



# Yakima Health District

## BULLETIN

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### Communications Update

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The Yakima Health District will be transitioning from a quarterly newsletter by email and fax to electronic alerts and updates available on our new [Provider Resource Page](#). This website was designed with providers in mind and will be your resource on communicable diseases and seasonal provider awareness. At this site, you can sign up for automatic provider notifications regarding issues of public health significance. We will be classifying these notifications as:

1. Awareness
2. Advisory
3. Alert

When you sign up, you will be able to opt-in to receive these notifications, as well as updates specific to your topic of interest such as “Opioid”, “Schools”, “Long-Term Living” etc.

As we make this transition, we ask for your feedback for optimizing the usability of the website—both the usefulness of the information and the web-based interface, by emailing us at [yhd@co.yakima.wa.us](mailto:yhd@co.yakima.wa.us).

We are also active on [Facebook](#) and [Twitter](#) for providers, patients, and community partners.

### New Yakima Health District Health Officer



Greetings Yakima County healthcare providers and community partners!

Originally from the Midwest, I have been practicing primary care in the Pacific Northwest for the past 13 years. I’m dual boarded in Family and Preventive Medicine and have been working in public health for the last 3 years, in addition to continuing my Family Medicine practice.

My professional interests include teaching both family medicine and public health students, substance use disorder treatment, maternal and child health, preventive care, infectious disease, and the social determinants of health.

In my personal time, I enjoy hiking and backpacking the Pacific Northwest, gardening, home-brewing, and spending time with my family.

My vision for the Yakima Health District is to work closely with our team of public health specialists to provide the necessary assessment, care, and information to minimize threats to health from environmental hazards, infectious disease, and other determinants of acute and

chronic health conditions. I will also serve as an advocate for Yakima County at the state level and will partner with other regional and state leaders to achieve our health goals. I envision a Yakima County where we are leaders in the state for health outcomes and public health innovation.

I'm excited to be working for the Yakima County community, and look forward to partnering with all of you to achieve optimal health across our district.

Thank you for your interest in and commitment to public health. Please let us know how we can better serve you in the work that you do.

Teresa Everson, MD, MPH, CPH  
Health Officer, Yakima Health District  
September 26, 2018

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## **Preparing for the 2018-2019 Influenza Season**

### **Requested Action**

- Vaccinate all individuals over the age of 6 months, preferably with quadrivalent vaccine. Infants receiving initial influenza vaccination require two doses separated by at least 28 days, and patients over age 65 are recommended to receive the high-dose vaccine.
- Consider active outreach encouraging vaccination to patients under 5 years old, pregnant patients, individuals over 65, and anyone with chronic lung disease, chronic heart disease, diabetes, or immune-compromising conditions, as they are at greatest risk for serious flu-related complications.
- Do not routinely test outpatient clinic patients with influenza-like illness (ILI) for influenza.
- Test patients who are receiving care in emergency departments and/or are hospitalized for influenza.
- If a patient has signs and symptoms consistent with influenza, and they are at high-risk for complications or have progressive symptoms, treat empirically and arrange for close follow-up.
- Consider prophylactic antiviral treatment for high-risk contacts of individuals diagnosed with influenza.
- Review and advertise organizational policies supporting employees to stay home when ill, encouraging expeditious masking of individuals with upper respiratory symptoms as soon as they arrive to clinic, allowing for electronic or phone triage (rather than office visit) of individuals with mild symptoms to avoid unnecessary exposure
- Visit the YHD [Provider Resource Page](#) for any current alerts and up-to-date information regarding influenza in our area, and consider enrolling for automatic provider alerts.

## Preparing for the 2018-2019 Influenza Season continued.....

### **Background**

Every year between 12,000-56,000 Americans die from the flu, with 296 deaths in Washington State alone during the 2017-2018 influenza season. In Yakima County there were 10 deaths from influenza in the 2017-2018 season, most of these among unvaccinated individuals.

Influenza is a viral illness spread through respiratory droplets and characterized by fever, cough, sore throat, runny nose, body aches, fevers, chills, and headache. The typical incubation period after exposure is 2 days (range 1-4), and individuals are contagious from 1 day before symptom onset up to 7 days after symptoms onset with the peak infectious period being days 3-4 of illness.

The circulating strains of influenza vary from year to year, and type A influenza (such as H1N1 and H3N2) can undergo antigenic drift, rendering the associated vaccination less effective. A new vaccine is formulated every year to reflect the anticipated prevalent strains.

### **Influenza Monitoring**

The Yakima Health District, Yakima County hospitals, and the Washington State Department of Health will track influenza activity throughout the upcoming season by monitoring measures such as the proportion of outpatient visits for influenza-like illness, the proportion of laboratory tests for influenza that are positive, the proportion of hospitalizations for ILI, and any deaths attributable to influenza.

