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NOVEMBER 2019

HEPATITIS A

Can Wisconsin Avoid a Widespread Outbreak?

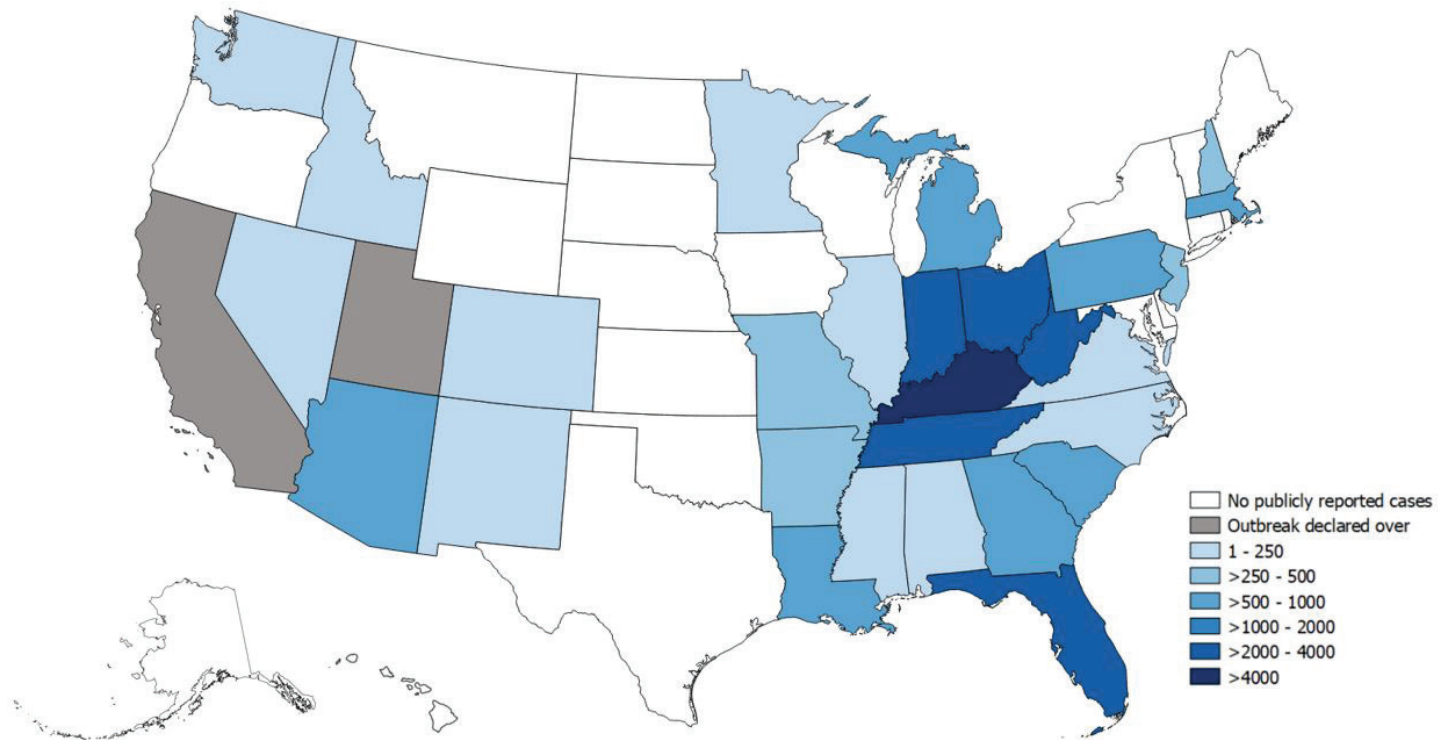
Hepatitis A is a highly contagious viral infection that causes liver inflammation. The incubation period is between 2 and 4 weeks. Symptoms may range from mild fatigue, nausea, vomiting, abdominal pain, diarrhea, and jaundice to fulminating liver failure. Children less than 6 years old typically will be without any noticeable symptoms. Even when someone does not have symptoms, the virus is transmitted to others when hand washing with soap and water is not thorough. Hand sanitizers are ineffective and large amounts of the virus are shed in the stools of an infected person before symptoms occur, thereby making control of the spread of the infection more difficult. If a person who is shedding hepatitis A is preparing food during the incubation period, persons who are eating the food can be sickened.

