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Sexually Transmitted Diseases

STDs

Briefing Paper

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SEXUALLY TRANSMITTED DISEASES BRIEFING

Overview

Sexually Transmitted Diseases (STDs) are acquired during unprotected sex with an infected partner. The majority of STDs either do not produce any symptoms, or they produce symptoms so mild that they are unnoticed.

Sexually Transmitted Diseases (STDs) have been on the rise in Snohomish County as well as in the state and nation. Three of the notifiable STDs are examined in this briefing: Chlamydia, Gonorrhea and Syphilis, from 2011 to 2016. Data for 2016 are preliminary.

Facts

Reported cases of STD have increased 60% from 2011 to 2016, 1987 to 3179 cases respectively.

Table 1: Reported STD Cases¹ in Snohomish County – 2011-2016

Reported Disease	Year					
	2011	2012	2013	2014	2015	2016
Chlamydia	1762	1870	1883	2012	2202	2475
Gonorrhea	173	163	252	402	501	594
Syphilis ²	52	47	36	69	52	110
<i>Syphilis, early & late latent</i>	36	35	23	42	27	63
<i>Syphilis, primary & secondary</i>	16	12	13	27	25	47
Grand Total	1987	2080	2171	2483	2755	3179

¹ Underreported; ² Included all reported cases of early latent, late latent, primary and secondary syphilis.

From 2011 to 2016:

- Chlamydia reported cases have increased 40%
- Gonorrhea reported cases have increased 243%
- Syphilis reported cases have increased 112%
 - Primary and secondary syphilis cases have increased 194%.

When applied to the population, the rates of these STDs are alarming:

- Chlamydia rates went from 245.7 in 2011 to 326.7 per 100,000 persons in 2016: 33% increase
- Gonorrhea rates soared from 22.5 in 2012 to 78.4 per 100,000 persons in 2016: 248% increase
- Syphilis primary and secondary rates rose from 1.7 in 2012 to 6.2 per 100,000 persons in 2016: 265% increase.

Primary and secondary syphilis (Syphilis P/S) rates are usually reported, due to their public health significance; they reflect symptomatic disease and represent new infections, indicative of recent transmission. Early and late latent syphilis are hidden stage of syphilis with no symptoms. Infections occurred within the past 12 months for early latent and more than 12 months ago for late latent syphilis. Latent syphilis can last for years.

Chlamydia Most Affected Groups from 2011 to 2016

Chlamydia:

- Female predominantly: infection rates double or triple male's rates
 - 378.9 vs. 138.9 per 100,000 in 2012 and
 - 436 vs. 217.7 per 100,000 in 2016.
- Younger female 15-24 years old; accounted for 2 in 3 female cases
 - Skyrocketed rates: 2062.3 to 2376.8 per 100,000 in 2011 and 2016

15-19 years old: 28% of all female cases

- ❖ Rates: 1847.2 to 1941.1 per 100,000 in 2011 and 2016

20-24 years old: 40% of all female cases

- ❖ Rates: 2307.9 to 2800.1 per 100,000 in 2011 and 2016

Cases were also reported among female younger than 14 years old.

- Young adult female 25-34 years old; 1/4 of all female cases
 - 537 in 2011 to 850.1 per 100,000 in 2016.

- Younger male 15-24 years old; half of all male cases
 - 522.4 in 2011 to 729.4 per 100,000 in 2016.
- Young adult male 25-34 years old; 2/5 of all male cases
 - 331.9 in 2012 to 584.3 per 100,000 in 2016

83% of all male infections among 15-34 years old

15-19 years old: 14% of all male cases

- ❖ Rates: 335.7 to 454.5 per 100,000 in 2011 and 2016

20-24 years old: 34% of all male cases

- ❖ Rates: 725.5 to 994.1 per 100,000 in 2011 and 2016

- Black or African American, 7% of all cases and representing less than 3% of the population
 - Rates: 356.7 to 685.4 per 100,000 in 2012 and 2016
- Native Hawaiian or Other Pacific Islander, 2% of cases but a half percent of the population
 - Rates: 468.4 to 869.2 per 100,000 in 2013 and 2016
- American Indian or Alaska Native, 3% of all cases, but less than 2% of the population
- Hispanic or Latino, 15% of all cases, but shy of 10% of the population
 - Rates: 273 to 424.6 per 100,000 in 2011 and 2016.

Gonorrhea Most Affected Groups from 2011 to 2016

Gonorrhea:

- Male predominantly; infection rates higher than female's rates.
 - 28.1 vs.20.1 per 100,000 in 2011 and
 - 96.4 vs. 60.1 per 100,000 in 2016.
- Young adult male 25-34 years old; 42% of all male cases
 - Rates from 63.7 in 2012 to 315.3 per 100,000 in 2016: 395% increase
- Younger male aged 15-24
 - 59.6 in 2011 to 187.1 per 100,000 in 2016: 214% increase

 - 15-19 years old: 7% of all male cases
 - ❖ Rates: 31.6 to 128.6 per 100,000 in 2011 and 2016
 - 20-24 years old: 22% of all male cases
 - ❖ Rates: 90.1 to 243.4 per 100,000 in 2011 and 2016
- Adult male 35-44 years old
 - 34.2 in 2011 to 105.1 per 100,000 in 2016: 207% increase
- Younger female 15-24 years of age, about half of all female cases
 - Rates 87.5 in 2012 to 200.3 per 100,000 in 2016: 129% increase

 - 15-19 years old: 18% of all female cases
 - ❖ Rates: 76.1 to 164.8 per 100,000 in 2011 and 2016
 - 20-24 years old: 29% of all female cases
 - ❖ Rates: 130.1 to 221.5 per 100,000 in 2011 and 2016
- Young adult female 25-34 years old; 35% of all female cases
 - 41.2 in 2011 to 170.4 per 100,000 in 2016; 314% increase
- Adult female 35-44 years old;
 - 5.9 in 2011 to 65.9 per 100,000 in 2016; 1017% increase
- Black or African American, 12% of all cases with a rate of 292.5 per 100,000 in 2015
- Native Hawaiian or Other Pacific Islander,1% of all cases; rate of 235 per 100,000 in 2016
- American Indian or Alaska Native, 2% of all cases; rate of 124.2 per 100,000 in 2016
- Hispanic or Latino; 10% of all cases with a rate of 85.9 per 100,000 in 2015.

