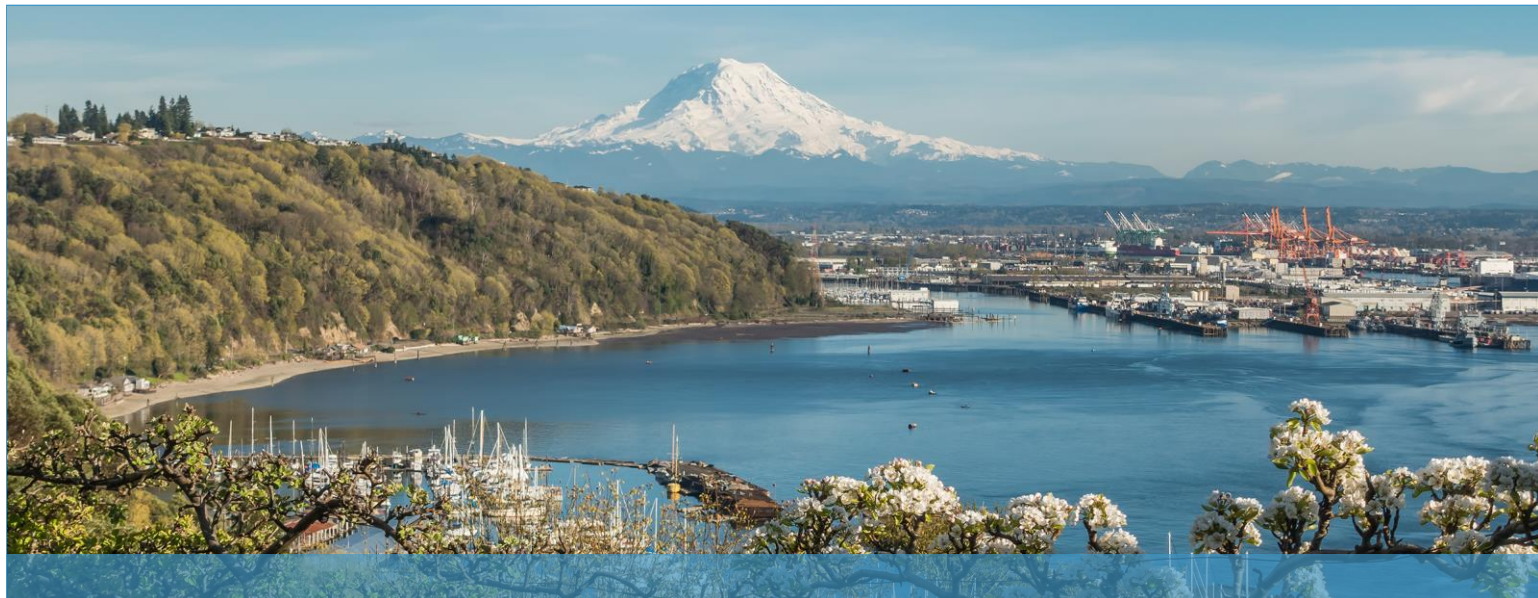




# Communicable Disease Data Report

Pierce County, Washington  
2013-2017

May 2018  
Tacoma-Pierce County Health Department



# Introduction

To help control communicable disease, Pierce County healthcare providers and laboratories report notifiable conditions and clusters of disease to Tacoma-Pierce County Health Department. This reporting is essential to early follow up, disease control interventions and rapid detection of outbreaks.

Collected data are:

- Analyzed to determine disease rates, trends and geographic clustering.
- Used to develop prevention programs and policies and refine outbreak investigation.

We publish this Communicable Disease Data Report annually to ensure healthcare providers and laboratories have access to Pierce County disease data summaries to inform their practice.

The total number of cases and incidence per 100,000 population are included in this summary. Incidence is not calculated if fewer than five cases were reported. Pierce County data for 2017 are preliminary and some Washington data for 2017 are unavailable.

If you have questions or feedback about this publication, contact Denise Stinson, Epidemiology Program Manager, at (253) 798-7671 or [dstinson@tpchd.org](mailto:dstinson@tpchd.org).

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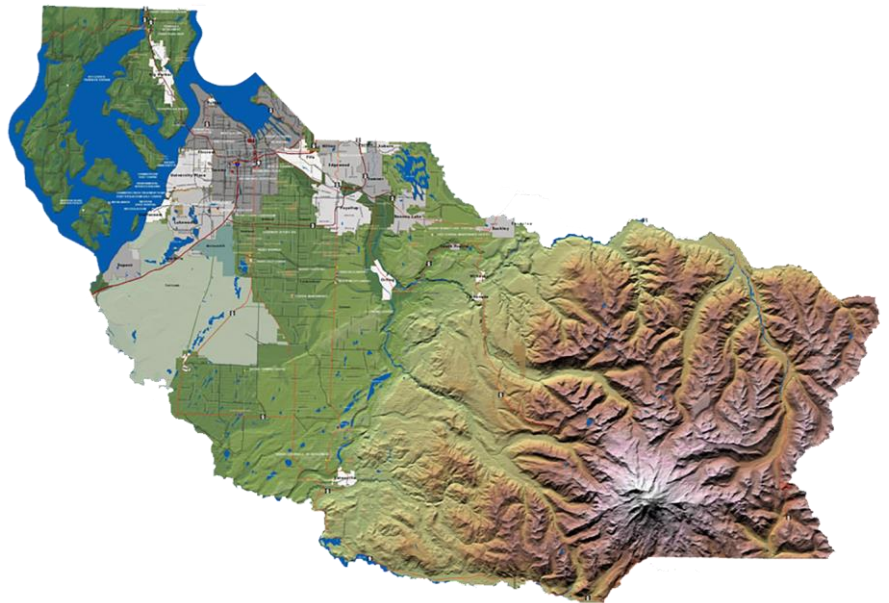
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# Enteric Diseases

