



QUARTERLY REPORT

**4th Quarter
December 2014**

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

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This report contains preliminary data that is subject to change.

The Year in Review

Karen Landers MD MPH, Marion County Health Officer
Welcome to 2015! Here's a look back at some public health highlights of 2014 and a preview of what may be coming this year.

Diseases without Borders

2014 will probably be remembered as the year of Ebola. In March 2014, the World Health Organization (WHO) announced an outbreak of Ebola virus disease (EVD) in the West African nations of Guinea, Sierra Leone, and Liberia. As of January 16, 2015, the total number of cases is estimated at over 21,000 with 13,477 laboratory-confirmed cases and over 8400 deaths (including 493 health care workers), making this the largest Ebola outbreak on record. Ebola virus has also traveled to countries outside the African continent including Spain, the United States, and most recently the United Kingdom. Reported case incidence is declining in all three intense transmission countries. Each of the intense transmission countries has sufficient total capacity to isolate and treat patients; however, the uneven geographical distribution of disease and care facilities means that not all cases of EVD are isolated in certain areas. The response to the Ebola outbreak, from safe burials to contact tracing, rely on actively engaging affected communities to take ownership of the response. At present, 33 of 38 (87%) of districts in Guinea, 100% of districts in Liberia, and 57% (8 of 14) of districts in Sierra Leone have systems in place to monitor community engagement activities according to WHO. Persons traveling from countries where transmission is ongoing to the United States are screened on entry, and are being monitored for signs and symptoms of EVD by public health departments until the 21 day incubation period is over. Mali was removed from the list of African nations with enhanced Ebola screening on U.S. entry on January 6, 2015, after 42 days with no new cases. As of December 31, 2014, Oregon had completed monitoring on 16 travelers from affected countries with no Ebola cases identified. Another African disease has also made its presence known in the Western Hemisphere. Chikungunya fever (CHIK) (derived from the Makonde word meaning "that which bends") is a mosquito-borne illness first identified in east Africa (Tanzania) in the 1950s; epidemics of fever, rash and arthritis have been reported in the region since the 1770s. As of January 13, 2015, 2,344 Chikungunya infections were reported from U.S. states including eleven locally transmitted cases from Florida (all others, including 5 in Oregon, were in travelers returning from affected areas in

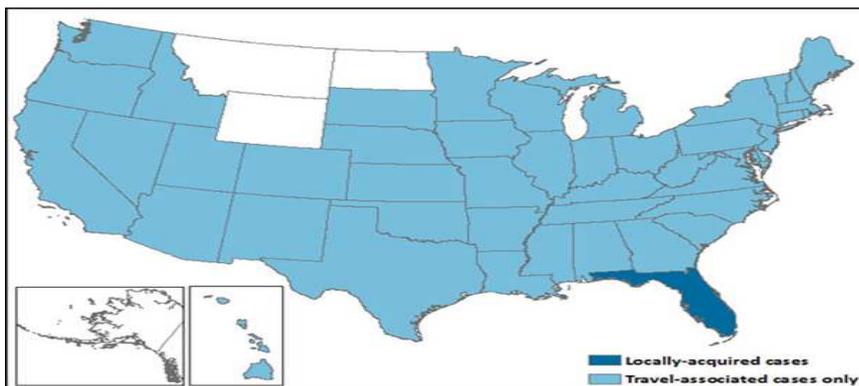
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Vital Statistics Quarter Ending: December 2014	4th Quarter		Year to Date	
	2014	2013	2014	2013
BIRTHS	1178	1158	5036	4810
Delivery in Hospital	1155	1142	4925	4735
Teen Deliveries (10-17)	26	28	119	104
DEATHS	720	663	2662	2630
TOTAL				
Medical Investigation	73	63	253	276
Homicide	2	3	9	10
Suicide	9	11	43	37
Accident – MVA	9	2	21	16
Accident – Other	30	19	102	110
Natural / Undetermined / Pending	23	28	78	103
Non-Medical Investigation (all natural)	646	599	2407	2353
Infant Deaths	7	0	16	15
Fetal Deaths	8	6	24	20
COMMUNICABLE DISEASES				
E-Coli: 0157	0	0	2	10
Hepatitis A	0	0	0	2
Acute Hepatitis B	1	1	4	3
Chronic Hepatitis B	5	4	28	27
Meningococcus	1	0	5	2
Pertussis	1	2	19	59
Tuberculosis	1	4	6	15
SEXUALLY TRANSMITTED DISEASE				
PID (Pelvic inflammatory Disease)	8	19	45	50
Chlamydia	420	339	1589	1359
Gonorrhea	55	13	132	68
Syphilis	8	7	45	25
HIV/AIDS*	3	2	16	14

