While cervical cancer incidence in Oregon women is relatively low (123 cases in 2006), among Oregon Latina women it is the 4th most common cancer.* Pap screening and consequent treatment of cervical pathology can prevent progression to cancer but at the cost of numerous physician visits, invasive cervical procedures and lots of money. This issue of the CD Summary introduces “HPV IMPACT,” a multi-site surveillance effort to measure the effectiveness of HPV vaccines and to monitor the epidemiology of HPV disease. As part of HPV IMPACT, the Oregon Public Health Division (OPHD) will soon be contacting clinicians who care for women in the Portland metropolitan area for information about patients with severe cervical dysplasia.

**HPV VACCINES**

Essentially all cervical cancer is associated with at least one of 40 “high-risk” mucosal strains of human papillomavirus (HPV), and two of these (viz., types 16 and 18) cause about 70% of cervical cancers.† In June 2006, the first vaccine against HPV — Gardasil® — was licensed by the U.S. Food and Drug Administration (FDA); later that month the federal Advisory Committee on Immunization Practices (ACIP) recommended the three-dose series for universal use in girls and women 11–26 years of age.‡ In October 2009 another vaccine — Cervarix® — was approved by FDA and recommended by ACIP for similar use.§ In randomized, controlled trials, each of these vaccines proved impressively efficacious in preventing pre-cancerous cervical lesions caused by HPV types 16 and 18.¶ Since the 2006 ACIP recommendation, HPV vaccine use has been on the rise; according to our best data, about 35% of Oregon girls 11–18 years of age have had at least one dose (Figure).

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REFERENCE

Agranulocytosis and Cocaine Use

From March 2008 through November 2009, 21 cases of cocaine-associated agranulocytosis were investigated by the New Mexico and Seattle King County Departments of Health. In a previous cluster in November 2008, public health officials in Canada reported detecting levamisole (an anthelmintic drug used mainly in veterinary medicine and a known cause of agranulocytosis) from clinical specimens and drug paraphernalia of cocaine users with agranulocytosis; levamisole was detected in clinical specimens in four of the five U.S. patients tested. According to the Drug Enforcement Administration (DEA), as of July 2009, 69% of seized cocaine lots coming into the United States contained levamisole; why it was added is unknown. Consider exposure to cocaine in the differential diagnosis of agranulocytosis, and report suspected cases to your local health department.

CDC has begun national surveillance for agranulocytosis associated with cocaine use in order to characterize the problem, identify risk factors, and describe the clinical presentation. The Substance Abuse and Mental Health Services Administration is serving as a centralized source for information. Additional information is available from Nicholas Reuter (nicholas.reuter@samhsa.hhs.gov).

REFERENCE

Haitian Hazards

Malaria is seldom on the radar screen of clinicians and public health staff in Oregon, but we may need to increase our “index of suspicion” in this area, particularly in the setting of febrile illness among those who have recently been in Haiti.

The devastating magnitude 7.0 earthquake on January 12 has forced many in Haiti, including U.S. responders, to live outdoors or in temporary shelters. This exposes them to bites from mosquito vectors of malaria, which is endemic in Haiti. Between January 12 and February 25, 11 cases of falciparum malaria were confirmed in the U.S. among persons who had recently been in Haiti; seven of these were emergency responders, and one was a U.S.-based traveler. Of the six cases for whom information was available about adherence to recommended chemoprophylaxis, none (0) reported following the recommended regimen.

In light of this:
1. Consider the diagnosis of malaria in patients with fever after returning from Haiti, and order blood smears for Plasmodium.
2. Advise wanderlustig patients of CDC’s current recommendation that non-essential travel to Haiti be avoided altogether. (You might show them this article.)
3. For patients who must travel to Haiti, review the importance of malaria prophylaxis; for specifics, consult the CDC Traveler’s Health Web site (www.cdc.gov/travel/default.aspx).

REFERENCE

Mumps Passing Over?

Since June 2009, 1,521 cases of mumps have been reported from New York and New Jersey, predominantly among Hasidic Jews. The outbreak has been concentrated among school children, predominantly boys, who attend separate schools from the girls. Because children attend these schools from around the U.S. and may return home during Passover (March 30–April 6), be on the lookout for mumps in this population.

REFERENCE