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### General Information

Communicable Disease  
and Epidemiology  
(630) 221-7553

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 Care & Control  
(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 *Mycobacterium tuberculosis*

For questions or to report a suspect or known case of TB, please call the TB Clinic at (630) 221-7522.

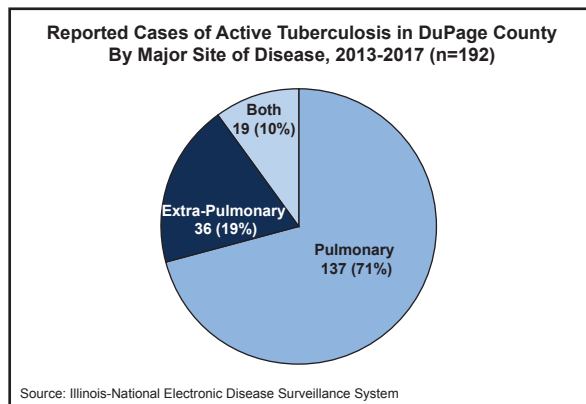
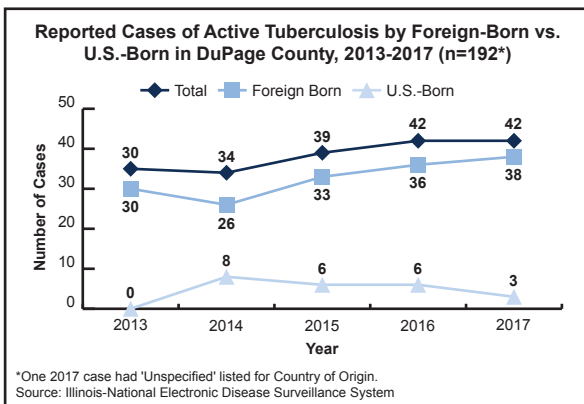
**World TB Day is recognized each year on March 24**, commemorating the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacillus that causes tuberculosis (TB). World TB Day is an opportunity to raise awareness about TB and the measures needed to tackle this devastating disease. The U.S. theme for World TB Day 2018, "**Wanted: leaders for a TB-free United States. We can make history. End TB**" highlights the importance of engaging and empowering public health partners, clinicians, and communities in efforts to eliminate TB.<sup>1</sup>

**Statistics:** In 2017, a provisional total of **9,093 TB cases were reported in the U.S.** (rate of **2.8 cases per 100,000 persons**), a decrease from the 2016 case count and rate and the lowest rate and number of TB cases on record since reporting began in 1953. However, increased diagnosis and treatment of latent TB infection is important for eliminating TB in the U.S.<sup>1</sup>

**In DuPage County, 42 active TB cases were provisionally reported in 2017, with an incidence of 4.51 cases per 100,000 population.** Statewide, 337 active TB cases have been provisionally reported in Illinois in 2017, with an incidence of 2.62 cases per 100,000 population (source: Illinois Department of Public Health).

As the number of cases in the U.S. decreases overall, an **increasing percentage of cases occurs among non-U.S.-born persons. Disparities also exist within racial, ethnic, and social groups among U.S.-born persons with TB.**<sup>2</sup>

Most TB in the U.S. is thought to be a consequence of infection acquired years in the past, and recent estimates are that **92.5% of TB among foreign-born persons is caused by reactivation of latent TB infection (LTBI)**, a condition that occurs when a person is infected with *M. tuberculosis* without signs and symptoms, or radiographic or bacteriologic evidence of TB disease. Therefore, most TB among foreign-born persons, even those who arrived ≥10 years ago, is **probably attributable to infections acquired before U.S. arrival.** These data support the recommendations by the Centers for Disease Control and Prevention (CDC) and U.S. Preventive Services Task Force (USPSTF) to **screen and treat persons with LTBI** who were born in, or are former residents of, countries with increased TB prevalence **regardless of time since arrival in the U.S. or age.**<sup>3</sup>



**TB Testing:** TB testing should be performed in persons with **active TB symptoms** and **contacts of persons with active TB disease.** In addition, TB testing should also occur in persons at **higher risk for having latent TB infection**, such as those who 1) are **homeless**, 2) have **lived in a country with a high prevalence** of TB, 3) have **injected illegal drugs**, 4) spent time personally or professionally in a **setting associated with higher rates of TB transmission** (e.g., correctional or long-term care facilities), or 5) have HIV infection or another **condition that weakens the immune system** and puts them at high risk for active TB disease (e.g., prolonged use **immunosuppressive drug therapy**).<sup>4</sup>

