Q1 2025

EPI UPDATE

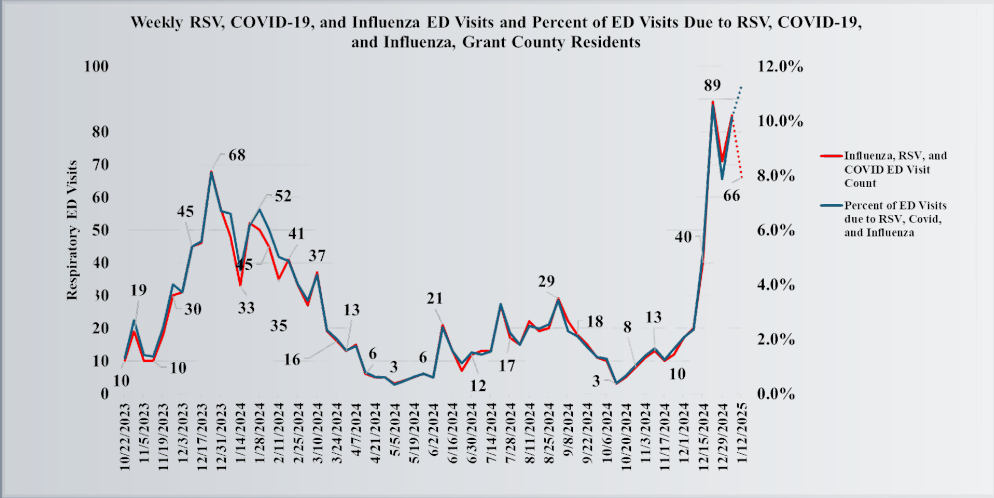
GCHD
GRANT COUNTY HEALTH DISTRICT

Published: January 2025

HIGHLIGHTS

- Respiratory Viruses Trends
- H5N1 Avian Flu: Current Situation
- Pertussis Outbreak Update
- Mpox Virus
- Suspected Rabies Post Exposure
- Notifiable Conditions

Respiratory Viruses Trends: COVID-19, Influenza, & RSV



The 2024/2025 respiratory illness season was officially announced by region 7 and the Grant County Health Officer, Dr. Alexander Brzezny on December 27, 2024. As of 1/12/2025, approximately 10% of emergency department (ED) visits in Grant County were associated with influenza, COVID-19 and respiratory syncytial virus (RSV). During the 2023/2024 respiratory illness season, emergency department visits associated with these three viruses reached a significant peak between 12/24 and 12/31.

Thresholds

The 2024/2025 respiratory illness season will remain active until several weeks of surveillance indicate a continued decline in emergency department visits and maintain levels below all triggering thresholds (see below).

