DECEMBER, 2023

EPI-UPDATE

Respiratory Viruses Trends:

Grant County Health District is providing the following report to update healthcare providers on the major fall and winter respiratory illnesses, including COVID-19, influenza and respiratory syncytial virus (RSV). These three respiratory viruses are jointly responsible for innumerable outpatient and ED visits, and lead to hundreds of thousands of hospitalizations and thousands of deaths in the U.S. annually.

GCHD urges healthcare providers to protect both themselves and their patients by implementing relevant protective measures (vaccination, masking, distancing, patient flows and separation) during the respiratory virus season based on the local and regional season activity (i.e. number of outpatient and ED visits, hospitalizations for respiratory illnesses, outbreaks frequency, staff absenteeism rates).

Healthcare Provider Toolkit:

CDC has launched a toolkit that offers best practices for healthcare providers in preparation of the respiratory season.

View Toolkit

COVID-19:

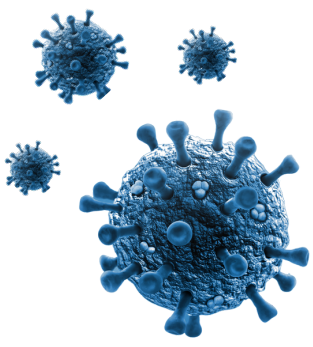
COVID-19 case count in Grant County has remained steady, with a more significant increase in mid-September. CDC's Center for Forecasting and Outbreak Analytics continues to anticipate that the 2023/2024 fall and winter respiratory disease season will likely result in a similar number of hospitalizations as last season. COVID-19 activity, including hospitalizations, in Grant County is currently low. Deaths from COVID-19 have become less common, but still occur about once monthly.

Highlights

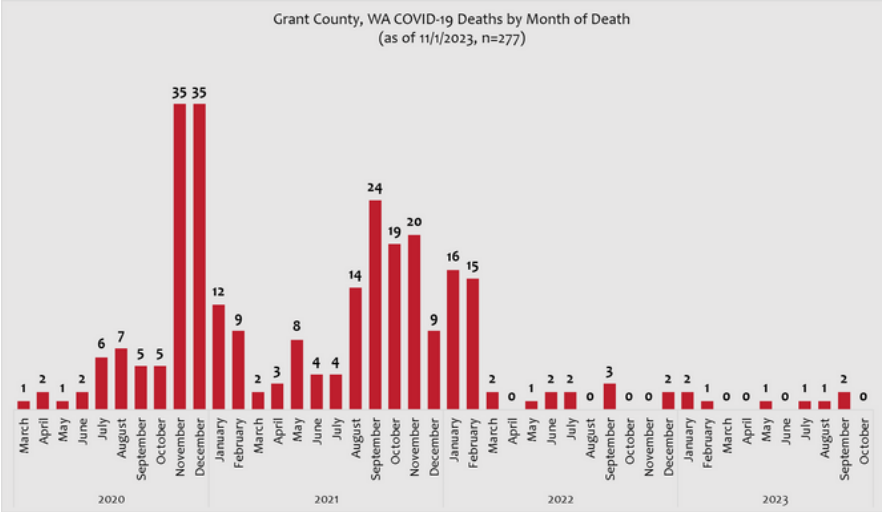
Stay in the know!

Do we need to update our contact list for your organization? Send the name and email of providers you would like included on our distribution list.

Email: lsmith@granthealth.org



COVID-19 Continued:



Grant County Health District (GCHD) investigated four covid-associated deaths last quarter (July through September). The confirmed deaths occurred in a male in his 50s, a male in his 70s, a female in her 90s, and a female in her 60s. Most deaths occurred in people with underlying health conditions.

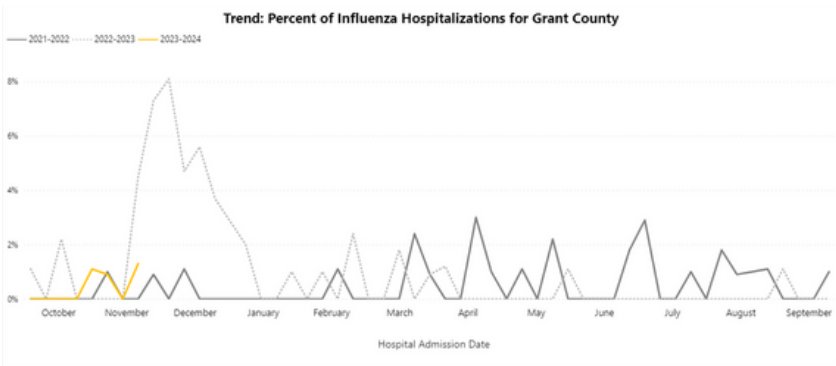
COVID-19 Vaccine:

