

Kitsap Public Health Board Health Officer Update

Gib Morrow, MD, MPH
Health Officer, Kitsap Public Health District
September 6, 2022

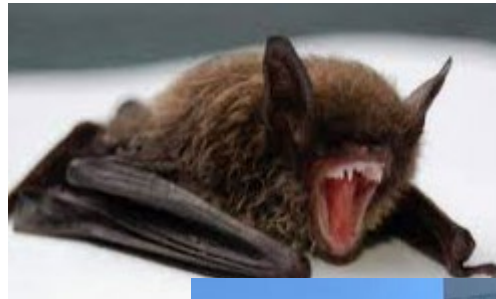
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KITSAP PUBLIC HEALTH DISTRICT

Agenda

- Omicron Boosters
- Monkeypox
- TB in Kitsap
- Rabies
- Healthcare Access



Omicron Bivalent Boosters

September 6, 2022



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Bivalent COVID Vaccines

- Omicron boosters available for 12 and over (Pfizer) and 18 and over (Moderna) soon – through FDA, ACIP, CDC and Western States Safety Group– shipments arriving in Kitsap...
- Anyone 2 months out from primary series or most recent booster
- Prior vaccines primary series and boosters for 5-12
- Pfizer available as primary series for 6 months to 5-year and Novavax for 18 and over prime
- **Back to School Immunizations – Get up to date!**



MONKEYPOX (MPV) OUTBREAK OVERVIEW AND STATUS UPDATE

1. Monkeypox (MPV) Outbreak Overview and Status Update
2. KPHD Activities
3. Clinical Recognition and Pathology
4. Testing
5. Infection Prevention
6. Vaccination
7. Treatment



History of Monkeypox (MPV)

- **1958**- Identified among lab monkeys
- **1970**- First human cases in in DRC;
- **1980's** - 300 cases in Africa, vastly zoonotic
- **2003** - 1st US outbreak of 71 cases, all cases traced to rodents imported from Ghana
- **2018-22** Sporadic cases in UK, travel related.
- **May 2022** – First cases in Europe and US, all travel related
 - West African virus clade; milder illness than Congo Basin virus
 - Human transmission through skin contact-MSM



As of August 30, 2022



- **Global:** 49,974 cases in 99 countries (92 without historically reporting MOV; 15 deaths)



- **US:** 18,417 cases in 50 states
 - 1 death
 - No reported healthcare transmission



- **Washington:** 447 cases in 14 counties
 - 360 in King County, ~50 in Sno/Pierce

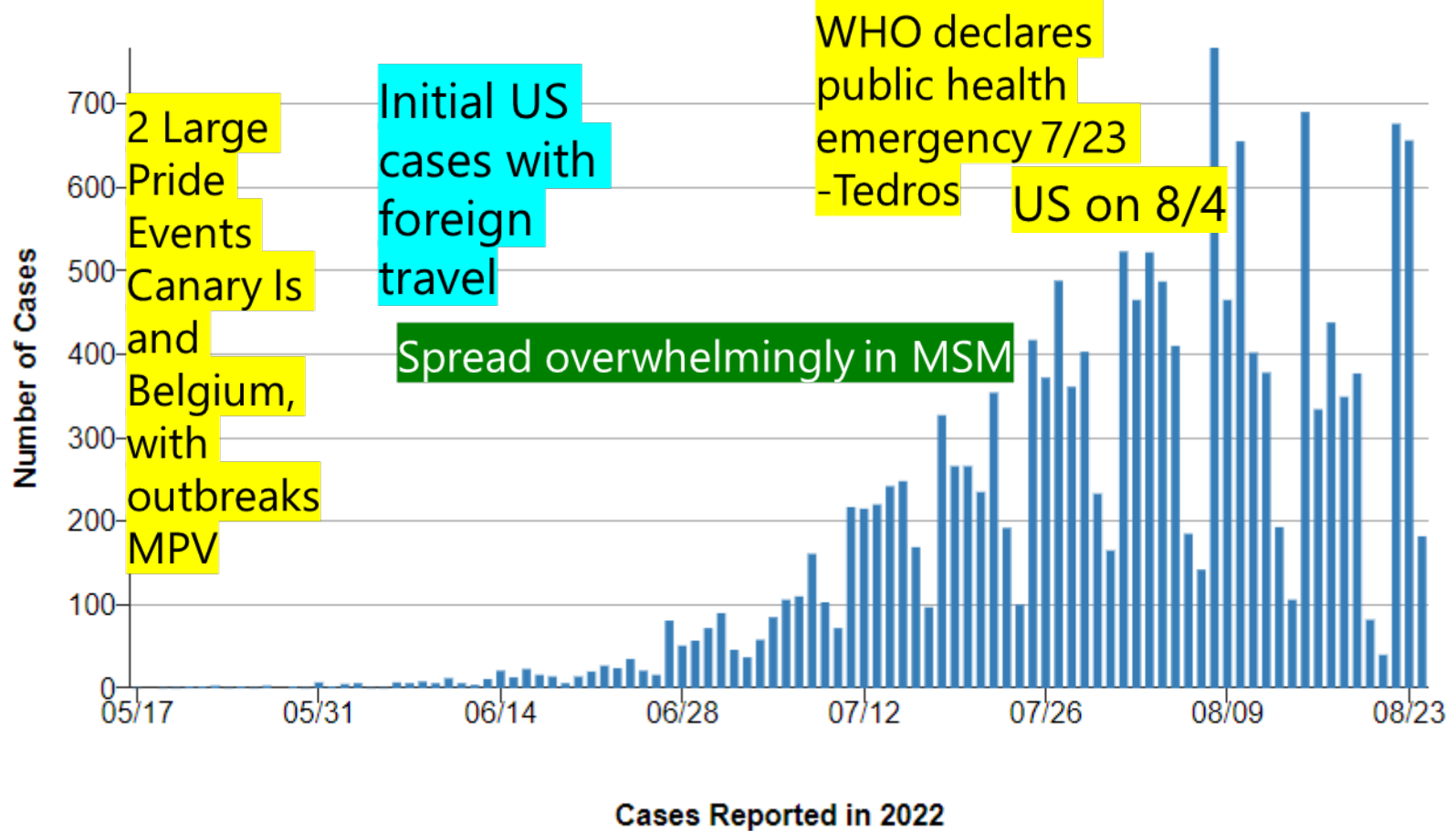


- **Kitsap:** 3 cases, all in July;
 - Contacts vaccinated and monitored
 - 2/3 treated with TPoxx
 - Broader vaccine clinics in August



