

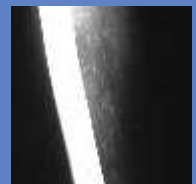
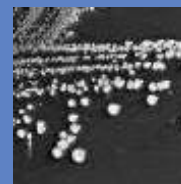
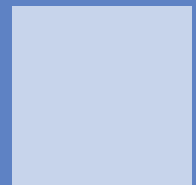
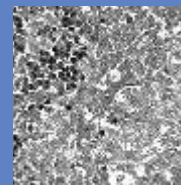
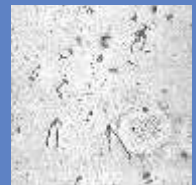
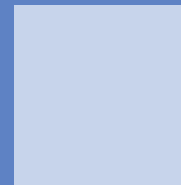
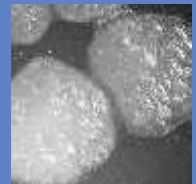
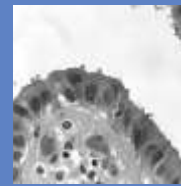
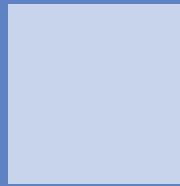
For Healthcare Providers

COMMUNICABLE DISEASE REPORT

2004-2008

The purpose of notifiable conditions reporting is to provide the information necessary for public health officials to protect the public's health by tracking communicable diseases and other conditions. Based on these reports, public health officials take steps to protect the public such as: ensuring treatment of persons already ill, ensuring preventive therapies for individuals who came into contact with infectious agents, investigating and halting outbreaks, and removing harmful health exposures. Public health workers also use the data collected during investigations to assess broader patterns, including historical trends and geographic clustering. By analyzing the broader picture, public health is able to take appropriate actions, including outbreak investigation, redirection of program activities, and policy development.

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2010



www.srhd.org

ENTERIC DISEASE

Enteric (gastrointestinal) disease is most frequently caused by food or waterborne pathogens. These illnesses are largely preventable through good hygiene, proper food handling and thorough cooking. Campylobacteriosis remains the most frequent cause of reported bacterial gastroenteritis in Spokane County, as is true in Washington and the United States. Each year, giardiasis is reported significantly more often in Spokane County than in Washington State, although the state rate did rise significantly in 2007 followed by a return to baseline in 2008. Listeriosis, salmonellosis, shigellosis, yersiniosis and Enterohemorrhagic *E. coli* (EHEC) infection are reported less often in Spokane County residents as compared to state residents as a whole. Rates of these

illnesses have generally remained stable statewide and locally (other than a small outbreak [six cases] of shigellosis which occurred in association with a local restaurant in 2005). In Washington, EHEC (including *E. coli* 0157:H7), giardia, and salmonella infections all occur most commonly in children under five years of age. In 2007, a 50% increase in cases of cryptosporidiosis was reported in Spokane County as compared to the previous year, although the total number was small; this mirrored a similar increase in cases in northern Idaho and in Washington State. This increase did not continue in 2008. The rate of reported cases of salmonellosis has increased significantly in the last two years. Twenty-eight cases were related to nationwide outbreaks involving

salmonella contamination of cantaloupe (10) and jalapeno peppers (18). Also of note, consumption of unpasteurized dairy products was reported by 25% of adult listeriosis cases including mothers of infants infected prenatally.

Norovirus Gastroenteritis

Although not a reportable illness, SRHD monitors outbreaks of Norovirus illness, particularly those associated with long term care facilities, due to the fragile health of many residents in those institutions. In 2008, 43 such outbreaks were reported; 11 of those were confirmed to be caused by Norovirus. The total number of outbreaks in 2008 was significantly higher than the number reported in 2007 (43 vs. 30).

