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OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

2010 OREGON COMMUNICABLE DISEASE SUMMARY — BENCHMARKS OR BUST

When you are the one
out of one-hundred thousand
the rate is too high.
Megan Davies, MD.
Epi haiku

Healthy People 2020 goals — 10-year national objectives for improving Americans' health — were released in December. But what about those 2010 goals? This year's annual communicable disease summary looks at how Oregon did on the Healthy People 2010 goals, with comparisons to the rest of the nation. Disease incidence rates are reported in cases per 100,000 persons during 2010.

ENTERIC EXCESSES

Over the past 5 years, campylobacteriosis has been up and down—mostly up. In 2010 Oregon saw the highest number of case reports (862) since 1992. Ouch! We don't have a great handle on where these infections come from, although studies suggest that poultry handling and consumption accounts for the majority of cases. The totals may also be increasing because of increasingly sensitive lab tests.

The salmonellosis trend is similarly depressing; 2010 saw the highest number of cases (512) reported in Oregon since the Rajneeshee attack on The Dalles in 1984. (There were 1,036 cases reported that year — more than 750 from that one outbreak). A restaurant outbreak in Roseburg, with at least 80 linked cases, boosted the 2010 tally considerably. (We think the Roseburg outbreak was unintentional.)

In 2010, the rate of Shiga-toxigenic escherichiosis was three times the Healthy People 2020 target. The majority are still O157, but "non-O157 STEC" (this year in Oregon: O26, O121, O103, O111, and one O-we-don't-know-what) are increasingly being identified.

PERTUSSIS PERSISTS

Despite high childhood immunization rates, pertussis remains endemic in the U.S., with epidemics every 3 to 5 years. California reported >8,300 cases in 2010; with 285 cases, Oregon's incidence was lower, but still the highest since 2005 (Figure 1, page 3). Forty-six (16%) of Oregon's cases were infants, one-third were hospitalized, and none died. In 2010, with funding from the federal Centers for Disease Control and Prevention, Oregon launched the Metropolitan Area Pertussis Surveillance (MAPS), enhancing surveillance in Clackamas, Multnomah and Washington counties to delineate better the epidemiology of pertussis. Each reported case is investigated extensively, and standardized data are collected. It is hoped that these data will guide future developments in regional and national areas of public health policy.

Table 1. Oregon Scorecard

	Cases per 100,000			
Condition	**HP2010 target**	**Oregon 2010**	**US 2009**	**HP2020 target**
TARGET MET				
Hepatitis A	4.3	0.4	0.6	0.3
Hepatitis B, acute				
ages 2–18 years	No target	0	3.7	0
ages ≥19 years	1.8–5.2[1]	1.6	NA	1.5
Hepatitis C, acute	1.0	0.6	0.3	0.2
Meningococcal disease	1.0	0.8	0.3	0.3
Syphilis (females)	0.2	<0.1	1.4	1.4*
TARGET NOT MET				
Campylobacterosis	12.3	22.0	13.0	8.5
Haemophilus influenzae type b (<5 years)	0	.03	.01	0.27
E. coli 0157 Shiga-toxin-producing	1.0	1.9	1.0	0.6
Listeriosis	0.24	0.4	0.2	0.2
Tuberculosis	1.0	2.3	3.8	1.0
Salmonellosis	6.8	13.3	14.5	11.4
Gonorrhea				
females 15–44 years	42.0	60.9	254.3	257*
males 15–44 years	No target	67.8	199.3	198*
Syphilis (males)	0.2	3.9	7.5	6.8*

NA data not available [1]Age groups for 2010 were 19–24(1.8), 25–39(5.2), 40+(3.7)
*No, you are not misreading the chart, the targets are higher for HP 2020 than for 2010.

MINIMIZING MENING

In 2010, 32 cases of invasive mengingoccoal disease were reported in Oregon, an incidence of 0.8 per 100,000 persons. This is a 76% decrease from our 1994 peak and sufficient to meet the Healthy People 2010 goal of 1.0/100,000. However, we remain above the national rate of 0.3 per 100,000 (Figure 2, page 3).

