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**NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

Update on Xylazine, COVID-19, and RSV vaccines, Vibrio vulnificus, and West Nile Virus

Xylazine - Rare in Thurston County, Washington

Action Requested:

- 1) Be aware that this year xylazine has been detected in Washington State.
- 2) Xylazine is a veterinary tranquilizer mixed primarily with fentanyl but has also been found mixed with other illicit drugs including heroin and cocaine. When mixed with fentanyl or other opioids it is called “tranq” or “tranq dope”.
- 3) Be aware that xylazine is an alpha-2 adrenergic agonist and can cause prolonged sedation, compromise the airway, respiratory suppression, lower blood pressure, slow heart rate, and can be fatal in overdose.
- 4) Consider xylazine exposure in patients who present with severe, necrotic wounds. Wounds can appear at sites distant from the injection site and when xylazine is sniffed or smoked. Wound care for xylazine-induced wounds includes cleaning wounds with soap and water, covering wounds with a non-adherent dressing covered by an absorbent dressing.
- 5) Use naloxone when any drug overdose is suspected to reverse any possible opioid effects. Although Xylazine is not an opioid and is not known to be reversed by naloxone it is often taken in combination with opioids and reversing the effects of opioids can be lifesaving when multiple substances are contributing to the overdose.
- 6) Provide patients who are at risk of opioid misuse or overdose with information about xylazine and its risks as well as naloxone. Inform them of ways they can reduce the risk of harm from xylazine including, not using alone, carrying naloxone, and knowing how to use it, seeking medical care for skin wounds, and reducing injection-related risks by using sterile injection equipment, rotating injection sites, and allowing time to heal before using that site again. A Xylazine factsheet from the National Harm Reduction Coalition can be found here: <https://harmreduction.org/wp-content/uploads/2022/11/Xylazine-in-the-Drug-Supply-one-pager.pdf>.
- 7) Be aware that xylazine withdrawal can occur in people who have experienced repeated xylazine exposure and have decreased or stopped use. Symptoms of xylazine withdrawal include agitation, severe anxiety, and hypertension. People suffering from xylazine withdrawal may

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need medications to treat xylazine withdrawal in addition to opioid withdrawal.

- 8) Be aware that xylazine is not detected through routine toxicology screening. Xylazine test strips are available at the [Thurston County Drug User Health Program](#) (previously Syringe Services). No test is perfect and in addition to the limitations of the test accuracy of testing depends on multiple factors including the composition of the drug sample used to test, following the testing procedure exactly, and the condition of test materials at the time of testing.
- 9) Be aware that the [National Clinician Consultation Center](#) offers clinician-to-clinician consultation for primary care providers with questions about substance use evaluation and management through the Substance Use Warmline at (855) 300-3595. Consultation is available Monday through Friday, between 9 a.m. and 8 p.m. ET, from addiction medicine-certified physicians, clinical pharmacists, and nurses with special expertise in pharmacotherapy options for opioid use.

Background:

Xylazine is an alpha-2 receptor agonist that is used as an animal tranquilizer and has been increasingly found in the illicit drug supply in the United States. It is most frequently found in combination with fentanyl to prolong the sedative effect but has been reported in combination with other drugs as well as taken alone. Repeated xylazine exposure has been associated with severe wounds that may occur at a site other than the injection site and in cases where xylazine has not been injected. Withdrawal symptoms have been reported in people with repeated exposure to xylazine which requires treatment in addition to treatment for opioid withdrawal. The Drug Enforcement Administration (DEA) has seized xylazine and fentanyl mixtures in 48 of 50 states, and the DEA laboratory system reported that approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA in 2022 contained xylazine. Xylazine remains rare in Thurston County and Washington State.

