



**COMMUNICABLE DISEASE
EMERGENCY NOTIFICATION
INFORMATION**

Urgent Public Health issues shall be reported immediately (within 3 hours) to the McHenry County Department of Health and include the following:

- * Anthrax (suspected or confirmed)
- * Botulism (foodborne)
- * Plague
- * Q-fever
- * Smallpox
- * Tularemia
- * Any suspected Bioterrorist threat or event

REGULAR OFFICE HOURS

(Monday – Friday 8am – 4:30pm)
(815) 334-4500

Please call one of the following:

Mary Lou Ludicky, Communicable Disease Coordinator

Mary Ann Randolph, Investigator

Diane Doty-Brown, Investigator

Barbara Birmingham, Investigator

Susan Heger, TB Nurse

Kailly Kaufmann, Epidemiologist

Shannon Bennett, CD Health Educator

AFTER OFFICE HOURS

(Monday – Friday 4:30pm – 8am;
Saturday, Sunday
and Holidays)
(815) 344-7421

Ask to speak to the Communicable Disease “On-Call” Person.

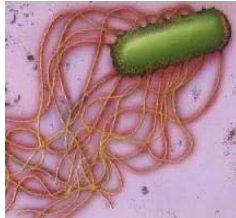
Mission

The Communiq ue is a newsletter intended to prevent morbidity and mortality of infectious diseases by providing data and recommendations to clinicians, laboratories, infection control personnel and others who diagnose, treat or report infectious diseases in McHenry County.

We welcome comments and suggestions. Please call if you wish to be added to our mailing list. Contact Mary Lou Ludicky at 815-334-4500 or mlludick@co.mchenry.il.us

BUG OF THE MONTH:

Salmonella



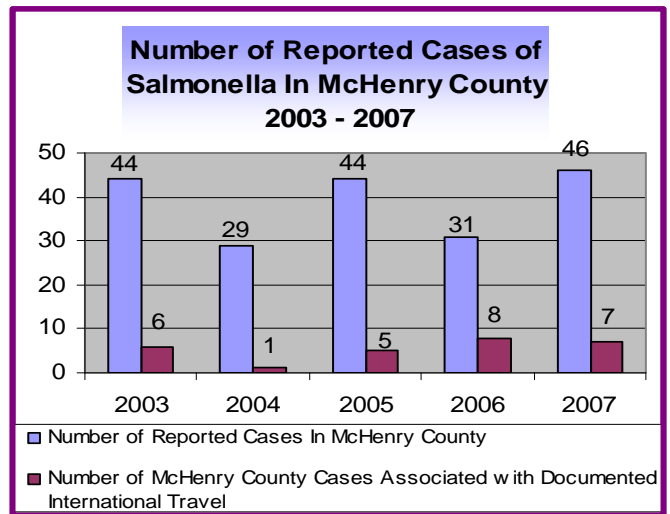
Salmonella bacteria, from the family of *Enterobacteriaceae*, can cause Typhoid Fever or nontyphoidal gastroenteritis. Typhoid Fever is rarely seen in McHenry County and is usually acquired from endemic areas in foreign countries or by consumption of contaminated food prepared by a chronic carrier. Nontyphoidal salmonellosis is the most frequently reported enteric disease to the McHenry County Department of Health.

This past year, several major nationwide foodborne outbreaks were caused by Salmonella, including outbreaks linked to dog food, pot pies, snack food, peanut butter, and food eaten at a large summer festival. The MCDH Communicable Disease program did receive reports of salmonella in individuals who attended the summer event. Salmonella has over 2000 serotypes, 200 of which are common in the United States. McHenry County has had 46 different serotypes for the years 1998 to 2005 and the most common are *S enteritidis* and *S typhimurium*.

Mode of transmission: Salmonellosis is acquired by eating food containing organisms from infected animals or contaminated by the feces of infected animals or humans. The usual suspects are undercooked or raw eggs and egg

products, raw milk and raw milk products, contaminated water, meat and meat products, poultry and poultry products. The most common Salmonella serotype in McHenry County, *Salmonella enteritidis*, is found in eggs. Handling of infected pets, such as turtles, iguanas, chicks, dogs and cats, without washing hands before eating, can cause salmonella. Examples include the following: in 2003, MCDH had a report of a mother and infant with *Salmonella saintpaul* where pet turtles were present in the home; in 2007, three individuals who have reptiles in their homes became ill.

