DuPage County Health Department
CD REVIEW
Volume 15, No. 9 September 2019

DUPAGE COUNTY HEALTH DEPARTMENT
Everyone, Everywhere, Everyday

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

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 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
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.

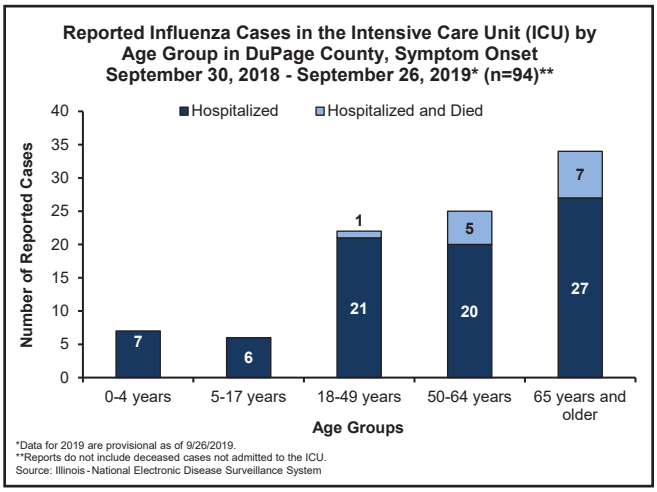
Influenza viruses typically circulate in the United States annually, most commonly from late fall through early spring. Most persons who contract influenza recover without serious complications or sequelae. However, influenza can result in **serious illness, hospitalization, and death, particularly among older adults, very young children, pregnant women, and persons with certain chronic medical conditions**. Influenza illness also is an important cause of **missed work and school**.[1]

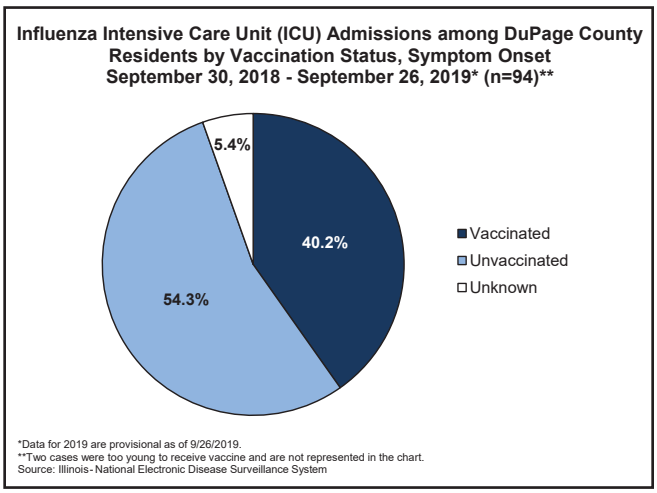
The **2018–2019 influenza season** was longer than recent influenza seasons, and was a **moderate severity** season with **two waves** of influenza A activity of similar magnitude during the season: A(H1N1)pdm09 predominated from October 2018 to mid-February 2019, and A(H3N2) activity increased from mid-February through mid-May.[2]

Routine annual influenza vaccination of all persons aged ≥6 months who do not have contraindications continues to be recommended by Centers for Disease Control and Prevention (CDC) and CDC's Advisory Committee on Immunization Practices (ACIP). **No preferential recommendation is made for one influenza vaccine product over another** for persons for whom more than one licensed, recommended, and appropriate product is available. Balancing considerations regarding the unpredictability of timing of onset of the influenza season and concerns that vaccine-induced immunity might wane over the course of a season, it is recommended that **vaccination should be offered by the end of October**. **Early vaccination (i.e., in July and August) is likely to be associated with suboptimal immunity** before the end of the influenza season, particularly among older adults. To avoid missed opportunities for vaccination, providers should **offer vaccination during routine health care visits and hospitalizations**.[1]

The 2019–20 U.S. trivalent influenza vaccines will contain hemagglutinin (HA) derived from an A/Brisbane/02/2018 (H1N1)pdm09–like virus, an A/Kansas/14/2017 (H3N2)–like virus, and a B/Colorado/06/2017–like virus (Victoria lineage). Quadrivalent influenza vaccines will contain HA derived from these three viruses, and a B/Phuket/3073/2013–like virus (Yamagata lineage).[1] There are **several flu vaccine options for the 2019-2020 flu season**; for additional information on vaccine options, see www.cdc.gov/flu/professionals/vaccines.htm.

