ANNUAL REPORT of COMMUNICABLE DISEASES in SAN FRANCISCO

2004 - 2005

COMMUNICABLE DISEASE CONTROL & PREVENTION SECTION
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This annual report summarizes notifiable disease reports collected by the Communicable Disease Control Unit (CDCU) of the San Francisco Department of Public Health during 2004 and 2005. Twenty-one diseases were selected for demographic profiling on the basis of the burden and severity of disease, public health impact, and specific interest to community health programs. Notifiable disease reports managed by other SFDPH sections are not represented here (i.e., TB, HIV/AIDS, STDs). Graphic representation of data, comparison with benchmark jurisdictions, and more detailed interpretation of epidemiological trends will be available in future surveillance summaries. Readers can access previous reports at http://www.sfcdcp.org for historical context of disease incidence in San Francisco.

Contents

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San Francisco Department of Public Health at 101 Grove Street (1935)

Data Collection

This report covers the 2-year period from January 1, 2004 through December 31, 2005. San Francisco health care providers, laboratories and other mandated reporters are required under Title 17, California Code of Regulations (CCR) (§2500, §2505, §2593, §2641-2643, §2800-2812),[1] to notify the local health authority of the diagnosis, detection or suspicion of certain diseases and conditions. Reports are confidentially received by fax, telephone or postal mail. Reports by fax and postal mail are generally submitted using the California Confidential Morbidity Report (CMR) form designated for this purpose.[2] Limited demographic and clinical information is provided on the CMR. Depending on the condition being reported, disease control staff attempt to contact the health care provider, laboratory and/or patient for follow-up and implementation of disease control measures. Clinical and risk factor data are subsequently collected according to departmental and state protocols. Data were managed with locally designed databases.

The chronic hepatitides are not addressed in this report. Additionally, notifiable diseases listed below, for which physician and laboratory reports are managed by other SFDPH sections (AIDS Office, STD Control, and Tuberculosis Control), are not represented in this report:

Acquired Immune Deficiency Syndrome (AIDS)
Chancroid
Chlamydial Infections (excluding *Chlamydia pneumoniae*)
Gonococcal Infections
Human Immunodeficiency Virus (HIV)
Non-Gonococcal Urethritis
Pelvic Inflammatory Disease (PID)
Syphilis
Tuberculosis

Notifiable Disease Definitions

Disease classifications for public health surveillance can change over time. Such changes in definition may or may not impact the frequency of notifications to health department. Classifications that have recently changed or require clarification are described below.

Acute Hepatitis B includes perinatal cases starting in 2005.

Bacterial Meningitis excludes meningitis caused by *Neisseria meningitidis*, which is listed separately as Meningococcal Infections.

Cholera is caused by *Vibrio cholerae* serogroup O1 or O139.

Invasive Haemophilus influenzae is reportable only in patients <30 years of age.

Lyme Disease, clinician-reportable since 1989, also became laboratory-reportable in June 2005.

Meningococcal Infection, caused by *N. meningitidis*, includes meningococcal meningitis and meningococcemia.

Severe Acute Respiratory Syndrome (SARS) became reportable in June 2005.

Smallpox became reportable again in 2001 for bioterrorism surveillance. The World Health Organization declared smallpox eradicated globally in 1979.

Streptococcal Infection is reportable only if diagnosed in foodhandlers and dairy workers.

Vibriosis is caused by other *Vibrio cholerae* serogroups (non-O1, non-O139) and other *Vibrio* spp., including *V. vulnificus* and *V. parahaemolyticus*.

Viral Hemorrhagic Fever includes hemorrhagic diseases caused by filoviruses and arenaviruses.

West Nile Disease includes West Nile Fever, West Nile Meningitis, & West Nile Encephalitis, and became reportable in June 2005.

Racial and Ethnic Categorization

Population estimates for San Francisco were obtained from the California Department of Finance (DOF) Demographic Research Unit.[3] An individual with Hispanic ethnicity, regardless of race, was considered Hispanic. Non-Hispanics were categorized by the designation of their race. People were ultimately classified as one of the following: American Indian/Alaska Native, Asian/Pacific Islander, African American (Black), Hispanic, or White. Cases were infrequently denoted by an additional race category, Other. Because the category Other is not clearly defined and no reliable San Francisco population estimate exists for it, race-specific rates were not calculated for this population group. Only the frequency values for the race Other were included in the incidence tables.

In 2000, the United States Census Bureau began allowing the designation of multiple races for its decennial population census. Because the California DOF estimates are based on U.S. Census counts for California, San Francisco population estimates for 2004-2005 contained the additional racial category Multiple Race. Because CDCU continued to collect data allowing only a single racial designation during this period, a bridging method established by the California DOF was used to reallocate the population in the Multiple Race category to single race categories.[4] This method provided reproducible denominators for calculating race-stratified incidence rates.

Demographic Data

Depending on the disease, demographic information was usually ascertained through patient interviews, medical chart abstraction or health care provider interviews. Because not all individual cases of disease are mandated to be followed-up by the local health department (e.g., campylobacteriosis), completeness varied by disease.

Age was calculated by subtracting the date of birth from the date of report to SFDPH, then dividing the resultant value by 365.25 to account for leap years. Numerical values for age were also routinely collected and separately entered into the database. If either of the dates used in the above formula was missing and a numerical age was recorded, then this manually entered age value was used. This replacement method was required for 6 (0.3%) of the 2,291 cases of reportable diseases from 2004-2005. Only 6 reportable cases ultimately did not have a valid age estimate. The frequency of cases with missing or unknown sex or race/ethnicity information was included in tables.

Statistical Calculations

Data manipulation, calculations, and table creation utilized SAS version 9.1.3 (SAS Institute Inc., Cary, NC). Rates allow for comparison of disease burden between jurisdictions and population groups, as well as over time. An incidence rate for public health surveillance describes the number of new cases of a particular disease occurring in each group of 100,000 residents at risk for disease during a given year. The population at risk was approximated by the California DOF population estimates. The annual citywide population estimate served as the denominator for crude annual rates except for diseases where the population at risk was restricted by case definition (i.e., infant botulism, congenital rubella, and invasive *H. influenzae*). Each of these surveillance categories contains specific age criteria for being a case. Consequently, not all residents were at risk of becoming cases. San Francisco residents < 1 year of age provided the denominator at-risk population for infant botulism and congenital rubella rates. Invasive *H. influenzae* rates were calculated among individuals <30 years of age only. The one-year crude incidence rate (IR) was calculated as the proportion of disease events per 100,000 people at risk (person-years) as shown below. Rates were not adjusted for age. Rates and proportions were generally rounded to one decimal place.

