



O R E G O N

QUARTERLY REPORT

**1st Quarter
March 2009**

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

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Vital Statistics Quarter Ending: Mar. 2009	1st Quarter 2009 2008		Year to Date 2009 2008	
<u>BIRTHS</u>				
TOTAL DELIVERIES	1252	1385	1252	1385
Delivery in Hospital	1235	1368	1235	1368
Teen Deliveries (10-17)	48	62	48	62
<u>DEATHS</u>				
TOTAL	689	729	689	729
Medical Investigation	61	60	61	60
Homicide	4	2	4	2
Suicide	7	9	7	9
Accident – MVA	6	2	6	2
Accident – Other	19	21	19	21
Natural / Undetermined / Pending	25	26	25	26
Non-Medical Investigation (all natural)	628	669	628	669
Infant Deaths	3	4	3	4
Fetal Deaths	5	5	5	5
<u>COMMUNICABLE DISEASES</u>				
E-Coli: 0157	0	0	0	0
Hepatitis A	1	0	1	0
Acute Hepatitis B	0	1	0	1
Chronic Hepatitis B	7	10	7	10
Meningococcus	0	0	0	0
Pertussis	4	8	4	8
Tuberculosis	1	3	1	3
<u>SEXUALLY TRANSMITTED DISEASE</u>				
PID (Pelvic inflammatory Disease)	5	0	5	0
Chlamydia	367	299	376	299
Gonorrhea	44	33	44	33
Syphilis	2	2	2	2
AIDS	1	5	1	5
HIV Positive	1	6	1	6

Sexually Transmitted Infections in Marion County: An Update

Karen Landers MD MPH – Marion County Health Officer

The month of April has been designated STD Awareness Month by the Centers for Disease Control and Prevention (CDC). This annual observance is intended to increase awareness of sexually transmitted diseases (STDs) and their impact on the health of Americans. CDC estimates there are approximately 19 million new cases of STDs each year in the United States, almost half of them occurring in persons 15-24 years of age. STDs are the most frequently reported communicable diseases in Oregon. Reported rates of gonorrhea (GC) and chlamydia (CT) in Marion County are consistently among the highest in Oregon and generally rank above those for the state. (See graphs)

The health consequences of STDs can be severe. Untreated chlamydia and gonorrhea can result in pregnancy complications, chronic pain and infertility. Many STDs have also been associated with increased risk of HIV transmission. Chronic infection with some sexually transmitted viruses has been linked to the development of cancer.

To reduce the impact of STDs in the nation and our community, begin with the 4 T's:

TAKE a sexual health history.

A sexual history is critically important in identifying individuals at risk for STDs including HIV, and helps to determine the need for testing and for providing information about reducing risk for STDs. Five areas key to assessing risk include: partners, pregnancy prevention, protection from STDs, past history of STDs and sexual practices. The use of open-ended questions and understandable language is essential to promoting communication.

Continued

To assist health care providers, “A Guide to Taking a Sexual Health History” is available from the CDC free of charge. Visit www.cdc.gov/std and click on Order Publications.

TEST for sexually transmitted infections.

Many STDs can be present without symptoms, particularly in women. Persons identified with risk factors for STDs should be tested and treated if infected. CDC recommends:

- Annual chlamydia screening for all sexually active females 25 years of age and younger.
- Testing women older than 25 years with new or multiple partners.
- Retesting women with chlamydia infection three months after treatment. (Studies show 15-30% of young women with CT become re-infected within 6 months)
- Testing identified partners of diagnosed GC and CT cases for gonorrhea and chlamydia.
- Testing persons for both GC AND chlamydia if they report contact with a diagnosed case of gonorrhea
- Annual GC, CT, syphilis, and HIV screening for sexually active MSM (men who have sex with men)

TREAT suspect and diagnosed STDs.

Patients diagnosed with an STD are frequently co-infected with other sexually transmitted infections. The increasing prevalence of quinolone-resistant GC resulted in the CDC announcement in April of 2007 that fluoroquinolones were no longer recommended as first line treatment for gonorrhea in the U.S. For 2008, of 157 isolates submitted from Oregon to the Gonococcal Isolate Surveillance Project (GISP), 80 (51%) were resistant to ciprofloxacin up from less than 30% the previous year. Treatment recommendations include:

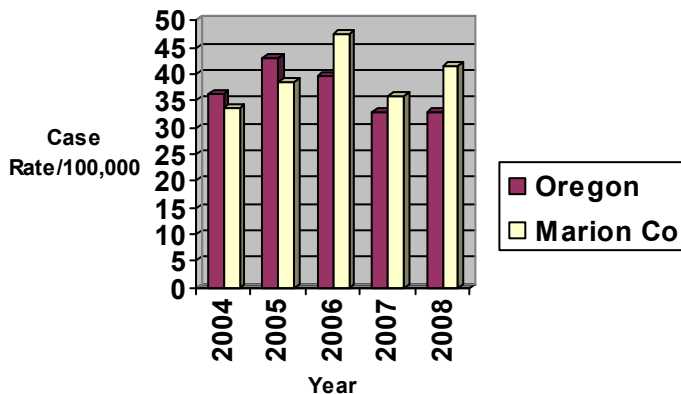
- Treat suspected and confirmed cases of GC for both GC AND CT.
- DO NOT USE fluoroquinolones as first line therapy for GC.
- Intramuscular injection of ceftriaxone provides optimum coverage for GC infections including those occurring at extragenitourinary sites.
- Treat partners of diagnosed GC and CT after screening for infection.

CDC’s sexually transmitted diseases treatment guidelines are available at www.cdc.gov/std. Click on treatment guidelines.

TIMELY vaccination

Vaccines are available to prevent hepatitis B virus (HBV) infections and human papillomavirus (HPV) infections. Infection with certain strains of HPV have been associated with the development of cervical and other cancers, while chronic infection with HBV can result in liver cancer. All children are recommended to receive the HBV vaccination series beginning at birth with catch-up vaccination for at-risk adolescents and adults who have not been previously vaccinated. Routine HPV vaccination is currently recommended to begin for girls at 11-12 years of age but may begin as early as 9 years of age. Because HPV is acquired very soon after sexual activity begins, it is important to provide protection early.

GC in Marion County and Oregon 2004-2008



CT in Marion County and Oregon 2004-2008

