



Yakima Health District BULLETIN

Volume 3, Number 2

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Resources

Injury Fatalities

www.doh.wa.gov/cfh/injury

Child Passenger Safety

www.boosterseat.org

www.800buckleup.org

www.nhtsa.dot.gov

www.saferideneews.com

www.safekids.org

www.yakimamemorialhospital.org

Health Childcare Washington

www.healthychildcare.org

PCV7

<http://www.cdc.gov/nip/news/shortages/pcv7-shortage-faqs2-04.htm>

<http://www.doh.wa.gov/cfh/Immunize/default.htm>

Injury Fatalities, Yakima County and Washington State, 1997-2001

Fatal injuries are the fifth leading cause of death in Yakima County, accounting for approximately 6% of deaths. However, they are the leading cause of years of potential life lost, accounting for about 30% of YPLL nationwide.

Recent fatal injury counts and mortality rates for Yakima County and Washington State are summarized in Table 1. Unintentional injuries account for approximately two-thirds of injury mortality, with suicide and homicide accounting for the remainder. Leading modes of unintentional injury death are motor vehicle (MV) occupancy, poisoning, and falls. Yakima County's MV occupant fatality rate is 50% greater than the state rate. At least some of this gap is due to high mortality risk associated with severe injuries acquired in settings remote from definitive trauma care in this large, rural county. Motor vehicle fatalities affect all age groups, but rates peak among those 15-44 years of age (data not shown). Death due to falls is 25% less than the statewide rate, but the difference is not easily explained. Suicide rates are similar between Yakima and the state as a whole (13.5 vs. 12.7), but homicide rates are double the state rate (7.2 vs 3.7).

Seventeen of 39 unintentional injury deaths among children under 15 years of age were due to motor vehicle, bicycling, or pedestrian injuries. Drowning and suffocation (7 each) were the next leading causes of unintentional injury among children under 15. Of the six suicides among children under 18 years, four involved firearms. Five adolescents aged 15-17 years and an additional seven children under 15 years were murder victims (children aged 0-4 years accounted for six of these).

An excess death was defined as one that occurred in addition to the expected number of deaths that would have occurred if statewide rates were applied to Yakima County's population during this period. Table 2 shows the five leading causes of excess injury death. Together, these five accounted for 89% of excess deaths.

In addition to calling for a better understanding of the underlying causes of these higher injury mortality rates in Yakima County, these data suggest that transportation safety, emergency

medical, health care, public health, mental health, poison control, law enforcement, and criminal justice professionals, among others, can continue to find ways to prevent and/or mitigate the impact of injuries in Yakima County.

For more detailed data on injuries in Yakima County or Washington State contact Dr. Chris Spitters (Health Officer) or visit the Washington State Department of Health's Injury Prevention web site www.doh.wa.gov/cfh/injury.

PLEASE SEE CHARTS ON PAGE 2 FOR ADDITIONAL STATISTICS.

YHD. Mortality Data Yakima County, 2001. YHD Bulletin, May 2003, Volume 2, Issue 3.

Child Passenger Safety

Motor vehicle accidents are the leading cause of unintentional injury-related death among children ages 14 and younger in Yakima County and Washington State. From 1997-2001, eight Yakima County children in this age group died as a result of being in a motor vehicle during a crash. Among all Washington children aged 14 years and younger, about 25 die, 140 are hospitalized, and 5,300 children visit an emergency department each year due to motor vehicle accidents.

Washington was the first state in the nation to pass a child booster seat law in 2000. The law's requirements are an effective way to ensure children's safety:

- Babies must ride facing the rear of the vehicle until 1 year of age or 20 pounds.
- Children 1-4 years or 20-40 pounds must ride facing the front of the vehicle.
- Children 4-6 years or 40-60 pounds must ride in a booster seat.
- All children under the age of 12 must ride in the rear seat.

For more information and patient/parent materials on child safety, call Community Education at Yakima Valley Memorial Hospital at (509) 575-8484.

Table 1. Fatal Injuries and Rates, Yakima County and Washington State, 1997-2001

Mode	Yakima		Washington State	
	Number	Rate ¹	Number	Rate ¹
Unintentional				
Drowning	26	2.6	544	1.9
Falls	48	4.7	1892	6.5
Fire	11	1.1	276	0.9
Firearm	3	--	52	0.2
MV occupant	156	15.3	2734	9.4
Motorcyclist	10	1.0	225	0.8
Bicyclist	3	--	71	0.3
MV Pedestrian	19	1.9	488	1.7
Poisoning	71	7.0	1865	6.4
Suffocation	24	2.4	413	1.4
Subtotal ²	447	43.9	9781	33.6
Suicide				
Cut/Pierce	1	--	57	0.2
Firearm	77	7.6	2029	7.0
Poisoning	24	2.4	687	2.4
Suffocation	30	2.9	674	2.3
Subtotal ²	138	13.5	3684	12.7
Homicide				
Cut/Pierce	8	0.8	116	0.4
Firearm	49	4.8	621	2.1
Subtotal ²	79	7.8	1648	5.7
Total	664	65.1	15113	51.9

¹per 100,000 population during the interval 1997-2001

²including other causes not listed

Table 2. Leading Causes of Excess Deaths, Yakima County, 1997-2001

Rank & Mode	Observed	Expected ¹	Excess	Percent Total Excess
1 MV occupant	156	100	56	48
2 Firearm Homicide	49	23	26	23
3 Suffocation unintentional	24	15	9	8
4 Drowning	26	20	6	5
5 Suffocation suicide	30	25	5	5
Subtotal	285	183	102	89
Other	202	188	14	11
Total²	487	371	116	100

¹ Expected deaths = (Washington State Rate)x(Yakima County Population)

² Excludes the three causes for which Yakima County Rate was lower than Washington State rate (falls, suicidal poison, suicidal cut/pierce)

Healthy Child Care Washington Yakima Health District Infant Toddler Program

Ensuring children are healthy and nurtured...

