QUARTERLY REPORT

4th Quarter
December 2017

Marion County Health Department
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Salem OR 97301
(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**

This report contains preliminary data that is subject to change.

Vital Statistics Quarter Ending: September 2017	4th Quarter 2017	4th Quarter 2016	Year to Date 2017	Year to Date 2016
BIRTHS	1253	1249	5049	5199
Delivery in Hospital	1227	1208	4950	5070
Teen Deliveries (10-17)	18	10	79	70
DEATHS TOTAL	747	759	2908	2884
Medical Investigation	101	86	344	317
Homicide	2	1	15	12
Suicide	8	10	49	53
Accident – MVA	6	3	26	30
Accident – Other	37	38	112	111
Natural / Undetermined / Pending	48	34	142	111
Non-Medical Investigation (all natural)	643	672	2551	2565
Infant Deaths	2	4	14	11
Fetal Deaths	0	4	14	20
COMMUNICABLE DISEASES E-Coli: 0157	1	0	4	7
Hepatitis A	0	0	0	1
Acute Hepatitis B	0	1	1	1
Chronic Hepatitis B	10	5	38	18
Meningococcus	1	2	3	2
Pertussis	1	3	14	35
Tuberculosis	0	1	6	4
SEXUALLY TRANSMITTED DISEASE Chlamydia	418	395	1669	1718
Gonorrhea	146	103	525	347
Syphilis	25	12	79	58
Early Syphilis*	19	7	44	34
HIV/AIDS	6	5	17	12

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

2017 - Year in Review—Karen Landers MD MPH, Marion County Health Officer

SAVE THE DATE!!!
When: February 22, 2018 6:00 pm
What: A special viewing of the documentary, "Someone You Love: The HPV Epidemic" (Sponsored by Salem Health, American Cancer Society, and Marion County Health Department) *
Where: Salem Health Wedel Auditorium
*CME, CNE, and Pharmacy CE credits will be available. Registration at: http://www.someoneyoulovehpv.eventbrite.com/

A new year has arrived. Let's take a look at public health issues that grabbed our attention in 2017, and what we may expect to encounter in 2018.

Syphilis and Gonorrhea: Higher and Higher

As in 2016, rates of syphilis and gonorrhea continued to climb in 2017 in Marion County, Oregon and the U.S. The number of syphilis cases reported has doubled in Oregon and increased by more than 6 times in Marion County since 2012. Gonorrhea cases continue to spiral higher with a jump of more than 600% in Marion County and 168% in Oregon since 2013. (See graphs). Here's what you need to know:

- Because of associated risk factors, syphilis and HIV frequently occur together. If you are regularly screening high risk patients for HIV, (such as patients receiving pre-exposure prophylaxis (PrEP)) screen for syphilis at the same time.
- Enzyme immunoassays and chemiluminescent assays (EIA/CIA) are treponemal tests. Treponemal tests, once positive, will always remain positive and cannot be used to screen patients with a prior history of syphilis. These patients need to be screened with a quantitative RPR.
- Sexual contacts to early syphilis within the past 90 days should be screened **AND** treated. (Initial screening tests may be falsely negative).
- Treatment for syphilis is dependent on staging. Changes to staging language took effect on January 1, 2018. These include a designation of early

Continued

syphilis as primary, secondary, and onset within past year (by serology or symptoms) and late syphilis as onset of greater than a year ago or unknown duration. Early syphilis is treated with **2.4 million units of intramuscular (IM) Benzathine (long-acting) penicillin (Bicillin**). Late or unknown duration syphilis is treated with **7.2 million units of IM Bicillin divided into 3 weekly doses**.

