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epiTRENDS

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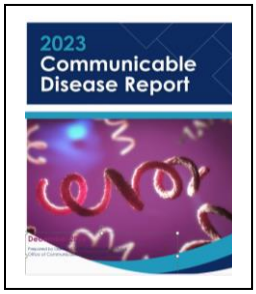
Communicable Disease Annual Report

The Washington State Department of Health Communicable Disease Report for 2023 has been posted. It reflects the work of the state's local heath jurisdictions and tribal partners who conduct case investigations for communicable diseases.

Disease Reports



Surveillance data can only include cases that had appropriate clinical and laboratory assessment and that were reported to a public health agency. Reported numbers do not represent all cases.

Yearly case counts for COVID-19 were the lowest since the pandemic began, with 148,632 cases and 1,641 deaths reported in Washington. Testing patterns have changed over time, impacting case reporting trends.

While rates of reported chlamydia and gonorrhea infections continue to decrease from recent highs in 2019, reported cases of primary and secondary syphilis doubled, with a notable increase in heterosexual transmission. Overall, rates of new infections with HIV remained stable; however, there has been an increase in heterosexual transmission over the past few years. The rate of persons living with HIV disease increased, reflecting continued improvements in survival.

Among enteric notifiable conditions, case counts dipped during 2020-2021 for most conditions, possibly reflecting lower infection rates or lower use of healthcare facilities related to COVID-19 responses. Some increases since 2015 for enteric conditions are due to higher use of culture-independent diagnostic testing (CIDT), such as multiplex enteric PCR platform testing. In 2023, campylobacteriosis maintained a high rate of infection, with 2,194 cases reported. Shigellosis has increased since 2022 as a result of multiple person-to-person outbreak among people experiencing homelessness, more than doubling in rate with 1,038 cases identified (figure follows).

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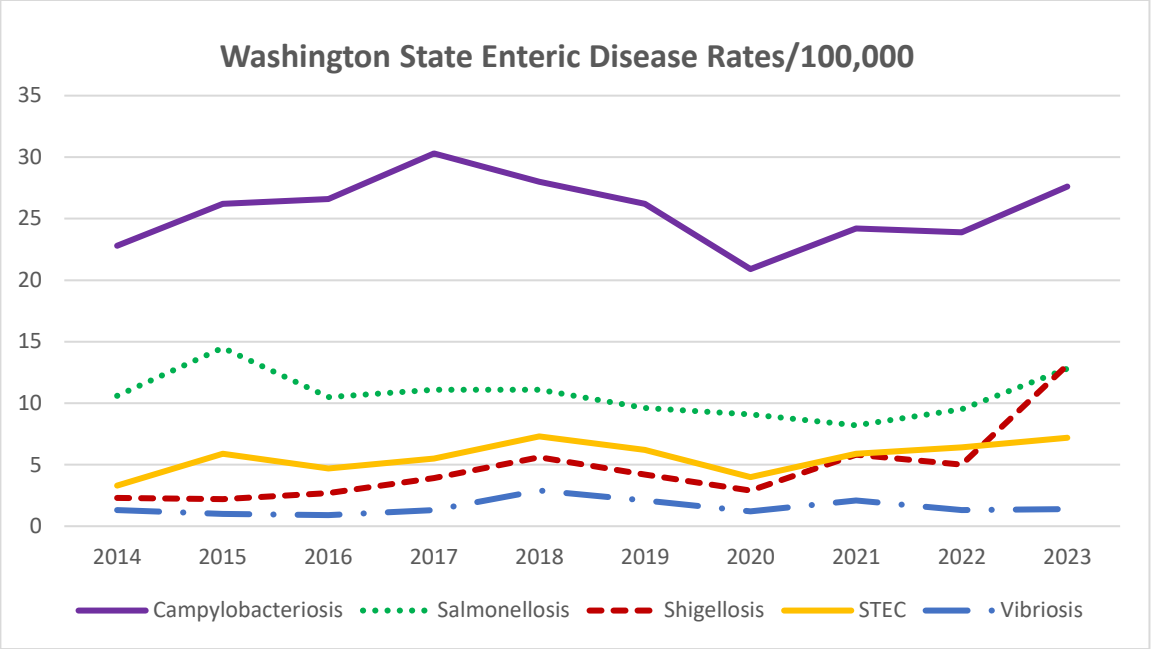

Over five months in 2023, six state residents developed severe listeriosis with three deaths; all cases were immunocompromised. Cases linked to milkshakes from a specific restaurant. The outbreak *Listeria monocytogenes* strain was found in finished milkshakes and the milkshake machine, which likely had inadequate cleaning and contamination of internal mechanisms.

