

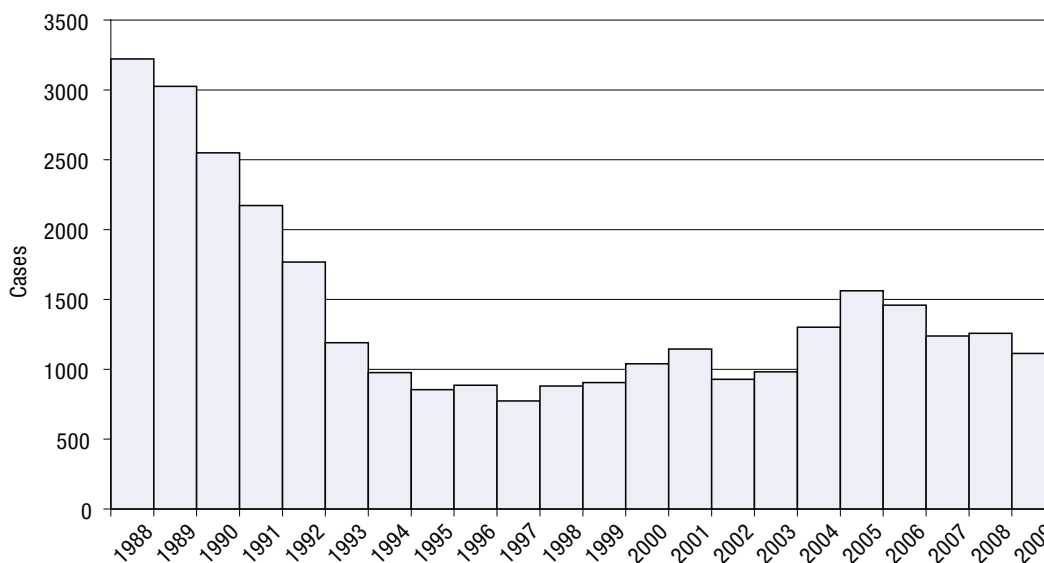
Gonorrhea

Gonorrhea, caused by the Gram-negative bacterium *Neisseria gonorrhoeae*, is easily transmitted from person to person through vaginal, rectal and oral sexual contact.

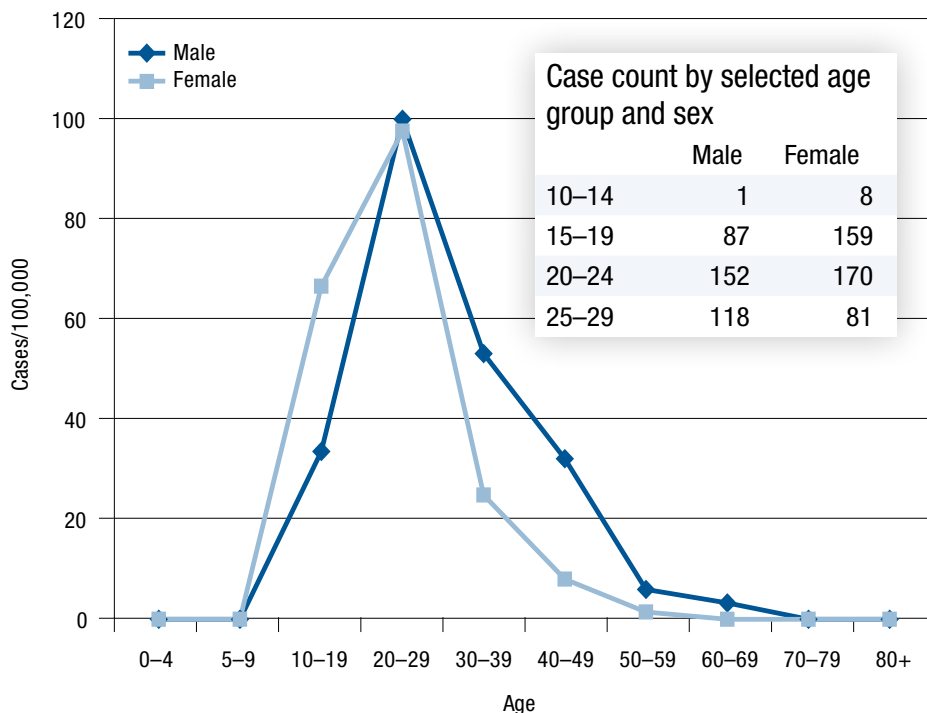
Gonorrhea can be prevented by abstaining from sexual contact or only having sex with one uninfected sex partner. Those who are sexually active outside of a mutually monogamous relationship can lower their risks of infection by using a condom when engaging in sexual activity.

If untreated, gonococcal infections cause a variety of health problems for men, women and infants. The major complications of gonorrhea are infertility and tubal pregnancies among women. Recent sex partners of persons infected with gonorrhea should be evaluated and treated for gonorrhea. The 1,113 gonorrhea cases reported in 2009 represent a decrease of 11.5% from the 1,258 cases reported in 2008.

