



O R E G O N

QUARTERLY REPORT

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

**3rd Quarter
September 2014**

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

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

This report contains preliminary data that is subject to change.

Vital Statistics Quarter Ending: September 2014	3rd Quarter 2014	2013	Year to Date 2014	2013
BIRTHS	1347	1285	3853	3675
Delivery in Hospital	1315	1265	3770	3596
Teen Deliveries (10-17)	38	21	93	76
DEATHS	683	622	1941	1966
TOTAL	683	622	1941	1966
Medical Investigation	68	74	180	212
Homicide	3	4	7	7
Suicide	10	11	34	26
Accident – MVA	5	9	12	14
Accident – Other	20	31	64	90
Natural / Undetermined / Pending	30	19	63	75
Non-Medical Investigation (all natural)	615	548	1760	1754
Infant Deaths	1	8	9	15
Fetal Deaths	10	5	16	14
COMMUNICABLE DISEASES	1	8	2	10
E-Coli: 0157	1	8	2	10
Hepatitis A	0	0	0	2
Acute Hepatitis B	1	2	3	2
Chronic Hepatitis B	7	10	23	23
Meningococcus	0	1	4	2
Pertussis	10	13	18	56
Tuberculosis	2	4	5	11
SEXUALLY TRANSMITTED DISEASE	15	14	37	31
PID (Pelvic inflammatory Disease)	15	14	37	31
Chlamydia	410	342	1168	1020
Gonorrhea	39	26	77	55
Syphilis	15	5	37	18
HIV/AIDS*	4	2	13	12

What's New with Flu and Enterovirus Too

Karen Landers MD MPH Marion County Health Officer

It's officially fall! While the Ebola Virus Disease (EVD) epidemic in West Africa and Enterovirus D68 (EV-D68) have captured our global and national public health attention, it is important not to overlook the potential for illness and death from seasonal influenza that will unpredictably but inevitably arrive in our local communities this autumn or winter. Unlike EVD and EV-D68, however, vaccination is currently available to reduce the burden of influenza disease and its complications. Here is an update on influenza prevention efforts for the 2014-2015 flu season.

Vaccine Supply and Distribution

The components of the 2014-2015 influenza vaccine remain unchanged from the previous year for just the 9th time since 1969. Manufacturers project 151-159 million doses of flu vaccine to be produced this season. Of these, 98 million doses will be thimerosal or preservative-free, and 77 million doses (about 50%, more than double the doses available in 2013-2014) will be quadrivalent (containing 2 A strains and 2 B strains). As in 2013-2014, all doses of live attenuated influenza vaccine (LAIV) will be quadrivalent. Some companies have communicated information to their customers about delays in shipments that had originally been anticipated for August and September. Despite these early season shipping delays, however, manufacturers anticipate the majority of their flu vaccine distribution will occur by the end of October. As of October 3rd, 99 million doses or nearly two-thirds of the total number of anticipated flu vaccine doses have been distributed.

*Note: HIV/AIDS includes both new HIV cases and New HIV/AIDS cases. Previously, new HIV cases and new AIDS cases were reported separately, which may have resulted in counting some cases twice, once as an HIV case and then again as an AIDS case.

Continued

NEW! LAIV Preferred for Children

Several studies have demonstrated superior efficacy of (LAIV) in children. A randomized controlled trial conducted among 7,852 children aged 6–59 months demonstrated a 55% reduction in culture-confirmed influenza among children who received LAIV compared with those who received inactive influenza vaccine (IIV). LAIV efficacy was higher than that of IIV against both antigenically-drifted and well-matched influenza viruses. When immediately available, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) preferentially recommends that LAIV be used for healthy children aged 2 through 8 years who have no contraindications or precautions. If LAIV is not immediately available, IIV should be used. Vaccination should not be delayed to procure LAIV. The age of 8 years is selected as the upper age limit for this recommendation based on demonstration of superior efficacy of LAIV (ages 2 to 6 years), and for programmatic consistency (8 years is the upper age limit for receipt of 2 doses of influenza vaccine in a previously unvaccinated child). This recommendation should be implemented for the 2014–15 season as feasible. Due to the unchanged composition of this year’s flu vaccine from 2013-2014, the algorithm for determining 1 or 2 doses in children under the age of 9 years has been simplified. (See algorithm)

Check That Expiration Date

Although both live attenuated influenza vaccine and inactivated influenza vaccine typically become available in late summer/early fall, the two types of vaccines have very different shelf lives. IIV has a standard expiration date of June 30 (July 1 through June 30 of the following year). LAIV generally has an 18 week shelf life (July 1 through 1st week in November). CDC analyzed reports to the Vaccine Adverse Event Reporting System (VAERS) administered from July 1, 2007 through June 30 2014, and found 866 reports of expired LAIV administration, 95.1% of which were administered after the first week in November. As VAERS is a national passive surveillance system (accepting reports from vaccine recipients, providers and manufacturers), it likely reflects just a fraction of expired LAIV doses administered. Health care providers are advised to be aware of the shorter shelf life of LAIV and implement tracking measures to avoid administering expired vaccine especially from November onward. Data do not indicate that expired LAIV poses any health risk, but revaccination with a valid dose is recommended.

EV-D68

One of 100 non-polio enteroviruses first identified in California in 1962, over 600 cases of EV-D68 has been reported in 46 states (including Oregon) and the District of Columbia since August 2014. EV-D68 may be spread by both fecal-oral and respiratory routes, but has been associated almost exclusively with respiratory disease in children ranging from mild to severe. Children with asthma have been most severely affected and five deaths have been reported (none in Oregon). CDC has developed and started using a more rapid diagnostic test “real-time” reverse-transcriptase polymerase chain reaction (rRT-PCR) in October. Enterovirus spread typically peaks in the late summer and fall and some parts of the U.S..are starting to report a decrease in the number of infections. CDC recommends clinicians only test for EV-D68 when the respiratory illness is severe and no other etiology can be identified. Treatment is supportive; there is no specific antiviral therapy.

Influenza vaccine dosing algorithm for children aged 6 months through 8 years — Advisory Committee on Immunization Practices, United States, 2014–15 influenza season*

