

# BULLETIN

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

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## HEALTH OFFICER NOTES

*Penny Borenstein, M.D., M.P.H.*



## STAYING AHEAD OF EMERGING SUBSTANCES IN SAN LUIS OBISPO COUNTY

Public health often requires us to anticipate what is coming next. At times, this can feel like a game of “Whack-a-Mole”—as soon as we gain ground on one substance of concern, another one emerges. Over the past several years, we have seen this pattern clearly: the introduction of xylazine (also known as “tranq”) into the fentanyl supply, a resurgence of nitrous oxide misuse (“whippets”), and now increasing reports of kratom and tianeptine. Each one presents unique challenges, yet they all share a common thread: they carry serious health risks, including the potential for fatal outcomes, and all require our close attention as a healthcare community.

**Clinically, all of these substances can lead to serious and sometimes fatal outcomes:**

**Kratom** can act as a stimulant, sedative, and opioid. One of its compounds is converted in the body to 7-hydroxymitragynine (7-OH), a potent opioid. Kratom and its components carry risks of dependence, withdrawal, liver toxicity, seizures, cardiac effects, overdose, and death, especially when combined with other substances.

**Nitrous oxide** misuse can cause significant neurological harm, including vitamin B12 deficiency, neuropathy, spinal cord injury, and psychiatric symptoms, as well as oxygen deprivation, and cardiac complications.

**Tianeptine** is especially concerning; although prescribed in some countries as an antidepressant, it is not approved for medical use in the United States and at high doses activates opioid receptors. Its colloquial name, “gas station heroin,” reflects its ability to cause respiratory depression, profound withdrawal symptoms, and a high risk of overdose.

**Xylazine** is associated with severe skin and soft tissue injuries, respiratory depression, hypotension, and increased risk of overdose. (While naloxone does not reverse xylazine’s effects, it should still be administered in any suspected overdose because fentanyl is often present.)

These substances differ in origin and form but share common reasons for use. Some, such as nitrous oxide, are used for their short-lived euphoric effects and are often perceived as harmless or purely recreational. Xylazine appears in the illicit opioid supply to amplify or prolong the effects of fentanyl. Kratom and tianeptine are sometimes used for pain, mood, or to self-manage opioid withdrawal symptoms. They are frequently perceived as “natural” or therapeutic, particularly because they are marketed as supplements or wellness products. However, neither kratom nor tianeptine is approved by the U.S. Food and Drug Administration (FDA) for any medical use, and their safety and effectiveness have not been established. The FDA continues to warn the public about these substances and monitor emerging data to better understand their risks.

How people access these substances further complicates their perceived risk. Nitrous oxide is readily purchased online, often in bulk. Xylazine enters through the illicit drug supply, where it has been detected as an additive to fentanyl. Kratom, which can take shape as gummies, powders, tablets, and drinks, and tianeptine may appear in online marketplaces and potentially even in retail settings despite not being approved by the FDA. These products are often mislabeled as supplements, mood enhancers, or wellness aids, which can obscure their true pharmacologic effects and potential for harm.

Many individuals who use kratom or tianeptine do not see themselves as engaging in “drug use,” particularly

when these products are marketed as wellness goods. This underscores the importance of open, nonjudgemental conversations with patients and directly asking about non-prescribed products and substances.

Efforts to strengthen oversight and regulation of emerging substances are underway in order to limit access, address misleading marketing, and reduce harm. SLO County is working to mitigate harm while these efforts continue. Our healthcare community is a vital messenger in this effort.

