

# EPI WATCH

## JULY 2017

## Opioids: A Public Health Crisis, Our Local Response

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Every day more than 90 Americans die after overdosing on opioids. In 2016, the Whatcom County Medical Examiner reports that of 39 accidental deaths, 23 were related to drug use (6 heroin and methamphetamine overdoses, 6 heroin overdoses, 6 heroin plus alcohol and another narcotic, 2 methamphetamine overdoses, 1 huffing overdose, 2 prescription drug overdoses). Increase in injection drug use has contributed to the spread of infectious disease including HIV and Hepatitis C. In Washington State, 58% of people co-infected with HIV and Hepatitis C reported injection drug use:

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/420-159-HCVEpiProfile.pdf>.

So, what are we doing about this?

A Whatcom County Opioid Abuse Prevention and Response Plan taskforce has been created! The taskforce was convened in September 2016, and has identified local intervention strategies.

*Two Opioid related workgroups have been developed:*

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# Opioids: A Public Health Crisis, Our Local Response

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The **SAFETY** workgroup focuses on preventing opioid misuse and abuse by addressing issues of securing, monitoring, and disposing of unused medications as well as preventing deaths from overdose. Current work includes:

- ◆ Drafting a local Safe Drug Disposal Stewardship Ordinance that will expand safe medicine disposal options for Whatcom County residents to reduce risks of misuse, poisonings, and overdoses from leftover and expired medicines, and reduce the amount of pharmaceuticals entering sewer, septic, and solid waste systems.
- ◆ Preventing overdose through distribution of naloxone kits to clients of the Whatcom County Health Department sponsored Syringe Exchange program, and through a special project that provides social service agencies with starter naloxone kits and model policies.

The **MARKETING** workgroup serves as the hub of all media and marketing messaging. Current work includes:

- ◆ Increasing the awareness of harms of *prescription* drug abuse and prevalence of abuse.
- ◆ Reducing stigma around addictions (i.e., it can happen to anyone).
- ◆ Promoting appropriate use of prescription drugs and alternatives to pain management.
- ◆ Promoting the importance of educating children about the harms of using medications inappropriately, or taking medicine not prescribed to them.

## Monitoring Legislation:

- ◆ Senate Bill 5248 supports Goal 4 of the Washington Opioid State Plan “Use Data to Monitor and Evaluate”. This bill expands Washington State Department of Health access to the prescription monitoring program (PMP). This will allow DOH to evaluate morbidity and mortality data looking at prescribing practices. Among other things, the bill gives PMP authority to send prescribers feedback reports and overdose notifications quarterly helping them to monitor their own practice.

Opioid abuse is a complex issue that surely requires a multifaceted, collaborative approach across disciplines and agencies. Thank you for all you do to support and promote work of the Local, State, and National Opioid response plans.

Cindy Hollinsworth, MSN, RN,  
Manager of Communicable Disease and  
Epidemiology Division

# Prescription Monitoring County Profiles Data Release

Each month Washington’s Prescription Monitoring Program (PMP) collects about 1 million records of prescribed controlled substances from across the state. This data is extremely valuable for understanding the prescription drug abuse epidemic at the state level. They created a County Profiles project to investigate how we might leverage and distill this data to better understand the epidemic at a more local level. The chief goal is to help local health partners develop programs and interventions tuned in to their local needs. The ability to individualize programs based on the specific needs of a local area is crucial to having the greatest effect and the most efficient use of resources.

Each County Profile consists of a defined set of data tables about controlled substance prescriptions dispensed for patients reporting a living address in the specified county. Two additional tables show rates for the state of Washington and for all 39 counties; and 11 maps displaying the information in those tables in a visual manner.

The first set of County Profiles data set (calendar year 2014) has been released to local health partners and the residents of Washington State. PMP anticipates releasing additional data sets for additional years over the next months. This important information will provide all partners with data to consider in developing locally focused interventions to positively affect the epidemic in our state.

You’ll find the published PMP County Profiles here:  
<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP/CountyProfiles>



More than  
**40**  
PEOPLE

die every day from overdoses involving **prescription opioids.**

# Alternative Vaccination Schedule

Most parents accept timely vaccines to protect their children, but some absolutely refuse all vaccines. Others are hesitant but willing to vaccinate, but not wanting “too many, too soon”. This is a dilemma for clinicians. We don’t want the children to leave our practice altogether, and we do want to get them vaccinated. We sometimes compromise for vaccinating later than recommended, rather than have them go unvaccinated.

However, when we compromise and use a delayed or selective vaccine schedule, children are at an avoidable risk of vaccine-preventable diseases (VPDs) during the time they remain unvaccinated. While vaccines work to prevent disease if exposed; they also work by providing community (herd) immunity thereby reducing the risk of exposure of those too young or immunocompromised to be vaccinated themselves. Parents may insist on a delayed or selected schedule, and we may be unable to convince them otherwise, but we do a disservice if we treat the choice between standard and alternate schedules as equivalent options. The risk of the diseases far outweighs the true risks and the unsubstantiated fears of vaccine risk.

There is no data to support alternative vaccination schedules, and plenty to support the recommended schedule. The vaccine schedule is reviewed for safety and effectiveness on a regular basis. Representatives from public health and our medical specialty associations serve on the CDC’s Advisory Committee on Immunization Practices; their deliberations and reports are published for all to review. The age at which particular vaccines are recommended are based on safety, immunological response, and effectiveness. Vaccines vary in effectiveness, but all of the recommended vaccines reduce the risk of acquiring the disease, some reduce the risk of complications if the disease is acquired, all provide herd immunity.

We may compromise to reduce harm, but we still need to provide our best advice and inform parents of the risk of delays. It is out of our shared concern for their children’s health that we recommend vaccines on schedule.

