



# Yakima Health District BULLETIN

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## Public Health Websites

**Centers for Disease Control**  
[www.cdc.gov](http://www.cdc.gov)

**Wa State Dept of Health**  
<http://www.doh.wa.gov/>

**Yakima Health District**  
<http://www.co.yakima.wa.us/health/default.html>

**Immunizations**  
<http://www.doh.wa.gov/cfh/immunize>

## West Nile Virus

**Wa State Dept of Health**  
<http://www.doh.wa.gov/ehp/ts/Zoo/WNV/WNVFactsHCP.html>

**CDC - Clinician info**  
[http://www.cdc.gov/ncidod/dvbid/westnile/resources/fact\\_sheet\\_clinician.htm](http://www.cdc.gov/ncidod/dvbid/westnile/resources/fact_sheet_clinician.htm)

**Annals of Internal Medicine:  
WNV Primer for Clinicians**  
<http://www.annals.org/issues/v137n3/full/200208060-00009.html>

## SARS Update

Through May 13, 2003, 7,548 probable cases of severe acute respiratory distress syndrome (SARS) and 573 deaths (7.6%) have been reported from 30 countries, including the United States. In the United States as of May 7, 2003 a total of 328 suspected SARS cases have been reported from 38 states. Sixty-three (19%) of the suspected cases are considered "probable" on the basis of the presence of pneumonia or acute respiratory distress syndrome. No SARS-related deaths have been reported in the U.S. Of these probable SARS patients, 61 (97%) had traveled to mainland China, Hong Kong, Singapore, Taiwan, Hanoi, or Toronto; one was a health-care worker (HCW) who provided care to a SARS patient, and another was a household contact of a SARS patient. Forty-two (67%) of the probable SARS patients were hospitalized, and three (5%) required mechanical ventilation. Twenty of these 63 have results of coronavirus antibody testing completed, six are positive and 14 are negative. There are 27 suspect, 2 probable, and no confirmed cases of SARS in Washington State.

Suspects include a foreign traveler from an endemic region who fell ill while still in Yakima County. This suspect was a pediatric outpatient who responded well to treatment for community acquired pneumonia and completed a 10-day quarantine after resolution of fever. In an effort to identify cases and contain spread, the case definition is relatively non-specific and will include many people with respiratory infections who do not have SARS or infection with the novel coronavirus with which it is associated.

*For the purposes of case reporting and public health investigation, the suspect SARS case definition has been updated as follows:*

*Respiratory illness of unknown etiology with onset since February 1, 2003, and the following criteria:*

- *Measured temperature greater than 100.4°F (greater than 38°C) AND*
- *One or more clinical findings of respiratory illness (e.g., cough, shortness of breath, difficulty breathing, or hypoxia) AND*
- *Travel within 10 days of onset of*

*symptoms to the People's Republic of China (i.e., mainland China and Hong Kong Special Administrative Region); Hanoi, Vietnam; Singapore; Taiwan, Toronto OR close contact within 10 days of onset of symptoms with a person known to be a suspect SARS case.*

*Please report suspected cases to the Health District by calling (509) 249-6541 or 1-800-535-5016 ext. 541.*

Laboratory testing for coronavirus antibodies or RNA is currently limited to probable cases and must be coordinated with the Health District, the Washington State Department of Health, and CDC.

Careful attention to infection-control precautions, both in home and health-care settings, remains critical to containment of SARS. Symptomatic persons should use infection-control precautions to minimize the potential for transmission and should seek health-care evaluation. Patients should inform health-care providers about the symptoms in advance so arrangements can be made, if necessary, to prevent potential transmission to others in the health-care setting. Patients in ambulatory settings should be screened promptly for fever, respiratory symptoms, recent travel, and close contact with SARS patients. Suspected SARS cases should be isolated immediately and the Health District should be contacted.

For more information on SARS, see the Health District's provider alert of April 2, 2003, call (509) 249-6541, or log on to CDC's SARS website.

## Additional Reading

- Update: Severe Acute Respiratory Syndrome --- United States, 2003. MMWR 2003; 52(18);411-13  
<http://www.cdc.gov/mmwr/index.html>
- CDC SARS Website:  
<http://www.cdc.gov/ncidod/sars/ic.htm>
- Gerberding JL. Faster...but Fast Enough? Responding to the Epidemic of Severe Acute Respiratory Syndrome.  
Published at [www.nejm.org](http://www.nejm.org) April 2, 2003

## Outbreak of Norwalk Gastroenteritis in a Nursing Home (LTCF)

### February-March 2003

In early March, a nursing home (long term care facility) notified the Yakima Health District of an outbreak of gastroenteritis that had been ongoing in the facility for several days. The Health District assisted the facility in characterizing the outbreak, collecting appropriate specimens for laboratory investigation, and implementing control measures.