Syphilis Most Affected Groups from 2011 to 2016

Syphilis Primary and Secondary:

- Male – almost all cases
 - Rates 3.3 in 2012 to 12.1 per 100,000 in 2016: 266.7% increase
- Males aged 25-34 years:
 - 9.6 in 2013 to 33.4 in 2016: 248% rate increase
- Younger males 15-24 years old:
 - 6.2 in 2012 to 16.8 per 100,000 in 2016; 171% increase
- Male 35-44 years old:
 - 5.7 in 2013 to 14.8 per 100,000 in 2016; 160% increase
- Men who have sex with men (MSM): overwhelming majority; 80% of all cases.
- Multiracial; 18% of all cases, but less than 5% of the population
 - Rate of 18.5 per 100,000 in 2016, four times the rate of White (4.3 per 100,000)
- Hispanic or Latino; 14% of all cases
 - Rates 7.4 in 2012 to 20.3 per 100,000 in 2016: 174% increase.

Table 2. STDs in Snohomish County Cities: 2011-2016

	Chlamydia	Gonorrhea	Syphilis	All 3 STDs
Arlington ³	624	89	18	731
Bothell ⁴	784	114	30	928
Brier	64	8	<5	74
Darrington ³	33	8	--	41
Edmonds	650	94	29	773
Everett	3644	750	140	4534
Gold Bar	70	<5	--	73
Granite Falls	150	27	<5	181
Index	<5	<5	--	<5
Lake Stevens	691	117	8	816
Lynnwood	1672	309	70	2051
Marysville ³	1428	230	19	1677
Mill Creek	230	39	8	277
Monroe	405	46	5	456
Mountlake Terrace	391	57	5	453
Mukilteo	262	38	9	309
North Lakewood	<5	--	--	<5
Silvana	6	--	--	6
Snohomish	653	83	15	751
Stanwood ³	251	45	<5	297
Startup	<5	--	--	<5
Sultan	115	13	--	128
Woodinville ⁴	39	6	<5	47
Woodway	5	--	--	5

³Include Indian tribes. ⁴Snohomish County only. <5: Number of reported cases were less than 5. --: No reported cases.

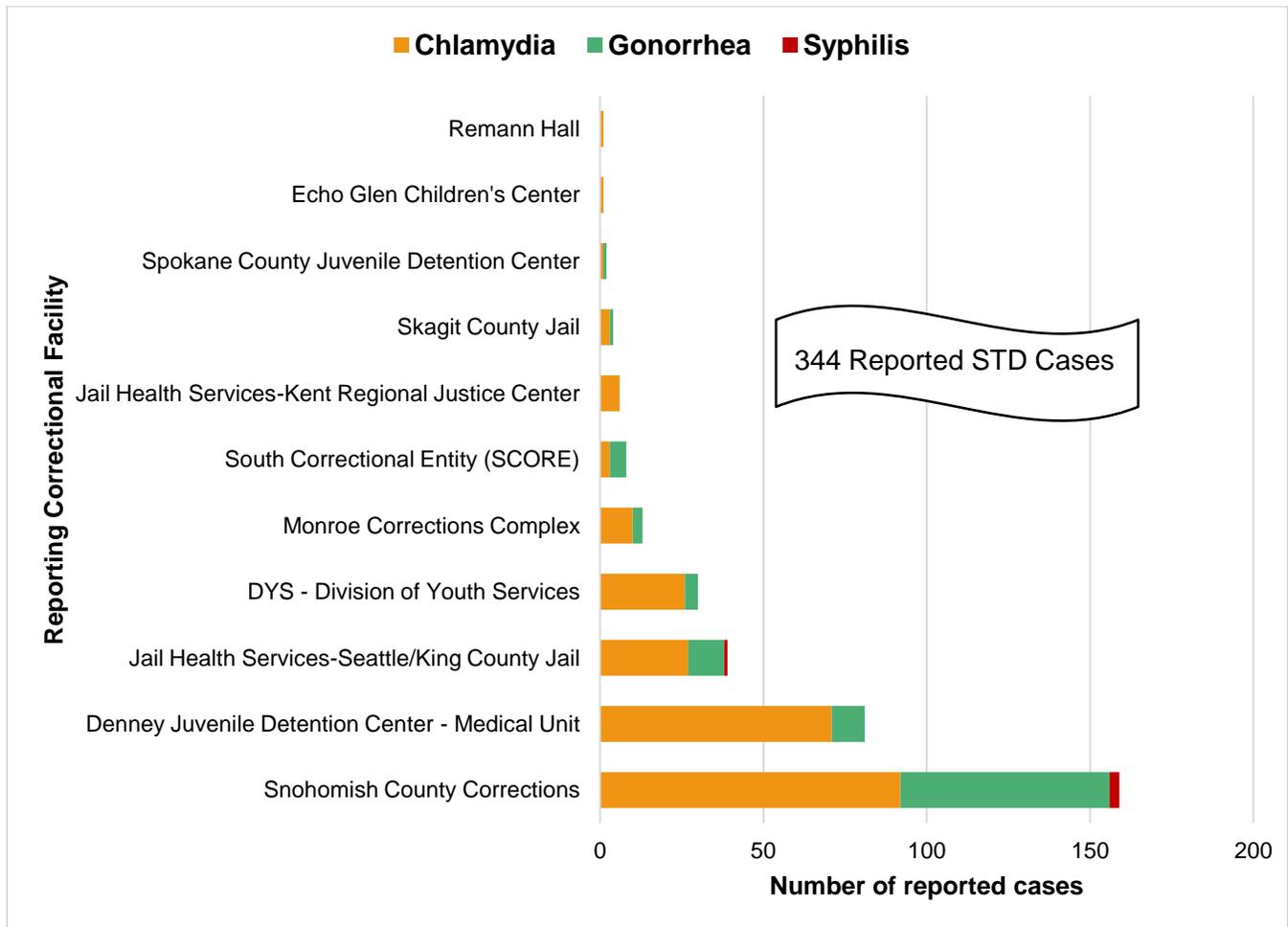
Leading STD Reporting Facilities in Snohomish County; 2011-2016

