Sign-up to Receive Notifications of Yakima Health District Bulletins, Advisories and Alerts

Action requested:
- Sign up to receive updates in your inbox the moment they are posted.
- Please go to Notify Me (http://www.yakimacounty.us/list.aspx) and follow the instructions given at the top of the page. Please check all relevant boxes for notification: Alert Center 'Health Alerts from Yakima Health District' - Notifications about Bulletins, Health Advisories and Alert, etc. & News Flash 'Health District' - For Emergency Health Alerts.

Background:
- Turnover in email addresses, fax numbers and staffing render maintenance of mailing lists a perpetually inadequate means of keeping our health care providers and other community providers informed about public health issues.
- YHD is moving to a web-based sign-up system that permits you to receive e-mail and text notification of public health alerts, advisories, and bulletins in real time as they are posted.
- Alerts, advisories and bulletins will remain visible on the YHD website at http://yakimahealthdistrict.org/
- Don’t miss out…sign up today! If you do not sign up, you will no longer receive YHD communications.

Questions:
If you have questions, please contact Kristin Jensen by phone at 249-6529 or by email at Kristin.Jensen@co.yakima.wa.us.

Patient Attitudes and Expectations Regarding Antibiotic Use

Requested Actions
- Use antibiotics judiciously and limit their use to evidence-based or guideline-supported indications.¹
- When feasible, take advantage of opportunities to educate patients about appropriate use of antibiotics, especially when their expectations are in conflict with your clinical judgment.

Background
Appropriate antibiotic use, in particular avoidance of antibiotics for upper respiratory infections likely to be caused by viruses, is a key component of efforts to slow the increase in antibiotic-resistant infections and prevent avoidable adverse drug reactions.

In a 2012-2013 CDC survey addressing this issue, Hispanics were much more likely than
others to respond that (1) antibiotics are helpful in the context of a cough or cold and (2) antibiotic prescription would be an expected outcome of a clinical encounter. Hispanic respondents also more frequently reported accessing and using antibiotics outside the context of a formal health care encounter.

Survey Respondents’ Attitudes and Behaviors Regarding Antibiotics

<table>
<thead>
<tr>
<th>Statement</th>
<th>Hispanic(^1) respondents (%)</th>
<th>All respondents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I have a cold, I should take antibiotics to prevent getting a more serious illness.</td>
<td>40</td>
<td>17</td>
</tr>
<tr>
<td>When I have a cold, antibiotics help me to get better more quickly.</td>
<td>48</td>
<td>25</td>
</tr>
<tr>
<td>Expect antibiotics from visit for a cough or cold</td>
<td>41</td>
<td>26(^2)</td>
</tr>
<tr>
<td>Obtain antibiotics without a prescription</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left over from a prior illness</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>Neighborhood store</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td>Family/friend</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Never</td>
<td>46</td>
<td>80</td>
</tr>
</tbody>
</table>

\(^1\) “Hispanic” or “Latino” in this context is defined by CDC as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

\(^2\) 54% of clinicians surveyed in this study reported that patients expect antibiotics during a visit for a cough or cold.

CDC concluded from this study that “Appropriate antibiotic use is important to limit unnecessary adverse drug events and development of antibiotic resistance…this study underscore[s] the importance of considering cultural factors in public health messaging about appropriate antibiotic use…[and] the ongoing need for consumer education and improvement of patient-provider communication to maximize judicious antibiotic prescribing.”

Latinos in Yakima County are heterogeneous with respect to knowledge, attitudes and behaviors regarding health issues, and the findings from this survey may not be universally applicable in our local setting. Expectations and behaviors regarding antibiotic use are likely to vary across subgroups based on extent of acculturation, education level, prior knowledge and experiences, and other factors. Furthermore, one-fourth all respondents in the cited study—regardless of ethnicity—expected to receive antibiotics for a cough or cold as part of a health care visit.

With cough-and-cold season approaching, the results of this survey offer a reminder that patient expectations and behaviors with respect to antibiotics may run counter to their personal well-being and public health interests. Please consider using opportune moments to explore patients’ attitudes and behaviors in this respect and, when appropriate and feasible, educate patients about the judicious use of antibiotics.

