



DuPage County Health Department R E V I E W

Volume 11, No. 12

December 2015



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 HIV/AIDS

For questions or to report suspect or known cases of HIV/AIDS, please call the DuPage County Health Department at (630) 221-7553.

World AIDS Day (December 1) draws attention to the current status of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic worldwide. This year's theme is World AIDS 2015: The Time to Act is Now.¹

The first cases of AIDS were reported more than 30 years ago in June 1981. **At the end of 2014, approximately 36.9 million persons worldwide were living with HIV infection.** Although AIDS-related deaths have decreased by 42% since 2004, **an estimated 1.2 million persons died from AIDS in 2014.**¹

Global efforts have resulted in approximately 13.5 million persons in low-income and middle-income countries receiving antiretroviral therapy (ART) for HIV infection in 2014. Globally, approximately 15 million persons are on ART. **An estimated 1.2 million persons in the U.S. and Puerto Rico are living with HIV infection and approximately 50,000 persons become infected with HIV each year.**¹

Infection with HIV, if untreated, leads to AIDS and premature death. However, **a continuum of services including HIV testing, HIV medical care, and antiretroviral therapy (ART) can lead to viral suppression, improved health and survival of persons infected with HIV, and prevention of HIV transmission.**²

The **goals** of HIV prevention, care, and treatment in the U.S. are to prevent new HIV infections, increase the proportion of persons with HIV who are aware of their infection, prevent HIV-related illness and death, and reduce HIV-related health disparities. The Centers for Disease Control and Prevention (CDC) recently collaborated with several governmental and nongovernmental organizations to update and expand their 2003 recommendations to prevent HIV transmission from persons with HIV, issuing **Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States, 2014.**³ Additional, updated CDC guidelines and recommendations are available here: www.cdc.gov/hiv/guidelines/index.html

HIV Testing: Since 2006, CDC has recommended that **adults and adolescents between the ages of 13 and 64 years of age get tested for HIV infection in healthcare settings at least once in their lifetimes.** CDC also recommends that **those with risk factors get tested more frequently.** Persons likely to be at high risk include:

- injection-drug users and their sex partners,
- persons who exchange sex for money or drugs,
- sex partners of HIV-infected persons, and
- men who have sex with men (MSM) or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.⁴

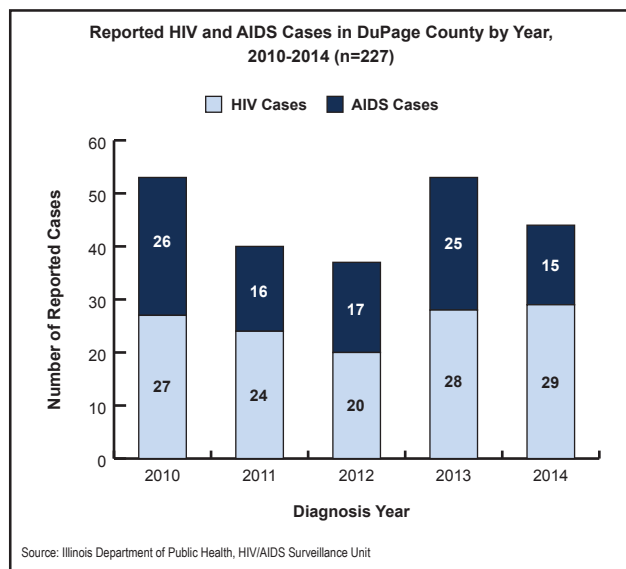
A general rule for **those with risk factors is to get tested at least annually.** Additionally, CDC has recently reported that **gay and bisexual men may benefit from getting an HIV test more often, perhaps every 3-6 months.** Pregnant women in the U.S. should be screened for HIV infection as part of their **routine prenatal testing.**⁴

In June 2014, CDC published **updated recommendations with a new approach for HIV testing in laboratories** that capitalizes on the latest technology to improve diagnosis of acute infection, the earliest stage of HIV infection when people are most likely to transmit the virus. Laboratories should conduct **initial testing** for HIV with an FDA-approved antigen/antibody combination (**4th generation**) immunoassay, which can **diagnose people several weeks earlier than before.**^{4,5}

Prevention: In addition to limiting the number of sexual partners, never sharing needles, and using condoms correctly and consistently, CDC also encourages people who are at high risk but do not have HIV to be aware of **new approaches to HIV prevention**, such as **pre-exposure prophylaxis (PrEP)** and **post-exposure prophylaxis (PEP).** Clinical organizations, health departments, and community-based organizations should raise awareness of PrEP among persons with substantial risk for acquiring HIV infection and their health care providers. **Increasing delivery of PrEP and other highly effective HIV prevention services could lower the number of new HIV infections occurring in the U.S. each year.**^{1,6,7}

References:

