

# Q2 2025 EPI UPDATE

Published: April 2025

## HIGHLIGHTS

Respiratory Illness Season Conclusion

Measles Preparedness

Upcoming Events

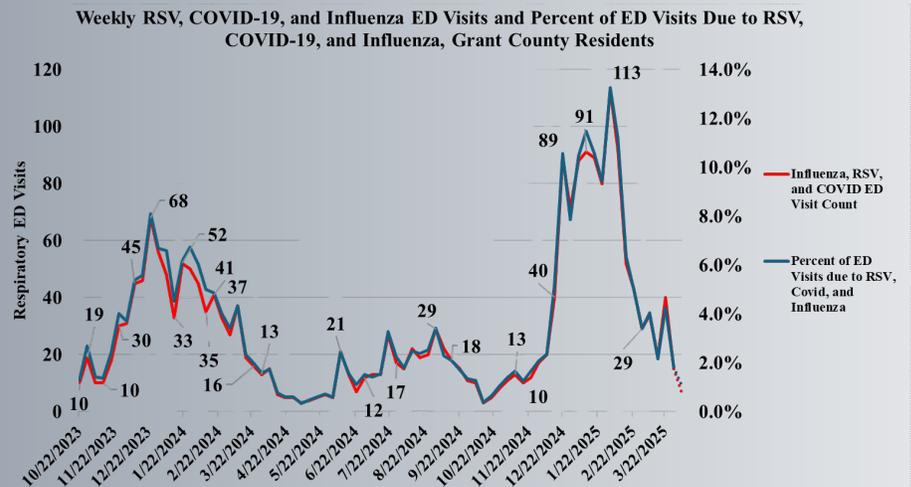
Pertussis Update

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## CONCLUSION OF THE 2024/25 RESPIRATORY ILLNESS SEASON



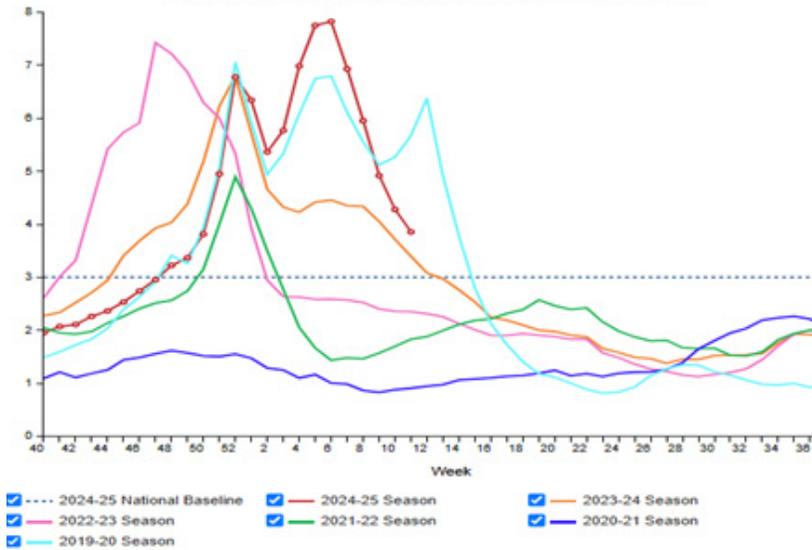
Grant County Health Officer, Dr. Alexander Brzezny, announced the end of the epidemic phase of the 2024/2025 respiratory illness season on April 16, 2025.

Since March 2025, emergency department visits in Grant County related to COVID-19, influenza, and respiratory syncytial virus (RSV) have remained below thresholds set by the health officers in our region. Other indicators continue to point toward generally low or decreasing respiratory virus activity. **Healthcare facilities may deactivate their respiratory virus or influenza epidemic policies and resume routine surveillance and precautions.**

### CDC: Season Overview

This season was considered a high severity season for influenza and had the highest hospitalization rate since the 2010/2011 season. CDC estimates that there have been at least 590,000 hospitalizations and 26,000 deaths from influenza so far this season. In contrast, hospitalizations associated with COVID-19 were lower than all previous seasons.