Summary guidelines for clinicians and patient education materials addressing antibiotic use can be downloaded from CDC’s program addressing this issue (Get Smart: Know When Antibiotics Work).\(^2\)

Sources


\(^2\) Centers for Disease Control and Prevention. Get Smart: Know When Antibiotics Work.
Preventing and Treating Opioid Addiction

Requested Actions

- Use opioids judiciously and follow evidence based guidelines for treatment of acute and chronic pain.  
  
- Sign up for the Prescription Monitoring Program (PMP) and monitor your prescribing activity and the dispensing activity involving patients you manage. DOH recommends prescribers do the following to increase efficiency and effectiveness of the system:
  - Delegate prescription look-up to other staff to save time
  - Train your staff by using a PMP champion
  - Register accounts for all appropriate staff with the PMP
  - Retain documentation by placing a copy in the patient file or into an EHR system

- Consider getting training and becoming certified in the provision of medication assisted therapy (MAT) for opioid replacement and cessation (e.g., buprenorphine/naloxone, naltrexone). Following training and certification, physicians in the US can prescribe buprenorphine in an office-based practice setting. If you elect not to be a MAT prescriber, develop a referral relationship with someone who is.

- Consider prescribing or providing naloxone rescue kits and education in their use to drug injectors and chronic pain patients whom you believe may be at risk of overdose.

Background

Over the past 10-15 years, opioid addiction has increased substantially throughout the United States. Much of the increase involves or at least starts with use of prescription drugs, often transitioning to heroin when access to or cost of prescription agents becomes prohibitive. This nationwide trend has been characterized by an increase in chronic pain patients and groups not traditionally associated with opioid use: female, insured, and middle-class patients. This trend has also contributed to the increasing death rates seen among white middle-aged Americans, a mortality reversal not seen since the AIDS epidemic started in the 1980s. Prescription opioid abuse is the strongest risk factor for heroin addiction. Approximately 3-of-4 current heroin users started with prescription opioids.  

Trends in overdose deaths and hospitalizations in Yakima County and Washington State are shown in the tables and figure below. Hospitalization and deaths from overdose have doubled statewide since the year 2000. Since 2010, drug overdose has surpassed motor vehicle accidents as the leading cause of death due to unintentional injury (12 vs 10 deaths per 100,000 per year; Washington State Department of Health). The CDC estimates that for each prescription painkiller death, there were 10 treatment admissions for abuse, 32 emergency department visits for misuse or abuse, 130 people who were abusers or dependent, and 825 nonmedical users.

While death rates from overdose are lower in Yakima County than statewide, hospitalization rates are slightly greater. Contributing factors include overprescribing, misuse and diversion of prescription opioids. Each year in Yakima County and throughout Washington State, about one-third of the population receives a prescription for a controlled substance. Over 50% of such prescriptions are written by just 10% of the prescribers.

Table 1. Overdose Deaths and Rates, Yakima County and Washington State, 2000-2013

<table>
<thead>
<tr>
<th>Years</th>
<th>Yakima Deaths</th>
<th>Rate per 100,000</th>
<th>WA Deaths</th>
<th>Rate per 100,000</th>
</tr>
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<tbody>
<tr>
<td>2000-2002</td>
<td>24</td>
<td>3.9</td>
<td>931</td>
<td>5.1</td>
</tr>
<tr>
<td>2003-2005</td>
<td>27</td>
<td>4.4</td>
<td>1409</td>
<td>7.3</td>
</tr>
<tr>
<td>2006-2008</td>
<td>30</td>
<td>4.6</td>
<td>1839</td>
<td>9.4</td>
</tr>
<tr>
<td>2009-2011</td>
<td>43</td>
<td>6.3</td>
<td>1821</td>
<td>8.7</td>
</tr>
<tr>
<td>2011-2013</td>
<td>34</td>
<td>4.8</td>
<td>1834</td>
<td>8.6</td>
</tr>
</tbody>
</table>

Source: Washington State Department of Health
The chief mitigating factor in limiting prescription opioid deaths since their peak in 2008 appears to have been implementation of the statewide prescription drug monitoring program by the Washington State Department of Health (DOH). Enrolling about 30% of the DEA-licensed prescribers in the state, this program tracks controlled substance prescribing and dispensing to limit abuse and diversion of these agents. However, a corresponding increase in heroin deaths has resulted as the relative cost and availability became more conducive to its use, leaving statewide totals for overdose deaths largely unchanged over the past five years.

A national and statewide public health campaign is underway to increase awareness about opioid and heroin addiction and to reduce their impacts. See references and resources for more information.

