



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

Linda Kurzawa
President, Board of Health

Maureen McHugh
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 or
palak.panchal@
dupagehealth.org
to send 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.

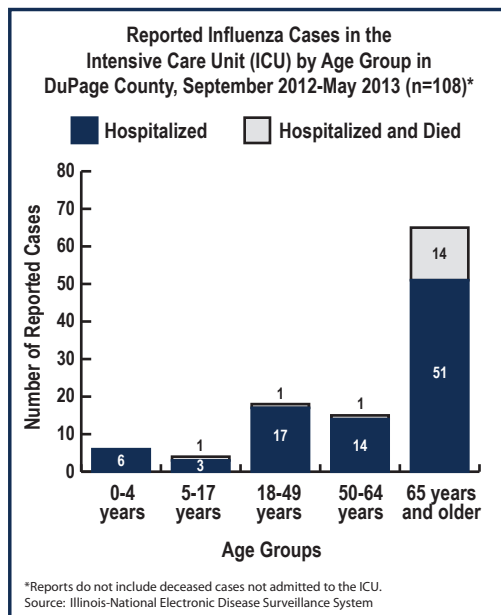


Under the Microscope Influenza

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

Influenza 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 persons aged ≥65 years and <2 years and those with medical conditions that confer high risk for complications from influenza.** During 30 seasons from the 1976–77 season through the 2005–06 season, estimated influenza-associated deaths ranged from 3,000 to 49,000 annually.¹ During a regular flu season, about 90% of deaths occur in people 65 years and older.²

The 2012–2013 influenza season was moderately severe, with a higher percentage of outpatient visits for influenza-like illness, higher rates of hospitalization, and more deaths attributed to pneumonia and influenza compared with the 2011–2012 influenza season. As of August 10, 2013, **158 laboratory-confirmed influenza-associated pediatric deaths were reported in the U.S.** to the Centers for Disease Control and Prevention (CDC) during the 2012–2013 influenza season.³



The majority of pediatric deaths were among children who had not been immunized against influenza. Among children hospitalized with influenza and for whom medical chart data were available, approximately 44% did not have any recorded underlying condition, whereas 23% had underlying asthma or reactive airway disease. Although children with certain conditions are at higher risk of complications, **substantial proportions of seasonal influenza morbidity and mortality occur among healthy children.**³

Annual influenza vaccination is the primary means of preventing influenza and its complications. **Routine annual influenza vaccination of all persons aged ≥6 months** continues to be recommended by the CDC. **No preferential recommendation is made for one influenza vaccine product over another** for persons for whom more than one product is otherwise appropriate.¹

There are several influenza (flu) vaccine options for the 2013-2014 flu season. Inactivated influenza vaccines (IIV) will be available in both trivalent (IIV3; protects against two influenza A viruses and one influenza B virus) and quadrivalent (IIV4; protects against two influenza A viruses and two influenza B viruses) formulations.¹

For the 2013–14 influenza season, it is expected that **trivalent live attenuated influenza vaccine (LAIV3) will be replaced by a quadrivalent LAIV formulation (LAIV4).** New technologies have led to development and approval of trivalent cell culture-based inactivated influenza vaccine (ccIIV3), and trivalent recombinant influenza vaccine (RIV3).¹

RIV3, an egg-free vaccine, is now an option for vaccination of persons aged 18 through 49 years with egg allergy of any severity. For persons with egg allergy who have no known history of egg exposure but for whom results suggestive of egg allergy have been obtained on previous allergy testing, consultation with a physician with expertise in the management of allergic conditions is recommended before vaccination.¹

To protect vulnerable patients and healthcare personnel (HCP) from influenza-related illness and its potentially serious consequences, **CDC recommends that all HCP be vaccinated against influenza during each influenza season.** HCP should also follow **handwashing, respiratory hygiene,** and other **infection control** recommendations to prevent influenza transmission. Based on a survey conducted during April 1–16, 2013, CDC estimates that, overall, **72.0% of HCP reported having had an influenza vaccination for the 2012–13 season,** an increase from 66.9% vaccination coverage during the 2011–12 season. By occupational setting, vaccination coverage was **highest among hospital-based HCP (83.1%) and was lowest among HCP at long-term care facilities (LTCF) (58.9%).** Vaccination coverage was **higher for HCP in occupational settings offering vaccination on-site at no cost for one (75.7%) or multiple (86.2%) days** compared with HCP in occupational settings not offering vaccination on-site at no cost (55.3%).⁴

Ensuring high HCP vaccination coverage each season requires organized efforts by healthcare facilities. **Appropriate facility policies can help achieve continuing high vaccination coverage during each influenza season.**⁴ Resources for improving HCP vaccination rates are available at: www.preventinfluenza.org/profs_workers.asp and www.immunize.org/catg.d/p2014.pdf.

