Probable Botulism Cases

Over the past two weeks we investigated two reports of probable botulism one foodborne and one wound related. The foodborne case was a 66 year old seen in a local emergency department with double vision, unsure gait and speaking difficulties. Initial work up ruled out a stroke. Patient’s condition worsened over the next two days to include swallowing and breathing difficulties, patient was hospitalized. The health care provider suspected botulism based on symptoms, lab information, consults and the patient’s history of consuming home canned meat two days prior to symptom onset. WA ST DOH coordinated the release of antitoxin from the CDC Quarantine Station at SeaTac. Antitoxin was administered; patient stabilized and is expected to recover. No one else ate the suspect food. Remaining jars of home canned meat were obtained, destroyed and disposed of.

The probable wound botulism case was in a 34 year old admitted to the hospital with history of weakness in left arm and swallowing difficulties times two days prior to admission. Patient has a history of Injection drug use – heroin. Patient’s condition deteriorated over next two days. The health care provider contacted the WA ST DOH to report suspect wound botulism. WA ST DOH coordinated the release of antitoxin from the CDC Quarantine Station at SeaTac. Antitoxin was administered; patient stabilized and is expected to recover. Each year there are 0 to 4 cases of foodborne botulism and 0 to 7 cases of wound botulism reported in Washington State. If botulism is suspected, local health can assist in gaining access to antitoxin. The earlier the treatment is given, the higher the likelihood of successful recovery.

Avian Influenza A (H7N9) in China - Update and Key Points

Situation Summary

- New reports of human infections with avian influenza A (H7N9) have decreased from the month of April, when multiple cases were being reported each day.
- No new cases or deaths have been reported since the May 17, 2013 when there were 131 confirmed cases of H7N9 with 36 deaths.
- No cases of H7N9 have been detected in the United States or anywhere outside of China at this time.
- Most of the reported cases of human infection with H7N9 have had very serious illness. There also are reports of some milder and asymptomatic illness.
- The H7N9 situation is of international public health concern because of the potential for this virus to change and trigger a pandemic, which could be severe based on the epidemiological information currently available.
- Ongoing investigation suggests that most people have been infected with the virus after having contact with infected poultry or contaminated environments.
Follow-up investigations among more than 2,000 close contacts of people infected with H7N9 by Chinese health officials indicate there is no evidence of efficient, sustained (ongoing) spread of this virus from person to person at this time; the possibility of limited human-to-human spread cannot be excluded.

There is concern that some of the cases of H7N9 were resistant to Tamiflu. 

What Clinicians and Public Health Professionals Should Do

- Patients with illness compatible with influenza (1) who have recently traveled to countries where human cases of novel influenza A (H7N9) virus infection have recently been detected or (2) who have had recent contact with confirmed human cases of infection with novel influenza A (H7N9) virus should be candidates for RT-PCR testing for influenza.
- Clinicians should consider the possibility of H7N9 influenza infection in patients with illness compatible with influenza and an appropriate recent travel or exposure history.
- Because of the potential severity of illness associated with H7N9 virus infection, it is recommended that all confirmed cases, probable cases, and H7N9 cases under investigation receive antiviral treatment with oseltamivir or zanamivir as early as possible.
- Clinicians also should be aware of appropriate infection control guidelines for patients with suspected novel influenza A viruses.
  - Health care personnel (HCP) caring for patients with suspected H7N9 virus infection should adhere to Standard Precautions plus Contact and Airborne Precautions
  - All clusters of respiratory illness in HCP caring for patients with severe acute respiratory illness should be investigated.

What the Public Should Do

- CDC does not recommend restricting travel to China at this time.
- Travelers should continue to visit www.cdc.gov/travel or follow @CDCtravel on Twitter for up-to-date information about CDC’s travel recommendations.
- Travelers to China should practice hand hygiene, follow food safety practices, and avoid contact with animals.
- Symptoms of H7N9 flu include fever, cough, and shortness of breath. If travelers get sick after returning from China, they should tell their doctors about their recent travel.

Washington State Influenza Reporting Requirements

Health care providers and hospitals are required to immediately report suspected human infections with avian influenza A (H7N9) virus to the local health jurisdiction where the patient resides. This includes patients with illness compatible with influenza meeting either of the following exposure criteria:
• Recent contact (within ≤ 10 days of illness onset) with a confirmed or probable case of infection with novel influenza A (H7N9) virus, OR

• Recent travel (within ≤ 10 days of illness onset) to a country where human cases of novel influenza A (H7N9) virus have recently been detected or where novel influenza A (H7N9) viruses are known to be circulating in animals.

Laboratories are required to immediately report lab-confirmed infections due to an unsubtypeable or novel (new or emerging non-seasonal) influenza virus to the local health jurisdiction where the patient resides.

• Testing for influenza A (H7N9) virus infection can be performed at the Washington State Public Health Laboratories (WA PHL). WA PHL uses CDC-developed RT-PCR assays to detect this novel virus.

• Using appropriate infection control precautions (see below), healthcare providers should obtain a nasopharyngeal swab or aspirate from patients, place the swab or aspirate in viral transport medium, contact their local health jurisdiction to request testing at WA PHL. Additional instructions are available at: www.doh.wa.gov/Portals/1/Documents/5100/speccollecttrans.pdf

• Commercially available rapid influenza diagnostic tests (RIDTs) may not detect avian or variant influenza A viruses in respiratory specimens. A negative rapid influenza diagnostic test result does not exclude infection with influenza viruses.

ADDITIONAL INFORMATION AND RESOURCES: www.cdc.gov/flu/avianflu/index.htm

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<th>TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY</th>
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| Voice mail for reporting Non-immediately reportable conditions (24 hours a day) | Phone: 360-786-5470  
Fax: 360-867-2601 |
| Day time immediately reportable conditions | 360-867-2500 ask staff to locate Communicable Disease staff |
| After hours immediately and 24 hour reportable conditions or a public health emergency | Call 911 and ask staff to locate the Health Officer. |
| No one is available with Thurston County Public Health and condition is immediately notifiable | 1-877-539-4344 |