



Communicable Diseases (CD) Quarterly Report

San Mateo County Health System
CD Control Program

- Provider Reporting: 650.573.2346 (phone) 650.573.2919 (fax) • Issue No. 20 • Data to Jun 30, 2012
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The Communicable Disease Control Program is available to help meet the reporting needs and answer the questions of San Mateo County providers. To report a disease or outbreak, please call 650-573-2346 Monday through Friday, 8:00 am to 5:00 pm, or fax a Confidential Morbidity Report (CMR) to 650-573-2919. You may download an electronic copy of the CMR at http://smhealth.org/sites/default/files/docs/PHS/cmr_cd_std.pdf. Web-based reporting via CalREDIE is also available. Please contact us if you would like to know more about, and sign up for, web-based reporting. Non-urgent questions and/or general enquiries may be directed to PH_CDControlUnit@smcgov.org (Note: underscore between PH and CD)

Table 4. Outbreaks in San Mateo County

Disease	2012		2011	
	2nd Qtr	YTD	2nd Qtr	YTD
All Gastrointestinal	5	19	8	9
Confirmed Norovirus	2	8	3	3
Respiratory	6	12	1	6
Confirmed Influenza	4	10	0	4
Hand, Foot & Mouth Disease	7	8	0	0

Table 1. Selected CD cases reported in San Mateo County Residents

Disease	2012		2011	
	2nd	YTD	2nd	YTD
Coccidioidomycosis	7	11	2	3
Hepatitis C (chronic) [§]	186	322	-	-
Influenza - ICU Hosp (0-64 y)	5	9	3	14
Meningitis - Bacterial*	1	1	0	3
Meningitis - Viral	1	6	1	4
Meningococcal Disease	0	2	1	1
Paratyphoid Fever	1	2	0	0

[§] 2011 data not available at this time due to reporting changes
*excluding meningococcal meningitis.

Table 2. Selected Gastrointestinal illnesses reported in San Mateo County Residents

Disease	2012		2011	
	2nd Qtr	YTD	2nd Qtr	YTD
Amebiasis	1	3	3	5
Campylobacteriosis	66	125	55	109
Cryptosporidium	17	20	9	15
E. Coli 0157: H7	1	4	0	1
Giardia	14	23	15	27
SALMONELLA (non-typhoid)	24	38	20	35
S. Enteritidis	3	10	3	5
S. Typhimurium	5	4	7	8
Other	16	24	10	23
Shiga toxin positive feces	3	5	0	0
Shigellosis	3	6	2	4
Vibrio (non-cholera)	1	1	0	0

Table 3. Selected Vaccine Preventable Diseases reported in San Mateo County Residents

Disease	2012		2011	
	2nd Qtr	YTD	2nd Qtr	YTD
Hepatitis A	0	0	4	6
Hepatitis B (acute)	0	1	0	1
Hepatitis B (chronic) [§]	20	44	-	-
Measles	1	1	0	1
Pertussis*	0	4	22	49

[§] 2011 data not available at this time due to reporting changes
*Includes confirmed, probable and suspect cases. Compared to 2011, pertussis numbers in San Mateo County and California declined due increased awareness, immunization campaigns and education.

Focus on Botulism: Part 2: Diagnosis and Treatment

Other diseases, such as Guillain-Barré syndrome, stroke and myasthenia gravis, may present like botulism. For infants, conditions such as Spinal Muscular Atrophy (SMA), metabolic disorders or viral syndromes may mimic the presentation of botulism. Special tests needed to distinguish these conditions from botulism, may include: a lumbar puncture, electromyography/ nerve conduction test, genetic, immunologic or metabolic testing. Botulism **diagnostic specimen requirements** include the following: 1) for suspect **foodborne** cases, patient's serum, gastric aspirate and stool, as well as epidemiologically-implicated foods should be submitted; 2) for suspect **wound** botulism, serum should be submitted; and 3) for **infant** botulism, stool or enema specimens should be submitted. **Diagnosis** for all types of botulism is confirmed when botulinum toxin is detected in the patient's clinical specimen(s) through use of the mouse bioassay and/or when *C. botulinum* has been identified and isolated in the stool culture. Epidemiologically-implicated foods are tested for the presence of toxin and cultured for *C. botulinum*.

For specific specimen collection guidelines for **foodborne and wound cases**, please contact the San Mateo County Communicable Diseases Control Program. For specimen submission instructions for suspected **infant botulism** cases, please refer to CDPH's Infant Botulism Treatment and Prevention Program (IBTPP) website, <http://www.infantbotulism.org/>.

Treatment for all forms of botulism consists of meticulous, supportive care, paying close attention to the nutritional and respiratory requirements of the patient. In patients with suspected **infant botulism**, prompt administration of the FDA-approved, human-derived botulinum antitoxin, BabyBIG[®] [Botulism Immune Globulin Intravenous (Human) (BIG-IV)] has been demonstrated to significantly shorten hospital stay, time in the ICU, duration of mechanical ventilation and duration of nutritional support (tube or intravenous feeding). BabyBIG[®] is considered standard of care for patients with infant botulism and is available from the California Department of Public Health as a public service orphan drug. Antitoxin is also available for the management of **foodborne and wound botulism**.

For more information about **infant botulism**, please visit the Infant Botulism Treatment and Prevention Program (IBTPP) website at <http://www.infantbotulism.org/>. For suspected cases of infant botulism, to obtain consultation and to procure BabyBIG[®], physicians should immediately call IBTPP's main # 510-231-7600. For non-urgent questions, contact the IBTPP via its email address: ibtp@infantbotulism.org.

For more information about **foodborne and wound botulism**, please refer to the CDC website <http://www.cdc.gov/nczved/divisions/dfbmd/diseases/botulism>. For questions regarding suspected cases of foodborne and wound botulism and on how to obtain the antitoxin for older children and adults, contact the San Mateo County Communicable Diseases Control Program.