1. Private physicians/HMO (44%)
2. Family Planning (21%)
3. Hospitals (ER, Urgent care) (13%)
4. Federally Qualified Healthcare Centers (9%)
5. Prenatal (6%)
6. STD clinic (2%)
7. Correctional facility (2%)
8. HIV Care Clinic & Testing sites (1%)
9. Women’s clinic (1%)
10. Indian Health Service (1%)

Other reporting facilities: Military, School-based clinics, Laboratories, and Drug treatment.

The Snohomish Health District Surveillance relies on community providers and testing facilities throughout the county to accurately report on STD status and monitor STD trends.

Figure 1. Reported STD Cases Among Snohomish County Residents in Correctional Facilities, 2011-2016



Impact of STDs

Left untreated or maltreated, STDs lead to reinfection, further transmission among sexual partners, significant complications, and facilitation of HIV transmission.

Syphilis untreated in pregnant women can lead to infection of the fetus, congenital syphilis and neonatal infection causing both physical and developmental disabilities, preterm birth, stillbirth or death of the infant.

Complications of Chlamydia and Gonorrhea infections in women include pelvic inflammatory disease (10-20%); chronic pelvic pain (18%); ectopic pregnancy (9%), infertility; miscarriage; congenital and neonatal infection – and in men urethritis; epididymitis; urethral scarring; proctitis.

Current State of Snohomish Health District STD/HIV program

Four disease intervention specialists (DIS) serve the 757,600 county population needs for STD/HIV investigations and provide limited STD/HIV services to certain groups of the population.

STD/HIV Services in the County

Snohomish County is one of the 22 counties in Washington State that provide STD diagnostic and treatment. As of January 2016, fourteen facilities, excluding the Snohomish Health District, offer STD services to the public: 3 Planned Parenthood of Western Washington, 5 Community Health Centers of Snohomish County, Immediate Clinic- Everett Urgent Care, Lake Serene, Providence Everett Healthcare Clinic, and 3 Sea Mar Community Health Centers. The list of these facilities are in the Appendix 4. With its 15 STD facilities, the Snohomish County ranked third after Yakima (16 facilities) and King (40 facilities) counties.

Call for Action

A collaborative action with community partners and neighboring local health departments is needed to address the upsurge of sexually transmitted diseases in the county.

Goal

Reduce the incidence of sexually transmitted diseases in Snohomish County.

Strategies

Best practices and evidence-based strategies to eliminate and prevent STD (Chlamydia, Gonorrhea, Syphilis).

1. Expedited Partner Therapy (EPT)

Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner *without the health care provider first examining the partner*.

EPT increases partner treatment among heterosexuals and decreases rate of reinfection among persons given the patient delivered partner therapy (PDPT). Patients whose partners received EPT were 29% less likely to be reinfected than those who simply told their partners to visit the doctor.

Proven to cut down rate of gonorrhea by 50% and chlamydia by 20%, EPT is the only community-level trial to date successfully carried out in WA State among 23 local health jurisdictions, pharmacies, and providers.

Both Centers for Disease Control (CDC) and Washington State Department of Health (WA DOH) recommend EPT as a public health intervention to reduce STDs.

EPT is supported by the Washington State Board of Pharmacy, Washington State Medical Quality Assurance Commission, the American Bar Association, American Medical Association, American Academy of Pediatrics, and a number of other medical associations.

WA DOH provides free Public Health EPT packs to local health jurisdictions STD clinics and participating pharmacies.

Providers call or fax the prescriptions directly to a participating pharmacy and the patient picks it up.

SHD's Current Roles:

- Provides EPT to clients seen at The Everett clinic: In 2016, 156 EPT were delivered to patients.
- Provides EPT packs to Lake Serene Clinic, its partner clinic, in Lynnwood
- Supplies emergency EPT packs to participating pharmacies who are waiting for their shipments.
- Monitors expiration date of packs at participating pharmacies.

Partners' Current Roles:

- The Everett Clinic has implemented clinic-wide participation in EPT.
- Planned Parenthood provides EPT
- The following partners do not consistently use EPT, but some providers within their systems do:
 - Community Health Centers – SeaMar
 - Providence Regional Medical Centers
- Rite Aid pharmacies are providing EPT.

Proposed Actions:

- SHD Disease investigators to provide outreach to community providers to use EPT in their standard practice for Chlamydia and Gonorrhea, including Department of Health guidelines, and instructions for receiving EPT supplies
- SHD Health Officer to provide outreach to community providers regarding concerns over treatment a client not being seen in the clinic; provide legal opinions in WA State that support EPT prescriptions without seeing the client
- Expand pharmacies participation in EPT to include other pharmacies in the County.
- Collect data on the use of EPT in clinics.

