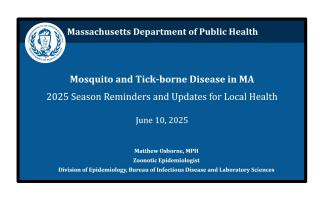


#### **Massachusetts Department of Public Health**

# MDPH Tuesday Infectious Disease Webinar Series

### **Tools for Local Boards of Health**

June 10, 2025



Hillary Johnson, MHS

Senior Epidemiology Advisor to Local Health, Division of Epidemiology

Petra Schubert, MPH

Emerging Infections Coordinator, Division of Epidemiology

Lionel White, MSIT

Senior Surveillance Research Analyst, MAVEN Training Team

### June 10, 2025

- 2025 Immunization Updates Series
- Morbidity Update: Measles
- Iatrogenic Botulism Investigation Update
- Featured Presentation: Arbovirus Season 2025
  - Matthew Osborne, MPH, Zoonotic Disease Epidemiologist III, Division of Epidemiology



#### **Infectious Disease Tools for LBOH Webinar Schedule!**

#### **2025 Upcoming Schedule!**

All Registrations:	http://tinyurl.com/MAVEN-Webinars
2 <sup>nd</sup> Tues 6/10/25	Arbovirus Season
4 <sup>th</sup> Tues 6/24/25	4 <sup>th</sup> Tuesday Office Hours
2 <sup>nd</sup> Tues 7/8/25	Enteric Diseases (Foodborne)
4 <sup>th</sup> Tues 7/22/25	4 <sup>th</sup> Tuesday Office Hours
	August Webinar Break
	Happy Summer!
2 <sup>nd</sup> Tues 9/9/25	Foodborne Illness (FBI) Complaints
4 <sup>th</sup> Tues 9/23/25	4 <sup>th</sup> Tuesday Office Hours
2 <sup>nd</sup> Tues 10/14/25	25-26 Respiratory Illness Season
4 <sup>th</sup> Tues 10/28/25	4 <sup>th</sup> Tuesday Office Hours

#### **WEBINAR REGISTRATION PAGE:**

http://tinyurl.com/MAVEN-Webinars

- You help us identify topics, needs, & content!
- Be sure to send ideas, requests, and questions to Hillary and Scott!



You can always contact mavenhelp@mass.gov or The MDPH Epi Program at 617-983-6800 with specific questions.

MAVEN Help has Guidance Documents and Previous Webinars:

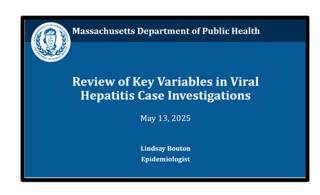
http://www.maven-help.maventrainingsite.com/toc.html

Next Office Hours Tuesday, June 24, 2025 @11:00!

### Updates - A quick recap for June 10, 2025

#### May 13, 2025:

- Happy National Nurses Week!
- 2025 Immunization Updates Webinar Series Register Now!
- Morbidity Update: Measles
- MA Immunization Information System (MIIS) Tips for Looking at Your Vaccination Rates
- Morbidity Update: HPAI
- Cyclospora & Vibrio Season Update
  - Geena Chiumento & Johanna Vostok
- Featured Presentation: Review of Key Variables in Viral Hepatitis Case Investigations
  - Lindsay Bouton, MSc, Hepatitis A and B Surveillance Coordinator, Division of Epidemiology



**Presentation:** PDF Slides, Recording



Always Remember you can see recent webinar recordings and slides in MAVEN Help.



MAVEN Help: http://www.maven-help.maventrainingsite.com/toc.html

### **2025 Immunization Updates Series Coming!**

## The Immunization Updates - a series of immunization-related webinars for health care providers:

- 5/7 Immunization 101
- 5/21 Immunization Schedule Updates (two 45-minute webinars)
  - Register for the Pediatric session or the Adult session or both
  - Pediatric update at 11:30 a.m., followed by Adult update at 12:20 p.m.
- 5/28 Epidemiology of Vaccine Preventable Diseases in Massachusetts
- 6/4 Vaccine Confidence
- 6/11 Massachusetts Immunization Information System (MIIS)
- 6/18 VFC Compliance/Vaccine Storage and Handling (for your VFC certificate!)
- Registration to open in April.

