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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 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.

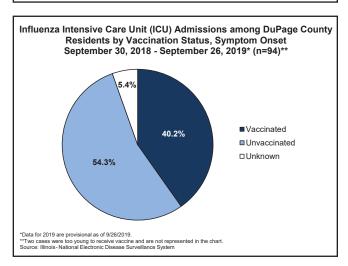
The 2019–20 U.S. trivalent influenza vaccines will contain hemagglutinin (HA) derived from an A/Brisbane/02/2018 (H1N1)pdm09–like virus, an A/Kansas/14/2017 (H3N2)–like virus, and a B/Colorado/06/2017–like virus (Victoria lineage). Quadrivalent influenza vaccines will contain HA derived from these three 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.

Reported Influenza Cases in the Intensive Care Unit (ICU) by Age Group in DuPage County, Symptom Onset September 30, 2018 - September 26, 2019* (n=94)** ■Hospitalized and Died 35 30 25 20 ф 15 Number 10 5 0-4 years 5-17 years 18-49 years 50-64 years 65 years and Age Groups *Data for 2019 are provisional as of 9/26/2019.

**Reports do not include deceased cases not admitted to the ICU.

Source: Illinois - National Electronic Disease Surveillance System



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.

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
- . www.cdc.gov/flu/fluvaxview/hcp-coverage_1819estimates.htm
- 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, effective January 1, 2019.

CD REVIEW

Volume 15, No. 9 September 2019

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
- $^{\rm 4}$ Salmonella enterica serotypes Paratyphi A, B [tartrate negative], and C
- $^{\rm 5}$ Includes streptococcal toxic shock syndrome and necrotizing fasciitis
- ⁶ Due to Staphylococcus aureus
- $^{\rm 7}$ 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

