QUARTERLY REPORT

Marion County Health Department
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2nd Quarter
June 2015

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

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This report contains preliminary data that is subject to change.

Vital Statistics Quarter Ending: June 2015	2nd Quarter 2015	2nd Quarter 2014	Year to Date 2015	Year to Date 2014
BIRTHS	1229	1330	2436	2507
Delivery in Hospital	1206	1302	2391	2455
Teen Deliveries (10-17)	20	26	48	55
DEATHS TOTAL	683	664	1422	1258
Medical Investigation	79	67	139	112
Homicide	3	2	5	4
Suicide	16	17	28	24
Accident – MVA	7	5	12	7
Accident – Other	34	22	57	44
Natural / Undetermined / Pending	19	21	37	33
Non-Medical Investigation (all natural)	604	596	1282	1145
Infant Deaths	5	4	7	8
Fetal Deaths	5	3	7	6
COMMUNICABLE DISEASES E-Coli: 0157	2	1	4	1
Hepatitis A	1	0	1	0
Acute Hepatitis B	1	2	2	2
Chronic Hepatitis B	2	7	7	16
Meningococcus	0	0	0	4
Pertussis	25	4	38	8
Tuberculosis	3	2	4	3
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	5	8	7	23
Chlamydia	419	375	861	755
Gonorrhea	37	19	95	38
Syphilis	17	12	33	22
Early Syphilis*	13	7	26	13
HIV/AIDS	3	5	6	9

***Note an Early Syphilis category had been added. Early Syphilis cases require disease Investigation**

Not So Much Fun in the Sun
Skin Cancer Trends

By Karen Landers MD MPH, Marion County Health Officer

Skin cancer is the most common form of cancer in the United States with 5 million people treated each year and most cases are preventable. The number of Americans who have had skin cancer at some point in the last three decades is estimated to be higher than the number for all other cancers combined, and skin cancer incidence rates have continued to increase in recent years. Melanoma incidence rates have doubled from 1982 to 2011. (See graphs, next page). Melanoma is the third most common type of skin cancer and is responsible for most skin cancer deaths. More than 63,000 people are diagnosed with melanoma in the U.S. and nearly 9,000 skin cancers due to melanoma occur each year. Skin cancer treatment costs in the U.S. cost $8.1 billion annually with melanoma accounting for $3.3 billion of the total. An individual dying of melanoma loses an average of 20 years of potential life. More than 90% of melanoma cases in the U.S. are attributed to skin cell damage from ultraviolet (UV) radiation exposure.

Outdoor UV Exposure

The degree to which UV exposure increases a persons risk of skin cancer depends on many factors, such as individual skin type, the amount and types of sun protection used, whether exposure is chronic or intermittent, and the age at which the exposure occurs. Continuous, chronic UV exposure, such as that observed among outdoor workers, is more strongly associated with squamous cell carcinoma, while intermittent or recreational exposure is more strongly associated with melanoma and basal cell carcinoma. Sunburn is a clear sign of overexposure to UV, and typically occurs after

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intermittent exposure; sunburn at any age increases a persons risk of skin cancer. Nearly 40% of persons in the United States report sunburn each year. Just slightly more than half of adults report using at least one of the recommended sun protective behaviors (applying sunscreen, wearing sun-protective clothing, seeking shade).

Indoor UV Exposure

Not all increased skin cancer risk comes from outdoor activities with inadequate sun protection. Studies have found that indoor tanning (tanning beds, tanning booths, and sun lamps) exposes users to excessive levels of UV radiation, especially UVA. The average intensity of artificial UV radiation was found to correspond to a UV Index of 13 or 14 (extreme), with some devices measuring even higher. Approximately 3,200 people in the U.S. seek care in emergency departments each year for injuries sustained during indoor tanning. A 2014 meta-analysis (JAMA Dermatology) found that more than 450,000 non-melanoma skin cancers and more than 10,000 melanoma cases each year were attributable to indoor tanning in the United States, Europe, and Australia. According to the 2010 National Health Interview Survey, indoor tanners were more likely to be young non-Hispanic white women with nearly one-third of those in the 18-21 year age group reporting indoor tanning. Initiating indoor tanning at younger ages appears to be more strongly related to lifetime skin cancer risk, possibly because of the accumulation of exposure over time from more years of tanning.

