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**NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

Update on Salmonella Outbreak Linked to Backyard Poultry. Increase in Gastrointestinal Illness in Thurston County and Fungal Meningitis Associated with two clinics in Matamoros, Mexico

Salmonella Outbreak Linked to Backyard Poultry

Actions Requested:

Be aware of the increased risk of salmonella infection for patients who have or interact with backyard poultry. If a patient presents with acute gastroenteritis, displaying symptoms of diarrhea, nausea, headache, vomiting, bloody diarrhea and almost always a fever consider laboratory testing for Salmonella.

Laboratory testing includes: Sample of stool, body tissue or fluids which is cultured to detect salmonella bacteria and then sent for serotyping and DNA fingerprinting.

In approximately 8% of confirmed salmonella cases, the infection becomes invasive. This can affect the bloodstream, joint, bone, nervous system, or other organs and can be severe but rarely fatal. Antibiotics are not recommended for standard treatment of salmonella infections but are recommended for those with HIV, immunocompromised patients, those older than 50 years old with cardiac, vascular, or joint disease, those who are severely ill due to infection and those older than 65 years old.

Infection control of patients with salmonella infection calls for standard precautions with contact precaution added for diapered or incontinent patients. Salmonella is notifiable to Thurston County Public Health and Social Services within 24-hours to prevent further transmission, and to identify outbreaks and sources.

Background:

There has been a nationwide outbreak of salmonella linked to backyard poultry which has caused 104 people to fall ill across 31 states, including Washington. The Washington Department of Health (DOH) has been assisting in the investigation of 13 cases of salmonella that have been linked to backyard poultry. These cases have been reported in Kitsap (3), Spokane (2), Yakima (2), King (2), Grant (1), Skagit (1), Cowlitz (1) and Thurston (1) counties. Of these 13 cases, 4 have been hospitalized and no deaths have been reported. There are approximately 650 to 850 reports of salmonellosis annually in Washington state, frequent sources of infection include poultry products and contact with pets, most commonly reptiles.

Backyard poultry can also spread avian influenza, campylobacteriosis and E. coli through handling eggs, poultry equipment, and being in poultry areas and then touching eyes, face, nose, or mouth. The differential diagnosis of salmonella includes campylobacteriosis, parasitic diarrhea, shigellosis, STEC

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infection, vibriosis, viral gastroenteritis and yersiniosis. The incubation period of salmonella is usually 1 to 3 days with a range of 6 hours to 5 days, symptomatic illness caused by salmonella can last from several days to weeks, fecal shedding may occur much longer. A patient will remain infectious as long as organisms are excreted in the feces, which ranges from days to months.

Resources:

- Centers for Disease Control and Prevention (CDC), Info for Healthcare Providers: <https://www.cdc.gov/salmonella/general/technical.html>
- Washington Department of Health, Outbreak Release: <https://doh.wa.gov/newsroom/salmonella-outbreak-linked-backyard-poultry#:~:text=Thirteen%20people%20sickened%20in%20Washington,Salmonella%20linked%20to%20backyard%20poultry.>
- Washington Department of Health, Backyard Poultry: <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/animal-transmitted-diseases/backyard-poultry>
- CDC, Yellow Book: <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/salmonellosis-nontyphoidal#:~:text=The%20incubation%20period%20of%20salmonellosis,treatment%20after%201%E2%80%9337%20days.>
- Washington Department of Health, Guideline: <https://doh.wa.gov/sites/default/files/legacy/Documents/5100/420-035-Guideline-Salmonellosis.pdf?uid=647a0b7a6ef01>

Gastrointestinal illness reported in Thurston County

Actions Requested:

- Consider testing for norovirus and bacterial pathogens in evaluation of gastroenteritis with symptoms including nausea, vomiting, abdominal cramping and/or diarrhea.
- Inquire about participation in group settings such as school, daycare, group homes, shelters, and long-term care facilities. Advise individuals who reside in or attend such facilities to quarantine until 48 hours after the resolution of all symptoms.
- Educate patients about hand hygiene, encouraging individuals to use soap and warm water when able. Instruct individuals to use a 10% bleach solution to disinfect high touch surfaces, including but not limited to, bathroom fixtures, doorknobs, eating surfaces and kitchen fixtures.
- Test for Norovirus and enteric pathogens (i.e. salmonella, shigella, STEC, and others.) in the case of severe illness or blood in the stool. COVID-19 can also present with gastrointestinal symptoms and should be considered and ruled out.

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- Report all suspected outbreaks of gastrointestinal illness to Thurston County Public Health and Social Services immediately. Thurston County Public Health and Social Services Department. Monday through Friday calls can be made to the Communicable Disease Reporting Line at 360-867-2610 On the weekend's calls can be made to the afterhours reporting line at 1-800-986-9050.

