



O R E G O N

# QUARTERLY REPORT

**2nd Quarter  
June 2009**

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To report a communicable disease  
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Vital Statistics Quarter Ending: June. 2009	2nd Quarter		Year to Date	
	2009	2008	2009	2008
<b>BIRTHS</b>				
<b>TOTAL DELIVERIES</b>	1381	1447	2643	2832
Delivery in Hospital	1363	1426	2606	2794
Teen Deliveries (10-17)	57	58	107	120
<b>DEATHS</b>				
<b>TOTAL</b>	656	698	1348	1427
Medical Investigation	58	69	121	129
Homicide	0	3	4	5
Suicide	12	10	19	19
Accident – MVA	7	3	13	5
Accident – Other	17	14	37	35
Natural / Undetermined / Pending	22	39	48	65
Non-Medical Investigation (all natural)	598	629	1227	1298
Infant Deaths	7	6	12	10
Fetal Deaths	4	4	9	9
<b>COMMUNICABLE DISEASES</b>				
E-Coli: 0157	0	1	0	1
Hepatitis A	0	1	1	1
Acute Hepatitis B	3	0	3	1
Chronic Hepatitis B	11	9	19	19
Meningococcus	0	1	0	1
Pertussis	3	3	7	11
Tuberculosis	6	7	3	7
<b>SEXUALLY TRANSMITTED DISEASE</b>				
PID (Pelvic inflammatory Disease)	5	4	9	8
Chlamydia	384	309	760	609
Gonorrhea	14	29	73	68
Syphilis	2	4	4	6
AIDS	3	2	4	7
HIV Positive	4	1	5	7

## Pandemic Influenza (H1N1) – Get ready for fall

Karen Landers MD MPH, Marion County Health Officer

### National and Local Activity

The novel strain of H1N1 influenza that was first detected in late April 2009 in California and Texas (and was also identified in an outbreak of respiratory illness reported in Mexico at about the same time), is spreading rapidly in many regions of the globe and was officially declared a pandemic by the World Health Organization (WHO) on June 11, 2009. Although influenza activity in the U.S. has declined, higher than expected levels of influenza-like illness during the summer indicate transmission is ongoing. Twelve states and Puerto Rico are reporting widespread or regional influenza activity, and 38 states are reporting either localized or sporadic activity including Oregon. Marion County continues to receive reports of laboratory-confirmed novel H1N1 influenza. Novel H1N1 viruses currently make up more than 98% of all sub-typed influenza A isolates in the U.S.

### Global Activity

The regular influenza season is underway in the Southern Hemisphere. The novel H1N1 strain is the dominant influenza virus circulating in several countries in South America as well as New Zealand and Australia. Isolates sequenced at WHO and CDC suggest that currently circulating novel H1N1 viruses look similar to the California strain, which is the reference virus selected for a novel H1N1 candidate vaccine. A total of 6 novel H1N1 influenza cases with resistance to oseltamivir (Tamiflu®) have been detected in 4 countries; one case had no known exposure to the drug.

### Epidemiology

According to CDC, from April 15 to July 24, 2009, the number of reported cases of novel H1N1 per 100,000 population was highest in the 5-24 years of age group, followed by those in the 0-4 years age group. Hospitalization rates were highest in the 0-4 years of age group, followed by the 5-24 years of age group. The rates of novel H1N1 infection have been lowest in people over 65 years of age, suggesting that this group may have some pre-existing immunity to the new strain.

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Pregnant women infected with novel H1N1 appear to have a higher risk of severe illness and hospitalization. Of 45 deaths reported to CDC in the first two months of the epidemic, 6 were in pregnant women. Due to widespread and ongoing transmission at this time, case counts reflect only a fraction of the total number of infections due to the novel H1N1 strain. As of the end of July, 2009, the WHO, the CDC, the state of Oregon and Marion County will no longer be publishing individual case counts and will be shifting to surveillance that monitors severe illness, hospitalizations and deaths.

### **Novel H1N1 Vaccine**

Several vaccine manufacturers have produced novel H1N1 candidate vaccines and clinical trials are underway to test pilot lots. Initial studies will look at whether one or two doses of vaccine will be needed to produce a protective immune response in healthy adult volunteers. Concurrent studies will evaluate the safety and immune response of H1N1 vaccines when given before, simultaneously and after seasonal influenza vaccine in different sets of volunteers. If early information indicates candidate vaccines are safe, similar trials will begin in healthy children 6 months to 17 years of age.

The Advisory Committee on Immunization Practices (ACIP) met on July 29<sup>th</sup> to make recommendations on prioritization of initially available H1N1 vaccine doses. At this time, the ACIP is recommending that initial vaccination efforts focus on five key populations:

- all people 6 months through 24 years of age
- people who live with or care for children younger than 6 months of age
- all pregnant women
- healthcare and emergency services personnel
- people aged 25 through 64 years of age with health conditions associated with higher risk of complications from influenza

Together these key populations equal 159 million. If vaccine is not available in sufficient quantities to vaccinate all of the above groups, then they would be further prioritized as follows:

- pregnant women
- people who live with or care for children younger than 6 months
- healthcare and emergency services personnel with direct patient contact
- children 6 months through 4 years of age
- children 5 through 18 years of age with chronic medical conditions that increase risk of complications from influenza

### **Start Preparing Now**

Novel H1N1 influenza virus is expected to return and co-circulate with regular seasonal influenza viruses in the fall. The infection rate and severity of illness during the influenza season is not predictable at this time. The following recommendations are made to assist clinics and medical offices as they get ready for the fall influenza season:

- Begin vaccinating patients and staff with seasonal influenza as soon as it is available. This may help to reduce the chance that co-circulating seasonal H1N1 and pandemic H1N1 viruses could recombine (seasonal H1N1 influenza is currently resistant to oseltamivir) as well as lessen the complexity of simultaneously storing and administering separate influenza vaccines in clinics and offices.
- Assess your staff and patients to determine how many will fit into the current priority groups for pandemic influenza H1N1 vaccine. Novel H1N1 vaccine will be procured and purchased by the federal government and made available to vaccinators through the local health department. Having an estimate of needed vaccine doses will facilitate the process of ordering and distributing vaccine. Expect to receive more information on H1N1 vaccine ordering and distribution within in the next two to three weeks.
- Identify adult patients less than 65 years of age with risk factors for invasive pneumococcal disease and vaccinate them now. It is estimated that only a small percentage (of young adults with risks for invasive pneumococcal disease are vaccinated. CDC has expanded indications for pneumococcal vaccination to include adult smokers and adults with asthma.
- Begin ordering and storing necessary supplies for your offices and clinics now. Include masks, hand sanitizer, tissues, hands-free waste receptacles, and signage on hand washing and respiratory etiquette. Plan for identifying and separating patients with respiratory illness from patients being seen for other reasons to the extent possible.
- Complete the on-line H1N1 health care provider survey. The survey will be available through the end of August at <http://www.co.marion.or.us/HLT/> and may also be accessed on the Marion-Polk County Medical Society webpage. This is your opportunity to tell us how we can improve communication and coordination with you during the next wave of the pandemic.

Marion County Health Department is developing a website to centralize information and guidance for medical providers and the community during the influenza season. Visit <http://www.co.marion.or.us/HLT/ep/pf/h1n1/>.