Resources:

- FDA warns about the risk of xylazine exposure in humans| Food and Drug Administration: <https://www.fda.gov/media/162981/download>
- What You Should Know About Xylazine| Centers for Disease Control and Prevention: <https://www.cdc.gov/drugoverdose/deaths/other-drugs/xylazine/faq.html#content>
- Xylazine| Drug Enforcement Administration: https://www.deadiversion.usdoj.gov/drug_chem_info/Xylazine.pdf
- New and emerging drugs in state crime lab evidence: Quarter 1& 2 2023|University of Washington Addictions, Drug & Alcohol Institute: https://adai.washington.edu/wadata/new&emerging_cases.htm
- National Clinician Consultation Center Substance Use Resources: <https://nccc.ucsf.edu/clinical-resources/substance-use-resources/>

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Update on RSV and COVID-19 Vaccines:

RSV (Respiratory Syncytial Virus)

Action Requested:

- 1) Be aware that RSV transmission levels are increasing in some parts of the Southeast United States which in past years has marked the start of RSV season with increased RSV activity moving North and West over the next 1-2 months.
- 2) Be aware that two RSV prevention options have been approved for the 2023-2024 RSV season:
 - a. Infants and young children: Nirsevimab is a long-acting monoclonal antibody approved by the Food and Drug Administration (FDA) to protect infants and some young children at increased risk for severe RSV disease. It's recommended for all infants < 8 months who were born during or are entering their first RSV season if, the mother did not receive a RSV vaccine during pregnancy, the mother's RSV vaccination status is unknown, or the infant was born within 14 days of maternal RSV vaccination, as well as infants and children ages 8–19 months who are at increased risk for severe RSV disease. Nirsevimab is expected to become available in October.
 - (i) *Another prevention product, palivizumab (Synagis[®], SobiTM), is available for children < 24 months of age with certain conditions that place them at increased risk for severe RSV disease. Where nirsevimab is not available during this RSV season, the American Academy of Pediatrics (AAP) recommends that eligible infants and older babies continue to receive palivizumab until nirsevimab becomes available.*
 - b. People over age 60: RSVpreF3 and RSVpreF are recombinant protein vaccines that are both approved by the FDA for use in adults ages 60 years and older to prevent RSV-associated lower respiratory tract disease. The CDC recommends that adults ages 60 years and older may receive a single dose of RSV vaccine (either product) using shared clinical decision-making to prevent RSV-associated lower respiratory tract disease. Clinicians should discuss RSV vaccination with adults ages 60 years and older. Vaccination should be prioritized in adults ages 60 years and older who are most likely to benefit, including those with certain chronic medical conditions associated with increased risk of severe RSV disease, such as heart disease (e.g., heart failure, coronary artery disease), lung disease (e.g., chronic obstructive pulmonary disease [COPD], asthma), and immunocompromising conditions. Adults with advanced age and those living in nursing homes or other long-term care facilities are also at increased risk of severe RSV disease and may benefit from RSV vaccination.
 - c. Pregnant People: On August 21, 2023, FDA approved the RSVpreF vaccine (AbrysvoTM, Pfizer) for use in pregnant people during weeks 32 through 36 of gestation for the prevention of RSV-associated lower respiratory tract disease in infants

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from birth through 6 months of age. CDC's Advisory Committee on Immunization Practices (ACIP) will consider the evidence for a policy recommendation about RSV vaccination in this population in the future.

COVID-19

Action Requested:

- 1) Be aware of increasing COVID-19 activity in Thurston County and Washington State. The Washington State Department of Health now has a [viral respiratory illness dashboard](#).
- 2) Be aware that the updated COVID-19 vaccine is currently available through commercial pathways. Publicly funded COVID-19 vaccine is available through the Childhood Vaccine program for all children 6 months - 19 years of age and through the Adult Vaccine Program funded by the CDC Bridge Access Program for uninsured or underinsured adults ages 19 and older.
 - a. Providers wishing to enroll in the Washington State Childhood Vaccine Program can find information here: <https://doh.wa.gov/public-health-healthcare-providers/public-health-system-resources-and-services/immunization/childhood-vaccine-program>
 - b. Providers wishing to administer publicly funded Influenza and COVID-19 vaccines to uninsured or underinsured adults this fall should enroll in the Adult Vaccine Program: <https://doh.wa.gov/public-health-healthcare-providers/public-health-system-resources-and-services/immunization/adult-vaccine-program>
- 3) Discuss the importance of COVID-19 vaccination with patients. Recommend the updated COVID-19 vaccine to eligible people ages 6 months and older. CDC recommendations can be found here: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>

Background:

Viral respiratory illnesses typically circulate more heavily during the fall and winter months. This season Influenza and COVID-19 vaccines are recommended for individuals ages 6 months and older. Nirsevimab a long-acting monoclonal antibody to RSV is recommended for children 8 months and younger as well as children ages 8 to 19 months, who are at risk for severe disease. RSV vaccine is recommended for pregnant people between weeks 32 to 36 of pregnancy. People ages 60 and older are approved to receive the vaccine after shared clinical decision-making with their healthcare providers. Vaccines for viral respiratory illnesses are an important way to reduce the risk of severe illness, medical visits, hospitalizations, and death.

