



Cowlitz County Health Department

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Cowlitz County Health Department Newsletter

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Cryptococcus gattii in the Pacific Northwest

Emergence of *C. gattii*

In 1999 *Cryptococcus gattii* emerged in the Pacific Northwest, on Vancouver Island, British Columbia (BC). By 2007, 218 human cases (19 deaths) were identified in the ensuing BC outbreak. Cases were subsequently identified on the BC mainland and in the United States, indicating the presence of *C. gattii* in other areas of the Pacific Northwest.

Since 2004, when cases were first recognized in the United States, 60 human cases (15 deaths). Most of the infected did not indicate travel to BC, indicating a locally acquired infection. **Since 2006, 14 human cases (3 deaths) have been reported in Washington. High case-fatality rates, particularly among US cases, likely reflect under-diagnosing and underreporting of *C. gattii* infections**, especially less severe cases. The emergence of *C. gattii* in the Pacific Northwest indicates adaptation to our environment and highlights the need for improved surveillance.

Transmission

Infection occurs through inhalation of cryptococcal spores. Studies in BC have isolated *C. gattii* spores in the environment. The disease is not transmitted between or within species.

Symptoms

Meningitis and pneumonia are predominant presentations. Symptoms are nonspecific and can include prolonged cough, headache, shortness of breath, nausea, chest pain, fever, weight loss, vomiting, and fatigue. The incubation period is estimated at a median of six to seven months, with a range of two to 13 months.

Diagnosis

***C. gattii* should be suspected with atypical pneumonia or fungal meningitis.** Infections may be diagnosed by microscopic examination or culture of tissue or body fluid. When *Cryptococcus* is identified in a respiratory specimen, do not assume that it is *Cryptococcus neoformans*; additional testing by culture on CGB agar is needed for speciation.

Surveillance and Investigation

Questions remain about characteristics of genotypes, the organism's ecologic niche, risk factors for infection, and treatment. Washington State Department of Health (DOH) is working with BC Centre for Disease Control, US Centers for Disease Control and Prevention (CDC), and

other state and local health departments to conduct surveillance for *C. gattii* and better define the epidemiology of this emerging disease.

We encourage physicians to consider *C. gattii* when treating any cryptococcal infection, particularly those who are HIV negative.

Infections of *C. gattii* should be reported immediately to the health department as a rare disease of public health significance.

Treatment

Treatment of *C. gattii* sometimes requires prolonged therapy. Guidelines for treating cryptococcal infections are available at the Infectious Diseases Society of America website: <http://www.idsociety.org/content.aspx?id=9200#crp>

More information on *C. gattii* may be found in the July 23rd, 2010 MMWR (www.cdc.gov/mmwr/preview/mmwrhtml/mm5928a1.htm?s_cid=mm5928a1_w)

SCHOOL IMMUNIZATIONS

Beginning in August the Cowlitz County Health Department will no longer be providing immunizations to individuals. The Health Department would like to encourage everyone to make a concerted effort to check the vaccination status of every patient in the coming months in an effort to alleviate some of the "school immunization rush" that comes every September. Using the tools in CHILD Profile to forecast immunizations and taking an active role in reminding parents of immunization requirements will go a long way toward increasing immunization rates in the county and decreasing the heavy workload when school begins! For questions regarding the immunization program, contact Brian Underhill at 360-501-1217 or underhillb@co.cowlitz.wa.us

PROVIDER OF THE QUARTER

Dr. Thomas Hickey, has been selected as our Provider of the Quarter in recognition of his continued dedication to serving the uninsured adult population of Cowlitz County. He has been a co-medical director for the Cowlitz County Free Medical Clinic since 2005 and has been committed to volunteering one Wednesday evening a month at the Free Clinic. Recently he began a new position with Kaiser Permanente in Portland, and despite the long daily commute, he has continued to volunteer at the free clinic. The Health Department staff appreciates Dr. Hickey's work towards ensuring access to care and we congratulate him on his new position.

