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General Information

Communicable Disease
and Epidemiology
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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 Services
(630) 407-2800

Please contact
Communicable Disease
and Epidemiology at
(630) 221-7553
with 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 A

Hepatitis A is a **highly contagious, vaccine-preventable** liver infection caused by the hepatitis A virus (HAV). The infection **spreads from person-to-person through ingestion of food, water, or oral contact with objects (including hands) contaminated by feces of an infected individual**. Transmission occurs easily among **sexual and close household contacts**, and persons **sharing needles and non-injection drugs**.¹

The **incubation period** of HAV infection is long (**15-50 days**) and people often develop symptoms of fever, fatigue, nausea, vomiting, abdominal pain, appetite loss, jaundice, dark urine, pale stools, and diarrhea. HAV infection may last a few weeks to several months. Some individuals, especially if co-infected with hepatitis B or C, **may develop fulminant liver failure** resulting in death.¹

Since March 2017, several states across the U.S. have experienced **outbreaks** of HAV among persons who 1) use injection and non-injection drugs, persons who are 2) homeless, 3) incarcerated, and/or who are 4) men who have sex with men (MSM), as well as their close contacts.¹ While the average number of annual HAV infections reported nationally in recent years has declined substantially compared to 2000, fluctuations have occurred in the last 20 years because large outbreaks occurred.²

As of January 30, 2019, the Illinois Department of Public Health (IDPH) is reporting a **hepatitis A outbreak** comprised of **35 confirmed cases** that are not associated with international travel and are not foodborne related. Most cases are among individuals at **high risk for infection—including MSM, homeless individuals, and/or those who use drugs**. Most of the outbreak cases are among individuals who use illicit drugs and the **majority have been hospitalized**. The following Illinois regions/counties have reported cases: **Northern Illinois:** Chicago, Suburban Cook, and Will Counties; **East-central Illinois:** Champaign, Douglas, Edgar, Ford, and Vermilion Counties; **Central Illinois:** McLean and Tazewell Counties; and **Southern Illinois:** Union County.³

Diagnosis and Prevention: Clinicians and health care facilities in Illinois are critical partners with public health officials in our efforts to prevent a larger statewide outbreak. The Illinois Department of Public Health urges clinicians to take the following important steps to protect high-risk patients and mitigate the spread of illness.¹

1. Vaccinate Highest Risk Individuals: Clinicians and facilities are asked to identify and implement strategies to increase hepatitis A vaccination among the following groups:

- Persons who use injection and non-injection drugs,
- Persons who are homeless,
- Persons who are or have been recently incarcerated,
- Men who have sex with men (MSM), and
- Persons with chronic liver disease, including chronic hepatitis B or C.

Effective strategies can include implementing standing orders in clinics, electronic medical record-based prompts, as well as offering vaccination in emergency rooms. Please contact your local health department to discuss obtaining vaccine for these efforts. IDPH also encourages continued efforts to vaccinate others as recommended by the Advisory Committee on Immunization Practices (ACIP) guidelines. **All administered vaccines should be documented in the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE).**

2. Test: Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms and test such individuals with a **serum IgM**. Clinical laboratories have been advised to hold specimens of confirmed cases for 30 days.

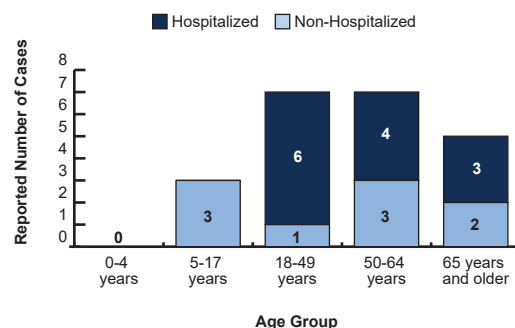
3. Case Reporting: Prompt case reporting is critical for public health investigations and the timely implementation of post-exposure prophylaxis (PEP). Interviewing the patient while hospitalized is often the best opportunity for public health professionals to investigate and identify contacts who may need PEP, as well as cases with sensitive occupations (e.g., food handlers) where PEP may be needed for patrons. Per Illinois code, hepatitis A is required to be reported within 24 hours; please promptly report all cases to your local health department.¹

References:

- Illinois Department of Public Health, "Hepatitis A Guidance for Healthcare workers and Healthcare Facilities" memorandum, January 23, 2019. www.dph.illinois.gov/sites/default/files/publications/20190123idphhav-provider-memo.pdf
- www.cdc.gov/hepatitis/outbreaks/hepatitisoutbreaks.htm
- www.dph.illinois.gov/hepatitisA

For questions or to report suspect and known cases of hepatitis A, please call the DuPage County Health Department at (630) 221-7553.

Reported Hepatitis A Cases by Hospitalization Status and Age Group in DuPage County, 2014-2018* (n=24**)



Source: Illinois-National Electronic Disease Surveillance System
*Data for 2018 are provisional through 1/22/2019.
**Two cases aged 18-49 years had 'unknown' hospitalization status.

DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

* Last updated by the Illinois Department of Public Health in April 2016

CD REVIEW

Volume 15, No. 1 January 2019

	Report Within	2018		2017	2016	2015	2014	Median Total ('14-'17)
		Dec	Total	Total	Total	Total	Total	
Vaccine Preventable Diseases								
Chickenpox (varicella)	24 hrs	6	41	35	56	36	76	46
Diphtheria	3 hrs	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive	24 hrs	1	17	9	13	15	5	11
Hepatitis A	24 hrs	0	6	3	2	5	8	4
Hepatitis B (acute, chronic, perinatal)	7 days	4	93	100	124	139	117	120.5
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	0	0	0
Influenza, ICU admissions	24 hrs	11	126	121	69	43	152	95
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0
Mumps	24 hrs	1	12	8	11	8	2	8
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	0	0	1	1	0	0.5
Pertussis (whooping cough)	24 hrs	5	33	36	105	49	22	42.5
Poliomyelitis	3 hrs	0	0	0	0	0	0	0
Rubella	24 hrs	0	0	0	0	0	0	0
<i>Streptococcus pneumoniae</i> , invasive disease, in those < 5 yrs old	7 days	2	5	1	2	0	3	1.5
Tetanus	7 days	0	0	0	0	0	0	0
Other Communicable Diseases								
Anaplasmosis ²	7 days	0	0	1	1	3	3	2
Anthrax	3 hrs	0	0	0	0	0	0	0
Botulism, foodborne	3 hrs	0	0	0	0	0	0	0
Botulism, other	24 hrs	0	0	0	0	0	0	0
Brucellosis	3 hrs	0	0	0	0	0	0	0
California encephalitis ³	7 days	0	0	0	0	0	0	0
Campylobacteriosis	7 days	6	160	161	173	NR	NR	167
Chikungunya virus disease ³	7 days	0	2	0	4	2	0	1
Cholera	24 hrs	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	2	3	1	2	2
Cryptosporidiosis	7 days	0	31	18	18	5	2	11.5
Cyclosporiasis	7 days	0	141	7	5	1	1	3
Dengue fever ³	7 days	0	2	1	3	3	1	2
Ehrlichiosis ²	7 days	0	0	0	2	1	0	0.5
Enteric <i>E. coli</i> infections ⁴	24 hrs	2	40	23	24	14	18	20.5
Glomerulonephritis ⁵	24 hrs	0	0	0	0	0	0	0
Hantavirus pulmonary syndrome	24 hrs	0	0	0	0	0	0	0
Hemolytic uremic syndrome	24 hrs	0	0	0	0	0	2	0
Hepatitis C (acute, chronic, perinatal)	7 days	13	189	294	255	237	242	248.5
Hepatitis D	7 days	0	0	0	0	0	0	0
Histoplasmosis	7 days	0	6	9	8	3	7	7.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0
Legionellosis	7 days	2	37	28	34	18	26	27
Leprosy	7 days	0	0	0	0	0	0	0
Leptospirosis	7 days	0	0	1	0	0	0	0
Listeriosis	7 days	0	0	4	0	2	2	2
Lyme disease ²	7 days	0	27	36	34	30	22	32
Malaria	7 days	0	4	3	10	4	2	3.5
Ophthalmia neonatorum	7 days	0	0	0	0	0	0	0
Plague	3 hrs	0	0	0	0	0	0	0
Psittacosis	7 days	0	0	0	0	0	0	0
Q fever	3 hrs	0	0	0	0	0	0	0
Rabies, animal case	24 hrs	0	8	12	10	16	6	11
Rabies, human case	24 hrs	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	8	167	84	59	73	51	66
Reye syndrome	7 days	0	0	0	0	0	0	0
Rheumatic fever ⁵	24 hrs	0	0	0	0	0	0	0
Rocky Mountain spotted fever ²	7 days	0	2	1	3	0	0	0.5
Salmonellosis	7 days	5	118	105	119	133	115	117
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0
Shigellosis	7 days	0	9	14	21	27	18	19.5
Smallpox	3 hrs	0	0	0	0	0	0	0
Smallpox vaccination, complications	24 hrs	0	0	0	0	0	0	0
St. Louis encephalitis ³	7 days	0	0	0	0	0	0	0
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), in those < 61 days old	24 hrs	1	11	3	11	10	9	9.5
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), community cluster ⁶	24 hrs	0	0	1	1	0	0	0.5
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	0
Streptococcal infections, group A invasive disease ⁷	24 hrs	3	32	24	18	22	29	23
Toxic shock syndrome ⁸	7 days	0	1	0	0	0	0	0
Trichinosis	7 days	0	0	0	0	0	0	0
Tuberculosis	7 days	5	50	43	42	39	34	40.5
Tularemia	3 hrs	0	0	0	0	0	0	0
Typhoid fever	24 hrs	0	3	4	0	3	5	3.5
Typhus	24 hrs	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	0	14	6	6	4	3	5
West Nile virus disease ³	7 days	0	18	6	10	9	5	7.5
Yersiniosis	7 days	0	2	1	4	1	3	2
Zika virus disease ³	7 days	0	1	1	11	NR	NR	6
STDs, HIV and AIDS								
AIDS ⁹ (October - December)	7 days	3	15	12	12	13	17	12.5
Chancroid	7 days	0	0	0	0	0	0	0
Chlamydia	7 days	125	2122	2495	2417	2382	2056	2399.5
Gonorrhea	7 days	16	340	451	390	307	242	348.5
HIV infection ^{9,10} (October - December)	7 days	3	24	39	43	56	43	43
Syphilis ¹¹	7 days	3	55	55	59	42	41	48.5

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 Two or more laboratory-confirmed cases of community onset MRSA infection during a 14 day period

⁷ Includes streptococcal toxic shock syndrome and necrotizing fasciitis

⁸ Due to *Staphylococcus aureus*

⁹ HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis.

¹⁰ HIV counts reflect all newly diagnosed HIV cases regardless of stage of disease at diagnosis.

¹¹ Cases are provisional, based on test date per local health department investigation.

NR = Not reported

Websites

CDC:
www.cdc.gov

IDPH:
www.dph.illinois.gov

DuPage:
www.dupagehealth.org

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