QUARTERLY REPORT

Marion County Health Department
3180 Center St NE
Salem OR 97301
(503) 588-5357
http://health.co.marion.or.us

4th Quarter
December 2016

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

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

This report contains preliminary data that is subject to change.

Vital Statistics Quarter Ending: September 2016	4th Quarter 2016	4th Quarter 2015	Year to Date 2016	Year to Date 2015
BIRTHS	1158	1241	5106	5001
Delivery in Hospital	1235	1217	4981	4904
Teen Deliveries (10-17)	9	22	69	96
DEATHS TOTAL	744	689	2868	2745
Medical Investigation	69	75	298	282
Homicide	0	3	10	10
Suicide	9	17	51	56
Accident – MVA	3	4	30	20
Accident – Other	27	27	99	113
Natural / Undetermined / Pending	30	24	108	83
Non-Medical Investigation (all natural)	675	614	2569	2462
Infant Deaths	4	5	11	16
Fetal Deaths	4	4	20	10
COMMUNICABLE DISEASES E-Coli: 0157	0	1	8	12
Hepatitis A	0	0	1	1
Acute Hepatitis B	1	0	1	1
Chronic Hepatitis B	5	7	22	18
Meningococcus	2	1	2	1
Pertussis	3	1	35	64
Tuberculosis	1	1	4	6
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	0	2	3	13
Chlamydia	398	435	1740	1711
Gonorrhea	103	85	344	252
Syphilis	7	17	53	71
Early Syphilis*	4	12	30	53
HIV/AIDS	2	7	8	20

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

2016 The Year in Review

Karen Landers MD MPH , Marion County Health Department

2017 has arrived with a blast (Arctic, that is)! Here are some "hot" public health issues from2016. Resolve to keep these in mind as we make our way through the New Year.

"Buccal up –Mumpy Road Ahead"

In early October, 2016, Marion County received its first report of mumps since 2012. Nationwide, more than 4,000 cases of mumps have been reported to the Centers for Disease Control and Prevention (CDC) in 2016, nearly triple the number in 2015, and the largest spike in 10 years. As of mid January, 2017, 26 suspected mumps cases have been reported in Marion County, of which 4 have been confirmed by viral isolation from buccal swab and 3 have tested positive for mumps by serology (IgM). Ages for confirmed cases range from 12 years to 50 years. Of the confirmed cases, 2 had been fully vaccinated against mumps, and 2 had no documentation of vaccination against mumps. Suspected mumps (patients presenting with unilateral or bilateral parotitis) as well as laboratory-confirmed cases are reportable to the local health department within one working day. **Call 503-588-5621 24/7 as needed to report** (someone will be available to take your call). Laboratory confirmation of mumps can be challenging, given the generally high community vaccination levels. The best test to confirm clinical mumps is real time polymerase chain reaction (RT-PCR) to detect viral RNA, obtained via buccal swab (available through commercial laboratories such as QUEST and ARUP). NOTE: Nasopharyngeal swabs may not recover virus which is concentrated in the parotid region. Guidelines for obtaining specimens can be found at https://www.cdc.gov/mumps/lab/detection-mumps.html . Serology (IgM) against mumps collected earlier than 5 days after onset of symptoms may not be detectable. Repeat serology is recommended at least 10 days after symptom onset. All health care personnel should have 2 documented doses of measles, mumps, and rubella-containing vaccine (MMR,) or laboratory evidence of immunity against mumps (measles too).

Continued

Two doses of MMR are required for school entry by Oregon law.

It Only Takes 2

In October, 2016, the Advisory Committee on Immunization Practices (ACIP) to the CDC voted to recommend a 2 dose human papilloma virus (HPV) vaccine schedule for males and females starting the series prior to the 15th birthday, providing yet another compelling reason (in addition to protection before exposure and superior immune response) to administer this cancer-preventing vaccine prior to or during early adolescence. According to CDC, incident rates of HPV-associated cancers have continued to rise, with approximately 39,000 new HPV-associated cancers (cervical, anal, oropharyngeal, and other genital) now diagnosed each year in the U.S. Although HPV vaccine can prevent the majority of these cancers, vaccination rates remain low (just 41.9% of girls and 28.1% of boys have completed the HPV series. **What are you waiting for?** Here's what you need to know:

