









INSIDE THIS ISSUE

-  Are your patients traveling for spring break?
-  Don't Forget Hepatitis B!
-  2018 TB Summit


CONTACT

-  (608) 266-4821
-  (608) 266-4858
-  publichealthmdc.com/disease
-  **Public Health Madison & Dane County**
Attn: Communicable Disease
2300 S. Park St., Ste. 2010
Madison, WI 53713

COMMUNICABLE DISEASE EPIDEMIOLOGIST

- Amanda Kita-Yarbro
-  (608) 243-0336
 -  akita@publichealthmdc.com

AFTER HOURS

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

Communicable Disease Update

FEBRUARY 2018

ARE YOUR PATIENTS TRAVELING FOR SPRING BREAK?

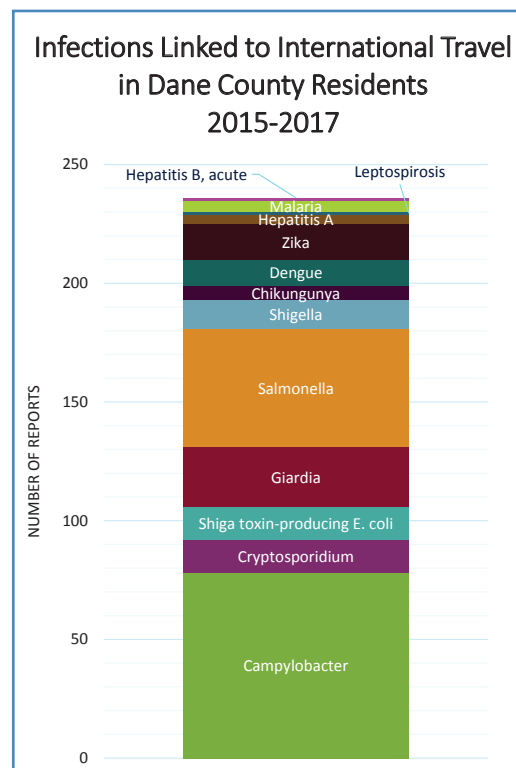
Infections related to international travel are regularly reported among Dane County residents. From 2015-2017, 16% of people with reportable enteric infections reported a history of international travel during their exposure period. Other infections related to international travel during this time included malaria, hepatitis A, hepatitis B, leptospirosis, and mosquito-borne viruses such as Zika, dengue, and chikungunya. The sources of these infections were worldwide, including Mexico, the Caribbean, Central and South America, Asia, Europe, and Africa.

Individuals who are planning to travel outside of the United States should be assessed by a travel health specialist at least six to eight weeks prior to departure. Travel health specialists can determine whether the traveler needs any vaccines and whether malaria prophylaxis is necessary. They will also advise whether a prescription for antibiotics is recommended, and

educate about other precautions to prevent infections such as preventing mosquito bites and safer eating and drinking practices.

Travel-related services are often not covered by health insurance. In addition to clinic-based travel health specialists, Dane County residents can also receive travel health services at a reduced cost from [Rock County Public Health](#) and [Waukesha County Public Health](#) and from some local pharmacies.

[CDC's Travelers' Health website](#)



DON'T FORGET HEPATITIS B!

Hepatitis B is the most common serious liver infection worldwide. The virus is transmitted via blood or sexual contact, much like HIV. Chronic infection can lead to premature death from cirrhosis or liver cancer. According to the Centers for Disease Control & Prevention, 248 million people worldwide are living with chronic Hepatitis B infection.

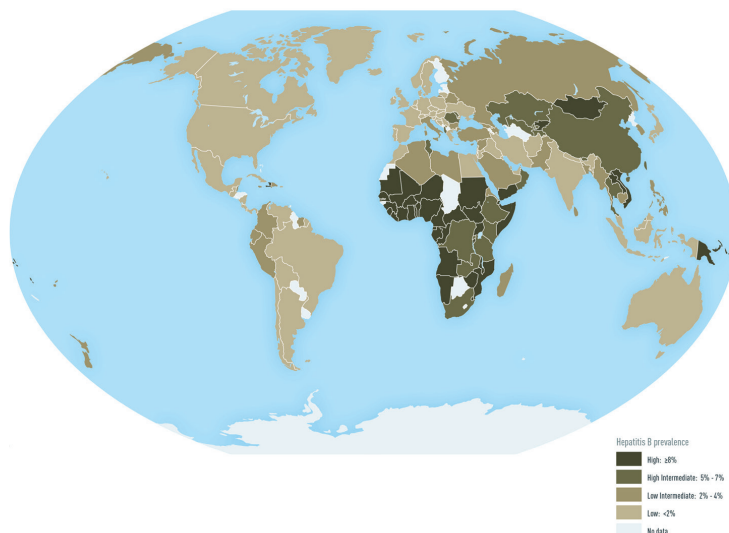
The virus is highly infectious, can be transmitted in the absence of visible blood and remains viable on environmental surfaces for at least seven days. Persons with chronic infection are the main source for HBV transmission.

