



Marion County Quarterly Report: Infectious Disease

Fourth Quarter: 10.1.2019-12.31.2019

Disease Reporting

Medical providers, laboratories are required to notify local health departments about positive lab results of certain diseases

[List of reportable diseases](#)
[Oregon Disease Reporting Requirements](#)
[Confidential STD Case Report](#)

Communicable Disease & STD Reporting

Phone: 503-588-5621
Fax: 503-566-2920

Tuberculosis Disease Reporting

Phone: 503-588-5611
Fax: 503-361-2657

Sexually Transmitted Disease Clinic

Phone: 503-588-5342
Fax: 503-576-4519

After hours Public Health

Phone: 503-588-5621 follow the instruction to speak with on-call supervisor

What to know about syphilis:

Syphilis is caused by *Treponema pallidum*, and it is divided into stages. The stage is depended on clinical findings, such as chancre, rash, lymphadenopathy, and neurological symptoms, etc. All sexual active individuals should be tested based on their risk factors. Neurosyphilis can occur during any stage of syphilis. If a person shows clinical neurologic finding, a CSF examination should be performed.

CDC recommends using the reverse sequence screening algorithm which includes treponemal (FTA-Abs, TP-PA assay and EIA) and non treponemal (RPR) tests. The reverse screening algorithm can identify person with a recent infection or previously treated for syphilis. All nontreponemal tests should be quantified to guide patient management decisions. All new diagnosis should be followed with a quantified nontreponemal test to monitor treatment success.

Special considerations

Syphilis during pregnancy

- Pregnant women with syphilis regardless of stage and with penicillin allergy should be desensitized and treated with penicillin. Benzathine Penicillin G is the only accepted treatment.

- Additional doses of penicillin in pregnant women with primary, secondary or early syphilis may be beneficial.

Person with HIV infections

- Person with HIV infection and a new diagnosis of syphilis should be treated with the same regime as a person without syphilis.

- Person with HIV infection and primary, secondary or early syphilis should be evaluated clinically and serologically for treatment failure at 3,6,9,12 and 24 months after therapy..

Pregnant women without proof of treatment

- Pregnant women without treatment records regardless of syphilis stage should be offered treatment accordingly.

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Infectious disease spotlight: Syphilis

What to know about syphilis:

- It is transmitted through sexual contact and vertically from mother to child during birth.
- Routine syphilis screening is indicated for sexually active individuals with frequency of testing based on risk factors. Risk factors include sharing needles and/or injection drug equipment, anonymous partners, previous STD diagnosis, use of the internet or apps to find sex partners, and multiple new sex partners in the past year.
- All sexual contacts to infectious syphilis, primary, and secondary or early non-primary, non-secondary stage cases should be treated presumptively.
- Follow treated syphilis patients with quantitative RPR at 3-6 months intervals depending on the patient's risk factors.

Fig. 1 Syphilis stages and clinical description

Stage	Clinical Description
Primary	One or more painless ulcerative lesions, commonly on the penis, labia, anus, or mouth.
Secondary	Localized or diffuse rash, often with lymphadenopathy. Other signs may include mucous patches, wart-like lesions, and alopecia.
Early Non-Primary Non-Secondary	No signs/symptoms of primary or secondary syphilis and infection occurred within previous 12 months.
Unknown Duration or Late	No signs/symptoms of primary or secondary syphilis and infection occurred >12 months previously or there is no evidence infection was acquired within previous 12 months.

Fig. 2 Recommended treatment for each stage.

Stage	Recommended Treatment	Penicillin Allergy*
Primary Secondary Early Non-Primary Non-Secondary	Benzathine penicillin G (Bicillin L-A) 2.4 million units IM in a single dose	Doxycycline 100 mg orally twice daily for 14 days
Unknown Duration or Late	Benzathine penicillin G (Bicillin L-A) 7.2 million units IM as three doses of 2.4 million units each at one-week intervals	Doxycycline 100 mg orally twice daily for 28 days
Neurosyphilis	Aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units every four hours or continuous infusion for 10-14 days	Desensitize and treat

*Evaluate the patient for true penicillin allergy by conducting a history and physical examination and a skin test.