Enteric pathogens spread through contaminated food or water or infected feces. We monitor these infections to detect outbreaks and prevent transmission in households and communities.

## Campylobacteriosis

In Pierce County, campylobacteriosis is the most frequently reported enteric bacterial illness. Risk factors include handling or consuming poultry, raw milk or untreated water and contact with animals.

Pierce County campylobacteriosis case rates have increased from 16.5 per 100,000 population in 2011 to 30.1 per 100,000 population in 2015. This increase is considered due to local laboratories transitioning from culture testing to molecular and antigen testing. *Campylobacter* is difficult to isolate using culture and newer tests are much more likely to identify positive specimens.

Our investigations have found that people with positive antigen or molecular tests report a wide variety of symptoms, from chronic gastrointestinal complaints to the acute onset diarrhea, vomiting and fever that is expected with campylobacteriosis. Stool testing for bacterial pathogens should only be done if acute infectious gastroenteritis is suspected.

## Salmonellosis

*Salmonella* infections are usually due to consuming contaminated food or contact with animals. *Salmonella* infection associated with live animal contact is most frequently associated with contact with chickens or reptiles. Parents should be warned reptiles and many exotic pets carry *Salmonella*.

## Shiga Toxin-Producing *E. coli*

Shiga toxin-producing *E. coli* (STEC) should be suspected in patients with bloody diarrhea. Testing for shiga toxin will identify infections caused by non-O157 *E. coli*, which tend to be less severe than those caused by *E. coli* O157:H7. Of the 24 STEC infections reported in 2017, seven were from *E. coli* O157 subtypes.

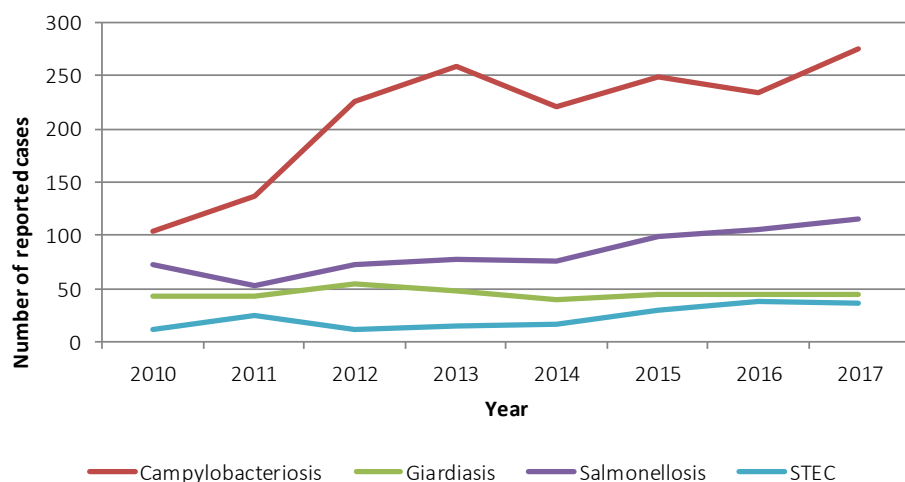
## Enteric Diseases and Antibiotics

In healthy people, most *Campylobacter* and *Salmonella* infections are self-limiting and antibiotic treatment is not necessary.

A review of 2010 through 2014 Pierce County cases showed 44% of campylobacteriosis and 66% of salmonellosis cases received antibiotics. A review of 2015 through 2016 cases showed no improvement—68% of campylobacteriosis and 53% of salmonellosis cases received antibiotics.

Antibiotics should not be given for known or suspected STEC infection, as they increase the risk of hemolytic uremic syndrome and kidney damage.