Raw fruits and vegetables, as well as alfalfa sprouts and rice, have been implicated due to washing in



contaminated water or through the slicing process. Every year, the MCDH Communicable Disease program investigates salmonella cases in individuals who traveled internationally during the incubation period.

Symptoms: Sudden onset of diarrhea, abdominal cramps, nausea, headache, fever, and sometimes vomiting are the

usual symptoms which last generally from 4 to 7 days. Infrequently the bacteria may localize in any tissue of the body and cause abscesses or septic arthritis, cholecystitis, endocarditis, meningitis, pericarditis, pneumonia, pyoderma or pyelonephritis. The incubation period is from 6 to 72 hours, averaging 12 to 36 hours.

The incubation period for Typhoid Fever is from 3 to 60 days but is generally from 7 to 14 days. The individual is communicable throughout the infection for several days to weeks.

The carrier state is highly variable and can continue for months, especially in infants.

Diagnosis: Salmonella organisms are isolated from a stool culture. Results are obtained in 72 hours, when most individuals are recovering. Salmonella organisms that cause Typhoid Fever can be cultured from stool, blood, or urine.

Treatment: For uncomplicated gastroenteritis, antibiotic treatment is

not recommended except in cases of infants under 3 months of age, debilitated individuals, and those who are immunocompromised. Some strains of Salmonella have become drug resistant, especially *S typhimurium*. Ciprofloxacin is highly effective but shouldn't be given to patients under the age of 18.

Amoxicillin, ampicillin, TMP-SMX, and chloramphenicol may be used.

Note that antibiotics may prolong the carrier state and can lead to drug resistance. The same antibiotics are used for Typhoid Fever, depending upon any drug resistance.

Control Measures: Proper sanitation, hand washing and food preparation are the most important measures to decrease the spread of *Salmonella* organisms. Raw eggs in any form should not be consumed, and all eggs and foods of animal origin should be completely cooked.

People with diarrhea are to be excluded from handling food and from the care

of hospitalized patients, the elderly, and children until they have obtained two negative stools at least 24 hours apart and 48 hours after receiving an antibiotic. Typhoid Fever restriction is longer - release is not given until 3 consecutive negative stool cultures, taken a month apart and at least 48 hours after antibiotics are completed, are negative. Household members and close contacts in sensitive occupations are restricted until 2 consecutive stool cultures taken 48 hours apart are negative.

Education on the importance of handwashing and other precautions during travel are important to protect the health of international travelers. Additional information on salmonella may be found at:

http://www.cdc.gov/ncidod/diseases/su bmenus/sub_salmonella.htm

Hot Topics!!!

Recent Local & National Issues



Head Lice Facts



- Head lice can run fast, but don't jump, fly, skip or hop.
- Lice are host specific parasites; human lice do not live on other animals such as dogs or cats.
- Lice must feed off the scalp, they die within 24 to 72 hours of separation from human hosts; if they have fallen off the hair, they are at the end of the life cycle.
- If nits are present, head lice have already been there but may be long gone.
- Head lice are not known to naturally transmit microbes that cause disease.
- The greatest harm associated with head lice results from the well-intentioned but misguided use of caustic or toxic substances to eliminate the lice.
- The most effective method for control of head lice is screening at home by parents, treatment if necessary, and removal of nits.

- Environmental cleaning is advised, but remember: In order to treat head lice most effectively, concentrate on the head.
- Only family members with lice should be treated.
- Spraying your home for lice is not advised.
- Head lice are not reportable to the Health Department.
- Head lice are not a reason for closing schools.

The McHenry County Department of Health Communicable Disease Program has a power point program suitable for school staff or parents. Please contact us at 815-334-4500 for a copy or if you would like a presentation.

Additional scientific resources on head lice:

<http://www.hsph.harvard.edu/headlice.html>

<http://www.cdc.gov/Ncidod/dpd/parasites/lice/default.htm>

AAP policy on head lice:

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/3/638>



MRSA

Methicillin-Resistant Staphylococcus Aureus



- Hand washing is the most effective way to prevent MRSA transmission.
- Community acquired MRSA has increased since the late 1990's.
- The "Five C's" that facilitate transmission include: crowding, compromised skin, frequent contact, lack of cleanliness, contaminated surfaces, and shared items.
- It is often first detected as clusters of abscesses or "spider bites".

