



**O R E G O N**

# QUARTERLY REPORT

**2nd Quarter  
June 2002**

**Marion County Health Department**  
3180 Center St NE  
Salem OR 97301-4592  
(503) 588-5357  
[www.co.marion.or.us/mhealth](http://www.co.marion.or.us/mhealth)

To report a communicable disease:

Telephone: (503) 588-5621  
Fax: (503) 566-2920  
Evenings, Weekends & Holidays:  
(503) 731-4030

Vital Statistics Quarter Ending: June 2002	2nd Quarter 2002 2001		Year to Date 2002 2001	
<b>BIRTHS</b>				
<b>TOTAL DELIVERIES</b>	<b>1204</b>	<b>1175</b>	<b>2411</b>	<b>2373</b>
Delivery in Hospital	1192	1108	2387	2257
Teen Deliveries (10-17)	47	67	108	116
<b>DEATHS</b>				
<b>TOTAL</b>	<b>626</b>	<b>628</b>	<b>1353</b>	<b>1271</b>
Medical Investigation	48	46	117	90
Homicide	03	01	07	04
Suicide	12	07	23	16
Accident – MVA	02	09	04	14
Accident – Other	12	13	28	20
Natural / Undetermined / Pending	19	16	55	36
Non-Medical Investigation (all natural)	578	582	1236	1181
Infant Deaths	01	03	01	08
Fetal Deaths	14	05	16	08
<b>COMMUNICABLE DISEASES</b>				
<b>E-Coli: 0157</b>	<b>12</b>	<b>07</b>	<b>18</b>	<b>07</b>
Hepatitis A	01	0	04	06
Acute Hepatitis B	08	06	15	13
Chronic Hepatitis B	15	14	30	22
Meningococcus	0	06	01	11
Pertussis	10	05	12	07
Tuberculosis	05	03	07	06
<b>SEXUALLY TRANSMITTED DISEASE</b>				
<b>PID (Pelvic inflammatory Disease)</b>	<b>01</b>	<b>01</b>	<b>04</b>	<b>12</b>
Chlamydia	186	209	370	384
Gonorrhea	11	25	30	34
AIDS	06	01	11	02
HIV Positive	14	N/A	31	N/A

## TB in Marion County: Moving Towards Zero

**Karen Landers MD MPH Public Health Physician**

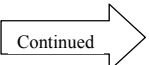
Following a period of resurgence of tuberculosis (TB) that began in the mid-1980's and peaked in 1992, the U.S. has made great progress in reestablishing control over this public health menace. From 1992 through 2000, the incidence of TB decreased by 45%, reflecting the impact of renewed resources to implement essential elements of TB control. In 2001, the U.S. TB incidence was 5.6 cases/100,000 population, the lowest level ever recorded in this country. This recent epidemiological trend indicates that TB control is entering a new phase in the U.S., moving from low incidence to elimination. In 2000, 22 states (including Oregon!) reported TB incidence rates of  $\leq 3.5/100,000$ . These states are regarded as on-target in the drive for TB elimination. Marion County continues to contribute generously to the TB caseload in Oregon. (See graph) In 2001, 4 Oregon counties (Multnomah, Lane, Washington and Marion) accounted for 77% of all state cases while 20 counties reported no cases of TB.

### **How will we achieve TB elimination?**

There are three main strategies to control and prevent TB:

- 1) Identify and treat persons with active (infectious) TB
- 2) Find and test persons exposed to active TB and treat them for active disease or latent infection
- 3) Test high risk persons to identify latent TB infection and treat them to prevent active disease.

All cases of presumptive or confirmed tuberculosis are reportable to the county health department. (503) 588-5611 Once a case has been identified, Marion County Health Department begins a contact investigation to identify and treat persons who have become either latently infected with TB or developed active TB as a result of their exposure to the infectious case. Due to the length of treatment and the complexity of the treatment regimen, (4 drugs are recommended initially to reduce the risk of drug resistance), adherence to treatment is a significant problem in TB control.



