Yakima Health District BULLETIN

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SURVEILLANCE FOR IMPORTED HUMAN CASES OF AVIAN INFLUENZA

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As you are probably aware, influenza A H5N1 continues to cause widespread outbreaks among wild and domestic birds in Asia and Eastern Europe. As of December 16, cases among humans have numbered 139, including 71 deaths. Virtually all cases have been associated with exposure to domestic poultry. Person-to-person transmission has been rare (only a few cases suspected). Nevertheless, it is conceivable that recent travelers or immigrants from affected areas with *serious* respiratory illness could be infected with H5N1. We encourage health care providers to obtain travel histories from patients with severe respiratory illness.

As part of a national effort to maintain surveillance for imported cases, we are asking that health care providers immediately notify us at (509) 249-6541 of any patient who has **traveled to an affected area of the globe within the 10 days preceding onset of illness** and…

- *has severe acute respiratory disease, including pneumonia or acute respiratory distress syndrome (ARDS), for which no alternative cause has been established*

OR

- *has milder influenza-like illness (e.g., temperature >100.4°F [38°C] and cough, sore throat or shortness of breath) and during their recent travel had contact with live birds or suspected or confirmed influenza A H5N1 cases*

YHD will facilitate diagnostic testing at the Washington State Department of Health Public Health Laboratories (PHL). **For cases meeting the criteria set forth above, please work with us to submit specimens for influenza testing to the PHL. Submitting to a commercial laboratory may cause a delay in confirming or excluding H5N1 infection.** However, testing for other non-influenza pathogens or conditions (e.g., other viral and bacterial agents) should be pursued through commercial laboratories at clinician discretion.

Specimens for influenza testing should be collected within three days of symptom onset. Collect serum and at least one of the following: oropharyngeal swab, nasopharyngeal swab, nasopharyngeal aspirate, bronchoalveolar lavage, tracheal aspirate, or pleural fluid. Detailed instructions for specimen collection and handling can be found on our website at http://www.co.yakima.wa.us/health/documents/providersonly/H5N1testing.pdf

Infection control for patients with suspected or confirmed H5N1 should include standard and droplet precautions. Airborne precautions should be used for procedures that may aerosolize respiratory

INFLUENZA & RSV SURVEILLANCE

Voluntary laboratory-based reporting of aggregate results for influenza and respiratory syncytial virus testing by local laboratories resumed this fall. RSV was first detected during early November, with positive results steadily increasing through mid-December. A few sporadic positive results for influenza (virtually all type A) were obtained in November, then a rapid rise in positives was reported for the second week of December. To see specific data and to monitor influenza and RSV trends throughout the winter, visit our website at http://www.yakimapublichealth.org and click on "RSV & Flu Statistics." Preliminary data from CDC indicates a strong match of the circulating A H_3N_2 and the A component of this years vaccine. One of the B viruses characterized is a minor antigenic variant of the recommended B vaccine component.

No vaccine is currently available for RSV. However, infection control measures are important

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for preventing transmission in health-care settings. Infants and children at risk for serious RSV infection can receive immunoprophylaxis with monthly doses of a humanized murine anti-RSV monoclonal antibody product (palivizumab) during the RSV season. Criteria for eligibility, as defined by the Centers for Disease Control and Prevention and subject to clinician discretion, include (1) those aged <24 months with chronic lung disease who have required medical therapy (e.g., supplemental oxygen, bronchodilator, diuretic, or corticosteroid therapy) within 6 months of RSV season onset, (2) those aged <24 months with hemodynamically significant heart disease, and (3) preterm infants born at <32 weeks' gestation or preterm infants born at 32 --35 weeks' gestation with at least two additional risk factors (e.g., day care attendance, exposure to environmental pollutants, school-aged siblings, congenital abnormality of the airways, or neuromuscular disease) during their first RSV season. For more information, visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5449a3.htm and see the chapter on respiratory syncytial virus in the *Red Book* (American Academy of Pediatrics. Pickering LK, ed. *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, Il: AAP;2003:523-528).

Influenza Vaccination Still Available

Please remind your patients and fellow health care workers, especially those with risk factors for severe illness or complications due to influenza (e.g., age, immunosuppression, other chronic medical illnesses), that it is not too late to get vaccinated against influenza. For a schedule of influenza vaccine clinics, visit our website at http://www.yakimapublichealth.org.

The Washington Clean Indoor Air Act: Initiative 901

In order to protect the health and welfare of Washington state citizens, the state legislature in 1985 ruled that it is necessary to prohibit smoking in public places except in areas designated as smoking areas. This includes public vehicles, such as buses and trains, and public places, such as elevators, concert halls, theaters, museums, hospitals, indoor sports arenas, enclosed shopping areas, retail stores, public restrooms, educational facilities, and more.

