



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

Contact Information

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

Environmental Health
(630) 682-7979, ext. 7046

Immunizations
(630) 682-7400

Sexually Transmitted Diseases
(630) 682-7979, ext. 7575

HIV/AIDS
(630) 682-7979, ext. 7310

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
Peggy Iverson, BS at
(630) 682-7979, ext. 7534 or
piverson@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 *Streptococcus pneumoniae*

For questions or to report suspect or known cases of **invasive pneumococcal disease** (e.g., bacteremia, meningitis, or other infection of a normally sterile site) in children < 5 years of age, please call the DuPage County Health Department at 630-682-7979, ext. 7553.

Streptococcus pneumoniae (pneumococcus) remains a leading cause of vaccine-preventable illness and death in the U.S. Influenza predisposes individuals to developing bacterial community-acquired pneumonia. During each of the influenza pandemics of the 20th century, secondary bacterial pneumonia was a frequent cause of illness and death and *S. pneumoniae* was reported as the most common etiology. These findings also apply to seasonal influenza. **Recently, pneumococcal infections have been identified as an important complication in severe and fatal cases of 2009 H1N1 influenza virus infection. A key difference between this pandemic and those of the past is that now we have two pneumococcal vaccines that may help to prevent these infections.**¹

During the 2009-2010 influenza season, in addition to vaccines against seasonal influenza and 2009 H1N1 influenza, pneumococcal vaccines can be useful in preventing secondary pneumococcal infections and reducing illness and death among those infected with influenza viruses.¹

CDC's Advisory Committee on Immunization Practices (ACIP) recommends a **single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions.** For those **19 through 64 years of age**, these include: having **asthma or smoking cigarettes.**

For those **2 through 64 years of age, high-risk conditions include: chronic cardiovascular disease** (congestive heart failure and cardiomyopathies), **chronic pulmonary disease** (including chronic obstructive pulmonary disease and emphysema), **diabetes mellitus, alcoholism, chronic liver disease** (including cirrhosis), **cerebrospinal fluid leaks, cochlear implant, functional or anatomic asplenia including sickle cell disease and splenectomy, immunocompromising conditions** including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome; those **receiving immunosuppressive chemotherapy (including corticosteroids);** and those who have **received an organ or bone marrow transplant, and residents of nursing homes or long-term care facilities.**¹

Among those with high-risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza. **A single pneumococcal revaccination at least five years after initial vaccination is recommended for people 65 years and older who were first vaccinated before age 65 years.** A single pneumococcal revaccination is also recommended for people at highest risk of disease, such as those who have functional and anatomical asplenia, immunocompromising conditions, or malignancy and have at least five years elapsed from receipt of first vaccination.^{1,2}

All people who have existing indications for PPSV should continue to be vaccinated according to current ACIP recommendations during the 2009 H1N1 influenza pandemic. Importantly however, **approximately 70 million persons with existing pneumococcal polysaccharide vaccine (PPSV) indications are unvaccinated** (National Health Interview Survey, 2007).³ **Special emphasis should be placed on vaccinating adults under 65 years of age who have established high-risk conditions for pneumococcal disease; PPSV coverage among this group is low and this group may be more likely to develop secondary bacterial pneumonia after an influenza infection.** PPSV is available for ordering through the usual process; ordering PPSV is not linked to placing orders for monovalent 2009 H1N1 influenza vaccine.¹

Use of PPSV among people without current indications for vaccination is not recommended at this time.

All children younger than 5 years of age should continue to receive pneumococcal conjugate vaccine (PCV7) according to existing recommendations.⁴

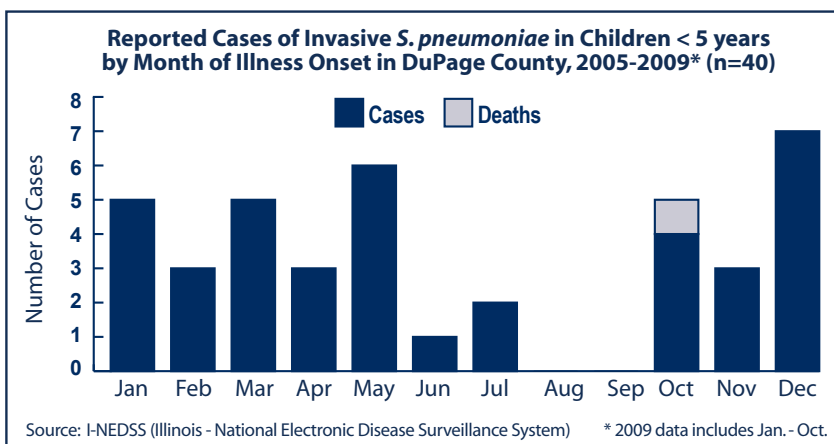
According to existing guidelines, the use of a commercially available **urine antigen test (Binax NOW®) is recommended for the diagnosis of pneumococcal pneumonia in adults.** Such testing, **along with blood cultures and testing for influenza infection,** can assist clinicians in determining whether secondary pneumococcal pneumonia is occurring.¹

In communities where 2009 H1N1 influenza is circulating, **treatment with influenza antiviral agents is recommended for all hospitalized patients with confirmed, probable or suspected 2009 H1N1 or seasonal influenza and for outpatients who are at higher risk for influenza-related complications. Empiric treatment of patients hospitalized with community acquired pneumonia should include both influenza antiviral agents and appropriate antibiotic therapy.**¹

For more information on treatment of influenza, see www.cdc.gov/h1n1flu/recommendations.htm.

