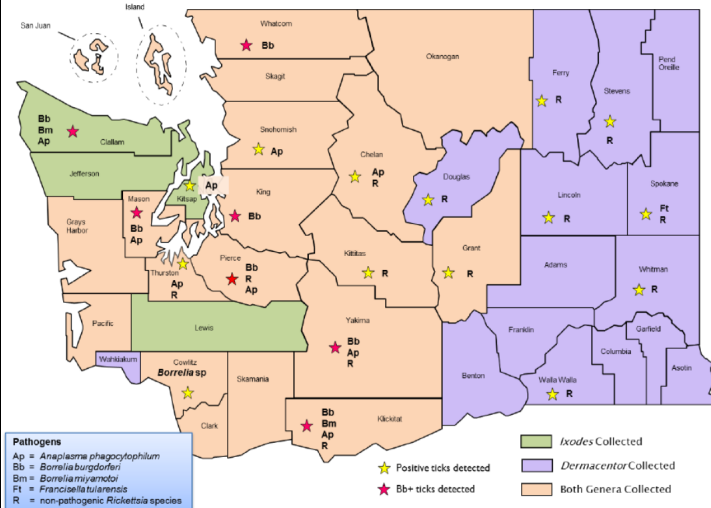


## Tickborne Disease in WA

Washington has relatively few tickborne disease cases reported each year in comparison to some areas of the United States.

**Tick-borne Relapsing Fever (TBRF)**, though overall rare, is the most common tickborne disease in central and eastern Washington. Symptoms include relapsing periods of fever lasting for two to seven days, disappearing for about four to 14 days, and then reoccurring. **Annually an average of 6 cases are reported in Washington.** TBRF is caused by the *Borrelia hermsii* bacteria which is transmitted

### Positive Ticks Collected by County (2010-16)



through the bite of *Ornithodoros hermsii*, a species of soft tick. Most people become infected while staying in rural, mountainous cabins during the summer months. The recommended test for TBRF is identification of *B. hermsii* spirochetes in a blood smear taken from the patient during a febrile period.

**Lyme Disease (LD)** is the most common tick-borne disease in the US, **but rare in Washington.** The first sign of LD is usually an

expanding circular, “bullseye”-appearing rash called erythema migrans, which starts at the site of the tick bite. Fever, headache, muscle aches, and joint pain may also occur. If left untreated, later symptoms can include recurring arthralgia, facial palsy, heart disease, and nervous system disorders. **Up to three LD cases per year are reported with transmission in Washington.** LD is caused by the *Borrelia burgdorferi* bacteria, which can be transmitted in WA through the bite of a western black-legged tick, *Ixodes pacificus*. These ticks live in forested or brushy areas

of western Washington. In parts of the mid-west and eastern U.S., the *Ixodes scapularis* tick is the LD vector. **Two-tiered testing** is required for diagnosis of LD due to cross-

reactivity with other spirochetal infections. The first tier is an Enzyme Immunoassay (EIA) test. If that is positive or equivocal, then the second tier is conducting a Western Blot. CDC does not recommend skipping the EIA

### INSIDE THIS ISSUE:

- Page 2 HPV dose, Mumps update
- Page 3 Zika testing update
- Page 4 Opioids, Notifiable Conditions

### TO REPORT A NOTIFIABLE CONDITION:

**PHONE (509) 766-7960**  
**FAX (509) 764-2813**  
**24 HOUR REPORTING LINE**  
**(509) 398-2083**  
**Communicable Disease Fax**  
**(509)764-2813**

and just doing the Western blot. Doing so will increase the frequency of false positive results and may lead to misdiagnosis and improper treatment, especially if the patient has not visited any *Ixodes* tick-endemic areas.

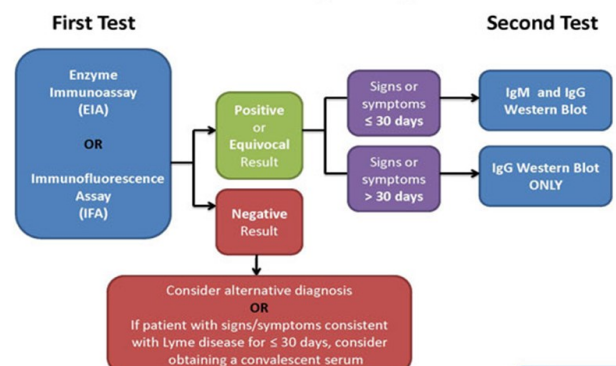
Other tick-borne diseases transmitted in Washington include: [Rocky Mountain Spotted Fever](#), [Tick Paralysis](#), [Tularemia](#), [Anaplasmosis](#), [Babesiosis](#).