Formula 1.

$$IR = \left(n / p \right) \times 100{,}000$$

where n= Number of Cases and p=Population at Risk, and each is identified for a one-year period.

Example: In 2004, there were 122 female cases of campylobacteriosis in San Francisco. The estimated number of female residents in 2004 was 388,262. Accordingly, the incidence among females was:

$$IR_{Campy\,2004_{Females}} = \left(122 / 388{,}262 \right) \times 100{,}000 = 31.4 \text{ cases per 100,000 population .}$$

Reliability of Rates

With rare diseases, or diseases where the number of cases for a particular population group is very small, a minor change in the number of incident cases can result in a relatively large shift in the corresponding rate. Rates and percents based on a small number of events may be unreliable and are generally subject to substantial variability over time. Unstable rates should not be statistically compared for difference with the rates for other populations or for San Francisco over time. Rates with a relative standard error (RSE) of 23% or greater were considered unstable and identified by an asterisk in tables of this report.[5] Equivalently, numerators less than 20 result in unreliable rates.

Formula 2.

$$RSE = \left(SE_{rate} \Big/ r \right) \times 100 = \left(\frac{r \Big/ \sqrt{n}}{r} \right) \times 100 = \left(\sqrt{1 \Big/ n} \right) \times 100$$

where r = Rate and SE_{rate} = Standard Error of a Rate and n = Number of Cases

Example: In 2004, there were 297 cases of campylobacteriosis cases reported in San Francisco and 11 cases of hepatitis A in 2005. Accordingly, the relative standard errors for campylobacteriosis and hepatitis A are:

$$RSE_{Campy2004} = \left(\sqrt{1 \Big/ 297} \right) \times 100 = 5.8\%$$

The rate derived from the frequency of campylobacteriosis is considered stable (RSE < 23%).

$$RSE_{HepA2005} = \left(\sqrt{1 \Big/ 11} \right) \times 100 = 30.2\%$$

The rate derived from the frequency of hepatitis A is not stable and is considered unreliable (RSE > 23%).

Exact Confidence Limits

95% Exact Confidence Intervals for incidence rates were approximated from the gamma distribution.[6] Confidence limits may appear biased due to rounding to one decimal place. Statistically speaking, the rates presented in this report are estimates of the incidence of reported communicable diseases in San Francisco. Confidence limits predict, with high likelihood, the range within which the actual rate occurs. In 2005, the rate of giardiasis in residents 25-34 years of age was 20.7 cases per 100,000 people (95%CI=14.2-29.2). Here the confidence interval indicates that the true rate in this age group is likely to lie somewhere between 14.2 and 29.2 cases per 100,000. The interval therefore provides a useful means for evaluating the precision of a rate calculation. A rate estimate with a wide corresponding confidence interval is less precise than a rate with a tight confidence interval. Using 2005 giardiasis cases as an example, consider the difference between incidence among residents 1-4 years of age (rate=18.2, 95%CI=6.7-39.5) and those aged 25-34 years as described above. The range of possible values among the older age group is approximately half as wide as the range for children 1-4 years. The rate among residents 25-34 years is therefore considered more precise. Rates with very large confidence intervals should be interpreted cautiously.

Rules for Data Suppression

Under certain conditions, it is possible that an individual case-patient could be identified from tabulated data. This may occur if the number of cases for a given time period is sufficiently small and demographic classification is specific enough that the resulting pool of residents described by it is also sufficiently small. All data for tables cross tabulated with potentially identifying classifications, regardless of cell count value, were reported. Potential identifiers included age (grouped), race/ethnicity, and sex. However, table entries containing fewer than 5 events for the *intersection of three potentially identifying data elements* above were not included in this report.

Data Limitations

The surveillance data presented are those cases reported by laboratorians, clinicians and other mandated reporters to the local health authority in compliance with public health laws.[1] Reports may be incomplete and/or important demographic, clinical or risk information may not be available upon active follow-up. Because not all cases of disease were detected by the health care system and not all detected cases were reported to the public health department, the information presented in this report may underestimate the true incidence of disease.

Note to Users of this Report

Occasionally, consumers of communicable disease surveillance data wish to have incidence figures for specific population parameters (e.g., rate of shigellosis in children ≤5 years of age in 2004). Simple calculations can be accomplished by inserting the desired incidence data provided in the tables of this report and the San Francisco population estimates from TABLE 5 into *Formula 1* above. When such calculations are used for grants or technical papers, the citation of this report must explicitly indicate that the calculations were not performed by SFDPH.

Example: A grant writer wishes to know the rate of shigellosis in San Francisco residents 5 years of age and younger in 2004. From TABLE 2, it is known that 0 cases were <1 year of age and 6 cases were 1-4 years of age. Similarly, the number of San Francisco residents in 2004 can be found in TABLE 5:

	Female	*Male*
<1 yr	4,157	4,316
1-4 yrs	15,734	16,343

Thus, the total number of cases ≤5 years of age $= (0+6) = 6$ and

the total population ≤5 years of age $= (4{,}157 + 15{,}734 + 4{,}316 + 16{,}343) = 40{,}550$ and

the rate of shigellosis in this group $= \left({}^{6}\!\!\diagup\!\!{}_{40{,}550} \right) \times 100{,}000 = 14.8$ cases per 100,000 population .

Notes on 2004-2005 Surveillance Data

This report presents a snapshot of notifiable diseases in San Francisco that were reported to SFDPH. The following notes are intended to aid the interpretation of reported cases.

- *Wound Botulism:* A temporal cluster of 3 confirmed and 4 probable cases of wound botulism was observed among injection drug users in 2004. Infections were also recognized in other Bay Area jurisdictions.[7]

- *Campylobacteriosis: Campylobacter* infections remain the most frequently reported enteric disease in San Francisco. The incidence of campylobacteriosis rose from 297 cases in 2004 to 381 in 2005 (48 cases per 100,000 residents). The rate in 2005 is comparable to the rates observed in 2001 and 2002.

