SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

343

FROM: Department of Public Health

SUBMITTAL DATE:
10-3-2012

SUBJECT: Receive and File Summary Report Update on Immunization Rates and Communicable Disease Trends in Riverside County.

RECOMMENDED MOTION: That the Board of Supervisors receive and file summary report update on Immunization Rates attached and Communicable Disease Trends in Riverside County.

BACKGROUND: The annual child care and kindergarten assessment is conducted each fall to monitor compliance with the California School Immunization Law. Results are used to measure immunization coverage levels among children entering licensed child care and students entering kindergarten. During the 2011-2012 school year, students entering 7th – 12th grades required proof of a pertussis containing vaccine (Tdap, DTaP, DTP) on or after the 7th birthday. The attached report summarizes the immunization coverage results for children in Riverside County for 2007-2011.
(continued on page 2)

Susan D. Harrington

BC:rr

Susan Harrington, Director
Department of Public Health

FINANCIAL DATA				
	Current F.Y. Total Cost:	N/A	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	N/A	Budget Adjustment:	N/A
	Annual Net County Cost:	N/A	For Fiscal Year:	N/A

SOURCE OF FUNDS: N/A

Positions To Be Deleted Per A-30 ☐

Requires 4/5 Vote ☐

APPROVE

C.E.O. RECOMMENDATION:

BY: Debra Cournoyer

County Executive Office Signature

Debra Cournoyer

Dep't Recomm.: ☒ Policy ☐ Consent

Per Exec. Ofc.: ☒ Policy ☐ Consent

Department Concurrence

Prev. Agn. Ref.: | **District: All/All** | **Agenda Number:** 3.34

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.37

BACKGROUND: Immunizations provide an excellent example of primary public health intervention. Polio was declared eradicated in the United States in 1979 through an effective vaccination program. Diseases such as measles, hepatitis A, hepatitis B, and haemophilus influenzae invasive disease continue to be at low levels.

The 2010 pertussis (whooping cough) epidemic serves as a reminder of the significant impact that vaccine preventable diseases can have on susceptible individuals. Over 9,000 pertussis cases and 10 deaths were reported in 2010 for California. Four hundred and sixty one cases were reported in Riverside County.

Control of communicable disease is a core function of public health. The Department of Public Health utilizes a variety of strategies to control communicable diseases in Riverside County. These include disease investigation, treatment and evaluation of exposed individuals. Public Health Nurses provide case management for patients diagnosed with tuberculosis (TB) including observing them take their medication to ensure completion of at least six months of treatment.

Education of the public on preventive measures is especially important for diseases for which there is no vaccination. These include diseases, such as, West Nile Virus, hepatitis C, salmonella, and sexually transmitted diseases.

The Department of Public Health Communicable Disease Report - 2011 is located at www.rivcohealthdata.org . The report provides a snap shot of disease trends in Riverside County.

County of Riverside
Department of Public Health

County of Riverside
Department of Public Health
Immunization
Program
Immunize at every age

COUNTY OF RIVERSIDE
CHILDCARE, KINDERGARTEN AND 7TH GRADE FALL ASSESSMENT SUMMARY REPORT

The annual child care and kindergarten assessment is conducted each fall to monitor compliance with the California School Immunization Law. Results are used to measure immunization coverage levels among children entering licensed child care and students entering kindergarten. During the 2011-2012 school year students entering 7th -12th grades required proof of a pertussis containing vaccine (Tdap, DTaP, DTP) on or after the 7th birthday. This report summarizes the immunization coverage results for children in Riverside County for 2007-2011.

KINDERGARTEN IMMUNIZATION LEVELS	2011	2010	2009	2008	2007
TOTAL STUDENTS	**33,282**	**32,152**	**32,121**	**31,587**	**31,466**
DTaP +4	95.08%	95.21%	98.21%	96.00%	96.98%
POLIO+3	98.41%	95.53%	95.57%	96.36%	97.26%
MMR 1	97.56%	97.54%	97.96%	98.41%	98.77%
MMR 2	95.39%	95.38%	98.63%	96.13%	97.17%
HEP B +3	97.17%	96.96%	97.33%	97.88%	98.16%
VAR +1	97.58%	97.43%	97.84%	98.34%	98.73%

CHILDCARE IMMUNIZATION LEVELS	2011	2010	2009	2008	2007
TOTAL STUDENTS	**21,210**	**21,129**	**21,588**	**20,402**	**22,763**
DTaP 4+	95.56%	96.22%	97.14%	96.90%	98.3%
POLIO 3+	97.31%	97.86%	98.21%	98.23%	99.0%
MMR 1 +	97.26%	97.85%	97.77%	98.32%	99.2%
HIB +	97.80%	98.70%	98.75%	98.77%	99.3%
HEP B 3 +	96.47%	97.40%	97.84%	98.86%	98.5%
VAR 1 +	97.05%	97.53%	98.23%	98.16%	99.0%

7TH – 12TH GRADE PERTUSSIS (Tdap) IMMUNIZATION LEVEL	2011
TOTAL STUDENTS	**209,153**
Tdap	97.60%

County of Riverside
Department of Public Health

Communicable Disease Report 2011

ACKNOWLEDGEMENTS

This report was written by:
Danyte Mockus, PhD, MPH; Rick Lopez, BS; Aaron Gardner, MA; and Wayne Harris, JD.

Other County of Riverside Department of Public Health staff who assisted with this report: Barbara Cole, RN, MSN, PHN; Wendy Hetherington, MPH; Kevin Meconis, MPH and Lael Gardner-Stalnaker.

Please use the following citation when referencing this report:
County of Riverside Department of Public Health. *Communicable Disease Report 2011.*

We appreciate any questions or comments that you may have about this report and welcome recommendations for improving subsequent reports. If you have comments to share, please contact us at:

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www.rivcohealthdata.org

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EXECUTIVE SUMMARY

Control of communicable disease is a core function of public health. Understanding the interactions among host, environment, and infectious agents are critical to deal effectively with emerging and re-emerging infections. Just as important are disease surveillance, monitoring disease trends, and responding to outbreaks in a timely efficient manner are critical in order to protect health.

The *County of Riverside Communicable Disease Report 2011* provides a snapshot in time of disease activity in Riverside County, shows trends over the past few years, and where appropriate compares disease activity to California rates and Healthy People 2020 objectives. The data presented are a starting point and used for targeted public health programs. There are many factors in the environment, in the patient, and in the nature of the disease itself that complicate the situation, especially since the interactions and individual characteristics change over time.

Public Health alone will not be able to monitor and solve these community problems. We know that if we are to be successful, we must partner with the medical community, families, schools, youth, and our communities to educate, prevent, and control communicable disease. This report is meant to stimulate discussion and serve as a forum for more questions.

INTRODUCTION

The *County of Riverside Communicable Disease Report 2011* is the annual summary report of communicable disease incidence in Riverside County. Data in this document comes from the mandated reporting of "reportable diseases" by health care providers. When appropriate, Riverside County data is compared to California data and to Healthy People 2020 objectives.

This report describes selected diseases and is organized by mode of transmission: sexually-transmitted and blood-borne diseases, vaccine-preventable diseases, diseases spread by food and water, diseases spread by close personal contact, diseases spread by vectors and diseases with potential uses for bioterrorism.

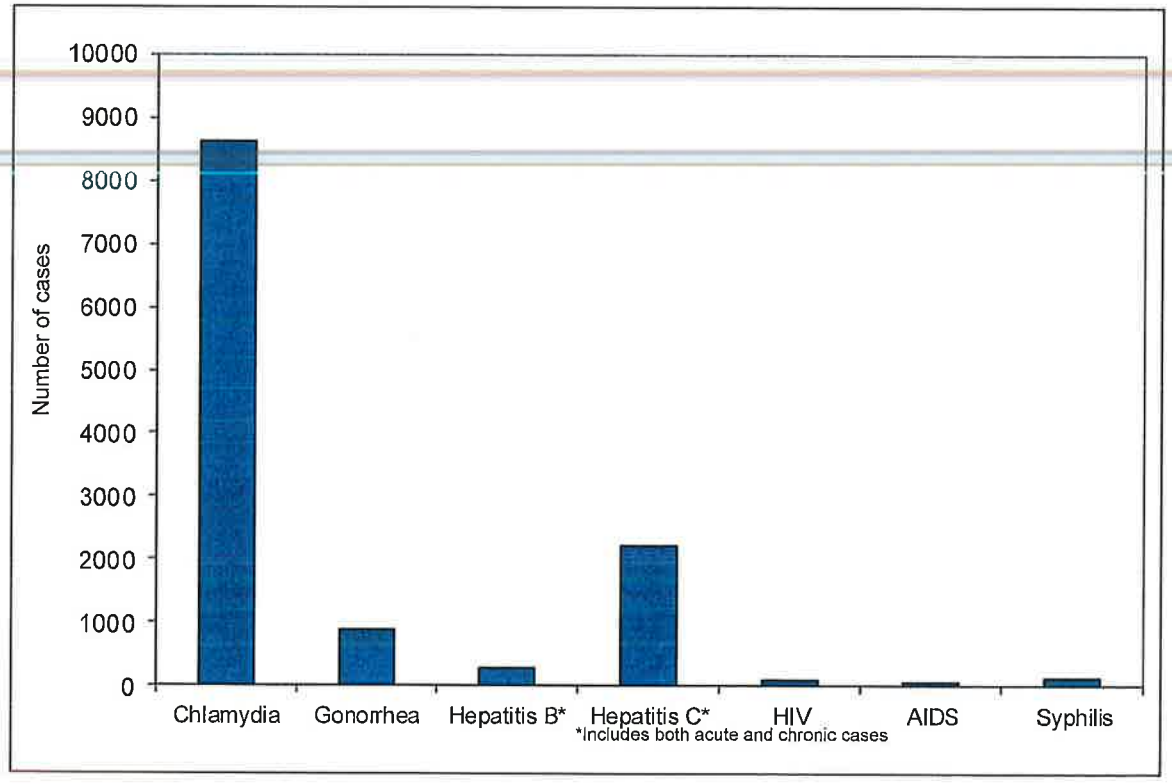
For this report, Riverside County is divided into four regions: the South region which includes the cities of Lake Elsinore, Menifee, Murrieta, Temecula, and Wildomar; the West region which includes the cities of Corona, Eastvale, Jurupa Valley, Moreno Valley, Norco, Perris and Riverside; the Mid/Pass region which includes the cities of Banning, Beaumont, Calimesa, Hemet, Idyllwild, and San Jacinto; and the East region which includes the cities of Blythe, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs and Rancho Mirage.

SEXUALLY TRANSMITTED & BLOODBORNE DISEASES

Highlights

- Chlamydia has remained the most commonly reported communicable disease in Riverside County and the highest incidence rate is among females aged 15 to 24 years. There was a 34% increase in incidence compared to the number of cases reported in 2010.
- Incidence of reported gonorrhea increased in 2011, following decreased incidence during the prior three years.
- For the past three years, the number of reported acute hepatitis B infections in Riverside County continued to decrease. Case reporting for chronic hepatitis C also continued to decrease during 2011 from the peak seen in 2008.
- Both chronic and acute cases of hepatitis C became reportable in Riverside County and California in 1998. Continued surveillance of chronic cases is crucial for projecting future morbidity, as 60%-70% of chronic hepatitis C cases will develop chronic liver disease and require liver transplants.
- Since 2000, we have seen increased reports of infectious syphilis observed in gay, bisexual or other men who have sex with men. The number of reported syphilis cases have remained at increased levels compared to the previous decade.

Figure 1.1: Number of Reported Cases of Sexually Transmitted and Bloodborne Diseases by Type, Riverside County 2011



CHLAMYDIA

DISEASE ABSTRACT

- Chlamydia continued to be the most commonly reported disease in Riverside County, California and the United States. A majority of females infected with chlamydia are asymptomatic.

- In 2011, there were 8,641 reported chlamydia cases in Riverside County. This was a 34% increase compared to the number of cases reported in 2010.

Figure 1.2: Chlamydia Incidence Rates by Year, Riverside County 1990-2011

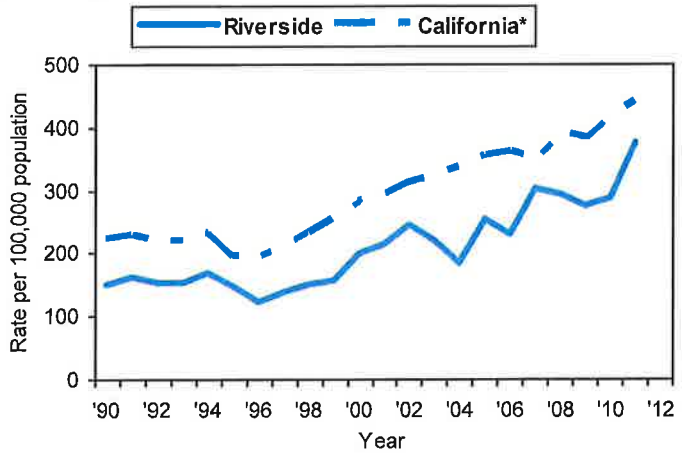
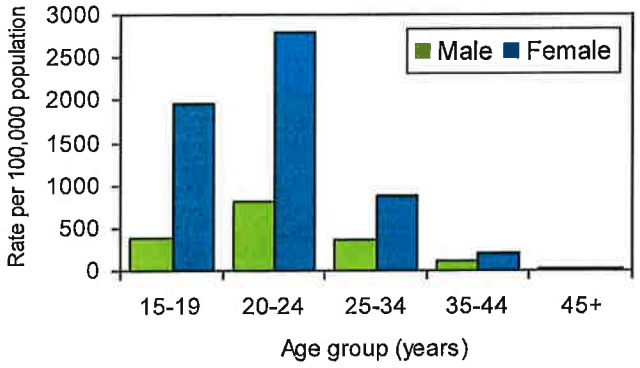


Figure 1.3: Chlamydia Incidence Rates by Age and Sex, Riverside County 2011



TRENDS

In 2011, there was an observed 34% increase in reported Chlamydia cases for Riverside County. Despite decreased incidence since 2007, rates of Chlamydia infection remained elevated compared to pre-1990 levels. There were higher rates among females aged 20-44 years and females younger than 19 years compared to males in those age groups. Also, there were increases in incidence rates among all racial/ethnic groups, during the past year.

AGE

The rate of Chlamydia infection is highest among adolescents and young adults. In 2011, the incidence rate for 15-19 year olds was 1,147.2 cases per 100,000 population and 1,773.3 cases per 100,000 population for 20-24 years olds.

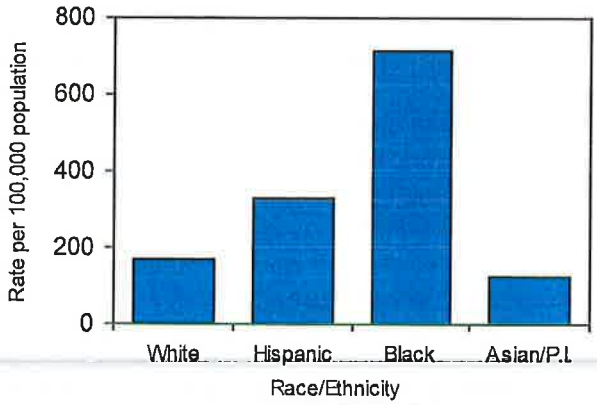
GENDER

The rate of Chlamydia infection in females is markedly higher than males across all age categories. Overall, females have an incidence rate of 562.9 cases per 100,000 population, compared to 183.1 cases per 100,000 male population. This rate difference may reflect higher screening and diagnosis rates in females than in males.