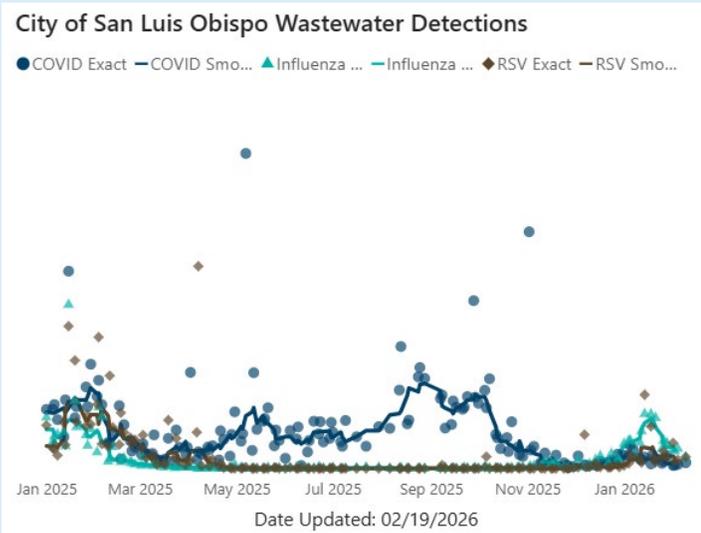
As healthcare providers, your role is essential in helping our community stay ahead of these evolving risks. Your vigilance, compassion, and clear communication are critical in educating those who may be unaware of the dangers and in supporting families who may be noticing early signs of harm. During routine visits with your patients, I encourage you to ask about non-prescribed substances and substances, including “wellness” products marketed as “natural.” Doing so is invaluable in helping us remain proactive in protecting the health and safety of our community.

Thank you—



# RESPIRATORY VIRUS SEASON UPDATES

Rick Rosen, M.D., M.P.H.



## Flu: Winter's Most Prevalent Virus

You've likely seen many flu cases this winter. State and County wastewater data have also reflected a higher prevalence of flu relative to COVID-19 and respiratory syncytial virus (RSV) over the winter months, consistent with clinical case reports.

The California Department of Public Health (CDPH) encourages healthcare providers to utilize combination antigen testing for flu and COVID-19 to expedite diagnoses and treatment.

Healthcare providers are also encouraged to submit specimens from patients with respiratory illness and a positive influenza test to the public health laboratory for subtyping. This surveillance-level testing, which is provided at no charge, helps to monitor circulating strains and inform vaccine development.

H3N2 subclade K, this season's dominant flu subtype, appears to be causing more severe disease and higher numbers of flu-associated complications than what we typically see during respiratory virus season. For this reason, CDPH asks providers to **treat flu early with antivirals** (e.g., Tamiflu™). Early treatment is important to **prevent serious complications**. In California, MRSA-associated pneumonia, myocarditis, and pericarditis, as well as *S. pneumoniae* and Group A Strep infections have been the most common serious flu complications.

For influenza patients having necrotizing or severe pneumonia, providers should consider MRSA. In such cases, antibiotic coverage should include linezolid (preferred) or vancomycin. In critically ill children with

influenza and invasive MRSA, early administration of a second anti-MRSA agent is recommended in addition to vancomycin.

Reporting complications from flu helps us better understand severe cases and their prevalence. Please report severe flu complications to our department by calling 805-781-5500, faxing a CMR Form A to 805-781-5543, or submitting through the CalREDIE Provider Portal.

## RSV: Infant Hospitalizations Have Decreased Since RSV Vaccines and Antibodies Became Available

In better news—the rate of infants hospitalized from RSV has decreased the past two RSV seasons following the availability of maternal RSV vaccines and long-acting monoclonal antibodies in the 2024–25 season, according to reports from the Centers for Disease Control and the American Lung Association. Thank you for contributing to this celebratory milestone!

During October-March, please continue working with families to establish immunity against RSV for their infants.

## Vaccines are Available at Public Health Clinics

Many factors have made it difficult for providers to continue offering all recommended vaccines, but you can still refer patients to our Public Health Clinics for vaccinations. Our vaccine program serves people getting caught up on routine vaccines—including seasonal and annual vaccines like COVID-19 and flu—as well as vaccines needed ahead of travel.

To schedule an appointment at a Public Health Clinic, patients can call 805-781-5500.

