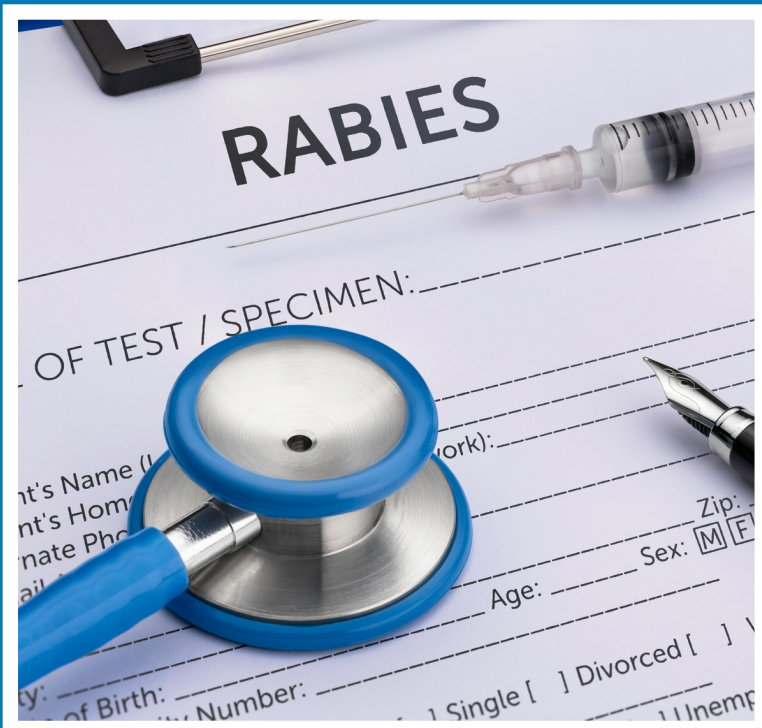


In this issue

- Rabies
- COVID-19 Outbreak Reporting for Long-Term Care Facilities
- Important links
- Kane disease trends

Human Rabies Exposure

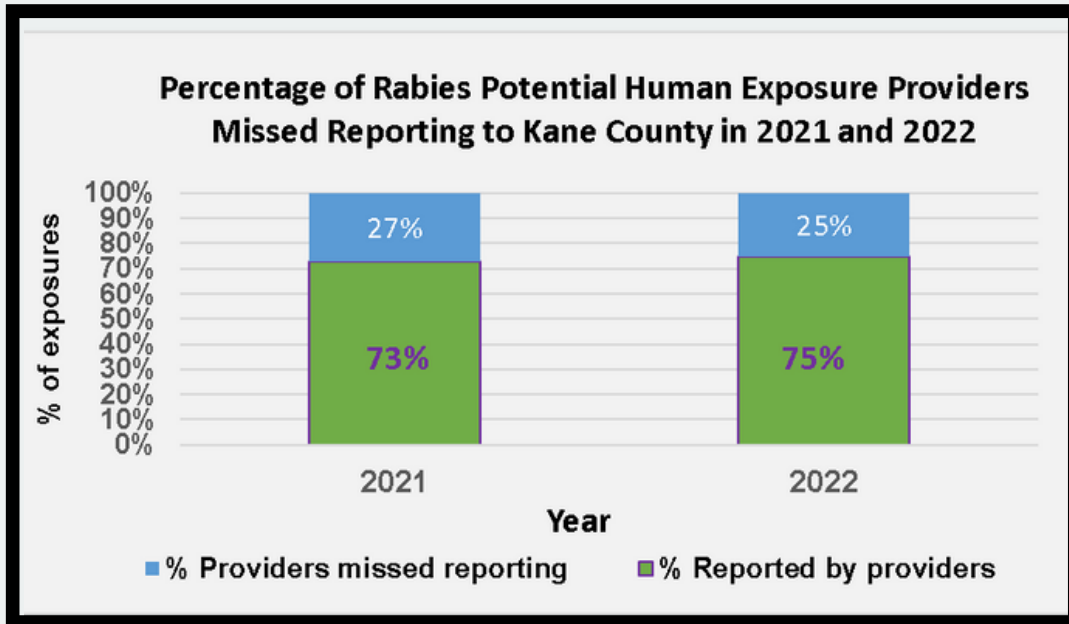
The Kane County Health Department recently developed a [Rabies Vaccination Guide for Healthcare Providers](#). The document provides comprehensive guidance on rabies, reporting potential human exposure to rabies, managing animal bites, assessing the need for rabies post-exposure prophylaxis or PEP, and the proper administration of rabies PEP. The guide also includes animal-specific PEP assessment decision trees. Click the link above to download a copy of the guide.



