

COMMUNICABLE DISEASE IN ILLINOIS



VOLUME 3, ISSUE 1

JULY 2019

NEWS ON INFECTIOUS DISEASE SURVEILLANCE IN ILLINOIS NOT INCLUDING SEXUALLY TRANSMITTED DISEASES AND TUBERCULOSIS

CHICKEN SALAD OUTBREAK *E. coli* O157:H7

A multistate outbreak of *Escherichia coli* (*E. coli*) O157:H7 occurred this winter causing twelve Illinois residents to become ill. Cases were reported in three other states but most cases occurred in Illinois. Within Illinois, this outbreak spanned four local health department jurisdictions in three different northeastern Illinois counties. Cases included in this outbreak had two different pulsed-field gel electrophoresis pattern combinations, both of which were rare. Whole genome sequencing was conducted which indicated all isolates in this outbreak were highly related to each other.



E. coli are bacteria found in the environment and foods, as well as in the intestines of people and animals. Shiga toxin-producing *E. coli* (STEC) make toxins that can cause severe illness. Symptoms which include stomach cramps, diarrhea (sometimes bloody), vomiting and hemolytic uremic syndrome (HUS). The most commonly recognized STEC strain is *E. coli* O157:H7.

Onset dates for eleven of the cases began in early December and occurred within a two-week time period. The onset for the last case was an outlier in early January. Of the twelve Illinois cases, six were males and six were females with ages ranging from 16 years to 62 years with a median age of 29 years. Eight (66.6%) cases were hospitalized, one case developed HUS. No deaths were reported.

During the initial interviews and re-interviews with the Centers for Disease Control and Prevention (CDC) supplemental questionnaire, all twelve Illinois cases reported shopping at the same grocery chain at eight different locations. Shopper card records were obtained for eight cases, with seven of those records showing chicken salad having been purchased prior to illness onset. Review of shopper card records and case exposure information indicated that ten (83%) of Illinois cases reported eating or maybe eating chicken salad purchased from the common grocery chain. Information obtained from shopper cards in Illinois, as well as information obtained from other states, assisted with traceback which indicated that the chicken salad mix came from a common distributor.

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NEW CHICKEN LIVER ILLNESS PREVENTION RESOURCES

The United States Department of Agriculture highlighted the risk from consuming chicken liver and resources for illness prevention on their new webpage <https://www.fsis.usda.gov/ChickenLiver>. A review of 28 outbreaks associated with chicken liver in the United States from 2000-2016 found *Campylobacter* as the most common pathogen (82.1%) and blended chicken liver dishes, like pate, as the most common source (85.7%). Additionally, inadequate cooking was a common contributing factor (92.8%) in the outbreaks. In Illinois, a 2017 campylobacteriosis outbreak was linked to chicken liver pate served at a restaurant in which insufficient time and/or temperature control during initial cooking was identified as a survival factor.



The USDA web page includes guidance for food industry on minimizing the risk of illnesses associated with chicken liver and consumer education. These resources focus on chicken liver, but outbreaks have been associated with goose or duck liver, thus recommendations may also be effective for other poultry liver dishes.

A new infographic is also available that can be used to educate foodservice workers on the proper preparation of chicken liver dishes.

NEW LISTERIOSIS CASE DEFINITION AVAILABLE

CDC implemented a new case definition for listeriosis in early April that should be used for all cases with onset beginning on January 1, 2019 forward. The purposes of the definition change were to improve reporting consistency, decrease underreporting, and enhance surveillance of persons with specimens from non-sterile sites. There is now a definition for confirmed, probable and suspect cases. Prior to the update, only confirmed cases were included. The CDC Listeria Initiative form should be completed for confirmed and probable cases, and for mother-infant epi-linked cases; only one form needs to be completed. Laboratories will be requested to report and submit all positive results/specimens for *Listeria monocytogenes* infection to the IDPH laboratory.

The 2019 case definition can be found at: <https://wwwn.cdc.gov/nndss/conditions/listeriosis/case-definition/2019/>.

Additional Listeriosis resources and information can be found at: <https://www.cdc.gov/listeria/risk-groups/pregnant-women.html>

CDC QUESO FRESCO POSTER

¡Cuidado con el queso fresco!
¿Sabía que algunos quesos nos pueden enfermar?
¡Proteja a su familia!

Siempre compre queso fresco bien refrigerado y que esté hecho con leche pasteurizada.
Siempre compre queso fresco en la tienda.

Además, que tenga marca.

¡Nunca compre queso fresco en la calle!