Background:

Thurston County Public Health and Social Services has received reports of increased incidence of acute gastrointestinal illness in the school setting over the past two weeks. At this time no confirmatory testing has been reported. Supportive therapy may be indicated for individuals, typically consisting of fluid and electrolyte replacement suffering from severe illness. Strict attention to hand washing and infection control measures are indicated to prevent the spread of Norovirus. People suffering from suspected Norovirus should quarantine for 48 hours after the resolution of symptoms.

Resources:

- Acute Gastroenteritis | National Institutes of Health:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7119329/#:~:text=Acute%20gastroenteritis%20is%20a%20common,%2C%20diarrhea%2C%20and%20abdominal%20pain.>
- Infectious Disease Control Guide for School Staff | OSPI:
<https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/infectiousdiseasecontrolguide.pdf>

Updates on Outbreak of Fungal Meningitis in U.S. Patients Who Underwent Surgical Procedures under Epidural Anesthesia in Matamoros, Mexico

Actions Requested:

- 1) Be aware of a multistate outbreak of fungal meningitis is ongoing among patients who underwent procedures under epidural anesthesia in the city of Matamoros, Tamaulipas, Mexico, at two clinics: River Side Surgical Center and Clinica K-3. Three US labs have detected fungal symptoms consistent with *Fusarium solani* species complex from the CSF of patients receiving follow up care.
- 2) Evaluate all patients who underwent medical or surgical procedures under epidural anesthesia at River Side Surgical Center and Clinica K-3 in Matamoros, Mexico since January 1, 2023 for fungal meningitis as soon as possible. Current recommendations state that regardless of symptoms, all patients who underwent a medical or surgical procedure under epidural anesthesia in Matamoros, Mexico, after January 1, 2023, should receive magnetic resonance imaging [MRI] (to assess for meningeal enhancement, vasculitis, stenosis, hemorrhage, or

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ischemia) and a diagnostic LP unless contraindicated (e.g., because of skin infection over the puncture site, brain mass causing increased intracranial pressure).

- 3) Patients with a normal LP result should continue to monitor themselves for symptoms for at least 4 weeks and return to the emergency room if they develop new or worsening symptoms. Clinicians can consider repeating the LP at 2 weeks after the initial first LP to ensure that an infection has not developed.
- 4) Immediately report fungal meningitis cases possible related to this outbreak to Thurston County Public Health and Social Services at 360-867-2610 Monday through Friday 8am-5pm and 1-800-986-9050 after hours.

Background:

As of June 1, 2023, a multistate outbreak of fungal meningitis is ongoing among patients who underwent procedures under epidural anesthesia in the city of Matamoros, Tamaulipas, Mexico, at two clinics: River Side Surgical Center and Clinica K-3. Three U.S. laboratories (CDC Mycotic Diseases Branch's Laboratory, UCSF Clinical Microbiology Laboratory, and UW Medicine Molecular Microbiology laboratory) and the Mexican national laboratory (InDRE) have detected fungal signals consistent with the *Fusarium solani* species complex from the cerebrospinal fluid (CSF) of patients receiving follow-up care in Mexico or the United States. In addition, elevated levels of beta-D-glucan, a biomarker of fungal infection, have been detected in the CSF of at least six patients. A total of 212 residents in 25 U.S. states and jurisdictions have been identified who might be at risk of fungal meningitis because they received epidural anesthesia at the clinics of interest in 2023. Among these patients, 14 suspected, 11 probable, and two confirmed U.S cases have been diagnosed (see case definitions below); three patients (two probable cases and one confirmed case) have died. Efforts by public health officials are ongoing to find and notify additional patients who might be at risk.

Resources:

- HAN Alert 492|CDC: <https://emergency.cdc.gov/han/2023/han00492.asp>
- Fungal Meningitis Outbreak Associated with Procedures Performed under Epidural Anesthesia in Matamoros, Mexico|CDC: <https://www.cdc.gov/hai/outbreaks/meningitis-epidural-anesthesia.html>
- Fungal Infections Following Surgical Procedures in Mexico – Alert – Level 2, Practice Enhanced Precautions – Travel Health Notices | Travelers' Health | CDC: <https://wwwnc.cdc.gov/travel/notices/alert/fungal-infections-mexico>
- For Clinicians: Detailed interim recommendations: https://funguseducationhub.org/interim-guidance-matamoros-fm-outbreak-5_20_23/

COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION
THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT
412 LILLY RD NE
OLYMPIA, WA, 98506-5132
DISEASE REPORTING: (360)786-5470
WWW.THURSTONCOUNTYWA.GOV/PHSS



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THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable conditions (24 hours a day) : Reporting a Notifiable Condition (thurstoncountywa.gov)	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions Calls are answered during business hours and routed to the appropriate communicable disease team member.—	Phone: 360-867-2610
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is immediately notifiable	1-877-539-4344

Communicable Disease Updates are posted online at: [Communicable Disease Updates \(thurstoncountywa.gov\)](http://thurstoncountywa.gov)