References and Resources

# Notifiable Conditions Summary

### Jan - Nov 2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<tr>
<td><strong>Notifiable Condition</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(includes confirmed and probable cases)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Cases</strong></td>
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<tr>
<td>Campylobacteriosis</td>
<td>149</td>
<td>82</td>
<td>151</td>
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<td>154</td>
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<td>Chlamydia</td>
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<td>1373</td>
<td>1272</td>
<td>1504</td>
<td>1379</td>
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<td>Cryptosporidiosis</td>
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<td>3</td>
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<td>3</td>
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<tr>
<td>Genital Herpes - Initial</td>
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<td>56</td>
<td>55</td>
<td>60</td>
<td>56</td>
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<td>Giardiasis</td>
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<td>Gonorrhea</td>
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<td>367</td>
<td>156</td>
<td>406</td>
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<td>Hepatitis B acute</td>
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<td>Hepatitis B chronic</td>
<td>14</td>
<td>10</td>
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<td>11</td>
<td>6</td>
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<tr>
<td>Hepatitis C acute</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Hepatitis C chronic</td>
<td>214</td>
<td>273</td>
<td>163</td>
<td>300</td>
<td>176</td>
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<tr>
<td>HIV/AIDS Cumulative Living</td>
<td>197</td>
<td>196</td>
<td>190</td>
<td>196</td>
<td>192</td>
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<tr>
<td>HIV/AIDS Deaths</td>
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<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
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<td>1</td>
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<td>18</td>
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<td>128</td>
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<td>Salmonellosis</td>
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<td>27</td>
<td>53</td>
<td>31</td>
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<td>14</td>
<td>3</td>
<td>14</td>
<td>6</td>
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<td>STEC (enterohemorrhagic E. coli)</td>
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<td>14</td>
<td>21</td>
<td>15</td>
<td>21</td>
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<td>13</td>
<td>15</td>
<td>14</td>
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<td>Tuberculosis</td>
<td>12</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>
GET SMART…

- Antibiotics are strong medicines, but they don’t cure everything.
- When not used correctly, antibiotics can actually be harmful to your health.
- Antibiotics can cure most bacterial infections. Antibiotics cannot cure viral illnesses.
- Antibiotics kill bacteria – not viruses.
- When you are sick, antibiotics are not always the answer.

USE ANTIBIOTICS WISELY

Talk with your healthcare provider about the right medicines for your health.

Cold or Flu. Antibiotics Don’t Work for You.

For more information, see the Centers for Disease Control and Prevention website at: www.cdc.gov/gets or call 1-800-CDC-INFO
When you feel sick, you want to feel better fast. But antibiotics aren’t the answer for every illness. This brochure can help you know when antibiotics work—and when they won’t. For more information, talk to your healthcare provider or visit www.cdc.gov/getsmart.

**The Risk: Bacteria Become Resistant**

What’s the harm in taking antibiotics anytime? Using antibiotics when they are not needed causes some bacteria to become resistant to the antibiotic.

These resistant bacteria are stronger and harder to kill. They can stay in your body and can cause severe illnesses that cannot be cured with antibiotics. A cure for resistant bacteria may require stronger treatment—and possibly a stay in the hospital.

To avoid the threat of antibiotic-resistant infections, the Centers for Disease Control and Prevention (CDC) recommends that you avoid taking unnecessary antibiotics.

**Antibiotics Aren’t Always the Answer**

Most illnesses are caused by two kinds of germs: bacteria or viruses. Antibiotics can cure bacterial infections—not viral infections.

**Bacteria** cause strep throat, some pneumonia and sinus infections. **Antibiotics can work.**

**Viruses** cause the common cold, most coughs and the flu. **Antibiotics don’t work.**

Using antibiotics for a virus:
- Will NOT cure the infection
- Will NOT help you feel better
- Will NOT keep others from catching your illness

**Protect Yourself With the Best Care**

You should not use antibiotics to treat the common cold or the flu.

If antibiotics are prescribed for you to treat a bacterial infection—such as strep throat—be sure to take all of the medicine. Only using part of the prescription means that only part of the infection has been treated. Not finishing the medicine can cause resistant bacteria to develop.

**Talk to Your Healthcare Provider to Learn More**

**Commonly Asked Questions:**

**How Do I Know if I Have a Viral or Bacterial Infection?**

Ask your healthcare provider and follow his or her advice on what to do about your illness.