CDC recommends that all healthcare personnel (HCP) receive an annual influenza vaccination to **reduce influenza-related morbidity and mortality** among HCP and their patients and to **reduce absenteeism** among HCP. An estimated **81.1% of HCP reported receiving influenza vaccination** during the 2018–19 season, similar to reported coverage in the previous four influenza seasons.[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 and death** from influenza. **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/68/rr/rr6803a1.htm?s_cid=rr6803a1_w
2. www.cdc.gov/mmwr/volumes/68/wr/mm6824a3.htm
3. www.cdc.gov/flu/fluvaxview/hcp-coverage_1819estimates.htm
4. www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

DUPAGE COUNTY HEALTH DEPARTMENT

CASES[1] OF REPORTABLE DISEASES*

* Last updated by the Illinois Department of Public Health, effective January 1, 2019.

CD REVIEW
Volume 15, No. 9 September 2019

		2019		2018		2017		2016		2015		Median	
Vaccine Preventable Diseases	**Report Within**	**Aug**	**Jan-Aug**	**Jan-Aug**	**Total**	**Jan-Aug**	**Total**	**Jan-Aug**	**Total**	**Jan-Aug**	**Total**	**Jan-Aug**	**Total ('15-'18)**
Chickenpox (varicella)	24 hrs	3	30	30	42	19	35	38	56	24	36	24	39
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive	24 hrs	0	6	11	16	6	9	6	13	9	15	6	14
Hepatitis A	24 hrs	0	8	5	6	2	3	1	2	4	5	2	4
Hepatitis B (acute, chronic, perinatal)	7 days	4	76	63	93	73	100	79	124	89	139	73	112
Influenza, deaths in < 18 yrs old	7 days	0	1	0	0	0	0	0	0	0	0	0	0
Influenza, ICU admissions	24 hrs	0	80	114	125	68	121	63	69	33	43	63	95
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	0	5	9	12	7	8	8	11	5	8	7	9.5
Neisseria meningitidis, invasive	24 hrs	0	0	0	0	0	0	1	1	1	1	0	0.5
Pertussis (whooping cough)	24 hrs	3	27	13	34	16	36	74	105	19	49	16	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
Streptococcus pneumoniae, invasive disease, in those < 5 yrs old	7 days	0	3	3	6	1	1	2	2	0	0	1	1.5
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Other Communicable Diseases													
Anaplasmosis	7 days	0	0	0	0	1	1	1	1	2	3	1	1
Anthrax	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Arboviral Disease (other and unspecified)[2]	7 days	0	0	0	0	1	2	1	1	0	0	0	0.5
Babesiosis	7 days	0	0	0	1	0	0	1	1	0	0	0	0.5
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
Campylobacteriosis	7 days	16	119	108	160	117	161	114	173	NR	NR	111	161
Chikungunya virus disease	7 days	0	0	1	2	0	0	0	4	2	2	0	2
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Cryptosporidiosis	7 days	8	25	26	31	11	18	11	18	3	5	11	18
Cyclosporiasis	7 days	1	17	140	141	7	7	4	5	1	1	4	6
Dengue virus infection	7 days	0	1	1	2	1	1	1	3	3	3	1	2.5
Ehrlichiosis	7 days	0	0	0	0	0	0	1	2	1	1	0	0.5
Enteric *E. coli* infections[3]	24 hrs	3	24	31	39	19	23	19	24	9	14	19	23.5
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	0	0	0
Hepatitis C (acute, chronic, perinatal)	7 days	15	151	129	190	190	294	182	255	173	237	173	246
Hepatitis D	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Histoplasmosis	7 days	0	6	5	6	8	9	6	8	3	3	5	7
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	13	32	23	37	19	28	19	34	7	18	19	31
Leptospirosis	7 days	0	0	0	0	1	1	0	0	0	0	0	0
Listeriosis	7 days	0	2	0	0	3	4	0	0	1	2	0	1