- *Encephalitides:* Encephalitis is a clinician-reported disease. The increased reporting of encephalitis in 2004 was likely due to enhanced surveillance by SFDPH for West Nile virus (WNV) infections. Testing for WNV by SFDPH began in 2004 and was targeted to hospitalized patients with illness clinically compatible with WNV neuroinvasive disease, including encephalitis, aseptic meningitis or acute flaccid paralysis. None of the San Francisco residents tested for WNV in 2004 had WNV infection.

- *Escherichia coli O157:H7:* An outbreak among children accounted for 9 of the 13 infections in 2005.

- *Hepatitis A:* The number of reported cases of hepatitis A continues to decline in San Francisco. The 11 cases reported in 2005 marks a 91% decrease since 1999. Nationally, disease reductions have been attributed to the implementation of the highly efficacious vaccine in routine childhood vaccine programs in high burden states.[8] It is unclear if the reduction in San Francisco is attributable to childhood immunizations.

- *Hepatitis B, Perinatal*: Beginning in 2005, perinatal hepatitis B cases are included in the acute hepatitis B surveillance category. One perinatal case, born to a hepatitis B surface antigen carrier mother, was identified in 2005. The baby developed infection despite receiving one dose of hepatitis B vaccine and HBIG at birth followed by two additional doses of vaccine within 6 months.

- *Lyme Disease (LD):* Since 1989, LD has been a clinician-reported disease. In June 2005, labs became legally required to report cases of LD to SFDPH. The increase in the number of LD cases in 2005 was correlated with the implementation of this law; more than half of the LD notifications to SFDPH in 2005 were made by laboratories. The results of lab tests for LD continues to be a problem as some commercial labs use assays whose accuracy and usefulness has not been adequately established.[9] Sixteen of the 21 cases in 2005 had known travel histories during their incubation period; all traveled within the U.S. and 4 also traveled abroad.

- *Pertussis:* Reported pertussis cases increased to 45 (6 cases per 100,000 residents) in 2005, surpassing the previous high of 35 cases in 1998. Similar trends are observed for California and the U.S. It is unclear whether these patterns represent a fundamental change in the epidemiology of pertussis or if they result from improved detection (e.g., widespread use of new diagnostic tools such as PCR, or better recognition of adult cases).[10]

- *Bat Rabies:* Seven rabid bats were detected in San Francisco during 2004-2005. Bats present a risk of rabies exposure to humans and pets, especially when they enter homes during cooler autumn months or are handled.[11]

- *Salmonellosis:* Incidence of salmonellosis in San Francisco continues to decline. The 105 cases reported in 2005 (13 cases per 100,000 residents) marks the lowest disease burden in San Francisco since 1986.

- *Vibriosis:* Eight of the 13 cases reported in 2005 attended a picnic where fresh oysters were barbecued. The species causing the outbreak was identified as *Vibrio parahaemolyticus*.

- *West Nile Disease:* The first 2 cases of WNV infection among San Francisco residents were identified in 2005. Both cases recalled exposure to mosquitoes in areas of California outside San Francisco.

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TABLE 1: Frequency of Reportable Diseases in San Francisco, 2004-2005

	Year			
	2004		2005	
Disease	**n**	**Rate**	**n**	**Rate**
Amebiasis	94	11.9	109	13.7
Anisakiasis	0	0.0 *	0	0.0 *
Anthrax	0	0.0 *	0	0.0 *
Babesiosis	0	0.0 *	0	0.0 *
Botulism (Foodborne)	0	0.0 *	0	0.0 *
Botulism (Infant) (1)	2	23.6 *	0	0.0 *
Botulism (Unspecified)	0	0.0 *	0	0.0 *
Botulism (Wound)	7	0.9 *	2	0.3 *
Brucellosis	0	0.0 *	0	0.0 *
Campylobacteriosis	297	37.5	381	47.9
Cholera (2)	1	0.1 *	0	0.0 *
Ciguatera Fish Poisoning	0	0.0 *	0	0.0 *
Coccidioidomycosis	4	0.5 *	3	0.4 *
Colorado Tick Fever	0	0.0 *	0	0.0 *
Cryptosporidiosis	22	2.8	24	3.0
Cysticercosis	2	0.3 *	2	0.3 *
Dengue	0	0.0 *	0	0.0 *
Diphtheria	0	0.0 *	0	0.0 *
Domoic Acid Poisoning	0	0.0 *	0	0.0 *
E. coli O157:H7 Infection	6	0.8 *	13	1.6 *
Echinococcosis	0	0.0 *	2	0.3 *
Ehrlichiosis	0	0.0 *	0	0.0 *
Encephalitis (Arboviral)	0	0.0 *	0	0.0 *
Encephalitis (Bacterial)	0	0.0 *	0	0.0 *
Encephalitis (Fungal)	0	0.0 *	0	0.0 *
Encephalitis (Other Viral)	1	0.1 *	1	0.1 *
Encephalitis (Parasitic)	0	0.0 *	0	0.0 *
Encephalitis (Unspecified)	16	2.1 *	7	1.0 *
Giardiasis	219	27.7	194	24.4
H. influenzae (Invasive) (3)	1	0.4 *	3	1.3 *
Hantavirus Infection	0	0.0 *	0	0.0 *
Hemolytic Uremic Syndrome	0	0.0 *	0	0.0 *
Hepatitis A	21	2.7	11	1.4 *
Hepatitis B (Acute) (4)	25	3.2	29	3.6
Hepatitis C (Acute)	0	0.0 *	0	0.0 *
Hepatitis Delta	0	0.0 *	0	0.0 *
Kawasaki Syndrome	2	0.3 *	2	0.3 *
Legionellosis	1	0.1 *	1	0.1 *
Leprosy	0	0.0 *	0	0.0 *
Leptospirosis	0	0.0 *	1	0.1 *
Listeriosis	9	1.1 *	5	0.6 *
Lyme Disease (5)	2	0.3 *	21	2.6

