

BULLETIN

A PUBLICATION OF THE COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH DEPARTMENT

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HEALTH OFFICER NOTES

Penny Borenstein, MD, MPH



FOODBORNE ILLNESS: WHAT CLINICIANS CAN DO

Before addressing the focus of my Health Officer Notes, I'd like to acknowledge that this Bulletin has been on a pause since our last issue in December 2019. Since then, our Public Health team has been immersed in the response to and recovery from the COVID-19 pandemic; we have had the honor of working alongside many of you in that effort.

I appreciate your patience during this pause and extend my sincere gratitude for your work to care for our community through this challenge. As we move forward, I recognize we do so with a health care workforce changed in profound ways by the pandemic. Our Deputy Health Officer, Dr. Rick Rosen, shares further updates on COVID-19 on page 3 of this Bulletin. For now, I'd also like to take on a challenge that has come roaring back from a pandemic lull: foodborne illness.

Foodborne illness—that truly miserable and potentially very serious collection of illnesses transmitted through everything from undercooked meats to potlucks, dinners out and even fresh produce—is unfortunately on the rise here in SLO County, as it is nationally. After a decline during the height

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salmonella, campylobacter, cryptosporidiosis, norovirus and vibrio appear to have returned to pre-2020 levels and in some cases have increased to the highest points we've seen in SLO County in a decade.

Why are these illnesses increasing?

Nationally, food safety experts point to an increasingly complex and global food system that requires daily diligence at many levels to maintain safety. Widespread turnover in the food industry following the pandemic may play a role. Even large-scale trends such as warming ocean waters may contribute to increases in illnesses.

Better surveillance and more specific diagnoses may also be part of this picture.

The technology to support outbreak investigations has expanded by leaps and bounds over the last decade. Whole Genome Sequencing (WGS) conducted here at our SLO Public Health Laboratory now allows us to tap into the collective library of sequenced pathogens nationwide, potentially matching an illness in SLO County with a cluster elsewhere in California or a source packaged on the East Coast.

Connecting these dots of where a disease emanates from not only helps provide timely treatment—or peace of mind for patients when the best practice is to let the illness run its course—but can also help halt the spread of pathogens. It is at the heart of what we do in Public Health.

Clinicians play a crucial role in this work to identify pathogens and interrupt transmission of foodborne illness. I ask clinicians in our community to be mindful of opportunities to collect specimens and maintain suspicion for less-common forms of foodborne illness that we are now seeing more frequently.

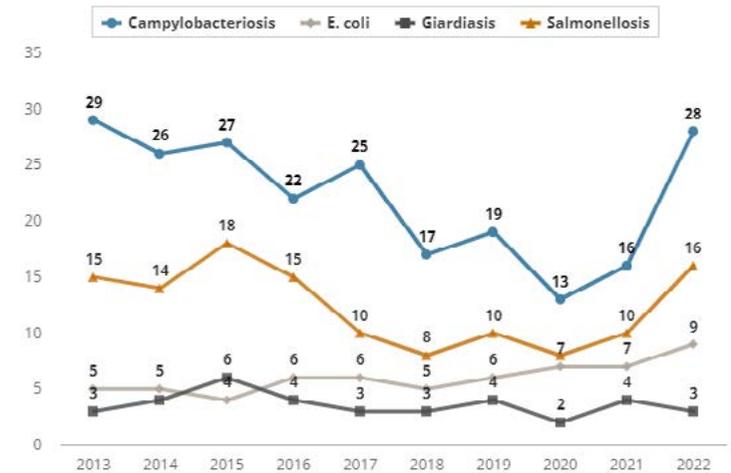
While we often have a good hunch, we don't know unless we test. Knowing the specific pathogen can mean the difference between several cases and several dozen cases or more.

While most causes of foodborne illness are self-limiting, some may require treatment if symptoms persist and become severe. Identifying the pathogen can help patients understand what to expect and when to seek further care.

I recognize this request to collect specimens is not always popular with patients and that it must be balanced with wise use of limited resources. A pediatrician's office overwhelmed with classmates or campers from the same cohort experiencing suspected norovirus, for example, may seek to collect specimens from only a few patients. The Public Health Department can help clinicians in

FOODBORNE ILLNESSES

rates per 100,000 people



acquiring specimens and even running samples.

A gastrointestinal pathogen panel at our Public Health Laboratory (similar to those at other laboratories) screens for 22 pathogens, including bacteria, viruses, and parasites.

In cases where Public Health investigators are seeking specimens to identify the cause of an outbreak—for example, when we receive reports of multiple cases linked to one food facility—we may issue a call for specimens in the form of an advisory to health care providers. In those cases, you may also encourage patients to call us or complete a foodborne illness reporting form on our website if they suspect their illness came from a food facility where others may be affected. This allows our team to trace the source of the outbreak and, if needed, work with food facilities to remedy it.

