



QUARTERLY REPORT



MARION COUNTY HEALTH DEPARTMENT
Health & Services Building
3180 Center Street NE
Salem OR 97301-4592

1st Quarter

March 2001

Vital Statistics Quarter Ending: March 2001	1st Quarter		Year to Date	
	2001	2000	2001	2000
BIRTHS				
TOTAL DELIVERIES	1198	1172	1198	1172
Delivery in Hospital	1149	1108	1149	1108
Teen Deliveries (10-17 years)	49	64	49	64
DEATHS				
TOTAL	643	609	643	609
Medical Investigation	44	41	44	41
Homicide	03	02	03	02
Suicide	09	07	09	07
Accident - MVA	05	03	05	03
Accident - Other	07	10	07	10
Natural/Undetermined/Pending	20	19	20	19
Non-Medical Investigation (All Natural)	599	568	599	568
Infant Deaths	05	02	05	02
Fetal Deaths	03	06	03	06
COMMUNICABLE DISEASES				
E-Coli: 0157	0	0	0	0
Hepatitis A	05	09	05	09
Acute Hepatitis B	07	07	07	07
Chronic Hepatitis B	08	14	08	14
Meningococcus	05	01	05	01
Pertussis	02	01	02	01
Tuberculosis	04	01	04	01
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic Inflammatory Disease)				
Chlamydia	175	224	175	224
Gonorrhea	09	31	09	31
AIDS	01	03	01	03

**Meningococcal Disease:
An Update**
Karen Landers MD MPH,
Marion County
Health Officer

Since April 16th, Marion County Health Department has received reports of 4 confirmed and 2 presumptive cases of meningococemia. All cases were in children under the age of 4 years and all are recovering without complications. There were no geographic links or common source exposure identified for the confirmed cases, all of which were serogroup B. One of the presumptive cases may be linked to a confirmed case. The isolates from the confirmed cases are being sent to the Centers for Disease Control and Prevention (CDC) for further subtyping and identification. Although Oregon has a rate of meningococcal disease that is slightly higher (2.1 cases per 100,000 population) than the national rate of 0.8-1.3 cases per 100,000 population, the rates have been steadily declining in Oregon since 1994. In Marion County, meningococcal disease has remained fairly stable over the past 5 years, averaging nearly 11 cases per year. As in the state of Oregon as a whole, the majority of confirmed meningococcal cases in Marion County are serogroup B. (See graph)

Continued

Because the dominant meningococcal serogroup in Oregon and currently in Marion County is B, the currently available vaccine will not be effective at reducing the number of cases. Prevention of additional cases through antimicrobial chemoprophylaxis of close contacts is the primary means to control meningococcal disease at this time. Both the public and medical community are encouraged to be alert to signs and symptoms (fever, chills, lethargy, headache, stiff neck, petechial rash) to avoid delays in treatment.

MENINGOCOCCAL DISEASE (LABORATORY CONFIRMED AND/OR CLINICAL SUSPICIAN WARRANTING TREATMENT) IS REPORTABLE WITHIN 24 HOURS IN THE STATE OF OREGON.

Prompt reporting will facilitate the local health department's case investigation and assist in the rapid initiation of antimicrobial chemoprophylaxis for close contacts. Call Marion County Health Department at 503 588-5621 during the normal working hours of 8:30 am-5 pm on weekdays. After 5 pm on weekdays or on weekends or holidays, call the Oregon Health Division at 503 731-4030.

REFERENCES

1. Control of Communicable Diseases in Man, 17th Ed, 2000
2. Red Book 2000, 25th Ed, American Academy of Pediatrics

3. Meningococcal Disease Prevention and Control Strategies for Practice-Based Physicians, Pediatrics Vol 06 No 6, December, 2000

4. Control and Prevention of Meningococcal Disease and Control and Prevention of Serogroup C

Meningococcal Disease: Evaluation and Management of Suspected Outbreaks, Vol 46 No RR-5, February, 1997

Meningococcal Disease in Marion County 1997-2001

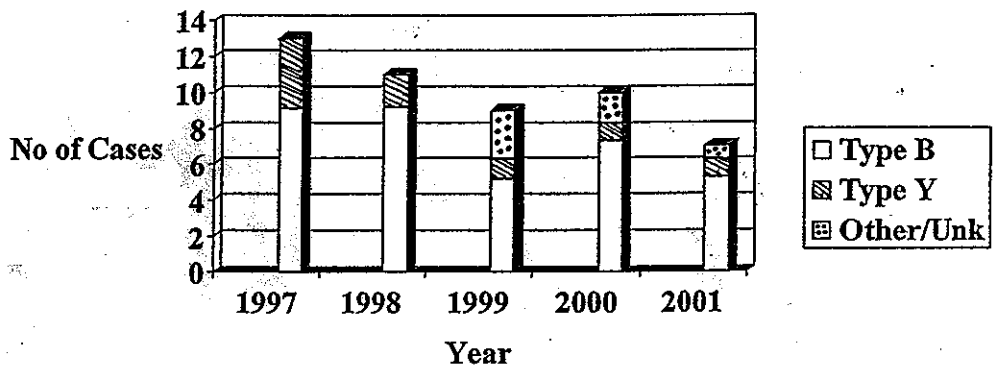


TABLE. Schedule for administering chemoprophylaxis against meningococcal disease

Drug	Age group	Dosage	Duration and route of administration*
Rifampin	Children <1 mo	5 mg/kg every 12 hrs	2 days
	Children ≥1 mo	10 mg/kg every 12 hrs	2 days
	Adults	600 mg every 12 hrs	2 days
Ciprofloxacin	Adults	500 mg	Single dose
Ceftriaxone	Children <15 yrs	125 mg	Single IM [†] dose
Ceftriaxone	Adults	250 mg	Single IM dose

*Oral administration unless indicated otherwise.
[†]Intramuscular.