RACE/ETHNICITY

In Riverside County, non-Hispanic Blacks are disproportionately affected by Chlamydia. The rate of Chlamydia among non-Hispanic Blacks in 2011 was 716.8 cases per 100,000 population compared to 330.5 cases per 100,000 in Hispanics, 123.9 cases per 100,000 in Asian/Pacific Islanders and 171.2 cases per 100,000 among non-Hispanic Whites.

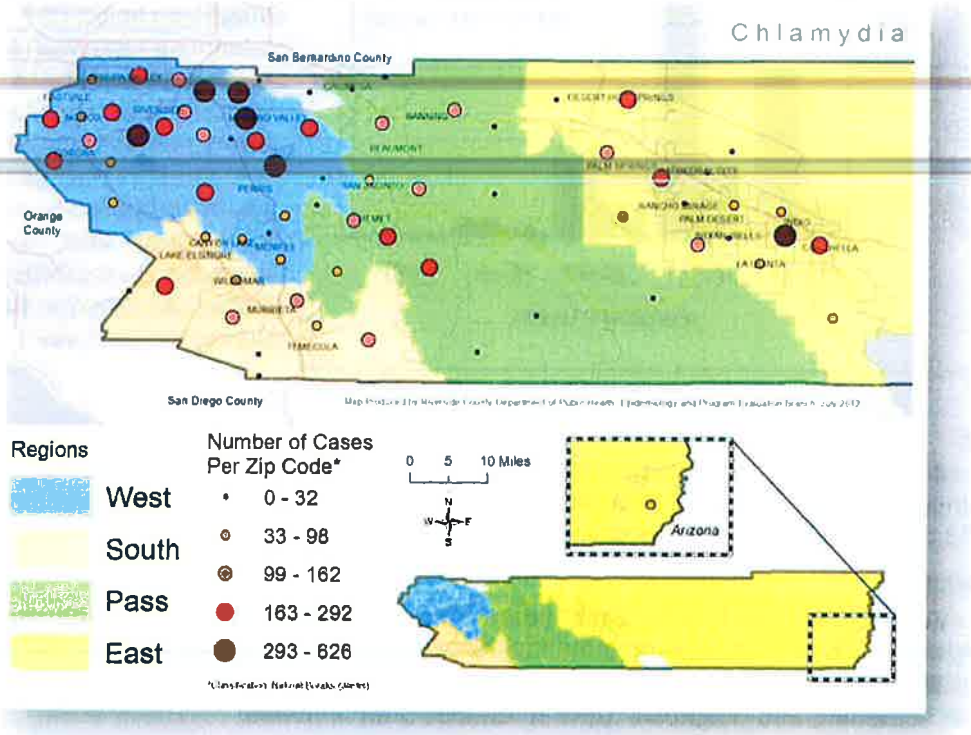
Figure 1.4: Chlamydia Incidence Rates by Ethnicity, Riverside County 2011



GEOGRAPHIC DISTRIBUTION

While cases of Chlamydia infection were reported throughout the county, a majority of cases occurred among residents of the West region. Incidence rates were highest in the Mid/Pass and lowest in the South regions of Riverside County. Incidence rates of infection by Mid/Pass, West, East and South regions were 643.0, 350.7, 326.1, and 234.8 cases per 100,000 population. All four regions experienced increased incidence.

Figure 1.5: Incident Chlamydia Cases by Zip code, Riverside County 2011

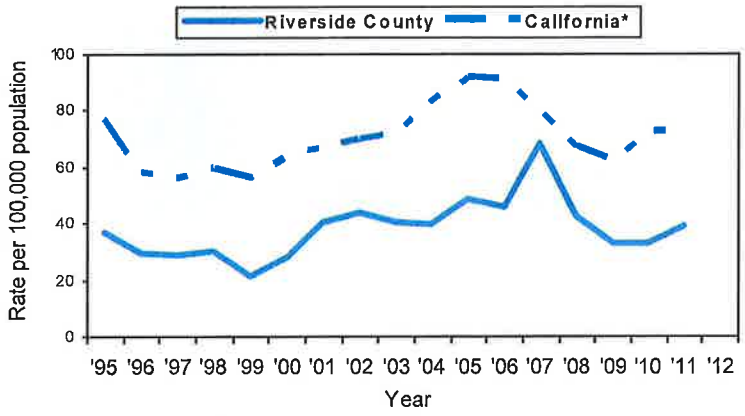


GONORRHEA

DISEASE ABSTRACT

- Gonorrhea was the third most frequently reported infectious disease in Riverside County during 2011, with 891 cases reported and an incidence rate of 38.7 cases per 100,000 population.
- Females aged 20-24 years had the highest incidence rate, with 155.1 cases per 100,000 population.

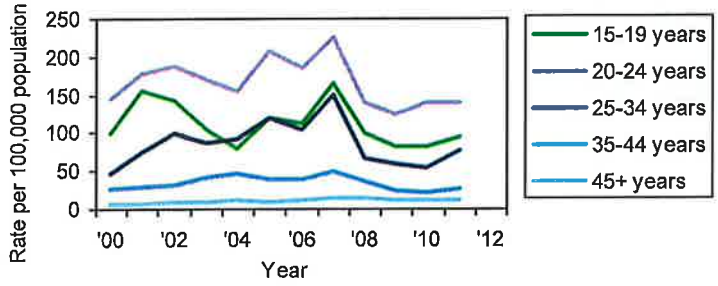
Figure 1.6: Gonorrhea Incidence Rates by Year, Riverside County 1995-2011



TRENDS

Compared to California, Riverside County has experienced lower gonorrhea incidence, with 38.7 cases per 100,000 population for Riverside County in 2011 and 69.1 cases per 100,000 population for California in 2010 (2011 data unavailable).

Figure 1.7: Gonorrhea Incidence Rates by Age, Riverside County 2000-2011



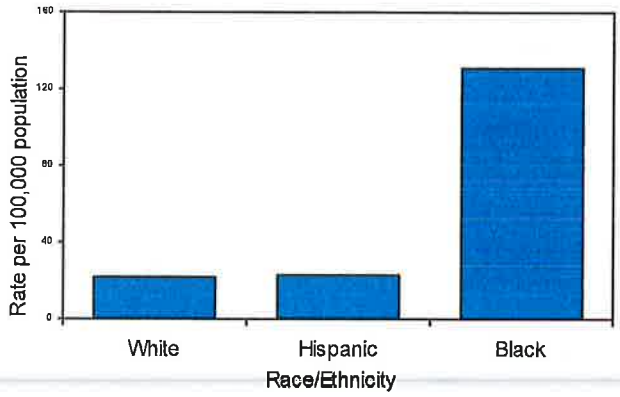
AGE

In 2011, as with prior years, the highest incidence rates of gonorrhea were observed among young adults aged 20 to 24 years, followed by adolescents aged 15 to 19 years, and persons aged 25 to 34 years. However, there were observed decreases across most age groups in 2011.

GENDER

In 2011, there was little difference in overall gender-specific incidence rates, with 39.4 cases per 100,000 male population and 37.8 cases per 100,000 female population. The highest rates of gonorrhea in males and females occurred among 20-24 year olds, with incidence rates of 121.2 and 155.1 cases per 100,000 population.

Figure 1.8: Gonorrhea Incidence Rates by Ethnicity, Riverside County 2011



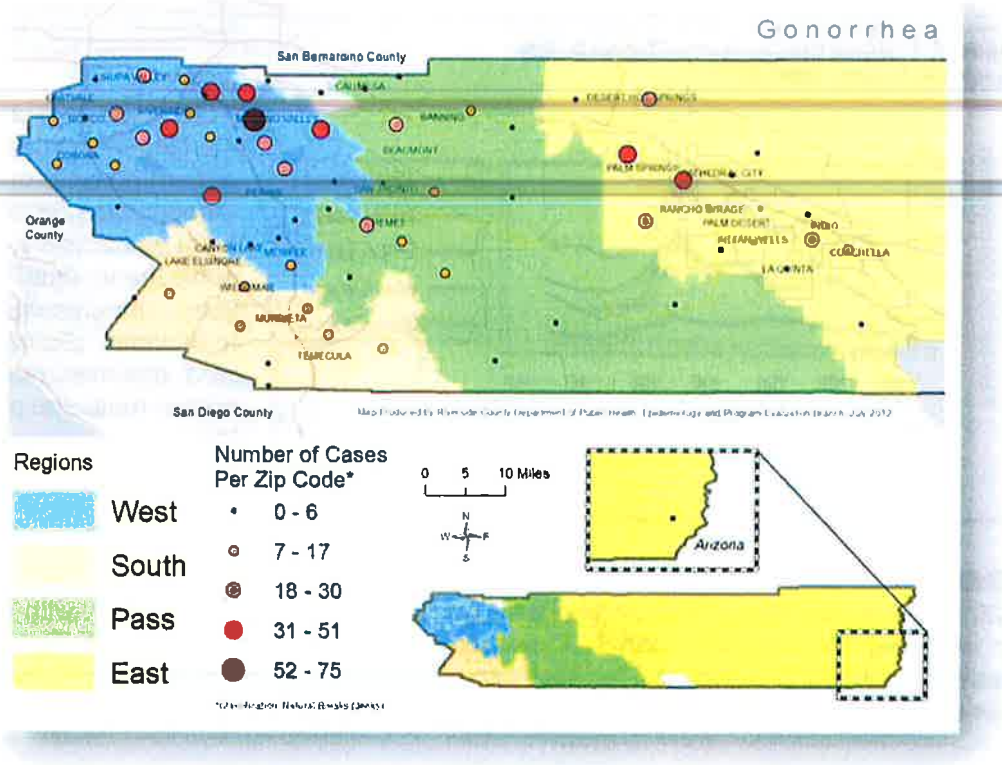
RACE/ETHNICITY

Non-Hispanic Blacks continued to experience the highest rates of gonorrhea infection compared to all other racial/ethnic populations in 2011. Gonorrhea incidence among non-Hispanic Blacks was more than five times higher than rates among Hispanics and five times higher than rates among non-Hispanic Whites. Non-Hispanic Blacks had a 49% increase in incidence of Gonorrhea.

GEOGRAPHIC DISTRIBUTION

Most of the reported gonorrhea cases resided in the West region of the County, however, the Mid/Pass region had the highest incidence rate (61.2 cases per 100,000 population). Incidence rates for the West, South, Mid/Pass and East County regions were 38.3, 17.9, 61.2 and 36.4 cases per 100,000 population.

Figure 1.9: Incident Gonorrhea Cases by Zip code, Riverside County 2011

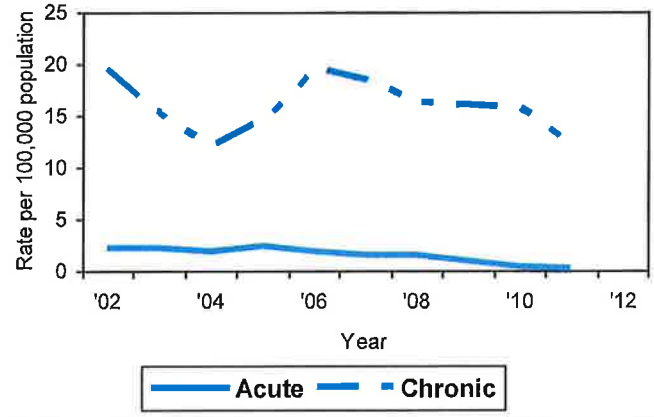


HEPATITIS B

DISEASE ABSTRACT

- The 2011, Riverside County incidence rate of acute hepatitis B was 0.1 cases per 100,000 population and prevalence of chronic hepatitis B was 12.3 cases per 100,000 population.
- Males aged 45-64 years had the highest incidence of chronic hepatitis B, with a rate of 34.8 cases per 100,000 population.
- Asian/Pacific Islanders account for highest proportion of reported chronic disease (38.7%).

Figure 1.10: Incidence of Hepatitis B, Riverside County 2002-2011



TRENDS

Riverside County implemented a change in case definitions for acute and chronic hepatitis B in 2002. The incidence rate for acute disease declined and has remained below Healthy People 2020 objectives of 1.5 cases per 100,000 population in adults aged 19 and older. Widespread use of hepatitis B vaccine has contributed to the decline in reported cases of hepatitis B.

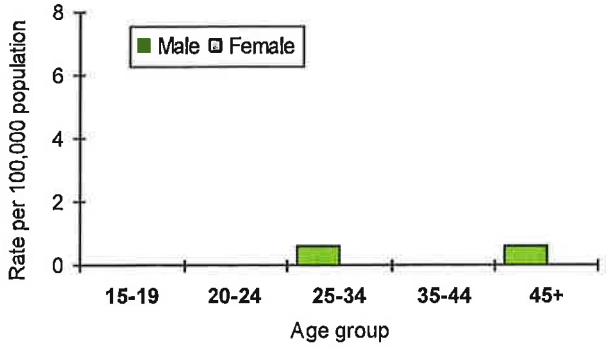
AGE

Acute hepatitis B is observed most often in adults. Persons aged 25-34 years had the highest incidence in 2011, with a rate of 0.3 cases per 100,000 population. The next highest incidence was among those aged 45 years and older, with a rate of 0.26 cases per 100,000 population.

GENDER

Men and women in Riverside County are differentially affected by acute hepatitis B. The overall incidence rate for males was 0.3 cases per 100,000 population while we had no cases reported for females. Exposure to hepatitis B may be more common in high risk groups such as gay, bisexual or other men having sex with men and injection drug users.

Figure 1.11: Acute Hepatitis B Incidence Rates by Age and Sex, Riverside County 2011



RACE/ETHNICITY

In 2011, there were no reported cases among non-Hispanic Blacks or Asian/Pacific Islander. Rates of acute Hepatitis B infection were identical for non-Hispanic Whites and Hispanics.

