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Reports of Communicable Disease in Winnebago County - January 2015 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	Jan 2014	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec 2014	Total
Arboviral Disease							1						1
Blastomycosis	1											1	2
Campylobacteriosis		1	1	2	1	3	5	3	3	5	6	3	33
Chlamydia	55	47	46	66	36	33	54	42	58	58	51	46	592
Cryptosporidiosis	1	1	1		1			3		1		1	9
E-COLI (STEC)		1			1		1	2	1		1		7
Ehrlich/Anaplas					2	1	2			1			6
Giardiasis			1			2	1	4	1	1			10
Gonorrhea	6	6	9	3	6	4	5	4	2	6	2	3	56
Haemoph Inf Inv			1										1
Hepatitis B	2				2			1	1			1	7
Hepatitis C	2	7	7	9	6	14	4	5	8	5	6	6	79
Histoplasmosis												1	1
Influenza hosp	12	11	6	1							5	45	80
Inv Strep A & B	2	2	1	2	1	2	5	1	1	1	1	1	20
Legionellosis											1		1
Lyme Disease	1			1			2		1				5
Bact Meningitis											1		1
Mumps		1											1
Mycobact (Non-TB)	5	6	2	3	4	2	4	3	2	1	1	3	36
Pertussis	4	4	2	2	1	3	3	2	5	2	1	1	30
Salmonellosis			4	4	6		1	4	21	2		1	43
Shigellosis								1	1	1	2		5
Strep Pneumo Inv	1			1	1	1				1	2	1	8
Syphilis													0
TB, Latent (LTBI)	4	2	1	2	2	1	2		2			3	19
Typhoid Fever		1											1
Varicella			2		2		2		4	2			12
Yersiniosis						1							1
Total	96	90	84	96	72	67	93	75	111	87	80	117	1,068

January 2015 Communicable Disease Notes and Updates

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 Update: Influenza A/H3N2 continues to be the predominant virus. Statewide all indicators show peak influenza activity occurred in late December 2014. We will continue to see high levels of influenza activity for several weeks. **3 influenza-associated pediatric deaths have occurred in WI, including 1 recently in Winnebago County.** This influenza season in Winnebago County (excluding the city of Menasha) there have been 59 Influenza-associated hospitalizations (compared with 32 for last year's entire season) and 7 influenza outbreaks in LTCF's (none confirmed in last 3 years).

Symptoms: Sudden onset cough, sore throat, stuffy/runny nose, fever, headache, fatigue, body aches, and chills.

Antiviral Use - CDC Health Update on January 9, 2015 was issued:

- **to remind clinicians that influenza should be high on their list of possible diagnoses for ill patients, because influenza activity is elevated nationwide, and**
- **to advise clinicians that all hospitalized patients and all high-risk patients (either hospitalized or outpatient) with suspected influenza should be treated as soon as possible with one of three available influenza antiviral medications. This should be done *without* waiting for confirmatory influenza testing. While antiviral drugs work best when given early, therapeutic benefit has been observed even when treatment is initiated later.**

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

Rabies: Positive bats identified in Winnebago County in August 2014 and **January 2015**. Contact public health with questions on testing/shipping specimens and need for starting post exposure prophylaxis.

Local/National Update:

Mumps: WI Mumps page: <https://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.
- Several suspect mumps cases reported recently none have been confirmed. Swelling of the salivary glands can also be caused by other viruses including: parainfluenza types 1 and 3; influenza A; Coxsackie A and Echovirus.

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.**

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

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

- November 2014 – January 2015 several states reporting cases with potential exposures in Florida (Miami/Dade and Broward Counties), California (Orange County) and in South Dakota.

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 after onset, 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 institution is often considered exposed.**
- **Report immediately to the LHD and isolate patient.**

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

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

- During January 1 through December 31, 2014, 1,138 cases (862 confirmed and 276 probable) of pertussis with onset during 2014 were reported among Wisconsin residents. In comparison, 1,258 cases were reported during 2013 and 6,462 cases were reported during 2012.
- **To ensure an adequate supply of Tdap vaccine is available for adults statewide, providers are being asked to limit their referrals to LHD's for Tdap vaccine receipt to adults who cannot afford to receive the vaccine at their provider's office or a pharmacy. Tdap coverage is available for Medicare Part D recipients.**

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.

Medicare Coverage for Pneumococcal Vaccines: Medicare will begin coverage of a second dose of pneumococcal vaccine in February 2015. Please see: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2014-Transmittals-Items/R3159CP.html> (After going to the URL above make sure to click on the two PDF documents)

Global/Travel Update:

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

WI Ebola page: <https://www.dhs.wisconsin.gov/disease/ebola-virus-disease.htm>

- WCHD has not had any travelers needing monitoring.
- There are no Ebola cases in Wisconsin at this time.
- Wisconsin is currently monitoring 9 individuals. 72 individuals have passed the 21 day post-exposure period.
- Any potential case should be reported immediately to WI DHS at 608-267-9003.
- Please visit the WI Ebola site frequently for new information and resources.