	Year			
	2004		2005	
Disease	**n**	**Rate**	**n**	**Rate**
Lymphocytic Choriomeningitis	0	0.0 *	0	0.0 *
Malaria	9	1.1 *	8	1.0 *
Measles	3	0.4 *	0	0.0 *
Meningitis (Bacterial) (6)	2	0.3 *	2	0.3 *
Meningitis (Fungal)	7	0.9 *	10	1.3 *
Meningitis (Parasitic)	0	0.0 *	0	0.0 *
Meningitis (Unspecified)	3	3.2	0	0.0 *
Meningitis (Viral)	13	1.6 *	13	1.6 *
Meningococcal Infection (7)	5	0.6 *	7	0.9 *
Mumps	0	0.0 *	1	0.1 *
Paralytic Shellfish Poisoning	0	0.0 *	0	0.0 *
Pertussis	28	3.5	45	5.7
Plague	0	0.0 *	0	0.0 *
Poliomyelitis	0	0.0 *	0	0.0 *
Psittacosis	0	0.0 *	0	0.0 *
Q Fever	0	0.0 *	0	0.0 *
Rabies (Animal) (8)	2	N/A	5	N/A
Rabies (Human)	0	0.0 *	0	0.0 *
Relapsing Fever	0	0.0 *	0	0.0 *
Rheumatic Fever (Acute)	0	0.0 *	0	0.0 *
Rocky Mountain Spotted Fever	0	0.0 *	1	0.1 *
Rubella	1	0.1 *	0	0.0 *
Rubella (Congenital) (1)	0	0.0 *	0	0.0 *
Salmonellosis	135	17.1	105	13.2
Scombroid Fish Poisoning	0	0.0 *	5	0.6 *
Severe Acute Respir Syndr (SARS) (5)	0	0.0 *	0	0.0 *
Shigellosis	132	16.7	144	18.1
Smallpox (9)	0	0.0 *	0	0.0 *
Streptococcal Infection (10)	0	0.0 *	0	0.0 *
Tetanus	0	0.0 *	0	0.0 *
Toxic Shock Syndrome	0	0.0 *	1	0.1 *
Toxoplasmosis	0	0.0 *	0	0.0 *
Trichinosis	0	0.0 *	0	0.0 *
Tularemia	1	0.1 *	0	0.0 *
Typhoid Carrier	0	0.0 *	0	0.0 *
Typhoid Fever (Acute)	1	0.1 *	1	0.1 *
Typhus Fever	0	0.0 *	0	0.0 *
Vibriosis (2)	8	1.0 *	13	1.6 *
Viral Hemorrhagic Fever (11)	0	0.0 *	0	0.0 *
West Nile Disease (5)	0	0.0 *	2	0.3 *
Yellow Fever	0	0.0 *	0	0.0 *
Yersiniosis	4	0.5 *	5	0.6 *

Source: SFDPH Communicable Disease Control Unit. Data shown by year cases reported to SFDPH. Rates are cases per 100,000 population. *=Unstable Rates (where n<20) should not be compared statistically. See Tables 2-4 for Exact Confidence Limits. Conjunctivitis of the newborn, Reye Syndrome, schistosomal dermatitis & varicella deaths are notifiable but not included in the table.
(1) Rate calculated among residents age <1 year. (2) Cholera is caused by Vibrio cholerae serogroup O1/O139. Vibriosis is caused by other V. cholerae serogroups (non-O1/O139) and other Vibrio spp.
(3) Invasive Haemophilus influenzae reportable in those <30 yrs only; rate calculated among residents aged <30 yrs. (4) As of 2005, Acute Hepatitis B includes perinatal cases; 1 perinatal case identified in 2005.
(5) West Nile Disease (including WN Fever, WN Meningitis, & WN Encephalitis) and SARS became reportable in June 2005; Lyme Disease, clinician-reportable since 1989, also became lab-reportable in June 2005.
(6) Bacterial meningitis excludes meningitis caused by Neisseria meningitidis, which is listed separately as Meningococcal Infections.
(7) Meningococcal Infection, caused by Neisseria meningitidis, includes meningococcal meningitis and meningococcemia. (8) All 7 rabid animals were bats; no documented rabid terrestrial animal in SF for >60 yrs.
(9) WHO declared smallpox eradicated globally in 1979; it became reportable again in 2001 for bioterror surveillance. (10) Streptococcal Infection of foodhandlers and dairy workers only.
(11) Viral Hemorrhagic Fever includes hemorrhagic diseases caused by filoviruses and arenaviruses.

TABLE 2: Frequency and Unadjusted Rates for 21 Selected Diseases by Age, San Francisco, 2004-2005

