## Minimum Local Expectations: Spokane County

<table>
<thead>
<tr>
<th>Conditions Needing Change</th>
<th>Number of Cases Reported in 2010</th>
<th>Considerations</th>
<th>✓ What we do</th>
<th>□ Developing</th>
</tr>
</thead>
</table>
| Campylobacter            | 72                               | - Rarely identify an outbreak  
- Not usually transmitted person to person.  
- Not reportable to CDC | ✓ Collect basic demographic info on all cases – complete required fields in PHIMS  
✓ Enter labs  
✓ Send letter/fact sheet/ survey with self-addressed, stamped envelope/ fax/ call back to everyone. | □ Developing |
| Giardia                  | 52                               |                | ✓ Collect basic demographic info on all cases – complete required fields in PHIMS (done by refugee clinic staff and given to CD Epi for PHIMS entry)  
✓ Investigate when outbreak suspected or child < 6 or in sensitive occupation or elderly based on address (institutional situation).  
✓ Send letter/fact sheet/ survey with self-addressed, stamped envelope/ fax/ call back to everyone else. | □ Developing |
| HBV acute/chronic        | 88 (10 acute)                    |                | ✓ Perinatal HBV follow up/ case management.  
✓ Investigate all acute and chronic cases.  
✓ Use high level intern for case follow up.  
□ Develop a patient “to do” list with resources/ education/ harm reduction strategies that goes out in a letter to all chronic cases. | □ Developing |
| HCV acute/chronic        | 481 (5 acute)                    |                | ✓ All acute cases get investigated.  
✓ Chronic cases get triaged.  
✓ Use high level intern for case follow up. If no intern, very limited follow up.  
□ Develop a patient “to do” list with resources/ education/ harm reduction strategies that goes out in a letter to all chronic cases. | □ Developing |
| Foodborne Illness outbreaks | variable                        |                | ✓ Work with EPH when cases are discovered – look at criteria they have established and what is going on | □ Developing |
| Norovirus outbreaks | 22 outbreaks (1 was vibrio) | ✓ Simply track # of outbreaks plus collect data on # of sick staff and residents.  
 ✓ Provide education and give mitigation guidance. |
|---------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Lyme disease        | • No/rare confirmatory testing  
 • No knowledge of competent vector because State hasn’t done anything for 12 years in testing ticks. | ✓ Work on PHRED filters so not getting negatives from other states  
 ✓ Need clearer info on the report itself |
| STDs                | 1600                        | ✓ Cases are triaged and assigned with the following priority for interviewing (listed from highest priority to lowest):  
 o Syphilis (usually assigned to DOH DIS)  
 o 900 HIV co-infection  
 o GC  
 o Untreated CT (index cases and original partner)  
 o Pregnant  
 o Repeat cases  
 o Adolescents aged 15 and under  
 o Primary Medical Provider  
   • Health Dept. Managed  
   • Air Force Base (Fairchild) with IX needed  
   • Planned Parenthood cases and/or partners  
   o Long IX – random sample  
 Cases that do not meet any of the above Priority areas are closed. |
<p>| STD /EPT            |                             | ✓ Provider education offered via phone and in-person consultations with DIS (both DOH and SRHD staff). |</p>
<table>
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<tr>
<th>CD/STD/HIV Websites</th>
<th>Letter encouraging more providers to do EPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ Website <a href="http://stdtoolkit.srhd.org">http://stdtoolkit.srhd.org</a> designed for STD Medical Provider education.</td>
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<tr>
<td></td>
<td>☑ Website <a href="http://thedailyrisk.com">http://thedailyrisk.com</a> designed for youth STD education and access to testing resources.</td>
</tr>
<tr>
<td>CD/STD Reporting</td>
<td>Manual system – PHRED, Phone/ Fax/ Snail Mail</td>
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<td>☑ Designated staff is responsible for streamlining clinic/provider reporting and initial PHIMS entry and assignment to DIS.</td>
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<td>☑ Providers with significantly lower reporting rates and/or significantly delayed reports receive letter and visit from DIS for technical assistance.</td>
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</table>