

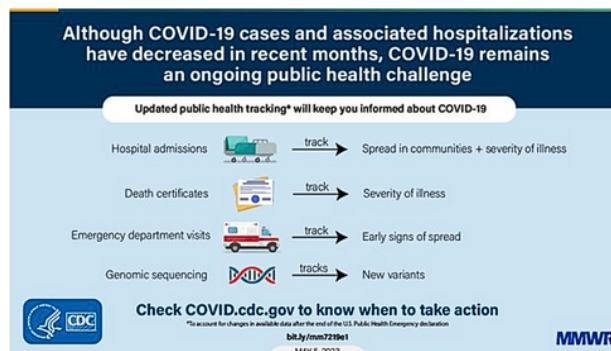
EPI-UPDATE

COVID-19 - End of Public Health Emergency

The Federal COVID-19 Public Health Emergency (PHE) ended on May 11th, 2023.

Vaccines, treatments, and testing will remain available, subject to federal and state programs and private insurance coverage. National reporting of COVID-19 has changed. New COVID-19 activity indicators now include new hospital admissions; but also death certificates review, and emergency department visits (see infographic). The Grant County Health District continues to respond to COVID-19, still a notifiable condition of international importance.

 [Infographic details.](#)



Highlights

- COVID-19 Public Health Emergency Ends
- Tuberculosis - Guidelines for Employers
- Ukrainian Refugees
- Notifiable Conditions & STI Notification
- Zoonotic & Vector-Borne Disease

Relevant Updated COVID Definitions Reviewed:

COVID-19 outbreak definition: The Washington State Department of Health has aligned their outbreak with CSTE, which now defines an outbreak in health care settings as: ≥ 3 cases of suspect*, probable** or confirmed cases in HCP*** with epi-linkage****, AND no other more likely sources of exposure for at least 2 of the cases.

- ▶ Probable case definition: A person meeting presumptive laboratory evidence. Presumptive laboratory evidence includes the detection of SARS-CoV2 specific antigen in a clinical or post-mortem specimen using a diagnostic test performed by a CLIA-certified provider.
- ▶ Suspect case definition: A person meeting supportive laboratory evidence OR meeting vital records criteria with no confirmatory or presumptive laboratory evidence for SARS-CoV-2. Supportive laboratory evidence includes the detection of SARS-CoV-2 specific antigen by immunocytochemistry OR detection of SARS-CoV-2 RNA or specific antigen using a test performed without CLIA oversight.

- ▶ Healthcare Personnel (HCP), according to CDC, include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). Facilities should prioritize investigations of cases in HCPs whose duties require them to have close contact with patients or visitors.
- ▶ Epi-linkage among HCP is defined as having the potential to have been within 6ft for 15 minutes or longer while working in the facility during the 7 days prior to prior to the onset of symptoms; for example, worked on the same shift or proximity. For more information, please see: Interim COVID-19 Outbreak Definition for Healthcare Settings

COVID-19 (CONTINUED)

[↗](#) For more information, please see:
[Interim COVID-19 Outbreak Definition for Healthcare Settings](#)

Masking:

Masking is still a critical public health tool to help prevent the spread of COVID-19, especially in healthcare. It is recommended to wear a mask when CDC COVID-19 hospital admission levels are medium or high. Healthcare facilities are still required to mask in certain situations, for example, when working with a suspected or confirmed COVID-19 patient, high risk or immunocompromised patients, or if there is an outbreak within your facility. During a spike or increase in respiratory illnesses, masking is a recommended and important mitigation measure to further protect patients at high risk. Contact GCHD if you are in need of additional assistance while creating and/or implementing situation-based masking guidance.

[↗](#) [CDC's COVID-19 hospital admission levels](#)

Vaccines:

On May 11th, standing orders previously issued by DOH can no longer be used to administer COVID-19 vaccines.

- ▶ The federal Public Readiness and Emergency Preparedness (PREP) Act gave DOH the authority to issue standing orders only during a declared emergency.
- ▶ Facilities or organizations that have relied on DOH standing orders should determine another signature authority to decrease disruption to vaccine services.
- ▶ [Standing order templates are available from CDC.](#)

Stay up to date with COVID-19 Vaccines:

- ▶ Adults and children aged 6 years and older are up to date with COVID-19 vaccines if they received a bivalent (updated) COVID-19 vaccine at least once.
- ▶ Children 6 months through 5 years of age who received the Pfizer-BioNTech COVID-19 vaccine are up to date if:
 - They are 6 months to 4 years of age and got at least 3 COVID-19 vaccine doses, including at least one bivalent (updated) COVID-19 vaccine dose.
 - They are 5 years of age and got at least 1 bivalent (updated) COVID-19 vaccine dose.
 - Children 6 months through 5 years of age who got the Moderna COVID-19 vaccine are up to date if they got at least two Moderna COVID-19 vaccine doses, including at least one bivalent (updated) COVID-19 vaccine dose.