ENTERIC DISEASE



		2004		2005		2006		2007		2008	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Campylobacteriosis	Spokane County	49	11.3	74	17.0	67	15.1	73	16.2	79	17.2
	Washington State	861	14.0	1,045	16.7	993	15.6	1,020	15.7	1,069	16.2
Cryptosporidiosis	Spokane County	0	*	0	*	4	*	6	1.3	2	*
	Washington State	63	1.0	94	1.5	95	1.5	139	2.1	99	1.5
Enterohemorrhagic <i>E. coli</i> (EHEC)	Spokane County	2	*	3	*	9	2.0	3	*	6	1.3
	Washington State	153 <small>(3 deaths)</small>	2.5	149	2.4	162	2.5	141	2.2	189 <small>(1 death)</small>	2.9
Giardiasis	Spokane County	44	10.2	54	12.4	56	12.6	57	12.6	47	10.2
	Washington State	444	7.2	437	7.0	451	7.1	591	9.1	486	7.4
Listeriosis	Spokane County	0	*	1	*	0	*	0	*	1	*
	Washington State	13 <small>(3 deaths)</small>	0.2	14 <small>(3 deaths)</small>	0.2	18 <small>(3 deaths)</small>	0.2	25 <small>(2 deaths)</small>	0.4	29 <small>(3 deaths)</small>	0.4
Salmonellosis	Spokane County	31	7.2	40	9.2	29	6.5	37	8.2	39	8.5
	Washington State	660 <small>(2 deaths)</small>	10.7	626	10.0	626 <small>(3 deaths)</small>	9.8	758 <small>(2 deaths)</small>	11.7	846 <small>(3 deaths)</small>	12.8
Shigellosis	Spokane County	1	*	6	1.4	3	*	2	*	4	*
	Washington State	133	2.2	185	3.0	170	2.7	159	2.5	116	1.8

*Incidence rates not calculated for <5 cases.

VACCINE PREVENTABLE DISEASE

During 2004-2008, there was no significant change in overall rates for diseases prevented by standard childhood immunizations, except for pertussis. There were no reported cases of measles, mumps, rubella, tetanus, or diphtheria in Spokane County. In 2004, 2006 and 2007, pertussis was diagnosed and reported in much greater numbers than in 2005 or 2008. This pattern was similar to that seen statewide. It is likely that pertussis remains endemic in our community, and that testing/reporting waxes and wanes, but it is plausible that the incidence of pertussis will continue to drop due to uptake of new adolescent/adult vaccines which protect against pertussis.

Statewide, the highest rate of and the most serious illness caused by pertussis continues to occur among children under the age of one (69.9/100,000) and in children five to nine years (22.5/100,000). About a third of cases were reported as “up to date” for pertussis vaccine. Of the 118 cases associated with outbreaks, 80 (68%) were related to an outbreak in Island County.

Along with pertussis and hepatitis A and B (see next section), two other vaccine preventable diseases occur with regularity in Spokane County; they are meningococcal disease and influenza. In the United States, almost all cases of meningococcal meningitis are caused by serogroups B, C and Y, but the vaccine currently licensed in the U. S. protects against Serogroups C and Y only. In 2008, Serogroup B caused 2 deaths in Washington State. In Spokane County, there was a small outbreak (one suspect and two confirmed cases) in homeless men.

There is no case-based reporting of influenza, but sentinel surveillance indicated that in the 2008-2009 season [September 28, 2008 through May 23, 2009], influenza first appeared sporadically in October, and reports of laboratory confirmed seasonal influenza peaked in the second week of March. The highlight of the 2008–2009 influenza season was the detection of the pandemic influenza A (2009 H1N1) virus in Mexico and the United States in April

2009. This novel virus contains a unique set of gene segments from four different influenza viruses (human, North American avian, North American swine, and Eurasian swine strains). By early June, the virus had spread around the world and on June 11, 2009, the World Health Organization declared a pandemic. Reports of laboratory confirmed 2009 H1N1 cases peaked in mid-May, possibly reflecting intensity of reference laboratory testing – initially all cases were tested, but later in the outbreak only serious/hospitalized cases were tested. A second wave of illness peaked in late October 2009.

