Communicable Disease Update

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TB SCREENING & REPORTING

TB screening…who should we test?

Per Centers for Disease Control & Prevention (CDC) guidelines, certain people should be tested for tuberculosis (TB) infection because they are at higher risk for being infected with TB bacteria, including:

- People who have spent time with someone who has TB disease
- People from a country where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia)
- People who live or work in high-risk setting (for example: correctional facilities, long-term care facilities or nursing homes, and homeless shelters)
- Health care workers who care for patients at increased risk for TB disease
- Infants, children, and adolescents exposed to adults who are at increased risk for latent tuberculosis infection (LTBI) or TB disease

Wisconsin is a low incidence state for TB disease. The populations in which we typically see TB disease in Wisconsin are:

- People born in a country where TB disease is common
- People who have spent time with or are a known contact to someone with active disease

We do not usually see active disease in people who are homeless or in corrections in Wisconsin; however, if someone has a history of being homeless or incarcerated in states where the disease incidence for these populations is higher, it is important to screen them.

How should people be screened?

A TB skin test (TST) or an interferon gamma release assay (IGRA) can be used to screen for TB. A TB skin test is recommended for those under 2 years of age. An IGRA is recommended for those individuals who may have had the BCG vaccine or who are unable to return to have a TST read.

Dual testing with a TB skin test and an IGRA is generally **not** recommended. Per the CDC, a person should have either a TST or an IGRA, but not both. There may be some situations where dual testing is recommended, such as in patients who are immunocompromised or to encourage acceptance of the result and adherence to LTBI treatment. PHMDC's current practice is to wait three to six months after TST placement to perform an IGRA if dual testing is needed to aid in diagnosis.

If someone has a documented history of a positive TB test (either a TST or IGRA) do a symptom review only. No further TB testing is necessary.

Any positive TB test or symptom screen should be followed up with a chest x-ray.

See the CDC's website for TB skin test cut off points based on patient risk factors for infection.

What needs to be reported to the Health Department?

- Any suspicion or confirmation of active disease, either pulmonary or extra-pulmonary
- Any positive TB test (TST or IGRA)

How do I report a positive TB test to the Health Department?

Use PHMDC's LTBI Reporting form and fax it to (608) 266-4858.

Questions?

Call (608) 266-4821 and ask for the TB Nurse on call between the hours of 8:00 am – 4:30 pm, Monday through Friday. It is OK to leave a voicemail, calls will be returned by the end of the business day.

References

- CDC "Testing & Diagnosis"
- CDC "Testing for TB Infection"
- CDC "Testing for Tuberculosis (TB)"
- American Academy of Pediatrics. Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2018 Report of the Committee on Infectious Diseases. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018.

Acute & Communicable Disease Summary for April - June 2018

Below is a preliminary listing of the acute and communicable diseases reported to Public Health Madison & Dane County (PHMDC) during April–June 2018 and April–June 2017 for comparison. Data is based on reports received by PHMDC. These numbers are not a complete picture of communicable diseases in Dane County; some infections may not have been reported yet and some are never reported. If a disease is not listed there were no reports in this quarter for this year or last year.

REPORTABLE COMMUNICABLE DISEASES IN DANE COUNTY

DISEASE	NUMBER OF CASES 2ND Q 2018	2ND Q 2017
Anaplasmosis	**8**	2
Borrelia miyamotoi	**1**	na
Campylobacter	**31**	33
Carbapenem-resistant *enterobacteriaceae*	**3**	na
Chlamydia	**690**	624
Coccidioidomycosis	**2**	0
Cryptosporidium	**13**	17
Cyclosporiasis	**9**	1
Dengue virus	**0**	3
E. coli, enteropathogenic	**2**	0
E. coli, enterotoxigenic	**1**	0
E. coli, Shiga toxin-producing	**8**	7
Ehrlichiosis	**2**	0
Giardia	**11**	11
Gonorrhea	**168**	154
Haemophilus influenzae invasive disease	**0**	3
Hepatitis A	**0**	1
Hepatitis B	**16**	20
Hepatitis C	**108**	53
Hepatitis D	**0**	1
Histoplasmosis	**2**	1
Influenza-associated hospitalization	**76**	64
Legionella	**4**	2
Lyme Disease	**25**	51
Malaria	**2**	0
Meningitis, bacterial other	**6**	4
Mumps	**1**	1
Pelvic inflammatory disease	**0**	3
Pertussis (confirmed & probable)	**4**	12
Q Fever	**0**	1
Rocky Mountain spotted fever	**2**	0
Salmonella	**21**	20
Shigella	**6**	1
Streptococcus, Group A invasive disease	**8**	9
Streptococcus, Group B invasive disease	**10**	12
Streptococcus pneumoniae invasive disease	**8**	10
Syphilis, primary or secondary	**3**	3
Syphilis, non-primary or secondary	**8**	15
Transmissible spongiform encephalopathy	**0**	2
Tuberculosis	**2**	4
Tuberculosis, latent infection	**75**	61
Varicella	**7**	7
Vibiosis	**0**	2
West Nile virus	**0**	0
Yersiniosis	**1**	1