The national Advisory Committee on Immunizaton Practices (ACIP) recommends vaccination with quadrivalent meningococcal conjugate vaccine (Menactra® or Menveo®) for all persons 11–18 years of age. According to the most recent National Immunization Survey—Teen, meningococcal

Table 2. Case counts for selected communicable diseases, by county of residence, Oregon, 2010

	Living with AIDS/HIV	Campylobacteriosis	Chlamydiosis	Cryptosporidiosis	*E. coli* O157 infection	Giardiasis	Gonorrhea	*H. influenzae* infection	Hepatitis A	Hepatitis B (acute)	Hepatitis B (chronic)	Hepatitis C (acute)	Legionellosis	Listeriosis	Lyme disease	Malaria	Meningococcal disease	Pertussis	Rabies, animal	Salmonellosis	Shigellosis	Early Syphilis	Taenisis	Tuberculosis	West Nile virus infection	**TOTAL**
Baker	2	5	23	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	**34**
Benton	43	37	249	1	2	13	23	0	0	0	5	0	0	0	5	0	1	4	0	11	3	2	0	0	0	**399**
Clackamas	317	75	954	29	11	28	69	4	3	6	30	2	2	4	1	2	0	16	0	39	2	13	0	6	0	**1,613**
Clatsop	24	6	114	1	0	2	2	2	0	0	1	0	0	0	1	0	0	6	0	3	0	0	0	0	0	**162**
Columbia	27	13	144	8	0	3	3	1	0	0	7	0	0	0	1	0	0	3	0	0	0	0	0	0	0	**210**
Coos	39	14	188	1	0	10	4	4	0	1	5	0	0	0	2	0	1	3	0	5	0	0	0	0	0	**277**
Crook	6	11	51	0	2	2	8	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**82**
Curry	13	6	22	1	0	4	0	0	0	0	3	0	1	0	0	0	0	4	0	3	0	0	0	0	0	**57**
Deschutes	80	61	458	0	4	36	9	1	2	3	5	1	1	0	0	0	3	8	2	18	1	4	0	0	0	**697**
Douglas	67	20	257	5	9	8	4	2	1	1	9	5	0	0	3	0	9	4	0	90	1	1	0	2	0	**498**
Gilliam	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**4**
Grant	3	1	14	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**19**
Harney	2	1	16	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	**22**
Hood River	17	3	46	0	0	1	1	0	0	0	0	2	0	0	1	0	0	0	0	4	1	0	0	2	0	**78**
Jackson	147	28	517	10	9	13	35	3	1	1	13	0	1	1	1	0	3	41	2	26	1	0	0	1	0	**854**
Jefferson	12	2	114	1	0	2	2	2	0	0	3	0	0	0	0	0	0	1	1	3	6	0	0	0	0	**149**
Josephine	56	13	182	1	0	6	11	2	0	0	4	0	0	0	2	0	2	22	7	12	0	1	0	0	0	**321**
Klamath	23	8	182	1	3	6	9	1	0	0	8	0	0	0	0	0	1	1	1	13	0	0	0	1	0	**258**
Lake	2	3	16	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**24**
Lane	282	94	1276	17	6	49	43	7	3	4	13	4	4	2	1	0	2	51	1	37	7	2	0	8	0	**1,913**
Lincoln	36	7	75	3	0	7	12	0	0	0	6	0	0	0	0	0	0	7	0	2	3	0	0	0	0	**158**
Linn	60	25	358	16	14	9	34	2	0	3	6	0	0	0	2	0	1	12	0	10	0	0	0	1	0	**553**
Malheur	19	9	108	0	2	2	1	0	0	0	1	0	1	0	0	0	0	0	0	4	0	0	0	1	0	**148**
Marion	355	48	1389	12	10	22	86	4	1	4	29	3	0	3	1	2	3	26	0	37	14	4	0	6	0	**2,059**
Morrow	6	2	29	0	0	2	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**41**
Multnomah	2,884	199	3,286	56	13	181	578	12	2	8	164	2	2	3	11	6	3	52	0	111	11	63	2	36	0	**7,685**
Polk	33	15	233	0	2	5	19	4	1	2	8	0	0	0	1	0	2	5	1	3	1	0	1	1	0	**337**
Sherman	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**6**
Tillamook	13	0	33	2	1	1	1	2	0	1	1	1	0	0	0	0	0	2	0	3	0	0	0	0	0	**61**
Umatilla	43	14	197	0	0	10	11	1	0	0	3	1	0	0	0	0	0	0	0	7	0	0	0	5	0	**292**
Union	10	4	81	1	0	2	0	0	0	0	1	0	0	0	2	0	0	0	0	1	1	0	0	0	0	**103**
Wallowa	3	3	9	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**16**
Wasco	16	5	62	1	2	1	5	1	0	3	4	0	1	0	0	0	0	0	0	4	0	0	0	1	0	**106**
Washington	519	111	1,388	38	22	57	96	8	3	5	96	0	4	4	3	5	1	11	2	57	6	17	0	15	0	**2,468**
Wheeler	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**3**
Yamhill	46	18	256	1	4	6	9	3	0	1	2	0	0	0	0	1	0	6	0	7	1	0	0	1	0	**362**
Total	**5,205**	**862**	**12,337**	**208**	**118**	**490**	**1,077**	**68**	**17**	**44**	**430**	**22**	**17**	**17**	**39**	**16**	**32**	**285**	**17**	**512**	**59**	**107**	**3**	**87**	**0**	**22,069**