Kane County Health Department Rabies Vaccination Guide for Healthcare Providers

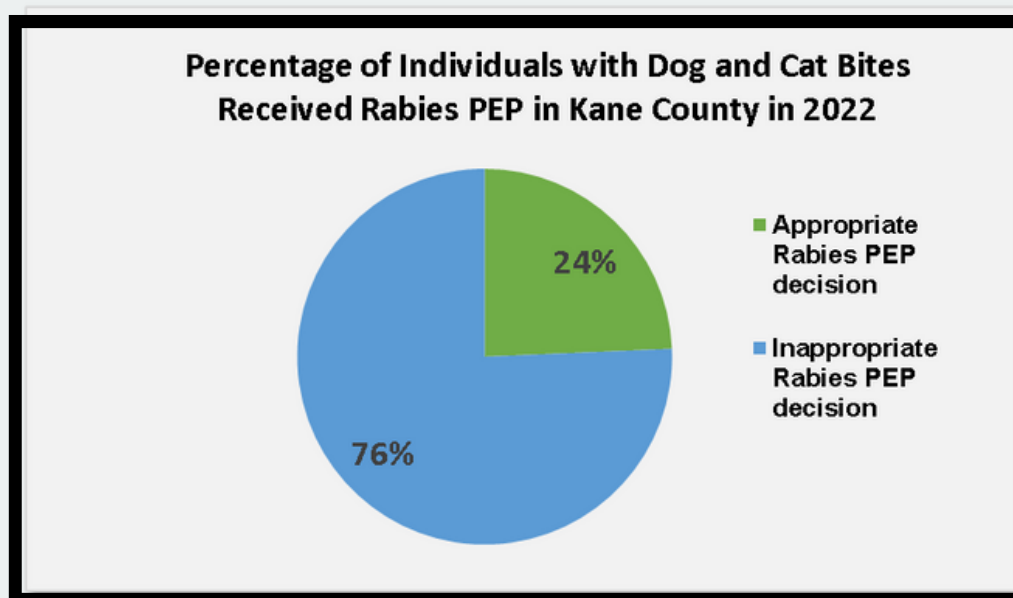
Reporting Potential Exposure to Rabies

Per the [Joint Committee on Administrative Rules Control of Communicable Disease \(CD\) Code Section 690](#), potential rabies exposure must be reported within 24 hours. Report rabies exposure to the Kane County Health Department at 630-208-3801.



Why careful assessment and decision on the need for PEP are crucial?

Rabies is typically fatal to unvaccinated patients; however, the prompt administration of post-exposure prophylaxis (PEP) can prevent disease. Because the administration of rabies PEP is expensive and time-consuming, healthcare providers must carefully assess each case to determine if the administration of PEP is warranted. When determining the need for PEP, ask if the animal was healthy or had signs of rabies and whether or not the bite was provoked.




Proper Administration of Rabies PEP

RABIES POST-EXPOSURE PROPHYLAXIS (PEP): HOW TO ADMINISTER

What is PEP?

The treatment plan for someone exposed to rabies that includes wound cleaning, HRIG*, and vaccinations

*For previously unvaccinated



Safe and Effective for pregnant women and children

How to administer PEP

- Immediately treat wound with soap and water, if available use a virucidal agent (eg. povidine-iodine).
- Administer HRIG for previously unvaccinated – 20 IU/kg of body weight (applies to children as well).
- Administer first vaccine (NOT in the same site as HRIG).

Administration Site

- HRIG is to be administered directly to wound site (the rest of the volume given IM) and NEVER in the same syringe as the vaccine or same location as vaccine.
- Vaccine MUST be administered intramuscularly in the deltoid (arm) area for adults.
- For infants, vaccine may be injected into deltoid area or the anterolateral aspect of the thigh.


Patient Not Previously Vaccinated:

- Administer HRIG on day 0
- Vaccines on days 0, 3, 7, and 14 (add day 28 if immunocompromised)

Patient Previously Vaccinated:

- Do not administer HRIG
- Vaccines on days 0 and 3

Questions? Contact your local health department
Source: Advisory Committee on Immunization Practices, CDC.gov



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Human Rabies Vaccine

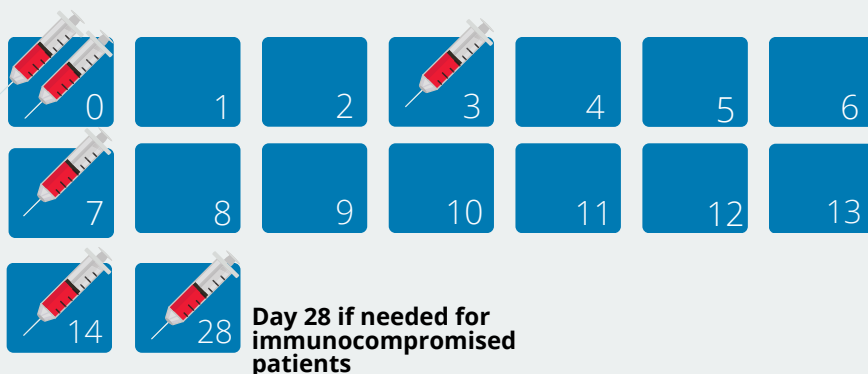
Administer four 1.0 mL vaccine doses of vaccine. The first dose of the four-dose regimen should be administered as soon as possible after exposure. The date of the first dose is considered day 0 of the PEP series. Additional doses are administered on days 3, 7, and 14 after the first vaccination. RabAvert® and ImoVax® are the two U.S. licensed rabies vaccines.

