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Concerns of Snohomish County's Older Adults

The combination of increasing life expectancy and the aging of the baby-boomer generation means that Snohomish County's population of people 65 and older will increase by 160% between 2010 and 2030, until it constitutes 20% of the county's population. To help prepare the county for these changes, the Health Statistics & Assessment Program at Snohomish Health District, in collaboration with the Senior Consortium of Snohomish County, is conducting an assessment of the aging population's needs and interests. This assessment presents an opportunity to engage community members in making communities more aging-friendly and supporting healthy aging. A series of five reports entitled "Creating an Aging-Friendly Snohomish County" will be produced.

Table 1
Health Concerns Prioritized by Participants, Snohomish County Focus Groups

Priority Rank	Health Concern	Score
1	Loss of health and/or ability to care for self	54
2	Cost of health care	42
3	Prevention	30
4	Mental health	15
5	Access to care	13
6	Health care quality and continuity	12
7	Education/information	12

This article is the first in the series and highlights some of the findings from eight focus groups conducted during March and April of 2011 in senior centers throughout the county. A total of 64 people participated, ranging in age from 51 to 91, with an average age of 68. Six questions were asked

during each two hour session to identify the best parts of aging, general and health concerns, what communities can and are doing to meet those needs, and reasons why elders' needs were not being met. Discussion results were summarized into common themes. Participants were asked to identify their top two general concerns and their top two health concerns; these rankings were converted to scores in order for answers to be prioritized.

Biggest Concerns About Aging

The most common general concerns were personal finances and the economy, and how retirement of the baby-boomer generation will affect systems like Social Security and Medicare.

Other concerns involved the loss of function and independence, and preparation for life transitions such as retirement, and isolation or the need for social opportunities. Age discrimination was also a concern; they feel marginalized, under-valued, and patronized.

Greatest Health Concerns

Participants' main health concerns were the loss of health and becoming incapacitated, the cost of health care and insurance (particularly on a fixed income), and how to prevent physical and mental deterioration. (Table 1) Access to medical, dental, and vision care were concerns along with long wait time for appointments, insufficient length of appointments, inattentive doctors who do not listen or understand, and limited number of Medicare visits. Results from a questionnaire distributed to participants at the end of the focus groups found that most participants (64%) preferred to receive health information from doctors or health care providers versus other methods, such as television, internet, direct mail, newspapers, or magazines.

Opportunities for the Community

Participants felt the community could do more out-reach to older adults, educating them about available services and resources. Senior centers need to expand their services and take more active roles in the community, including more health presentations, community education and exercise programs.

For more details about these concerns and more information about existing services in the community, plus barriers for why the needs of older adults are not being met, see the full report "Creating an Aging-Friendly Snohomish County, Series I. Voices from the Community: Focus Groups" at www.snohd.org or call 425.339.8618.

Report Communicable Diseases in Snohomish County

STDs: 425.339.5218 | Fax: 425.339.8707

After hours emergency only: 425.339.5295

Tuberculosis: 425.339.5225 | Fax: 425.339.5217

24-hr reporting: 425.339.5235

Other communicable diseases: 425.339.5278 | Fax: 425.339.8706



Human Rabies Prevention

Reporting of animal bites has changed. The Washington State rules for animal bite reporting have been changed to require that only suspected rabies exposures are immediately reportable to public health. **Snohomish Health District is available 24/7 for reporting and questions.** Call 425-339-5278 during business hours. After hours, call 425.339.5295.

Bats are the only known reservoir of rabies in Washington State. There is currently no known terrestrial reservoir of rabies in Washington, but routine surveillance is not done. In 2010, the Public Health Lab (PHL) tested 409 animals (200 bats, 209 domestic and wild animals) for rabies. Only bats tested positive for rabies (14 out of 200 or 7%). Snohomish County submitted 37 animals for testing (including bats, dogs, cats, and a coyote). Three of 20 bats were positive for rabies.

Rabies post-exposure prophylaxis (PEP) is recommended for all persons with a bite, scratch, or mucous membrane exposure to a bat, or when sleep exposure is possible. If a bat was captured, public health can facilitate testing and PEP may not be necessary. Because bats have tiny, razor sharp teeth, rabies transmission can occur from minor, often unrecognized bites (e.g., during sleep). In Washington, two human rabies cases have been diagnosed during the past 25 years (in 1995 and 1997). Both deaths were attributed to bat variant rabies.

PEP is recommended for high risk animal exposures which includes bat exposures, any unprovoked animal bite or bite from an animal displaying unusual behavior or signs of illness, or bites which occurred while traveling in a foreign country.

Low risk bites (provoked, normal acting animal) no longer require reporting. PEP is not usually recommended for low risk domestic or wild animal bites. Ten-day confinements are recommended when dogs, cats or ferrets bite. If the animal was rabid at the time of the bite, it would die during the ten day confinement. Confinement for other animals is not appropriate because the period between viral shedding and onset of symptoms is not known. However, if the animal is available for testing, contact public health. Rabies in rodents, lagomorphs or opossums is rare in the entire country; PEP is usually not advised.

Rabies PEP for healthy, previously unvaccinated, persons consists of one dose of human rabies immune globulin (HRIG) and four doses of cell culture rabies vaccine administered on days 0,3,7, and 14. *Immunocompromised persons should receive a 5th vaccine dose on day 28 with serologic testing to ensure an acceptable response has occurred.* RIG is dosed by patient weight (20 IU/kg for all age groups) and, if anatomically feasible, the full dose should be infiltrated around and into any visible wounds. Any remaining volume should be given IM at a site distant from vaccine administration. For adults, rabies vaccine should always be administered IM in the deltoid area. For children, the anterolateral aspect of the thigh is also acceptable. **The gluteal area should NEVER be used for rabies vaccines because administration in this area can result in lower neutralizing antibody titers.**

CD Cases Reported Jan – June, 2011

Disease	2011	2010
AIDS	3	14
Arboviral disease	0	0
Campylobacteriosis	91	68
Chlamydial infections	866	885
Giardiasis	22	37
Gonorrhea	104	84
Hepatitis A	1	0
Hepatitis B, acute	0	2
Hepatitis B, chronic	33	53
Hepatitis C, acute	2	1
Hepatitis C, chronic*	311	334
HIV infection	17	21
Listeriosis	2	0
Measles	0	0
Meningococcal infections	3	4
Mumps	0	0
Pertussis	40	8
Rubella	0	0
Salmonellosis	33	40
Shiga Toxin-producing E.coli [§]	9	5
Shigellosis	4	5
Syphilis; primary, secondary and other	20	7
Tuberculosis, pulmonary	6	8
Tuberculosis, other	2	6

*Includes probable and confirmed cases

§ Previously reported as E.coli 0157:H7