EpiNews

Health Statistics & Assessment

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Influenza Vaccination Recommendations for the 2011-2012 Season

Influenza vaccine is recommended annually for ALL persons age >6 months. Although influenza vaccine strains for the 2011-12 season are unchanged from those of 2010-11, annual vaccination is recommended, even for those who received the vaccine for the previous season.

Children <9 years should receive two doses at least four weeks apart during the first season they are vaccinated. It's important to vaccinate persons who are at higher risk for influenza complications, or who are close contacts of persons at higher risk:

- Persons aged >50 years
- Women who will be pregnant during the influenza season
- Persons with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus)
- Persons who are immunosuppressed (e.g., caused by medications or by HIV)
- Persons with any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that compromise respiratory function or handling of respiratory secretions or that increase the risk for aspiration
- Persons who are morbidly obese (BMI≥40)
- Residents of nursing homes and other chronic-care facilities
- Household contacts and caregivers of children aged <5 years and adults aged >50 years, especially contacts of children aged <6 months
- American Indians/Alaska Natives
- Health care personnel

Certain people should not receive influenza vaccine:

- People with severe allergies to a vaccine component should not receive any influenza vaccine.
- People who are pregnant or have chronic medical conditions should not receive live attenuated influenza vaccine (LAIV). However, health care workers who cannot receive LAIV may administer it to others.

Report to public health the following influenza-related conditions:

- Deaths of individuals of any age with laboratory confirmed influenza. Report within 3 business days.
- Outbreaks of influenza-like illness or lab confirmed influenza in an institutional setting (e.g. a long term care facility). Report within 24 hours if Influenza is diagnosed by laboratory testing in at least one resident, or a sudden increase over background rates is observed in acute febrile respiratory illness.
- Unexplained critical illness or death in persons <50 years old. Report within 24 hours.
- Novel or nonsubtypeable influenza. Report immediately. Laboratories should also report immediately and submit an isolate or clinical specimen to the Washington State Public Health Laboratories.

Influenza hospitalizations are not notifiable this season, nor are critically-ill pregnant women with laboratory-confirmed influenza.

Influenza Testing

The Centers for Disease Control & Prevention has an influenza diagnostic testing algorithm at: www.cdc.gov/flu/professionals/diagnosis/testing_algorithm. Use clinical signs, symptoms, and information on local influenza activity to decide if antiviral treatment is indicated. Interpret rapid influenza tests with caution, as both false positive and false negative results can occur. In some instances, public health will facilitate influenza testing at the Public Health Laboratories:

- Deceased patients suspected to have influenza
- Patients suspected to be infected with a novel strain, including H5N1 influenza
- Patients associated with outbreaks

Contact public health to request oseltamivir resistance screening at the Public Health Laboratories for clinical care purposes on specimens from:

- Patients who develop laboratory-confirmed influenza while taking antiviral prophylaxis
- Severely immunocompromised patients with prolonged excretion of influenza virus despite antiviral treatment
- Patients in intensive care units with prolonged excretion of influenza virus despite antiviral treatment

To report or request assistance, contact 425.339.5278.

SNOHOMISH HEALTH DISTRICT
Assessment
3020 Rucker Avenue, Ste. 102
Everett, WA 98201-3900

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CD Cases Reported Jan - Oct, 2011		
	2011	2010
AIDS	3	19
Arboviral disease	0	1
Campylobacteriosis	154	147
Chlamydia	1478	1425
Giardiasis	55	61
Gonorrhea	152	169
Hepatitis A	2	1
Hepatitis B, acute	2	5
Hepatitis B, chronic	76	90
Hepatitis C, acute	3	1
Hepatitis C, chronic*	507	561
HIV infection	26	24
Listeriosis	3	1
Measles	0	0
Meningococcal infections	3	4
Mumps	0	0
Pertussis	133	9
Rubella	0	0
Salmonellosis	70	65
Shiga Toxin-producing *E.coli*	22	15
Shigellosis	6	12
Syphillis; primary, secondary and other	38	18
Tuberculosis, pulmonary	13	14
Tuberculosis, other	7	9

*Includes probable and confirmed cases

Report Communicable Diseases

STDs: 425.339.5218
Fax: 425.339.8707

Tuberculosis: 425.339.5225
Fax: 425.339.5217

Other communicable diseases:
425.339.5278
Fax: 425.339.8706

24-hr reporting:
425.339.5235

After hours emergency:
425.339.5295

Adverse Childhood Experiences (ACEs) in Snohomish County

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that occur to people before the age of 19. ACEs can affect health and health-related behaviors later in life. Risk factors for the leading causes of death (e.g., obesity, smoking) are more prevalent in people who have experienced ACEs than in those who have not. The more ACEs a person has experienced, the greater their chances of having such risk factors. ACEs are very common in the population. Approximately two-thirds of adults experienced one or more ACEs.

In Snohomish County, adults (Figure 1) with high ACEs scores were more likely to experienced more days of poor health than those with low ACEs scores, and

- to experience poor mental health;
- to suffer from disabilities;
- to smoke cigarettes and marijuana;
- to be in a high-risk group for contracting HIV;
- to have been incarcerated as an adult.

In Snohomish County youth, having ACEs was associated with a greater chance of:

- poor academic performance;
- alcohol, cigarette and illicit drug use;
- being involved in violence;
- having diabetes, asthma, or being obese.

Although ACEs are powerful predictors of poor health in later life, they often go undetected. However, failure to address ACEs means failure to address an important cause of poor health and health-related behaviors. In addition, identifying and treating the effects of ACEs in people who interact with children may prevent their intergenerational transmission.
To view the full report, visit www.snohd.org/Shd_HS/Reports/ACEsFINAL.pdf

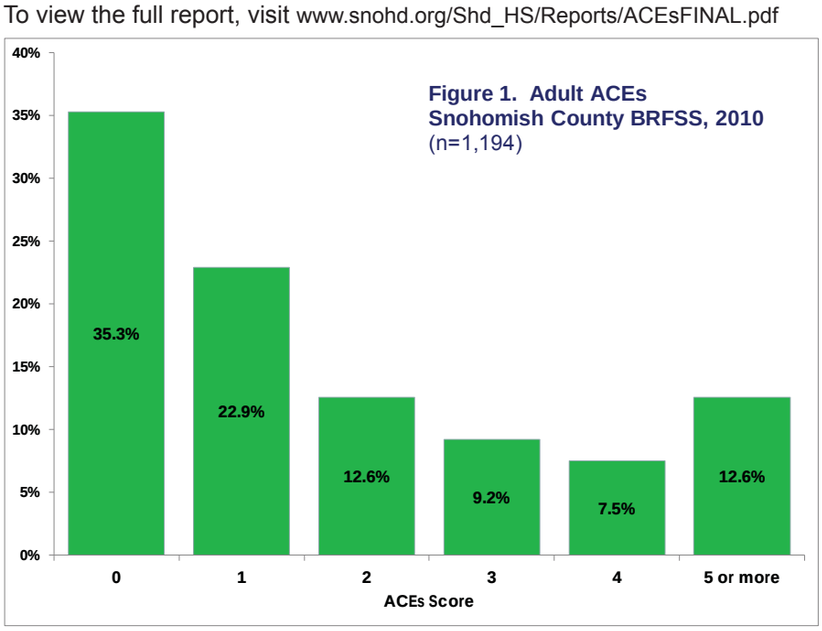

Figure 1. Adult ACEs
Snohomish County BRFSS, 2010
(n=1,194)