- There is no alternative to penicillin that is documented to protect the fetus from congenital syphilis infection. Pregnant women with syphilis reporting anaphylaxis to penicillin must be desensitized and treated with penicillin. If a pregnant woman is diagnosed with late or unknown duration syphilis, the weekly schedule for treatment must be strictly observed or the treatment will need to be restarted.
- Neurosyphilis, ocular syphilis, and otic syphilis may occur at any stage of syphilis, and should be referred urgently for evaluation due to the high risk of severe, and potentially permanent complications.
- Due to concerns about developing antimicrobial resistance, gonococcal infections need to be treated with dual therapy: **250 mg IM PLUS 1 gram of Azithromycin** orally given at the same time (regardless of chlamydia test results). Patients who delay filling a prescription for their oral treatment more than 2 days after their injection will need to be retreated**. (Dual treatment given at the time of the clinic visit is optimal.)**
- Doxycycline is **NOT** recommended for dual treatment of gonorrhea due to the already high prevalence of gonococcal resistance to this drug.
- All patients who test positive for gonococcal or chlamydial infections (or both) need to be rescreened 3 months later. (Repeat infections are common, especially if partners are not identified and treated).

Quite A Few Mumps in the Road

2017 was noteworthy for many outbreaks of mumps occurring across the country. Several outbreaks were noted on college campuses and prolonged transmission was reported in several states in close-knit communities. Oregon was part of this story with 70 cases of mumps reported in 2017, more than the previous 5 years combined. A number of cases in both Oregon and Marion County were linked to participation in middle and high school wrestling meets across the State. Marion County's 2017 outbreak included 28 cases and lasted 4 months. Sporadic cases of parotitis due to mumps continue to be reported. Mumps cases appear to be on the rise in part due to waning immunity, and may be difficult to identify in highly vaccinated populations. Here's what you need to know:

- Patients presenting with parotitis should be screened by submitting buccal mucosal swab for PCR testing (available through many commercial laboratories). Serology is notoriously inaccurate in the diagnosis of mumps in partially or fully vaccinated persons.
- Patients with parotitis should be instructed to remain isolated at home until 5 days after the onset of parotid swelling. (This means **NO** participation in school athletic events!!)
- Suspected or confirmed mumps is reportable to the local health department within 24 hours (including weekends and holidays). Call 503.588.5621 to report to a live person, 24/7.
- If the exposed person is incompletely or not vaccinated against mumps, vaccination will not help to prevent disease if the person has already been infected due to the exposure, but may prevent future mumps cases if exposed again.
- The Centers for Disease Control and Prevention (CDC) are **NOT** routinely recommending a third dose of measles, mumps, rubella vaccine (MMR) as the 2 dose schedule is estimated to be 88% effective at controlling mumps outside of populations at increased risk. Guidelines were revised October of 2017 to recommend a third dose of MMR to persons who have received 2 doses of vaccine and are at increased risk of acquiring mumps in an outbreak setting.

Hepatitis A – Coming Our Way?

Since March of 2017, CDC has been assisting several state and local health departments with hepatitis A outbreaks that have occurred through person to person fecal-oral spread primarily among the homeless, persons who use illicit drugs, and their close contacts. Outbreaks have been reported in California, Michigan, Kentucky, and Utah. The outbreaks have been associated with large numbers of hospitalizations and unusually high mortality rates in California and Michigan felt to be related to older age at onset of illness and underlying conditions causing chronic liver disease. Public health interventions have included improved access to sanitation and handwashing facilities, daily cleaning and sanitizing of public thoroughfares, and hepatitis A vaccination for at-risk populations. To date, Oregon has not seen an increase in hepatitis A in the Oregon homeless population; two-thirds of the 21 cases in 2017 have been related to travel outside the U.S. Should cases appear in the homeless populations of Oregon, public health departments across the state will be prepared to initiate targeted hepatitis A vaccination. Providers seeing patients in these high risk groups should be alert to risks for hepatitis A and screen for patients presenting with symptoms of hepatitis. Be sure to request hepatitis A IgM if testing for acute hepatitis A infection. Report any suspected acute hepatitis cases to the local health department within 24 hours. Early reporting will facilitate investigation of potentially exposed persons and rapid implementation of public health control measures.