

# KITSAP DISEASE DATA

A quarterly report on disease trends in Kitsap County

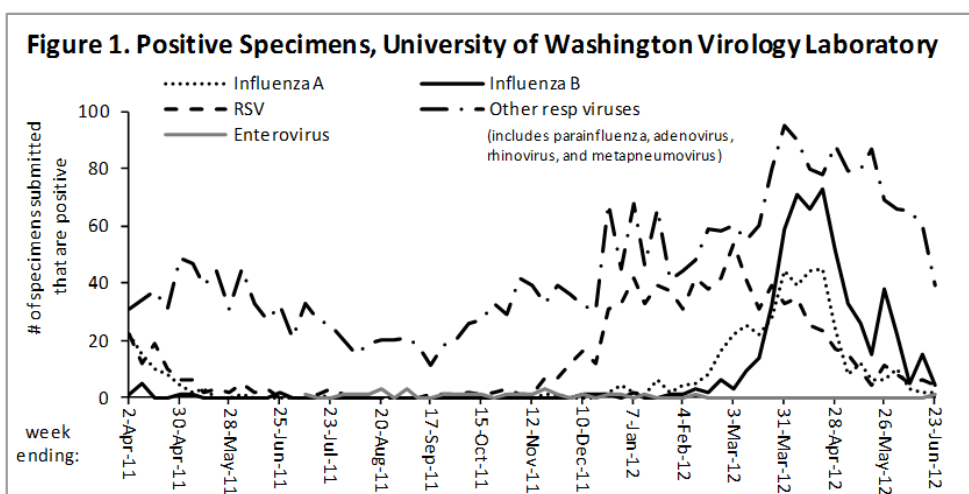
Summer 2012

## Welcome to our First Issue

### Updates from Dr. Scott Lindquist, Health Officer

When we surveyed Kitsap County health care providers in the fall of 2011 we asked “what public health information would be most useful to you?” The graphs, tables and text below reflect your priorities: updates on current diseases, emerging diseases, and environmental health concerns.

**Figure 1** shows a sustained and late season for respiratory viruses in general. This includes RSV, parainfluenza, adenovirus and common cold viruses. Our flu viruses (A and B) were also quite late and have declined throughout May (Figures 1 & 2). This epidemiology makes it quite difficult for clinicians to sort out the etiology of spring/summer cough illness from atypical etiologies such as *Bordetella pertussis*, *Mycoplasma pneumoniae* and *Chlamydia pneumoniae*.



**Table 1.** Our notifiable conditions trends appear similar over the years 2009-2012 with the exception of a big increase in pertussis and sustained high levels of *Chlamydia trachomatis*. This is a good reminder to think of *Bordetella pertussis* in patients with a prolonged cough illness and think of testing for *Chlamydia* in all sexually active males and females. A specific target is all sexually active men and women under age 25 as they account for 70% of all cases reported in Kitsap County.

Table 1. Selected Notifiable Conditions				
	Current Quarter (Apr-June)		Year to Date	
	3-year average 09-11	2012	3-year average 09-11	2012
Campylobacter	10	8	19	11
E.coli*	0	1	1	3
Giardia	3	1	6	6
Hepatitis A	1	0	1	0
Influenza	6	1	7	1
Pertussis	3	32	5	59
Salmonella	6	4	12	11
Tuberculosis	0	1	2	1
Chlamydia	189	234	384	470
Gonorrhea	13	9	25	24

\*Shiga toxin-producing *Escherichia coli* (STEC)



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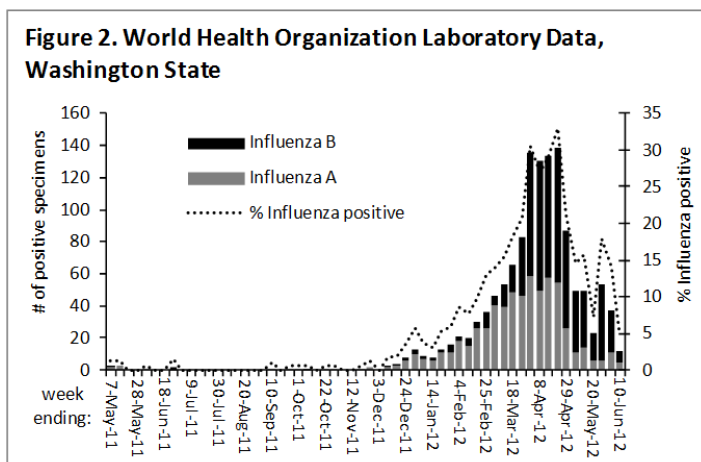
## Report Notifiable Conditions

