



O R E G O N

QUARTERLY REPORT

Marion County Health Department
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3rd Quarter
September 2003

To report a communicable disease:

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Vital Statistics Quarter Ending: Sept. 2003	3rd Quarter 2003		Year to Date 2003	
BIRTHS				
TOTAL DELIVERIES	1378	1309	3851	3720
Delivery in Hospital	1367	1296	3817	3683
Teen Deliveries (10-17)	55	69	132	177
DEATHS				
TOTAL	617	623	1864	1976
Medical Investigation	53	46	161	163
Homicide	03	02	12	09
Suicide	08	09	29	32
Accident – MVA	08	04	21	08
Accident – Other	14	08	35	36
Natural / Undetermined / Pending	20	23	64	78
Non-Medical Investigation (all natural)	564	577	1703	1813
Infant Deaths	07	05	14	06
Fetal Deaths	02	11	12	27
COMMUNICABLE DISEASES				
E-Coli: 0157	06	07	10	25
Hepatitis A	01	01	11	05
Acute Hepatitis B	07	08	17	23
Chronic Hepatitis B	06	08	30	38
Meningococcus	0	0	04	01
Pertussis	02	06	03	18
Tuberculosis	03	06	07	13
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	02	02	18	03
Chlamydia	161	199	562	385
Gonorrhea	24	18	51	29
AIDS	03	02	06	13
HIV Positive	02	07	09	37

What's New With Flu?

Karen Landers MD MPH, Public Health Physician

It's October and another influenza season is almost upon us. According to an article in January of 2003 in the Journal of the American Medical Association, the number of annual deaths due to influenza has been underestimated.

From 1990-1999 an estimated 36,000 deaths annually were attributed to influenza in the U.S., a significant increase over the previous estimate of 20,000 deaths per year.

Here's an update on what's new with influenza vaccine for the 2003-2004 season.

Vaccine Supply and Distribution

The Centers for Disease Control and Prevention (CDC) has been closely monitoring the influenza vaccine production process this year because of significant problems in previous years. On August 11, 2003, CDC determined that projected production and distribution will allow for sufficient supply of vaccine during October and November.

Influenza vaccination can therefore proceed for all high-risk and healthy persons individually and through mass vaccination campaigns as soon as vaccine is available.

The influenza vaccine composition is unchanged from last year, but because immunity after vaccination wanes, persons will still need to receive an influenza vaccine this year to be protected. Persons at highest risk of complications from Influenza include persons over the age of 65 years, persons with chronic medical conditions including heart and lung disease, kidney disease and diabetes, persons who are immunocompromised, pregnant women in the second or third trimester, healthy children 6 –23 months of age, children on aspirin therapy.

Continued

Persons who may transmit influenza to high-risk persons including household contacts and health care workers are also recommended to receive influenza vaccine each year. The optimum time to vaccinate high-risk persons is October and November, but it is recommended that vaccination continue into December and beyond for both high-risk and healthy persons who have not yet received influenza vaccine as long as supplies of the current vaccine remain available.

CDC continues to “encourage” the vaccination of healthy children 6 months to 23 months of age and for household contacts and out-of-home caregivers of children under 2 years. Data indicate that rates of hospitalization due to influenza among very young children are comparable to rates reported in the older than 65 year population.

Vaccines for Children (VFC) has expanded to cover VFC-eligible children 6-23 months. A preservative-free formulation (Fluzone®) was approved in September 2002 to vaccinate children from 6 months to 35 months.

Live Attenuated Influenza Vaccine (LAIV)

A trivalent live attenuated influenza vaccine for intranasal administration was approved for use in the United States in June of 2003. Flumist® is a live virus vaccine designed to replicate in the nasopharynx of recipients inducing protective immunity against the same three viral strains contained in the inactivated, intramuscularly-administered vaccine. Viral shedding may occur in persons receiving LAIV for up to three weeks after administration. Studies indicate that the efficacy of LAIV is comparable to the inactivated influenza vaccine.

Despite similarities in effectiveness and vaccine composition and the appeal of needle-free administration, LAIV is NOT for everybody. Because it is a live attenuated vaccine, it is NOT recommended for the population at high risk of developing complications of influenza mentioned above.

Here is a summary of the characteristics of this new influenza vaccine:

- Designed for **HEALTHY** persons age 5 years to 49 years. (Children 5-8 years who have not received a previous influenza vaccination should receive 2 doses spaced 6-10 weeks apart).
- LAIV may be administered either before, after or simultaneously with other vaccines that are inactivated. LAIV may be administered on the same day as another live virus vaccine; if not administered on the same day, two live-virus vaccines should be separated by at least 4 weeks.
- Due to the potential for person-to-person transmission of vaccine virus, use of the inactivated vaccine is preferred for vaccinating household contacts of high-risk persons, health care workers, and other persons who may have contact with immunosuppressed persons.
- Most common side effects include nasal congestion and rhinorrhea, cough, and pharyngitis. Persons with minor acute illness such as diarrhea or mild upper respiratory infection can be vaccinated with LAIV. As with the inactivated vaccine, LAIV should NOT be administered to persons with an anaphylactic hypersensitivity to eggs.

LAIV must be stored at -15° C or colder. It should not be stored in a frost-free freezer because the temperature may cycle above -15°C unless a manufacturer-supplied freezer box is used.

Due to the threat of human infection caused by avian influenza viruses in Asia and Europe during last year’s flu season, laboratory surveillance at the Oregon State Public Health Laboratory for influenza has continued through this summer and into the 2003-2004 influenza season. Specimens to “rule out flu” are currently being accepted. Virus wash/transport kits may be acquired by calling 503-229-5882.

Review influenza season updates, reference details on influenza vaccination, and access free promotional materials at CDC’s website: www.cdc.gov/nip/flu