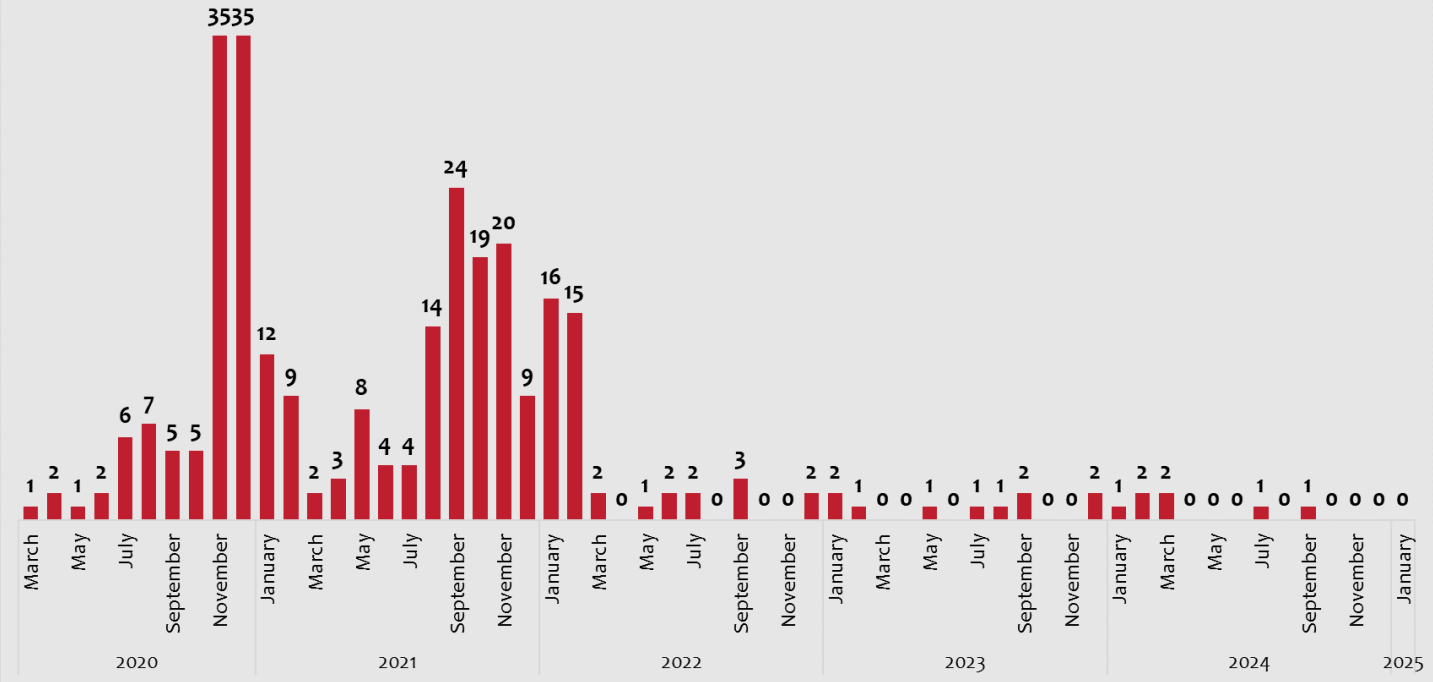
1. Seven-day respiratory illness hospitalization rates > 10/100,000
2. COVID-19 comprising > 2.7% of emergency room visits
3. Influenza comprising > 1.2% of emergency room visits
4. Respiratory syncytial virus comprising > 0.3% of emergency room visits

Healthcare partners report to Grant County Health District (GCHD) increases in cases of respiratory illnesses, respiratory illness-related absenteeism among healthcare workers, and outbreaks in local long term care facilities.

COVID -19

GCHD investigated seven covid-associated deaths in 2024 (January 2024 through December 2024). Three of the confirmed deaths occured in females in their 90s, one female in her 70s, two males in their 80s, and one male in his 40s. Most deaths occurred in people with underlying health conditions.

Grant County WA COVID Deaths by Month of Death (as of 1/17/2025, n=286)



Influenza

Since week 1 of 2025, 25 laboratory-confirmed influenza-associated deaths have been reported statewide this season. This figure includes 23 influenza A, 2 influenza B, and 0 type unknown. **No influenza-associated deaths have occurred in Grant County this season as of January 17th.** During the 23/24 respiratory illness season, three influenza-associated deaths were confirmed in Grant County. Two deaths occurred in females in their 60s and one female in her 80s. Influenza-like illness activity in Washington is currently very high.

Laboratory Confirmed Flu-Associated Deaths in Washington State

Table Source: Washington State Department of Health

Season	Count of Deaths as of Current Week of Season	Count of Deaths Reported for the Entire Season (Week 40 to Week 39)
2024-2025, to date	25	25
2023-2024	3	132
2022-2023	13	272
2021-2022	0	26
2020-2021	0	0
2019-2020	1	114
2018-2019	2	241
2017-2018	4	298
2016-2017	3	276

Immunizations
The best way for patients to protect themselves this respiratory illness season is to get all recommended doses of COVID, influenza and RSV vaccines. This is especially important for patients at higher risk of illness.

2024/2025 Respiratory Illness Season Vaccine Recommendations:

COVID-19
Everyone 6 months and older should receive an age-appropriate dose of the 2024-2025 updated COVID-19 vaccine. Those that are moderately to severely immunocompromised may receive additional doses.

More Info

Influenza
Everyone 6 months and older should receive an age-appropriate dose of the influenza vaccine.

More Info

RSV
Adults who are 60 and older and considered high risk should receive the RSV vaccine before entering RSV season.

More Info

Nirsevimab (RSV antibodies) is recommended for infants 8 months and younger who are born to mothers who did not receive a maternal RSV vaccine during pregnancy and are entering their first RSV season.

Nirsevimab is also recommended for some infants and younger children 8 months through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.
The RSV vaccine is recommended for people who are 32-36 weeks pregnant and want to protect their babies from severe RSV and is recommended for seasonal use from September to January. Protection will last during the baby's first six months, while at their highest risk of severe RSV.