Case Trends

U.S. Monkeypox Case Trends Reported to CDC



ORIGINAL ARTICLE

Monkeypox Virus Infection in Humans across 16 Countries — April–June 2022

J.P. Thornhill, S. Barkati, S. Walmsley, J. Rockstroh, A. Antinori, L.B. Harrison,
R. Palich, A. Nori, I. Reeves, M.S. Habibi, V. Apea, C. Boesecke,
L. Vandekerckhove, M. Yakubovsky, E. Sendagorta, J.L. Blanco, E. Florence,
D. Moschese, F.M. Maltez, A. Goorhuis, V. Pourcher, P. Migaud, S. Noe,
C. Pintado, F. Maggi, A.-B.E. Hansen, C. Hoffmann, J.I. Lezama, C. Mussini,
A.M. Cattelan, K. Makofane, D. Tan, S. Nozza, J. Nemeth, M.B. Klein,
and C.M. Orkin, for the SHARE-net Clinical Group*

- 95% Gay or bisexual men – transmission sexual 95%
- 75% white
- 42% with HIV
- 29% Concomitant STI – GC>CT>Syphilis>HSV>LGV
- Presented to STI>ED>PCP>Derm
- Sx: Rash (95%), Fever (62%), nodes (56%), lethargy (41%), Myalgia (31)...

Monkeypox Virus Infection in Humans across 16 Countries — April–June 2022
<https://www.nejm.org/doi/pdf/10.1056/NEJMoa2207323>



CLINICAL RECOGNITION AND PATHOLOGY

Identifying Monkeypox

- Lesions typically develop simultaneously and evolve together on any given part of the body.
- Incubation period is 3-17 days. During this time, a person does not have symptoms and may feel fine.
- Lesions progress through four stages—macular, papular, vesicular, to pustular—before **scabbing over and desquamation**.
- The illness typically lasts 2-4 weeks.
- Patients are infectious once symptoms begin, whether prodromal or rash
- Remain infectious until lesions form scabs, scabs fall off, and a fresh layer of skin forms



KPHD Activities

TESTING VACCINATION INFECTION PREVENTION TREATMENT: TPOXX

- Provider Advisories and Webinars (multiple)
 - Testing and Treatment Assistance
 - Vaccinating and Monitoring Close Contacts
 - Vaccination Clinics
 - Infection Prevention
 - Surveillance
 - Public Education and Awareness Campaigns
- **Consultation on case** (diagnosis, appropriate testing, treatment recommendations)
 - **Case management and counseling** (including linkage to other services)
 - **Contact tracing**
 - **Notifying Infection Control/Prevention**
 - **Investigation**
 - **Public notification of exposures**
 - **Coordinating specimen testing**
 - **Coordinating drug and vaccine acquisition**



