QUARTERLY REPORT

Marion County Health Department
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4th Quarter
December 2005

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

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Vital Statistics Quarter Ending: Dec. 2005	4th Quarter 2005	4th Quarter 2004	Year to Date 2005	Year to Date 2004
BIRTHS TOTAL DELIVERIES	1323	1259	5300	5231
Delivery in Hospital	1315	1251	5246	5187
Teen Deliveries (10-17)	42	52	206	222
DEATHS TOTAL	598	581	2464	2486
Medical Investigation	49	41	198	198
Homicide	0	02	06	09
Suicide	11	09	36	45
Accident – MVA	09	02	26	22
Accident – Other	09	14	45	46
Natural / Undetermined / Pending	20	14	85	76
Non-Medical Investigation (all natural)	549	540	2266	2288
Infant Deaths	04	02	12	19
Fetal Deaths	09	01	27	15
COMMUNICABLE DISEASES E-Coli: 0157	01	03	09	10
Hepatitis A	03	02	04	11
Acute Hepatitis B	01	03	12	06
Chronic Hepatitis B	09	09	37	39
Meningococcus	0	0	02	02
Pertussis	0	10	126	21
Tuberculosis	03	04	18	16
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	0	0	01	04
Chlamydia	207	252	856	922
Gonorrhea	46	23	102	91
Syphilis	01	02	03	08
AIDS	03	01	12	13
HIV Positive	06	06	14	22

2005 – The Year in Review

Karen Landers MD MPH, Marion County

Another year has come and gone. Here's a look at some public health issues that grabbed our attention in 2005 and things we may resolve to do in 2006 to address them.

AVIAN INFLUENZA/PANDEMIC FLU

Since the re-emergence of the highly pathogenic avian influenza (HPAI) H5N1 in 2003 in Southeast Asia, it has been making its way westward mainly via migratory birds. To date nearly all of the reported human cases have had close contact with ill or dead poultry or poultry products; in rare cases limited transmission from person-to-person may have occurred. The human cases have been reported predominately in Southeast Asia, but recently human infections are being investigated in parts of Turkey where cases appear to be more widespread and with a milder form of the illness than previously reported. The World Health Organization (WHO) has noted two new mutations in the virus that may allow it to be more readily transmitted from birds to humans and possibly from humans to humans. Sustained transmission from person-to-person of an influenza virus that is new to humans could result in a worldwide outbreak or pandemic causing millions of infections and high mortality. For that reason the HPAI H5N1 influenza virus is being monitored closely by global public health agencies such as WHO and Centers for Disease Control and Prevention (CDC). Currently there have been no reports of H5N1 influenza in birds in North America.

Although the exact timing and origin of the next influenza pandemic is impossible to predict,

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planning for response to a flu pandemic is occurring in communities across the U.S. at the present time.

* Surveillance efforts are focused on identifying the entry of the virus into the U.S. via human travel and illegal transport of infected birds and equipment. State and federal wildlife officials are developing surveillance methods for detection of H5N1 virus in migratory birds. Plans are in place to detect and contain avian influenza should it be introduced into poultry populations in Oregon.

*A rapid and highly sensitive polymerase chain reaction (PCR) test for H5 influenza is available at the Oregon State Public Health Laboratory (OSPHL). If a patient meeting the suspect H5N1 case definition (respiratory illness AND history of travel to H5N1 affected areas within 10 days of symptom onset) is being evaluated, contact Marion County Health Department to facilitate specimen transport.

*Pneumoccocal pneumonia can be a serious complication of influenza. Making sure patients with risk factors for pneumococcal disease are vaccinated could potentially reduce mortality in a pandemic situation. Evaluate and vaccinate your patients now.
For more information visit Oregon's web site:
www.oregon.gov/DHS/ph/acd/flu/zooflu/shtml.

Pertussis

Pertussis has been increasing locally, in the State and in the nation. In 2003, Oregon experienced a 40-year high in the number of reported pertussis cases. In Marion County in 2005, an astounding 126 presumptive and confirmed pertussis cases were reported (up from 24 in 2004). In both Marion County and Oregon approximately 66% of the reported cases have been occurring in the 10 year and older population. Pertussis is the only vaccine-preventable disease that is increasing in incidence in the U.S.

The good news is that we have received new tools to help in the control of this persistent infectious disease. Two pertussis-containing vaccines were approved by the Food and Drug Administration in 2005 for use in adolescents and adults. Boostrix® has been approved for use in children 10-18 years of age and Adacel® has been approved for use in the 11-64 year age group. Both vaccines are currently licensed for a single dose and contain diphtheria and pertussis in reduced amounts (Tdap) with comparable safety and efficacy to the childhood form (DTaP) of the vaccine. Adolescents 11 years of age and older who are due to receive a tetanus booster are recommended to receive Tdap. A minimum of five years between Td and Tdap is recommended to reduce the risk of local reactions. Tdap may be administered simultaneously with other recommended vaccines. Adults are recommended to receive a single dose of Tdap to replace Td for booster immunization against tetanus, diphtheria, and pertussis if it has been 10 years since their last booster, or for tetanus prophylaxis in wound management if no Tdap has previously been received. Guidance for use of Tdap during pregnancy is under consideration by the Advisory Committee on Immunization Practices (ACIP) of the CDC. See: www.cdc.gov/nip for more information on current recommendations for use of Tdap.

GONORRHEA

Gonococcal (GC) infections in Oregon and in Marion County have been increasing over the past few years. The total number of reported cases in Oregon has risen from 1039 in 2000 to 1302 in 2004, while Marion County gonorrhea cases have nearly doubled from 65 in 2000 to 116 in 2005. Community clinicians should be aware that along with the increase in numbers of gonococcal infections has come an increase in resistance to treatment with quinolone drugs. Due to increasing drug resistance, it is now recommended that quinolones NO LONGER BE USED as first-line treatment for gonorrhea. Recommended treatment regimens for gonococcal infections are listed below. NOTE: Due to the high risk of co-infection, all gonorrhea cases should also receive treatment for chlamydial infection. Persons treated with a quinolone drug who are identified later as having had gonococcal infection should receive a test of cure, e.g. follow-up culture to assure adequate treatment of GC.

For more information on recommended treatment for sexually transmitted infections, see:
www.oregon.gov/DHS/ph/std/guideline.shtml.

Disease	Recommended Regimen	Dose/Route	Alternative Regimen
Uncomplicated GC genitourinary/ rectal	•Ceftriaxone •Cefixime	•125 mg IM •400 mg PO	•Spectinomycin 2 g IM •Cefpodoxime 400 mg PO •Azithromycin 2 g PO
AND treatment for chlamydia	•Doxycycline •Azithromycin	•100 mg PO BID x 7 d •1 g PO	•Erythromycin 500 mg PO qid x 7 d
Pharyngeal GC AND treatment for chlamydia as above	•Ceftriaxone •Azithromycin	•125 mg IM •2 g PO	
Pregnancy with GC AND treatment for chlamydia as above	•Ceftriaxone •Cefixime	•125 mg IM •400 mg PO	•Spectinomycin 2 g IM