Our Environmental Health team conducts regular inspections at licensed food facilities as well as investigations in response to suspected outbreaks, with two years of regular inspection reports and follow-ups posted at EatSafeSLO.org.

Preventing, identifying, and interrupting the spread of foodborne illness can be tedious and unrelenting work with no quick fix—but the reward is clear.

I appreciate your diligence and collaboration in identifying the cause of and stopping the spread of these pathogens.

Thank you for your attention,

COVID-19: WHERE WE ARE AND WHERE WE'RE HEADED

Rick Rosen, MD, MPH, Deputy Health Officer

We have all been through an unprecedented challenge in caring for patients and community during the COVID-19 pandemic and are now looking ahead to a fourth winter of living with this virus. Throughout the pandemic, our Public Health team has maintained a focus on health care system capacity; that focus will continue to guide our priorities in the next chapter of this response.

We are now operating as part of a larger national system oriented toward normalizing the response to COVID-19. The state and federal declarations of emergency have ended, along with the substantial additional resources those declarations provided to us locally. These resources allowed us to respond to COVID-19 with mass vaccination efforts (vaccinating more than 10,000 residents per week at times), mobile clinics to remote areas and work sites, field testing and intensive outbreak response for congregate facilities, and much more.

In a tangible example of this change, COVID-19 vaccine is no longer available to health care providers or Public Health departments free of charge from the federal government. With this change, providers and patients will navigate the same billing and logistical steps we use for other vaccines and elements of preventive care. Our Public Health team is here to support providers and our community as we all work through the practical aspects and ripple effects of these transitions.

We have been fortunate locally to have detailed surveillance data for COVID-19, most recently in the form of wastewater monitoring. (SLO County ranks among the top counties in California for number of wastewater monitoring sites, particularly in the context of our relatively small population.) This surveillance is supported by a mix of state and federal programs that often come with changes and the need for adaptation; we are working to stay flexible and provide as much data as possible to providers and public.

Nationally, we are seeing a move toward a comprehensive respiratory disease surveillance model with an emphasis on hospitalizations and emergency department visits for COVID-19, influenza, and RSV. While COVID continues to cause more hospitalizations and deaths than other viruses, it is important to look at its impact alongside other threats.

As health care providers, I ask that we all stay tuned in to COVID-19 and its impact. It is still a big deal, especially



Staff and volunteers at a COVID-19 pop-up vaccine clinic, June 2021.

to those who live or work in our congregate settings. Please continue to report COVID-19 on death certificates, whether a primary or contributing cause, so that accurate counts can continue at the federal, state, and local level. Please continue to prescribe treatment when indicated, especially for those who are older or have underlying risk factors. And please continue to join us in normalizing the conversation around COVID-19 vaccination, so our community can have the best chance possible of protecting our residents and our health care system capacity this winter and into the future.

You can stay up to date with local COVID-19 information at slopublichealth.org/covid19 and reach out to me any time with questions or concerns.

RESPONDING TO COVID-19: AT A GLANCE

108,000 N95 masks have been distributed to community partners since March 2020

161,000 COVID-19 vaccines were administered at our mass vaccination clinics from Dec. 2020 – June 2021

63,445 SARS-CoV2 tests were processed at the SLO Public Health Laboratory from 2020 – June 2023

12,514 COVID-19 and flu vaccines were given at 387 mobile clinics from April 2021 – November 2022.

616 homebound clients were vaccinated from April 2021 - August 2023.

36,000+ COVID-19 molecular tests were administered for 50+ congregate facilities and shelters

17,139 antigen test kits have been distributed at Food Bank distributions and community partnerships.



How's our health, SLO County?

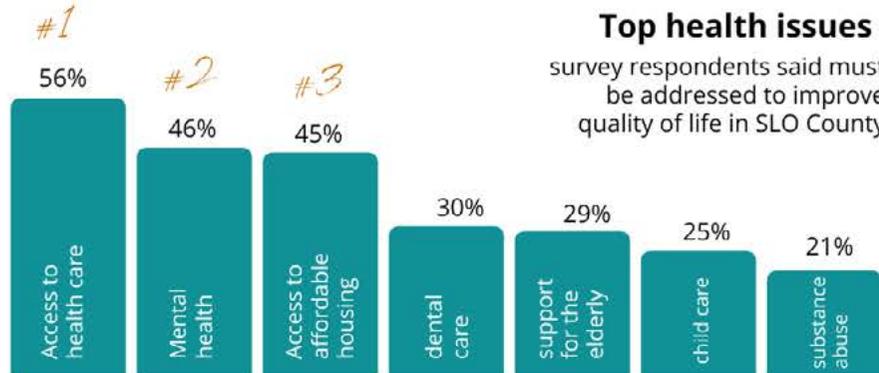


The power of data to guide community health improvement is immense. Accurate, relevant information helps us determine how to most effectively direct limited resources and where to find assets we can leverage to make positive change. For those reasons, members of the SLO Health Counts collaborative conduct a Community Health Assessment for SLO County every five years. Below are a few of the highlights available in the most recent assessment. Visit www.SLOHealthCounts.org for more.