Public Health Clinic Locations:

- San Luis Obispo: 2191 Johnson Avenue
- Paso Robles: 805 4th Street, Suite 201-202

For more respiratory virus data from communities around SLO County, visit [slocounty.gov/virus-data](http://slocounty.gov/virus-data) or scan here:



Tell me more about

# California's NEW Public Health Workgroups



In response to Federal changes to long-standing public health guidance and systems, California leadership has established new workgroups to counterbalance the impacts of those changes and to uphold scientific integrity, thus preserving trust in state public health organizations.



## West Coast Health Alliance (WCHA)

### Background

The WCHA is a partnership between California, Hawaii, Oregon, and Washington to ensure that public health recommendations are guided by safety, efficacy, transparency, access and trust.

### Purpose

WCHA aims to uphold scientific integrity in public health and provide unified, evidence-based recommendations amid concerns about federal CDC leadership and guidance. It was established as a response to shifts in federal vaccine policy and leadership at the CDC and concerns about scientific credibility. WCHA coordinates vaccine guidance and public health recommendations.

[Learn More](#)



Sept 2025

## Public Health for All Californians Together (PHACT, or “Fact”)

### Background

PHACT was launched by the California Department of Public Health (CDPH) and UC San Francisco (UCSF) to protect and improve public health through science-based, trusted, and consistent information amid declining confidence in federal health agencies.

### Purpose

PHACT connects leaders and organizations statewide to advance consistent, evidence-based communication and safeguard access to high-quality health care in California. *To ask questions or get involved, email [cpr3@ucsf.edu](mailto:cpr3@ucsf.edu)*



Sept 2025

## Governors Public Health Alliance

### Background

California announced the formation of a non-partisan alliance aimed at strengthening emergency preparedness and pressing public health issues—now a coalition of governors from 15 states.

### Purpose

The Alliance builds on regional collaborations like the WCHA for larger, cross-state communication on public health challenges and access to critical health care, such as vaccines.



Oct 2025

## Public Health Network Innovation EXchange (PHINX, or “Phoenix”)

### Background

PHINX is a California-led initiative building on WCHA and other initiatives to enhance public health infrastructure created amid the dismantling of key federal programs.

### Purpose

PHINX is a coordination hub—not a regulatory agency—advancing public health innovation and building coalitions across the nation to modernize data systems, leverage emerging technology, and ensure transparent, evidence-based communication.



Dec 2025



# BEHIND THE NUMBERS: MEASLES

In 2025, the United States saw the highest annual count of confirmed measles cases since elimination was declared in 2000. California alone saw 25 cases in 2025, the highest count since 2019. In December, San Luis Obispo County reported the first confirmed case of measles since 2018.

The majority of cases in the U.S. and CA are associated with international travel or exposure to recent international travelers. Additionally, 93% of U.S. cases were unvaccinated or had an unknown vaccine status. In recent years, measles vaccination rates have been decreasing and measles activity has been increasing. In alignment with the California Department of Public Health (CDPH), we urge all community members to receive the Measles, Mumps, and Rubella (MMR) vaccine, particularly being mindful of new recommendations for 6- to 11-month-olds and before international travel. The vaccine offers the best level of protection from disease and serious complications.

Providers should suspect measles in any patient, regardless of age or immunization history, with a fever, rash, and the “three C’s”—cough, coryza, or conjunctivitis. Measles should also be suspected in those with a fever, rash and any epidemiological risk factors, such as international travel within the last three weeks. All suspected cases should be immediately isolated, and immediately reported to the SLO Public Health Department by calling (805) 781-5500 during regular business hours and (805) 781-4553 for after hours. For more information about measles, resources are available online from CDPH and the CDC. ■

## REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	YEAR 2024					YEAR 2025				
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total Cases	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
AIDS	<5	<5	<5	<5	<5	<5	<5	0	<5	<5
Campylobacteriosis	22	29	16	19	86	13	24	33	28	98
Chlamydia	186	148	174	139	647	168	226	184	221	799
Coccidioidomycosis	105	70	116	194	485	106	70	65	55	296
Cryptosporidiosis	<5	<5	<5	<5	8	0	<5	<5	<5	8
E. Coli	<5	<5	13	6	24+	7	<5	10	16	33+
Giardiasis	6	7	<5	5	18+	5	<5	<5	<5	14
Gonorrhea	37	42	54	40	173	36	29	35	36	136
Hepatitis B	5	7	<5	6	18+	<5	<5	<5	0	8
Hepatitis C (Community)	14	16	17	10	57	13	12	12	10	47
Hepatitis C (Correctional)	8	13	5	5	31	5	8	11	<5	24+
HIV	<5	<5	<5	<5	13	0	<5	0	<5	7
Legionellosis	<5	<5	<5	7	14	5	<5	<5	<5	14
Meningitis	<5	<5	<5	0	6	<5	<5	<5	<5	10
Pertussis	<5	0	<5	12	16	8	8	<5	<5	21
Salmonellosis	6	16	19	10	51	5	<5	13	<5	25
Shigellosis	7	<5	<5	<5	15	0	<5	<5	<5	11
Syphilis Primary/Secondary	6	8	8	7	29	<5	<5	5	<5	12
Syphilis Latent	7	17	17	9	50	8	10	<5	6	24+
Syphilis (Other)	9	8	<5	8	25+	9	<5	5	7	21+
Tuberculosis (Active)	<5	0	0	<5	<5	<5	<5	0	0	<5
Tuberculosis (Latent)	12	37	33	25	107	47	48	58	37	190
Vibriosis	<5	<5	<5	<5	5	0	<5	<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.gov/epidemiology](https://slocounty.gov/epidemiology).



COUNTY OF SAN LUIS OBISPO  
 PUBLIC HEALTH DEPARTMENT  
 2191 Johnson Avenue  
 San Luis Obispo, CA 93401

PRSRT STD  
 U.S. POSTAGE PAID  
 ASAP Reprographics  
 93401

Email us at [PublicHealth.Contact@co.slo.ca.us](mailto:PublicHealth.Contact@co.slo.ca.us) to subscribe, unsubscribe, or send us your feedback.

## WHAT'S NEW AT PUBLIC HEALTH?

**We worked with CDPH to raise statewide awareness among Mixteco-speaking community members about the risks of amatoxin poisoning from foraging death cap mushrooms.** Side effects of ingesting these mushrooms, which look similar to mushrooms that are safe to consume, can include severe illness, liver failure, and death. We worked with CDPH to develop PSAs in Mixteco, an oral, indigenous Mexican language. You can watch this PSA by visiting [bit.ly/Wild-Mushroom-Poisoning-Mixteco](http://bit.ly/Wild-Mushroom-Poisoning-Mixteco). Please report any cases of illness to the California Poison Control Hotline at 1-800-222-1222.

**The Public Health Department transitioned to a new electronic health record system: OCHIN Epic.** The new system offers faster access to patient information, better integration with other systems, and more streamlined documentation. These improvements are designed to help us collaborate more effectively with partner providers and support smoother, more coordinated care for shared patients.

**The Paso Robles WIC office has returned for walk-ins and appointments** at 805 4th Street, Paso Robles, Suite 235 in the same building but a smaller space. Call 805-237-3065 or text 888-417-6180 to schedule. Spanish and Mixteco interpretation are available,



among other languages. For more information about WIC, visit [slocounty.gov/WIC](http://slocounty.gov/WIC).

**In Oceano, there is an unfolding vision of vibrant space designed for connection, health, and community.** As part of the Community Health Improvement Plan (CHIP) Healthy Neighborhoods priority, Cal Poly Landscape Architecture students worked alongside Lucia Mar Unified School District to envision conceptual designs that would transform an underutilized area on the Oceano Elementary School campus into a welcoming space for the broader community. Many ideas included shaded seating, walking paths, play zones, as well as gathering areas to further encourage interaction between children, parents, and older adults. Visit [slohealthcounts.org/oceanoproject](http://slohealthcounts.org/oceanoproject) to see these students' designs. ■