Percentage of Outpatient Visits for Respiratory Illness Reported by The U.S. Outpatient Influenza-like Illness Surveillance Network (ILI<sub>Net</sub>), Weekly National Summary, 2024-25 Season and Selected Previous Seasons



## Grant County: Season Overview

The 2024/2025 respiratory illness season was officially announced on December 27, 2024. This season peaked in early February, when 13% of all emergency department visits were related to RSV, influenza, or COVID-19. Since the season began, GCHD has responded to twelve influenza outbreaks in schools and long-term care facilities, and five COVID-19 outbreaks in long-term care facilities.

GCHD confirmed four influenza-related deaths this season. No COVID-related deaths were reported.

Although respiratory virus activity continues to decline, respiratory viruses can be unpredictable, and the situation could change. Healthcare facilities are urged to continue monitoring their own respiratory illness indicators and respond accordingly.

In most circumstances, healthcare providers are not mandated to report respiratory illnesses and test results, with the exception of COVID-19. To monitor respiratory illnesses in Grant County, GCHD partners with healthcare facilities, who have agreed to share their observations and results. By reporting this information, healthcare facilities assisted GCHD with surveillance and timely public notification when cases were increasing. GCHD tracks the situation in our area using regional, state and national dashboards and surveillance data in addition to the local statistics.

## Mask Guidance

GCHD will continue monitoring for seasonal respiratory viruses and year-round viruses. It is the continued expectation that, whenever safe and possible, all persons, including healthcare patients or staff, with respiratory symptoms wear a mask (preferably a KN-95 or N-95, but at least a surgical mask) when presenting to a healthcare facility with any respiratory symptoms or whenever testing positive for COVID-19 or any other respiratory pathogen. L&I expectations and requirements for the use of PPE in healthcare, including masks and respirators, are included [here](#).

## COVID-19 & Other Respiratory Vaccines

Even in the warmer months, everyone 5 years and older should get 1 dose of the most recently updated COVID-19 vaccine to protect against serious illness from COVID-19. An additional COVID-19 vaccine dose is now recommended for adults 65 years or older at least 4 months following their last dose. COVID-19 vaccination reduces the risk of severe illness and hospitalization by about 50% compared to people not up to date on vaccination. [Click here to find COVID-19 vaccine near you.](#)

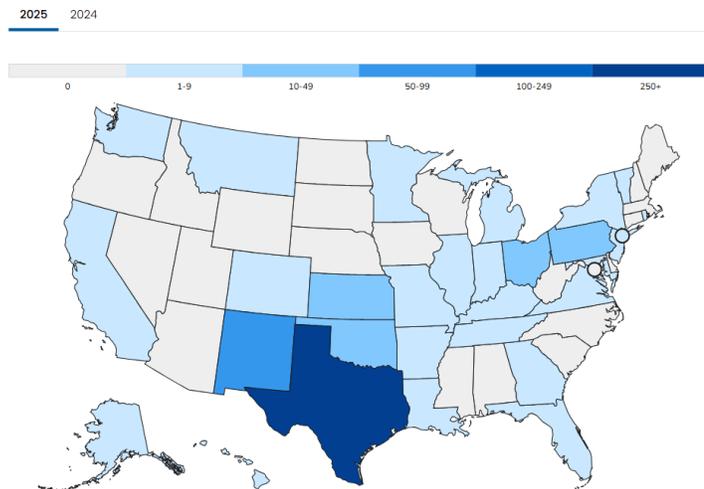
RSV, pneumococcal and influenza vaccines also help protect against severe illnesses from the respective organisms.

# CURRENT MEASLES SITUATION AND PREPAREDNESS

Five confirmed measles cases in WA. No cases reported in Grant County.

Map of measles cases in 2024 & 2025

as of April 24, 2025



As reports of measles continue to rise nationally GCHD urges healthcare partners to heighten awareness, update immunizations and records, review guidance, and consider measles in patients who may have been exposed or are presenting with measles symptoms.