2. Strengthened Community Involvement and Organizational Partnerships

Cross-cutting strategies are critical in facilitating the implementation of the following intervention strategies aimed at controlling and preventing syphilis and other STD transmission:

SHD's Current Roles:

- SHD provides confidential interviews and testing (client self-collects specimens) for qualified individuals who are contacts of an STDs case and symptomatic
- SHD maintains Memorandums Of Agreement with Lake Serene Clinic, Providence Healthcare clinic and Community Health Centers to provide testing and treatment services to symptomatic individuals referred by SHD.

Partners' Current Roles:

- Lake Serene Clinic, Providence Healthcare clinic, and Community Health Centers provide testing and treatment services to symptomatic individuals referred by SHD; the clinic services are paid through vouchers provided by SHD.

Proposed Actions:

- Conduct active education and outreach efforts to private providers including training provider staff, regular visits to providers by DIS, educational seminars, and the dissemination of reports
- Train clinic staff to provide positive results to patients and provide appropriate treatment
- Identify community partners who have contact with the targeted population (e.g. schools and colleges, youth clubs, ethnic/cultural groups), educating them on the STDs outbreak and provide resources for them to share with the targeted population

- Focus education, outreach, and messaging on young people who are disproportionately affected by STDs (Chlamydia and Gonorrhea), Black, Native Hawaiian & Other Pacific Islanders, American Indians & American Native, and Hispanic who are heavily burdened by STDs.
 - Intravenous drug users, “emerging” or “bridge” populations (Latinas and African American women), and men who have sex with men.
- Enhance data collection on demographic and behavioral variables to understand the current epidemiology of STDs and to guide prevention efforts
- Vaccine Preventable Disease staff will work with primary care providers on facilitating HPV vaccine update.

3. Early Detection and Treatment

Early detection and treatment include effective screening, testing, and treatment services at STD clinics, correctional facilities, and private providers; treatment of gonorrhea and chlamydia; syphilis partners.

SHD’s Current Roles:

- Establishes written standards for STD case management, including minimum requirements for case investigation, completion and closure
- Establishes protocols for patient investigations, including phone interviews and field visits; performs case management audits of all Disease Intervention Specialists (DIS) staff for quality assurance and to enhance case management.

Partners’ Current Roles:

- Testing patients for STDs, based upon their agency policies and practices
- Reporting positive STD results to Public Health, as a notifiable condition
- Limited partnerships to test and treat symptomatic individuals referred by SHD.

Proposed Actions:

- Providers call SHD immediately when they have a positive STD test; SHD will send a DIS over to interview the patient and identify contacts
- Assist partners in handling HIV positive results announcement and linkage to care; satisfies the new testing mandate
- Assign DIS personnel to clinic settings to improve case follow-up and overall patient treatment.
- Designate a DIS liaison to providers to enhance access to data
- Utilize SHD DIS as experts in the field of STD.

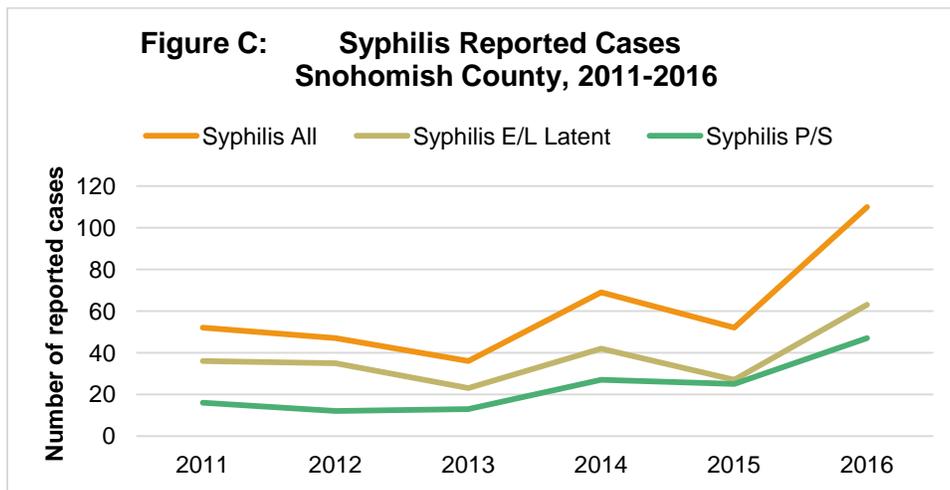
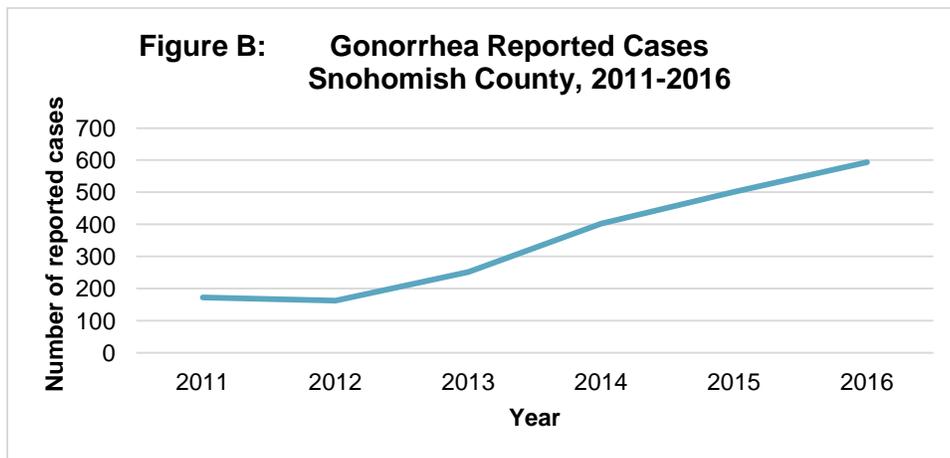
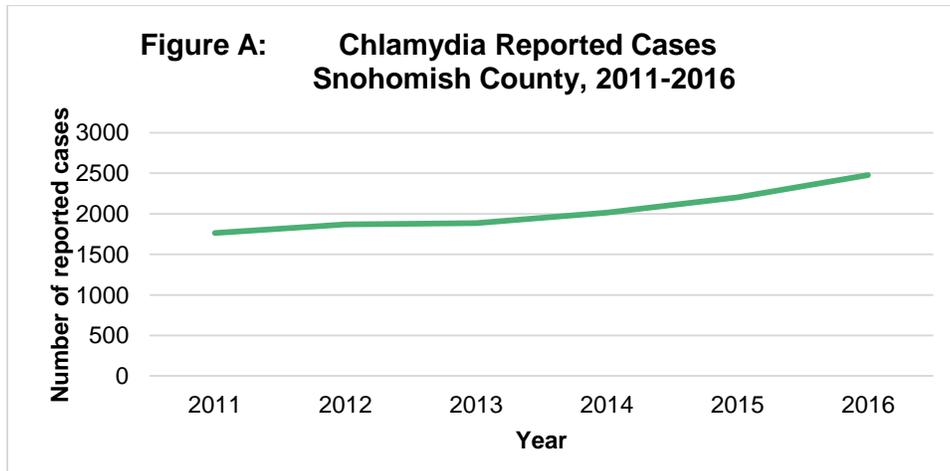
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Appendix

