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ommunicable Disease Update

MAY 2019

MEASLES IN THE U.S.

Measles outbreaks (three or more cases) are occurring in New York, New Jersey, California, Michigan, Georgia, and Maryland as of April 29. In addition, measles cases have been reported in fifteen other states so far this year. Most chains of transmission in the U.S. are started by an unvaccinated person who was exposed overseas. So far, no cases have been reported in Wisconsin.

It is important to assess the immunization status of any patients traveling overseas—anyone twelve months or older should have two doses of MMR separated by at least 28 days or other evidence of immunity to measles. Infants aged six to eleven months should receive one dose of MMR.

The measles immunity status of all other patients should also be assessed. Acceptable evidence of immunity includes at least one of the following:

- Written documentation of adequate vaccination
 - One or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk
 - Two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, and international travelers
- Laboratory evidence of immunity
- Laboratory confirmation of measles
- Birth before 1957

Clinicians should consider measles in patients with a febrile rash illness and clinically compatible measles symptoms (cough, coryza, and conjunctivitis) and ask about recent travel and any known exposures to measles. Patients with suspected measles should be promptly isolated (consult your infection control guidelines) and tested. Samples for testing should include throat and nasopharyngeal swabs combine in the same vial of virus transport medium for PCR testing and a serum sample for measles IgM testing. Send samples to the Wisconsin State Laboratory of Hygiene for the fastest results. Patients with suspected measles should be told to isolate themselves at home and should be immediately reported to their local health department.

Visit these websites for more information:

- [CDC](http://www.cdc.gov)
- [Wisconsin Division of Public Health](http://www.wisconsin.gov)
- [Wisconsin State Laboratory of Hygiene](http://www.wisconsin.gov)

MMWR | **MSM* & STDs: TEST MORE THAN GENITALS**

STDs IN THE THROAT AND RECTUM

- MSM AT HIGH RISK
- OFTEN NO SYMPTOMS
- DETECT BY SCREENING
- INCREASES HIV RISK

OF MSM SCREENED FOR CHLAMYDIA & GONORRHEA:**

1 IN 8 HAD AN STD IN THROAT OR RECTUM

1/3 NOT SCREENED IN LAST 12 MONTHS

SCREEN SEXUALLY ACTIVE MSM FOR STDs!

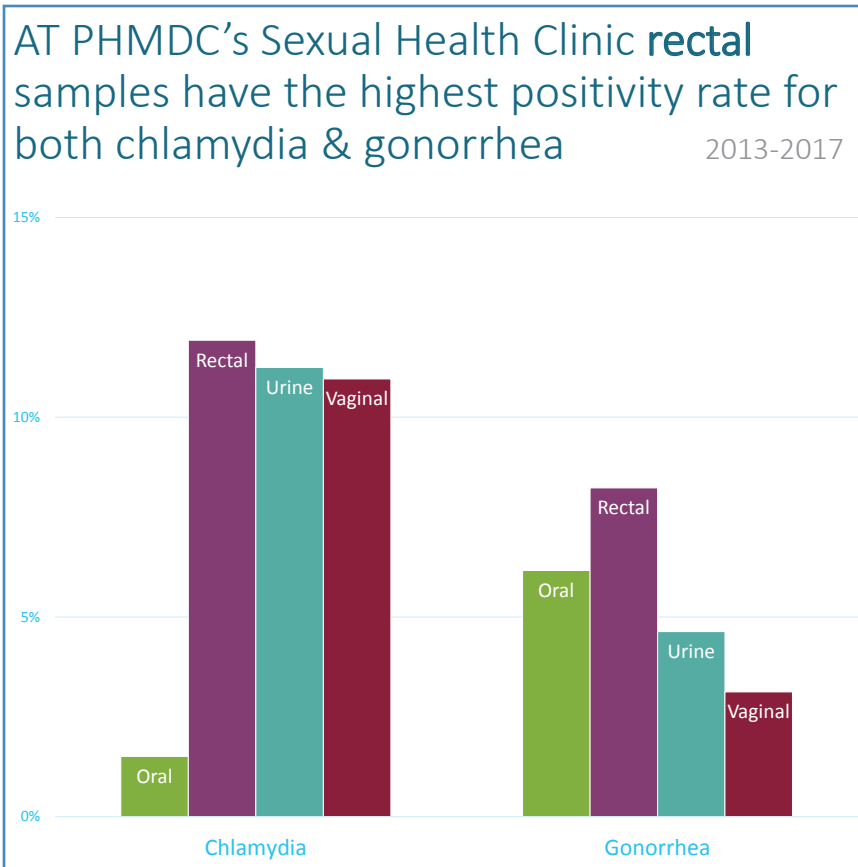
- AT LEAST 1X/YEAR
- HIGHER RISK? EVERY 3-6 MONTHS
- IF INDICATED, TEST THROAT & RECTUM

Data from National HIV Behavioral Surveillance (NHBS) as published in Johnson Jones et. al. MMWR 2019.
*Men who have sex with men
**MSM recruited from social venues in 5 cities provided data and self-collected swabs
bit.ly/CDCWA21
© 2019-1

WWW.CDC.GOV

At PHMDC, the [Sexual Health Clinic](#) follows the CDC screening guidelines for sexually transmitted infection testing including extra-genital testing. As seen in our clinic data, it is important to test extra-genital sites when appropriate as infections may be missed if only urine or vaginal samples are taken. We have found that clients are open to the additional swabs required for the tests.

