

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

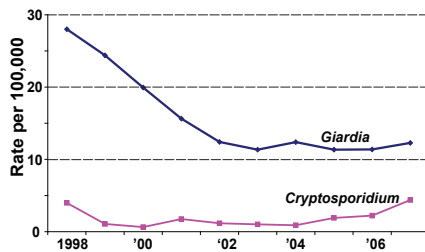
CD FACTS AND STATS—OREGON, 2007

This issue of the *CD Summary* reviews data on diseases and conditions reported in 2007.

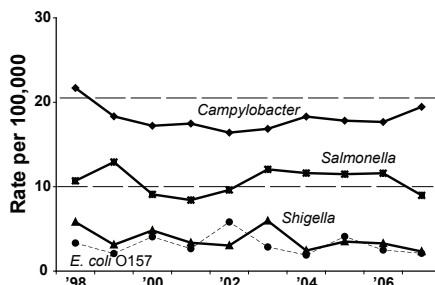
**GUT FEELINGS**

A pair of persistent protozoan parasites, *Giardia* and *Cryptosporidium*, were reported in above-average numbers compared to the past few years. A outbreak of 44 cases of cryptosporidiosis occurred at a camp for kids. These infections can be hard to diagnose and control due to intermittent shedding of cysts, asymptomatic infections, and relative resistance to chemical disinfectants. In patients with intermittent, watery diarrhea, one negative stool doesn't rule out infection.

Incidence of *Cryptosporidium* and *Giardia* infection, Oregon, 1998–2007



Incidence of infection by common enteric pathogens, Oregon, 1998–2007



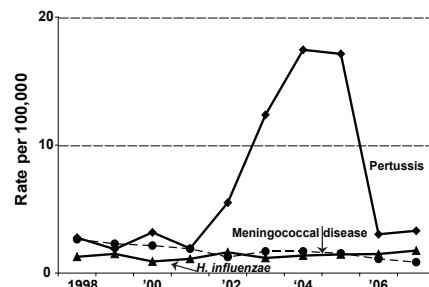
The year also saw a small but noticeable increase in infection by *Campylobacter*, the most commonly reported bacterial agent sending one to the latrine. Rates of infection by other enteric bacterial pathogens were down in 2007, among them *Salmonella* (9.0) and *E. coli* O157 (2.1).

Though rates are down, they are still above the HP 2010 goals (6.8,1.0).

**RESPIRATORY REFLECTIONS**

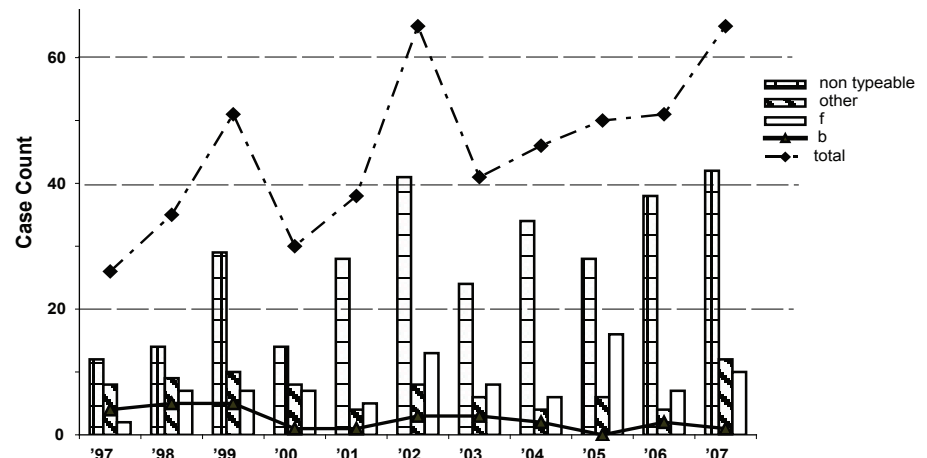
Meningococcal disease continued its downward trend since 1994, reaching a 20-year low of 32 cases in 2007 (0.9 per 100,000 population).