More Info

Seasonal Respiratory Update
GCHD has a comprehensive report on our website for respiratory viruses that is updated regularly. Statewide respiratory data can be found on the DOH website. View the dashboards:

DOH REPORT GCHD REPORT

H5N1 Avian Influenza - Current Situation

Background

H5N1 (A) is a highly pathogenic avian influenza (HPAI) virus primarily affecting respiratory and gastrointestinal tracts of birds. It has been identified in more than 100 bird species since the 1990s and more recently in almost all mammal species. It has caused numerous outbreaks in poultry, wild birds (especially waterfowl), and some mammal populations globally, resulting in significant economic and public health concerns. It was first detected in the U.S. in 2016, re-emerging more significantly in January 2022; the first human case in the U.S. was reported later that year in a poultry worker in Colorado.

H5N1 in Poultry and Associated Human Cases (H5N1 2.3.4.4b, genotype D1.1)

Since its reemergence, spread of H5N1 from wild bird populations to domestic populations has devastated the U.S. poultry industry, affecting over 130 million birds in all 50 states, causing substantial economic losses due to culling practices required to contain its spread. In WA state, H5N1 has been detected in 51 backyard flocks and two commercial flocks to date, including a large poultry operation in Franklin County in October 2024 which affected almost 850,000 birds (layer chickens). Subsequently, 11 confirmed and 3 probable human cases of H5N1 were identified —all poultry workers at the farm—as a result of exposure to the infected chickens. As of this date, a total of 23 human cases of poultry-associated H5N1 have been reported nationwide.

Avian influenza testing of 4H poultry at Grant County Fair by WSDA veterinarian

Human Influenza Cases in Washington State Residents

	Total Human Cases	Known Exposure: Poultry, Bovine, Other
Confirmed	11	Poultry
Probable	3	Poultry
Total	14	

H5N1 in Dairy Cattle and Other Livestock (H5N1 2.3.4.4b, genotype B3.13)

The emergence of H5N1 in dairy cattle earlier this year marked a significant event as it confirmed the zoonotic potential of the virus beyond its typical avian hosts. In March, the first detections of H5N1 in dairy cattle herds (in Texas and Kansas) were announced, and simultaneously the discovery of positive dairy workers at the affected farms. Subsequent testing of dairy cattle revealed positive herds in several states. As of this date, 928 cases of positive cattle have been identified in 16 states. Additionally, a case of H5N1-positive swine and a case of positive alpaca were recently identified in California and Oregon respectively.

Since the discovery of H5N1 in livestock, 40 associated human cases in four states have been identified. **There have been no detections of H5N1 in dairy cattle or other livestock and no livestock-associated human cases in our state.**

Grant County H5N1 Detections

In Grant County, H5N1 has only been identified in wild birds. Several detections of H5N1 and other H5 influenza strains in wild birds collected from Grant County, primarily migratory waterfowl, have been reported by the Washington Dept of Fish & Wildlife, most recently in December of 2024. Avian influenza (bird flu) | Washington Department of Fish & Wildlife. It has not been detected in poultry flocks, and no human cases have been identified here.

H5N1 Human Cases and Surveillance

There has been no evidence of human-to-human transmission of the virus and the CDC continues to report the risk to the public is low, however, vigilant monitoring and mitigation efforts are crucial due to the potential for genetic mutations that could enable spread among humans.

Though most of the 73 identified human infections of H5N1 in the U.S. have been considered mild-moderate, two severe cases were reported to date (MO, LA). On January 6th, the CDC reported that the individual with severe disease in Louisiana passed away, making it the first human death as a result of H5N1 influenza in the U.S.

As multistate outbreaks of avian influenza A (H5N1) in poultry, dairy cattle, and other animals continues, monitoring for novel influenza A virus infections in humans is critical to identify transmission of these viruses between animals and people. Rapid detection of, and treatment for, novel influenza A viruses and efforts to reduce transmission to other people remain important components of national efforts to prevent the emergence of new viruses that could have pandemic potential. To accomplish this, testing for influenza viruses and monitoring for novel influenza A virus infections should continue year-round.

