



O R E G O N

QUARTERLY REPORT

Marion County Health Department
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**Year In Review
4th Quarter
December 2002**

To report a communicable disease:

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Vital Statistics Quarter Ending: Dec. 2002	4th Quarter 2002 2001		Year to Date 2002 2001	
BIRTHS				
TOTAL DELIVERIES	1165	1222	4885	4877
Delivery in Hospital	1157	1218	4840	4834
Teen Deliveries (10-17)	41	54	218	227
DEATHS				
TOTAL	627	641	2603	2482
Medical Investigation	45	51	208	182
Homicide	03	02	12	09
Suicide	10	12	42	35
Accident – MVA	05	08	13	29
Accident – Other	07	04	43	33
Natural / Undetermined / Pending	20	25	98	76
Non-Medical Investigation (all natural)	582	590	2395	2300
Infant Deaths	05	02	11	11
Fetal Deaths	06	04	33	15
COMMUNICABLE DISEASES				
E-Coli: 0157	0	07	25	12
Hepatitis A	0	01	08	16
Acute Hepatitis B	02	08	11	29
Chronic Hepatitis B	07	08	10	48
Meningococcus	0	0	0	10
Pertussis	03	06	03	12
Tuberculosis	0	06	12	17
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	03	01	09	16
Chlamydia	248	223	633	789
Gonorrhea	19	12	37	60
AIDS	13	06	26	08
HIV Positive	11	N/A	48	N/A

2002 The Year in Review

Karen Landers MD MPH, Public Health Physician

Here's a look at some important public health issues from last year and a preview of what to expect in 2003.

West Nile Virus (WNV)

The 2002 WNV epidemic in the United States was the largest arboviral meningoencephalitis epidemic documented in the Western Hemisphere. In 2002, a total of 3,389 human cases of WNV were reported compared with 149 during 1999-2001. One human case in a California resident with no travel history (and no other documented WNV activity in the state), and a report of a WNV-infected horse in Washington indicate the complete transcontinental movement of WNV in a three year period. The 2002 WNV epidemic included the first documented cases of person-to-person WNV transmission through organ transplantation, and blood products. An intrauterine infection with WNV and laboratory-acquired infections with WNV were also reported. A poliomyelitis-like syndrome was first recognized in the United States last year among some patients with WNV meningoencephalitis who presented with acute flaccid paralysis.

West Nile Virus was diagnosed in Marion County last year in a patient who had traveled to Oregon from a state with high levels of WNV activity. WNV is expected to arrive for real in Oregon sometime in the spring or summer of 2003. Bird and mosquito surveillance will be important tools in detecting the arrival of WNV in our state. In 2002, crows, blue jays and other members of the family Corvidae accounted for 90% of the WNV infections in birds and crows had the highest rate of infection.

Continued

Mosquito and avian surveillance have already been initiated in Oregon including the testing of sentinel chicken flocks for arboviral infections. No WNV was detected in Oregon in 2002. A vaccine is available for horses and horse owners should discuss WNV vaccination with their veterinarian. Stay tuned for more information on the Marion County Health Department Environmental Health web page at:

www.health.co.marion.or.us/env.

Bioterrorism Preparedness

On September 25, 2002, a letter addressed to the Governor containing white powder, threatening statements, and an overseas postmark was received and opened at the Oregon State Capitol Building. The material was tested at CDC and found to be negative for both anthrax and smallpox. This event underscores the ongoing concerns regarding bioterrorism since 9/11/01 and the subsequent release of anthrax spores into the postal system on the East Coast of the U.S. All state and local health departments have been engaged in bioterrorism response planning during 2002. Oregon received \$14.1 million in new federal dollars to ensure a vigorous 24-hour response to a bioterrorism emergency anywhere in the state.

To date in Marion County, bioterrorism planning includes:

*Search in progress for a bioterrorism coordination position that will work with local hospitals, law enforcement, first responders, and county emergency response personnel to finalize a comprehensive chemical/biological weapons response plan for Marion County.

*Meetings with each of the local hospitals to review a bioterrorism scenario and elicit input to the draft chemical/biological weapons response plan.

*Development and implementation of 24/7 response capability at Marion County Health Department.

*Training of health department staff in emergency response system protocols.

*Development of an emergency communications plan to provide rapid and accurate information to the medical community and the public.

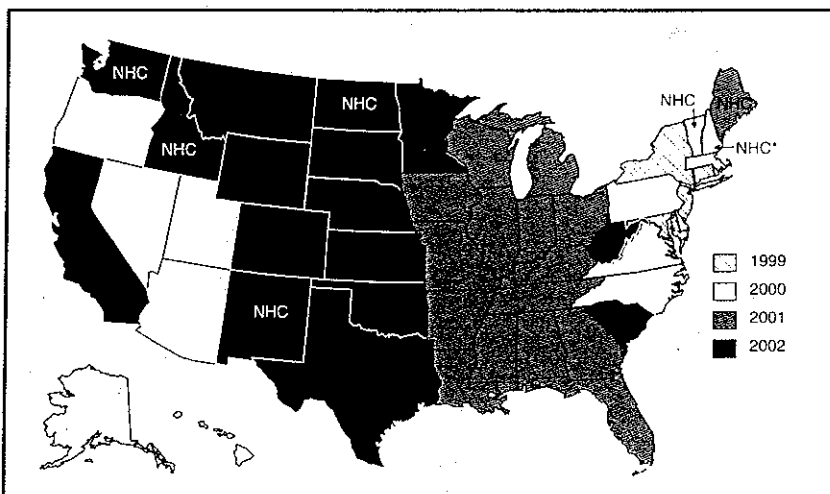
Bioterrorism planning has taken on a new focus recently with the announcement by President Bush in December, 2002 of a plan to begin smallpox vaccination of health care worker volunteers in order to form smallpox response teams (SRTs) capable of providing needed services in the event of smallpox attack. Oregon is anticipating approximately 1000 individuals may be vaccinated from public health departments and hospitals in the first phase of this program. Vaccination is not expected to take place in Oregon until the end of February or the first part of March, 2003 at the earliest. Smallpox vaccination will also be reinstated for U.S. military personnel. The risk of a smallpox attack is estimated to be low and due to the potentially serious side effects of smallpox vaccine, vaccination is NOT being recommended for the general public at this time.

For more information, check out the Health and Human Services website at:

www.hhs.gov/smallpox/index.html.

CDC has also established telephone hotlines to answer questions regarding smallpox and the vaccine. It is open Mon-Fri 5 am to 8 pm. PST and Saturday and Sunday from 7 am to 5 pm PST. Call 1-888-246-2675 (English) or 1-888-246-2857 (Spanish)

FIGURE 1. West Nile virus activity, by state — United States, 1999–2002



* No human cases.