Washington had cases connected to nine multistate foodborne outbreaks in 2023. These included six cases of *Salmonella* Enteritidis associated with raw cookie dough, six *S.* Enteritidis infections linked to chicken/eggs, two Shiga toxin-producing *E. coli* O118/O151 cases associated with avocados, four cases of *S.* Sundsvall linked to cantaloupe, and four *S.* Thompson infections associated with pre-diced onions.

Candida auris (*C. auris*) is a fungal pathogen that recently emerged on several continents. It can cause invasive infections if the organism enters a body, such as by long-term indwelling medical devices or chronic wounds. Cases of *C. auris* infection and colonization were first identified in Washington during 2023 with a total of six cases reported but only one likely acquired in the state.

Legionellosis reached the highest rate ever reported in Washington, over a 50% increase above the previous high. National legionellosis reporting has also increased, which may reflect improved awareness, changes in testing practices, and effects of the COVID pandemic.

Twelve cases of measles were reported, nine associated with an outbreak in southwest counties. During 2020-2023 rates of mumps, invasive meningococcal disease, and pertussis remained low, half or less of rates in the prior decade. Spoiler alert – pertussis cases increased markedly in 2024.

Bats were the only animals testing positive for rabies in Washington during 2023, with 7% of bats testing positive. Annually about 5% of tested (not free-living) bats are usually positive in the state.

Unusual cases with exposure in Washington included anaplasmosis (1 case), baylisascariasis (1 case), coccidioidomycosis (2 cases), hantavirus (2 cases), and leptospirosis (2 cases). In addition, the first locally-acquired case of St. Louis encephalitis in more than 50 years was reported and a case of babesiosis was associated with receiving blood from and out-of-state donor.

Updated Case Definitions for 2025

Certain case definition are updated for reporting cases with years of onset in 2025. For counties in Washington, electronic data entry reporting through WDRS will retain fields for the 2024 case definitions until the February data closeout for the year. Department of Health surveillance guidelines with updated case definitions for 2025 will also be posted at that time.

Anthrax: The 2018 case definition is expanded to include all toxin-producing *Bacillus* species, and the clinical description is expanded to include welder's anthrax.

Babesiosis: The 2011 case definition updates have changes in diagnostic testing practices, add a timeframe for serologic or molecular tests (collect within 60 days of onset), and remove epi-linkages. Single IgG titers for *Babesia divergens* or *B. duncani* move from presumptive to supportive evidence.

Brucellosis: The 2010 case definition is updated to define brucellosis-causing *Brucella* species and differentiate them from non-brucellosis-causing species (includes former *Ochrobactrum* spp.) Clinical, laboratory, and epidemiologic criteria are modified, a Suspect case classification is added, and ELISA IgG is now supportive laboratory evidence; note that a positive IgG alone is not currently notifiable in Washington but reporting of this result is encouraged.

Leptospirosis: The case definition from 2013 is updated to simplify the clinical criteria.

Rubella: There is specification that IgM testing must have been done because of suspected acquired rubella and not as routine screening; addition of positive IgM paired with low IgG avidity as confirmatory evidence; classification as Confirmed for a person giving birth to an infant with confirmed congenital rubella; and classification as Probable for a positive IgM paired with clinical evidence and lack of presumptive evidence of immunity. The Suspect case definition is removed.

SARS-CoV-2 infection (COVID-19): The case definition is updated to include positive diagnostic molecular tests without amplification performed by a CLIA-certified provider as confirming and detection of SARS-CoV-2 specific antigen by diagnostic immunocytochemistry staining by a CLIA-certified provider also as confirming. COVID-19 cases are no longer nationally notifiable, but currently remain notifiable in Washington.

Viral hemorrhagic fever: The case definition expands clinical, laboratory, and epi-linkage criteria, and adds the condition Rift Valley fever as nationally notifiable.

Additions: There is a standardized surveillance definition for hepatitis D infection and the first nationally standardized surveillance case definition Chagas disease which includes acute, congenital, and chronic forms.

Resources

Washington State Department of Health Communicable Disease Report: https://doh.wa.gov/sites/default/files/2024-12/420-004-CDAnnualReport2023.pdf

National case definitions: https://ndc.services.cdc.gov/

Pertussis weekly report: https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-254-PertussisUpdate.pdf

Welder's anthrax: https://blogs.cdc.gov/niosh-science-blog/2022/04/21/welders-anthrax/