

Communicable Disease Newsletter

November 2023

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Holiday Precautions

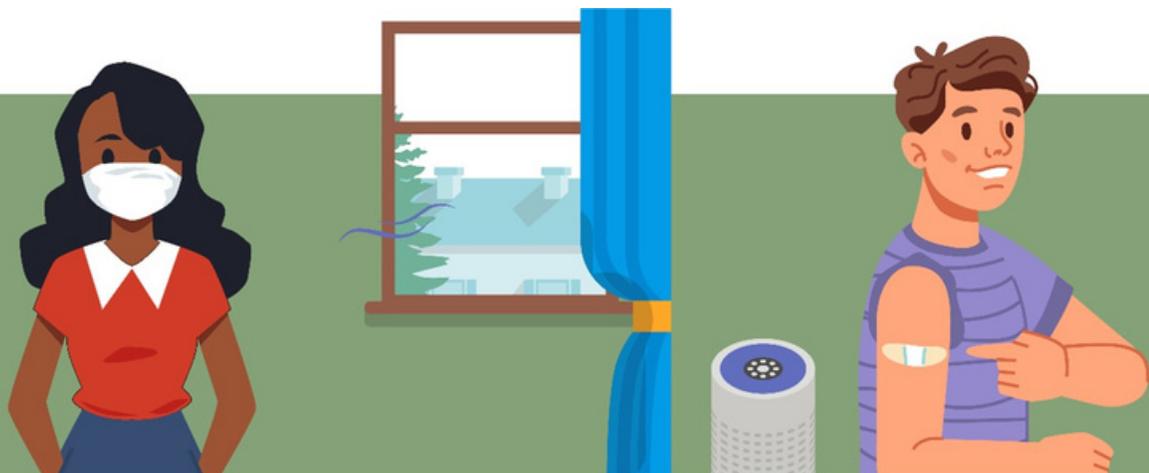
Protect your Community

As the holiday season approaches, people will be gathering to celebrate with friends and families. This puts everyone at an increased risk of respiratory and gastrointestinal viral infections. We encourage you to take a few important steps to keep your community safe.

Stay safe this RESPIRATORY VIRUS season

- **Plan:** Have a documented plan of action.
- **Education:** Educate your community on influenza, SARS-CoV-2 (Covid-19), RSV and pertussis.
- **Vaccination:** Encourage and ensure your community is up to date with all recommended vaccines for influenza, SARS-CoV-2 (Covid-19), RSV and pertussis.
- **Infection control:** Conduct testing, encourage masking, ensure isolation, provide treatment, use transmission-based precautions, clean and disinfect, improve indoor air quality and follow IDPH and CDC guidance.
- **Report:** Promptly notify Kane County Health Department of reportable diseases.
- **Outbreak:** Be vigilant of outbreaks and report within 24 hours.

For more information on how to prevent the spread of respiratory diseases, please [click here](#).



Holiday Precautions (continued)

'Tis the Season for NOROVIRUS

- **Educate:** those at high risk (pregnant women, children, elderly and immunocompromised)
- **Reporting:** Notify KCHD if more than 1 suspected norovirus in a school, childcare center, nursing home or healthcare facility.
- **Hand Hygiene:** Promote proper hand washing with soap and water for at least 20 seconds. Hand sanitizer DOES NOT work well against norovirus.
- **Stay Home:** Sick with symptoms, stay home a minimum of 48 hours after symptom resolution.

To learn more about norovirus, [click here](#).