For more information about testing, please visit the [CDC website](#).



2019 TB SUMMIT

April 4th marked the most successful TB Summit to date. Held annually since 2011, there were 204 attendees this year, breaking last year’s attendance record of 174. Held in the Dragon’s Lair on Epic’s beautiful campus, PHMDC has enjoyed and appreciated six years of a gracious and hospitable partnership with Epic.

Attendees heard from speakers who specialize in areas of TB such as screening and diagnosing latent tuberculosis infection, infection control, BCG vaccine and contact investigations. Attendees also heard updates on data regarding TB in Wisconsin and learned about initiatives to end TB on a global (Marshall Islands) and rural (Wisconsin dairy farms) spectrum. The highlight of the day was an inspiring presentation by a survivor of active tuberculosis disease.

Providers, nurses, laboratory clinicians, medical assistants, infection control practitioners, and health department staff from across the Midwest convene together at the TB Summit each year to learn, network and collaborate to end TB. We hope you’ll join us next year!

STI TESTING IN PEOPLE SEEKING TREATMENT FOR DRUG USE

Several states have had increasing rates of syphilis of 75% overall and 156% rises amongst women from 2013-2017. [New research from the CDC](#) has linked the rising rates with the rising rates of opioid and methamphetamine use across the country.

Syphilis is a bacterial infection transmitted through oral, anal or vaginal sex. Symptoms are transient, and often mild or unnoticeable. It is curable in its early stages, but left untreated, can cause irreversible organ damage. Pregnant women who develop syphilis pass the infection to the fetus causing stillbirths and birth defects.

Public Health Madison & Dane County would like to enlist the aid of our partners in the AODA community by requesting that persons who are seeking treatment are offered syphilis and other sexually transmitted infection screening on admission. Public Health Madison & Dane County has a sexual health clinic, which is able to assist in testing and treatment of syphilis and other sexually transmitted infections at low or no cost to individuals in Dane County. publichealthmdc.com/health-services/sexual-health

Please contact us at (608) 243-0411, 8:00 a.m. - 4:30 p.m., Monday-Friday, for questions on our clinic services.



Acute & Communicable Disease Summary for January - March 2019

Below is a preliminary listing of the acute and communicable diseases reported to Public Health Madison & Dane County (PHMDC) during January - March, 2019 and January - March, 2018 for comparison. Data are based on 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. A list of reportable diseases can be found [here](#).

REPORTABLE COMMUNICABLE DISEASES IN DANE COUNTY

DISEASE	NUMBER OF CASES	
	1st Q 2019	1st Q 2018
Blastomycosis	0	2
<i>Campylobacter</i>	28	15
Chlamydia	730	699
Coccidioidomycosis	1	1
<i>Cryptosporidium</i>	2	7
<i>E. coli</i> , enteroinvasive	0	1
<i>E. coli</i> , enteropathogenic	2	1
<i>E. coli</i> , enterotoxigenic	0	1
<i>E. coli</i> , Shiga toxin-producing	6	7
<i>Giardia</i>	6	11
Gonorrhea	169	159
<i>Haemophilus influenzae</i> invasive disease	2	2
Hepatitis B	17	22
Hepatitis C	47	34
Hepatitis D	0	1
Influenza-associated hospitalization	154	519
<i>Legionella</i>	2	3
Leptospirosis	1	0
Lyme Disease	7	7
Malaria	2	0
Meningitis, bacterial other	4	4
Meningococcal disease	1	0
Mumps	1	0
Pelvic inflammatory disease	0	1
Pertussis (confirmed & probable)	2	12
Rocky Mountain spotted fever	1	0
<i>Salmonella</i>	16	14
<i>Shigella</i>	3	2
<i>Streptococcus</i> , Group A invasive disease	3	10
<i>Streptococcus</i> , Group B invasive disease	13	2
<i>Streptococcus pneumoniae</i> invasive disease	8	12
Syphilis, primary or secondary	4	9
Syphilis, non-primary or secondary	10	17
Tuberculosis	2	0
Tuberculosis, latent infection	71	59
Typhoid fever	0	1
Varicella	9	4
Vibriosis, non-cholera	1	0