

Foodborne and waterborne illnesses (FBI/WBI) are generally caused by contaminated food and water. Persons with FBI/WBI can experience such symptoms as nausea, vomiting, and diarrhea. Food and water can be contaminated by a variety of different bacteria, viruses, parasites, and even chemicals. This report provides statistics on FBI/WBI reported in Sacramento County for the years 2018 through 2022.

In Sacramento County, the total number of cases reported to have bacterial-related foodborne/waterborne illnesses (FBI/WBI) increased slightly by 3.4% between 2018 and 2022 [Table 1]. This was due to a rebound of the most commonly reported FBI that declined during the pandemic in 2020-2021. Shigellosis cases increased 75.6% between 2018 and 2022. During this five year period, cases among persons experiencing homelessness increased, representing about a quarter of all cases in 2022 where homelessness status was known (data not shown). Cases of legionellosis and shiga toxin producing *E. coli* (STEC) also increased during this period by 16.7% and 15.1%, respectively. The increase in legionellosis cases was partly due to an outbreak in another county.

Parasitic-related FBI/WBI cases decreased by 14.3% during this five-year period [Table 2]. Giardiasis, the most commonly reported parasite-related FBI, decreased by 16.8%.

Viral-related FBI/WBI cases decreased by 64.3% during this five-year period [Table 3]. Hepatitis A decreased by 69.2%.

Data Source: California Reportable Disease Information Exchange (CalREDIE)

Notes: Data are provisional. Counts may be influenced by surveillance artifacts and outbreaks. Cases are classified according to the most recent case definitions as published by the Centers for Disease Control and Prevention or State/local if not available. Case definitions were added/updated for the following diseases in the year indicated: hepatitis A (2019), hepatitis E (2019), listeriosis (2019), neonatal listeriosis (added 2019),

**Table 1. Number of Cases with Bacterial Foodborne/Waterborne Illnesses, Sacramento County, 2018-2022**

Disease	2018	2019	2020	2021	2022
<b>Campylobacteriosis<sup>2</sup></b>	391	401	258	278	351
<b>E. coli: shiga toxin producing (STEC)<sup>2</sup></b>	93	123	64	80	107
<b>Legionellosis<sup>4, 1(2020)</sup></b>	18	15	13	13	21
<b>Listeriosis, includes neonatal<sup>1, 2(2019)</sup></b>	1	8	3	6	3
<b>Salmonellosis<sup>2</sup></b>	225	203	173	150	205
<b>Shigellosis<sup>2</sup></b>	78	106	53	62	137
<b>Typhoid Fever/ Carrier<sup>2</sup></b>	6	5	5	7	2
<b>Vibrio Infections<sup>2</sup></b>	4	10	4	6	6
<b>Yersiniosis<sup>1, 2(2019)</sup></b>	2	15	7	16	14
<b>Total</b>	818	886	580	618	846

**Table 2. Number of Cases with Parasitic Foodborne/Waterborne Illnesses, Sacramento County, 2018-2022**

Disease	2018	2019	2020	2021	2022
<b>Cryptosporidiosis<sup>2</sup></b>	16	19	18	22	20
<b>Cyclosporiasis<sup>2</sup></b>	2	2	0	3	3
<b>Cysticercosis or Taeniasis<sup>2</sup></b>	1	1	0	1	2
<b>Giardiasis<sup>3</sup></b>	352	343	389	258	293
<b>Total</b>	371	365	407	284	318

**Table 3. Number of Cases with Viral Foodborne/Waterborne Illnesses, Sacramento County, 2018-2022**

Disease	2018	2019	2020	2021	2022
<b>Hepatitis A<sup>1</sup></b>	13	5	4	4	4
<b>Hepatitis E, Acute<sup>2</sup></b>	1	2	0	2	1
<b>Total</b>	14	7	4	6	5

<sup>1</sup>Includes confirmed cases

<sup>2</sup>Includes confirmed and probable cases

<sup>3</sup>Includes confirmed, probable, and suspect cases

<sup>4</sup>Includes confirmed and suspect cases

Year indicates when inclusion criteria for case counts changed and applies to the year indicated and subsequent years unless otherwise indicated.