Figure 1.12 Acute Hepatitis B Incidence Rates by Race/Ethnicity, Riverside County 2011

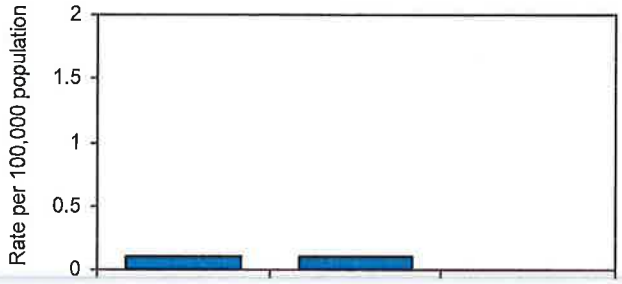
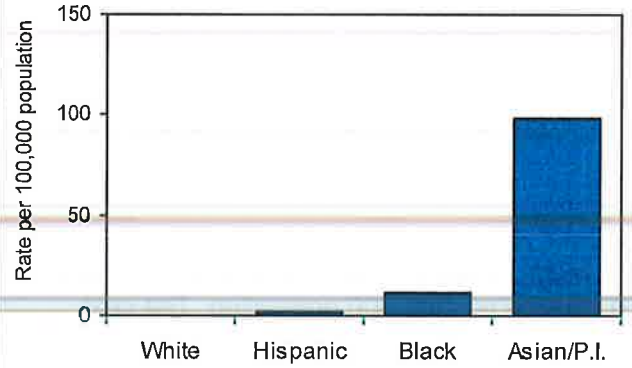


Figure 1.13 Chronic Hepatitis B Incidence Rates by Race/Ethnicity, Riverside County 2011



Among chronic carriers of hepatitis B, Asian/Pacific Islanders are disproportionately affected, with a prevalence rate of 98.7 cases per 100,000 population. This may be due to the endemic hepatitis B in their countries of origin.

GEOGRAPHIC DISTRIBUTION

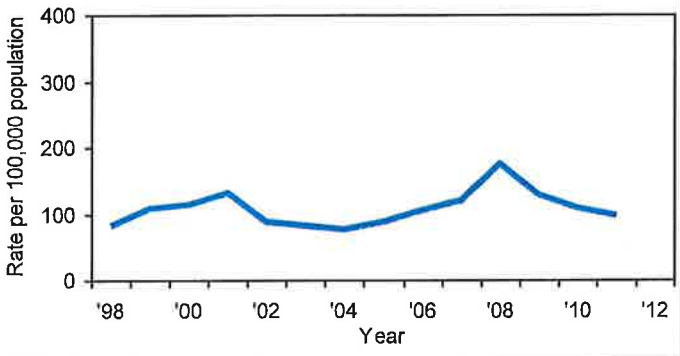
Cases of acute hepatitis B were reported in two of the four defined regions of the county. The incidence rates of infection for West, South, Mid/Pass, and East County regions were 0.1, 0, 0 and 0.4 cases per 100,000 population. These rates, however, reflect a small overall number of acute hepatitis B cases reported in Riverside County during 2011.

HEPATITIS C

DISEASE ABSTRACT

- In 2011, chronic hepatitis C was the second most reported disease in Riverside County, with 2,218 cases. Two cases of acute hepatitis C were reported in 2011.
- Males aged 45 years and older had the highest rates of chronic hepatitis C infection, with 328.8 cases per 100,000 population.
- Different than Hepatitis B, the predominant risk behavior for Hepatitis C infection is injection drug use.

Figure 1.14: Annual Chronic Hepatitis C Incidence Rates, Riverside County 1998-2011,



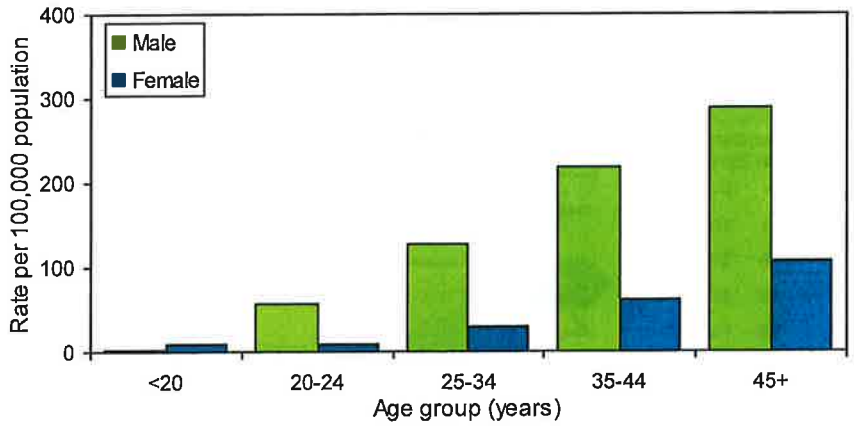
AGE

Adults 45 years and older had the highest incidence rate of chronic hepatitis C in Riverside County, with 193.2 cases per 100,000 population. The prevalence rates in 2011 were 138.8 cases per 100,000 population for 35-44 year olds and 79.9 cases per 100,000 population for 25-34 year olds. Prevalence rates for youths aged 20-24 and younger than age 20 were 34.3 and 5.5 cases per 100,000 population.

TRENDS

Hepatitis C became a reportable disease for Riverside County in 1998. In 2011, the incidence rate of chronic hepatitis C was 96.4 cases per 100,000 population. The Healthy People 2020 objective for acute hepatitis C is 0.2 new cases per 100,000 population. Riverside County has continued to achieve this goal, with only 0.08 cases per 100,000 population in 2011.

Figure 1.15: Chronic Hepatitis C Incidence Rates by Age and Sex, Riverside County 2011



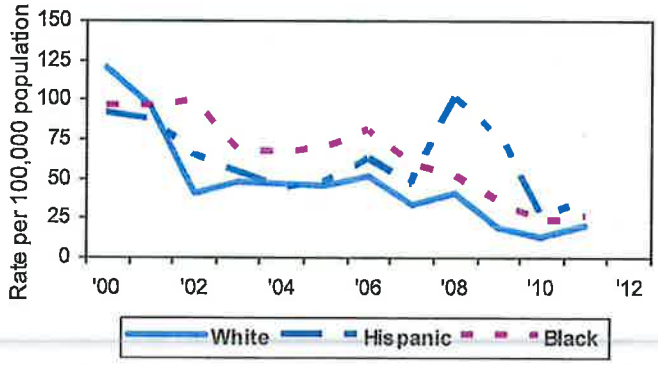
GENDER

Over the past decade, the male-to-female ratio of chronic hepatitis C in Riverside County has remained constant, with 2.4 male cases reported for each female case reported in 2011.

RACE/ETHNICITY

Due to a high number of hepatitis C cases having unknown race/ethnicity (1,631 in 2011), trends must be interpreted with caution. However, among cases where race/ethnicity was specified, Hispanics had the highest prevalence rate of chronic hepatitis C, with 33.9 cases per 100,000 population.

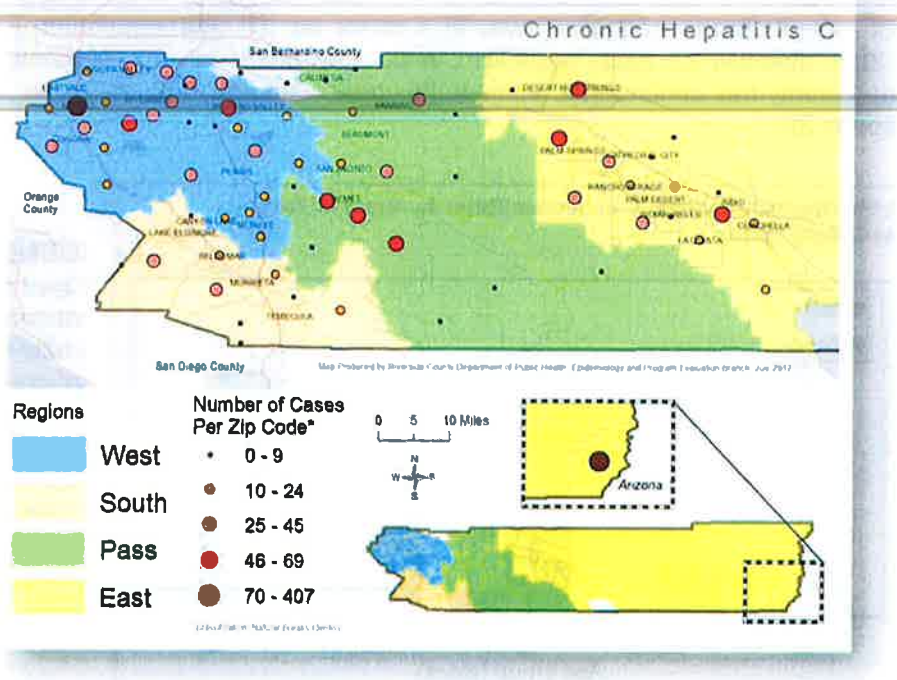
Figure 1.16: Chronic Hepatitis C Prevalence Rates by Race/ Ethnicity, Riverside County 2000-2011



GEOGRAPHIC DISTRIBUTION

Chronic hepatitis C prevalence rates were highest in the East region of Riverside County, with 156.5 cases per 100,000 population. This was followed by the Mid/Pass region, with 148.1 cases per 100,000 population, West region, with 64.8 cases per 100,000 population and South region, with 44.7 cases per 100,000 population. There are several large male correctional facilities located in Corona and Blythe. These are also the areas demonstrating the highest prevalence of chronic hepatitis C. Many of these are incarcerated cases whose risks may have included injection drug use.

Figure 1.17: Prevalent Hepatitis C Cases by Zip code, Riverside County 2011

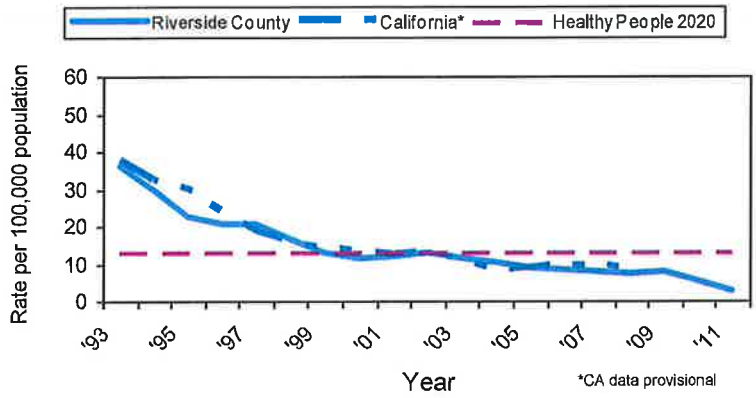


HIV/AIDS

DISEASE ABSTRACT

- In 2011, there were 58 newly diagnosed AIDS cases and 104 newly diagnosed HIV cases in Riverside County.
- It should be noted that a portion of the decrease in the numbers of incident AIDS cases for 2011 are may be due to reporting lag.
- Of newly diagnosed HIV cases, 76% were gay, bisexual, or other men who have sex with men.
- In 2011, prevalence rates for persons living with HIV and AIDS were 66.1 and 141.1 cases per 100,000 population. There were 1,521 persons living with HIV and 3,247 persons living with AIDS in Riverside County during 2011.

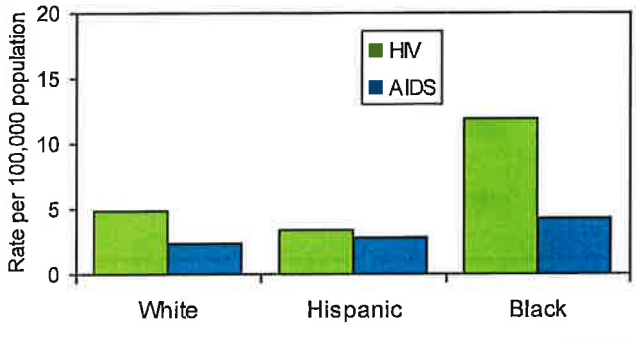
Figure 1.18: Rates for Reported AIDS Cases by Year, 1993-2011



TRENDS

Since 1993, the AIDS incidence rate in Riverside County has gradually declined, although it is still higher than the Healthy People 2020 objective of 13 cases per 100,000 population for persons aged 13 years and older. Earlier diagnosis of HIV, advances in medical therapies, and outreach and prevention efforts have effected a decline in newly reported AIDS cases and deaths. More people are living longer with HIV, increasing the importance of preventing transmission through appropriate risk reduction techniques.

Figure 1.19: HIV/AIDS Incidence Rates by Race, Riverside County 2011



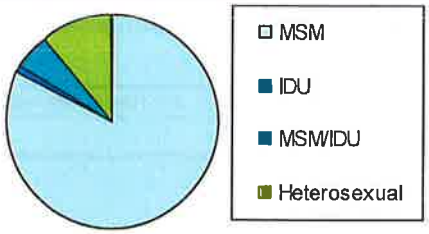
RACE/ETHNICITY

Since the mid-1990s, AIDS rates have generally declined among all racial/ethnic groups, likely a result of medical and pharmacological interventions which slow progression to AIDS. Non-Hispanic Whites continue to have the highest AIDS rates among all racial/ethnic groups in Riverside County. Cumulative prevalence rates for AIDS are disproportionately high among non-Hispanic Blacks and Whites (202.9 and 214.0 cases per 100,000 population) compared to Hispanics (71.1 cases per 100,000 population).

AGE

For persons newly diagnosed with HIV or AIDS, the highest incidence rates were among adults aged 20-44 years, followed by adults 45-64 years. There were no pediatric cases of HIV or AIDS reported in 2011.

Figure 1.20: Risk Factors for HIV Infection, Riverside County 2011



RISK FACTORS

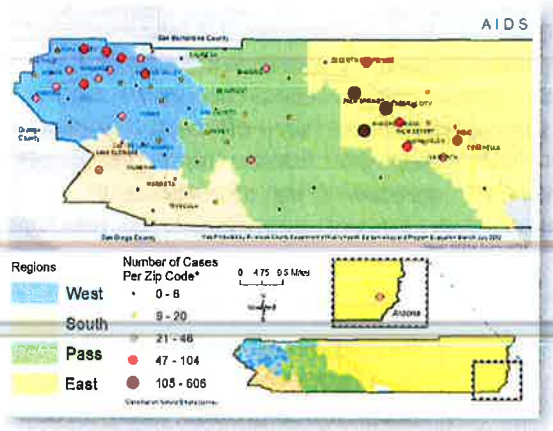
Unprotected sex among gay, bisexual, or other men having sex with men (MSM) was the primary reported risk factor in 71% of reported HIV infections in 2011. Injection drug use was the primary risk factor in 5% of new HIV infections. The predominant risk factor for women was heterosexual contact.

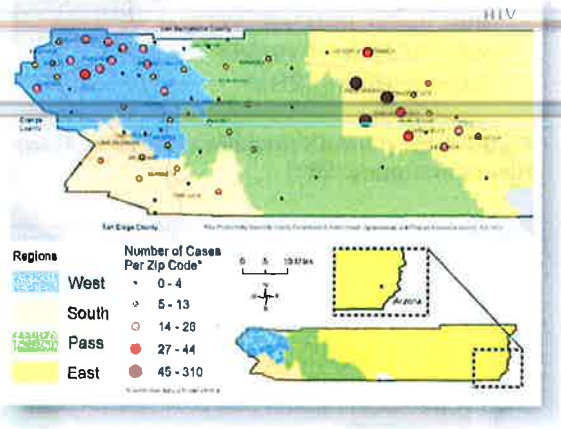
GENDER

The majority of HIV and AIDS cases in Riverside County were male. Among newly reported HIV cases, males had an incidence rate of 7.6 cases per 100,000 population and females had an incidence rate of 1.5 per 100,000 population. In 2011, 84% of all newly reported HIV cases were male. During the last decade, more than two-thirds of the reported male AIDS cases in Riverside County occurred among gay, bisexual or other men having sex with men.

