

Communicable Disease Newsletter

May 2024

Transition from INEDSS to IDSS

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What is IDSS

The Illinois Disease Surveillance System (IDSS) will be used to report, monitor, track, and respond to infectious diseases.

Release 1 of IDSS will take place June 2024 (exact date TBD) and will cover Chlamydia, Gonorrhea, Syphilis, Congenital Syphilis, Mpox, and Tuberculosis.

IDSS user training is scheduled for May-June 2024.

SIREN (State of Illinois Rapid Electronic Notification) is a system that provides state and local health guidance to providers through regular alerts. To register to receive SIREN updates, please click [here](#).

Enjoying our newsletter? Scan the QR code to share your feedback!



NOTIFIABLE DISEASES & CONDITIONS



Kane County healthcare providers, hospitals and laboratories, or anyone having knowledge of the following diseases, must report suspected or confirmed cases to Kane County Health Department within the time specified below.

CLASS IA Report IMMEDIATELY (within 3 hours) Call: 630-208-3801

- Any unusual case(s) that may indicate a public health hazard
- Anthrax
- Botulism, foodborne
- Brucellosis*
- Coronavirus, Novel
- Diphtheria
- Influenza A, Novel or Variant Virus
- Measles, suspect, probable or confirmed
- Middle Eastern Respiratory Syndrome (MERS)
- Mpox, in any congregate settings, including daycare & school
- Plague
- Poliomyelitis
- Q-fever*
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tularemia*
- Any suspected bioterrorist threat or event

*If suspected to be a bioterrorist event or part of an outbreak

CLASS IB Report within 24 HOURS Call: 630-208-3801

- Acute flaccid myelitis
- Botulism, intestinal, wound, and other
- Brucellosis (if not bioterrorist event or an outbreak)
- Chickenpox (Varicella)
- Cholera
- Cronobacter in infants <12 months
- Escherichia coli infections (E. coli O157, and other Shiga Toxin Producing E. coli)
- Haemophilus influenzae, invasive disease
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis A
- Influenza, pediatric deaths
- Melioidosis due to Burkholderia pseudomallei
- Mpox, all positive other than those reportable in 3 hours
- Mumps
- Neisseria meningitidis, invasive disease & purpura fulminans
- Outbreaks of public health significance
- Pertussis (whooping cough)
- Q-fever (Coxiella burnetii)
- Rabies, human & potential human exposure and animal rabies
- Rubella
- Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin
- Group A streptococcal infections in persons admitted to the hospital or residing in a residential facility
- Tularemia (if not bioterrorist event or an outbreak)
- Typhoid fever and Paratyphoid fever
- Typhus

CLASS II Report within 3 DAYS Call: 630-208-3801, Fax: 630-897-8128, mail or electronically via INEDSS

- African tick bite fever
- Anaplasmosis
- Arboviruses
- Babesiosis
- Bourbon virus
- California serogroup viruses, California encephalitis, Jamestown Canyon, Keystone, LaCrosse, Snowshoe Hare, and Trivittatus viruses
- Campylobacteriosis
- Candida auris (report to XDRO)
- Carbapenem-resistant Enterobacteriales (report to XDRO)
- Chikungunya virus
- COVID-19, pediatric deaths and ICU admissions
- Cryptosporidiosis
- Cyclosporiasis
- Dengue viruses 1-4
- Eastern equine encephalitis virus
- Ehrlichiosis
- Heartland virus
- Hepatitis B, acute, perinatal and non-acute confirmed infection
- Hepatitis C, acute, perinatal and non-acute confirmed infection
- Histoplasmosis
- Influenza, ICU admissions
- Japanese encephalitis
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Multi-drug resistant organisms (report to XDRO)
- Powassan virus
- Psittacosis due to Chlamydia psittaci
- Respiratory syncytial virus, pediatric deaths & ICU admissions
- Rocky Mountain spotted fever (RMSF)
- St. Louis encephalitis virus
- Salmonellosis, other than Typhoid and Paratyphoid
- Shigellosis
- Spotted fever rickettsioses
- Streptococcus pneumoniae, invasive in those <5 yrs
- Tetanus
- Toxic shock syndrome due to Staphylococcus aureus
- Trichinosis
- Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139)
- West Nile virus
- Western equine encephalitis virus
- Yellow fever virus
- Zika virus

