



DuPage County Health Department R E V I E W

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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) 682-7522

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

Travel Clinic
(630) 682-7979, ext. 7590

Animal Care & Control
(630) 407-2800

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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 Hepatitis C

For questions or to report suspect and known cases of hepatitis C, please call **Communicable Disease Services** at 630-682-7979, ext. 7553.

The hepatitis C virus (HCV) is a major public health problem and a leading cause of chronic liver disease. HCV is the leading cause of death from liver disease in the United States.¹

HCV infects approximately 36,000 persons each year in the United States. Although generally a mild condition, hepatitis C is much more likely than hepatitis B to lead to chronic liver disease. People infected with HCV can become chronic carriers of the virus, although they may have no symptoms. It is estimated that there are approximately 4 million HCV chronic carriers in the U.S. **Around 70 percent of all HCV carriers will develop chronic liver disease, regardless of whether they have symptoms.**²

HCV-associated end-stage liver disease is the most frequent indication for liver transplantation among adults. Because most HCV-infected persons are aged 30–49 years, the number of deaths attributable to HCV-related chronic liver disease could increase substantially during the next 10–20 years as this group of infected persons reaches ages at which complications from chronic liver disease typically occur.³

HCV is spread primarily by exposure to human blood. **Approximately 80 percent of persons who share needles to inject drugs are infected with HCV.** Persons who receive blood transfusions face some risk, although it is very low since testing of donated blood for HCV began in 1990. Hepatitis C has been transmitted between sex partners and among household members, but the degree of risk is believed to be low.²

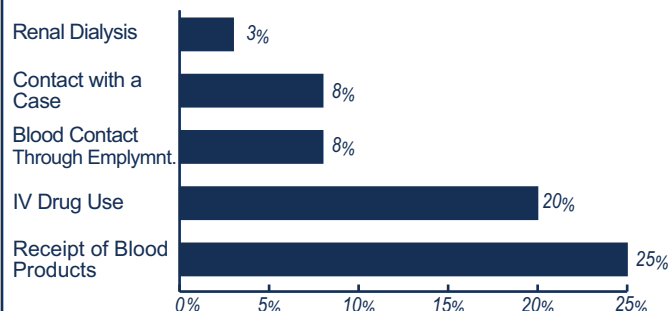
Nosocomial transmission of HCV is possible if infection control techniques or disinfection procedures are inadequate and contaminated equipment is shared among patients. Health care, emergency medical, and public safety workers who have **exposure to blood in the workplace** are at risk for being infected with bloodborne pathogens. The average incidence of anti-HCV seroconversion after unintentional needle sticks or sharps exposures from an HCV-positive source is 1.8% (range: 0%–7%), with one study reporting that transmission occurred only from hollow-bore needles compared with other sharps.³

Reducing the burden of HCV infection and HCV-related disease in the United States requires implementation of **primary prevention** activities that reduce risks for contracting HCV infection and **secondary prevention** activities that reduce risks for liver and other chronic diseases in HCV-infected persons. In addition, **surveillance and evaluation** activities are required to determine the effectiveness of prevention programs in reducing incidence of disease, identifying persons infected with HCV, providing appropriate medical follow-up, and promoting healthy lifestyles and behaviors.³

Who should be tested for hepatitis C?

- Persons who have ever (even if only one time) injected illegal drugs
- Persons who received blood products for treatment of bleeding problems prior to 1987 (those who received clotting factor concentrates produced before 1987)
- Persons who were ever on chronic renal dialysis
- Persons with persistently elevated liver function tests
- Persons who were notified they received a blood transfusion from a donor who later tested positive for HCV
- Persons who received a blood transfusion before July 1992
- Persons who receive an organ transplant before July 1992
- Health care, emergency medical and public safety workers who received an accidental needle stick or had mucous membrane exposure to HCV-positive blood
- Children born to HCV-positive mothers²

Exposure History of DuPage Hepatitis C Cases in 2005 (percent responding "yes") n=214*



* Exposure history data available for 214 of the 238 DuPage hepatitis C cases reported in 2005. Respondents may answer "yes" to more than one exposure

References:

1. <https://www.aasld.org/eweb/docs/hepatitisc.pdf>
2. <http://www.idph.state.il.us/public/hb/hbhepc.htm>
3. <ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/r4719.pdf>

DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

Required by the Illinois Department of Public Health (IDPH)