Figure 1.21: Prevalent AIDS and HIV Cases by Zip code, Riverside County 2011

Prevalent AIDS Cases





Prevalent HIV Cases

GEOGRAPHIC DISTRIBUTION

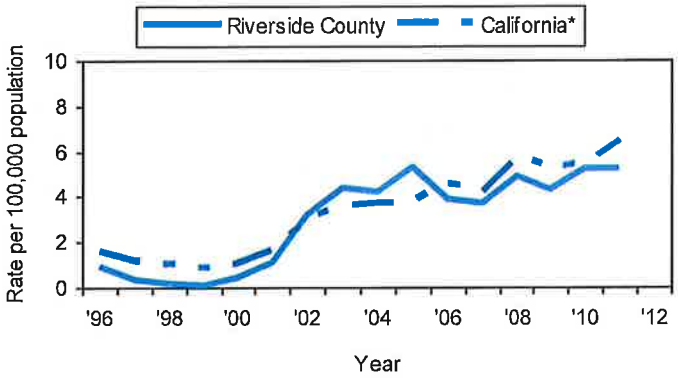
The East region continues to have the highest rates of both HIV and AIDS case reporting in Riverside County. In 2011, AIDS incidence rates for East, Mid/Pass and West regions were 4.6, 1.4, and 2.3 cases per 100,000 population. No AIDS cases were diagnosed in the Southern part of the County. HIV incidence rates for the East region were twelve times greater than rates for the other regions of Riverside County combined (8.6 cases per 100,000 population).

SYPHILIS

DISEASE ABSTRACT

- In 2011, Riverside County had an incidence rate of 5.2 cases per 100,000 population for primary and secondary syphilis (P & S).
- 95% of reported P & S syphilis cases were male.
- Among P & S syphilis cases, 48% were co-infected with HIV.
- Non-Hispanic Whites and African Americans had the highest incidence rates, with 6.2 and 6.3 cases per 100,000 population.

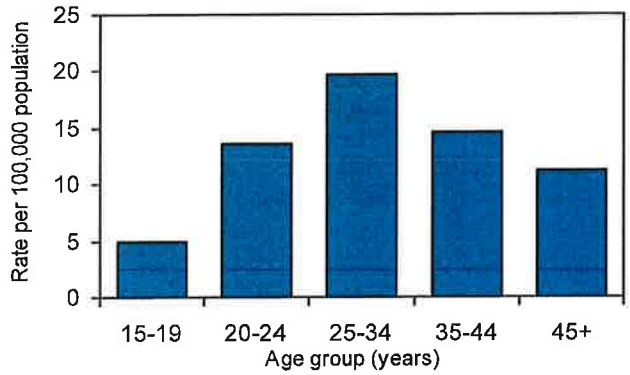
Figure 1.21: Primary and Secondary Syphilis Incidence Rates 1996-2011



TRENDS

Syphilis rates in Riverside County declined in the 1990s, reaching a low point of 0.1 cases per 100,000 in 1999. Since 2000, rates have generally increased. Increases in P & S syphilis cases are mostly observed in HIV positive gay, bisexual, or other men who have sex with men (MSM). The Healthy People 2020 Objective now sets annual targets of 1.4 cases per 100,000 females aged 15-44 and 6.8 cases per 100,000 males aged 15-44. In 2010, Riverside County incidence rates were 0.6 per 100,000 females aged 15-44 and 21.9 cases per 100, 000 males aged 15-44.

Figure 1.22: Primary and Secondary Syphilis Incidence Rates in Males by Age, Riverside County 2011



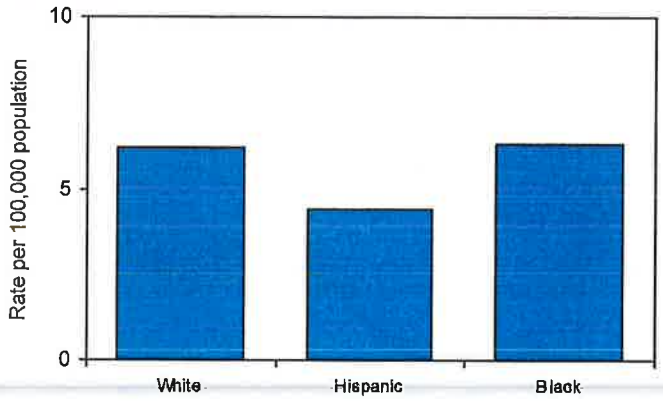
AGE

The median age of reported syphilis cases was 37.8 years. Adult males aged 25-34 years had the highest incidence of primary and secondary syphilis, accounting for 28 percent of all reported cases. Incidence rates for adult males aged 25-34 years were 19.8 cases per 100,000 population in 2011.

RISK FACTORS

Risk factors associated with syphilis infection include HIV infection , methamphetamine use and unprotected sex. Among HIV co-infected cases, the average length of time between HIV diagnosis and reported syphilis infection is 10.3 years. This suggests that a majority of co-infected cases knew their HIV status before they became infected with syphilis. Individuals likely engaged in unprotected sex despite knowing the risk. Barrier protection, when used, may not have adequately covered a lesion, thereby allowing transmission to occur. People co-infected with HIV are at higher risk for complications due to syphilis and can rapidly progress through disease stages.

Figure 1.23: Syphilis Incidence Rates by Ethnicity, Riverside County 2011



RACE/ETHNICITY

The majority of 2010 Riverside County syphilis cases were non-Hispanic White, comprising 52.5% of all cases, followed by Hispanic (35.8%). Non-Hispanic Blacks and Asian/Pacific Islanders accounted for 8.3% of the total incident cases.

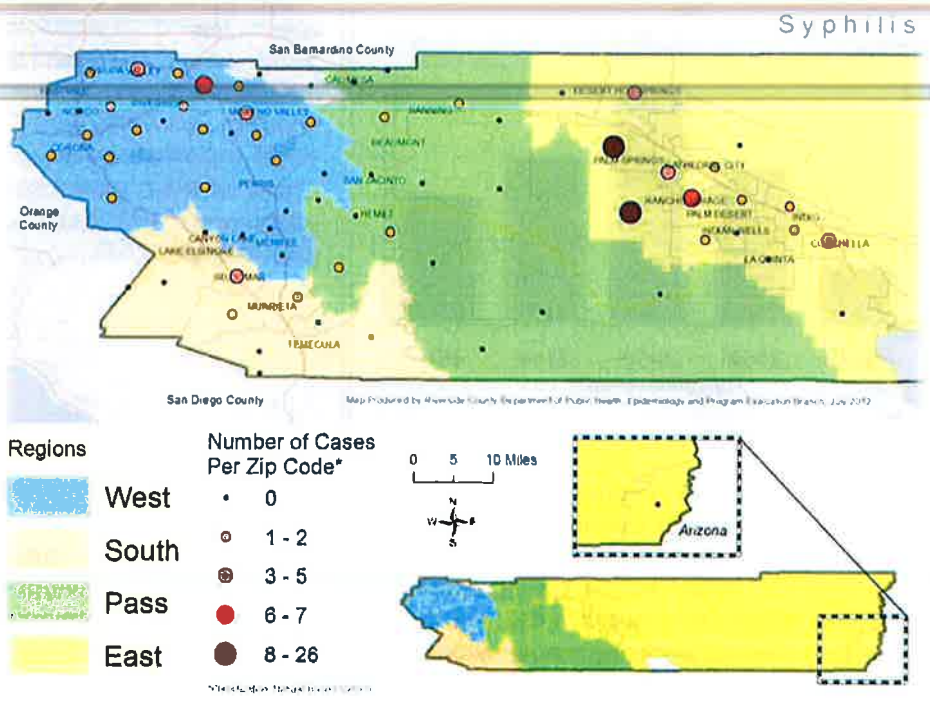
GENDER

All reported primary and secondary syphilis cases in Riverside County in 2011 were male. Since 2000, 95.1% have been male. Among the primary and secondary syphilis cases having a risk factor reported, 67% were gay, bisexual, or other men who had sex with men.

GEOGRAPHIC DISTRIBUTION

Of all primary and secondary syphilis cases, 61% lived in the East region of Riverside County. The incidence rate in this region was 13.3 cases per 100,000 population, compared to an incidence rate of 2.6 cases per 100,000 population for the remainder of Riverside County.

Figure 1.24: Incident Primary and Secondary Syphilis Cases by Zip code, Riverside County 2011



VACCINE PREVENTABLE DISEASES

Highlights

- Incidence of vaccine preventable diseases in Riverside County are being maintained at historically low levels. However, in order to continue this trend, immunization coverage must remain high.

- From 2002 –2006, pertussis incidence increased across Riverside County, California, and the United States. Despite decreases seen during 2007 and 2008, an increase in reported incidence was seen in 2009. In 2010, Riverside County experienced an outbreak of pertussis (461 cases). During 2011, reported incidence decreased by 75% to 135 cases.

- Based on the annual Kindergarten Immunization Assessment, 90.7% of Riverside County children are fully immunized by kindergarten entrance.

Table 2.1: Incidence of Reportable Vaccine Preventable Diseases, Riverside County 2005-2011

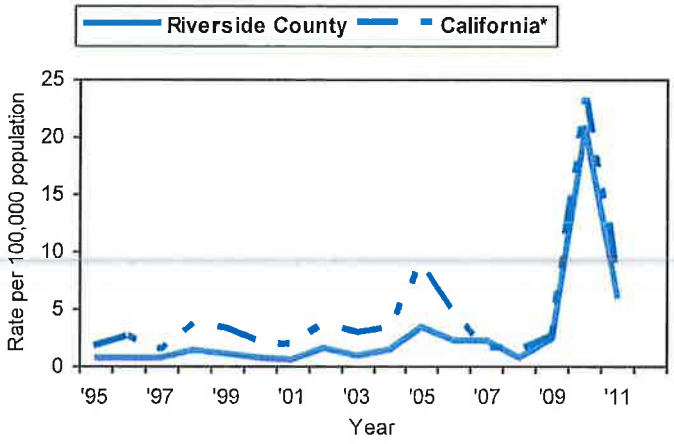
Diphtheria	0	0	0	0	0	0	0
Haemophilus Influenzae, invasive disease	4	4	1	3	2	1	3
Hepatitis A	89	35	45	22	15	18	4
Hepatitis B, acute	46	36	30	29	19	10	3
Hepatitis B, perinatal	0	0	0	0	0	0	0
Meningococcal Disease	4	3	2	2	2	0	7
Measles	1	1	0	0	0	0	1
Mumps	3	0	5	3	0	3	0
Pertussis	64	42	14	15	49	461	135
Polio	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0
Tetanus	0	0	1	0	0	0	0

PERTUSSIS

DISEASE ABSTRACT

- In 2011, 135 cases of pertussis were reported in Riverside County, with an incidence rate of 5.9 cases per 100,000 population.
- Children aged 4 years and younger had the highest incidence rate of 38.5 cases per 100,000 population.

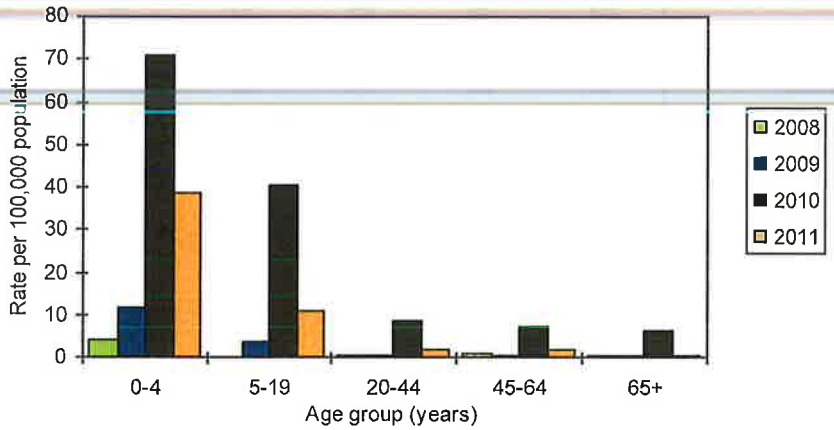
Figure 2.1: Pertussis Incidence Rates by Year, 1995-2011



TRENDS

Since the early 1990s, pertussis rates have remained low in Riverside County. A slight increase in incidence was seen in 2005. Following the outbreak in 2010, rates in Riverside County decreased significantly by 2011 but remain elevated.

Figure 2.2: Pertussis Incidence Rates by Age, Riverside County 2011



AGE

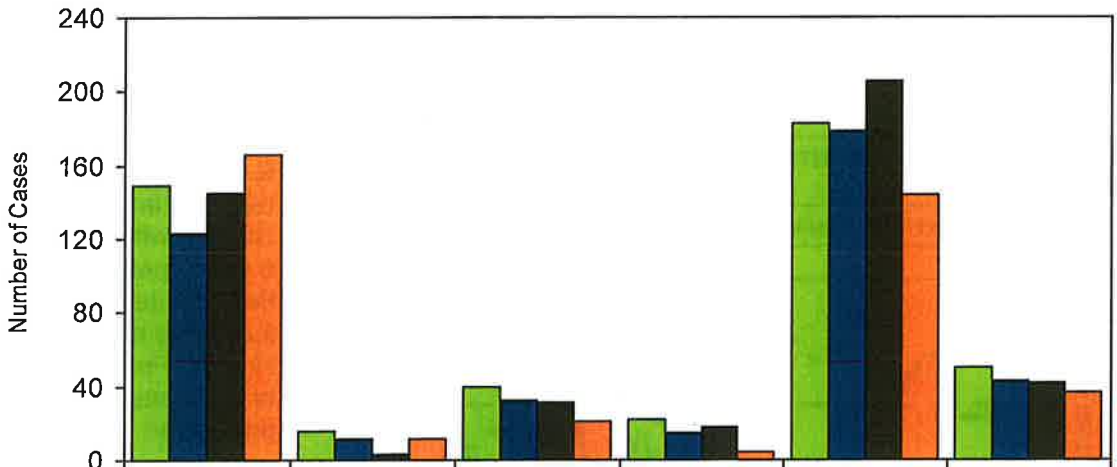
Pertussis (Whooping cough) infection usually presents with a predictable clinical manifestation. Following the onset of an irritating cough that gradually becomes paroxysmal and can last up to 2 months. Paroxysmal coughing is repeated violent coughing, followed by a high-pitched, inspiratory whoop. Unvaccinated infants, especially those younger than 6 months of age and not able to be vaccinated yet, are most susceptible to acquiring pertussis and at greatest risk of death. In Riverside County, 79 percent of all reported cases in 2011 were children aged 14 years and younger.

DISEASES SPREAD BY FOOD AND WATER

Highlights

- Salmonellosis continues to be the most commonly reported disease spread by food and water in Riverside County.
- In 2011, the incidence of campylobacteriosis continued to increase.
- Rates for enteric infections of salmonella, shigella, campylobacter, and giardia are highest among 0-4 year olds compared to other age groups. This is likely due to the poor hand hygiene common among young children, as well as, parents of symptomatic children being more inclined to seek medical care.
- The incidence of giardiasis decreased during 2011. During 2011, fifty seven percent of the cases were male.
- Only four cases of Hepatitis A were reported in 2011. Low incidence may be due to the recommendation for routine hepatitis A vaccination of children, aged 12 months and older. Implementation of routine hepatitis A vaccination for children began in the mid-1990s.