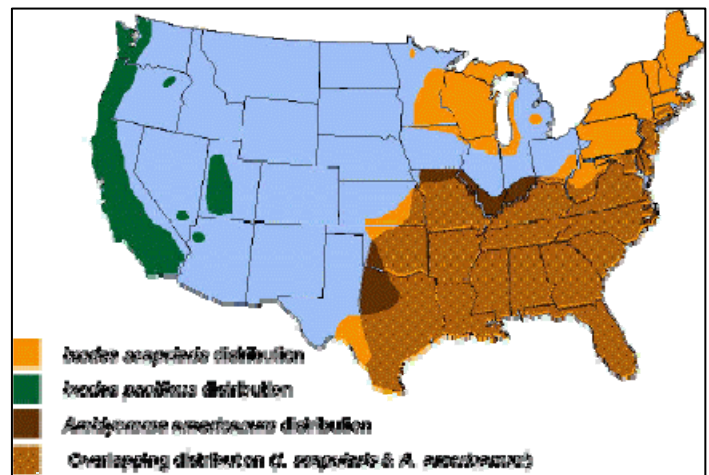
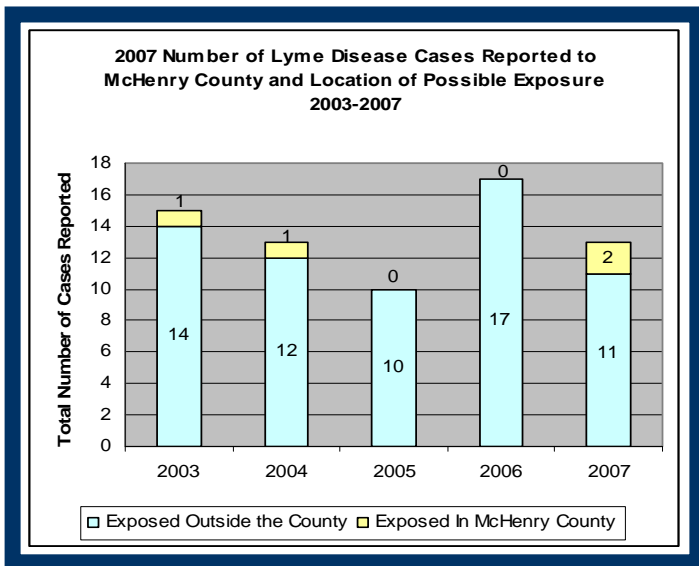
- Strategies focusing on increased awareness, early detection and appropriate management, enhanced hygiene, and maintenance of a clean environment have been successful in controlling clusters / outbreaks of infection.
- MRSA guidelines for Primary Care Providers are available at: http://www.idph.state.il.us/health/infect/MRSA_Provider.htm
- Clusters of 2 or more MRSA cases are reportable to the Health Department.
- The Health Department should be consulted on whether a school should be closed due to MRSA.

For additional MRSA resources:

- http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html
- <http://www.tpchd.org/page.php?id=12> (excellent tool kit for schools, child care and other facilities)

2007 Lyme Disease Wrap-Up

During 2007, a total of 13 cases of Lyme Disease were reported to the McHenry County Department of Health.



Ehrlichiosis

In November of this year, MCDH had two reported cases of ehrlichiosis. One case was reported in November in an individual who was an avid outdoorsman. This person spent most of the summer in Wisconsin. The second case was reported in June and confirmed in November. This individual may have had the tick exposure in McHenry County. From 1994-2006, there were 113 reported cases of ehrlichiosis in Illinois. Ehrlichiosis is transmitted from the bite of an infected tick. The lone star tick (*Amblyomma americanum*), the blacklegged "deer" tick (*Ixodes scapularis*), and the western blacklegged tick (*Ixodes pacificus*) are known vectors of ehrlichiosis.

