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## Reports of Communicable Disease in Winnebago County – January 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	Jan 2016	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec 2016	Total
Babesiosis							1						1
Blastomycosis			1		1								2
Campylobacteriosis	2	1	1	3	3	5	6	6	5	3	2	4	41
Chlamydia	70	68	64	60	74	70	71	75	73	70	48	35	778
Cryptosporidiosis	2			2	2		1	6	4	2	2		21
Ehrlich/Anaplas							1	1	1				3
Giardiasis	2	1	1	1		1	1	4	7				18
Gonorrhea	9	7	9	9	9	11	9	11	13	5	9	4	105
Hemolytic Uremic Syndrome							1						1
Haemoph Inf Inv	1									1			2
Hepatitis B	1	1	3	3	1	1		3		2	1		16
Hepatitis C	8	11	11	6	8	18	9	9	7	12	11	11	121
Influenza hosp		6	17	3							1	2	29
Inv Strep A & B		1	1	6	3	3	1	1	2	4	4		26
Kawasaki Disease										1			1
Lyme Disease				1	1	2		3				1	8
Malaria			1		2					1			4
Bact Meningitis				1		1			1				3
Myco (Non-TB)	5	6	8	4	5	9	4	4	6	3	6	1	61
Pathogenic E.coli	1				1	1	1	2				1	7
Pertussis	1	4	7	27	22	6	7	3	4	3	4	12	100
Rocky Mt Spotted Fever								1					1
Salmonellosis			4	1	1		2	3		5	1	1	18
Shigellosis			5		1				1				7
Strep, Other Invasive						1							1
Strep Pneumo Inv			1	1					2	1	4	2	11
Syphilis	1	2	2		1				3	4			13
TB, Latent (LTBI)		2	3	7	4	4	4	6	2	1	3		36
Varicella	1		1				1	1	1	3	1	1	10
Yersiniosis		1				1				1			3
<b>Total</b>	<b>104</b>	<b>111</b>	<b>140</b>	<b>135</b>	<b>139</b>	<b>134</b>	<b>120</b>	<b>139</b>	<b>132</b>	<b>122</b>	<b>97</b>	<b>75</b>	<b>1,448</b>

Run date 1/13/17

# January 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 in the northeastern portion of the state. (As of 01/09/17)

Seasonal respiratory virus activities are increasing including influenza A, RSV, coronavirus, and human metapneumovirus. (As of 1/17/2017)

- 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 is currently circulating in our area. 6 outbreaks were reported in Oct/Nov and 6 were reported in December from various facilities but mainly LTCF's and CBRF's.
- 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.

**Meningococcal B Cases on the UW Madison Campus:**

WI Meningococcal page: <https://www.dhs.wisconsin.gov/invasive-bacteria/meningococcaldisease.htm>

CDC Meningococcal page: <http://www.cdc.gov/meningococcal/index.html>

- There were three cases of Meningococcal disease on the UW-Madison Campus as of 10/28/16. All three UW cases were serogroup B. After consultation with the CDC, the UW-Madison's University Health Services held clinics to vaccinate against meningococcal disease serogroup B.
- There may be some confusion between the meningococcal ACWY and meningococcal B vaccine. In the Wisconsin Immunization Registry MenACWY vaccine group is listed as "Meningo" and MenB is "MeningoB".

## 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 2 to December 3, 2016, 62 people from 17 states (Alabama, Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Massachusetts, Michigan, Minnesota, New York, North Carolina, Tennessee, Texas, and Utah) 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/>

- Since 11/15/16, 7 new cases of PCR confirmed mumps have been reported among Wisconsin residents. The cases were reported from five different Wisconsin counties. Two are students at UW-Platteville (SW region of WI), one is a student at an out of state university where there is an ongoing mumps outbreak, and one had a history of international travel.
- There have been no locally acquired cases of mumps in Winnebago County or in the northeast region in 2016.
- As of December 3, 2016, 46 states and the District of Columbia reported mumps infections in 4,258 people. Seven states have reported more than 100 cases this year: AR, IA, IN, IL, MA, NY and OK.

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 2016 Winnebago County has had 93 cases (60 confirmed and 33 probable). A majority of these cases occurred from mid-April to mid-May. Thirteen of these cases occurred from October to December.**
- As of January 4, 2017, there have been 1,156 cases (791 confirmed and 365 probable) of pertussis with onsets during 2016 reported among Wisconsin residents. In comparison, 725 cases were reported during the same time period in 2015 and 1,437 cases were reported during the same time period in 2014.