## Enteric Disease Cases, Pierce County, 2010-2017



## Enteric Disease Statistics, 2013-2017

| <b><i>Campylobacter</i></b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|-----------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County               | Cases | 253         | 217         | 250         | 230         | 253          |
|                             | Rate† | 31.3        | 26.4        | 30.1        | 27.2        | 29.4         |
| Washington                  | Cases | 1,631       | 1,591       | 1,847       | 1,911       | --           |
|                             | Rate† | 23.7        | 22.8        | 26.2        | 26.6        | --           |

| <b><i>Cryptosporidia</i></b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|------------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County                | Cases | 24          | 18          | 24          | 14          | 19           |
|                              | Rate† | 2.9         | 2.2         | 2.9         | 1.7         | 2.2          |
| Washington                   | Cases | 84          | 75          | 113         | 131         | --           |
|                              | Rate† | 1.2         | 1.1         | 1.6         | 1.8         | --           |

| <b><i>Giardia</i></b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|-----------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County         | Cases | 46          | 41          | 42          | 41          | 47           |
|                       | Rate† | 5.7         | 5.0         | 5.1         | 4.9         | 5.5          |
| Washington            | Cases | 548         | 515         | 604         | 672         | --           |
|                       | Rate† | 8.0         | 7.4         | 8.6         | 9.4         | --           |

| <b><i>Salmonella (Non-Typhoid)</i></b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|----------------------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County                          | Cases | 74          | 77          | 95          | 101         | 116          |
|                                        | Rate† | 9.1         | 9.4         | 11.4        | 12.0        | 13.5         |
| Washington                             | Cases | 670         | 739         | 1,034       | 754         | --           |
|                                        | Rate† | 9.7         | 10.6        | 14.6        | 10.5        | --           |

| <b>Shiga Toxin-Producing <i>E. Coli</i></b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|---------------------------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County                               | Cases | 14          | 16          | 26          | 33          | 25           |
|                                             | Rate† | 1.7         | 1.9         | 3.1         | 3.9         | 2.9          |
| Washington                                  | Cases | 330         | 299         | 419         | 340         | --           |
|                                             | Rate† | 4.8         | 4.3         | 5.9         | 4.7         | --           |

| <b><i>Shigella</i></b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County          | Cases | 4           | 6           | 14          | 9           | 23           |
|                        | Rate† | nc          | 0.7         | 1.7         | 1.1         | 2.7          |
| Washington             | Cases | 122         | 157         | 152         | 191         | --           |
|                        | Rate† | 1.8         | 2.3         | 2.2         | 2.7         | --           |

| <b>Vibriosis</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County    | Cases | 11          | 10          | 10          | 2           | 6            |
|                  | Rate† | 1.4         | 1.2         | 1.2         | nc          | 0.7          |
| Washington       | Cases | 90          | 92          | 68          | 63          | --           |
|                  | Rate† | 1.3         | 1.3         | 1.0         | 0.9         | --           |

\* Preliminary    † Per 100,000 population    -- Data unavailable    **nc** Not calculated

Source: Communicable Disease Report 2016, Washington State Department of Health.

# Vaccine-Preventable Diseases

## Pertussis

In 2017, Pierce County had 35.6% more pertussis cases than in 2016. This is due, in part, to an outbreak among unvaccinated children (25 cases) and a significant school outbreak (16 cases). In 2017, 23% of pertussis cases were unvaccinated or under-vaccinated.

Infants younger than three months are at the highest risk for severe pertussis. Protecting them is a public health priority. Tetanus, diphtheria, pertussis (Tdap) vaccination is recommended for pregnant women during every pregnancy between 27 and 36 weeks gestation. Antibodies passed from mother to fetus may protect young infants in the first weeks of life.

## Invasive Meningococcal Disease

Three cases of invasive meningococcal disease were reported in Pierce County in 2017. One case was serogroup B, one was serogroup C and one was diagnosed by polymerase chain reaction (PCR) and not serotyped, as no culture grew.

Routine immunization with meningococcal conjugate vaccine is given at age 11 or 12. A second dose is given at or after age 16, and protects against serogroups A, C, Y and W-135. There is no Centers for Disease Control and Prevention (CDC) recommendation for routine immunization for healthy adolescents for serogroup B. Vaccine is available, however, and can be given at age 16 through 23 for short-term protection against most strains of serogroup B.

Invasive meningococcal disease must be immediately reported to the Health Department. Household and childcare contacts will need antibiotic prophylaxis, coordinated by the Health Department. Healthcare personnel usually do not need prophylaxis, unless there is direct contact with secretions during mouth-to-mouth resuscitation or splatter to an unprotected face during intubation or suctioning.

## Measles

There were no cases of measles in Pierce County in 2017. The United States is considered free of measles. All cases that occur are imported into the United States from other countries.

## Rubella

Five cases of rubella have been reported in Washington since 2014, none in Pierce County.

## Mumps

In the United States, over 6,000 cases of mumps were reported in 2016 and over 5,000 were reported in 2017. Washington had a large mumps outbreak, October 2016 through September 2017, resulting in 891 cases. Sixty-two of those cases were in Pierce County.

Most mumps outbreaks are associated with crowded environments like schools or dorms, or close-contact activities like sports. Many different viruses can cause acute parotitis. A buccal swab for PCR is recommended to confirm mumps and can be done at the Washington State Public Health Laboratory.

Vaccine effectiveness has been estimated at a median of 78% (range 49% to 91%) for one dose and a median of 88% (range 66% to 95%) for two doses. Vaccine-induced immunity can wane over time. On Jan. 12, 2018, CDC issued recommendations that during outbreaks of mumps, a third dose of measles, mumps, rubella (MMR) vaccine should be given to people belonging to a group or population at increased risk (for example, college students in a dorm where an outbreak is occurring).