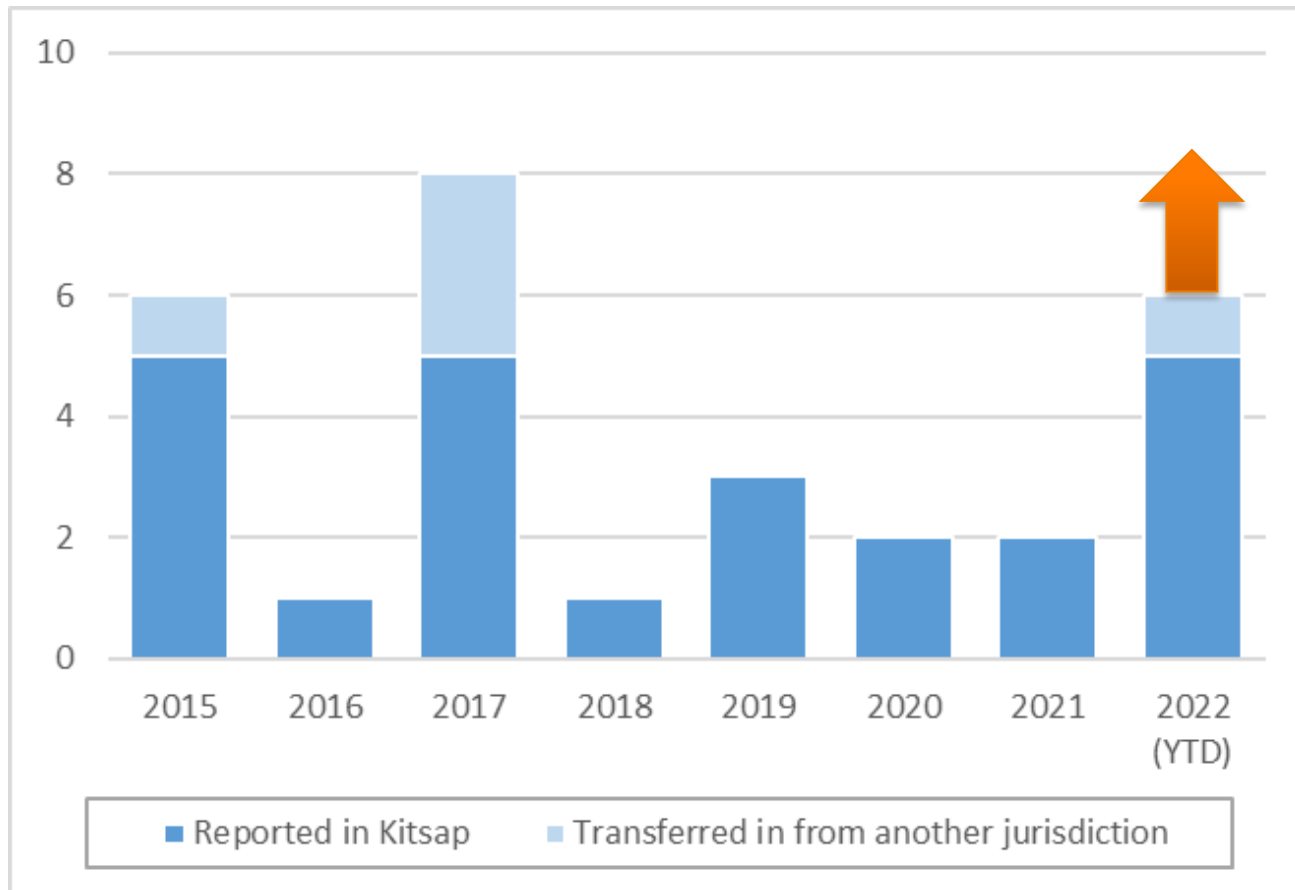
Tuberculosis in Kitsap

September 6, 2022

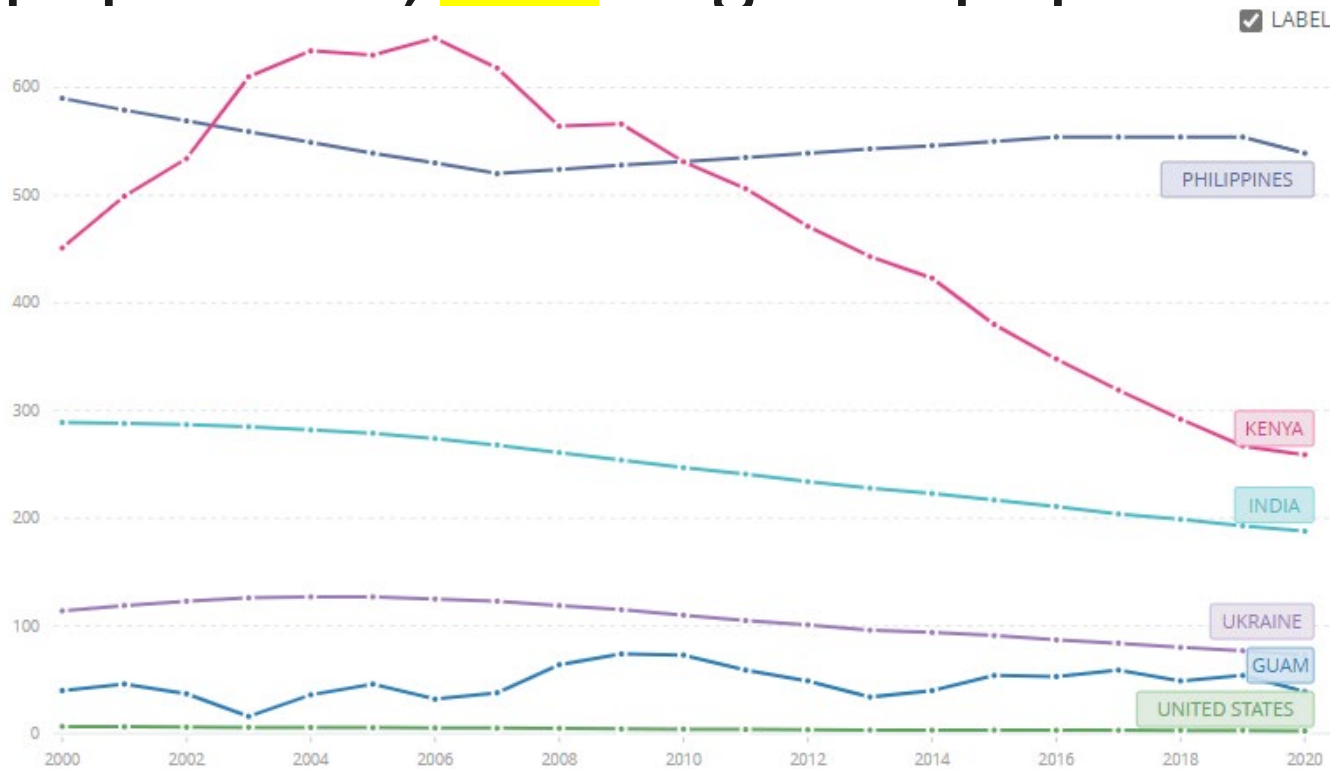


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Active TB cases managed by KPHD, 2015 - 2022



In the U.S. in 2020, there were about 2 active TB cases per 100,000 people; in other parts of the world, this is much higher (Latent TB 2.7% US population; **20%** of global population!)