## Current Situation: United States

As of April 24th a total of 884 measles cases have been reported across 30 states since the beginning of the year. A reported 11% of cases have been hospitalized, with three associated deaths. Among the cases are 11 outbreaks (defined as 3 or more related cases); 93% of confirmed cases (820 out of 884) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.

## Current Situation: Washington

On April 22nd, 2025, King County announced the fifth confirmed measles case in Washington state this year - four in King County and one in Snohomish County. Four of the five Washington cases were likely infected while traveling abroad; the fifth case was epi-linked to one of the four travel-acquired cases. Three of the four cases have been infants. In addition, two other measles cases have been investigated among people who traveled through King County (SeaTac airport) but were not residents of WA.

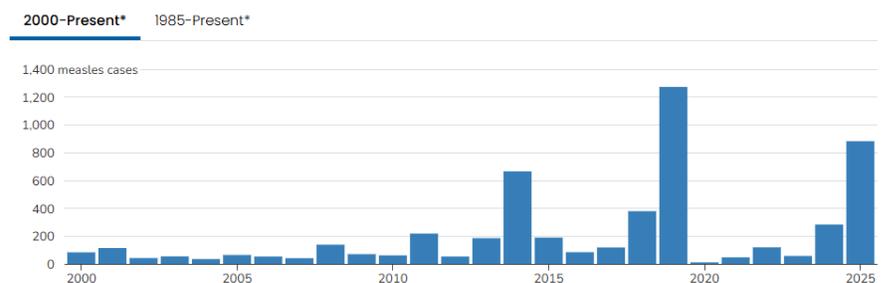
**There have been no measles cases reported in Grant County. The last confirmed case of measles in Grant County occurred in 2008.**

## Measles Symptoms

The symptoms of measles generally appear about seven to 14 days after a person is exposed. Measles typically begins with high fever, cough, coryza, and conjunctivitis. Two or three days after symptoms begin, tiny white spots, (Koplik spots) may appear inside the mouth.

## Yearly measles cases

as of April 24, 2025



Continued...

## Measles Symptoms: Rash



Three to five days after the start of symptoms, a red or red-dish-brown rash appears. The rash nearly always begins on a person's face at the hairline and spreads downward to the neck, trunk, arms, legs, and feet.



When the rash appears, a person's fever may spike to more than 104° F. After a few days, the fever subsides and the rash fades.

## Determine Measles Testing

Use the [measles quick assessment sheet](#) to help determine if measles is suspected and testing should occur. If testing is indicated for measles, the following specimens should be collected:

- » Nasopharyngeal (NP): Days 0-3 after rash onset
- » Urine & NP: Days 4-10 after rash onset
- » Serum for IgM: Best if collected >72 hours after rash onset. Will need to test again, if collected too soon. See page 22 for IgM/IgG testing and reading serology results. ([WA DOH Measles Guidelines](#))

## Patient Isolation

Healthcare facilities should have a planned triage process for patients presenting with fever and rash to ensure they are not waiting in common areas with others. Patients with these symptoms should not remain in waiting rooms or other shared spaces.

Suspected measles must be immediately isolated in an airborne infection isolation room (AIIR) or a private room with a closed door. When evaluating suspected cases, standard and airborne precautions should be followed, regardless of the patient's vaccination status. After the patient is discharged, the isolation room should not be used, and no staff should enter for at least two hours to minimize the risk of exposure.

Persons suspected to have measles should be advised to do the following during the contagious period, onset of rash considered to be Day 0 (until 4 days have passed since the onset of the rash) or for the duration of illness if the patient is immunocompromised:

- » Stay home and not go to childcare, school, work, public places or social activities.
- » Prohibit contact with susceptible children (particularly infants), susceptible pregnant women, and immunosuppressed individuals.
- » Avoid contact with susceptible family members and visitors; and
- » Avoid exposing other people at health care facilities by calling ahead and making special arrangements to prevent contact with others.

