

The Winnebago County Health Department Presents Communicable Disease Bulletin

Fall Edition



Public Health
Prevent. Promote. Protect.



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WCHD Mission Statement:

**To prevent disease,
promote health and
enlist the commu-
nity in efforts to im-
prove the health of
all Winnebago
County residents.**

Promoting Community Immunity: Its Flu Time!

Once again, the United States is gearing up for flu season. Annual influenza epidemics typically occur from late fall through early spring. Seasonal influenza, or "the flu", infects the respiratory tract and symptoms may include: fever/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, and fatigue. Although it is more common in children than adults, vomiting or diarrhea may occur. In the U.S., 5%-20% of the population contracts the flu yearly, and more than 200,000 people are hospitalized from flu-related complications. People at highest risk of complications (vulnerable populations) include: young children, pregnant women, people with chronic health conditions, and people over 65 years of age.

Complications from the flu can include pneumonia, bronchitis, sinus and ear infections. The flu can also make chronic health problems worse. Complications requiring urgent medical care and resulting in possible hospitalization and/or death can be direct effects of influenza. In typical flu seasons, an increase in deaths and hospitalizations is observed during periods when influenza viruses are circulating. Some persons whose hospitalization is attributed to invasive pneumococcal pneumonia are likely to have influenza as a co-pathogen, based on correlation between influenza activity and seasonal variations in pneumococcal pneumonia.

CDC collects, compiles, and analyzes information on influenza activity year round in the United States and produces a weekly report from October through mid-May. The U.S. influenza surveillance system is a collaborative effort between

CDC and its many partners including state and local health departments, public health and clinical laboratories, vital statistics offices, physicians, and clinics and emergency departments. The CDC uses these data collected to monitor influenza activity and determine what influenza viruses are circulating, detect changes in influenza viruses, and measure the impact influenza is having on deaths in the United States. In addition, the CDC also uses data from the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) to help monitor the development of the flu season each year.

Winnebago County Health Department's Disease Control office participates in such surveillance efforts on the local level. WCHD monitors school absenteeism, ILL reported from 3 sentinel clinic sites and two participating hospitals, as well as positive rapid influenza tests that are voluntarily reported by a variety of medical facilities. A flu report with data collected from these efforts is published weekly on our website.

The Centers for Disease Control and Prevention (CDC) and WCHD recommend an annual flu vaccine for everyone 6 months and older as the single best way to protect against influenza. Vulnerable populations

should be priorities for receiving the flu shot. Vaccination is also important for health care workers, and others who live or care for vulnerable populations. The 2011-2012 U.S. seasonal influenza vaccine virus strains include A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. The influenza A (H1N1) vaccine virus strain is derived from a 2009 pandemic influenza A (H1N1) virus.

In addition to the flu shot, WCHD recommends utilizing the 3 C's for flu prevention this year: clean your hands, cover your cough or sneezing, and contain your germs by staying home if ill. If someone does contract the flu, antiviral drugs can make illness milder, prevent possible complications, and shorten the time one is sick but should be used early (within the first 2 days of symptoms).

The Winnebago County Health Department's flu clinic schedule can be found at www.wchd.org, or by calling 815-720-4264. For more information on 2011-2012 flu season, visit our website or the Centers for Disease Control Prevention (CDC) at www.cdc.gov



**"Don't think of it as getting a flu shot.
Think of it as installing virus protection software."**

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phone: (216) 371-8600 / e-mail: f@funnytimes.com

Going Batty?: Rabies Updates

Rabies is a preventable zoonotic disease transmitted via the bite of an infected animal. Rabies infects the central nervous system, ultimately causing disease in the brain and death. Early symptoms of rabies in humans include fever, headache, and weakness. As the disease progresses, symptoms such as insomnia, confusion, paralysis, hallucinations, agitation, hypersalivation, and difficulty swallowing may occur. The incubation period in humans is usually several weeks to months, but ranges from days to years.

Animals predominantly identified as carriers of rabies include: dogs, cats, ferrets, raccoons, skunks, foxes, bats and livestock. In Winnebago County in 2010, 2 bats tested positive and this year only 1 bat has tested positive for rabies.

Because rabies is a reportable disease and presents a threat to life, the CDC and state/ local public health authorities have designed guidelines and procedures for how to report potential rabies cases, post-exposure procedures, and testing of the potentially infected animal. Guide-

lines outlined by public health authorities should be carefully followed.

The Advisory Committee on Immunizations Practices (ACIP) recommends rabies post-exposure prophylaxis (PEP) which includes the usage of the human rabies immune globulin (HRIG) and four doses of rabies vaccine to prevent development of rabies after sufficient exposure to a suspect or confirmed rabid animal. HRIG provides an immediate supply of virus neutralizing antibodies to bridge the gap until the production of active immunity following vaccine administration. Active antibody response from vaccine takes 7-10 days to develop. The Illinois Department of Public Health has outlined the following



guidelines for rabies PEP varying by animal type (see Figure 1).