Philippines: 260x higher

Kenya: 130x higher

India: 90x higher

Ukraine: 35x higher

Guam: 20x higher

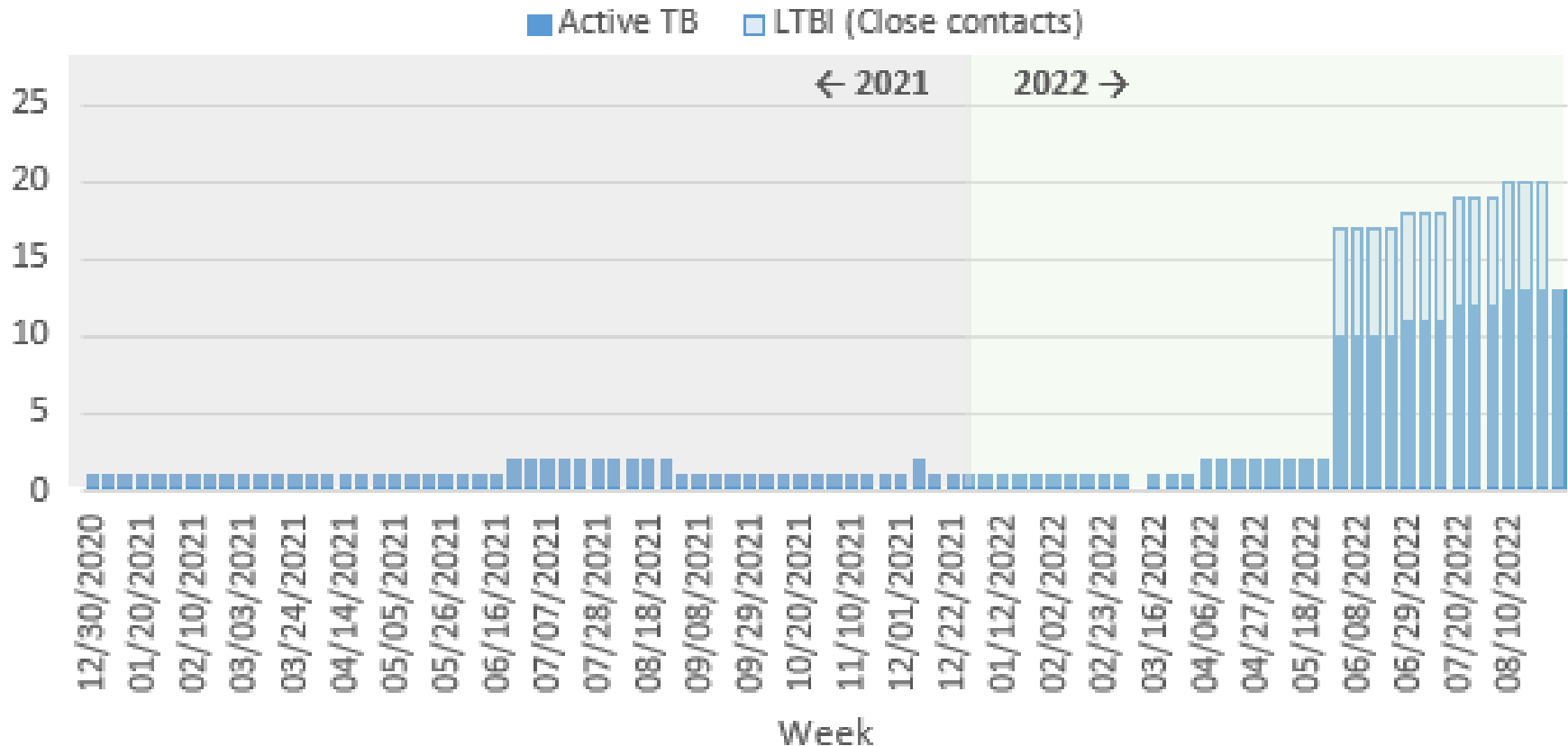
2022: A Perfect Storm

- A household cluster of high public health priority requiring intensive case management:
 - 2 MDR active cases, one of which is a child <5 years
 - 21 close contacts, 7 requiring treatment
 - High social complexity requiring housing and transportation resources, social services
- One case requiring an interpreter for an uncommon language (difficult to schedule through interpreter services)
- 5 cases (83%) with Medicaid or who are uninsured
 - Uninsured or publicly insured cases cost health departments ~\$3,000 more per case than fully insured cases (Shiau, et al 2022)
- 20 close contacts identified by DOC requiring follow-up
 - Contacts are often socially complex and require multiple strategies to locate



KPHD Workload: TB DOT

Number of TB cases requiring daily monitoring by KPHD, by week



A typical person with TB disease
in the United States requires:



PLUS

- X-rays
- Lab tests
- Follow-up & testing of contacts

Total cost to U.S. (2020) =
\$503 million

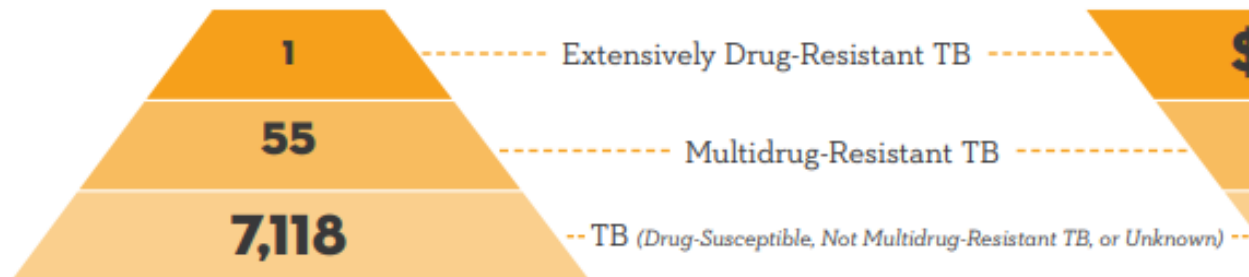
Multidrug-resistant TB:

- **Increases treatment time from 6 mos to 9 – 18 mos.**
 - ↑ staff hours
 - ↑ medical management
 - ↑ labs needed
- 2nd line drugs more expensive, **sometimes more difficult to acquire** and/or **get insured**
- CDC estimates MDR TB cases **9x more costly** than susceptible TB cases

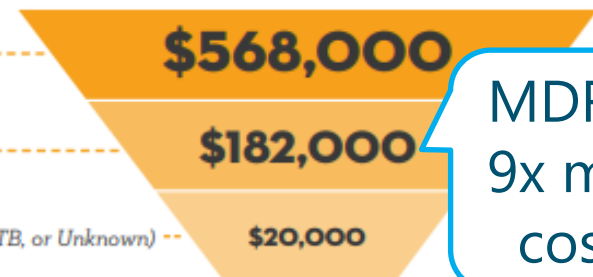
DRUG-RESISTANT TB IS COMPLEX & COSTLY

Drug-resistance threatens our ability to treat & control TB

TOTAL 2020 CASES



DIRECT TREATMENT COST PER CASE



MDR TB
9x more
costly

ELIMINATING TB REQUIRES A COMPREHENSIVE APPROACH

CDC is committed to fighting TB whenever & wherever it occurs through:



Vigilant Surveillance



Better Diagnostics
& Treatments



Testing & Treatment of
Populations at Risk for TB



Engaging Affected Communities
and Medical Providers

To learn more about TB, visit: www.cdc.gov/tb

October 2021

326944A



Centers for Disease
Control and Prevention
National Center for HIV, Viral
Hepatitis, STD, and TB Prevention



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Source: <https://www.cdc.gov/tb/publications/infographic/pdf/take-on-tuberculosis-infographic.pdf>