Diphtheria	ug To 30 0 111 5 63 0 1114 0 0 113 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 1125 0 125 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Jan- Aug 19 0 0 6 6 7 7 0 0 0 11 1 0 0 0 117 0 0 111 7 1	Total 35 0 9 9 3 100 0 121 0 0 121 0 0 121 0 0 0 121 0 0 0 121 0 0 0 121 0 0 0 0	38	Total 56 0 13 2 124 0 0 69 0 1105 0 0 1 111 11 11 0 0 1 173 4 0 18	Jan- Aug	Total 36 0 0 15 5 5 139 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Jan- Aug 24 0 6 2 73 0 63 0 16 0 0 1 0 0 0 0 0 1 1 0 0 0	Total (*15-*18) 39 0 144 4 1122 0 95 0.5 42.5 0 0 0 1.5 0.5 0.5 0.5 0.5 0.6 0 0 0.6 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7
Chickenpox (varicella)	30 0 0 111 11 15 63 0 114 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	42 0 16 6 93 0 125 0 125 0 0 0 0 0 0 0 0 0 0 0 0 0	19 0 0 6 6 6 8 8 0 0 7 7 7 0 0 0 0 1 0 0 0 0 1 0 0 0 0 0	35 0 9 3 100 0 0 121 0 0 8 8 0 0 0 0 1 1 0 0 0 1 0 0 0 0 0	38 0 6 1 79 0 3 8 8 1 1 4 0 0 0 1 1 1 1 0 0 0 0 1 0 0 0 1 1 0	56 0 0 13 2 124 0 0 0 0 0 111 1 1 0 0 0 0 0 0 0 0 0 0	24 0 9 9 4 89 0 5 1 1 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	36 0 15 5 139 0 0 8 8 1 1 4 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24 0 6 6 2 73 0 0 7 0 16 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	39 0 144 4 112 0 95 0 0 9.5 42.5 0 0 1.5 0 0 0 0 0 0 0 0 0 0 0 0 0
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Hepatitis B (acute, chronic, perinatal)	63	93 0 125 0 12 0 34 0 0 0 0 0 0 0 0 1 0 0 0 1 0 0 0 1 0	73 0 68 0 7 7 7 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	100 0 121 0 8 0 36 0 0 1 1 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	0 63 0 8 1 74 0 0 0 1 1 0 0 0 0 0 1 1 1 0 0 0 0 0 0	124 0 69 0 11 1 105 0 0 2 0 1 1 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0	0 33 0 5 1 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	139 0 43 0 8 1 1 49 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	73 0 63 0 7 0 16 0 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0	0 95 0 9.5 0.5 42.5 0 0 1.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Influenza, ICU admissions	1114 0 9 9 0 0 133 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	125 0 12 0 34 0 0 0 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	68 0 0 7 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	121 0 8 0 36 0 1 0 1 0 2 0 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	63 0 8 1 74 0 0 0 1 1 0 0 0 0 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0	69 0 111 1 105 0 0 0 1 1 1 0 0 0 0 1 1 1 0 0 0 0	33 0 5 1 1 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	43 0 8 1 49 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	63 0 7 0 16 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0	95 0 9.5 5.5 42.5 0 0 1.5 0 0 0 0.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Measles (rubeola)	0 9 0 13 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 12 0 34 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 7 0 16 0 0 1 1 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0	0 8 0 36 0 0 1 1 0 2 0 0 0 0 0 0 0 1 0 0 0 0 0 0	0 8 1 74 0 0 0 1 1 1 0 0 0 0 1 1 1 1 0 0 0 0 0	0 111 105 0 0 2 0 1 1 0 0 0 0 1 1 1 0 0 0 0	0 5 1 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 8 1 49 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 7 0 16 0 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0	0 9.5 0.5 42.5 0 0 0 1.5 0 0 0 0.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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Pertussis (whooping cough)	13 0 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	34 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16 0 0 1 0 1 0 0 1 0 0 0 0 0 117 0 0	36 0 0 1 1 0 2 0 0 0 0 0 161 0 0	74 0 0 2 0 1 0 1 1 0 0 0 114 0 0	105 0 0 2 0 1 1 0 1 1 1 0 0 0 173 4	19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	49 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16 0 0 1 0 1 0 0 0 0 0 0 0 0	42.5 0 0 1.5 0 0 0 0 5 0.5 0 0 0 0
Poliomyelitis	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	0 0 1 0 1 0 0 0 0 0 0 117 0 0 0 117 0	0 0 1 0 1 0 2 0 0 0 0 0 161 0 0	0 0 0 1 0 1 1 0 0 0 114 0 0	0 0 0 1 0 1 1 0 0 0 173 4	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 0 0 1 0 0 0 0 0 0 0 0	1.5 0 1.5 0 0 0.5 0.5 0 0 0
Streptococcus pneumoniae, invasive disease, in those < 5 yrs old	3 0 0 0 0 0 0 0 0 0 108 1 1 0 26 140 1 1 0 31 0	6 0 0 0 1 0 0 0 160 2 0 31 141 2	1 0 0 1 1 0 0 0 0 0 1 1 1 7 0 0 1 1 1 7	1 0 0 0 0 0 0 161 0 0 18	2 0 1 0 1 1 1 0 0 0 0 114 0 0	2 0 1 0 1 1 0 0 0 0 173 4	0 0 0 0 0 0 0 0 0 0 0 NR	0 0 0 3 0 0 0 0 0 0	1 0 0 0 0 0 0 0	1.5 0 1 0 0.5 0.5 0 0 0
in those < 5 yrs old	0 0 0 0 0 0 0 0 108 1 1 0 26 140 1 0 31 0	0 0 0 0 1 0 0 0 0 160 2 0 31 141 2 0 0	0 1 0 1 0 0 0 0 0 117 0 0	0 1 0 2 0 0 0 0 0 161 0	1 0 1 1 0 0 0 0 114 0	1 0 1 1 0 0 0 0 173 4	0 0 0 0 0 0 0 0 0 NR	3 0 0 0 0 0 0 0	0 1 0 0 0 0 0 0	0 0.5 0.5 0.0 0 0
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Dengue virus infection 7 days 0 1 Ehrlichiosis 7 days 0 0 Enteric E. coli infections³ 24 hrs 3 24	1 0 31 0	0		7			3	5	11	18
Ehrlichiosis 7 days 0 0 Enteric E. coli infections³ 24 hrs 3 24	0 31 0 0	0	7.1	4	4	5	1	1	4	6
Enteric E. coli infections ³ 24 hrs 3 24	31 0 0	_	0	0	1	2	3	1	0	2.5 0.5
Hantavirus pulmonary syndrome 24 hrs 0 0	0	39	19	23	19	24	9	14	19	23.5
		0	0	0	0	0	0	0	0	0
Hemolytic uremic syndrome 24 hrs 0 0 Hepatitis C (acute, chronic, perinatal) 7 days 15 151 1:		0 190	190	0 294	0 182	0 255	173	237	173	0 246
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 Legionellosis 7 days 13 32	23	37	0 19	0 28	0 19	0 34	7	18	0 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 Malaria 7 days 0 2	23	27	32 0	36	27 9	34 10	27	30 4	27	32 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 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
	133 1	167	59 0	84	47 3	59 3	55 0	73	55 0	78.5 1.5
, , , ,		2 118	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 Shigellosis 7 days 4 20	6	10	0	0 14	0 18	21	0 15	0 27	0	0 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	o	0	0	0	0		0
Streptococcal infections, group A invasive	_									
	26	33	18	24	14	18	17	22	17	23
Toxic shock syndrome ⁶ 7 days 0 0 Trichinosis 7 days 0 0	0	0	0	0	0	0	0	0	0	0
	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 Vibriosis (non-cholera) 7 days 2 8	0	0	0	0	0	0	0	0	0	0
	10 11	14 18	5 4	6	7	6 10	4	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			Ţ							
	12 0	15	10	12	9	12	12	13	11	12.5
		545	1701	2495	1684	2417	1583	2382	0 1667	2456
Gonorrhea 7 days 9 243 2	285 4	443	275	451	264	390	206	307	264	416.5
	21	24	32	39	31	43	45	56	31.5	41
	48	73	39	55	43	59	26	42	39	57
Outbreaks ¹⁰ Foodborne 24 hrs 2 4	3	6	2	2	2	اد	2	3	2	3
		6 123	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 Person to Person 24 hrs 1 44	0	0	0 49	0	24	2	0	0	0	0 50.5
	64 817 11	80 162	539	66 1240	34 694	47 989	44 476	53 686	539	59.5 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