

Public Health Update

February 10th, 2020 Volume 4, Issue 2

2019 Reportable Communicable Disease

This past year has introduced us to some communicable diseases that have not been reported since 2017 or even longer.

Disease	2019 Count	2018 Count	% Change
<i>Chlamydia Trachomatis Infection</i>	23	26	12% ↓
<i>Influenza-Associated Hospitalization</i>	13	19	32% ↓
<i>Giardiasis</i>	7	4	75% ↑
<i>Campylobacteriosis</i>	5	7	29% ↓
<i>Cryptosporidiosis</i>	4	8	50% ↓
<i>Hepatitis C, Chronic</i>	4	8	50% ↓
<i>Gonorrhea</i>	3	2	50% ↑
<i>Salmonellosis</i>	3	4	75% ↓
<i>Streptococcal Disease, Invasive, Group B</i>	3	2	50% ↑
<i>Tuberculosis, Latent Infection (LTBI)</i>	3	0	*
<i>Anaplasmosis, A. Phagocytophilum</i>	2	4	50% ↓
<i>Lyme Disease (B.Burgdorferi)</i>	2	7	71% ↓
<i>E-Coli, Enteropathogenic (EPEC)</i>	1	0	*
<i>E-Coli, Shiga Toxin-Producing (STEC)</i>	1	1	0%
<i>Hepatitis B, Chronic</i>	1	0	*
<i>Hepatitis C, Acute</i>	1	1	0%
<i>Legionellosis</i>	1	0	*
<i>Mycobacterial Disease (Non-Tuberculous)</i>	1	2	50% ↓
<i>Pertussis (Whooping Cough)</i>	1	2	50% ↓
<i>Syphilis, Unknown Duration or Late</i>	1	0	*

2019 Highlights:

- **Hepatitis B – Chronic** – the last time there was a confirmed case was in 2013.
- **Latent Tuberculosis Infection** – the highest number in Price County since electronic reporting started in 2004.
- **Gonorrhea** – the highest count in Price County since electronic STD reporting started in the early 2000s.
- **Syphilis** – the last time there was a confirmed case of syphilis was in 2017.

As a reminder, a list of all the reportable diseases and conditions can be found at: <https://www.dhs.wisconsin.gov/disease/diseasereporting.htm>.

Diseases and conditions listed on this page are considered to have significant public health impact, and any confirmed or suspected cases must be reported promptly.

*Division by zero is undefined

Inside This Issue:

- 2019 Communicable Disease Report
- American Heart Month
- COVID-19
- Immunization Recommendations

Special News:

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, COVID-19. CDC will be updating their website and other CDC materials to reflect the updated name.

Enjoy our February Edition of the Public Health Centennial Gazette!!!

American Heart Month

The federally designated event reinforces the importance of heart health and the need for more research, with a reminder to get families, friends and communities involved. It's a tradition that's over half a century strong. The first proclamation was issued by President Lyndon B. Johnson in February 1964. Since then, the president has annually declared February American Heart Month. With heart disease being the leading cause of death for both men and women nationwide, it captures a lot of public awareness. For this Public Health Update, we want to focus on those that are unable to start life with a healthy heart, those diagnosed with Congenital heart defects (CHDs).

What are CHDs?

They are problems present at birth that affect the structure and function of the heart. Common examples include holes in the inside walls of the heart and narrowed or leaky valves. In more severe forms of CHDs, blood vessels or heart chambers may be missing, poorly formed, and/or in the wrong place. CHDs are America's most common birth defect, nearly **one of every 110 babies** are born with a CHD, affecting nearly 40,000 babies each year in the U.S alone. This equates to **1 child every 15 minutes**.

For comparative purposes, cystic fibrosis occurs in 1 in 3,400 live births, autism is diagnosed in 1 in 59 children aged 8 years, and new diagnoses of cancer are made in 1 in 6,024 children and teens annually.

When can CHDs be detected?

CHDs can be detected as early as the prenatal period or as late as adulthood (or escape detection altogether if it is a minor CHD).

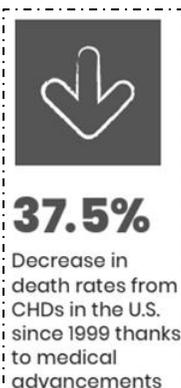
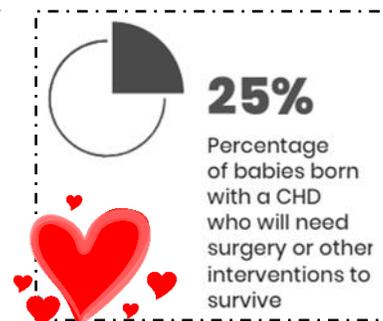
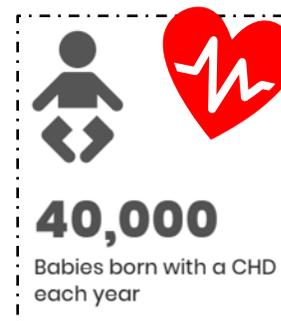
Newborn screening can help detect and identify some babies with a critical CHD before they go home from the birth hospital. This test uses pulse oximetry to check the level of oxygen in the blood of newborns, it is painless and non-invasive.