Lyme disease	7 days	5	25	23	27	32	36	27	34	27	30	27	32
Malaria	7 days	0	2	4	4	0	3	9	10	2	4	2	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	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, animal case	24 hrs	4	7	6	8	11	12	9	10	11	16	9	11
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	37	71	133	167	59	84	47	59	55	73	55	78.5
Spotted fever rickettsiosis	7 days	0	0	1	2	0	1	3	3	0	0	0	1.5
Salmonellosis	7 days	9	69	81	118	81	104	73	118	89	131	81	118
Salmonella Paratyphi infection[4]	24 hrs	0	1	2	2	1	1	0	1	1	2	1	1.5
Salmonella Typhi infection	24 hrs	0	2	3	4	3	4	0	0	2	3	2	3.5
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	4	20	6	10	8	14	18	21	15	27	8	17.5
Smallpox	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Smallpox vaccination, complications	24 hrs	0	0	1	1	0	0	0	0	0	0	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[5]	24 hrs	3	23	26	33	18	24	14	18	17	22	17	23
Toxic shock syndrome[6]	7 days	0	0	1	1	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	0	18	33	50	21	42	29	42	12	39	21	42
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	2	8	10	14	5	6	4	6	4	4	4	6
West Nile virus disease	7 days	2	2	11	18	4	6	7	10	3	9	4	9.5
Zika virus disease	7 days	0	0	1	1	1	1	7	11	NR	NR	1	1
STDs, HIV and AIDS													
AIDS[7] (July - September)	7 days	--	4	12	15	10	12	9	12	12	13	11	12.5
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	61	1222	1667	2545	1701	2495	1684	2417	1583	2382	1667	2456
Gonorrhea	7 days	9	243	285	443	275	451	264	390	206	307	264	416.5
HIV infection[7,8] (July - September)	7 days	--	19	21	24	32	39	31	43	45	56	31.5	41
Syphilis[9]	7 days	1	37	48	73	39	55	43	59	26	42	39	57
Outbreaks[10]													
Foodborne	24 hrs	2	4	3	6	2	2	2	3	3	3	2	3
Foodborne Outbreak Cases		34	206	78	123	114	114	10	22	43	43	43	78.5
Waterborne	24 hrs	0	0	0	0	0	0	1	1	0	0	0	0
Waterborne Outbreak Cases		0	0	0	0	0	0	2	2	0	0	0	0
Person to Person	24 hrs	1	44	64	80	49	66	34	47	44	53	44	59.5
Person to Person Outbreak Cases		18	722	817	1162	539	1240	694	989	476	686	539	1075.5
Other and Unspecified	24 hrs	0	0	0	1	0	0	0	0	0	0	0	0
Other and Unspecified Outbreak Cases		0	0	0	3	0	0	0	0	0	0	0	0

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] Including, but not limited to, California serogroup virus diseases, Eastern equine encephalitis virus disease, Powassan virus disease, St. Louis encephalitis virus disease, Western equine encephalitis virus disease, and yellow fever. Chikungunya virus disease, dengue virus infection, West Nile virus disease, and Zika virus disease are listed individually.

[3] O157:H7, STEC

[4] *Salmonella enterica* serotypes Paratyphi A, B [tartrate negative], and C

[5] Includes streptococcal toxic shock syndrome and necrotizing fasciitis

[6] Due to *Staphylococcus aureus*

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

[8] HIV counts reflect all newly diagnosed HIV cases regardless of stage of disease at diagnosis.

[9] Cases are provisional, based on test date per local health department investigation. Includes syphilis cases staged as primary, secondary, or early non-primary non-secondary.

[10] Listed based on report submission date

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