A case of gastroenteritis was defined as vomiting or diarrhea occurring from February 26 through March 11 in a resident or staff member. Fifty-seven (63%) of 90 residents and 27 (26%) of 105 staff met the case definition. Among residents, the most common symptoms were diarrhea (95%), nausea (47%), and vomiting (42%). Among staff, nausea (96%) and vomiting (59%) were more common than in residents, and diarrhea (74%) was less common than in residents. Two deaths (4%) occurred among ill residents during the outbreak. Neither gastroenteritis nor volume depletion were listed on the death certificates as an underlying cause in either of the deaths. Norwalk virus was isolated from four of 13 resident stool specimens by the Washington State Department of Health Public Health Laboratories (PHL). Stool samples submitted for bacterial pathogens were negative. Analysis of the course of the outbreak suggested that it started among residents, spread to staff, and then spread later to the facility's dementia unit.

This outbreak highlights the rapidity and high attack rate with which Norwalk and related noroviruses can move through a congregate setting. Outbreaks have been reported in long-term care facilities, military barracks, youth camps, cruise ships, and correctional facilities. Transmission is predominantly fecal-oral, often via fomites or food. Some experts believe that airborne droplets may also play a role in transmission, especially in close quarters or lavatories where vomitus or feces become aerosolized. Lower gastrointestinal symptoms tend to predominate in older groups whereas upper gastrointestinal symptoms do so in younger groups, as was seen here. Once an outbreak has started, control of transmission focuses upon the

following measures:

- ◆ Adequate hand washing facilities at toileting and food handling sites
- ◆ Education and promotion of hand washing among staff and residents
- ◆ Maintenance of sanitary toilet facilities
- ◆ Disinfection of contaminated surfaces with warm water, soap or detergent, and an appropriate sanitizer (e.g., 10% bleach solution).
- ◆ Cohorting of ill residents
- ◆ Exclusion of ill staff and visitors from group activities or food handling settings until at least 48 hours after cessation of diarrhea and vomiting
- ◆ Interruption of elective transfers to or from other facilities until the outbreak has ceased

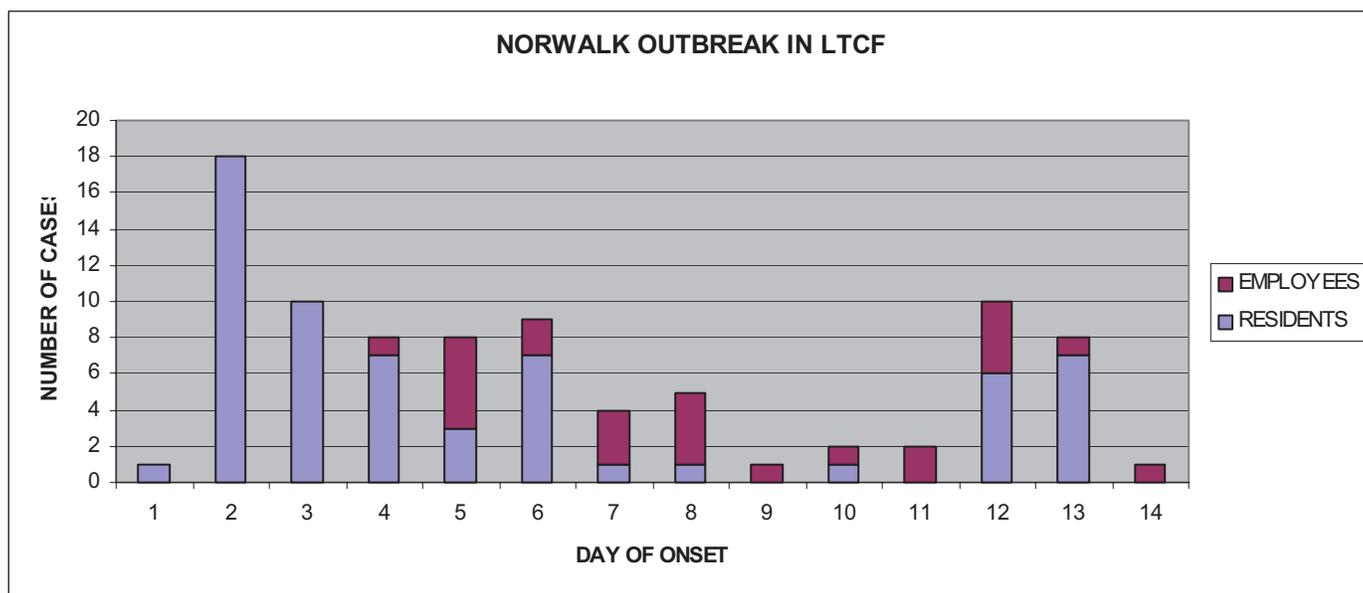
Laboratory testing for noroviruses through the PHL is typically limited to outbreak settings where it is more important to establish a specific etiology. Single cases of acute viral gastroenteritis are not reportable, but *suspected outbreaks should be reported to the Health District*. For more information on Norwalk and other noroviruses, please see the reading list below or contact YHD at (509) 249-6541.

