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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.

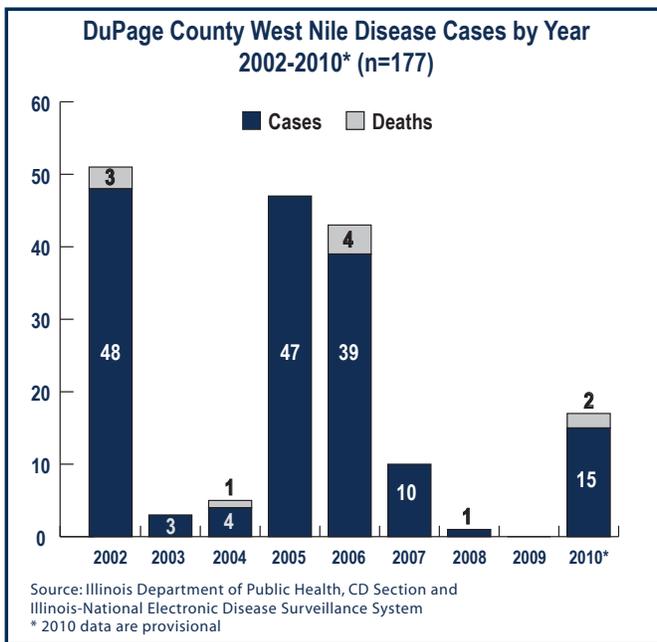


Under the Microscope West Nile Virus

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

West Nile virus (WNV) emerged in the United States in the New York metropolitan area in the fall of 1999. Since then, the virus, which can be transmitted to humans by the bite of an infected mosquito, has quickly spread across the country.¹

In Illinois, West Nile virus was first identified in September 2001 when laboratory tests confirmed its presence in two dead crows found in the Chicago area. In 2002, the state's first human cases and deaths from West Nile disease were recorded and all but two of the state's 102 counties eventually reported a positive human, bird, mosquito or horse case. By the end of 2002, Illinois had counted more human cases (884) and deaths (67) than any other state in the U.S. In 2003, the epicenter of West Nile disease moved westward. Colorado reported the highest number of cases (2,947), easily surpassing the caseload record for the mosquito-borne disease set the previous year by Illinois. The number of West Nile human cases in Illinois fell dramatically with just 54 reported and one death. Illinois' caseload in 2004 was slightly higher than the previous year with 60 reported cases and four deaths. In 2005, Illinois recorded 252 cases and 12 deaths, both totals the second highest in the nation to California's 880 cases and 19 deaths. In 2006, there were 215 cases and 10 deaths reported, the sixth highest number of cases in the U.S.¹ The following numbers of human WNV cases in Illinois have been reported in subsequent years: 2007—101, 2008—20, 2009—5, and 2010—61.¹



The timely identification and reporting of persons with acute WNV or other arboviral infections may have significant public health implications and will likely augment the public health response to reduce the risk of additional human infections.² West Nile virus disease may be classified as non-neuroinvasive disease (e.g., West Nile fever) or neuroinvasive disease cases, based on clinical and laboratory criteria.³ Mild cases of West Nile infections (e.g., West Nile fever) may cause a slight fever or headache. More severe infections (e.g., neuroinvasive disease, including West Nile encephalitis and meningitis) are marked by a rapid onset of a high fever with head and body aches, disorientation, tremors, convulsions and, in the most severe cases, paralysis or death. Usually symptoms occur from 3 to 14 days after the bite of an infected mosquito, and generally last for 3 to 6 days. Persons at the highest risk for serious illness are those 50 years of age or older.⁴

Diagnosis of West Nile virus infection is based on a high index of clinical suspicion and obtaining specific laboratory tests (e.g., serum, cerebrospinal fluid). Procedures for submitting specimens to the Illinois Department of Public Health Laboratory and requisition forms can be found at www.idph.state.il.us/envhealth/wnvguidelines.htm. Treatment is supportive, often involving hospitalization, intravenous fluids, respiratory support, and prevention of secondary infections for patients with severe disease.⁴

Public health officials believe that a hot and dry summer could increase mosquito activity and the risk of disease from West Nile virus. The best way to prevent West Nile encephalitis and other mosquito-borne illnesses is to reduce the number of mosquitoes around your home and neighborhood and to take personal precautions to avoid mosquito bites.⁵

Recommended precautions include:

- Avoid being outdoors when mosquitoes are most active, especially between dusk and dawn.
- When outdoors, wear shoes and socks, long pants and a long-sleeved shirt, and apply insect repellent that includes DEET, picaridin, oil of lemon eucalyptus or IR 3535 according to label instructions. Consult a physician before using repellents on infants.
- Make sure doors and windows have tight-fitting screens. Repair or replace screens that have tears or other openings. Try to keep doors and windows shut, especially at night.
- Eliminate all sources of standing water that can support mosquito breeding, including water in bird baths, ponds, flowerpots, wading pools, old tires and any other receptacles. In communities where there are organized mosquito control programs, contact your municipal government to report areas of stagnant water in roadside ditches, flooded yards and similar locations that may produce mosquitoes.⁵