REPORTABLE DISEASE CHANGES

Wisconsin updated Administrative Rule Chapter DHS 145 – Control of Communicable Diseases effective July 1, 2018. Detail of the changes can be found in the rule text. The most significant changes were to the list of Communicable Diseases and Other Notifiable Conditions. Additions to this list include:

Category I

- Carbapenem-resistant Enterobacteriaceae (CRE)
- Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV)
- Primary Amebic Meningoencephalitis (PAM)
- Viral Hemorrhagic Fever (VHF)

Category II

- Borreliosis (other than Lyme disease)
- Coccidioidomycosis (Valley Fever)
- Environmental and occupational lung diseases (asbestosis, silicosis, chemical pneumonitis, and diseases caused by bio-dusts and bio-aerosols)
- Free-living amebae infection
- Influenza-associated hospitalization
- Latent tuberculosis infection (LTBI)
- Rickettsiosis (other than spotted fever)
- Blue-green algae and Cyanotoxin poisoning
- Carbon monoxide poisoning
- Zika virus infection

The Wisconsin Division of Public Health is in the process of developing case reporting and investigation protocols for these newly reportable conditions. Check their website for more information.

Acute & Communicable Disease Reports for 2017

For Wisconsin case definitions, see individual diseases: Diseases and Conditions | Wisconsin Department of Health Services

DISEASE	DANE COUNTY 2017	2016
Anaplasmosis	11	10
Babesiosis	4	1
Blastomycosis	4	2
Botulism	0	0
Brucellosis	0	1
Campylobacteriosis	140	134
Chikungunya	2	1
Chlamydia	2620	2348
Coccidioidomycosis	2	1
Cryptosporidiosis	62	75
Cyclosporiasis	1	1
Dengue	8	3
E. coli, shiga toxin-producing	23	30
Ehrlichiosis	3	0
Ehrlichiosis/anaplasmosis undetermined	0	1
Elizabethkingia	0	2
Giardia	76	70
Gonorrhea	598	436
Haemophilus influenzae invasive disease	12	4
Hemolytic uremic syndrome	0	0
Hepatitis A	4	4
Hepatitis B*	65	76
Hepatitis C*	205	348
Hepatitis D	1	0
Hepatitis E	0	0
Histoplasmosis	2	3
HIV/AIDS	25	23
Influenza A, novel subtype	0	0
Influenza-associated hospitalization	438	192
Jamestown Canyon virus	2	0
LaCrosse encehpalitis	1	0
Legionellosis	1	12
Listeriosis	1	2
Lyme Disease	177	127
Malaria	3	1
Meningitis, bacterial other	16	15
Meningococcal disease	0	4
Mumps	3	5
Pelvic inflammatory disease	8	11
Pertussis	43	85
Q fever	1	0
Rocky Mountain Spotted Fever	2	1
Salmonella	102	79
Shigella	18	30
Streptococcal disease, invasive, Group A	25	12
Streptococcal disease, invasive, Group B	29	31
Streptococcal disease, invasive, pneumococcal	31	29
Syphilis, primary or secondary	22	31
Syphilis, non-primary or secondary	47	31
Tetanus	1	0
Toxic shock syndrome	0	0
Toxoplasmosis	0	0
Transmissible spongiform encephalopathy	4	2
Tuberculosis	10	9
Typhoid fever	0	0
Typhus fever	0	0
Varicella	20	24
Vibriosis, non-cholera	2	3
West Nile virus infection	8	3
Yersiniosis	3	2
Zika virus	1	15

*Includes newly reported carriers