You may be eligible for additional COVID-19 vaccine doses if:

- ▶ You are 65 years of age and older and got your first bivalent (updated) COVID-19 vaccine booster 4 or more months ago.
- ▶ You are moderately or severely immunocompromised and received a bivalent (updated) COVID-19 vaccine booster 2 or more months ago.
- ▶ If you are unable or choose not to get a recommended bivalent mRNA vaccine, you will be up to date if you got the Novavax COVID-19 vaccine doses approved for your age group.

SOURCE: Washington State Department of Health Vaccine Partner Update on May 2, 2023.

Resource:

[↗](#) For more information, please see
[Clinical Guidance for COVID-19 Vaccination | CDC](#)



Tuberculosis - Guidelines for Employers


Health Care Personnel Screening and Testing


In May 2019, the Centers for Disease Control and Prevention (CDC) and the National Tuberculosis Controllers Association (NTCA) released recommendations titled, [Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel, 2019](#). These recommendations updated the health care personnel screening and testing section of the 2005 CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings, however the facility risk assessment and infection control practice sections remain unchanged from the [2005 guidelines](#).


On September 9th, 2019, the Washington State Department of Health issued a policy statement allowing residential treatment facilities to implement these updated guidelines. [Read policy statement \(pdf\)](#).

While the Washington State Department of Health TB Program supports the implementation of these [new recommendations](#), facilities should first contact their licensing authority to determine the TB screening requirements they need to follow. It will take some time for licensing authorities to consider updating codes related to TB screening and treatment. If you need help determining which code or licensing authority your facility operates under, [please refer to this reference guide \(PDF\)](#) or [contact the TB Program for assistance](#).

RESOURCE BANK

 [WA DOH TB Guidelines for Employers— Health Care Personnel Screening and Testing](#)

 [CDC More information about the TB screening and treatment recommendations for health care personnel](#)

 [Adult TB Risk Assessment \(for patients/non-employees\)](#)

 [Pediatric TB Risk Assessment](#)

[Health Care Personnel Baseline Individual TB Risk Assessment Form \(PDF\)](#)

Used to assess health care personnel upon hire. Health care personnel who have a new positive TB test should receive a symptom evaluation and chest x-ray to rule out TB disease. Additional workup may be needed depending on results. Health care personnel with a documented history of a prior positive TB test should receive a baseline TB risk assessment and TB symptom screening at hire. A repeat TB test is not necessary.

[Tuberculosis Symptom Screening \(PDF\)](#)

Used when performing baseline or annual symptom screening for employees with untreated TB infection or to assess for TB disease. According to the new recommendations, annual TB testing of health care personnel is not recommended unless there is a known exposure or ongoing transmission at a healthcare facility.

[Tuberculosis Risk Assessment Worksheet \(MMWR, Appendix B, page 128\)](#)

Facilities can use this form to determine the risk of TB transmission and frequency of TB screenings for employees. Health care facilities might consider using serial TB screening for certain groups at increased occupational risk for TB exposure (e.g., pulmonologists or respiratory therapists) or in certain settings if transmission has occurred in the past (e.g., emergency departments).

[Home Health Agencies](#)

Licensing rules for in-home service agencies were updated and took effect April 6, 2018 ([Chapter 246-335 WAC](#)). Guidance about the new rules, and how to use the [Tuberculosis \(TB\) Risk Assessment Form \(PDF\)](#), can be found on the [Home Health Agencies webpage](#). For questions about the rule or the form, contact Health Systems Quality Assurance customer service: 360-236-4700 or hsqa.csc@doh.wa.gov

Tuberculosis (CONTINUED)

Employees being screened with an IGRA (Quantiferon Gold or T-spot) or a TST skin test should always have a risk assessment and TB symptom screen along with their lab test. The risk assessment and symptom evaluation help guide decisions when interpreting test results.