- The 2-dose HPV vaccine can be completed with any combination of HPV vaccine if dose # 1 was given before age 15 years (NOTE: the bivalent vaccine is only approved for use in girls).
- Dose # 2 is recommended to be administered 6-12 months after dose # 1.
- Boys and girls who received the first 2 doses of the HPV vaccine series according to the 3 dose schedule (1-2 months between doses 1 and 2) will need a third dose 6-12 months after dose # 1 to be considered adequately vaccinated.
- Any boy or girl previously vaccinated who received the first dose of HPV vaccine before age 15 years and received the second dose at least 5 months (minimum spacing interval) after dose# 1 is considered adequately vaccinated.
- If the vaccination schedule is interrupted, the series does not need to be restarted. The number of recommended doses is based on age at administration of the first dose.
- Vaccination with 3 doses of HPV vaccine (0, 1–2, 6 months) for females and males aged 9 through 26 years with primary or secondary immunocompromising conditions that might reduce cell-mediated or humoral immunity such as B lymphocyte
- antibody deficiencies, T lymphocyte complete or partial defects, HIV infection, malignant neoplasms, transplantation, autoimmune disease, or immunosuppressive therapy, because immune response to vaccination might be attenuated.

GC and Syphilis Remain High: Are you using the right stuff?

Marion County (as well as Oregon) continued to see high rates of gonorrhea (GC) and syphilis in 2016. (See graphs). Early detection and appropriate treatment are critical to reducing rates of these sexually transmitted diseases. Along with increasing rates for gonorrhea are heightened concerns regarding antimicrobial resistance to currently available treatments. Declining azithromycin susceptibility has been documented in all parts of the country and in both men and women. Since 2012, CDC has recommended that healthcare providers treat gonorrhea infection with a **dual** therapy protocol: **250 mg intramuscular (IM) ceftriaxone with a 1 gram dose of oral azithromycin (given at the same time).** No isolates have been identified yet with decreased susceptibility to both drugs, indicating continued effectiveness of the recommended two-drug regimen. **DO NOT USE azithromycin alone to treat GC.** Patients reporting severe (anaphylactic) allergy to penicillin or a cephalosporin are recommended to receive either **gemifloxacin or gentamicin with 2 grams azithromycin (given at the same time).** Benzathine Penacillin G (Bicillin-LA) continues to be the recommended treatment for syphilis. The number of doses given depends on the stage of syphilis **– early syphilis can be treated with 2.4 million units in a one IM dose, for syphilis of unknown duration (no reported symptoms, no documentation of negative serology in the previous year,) 3 doses of 2.4 million units given weekly is recommended.** Neurosyphilis can occur at any stage of syphilis -patients presenting with symptoms consistent with neurosyphilis (ocular findings, cognitive dysfunction, motor or sensory deficits, meningitis or stroke) are recommended have cerebrospinal fluid examination and IV therapy. Fourteen or twenty-eight days of doxycycline is may be used as an alternative regimen only for those patients who report severe penicillin allergy. There is no alternative to penicillin for the treatment of pregnant women with syphilis. Pregnant women reporting severe allergic reaction to penicillin who need treatment for syphilis will need to be referred for desensitization. See https://www.cdc.gov/std/treatment/default.htm for full details of the 2015 evidence-based treatment guidelines for sexually transmitted infections from CDC. Health care providers are recommended to do the following screening for GC and syphilis:

- All sexually active men and women under the age of 25 are recommended to be screened annually for gonorrhea and chlamydia.
- All men who have sex with men (MSM) are recommended to be screened at least annually for gonorrhea and syphilis. High risk MSM (multiple partners, anonymous partners) are recommended to be screened every three months
- All pregnant women are recommended to be screened for syphilis at entry to prenatal care, at 28 weeks gestation and at delivery.
- GC screening should include all anatomic sites of possible exposure e.g., oral, genital, rectal.
- All patients testing positive for syphilis are recommended to receive testing for human immunodeficiency virus (HIV).
- Test AND treat all sexual contacts to GC (within past 60 days) and early syphilis (within past 90 days).