Remember, colds are caused by viruses and should not be treated with antibiotics.

**Won’t an Antibiotic Help Me Feel Better Quicker so That I Can Get Back to Work When I Get a Cold or the Flu?**

No, antibiotics do nothing to help a viral illness. They will not help you feel better sooner. Ask your healthcare provider what other treatments are available to treat your symptoms.

**If Mucus from the Nose Changes from Clear to Yellow or Green — Does This Mean I Need an Antibiotic?**

No. Yellow or green mucus does not mean that you have a bacterial infection. It is normal for mucus to get thick and change color during a viral cold.
A veces, el remedio es peor que la enfermedad

Los antibióticos matan las bacterias pero no los virus

No siempre son la solución

Siempre consulte a su doctor

Tomar antibióticos inapropiadamente puede ser muy dañino para su salud y la de sus hijos

Los antibióticos NO combaten los virus.

Como tratar un resfriado o la gripe:

Los niños y los adultos con infecciones virales se recuperan cuando la enfermedad pasa su curso. Los resfriados causados por virus pueden durar dos semanas o más.

Medidas que pueden ayudar a una persona a sentirse mejor del resfriado o de la gripe:

- Tomar más líquidos
- Usar un vaporizador o un pulverizador salino nasal para aliviar la congestión
- Aliviar la garganta con trocitos de hielo, con un pulverizador para el dolor de garganta, o pastillas (para jóvenes y adultos)

Las infecciones virales a veces pueden causar infecciones bacteriales. Los pacientes deben informar a sus doctores si la enfermedad se pone peor o dura mucho tiempo.

A VECES, EL REMEDIO ES PEOR QUE LA ENFERMEDAD

Campaña para promover el uso correcto de los antibióticos.

Si desea más información en español, llame al 1-800-232-4636
www.cdc.gov/antibioticos
Lo que necesita saber de los antibióticos

Los antibióticos, como la penicilina, NUNCA son la respuesta a un simple resfriado, ya que los antibióticos pueden curar las infecciones causadas por bacterias, pero NO las infecciones o las enfermedades causadas por un virus. Los antibióticos NO funcionan contra los virus que causan el resfriado común o la gripe, entre otras enfermedades.

Así que recuerde que cuando usted utiliza un antibiótico, como la penicilina, para combatir un virus:

NO CURARÁ la infección.
NO AYUDARÁ a que el paciente se sienta mejor.
NO EVITARÁ que otras personas se contagien.

El diagnóstico del paciente debe ser responsabilidad del médico al igual que el uso de antibióticos.
La selección de un antibiótico adecuado es sólo responsabilidad de un médico.

Automedicarse con antibióticos puede perjudicar su salud.

Algunos datos sobre los virus

Existen muchos tipos de virus que causan resfriados.
Los resfriados comunes son causados por un virus, por lo tanto no deben ser tratados con antibióticos.
Los niños de menor edad tienden a tener un mayor número de enfermedades virales.

Consecuencias de automedicarse con antibióticos

Las bacterias pueden desarrollar resistencia a los antibióticos cuando éstos se toman innecesariamente.

Debemos pensar que si nuestro hijo se ve afectado por bacterias resistentes a diferentes antibióticos sus posibilidades de curarse son menores. Además existe un mayor riesgo de complicaciones por el uso incontrolado de antibióticos.

NO TOME ANTIBIÓTICOS SIN CONSULTAR A SU MÉDICO
Attention LOWER VALLEY Residents!

Does your drinking water come from a private well?

For a LIMITED TIME ONLY you may be eligible for FREE WELL WATER TESTING through the Lower Yakima Valley Groundwater Advisory Committee (GWAC)

What's involved?

• Your drinking water well sampled for nitrates and bacteria for free
• A short survey by a Yakima Health District employee where you can share your concerns and learn about nitrates
• You receive sampling results to help you protect your drinking water and family

How can I be considered for free testing?

• You must live in the Lower Yakima Valley and
• Obtain your drinking water from a private or shared well

For more information or to participate, please call
The Yakima Health District Help Desk

509.249.6508

This sampling is made possible by the GWAC. Your participation will help the committee to better understand and help find some solutions to possible contamination in drinking water wells.
For more information, please visit: http://www.yakimacounty.us/gwma/