

Q1 2024 EPI UPDATE

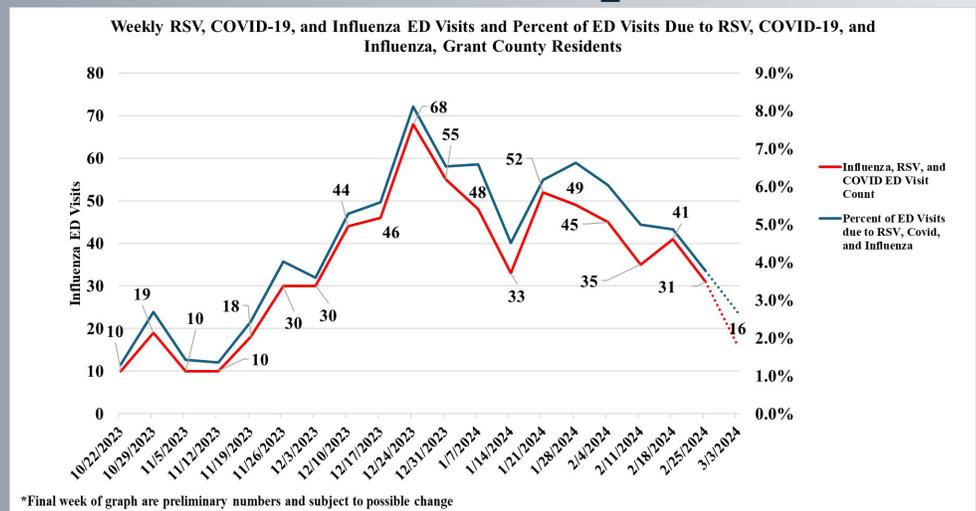
HIGHLIGHTS

- Respiratory Virus: Season Updates
- TB Program & World TB Day
- Health Officer Public Update
- Salmonella & Backyard Poultry
- Immunization Record Review
- STI Notification
- Pediatric Blood Lead Testing

CDC Guidance Update:

GCHD issued a [media release](#) on March 6th regarding updated CDC guidance that streamlines interventions for all respiratory viruses. To date, DOH has yet to endorse CDC's guidance.

Respiratory Virus: Season Updates



The 2023/2024 respiratory virus season was officially announced by the Grant County Health Officer, Dr. Alexander Brzezny on December 8th, 2023. By late December approximately 8% of emergency department (ED) visits in Grant County were associated with influenza, COVID-19 and respiratory syncytial virus (RSV). Emergency department visits associated with these three viruses reached a second and slightly less significant peak between January 28th and February 4th. To date, GCHD's surveillance data shows a steady decline in ED visits since this peak - dipping just below 4%.

The 2023/2024 respiratory virus season will remain active until several weeks of surveillance indicate a continued decline in emergency department visits and maintain levels below all triggering thresholds –

1. Seven-day respiratory illness hospitalization rates > 10/100,000
2. COVID-19 comprising > 4% of emergency room visits
3. Influenza comprising > 4% of emergency room visits*
4. Respiratory syncytial virus comprising > 0.5% of emergency room visits*

Providers should continue to closely follow epidemic policies.

Grant County TB Program & World Tuberculosis Day

GCHD Tuberculosis Program:

Tuberculosis continues to be present in Grant County. In 2023 GCHD investigated 12 cases of suspect TB cases confirming one in 2023. One (1) active case received directly observed therapy (DOT) in their home. In total GCHD staff spent 830 hours investigating and managing this case, while Latent Tuberculosis, (LTBI) program took 1406 staff hours. LTBI work included evaluation of 69 patients and care coordination with our clinical partners.

TB clients are referred to GCHD for several reasons including a positive IGRA/TSPOT blood test, exposure to an active case of TB, a healthcare worker getting screened for employment, or immigration.

