



111 North County Farm Road  
Wheaton, IL 60187  
(630) 682-7400  
www.dupagehealth.org

Linda Kurzawa  
President, Board of Health

Maureen McHugh  
Executive Director

Rashmi Chugh, MD, MPH  
Medical Officer

### General Information

Communicable Disease  
and Epidemiology  
(630) 682-7979, ext. 7553

Environmental Health  
(630) 682-7400

Immunizations  
(630) 682-7400

Sexually  
Transmitted Diseases  
(630) 682-7979, ext. 7553

HIV/AIDS  
(630) 682-7979, ext. 7553

Tuberculosis  
(630) 682-7979, ext. 7522

School Health  
(630) 682-7979, ext. 7300

Travel Clinic  
(630) 682-7400

Animal Care & Control  
(630) 407-2800

Please contact  
Communicable Disease  
and Epidemiology at  
(630) 682-7979, ext. 7553 or  
ebarajas@dupagehealth.org  
to send suggestions  
or to be added to the  
distribution list.

The purpose of this two-page surveillance update is to promote the control and prevention of **communicable disease (CD)** by providing clinically relevant information and resources to healthcare professionals in DuPage County.



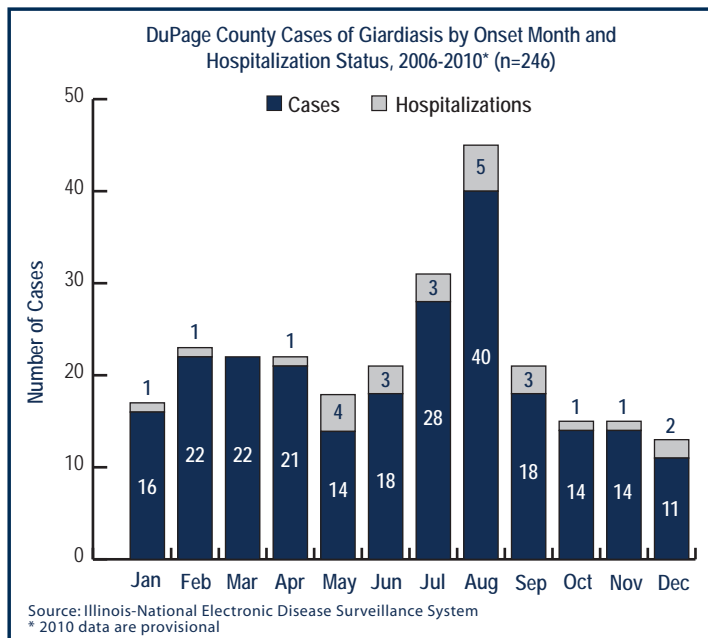
## Under the Microscope Giardiasis

For questions or to report suspect and known cases of giardiasis, please call the DuPage County Health Department at 630-682-7979, ext. 7553.

Giardiasis, a disease caused by the protozoan parasite *Giardia lamblia*, is characterized by **chronic diarrhea that usually lasts one or more weeks**. Diarrhea may be accompanied by one or more of the following symptoms: abdominal cramps, bloating, flatulence, fatigue or weight loss. Stools are often malodorous and have a pale greasy appearance. Infection without symptoms is also common.<sup>1</sup>

People become infected either directly by hand-to-mouth transfer of cysts from feces of an infected individual (as in careless diaper changing and poor handwashing technique), or indirectly by drinking feces-contaminated water. The organism does not invade other parts of the body or cause any permanent damage. **In infants and small children, however, the severe diarrhea can lead to dehydration and shock if adequate fluid intake is not maintained.**<sup>1</sup> Once a person or animal (e.g., cats, dogs, cattle, deer, and beavers) has been infected with *Giardia*, the parasite lives in the intestines and is passed in feces. Once outside the body, *Giardia* can sometimes survive for weeks or months.<sup>2</sup>

**Epidemiology:** Giardiasis occurs worldwide. In the U.S., *G. lamblia* is the parasite most commonly identified in stool specimens submitted to state laboratories for parasitologic examination. Other surveys conducted in the U.S. have demonstrated *G. lamblia* prevalence rates ranging from 1 percent to 30 percent, depending on the location and ages studied.<sup>1</sup>



Most transmission occurs sporadically by direct person-to-person contact in households where a case has occurred and among neighborhood contacts with infected children. **Epidemics resulting from person-to-person transmission most often occur in daycare centers for preschool-age children and institutions for the developmentally disabled.** Infants and toddlers in daycare centers are more commonly infected than older children who have been toilet trained. *Giardia* species in dogs and possibly other animals are also considered infectious for humans.<sup>1</sup>

**Diagnosis:** Because *Giardia* cysts can be excreted intermittently, multiple stool collections (i.e., **three stool specimens collected every other day**) increase test sensitivity.<sup>2</sup>

**Treatment:** Several drugs can be used to treat *Giardia* infection. Effective treatments include metronidazole, tinidazole, and nitazoxanide. Alternatives to these medications include paromomycin, quinacrine, and furazolidone. Some of these drugs may not be routinely available in the United States.<sup>2</sup> Different factors may shape how effective a drug regimen will be, including medical history, nutritional status, and condition of the immune system. Therefore, it is important for infected persons to discuss treatment options with a physician.<sup>2</sup>