#### Dispelling the Myth: Testing for TB in BCG-Vaccinated Persons

Many foreign-born persons have been BCG-vaccinated. BCG vaccination may cause a false-positive reaction to the tuberculin skin test (TST), which may complicate decisions about prescribing treatment. **Despite this potential for BCG to interfere with test results, the TST and TB blood tests (interferon-gamma release assays or IGRAs) are not contraindicated for persons who have been vaccinated with BCG.** In addition, TB blood tests, unlike the TB skin tests, are **not affected by prior BCG vaccination** and are not expected to give a false-positive result in persons who have received prior BCG vaccination. **TB blood tests are the preferred method of TB testing for people who have received the BCG vaccine.**<sup>5</sup>

**Treatment and Prevention:** Control of active TB and a major effort to **decrease latent TB infection** are both necessary to reduce morbidity and achieve TB elimination in the U.S. An important component of this strategy is the **testing and treatment of populations most at risk for latent TB infection**, persons born in countries with high TB prevalence, and persons in high-risk congregate settings.<sup>2</sup>

#### References:

1. www.cdc.gov/mmwr/volumes/67/wr/mm6711a1.htm?s\_cid=mm6711a1\_w
2. www.cdc.gov/mmwr/volumes/67/wr/mm6711a2.htm?s\_cid=mm6711a2\_w
3. www.cdc.gov/mmwr/volumes/66/wr/mm6611a3.htm?s\_cid=mm6611a3\_w
4. www.cdc.gov/tb/topic/testing/
5. www.cdc.gov/tb/topic/testing/testingbcgvaccinated.htm

