

YAKIMA HEALTH DISTRICT

104 N 1st St
 Yakima, WA. 98901
 Phone: 509-575-4040
 ext 541 for CD reporting
 and information
 Toll Free: 800-535-5016
 Fax: 509-575-7894

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



Prevention is Our Business

Notifiable Conditions Summary, Yakima County, 2000-2002

Condition	Cases July to Sept			Year-to-date January to Sept			Total	
	2002	2001	2000	2002	2001	2000	2001	2000
Campylobacteriosis	39	52	47	84	98	108	134	115
Cryptosporidiosis	1	6	0	1	7	1	10	1
Enterohemorrhagic E. coli E. coli O157:H7	1	0	0	1	0	0	0	0
Giardiasis	3	2	2	5	5	5	7	6
Salmonellosis	16	13	15	30	34	43	48	54
Shigellosis	13	14	33	44	24	54	31	68
Hepatitis A acute	14	3	25	17	16	117	26	154
Hepatitis B acute	1	5	7	2	15	19	17	20
Hepatitis B chronic	0	3	1	0	3	4	3	5
Hepatitis C acute	3	8	3	13	34	4	41	--
Hepatitis C chronic	1	1	0	2	3	3	3	4
Meningococcal	81	52	45	201	183	144	230	--
Pertussis	3	0	4	4	2	7	2	9
Tuberculosis	15	1	16	55	1	33	2	34
HIV New	4	5	1	8	11	9	15	10
HIV Deaths	Data not yet available						18	32
HIV Cumulative Living	Data not yet available						2	4
Chlamydia	Data not yet available						105	98
Genital Herpes— Initial	242	218	188	644	641	562	875	808
Gonorrhea	24	44	29	59	102	81	121	113
Primary and Secondary Syphilis	22	20	35	43	59	64	74	92
	0	2	2	0	7	6	4	3

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
Announcing

The Yakima Health District is now online.

The site provides information about our programs, services, news, and links to other important health sites. You can access us at:

www.co.yakima.wa.us/health/default.html

CDC 2002 STD Treatment Guidelines
www.cdc.gov/nchstp/dstd/dstdp.html

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>

Reported Sexually Transmitted Diseases in Yakima County During 2001

Below is a summary of statistics on sexually transmitted diseases (STDs) reported in Yakima County during calendar year 2001. The Health District greatly appreciates the efforts of clinicians and laboratorians who have made reports contributing to this surveillance system. Monitoring transmission of STDs provides information about risk factors for acquisition and the adequacy of access to reproductive health services. It also helps us determine how best to allocate our collective resources for promoting healthy sexuality, preventing adverse reproductive health consequences (e.g., ectopic pregnancy, infertility, neonatal infections), and controlling the transmission.

A few highlights gleaned from the current data include:

- STD rates in Yakima generally exceed rates observed for the state of Washington as a whole.
- Compared to 2000, Yakima County experienced increased reports of chlamydia (8%) during 2001.
- Persons aged 15-24 have the highest rates of chlamydia, and account for 70% of reported cases.
- The female:male ratio for reported chlamydia cases is 4.5-to-1. The true ratio is probably 1:1, with the discrepancy being explained by the following considerations. First, the surveillance data suggest that clinicians are much more likely to conduct chlamydia testing among women with cervicitis than among men with urethritis. Furthermore, the majority of case reports come from asymptomatic women undergoing screening in family planning clinics. Screening among asymptomatic men is far less extensive.

