COUNTY OF SAN LUIS OBISPO
PUBLIC HEALTH LABORATORY

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IN THIS ISSUE

A Summer Cold or the Flu?

For the last full weekly report by the California Department of Public Health (CDPH) on influenza and other respiratory illnesses for May 13-19, 2018, activity was reported as sporadic—although the influenza season of 2017-18 will not officially close until September 1. Influenza virus testing and reporting continues, right through the summer. And while it is true that sporadic viral illness is the rule during the summer, the question remains: if the “flu season” is over**,** how can I contract influenza infection or even “catch a cold”?

Recently, investigators at Columbia University, the University of Pennsylvania and affiliated institutions conducted a study of 1477 adult visitors to a New York City tourist attraction (J Infect Dis 217:1074-77, April 2017). The research team collected nasopharyngeal swabs for multiplex polymerase chain reaction testing for multiple respiratory viruses. Although these visitors were well enough to travel, a symptom score was calculated for each study participant. The study showed that 7.2 percent (107 of 1477) of the participants tested positive for a respiratory virus. Of the positive results, 71.0 percent were human rhinovirus, 21.3 percent were coronaviruses and 7.4 percent were human metapneumovirus, influenza virus, respiratory syncytial virus type A and parainfluenza virus types 2, 3 and 4.

While a variable portion of the patients were described as symptomatic according to multiple criteria, 57.7 to 93.3 percent of positive samples were obtained from asymptomatic individuals. For individuals who tested positive, there was a positive association with comsumption of cold and influenza, perhaps indicating convalescence from a recent viral illness. In summary, the authors show, using advanced molecular laboratory methods, that viruses can be shed by people who are by all appearances well.

Cyclospora Outbreak in the San Francisco Bay Area

CDPH also recently reported an increase in cases of cyclosporaisis in the San Francisco Bay area and north California health jurisdictions, with a total of 39 cases identified as of June 28.

Cyclospora cayetanensis is a single-celled parasite that is transmitted through fecally contaminated food or water and is not transmitted person-to-person. The parasite can be detected by specialized stains of preserved stool specimens, including the acid-fast stains regularly employed for demonstration of mycobacteria. This method of detection often requires well-trained

experienced microbiologists with demonstrated microscopy skills. Fortunately Cyclospora can be detected by PCR testing and is included among the 23 agents detected by the Gastrointestinal PCR Panel (GP, test # 6500) performed by the County of San Luis Obispo Public Health Laboratory.

Cyclospora was discovered in the early 1990s in the setting of outbreaks related to fresh produce. This outbreak—for which a cause is being sought—does not appear to be related to a recent large outbreak of cyclosporaisis in several Midwestern states. That outbreak has been linked to pre-packaged Del Monte Fresh Produce vegetable trays, and the recalled lots were not distributed to California.

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