

CD Info

May 2013

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.

Communicable Disease Highlights, 2012

Legionellosis

In August, CDPH investigated an outbreak at a Chicago hotel. One hundred fourteen cases were identified: 40 suspect and confirmed Legionnaires Disease and 74 Pontiac Fever. Three people died. *L. pneumophila* serogroup 1 was isolated from samples collected from the hotel lobby fountain, spa, and women's locker room fixtures. The lobby fountain was removed and environmental mitigation performed to reduce further risk of exposure to *L. pneumophila* throughout the facility.

West Nile Virus

There was a significant amount of West Nile virus (WNV) activity during 2012. The hot, dry summer contributed to an increase in disease. There were 60 confirmed cases, including four deaths, the highest number since 2002. Mosquitos tested positive for WNV in 40 of the 77 community areas in Chicago. For more information, please see the [Weekly WNV Surveillance Reports](#).

Pertussis

There was a nationwide increase in the number of pertussis cases in 2012, and also in Chicago, where 279 cases, or 10.4 cases per 100,000 residents, were reported. There were no deaths reported. Infants <1 year were at highest risk for infection, accounting for 23% of cases. For more information, please see the Immunization Program's [Pertussis Update](#).

Congenital Rubella Syndrome

In September, congenital rubella syndrome (CRS) was identified in an infant born in Chicago to a woman from Sudan. Conditions noted after birth included cataracts, Dandy-Walker syndrome (discovered on antenatal ultrasound), intrauterine growth retardation, thrombocytopenia, chorioretinitis, coarctation of the aorta (which was repaired), mild liver dysfunction, mildly elevated transaminases, mild direct hyperbilirubinemia, and persistent elevation of C reactive protein. The child was discharged in February 2013. For more information, please see the [MMWR report](#).

Save the date: 18th Annual Infection Control Conference
Friday, May 31, 2013
Navy Pier, 600 E. Grand Ave, Chicago



Morbidity for selected infectious diseases and events, Chicago, 2008 - 2012

<i>Reportable Disease or Event</i>	2008	2009	2010	2011	2012	5-year median
Cryptosporidiosis	19	16	35	17	23	19
<i>E. coli</i> O157:H7 Disease	6	6	5	9	9	6
<i>E. coli</i> , Shiga toxin-producing (non-O157)	9	5	14	14	11	11
Foodborne disease outbreaks ¹	14	10	7	8	3	8
<i>H. influenzae</i> (type b) Disease (invasive)	0	0	1	0	0	0
<i>H. influenzae</i> (non-type b) Disease (invasive)	30	34	38	42	33	34
Hepatitis A (acute)	36	40	28	33	24	33
Hepatitis B (acute)	36	28	36	33	21	33
Hepatitis C (acute)	0	0	0	0	3	0
Histoplasmosis	26	20	15	47	25	25
Legionellosis	27	31	36	45	56	36
Listeriosis	5	10	4	10	15	10
Lyme Disease	8	3	11	27	12	11
Measles	1	0	0	1	0	0
Meningococcal Disease (invasive) ²	28	7	7	10	7	7
Mumps	14	10	8	9	6	9
Pertussis	75	49	98	94	279	94
Pneumococcal Disease (invasive) in child aged < 5 yrs	25	18	17	15	15	17
Salmonellosis	289	288	292	368	345	292
Shigellosis	229	97	107	103	116	107
Streptococcal Disease, Group A (invasive)	100	87	93	110	118	100
Tuberculosis Disease (active)	214	202	161	166	146	166
Typhoid Fever	4	3	6	6	7	6
Varicella	71	50	59	51	59	51
Staphylococcus aureus, VISA	2	0	0	1	0	0
West Nile Virus Infection	4	1	9	8	60	8
Yersiniosis	5	5	6	3	5	5

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.