Perception of Health

80% of survey respondents rated their health 'good', 'very good' or 'excellent'. For those making less than \$50K in household income, that number drops to 63%.



Income and Housing



\$82,514

median household income in SLO County

31%

of households in SLO County struggle to meet their basic needs



1,448

people were experiencing homelessness in SLO County in 2022

85%

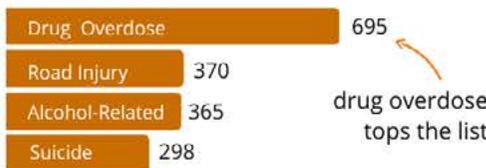
Space to walk & play



85% of survey respondents said they had safe, convenient opportunities to recreate in their neighborhood, though in some parts of the county that number dropped to 63%.

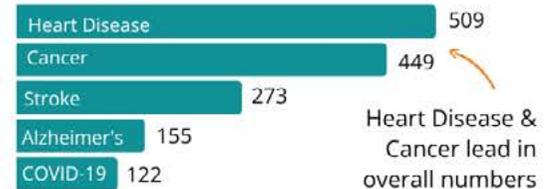
Years of Life Lost

a measure of premature mortality that takes into account both the # of deaths and the age at which it occurs.



Leading Causes of Death

The overall number of deaths by cause are used to monitor trends and recognize emerging challenges.



Obesity rates trend upward

Driven by changes in food environments that make non-nutritious food more available, alongside social and environmental changes that reduce physical activity.



Drug overdoses on the rise

Drug overdose deaths, driven by fentanyl, have been rising dramatically with 71 opioid-related deaths in SLO County in 2021, up from 13 in 2018.



16%

of surveyed students considered suicide in the past year

Deaths from suicide have been consistently higher in SLO County than in the state overall.

BEHIND THE NUMBERS: INCREASES IN STDs

Increasing numbers of some sexually transmitted diseases (STDs) have been reported in the last year. Compared to 2019, syphilis cases in 2022 have gone up 59% and gonorrhea cases have gone up by 10%. On the other hand, chlamydia cases have steadily decreased, with a 28% reduction in cases between 2019 and 2022.

Why is this happening? Increases in STDs have been observed nationally and within California, with research highlighting pandemic-related changes as a major driver. The COVID-19 pandemic led to disruptions in disease prevention and care activities, including skipped routine checkups, laboratory testing supply shortages, lapses in health insurance coverage, and increases in telemedicine practices, which can lead to some infections being underdiagnosed. These disruptions bring increased risk of disease transmission.

What is the Public Health Department doing? The Public Health Department offers confidential, low-cost testing, treatment and education for all STDs. Nurses also offer guidance on protecting yourself (plus: free condoms) and can help connect partners with treatment if needed. Case investigators personally follow up with all patients diagnosed with HIV, gonorrhea or syphilis to ensure they get treatment and help make connections to other support if needed.

What can you do? Healthcare providers can take steps to help prevent transmission of STDs by providing prevention education to patients, offering screening as part of routine care, and providing timely treatment if needed, even at an initial visit, to interrupt further transmission. Learn more at slocounty.gov/STD or contact the Public Health team for information, consultation, or support. ■

REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	YEAR 2022					YEAR 2023				
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total Cases	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Year to Date
AIDS	<5	<5	<5	<5	<5	<5	<5			<5
Campylobacteriosis	12	17	31	19	79	19	36			55
Chlamydia	230	207	168	213	818	263	207			470
Coccidioidomycosis	31	38	39	39	147	32	24			56
Cryptosporidiosis	<5	<5	<5	5	13	<5	<5			<5
E. Coli	<5	10	7	6	23+	5	6			11
Giardiasis	<5	<5	<5	<5	8	<5	8			8+
Gonorrhea	42	59	65	37	203	53	51			104
Hepatitis B	<5	<5	<5	<5	10	<5	<5			<5
Hepatitis C (Community)	26	35	18	18	97	22	20			42
Hepatitis C (Correctional)	12	11	12	9	44	12	14			26
HIV					12	<5	5			5+
Legionellosis	0	<5	<5	<5	7	<5	<5			<5
Meningitis	<5	<5	5	<5	13	<5	7			7+
Pertussis	0	<5	0	<5	<5	0	0			0
Salmonellosis	6	9	19	12	46	10	12			22
Shigellosis	<5	<5	<5	<5	7	<5	<5			<5
Syphilis (All)	25	27	27	21	100	26	24			50
Tuberculosis - Active	0	0	0	0	0	<5	<5			<5
Tuberculosis (Latent)	10	<5	7	5	22+	7	5			12
Vibrio	<5	<5	<5	<5	8	<5	<5			<5

