularemia	-	-	-
Kawasaki Syndrome	-	1	-	Typhoid Fever	-	1	6
Legionellosis	1	-	2	Typhus Fever	1	-	-
Leprosy	2	1	1	Varicella (deaths only)	2	2	-
Listeriosis	2	3	2	Vibrio Infections	1	6	3
Lyme Disease	4	3	4	Viral Hemorrhagic Fevers	-	-	-
Malaria	2	1	4	West Nile Virus:			
Measles	-	-	1	- West Nile Fever	-	-	-
Meningitis, Bacterial	-	2	-	- Encephalitis	-	-	-
Meningitis, Meningococcal	-	1	-	- Meningitis	-	-	-
				Yersiniosis	1	-	1

Cases reported as of September 22, 2005

Sources: Confidential Morbidity Report, HIV/AIDS Confidential Case Report Form, and Report of Verified Case of Tuberculosis



Notes from Disease Control and Prevention (DCP)

We are sorry to say goodbye to **Lisa Netherland**. For the past year, Lisa worked as a Communicable Disease Investigator for tuberculosis and other communicable diseases. She is currently pursuing her goal of attending medical school.

DCP would like to welcome the following new staff members:

Candy Argao comes to Public Health from San Mateo Medical Center, where she most recently worked as the Coumadin Nurse/Clinic Nurse and Oncology Nurse for the past several years. Prior to that she was a Med-Surg Nurse at SMMC.

Yvette Dwyer joins the Public Health Laboratory as a Public Health Microbiologist. She received her B.S. in microbiology from San Francisco State University. Prior to joining DCP, she worked for 10 years at Bayer Pharmaceuticals and six years at Kaiser Permanente.

Bruce Fujikawa joins DCP as the Director of the Public Health Laboratory. Dr. Fujikawa has worked as a Public Health Laboratory Director in California, including Fresno and Long Beach, for the past 26 years. He received both his DrPH and MPH in Biomedical Laboratory Science from UC Berkeley. He comes to San Mateo County from the City of Long Beach, Department of Health and Human Services where he served as Laboratory Services Officer for the past six years.

Matt Geltmaker joins the AIDS Program as a Social Work Supervisor. He will serve as the Client Services Coordinator overseeing social services for San Mateo County residents living with HIV disease. Matt comes to the AIDS Program with over nine years of experience in HIV care in San Francisco. He holds a Masters Degree in Social Work from the University of Illinois-Urbana-Champaign and a California license in Clinical Social Work.

Carl Hess is the new Bioterrorism Coordinator, joining us from California Children's Services to plan and administer Public Health efforts to respond to all emergencies and hazards. He has a MBA in finance with a majority of experience in the private sector, business modeling, forecasting and budget preparation.

Catarina Klimas joins DCP Administrative Department as an Office Specialist. She will work on several projects including Outcomes Based Management (OBM), HIV6, the Chlamydia Screening Program (ClaSP), and Automated Vital Statistics System (AVSS) data entry. She will also work with Dr. Vura-Weis to prepare a manual on reporting guidelines for healthcare providers.

Kenneth Malloy will be working as a staff nurse with the Mobile clinic, Edison clinic, and STD clinic. He received his nursing degree from Columbia State in Nashville, TN. He has worked at Vanderbilt University (Nashville, TN) in the pediatric emergency department (ED) as well as pediatric and adult EDs in Arizona and California. He most recently worked in the ED at O'Connor Hospital in San Jose. What he enjoys most about nursing is the ability to help people that normally have no access to medical care.

Gladys Melghem joins DCP as a Public Health Nurse. For the past four years, she worked at Lucille Packard Children's Hospital as a Pediatric-Med-Surg and Oncology Nurse. She will be working in the Mobile Health Clinic.

Nancy Ruiz joins DCP as an extra help Office Specialist. She is currently staffing the front window in the Vital Statistics program where she helps in the process of issuing birth and death records.

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<u>Staff Name</u>	<u>Title</u>	<u>Phone</u>
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Candy Argao, RN, MSN	TB Control Nurse	(650) 573-2040
Sonia Baldassarre, RN, MSN	Public Health Nurse	(650) 573-2905
Sharon Byrd	Communicable Disease Investigator	(650) 573-3451
Vicky Camilleri, RN	Senior Public Health Nurse	(650) 573-2959
Tony Concepcion	Communicable Disease Investigator	(650) 301-8630
John Conley	Deputy Director, Public Health	(650) 573-3477
Vera Edstrom, RN	TB Control Nurse	(650) 573-2917
Jackie Escalante, RN	TB Control Program Coordinator, Senior Public Health Nurse	(650) 573-2713
Antonio Fajardo	Community Worker	(650) 573-2142
Gina Fucilla	Office Specialist	(650) 573-2734
Carl Hess	Bioterrorism Preparedness Coordinator	(650) 573-3798
Catarina Klimas	Office Specialist	(650) 573-2551
Sarah Knowles, PhD, MPH	Epidemiologist	(650) 573-2974
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Gloria Lee	Medical Office Specialist	(650) 573-2346
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Judy Ochoa	Communicable Disease Investigator	(650) 573-3417
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Dennis Silva	Community Worker	(650) 301-8761
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Evelyn Tu, MPH	Epidemiologist	(650) 573-2781
Gloria Tzuang, MPH	Epidemiologist	(650) 573-2186
Dorothy Vura-Weis, MD, MPH	Assistant Health Officer	(650) 573-2492

San Mateo County Health Department
Disease Control and Prevention
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What's Inside

Flu Vaccine FAQ	p. 1
AIDS Intervention & Outreach	p. 3
New CMR Form	p. 4
Field-Delivered STD Therapy	p.4
West Nile Virus Update	p. 5
Male Involvement Program	p. 6
GIS System	p. 7
Asthma in San Mateo County	p. 8
Avian Influenza	P. 10
Selected Reportable Diseases	p. 12
Staff Updates	p. 13

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