



Yakima Health District BULLETIN

Volume 4, Number 1

January 2005

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Resources

All links listed in this bulletin can be found on our website at:

www.yakimapublichealth.org

Click on *For Health Care Providers* and use the password **yakdocs2005**.

Any member of the medical community may access these resources at any time.

Animal Bites in Yakima County

Animal bites are a Notifiable Condition for health care providers in Washington State (WAC 246-101). In 2004, 297 animal bites were reported to the Yakima Health District. In years past, we have had nearly 500 animal bites reported, which more likely indicates a decline in reporting rather than a decline in incidence. Yakima County's case rate is 1.3 per 1000 persons per year. The national estimate based on active surveillance by CDC is 5-18 bites per 1000 persons per year. Reporting is necessary to ensure not only that our incidence rates are accurate, but also to ensure that a 10-day observation period occurs to watch for signs of rabies in the biting animal. Any illness occurring in the biting animal during the confinement period warrants veterinary evaluation and, if appropriate, euthanasia and rabies testing of the brain. Reporting animal bites allows YHD to act quickly in providing consultation so that clinicians can carry out prompt post-exposure prophylaxis for rabies (RPEP). Fortunately, rabies is now extremely rare in domesticated species in our community. The last rabid dog in Washington State occurred in 1977 and the last rabid cat in Washington State was in 2002. Most animal exposures warranting RPEP have been associated with bats, and both human cases of rabies diagnosed in Washington (since 1985) have been related to bat exposure. It is estimated that approximately ten percent of the bat population in Washington State carries the rabies virus.

Since rabies rates have decreased in domestic animals, more relevant concerns regarding animal bites include human injury and the risk of infection. An estimated 4.7 million dog bites occur annually in the United States, leading to over 750,000 medical care visits. Children are disproportionately affected, with injury rates often 10-100 times that for adults. This winter, a Yakima County resident developed severe sepsis resulting from an untreated

dog bite to the hand. Such devastating illnesses demonstrate the importance of encouraging your patients to be seen and treated after any animal bite.

During the fall of 2004, six lower Yakima Valley children were mauled in four separate attacks involving multiple aggressive animals. One of the children underwent multiple surgical and reconstructive procedures during a six week hospitalization at a tertiary care facility. All four maulings occurred in an area where encounters with menacing dogs, sometimes in packs, has occurred. While local animal control officials report that such sightings appear to have abated for the time being in the area of the severe mauling, they say rates will rise if their strong enforcement presence moves to another part of the county. Bite incidences always increase during warm weather, which could be attributed to increased human activities outdoors as well as animal mating season.

Also not to be forgotten are cat-inflicted injuries. Although less dramatic and reported less often, these injuries comprise a majority of animal-inflicted injuries and RPEP episodes in rigorous surveillance studies done elsewhere (although cat bites are not the number one reported incident in Yakima County).

YHD's primary charge in this arena is to ensure protection of bite victims by facilitating exposure evaluation and, where appropriate, recommend RPEP. Animal control and supervision of isolation and observation remains a law enforcement function. However, these recent tragedies, along with concern about bite-inflicted injuries as a public health problem in general, have stimulated YHD to look at how we can work together with local law enforcement agencies, other partner agencies and policymakers to better ensure that animal control efforts achieve their desired ends of

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Animal Bites in Yakima, con't.

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Protecting human health and promoting animal welfare.

Results of epidemiologic studies and intervention programs, as well as common sense, suggest that the key elements of a community-based animal bite prevention program include:

- education and publicity on bite prevention and responsible pet ownership;
- neuter and spay promotion;
- persuasive fees and penalties;
- adequate resources to support enforcement;
- reduction of feral populations;
- and continued surveillance to identify problems and evaluate progress

We recommend that in your anticipatory guidance for families you discourage ownership of wild animals, hybrids and menacing or biting dogs, and encourage surrender of unwanted, uncontrolled, or aggressive animals. Also, advise parents to be wary of letting children engage unsupervised in street activity or entry into private property, particularly in areas or settings where menacing or aggressive animals have been sighted before. If a person has been bitten, please reinforce the importance of filling out an animal bite report with as much descriptive information as possible regarding the animal owner and animal description, even if an exact name, address, or animal breed is unknown. In addition, please remind the family not to kill the animal; it needs to stay alive for at least 10 days. Please place a stack of the enclosed flyer in your waiting room and hand it to parents as part of routine well-child checkups. On the back of this flier is a copy of the animal bite report, which can also be downloaded on our website at <http://www.yakimapublichealth.org>.

