



O R E G O N

QUARTERLY REPORT

**2nd Quarter
June 2007**

Marion County Health Department
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<http://health.co.marion.or.us>

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

Telephone: (503) 588-5621
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Vital Statistics Quarter Ending: June 2007	2nd Quarter 2007 2006		Year to Date 2007 2006	
BIRTHS				
TOTAL DELIVERIES	1457	1415	2828	2784
Delivery in Hospital	1446	1411	2808	2764
Teen Deliveries (10-17)	58	44	120	114
DEATHS				
TOTAL	579	593	1283	1241
Medical Investigation	50	42	101	106
Homicide	1	1	1	4
Suicide	11	8	20	18
Accident – MVA	7	3	12	11
Accident – Other	15	14	27	27
Natural / Undetermined / Pending	16	15	41	45
Non-Medical Investigation (all natural)	529	551	1182	1135
Infant Deaths	1	3	4	6
Fetal Deaths	8	5	18	8
COMMUNICABLE DISEASES				
E-Coli: 0157	0	2	0	4
Hepatitis A	0	2	0	3
Acute Hepatitis B	2	0	2	2
Chronic Hepatitis B	5	7	14	20
Meningococcus	1	2	2	2
Pertussis	0	1	1	5
Tuberculosis	3	3	5	5
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	0	2	0	2
Chlamydia	242	237	495	443
Gonorrhea	21	40	49	73
Syphilis	1	4	3	4
AIDS	3	1	5	2
HIV Positive	7	3	15	7

Hepatitis C in Marion County: An Update

Karen Landers MD MPH, Marion County Health Officer

Hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the United States. An estimated 4.1 million (1.6%) Americans have been infected with HCV, of whom 3.2 million are chronically infected. Population-based studies indicate that 40% of chronic liver disease is HCV-related. Medical and work-loss costs of HCV-related acute and chronic liver disease are estimated at >\$600 million annually. HCV-associated end-stage liver disease is the leading indication for liver transplant. As many as 8,000 to 10,000 people die every year in the U.S. from hepatitis C. Chronic hepatitis C was made officially reportable in Oregon in July of 2005. A significant number of cases are reported to Marion County each year. (See graph)

Hepatitis C is transmitted from person to person primarily by direct contact with blood. Most infections are due to illegal injection drug use. Injection drug users quickly acquire HCV infection after they start to inject drugs; one study has reported that 50% to 80% of users were anti-HCV positive within 12 months of initiating drug injection. Persons may also acquire HCV infection due to needle sticks or sharps exposures in the occupational setting; the risk of HCV infection due to needle sticks is estimated at 1.8%. Since the adoption of routine blood donor screening in 1992, transfusion associated cases of HCV infection occur in less than 1 per 2 million transfused units of blood.

HCV may be transmitted from infected mothers to their infants at the time of birth. The risk of perinatal HCV transmission is about 4%, however the risk rises to 19% if the mother is coinfecting with HIV. Sexual contact may result in HCV transmission on an infrequent basis.

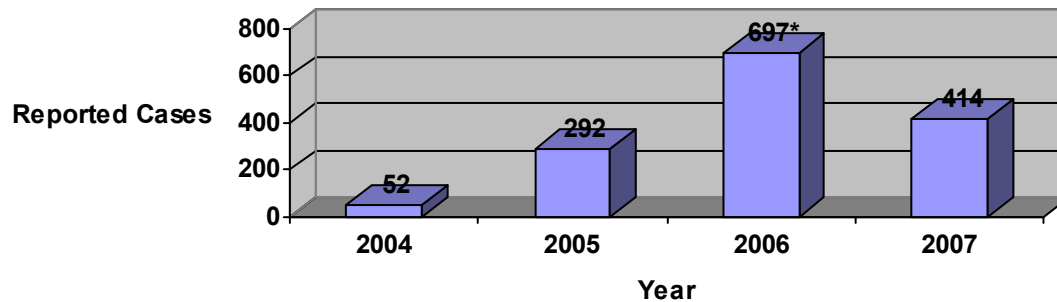
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The following table summarizes CDC recommendations for HCV testing based on risk:

Persons	Risk of Infection	Testing Recommended?
Injecting drug users (even if used only once)	High	Yes
Recipients of clotting factors made before 1987	High	Yes
Hemodialysis patients	Intermediate	Yes
Recipients of blood and/or solid organs before 1992	Intermediate	Yes
Persons with undiagnosed liver problems	Intermediate	Yes
Infants born to HCV+ mothers	Intermediate	After 12-18 months of age
Healthcare/public safety workers	Low	After exposure incident
Multiple sex partners	Low	No*
Long-term sex with infected partner	Low	No*

*Considered testing if requested

Chronic Hepatitis C in Marion County



*Increased number due to reporting changes

Chronic hepatitis C develops in most persons (75%-85%) who become infected. Combination therapy with pegylated interferon and ribavirin is currently the treatment of choice for chronic hepatitis C, resulting in sustained response rates of up to 50% for patients infected with the type most commonly found in the U.S. Although there is currently no vaccine for hepatitis C, persons chronically infected with HCV may benefit from receiving vaccines for hepatitis A and B to avoid further injury to their livers. Alcohol use may accelerate the progression of liver disease in chronic hepatitis C patients and should be avoided. Persons who are diagnosed with HCV infection may also be at risk for human immunodeficiency virus (HIV) infection and should consider being tested for HIV.

Some patients diagnosed with chronic hepatitis C may have difficulty accessing information and medical care for their condition. The following is a list of resources available to assist patients with chronic HCV infection to learn more about their disease and treatment options, and how to protect their liver:

Oregon Public Health Information line: (Toll free but information not available in Spanish) **1-866-703-4636**

Centers for Disease Control and Prevention: (Information available in English and Spanish) www.cdc.gov/hepatitis

Roche: (Toll free information in English and Spanish) **877-734-2797**
(Patient assistance) **877-757-6243**
www.pegasys.com

Marion County Health Department:
(Hepatitis C general information) **503-588-5621**
(Anonymous/confidential HIV testing) **503-588-5342**
(Appointments for low cost hepatitis A and B vaccinations) **503-588-5621**

Salem Hepatitis C Support Group: (Call for information about time and location of meetings) **503-304-4000**