Before beginning rabies PEP, it is important to identify if a bite from an animal was provoked or unprovoked. A pro-

voked bite is a bite that occurs in a situation in which an animal might be expected to bite. If a person presents with a provoked dog or cat bite from a healthy animal, there generally is no need for rabies PEP. Dogs and cats present a low risk for rabies because most have been vaccinated. According to the Illinois Department of Public Health, the last rabid dog in Illinois was identified in 1994 and cat in 1996.

Bites resulting in the need for rabies PEP would include unprovoked bites from a dog or cat with signs of rabies or when there is an unprovoked bite and the animal cannot be tested for rabies. Another situation that may result in the need for rabies PEP is if a cat or dog dies during the 10-day confinement period following the bite, and is not submitted for rabies testing. Potential human rabies exposure from domestic animals is reportable to the local health department if rabies PEP is administered or recommended. For more information, assistance with guidelines or recommendations, or to report an animal bite, please contact WCHD at 815-720-4050.

<http://www.idph.state.il.us>

<http://www.cdc.org>

<http://www.wchd.org/>

Figure 1: Animal Type to Postexposure Prophylaxis

Animal Type	Evaluation and Disposition of Animal	Postexposure Prophylaxis Recommendations
Dogs, cats, and ferrets	Healthy and available for 10 day observation	Persons should not begin vaccination unless animal develops clinical signs of rabies
	Rabid or suspected rabid	Immediately vaccinate
	Unknown (escaped)	Consult public health officials-unprovoked bite, bites from cats/dogs with signs of rabies that cannot be tested
Raccoons, skunks, foxes, and most other carnivores; Bats	Regarded as rabid unless animal is proven negative by laboratory test	Consider immediate vaccination
Livestock, horses, rodents, rabbits and hares, and other mammals	Consider individually	Consult public health officials. Bites of squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, mice, other small rodents, rabbits, and hares almost never require rabies postexposure prophylaxis.

Figure 2: When to submit and animal for rabies testing

Animal Type	Recommendations (IDPH)
Dogs, cats, and ferrets	Healthy dogs, cats or ferrets that have bitten someone in a provoked manner should be observed for 10 days rather than submitting the brain for rabies testing unless the animal begins to develop signs suggestive of rabies. Once the 10 day period is up and the animal has survived, no rabies testing is needed.
Skunks	All impounded skunks should be submitted for rabies testing. To identify whether skunk rabies is circulating in this area we need to do surveillance testing of skunks in each area of the state. Skunk rabies can increase and become epidemic resulting in the potential for domestic animal and human cases. An early warning of the appearance of skunk rabies will allow time for notification of the public, veterinarians and health care providers and for prevention measures to be put into place.
Bats	<p>Bats do not need to be submitted if a human or domestic or zoo animal has not been exposed to the bat, even if the bat is acting abnormally. Bats should only be submitted for rabies testing when they have exposed a person or a domestic or zoo animal.</p> <p>A bat should be submitted for testing if there is an exposure or potential exposure:</p> <ul style="list-style-type: none"> -any physical contact (bite or non-bite) with a bat -anyone was in the same room as a bat and might be unaware that a bite or direct contact has occurred (e.g. a sleeping person awakens to find a bat in the room or an adult witnesses a bat in a room with a previously unattended young child, mentally disabled person, or intoxicated person) because it can't be determined if an exposure has occurred <p>A bat with no signs of illness may be released outdoors with careful handling and away from people and homes. A dead bat found outside or somewhere where an exposure to a human or domestic animal did not occur can be disposed of without testing.</p>
Small rodents/rabbits	Because of their low risk of rabies, submission of biting or non-biting rodents (squirrels, mice, rats, hamsters, gerbils, etc.) or rabbits is not recommended unless there are unusual circumstances. However, bites from these animals should be reported to the local health department.



Communicable Disease Statistics

Disease Type	2010	2011	Disease Type	2010	2011
Chickenpox	16	17	Histoplasmosis	2	0
Cryptosporidiosis	7	3	Influenza A- novel virus	2	17
Ehrlichiosis	4	2	Influenza B	0	2
Enteric e. coli	5	8	Lyme disease	11	17
Giardiasis	17	11	Neisseria Meningitis	0	4
Haemophilus Influenzae, inv.	5	1	Pertussis (whooping cough)	95	27
Hepatitis A	5	3	Potential Human Rabies Expo-	3	7
Hepatitis B-acute	4	4	Rubella	0	1
Hepatitis B-chronic	32	27	Salmonellosis	31	32
Hepatitis C-chronic	177	156	Shigellosis	4	3