

epiTRENDS

A Monthly Bulletin on Epidemiology and Public Health Practice in Washington

Communicable Disease Surveillance Reports

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“In public health, we can’t do anything without surveillance. That’s where public health begins.” David Satcher

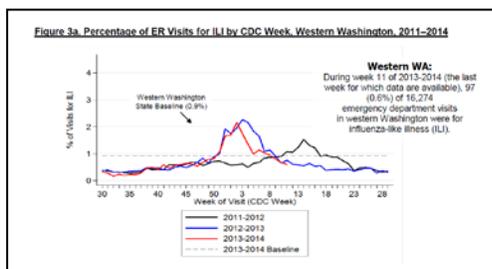
The Department of Health (DOH) Office of Communicable Disease Epidemiology (CDE) generates weekly, monthly and annual reports to share surveillance data about communicable disease topics with public health and healthcare partners. For surveillance reports see:

<http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData>

Weekly and Monthly Reports

Influenza Surveillance Data

During influenza season (September through May), CDE publishes a weekly report that summarizes influenza activity in the state for the



previous week. Included are data from four laboratories participating in national surveillance of influenza viruses, syndromic surveillance for influenza-like illness at emergency departments, sentinel provider reporting, and

laboratory-confirmed influenza-associated deaths. During the summer months, the influenza report is published monthly. The weekly report is used by local health jurisdictions, the DOH Office of Immunization and Child Profile, healthcare providers, members of the media, and the public to understand the burden of influenza in the state. Seasonal summary reports about influenza are also available.

Pertussis Weekly Update and Annual Summary

Each week, an update is posted describing the state’s pertussis surveillance in the past seven days, with historic data to compare current activity with past activity. This pertussis update was of special importance during the pertussis epidemic that occurred in Washington in 2012, and the information continues to be useful as CDE maintains its monitoring of

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pertussis activity statewide. By tracking pertussis activity each week, CDE and public health partners will be able to identify rapidly any increase in pertussis cases so that control measures can be employed immediately.

Monthly Surveillance Summaries

CDE posts a monthly surveillance summary that provides counts of reports received by CDE for selected notifiable conditions during the previous month. For each condition there are also comparisons across time with the month totals and the year to date totals for the current and the previous years. These monthly summaries can be used by local health jurisdictions, health care providers, media and the public to understand disease burden in the state.

The table is titled 'Monthly Summary' and 'Conditions Reported to CDE for August 2014'. It is published by the Department of Health, Communicable Disease Surveillance and Control (CDE). The table lists various conditions such as Pertussis, Measles, Rubella, Mumps, Diphtheria, Tetanus, Botulism, Botulism (wound), Botulism (food), Botulism (infant), Botulism (infant, type 1), Botulism (infant, type 2), Botulism (infant, type 3), Botulism (infant, type 4), Botulism (infant, type 5), Botulism (infant, type 6), Botulism (infant, type 7), Botulism (infant, type 8), Botulism (infant, type 9), Botulism (infant, type 10), Botulism (infant, type 11), Botulism (infant, type 12), Botulism (infant, type 13), Botulism (infant, type 14), Botulism (infant, type 15), Botulism (infant, type 16), Botulism (infant, type 17), Botulism (infant, type 18), Botulism (infant, type 19), Botulism (infant, type 20), Botulism (infant, type 21), Botulism (infant, type 22), Botulism (infant, type 23), Botulism (infant, type 24), Botulism (infant, type 25), Botulism (infant, type 26), Botulism (infant, type 27), Botulism (infant, type 28), Botulism (infant, type 29), Botulism (infant, type 30), Botulism (infant, type 31), Botulism (infant, type 32), Botulism (infant, type 33), Botulism (infant, type 34), Botulism (infant, type 35), Botulism (infant, type 36), Botulism (infant, type 37), Botulism (infant, type 38), Botulism (infant, type 39), Botulism (infant, type 40), Botulism (infant, type 41), Botulism (infant, type 42), Botulism (infant, type 43), Botulism (infant, type 44), Botulism (infant, type 45), Botulism (infant, type 46), Botulism (infant, type 47), Botulism (infant, type 48), Botulism (infant, type 49), Botulism (infant, type 50), Botulism (infant, type 51), Botulism (infant, type 52), Botulism (infant, type 53), Botulism (infant, type 54), Botulism (infant, type 55), Botulism (infant, type 56), Botulism (infant, type 57), Botulism (infant, type 58), Botulism (infant, type 59), Botulism (infant, type 60), Botulism (infant, type 61), Botulism (infant, type 62), Botulism (infant, type 63), Botulism (infant, type 64), Botulism (infant, type 65), Botulism (infant, type 66), Botulism (infant, type 67), Botulism (infant, type 68), Botulism (infant, type 69), Botulism (infant, type 70), Botulism (infant, type 71), Botulism (infant, type 72), Botulism (infant, type 73), Botulism (infant, type 74), Botulism (infant, type 75), Botulism (infant, type 76), Botulism (infant, type 77), Botulism (infant, type 78), Botulism (infant, type 79), Botulism (infant, type 80), Botulism (infant, type 81), Botulism (infant, type 82), Botulism (infant, type 83), Botulism (infant, type 84), Botulism (infant, type 85), Botulism (infant, type 86), Botulism (infant, type 87), Botulism (infant, type 88), Botulism (infant, type 89), Botulism (infant, type 90), Botulism (infant, type 91), Botulism (infant, type 92), Botulism (infant, type 93), Botulism (infant, type 94), Botulism (infant, type 95), Botulism (infant, type 96), Botulism (infant, type 97), Botulism (infant, type 98), Botulism (infant, type 99), Botulism (infant, type 100). The table includes columns for 'Number of Reports', 'Year to Date', and 'Previous Year' for each condition.

epiTRENDS Monthly Posting Alert

To receive monthly e-mail notification of *epi*TRENDS, please register at this website:

<http://listserv.wa.gov/cgi-bin/wa?SUBED1=epitrends&A=1>

Choose the option to join the listserv. Enter your name and email address.

