



QUARTERLY REPORT

**1st Quarter
March 2014**

Marion County Health Department
3180 Center St NE
Salem OR 97301-4592
(503) 588-5357
<http://health.co.marion.or.us>

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: March 2014	1st Quarter		Year to Date	
	2014	2013	2014	2013
BIRTHS	1171	1144	1171	1144
Delivery in Hospital	1150	1123	1150	1123
Teen Deliveries (10-17)	29	30	29	30
DEATHS	589	697	589	697
TOTAL	589	697	589	697
Medical Investigation	43	75	43	75
Homicide	2	2	2	2
Suicide	7	9	7	9
Accident – MVA	2	2	2	2
Accident – Other	18	33	18	33
Natural / Undetermined / Pending	14	29	14	29
Non-Medical Investigation (all natural)	546	622	546	622
Infant Deaths	4	2	4	2
Fetal Deaths	3	3	3	3
COMMUNICABLE DISEASES	0	2	0	2
E-Coli: 0157	0	2	0	2
Hepatitis A	0	2	0	2
Acute Hepatitis B	0	0	0	0
Chronic Hepatitis B	9	8	9	8
Meningococcus	4	0	4	0
Pertussis	4	21	4	21
Tuberculosis	1	3	1	3
SEXUALLY TRANSMITTED DISEASE	14	6	14	6
PID (Pelvic inflammatory Disease)	14	6	14	6
Chlamydia	383	381	383	381
Gonorrhea	19	12	19	12
Syphilis	10	6	10	6
HIV/AIDS*	4	6	4	6

*Note: HIV/AIDS includes both new HIV cases and New HIV/AIDS cases. Previously, new HIV cases and new AIDS cases were reported separately, which may have resulted in counting some cases twice, once as an HIV case and then again as an AIDS case.

Sexually Transmitted Infections in Marion County and Oregon: An Update

Karen Landers MD MPH, Marion County Health Officer

April marks the annual observance of Sexually Transmitted Disease (STD) Month when medical providers and community-based organizations have the opportunity to strengthen their commitment to the prevention of these frequently reported and transmissible infections through **testing, treatment, and vaccination**. According to the Centers for Disease Control and Prevention (CDC), 20 million new STDs including 50,000 new human immunodeficiency virus (HIV) infections occur each year in the United States. Studies have shown that people with STDs such as gonorrhea, herpes, and syphilis are more likely to acquire HIV infection than people without STDs. Data collected from several major U.S. cities indicate that nearly 45% of men who have sex with men (MSM) infected with syphilis are also infected with HIV. In Oregon chlamydia cases have steadily risen over the past 10 years, while syphilis cases have sharply increased during the past 5-7 years, predominately in MSM. Marion County chlamydia cases have increased in parallel to Oregon cases and while syphilis numbers are low, an approximate doubling of early syphilis cases has been seen in Marion County over the past 5 years. (See graphs) To continue to tackle the ongoing challenges of STD control and prevention, the following list of testing and treatment guidance is provided:

Screen all sexually active women 25 years of age and younger annually for chlamydia and gonorrhea.

A nucleic acid amplification test (NAAT) of urine in men or vaginal fluid in women) is the test of choice for chlamydia and gonorrhea.

MSM should be screened annually for STDs including HIV. Test extra-genital sites (rectal, oropharyngeal) as indicated.

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MSM with HIV should be screened at least annually for syphilis; more frequently if engaging in high risk sexual behaviors.

Due to automation, lower costs, and earlier detection, reverse sequence syphilis testing, e.g., starting with a treponemal test (EIA/CIA) and reflexing to a non-treponemal test (RPR/VDRL) if initial test is positive, is becoming increasingly common. See the following link for CDC-recommendations for the interpretation and management of reverse sequence syphilis testing: <http://www.cdc.gov/mmwr/pdf/wk/mm6005.pdf>.

Test (and treat) all sexual partners of confirmed chlamydia and gonorrhea. Consider use of expedited or partner delivered therapy (EPT) for heterosexual partners who cannot (or will not) be tested. See: <http://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/SexuallyTransmittedDisease/Pages/partnertherapy.aspx>.

Re-infection after confirmed chlamydia and gonorrhea is common; cases should be rescreened 3 months after being treated. (**NOTE:** NAAT testing is **NOT** FDA-approved for test of cure; residual nucleic acid rendered non-infective by antibiotics has been detected up to 3 weeks for *C. trachomatis* and up to 2 weeks for *N. gonorrhoeae*). See: <http://www.cdc.gov/mmwr/PDF/rr/rr6302.pdf>.

Gonorrhea is becoming increasingly resistant to available antimicrobial therapy; all confirmed cases should receive 250 mg ceftriaxone intramuscularly **AND** one gram of azithromycin (or 100 mg doxycycline twice daily for 7 days) orally even in the absence of documented chlamydial infection.

Consider gonorrhea culture and susceptibility testing in confirmed cases who continue symptomatic after receiving CDC-recommended antimicrobial therapy, and who did not engage in sexual activity after treatment. Suspected gonorrhea treatment failures should be reported to the local health department, **503.588.5621**.

HPV Vaccination- Prevention of Infection **AND** Cancer

HPV is the most common sexually transmitted infection; each year in the U.S. approximately 14 million people are newly infected, and 26,000 cancers attributable to HPV are diagnosed. Two vaccines are currently available to prevent acquisition of oncogenic HPV types 16 and 18 responsible for 70% of cervical cancers in women and frequently associated with anogenital and oropharyngeal cancers in men. Both males and females are recommended to receive a 3 dose series over six months at 11-12 years of age. HPV vaccine is most effective if given prior to onset of sexual activity. A recent study published in the June, 2013 issue of *Journal of Infectious Diseases* shows that despite only one third of girls aged 13-17 being fully vaccinated for HPV in the U.S., vaccine-type HPV prevalence has declined 56%. Health care providers can improve uptake of this life-saving vaccine in 2 ways:

Vaccinate for HPV when the opportunity occurs. (84% of girls unvaccinated for HPV had a health care visit where they received another vaccine such as Tdap, but not HPV).

Consistently recommend HPV vaccination. Not receiving a health care provider recommendation was one of the 5 main reasons parents reported for not vaccinating their daughters. Visit the following links for resources to assist you:

<http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf>
<http://www.immunize.org/catg.d/p4250.pdf>

