

2011-2015

For Healthcare Providers

Communicable Diseases Report





Communicable Disease Epidemiology

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References

Spokane Regional Health District data,
Washington State Communicable Disease Report 2015
Washington State HIV/AIDS Epidemiology Report - 2nd Half 2015
Washington State Chronic Hepatitis B and Chronic Hepatitis C
Surveillance Report - April 2013
CDC STD Surveillance 2015
CDC Reported Tuberculosis in the U.S. 2015

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This report presents summary data about notifiable conditions reported to Spokane Regional Health District in 2015, with local, state, and national data for the last five-year period (2011-2015), as available and pertinent.

Public health officials use notifiable condition reporting to help protect the public's health by tracking communicable diseases and other conditions. Based on these reports, officials take protective steps, such as:

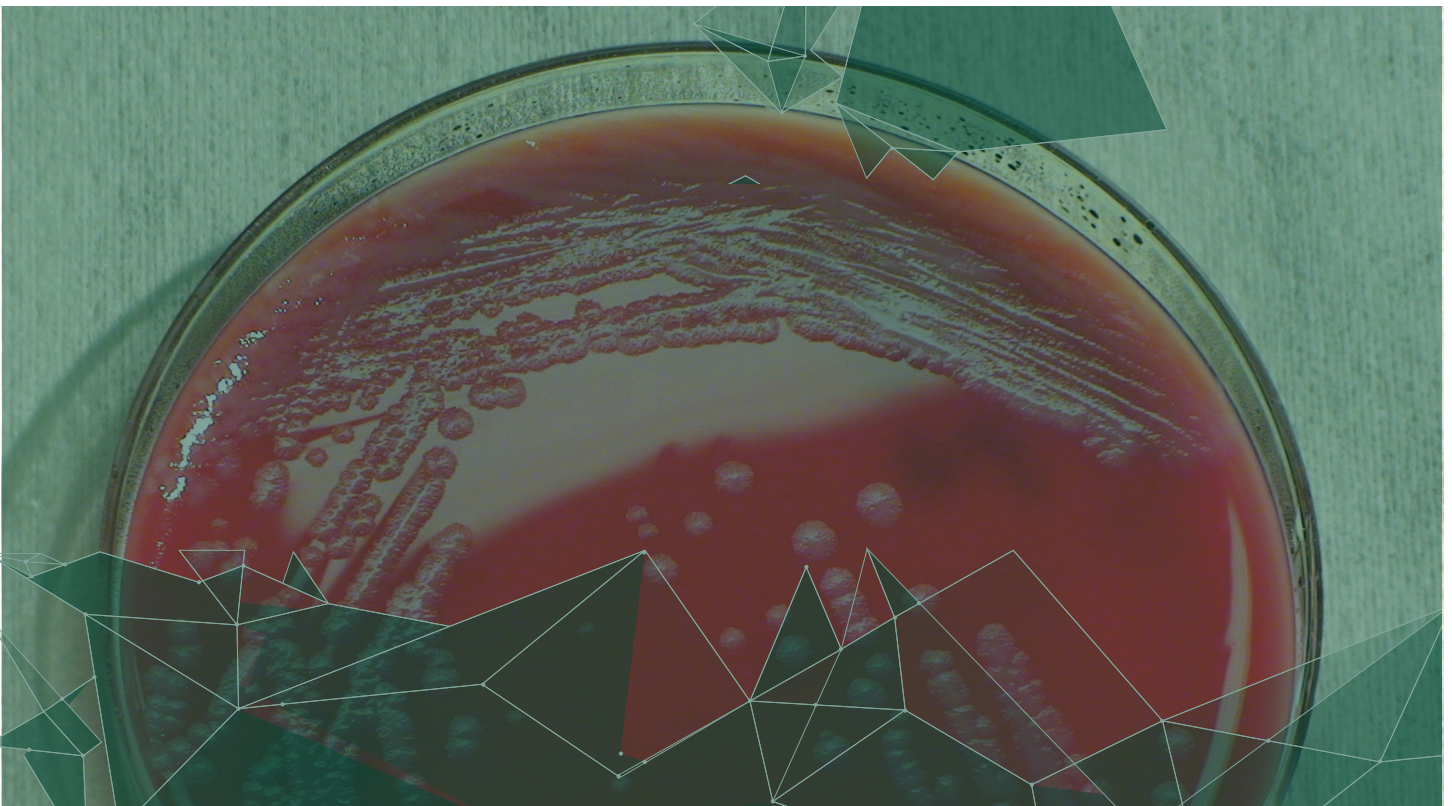
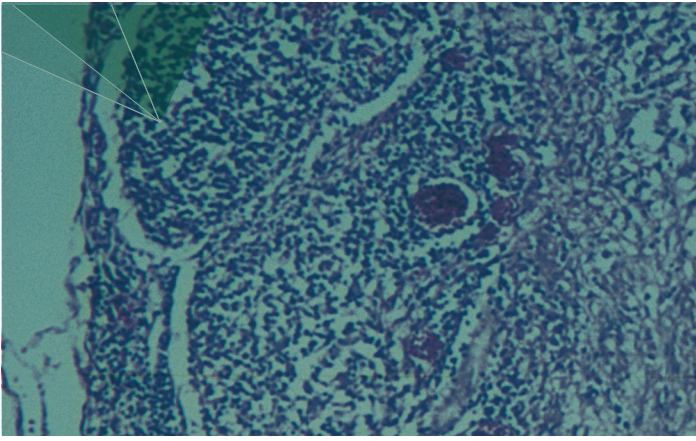
- verifying treatment of persons already ill
- securing preventive therapies for individuals who came into contact with infectious agents
- investigating and halting outbreaks
- removing harmful health exposures

