Feedback Is Appreciated

The Communicable Disease Section values your opinions and concerns. We are interested in receiving your input in order to improve and feature content that you find interesting and helpful.

Please take a few minutes to share your opinion by completing a short survey.

The survey should take no more than 5 minutes to complete.

Contact us at:
Communicable Disease Section
(800) 722-4794
351 N. Mountain View Ave
San Bernardino, CA 92415

We are on Social Media:

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Pertussis Outbreak Prevention

According to a pertussis surveillance report from California Department of Public Health, San Bernardino County has reported 14 cases of pertussis as of June 17, 2018. A pertussis outbreak is expected by the end of 2018 or 2019. Encourage Tdap vaccine to all pregnant women between 27-36 weeks gestation, regardless of the mother’s Tdap history. This will provide infant protection until the infant can receive their first DTaP vaccine. As a reminder infants may receive the DTap series as early as 6 weeks of age.

For more information regarding the importance of vaccinating pregnant women with Tdap visit the following webpage offered through the Centers for Disease Control and Prevention.

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Congenital Syphilis Cases Continue to Increase in San Bernardino County

San Bernardino County reported 33 cases of congenital syphilis in 2017, compared to one case in 2012 and no cases in 2010-2011. Women infected with syphilis may suffer a miscarriage, stillbirth or preterm labor.

All suspect cases of syphilis must be reported within one working day to the Public Health Department as required by state law. In California, it is required that all pregnant women be screened for syphilis at their first prenatal visit with rapid plasma regain (RPR) and treponema pallidum particle agglutination assay (TPPA). Additional syphilis screenings are required in the third trimester between 28-32 weeks gestation and at delivery. All positive screening tests should be confirmed and pregnant women should receive treatment as soon as an infection has been identified. Any woman who delivers a stillborn fetus after 20 weeks gestation should be tested for syphilis. Pregnant women who are seropositive should be considered infected unless they have documentation of adequate treatment with appropriate serologic response to treatment and titers are low and stable.

For assistance in verifying that adequate treatment was given to a pregnant women with syphilis, contact the Communicable Disease Section by calling (800) 722-4794. Additional guidelines can be found on the following link.
National Immunization Awareness Month

August is National Immunization Awareness Month (NIAM). During the month of August awareness is raised on the important role vaccines play in preventing serious, sometimes deadly diseases. This annual observance is intended to emphasize the importance of vaccinations for people of all ages.

Recommendations for providers:

♦ Encourage parents of young children to receive recommended immunizations by age two.
♦ Help parents make sure children, preteens, and teens receive all recommended vaccines by the time they go back to school.
♦ Remind college students to catch up on immunizations before moving into dormitories.
♦ Educate adults, including your own office staff, about vaccines and boosters they may need.
♦ Educate pregnant women about vaccinating to protect newborns from diseases like pertussis.

Stay up-to-date on vaccine recommendations by visiting the Center for Disease Control and Prevention website. Or contact a Health Education Specialist at (800) 722-4794.

Tuberculosis Testing

In order to eliminate tuberculosis (TB), the Centers for Disease Control and Prevention (CDC) and the U.S. Preventive Services Task Force (USPSTF) recommend testing people that are at increased risk for tuberculosis (TB) infection.

Generally, individuals at high risk fall into two categories: individuals who have recently been infected and those with clinical conditions increasing their risk of progression from latent tuberculosis infection (LTBI) to tuberculosis (TB) disease.

It is recommended to test the following high risk populations:

♦ Infants, children and adolescents exposed to adults who are at increased risk for LTBI or TB disease.
♦ Groups with high rates of Mycobacterium tuberculosis transmission, such as homeless individuals, drug users and individuals with HIV infection.

Avoid testing individuals at low risk. Testing low risk populations is not recommended and may result in unnecessary evaluations and treatment because of false positive test results.

For more information contact the Communicable Disease Section at (800) 722-4794.

Click on the following link to access the Confidential Morbidity Reports (CMRs), they should be faxed to: (909) 387-6377. For HIV CMRs call before faxing. To report suspect or confirmed cases of TB to the Tuberculosis Control Program, please fill out a TB case/suspect form, for your hospitalized or clinic patient and fax to: (909) 387-6377. Follow-up with a phone call to one of our TB nurses at: 1-800-722-4794.