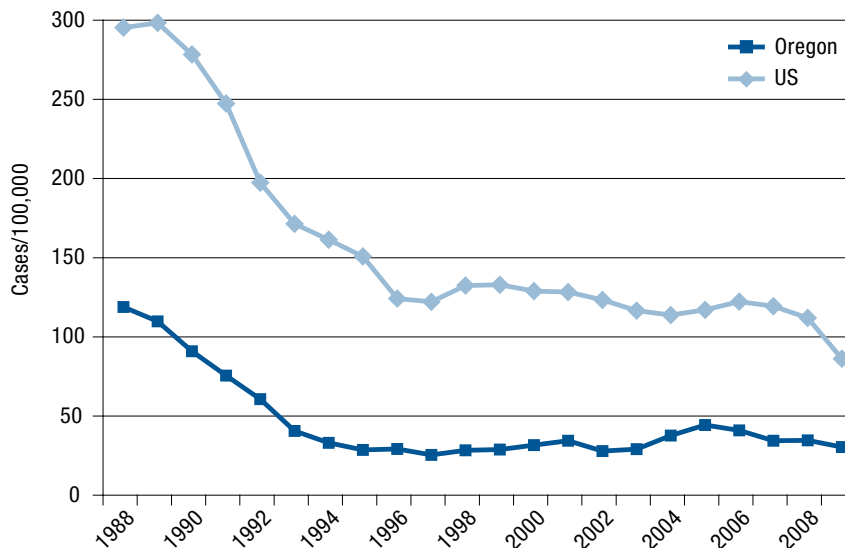
Gonorrhea by year: Oregon, 1988–2009



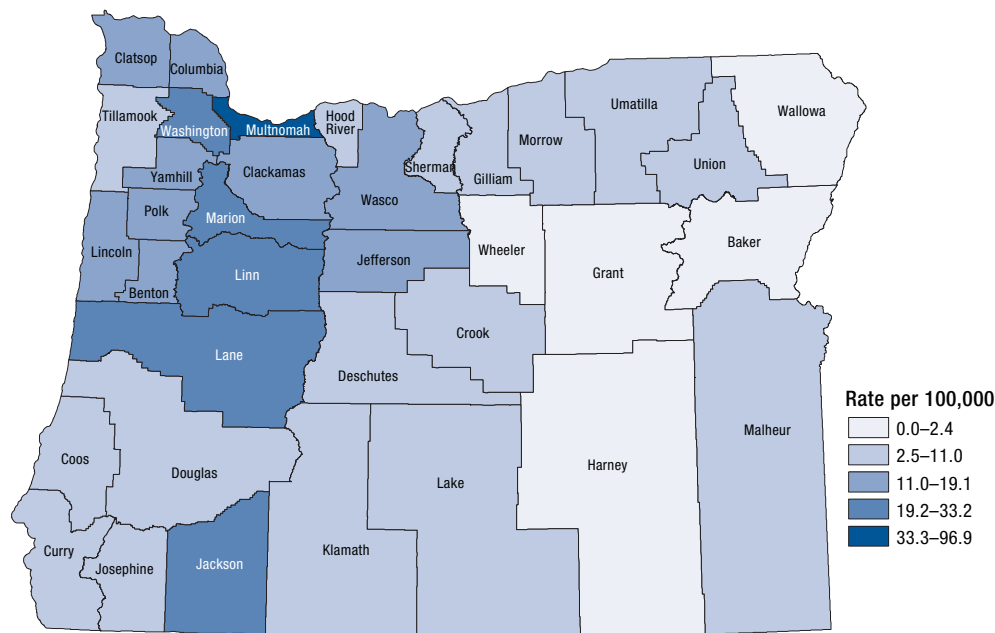
Incidence of gonorrhea by age and sex: Oregon, 2009



Incidence of gonorrhea: Oregon vs. nationwide, 1988–2009



Incidence of gonorrhea by county of residence: Oregon, 2000–2009

*Haemophilus influenzae*

Until the advent of an effective vaccine against serotype b (Hib) organisms, *Haemophilus influenzae* (*H. influenzae*) was the leading cause of bacterial meningitis in children under 5 years of age in Oregon and elsewhere. Today it is well down the listing, with *Streptococcus pneumoniae* now in the lead. In 2008–2009, Hib was cultured from sterile body fluids in three persons, all aged >40 years. Appropriate use of conjugate vaccine will help ensure that Hib occurrence remains minimal well into the future. All sterile site *H. influenzae* isolates must be sent to the Oregon State Public Health Laboratory for additional typing.

Concurrent with the decline in serotype “b” infections is an increase in other serotypes.

In 2009, 71% of cases were non-typeable, 15% were identified as serotype f, and the remainder were other serotypes. This shift in dominant strains changes the clinical manifestations of illness. From 2003–2009 Oregon clinical manifestations of Oregon cases included primarily pneumonia (more than 50%), followed by sepsis (35%). Less than 10% of cases had meningitis. Concurrent with the changes in clinical manifestations is a shift in age distribution from infants to older persons. The majority of cases in 2008–2009 continue to be among those aged 50 and over.

Peak incidence occurs in late winter and early spring. Fifty-seven cases were reported in 2009.