		Amebiasis				Campylobacteriosis				Coccidioidomycosis				E.coli O157:H7			
Year	Age	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL
2004	<1 yr	0	0.0*	0.0	35.4	9	106.2*	48.6	201.6	0	0.0*	0.0	35.4	1	11.8*	0.3	65.8
	1-4 yrs	1	3.1*	0.1	17.4	28	87.3	58.0	126.2	0	0.0*	0.0	9.3	3	9.4*	1.9	27.3
	5-14 yrs	3	4.9*	1.0	14.4	24	39.4	25.2	58.6	0	0.0*	0.0	4.9	1	1.6*	0.0	9.1
	15-24 yrs	6	9.2*	3.4	19.9	24	36.6	23.5	54.5	0	0.0*	0.0	4.6	1	1.5*	0.0	8.5
	25-34 yrs	16	9.6*	5.5	15.5	87	52.0	41.7	64.1	2	1.2*	0.1	4.3	0	0.0*	0.0	1.8
	35-44 yrs	33	21.2	14.6	29.7	60	38.5	29.4	49.6	1	0.6*	0.0	3.6	0	0.0*	0.0	1.9
	45-54 yrs	24	21.3	13.6	31.7	20	17.7	10.8	27.4	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7
	55-64 yrs	9	11.4*	5.2	21.6	25	31.7	20.5	46.7	1	1.3*	0.0	7.1	0	0.0*	0.0	3.8
	65+ yrs	2	1.8*	0.2	6.6	20	18.3	11.2	28.2	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7
	Total	94	11.9	9.6	14.5	297	37.5	33.4	42.1	4	0.5*	0.1	1.3	6	0.8*	0.3	1.7
2005	<1 yr	0	0.0*	0.0	33.6	8	89.7*	38.7	176.7	0	0.0*	0.0	33.6	2	22.4*	2.7	81.0
	1-4 yrs	0	0.0*	0.0	9.1	27	81.7	53.9	118.9	0	0.0*	0.0	9.1	7	21.2*	8.5	43.7
	5-14 yrs	1	1.6*	0.0	9.0	16	26.0*	14.8	42.2	0	0.0*	0.0	4.9	2	3.2*	0.4	11.7
	15-24 yrs	5	7.8*	2.5	18.1	29	45.1	30.2	64.8	0	0.0*	0.0	4.7	0	0.0*	0.0	4.7
	25-34 yrs	17	11.0*	6.4	17.6	96	62.1	50.3	75.8	1	0.6*	0.0	3.6	0	0.0*	0.0	1.9
	35-44 yrs	46	27.9	20.4	37.2	100	60.6	49.3	73.7	0	0.0*	0.0	1.8	1	0.6*	0.0	3.4
	45-54 yrs	30	26.4	17.8	37.6	44	38.7	28.1	51.9	1	0.9*	0.0	4.9	0	0.0*	0.0	2.6
	55-64 yrs	8	9.6*	4.1	18.8	31	37.0	25.2	52.6	0	0.0*	0.0	3.6	1	1.2*	0.0	6.7
	65+ yrs	1	0.9*	0.0	5.1	29	26.3	17.6	37.8	1	0.9*	0.0	5.1	0	0.0*	0.0	2.7
	Total	109	13.7	11.3	16.5	381	47.9	43.2	53.0	3	0.4*	0.1	1.1	13	1.6*	0.9	2.8

		Cryptosporidiosis				Giardiasis				Hepatitis A				Acute Hepatitis B			
Year	Age	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL
2004	<1 yr	0	0.0*	0.0	35.4	5	59.0*	19.2	137.7	0	0.0*	0.0	35.4	0	0.0*	0.0	35.4
	1-4 yrs	2	6.2*	0.8	22.5	13	40.5*	21.6	69.3	0	0.0*	0.0	9.3	0	0.0*	0.0	9.3
	5-14 yrs	2	3.3*	0.4	11.8	0	0.0*	0.0	4.9	2	3.3*	0.4	11.8	0	0.0*	0.0	4.9
	15-24 yrs	1	1.5*	0.0	8.5	16	24.4*	14.0	39.7	1	1.5*	0.0	8.5	4	6.1*	1.7	15.6
	25-34 yrs	2	1.2*	0.1	4.3	44	26.3	19.1	35.3	5	3.0*	1.0	7.0	6	3.6*	1.3	7.8
	35-44 yrs	8	5.1*	2.2	10.1	72	46.2	36.1	58.2	11	7.1*	3.5	12.6	8	5.1*	2.2	10.1
	45-54 yrs	7	6.2*	2.5	12.8	47	41.7	30.6	55.4	2	1.8*	0.2	6.4	3	2.7*	0.5	7.8
	55-64 yrs	0	0.0*	0.0	3.8	17	21.5*	12.5	34.5	0	0.0*	0.0	3.8	2	2.5*	0.3	9.2
	65+ yrs	0	0.0*	0.0	2.7	5	4.6*	1.5	10.7	0	0.0*	0.0	2.7	2	1.8*	0.2	6.6
	Total	22	2.8	1.7	4.2	219	27.7	24.1	31.6	21	2.7	1.6	4.1	25	3.2	2.0	4.7
2005	<1 yr	0	0.0*	0.0	33.6	0	0.0*	0.0	33.6	0	0.0*	0.0	33.6	0	0.0*	0.0	33.6
	1-4 yrs	1	3.0*	0.1	16.9	6	18.2*	6.7	39.5	0	0.0*	0.0	9.1	1	3.0*	0.1	16.9
	5-14 yrs	0	0.0*	0.0	4.9	6	9.7*	3.6	21.2	2	3.2*	0.4	11.7	0	0.0*	0.0	4.9
	15-24 yrs	0	0.0*	0.0	4.7	15	23.3*	13.1	38.5	1	1.6*	0.0	8.7	1	1.6*	0.0	8.7
	25-34 yrs	7	4.5*	1.8	9.3	32	20.7	14.2	29.2	4	2.6*	0.7	6.6	9	5.8*	2.7	11.0
	35-44 yrs	8	4.9*	2.1	9.6	74	44.9	35.2	56.3	2	1.2*	0.1	4.4	11	6.7*	3.3	11.9
	45-54 yrs	6	5.3*	1.9	11.5	36	31.6	22.2	43.8	2	1.8*	0.2	6.3	3	2.6*	0.5	7.7
	55-64 yrs	1	1.2*	0.0	6.7	16	19.1*	10.9	31.0	0	0.0*	0.0	3.6	3	3.6*	0.7	10.5
	65+ yrs	1	0.9*	0.0	5.1	7	6.3*	2.6	13.1	0	0.0*	0.0	2.7	1	0.9*	0.0	5.1
	Total	24	3.0	1.9	4.5	194	24.4	21.1	28.1	11	1.4*	0.7	2.5	29	3.6	2.4	5.2

Source: SFDPH Communicable Disease Control Unit. Data shown by year cases reported to SFDPH. Rates are cases per 100,000 population.
**=Unstable Rate (n<20). Unstable rates should not be compared statistically. 95%LCL=Exact Lower Confidence Limit, 95%UCL=Exact Upper Confidence Limit; 95% Exact Confidence Limits may appear biased due to rounding to 1 decimal.*
Cases with missing age (2 giardia, 1 amebiasis, and 1 campylobacteriosis in 2005) are represented in total column counts only. Thus, the sum of individual age groups for these diseases does not match the total column count shown.