COVID-19 Case and Outbreak reporting requirements for Long Term Care Facilities in Illinois

COVID-19 Case and Outbreak reporting requirements for Long Term Care Facilities in Illinois

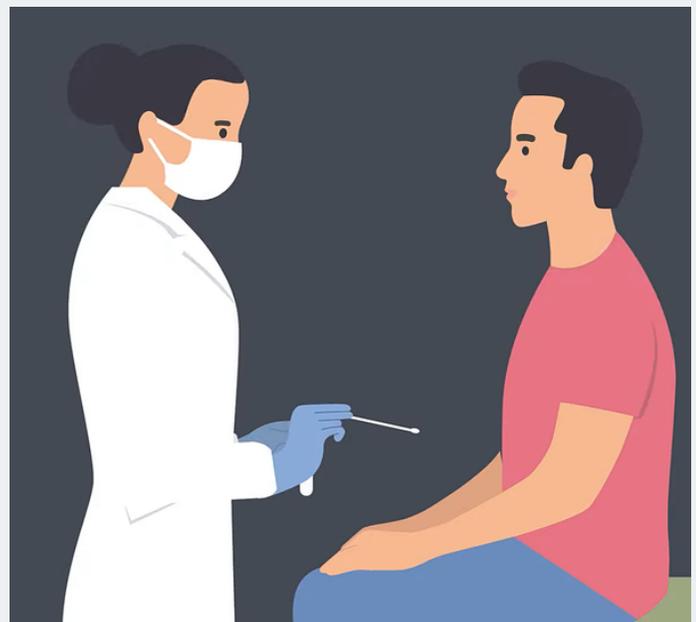
Note: There may be a need to report cases and/or outbreaks to multiple entities. Reporting to one does NOT satisfy the need to report to the others.

Who reports:	To whom:	What reported:	How reported:	Why reported:	Who to contact for help:
All facility types	Local Health Department	Outbreaks of COVID-19 (see portal: COVID-19 (illinois.gov))	Report to LHD in a timely manner in the format preferred by the LHD	77 Ill. Admin. Code §690	Local Health Department (IDPH Health Regions & Local Health Departments (illinois.gov))
		Cases of COVID-19*			
All facilities who conduct tests under a CLIA waiver	Simple Reports (Simple Reports transmits to INEDSS, LHD, and IDPH)	Cases of COVID-19	Simple Report: COVID Point of Care (POC) Reporting Registration (illinois.gov)	77 Ill. Admin. Code §690	support@simplereport.gov Webpage on troubleshooting: https://www.simplereport.gov/support/
All facilities licensed by IDPH	Office of Healthcare Regulations (OHCR)	Cases and outbreaks of COVID-19 (within 24 hours)	Facility Reported Incidents (smartsheet.com)	Illinois Administrative Code 77, 300.690b), 330.780b), 340.1330b), 340.1510a)c), 350.700b), 390.700b)	LTC REGIONAL OFFICE CONTACT INFORMATION: Rockford: IDPH.Rockford@Illinois.gov Peoria: DPH.LTC.Peoria@Illinois.gov Metro East: DPH.MetroEast.LTC@Illinois.gov Marion: DPH.Marion.LTC@Illinois.gov Champaign: DPH.Champaign.LTC@Illinois.gov West Chicago: DPH.WestChicago.LTC@Illinois.gov Bellwood: DPH.Bellwood.LTC@Illinois.gov
CMS-Certified Facilities	NHSN (National Healthcare Safety Network)	Cases and vaccination (Two modules must be completed, Respiratory Pathogens and Vaccination)	Long-term Care Facilities (LTCF) Component NHSN CDC	CMS requirement	DNH_TriageTeam@cms.hhs.gov

(up to date as of 11/16/2023; subject to updates)

The screenshot shows the 'SimpleReport Test Queue' interface. It features a search bar at the top and a list of patients. Each patient entry includes their name, Unique ID, Date of Birth, Phone Number, and a link to 'Time of Test Questions'. The 'Device' is set to 'Abbott ID Now'. To the right of each patient's information are 'SARS-CoV-2 Results' with radio buttons for Positive, Negative (selected), and Inconclusive. There are 'Submit' and 'Clear' buttons for each patient's results.