Sentinel influenza surveillance laboratories in Washington State reported 1,580 influenza isolates of which 1,294 (82%) were type A and 286 (18%) were type B. Of the 1,294 influenza A isolates, 5% were H1; 2% were H3; 55% were 2009 H1N1; and 38% could not be or were not subtyped.

VACCINE PREVENTABLE DISEASE

		2004		2005		2006		2007		2008	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Haemophilus influenzae disease ▲	Spokane County	0	*	1	*	0	*	0	*	0	*
	Washington State	4	1.0	5	1.2	5	1.2	6	1.4	2	*
Measles	Spokane County	0	*	0	*	0	*	0	*	0	*
	Washington State	7	0.1	1	*	1	*	3	*	19	0.3
Meningococcal Disease	Spokane County	3	*	5	1.1	3	*	3	*	8	1.7
	Washington State	42	0.7	53	0.8	45	0.7	32	0.5	40	0.6
		(4 deaths)		(4 deaths)		(1 death)		(8 deaths)		(4 deaths)	
Mumps	Spokane County	0	*	0	*	2	*	0	*	0	*
	Washington State	2	*	3	*	42	0.7	53	0.8	14	0.2
Pertussis	Spokane County	43	10.0	19	4.4	39	8.8	34	7.5	6	1.3
	Washington State	842	13.7	1,026	16.4	377	5.9	482	7.4	460	7.0
						(1 death)					

*Incidence rates not calculated for <5 cases.

▲ Rates are for persons aged 0-4 years.

HEPATITIS

Hepatitis A

The number of hepatitis A cases has been consistently five or fewer cases per year since 2001. This could be attributed to one or more of the following factors: historically, hepatitis A outbreaks occur in 10 year cycles and Spokane County experienced a hepatitis A outbreak (over 500 cases) in 1997-8; during the outbreak more than 35,000 community members were vaccinated; and hepatitis A vaccine, first licensed in 1995, has been a recommended component of the vaccination series for children since 1999, ensuring the protection of thousands of individuals born in Washington State since then.

Hepatitis B

Typically, 15-31% of all hepatitis B cases reported are acute. The rate of acute hepatitis B in Spokane County is generally at least twice the state rate. The reason(s) for this disparity are unclear, but it is thought that Spokane County may have better case finding and reporting of acute hepatitis, because rates of chronic hepatitis B are generally higher statewide than in Spokane County. Acute infection with hepatitis B leads to chronic disease in

5-10% of adults and in 90% of children born to infected mothers, if the infant is not prophylactically treated. No perinatal transmission of hepatitis B was reported in 2008.

From December 2000 (when chronic hepatitis B became a reportable disease) through September 2008, 414 cases have been reported from Spokane County. Statewide, of the 15,296 cases reported from December 2000 through September 2008, 55% were among males, 43% were among females, and in 2% of cases, gender was not identified. Approximately 69% of cases were diagnosed in persons aged 25-54.

Hepatitis C

Due to the often unrecognized symptoms of hepatitis C infection, acute disease is infrequently diagnosed (typically less than 1% of reported cases are acute) and reported cases are significantly fewer in number than those of acute hepatitis B. Infection with hepatitis C leads to chronic illness in 80-85% of adults. Consistent with its capacity to progress to chronic disease, hepatitis C constitutes the largest portion of hepatitis cases, with 300-400 cases usually reported to SRHD each year.

Statewide, approximately 5,300 cases were reported annually from 2003 to 2007. Males have higher rates of infection at almost all ages.

From December 2000 through September 2008, 79 persons in Spokane and 643 persons statewide were reported to be co-infected with hepatitis B and hepatitis C; 76% of the cases were male. Co-infection is most often diagnosed among individuals 35-44 years of age.

Hepatitis, especially hepatitis C, contributes significantly to premature mortality. Overall, 20% of all females in Washington who died in 2000-2007 were less than 65 years of age. Among those who had hepatitis B, 63% died before the age of 65 and among those with hepatitis C, 70% died before age 65. Among all males who died during 2000-2007, 33% were less than 65 years of age; while among those with hepatitis B and hepatitis C, 79% and 87%, respectively, died before age 65. Statewide, there were 629 deaths associated with hepatitis B and 4,480 deaths associated with hepatitis C infection reported from 2003 through 2007.