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## Determine Immunity for Healthcare Workers

Healthcare workers who enter the room to assist with suspected measles should have immunity on file. If they cannot show proof of immunity they should not work with the patient. People are considered immune to measles if:

- » They were born before January 1, 1957 (except healthcare workers who should consider receiving at least one dose of measles-containing vaccine), OR
- » Have documentation of healthcare provider-diagnosed measles, OR
- » Have laboratory evidence of immunity to measles, OR
- » Have written documentation to 2 doses of MMR vaccine.
  - » GCHD recommends checking titers if unable to prove immunity to measles
  - » Two doses of MMR vaccine should be given at the appropriate interval for non-immune health-care personnel regardless of age.

## Suspected Measles Case

If you suspect a measles case, report it to the Grant County Health District (GCHD) immediately by contacting their investigations and response staff at 509-766-7960 EXT 0 (or after hours at 509-398-2083). Be sure to specify that you are calling about a suspected measles case.

Do not discharge or transfer the patient before reporting the case to GCHD. GCHD staff will coordinate appropriate and rapid testing and investigation, but please note that testing for measles at the WA Public Health Lab requires preapproval from GCHD.

## Patient Immunizations

Providers should review their patients' immunization records to ensure they are up to date on the MMR vaccine. School-aged children, college students, and individuals in other postsecondary educational institutions who may be at risk for measles exposure should have documentation of two doses of a measles-containing vaccine, administered at least 28 days apart. Alternatively, laboratory evidence of immunity or a history of the disease may be used.

Additionally, it is recommended that all patients over the age of one, regardless of their birth year, receive the MMR vaccine if not already vaccinated. Ensure that documentation of age-appropriate vaccination with a live measles virus-containing vaccine is available, following the CDC's Immunization Schedules.

### Healthcare Resources

- » Measles Cases and Outbreaks
- » Measles IgM specimen collection guide
- » Reporting Form For Measles
- » Measles Specimen Packing and Shipping Instructions
- » Think Measles
- » Immunization Response Guide: Measles (PDF)
- » WA DOH Measles Guidelines
- » Measles Post-Exposure Prophylaxis (PEP)
- » Measles Quick Assessment Sheet
- » WA PHL Specimen order form- Sign up
- » NP & Urine PCR specimen collection

# UPCOMING EVENTS



## OPIOID TASK FORCE: PROVIDER SYNOPSIS

DISCUSS HOME GROWN SOLUTIONS TO COMBAT OPIOID USE IN GRANT COUNTY.

**TUES. MAY 6, 2025 | 4:00PM - 6:30PM**

The Grant County Opioid Task Force invites you to a discussion about how we can address opioid use in our community. Your insights will help shape the task force's goals and priorities.

[More Info & RSVP Here](#)

Contact Mariah Deleon, Harm Reduction Coordinator, with any questions.  
E: mdeleon@granthealth.org P: 509-770-5432



## LOCAL MEASLES PREPAREDNESS

A WEBINAR HOSTED BY THE GRANT COUNTY HEALTH OFFICER

**MON. JUNE 2, 2025 | 9:00AM**

The Grant County Health Officer, Dr. Alexander Brzezny, invites the Grant County healthcare community to attend a webinar regarding the current measles outbreak in the United States and guidance when responding locally.

[RSVP Here](#)

Contact Amber McCoy, Investigations & Response Manager, with any questions.  
E: amccoy@granthealth.org P: 509-766-7960 ext 14

# GRANT COUNTY: PERTUSSIS UPDATE

The most recent pertussis cases in Grant County were reported in April, 2025.

