



December 12, 2023

Dear North Central Washington Healthcare Partners,

The past two weeks have seen an increase in rates of respiratory illness, in our region. North Central Washington has surpassed one or more of the thresholds that we have been tracking and discussing as triggers for increased precautions to prevent transmission of respiratory pathogens.

Our observations come from several sources. We monitor reports of COVID-19, Influenza and RSV on state and regional levels through the [WA DOH Respiratory Illness Dashboard](#). In addition, WA DOH reports weekly on Influenza and Influenza-like-illness in its [Weekly Influenza Report](#). The Centers for Disease Control continues to report [COVID-19 Hospitalization Rates](#) and maintains a [Surveillance System for Influenza and Influenza-like-illness](#). Links to these resources are included below. In addition to these external resources, we value and review reports from our healthcare partners and other community groups.

In anticipation of the respiratory illness season and heightened activity in our facilities, we propose the following minimum thresholds that should trigger an increase in precautionary measures:

1. Seven-day respiratory illness hospitalization rates > 10/100,000
2. COVID-19 comprising > 4% of emergency room visits
3. Influenza comprising > 4% of emergency room visits*
4. Respiratory syncytial virus comprising > 0.5% of emergency room visits*

These thresholds are derived from the past three years' data of respiratory virus activity in the Central Corridor Region of Washington, including Yakima, Kittitas, Chelan, Douglas, Grant and Okanogan Counties. We chose these thresholds to obtain measures as specific as possible to our local population.

Respiratory Illness Dashboard data from dates as late as December 2nd, 2023 reveal that North Central Washington has surpassed the RSV emergency room threshold, with 0.7% of ED visits occurring due to RSV infection. Influenza comprised 1.2% of ED visits (meeting the state threshold, but not the Central Corridor threshold) and COVID-19 comprised 1.4% of ED visits.

In each of these illnesses, the ED visit proportions have been rising for 1-2 weeks. Healthcare partners also report to us increases in cases of respiratory illnesses, respiratory illness-related absenteeism among healthcare workers and numerous outbreaks in local long term care facilities.

Washington State utilizes similar metrics to establish state-level thresholds. They propose the Influenza Threshold being > 1% of emergency room visits and RSV being > 0.3% of emergency room visits. We support partners who use the state-level metrics to guide decision-making. We support partners who use the state-level metrics to guide decision-making.



Given this heightened disease activity we make the following recommendations for healthcare facilities to promote and protect the health of patients, staff and the healthcare system as a whole:

1. Maintain strict adherence to appropriate personal protective equipment (PPE) based on symptoms and diagnoses, including standard/contact/enteric/droplet/airborne precautions;
2. Continue to perform handwashing/sanitizing before and after all patient encounters;
3. Strengthen screening entrants to facilities for symptoms of respiratory illness and appropriate facility-based triage (patients) or exclusion (visitors or staff);
4. Anyone (staff, visitor, employee) with respiratory symptoms should wear, at minimum, a surgical facemask at all times within a healthcare facility;
5. All staff should continue to use N-95 respirators when providing care to patients with respiratory symptoms;
6. All persons should continue to wear surgical masks or N-95 respirators upon return to work after a COVID-19 infection, for 10 days from the onset of their symptoms;
7. All staff should continue to wear surgical masks or N-95 respirators throughout facilities that are experiencing an outbreak of COVID-19
8. All staff should use facemasks or N-95 respirators for source control in all patient facing areas.

It is important to remember that in healthcare facilities, we welcome and care for individuals with higher risk of life-threatening complications from respiratory viruses, and that it is our responsibility to ensure that we create a safe environment for them. We also recognize that staff are vulnerable to infection and that staff members, more so now than prior to 2020, appropriately stay home when they, themselves, are sick. Preventing transmission of illness in the workplace keeps our employees healthy and maintains our capacity to serve the public.

We acknowledge the lack of local data in the sources that we use to determine thresholds and to monitor hospitalizations and emergency department visits. Some healthcare facilities are collecting their own data to enable more proactive response. Some have been intermittently or continuously using masking as a protective strategy for several months. We support healthcare partners who have adopted more rigorous monitoring systems and lower thresholds and will continue to learn from their leadership.

Respiratory Illness Preparedness Resources

1. [WA DOH Respiratory Illness Dashboard](#)
2. [WA DOH Weekly Influenza Report](#)
3. [CDC COVID-10 County-level Hospital Admissions](#)
4. [CDC Respiratory Illness Surveillance](#)



Please reach out to your our respective Local Health Jurisdictions with questions, concerns and further discussion.

Kittitas County:
[Kittitas County Public Health | Home Page](#)

Grant County:
[Granthhealth.org](#)

Chelan-Douglas County:
[Chelan-Douglas Health District \(wa.gov\)](#)

Okanogan County:
[Okanogan County Public Health District \(OCPHD\)](#)

In health, happiness and best wishes for the holiday season,

A handwritten signature in black ink that reads "Mark Larson, MD".

Mark Larson, MD
Kittitas County Health Officer

A handwritten signature in black ink that reads "Alex Brzezny, MD, MPH".

Alex Brzezny, MD, MPH
Grant County Health Officer

A handwritten signature in black ink that reads "James Wallace, MD, MPH".

James Wallace, MD, MPH
Okanogan County Health Officer
Chelan-Douglas interim Health
Officer