There are three human diseases caused by several bacteria species belonging to the genus *Anaplasma* and *Ehrlichia*: human monocytic ehrlichiosis (HME), human

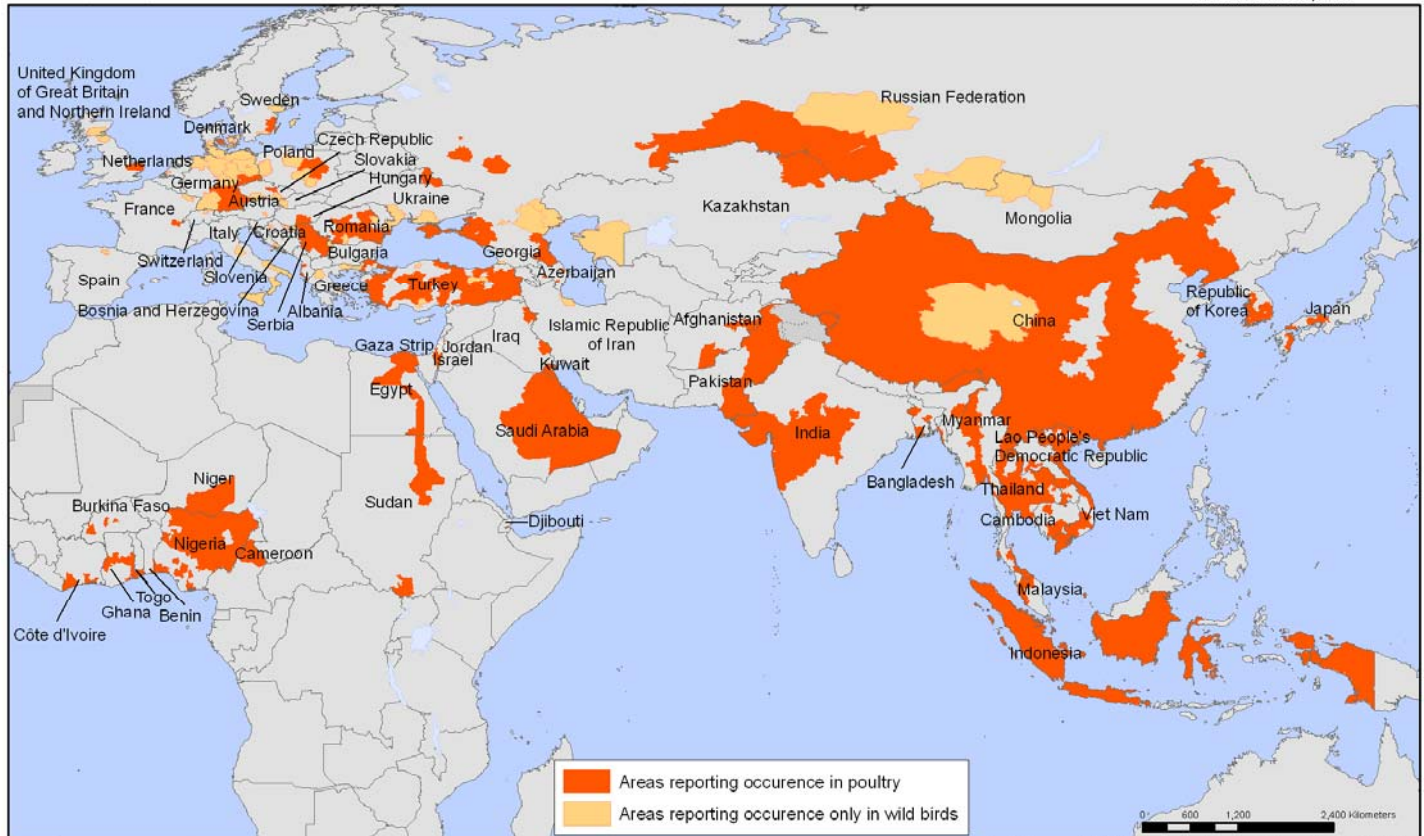
granulocytic anaplasmosis (HGA), and ehrlichiosis (unspecified or other agent). Most patients with ehrlichiosis are infected in the spring and summer when they are more likely to come in contact with tick vectors. One factor affecting the spread of these infections is due in part to increases in human-tick contact as a result of encroachment into tick habitat through suburban/rural recreational activities and housing construction.

