



111 North County Farm Road  
Wheaton, IL 60187  
(630) 682-7400  
www.dupagehealth.org

Linda Kurzawa  
President, Board of Health

Karen Ayala, MPH  
Executive Director

Rashmi Chugh, MD, MPH  
Medical Officer

### 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 Hepatitis C

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

May 2016 marks the 21st Hepatitis Awareness Month and the 5th observance of May 19 as National Hepatitis Testing Day in the U.S. Approximately 90% of U.S. deaths from viral hepatitis are caused by infection with hepatitis C virus (HCV). In 2013, for the first time, deaths associated with HCV infection surpassed the total number of deaths from 60 other nationally notifiable infectious diseases.<sup>1</sup>

Because HCV is a **bloodborne infection**, risks for HCV transmission are primarily associated with **exposures to contaminated blood or blood products**. Today, most people become infected with hepatitis C by sharing needles, syringes, or any other equipment to inject drugs. While rare, sexual transmission of hepatitis C is possible. Before screening of the blood supply began in 1990, hepatitis C could be spread through blood transfusions and organ transplants. By 1992, with widespread screening, the hepatitis C virus was virtually eliminated from the blood supply.<sup>2,3</sup>

HCV causes acute infection, which can be characterized by mild to severe illness but is usually asymptomatic. In approximately 75%–85% of persons, HCV persists as a chronic infection, placing infected persons at risk for **liver cirrhosis, hepatocellular carcinoma (HCC), and extrahepatic complications** that develop over the decades following onset of infection.<sup>2</sup>

Hepatitis C is a **leading cause of liver cancer and the leading cause of liver transplants**; no vaccine for hepatitis C has been developed to date. Centers for Disease Control and Prevention (CDC) estimates that there were **19,659 deaths with HCV as an underlying or contributing cause of death in 2014** in the U.S. Current information indicates **these represent a fraction of deaths attributable** in whole or in part to chronic hepatitis C.<sup>3,4</sup>

**People born from 1945-1965, or “baby boomers,” are six times more likely to have hepatitis C.** Unfortunately, the reason that baby boomers have high rates of hepatitis C is not completely understood. Most baby boomers are believed to have become infected in the 1960s, 1970s, and 1980s when transmission of hepatitis C was the highest. Since many can live with hepatitis C for decades without symptoms and often go undiagnosed, **hepatitis C testing is important to identify and treat those living with the disease – ultimately reducing their risk of liver cancer.**<sup>2,3</sup>

Most persons with chronic HCV infection are asymptomatic. People infected with HCV can become **chronic carriers** of the virus, although they may have no symptoms. However, many have chronic liver disease, which can range from mild to severe, including cirrhosis and liver cancer. Chronic liver disease in HCV-infected persons is **usually insidious**, progressing slowly without any signs or symptoms for several decades. In fact, HCV infection is **often not recognized until asymptomatic persons are identified as HCV-positive when screened for blood donation or when elevated alanine aminotransferase (ALT, a liver enzyme) levels are detected during routine examinations.**<sup>4,5</sup>

**HCV testing is recommended for anyone at increased risk for HCV infection, including:**

- Persons born from 1945 through 1965
- Persons who have ever injected illegal drugs, including those who injected only once many years ago
- Recipients of clotting factor concentrates made before 1987
- Recipients of blood transfusions or solid organ transplants before July 1992
- Patients who have ever received long-term hemodialysis treatment
- Persons with known exposures to HCV, such as
  - health care workers after needlesticks involving HCV-positive blood
  - recipients of blood or organs from a donor who later tested HCV-positive
- All persons with HIV infection
- Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)
- Children born to HCV-positive mothers (to avoid detecting maternal antibody, these children should not be tested before age 18 months)<sup>4</sup>

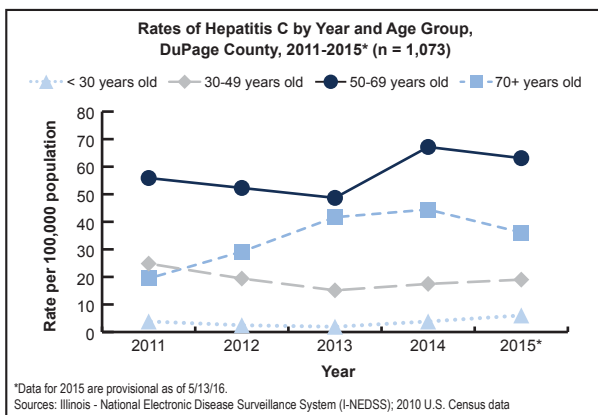
**Several blood tests are performed to test for HCV infection, including:**

- Screening tests for antibody to HCV (anti-HCV)
- Qualitative tests to detect presence or absence of virus (HCV RNA polymerase chain reaction [PCR])
- Quantitative tests to detect amount (titer) of virus (HCV RNA PCR)<sup>4</sup>

HCV-positive persons should be promptly **evaluated for presence of chronic liver disease**, including assessment of liver function tests, evaluation for severity of liver disease and possible treatment, and determination of the need for hepatitis A and hepatitis B vaccination. They should also be advised to **avoid alcohol** (because it can accelerate cirrhosis and end-stage liver disease) and **check with their physician** before taking any new prescription pills, over-the-counter drugs (such as non-aspirin pain relievers), or supplements, as these can potentially damage the liver.<sup>4</sup>

