

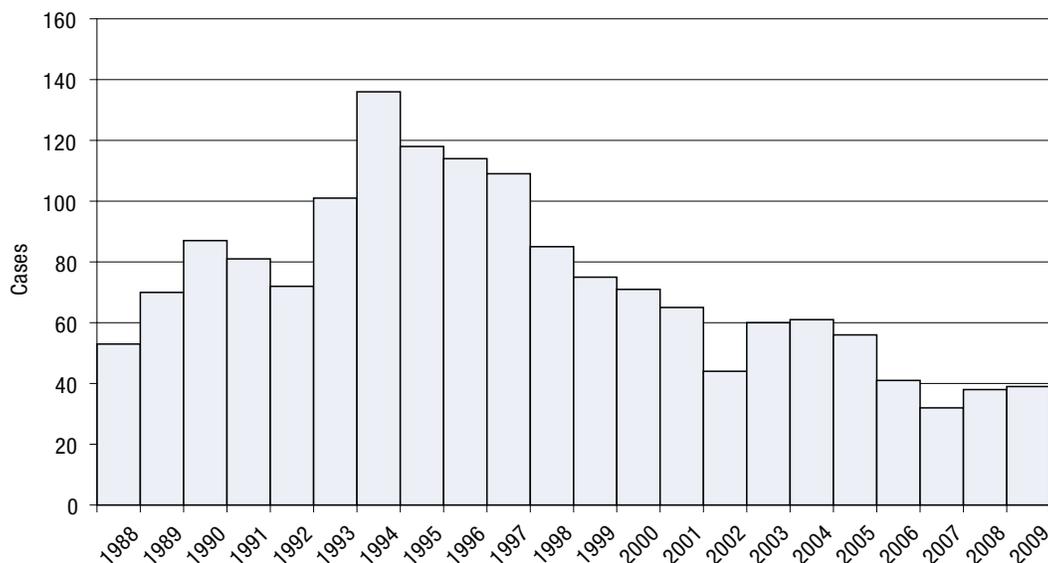
Meningococcal disease

Reported cases of invasive meningococcal infections, including sepsis and meningitis, have declined from the hyperendemic levels seen in 1993–1997 to those observed prior to the advent of the enzyme-type 5 (ET5) strain of serogroup B. Respiratory secretions and droplets continue to be shared among Oregonians and predispose secondary cases.

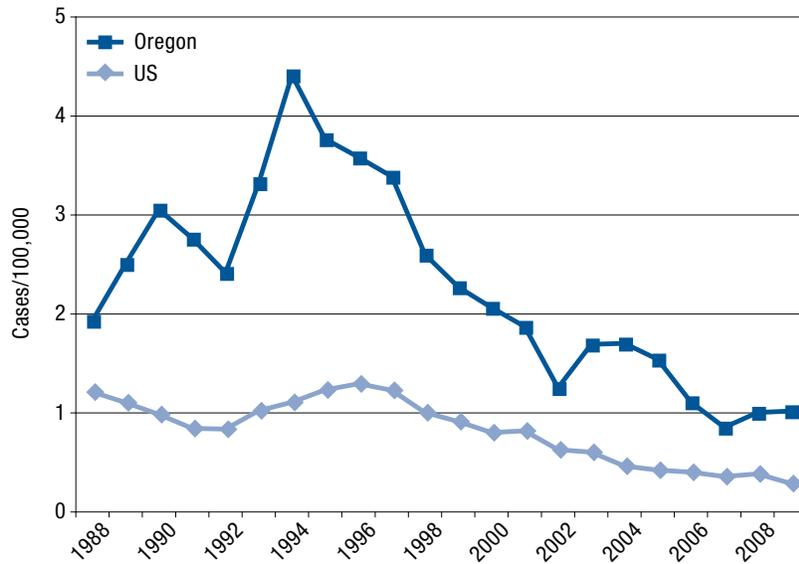
Meningococcal disease reports remained stable in 2008 and 2009, with 38 and 39 cases respectively. This is up from the 32 cases reported in 2007, at least a 20-year low. Though Oregon's trend is one of decline, we do continue to have higher rates than the

nation. In 2008–2009, the highest majority (52%) of illness in Oregon was once again caused by serogroup B organisms. However, in 2009, serogroup Y was a close second with 14 cases compared to 17 group B. December through March shows an increase in meningococcal activity, with the highest rates of disease occurring among infants. Higher rates are also seen in those aged 10–19 years and in persons over 70 years of age. Though a new conjugate vaccine (Menactra) for adolescents and young adults was licensed in 2006, this vaccine does not protect against serogroup B disease.