## Measles Outside the United States

Measles outbreaks frequently occur outside the United States. In 2017, more than 14,000 measles cases occurred in European Union countries. The most cases in Western Europe were reported in Italy (4,985) and Germany (937).

CDC recommends infants age six to 12 months who travel outside the United States receive a dose of measles, mumps, rubella (MMR) vaccine. The dose is not counted as a lifetime dose but can protect infants during travel.

## Vaccine-Preventable Disease Statistics, 2013-2017

| <b><i>Haemophilus influenzae</i></b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|--------------------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County                        | Cases | 2           | 0           | 0           | 1           | 3            |
|                                      | Rate† | nc          | nc          | nc          | nc          | nc           |
| Washington                           | Cases | 11          | 9           | 5           | 9           | --           |
|                                      | Rate† | 2.4         | 2.0         | 1.1         | 2.0         | --           |

| <b>Measles</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|----------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County  | Cases | 0           | 3           | 0           | 0           | 0            |
|                | Rate‡ | nc          | nc          | nc          | nc          | nc           |
| Washington     | Cases | 4           | 33          | 10          | --          | --           |
|                | Rate‡ | 0.1         | 0.5         | 0.1         | --          | --           |

| <b>Meningococcal Disease</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|------------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County                | Cases | 1           | 4           | 1           | 8           | 3            |
|                              | Rate‡ | nc          | nc          | nc          | 0.9         | nc           |
| Washington                   | Cases | 20          | 17          | 10          | 13          | --           |
|                              | Rate‡ | 0.3         | 0.2         | 0.1         | 0.2         | --           |

| <b>Mumps</b>  |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|---------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County | Cases | 2           | 0           | 0           | 15          | 47           |
|               | Rate‡ | nc          | nc          | nc          | 1.7         | 5.5          |
| Washington    | Cases | 2           | 9           | 7           | 152         | --           |
|               | Rate‡ | nc          | 0.1         | 0.1         | 2.1         | --           |

| <b>Pertussis</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County    | Cases | 116         | 86          | 157         | 87          | 118          |
|                  | Rate‡ | 14.2        | 10.5        | 18.9        | 10.3        | 13.7         |
| Washington       | Cases | 748         | 600         | 1,383       | 618         | --           |
|                  | Rate‡ | 10.9        | 8.6         | 19.6        | 8.6         | --           |

\* Preliminary    † Per 100,000 population age 0-4 years    ‡ Per 100,000 population

-- Data unavailable    nc Not calculated

Source: Communicable Disease Report 2016, Washington State Department of Health.

# Viral Hepatitis

## Hepatitis A

The number of hepatitis A cases in Pierce County each year has fallen to single digits following implementation of routine hepatitis A vaccination for children. Most cases are now related to travel to developing countries.

## Acute Hepatitis B

In 2017, four acute hepatitis B cases were reported in Pierce County. Acute hepatitis B frequently goes undiagnosed because it is often asymptomatic. Most acute cases in the United States are due to sexual transmission. Hepatitis B can also be transmitted by sharing injection equipment, needle sticks and from mother to infant during birth.

## Acute Hepatitis C

Acute hepatitis C is often asymptomatic and therefore difficult to detect. The Health Department investigated 26 cases in 2017. Most cases were people under age 35 who use injection drugs. Since the mid-2000s, incidence of acute hepatitis C in young people has increased significantly across the United States. The increase is attributed to prescription opioid abuse leading to increased injection drug use.

## Chronic Hepatitis B

Most newly reported chronic hepatitis B cases in Pierce County are immigrants from endemic countries. They most likely acquired the disease from perinatal or early childhood exposure. CDC recommends routine screening for hepatitis B surface antigen (HBsAg) for people from countries where the prevalence of chronic hepatitis B is 2% or greater. This includes most countries in Asia, Africa, the Middle East, the Pacific Islands and Eastern Europe.

Although positive HBsAg in pregnancy is reportable, CDC estimates up to 50% of cases are not reported. When we receive a report, we case-manage the infant to ensure post-exposure prophylaxis and serology at age nine to 12 months to determine immune status.

## Chronic Hepatitis C

Nationally, hepatitis C-related deaths have surpassed deaths from all other reportable infectious diseases *combined*. Hepatitis C is transmitted through infected blood, most commonly through injection drug use. Transfusion of infected blood products prior to 1990 is also a common exposure source.

Most people diagnosed with hepatitis C were born between 1945 and 1965. In 2012, CDC recommended one-time screening for people in this age group. Positive antibody screening tests should be confirmed by hepatitis C RNA. Finding hepatitis C in people unaware of their infection is important so they can seek care. New antiviral treatments have led to shorter treatment duration and cure rates higher than 90%. Being cured of hepatitis C can lead to improved health and increased life-expectancy.

