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## Reports of Communicable Disease in Winnebago County - January 2016 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 2015	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec 2015	Total
Arboviral Disease	1					1				1			3
Blastomycosis						3	4	5	3			1	16
Campylobacteriosis		1	4	2	2	3	6	5	5	3	6	1	38
Chlamydia	47	65	47	56	40	40	46	54	63	66	47	65	636
Cryptosporidiosis	1		2		3			7	7		3		23
Ehrlich/Anaplasmosis		1		2	3		3		2				11
Giardiasis	1					1	2	1	4	1		1	11
Gonorrhea	3	1	4	8	2	2	3	2	4	4	4	4	41
Haemoph Inf Invasive			1									1	2
Hepatitis B			1				2		2	2	1		8
Hepatitis C	5	12	9	12	11	6	9	9	10	13	13	6	115
Histoplasmosis												1	1
Influenza Hospitalization	27	4	8	4					2	1			46
Inv Strep A & B		2	2		1	4	4	7	1	1		3	25
Kawasaki Disease						1							1
Legionellosis								1			1		2
Listeriosis								1				1	2
Lyme Disease		1			1	5	1	2					10
Bacterial Meningitis							1						1
Mycobact (Non-TB)	4	4	3	6	2	6	2	1	8	2	6	3	47
Pathogenic E.coli		1	1			2			1	1		3	9
Pertussis (Whooping Cough)	1	2	2	1		4	5		4				19
Salmonellosis	2	2	2		1	4	2	4	2	1	2	1	23
Shigellosis											2	2	4
Strep Pneumo Invasive	1	1	1					2		1		2	8
Syphilis	2												2
Tuberculosis (TB)			1	2									3
TB, Latent (LTBI)	1	4	2	1	2		4	1	1	9		1	26
Varicella (Chicken Pox)	1			1	2								4
<b>Total</b>	<b>97</b>	<b>101</b>	<b>90</b>	<b>95</b>	<b>70</b>	<b>82</b>	<b>94</b>	<b>102</b>	<b>119</b>	<b>106</b>	<b>85</b>	<b>96</b>	<b>1,137</b>

Run date 01/15/2016

# January 2016 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/>

Rhinovirus/Adenovirus/Human Metapneumovirus are the predominant viruses currently in Wisconsin. (As of 1/21/15)

Influenza: Activity is low to moderate in Wisconsin with sporadic cases of predominately influenza A. The quadrivalent influenza vaccine protects against the predominant strains being seen at this time.

- Symptoms: Sudden onset cough, sore throat, stuffy/runny nose, fever, headache, fatigue, body aches and chills.
- Report: Influenza-associated hospitalizations, Influenza-associated pediatric deaths and Influenza A virus infection - novel subtypes only.

**Blastomycosis:** WI Blastomycosis page: <https://www.dhs.wisconsin.gov/disease/blastomycosis.htm>

- Summer 2015 Little Wolf River Outbreak - The Wisconsin Division of Public Health and local public health agencies continue to investigate an outbreak among people who visited the Little Wolf River in Waupaca County near New London.
- Symptoms: Cough, fever, chills, muscle aches, joint pain or chest pain. Extrapulmonary symptoms may occur and can affect any system, more commonly bone, joint and GU.
- Illness may develop 2-15 weeks after exposure to the fungus. Due to the long period of time from exposure until illness onset additional cases of Blastomycosis may continue to be reported.
- Statewide, 51 confirmed and 39 probable cases have been associated with this outbreak. WCHD investigated 24 cases associated with this outbreak.

**Zika Virus:** CDC Zika Virus page: <http://www.cdc.gov/zika/index.html>

CDC travel recommendations: <http://wwwnc.cdc.gov/travel/>

- In May 2015, the WHO reported the first local transmission of Zika virus in the Western Hemisphere, with locally acquired cases identified in Brazil. As of January 15, 2016, local transmission had been identified in at least 14 countries or territories in the Americas, including Puerto Rico. Further spread to other countries in the region is likely.
- Local transmission has not been documented in the continental US. Cases of Zika have been reported in returning travelers. Zika virus is spread to people through infected *Aedes* mosquito bites.
- 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 following reports of microcephaly and other poor pregnancy outcomes in babies of mothers who were infected with Zika virus while pregnant.**

## Local/National Update:

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

- WCHD is following and providing DOT (Directly Observed Therapy) for an active case of multi-drug resistant (MDR) TB and an additional TB case that has culture converted to negative.
- This recent activity highlights the importance of working closely with infection control and other health departments to reduce the risk of exposure to healthcare workers and the general public. Many times individuals have been infectious for months to years before diagnosis.
- Remember to **"Think TB."** If you suspect active (infectious) TB notify the LHD immediately. TST/TB Blood Test, sputums x 3 and isolation will be required.

**Mumps:** WI Mumps page: <https://www.dhs.wisconsin.gov/immunization/mumps.htm>

CDC Mumps page: <http://www.cdc.gov/mumps/>

- There have been 40 confirmed cases of mumps in Wisconsin from September 18<sup>th</sup> to December 18<sup>th</sup>. A majority of these cases have been linked to individuals who attend UW Whitewater, UW Platteville and UW Milwaukee. The LHD and the university are working together to determine who has been exposed, implement control measures and vaccinate as needed. There were no mumps cases in Winnebago County or regionally in 2015.
- From July through November 2015 more than 100 confirmed Mumps cases were reported at the University of Iowa.
- 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. **Notify the LHD. Specs should be sent to the WSLH 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/>

- From January 1 to December 11, 2015, 189 people from 24 states. Most of these cases (113) were part of a large multi-state outbreak linked to an amusement park in California.
- 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 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 facility 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/>

- **No lab confirmed cases since July but we have had several probable cases. Therefore, pertussis is likely circulating in our area.**
- During January 1 through December 31, 2015, 581 cases (410 confirmed and 171 probable) of pertussis were reported among Wisconsin residents. Additional cases from 2015 may still be in the process of being reported at this time. In comparison, 1437 cases were reported in 2014 and 1258 cases were reported in 2013.