Case counts may change over time as a result of de-duplication efforts, case follow-up ending, and/or as a result of historical tests or retroactive findings. All cases are for San Luis Obispo County residents only. For more information, please visit slocounty.ca.gov/epidemiology.



COUNTY OF SAN LUIS OBISPO
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PRSRT STD
 U.S. POSTAGE PAID
 ASAP Reprographics
 93442

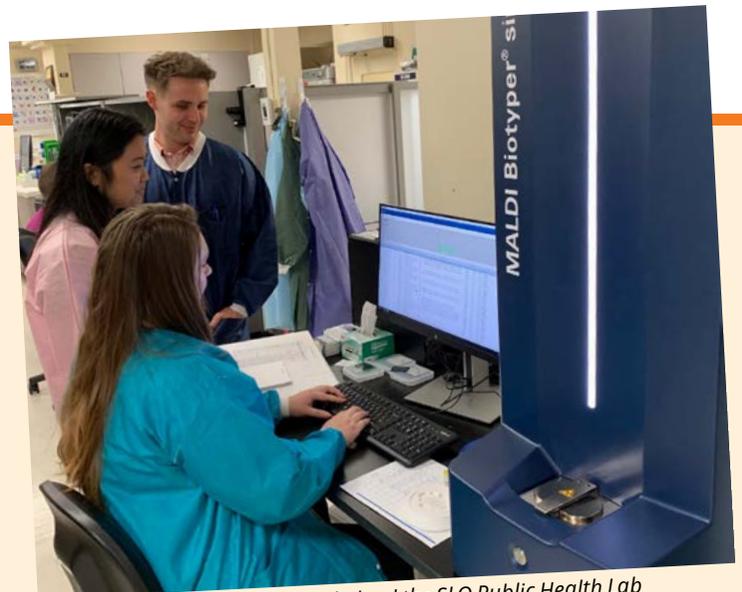
Email publichealth.contact@co.slo.ca.us to subscribe, unsubscribe, or send us your feedback.

WHAT'S NEW AT PUBLIC HEALTH?

Patients can now connect with quit tobacco services in multiple languages via KickItCA.org, a no-cost, science-based support program available by phone, text, and a mobile app. Quit support is shown to double smokers' chances of quitting for good. Providers can give e-referrals to Kick It CA and prescriptions for nicotine replacement therapy, which is covered by most insurance plans. For assistance, contact our Tobacco Control Program at 805-781-5540.

The SLO Public Health Laboratory now has two new tools in its ongoing work to identify bacteria and fungi that threaten our community's health:

(1) the Matrix Assisted Laser Desorption Ionization Time-of-Flight (MALDI-TOF) mass spectrometry instrument and (2) the Carba-R test. The MALDI-TOF instrument uses laser technology to create a protein profile of a microorganism; this profile is then matched against a master library to determine the microorganism's identity to the genus and species level. The instrument supports the laboratory's goal to accelerate identification of pathogens, whereas the Carba-R test helps to detect and monitor antimicrobial resistance. Knowing whether a patient is infected with an antibiotic-resistant pathogen can both inform treatment choice and improve infection prevention and control. Using these tools and others, the Public Health lab team is partnering with healthcare providers to enhance disease detection across SLO County and beyond.



The MALDI-TOF instrument has helped the SLO Public Health Lab accelerate identifying disease-causing bacteria

Healthy Voices / Voces Saludables is our new YouTube show in English, Spanish and Mixteco. You can find and share practical local health information in a few minutes each month at bit.ly/healthyvoices.

Free breast cancer and cervical cancer screenings are available to uninsured and underinsured women in SLO County through Every Woman Counts. If needed, patients can also be connected with follow-up screenings and treatment at no cost. Screening is provided at the Public Health clinic in Paso Robles and from other providers countywide. To learn more, visit www.slocounty.ca.gov/EWC. Plus: Would you like posters or postcards to help share Every Woman Counts information with your community? Let us know at 805-781-5500 or publichealth.contact@co.slo.ca.us.