Public health also uses investigation data to assess broader patterns such as historical trends and geographic clustering. By analyzing the broader picture, public health takes appropriate actions, including outbreak investigation, redirection of program

activities, and policy development.

Data are collected by Spokane Regional Health District (SRHD) and other local health departments from mandatory communicable disease reporting from healthcare providers, laboratories, healthcare facilities, and veterinarians, per Washington Administrative Code Chapters 246-100 and 246-101. SRHD epidemiologists develop this report annually each fall after Washington Department of Health (DOH) officials compile and release their communicable disease data. Depending on the condition, case patients may not be aware of being infected, are symptomatic but do not contact a healthcare provider, are not confirmed with appropriate tests, or are not reported after diagnosis. Thus, incidence rates for many conditions may be higher than what's included in this report.

Questions or comments about the report can be directed to SRHD Epidemiology at 509.324.1442. Reports from previous years are available at srhd.org.



Enteric Disease

Enteric (gastrointestinal) disease is most frequently caused by food- or water-borne pathogens. These illnesses are largely preventable through good hygiene, proper food handling, thorough cooking, and appropriate animal handling. Reportable enteric infections include shigellosis, salmonellosis, Shiga toxin-producing *Escherichia coli* (STEC), and giardiasis.

Campylobacter infection remained the most frequent cause of reported bacterial gastroenteritis in Spokane County, as was true in Washington State and the United States. Most cases were sporadic and outbreaks

involving multiple persons and person-to-person spread were uncommon.

As a matter of routine, most enteric infections are reported less often in Spokane County residents as compared to other state residents, but giardiasis was more commonly reported in the county. The rate of infection for giardiasis has increased since 2013, although the reason for this is unclear. While it did not increase the rate of STEC infections, Spokane County was at the epicenter of a STEC outbreak associated with an area sprout grower in 2014.

Although single cases of gastroenteritis are not reportable, health district officials monitor and provide guidance on control of outbreaks of gastroenteritis, particularly those associated with long-term care facilities due to the fragile health of many residents. In 2015, 27 such outbreaks were reported, affecting at least 400 individuals; several of the outbreaks were confirmed to be caused by norovirus, a condition that itself is not reportable in Washington State but is frequently implicated in outbreaks at long-term care centers.