Figure 3.1: Incidence of Diseases Spread by Food and Water, Riverside County 2008-2011



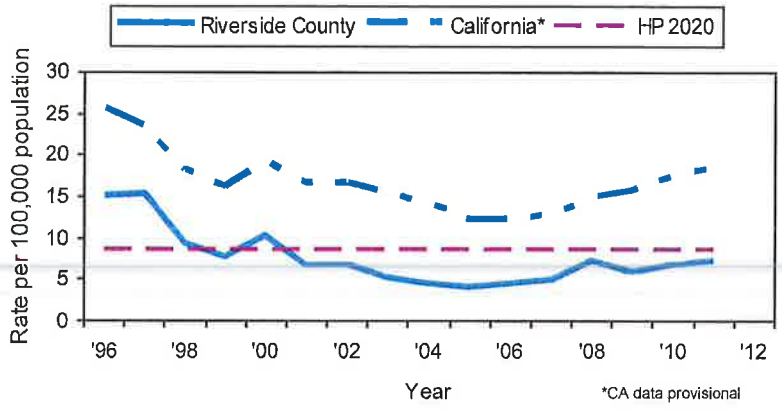
	Campylobacteriosis	E. coli O157:H7	Giardiasis	Hepatitis A	Salmonellosis	Shigellosis
2008	149	16	40	22	183	50
2009	123	11	32	15	178	43
2010	145	3	31	18	206	42
2011	166	11	21	4	144	37

CAMPYLOBACTERIOSIS

DISEASE ABSTRACT

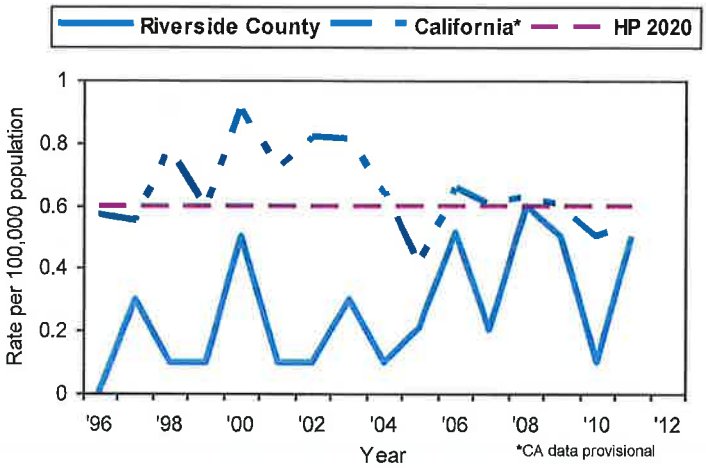
- One hundred sixty six cases of campylobacteriosis were reported in 2011, with an incidence rate of 7.2 cases per 100,000 population.
- Since 1998, Riverside County incidence rates for campylobacteriosis have stayed below the Healthy People 2020 objective of 8.5 cases per 100,000 population.

Figure 3.2: Campylobacteriosis Incidence Rates by Year, 1996-2011



E. COLI O157:H7

Figure 3.3: E. Coli O157:H7 Incidence Rates by Year, 1996-2011



DISEASE ABSTRACT

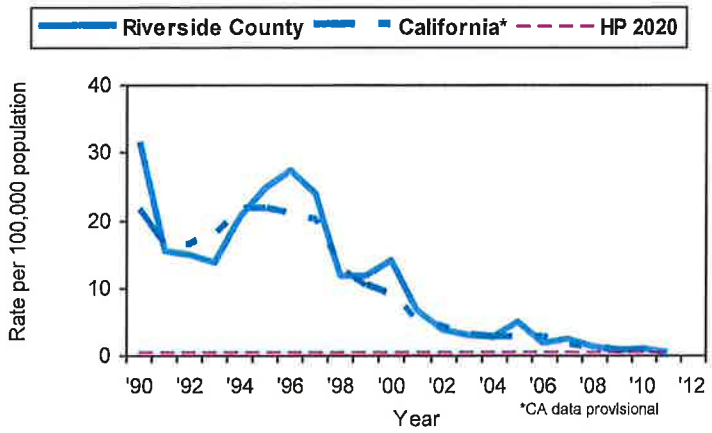
- E. Coli O157:H7 is rarely reported in Riverside County, with an average of 6 cases per year during the past decade, and an incidence rate below the Healthy People 2020 goal of 0.6 cases per 100,000 population.
- There were 11 cases reported in 2011. The average annual incidence of E. Coli O157:H7 for this decade was higher than the average annual incidence during the previous decade.

HEPATITIS A

DISEASE ABSTRACT

- Hepatitis A incidence rates have decreased from a peak of 32.2 cases per 100,000 population in 1990 to 0.2 cases per 100,000 population in 2011.
- In 2011, none of the cases reported source of exposure. Likely the risk factors were food borne exposure or foreign travel.

Figure 3.5: Hepatitis A Incidence Rates by Year, 1990-2011



TRENDS

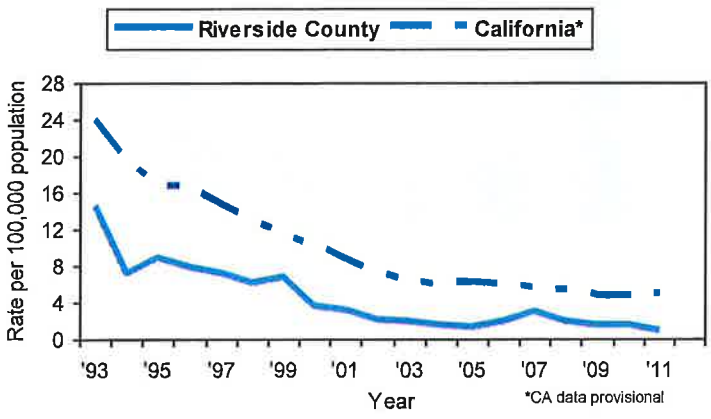
Historically, the incidence of hepatitis A peaks every five to seven years. The start of a cyclical peak in Riverside County is not indicated since 2008. The Healthy People 2020 objective is 0.3 new cases per 100,000 population.

GIARDIASIS

DISEASE ABSTRACT

- Twenty cases of giardiasis were reported in 2011, with an incidence rate of 0.9 cases per 100,000 population.
- The overall decline in incidence rate of giardiasis in Riverside County has leveled off, with the current rate of reported disease less than one-tenth the rate in 1993.

Figure 3.4: Giardiasis Incidence Rates by Year, 1993-2011

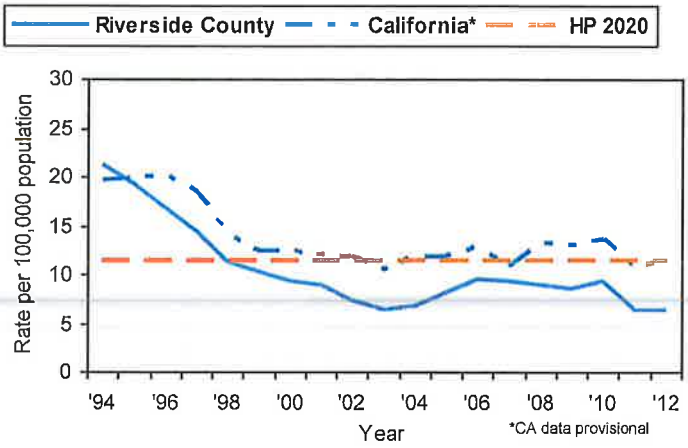


SALMONELLOSIS

DISEASE ABSTRACT

- In 2011, 144 cases of salmonellosis were reported in Riverside County, with an incidence rate of 6.3 cases per 100,000 population.
- Children aged 4 years and younger had the highest incidence rate of 19.8 cases per 100,000 population.

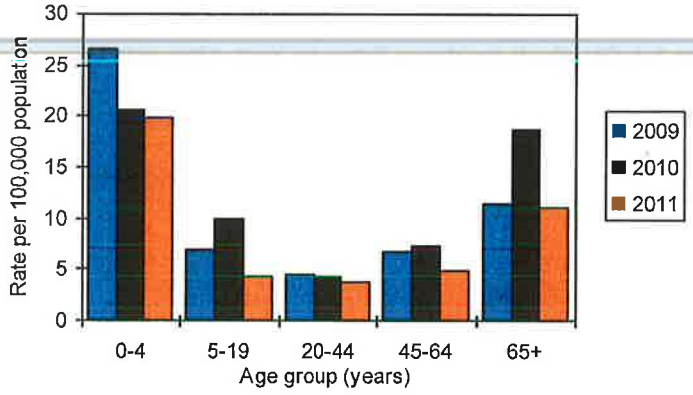
Figure 3.7: Salmonellosis Incidence Rates by Year, 1994-2011



TRENDS

Since the mid-1990s, salmonellosis rates have declined in Riverside County. Rates in Riverside County remain below the Healthy People 2020 objective of 11.4 cases per 100,000 population.

Figure 3.8: Salmonellosis Incidence Rates by Age, Riverside County 2009-2011



AGE

Salmonella infection presents with a range of clinical manifestations. Milder disease often goes undiagnosed or unreported, masking the true incidence of disease. In addition to poor hand hygiene common among young children, parents of symptomatic children are more inclined to seek medical care which may account for the increased rates in this age group. In Riverside County, 34.7 percent of all reported cases in 2011 were children aged 9 years and younger.

RISK FACTORS

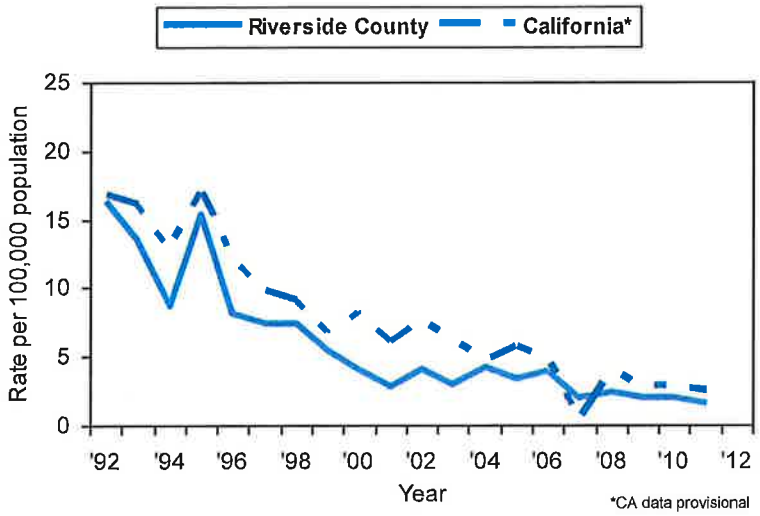
In 2011, foodborne exposure was reported as a risk factor in 73% of salmonellosis cases in Riverside County. Animal exposure (reported as a potential exposure by 49% of cases) was also frequently

SHIGELLOSIS

DISEASE ABSTRACT

- In 2011, shigellosis remained the third most commonly reported gastrointestinal disease in Riverside County, with 37 reported cases and an incidence rate of 1.6 cases per 100,000 population.
- Children aged 9 years and younger were at greatest risk for infection, accounting for 38% of all cases.

Figure 3.9: Shigellosis Incidence Rates by Year, 1992-2011



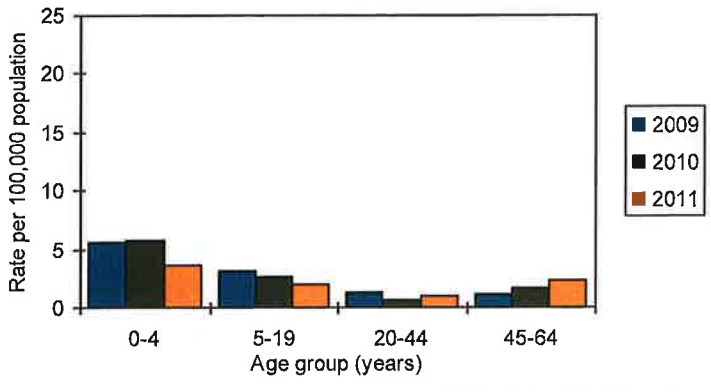
TRENDS

Despite a downward rate trend during the mid-1990s, rates of shigellosis have fluctuated over the last few years. Rate fluctuations in Riverside County have roughly mirrored the yearly fluctuations in California's rates over the past decade. Similar to California and the United States, the most commonly reported species of shigella in Riverside County were serogroups B and D.

AGE

Similar to other gastrointestinal infections, the highest incidence of shigellosis was reported in children 4 years and younger, with an incidence rate of 3.6 cases per 100,000 population. This is lower than the previous year's rate (5.8 cases per 100,000). Poor hand hygiene, swimming in lakes, and attending day care were often reported risk factors for transmission of shigella in this age group.

Figure 3.10: Shigellosis Incidence Rates by Age, Riverside County 2009-2011



DISEASES SPREAD BY CLOSE PERSONAL CONTACT

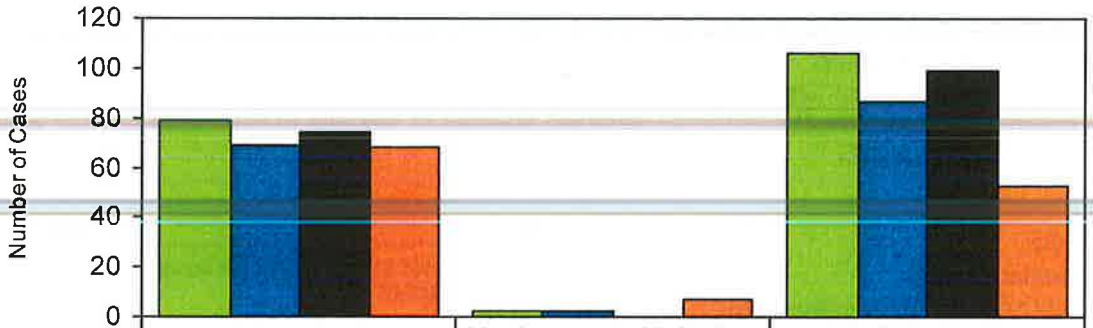
Highlights

- Tuberculosis incidence in Riverside County, California, and United States increased during the early 1990's. Tuberculosis control programs helped turn this trend around through aggressive education campaigns, screening, treatment via directly observed treatment (DOT), and legal interventions when necessary.

- The Advisory Committee on Immunization Practices now recommends routine meningococcal vaccination for 11-12 year olds. Although meningococcal disease is rare, the mortality rate can be high without prompt diagnosis and treatment.

- Historically, incidence of viral meningitis peaks in a community approximately every five years. In Riverside County, the most recent peak occurred in 2003, with 329 cases reported and continued into 2004, with 216 cases reported. In 2011, reported incidence was 53 cases.

