

OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

2012 OREGON COMMUNICABLE DISEASE SUMMARY

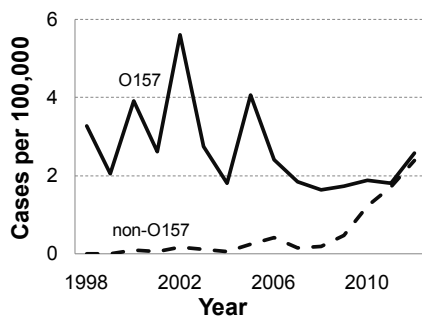
Faithful reporting by physicians, microbiologists and others provides us with data that allow us to monitor the disease burden in Oregon, to identify persons at higher risk, to detect epidemiologic patterns and trends, to identify outbreaks, and to target interventions. This *CD Summary* summarizes reportable communicable disease data from 2012 and highlights some of the more prominent trends.

Cases by county of residence for 2012 and by year since 2003 are tallied in Tables 1 and 2, respectively. Not all illnesses are equally severe, of course; an inkling of disease severity can be gleaned from the counts of hospitalizations and deaths shown in Table 3. All of these data come with the usual caveats about incompleteness and biases inherent in seeking of medical attention, testing, and reporting to public health officials.

STEC EXCITEMENT REMAINS

O157 is the most infamous of several serotypes of shiga-toxicogenic *Escherichia coli* (STEC). Reported incidence of infection by *E. coli* O157 has changed little in Oregon over the past few years, but reported infections by other STEC serotypes has been increasing (Figure 1), probably due

Figure 1. Incidence of STEC infection Oregon, 1998–2012



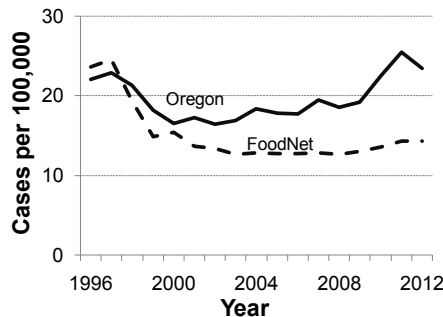
to increasing recognition by clinical laboratories. During 2012, 193 STEC infections were reported in Oregon, 100 (52%) of which were O157. Our

2012 numbers weren't helped by several STEC outbreaks. The largest of these (7 confirmed, 25 presumptive cases) didn't actually include any Oregon residents, but the victims appear to have been exposed on our home turf. A second large outbreak (11 confirmed, 5 presumptive) was caused by drinking raw milk. Other outbreaks were attributed to animal contact and child care attendance. One multi-state cluster (with 5 cases from Oregon), identified by matching molecular patterns, remains unsolved. Sixteen cases of hemolytic uremic syndrome were associated with *E. coli* O157:H7 infection; 13 of them were in children <14 years of age.

CAMP OREGON

Campylobacter infection has long been the most commonly reported bacterial cause of gastroenteritis in Oregon. The 2012 Oregon rate of 23.5 per 100,000 is 2.8 times the 2020 national health objective of 8.5 per 100,000 and higher than that in the ten-state FoodNet population (Figure 2). Many if not most human cases are

Figure 2. Incidence of campylobacteriosis Oregon and FoodNet, 1996–2012



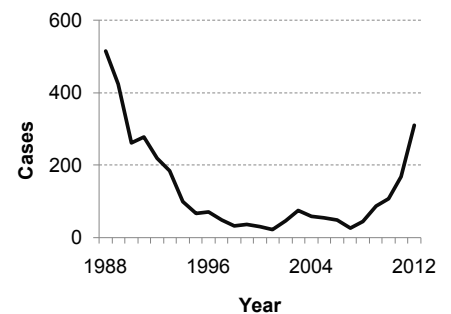
thought to be contracted by eating raw or undercooked poultry or through cross contamination from raw poultry.

SYPHILIS SWELLS

“Early syphilis” comprises primary, secondary and early-latent infections of less than one year’s duration; during these stages transmission is most likely. In 2012, cases of early syphilis jumped 85% over those reported in Oregon

during 2011 — from 169 to 311 cases — reaching our highest tally since 1989 (Figure 3). Of the 311 cases, 302 (97%)

Figure 3. Early syphilis infection Oregon, 1988–2012

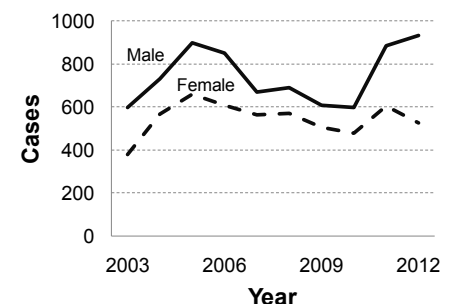


were male, 215 (69%) were men who had sex with men (MSM), and 177 (57%) were known to be co-infected with HIV. All persons with HIV should be tested for syphilis at least annually, and all persons with syphilis should be tested for HIV. Report early syphilis cases promptly to local public health officials for interview to identify recent sex partners, who will be referred for testing and treatment.