CDC’s Tickborne disease reference manual:

[www.cdc.gov/lyme/resources/TickborneDiseases.pdf](http://www.cdc.gov/lyme/resources/TickborneDiseases.pdf)

For tick-related questions, call Amber at (509)766-7960 ext.14

### Two-Tiered Testing for Lyme Disease



## HPV and New 2-Dose Schedule

Every year in the United States, 31,000 women and men are diagnosed with a cancer caused by HPV infection. HPV infections are so common that nearly all men and women will get at least one type of HPV at some point in their lives.

HPV vaccinations can prevent uncomfortable testing and treatment even for cervical pre-cancers. Each year in the U.S. more than 300,000 women endure invasive testing and treatment for lesions on the cervix that can develop into cancers.

As a medical professional, you are the most important person that parents look to for information about the safety of vaccines and vaccine recommendations.

**Take Action By:**

Avoiding missed opportunities to administer HPV vaccine—effectively

recommend the HPV vaccine the same way and on the same day that you recommend other adolescent vaccines. Take advantage during every doctor’s visit – checkups, sick visits, even physicals for sports or school to offer all immunizations that are due.

Educating parents about the diseases that can be prevented by adolescent vaccines and talking about HPV vaccination in terms of cancer prevention.

Learning how to communicate successfully about HPV vaccination and how to answer a variety of questions from parents about HPV vaccine.

CDC has developed a toolkit to provide resources for state and local organizations, to enhance HPV vaccination efforts at the clinician and patient levels. [HPV Vaccination Partner Toolkit](#)

**NEW 2 Dose Schedule**

The dosing schedule has recently changed. **ACIP now recommends 11 to 12-year old’s get two doses of HPV vaccine**—rather than the previously recommended three doses. The second dose should be given 6-12 months after the first dose. Vaccination can be given starting at age 9 years.

Caveat: For persons initiating vaccination on or after their 15th birthday, the recommended immunization schedule is 3 doses of HPV vaccine

**RESOURCES:**

- [HPV MMWR](#)
- [Immunization Schedules](#)
- [CDC Clinician HPV Information 2 Dose Decision Tree](#)
- [Top 10 List Improving Practice Talking to Parents Tip Sheet](#)
- [CDC Parent Information](#)

## Mumps Update

Mumps outbreak in Grant County was concluded on July 3rd, 2017. As of 05/26/17, there were 45 total cases in Grant Country with no additional cases reported during the subsequent 50 days. We have seen an increase in community mumps testing and would like to provide you with the information for testing that is needed. Although IGG and IGM are important, determination for a positive case of Mumps is occurs by the PCR (or mumps culture). If the patient presents after 10 days of symptom onset, we recommend testing only on case-by-case basis using your judgment. Below are the testing guidelines that we use provided by WA DOH.

**Buccal and urine for RT-PCR:** PHL performs this test; most commercial labs do not perform mumps PCR or

culture. Mumps can be most reliably diagnosed by isolation of mumps virus or detection of mumps nucleic acid by PCR assay from buccal mucosa secretions.

- **Days 0-3 after parotitis onset (onset date is day 0): Collect buccal swab only. (IDEAL)**
- **Days 4-10 after parotitis onset: Collect both buccal swab AND urine specimen.**

Place buccal swab in VTM, urine in sterile screw-capped container. Bag specimens separately.

**Serum for mumps IgM and IgG antibody detection:** In general, serum can be sent commercially; request both IgM & IgG. Please note: Follow up to determine IgG results will be important for patients with unknown vaccination status, since a negative PCR cannot rule out mumps on a person previously exposed to

mumps antigen, either by vaccination or previous infection. *If unvaccinated:* collect at first clinical encounter; If IgM negative within 5d of onset, collect another specimen to rule in/ out. IgM reliably present >5d post-onset. *If vaccinated:* take acute specimen at 1st clinical encounter; IgM may not be detectable in vaccinated persons with mumps regardless of collection timing. **Keep specimens cold & ship on ice within 24h; if >72h, freeze buccal & urine to -70°C, ship on dry ice.**

**For questions about Mumps testing or to report a case, call Kari at (509) 766-7960 ext. 13.**

## Zika Virus Testing Updates

### Decrease in Zika Virus Testing Availability through the Washington State Public Health Laboratories (PHL)

In order to ensure continued testing availability for the highest risk patients and for patients for whom cost is a barrier to testing, **testing for Zika virus at Washington State Public Health Laboratories is now limited to:**

- Patients for whom cost is a barrier to testing
  - Infants with possible congenital exposure to Zika virus
- CDC Zika testing criteria must be met.** Testing pre-approval from the local health jurisdiction will continue to be required. All infant testing should continue to be performed by PHL.

