



Douglas
Public Health Network

Coos Health & Wellness
Together, Inspiring Healthier Communities
Public Health Division



2018 CD YEAR IN REVIEW: ANNUAL CASE COUNTS AND RATES

Case counts and estimated rates for select reportable communicable diseases/conditions with case counts of 5 or higher.

REPORTABLE DISEASE OR CONDITION	OREGON		DOUGLAS CO.		COOS CO.		CURRY CO.	
	Case Count	Rate per 100,000	Case Count	Rate per 100,000	Case Count	Rate per 100,000	Case Count	Rate per 100,000
Campylobacteriosis	976	23.26	36	32.22	9	14.22	< 5	—
Chlamydia	19131	456.01	331	296.24	167	263.93	48	209.47
CRE (Carbapenem-Resistant Enterobacteriaceae)	149	3.55	9	8.05	< 5	—	< 5	—
Cryptosporidiosis	312	7.44	10	8.95	< 5	—	< 5	—
E. Coli (STEC)	321	7.65	12	10.74	< 5	—	< 5	—
Giardiasis	342	8.15	18	16.11	< 5	—	< 5	—
Gonorrhea	5880	140.16	139	124.4	77	121.69	16	69.82
Hepatitis B (Chronic)	398	9.49	5	4.47	5	7.90	< 5	—
Hepatitis C (Past/Present)	5503	131.17	224	200.47	175	276.57	51	222.56
HIV	231	5.51	< 5	—	7	11.06	< 5	—
Lyme	79	1.88	5	4.47	< 5	—	< 5	—
Salmonellosis (non-typhoidal)	586	13.97	25	22.37	11	17.38	< 5	—
Syphilis	973	23.19	14	12.53	7	11.06	< 5	—

*Case counts include both confirmed and presumptive cases. Case data is from ORPHEUS and counts are preliminary as of January ,2019. When case counts are less than 5, county-level data is suppressed and county-level rates are unreliable. Rates were calculated using 2018 mid-year population estimates from the Population Research Center at Portland State University.

Sexually Transmitted Infections (STIs):

Regional rates for all 4 STIs were lower than their corresponding state rates but are still concerning.

- Gonorrhea cases have increased 41% since 2017 (n=164), syphilis cases by 109% (n=11), and HIV cases by 150% (n=4).

* HIV is of particular concern for Coos County, with 7 of the 10 cases from 2018.

Gastrointestinal/Foodborne Illnesses:

GI case counts remained relatively stable from 2017, increasing by just 4.9%.

- The regional rate for Giardia is higher than that of the state, with Douglas County accounting for 5% of cases statewide.
- The region also has a higher rate for non-typhoidal Salmonellosis, which has increased 362% since 2017. (n=8)

Chronic Hepatitis C

Chronic Hepatitis C is the only condition for which all three counties have rates higher than the state.

- Coos County has the highest rate, more than double that of the state; however, Curry saw the largest increase in case counts from 2017 at 112% (n=24)

DISEASE SPOTLIGHT: *MEASLES*



Credit: CDC/NIP/ Barbara Rice

Clark County, WA recently declared a public health emergency related to a measles outbreak in the Vancouver area. There are currently over 70 confirmed cases, the majority of which are unvaccinated and children under the age of 10.

Measles is an extremely contagious virus. Approximately 9 in 10 susceptible persons exposed will develop disease. The virus is transmitted via air and contact with infectious droplets.. Virus particles can remain in the air for up to two hours.

If you suspect measles, contact public health IMMEDIATELY —day or night. Do NOT wait for lab results. Cases should be isolated for four days following symptom onset, and all personnel caring for the patient should observe all airborne precautions.

Finally, there is no specific anti-viral treatment; BUT measles *is* vaccine preventable! Anyone born in or after 1957, with no evidence of immunity, should be vaccinated. One dose is approximately 93% effective in preventing disease.

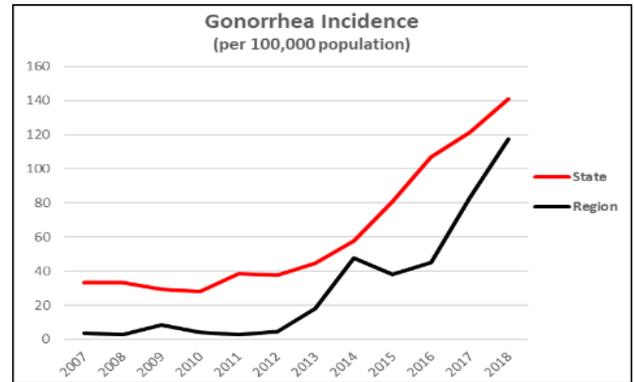
Clinical signs and symptoms include:

- High fever
- Malaise
- The 3 Cs: cough, coryza, conjunctivitis
- Koplik spots,
- A spotty, red rash that starts on the head/face and spreads to the torso and lower body (see image).
- Severe complications from measles include pneumonia, encephalitis, and even death. Symptoms present approximately two weeks post-exposure. The infectious period can begin up to four days before rash onset and last up to four days after onset.

STI UPDATE

While still below state rates, sexually transmitted infections (STIs) are a growing concern for the region.

- The incidence (per 100,000) for Chlamydia has been over 200 for the past decade. However, this rate has been steadily increasing for the past 4 years.
- Between 2007 and 2013, the region documented only 10 cases of Syphilis. However, Douglas County experienced an outbreak in 2014; and between 2015 and 2018 there were 55 reported cases. Because untreated Syphilis can lead to serious complications, this increase is very concerning.
- The region has also had a sharp increase in Gonorrhea cases. Over the past 5 years (See graph.) While not as severe as those associated with untreated Syphilis, complications from untreated Gonorrhea can be serious.



Sources: ORPHEUS, Portland State University Population Research Center

WHAT CAN YOU DO?

- ⇒ Encourage safe sex practices (condom usage, etc.) and STI screenings for your patients.; and for symptomatic patients/patients concerned that they may have an STI, encourage screening (and if needed, treatment) for their partners as well.
- ⇒ Presumptively treat patients. If a patient presents with symptoms indicative of an STI, don't wait for lab results. Treat them presumptively.
- ⇒ Notify your local public health authority whenever you presumptively treat a patient, and there are no labs. This patient is a suspect case that should be contacted but will be missed should something happen with the tests.

WHAT DOES PUBLIC HEALTH DO?

- ⇒ Public Health CD staff attempt to contact all reported confirmed and suspect cases, both to confirm treatment and to identify contacts (who potentially could be infected and not know) for notification of potential exposure and the need for screening and treatment. We also collect data that helps us better understand how the disease is spreading in our communities, which in turn can lead to more effective interventions.

WHO YA GONNA CALL?



DOUGLAS:

Phone: (541) 677-5814
 Fax: (541) 464-3914
 After Hours: (541) 440-4471

COOS:

Phone: (541) 266-6700
 Fax: (541) 888-8726
 After Hours: (541) 435-4525

CURRY:

Phone: (541) 813-2535, ext. 3441
 Fax: (541) 813-2536
 After Hours: (541) 396-2106