

# Communicable Disease Update

APRIL, 2017

## Adult Immunization Outreach

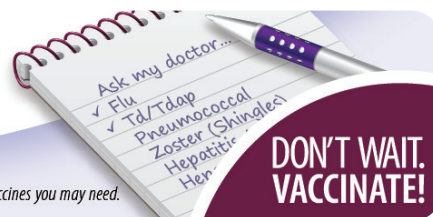
As part of Public Health Madison & Dane County's (PHMDC) Adult Immunization Grant provided by the Wisconsin State Immunization Program, PHMDC sent 20,000 recall letters in early April to adults 66-80 years of age who had not received both doses of pneumococcal vaccines and are currently due according to the Wisconsin Immunization Registry (WIR).

We hope to have an impact by increasing the demand for pneumococcal vaccines which may also trigger providers to provide other adult vaccines that may be needed as well.

PHMDC notified the Dane County Immunization Coalition (DCIC) of these efforts prior to sending the mass mailing as we wanted to make sure providers were aware of the outreach and that they may notice an increase in calls for pneumococcal immunizations, appointments, and questions. PHMDC will be updating address and death information in WIR.

## What Vaccines do You need?

Adults need vaccines too! Take this quiz to find out which vaccines you may need.



### All Adults:

- Flu shot—every year
- Td or Tdap—every 10 years (protects against tetanus, diphtheria & pertussis)

### Adults 60 years and older:

- Zoster (Shingles)—60 years & older
- Pneumococcal (2 different vaccines needed)—65 years & older

### All Adults with diabetes also need:

- Hepatitis B (series of 3 shots)

If you have a chronic health condition like diabetes, asthma, lung, kidney or heart disease, vaccines are **especially** important to stay healthy!

## Acute & Communicable Disease Summary for January - March 2017 Dane County

Below is a preliminary listing of the acute and communicable diseases reported to Public Health Madison & Dane County (PHMDC) during **January - March 2017** and **January - March 2016** for comparison. Data are based on ACD reports received by PHMDC. These numbers are not a complete picture of communicable diseases in Dane County; some infections may not have been reported yet and some are never reported. If a disease is not listed there were no reports in this quarter for this year or last year.

### Reportable Communicable Diseases in Dane County

Disease	Number of Cases	
	1st Q 2017	1st Q 2016
Anaplasmosis	1	0
Blastomycosis	2	0
Campylobacter	32	26
Chikungunya virus	0	1
Chancroid	1	0
Chlamydia	713	556
Cryptosporidium	10	9
Dengue virus	0	1
E. coli, enteroinvasive	1	0
E. coli, enteropathogenic	7	0
E. coli, enterotoxigenic	2	0
E. coli, Shiga toxin-producing	4	1
Elizabethkingemia	0	2
Giardia	8	13
Gonorrhea	141	108
Haemophilus influenzae invasive disease	2	1
Hepatitis A	0	0
Hepatitis B	22	22
Hepatitis C	117	61
Histoplasmosis	3	0
Influenza-associated hospitalization	264	150
Legionella	4	1
Listeriosis	0	1
Lyme Disease	8	9
Malaria	1	0
Meningitis, bacterial other	5	4
Meningococcal disease	0	1
Mumps	2	2
Pelvic inflammatory disease	5	3
Pertussis (confirmed & probable)	10	34
Salmonella	11	14
Shigella	7	8
Streptococcus, Group A invasive disease	8	5
Streptococcus, Group B invasive disease	3	4
Streptococcus pneumoniae invasive disease	12	13
Syphilis (1°, 2°)	6	6
Syphilis, latent	11	5
Toxoplasmosis	1	0
Tuberculosis	2	1
Varicella	3	10
Zika virus	1	0

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## Measles Information from the Wisconsin Division of Public Health

The [Minnesota Department of Health](#) announced on Monday, April 24, 2017, that the current number of measles cases in Hennepin County is 20. Hennepin County includes the Minneapolis-St. Paul-Bloomington, MN-WI metropolitan area. All cases are children ages 0-5 years and all are Somali Minnesotans.

### Symptoms

Symptoms of measles include a rash with flat, red spots and fever and cough or runny nose or watering/mattering eyes. Symptoms appear about eight to twelve days after a person is exposed to measles. The first symptom is usually fever and the rash usually appears two to three days after the fever begins. The rash begins at the hairline, moves to the face and upper neck, and then down the body. This rash pattern is sometimes called a “bucket of measles” because the rash pattern appears as if someone poured a bucket of water over the head of the patient. For photos of the rash, please visit [CDC](#).

Measles can be a serious disease that can lead to hospitalizations and even death, especially for immunocompromised patients. Many people infected with measles have complications such as diarrhea, ear infections, pneumonia or acute encephalitis. Measles during pregnancy increases the risk of complications such as premature labor and miscarriages. For additional information on symptoms or complications, please visit [CDC](#).

### Transmission

Measles is a highly infectious virus that is spread when an infected person coughs or sneezes. The virus can live for up to two hours in the airspace where the infected person coughed or sneezed. Measles is so contagious that if one person has it, 90% of the people close to that person who are not immune will also be infected. The CDC website has additional information on [measles transmission](#).

### Reporting

All measles cases—**suspected or confirmed**—must be reported to the Wisconsin Division of Public Health (WDPH). Measles is a Wisconsin Disease Surveillance Category I disease. Health care providers who have patients with suspected or confirmed measles should report immediately by telephone to the patient’s local health department, which will then inform the WDPH.

