

**REPORTABLE COMMUNICABLE DISEASES  
 SECOND QUARTER REPORT 2019**

	Cases Reported for Period (April-June) 2 <sup>nd</sup> Quarter			Cumulative Cases Reported to Date (Jan-June)			Total Reported Cases per Year			5-Year Case Average
	2019	2018	2017	2019	2018	2017	2018	2017	2016	2014-2018
AMEBIASIS	0	0	2	0	1	2	1	3	1	2
BOTULISM -INFANT	0	0	1	0	1	1	2	1	0	1
-WOUND	0	0	0	0	0	0	1	0	0	1
CAMPYLOBACTERIOSIS	29	9	7	44	16	15	29	39	82	70
CHLAMYDIA	685	485	598	1265	985	1217	2121	2290	2294	2193
COCCIDIOIDOMYCOSIS	14	37	17	32	94	31	139	94	59	68
E. COLI (Shiga-toxin producing)	0	2	3	1	5	5	15	15	9	3
GIARDIASIS	11	5	5	16	13	10	31	24	27	26
GONORRHEA	105	123	100	237	220	180	499	380	320	346
HEPATITIS A	0	2	0	0	2	0	2	3	1	2
HEPATITIS B	3	6	8	4	12	12	18	20	31	22
HEPATITIS C (Acute)	0	1	0	1	2	0	3	1	5	3
HIV‡	6	8	8	14	17	15	32	27	30	28
LEGIONELLOSIS	1	1	2	3	3	4	6	7	4	5
LYME DISEASE	1	0	0	1	0	0	3	4	7	3
MALARIA	0	0	0	0	0	0	1	1	3	2
MENINGITIS, BACTERIAL	1	3	2	5	4	6	8	9	7	8
MENINGITIS, VIRAL	4	1	2	14	2	4	32	13	12	19
MENINGOCOCCAL INFECTION	0	0	0	0	0	3	0	3	1	1
PERTUSSIS (WHOOPING COUGH)**	8	4	2	11	10	4	19	9	10	45
SALMONELLOSIS	15	19	16	25	35	30	71	70	78	74
SHIGELLOSIS	4	4	4	8	7	6	10	15	17	16
SYPHILIS - PRIMARY, SECONDARY & Early Latent	30	21	2	54	41	32	90	79	50	62
TUBERCULOSIS***	5	7	1	17	12	5	24	10	9	18
WEST NILE VIRUS	0	0	0	0	0	0	0	0	0	0
RABIES -BATS****	2	1	0	0	1	0	1	0	1	1
RABIES -SKUNKS****	0	0	0	0	0	0	0	0	0	0

Second Quarter = 4/1/2019 to 6/30/2019

‡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

\*\*\*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 reports due to confusion between HIV and AIDS case numbers. Newly diagnosed HIV cases residing in the county at time of diagnosis will only be reported quarterly. Those patients that transition to AIDS (CD4 count below 200) will be reported in the HIV annual report to avoid duplicate case counting.

Talking points from the CD report:

- Campylobacteriosis cases are on the rise and mirror case counts seen in 2016. By the end of the year, cases are on track to surpass the 5-year average.
- Chlamydia cases increased 38% in Q2 of 2019 compared to the same time period in 2018. By year's end, 2019 chlamydia total case count is projected to be the highest on record for Santa Barbara County surpassing the county high in 2016.
- Cocci numbers have significantly dropped when compared to 2018 and are similar to 2017 case counts.
- HIV numbers are consistent with numbers reported each quarter over the last few years.
- Although gonorrhea case counts decreased when compared to Q2 of 2018, gonorrhea remains to be on track with 2018 year-end case counts due to the large number seen in Q1 2019.
- Pertussis has increased slightly during the first half of the year and is projected to be similar to 2018 case counts. The high 5-year average is driven by the record high of 117 cases in 2014.
- Salmonellosis cases have been decreasing. Final case count for 2019 is projected to be about 27% lower than reported in 2018.
- Syphilis has been steadily higher than expected the past 2 quarters. 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 staging. Case status has also been widened to include confirmed and probable cases. Disease investigation of syphilis has also returned to the local health jurisdiction the past 2 years. More cases are being reported due in part to enhanced case investigation and an increase in universal STD screening practices amongst providers within the County.
  - If this trend continues, 2019 syphilis cases are on track to surpass the SBC high of 90 cases seen in 2018.
- TB is also on the rise in SBC – a 2018 cluster that elicited comprehensive contact investigations revealed transmission and identification of secondary cases in 2019.