HEPATITIS

		2004		2005		2006		2007		2008	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Hepatitis A	Spokane County	2	*	1	*	5	1.1	3	*	2	*
	Washington State	69	1.1	63 (1 death)	1.0	52	0.8	60	0.9	51	0.8
Hepatitis B, Acute	Spokane County	9	2.1	14	3.2	19	4.3	21	2.7	8	1.7
	Washington State	64 (1 death)	1.0	80	1.3	80 (2 deaths)	1.3	72	1.1	56	0.9
Hepatitis B, Chronic	Spokane County	49	11.3	6	1.4	46	10.4	68	15.1	42	(through 9/30/08)
	Washington State	1,356	22.0	1,273	20.3	1,271	19.9	1,319	20.3	941	(through 9/30/08)
Hepatitis C, Acute	Spokane County	6	1.4	2	*	5	1.1	2	*	5	1.1
	Washington State	23 (1 death)	0.4	21	0.3	23	0.4	18	0.3	25	0.4
Hepatitis C, Chronic	Spokane County	359	83.1	425	97.4	299	67.4	465	103.1	237	(through 9/30/08)
	Washington State	5,286	85.7	5,506	88.0	6,194	97.2	5,144	79.3	3,886	(through 9/30/08)

*Incidence rates not calculated for <5 cases.

NOTE: Cases and rates for chronic hepatitis B and C cases do not include individuals diagnosed while in correctional facilities.

NOTE 2: Cases and rates for chronic hepatitis B and C are counted in the year they are first diagnosed, not in the year reported, so counts may fluctuate over time.

NOTE 3: 2008 State data for chronic hepatitis is only available for the period ending 9/30/2008.

VECTOR-BORNE DISEASE

Vector-borne diseases occur infrequently in Spokane County and in Washington State; however, surveillance for these diseases allows us to monitor prevalence and geographic distribution. For example, since the tick vector for Lyme does not live in our environs, Lyme Disease diagnosed in Spokane County is presumed to be acquired out of the area (primarily on the Eastern Seaboard, the upper Midwest, or in Western Washington). Tick-borne relapsing fever, however, occurs more frequently in Eastern and Central

Washington than in Western Washington. Hantavirus Pulmonary Syndrome has never been diagnosed in a Spokane County resident, although cases have been reported from surrounding counties, and Washington has the fifth-largest number of cases in the U.S. In 2006, for the first time ever, West Nile Virus (WNV) disease was diagnosed in three Washington residents who had not traveled out of state, but no cases were acquired in state in 2007. In 2008, WNV was detected in 4 persons, and all infections were acquired in state.

In 2008, the use of Rabies Post-Exposure Prophylaxis (PEP) was reported for 4 individuals. (SRHD investigates over 800 animal bite incidents each year. While many of these exposures do not warrant use of PEP, use of rabies PEP is thought to be greatly under-reported.) Although terrestrial animals in Washington State rarely are found to carry rabies, in any given year 5-10% of bats tested (after contact with humans or animals) are rabid.

VECTOR-BORNE DISEASE & LEGIONELLOSIS

		2004		2005		2006		2007		2008	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Arboviral Disease[▲] (previously viral encephalitis)	Spokane County	0	*	0	*	1	*	0	*	0	*
	Washington State	3	*	6	0.1	8	0.1	16	0.2	17	0.3
Hantavirus pulmonary syndrome	Spokane County	0	*	0	*	0	*	0	*	0	*
	Washington State	2	*	1	*	3 (2 deaths)	*	2	*	2	*
Lyme Disease (travel-related)	Spokane County	1	*	1	*	1	*	1	*	0	*
	Washington State	14	0.2	13	0.2	8	0.1	12	0.2	23	0.3
Malaria (travel-related)	Spokane County	1	*	1	*	0	*	1	*	4	*
	Washington State	24	0.4	24	0.4	43 (1 death)	0.7	30	0.5	32	0.5
Tick-borne relapsing fever	Spokane County	0	*	4	*	0	*	5	1.1	1	*
	Washington State	6	0.1	6	0.1	2	*	9	0.1	4	*
Legionellosis	Spokane County	0	*	0	*	1	*	1	*	1	*
	Washington State	15 (4 deaths)	0.2	18 (1 death)	0.3	20 (1 death)	0.3	24 (2 deaths)	0.4	19 (1 death)	0.3