Healthcare providers should ask about current or past injection drug use. Another important population to test for hepatitis C is pregnant women. CDC has not issued a recommendation to routinely test pregnant women for hepatitis C. However, levels of injection drug use have increased among women of childbearing age. Ideally, infants of mothers with hepatitis C should be tested for hepatitis C with RNA testing between two and six months of age. Maternal antibody will persist, and babies may remain antibody positive up to 18 months after birth.

## Hepatitis A Outbreaks Outside Washington

Hepatitis A outbreaks in California, Michigan and Utah, 2017 through Jan. 30, 2018, sickened 1,526 people. Seventy-two percent of cases were hospitalized and 43 people died. Most of the cases were homeless people or people who use injection or non-injection drugs, and their close contacts.

Hepatitis A immunization is recommended for homeless people and people who use drugs. Healthcare providers should be alert to acute hepatitis symptoms in these populations.

## Viral Hepatitis Statistics, 2013-2017

| <b>Hepatitis A</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|--------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County      | Cases | 1           | 4           | 0           | 2           | 1            |
|                    | Rate† | nc          | nc          | nc          | nc          | nc           |
| Washington         | Cases | 45          | 26          | 26          | 31          | --           |
|                    | Rate† | 0.7         | 0.4         | 0.4         | 0.4         | --           |

| <b>Acute Hepatitis B</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|--------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County            | Cases | 3           | 0           | 5           | 6           | 4            |
|                          | Rate† | nc          | nc          | 0.6         | 0.7         | nc           |
| Washington               | Cases | 34          | 44          | 34          | 45          | --           |
|                          | Rate† | 0.5         | 0.6         | 0.5         | 0.6         | --           |

| <b>Acute Hepatitis C</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|--------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County            | Cases | 7           | 16          | 22          | 31          | 26           |
|                          | Rate† | 0.9         | 1.9         | 2.7         | 3.7         | 3.0          |
| Washington               | Cases | 63          | 83          | 63          | 95          | --           |
|                          | Rate† | 0.9         | 1.2         | 0.9         | 1.3         | --           |

| <b>Chronic Hepatitis B</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|----------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County              | Cases | 24          | 93          | 119         | 168         | 186          |
|                            | Rate† | 2.9         | 11.3        | 14.3        | 19.9        | 21.6         |
| Washington                 | Cases | 901         | 1,119       | 1,310       | 1,512       | --           |
|                            | Rate† | 13.1        | 16.1        | 18.6        | 21.2        | --           |

| <b>Chronic Hepatitis C</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|----------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County              | Cases | 337         | 423         | 952         | 1,002       | 1,408        |
|                            | Rate† | 41.4        | 51.5        | 114.7       | 118.7       | 163.8        |
| Washington                 | Cases | 4,438       | 5,995       | 7,085       | 8,118       | --           |
|                            | Rate† | 64.5        | 86.0        | 100.3       | 113.0       | --           |

\* Preliminary    † Per 100,000 population    -- Data unavailable    **nc** Not calculated

Source: Communicable Disease Report 2016, Washington State Department of Health.

# Tuberculosis

In 2017, 18 cases of tuberculosis were confirmed in Pierce County residents. Of those, 13 (72%) were born outside the United States. Eight cases (44%) were Asian. The United States and Philippines were the most common countries of origin.

Fourteen cases (78%) had pulmonary tuberculosis. Extrapulmonary sites included lymphatic (axillary, cervical and intrathoracic), peritoneal, pleural and ocular.

Of the 13 culture-confirmed cases, 11 (85%) were sensitive to all first-line antitubercular drugs. One isolate was resistant to isoniazid and streptomycin and one isolate was monoresistant to streptomycin. One culture-negative case, confirmed by nucleic acid amplification testing (NAAT), was a contact to a multi-drug resistant (MDR) case and was treated with medications to which the source case was sensitive.

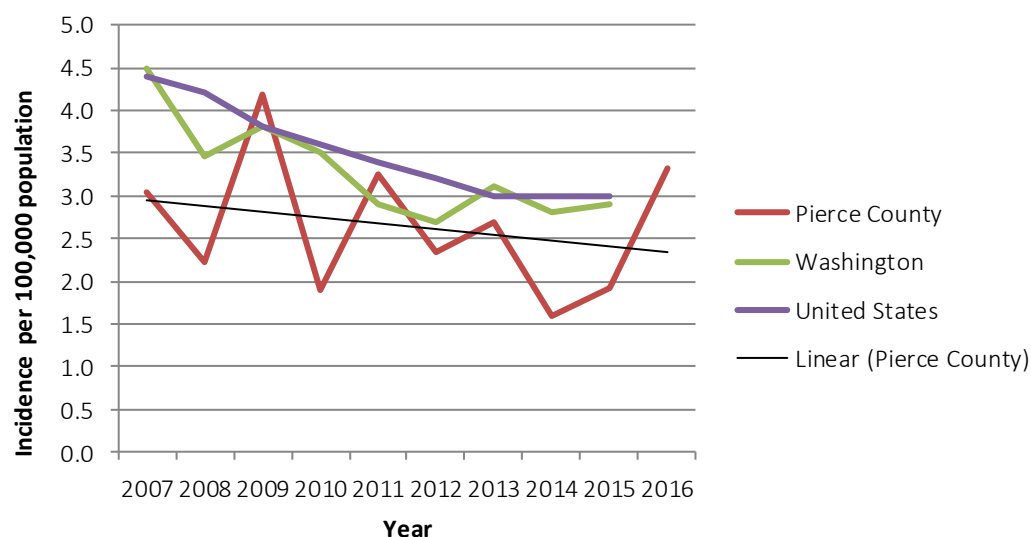
Beginning in 2006, Immigration and Customs Enforcement (ICE) detainees with tuberculosis were counted in Pierce County cases. Beginning January 2017, ICE detainees will no longer be counted as Pierce County cases. This will result in an apparent decrease in the number of cases and incidence of tuberculosis in Pierce County.

