QUARTERLY REPORT

Marion County Health Department
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1st Quarter
March 2016

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

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This report contains preliminary data that is subject to change.

Vital Statistics Quarter Ending: March 2016	1st Quarter 2016	1st Quarter 2015	Year to Date 2016	Year to Date 2015
BIRTHS	1280	1209	1280	1209
Delivery in Hospital	1252	1187	1252	1187
Teen Deliveries (10-17)	16	28	16	28
DEATHS TOTAL	735	739	735	739
Medical Investigation	57	60	57	60
Homicide	3	2	3	2
Suicide	15	12	15	12
Accident – MVA	3	5	3	5
Accident – Other	15	23	15	23
Natural / Undetermined / Pending	21	18	21	18
Non-Medical Investigation (all natural)	679	678	679	678
Infant Deaths	0	2	0	2
Fetal Deaths	2	2	2	2
COMMUNICABLE DISEASES E-Coli: 0157	0	2	0	2
Hepatitis A	1	0	1	0
Acute Hepatitis B	0	1	0	1
Chronic Hepatitis B	6	5	6	5
Meningococcus	0	0	0	0
Pertussis	4	13	4	13
Tuberculosis	3	1	3	1
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	2	2	2	2
Chlamydia	418	443	418	443
Gonorrhea	64	58	64	58
Syphilis	12	17	12	17
Early Syphilis*	6	13	6	13
HIV/AIDS	2	4	2	4

*Note an Early Syphilis category had been added. Early Syphilis cases require disease Investigation

Sexually Transmitted Infections in Marion County: An Update

Karen Landers MD MPH, Marion County Health Officer

April is Sexually Transmitted Disease (STD) Awareness Month. The Centers for Disease Control and Prevention (CDC) estimates 20 million new STDs occur each year in the U.S., costing the health care system nearly $16 million in direct medical costs. For the first time in nearly a decade, rates for the three most common sexually transmitted infections (chlamydia, gonorrhea, and syphilis) all increased at the same time in the U.S. All three infections have also increased in Marion County and Oregon, accompanied by an alarming rise in the number of congenital syphilis cases. Two newborns have already been evaluated and treated for exposure to maternal syphilis in Marion County in 2016. (See graphs) Approximately 19% of gonorrhea cases in Marion County received a treatment regimen considered to be inadequate in 2015. A Talk, Test, Treat approach is being recommended by CDC to reduce the overall burden of sexually transmitted infections and their negative health consequences. Here's what you need to know:

TALK

- Take an accurate sexual history including the 5 Ps (**P**artners, **P**ractices, **P**regnancy prevention, **P**rotection, **P**ast STDs) to assess your patients' risk of STD exposure.
- Counsel your patients on safe sex practices.

TEST

- All sexually active women 25 years and younger should be screened annually for chlamydia and gonorrhea.
- Retest confirmed chlamydia and gonorrhea cases 3 months after treatment (re-infection rates are high).
- Screen oropharyngeal and rectal samples for gonorrhea and chlamydia in men who have sex with men (MSM); urine screening may miss infections at these sites.
- Screen MSM at least annually for syphilis; more frequent (every three months) screening is indicated for high risk behaviors (anonymous or multiple partners).

Continued

● Screen pregnant women for syphilis 3 times during pregnancy: 1) on entry to prenatal care, 2) 28 weeks gestation, and 3) at delivery.

● Syphilis screening has changed based on the availability of treponemal tests (enzyme immunoassay, EIA, or chemiluminescentimmunoassay, CIA, which can be automated and batched). A positive CIA or EIA must be followed by a nontreponemal (rapid plasma reagin, RPR, or a venereal disease laboratory research laboratory, VDRL) test. This is known as reverse sequence testing. If results are discordant, e.g., a negative RPR or VDRL with a positive EIA or CIA, a second different treponemal test (fluorescent treponemal antibody, FTA, or Treponema pallidum particle agglutination, TP-PA) is needed to confirm a diagnosis of syphilis (either current or past infection). See SyphAware resource (listed below) for more detailed information.

TREAT

● All confirmed gonorrhea cases should receive **DUAL** therapy with intramuscular ceftriaxone **(250mg)** and oral azithromycin given at the same time to assure clinical cure and prevent further development of antimicrobial resistance. (Appropriate treatment for gonorrhea also provides coverage for chlamydia infection which is frequently present at the same time)

● Ceftriaxone plus doxycycline is not recommended for gonorrhea treatment due to the high proportion of gonococcal isolates with tetracycline resistance (> 20%) and the results of 2 studies. It should **only** be used in the case of azithromycin allergy.

Expedited partner therapy (EPT) is permitted by Oregon law and may be used to provide treatment to exposed heterosexual partners of chlamydia or gonorrhea who are unable or unwilling to be tested and treated in the clinic setting. MSM should **NOT** receive EPT.

● Patients with IgE-mediated allergies to cephalosporins (anaphylaxis, Stevens-Johnson syndrome, or toxic epidermal necrolysis) should be treated with dual therapy using either gemifloxacin or gentamicin and **2 grams of azithromycin**. (There is currently a shortage of gemifloxacin - it is unavailable at this time).

● Monotherapy with 2 grams of azithromycin is **no longer recommended** as an alternative therapy for gonorrhea due to concerns regarding the development of antimicrobial resistance and several studies documenting treatment failures.

● CDC issued revised, evidence-based treatment guidelines for sexually transmitted infections in June, 2015. Pocket guides and treatment posters are available at the website noted below.

FOR MORE INFORMATION

2015 CDC Sexually Transmitted Treatment Guidelines (Free apps available for Android and Apple) http://www.cdc.gov/std/tg2015/.

EPT Guidelines http://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/SexuallyTransmittedDisease/Pages/partnertherapy.aspx.

University of Washington STD Prevention Training Center (clinical consultation available) http://uwptc.org/.

SyphAware – Resources for Oregon providers on syphilis http://public.health.oregon.gov/diseasesConditionsHIVSTDViralHepatitis/SexuallyTransmittedDisease/Pages/spr.aspx.