



QUARTERLY REPORT

**4th Quarter
December 2011**

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
Fax: (503) 566-2920

Vital Statistics Quarter Ending: Dec. 2011	4th Quarter		Year to Date	
	2011	2010	2011	2010
BIRTHS				
TOTAL DELIVERIES	1192	1265	4980	5428
Delivery in Hospital	1173	1246	4904	5179
Teen Deliveries (10-17)	34	38	148	187
DEATHS				
TOTAL	648	656	2553	2549
Medical Investigation	72	46	265	249
Homicide	4	2	11	7
Suicide	12	7	40	47
Accident – MVA	6	4	25	17
Accident – Other	23	16	98	81
Natural / Undetermined / Pending	27	17	91	97
Non-Medical Investigation (all natural)	576	609	2288	2299
Infant Deaths	3	6	15	18
Fetal Deaths	4	9	16	15
COMMUNICABLE DISEASES				
E-Coli: 0157	0	2	4	7
Hepatitis A	0	0	0	1
Acute Hepatitis B	0	0	2	4
Chronic Hepatitis B	7	5	28	35
Meningococcus	0	1	1	3
Pertussis	4	5	37	31
Tuberculosis	1	1	8	4
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	0	2	6	26
Chlamydia	362	376	1574	1545
Gonorrhea	13	22	78	87
Syphilis	9	1	17	17
AIDS	2	0	6	11
HIV Positive	0	2	6	10

2011 - The Year in Review

Karen Landers MD MPH, Marion County Health Officer

Welcome to a wet (so far) new year. Here's a look back at a few significant public health stories from 2011 and some important recommendations for 2012.

Vaccine Preventable Diseases

In 2011, over 220 measles (rubeola) cases were reported in the U.S., the highest number reported since 1996. The majority of U.S. cases occurred in unvaccinated persons traveling outside the country. More than 26,000 measles cases and 8 deaths were reported in Europe last year with outbreaks also recorded in Australia and New Zealand. The 2011 global measles surge followed the 2010 retraction of the flawed Lancet article published in 1998 purporting a link between measles vaccine and autism, which led many to decide against measles immunization. Numerous well-designed studies since that time have demonstrated **NO** link between measles vaccination and the development of autism.

Pertussis outbreaks also continue to be reported around the country. In the U.S. the overall incidence of pertussis has been increasing steadily since 2007 and has surpassed peak rates observed in 2004-2005. In 2011, Oregon had 318 reported cases of pertussis, the highest number reported since 2005. Marion County had 37 reported pertussis cases in 2011, up from 31 in 2010.

Vaccination Targets for 2012:

*MMR for Children 6-11 months Traveling Abroad

The Centers for Disease Control and Prevention (CDC) is recommending that children 6-11 months of age traveling outside the U.S. receive a dose of MMR before departure.

Continued

Children who receive a dose prior to 12 months of age will need two additional doses of MMR spaced at least 28 days apart beginning on or after the first birthday.

***Tdap for Pregnant Women and 65+ Adults**

In an effort to provide a cocoon of protection around young infants who are most likely to suffer complications and mortality from pertussis, vaccinate pregnant women after 20 weeks gestation with Tdap if they have not previously received it. Also vaccinate other household members and care providers of young infants and health care personnel with Tdap, including persons who are over 65 years of age. There is no minimum interval that needs to be observed between Td and Tdap for persons with an indication for Tdap.

***HPV Vaccine for Males**

For the prevention of genital warts and anal cancer, human papilloma virus vaccine (HPV4, Gardasil®) is now routinely recommended for males at 11-12 years of age. Vaccination may begin at age 9 and continue through age 21 for those who have not been previously immunized. Males 22-26 years of age who are immunocompromised or who have sex with men are also recommended to be vaccinated with the three dose series.

***HBV Vaccine for Diabetic Adults**

Based on a 2-fold increased risk for hepatitis B in diabetic adults 19-59 years of age without other risk factors for hepatitis B, the three dose hepatitis B vaccination series is recommended for previously unvaccinated type 1 and 2 diabetics in this age group. Vaccination is recommended as soon after diabetes diagnosis as feasible.

Antimicrobial-Resistant Diseases

The prevalence of antimicrobial-resistant infections continues to increase and poses a serious global public health threat. Carbapenem-resistant *Enterobacteriaceae*, new resistance mechanisms, such as the beta-lactamase NDM-1 among gram negative bacteria, tuberculosis resistant to all drugs tested (a preliminary definition for totally drug resistant TB or TDR), and the spread of drug-resistant malaria have recently been highlighted. Especially alarming are reports of *Neisseria gonorrhoeae* isolates decreasing susceptibility to cephalosporin treatment. Cephalosporins constitute the remaining class of drugs for effective treatment of gonococcal disease. With 2 recent reports of cefixime treatment failures in Norway and gradually increasing minimum inhibitory concentrations for both cefixime and ceftriaxone reported from Gonococcal Isolate Surveillance Project (GISP) sites in the U.S., the specter of drug-resistant gonococcal infections may be looming. **Treatment of lab-confirmed gonorrhea with 2 drugs is now recommended.**

Recommendations for 2012

***Ceftriaxone 250 mg IM in a single dose AND Azithromycin 1 gram orally in a single dose** is the preferred regimen to treat uncomplicated gonococcal infections and should be used **REGARDLESS** of whether chlamydia co-infection is documented.

*Repeat culture with sensitivities for suspected treatment failures for gonococcal infections (persistence of symptoms or a positive follow-up test after treatment in the absence of re-exposure)

*Report documented treatment failures to your local health department within 24 hours of identification.

* Implement an antimicrobial stewardship program in health care settings to help ensure that patients receive the right antibiotic, at the right dose, at the right time, and for the right duration.

Oregon Health Authority has released a new reporting poster for clinicians. New reporting requirements are highlighted in yellow and include:

- arthropod vector-borne diseases (babesiosis, dengue, West Nile etc),
- Cryptococcus,
- Carbapenem-resistant *Enterobacteriaceae*,
- hepatitis E,
- Lab-confirmed influenza deaths in persons less than 18 years of age, and
- lead poisoning (blood lead $\geq 10\mu\text{g/dl}$).

Coming to you soon!

A sticker with Marion County reporting numbers and faxes that you may affix to your reporting poster. Call our 24/7 number anytime to report urgently: on-call staff will be available to take your calls. Thanks for helping to prevent the spread of communicable diseases in our community!