Please report all animal bites to YHD by calling Allison Schletzbaum at 509-249-6550 or by mailing or faxing the Animal Bite Report Form. YHD Communicable Disease Control staff will assist you in evaluating the circumstances of the bite, determining risk of rabies exposure, and facilitating animal testing and/or accessing RPEP, if needed. This discussion also provides an opportunity for us to encourage you to review appropriate animal bite clinical management guidelines, including:

- evaluating patients for non-penetrating/crush injuries to soft tissues, vessels, and/or nerves in addition to identifying more obvious penetrating injuries;
- ensuring that bite victims are up-to-date with respect to tetanus immunization or are provided immunoprophylaxis, as appropriate, and;
- providing antimicrobial prophylaxis for cat bites (80% risk of infection) and considering antimicrobial prophylaxis for dog bites (5% risk of infection), using amoxicillin/clavulanate or an appropriate alternative agent.

For additional information, you can visit our website at <http://www.yakimapublichealth.org> and click on either *Animalborne Disease* or *Animal Related Issues*.

Rabies Compendium

The National Association of State Public Health Veterinarians recently released its updated version of the *Compendium of Animal Rabies Prevention and Control, 2005*. Recommendations in the *Compendium* serve as the basis for animal rabies prevention and control programs throughout the United States and facilitate standardization of procedures among jurisdictions nationally. Veterinarians and animal control officials should have a copy and be familiar with its contents. The document can be downloaded at our website at <http://www.yakimapublichealth.org> and by logging into the Health Care Providers Section with the password **yakdocs2005**.

Key rabies prevention and animal control activities veterinarians can carry out include:

- Vaccinating domestic pets (dogs, cats, ferrets) and appropriate livestock against rabies and keeping their vaccinations up to date.
- Discouraging ownership of wild or hybrid wild-domestic animals and encouraging responsible ownership practices (e.g., care, feeding, control).
- Reporting to YHD potential exposures of pets and livestock to rabid animals.
- Considering and testing for rabies when any animal dies or is euthanized due to an undiagnosed neurological illness.
- Reinforcing YHD and animal control directives for isolation and observation following biting incidents and encouraging surrender of unwanted, uncontrolled, or aggressive animals.

For additional information, you may contact Allison Schletzbaum at 509-249-6550 or Barbara Andrews at 509-249-6533.

Childhood Injuries

In November 2004, the Washington State Department of Health released an new *Washington State Childhood Injury Report*, updating information through 2001. Injuries remain the leading cause of death for children 1-17 years of age. During 1997-2001, 77 Yakima County children died as a result of unintentional (77%) or intentional (23%) injuries. The county rate of 21.6 deaths/100,000 children per year ranked 12th highest in the state, was nearly 50% higher than the statewide rate (14.8), and was roughly double that for the counties with the lowest rates (e.g., King, Snohomish, Clark). Statewide, death rates for most causes and age groups have declined by 30-50% over the past 20 years, but infant injury death rates have not declined as much. Motor vehicle occupant injuries, suffocation, drowning, and firearms account for the four leading causes, respectively, of child injury mortality, accounting for two-thirds of deaths. Falls, poisonings, and motor vehicle occupant injuries account for the three leading causes, respectively, of hospitalization for injuries in children, accounting for half of all such hospitalizations. Suicide and homicide each account for approximately 25 child deaths per year in Washington State. Peak time of day for injuries is the late afternoon and evening. Male gender, infancy, teen age, rural residence, and alcohol or drug use by supervising adults are markers for increased risk of both hospitalization and death due to injuries. Parental income and education level are inversely correlated with risk of hospitalization or death due to injuries of their children.