GCHD asks that healthcare providers encourage eligible patients to receive the updated COVID-19 vaccine as soon as possible. Up-to-date vaccination remains the most important intervention aimed at reducing COVID-19 complications. To be considered up to date:

- Everyone aged 5 years and older should get 1 dose of the updated Pfizer-BioNTech or Moderna COVID-19 vaccine to protect against serious illness from COVID-19.
- People who are moderately or severely immunocompromised may get additional doses of updated COVID-19 vaccine.
- Children aged 6 months–4 years may need multiple doses of COVID-19 vaccines to be up to date if not previously vaccinated, including at least 1 dose of updated COVID-19 vaccine if vaccinated.

Influenza:

Since week 46 of 2023 (November 12 – November 18) three (3) laboratory-confirmed influenza-associated deaths have been reported in Washington State. This figure includes 3 influenza A, 0 influenza B, and 0 type unknown. No influenza-associated deaths have occurred in Grant County this fall.



Influenza Continued:

Please report any influenza related deaths, influenza outbreaks or influenza cases in long term care residents to GCHD – (509) 766-7960. Influenza-like illness activity in Washington is currently rising.

Influenza Vaccine:

GCHD recommends influenza vaccination with an age-appropriate influenza vaccine for all people 6 months and older. Influenza, COVID-19 and RSV vaccines can be administered at the same visit, subject to treating team's discretion.

As in COVID-19, influenza vaccine is crucial for people who are at higher risk of developing severe complications. Consider reviewing your patient's respiratory vaccine status before each visit this season. Encourage your patients not yet vaccinated against influenza to get vaccinated right away.

NEW

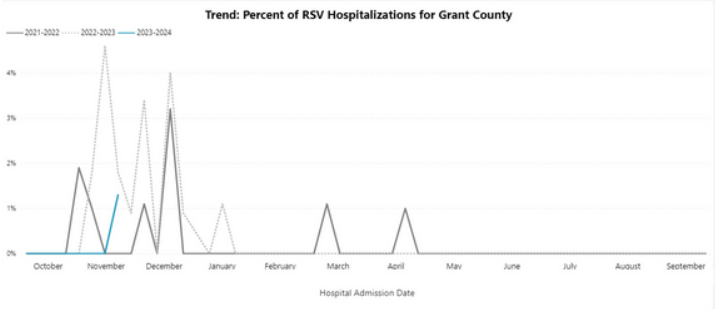
- Influenza vaccines preferentially recommended for adults 65 and older:
  - Fluzone High Dose Quadrivalent inactivated flu vaccine
  - Flublok quadrivalent recombinant flu vaccine (can be used under 65)
  - Fluad Quadrivalent adjuvanted inactivated flu vaccine (can be used under 65)

Influenza Vaccine for Children:
Some children need two doses of flu vaccine. Administer the first dose as soon as vaccine is available, because the second dose needs to be given at least four weeks after the first.

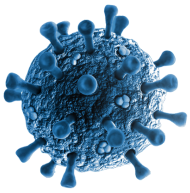
N**asal spray flu vaccine** is approved for use in people 2 years through 49 years of age. People who are pregnant or people with certain medical conditions (for example children receiving aspirin therapy, people with immunosuppression, people with a non-functioning or absent spleen, etc.) should not receive the nasal spray flu vaccine. More information about nasal spray.

Respiratory Syncytial Virus (RSV):

Respiratory syncytial virus (RSV) is a common respiratory virus that can cause mild, cold-like symptoms, but **can be dangerous for older adults, toddlers, and infants.**



RSV Continued:



There has been one RSV-associated death reported in Washington so far this fall. It should be noted that RSV-associated deaths are not a notifiable condition to local or statewide surveillance and monitoring systems.

RSV Vaccine:

A safe and effective way for high-risk groups to help protect against RSV is getting vaccinated. There are two RSV vaccines licensed by the U.S Food and Drug Administration for adults 60 and older in the Unites States this year:

⩥RSVPreF3 (Arexvy)
⩥RSVpreF (Abrysvo)

Abrysvo, one of the two RSV vaccines approved this year is also recommended for people who are 32-36 weeks pregnant and want to protect their babies from severe RSV. This vaccine is intended for seasonal use from September to January.