TB is an equity issue

TB CAN HAPPEN ANYWHERE & TO ANYONE

To eliminate TB, we must prioritize groups at increased risk of TB



7 out of every 10
TB cases occur among
non-U.S.-born persons

Compared with White persons, TB case rates (per 100,000 persons) are:

47x

higher for
Native Hawaiian or Other
Pacific Islander persons

33x

higher for
Asian persons

9x

higher for Hispanic
or Latino persons

8x

higher for
American Indian or
Alaska Native persons

8x

higher for
Black or African
American persons

Source: <https://www.cdc.gov/tb/publications/infographic/pdf/take-on-tuberculosis-infographic.pdf>



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Additional Events Currently Affecting Washington State TB Outlook

- DOC Outbreak
 - Ongoing notification of new close contacts identified, requiring evaluation by LHJs
- United for Ukraine
 - Expected influx of Ukrainian refugees, who require TB evaluation (usually occurring through Public Health)
- Afghan refugees
- Ongoing shortages of three first-line medications



Other bullets

- Using a mathematical model, CDC estimated in 2019 that there were ~3,000 people with LTBI in Kitsap County.
- Treating LTBI is one of the most cost-effective methods of addressing TB:
 - Cost of LTBI treatment ~\$500 (King County, 2015)
 - Cost of treatment for active TB: ~\$20,000 (CDC) (~\$5,000 covered by Public Health (Alameda County, 2022))



Rabies in Kitsap

September 6, 2022

WHAT TO KNOW ABOUT

BATS & RABIES



» BATS CAN HAVE RABIES.

- Avoid touching bats.
- Teach children to never touch bats.
- Keep bats out of your home.

What is rabies?

Rabies is a **disease** caused by a virus.
Rabies **almost always** causes **death** if left untreated.
Rabies is **100% preventable** with prompt medical care.

How does rabies spread?

Any warm-blooded animal can get rabies.

Rabies is spread through contact with saliva from infected animals. **People most often get rabies from animal bites.**

Bats are the only animals that regularly test positive for rabies in Washington state.

Facts about bats and rabies

Most bats do not have rabies. However, bats infected with rabies are found in Washington every year.

Encounters between bats and people increase when the weather warms up in spring and summer.

You cannot tell if a bat has rabies just by looking at it. Testing is needed to confirm if a bat has rabies.

PREVENT RABIES EXPOSURE

Avoiding contact with bats is the best way to prevent being exposed to rabies. Enjoy wildlife from a distance!



Do not touch wild animals, including bats.

Teach children to never touch bats and to tell an adult if they find a bat.

IF YOU HAVE CONTACT WITH A BAT

Follow these steps if someone has had contact with a bat, or might have had contact with a bat:



Attempt to safely capture the bat for testing if possible.

Wash bite or scratch areas with soap and water.

Call your healthcare provider and/or Kitsap Public



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PUBLIC HEALTH NEWS

Aug. 30, 2022

Kitsap bat tests positive for rabies; learn how to prevent rabies exposure

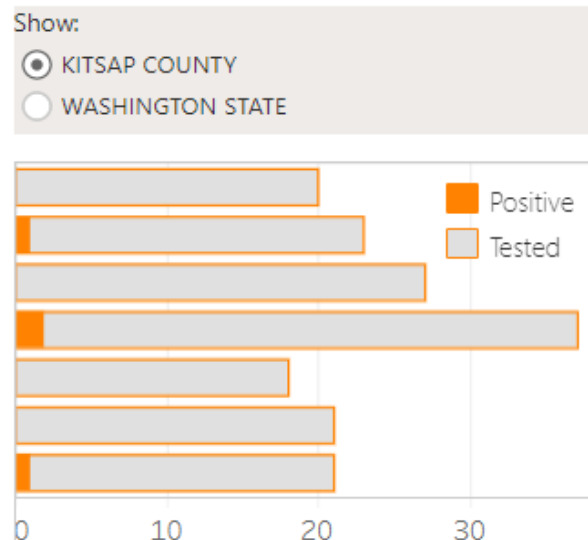
Bats are the only animals in Washington that regularly test positive for rabies. Avoid touching bats and teach children to never touch bats.



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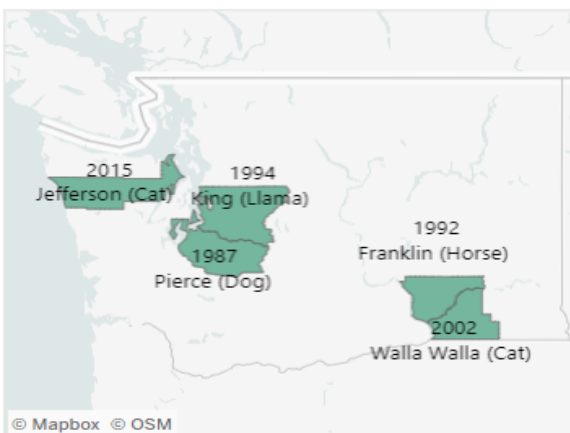
KITSAP COUNTY: BATS TESTED FOR RABIES AT WASHINGTON PUBLIC HEALTH LAB¹

Year	Positive	Tested	% Positive
2015	0	20	0.0%
2016	1	23	4.3%
2017	0	27	0.0%
2018	2	37	5.4%
2019	0	18	0.0%
2020	0	21	0.0%
2021	1	21	4.8%



- 4/167 bats=
- 2.4% Rabid in Kitsap
- 120/2195 bats=
- 5.5% Rabid in WA

NON-BAT ANIMALS TESTING POSITIVE FOR RABIES IN WASHINGTON, 1987-2020.*



* Bat-variant rabies strains were identified in the 1994, 2002, and 2015 animals. Specific rabies strain was not identified in the 1987 or 1992 animals, but the 1987 dog had history of bat exposure.

HUMAN RABIES CASES IN THE U.S., 2017 - 2021.²

Year	Cases (Deaths)	Cases by State
2015	3 (3)	MA(1), WY (1), PR (1)
2016	0 (0)	--
2017	2 (2)	FL (1), VA (1)
2018	3 (3)	DE (1), FL (1), UT (1)
Other bullets	0 (0)	--
2020	0 (0)	--
2021	5 (5)	ID (1), IL (1), MN (1), NY (1), TX (1)

https://kitsappublichealth.org/CommunityHealth/rabies_bats.php



Please!