There is no specific treatment for this infection and the illness may take months to resolve. Hepatitis A vaccine has been available since 1996 and was added to the routine childhood vaccine schedule in 2006. One dose of single-antigen hepatitis A vaccine has been shown to control outbreaks of hepatitis A and provides up to 95% seroprotection in health individuals for up to eleven years.

Since 2016, hepatitis A has been associated with large outbreaks in thirty states. These outbreaks have been associated with people who are using drugs (needle and non-needle use) and/or are experiencing unstable housing or homelessness. Serious complications requiring lengthy hospitalizations and even deaths have been reported in these current outbreaks.

- Cases: 27,282
- Hospitalizations: 16,451 (60%)
- Deaths: 274

State-Reported Hepatitis A Outbreak Cases as of October 25, 2019



Although Wisconsin has not had a reported outbreak of hepatitis A, a case was recently diagnosed in a Wisconsin jail, which resulted in the exposure of numerous individuals to the virus.

The [Wisconsin Department of Health Services](#) and [Public Health Madison and Dane County](#) are working together to vaccinate persons who are at highest risk of developing the infection if an outbreak were to occur. PHMDC provides hepatitis A vaccine to persons who do not have health insurance and report any risk such as unstable housing, injected drug use, history of hepatitis C or B or are men who report having sex with other men.

The Wisconsin Department of Health Services recently issued two memos related to hepatitis A vaccination by health care providers ([Clinicians](#) and [Emergency health care settings](#)).

The WDHS requests that health care providers take all opportunities to immunize people with risk factors for hepatitis A infection, including in

emergency departments and urgent care clinics. These individuals include:

- Persons who use injection and non-injection drugs
- Persons experiencing homelessness
- Men who have sex with men
- Persons who are currently or were recently incarcerated
- Persons with chronic liver disease
- Persons infected with hepatitis B or C

All health care providers should consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms. Clinicians should continue vaccinating those for whom hepatitis A is routinely recommended:

- All children (beginning at age 1 year)
- Persons at increased risk for infection with or complications of hepatitis A (including those currently infected with hepatitis B or C; [currently the vaccination rates in this population are low](#))
- Any other person wishing to obtain immunity

Working together, taking every opportunity to vaccinate those at highest risk, Wisconsin can avoid an outbreak.

Acute & Communicable Disease Summary for July – September 2019

Below is a preliminary listing of the acute and communicable diseases reported to Public Health Madison & Dane County (PHMDC) during July–September, 2019 and July–September, 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	
	3rd Q 2019	3rd Q 2018
Acute flaccid myelitis	0	1
Anaplasmosis	6	2
Arboviral illness, dengue	1	1
Arboviral illness, St. Louis encephalitis	0	1
Arboviral illness, West Nile virus	0	7
Babesiosis	1	0
Blastomycosis	3	2
Blue-green algae & cyanotoxin poisoning	0	2
Botulism, infant	1	0
<i>Campylobacter</i>	59	53
Carbapenemase producing carbapenem-resistant enterobacteriaceae	0	1
Chlamydia	771	664
<i>Cryptosporidium</i>	23	25
Cyclosporiasis	8	9
<i>E. coli</i> , enteroinvasive/shigellosis	2	0
<i>E. coli</i> , enteropathogenic	5	4
<i>E. coli</i> , enterotoxigenic	0	1
<i>E. coli</i> , Shiga toxin-producing	18	22
Ehrlichiosis	2	0
Free-living ameba infection, acanthamoeba keratitis	1	0
<i>Giardia</i>	41	36
Gonorrhea	266	171
Haemophilus influenzae, invasive disease	1	3
Hepatitis B	16	10
Hepatitis C	28	37
Histoplasmosis	2	0
Influenza-associated hospitalization	3	1
<i>Legionella</i>	6	14
Listeriosis	0	0
Lyme Disease	103	48
Malaria	2	1
Meningitis, bacterial other	4	5
Mumps	0	6
Pelvic inflammatory disease	0	1
Pertussis (confirmed & probable)	7	14
Rocky Mountain spotted fever	0	1
<i>Salmonella</i>	17	44
<i>Shigella</i>	14	6
<i>Streptococcus</i> , Group A invasive disease	7	3
<i>Streptococcus</i> , Group B invasive disease	8	12
<i>Streptococcus pneumoniae</i> invasive disease	2	4
Syphilis, primary or secondary	0	5
Syphilis, non-primary or secondary	13	18
Tuberculosis	1	4
Tuberculosis, latent infection	117	96
Typhus fever	0	1
Varicella	13	1
Vibriosis, non-cholera	1	4