



O R E G O N

QUARTERLY REPORT

**2nd Quarter
June 2012**

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
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Vital Statistics Quarter Ending: June 2012	2nd Quarter		Year to Date	
	2012	2011	2012	2011
BIRTHS				
TOTAL DELIVERIES	1287	1296	2465	2492
Delivery in Hospital	1274	1275	2424	2456
Teen Deliveries (10-17)	29	32	66	76
DEATHS				
TOTAL	664	623	1315	1297
Medical Investigation	67	73	132	135
Homicide	5	1	7	6
Suicide	12	12	26	22
Accident – MVA	4	10	10	16
Accident – Other	18	27	40	49
Natural / Undetermined / Pending	28	23	49	42
Non-Medical Investigation (all natural)	597	550	1183	1162
Infant Deaths	5	2	11	8
Fetal Deaths	5	7	7	9
COMMUNICABLE DISEASES				
E-Coli: 0157	5	1	5	1
Hepatitis A	0	0	0	0
Acute Hepatitis B	0	1	2	2
Chronic Hepatitis B	4	10	13	15
Meningococcus	0	0	0	0
Pertussis	10	4	17	14
Tuberculosis	1	4	1	6
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	0	1	2	4
Chlamydia	350	430	718	840
Gonorrhea	21	27	45	45
Syphilis	0	4	2	6
AIDS	1	3	1	3
HIV Positive	1	1	3	4

Whoops! More Pertussis

Karen Landers MD MPH, Marion County Health Officer

Pertussis, that omni-present vaccine-preventable respiratory disease is once again making communicable disease headlines. As of July 5, 2012, thirty-seven states in the U.S. (including Oregon) are reporting increases in pertussis as compared to the same time period in 2011. Oregon's reported cases of pertussis in 2012 have tripled compared to the same time frame in 2011. Oregon's neighbor to the north, Washington, declared a pertussis epidemic in April of 2012. As of July 14th, 3014 pertussis cases have been reported in Washington, compared to 210 in the same time period of 2011. In Marion County, reported cases number 27 so far in 2012 compared to 37 for all of 2011. (See graph)

What's a health care provider to do?

Reducing transmission of pertussis in the community requires a dual strategy that includes both vaccination and treatment. Both are designed to provide a circle of protection around incompletely vaccinated infants who bear the severest consequences of pertussis infection, including hospitalizations and deaths.

TEST AND TREAT:

Testing is recommended for anyone who presents to the clinical setting with signs and symptoms of pertussis including: 1) cough of two weeks duration or longer, and 2) paroxysms of cough, inspiratory whoop, or post-tussive vomiting. Use of polymerase chain reaction (PCR) testing has greatly enhanced the ability to rapidly identify cases of pertussis. To maximize sensitivity of the test and reduce the risk of false positives, the following tips for specimen collection are provided:

- 1) Optimal timing to collect specimens is during the first 3 weeks of cough (when bacterial DNA is most likely to be present in nasopharynx).
- 2) Collect posterior nasopharyngeal aspirate or swab (throat or nose swabs have low yields of pertussis DNA).

Continued

- 3) PCR testing after 5 days of antibiotics is unlikely to be helpful and is not recommended.
- 4) Use a polyester, rayon or nylon-flocked tip (NOT cotton or calcium alginate tips as residues interfere with the PCR assay).
- 5) Avoid contamination of specimens by:
 - Preparing and administering vaccines in a separate location from specimen collection
 - Cleaning surfaces with 10% bleach solution to reduce nucleic acids in clinical environment
 - Avoid contact with swab below shaft breakpoint

After testing, treat suspected pertussis cases and high risk contacts with azithromycin, and **report** the case to your local health department within one working day (**503.588.5621**). All household contacts of a case should be treated if a high risk individual resides with the case (even if an infant less than one year of age is the case).

High risk persons include:

- Infants less than one year of age.
- Women in their third trimester of pregnancy.

Health care personnel (HCP), school staff, and students should be excluded from work or school until they have been at least 5 days on the recommended course of antibiotics. Post-exposure antibiotics are recommended for HCP (even when immunized with Tdap) who have been exposed to pertussis, and are likely to be in contact with high-risk patients (e.g., hospitalized neonates and pregnant women).

VACCINATE:

In 2005, two adolescent and adult pertussis vaccines were licensed. Tdap provides protection to persons whose immunity from childhood vaccination or natural infection has waned. Currently, Tdap is recommended as a one-time vaccination in place of the usual Td booster. No minimum interval is required between Tdap and prior tetanus or diphtheria-toxoid containing vaccine for persons with an indication for Tdap.

Who needs a Tdap?

- All 11-12 year old children routinely when first tetanus-diphtheria booster is due
- 7-10 year old children who have been incompletely vaccinated against pertussis
- All health care personnel with direct patient contact
- All persons living with or providing care to an infant less than a year of age (including persons ≥ 65 years of age)
- Pregnant women not previously vaccinated at ≥ 20 weeks gestation
- Oregon students grades 7 through 11 for the 2012-2013 school year

Stay on Schedule

An article published in the July 2012 issue of *Pediatrics* documents an increasing trend of receiving fewer than the recommended number of vaccinations at a provider visit in the Portland metropolitan area. Children who consistently received vaccinations on an alternative schedule were found to have fewer doses of recommended vaccines despite more provider visits. As infants less than a year of age have the greatest morbidity (hospitalizations for serious illness) and mortality due to pertussis, it is important to urge parents to vaccinate their infants for pertussis on schedule to provide the best protection. Resources for communicating with vaccine-hesitant parents are available at:

<http://www.immunize.org/technically-speaking/20120601.asp>

For more information, see:

<http://1.usa.gov/pertussisoregon>

<http://www.cdc.gov/pertussis/clinical/index.html>

Robison et al. Frequency of Alternative Immunization Schedule Use in a Metropolitan Area *Pediatrics* Vol.130; No.1 July 2012 pp. 32-38.

Pertussis in Marion County and Oregon, 2005-Present

