EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

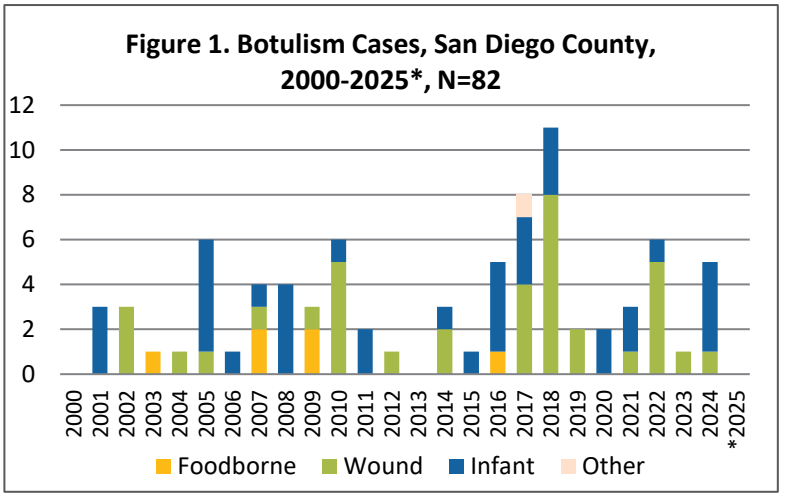
# MONTHLY COMMUNICABLE DISEASE REPORT

FEBRUARY 2025

Volume 9, Issue 2: March 17, 2025

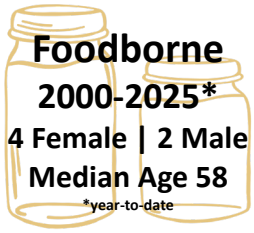
## BOTULISM

Botulism is a rare, but severe neuroparalytic illness caused by botulinum toxin, which is produced by *Clostridium botulinum* and sometimes other types of *Clostridium* bacteria. The toxin attacks the nerves, starting with the cranial nerves then descending symmetrically. Common symptoms include double or blurred vision, drooping eyelids, difficulty swallowing, slurred speech, and muscle weakness. Although botulism can be fatal due to respiratory failure, deaths are less common since the advent of antitoxin and improved medical care. Early treatment with antitoxin can halt, but not reverse, the progression of paralysis. In 2021, the Centers for Disease Control and Prevention released clinical guidelines for the diagnosis and treatment of botulism.




*2025 data are year-to-date; current as of 3/17/2025. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

There are five main types of botulism: foodborne, wound, infant, adult intestinal toxemia, and iatrogenic. Botulism is rare; preliminary data for 2024 include 182 reports of botulism in the United States: 17 foodborne, 9 wound/other/unspecified, and 156 infant. Preliminary 2024 numbers for California include 57 confirmed cases: 8 foodborne, 3 wound, and 46 infant.




Foodborne botulism occurs when preformed botulinum toxin is ingested in contaminated food, often improperly canned or preserved homemade food. Symptoms, which may also include gastrointestinal manifestations, usually appear within 12-72 hours after ingesting the toxin. Since 2000, there have been 6 cases of foodborne botulism reported in San Diego County (SDC), associated with both home- and commercially-canned products. Recalls, such as a recent one for canned tuna, are issued periodically when there is a risk of botulism, even when there are no associated cases.


Wound botulism occurs when bacterial spores contaminate a wound and produce toxin, with symptoms usually manifesting 4-14 days later. Wound botulism is most common among injection drug users, particularly those who skin or muscle pop black tar heroin. There have been 37 reported cases of wound botulism in SDC since 2000, the majority, including clusters in 2010, 2018, and 2022, in black tar heroin users.

Intestinal botulism, both infant and adult toxemia, follows ingestion of botulinum spores, which then produce toxin in the colon. Botulinum spores are ubiquitous in soil and dust. Adults infected in this way usually have health conditions that make them more susceptible. Symptoms of infant botulism include lethargy, poor feeding, constipation, and weak cry.