References:

1. www.cdc.gov/mmwr/pdf/rr/r6207.pdf
2. www.cdc.gov/flu/protect/keyfacts.htm
3. <http://pediatrics.aappublications.org/content/early/2013/08/28/peds.2013-2377.full.pdf>
4. www.cdc.gov/mmwr/preview/mmwrhtml/mm6238a2.htm?s_cid=mm6238a2_w

**DUPAGE COUNTY HEALTH DEPARTMENT
CASES¹ OF REPORTABLE DISEASES***

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

**CD REVIEW
Volume 9, No. 9 September 2013**

Vaccine Preventable Diseases	Report Within	2013		2012		2011		2010		2009		Median	
		Aug	Jan-Aug	Jan-Aug	Total	Jan-Aug	Total	Jan-Aug	Total	Jan-Aug	Total	Jan-Aug	Total ('09-'12)
Chickenpox (varicella)	24 hrs	8	40	64	93	43	82	76	95	93	146	64	94
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive	24 hrs	1	6	9	11	8	15	5	7	7	11	7	11
Hepatitis A	24 hrs	2	4	6	8	5	8	2	3	3	6	4	7
Hepatitis B	7 days	0	2	4	5	0	0	1	4	5	8	2	4.5
Hepatitis B (carriers)	7 days	8	82	66	97	68	113	71	108	78	127	71	110.5
Influenza, deaths in < 18 yrs old	7 days	0	1	0	0	0	0	0	0	0	1	0	0
Influenza ICU admissions	24 hrs	0	52	8	59	24	24	0	3	NR	NR	16	24
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	1	1	0	0
Mumps	24 hrs	0	0	1	1	2	3	0	2	2	2	1	2
Neisseria meningitidis, invasive	24 hrs	0	0	0	0	1	2	1	1	3	6	1	1.5
Pertussis (whooping cough)	24 hrs	5	25	156	195	136	268	33	92	14	26	33	143.5
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	3	3	5	9	13	4	8	6	8	4	8
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Other Communicable Diseases													
Anaplasmosis ²	7 days	0	0	1	2	3	3	0	0	0	0	0	1
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
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	1	1	1	3	1	1	0	0	1	1
Cryptosporidiosis	7 days	3	4	2	2	3	5	4	5	3	5	3	5
Cyclosporiasis	7 days	1	4	0	0	0	0	0	0	1	1	0	0
Dengue fever ³	7 days	0	1	1	1	1	1	3	4	2	4	1	2.5
Ehrlichiosis ²	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Enteric E. coli infections ⁴	24 hrs	1	48	14	18	18	22	14	18	9	12	14	18
Giardiasis	7 days	3	21	25	34	26	44	38	49	27	40	26	42
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	1	1	1	1	0	0	0	0	0	0.5
Hepatitis C (cases & carriers)	7 days	14	109	120	171	115	189	137	187	147	213	120	188
Hepatitis D	7 days	0	0	0	0	0	1	0	0	0	0	0	0
Histoplasmosis	7 days	0	0	2	2	0	1	2	2	1	2	1	2
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	11	11	49	181	0	5.5
Legionellosis	7 days	6	26	15	25	6	14	9	11	7	13	9	13.5
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	1	1	1	2	2	2	3	6	2	3	2	2.5
Lyme disease ²	7 days	4	33	25	27	27	32	17	19	16	18	25	23
Malaria	7 days	0	6	2	2	1	7	3	4	4	4	3	4
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	5	38	41	43	21	30	44	54	12	15	38	36.5
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	0	1	1	0	0	0	0	0	0	0	0
Salmonellosis	7 days	9	82	77	123	70	95	97	136	62	89	77	109
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	3	12	11	20	10	22	263	277	8	12	11	21
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	1	2	4	7	2	3	6	6	5	6	4	6
Staphylococcus aureus, methicillin resistant (MRSA), community cluster ⁷	24 hrs	0	0	1	1	0	0	1	1	1	1	1	1
Staphylococcus aureus (vancomycin-resistant)	24 hrs	0	0	0	0	1	1	1	1	0	0	0	0.5
Streptococcal infections, group A invasive disease ⁸	24 hrs	2	17	17	20	23	30	13	20	10	14	17	20
Toxic shock syndrome ⁹	7 days	0	1	0	0	1	1	0	0	0	0	0	0
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	2	20	17	26	14	18	20	26	18	29	18	26
Tularemia	3 hrs	0	0	1	1	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	0	0	1	2	3	3	2	3	4	5	2	3
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	0	1	4	4	2	3	1	1	1	2	1	2.5
West Nile disease ³	7 days	0	0	38	56	1	2	6	17	0	0	1	9.5
Yersiniosis	7 days	0	1	3	3	2	3	0	0	3	5	2	3
STDs, HIV and AIDS													
AIDS ¹⁰ (July - September)	7 days	--	11	9	17	7	16	17	26	8	19	9	18
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	114	1092	1254	1861	1051	1599	1057	1542	1082	1555	1082	1577
Gonorrhea	7 days	14	157	169	239	168	241	157	223	150	225	157	232
HIV infection ¹⁰ (July - September)	7 days	--	9	10	20	11	24	21	27	20	40	11	25.5
Syphilis	7 days	0	8	11	19	19	24	16	25	22	33	16	24.5

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 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
** = Count of 5 cases or less

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/publications