#### Additional Reading

YHD. Outbreak of Gastroenteritis Caused by Norwalk-Like Virus at a Group Camp Facility, August 2002. YHD Bulletin August 2002;Volume 1(Number 4).

[http://www.co.yakima.wa.us/health/about\\_us/bulletin/bulletin4.pdf](http://www.co.yakima.wa.us/health/about_us/bulletin/bulletin4.pdf)

Centers for Disease Control and Prevention. Norovirus Activity, United States, 2002. MMWR 2003;52(03):41-45.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5203a1.htm>



## Mortality Data, Yakima County, 2001

Life expectancy at birth in Washington State is 81 years for women and 76 for men. At age 65, women can expect to live 20 more years and men, 17. Table 1 provides summary data on the ten leading causes of death for Yakima County and Washington State residents during the year 2001.

Table 1. Deaths and Age-Adjusted Mortality Rates by Cause, Yakima County and Washington State, 2001

Number	Cause	Yakima County			Washington State		
		Number	Percent	Rate*	Number	Percent	Rate*
	<b>Total Deaths</b>	1771	100.0	840	44,563	100.0	804
<b>1</b>	<b>Diseases of the Heart</b>	481	27.2	228	11,229	25.2	203
<b>2</b>	<b>Malignant Neoplasms</b>	382	21.6	188	10,780	24.2	194
<b>3</b>	<b>Cerebrovascular Diseases</b>	179	10.1	84	3,760	8.4	68
<b>4</b>	<b>Chronic Lower Respiratory Diseases</b>	91	5.1	44	2,636	5.9	48
<b>5</b>	<b>Unintentional Injury</b>	67	3.8	32	2,064	4.6	37
<b>6</b>	<b>Alzheimer's Disease</b>	68	3.8	31	2,051	4.6	37
<b>7</b>	<b>Diabetes Mellitus</b>	59	3.3	28	1,403	3.1	25
<b>8</b>	<b>Influenza and Pneumonia</b>	41	2.3	19	960	2.2	17
<b>9</b>	<b>Suicide</b>	25	1.4	12	710	1.6	13
<b>10</b>	<b>Chronic Liver Diseases and Cirrhosis</b>	22	1.2	11	571	1.3	10
	<b>All other Causes</b>	356	20.1	169	8,399	18.8	152

\*Per 100,000 residents, age-adjusted to Year 2000 US Population

The data show that death rates from major cardiovascular diseases (heart disease and stroke) and diabetes mellitus are substantially higher in Yakima County than for the state as a whole, whereas death rates from chronic lung disease, injury, and Alzheimer's disease are lower. Reasons for these differences have not been specifically identified, but could include combinations of lifestyle, access to health care, and heredity. Crude mortality statistics alone, however, do not give a complete picture of the degree to which mortality is premature or preventable.

A more commonly used statistic for describing premature mortality is the year-of-potential-life-lost (YPLL). This figure is calculated for each death which occurs prior to a benchmark age, and then those figures are summed together for all deaths under consideration. YPLL before age 65 (YPLL-65) is reported most commonly, but age 80 (YPLL-80) may be more appropriate since that age reflects current life expectancy at birth. For example, a death at age 40 accounts for 15 YPLL-65 and 40 YPLL-80. Table 2 provides figures for YPLL-65 and -80 by cause of death at the national level in 1998 (most recent data available). Local reports have not been prepared for this statistic, but the general trends are likely to be the same because the distribution of causes of death and age distribution are roughly similar between the local and national levels.

Table 2. Years of Potential Life Lost, United States, 1998

YPLL 65				YPLL 80			
Rank	Cause	Number	Percent	Rank	Cause	Number	Percent
<b>Total</b>	<b>All</b>	<b>11,097,473</b>	<b>100</b>	<b>Total</b>	<b>All</b>	<b>25,389,825</b>	<b>100</b>
<b>1</b>	Unintentional Injuries	1,983,771	17.9	<b>1</b>	Neoplasms	6,040,804	23.8
<b>2</b>	Neoplasms	1,847,496	16.6	<b>2</b>	Heart Disease	4,839,890	19.1
<b>3</b>	Heart Disease	1,408,863	12.7	<b>3</b>	Unintentional Injuries	3,062,772	12.1
<b>4</b>	Perinatal Period	871,134	7.8	<b>4</b>	Perinatal Period	1,072,489	4.2
<b>5</b>	Suicide	666,446	6.0	<b>5</b>	Suicide	1,068,724	4.2
<b>6</b>	Homicide and Legal Intervention	607,025	5.5	<b>6</b>	Homicide and Legal Intervention	872,575	3.4
<b>7</b>	Congenital Anomalies	521,487	4.7	<b>7</b>	Cerebrovascular Disease	845,371	3.3
<b>8</b>	HIV	318,176	2.9	<b>8</b>	Chronic Lower Respiratory Diseases	737,594	2.9
<b>9</b>	Cerebrovascular Disease	257,589	2.3	<b>9</b>	Congenital Anomalies	674,087	2.7
<b>10</b>	Liver Disease	220,249	2.0	<b>10</b>	Diabetes	618,936	2.4
--	All Others	2,395,237	21.6	--	All Others	5,556,583	21.9