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Resources:

- CDC HAN 498 Increased Respiratory Syncytial Virus (RSV) Activity in Parts of the Southeastern United States: New Prevention Tools Available to Protect Patients| CDC:
<https://emergency.cdc.gov/han/2023/han00498.asp>
- Respiratory Syncytial Virus Infection (RSV) For Healthcare Providers| CDC:
<https://www.cdc.gov/rsv/clinical/index.html>
- Interim Clinical Considerations for use of COVID-19 Vaccines in the United States| CDC:
<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>
- Seasonal Influenza Vaccination Resources for Health Professionals| CDC:
<https://www.cdc.gov/flu/professionals/vaccination/index.htm>

Update on Vibrio Vulnificus and West Nile Virus:

Vibrio Vulnificus

Background:

The CDC has released a health alert urging healthcare providers to consider *Vibrio vulnificus* (*V. vulnificus*) as a possible cause of infected wounds that were exposed to coastal waters, particularly near the Gulf of Mexico or East Coast; during periods with [warmer coastal sea surface temperatures](#) and provided guidance for clinical management of cases. There have been recent reports of deaths and severe illness secondary to *V. vulnificus* infections, including wound and foodborne infections. There have been no reports of *V. vulnificus* infection attributed to eating Washington State shellfish or contact with Washington marine waters. The first locally acquired *V. vulnificus* infections reported in Washington residents occurred in 2016 and 2017 (one case each year) and both were associated with handling farmed tilapia fish purchased from live freshwater tanks.

Resources:

- CDC HAN 497: Severe Vibrio vulnificus Infections in the United States Associated with Warming Coastal Waters| CDC: <https://emergency.cdc.gov/han/2023/han00497.asp>
- Vibriosis from Shellfish| DOH: <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/vibriosis-shellfish>

West Nile Virus

Action Requested:

- (1) Be aware that there have been two confirmed cases of West Nile Virus in residents from Walla Walla and Franklin counties who were most likely exposed within their county of residence. The Washington State Department of Agriculture (WSDA) has reported two cases of West Nile Virus in horses in Benton and Grant counties that were also most likely exposed in their county of residence. These cases were diagnosed in September 2023.

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Background:

West Nile virus is a virus carried by mosquitos that can cause illness in people and animals. Avoiding mosquito bites is the best way to prevent West Nile Virus. Most people (8 out of 10) infected with West Nile virus do not develop any symptoms. About 1 in 5 people who are infected develop a fever with other symptoms such as headache, body aches, joint pains, vomiting, diarrhea, or rash. Most people with febrile illness due to West Nile virus recover completely, but fatigue and weakness can last for weeks or months. About 1 in 150 people who are infected develop a severe illness affecting the central nervous system such as encephalitis (inflammation of the brain) or meningitis (inflammation of the membranes that surround the brain and spinal cord). Disease due to West Nile virus occurs during mosquito season in Washington state, which starts in the summer and continues through the early fall. Washington state sees a few cases of West Nile virus every year, particularly in areas with hot summer temperatures. The virus is most often reported in south-central Washington, but it has been identified throughout the state.

Resources:

- West Nile Virus | CDC: <https://www.cdc.gov/westnile/index.html>
- West Nile Virus Data | DOH: <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/west-nile-virus>
- West Nile Virus | DOH: <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/west-nile-virus>

THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable conditions (24 hours a day) : Reporting a Notifiable Condition (thurstoncountywa.gov)	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions – Calls are answered during business hours Monday-Friday 8am-5pm (excluding holidays) and routed to the appropriate communicable disease team member.	Phone: 360-867-2610 Secure eFax: 1-833-418-1916
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is immediately notifiable or a public health emergency	Call 1-877-539-4344

Communicable Disease Updates are posted online at: [Communicable Disease Updates \(thurstoncountywa.gov\)](#)