

The Winnebago County Health Department Presents Communicable Disease Bulletin

Summer Edition



Public Health
Prevent. Promote. Protect.



401 Division ST
Rockford, IL 61104
Fax: 815-962-5161
P.O. BOX 4009
Rockford, IL 61110-0509

Kara McCluskey, M.S Disease Control
Supervisor
Phone: 815-720-4075
E-mail: kmclluskey@wchd.org

Amanda Mehl, MPH, Epidemiologist
Phone: 815-720-4075
E-mail: amehl@wchd.org

Jeanine Rybaski, RN, Public Health Nurse
Phone: 815-720-4076
E-mail: jrybaski@wchd.org

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.**

Salmonella: Was it Something I ate?

During the summer months, enteric diseases increase in the community. In the month of May, there was an increase in Salmonella cases in Winnebago County. In May, 6 cases of Salmonella, 4 cases between the ages of 0-20 and 2 at the age of 40 and above were reported. There does not appear to be a link among cases at this time (no serotype pattern). For 2011, 11 total cases were reported, yielding an incidence rate of 3.72 per 100,000 population.

Every year, approximately 40,000 cases of salmonellosis are reported in the United States. Because many milder cases are not diagnosed or reported, the actual number of infections may be thirty or more times greater. There are many different kinds of *Salmonella* bacteria. *Salmonella* serotypes *Typhimurium* and *Enteritidis* are the most common in the United States.

Salmonella has an incubation period of 6-72 hours and is usually between 12-36 hours. Onset of symptoms may be mild with slight diarrhea and/or abdominal cramps, then may become severe with vomiting, fever, and possibly diarrhea. When interviewing patients, it is important to obtain information regarding what they may have eaten 3 days prior to onset of symptoms.

Children are the most likely to get salmonello-

sis. The rate of diagnosed infections in children less than five years old is higher than the rate in all other persons. Young children, the elderly, and the immunocompromised are the most likely to have severe infections. It is estimated that approximately 400 persons die each year with acute salmonellosis. With

tombs that are untreated may resolve within 5-7 days.

Individuals who indicate that they work in a sensitive occupation such as food handling or child care may also be restricted from their duties until they have tested negative for Salmonella.



symptoms occurring, patients who are immunocompromised, as well as small children and the elderly should be referred to see their primary care physician or local emergency room for testing and treatment. Testing consists of a stool sample taken by the patient for culture. Treatment depends on each client and their physician. Many people do not receive any treatment, however if the patient is immunocompromised, a small child, the elderly, or having complications due to the symptoms treatment may be given in the form of an antibiotic. Symp-

Since Salmonella is a reportable disease, public health is obligated to follow-up on patients that test positive for Salmonella to determine if there is an epidemiological link. Serotyping by the IDPH laboratory assists in identifying if cases are linked to a certain food item or other type of contamination. Please call 815-720-4050 to report a case or cases of Salmonella.

Source: <http://www.cdc.gov/salmonella/general/index.html>

Pertussis: A Year in Review

Pertussis or whooping cough, is a contagious respiratory disease caused by the bacterium *Bordetella pertussis*, that can be spread from person to person. People with pertussis usually spread the disease by coughing or sneezing while in close contact with others. Pertussis most commonly affects infants and young children. Many infants who get pertussis are infected by older siblings, parents or caregivers and it can be fatal, especially in infants.

Teens and adults can also have pertussis however, these complications are usually less severe in this age group, especially in those who have been vaccinated.

Institutional outbreaks of pertussis are common. Outbreaks at middle and high schools can occur as protection from childhood vaccines fades. In school outbreaks, prophylaxis is recommended for close classroom and team contacts – and the pertussis booster vaccine (Tdap) depending on age.

In 2008, in Winnebago County we had a total of 48 cases. Most of which were clustered at a school in our area. The Winnebago County Health Department provided the pertussis booster vaccine (Tdap) to students and staff. In 2009 we only saw 4 cases of pertussis. In 2010, we were in outbreak status with 142 total cases. To date in 2011 pertussis continue to be reported. (see graph below)

In the United States, the American Academy of Pediatrics

recommends DTaP vaccinations at 2, 4, and 6 months of age, then another between 15 and 18 months of age, and a fifth shot is given before a child enters school, at 4–6 years of age. Finally, a booster at age 11.

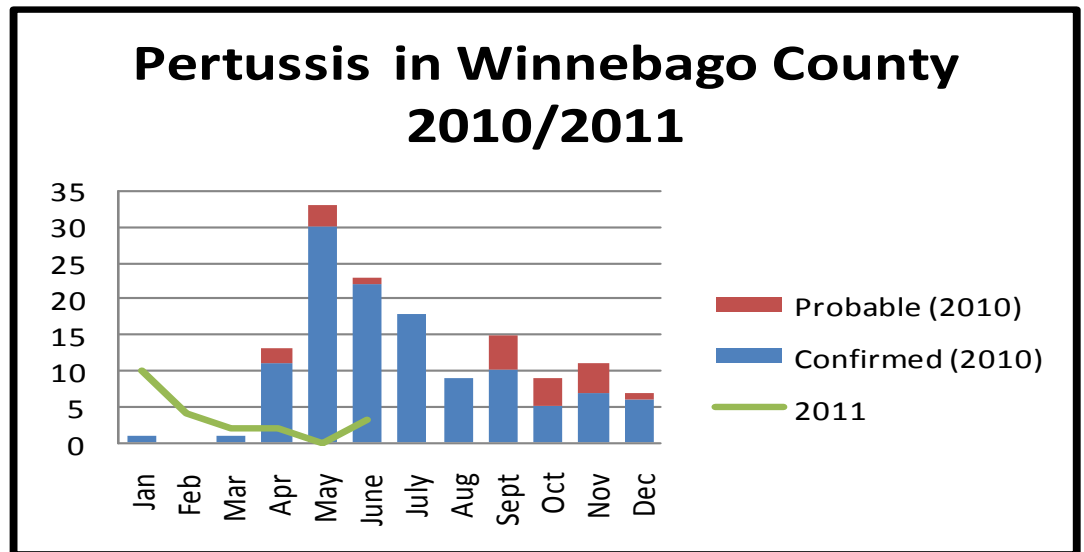
Prevention is key to reducing the spread of pertussis. The best way to prevent pertussis is to get vaccinated.

It is recommended that preventive antibiotics to close contacts, including all household members of a pertussis patient, regardless of age and vaccination status.

Pertussis is a reportable disease to the Winnebago County Health Department. Please report any suspected cases to 815-720-4050.

For more information go to: <http://www.cdc.gov/pertussis/> or

The American Academy of Pediatrics Red Book.



Communicable Disease Statistics

Disease Type	2010	2011	Disease Type	2010	2011
Chickenpox	13	15	Histoplasmosis	0	2
Cryptosporidiosis	2	0	Influenza A- novel virus	16	2
Ehrlichiosis	1	0	Influenza B	2	0
Enteric e. coli	2	2	Lyme disease	5	2
Giardiasis	3	8	Neisseria Meningitis	2	0
Haemophilus Influenzae, inv.	0	5	Pertussis (whooping cough)	18	43
Hepatitis A	2	2	Rubella	1	0
Hepatitis B-acute	2	4	Salmonellosis	14	11
Hepatitis B-chronic	15	17	Shigellosis	1	1
Hepatitis C-chronic	87	118			