Human H5N1 Infections in the U.S. and Associated Source of Exposure

Exposure Source					
State	Cattle	Poultry	Other Animal	Unknown	State Total
California	36	0	0	2	38
Colorado	1	9	0	0	10
Iowa	0	1	0	0	1
Louisiana	0	0	1	0	1
Michigan	2	0	0	0	2
Missouri	0	0	0	1	1
Oregon	0	1	0	0	1
Texas	1	0	0	0	1
Washington	0	11	0	0	11
Wisconsin	0	1	0	0	1
Source Total	40	23	1	2	67

Information for Healthcare Providers

Clinicians are encouraged to consider highly pathogenic avian influenza (HPAI) H5N1 and other novel influenza virus infections in patients who present with acute respiratory illness, isolated conjunctivitis, or influenza-like illness (ILI), and who have had recent close contact with animals known or suspected of having avian influenza A virus, with particular focus on animal agriculture or wildlife workers, veterinarians, hunters, backyard poultry owners, and others reporting exposure to ill or deceased birds or livestock.

Testing

Contact Grant County Health District to arrange testing for influenza A(H5N1) virus, collect recommended respiratory specimens using full PPE.

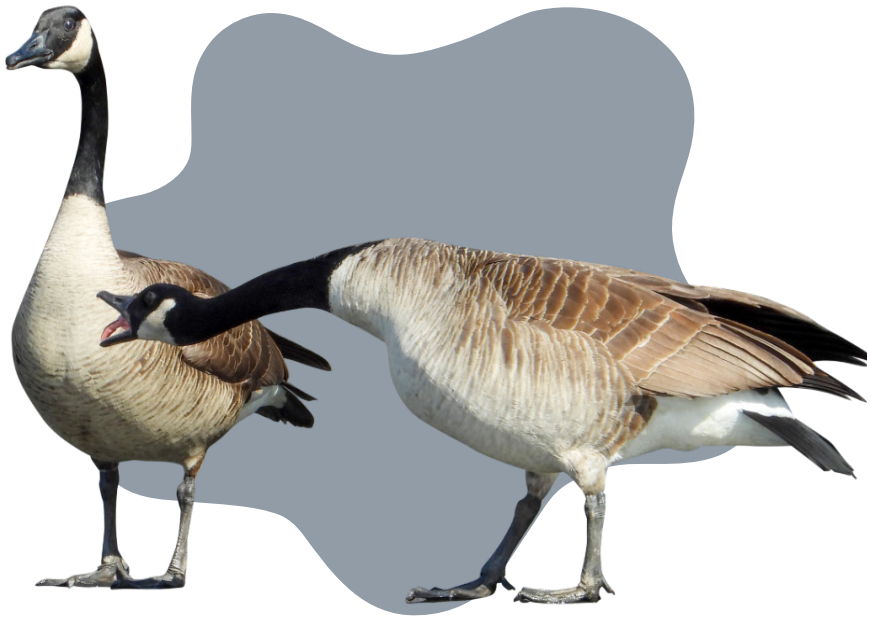
» Commercially available influenza tests are NOT appropriate for avian influenza testing as they will most likely give a false negative result.

» Testing for other potential causes of acute respiratory illness should also be considered depending on the local respiratory virus activity and the clinical scenario.

Testing Resources

» Interim Guidance on Specimen Collection and Testing for Patients with Suspected Infection with Novel Influenza A Viruses Associated with Severe Disease or with the Potential to Cause Severe Disease in Humans | Bird Flu | CDC

» Conjunctival Swab Specimen Collection for Detection of Avian Influenza A(H5) Viruses (cdc.gov)



Healthcare Precautions

Standard, contact, and airborne precautions are recommended for patients presenting for medical care, evaluation, or testing who have illness consistent with influenza and recent exposure to potentially infected birds or other animals. For additional guidance on infection control precautions for patients who might be infected with HPAI A(H5N1) virus, please refer to CDC's Interim Guidance for Infection Control Within Healthcare Settings.

Treatment

Strongly consider starting empiric antiviral treatment in persons presenting with influenza-like illness who may have been exposed to avian influenza. For more information, please see CDC's Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses. If treating for suspected avian influenza, contact GCHD to arrange for testing.

Isolation

Patient should be instructed to isolate at home away from their household members and not go to work or school until it is determined they do not have avian influenza A virus infection.

Continued • • •

Exposures

People exposed to HPAI A(H5N1)-virus-infected birds or other animals (including those wearing recommended PPE) should monitor themselves for new respiratory illness symptoms, including conjunctivitis, beginning after their first exposure and for 10 days after their last exposure. GCHD should be notified immediately of any persons who suspect an exposure to HPAI A (H5N1).

» Post-exposure prophylaxis (PEP) with influenza antiviral medications can be considered for exposed persons.