## Eliminating Tuberculosis in the United States

CDC defines elimination of tuberculosis in the United States as less than one case per million residents. Their strategic plan to eliminate tuberculosis in the United States is “accelerate the decline of tuberculosis through targeted testing and treatment of persons with latent tuberculosis infection.”

CDC’s comprehensive tuberculosis guidance for health care providers is available at [www.cdc.gov/tb/publications/litbi](http://www.cdc.gov/tb/publications/litbi).

## Tuberculosis Incidence, 2007-2016



## Tuberculosis Statistics, 2013-2017

| Tuberculosis  |       | 2013 | 2014 | 2015 | 2016 | 2017* |
|---------------|-------|------|------|------|------|-------|
| Pierce County | Cases | 22   | 13   | 16   | 28   | 18    |
|               | Rate† | 2.7  | 1.6  | 1.9  | 3.3  | 2.1   |
| Washington    | Cases | 210  | 193  | 207  | 205  | --    |
|               | Rate† | 3.1  | 2.8  | 2.9  | 2.9  | --    |

\* Preliminary    † Per 100,000 population    -- Data unavailable

Source: Communicable Disease Report 2016, Washington State Department of Health.

# Sexually Transmitted Diseases

## Chlamydia

Chlamydia continues to be the most commonly reported notifiable condition in Pierce County, Washington and the United States, and cases are increasing. In 2017, 5,435 cases were reported in Pierce County, a 9% increase from 2016. Most infections were among people age 15 to 24 and most were asymptomatic.

The Health Department recommends annual screening for all sexually active patients under age 25. We also recommend expedited partner treatment (EPT) for all exposed partners of heterosexual chlamydia cases. Free medication for partners is available from participating pharmacies through the EPT Program. A prescription fax form and list of participating pharmacies is available at [www.tpchd.org/stdfreemed](http://www.tpchd.org/stdfreemed).

## Gonorrhea

In 2017, Pierce County gonorrhea cases increased 48% from 2016. This is a disappointing rebound; 2016 cases decreased 12% from 2015. Washington gonorrhea cases increased 21% in 2017. Nationally, gonorrhea has been increasing since 2013. It is unclear what is driving the increase. It may be due in part to changes in screening practices and increased use of non-invasive urine and NAAT tests. Notably, from 2012 to 2016, Western United States cases increased 95.7%, the largest increase in any United States region.

## Syphilis

In 2017, infectious (primary and secondary) syphilis cases in Pierce County increased 7% from 2016. Infectious syphilis cases in Pierce County doubled from 2012 to 2016. Analogous increases are occurring in King and Snohomish Counties. Spokane County cases are up 40%. In Pierce County, men who have sex with men (MSM) accounted for 81% of infectious syphilis cases 2015 through 2016. In 2017, 16 (25%) of Pierce County infectious syphilis occurred in HIV-infected people.

Clusters of ocular syphilis were reported in the United States in 2014 and 2015. In 2017, five Pierce County cases had ocular manifestations. All patients diagnosed with syphilis who have ocular manifestations should immediately be treated for neurosyphilis and referred for ophthalmologic exam.

No congenital syphilis cases were reported in Pierce County in 2017. One congenital syphilis case was reported in Pierce County in both 2015 and 2016. Pregnant women at high risk for syphilis should be tested in the third trimester and again at the time of delivery, in addition to routine prenatal screening.

## HIV

In 2017, the preliminary number of new Pierce County HIV infections is 48. The number of new infections in the county has been stable for the past several years. Nationally, new HIV infections decreased 18% 2008 to 2015.

## Treating Gonorrhea

The recommended treatment for uncomplicated gonococcal infections of the genital tract, rectum and pharynx is a combination of ceftriaxone (250mg IM in a single dose) plus azithromycin (1g orally in a single dose). Someone presumptively diagnosed with gonorrhea should be treated at the time of their initial evaluation, before test results become available. MSM should be offered multi-site screening (urine, pharyngeal and rectal) for chlamydia and gonorrhea.

