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Reports of Communicable Disease in Winnebago County – April 2017 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.

This report may also be found on our website at: <http://www.co.winnebago.wi.us/health/units/general-public-health/communicable-disease/communicable-disease-reports>

Episode Year-Month	Apr 2016	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2017	Feb	Mar 2017	TOTAL
Arboviral Disease			1	2									3
Babesiosis				1									1
Blastomycosis		1							1				2
Campylobacteriosis	3	3	5	6	6	5	3	2	4	4	1	1	43
Chlamydia	60	74	70	71	75	73	69	49	43	54	60	43	741
Cryptosporidiosis	2	2		1	7	3	2	2		2			21
Ehrlich/Anaplas				1	1	1							3
Giardiasis	1		1	1	4	7			1		1		16
Gonorrhea	9	9	11	9	11	13	5	9	4	7	6	9	102
Hemolytic Uremic Syndrome				1									1
Haemoph Inf Inv							1					1	2
Hepatitis B	3	1	1		3		2	1	2	2			15
Hepatitis C	6	8	19	10	9	7	14	16	12	13	7	6	127
Influenza hosp	3							1	2	8	30	36	80
Inv Strep A & B	6	3	3	1	1	2	4	4		2	4	4	34
Kawasaki Disease					1		1						2
Lyme Disease	1	1	2		3		1		1				9
Malaria		2					1						3
Bact Meningitis	1		1			1							3
Myc (Non-TB)	4	5	9	4	4	5	3	6	2	6	6	5	59
Pathogenic E.coli		1	1	1	2				1		2		8
Pertussis	27	22	6	7	3	4	3	5	16	1	1	1	96
Rocky Mt Spotted Fever					1								1
Salmonellosis	1	1		2	3		5	1	1		1	1	16
Shigellosis		1				1						1	3
Strep, Other Invasive			1										1
Strep Pneumo Inv	1					2	1	4	2	1	1	1	13
Syphilis		1				3	5			1	3		13
Toxoplasmosis												1	1
Tuberculosis (TB)									1				1
TB, Latent (LTBI)	9	5	4	4	9	3	3	6	1	3	6	5	58
VRSA / VISA												1	1
Varicella				1	1	1	3	1	1	1	1		10
Yersiniosis			1										1
Total	137	140	136	123	144	131	126	107	95	105	130	116	1490

Run Date 4/18/2017

April 2017 Communicable Disease Notes and Updates

Travel Note: Please ask about any travel (out of home area, state or country). Many patients who acquire travel-related illnesses develop symptoms soon after returning home.

Seasonal/Environmental Updates:

Respiratory Virus Surveillance: WI Influenza page: <https://www.dhs.wisconsin.gov/influenza/index.htm>

CDC Influenza Page: <http://www.cdc.gov/flu/>

Influenza Like Illness (ILI): Moderate levels of influenza-like illness in the northeastern portion of the state. (As of 04/1/17)
Statewide influenza activity is steady; however influenza B specifically is increasing. Human metapneumovirus activity is increasing while there has been a decrease in RSV and Coronavirus. (As of 4/3/17)

- Report: Influenza-associated hospitalizations, Influenza-associated pediatric deaths and Influenza A virus infection - novel subtypes only.

Norovirus: <https://www.dhs.wisconsin.gov/foodborne/norovirus.htm>

- Highly contagious and still circulating in our area.
- Symptoms: sudden onset of vomiting, watery, non-bloody diarrhea, abdominal cramps, nausea and headache. Report: outbreaks of GI illness.
- Reminder that high-risk staff (food-handler, health care workers or daycare workers/attendees) with symptoms consistent with Norovirus should not return to work until 48 hours symptom-free to prevent transmission to others.

Arboviral Surveillance Protocol: (May through Oct) <https://www.dhs.wisconsin.gov/arboviral/index.htm>. Please check this website under health care professionals for the 2017 protocol coming soon.

Tickborne diseases information and links: <http://www.dhs.wisconsin.gov/communicable/Tickborne/Index.htm>. Ticks are already out and active.

Local/National Update:

Measles (rubeola): WI Measles page: <https://www.dhs.wisconsin.gov/immunization/measles.htm>

CDC Measles Page: <http://www.cdc.gov/measles/>

- From January 1 to March 25, 2017, 28 people from 10 states (California, Colorado, Florida, Michigan, Nebraska, New Jersey, New York, Pennsylvania, Utah and Washington) were reported to have measles. No cases have been reported in WI.