Washington state residents voted on November 8, 2005, to amend the 1985 Clean Indoor Air Act. Initiative Measure 901, which passed by a margin of 61% to 39% locally and 63% to 37% statewide, expanded the definition of "public place" to include a reasonable distance around each public facility, defined as 25 feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited. The definition of "public place" includes private residences used to provide licensed childcare, foster care, adult care, or similar social services. The definition also includes bars, taverns, bowling centers, skating rinks, casinos, and at least 75 percent of the sleeping quarters within a hotel or motel and rented to guests. The new law became effective beginning December 8, 2005.

YHD is responsible for enforcing the law with respect to businesses. Local law enforcement agencies are responsible for enforcing the law with respect to individuals. Health District staff will cite violations observed during routine inspections and, in partnership with the American Lung Association of Washington, will respond to reports of violations from the public.

Enforcement questions should be directed to (509) 249-6516 (for bars and restaurants) or (509) 248-4384 (for all other questions). For more information on Initiative 901 and the Clean Indoor Air Act, please visit our website at http://www.yakimapublichealth.org.

Updated Pertussis Treatment and Chemoprophylaxis Recommendations

Through December 15, 195 cases of pertussis were reported in Yakima County, the highest number since 1996. Nationwide, the number of pertussis cases reported in 2004 was the highest since 1959. Increased awareness and improved recognition of pertussis among clinicians and greater access to and use of laboratory diagnostics (especially extensive polymerase chain reaction [PCR] testing) probably have contributed to the increase in reported cases, at least in part. Some of the reported increase might constitute a real increase in the transmission of pertussis. Remember that while infants have the highest incidence of pertussis of any age group, adolescents and adults account for the majority of reported cases. For more information on epidemiology, clinical presentation, and diagnosis of pertussis, see the YHD Bulletins of August 2005 at http://www.co.yakima.wa.us/health/documents/bulletin/bulletin4_4.pdf

Prevention and control of pertussis hinges upon the following three activities: immunization of infants and children and boosting with Tdap among adolescents and adults, (2) detection, temporary isolation, and treatment of cases, and (3) chemoprophylaxis for household and other close contacts. Treatment of clinically suspected cases should be initiated prior to laboratory confirmation. Isolation (i.e., droplet precautions in health care facilities and restriction to home in the community) should continue until completion of five days of effective antimicrobial therapy (see table back page).

- Candidates for chemoprophylaxis include persons who had some degree of contact with a probable or confirmed case within 21 days of that's case's onset of illness

AND

- their contact included face-to-face exposure within 3 feet of the case when the case was coughing, sneezing, talking or undergoing procedures such as upper respiratory tract specimen collection, bronchoscopy or suctioning (without a surgical mask)

OR

- their contact included sharing the same confined space in close proximity for ≥60 minutes.

NOTIFIABLE CONDITIONS SUMMARY OCTOBER-NOVEMBER, 2005

Condition	Cases Reported in October to November		Cases Reported Through November	
	2005	2004	2005	2004
Campylobacteriosis	18	9	110	92
Cryptosporidiosis	0	0	7	4
Enterohemorrhagic E. coli	0	1	3	3
Giardiasis	8	3	26	30
Salmonellosis	3	3	49	33
Shigellosis	8	1	23	7
Hepatitis A acute	1	0	3	2
Hepatitis B acute	0	0	1	4
Hepatitis B chronic	1	4	12	21
Hepatitis C acute	0	0	1	2
Hepatitis C chronic	33	44	194	210
Meningococcal	0	0	0	0
Pertussis	37	19	193	63
Tuberculosis	3	1	17	12
HIV New	1	1	9	12
Chlamydia	181	152	890	923
Genital Herpes—Initial	21	8	91	113
Gonorrhea	20	24	119	185
Primary and Secondary Syphilis	0	0	1	0

The highest priority contacts for chemoprophylaxis are infants <12 months of age, pregnant women, health care workers, persons who provide care to or otherwise might expose infants or pregnant women, and individuals with immunosuppression or chronic respiratory conditions.

The Centers for Disease Control and Prevention has updated it recommendations to include azithromycin and clarithromycin as first-line agents along with erythromycin. This formalizes a practice that has been increasingly accepted in Yakima County and throughout the United States over the past several years. Clinicians are advised to consider tolerance, adherence, contraindications, potential drug interactions, and cost when selecting an agent for treatment or chemoprophylaxis. In most case, this is likely to favor azithromycin or clarithromycin as the drug of choice. Trimethoprim/sulfamethoxazole remains a lesser alternative for patients with intolerance or contraindications to an accepted macrolide regimen.