- Yield of positive tests from targeted chlamydia screening among young women in reproductive health settings ranged from 7.3-10.6%. Results of similar screening, albeit among a smaller group of men, yielded positivity rates of 13-50%. These figures remain well above those for considering the intervention cost-effective.
- Twelve percent of chlamydia cases among women represented re-infection. CDC now recommends that all women diagnosed with chlamydia be re-screened three months after treatment. Only 4% of cases among men were re-infection, and routine re-screening is not recommended for infected men.
- Compared to 2000, Yakima County experienced decreased reports of gonorrhea (24%). This decline in gonorrhea brought Yakima County's case rate below the state rate.
- Age distribution for gonorrhea cases is similar, with peak rates observed among 15-24 year-olds, who account for two-thirds of the cases. Only 4% of gonorrhea cases represented re-infection (men 7%, women 2%).
- From 2000 to 2001, case reports of gonorrhea among men declined from 54 to 27 and among women increased from 38 to 47. This probably suggests a decline in transmission among men, with stable or slightly increased morbidity (or improved case finding) in women.
- Syphilis remains relatively rare, though not eliminated. Four cases of early syphilis were reported in 2001 and no cases of congenital syphilis were reported.

(cont'd on page 2)

2001 STD Statistics cont'd.**Based upon these findings, the Health District offers the following recommendations to enhance STD control in Yakima County:**

- As part of routine primary care, regularly ask patients about their sexual activity, particularly among young men and women aged 15-24 years.
- All sexually active women under 20 years of age should be screened for chlamydia at least annually. Women under 25 years of age should be screened at any visit if they have multiple partners or if they have acquired a new partner in the preceding 3 months.
- Women diagnosed with chlamydia should be re-screened 3 months after treatment to detect possible re-infection.
- Urine-based chlamydia screening should be offered to men presenting in high prevalence settings (e.g., family planning clinics, detention and correctional facilities, work release, and drug treatment centers).
- Women with cervicitis and men with urethritis should universally be tested for both gonorrhea and chlamydia.

For gonorrhea, culture or nucleic acid amplification are the preferred methods. For chlamydia, nucleic acid amplification is preferred. Empiric treatment for chlamydia while awaiting results is recommended, especially for patients under 25 years of age.

- Follow CDC guidelines for diagnosis and treatment of all STDs.
- Partner management is a critical component of clinical care for STDs. Ask about partners, never assume that there is only one, and encourage patient involvement in bringing partners in for testing and chemoprophylaxis.

Resources

- Case reporting should be directed to Alex Popov (509.249.6531). Alex is also available to provide guidance in partner notification efforts and some additional STD data.
- Clinical consultation and guidance in other matters of STD control can be obtained from Chris Spitters, MD (206.675.0282).
- The Centers for Disease Control's *new* 2002 STD Treatment Guidelines be downloaded from the internet at www.cdc.gov/nchstp/dstd/dstdp.html.

Access to Primary Care Physicians for Medicaid and Medicare Patients in Yakima County

With support from the Washington State Department of Health, the Yakima Health District surveyed practices to determine the amount of direct care provided by primary care physicians in Yakima County during the summer of 2002. One hundred thirty-two primary care physicians provide care in Yakima County (73 family practice, 13 internal medicine, 19 gynecology and obstetrics, 22 pediatrics). These providers account for 111 full-time equivalents (FTE; 40 hours of direct care per week). Distribution of primary care providers by type of practice was as follows: 46% private practice, 39% federally qualified health centers, and 15% Central Washington Family Practice. The population:provider ratio is 2198:1. While this is better than federal standards for serious shortages (3000:1), it falls short of typical (1800:1) or ideal (1500:1) capacity levels. The ratio for low-income and migrant populations is 1848:1, better than for the general population. The lowest ratio was observed for Medicare patients (1347:1); however, the data also indicated concern for reduced access among those with Medicare coverage. Three-fourths of such patients are cared for in private practices, the setting least likely to be accepting new Medicare patients. Seventy-nine percent of primary care patients are covered by Medicaid, Medicare, or employer sponsored plans. This information is being used to apply for expanded HPSA status for Yakima County. For more information or to obtain a copy of this report, contact Dennis Klukan @ (509) 249-6666 or e-mail dennis.klukan@co.yakima.wa.us

Amednews Covers Public Health Funding Losses

The October 28 edition of amednews.com carried an article addressing the current public health funding crisis. Staff reporter Victoria Stagg Elliot told the story of how, despite an infusion of federal funds for bioterrorism response, local public health budgets and services continue to be cut. A sagging economy with reduced tax revenues, state budget deficits, and increased demand for services have all combined to more than offset the benefits of bioterrorism funding. In some cases, the promise of increased federal funding may have even motivated state and local policy makers to cut their own contributions to public health. Many public health officials interviewed spoke to the crumbling infrastructure of public health under the weight of years without budget increases and the lack of flexible funding to enhance infrastructure in ways that are meaningful locally. For more information on public health funding, see the original text of the article at amednews.com and see the June edition of this Bulletin.

