



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.



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General Information

Communicable Disease and Epidemiology
(630) 221-7553

Environmental Health
(630) 682-7400

Immunizations
(630) 682-7400

Sexually Transmitted Diseases
(630) 221-7553

HIV/AIDS
(630) 221-7553

Tuberculosis
(630) 221-7522

School Health
(630) 221-7300

Travel Clinic
(630) 682-7400

Animal Care & Control
(630) 407-2800

Please contact
Communicable Disease and Epidemiology at
(630) 221-7553 or
ebarajas@dupagehealth.org
to send suggestions
or to be added to the
distribution list.



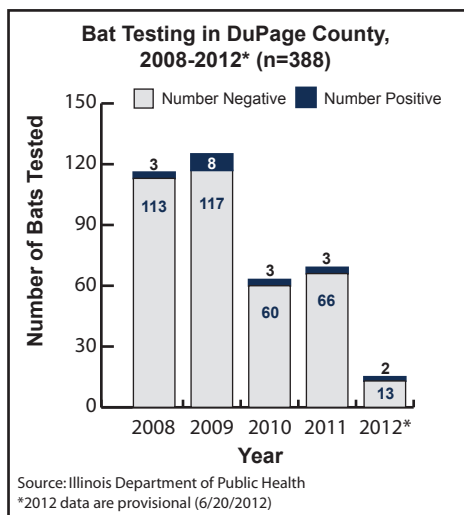
Under the Microscope Rabies

All animal bites to humans that occur in DuPage County must be reported to Animal Care and Control at (630) 407-2800; fax reports to (630) 407-2801. All potential rabies exposures must be reported to the DuPage County Health Department at (630) 221-7553.

Rabies is a preventable viral disease of mammals most often transmitted from the bite of a rabid animal. The most common wild reservoirs of rabies are **bats, raccoons, skunks, and foxes**, but the disease also has been found in deer and in large rodents, such as woodchucks. Domestic mammals can also acquire rabies, including cats, dogs and livestock, if they are not vaccinated.^{1,2} The virus is present primarily in the **saliva, brain tissue and spinal fluid** of a rabid animal.²

Most of the recent cases of human rabies that have occurred in the U.S. have been caused by bat strains of rabies. Rabid bats can be found in every county in Illinois.² Bats are the primary carrier of rabies in Illinois and already this year (as of June 20, 2012), two bats have tested positive for rabies in DuPage County.

Bats, like all wild animals, should never be handled. People usually know when they have been bitten by a bat, but there are instances when a bite may not be apparent. **Bats have very small teeth and a physical inspection cannot be used to establish whether a bite occurred.** Exposure may occur if the animal's saliva enters an open cut or mucous membrane (nose, mouth, eyes).²



The presence of a bat in a home, or any contact with a bat, represents a possible hazard for rabies and should be reported to a physician and the local health department so that the circumstances can be evaluated.^{2,3} For example, if a person awakens and finds a bat in the bedroom, or sees a bat in the room of an unattended young child, or sees a bat near a mentally impaired or intoxicated person, a physician and local health department should be consulted, and prophylaxis considered if the bat cannot be tested negative.^{2,4} **The bat should not be discarded and the bat's head should not be damaged, so the bat may be tested for rabies immediately.**

One to three people die in the U.S. every year from rabies, usually due to exposures to indigenous rabid bats, skunks, or raccoons, or to exposure to rabid dogs while traveling overseas. For this reason, **it is important that rabies be considered in all cases of unexplained encephalitis.** Rabies is nearly always fatal once symptoms appear, but it **can be prevented almost 100% of the time when postexposure prophylaxis including rabies vaccine and immunoglobulin is administered soon after a rabies exposure occurs.**¹ In the U.S., human fatalities associated with rabies occur in people who fail to seek medical assistance, **usually because they were unaware or do not recognize the risk of their exposure.**¹ The last human case in Illinois was reported in 1954.²

Post-exposure Prophylaxis (PEP)