GCHD continues to respond to a pertussis outbreak in Grant County. Healthcare providers should remain alert for patients with symptoms of pertussis. To report suspected cases please contact GCHD – (509) 766-7960. Current Situation as of 4/24/2025:

**96**

persons with confirmed and probable pertussis

**16%**

of children were under 1 year of age

**79%**

of children were under 18 years of age

**56%**

were not vaccinated or up to date on their DTaP/Tdap vaccine

## Persons at High Risk for Pertussis

- » Infants <1 year old (who are at greatest risk for severe disease and death)
- » Pregnant persons in the last trimester (who will expose infants)
- » Healthcare workers with direct patient contact (who may expose infants, pregnant persons, or others who have contact with infants or pregnant persons)
- » Anyone who may expose infants <1 year old or pregnant persons (e.g., childbirth educators, childcare workers, members of a household with infants)

## Diagnosis & Testing

Diagnosing pertussis can be difficult, particularly during the catarrhal stage of illness, and can feature non-specific symptoms and may not initially include a cough. For a patient with respiratory symptoms, known or suspected exposure to pertussis should prompt inclusion of pertussis in the differential diagnosis. The incubation period for pertussis ranges from 5 to 21 days. A key feature that distinguishes pertussis from other common respiratory illnesses is the duration of the cough (usually longer than two weeks and can last 10 weeks or longer).

Test those meeting the above criteria through collection of nasopharyngeal swab for pertussis PCR or culture. Serology should not be used for diagnosing pertussis. Please note, a negative pertussis PCR or culture result cannot rule out pertussis. Treatment and case reporting may still be required.

## Treatment & Isolation

Treat patients according to the detailed CDC treatment guidance, which in most cases is Azithromycin x5 days. Household members and other exposed high-risk contacts should be prescribed preventative antibiotics (PEP). Ensure patients are in understanding of exclusion from school, childcare, work, church and other community activities or gatherings, and advise them to stay home until they have completed 5 full days of appropriate antibiotics. Those refusing treatment are to be excluded for 21 days past the onset of cough.

## Vaccination

Vaccinating patients is the most effective way to protect against pertussis. Review patient immunization records to ensure children and adults are up to date on pertussis-containing vaccine. Current vaccine schedules can be found on the CDC Immunization Schedules webpage. Prioritize vaccination of household members and other close contacts of infants. Tdap is recommended during each pregnancy after 20 weeks gestation (ideally during weeks 27 - 36).

# HANTAVIRUS PULMONARY SYNDROME: RECOGNIZING THE SPRINGTIME THREAT

The last confirmed case of Hantavirus Pulmonary Syndrome in Grant County occurred in 2024.



Hantavirus Pulmonary Syndrome (HPS) is a serious and potentially fatal disease caused by hantaviruses, transmitted by rodents. Exposure occurs through inhalation of aerosolized virus excreted in the urine, droppings, or saliva of infected rodents. Healthcare providers play a critical role in identifying and managing cases of HPS and are urged to remain vigilant this time of year as rodent activity increases, and spring-cleaning activities create more opportunities for people to be exposed.

## Brief History of Hantavirus Pulmonary Syndrome

First recognized in the U.S. in 1993 after a major outbreak in the Southwest, hantavirus infections are caused by several viruses. Sin Nombre virus, carried by the deer mouse (*Peromyscus maniculatus*) is responsible for the majority of HPS cases in North America, including all the reported cases in our state. Since 1993, cases of HPS have been reported sporadically across the U.S., with most cases occurring in the western half of the country. [CDC](#) reports a total of 864 cases identified in the U.S., with a mortality rate of 35%.

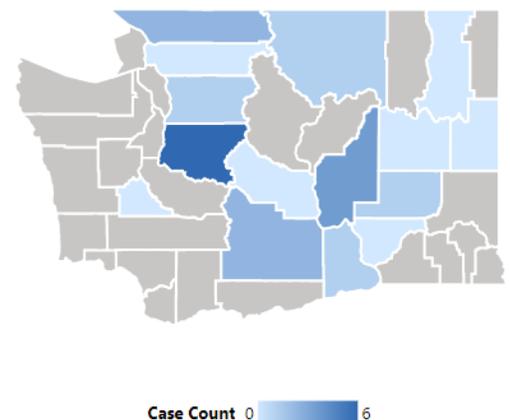
## HPS in Washington State and Grant County

Each year, 0 to 5 cases of HPS are reported in our state. The most recent [Communicable Disease Report](#) published by WA DOH lists 59 total cases of HPS reported between 1993 and 2023, including 19 (32%) associated deaths.