OPPORTUNITIES TO GET INVOLVED

Registration is now open for the two day **PACE (Physician Asthma Care Education) Training series** in Seattle Aug 10 & 17 and the **NACE (Nurse Asthma Care Education) Training** in Seattle on August 9th. Go to www.whcrc.org or contact Jessica Bell at the health department at bellj@co.cowlitz.wa.us or 414-1228. **PACE** is a two-part interactive seminar **to improve physician awareness, ability, and use of communication and therapeutic techniques for asthma management.** It also provides instruction on how to document, code, and improve asthma counseling reimbursement. **NACE** focuses on the nurses' role in providing quality asthma care.

STI & HIV PROGRAMS

Change in Health Department STI Focus

Beginning May 2010, the Health Department no longer offers Gonorrhea or Chlamydia testing. In 2006, we expanded clinic hours to help ensure access to care for STD testing due to the increase of gonorrhea rates in Cowlitz County. Now that the rates have decreased, **we will concentrate our resources and efforts on:**

- **Partner notification and treatment**
- **Ensuring that partners of positive gonorrhea and/or Chlamydia cases get the appropriate treatment.**

If you have any questions/comments about program changes, please call Laura Ebinger, STI Program Coordinator at 414-5587 or e-mail ebingerl@co.cowlitz.wa.us

Summary of 2010 WAC changes for HIV testing and counseling

In January 2010 the Washington Administrative Code (WAC) for HIV testing and counseling was updated to reflect the Center for Disease Control and Prevention's MMWR "Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection" (www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm).

For patients in all health-care settings the CDC MMWR report recommends:

- **HIV screening is recommended for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).**
- **Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.**
- **Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.**
- **Persons at high risk for HIV infection should be screened for HIV at least annually.**

The above changes as reflected in WAC 246-100-207:

- Informed consent must be obtained separately or as part of the consent of a battery of other routine tests provided that patient is informed in writing or verbally that a test for HIV is included
- Patient must be given a chance to ask questions
- Patient must be given a chance to decline testing
- Provider no longer has to recommend or offer to refer for pretest counseling

- Provider does not have to provide or refer for other appropriate prevention support, medical services, including Hepatitis services
- For positive HIV tests, report name and locating information to your local health officer to provide post-test counseling and follow-up required by WAC 246-100-209

A flow chart outlining the changes is available at: www.doh.wa.gov/cfh/hiv/prevention/docs/hivtest-providers.pdf

Reported Cases of Selected Notifiable Communicable Diseases

Notifiable Disease	2010	2009
	(Jan-June)	(Jan-June)
Campylobacteriosis	10	10
Chlamydia trachomatis	166	159
Cryptosporidiosis	3	2
Giardiasis	0	1
Gonorrhea	10	3
Hepatitis B, Acute	1	2
Hepatitis B, Chronic	6	4
Hepatitis C, Chronic	78	131
Herpes Simplex	15	24
HIV/AIDS	3	7
Lead (Child lead)	0	1
Legionellosis	0	0
Lyme Disease	0	1
Pertussis	11	0
Rabies Post Exposure Prophylaxis	1	1
Salmonellosis	0	4
Syphilis	2	2
All Reported Diseases	344	411

DISEASE REPORTING

During business hours M-F 8:30-12:00, 1:00-4:30

STDs	360-414-5587
HIV/AIDS	360-414-5564
Other	360-414-5590

Non-business hours: 360-636-9595

To view the list of reportable diseases, visit:

<http://www.doh.wa.gov/notify/other/providerposter.pdf>

WEBSITE: <http://www.mycowlitz.com/health/>

INFORMATION ON REPORTABLE DISEASES:

http://www.mycowlitz.com/health/assessment/notifiable_conditions_form.htm

OUR TEAM: THE EPI-LADIES

- Dr. Jennifer Vines, Deputy Health Officer
- Laura Ebinger, STD Program Coordinator
- Monica Monteon, Epidemiologist
- LeAnne Gilmore, Communicable Disease Public Health Nurse

Contributing Author: Brian Underhill, Immunization Coordinator