If an animal suspected of having rabies cannot be submitted for testing (e.g., escaped bat, skunk) or observed (domestic dogs, cats, or ferrets only), or if it tests positive for rabies, PEP of the individual with **(1) rabies immune globulin and (2) the vaccine series** must begin immediately.² The 2008 recommendations of the Advisory Committee on Immunization Practices (ACIP) were revised and updated in 2010, reducing the 5-dose rabies vaccination regimen to 4 doses.^{4,5} Evidence from various studies and epidemiologic surveillance indicated that **4 vaccine doses in combination with rabies immune globulin (RIG) elicited adequate immune responses** and that a fifth dose of vaccine did not contribute to more favorable outcomes.⁵ ACIP recommendations for the use of **rabies immune globulin (RIG)** remain unchanged. In addition to prompt wound care, PEP consists of a regimen of **one dose of RIG (for immediate passive immunization) and four doses of rabies vaccine over a 14-day period (on days 0, 3, 7, and 14)** for most individuals (five doses recommended for immunosuppressed persons), initiated as soon as possible after exposure.⁵ For persons **traveling who receive PEP abroad**, it might be necessary to provide additional therapy when the patient returns to the U.S. State or local health departments should be contacted for specific advice in such cases.⁶

Because animal rabies testing is a priority at the state laboratories, initiation of rabies PEP can await prompt testing of the animal brain. Current vaccines are relatively painless and are given **intramuscularly in the arm**, like an influenza or tetanus vaccine (e.g., **for adults, the deltoid area; for children, the anterolateral aspect of the thigh also is acceptable**). The **gluteal area should not be used** because administration of vaccine in this area might result in a diminished immunologic response. Children should receive the same vaccine dose (i.e., vaccine volume) as recommended for adults.⁵

References:

1. www.cdc.gov/rabies/
2. www.idph.state.il.us/health/infect/reportdis/rabies.htm
3. www.idph.state.il.us/envhealth/pcbats.htm
4. www.cdc.gov/mmwr/PDF/rr/rr5703.pdf
5. www.cdc.gov/mmwr/pdf/rr/rr5902.pdf
6. www.cdc.gov/rabies/specific_groups/travelers/treatment_outside_us.html