While cases of HPS have been reported across both sides of the state, the majority of exposures have occurred in Eastern Washington (70%), where our region's more rural and agricultural landscapes offer ideal habitats for deer mice to thrive. Historical trap studies showed the infection rate among deer mice in WA is approximately 14%.

Over the past 20 years, six (6) cases of HPS have been reported in Grant County, including 2 cases in 2012, and one case each in 2005, 2018, 2019, 2024. All six patients were likely exposed to rodent infestations in or around their homes, outbuildings, or vehicles. Tragically, four of the six did not survive the illness.

Cases by County of Residence



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## Signs and Symptoms of HPS

HPS is a disease that can become life threatening very quickly. Though incubation can range from 1-8 weeks, patients typically experience onset of symptoms 2 to 4 weeks after exposure, beginning with a prodrome consisting of fever, fatigue, chills, myalgias, headache, and GI symptoms lasting 1 to 7 days.

After which, the disease progresses to an abrupt onset of severe respiratory distress syndrome and hypotension, followed by a rapid progression of respiratory failure with bilateral pulmonary infiltrates, pulmonary edema, and shock requiring immediate medical intervention. In severe cases, patients may require mechanical ventilation and intensive care. Of those hospitalized, mortality is ~30%.

## Diagnostic Considerations and Testing

HPS should be considered in patients who have a history of rodent exposure (such as working in barns, homes, or other areas with rodent activity) and who present with severe acute respiratory symptoms. Or in those without a history of rodent exposure but with HPS consistent symptoms and no alternate diagnosis. Early diagnosis is essential, as rapid progression to severe respiratory failure can occur.

Contact GCHD for guidance on testing and to report suspected cases. Staff can arrange testing at WA Public Health Laboratory (PHL).

## Laboratory testing options for HPS

- » **Serology:** Available at PHL. Detection of IgM and IgG antibodies against hantavirus is used to confirm recent infection. Early testing is crucial, as the presence of IgM antibodies can help differentiate acute infection from other causes of respiratory distress. Most patients will have positive IgM at the time of hospitalization. Positive serology from commercial labs must be confirmed by PHL.
- » **RT-PCR\*:** Can be used to detect hantavirus RNA in whole blood, nucleated blood cells, or fresh frozen lung tissue. PCR is most useful in the early stages of the illness.
- » **Immunohistochemistry\*:** In postmortem cases, testing lung tissue for hantavirus antigens via immunohistochemistry can provide a definitive diagnosis.
- » **Other lab indicators** suggesting HPS may include left shift on WBC differential, low albumin, elevated LDH, Elevated AST (SGOT) and ALT (SGPT).

\*Available at CDC via PHL passthrough.

**Testing of asymptomatic individuals with rodent exposure is not recommended.** Advise patients to monitor for prodrome symptoms for up to 8 weeks (fever, chills, myalgias) after exposure.

Recognition of hantavirus infection during the prodrome is difficult because it resembles many other respiratory infections, including influenza. Additionally, Sin Nombre virus testing is unreliable in the first 72 hours. Other lab indicators of early HPS are a low platelet count (<150,000), presence of immature myelocytes (immunoblasts), and elevated hematocrit.

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## Treatment

There is no specific antiviral treatment for HPS. Supportive care is the basis of treatment, including monitoring cardiopulmonary function, providing supportive oxygen, and managing fluids and blood pressure. Hospitalized patients with a high suspicion of HPS should be transferred to a facility with ECMO availability.

## HPS Prevention and Protection

The key to preventing HPS is avoiding rodents by keeping them out of the home, the workplace, vehicles, and outbuildings (sheds, barns, cabins). When encountering areas, or entering enclosed spaces, with known or potential rodent infestation, precautions must be taken to protect from exposure. Activities that raise dust, such as sweeping, vacuuming, or dusting, should be avoided.

