



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 Influenza

To report a suspect or known case of novel influenza A virus or ICU admission or pediatric death due to influenza, please contact the DuPage County Health Department at (630) 221-7553.

Influenza (flu) viruses typically circulate widely in the U.S. annually from the late fall through early spring. Although most persons who become infected with influenza viruses will recover without sequelae, influenza can cause **serious illness and death, particularly among older adults, very young children, pregnant women, and those with chronic medical conditions.**¹

Persons of **all age groups are susceptible to influenza.** During 31 seasons between 1976 and 2007, estimated influenza-associated deaths ranged from approximately 3,000 to 49,000 annually. Complications, hospitalizations, and deaths from seasonal influenza are typically greatest among persons aged ≥65 years, children aged <5 years (and particularly those aged <2 years), and persons of any age who have medical conditions that confer increased risk for complications from influenza.¹

"Flu season" in the U.S. can begin as early as October and last as late as May. During this time, flu viruses are circulating at higher levels in the U.S. population.² **Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.** Optimally, vaccination should occur **before** onset of influenza activity in the community. Health care providers should offer vaccination by the end of October, if possible. Vaccination should continue to be offered as long as influenza viruses are circulating and unexpired vaccine is available. **To avoid missed opportunities for vaccination, providers should offer vaccination to unvaccinated persons aged ≥6 months during routine health care visits and hospitalizations when vaccine is available.**¹

For the **2016–17 influenza season, inactivated influenza vaccines (IIVs)** will be available in both trivalent (IIV3) and quadrivalent (IIV4) formulations. Recombinant influenza vaccine (RIV) will be available in a trivalent formulation (RIV3). In light of concerns regarding low effectiveness against influenza A(H1N1)pdm09 in the U.S. during the 2013–14 and 2015–16 seasons, for the 2016–17 season, Advisory Committee on Immunization Practices (ACIP) makes the interim recommendation that **live attenuated influenza vaccine (LAIV4) should not be used.** There are **several flu vaccine options for the 2016-2017 flu season**; for additional information on vaccine options, see www.cdc.gov/flu/protect/vaccine/vaccines.htm.

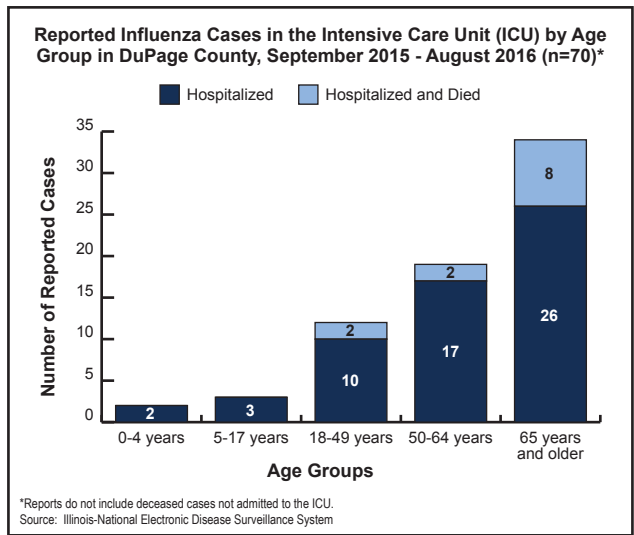
The ACIP and Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for all health care personnel (HCP) to reduce influenza-related morbidity and mortality among both HCP and their patients and to decrease absenteeism among HCP. Flu vaccination coverage among HCP has improved, but **remains below the national Healthy People 2020 target of 90%.** Early season 2015–16 flu vaccination coverage among HCP was **66.7%**, similar to early season coverage during the 2014–15 season (64.3%). During the previous two seasons, flu vaccination coverage increased by 12–13 percentage points from early season to the end of the season. Early season flu vaccination coverage was **higher among HCP whose employers required (87.2%) or recommended (61.9%)** that they be vaccinated compared with those HCP whose employer did not have a requirement or a recommendation regarding flu vaccination (39.4%).³

Employers and health care administrators can make use of the **Guide to Community Preventive Services** (at www.thecommunityguide.org/worksites/flu-hcw.html), and long-term care (LTC) employers can also use the **LTC web-based toolkit** (at www.cdc.gov/flu/toolkit/long-term-care/index.htm), which provides access to resources, strategies, and educational materials for increasing influenza vaccination among HCP in LTC settings.³ HCP should also follow **handwashing, respiratory hygiene, and other infection control** recommendations to prevent influenza transmission.

Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized, has severe, complicated, or progressive illness, or is at higher risk for influenza complications. Clinical trials and observational data show that early antiviral treatment can **shorten the duration of fever and illness symptoms, and may reduce the risk of complications** from influenza (e.g., otitis media in young children, pneumonia, and respiratory failure). Early treatment of hospitalized patients can reduce death. In hospitalized children, early antiviral treatment has been shown to shorten the duration of hospitalization. **Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset.**⁴

References:

1. www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6505.pdf
2. www.cdc.gov/flu/protect/keyfacts.htm
3. www.cdc.gov/flu/fluview/hcp-ips-nov2015.htm
4. www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm



DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

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

CD REVIEW

Volume 12, No. 9 September 2016

Vaccine Preventable Diseases	Report Within	2016		2015		2014		2013		2012		Median	
		Aug	Jan-Aug	Jan-Aug	Total	Jan-Aug	Total	Jan-Aug	Total	Jan-Aug	Total	Jan-Aug	Total ('12-'15)
Chickenpox (varicella)	24 hrs	6	37	24	36	51	76	40	78	64	95	40	77
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive	24 hrs	2	6	9	15	2	5	6	10	9	11	6	10.5
Hepatitis A	24 hrs	0	1	4	5	6	8	4	4	6	8	4	6.5
Hepatitis B	7 days	1	2	2	2	3	5	2	3	4	5	2	4
Hepatitis B (carriers)	7 days	12	77	87	137	61	112	86	110	66	101	77	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	0	63	36	43	46	152	52	78	8	64	46	71
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	1	8	5	8	2	2	0	0	1	1	2	1.5
Neisseria meningitidis, invasive	24 hrs	0	1	1	1	0	0	0	0	0	0	0	0
Pertussis (whooping cough)	24 hrs	12	75	19	49	12	22	26	43	156	195	26	46
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	2	0	0	2	3	3	4	3	5	2	3.5
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Other Communicable Diseases													
Anaplasmosis ²	7 days	0	1	2	3	1	3	0	0	1	2	1	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 ³	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Campylobacteriosis	7 days	12	111	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Chikungunya fever ³	7 days	0	0	2	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	1	1	2	2	0	0	1	1	1	1
Cryptosporidiosis	7 days	3	10	3	5	2	2	4	7	2	2	3	3.5
Cyclosporiasis	7 days	1	4	1	1	0	1	4	4	0	0	1	1
Dengue fever ³	7 days	1	1	3	3	1	1	1	3	1	1	1	2
Ehrlichiosis ²	7 days	0	1	1	1	0	0	0	0	0	0	0	0
Enteric E. coli infections ⁴	24 hrs	1	17	9	14	12	18	49	54	14	19	14	18.5
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	2	2	0	0	1	1	0	0.5
Hepatitis C (cases & carriers)	7 days	19	176	173	237	158	242	112	181	120	196	158	216.5
Hepatitis D	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Histoplasmosis	7 days	0	6	3	3	4	7	0	1	2	2	3	2.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	6	19	7	18	20	26	29	39	15	25	19	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	1	2	1	2	1	2	1	2	1	2
Lyme disease ²	7 days	5	23	27	30	17	22	36	39	25	27	25	28.5
Malaria	7 days	1	9	2	4	1	2	7	7	2	2	2	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	3	9	11	16	5	6	NR	NR	NR	NR	9	11
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	21	45	55	73	40	51	38	44	41	43	41	47.5
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	0	0	0	0	0	0
Rocky Mountain spotted fever ²	7 days	0	3	0	0	0	0	0	0	1	1	0	0
Salmonellosis	7 days	10	66	90	133	65	115	84	128	77	123	77	125.5
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	5	18	15	27	11	18	13	18	11	20	13	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 ³	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	2	9	5	10	5	9	2	3	4	7	5	8
Staphylococcus aureus, methicillin resistant (MRSA), community cluster ⁶	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 ⁷	24 hrs	2	14	17	22	23	29	17	21	17	20	17	21.5
Toxic shock syndrome ⁸	7 days	0	0	0	0	0	0	1	1	0	0	0	0
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	9	29	12	39	19	34	20	35	17	26	19	34.5
Tularemia	3 hrs	0	0	0	0	0	0	0	0	1	1	0	0
Typhoid fever	24 hrs	0	0	2	3	4	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	2	4	4	2	3	1	2	4	4	2	3.5
West Nile virus disease ³	7 days	6	6	3	9	1	5	0	6	38	56	3	7.5
Yersiniosis	7 days	0	3	1	1	2	3	1	2	3	3	2	2.5
Zika virus disease ³	7 days	1	5	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
STDs, HIV and AIDS													
AIDS ⁹ (July - September)	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	153	1445	1583	2382	1396	2056	1248	1883	1254	1861	1396	1969.5
Gonorrhea	7 days	20	204	206	307	153	242	178	258	169	239	178	250
HIV infection ^{9,10} (July - September)	7 days	--	**	19	38	15	37	25	47	18	33	18.5	37.5
Syphilis ¹¹	7 days	2	36	26	42	26	41	20	34	11	19	26	37.5

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

** = Count of 5 cases or less

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