*Note: HIV/AIDS includes both new HIV cases and New HIV/AIDS cases. Previously, new HIV cases and new AIDS cases were reported separately, which may have resulted in counting some cases twice, once as an HIV case and then again as an AIDS case.

the Americas, Asia, and Pacific Islands, see map). *Aedes aegypti* and *Aedes albopictus* mosquitoes are the major known vectors; neither of these is found in Oregon although a related species, *Aedes japonicus* is (its potential for transmission of Chikungunya is currently unknown). This illness, which may initially resemble Dengue fever and be difficult to distinguish clinically, is characterized by fever and severe arthralgias which can persist for months. (hence, its descriptive name). Diagnosis is made by presence of virus-specific IgM antibodies in serum or 4-fold rise in serum IgG titers collected at least 2 weeks apart (and confirmed by CDC laboratory). As with other arthropod vector-borne diseases, Chikungunya fever is reportable in Oregon to the local health department within one working day. **Call 503.588.5621 (Available 24/7)** to report to Marion County. Persons should protect themselves from mosquito exposure before and during acute illness to prevent ongoing transmission. Direct contact with viremic blood can also transmit the infection; several cases of laboratory workers contracting Chikungunya after handling infected blood have been reported. Cases with no history of travel may be indicative of local transmission; notify public health **immediately** in that situation.

Chikungunya virus disease cases reported by state – United States, 2014 (as of January 13, 2015)



Influenza Season – Here and Severe

Most of the nation appears to be experiencing high levels of influenza; widespread activity is being reported in most states with influenza A (H3N2) the most commonly reported strain. Years in which H3N2 viruses predominate are typically associated with a more severe flu season. In addition, CDC is reporting that 68% of H3N2 flu isolates are antigenically drifted from the strain included in the 2014-2015 Influenza vaccine. Increased hospitalization rates due to flu are being reported this year (similar to the 2012-2013 season) and are especially high in the 65 year and older population. Forty-five pediatric deaths due to flu have been reported as of January 16, 2015. According to the Oregon Health Authority (OHA), 20 flu outbreaks in assisted living facilities have been reported since January 1, 2015 in Oregon. To address the challenges of this year’s flu season, the following recommendations have recently been issued from CDC:

- **All hospitalized and high risk patients** with suspected influenza should be treated as soon as possible with one of three available antivirals (oral oseltamivir, inhaled zanamivir, intravenous peramivir). (Intravenous peramivir was Food and Drug Administration (FDA)-approved on December 19, 2014 for treatment of influenza in persons 18 years of age and older).
- **DO NOT WAIT** for confirmatory influenza testing to initiate treatment. The results of rapid influenza diagnostic tests (RIDTs) to detect the presence of influenza A and B antigens in respiratory specimens may not be accurate; test sensitivities are 50-70% compared with viral culture or reverse transcriptase polymerase chain reaction (PCR). In early January, 2015, the FDA cleared Alere™ i Influenza A and B test, the first nucleic acid amplification test approved for use as a waived in-office test, under the Clinical Laboratory Improvement Amendments (CLIA). The test produces results in as little as 15 minutes that are reported to be greater than 90% sensitive and specific.
- Clinical benefit is greatest when antiviral treatment is administered early in illness course, however, antiviral treatment initiated longer than 48 hours after illness onset can still be beneficial for some patients and should be considered.
- **Patients at high risk of complications** due to influenza include the following:

- Hospitalized patients
- Children less than 2 years of age
- Adults 65 years of age and older
- Persons with chronic pulmonary, cardiovascular, renal, hepatic, hematologic and metabolic conditions
- Persons with neurological /neurodevelopmental conditions
- Immunosuppressed persons due to illness or medications
- Pregnant or post-partum women (within 2 weeks after delivery)
- Persons less than 19 years of age on chronic aspirin therapy
- American Indians/Alaska Natives
- Persons who are morbidly obese (body mass equal to or greater than 40)
- Residents of nursing homes and chronic care facilities

Did You Know?

January is Cervical Health Awareness Month.

On December 10, 2014, the FDA approved Gardasil® 9 vaccine containing protection against certain diseases caused by nine types of human papillomavirus (HPV). Gardasil® 9 is approved for use in females ages 9-26 years and males ages 9-15 years as a three dose series, and has the potential to prevent approximately 90% of cervical, vulvar, vaginal, and anal cancers.

EXPECTED TO BE AVAILABLE IN FEBRUARY 2015!