



O R E G O N

QUARTERLY REPORT

**2nd Quarter
June 2003**

Marion County Health Department
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To report a communicable disease:

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Vital Statistics Quarter Ending: June 2003	2nd Quarter		Year to Date	
	2003	2002	2003	2002
BIRTHS				
TOTAL DELIVERIES	1266	1204	2473	2411
Delivery in Hospital	1254	1192	2450	2387
Teen Deliveries (10-17)	35	47	77	108
DEATHS				
TOTAL	617	626	1247	1353
Medical Investigation	58	48	108	117
Homicide	05	03	09	07
Suicide	06	12	21	23
Accident – MVA	11	02	13	04
Accident – Other	13	12	21	28
Natural / Undetermined / Pending	23	19	44	55
Non-Medical Investigation (all natural)	559	578	1139	1236
Infant Deaths	03	01	07	01
Fetal Deaths	04	14	10	16
COMMUNICABLE DISEASES				
E-Coli: 0157	02	12	04	18
Hepatitis A	02	01	03	04
Acute Hepatitis B	03	08	10	15
Chronic Hepatitis B	17	15	24	30
Meningococcus	03	0	04	01
Pertussis	01	10	01	12
Tuberculosis	03	05	03	07
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	06	01	16	04
Chlamydia	192	186	419	370
Gonorrhea	29	11	51	30
AIDS	02	06	03	11
HIV Positive	05	14	07	31

Emerging Infections: What's the World Coming To?

Karen Landers MD MPH, Public Health Physician

Monkeypox

Date: June, 2003

Location: Midwest U.S.

Centers for Disease Control and Prevention (CDC) began investigating a multistate cluster of febrile rash illness appearing similar to smallpox. The illness was identified as monkeypox, a rare zoonotic viral infection occurring primarily in the rain forest countries of central and West Africa. The cases were associated with close contact with ill prairie dogs kept as pets. The source of the infection was traced to a shipment of imported African rodents which were housed at a distribution facility in close proximity to prairie dogs. This is the first outbreak of monkeypox in the United States.

As of 7/14/03,

Case Count: 72 (37 lab-confirmed)

Deaths 0

SARS

Date: March, 2003

Location: Worldwide

On March 12, the World Health Organization issued a global alert about cases of severe atypical pneumonia in Hong Kong and Vietnam. Two days later, several cases were also reported in Canada. Some of the Canadian cases had been travelers to Hong Kong. The illness was characterized by a febrile prodrome occurring 2-10 days after exposure, followed by nonproductive cough, dyspnea, and infiltrates on chest x-ray. Laboratory investigations did not reveal known viral or bacterial respiratory pathogens to be the cause of the illness.

Continued

On March 24th, CDC announced that laboratory analysis had identified a previously unrecognized corona virus in patients with suspected or probable SARS, a finding that was corroborated by several other laboratories worldwide. Control of the spread of the illness, which appears to be predominately transmitted by close contact (to household or health care workers), was effected by active surveillance, vigorous infection control, and quarantine measures. As of mid June, no new cases of SARS have been identified worldwide and the disease has been declared officially controlled. Whether the SARS infection will recur on a seasonal basis is not yet known.

Case Count as of 7/11/03, Worldwide: 8437 U.S.: 75
Deaths Worldwide: 813 U.S.: 0

West Nile Virus (WNV)

Date: 1999

Location: New York U.S.

In 1999 an unusual die-off of zoo birds and corvid species (crows, jays, ravens, magpies) as well as identification of meningoencephalitis in humans lead to the discovery of a viral illness previously thought only to exist on the African continent. Since its identification on the East Coast, WNV has moved rapidly across the U.S. By 2002, its presence had been detected in animals or humans in all but 6 states.

Asymptomatic in most persons, WNV can cause a febrile flu-like illness in 20% of those infected. In less than 1% of those infected, a meningoencephalitis develops which may present as acute flaccid paralysis. Elderly persons are most likely to develop severe illness. Currently no treatment or vaccine for humans is available and control of illness depends on reducing exposure to mosquitoes, the vectors for WNV. A vaccine is available and recommended for horses as the illness can be very severe with approximately 40% mortality in these animals.

U.S. Case Count in 2002: 4156 Deaths: 284

The above is only a sampling of recently notable emerging infectious diseases receiving the attention of the media and an anxious public. Although the origins of these illnesses seem remote from Oregon, the diseases are in reality only a plane ride away (the first human case of WNV in Oregon was a visitor who contracted the illness in another state). How can we prepare to deal with the inevitable arrival of new communicable diseases in our community?

1. BE AWARE.

The recognition of new or unusual communicable diseases in our community is dependent on the astute clinician who assesses the symptoms and takes the history that identifies the presenting illness as possibly meeting the criteria for SARS, anthrax, West Nile Virus, or any other infection with public health significance. There are many local and national resources to assist medical providers with the information they need to make the diagnosis. (See resource list)

2. REPORT.

Implementing an effective public health intervention to control or prevent the spread of communicable disease in our community depends on early reporting. In order to carry out timely post-exposure prophylaxis, infection control procedures, and initiate quarantine as needed to protect the health of the public, it is essential to have the earliest information possible. If a serious reportable disease is suspected (especially an emerging or unusual infection) and lab work is being initiated to confirm this diagnosis, the local health department should be notified immediately day or night, including weekends and holidays.

(503) 588-5621. This will expedite the identification of possible contacts and allow the health department to institute a process for controlling the spread or preventing further cases as soon as possible.

Here's a list of resources that community medical providers may find helpful:

www.dhs.state.or.us/publichealth/acd/index.cfm

Provides local (i.e. Oregon) information on emerging and other infectious diseases of interest; details state communicable disease reporting requirements.

www.cdc.gov

Maintains current (frequently updated daily) information on emerging infectious diseases, guidelines on diagnosis, infection control for health care settings, travel guidelines etc. Has information relevant to both clinicians and patients.

www.fas.org/promed

Resource on global monitoring of emerging diseases from the Federation of American Scientists.

www.who.int/en/

World Health Organization with updates on outbreaks of disease around the world.