

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

Office Hours: M-F 8:00am-4:00pm
 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 Walnut Street
 Neenah, WI 54956
 Phone: 920-727-2894

Find us on Facebook or follow us on Twitter

Reports of Communicable Disease in Winnebago County - January 2014 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 2013	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec 2013	Total
Arboviral Disease						1							1
Blastomycosis										1			1
Campylobacteriosis		1	2	4	2	4	8	1	4	2	3	3	34
Chlamydia	54	43	46	55	67	36	57	53	61	45	38	44	599
Cryptosporidiosis		2	1			1	3	3	4	2	2		18
E-COLI (STEC)	1	1						1					3
Ehrlich/Anaplas			1			2	2	1	1	1			8
Giardiasis	3		2	1	1	1	3	2	4	1			18
Gonorrhea	3	2	3	6	7	3	9	4	1	1	6	3	48
Haemoph Inf Inv				1				1					2
Hepatitis B	3	2	1	1	1	1	2		5	1		1	18
Hepatitis C	4	5	10	9	8	11	3	6	3	10	4	2	75
Histoplasmosis					1						1		2
Influenza hosp	47		2									6	55
Invasive Strep A&B	1	2	2	1	2		2	0		3	1	1	15
Kawasaki Disease			1										1
Lyme Disease						3	1	2	1				7
Malaria							1						1
Other Bact Meningitis								1	1				2
Meningococcal		2											2
Mycobact (Non-TB)	5	4	4	4	4	4	7	4	5	4	5	4	54
PID								1					1
Pertussis	8	4	7	4	6	9	3	3	3	4	5	1	57
Salmonellosis	2		1	1		1	1	3	2			1	12
Shigellosis								1					1
Strep Pneumo Inv	5	1	1	1			2		1	1			12
Syphilis		1					1	1			2		5
Tuberculosis							1						1
TB Infection (TBI)	3	1	1	3	2	4	3	1	2	2	3		25
Varicella (Chickenpox)	2			1		1		1		4	2		11
Yersiniosis					1								1
Total	142	71	85	92	102	82	109	90	98	82	75	67	1,095

January 2014 Communicable Disease Notes and Updates

Local/National Update:

Influenza: Activity is now considered widespread in Wisconsin.

Severity is increasing among young adults statewide with increased 2009 A/H1N1-associated:

- Hospitalizations
- ICU admissions
- Ventilator dependent cases
- Fatalities especially among young and middle-aged adults and pregnant and postpartum women.

Pregnancy Alert! Influenza A[H1N1] and Pregnancy: There have been two Wisconsin deaths associated with pregnancy in unvaccinated women (one pre-term and one in the immediate post-partum period). **Please vaccinate pregnant patients!**

Attached is the December 24, 2013 Health Alert from the CDC. While annual vaccination is the best tool for prevention of influenza and its complications, treatment with antiviral drugs (oral oseltamivir and inhaled zanamivir) is an important second line of defense for those who become ill to reduce morbidity and mortality. Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications. **Be vigilant in looking for influenza in patients.**

<http://www.dhs.wisconsin.gov/communicable/Influenza/Index.htm>

Report to public health:

- Influenza-associated hospitalizations
- Influenza-associated pediatric deaths
- Novel influenza viruses (H1N1 is no longer considered novel/new)

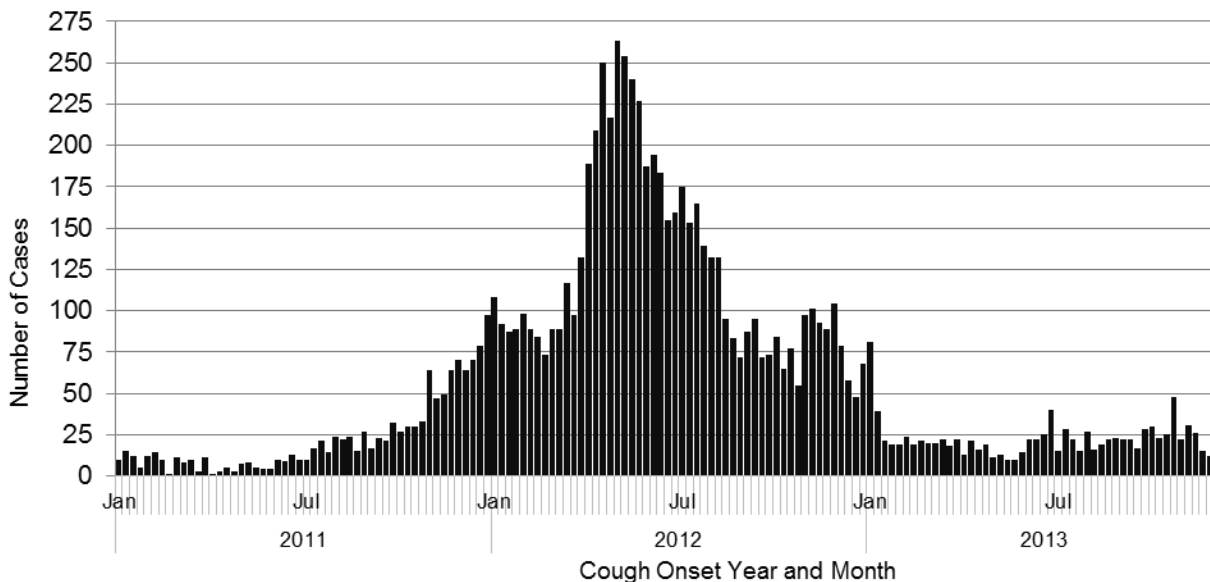
Norovirus: active in the community with reports of outbreaks in Community-Based Residential Facilities (CBRF's) and Long-Term Care Facilities (LTCF's.) Reminder that high-risk staff (food-handlers, health care workers or daycare workers/attendees) with symptoms consistent with Norovirus should not return to work until 48 hours symptom-free to prevent transmission to others.