GC: TOO SOON TO CLAP

The 1,470 gonorrhea cases reported during 2012 represent a 1.3% decrease from the 1,490 reported in 2011. A significant decrease in female cases was offset by an increase in male cases (Figure 4). Current recommendations

Figure 4. Gonorrhea cases by year and sex, Oregon, 2003–2012



for treating gonorrhea cases and associated sex partners call for 250 mg ceftriaxone intramuscularly (single dose) and concurrent treatment with

Table 1. Case counts for selected communicable diseases, by county of residence, Oregon, 2012

	AIDS/HIV diagnosis*	Campylobacteriosis	Chlamydiaosis*	Cryptosporidiosis	E. coli O157 infection	Giardiasis	Gonorrhea*	H. influenzae infection	Hepatitis A	Hepatitis B (acute)	Hepatitis B (chronic)	Hepatitis C (acute)	Hepatitis C (chronic)	Legionellosis	Listeriosis	Lyme disease	Malaria	Meningococcal disease	Pertussis	Rabies, animal	Salmonellosis	Shigellosis	Early syphilis*	Tuberculosis	West Nile virus infection	Total
Baker	0	3	44	1	0	0	2	0	0	0	0	0	20	0	1	0	0	0	0	0	2	0	0	0	0	73
Benton	3	27	339	3	4	9	25	0	0	0	10	2	38	0	0	5	0	0	18	3	3	1	2	2	0	494
Clackamas	19	86	916	21	26	25	102	4	2	1	31	3	281	6	3	1	1	3	88	0	42	1	31	3	0	1,696
Clatsop	2	10	88	3	1	2	2	0	0	0	3	0	54	0	0	0	0	2	19	0	4	12	1	0	0	203
Columbia	1	7	129	5	5	3	6	0	0	1	0	0	64	1	1	1	0	0	8	1	3	0	0	0	0	236
Coos	2	15	169	1	2	6	6	0	0	1	2	0	128	0	0	1	0	1	10	0	6	0	0	1	1	352
Crook	0	3	54	0	4	0	1	0	0	0	0	0	29	0	0	0	1	2	0	0	1	0	1	0	0	96
Curry	0	3	27	0	0	1	1	1	0	0	2	0	33	0	0	0	0	1	0	0	0	0	0	0	0	69
Deschutes	6	51	621	0	10	27	7	3	0	0	6	2	187	1	1	0	1	1	3	0	17	0	1	0	1	946
Douglas	1	18	266	17	10	15	2	1	0	2	5	4	155	1	1	8	0	1	1	0	16	0	1	0	0	525
Gilliam	0	0	1	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	4
Grant	0	2	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	14
Harney	0	2	15	0	2	1	0	0	0	0	0	1	8	0	0	0	0	0	2	0	3	0	0	0	0	34
Hood River	0	5	73	2	0	1	2	0	0	0	1	0	15	0	0	1	0	0	8	1	2	0	0	0	0	111
Jackson	11	44	599	12	8	10	31	5	1	0	5	0	236	2	0	6	0	1	4	2	18	1	1	0	0	997
Jefferson	0	9	128	0	3	1	15	1	0	0	1	0	57	0	0	0	0	0	0	0	1	0	0	1	0	217
Josephine	1	11	174	3	2	5	10	4	0	0	4	1	104	2	0	11	0	1	4	2	7	0	2	0	0	348
Klamath	1	13	217	1	9	8	37	1	1	0	1	1	69	0	0	0	0	1	0	0	8	2	0	1	0	371
Lake	0	0	7	0	3	1	0	0	0	0	0	0	13	0	0	0	0	0	0	0	2	0	0	0	0	26
Lane	7	90	1,479	15	9	41	126	7	0	5	17	5	445	3	2	1	0	7	25	2	37	6	8	1	1	2,339
Lincoln	2	10	131	2	1	4	6	1	0	1	2	0	88	1	0	0	0	0	6	0	3	0	0	0	0	258
Linn	3	41	359	5	11	12	29	1	0	2	5	0	146	0	0	1	0	0	25	1	13	0	3	2	0	659
Malheur	0	9	113	7	1	2	5	0	0	0	5	0	63	0	0	0	0	1	11	0	4	0	0	1	8	230
Marion	16	65	1,421	4	23	24	103	10	1	1	27	6	409	0	0	0	3	0	55	1	38	8	6	7	0	2,228
Morrow	0	3	27	0	0	0	1	0	1	0	2	0	8	0	0	0	0	0	1	0	3	0	0	0	0	46
Multnomah	138	197	3,419	61	28	123	759	13	0	5	167	12	1,244	8	3	8	4	2	256	2	87	37	208	21	1	6,803
Polk	1	17	232	0	3	6	14	2	0	0	4	0	46	1	0	0	0	0	25	0	7	1	2	1	0	362
Sherman	0	1	5	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	9
Tillamook	1	4	52	10	2	0	4	1	0	0	2	0	27	0	0	0	0	0	1	0	3	0	0	1	0	108
Umatilla	3	11	252	1	2	9	4	4	1	1	3	0	105	1	0	0	0	0	21	0	4	1	1	1	0	425
Union	0	8	78	0	0	5	1	2	0	1	4	0	13	0	1	0	0	0	3	0	2	2	0	0	0	120
Wallowa	0	3	3	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	9
Wasco	0	5	90	0	1	2	3	0	0	0	2	0	30	1	0	1	0	1	1	0	4	0	0	0	0	141
Washington	27	116	1695	40	15	38	152	6	2	6	87	1	326	3	2	2	1	1	288	1	55	20	38	17	0	2,939
Wheeler	0	0	2	0	1	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	5
Yamhill	5	22	268	1	6	6	13	1	0	1	3	0	122	0	0	1	0	0	27	0	9	0	4	1	0	490
Total	250	911	13,503	215	193	387	1,470	68	9	28	402	38	4,570	32	15	48	11	26	910	17	404	92	311	61	12	23,983

