



DuPage County Health Department R E V I E W

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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 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 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.

Hepatitis C is an infection caused by the hepatitis C virus. Most people who get infected go on to develop a **chronic or lifelong infection**, which can cause serious liver damage and even liver cancer over time. There is currently **no vaccine** to prevent hepatitis C. Fortunately, **new treatments offer a cure** for most people. Once diagnosed, most persons with hepatitis C can be cured in just 8 to 12 weeks, reducing liver cancer risk by 75%.¹

Because **HCV is a bloodborne infection**, risks for HCV transmission are primarily associated with **exposures to contaminated blood or blood products**.² Today, most people become infected with hepatitis C by **sharing needles, syringes, or any other equipment to inject drugs**. In fact, rates of new infections have been on the rise in young people who inject drugs.¹ While rare, sexual transmission of hepatitis C is possible.³ 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.^{2,4}

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.²

Chronic hepatitis C is a major cause of cirrhosis and liver cancer and the most common reason for liver transplantation in the U.S.⁵ In 2016, 18,153 U.S. death certificates had HCV recorded as an underlying or contributing cause of death. However, current information indicates **these represent a fraction of deaths attributable** in whole or in part to chronic hepatitis C.⁶

For reasons that are not entirely understood, **people born from 1945 to 1965, or “baby boomers,” are five times more likely to have hepatitis C** than other age groups.¹ 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.**^{2,4} In addition, research published in 2017 from the Centers for Disease Control and Prevention (CDC) suggests that the **recent steep increase in cases nationally of acute hepatitis C virus infection is associated with increases in opioid injection**, with especially sharp increases among **young people, whites, and women.**⁷

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.**⁸

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

- Current or former injection drug users, including those who injected only once many years ago
- Everyone born from 1945 through 1965
- Recipients of clotting factor concentrates made before 1987
- Recipients of blood transfusions or solid organ transplants before July 1992
- Chronic hemodialysis patients
- 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 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^{8,9}

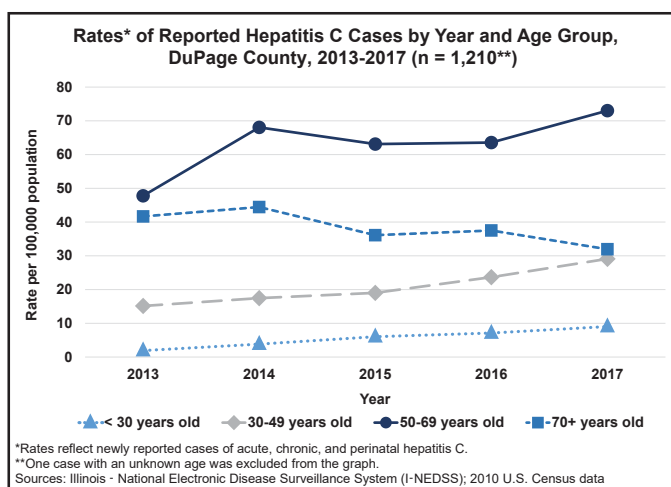
Several blood tests are performed to test for HCV infection, including:

- 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)⁶

HCV-positive patients should be **promptly evaluated (by referral or consultation, if appropriate) for presence of chronic liver disease**, including assessment of liver function tests, evaluation for severity of liver disease and recommended HCV treatment, and determination of the need for hepatitis A and hepatitis B vaccination. More information on recommendations for testing, management, and treating hepatitis C are available at: <http://www.hcvguidelines.org>.⁸

References:

1. www.cdc.gov/hepatitis/hepawarenessabcs.htm
2. www.cdc.gov/mmwr/pdf/rr/rr6104.pdf
3. www.cdc.gov/hepatitis/populations/stds.htm
4. www.cdc.gov/features/viralhepatitis/index.html
5. www.cdc.gov/hepatitis/hcv/cfaq.htm
6. www.cdc.gov/hepatitis/hcv/hcvfaq.htm
7. www.cdc.gov/nchhstp/newsroom/2017/hepatitis-c-and-opioid-injection.htm#Graphics
8. www.cdc.gov/hepatitis/hcv/guidelines.htm



DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

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

CD REVIEW

Volume 14, No. 10 October 2018

	Report Within	2018		2017		2016		2015		2014		Median	
		Jan-Sep	Jan-Sep	Jan-Sep	Total	Jan-Sep	Total	Jan-Sep	Total	Jan-Sep	Total	Jan-Sep	Total
Vaccine Preventable Diseases													
Chickenpox (varicella)	24 hrs	3	31	20	35	44	56	26	36	56	76	31	46
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive	24 hrs	0	12	7	9	7	13	11	15	3	5	7	11
Hepatitis A	24 hrs	0	5	2	3	2	2	4	5	8	8	4	4
Hepatitis B (acute, chronic, perinatal)	7 days	8	70	82	100	87	124	97	139	76	117	82	120.5
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Influenza, ICU admissions	24 hrs	0	113	71	121	63	69	36	43	46	152	63	95
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	1	10	8	8	8	11	6	8	2	2	8	8
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	0	0	0	1	1	1	1	0	0	0	0.5
Pertussis (whooping cough)	24 hrs	3	16	22	36	83	105	24	49	13	22	22	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
<i>Streptococcus pneumoniae</i> , invasive disease, in those < 5 yrs old	7 days	0	3	1	1	2	2	0	0	3	3	2	1.5
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	1	1	1	2	3	1	3	1	2
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	15	123	135	161	135	173	NR	NR	NR	NR	135	167
Chikungunya virus disease ³	7 days	0	1	0	0	2	4	2	2	0	0	1	1
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	2	2	2	3	1	1	2	2	2	2
Cryptosporidiosis	7 days	3	28	13	18	14	18	3	5	2	2	13	11.5
Cyclosporiasis	7 days	1	140	7	7	4	5	1	1	0	1	4	3
Dengue fever ³	7 days	1	2	1	1	1	3	3	3	1	1	1	2
Ehrlichiosis ²	7 days	0	0	0	0	1	2	1	1	0	0	0	0.5
Enteric <i>E. coli</i> infections ⁴	24 hrs	2	34	21	23	22	24	10	14	17	18	21	20.5
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	0	0	0	0	2	2	0	0
Hepatitis C (acute, chronic, perinatal)	7 days	13	133	217	294	204	255	192	237	177	242	192	248.5
Hepatitis D	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Histoplasmosis	7 days	0	4	8	9	6	8	3	3	5	7	5	7.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	6	29	22	28	23	34	13	18	23	26	23	27
Leprosy	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	7 days	0	0	1	1	0	0	0	0	0	0	0	0
Listeriosis	7 days	0	0	4	4	0	0	2	2	1	2	1	2
Lyme disease ²	7 days	0	23	33	36	30	34	28	30	20	22	28	32
Malaria	7 days	0	4	0	3	9	10	2	4	1	2	2	3.5
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	2	8	11	12	10	10	16	16	6	6	10	11
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	14	140	70	84	49	59	69	73	50	51	69	66
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	1	0	1	3	3	0	0	0	0	0	0.5
Salmonellosis	7 days	17	99	90	105	94	119	110	133	76	115	94	117
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	0	5	12	14	18	21	17	27	15	18	15	19.5
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
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), in those < 61 days old	24 hrs	0	6	1	3	10	11	5	10	6	9	6	9.5
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), community cluster ⁶	24 hrs	0	0	1	1	1	1	0	0	0	0	0	0.5
<i>Staphylococcus aureus</i> (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	1	26	18	24	14	18	18	22	25	29	18	23
Toxic shock syndrome ⁸	7 days	0	1	0	0	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	33	26	43	30	42	18	39	20	34	26	40.5
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	0	3	3	4	0	0	2	3	4	5	3	3.5
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	0	10	5	6	6	6	4	4	3	3	5	5
West Nile virus disease ³	7 days	6	17	6	6	9	10	8	9	5	5	8	7.5
Yersiniosis	7 days	1	2	0	1	3	4	1	1	2	3	2	2
Zika virus disease ³	7 days	0	1	1	1	9	11	NR	NR	NR	NR	1	6
STDs, HIV and AIDS													
AIDS ⁹ (July - September)	7 days	7	12	4	5	8	8	11	12	16	17	11	10
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	100	1500	1813	2495	1868	2417	1780	2382	1558	2056	1780	2399.5
Gonorrhea	7 days	20	236	301	451	293	390	226	307	166	242	236	348.5
HIV infection ^{9,10} (July - September)	7 days	9	21	11	16	26	30	40	47	33	42	26	36
Syphilis ¹¹	7 days	1	37	42	55	45	59	27	42	31	41	37	48.5

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

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