Central Oregon Public Health Quarterly

Communicable Disease Update for Crook, Deschutes, and Jefferson Counties Quarter 1 (January - March) 2018

24/7 Communicable Crook County: Deschutes County: County: 541-322-7418

Jefferson County: 541-475-4456

2017 Communicable Diseases Year-in-Review

The table below summarizes 2017 case counts and estimated rates for select reportable communicable diseases with Central Oregon regional case counts of 5 or higher.

2017 Communicable Disease Annual Case Counts and Rates								
Reportable	Oregon		Crook Co.		Deschutes Co.		Jefferson Co.	
Disease or Condition	Case count	Rate per 100,000 population						
Campylobacteriosis	1,059	25.6	14	63.3	67	36.6	7	30.2
Chlamydia	18,723	452.1	91	411.7	675	369.0	161	694.3
Cryptosporidium	274	6.6	<5		10	5.5	<5	
E.Coli (STEC)	211	5.1	<5		12	6.6	<5	
Giardiasis	339	8.2	<5		17	9.3	<5	
Gonorrhea	5,039	121.7	14	63.3	65	35.5	49	211.3
Hepatitis B (Chronic)	492	11.9	<5		8	4.4	<5	8 <u>25 40</u>
Hepatitis C (Chronic)	6,007	145.1	37	167.4	232	126.8	62	267.4
Elevated Blood Lead	975	23.5	<5		15	8.2	<5	
Level								
Salmonellosis	483	11.7	<5		14	7.7	<5	
(non-typhoidal)								
Shigellosis	122	2.9	<5		<5		<5	
Syphilis	861	20.8	<5		11	6.0	<5	
Vibriosis	32	0.8	<5		9	4.9	<5	
Yersiniosis	48	1.2	<5		5	2.7	<5	1 <u>45 44</u>

Case counts include both confirmed and presumptive cases. Case counts are preliminary as of February 1, 2018. When case counts are <5, county-level data is suppressed and county-level rates are unreliable. Rates calculated using 2017 mid-year population estimates from the Population Research Center at Portland State University.

Central Oregon Year-in-Review Highlights

- The total number of chlamydia and gonorrhea cases in Central Oregon increased by 21.2% and 33.3%, respectively, since 2016.
- The highest number of chlamydia and gonorrhea cases in Central Oregon were in Deschutes County; however, the largest rates of chlamydia and gonorrhea (cases per 100,000 population) were in Jefferson County. (Details can be found on the next page.)
- Giardiasis cases (n=24) decreased 36.8% from 2016 (n=38).
- Salmonellosis cases (n=17) decreased 32% from 2016 (n=25).
- The number of cases of cryptosporidium, chronic hepatitis C, and syphilis in 2017 were similar to the number of cases in 2016.

Disease Spotlight: Chlamydia

Chlamydia cases are on the rise in Central Oregon.

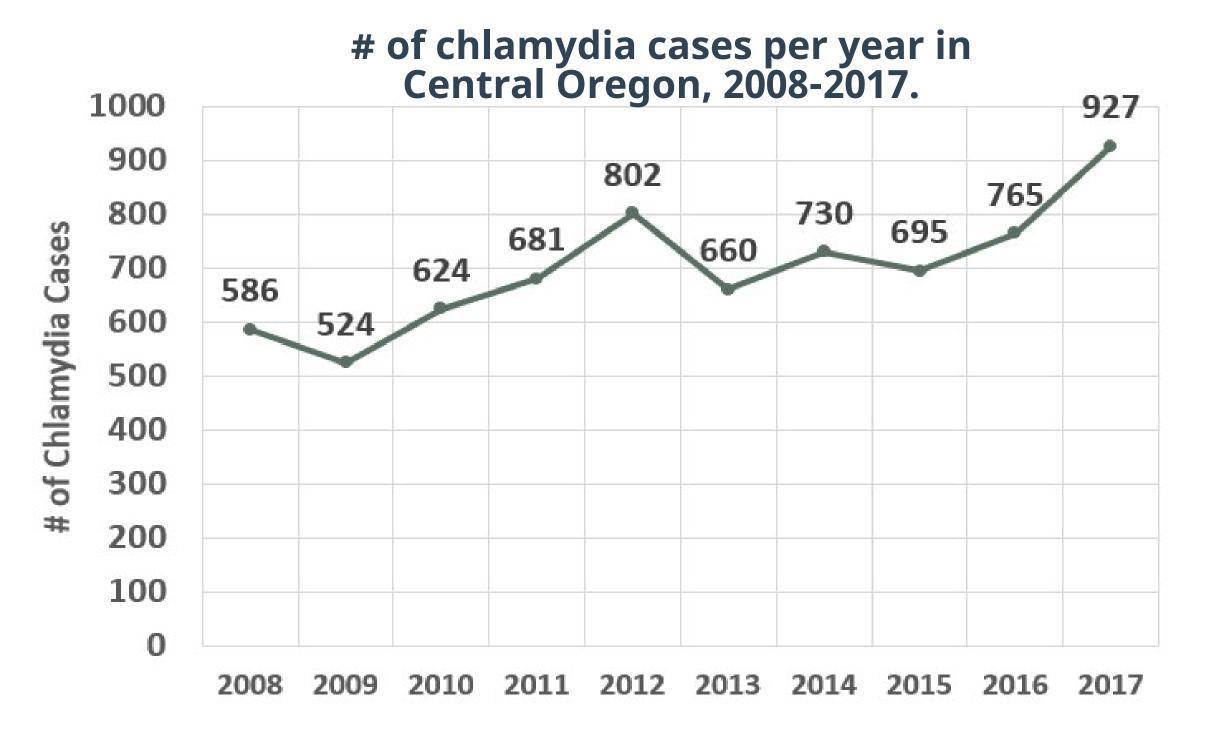
The increase in cases over time is partially due to our increase in population; however, rates of chlamydia (# of cases per population size) peaked in 2017 (406.2 cases per 100,000 population for the Central Oregon region).