Spittoon Award:

In honor of World TB Day, Grant County Health District's Investigation & Response team and the Grant County Health Officer chose a recipient of the "Spittoon Award". This award is given to a healthcare provider or entity who partnered with Grant County Health District to care for TB patients, both active and LTBI, and provided visible support to help eliminate TB. This year's Spittoon Award goes to the **staff at Quincy Community Health Center**. Their health care providers and support staff were an integral part of our investigation of our mutual Active TB patient. Their collaboration in ensuring this client, as well as those exposed, were screened and treated, was impeccable. We are grateful for their continued support over the years.

FOR MORE INFORMATION

World
Tuberculosis
Day
MAR. 24TH

[History | World
TB Day | TB | CDC](#)

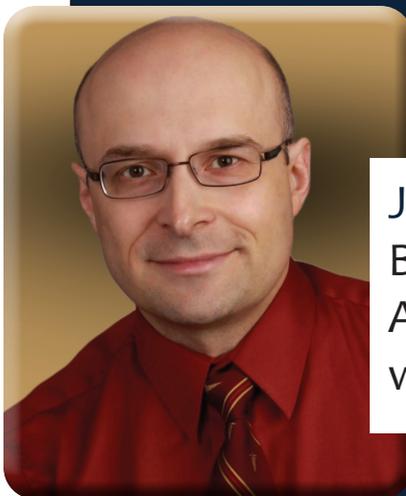
[World TB Day
2024 - Yes! We
Can End TB |](#)

Tuberculosis
Testing
&
Treatment

[Tuberculosis
\(TB\) | WA State
Department of
Health](#)

[Think. Test.
Treat TB Home-
page \(cdc.gov\)](#)

Health Officer Public Health Update



Slides from the March 11th presentation will soon be available here: <https://granthealth.org/2024-provider-alerts/>

Join Grant County Health Officer, Dr. Alexander Brzezny for a public health update each quarter. An updated calendar invite for Quarter 2's session will be available soon.

Quarterly updates will discuss epidemiological trends currently impacting the health of our communities, healthcare settings, and schools. Additionally, the Grant County Health Officer will provide insights into current recommendations for reducing harm and impacts from infectious illnesses and diseases. We highly encourage your attendance during these presentations, as your insights and contributions are invaluable to our ongoing efforts in addressing public health challenges.

SALMONELLA & BACKYARD POULTRY

As the popularity of owning backyard poultry has increased, so has the incidence of live poultry-associated Salmonellosis. In 2022, multiple outbreaks of Salmonellosis were identified across 49 states, resulting in 1,230 confirmed cases, 225 hospitalizations and two (2) deaths. Last year, GCHD staff investigated several cases of Salmonellosis linked to backyard poultry exposure, a few of which were tied to larger, multi-state outbreaks investigated by CDC. As springtime approaches, local agricultural feed stores and mail order hatcheries are starting to sell baby poultry, such as chickens, ducks, geese, turkeys, and other domesticated birds. Baby poultry can carry exceptionally high loads of Salmonella bacteria, putting those who have contact with them or their environment at risk of infection.

Owners of backyard poultry should take measures to prevent Salmonellosis such as practicing good hand hygiene, supervising children around poultry, and keeping poultry and any equipment used with poultry (including shoes/clothes) outside of the home. Children under 5 years old should not touch backyard poultry or anything in the area where poultry live or roam.

Salmonellosis (nontyphoidal) is characterized as a febrile illness with diarrhea (sometimes bloody), nausea, headache, and sometimes vomiting. Asymptomatic infection can occur. Invasive infection occurs as urinary tract infection, septicemia, abscess, arthritis, cholecystitis and rarely as endocarditis, pericarditis, meningitis, or pneumonia. Incubation ranges from one to three days (range six hours to five days), with illness lasting days to weeks, though fecal shedding can last months. Testing via stool culture is recommended and considered the gold standard, though more rapid, culture-independent techniques are becoming increasingly more common. All Salmonella-positive specimens from commercial labs must be sent to the WA State Public Health Laboratory for culture confirmation and serotyping. Treatment is supportive, with antibiotic therapy recommended only for immunocompromised patients, those with severe illness, and adults aged 65 or older.