ENTERIC DISEASE		2011		2012		2013		2014		2015	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Campylobacteriosis	Spokane County	54	11.5	70	14.7	42	8.8	57	11.8	84	17.2
	Washington	1,538	22.7	1,551 (3 deaths)	22.7	1,631 (4 deaths)	23.7	1,591	22.8	1,847 (2 deaths)	26.2
Cryptosporidiosis	Spokane County	1	*	3	*	4	*	2	*	5	1.0
	Washington	88	1.3	101	1.5	84	1.2	75	1.1	113	1.6
Shiga-toxin producing <i>E. coli</i>	Spokane County	14	3.0	13	2.7	19	4.0	16	3.3	17	3.5
	Washington	203	3.0	239	3.5	330 (3 deaths)	4.8	299 (2 deaths)	4.3	519 (1 death)	5.9
Giardiasis	Spokane County	31	6.6	39	8.2	24	5.0	47	9.7	60	12.3
	Washington	529	7.8	512	7.5	548	8.0	515	7.4	604	8.6
Listeriosis	Spokane County	1	*	1	*	1	*	2	*	0	0.0
	Washington	19 (2 deaths)	0.3	26 (5 deaths)	0.4	21 (1 death)	0.3	24 (8 deaths)	0.3	21 (3 deaths)	0.3
Salmonellosis	Spokane County	39	8.3	63	13.2	33	6.9	30	6.2	45	9.2
	Washington	589 (2 deaths)	8.7	842	12.4	670 (1 death)	9.7	739 (1 death)	10.6	1,034 (1 death)	14.6
Shigellosis	Spokane County	4	*	1	*	3	*	11	2.3	2	*
	Washington	104	1.5	133	2.0	122	1.8	157	2.3	152	2.2

*Incidence rates not calculated for <5 cases.

Vaccine-Preventable Disease

During 2011-2015, there were significant changes in rates for some diseases prevented by standard childhood immunizations, specifically measles and pertussis. There were no reported cases of mumps, rubella, tetanus, diphtheria nor invasive infection due to *Haemophilus influenzae** in Spokane County.

Measles was declared eliminated from the United States in 2000. Elimination had been maintained through high population immunity; however, this status was threatened in recent years with the introduction (typically from international travel) and spread of measles in unimmunized sub-populations. A large, multi-state measles outbreak related to a California amusement park started in late 2014 and spread to Washington State. Unrelated to this outbreak, in the spring of 2015, measles was confirmed in two unvaccinated adults in Spokane County, the first cases in the county in 19 years. Over 350 members of the public (non-healthcare workers) were known to have been exposed to the cases; including six infants who were too young to have been vaccinated and received immune globulin to prevent developing measles infection. The initial exposure source for the first case is unknown but was likely due to casual contact with an international traveler. The outbreak was contained at two cases.

Pertussis outbreaks can be cyclical, frequently occurring every three to five years. During the summer of 2012, a statewide pertussis outbreak occurred. More than 4,900 cases were reported resulting in an overall incidence of 72.1 cases per 100,000 Washington residents with a rate in infants, under the age of 12 months, of 428.0/100,000. The pertussis outbreak strained resources of health departments, schools, medical offices, and healthcare facilities throughout the state. The rate of pertussis returned to pre-outbreak levels until 2015, when increases in cases were reported throughout the state raising the rate above the epidemic threshold through most of the year.

Along with pertussis and hepatitis A and B (see next section), two other vaccine-preventable diseases occurred in Spokane County – meningococcal disease and influenza. In the United States, almost all cases of meningococcal disease are caused by serogroups B, C and Y, but up until fall 2014, the vaccine licensed in the United States only protected against serogroups A, C, Y and W-135. Two new meningococcal serogroup B vaccines became licensed by the Food and Drug Administration in fall 2014 and spring 2015 for use in certain populations. The highest incidence of meningococcal disease occurred among infants with a second peak occurring in late adolescence. Meningococcal disease has a high

case fatality rate; however, the overall trend statewide was a decreasing incidence of disease with the rate plummeting from 1.2/100,000 in 2000 to 0.1/100,000 in 2015.

Influenza is a serious annual threat to population health, yet flu vaccination rates of both the general population and those in the healthcare industry remain low, estimated to be in the 40% range most years. Only hospitalized cases of influenza are reportable in Spokane County. During the 2015-2016 flu season (September 2015 – August 2016), 225 Spokane County residents were hospitalized due to influenza (114 influenza A and 111 influenza B). The 2015-16 season was unusually high for influenza B compared to previous years. However, total influenza hospitalizations were approximately half the number compared to the previous season. The 2014-15 season was a particularly bad flu season due in part to the vaccine not being well matched to the most commonly circulating influenza A strain (H3N2). This strain historically causes more serious disease in those 65 years and older. More than 43% of those hospitalized in 2015-16 in Spokane County were age 65 or older and three of six deaths were in this age group.