<http://www.dhs.wisconsin.gov/communicable/Foodborne/Norovirus.htm>

Pertussis: Slow decrease since mid 2012. Winnebago County Health Department investigated 668 cases in 2012 and 167 in 2013.

There was a recent confirmed case in an elementary school student.

State of WI Number of reported confirmed and probable cases of pertussis by month and year of cough onset, Wisconsin, January 1, 2011 through December 31, 2013



Communicable Disease Technology: CDC now has mobile apps for STD Treatment and LTBI.

Check out: <http://www.cdc.gov/mobile/mobileapp.html>

2013 Arboviral activity: National end of the year report is attached

Meningitis: Princeton University had 8 cases of Serogroup B. Serogroup B vaccine (Bexsero) from Europe has been approved for use at Princeton. UC-Santa Barbara also had 4 cases of Serogroup B. These are different meningitis serogroup B strains and are unrelated outbreaks. <http://www.dhs.wisconsin.gov/communicable/InvasiveBacteria/MeningococcalDisease.htm>

Global Update:

MERS-CoV: 178 cases with 75 deaths in the Oman and Middle East. May be associated with exposure to camels and other farm animals. CDC Recs – no special screening or travel/trade restrictions

Testing for novel coronavirus/MERS-CoV: At present, PCR testing of specimens for the novel coronavirus is available in Wisconsin only at the Wisconsin State Laboratory of Hygiene (WSLH) and also at the CD

[Wisconsin State Laboratory of Hygiene - Lab requisition form](#)

Additional information:

<http://www.dhs.wisconsin.gov/communicable/DiseasePages/MERS.htm>

<http://www.cdc.gov/coronavirus/MERS/>

<http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>

Avian Influenza –Human

H7N9: 145 cases with 46 deaths mainly in China. No sustained human to human transmission. No travel or trade restrictions. More information can be found at: <http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>

H9N2: 2 mild cases-Hong Kong and China. 1st cases in 4 years. Mainly affects ducks and chickens but can affect humans (mild symptoms)

H10N8: New strain of bird flu. Hong Kong - 1st known human infection. Person died 12/6/13.

H5N1: Confirmed case (fatal) in a previously healthy Canadian in late 20's who was in Beijing for 3 weeks in December. Investigation is ongoing. See email attachment and <http://www.cdc.gov/flu/avianflu/h5n1-people.htm>

Additional information:

<http://www.dhs.wisconsin.gov/communicable/Influenza/Index.htm>

<http://www.cdc.gov/flu/avianflu/>

Caribbean chikungunya:

- As of 1/6/14, 89 cases confirmed with 20 probable in St Martin/Sint Maarten
- first known indigenous transmission of chikungunya fever in the Americas
- health providers to heighten their vigilance against the disease

Chikungunya is a viral disease spread mainly by *Aedes aegypti* and *A albopictus* mosquitoes. When symptomatic, it typically causes fever and arthralgia, similar to dengue. Infected travelers who return home to the United States can introduce the virus into local *A aegypti* and *A albopictus* populations when bitten by the mosquitoes. It's impossible to predict how the disease could spread in the United States, but there's a chance health officials could see small, focal outbreaks, similar to small pockets of dengue fever infections that have been detected in areas such as those near Miami. Two key strategies for minimizing the threat to the United States are to encourage travelers to wear insect repellent and take other precautions against mosquitoes and to boost awareness among health providers so that they can recognize the disease early, which could curb virus transmission to local mosquitoes. Vector control at mosquito breeding sites is another important tool. Unlike West Nile virus, which circulates in birds that infect mosquitoes, humans are the only reservoir host for both chikungunya and dengue.