Patient Name	Unique ID	Date of Birth	Phone Number	Time of Test Questions	SARS-CoV-2 Results
Troy Adkins	ARF2405	01/01/1985	(555) 213-4567	COMPLETED	Negative (-)
Logan Curry	ABC5682	03/03/1958	(555) 345-4567	PENDING	Negative
Barbara Perez					Positive



Expedited Partner Therapy: What, Why and How?

WHAT is EPT?

EPT is the clinical practice of treating the sex partners of patients diagnosed with Chlamydia and Gonorrhea by prescribing medications to the patient to take to their sexual partners without the healthcare provider first examining the patient.

WHY is EPT recommended?

EPT is recommended because it prevents reinfection and further disease transmission. It also facilitates partner management and complements provider assisted referrals.

How is EPT beneficial?

- Reduces persistent/recurrent bacterial STI infections and limits further disease transmission.
- Helps get medication/treatment to patients who are otherwise unable or unlikely to seek care.
- It potentially reduces the risk of health complications from untreated STI infections, such as pelvic inflammatory disease and infertility in men and women.

The authority to use EPT is found in the Illinois Sexually Transmissible Disease Control Act. For more information, please see the Illinois General Assembly Code [here](#).



Please use the QR code below to complete a short survey on EPT awareness and use.



For more information on where to find sexual health resources in Kane county, please visit the Kane County Health Department [website](#).