What is the health impact of CHDs?

- CHDs are the **most common cause of infant death** due to birth defects.
 - 25% of babies born with a complex CHD will not see their 1st birthday.
 - Over 85% of babies born with a CHD now live to at least age 18.
- Approximately **25%** of children born with a CHD will need heart surgery or other interventions to survive.

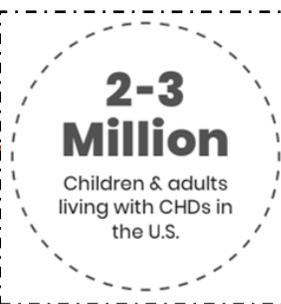
Read [Congenital Heart Defects: Know the Facts](#) for answers to frequently asked questions about CHD.

Because of the broad impact of CHDs at the population level, a public health approach is needed to address the challenges of these common, critical and costly conditions. Click [here](#) for things you can do to support public health outcomes for people with CHD.



Survival Rates
Today: 69% of babies born with a complex CHD are expected to survive to 18 years of age.
In the 1950s: 20% of infants with complex CHDs survived to 18 years of age.

People with CHDs face a life-long risk of health problems such as issues with growth and eating, developmental delays, difficulty with exercise, heart rhythm problems, heart failure, sudden cardiac arrest or stroke.
Surgery is often not a cure for CHDs. Many individuals with CHDs require additional operation(s) and/or medications as adults.



COVID-19 – Key Messages

MAIN KEY POINTS

- There is an expanding outbreak of respiratory illness centered in China caused by a novel (new) coronavirus abbreviated COVID-19
- This virus is able to spread from person-to-person and cause severe disease and death.
- Most cases are still limited to mainland China.
- Although one case of COVID-19 has been detected in Wisconsin, the immediate health risk to the general public in Wisconsin, and the U.S. as a whole, remains low.
- Coronaviruses are a large family of viruses that can cause illness in people and animals. For general information about coronavirus, including signs and symptoms, go to the [coronavirus](#) webpage.
- Right now, this virus is not spreading in communities in the United States and the vast majority of Americans have a low risk of exposure. The greater risk is for people who have recently traveled to China or their close contacts.
- This is a rapidly evolving situation and the risk assessment for Americans may change.
- The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners to respond to this public health threat.

WHAT YOU CAN DO

- Influenza and other respiratory viruses are common in Wisconsin at this time of year. To stay healthy, wash your hands often, cover coughs and sneezes, and stay home when you are sick.
- If you are a healthcare provider, be on the look-out for people who recently traveled from China and who have fever and respiratory symptoms.
- If you are a healthcare provider caring for a COVID-19 patient or a public health responder, please take care of yourself and follow recommended infection control procedures.
- Health care providers should contact DPH at 608-267-9003 for consultation and approval of COVID-19 testing for patients who meet the [clinical and epidemiologic criteria](#). COVID-19 was declared a Category I reportable disease by the State Epidemiologist per a [memo](#) issued on Feb. 4, 2020.

Locations with Confirmed* COVID-19 Cases:

- China
- Hong Kong
- Macau
- Taiwan
- Australia
- Belgium
- Cambodia
- Canada
- Finland
- France
- Germany
- India
- Italy
- Japan
- Malaysia
- Nepal
- Philippines
- Russia
- Sri Lanka
- Singapore
- Spain
- Sweden
- Thailand
- The Republic of Korea
- United Arab Emirates
- United Kingdom
- United States
- Vietnam



*As of 2/11/2020

Updated Immunization Schedules

Every year, the Advisory Committee on Immunization Practices (ACIP) develops recommendations for routine use of vaccines in children, adolescents, and adults. When adopted by the CDC Director, these recommendations become official CDC/HHS policy. The 2020 Immunization Schedules are available on the CDC Website via the following links:

[Adult Immunization Schedule](#) and [Child and Adolescent Immunization Schedule](#)

One of the more notable changes, is the updated guidance on the use of either Td **OR** Tdap to be used in situations where Td only was previously recommended.

Summary

What is already known about this topic?

Repeat doses of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine at 5- and 10-year intervals are safe and immunogenic.

What is added by this report?

ACIP recommendations have been updated to allow either tetanus and diphtheria toxoids (Td) vaccine or Tdap to be used for the decennial Td booster, tetanus prophylaxis for wound management, and for additional required doses in the catch-up immunization schedule if a person has received at least 1 Tdap dose.

What are the implications for public health practice?

Allowing either Tdap or Td to be used in situations where Td only was previously recommended increases provider point-of-care flexibility.

Full article [here](#)

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