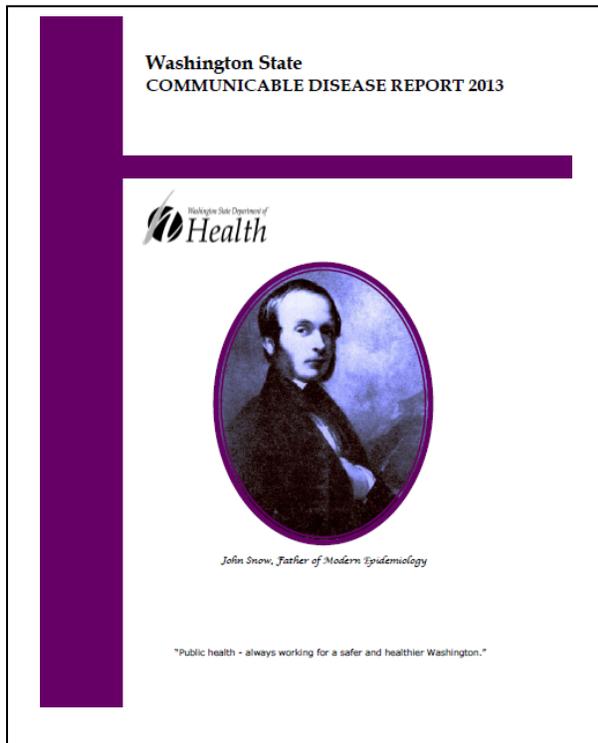
Annual Report

Each year, a comprehensive Annual Report of Communicable Disease is published for Washington State, using data from DOH CDE, the Office of Infectious Disease and the DOH Perinatal Hepatitis Program. Included in the report are notifiable condition surveillance data and disease burden in the state. The report includes descriptions of the major notifiable conditions (etiologic agent, distribution, historical trends), as well as breakdowns of case counts and rates over time for the state and in some cases by county. The Annual Report is a handy quick reference for local health jurisdiction staff and others in answering questions about Washington’s disease incidence and trends.

The 2013 annual report has been posted to the DOH website. Particularly high rates were reported for several enteric conditions. The rate for campylobacteriosis was the highest ever reported in Washington, attributed mainly to sporadic cases, with only ten cases associated with foodborne outbreaks. The trend was statewide, with elevated rates in most of the larger counties. Increased use of non-culture methods for diagnosis of *Campylobacter* infections may be responsible for the elevated rates. The state’s rate for Shiga toxin-producing *E. coli* (STEC) was the highest in two decades. Non-culture methods may also be contributing to the increased number of STEC cases being detected. The rate for vibriosis was the highest ever reported in the state. Warmer weather conditions such as occurred during 2013 favor the growth of marine *Vibrio* species, resulting in infections associated with raw or undercooked shellfish.

There was a continued increase in the numbers of acute hepatitis C cases reported, continuing an upward trend that began in 2011. There

were very high rates of the disease in the early 1990s (up to 5.0/100,000 compared to 0.9/100,000 in 2013). Almost all acute hepatitis C cases are associated with injection drug use.



A case of cholera was diagnosed in Washington in 2013, the first identified since 2002. The infection was associated with travel to Haiti, where a large outbreak of the disease has been ongoing since the major earthquake that occurred in 2010. John Snow, who is pictured on the cover of this year's annual report, conducted some of the earliest epidemiologic investigations on cholera and implicated the contaminated water pump on Broad Street as the source of an outbreak in London during 1854.

In addition to common notifiable conditions, the annual report includes cases of unusual conditions diagnosed in Washington residents and reported under the category Rare Diseases of Public Health Significance. A case of anisakiasis (herring worm disease), a nematode infection, was associated with eating raw fish and sushi. Travel to Thailand

resulted in a case of *Burkholderia* infection; this disease commonly occurs in rice farmers in Southeast Asia. A case of cysticercosis (infection with pork tapeworm) was diagnosed in a person recently arriving from Mexico. Travel to Indonesia resulted in a case of typhus, the first for Washington in over a decade.

The annual summary of surveillance data could not occur without the healthcare providers, clinical laboratories, and local health jurisdictions throughout Washington State whose contributions are greatly appreciated.

“Good surveillance does not necessarily ensure the making of right decisions, but it reduces the chances of wrong ones.” Alexander D. Langmuir

Ebola Resources

Although Washington is distant from the outbreak of Ebola in West Africa, Department of Health had prepared and made available resources for local health jurisdictions and healthcare providers. Visit our website to find information about follow-up of asymptomatic persons, key messages for providers, and a link to the CDC website.

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/EbolaResources>