Failure to take TB medications appropriately can lead to antibiotic resistance, and adherence to treatment is **NOT** predicted by socioeconomic status, education, severity of illness, or any other identified patient characteristics. Directly Observed Therapy (DOT) or observing patients taking their medication doses is recommended for **ALL** patients with active TB to assure that TB cases are successfully treated (and hence rendered non-infectious). Marion County Health Dept. has been providing DOT to active TB cases since 1996.

**How can you help Marion County move towards Zero?**

As the rate of active TB continues to decline, identification and treatment of persons with latent TB infection (positive TB skin test, negative chest x-ray, no symptoms of TB) will become an increasingly important component of TB elimination. An estimated 10-15 million persons in the United States are infected with *Mycobacterium tuberculosis*. Without intervention, about 10% of these persons will develop active TB disease at some point in their life. Persons at increased risk for developing TB include those who have recent infection (newly positive tuberculin skin test in the past two years) and those with clinical conditions associated with increased risk for progression of latent TB infection to active TB. These clinical conditions include HIV infection, substance use, silicosis, diabetes, end stage renal disease, solid organ transplantation, cancers of the head and neck, prolonged immunosuppressive therapy, and conditions associated with underweight (10% or more below ideal). The American Thoracic Society in conjunction with the Centers for Disease Control and Prevention in their consensus statement published in 1999, has recommended targeting tuberculin skin testing to persons at high risk of TB infection. Infected persons at high risk of developing active TB should be offered treatment for latent TB infection **regardless of age**. Persons at higher risk of TB infection include persons who have had close contact to active TB, recently- infected persons, persons with HIV infection, persons who have entered the U.S. from countries with high levels of TB, residents and employees of high risk congregate settings (especially homeless shelters and correctional facilities), and persons who inject illicit drugs.

County Health Dept. is prioritizing its resources to treat active (infectious TB) and identify and treat close contacts of active cases and newly infected persons. Progress towards TB elimination will be greatly advanced by community medical providers identifying and treating persons under their care with latent TB infection who are at risk for developing active TB disease.

**A Decision to Tuberculin Test is a Decision to Treat**

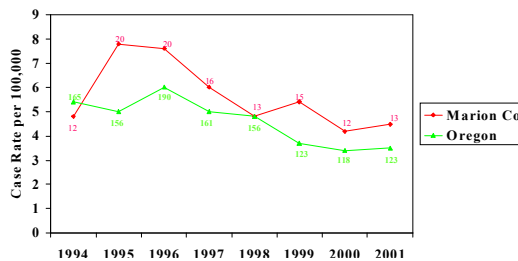
Targeted tuberculin testing is designed to identify persons at high risk for TB who would benefit by treatment of latent TB infection. With the exception of initial testing of persons at low risk whose future activity will place them at increased risk of exposure (e.g. employment in a setting where TB transmission may occur), screening of low risk persons is discouraged. Testing is also discouraged unless a plan has been developed to complete a course of treatment in persons found to have latent TB infection. Such planning should include arrangements for medical evaluation (e.g., chest radiograph) of persons with positive skin tests and medical supervision of the course of treatment. Marion County Health Dept. is available for consultation and evaluation of patients who have abnormal chest x-rays and/or symptoms consistent with active tuberculosis.

It has been said that it takes an entire village to raise a child. Likewise, it will certainly require our entire medical community to stamp out TB! Here are two excellent clinical resources to assist you with testing and treating high-risk persons with latent TB infection.

Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. Official Consensus Statement of the American Thoracic Society and the Centers for Disease Control and Prevention. *Am. J. Respir. Crit. Care Med* Vol 161. pp S221-S247.

Core Curriculum on Tuberculosis: What the Clinician Should Know. Fourth Edition, 2000 Division of Tuberculosis Elimination, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention.

**TB in Oregon and Marion County  
1994-2001**



To reduce the risk of TB transmission in our community, Marion