Incidence of pertussis, meningococcal disease and *Haemophilus influenzae* infection, Oregon, 1998–2007



Routine vaccination appears to be keeping pertussis at bay, but we appear to be observing the slow emergence of non-vaccine serotypes of *Haemophilus influenzae*. Cases tallied 66 in 2007, the highest count in 17 years. Especially focused among the very young (0–4 years) and starting-to-get old (>50 years), this shifting to non-typeable strains has been hypothesized to be replacement disease due to the squelching of type “b” (Hib) infection by vaccination of kids. The sole case of Hib infection

*Haemophilus influenzae* infection by year and serotype, Oregon, 1998–2007

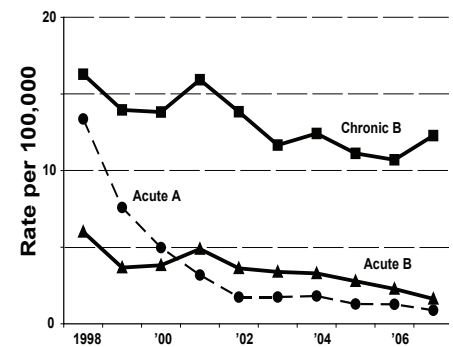


reported in 2007 was imported from China by an adult. Ninety percent of 2007 invasive *H. flu* cases were hospitalized, and 10 cases died.

**LIVER ALONE**

HCV reports are coming in by the thousands: over 6,000 in 2007, and these are only the tip of the HCV iceberg in Oregon, given that individuals tested before 2005 were not reported and that many more chronic carriers have not been able to access testing services. In 2007 a limited number of sites began offering free HCV testing in conjunction with HIV testing, and we hope that risk factor data from this pilot project will help us better address the epidemic.

Incidence of hepatitis A and B, Oregon, 1998–2007



Perhaps another victory for vaccination, the burdens of acute and

Case counts for selected communicable diseases, by county of residence, Oregon, 2007

