



O R E G O N

QUARTERLY REPORT

**3rd Quarter
September 2008**

Marion County Health Department
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To report a communicable disease
(24 hours a day, 7 days a week)

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Vital Statistics Quarter Ending: Sept. 2008	3rd Quarter		Year to Date	
	2008	2007	2008	2007
BIRTHS				
TOTAL DELIVERIES	1357	1572	4216	4406
Delivery in Hospital	1331	1558	4130	4366
Teen Deliveries (10-17)	50	15	170	173
DEATHS				
TOTAL	617	632	2047	1922
Medical Investigation	80	60	211	164
Homicide	2	2	7	3
Suicide	9	14	28	35
Accident – MVA	5	1	9	13
Accident – Other	24	15	56	45
Natural / Undetermined / Pending	40	28	111	68
Non-Medical Investigation (all natural)	537	572	1836	1758
Infant Deaths	2	2	12	7
Fetal Deaths	*N/	11	*N/	29
COMMUNICABLE DISEASES				
E-Coli: 0157	3	4	4	4
Hepatitis A	0	0	1	0
Acute Hepatitis B	2	3	3	5
Chronic Hepatitis B	9	10	28	26
Meningococcus	2	1	3	3
Pertussis	21	0	32	1
Tuberculosis	2	3	9	5
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	0	0	8	0
Chlamydia	302	245	911	750
Gonorrhea	22	21	90	70
Syphilis	1	1	7	4
AIDS	1	1	8	6
HIV Positive	5	3	12	18

* N/R "Not Reportable" for this quarter due to change over of State data systems.

What's New with Flu

Karen Landers MD MPH, Marion County Health Officer

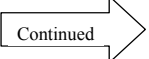
Vaccination to prevent influenza remains the most important strategy in a multi-faceted approach to reduce illness and complications due to the flu. In addition to annual influenza vaccination, the Centers for Disease Control and Prevention (CDC) recommends promotion of respiratory/hand hygiene and use of neuraminidase inhibitor antiviral medications (e.g., oseltamivir and zanamivir) to reduce the burden of annual influenza illness in the U.S. Here's an update on what to expect for the 2008-2009 influenza season:

Vaccine Supply and Distribution

All three influenza virus strains in this year's flu vaccine have been changed in order to protect against the types that are most likely to cause illness in the 2008-2009 season. The news is very good with regard to availability and distribution of influenza vaccine for this year's flu season. An estimated 146 million doses of influenza vaccine are projected from currently licensed manufacturers in the U.S., the most flu vaccine ever supplied in a single season. Approximately 50 million doses of thimerosal-free or preservative-free (trace thimerosal) influenza vaccine are projected for use in children with 20 million of those doses licensed for use in children over the age of 3 years. Several manufacturers began shipping vaccine in August, and most of the flu vaccine doses are expected to be distributed by the end of November.

Vaccinate the Children

Beginning with the 2008-2009 influenza season, CDC is expanding recommendations for annual flu vaccination to include children through 18 years of age. Annual flu vaccination of children ages 6 months through 4 years should continue to be a primary focus of vaccination efforts because these



children are at higher risk for influenza complications compared with older children. The trivalent inactivated vaccine (TIV), administered by intramuscular injection, can be used for any child 6 months of age or older who does not have contraindications to vaccination including those with conditions that increase the risk of complications from influenza. Live attenuated influenza vaccine (LAIV), administered as an intranasal spray, may be used in healthy children ages 2 through 18 years. Children less than 9 years of age being vaccinated for influenza for the first time (TIV or LAIV) should receive 2 doses separated by 4 or more weeks.

Among the many good reasons to vaccinate children for influenza:

- * Influenza remains a major vaccine-preventable cause of hospitalization among preschool-aged children in the U.S. Rates of hospitalization due to influenza among children are similar to rates among the elderly with the majority of hospitalized children reported to previously healthy.
- * A study of pediatric deaths for three influenza seasons (2004-2007) conducted by CDC found an increase in the incidence of bacterial co-infection (from 6% to 34%) over the 3-year period. *Staphylococcus aureus* was the major pathogen with 64% of isolates displaying resistance to methicillin (MRSA). A total of 166 influenza-associated pediatric deaths (average age - 5 years) were reported from 2004-2007. Forty-five percent had a high-risk condition for which influenza vaccination is recommended; only 6% who met indications for vaccination were fully immunized.
- * There is increasing evidence that children are amplifiers of influenza. Children are frequently the first group to be infected with influenza, tend to shed greater quantities of virus for a longer duration, and often demonstrate poorer hygiene than adults.
- * School-based influenza vaccination programs in the United States and Japan, have been associated with reductions in influenza-related respiratory illness and influenza-associated deaths in adults. Vaccinating healthy children against influenza may be one of the best ways to protect the most vulnerable individuals in our communities.

Influenza prevention in Marion County began in August of this year with the flu vaccination of over 450 healthy children and adults at the Oregon State Fair, using LAIV (FluMist®). Marion County Health Department is partnering with schools in Salem and school districts around the county (Woodburn, Stayton, Silverton and North Marion) to bring influenza protection to students and teachers. Annual flu vaccination is also available through Marion County Health Department for anyone wishing to reduce their risk of illness from influenza. Call 503.588.5342 for more information or to schedule an appointment.



Influenza Infection Control

While annual influenza vaccination remains the best tool for preventing the spread of the flu, implementing an infection control plan that includes respiratory hygiene/cough etiquette and hand hygiene can help reduce the transmission of influenza and other respiratory tract infections (e.g., pertussis) in healthcare settings.

Does your office/clinic do the following:

- Vaccinate all staff with direct patient contact with TIV or LAIV (also Tdap) as indicated?
- Post visual alerts instructing patients about respiratory/hand hygiene?
- Encourage ill staff to remain home while symptomatic with respiratory infections?
- Identify patients who are coughing/sneezing and provide masks or tissues to cover their nose and mouth, and touch-free receptacles to dispose of soiled waste?
- Ensure supplies for handwashing are available where sinks are located and provide dispensers of alcohol-based hand sanitizer in other locations?
- Provide space for coughing persons 3-6 feet away from other patients in common waiting areas as feasible

For more information and to download respiratory/hand hygiene materials for your office, visit www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm