



# Yakima Health District BULLETIN

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## Resources

### Influenza

[http://www.co.yakima.wa.us/health/cfh\\_flu.html](http://www.co.yakima.wa.us/health/cfh_flu.html)

<http://www.cdc.gov/flu>

<http://www.doh.wa.gov/FluNews>

<http://www.alaw.org>

### Traveler Health

<http://www.cdc.gov/travel>

### HIV Prevention Education

[http://www.doh.wa.gov/cfh/HIV\\_AIDS/prev\\_edu/HIV\\_Policy\\_Review.htm](http://www.doh.wa.gov/cfh/HIV_AIDS/prev_edu/HIV_Policy_Review.htm)

## Summary Recommendations for Influenza Prevention, Diagnosis and Treatment

### Prevention

By now you must be well aware of the influenza vaccine shortage which resulted from withdrawal of Chiron's product from distribution this year. As influenza season approaches and we all grapple with this shortage, we want to remind you that available vaccine should be reserved for the following persons who are at increased risk for complications from influenza:

- all children aged 6–23 months;
- adults aged 65 years and older;
- persons aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during the influenza season;
- residents of nursing homes and long-term care facilities;
- children aged 6 months–18 years on chronic aspirin therapy;
- health-care workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged <6 months.

These groups should be considered of equal importance; there is insufficient data to warrant further prioritization among these groups. When feasible, consider use of live, attenuated influenza vaccine (LAIV) for nasal administration if it is available for use. Use of LAIV is limited to healthy persons aged 5–49 years who are not contacts of severely immunosuppressed persons. All other persons should receive inactivated influenza vaccine. A table of vaccine preparations and dosages can be viewed at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm#tab4>

### Diagnosis

Prior to confirmation that influenza is circulating in the community, we encourage health care providers to conduct diagnostic

testing for influenza when patients present with a compatible syndrome (e.g., fever, cough). In addition to confirming a clinical diagnosis, testing can also provide information on type (e.g., A or B) to guide therapy decisions. Diagnostic tests available for influenza include viral culture, serology, rapid antigen testing, polymerase chain reaction (PCR) and immunofluorescence. Among respiratory specimens for viral isolation or rapid detection, nasopharyngeal specimens are typically more sensitive than throat swab specimens. Check with your laboratory regarding which test is offered and what the specific specimen collection and handling requirements are.

### Treatment

When administered very early in the course of illness (e.g., within 24–48 hours of onset), antivirals can shorten the duration of illness. Amantidine and rimantidine are effective against influenza A only, while the neuraminidase inhibitors, zanamivir and oseltamivir are effective against both influenza A and B.

Data are limited regarding effectiveness in preventing serious influenza-related complications (e.g., bacterial or viral pneumonia or exacerbation of chronic diseases). Inadequate data exist regarding the safety and efficacy of any of the influenza antiviral drugs for use among children aged <1 year.

To reduce the emergence of antiviral drug-resistant viruses, amantidine or rimantidine therapy for persons with influenza A illness should be discontinued as soon as clinically warranted, typically after 3–5 days of treatment or within 24–48 hours after the disappearance of signs and symptoms. The recommended duration of treatment with either zanamivir or oseltamivir is 5 days.

A dosage chart for dosing these agents, along with supplemental footnotes, can be

*(Continued on page 2)*

## Influenza Prevention, con't.

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viewed at <http://www.cdc.gov/flu/professionals/treatment/dosage.htm> and [http://www.co.yakima.wa.us/health/cfh\\_flu.html](http://www.co.yakima.wa.us/health/cfh_flu.html).

### Chemoprophylaxis

Chemoprophylactic drugs, although not a substitute for vaccination, are critical adjuncts in preventing and controlling influenza (particularly during years like this one). Both amantadine and rimantadine are indicated for chemoprophylaxis of influenza A infection, but not influenza B. Both drugs are approximately 70%–90% effective in preventing illness from influenza A infection. Among the neuraminidase inhibitors, zanamivir and oseltamivir, only oseltamivir is FDA-approved for prophylaxis. However, community studies of healthy adults indicate that both drugs are similarly effective in preventing febrile, laboratory-confirmed influenza illness (efficacy: zanamivir, 84%; oseltamivir, 82%).

Chemoprophylaxis should be considered for prevention of influenza among unvaccinated high risk persons (e.g., see list above) **when influenza has been documented as circulating in the community**. You can check the YHD website for information regarding influenza positive test results in Yakima County. Chemoprophylaxis is also recommended for control of institutional outbreaks of influenza, as well as for high risk persons who are vaccinated after the start of the influenza season or who are expected to have an inadequate antibody response to vaccination.

This summary was adapted from recommendations of the Advisory Committee on Immunization Practices (ACIP) on the Prevention and Control of Influenza. For further details regarding prevention, diagnosis, and treatment of influenza, visit <http://www.cdc.gov/flu/> and [http://www.co.yakima.wa.us/health/cfh\\_flu.html](http://www.co.yakima.wa.us/health/cfh_flu.html).

## VAC Interim Guidance for Flu Vaccine

On October 5, 2004, the CDC, in coordination with its Advisory Committee for Immunization Practices (ACIP), issued interim recommendations for influenza vaccination during the 2004-05 season. The Washington State Vaccine Advisory Committee (VAC) is providing this interim guidance to assist healthcare providers in interpreting and implementing the CDC guidelines. Any or all of this guidance may be superseded by subsequent recommendations from the CDC or the VAC. This guidance specifically addresses:

1. Definition of “underlying chronic medical conditions in persons aged 2-64 years.”
2. Use of inactivated influenza vaccine in household members of persons with severe immune system dysfunction;
3. Use of live attenuated influenza vaccine (LAIV, FluMist); and
4. Definition of “healthcare worker involved in direct patient care.”

We will be faxing this Interim Guidance to providers throughout Yakima County. If you do not receive a copy, you may call (509) 249-6541 or visit our website at [http://www.co.yakima.wa.us/health/cfh\\_flu.html](http://www.co.yakima.wa.us/health/cfh_flu.html)

## Respiratory Virus Surveillance

Reports of local and regional respiratory virus activity obtained through a variety of surveillance sources (e.g., local laboratories, Children’s Hospital and Regional Medical Center Virology Laboratory, Washington State Department of Health) will be posted and updated weekly on the YHD website ([http://www.co.yakima.wa.us/health/cfh\\_flu.html](http://www.co.yakima.wa.us/health/cfh_flu.html)). Please bookmark this page and visit it regularly to keep up with what is circulating in the community this fall and winter. This surveillance data can be particularly helpful for guiding clinical decisions involving treatment or chemoprophylaxis for influenza, as well as for administering anti-respiratory syncytial virus immune globulin to selected pediatric patients.

## Yakima Health District Resource Manual Orientation

The Region 8 Emergency Response Office and the Yakima Health District have developed a resource manual designed for providers who most frequently report notifiable conditions and who regularly consult with the Health District. Distribution of the manual is almost complete. The volume provides tools for reporting notifiable conditions, along with background clinical and epidemiologic information on the major notifiable conditions of public health importance. YHD designed an orientation to introduce these manuals to the provider community. If your office was one of the offices designated to receive a manual, we notified you of the orientations via mail in late September. Two orientations have already taken place in Yakima and Toppenish. A third sessions is scheduled for Thursday, Oct 28 in Sunnyside. In total, we expect approximately 40 offices to have attended the orientations. Thank you for your participation. If you received an invitation and were unable to attend an orientation, you can call Barbara Andrews at (509) 249-6533 to receive your manual. If we don’t hear from you, we will be contacting your office to schedule an orientation visit.

## Good Health Manners



## Proposed Changes to State Board of Health Rules Addressing HIV Counseling, Testing, and Partner Notification

The Washington State Department of Health and the State Board of Health have drafted revisions to subchapters of WAC 246-100 and 246-101 addressing rules for HIV prevention activities. The purpose of the rule changes are to increase the proportion of HIV infected persons who know their HIV status and increase the proportion of persons exposed to HIV who are informed of that exposure. The proposed changes update and streamline counseling standards to meet current guidelines from CDC, reduce the potential for refusal of counseling to prevent receipt of testing, and establish a clear framework under which either the principal health care provider or the local public health agency takes an active role in ensuring partner notification and referral. YHD endorses these changes as welcome clarification, simplification, and updating of existing rules to assist us all in preventing further transmission of HIV.

To view these proposed changes and the Department's HIV Policy Review project, visit the Office of HIV Prevention and Education website at: [http://www.doh.wa.gov/cfh/HIV\\_AIDS/prev\\_edu/HIV\\_Policy\\_Review.htm](http://www.doh.wa.gov/cfh/HIV_AIDS/prev_edu/HIV_Policy_Review.htm). For more information, please contact Wendy Doescher at (509) 249-6503 or Dennis Klukan at (509) 249-6666.

## Travelers' Health

CDC now has an interactive website (<http://www.cdc.gov/travel/>) that permits prospective international travelers and their health care providers to obtain destination-specific advice on vaccinations, anti-malarial chemoprophylaxis, and other preventive measures. Consider bookmarking this page for use during pretravel consultations and share it with your patients, as well.



Now is an excellent time to reinforce good health manners and prevention with your patients, skills that are useful all year long. You can find multiple health education materials on our website to download. Please feel free to contact us for other health education materials for your patients.

Our nurses can be reached at (509) 249-6541 or you can reach us by email at [flu@co.yakima.wa.us](mailto:flu@co.yakima.wa.us).

Our website is: [http://www.co.yakima.wa.us/health/cfh\\_flu.html](http://www.co.yakima.wa.us/health/cfh_flu.html)



## YAKIMA HEALTH DISTRICT

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 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>

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*Prevention is Our Business*

### Notifiable Conditions Summary, July-August 2004

Condition	Cases July through September			Year-to-Date Jan through Sept		Total Cases by Year	
	2004	2003	2002	2004	2003	2003	2002
Campylobacteriosis	29	33	39	83	85	116	106
Cryptosporidiosis	1	2	1	2	2	3	1
Enterohemorrhagic E. coli	1	3	4	2	4	4	10
Giardiasis	12	9	16	28	21	29	36
Salmonellosis	10	11	13	31	39	55	56
Shigellosis	2	5	14	6	10	20	29
Hepatitis A acute	0	0	1	2	0	1	3
Hepatitis B acute	2	0	0	4	0	0	1
Hepatitis B chronic	12	3	3	20	17	22	15
Hepatitis C acute	0	1	1	2	1	2	3
Hepatitis C chronic	56	75	81	167	202	254	255
Meningococcal	0	0	3	1	3	4	6
Pertussis	10	9	15	34	17	17	89
Tuberculosis	4	0	4	11	6	13	8
HIV New	Statistics Not Available					13	9
HIV Deaths						1	1
HIV Cumulative Living						123	111
Chlamydia	262	249	242	771	698	953	886
Genital Herpes—Initial	33	25	24	105	63	82	76
Gonorrhea	68	32	22	161	70	107	61
Primary and Secondary Syphilis	5	0	0	11	2	2	1