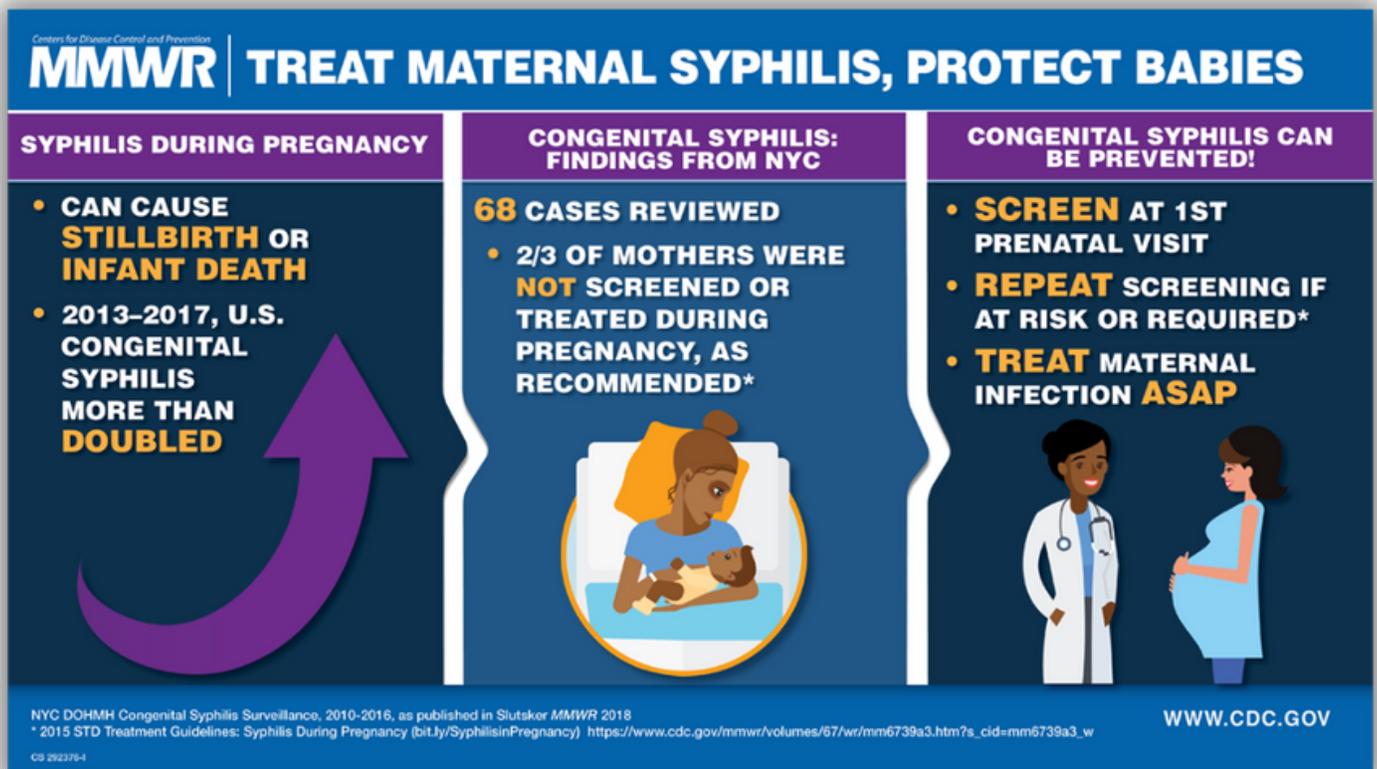
Syphilis Crisis

Bicillin L-A Shortage

Penicillin G Benzathine injectable suspension products (Bicillin L-A®) are the first-line recommended treatment for syphilis. The CDC strongly recommends prioritizing Bicillin L-A® use to treat pregnant people with syphilis and babies with congenital syphilis.

The FDA has listed Bicillin L-A® on [their drug shortage webpage](#), noting limited supply due to increased demand. CDC continues to monitor the situation and will post updates as needed.

During this time, programs can see [Clinical Reminders during Bicillin L-A® Shortage](#) for additional priority actions they can take.



MMWR | TREAT MATERNAL SYPHILIS, PROTECT BABIES

SYPHILIS DURING PREGNANCY

- CAN CAUSE **STILLBIRTH OR INFANT DEATH**
- 2013–2017, U.S. CONGENITAL SYPHILIS MORE THAN **DOUBLED**

CONGENITAL SYPHILIS: FINDINGS FROM NYC

68 CASES REVIEWED

- 2/3 OF MOTHERS WERE **NOT SCREENED OR TREATED DURING PREGNANCY, AS RECOMMENDED***

CONGENITAL SYPHILIS CAN BE PREVENTED!

- **SCREEN AT 1ST PRENATAL VISIT**
- **REPEAT SCREENING IF AT RISK OR REQUIRED***
- **TREAT MATERNAL INFECTION ASAP**

NYC DOHMH Congenital Syphilis Surveillance, 2010–2016, as published in Slutsker MMWR 2018
* 2015 STD Treatment Guidelines: Syphilis During Pregnancy (bit.ly/SyphilisInPregnancy) https://www.cdc.gov/mmwr/volumes/67/wr/mm6739a3.htm?s_cid=mm6739a3_w
CS 292379-1

WWW.CDC.GOV

[Syphilis Treatment Guidelines, 2021](#)

For clinical consultation regarding pregnant patients and newborns at risk of contracting syphilis, please call the Perinatal Syphilis Warmline at 1(800) 439-4079.

Management of Perinatal Hepatitis B



Hepatitis B: PVST Serology Testing

Pregnant people who are infected with hepatitis B virus may pass the virus onto their children.

- Post-vaccination serologic testing (PVST) allows providers to identify Hepatitis B positive babies and babies that are susceptible to contracting the virus who require additional vaccinations.
- CDC recommends that providers create a post vaccination serologic testing panel for infants born to HBV positive people. This panel should include the following serologic tests:
 - HBsAg (CPT: 87340)
 - Anti-HBs, quantitative (CPT: 86317)

For more on information on PVST, click on the picture above. To learn more about managing infants exposed to HBV, please click on the following [link](#).

Current Events: Pertussis

Individuals who are diagnosed with whooping cough, tested positive for *B. pertussis*, or exposed to a case and having symptoms and cough of any duration....REPORT REPORT REPORT!!