1. Sexually Transmitted Diseases Trends, Snohomish County, 2011-2016



2. Sexually Transmitted Diseases in Snohomish County Cities by Year, 2011-2016

Figure D. Chlamydia Reported Cases, Snohomish County Cities, 2011-2016

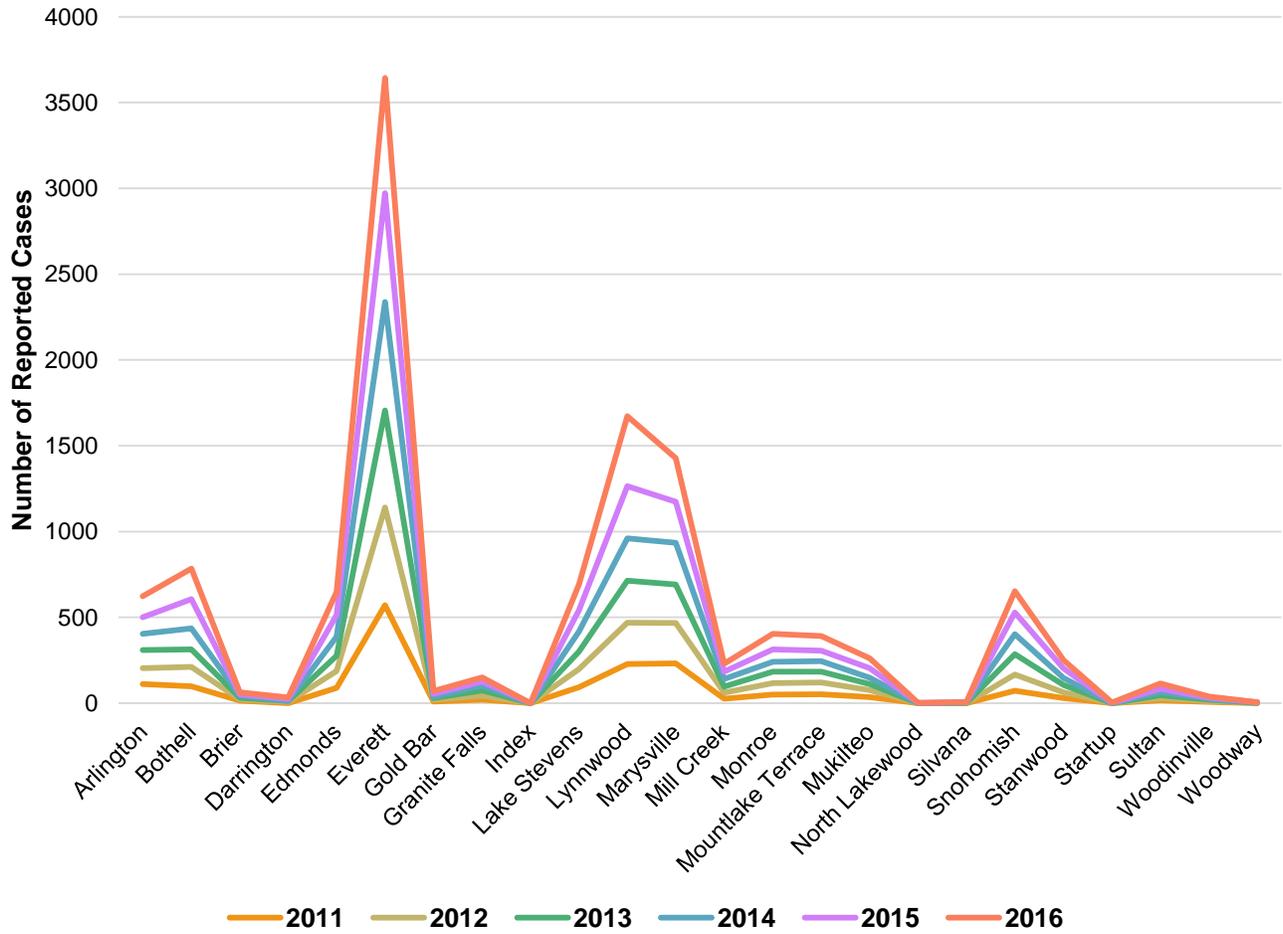


Figure E. Gonorrhea Reported Cases, Snohomish County Cities, 2011-2016

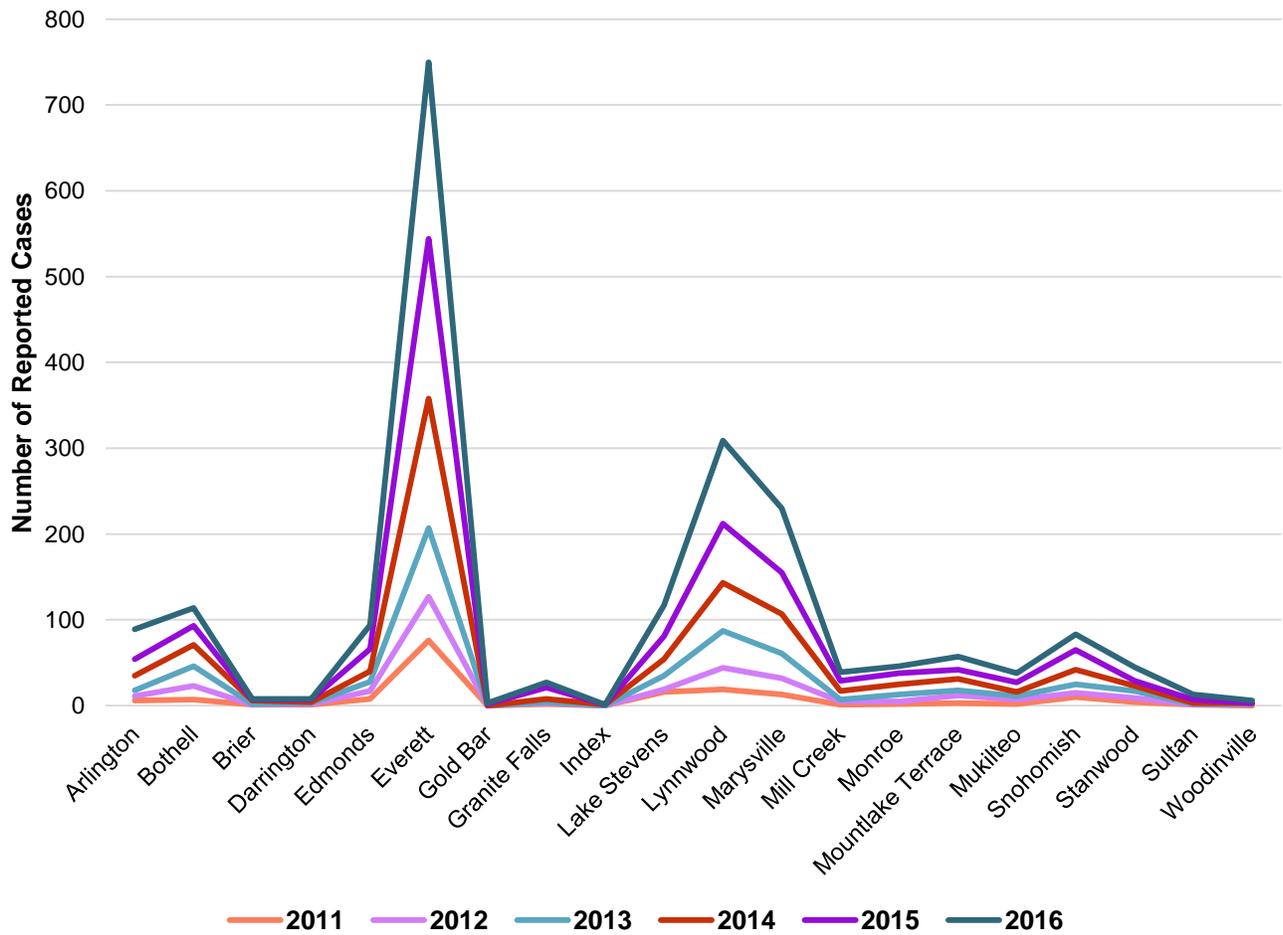


Figure F. Syphilis Reported Cases, Snohomish County Cities, 2011-2016

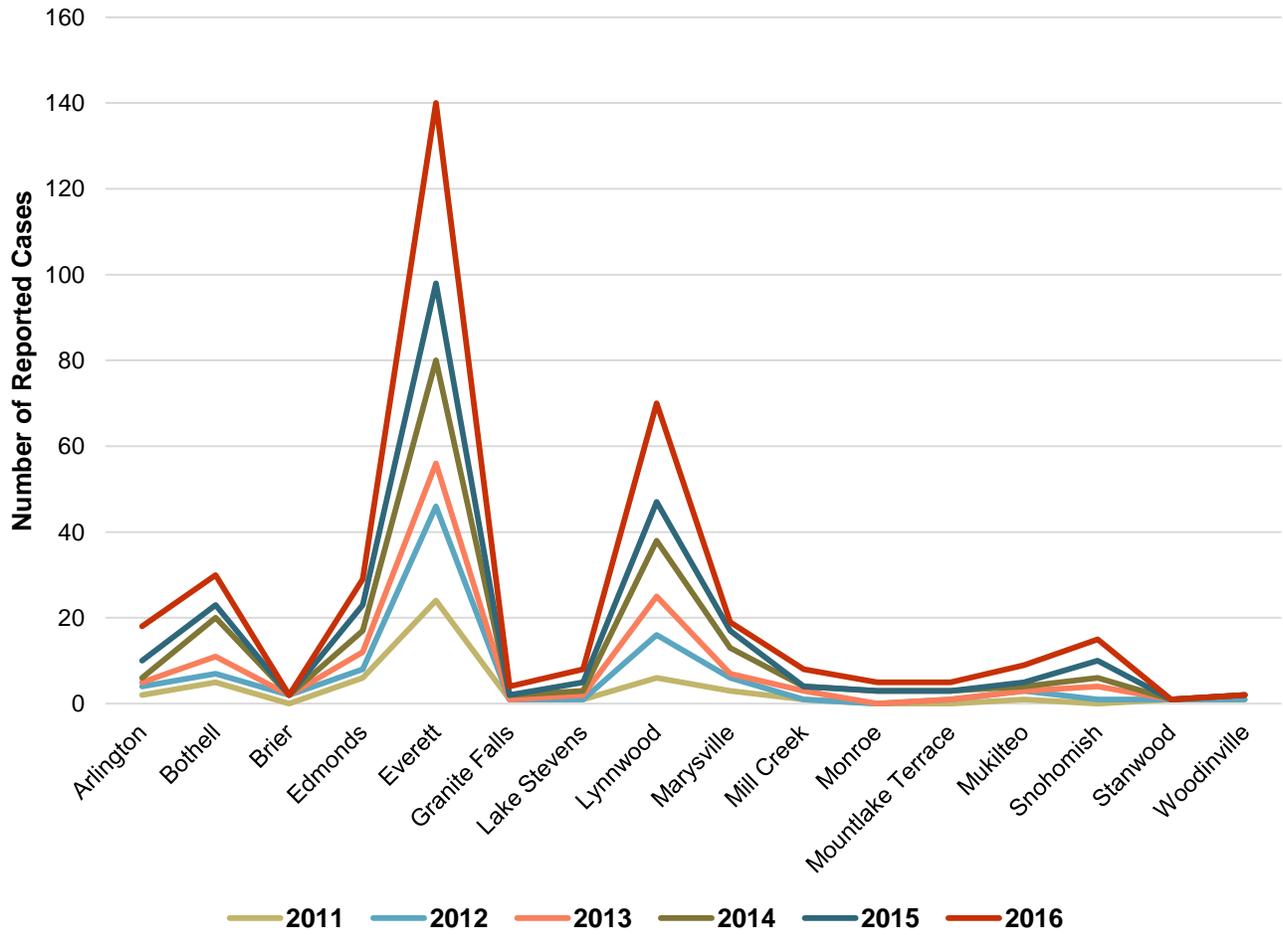


Table A: Chlamydia Reported Cases by Year, Snohomish County Cities, 2011-2016

Cities	Chlamydia Count by Year						Grand Total
	2011	2012	2013	2014	2015	2016	
Arlington ⁵	111	94	105	94	97	123	624
Bothell ⁶	98	113	102	122	171	178	784
Brier	15	7	10	12	9	11	64
Darrington ⁵	<5	6	6	<5	10	9	33
Edmonds	90	97	89	112	126	136	650
Everett	571	570	565	633	634	671	3644
Gold Bar	9	12	8	9	16	16	70
Granite Falls	21	21	33	27	25	23	150
Index	--	--	--	<5	--	--	<5
Lake Stevens	93	105	103	116	124	150	691
Lynnwood	229	240	245	247	303	408	1672
Marysville ⁵	232	235	225	242	239	255	1428