### References:

1. [www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6518a1.pdf](http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6518a1.pdf)
2. [www.cdc.gov/mmwr/pdf/rr/rr6104.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6104.pdf)
3. [www.cdc.gov/features/viralhepatitis/index.html](http://www.cdc.gov/features/viralhepatitis/index.html)
4. [www.cdc.gov/hepatitis/hcv/hcvfaq.htm](http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm)
5. [www.idph.state.il.us/public/hb/hbhepc.htm](http://www.idph.state.il.us/public/hb/hbhepc.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 12, No. 5 May 2016

Vaccine Preventable Diseases	Report Within	2016		2015		2014		2013		2012		Median	
		Apr	Jan-Apr	Jan-Apr	Total	Jan-Apr	Total	Jan-Apr	Total	Jan-Apr	Total	Jan-Apr	Total ('12-'15)
Chickenpox (varicella)	24 hrs	2	18	15	36	28	75	22	79	43	95	22	77
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive	24 hrs	0	2	4	15	1	5	1	10	5	11	2	10.5
Hepatitis A	24 hrs	0	0	2	5	3	8	1	4	0	8	1	6.5
Hepatitis B	7 days	0	0	1	2	1	5	1	3	1	5	1	4
Hepatitis B (carriers)	7 days	10	40	53	138	27	112	41	110	38	101	40	111
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	0	0	1	1	0	0	0	0
Influenza, ICU admissions	24 hrs	6	60	35	43	39	152	52	78	5	64	39	71
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	0	4	2	9	2	2	0	0	1	1	2	1.5
Neisseria meningitidis, invasive	24 hrs	1	1	0	1	0	0	0	0	0	0	0	0
Pertussis (whooping cough)	24 hrs	6	24	9	48	9	22	13	43	87	195	13	45.5
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
Streptococcus pneumoniae, invasive disease, in those < 5 yrs old	7 days	0	0	0	0	1	3	1	4	2	5	1	3.5
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	3	0	3	0	0	0	2	0	2.5
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	17	45	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Chikungunya fever <sup>3</sup>	7 days	0	0	0	2	0	0	NR	NR	NR	NR	0	1
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	0	1	1	2	0	0	0	1	0	1
Cryptosporidiosis	7 days	1	3	2	5	0	2	0	7	1	2	1	3.5
Cyclosporiasis	7 days	0	0	0	1	0	1	2	4	0	0	0	1
Dengue fever <sup>3</sup>	7 days	0	0	0	3	1	1	0	3	0	1	0	2
Ehrlichiosis <sup>2</sup>	7 days	0	0	0	1	0	0	0	0	0	0	0	0
Enteric E. coli infections <sup>4</sup>	24 hrs	0	5	5	14	2	18	4	54	5	19	5	18.5
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	2	0	0	0	1	0	0.5
Hepatitis C (cases & carriers)	7 days	19	96	91	237	89	240	61	184	67	196	89	216.5
Hepatitis D	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Histoplasmosis	7 days	0	3	0	3	3	7	0	1	0	2	0	2.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	1	3	3	18	5	26	4	39	5	25	4	25.5
Leprosy	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Listeriosis	7 days	0	0	0	2	0	2	0	2	0	2	0	2
Lyme disease <sup>2</sup>	7 days	0	2	1	30	1	22	0	39	1	27	1	28.5
Malaria	7 days	0	5	0	4	0	2	2	7	1	2	1	3
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	1	1	0	16	1	6	NR	NR	NR	NR	1	11
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	2	5	4	73	9	51	5	44	2	43	5	47.5
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	0	0	0	0	0	0	1	0	0
Salmonellosis	7 days	8	22	28	133	14	115	22	128	25	123	22	125.5
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	1	9	3	27	2	18	3	18	7	20	3	19
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
Staphylococcus aureus, methicillin resistant (MRSA), in those < 61 days old	24 hrs	0	1	3	10	3	9	0	3	1	7	1	8
Staphylococcus aureus, methicillin resistant (MRSA), community cluster <sup>6</sup>	24 hrs	0	0	0	0	0	0	0	0	1	1	0	0
Staphylococcus aureus (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	0	7	10	22	16	29	11	21	10	20	10	21.5
Toxic shock syndrome <sup>8</sup>	7 days	0	0	0	0	0	0	0	1	0	0	0	0
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	1	10	6	39	4	34	10	35	5	26	6	34.5
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	1	0	0
Typhoid fever	24 hrs	0	0	1	3	1	5	0	2	1	2	1	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	4	0	3	0	2	1	4	0	3.5
West Nile virus disease <sup>3</sup>	7 days	0	0	0	9	0	5	0	6	0	56	0	7.5
Yersiniosis	7 days	0	1	0	1	1	3	1	2	3	3	1	2.5
Zika virus disease <sup>3</sup>	7 days	0	1	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
<b>STDs, HIV and AIDS</b>													
AIDS <sup>9</sup> (April - June)	7 days	--	**	9	11	8	15	15	26	10	17	9.5	16
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	117	657	723	2279	723	2056	613	1883	583	1861	657	1969.5
Gonorrhea	7 days	14	84	101	302	75	242	84	258	80	239	84	250
HIV infection <sup>9,10</sup> (April - June)	7 days	--	**	19	38	15	37	25	47	18	33	18.5	37.5
Syphilis <sup>11</sup>	7 days	5	18	9	38	14	41	13	34	7	19	13	36

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  
\*\* = Count of 5 cases or less

**Websites**

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

**IDPH:**  
[www.idph.state.il.us](http://www.idph.state.il.us)

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

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[www.dupagehealth.org/publications](http://www.dupagehealth.org/publications)