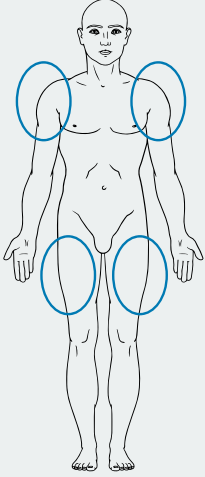
Human Rabies Immune Globulin (HRIG)

Administer HRIG once on day 0 at the time PEP is initiated, in conjunction with the vaccine. If HRIG was not administered when vaccination was begun on day 0, it can be administered up to and including day 7 of the PEP series. As much of the RIG dose as is anatomically feasible should be infiltrated in the area around and in the wounds. Any remaining dose should be given intramuscularly. For detailed instructions, refer to the link below: <https://kanehealth.com/Documents/Diseases/Proper%20Administration%20of%20Rabies%20PEP.pdf>

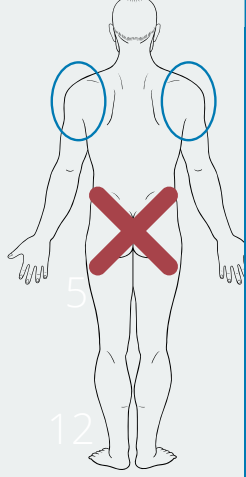
<https://kanehealth.com/Documents/Diseases/Rabies%20PEP%20How%20to%20Administer.pdf>

Figure: Vaccine and HRIG Schedule





Deltoid - Adults and children



Anterolateral thigh - Infants and small children

Figure: Human Rabies Immune Globulin and Rabies Vaccine Administration Sites

COVID-19 Outbreak Reporting- Long-Term Care

Outbreak Reporting for Long-Term Care Facilities

As a friendly reminder, one COVID-19 (SARS-CoV-2) case identified at a congregate facility requires outbreak reporting. Recently, the Kane County Health Department moved to electronic outbreak reporting. Please report outbreaks to the Kane County Health Department at the weblink below.

[Outbreak Reporting](#)



Long-Term Care Guidance Resources

The Kane County Health Department has created bite-sized videos to help clarify some of frequently asked questions among the important guidance topics below. Each video is only 1-4 minutes in length. Please click on the titles below to watch the corresponding videos.

[Outbreak Testing](#)

[CDC Transmission Levels vs Community Levels](#)

[Residents Leaving Facility](#)

[Reporting Requirements](#)

[Screening Requirements](#)

[SIREN registration](#)

[Skilled and Non Skilled Care](#)



Kane County Communicable Disease Trends

Most Common Communicable Diseases Reported in Kane County Number of Cases between 2018-2022

Disease	2018	2019	2020	2021	2022
Campylobacteriosis	98	69	62	101	100
Cryptosporidiosis	5	13	10	25	20
Cyclosporiasis	35	4	15	11	9
Hepatitis C Virus Chronic Infection	126	116	72	114	59
Influenza with ICU Hospitalization	72	72	47	2	42
Legionellosis - Legionnaires Disease	18	51	10	25	22
Lyme Disease	11	15	27	32	17
Rabies, Potential Human Exposure	40	49	28	82	91
Salmonellosis	57	69	34	78	41
SARS-CoV-2 infection (COVID-19)	0	0	41,805	46,866	54,265
Shiga toxin-producing E. coli (STEC)	9	18	15	23	32
Varicella (Chickenpox)	24	24	10	8	7

The table above shows some of the most common communicable diseases reported in Kane County from 2018-2022. When compared to 2021 cases, foodborne illnesses such as campylobacteriosis stayed the same, whereas, salmonellosis decreased 47%. Cyclosporiasis decreased 18% in 2022. A number of other diseases also decreased such as, Lyme Disease (47%), cryptosporidiosis (20%) and legionellosis (12%). On the other hand, shiga toxin-producing E. Coli cases continued to increase yearly from 2018 to 2022, with a large increase of 39% from 2021 to 2022.

Potential human exposure of rabies increased about 18% and 23%, in 2018 and in 2019, respectively when compared with the previous years, decreased 43% in 2020, most likely due to the pandemic, however, increased significantly about 193%, from 28 cases in 2020 to 82 cases in 2021, and an additional increase of 11% (91 cases) in 2022.

Reportable respiratory infections such as, influenza associated with ICU hospitalization has decreased considerably in 2021 from 47 cases to 2 cases, however, peaked back to 42 cases in 2022; and thus far, Kane County reported the highest SARS-CoV-2 infection (COVID-19) cases in 2022.

Source: Illinois Department of Public Health (IDPH): Illinois National Electronic Disease Surveillance System (I-NEDSS) reports.