Mill Creek	26	36	35	44	42	47	230
Monroe	50	67	67	58	72	91	405
Mountlake Terrace	52	68	63	62	62	84	391
Mukilteo	35	42	34	38	55	58	262
North Lakewood	<5	--	--	--	<5	--	<5
Silvana	--	--	<5	<5	<5	--	6
Snohomish	72	95	119	116	126	125	653
Stanwood ⁵	29	35	41	42	55	49	251
Startup	--	--	<5	--	<5	<5	<5
Sultan	17	13	17	18	18	32	115
Woodinville ⁶	7	7	6	6	5	8	39
Woodway	--	<5	--	<5	<5	--	5

⁵ Include Indian tribes. ⁶ Snohomish County only. <5: Number of reported cases were less than 5. --: No reported cases.

Table B: Gonorrhea Reported Cases by Year, Snohomish County Cities, 2011-2016

Cities	Gonorrhea Count by Year						Grand Total
	2011	2012	2013	2014	2015	2016	
Arlington ⁵	6	5	7	17	19	35	89
Bothell ⁶	7	16	23	25	22	21	114
Brier	<5		<5	<5	<5	<5	8
Darrington ⁵	<5	<5	<5	<5	<5	<5	8
Edmonds	8	9	11	12	26	28	94
Everett	76	51	80	151	186	206	750
Gold Bar	--	--	--	--	<5	<5	<5
Granite Falls	<5	<5	<5	<5	13	6	27
Index	--	--	--	<5	--	--	<5
Lake Stevens	16	<5	16	19	27	36	117
Lynnwood	19	25	43	56	69	97	309
Marysville ⁵	13	19	29	46	48	75	230
Mill Creek	<5	<5	<5	10	12	10	39
Monroe	<5	3	8	12	13	8	46
