

Botulism in Mendoza Province, Argentina

On 15 November 1979 six cases with similar symptoms were reported, with some variations, including gastrointestinal upsets (vomiting and diarrhea), asthenia, myalgia, diplopia, accommodation changes, and respiratory ailments. Having obtained a presumptive diagnosis of botulism, the patients were immediately hospitalized and given polyvalent botulismo antitoxin type A. Three more patients showed up in the following two days (making a total of nine cases) with the same clinical picture. The diagnosis was confirmed by the laboratory, which detected type A botulismotoxin in the blood serum, vomit, and feces of all the patients. Because of the seriousness of the clinical picture, some patients were also given acetylcholine and guanidine sulphate. Of the nine cases, two had to be tracheotomized and two died.

An epidemiological study showed that all the patients had been together at a private home in the evening of 14 November. The food served included potatoes, carrots, and peas that had been canned by a member of the family 10 days previously; the canning had been done after boiling the food and adding a small amount of vinegar. The food could not be tested because there were no left-

overs. An examination of the contents of two of the jars not used for the food preserves yielded negative results.

(Source: *Boletín Epidemiológico Nacional*, Year 10, Nos. 11, 12, and 13, 1979.)

Editorial Comment

Early diagnosis and treatment are essential in order to reduce the botulism lethality, though the rates can be high in any event. In the United States of America, lethality was 15.7 per cent in 1970-1977. The majority of botulism outbreaks are still caused by foods prepared in the home. In the United States, these have caused 548 (72 per cent) outbreaks of botulism since 1899, the foods most frequently implicated being vegetables, fish, fruits, and condiments.

Proper guidance to homemakers in the preparation and storage of foods in the home can help control the incidence of this serious illness. At the same time, however, dangerous consequences can be averted by alert physicians who realize the need for immediate action.

Outbreak of Respiratory Diseases in Córdoba, Argentina

In the first week of June 1980 there was an outbreak of acute respiratory diseases among the population of Córdoba that affected all age groups. The clinical characteristics of the diseases, which were not very severe, included fever, weakness, headaches, pain in the joints, cough, and rhinitis.

Not all of the cases observed were compatible with influenza or gripe, since many of them were cases of common cold or seasonal catarrh or even bacterial anginas.

From the beginning of the second week of May onward, 82 cases were selected from among young children and adults in different areas of the city and were studied in the influenza laboratory of the Virology Institute.

From the cases selected in an industrial plant, nine strains of influenza virus type A (H3N2), antigenically related to strain A/Texas/1/77, had been isolated by 15 July. More detailed studies of the antigenic composition of the strains are being carried out in the laboratory. The

viruses were isolated from patients aged 24-51 years who were moderately ill; in some cases they recovered rapidly without major complications.

The information on primary and secondary school and industrial absenteeism showed a considerable increase in the third and fourth weeks of June.

The Institute's influenza laboratory began a study of paired sera obtained from persons suffering from respiratory infections in May and June with a view to detecting antibodies against the influenza strain isolated (A/Cordoba/1/80-H3N2) or against other H1N1 and B/Singapore strains, isolated in other countries in 1979-1980.

(Source: Virology Institute, National Influenza Center, Córdoba, Argentina, WHO Collaborative Influenza Center.)