Data as of 5/11/2013. Conditions indicated by *are tallied by year of report; others are tallied year of onset.

Table 2. Selected cases of reportable diseases by year,* Oregon, 2003–2012

Disease / Cases	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Campylobacteriosis	597	656	647	652	729	703	733	863	984	911
Chlamydia*	7,498	8,690	9,018	9,578	9,867	10,861	11,497	12,338	13,688	13,504
Cryptosporidiosis	36	32	69	84	164	64	224	218	219	215
<i>E. coli</i> O157 (STEC) infection	101	68	158	107	85	68	84	119	136	193
Giardiasis	406	443	417	426	463	452	429	483	438	387
Gonorrhea*	982	1,302	1,562	1,459	1,238	1,258	1,113	1,078	1,490	1,470
<i>H. influenzae</i> infection	42	49	54	55	68	55	57	69	75	68
Hepatitis A	62	67	47	46	35	27	19	17	11	9
Acute hepatitis B	118	120	106	80	61	47	50	44	32	28
Acute hepatitis C	16	17	19	27	22	33	26	22	24	38
Legionellosis	17	8	15	22	14	18	19	18	24	32
Listeriosis	5	7	11	13	8	6	19	17	10	15
Lyme disease	16	25	24	19	27	38	42	42	37	48
Malaria	10	19	13	15	16	4	12	16	23	11
Measles	3	0	2	2	2	1	0	0	3	1
Meningococcal disease	60	61	56	41	32	38	39	32	31	26
Pertussis	438	625	622	112	111	178	258	281	328	910
Rabies, animal	7	6	8	25	12	13	11	17	17	17
Salmonellosis	427	416	417	428	336	429	440	511	367	404
Shigellosis	211	87	127	121	87	94	56	58	57	92
Early syphilis*	74	58	57	48	26	45	86	107	168	311
Tuberculosis	106	106	103	81	94	75	89	87	74	61
Vibriosis	5	11	6	19	7	10	19	26	7	19
West Nile virus infection		3	8	73	27	16	12	0	0	12
Yersiniosis	6	14	17	16	18	17	19	17	20	19

Data as of 5/11/2013. Conditions indicated by *are tallied by year of report; others are tallied year of onset. Blank cells indicate condition not reportable that year.

Table 3. Hospitalizations and deaths from reportable diseases, Oregon, 2012

Condition	Hospitalizations	Deaths
Campylobacteriosis	67	0
Cryptococcosis	24	4
Cryptosporidiosis	7	0
<i>E. coli</i> (STEC) infection	43	0
Giardiasis	9	0
<i>H. influenzae</i> infection	61	4
Hepatitis A	2	0
Hepatitis B, acute	11	0
Hepatitis B, chronic	18	3
Hepatitis C, acute	0	1
Hepatitis C, chronic	56	26
Legionellosis	31	2
Listeriosis	15	2

Condition	Hospitalizations	Deaths
Lyme disease	3	0
Malaria	7	0
Measles	1	0
Meningococcal disease	24	4
Pertussis	33	1
Salmonellosis	95	5
Shigellosis	12	0
Tuberculosis	10	2
Vibriosis	5	0
Yersiniosis	7	0



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1 g azithromycin (single dose) or 100 mg doxycycline twice daily for 7 days. Individuals treated with a different regimen ought to be re-tested for gonorrhea a week after treatment.