Mountlake Terrace	<5	9	6	13	11	15	57
Mukilteo	<5	5	<5	5	11	11	38
Snohomish	10	5	10	17	23	18	83
Stanwood ⁵	<5	5	8	6	6	16	45
Sultan	<5	--	<5	<5	<5	6	13
Woodinville ⁶	--	<5	--	<5	--	<5	6

⁵ Include Indian tribes. ⁶ Snohomish County only. <5: Number of reported cases were less than 5. --: No reported cases.

Table C: Syphilis Reported Cases by Year, Snohomish County Cities, 2011-2016

Cities	Syphilis Count by Year						Grand Total
	2011	2012	2013	2014	2015	2016	
Arlington ⁵	<5	<5	<5	<5	<5	8	18
Bothell ⁶	5	<5	<5	9	<5	7	30
Brier	--	<5	--	--	--	--	<5
Edmonds	6	<5	<5	5	6	6	29
Everett	24	22	10	24	18	42	140
Granite Falls	<5	--	--	<5	--	<5	<5
Lake Stevens	<5	--	<5	<5	<5	3	8
Lynnwood	6	10	9	13	9	23	70
Marysville ⁵	<5	<5	<5	6	<5	<5	19
Mill Creek	<5	--	<5	<5	--	<5	8
Monroe	--	--	--	<5	--	<5	5
Mountlake Terrace	--	<5	--	<5	--	<5	5
Mukilteo	<5	<5	--	<5	<5	<5	9
Snohomish	--	<5	<5	<5	<5	5	15
Stanwood ⁵	<5	--	--	--	--	--	<5
Woodinville ⁶	<5	--	<5	--	--	--	<5

⁵ Include Indian tribes. ⁶ Snohomish County only. <5: Number of reported cases were less than 5. --: No reported cases.