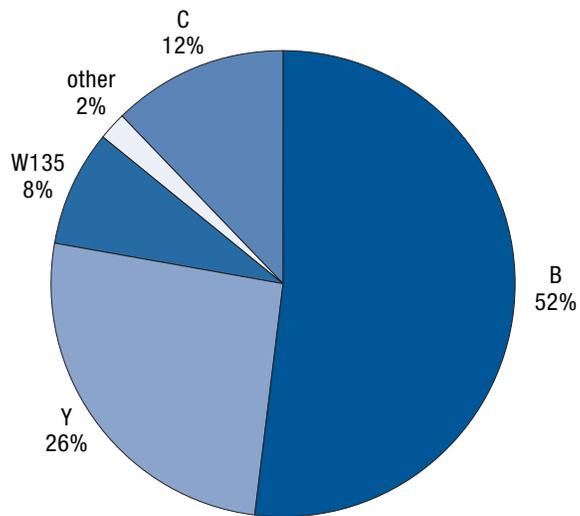
Meningococcal disease by year: Oregon, 1988–2009



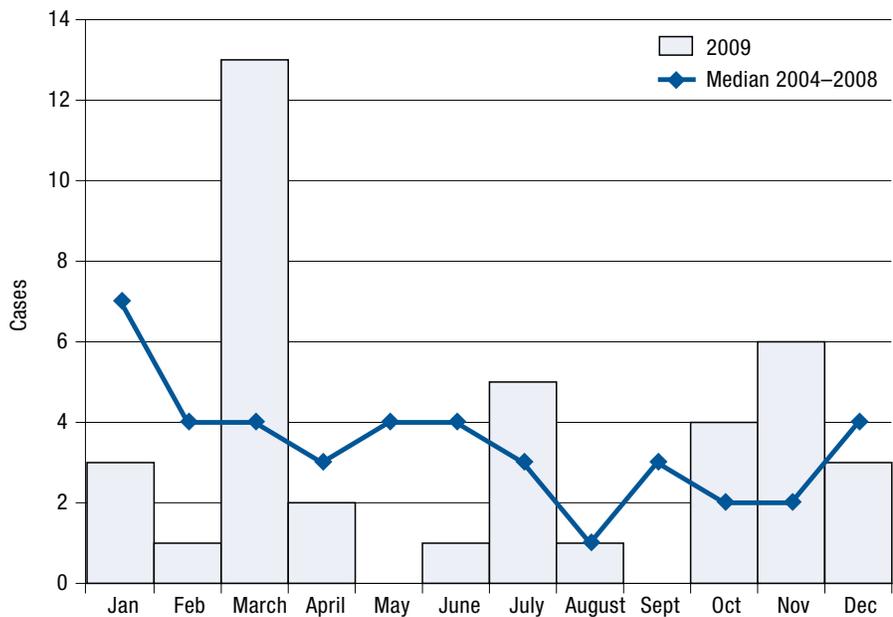
Incidence of meningococcal disease: Oregon vs. nationwide, 1988–2009



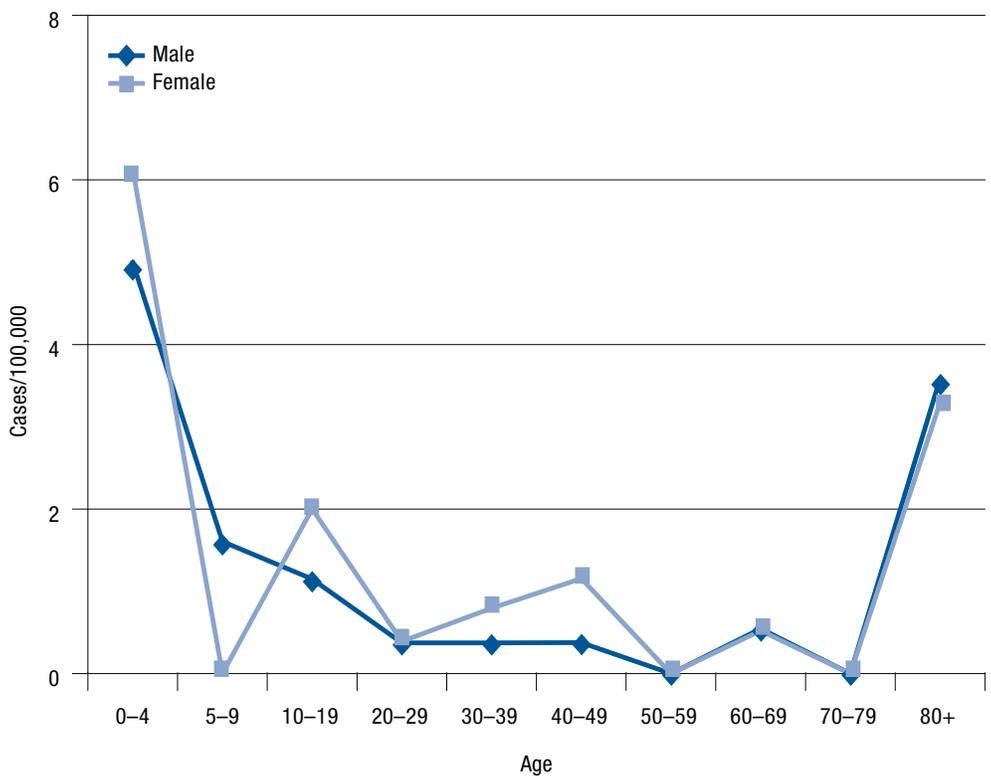
Meningococcal disease by serogroup: Oregon, 2008–2009



