



RETURN SERVICE REQUESTED

COMMUNICABLE DISEASES UPDATE

GONORRHEA ON THE RISE

Although the rate of gonorrhea in Washington State had been decreasing since 2006, the number of new cases has sharply risen in 2010. In Thurston County, we have seen a doubling of our GC case reports, mostly in the heterosexual population. In many large urban areas, the rate in men who have sex with men (MSM) has shown the greatest increase.

In addition to the increased number of cases, many strains of *Neisseria gonorrhoeae* (the bacterium that causes gonorrhea) are less susceptible to cefixime and cefpodoxime, the oral third-generation cephalosporins used to treat gonorrhea. Over the last nine months, 8% of isolates tested at the University of Washington showed reduced susceptibility to these antibiotics. We do not know if this reduced susceptibility *in vitro* can result in clinical treatment failure.

In response to these developments, the Washington State Department of Health offers the following recommendations for treating gonorrhea when identified:

- 1) Drug of choice for gonorrhea is **250 mg of intramuscular ceftriaxone**. None of the strains tested by the UW were resistant to ceftriaxone.
- 2) If you use cefixime (400 mg), give the patient 1g azithromycin also **REGARDLESS** of *Chlamydia* test results. Evidence suggests that **treating gonorrhea with two drugs** is superior to only using one.
- 3) **Cefpodoxime is not recommended.**
- 4) Someone suspected with gonorrhea should be treated at the time of their initial evaluation, before test results are available (**presumptive treatment**).

One strategy to lower gonorrhea rates is to screen at-risk groups for infection. All sexually active MSM and women less than 25 years of age who have never been diagnosed with HIV should be screened for gonorrhea, syphilis, *Chlamydia* and HIV at least annually. Men with any of the following risk factors should be tested every 3 months: History of bacterial STD in the last year; Methamphetamine or

popper use in the last year; 10 sex partners (oral or anal) in the last year; unprotected anal sex with partners of unknown or different HIV status.

When screening for gonorrhea, it is important to know the gender of your male patients' sex partners. When screening MSM who report insertive anal intercourse, a nucleic acid amplification test (NAAT) of a urine specimen should be done. When screening men who report receptive anal intercourse, a NAAT should be performed on a rectal swab. In addition, you may consider pharyngeal swabs in MSM who report receptive oral sex. These NAAT tests may also be used to screen vaginal, pharyngeal, and rectal swabs from women. Most labs offer a combined gonorrhea and *Chlamydia* NAAT. Your lab can tell you if they offer these test types.

TUBERCULOSIS

CURRENT CASES

In 2010, there have been a larger number of active TB cases reported due to a cluster of cases in one family from Micronesia. Of the 18 extended family members, there are 4 cases of confirmed active pulmonary TB and one case of TB adenitis in a US-born child. The majority of our active TB cases continue to be from immigrants from Vietnam, Philippines, India and Korea. We also had one Caucasian individual who likely was exposed while on active military duty.

SCREENING for Active TB

Screening for active TB disease involves:

- obtaining a good medical history,
- asking about symptoms of TB,
- obtaining Chest xray, and
- sputum samples.

If active disease is suspected, TST and QFT tests can be unreliable. **THINK TB** if a patient presents with an atypical pneumonia, upper lobe nodular infiltrates or cavitary infiltrates, particularly if the patient is foreign born or has lived overseas for more than 3 months.

REPORT ALL SUSPECT ACTIVE TB DISEASE!

SCREENING for latent TB Infection (LTBI) is indicated in persons who have lived or traveled to countries where Tuberculosis is endemic. Countries with highest prevalence of TB include Southeast Asia, Pacific Islands, Latin America, and Eastern Europe.

The *purpose of screening* for LTBI is to identify individuals that are at risk for reactivation of TB and to provide prophylactic treatment to prevent disease.

Screening tests include Tuberculin Skin Test (TST) or a serum test (interferon gamma releasing assay) such as the Quantiferon (QFT) TB gold test.

NEITHER tests are gold standards and can have false positives and negatives. In foreign born individuals who may have received BCG vaccination, the QFT test is superior because BCG organisms will not give a false positive result.

PERTUSSIS

PERTUSSIS is endemic in Thurston County. Infants younger than 6 months account for 90% of all pertussis-related deaths and the majority of hospitalizations. Susceptible adolescents and adults, in whom the disease is under-diagnosed, serve as a reservoir for transmission to infants.

The goal of Pertussis control is:

- to decrease morbidity and mortality in infants and
- decrease morbidity in older children and adults.

Vaccination of adults and adolescents in close contact with young infants may eliminate a substantial proportion of infant pertussis; it is estimated that 35%-55% or more of infant cases could be prevented by vaccinating parents against pertussis.

Preventing Pertussis in Infants

Children should receive their primary series of Pertussis vaccine at the appropriate ages. Even though the vaccine does not prevent all infections, children who are vaccinated have less morbidity.

Mothers who have not already received a Tdap booster should be vaccinated as soon as possible after delivery and before hospital discharge. Other adult and adolescent household members and other close contacts of infants should be vaccinated before or during the pregnancy to protect them and the newborn against pertussis.

Indications for Tdap

- Unvaccinated pregnant women in the immediate post-partum period before discharge
- All adult and adolescent household members, as soon as possible during the pregnancy
- All non-pregnant persons 11-64 years of age
- Health care workers less than 65 years of age who have direct patient contact.
- Adults >65 years who have or anticipate contact with infants age <1 year (e.g., grandparents, child care providers, healthcare providers).
- Children 7-10 years who are unvaccinated or have not received a complete primary series of DTaP should receive one dose of Tdap

Post exposure treatment indications

Post exposure recommendations apply regardless of vaccination status for the following reasons:

- To decrease potential morbidity from disease
- To decrease spread of disease

Individuals with unprotected “significant exposure”, face to face encounter with a person with confirmed Pertussis and coughing (within 3 feet).