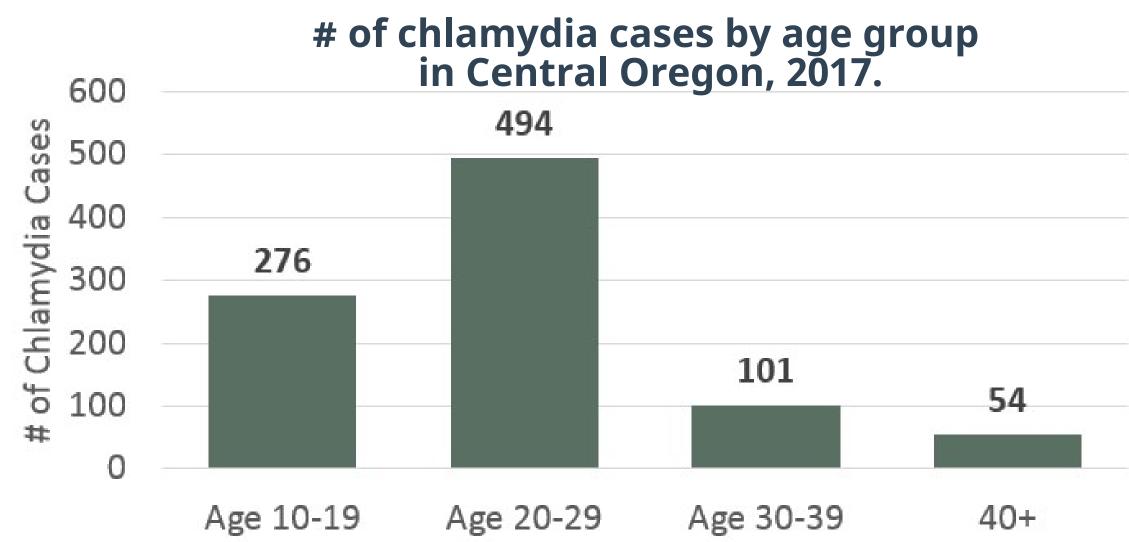
In 2017, the largest number of cases in Central Oregon were in Deschutes County (675), followed by Jefferson County (161) and Crook County (91).

Of the three Central Oregon counties, Jefferson County had the highest rate of chlamydia in 2017 (694.3 per 100,000 population), followed by Crook County (411.7 per 100,000 population) and Deschutes County (369.0 per 100,000 population).

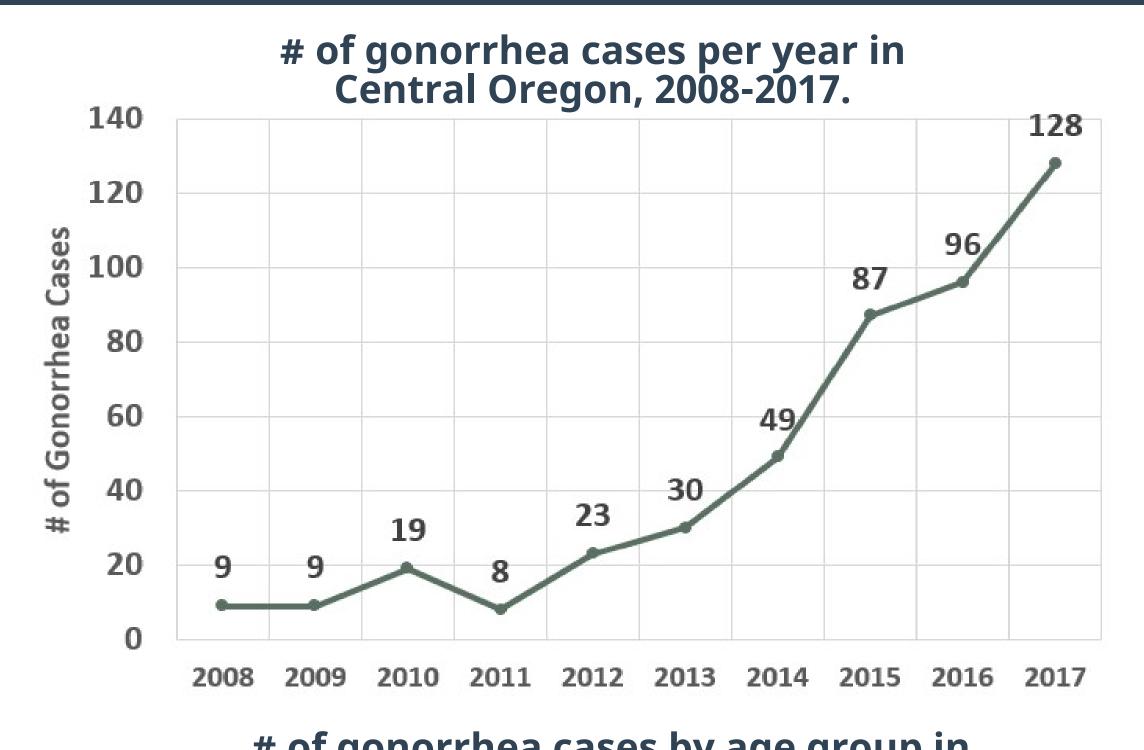
Chlamydia affects young adults and females the most.