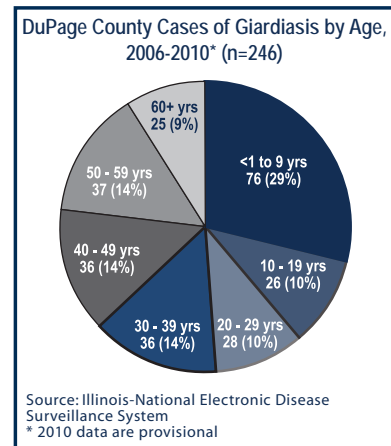
To prevent and control infection with the *Giardia* parasite, it is important to:

- Practice good hygiene
- Avoid water (drinking or recreational) that may be contaminated
- Avoid eating food that may be contaminated
- Prevent contact and contamination with feces during sex<sup>2</sup>

Backpackers and campers should not drink water directly from streams or lakes, no matter how clean the water appears. *G. lamblia* cysts can survive in the aquatic environment, especially in cold lakes or streams, for months, and are more resistant to disinfection than most other microbial pathogenic agents. Person-to-person transmission of *G. lamblia* can be prevented by practicing good personal hygiene and maintaining a sanitary environment. **Good handwashing and fingernail cleaning should be stressed, especially after using the toilet, handling soiled diapers of infants and before eating.** Quick and thorough cleanup of fecal accidents at home or in institutions also reduces the risk of spreading *G. lamblia* to others.<sup>1</sup>

### References:

1. [www.idph.state.il.us/envhealth/giardiasis.htm](http://www.idph.state.il.us/envhealth/giardiasis.htm)
2. [www.cdc.gov/parasites/giardia/](http://www.cdc.gov/parasites/giardia/)