### Specimen Collection & Laboratory Testing

Please send specimens for people suspected of having measles to the Wisconsin State Laboratory of Hygiene (WSLH). The WSLH Measles Specimen and Laboratory Testing Customer Service phone number is 1-800-862-1013.

- [Measles Virus PCR \(Collection Kit #18\)](#)
- [Measles IgM & IgG Antibody \(Collection Kit 22A for Serum Specimens or Kit 22 for Serum or CSF Specimens\)](#)
- [Collection Kit Instructions](#)

Both specimens listed below should be collected for testing on a symptomatic individual:

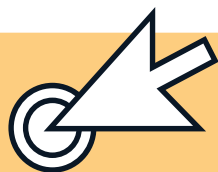
- **Combined Throat and Nasopharyngeal Swab:**  
As soon as measles is suspected (preferably within the first 3 days of illness, but no later than 10 days after rash onset), collect a throat swab AND a nasopharyngeal swab, combined in the same vial of virus transport medium. Synthetic swabs (e.g., Dacron) are required for specimen collection. Do not use cotton or calcium alginate swabs as they may be inhibitory to enzymes used in PCR. Place both swabs in a single tube of virus transport medium is acceptable. Maintain specimen at refrigerator temperature prior to and during transport. The test to order: PCR.
- **Acute Serum:**  
As soon after onset as possible, collect 7-10 mL of blood in a red top or serum separator tube (SST). Store specimens at refrigerator temperatures. Transport at refrigerator temperatures using cool-packs. A repeat serum specimen should be collected and tested if IgM serology testing is negative for specimens collected within 72 hours of rash onset. The test to order: IgM serology.

### Isolation of a Person with Measles

- Implement control measures before laboratory confirmation. If the laboratory results are negative, the decision to continue control measures should be made in consultation with the treating physician, the local health department, and the DPH.
- Exclude and isolate the case-patient during his/her infectious period from 4 days before through 4 days after rash onset, counting the day of rash onset as day zero. He/she may return to normal activities on the fifth day after rash onset.

### HELPFUL LINKS

- [Measles, WDHHS](#)
- [Measles \(Rubeola\), CDC](#)



## PHMDC Offering Naloxone for Needle Exchange Clients

PHMDC offers needle exchange services in order to prevent the spread of bloodborne pathogens among injection drug users. In 2016, PHMDC distributed 61,309 needles during 3,910 needle exchange encounters.

PHMDC will now also be offering injectable naloxone or Narcan (overdose prevention drug) for needle exchange clients. Providing naloxone at needle exchange programs is best practice and also part of our strategic plan to build community capacity to reduce harm caused by drug abuse. We are able to provide it through a partnership with the AIDS Resource Center of Wisconsin (ARCW).

At this time, we are only able to offer this service during STI clinic hours at our office at 2705 East Washington Avenue because there is a significant training component for each client.

People in our area can access free injectable naloxone through:

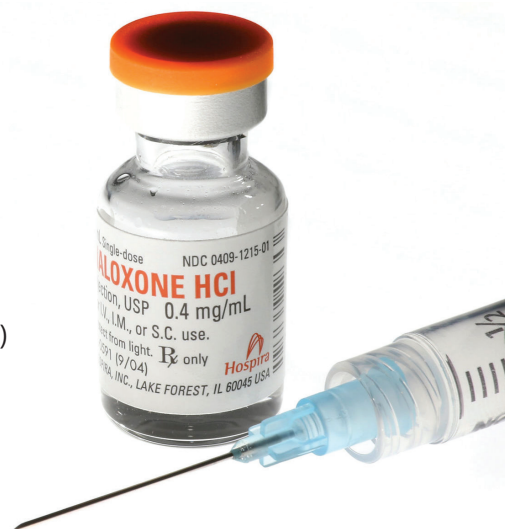
- PHMDC's walk-in STI clinic at 2705 East Washington Avenue:
  - Monday, 12-3 pm
  - Wednesday, 3-6 pm
  - Friday, 9 am-12 pm
- Calling Lifepoint (ARCW), (608) 332-6169

PHMDC offers [needle exchange services](#) (without naloxone) at our three office sites between 8 am and 4:30 pm, Monday through Friday:

- 2300 South Park Street, Suite 2010 (The Atrium)
- 210 Martin Luther King Jr. Boulevard, Room 507 (City-County Building)
- 2705 East Washington Avenue

Needle exchange services are also provided by ARCW:

- 600 Williamson Street
- Mobile services by calling (608) 332-6169 or (608) 516-2158



## PUBLIC HEALTH CONTACT INFORMATION

### Report Communicable Diseases in Madison and Dane County:

Call the Communicable Disease Intake Nurse .....(608) 266-4821  
Fax: Communicable Disease Intake Nurse.....(608) 266-4858  
Mail: PUBLIC HEALTH MADISON & DANE COUNTY  
ATTN: COMMUNICABLE DISEASE  
2300 S PARK ST STE 2010  
MADISON WI 53713

### Communicable Disease Epidemiologist:

Amanda Kita-Yarbro ([akita@publichealthmdc.com](mailto:akita@publichealthmdc.com)) .....(608) 243-0336

### Public Health Madison & Dane County:

General .....(608) 266-4821  
Fax .....(608) 266-4858

### After Hours Contact Number for Public Health Madison & Dane County:

Dane County Non-Emergency Dispatch .....(608) 267-3913