3. List of EPT Participating Pharmacies in Snohomish County

Rite Aid

Lynnwood - #5194
7500 A 196th St SW
425-774-6669
Fax: 425-774-6371

Rite Aid

Everett - #5230
4920 A Evergreen Way
425-252-4109
Fax: 425-258-9445

Rite Aid

Mill Creek - #5181
16222 Bothell-Everett Hwy
425-741-8649
Fax: 425-741-3741

Rite Aid

Snohomish - #5249
205 Pine St
360-563-0223
Fax: 360-563-0418

Rite Aid

Arlington - #5235
17226 Smokey Point Blvd
360-657-4410
Fax: 360-657-4109

Rite Aid

Everett - #5231
10103 Evergreen Way
425-347-2180
Fax: 425-353-9037

Rite Aid

Lake Stevens - #5232
303 91st Ave NE #D-401
425-335-4513
Fax: 425-334-7814

Rite Aid

Stanwood - #5250
26817 88th Dr NW
360-629-9519
Fax: 360-629-4981

Rite Aid

Edmonds - #5183
22515 Highway 99
425-670-2667
Fax: 425-774-1998

Rite Aid

Marysville - #5243
251 Marysville Mall
360-659-0492
Fax: 360-658-0588

Rite Aid

Monroe - #5244
18906 State Route 2
360-794-0943
Fax: 360-794-4924

4. Directory of Sexually Transmitted Diseases (STD) Diagnostic and Treatment Facilities in Snohomish County as of January 2016

FACILITIES	CLINIC HOURS
Snohomish Health District – North Rucker Building 3020 Rucker Avenue, Suite 208 Everett, WA 98201 Phone: 425-339-5298 http://www.snohd.org/	No public STD clinic. Call for alternate sources.
Planned Parenthood of Western Washington 1509 32nd Street Everett, WA 98201 Toll Free: 1-800-769-0045	Clinic hours vary. Call for additional information.
Planned Parenthood of Western Washington 19505 76th Avenue West, Suite 200 Lynnwood, WA 98036 Toll Free: 1-800-769-0045	Clinic hours vary. Call for additional information.
Planned Parenthood of Western Washington 10210 State Avenue Marysville, WA 98270 Toll Free: 1-800-769-0045	Clinic hours vary. Call for additional information.
Community Health Center - Arlington Clinic 326 S Stillaguamish Avenue Arlington, WA 98223 Phone: 360-572-5400	8:00 a.m. - 5:30 p.m. Monday - Wednesday. 9:00 a.m. - 5:30 p.m. Thursday. 8:00 a.m. - 5:30 p.m. Friday.
Community Health Center - Edmonds Clinic 23320 Highway 99 Edmonds, WA 98026 Phone: 425-640-5500	8:00 a.m. - 7:00 p.m. Monday - Wednesday. 9:00 a.m. - 7:00 p.m. Thursday. 8:00 a.m. - 5:30 p.m. Friday & Saturday.
Community Health Center - Everett-North Clinic 1424 Broadway Everett, WA 98201 Phone: 425-789-2000	8:00 a.m. - 7:00 p.m. Monday - Wednesday 9:00 a.m. - 7:00 p.m. Thursday. 8:00 a.m. - 5:30 p.m. Friday & Saturday.
Community Health Center - Everett-South Clinic 1019 112th Street SW Everett, WA 98204 Phone: 425-551-6200	8:00 a.m. - 7:00 p.m. Monday - Wednesday. 9:00 a.m. - 7:00 p.m. Thursday. 8:00 a.m. - 5:30 p.m. Friday & Saturday.
Community Health Center - Lynnwood Clinic 4111 194th Street SW Lynnwood, WA 98036 Phone: 425-835-5200	9:00 a.m. - 6:00 p.m. Sunday. 8:00 a.m. - 7:00 p.m. Monday - Friday.
Immediate Clinic - Everett Urgent Care 607 SE Everett Mall Way, Suite 2 Everett, WA 98208 Phone: 425-265-7000	

<p>Lake Serene Clinic 3501 Shelby Road, Suite B Lynnwood, WA 98087 Phone: 425-742-9119</p>	<p>9:00 a.m. - 8:00 p.m. Monday - Friday. 9:00 a.m. - 5:00 p.m. Saturday & Sunday. 11:00 a.m. - 4:00 p.m. Holidays.</p>
<p>Providence Everett Healthcare Clinic 930 North Broadway Everett, WA 98201 Phone: 425-317-0300</p>	<p>8:30 a.m. - 5:00 p.m. Monday - Friday.</p>
<p>Sea Mar CHC – Everett Medical Clinic 1920 100th Street SE, Building B Everett, WA 98208 Phone: 425-312-0202</p>	<p>8:00 a.m. - 5:00 p.m. Monday, Tuesday, Wednesday, Friday. 8:00 a.m. - 9:00 p.m. Thursday.</p>
<p>Sea Mar CHC – Marysville Medical Clinic 9710 State Avenue Marysville, WA 98270 Phone: 360-653-1742</p>	<p>8:00 a.m. - 5:00 p.m. Monday - Saturday. 8:00 a.m. - 9:00 p.m. Tuesday (extended).</p>
<p>Sea Mar CHC – Monroe Medical Clinic 17707 West Main Street Monroe, WA 98272 Phone: 360-282-3885</p>	<p>8:00 a.m. - 5:00 p.m. Monday - Saturday.</p>