How You Can Help

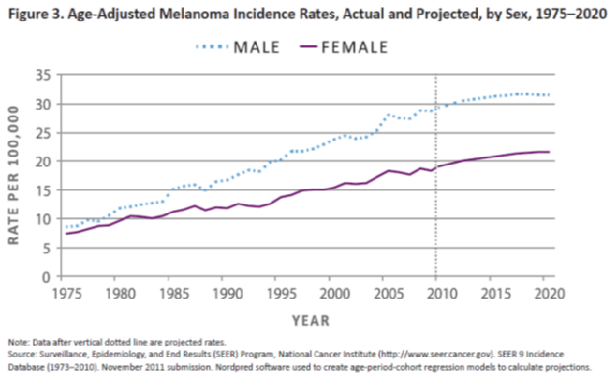
The health and economic burden of melanoma is substantial and without additional prevention efforts, is projected to increase with an estimated 112,000 new melanoma cases in 2030. A comprehensive skin cancer prevention program including sun-protective behaviors such as using sunscreen consistently, wearing sun-protective clothing, seeking shade, and avoiding indoor tanning, is estimated to avert 230,000 melanoma cases and $2.7 billion in initial treatment costs from 2020 to 2030 (estimated impact based on findings from Sun Smart, an Australian skin cancer prevention program). The Healthy People 2020 has set an objective for reducing the number of adults 18 years and older using indoor tanning to under 14%. The Affordable Care Act is reducing barriers to prevention by requiring plans to cover clinical preventive services rated A or B by the U.S. Preventive Services Task Force (USPSTF) with no patient cost sharing.

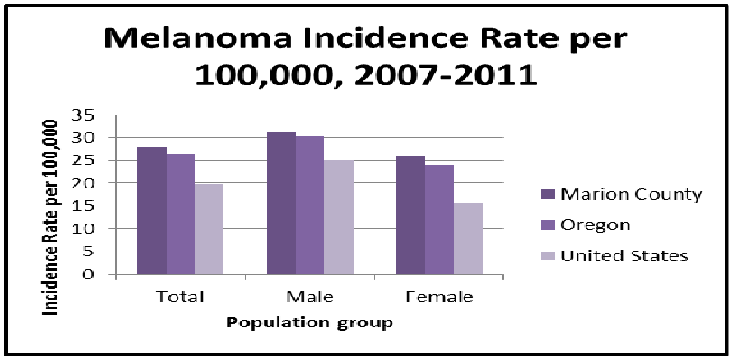
USPSTF recommends counseling fair-skinned persons ages 10-24 years to minimize exposure to UV radiation (B grade). Effective interventions are of low intensity and can be done entirely within the primary care visit. Appearance focused messages have been found to be successful at reducing intent to pursue indoor tanning by late adolescent females.

Although the USPSTF found insufficient evidence to support whole body skin examination as a means to early detection of skin cancer in 2009, clinicians are recommended to remain alert for suspicious lesions. The skin cancer screening recommendation for adolescents and adults is currently being reviewed.

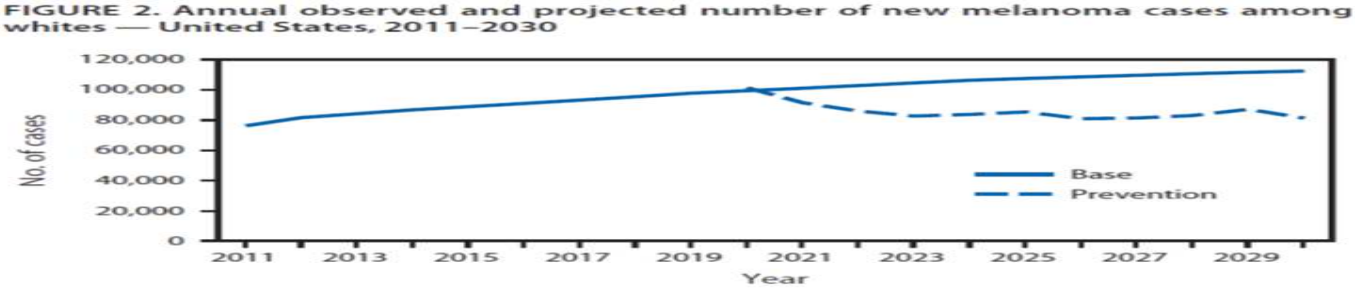
DID YOU KNOW? Oregon is one of 11 states that bans indoor tanning by minors younger than 18 years.

For more information, see the *Surgeon General's Call to Action to Prevent Skin Cancer,* 2014. http://www.surgeongeneral.gov .





National Cancer Institute State Cancer Profiles. (2007-2011) http://statecancerprofiles.cancer.gov/incidencerates/



(MMWR Melanoma Incidence and Mortality Trends and Projections 64(21); 591-596/June 5, 2015)