



O R E G O N

QUARTERLY REPORT

Marion County Health Department
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<http://health.co.marion.or.us>

**3rd Quarter
September 2009**

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

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Vital Statistics Quarter Ending: Sept. 2009	3rd Quarter		Year to Date	
	2009	2008	2009	2008
BIRTHS				
TOTAL DELIVERIES	1394	1475	4025	4307
Delivery in Hospital	1387	1457	3980	4251
Teen Deliveries (10-17)	56	54	160	174
DEATHS				
TOTAL	632	616	1981	2039
Medical Investigation	59	82	180	208
Homicide	2	3	6	8
Suicide	11	9	30	28
Accident – MVA	3	7	16	12
Accident – Other	24	25	62	58
Natural / Undetermined / Pending	19	38	66	102
Non-Medical Investigation (all natural)	573	534	1798	1831
Infant Deaths	2	2	14	12
Fetal Deaths	7	6	16	15
COMMUNICABLE DISEASES				
E-Coli: 0157	6	3	6	4
Hepatitis A	0	0	1	1
Acute Hepatitis B	0	2	3	3
Chronic Hepatitis B	8	9	25	28
Meningococcus	0	2	0	3
Pertussis	7	21	14	32
Tuberculosis	2	2	9	9
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	4	0	13	8
Chlamydia	364	302	1124	911
Gonorrhea	21	22	94	90
Syphilis	6	1	10	7
AIDS	2	1	6	8
HIV Positive	2	5	7	12

Getting a Grip on the Grippe

Karen Landers MD MPH, Marion County Health Officer

The 2009 H1N1 influenza pandemic virus, which smoldered through the summer months in the U.S. and Oregon after the initial spring peak, has rapidly heated up in the early fall. Widespread influenza activity is being reported in 48 states, including Oregon. Nationwide, outpatient visits for influenza-like-illness have risen steeply, and are now higher than what is seen at the peak of many regular flu seasons (See graph). Hospitalization rates have been highest among infants and toddlers 0-4 years; from August 30, 2009 through October 30, 2009, CDC has received 85 reports of influenza-associated pediatric deaths, most of them occurring in the 5-17 year age group. Marion County is also seeing increased numbers of ILI in the community; from September 1, 2009 to November 4, 2009 there have been 63 hospitalizations and no deaths. (See graph) Virtually all influenza A specimens that have been sub typed since September 1st have been the 2009 H1N1 strain.

Where's the Vaccine?????

Limited quantities of the 2009 H1N1 monovalent vaccine, all of which has been procured through CDC and is being allocated to states on a population basis, began shipping to Marion County the first week of October. Due to lower than expected production of vaccine from manufacturers, 2009 H1N1 vaccine doses in the various formulations (live attenuated nasal spray, injectable prefilled syringes with no preservative, and injectable multidose vials) has been in short supply. Marion County's weekly vaccine allotment is unpredictable and subject to frequent revisions. The majority of vaccine doses received thus far have been distributed to registered providers serving priority groups as designated by Centers for Disease Control and Prevention (CDC) and to school-located vaccination clinics. In addition, Marion County Health Department, at the recent direction of Oregon Department of Human Services,

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has begun reserving some 2009 H1N1 vaccination doses in order to allow access to vaccination via public clinics. Appointments are being scheduled through the health department based on available vaccine. Information about availability of H1N1 vaccine is being updated on the health department website:

<http://www.co.marion.or.us/HLT/PH/Epid/flu/vaccineinformation/>.

Testing

Oregon State Public Health Laboratory is performing pandemic H1N1 sub-typing for surveillance purposes and not for clinical decision-making purposes. The demand for H1N1 testing at the Oregon State Public Health Laboratory (OSPHL) is exceeding capacity at this time. As a result, OSPHL is limiting testing to hospitalized patients with a positive influenza test of any type (rapid, DFA, culture). If the initial specimen is positive for influenza, a sample can be forwarded to OSPHL for H1N1 testing and will be processed at no cost. Other commercial laboratories able to perform pandemic H1N1 sub-typing by PCR include Focus Diagnostics, Specialty Laboratories, and Viracor. The sensitivity of rapid influenza tests for 2009 H1N1 varies (10-70%) depending on the test used so a negative rapid test may not rule out influenza due to pandemic H1N1.

Treatment

- ▶ Early empiric treatment should be considered for persons with suspected or confirmed influenza who are at higher risk for complications, even if not hospitalized, including: children younger than 2 years old, adults 65 years and older, pregnant women, and people with chronic pulmonary or heart conditions, and immunosuppression.
- ▶ Antiviral treatment may also benefit patients without risks for complications. (40% of children and 20% of adults hospitalized with 2009 H1N1 flu complications have no risk factors identified.)
- ▶ If influenza is suspected, and antiviral treatment is warranted, empiric therapy should be initiated without waiting for test results or even if the rapid test is negative.
- ▶ All hospitalized patients with suspected or confirmed influenza should receive early antiviral treatment with a neuraminidase inhibitor- either oseltamivir or zanamivir.
- ▶ While antiviral treatment is most effective when begun within 48 hours of influenza illness onset, studies have shown that hospitalized patients still benefit when treatment is started with oseltamivir more than 48 hours after illness onset.
- ▶ Outpatients, particularly those with risk factors who are not improving may also benefit from treatment initiated more than 48 hours after illness onset.

Oseltamivir Availability and Accessibility

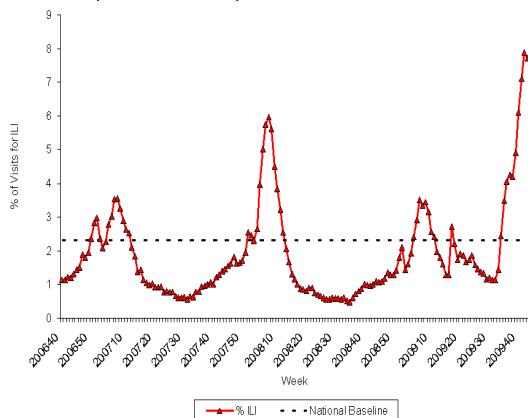
Limited quantities of oseltamivir pediatric suspension, and difficulty accessing antiviral medications due to limited financial resources have been reported in Marion County. To address these needs, Marion County Health Department has mobilized stockpiled antiviral supplies for distribution to pharmacies and hospitals around the county. Additional stockpiled antiviral medications can be distributed through the health department in the event of depleted local supplies and to allow access for those without financial means to obtain medication. Contact Judy Cleave at (503) 361-2693 with questions regarding stockpiled antiviral availability and distribution.

Emergency Use Authorization (EUA) for Antiviral Medications

On October 23, 2009, the US Food & Drug Administration authorized emergency use of peramivir -- a neuraminidase inhibitor that can be given intravenously -- for treatment of certain patients with 2009 H1N1 influenza. An EUA was issued in April 2009 for use of oseltamivir in children less than one year of age. Links to information about dosing in children less than 12 months of age, and the FDA authorization for peramivir including indications for use of the drug, and how to get it is available at

<http://www.co.marion.or.us/HLT/PH/Epid/flu/clinicians.htm>.

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, October 1, 2006 - October 31, 2009



Marion Co Hospitalized Flu Cases 9/1/09-11/4/09

