QUARTERLY REPORT

1st Quarter
March 2008

Marion County Health Department
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http://health.co.marion.or.us

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

Telephone: **(503) 588-5621**
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Vital Statistics Quarter Ending: March 2008	1st Quarter 2008	1st Quarter 2007	Year to Date 2008	Year to Date 2007
BIRTHS TOTAL DELIVERIES	N/R*	1366	N/R*	1366
Delivery in Hospital	1370	1362	1370	1362
Teen Deliveries (10-17)	N/R*	58	N/R*	58
DEATHS TOTAL	726	705	726	705
Medical Investigation	59	53	59	53
Homicide	2	0	2	0
Suicide	9	9	9	9
Accident – MVA	2	5	2	5
Accident – Other	19	14	19	14
Natural / Undetermined / Pending	27	25	27	25
Non-Medical Investigation (all natural)	667	652	667	652
Infant Deaths	4	3	4	3
Fetal Deaths	7	10	7	10
COMMUNICABLE DISEASES E-Coli: 0157	0	0	0	0
Hepatitis A	0	0	0	0
Acute Hepatitis B	1	2	1	2
Chronic Hepatitis B	11	11	11	11
Meningococcus	0	1	0	1
Pertussis	8	1	8	1
Tuberculosis	4	8	4	8
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	0	0	0	0
Chlamydia	299	253	299	253
Gonorrhea	37	33	37	33
Syphilis	2	2	2	2
AIDS	5	2	5	2
HIV Positive	6	8	6	8

*** N/R "Not Reportable" for this quarter due to change over of State data systems.**

Tuberculosis: Phthisis Remains With Us

Karen Landers MD MPH, Marion County Health Officer

World TB day is observed each year on March 24 to commemorate the date in 1882 when Robert Koch announced the discovery of *Mycobacterium tuberculosis*, the bacterium that causes tuberculosis. Although progress has been made in the diagnosis, and treatment of tuberculosis since first described in the era of Hippocrates (the word phthisis literally means, "I am wasting"), TB continues to remain one of the leading causes of death from infectious disease. In 2005, approximately 8.8 million persons became ill from TB and 1.6 million died from the disease. In February 2008, the World Health Organization released its fourth global report on anti-TB drug resistance which indicated that the number of multi-drug resistant (MDR) TB cases (defined as resistant to both isoniazid and rifampin) worldwide was the highest ever reported (489,139 in 2006) and that extensively drug-resistant TB (defined as resistant to isoniazid, rifampin, any fluoroqinolone, and at least one second-line injectable agent) had been reported in 45 countries.

In the United States after a 30-year decline in TB, cases increased 20% from 1985-1992 associated with both the HIV epidemic and decreased resources for control and prevention. In 2007, a total of 13,293 cases were reported in the U.S., the lowest number recorded since national reporting began in 1953; however, racial/ethnic minorities and foreign-born persons continue to bear a disproportionate burden of TB disease. Over the past 10 years, Oregon has experienced a significant decline in the total number of TB cases with case rates below the national average. In 2007, tuberculosis in persons born in high TB incidence countries accounted for 75% of the total number of cases. The TB incidence rate in Marion County remains above Oregon rates . (See graphs)

Continued

The Centers for Disease Control and Prevention (CDC) along with the Advisory Committee for the Elimination of Tuberculosis in 1989 set a goal for TB elimination in 1989 of less than one case per 1 million people by 2010. To continue to progress towards TB elimination, the following strategies are key:

1. Identify and treat persons with active (infectious) TB.
2. Find and test persons exposed to active TB and treat for active disease or latent TB infection.

Target TB screening to high-risk persons to identify latent TB infection and treat to prevent progression to active disease.

All cases of presumptive or confirmed tuberculosis are reportable to the local health department within one working day. **(503) 588-5611**. Once an active case has been identified, a contact investigation is begun to identify and treat persons who have developed latent TB infection (+ tuberculin skin test, normal CXR, and no symptoms of TB) or active disease as a result of their exposure.

As the number of active TB cases continues to decline, targeted screening of high risk populations in order to identify and treat persons with latent TB infection becomes an increasingly important strategy in TB control. Screening should be focused on persons who are at increased risk of TB infection or who are more likely to progress to active disease if infected. Populations at increased risk of infection include:

-close contacts to active pulmonary TB
-recently infected persons (newly positive skin test within past two years)
-persons who recently (within 5 years) entered the U.S. from areas with high levels of TB
-residents or employees of congregate settings (shelters, correctional facilities)
-persons with a history of substance abuse

Persons more likely to progress to active TB if infected include:

-persons with HIV infection (highest risk for progression to active TB)
-persons with other immunocompromising conditions or who take immunosuppressive medications (i.e., anti-TNF agents such as Remicade®)
-diabetes
-underlying lung diseases such as silicosis
-end-stage renal disease
-conditions associated with being underweight (10% or more below ideal)

A decision to screen is a decision to treat if latent TB infection is identified regardless of age. More information about targeted testing and treatment of latent TB infection can be found at www.cdc.gov/tb. Click on TB guidelines.