From January 2012–April 2013, three (2%) of 146 GC isolates tested from the Portland STD Clinic had decreased susceptibility to ceftriaxone. While these isolates were not treatment failures, they suggest a potential for development of resistance. Report treatment failures to the local public health agency.

COMMON, CURABLE CHLAMYDIOSIS

Public health resources are insufficient to allow investigation of every chlamydia case, but we do at least count them: 13,504 cases were reported in Oregon during 2012 — down slightly from the 13,688 reported in 2011. Seventy percent of cases were female; 86% were 10–29 years of age. All sexually active girls and women <25 years of age should be tested for *Chlamydia*.

HUNT FOR HAEMOPHILUS

Sixty-eight cases of *Haemophilus influenzae* infection were reported in Oregon in 2012. Non-serotype b and non-typeable cases in persons >5 years of age, especially among those ≥65 years of age, seem to have been on the rise. Five cases of Hib infection were reporting during 2012 — more than in any year since 2001. Two Hib cases were in children <5 years of age, and three were in persons >60 years old.

TB TUMBLING

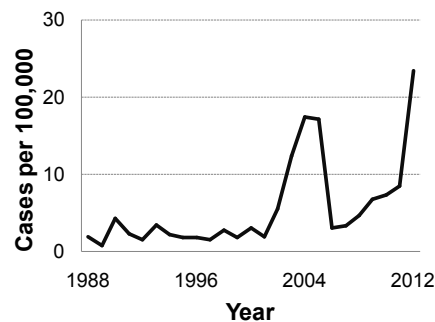
The 61 cases of tuberculosis reported in 2012 represent a

historically low incidence for Oregon — 1.6 per 100,000 — and a 16% drop from 2011. The national rate of 3.2 per 100,000 is the lowest recorded since national reporting began in 1953, undercutting last year's historic low. Of Oregon's 61 cases, 38 (62%) were male, and 45 (77%) were 20–50 years of age. Forty-five (74%) were born outside of the United States.

PAROXYSMAL PERTUSSIS

Nine hundred ten cases of pertussis were reported in 2012, Oregon's highest tally since 1953 (Figure 5); cases peaked in April. Infants accounted for 114 (13%) of the cases. Vaccination remains

Figure 5. Incidence of pertussis Oregon, 1988–2012



the mainstay of pertussis prevention. However, antibiotic prophylaxis is recommended for contacts who themselves have close contact with infants or pregnant women.

THE FUNGUS AMONG US

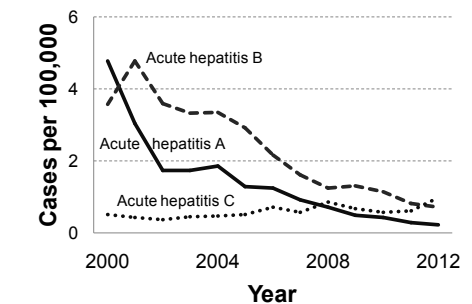
Cryptococcosis cases numbered 37 in 2012, our second full year of reporting. Thirty-two of the 37 cases were speciated; of these, 18 (56%) were *gattii*, 13 (41%) were *neoformans*, and 1 (3%) was *albidus*. Twenty-seven (73%) of the cases were male. Of the 29 cases interviewed,

18 (62%) had underlying immunocompromising conditions.

HEPATITIS HIATUS

Hepatitis A and acute hepatitis B again hit record lows with 9 and 28 cases, respectively, in 2012 (Figure 6). Acute hepatitis C was up slightly from 2011 with 38 cases reported (1 per 100,000). Of note,

Figure 6. Incidence of acute hepatitises Oregon, 2000–2012



two cases of hepatitis D (delta) and four of hepatitis E, which became reportable in 2011, were reported in 2012.

OTHER NOTABLES

Two cases of plague — from exposure to an infectious cat — were reported in 2012. Six cases of botulism were reported, all type A; three were foodborne (home-canned beets), and the other three were infant botulism, ages 5 weeks to 6 months. Two cases of hantavirus pulmonary syndrome were reported among Oregonians with exposures to mouse droppings. Five cases of taeniasis, one of subacute sclerosing panencephalitis, and three of tick-borne relapsing fever were reported.

For the third year in a row, 17 cases of animal rabies were identified: 14 bats and three foxes.