Prevention strategies discussed in the report focus on motor vehicle

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safety, suffocation prevention (sleep position, supervision while eating and playing, age-appropriate toys), pool/water safety and supervision, fall prevention (e.g., stairway gates, stationary activity centers without wheels), and poisoning prevention (e.g., hazard awareness and control, poison control number usage), substance abuse prevention, and self-harm/suicide prevention.

To view the report, please visit <http://www.doh.wa.gov/cfh/Injury/pubs/Publications.htm>. Please direct comments and questions regarding the report to Jennifer C Sabel, PhD, Epidemiologist, Washington State Department of Health Injury Prevention Program (360-236-3756; jennifer.sabel@doh.wa.gov). To discuss local implications for childhood injury prevention please contact Gerri Miller, RN, PHN at 509-249-6546 or Chris Spitters, MD, at 206-930-1336.

Influenza and RSV Update: Yakima County Statistics Available Online

Influenza activity is increasing in Washington State, the adjoining states, and the District of Columbia. Local laboratories first began reporting positive rapid tests for influenza approximately four weeks ago (type A, 29; type B, 7; unspecified, 3, for a total of 39 cases). The numbers of specimen submissions and positive results continue to increase. Statewide, both influenza A (H3N2) and B have been detected. Nationally the ratio is about 5-to-1, respectively. No outbreaks or excess school absenteeism due to influenza have been suspected in Yakima County. It is not too late to get a flu shot and restrictions on vaccine administration have been lifted. Health care providers should administer flu shots to anyone requesting it, as long as the provider has met the demand from high-risk clients and the requesting patient has no contraindications. Persons seeking vaccination can call the YHD at 509-249-6541 for information on locations of vaccine clinics or they can check our website at <http://www.yakimapublichealth.org>. YHD is willing to assist with redistribution of vaccine among providers, if requested.

Based upon local laboratory surveillance, respiratory syncytial virus (RSV) appears to have been circulating since early October, with increasing submissions and positive results in the weeks since.

For more information on influenza and RSV surveillance, go to our website at <http://www.yakimapublichealth.org> and log into the Health Care Providers section with the password **yakdocs2005**.

Thyroid Evaluation Guide for Physicians

The American College of Preventive Medicine, in partnership with the Agency for Toxic Substances and Disease Registry's Hanford Community Health Project, has produced *A Guide For Physicians: Thyroid Evaluation in Patients Who are Concerned About Hanford Iodine-131 Releases*. The Guide provides information and advice to help physicians educate and evaluate patients concerned about the effects from exposure to radioactive iodine-131, which concentrates in the thyroid gland. The content of the Guide specifically addresses iodine-131 releases into the atmosphere from the Hanford Nuclear Reservation during the production of plutonium for atomic weapons from 1945 through 1957. The Guide is available in PDA format at <http://www.iodine131.org/whatsnew.htm>. Category I continuing education credits are available from ATSDR for completing a linked self-study course, which takes about 60-90 minutes.

Pertussis Transmission Continues in Yakima County

During 2004, there were 65 cases of pertussis reported, ranging from sporadic cases to familial or workplace clusters. These cases have led to substantial investigation and control efforts by YHD. Health care providers should consider the diagnosis in patients with persistent (>2wks) or spasmodic cough or post-tussive vomiting, regardless of age or vaccination status. In children, associated phenomena (e.g., inspiratory whoop, cyanosis, post-tussive vomiting) are often noted, as well. Testing consists of submission of nasopharyngeal swabs or lavage for PCR, smear, and culture. Treatment should be launched empirically in clinically compatible cases, as well as in close contacts of confirmed or suspected cases. Adequate therapy for treatment or prophylaxis include a macrolide or azalide, such as erythromycin for 14 days, or clarithromycin or azithromycin for 7 days.