DUPAGE COUNTY HEALTH DEPARTMENT
CASES¹ OF REPORTABLE DISEASES*

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

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	Report Within	2012		2011		2010		2009		2008		Median	
		May	Jan - May	Jan - May	Total	Jan - May	Total	Jan - May	Total	Jan - May	Total	Jan - May	Total ('08-'11)
Vaccine Preventable Diseases													
Chickenpox (varicella)	24 hrs	7	50	39	82	67	95	81	146	108	236	67	120.5
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive	24 hrs	0	5	6	15	4	7	5	11	1	6	5	9
Hepatitis A	24 hrs	1	1	3	9	2	3	2	6	8	11	2	7.5
Hepatitis B	7 days	1	2	0	0	0	4	4	8	0	3	0	3.5
Hepatitis B (carriers)	7 days	6	45	42	113	47	108	55	127	58	128	47	120
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	0	0	0	1	0	0	0	0
Influenza ICU admissions	24 hrs	3	8	24	24	0	3	NR	NR	NR	NR	8	13.5
Measles (rubeola)	24 hrs	0	0	0	0	0	0	1	1	10	14	0	0.5
Mumps	24 hrs	0	1	2	4	0	2	1	2	1	2	1	2
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	0	1	2	1	1	2	6	1	4	1	3
Pertussis (whooping cough)	24 hrs	17	104	68	272	15	92	7	26	1	13	15	59
Poliomyelitis	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
<i>Streptococcus pneumoniae</i> , invasive disease, in those < 5 yrs old	7 days	0	2	8	13	4	8	6	8	1	6	4	8
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Other Communicable Diseases													
Anaplasmosis ²	7 days	0	0	1	3	0	0	0	0	0	0	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	0	0	0	0
Brucellosis	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
California encephalitis ³	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	1	0	0
Creutzfeldt-Jakob disease	7 days	0	0	1	2	0	0	0	0	0	0	0	0
Cryptosporidiosis	7 days	0	1	0	5	1	5	3	5	0	1	1	5
Cyclosporiasis	7 days	0	0	0	0	0	0	0	1	0	0	0	0
Dengue fever ³	7 days	0	0	1	1	2	4	0	4	0	0	0	2.5
Ehrlichiosis ²	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Enteric <i>E. coli</i> infections ⁴	24 hrs	0	5	7	21	7	18	6	12	5	21	6	19.5
Giardiasis	7 days	2	15	15	54	22	49	14	40	15	53	15	51
Glomerulonephritis ⁵	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	1	0	0	0	0	0	1	0	0.5
Hepatitis C (cases & carriers)	7 days	10	73	76	189	83	187	102	213	114	246	83	201
Hepatitis D	7 days	0	0	0	1	0	0	0	0	0	0	0	0
Histoplasmosis	7 days	1	1	0	0	2	2	1	2	3	6	1	2
Influenza A, novel virus	3 hrs	0	0	0	0	11	11	22	181	0	0	0	5.5
Legionellosis	7 days	0	5	2	15	3	11	3	13	1	5	3	12
Leprosy	7 days	0	0	0	0	0	0	0	0	1	1	0	0
Leptospirosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Listeriosis	7 days	0	0	1	3	1	6	1	3	0	1	1	3
Lyme disease ²	7 days	3	4	3	31	3	19	0	17	1	16	3	18
Malaria	7 days	0	1	1	7	1	4	1	4	2	4	1	4
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 ⁶	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	9	11	5	31	11	54	4	15	3	45	5	38
Reye syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatic fever ⁵	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rocky Mountain spotted fever ²	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Salmonellosis	7 days	7	32	36	99	36	136	31	89	38	105	36	102
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	0	7	7	22	258	277	5	12	9	24	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	0	0	0	0
St. Louis encephalitis ³	7 days	0	0	0	0	0	0	0	0	0	0	0	0
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), in those < 61 days old	24 hrs	1	2	1	3	4	6	3	6	0	3	2	4.5
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), community cluster ⁷	24 hrs	0	1	0	0	1	1	0	1	1	4	1	1
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	0	0	1	1	1	0	0	0	0	0	0.5
Streptococcal infections, group A invasive disease ⁸	24 hrs	2	12	19	30	10	20	9	14	10	16	10	18
Toxic shock syndrome ⁹	7 days	0	0	1	1	0	0	0	0	0	1	0	0.5
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis ¹⁰	7 days	6	10	9	23	15	26	13	29	13	43	13	27.5
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	0	1	3	3	2	3	3	5	1	3	2	3
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	0	1	0	3	0	1	0	2	0	0	0	1.5
West Nile disease ³	7 days	0	0	0	2	0	17	0	0	0	1	0	1.5
Yersiniosis	7 days	0	3	2	3	0	0	2	5	0	1	2	2
STDs, HIV and AIDS													
AIDS ¹¹ (April - June)	7 days	--	5	5	16	10	26	**	19	6	22	4.5	20.5
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia ¹²	7 days	83	617	588	1558	634	1539	670	1555	635	1587	634	1556.5
Gonorrhea ¹²	7 days	13	78	91	256	93	223	87	225	121	268	91	240.5
HIV infection ¹¹ (April - June)	7 days	--	6	5	24	13	27	11	40	6	23	8.5	25.5
Syphilis	7 days	3	7	14	24	6	25	14	33	10	18	10	24.5

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) 221-7553
24 hours: (630) 682-7400

Tuberculosis
(630) 221-7522

STDs
(630) 221-7553

HIV/AIDS:
(630) 221-7553

- ¹ Provisional cases, based on date of onset
 - ² Listed in CD Rules and Regulations under "Tickborne Disease"
 - ³ Listed in CD Rules and Regulations under "Arboviral Infections"
 - ⁴ O157:H7, STEC, EIEC, ETEC, EPEC
 - ⁵ Listed in CD Rules and Regulations under "Streptococcal infections, group A invasive disease sequelae"
 - ⁶ Q fever case in 2004 not related to any suspected bioterrorism threat or event
 - ⁷ Two or more laboratory-confirmed cases of community onset MRSA infection during a 14 day period
 - ⁸ Includes streptococcal toxic shock syndrome and necrotizing fasciitis
 - ⁹ Due to *Staphylococcus aureus*
 - ¹⁰ Provisional cases, based on count date per IDPH
 - ¹¹ HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis
 - ¹² Provisional cases, based on date of test
- NR = Not reported
** = Count of less than 5 cases

Websites

CDC:
www.cdc.gov

IDPH:
www.idph.state.il.us

DuPage:
www.dupagehealth.org

Archived issues of *CD Review* are available at:
www.dupagehealth.org/publications