HIV/AIDS Outreach

The Yakima County Health District HIV/AIDS program has recently developed a partnership with the Central Washington Family Medicine Residency Program. Family Practice residents are now scheduled with the outreach program to provide limited medical care to injection drug users. Many of the clients who are participants in this program have extremely limited access to the most basic

medical care and develop preventable and treatable conditions such as wound abscesses. This partnership allows the residents to experience medical conditions that they might not encounter in a traditional program while providing a substantive contribution to the community. For further information please contact Wendy Doescher at 249-6503 or E-mail wendy.doescher@co.yakima.wa.us

Pertussis Transmission Continues

Pertussis cases continue to occur in Yakima County. To date, 70 confirmed cases have been reported in 2002, compared with only two cases reported for all of 2001. Statewide, 366 cases have been reported this year. Transmission has occurred recently in health care facilities and other congregate settings. Even in highly vaccinated communities, pertussis tends to undergo periodic 1-2 year cycles of increased transmission; we appear to be in such a cycle now.

Previous immunization with DTP or DTaP does NOT provide absolute protection against developing pertussis following exposure, but is about 85% effective in preventing disease in young children. Immunity wanes with increasing age; children and adults with confirmed pertussis usually do have a history of previous immunization. These cases are thought to play a major role in transmission of pertussis to younger, more vulnerable children. Regardless of immunization history or age, patients with a compatible clinical syndrome should be offered testing for pertussis, as well as empiric therapy with a macrolide. Strong consideration should be given to providing chemoprophylaxis to household contacts while awaiting laboratory results—especially when young children live in the home.

Laboratory testing for pertussis should include culture and

polymerase chain reaction (PCR). A direct fluorescent antibody test may be ordered, but its ability to confirm or exclude disease is limited. A separate swab should be collected for each test by rotating a dacron or rayon tipped swab for at least 10 seconds in the nasopharynx (i.e., three swabs per patient tested).

Treatment or chemoprophylaxis consists of any of the following regimens:

Erythromycin (40 mg/kg/d up to 2 g/d divided q6h) x 14d; or
Azithromycin (10-12 mg/kg/d up to 500 mg/d in a single qd dose) x 5-7d; or
Clarithromycin (7.5 mg/kg/d up to 1 g/d divided q12h) x 7-14d

This week the Washington State Department of Health announced that the DtaP shortage is resolved and that vaccination should resume on standard schedule for infants and children entering school. Children with delayed school entry boosters which were deferred because of the shortage must be up-to-date by January 1, 2003.

For more information on diagnosis, treatment, and prevention of pertussis, please see the April 2002 issue of this bulletin or contact YHD at 509.249.6541.

Location of Flu Shot Clinic Sites Available Through YHD

Need to know where to refer someone who wants to get a flu shot in Yakima County this season? The Health District **does not administer the vaccine** but can help by providing a list of sites throughout the county where the flu shots are available. This information is available by the date and hours of the clinic or by the city where the clinic site is scheduled. Calling 249-6541 or outside of the Yakima area 1-800-535-5016 ext. 541 will put you in touch with staff who can access the list. This information will be available on the Yakima Health District website (www.co.yakima.wa.us/health/default.html) in the near future.

We encourage clients calling us to contact their medical provider as a first choice for this yearly injection. If that is not an option, we provide the information from our database. We welcome information from providers, clinics or businesses offering flu shots to the public to add to our list. Please call us at the phone numbers listed above.

Another option for locating information on flu shot clinic sites throughout Washington and Oregon is the website www.getaflushot.com.