* Invasive infections due to *H. influenzae* are only reportable in children under age 5.

VACCINE-PREVENTABLE DISEASE		2011		2012		2013		2014		2015	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
<i>H. influenzae</i> invasive disease ▲	Spokane County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Washington	8 (1 death)	1.8	4	0.9	11	2.4	9	2.0	5	1.1
Measles	Spokane County	0	0.0	0	0.0	0	0.0	0	0.0	2	*
	Washington	4	0.1	0	0.0	4	0.1	33	0.5	10 (1 death)	0.1
Meningococcal Disease	Spokane County	0	*	2	*	0	0.0	2	*	0	0.0
	Washington	22	0.3	24 (1 death)	0.4	20 (3 deaths)	0.3	17 (2 deaths)	0.2	10 (1 death)	0.1
Mumps	Spokane County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Washington	2	*	2	*	2	*	9	0.1	7	0.1
Pertussis	Spokane County	18	3.8	198	41.6	48	10.0	26	5.4	48	9.8
	Washington	962 (2 deaths)	14.2	4,916	72.1	748	10.9	601	8.6	1,383	19.6

▲ In persons aged <5 years old.

* Incidence rates not calculated for <5 cases.

Viral Hepatitis

Hepatitis A

Statewide, cases of hepatitis A were at epidemic levels in the late 1980s, peaking in 1989 with 3,273 cases (69.2/100,000). Since 2003, subsequent and ongoing vaccination efforts caused hepatitis A cases to drop to fewer than 70 cases a year. The number of hepatitis A cases has consistently been five or fewer per year in the last decade in Spokane County.

Hepatitis B

Statewide, cases of hepatitis B were also at epidemic levels in the late 1980s, peaking in 1987 with a rate of 24.9/100,000. Since 2002, subsequent and ongoing vaccination efforts reduced the incidence of hepatitis B to fewer than 100 cases a year. Typically, 12-31% of all hepatitis B cases reported are acute. Acute infection with hepatitis B leads to chronic disease in 5-10% of adults and in 90% of children born to infected mothers, if the infant is not prophylactically treated. The rate of acute hepatitis B infection in Spokane County fluctuates greatly from year to year and is usually higher than the state rate.

During 2005 to 2013, local health jurisdictions reported to DOH, 3,060 babies born to women chronically infected with hepatitis B. Ninety-eight percent of the babies received treatment within one day of birth. Only 20 infants receiving all recommended treatment and follow-up testing developed chronic hepatitis B infections. In 2015, among 318 infants born to women chronically infected with hepatitis B, only one perinatal infection was reported.

Hepatitis C

Reported cases of acute hepatitis C were elevated statewide during 1983-1995, with a peak case rate of 5.5/100,000 in 1994. The rate of acute hepatitis C in Spokane County is usually at least three times the state rate. The reason(s) for this are unclear, but may include better testing and reporting as well as more complete follow-up; as opposed to a higher incidence of disease.

Due to the often-unrecognized symptoms of hepatitis C infection, acute disease is infrequently diagnosed – typically less than 2% of reported cases are acute. Infection with hepatitis C leads to chronic illness in 75-85% of adults. Consistent with its capacity to progress to chronic disease, hepatitis C constituted the largest portion of hepatitis cases reported to SRHD, with a range of 545 to nearly 700 cases each year from 2011 through 2015.

Hepatitis C is the leading cause of cirrhosis and liver cancer in the United States. A recent Washington study of registered death certificates from 2000 through 2013 revealed that persons with hepatitis C listed as a cause of death died approximately 22.5 years earlier than those not infected with hepatitis C. Since 2010, there has been an average of 600 hepatitis C-related deaths annually in Washington. In Spokane County, 12-16 hepatitis C-related deaths were recorded each year during 2011-15.



