



# QUARTERLY REPORT

**3rd Quarter  
September 2015**

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To report a communicable disease  
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This report contains preliminary data that is subject to change.

Vital Statistics Quarter Ending: September 2015	3rd Quarter		Year to Date	
	2015	2014	2015	2014
<b>BIRTHS</b>	1309	1354	3750	3861
Delivery in Hospital	1286	1317	3682	3772
Teen Deliveries (10-17)	26	38	74	74
<b>DEATHS</b>	629	684	2051	1942
TOTAL				
Medical Investigation	63	68	202	180
Homicide	2	3	7	7
Suicide	11	10	39	34
Accident – MVA	4	5	16	12
Accident – Other	24	28	81	72
Natural / Undetermined / Pending	24	22	61	55
Non-Medical Investigation (all natural)	566	616	1848	1761
Infant Deaths	4	1	11	9
Fetal Deaths	6	10	11	16
<b>COMMUNICABLE DISEASES</b>	7	1	11	2
E-Coli: 0157				
Hepatitis A	0	0	1	0
Acute Hepatitis B	0	1	2	3
Chronic Hepatitis B	5	7	12	23
Meningococcus	0	0	0	4
Pertussis	26	10	64	18
Tuberculosis	1	2	5	5
<b>SEXUALLY TRANSMITTED DISEASE</b>	4	16	11	39
PID (Pelvic inflammatory Disease)				
Chlamydia	411	413	1272	1168
Gonorrhea	73	40	169	78
Syphilis	16	15	49	37
Early Syphilis*	15	12	41	25
HIV/AIDS	2	4	8	13

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

## DID YOU KNOW?

We want you to tell us what you think about this newsletter! Watch for a survey in a future issue and give us your feedback, so that we can deliver public health information you can use where you want to get it.

### What's New with Flu?

Karen Landers MD MPH, Marion County Health Officer

### Vaccine Supply and Distribution

More than 98 million doses of 2015-2016 influenza vaccine have been distributed as of October 2, 2015. The influenza vaccine for the 2015-2016 flu season has been updated and is expected to be better matched with circulating influenza. This year's trivalent vaccine will contain a new H3N2 strain and a new B strain in addition to the H1N1 strain. Quadrivalent vaccines will also contain an additional B strain. For this season, manufacturers have projected they will provide between 171 to 179 million doses of vaccine for the U.S. market. Manufacturing and shipping delays have led to some shortages of live attenuated influenza vaccine across the country; MedImmune expects that all pre-ordered doses will be shipped by November. For persons for whom more than one type of vaccine is appropriate and available, The Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC) does not express a preference for use of any particular product over another. New products for this years flu season include the following:

In August 2014, FDA approved Afluria (inactivated influenza vaccine, bioCSL, Inc., King of Prussia, Pennsylvania) for intramuscular administration via the Stratis needle-free jet injector for persons 18-64 years of age. The Stratis injector is a reusable spring-powered device which injects the vaccine through a single-use sterile needle-free syringe into the deltoid muscle.

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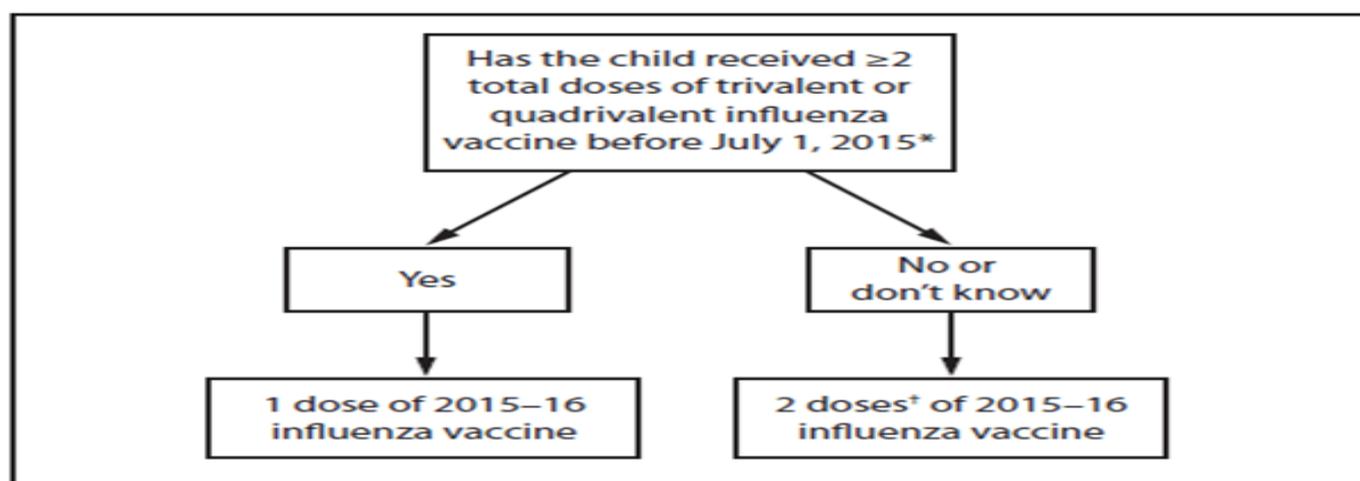
In a pre-licensure study, local injection site symptoms were reported more frequently in those who received Afluria via Stratis Injector than those vaccinated with sterile needle and syringe but both groups had comparable antibody levels.