Cases of Salmonellosis must be reported within 24 hours to GCHD by faxing the completed [report form](#) to 509-764-2813. If backyard poultry is the suspected exposure source, please include this information in the report, or call the GCHD CD-Epi team at 509-766-7960 ext. 56 or 14.

FOR MORE INFORMATION

[Salmonellosis \(nontyphoidal Salmonella\) | Washington State Department of Health](#)
[Backyard Poultry | Washington State Department of Health](#)
[Salmonella Homepage | CDC](#)



Urgent Need to Review Childhood Immunizations



With the increase of confirmed cases of vaccine-preventable diseases in many states including Washington, it is advised that providers review children's immunization records for required school immunizations and update appropriately.

To ensure families are complying, or have plans to be immunized, it is encouraged for providers to work with the parents of any child entering a healthcare facility, whether for a wellness check or school physical. There are requirements put into place to protect children, families, and communities from vaccine-preventable diseases. Children failing to address immunization requirements or plans, should be excluded from school until documented proof of vaccination or exemption is on file.

Another resource providers can share with parents is [MyIR Mobile](#) - a free, secure, online mobile app that allows parents to view immunization histories, get reminders for immunizations and print official records.

CDC has also developed a catch-up guidance called [Job Aids](#), that assists healthcare providers with adolescent immunization schedules and recommendations.

Help us fight STIs with your timely report!



Grant County has seen a rise in all reportable STI's in the last five years, especially syphilis. With timely reporting, staff are able to follow up and ensure the adequate treatment of patient and partners to stop further spread. It is required that all healthcare providers serving patients with Sexually Transmitted Infections (STIs) complete the Washington State Department of Health Confidential Sexually Transmitted Infection [Case Report Form \(Form #347-102\)](#). This form must be submitted to GCHD within three days of patient diagnosis, as part of an STI investigation and in accordance with [WAC 246-101-101/301](#). Please ensure that all boxes are checked, and the form is completely filled out before faxing it to 509-764-2813.

Once GCHD has received notification of a lab-confirmed STI, our communicable disease staff will follow up with the patient to ensure treatment is taken as directed. Please help prepare your patient by making them aware of this routine follow up.

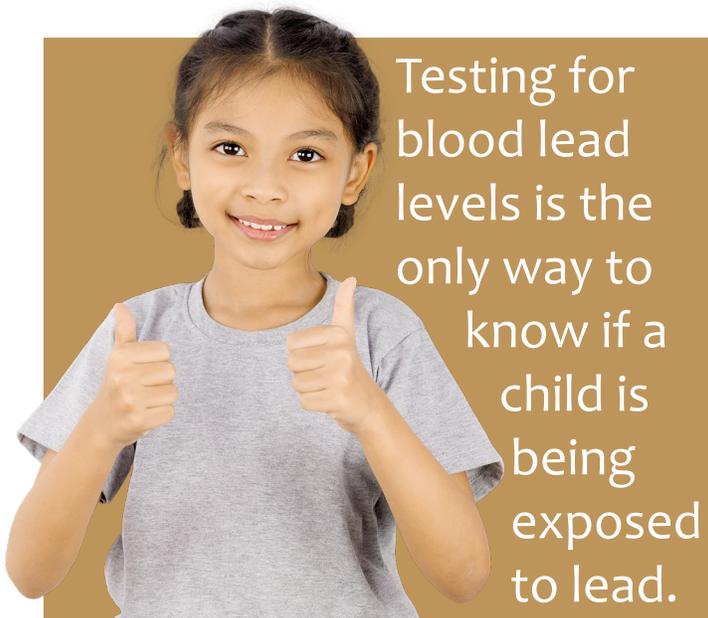
Grant County Health District is now providing [Expedited Partner Therapy \(EPT\)](#) exclusively for partners of patients diagnosed with Chlamydia or Gonorrhea. It is important to note that patients must be diagnosed first before their partners can receive treatment. Providing treatment to partners alongside patients is essential in preventing reinfection and halting the spread of infection. You can contact the Grant County Health District Monday through Thursday, from 8:00 a.m. to 5:00 p.m. Appointments are available on Fridays only upon request.

