

NOTIFIABLE NEWS

A quarterly report on disease trends in Kitsap County

Spring 2015

GONORRHEA IS AT OUTBREAK LEVELS The 2014 county-wide incidence rate (71 per 100,000) exceeded rates of the past 15 years. The incidence rate nearly tripled from 2012 to 2014. Bremerton residents represent the majority (61%) of cases and have the highest sub-county rate. Cases have been split about equally between men (52%) and women (48%). Men account for an increasing proportion and tend to be older. Persons aged 20-34 years represent the majority (68%) of cases and have the highest rates, though there were increases across all age groups. Men-who-have-sex-with-men (MSM) cases have increased, but do not appear to be driving the overall trend. Healthcare providers have been asked to enhance testing among 20-34 year olds, and to consider offering screening to all sexually active patients since we are seeing widespread increases across age, gender, and sexual orientation.

MEASLES OUTBREAK IN CLALLAM;

KITSAP PREPARES During the first quarter of 2015 Washington State had significant measles activity with 8 cases reported. Two cases in Grays Harbor and 1 in Whatcom had exposures in California – at least 2 were connected to the Disney outbreak. Closer to home, Clallam County identified 5 measles cases in the span of 5 weeks. The second and third cases were exposed to the first (index) case, and the last two were family members of the second case.



The source for the index case remains unknown. The communicability of this serious disease underscores the importance of both vaccination and preparedness. All medical facilities should ensure their staff have evidence of immunity by one of the following: documented administration of 2 doses of live measles virus vaccine, laboratory evidence of immunity, born before 1957, or documentation of healthcare provider-diagnosed measles. For

more information, see: http://www.kitsapcountyhealth.com/news/Measles/alert_corporate_measles.php.

24/7 REPORTING Kitsap Public Health District (KPHD) is available to you day or night when you call one number **(360) 337-5235**. After hours you'll have the option to speak with an answering service agent who will connect you with the KPHD duty officer. If you have any questions about our 24/7 system, please contact Ruth at (360) 337-5752 or ruth.westergaard@kitsappublichealth.org

Table 1. Human Cases of Selected Notifiable Conditions, Kitsap Residents

Category	Disease	Annual Average # (2012-2014)	# Year-to-date (2015 Q1)
Enteric	Campylobacteriosis	38	7
	Giardia	20	1
	Hepatitis A	1	0
	Salmonella	21	2
	Shiga toxin-producing <i>E. coli</i> (STEC)	5	0
Vaccine preventable	Influenza*	1	3
	Pertussis	41	117
TB	Tuberculosis	3	0
STDs	Chlamydia	965	236
	Gonorrhea	116	42
	Syphilis (primary & secondary)	5	4
Zoonotic	Lyme disease	1	0
	Rabies suspected exposures	11	3

In 2012-14 and year-to-date 2015 (Jan-Mar), there were no reported human cases of: Brucellosis, *Cryptococcus gattii*, Hantavirus pulmonary syndrome, Leptospirosis, Plague, Psittacosis, Q Fever, Rabies (human), Tularemia, West Nile Virus.

*Novel strains and lab-confirmed deaths only

NOTE: 2015 case counts are preliminary as of 4/1/15 and subject to change as case reports are finalized.

Table 2. Animal Cases of Selected Notifiable Conditions

Disease	Kitsap County		WA State	
	Previous 3 Year Total (2012-2014)	# Year-to-date	Previous 3 Year Total (2012-14)	# Year-to-date
Rabies in bats	4	0	36	0
<i>Cryptococcus gattii</i> *	0	0	18	0
West Nile Virus in mosquitoes	0	0	103	0
West Nile Virus in birds	0	0	0	0
West Nile Virus in mammals	0	0	8	0

* Includes cats (10), dogs (5), porpoises (2), and a bird.



