



O R E G O N

QUARTERLY REPORT

**3rd Quarter
September 2004**

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Vital Statistics Quarter Ending: Sept. 2004	3rd Quarter		Year to Date	
	2004	2003	2004	2003
BIRTHS				
TOTAL DELIVERIES	1401	1378	3972	3851
Delivery in Hospital	1390	1367	3936	3817
Teen Deliveries (10-17)	69	55	170	132
DEATHS				
TOTAL	608	617	1905	1864
Medical Investigation	59	53	157	161
Homicide	03	03	07	12
Suicide	14	08	36	29
Accident – MVA	07	08	20	21
Accident – Other	13	14	32	35
Natural / Undetermined / Pending	22	20	62	64
Non-Medical Investigation (all natural)	549	564	1748	1703
Infant Deaths	04	07	17	14
Fetal Deaths	05	02	14	12
COMMUNICABLE DISEASES				
E-Coli: 0157	06	06	07	10
Hepatitis A	01	01	10	11
Acute Hepatitis B	01	07	07	17
Chronic Hepatitis B	15	06	40	30
Meningococcus	01	0	04	04
Pertussis	01	02	10	03
Tuberculosis	02	02	12	05
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	0	02	04	18
Chlamydia	216	161	639	562
Gonorrhea	29	24	68	51
Syphilis	04	No Data	09	No Data
AIDS	09	03	12	06
HIV Positive	11	02	16	09

Influenza Season 2004-05: Caught Short Again!

By Karen Landers MD MPH, Public Health Physician

It's déjà vu all over again for those of you who remember the 2000-01 influenza season when delays in vaccine shipments limited the amount of influenza vaccine available during peak vaccination time, and many medical providers were among the last to receive vaccine for their high-risk patients. This year promises to present a more difficult scenario with approximately one-half of the U.S. influenza vaccine supply eliminated due to one of only two U.S. flu vaccine manufacturers losing its license just prior to the beginning of flu vaccination season, and 48 million doses of vaccine from that company declared unfit for distribution. Many hospitals, long-term care facilities, and high risk medical practices find themselves with no flu vaccine for this year and many high-risk people are scrambling to find a way to be vaccinated.

How are we dealing with this year's flu crisis?

Prioritization – As in previous years with vaccine shortages, a list prioritizing high-risk people for influenza vaccination has been published by Centers for Disease Control and Prevention (CDC) and Oregon Department of Human Services. This list includes persons over the age of 65, persons 2-64 years of age with chronic medical conditions that increase the risk of complications of influenza, residents of long-term care facilities, pregnant women, children ages six to 23 months, household contacts and out-of-home care providers of children less than six months of age, and health care providers with direct patient care. What **IS** different this year is the Oregon emergency statute that allows providers of vaccine who do **NOT** follow the prioritization guidelines to be subject to civil penalties.

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ALL providers of vaccine are required to adhere to prioritization guidelines when a shortage of vaccine has been declared at the State level. Healthy persons 2-64 years of age are being asked to forego vaccination this year. For more information about influenza vaccine issues in Oregon, visit www.healthoregon.org/imm.

Reallocation – To address the severe national shortage of influenza vaccine, the CDC is collaborating with Aventis Pasteur to reallocate unshipped influenza vaccine in two phases. Since October 11, 2004, more than five million doses of flu vaccine have been shipped to the following groups: State public health departments, Department of Veteran's Administration, long-term care facilities/acute care hospitals, Vaccines for Children program, private physicians who care for young children, and HMOs/private providers serving high priority groups. An on-line survey of long-term care facilities is currently being conducted by CDC. The information gathered in this survey will further assist with the redistribution plan. Long-term care facilities should complete the survey at www.ahca.org by October 29, 2004. The remaining 17.6 million doses of available flu vaccine will be shipped to public and private providers, at a rate of about 2.5-3 million doses per week, through early December. An additional 300,000 doses of inactivated vaccine has been recouped from supplies originally purchased for federal employees and the military. Approximately 2.6 million doses of Aventis Pasteur influenza vaccine is expected to be available for shipment in early January 2005. There are approximately 18 influenza manufacturers worldwide. Food and Drug Administration inspectors are visiting two foreign flu vaccine manufacturers to evaluate the safety and availability of an additional 5 million doses of inactivated flu vaccine for importation. For updates on vaccine supplies and the distribution process, visit the CDC website at www.cdc.gov/flu/.

LAIV – Approximately 2 million doses of live attenuated influenza vaccine (LAIV) marketed as FluMist® are expected to be available this influenza season. Currently in Oregon, all influenza vaccine this year including LAIV must be directed to persons identified on the prioritization list.

Healthy health care workers with direct patient care and household contacts and out-of-home care providers of infants 0-6 months of age who are 5-49 years of age are encouraged to be vaccinated with LAIV if available, reserving inactivated vaccine for high-risk persons who can not receive live influenza vaccine. Only health care workers who are caring for severely immunocompromised patients, defined by CDC as patients who require care in special reverse isolation units or a protected environment (i.e. patients with hematopoietic stem cell transplants) are recommended to receive inactivated influenza vaccine. Healthy health care workers under age 50 years who come into contact with patients who have lesser degrees of immune suppression or other risk factors for complications from influenza may safely be vaccinated with LAIV and are not required to be excluded from work after vaccination.

Oregon Dept of Human Services is currently in the process of evaluating whether LAIV can be made available to any healthy person 5-49 years of age desiring flu vaccination, and at what time the criteria for use of LAIV would be expanded. Visit www.healthoregon.org/imm for updates.

Antiviral medications – Influenza antiviral medications are an important adjunct to influenza vaccine in the prevention and treatment of influenza. In the setting of the current vaccine shortage, CDC has developed interim recommendations on the use of antiviral medications for the 2004-05 influenza season. A brief summary follows – for more detailed information about each medication including dosage and approved persons for use visit the CDC website at www.cdc.gov/flu/professionals/treatment.

► In the United States, four antiviral medications (amantadine, rimantadine, oseltamivir [Tamiflu®], and zanamivir [Relenza®]) are approved for treatment of influenza. When used for treatment within the first two days of illness, all four antiviral medications are similarly effective in reducing duration of illness by one or two days.

► Only three antiviral medications (amantadine, rimantadine, and oseltamivir) are approved for chemoprophylaxis of influenza.

► CDC encourages the use of amantadine or rimantadine for chemoprophylaxis and use of oseltamivir or zanamivir for treatment as supplies allow, in part to minimize the development of amantadine resistance among circulating influenza viruses.

► Rimantadine is not approved for treatment of children less than 13 years of age. For treatment these persons should receive amantadine (children 1-12 years of age) oseltamivir (children 1-12 years of age or zanamivir (children 7-12 years of age)

CDC has also just announced an Influenza Update NetConference for clinicians. Scheduled for November 19, 2004 at 12:00 pm E.S.T. This one-hour session will provide clinicians with the most up-to-date information on influenza with a focus on antivirals. The program will combine a telephone audio conference with simultaneous online visual content. This is a limited registration event. You may pre-register using the registration form at <http://www2.cdc.gov/nip/isd/fluconference>.

To provide information to providers and members of the public about influenza and vaccine in Oregon, the Oregon Flu Hotline is operational Monday through Friday from 8:30am-5:00pm at **1-800-978-3040**.

SAFENET is providing information to the public about available flu vaccination clinics for high-risk persons in their areas. Call **1-800-SAFENET**.