- Ensure your pets are vaccinated or be ready to euthanize or strictly quarantine them if exposed to bats
- Avoid contact with bats
- Capture bats for testing and report all contact with bats to Kitsap Public Health District
- Receive immune globulin and rabies vaccination if you have contact with a bat with rabies or unknown status
- Know that rabies is a rare but deadly disease that can be prevented with vaccination in most exposures



Healthcare Access

September 6, 2022



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Recent Headlines

What it looks like when there aren't enough nurses

Niran Al-Agba Columnist
Published 9:07 a.m. PT Aug. 19, 2022

OP-ED

We face a public health emergency because hospitals can't discharge patients to care facilities

BY SOMMER KLEWENO WALLEY AND DR. TIMOTHY H. DELLIT

UPDATED AUGUST 22, 2022 7:40 PM

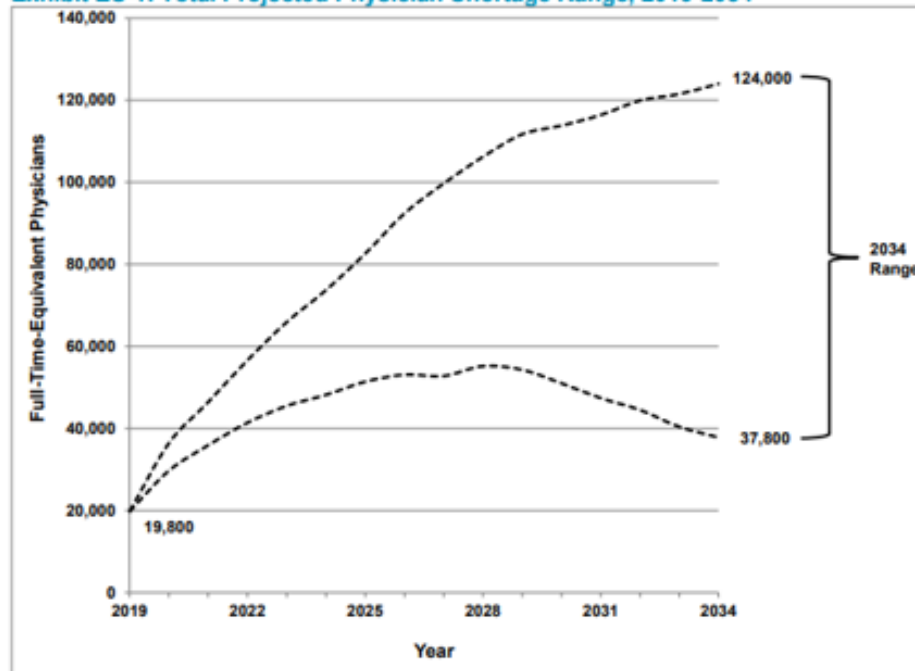
Heading to St. Michael Medical Center in an ambulance? You might have to wait in line



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National landscape

Exhibit ES-1: Total Projected Physician Shortage Range, 2019-2034



Note: Because complex systems have internal checks and balances to avoid extremes, the upper and lower bounds of the shortage projections reflect the range of most likely outcomes. The divergence over time represents increasing uncertainty.



The Complexities of Physician Supply and Demand: Projections From 2019 to 2034

By 2034, we project:

- ✓ A shortage of primary care physicians of between 17,800 and 48,000.
- ✓ A shortage across the non-primary care specialties of between 21,000 and 77,100 physicians.



At-a-glance

Measure	Kitsap	Washington	US
<u>Adults (19+) without health insurance (ACS, 2019)</u>	5% (n=10,324)	7%	11%
Population to primary care physician ratio* (Area Health Resource File/NPI Registry via County Health Rankings, 2019)	1,470:1 (n=184)	1,180:1	1,307:1
Population to dentist ratio* (Area Health Resource File/NPI Registry via County Health Rankings, 2020)	1,260:1 (n=217)	1,200:1	1,400:1
Population to mental health providers ratio* (NPI Registry via County Health Rankings, 2021)	250:1 (n=1,079)	230:1	250:1**
Hospital beds per 1,000 population (American Hospital Association via KFF, 2020)	+	1.58	2.38

*Provider ratios may be underestimates if license uses an OOC address; the ratio represents the number of individuals served by one provider in a county if the population was equally distributed across physicians

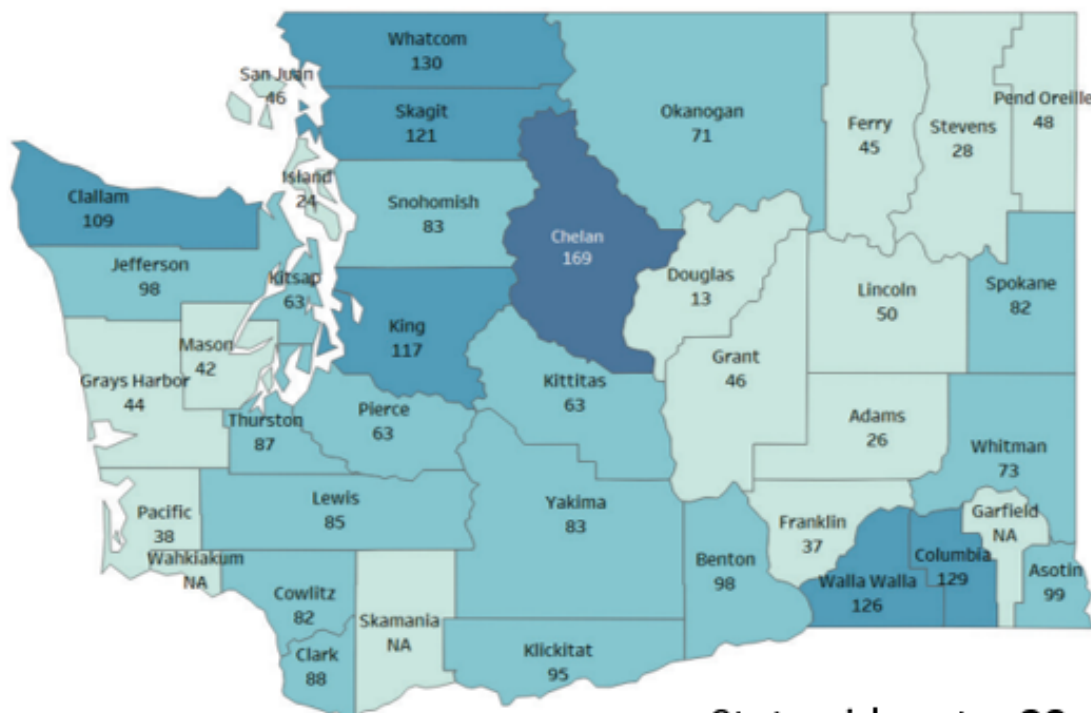
** Top US Performers ratio of population to mental health providers (90th percentile)

