QUARTERLY REPORT

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4th Quarter
December 2015

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

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This report contains preliminary data that is subject to change.

Vital Statistics Quarter Ending: December 2015	4th Quarter 2015	4th Quarter 2014	Year to Date 2015	Year to Date 2014
BIRTHS	1235	1199	4993	5060
Delivery in Hospital	1212	1171	4898	4943
Teen Deliveries (10-17)	22	26	96	119
DEATHS TOTAL	685	722	2738	2664
Medical Investigation	73	74	277	254
Homicide	3	2	10	9
Suicide	17	9	56	43
Accident – MVA	4	9	20	21
Accident – Other	20	31	103	103
Natural / Undetermined / Pending	29	23	88	78
Non-Medical Investigation (all natural)	612	648	2460	2409
Infant Deaths	5	7	16	16
Fetal Deaths	4	8	10	24
COMMUNICABLE DISEASES E-Coli: 0157	1	0	12	2
Hepatitis A	0	0	1	0
Acute Hepatitis B	0	1	1	4
Chronic Hepatitis B	7	5	18	28
Meningococcus	1	1	1	5
Pertussis	1	1	64	19
Tuberculosis	1	1	6	6
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	2	9	13	48
Chlamydia	435	421	1711	1589
Gonorrhea	84	55	251	133
Syphilis	16	7	66	44
Early Syphilis*	11	6	52	31
HIV/AIDS	5	3	13	16

***Note an Early Syphilis category had been added. Early Syphilis cases require disease Investigation**

It's survey time! If you receive this newsletter via USPS, please fill out the paper survey and return it to us using the postage paid envelope. If you receive this newsletter by email, please click the link included in the body of the email and fill out the survey electronically. Your input is greatly appreciated.

The Year in Review

Karen Landers MD MPH Marion County Health Officer

Welcome to 2016. Let's take a look back at public health issues of concern in 2015 and opportunities to improve the public's health in 2016.

Sexually Transmitted Infections (STIs) Up, up, and Away

Rates of both gonorrhea and early syphilis rose dramatically in 2015 in Marion County, continuing the trend of increasing rates of both sexually transmitted infections over the past 8 years in the U.S., Oregon, and Marion County (See graphs). The majority of cases of early syphilis occurred in men who have sex with men (MSM) and nearly half have occurred in people infected with HIV. Though only a small number of early syphilis cases occurred in women, cases in women have been nearly doubling each year for the past 2 years. After 0-1 reported cases of congenital syphilis per 3 years during the previous decade, Oregon experienced 2 cases of congenital syphilis in 2014 and 5 in 2015 (as of November, 2015). To address the epidemic levels of early syphilis, the Oregon Health Authority (OHA) has launched an awareness campaign that includes the following recommendations:

- People at risk for syphilis should be screened every **3 months** – this includes MSM, HIV-infected persons, IV drug users, and those with multiple partners, especially those encountered through anonymous or online sites.
- Pregnant women should be tested for syphilis **3 times**: at first prenatal visit, at beginning of 3rd trimester and delivery.

Gonorrhea case numbers in Marion County soared in 2015 (252), nearly doubling the number of cases from 2014 (134). More than half the cases were male and 29 years of age or younger. Inadequate treatment for gonorrhea as defined by evidence-based treatment guidelines from the Centers for Disease Control and Prevention (CDC)

Continued

released in June, 2015, ranged from approximately 4% to 17% depending on Marion County provider setting. To address rising rates of gonorrhea, providers are urged to take the following steps:

- Screen all sexually active women 25 years and younger at least annually for gonorrhea.
- Screen extra-genital sites (pharyngeal and rectal) for MSM – these infections may be asymptomatic and urine tests frequently miss infections at these sites.
- Due to ongoing concerns regarding gonococcal antimicrobial resistance, CDC is recommending **dual** therapy with intramuscular Ceftriaxone **AND** oral Azithromycin at the same time (regardless of chlamydia testing results). Monotherapy with 2 grams of oral azithromycin is **NOT** recommended as an alternative therapy due to documented treatment failures in several studies.
- Consider expedited partner therapy (EPT) with oral Cefixime **AND** oral Azithromycin for exposed heterosexual partners of gonorrhea who are not able or willing to be evaluated in the clinic setting. All MSM partners should be evaluated in the clinic setting due to the high risk of other STIs.

For evidence-based STI treatment recommendations and guidelines on EPT, please check out the following resources:
http://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/SexuallyTransmittedDisease/Pages/partnertherapy.aspx
http://www.cdc.gov/std/tg2015/ (app available for download)

Vaccine Preventable Diseases

In early 2015, the U.S experienced a large, multi-state measles outbreak linked to exposure in an amusement park in California. The outbreak involved 140 cases from seven states including 26 secondary household cases and eight secondary cases exposed in the community setting. The first measles death in the U.S. in over a decade was reported in the spring of 2015 in an immune-suppressed patient who was hospitalized at the same time as a patient later diagnosed with measles in an unrelated measles outbreak in the state of Washington. The high rate of intentionally unvaccinated persons during measles outbreaks allowing for ongoing disease transmission focused attention on laws permitting personal or religious immunization exemptions. In June, 2015, California joined Mississippi and West Virginia as one of three states which allow only medical exemptions to state immunization law requirements. In Oregon, Senate Bill 895 was introduced in 2015 and made key changes to Oregon's school immunization requirements as follows:

- Religious exemptions signed prior to March 1, 2014, are no longer valid. Parents will be required to turn in documentation of immunization or complete the new process for a nonmedical exemption prior to Exclusion Day on February 17, 2016.
- Schools and children's facilities (preschools, Head Starts and certified child care programs) will be required to have their immunization and exemption rates available at their main offices, on their websites, and for parents on paper or electronic format.

In December of 2014, the Food and Drug Administration (FDA) approved the nine-valent version of the human papilloma virus (HPV) vaccine which provides coverage against an additional 20% of cervical cancers caused by HPV. Guidelines on recommended use were published by CDC in March, 2015. The three dose series was recommended for routine vaccination at age 11 or 12 years (vaccination may begin starting at age 9 years). The recommendations also included vaccination for females aged 13 through 26 years not vaccinated previously. In December 2015, FDA announced approval of HPV9 for use in males age 16-26 for the prevention of anal cancer and precancerous or dysplastic lesions.

HPV vaccination is an highly effective primary cancer prevention strategy; sadly, coverage among adolescent females and males in the U.S. remains abysmally low. Three dose HPV vaccination coverage was 39.7% for adolescent females and 21.6% for adolescent males aged 13-17 years in 2014. In contrast, adolescent vaccination rates for Tdap and conjugate meningococcal vaccine in the U.S. are reported at approximately 86% and 78% respectively, suggesting many opportunities are being missed to provide this cancer-preventing vaccine. To successfully implement timely HPV vaccination, health care providers are encouraged to:

- Make a **same way**, **same day** vaccination recommendation by recommending all needed vaccines for a pre-teen or teen and administering them on the same day.

Visit the HPV portal for health care providers at cdc.gov/vaccines/YouAreTheKey for resources to assist with achieving high rates of HPV protection in our community's adolescents.

End of Ebola - Zika to Come???

The largest known outbreak of Ebola Virus Disease (EVD) which began in December, 2013, numbered over 28,000 cases and claimed the lives of over 11,000 people appears to be at an end. On December 29th, 2015, the World Health Organization declared Guinea to be free of EVD transmission 42 days (2 incubation periods) after the last ebola patient tested negative. Sierra Leone and Liberia had already been declared free of ebola. No external monitoring of visitors to the U.S. from the three West African nations is now being required.

Zika virus is an emerging mosquito-borne arborvirus causing usually mild symptoms of fever, rash and althralgia. First identified in Uganda in 1947, it later spread to Asian countries and is now establishing itself rapidly in the Western Hemisphere. Locally transmitted disease has been documented in Mexico, Central America, and South America. In December 2015, the Ministry of Health in Brazil reported a twentyfold annual increase in cases of newborn babies with microcephaly in the northeastern region of the country. A causal link between Zika virus in the mother and microcephaly in the newborn baby has yet to be firmly established, but is of concern. Other congenital neurological anomalies and an increased frequency of Guillain-Barré syndrome linked to Zika virus have also been reported. Stay tuned for more information on this emerging public health issue.