Overview:

- Ongoing widespread transmission in Guinea, Liberia and Sierra Leone.
- Total case numbers 20,747, deaths 8,235
- Duration of outbreak difficult to predict
- Continued risk in the U.S. from returning travelers
- 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.**
- As of December 9, 2014, all travelers from Ebola-affected West African countries enter the United States at one of five international airports (New York John F. Kennedy; New Jersey Newark Liberty; Washington Dulles; Hartsfield-Jackson Atlanta; and Chicago O’Hare) where enhanced health screening is being conducted by the CDC’s Division of Global Migration and Quarantine.
- WI DPH will learn about virtually all travelers of interest via the airport screenings and will immediately contact the LHD in which the person will reside. LHD’s will then follow up as per the WI protocol.
<https://www.dhs.wisconsin.gov/publications/p0/p00903.pdf>

MERS-CoV: WI MERS-CoV page: <https://www.dhs.wisconsin.gov/disease/mers.htm>

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

- Total number of cases since June 2012 is now 833, including 358 deaths.
- MERS-CoV continues to circulate at low levels and continues 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: <https://www.dhs.wisconsin.gov/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 influenzas 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	1.31	1	0.59	0.99	1	0.59	0.73
Blastomycosis				1	0.59	1.55	2	1.18	1.18
Campylobacteriosis	36	21.34	23.06	34	20.05	22.03	33	19.46	21.17
Chlamydia	567	336.12	418.44	604	356.26	414.02	592	349.18	395.53
Cryptosporidiosis	20	11.86	11.14	20	11.80	12.08	9	5.31	9.23
E-COLI (STEC)	7	4.15	4.40	3	1.77	4.01	7	4.13	3.88
Ehrlich/Anaplas	8	4.74	10.27	8	4.72	12.07	6	3.54	8.85
Giardiasis	11	6.52	8.63	17	10.03	9.05	10	5.90	7.99
Gonorrhea	46	27.27	82.84	49	28.90	81.30	56	33.03	70.38
Haemoph Inf Inv				3	1.77	1.53	1	0.59	1.43
Hepatitis B	15	8.89	7.32	18	10.62	6.04	7	4.13	6.03
Hepatitis C	90	53.35	45.52	80	47.19	45.76	79	46.60	49.42
Histoplasmosis				1	0.59	0.42	1	0.59	0.14
Influenza hosp	15	8.89	26.57	55	32.44	41.57	80	47.19	62.83
Inv Strep A & B	10	5.93	9.26	15	8.85	10.73	20	11.80	11.88
Kawasaki Disease				1	0.59	0.17			
Legionellosis	4	2.37	1.62				1	0.59	1.38
Listeriosis	2	1.19	0.24						
Lyme Disease	9	5.34	33.66	7	4.13	39.49	5	2.95	21.49
Malaria	2	1.19	0.23	1	0.59	0.19			
Bact Meningitis				2	1.18	0.35	1	0.59	0.33
Meningococcal	1	0.59	0.19	2	1.18	0.26			
Mumps							1	0.59	1.11
Mycobact (Non-TB)	52	30.83	20.44	58	34.21	19.99	36	21.23	18.68
PID				1	0.59	0.10			
Pertussis	266	157.69	112.85	59	34.80	21.89	30	17.69	22.79
Q Fever	2	1.19	0.21						
Rocky Mt Spotted Fever				1	0.59	0.19			
Salmonellosis	26	15.41	15.53	12	7.08	15.81	43	25.36	14.96
Shigellosis				1	0.59	0.91	5	2.95	5.89
Strep Pneumo Inv	12	7.11	8.65	12	7.08	8.18	8	4.72	6.93
Syphilis	5	2.96	5.29	7	4.13	5.55			
Trichinosis	1	0.59	0.03						
Tuberculosis (TB)				1	0.59	0.92			
TB, Latent (LTBI)	24	14.23	14.36	40	23.59	11.93	19	11.21	9.75
Typhoid Fever							1	0.59	0.03
Varicella	10	5.93	7.70	11	6.49	5.73	12	7.08	7.12
Vibriosis, Non Cholera				1	0.59	0.12			
Yersiniosis				1	0.59	0.21	1	0.59	0.10
Total	1,243	736.87	877.43	1,127	664.76	798.46	1,067	629.36	768.79

Run date 01/14/2015

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