TABLE 2: Frequency and Unadjusted Rates for 21 Selected Diseases by Age, San Francisco, 2004-2005

		Legionellosis				Listeriosis				Lyme Disease				Malaria			
Year	Age	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL
2004	<1 yr	0	0.0*	0.0	35.4	0	0.0*	0.0	35.4	0	0.0*	0.0	35.4	0	0.0*	0.0	35.4
	1-4 yrs	0	0.0*	0.0	9.3	0	0.0*	0.0	9.3	0	0.0*	0.0	9.3	0	0.0*	0.0	9.3
	5-14 yrs	0	0.0*	0.0	4.9	1	1.6*	0.0	9.1	0	0.0*	0.0	4.9	0	0.0*	0.0	4.9
	15-24 yrs	0	0.0*	0.0	4.6	0	0.0*	0.0	4.6	0	0.0*	0.0	4.6	2	3.1*	0.4	11.0
	25-34 yrs	0	0.0*	0.0	1.8	2	1.2*	0.1	4.3	1	0.6*	0.0	3.3	4	2.4*	0.7	6.1
	35-44 yrs	1	0.6*	0.0	3.6	1	0.6*	0.0	3.6	1	0.6*	0.0	3.6	1	0.6*	0.0	3.6
	45-54 yrs	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7	2	1.8*	0.2	6.4
	55-64 yrs	0	0.0*	0.0	3.8	1	1.3*	0.0	7.1	0	0.0*	0.0	3.8	0	0.0*	0.0	3.8
	65+ yrs	0	0.0*	0.0	2.7	4	3.7*	1.0	9.4	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7
	Total	1	0.1*	0.0	0.7	9	1.1*	0.5	2.2	2	0.3*	0.0	0.9	9	1.1*	0.5	2.2
2005	<1 yr	0	0.0*	0.0	33.6	0	0.0*	0.0	33.6	0	0.0*	0.0	33.6	0	0.0*	0.0	33.6
	1-4 yrs	0	0.0*	0.0	9.1	0	0.0*	0.0	9.1	0	0.0*	0.0	9.1	0	0.0*	0.0	9.1
	5-14 yrs	0	0.0*	0.0	4.9	0	0.0*	0.0	4.9	0	0.0*	0.0	4.9	0	0.0*	0.0	4.9
	15-24 yrs	0	0.0*	0.0	4.7	0	0.0*	0.0	4.7	3	4.7*	1.0	13.6	1	1.6*	0.0	8.7
	25-34 yrs	0	0.0*	0.0	1.9	1	0.6*	0.0	3.6	8	5.2*	2.2	10.2	2	1.3*	0.2	4.7
	35-44 yrs	1	0.6*	0.0	3.4	0	0.0*	0.0	1.8	3	1.8*	0.4	5.3	4	2.4*	0.7	6.2
	45-54 yrs	0	0.0*	0.0	2.6	1	0.9*	0.0	4.9	3	2.6*	0.5	7.7	1	0.9*	0.0	4.9
	55-64 yrs	0	0.0*	0.0	3.6	0	0.0*	0.0	3.6	3	3.6*	0.7	10.5	0	0.0*	0.0	3.6
	65+ yrs	0	0.0*	0.0	2.7	3	2.7*	0.6	7.9	1	0.9*	0.0	5.1	0	0.0*	0.0	2.7
	Total	1	0.1*	0.0	0.7	5	0.6*	0.2	1.5	21	2.6	1.6	4.0	8	1.0*	0.4	2.0

		Measles				Meningococcal Disease				Mumps			
Year	Age	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL
2004	<1 yr	1	11.8*	0.3	65.8	0	0.0*	0.0	35.4	0	0.0*	0.0	35.4
	1-4 yrs	0	0.0*	0.0	9.3	0	0.0*	0.0	9.3	0	0.0*	0.0	9.3
	5-14 yrs	1	1.6*	0.0	9.1	0	0.0*	0.0	4.9	0	0.0*	0.0	4.9
	15-24 yrs	1	1.5*	0.0	8.5	1	1.5*	0.0	8.5	0	0.0*	0.0	4.6
	25-34 yrs	0	0.0*	0.0	1.8	0	0.0*	0.0	1.8	0	0.0*	0.0	1.8
	35-44 yrs	0	0.0*	0.0	1.9	1	0.6*	0.0	3.6	0	0.0*	0.0	1.9
	45-54 yrs	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7
	55-64 yrs	0	0.0*	0.0	3.8	0	0.0*	0.0	3.8	0	0.0*	0.0	3.8
	65+ yrs	0	0.0*	0.0	2.7	3	2.7*	0.6	8.0	0	0.0*	0.0	2.7
	Total	3	0.4*	0.1	1.1	5	0.6*	0.2	1.5	0	0.0*	0.0	0.4
2005	<1 yr	0	0.0*	0.0	33.6	0	0.0*	0.0	33.6	0	0.0*	0.0	33.6
	1-4 yrs	0	0.0*	0.0	9.1	0	0.0*	0.0	9.1	0	0.0*	0.0	9.1
	5-14 yrs	0	0.0*	0.0	4.9	0	0.0*	0.0	4.9	0	0.0*	0.0	4.9
	15-24 yrs	0	0.0*	0.0	4.7	1	1.6*	0.0	8.7	0	0.0*	0.0	4.7
	25-34 yrs	0	0.0*	0.0	1.9	1	0.6*	0.0	3.6	0	0.0*	0.0	1.9
	35-44 yrs	0	0.0*	0.0	1.8	1	0.6*	0.0	3.4	0	0.0*	0.0	1.8
	45-54 yrs	0	0.0*	0.0	2.6	2	1.8*	0.2	6.3	1	0.9*	0.0	4.9
	55-64 yrs	0	0.0*	0.0	3.6	2	2.4*	0.3	8.6	0	0.0*	0.0	3.6
	65+ yrs	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7
	Total	0	0.0*	0.0	0.4	7	0.9*	0.4	1.8	1	0.1*	0.0	0.7

Source: SFDPH Communicable Disease Control Unit. Data shown by year cases reported to SFDPH. Rates are cases per 100,000 population.
**=Unstable Rate (n<20). Unstable rates should not be compared statistically. 95%LCL=Exact Lower Confidence Limit, 95%UCL=Exact Upper Confidence Limit; 95% Exact Confidence Limits may appear biased due to rounding to 1 decimal.*
Cases with missing age (2 giardia, 1 amebiasis, and 1 campylobacteriosis in 2005) are represented in total column counts only. Thus, the sum of individual age groups for these diseases does not match the total column count shown.