Syphilis in Marion County: high risk populations

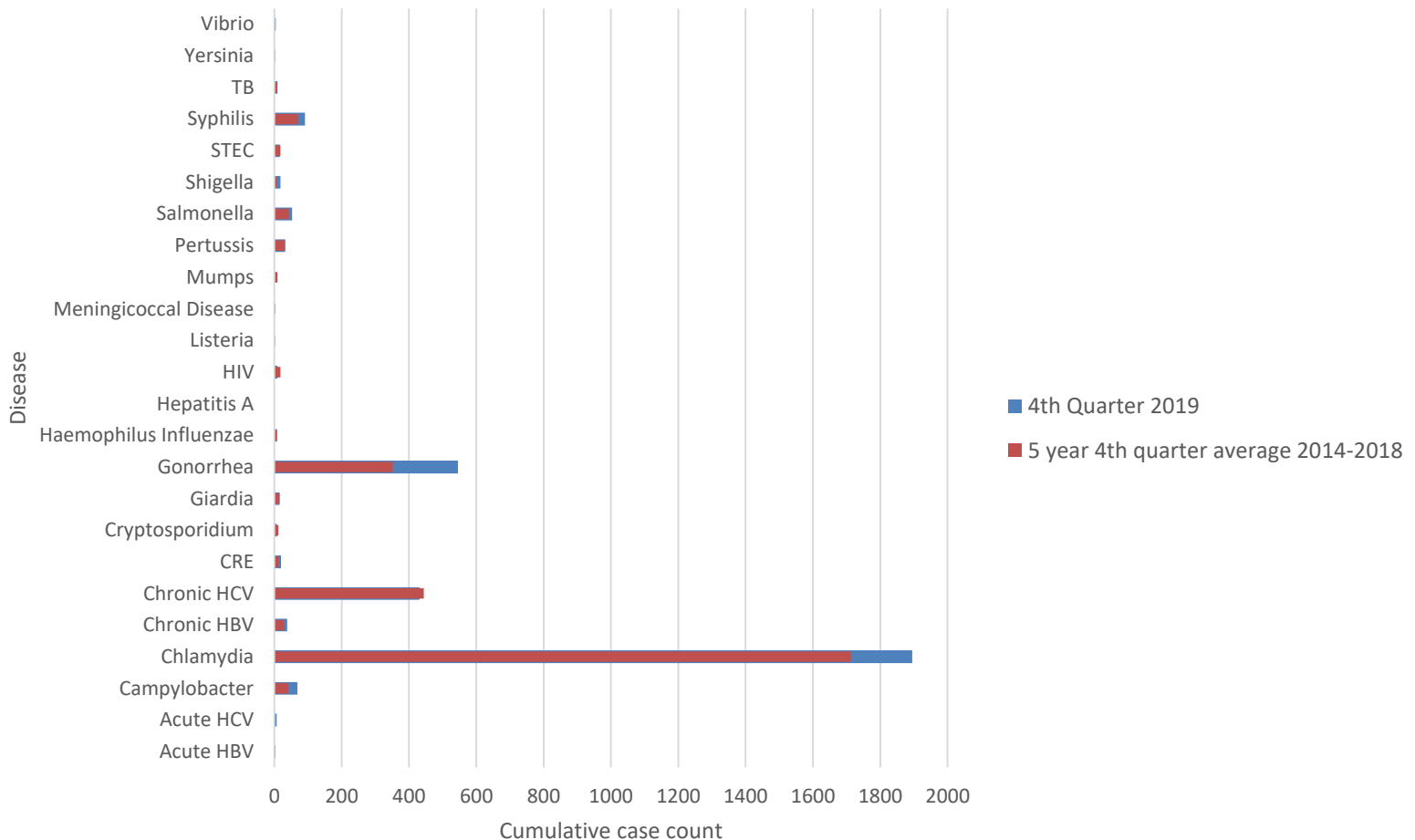
People at high risk for syphilis should be screened every three months – including MSM, persons diagnosed with HIV, persons using IV drugs, persons with multiple partners especially if they anonymous partners. Pregnant women should be tested for syphilis, as well as other STDs, at first trimester, at 28 weeks of pregnancy and at delivery.



