

**REPORTABLE COMMUNICABLE DISEASES
 FOURTH QUARTER REPORT 2018**

	Cases Reported for Period (Oct-Dec)			Cumulative Cases Reported to Date (Jan-Dec)			Total reported Cases per Year		
	2018	2017	2016	2018	2017	2016	2017	2016	2015
AMEBIASIS	0	1	0	1	3	1	3	1	3
BOTULISM -INFANT	0	0	0	2	1	0	1	0	0
-WOUND	0	0	0	1	0	0	0	0	2
CAMPYLOBACTERIOSIS	5	9	10	29	39	82	39	82	81
CHLAMYDIA	589	548	641	2121	2290	2294	2290	2294	2289
COCCIDIOIDOMYCOSIS	27	44	29	139	94	59	94	59	24
E. COLI (Shiga-toxin producing)	6	6	3	15	15	9	15	9	5
GIARDIASIS	4	9	1	31	24	27	24	27	17
GONORRHEA	138	117	85	499	380	320	380	320	333
HEPATITIS A	0	0	0	2	3	1	3	1	3
HEPATITIS B	0	8	6	18	20	31	20	31	16
HEPATITIS C (Acute)	0	0	0	3	1	5	1	5	3
HIV* (added 4 th Qtr 2013)	6	2	7	29	27	29	27	29	23
LEGIONELLOSIS	2	2	1	6	7	4	7	4	7
LYME DISEASE	0	4	3	3	4	7	4	7	4
MALARIA	1	1	0	1	1	3	1	3	3
MENINGITIS, BACTERIAL	4	1	1	8	9	7	9	7	10
MENINGITIS, VIRAL	8	4	1	32	13	12	13	12	23
MENINGOCOCCAL INFECTION	0	0	0	0	3	1	3	1	1
PERTUSSIS (WHOOPING COUGH)**	5	3	2	19	9	10	9	10	74
SALMONELLOSIS	14	18	15	71	70	78	70	78	88
SHIGELLOSIS	2	2	3	10	15	17	15	17	9
SYPHILIS – PRIMARY, SECONDARY, EARLY LATENT±	29	21	18	90	79	50	79	50	62
TUBERCULOSIS***	8	2	3	24	10	9	10	9	19
WEST NILE VIRUS	0	0	0	0	0	0	0	0	0
RABIES -BATS****	0	0	1	1	0	1	0	1	1
RABIES -SKUNKS****	0	0	0	0	0	0	0	0	0

Fourth Quarter = 10/1/2018-12/31/2018

*Based on diagnosis date – newly diagnosed HIV clients residing in Santa Barbara County at time of diagnosis; This count will most likely increase by the next quarterly report; AIDS case count no longer being reported as of Q1 2018.

** Includes confirmed, probable and suspect cases

± Includes confirmed and probable cases as of Q1 2018

***Based on count date

****Based on test date

All other counts are based on the create date of confirmed cases in CalREDIE

The AIDS case count has been removed from the 2018 Communicable Disease reports due to misinterpretation of actual HIV case counts. Newly diagnosed HIV cases residing in the county at time of diagnosis will be reported quarterly. Patients that transition to AIDS (CD4 count below 200) will be reported in the HIV Annual Report with cases unduplicated in quarter/annual HIV case counts.

Of note: HIV case counts lag in reporting due to the State database that is distributed quarterly – hence the edit to the Q3 report that shows HIV counts are now actually about equal to what was seen last year. Expect that in about a month, the final HIV numbers for 2018 will increase slightly.

Talking points from the Communicable Disease (CD) report:

- Although Chlamydia cases are higher in Q4 2018 compared to previous 2017 Q4, the overall count for the year is much lower than previous years.
- Gonorrhea has steadily been increasing. The number of Gonorrhea cases in SBC in 2018 was 31% higher than reported in 2017.
- Since 2016, the stages of syphilis reported in the quarterly reports have been widened to include not only primary and secondary stages, but also early latent. Disease investigation of syphilis has also been returned to the local health jurisdiction in the past 2 years, so there is a possibility that enhanced investigation has led to case finding and reporting. Fortunately in 2018, the number of reported syphilis cases decreased each quarter as the year unfolded and the yearly count was lower than expected, but still higher than what was seen in 2016. The majority of the cases reported in 2018 were diagnosed in the first half of the year.
- HIV numbers continue to be consistent over the last couple years. Santa Barbara County (SBC) is on track to reach a yearly count similar to 2017 and 2016.
- Following the trend seen across regions of California, SBC Coccidioidomycosis numbers are significantly higher in 2018 compared to previous years. As predicted, the 4th Quarter saw the most cases for the year which is expected in the fall and winter months.
- A cluster of Viral Meningitis cases were reported in Q3 that added to the increased numbers reported in 2018.
- Pertussis was steadily higher each quarter of 2018 compared to 2017 quarters resulting in a 2018 count 3-times higher than what was seen in either 2017 or 2016. Fortunately, the 2018 year-end count was still substantially lower than peak levels seen in 2015.
- TB is also on the rise in SBC – 2018 clusters of TB with larger than usual pediatric cases have led to increased testing and case investigation.