QUARTERLY REPORT

Marion County Health Department
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4th Quarter
December 2012

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

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

Vital Statistics Quarter Ending: Dec. 2012	4th Quarter 2012	4th Quarter 2011	Year to Date 2012	Year to Date 2011
BIRTHS TOTAL DELIVERIES	1177	1196	4976	4989
Delivery in Hospital	1168	1176	4908	4910
Teen Deliveries (10-17)	35	34	152	148
DEATHS TOTAL	663	651	2582	2556
Medical Investigation	77	74	271	267
Homicide	3	4	12	11
Suicide	12	12	54	40
Accident – MVA	7	6	22	25
Accident – Other	25	24	86	99
Natural / Undetermined / Pending	30	28	97	92
Non-Medical Investigation (all natural)	586	577	2311	2289
Infant Deaths	8	4	25	16
Fetal Deaths	14	4	27	16
COMMUNICABLE DISEASES E-Coli: 0157	1	0	9	4
Hepatitis A	1	0	1	0
Acute Hepatitis B	0	0	2	2
Chronic Hepatitis B	12	7	30	28
Meningococcus	0	0	0	1
Pertussis	4	4	50	37
Tuberculosis	4	1	7	8
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	4	0	6	6
Chlamydia	374	362	1423	1574
Gonorrhea	29	13	104	78
Syphilis	2	9	11	17
AIDS	1	2	3	6
HIV Positive	4	0	11	6

2012: The Year in Review

Karen Landers MD MPH, Marion County Health Officer

A new year (and the flu season) has arrived. Let's glance back at some important public health topics in 2012, and look forward to what may be on the horizon in 2013.

A Whooping Big Year

The trend of increasing pertussis cases in the U.S. continued in 2012 with the state of Washington reporting epidemic numbers by April , and increases in whooping cough above national incidence reported in several states in the U.S. including Oregon. (See table) Confirmed and presumptive pertussis reports in Oregon in 2012 (902) was the highest number reported since 2005 (669). Twenty-six infants were hospitalized; twenty-one of those were 3 months of age and younger. In Marion County, reported pertussis (50 cases) rose by 35%. Infants less than 12 months of age have higher rates of pertussis and higher mortality compared with older children and adults. Data support the safe use of Tdap in pregnancy and demonstrate efficient transplacental transfer of maternal antibodies without significant effects on the protection provided by DTaP vaccination during infancy. In October of 2012, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) voted to recommend that pregnant women receive a dose of Tdap during **each** pregnancy regardless of previous Tdap vaccination history. The optimal timing of Tdap vaccination during pregnancy is between 27 and 36 weeks gestation to decrease the risk of pertussis illness in the mother at the time of delivery, and assure transfer of maternal antibody protection to the newborn.

Other new recommendations for vaccination include:

*Use of conjugated pneumoccal vaccine (PCV13) in addition to the 23-valent pneumococcal polysaccharide vaccine (PPSV23) in adults 19 years of age and older with immunocompromising conditions including HIV infection, chronic renal failure, generalized malignancy, organ or bone marrow transplants, and functional or anatomic asplenia. The ACIP recommends a dose of PCV13 followed by PPSV23 at least 8 weeks later. If PPSV23 has been given previously, the PCV13 vaccine should be administered no sooner than one year after receipt of the polysaccharide vaccine. (PPSV23 causes hyporesponsiveness to subsequent doses of PCV13 but this effect is thought to be negligible after 1 year).

Continued

*Two doses of measles, mumps, and rubella-containing vaccine (MMR) for all persons 12 months or older with HIV infection without evidence of severe immune suppression. Doses are recommended at 12-15 months of age, and 4-6 years of age (the second dose should be administered no sooner than 28 days after the first dose).
For more information, visit http://www.cdc.gov/vaccines/recs/default.htm

