



Yakima Health District BULLETIN

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Public Health Websites

Yakima Health District
www.co.yakima.wa.us/health/default.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>

West Nile Virus

Wa State Dept of Health
<http://www.doh.wa.gov/ehp/ts/Zoo/WNV/WNVFactsHCP.html>

Wa State Dept of Health
How to Report Suspect Cases
<http://www.doh.wa.gov/ehp/ts/Zoo/WNV/WNVReportCases.html>

CDC - Clinician info
http://www.cdc.gov/ncidod/dvbid/westnile/resources/fact_sheet_clinician.htm

CDC - WNV Basics
<http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>

Annals of Internal Medicine: WNV Primer for Clinicians
<http://www.annals.org/issues/v137n3/full/200208060-00009.html>

Mosquito and bite prevention information for patients
<http://www.doh.wa.gov/ehp/ts/Zoo/WNV/MosquitoTips.htm>

Yakima County Natality Data for 2001

The Washington State Department of Health has released vital statistics data for 2001. This document can be downloaded from the internet at <http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/public/pubmain.htm>.

Births in 2001 numbered 4186 (2142 male, 2044 female), while deaths numbered 1770 (885 for each gender). The following tables summarize natality data for Yakima County and, where applicable, compares local data to that for Washington State. In general, the data show that Yakima County's general fertility rate is 50% greater than that for the rest of the state, with the gap being larger in younger age groups. Yakima County mothers are less likely to have completed a high school or college education compared to the state as a whole. Yakima County mothers are also less likely to have started prenatal care in

the first trimester (71% vs. 83% statewide). Maternal smoking is less common in Yakima County (8.8 vs. 12.3%) as is pregnancy-associated hypertension (4.3 vs. 5.1%). Gestational diabetes (5.1% vs. 3.5%) and eclampsia (0.9% vs. 0.4%) were more common in Yakima County mothers. Pregnancy outcomes for Yakima County mothers are similar to or better than those for the state as a whole (e.g., method of delivery, birth weight, and gestational age). Infant mortality was similar for Yakima County (5.3%) and the state as a whole (5.8%).

These findings suggest that Yakima County women have healthy pregnancies with good outcomes, even though entry to prenatal care is later than for the rest of the state. The data also suggest the importance of ensuring that young women in Yakima County have adequate information about and access to comprehensive reproductive health services and that they are assisted in completing their education.

Table 1. Pregnancy Indicators, Yakima County vs. Washington State, 2001

Indicator	Yakima County	Washington State
Women 15-44	46,168	1,299,176
Live Births	4186	79,542
Abortions	790	25,998
Abortion Ratio*	189	327
Abortion Rate**	17.1	20.0
Fertility Rate***	90.7	61.2

*Abortions: 1000 live births

**Abortions per 1000 women aged 15-44

***Births per 1000 women aged 15-44

Table 2. Births by Maternal Age, Yakima County vs. Washington State, 2001

Maternal Age Group	Number Births	Distribution (% of total)	Washington State Distribution	Yakima FR*	Washington State FR*
≤15	18	0.4	0.1	--	--
15-19	643	15.4	9.5	71.8	35.6
20-24	1319	31.5	24.9	178.2	100.8
25-29	1063	25.4	26.7	148.1	110.2
30-34	763	18.2	24.3	105.4	88.9
35-39	322	7.7	11.8	42.5	40.1
40-44	54	1.3	2.5	6.9	8.2
≥45	4	0.1	0.1	--	--
Total	4186	100.0	100.0	90.7	61.2

*Fertility rate--number of live-births per 1000 women

2001 Natality Statistics cont'd.

Table 3. Births by Maternal Education, Yakima County vs. Washington State, 2001

Education	Number	Distribution	Washington State Distribution
None	18	0.4	1.4
≤8 th Grade	692	16.5	4.5
Some High School	922	22.0	11.6
High School Grad	1111	26.5	28.8
Some College	564	13.5	23.4
College Grad	245	5.9	15.3
Post-Collegiate	183	4.4	10.2
Unknown	451	10.8	6.2
Total	4186	100.0	100.0

