



http://www.cdhd.wa.gov

September 2013

CHELAN-DOUGLAS PUBLIC HEALTH

Current Conditions of Interest

TO REPORT A NOTIFIABLE CONDITION:

Phone (509) 886-6400

Fax (509) 886-6478

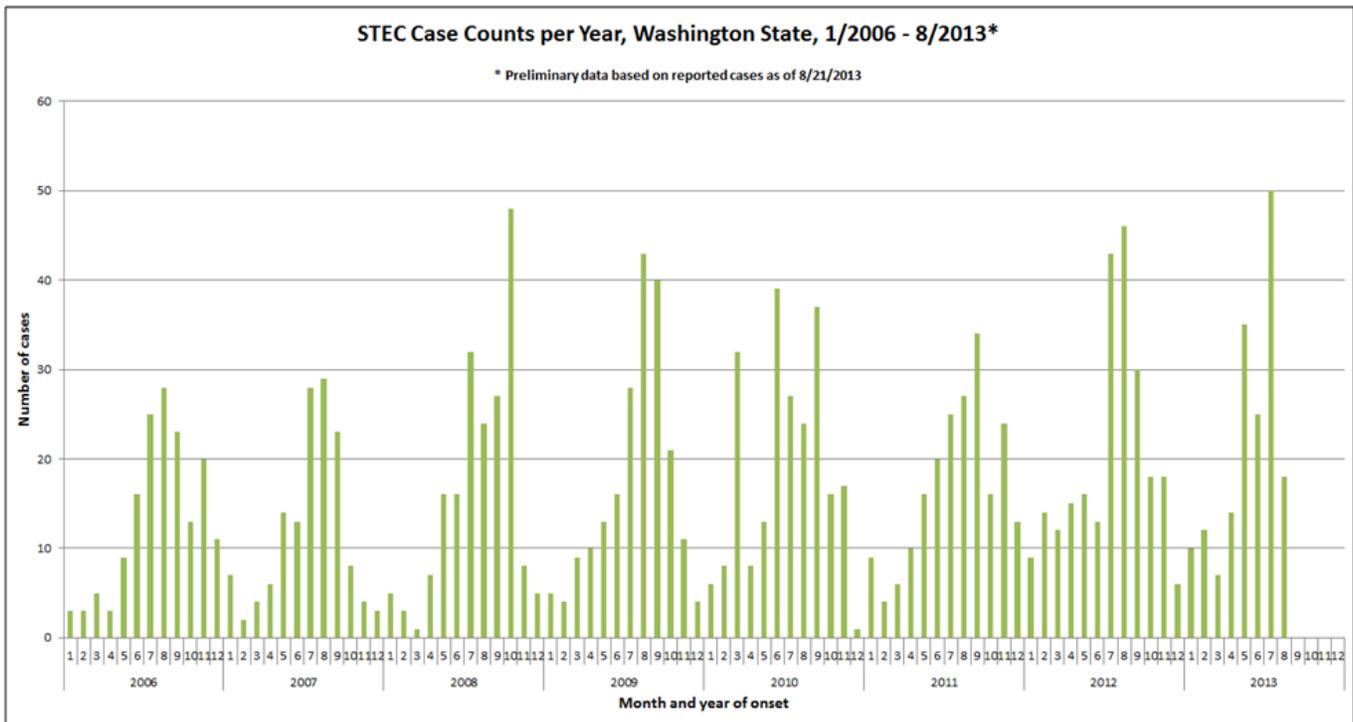
After hours call:

(509) 886-6499

"Always Working for a Safer and Healthier Community"

STEC: A Note from the Washington State DOH Epi Office

Please see the graph below displaying trends in statewide reports of shiga toxin producing E. coli (STEC) infections from 2006-present. Statewide, we are seeing slightly more cases than in previous years, though the current uptick is consistent with what is expected based on previous years. We typically see STEC cases increase in the summer and fall. Certain counties are seeing increases in STEC cases this year in comparison to last year and previous years; however, many counties are still seeing lower case counts this year than in previous years. Although we have had a few relatively small clusters/outbreaks, most STEC cases appear to be sporadic without any identifiable epi links or PFGE matches.



2012 CD Incidence Rates for Washington State

The 2012 incidence rates for acute notifiable condition reporting in Washington State are online via our disease pages. To find a table, choose the condition from the left column and then click on the Incidence Rate option to the right: on the condition page <http://www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions/>



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HIV Infection and AIDS Reporting

Per WAC 246-101 health care providers and laboratories are required to report HIV infection. Legal reporting requirements:

- **Health care providers:** AIDS and HIV infection notifiable to local health jurisdiction within 3 working days.
- **Hospitals:** AIDS and HIV infection notifiable to local health jurisdiction within 3 working days.
- **Laboratories:**
 - For HIV, positive Western blot assays, p24 antigen or viral culture tests are notifiable within 2 workdays to Public Health-Seattle&King County (PHSKC) for labs in King County and the Washington State Department of Health (DOH) for labs outside of King County. All results, whether they are positive or not detectable, on HIV nucleic acid tests (RNA or DNA) are notifiable on a monthly basis.
 - All CD4+ absolute counts and percentage of total lymphocytes comprised by CD4+ lymphocytes are notifiable on a monthly basis.

The full document on guidance for HIV infection and AIDS reporting in Washington State can be found at: <http://www.doh.wa.gov/Portals/1/Documents/5000/150-HIVInfectionandAIDS.pdf>

Guidelines and reporting requirement for all notifiable conditions can be found at: <http://www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions/ListofNoti->

The screenshot shows the Washington State Department of Health website. The main content area is titled "List of Notifiable Conditions". Below the title is a table with four columns: "Condition", "Reporting Forms (Revision Date)", "Guidelines for Public Health Investigations (Revision Date)", and "Case Definition". The table lists several conditions, including Anaplasmosis, Animal Bites, Anthrax, Arboviral Disease, and Asthma, Occupational. A red arrow points to the "Guidelines for Public Health Investigations (Revision Date)" column for the "Anthrax" row.

Condition	Reporting Forms (Revision Date)	Guidelines for Public Health Investigations (Revision Date)	Case Definition
Anaplasmosis	See Rare Diseases of Public Health Significance		
Animal Bites	See Rabies, Suspected Human Exposure		
Anthrax	08/2011, PDF	06/2012, PDF	PDF
Arboviral Disease	08/2011, PDF	01/2011, PDF	PDF
Asthma, Occupational	Report cases of occupational asthma to Labor and Industries		



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Hepatitis A Cases in Chelan-Douglas Counties 2013

The July 2013 issue of this newsletter contained information about hepatitis A prophylaxis recommendations. Since the beginning of 2013, Chelan-Douglas Health District has received 4 reports of acute hepatitis A in unvaccinated persons (in 2012, 2 cases were reported). None of the cases were related to one another or associated with the recent national hepatitis A outbreak associated with imported pomegranate seeds. One case was traced back to overseas travel, one case had possible out of state exposure and the other two are unknown, local exposures. None of the cases were food workers, but one was a health care worker. Fortunately, the health care worker was using appropriate person protective equipment and hand washing techniques.

Please encourage hepatitis A vaccination with your patients, especially those who will be traveling, and your unvaccinated health care worker staff.

Below is a CDC map that shows the prevalence of hepatitis A around the globe. For more information on hepatitis A www.cdc.gov/hepatitis/index.htm

