Additional notes on Center for Infectious Disease Data among California Residents by Disease, County, Sex, and Year

Description

The California Department of Public Health (CDPH) maintains a mandatory, passive reporting system for a list of communicable disease cases and outbreaks. Health care providers and laboratories are mandated to report cases or suspected cases of these communicable diseases to their local health department (LHD). LHDs are also mandated to report these cases to CDPH.

Materials and methods

Case data sources and inclusion criteria

Data were extracted on communicable disease cases with an estimated onset or diagnosis date from 2001 through the last year indicated, from California Confidential Morbidity Reports and/or Laboratory Report that were submitted to CDPH by June of the current year and which met the surveillance case definition for that disease. Because of inherent delays in case reporting and depending on the length of follow-up of clinical, laboratory and epidemiologic investigation, cases with eligible onset dates may be added or rescinded after the date of this report.

Data quality assessment and enhancement procedures were per the CDPH Branch responsible for each specific condition.

Definitions

In general, we defined a case as laboratory and/or clinical evidence of infection or disease in a person that satisfied the communicable disease surveillance case definition published by the United States (US) Centers for Disease Control and Prevention (CDC) or by the Council of State and Territorial Epidemiologists (CSTE) at time the case was reported.

Limitations

Completeness of reporting

The numbers of disease cases in this report are likely to underestimate the true magnitude of disease. Among factors that may contribute to under-reporting are: delays in notification, limited collection or appropriate testing of specimens, health care seeking behavior among ill persons, limited resources and competing priorities in LHDs, and lack of reporting by clinicians and laboratories. Among factors that may contribute to changes in reporting are disease severity, the availability of new or less expensive diagnostic tests, changes in the case definition by CDC or CDPH, changes in
mandatory reporting requirements, recent media or public attention, and active surveillance activities. Differential reporting practices among LHDs may also result in inconsistent reporting of patient information.

During this surveillance period, CDC and CDPH conducted active surveillance in Alameda, Contra Costa, and San Francisco Counties through the California Emerging Infections Program (CEIP). CEIP conducted active laboratory-based surveillance for *Salmonella*, *Shigella*, *Campylobacter*, *Escherichia coli* O157, Shiga toxin-producing *E. coli* (STEC) non-O157, *Listeria monocytogenes*, *Yersinia*, *Vibrio*, *Cryptosporidium*, and *Cyclospora* infection and active physician-based surveillance of pediatric hemolytic uremic syndrome (HUS) through a network of nephrologists in the catchment area. Therefore cases of these diseases might be more completely reported in these counties.

**References**

1. California Code of Regulations, Title 17, Sections 2500 and 2505

2. Center for Disease Control and Prevention, National Notifiable Diseases Surveillance System