



O R E G O N

# QUARTERLY REPORT

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3rd Quarter  
September 2017

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.

## What's New With Flu?

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With falling leaves and falling temperatures comes a rising risk for influenza. Although most persons infected with influenza viruses will recover, influenza can cause serious illness and death, particularly among older adults, very young children, pregnant women, and people with chronic medical conditions. While the start of influenza season is unpredictable from year to year, influenza viruses typically circulate widely in the U.S. annually from late fall through early spring. The influenza season is just around the corner. Here's what you need to know for the 2017-2018 season:

### Vaccine Supply and Distribution

For the 2017-2018 influenza season, manufacturers are projecting to provide between 151 million and 166 million doses of injectable vaccine for the U.S.. Approximately 130 million doses of thimerosal-free or preservative free influenza vaccine doses are expected to be produced for the 2017-2018 season. Approximately 119 million influenza doses will be quadrivalent. Only injectable influenza vaccines are recommended for use in the 2017-2018 flu season. Live attenuated influenza vaccine (LAIV) is **NOT** recommended for the 2017-2018 season due to concerns about its effectiveness against H1N1 viruses during the 2013-2014 and 2015-2016 influenza seasons. As of 9/15/2017, nearly 74 million influenza vaccine doses have already been distributed.

### Updates for this Season

- The H1N1 component of the influenza vaccine has been changed to better match circulating influenza viruses in recent seasons. The other vaccine components for the 2017-2018 influenza vaccine are unchanged from the previous year.
- Afluria® (trivalent inactivated influenza Vaccine) age recommendations have been expanded to include persons aged 5 years and older.
- Quadrivalent formulations were licensed in 2016 for recombinant egg-free vaccine (FluBlok®) and Afluria® in persons 18 years of age and older. (The trivalent formulations will also be available)
- FluLaval® quadrivalent vaccine (0.5 mL) age recommendations have been expanded to include persons aged 6 months and older.
- Pregnant women may receive any licensed recommended age-appropriate

Vital Statistics Quarter Ending: September 2017	3rd Quarter		Year to Date	
	2017	2016	2017	2016
<b>BIRTHS</b>	1308	1399	3787	3950
Delivery in Hospital	1280	1371	3716	3862
Teen Deliveries (10-17)	19	21	61	60
<b>DEATHS</b>	711	684	2154	2125
TOTAL				
Medical Investigation	78	86	239	231
Homicide	2	5	12	11
Suicide	16	14	41	43
Accident – MVA	11	10	19	27
Accident – Other	19	26	70	73
Natural / Undetermined / Pending	30	31	97	77
Non-Medical Investigation (all natural)	631	598	1905	1893
Infant Deaths	2	4	12	7
Fetal Deaths	6	11	14	16
<b>COMMUNICABLE DISEASES</b>				
E-Coli: 0157	3	7	3	7
Hepatitis A	0	0	0	1
Acute Hepatitis B	0	0	2	0
Chronic Hepatitis B	9	9	28	17
Meningococcus	0	0	2	0
Pertussis	7	14	12	32
Tuberculosis	0	0	6	3
<b>SEXUALLY TRANSMITTED DISEASE</b>				
Chlamydia	417	468	1251	1323
Gonorrhea	152	97	382	244
Syphilis	12	14	54	46
Early Syphilis*	5	11	26	27
HIV/AIDS	3	2	7	6

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

Continued

influenza vaccine during any trimester.

- Children and adults are recommended to receive an influenza vaccine by the end of October if possible. However, as long as flu viruses are circulating, vaccination should continue throughout the flu season (January or later).

### Influenza Vaccine Protects Young and Old

A study by published in 2017 in *Pediatrics* show that influenza vaccination offered significant protection against death among children aged 6 months to 17 years across several influenza seasons. During the 4-year study, influenza vaccination status was determined for 291 of 358 influenza-associated pediatric deaths in the U.S. reported to Centers for Disease Control and Prevention (CDC). Overall vaccine effectiveness against influenza-associated pediatric deaths was 65%. On average, children who died from influenza were two-thirds less likely to have been vaccinated than similarly aged children in the U.S. The study also showed that this protection extended to children with underlying medical conditions. Vaccine effectiveness for children with high-risk conditions was 51%.