For Suspect Cases:

- Symptoms: disease begins with cold like signs and symptoms including a cough, runny nose, high temperature and red watery eyes. By the second day, a red blotchy rash appears at the hairline and spreads down the body to the arms and legs. The rash disappears in the same order of appearance (head to foot) in about 5-6 days. The virus spreads when an infected person sneezes or coughs. Symptoms of measles occur 10 days to 2 weeks after exposure. People with measles may be contagious up to 4 days before the rash appears and for 4 days after the day the rash appears. **Measles is so contagious that everyone at an entire facility is often considered exposed.**
- **Report immediately to the LHD and isolate patient.**

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

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

- In Wisconsin, since November 2016 there have been 47 confirmed mumps cases: 23 associated with UW Platteville, 7 associated with Marquette University and 17 additional cases residing in 11 Wisconsin counties. Thus far in 2017 there has been 21 new cases of PCR confirmed mumps have been reported among Wisconsin residents. (3/25/2017)
- There have been no locally acquired cases of mumps in Winnebago County, but there have been cases in the northeast region in 2016.
- As of March 25, 2017, 42 states and the District of Columbia reported mumps infections in 1,965 people. Several Midwestern states have been affected including Wisconsin, Illinois, Iowa, Indiana, Ohio, Missouri and Arkansas.

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. **Notify the LHD. Specs should be sent to the WSLH or Milw HD Lab.**
- **Some individuals with signs and symptoms of parotitis have negative diagnostic tests for mumps, but positive tests for influenza or parainfluenza viruses. Testing is also recommended for influenza and other respiratory pathogen testing (which is part of the respiratory virus PCR panel) either a nasopharyngeal (preferred) or an oropharyngeal swab should be collected.** Additional information from the WSLH regarding testing and specimen collection for mumps can be found at:

<http://www.slh.wisc.edu/mumps-testing-guidance> *Note: **Although serology was once recommended as an acceptable test for mumps diagnosis, the reported rates of false positive and false negative results, particularly among MMR vaccinated individuals, have made interpretation difficult. As a result, the WSLH does not perform IgM or IgG testing for mumps and continues to recommend PCR as the preferred diagnostic test for mumps.**

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

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

- **In 2017 Winnebago County has had 3 probable cases.**
- As of April 2, 2017, there have been 104 cases (59 confirmed and 45 probable) of pertussis with onsets during 2017 reported among Wisconsin residents. In comparison, 262 cases were reported during the same time period in 2016 and 166 cases were reported during the same time period in 2015.

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.

Sexually Transmitted Diseases- Chlamydia, Gonorrhea and Syphilis:

WI STD page: <https://www.dhs.wisconsin.gov/std/index.htm>

CDC STD page: <http://www.cdc.gov/std/default.htm>

- In 2016 Winnebago County had an increase in reported chlamydia, gonorrhea and syphilis. Especially troubling is the **large increase in reported gonorrhea and syphilis.** Over the last three years, in Winnebago County, the rates of Chlamydia have risen by 34%, Gonorrhea by 86% and Syphilis by 140%. Please continue to be diligent in your assessments and testing.
- For recommended and alternative treatment regimens please refer to the CDC 2015 STD Treatment Guidelines <https://www.cdc.gov/std/tg2015/default.htm>

Tuberculosis: WI TB page: <https://www.dhs.wisconsin.gov/tb/index.htm>

- Currently WCHD is doing Direct Observed Therapy (DOT) with an extra-pulmonary TB case.
- Remember to “**Think TB.**” If you suspect active (infectious) TB notify the LHD immediately. TST/TB Blood Test, chest x-ray, sputums x 3 and isolation will be required.

