CALIFORNIA
CD BRIEF

This weekly report of surveillance and laboratory activities from the Division of Communicable Disease Control of the California Department of Public Health contains information on investigations in progress and/or diagnoses that may not yet be confirmed. CD Brief is intended primarily for the use of local health departments and infectious disease professionals, should be considered privileged, and should NOT be distributed further.

Report as of 6/1/2016 (Week 22)

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2016 Revisions to Reportable Disease Lists of CCR Title 17 Sections 2500, 2502, and 2505

The California Department of Public Health (CDPH), in consultation with the California Conference of Local Health Officers, recently updated the reportable disease lists in the California Code of Regulations (CCR) Title 17, Division 1, Chapter 4, Subchapter 1, Article 1, Section 2500 (reporting from providers to local health departments [LHDs]), Section 2502 (reporting from LHDs to CDPH), and Section 2505 (reporting from laboratories to LHDs). These changes, effective as of May 24, 2016, are summarized below.

Changes to Section 2500

Section 2500 specifies that healthcare providers must report all cases of the listed conditions to the local health department within the specified timeframe. The updated Section 2500 condition list is posted on the Division of Communicable Disease Control website and can be found at:


- The following conditions have been removed and are no longer required to be reported to the local health department:
  - Pelvic Inflammatory Disease (PID)
  - Severe Acute Respiratory Syndrome (SARS)
  - Staphylococcus aureus infection
  - Toxic Shock Syndrome

- The following conditions have been added and are now required to be reported to the local health department:
  - Chikungunya Virus Infection – report within one working day
- Flavivirus infection of undetermined species – report immediately by telephone
- Novel Virus Infection with Pandemic Potential – report immediately by telephone
- Respiratory Syncytial Virus (only report a death in a patient less than five years of age) – report within seven calendar days
- Zika Virus Infection - report immediately by telephone

The following conditions have been reworded for clarity:

- Acquired Immune Deficiency Syndrome (AIDS) is reworded to Human Immunodeficiency Virus (HIV) Infection, stage 3 (AIDS)
  - Human Immunodeficiency Virus (HIV), Acute Infection now appears as a separate condition in the list.
- Anaplasmosis/Ehrlichiosis now appear as two separate conditions in the list
- Chickenpox (Varicella) (only hospitalizations and deaths) is reworded to Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)
- Dengue is reworded to Dengue Virus Infection
- *Haemophilus influenzae*, invasive disease is reworded to *Haemophilus influenzae*, invasive disease, all serotypes

The following conditions have a change in a reporting requirement:

- *Haemophilus influenzae*, invasive disease, is now required to be reported only in persons less than five years of age (previously was in persons less than 15 years of age).
- Hantavirus Infection is now required to be reported within one working day of identification (previously was immediately reportable).

**Changes to Section 2502**

Section 2502 specifies that local health officers shall submit an individual case or outbreak report to the California Department of Public Health for the listed diseases/conditions.

The following conditions have been added and are now required to have a case report form submitted:

- Chikungunya Virus Infection
- Dengue Virus Infection
- Flavivirus Infection of Undetermined Species
- Zika Virus Infection

**Changes to Section 2505**

Section 2505 specifies that laboratories must report all laboratory testing results suggestive of diseases of public health importance to the local health department within the specified timeframe. A subsection of Section 2505 specifies isolates or specimens that must be submitted to the public health laboratory. A new subsection, described below, requires laboratories to attempt to obtain a bacterial culture isolate in certain cases. The updated Section 2505 diseases list is posted on the Division of Communicable Disease Control website and can be found at: [http://www.cdph.ca.gov/HealthInfo/Documents/Title17Section2505List.pdf](http://www.cdph.ca.gov/HealthInfo/Documents/Title17Section2505List.pdf)

The following diseases have been added to subsection (e)(2); laboratory results suggestive of these diseases must now be reported to the local health department within one working day.

- Babesiosis
- Chikungunya Virus Infection
- Flavivirus infection of undetermined species
- *Entamoeba histolytica* (not *E. dispar*)
• Zika Virus Infection

  o The subsection related to isolate and specimen submission has been re-organized as follows:

    • (m)(1) lists the specimens to be submitted as soon as available to the local or state public health laboratory. The following specimen has been **added**:

      ▪ Zika virus immunoglobulin M (IgM)-positive sera

    • (m)(2) lists the isolates to be submitted as soon as available to the local or state public health laboratory. The following isolates have been **added**:

      ▪ Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)
      ▪ *Shigella* isolates

    • (m)(3) is a **new** subsection. It states that laboratories must attempt to obtain a bacterial culture isolate whenever there is a laboratory test result indicative of infection with any of the pathogens listed in subsection (m)(2). These pathogens are:

      ▪ Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)
      ▪ *Listeria monocytogenes* isolates
      ▪ *Mycobacterium tuberculosis* isolates (see (f) for additional reporting requirements)
      ▪ *Neisseria meningitidis* isolates from sterile sites
      ▪ *Salmonella* isolates (see Section 2612 for additional reporting requirements)
      ▪ *Shiga* toxin-producing *Escherichia coli* (STEC) isolates, including O157 and non-O157 strains
      ▪ *Shigella* isolates

The attached letter also describes these changes.