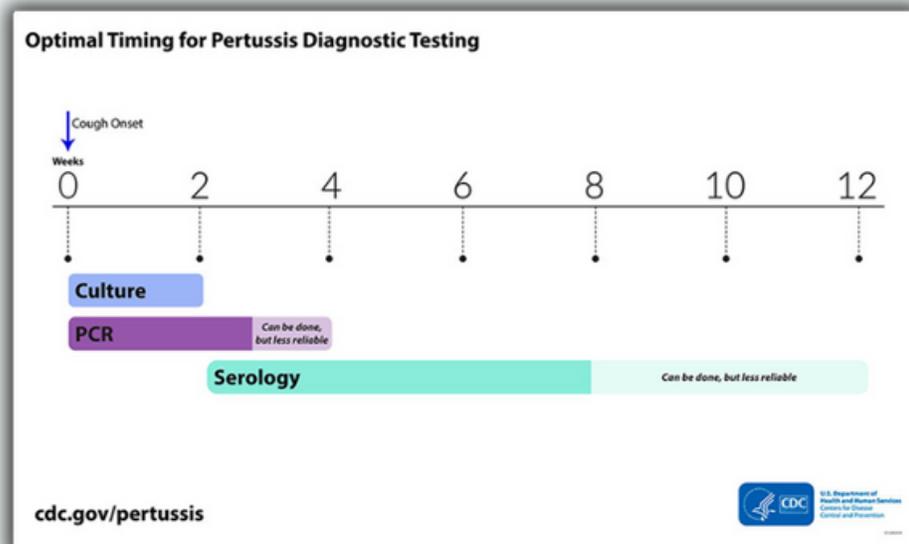
- **Report:** Report all Cases, suspect or confirmed within 24 hours
 - Paroxysmal of cough
 - Inspiratory whoop
 - Post-tussive vomiting
 - Apnea (with or without cyanosis)
- **Isolate:** Ensure patient stay at home and do not return to school, work, or public places or social activities until:
 - At least 5 days of a course of appropriate antibiotics OR
 - Until 3 weeks after onset of paroxysmal cough, or until the end of the cough, whoever comes first.
- **Manage Exposed Persons:**
 - Provide antibiotic prophylaxis within 21 days of exposure for any individuals who are at high risk for severe illness.
 - Educate to monitor self for symptoms for 21 days.
 - If become ill, ISOLATE at HOME, but seek medical care and do appropriate testing!

People of all ages need WHOOPING COUGH VACCINES



DTaP for young children	Tdap for preteens	Tdap for pregnant women	Tdap for adults
✓ 2, 4, and 6 months ✓ 15 through 18 months ✓ 4 through 6 years	✓ 11 through 12 years	✓ During the 27-36th week of each pregnancy	✓ Anytime for those who have never received it

www.cdc.gov/whoopingcough



MEASLES

RUBEOLOA

Measles is a highly contagious respiratory virus that causes febrile rash illness. Measles has been eliminated (no sustained circulation) in the United States for decades. However, there can still be measles cases, as **it is easily imported by unvaccinated travelers and can spread in under-immunized communities.**

•• DISEASE COURSE

The incubation period is typically 11–12 days from exposure to measles virus until the first symptoms appear (prodromal symptoms). A rash follows the prodromal symptoms 2–4 days later and usually lasts 5–6 days. Measles is infectious 4 days before and 4 days after rash onset.

•• SYMPTOMS

Prodromal: Fever, cough, coryza, or conjunctivitis. Koplik spots (tiny white spots inside the mouth) may also appear 2–3 days after symptoms first appear.

Rash: A maculopapular rash (rash of both flat and raised skin lesions) begins on the head and face and then spreads downward to the neck, trunk, arms, legs, and feet. The spots may become joined together as they spread from the head to the body. Fever may spike to more than 104° F when rash appears.

•• COMPLICATIONS

Most common complications: Diarrhea and otitis media.