DUPAGE COUNTY HEALTH DEPARTMENT

CASES<sup>1</sup> OF REPORTABLE DISEASES\*

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

CD REVIEW

Volume 14, No. 3 March 2018

	Report Within	2018		2017		2016		2015		2014		Median	
		Feb	Jan-Feb	Jan-Feb	Total	Jan-Feb	Total	Jan-Feb	Total	Jan-Feb	Total	Jan-Feb	Total ('14-'17)
<b>Vaccine Preventable Diseases</b>													
Chickenpox (varicella)	24 hrs	2	6	4	35	11	56	8	36	11	76	8	46
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive	24 hrs	1	4	3	9	2	13	2	15	1	5	2	11
Hepatitis A	24 hrs	0	1	2	3	0	2	0	5	0	8	0	4
Hepatitis B	7 days	0	0	0	1	0	2	0	2	1	5	0	2
Hepatitis B (carriers)	7 days	9	15	22	101	18	122	25	137	14	112	18	117
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Influenza, ICU admissions	24 hrs	30	89	36	122	27	69	19	43	33	152	33	95.5
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	1	3	1	8	3	11	1	8	1	2	1	8
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	0	0	0	0	1	0	1	0	0	0	0.5
Pertussis (whooping cough)	24 hrs	2	5	3	36	11	105	6	49	6	22	6	42.5
Poliomyelitis	3 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	0	2	0	1	0	2	0	0	0	3	0	1.5
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
<b>Other Communicable Diseases</b>													
Anaplasmosis <sup>2</sup>	7 days	0	0	0	1	0	1	0	3	0	3	0	2
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	0	0	0
Brucellosis	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
California encephalitis <sup>3</sup>	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Campylobacteriosis	7 days	8	14	20	160	21	173	NR	NR	NR	NR	20	166.5
Chikungunya virus disease <sup>3</sup>	7 days	0	0	0	0	0	4	0	2	0	0	0	1
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	1	2	0	3	0	1	1	2	0	2
Cryptosporidiosis	7 days	1	6	1	18	2	18	1	5	0	2	1	11.5
Cyclosporiasis	7 days	0	0	0	7	0	5	0	1	0	1	0	3
Dengue fever <sup>3</sup>	7 days	0	0	0	1	0	3	0	3	1	1	0	2
Ehrlichiosis <sup>2</sup>	7 days	0	0	0	0	0	2	0	1	0	0	0	0.5
Enteric <i>E. coli</i> infections <sup>4</sup>	24 hrs	1	3	3	24	4	24	2	14	0	18	3	21
Glomerulonephritis <sup>5</sup>	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	2	0	0
Hepatitis C (cases & carriers)	7 days	12	29	41	291	50	255	42	237	37	242	41	248.5
Hepatitis D	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Histoplasmosis	7 days	0	1	3	9	2	8	0	3	1	7	1	7.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	0	0	2	28	1	34	0	18	2	26	1	27
Leprosy	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	7 days	0	0	0	1	0	0	0	0	0	0	0	0
Listeriosis	7 days	0	0	0	4	0	0	0	2	0	2	0	2
Lyme disease <sup>2</sup>	7 days	0	1	2	35	1	34	1	30	0	22	1	32
Malaria	7 days	0	0	0	3	4	10	0	4	0	2	0	3.5
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	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, animal case	24 hrs	0	0	0	11	0	10	0	16	0	6	0	10.5
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	3	12	0	84	2	59	2	73	5	51	2	66
Reye syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatic fever <sup>5</sup>	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rocky Mountain spotted fever <sup>2</sup>	7 days	0	0	0	1	0	3	0	0	0	0	0	0.5
Salmonellosis	7 days	3	10	8	104	10	119	16	133	8	115	10	117
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	1	1	1	14	5	21	3	27	0	18	1	19.5
Smallpox	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Smallpox vaccination, complications	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
St. Louis encephalitis <sup>3</sup>	7 days	0	0	0	0	0	0	0	0	0	0	0	0
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), in those < 61 days old	24 hrs	0	1	0	3	0	11	1	10	2	9	1	9.5
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), community cluster <sup>6</sup>	24 hrs	0	0	0	1	0	1	0	0	0	0	0	0.5
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcal infections, group A invasive disease <sup>7</sup>	24 hrs	4	10	7	24	5	18	6	22	11	29	7	23
Toxic shock syndrome <sup>8</sup>	7 days	0	1	0	0	0	0	0	0	0	0	0	0
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	3	4	5	42	5	42	2	39	1	34	4	40.5
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	0	2	1	4	0	0	1	3	1	5	1	3.5
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	1	2	2	6	0	6	0	4	0	3	0	5
West Nile virus disease <sup>3</sup>	7 days	0	0	0	6	0	10	0	9	0	5	0	7.5
Yersiniosis	7 days	1	1	0	1	0	4	0	1	1	3	0	2
Zika virus disease <sup>3</sup>	7 days	0	0	0	1	0	11	NR	NR	NR	NR	0	6
<b>STDs, HIV and AIDS</b>													
AIDS <sup>9</sup> (January - March)	7 days	--	--	1	5	7	8	3	11	3	15	3	9.5
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	80	237	344	2368	393	2417	347	2382	353	2056	347	2375
Gonorrhea	7 days	9	27	60	427	60	390	55	307	35	242	55	348.5
HIV infection <sup>9,10</sup> (January - March)	7 days	--	--	2	16	12	32	13	38	10	37	11	34.5
Syphilis <sup>11</sup>	7 days	4	10	10	49	11	59	4	42	5	41	10	45.5

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

- <sup>1</sup> Provisional cases, based on date of onset
  - <sup>2</sup> Listed in CD Rules and Regulations under "Tickborne Disease"
  - <sup>3</sup> Listed in CD Rules and Regulations under "Arboviral Infections"
  - <sup>4</sup> O157:H7, STEC, EIEC, ETEC, EPEC
  - <sup>5</sup> Listed in CD Rules and Regulations under "Streptococcal infections, group A invasive disease sequelae"
  - <sup>6</sup> Two or more laboratory-confirmed cases of community onset MRSA infection during a 14 day period
  - <sup>7</sup> Includes streptococcal toxic shock syndrome and necrotizing fasciitis
  - <sup>8</sup> Due to *Staphylococcus aureus*
  - <sup>9</sup> HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis.
  - <sup>10</sup> HIV counts reflect all newly diagnosed HIV cases regardless of stage of disease at diagnosis.
  - <sup>11</sup> Cases are provisional, based on test date per local health department investigation.
- NR = Not reported

Websites

**CDC:**  
[www.cdc.gov](http://www.cdc.gov)

**IDPH:**  
[www.dph.illinois.gov](http://www.dph.illinois.gov)

**DuPage:**  
[www.dupagehealth.org](http://www.dupagehealth.org)

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