Kitsap Public Health District  
24/7 Contacts

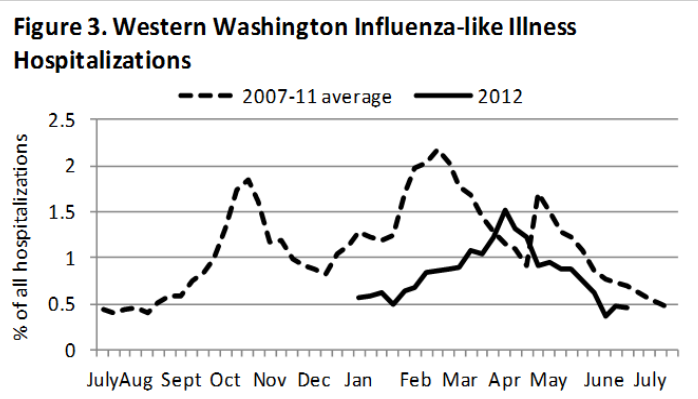
**Business Hours**  
360-337-5235

**After Hours pager**  
360-415-2005

**Figure 2.** As noted with Figure 1, our flu viruses (A and B) were also quite late and have declined throughout May.



**Figure 3.** Western Washington Influenza-like illness hospitalizations are less than usually expected and that is good news!



**Table 2. Selected Kitsap County Environmental Conditions**

	2007	2008	2009	2010	2011
% Days per year with air quality above standard	98%	99%	95%	98%	
% Group A/B drinking water systems meeting standard for levels of total coliform bacteria	98%	98%	99%	98%	93%
% Fresh water streams meeting standard for levels of total coliform bacteria	40%	42%	27%	42%	33%
% Shoreline miles open for shellfish harvesting	81%	83%	84%	84%	84%
Rate of illness related to unsafe food, water, hygiene (per 100,000 residents)	25	28	29	32	36

**Table 2.** This information is a good reminder of how we are impacted by environmental health. While air quality and drinking water are usually quite good, only 33% of our freshwater streams meet standards. This is why many of our streams currently have posted health warnings. Rates of illness related to unsafe food, water or hygiene are up - primarily campylobacter, giardia, and salmonella.

**Table 3.** I have included a representative sample of our region specific susceptibility results. This is a good lab reminder that serves as a clinical guide for empiric antibiotic choices. For example, amoxicillin remains a good first line choice for *S. pneumoniae* infections (otitis media, pneumonia, etc.). TMP-SMX has good activity against MRSA and is a good first line oral antibiotic choice for skin and soft tissue infections. Nitrofurantoin still remains a good antibiotic choice for urinary tract infections (UTI). *E.coli* still has susceptibility to TMP-SMX, but if a 3-day course of antibiotics for a UTI does not appear to be working, we must consider that 33% of the isolates are resistant.

**Table 2. Selected Organism Antibiotic Susceptibility (Harrison Medical Center), 2011**

Organism	Ampicillin/Penicillin	Amp/Sublactam	Ciprofloxacin	Clindamycin	Erythromycin	Gentamicin	Imipenem/Meropenem	Methicillin/Oxacillin	Nitrofurantoin	Piperacillin/Tazobactam	Tetracycline	Trimeth/sulfa	Vancomycin	Cefazolin	Ceftazidime (CAZ)	Ceftriaxone (CAX)
<i>Enterococcus</i> sp.	82%												90%			
<i>Staphylococcus aureus</i> MSSA	13%		50%	71%	38%			49%			97%	95%	100%	49%		
<i>Staphylococcus aureus</i> MRSA			16%	60%	11%			0%			99%	90%	100%	0%		
<i>E.coli</i>	59%	69%	83%			94%	100%		95%	61%		77%		91%	97%	97%
<i>S.pneumoniae</i>	85%															93%