[Health Care Personnel Baseline Individual TB Risk Assessment Form \(PDF\)](#)



[Tuberculosis Symptom Screening \(PDF\)](#)

Ukrainian Refugees

Under the Uniting for Ukraine (U4U) program, an estimated 100,000 displaced Ukrainians could be expected to arrive in the United States. The program is a pathway for Ukrainian citizens to come to the United States and stay temporarily for up to a two-year period. Entry to the United States for Ukrainian citizens under this pathway is known as “parole.” Shortly after arrival, Ukrainians participating in the program must meet specific health requirements, including vaccinations and tuberculosis (TB) testing.

People arriving in the United States as part of the Uniting for Ukraine must be screened for TB disease. All people two years of age or older will need to be screened for TB by getting an interferon-gamma release assay (IGRA) test within 90 days after arrival to the United States.” (SOURCE: CDC) Ukrainian parolees must complete an attestation regarding TB screening within 90 days of arrival to the United States. The attestation form can be found [here](#).



▶ Provider Resource: [TB & Ukrainian Refugees - CDC | WA DOH](#)

▶ Provider Resource: [TB Screening - CDC](#)

Sexually Transmitted Disease Notification

The Grant County Health District is requesting that all providers serving patients with STD's/STIs complete Washington State Department of Health Confidential Sexually Transmitted Disease Case Report Form (Form #347-102), which is required to be submitted to the Local Health Jurisdiction within three days of patient diagnosis.

Please submit the form for the named individual on the report ([click here for the link](#)) as part of an STD investigation and in accordance with WAC 246-101-101/301. Ensure all boxes are checked and the form is completely filled out prior to faxing. Please fax the form to 509-764-2813.

Contact: Yuri Mendoza | ymendoza@granthealth.org

Zoonotic and Vector-borne Disease in Grant County

To many, Grant County is an outdoor recreation hub. Unfortunately, outdoor recreation in our county poses a risk for zoonotic disease as well. With warmer weather and people spending more time outdoors, the potential for exposure to zoonotic and vector-borne disease increases. Zoonoses of greatest concern encountered here include hantavirus disease, West Nile Virus disease, rabies and tick-borne diseases.

▶ Hantavirus Pulmonary Syndrome (HPS)

- *Cause:* Sin Nombre virus in western United States, other Hantaviruses elsewhere.

- *Sources/vectors:* Certain rodents including the deer mouse (*Peromyscus maniculatus*).

Exposure occurs by inhaling aerosolized virus excreted in mouse urine, feces, or saliva, particularly during improper cleaning of deer mouse infested areas.

- *Illness and treatment:* Fever and mild flu-like symptoms are often followed by acute respiratory distress syndrome (ARDS) with respiratory failure and shock. Treatment is supportive.

- *Diagnosis:* Serological studies. [Hantavirus Reporting and Investigation guideline](#) for details

- *Recent Washington trends:* Each year there are 1 to 5 cases reported, mainly exposed in eastern counties. In Grant County—5 cases in the past 20 years, 3 of which were fatal.

- *Reporting:* Immediately report suspected hospitalized cases so testing can be arranged at the public health lab.

▶ West Nile Virus Disease (WNV)

- *Cause:* West Nile virus.

- *Sources:* Many bird species are reservoirs. Mosquitoes are vectors, transmitting the virus through bites to humans and other mammals such as horses. WNV can be transmitted during transfusion, so donated blood is screened and asymptomatic presumptive viremic donors are reported.

- *Illness and treatment:* About 80% of those infected are asymptomatic, around 20% have WNV fever (fever, headache, rash), and less than 1% develop WNV *neuroinvasive disease* (meningitis, encephalitis, paralysis). Treatment is supportive.

- *Diagnosis:* Paired Serum or CSF studies. [WNV Reporting and Investigation guideline](#) for details.

- *Recent Washington trends:* Infected birds and horses were first detected in 2002. The first locally acquired human infections were reported in 2006. In 2009, Washington had the highest number of cases to date with 38 cases and 2 presumptive viremic donors. Of these cases, 36 were known to be endemically acquired within Washington. In Grant County—7 confirmed cases identified with local exposure since WNV was first detected here in 2008.

- *Reporting:* Notifiable to GCHD within 3 days.



[Training Opportunity: CDC and Medscape announce a new West Nile virus \(WNV\) clinician training course.](#)

🔗 Clinicians can register for [Diagnosis and Management of West Nile Virus Infection: A Case-Based Approach](#) for FREE through Medscape's website and receive CME credits for completing the course.