Table 4. Births by Method of Delivery, Yakima County vs. Washington State, 2001

Method	Number	Distribution	Washington State Distribution
Spontaneous Vaginal	2942	72.3	68.2
Forceps	41	1.0	1.4
Vacuum	322	7.9	5.9
VBAC*	133	3.3	1.8
Primary C-Section	342	8.4	13.9
Repeat C-Section w/ Labor	73	1.8	1.4
Repeat C-Section w/o Labor	218	5.4	7.5
Total Reported	4071	100.0	100.0

*Vaginal birth after previous C-Section

Table 5. Birth weight, Yakima County vs. Washington State, 2001

Birth Weight (gm)	Number	Distribution	Washington State Distribution
<1500	25	1.0	1.0
1500-2499	160	5.0	4.8
2500-3499	1637	54.5	49.2
3500-4499	319	37.9	13.8
≥4500	68	1.6	2.1
Total Reported	4184	100.0	100.0

Table 6. Births by Gestational Age, Yakima County vs. Washington State, 2001

Gestational Age	Number	Distribution	Washington State Distribution
<37	547	13.1	12.9
37-41	3295	78.8	79.7
≥42	339	8.1	7.4
Total	4181	100.0	100.0

Smallpox Vaccination Update

Planning continues for voluntary vaccination of public health smallpox response teams and of select hospital staff and health care providers who may provide care to suspected cases. In addition to Health District volunteers, the other prospective participants in Yakima County appear to be Yakima Valley Memorial Hospital and Sunnyside Community Hospital. Up to several dozen hospital and public health staff will be vaccinated for medical and public health response teams to care for and investigate any suspected cases which may arise. Dates for vaccination clinics are being schedules and are

subject to planning that is occurring at the regional and state offices for emergency preparedness. We will keep you posted as these activities progress. Information we have at the current time from the Washington State Department of Health is that Physician Medical Consultants will be designated to provide follow up for any adverse effects in the response team vaccinees. However, it is still likely that a vaccinee with an adverse effect could seek care from their primary care provider. Therefore, it is important to be familiar with the spectrum of adverse effects.

Smallpox Update cont'd.

To gain familiarity with the spectrum, presentation, and management of adverse effects to vaccinia, please review the previous issue of the Bulletin. The Centers for Disease Control and Prevention has indicated that they will be sending additional education materials to all health care providers in the country. These materials can also be found on the internet at <http://www.bt.cdc.gov/agent/smallpox/vaccination/clinicians.asp#normalreactions>.

During January 24--February 28, smallpox vaccine was administered to 12,690 civilian health-care and public health workers in 45 jurisdictions. No potentially life threatening adverse events were reported as of March 3 (MMWR 2002; 52 (09):180-181, 191). Three moderate-to-severe adverse event were reported, one suspected case of generalized vaccinia and two probable cases of ocular vaccinia. Forty-six vaccinees were reported with other non-serious adverse events (e.g., fever, local inflammation, pruritus, rash, asthenia, headache, paresthesia). Non-serious adverse events were probably underreported.

All clinically significant adverse events occurring after

smallpox vaccination, as well as adverse events occurring in persons following close contact with a smallpox vaccine recipient must be reported to the Yakima Health District within 24 hours. In addition, all life threatening or unexpected adverse events which require expert consultation or investigational therapeutics (VIG or cidofavir) should be reported immediately by phone to YHD. In either situation, call 575-4040 ext 509 or 800-535-5016 ext 509 (day or night) to report these adverse reactions. Our staff will assist in making the required Vaccine Adverse Event Reporting System (VAERS) report when indicated.

CDC also has a Clinician Information Line, which can be reached by calling 877-554-4625. This line is staffed by nurses, 24 hours a day, 7 days a week. The CDC information line is a source for general smallpox clinical adverse event information and for assistance with adverse event reporting. If necessary, callers to this line will be connected to CDC's Smallpox Vaccine Adverse Events Clinical Consultation Team whose members are experts in infectious diseases, ophthalmology, and neurology, and have back-up from smallpox/vaccinia disease experts.