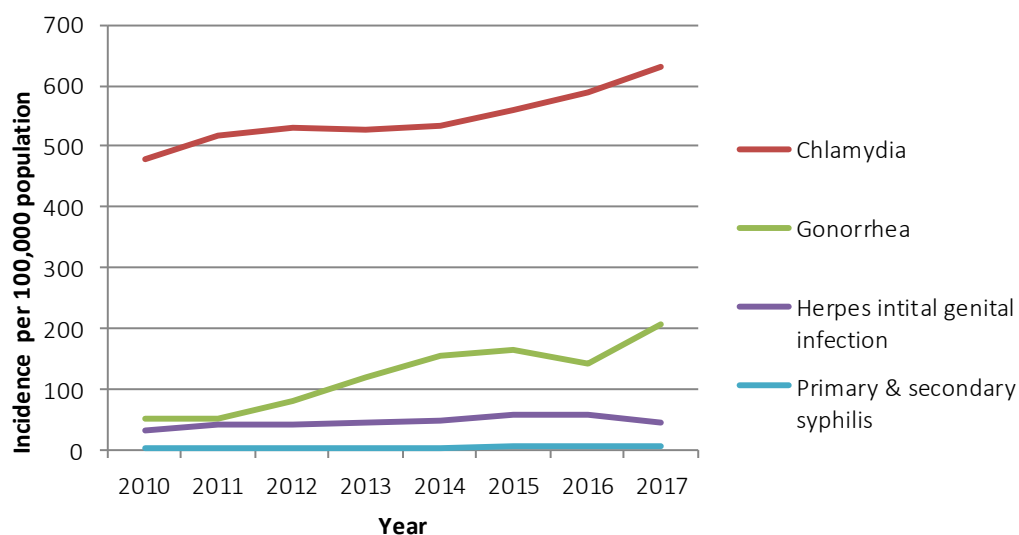
Antimicrobial resistance remains an important consideration in the treatment of gonorrhea. Dual therapy with ceftriaxone and azithromycin is now the only CDC-recommended treatment.

## Finding and Treating HIV

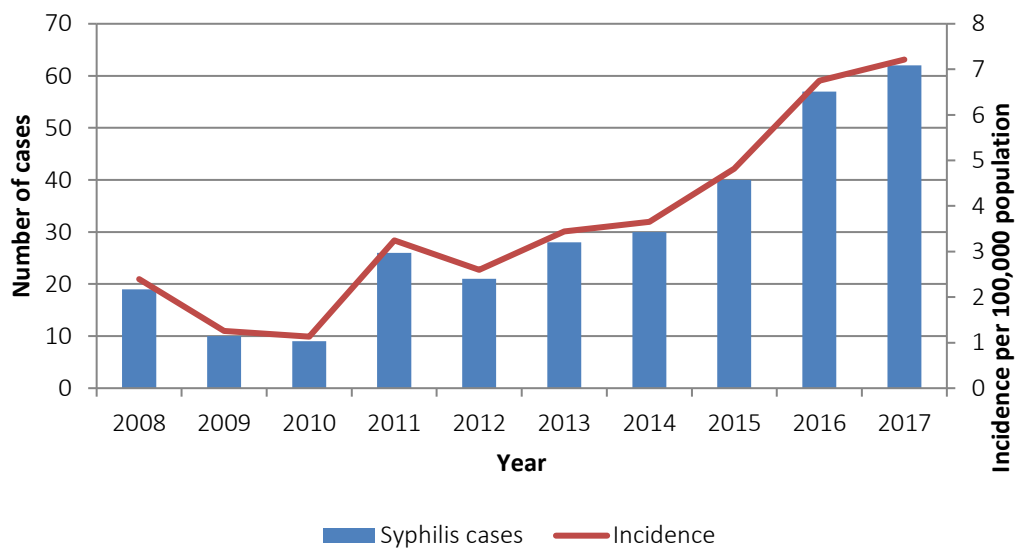
In Washington and Pierce County, about one-third of new HIV cases develop AIDS (acquired immune deficiency syndrome) within one year of HIV diagnosis. This means they are diagnosed late, resulting in missed opportunities for health care and prevention.

HIV transmission can be prevented by treating infected people to suppress the viral load and also offering pre-exposure prophylaxis (PrEP) to uninfected people at high risk.

## Sexually Transmitted Disease Incidence, Pierce County, 2010-2017



## Primary and Secondary Syphilis Cases, Pierce County, 2008-2017



## Sexually Transmitted Disease Statistics, 2013-2017

| <b>Chlamydia</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County    | Cases | 4,298       | 4,372       | 4,646       | 4,976       | 5,435        |
|                  | Rate† | 527.7       | 532.3       | 563.2       | 589.2       | 632.4        |
| Washington       | Cases | 25,013      | 26,246      | 28,721      | 31,193      | 32,027       |
|                  | Rate† | 363.4       | 376.7       | 410.0       | 434.2       | 438.1        |

| <b>Gonorrhea</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County    | Cases | 966         | 1,271       | 1,363       | 1,196       | 1,771        |
|                  | Rate† | 118.6       | 154.8       | 165.2       | 141.6       | 206.1        |
| Washington       | Cases | 4,390       | 6,136       | 7,203       | 8,165       | 9,898        |
|                  | Rate† | 63.8        | 88.1        | 102.8       | 113.7       | 135.4        |

