QUARTERLY REPORT

Marion County Health Department
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2nd Quarter
June 2014

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: June 2014	2nd Quarter 2014	2nd Quarter 2013	Year to Date 2014	Year to Date 2013
BIRTHS	1319	1223	2493	2367
Delivery in Hospital	1294	1205	2445	2328
Teen Deliveries (10-17)	24	25	53	55
DEATHS TOTAL	662	646	1256	1344
Medical Investigation	66	62	111	138
Homicide	2	1	4	3
Suicide	17	6	24	15
Accident – MVA	5	3	7	5
Accident – Other	21	25	43	59
Natural / Undetermined / Pending	21	27	33	56
Non-Medical Investigation (all natural)	596	584	1145	1206
Infant Deaths	4	5	8	7
Fetal Deaths	3	6	6	9
COMMUNICABLE DISEASES E-Coli: 0157	1	0	1	2
Hepatitis A	0	0	0	2
Acute Hepatitis B	2	0	2	0
Chronic Hepatitis B	7	6	16	14
Meningococcus	0	1	4	1
Pertussis	4	21	8	43
Tuberculosis	2	4	3	7
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	8	11	22	17
Chlamydia	378	297	759	678
Gonorrhea	19	17	38	29
Syphilis	12	7	22	13
HIV/AIDS*	5	4	9	10

***Note: HIV/AIDS includes both new HIV cases and New HIV/AIDS cases. Previously, new HIV cases and new AIDS cases were reported separately, which may have resulted in counting some cases twice, once as an HIV case and then again as an AIDS case.**

Return of the Natives

Karen Landers MD MPH, Marion County Health Officer

Vaccination remains one of the most effective public health interventions. The Vaccines for Children(VFC) program was implemented in 1994 in response to low immunization coverage and the 1989-1991 measles outbreak in the United States. Coverage rates for many vaccines in the U.S. have remained near or above 90% for much of the period from 1994-2013. In 1994, polio elimination was certified in the Americas followed by elimination of endemic transmission of measles in the U.S. in 2000 and rubella in 2005. Despite these remarkable accomplishments, this year is serving as a reminder that vaccine-preventable diseases occurring anywhere in world means they can occur everywhere. As of May 2014, 288 cases of measles have been reported to the Centers for Disease Control and Prevention (CDC), surpassing the highest yearly total since elimination in 2000. The effort to eradicate polio worldwide, which had limited the endemic spread to just 3 countries (Afghanistan, Nigeria, and Pakistan) by the start of 2014, received a major setback when active wild polio transmission was reported in 7 additional countries in June of this year. What are the implications for health care providers? Continue reading for more information.

Measles

Although the U.S. has maintained measles elimination, importations from endemic countries continue to occur and have caused an unusually high number of measles cases this year. Fifteen outbreaks have accounted for 79% of measles cases reported in 2014, including the largest outbreak reported in the U.S. since 2000 (138 cases and ongoing as of 6/2014). Marion County made its contribution to this total in January of 2014, when a resident who had been traveling overseas brought back measles and spread it to 4 unvaccinated members of the household. Of the 288 cases reported in the U.S., 97% (280) were associated with importations from at least 18 countries.

Continued

Most of the measles cases reported this year have been in persons who were unvaccinated. Among the 195 U.S. residents who had measles and were unvaccinated, 165(85%) declined vaccination because of religious, philosophical, or personal objections. (See Figure) Despite generally high population immunity to measles in the U.S, local coverage varies and unvaccinated children tend to cluster geographically increasing the risk for outbreaks. Recommendations for health care providers include:

- Remind **ALL** persons who plan to travel internationally of measles risk outside the U.S., and recommend immunity/immunization status be verified or vaccination with MMR before travel. (1 dose for infants 6-11 months, 2 doses spaced 28 days apart for 12 months of age and older)
- Maintain high suspicion for measles in febrile patients with rash **who have traveled recently or been in contact with visitors or travelers returning from abroad**, and initiate infection control measures for patients seen in your office/clinic as soon as possible.
- **REPORT** suspected measles cases **IMMEDIATELY** by calling 503.588.5621. This number is staffed 24 hours a day, 7 days a week.
- Obtain viral specimens (blood, urine, nasopharyngeal secretions) in addition to serology from patients with illness clinically compatible with measles (cough, coryza, conjunctivitis, Koplik spots, fever, erythematous maculopapular rash).