If you have any questions or concerns or would like additional information, please contact GCHD at (509) 766-7960, press "0" (zero), and request to speak with the Medical Assistant or other STI support staff.
Jessica Pruneda, MA-C | jpruneda@granthealth.org

Pediatric Blood Lead Testing

Lead exposure remains a significant public health concern, particularly for its harmful effects on children's health. Even relatively low levels of blood lead have been shown to have subtle effects on the developing central nervous system resulting in IQ loss, learning difficulties, poor school performance, decreased attention span, and inappropriate behavior. The primary sources of lead exposure continue to be from household hazards such as chipping paint and contaminated soil. Recently, however, recalls of lead contaminated consumer products including [applesauce pouches](#) and children's toys, have generated some additional needed attention to the subject of lead and its variety of potential sources.

Testing for blood lead levels is the only way to know if a child is being exposed to lead. A recent [audit](#) found that only one quarter of children enrolled in Washington's Medicaid program, Apple Health, are tested for lead, meaning our state does not currently meet federal requirements for lead testing. Additionally, Washington State tested a lower percentage of children overall than other western states yet had a higher percentage of children with elevated blood lead levels.



When/Who to Test

Federal regulations require that all children enrolled in Medicaid receive a blood lead test at 12 and 24 months of age, or at 24 to 72 months of age if no record of a previous test exists. Additionally, the Department of Health (DOH) recommends that providers assess all children for risk of lead poisoning at 12 and 24 months of age based on the guidance in this [clinical algorithm \(PDF\)](#).

Testing Methods and Reporting

Laboratories are required to report all blood lead test results to DOH. Blood lead levels of ≥ 5 mcg/dL must be reported within 2 days. Other test results must be reported within 30 days. Venipuncture is preferred for specimen collection, but finger stick (capillary) collection is acceptable if care is taken to properly clean and prepare the finger. Capillary specimens testing ≥ 5 μ g/dL should undergo confirmatory testing, ideally with a venous specimen.

GCHD's Role

Though GCHD is notified of elevated blood lead results by DOH, providers are encouraged to report patients with elevated blood lead levels to GCHD directly so we can work together to identify the source of the lead exposure and ensure that it is mitigated and removed from the family's environment. Staff are available for consultation by calling 509-766-7960.

Lead Testing Resources

[Blood Lead Testing Information for Health Care Providers | WA State Department of Health](#)

[PEHSU Fact Sheet Lead Management Health Professionals 9 2021.pdf](#)

[Lead Publications | WA State Department of Health](#)

TO REPORT A NOTIFIABLE CONDITION:

PHONE:
(509) 766-7960

CONFIDENTIAL FAX:
(509) 764-2813

AFTER HOURS &
WEEKENDS:
(509) 398-2083

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DISEASE/ CONDITION	YEAR: 2023	YEAR: 2022
Botulism	<5	<5
Blood Lead – Child	<5	0
Campylobacter	30	28
Chlamydia	467	418
Coronavirus (SARS-CoV2)	3,036	13,178
Cryptosporidium	<5	<5
Coccidioidomycosis	<5	<5
Shiga toxin E. coli (STEC)	14	<5
Giardia	0	<5
Gonorrhea	80	78
Hepatitis A	<5	0
Hepatitis B (chronic)	14	17
Hepatitis C (chronic/surveillance)	40	79
Hantavirus	0	0
Herpes Simplex	19	13
HIV	<10	<10
Influenza Deaths	<10	0
Legionellosis	<5	<5
Listeriosis	0	0
Malaria	0	0
Measles	0	0
Meningococcal	0	0
Mumps	0	0
Pertussis	0	0
Rabies PEP	8	0
Relap. Fever/Lyme	0	0
Rubella	0	0
Salmonella	18	10
Shigella	<5	<5
Syphilis	44	40
Tuberculosis	<10	0
Yersiniosis	<5	0
West Nile Virus	0	0
Unexplained Death	0	0
Totals	3801	13,880



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(509) 766-7960