New Norovirus Strain Ups Cases

A sharp increase in the number of gastroenteritis outbreaks due to norovirus was noted in Oregon in December of 2012 (See graph). Although a greater number of norovirus outbreaks are typical in the winter months (hence the common name "winter vomiting disease"), the recent increases greatly surpass expected trends and predict an epidemic year in 2013. Marion County received 8 reports of institutional gastrointestinal outbreaks in December of 2012 and two additional outbreaks have already been reported in January of this year. The higher than usual number of norovirus cases is associated with the circulation of a new strain of virus. Currently, there are six recognized norovirus genogroups. Three of the genogroups (GI, GII, and GIV) affect humans, and variants of the GII.4 have been the most common cause of Norovirus outbreaks. Norovirus "strain replacement" occurs about every 4 years and usually results in pandemic spread. The new norovirus strain GII.4 Sydney has been causing widespread but not necessarily more severe illness in Great Britain, Europe, Japan, and Australia. In November of 2012, CDC announced that this strain had reached the U.S. The usual symptoms of nausea, vomiting, and diarrhea seen in norovirus gastrointestinal illness are typically self-limited and resolve within 1-2 days in healthy persons, but can be associated with dehydration and hospitalization for children and older adults. Sporadic cases of norovirus are not reportable, but suspected norovirus outbreaks should be reported to the local health department. **CALL 503.588.5621** to report outbreaks in Marion County. Noroviruses are stable in the environment, require as few as 10 viral particles to cause infection, and may exhibit resistance to common disinfecting agents including alcohol-based hand sanitizers. Frequent handwashing with soap and water and disinfection with bleach solutions are recommended when dealing with norovirus outbreaks. For more information on EPA-registered disinfectants effective against noroviruses, see http://www.epa.gov/oppad001/list_g_norovirus.pdf

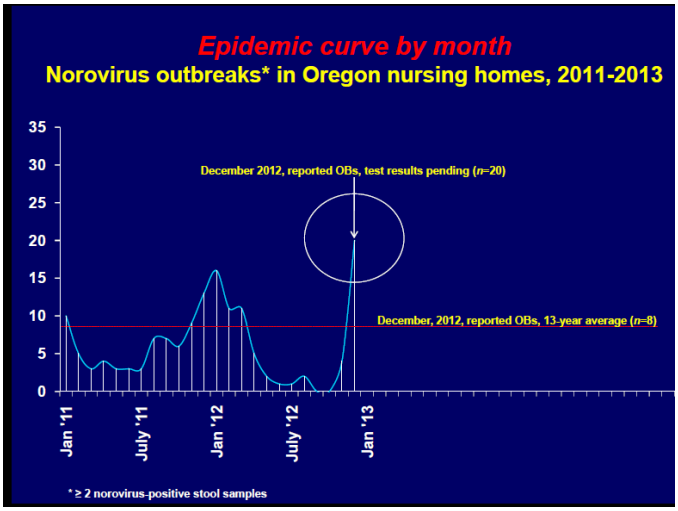
Flu is here – Keep vaccinating

A spike of flu cases in the southern and eastern parts of the U.S. beginning in mid to late November 2012 heralded an early start to the flu season. Forty-eight states are reporting widespread flu activity as of January 12, 2013. Oregon has started to see a rise in cases beginning in January with flu activity being reported at moderate levels as of January 12th. It's not too late to vaccinate! The predominance of H3N2 influenza virus in circulation tends to predict a more severe influenza season; however, 99% of H3N2 influenza virus strains identified at CDC so far are an antigenic match to this year's H3N2 influenza vaccine strain. Early estimates of flu vaccine effectiveness by CDC show that the vaccine is 62% effective overall at reducing the risk for influenza-associated medical visits. Annual flu vaccination is recommended for all persons 6 months of age and older without a contraindication, especially children less than two years of age, adults 65 years of age and older, persons with immunocompromising, cardiac, pulmonary, or metabolic conditions, pregnant women, and health care workers with direct patient contact. For information on where to obtain additional influenza vaccine, check the Influenza Vaccine Availability Tracking System (IVATS) at http://www.preventinfluenza.org/ivats/ . For local influenza vaccination sites, visit Marion County Health Department's flu website at http://www.co.marion.or.us/HLT/PH/Epid/flu/vaccineinformation/ .

States with incidence of pertussis the same or higher than the national incidence (as of November 23, 2012), which is 11.6/100,000 persons

Wisconsin	93.4	New Mexico	31.0	Arizona	13.5
Minnesota	78.1	Alaska	28.6	Illinois	13.5
Vermont	66.1	North Dakota	25.6	Idaho	13.1
Washington	64.3	**Oregon**	**22.1**	Pennsylvania	12.9
Iowa	47.5	Kansas	21.9	Missouri	12.3
Maine	45.6	New Hampshire	15.7	-	-
Montana	44.3	Colorado	15.2	-	-
Utah	40.9	New York	14.5	-	-

Source: http://www.cdc.gov/pertussis/outbreaks.html



Source: http://public.health.oregon.gov/Pages/Home.aspx