Polio

Since the Global Polio Eradication Initiative was launched in 1988, the number of polio cases has fallen by over 99%, and all World Health Organization (WHO) regions certified polio free except the Eastern Mediterranean Region. In May of 2014, WHO declared the international spread of polio was to be a public health emergency of international concern due to 10 countries now identified with active transmission of wild poliovirus that could potentially be exported to other countries through travel. On June 18, 2014, detection of wild poliovirus type1 was isolated from sewage samples collected at Viracopos International Airport in the State of São Paulo, Brazil. There has been no indigenous transmission of wild polio virus reported in Brazil since 1989. Genetic sequencing indicated that the virus was a close match to a strain of wild poliovirus recently isolated from a case of polio in Equatorial Guinea where transmission is currently ongoing. The WHO has assessed the risk for further spread of this virus in Brazil as very low due to a high level of coverage (>95%) from the routine immunization program in São Paulo. Health care providers should be aware of recent guidance issued by CDC for polio vaccination of U.S. residents planning international travel to countries experiencing polio outbreaks/active transmission:

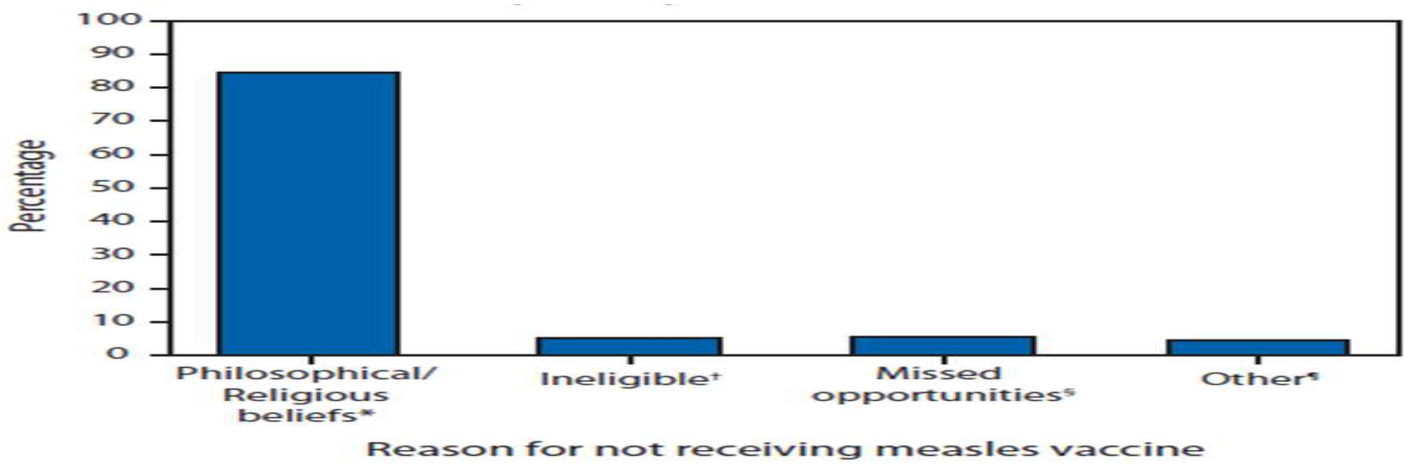
- CDC recommends that all international travelers be fully vaccinated against polio.
- An additional, one-time adult polio vaccine booster dose is recommended for travelers to certain countries. (See website below)
- Although no human polio cases have been identified, environmental surveillance indicates that Israel has active poliovirus circulation. CDC is now recommending an adult polio vaccine booster dose for travelers to Israel.
  For more information visit:
  http://wwwnc.cdc.gov/travel/news-announcements/polio-vaccine-guidance-israel.

Non-medical vaccination exemptions: Oregon's New Law

Oregon has one of the highest nonmedical vaccination exemption rates in the U.S. Studies have demonstrated that states where exemptions are permitted and easy to obtain, have higher rates of exemptions. In 2013, legislation was passed in Oregon incorporating a mandatory educational requirement as part of the process for claiming a nonmedical (formerly known as religious) exemption to school vaccination requirements. The new law took effect on March1, 2014. Here are some important highlights:

- The new law requires parents requesting a nonmedical exemption to receive education about the benefits and risks of vaccination before claiming the exemption.
- There are two options for receiving the education:
  View online module for each vaccination exemption being requested.
  Receive education from health care provider (must be provided by an MD, DO, ND, NP, or PA and be consistent with information in online module).
- Students with nonmedical exemptions on file at schools prior to March, 2014 do not require additional action.
  For more information visit::
  http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/non-medical-exemption.aspx

FIGURE. Percentage of U.S. residents with measles who were unvaccinated (N = 195), by reason for not receiving measles vaccine — United States, January 1–May 23, 2014



Taken from MMWR vol 63/No. 22 6/16/14