After an individual is bitten by an infected tick, it takes 5-10 days for symptoms to develop. These symptoms generally include fever, headache, fatigue, and muscle aches. Other signs and symptoms may include nausea, vomiting, diarrhea, cough, joint pains, confusion, and occasionally rash. Diagnosing ehrlichiosis is first done by identifying the history of tick exposure or determining the occurrence of a tick bite. Through different laboratory testing techniques, the pathogen can be identified and confirmed. Laboratory findings indicative of ehrlichiosis include leukopenia, thrombocytopenia, and elevated liver enzymes. However, treatment should not be delayed until confirmation of laboratory results if ehrlichiosis is suspected. Treatment for ehrlichiosis is accomplished with tetracycline antibiotics, usually doxycycline. The most effective way to avoid developing ehrlichiosis is to limit exposure to ticks.

AVIAN AND PANDEMIC INFLUENZA OUTBREAK

Areas reporting confirmed occurrence of H5N1 avian influenza in poultry and wild birds since 2003

Status as of 07 December 2007
Latest available update



World Health Organization
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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Organisation for Animal Health (OIE) and national governments
Map Production: Public Health Mapping and GIS International Health Regulations Coordination, World Health Organization

Pandemic influenza is defined as a global outbreak of the flu. However, unlike seasonal flu (which also has a worldwide distribution), a pandemic would be caused by a new flu virus. This means that no one has been exposed to the disease and no one has immunity against it. A

| H5N1 Statistics (as of 12/31/07) | |
|----------------------------------|-------|
| Human cases | 346 |
| Human deaths | 213 |
| Human mortality rate | 61.6% |
| Countries with human infections | 14 |

Cases only include those verified by a WHO laboratory. (Source: WHO)

pandemic flu virus has higher virulence and is able to be passed from person-to-person. Although there is not currently an influenza pandemic, experts are concerned that the world is long overdue for one. Because of the behavior of the H5N1 avian influenza strain in recent years, health officials believe it may be a

likely candidate to trigger the next pandemic.

Human and bird (both wild and domestic) infections of high pathogenic H5N1 bird flu continued throughout 2007. Although a number of countries have controlled the spread of the disease in poultry, it continues to be a threat and persists in Asia, Africa, and Europe. Some countries that were previously without outbreaks experienced their first infections. No bird or human cases have been detected in North America. The following countries have had WHO confirmed human outbreaks of H5N1: Azerbaijan, Cambodia, China, Djibouti, Egypt, Indonesia, Iraq, Lao People's Democratic Republic, Myanmar, Nigeria, Pakistan, Thailand, Turkey and Vietnam.

Because we do not presently have a pandemic, there is time to plan and prepare. You can get ready for a

pandemic by starting with these four action steps:

- **Educate yourself. It is important to keep up-to-date on this developing situation. Take the time to learn about current happenings and inform others.**
- **Get involved in your agency or organization's pandemic planning process. If they have not yet begun to plan, encourage leaders to consider the issues.**
- **Begin to create a small stockpile of essential materials, both at home and at work - extra food, bottled water and health supplies.**
- **Volunteer with local groups.**

If you are interested in receiving a bi-monthly summary of avian and pandemic influenza information, please contact Susan Borucki at scborucki@co.mchenry.il.us or 815.334.0217. The Health Department is also available to present an overview to your organization and assist with planning efforts.

Health care providers and hospitals must report any suspected or confirmed case of these diseases to the local health authorities within the number of days (d) or hours (h) indicated in parentheses after each disease.

