



Increased Number of Enteric Conditions During Summer Months

Enteric (gastrointestinal) diseases cause disruption to the body's digestive system. These illnesses are associated with nausea, vomiting and diarrhea. Disease is most often acquired through contaminated food or water. Most enterics can also be transmitted from person-to-person through the fecal-oral route. Illness can be prevented and transmission of disease reduced through good hygiene and proper food handling.

Enteric conditions make up a large number of cases (confirmed and probable) reported to the Snohomish Health District (SHD). The incidence of enteric conditions is highest during the summer (see graph below).

If you have a patient who presents with typical enteric illness, consider stool testing. Also note, vibrio is not included in a routine stool culture panel. As a reminder, health care providers are required to report enteric notifiable conditions to their local health jurisdiction (LHJ) per WAC 246-101-101.

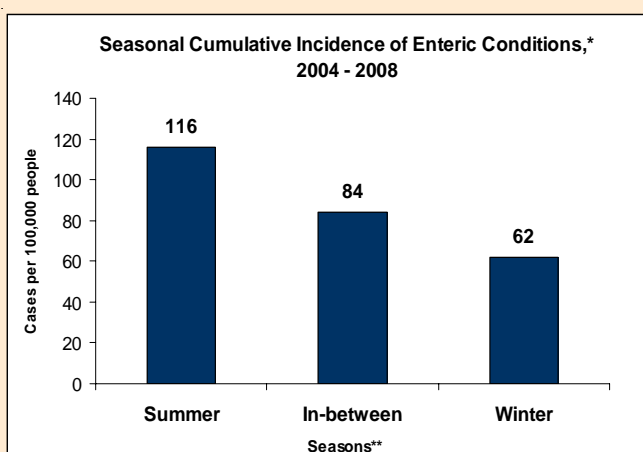
For a complete list of notifiable conditions reportable to LHJs, refer to the Washington State Department of Health website at www.doh.wa.gov/notify/. Specific disease fact sheets are available at www.cdc.gov and www.snohd.org.

To report a notifiable condition to the SHD via **phone**:

- call the 24 hr reporting line at 425.339.5235 for non urgent reporting,
- or call 425.339.5278 for urgent reporting during business hours,
- or call 425.339.5295 for urgent reporting after business hours.

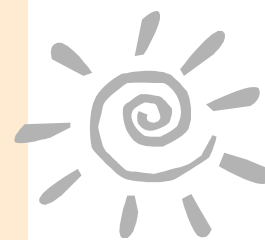
To report via **fax**, SHD reporting forms are available on our website at www.snohd.org. To access the reporting forms, click on the "Disease Reporting" link and then refer to the Communicable Disease Program reporting form near the top of the webpage.

For additional information about notifiable disease reporting, contact the Communicable Disease Program at 425.339.5278.



*Enteric conditions included: campylobacteriosis, cryptosporidiosis, enterohemorrhagic E. coli (EHEC), giardiasis, hemolytic uremic syndrome (HUS), listeriosis, salmonellosis, shigellosis, vibriosis (non-cholera), yersiniosis

**Summer months = June - September, Winter months = December - March, In-between months = April, May, October, November



Unintentional Poisonings in Snohomish County,

a new report to be released in August, describes unintentional poisoning hospitalizations, deaths, and prevention efforts in our community.

www.snohd.org/snoHealthStats

Health Statistics &
Assessment
3020 Rucker Ave
Everett, WA 98201

EpiNews

CD Cases Reported Jan – June		
Disease	2009	2008
AIDS	10	15
Arboviral Disease	0	0
Campylobacteriosis	53	50
Chlamydial infections [§]	867	884
E.Coli O157:H7	10	6
Giardiasis	39	26
Gonorrhea [§]	78	121
Hepatitis A	4	8
Hepatitis B, acute	1	1
Hepatitis B, chronic*	78	50
Hepatitis C, acute	1	0
Hepatitis C, chronic*	275	420
HIV infection	19	16
Listeriosis	1	0
Measles	0	0
Meningococcal disease (N. meningitidis)	2	4
Mumps	0	1
Pertussis	22	10
Rubella	0	0
Salmonellosis	33	30
Shigellosis	6	3
Syphilis; primary, secondary and other	10	9
Tuberculosis, pulmonary	6	11
Tuberculosis, other	3	3