Most severe complications: Pneumonia, encephalitis, and death. Patients may require hospitalization. Children younger than 5, adults older than 20, pregnant women, and immunocompromised persons are at most risk of serious complications.

•• WHAT TO DO IF YOU HAVE A SUSPECTED CASE

1. Immediately mask and isolate the patient in a room with a closed door (negative pressure room if available). Follow standard and airborne precautions.
2. Only allow health care workers with presumptive evidence of measles immunity* to attend the patient; they must use N-95 masks.
3. Evaluate the patient and order measles confirmatory testing (collect a throat or nasopharyngeal swab for RT-PCR and serum for IgM measles testing).
4. Contact infection control if available at your facility.
5. Immediately report this suspected case to your local and/or state health department.

For questions regarding specimen collection, storage, and shipment, please visit <https://www.cdc.gov/measles/lab-tools/rt-pcr.html>

•• RESOURCES

Measles information for healthcare providers: <https://www.cdc.gov/measles/hcp/index.html>

Measles vaccine recommendations: <https://www.cdc.gov/measles/vaccination.html>

Infection control guidelines for measles: <https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html>

Surveillance manual chapter on measles: <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>

Measles on the face



Measles on the trunk of body



*Presumptive evidence of measles immunity for healthcare workers (one of the following): documentation of two doses of measles-containing vaccine, laboratory evidence of immunity (positive IgG), laboratory evidence of disease, or birth before 1957. Self-reported doses and a history of vaccination provided by a parent or other caregiver, or a clinical diagnosis of measles, should not be accepted.



Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases

Kane County Communicable Disease Trends

Most Common Communicable Diseases Reported in Kane County Number of Cases between 2022 and 2023 in the Third Quarter

Disease	2023 - 3rd quarter	2022 - 3rd quarter
SARS-CoV-2 infection (COVID-19)	1912	13735
Chlamydia	537	539
Gonorrhea	113	108
Rabies, Potential Human Exposure	40	37
Campylobacteriosis	38	23
Salmonellosis	28	10
Hepatitis C Virus Chronic Infection	12	15
Shiga toxin-producing E.coli	12	14
Lyme Disease	12	9
Cryptosporidiosis	11	5
Shigellosis	8	5
Legionellosis - Legionnaires Disease	7	13
Cyclosporiasis	7	2
Syphilis	2	1
Monkeypox	0	11

The table above shows some of the most common communicable diseases reported in Kane County during the third quarter (July-September) of 2022 and 2023.

When compared between these time periods, similar to the other quarters, SARS-CoV-2 infection (COVID-19) decreased significantly by 86% in 2023. Other cases that decreased in the third quarter of 2023 include legionellosis (by 46%), Hepatitis C Virus Chronic Infection (by 20%), and Shiga toxin-producing E. coli (by 14%). The most noticeable decrease was the cases of Monkeypox by 100%, which reflects no cases reported in 2023 third quarter, whereas for the same period in 2022, 11 cases were identified.

Sexually transmitted diseases i.e. chlamydia, gonorrhea and syphilis, remained the same in the third quarter of both of the years, and so was rabies, potential human exposure cases, 37 cases in 2022 and 40 cases in 2023.

Unlike the second quarters of these two years, most of the foodborne illnesses increased in the third quarter. These include a sharp increase of cyclosporiasis from 2 cases to 7 cases (250%), salmonellosis from 10 to 28 cases (180%), cryptosporidiosis from 5 to 11 cases (120%), campylobacteriosis from 23 to 38 cases (65%), and shigellosis from 5 to 8 (60%). Additionally, in 2023 third quarter, Lyme disease increased by 33%, from 9 to 12 cases.



Stay Safe!

Happy Holidays from the Kane County Health Department.
We would like to thank our subscribers for your role in protecting the
health of your patients!

To comment on this newsletter/offer
suggestions moving forward, please fill out
our survey [here!](#)