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.** Syphilis cases are affecting people in our area aged 20 – 55 years old. Please continue to be diligent in your assessments and testing.
- The CDC released the 2015 STD Surveillance Report on October 19, 2016. (<https://www.cdc.gov/std/stats15/std-surveillance-2015-print.pdf>) **In 2015 the number of chlamydia, gonorrhea and syphilis cases in the United States reached the highest number ever.**

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

- Currently WCHD is not following any active TB cases but has seen an increase in latent TB infections in 2016.
- In 2015 WI had an increase in TB cases.
- 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, with cases identified in Brazil. Zika virus is spread to people through infected *Aedes* mosquito bites.
- On August 1, 2016 local transmission was identified in the continental US. To date, Miami-Dade County in Southern Florida and Brownsville, Cameron County, Texas have had local transmission. (As of 1/4/17) However, the majority of cases in the US are reported among returning travelers. All cases of Zika in WI residents have been reported in returning travelers.
- 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](mailto: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	2014			2015			2016		
	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	0.28			
Babesiosis							1	0.59	1.13
Blastomycosis	3	1.77	1.61	18**	10.62	3.05	2	1.18	1.68
Campylobacteriosis	35	20.63	21.77	38	22.41	24.67	41	24.18	27.86
Chlamydia	587	346.03	400.96	648	382.20	423.07	778	458.87	462.82
Cryptosporidiosis	9	5.31	9.46	23	13.57	10.59	21	12.39	14.66
Ehrlich/Anaplas	6	3.54	9.38	12	7.08	10.95	3	1.77	11.19
Giardiasis	10	5.89	8.33	11	6.49	8.23	18	10.62	13.64
Gonorrhea	56	33.01	70.79	40	23.59	93.01	104^	61.34	112.43
Hemolytic Uremic Syndrome							1	0.59	0.12
Haemoph Inf Inv	1	0.59	1.51	2	1.18	1.87	2	1.18	2.10
Hepatitis B	7	4.13	6.65	10	5.90	7.07	16	9.44	6.91
Hepatitis C	88	51.87	55.72	126	74.32	64.79	121	71.37	59.40
Histoplasmosis	1	0.59	0.19						
Influenza hosp	91	53.64	64.78	46	27.13	41.86	29	17.10	35.69
Inv Strep A & B	20	11.79	12.22	25	14.75	12.75	26	15.34	12.75
Kawasaki Disease				1	0.59	0.16	1	0.59	0.17
Legionellosis	1	0.59	1.67	2	1.18	2.04			
Listeriosis				2	1.18	0.28			
Lyme Disease	4	2.36	23.96	10	5.90	33.13	8	4.72	35.28
Malaria							4	2.36	0.29
Bact Meningitis	1	0.59	0.23	3	1.77	0.71	3	1.77	0.95
Mumps	1	0.59	1.11						
Myco (Non-TB)	37	21.81	19.71	47	27.72	18.12	53	31.26	18.33
Pathogenic E.coli	7	4.13	3.89	8	4.72	4.07	7	4.13	8.80
Pertussis	31	18.27	24.85	20	11.80	12.56	100	58.98	23.36
Rocky Mt Spotted Fever							1	0.59	0.28
Salmonellosis	44*	25.94	15.07	24	14.16	16.84	18	10.62	15.40
Shigellosis	6	3.54	6.01	4	2.36	4.52	7	4.13	12.44
Strep, Other Invasive							1	0.59	0.88
Strep Pneumo Inv	8	4.72	7.21	8	4.72	7.55	11	6.49	7.10
Syphilis	0	0	5.24	2	1.18	4.70	13^	7.67	7.42
Tuberculosis (TB)				3	1.77	1.11			
TB, Latent (LTBI)	27	15.92	12.94	27	15.92	13.90	36^^	21.23	8.77
Typhoid Fever	1	0.59	0.03						
Varicella	12	7.07	7.10	5	2.95	5.30	10	5.90	6.62
<b>Total</b>	<b>1,094</b>	<b>644.90</b>	<b>787.14</b>	<b>1,168</b>	<b>688.90</b>	<b>827.19</b>	<b>1,436</b>	<b>846.97</b>	<b>908.49</b>

Run date 1/13/17

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

\*Increase in Salmonella counts related to a restaurant-associated outbreak in September 2014.

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

^ Increase in Syphilis and Gonorrhea

^^Increase refugee resettlement in this area may be contributing to LTBI increase