Figure 4.1: Number of Reported Cases of Diseases Spread by Close Personal Contact, Riverside County 2008-2011



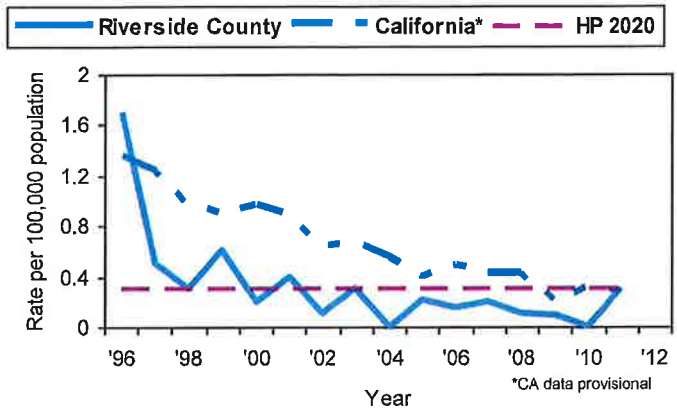
	Tuberculosis	Meningococcal Infection	Viral Meningitis
2008	79	2	106
2009	69	2	87
2010	74	0	99
2011	68	7	53

MENINGOCOCCAL DISEASE

DISEASE ABSTRACT

- Of all reportable diseases acquired through close personal contact, meningococcal disease is the least common in Riverside County. In 2011, seven cases were reported.
- Young adults and young children are usually at highest risk for disease because of their tendency to live or spend the majority of their time in crowded facilities such as dormitories or sharing of communal items.

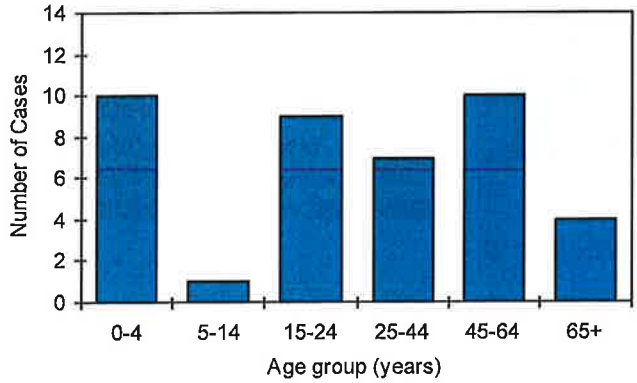
Figure 4.2: Meningococcal Disease Incidence Rates by Year, 1996-2011



TRENDS

Since 1996, the rate of meningococcal disease in Riverside County has remained below the Healthy People 2020 objective of 0.3 new cases per 100,000 population.

Figure 4.3: Cumulative Meningococcal Disease Cases by Age, Riverside County 2000-2011



AGE

Meningococcal disease primarily occurs in young children and young adults. In the last ten years, persons under 24 years of age contributed 48.7% of all reported cases in Riverside County. Children and young adults may be more likely to engage in high risk behaviors, such as sharing of drinks or other communal items that can briefly harbor nasopharyngeal/oral secretions.

TUBERCULOSIS

DISEASE ABSTRACT

- In 2011, there were 68 reported cases of tuberculosis, with an incidence rate of 2.9 cases per 100,000 population.
- Every case of tuberculosis reported in Riverside County requires case management that may include at least six months of treatment, directly-observed therapy (DOT), contact investigation, and treatment of infected contacts.
- One case of multi-drug resistant (MDR) tuberculosis was reported in 2011. MDR requires 18-24 months of treatment and intensive case management.

Figure 4.4: Tuberculosis Incidence Rates by Year, 1998-2011

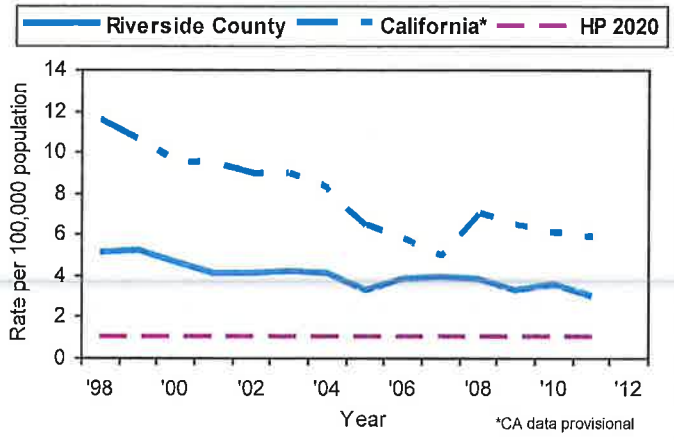
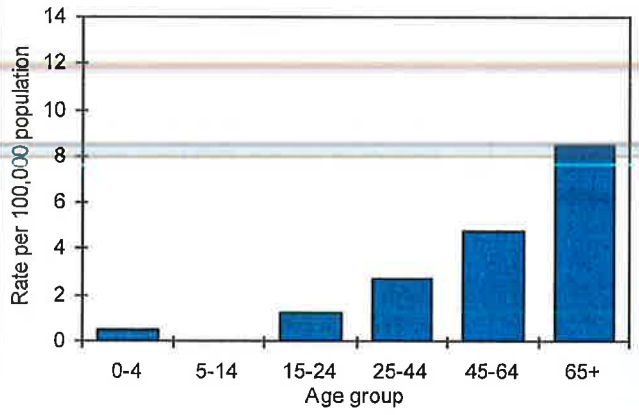


Figure 4.5: Tuberculosis Incidence Rates by Age, Riverside County 2011



AGE

The rate of tuberculosis was highest among those aged 65 years and older (8.5 cases per 100,000 population). These elevated rates in older populations may be due to reactivation of latent infection related to decreased immune system function as age progresses. It is important to note that cases still occur in children aged 4 years and younger. This is an indication of recent disease transmission. For cases occurring in children 3 years or younger, a source-case investigation is initiated to attempt to locate the person who infected the child.

FOREIGN BORN

Immigration of persons from countries with high rates of tuberculosis continues to be a major issue in the control of tuberculosis. In 2011, 71% of reported tuberculosis cases were among immigrants. Most of the foreign-born cases originated in Mexico (50%), followed by the Philippines (33.3%).

RACE/ETHNICITY

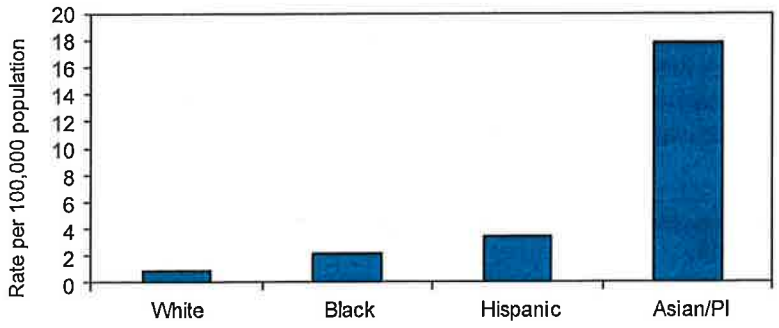
The majority of incident Riverside County tuberculosis cases were Hispanic, comprising 50% of all cases, followed by Asians (29%) and non-Hispanic Whites (16%). The remaining cases were non-Hispanic Black (1%).

TRENDS

In the first part of the 20th century, tuberculosis was the leading cause of death and a significant cause of morbidity in the United States. With the discovery of an effective antibiotic treatment, rates decreased dramatically until the mid-1980s. At that time, national rates of tuberculosis began to increase, peaking in the early 1990s. This resurgence was due to increases in the immunocompromised population from HIV/AIDS, inadequate treatment, and insufficient funding for tuberculosis control programs. Since the late 1990s, tuberculosis rates have declined due to extensive public health interventions. Riverside County reported a increase in incidence of tuberculosis from 2010 to 2011.

Reported tuberculosis rates Riverside County have generally mirrored national trends while California incidence has exceeded national rates. In Riverside County, incidence of tuberculosis cases peaked in 1993, with 121 cases. Since then, the number of reported cases has decreased to 68 cases (2.9 cases per 100,000 population) in 2011. This is still above the Healthy People 2020 objective of one case per 100,000 population.

Figure 4.6: Tuberculosis Incidence Rates by Race/Ethnicity, Riverside County 2011



RACE/ETHNICITY

In Riverside County, tuberculosis disproportionately affects minorities, with the highest incidence occurring in Asian/Pacific Islanders (17.9 cases per 100,000 population) followed by Hispanics (3.5 cases per 100,000 population). Rates among non-Hispanic Whites and Blacks in Riverside County are at or approaching the Healthy People 2020 overall goal of one case per 100,000 population.

GEOGRAPHIC DISTRIBUTION

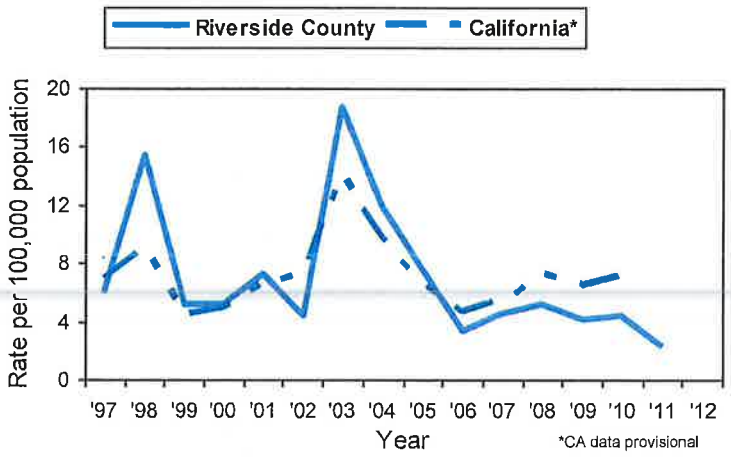
The incidence rates for tuberculosis were distributed throughout Riverside County in 2011 with the East region having the highest rate at 4.2 cases per 100,000 followed by the West region with 2.8 cases per 100,000 population, Mid/Pass region with 2.1 cases per 100,000 population and South region at 1.8 cases per 100,000 population.

VIRAL MENINGITIS

DISEASE ABSTRACT

- In 2011, there were 53 reported cases of viral meningitis, with an incidence rate of 2.3 cases per 100,000 population.
- Recent peaks of viral meningitis occurred in 1998 and 2003 in both Riverside County and California.

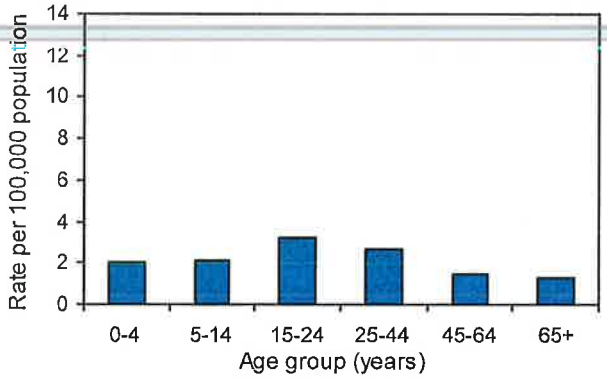
Figure 4.7: Viral Meningitis Incidence Rates by Year, 1997-2011



TRENDS

Viral meningitis peaks approximately every 5 years due to the cyclical nature of virus circulation. The most recent peak in Riverside County occurred during 2003. However, annual incidence has remained low for the past five years and we have not experienced the significant peaks seen in previous years.

Figure 4.8: Viral Meningitis Incidence Rates by Age, Riverside County 2011



AGE

In 2011, teens and young adults aged 15 to 24 years were disproportionately affected by viral meningitis, comprising 25 percent of all reported cases. The incidence rate among this group was 3.2 cases per 100,000 population.

GEOGRAPHIC DISTRIBUTION

The West region had the highest incidence of viral meningitis, with 2.8 cases per 100,000 population, compared to the East region, with 1.3 cases per 100,000 population. The Mid/Pass region had 2.4 cases per 100,000 population and South region had 1.6 cases per 100,000 population.

DISEASES SPREAD BY VECTORS

Highlights

- Ten cases of West Nile Virus were reported in 2010 in Riverside County.
- Seven cases of malaria were reported in 2011 among Riverside County residents.
- Three cases of Lyme disease was reported in Riverside County during 2011.

Introduction

Vector-borne diseases are spread by insects or arthropods carrying an infectious bacteria, parasite, or virus either on or inside them. Many insects like fleas, mosquitoes, and sand flies can spread disease when they bite a human in search of a blood-meal. In doing so, they may transmit an infectious organism inadvertently to a human or another animal. While there are many vector-borne diseases worldwide, only a few are seen in Riverside County with any notable frequency. Though extremely rare, the diagnosis of vector-borne diseases like plague, yellow fever, or viral hemorrhagic fever, is a very important public health event that should be reported immediately to the health department.

Table 5.1: Incidence for Diseases Spread by Vectors, Riverside County, 2003-2011

Disease	2003	2004	2005	2006	2007	2008	2009	2010	2011
Lyme disease	3	1	8	5	3	1	8	1	3
Malaria	2	8	2	4	0	2	3	8	7
West Nile Virus	0	116	103	4	17	62	5	0	10

APPENDIX

Table 1: Reported cases of selected sexually transmitted and bloodborne diseases, Riverside County 1992-2011

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
AIDS	502	473	395	308	283	293	235	198	180	190
HIV[1]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chlamydia	1,956	2,028	2,258	1,999	1,683	1,943	2,175	2,379	3,078	3,466
Gonorrhea	636	549	548	502	383	315	434	315	438	645
Primary and Secondary Syphilis	18	17	12	19	12	3	3	2	6	17
Hepatitis B, Acute	195	220	262	227	273	331	346	386	362	217
Hepatitis B, Chronic	135	82	42	30	42	52	69	30	52	200
Hepatitis C, Acute[2]	N/A	N/A	N/A	N/A	N/A	N/A	0	0	38	1
Hepatitis C, Chronic[2]	N/A	N/A	N/A	N/A	N/A	N/A	1,187	1,635	1,770	2,091
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
AIDS	214	197	193	168	169	161	155	173	107	58
HIV[1]	92	77	67	95	161	108	128	126	131	104
Chlamydia	4,087	3,860	3,305	4,745	4,407	6,196	6,101	5,835	6,434	8,641
Gonorrhea	729	701	712	898	878	1,347	830	698	732	891
Primary and Secondary Syphilis	55	74	81	105	78	77	108	91	119	120
Hepatitis B, Acute	37	38	34	46	36	30	29	19	10	3
Hepatitis B, Chronic	328	266	220	270	376	380	338	340	349	284
Hepatitis C, Acute[2]	0	1	4	1	3	6	8	1	4	2
Hepatitis C, Chronic[2]	1,487	1,432	1,376	1,631	2,033	2,476	3,619	2,717	2,422	2,218

[1]HIV became a reportable disease in 2002.
[2]Hepatitis C became a reportable disease in 1998.
N/A means data was not available.

