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Reports of Communicable Disease in Winnebago County - October 2014 Update

Data obtained from the Wisconsin Public Health Information Network – Analysis, Visualization and Reporting Portal. This report is based on episode date and is provided as PROVISIONAL information for health care professionals and may not represent final counts of cases.

Episode Year-Month	Sept 2013	Oct	Nov	Dec	Jan 2014	Feb	Mar	April	May	June	July	Aug	Sept 2014	Total
Arboviral Disease											1			1
Blastomycosis		1			1									2
Campylobacteriosis	4	2	5	1		2		3	1	3	5	3	3	32
Chlamydia	62	47	38	47	55	47	46	66	36	33	54	42	53	626
Cryptosporidiosis	3	3	1		2	1	2		1			3		16
E-COLI (STEC)						1			1		1	2	1	6
Ehrlich/Anaplas	1	1							2	1	2			7
Giardiasis	4	1					1			1	2	3	2	14
Gonorrhea	1	2	6	3	6	6	9	3	6	4	4	4	2	56
Haemophilus Inf Inv							1							1
Hepatitis B	5	1		1	2				2			1	1	13
Hepatitis C	3	12	5	3	2	7	7	9	6	15	3	2	5	79
Influenza hosp				6	12	11	6	1						36
Inv Strep A & B		3	1	1	2	2	1	2	1	2	5	1		21
Lyme Disease	1				1			1			2		1	6
Bact Meningitis	1													1
Mumps						1								1
Mycobact (Non-TB)	5	5	5	5	5	6	2	3	4	2	4	3	2	51
Pertussis	3	6	2	3	4	4	1	2	1	3	3	1	3	36
Salmonellosis	2			1			4	4	6		1	4	20	42
Shigellosis												1	1	2
Strep Pneumo Inv	1	1			1			1	1	1				6
Syphilis			2	1										3
TB, Latent (LTBI)	3	4	8	2	3	2	1	2	2	1	1		2	31
Typhoid Fever						1								1
Varicella		4	2				2		2		2		4	16
Yersiniosis										1				1
Total	99	93	75	74	96	91	83	97	72	67	90	70	100	1,107

October 2014 Communicable Disease Notes and Updates

Local/National Update:

Mumps: WI Mumps page: <http://www.dhs.wisconsin.gov/immunization/mumps.htm>

CDC Mumps page: <http://www.cdc.gov/mumps/>

- No confirmed cases in Wisconsin since July. There have been no confirmed cases in Winnebago or surrounding counties.

For Suspect Cases:

- Symptoms: Mumps typically starts with a few days of fever, headache, muscle aches, tiredness, and loss of appetite, and is followed by swollen and tender salivary glands under the ears or jaw on one or both sides of the face (parotitis).
- Call LHD and isolate patient for 5 days from onset of parotitis.
- PCR is the preferred diagnostic specimen for mumps. Recommended specimen to collect is a **buccal swab**, which should be collected as soon as possible (preferably within 3 days of parotitis onset and not after 9 days of parotitis onset) for the best chance of detection of virus. **Send to SLOH or Milw HD Lab.**

Pertussis: WI Pertussis page: <http://www.dhs.wisconsin.gov/immunization/pertussis.htm>

CDC Pertussis page: <http://www.cdc.gov/pertussis/>

- January 1 through July 31, 2014, 476 cases (346 confirmed and 130 probable)
- The reported occurrence of pertussis has declined since 2012, but remains above the occurrence reported during previous non-outbreak years. Tdap remains available.

For Suspect Cases:

- Symptoms: Stage 1 - Catarrhal Stage, Highly contagious. May last 1-2 weeks. **Symptoms:** runny nose, low grade fever, mild occasional cough, apnea in infants. Stage 2 - Paroxysmal Stage. Lasts from 1-6 weeks; may extend 6-10 weeks. **Symptoms:** fits of numerous, rapid coughs followed by "whoop" sound; vomiting and exhaustion after coughing fits (paroxysms). Stage 3 - Convalescent Stage. Lasts about 2-3 weeks; susceptible to other respiratory infections. Recovery is gradual.
- **Report immediately to LHD and isolate symptomatic patients for 5 days of antibiotic therapy.** Test symptomatic patients with **NP swab for PCR** as soon as possible and preferably within 21 days of cough onset.