TABLE 2: Frequency and Unadjusted Rates for 21 Selected Diseases by Age, San Francisco, 2004-2005

		Pertussis				Salmonellosis				Shigellosis			
Year	Age	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL
2004	<1 yr	4	47.2*	12.9	120.9	12	141.6*	73.2	247.4	0	0.0*	0.0	35.4
	1-4 yrs	4	12.5*	3.4	31.9	30	93.5	63.1	133.5	6	18.7*	6.9	40.7
	5-14 yrs	10	16.4*	7.9	30.2	16	26.2*	15.0	42.6	5	8.2*	2.7	19.1
	15-24 yrs	2	3.1*	0.4	11.0	7	10.7*	4.3	22.0	5	7.6*	2.5	17.8
	25-34 yrs	2	1.2*	0.1	4.3	21	12.6	7.8	19.2	32	19.1	13.1	27.0
	35-44 yrs	4	2.6*	0.7	6.6	15	9.6*	5.4	15.9	51	32.7	24.4	43.0
	45-54 yrs	2	1.8*	0.2	6.4	12	10.6*	5.5	18.6	26	23.1	15.1	33.8
	55-64 yrs	0	0.0*	0.0	3.8	5	6.3*	2.1	14.8	5	6.3*	2.1	14.8
	65+ yrs	0	0.0*	0.0	2.7	17	15.5*	9.1	24.9	2	1.8*	0.2	6.6
	Total	28	3.5	2.4	5.1	135	17.1	14.3	20.2	132	16.7	14.0	19.8
2005	<1 yr	6	67.3*	24.7	146.4	8	89.7*	38.7	176.7	0	0.0*	0.0	33.6
	1-4 yrs	5	15.1*	4.9	35.3	10	30.3*	14.5	55.7	7	21.2*	8.5	43.7
	5-14 yrs	6	9.7*	3.6	21.2	10	16.2*	7.8	29.8	9	14.6*	6.7	27.7
	15-24 yrs	7	10.9*	4.4	22.4	9	14.0*	6.4	26.6	5	7.8*	2.5	18.1
	25-34 yrs	5	3.2*	1.0	7.5	28	18.1	12.0	26.2	27	17.5	11.5	25.4
	35-44 yrs	5	3.0*	1.0	7.1	12	7.3*	3.8	12.7	44	26.7	19.4	35.8
	45-54 yrs	7	6.1*	2.5	12.7	8	7.0*	3.0	13.8	34	29.9	20.7	41.7
	55-64 yrs	2	2.4*	0.3	8.6	4	4.8*	1.3	12.2	12	14.3*	7.4	25.0
	65+ yrs	2	1.8*	0.2	6.5	16	14.5*	8.3	23.6	5	4.5*	1.5	10.6
	Total	45	5.7	4.1	7.6	105	13.2	10.8	16.0	144	18.1	15.3	21.3

		Acute Typhoid Fever				Non-Cholera Vibriosis				Viral Meningitis			
Year	Age	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL	n	Rate	95%LCL	95%UCL
2004	<1 yr	0	0.0*	0.0	35.4	0	0.0*	0.0	35.4	0	0.0*	0.0	35.4
	1-4 yrs	0	0.0*	0.0	9.3	0	0.0*	0.0	9.3	2	6.2*	0.8	22.5
	5-14 yrs	0	0.0*	0.0	4.9	0	0.0*	0.0	4.9	1	1.6*	0.0	9.1
	15-24 yrs	0	0.0*	0.0	4.6	1	1.5*	0.0	8.5	3	4.6*	0.9	13.4
	25-34 yrs	0	0.0*	0.0	1.8	3	1.8*	0.4	5.2	2	1.2*	0.1	4.3
	35-44 yrs	1	0.6*	0.0	3.6	2	1.3*	0.2	4.6	4	2.6*	0.7	6.6
	45-54 yrs	0	0.0*	0.0	2.7	1	0.9*	0.0	4.9	1	0.9*	0.0	4.9
	55-64 yrs	0	0.0*	0.0	3.8	1	1.3*	0.0	7.1	0	0.0*	0.0	3.8
	65+ yrs	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7	0	0.0*	0.0	2.7
	Total	1	0.1*	0.0	0.7	8	1.0*	0.4	2.0	13	1.6*	0.9	2.8
2005	<1 yr	0	0.0*	0.0	33.6	0	0.0*	0.0	33.6	0	0.0*	0.0	33.6
	1-4 yrs	0	0.0*	0.0	9.1	0	0.0*	0.0	9.1	0	0.0*	0.0	9.1
	5-14 yrs	0	0.0*	0.0	4.9	1	1.6*	0.0	9.0	1	1.6*	0.0	9.0
	15-24 yrs	0	0.0*	0.0	4.7	1	1.6*	0.0	8.7	3	4.7*	1.0	13.6
	25-34 yrs	0	0.0*	0.0	1.9	3	1.9*	0.4	5.7	3	1.9*	0.4	5.7
	35-44 yrs	0	0.0*	0.0	1.8	3	1.8*	0.4	5.3	2	1.2*	0.1	4.4
	45-54 yrs	1	0.9*	0.0	4.9	1	0.9*	0.0	4.9	2	1.8*	0.2	6.3
	55-64 yrs	0	0.0*	0.0	3.6	3	3.6*	0.7	10.5	0	0.0*	0.0	3.6
	65+ yrs	0	0.0*	0.0	2.7	1	0.9*	0.0	5.1	2	1.8*	0.2	6.5
	Total	1	0.1*	0.0	0.7	13	1.6*	0.9	2.8	13	1.6*	0.9	2.8

Source: SFDPH Communicable Disease Control Unit. Data shown by year cases reported to SFDPH. Rates are cases per 100,000 population.
**=Unstable Rate (n<20). Unstable rates should not be compared statistically. 95%LCL=Exact Lower Confidence Limit, 95%UCL=Exact Upper Confidence Limit; 95% Exact Confidence Limits may appear biased due to rounding to 1 decimal.*
Cases with missing age (2 giardia, 1 amebiasis, and 1 campylobacteriosis in 2005) are represented in total column counts only. Thus, the sum of individual age groups for these diseases does not match the total column count shown.