Individuals who have had **Tdap** vaccine may be protected but since the vaccine is relatively new, there have been no changes made in the recommendation to treat post-exposure.

- However, in a high risk setting, such as a high risk nursery, child care center or any other venue where there are a lot of infants potentially exposed, post-exposure treatment of persons who have had Tdap vaccine should be considered.

NOTIFIABLE CONDITION WAC CHANGES

For the past year an advisory committee and stakeholder group worked to revise the Notifiable Condition WAC. Public hearings were conducted in November and changes were adopted. We know there are changes to some of the time frames for reporting and how providers must report. A couple of changes to the WAC concern animal bites and information providers must submit when requesting laboratory testing, both are summarized below. We will get the information to you just as soon as we have received it in a finalized form.

ANIMAL BITES (Potential for Rabies exposure)

Animal bite reporting is indicated only if there is a concern about exposure to rabies. In Washington State, **bats** are the only animals with endemic rabies. Raccoons, skunks, squirrels foxes and coyotes are found with rabies in the eastern and Southern US but have never been identified in WA State to date.

Unvaccinated domestic dogs, cats, and ferrets that bite humans can be observed for 10 days to rule out rabies. Wild animals or hybrid animals who bite without provocation would need to be humanely euthanized for testing whenever there is concern for rabies.

Rabies post exposure prophylaxis (PEP) is indicated for bat bites or any “bat in the bedroom” exposures when the bat is not available for testing. If at all possible, safely capturing the bat for testing is the best action to take.

Submitting patient information with lab requests

Doctors or clinics ordering laboratory testing **should** include information that will help laboratories notify the appropriate local health department if a notifiable condition is detected.

Please include:

- Name
- Address, including zip code
- Date of birth
- Phone number, if available

CONTACT INFORMATION

- Regular Business Hours** - Call reports of suspect and confirmed cases during office hours to the secure 24-hour reporting line at 360-786-5470. Reports are picked up frequently throughout the day during office hours.

To report a case, leave the following information about the patient:

- ✓ Name of the condition you are reporting
- ✓ Patient's name
- ✓ Patient's address and phone
- ✓ Diagnosing physician's name and phone #
- ✓ Patient's date of birth
- ✓ Treatment prescribed
- ✓ Patient's occupation, travel history

Please inform the patient about their test results and condition and let them know the health department will contact them for follow-up.

- After Business Hours or on Weekends**, call **immediately reportable conditions** to the Public Health Administrator on Call at 360-867-2661
- Fax** lab results to 360-867-2601
- Mail** reports to the:

Communicable Disease Section
Thurston County Public Health
& Social Services Department
412 Lilly RD NE,
Olympia, WA 98506

- After Hours** - If you need to contact the Thurston County Public Health Department after hours about an urgent public health issue please call 911 and ask to have the Health Officer paged.

GENERAL NOTIFIABLE CONDITION REPORTS

You can find information about notifiable conditions in Washington at www.doh.wa.gov/notify/forms/

The site has helpful information about Washington disease incidence, links to the Washington Administrative Code, reporting requirements, case definitions, disease guidelines, laboratory testing information, reporting posters and contact information.

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NEWSLETTER QUESTIONS

If you have questions about this newsletter or would like to request it in an alternative format please contact:

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For additional copies of this issue or to view past issues online visit:

www.co.thurston.wa.us/health/admin/news/

For additional information visit our website at:

www.co.thurston.wa.us/health/

SELECTED REPORTED NOTIFIABLE CONDITIONS

Selected Reported Thurston County
Notifiable Conditions

	Cases Reported in November		Cases Reported through November	
	2009	2010	2009	2010
Campylobacter	0	3	28	46
Chlamydial Infections	62	58	669	600
Cryptosporidium	0	0	0	1
E.coli	8	1	12	5
Foodborne Disease Cases	0	0	0	6
Foodborne Disease Outbreaks	0	0	0	1
Giardia	5	4	23	19
Gonorrhea	3	6	24	45
Haemophilus influenzae	0	0	0	0
Hepatitis A (acute)	1	0	2	0
Hepatitis B (acute)	0	0	0	3
Hepatitis C (acute)	0	0	0	0
Herpes, genital (primary)	4	6	79	87
Measles	0	0	0	0
Meningococcal	0	0	1	2
Mumps	0	0	3	0
Pertussis	0	1	6	26
Rabies, Bat	0	0	1	1
Rubella	0	0	0	0
Salmonella	1	2	32	26
Shigella	0	0	1	1
Syphilis EL	0	0	0	0
Syphilis L/LL	0	0	1	2
Syphilis Primary & Secondary	0	0	2	1
Syphilis Total	0	0	3	3
Tuberculosis	1	4	8	13

Thurston County Medical Reserve Corps

The Thurston County Medical Reserve Corps (TCMRC) is a group of local, volunteer, medical and allied health professionals from Thurston County who contribute their skills and expertise to provide surge public health capacity. Volunteers are registered, trained and receive CME credits for participation in a variety of meetings, training, exercises and Clinics. Minimum commitment is completing an orientation and core competency requirements which add up to about 8 hours. If you are a person likely to volunteer during times of crisis or emergency, take a look at the TCMRC and volunteer today. For more information about the Thurston County Medical Reserve Corps, please check us out on our web site at:

www.co.thurston.wa.us/health/admin/preparedness/mrc.html

To sign up and begin volunteering today, contact Sue Poyner at poyners@co.thurston.wa.us.