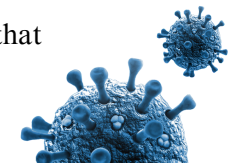
RSV Antibodies/Passive Immunization - Two RSV antibody products that can help protect against RSV disease in infants and young children include:

⩥Nirsevimab (Beyfortus)
⩥Palivizumab (synagis)

NIRESVIMAB!

Nirsevimab is new this year and is recommended for all infants 8 months and younger (preferably in their first week of life) who are born during or entering their first RSV season and whose mother's have not been vaccinated with a valid RSV vaccine at 32-36 weeks of pregnancy. 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. There is currently a nationwide shortage of niresvimab. In Washington state, currently this product's delivery has been limited to certain facilities, including birthing centers, and is being prioritized for children under 11lbs of weight.

Palivizumab (Synagis) is limited to children younger than 24 months with certain conditions that increase the risk for severe RSV disease and is given once a month during RSV season.



Seasonal Respiratory Report:

A new comprehensive respiratory virus report is now available on the GCHD website that will be updated regularly throughout the 2023/2024 respiratory virus season. It includes current disease activity for Grant County, as well as state and national respiratory virus trends. The local COVID-19 death count graph is also located there along with an archive of historical COVID-19 reports for Grant County.

View Respiratory Report

Varicella Virus:

Grant County Health District has received an increase in reports of chickenpox over the last several months. Varicella virus, the cause of chickenpox, is a highly contagious virus spread through airborne particles from sneezing and coughing, or direct contact with a skin lesion. The incubation period is 10-21 days after exposure. Symptoms can include a skin rash of small, itchy blisters starting on the chest, back, and face then spreading outwards. Along with the rash, chickenpox can cause fever, headaches, sore throat, and fatigue, lasting around 5-7 days, and rarely, a much more severe systemic disease. A person with varicella is considered contagious beginning one to two days before rash onset until all the chickenpox lesions have crusted and no new lesions are occurring. Vaccinated persons with breakthrough varicella infection typically have fewer lesions and shorter duration of illness.

Testing & Shipping:

While diagnosis can be made from signs and symptoms, testing the patient for varicella-zoster virus (VZV) is important to public health if chickenpox is suspected in children who attend congregate settings (preschools, schools, care centers, etc.) or in outbreaks. It should also be considered in all adults given its implications. PCR testing of skin lesions by swabbing vesicular or pustular fluid is the preferred method—it is less invasive than drawing blood and will give the quickest and most reliable results for further action.

For detailed instructions on how to **collect** a PCR specimen for VZV testing, click here.

For detailed instructions on how to **ship** a PCR specimen for VZV testing at the Public Health Lab, click here.

Please call GCHD for any assistance with collecting and shipping.
(509) 766-7960 press “0” - ask for Communicable Disease Dept.

Reporting:

Contact GCHD to report all suspected or confirmed cases of varicella and for instructions on testing. Staff closely monitor cases of varicella within schools and childcare settings due to the potential for outbreaks and risk of exposure of vulnerable populations, including pregnant women, infants, and immunocompromised individuals.
Call 509-766-7960, press "0", and ask to speak to the Communicable Disease Department.

Vaccinations:

CDC recommends two doses of chickenpox vaccine for children, adolescents, and adults without a proof of immunity. Children should receive their first dose at 12 through 15 months and second dose at 4 through 6 years of age. The two vaccines licensed in the Unites States are Varivax and ProQuad. Generally, two doses of varicella vaccine 4 weeks apart are recommended to control outbreaks. Varicella vaccine contains a live virus and should never be given to pregnant and immunocompromised persons, or whenever contraindicated.

Varivax can be given to children for their routine 2 doses of chickenpox at 12 through 15 months old and at 4 through 6 years of age. Older children, adolescents and adults can also receive varicella vaccine. Two doses of varicella vaccine are required for a proof of immunity, unless already immune. ProQuad (MMRV) contains a combination of measles, mumps, rubella, and varicella vaccines, and is licensed for use in children at 12 months through 12 years of age.

