



O R E G O N

QUARTERLY REPORT

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

**3rd Quarter
September 2011**

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

Telephone: (503) 588-5621
Fax: (503) 566-2920

Vital Statistics Quarter Ending: Sept. 2011	3rd Quarter		Year to Date	
	2011	2010	2011	2010
BIRTHS				
TOTAL DELIVERIES	1298	1358	3785	3983
Delivery in Hospital	1277	1339	3731	3933
Teen Deliveries (10-17)	38	41	114	149
DEATHS				
TOTAL	603	623	1900	1893
Medical Investigation	55	77	190	203
Homicide	1	4	7	5
Suicide	6	14	28	40
Accident – MVA	3	4	19	13
Accident – Other	24	26	73	65
Natural / Undetermined / Pending	21	29	63	80
Non-Medical Investigation (all natural)	547	546	1709	1690
Infant Deaths	4	3	12	12
Fetal Deaths	5	6	12	11
COMMUNICABLE DISEASES				
E-Coli: 0157	3	3	4	5
Hepatitis A	0	1	0	1
Acute Hepatitis B	0	1	2	4
Chronic Hepatitis B	7	10	21*	30
Meningococcus	1	1	1	2
Pertussis	18	12	32	26
Tuberculosis	1	0	7	3
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	2	4	6	24
Chlamydia	372	363	1212	1183
Gonorrhea	20	18	65	64
Syphilis	2	6	8	15
AIDS	1	6	4	11
HIV Positive	2	4	6	8

*Due to database transition, some discrepancies may occur

What's New With Flu? (and a Pertussis Update Too)

Karen Landers MD MPH, Marion County Health Officer

It's back! Influenza activity across the U.S. is generally low; although 29 states are reporting no activity and 20 states are reporting sporadic influenza activity, two type A (H3) influenza isolates were identified at the Oregon State Public Health Laboratory (OSPHL) the week of October 2-8. To assist in preparing for the 2011-2012 influenza season, please check out the following updates:

Vaccine Supply and Distribution

Influenza vaccine is currently in abundant supply. According to the Centers for Disease Control and Prevention (CDC), manufacturers of influenza vaccine project as many as 173 million doses will be produced for this flu season. As of September 30, 2011, approximately 110 million doses have already been distributed. Influenza vaccination efforts should begin as soon as flu vaccine is available locally, and should continue throughout the season as long as influenza viruses are circulating.

Dosing and Administration

For only the 8th time since 1969, the flu strains contained in the 2011-2012 influenza vaccine will remain unchanged from the previous year. Routine annual Influenza vaccination is recommended for all persons 6 months of age and older. Although the vaccine strains are the same, persons vaccinated in the previous year **WILL** need to be revaccinated this year. Immunity from last year's flu season will have decreased over time, and may not be enough to prevent infection this year. Vaccination is especially important for the following persons:

- ▶ Pregnant women (any trimester)
- ▶ Health care professionals (HCP)
- ▶ Persons in close contact with infants less than 6 months of age
- ▶ Persons over 50 years of age
- ▶ Persons with chronic health conditions or immunosuppression

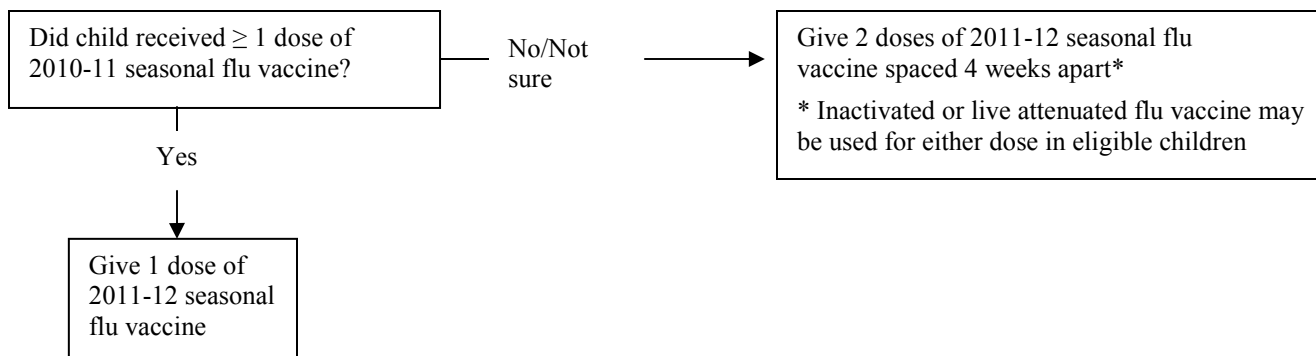
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Two doses of influenza vaccine separated by at least 4 weeks are recommended for children less than 9 years of age who are being vaccinated against influenza for the first time. If a child under 9 years of age has received at least one dose of influenza vaccine the previous year, then only one dose needs to be administered this season. (See algorithm)