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ALSO IN THIS ISSUE:

- Pertussis update
- Influenza 2014-2015
- Spring zoonotic diseases

KITSAP PERTUSSIS OUTBREAK

ONGOING Year-to-date (April 1) the pertussis case count was 115. This is well beyond historic comparisons. A December 2014 uptick in cases was followed by a peak in January 2015. Case reports have since slowed. The majority (76%) of cases to date have been school age children (5-18 years), particularly 15-17 year olds. The outbreak has been concentrated in Bainbridge Island, accounting for 76% of the cases thus far. Most cases were up to date on their vaccines, which was frustrating for parents, healthcare providers, and public health officials alike. Vaccination remains the best way to prevent pertussis. Evidence shows that vaccinated persons who develop disease experience milder symptoms and shorter duration as compared to unvaccinated persons. For more information, see:

www.kitsapcountyhealth.com/news/Pertussis/alert_corporate_pertussis%20Page%203.php.

INFLUENZA SEASON 2014-2015

This season the influenza vaccine was not well matched to the predominant circulating influenza A virus strain. Statewide indicators reflected this as they showed increased levels compared to recent seasons. In Kitsap County, influenza outbreaks were reported at 7 long-term care facilities. Kitsap Public Health District hopes to launch a new county-focused respiratory illness surveillance report this fall. As part of this effort, we encourage healthcare providers to participate as influenza-like illness (ILI) sentinel providers in the CDC's ILINet program. Please contact us for details on how you can help in this simple weekly report (Nicola, Epidemiologist, 360-337-5673). For more information, see:

www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/InfluenzaSurveillanceData

SPRINGTIME ZONOTIC DISEASE RISKS When the weather warms, animals and people are outdoors more, increasing the opportunity for exposure to diseases from animals. In spring and summer people are more apt to experience animal bites, tick-borne and mosquito-borne infections, as well as salmonellosis associated with live poultry. Educational materials on hand-washing after handling poultry (and other animals) and on avoiding tick and mosquito bites are available from the CDC and WA DOH.

Bats are the only known rabies reservoir in Washington, but the potential for wildlife and even domestic pets to acquire rabies from bats and then expose people means that all animal bites deserve careful evaluation. Guidance for assessing rabies risk following an animal exposure is available at: www.doh.wa.gov/Portals/1/Documents/5100/RabiesPEPGuidance.pdf.

Lyme disease is the most frequently reported tick-borne disease in Washington, but the incidence is still very low (only 10-25 cases/year). Most exposures actually occur in the Midwest or East Coast. The tick vector in Washington is *I. pacificus*, though the past 4 years of surveillance findings indicate that very few (<2%) carry *B. burgdorferi* (the causative bacterium); none of the tested samples (37) from Kitsap County were positive. Healthcare providers should be aware of the possibility for locally acquired Lyme disease and consider serologic testing for patients with both a clinically compatible illness *and* a known (or possible) tick bite. Providers are encouraged to use appropriate serologic assays to verify the diagnosis, including 2-tier testing (www.cdc.gov/lyme/diagnostesting/LabTest/TwoStep/). However, testing is not generally recommended in low-incidence areas such as Washington if the exposure history does not fit (i.e., no risk factors for tick exposure) due to the concern of false positives.

Rocky Mountain spotted fever (RMSF) is only sporadically reported in Washington, but providers should be aware of a new study reinforcing the recommendation to treat pediatric patients with doxycycline. This is the most effective treatment for RMSF and other rickettsial infections, and new evidence further demonstrates that doxycycline can be safely used for rickettsial disease without causing tooth staining or weakening of enamel (www.cdc.gov/rmsf/doxycycline/index.html).

Spring is also a time when people tend to clean up storage sheds and visit outbuildings or cabins that haven't been inhabited in a while. Cleaning up rodent nests or infested areas can present a risk for hantavirus pulmonary syndrome (HPS). Typically 1-5 HPS cases occur statewide per year. Deer mice that carry hantavirus live throughout the state so exposures have occurred in most counties, though the majority are in eastern Washington. Patients often present after the febrile prodrome has progressed to the cardiopulmonary phase, when hospitalization and ventilation are usually required.

For more information on these and other zoonotic diseases, see: www.doh.wa.gov/YouandYourFamily/IllnessandDisease/AnimalTransmittedDiseases.

SEE OUR MONTHLY NOTIFIABLE CONDITIONS REPORT See current data for reported notifiable conditions in Kitsap, Clallam and Jefferson Counties at www.kitsappublichealth.org under "Alerts and Announcements."