VIRAL HEPATITIS		2011		2012		2013		2014		2015	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Hepatitis A	Spokane County	0		0		1		3		1	*
	Washington	31 (1 death)	0.5	29 (1 death)	0.4	45 (1 death)	0.7	26	0.4	26	0.4
Hepatitis B, Acute	Spokane County	1	*	4	*	13	2.7	13	2.7	8	1.6
	Washington	35	0.5	34 (1 death)	0.5	34 (1 death)	0.5	44	0.6	34	0.5
Hepatitis B, Chronic	Spokane County	59	12.5	57	12.0	56	11.7	56	11.6	65	13.3
	Washington	973 (55 deaths)	14.4	1,066 (49 deaths)	15.6	874 (60 deaths)	12.7	1,149 (58 deaths)	16.5	1,309 (48 deaths)	17.8
Hepatitis C, Acute	Spokane County	10	2.1	13	2.7	14	2.9	16	3.3	13	2.7
	Washington	41	0.6	54	0.8	63	0.9	83	1.2	63	0.9
Hepatitis C, Chronic	Spokane County	545	115.3	637	134.0	663	138.1	674	132.1	686	140.5
	Washington	4,776 (595 deaths)	70.6	4,668 (622 deaths)	68.5	4,552 (611 deaths)	66.1	6,593 (663 deaths)	94.6	6,918 (651 deaths)	98.0

*Incidence rates not calculated for <5 cases.

Vector-Borne Disease

Vector-borne diseases occur infrequently in Spokane County and in Washington State. Disease surveillance allows officials to examine changes in prevalence and geographic distribution. For example, since *Ixodes* ticks, the primary vectors for Lyme disease, have not been detected in Spokane County environs, Lyme disease diagnosed in the county is presumably acquired out of the area (primarily in the eastern or mid-western United States, or occasionally in western Washington). Statewide, 24 Lyme disease cases were reported in 2015. Nationally, approximately 95% of confirmed Lyme disease cases are reported from states in the Northeast, mid-Atlantic, and upper Midwest.

Tick-borne relapsing fever, carried by *Ornithodoros hermsii* ticks, occurs more frequently in eastern and central Washington and northern Idaho, than in western Washington. One of three cases reported statewide in 2015 occurred in a Spokane County resident.

West Nile Virus (WNV) disease was first detected in the United States in 1999 and the first human WNV infections acquired in Washington were reported in 2006. In 2009, Washington had its highest number of cases reported to date with 38

cases and two viremic blood donors. Of these cases, 36 were known to be endemically acquired in Washington. In 2015, 24 cases were reported in Washington, 22 with in-state exposure and two that were travel-associated. Spokane County had no WNV virus cases reported during 2011 through 2015.

In recent years, 10-20 cases of travel-associated dengue fever and typically less than five travel-associated Chikungunya cases were reported annually in Washington. In 2015, 19 cases of dengue fever and 40 cases of Chikungunya were reported, reflecting an explosion of Chikungunya in many tropical areas visited by Washington residents, particularly the Caribbean, and Central and South Americas. Additionally, one case of unspecified flavivirus was reported in 2015. A Zika virus outbreak in Brazil began in 2015 and quickly spread to many other countries in South and Central America, the Caribbean, and the South Pacific; however, no Zika virus cases were reported in Washington residents in 2015.

Hantavirus Pulmonary Syndrome, due to exposure to infected mice and their excreta, has never been diagnosed in a Spokane County resident. Cases were reported from surrounding

counties and Washington had the fifth largest number of cases (47) in the United States (since reporting began in the 1990s).

Legionellosis is caused by a ubiquitous organism and was named for those (Legionnaires) affected by an outbreak in 1976. Illness is more common among those who are over 50 years of age, smokers, diabetic, have chronic lung disease, or are immunosuppressed (particularly due to corticosteroids or organ transplant). Hot water systems (showers), air conditioning cooling towers, evaporative condensers, humidifiers, whirlpool spas, respiratory therapy devices, decorative fountains, and potting soil have been implicated epidemiologically in outbreaks. Since 2003 there was an overall increase in nationwide incidence of Legionellosis, though the reasons for this are unclear; increased testing may be a factor. In 2011, Spokane County had a small outbreak of Legionellosis related to the water system in a healthcare facility. Since then, the number of reported cases in Spokane fluctuated from three to seven.