When seeing a patient or family for persistent cough, please protect yourself and your staff by wearing a mask while in the exam room, and especially while collecting samples. There have been incidents this past year where patient's tests came back positive and it was necessary to prophylaxis multiple staff members because proper protection was not used while examining the patient or collecting samples.

To report suspected cases so that investigation and control measures may be carried out and for consultation in diagnosis and treatment, please call YHD at 509-249-6541.

YHD is excited to introduce our new website! Please hang the enclosed poster in a visible place to help you learn how to navigate our new site.

<http://www.yakimapublichealth.org>

YAKIMA HEALTH DISTRICT

104 N 1st St, Suite 204
 Yakima, WA. 98901
 Phone: 509-249-6541

After hours Public Health Emergencies:
 509-575-4040 #1 (answering service)

Toll Free: 800-535-5016

Fax: 509-575-7894

<http://www.yakimapublichealth.org>

Dennis Klukan, MSEPH, Administrator
Christopher Spitters, M.D., MPH
Health Officer



Prevention is Our Business

Condition	Cases October to December			Total Cases by Year		
	2004	2003	2002	2004	2003	2002
Campylobacteriosis	20	31	21	103	116	106
Cryptosporidiosis	0	1	0	2	3	1
Enterohemorrhagic E. coli	1	0	4	3	4	10
Giardiasis	3	8	6	31	29	36
Salmonellosis	6	16	12	36	55	56
Shigellosis	1	10	8	7	20	29
Hepatitis A acute	0	1	1	2	1	3
Hepatitis B acute	0	0	1	4	0	1
Hepatitis B chronic	2	6	1	22	22	15
Hepatitis C acute	0	0	1	2	2	3
Hepatitis C chronic	53	56	52	218	254	255
Meningococcal	2	1	2	3	4	6
Pertussis	23	0	32	65	17	89
Tuberculosis	1	3	0	11	13	8
HIV New	1	3	1	13	13	9
HIV Deaths	0	0	0	0	1	1
HIV Cumulative Living	134	122	110	134	123	111
Chlamydia	231	255	242	1002	953	886
Genital Herpes—Initial	20	19	17	125	82	76
Gonorrhea	37	37	18	198	107	61
Primary and Secondary Syphilis	0	0	1	0	2	1

**Notifiable
 Conditions
 Summary,
 October –
 December,
 2004**



Yakima Health District
104 North First Street, Suite 204
Yakima, Washington 98901
Phone (509) 249-6541
Fax (509) 249-6628

Preventing Dog Bites (Please read this and teach your children or students about it)

- Do not approach an unfamiliar dog.
- Do not play with a dog unless supervised by an adult.
- Immediately report stray dogs or dogs displaying unusual behavior to an adult.
- Do not disturb a dog who is sleeping, eating, or caring for puppies.
- Do not pet a dog without allowing it to see and sniff you first.
- If approached by a dog who scares you, follow these steps:
- Never scream and run.
- Avoid direct eye contact
- Remain motionless, hands at your sides in a fist, and avoid eye contact with the dog.
- Once the dog loses interest in you, slowly back away until he is out of sight.
- If the dog does attack, "feed" him your jacket, purse, bicycle, or anything that you can put between yourself and the dog.
- If you fall or are knocked to the ground, curl into a ball with your hands over your ears and remain motionless. Try not to scream or roll around.
- Immediately report any bites, attacks, or encounters with scary dogs to an adult.

Things to Consider Before You Get a Dog

- Consult with a professional (e.g., veterinarian, animal behaviorist, or responsible breeder) to learn about suitable breeds of dogs for your household.
- Dogs with histories of aggression are inappropriate in households with children.
- Be sensitive to cues that a child is fearful or apprehensive about a dog and, if so, delay acquiring a dog.
- Spend time with a dog before buying or adopting it. Use caution when bringing a dog into the home of an infant or toddler.
- Spay/neuter virtually all dogs (this frequently reduces aggressive tendencies).
- Never leave infants or young children alone with any dog.
- Do not play aggressive games with your dog (e.g., wrestling).
- Properly socialize and train any dog entering the household. Teach the dog submissive behaviors (e.g., rolling over to expose abdomen and relinquishing food without growling).
- Immediately seek professional advice (e.g., from veterinarians, animal behaviorists, or responsible breeders) if the dog develops aggressive or undesirable behaviors.