Iatrogenic botulism can occur when too much botulinum toxin ("Botox") is injected for cosmetic or medical purposes. Symptoms similar to botulism can also result from use of counterfeit or mishandled Botox.

### Federal Resources

- Centers for Disease Control and Prevention (CDC) Botulism website
- CDC National Botulism Surveillance website

### State Resources

- California Department of Public Health (CDPH) Botulism website
- CDPH Infant Botulism Treatment and Prevention Program website

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*The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the Data and Reports page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.*

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**Table 1. Select Reportable Diseases**

| Disease and Case Inclusion Criteria (C,P,S) | | 2025 February | 2025 January | 2025 January-February (YTD) | Prior Years 2024 YTD | Prior Years Avg YTD, 2022-2024 | Prior Years 2024 Total |
|---|---|---|---|---|---|---|---|
| Botulism (Foodborne, Infant, Wound, Other) | C,P | 0 | 0 | 0 | 0 | 0.0 | 5 |
| Brucellosis | C,P | 0 | 0 | 0 | 0 | 0.3 | 1 |
| Campylobacteriosis | C,P | 59 | 76 | 135 | 165 | 132.3 | 1,133 |
| *Candida auris* | C | 25 | 18 | 43 | 21 | 11.3 | 152 |
| Chickenpox, Hospitalization or Death | C,P | 0 | 0 | 0 | 1 | 0.7 | 3 |
| Chikungunya | C,P | 0 | 0 | 0 | 0 | 0.3 | 2 |
| Coccidioidomycosis | C | 0 | 25 | 25 | 105 | 77.3 | 580 |
| Cryptosporidiosis | C,P | 6 | 8 | 14 | 19 | 11.0 | 129 |
| Dengue Virus Infection | C,P | 4 | 1 | 5 | 4 | 1.7 | 64 |
| Encephalitis, All | C | 4 | 1 | 5 | 6 | 5.0 | 44 |
| Giardiasis | C,P | 12 | 30 | 42 | 41 | 32.0 | 241 |
| Hepatitis A, Acute | C | 1 | 0 | 1 | 5 | 4.3 | 18 |
| Hepatitis B, Acute | C | 1 | 3 | 4 | 2 | 2.7 | 16 |
| Hepatitis B, Chronic | C,P | 37 | 45 | 82 | 110 | 125.3 | 718 |
| Hepatitis C, Acute | C,P | 0 | 0 | 0 | 14 | 16.7 | 96 |
| Hepatitis C, Chronic | C,P | 170 | 181 | 351 | 338 | 404.3 | 1,901 |
| Legionellosis | C | 5 | 6 | 11 | 14 | 17.3 | 79 |
| Listeriosis | C | 0 | 1 | 1 | 1 | 0.7 | 10 |
| Lyme Disease | C,P | 0 | 0 | 0 | 1 | 0.7 | 4 |
| Malaria | C | 1 | 0 | 1 | 5 | 2.0 | 18 |
| Measles (Rubeola) | C | 0 | 0 | 0 | 1 | 0.3 | 4 |
| Meningitis, Aseptic/Viral | C,P,S | 2 | 2 | 4 | 13 | 10.0 | 104 |
| Meningitis, Bacterial | C,P,S | 3 | 1 | 4 | 9 | 7.3 | 43 |
| Meningitis, Other/Unknown | C | 0 | 1 | 1 | 5 | 4.3 | 25 |
| Meningococcal Disease | C,P | 1 | 1 | 2 | 2 | 0.7 | 5 |
| Mumps | C,P | 0 | 0 | 0 | 1 | 0.7 | 2 |
| Pertussis | C,P | 25 | 33 | 58 | 75 | 35.7 | 728 |
| Rabies, Animal | C | 0 | 0 | 0 | 0 | 0.3 | 13 |
| Rocky Mountain Spotted Fever | C,P | 0 | 0 | 0 | 0 | 0.0 | 4 |
| Salmonellosis (Non-Typhoid/Non-Paratyphoid) | C,P | 23 | 51 | 74 | 85 | 77.3 | 748 |
| Shiga toxin-Producing *E. coli* (including O157) | C,P | 8 | 20 | 28 | 42 | 26.3 | 259 |
| Shigellosis | C,P | 16 | 27 | 43 | 81 | 66.7 | 468 |
| Typhoid Fever | C,P | 0 | 1 | 1 | 1 | 1.7 | 4 |
| Vibriosis | C,P | 1 | 2 | 3 | 3 | 2.3 | 50 |
| West Nile Virus Infection | C,P | 0 | 0 | 0 | 0 | 0.0 | 2 |
| Yersiniosis | C,P | 14 | 8 | 22 | 23 | 13.0 | 135 |
| Zika Virus | C,P | 0 | 1 | 1 | 0 | 0.0 | 1 |