West Nile Virus Planning

In 2002, approximately 4000 cases of West Nile Virus (WNV) and 260 resulting deaths were reported in the United States. Morbidity was concentrated most in the southern and midwestern United States. Although no human cases were acquired in Washington State, one case was diagnosed in a man who had traveled here from an endemic area. As part of statewide dead bird surveillance, a raven from Pend Oreille County and a crow from Snohomish County tested positive for the virus in 2002. Additionally in 2002, the disease was confirmed in two horses, one from Island County and the other from Whatcom County. With detection in 2002, the risk for transmission to humans increases this summer and fall. The relatively mild winter resulting in larger mosquito populations this year will further add to the risk of disease transmission. For clinical information on WNV, consult the August 2002 issue of the bulletin or use the website listed on the front of this bulletin.

The following describe local planning for surveillance and control of WNV.

Mosquito Control

Two areas of Yakima County are covered by mosquito control districts. Benton County Mosquito Control District covers a small area of the Grandview/Sunnyside area and the Yakima County Mosquito Control District covers another small area in the Moxee/Terrace Heights area.

Public Education

The most important steps to take in reducing transmission of WNV are to reduce mosquito breeding areas and to prevent mosquito bites. Mosquitoes need still water to breed, anything that can hold water for one week or more can provide a breeding ground.

We will be asking that people reduce breeding grounds around their homes by emptying anything that holds standing water, changing water in animal dishes and troughs regularly, cleaning out roof gutters, etc. To prevent bites the recommendation is to use 30% DEET (10% for children) when in mosquito infested areas. Additionally, the public will be reassured that the likelihood of developing symptoms of WNV even if infected is very small. Most infected people will not develop symptoms and of the few that do have symptoms only a small number (1 in 150-200) will have severe disease (encephalitis). These messages will be promoted through inserts in utility bills, newsletters/papers, bulletins, posters, brochures, and utilization of broadcast media throughout the County.

Animal Surveillance

West Nile Virus infects certain wild birds. Of those infected, crows, jays, raven, and magpies tend to become sick and die. Increasing numbers of dead birds can indicate that the virus is in the community. To help with virus surveillance, the public will be asked to contact the Yakima Health District to report dead birds. They will be advised whether the bird should be submitted for testing. Birds considered for testing must have died within the last 24-48 hours and show no signs of trauma. We anticipate a large volume of calls regarding dead birds. While it's important to track dead birds, it will not be possible to test all reported birds.

If people have horses that show signs such as loss of appetite, loss of coordination, confusion, fever, stiffness, muscle tremors, and weakness, they will be asked to contact their veterinarian.

For questions regarding surveillance issues, please contact Gordon Kelly at 249-6507 or 800-535-5016 ext 507. For illness related questions please contact the Communicable Disease program at 249-6541 or 800-535-5016 ext 541.

YAKIMA HEALTH DISTRICT

104 N 1st St
 Yakima, WA. 98901
 Phone: 509-575-4040 ext 541 for CD
 reporting and information
 After hours Public Health emergencies:
 509-575-4040 #1 (answering service)
 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 Oct to Dec			Year-to-date January to Dec		
	2002	2001	2000	2002	2001	2000
Campylobacteriosis	21	36	20	106	134	128
Cryptosporidiosis	0	3	0	1	10	1
E. coli O157:H7	4	2	1	10	7	6
Giardiasis	6	14	11	36	48	54
Salmonellosis	12	7	14	56	31	68
Shigellosis	8	10	37	29	26	157
Hepatitis A acute	1	2	1	3	17	20
Hepatitis B acute	1	0	1	1	3	5
Hepatitis B chronic	1	8	6	15	40	10
Hepatitis C acute	1	0	1	3	3	5
Hepatitis C chronic	52	54	46	255	230	189
Meningococcal	2	0	2	6	2	9
Pertussis	32	1	1	89	2	27
Tuberculosis	0	4	1	8	15	10
HIV New	Data not yet available					
HIV Deaths						
HIV Cumulative Living						
Chlamydia	242	234	246	886	875	808
Genital Herpes—Initial	17	62	32	76	121	113
Gonorrhea	18	15	28	61	74	92
Primary and Secondary Syphilis	1	0	1	1	4	3

Asymptomatic HIV infection became reportable in 1999.

Chronic Hepatitis B and Chronic Hepatitis C infection became reportable in 2000.