Hepatitis B vaccine became widely available in the United States in 1986, resulting in greatly decreased rates of infection and perinatal transmission. This is very good news, however, there are still people in Madison and Dane County at risk for the infection.

Hepatitis B is a reportable infection and Public Health Madison & Dane County investigates approximately 80 cases per year.

Risk factors for Hepatitis B Infection to Consider in your Patients

- Born in or birth parent from high or intermediate **endemic country**
- Household or sexual partner with Hepatitis B
- Persons who inject drugs (PWID), either currently or in the past
- Persons living with chronic liver disease, including, but not limited to:
 - hepatitis C virus infection
 - cirrhosis
 - fatty liver disease
 - alcoholic liver disease
 - autoimmune hepatitis
 - Persons living with diabetes, undergoing hemodialysis or immunosuppressive therapy
 - Health and dental care workers



MAP 3-4. Prevalence of hepatitis B virus infection
 † Disease data source: Schweitzer A, Horn J, Mikolajczyk R, Krause G, Ott J. Estimations of worldwide prevalence of chronic hepatitis B virus infection: a systematic review of data published between 1965 and 2013. www.thelancet.com. 2015; Vol 386.

All persons who are pregnant should have testing for hepatitis B infection.

Public Health Role

Our role at Public Health Madison & Dane County is to follow up with all individuals with positive hepatitis B surface antigen and/or hepatitis B DNA lab results. Follow-up includes:

- Patient education
- Provide hepatitis B testing and vaccine for household or sexual contacts
- Connection to care
- Assurance that infants born to a person who has a chronic hepatitis B infection are receiving the recommended protection at birth and beyond

Don't forget to offer hepatitis A vaccine to your patients with chronic hepatitis B infection.

Suggested Reading

Patient voices hepatitis: effects and stigma of living with hepatitis, *New York Times*

Resources for Health Care Providers

- Interpretation of Hepatitis B serologic test results, *CDC*
- Considerations for special populations, *CDC*
- Fact sheets, *CDC*
- Patient resource
 - When to disclose your hepatitis b infection, *HBV Advocate*
- Sources
 - Centers for Diseases Control and Prevention. *CDC Yellow Book 2018: Health Information for International Travel*. New York: Oxford University Press; 2017, *CDC*

2018 TB SUMMIT

Public Health Madison & Dane County, Southeastern National TB Center, & the WI State TB Program are teaming up to host the 7th Annual TB Summit, March 22, at Epic in Verona. Please send us your photos celebrating staff who work to screen, diagnose, and support clients with TB, and we'll include them in a slide show at the Summit!

For more information about the TB Summit or to submit photos, contact [Erin Polkinghorn](#) or [Julia Greenleaf](#).

REGISTER

for the TB Summit today!

Acute & Communicable Disease Summary for October - December 2017

Below is a preliminary listing of the acute and communicable diseases reported to Public Health Madison & Dane County (PHMDC). Data is 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.

DISEASE	NUMBER OF CASES	
	4TH Q 2017	4TH Q 2016
Anaplasmosis	2	3
Babesiosis	3	0
Blastomycosis	1	1
Bruceellosis	0	1
<i>Campylobacter</i>	23	27
Chikungunya virus	1	0
Chlamydia	706	624
Coccidioidomycosis	2	0
<i>Cryptosporidium</i>	11	19
Cyclosporiasis	0	0
Dengue virus	2	1
<i>E. coli</i> , Shiga toxin-producing	4	7
Ehrlichiosis	0	0
Giardia	22	22
Gonorrhea	185	116
<i>Haemophilus influenzae</i> invasive disease	5	1
Hepatitis A	1	2
Hepatitis B	21	32
Hepatitis C	59	106
Histoplasmosis	0	1
<i>Influenza-associated hospitalization</i>	100	9
Jamestown Canyon virus	1	0
<i>Legionella</i>	3	3
Leptospirosis	1	0
Listeriosis	1	0
Lyme Disease	16	15
Malaria	0	0
<i>Meningitis, bacterial other</i>	3	4
<i>Meningococcal disease</i>	0	3
Mumps	0	2
Pelvic inflammatory disease	0	5
Pertussis (confirmed & probable)	11	21
<i>Salmonella</i>	13	11
<i>Shigella</i>	2	10
<i>Streptococcus</i> , Group A invasive disease	4	3
<i>Streptococcus</i> , Group B invasive disease	7	10
<i>Streptococcus pneumoniae</i> invasive disease	5	7
Syphilis (10, 20)	4	12
Syphilis, latent	10	9
Tetanus	1	0
Tuberculosis	1	2
Varicella	12	5
West Nile virus	2	1
Yersiniosis	1	1
Zika virus	0	1