New! An intradermal formulation of Fluzone® is available for the 2011-2012 influenza season for persons aged 18-64 years. The prefilled syringe contains 9µg of antigen per strain (40% less than regular flu vaccine), no preservative, and is administered into the dermal layer of the skin using a microinjection system. This vaccine provides an immune response similar to that of the intramuscular flu injection. Local reactions such as redness, induration, and swelling were more frequently reported with the intradermal than with the intramuscular flu vaccine.

Also new for the 2011-2012 influenza season are recommendations for administration of inactivated influenza vaccine to persons with egg allergies. Based on a review of several recent studies, administration of trivalent inactivated vaccine has been shown to be tolerated by patients reporting a mild allergic reaction to eggs (e.g., hives only). Live attenuated influenza vaccine is **NOT** recommended for patients reporting any type of egg allergy. For more guidance on the use of influenza vaccine in patients reporting egg allergy, see: *MMWR* Vol. 60 No. 33 8/26/11.

INFLUENZA VACCINE DOSING ALGORITHM FOR CHILDREN 6 MOS-8 YEARS 2011-2012 INFLUENZA SEASON



Report influenza during the 2011-2012 season for the following situations:

- ▶ Death in Oregon resident < 18 years of age with lab-confirmed influenza
- ▶ Any novel influenza virus (human infection with influenza A subtype different from currently circulating H1 and H3 viruses)

Patient education materials including posters and brochures are available free for downloading and printing at:

www.cdc.gov/flu/freeresources/print.htm

Pertussis

With the return of students to the school setting, Marion County has noted an increase in the number of reported cases of pertussis. Thirteen pertussis cases were identified in September, many of which were located in the north part of the county. Clackamas County has also seen an increased number of pertussis cases. At this point in the year, Marion County pertussis reports (34) have exceeded the total number of pertussis reports in 2010 (21). Of the pertussis cases reported in 2011, 6 were in infants under the age of 12 months. A Marion County Health Alert regarding pertussis was distributed to primary care providers on 9/30/2011. Suspected pertussis cases (tested or receiving treatment for pertussis) are reportable to the local health department within one working day. Call **503.588.5621** to report. Timely reporting assures that high risk contacts (pregnant women and infants under one year of age) are quickly identified and offered post-exposure prophylaxis.

Pertussis cases are required to be excluded from working at or attending school or child care facilities, or working in health care settings until 5 days after starting appropriate antibiotic therapy.

Vaccination of adolescents and adults whose immunity to pertussis has waned is recommended. Anyone who will be in close contact with infants under a year of age or pregnant women in their third trimester, should receive a Tdap. No minimum interval between Td and Tdap needs to be observed for persons for whom Tdap is indicated. Tdap vaccination is being phased into Oregon school immunization requirements. A single dose of Tdap is required for all students entering 7th through 10th grades for the 2011-2012 school year.

Young infants have the highest morbidity and mortality due to pertussis. In an effort to protect this population, the Advisory Committee on Immunization Practices (ACIP) has recommended persons over the age of 65 with close contact to an infant less than one year of age receive a Tdap vaccination. The ACIP has also recommended Tdap vaccination be offered to pregnant women in the third or late second trimester (after 20 weeks gestation). For more information on use of Tdap during pregnancy, visit:

<http://www.cdc.gov/vaccines/recs/provisional/downloads/pregnant-Tdap-use.pdf>.