» People who may have been exposed to highly pathogenic avian influenza (HPAI) **should get a seasonal flu vaccine.** The seasonal flu vaccine won't protect against HPAI, but it can reduce the risk of getting sick with both the flu and HPAI at the same time.

Personal Protective Equipment (PPE)

People should wear the recommended PPE when working directly or closely with sick or dead animals, animal feces, litter, raw milk, and other materials that might have the virus see: Interim Guidance for Employers.

Resources

Avian Influenza | Washington State Department of Health
H5 Bird Flu: Current Situation | Bird Flu | CDC
2022–2024 Detections of Highly Pathogenic Avian Influenza Contacts

Grant County Pertussis Outbreak Update

GCHD continues to respond to a pertussis outbreak in Grant County. Healthcare providers should remain alert for patients with symptoms of pertussis. To report suspected cases please contact GCHD – (509) 766-7960.

Current Situation as of 1/17/2025:

81	10	71	56
persons with confirmed and probable pertussis	were children under 1 year of age	were children under 18 years of age	were not vaccinated or up to date on their DTaP/Tdap vaccine

Persons at High Risk for Pertussis:

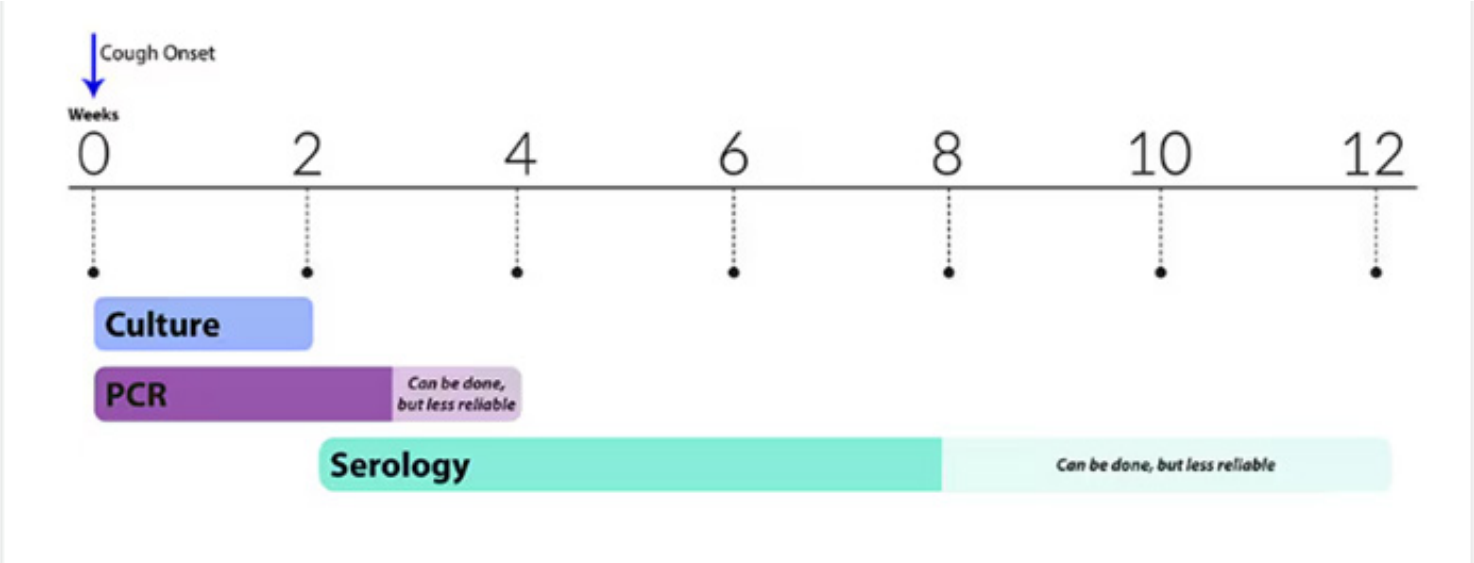
» Infants <1 year old (who are at greatest risk for severe disease and death)
» Pregnant persons in the last trimester (who will expose infants)
» Healthcare workers with direct patient contact (who may expose infants, pregnant persons, or others who have contact with infants or pregnant persons)
» Anyone who may expose infants <1 year old or pregnant persons (e.g., childbirth educators, childcare workers, members of a household with infants)

Diagnosis & Testing

Diagnosing pertussis can be difficult, particularly during the catarrhal stage of illness, which features non-specific symptoms and may not initially include a cough. For a patient with respiratory symptoms, known or suspected exposure to pertussis should prompt inclusion of pertussis in the differential diagnosis. The incubation period for pertussis ranges from 5 to 21 days. A key feature that distinguishes pertussis from other common respiratory illnesses is the duration of the cough (usually longer than two weeks and can last 10 weeks or longer).