* Last updated July 2002

CD REVIEW

Volume 2, No. 9 September 2006

Vaccine Preventable Diseases	Report Within	2006		2005		2004		2003		2002		Median	
		Aug 2006	Jan-Aug	Jan-Aug	Total	Jan-Aug	Total	Jan-Aug	Total	Jan-Aug	Total	Jan-Aug	Total ('02-'05)
Chickenpox in those < 20 yrs old	7 days	2	137	152	225	190	273	247	342	754	939	190	308
Chickenpox in those ≥ 20 yrs old	24 hrs	0	7	7	7	10	13	9	10	25	28	9	12
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive disease	24 hrs	0	5	9	10	4	6	4	4	8	11	5	8
Hepatitis A	24 hrs	1	7	4	9	17	27	12	20	5	11	7	16
Hepatitis B	7 days	0	3	4	6	6	8	9	12	7	7	6	8
Hepatitis B (carriers)	7 days	5	98	103	147	95	146	106	136	134	199	103	147
Measles	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	7 days	1	20	0	0	1	1	1	3	3	3	1	2
<i>Neisseria meningitidis</i>	24 hrs	0	2	3	4	1	1	1	1	4	5	2	3
Pertussis	24 hrs	3	18	17	29	67	127	8	13	7	12	17	21
Poliomyelitis	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	7 days	0	0	0	0	0	0	0	0	0	1	0	0
<i>Streptococcus pneumoniae</i> , invasive disease	7 days	0	48	50	64	36	62	49	97	38	65	48	64
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Other Communicable Diseases													
Amebiasis	7 days	0	1	0	0	3	3	2	2	3	5	2	3
Anthrax	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Blastomycosis	7 days	0	3	4	5	4	5	7	8	5	5	4	5
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	7 days	0	0	0	0	0	0	0	0	1	1	0	0
Campylobacteriosis	7 days	6	65	114	151	94	143	92	136	111	146	94	145
Cholera	24 hrs	0	0	0	0	0	0	1	1	0	0	0	0
Cryptosporidiosis	7 days	3	5	3	3	2	2	4	4	1	4	3	4
Cyclosporiasis	7 days	0	0	1	2	23	23	0	0	0	0	0	1
Diarrhea of the newborn	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis	7 days	0	1	0	0	0	0	1	1	0	0	0	0
Encephalitis ²	7 days	0	6	4	7	0	0	0	1	2	2	2	2
Enteric <i>E. coli</i> infections ³	24 hrs	2	8	15	17	8	11	2	4	20	25	8	14
Giardiasis	7 days	3	21	36	47	40	64	56	88	55	79	40	72
Glomerulonephritis	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Hantavirus pulmonary syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Hemolytic uremic syndrome	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C (cases & carriers)	7 days	1	163	150	238	135	189	131	193	152	223	150	208
Hepatitis, viral, other ⁴	7 days	0	0	0	0	1	1	0	0	0	0	0	0
Histoplasmosis	7 days	0	1	0	0	4	6	1	2	4	4	1	3
Legionnaires' disease	7 days	0	5	4	4	4	5	5	8	2	5	4	5
Leprosy	7 days	1	1	0	0	0	0	0	0	0	0	0	0
Leptospirosis	7 days	0	0	1	1	0	0	0	0	1	1	0	1
Listeriosis	7 days	0	1	2	2	2	2	1	2	0	0	1	2
Lyme disease	7 days	0	8	11	12	9	9	5	8	5	6	8	9
Malaria	7 days	0	3	3	5	5	8	4	4	3	3	3	5
Meningitis, aseptic ²	7 days	15	61	76	123	75	116	79	174	46	122	75	123
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	1	0	0	1	1	0	1
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	0	15	20	24	10	18	10	10	23	26	15	21
Reye syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatic fever	24 hrs	0	1	1	1	0	0	0	0	0	0	0	0
Rocky Mountain spotted fever	7 days	0	1	0	0	0	1	0	0	0	0	0	0
Salmonellosis	7 days	6	64	85	119	66	107	69	99	72	111	69	109
Shigellosis	7 days	3	15	16	29	6	15	36	44	24	44	16	37
Smallpox	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Staphylococcus aureus</i> (in those < 28 days old)	7 days	1	3	0	3	3	4	2	2	1	1	2	3
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	1	0	0	0	0	0	0	0	0	0	0
Streptococcal infections, group A invasive	24 hrs	0	15	4	10	12	15	18	23	9	12	12	14
Streptococcal infections, group B invasive (in those < 3 mos old)	7 days	0	2	3	5	2	3	2	3	1	1	2	3
Toxic shock syndrome ⁶	24 hrs	0	1	2	3	5	6	4	4	2	2	2	4
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	6	32	26	33	30	46	26	62	17	32	26	40
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	0	2	1	2	2	2	0	1	0	3	1	2
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
West Nile disease	7 days	11	13	32	47	3	5	2	3	26	51	13	26
Yersiniosis	7 days	0	0	2	2	1	2	0	0	0	1	0	2
STDs, HIV and AIDS													
AIDS (Jan-June) ⁷	7 days	---	10	18	30	11	20	18	22	13	28	13	25
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	141	885	804	1215	650	948	581	939	573	904	650	944
Gonorrhea	7 days	14	116	124	205	149	210	138	209	152	234	138	210
HIV infection (Jan-June) ⁷	7 days	---	16	18	36	14	26	16	32	12	22	16	29
Syphilis	7 days	0	15	6	15	4	9	16	18	5	10	6	13

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) 682-7522

STDs
(630) 682-7979, ext. 7575

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

¹ Provisional cases, based on date of onset

² Excludes West Nile disease

³ O157:H7, STEC, EHEC, ETEC, EPEC

⁴ Includes hepatitis D and E

⁵ Q fever cases in 2002 and 2004 not related to any suspected bioterrorism threat or event

⁶ Includes streptococcal (reportable within 24 hours) and presumed staphylococcal (reportable within 7 days)

⁷ HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis

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