



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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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

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to send suggestions
or to be added to the
distribution list.

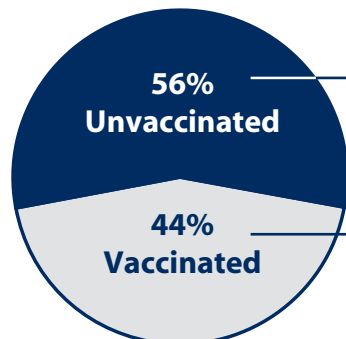
Under the Microscope Influenza

For information on locations offering influenza vaccination, please call the DuPage County Health Department at (630) 682-7400 or the H1N1 Hotline at (630) 221-7600.

Influenza vaccination is the most effective method for preventing influenza virus infection and its potentially severe complications. In addition to the priority groups of persons who are either at high risk for influenza infection or complications, or are close contacts of (e.g., live with or care for) persons at high risk for influenza-related complications, **vaccination is recommended for persons 6 months of age or older who wish to reduce the likelihood of becoming ill with influenza or transmitting influenza to others should they become infected.**¹

For seasonal influenza, **CDC recommends that all children aged 6 months up to their 19th birthday should be vaccinated against influenza annually.**² Children typically have the **highest attack rates** during community outbreaks of influenza and serve as a **major source of transmission** within communities. This expanded recommendation for routine vaccination of children and adolescents is based on 1) accumulated evidence that **influenza vaccine is effective and safe** for school-aged children, 2) increased evidence that **influenza has substantial adverse impacts** among school-aged children and their contacts (e.g., school absenteeism, increased antibiotic use, medical care visits, and parental work loss), and 3) an expectation that a simplified age-based influenza vaccine recommendation for all school-aged children and adolescents will **improve vaccine coverage levels** among children who already had a risk- or contact-based indication for annual influenza vaccination.²

Influenza Vaccination Rate in Healthcare Personnel (HCP) - United States, 2007



Key cause of influenza outbreaks in healthcare settings

HCP vaccination associated with reduced absenteeism and fewer patient deaths*

*Source: Centers for Disease Control and Prevention. [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009]. MMWR 2009;58(No. RR-8):[1-54].

All healthcare personnel (HCP) should also be vaccinated against influenza annually, and should also follow **handwashing, respiratory hygiene,** and other **infection control** recommendations to prevent influenza transmission.³

Unimmunized healthcare workers put patients at risk.⁴ Although HCP influenza vaccination rates are extremely low, with moderate effort, organized campaigns by healthcare institutions can attain higher levels of vaccination among this population, by working to ensure influenza vaccine is available and offered to every healthcare worker annually. **Not only will they protect their vulnerable patients, but they will also protect themselves and their families from the serious morbidity and mortality associated with influenza, and reduce disease burden and healthcare costs.**^{3,4}

In addition to reducing transmission of influenza in healthcare settings, vaccination of HCP also **reduces staff illness and absenteeism.**³ **Influenza vaccination levels among HCP should be regularly measured and reported, with feedback of ward-, unit-, and specialty-specific rates provided to staff and administration.**³ For the 2009-2010 influenza season, **HCP are recommended by CDC to be vaccinated against novel H1N1 influenza as well as seasonal influenza.**⁵

Who meets "healthcare personnel" (HCP) criteria? The term HCP refers to **all paid and unpaid persons working in healthcare settings who have the potential for exposure to infectious materials,** including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.³ These recommendations apply to HCP in acute care hospitals, physician's offices, urgent care centers, outpatient clinics, nursing homes, skilled nursing facilities, and to persons who provide home healthcare and emergency medical services.³

Pneumococcal Vaccine

The time of administration of influenza vaccine should also be used as an opportunity to identify and vaccinate patients recommended to receive pneumococcal vaccine (e.g., children, persons who are immunocompromised, asplenic, or with chronic illness, adults 65 years of age or older). Recommendations are available at www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm.

References:

1. www.cdc.gov/flu/professionals/vaccination/vax-summary.htm
2. www.cdc.gov/flu/professionals/acip/specificpopulations.htm
3. www.cdc.gov/mmwr/PDF/rr/rr5502.pdf
4. www.nfid.org/influenza/professionals_workersflu.html
5. www.cdc.gov/h1n1flu/vaccination/

DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

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

| Vaccine Preventable Diseases | Report Within | 2009 | | 2008 | | 2007 | | 2006 | | 2005 | | Median | |
|---|---------------|------|-----------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|-----------|-----------------|
| | | Aug | Jan - Aug | Jan - Aug | Total | Jan - Aug | Total | Jan - Aug | Total | Jan - Aug | Total | Jan - Aug | Total ('05-'08) |
| Chickenpox (varicella) | 24 hrs | 5 | 93 | 56 | 173 | 120 | 177 | 142 | 252 | 159 | 232 | 120 | 204.5 |
| Diphtheria | 24 hrs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Haemophilus influenzae, invasive | 24 hrs | 2 | 7 | 2 | 6 | 4 | 5 | 5 | 7 | 9 | 10 | 5 | 6.5 |
| Hepatitis A | 24 hrs | 1 | 8 | 14 | 16 | 20 | 26 | 8 | 12 | 4 | 9 | 8 | 14 |
| Hepatitis B | 7 days | 0 | 5 | 4 | 4 | 5 | 9 | 1 | 4 | 4 | 6 | 4 | 5 |
| Hepatitis B (carriers) | 7 days | 6 | 71 | 90 | 128 | 123 | 168 | 108 | 159 | 165 | 245 | 108 | 163.5 |
| Influenza, deaths in < 18 yrs old | 7 days | 0 | 0 | 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 | 11 | 13 | 21 | 130 | 0 | 0 | 2 | 7.5 |
| Neisseria meningitidis, invasive | 24 hrs | 0 | 3 | 2 | 4 | 1 | 1 | 2 | 2 | 3 | 4 | 2 | 3 |
| Pertussis (whooping cough) | 24 hrs | 3 | 14 | 6 | 13 | 7 | 9 | 22 | 26 | 17 | 29 | 14 | 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 | 0 | 6 | 1 | 6 | 6 | 10 | 6 | 8 | 6 | 9 | 6 | 8.5 |
| 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 | -- | -- |
| 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 | 3 | 1 | 2 | 2 | 5 | 7 | 9 | 3 | 3 | 3 | 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 | 1 | 2 | 0 | 0 | 0 | 0.5 |
| Enteric E. coli infections ⁴ | 24 hrs | 2 | 8 | 14 | 21 | 7 | 7 | 7 | 8 | 18 | 20 | 8 | 14 |
| Giardiasis | 7 days | 6 | 27 | 46 | 57 | 58 | 68 | 28 | 47 | 36 | 49 | 36 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hepatitis C (cases & carriers) | 7 days | 2 | 157 | 184 | 261 | 215 | 301 | 185 | 272 | 147 | 235 | 184 | 266.5 |
| Hepatitis D | 7 days | 0 | 0 | 0 | 0 | NR | NR | NR | NR | NR | NR | -- | -- |
| Histoplasmosis | 7 days | 0 | 1 | 4 | 6 | 3 | 6 | 1 | 1 | 0 | 0 | 1 | 3.5 |
| Influenza A, novel virus | 3 hrs | 5 | 157 | 0 | 0 | NR | NR | NR | NR | NR | NR | -- | -- |
| Legionellosis | 7 days | 1 | 7 | 2 | 5 | 8 | 13 | 7 | 9 | 2 | 2 | 7 | 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 | 0 | 0 | 0 | 0 |
| Listeriosis | 7 days | 0 | 2 | 0 | 1 | 1 | 1 | 1 | 6 | 2 | 2 | 1 | 1.5 |
| Lyme disease ² | 7 days | 1 | 12 | 14 | 17 | 15 | 16 | 9 | 10 | 11 | 12 | 12 | 14 |
| Malaria | 7 days | 0 | 3 | 5 | 5 | 6 | 7 | 3 | 6 | 3 | 5 | 3 | 5.5 |
| 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 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 | 9 | 41 | 46 | 46 | 52 | 27 | 28 | 20 | 24 | 27 | 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 | 0 | 1 | 0 | 0.5 |
| Rocky Mountain spotted fever ² | 7 days | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Salmonellosis | 7 days | 11 | 64 | 75 | 108 | 106 | 140 | 71 | 103 | 86 | 120 | 75 | 114 |
| Severe Acute Respiratory Syndrome | 3 hrs | 0 | 0 | 0 | 0 | NR | NR | NR | NR | NR | NR | -- | -- |
| Shigellosis | 7 days | 3 | 9 | 22 | 28 | 13 | 18 | 20 | 27 | 16 | 29 | 16 | 27.5 |
| 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 | -- | -- |
| Staphylococcus aureus, methicillin resistant (MRSA), in those < 61 days old | 24 hrs | 1 | 5 | 0 | 3 | NR | NR | NR | NR | NR | NR | -- | -- |
| Staphylococcus aureus, methicillin resistant (MRSA), community cluster ⁷ | 24 hrs | 1 | 1 | 0 | 4 | NR | NR | NR | NR | NR | NR | -- | -- |
| Staphylococcus aureus (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 | 0 | 10 | 11 | 16 | 9 | 11 | 16 | 18 | 5 | 12 | 10 | 14 |
| Toxic shock syndrome ⁹ | 7 days | 0 | 0 | 1 | 1 | 1 | 2 | 0 | 0 | 1 | 1 | 1 | 1 |
| Trichinosis | 7 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tuberculosis | 7 days | 0 | 18 | 24 | 43 | 20 | 27 | 25 | 44 | 20 | 29 | 20 | 36 |
| Tularemia | 3 hrs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Typhoid fever | 24 hrs | 1 | 4 | 1 | 3 | 2 | 7 | 2 | 2 | 1 | 2 | 2 | 2.5 |
| Typhus | 24 hrs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vibriosis (non-cholera) | 7 days | 0 | 1 | 0 | 0 | NR | NR | 1 | 2 | 1 | 1 | -- | -- |
| West Nile disease ³ | 7 days | 0 | 0 | 1 | 1 | 5 | 10 | 31 | 43 | 32 | 47 | 5 | 26.5 |
| Yersiniosis | 7 days | 0 | 3 | 1 | 1 | 1 | 1 | 0 | 0 | 2 | 2 | 1 | 1 |
| STDs, HIV and AIDS | | | | | | | | | | | | | |
| AIDS ¹⁰ (April-June) | 7 days | 5 | 8 | 7 | 18 | 5 | 15 | 10 | 22 | 18 | 30 | -- | 20 |
| Chancroid | 7 days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chlamydia | 7 days | 98 | 992 | 1022 | 1587 | 858 | 1522 | 904 | 1346 | 818 | 1241 | 904 | 1434 |
| Gonorrhea | 7 days | 15 | 135 | 177 | 268 | 136 | 251 | 125 | 192 | 126 | 211 | 135 | 231 |
| HIV infection ¹⁰ (April-June) | 7 days | 3 | 10 | 10 | 30 | 11 | 19 | 16 | 22 | 18 | 38 | -- | 26 |
| Syphilis | 7 days | 1 | 19 | 11 | 18 | 11 | 18 | 16 | 24 | 7 | 16 | 11 | 18 |

CD REVIEW

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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