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**Multistate Outbreak of STEC O121 Infections Likely Associated with Flour Products**

The California Department of Public Health (CDPH), in coordination with local and state health departments, the U.S. Centers for Disease Control and Prevention (CDC), and the U.S. Food and Drug Administration (FDA) is investigating a multistate outbreak of Shiga toxin-producing *Escherichia coli* O121 (STEC O121) infections likely associated with consumption of General Mills flour products (Gold Medal Flour, Gold Medal Wondra Flour, and Signature Kitchens Flour).

As of May 31, 2016, 38 case-patients infected with the outbreak strain of STEC O121 have been reported from 20 states, including 1 case-patient from California. Known illness onset dates ranged from December 21, 2015 through May 3, 2016. The median age of case-patients is 18 years, with a range from 1 year to 95 years; 78% of case-patients are female. Ten (31%) of 32 patients with available information have been hospitalized and no deaths have been reported.

Flour produced at the General Mills Kansas City, Missouri facility has been identified as a likely source of the outbreak. Sixteen (76%) of 21 people reported that they or someone in their household used flour in the week before they became ill. Nine (41%) of 22 people reported eating or tasting raw homemade dough or batter. Twelve (55%) of 22 people reported using Gold Medal brand flour. Three ill people reported eating or playing with raw dough at restaurants.

CDPH is continuing to work with state and local health departments, CDC, and FDA on this ongoing STEC O121 outbreak investigation. Due to the long shelf life of the recalled products, additional cases may be identified. To notify CDPH of any potential outbreak-related cases, please contact Katherine Lamba of the CDPH Infectious Diseases Branch at (510) 620-3429 or Katherine.Lamba@cdph.ca.gov.

Zika Update

As of May 25, 2016, the U.S. Centers for Disease Control and Prevention (CDC) reported 591 travel-associated Zika cases in US states, including 168 pregnant women, 11 sexually transmitted cases, and 1 patient with Guillain-Barré syndrome.

As of Friday June 3\textsuperscript{rd}, 52 travel-associated confirmed and probable cases of Zika with illness onset since 2015 have been reported in California. These case-patients are residents of 15 California counties, including 6 with invasive \textit{Aedes} mosquito detections. Of the 52 case-patients, 37 are residents in counties with known invasive \textit{Aedes}. Thirty-eight case-patients were potentially viremic while in California as they returned to California within 7 days of symptom onset. The 14 countries and U.S. territories of Zika exposure include El Salvador (15), Guatemala (9), Brazil (4), Honduras (4), Mexico (4), Colombia (3), Puerto Rico (3), Costa Rica (2), Haiti (2), Venezuela (2), American Samoa (1), Dominican Republic (1), Fiji (1), and Kiribati (1). Five case-patients traveled to more than one location. The median age of the case-patients is 34 years (range 16 months-70 years), and 67\% of the patients are female. Forty-nine of the 52 case-patients were symptomatic, with at least one symptom of fever, rash, conjunctivitis, or joint pain.

The following table provides the number of travel-associated cases of Zika in California residents in 2015 and 2016. CDPH is following CDC testing guidelines. This table is updated every Friday. As of June 3, 2016, there have been 52 travel-associated cases of Zika in California.

- Total cases: 52
- Cumulative number of cases in pregnant women: 13\textsuperscript{*}
- Cumulative number of cases due to sexual transmission: 1

<table>
<thead>
<tr>
<th>County</th>
<th>Travel-associated cases\textsuperscript{\dagger}</th>
<th>Locally acquired cases\textsuperscript{\dagger}</th>
</tr>
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<tbody>
<tr>
<td>Alameda</td>
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<td>Contra Costa</td>
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<tr>
<td><strong>Total</strong></td>
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</tr>
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</table>
*Local Health Departments and CDPH are monitoring all pregnant women and their infants
§Total number of cases includes laboratory-confirmed and probable cases as defined by the CSTE Position Statement
♀Travelers returning from affected areas or their sexual contacts
ⅠPresumed local mosquito-borne transmission
ⅡIncludes one non-resident

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