In October 2014, FDA approved an expanded age indication for the use of Flublok (Recombinant Influenza Vaccine, Trivalent [RIV3], Protein Sciences, Meriden, Connecticut), which was previously approved for persons aged 18 through 49 years. Flublok is now indicated for persons aged  $\geq 18$  years. Flublok is considered to be egg-free, and may be used for flu vaccination in persons with allergies to eggs.

In December 2014, FDA approved Fluzone Intradermal Quadrivalent (Sanofi Pasteur, Inc., Swiftwater, Pennsylvania), for persons aged 18 through 64 years of age. This formulation is expected to replace the previously available trivalent Fluzone Intradermal for the 2015-2016 season.

### Two for Who?

The dosing algorithm for the 2015-2016 flu season for children 6 months through 8 years has been updated and simplified. Several studies have suggested that for viruses which are the same in both doses of vaccine, longer intervals between the 2 doses do not compromise immune response. The H1N1 pandemic influenza virus is no longer considered to be antigenically novel. Because of the change in vaccine composition for 2015–16, children aged 6 months through 8 years will need to have received  $\geq 2$  doses of influenza vaccine (trivalent or quadrivalent, live attenuated or inactivated) previously to require only 1 dose for the 2015–16 season. Previous doses do not need to have occurred in the same or consecutive years. (See Algorithm below)



\* The two doses need not have been received during the same season or consecutive seasons.

† Doses should be administered  $\geq 4$  weeks apart.

### CLIA-waived PCR Test for Influenza A/B Approved

The cobas Influenza A/B test which utilizes real-time PCR technology to detect and differentiate influenza A and B virus from a nasopharyngeal swab using the cobas Liat Analyzer was approved for use under the Clinical Laboratory Improvement Amendments (CLIA) by the Food and Drug Administration in September, 2015. The test can provide results in approximately 20 minutes with high sensitivity, and targets highly conserved regions of the influenza A and B genomes to provide broad strain coverage of more than 30 commonly found strains of influenza A and B.

### Community Flu Coverage Protects Elderly

In a study published in the journal of *Clinical Infectious Diseases* in 2015, higher vaccination rates among younger adults provided better protection for older adults at greater risk of complications from influenza but for whom flu vaccination may be less effective. In a large, nationwide sample of Medicare beneficiaries over eight flu seasons, influenza vaccination among adults aged 18-64 years was inversely associated with illnesses related to influenza in the elderly ( $\geq 65$  years). Previous studies have demonstrated the impact of vaccinating children against influenza on the elderly. This study shows the benefit is not limited to children alone, and reinforces the importance of universal vaccination of all age groups beginning at age 6 months as currently recommended. CDC reports flu vaccination coverage in all people 6 months and older in the U.S. was 47.1% in 2014-15, with 74.6% coverage in the 6 to 24 months age group and 66.7% in people 65 years and older. The Healthy People 2020 target for influenza uptake in both children and adults is 70%

References:

Tasker GB, Rothberg MB, Culter DM. Association of influenza vaccine coverage in younger adults with influenza-related illness in the elderly. *Clin Infect Dis* 2015

Prevention and control of Influenza with Vaccines: Recommendations of the ACIP – U.S. 2015-16 Influenza Season. *MMWR* August 7, 2015; 64(30); 818-825

<http://www.cdc.gov/flu/>