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Notifiable Conditions, Washington State 2019

When COVID-19 waves ebb, public health agencies resume more routine functions. Among those are providing standard reports such as the state's annual notifiable conditions summary.

Notifiable Conditions Reporting

Washington and other states compile reports that meet national case definitions for notifiable conditions. Summary surveillance data are provided to the Centers for Disease Control and Prevention. Typically the case totals are finalized in May of the following year and a final report prepared for the state over the summer and fall. Reporting at all levels has been delayed due to the COVID-19 response, resulting in the delayed summary for Washington's reported cases in 2019.

Washington State Department of Health (DOH) has just issued the annual report for notifiable conditions from 2019 (see link in Resources). Although delayed by the pandemic, the reported cases reflect the pre-COVID-19 environment; this is likely to change for the 2020 annual report.

2019 Annual Surveillance Report

As in prior years, the most commonly reported notifiable conditions were sexually transmitted infections. The highest numbers for other conditions are for enteric bacteria. Campylobacteriosis was again the most commonly reported enteric condition with the highest counts ever reported. The increase could reflect a true increase in cases or an increase in diagnoses due to greater use of culture independent diagnostic methods. Such methods may also explain the steady increase in reports of cryptosporidiosis, although no parallel increase was seen for cases of giardiasis. Higher than normal numbers were also reported for typhoid fever and yersiniosis.



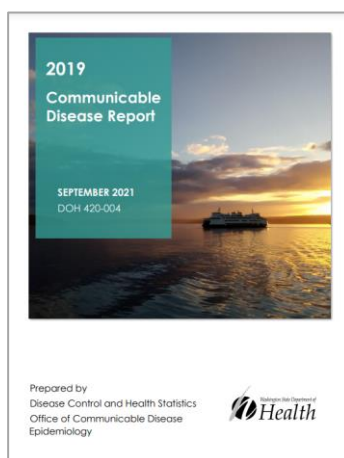
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Washington reported a total of 47 foodborne outbreaks in 2019 of which norovirus (including suspect and confirmed outbreaks due to norovirus) accounted for almost half. Leafy green vegetables were a common food vehicle involved in foodborne outbreaks, implicated in three of five *E. coli* O157 outbreaks. Raw oysters were responsible for several clusters of both norovirus and *Vibrio parahaemolyticus*. In addition, eight salmonellosis outbreaks were reported with various food vehicles.

In 2019, the number of reported measles cases was the highest since 1992 in both Washington (n=90) and the United States overall (n=1282). A large outbreak in Clark County occurring January through April resulted in 72 measles cases. A second outbreak beginning May with exposures at SeaTac International Airport involved 14 state residents, most from King County, but additional linked cases were identified in at least three other states. By the end of 2019, 4 more measles cases were reported. All had exposures outside the United States. In 2000 the World Health Organization (WHO) declared endemic transmission of measles in the United States had been eliminated. To maintain elimination status, WHO requires no chains of measles transmission lasting 12 months or longer. In 2019 an outbreak in New York City was declared over in just under 12 months.

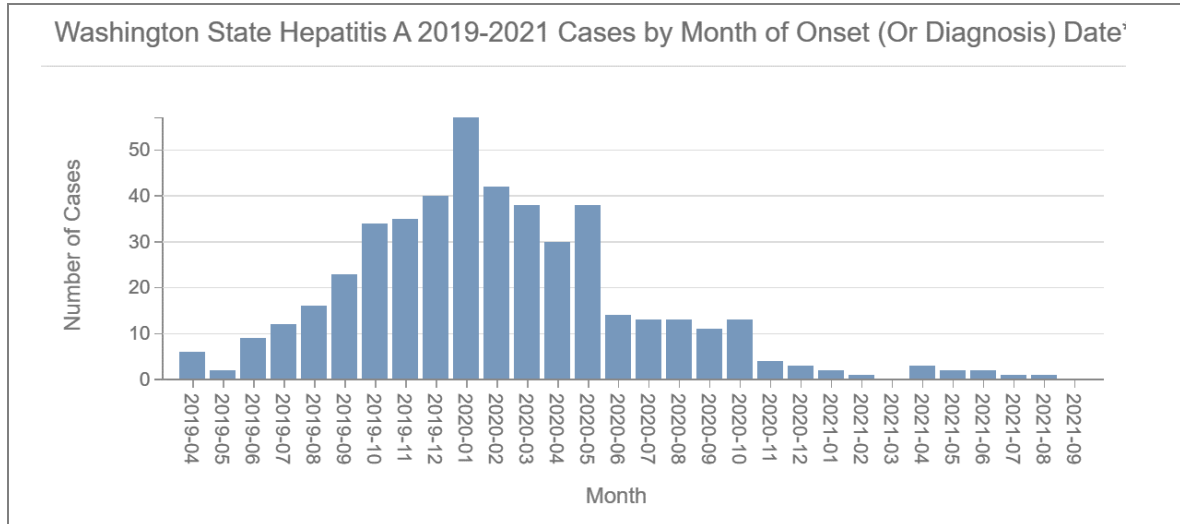
The state’s highest number of Lyme disease cases in a year were reported in 2019 (43 cases). Almost all cases of Lyme disease in Washington residents are the result of tick exposure out of state; endemic Lyme disease is not common for Washington residents. During 2019, 4 cases were exposed in Washington, 26 were exposed in other states, 5 were exposed in other countries, and 8 had unknown exposure location. Other rare tickborne diseases were also reported in 2019 (Table).

