



O R E G O N

QUARTERLY REPORT

Marion County Health Department
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4th Quarter
December 2006

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

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Vital Statistics Quarter Ending: Dec. 2006	4th Quarter		Year to Date	
	2006	2005	2006	2005
BIRTHS				
TOTAL DELIVERIES	1297	1324	5598	5302
Delivery in Hospital	1285	1316	5558	5247
Teen Deliveries (10-17)	55	42	210	206
DEATHS				
TOTAL	627	603	2451	2469
Medical Investigation	47	48	212	195
Homicide	5	0	12	6
Suicide	5	11	34	36
Accident – MVA	6	9	23	25
Accident – Other	8	8	53	44
Natural / Undetermined / Pending	23	19	89	83
Non-Medical Investigation (all natural)	580	555	2239	2274
Infant Deaths	3	4	22	12
Fetal Deaths	5	9	17	27
COMMUNICABLE DISEASES				
E-Coli: 0157	4	1	11	9
Hepatitis A	1	3	4	4
Acute Hepatitis B	2	1	4	12
Chronic Hepatitis B	5	7	35	35
Meningococcus	0	0	3	2
Pertussis	2	0	7	126
Tuberculosis	2	3	13	18
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	0	0	2	1
Chlamydia	191	207	840	856
Gonorrhea	30	46	143	116
Syphilis	1	1	5	3
AIDS	3	3	12	12
HIV Positive	2	6	14	14

2006 – The Year in Review

Karen Landers MD MPH, Marion County Health Officer

It's a brand new year. Here are a few public health highlights from 2006 that will help to give us new focus in 2007.

New Shots (and not just for tots)

New vaccines that prevent what could ail us are continuing to be developed. Here are three to incorporate into your practice now:

Tdap – The Advisory Committee on Immunization Practice (ACIP) for the Centers for Disease Control and Prevention (CDC) published guidelines for the use of Adacel®, a vaccine that protects against tetanus, diphtheria, and pertussis in the 11-64 year old age group in December of 2006.

*All adults should receive a single dose of Tdap in place of a Td booster if it has been 10 years since the most recent Td vaccination.

*Health care workers who work in hospital or ambulatory care settings with direct patient care should receive a single dose of Tdap as soon as feasible; an interval as short as two years from previous Td vaccination is recommended.

*Because the risk of complications of pertussis is highest in young unvaccinated infants (<12 months), women should receive a Tdap before becoming pregnant or in the immediate post-partum period.

HPV – A vaccine to prevent 4 types of human papilloma virus (HPV) including 2 types responsible for 70% of cervical cancer was approved in June of 2006. Gardasil® is licensed as a three dose series for females ages 9-26 years. In June of 2006, the ACIP voted to recommend routine vaccination for 11-12 year old females with catch-up vaccination in the females ages 13 through 26 years.

Continued

The vaccine is **NOT** recommended for use during pregnancy. Gardasil® is highly effective against the four types of HPV included in the vaccine, but has no effects on HPV infection present at the time of vaccination or on existing cervical cell abnormalities. Vaccinated women should continue to receive regular cervical cancer screening.

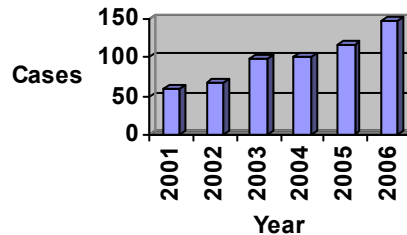
Herpes zoster – In May of 2006, the Food and Drug Administration (FDA) licensed Zostavax®, a live attenuated varicella zoster vaccine for the prevention of herpes zoster (shingles). In clinical trials, vaccine recipients had a 51% reduction in shingles, less severe illness when shingles did occur, and a 66.5% reduction in postherpetic neuralgia, defined as pain persisting for weeks to months after the zoster rash has resolved. The ACIP has made a provisional recommendation for a single dose of Zostavax® in adults 60 years of age and older regardless of whether they report a previous episode of herpes zoster. The vaccine is contraindicated for individuals with immunodeficiency conditions, who are receiving immunosuppressive therapy, or who have active untreated tuberculosis.

GC – On the up and up

Rates of the sexually transmitted infection, *Neisseria gonorrhoea*, (GC) have continued to rise in Marion County over the past five years (See graph). This has paralleled the increase in Oregon GC rates until 2006, which saw a decline in the overall state rate. For the past five years, Marion County has either ranked second or third in GC incidence in Oregon. Women and men have been infected fairly equally until 2006 when the male to female ratio of gonorrhoea was 1.6:1. Methamphetamine use and residence in a correctional facility are two risk factors that have been linked with gonococcal infections in Marion County. Quinolone-resistant *Neisseria gonorrhoea* (QRNG) has continued to spread, making the treatment of gonorrhoea with quinolones such as ciprofloxacin inadvisable in some areas of the United States. In October of 2005, the Oregon State Office of Disease Prevention and Epidemiology recommended that quinolone antibiotics no longer be used as first line treatment for gonorrhoea in Oregon due to increased numbers of quinolone-resistant isolates and clinical treatment failures. The CDC published updated treatment guidelines for sexually transmitted diseases in August of 2006. This comprehensive and evidence-based document is an excellent reference for clinicians who are screening for and treating sexually-transmitted infections in their practices. It is available at:

www.cdc.gov/mmwr/PDF/rr/rr5511.pdf.

Gonorrhoea Cases in Marion County 2001-2006



Foodborne Illness – Hard to Stomach

2006 was a year that saw national attention focused on foodborne outbreaks associated with contaminated commercially prepackaged spinach as well as outbreaks occurring in national fast food chains. In Marion County, nearly all the foodborne outbreaks investigated were attributable to norovirus, a group of diverse gastrointestinal viruses responsible for a self-limited (usually 24-48 hour) illness with vomiting, abdominal cramping, and diarrhea. Timely reporting of one of these outbreaks led to a nationwide recall of tainted oysters and the prevention of many other illnesses. This is an excellent reminder that promptly notifying your local health department of suspected reportable diseases or outbreaks is vitally important to protecting the public's health. Call Marion County Health Department at: **503 588-5621** regarding suspected reportable diseases and conditions, or if testing for a reportable disease. Not sure what's reportable? Visit <http://health.co.marion.or.us/ph/epid> and click on the reporting poster.