| | |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <u>Any suspected bioterrorism threat or event</u> (immediately*) | <u>Measles</u> (24h) |
| <u>Any unusual case or cluster that may indicate a public health hazard</u> (24h) | <u>Meningitis, aseptic</u> (7d) |
| <u>AIDS</u> (7d) | <u>Meningitis, meningococcal, meningococemia, H. influenzae, other invasive disease</u> (24h) |
| <u>Amebiasis</u> (7d) | <u>Mumps</u> (7d) |
| <u>Anthrax</u> (immediately*) | <u>Neisseria meningitidis, meningitis, meningococemia and other invasive</u> (24h) |
| <u>Blastomycosis</u> (7d) | <u>Ophthalmia neonatorum (gonococcal)</u> (7d) |
| <u>Botulism, foodborne</u> (immediately*) | <u>Pertussis or whooping cough</u> (24h) |
| <u>Botulism, infant, wound, other</u> (24h) | <u>Plague</u> (immediately*) |
| <u>Brucellosis</u> (7d) | <u>Poliomyelitis</u> (24h) |
| <u>Campylobacteriosis</u> (7d) | <u>Psittacosis</u> (7d) |
| <u>Chancroid</u> (7d) | <u>Q fever</u> (immediately*) |
| <u>Chickenpox</u> (7d)* | <u>Rabies, human and potential human exposure</u> (24h) |
| <u>Chlamydia</u> (7d) | <u>Reye Syndrome</u> (24h) |
| <u>Cholera</u> (24h) | <u>Rheumatic fever</u> (24h) |
| <u>Cryptosporidiosis</u> (7d) | <u>Rocky Mountain spotted fever</u> (7d) |
| <u>Cyclosporiasis</u> (7d) | <u>Rubella</u> (7d) |
| <u>Diarrhea of the newborn</u> (24h) | <u>Salmonellosis (other than typhoid)</u> (7d) |
| <u>Diphtheria</u> (24h) | <u>Shigellosis</u> (7d) |
| <u>Ehrlichiosis, human granulocytic or monocytic</u> (7d) | <u>Smallpox</u> (immediately*) |
| <u>Encephalitis</u> (7d) | <u>Staphylococcus aureus</u> infections in infants <28 days of age (7d) |
| <u>Enteric E. coli</u> infections (O157:H7, STEC, EHEC, EPEC, ETEC) (24h) | <u>Staphylococcus aureus</u> infections with intermediate or high level vancomycin resistance (24h) |
| <u>Foodborne or waterborne illness</u> (24h) | <u>Streptococcal acute glomerulonephritis</u> (24h) |
| <u>Giardiasis</u> (7d) | <u>Streptococcal infections, group A invasive</u> (7d) |
| <u>Glomerulonephritis, acute streptococcal</u> (24h) | <u>Streptococcal infections, group B, invasive < 3 months</u> (7d) |
| <u>Gonorrhea</u> (7d) | <u>Streptococcus pneumoniae, invasive with antibiogram</u> (7d) |
| <u>Haemophilus influenzae, invasive</u> (24h) | <u>Streptococcal, rheumatic fever</u> (24h) |
| <u>Hantavirus pulmonary syndrome</u> (7d) | <u>Syphilis</u> (7d) |
| <u>Hemolytic uremic syndrome, post diarrheal</u> (24h) | <u>Tetanus</u> (7d) |
| <u>Hepatitis A</u> (24h), <u>Hepatitis B</u> (cases and carriers), <u>Hepatitis C</u> and <u>others</u> (7d) | <u>Toxic shock syndrome, presumed staphylococcal</u> (7d) |
| <u>Histoplasmosis</u> (7d) | <u>Toxic shock syndrome, streptococcal</u> (24h) |
| <u>HIV infection</u> (7d) | <u>Trichinosis</u> (7d) |
| <u>Legionnaires' disease</u> (7d) | <u>Tuberculosis</u> (7d) |
| <u>Leprosy</u> (7d) | <u>Tularemia</u> (immediately*) |
| <u>Leptospirosis</u> (7d) | <u>Typhoid fever</u> (24h) |
| <u>Listeriosis</u> (7d) | <u>Typhus</u> (24h) |
| <u>Lyme disease</u> (7d) | <u>Whooping cough or pertussis</u> (24h) |
| <u>Malaria</u> (7d) | <u>Yersiniosis</u> (7d) |

*Chicken pox in adults age 20 and older is reportable within 24 hours

The occurrence of any increase in incidence of disease of unknown or unusual etiology should be reported, with major signs and symptoms listed. When an epidemic of a disease dangerous to the public health occurs, and present rules are not adequate for its control or prevention, more stringent requirements shall be issued by the Illinois Department of Public Health.

The Importance of Reporting Sexually Transmitted Infections

The State of Illinois mandates the reporting of Chlamydia, Gonorrhea and Syphilis to the McHenry County Department of Health. In order to assist you in the reporting process, the McHenry County Department of Health has included a form (see form below) that indicates the information that is required for each patient that is diagnosed with an STI.