Rare Tickborne Disease Cases, 2019	
Tick-borne relapsing fever	4
Anaplasmosis	1
Spotted fever	1
Tick paralysis	2

Since 2012 DOH has tracked and investigated carbapenemase-producing members of the order Enterobacterales. Of carbapenem-resistant Enterobacterales submitted for testing, approximately 10% produce a carbapenemase, with the proportion varying by genus with CR-*Enterobacter* at approximately 4%, CR-*E. coli* 12% and CR-*Klebsiella* 20%. From 2012 through 2019, KPC was the most common carbapenemase identified. A healthcare facility outbreak of CR-*Enterobacter* with NDM carbapenemase began in 2019 and continued until 2021. Most carbapenemase cases occur in people with extensive healthcare exposures, with the greatest risk associated with exposures in high acuity healthcare facilities.

In 2019, 221 cases of active tuberculosis (TB) disease were reported, a 16.3% increase from the 190 TB cases reported in 2018. Approximately 200,000 Washington residents have inactive or latent TB infection. Each year upwards of 85% of TB disease cases diagnosed in Washington result from those with untreated inactive or latent infections. From 2015-2019, Washington residents born outside the United States accounted for 78.4% of all TB cases. Between three and eight cases of multidrug-resistant TB (MDR-TB) were reported annually in Washington over the last five years. TB is preventable, treatable, and curable, yet prior to the COVID-19 pandemic it was the deadliest of all infectious diseases worldwide. From 2015-2019, there were between five and ten TB-related deaths per year in Washington.

April 2019 was the start of an outbreak of hepatitis A in the state that would persist over two years through the summer of 2021 (Figure). Before the hepatitis A outbreak ended it would eventually involve a total of 463 cases and 9 deaths. The state’s outbreak has recently been declared over ([Hepatitis A Outbreak :: Washington State Department of Health](#)).



It is difficult to predict the impact of the pandemic on notifiable conditions reporting. Social distancing including closures of schools, entertainment venues, and restaurants may have reduced exposures to foodborne and respiratory agents. On the other hand, the healthcare system may have had less capacity to evaluate and test non-COVID-19 illnesses, and public health agencies had limited capacity for case investigations. These factors may be reflected in notifiable conditions report for 2020 which is planned for release in the next six months.

An update to notifiable conditions initially scheduled for 2022 has been delayed until January 1, 2023. In the interim, reporting is encouraged for all *Borrelia* and *Yersinia* species, all rickettsioses, emerging healthcare-associated organisms such as *Candida auris*, and unusual conditions such as anaplasmosis, baylisascariasis, Chagas disease, cysticercosis, echinococcosis, ehrlichiosis, and histoplasmosis. Cases likely exposed in Washington are of particular interest. Please contact Office of Communicable Disease Epidemiology (206-418-5500) with any questions.

Resources

Washington State Department of Health 2019 annual report:

<https://www.doh.wa.gov/Portals/1/Documents/5100/420-004-CDAnnualReport2019.pdf>

Hepatitis A outbreak in Washington:

<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Hepatitis/HepatitisA/HepatitisAOutbreak>

National surveillance data:

<https://www.cdc.gov/nndss/data-statistics/infectious-tables/index.html>

National surveillance case definitions:

<https://ndc.services.cdc.gov/>