When cleaning a known or potentially contaminated area, the space should be aired out by opening all windows and doors for at least 30 minutes. When cleaning rodent material, PPE should be used, including a protective mask (preferably N95) and disposable gloves, washing hands afterwards. Contaminated areas (e.g., with nests or droppings) should be sprayed (soaked) with a disinfectant (10% bleach solution) and let to sit for five minutes before the material is wiped out and disposed of in a sealed, outdoor garbage bin. Holes and gaps in walls or doors should be sealed to prevent rodent entry. Snap traps should be used in place of live traps or poisons to reduce rodent populations and the risk of additional exposures. If there are signs of rodents, food, including pet food should be stored in sealed containers at least 12” off the floor. Heavy infestation should be professionally cleaned and mitigated.

## Conclusion

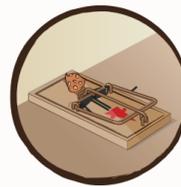
Hantavirus Pulmonary Syndrome remains a rare but deadly disease, though people in Grant County appear to be at a slightly higher risk of exposure which is even further increased during springtime. Because of this, healthcare partners in our area are urged to be vigilant for symptoms of HPS, particularly in patients with known rodent exposure, and should consider hantavirus as a differential diagnosis when confronted with a case of unexplained acute respiratory distress. Early identification is critical for improving patient outcomes.

## You Can Prevent Hantavirus

### How to Protect Yourself and Your Family from **Hantavirus Pulmonary Syndrome** in the United States



**SEAL UP!**



**TRAP UP!**



**CLEAN UP!**



## Healthcare Resources

- » [WA DOH: Hantavirus Pulmonary Syndrome Reporting and Investigation Guidelines](#)
- » [WA DOH: Hantavirus](#)
- » [CDC: About Hantavirus](#)
- » [You Can Prevent Hantavirus—How to Protect Yourself and Your Family](#)

# REMINDER: NOTIFIABLE CONDITIONS REPORTING IN WA

A total of 1,137 notifiable conditions were reported to GCHD by healthcare facilities in 2024.

Healthcare providers in Washington State are legally required by [Chapter 246-101 WAC](#) to report certain infectious diseases and other conditions of public health significance to local or state public health authorities. Collectively, these are known as notifiable conditions. This reporting is essential for public health surveillance and controlling the spread of disease.

## Key Points to Remember

**What to Report:** The full list of notifiable conditions, which includes diseases like tuberculosis, measles, and foodborne illnesses, is maintained by the Washington State Department of Health (DOH) and found on their website: [List of Notifiable Conditions | Washington State Department of Health](#)

**Who Must Report:** Physicians, nurses, laboratory staff, and other healthcare providers and facilities must report cases of notifiable conditions.

**When to Report:** Reporting timeframes are dependent on the condition, which is based on the level of public health threat. It ranges from reporting immediately (as soon as clinically suspected), to within 24 hours, within 3 days, or up to 30 days. The following linked poster contains each notifiable condition by its corresponding reporting timeframe. It is recommended that **the poster** be printed and posted in every facility.

**How to Report:** Fax report forms along with relevant labs to GCHD to 509-764-2813 or call 509-766-7960 ext. 0, or after hours 509-398-2083—state that you are calling to report a notifiable condition. Report forms for each notifiable condition along with additional disease specific guidance are located within the list on the DOH website (see example image to the right).

## STI Reporting

Diagnosed cases of STIs including Chlamydia, Gonorrhea, Syphilis, and Genital Herpes must be reported using the appropriate [county's case form](#) and accompanied by the positive lab. [Grant County STI Case Form](#).

HIV infections and CD4 counts are to be reported to the [WA State Infectious Disease office](#).

## Confidentiality and Compliance

Notifiable conditions reporting is required by law for public health purposes only; GCHD maintains patient confidentiality. Failure to report can result in legal penalties.

## Questions

GCHD staff are available in the office 8-5 Monday-Thursday, and 8-3 on Fridays to answer your questions about notifiable conditions. Outside of these office hours, you can contact staff regarding urgent matters by calling the after-hours number: 509-398-2083.