Data as of 4/18/2011

Table 3. Selected cases of notifiable diseases by year,* Oregon, 2000–2010

Disease / Cases	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Campylobacteriosis	568	598	575	597	656	647	652	729	696	733	862
Chlamydiosis*	7110	7504	7200	7500	8690	9019	9578	9867	10861	11497	12337
Cryptosporidiosis	22	60	40	36	32	69	82	163	64	220	208
E. coli O157 (STEC)	136	97	210	105	70	158	107	85	69	83	118
Giardiasis	673	535	431	406	443	417	425	462	448	429	490
Gonorrhea*	1039	1145	929	981	1302	1562	1460	1238	1258	1113	1077
H. influenzae	30	38	57	42	49	53	55	66	57	57	68
Hepatitis A	164	109	61	62	65	47	47	34	26	19	17
Hepatitis B, acute	123	166	126	119	112	97	86	61	45	50	44
Hepatitis C, acute	18	15	13	16	17	19	28	22	33	26	22
Legionellosis	1	4	9	17	8	15	22	14	18	19	17
Listeriosis	6	12	9	5	7	11	13	8	6	19	17
Lyme disease	12	14	13	16	25	24	19	27	38	42	39
Malaria	41	14	14	10	19	13	15	16	4	12	16
Measles	0	3	0	3	0	2	2	2	1	0	0
Meningococcal disease	71	65	44	60	61	56	41	32	38	39	32
Pertussis	105	66	193	438	625	622	112	111	178	258	285
Rabies, animal	7	4	14	7	6	8	25	12	13	11	17
Salmonellosis	300	288	337	427	416	417	428	336	429	440	512
Shigellosis	159	115	106	211	87	127	121	87	94	56	59
Early Syphilis*	31	22	47	74	58	57	48	26	45	86	107
Tuberculosis*	119	123	111	106	106	103	81	94	75	89	87
Vibriosis	7	6	9	5	11	6	19	7	10	19	26
West Nile virus					3	8	73	27	16	12	0
Yersiniosis	10	12	16	6	14	17	16	18	17	19	17

Data as of 4/18/2011. Case counts by onset year except for conditions noted with * indicating counts by date of report Blank cells = not reportable

Figure 1. Pertussis, Oregon vs. U.S., 1988–2010

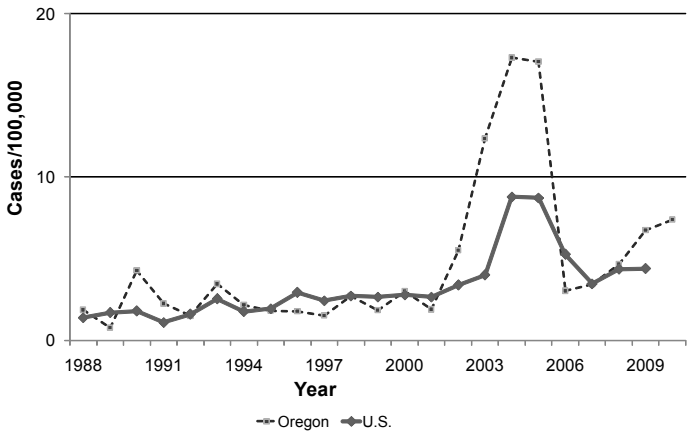
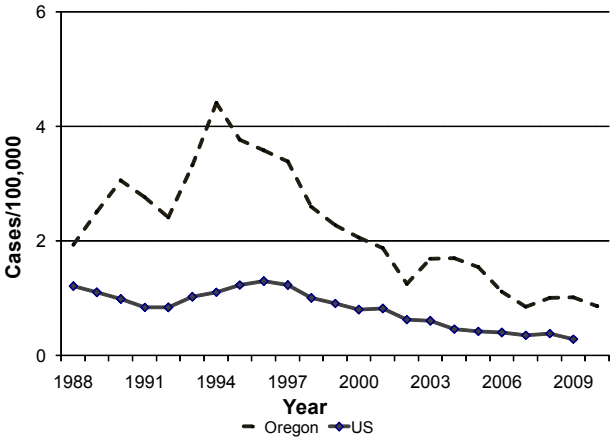


