

Mark Harris, County Executive
 Doug Gieryn, Health Officer/Director

Office Hours: M-F 8:00am-4:30pm
 Toll-Free: 800-250-3110
 Fax: 920-232-3370

health@co.winnebago.wi.us
 www.co.winnebago.wi.us/health
 www.rethinkwinnebago.org



PublicHealth
 Prevent. Promote. Protect.
**Winnebago County
 Health Department**

□ 112 Otter Avenue
 PO Box 2808
 Oshkosh, WI 54903-2808
 Phone: 920-232-3000

□ 211 N Commercial Street
 Neenah, WI 54956
 Phone: 920-727-2894

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Reports of Communicable Disease in Winnebago County – April 2018 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 2017	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2018	Feb	Mar 2018	TOTAL
Babesiosis				1			1						2
Blastomycosis											1		1
Campylobacteriosis	6		2	7	4	3	5	2	1	2	3	1	36
Chlamydia	57	63	63	69	53	52	56	51	40	64	56	70	694
Cryptosporidiosis	1				5	2	1	1	1			1	12
Ehrlich/Anaplas		3	4	3	2	1							13
Giardiasis			2	2	7		1	1			1		14
Gonorrhea	11	11	10	4	4	11	6	6	16	15	6	9	109
Haemoph Inf Inv							1						1
Hepatitis A					1								1
Hepatitis B	1		2		3	2	2		4		1		15
Hepatitis C	5	1	8	3	6	7	8	6	7	15	3	1	70
Histoplasmosis						1							1
Influenza hosp	16						1		22	77	44	19	179
Inv Strep A & B	2	4	5	3	3	2		1	2	2	3	3	30
Legionellosis						1	1			1			3
Lyme Disease	1	3	12	8	2	4	2			1			33
Malaria				1									1
Myc (Non-TB)	3	10	7	2	3	4	6	6	6	7	7	1	62
Pathogenic E.coli		1	1	1	1	1			3	3	1	1	13
Pertussis	1	1	1	4	1	2	4		2	1	1	1	19
Rocky Mt Spotted Fever				1									1
Salmonellosis	4	1	1	4	2	1	2	2	3	6		1	27
Shigellosis											1		1
Strep, Other Invasive					1	2			1	3			7
Strep Pneumo Inv	1	1	2						1		2	1	8
Syphilis		1	3	1		1	1		2				9
Tuberculosis (TB)			1										1
TB, Latent (LTBI)	6	3	1	2	1	1		2	2	1	1		20
Varicella	2						2	1	1				6
Vibriosis	1				1								2
Total	118	103	125	116	100	98	100	79	114	198	131	109	1391

Run Date 4/23/2018

April 2018 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 B is the predominant virus currently in Wisconsin. Overall, activity levels are decreasing. (As of 4/9/2018)

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

Arboviral Surveillance Protocol: (May through Oct) <https://www.dhs.wisconsin.gov/arboviral/index.htm>. Please check this website under health care professionals for the 2018 protocol coming soon.

Tickborne diseases information and links: <http://www.dhs.wisconsin.gov/communicable/Tickborne/Index.htm>. Despite a snow covered spring, it will be only a matter of time before ticks are out and active.

Local/National Update:

Measles (rubeola): [WI Measles page](#) & [CDC Measles Page](#)

- From January 1 to March 30, 2018, [34 people from 11 states](#) (Arkansas, California, Illinois, Indiana, Kansas, Michigan, New York, Oklahoma, Pennsylvania, Tennessee, and Texas) were reported to have measles. No cases have been reported in WI.
- **If you have a suspect case or are considering testing someone, notify the LHD immediately.** Measles is so contagious that everyone at an entire facility is often considered exposed. Report immediately to the LHD and isolate patient. Immunization with the MMR vaccine is the best way to protect against measles.

Mumps: [WI Mumps page](#) & [CDC Mumps page](#)

- As of April 14, 2018 there has been 3 cases of PCR confirmed mumps reported among Wisconsin residents. There has been no locally acquired cases of mumps in Winnebago County.
- From January to March 30, 2018, 39 states and the District of Columbia reported mumps infections in 633 people.

For Suspect Cases:

- **Notify the LHD immediately. Isolate patient for 5 days from onset of parotitis.**
- **PCR is the preferred diagnostic specimen for mumps via buccal swab** (preferably within 3 days of parotitis onset and not after 9 days of parotitis onset). **Specs should be sent to the Wisconsin State Lab of Hygiene (WSLH).**
- 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.

*Note: Although serology was once recommended as an acceptable test for mumps diagnosis, PCR is the preferred diagnostic test for mumps.

Pertussis: [WI Pertussis page](#) & [CDC Pertussis page](#)

- In 2018 Winnebago County has had 1 probable case and 1 confirmed case. There has been 43 cases of pertussis with onsets during 2018 reported among Wisconsin residents. (4/16/2018)
- **If you have a suspect case or are considering testing someone, notify the LHD immediately. 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, Syphilis and HIV: [WI STD page](#) & [CDC STD page](#)

- 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](#).

Tuberculosis: [WI TB page](#)

- 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.

Pathogenic *Escherichia coli* (*E. coli*) [WI E. Coli page](#) & [CDC E. Coli page](#)

- *E. coli* are bacteria that are found in the environment, food and the intestines of animals and people. Most types of *E. coli* are harmless and are an important part of the digestive tract, but some can make you sick. There are six pathotypes of *E. Coli* associated with diarrhea, and of these four are reportable in Wisconsin. **The table below provides a brief overview of the four reportable types of *E. Coli*.** Up until recently most clinical labs did not test for many of these types of *E. Coli*. As testing methods advance and these technologies become less expensive clinical labs are expanding testing to include additional pathogens, such as additional types of *E. Coli*.