Stay updated on the list of notifiable conditions and ensure compliance to help keep our communities healthy and safe from infectious disease.

The poster features the Washington State Department of Health logo and a title 'Notifiable Conditions HEALTH CARE PROVIDERS/FACILITIES'. It contains instructions on reporting to the local health jurisdiction (LHJ) and lists 15 immediately notifiable conditions. The conditions are: Amebic meningitis; Anthrax (Bacillus anthracis and confirmed Bacillus cereus biovar anthracis only - Do not report all Bacillus cereus); Botulism, foodborne, infant, and wound; Cholera (Vibrio cholerae O1 or O139); Coronavirus infection (severe communicable); SARS-associated coronavirus; MERS-associated coronavirus; Novel coronavirus (COVID-19); Outbreaks and suspected outbreaks; Paralytic shellfish poisoning; Pesticide poisoning (hospitalized, fatal, or cluster); Plague; Poliomyelitis; Rabies (suspect or laboratory confirmed human cases and laboratory confirmed animal cases).

Washington State Department of HEALTH

Notifiable Conditions  
HEALTH CARE PROVIDERS/FACILITIES

Notifiable to the local health jurisdiction (LHJ) of the patient's residence unless otherwise designated  
If unable to reach the LHJ of the patient's residence, please call: 1-877-539-4344  
(If patient residence is unknown, notify the LHJ of the health care provider that ordered the diagnostic test)

**IMMEDIATELY NOTIFIABLE**  
Requires a phone call to reach a live person at the local health jurisdiction, 24/7. *Must be reported as soon as clinically suspected.*

- Amebic meningitis
- 5 Anthrax (*Bacillus anthracis* and confirmed *Bacillus cereus* biovar *anthracis* only - Do not report all *Bacillus cereus*)
- Botulism, foodborne, infant, and wound
- 5 Cholera (*Vibrio cholerae* O1 or O139)
- Coronavirus infection (severe communicable)
- 5 SARS-associated coronavirus
- MERS-associated coronavirus
- Novel coronavirus (COVID-19)
- Outbreaks and suspected outbreaks
- Paralytic shellfish poisoning
- 5 Pesticide poisoning (hospitalized, fatal, or cluster):  
1-800-222-1222
- Plague
- Poliomyelitis
- 5 Rabies (suspect or laboratory confirmed human cases and laboratory confirmed animal cases)

**TO REPORT A  
NOTIFIABLE  
CONDITION:**

**PHONE:**  
**(509) 766-7960**

**CONFIDENTIAL FAX:**  
**(509) 764-2813**

**AFTER HOURS &  
WEEKENDS:**  
**(509) 398-2083**

DISEASE/CONDITION	JAN-MAR 2025	JAN-MAR 2024
Botulism	0	0
Blood Lead – Child	5	5
Campylobacter	9	9
Chlamydia	121	98
Coronavirus (SARS-CoV2)	248	961
Cryptosporidium	0	<5
Coccidioidomycosis	0	<5
Shiga toxin E. coli (STEC)	<5	<5
Giardia	<5	<5
Gonorrhea	<10	16
Hepatitis A	<5	<5
Hepatitis B (chronic)	0	<10
Hepatitis C (chronic/surveillance)	<10	<10
Hantavirus	0	0
Herpes Simplex	<10	<10
HIV	<10	<10
Influenza Deaths	<10	<10
Legionellosis	0	0
Listeriosis	0	0
Malaria	0	0
Measles	0	0
Meningococcal	0	0
Mumps	0	0
Pertussis	12	0
Rabies PEP	0	<5
Relap. Fever/Lyme	0	0
Rubella	0	0
Salmonella	<5	6
Shigella	<5	<5
Syphilis	<10	10
Tuberculosis	0	0
Yersiniosis	<5	0
West Nile Virus	0	0
Unexplained Death	0	0
<b>Totals</b>	<b>433</b>	<b>1,137</b>



GRANT COUNTY HEALTH DISTRICT

1038 w Ivy Ave, Suite #1, Moses Lake, WA 98837  
(509) 766-7960