VECTOR-BORNE DISEASES & LEGIONELLOSIS		2011		2012		2013		2014		2015	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Arboviral Disease ▲ (previously viral encephalitis)	Spokane County	0	0.0	1	*	0	0.0	1	*	1	*
	Washington	9	0.1	20	0.3	16	0.2	34	0.5	60	0.8
Hantavirus pulmonary syndrome	Spokane County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Washington	2 (1 death)	*	2 (2 deaths)	*	0	0.0	1	*	1	*
Lyme Disease	Spokane County	0	0.0	1	*	0	0.0	0	0.0	0	0.0
	Washington	19	0.3	15	0.2	19	0.3	15	0.2	24	0.3
Malaria (travel-related)	Spokane County	1	*	3	*	3	*	2	*	0	0.0
	Washington	24	0.4	26	0.4	30	0.4	41	0.6	23	0.3
Tick-borne relapsing fever	Spokane County	1	*	1	*	2	*	2	*	1	*
	Washington	11	0.2	6	0.1	4	0.1	7	0.1	3	*
West Nile Virus	Spokane County	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Washington	0	0.0	4	*	1	*	12	0.2	24	0.3
Legionellosis	Spokane County	5 (1 death)	1.1	6	30	3	*	7	1.4	6	1.2
	Washington	43 (4 deaths)	0.6	30 (5 deaths)	0.4	52 (5 deaths)	0.8	63 (8 deaths)	0.9	58 (2 deaths)	0.8

▲ Including yellow fever, WNV disease, dengue, chikungunya and Japanese encephalitis

* Incidence rates not calculated for <5 cases.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) continued to be the most commonly reported of all communicable diseases in Washington and accounted for more than three-quarters of all notifiable conditions reported to DOH in 2015. Cases of chlamydia, and primary and secondary (P & S) syphilis, increased in 2015 as compared to 2014; gonorrhea cases remained stable. The rate of initial adult genital herpes infection decreased slightly. Nationally, for the first time since 2006, the rates of chlamydia, gonorrhea, and primary and secondary (P & S) syphilis all increased in 2014. The worsening epidemic is a clear indication of the need for better diagnosis, treatment, and prevention of STDs.

Chlamydial Infection

Reports of *Chlamydia trachomatis* infection comprised the majority of all notifiable condition reports received in Spokane County. The 2015 rate was more than double the rate of cases reported in 1996, when the fewest cases in the last two decades were reported. The rate of chlamydial infection reported in Spokane County was higher than that reported for the state as a whole. Cases were most frequently reported in 20- to 24-year-old females.

In Washington State, chlamydial infection also continued to be the most commonly reported STD. The chlamydial infection incidence rate showed a steady rise from 1996 through 2004 and then was relatively stable for four years until 2008. Since then, an increase in incidence has been seen in each succeeding

year. The overall incidence rate for Washington State in 2015 was 410.0/100,000. Women 15 to 24 years of age have disproportionately higher rates than other age groups or males; this may be partially related to less frequent testing in men.

Nationwide in 2015, approximately 1.53 million cases of chlamydial infections were reported, corresponding to a rate of 478.8/100,000, surpassing the previously highest recorded rate of 456.1/100,000 in 2014. Reported cases of chlamydia constituted the largest number of cases for one condition ever reported to CDC.

Gonorrhea

In late 2013, DOH declared that Spokane County was experiencing an outbreak of gonorrhea (as compared to 2012 disease incidence); alarmingly, the rate continued to rise. Locally, the rate of reported gonorrhea cases in 2015 was more than triple the rate reported for 2012 (108.2 vs. 34.3/100,000) and approached the national incidence rate. Although some of the increase was probably due to increased screening and testing, more disease was likely circulating. Cases were most frequently detected in 25- to 29-year-old persons.

Statewide, the rate of cases increased in 2010 through 2012 with the 2014 rate 83% higher than the rate of cases reported in 2012. Still, Washington's gonorrhea rate (88.1/100,000) remained lower than the national incidence rate.

In 2009, the national rate of reported gonorrhea cases reached an historic low of 98.1/100,000. However, during 2009–2012, the rate increased slightly each year to 106.7/100,000 in 2012. After declining slightly in 2013 (primarily in women), almost 400,000 gonorrhea cases were reported and the national gonorrhea rate again increased to 123.9/100,000 in 2015.

Syphilis

Primary and secondary (P&S) syphilis are the infectious states of the disease and indicate likely acquisition of the illness in the preceding year. Rates of P&S syphilis were stable until sharp increases were observed in 2015. The county rate of P&S syphilis was consistently lower than the state rate.

