



QUARTERLY REPORT

**4th Quarter
December 2008**

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

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

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Vital Statistics Quarter Ending: Dec. 2008	1st Quarter 2008 2007		Year to Date 2008 2007	
<u>BIRTHS</u>				
TOTAL DELIVERIES	1353	1415	5663	5823
Delivery in Hospital	1343	1404	5597	5771
Teen Deliveries (10-17)	55	65	229	238
<u>DEATHS</u>				
TOTAL	666	669	2712	2592
Medical Investigation	66	63	277	227
Homicide	4	2	12	5
Suicide	9	10	37	45
Accident – MVA	2	7	14	20
Accident – Other	24	15	84	60
Natural / Undetermined / Pending	27	29	130	97
Non-Medical Investigation (all natural)	600	606	2435	2365
Infant Deaths	9	2	21	9
Fetal Deaths	3	N/R*	17	N/R*
<u>COMMUNICABLE DISEASES</u>				
E-Coli: 0157	0	0	4	4
Hepatitis A	0	1	1	1
Acute Hepatitis B	1	1	4	6
Chronic Hepatitis B	9	12	37	38
Meningococcus	1	0	4	3
Pertussis	7	5	39	6
Tuberculosis	2	2	10	10
<u>SEXUALLY TRANSMITTED DISEASE</u>				
PID (Pelvic inflammatory Disease)	0	0	0	0
Chlamydia	323	326	1234	1076
Gonorrhea	30	40	120	110
Syphilis	4	5	11	9
AIDS	N/R*	5	N/R*	11
HIV Positive	N/R*	8	N/R*	26

2008 – The Year in Review

Karen Landers MD MPH, Marion County Health Officer

We slid into a new year (literally!) on layers of snow and ice. Here are some public health issues from 2008 on which to focus in 2009.

Holiday on Ice

Severe winter weather both locally and across the nation in December of 2008 brought holiday plans to a halt, and underscored the importance of being prepared to deal with both natural and man-made events of community-wide proportions. Extensive areas with prolonged loss of electrical power, downed live power lines, decreased mobility/travel restrictions, and decreased availability of services and supplies were just a few of the difficulties experienced during the severe weather at the close of the year in Marion County.

These concerns and others may be anticipated to occur in other types of community-wide disasters, and can have a significant impact on both the health and the health care system of a community. There is no time like the present to begin to address emergency readiness from an individual, family, and office practice perspective.

Here are a few recommendations:

- *Minimum three-day supply of food and water for humans and pets in household
- *Battery-operated/hand-crank radio to stay informed during power outages
- *Designated meeting place outside the home if evacuation required
- *To-go kit containing supplies of food, water, first aid/medicine
- *Plan for office practice continuity in the event of reduced staff/supplies

The recent survival of all 155 people on U.S. Airways Flight 1549 after double engine failure forced a crash into the Hudson River is a monumental tribute to emergency preparedness planning and practice.

Continued

* N/R "Not Reportable" for this quarter due to change over of State data systems.

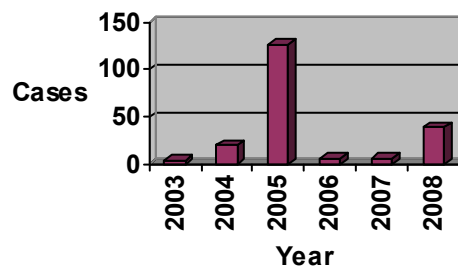
Marion County Health Department and Marion-Polk County Medical Society (MPCMS) are partnering to provide opportunities to learn more about emergency preparedness as the year progresses including a presentation and panel at the MPCMS general membership dinner on March 11, 2009.

Pertussis

2008 was another busy year for pertussis in Marion County. (See graph)

Although not reaching the epic proportions of 2005, the 39 reported cases in 2008 are indicative of continued pertussis circulation in our community. Two available vaccines (Boostrix® and Adacel®) can provide pertussis protection for older children, adolescents, and adults through age 64 whose immunity to pertussis may have waned. In combination with routine childhood immunizations for young children, Tdap offers the best opportunity to reduce circulating pertussis and prevent complications and hospitalizations due to whooping cough. Tdap has been added to the Oregon requirements for school immunization for the 2008-2009 school year for students in the 7th grade. Tdap requirements will be phased in to include all students from 7th through 12th grade by the 2013-2014 school year. Tdap is strongly recommended for all health care personnel working with infants less than 12 months of age, and women not previously vaccinated with Tdap in the postpartum period before hospital discharge.

Pertussis in Marion Co 2003-2008



Hib – The long and the short of it

In 2008, five children aged 5 months to 3 years with invasive *Haemophilus influenzae* type b (Hib) disease were reported in Minnesota; including one death. Only one of the children had completed the primary Hib series; three had received no doses of Hib-containing vaccine. The cases occurred during a nation-wide shortage of Hib vaccine that began in December of 2007. The recall of certain lots of two Hib-containing vaccines and cessation of production of both vaccines left only one manufacturer of Hib vaccine in the United States. The Hib vaccine shortage is projected to continue through mid-2009. The Centers for Disease Control and Prevention (CDC) has initiated enhanced surveillance for Hib disease and to date, has not identified any additional clusters of Hib disease outside of Minnesota. Invasive *haemophilus influenza* type B has been uncommon in the U.S. since routine use of Hib vaccine began over 15 years ago; prior to its widespread use, Hib disease struck over 20,000 children each year and was the most common cause of bacterial meningitis in children under the age of 5 years. The five cases in Minnesota, none of which have been attributed to the vaccine shortage, are a sobering reminder of the value of childhood vaccinations. The Oregon Vaccines for Children program is anticipating significant shortages in the Hib vaccine supply in 2009. Medical providers are encouraged to assure all children receive the primary Hib series (either 2 doses of PedvaxHib® or 3 doses of ActHiB® or Pentacel®) and remain on the alert for invasive Hib disease. Due to the ongoing Hib shortage, the recommendation is to continue to defer the booster dose typically given at 12-15 months of age in healthy children. Children in high-risk groups (asplenia, sickle cell disease, HIV, other immunodeficiency syndromes, American Indians, and Alaska Natives) should receive all recommended doses including the primary series and a booster.

Suspected cases of invasive Hib disease are reportable to the local health department within 24 hours. Call 503.588.5621 anytime to report.

New School Immunization Requirements

School exclusion day was February 18, 2009. In addition to adding Tdap to the school vaccination requirements beginning with the 7th grade for the 2008-2009 school year, hepatitis A vaccination is also being required for children entering children's facilities, Head Start, preschool and kindergarten in Oregon in 2008-2009. Hepatitis A vaccination requirements will be phased in by grades to include all students K-12 by the 2013-2014 school year. Due to the additional school immunization requirements, Marion County Health Department issued a significantly increased number of school exclusion orders this year. Oregon school immunization requirements for Hib vaccine have been temporarily suspended due to the ongoing nationwide shortage of Hib vaccine.