



QUARTERLY REPORT

**1st Quarter
March 2015**

Marion County Health Department
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To report a communicable disease
(24 hours a day, 7 days a week)

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This report contains preliminary data that is subject to change.

Vital Statistics Quarter Ending: March 2015	1st Quarter		Year to Date	
	2015	2014	2015	2014
BIRTHS	1200	1177	1200	1177
Delivery in Hospital	1180	1153	1180	1153
Teen Deliveries (10-17)	28	29	28	29
DEATHS	737	594	737	594
TOTAL	737	594	737	594
Medical Investigation	59	45	59	45
Homicide	2	2	2	2
Suicide	12	7	12	7
Accident – MVA	5	2	5	2
Accident – Other	22	22	22	22
Natural / Undetermined / Pending	18	12	18	12
Non-Medical Investigation (all natural)	677	549	677	549
Infant Deaths	2	4	2	4
Fetal Deaths	2	3	2	3
COMMUNICABLE DISEASES	2	0	2	0
E-Coli: 0157	2	0	2	0
Hepatitis A	0	0	0	0
Acute Hepatitis B	1	0	1	0
Chronic Hepatitis B	5	9	5	9
Meningococcus	0	4	0	4
Pertussis	13	4	13	4
Tuberculosis	1	1	1	1
SEXUALLY TRANSMITTED DISEASE	2	14	2	14
PID (Pelvic inflammatory Disease)	2	14	2	14
Chlamydia	422	380	422	380
Gonorrhea	58	19	58	19
Syphilis	15	10	15	10
Early Syphilis*	13	6	13	6
HIV/AIDS	3	4	3	4

*Note an Early Syphilis category had been added. Early Syphilis cases require disease Investigation

Sexually Transmitted Infections in Marion County An Update

Karen Landers MD MPH, Marion County Health Officer
April is Sexually Transmitted Disease (STD) Awareness Month – an annual reminder of the health prevention work needed to address the 20 million STDs that occur each year in the United States. These infections disproportionately affect the young; an estimated 50% of reported STDs occur among people 15-24 years of age and may cause serious health problems or infertility if untreated. Gonococcal infections and infectious syphilis (primary, secondary and early latent) have been increasing in both Oregon and Marion County. (See Graphs) Syphilis rates remain highest in men who have sex with men (MSM) but syphilis infections in women resulted in 2 cases of congenital syphilis in Oregon during 2014 (one of which was in Marion County). You can help reduce and prevent STD transmission with screening and treatment as needed for gonorrhea, chlamydia, syphilis, and Human Immunodeficiency Virus infection (HIV) as follows:

- Screen sexually active women under the age of 25 years for chlamydia and gonorrhea annually
- Screen all pregnant women for syphilis at the first prenatal visit and consider adding a 2nd test at 28 weeks gestation for risk factors (such as male partner who is MSM, methamphetamine use, history of previous STDs).
- Screen all sexually active gay, bisexual and MSM patients annually for gonorrhea, chlamydia, and syphilis, and HIV infection.
- Increase syphilis and HIV screening frequency to 3-6 months for high risk MSM (anonymous partners, illicit drug use associated with sexual activity, drug-using partners)

Ocular Syphilis – Be on the Lookout

Since December, 2014, an unusually high number of ocular syphilis cases have been identified in Washington, California, and Oregon. Several of the cases have resulted in severe sequelae including blindness. During this time, 5 cases of syphilis with ocular involvement have been diagnosed in Oregon along with four additional syphilis cases having possible ocular complications. Of the 5 known cases, all occurred in men; 2 had HIV infection, 2 reported sex with men, and 2 reported sex with women. Two of the cases had secondary syphilis at the time of diagnosis. Ocular syphilis, a clinical manifestation of neurosyphilis, can involve almost any eye structure, but posterior uveitis and panuveitis are the most common.

Continued

Additional clinical findings may include anterior uveitis, optic neuropathy, retinal vasculitis, and interstitial keratitis. Neurosyphilis can occur during **any** stage of syphilis including primary and secondary syphilis. **REPORT** suspected cases of syphilis including ocular syphilis within one working day to the local health department.

Call Marion County Health Department at 503.588.5621 to report.