Notice that when YPLL are taken into account, unintentional injuries, conditions of the perinatal period, and congenital anomalies contribute much more to premature mortality than they do to the overall number of deaths. Also noteworthy is that during 1993-98, YPLL-65 for HIV declined about 65% from about 970,000 to 320,000 (data not presented). This is primarily attributable to the impact of antiretroviral therapy, but prevention of transmission may also have played a role. During that same interval, YPLL-65 for homicide and legal intervention declined about 33% and that for perinatal conditions and congenital anomalies fell 10%. Figures for other major causes of death remained unchanged (e.g., heart disease, neoplasms, stroke, injury).

Looking at 1990 data, McGinnis and Foege added another perspective to describing mortality—this time from the behavioral and environmental perspective. Based upon the prevalence of various risk factors and their weighted contribution to causes of death, they estimated that the most prominent contributors to mortality in the United States in 1990 were tobacco (an estimated 38% of deaths), diet and activity patterns (28%), alcohol (9%), microbial agents (9%), toxic agents (6%), firearms (3%), sexual behavior (mostly HIV—3%), motor vehicles (2%), and illicit use of drugs (2%).

Taken together, analyses from these various perspectives (crude mortality, YPLL, and behavioral/environmental) affirm the prioritization of interventions aimed to reduce injuries and violence; prevent tobacco and other substance abuse; promote physical activity; detect and treat cancer early; promote

(continued on page 4)

## YAKIMA HEALTH DISTRICT

104 N 1st St  
Yakima, WA. 98901  
Phone: 509-575-4040  
ext 541 for CD reporting  
and information

After hours Public Health Emergencies:  
509-575-4040 #1 (answering service)  
Toll Free: 800-535-5016  
Fax: 509-575-7894

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



*Prevention Is Our Business*

### Healthy Youth Survey 2002 - Results Good for Washington/Not-so-good for Yakima County

The results from the 2002 Youth Survey for 2002 are in and show that youth in Washington are actively pursuing more healthy lifestyles. Here are some examples:

- There is a drop in the number of young people smoking by an average of over 40% since 1998. This exceeds the national rate of decline of 22%.
- There has been a decrease in the number of students reporting alcohol use and binge drinking. Use of marijuana has declined generally in the student population.
- Most students feel safe at school and have not been bullied. Less than 10% of students reported carrying weapons to school.

Now the bad news. Although the results in Yakima paralleled the results statewide, the percentage of our students performing behaviors that are indications of unhealthy activity, is generally higher than the state, especially in the lower grades (grades 6 and 8). For example, sixth grade students in Yakima County report that 5.8% have drunk alcohol in the last 30 days (compared with 3.8% statewide). Fewer students also enjoyed being in school and less felt safe at school than the state average. Interestingly, students in the 12th grade provided data which are much closer to state averages than the lower grade levels. The complete review of the State Healthy Youth Survey 2002 results is available online at the Washington State Department of Health web-site ([http://www.doh.wa.gov/Publicat/2003\\_News/03-041.htm](http://www.doh.wa.gov/Publicat/2003_News/03-041.htm)).

#### **Mortality Data** (continued from page 3)

healthy sexuality, pregnancies and child rearing; prevent the spread of communicable diseases; and control exposure to hazards in the environment. Health care providers and facilities, schools, families, public safety and justice agencies, social service and voluntary agencies, public works and recreation operations, and many more of you are our partners in protecting and promoting the health of Yakima County. Without you, we could neither claim the health we have now nor envision and act upon the possibility of bringing our community to an even greater state of health. Thank you for your contribution.

#### **References**

- ◆ Death Data. Washington State Department of Health Center for Health Statistics (<http://www.doh.wa.gov/ehsphi/chs/chs-data/DEATH/DEATmain.htm>)
- ◆ Years of Potential Life Lost (YPLL) Reports, 1981-1998. National Center for Injury Prevention and Control (<http://www.cdc.gov/ncipc/default.htm>).
- ◆ McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA. 1993;270(18):2207.