References:

1. www.idph.state.il.us/envhealth/wnv.htm
2. www.cdc.gov/ncidod/dvbid/westnile/clinicians/reporting.htm
3. www.cdc.gov/osels/ph_surveillance/nndss/casedef/arboviral_current.htm
4. www.idph.state.il.us/envhealth/wnvclinicians.htm
5. www.idph.state.il.us/public/press11/5.13.11WNV_Mosq.htm

**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	2011		2010		2009		2008		2007		Median	
		Apr	Jan - Apr	Jan - Apr	Total	Jan - Apr ('07-'10)	Total ('07-'10)						
Vaccine Preventable Diseases													
Chickenpox (varicella)	24 hrs	15	31	52	96	56	146	83	236	80	177	56	161.5
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive	24 hrs	1	4	2	6	3	11	1	6	1	5	2	6
Hepatitis A	24 hrs	0	2	3	6	5	14	9	16	9	26	5	15
Hepatitis B	7 days	0	0	0	3	4	8	1	4	4	9	1	6
Hepatitis B (carriers)	7 days	12	30	36	96	48	129	51	128	57	168	48	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	0	15	0	0	0	0.5
Mumps	24 hrs	1	2	0	1	0	2	1	2	9	13	1	2
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	1	0	1	2	6	1	4	0	1	1	2.5
Pertussis (whooping cough)	24 hrs	9	45	6	88	5	26	1	13	6	9	6	19.5
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	2	7	4	8	4	8	1	6	2	10	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	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	0	1	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	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	0	5	2	5	0	2	0	5	0	5
Cyclosporiasis	7 days	0	0	0	0	0	1	0	0	0	0	0	0
Dengue fever ³	7 days	0	0	2	4	0	4	0	0	0	1	0	2.5
Ehrlichiosis ²	7 days	0	0	0	0	0	0	0	0	0	1	0	0
Enteric <i>E. coli</i> infections ⁴	24 hrs	0	4	5	20	4	12	5	21	3	7	4	16
Giardiasis	7 days	4	13	22	50	13	42	14	57	25	68	14	53.5
Glomerulonephritis ³	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	9	53	67	182	101	238	90	261	109	301	90	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	2	6	1	6	1	4
Influenza A, ICU admissions	3 hrs	0	23	0	3	NR	NR	NR	NR	NR	NR	NR	NR
Influenza A, novel virus	3 hrs	0	0	11	11	3	181	0	0	NR	NR	1.5	11
Legionellosis	7 days	1	1	2	11	2	13	1	5	0	13	1	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	1	2	1	6	1	3	0	1	0	1	1	2
Lyme disease ²	7 days	0	0	1	18	0	18	0	17	1	16	0	17.5
Malaria	7 days	1	1	1	4	1	4	1	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 ⁵	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	0	3	7	54	0	15	1	46	4	52	3	49
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	15	27	29	139	26	90	25	108	30	140	27	123.5
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	NR	NR	0	0
Shigellosis	7 days	2	7	258	277	5	13	9	28	2	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 ³	7 days	0	0	0	0	0	0	0	0	NR	NR	0	0
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), in those < 61 days old	24 hrs	0	1	1	6	2	6	0	3	NR	NR	1	6
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), community cluster ⁷	24 hrs	0	0	1	1	0	1	1	4	NR	NR	0.5	1
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	0	1	1	0	0	0	0	0	1	0	0.5
Streptococcal infections, group A invasive disease ⁸	24 hrs	5	17	8	20	7	14	8	16	5	11	8	15
Toxic shock syndrome ⁹	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	8	10	26	11	29	12	43	10	27	10	28
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	1	3	2	3	2	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	0	1	0	2	0	0	0	1	0	1
West Nile disease ³	7 days	0	0	0	17	0	0	0	1	0	10	0	5.5
Yersiniosis	7 days	0	1	0	0	2	5	0	1	0	1	0	1
STDs, HIV and AIDS													
AIDS ¹⁰ (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	80	410	500	1472	539	1555	507	1587	417	1522	500	1538.5
Gonorrhea	7 days	15	64	77	221	72	225	91	268	62	251	72	238
HIV infection ¹⁰ (April - June)	7 days	--	**	21	27	20	40	12	23	10	22	8.5	25
Syphilis	7 days	2	11	3	23	13	33	9	18	4	18	9	20.5

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

- 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 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

IDPH:
www.idph.state.il.us

DuPage:
www.dupagehealth.org

Archived issues of CD Review are available at:

www.dupagehealth.org/publications