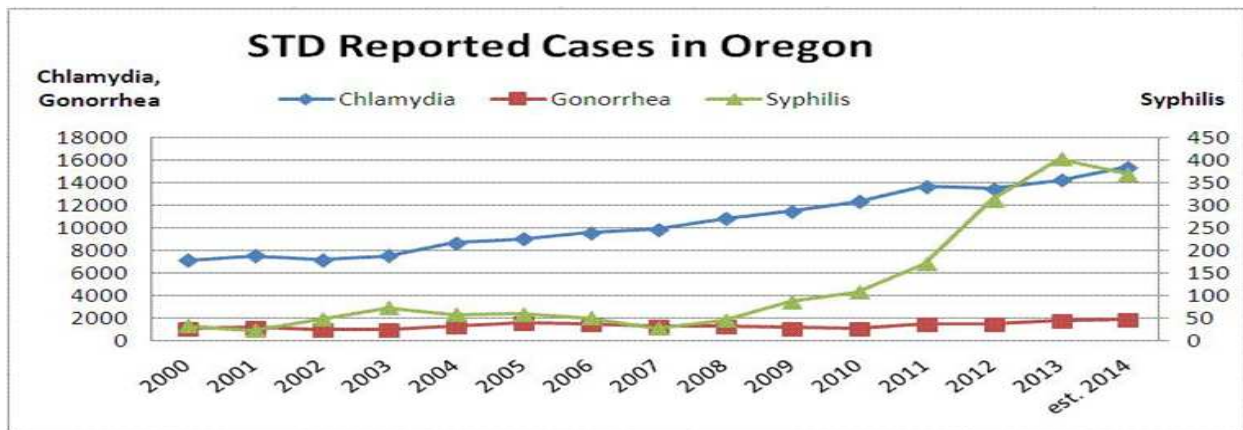
Given the recent increasing rates of syphilis in Marion County and Oregon, the following syphilis evaluation and treatment guidelines are recommended::

- Screen for syphilis and visual complaints in patients at high risk for syphilis (HIV-infected persons, MSM, persons with multiple/ anonymous partners etc.)
- All patients with syphilis should receive an HIV test if status is unknown or previously HIV-negative.
- Patients with syphilis and ocular complaints should receive immediate ophthalmic evaluation.
- A lumbar puncture with cerebrospinal fluid (CSF) examination should be performed in patients with syphilis and ocular complaints.
- Ocular syphilis should be managed according to treatment recommendations for neurosyphilis From Centers for disease Control and Prevention (CDC) as follows:

Aqueous crystalline penicillin G 18-24 million units per day (3-4 million units IV every 4 hours) for 10-14 days OR Procaine Penicillin 2.4 million units IM once daily with Probenecid 500 mg orally 4 times/day for 10-14 days.

HPV9 - Cancer Prevention Expanded

During its February 2015 meeting the Advisory Committee on Immunization Practices (ACIP) recommended 9-valent human papilloma virus (HPV) vaccine as one of 3 HPV vaccines that can be used for routine vaccination. The majority of HPV-associated cancers are caused by HPV 16 or 18 types; the additional 5 types included in the 9-valent vaccine (31,33, 45, 52, and 58) account for 15% of cervical cancers and 10% of invasive HPV-associated cancers. In a phase III efficacy trial comparing 9vHPV with 4vHPV among approximately 14,000 females (16 through 26 years) prevention efficacy of cervical, vulvar, and vaginal intraepithelial neoplasia of grade 2 or higher was greater than 96%. The safety profile for 9vHPV was similar to 4vHPV. ACIP recommends vaccination with 9vHPV starting at age 11-12 years in both males and females in a three dose series. **If vaccination providers do not know or do not have the HPV vaccine product previously administered, or are in settings transitioning to 9vHPV, any available HPV product may be used to continue or complete the series for females; 9vHPV or 4vHPV maybe used to continue or complete the series for males.** Introduction of 9vHPV in both males and females was cost-effective in modeling studies; because the additional five types in 9vHPV vaccine account for a higher proportion of HPV-associated cancers in females compared with males, the additional protection will mostly benefit females.



Reported Cases of Syphilis, Gonorrhea, and Chlamydia in Marion County 2010-present

	2010	2011	2012	2013	2014	2015 to date
Syphilis	4	4	4	23	30	14
Gonorrhea	86	81	103	68	133	58
Chlamydia	1389	1497	1421	1359	1590	442

DID YOU KNOW?

The Oregon STD Program has recently updated recommendations for Expedited Partner Therapy in patients with confirmed chlamydia and gonorrhea whose sexual contacts are unable or unwilling to be evaluated and treated in the clinic setting.

For more information see:

<http://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/SexuallyTransmittedDisease/Pages/partnertherapy.aspx>