References:

1. www.cdc.gov/H1N1flu/HAN/111609.htm
2. www.cdc.gov/mmwr/PDF/rr/r4608.pdf
3. www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm
4. www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm



DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

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

CD REVIEW

Volume 5, No. 11 November 2009

Vaccine Preventable Diseases	Report Within	2009		2008		2007		2006		2005		Median	
		Oct	Jan - Oct	Jan - Oct	Total	Jan - Oct	Total	Jan - Oct	Total	Jan - Oct	Total	Jan - Oct	('05-'08)
Chickenpox (varicella)	24 hrs	18	128	115	173	139	177	160	252	182	232	139	205
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive	24 hrs	0	8	4	6	5	5	1	7	9	10	5	7
Hepatitis A	24 hrs	2	10	15	16	23	26	0	12	8	9	10	14
Hepatitis B	7 days	0	5	4	4	8	9	1	4	5	6	5	5
Hepatitis B (carriers)	7 days	7	85	106	128	144	168	12	159	210	245	106	164
Influenza, deaths in < 18 yrs old	7 days	1	1	0	0	NR	NR	NR	NR	NR	NR	--	--
Measles (rubeola)	24 hrs	0	1	15	15	0	0	0	0	0	0	0	0
Mumps	24 hrs	0	2	2	2	13	13	31	130	0	0	2	8
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	4	3	4	1	1	0	2	3	4	3	2
Pertussis (whooping cough)	24 hrs	4	21	6	13	9	9	0	26	24	29	9	28
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	1	7	3	6	7	10	0	8	7	9	7	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	NR	NR	NR	NR	NR	NR	--	--
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	1	1	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	NR	NR	NR	NR	NR	NR	0	--
Cholera	24 hrs	0	0	1	1	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	0	0	NR	NR	1	1	NR	NR	--	--
Cryptosporidiosis	7 days	0	4	2	2	4	5	9	9	3	3	4	4
Cyclosporiasis	7 days	0	1	0	0	0	0	0	0	1	2	0	0
Ehrlichiosis ²	7 days	0	0	0	0	1	1	2	2	0	0	0	1
Enteric <i>E. coli</i> infections ⁴	24 hrs	1	10	21	21	7	7	8	8	18	20	10	14
Giardiasis	7 days	4	36	55	57	66	68	37	47	43	49	43	53
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	1	1	0	0	0	0	0	0	0	0
Hepatitis C (cases & carriers)	7 days	3	185	228	261	264	301	230	272	195	235	228	267
Hepatitis D	7 days	0	0	0	0	NR	NR	NR	NR	NR	NR	--	--
Histoplasmosis	7 days	0	2	5	6	4	6	1	1	0	0	2	4
Influenza A, novel virus	3 hrs	72	126	0	0	NR	NR	NR	NR	NR	NR	--	--
Legionellosis	7 days	0	13	5	5	11	13	8	9	2	2	8	7
Leprosy	7 days	0	1	0	0	0	0	1	1	0	0	0	0
Leptospirosis	7 days	0	0	0	0	1	1	0	0	1	1	0	1
Listeriosis	7 days	1	3	1	1	1	1	5	6	2	2	2	2
Lyme disease ²	7 days	1	18	15	17	16	16	10	10	11	12	15	14
Malaria	7 days	0	4	5	5	6	7	3	6	5	5	5	6
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	0	13	46	46	50	52	28	28	23	24	28	37
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	1	1	1	1	0	1
Rocky Mountain spotted fever ²	7 days	0	0	0	0	0	0	1	1	0	0	0	0
Salmonellosis	7 days	5	77	94	108	127	140	88	103	103	120	94	114
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	NR	NR	NR	NR	NR	NR	--	0
Shigellosis	7 days	1	12	27	28	16	18	24	27	26	29	24	28
Smallpox	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Smallpox vaccination, complications	24 hrs	0	0	0	0	NR	NR	NR	NR	NR	NR	--	--
St. Louis encephalitis ³	7 days	0	0	0	0	NR	NR	NR	NR	NR	NR	--	--
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), in those < 61 days old	24 hrs	1	6	0	3	NR	NR	NR	NR	NR	NR	--	--
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), community cluster ⁷	24 hrs	0	1	2	4	NR	NR	NR	NR	NR	NR	--	--
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	0	0	0	1	1	0	0	0	0	0	0
Streptococcal infections, group A invasive disease ⁸	24 hrs	2	12	11	16	10	11	16	18	7	12	11	14
Toxic shock syndrome ⁹	7 days	0	0	1	1	2	2	1	1	1	1	1	1
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis (Category III)	7 days	5	26	38	43	25	27	38	44	27	29	27	36
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	0	5	3	3	5	7	2	2	2	2	3	3
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	0	2	0	0	1	1	1	2	1	1	--	--
West Nile disease ³	7 days	0	0	1	1	10	10	43	43	47	47	10	27
Yersiniosis	7 days	0	4	1	1	1	1	0	0	2	2	1	1
STDs, HIV and AIDS													
AIDS ¹⁰ (January - September)	7 days	--	10	0	11	5	15	10	22	18	30	10	19
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	44	1172	1352	1587	1142	1522	1144	1346	1095	1241	1144	1434
Gonorrhea	7 days	7	166	225	268	183	251	159	192	176	211	176	231
HIV infection ¹⁰ (January - September)	7 days	--	14	6	23	11	19	16	22	18	38	14	23
Syphilis	7 days	0	22	14	18	11	18	21	24	12	16	14	18

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) 682-7400, ext. 7553
24 hours: (630) 682-7400

Tuberculosis
(630) 682-7400, ext. 7522

STDs
(630) 682-7400, ext. 7575

HIV/AIDS:
(630) 682-7400, ext. 7310

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

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/health_data/cd-review.html