Figure 2. Meningococcal disease, Oregon vs. U.S., 1988–2010



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vaccine coverage among Oregon adolescents aged 13–17 years was 41% in 2009, up from 30% in 2008. In a controversial (given the expense of the vaccine and the historically low rates of disease, especially in early adolescence) 6-5 vote in October 2010, ACIP made two new recommendations: 1) in addition to routine vaccination of adolescents at age 11, add a booster dose at age 16; and 2) a 2-dose primary series (2 months apart) for persons aged 2–55 years of age with selected high-risk medical conditions. See *www.cdc.gov/mmwr/pdf/wk/mm6003.pdf*.

Thirty-one of Oregon's 32 cases during 2010 were culture-confirmed; 14 were serogroup B, which is not preventable by the available vaccines (Table 4). Two cases from vaccine-preventable serogroups occurred in adolescents 11–18 years of age.

Table 4. Meningococcal disease, by serogroup, Oregon 2010

Serogroup	Cases
B	14
Y	8
C	6
W135	3

SYPHILITIC SURGE

Reported early syphilis cases in Oregon are the highest since 1993. "Early" syphilis is defined as primary, secondary or early-latent infection of less than one year's duration. The current surge of early syphilis started in 2009 and continues into 2011 (Table 5).

More than 90% of early syphilis cases reported were among men who have sex with men (MSM). Many men with early syphilis also have HIV. We encourage health care providers to offer blood tests for syphilis to MSM during routine visits — especially if the patient has HIV or if other sexually transmitted infections are diagnosed. Prompt treatment of early syphilis in MSM and sex partner referral services should quell the spread. Local health deparments and the Oregon Health Authority are always available to work with early syphilis cases to identify, locate and refer sex partners for evaluation and treatment.

Table 5. Reported Early Syphilis, Oregon, 2008–2010

	2008	2009	2010
Primary & Secondary Cases	27	57	74
Early Latent Cases	18	29	33
Total Early Syphilis Cases	45	86	107

New Reporting Rules

We are adding a few diseases and subtracting one from our list of what's reportable; and trying to clarify what is meant by "suspected" cases.

"SUSPECTED" CASES

Reporting of "suspected" cases has long been required by Oregon law; but it is apparent that the existing definition of "suspected" has left a lot to the imagination. The fact that a diagnosis has crossed your mind doesn't necessarily raise it to the level of something that should be reported; report based on clinical findings and test results that add up to a significant likelihood that the patient has a reportable disease. Err on the side of reporting when the disease you suspect is one that requires prompt public-health action — e.g., a disease that's typically reported immediately or within 24 hours. A patient on whom a test for *Chlamydia* is ordered doesn't constitute a "suspected case" that needs to be reported.

NEWLY REPORTABLE

As of July 1, 2011, the following are reportable:

- *Cryptococcus* (cryptococcosis)
- Enterobacteriaceae found to be non-susceptible to any carbapenem antibiotic
- Hepatitis E
- Death of a person <18 years of age with laboratory-confirmed influenza
- Lead poisonings will be reportable within one working day

Submission of cryptococcal and carbapenem-resistant Enterobacteriaceae isolates, as well as isolates and specimens associated with pediatric influenza deaths, to the Oregon State Public Health Laboratory will also be required.

REPORTABLE NO MORE

- "Laboratory-confirmed influenza resulting in or associated with hospitalization or death" in persons ≥18 years old. (See above regarding persons <18 years of age.)
- The requirement that clinical laboratories report HIV testing. (Positive tests are still reportable.)

Please visit our new web site *http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Pages/rules.aspx* for more details.