Arboviral Surveillance: <http://www.dhs.wisconsin.gov/communicable/ArboviralDiseases/WestNileVirus/Index.htm>

2014 WI Positive WNV cases (updated October 14, 2014):

- 26 Bird (Avian), 2 Horse (Equine), 3 Mosquito pools
- 3 Human confirmed, 5 Human (Probable), 1 Death, 6 Hospitalizations
- 30 counties in Wisconsin reported activity
- Season runs until mosquito activity falls off, usually by the end of October

WI TB Toolkit: is on our website! Check it out:

<http://www.co.winnebago.wi.us/health/units/general-public-health/communicable-disease>

Seasonal/Environmental:

Respiratory Virus Surveillance: WI Influenza page: <http://www.dhs.wisconsin.gov/communicable/Influenza/Index.htm>

WI Enterovirus page including EV-D68: <http://www.dhs.wisconsin.gov/communicable/DiseasePages/enteroviruses.htm>

Influenza: Activity is low in all regions in Wisconsin.

Rhinovirus/enterovirus: Currently the predominant virus in Wisconsin

- Individual cases of enterovirus are not reportable in Wisconsin. However, clusters of three or more unrelated persons with similar clinical signs and symptoms should be reported to the local health department.
- Other states have reported clusters of pediatric patients hospitalized with acute neurologic illness of undetermined etiology. The illness is characterized by focal limb weakness and abnormalities of the spinal cord gray matter on MRI. These illnesses have occurred since August 1, 2014 coincident with an increase of respiratory illnesses among children.
- Patients who meet the following case definition should be reported to state and local health departments:
 - Patients ≤ 21 years of age with
 - Acute onset of focal limb weakness occurring on or after August 1, 2014;
 - AND
 - An MRI showing a spinal cord lesion largely restricted to gray matter.
- Providers treating patients meeting the above case definition should consult with their local and state health department for laboratory testing of stool, respiratory, and cerebrospinal fluid specimens for enteroviruses, West Nile virus, and other known infectious etiologies.
- Enterovirus D68 (EV-D68) - WI has had 15 specimens that have been confirmed positive for EV-D68 with 1 in the Northeast Region in Door Co

Salmonella Outbreak: Recent Salmonella Newport outbreak in Winnebago County associated with 1 Oshkosh restaurant with 24 confirmed/probable cases in several counties. No additional cases since 9/19/14. As yet no definite source (food handler/contaminated ingredient) has been identified. Food handler is likely source. Secondary transmission may occur.

Rabies: One positive bat identified in Winnebago County in August, about 24 this year statewide. Contact public health with questions on testing/shipping specimens and need for starting post exposure prophylaxis.

Global/Travel Update:

Ebola Outbreak/Ebola Virus Disease (EVD): CDC Ebola page: <http://www.cdc.gov/vhf/ebola/>

WI Ebola page: <http://www.dhs.wisconsin.gov/communicable/DiseasePages/ebola.htm>

- **In Winnebago County we have had 4 calls related to possible cases in travelers from Africa – all were able to be ruled out quickly based on screening and risk criteria.**
- **If you learn of people with any recent travel from West Africa (ill or not) please contact your system's infection preventionist as well as the LHD immediately. We will quickly screen the person for risk factors and symptoms, and work in partnership with the state and health care systems to determine next steps to provide safe patient care while minimizing exposures.**
- Please visit the WI Ebola site frequently for new information.

Overview:

- There are no Ebola cases in Wisconsin at this time.
- 2014 Ebola outbreak is affecting multiple countries in West Africa and is considered the largest outbreak in history. About half of the people who have gotten Ebola in this outbreak have died.
- CDC has confirmed the first travel-associated case of Ebola to be diagnosed in the United States and has confirmed two additional cases among health care workers who provided care for the first case.
- Ebola is spread through direct contact with bodily fluids of a sick person or exposure to objects such as needles that have been contaminated. **Ebola is not air-borne. Individuals are only contagious when they have symptoms.**
- In the event Ebola is diagnosed in the state, the Wisconsin Department of Health Services will ensure that the public and health care providers receive prompt public health information.

MERS-CoV: WI MERS-CoV page: <http://www.dhs.wisconsin.gov/communicable/DiseasePages/MERS.htm>

CDC page: <http://www.cdc.gov/coronavirus/mers/>

- No additional cases in the US since May - both were acquired through travel and were unrelated.
- MERS-CoV continues to circulate at low levels and continue to be linked to countries in and near the Arabian Peninsula.
- Symptoms: fever, cough, shortness of breath, and breathing difficulties. Most patients have had pneumonia and symptoms may progress to severe respiratory illness. Some patients present with gastrointestinal illness prior to the onset of respiratory symptoms.
- This virus has spread from ill people to others through close contact, such as caring for or living with an infected person. However, there is **no evidence of sustained spreading in community settings.**
- **Testing for novel coronavirus/MERS-CoV:** At present, PCR testing of specimens for the novel coronavirus is available in Wisconsin (must have prior approval) only at SLOH and also at the CDC.