HEALTH BEHAVIOR SURVEILLANCE

CDC has released summary results from behavioral risk factor surveillance data collected in 2003 using a telephone based survey instrument and methodology designed to provide a representative sample of the adult population in each state and territory and some counties (including Yakima County). The questionnaire includes questions regarding personal behaviors that increase risk for one or more of the 10 leading causes of death in the United States. Results for Yakima County and Washington State are presented in tabular fashion below. Overall, the data suggest that Yakima County lags behind the state average in measures of physical activity and participation in clinical preventive services. The self-reported prevalence of smoking, binge drinking and chronic medical conditions are comparable to those observed statewide. The only indices for which the year 2010 objectives have been met relate to physical activity at the statewide level. These data, especially when viewed across time, can guide our priorities and monitor the success of our efforts to educate the community and counsel patients about developing and maintaining healthy lifestyles.

CDC. Surveillance for Certain Health Behaviors Among States and Selected Local Areas --- Behavioral Risk Factor Surveillance System, United States, 2003. MMWR 2005; 54 (SS08):1-116 [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5408a1.htm].

HAPPY HOLIDAYS

YHD Board of Health and staff extend their wishes for a happy and safe holiday season to all. We also want to express our appreciation for the partnership and cooperation given to us by health care providers and facilities, businesses, schools, and governmental and non-governmental health and safety organizations. The success of our education, surveillance, disease prevention and control, family health, consumer safety, and community protection efforts depend on you.

Item	Yakima County		Washington State		Range of States (%)	2010 National Objective
	Est (%)	95%CI	Est (%)	95%CI		
No Leisure Physical Activity[1]	28	24-32	18	17-18	15-35	20
Moderate Physical Activity[2]	44	40-49	54	54-55	33-66	50
Vigorous Physical Activity[3]	24	20-28	31	30-32	16-36	30
Overweight (BMI>25mg/kg^2)	59	55-64	59	58-60		
Obese (BMI>30mg/kg^2)	23	20-27	22	21-22	16-28	15
Current Smoker[4]	20	17-24	20	19-21	10-34	12
Binge Drinking[5]	13	9-16	15	14-16	7-24	6
Influenza Vaccination[6]	68	60-76	73	72-75	35-80	90
Pneumococcal Vaccination[7]	64	56-73	69	67-70	32-73	90
Cholesterol Never Checked	33	28-37	22	21-23		
Elevated Cholesterol[8]	36	31-41	33	32-34	27-38	17
High Blood Pressure[8]	26	22-30	24	23-25		
Diabetes[8]	8	6-10	7	6-7		
Asthma[8]	9	7-12	9	8-10		
Activity Limitation[9]	23	20-27	24	23-24		

[1]no participation in exercise other than regular job in preceding 30 days
[2]participation in moderate physical activity for at least 30 minutes at least 5 days per week
[3]participation in vigorous physical activity for at least 3 days per week
[4]smoked >100 cigarettes lifetime and every or some days in past 12 months
[5]more than 5 drinks on one occasion in preceding 30 days
[6]among ≥65 year-olds during the preceding 12 months
[7]among ≥65 year-olds ever
[8]ever told by a doctor, nurse, or other health care professional that they have this condition
[9]limited in any way because of physical, mental or emotional problems

YAKIMA HEALTH DISTRICT

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http://www.yakimapublichealth.org

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RECOMMENDED REGIMENS FOR PERTUSSIS TREATMENT AND PROPHYLAXIS

To report a case of pertussis or obtain consultation or assistance in diagnosis, treatment, or chemoprophylaxis, please contact YHD at (509) 249-6541.

Agent	Age		
	<1 month	Children ≥1 mo	Adults
Azithromycin	10 mg/kg q24h x 5d	10 mg/kg/d on day 1, then 5 mg/kg q24h x 4d	500 mg on day 1, then 250 mg q24h x 4d
Clarithromycin	N/A[1]	7.5 mg (500 mg max) bid x 7d	500 mg po bid x 7d
Erythromycin	N/A[1]	10 mg/kg (500 mg max) qid x 14d	500 mg qid x 14d
TMP/SMX	N/A[2]	TMP 4mg/kg SMX 20 mg/kg bid x 14d	TMP 320 mg SMX 1600 mg bid x 14 days

[1] Not recommended due to risk of idiopathic hypertrophic pyloric stenosis
[2] Due to risk of kernicterus in infants, TMP/SMX should not be administered to pregnant women, nursing women, or infants <60 days of age.

Source: CDC. Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis. MMWR 2005;54(RR14):1-16 [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm].