



SAN LUIS OBISPO COUNTY *Messenger* Public Health Laboratory

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Gastroenteritis Deaths - C. difficile and Norovirus are the leading causes

The number of people who died from gastroenteritis (inflammation of the stomach and intestines that causes vomiting and/or diarrhea) more than doubled from 1999 to 2007, according to the Centers for Disease Control and Prevention. Over the eight-year study period, gastroenteritis-associated deaths from all infectious causes increased from nearly 7,000 to more than 17,000 per year. Adults over 65 years old accounted for 83% of deaths. Clostridium difficile (C. difficile) and norovirus were the most common agents of gastroenteritis-associated deaths.

Deaths from C. difficile, a type of bacteria which causes profuse diarrhea and is often associated with health care settings, increased almost fivefold from approximately 2,700 to 14,500 deaths per year, accounting for 85% of the deaths. Much of this rise in incidence and mortality is attributed to the emergence of a hypervirulent, resistant strain of C. difficile.

Norovirus, previously called Norwalk virus and classically the agent of “winter vomiting disease” was associated with about 800 deaths annually, though in years with new viral strains circulating that number was about 50 percent higher. Norovirus is highly contagious. It spreads through person-to-person contact and contaminated food, water, and surfaces. People can get norovirus illness throughout the year, but cases typically peak between December-February. Norovirus causes more than 20 million illnesses annually, and it is the leading cause of gastroenteritis outbreaks in the United States.

Influenza Activity

The SLO Public Health Laboratory continues to detect Influenza virus in a high proportion of submitted specimens. Over the past two months, 55% of all submitted specimens have been positive for influenza virus, with Type A H3 predominating (47% of positives), followed closely by 2009 pandemic A H1 virus (42%), and Type B (11%). San Luis Obispo County findings reflect statewide activity-- still described as widespread, and illustrates supplanting of the previously circulating A H1N1 strains with the 2009 A H1N1 pandemic strain.

Hepatitis A Virus infection Laboratory Reporting

State regulations require lab reporting of Hepatitis A acute infection, typically detected as **positive Hepatitis A IgM antibody**. Isolated Hepatitis A total antibody positive results are reported by some laboratories, though such a report has no clinical significance. When providers order “Hepatitis A antibody”, labs are asked to seek clarification as to whether there is a clinical presentation of acute hepatitis that would benefit from a hepatitis A IgM antibody test.

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