



O R E G O N

QUARTERLY REPORT

Marion County Health Department
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**4th Quarter
December 2009**

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

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Vital Statistics Quarter Ending: Sept. 2009	4th Quarter		Year to Date	
	2009	2008	2009	2008
BIRTHS				
TOTAL DELIVERIES	1262	1353	5291	5663
Delivery in Hospital	1245	1343	5226	5597
Teen Deliveries (10-17)	55	55	215	229
DEATHS				
TOTAL	682	661	2663	2700
Medical Investigation	60	65	246	273
Homicide	1	4	7	12
Suicide	15	9	46	37
Accident – MVA	2	2	19	14
Accident – Other	17	24	80	82
Natural / Undetermined / Pending	25	26	94	128
Non-Medical Investigation (all natural)	622	592	2417	2423
Infant Deaths	2	9	16	21
Fetal Deaths	7	3	14	17
COMMUNICABLE DISEASES				
E-Coli: 0157	4	0	10	4
Hepatitis A	0	0	1	1
Acute Hepatitis B	1	1	4	4
Chronic Hepatitis B	7	9	32	37
Meningococcus	1	1	1	4
Pertussis	0	7	14	39
Tuberculosis	3	2	13	10
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	5	0	18	8
Chlamydia	376	323	1500	1234
Gonorrhea	14	20	108	120
Syphilis	1	4	7	11
AIDS	2	4	8	12
HIV Positive	3	4	10	16

2009 – The Year in Review

Karen Landers MD MPH, Marion County Health Officer

A new decade has arrived. Here's the story from 2009, and a few things to anticipate moving forward in 2010.

Pandemic Influenza H1N1

It was the year of the “pig” in 2009, as a new human influenza virus with genetic markers typically associated with swine influenza emerged in the spring months and rapidly spread around the globe. The first pandemic of the 21st century is characterized by increased susceptibility in younger age groups with a spectrum of illness ranging from typical seasonal flu (in the majority of people) to severe illness requiring prolonged intensive care and extraordinary measures such as extracorporeal membrane oxygenation (ECMO). Pregnant women, children with neuromuscular conditions, and people 50 years of age and older with underlying health conditions are the most likely to experience severe symptoms and death due to pandemic H1N1 influenza. H1N1 influenza first arrived in Marion County in early May and illness levels peaked in early July and early November for the first and second pandemic waves respectively (see graph). Influenza illness is currently at very low levels in Oregon and thus far appears to be limited to the pandemic H1N1 strain. H1N1 vaccine, which was initially in short supply, is now widely available. Anyone who wishes to be vaccinated including those with high risk conditions who have not yet received H1N1 vaccine and children less than 10 years of age who need a second dose, are encouraged to be vaccinated **NOW**. Multiple waves of illness are typical of influenza pandemics and the flu season has several months to go. New information will continue to be posted to the health department's flu webpage, <http://www.co.marion.or.us/HLT/PH/Epid/flu/>.

A big THANK YOU!!!! to our many community partners including hospitals, medical providers, school nurses, fire departments, pharmacies, and other organizations who continue to offer time and resources in support of the pandemic flu response in Marion County.

Continued 

Immunization Update

PCV13

A Food and Drug Administration advisory panel has voted in favor of recommending the 13-valent pneumococcal conjugate vaccine (PCV) after review of safety and efficacy data from two phase III trials involving over 2000 subjects randomized to receive either PCV 13 or PCV 7. The recommendation paves the way for FDA licensure of Prevnar 13, which will have the same administration schedule as the PCV 7-valent vaccine currently in use. At the time PCV 7 was licensed in 2000, its seven strains accounted for 80% of invasive pneumococcal disease in young children. After a 99% decline in rates of invasive pneumococcal disease, rates began to level off in 2002 due to an increase in disease caused by non-PCV 7 strains. The six additional pneumococcal strains contained in PCV 13 were responsible for approximately 62% of invasive disease in children younger than 5 years in 2007.

HPV

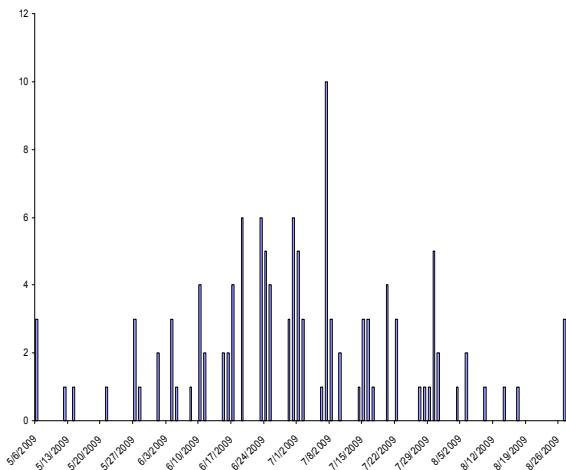
A second HPV vaccine, Cervarix® was licensed in October, 2009, and is expected to be available in February, 2010. The new vaccine protects against HPV serotypes 16 and 18, the predominant causes of cervical cancer, but will not provide protection against HPV serotypes 6 and 11, which are primarily associated with genital warts. Cervarix® utilizes a novel adjuvant which generates a greater antibody response to HPV-16 and -18 and may also provide cross-protection against HPV-31 which is responsible for a small proportion of cervical cancers.

Gardasil®, the tetravalent HPV vaccine that was licensed in 2006 has been approved for use in males 9-26 years of age to reduce the likelihood of acquiring genital warts. In addition to providing protection against cervical cancers caused by HPV 16 and 18, Gardasil® has also been demonstrated to protect against vulvar and vaginal cancers and precancers. Both HPV vaccines utilize a three-dose series with the same administration schedule.

School Exclusion

Its that time of year again, when the immunization status of children in Oregon schools and licensed child care facilities are evaluated. Those children whose records do not indicate that the child has received vaccinations required by Oregon law will be excluded from attendance on February 17, 2010. Of note for the 2009-2010 school year are the requirements for hepatitis A vaccine in children entering children’s facilities, Head Start, kindergarten, and first grade, and Tdap for students entering 7th and 8th grades. Also, because of continuing supply limitations of Hib vaccine, the requirement for Hib vaccination for children in child care, preschool and Head Start programs has been temporarily removed. This will be the third year that the Hib immunization requirement has been suspended. It is expected that children less than 5 years will be required to be fully immunized with Hib vaccine in order to attend children’s facilities in the 2010-2011 school year.

Marion Co H1N1 Cases
May – Aug ‘09



Marion Co H1N1
Hospitalized Cases
Sep – Dec ‘09