Nationally, the case count and rate for P&S syphilis in 2015 was the highest recorded since 1994. The number of P&S syphilis cases reported to CDC increased from 19,999 in 2013 to 23,872 in 2015 (the rate in 2015 was 7.5/100,000 population). As in recent years, men who have sex with men accounted for most of the reported P&S syphilis cases in 2015.

In 2015, 487 cases of congenital syphilis were reported, a national rate of 12.4 cases per 100,000 live births. This rate represented a 6% increase relative to 2014 and a 36% increase relative to 2011. As has been observed historically, these increases paralleled increases in P&S syphilis among women. No cases of congenital syphilis were reported in Spokane County in 2015.

SEXUALLY TRANSMITTED DISEASES		2011		2012		2013		2014		2015	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Chlamydia	Spokane County	1,780	376.6	1,923	404.3	2,037	424.4	2,142	442.1	2,194	450.5
	Washington	23,237	343.3	24,600	360.8	25,013	363.4	26,246	376.7	28,721	410.0
Gonorrhea	Spokane County	158	33.4	181	34.3	329	68.5	530	109.4	527	108.2
	Washington	2,730	40.3	3,282	48.1	4,390	63.8	6,136	88.1	7,203	102.8
Herpes (initial infection)	Spokane County	185	39.1	134	28.2	132	27.5	201	41.5	186	38.0
	Washington	2,149	31.8	2,197	32.2	2,207	32.1	2,082	29.9	2,524	36.0
Syphilis (primary & secondary)	Spokane County	14	*	5	*	2	*	11	*	28	5.7
	Washington	329	4.9	300	4.4	285	4.1	337	4.8	452	6.5

* Incidence rates are not calculated for < 20 cases.

HIV/AIDS

Acquired immunodeficiency syndrome (AIDS) has been a reportable disease in Washington since 1982 and for many years the number of cases reported was used to estimate the incidence of human immunodeficiency virus (HIV). Over time, as treatment and longevity after diagnosis of HIV infection improved, HIV disease came to be regarded more often as a chronic infection. *Note: HIV incidence data does not include persons who have anonymously tested positive, but who have not yet entered into medical care. Once medical care is accessed, the case is reported and*

counted. Anonymous testing is no longer being conducted in Spokane County.

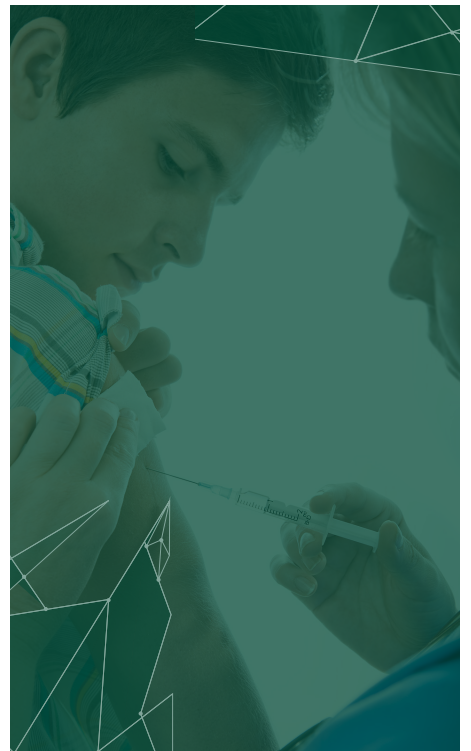
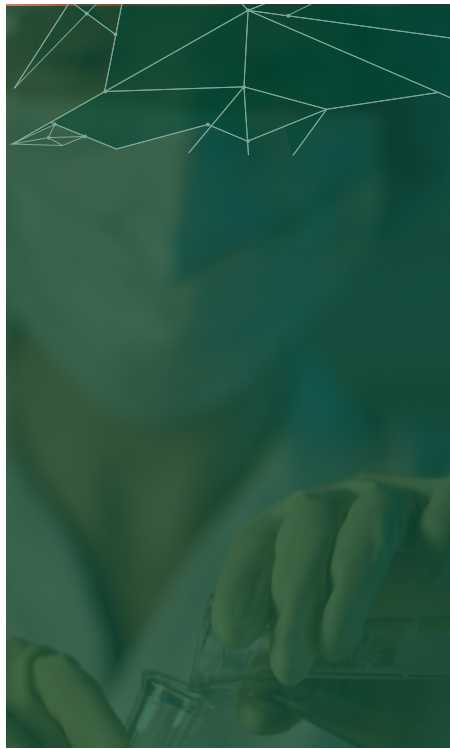
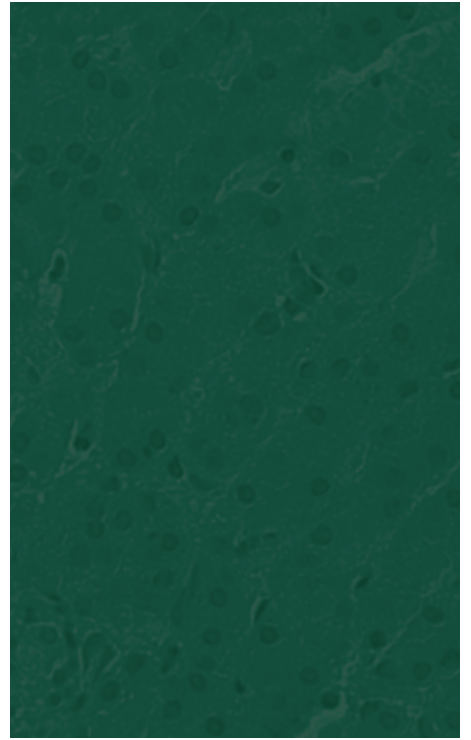
The number of new HIV cases in Washington decreased slightly, 470 cases per year, on average, during 2011-2015. In Spokane County, new incidence of disease fell sharply in 2014, for reasons that are not clear as testing numbers were stable. In 2015, 23 new cases of HIV were reported in the county.

As of December 31, 2015, 583 individuals in Spokane County were living with HIV, 58% of whom had a

diagnosis of AIDS. Statewide, more than 13,000 people were known to be living with HIV and 54% had a diagnosis of AIDS. Nationally, in 2014 (the most recent year for which data are available), about 25% of new cases was detected late in the course of illness (i.e., diagnosed simultaneously with AIDS), indicating they were likely infected for many years without knowing it. In Washington State, approximately 33% of new HIV diagnoses were late in the stage of illness during 2010-14, while in Spokane County, it was 41%.

HIV/AIDS		2011		2012		2013		2014		2015	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
HIV Disease	Spokane County	26	5.3	25	5.3	22	4.6	6	*	23	4.7
	Washington	495 (118 deaths)	7.3	513 (101 deaths)	7.5	467 (89 deaths)	6.8	447 (78 deaths)	6.4	446 (not available)	6.4

* Incidence rates for HIV are not calculated for 11 or fewer cases.



Tuberculosis

During 2011-2015, 29 active tuberculosis (TB) cases were identified and treated in Spokane County. In 2015 in Washington State, 208 TB cases were reported, which represented a 7% increase from the 195 cases counted in 2014. For this same period, officials from King, Snohomish, Pierce, and Yakima counties reported 10 or more TB cases - each accounted for 75% of the 208 cases counted in Washington. Of the specimens tested for drug susceptibility in 2015, 21 (12.5%) were resistant to one or more of the first-line treatment drugs. Four (2.4%) of the specimens were multi-drug resistant.

As in past years, foreign-born persons, as well as racial and ethnic minorities, were at greatest risk for TB. Program staff at DOH staff reported that, for Washington cases from 2012 through 2014, Asian communities accounted for 49.0% of all TB cases and men 65 years of age and older were at higher risk than any other age-gender group. In 2015, Washington residents born somewhere other than the United States or its territories accounted for 76.4% of all TB cases.

Per the CDC's *Reported Tuberculosis in the United States 2015* report, for the first time since 1992, the number of United States TB cases reported to the National Tuberculosis Surveillance

System increased over the previous year. In 2015, nationally, there were 9,557 TB cases reported to CDC, which represented a 1.6% increase from 2014. California, Texas, New York, and Florida accounted for 50.6% of the national case total.

TUBERCULOSIS		2011		2012		2013		2014		2015	
		Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Tuberculosis	Spokane County	8	1.7	7	1.5	7	1.5	5	1.0	2	*
	Washington	200 (8 deaths)	3.0	185 (10 deaths)	2.7	209	3.0	196 (3 deaths)	2.8	208 (4 deaths)	2.9

* Incidence rates for not calculated for <5 cases.



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