* Incidence rates not calculated for <5 cases

▲ Including yellow fever, West Nile Virus illness, dengue, and Japanese encephalitis.

MONKEY BUSINESS

In February 2008, local animal control contacted SRHD about a biting monkey. Three people were identified as having been bitten, an adult female, a female foreign exchange high school student and a young child, all living in the same neighborhood. The owner of the monkey stated that she had just moved to town, the monkey had not been loose before (although it knew how to open a door!), and the monkey was under the care of a veterinarian. Initially it was thought that disease risk was minimal. Further investigation revealed that the monkey was a macaque, which frequently carry herpes B, a virus that can be lethal to humans. Additionally, the owner had submitted fraudulent papers which documented rabies vaccination of the monkey (there is no approved rabies vaccine for primates). Conferring with the CDC on the situation led to two different recommendations – one to euthanize and test the animal for rabies, and the other to keep it alive for long term herpes B testing. In light of the uncertain history and the greater risk of rabies to the victims, the decision was made to euthanize the monkey and the owner was informed. Animal rights activists organized a protest at the Public Health building as well as at the office of the contracted veterinarian-shipper. From the beginning, this situation received a great deal of media attention, was time consuming and stressful, and staff throughout the agency received calls and emails from all over the country pleading to spare the monkey's life. The monkey tested negative for rabies and herpes B virus. Primates should not be kept as pets.

HIV/AIDS

AIDS has been a reportable disease in Washington since 1982, and for many years the number of reports was used to estimate incidence of HIV disease. Over time, as treatment and longevity after diagnosis of HIV infection improved, HIV disease came to be regarded more as a chronic infection. Consequently, in 1999 HIV infection also became reportable, allowing the burden of disease to be better monitored. There was an initial rise in HIV and AIDS case reports in 2000 and 2001 as a result of making HIV reportable. Rates of incident disease stabilized during 2002-2006 and increased in 2007. This increase was likely due to increased testing as positivity rates among those tested remained stable. In 2008 (when fewer tests were offered) the rate returned to rates seen in the previous five year period (2002-2006).

[Note: HIV incidence data does not include persons who anonymously test positive who have not yet entered into

medical care. Once medical care is accessed, the case is reported and counted.]

Like prevalent cases, newly diagnosed HIV in Spokane County was primarily among Caucasian men who had engaged in unprotected sex with other men. Women represented approximately 13% of the newly diagnosed HIV cases in Spokane County during 2008. African Americans are disproportionately impacted by HIV disease in Spokane County, comprising less than 2% of the county's population, but representing 6% of those with diagnosed HIV infection. From 1982 through 2008, 717 individuals in Spokane County and 17,199 in Washington State, respectively, have been diagnosed with HIV disease. The number of people living with HIV increases about 5% each year in Washington.

In Washington State, there are approximately 550 - 600 reports of newly diagnosed HIV disease each year.

Approximately 84% of the new diagnoses from 2003 through 2007 were among males, and 75% were among individuals age 30 and older. From 2003 to 2007, approximately 62% of all new HIV diagnoses were reported among White, non-Hispanic persons. Forty-eight percent of the new diagnoses were attributed to men who have sex with men (MSM), 15% to injection drug use (IDU) and 7% to MSM contact plus IDU.