Table 2: Reported cases of selected vaccine preventable diseases, Riverside County 1992-2011

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Diphtheria	0	0	0	1	0	0	0	0	0	0
Haemophilus influenzae, invasive disease	7	1	4	1	2	2	2	1	1	0
Hepatitis B, perinatal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
Measles	1	0	3	14	1	1	1	0	0	0
Mumps	19	13	17	5	2	12	2	1	0	2
Pertussis	25	12	2	8	8	7	20	15	10	8
Polio	0	0	0	0	0	0	0	0	0	0
Rubella	0	1	2	0	1	0	0	1	0	0
Tetanus	0	0	0	0	0	0	0	0	0	0
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Diphtheria	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive disease	3	1	1	4	0	1	3	2	1	3
Hepatitis B, perinatal	2	1	0	0	0	0	0	0	0	0
Measles	0	1	0	1	1	0	0	0	0	1
Mumps	1	3	0	0	0	5	3	0	3	0
Pertussis	25	15	25	64	42	14	15	49	462	135
Polio	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	1	0	1	0	0	0	0

N/A means data was not available.

Table 3: Reported cases of selected diseases spread by food and water, Riverside County 1992-2011

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Campylobacteriosis	199	168	147	129	210	217	136	115	157	107
E. coli O157:H7	N/A	1	1	2	0	4	2	2	7	1
Giardiasis	196	191	96	122	108	103	91	102	56	52
Hepatitis A	191	178	275	339	381	340	168	175	215	103
Salmonellosis	221	208	284	265	231	204	164	155	145	142
Shigellosis	211	178	115	210	113	106	108	82	63	45
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Campylobacteriosis	113	89	82	73	85	101	149	123	145	166
E. coli O157:H7	2	6	2	4	10	4	12	11	3	11
Giardiasis	37	32	26	23	36	60	40	32	31	21
Hepatitis A	63	51	45	89	35	45	22	15	18	4
Salmonellosis	123	111	121	149	183	189	183	178	206	144
Shigellosis	67	53	77	63	76	39	50	43	42	37

N/A means data was not available.

Table 4: Reported cases of selected diseases spread by close personal contact or vectors, Riverside County 1992-2011

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Diseases Spread by Close Personal Contact										
Meningococcal Infection	9	13	0	16	2	5	4	8	2	4
Tuberculosis	114	121	106	95	99	69	74	80	71	68
Viral Meningitis	267	126	63	62	49	84	224	78	80	116
Diseases Spread by Vectors										
West Nile Virus[1]	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Diseases Spread by Close Personal Contact										
Meningococcal Infection	1	3	5	4	3	4	2	2	1	7
Tuberculosis	69	75	75	60	74	79	79	69	74	68
Viral Meningitis	74	327	216	140	64	93	106	87	99	53
Diseases Spread by Vectors										
West Nile Virus[1]	0	2	116	103	4	17	62	5	0	10

[1]West Nile Virus was detected in Riverside County in 2003.

N/A means data was not available.

Table 5: Reported case rates per 100,000 population of sexually transmitted and bloodborne diseases, Riverside County 1992-2011

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Population	1,275,500	1,312,300	1,340,200	1,365,500	1,393,289	1,423,699	1,458,486	1,519,469	1,553,902	1,616,704
AIDS	39.5	36.0	29.5	22.7	20.3	20.7	16.3	13.0	11.6	11.8
HIV[1]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chlamydia	153.4	154.5	168.5	146.4	120.8	136.5	149.1	156.6	198.1	214.4
Gonorrhea	49.9	41.8	40.9	36.8	27.5	22.1	29.8	20.7	28.2	39.9
Primary and Secondary Syphilis	1.4	1.3	0.9	1.4	0.9	0.5	0.2	0.1	0.5	1.1
Hepatitis B, Acute	15.3	16.7	19.6	16.6	19.6	22.3	23.7	25.4	23.3	13.4
Hepatitis B, Chronic	10.4	6.3	3.1	2.2	3.0	3.7	4.7	2.0	3.3	12.4
Hepatitis C, Acute[2]	N/A	N/A	N/A	N/A	N/A	N/A	0	0	2.4	0.1
Hepatitis C, Chronic[2]	N/A	N/A	N/A	N/A	N/A	N/A	81.4	107.6	113.9	129.3
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Population	1,682,406	1,758,719	1,815,384	1,871,587	1,929,377	2,061,597	2,088,322	2,127,612	2,239,053	2,301,526
AIDS	12.9	11.4	10.5	9.7	9.0	7.9	7.4	8.1	3.9	2.5
HIV[1]	5.6	4.6	3.9	5.2	8.6	5.8	6.7	5.7	4.3	4.5
Chlamydia	242.9	219.5	182.1	253.5	228.3	300.5	292.1	274.3	287.4	375.4
Gonorrhea	43.3	39.9	39.2	48.0	45.5	65.3	39.4	32.8	32.7	38.7
Primary and Secondary Syphilis	3.5	4.1	4.6	5.6	4.0	3.7	5.2	4.2	5.2	5.2
Hepatitis B, Acute	2.2	2.2	1.9	2.5	1.9	1.5	1.4	0.9	0.4	0.1
Hepatitis B, Chronic	19.5	15.1	12.1	14.4	19.5	18.4	16.2	16.0	15.6	12.3
Hepatitis C, Acute[2]	0	0.1	0.2	0.1	0.2	0.3	0.4	0.1	0.2	0.1
Hepatitis C, Chronic[2]	88.4	81.4	75.8	87.2	105.4	120.1	173.3	127.7	108.2	96.4

[1]HIV became a reportable disease in 2002.
[2]Hepatitis C became a reportable disease in 1998.
N/A means data was not available.

Table 6: Reported case rates per 100,000 population of selected vaccine preventable diseases, Riverside County 1992-2011

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Population	1,275,500	1,312,300	1,340,200	1,365,500	1,393,289	1,423,699	1,458,486	1,519,469	1,553,902	1,616,794
Diphtheria	0	0	0	0.1	0	0	0	0	0	0
Haemophilus influenzae, invasive disease	0.6	0.1	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0
Hepatitis B, perinatal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
Measles	0.1	0	0.2	1.0	0.1	0.1	0.6	0	0	0
Mumps	1.5	1.0	1.3	0.4	0.1	0.8	0.1	0.1	0	0
Pertussis	2.0	0.9	0.1	0.6	0.6	0.6	1.4	1.0	0.6	0.5
Polio	0	0	0	0	0	0	0	0	0	0
Rubella	0	0.1	0.1	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0	0
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Population	1,682,406	1,758,719	1,815,384	1,871,587	1,929,377	2,061,597	2,088,322	2,127,612	2,239,053	2,301,526
Diphtheria	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive disease	0.2	0.1	0.1	0.2	0	0.1	0.1	0.1	0.04	0.1
Hepatitis B, perinatal	0.1	0.1	0	0	0	0	0	0	0	0
Measles	0	0.1	0	0.1	0.1	0	0	0	0	0.1
Mumps	0.1	0.2	0	0	0	0.7	0.1	0	0.1	0
Pertussis	1.5	0.9	1.4	3.4	2.2	2.2	0.7	2.3	20.6	5.9
Polio	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0.1	0	0.1	0	0	0	0

N/A means data was not available.

Table 7: Reported case rates per 100,000 population of selected diseases spread by food and water, Riverside County 1992-2011

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Population	1,275,500	1,312,300	1,340,200	1,365,500	1,393,289	1,423,699	1,458,486	1,519,469	1,553,902	1,616,704
Campylobacteriosis	15.6	12.8	11.0	9.5	15.1	15.2	9.3	7.6	10.1	6.6
E. coli O157:H7	N/A	0.1	0.1	0.1	0	0.3	0.1	0.1	0.5	0.1
Giardiasis	15.4	14.6	7.2	8.9	7.8	7.2	6.2	6.7	3.6	3.2
Hepatitis A	15.0	13.6	20.5	24.8	27.3	23.9	11.5	11.5	13.8	6.4
Salmonellosis	17.3	15.9	21.2	19.4	16.6	14.3	11.2	10.2	9.3	8.8
Shigellosis	16.5	13.6	8.6	15.4	8.1	7.4	7.4	5.4	4.1	2.8
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Population	1,682,408	1,758,719	1,815,394	1,871,587	1,929,377	2,061,597	2,088,322	2,127,612	2,239,053	2,301,526
Campylobacteriosis	6.7	5.1	4.5	3.9	4.4	4.9	7.1	5.8	6.8	7.2
E. coli O157:H7	0.1	0.3	0.1	0.2	0.5	0.2	0.6	0.5	0.1	0.5
Giardiasis	2.2	1.8	1.4	1.2	1.9	2.9	1.9	1.5	1.4	0.9
Hepatitis A	3.7	2.9	2.5	4.8	1.8	2.2	1.1	0.7	0.8	0.2
Salmonellosis	7.3	6.3	6.7	8.0	9.5	9.2	8.8	8.4	9.2	6.3
Shigellosis	4.0	3.0	4.2	3.4	3.9	1.9	2.4	2.0	1.9	1.6

N/A means data was not available.

Table 8: Reported case rates per 100,000 population of selected diseases spread by close personal contact or vectors, Riverside County 1992-2011

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Population	1,275,500	1,312,300	1,340,200	1,365,500	1,393,289	1,423,699	1,458,486	1,519,469	1,553,902	1,616,704
Diseases Spread by Close Personal Contact										
Meningococcal Infection	0.7	1.0	0	1.2	0.1	0.4	0.3	0.5	0.1	0.2
Tuberculosis	8.9	9.2	7.9	7.0	7.1	4.8	5.1	5.3	4.6	4.1
Viral Meningitis	20.9	9.6	4.7	4.5	3.5	5.9	15.4	5.1	5.1	7.2
Diseases Spread by Vectors										
West Nile Virus[1]	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Population	1,682,408	1,756,719	1,815,394	1,871,587	1,929,377	2,061,597	2,088,322	2,127,612	2,239,053	2,301,526
Diseases Spread by Close Personal Contact										
Meningococcal Infection	0.1	0.2	0.3	0.2	0.2	0.2	0.1	0.1	0.1	0.3
Tuberculosis	4.1	4.3	4.1	3.2	3.8	3.8	3.8	3.2	3.3	2.9
Viral Meningitis	4.4	18.6	11.9	7.5	3.3	4.5	5.1	4.1	4.4	2.3
Diseases Spread by Vectors										
West Nile Virus[1]	0	0.1	6.4	5.5	0.2	0.8	3.0	0.2	0	0.4

[1]West Nile Virus was detected in Riverside County in 2003.

N/A means data was not available.

Table 9: Reported cases of selected diseases by age group and gender, Riverside County 2011

Age Group	0-19		20-44		45-64		65+	
Sex	M	F	M	F	M	F	M	F
Sexually Transmitted and Bloodborne Diseases								
AIDS	0	*	28	*	19	*	*	0
HIV	*	*	55	*	32	*	*	*
Chlamydia	384	1,905	1,600	4,448	105	86	*	*
Gonorrhea	63	123	319	188	63	15	*	0
Primary and Secondary Syphilis	*	0	69	*	40	*	0	0
Hepatitis B, Acute	0	0	*	0	*	0	0	0
Hepatitis B, Chronic	*	*	49	69	89	39	20	14
Hepatitis C, Acute	0	0	*	0	0	0	0	0
Hepatitis C, Chronic	7	12	593	144	922	356	110	71
Vaccine Preventable Diseases								
Diphtheria	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive disease	*	*	0	0	0	0	0	0
Hepatitis B, perinatal	0	0	0	0	0	0	0	0
Measles	*	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0
Pertussis	61	50	*	13	*	6	0	*
Polio	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0

*Denotes less than 5 reported cases

Table 9: Reported cases of selected diseases by age group and gender, Riverside County 2011 (continued)

Age Group	0-19		20-44		45-64		65+	
Sex	M	F	M	F	M	F	M	F
Diseases Spread by Food and Water								
Campylobacteriosis	42	27	18	16	20	15	15	13
E. coli O157:H7	6	*	*	0	0	*	0	*
Giardiasis	*	*	*	*	*	*	*	*
Hepatitis A	*	*	0	*	*	0	0	0
Salmonellosis	27	35	16	15	14	11	12	14
Shigellosis	10	7	6	*	10	*	0	0
Diseases Spread by Close Personal Contact								
Meningococcal Infection	0	*	*	*	0	*	*	0
Tuberculosis	*	*	9	9	20	14	12	8
Viral Meningitis	9	9	11	13	6	*	*	*
Diseases Spread by Vectors								
West Nile Virus	0	0	*	*	*	*	0	*

*Denotes less than 5 reported cases

Table 10: Reported case rates (per 100,000 population) of selected diseases by age group and gender, Riverside County 2011

Age Group	0-19		20-44		45-64		65+	
Sex	M	F	M	F	M	F	M	F
Population	369,718	353,088	418,938	404,678	255,558	264,113	102,498	132,935
Sexually Transmitted and Bloodborne Diseases								
AIDS	0	*	6.7	*	7.4	*	*	0
HIV	*	*	13.1	2.2	12.5	*	*	*
Chlamydia	103.9	539.5	381.9	1,099.1	41.1	32.6	*	*
Gonorrhea	17.0	34.8	76.1	46.5	24.7	5.7	*	0
Primary and Secondary Syphilis	*	0	16.9	*	17.2	*	0	0
Hepatitis B, Acute	0	0	*	0	*	0	0	0
Hepatitis B, Chronic	*	*	11.7	17.2	34.8	14.8	19.5	10.5
Hepatitis C, Acute	0	0	*	0	0	0	0	0
Hepatitis C, Chronic	1.9	3.4	141.5	35.6	360.8	134.8	107.3	53.4
Vaccine Preventable Diseases								
Diphtheria	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive disease	*	*	0	0	0	0	0	0
Hepatitis B, perinatal	0	0	0	0	0	0	0	0
Measles	*	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0
Pertussis	16.5	14.2	*	3.2	*	2.3	0	*
Polio	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0

*Denotes less than 5 reported cases

Table 10: Reported case rates (per 100,000 population) of selected diseases by age group and gender, Riverside County 2011 (continued)

Age Group	0-19		20-44		45-64		65+	
Sex	M	F	M	F	M	F	M	F
Population	369,718	353,088	418,938	404,678	255,558	264,113	102,498	132,935
Diseases Spread by Food and Water								
Campylobacteriosis	11.4	7.6	4.3	3.9	7.8	5.7	14.6	9.8
E. coli O157:H7	1.6	*	*	0	0	*	0	*
Giardiasis	*	*	*	*	*	*	*	*
Hepatitis A	*	*	0	*	*	0	0	0
Salmonellosis	7.3	9.9	3.8	3.7	5.5	4.2	11.7	10.5
Shigellosis	2.7	1.9	1.4	*	3.9	*	0	0
Diseases Spread by Close Personal Contact								
Meningococcal Infection	0	*	*	*	0	*	*	0
Tuberculosis	*	*	2.1	2.2	7.8	5.3	11.7	6.0
Viral Meningitis	2.4	2.5	2.6	3.2	2.3	*	*	*
Diseases Spread by Vectors								
West Nile Virus	0	0	*	*	*	*	0	*

*Denotes less than 5 reported cases

Table 11: Reported cases and case rates (per 100,000 population) of selected diseases by race/ethnicity, Riverside County 2011

