



QUARTERLY REPORT

**1st Quarter
March 2006**

Marion County Health Department
3180 Center St NE
Salem OR 97301-4592
(503) 588-5357
<http://health.co.or.us>

To report a communicable disease
(24 hours a day, 7 days a week)

Telephone: (503) 588-5621
Fax: (503) 566-2920

Vital Statistics Quarter Ending: March 2006	1st Quarter		Year to Date	
	2006	2005	2006	2005
<u>BIRTHS</u>				
TOTAL DELIVERIES	1368	1223	1368	1223
Delivery in Hospital	1353	1209	1353	1209
Teen Deliveries (10-17)	70	49	70	49
<u>DEATHS</u>				
TOTAL	644	677	644	677
Medical Investigation	64	51	64	51
Homicide	03	0	03	0
Suicide	09	06	09	06
Accident – MVA	06	06	06	06
Accident – Other	13	13	13	13
Natural / Undetermined / Pending	33	26	33	26
Non-Medical Investigation (all natural)	580	626	580	626
Infant Deaths	02	04	02	04
Fetal Deaths	03	01	03	01
<u>COMMUNICABLE DISEASES</u>				
E-Coli: 0157	03	01	03	01
Hepatitis A	01	0	01	0
Acute Hepatitis B	02	05	02	05
Chronic Hepatitis B	14	11	14	11
Meningococcus	0	0	0	0
Pertussis	04	48	04	48
Tuberculosis	01	06	01	06
<u>SEXUALLY TRANSMITTED DISEASE</u>				
PID (Pelvic inflammatory Disease)	01	01	01	01
Chlamydia	244	222	244	222
Gonorrhea	28	11	28	11
Syphilis	02	0	02	0
AIDS	01	01	01	01
HIV Positive	04	03	04	03

Striving to Eliminate Hepatitis B Transmission:
Vaccinate at Birth

Karen Landers MD MPH, Marion County Health Officer

Great strides have been made to reduce the incidence of hepatitis B virus (HBV) infection in the U.S. From 1990-2004, the incidence of hepatitis B in the U.S. declined 75% overall. The greatest decline (94%) has occurred among children and adolescents to whom recommendations for routine infant and adolescent vaccination have applied. As of 2004, greater than 92% of U.S. children aged 19-35 months had been fully vaccinated with three doses of hepatitis B vaccine. Since implementation of routine childhood immunization, an estimated 6,800 perinatal infections and an additional 18,700 infections during the first year of life have been prevented annually in the United States.

Prevention of hepatitis B infection in the perinatal period is critical; 90% of infected infants will become chronic carriers i.e., be viremic for life. Twenty-five percent of those chronically infected with hepatitis B will succumb to cirrhosis or liver cancer. Chronically infected persons serve as the main reservoir for ongoing HBV transmission. Despite the success in vaccinating children for hepatitis B, room for improvement remains. Nationally, only about 50% of expected births to hepatitis B surface antigen (HBsAg)-positive women are identified. Even when maternal HBsAg testing does occur, certain infants of HBsAg-positive mothers do not receive postexposure immunoprophylaxis because of testing errors and lapses in reporting of test results. Chart reviews in Oregon from 1999-2000 revealed that 147 mothers (1% of all births at 34 hospitals) were discharged with their HBsAg status still unknown.

Continued

It's been estimated that more than 200 infants are born to women with hepatitis B viremia in Oregon, but fewer than 70% of those are identified. This implies that many are not receiving recommended HBV postexposure prophylaxis and vaccine. Overall, as many as two-thirds of childhood HBV infections may occur through postnatal family member or caregiver exposure. These children could be protected by receiving a birth dose of hepatitis B vaccine. However, in 2004, birth dose coverage of hepatitis B vaccine was only 46% in the U.S.; coverage has not returned to levels before 1999 (54%) when recommendations were made to temporarily suspend administration of hepatitis B vaccine at birth until vaccines without the preservative thimerosal became available.

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) has recently (12/23/05) published recommendations to assist in moving towards elimination of HBV transmission in the United States. They are:

Routine screening of all pregnant women for HBsAg
(required by law in Oregon)

-Universal vaccination of infants beginning at birth

-Infants born to HBsAg-positive mothers receive hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth

-Infants born to HBsAg-unknown mothers receive hepatitis B vaccine within 12 hours of birth; the mother should receive testing and if HBsAg-positive, the infant should also receive HBIG (no later than age 1 week)

-All infants should complete the hepatitis B vaccine series with either single antigen or combination vaccine

-Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg at age 9-18 months

-Routine vaccination of previously unvaccinated children and adolescents

The American Academy of Pediatrics (AAP) has endorsed these recommendations. Infants weighing 2,000 grams or more at birth should receive a dose of hepatitis B vaccine before leaving the hospital. If a decision is made to delay the birth dose, a physician order to withhold the birth dose and a copy of the original laboratory report indicating that the mother was HBsAg-negative during the recent pregnancy must be placed in the infant's medical record according to the *AAP News*, April, 2006. Use of hospital standing orders for administration of the hepatitis B birth dose can facilitate infants being vaccinated prior to discharge. Hospitals may participate in the Vaccines for Children (VFC) program to assist in covering uninsured and other eligible children. In Oregon, approximately 62% of newborns are eligible for VFC.

When the birth dose is given, pediatric care providers can continue the series using either single antigen or combination vaccines. Use of a four-dose hepatitis B vaccine schedule (as occurs with a birth dose and combination vaccines) has not increased vaccine reactogenicity.