Avian Influenza: WI page: <http://www.dhs.wisconsin.gov/communicable/Influenza/Index.htm>

CDC page: <http://www.cdc.gov/flu/avianflu/> and <http://www.cdc.gov/flu/index.htm>

CDC Case definitions and testing page: <http://www.cdc.gov/flu/avianflu/healthprofessionals.htm>

- Avian Influenzas continue to circulate in Asia, Africa, Europe and the Middle East with no major changes in epidemiology.
- Avian influenza that affect humans are concerning for pandemic potential but are currently are not transmitted easily among humans.
- Symptoms: range from typical influenza-like symptoms (fever, cough, sore throat, muscle aches) to eye infections, pneumonia, acute respiratory distress, viral pneumonia and other severe and life-threatening complications.

Incidence of Communicable Disease in Winnebago County (WC) and Wisconsin (WI)

Data obtained from the Wisconsin Public Health Information Network – Analysis, Visualization and Reporting Portal. This report is based on episode date and is provided as PROVISIONAL information for health care professionals and may not represent final counts of cases.

Episode Year	2012			2013			2014		
	WC # of Cases	WC Inc*	WI Inc*	WC # of Cases	WC Inc*	WI Inc*	WC # of Cases	WC Inc*	WI Inc*
Arboviral Disease	2	1.19	1.33	1	0.60	1.00	1	0.60	0.53
Blastomycosis				1	0.60	1.56	1	0.60	0.88
Campylobacteriosis	36	21.47	23.11	34	20.27	22.08	21	12.52	17.81
Chlamydia	567	338.11	419.20	604	360.17	416.23	452	269.53	312.85
Cryptosporidiosis	20	11.93	11.15	18	10.73	12.10	9	5.37	7.79
E-COLI (STEC)	7	4.17	4.41	3	1.79	4.04	6	3.58	3.34
Ehrlich/Anaplass	8	4.77	10.29	8	4.77	12.13	5	2.98	7.65
Giardiasis	11	6.56	8.63	17	10.14	9.10	9	5.37	6.13
Gonorrhea	46	27.43	83.02	49	29.22	81.76	49	29.22	55.87
Haemoph Inf Inv				3	1.79	1.54	1	0.60	1.02
Hepatitis B	15	8.94	7.34	18	10.73	6.09	6	3.58	4.64
Hepatitis C	90	53.67	45.63	80	47.70	45.99	58	34.59	36.96
Histoplasmosis			0.51	1	0.60	0.42	0	0.00	0.11
Influenza hosp	15	8.94	26.63	55	32.80	41.79	30	17.89	22.74
Inv Strep A & B	10	5.96	9.28	15	8.94	10.78	16	9.54	9.56
Kawasaki Disease				1	0.60	0.18			
Legionellosis	4	2.39	1.63						
Listeriosis	2	1.19	0.25						
Lyme Disease	9	5.37	33.58	7	4.17	39.64	5	2.98	19.24
Malaria	2	1.19	0.23	1	0.60	0.19			
Bact Meningitis	1	0.60	0.19	2	1.19	0.26			
Mycobact (Non-TB)	52	31.01	20.45	57	33.99	20.05	31	18.49	14.18
PID				1	0.60	0.11			
Pertussis	266	158.62	113.10	59	35.18	22.02	23	13.72	13.67
Salmonellosis	26	15.50	15.56	12	7.16	15.90	39	23.26	12.48
Shigellosis				1	0.60	0.91	2	1.19	4.48
Strep Pneumo Inv	12	7.16	8.68	12	7.16	8.23	4	2.39	5.25
Syphilis	5	2.98	5.29	7	4.17	5.57			
Tuberculosis (TB)				1	0.60	0.93			
TB, Latent (LTBI)	24	14.31	14.32	39	23.26	11.94	14	8.35	7.65
Typhoid Fever							1	0.6	0.04
Varicella	10	5.96	7.72	11	6.56	5.76	10	5.96	5.46
Yersiniosis				1	0.60	0.21	1	0.60	0.11
Total	1,240	739.42	871.53	1,119	667.29	798.51	794	473.51	570.44

Run date 10/20/14

*Inc = Incidence = number of cases/100,000 population. WC population 2010 = 166,994 WI population 2010 = 5,686,986

Notes of Interest:

Hepatitis C – increase of cases associated with a cluster of IV drug use and a new recommendation to test all persons born between 1945 -1965.

Winnebago County - consistently has a higher incidence of Mycobacterium non-TB