For additional information and educational resources, visit:

<http://www.cdc.gov/ncipc/duip/biteprevention.htm> (National Center for Injury Prevention)

http://www.hsus.org/pets/pet_care/dog_care/stay_dog_bite_free/index.html (Humane Society of the United States)



ANIMAL BITE REPORT

For reporting bites by cats, dogs, bats, horses, raccoons, skunks, coyotes, and ferrets .
Do not use for rabbit or rodent (rat, gerbil, hamster) bites.

Send Report Within 24 hours to:

Yakima Health District
104 N 1st St, Suite 204
Yakima, WA. 98901
p: (509) 249-6550 f: (509) 249-6650

For Health District Use:

Report Source _____
Staff Initial _____
Date Received _____

Bite History

Date of animal bite: _____ What happened? _____

Who was notified (doctor, police, animal control, etc.) Please list: _____

Injury and Treatment: (describe the bite - location and severity of bite, was the skin broken) _____

Hospital or Clinic Name: _____

Doctor's Name: _____ Phone: _____

Victim Information (Person/s bitten - if more than one, put information on back)

Name: _____ Age/Birthdate: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner Information (Person responsible for the animal)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____

(where mail is sent - include PO Box and apt #)

Animal Identification and Behavior

Has the animal been out of the U.S. in the last 6 months? yes no If yes, where: _____

Was the animal born outside the U.S.? yes no If yes, where: _____

Pet _____ Stray _____ Wild _____ Color/Markings _____

Kind/Breed _____ Size/Age _____ Sex _____

Has the animal been vaccinated for rabies within the last 3 years? yes no

Vaccination date: _____ Rabies tag number: _____

Name of vet/clinic: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Check all behavior that describes the animal: Healthy _____ Sick _____

Paralyzed _____ Drooling _____ Confused/Disoriented _____ Dehydrated/Thirsty _____

Date illness began _____ Were other animals exposed? (describe) _____

Did animal die? yes no Date of death _____ Describe what happened: _____

Please do not write below this line. Use back if necessary.

Our New Web Address!

Contains Employee Contact Information and Important Health District Phone Numbers

Yakima Health District

Prevention is Our Business



Home

Community Health

- Communicable Disease
- Animalborne Disease
- Handwashing Education
- Birth & Death Records
- Immunizations**
- HIV/AIDS & STD
- Tuberculosis

Environmental Health

- Food Service
- Pools & Camps
- Waste Water & Septic
- Drug Labs
- Waste Disposal
- Animal Related Issues
- Drinking Water

Children's Health

- Healthy Childcare
- Family Services
- Oral Health
- Child Death Review

Information

- About Us
- Contact Us
- Jobs
- Community Calendar
- Employee Directory**
- ★ Publications
- Site Map

Regional Services

- Breast & Cervical Health
- Region2: AIDSnet HIV

★ Meet January's Employee Highlight
Audrey Hooper

Yakima Health District | 104 N 1st Street, Suite 204 | Yakima, WA 98901 | 509.575.4040 | 800.535.5016 | M-F 8:30-12:30 and 1:30-4:30 | [webmaster](#)

New This Month

Flu Season peaks in Feb & March!
GET YOUR FLU SHOT NOW

- Department of Health Lifts Flu Shot Restrictions
- New Year's Food Safety Resolutions

Community Events

- Check Our Calendar
- Spring STARS Schedule

Visitor Favorites

- Birth & Death Records
- Food Handler Cards
- Permitting Services

★ **FOR HEALTH CARE PROVIDERS**

Contains Flu Shot Information for Patients and Providers

This section continually changes to keep up with current news

password: **yakdocs2005**
Contains RSV & Flu Statistics plus Resource Manual Contents