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Marion County Communicable Disease Counts, 2019



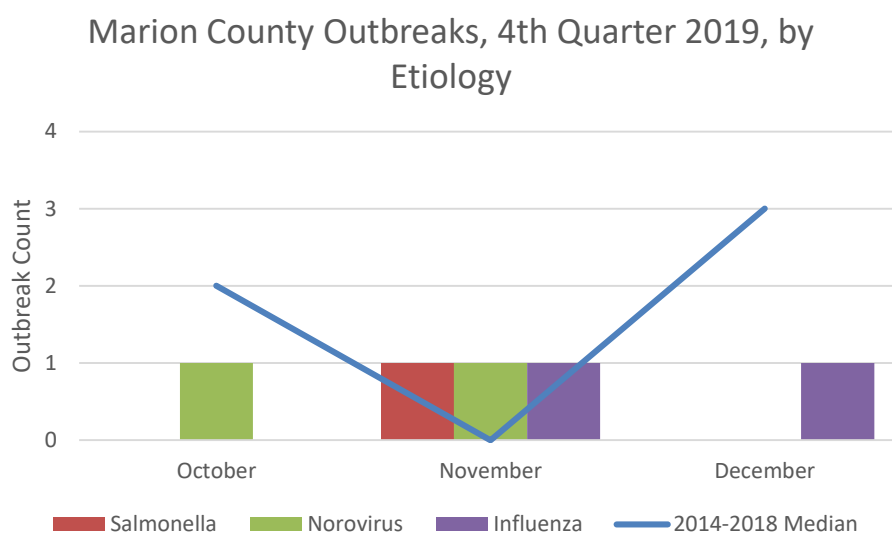
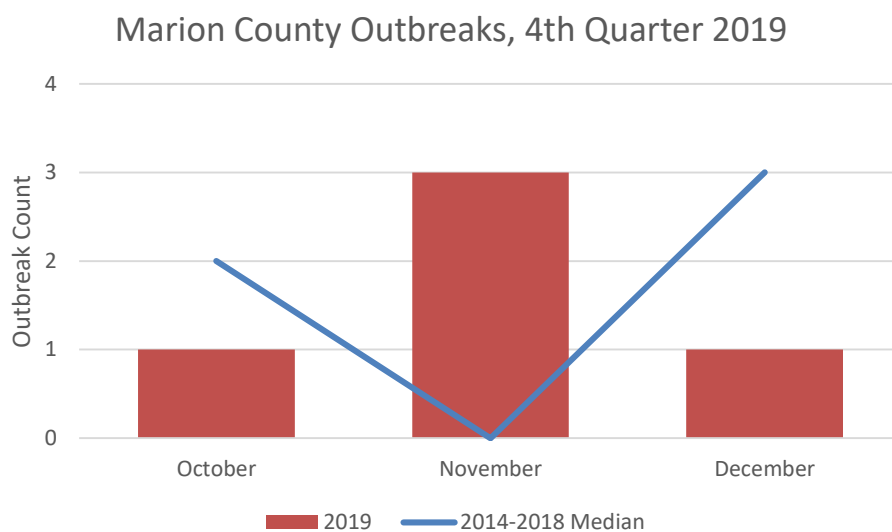
Fourth Quarter Infectious Disease Update:

- Chlamydia is the most reported disease in Marion County with over 478 cases in the fourth quarter alone, exceeding the number of cases expected. Half of the cases were among residents 20-30 years old.
- Following the trend of increasing chlamydia infections, there were more cases of gonorrhea and syphilis in the fourth quarter than expected. These infections are known to be sexually transmitted although there are other risk factors such as using IV drugs, previous STD diagnosis, and sex while intoxicated.
- There was more campylobacter, salmonella, and shigella in the fourth quarter in 2019 than anticipated. These diseases are enteric and some of the common risk factors included eating at local restaurants, inappropriate handwashing, and consuming kratom.

Outbreaks

Background:

An outbreak is loosely defined as an unexpected increase in a specific disease over a specified period of time in a specific location. Marion County Health and Human Services responds to outbreaks in residential facilities, restaurants, daycares, and schools when there are 2 or more confirmed cases of the same illness from different households



Fourth Quarter Outbreaks:

- Marion County Health and Human Services investigated a total of five outbreaks during the fourth quarter of 2019. The number of outbreaks during the fourth quarter was lower for the months of October and December but higher for the month of November than the 2014-2018 median.
- Sixty percent of the outbreaks were gastrointestinal and forty percent were respiratory. The majority of gastrointestinal outbreaks were caused by Norovirus and all respiratory outbreaks were influenza.
- A total of 47 individuals were estimated to be ill as a direct result of the outbreaks in Marion County during the fourth quarter.