

Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the **PHAB Domain 2 Standard 1 Measure 6**.

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

Document Title:	Tick-Borne Disease in Washington State						
Document Date:	August 2009						
Version of Standards and Measures Used: 1.0							
Related PHAB Standard and Measure Number							
Domain:	2	Standard:	1	Measure:	6	Required Documentation:	1
<p>Short description of how this document meets the Standard and Measure's requirements:</p> <p>At the request of a local health jurisdiction, Communicable Disease Epidemiology Section developed an issue of the communicable disease monthly newsletter with information about tick-borne diseases in Washington State and means to prevent such infections.</p>							
Submitting Agency:	Washington State Department of Health						
Staff Contact Name:	Megan Davis						
Staff Contact Position:	Planning and Accreditation Coordinator						
Staff Contact Email:							
Staff Contact Phone:							
<p>Can we attribute the document to your agency?</p> <p><input checked="" type="checkbox"/> Yes, you can include our agency name when posting</p> <p><input type="checkbox"/> No, please post the document anonymously</p>							
<p>Can we include staff name and contact information with the documentation?</p> <p><input type="checkbox"/> Yes, you can include staff contact information</p> <p><input type="checkbox"/> No, please do not include staff contact information</p>							

Thank you for submitting your health agency's documentation to the Accreditation Library. We appreciate your contribution to this resource, and we look forward to continuing to provide you with assistance in your accreditation work.

The following are PHAB's policies for all submitted documentation¹:

- a. No draft documents will be accepted for review by PHAB.
- b. All documentation must be in effect and in use at the time that they are submitted to PHAB.
- c. Documents must be submitted to PHAB electronically. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not accept hard copies of any documentation, either with documentation submission or at the site visit. In order for documentation to be considered by site visitors it must be in an electronic format and included in the health department's record of documentation in the e-PHAB system.
- d. A PDF version of all documentation is preferred. If a document is not a PDF, it should be in a commonly used program such as Word, Excel, or PowerPoint. Documents created using health department specific software, special graphics, or other program not commonly used, will not be accepted.
- e. In many cases, a measure is demonstrated only once, at a central point in the health department. Examples of these types of documentation requirements include department-wide policies (such as human resource policies), procedures, and plans. In these cases the requirement is for a specific, central document, rather than for examples.
- f. Where documentation requires examples, health departments must submit two examples, unless otherwise noted in the list of required documentation or the guidance.
- g. Health departments are encouraged to provide narrative that describes how the submitted document relates to and meets the requirement. Text boxes will be provided by e-PHAB for health departments to include descriptions and explanations.
- h. Health departments must comply with e-PHAB electronic submission requirements and processes.

¹ PHAB requirements as listed in National Public Health Department Accreditation Documentation Guidance, page 2: <http://www.phaboard.org/wp-content/uploads/National-Public-Health-Department-Accreditation-Documents-Guidance-Version-1.0.pdf>

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Communicable Disease Epidemiology
Measure 2.1.6S

Tick-Borne Disease in Washington State
August 2009

Read Me

At the request of a local health jurisdiction, Communicable Disease Epidemiology Section developed an issue of the communicable disease monthly newsletter with information about tick-borne diseases in Washington State and means to prevent such infections.

-----Original Message-----

From: Jacqueline Dawson [mailto:jacqueline.dawson@cdhd.wa.gov]

Sent: Thursday, July 16, 2009 5:32 PM

To: Marsden-Haug, Nicola M (DOH); Goldoft, Marcia (DOH)

Cc: Todd, Deborah (DOH)

Subject: FW: EpiTRENDS suggestion and Epi Road Show

Hi Marcia and Nicola,

Would you consider devoting the next EpiTrends to tickborne diseases? We are getting a lot of questions this summer. Plus Okanogan just transferred a suspect relapsing fever patient to Deaconess. I mentioned updating the DOH tickborne diseases website to Liz Dykstra. Perhaps she would be willing to assist with this article?

Is another Epi Road Show being planned for the fall? The "locals" greatly appreciate these workshops. We always learn a lot. Plus this year there is so much to discuss on pandemic influenza!!! Thanks for considering these suggestions.

Jackie

Jacqueline Dawson, PhD

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epiTRENDS

A Monthly Bulletin on Communicable Disease Epidemiology and
Public Health Practice in Washington State

Tick-borne Disease in Washington State

Vol. 14 No. 8

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Now is the peak season for tick-borne diseases. Washington is home to several species of ticks known to transmit notifiable diseases including four reviewed here: Lyme disease, Rocky Mountain spotted fever, malaria, and tick-borne relapsing fever.

Lyme Disease (LD)

The primary vector of LD in the western United States is *Ixodes pacificus*, a hard tick that lives in humid environments such as heavily-forested or dense brushy areas. Infected ticks transmit *Borrelia burgdorferi*, the causative bacterium. Although immature ticks preferentially bite birds and small mammals, humans and dogs may serve as substitute hosts. Adult ticks bite livestock, dogs and humans.