*Includes probable and confirmed cases
[§] Previously counted by date reported; now counted by date of diagnosis

Highlights of Chronic Disease in Snohomish County

Chronic diseases were responsible for 70% of all deaths in Snohomish County during 2006 and accounted for seven of the ten top causes of death. Heart disease and cancer accounted for about half of all deaths. Although heart disease has been the leading cause of death in the county for many years, in 2006 cancer deaths ranked number one (see table).

	Snohomish - 2006 ¹	%	Washington - 2006 ¹	%	United States - 2005 ²	%
1	Cancer	23.6	Cancer	24.0	Heart disease	26.6
2	Heart disease	23.2	Heart disease	23.0	Cancer	22.8
3	Dementia	7.2	Dementia	7.0	Stroke	5.9
4	Unintentional injuries	6.5	Stroke	5.9	COPD	5.3
5	COPD	5.8	COPD	5.8	Dementia	5.2
6	Stroke	5.6	Unintentional injuries	5.8	Unintentional injuries	4.8
7	Diabetes	3.0	Diabetes	3.4	Diabetes	3.1
8	Influenza/pneumonia	1.8	Influenza/pneumonia	1.8	Influenza/pneumonia	2.6
9	Suicide	1.6	Suicide	1.7	Nephritis	1.8
10	Chronic liver disease	1.4	Chronic liver disease	1.3	Septicemia	1.4

Data sources: 1. Washington State Department of Health, Center for Health Statistics
 2. Centers for Disease Control and Prevention. Deaths: Final Data for 2005. National Vital Statistics Reports, vol. 56, #10, 2008
 More current data are not available at this time

Deaths from chronic diseases fell by 19% from 1992 through 2006, from 640 per 100,000 in 1992 to 519 per 100,000 in 2006. These declines are likely due to better prevention and management of these diseases. Despite decreasing chronic disease rates in our county, heart disease, lung cancer, colorectal cancer, breast cancer, and dementia rates are higher than the state's rates.

Chronic diseases are most notable as causes of death, but they also consume a large amount of health care resources. They are estimated to be responsible for 75% of health care spending in the U.S.. Heart disease, cancer, psychoses, and respiratory disease accounted for 30% of all non-childbirth hospitalizations in 2006. Hospitalizations for chronic diseases last longer than the overall average (4.8 days versus 3.6 days) and are more costly than those for nonchronic conditions, even after adjusting for the longer length of stay (\$29,500 versus \$19,000). Hospitalizations for chronic disease decreased by 20% from 1992 through 2006, from 8,803 admissions per 100,000 residents to 7,079 admissions per 100,000).

Although chronic diseases generally affect older adults, age by itself is rarely the cause. Most heart disease and many cancers are the direct result of unhealthy behaviors such as smoking, poor diet, and physical inactivity. The Centers for Disease Control has estimated how many people die of behavioral and environmental causes.¹ Tobacco use is the leading underlying cause of death and is estimated to account for 18.1% of deaths. Poor diet and physical inactivity are second and account for 15.2%. Both are far ahead of the third leading cause of death, alcohol, accounting for 3.5%. Whereas tobacco use has long been identified as a leading cause of illness and death, more recently poor nutrition and lack of exercise have come to the attention of the public and public health officials. Since these underlying causes are modifiable, much of chronic disease is preventable.

More information about chronic disease in general and about specific chronic diseases such as heart disease, five types of cancer, asthma, chronic obstructive pulmonary disease, diabetes, and dementia is available in our newly released report *Chronic Diseases in Snohomish County* www.snohd.org/snoHealthStats.