TABLE 3: Frequency and Unadjusted Rates for 21 Selected Diseases by Sex, San Francisco, 2004-2005

		Amebiasis				Campylobacteriosis				Coccidioidomycosis				Cryptosporidiosis				E.coli O157:H7				Giardiasis				Hepatitis A			
Year	Sex	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL
2004	Male	85	21.1	16.8	26.1	174	43.2	37.0	50.1	2	0.5*	0.1	1.8	19	4.7*	2.8	7.4	4	1.0*	0.3	2.5	182	45.2	38.8	52.2	19	4.7*	2.8	7.4
	Female	9	2.3*	1.1	4.4	122	31.4	26.1	37.5	2	0.5*	0.1	1.9	3	0.8*	0.2	2.3	2	0.5*	0.1	1.9	36	9.3	6.5	12.8	2	0.5*	0.1	1.9
	Unk	0				1				0				0				0				1				0			
	Total	94	11.9	9.6	14.5	297	37.5	33.4	42.1	4	0.5*	0.1	1.3	22	2.8	1.7	4.2	6	0.8*	0.3	1.7	219	27.7	24.1	31.6	21	2.7	1.6	4.1
2005	Male	100	24.7	20.1	30.0	250	61.7	54.3	69.8	3	0.7*	0.2	2.2	22	5.4	3.4	8.2	7	1.7*	0.7	3.6	148	36.5	30.9	42.9	7	1.7*	0.7	3.6
	Female	9	2.3*	1.1	4.4	131	33.6	28.1	39.8	0	0.0*	0.0	0.8	2	0.5*	0.1	1.9	6	1.5*	0.6	3.3	45	11.5	8.4	15.4	4	1.0*	0.3	2.6
	Unk	0				0				0				0				0				1				0			
	Total	109	13.7	11.3	16.5	381	47.9	43.2	53.0	3	0.4*	0.1	1.1	24	3.0	1.9	4.5	13	1.6*	0.9	2.8	194	24.4	21.1	28.1	11	1.4*	0.7	2.5

		Acute Hepatitis B				Legionellosis				Listeriosis				Lyme Disease				Malaria				Measles				Meningococcal Disease			
Year	Sex	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL
2004	Male	22	5.5	3.4	8.3	1	0.2*	0.0	1.4	6	1.5*	0.5	3.2	1	0.2*	0.0	1.4	4	1.0*	0.3	2.5	1	0.2*	0.0	1.4	2	0.5*	0.1	1.8
	Female	3	0.8*	0.2	2.3	0	0.0*	0.0	0.8	3	0.8*	0.2	2.3	1	0.3*	0.0	1.4	5	1.3*	0.4	3.0	2	0.5*	0.1	1.9	3	0.8*	0.2	2.3
	Unk	0				0				0				0				0				0				0			
	Total	25	3.2	2.0	4.7	1	0.1*	0.0	0.7	9	1.1*	0.5	2.2	2	0.3*	0.0	0.9	9	1.1*	0.5	2.2	3	0.4*	0.1	1.1	5	0.6*	0.2	1.5
2005	Male	23	5.7	3.6	8.5	1	0.2*	0.0	1.4	2	0.5*	0.1	1.8	6	1.5*	0.5	3.2	6	1.5*	0.5	3.2	0	0.0*	0.0	0.7	2	0.5*	0.1	1.8
	Female	6	1.5*	0.6	3.3	0	0.0*	0.0	0.8	3	0.8*	0.2	2.2	15	3.8*	2.2	6.3	2	0.5*	0.1	1.9	0	0.0*	0.0	0.8	5	1.3*	0.4	3.0
	Unk	0				0				0				0				0				0				0			
	Total	29	3.6	2.4	5.2	1	0.1*	0.0	0.7	5	0.6*	0.2	1.5	21	2.6	1.6	4.0	8	1.0*	0.4	2.0	0	0.0*	0.0	0.4	7	0.9*	0.4	1.8

		Mumps				Pertussis				Salmonellosis				Shigellosis				Acute Typhoid Fever				Non-Cholera Vibriosis				Viral Meningitis			
Year	Sex	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL	n	Rate	95% LCL	95% UCL
2004	Male	0	0.0*	0.0	0.7	17	4.2*	2.5	6.8	82	20.3	16.2	25.3	108	26.8	22.0	32.4	1	0.2*	0.0	1.4	6	1.5*	0.5	3.2	9	2.2*	1.0	4.2
	Female	0	0.0*	0.0	0.8	11	2.8*	1.4	5.1	52	13.4	10.0	17.6	24	6.2	4.0	9.2	0	0.0*	0.0	0.8	2	0.5*	0.1	1.9	4	1.0*	0.3	2.6
	Unk	0				0				1				0				0				0				0			
	Total	0	0.0*	0.0	0.4	28	3.5	2.4	5.1	135	17.1	14.3	20.2	132	16.7	14.0	19.8	1	0.1*	0.0	0.7	8	1.0*	0.4	2.0	13	1.6*	0.9	2.8
2005	Male	1	0.2*	0.0	1.4	26	6.4	4.2	9.4	51	12.6	9.4	16.6	112	27.6	22.8	33.3	0	0.0*	0.0	0.7	8	2.0*	0.9	3.9	8	2.0*	0.9	3.9
	Female	0	0.0*	0.0	0.8	19	4.9*	2.9	7.6	54	13.8	10.4	18.1	32	8.2	5.6	11.6	1	0.3*	0.0	1.4	5	1.3*	0.4	3.0	5	1.3*	0.4	3.0
	Unk	0				0				0				0				0				0				0			
	Total	1	0.1*	0.0	0.7	45	5.7	4.1	7.6	105	13.2	10.8	16.0	144	18.1	15.3	21.3	1	0.1*	0.0	0.7	13	1.6*	0.9	2.8	13	1.6*	0.9	2.8

Source: SFDPH Communicable Disease Control Unit. Data shown by year cases reported to SFDPH.
Rates are cases per 100,000 population; Rates not calculated for the sex category Unknown; *=Unstable Rate (n<20); Unstable rates should not be compared statistically.
95%LCL=Exact Lower Confidence Limit, 95%UCL=Exact Upper Confidence Limit; 95% Exact Confidence Limits may appear biased due to rounding to 1 decimal.