+Back-of-the-envelope estimate for SMMC: ~1/1,000



PCPs per 100,000 (2021)

**PCP includes family
medicine, internal
medicine, and pediatrics*

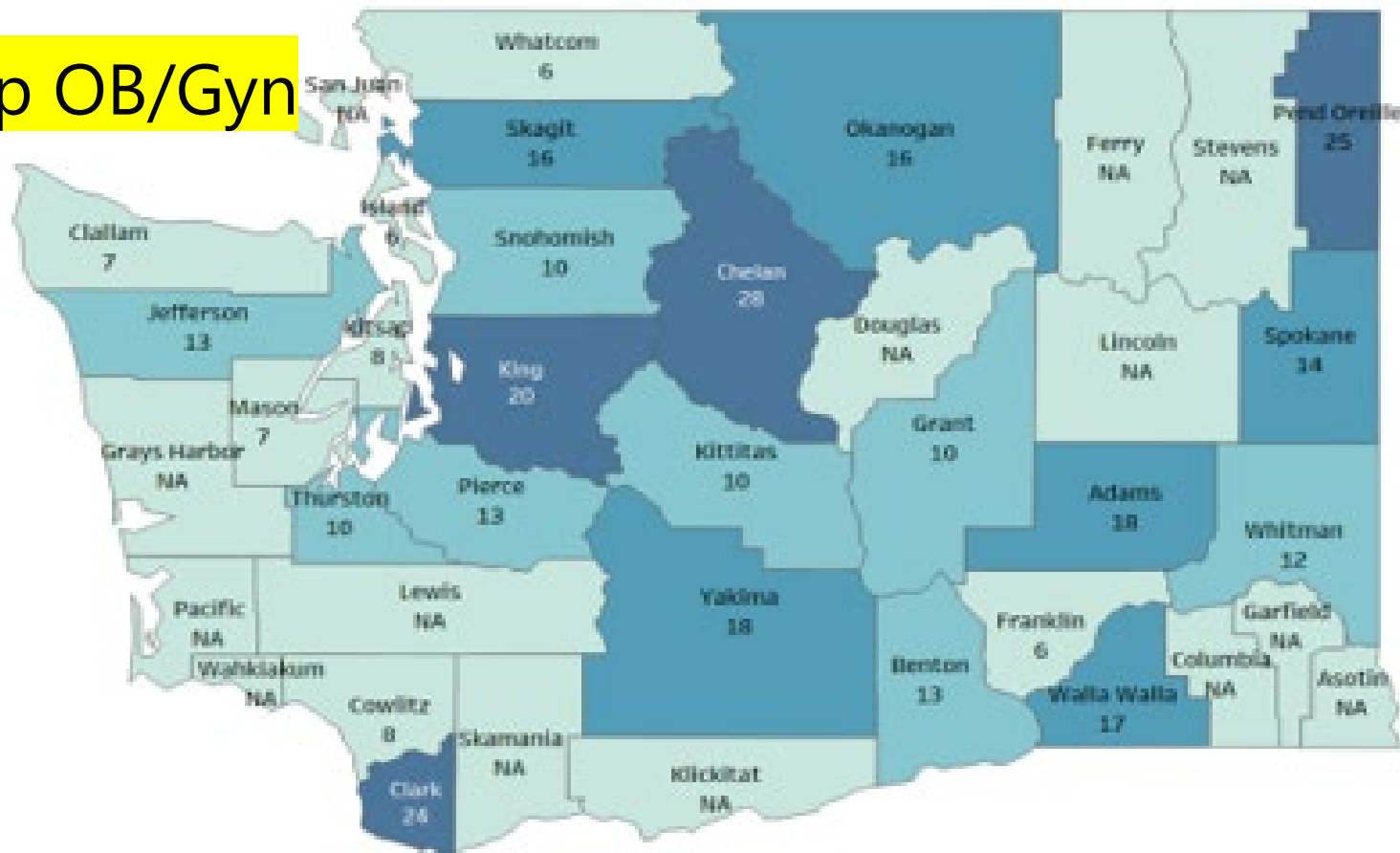


Statewide rate: **90**
Count of PCPs in Kitsap: **172**

Source: 2010-21 Physician Supply Estimates for Counties: Washington State. Forecasting and Research, The Office of Financial Management (OFM); **Note:** OFM uses health insurance carrier Network Access Reports and the health professional license database for their estimate and applies a record weighting system to account for PCPs with multiple locations.