Additional information:

<http://www.dhs.wisconsin.gov/communicable/ArboviralDiseases/ChikungunyaFever.htm>

<http://www.cdc.gov/chikungunya/>

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	2011			2012			2013		
	WC # of Cases	WC Inc*	WI Inc*	WC # of Cases	WC Inc*	WI Inc*	WC # of Cases	WC Inc*	WI Inc*
Arboviral Disease	0	0.00	0.40	2	1.19	1.35	1	0.60	0.93
Babesiosis	1	0.60	1.42	0	0.00	0.79	0	0.00	1.28
Blastomycosis	4	2.39	1.72	0	0.00	1.61	1	0.60	1.19
Campylobacteriosis (Campylobacter Infection)	28	16.70	24.37	36	21.47	22.99	34	20.27	22.09
Chlamydia	604	360.17	432.93	568	338.70	419.22	599	357.19	414.06
Cryptosporidiosis	14	8.35	13.04	20	11.93	11.06	18	10.73	11.98
E-COLI (STEC)	9	5.37	5.78	7	4.17	4.39	3	1.79	4.03
Ehrlich/Anaplas	6	3.58	12.92	8	4.77	10.31	8	4.77	11.70
Giardiasis	14	8.35	10.42	10	5.96	8.56	18	10.73	8.65
Gonorrhea	75	44.72	84.93	45	26.83	83.02	48	28.62	81.31
Haemoph Infl Inv	4	2.39	1.70	0	0.00	1.16	2	1.19	1.51
Hepatitis B	5	2.98	8.98	15	8.94	6.90	18	10.73	6.01
Hepatitis C	81	48.30	44.21	89	53.07	45.52	75	44.72	43.87
Histoplasmosis	0	0.00	0.47	0		0.51	2	1.19	0.40
Influenza hosp	9	5.37	16.12	15	8.94	26.63	55	32.80	41.30
Inv Strep A & B	17	10.14	9.35	10	5.96	9.28	15	8.94	10.64
Kawasaki Disease	1	0.60	0.23	0		0.11	1	0.60	0.18
Legionellosis	0	0.00	1.19	4	2.39	1.63	0		2.75
Listeriosis	1	0.60	0.23	2	1.19	0.25	0		0.28
Lyme Disease	44	26.24	64.52	9	5.37	33.35	7	4.17	36.10
Malaria	1	0.60	0.35	2	1.19	0.23	1	0.60	0.18
Other Bact Meningitis	0		0.26	0	0.00	0.18	2	1.19	0.37
Meningococcal	0	0.00	0.33	1	0.60	0.19	2	1.19	0.25
Mumps	0	0.00	0.07	0	0.00	0.14	0	0.00	0.04
Mycobact (Non-TB)	43	25.64	18.05	51	30.41	20.34	54	32.20	19.38
Parapertussis	5	2.98	1.94	8	4.77	5.99	0		0.47
PID	0		0.02	0		0.02	1	0.60	0.09
Pertussis	95	56.65	20.89	267	159.21	113.10	57	33.99	21.13
Q Fever	1	0.60	0.16	2	1.19	0.21	0	0.00	0.19
Salmonellosis	16	9.54	13.18	26	15.50	15.56	12	7.16	15.58
Shigellosis	3	1.79	1.26	0	0.00	1.91	1	0.60	0.89
Strep Pneumo Inv	10	5.96	8.70	12	7.16	8.60	12	7.16	8.18
Syphilis	3	1.79	4.11	5	2.98	5.32	5	2.98	5.20
Trichinosis	0			1	0.60	0.04	0		0.00
Tuberculosis	1	0.60	1.26	0	0.00	1.12	1	0.60	0.82
TB Infection (TBI)	26	15.50	16.25	24	14.31	12.45	25	14.91	9.52
Varicella	15	8.94	7.39	10	5.96	7.72	11	6.56	5.74
Yersiniosis	0		0.14	0		0.16	1	0.60	0.23
Total	1,140	679.79	831.83	1,251	745.98	884.56	1,095	652.96	754.67

Run date 1/15/14

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

Notes of Interest:

Hepatitis C – increase of cases associated with a cluster of IV drug use and a new recommendation to test all persons born between 1945 -1965.

Winnebago County - consistently has a higher incidence of Mycobacterium non-TB