Test those meeting the above criteria through collection of nasopharyngeal swab for pertussis PCR or culture. Serology should not be used for diagnosing pertussis. Please note, a negative pertussis PCR or culture result cannot rule out pertussis. Treatment and case reporting may still be required.

Graph Source: CDC



Treatment

Treat patients according to the detailed CDC treatment guidance, which in most cases is Azithromycin x5 days. Household members and other exposed high-risk contacts should be prescribed preventative antibiotics (PEP).

Ensure patients are in understanding of exclusion from school, childcare, work, church and other community activities or gatherings, and advise them to stay home until they have completed 5 full days of appropriate antibiotics. Those refusing treatment are to be excluded for 21 days past the onset of cough.

MORE ABOUT PEP

Vaccination

Vaccinating patients is the most effective way to protect against pertussis. Review patient immunization records to ensure children and adults are up to date on pertussis-containing vaccine. Current vaccine schedules can be found on the CDC Immunization Schedules webpage. Prioritize vaccination of household members and other close contacts of infants. Tdap is recommended during each pregnancy after 20 weeks gestation (ideally during weeks 27 - 36).

Continued...

WA State Pertussis Situation

Whooping Cough Infections in WA

During this time last year

As of December 28th, 2024

Current information about pertussis in Washington state can be found in the DOH Weekly Pertussis Update. At the time of this notification, Grant County ranks 9th among the 33 counties actively reporting pertussis cases. This report is updated every Friday.

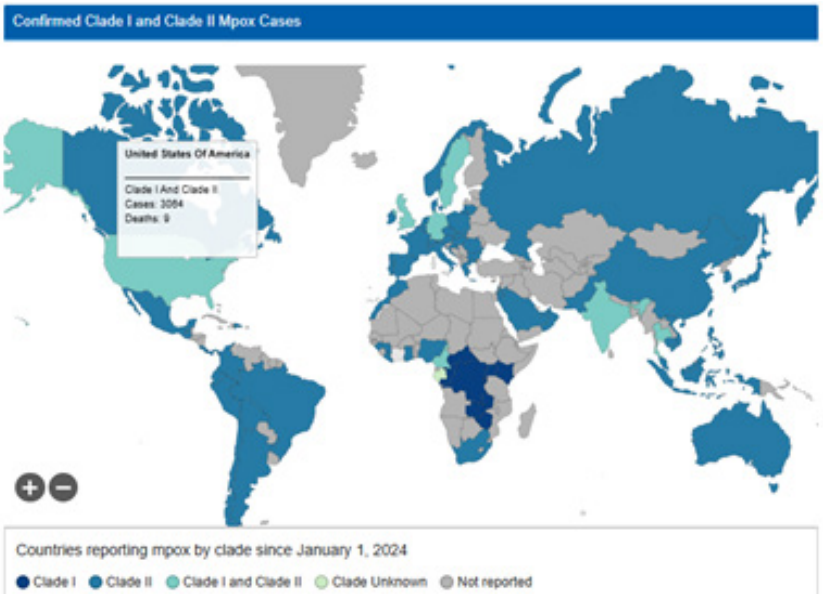
Mpox Virus

Mpox, previously known as monkeypox, is a viral disease caused by the mpox virus, presenting with symptoms such as fever, rash, and swollen lymph nodes. There are two clades of mpox: clade I and clade II. Clade I, which has been circulating in Central and Eastern Africa, is currently causing an outbreak in the Democratic Republic of the Congo (DRC) and neighboring countries. Recently, the first clade I case in the United States was reported, tied to the outbreak in Africa. In contrast, clade II was responsible for the 2022-2024 outbreak in the U.S.

Vaccination and Assessment

Given the ongoing global spread of mpox, healthcare providers play a key role in preventing further transmission, particularly by vaccinating individuals at higher risk. **It is critical to recommend the 2-dose JYNNEOS vaccine to adults, regardless of gender or sexual orientation, who are traveling to areas with active clade I transmission**, especially those who may engage in high-risk behaviors such as unprotected sex with new partners or attendance at large public events. Providers should also assess patients for epidemiological risk factors, such as recent travel to regions with mpox outbreaks or close contact with infected individuals.

