SAN LUIS OBISPO COUNTY
Messenger
Public Health Laboratory

July 2013

Tuberculosis Reporting – confirmed or suspected

All clinical microbiologists should be aware of the urgency to report confirmation of ***Mycobacterium tuberculosis*** infection, but should also recognize that preliminary findings are also reportable. Recently the Public Health Department provided notice to the medical community that timely reporting-- within one working day--is required for the following:

1. Any person in whom a smear or preliminary culture result from any body fluid or tissue is positive for acid fast bacilli.
2. Any person with pathologic findings consistent with active TB, unless other clinical evidence makes a TB diagnosis unlikely.
3. Any person with clinical, radiographic, or laboratory evidence consistent with active TB, even if the diagnostic evaluation is incomplete or culture results are pending, in whom the level of clinical suspicion of active TB is high enough to warrant the initiation of antituberculous therapy, whether or not such therapy has actually been started.
4. Any person who has been started on anti-TB therapy for clinical suspicion of active TB.
5. Any person with known or suspected HIV infection who:
   a. Has a new finding on chest radiograph consistent with active TB, regardless of symptoms, AFB smear results, and whether anti-TB therapy has been initiated; AND
   b. Resides in or may reside in a congregate setting where other immunocompromised persons may be exposed, such as a correctional, homeless, or residential facility.

During regular business hours Monday thru Friday 8 am 5 pm- call 781-5500 or fax to 781-5543. The County Health Officer can be reached 24/7 by calling Sheriff's Watch Commander 781-4550 during non-business hours to report confirmed or suspect cases of TB and to consult on such cases.

Acute Flacid Paralysis Cases on the rise in California

For the past year, the state laboratory has performed testing on specimens submitted from several patients with unexplained acute flaccid paralysis, or a "polio-like" syndrome. Features of these cases seem to indicate an infectious etiology. However, although several of the cases have been tested, no single etiology has yet emerged. A coherent clinical picture has been handicapped by incomplete specimen submission, collection of samples taken late after onset of symptoms, as well as serum drawn after immune globulin has been administered.

Patients with acute flaccid paralysis with electromyographic evidence of anterior horn disease or an MRI showing spinal cord grey matter involvement may warrant extensive specimen collection. Appropriate specimens for these cases include CSF, acute phase serum, a nasopharyngeal or throat swab in viral transport medium and a stool collection in viral transport medium. Call Public Health disease control 781-5500 for consultation on a possible case.

Public Health Laboratory website http://www.slopublichealth.org/lab.