**All other individuals should be tested using the normal mechanism for obtaining clinical commercial laboratory testing** and following the CDC testing algorithm, with the exception of infant testing.

- Local health jurisdiction approval is not required for commercial testing
- Zika virus testing is available through many commercial laboratories, including LabCorp, ARUP, Quest, and Mayo.
- Public Health is available for consultation about determining whether possible Zika virus exposure occurred, choosing the correct testing

algorithm, and following up with patients who test positive.

### Important Reminders:

Counsel women who are pregnant or planning to become pregnant to avoid travel to areas with Zika virus transmission risk and to avoid unprotected sex with sexual partners who have traveled to areas with CDC Zika travel notices

**Assess all pregnant women for possible Zika virus exposure at each prenatal care visit. Record travel history and sexual partner travel history at every visit and counsel pregnant women about the risk of Zika virus infection**

Test every pregnant patient with possible exposure to Zika virus from:

- Travel to an area with a CDC Zika travel notice, unprotected sex with someone who traveled to an area with a CDC Zika travel notice, or travel to another area with possible Zika transmission risk and development of symptoms consistent with Zika virus disease within 14 days

Counsel women with possible Zika virus exposure to wait at least 8 weeks before trying to conceive, or at least 6 months if their male partner also had possible exposure to Zika virus

### Zika Virus Test Ordering Guidance

Testing should only be ordered for persons with symptoms consistent

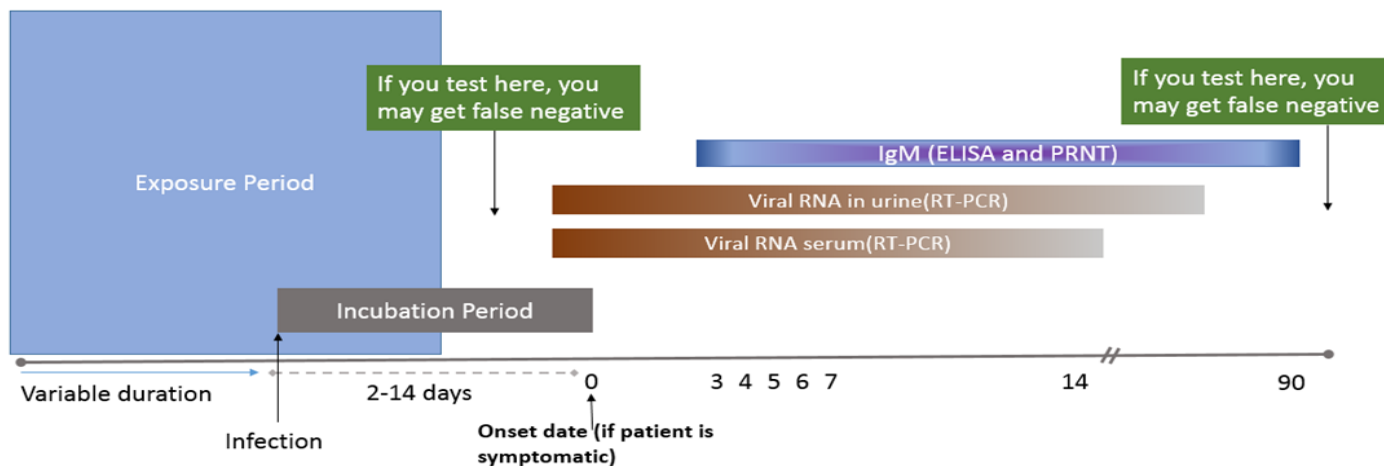
with Zika virus disease **and** possible exposure, or for pregnant women with possible Zika virus exposure and their infants. Testing should not be used to rule out infection for pre-conception planning.

For questions about Zika virus testing, or to report a suspect case, call Amber at (509) 766-7960. ext. 14.