Zika Virus: WI Zika Virus page: <https://www.dhs.wisconsin.gov/arboviral/zika.htm>

CDC Zika Virus page: <http://www.cdc.gov/zika/index.html>

- In May 2015, the WHO reported the first local transmission of Zika virus in the Western Hemisphere. Zika virus is spread to people through infected *Aedes* mosquito bites. Transmission within the continental US was identified in 2016. To date, Miami-Dade County in Southern Florida and Brownsville, Cameron County, Texas have had local transmission. However, the majority of cases in the US are reported among returning travelers. (As of 4/6/17)
- In 2016 and 2017, all (67) cases of Zika in WI residents have been reported in returning travelers. (As of 4/5/17)
- Symptoms: fever, rash, joint pain and conjunctivitis last from several days to a week.
- **Can be transmitted from a pregnant mother to her baby during pregnancy or around the time of birth. CDC recommends special precautions for pregnant women and women trying to become pregnant.**
- **Zika virus can spread during sex by a man or woman infected with Zika, even if not feeling ill, to their sex partner(s). It is unknown how long the virus is present in the semen and vaginal fluid, however, the virus can stay in semen and vaginal fluid longer than in blood. To help prevent spreading Zika from sex (vaginal, anal, and oral), condoms need to be used every time. Not having sex is the best way to be sure that the Zika virus is not spread.**

**If you have any questions please contact:
Winnebago County Health Department at 920-232-3000
Or by email at health@co.winnebago.wi.us**

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	2015			2016			2017		
	WC # of Cases	WC Inc*	WI Inc*	WC # of Cases	WC Inc*	WI Inc*	WC # of Cases	WC Inc*	WI Inc*
Arboviral Disease	3	1.77	0.62	3	1.77	1.68			
Babesiosis				1	0.59	1.18			
Blastomycosis	18*	10.62	3.07	3	1.77	1.96			
Campylobacteriosis	38	22.41	24.67	41	24.18	28.40	7	4.13	5.11
Chlamydia	650	383.38	423.09	786	463.59	467.50	176	103.81	131.43
Cryptosporidiosis	23	13.57	10.60	21	12.39	14.83	3	1.77	1.58
Ehrlich/Anaplas	12	7.08	10.95	3	1.77	12.04			
Giardiasis	11	6.49	8.23	19	11.21	14.12	1	0.59	1.35
Gonorrhea	39	23.00	93.06	104**	61.34	113.09	26	15.34	33.39
Hemolytic Uremic Syndrome		0.00		1	0.59	0.12			
Haemoph Inf Inv	2	1.18	1.87	2	1.18	2.18	1	0.59	0.50
Hepatitis B	10	5.90	7.07	18	10.62	7.64	2	1.18	1.59
Hepatitis C	126	74.32	64.80	131	77.27	67.92	28	16.51	14.75
Influenza hosp	46	27.13	41.88	29	17.10	35.83	82	48.36	61.89
Inv Strep A & B	25	14.75	12.77	26	15.34	13.03	10	5.90	4.02
Kawasaki Disease	1	0.59	0.16	2	1.18	0.17			
Legionellosis	2	1.18	2.04						
Listeriosis	2	1.18	0.28						
Lyme Disease	10	5.90	33.82	10	5.90	39.56			
Malaria				4	2.36	0.35			
Bact Meningitis	3	1.77	0.71	3	1.77	0.97			
Myco (Non-TB)	47	27.72	18.14	54	31.85	18.85	17	10.03	5.13
Pathogenic E.coli	8	4.72	3.99	7	4.13	4.83	2	1.18	1.96
Pertussis	20	11.80	12.56	105	61.93	25.09	3	1.77	2.72
Rocky Mt Spotted Fever				1	0.59	0.33			
Salmonellosis	24	14.16	16.84	18	10.62	15.73	2	1.18	3.24
Shigellosis	4	2.36	4.52	7	4.13	12.70	1	0.59	2.17
Strep, Other Invasive				1	0.59	0.90			
Strep Pneumo Inv	8	4.72	7.55	11	6.49	7.24	3	1.77	3.40
Syphilis	3	1.77	4.75	14**	8.26	8.63	4	2.36	3.01
Toxoplasmosis							1	0.59	0.07
Tuberculosis (TB)	3	1.77	1.11	1	0.59	0.80			
TB, Latent (LTBI)	29	17.10	14.03	50	29.49	10.66	16	9.44	2.25
VRSA / VISA							1	0.59	0.02
Varicella	5	2.95	5.30	10	5.90	6.72	3	1.77	1.11
Yersiniosis	2	1.18	0.31	2	1.18	0.54			
Total	1,174	1,174.00	1,174.00	1,174	1,174.00	1,174.00	1,174	1,174.00	1,174.00

Run Date 4/18/2017

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

*Increase in Blastomycosis counts related to Little Wolf River Outbreak in summer of 2015.

** Increase in Syphilis and Gonorrhea