STI & TB Report within 7 DAYS Call: 630-208-3801, Fax: 630-897-8128, mail, or electronically via INEDSS

- Acquired immunodeficiency syndrome** (AIDS)
- Chancroid
- Chlamydia
- Gonorrhea
- HIV Infection**
- Syphilis
- Tuberculosis

TB phone: 630-264-7665
TB fax: 630-264-7654

**Must be mailed using a Case Report Form only

Mpox & H5N1 Influenza: Keep Them On Your Radar

Guidance for Treating and Reporting Mpox Cases

Assessment

Mpox continues to occur across the United States. Clinicians must consider Mpox when assessing a patient with consistent lesions even if alternative etiology is thought to be more likely. Click [here](#) for more on clinically recognizing Mpox. Please note that commercial lab testing for Mpox is also available.

Treatment

Tecovirimat, currently under the expanded access investigational New Drug (IND) protocol, can be considered and should be discussed with Health Department. Suspected and confirmed cases should isolate until lesions have healed and new layer of skin has formed. For more on Mpox treatment, click on following links: [Obtaining and Using TPOXX](#), [Quick Start Guide](#), [IDPH TPOXX Request System](#). For more on isolation protocols, please click [here](#).

Reporting

Mpox laboratory results and cases (suspect or confirmed) must be reported to Kane County Health Department within 24 hours. If related to a congregate setting, school, or daycare, it must be reported within 3 hours. Call KCHD 24/7 line (630) 208-3801 to report a case.

Guidance for Managing H5N1 Influenza Cases

Click [here](#) for infection control practices for suspected Mpox patients. Click [here](#) to access the MPOX Vaccine locator.

Risk factors/symptoms

Any patient exposed to sick/dead birds as well as sick cattle and livestock is at risk. Individuals will show signs of an acute respiratory infection, with symptoms including fever, cough and sore throat (i.e. influenza-like symptoms). When observing patient, be sure to utilize standard contact and airborne precautions including eye protection.

Testing

RT-PCR testing for influenza virus (including influenza A) is recommended. Upper respiratory tract specimen should be collected along with conjunctival swabs when conjunctivitis is present.

Treatment

Antiviral treatment with a neuraminidase inhibitor (Oseltamivir) is recommended as soon as possible for patients with suspected or confirmed cases of H5N1 Influenza in order to limit potential transmission to others.

Click [here](#) to learn more about H5N1 Influenza.

PrEP 101 for HIV Prevention



**Easy, affordable protection
against HIV is here!
Find out if PrEP is right for you.**

What is PrEP

PreEP, or Pre-Exposure Prophylaxis, is an HIV prevention strategy initiated prior to a HIV exposure that reduces the risk of HIV transmission by 99%.

Who is receiving PrEP

Not enough people who could benefit from PrEP receive it. Though **1.2 million people may benefit from PrEP** in the US, only **30% of these individuals received a prescription** in 2019.

Disparities

Women represent only 8% of PrEP prescriptions but represent 18% of HIV diagnoses.



Scan the QR code to learn more about PrEP and where to access it

PrEP 101 for HIV Prevention (continued)

How to Discuss PrEP with Patients



Discuss Sexual History

Conduct brief sexual history, noting any recent STIs.



Promote PrEP

Frame PrEP as useful HIV prevention tool—promote it for use among HIV negative sexually active individuals.



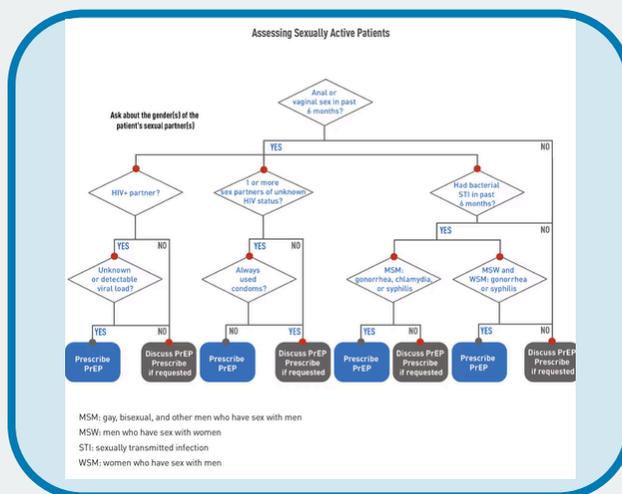
Destigmatize Usage

Use storytelling, anecdotes & research to normalize PrEP usage.