Mechanisms of pathogenesis and typical clinical syndrome of reportable *Escherichia coli* pathotypes

Pathotype	Typical Clinical Syndrome	Mechanism of Pathogenesis
STEC (shiga toxin producing <i>E. coli</i>) also referred to as EHEC (enterohemorrhagic <i>E. coli</i>)	Watery diarrhea that progresses (often for STEC O157, less often for non-O157) to bloody diarrhea in 1-3 days, abdominal cramps and tenderness; if fever present, low-grade; hemolytic uremic syndrome complications ~6% of STEC O157 and ~1% of non-O157 infections	Large bowel adherence mediated via intimin; Shiga toxin 1 and/or Shiga toxin 2 production
ETEC (enterotoxigenic <i>E. coli</i>)	Acute watery diarrhea, afebrile, occasionally severe; may be referred to as traveler's diarrhea.	Small bowel adherence, heat-stable or heat-labile enterotoxin production
EPEC (enteropathogenic <i>E. coli</i>)	Severe acute watery diarrhea; may be persistent; common cause of infant diarrhea in developing countries	Small bowel adherence and epithelial cell effacement mediated by intimin
EIEC (enteroinvasive <i>E. coli</i>)	Watery diarrhea that may progress to bloody diarrhea (dysentery like syndrome), fever	Mucosal invasion and inflammation of large bowel

Transmission

Transmission occurs through the fecal-oral route, primarily via contaminated food or water and also through person-to-person contact and contact with animals or their environment. People constitute the main reservoir for non-STEC pathotypes that cause diarrhea in humans. The intestinal tracts of animals, especially cattle and other ruminants, are the primary reservoirs of STEC.

Prevention

Food and water are primary sources of *E. coli* infection, so travelers should be reminded of the importance of adhering to [food and water precautions](#). People who may be exposed to livestock, especially ruminants, should be instructed about the importance of handwashing in preventing infection. Because soap and water may not be readily available in at-risk areas, travelers should consider taking hand sanitizer that contains ≥60% alcohol.

Additional Resources

CDC: [Yellow Book, Infectious Diseases Related to Travel- *E. Coli*](#)

WI Department of Health Services Fact Sheets are available in English, Spanish and Hmong:

[STEC \(shiga toxin producing *E. coli*\)](#)

[ETEC \(enterotoxigenic *E. coli*\)](#)

[EPEC \(enteropathogenic *E. coli*\)](#)

**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	2016			2017			2018		
	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	1.80	1	0.59	2.36			
Babesiosis	1	0.59	1.20	2	1.18	1.51			
Blastomycosis	3	1.77	2.15				1	0.59	0.24
Campylobacteriosis	41	24.18	28.57	36	21.23	28.85	6	3.54	3.90
Chlamydia	784	462.41	467.41	663	391.04	482.09	190	112.06	106.96
Cryptosporidiosis	23	13.57	15.27	15	8.85	12.61	1	0.59	1.56
Ehrlich/Anaplas	4	2.36	12.20	13	7.67	14.64			
Giardiasis	19	11.21	14.31	14	8.26	12.01	1	0.59	1.52
Gonorrhea	104	61.34	113.18	103	60.75	133.47	30	17.69	29.09
Hemolytic Uremic Syndrome	1	0.59	0.12						
Haemoph Inf Inv	2	1.18	2.20	2	1.18	2.18			
Hepatitis A				1	0.59	0.28			
Hepatitis B	18	10.62	7.68	16	9.44	6.88	1	0.59	1.56
Hepatitis C	129	76.09	67.89	69	40.70	52.76	19	11.21	9.70
Histoplasmosis				2	1.18	0.40			
Influenza hosp	29	17.10	35.90	114	67.24	89.49	140	82.57	93.79
Inv Strep A & B	26	15.34	13.05	30	17.69	14.21	8	4.72	3.34
Kawasaki Disease	2	1.18	0.19						
Legionellosis				2	1.18	3.08	1	0.59	0.38
Lyme Disease	11	6.49	40.13	34	20.05	51.74	1	0.59	1.09
Malaria	4	2.36	0.36	1	0.59	0.17			
Bact Meningitis	3	1.77	0.95						
Myco (Non-TB)	54	31.85	18.85	66	38.93	21.26	15	8.85	3.79
Pathogenic E.coli	7	4.13	4.85	10	5.90	6.88	5	2.95	2.62
Pertussis	105	61.93	25.09	19	11.21	13.12	3	1.77	1.89
Rocky Mt Spotted Fever	1	0.59	0.33	1	0.59	0.38			
Salmonellosis	17	10.03	15.72	23	13.57	18.00	7	4.13	2.18
Shigellosis	7	4.13	12.72	1	0.59	4.68	1	0.59	0.49
Strep, Other Invasive	1	0.59	0.90	4	2.36	1.25	3	1.77	0.49
Strep Pneumo Inv	11	6.49	7.28	8	4.72	8.54	3	1.77	2.62
Syphilis	15	8.85	8.63	14	8.26	10.66			
Tuberculosis (TB)	1	0.59	0.85	1	0.59	0.81			
TB, Latent (LTBI)	50	29.49	14.05	30	17.69	10.81	2	1.18	1.46
VRSA / VISA				1	0.59	0.12			
Varicella	10	5.90	6.74	8	4.72	4.97			
Vibriosis				2	1.18	0.54			
Yersiniosis	2	1.18	0.54						
Total	1,488	877.64	941.10	1,306	770.29	1,010.75	438	258.34	268.67

Run Date 4/23/2018

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