Through a statewide system called Healthy Child Care Washington (HCCW), the Yakima Health District (YHD) supplies education and consultation to childcare providers who look after infants and toddlers in licensed settings. The YHD Infant Toddler Program seeks to maximize the health, safety, and developmental potential of all children so that they experience quality care within a nurturing environment.

YHD's nurse consultants visit childcare centers and homes to provide assistance on a variety of topics such as illness management & prevention, nutrition, growth & development, and special needs care plans. As a health care provider, you can support these efforts to keep childcare healthy and safe by providing guidance to families on childcare issues such as:

- Treatment plans for children with special health care needs, acute and chronic health concerns, or behavioral issues, and
- Communicating with childcare providers and child health consultants when appropriate.

To contact YHD's childcare nurse consultants, please call Chris Nelson RN, BSN, at (509) 249-6516 or Gerri Miller RN, BSN, at (509) 249-6546. For more information on the HCCW Program or the primary care provider's role in promoting health and safety in child care please visit:

<http://www.healthychildcare.org/> or <http://www.aap.org/>.

Recommendation for Suspension of Third and Fourth Dose of PCV7

Wyeth Vaccines, the only U.S. supplier of 7-valent pneumococcal conjugate vaccine (PCV7, marketed as Prevnar®), has advised the Centers for Disease Control and Prevention that unresolved production constraints will limit PCV7 supplies at least through Summer 2004. Until full production capacity is resumed, local shortages might occur.

To ensure that every child can be protected against pneumococcal disease despite the limited supply, CDC recommends that all health-care providers help conserve the national PCV7 supply by temporarily discontinuing administration of the third and fourth dose of PCV7 for healthy children. **Health-care providers should continue to administer the third and fourth dose to children at increased risk for severe disease.** Children whose booster dose is deferred should receive PCV7 on their first visit after supplies are restored.

Because data on the long-term efficacy of 3-dose or 2-dose vaccine regimens are limited, health-care providers should consider the diagnosis of invasive pneumococcal disease in incompletely vaccinated children and are encouraged to report invasive pneumococcal disease after any regimen of pneumococcal conjugate vaccine to YHD.

This recommendation reflects CDC's assessment of the existing national PCV7 supply and may be changed if the supply changes. Updated information about vaccine supplies is available from YHD's Immunization Coordinator, Darlene Agnew at (509)249-6514 and on the internet at <http://www.cdc.gov/nip/news/shortages>.

Adapted from: CDC. Notice to Readers: Updated Recommendations of the Use of Pneumococcal Conjugate Vaccine: Suspension of Recommendation for Third and Fourth Dose. *MMWR* 2004. 53(08):177-178. <http://www.cdc.gov/mmwr/review/mmwrhtml/mm5305a6.htm>.

Please Return Your Provider and Office Surveys!

Some of you will notice that you are receiving the bulletin via email this month. This new development is feedback from our provider survey sent out during the last week of February; if you requested communication via email, we gave it to you! Each office should have received a cover letter accompanied by two surveys. One survey asked for information specifically about providers, including contact information, how you want to receive communications from YHD, and what expertise you may be interested in offering in the event of a public health emergency. The other survey was focused on contact information for your office. We greatly appreciate the time and attention you have given or will give to completing and returning these surveys, as they are a key part of our emergency preparedness efforts. The information you provide will permit us to improve the way we communicate with you and will ensure that we can get urgent information into your hands quickly in the event of a disease outbreak or public health emergency. If you did not receive this survey or if you have any questions about it, please call Allison Schletzbaum at (509) 249-6550 or Barbara Andrews at (509) 249-6533.

Thanks!

	Yakima Health District Attn: Provider Survey Results 104 North 1st Street, Suite 204 Yakima, WA 98901
By Mail:	
By Fax:	509-575-7894

YAKIMA HEALTH DISTRICT

104 N 1st St, Suite 204

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

<http://www.co.yakima.wa.us/health/default.html>

Dennis Klukan, Administrator

Christopher Spitters, M.D., Health Officer



Prevention is Our Business

Condition	Cases January to February			Total Cases by Year		
	2004	2003	2002	2003	2002	2001
Campylobacteriosis	17	16	15	116	106	134
Cryptosporidiosis	0	0	0	3	1	10
Enterohemorrhagic E. coli	0	0	0	1	1	0
<u>E. coli O157:H7</u>	0	0	0	3	9	7
Giardiasis	2	2	7	29	36	48
Salmonellosis	1	10	4	55	56	31
Shigellosis	0	3	1	20	29	26
Hepatitis A acute	0	0	1	1	3	17
Hepatitis B acute	1	0	0	0	1	3
Hepatitis B chronic	1	4	5	22	15	41
Hepatitis C acute	0	1	1	2	3	3
Hepatitis C chronic	33	41	32	254	255	230
Meningococcal	1	2	1	4	6	2
Pertussis	4	2	18	17	89	2
Tuberculosis	5	1	1	13	8	15
HIV New	2	0	0	13	9	17
HIV Deaths	0	1	0	1	1	4
HIV Cumulative Living	125	110	103	123	111	103
Chlamydia	160	134	143	953	886	875
Genital Herpes—Initial	20	12	11	82	76	121
Gonorrhea	21	9	5	107	61	74
Primary and Secondary Syphilis	0	1	0	2	1	4

**Notifiable
Conditions
Summary,
Yakima County,
Years 2001-2004**