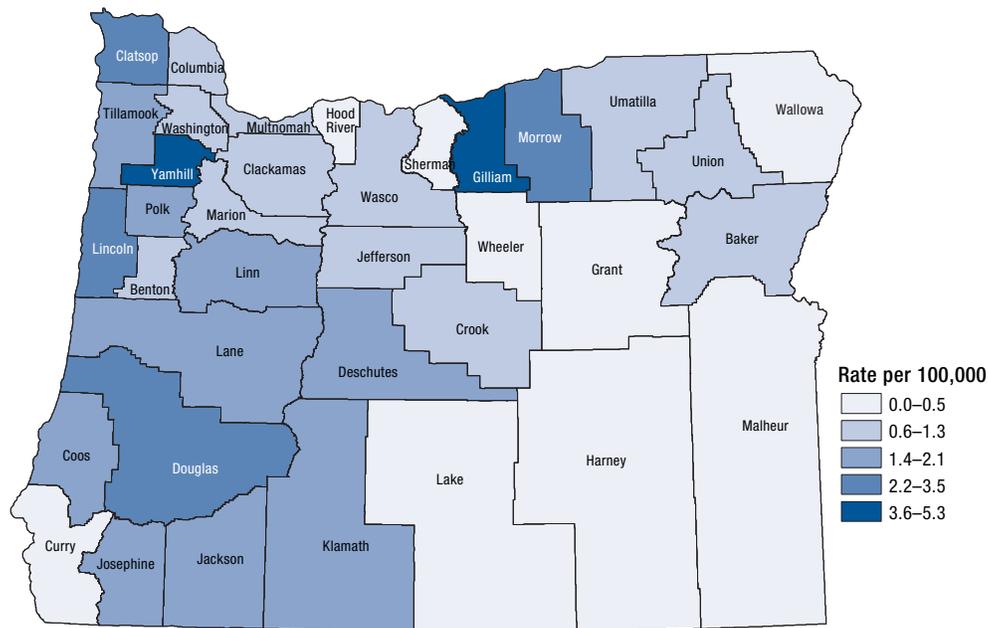
Meningococcal disease by onset month: Oregon, 2009



Incidence of meningococcal disease by age and sex: Oregon, 2009



Incidence of meningococcal disease by county of residence: Oregon, 2000–2009



Mumps

Mumps is an acute viral illness characterized by fever and swelling of the salivary glands, typically the parotids. Transmission is generally airborne through respiratory droplets or through direct contact with nasal secretions.

Reporting of this vaccine-preventable viral infection was discontinued in Oregon in 1981. Once an almost universal childhood infection, mumps incidence decreased in the United States with routine childhood vaccination. Mumps reporting was re-established in Oregon July 1, 2006, prompted by outbreaks of illness among both vaccinated and unvaccinated persons. No mumps cases were reported in 2008, three cases were reported in 2009.

Because as many as 20% of mumps infections are asymptomatic, and nearly 50% are associated with non-specific or primarily respiratory symptoms (with or without parotitis), mumps infections are significantly underreported.

In response to the 2006 nationwide mumps outbreak, the Advisory Committee on Immunization Practices (ACIP) updated its recommendations for prevention and control of mumps, with vaccination remaining the cornerstone of prevention.