



O R E G O N

QUARTERLY REPORT

Marion County Health Department
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3rd Quarter
September 2010

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

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Vital Statistics Quarter Ending: Sept. 2010	3rd Quarter		Year to Date	
	2010	2009	2010	2009
BIRTHS				
TOTAL DELIVERIES	1356	1405	3977	4049
Delivery in Hospital	1338	1395	3931	4001
Teen Deliveries (10-17)	41	56	150	161
DEATHS				
TOTAL	618	632	1889	1981
Medical Investigation	73	59	200	186
Homicide	4	2	5	6
Suicide	13	11	39	31
Accident – MVA	4	3	13	17
Accident – Other	23	24	63	63
Natural / Undetermined / Pending	29	19	80	69
Non-Medical Investigation (all natural)	545	573	1689	1795
Infant Deaths	3	2	12	14
Fetal Deaths	6	7	11	16
COMMUNICABLE DISEASES				
E-Coli: 0157	3	6	5	6
Hepatitis A	1	0	1	1
Acute Hepatitis B	1	0	4	3
Chronic Hepatitis B	10	8	30	25
Meningococcus	1	0	2	0
Pertussis	12	7	26	14
Tuberculosis	0	5	4	12
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	4	4	24	13
Chlamydia	363	364	1183	1124
Gonorrhea	18	21	64	94
Syphilis	6	6	15	10
AIDS	6	2	11	6
HIV Positive	4	2	8	7

What's New with Flu?

Karen Landers MD MPH, Marion County Health Officer

The World Health Organization officially declared an end to the 2009 H1N1 influenza pandemic on August 10, 2010. Worldwide, the 2009 H1N1 pandemic strain is co-circulating with H3N2 and B strains that are antigenically matching well to the three strains contained in the 2010-2011 influenza vaccine. In the U.S. from mid-June till September 25th, approximately 1% of respiratory isolates analyzed were identified as influenza and included H3N2, 2009 H1N1, and B strains. Outpatient visits for influenza-like illness are lower than the expected baseline both nationally and in Oregon for this point in the year, and remain well below levels seen in September, 2009.

NOTE: As of September 15, 2010, ALL monovalent 2009 H1N1 vaccine is expired (regardless of the date on the label). Properly dispose of any remaining doses by either of the following processes:

- Dispose of in your own sharps containers. Report any unused doses at:
<http://www.surveymonkey.com/s/RVP2S6K>

OR

- Send unused doses through the Centralized Recovery Program.

For more information about returning and reporting unused doses, contact:

Howard.r.morrissey@state.or.us or Kelly Martin at Marion County Health Department, 503.361.2791, kmartin@co.marion.or.us.

Vaccine Supply and Distribution

The news is excellent with regard to vaccine availability for the 2010-2011 influenza season. Manufacturers of this year's seasonal flu vaccine, which has incorporated the 2009 H1N1 strain as well as a new H3N2 strain along with the same B strain from 2009, are projecting as many as 160-165 million doses to be produced.

Continued

As of October 14, 2010, 129 million doses had already been distributed in both public and private sectors, according to the Centers for Disease Control and Prevention (CDC). New formulations and expanded age ranges for existing inactivated trivalent flu vaccine for the 2010-2011 flu season are as follows:

New! Agriflu (Novartis) approved for use in persons \geq 18 years

New! Fluzone High-Dose (Sanofi-Pasteur) – contains 60 μ g of each antigen (4x higher than standard flu dose) and was approved for use in \geq 65 years. (Studies indicate higher antibody titers are elicited in this age group in response to the higher dose; transient local site reactions and fever were also more commonly reported in the high dose recipients)

Fluarix (GSK) –now approved for use in persons \geq 3 years

Afluria (CSL) – now approved for use in persons \geq 6 months but **ONLY RECOMMENDED** for use in children \geq 9 years this year due to reports of fever and febrile seizures in younger children during the Southern Hemisphere flu season.

Everybody, Every Year

Routine annual influenza vaccination of all persons 6 months of age and older is now recommended. The expansion of flu vaccination recommendations to include the additional 15% of the population not previously recommended for vaccination (healthy adults 19-49), will promote coverage for young adults, some of whom may have serious complications from flu without identified risk factors. The universal recommendation will also simplify the process for identifying who needs a flu vaccine, and is anticipated to further reduce influenza transmission in the community and workplace. Flu vaccination is recommended to begin for **ALL** ages as soon as vaccine is available. Although antibody levels decline in the months after vaccination, there is no compelling evidence for more rapid antibody decline in the elderly when compared to younger persons or evidence that seroprotection is lost at 4 months if it was achieved initially. (See JID 2008: 197:490-502 for more information). There is also a lack of evidence for the occurrence of late-season outbreaks among vaccinated persons that could be attributed to waning immunity.

Although it varies from year to year, peak seasonal influenza activity in the U.S. typically does not occur until February. Providers are encouraged to continue to vaccinate patients throughout the influenza season and into the spring months as long as they have flu vaccine and patients who have not yet been vaccinated. International travelers not vaccinated for flu during the fall and winter, and children younger than 9 years being vaccinated for influenza for the first time who have not yet received their second dose, provide additional opportunities to vaccinate for flu late in the season.

Protect Our Patients

Since 1986, the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) of the CDC has recommended that all health care personnel (HCP) be vaccinated annually for influenza. Since 1989, overall flu vaccination coverage among health care workers has never exceeded 49% in any season. According to CDC survey data, during the 2009 -2010 flu season, 61.9% of health care personnel received a seasonal influenza vaccine, 37.1% received a vaccine for the 2009 pandemic H1N1 strain, and only 34.7% reported receiving both vaccines. The U.S. Preventive Health Services Task Force flu vaccination target for health care personnel in 2020 is 90%. It has been estimated that increasing flu vaccination levels among HCP to close to 100% may reduce patient deaths from flu by as much as 40%. To achieve high levels of flu vaccination coverage in health care settings, many organizations including the American Academy of Pediatrics (AAP), the Infectious Disease Society of America (IDSA), the National Patient Safety Foundation (NPSF), and the Society for Healthcare Epidemiology of America (SHEA) support requiring annual flu vaccination for all eligible HCP. Live attenuated influenza vaccine is a good option for healthy, non-pregnant health care personnel who are less than 50 years of age. Only HCP caring for immunosuppressed patients who require a protective environment are recommended to receive inactivated flu vaccine.

In addition to influenza vaccination, respiratory etiquette and hand hygiene are important flu prevention strategies in health care settings. CDC has recently updated its guidelines for preventing influenza in health care facilities. For more information, please visit: <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>.

FluMist® in Woodburn

Marion County Health Dept, Woodburn School District and the Silverton Emergency Management Advisory Committee (EMAC) are partnering to provide free FluMist® clinics in Woodburn. Clinics will be held on Nov. 4th from 3:30-6:00 pm at 3 area schools French Prairie Middle School, Valor Middle School and Woodburn high school. The clinic is open to students and community members. Healthy non-pregnant persons up to 50 years may receive FluMist®.