

YAKIMA HEALTH DISTRICT

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Prevention is Our Business

Notifiable Conditions Summary, Yakima County, 1999-2002

Condition	Cases April to June			Year-to-date January to June			Total		
	2002	2001	2000	2002	2001	2000	2001	2000	1999
Campylobacteriosis	22	34	28	44	46	61	134	115	170
Cryptosporidiosis	0	1	1	0	1	1	10		
E. coli O157:H7	2	2	3	2	3	3	7	6	4
Giardiasis	4	11	17	14	21	28	48	54	48
Salmonellosis	23	8	11	31	10	21	30	61	65
Shigellosis	5	2	66	7	13	92	26	157	43
Hepatitis A acute	0	5	8	1	10	12	17	20	8
Hepatitis B acute	0	0	3	0	0	3	3	5	6
Hepatitis B chronic	4	19	1	10	25	3	40	--	--
Hepatitis C acute	0	0	2	1	2	3	3	5	1
Hepatitis C chronic	71	67	44	119	132	104	230	--	--
Meningococcal	0	2	0	1	2	3	2	9	7
Pertussis	22	0	4	40	0	17	2	27	29
Tuberculosis	3	5	6	4	6	7	15	10	9
HIV New	Data not yet available						18	32	3
HIV Deaths	Data not yet available						2	4	4
HIV Cumulative Living	Data not yet available						105	98	53
Chlamydia	226	192	192	402	423	374	875	808	668
Genital Herpes—Initial	19	25	N/A	37	50	N/A	121	113	89
Gonorrhea	5	22	18	21	39	29	74	92	55
Primary and Secondary Syphilis	0	0	N/A	0	0	N/A	4	3	1

Asymptomatic HIV infection became reportable in 1999.
 Chronic Hepatitis B and Chronic Hepatitis C infection became reportable in 2000.



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Public Health Websites

Centers for Disease Control
www.cdc.gov

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

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>

Wa State Dept of Health
How to Report Suspect Cases
<http://www.doh.wa.gov/ehp/ts/Zoo/WNV/WNVReportCases.html>

CDC - Clinician info
http://www.cdc.gov/ncidod/dvbid/westnile/resources/fact_sheet_clinician.htm

CDC - WNV Basics
<http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>

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

Mosquito and bite prevention information for patients
<http://www.doh.wa.gov/ehp/ts/Zoo/WNV/MosquitoTips.htm>

Outbreak of Gastroenteritis Caused by Norwalk-Like Virus at a Group Camp Facility, August 2002

On August 6, 2002, the Yakima Health District was notified by a local physician of an outbreak of gastroenteritis among attendees and staff of a group camp for youth located near Goose Prairie. On August 7, Health District staff visited the camp facility to conduct an investigation. The camping group had arrived on August 4. At least 31 participants reported a compatible illness by August 8. Based upon an estimated camp census of 320, the minimum attack rate was 10%. Median onset among identified cases was approximately 48 hours after arrival (see Figure). Nausea occurred in 25 (83%), vomiting in 20 (67%), and diarrhea in 13 (43%). Other symptoms included myalgias 17 (57%), cramps 14 (47%), and headache 11 (37%). Fever (10%) and chills (20%) were uncommon. Median duration of illness was 16 hours (reported range: 2-72 hours). Norwalk-like virus was later detected in a stool specimen collected from one ill person on August 7. Stool samples from this person and one other camper were negative for enteric bacterial pathogens.

Inspection of the camp facility on August 7 revealed several deficits in the camp's sanitation and hygiene. Most notable in this context were gross contamination of latrine areas with feces, as well as inadequate handwashing facilities. On August 8, camp organizers voluntarily closed the site to interrupt trans-

mission and permit cleaning and establishment of more hygienic conditions. On August 11, the camp re-opened to a new group for its final session of the summer. No illnesses were reported to the Health District during this session.

This outbreak of Norwalk-like gastroenteritis was most likely started by introduction of an ill or incubating camper to the facility, with subsequent person-to-person spread leading to two successive waves of illness (see Figure). Norwalk is a member of the calicivirus family, a group of small RNA viruses that cause the overwhelming majority (95%) of nonbacterial gastroenteritis outbreaks. The infectious dose is <100 viral particles. The incubation period is 24-48 hours. Predominant symptoms include nausea, vomiting (more common in children) and/or watery diarrhea (more common in adults). The virus remains viable on fomites and other environmental surfaces, enabling transmission in the absence of direct exposure to a case. These features combine to produce a high rate of transmission, particularly in congregate settings such as camps and nursing homes. Contamination of uncooked food by ill persons may contribute to transmission, but foodborne transmission is not suspected to have played a significant role in this outbreak. In addition to these modes of fecal-

Time to Onset of Illness