Graph Source: CDC



The CDC recommends the mpox vaccine for people who are at risk of exposure to the mpox virus. This includes people who have had close contact with someone who has mpox, or who have had sex with a partner who has mpox. The vaccine is also recommended for people who are more likely to get very sick from mpox, such as people with HIV or other immune deficiencies. *Continued...*

Testing and Shipping
Mpox swab testing and clade determination testing are available at PHL. After approval from GCHD, mpox testing can be ordered through the Lab Web Portal. Mpox testing is also available commercially, but only some perform non-specific mpox testing and some do not have clade determination testing.

Epidemiologic risk factors will also affect the level of clinical suspicion:
» Recent travel to a country with confirmed cases of mpox or where mpox is endemic OR
» Contact with a person with confirmed mpox or similar rash OR
» Close or intimate in-person contact with a person in a group experiencing mpox activity OR
» Contact with a dead or live animal that is an endemic species or use of a product derived from such animals.

Mpox Specimen Testing in Washington

Reporting
Healthcare providers should immediately report suspected or confirmed Mpox cases to the Grant County Health District at 509-766-7960 or afterhours at 509-398-2083 to arrange testing at the Washington State Department of Health Public Health Laboratory (PHL).

More about Mpox

Post-Exposure Prophylaxis (PEP) for Suspected Rabies Exposures

Rabies is a fatal disease spread to humans by contact with infected animals that requires immediate action following a potential exposure to prevent severe illness and death. Healthcare providers and facilities are required to immediately report suspected rabies exposures. ANY administration of rabies post-exposure prophylaxis is also immediately reportable to GCHD so that appropriate assessment of the exposure can occur to guide the decision to initiate PEP and to monitor for the presence of high-risk rabies exposures.

Gap in Reporting in Grant County:
The WA State Department of Health recently completed a study which compared the number of suspected rabies exposures reported to the local health jurisdiction (LHJ) to data from the WA Immunization Information System (IIS) and RHINO data of rabies PEP administration across the state during 2018-2023. **The study revealed that in Grant County, less than half the suspected rabies exposures were reported to GCHD, indicating a significant deficiency in reporting in our county.**

Continued ...

Reporting Requirements:
Under the 2023 notifiable conditions rule revisions, situations in which human exposure to rabies is suspected are reportable to the LHJ. For the purposes of reporting, "Suspected Rabies Exposure" includes three conditions listed in the 2023 rule revisions:

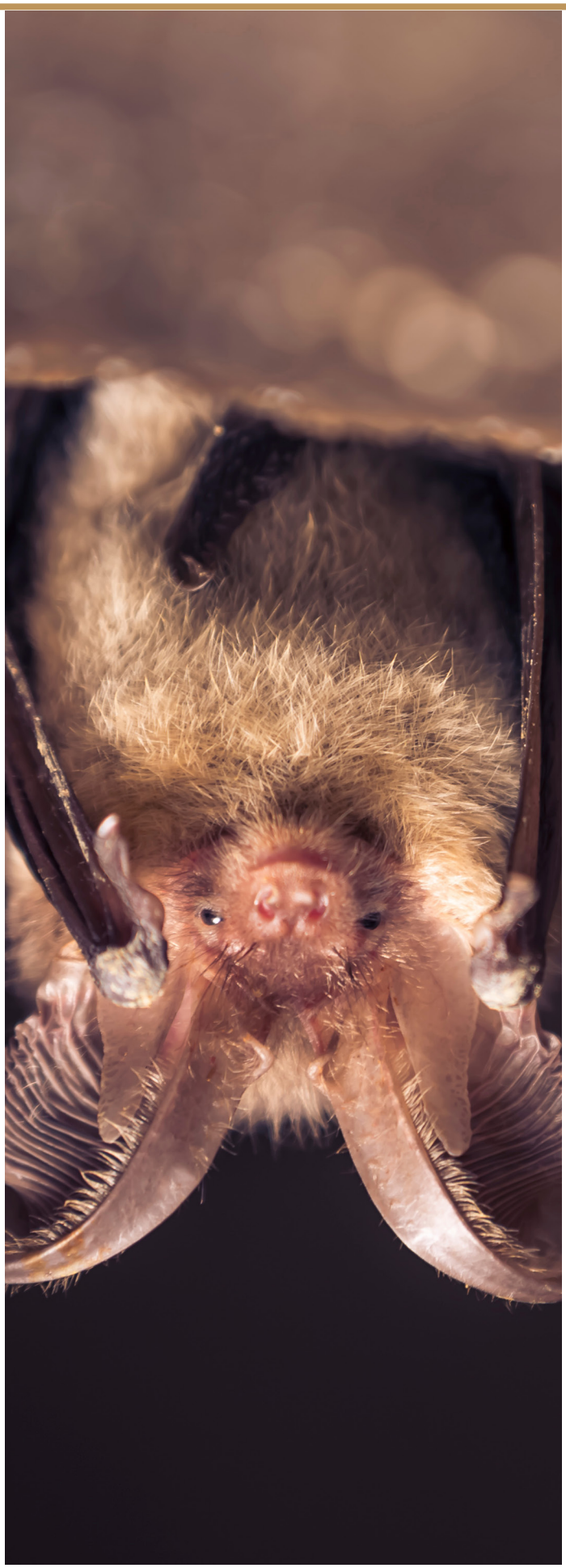
1. Rabies, suspected human exposure (suspected human rabies exposures due to a bite from or other exposure to an animal that is suspected of being infected with rabies); and
2. Animal bites (when human exposure to rabies is suspected); and
3. Rabies (suspected or laboratory confirmed human cases), or laboratory confirmed animal cases.

