

Communicable Disease First Quarter Report



Public Health
Prevent. Promote. Protect.

**Winnebago County
Health Department**

Selected data shown here compares case counts for first quarter 2017 to case counts for first quarter 2018. For full report, please visit our [website](#).

	Q1 2017	Q1 2018
Blastomycosis	0	1
Campylobacteriosis	6	6
Chlamydia	158	190
Cryptosporidiosis	3	1
Giardiasis	1	1
Gonorrhea	24	30
Hepatitis B	2	1
Hepatitis C	19	19
Influenza hosp	75	140
Inv Strep A & B	8	8
Legionellosis	0	1
Lyme Disease	2	1
Myco (Non-TB)	19	15
Pathogenic E. coli	2	5
Pertussis	3	3
Salmonellosis	3	7
Shigellosis	1	1
Strep, Other Invasive	0	3
Strep Pneumo Inv	3	3
TB, Latent (LTBI)	12	2
Total	341	438

Run Date 4/23/2018

Find previous quarterly reports at www.winnebagopublichealth.org

First Quarter Communicable Disease Updates

Click [blue](#) for more information about topics.

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](#) & [CDC Influenza page](#)

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) Please check [this website](#) under health care professionals for the 2018 protocol coming soon.

Tickborne Diseases: [WI Tickborne page](#)

Despite a snow covered spring, it will only be a matter of time before ticks are out and active.

Local/National Updates:

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. [See the most recent correspondence on Measles \(4.24\).](#)

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.

Sexually Transmitted Diseases- Chlamydia, Gonorrhea and Syphilis: [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](#).

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Selected data shown here compares 2018 incidence rates to date in **Winnebago County** to those in **Wisconsin**. 2017 data represents incidence rates for January through March. For a full report, please visit our website.

	17 WC Inc*	18 WC Inc*	18 WI Inc*
Blastomycosis	0.0	0.6	0.2
Campylobacteriosis	3.5	3.5	3.9
Chlamydia	94.6	112.1	107.0
Cryptosporidiosis	1.8	0.6	1.6
Giardiasis	0.6	0.6	1.5
Gonorrhea	14.4	17.7	29.1
Hepatitis B	1.2	0.6	1.6
Hepatitis C	11.4	11.2	9.7
Influenza hosp	44.9	82.6	93.8
Inv Strep A & B	4.8	4.7	3.3
Legionellosis	0.0	0.6	0.4
Lyme Disease	1.2	0.6	1.1
Myco (Non-TB)	11.4	8.9	3.8
Pathogenic E. coli	1.2	3.0	2.6
Pertussis	1.8	1.8	1.9
Salmonellosis	1.8	4.1	2.2
Shigellosis	0.6	0.6	0.5
Strep, Other Invasive	0.0	1.8	0.5
Strep Pneumo Inv	1.8	1.8	2.6
TB, Latent TB (LTBI)	7.2	1.2	1.5

Run Date 4/23/2018

*Data are incidence reports per 100,000 people. WC population 2010= 166,994. WI population 2010=5,686,986.

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.

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.

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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*.** Until recently, most clinical labs did not test for many of these types of *E. Coli*. As testing methods advance and become less expensive, clinical labs are expanding testing to include additional pathogens.

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 and Prevention

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. The intestinal tracts of animals, especially cattle and other ruminants, are the primary reservoirs of STEC.

Food and water are primary sources of *E. coli* infection, so travelers should be reminded of the importance of [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