#### Registration for Immunization Updates Series

Webinar materials and recordings will be posted <a href="here">here</a> once available.

All webinars are virtual, and will run from noon to 1 p.m., except where noted.

To obtain your VFC

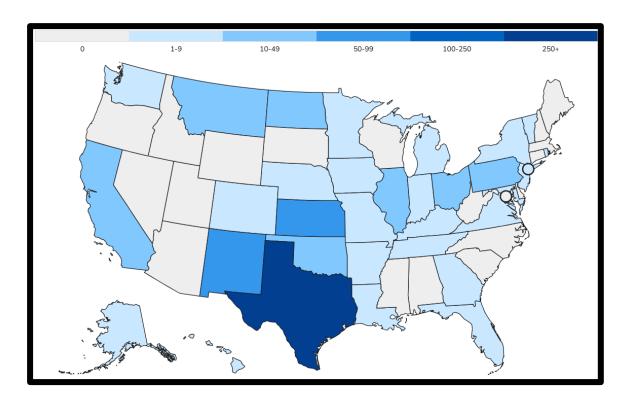
Certificate now,

watch this video

and pass the post-test.

### U.S. Measles Cases, 2025

- No currently confirmed cases of measles in Massachusetts (6/9/25).
- Nationally, as of June 5, 2025, a total of **1,168\*** confirmed measles cases were reported by 34 jurisdictions.
  - \*CDC believes this is an undercount many cases are not getting tested in some outbreak areas
  - 285 cases were reported in 2024
- There have been **14 outbreaks** (defined as 3+ related cases) reported in 2025, and 89% of confirmed cases (1,040 of 1,088) are outbreak-associated.
- 12% (137 of 1,168) Hospitalized
- 3 confirmed deaths
  - All three deaths were among unvaccinated individuals.

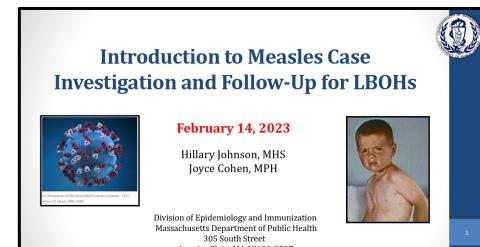


Data as of 6/5/2025. Source: <a href="https://www.cdc.gov/measles/data-research/index.html">https://www.cdc.gov/measles/data-research/index.html</a>

95% of confirmed cases are unvaccinated

### **Measles Preparedness Reminders**

- Review the Measles training on MAVEN Help
- What is the LBOH's role?
  - Measles case investigation and control is a partnership between MDPH and the LBOH
  - Control measures start at minute 20 of the recording
  - Suspect Case Follow-Up:
    - We are receiving a lot of suspect cases due to the increase in cases nationwide.
    - In general, the State Epidemiologists organize specimen collection/pick-up and then contact locals with next steps.



<u>Intro to Measles Case Investigation and Follow-up Slides</u> <u>Intro to Measles Case Investigations and Follow-up Recording</u>

### **Iatrogenic Botulism Investigation Update**

- Botulism is a neuroparalytic illness characterized by symmetric, descending flaccid paralysis of motor and autonomic nerves, beginning with the cranial nerves. *C. botulinum* toxin is one of the most potent, lethal substances known.
- CDC classifies botulism into five categories:
  - 1. foodborne botulism,
  - wound botulism,
  - 3. infant botulism,
  - 4. adult intestinal toxemia, and
  - 5. iatrogenic botulism
- There is a different site of toxin production for each of the forms, but they all share the flaccid paralysis that results from exposure to botulinum toxin.