1. www.cdc.gov/mmwr/pdf/wk/mm6446.pdf
2. www.cdc.gov/mmwr/preview/mmwrhtml/mm6347a5.htm?s_cid=mm6347a5_w
3. <http://stacks.cdc.gov/view/cdc/26062>
4. www.cdc.gov/hiv/testing/index.html
5. www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRecommendation-Final.pdf
6. www.cdc.gov/hiv/basics/prevention.html
7. www.cdc.gov/hiv/guidelines/index.html



DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

* Last updated by the Illinois Department of Public Health in February 2014

CD REVIEW

Volume 11, No. 12 December 2015

	Report Within	2015		2014		2013		2012		2011		Median	
		Nov	Jan-Nov	Jan-Nov	Total	Jan-Nov	Total	Jan-Nov	Total	Jan-Nov	Total	Jan-Nov	Total ('11-'14)
Vaccine Preventable Diseases													
Chickenpox (varicella)	24 hrs	3	31	71	76	72	78	92	93	69	82	71	80
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive	24 hrs	1	13	4	5	9	10	9	11	14	15	9	10.5
Hepatitis A	24 hrs	1	5	8	8	4	4	7	8	6	8	6	8
Hepatitis B	7 days	0	1	5	5	3	3	4	5	1	1	3	4
Hepatitis B (carriers)	7 days	13	117	102	112	106	110	91	101	105	113	105	111
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	1	1	0	0	0	0	0	0
Influenza, ICU admissions	24 hrs	2	40	69	152	57	78	13	64	24	24	40	71
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	0	7	2	2	0	0	1	1	2	3	2	1.5
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	1	0	0	0	0	0	0	2	2	0	0
Pertussis (whooping cough)	24 hrs	3	31	20	22	41	43	192	195	231	268	41	119
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	0	2	2	4	4	5	5	13	13	4	4.5
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Other Communicable Diseases													
Anaplasmosis ²	7 days	0	2	3	3	0	0	2	2	3	3	2	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
Chikungunya fever ³	7 days	0	2	0	0	NR	NR	NR	NR	NR	NR	1	0
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	1	2	2	0	0	1	1	2	3	1	1.5
Cryptosporidiosis	7 days	1	4	2	2	6	7	2	2	5	5	4	3.5
Cyclosporiasis	7 days	0	1	0	1	4	4	0	0	0	0	0	0.5
Dengue fever ³	7 days	0	3	1	1	3	3	1	1	1	1	1	1
Ehrlichiosis ²	7 days	0	1	0	0	0	0	0	0	0	0	0	0
Enteric <i>E. coli</i> infections ⁴	24 hrs	1	12	18	18	53	54	19	19	21	22	19	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	2	2	0	0	1	1	1	1	1	1
Hepatitis C (cases & carriers)	7 days	14	218	226	242	161	182	170	171	175	189	175	185.5
Hepatitis D	7 days	0	0	0	0	0	0	0	0	1	1	0	0
Histoplasmosis	7 days	0	3	6	7	0	1	2	2	1	1	2	1.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	3	17	25	26	38	39	24	25	11	14	24	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	2	2	2	2	2	2	2	2	2	2	2
Lyme disease ²	7 days	1	28	21	22	39	39	27	27	32	32	28	29.5
Malaria	7 days	1	4	2	2	7	7	2	2	7	7	4	4.5
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	0	16	6	6	NR	NR	NR	NR	NR	NR	11	6
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	0	70	51	51	44	44	43	43	30	30	44	43.5
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	0	0	0	0	1	1	0	0	0	0
Salmonellosis	7 days	6	124	103	115	123	128	120	123	89	95	120	119
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	2	22	17	18	18	18	20	20	20	22	20	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
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), in those < 61 days old	24 hrs	0	8	7	9	3	3	7	7	3	3	7	5
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), community cluster ⁶	24 hrs	0	1	0	0	0	0	1	1	0	0	0	0
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	0	0	1	1	0	0
Streptococcal infections, group A invasive disease ⁷	24 hrs	1	20	27	29	21	21	18	20	28	30	21	25
Toxic shock syndrome ⁸	7 days	0	0	0	0	1	1	0	0	1	1	0	0.5
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	1	25	26	34	30	35	21	26	21	23	25	30
Tularemia	3 hrs	0	0	0	0	0	0	1	1	0	0	0	0
Typhoid fever	24 hrs	0	2	4	5	2	2	2	2	3	3	2	2.5
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	0	4	3	3	2	2	4	4	3	3	3	3
West Nile virus disease ³	7 days	0	9	5	5	6	6	56	56	2	2	6	5.5
Yersiniosis	7 days	0	1	3	3	2	2	3	3	2	3	2	3
STDs, HIV and AIDS													
AIDS ⁹ (October-December)	7 days	--	9	15	15	25	25	17	17	16	16	16	16.5
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	111	1883	1737	2056	1740	1883	1724	1861	1476	1599	1737	1872
Gonorrhea	7 days	11	244	186	242	240	258	220	239	222	241	222	241.5
HIV infection ⁹ (October-December)	7 days	--	11	29	29	28	28	20	20	24	24	24	26
Syphilis ¹⁰	7 days	1	28	35	41	31	34	15	19	24	24	28	29

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 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