Please inform any patient diagnosed with any of these sexually transmitted diseases that if they are diagnosed with a communicable disease, it is reported to the McHenry County Department of Health, and someone from the Health Department's Communicable Disease staff will be contacting them. The benefits of reporting Sexually Transmitted Infections include:

- ❖ Education for the patient on the communicable disease and risk reduction education to prevent future infections
- ❖ Assurance that appropriate treatment was completed
- ❖ Notification of any partner(s) that were exposed to the communicable disease
- ❖ Education of the partner(s) on the disease and risk reduction education to prevent future infections
- ❖ Assisting partners in finding treatment options and assurance that appropriate treatment was completed

McHenry County Department of Health

Please complete the following form to assist us in our investigation.

The information can be sent to us through our secure fax line at 815-334-1884.

Reported by Dr.'s Name _____

Patient's Last Name _____ First (& nicknames) _____

Address & Street _____ Apt. # _____

Date of Birth _____ Home Phone _____ Cell Phone _____

City _____ State _____ Zip _____

Race: White African American Asian Unknown Ethnicity: Hispanic Non-Hispanic

Sex: Male Female Martial status: Single Married Pregnant? Yes No If yes, how many weeks? _____

Disease Chlamydia Gonorrhea Syphilis Examination date _____

Treatment date _____

Partner(s) treated? _____

Comments _____

Treatment Date _____

Chlamydia

Gonorrhea

_____ Azithromycin (Zithromax) 1gm

_____ Ceftriaxone (Rocephen) 125mg

_____ Doxycycline 100mg BID x 7 days

_____ Ceftriaxone (Rocephen) 250mg

_____ Doxycycline 100mg BID x 14 days

_____ Other _____

_____ Other _____

If you are reporting a Syphilis case, please call (815) 334-4523 for treatment information.

Thank you for your prompt attention to this matter.

READING A MANTOUX TUBERCULIN SKIN TEST (TST) CORRECTLY

Reading a tuberculin skin test correctly is just as important as giving the TST correctly. An error in interpreting a TST as positive may result in an individual receiving latent tuberculosis infection (LTBI) treatment and chest x-rays unnecessarily. Many recipients of TSTs misunderstand the meaning of a positive skin test and are frightened that they may have been unknowingly infecting their family and friends with tuberculosis. This can be a highly emotional issue for many people and can result in being shunned or sent home from their work or school.

There is a definite time frame within which a TST can be read. For a routine 1-step TST, the site should be read between 48 and 72 hours after the test administration. In the case of the 2-step, the IDPH Rules and Regulations allows the first step to be read and the second one administered 7 days after the first TST is given, in order to reduce the number of times a client has to return to the clinic. There also is a provision that a 2-step would be considered completed if the second step was administered within 3 weeks from the date of the administration of the first one. 2-step TSTs are given to all new healthcare and day care employees and volunteers upon hire and all residents and employees of congregate settings, such as nursing homes, drug treatment centers and correctional facilities.

Observe the client's arm in a well-lighted area. Use your fingers to palpate the area since not all indurations are visible. **Erythema** refers to the red or pink area of the TST site but it does not always indicate a positive reaction. **Induration** refers to the **raised, hard formation** palpated at the site of a positive TST. When the arm is placed on a flat surface, you might be able to detect a hardened area, but this could be a muscle margin. So as not to confuse induration with the muscle edge, palpate the arm again at a **45 degree angle**. Omitting this last step is the most common error seen in reading a TST. In order for a TST result to be considered possibly positive, there must be **induration** palpated when the arm is raised to a **45 degree angle**.



Once induration is established, then the site needs to be measured. Keep your fingernails short enough so they don't extend beyond your fingertips when you are measuring. Measure only in one direction across the arm, parallel to a watch wrist band. Once the edge of the induration has been established, keep your fingernail perpendicular to the skin and apply a small dot or line along the indurated edge. Repeat on the other side. Use a millimeter ruler to measure the distance between the two dots or lines. The millimeter measurement of induration is to be recorded as a number, not as positive or negative. If there is no induration, the result is recorded as 0mm. Results are not measured from all sides so no result should be recorded as in this example: 8x12mm.