Assessing Immunity - Chickenpox (Varicella)

Varicella lesions in unvaccinated person

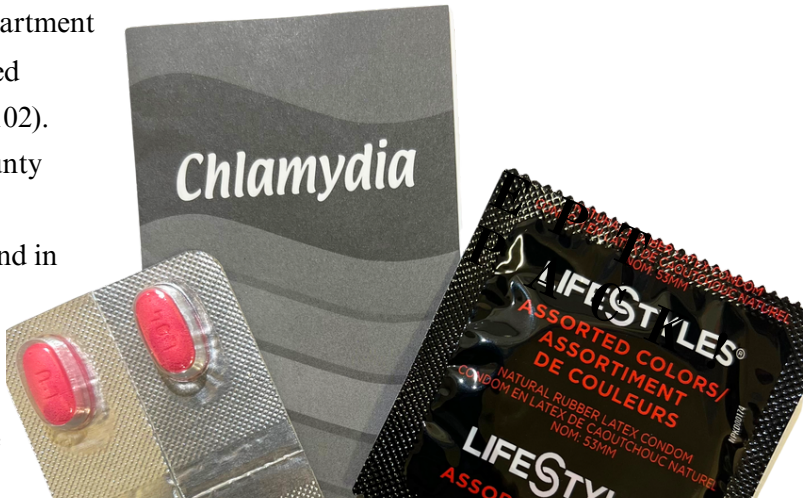
Breakthrough varicella lesions

Resources:

- **Specimen collection and submission procedures (also above under testing and shipping)**
- **For shipping to PHL (also above under testing and shipping)**
- **Varicella Clinical Diagnosis Factsheet**
- **Varicella Guidance CDC**

Sexually Transmitted Infections:

It is **required** that all healthcare providers serving patients with Sexually Transmitted Infections (STIs) complete the Washington State Department of Health Confidential Sexually Transmitted Infection Case Report Form (Form #347-102). This form must be submitted to Grant County Health District within three days of patient diagnosis, as part of an STI investigation and in accordance with WAC 246-101-101/301. You can find the case report form here. Please ensure that all boxes are checked, and the form is completely filled out before faxing it to 509-764-2813.



NEW: **The Grant County Health District is now providing Expedited Partner Therapy (EPT) exclusively for partners of patients diagnosed with Chlamydia or Gonorrhea. It is important to note that patients must be diagnosed first before their partners can receive treatment. Providing treatment to partners alongside patients is essential in preventing reinfection and halting the spread of infection. You can contact the Grant County Health District from Monday through Thursday, from 8:00 a.m. to 5:00 p.m. Appointments are available on Fridays only upon request.**

If you have any questions or concerns or would like additional information, please contact the Grant County Health District at (509) 766-7960, press "0" (zero) , and request to speak with the Medical Assistant or other STI support staff. **Contact Jessica Pruneda, MA-C | jpruneda@granthealth.org**

TB Consultation:

Grant County Health District, as the county TB control agency, is available to provide TB consultations and support to Grant County area healthcare providers and facilities.

To Contact Grant County Health District TB program call (509) 766-7960 Ext. 25

Other TB Consultation Resources:

- Washington TB Collaborative Network (WTCN)
- TB Project ECHO
- Curry International Tuberculosis Center (CITC) Warmline Consultation Service

GCHD

GRANT COUNTY HEALTH DISTRICT

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509-766-7960

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TO REPORT A NOTIFIABLE CONDITION:

PHONE :
(509) 766-7960
CONFIDENTIAL FAX :
(509) 764-2813
AFTER HOURS & WEEKENDS :
(509) 398-2083

DISEASE/CONDITION	Jan - Sept 2023	Year to Date 2022
Botulism	<5	<5
Blood Lead - Child	<5	0
Campylobacter	20	27
Chlamydia	374	358
Coronavirus (SARS-CoV2)	2468	12,677
Cryptosporidium	<5	<5
Coccidioidomycosis	<5	<5
Shiga toxin E. coli (STEC)	11	0
Giardia	0	<5
Gonorrhea	59	68
Hepatitis A	<5	0
Hepatitis B (chronic)	10	12
Hepatitis C (chronic/surveillance)	32	73
Hantavirus	0	0
Herpes Simplex	13	12
HIV	<10	<10
Influenza Deaths	<10	0
Legionellosis	<5	<5
Listeriosis	0	0
Malaria	0	0
Measles	0	0
Meningococcal	0	0
Mumps	0	0
Pertussis	0	0
Rabies PEP	8	0
Relap. Fever/Lyme	0	0
Rubella	0	0
Salmonella	15	10
Shigella	<5	<5
Syphilis	34	32
Tuberculosis	<10	0
Yersiniosis	<5	0
West Nile Virus	0	0
Unexplained Death	0	0
Totals	3066	13,284