***Case counts are provisional and subject to change as additional information becomes available.*** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Includes San Diego County resident cases only.

San Diego County Sexually Transmitted Infection Data | San Diego County Tuberculosis Data

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**Figure 2. Select Enteric Infections by Month**
**March 2024 – February 2025**

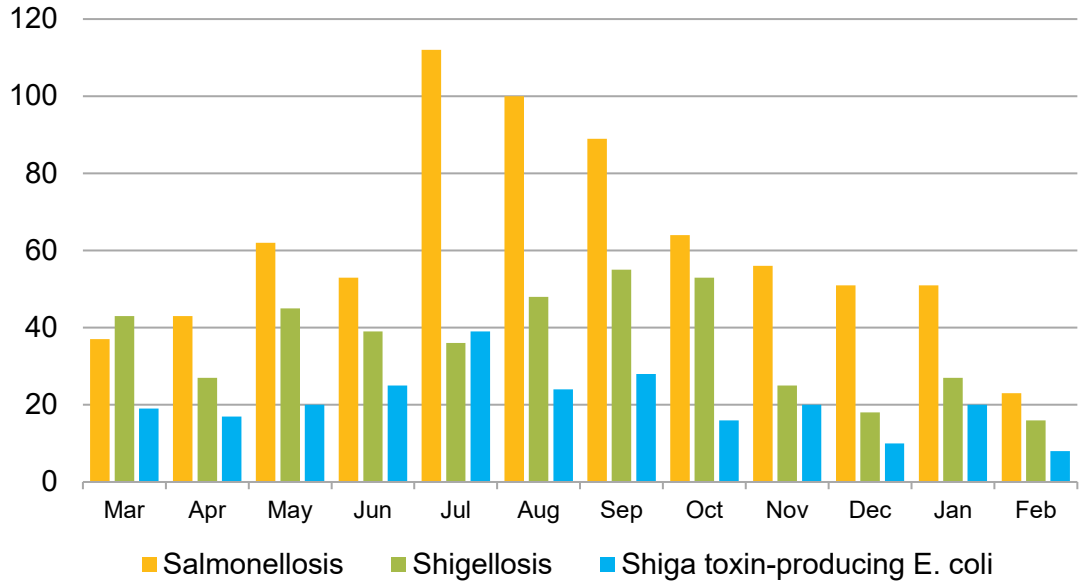
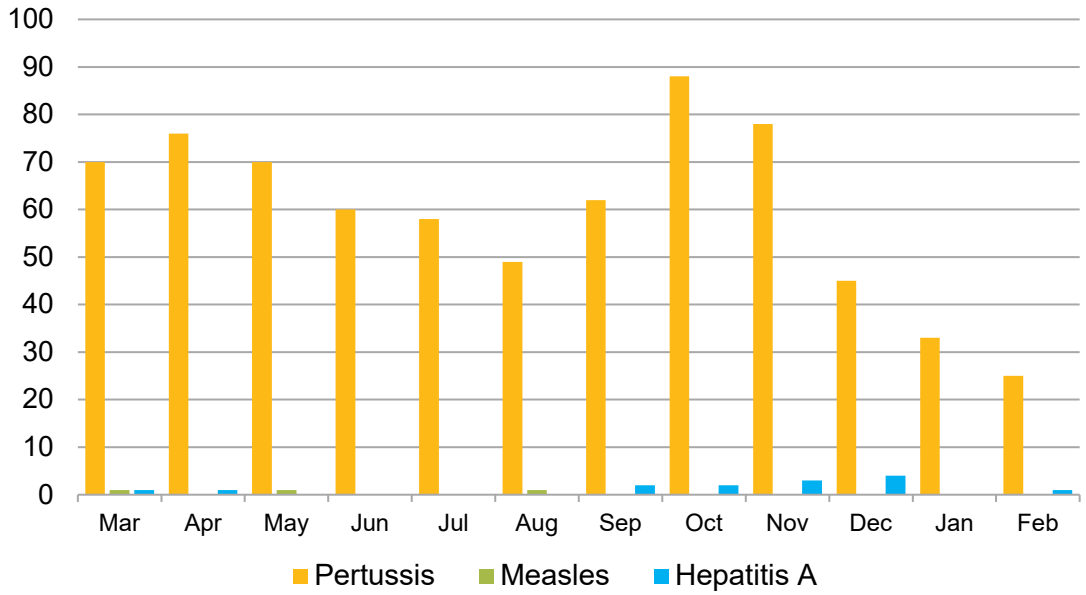