Interpretation of the induration results are based on classifications standardized by the CDC. A person with a negative skin test could possibly be infected with tuberculosis if they were just recently infected with the TB bacteria (a positive reaction may take 2 to 8 weeks to register), have already developed active TB,

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>An induration of 5 or more millimeters is considered positive in:</p> <ul style="list-style-type: none"> -HIV-infected persons -A recent contact of a person with TB disease -Persons with fibrotic changes on chest radiograph consistent with prior TB -Patients with organ transplants -Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF-α antagonists) | <p>An induration of 10 or more millimeters is considered positive in:</p> <ul style="list-style-type: none"> -Recent immigrants (<5 years) from high-prevalence countries -Injection drug users -Residents and employees of high-risk congregate settings -Mycobacteriology laboratory personnel -Persons with clinical conditions that place them at high risk -Children <4 years of age -Infants, children, and adolescents exposed to adults in high-risk categories | <p>An induration of 15 or more millimeters is considered positive in:</p> <ul style="list-style-type: none"> -any person, including persons with no known risk factors for TB. <p>However, targeted skin testing programs should only be conducted among high-risk groups.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

their immune system is so depressed that they cannot register a reaction, or are receiving immunosuppressive drugs. A TST is only a screening tool and does not establish a diagnosis of tuberculosis. If a person has a positive skin test, the next step is to have a chest x-ray performed to determine if the person has latent infection or shows changes that point to tuberculosis disease. If latent tuberculosis infection (LTBI) is determined, then the individual is recommended to take 6 to 9 months of Isoniazid, a preventive tuberculosis antibiotic.

If you have difficulty assessing the result of a TST reaction, contact the McHenry County TB Clinic at 815-334-4500 and the staff will evaluate the TST site and make a determination. The TB Clinic frequently retests clients if they are not able to come to the Clinic within 72 hours of the TST administration or if it is determined that the test may have been given incorrectly. The TB Clinic will provide free chest x-ray services for anyone who has a documented positive TST. Free medication for TB infection and for TB disease will be provided by the McHenry County Health Department.

The CDC TB website provides a free poster and video on administration and reading of Mantoux TSTs:
www.cdc.gov/tb/pubs; click on Education/Training Materials
 For written instructions on administering and reading of TSTs, use the site for the New Jersey Medical School:

www.umdj.edu/ntbcweb/downloads/products/CompleteTrainingGuide
 pp. 29-32

| McHENRY COUNTY COMMUNICABLE DISEASES December 1, 2006 – November 30, 2007 | | |
|---------------------------------------------------------------------------------|------------|------|
| DISEASE | # OF CASES | |
| | FY07 | FY06 |
| AIDS/HIV | 9 | 12 |
| Amebiasis | 1 | 0 |
| Blastomycosis | 3 | 6 |
| Campylobacter | 43 | 38 |
| Chickenpox (adult only) | 6 | 2 |
| Cryptosporidiosis | 9 | 2 |
| E. Coli 0157:H7 | 4 | 2 |
| Encephalitis | 0 | 1 |
| Giardia | 17 | 11 |
| Hepatitis A | 5 | 0 |
| Hepatitis B | 51 | 43 |
| Hepatitis C | 110 | 124 |
| Legionella | 6 | 4 |
| Lyme | 13 | 18 |
| Malaria | 0 | 3 |
| Aseptic Meningitis | 72 | 42 |
| Bacterial Meningitis | 0 | 1 |
| Mumps | 1 | 3 |
| Pertussis | 12 | 19 |
| Psittacosis | 0 | 0 |
| Salmonella | 46 | 31 |
| Shigella | 8 | 9 |
| Strep/Group A (invasive & wound) | 5 | 10 |
| Strep Pneumonia | 30 | 32 |
| TB Active | 7 | 10 |
| Chlamydia | 226 | 199 |
| Gonorrhea | 21 | 29 |
| Syphilis | 2 | 9 |
| West Nile Virus | 5 | 5 |
| Yersiniosis | 1 | 0 |

McHenry County Department of Health
2200 N Seminary Avenue - Annex B
Woodstock Illinois 60098

BECOME PART OF OUR BROADCAST FAX NETWORK

Receive the latest health alerts on topics such as:

- West Nile Virus Bioterrorism
- Flu Updates Area Outbreaks
- Other emerging infectious diseases



From: Centers for Disease Control Illinois Department of Health McHenry County Department of Health

Name _____
Organization _____
Specialty _____
Address _____
Phone _____
Fax _____
Email _____

Mail to:
McHenry County Department of Health
CD Program – Annex B
2200 N Seminary Ave
Woodstock IL 60098
Fax to: 815-334-1884
Or email to: mlludick@co.mchenry.il.us