A recent CDC survey found that only a small percentage of clinicians surveyed could correctly identify how to properly diagnose WNV disease. After taking this training, clinicians will be able to correctly identify risk factors and symptoms as well as diagnose and prevent West Nile virus disease. As mosquito season approaches, we hope this will be a valuable tool for clinicians to increase their confidence in recognizing and reporting WNV.

Zoonotic and Vector-borne Disease (Continued)

▶ Rabies and Suspected Rabies Exposures (Bats and Animal Bites)

○ *Cause:* Lyssaviruses.

○ *Source:* Lyssaviruses; Source: Bats are the primary reservoir; very rarely other mammals. Any exposure to a bat should be considered a suspected rabies exposure. If a person has been exposed to a rabid (or potentially rabid) animal via a bite/scratch or mucous membrane contamination, or if a person is reasonably presumed to have been exposed to a rabid animal ("suspected exposure"), then rabies post-exposure prophylaxis (PEP) is warranted for the prevention of human rabies. Other animal exposures (bites) should be assessed for exposure to rabies using the following guideline:

[Assessment of Rabies Exposures from Animal Contact and Guidance on Rabies Post-Exposure Prophylaxis](#). A comprehensive list of [rabies resources](#) is also available.

○ *Recent Washington trends:* Of bats tested for rabies in WA, on average 3-10% are infected with rabies, though this represents a skewed population of sick or injured bats or bats that have suspected or known contact with people or animals. In the wild, it is estimated that less than 1% of bats are infected with rabies at any time. Since 1988, only four rabid domestic, terrestrial animals have been identified in Washington—2 cats in 2003 & 2015, 1 llama in 1992, 1 horse in 1994--3 with confirmed bat variant virus and one unknown. The last known rabid bat in Grant County was identified in 2016.

○ *Reporting:* Immediately notifiable to GCHD. Staff are available for consultation and will facilitate animal testing for rabies when appropriate.

▶ Tick-borne Diseases

In the Pacific Northwest, relatively few tick-borne disease cases are reported each year in comparison to other regions of the United States. In Washington, the tick-borne diseases known to be acquired include: babesiosis, Lyme disease, Rocky Mountain spotted fever, tick-borne relapsing fever, tick paralysis, and tularemia.

Even though ticks are common in Grant County, there is a very low incidence rate of tickborne disease. TBRF is the most common of those encountered in WA, however most exposures occur outside of our county.

Lyme disease is rare in WA. It is carried by the *Ixodes pacificus* tick found on the west side of the state and sometimes along the eastern slopes of the Cascades but is not endemic to this part of the state. See DOH website for more information on [tick-borne diseases](#).

“Any exposure to a bat should be considered a suspected rabies exposure.”

“Of bats tested for rabies in WA, on average 3-10% are infected with rabies.”



CONTACT:

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Julia Austin Public Health Nurse
Lexi Smith Communication Coordinator
Diane Vivio Assessment Coordinator
Alice McMartin Vaccine Coordinator
Madison Boss Emergency Preparedness Coordinator
Amber McCoy Lead Environmental Health Specialist
Ana Flores Community Care Coordinator

DISEASE/CONDITION	Jan - April 2023
Botulism	<5
Blood Lead - Child	0
Campylobacter	8
Chlamydia	194
Coronavirus (SARS-CoV2)	1470
Cryptosporidium	<5
Coccidioidomycosis	<5
Shiga toxin E. coli (STEC)	5
Giardia	0
Gonorrhea	29
Hepatitis A	<5
Hepatitis B (chronic)	<10
Hepatitis C (chronic/surveillance)	19
Hantavirus	0
Herpes Simplex	<10
HIV	<10
Influenza Deaths	<10
Legionellosis	<5
Listeriosis	0
Malaria	0
Measles	0
Meningococcal	0
Mumps	0
Pertussis	0
Rabies PEP	0
Relap. Fever/Lyme	0
Rubella	0
Salmonella	8
Shigella	<5
Syphilis	21
Tuberculosis	<10
Yersiniosis	<5
West Nile Virus	0
Unexplained Death	0
Totals	1773

**TO REPORT A NOTIFIABLE
 CONDITION:**

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 AFTER HOURS & WEEKENDS :
 (509) 398-2083