Race/Ethnicity	White, not Hispanic	Hispanic	Black, not Hispanic	Asian/Pacific Islander
Population	1,022,202	975,320	142,437	111,387
	Cases (Rate)	Cases (Rate)	Cases (Rate)	Cases (Rate)
Sexually Transmitted and Bloodborne Diseases				
AIDS	24 (2.3)	27 (2.8)	6 (4.2)	*
HIV	53 (5.2)	35 (3.6)	17 (11.9)	*
Chlamydia	1,750 (171.2)	3,223 (330.5)	1,021 (716.8)	138 (123.9)
Gonorrhea	229 (22.4)	224 (23.0)	186 (130.6)	*
Primary and Secondary Syphilis	63 (6.2)	43 (4.4)	9 (6.3)	*
Hepatitis B, Acute	*	*	0 (0)	0 (0)
Hepatitis B, Chronic	41 (0.1)	19 (1.9)	17 (11.9)	110 (98.7)
Hepatitis C, Acute	0 (0)	*	0 (0)	0 (0)
Hepatitis C, Chronic	192 (18.8)	331 (33.9)	36 (25.3)	21 (18.9)
Vaccine Preventable Diseases				
Diphtheria	0 (0)	0 (0)	0 (0)	0 (0)
Haemophilus influenzae, invasive disease	*	0 (0)	0 (0)	0 (0)
Hepatitis B, perinatal	0 (0)	0 (0)	0 (0)	0 (0)
Measles	0 (0)	0 (0)	0 (0)	*
Mumps	0 (0)	0 (0)	0 (0)	0 (0)
Pertussis	34 (3.3)	79 (8.1)	*	9 (8.1)
Polio	0 (0)	0 (0)	0 (0)	0 (0)
Rubella	0 (0)	0 (0)	0 (0)	0 (0)
Tetanus	0 (0)	0 (0)	0 (0)	0 (0)

*Denotes less than 5 reported cases

Table 11: Reported cases and case rates (per 100,000 population) of selected diseases by race/ethnicity, Riverside County 2011 (continued)

Race/Ethnicity	White, not Hispanic	Hispanic	Black, not Hispanic	Asian/Pacific Islander
Population	1,022,202	975,320	142,437	111,387
	Cases (Rate)	Cases (Rate)	Cases (Rate)	Cases (Rate)
Diseases Spread by Food and Water				
Campylobacteriosis	21 (2.1)	21 (2.2)	0 (0)	*
E. coli O157:H7	6 (0.0)	*	0 (0)	*
Giardiasis	*	*	0 (0)	0 (0)
Hepatitis A	0 (0)	*	0 (0)	*
Salmonellosis	56 (5.5)	59 (6.0)	*	*
Shigellosis	13 (1.3)	18 (1.8)	0 (0)	0 (0)
Diseases Spread by Close Personal Contact				
Meningococcal Infection	*	*	*	*
Tuberculosis	11 (0.9)	34 (3.5)	*	20 (17.9)
Viral Meningitis	22 (2.2)	22 (2.3)	*	*
Diseases Spread by Vectors				
West Nile Virus	*	*	0 (0)	0 (0)

*Denotes less than 5 reported cases

NOTES

Racial/Ethnic Category Labels

Please note that the following racial/ethnic categories were used to coalesce the data:

- White, not Hispanic
- Black, not Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native

In an effort to save space on graphs and tables, however, the following labels were used:

- White
- Black
- Hispanic
- Asian/PI
- Native American

Definitions

Place of Occurrence: The place where the event occurred (regardless of place of residence)
Place of Residence: The place where a person lives or maintains legal residency.
For purposes of this report, all totals used are based on "Residence" in the County of Riverside.

Incidence Rate: $\frac{\text{number of observed cases reported in specified time period}}{\text{Estimated total population at risk}} \times 100{,}000$

"Incidence" is the number of new cases of a specific illness diagnosed or reported during a stated period of time, usually one year.

Prevalence Rate: $\frac{\text{number of cases living with disease at specified time period}}{\text{Estimated total population}} \times 100{,}000$

"Prevalence" is the number of current cases of a condition or illness at one time, no matter when it started. Usually used to describe conditions that last a long time, or are chronic.

MSM: Gay, bisexual or other men who have sex with men.

Data Limitations

Readers of this publication should observe caution when interpreting rates based on few events and/or small populations (ex: American Indians comprise less that .05 percent of the total population of the County of Riverside) For more information, please refer to *Guidelines for Statistical Analysis of Public Health Data with Attention to Small Numbers, Revised, July 2003.* This publication may be found at: http://www.ucsf.edu/fhop/docs/pd/prods/smallnumbers2003.pdf Such factors may prevent or make it difficult to interpret a measure for a population that is small in size. Another limitation is that such a measure may inadvertently disclose confidential information about an individual in a community. This publication employs masking ("*"symbol) for totals less than five, in efforts to protect identity of reported individuals from possible disclosure.

SOURCES

- Automated Vital Statistics System (AVSS) for all Riverside County disease data except for HIV/AIDS, Tuberculosis, and Syphilis as of 6/1/12.
- California Department of Finance, *Population Estimates for Cities, Counties and the State,* July 2007.
- California Department of Health Services for California disease data.
- *Control of Communicable Diseases Manual,* 18th Edition, David L. Heymann, MD, Editor; American Public Health Association 2008.
- HIV/AIDS Data for Riverside County as of 6/1/12 provided by the California Department of Public Health.
- Sexually Transmitted Diseases (STD) Epi Info database for Riverside County syphilis data as of 6/13/12 provided by the California Department of Public Health.
- Tuberculosis Information Management System (TIMS) for Riverside County tuberculosis data as of 6/13/12.

County of Riverside Community Health Agency
Department of Public Health
DISEASE REPORTING REQUIREMENTS

DISEASES TO BE REPORTED IMMEDIATELY BY TELEPHONE

ANTHRAX, human or animal
INFLUENZA, novel strains (Human)
BOTULISM (Infant, Foodborne, Wound)
BRUCELLOSIS, human
CHOLERA*
CIGUATERA FISH POISONING (Community acquired only)
DENGUE
DIPHTHERIA+
DOMOIC ACID POISONING (Amnesic shellfish poisoning)
ESCHERICHIA COLI: shiga toxin producing (STEC) including *E. coli* O157 *+
HANTAVIRUS INFECTION
HEMOLYTIC UREMIC SYNDROME
MEASLES (Rubeola) +
MENINGOCOCCAL INFECTION
PARALYTIC SHELLFISH POISONING
PLAGUE, Human or Animal +
RABIES, Human or Animal +
SCOMBROID FISH POISONING
SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
SHIGA TOXIN (detected in feces)
SMALLPOX (Variola)
TULAREMIA, human
VIRAL HEMORRHAGIC FEVERS, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg Viruses)
YELLOW FEVER
OCCURENCE OF ANY UNUSUAL DISEASE OUTBREAKS OF ANY DISEASE (including Foodborne and any diseases not listed in Section 2500. Specify if institutional and/or community setting. Two or more cases from separate households = an outbreak.)

DISEASES OR SUSPECTED DISEASES TO BE REPORTED WITHIN ONE DAY OF IDENTIFICATION

AMEBIASIS*
BABESIOSIS
CAMPYLOBACTERIOSIS*
CHICKEN POX (Only Hospitalizations and Deaths)
CRYPTOSPORIDIOSIS+
ENCEPHALITIS+, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
FOODBORNE DISEASE
HAEMOPHILUS INFLUENZAE, Invasive Disease (in cases < 15 years of age)
HEPATITIS A, acute infection *[1]+
LISTERIOSIS+
MALARIA+
MENINGITIS, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
PERTUSSIS (Whooping cough)
POLIOVIRUS INFECTION
PSITTACOSIS
Q FEVER
RELAPSING FEVER
SALMONELLOSIS (Other than Typhoid Fever)*
SHIGELLOSIS*
STAPHYLOCOCCUS AUREUS Infection (Severe cases in previously healthy people resulting in death or admission to ICU)
SYPHILIS+
TRICHINOSIS
TUBERCULOSIS*+[3]
TYPHOID FEVER, Cases and Carriers*+
VIBRIO INFECTION *+
WEST NILE VIRUS (WNV) Infection, acute +
YERSINIOSIS

DISEASES TO BE REPORTED WITHIN SEVEN CALENDAR DAYS

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) (HIV infection only, see Human Immunodeficiency Virus)
ANAPLASMOSIS/EHRLICHIOSIS
BRUCELLOSIS, animal (except dogs)
CHANCROID
CHLAMYDIA TRACHOMATIS Infection+ including Lymphogranuloma Venereum (LGV)
COCCIDIOIDOMYCOSIS
CREUTZFELDT-JAKOB DISEASE (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
CYCLOSPORA
CYSTICERCOSIS OR TAENIASIS
GIARDIASIS
GONOCOCCAL INFECTION+
HEPATITIS B (Specify acute case or chronic) [1]*+
HEPATITIS C (Specify acute case or chronic)[2]
HEPATITIS D (Delta), acute infection [1]
HEPATITIS E, acute infection [1]
HUMAN IMMUNODEFICIENCY VIRUS (HIV)
INFLUENZA (Deaths in laboratory-confirmed cases for ages 0-64 years)
LEGIONELLOSIS
LEPROSY (Hansen Disease)
LEPTOSPIROSIS
LYME DISEASE+
MUMPS
PELVIC INFLAMMATORY DISEASE (PID)
RICKETTSIAL DISEASES (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illness)
ROCKY MOUNTAIN SPOTTED FEVER
RUBELLA (German Measles)
RUBELLA SYNDROME, Congenital
TETANUS
TOXIC SHOCK SYNDROME
TULAREMIA, animal

REPORTABLE NON-COMMUNICABLE DISEASES AND CONDITIONS

ALZHEIMER'S DISEASE AND RELATED CONDITIONS
ANIMAL BITE (SEE REVERSE)
DISORDERS CHARACTERIZED BY LAPSES OF CONSCIOUSNESS (SEE REVERSE)
PESTICIDE EXPOSURE (SEE REVERSE)

* Essential to include occupation
\+ Must also be reported by Laboratories
[1] Viral Hepatitis: All Hepatitis reports must include lab results and the date of onset. Hepatitis A: include occupation. Hepatitis B: if pregnant, include EDC.
[2] Please differentiate Acute Hepatitis C cases on the CMR. Chronic Hepatitis C indicated by positive anti-HCV test in an asymptomatic person should still be reported, and should include confirmatory test results and supporting labs.
[3] Special Requirements for TB:
1. Health care provider is responsible for reporting TB results from out-of-state labs.
2. Laboratories that isolate *Mycobacterium tuberculosis* from a patient's specimen must follow requirements for submission of a culture to the Public Health Lab and drug susceptibility testing (Copy of requirements available upon request).
3. Active or suspected cases require approval of the Health Officer (or designee) prior to discharge/transfer from a health care facility.
4. Positive TB skin test reactors listed below must be reported:
   a) TB Skin Test (TST) Converters: An increase of at least 10 mm of induration from <10 mm to ≥10 mm within two years from a documented negative to positive TST.
   b) Children 3 years of age or younger with a positive TB skin test (5mm or greater).

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641-2643, and §2800-2812
Reportable Diseases and Conditions

State law requires that health care providers report diseases of public health importance. Physicians, nurses, dentists, coroners, laboratory directors, school officials and other persons knowing of a CASE OR SUSPECTED CASE of any of the following diseases or conditions are required to report them to the local Department of Public Health.

- §2500(b) It shall be the duty of every health care provider, knowing or in attendance on a case or suspected case of any of the diseases or conditions listed on the front, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the disease or conditions listed on the front may make such a report to the local health officer for the jurisdiction where the patient resides.
- §2500(c) The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
- §2500(a)(14) "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner or dentist.

HOW TO REPORT ALL DISEASES, EXCEPT HIV/AIDS:

Extremely urgent conditions (i.e., Anthrax, Botulism, Brucellosis, Cholera, Dengue, Diphtheria, Outbreaks of **any** kind - including Foodborne, Plague, Rabies, Relapsing Fever, and Small Pox) are to be reported immediately by telephone, 24 hours a day, to the appropriate number listed below. Foodborne illnesses should be reported by telephone or fax within one (1) working day of identification of the case or suspected case. **Non-urgent conditions** are to be reported within seven (7) calendar days from the time of identification.

The appropriate Confidential Morbidity Report (CMR) form must be **completely** filled out. **All** of the requested information is essential, including the lab information for selected diseases. All phone, fax and mailed reports are to be made to the Disease Control Office in Riverside, with the following exceptions: Reports of Sexually Transmitted Diseases are to be faxed to (951) 358-6007 or mailed to the STD Program Office.

To order CMR forms, contact the Riverside office listed below. Forms are also available online at www.rivco-diseasecontrol.org.

RIVERSIDE	**Disease Control Branch**	**STD Program**
Phone: (951) 358-5107	P.O. Box 7600	3900 Sherman Drive, Suite G
Confidential FAX: (951) 358-5102	Riverside, CA 92513-7600	Riverside, CA 92503

NIGHT AND WEEKEND EMERGENCIES - (951) 782-2974

HOW TO REPORT ALL HIV/AIDS CASES:

Mail in a double envelope stamped "Confidential" TO:
HIV/AIDS Program/Surveillance Unit
P. O. Box 7600
Riverside, CA 92513-7600

FAXING IS NOT ALLOWED FOR HIV/AIDS CASES

PHONE#: (951) 358-5307 / 1-800-243-7275

ALWAYS USE CDPH FORM 8641-A rev. 12/09 (Adult), CPDH FORM 8641- P (Pediatric) CONFIDENTIAL CASE REPORT
It is recommended that reports are sent via Certified or Registered mail for tracking purposes.

ANIMAL BITE: Animal bites by a species subject to rabies are reportable in order to identify persons potentially requiring prophylaxis for rabies. Additionally, vicious animals identified may be controlled by this regulation and local ordinances (California Administration Code, Title 17, Sections 2606 et seq.: Health and Safety Code Sections 121575-120435). Reports can be filed with the local Animal Control Agency or Humane Society. The County Animal Control office may assist in filing your report. Call (951) 358-7327 or (951) 358-7387. Report form is available at www.rivco-diseasecontrol.org

PESTICIDE EXPOSURE: The Health and Safety Code, Section 105200, requires that a physician who knows or who has reason to believe that a patient has a pesticide-related illness or condition must report the case to the local County Health Office by phone within 24 hours. For occupational exposure there is an additional requirement to send the "Doctor's First Report of Occupational Injury or Illness" to the Department of Public Health within 7 days. Phone reports may be made to (951) 358-5107 OR 358-5266; OR faxed to (951) 358-5102 or 358-5446; copies of the required report forms [OEH-700 (Rev. 9/06) and California Form 5021 (Rev. 4) 1992] may be obtained from the same office.
Report form is available at http://www.oehha.ca.gov/pesticides/programs/Pestrpt.html

REPORTING DISORDERS CHARACTERIZED BY LAPSES OF CONCIOUSNESS: Health and Safety Code 103900 requires: Every physician and surgeon shall report immediately to the local health officer in writing, the name, date of birth, and address of every patient at least 14 years of age or older whom the physician and surgeon has diagnosed as having a case of a disorder characterized by lapses of consciousness. However, if a physician and surgeon reasonably and in good faith believes that the reporting of a patient will serve the public interest, he or she may report a patient's condition even if it may not be required under the department's definition of disorders characterized by lapses of consciousness pursuant to subdivision.