



# QUARTERLY REPORT

**2nd Quarter  
June 2006**

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

To report a communicable disease  
(24 hours a day, 7 days a week)

Telephone: (503) 588-5621  
Fax: (503) 566-2920

Vital Statistics Quarter Ending: June 2006	2nd Quarter 2006 2005		Year to Date 2006 2005	
<u>BIRTHS</u>				
<b>TOTAL DELIVERIES</b>	1414	1389	2783	2612
Delivery in Hospital	3	18	19	32
Teen Deliveries (10-17)	44	52	114	101
<u>DEATHS</u>				
<b>TOTAL</b>	589	594	1237	1271
Medical Investigation	43	37	107	88
Homicide	1	4	4	4
Suicide	7	10	17	16
Accident – MVA	3	7	9	13
Accident – Other	14	4	29	17
Natural / Undetermined / Pending	18	12	48	38
Non-Medical Investigation (all natural)	546	557	1130	1183
Infant Deaths	2	1	4	5
Fetal Deaths	5	7	8	8
<u>COMMUNICABLE DISEASES</u>				
E-Coli: 0157	2	2	4	3
Hepatitis A	2	0	3	0
Acute Hepatitis B	0	3	2	8
Chronic Hepatitis B	7	8	21	19
Meningococcus	2	0	2	0
Pertussis	1	39	5	87
Tuberculosis	1	4	3	10
<u>SEXUALLY TRANSMITTED DISEASE</u>				
PID (Pelvic inflammatory Disease)	2	1	2	1
Chlamydia	237	221	486	443
Gonorrhea	40	24	73	35
Syphilis	4	2	4	2
AIDS	1	3	2	4
HIV Positive	3	3	7	6

## Recognizing UFOs (Unusual Foodborne Occurrences)

Karen Landers, Marion County Health Officer

Summer is the peak season for many of those pesky foodborne illnesses related to high temperatures and outdoor cooking/dining. A number of viruses and bacteria commonly produce the undesirable symptoms of vomiting and diarrhea which may also be accompanied by fever and cramps depending on the organism. But other less well-known infections may be lurking out there as well. Would you recognize them if you saw them in your office or urgent care setting? Here are two UFOs you may want to increase your awareness of:

**NOTE: If you suspect either of these infections, report to your local health department within 24 hours. (503) 588-5621**

### Listeriosis

Although coming in at numbers well below that of more common foodborne bugs such as *Salmonella spp.* (see graph), *Listeria monocytogenes*, a Gram-positive rod-shaped bacterium, can represent significant morbidity and mortality for certain populations such as the elderly, immunocompromised individuals, pregnant women and neonates. Infants may be stillborn, born with septicemia, or develop meningitis in the neonatal period. Perinatal infection is often acquired during the last trimester, either in utero or during passage through the infected birth canal. While the postpartum course of the mother is usually uneventful, the case fatality rate in newborns averages 30%, and in a recent epidemic, the case fatality rate in persons over 60 years of age was 63%.

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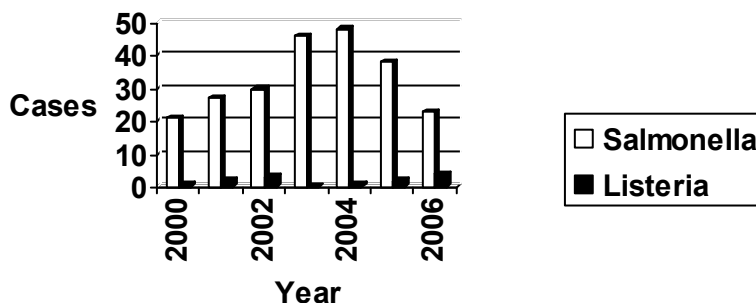
Manifestations of illness, occurring after an average incubation period of three weeks, range from a mild febrile illness in a normal host to meningoenzephalitis with fever, intense headache, and nausea and vomiting, which may progress rapidly to delirium and coma particularly in elderly or immunocompromised hosts. Diagnosis is confirmed by isolation of *L. monocytogenes* from cerebrospinal fluid, blood, amniotic fluid, placenta, meconium, lochia, gastric washings, or from other sites of infection. Outbreaks have been associated with consumption of raw or contaminated milk, soft cheeses, vegetables, and ready-to-eat meats. Listeriosis has been linked in Marion County to ingestion of “queso fresco”, a soft cheese usually made with unpasteurized milk. Unlike most other foodborne pathogens, *Listeria* can multiply in refrigerated foods that are contaminated. Treatment is with penicillin or ampicillin alone or in combination with aminoglycosides. Prevention is best accomplished by high-risk persons avoiding the consumption of soft cheeses, ready-to-eat meats, smoked fish, and unpasteurized milk or products made with unpasteurized milk.

### **Vibriosis**

Even more unusual (Marion County has reported one case in the past 6 years), is infection with *Vibrio parahaemolyticus*, a bacterium that is naturally present in many marine waters including those of the Pacific Coast. Sporadic cases and occasional outbreaks associated with raw oyster consumption are reported each year. We are currently experiencing an outbreak of *V. parahaemolyticus* in the Pacific Northwest. As of July 14<sup>th</sup>, 14 cases have been identified in Oregon. Most cases report eating uncooked oysters in Portland or Medford; one case reported eating oysters that were privately harvested in the state of Washington. In addition, more than 15 cases have also been reported in residents of Washington and British Columbia, all of which have been linked to raw oyster consumption. Public health officials are working to identify harvest sites for oysters involved in this outbreak.

Symptoms of *V. parahaemolyticus* infection include watery diarrhea, cramps, vomiting and fever that typically occur between 12 and 24 hours after exposure (range 4 to 30 hours). The illness usually lasts 1-7 days and is of moderate severity with systemic infection or death occurring only rarely. Diagnosis is confirmed by isolating *V. parahaemolyticus* from the patient’s stool or by detecting high concentrations of organisms in incriminated foods. Specific treatment consists of rehydration as needed; if septicemia is present, effective antimicrobials include: aminoglycosides, third-generation cephalosporins, fluoroquinolones or tetracycline. *Vibrio* infections can be prevented by eating only thoroughly cooked seafood (15 minutes at 158°F) and by careful handling of raw seafood to avoid contamination of other foods.

**Salmonellosis and Listeriosis in Marion County 2000-2006**



**NOW AVAILABLE!**  
For more information on communicable disease reporting, local health alerts, pandemic influenza planning, as well as links to additional resources visit:  
<http://health.co.marion.or.us/ph/epid>