Improve Accessibility

Provide information on where and how to access PrEP.



To learn more about prescribing PrEP, including to patients who inject drugs, [click here](#) or on the following image.

STD Prevention for Pregnant Women: When to Screen

Testing and treating pregnant women for STDs is key to preventing serious health complications to both mother and baby that may otherwise happen with infection.

The CDC's 2021 STD Treatment Guidelines recommend screening pregnant women for STDs regularly.

Disease	CDC Recommendation		
	First Prenatal Visit	Third Trimester	Risk Factors
Chlamydia	Screen all pregnant women <25 years of age and older pregnant women at risk of infection.	Rescreen if <25 years of age or at continued high risk.	<ul style="list-style-type: none"> • New or multiple sex partners. • Sex partners with concurrent partners. • Sex partners who have a sexually transmitted disease (STD).
Gonorrhea	Screen all pregnant women <25 years of age and older pregnant women at risk of Gonorrhea at first prenatal visit.	Rescreen for women at continued high risk.	<ul style="list-style-type: none"> • Living in a high morbidity area. • Previous or coexisting STD. • New or multiple sex partners. • Inconsistent condom use among persons not in mutually monogamous relationship. • Exchanging sex for money or drugs.
Syphilis	Screen all pregnant women.	Rescreen women who exhibit risk factors.	<ul style="list-style-type: none"> • Live in areas with high numbers of syphilis cases. • Were not previously tested or had a positive test in the first trimester. • Are at risk for syphilis during pregnancy (drug usage, has had another STD during pregnancy, has multiple sex partners, a new sex partner or a partner with an STD).
HIV	Screen all pregnant women.	Rescreen women at high risk of developing HIV infection.	

For more information, please see [STDs during Pregnancy – Detailed CDC Fact Sheet](#).

Kane County Communicable Disease Trends

Most Common Communicable Diseases in Kane County
Number of cases* reported during the first quarter (Q1) of 2023 and 2024

Disease	Q1-2023	Q1-2024
Campylobacteriosis	25	27
Chlamydia	487	445
Cryptosporidiosis	8	2
Gonorrhea	98	105
Hepatitis B Chronic	6	11
Hepatitis C Virus Chronic Infection	16	12
Influenza with ICU Hospitalization	0	27
Pertussis	0	14
Potential Rabies Exposure	15	15
Salmonellosis	8	10
SARS-CoV-2 infection (COVID-19)	5139	3528
Streptococcal Disease Invasive Group A	13	11

*Data are provisional, and are subject to change.

Based on the preliminary data, the total number of communicable disease cases reported in Kane County during the first quarter (Q1) of 2023 was 5262, whereas in Q1 of 2024, the number was 3699. The case count included reports of SARS-CoV-2 infections (COVID-19), which were 5139 in 2023 and 3528 in 2024 for the same quarter. The table above shows the most common communicable diseases reported in Kane County during Q1 of 2023 and 2024.

One of the diseases that moderately increased in Q1 of this year, when comparing with the same period in 2023, included chronic hepatitis B infection, from 6 cases to 11 cases (83%). There was a slight increase in a few of the diseases. These included salmonellosis, from 8 cases in 2023 to 10 cases in 2024 (25%); campylobacteriosis, by 8%, from 25 cases to 27 cases; and gonorrhea from 98 to 105 cases (7%). The remarkable change in reports were of pertussis and influenza cases admitted to ICU. In Q1 of 2023, there were no reports of these two diseases. However, in Q1 of 2024 there were reports of 14 pertussis cases and 27 influenza cases admitted to ICU in Kane County.

Diseases that decreased in the first quarter of 2024 include cryptosporidiosis from 8 cases in 2023 to 2 cases this year (75%), chronic hepatitis C infection by 25%, from 16 cases to 12 cases, and a 9% decrease in chlamydia cases, from 487 cases to 445 cases. In 2023 Q1, there was a sharp increase of invasive Group A Streptococcal infection (iGAS) from the previous year, and the trend seemed to continue this year as well. In 2023 Q1, 14 iGAS cases were reported and this year it was 11 cases. The trend with potential rabies exposure stayed the same –15 reports in the first quarter of both years.

Source: Illinois Department of Public Health (IDPH); Illinois National Electronic Disease Surveillance System (I-NEDSS) reports.