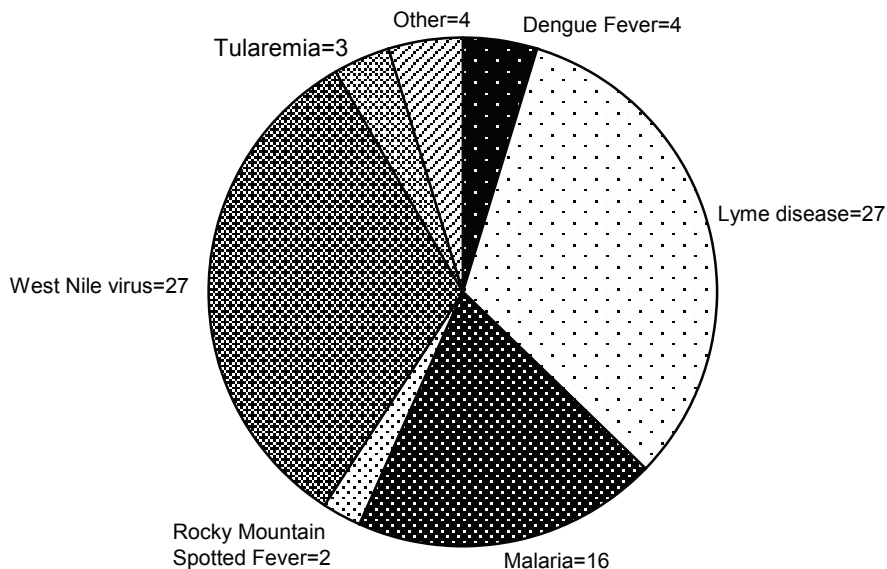
	AIDS/HIV living**	Campylobacteriosis	Chlamydia	Cryptosporidiosis	E. coli O157 infection	Giardiasis	Gonorrhea	H. influenzae infection	Hepatitis A	Hepatitis B (acute)	Hepatitis B (chronic)	Hepatitis C (acute)	HUS	Legionellosis	Listeriosis	Lyme disease	Malaria	Meningococcal Disease	Pertussis	Rabies, animal	Salmonellosis	Shigellosis	Early Syphilis	Tuberculosis	West Nile virus infection	TOTAL
Baker	5	4	11	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	2	26	
Benton	34	22	208	0	3	9	17	2	0	2	10	0	0	0	1	1	0	1	2	11	0	0	0	0	323	
Clackamas	260	86	734	26	12	28	79	12	1	6	32	2	0	3	2	2	1	2	4	0	43	7	2	12	1	1,357
Clatsop	26	10	117	1	1	5	7	0	0	0	6	0	0	0	0	0	0	0	0	2	0	0	1	0	176	
Columbia	25	4	96	1	0	5	7	1	0	2	1	0	0	0	0	0	0	0	0	4	1	0	0	0	147	
Coos	37	12	75	0	1	11	1	2	0	0	5	0	1	0	0	1	0	4	0	0	5	0	0	0	0	155
Crook	6	2	37	0	0	0	0	0	0	0	3	1	0	0	0	0	0	0	0	0	3	0	0	1	0	53
Curry	11	1	18	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	33
Deschutes	76	54	405	7	4	31	10	4	3	0	9	0	0	0	0	0	0	2	1	2	16	2	1	2	0	629
Douglas	62	12	194	1	10	9	6	1	2	5	2	1	2	1	1	0	0	0	1	0	9	0	0	1	1	321
Gilliam	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Grant	4	2	9	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16
Harney	1	3	7	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	8	1	0	0	0	0	0	23
Hood River	16	2	46	2	0	4	3	0	2	0	1	1	0	0	0	3	0	1	0	0	3	1	0	0	0	85
Jackson	139	52	530	27	3	19	52	5	1	2	8	1	1	0	0	6	0	2	5	1	27	3	0	1	0	885
Jefferson	11	7	98	0	0	2	5	0	0	0	0	1	0	0	0	0	0	0	0	0	1	5	0	0	0	130
Josephine	57	11	171	1	0	5	7	2	1	2	7	0	0	0	0	3	0	0	0	0	6	0	0	0	0	273
Klamath	21	9	113	2	0	8	6	2	2	0	5	2	0	0	0	0	0	0	0	0	4	0	0	3	2	179
Lake	2	1	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	17
Lane	291	63	848	11	10	57	53	10	1	9	32	5	1	1	0	0	0	3	13	3	24	4	2	8	1	1,450
Lincoln	39	2	99	0	1	8	14	0	1	0	3	0	0	0	0	0	0	2	4	0	5	0	0	2	0	180
Linn	55	20	284	1	3	10	33	2	0	3	5	0	0	0	1	1	0	2	14	0	12	2	1	2	0	451
Malheur	15	4	85	4	1	1	10	0	1	0	2	0	0	0	0	1	0	0	0	0	5	0	0	0	11	140
Marion	335	56	1,035	5	4	28	112	3	1	5	39	0	1	1	0	1	2	2	5	0	24	3	2	10	1	1,675
Morrow	6	1	22	2	2	1	3	0	0	0	2	0	1	0	0	0	0	0	0	0	1	2	0	0	0	43
Multnomah	2,855	138	2,928	42	13	140	648	9	14	17	170	5	0	7	2	5	11	5	21	2	63	34	13	28	1	7,171
Polk	27	7	135	1	2	9	8	0	1	0	10	0	0	0	0	0	0	0	2	0	6	1	1	1	1	212
Sherman	1	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	4
Tillamook	11	8	36	6	1	5	2	0	0	0	3	0	0	0	0	1	0	1	0	0	0	0	0	0	0	74
Umatilla	39	9	204	0	1	3	11	1	0	0	1	1	1	0	0	0	0	1	0	0	6	1	1	1	0	281
Union	9	8	36	0	0	2	3	1	0	0	2	0	0	0	0	0	0	0	22	0	3	0	0	0	5	91
Wallowa	2	0	6	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	11
Wasco	15	4	60	0	0	0	8	0	0	0	3	2	0	0	1	0	1	0	0	0	4	7	0	0	0	105
Washington	417	100	1,014	23	4	48	125	4	2	5	95	0	1	1	1	1	0	0	18	0	44	13	1	17	0	1,934
Wheeler	41	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41
Yamhill	2	14	189	1	2	8	7	5	0	2	3	0	0	0	0	1	0	5	5	0	3	1	2	3	0	253
<b>TOTAL</b>	<b>4,953</b>	<b>729</b>	<b>9,867</b>	<b>165</b>	<b>79</b>	<b>460</b>	<b>1,238</b>	<b>66</b>	<b>33</b>	<b>60</b>	<b>461</b>	<b>22</b>	<b>10</b>	<b>14</b>	<b>8</b>	<b>27</b>	<b>16</b>	<b>32</b>	<b>124</b>	<b>12</b>	<b>337</b>	<b>87</b>	<b>26</b>	<b>94</b>	<b>27</b>	

