QUARTERLY REPORT

Marion County Health Department
PO Box 13309
Salem OR 97309-1309
(503) 588-5357
http://health.co.marion.or.us

3rd Quarter
September 2016

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 2016	3rd Quarter 2016	3rd Quarter 2015	Year to Date 2016	Year to Date 2015
BIRTHS	1335	1316	3885	3760
Delivery in Hospital	1308	1289	3799	3687
Teen Deliveries (10-17)	27	26	59	74
DEATHS TOTAL	679	631	2118	2056
Medical Investigation	85	65	229	207
Homicide	4	2	10	7
Suicide	13	11	42	39
Accident – MVA	10	4	27	16
Accident – Other	21	26	68	86
Natural / Undetermined / Pending	37	22	82	59
Non-Medical Investigation (all natural)	594	566	1889	1848
Infant Deaths	4	4	7	11
Fetal Deaths	11	6	16	11
COMMUNICABLE DISEASES E-Coli: 0157	7	7	7	11
Hepatitis A	0	0	1	1
Acute Hepatitis B	0	0	0	2
Chronic Hepatitis B	9	5	17	12
Meningococcus	0	0	0	0
Pertussis	14	26	32	64
Tuberculosis	0	1	3	5
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	0	4	3	11
Chlamydia	477	413	1342	1276
Gonorrhea	99	71	246	167
Syphilis	12	20	42	54
Early Syphilis*	9	16	25	41
HIV/AIDS	2	4	6	13

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

DID YOU KNOW?

For the first time in the United States, health officials have identified a cluster of gonorrhea infections (in Hawaii) that shows both decreased susceptibility to ceftriaxone and very high-level resistance to azithromycin. CDC recommends dual therapy with a single intramuscular shot of ceftriaxone (250 mg) **AND** an oral dose of azithromycin (1 gram) to treat gonorrhea. Although reduced drug susceptibility can be an indicator of emerging resistance, no confirmed failures of the CDC-recommended dual treatment regimen have been reported in the United States. Providers are urged to protect the remaining treatment option for gonorrhea by treating patients according to recommended guidelines.
See http://www.cdc.gov/std/tg2015/.

What's New with Flu

Karen Landers MD MPH, Marion County Health Officer

As we begin the month of October, influenza activity in the United States is low overall, however, localized outbreaks have been reported. Here's what you need to know for the upcoming influenza season.

Vaccine Supply and Distribution

For the 2016-2017 season, manufacturers have projected they will provide as many as 157 to 168 million doses of injectable influenza vaccine for the U.S. market. (Projections may change as the season progresses.) As of October 3rd, over 108 million doses of vaccine have been distributed. Vaccination is recommended to begin as soon as vaccine is available and should be offered by the end of October. Vaccination should continue to be offered throughout the flu season even in January or later.

NEW!

While retaining the 2009 H1N1 pandemic strain, this year's vaccine will include a different A H3N2 strain for both trivalent and quadrivalent vaccines, and a different B strain in the trivalent flu vaccine from 2015-2016.

Continued

- **Due to low effectiveness against pandemic influenza strain A H1N1 during the 2013-2014 and 2015-2016 seasons, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) has made an interim recommendation that the live attenuated influenza virus (aka nasal spray flu vaccine) NOT BE USED this year.**
- An MF59-adjuvanted trivalent inactivated vaccine, Fluad® was licensed in November 2015 for persons aged 65 years and older. **NOTE**: For persons aged ≥65 years, any age-appropriate formulation (standard or high dose, trivalent or quadrivalent, unadjuvanted or adjuvanted) is an acceptable option. No preference is expressed by ACIP or CDC for any one of these vaccines over another for this age group.
- A quadrivalent formulation of cell culture-based inactivated influenza vaccine, Flucelvax® was licensed in May 2016 for persons aged 4 years and older.

Vaccinate Egg-Allergic Patients

Reviews of studies of experience with use of inactivated influenza vaccine (IIV) have indicated that severe allergic reactions to currently available egg-based influenza vaccine in persons with egg allergy are unlikely. In a 2012 review of published data including 4172 egg-allergic patients (513 reporting a history of severe allergic reaction), there were no noted occurrences of anaphylaxis following administration of trivalent IIV, though some milder reactions did occur. For the 2016-2017 season ACIP recommends the following:

- Persons with a history of egg allergy who experienced only hives after exposure to egg may receive any age-appropriate licensed vaccine.
- Persons who report more severe reactions to eggs (angioedema, respiratory distress) or who required epinephrine or another medical intervention may also receive any age-appropriate licensed flu vaccine. The vaccine should be administered in a clinical setting (inpatient or outpatient) and supervised by a health care provider able to recognize and manage severe allergic reactions. Such patients may also receive recombinant influenza vaccine (RIV) which is produced using non egg-based technology.
- **NOTE: A previous severe allergic reaction to influenza vaccine (regardless of the component suspected) is a contraindication to future receipt of the vaccine.**

Flu Vaccine Benefits Seniors

In a CDC study published in August, 2016 in the journal, Clinical Infectious Diseases, data demonstrated that vaccinated people 50 years and older were 57 percent less likely to be hospitalized from flu than unvaccinated people. The benefits were similar by age group, including adults 75 years and older. For three recent flu seasons it has been estimated that people 65 and older accounted for between 54 percent and 71 percent of hospitalizations and between 71 percent and 85 percent of deaths due to influenza. Since 2005, CDC has conducted annual influenza vaccine effectiveness studies to assess how well the vaccine works in preventing illness, but until recently, there have been few studies that look at how well the vaccine works in preventing more serious outcomes, like hospitalization. During 2015-2016, an estimated 66% of persons over the age of 65 received a flu vaccination. Although this is highest flu vaccination rate among the general public, it still leaves approximately a third of people over the age of 65 unvaccinated.

Flu Vaccination for Health Care Personnel

The ACIP recommends annual influenza vaccination for all health care personnel to reduce influenza-related morbidity and mortality among both health care personnel and their patients. To estimate influenza vaccination coverage among U.S. health care personnel for the 2015–16 influenza season, CDC conducted an opt-in Internet panel survey of 2,258 health care personnel during March 28–April 14, 2016. Overall, 79.0% of survey participants reported receiving an influenza vaccination during the 2015–16 season, similar to the 77.3% coverage reported for the 2014–15 season. Coverage in long-term care settings increased by 5.3 percentage points compared with the previous season. (See graph) During the 2015–16 influenza season, vaccination coverage was 96.5% among health care personnel working in settings where vaccination was required. Among health care personnel whose employers did not have a requirement for vaccination, coverage was higher among personnel who worked in locations where vaccination was available at the worksite at no cost for >1 day (82.8%) or 1 day (82.1%) Among health care personnel working in settings where vaccination was neither required, promoted, nor offered onsite, vaccination coverage continued to be low (44.9%).