The combined cases of new HIV infections and existing cases of HIV disease that may or may not have progressed to AIDS are used to estimate prevalence. As of December 31, 2008, there were 10,121 persons reported to be living with HIV infection in our state, 58% of whom had AIDS. The prevalence rate for reported HIV disease in males in Spokane County is 154.8/100,000 and for females is 21.0/100,000. Statewide rates are 265.8/100,000 in males and 42.1/100,000 in females.

HIV/AIDS

		2004		2005		2006		2007		2008	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Incident HIV Disease*	Spokane County	27	6.3	23	5.3	25	5.6	36	8.1	24	5.2
	Washington State	561 (161 deaths)	9.1	577 (159 deaths)	9.2	570 (102 deaths)	8.9	610 (79 deaths)	9.4	541 (73 deaths)	8.2

*Incident HIV Disease refers to all newly identified cases of HIV disease, with or without AIDS.

SEXUALLY TRANSMITTED INFECTION (STI)

STIs continue to be the most commonly reported of all communicable diseases in Washington, and accounted for more than 75% of all notifiable conditions reported to the Washington State Department of Health (DOH) in 2008.

Chlamydia Infection

Reports of chlamydial infection comprise more than 78% of all reports received in Spokane County. The 2008 rate increased significantly from the 2007 rate, but this is probably due primarily to intensified follow-up locally. Spokane County had the fourth highest rate of chlamydial infection reported in the state.

In Washington State, chlamydial infection continues to be the most commonly reported STI. The chlamydial infection incidence rate increased in 2008 by 7.4% over the rate observed in 2007. The 2008 incidence rate for females was 458.9/100,000 compared to an incidence rate for males of 172.7/100,000. Some of

this increase is attributed to improvements in the sensitivity of Washington State's surveillance systems. However, rates have generally been increasing since the middle of the last decade and an unknown portion of the observed increase likely represents a moderate increase in the burden of disease in the community.

Gonorrhea is the second most frequently reported STI in Spokane County and statewide; locally, the rate significantly increased from 2007 as compared to the statewide rate which significantly decreased from 2007. The latter is a promising continuation of a decline in gonorrhea morbidity noted since Washington State reached a 15-year high in 2006. The burden of gonorrhea morbidity in 2008 continues to be concentrated geographically in mostly urban settings—Pierce, King and Spokane counties significantly exceeded the state rate of 46.6/100,000. Gonorrhea incidence in Washington State may also have two

possibly separate epidemic patterns. The first involves heterosexual transmission among men and women under the age of 30. The second epidemic pattern involves gonorrhea transmission among MSM over 30 years of age.

Syphilis

Statewide, there was a slight increase over the number of cases reported in 2007, but the state primary & secondary (P&S) syphilis rate remained statistically stable. Syphilis appears to have become endemic at unacceptably high levels in the state's largest urban centers. Ninety-seven percent of P&S cases were diagnosed among males, the majority of whom report MSM risk behaviors. Persistent incidence among this population presents unique challenges to ongoing disease prevention and control efforts, which are particularly important in light of the potential for concurrent HIV infection. No cases of congenital syphilis were reported in 2008 in Washington State.

SEXUALLY TRANSMITTED INFECTION



		2004		2005		2006		2007		2008	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Chlamydia	Spokane County	1,101	254.9	1,071	245.5	1,121	252.6	1,258	278.8	1,593	347.1
	Washington State	17,635	285.9	18,617	297.6	17,819	279.5	19,123	295.0	20,882	317.0
Gonorrhea	Spokane County	152	35.2	121	27.7	120	27.0	206	45.7	250	54.5
	Washington State	2,810	45.6	3,738	59.7	4,231	66.4	3,646	56.2	3,069	46.6
Herpes (initial infection)	Spokane County	172	39.8	155	35.5	148	33.3	129	28.6	187	40.7
	Washington State	2,153	34.9	2,331	37.3	2,446	38.4	1,952	30.1	2,009	30.5
Syphilis, early infectious, <1 yr.	Spokane County	0	*	0	*	2	*	6	1.3	5	1.1
	Washington State	150	2.4	152	2.4	182	2.9	168	2.6	181	2.7

*Incidence rates not calculated for <5 cases.