In a study published in *Clinical Infectious Diseases* in 2016, 368 flu-hospitalized patients 50 years and older were compared to community controls during the 2010-2011 flu season. People vaccinated against influenza had a lower mortality rate, fewer intensive care admissions and shorter lengths of stays. They were also 57% less likely to be hospitalized from flu than unvaccinated people. The benefits were similar by age group, including adults 75 years of age older, a notable finding, since flu effectiveness studies have generally found effectiveness decreases with age.

### Influenza Vaccination Among Health Care Personnel Levels Off

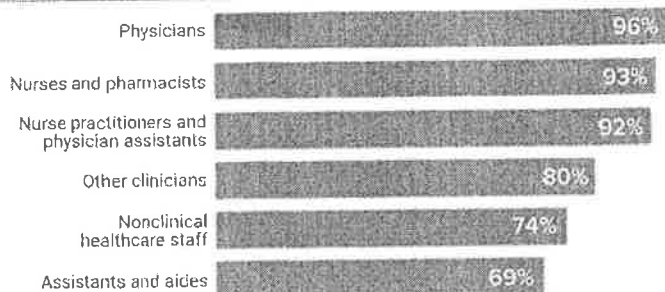
According to data released in September, 2017 by CDC, 78.6% of respondents to a national on-line survey of health care workers about influenza vaccination reported that they had been vaccinated, an increase of 15 percentage points from the 2010-2011 flu season, but similar to rates posted in the 2013-2014 and 2015-2016 seasons. Vaccination rates were reported as highest among physicians, physician assistants, nurse practitioners, nurses and pharmacists. Influenza vaccination was lower among other clinicians, assistants and aides, and other nonclinical health care staff. Ninety-two percent of hospital-based staff were vaccinated compared to 76% of those in an ambulatory setting and just 68% of those working in a long-term care setting. Influenza vaccination rates were highest in settings where employers mandated it (97%) compared with only 45% in settings where vaccination was not required, promoted, or offered on site. In Oregon, dialysis facilities are closest to meeting Healthy People 2020 Goals for influenza vaccination of health care workers; skilled nursing facilities showed the lowest rates and have not yet met goals set for 2015 (See graphs). Viral shedding has been detected before onset of respiratory symptoms in both influenza A and B-infected persons. Additionally, data consistently show that health care workers with classic influenza-like illness and fever continue to work while symptomatic. To promote patient safety, CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers get vaccinated annually against influenza.

For more information on the 2017-2018 influenza season, visit <https://www.cdc.gov/flu/index.htm>.

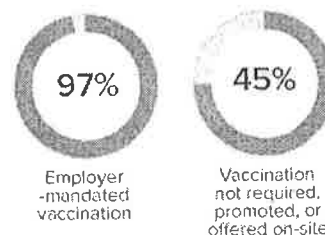
### References

- Flannery, B. et al. Influenza Vaccine Effectiveness Against Pediatric Deaths: 2101-2014. *Pediatrics* April 2017.
- Havers, F. et al. Case-control Study of Vaccine Effectiveness in Preventing Laboratory-Confirmed Influenza Hospitalizations in Older Adults, U.S., 2010-2011. *Clinical Infectious Diseases*, Vol 63, Issue 10. 15 November 2016, pp 1304-1311.
- Oregon Public Health Division. Oregon Health Care Worker Influenza Vaccination Annual Report:2015-2016. Oregon Health Authority. November, 2016.

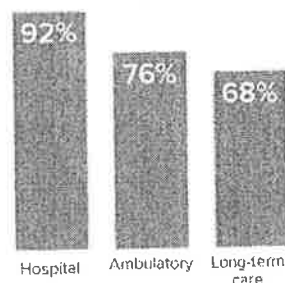
Influenza Vaccination Rates Among Healthcare Professionals, 2016-2017



Rates When Mandated or Not



By Practice Setting



Maxscape Source: MMWR, 2017.65(38):1009-1015



Oregon Influenza Vaccination rates for all Health Care Workers by facility type and season