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.

**Global/Travel Update: Please always ask about any travel!**

**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>

- There have not been any Ebola cases in Wisconsin.
- Monitoring of people in Wisconsin that meet the criteria for Ebola surveillance by the Wisconsin Department of Health Services (DHS) continues as needed. Any potential exposure or 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:**

- All screening and monitoring requirements for travelers from Liberia have been dropped effective September 21, 2015 and for Sierra Leone as of December 22, 2015. Continued screening IS advised for patients traveling from Guinea. Total case numbers 28,637, deaths 11,315. (As of 1/15/16)
- 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.**
- Continued risk in the U.S. from returning travelers
- WI DPH will learn about 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 lab confirmed cases to date is now 1626 (was 1589 in October 2015), including 584 deaths.
- MERS-CoV continues to circulate at low levels and continues to be linked to countries near the Arabian Peninsula (Iran, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, United Arab Emirates and Yemen).
- 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.
- **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 WSLH and also at the CDC.

**Avian Influenza:** WI page: <https://www.dhs.wisconsin.gov/influenza/avian-h5n2.htm>

CDC page: <http://www.cdc.gov/flu/avianflu/> and

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. Most are associated with contact with poultry. Avian influenzas that affect humans are concerning for pandemic potential but are currently 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	2013			2014			2015		
	WC # of Cases	WC Inc+	WI Inc+	WC # of Cases	WC Inc+	WI Inc+	WC # of Cases	WC Inc+	WI Inc+
Arboviral Disease	1	0.59	0.99	1	0.59	0.75	3	<b>1.77</b>	0.57
Blastomycosis	1	0.59	1.58	3	<b>1.77</b>	1.60	<b>16**</b>	<b>9.44</b>	2.93
Campylobacteriosis	34	20.05	22.08	35	20.64	21.77	38	22.41	24.62
Chlamydia	599	353.31	414.39		348.00	401.97	636	375.13	424.02
Cryptosporidiosis	20	11.80	12.10	9	5.31	9.51	23	<b>13.57</b>	10.08
Ehrlich/Anaplas	8	4.72	12.08	6	3.54	9.42	11	6.49	10.03
Giardiasis	17	<b>10.03</b>	9.07	10	5.90	8.50	11	6.49	7.99
Gonorrhea	48	28.31	81.32	57	33.62	70.96	41	24.18	93.02
Haemoph Inf Inv	3	<b>1.77</b>	1.55	1	0.59	1.51	2	1.18	1.78
Hepatitis B	18	<b>10.62</b>	6.08	7	4.13	6.62	8	4.72	6.74
Hepatitis C	81	<b>47.78</b>	45.85	88	51.90	55.86	115	<b>67.83</b>	61.49
Histoplasmosis	1	0.59	0.42	1	0.59	0.19	1	0.59	0.49
Influenza hosp	55	32.44	41.57	91	53.67	64.97	46	27.13	41.15
Inv Strep A & B	15	8.85	10.74	20	11.80	12.26	25	<b>14.75</b>	12.56
Kawasaki Disease	1	0.59	0.17				1	0.59	0.16
Legionellosis				1	0.59	1.67	2	1.18	1.92
Listeriosis							2	<b>1.18</b>	0.28
Lyme Disease	7	4.13	39.53	4	2.36	23.86	10	5.90	28.12
Malaria	1	0.59	0.19						
Bact Meningitis	2	<b>1.18</b>	0.35	1	0.59	0.23	1	0.59	0.63
Meningococcal Disease	2	<b>1.18</b>	0.26						
Mumps				1	0.59	1.11			
Myco (Non-TB)	57	<b>33.62</b>	20.13	38	<b>22.41</b>	19.76	47	<b>27.72</b>	17.50
Pathogenic E.coli	3	1.77	3.99	7	<b>4.13</b>	3.88	9	5.31	5.42
PID	1	0.59	0.10						
Pertussis	59	<b>34.80</b>	21.89	31	18.28	24.92	19	11.21	11.67
Rocky Mt Spotted Fever	1	0.59	0.19						
Salmonellosis	12	7.08	15.81	<b>44*</b>	<b>25.95</b>	15.15	23	13.57	16.63
Shigellosis	1	0.59	0.91	6	3.54	6.03	4	2.36	4.51
Strep Pneumo Inv	12	7.08	8.18	8	4.72	7.23	8	4.72	7.44
Syphilis	7	4.13	5.55				2	1.18	4.58
Tuberculosis (TB)	1	0.59	0.98				3	<b>1.77</b>	1.10
TB, Latent (LTBI)	38	<b>22.41</b>	12.15	27	<b>15.93</b>	12.85	26	<b>15.34</b>	12.68
Typhoid Fever				1	0.59	0.03			
Varicella	11	<b>6.49</b>	5.73	12	7.08	7.12	4	2.36	5.62
Vibriosis	1	0.59	0.12						
Yersiniosis	1	0.59	0.21	1	0.59	0.10			
<b>Total</b>	<b>1,119</b>	<b>660.02</b>	<b>796.28</b>	<b>1,101</b>	<b>649.40</b>	<b>789.84</b>	<b>1,137</b>	<b>670.63</b>	<b>815.69</b>

Run date 01/15/2016

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.