Central Oregon Public Health Quarterly

Communicable Disease Update for Crook, Deschutes, and Jefferson Counties Third Quarter Report, 2023

Crook

County:

541-447-5165

24/7 Communicable Disease reporting lines:



- <u>Campylobacteriosis</u> (aka 'Campy') is a common diarrheal illness caused by the *campylobacter* (gram-negative) bacteria (see image above & below)
- Rates have been higher in <u>Central OR vs. the</u> <u>state</u> in recent years (OR=dark blue line at bottom)
- Two noted rate spikes occurred in Crook & Jefferson Counties in 2021





Campylobacteriosis Cases by Month, Central OR $(2013 - 2023^*)$ 140 127 115 111 120 100 83 74 80 67 72 67 68 CASES 65 64 59 60 40 20 n October December November MONTH

*As of September 1, 2023

Camplylobacteriosis in Central OR & Statewide Camplylobacteriosis Rates in Central OR & Statewide, 2018-2022

Deschutes

County: 541-322-7418



Crook Rate —— Deschutes Rate —— Jefferson Rate —— Tri-County Rate —— Oregon Rate

Campy Seasonal Trends

Jefferson

County:

541-475-4456

- As with trends seen in many parts of the <u>world</u>, campy is more prevalent in summer months in Central OR & <u>OR</u> —increasing in May & tapering off in September
- Peak cases in Central OR have been reported in July
- Reasons for summertime <u>increases</u> include variations in:
 - human behaviors/lifestyles during the summer (e.g. eating more BBQ & drinking from streams & other untreated natural water sources)
 - campy colonization in poultry & other animal reservoirs (e.g. diary cattle, pigs, wild birds)
 - other unexplored environmental reservoirs

For more information, see recent updates from the <u>CDC</u> & <u>OHA</u>

Campy: Cases by Sex & Age Grouping



Ages Impacted by Campy

While anyone can be infected with *Campylobacter*, infection is more common in young children & older adults

• In Central OR (2013-2023):

- Prevalence of infection was evenly distributed (27-28%) among adults in the following 3 categories (20 to 39yr olds; 40 to 59yr olds; & 60+yr olds)
- Children: More cases of campy were reported in very young children (<10yrs) (13%) vs. older children (10 to 19yr olds) (5%) [For state trends, see <u>here</u>]

Variations in Prevalence by Sex

- While a greater % of females had campy infections in Crook & Jefferson Counties, more males were affected in Deschutes County (2013-2023)
- Worldwide, campy infections are more prevalent in males which may be due to <u>differing immune</u> <u>responses due to sex</u> <u>hormone levels</u>



What to know about Campy



<u>Symptoms</u>



- 2-5 days following exposure, people with *campylobacter* infection will generally have diarrhea (often bloody), fever, & cramps
- Symptoms generally last ~1 week
- Complications following exposure include:
- irritable bowel syndrome (<u>5-20% exposed to</u>) *infection*)
- temporary paralysis
- arthritis



 For individuals with blood disorders (e.g. <u>AIDS</u>) or receiving chemotherapy, campy may spread to the bloodstream (which could be <u>life-threatening</u>)

***Image source:** https://www.verywellhealth.com/campylobacter-overview-4586323

Sources of Contamination

Reduce Risk



- Wash hands
- Cook food thoroughly
- More tips <u>here</u>



Food & Beverages

- Milk can be contaminated when *Campylobacter* infects cow udders or when milk is contaminated with manure; use pasteurization
- <u>Fruits & veggies</u> can be contaminated via contact with soil or water containing feces from animal sources; always disinfect untreated water to prevent illness



- **Animal Reservoirs**
- Campylobacter (C. jejuni & C. coli) colonize the digestive tracts of multiple animal reservoirs (such as birds (wild & domestic), sheep, cattle, pigs) & often these animals show no sign of infection
- Once slaughtered, *Campy* can be carried in intestines, liver, & other edible parts of the animal & propagated into the retail market <u>50-70%</u> of *C. jejuni* cases in humans are caused by
- poultry (namely chicken meat)



Oregon Trends & Outbreaks

- Campylobacteriosis is the most common bacterial enteric infection reported in Oregon (with overall incidence higher than the US in recent years)
- <u>15 outbreaks</u> of campylobacteriosis involving OR residents were investigated (2010-2021): 10 foodborne; 1 from animal contact; 1 person to person; 3 where mode of transmission was not determined

O<u>REGON CASE REPORTING</u>; Health care providers & clinical laboratories are required by <u>law</u> to report cases & suspected cases of campylobacteriosis to local health departments within **one** working day of identification. Cases are subject to restriction on school & day-care attendance, food handling, & patient care for duration of any diarrhea &/or vomiting. Investigative guidelines can be found <u>here</u>.



Shigellosis in Central OR & Statewide

Shigella Rates in Central OR & Statewide, 2018-2022



- In recent years, rates have been variable in OR & Central OR
- From 2019-22, rates in Central OR increased from ~1-3 cases per 100,000



—Tri-County —Oregon

Seasonality of Shigellosis



Shigellosis by Month in OR (2022-23)



- Over the past 10 years, Shigella was most common *July-Sept* in Central OR
- While shigellosis has known seasonality (with the majority of cases occurring in the <u>summertime</u>), other patterns related to shigellosis include <u>heavy rainfall, flooding,</u> & droughts
- Shigellosis Outbreak in OR (2015-16): A <u>Shigella sonnei</u> <u>outbreak</u> occurred among homeless persons in OR (July 2015-16); Heavy precipitation likely contributed to transmission, which may have led to:
 - Increased crowding in shelters & encampments (increasing opportunities for person to person spread)
 - Transmission may have occurred through contamination via untreated water

*As of September 1, 2023

Image above from OHA dashboards found here.

Shigella: Cases by Age Grouping & Sex



What to know about shigella ources of Contamination

- Shigellosis in OR is generally caused by S. sonnei or flexneri. See OHA Shigellosis dashboards here,
- Humans are the only known reservoir





- **Daycares** Shigellosis outbreaks in daycare centers are common (due to poor hygenic practices among small children)
- Prevention practices: keeping diaper . changing areas disinfected & supervision of handwashing of small children

Water

- <u>Water</u> can be infected with shigella either from sewage or from a person with shigella swimming in it
- Food can also be infected with shigella if growing in a field containing sewage

Symptoms



- Generally start 1-2 days post exposure & include:
- diarrhea (often bloody)
- fever
- abdominal pain
- feeling the need to pass stools (even when bowels are empty)
- NOTE: While symptoms typically last 5-7 days, it may be several months before bowel habits return to normal. Complications include:
 - reactive arthritis
 - sepsis
 - seizures
 - hemolytic uremic syndrome

Antibiotic resistance

High levels of antibiotic resistance to ampicillin and trimethoprim/sulfamethoxazole have been found in <u>OR</u>thus, testing for antibiotic susceptibility is important for treatment. Read more here.

O<u>REGON CASE REPORTING;</u> Health care providers & clinical laboratories are required by <u>law</u> to report cases & suspected cases of shigella to the local health department within one working day of identification or diagnosis.