

GD Info



Rahm Emanuel, Mayor

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CD, Immunization, and TB Programs

CDInfo is a surveillance newsletter intended to promote prevention of morbidity and mortality by providing useful data and practical recommendations for clinicians, laboratorians, and infection control personnel who diagnose, treat or report infectious diseases in Chicago.

Morbidity for selected infectious diseases and events, Chicago, 2007 - 2011

Reportable Disease or Event	2007	2008	2009	2010	2011	5-year median
Cryptosporidiosis	26	19	16	35	17	19
E. coli O157:H7 Disease	5	5	6	5	9	5
E. coli, Shiga toxin-producing (non-O157)	0	7	5	14	13	7
Foodborne disease outbreaks ¹	20	14	10	7	8	10
H. influenzae (type b) Disease (invasive)	1	0	0	1	0	0
H. influenzae (non-type b) Disease (invasive)	24	30	34	39	42	34
Hepatitis A (acute)	31	36	40	28	33	33
Hepatitis B (acute)	28	36	28	36	33	33
Hepatitis C (acute)	3	0	0	0	0	0
Histoplasmosis	18	26	21	15	48	21
Legionellosis	34	27	29	36	44	34
Listeriosis	8	5	10	4	10	8
Lyme Disease	7	11	3	11	28	11
Measles	0	1	0	0	1	0
Meningococcal Disease (invasive) ²	21	29	7	7	10	10
Mumps	30	14	10	8	8	10
Pertussis	26	76	48	98	93	76
Pneumococcal Disease (invasive) in child aged < 5 yrs	26	25	18	17	15	18
Salmonellosis	413	289	288	292	368	292
Shigellosis	141	229	97	107	103	107
Streptococcal Disease, Group A (invasive)	99	100	86	93	111	99
Tuberculosis Disease (active)	259	214	202	161	166	202
Typhoid Fever	4	4	3	6	6	4
Varicella	55	70	50	59	46	55
Staphylococcus aureus, VISA	0	2	0	0	1	0
West Nile Virus Infection	11	4	1	9	8	8
Yersiniosis	9	6	5	6	3	6

¹A foodborne disease outbreak is defined as an incident in which two or more persons experience a similar illness and have no other exposures that could account for their illnesses other than consuming the same meal or food item, or consuming items from the same food service establishment.

²Totals include confirmed cases and cases meeting the Centers for Disease Control and Prevention's definition of a probable case.

Reportable Infectious Diseases and Conditions in Illinois



Stop and Report: It is the responsibility of physicians, physician assistants, nurses, nurse aides or any other person having knowledge of any of the following diseases, confirmed or suspected, to report the case to the Chicago Department of Public Health (CDPH) within the specified time frame via INEDSS

(Illinois National Electronic Disease Surveillance System)†

1-6 = indicates that a phone call should made to specified program (see below) in conjunction with an INEDSS report.

‡ = indicates conditions for which IDPH currently requires an isolate or clinical materials to be submitted to the IDPH Laboratory.*

Report Immediately:

Any unusual case or cluster of cases that may indicate a public health hazard 1,7

(within 3 hours) Class I(a)

Any suspected bioterrorism threat or event^{1,7} Brucellosis^{1,7,*}(if suspected to be a bioterrorist event or part of an outbreak) Anthrax 1,7,# Q-fever^{1,7,‡} (if suspected to be a bioterrorist event or part of an outbreak)

Botulism, foodborne^{1,7} Smallpox^{1,7}

Influenza A, Novel Virus4,7 Severe Acute Respiratory Synrome^{1,7}

Plague^{1,7,‡} Tularemia 1.7, t (if suspected to be a bioterrorist event or part of an outbreak)

Class I(b)

Report Within 24 hours: Botulism: intestinal, wound, and other

Chickenpox (varicella)

Cholera (Vibrio cholera O1 or O139)1,*

Diphtheria4,‡

Enteric Escherichia coli infections

(O157:H7, STEC, EHEC, EPEC, ETEC)*

Foodborne or waterborne illness¹ Haemophilus influenza, meningitis and

other invasive disease[‡]

Hantavirus pulmonary syndrome¹

Hemolytic uremic syndrome, post diarrheal^{1,‡}

Hepatitis A2

Influenza-associated intensive care unit hospitalization4

Measles^{4,7}

Mumps Neisseria meningitidis, meningitis and

invasive disease 1,7,‡

Pertussis (or whooping cough)4,‡

Poliomyelitis4 Rabies, human^{1,7}

Rabies, potential human exposure 1.7

Rubella

Smallpox vaccination, complications of 1.7

Staphylococcus aureus, Methicillin resistant (MRSA) clusters of 2 or

more cases in a community setting1

Staphylococcus aureus, Methicillin resistant (MRSA) occurring in infants

under 61 days of age

Staphylococcus aureus infections with intermediate or high

level resistance to Vancomycin 1,7,#

Streptococcal infections, Group A, invasive and sequelae to

Group A streptococcal infections

Typhoid fever^{1,‡} Typhus¹

Report Within 7 Days:

Class II

AIDS Arboviral Infection (including, but not limited to, Dengue fever, California encephalitis,

St. Louis encephalitis and West Nile Virus)*

Brucellosis[‡] Chancroid

Chlamydia Creutzfeldt-Jakob Disease (CJD)

Cryptosporidiosis

Cyclosporiasis Giardiasis

Gonorrhea

Hepatitis B and Hepatitis D

Hepatitis C Histoplasmosis HIV infection

Influenza, Deaths in persons less than 18

years of age Legionellosis[‡] Leprosy

Leptospirosis[‡]

Listeriosis* Malaria[‡]

Ophthalmia neonatorum (gonococcal)

Psittacosis Q-fever[‡]

Salmonellosis (other than typhoid)[‡]

Shigellosis[‡]

Streptococcus pneumoniae,

invasive disease in children less than 5 years

Syphilis Tetanus

Tickbome Disease, including ehrlichiosis, anaplasmosis, Lyme disease, and Rocky Mountain spotted fever

Toxic shock syndrome,

due to staphylococcus aureus infection

Trichinosis Tuberculosis

Tularemia[‡]

Vibriosis (Non-cholera Vibrio infections)[‡]

Yersiniosis

† https://www.idphnet.com; IDPH Chicago Laboratory, 2121 W. Taylor St, Chicago, IL. 60612, (P) 312-793-1322

- 1. Communicable Disease Surveillance: (312) 746-5925 or (312) 746-5377
- 2. Communicable Disease Hepatitis Surveillance: (312) 746-6197 3. Sexually Transmitted Infection Surveillance: (312) 413-8047
- 4. Vaccine Preventable Disease Surveillance: (312) 746-5911
- 5. Tuberculosis Surveillance: (312) 746-5380 6. HIV/AIDS Surveillance: (312) 747-9614
 - 7. During normal business hours, cases may be reported by calling the corresponding program. On weekends, holidays, after hours, or if no one is available to take your call, reports may be made by calling 311 and asking for the communicable disease physician on call.

All reports are confidential and should include the reportable disease, physician contact information and patient demographics. Information reportable by law and allowed by HIPAA CFR §164 512(b)