### Resources:

CDC Zika webpage for Healthcare Providers: [www.cdc.gov/zika/hc-providers/index.html](http://www.cdc.gov/zika/hc-providers/index.html)

- CDC testing algorithms:
- [www.cdc.gov/zika/pdfs/algorithm-for-us-testing-of-symptomatic-individuals.pdf](http://www.cdc.gov/zika/pdfs/algorithm-for-us-testing-of-symptomatic-individuals.pdf)
  - [www.cdc.gov/zika/pdfs/algorithm-for-us-testing-of-symptomatic-individuals-chart-2.pdf](http://www.cdc.gov/zika/pdfs/algorithm-for-us-testing-of-symptomatic-individuals-chart-2.pdf)
  - [www.cdc.gov/zika/pdfs/algorithm-for-us-testing-of-symptomatic-individuals-chart-3.pdf](http://www.cdc.gov/zika/pdfs/algorithm-for-us-testing-of-symptomatic-individuals-chart-3.pdf)





**Public Health**  
Prevent. Promote. Protect.

Grant County Health District

**GCHD Contact Information**  
1038 W Ivy, Suite # 1  
Moses Lake, WA 98837  
(509) 766-7960

<b>Grant County Notifiable Conditions</b>		
	<b>Jan-June</b>	<b>Jan-June</b>
<b>DISEASE/CONDITION</b>	<b>2017</b>	<b>2016</b>
Botulism	<5	<5
Blood Lead – Child	0	<5
Campylobacter	14	12
<b>Chlamydia</b>	<b>197</b>	<b>183</b>
Cryptosporidium	0	0
Shiga toxin E. coli (STEC)	<5	<5
Giardia	<5	<5
<b>Gonorrhea</b>	<b>61</b>	<b>49</b>
Hepatitis A	0	0
Hepatitis B (chronic)	<5	<5
Hepatitis C (chronic)	15	33
Hantavirus	0	0
Herpes Simplex	9	15
HIV	0	0
Influenza Deaths	5	0
Listeriosis	0	0
Malaria	0	0
Measles	0	0
Meningococcal	<5	0
Mumps	<5	0
Pertussis	28	<5
Rabies PEP	<5	5
Relap. Fever/Lyme	0	0
Rubella	0	0
Salmonella	<5	<5
Shigella	0	<5
Syphilis	6	8
Tuberculosis	<5	<5
Yersiniosis	0	0
West Nile Virus	0	0
Unexplained Death	0	0
Zika	0	0
<b>Totals</b>	<b>353</b>	<b>319</b>

**STAFF CONTACTS**

- Dr. Alexander Brzezny, Health Officer
- Theresa Adkinson, Administrator
- Todd Phillips, Environmental Health Manager
- Darcy Moss, Administrative Services Manager
- Kathleen Nelson, Community Public Health Manager
- Cory Franks, Accountant
- Vicky Rutherford, Chief Deputy Registrar/IT Coordinator
- Laina Mitchell, Assessment Coordinator
- Carol Schimke, Lead Public Health Nurse
- Stephanie Lafferty, Public Health Nurse.
- Kari Blaak-Hitzroth, Public Health Nurse
- Maria Vargas, Health Educator
- Wendy Brzezny, Healthy Communities
- Heather Massart, Health Educator & Public Information Officer
- Dayana Ruiz, Quincy CTC Coalition Director
- Cassandra Herdrick, Heath Educator
- Jon Ness, Lead Environmental Health Specialist
- Amber McCoy, Lead Environmental Health Specialist (EPI)
- Daniel Wilson, Environmental Health Specialist II
- Lars Richins, Environmental Health Specialist II
- Stephanie Shopbell, Environmental Health Specialist
- Heidi Kriete, Program Specialist
- Evelyn Zepeda, Program Specialist
- Cindy Loera, Program Specialist
- Laura Camacho, Public Health Associate
- Cynthia Cantu, Public Health Associate

**Opioid work**

Grant County Health District is continuing to work on a Needle exchange program. Our nurses are attending regional meetings and learning how to start and maintain a self-sustaining program. In the meantime, please share with patients and their family/friends that Laketown Pharmacy has a Narcan program already in place. Laketown Pharmacy has their own prescriber and **ANYONE** can obtain the nasal Narcan kit to have on hand. They will bill the individual’s insurance and their own copay will be applied.

**GCHD Office Hours and Contacting Staff After Hours**

GCHD has regular business hours of **Monday-Thursday, from 8 am to 5 pm, closed for lunch from 12-1**. Though our office is closed to the public on Fridays, GCHD staff are generally still working and can be contacted at their desk extensions. If you are calling with an urgent communicable disease question, you may leave a voicemail at the front desk or at staff extensions. Voicemail is checked frequently. If you are unable to reach anyone via voicemail, you may call the after hours number listed on page 1. Illness reports and labs should still be faxed.