**DUPAGE COUNTY HEALTH DEPARTMENT**  
**CASES<sup>1</sup> OF REPORTABLE DISEASES\***

\* Last updated by the Illinois Department of Public Health in March 2008

**CD REVIEW**  
Volume 7, No. 6 June 2011

Vaccine Preventable Diseases	Report Within	2011		2010		2009		2008		2007		Median	
		May	Jan - May	Jan - May	Total	Jan - May	Total	Jan - May	Total	Jan - May	Total	Jan - May	Total ('07-'10)
Chickenpox (varicella)	24 hrs	8	39	68	96	81	146	108	236	108	177	81	161.5
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive	24 hrs	2	6	3	6	5	11	1	6	1	5	3	6
Hepatitis A	24 hrs	1	3	4	6	7	14	11	16	12	26	7	15
Hepatitis B	7 days	0	1	0	3	4	8	1	4	4	9	1	6
Hepatitis B (carriers)	7 days	7	40	45	96	55	129	58	128	72	168	55	128.5
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	0	1	0	0	NR	NR	0	0
Measles (rubeola)	24 hrs	0	0	0	0	1	1	10	15	0	0	0	0.5
Mumps	24 hrs	1	3	0	1	1	2	1	2	10	13	1	2
Neisseria meningitidis, invasive	24 hrs	0	1	1	1	2	6	1	4	0	1	1	2.5
Pertussis (whooping cough)	24 hrs	11	62	11	88	7	26	1	13	6	9	7	19.5
Polio	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcus pneumoniae, invasive disease, in those < 5 yrs old	7 days	1	8	4	8	6	8	1	6	4	10	4	8
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
<b>Other Communicable Diseases</b>													
Anaplasmosis <sup>2</sup>	7 days	0	0	0	0	0	0	0	0	NR	NR	0	0
Anthrax	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Botulism, foodborne	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Botulism, other	24 hrs	0	0	0	0	0	0	0	0	1	1	0	0
Brucellosis	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
California encephalitis <sup>3</sup>	7 days	0	0	0	0	0	0	0	0	NR	NR	0	0
Cholera	24 hrs	0	0	0	0	0	0	0	1	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	1	0	0	0	0	0	0	NR	NR	0	0
Cryptosporidiosis	7 days	0	0	1	5	3	5	0	2	1	5	1	5
Cyclosporiasis	7 days	0	0	0	0	0	1	0	0	0	0	0	0
Dengue fever <sup>3</sup>	7 days	0	0	2	4	0	4	0	0	0	1	0	2.5
Ehrlichiosis <sup>2</sup>	7 days	0	0	0	0	0	0	0	0	1	1	0	0
Enteric E. coli infections <sup>4</sup>	24 hrs	0	4	7	20	6	12	5	21	3	7	5	16
Giardiasis	7 days	1	14	23	50	14	42	17	57	35	68	17	53.5
Glomerulonephritis <sup>5</sup>	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Hantavirus pulmonary syndrome	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Hemolytic uremic syndrome	24 hrs	0	0	0	0	0	0	0	1	0	0	0	0
Hepatitis C (cases & carriers)	7 days	4	69	85	182	122	238	118	261	147	301	118	249.5
Hepatitis D	7 days	0	0	0	0	0	0	0	0	NR	NR	0	0
Histoplasmosis	7 days	0	0	2	2	1	2	3	6	2	6	2	4
Influenza A, ICU admissions	3 hrs	1	24	0	3	NR	NR	NR	NR	NR	NR	NR	NR
Influenza A, novel virus	3 hrs	0	0	11	11	22	181	0	0	NR	NR	5.5	11
Legionellosis	7 days	1	2	3	11	3	13	1	5	2	13	2	12
Leprosy	7 days	0	0	0	0	1	1	0	0	0	0	0	0
Leptospirosis	7 days	0	0	0	0	0	0	0	0	0	1	0	0
Listeriosis	7 days	0	2	1	6	1	3	0	1	0	1	1	2
Lyme disease <sup>2</sup>	7 days	1	1	3	18	0	18	1	17	1	16	1	17.5
Malaria	7 days	0	1	1	4	1	4	3	5	4	7	1	4.5
Ophthalmia neonatorum	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Plague	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Psittacosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Q fever <sup>6</sup>	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	2	5	11	54	4	15	3	46	10	52	5	49
Reye syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatic fever <sup>3</sup>	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rocky Mountain spotted fever <sup>2</sup>	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Salmonellosis	7 days	5	33	37	139	32	90	38	108	48	140	37	123.5
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	NR	NR	0	0
Shigellosis	7 days	0	7	258	277	5	13	10	28	4	18	7	23
Smallpox	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Smallpox vaccination, complications	24 hrs	0	0	0	0	0	0	0	0	NR	NR	0	0
St. Louis encephalitis <sup>3</sup>	7 days	0	0	0	0	0	0	0	0	NR	NR	0	0
Staphylococcus aureus, methicillin resistant (MRSA), in those < 61 days old	24 hrs	0	1	4	6	3	6	0	3	NR	NR	2	6
Staphylococcus aureus, methicillin resistant (MRSA), community cluster <sup>7</sup>	24 hrs	0	0	1	1	0	1	1	4	NR	NR	0.5	1
Staphylococcus aureus (vancomycin-resistant)	24 hrs	0	0	1	1	0	0	0	0	0	1	0	0.5
Streptococcal infections, group A invasive disease <sup>8</sup>	24 hrs	1	19	10	20	9	14	10	16	8	11	10	15
Toxic shock syndrome <sup>9</sup>	7 days	0	1	0	0	0	0	0	1	0	2	0	0.5
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	1	9	15	26	13	29	13	43	13	27	13	28
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	0	3	2	3	3	5	1	3	0	7	2	4
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	0	0	1	0	2	0	0	0	0	1	0	1
West Nile disease <sup>3</sup>	7 days	0	0	17	0	0	0	0	1	0	10	0	5.5
Yersiniosis	7 days	1	2	0	0	2	5	0	1	1	1	1	1
<b>STDs, HIV and AIDS</b>													
AIDS <sup>10</sup> (April - June)	7 days	--	**	17	26	8	19	11	22	12	20	4.5	21
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	92	532	635	1542	670	1555	635	1587	507	1522	635	1548.5
Gonorrhea	7 days	15	84	93	223	87	225	121	268	78	251	87	238
HIV infection <sup>10</sup> (April - June)	7 days	--	**	21	27	20	40	12	23	10	22	8.5	25
Syphilis	7 days	1	12	6	25	14	33	10	18	4	18	10	21.5

DuPage County healthcare providers and hospitals must report any suspected or confirmed case of these diseases to the local health authorities within the number of hours or days indicated.

**REPORTING NUMBERS:**

**Communicable Diseases**  
(630) 682-7979, ext. 7553  
24 hours: (630) 682-7400

**Tuberculosis**  
(630) 682-7979, ext. 7522

**STDs**  
(630) 682-7979, ext. 7553

**HIV/AIDS:**  
(630) 682-7979, ext. 7553

- <sup>1</sup> Provisional cases, based on date of onset
  - <sup>2</sup> Listed in CD Rules and Regulations under "Tickborne Disease"
  - <sup>3</sup> Listed in CD Rules and Regulations under "Arboviral Infections"
  - <sup>4</sup> O157:H7, STEC, EIEC, ETEC, EPEC
  - <sup>5</sup> Listed in CD Rules and Regulations under "Streptococcal infections, group A invasive disease sequelae"
  - <sup>6</sup> Q fever case in 2004 not related to any suspected bioterrorism threat or event
  - <sup>7</sup> Two or more laboratory-confirmed cases of community onset MRSA infection during a 14 day period
  - <sup>8</sup> Includes streptococcal toxic shock syndrome and necrotizing fasciitis
  - <sup>9</sup> Due to *Staphylococcus aureus*
  - <sup>10</sup> HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis
- NR = Not reported  
\*\* = Count of 5 cases or less

**Websites**

**CDC:**  
[www.cdc.gov](http://www.cdc.gov)

**IDPH:**  
[www.idph.state.il.us](http://www.idph.state.il.us)

**DuPage:**  
[www.dupagehealth.org](http://www.dupagehealth.org)

Archived issues of CD Review are available at:

[www.dupagehealth.org/publications](http://www.dupagehealth.org/publications)