Healthcare providers and healthcare facilities must immediately report any of these conditions to GCHD by:

- **Fax: 509-764-2813 OR**
- **Phone: 509-766-7960, ext. 0, OR 509-398-2083 (after hours).**

Criteria for PEP Administration:
Healthcare providers are expected to carefully assess the need for PEP based on the type of animal, the type and nature of the exposure, the behavior of the animal, the geographical location of the animal, and for dogs, cats, and ferrets, the vaccination history. **For assessment purposes, all bats should be presumed to be rabid unless testing shows they are negative for rabies.** The guide linked below and specifically the algorithm on page 3 should serve as the guide for the decisions about rabies PEP: Prevention of Human Rabies: Assessment of Rabies Exposure from Animal Contact and Guidance on Rabies Post-Exposure Prophylaxis (wa.gov).

GCHD's Role:
GCHD staff are trained and available 24 hours a day, seven days a week for consultation to assist providers with rabies exposure assessments. GCHD is also responsible for facilitating rabies testing of suspect animals when appropriate at the WA State Public Health Laboratory in Shoreline, WA.



TO REPORT A NOTIFIABLE CONDITION:

PHONE:
(509) 766-7960

CONFIDENTIAL FAX:
(509) 764-2813

AFTER HOURS & WEEKENDS:
(509) 398-2083

Syringe Services Program(SSP):

Locations & Hours

Grand Coulee - Rural Resources Start Hub
Every other Monday | 12pm - 2pm

Moses Lake - Moses Lake Foodbank
Every Tuesday | 11pm - 1pm

Moses Lake - Grant County Health District
Every Wednesday | 1:30pm - 3:30pm

DISEASE/CONDITION	2024	2023
Botulism	0	<5
Blood Lead – Child	12	<5
Campylobacter	64	30
Chlamydia	433	467
Coronavirus (SARS-CoV2)	2417	3036
Cryptosporidium	9	<5
Coccidioidomycosis	<5	<5
Shiga toxin E. coli (STEC)	7	14
Giardia	6	0
Gonorrhea	60	80
Hepatitis A	<5	<5
Hepatitis B (chronic)	<10	14
Hepatitis C (chronic/surveillance)	33	40
Hantavirus	<5	0
Herpes Simplex	32	19
HIV	<10	<10
Influenza Deaths	<10	<10
Legionellosis	<5	<5
Listeriosis	0	0
Malaria	0	0
Measles	0	0
Meningococcal	0	0
Mumps	0	0
Pertussis	55	0
Rabies PEP	13	8
Relap. Fever/Lyme	0	0
Rubella	0	0
Salmonella	24	18
Shigella	<5	<5
Syphilis	33	44
Tuberculosis	<10	<10
Yersiniosis	9	<5
West Nile Virus	0	0
Unexplained Death	0	0
Totals	3,237	3,801

GCHD
GRANT COUNTY HEALTH DISTRICT

1038 w Ivy Ave, Suite #1, Moses Lake, WA 98837
(509) 766-7960