**Figure 3. Select Vaccine-Preventable Infections by Month**
**March 2024 – February 2025**




***Case counts are provisional and subject to change as additional information becomes available.*** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

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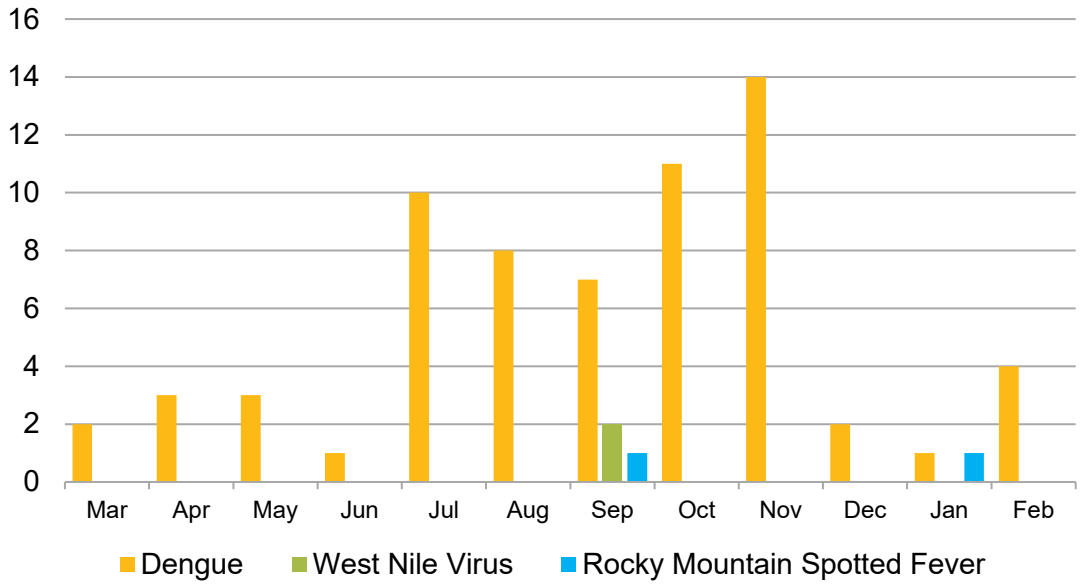
**Figure 4. Select Vector-Borne Infections by Month**
**March 2024 – February 2025**




See the County disease-specific webpages, for more information on West Nile virus and Dengue.
***Case counts are provisional and subject to change as additional information becomes available.*** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

**Disease Reporting in San Diego County**

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the San Diego Health Connect Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections 2500, 2505, and 2508), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html.