Kitsap OB/Gyn

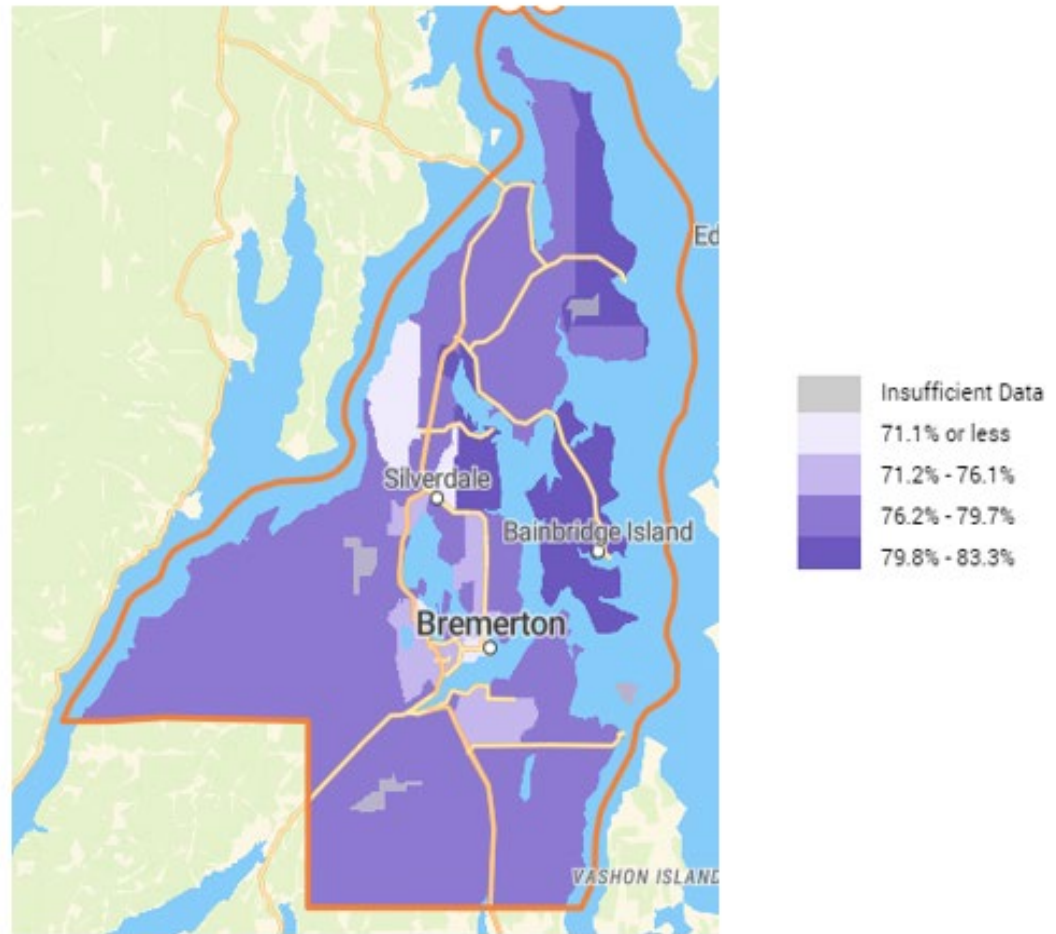


- WA State OB/GYNs per 100,000 Population, 2021: **15** (this is up from 13 in 2020)
- Kitsap County OB/GYNs per 100,000 Population, 2021: **8** (this is down from 9 in 2020)
- Map of OB/GYNs per 100,000 Population by County, 2021



Primary care doctor

Estimated percent of adults reporting to have a personal doctor or healthcare provider in 2018 by 2010 Census tract.

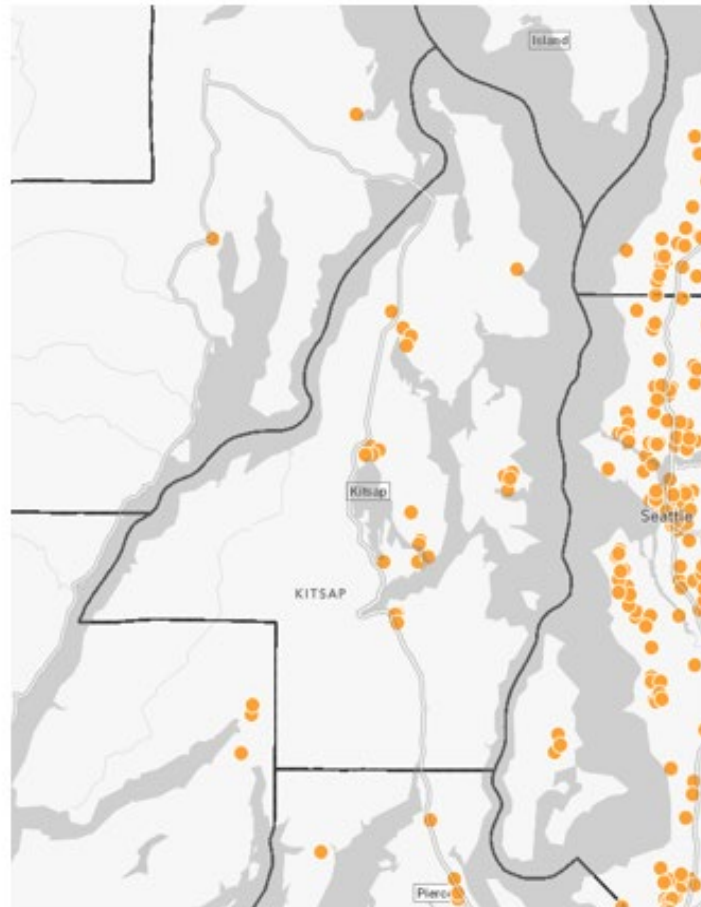


Source: [PolicyMap](#), (based on data from BRFSS; Accessed 24 August 2022).



Childhood Vaccine Program

Providers who received publicly-supplied vaccines through the Childhood Vaccine Program



Source: WA DOH Childhood Vaccine Program [Provider Map](#), accessed August 2022.



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RESOURCES

EPIDEMIOLOGY

DOH: <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/monkeypox>

CDC: <https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>

INFECTION PREVENTION

CDC What Clinicians Need to Know: <https://www.cdc.gov/poxvirus/monkeypox/pdf/What-Clinicians-Need-to-Know-about-Monkeypox-6-21-2022.pdf>

CDC Infection Control: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control.html>

VACCINE

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/smallpox-vaccine.html>

<https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html>

TREATMENT

CDC Interim Clinical Guidance for the Treatment of Monkeypox:

https://www.cdc.gov/poxvirus/monkeypox/clinicians/treatment.html#anchor_1655488137245

Information for Healthcare Providers on Obtaining and Using TPOXX (Tecovirimat) for Treatment of Monkeypox

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html>





QUESTIONS?

