QUARTERLY REPORT

4th Quarter
December 2013

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. 2013	4th Quarter 2013	4th Quarter 2012	Year to Date 2013	Year to Date 2012
BIRTHS	1158	1179	4810	4980
Delivery in Hospital	1142	1168	4735	4909
Teen Deliveries (10-17)	28	35	104	152
DEATHS TOTAL	655	664	2618	2584
Medical Investigation	61	78	270	273
Homicide	3	3	9	13
Suicide	11	12	37	54
Accident – MVA	2	7	16	22
Accident – Other	17	26	105	87
Natural / Undetermined / Pending	28	30	103	97
Non-Medical Investigation (all natural)	593	586	2347	2311
Infant Deaths	0	8	15	25
Fetal Deaths	6	14	20	27
COMMUNICABLE DISEASES E-Coli: 0157	5	1	23	9
Hepatitis A	0	1	2	1
Acute Hepatitis B	1	0	3	2
Chronic Hepatitis B	4	12	28	30
Meningococcus	0	0	2	0
Pertussis	2	4	59	50
Tuberculosis	5	4	16	7
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	19	4	50	6
Chlamydia	339	372	1400	1754
Gonorrhea	13	29	68	104
Syphilis	7	2	26	11
AIDS	1	1	13	3
HIV Positive	1	4	8	11

This report contains preliminary data that is subject to change.

2013 The Year in Review

Karen Landers MD MPH, Marion County Health Officer

Bugs Versus Drugs – Losing the Battle

Antimicrobial resistance has become a priority public health issue in the U.S. and worldwide. In the U.S. each year, at least 2 million people acquire serious infections that are resistant to one or more of the antibiotics designed to treat them. At least 23,000 people die each year as a direct result of antibiotic-resistant infections, and many others die from other conditions complicated by an antibiotic-resistant infection. The total annual economic costs of antimicrobial resistance are estimated at $20 billion in direct health care costs and $35 billion in lost productivity (2008 dollars). The Centers for Disease Control and Prevention (CDC) published a report in 2013, summarizing for the first time, the burden and threat to human health posed by antibiotic-resistant organisms.

Antimicrobial resistance is a perfect storm arising from antibiotic use and misuse, a decline in the development of new antibiotics, the genetic diversity and adaptability of microbes, and the spread of resistant strains from person to person and to people from non-human sources in the environment including food. The CDC report identifies hazard levels for antimicrobial resistance patterns. Note that antibiotic-resistant *Neisseria gonorrhoeae* has been placed in the urgent category (highest level of threat) along with *Clostridium difficile* and carbapenem-resistant *Enterobacteriaceae*.

Four core actions have been identified by CDC to address this critical public health issue:

1) Preventing infections and spread of resistant infections
2) Tracking resistant bacteria
3) Improving current use of antibiotics
4) Promoting development of new antibiotics and diagnostic tests to detect resistance.

Continued

Opportunities to impact antimicrobial resistance in our community include promoting immunizations, hand hygiene, targeted screening and decolonization for patients, and antibiotic stewardship in hospitals and clinics. In an effort to track antimicrobial resistance, Oregon made carbapenem-resistant *Enterobacteriaceae* reportable by laboratories and clinicians in 2011. Hospitals are now required to notify a receiving facility's infection prevention staff if transferring a patient with multi-drug-resistant organisms. For more information, see:

http://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/CRE/Documents/cre_toolkit.pdf.
http://www.cdc.gov/drugresistance/threat-report-2013/.

Measles and Rubella Visit Marion County

In January of 2013, a case of measles was confirmed in a child who traveled to Marion County from outside the U.S. Two unvaccinated household contacts also developed measles as a result of exposure to the measles case. In July of 2013, a foreign visitor attending a conference in Marion County was confirmed to have rubella after being seen at an urgent care clinic. A Marion County Health Department investigation did not identify any exposures to pregnant women. In January of 2014, a household outbreak of measles occurred when a family member contracted the disease after traveling outside the U.S. A total of 5 unimmunized contacts in the household developed measles as a result of the case acquired overseas.

Measles (rubeola) is a highly contagious disease which has been considered eliminated (e.g., no longer circulates in the general population) in the U.S. since 2000. However, 20 million measles cases have been estimated to occur annually worldwide and over 180 cases were reported in the U.S. in 2013 associated with 11 outbreaks, the vast majority of which were linked to travel outside the U.S. Imported cases result in outbreaks and the spread of measles if introduced into areas where there are unvaccinated persons. Rubella (aka German measles, 3-day measles) is a recognized teratogen responsible for fetal death, premature delivery, and a host of birth defects when exposure occurs in early pregnancy in a susceptible woman. Routine childhood vaccination with measles, mumps, and rubella vaccine (MMR) has led to the disease being declared eliminated from circulation within the U.S. in 2004; however, worldwide, an estimated 110,000 babies are born each year with congenital rubella syndrome, according to the World Health Organization (WHO).

Children, teenagers, and adults should be up-to-date on their measles vaccination before leaving for international travel. Patients with measles (and rubella) are likely to seek medical care; **all** health care personnel should either demonstrate laboratory immunity to these conditions (or be vaccinated). Maintaining high levels of immunity through routine vaccination is key to preventing further spread of measles when it is introduced into a community. It is also important for providers to be on the alert for measles or rubella in the person with a febrile rash who has recently traveled or arrived from outside the U.S. **In Oregon, measles and rubella are reportable immediately to the local health department. Call 503.588.5621 24/7 to report a suspected case residing in Marion County.** Prompt reporting allows for timely investigation and implementation of interventions (vaccination and immune globulin (IG) administration) to control measles transmission and prevent outbreaks.

Influenza Update

While 38 states in the U.S. continue to report widespread influenza activity as of the week ending January 25, 2014, flu in Oregon appears to have peaked, but is still circulating above the seasonal threshold. Vaccination against influenza is recommended for persons who have not yet received it. The majority (80%) of the isolates at the Oregon State Public Health Laboratory (OSPHL) have been identified as H1N1 (same as 2009 pandemic strain). Corresponding to this predominant circulation of the H1N1 influenza strain, 76% of influenza hospitalizations (monitored only in the Portland metro area) have occurred in persons under the age of 65 years. No influenza B isolates have been identified by OSPHL. Nine pediatric deaths have been reported in the U.S., including one in Oregon. Over 300 H7N9 influenza cases with at least 60 deaths (case mortality of approximately 22 %) have been reported in China since March of 2013. The number of cases since early October has surpassed the number reported in the spring wave of illness. So far, there does not appear to be any sustained person-to-person transmission of the virus and no cases have been identified outside of China. This situation is being monitored closely for its pandemic potential; regular updates are available on the WHO website, see:

http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/index.html.