Case counts for selected communicable diseases, by year, Oregon, 1998–2007

Disease / Cases	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Campylobacteriosis	698	599	568	598	575	597	656	647	652	729
Chlamydiosis*	5,857	6,163	7,110	7,504	7,200	7,500	8,690	9,019	9,578	9,867
Cryptosporidiosis	127	35	22	60	40	36	32	69	82	165
<i>E. coli</i> O157 infection	107	68	134	91	204	101	68	149	92	79
Giardiasis	892	792	673	535	431	406	443	417	425	460
Gonorrhea	880	906	1,039	1,145	929	981	1,302	1,562	1,460	1,238
<i>H. influenzae</i> infection	41	49	30	38	57	42	49	53	55	66
Hepatitis A	430	248	164	109	61	62	65	47	47	33
Acute hepatitis B	186	122	123	166	126	119	112	97	86	60
Acute hepatitis C	9	29	18	15	13	16	17	19	28	22
Legionellosis	1	2	1	4	9	17	8	15	22	14
Listeriosis	18	17	6	12	9	5	7	11	13	8
Lyme disease	19	13	13	14	12	16	26	21	19	27
Malaria	16	22	41	14	14	10	19	13	15	16
Meningococcal disease	85	75	71	65	44	60	61	56	41	32
Pertussis	89	61	105	66	193	438	625	622	112	124
Rabies, animal	5	4	7	4	14	7	6	8	25	12
Salmonellosis	344	422	300	288	337	427	416	417	428	337
Shigellosis	187	102	159	115	106	211	87	127	121	87
Syphilis, early*	32	37	31	22	47	74	58	57	48	26
Tuberculosis*	156	123	119	123	111	106	106	103	81	94
Vibriosis	5	3	7	6	9	5	11	6	19	7
West Nile virus infection							3	8	73	27

Data as of 03/20/2008. Case counts by onset year except for conditions noted with \* indicating counts by date of report.  
Blank cells = not reportable

Cases of vectorborne disease, Oregon, 2007





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chronic hepatitis B, and acute hepatitis A appear to be waning. Changes to our control strategy in 2007 included vaccination without concurrent immunoglobulin administration for hepatitis A prophylaxis in healthy people 12 months–40 years of age, and recommendations for hepatitis B vaccination for anyone who wants it.

**VD**

Reported chlamydial infections have for several years been increasing in Oregon. More screening is one potential explanation; another might be sex. Asymptomatic infections are common, so it is imperative to screen, treat infections and prevent further spread by treating all recent sex partners. Some good news: in 2007, fewer cases of gonorrhea were reported than in 2006 or 2005. However, gonorrhea among women of color increased slightly in 2007.

Reported primary, secondary and early latent (<1 year's duration) syphilis were fewer in 2007 than in each of the previous five years. As with chlamydiosis and gonorrhea, recent sex partners of persons with syphilis should be evaluated and treated. Reducing the number of sex partners and using condoms correctly and consistently — can prevent infection.

**VEVING VECTOR-BORNE**

Where art thou, O West Nile virus? After spreading westward to reach Oregon in 2004, the anticipated explosion in cases in 2007 failed to detonate: a mere 27 cases were reported, down from 73 in 2006. With 27 cases, Lyme disease tied WNV as the most

common vector-borne illness in Oregon, though Lyme's incidence here (0.7 cases per 100,000) pales in comparison with that in endemic U.S. states (8.2).

A handful of other infections were either imported from exotic places or came home with travelers – malaria (16), Dengue fever (4), taeniasis (3), measles (2).

**OVERWHELMING OUTBREAKS**

Oregon state and local health departments investigated a record number (231) of outbreaks in 2007. Though we only recently began to track these electronically, we investigate more and more each year. The majority (131) of these are norovirus causing gastroenteritis in the elder inhabitants of Oregon's assisted and long-term care facilities, or younger populations in restricted environments like the state hospital or prisons. However, there were a number of outbreaks of infections by other bacterial and viral pathogens.

Sharing of respiratory secretions caused clusters of influenza (2), pertussis (4), meningococcal disease (2) and adenovirus (2). While foods contaminated with a smorgasbord of *Salmonella* serotypes made folks ill at a variety of venues including, restaurants, markets, and fairs. Every outbreak reinforces the age-old public health mantras “wash your hands” & “cover your cough.”

We would like to thank all the disease reporters – doctors, nurses, infection control practitioners and laboratorians, without whom we would not be able to find these cases to report about. In addition, praise goes to all of our local health department staff who investigate and report the data to us 24/7, 365 days a year.

Visit [www.oregon.gov/DHS/ph/acd/stats.shtml](http://www.oregon.gov/DHS/ph/acd/stats.shtml) to access disease surveillance data.

**Outbreak investigations, by pathogen or transmission mode, Oregon, 1998–2007**