### **Iatrogenic Botulism Investigation Update**

#### Iatrogenic Botulism

- Iatrogenic botulism can occur if too much toxin is injected. Toxin can be injected for cosmetic reasons as well as medical reasons. Laboratory confirmed cases have occurred after injection of high doses of unapproved botulinum toxin product.
  - DPH Clinical Advisory June 5, 2025
  - <u>DPH Press Release June 7, 2025</u>

#### MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH GUIDE TO SURVEILLANCE, REPORTING, AND CONTROL

October 2018 | Page 1 of 11

#### Section 1

#### ABOUT THE DISEASE

#### A. Etiologic Agent

Botulism is caused by exposure to a neurotoxin produced by Clostridium botulinum, and is also produced by some strains of Clostridium butuscium, Clostridium botulinum is an anaerobic (grows in the absence of oxygen), spore-forming bacterium. The toxin is produced as the bacteria are multiplying; the bacteria multiply under anaerobic and neutral or mildly acidic (generally pH-9) conditions. There are seven types of botulinum toxins (A-G), but human botulism is primarily caused by types A, B, and E.

#### B. Clinical Description

Botulism is a neuroparalytic illness characterized by symmetric, descending flaccid paralysis of motor and autonomic nerves, beginning with the cranial nerves. C botulium toxin is one of the most potent, lethal substances known. The Centers for Disease Control and Prevention (CDC) classifies botulism into five categories: foodborne botulism, wound botulism, infant botulism, adult intestinal toxemia, and latrogenic botulism. There is a different site of toxin production for each of the forms, but they all share the flaccid paralysis that results from exposure to botulinum toxin.

#### Foodborne Botulist

Foodborne botulism is a severe poisoning caused by the ingestion of pre-formed C. botulinum toxin. The clinical syndrome is dominated by neurologic signs and symptoms, including blurred or double vision, dysphagia (difficulty swallowing), dry mouth, and muscle weakness. Symmetric, descending flaccid paralysis is classic for botulism. Generally, paralysis first affects the cranial nerves, followed by the upper extremities, the repriratory muscles, and finally, the lower extremities. Patients usually require ventilator support, which is commonly needed for 2–8 weeks. The clinical symptoms are similar no matter which toxin type is responsible for the illness, but type A has been associated with a higher case-fatality rate than types 8 or E. In general, the case-fatality rate for foodborne botulism is 5–10%. Recovery may take months.

#### Vound Botulism

Wound botulism usually presents with the same clinical picture as foodborne botulism. In wound botulism, the organism multiplies in the wound and produces the toxin, which is then absorbed into the bloodstream.

#### Infant Botulism

In infant botulism, the C hotulinum spores are ingested, and the toxin is formed in the intestines. Older children and adults have manue digestive systems that can move the spores through the digestive track thus preventing the spores from germinating and producing the toxin. Cases can occur in breastfed infants during the time that the infants are first introduced to non-human milk substances. The earliest clinical sign in infants is constipation, which is followed by poor feeding, decreased sucking lethargy, listlessness,

Massachusetts Department of Public Health | Bureau of Infectious Disease and Laboratory Sciences | 305 South Street, Jamaica Plain, MA 02130

#### Botulism Surveillance Guide Chapter

### **Iatrogenic Botulism Investigation Update**

- MDPH is investigating a cluster of iatrogenic botulism cases linked to cosmetic botulinum toxin (commonly referred to as "Botox") injections administered at Rodrigo Beauty, located at 464 Granite Ave. in Milton, Massachusetts.
- Iatrogenic botulism is caused by botulinum toxin spreading beyond the injection site.
- In a press release on <u>Saturday</u>, <u>June 7th</u>, it was requested that anyone who received Botox injections at Rodrigo Beauty May 1st – June 4th to contact MDPH or their local board of health, even if they are not currently experiencing symptoms.
  - Please notify MDPH of any individuals reported to your LBOH by calling 617-983-6800.
     Information needed:
    - name of Rodrigo Beauty patient,
    - contact information, and
    - any information available about the treatment they received.
  - MDPH will be re-contacting individuals to complete a standard questionnaire as part of our outbreak response.

### **QUESTIONS?**