Greg Stern, MD  
Whatcom County Health Officer

## Resources:

“The Problem with Dr. Bob’s Alternative Vaccine Schedule” Pediatrics, Jan 2009, VOL 123 /NO 1  
<http://pediatrics.aappublications.org/content/pediatrics/123/1/e164.full.pdf>

Epidemiology and Prevention of Vaccine-Preventable Diseases, CDC  
<https://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

CDC Advisory Committee on Immunization Practices (recommendations, meeting info, more)  
<https://www.cdc.gov/vaccines/acip/index.html>

**Make a strong recommendation every time. Provider recommendations are a large part of vaccine acceptance.**

- Stick with your recommendation even if it is met with resistance. An example of this could be the family who continues to decline immunization: “What would it take to get you to a yes? I want us to keep talking about this at each visit because I know being fully vaccinated is the best protection I can offer.”
- Combine your vaccine recommendations. For adolescent vaccines, sandwich HPV with your other recommendations: “Today you need three vaccines that protect against whooping cough, HPV, and meningococcal disease.” Offer flu vaccine with other vaccines a child or adult is due for. This type of combination recommendation increases uptake.

# Possible Exclusions for Unimmunized

As your practice gears up for school sports physicals and immunization appointments this summer, we want to remind you that offices are able to print off certificates of immunization through the WAIS, or they can be filled out by hand. This article however, will focus on the certificate of exemption (COE), and the consequences of choosing not to immunize.

Washington State requires that providers counsel parents who request a medical, philosophical, or religious exemption and sign a COE. Parents or guardians who demonstrate membership in a church or religious group that does not allow a health care provider to provide medical treatment to a child do not need a provider signature. The exemption form requires parents to acknowledge that a child may not be allowed to attend school in case of an outbreak, but they should be aware of how long their child may be out of school. For example, if an unimmunized child is exposed to mumps, they may be excluded for **26** days. This could have a significant impact on a child's success in school. Working parents may struggle to arrange for childcare and incur loss of income. A child with pertussis may be excluded for up to **21** days. Both of these illnesses have been confirmed in our county, so these are not unlikely scenarios. And of course, measles (exemption up to **21** days) is only a plane ride, or a border crossing away.

We all want the best for the children of our community and following the Advisory Committee Immunization Practices is the best protection against vaccine preventable diseases. If your practice has families who resist vaccines, educate them not only on the diseases but the other consequences of declining to vaccinate.

Julie Rose, MSN RN  
Public Health Nurse

There are new ACIP recommendations for HPV vaccination!

- ◆ 2-dose schedule for girls and boys who initiate the vaccination series at ages 9 through 14 years.
- ◆ Three doses remain recommended for persons who initiate the vaccination series at ages 15 through 26 years and for immunocompromised persons.

## Free Vaccines

**Whatcom County Health Department is hosting free immunization clinics for anyone between the ages of 19-26**

**HPV vaccine** (Human Papilloma Virus, ages 19-26)

### LOCATION:

**Whatcom County Health Department  
1500 N State Street, Bellingham, WA 98225**

**2:00pm - 4:00pm Wednesdays Only**

**July 19 July 26**

0.5 mL vial

## No appointment necessary

Plan for a ½ hour to complete registration and vaccination.

HPV immunizations are available for qualifying adults who have no insurance or are underinsured. To find out if HPV is right for you, visit <http://www.immunize.org/vis/hpv.pdf>.



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# CONFIRMED & PROBABLE CASES OF SELECTED NOTIFIABLE CONDITIONS, WHATCOM COUNTY

Condition	Jan-Jun 2017	Jan-Jun 2016	Condition	Jan-Jun 2017	Jan-Jun 2016
Campylobacteriosis	34	21	Measles	0	0
Chlamydia	344	344	Meningococcal Disease	1	0
Cryptosporidiosis	1	8	Mumps	5	0
Giardiasis	2	5	Pertussis	60	39
Gonorrhea	59	54	Salmonellosis	11	8
Hepatitis B, acute	0	0	Shiga toxin-producing E. coli	5	4
Hepatitis B, chronic	10	6	Shigellosis	4	4
Hepatitis C, acute	5	2	Suspected Rabies Exposure	1	14
Hepatitis C, chronic	133	140	Syphilis	7	5
Hepatitis A	0	2	Tuberculosis, Class 3	4	2
HBsAg + pregnancy	1	0	Vibriosis (non-cholera)	1	1
Listeriosis	0	1	Yersiniosis	0	2

**Print out an updated Notifiable Conditions poster for your office:**

[Health Care Provider](#)

[Health Care Facility](#)

[Laboratory](#)

Cases listed are preliminary and represent only those reported to the local health department. Cases are counted at the time of report, not by date of onset.

## Communicable Disease Team Staff Bio: Ann Lund, BSN, RN

Ann has enjoyed a wide scope of practice in her career, working in both U.S. and international Public Health Settings. She specialized in cross-cultural nursing at Seattle Pacific University, and found her public health passion early working in East Africa. She has a global family, with each of her three children born on different continents.

Ann has worked at the Whatcom County Health Department for over 10 years, first in Communicable Disease, and in the TB Program since 2009. Ann thrives in the challenges and diversity of caring for active TB patients in their homes, as well as educating patients, families, front-line nursing staff, and clinicians on what they need to know about TB. Ann strives to be a resource for the community in learning to recognizing risks for TB as well as gaining skill in primary care based Latent TB evaluation and treatment. Ann has earned the title “TB Geek” given her command of the depth and breadth of the science and technical details surrounding TB care, and, for delivering all with the highest degree of compassion for those in the TB community.