Ixodes pacificus
(Western black-legged tick)
Vector for Lyme Disease

Endemic LD is uncommon here. Although the Washington State Department of Health (DOH) receives 7-23 reports of LD annually, most tick exposures occurred in other states or countries. Based on limited data, the local risk of infection appears to be highest west of the Cascade Mountains, reflecting the distribution of its tick vector. However, *Ixodes* ticks and endemic LD have been documented on the eastern side of the state.

In most cases the first sign of LD is a rash called erythema migrans (EM), which begins 3-32 days after a tick bite and is usually first noted at the site of the bite. EM expands over several days with central clearing, resulting in a bull's-eye, or target shaped, appearance. Patients often have fatigue, chills, fever, headache, muscle and joint aches, and swollen lymph nodes. In a few cases, neurological, cardiac, or musculoskeletal complications may develop weeks or months later. LD can be cured with antibiotics, especially with early treatment.



"erythema migrans" (EM)
Bull's-eye rash seen in
Lyme Disease

Continued page 2

 Washington State Department of
Health

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TBRF is caused by several *Borrelia* species, in Washington most commonly *B. hermsii*. The local vector is *Ornithodoros hermsii*, a soft tick typically found at higher altitudes (1500 – 8000 feet) in eastern parts of the state. The ticks live in rodent nests, which may be under flooring or between walls. If rodents are scarce or nests are disturbed, the ticks may bite other warm-blooded animals, including humans, for their blood meals. Unlike hard ticks, soft ticks usually feed at night. Most people are unaware of a bite. Almost all exposures are associated with overnight stays in rural cabins, usually but not always during summer months.

TBRF is characterized by recurring fevers, often accompanied by headache, muscle and joint aches, and nausea. Complications can occur during pregnancy. Laboratory diagnosis is based on seeing spirochetes on a blood smear, usually during the febrile periods. Confirmation at DOH is not necessary. Serology is not case defining. Treatment is with antibiotics.



Borrelia hermsii spirochete
Vector of TBRF in Washington
Image courtesy of WA-PHL

Preventing Tick-borne Disease

Although few cases of tick-borne disease occur in Washington, the state is home to tick vectors. While in potential tick habitat take the following precautions:

- Tuck pants into socks or boots when hiking.
- Wear light colored clothing.
- Use tick repellents with DEET or permethrin – be sure to follow label instructions.
- Check for ticks after risk activities – transmission usually requires hours of tick attachment.
- Avoid sleeping in rodent infested buildings.
- Identify and remove any rodent nesting material from walls, ceiling, and floors.
- Perform rodent control by sealing entry points where rodents could enter the building.
- Consider tick control products – be sure to follow label instructions or hire a pest management professional.

For more information about tick-borne diseases, see:

- <http://www.doh.wa.gov/notify/guidelines/pdf/lyme.pdf>
- <http://www.doh.wa.gov/notify/guidelines/pdf/malaremia.pdf>
- <http://www.doh.wa.gov/notify/guidelines/pdf/relapsing.pdf>
- www.doh.wa.gov/ehp/ts/Zoo_WATickDiseases.htm
- www.cdc.gov/ticks/diseases/index.html

Editor's note: Other than *Borrelia hermsii*, all images in this month's issue of *EpiTrends* are courtesy of the Centers for Disease Control and Prevention.

From: Jacqueline Dawson [jacqueline.dawson@cdhd.wa.gov]
Sent: Thursday, August 20, 2009 4:02 PM
To: Marsden-Haug, Nicola M (DOH); Dykstra, Elizabeth A (DOH); Todd, Deborah (DOH)
Subject: FW: EpiTRENDS August 2009 now online

Wonderful TBD review!!!

Thanks so much!

Jackie

PS It is nice to read some non-flu material :)!

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-----Original Message-----

From: Todd, Deborah (DOH) [mailto:Deborah.Todd@DOH.WA.GOV]
Sent: Wednesday, August 19, 2009 1:12 PM
To: EPITRENDS@LISTSERV.WA.GOV
Subject: EpiTRENDS August 2009 now online

The August 2009 EpiTRENDS and the July 2009 Monthly Summary are now available on-line. This EpiTRENDS issue discusses Tick-borne disease in Washington State:

<http://www.doh.wa.gov/EHSPHL/epitrends/default.htm>
<<http://www.doh.wa.gov/EHSPHL/epitrends/default.htm>>

Do you have suggestions for topics you'd like to see covered in upcoming issues of EpiTRENDS? If so, please send them to me at the email address below. If you have any other comments or questions, please contact me directly. Thank you.

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"Public Health - Always working for a safer and healthier Washington"

Communicable Disease Epidemiology

Measure 2.1.6S

Communicable Disease Epidemiology is responsible for providing technical assistance to local health jurisdictions in responding to public health hazards.

2.1.6S_1_CDE_Tick-borne Newsletter.doc

A local health jurisdiction requested a newsletter addressing tick-borne illnesses in Washington State (E-mail, Page 1). In response Communicable Disease Epidemiology produced an article covered major tick-borne diseases and prevention (Newsletter, Page 3). The local health jurisdiction gave feedback about the article (E-mail, Page 4).

The newsletter is available on-line at: <http://www.doh.wa.gov/EHSPHL/epitrends/09-epitrends/09-08-epitrends.pdf>.