TUBERCULOSIS (TB)

Spokane County

The crude incidence rate for TB is consistently lower in Spokane County than it is in Washington State. During 2004-2008, 42 active TB cases were identified in Spokane County. In 2008, seven active cases of TB were reported. Six began treatment and three completed treatment in 2008; one began treatment in 2009. Thirty-two contacts of the seven cases were identified, 29 were tested and four were positive for TB. Four started latent TB infection (LTBI) treatment and two completed treatment in 2008.

An additional 141 individuals identified as having LTBI initially were seen through the Spokane Regional Health District clinic. One hundred nineteen (84%) clients started treatment, and 22 (16%) refused treatment. Ultimately 63 individuals (53%) completed treatment and 55 (46%) discontinued treatment, transferred care or were lost to follow-up in 2008.

State Highlights

Washington experienced a decrease in the number of TB cases with 228 cases reported in 2008 as compared to the 291 cases reported in 2007. The crude incidence rate of TB decreased to 3.5/100,000, which is an all time low for Washington, and less than the national rate of 4.2/100,000.

Sixteen of the 39 counties in Washington reported no new cases of TB in 2008 and 17 reported five or fewer cases. King, Snohomish and Pierce counties accounted for 72% of the cases statewide in 2008.

Seventy-six percent of the 2008 tuberculosis cases in Washington were among foreign-born immigrants or refugees from countries with high rates of tuberculosis including Vietnam, Mexico, the Philippines, Somalia, India and Ethiopia. The proportion of foreign-born cases continues to rise in Washington (76%

in 2008 vs. 73% in 2006) and the proportion of Isoniazid (INH) resistance in foreign-born persons is more than double the rate of INH resistance in U.S.-born persons (11% vs. 5%). Fifty-three percent of cases occurred in males. Five percent of cases were also HIV positive.

In 2008, the number of TB cases and the annual TB rate reached all-time lows in the United States. After the resurgence of TB during 1985-1992, the annual TB rate has steadily decreased. However, since 2000, the pace of that decline has slowed. To hasten the decline of TB in the United States, intensified efforts are required to address the disproportionately high rates of TB that persist among foreign-born persons and racial/ethnic minorities.

TUBERCULOSIS

	2004		2005		2006		2007		2008	
	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Tuberculosis										
Spokane County	7	1.6	13	2.9	10	2.2	5	1.1	7	1.7
Washington State	245	3.9	256	4.0	262	4.1	291 <small>(12 deaths)</small>	4.5	228 <small>(2 deaths)</small>	3.5

*Incidence rates not calculated for <5 cases.

The prominent communicable disease issue in 2009 ~ H1N1 Influenza

The emergence and spread of the 2009 pandemic influenza A H1N1 virus after it was initially identified in late April resulted in extraordinary influenza activity in the United States throughout the summer and fall months of 2009. The dominant circulating influenza virus in 2009 was H1N1, which caused a striking and unusual pattern of severe illness and death in young people. Influenza activity reached its highest level in the week ending October 24, 2009, with 49 of 50 states reporting geographically widespread disease. By the end of 2009, overall influenza activity had declined substantially.

On September 18, 2009, DOH adopted an emergency rule requiring healthcare providers and hospitals to report hospitalized and deceased persons with any type of influenza to their local health jurisdictions. From September 19, 2009-January 2, 2010, DOH received reports of 1,373 hospitalized and 75 deceased patients with laboratory-confirmed influenza. A total of 223 influenza-related hospitalizations occurred in Spokane County residents - 30% were up to 19 years of age, 14% were 65 years of age or older. Thirty-three cases (15%) required Intensive Care Unit (ICU) services and nine (4%) of hospitalized cases were fatal.

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References: Spokane Regional Health District data, Washington State Communicable Disease Report 2008, Annual Sexually Transmitted Infection (STI) Morbidity Report 2008, and Washington State HIV Surveillance Report 2nd Quarter 2009