### **Prevention**

In order to minimize the impact of influenza in our community, it is important that as much of the community as possible is vaccinated to reduce potential for the virus to spread and to help protect those unable to vaccinate because they are too young, allergic to the vaccination, or have other contraindications.

Vaccination must be prioritized for those most susceptible—children <5, pregnant women, individuals >65, those with chronic lung or heart disease, and individuals with diabetes. We also need to make sure that we as care providers are vaccinated to help protect our patients and to avoid illness when we are most needed by our patients. Consider active outreach efforts to vaccinate priority populations, promote and expedite vaccination of healthcare staff members before influenza season picks up.

This year the live attenuated (nasal) vaccine is again approved for use in individuals 2-49 years old. Last season there was concern about inadequate protection against the H1N1 strain, but this has been addressed in formulating vaccination for the upcoming influenza season.

### **Sources and Additional Reading:**

[2018-2019 ACIP \(Advisory Committee on Immunization Practices\) Influenza Vaccination Recommendations](#)  
[Infection Control](#)  
[Testing](#)  
[Antiviral Medication](#)  
[Influenza Monitoring](#)

## Notifiable Conditions Summary Jan-Sep 2018

Disease	2014	2015	2016	2017	2018 (YTD)	Total
Anthrax	0	0	0	0	0	0
Arboviral disease, other	2	9	13	3	0	27
Botulism, foodborne	0	0	0	0	0	0
Botulism, infant	0	0	1	0	0	1
Botulism, other	0	0	0	0	0	0
Botulism, wound	0	0	1	1	0	2
Brucellosis	0	1	0	0	0	1
Burkholderia infection (melioidosis or glanders)	0	0	0	0	0	0
Campylobacteriosis	102	153	143	124	79	601
Cholera	0	0	0	0	0	0
Coccidioidomycosis	1	2	2	3	1	9
Coronavirus	0	0	0	0	0	0
Cryptococcus gattii	0	0	0	0	0	0
Cryptosporidiosis	7	7	3	7	8	32
Cyclosporiasis	0	0	1	0	0	1
Diphtheria	0	0	0	0	0	0
Disease of suspected bioterrorism origin	0	0	0	0	0	0
Giardiasis	16	25	27	16	3	87
Haemophilus influenzae	0	0	0	0	0	0
Hantavirus pulmonary syndrome	0	0	0	1	0	1
Hepatitis A, acute	0	0	0	1	1	2
Hepatitis E, acute	0	0	0	0	0	0
Highly antibiotic resistant organism (CRE, VRSA, other gram negative)	1	0	0	1	0	2
Influenza, novel or unsubtypeable strain	0	0	0	0	0	0
Influenza, seasonal (required for deaths of lab-confirmed cases)	1	7	3	3	10	24
Legionellosis	1	0	3	3	1	8
Leptospirosis	0	0	0	0	0	0
Listeriosis	2	0	0	0	2	4
Lyme disease	0	1	0	1	0	2
Malaria	0	1	2	0	0	3
Measles	0	0	0	0	0	0

# YAKIMA HEALTH DISTRICT



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Reporting Line: (509) 249-6541  
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Toll Free: (800) 535-5016 x 541



Confidential Fax: (509) 249-6628



<http://www.yakimahealthdistrict.org>

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*Melissa Sixberry, Director of Disease Control*

## Notifiable Conditions Summary Jan-Sep 2018

Disease	2014	2015	2016	2017	2018 (YTD)	Total
Meningococcal disease	1	0	0	0	0	1
Mumps	0	0	4	27	11	42
Other	0	0	0	0	0	0
Pertussis	18	11	4	74	14	121
Plague	0	0	0	0	0	0
Polio	0	0	0	0	0	0
Prion disease, human	0	1	1	1	0	3
Psittacosis	0	0	0	0	0	0
Q fever	1	1	0	0	1	3
Rabies, human	0	0	0	0	0	0
Rabies, suspected human exposure	0	3	1	2	2	8
Rare disease of public health significance	0	0	3	1	0	4
Relapsing fever	0	0	0	0	0	0
Rubella	0	0	0	0	0	0
Salmonellosis	53	49	28	54	38	222
Shellfish poisoning (paralytic, domoic acid, or diarrhetic)	0	0	0	0	0	0
Shiga toxin-producing Escherichia coli (STEC)	15	20	24	28	35	122
Shigellosis	14	2	18	13	16	63
Tetanus	0	0	0	0	0	0
Tickborne (excludes Lyme, Relapsing)	0	0	0	0	0	0
Trichinosis	0	0	0	0	0	0
Tularemia	0	0	0	0	1	1