



O R E G O N

QUARTERLY REPORT

Marion County Health Department
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**4th Quarter
December 2010**

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

Telephone: (503) 588-5621
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Vital Statistics Quarter Ending: Dec. 2010	4th Quarter		Year to Date	
	2010	2009	2010	2009
BIRTHS				
TOTAL DELIVERIES	1256	1268	5236	5317
Delivery in Hospital	1241	1251	5173	5252
Teen Deliveries (10-17)	38	56	188	217
DEATHS				
TOTAL	657	691	2548	2672
Medical Investigation	45	66	248	252
Homicide	2	1	7	7
Suicide	7	16	47	47
Accident – MVA	4	3	17	20
Accident – Other	15	19	80	82
Natural / Undetermined / Pending	17	27	97	96
Non-Medical Investigation (all natural)	611	625	2299	2420
Infant Deaths	6	2	18	16
Fetal Deaths	9	7	15	14
COMMUNICABLE DISEASES				
E-Coli: 0157	2	4	7	10
Hepatitis A	0	0	1	1
Acute Hepatitis B	0	1	4	4
Chronic Hepatitis B	5	6	35	31
Meningococcus	1	1	3	1
Pertussis	5	0	31	15
Tuberculosis	1	3	4	13
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	5	5	29	18
Chlamydia	362	376	1545	1500
Gonorrhea	22	14	87	108
Syphilis	2	1	17	7
AIDS	0	2	11	8
HIV Positive	2	3	10	10

2010 – The Year in Review

Karen Landers MD MPH, Marion County Health Officer

Welcome to the start of a new year and a new decade. Here are a few of the public health issues that grabbed our attention in 2010, and some trends worth watching in 2011.

Pertussis Picks Up

2010 saw a rise in pertussis cases in many states in the U.S. California experienced the largest outbreak of pertussis in 60 years with over 3000 cases and 10 infant deaths reported in 2010. Pertussis cases in Marion County numbered 31 in 2010, more than double the number of cases reported in 2009, and six pertussis cases have already been recorded since the beginning of 2011. (See graph)
In an effort to protect more people from pertussis, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) revised recommendations on the use of Tdap vaccine in October of 2010.

Important changes include:

No minimum interval between receipt of a Td vaccine and subsequent Tdap vaccination needs to be observed when Tdap is indicated.

Administration of single dose of Tdap to **children aged 7-10 years** with an incomplete or unknown pertussis vaccine history.

Administration of a single dose of Tdap to **persons 65 years of age and older** who have not previously received Tdap, especially those who have or anticipate close contact to an infant less than 12 months of age (grandparents, child care providers, health care personnel).

Continued

Sexually Transmitted Infections

New treatment guidelines for sexually transmitted diseases were published by the Centers for Disease Control and Prevention (CDC) in December of 2010. These evidence-based guidelines are intended to assist the clinician with the management of persons who have, or are at risk for sexually transmitted infections.

What's New:

Increasing prevalence of anti-microbial-resistant *Neisseria gonorrhoeae* and new treatment recommendations

Expanded diagnostic evaluation of cervicitis and trichomoniasis.

New treatment recommendations for bacterial vaginosis and genital warts.

Clinical efficacy of azithromycin for chlamydial infections in pregnancy.

Increased incidence of lymphogranuloma venereum (LGV) proctocolitis among men who have sex with men and recommended treatment.

Clinical criteria for spinal fluid examination to evaluate for neurosyphilis.

Emergence of azithromycin-resistant *Treponema pallidum*.

Increased risk of sexual transmission of hepatitis C especially among HIV-infected persons.

These guidelines may be viewed and downloaded at www.cdc.gov/std/treatment/2010. Get yours now!

Flu is Coming – Keep Vaccinating

The first pandemic of the 21st century was officially declared over in June, 2010. This flu season is shaping up to be more “typical” of the annual seasonal influenza epidemic. Influenza activity has started to increase in areas of the southeast U.S. and New York City over the past several weeks. As of January 15, 2011, CDC reported widespread flu activity in seventeen states and regional activity in fifteen additional states. Approximately 85% of reported viruses were influenza A and 15 % were influenza B. Among the 204 influenza A viruses that were subtyped, 74% were influenza A (H3N2) viruses and 26% were 2009 H1N1. During the first two weeks of 2011, the Oregon State Public Health Laboratory identified 12 positive influenza specimens including influenza A /H3, 2009 H1N1, and influenza B. These viruses remain similar to the viruses chosen for the 2010-2011 flu vaccine, and remain susceptible to the antiviral medications oseltamivir and zanamivir. Vaccination efforts are recommended to continue as influenza cases rise.

In anticipation of a “non-pandemic” influenza season, reporting requirements for influenza illness have been modified.

Influenza is now reportable only for the following situations:

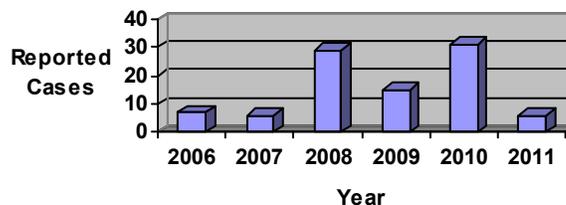
- Deaths in any Oregon resident under 18 years of age with laboratory-confirmed influenza;
- ICU admissions or deaths in pregnant or up to six weeks postpartum women with laboratory confirmed influenza.

Call 503.588.5621 at any time to report.

On December 21, 2010, CDC posted "Interim Guidance on the Use of Influenza Antiviral Agents During the 2010-2011 Influenza Season." The guidance updates previous recommendations made by CDC's Advisory Committee on Immunization Practices (ACIP) regarding the use of antiviral agents for the prevention and treatment of influenza.

To access it, go to: <http://www.cdc.gov/flu/professionals/antivirals/guidance>

Pertussis in Marion County 2006-2011



School Exclusion Coming Soon!

Children without documentation of required vaccinations for attendance at childcare facilities and schools in Oregon will be excluded from attendance on February 16th, 2011.

New Requirements for the 2010-2011 School Year

- Tdap - One dose for 7th, 8th and 9th grade
- Hepatitis A - Two doses for preschool, childcare facilities, kindergarten, 1st and 2nd grade

*Hib is once again required for children younger than 5 years of age in children's facilities, including preschools, child care and Head Start Programs now that the Hib vaccine shortage is at an end.