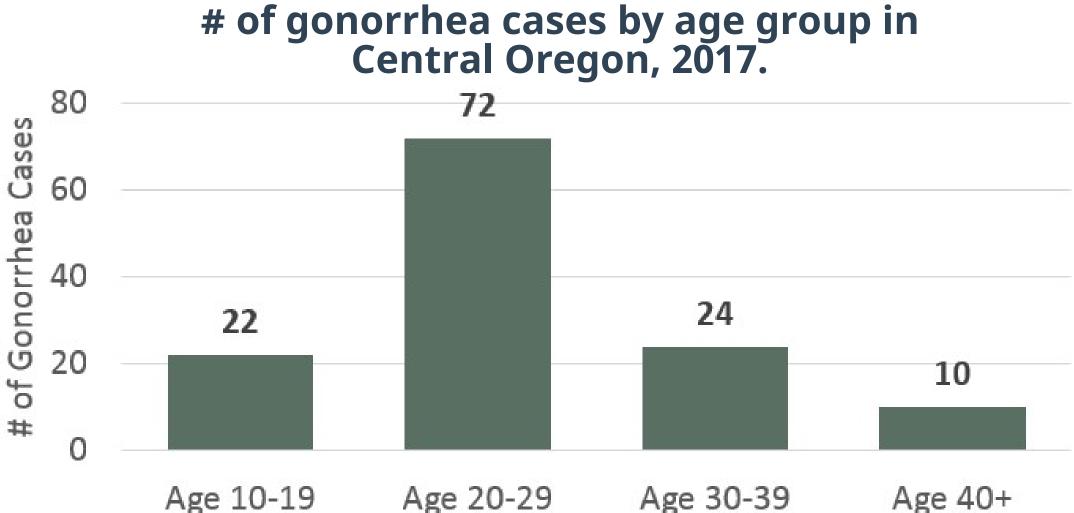
Most (53%) chlamydia cases in Central Oregon in 2017 were among those aged 20-29. Most (68%) cases were female.





Disease Spotlight: Gonorrhea





The number of annual gonorrhea cases has rapidly increased in Central Oregon.

Gonorrhea rates have increased from 3.5 per 100,000 population in 2008 to 56.1 per 100,000 population in 2017 in the Central Oregon region. Rates have more than doubled since 2014.

In 2017, the largest number of cases seen in Central Oregon were in Deschutes County (65), followed by Jefferson County (49) and Crook County (14).

Of the three Central Oregon counties, Jefferson County had the highest rate of gonorrhea in 2017 (211.3 per 100,000 population), followed by Crook County (63.3 per 100,000 population) and Deschutes County (35.5 per 100,000 population).

Gonorrhea affects young adults and males the most.

Most (56%) gonorrhea cases in Central Oregon in 2017 were among those aged 20-29. Slightly more than half (55%) of all cases were male.

Why are STD cases increasing in Central Oregon?

- Sex is more readily available and anonymous, partially due to dating apps. This makes tracking and partner notification more difficult.
- Use of condoms has decreased.
- Infections are spreading more broadly and into populations not traditionally affected by STDs.
- We have become better at detecting cases. This is due to many factors including changes in national screening guidelines, more sensitive tests, and increased access to healthcare services, including STD services.
- Our local health departments have experienced decreased funding for STD services.

What can be done to slow or stop the increase?

- **Providers:** make STD screening and timely treatment a standard part of medical care, especially for pregnant women, MSM, and young adults.
- Local health departments: increase prevention efforts through targeted outreach and messaging, and use innovative methods to conduct partner services.
- **Everyone**: talk openly about STDs, get tested regularly, and reduce risk by using condoms or practicing mutual monogamy if sexually active.