



O R E G O N

QUARTERLY REPORT

**4th Quarter
December 2003**

Marion County Health Department
3180 Center St NE
Salem OR 97301-4592
(503) 588-5357
www.co.marion.or.us/mhealth

To report a communicable disease:

Telephone: (503) 588-5621
Fax: (503) 566-2920
Evenings, Weekends & Holidays:
(503) 731-4030

Vital Statistics Quarter Ending: Dec. 2003	4th Quarter		Year to Date	
	2003	2002	2003	2002
BIRTHS				
TOTAL DELIVERIES	1261	1165	5112	4885
Delivery in Hospital	1254	1157	5071	4840
Teen Deliveries (10-17)	44	41	176	218
DEATHS				
TOTAL	760	627	2624	2603
Medical Investigation	57	45	218	208
Homicide	02	03	14	12
Suicide	15	10	44	42
Accident – MVA	09	05	30	13
Accident – Other	07	07	42	43
Natural / Undetermined / Pending	24	20	88	98
Non-Medical Investigation (all natural)	703	582	2406	2395
Infant Deaths	04	05	18	11
Fetal Deaths	07	06	19	33
COMMUNICABLE DISEASES				
E-Coli: 0157	01	0	12	25
Hepatitis A	0	0	16	08
Acute Hepatitis B	03	02	20	11
Chronic Hepatitis B	19	07	49	10
Meningococcus	0	0	04	0
Pertussis	02	03	05	03
Tuberculosis	07	0	12	12
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	03	03	18	09
Chlamydia	198	248	752	633
Gonorrhea	29	19	98	37
AIDS	03	13	09	26
HIV Positive	06	11	15	48

2003 – The Year in Review

Karen Landers MD MPH, Health Officer

2004 has begun accompanied by all the fanfare of the worst winter storm seen in the Northwest in many years. Here's a look back at some public health issues of interest in 2003 and what to watch for in 2004.

Emerging Infections (SARS)

2003 will be remembered as the year of emerging infections. By far the most significant was a new and severe (mortality rate ~ 10%) viral respiratory illness that was identified in Asia in February of 2003. During the next several months SARS spread to more than 2 dozen countries in North and South America, Europe, and Asia. By July, cases were no longer being reported and the SARS outbreak was officially considered contained. A total of 8098 cases were reported worldwide with 8 lab-confirmed cases identified in the U.S. While uncertainties remain regarding the extent to which SARS may reappear this year, everyone agrees that being prepared is the key to controlling the spread of this disease. In the presence of SARS activity anywhere in the world, patients with respiratory symptoms presenting to urgency care, hospital emergency departments, or clinical outpatient settings should be screened for possible exposure to SARS (i.e. travel to locations with SARS or close contact to persons suspected to have SARS). Persons answering no to these questions are very unlikely to have SARS. Persons with possible exposure to SARS should be isolated and evaluated. The highest risk of transmission occurs with respiratory droplets, e.g. household contacts, health care workers and persons in close contact, i.e. within 3 feet or less). Patients should be physically separated and masked (a surgical mask is adequate) to prevent spread to others.

Continued

Report all suspect SARS IMMEDIATELY to the health department. (Call 503.588.5621 to speak directly with a communicable disease nurse) Diagnostic tests may be unreliable in detecting SARS early in its course. Please refer to the algorithms for managing patients with possible SARS which may be found on Oregon's Dept. of Health Services website at www.dhs.state.or.us/publichealth/acd/sars/index.cfm.

Pertussis

Unlike SARS, pertussis is a bacterial respiratory disease known to man since the 16th century and for which a vaccine has been available in this country since the 1940s. Despite familiarity with the disease and an available vaccine, 2003 was a banner year for pertussis in Oregon with 402 cases reported as of mid-November, including 29 hospitalizations and one death. From 1993-2002, Oregon averaged 89 cases of pertussis per year. Of note in 2003 was the 65+% of persons reported with pertussis who were 10 years of age and older. Pertussis vaccine is currently not available for persons over the age of 7 years. Adolescents and adults may become susceptible to pertussis due to waning immunity and form a reservoir for this disease that is only known to occur in humans.

Pertussis typically begins as a mild upper respiratory infection which is followed by a persistent and often severe cough. Older persons and partially immunized children may present with milder symptoms and without the characteristic whoop that is often associated with the cough and from which the disease derives its common and well-known name. A high index of suspicion in adolescents and adults with a severe cough of 2 or more weeks duration may lead to earlier diagnosis and treatment, and hopefully reduce the spread of this disease to the most vulnerable population (children less than one year of age) who may not be fully vaccinated and who tend to have the most severe disease. Diagnosis may be made by culture or PCR of nasopharyngeal secretions (Single positive serologic tests or direct fluorescent antibody screening of nasopharyngeal secretions are NOT considered diagnostic). Cases and close contacts regardless of immunization status should receive treatment with either azithromycin or erythromycin.

Presumptive or confirmed pertussis is reportable to the health department within one working day.

Call 503.588.5621.

Early notification assists with controlling the spread of this highly contagious illness.

Obesity

Although not infectious, obesity has assumed epidemic proportions in this nation and has been deemed a serious threat to the public's health. An estimated 64% of adults and 30% of children in the U.S. are overweight according to the 1999-2000 National Health and Nutrition Examination Survey. More than 20% of the nation's preschoolers are overweight. Oregon has the highest percentage of adult obesity (22%) of any state west of the Rockies. Between 1994 and 2001, obesity among Oregon adults has increased 59%. Among Oregon children, 28% of eighth graders and 21% of eleventh graders were overweight in 2001. The percentage of eighth graders who are overweight has increased nearly 50% within the last 2 years in Oregon. Seventy to eighty percent of obese 10 year olds will develop into obese adults. Obesity and its health complications including (but not

limited to) diabetes, cardiovascular disease, joint disease, and sleep disorders is well on its way to becoming the leading cause of mortality and morbidity in this country. Obesity costs an estimated \$93 billion in annual medical costs in the U.S.

Convenience foods which are high in calories, super-sized portions, and reduced opportunities for physical activity, have contributed to the obesity epidemic. More than a third of the nation's top-rated hospitals have a fast-food outlet on their premises, and students in 98.2% of American high schools can purchase fast foods, soda, candy and chips without leaving campus. Computer games, video games, and television are common recreational activities while decreased funding has reduced physical education classes and extracurricular sports in many schools. Residential areas are often separated from schools, shopping and other recreation by multi-lane, high speed roads making walking or biking difficult or impossible. In 2004, make a resolution to begin shrinking the obesity epidemic. Here are some suggestions:

- *Limit children's television and video/computer activities to no more than 2 hours per day
- *Walk 15 minutes a day
- *Support extracurricular and community sports programs and encourage children to participate
- *Support the annual walk-to-school event in your community (held in October of each year)
- *Buy single size rather than super-sized portions