| <b>Herpes (Genital, Initial Infection)</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|--------------------------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County                              | Cases | 364         | 400         | 474         | 474         | 377          |
|                                            | Rate† | 44.7        | 48.7        | 57.5        | 56.1        | 43.9         |
| Washington                                 | Cases | 2,207       | 2,082       | 2,524       | 2,548       | 2,051        |
|                                            | Rate† | 32.1        | 29.9        | 36.0        | 35.5        | 28.1         |

| <b>HIV (New Diagnosis)</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|----------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County              | Cases | 59          | 44          | 67          | 48          | 48           |
|                            | Rate† | 7.2         | 5.4         | 8.1         | 5.7         | 5.6          |
| Washington                 | Cases | 455         | 445         | 458         | 436         | --           |
|                            | Rate† | 6.6         | 6.4         | 6.5         | 6.1         | --           |

| <b>Syphilis (Primary &amp; Secondary)</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|-------------------------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County                             | Cases | 28          | 30          | 41          | 58          | 62           |
|                                           | Rate† | 3.4         | 3.7         | 5.0         | 6.9         | 7.2          |
| Washington                                | Cases | 285         | 337         | 452         | 566         | --           |
|                                           | Rate† | 4.1         | 4.8         | 6.5         | 7.9         | --           |

\* Preliminary    † Per 100,000 population    -- Data unavailable

Source: Communicable Disease Report 2016, Washington State Department of Health.

## Other Reportable Conditions

### Legionellosis

Eight cases of legionellosis were reported in Pierce County in 2017. Legionellosis, or Legionnaires' disease, is characterized by cough, shortness of breath, muscle aches, headache, fever and pneumonia. Pontiac fever is a milder influenza-like illness without pneumonia. Both are caused by inhalation of *Legionella* bacteria, found naturally in freshwater. The bacteria can proliferate in water systems like cooling towers, hot tubs, fountains and large plumbing systems.

Historically, legionellosis cases are rare. However, more cases are being identified due to increased awareness and testing of people with severe respiratory illness. People at increased risk include smokers, people with chronic respiratory disease, diabetics, people with compromised immune systems and people over age 50. Nationally, *Legionella* is the most frequent cause of outbreaks associated with drinking water.

Diagnosis is usually made by urine antigen. It is important to culture using selective media, as clinical isolates are helpful to characterize outbreaks and disease patterns. When investigating cases of legionellosis, we ask about travel or healthcare stays to identify potential outbreaks.

### Influenza

Seasonal influenza is not a nationally notifiable condition. Unsubtypable influenza virus (novel and variant) infections and pediatric influenza deaths are nationally notifiable. In Washington, all influenza deaths are notifiable.

In Pierce County, infection control practitioners at MultiCare and CHI Franciscan health systems report influenza hospitalization to the Health Department. We receive reports of influenza diagnostic tests from MultiCare, CHI Franciscan and several clinics.

We monitor syndromic surveillance for healthcare encounters for influenza-like illnesses. We are grateful to our partners in the community for providing high-quality data that allow us to characterize influenza activity in Pierce County.

### Receive Health Department Advisories and Updates

We issue health alerts and advisories about urgent or emerging health issues that providers need to know about. To receive these alerts and advisories by email, sign up at [www.tpchd.org/notify](http://www.tpchd.org/notify).

Each influenza season, you will also receive influenza-related guidelines and advisories and weekly updates of Pierce County influenza activity.

## Other Reportable Condition Statistics, 2013-2017

| <b>Coccidioidomycosis</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|---------------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County             | Cases | 4           | 3           | 1           | 1           | 10           |
| Washington                | Cases | 10          | 14          | 25          | 40          | --           |

| <b>Legionellosis</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|----------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County        | Cases | 2           | 3           | 7           | 5           | 8            |
| Washington           | Cases | 52          | 63          | 58          | 72          | --           |

| <b>Listeriosis</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|--------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County      | Cases | 3           | 4           | 3           | 1           | 1            |
| Washington         | Cases | 21          | 24          | 21          | 14          | --           |

| <b>Lyme Disease</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|---------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County       | Cases | 2           | 0           | 2           | 6           | 3            |
| Washington          | Cases | 19          | 15          | 24          | 33          | --           |

| <b>Malaria</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|----------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County  | Cases | 3           | 4           | 3           | 6           | 2            |
| Washington     | Cases | 30          | 41          | 23          | 46          | --           |

| <b>Typhoid Fever</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|----------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County        | Cases | 0           | 1           | 0           | 1           | 1            |
| Washington           | Cases | 11          | 15          | 10          | 13          | --           |

| <b>Wound Botulism</b> |       | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017*</b> |
|-----------------------|-------|-------------|-------------|-------------|-------------|--------------|
| Pierce County         | Cases | 2           | 0           | 0           | 0           | 0            |
| Washington            | Cases | 4           | 0           | 2           | 1           | --           |

\* Preliminary -- Data unavailable

Source: Communicable Disease Report 2016, Washington State Department of Health.



Tacoma-Pierce County

# Health Department

*Healthy People in Healthy Communities*

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