Para más información vaya al <http://www.cdc.gov/spanish/listeria/>

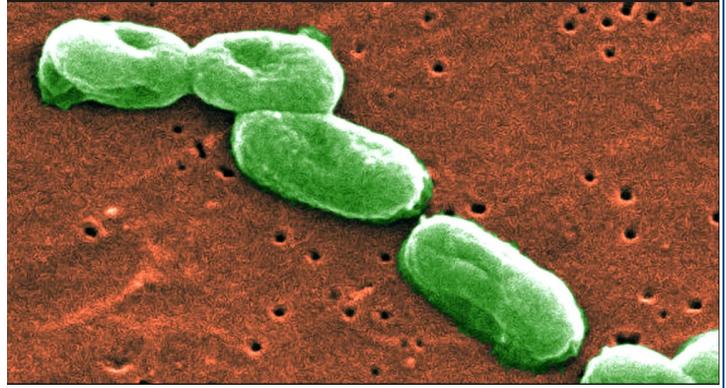
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<https://www.cdc.gov/usmexicohealth/pdf/queso-fresco-8.5x11.pdf>

BURKHOLDERIA CEPACIA

Burkholderia cepacia, also known as *B. cepacia* complex, (BCC) is a gram-negative bacillus found in various water and soil environments. It is often resistant to common antibiotics. *B. cepacia* poses minimal risk to healthy individuals, but can affect those with weakened immune systems and chronic lung diseases, such as cystic fibrosis (CF). Prior outbreaks of *B. cepacia* infections have been linked to practices within healthcare settings, as well as contaminated products like nasal sprays, liquid stool softeners, and saline flushes.



In the spring of 2019, the IDPH Communicable Disease Control Section (CDCS), in consultation with CDC, investigated eight patients who developed *B. cepacia* bloodstream infections identified by two Springfield hospitals. Positive culture dates ranged from October 2018 through March 2019. Underlying conditions varied and none had CF, although most had frequent and extensive interactions with the healthcare system. Isolates from five patients were tested by CDC and found to be indistinguishable molecularly. CDC noted that this was a unique strain that has not previously been seen in the United States. Isolates from two other patients were a different strain from the first five, but were indistinguishable from each other.

An extensive investigation was conducted to identify possible sources of infection. All eight patients received care at an allergy and respiratory clinic in Springfield, Illinois. No other common exposures were identified. In the month before their positive culture date, six (75%) patients had a port or other line that was accessed at the clinic, five (62.5%) had labs drawn, five (62.5%) had nebulizer treatments, and six (75%) received injections (e.g., a vaccine).

Once the common clinic was identified, site visits were conducted, and corrective actions recommended. The clinic is in the process of implementing these recommendations.

The IDPH CDCS appreciates the efforts of the hospitals, local health departments, the clinic, and the *Burkholderia cepacia* Research Laboratory and Repository at the University of Michigan for their assistance with this investigation.

IDPH CD NEWS

WELCOME!

Carolyn Haberman has joined the CDCS as the new Assistant Section Chief. Carolyn worked for IDPH Division of Laboratories as a Clinical Laboratory Technologist I for 13 years and as a Laboratory Quality Specialist II for 3.5 years becoming certified as a Water Certification Officer by USEPA (IDPH drinking water program) and a Laboratory Evaluation Officer (Grade A Milk Program). Carolyn has worked as a Public Service Administrator in the IDPH Environmental Health Childhood Lead Poisoning Prevention Program and HIV/AIDS Prevention Program.

Howard “Mitch” Nance has returned as the Administrative Assistant for the CDCS after leaving in 2018 to work in the IDPH Newborn Screening program. Mitch originally came to the CD section in 2017 when he served as the Office Coordinator. Prior to this, he has also worked in the IDPH Division of Long Term Care and Illinois Department of Revenue.

For a complete list of staff and disease assignments check out the CD Staff Directory and Disease POC List on the CD Web Portal page.



The IDPH CDCS would like to thank all local health department (LHD) staff for their hard work with multiple, ongoing outbreaks.

Hepatitis A: Many LHDs have put forth extra efforts in the hepatitis A outbreak response by conducting enhanced surveillance and education on hepatitis A, and by participating in the mass vaccination campaign within their jurisdictions for populations at high risk. Although Illinois is continuing to see outbreak-related cases of hepatitis A, Illinois case counts are not nearly as high as other states experiencing similar outbreaks, due in-part to your prevention and containment efforts. A special shout-out to Edgar County Health Department for their aggressive and comprehensive efforts to contain transmission in their county.

Mumps: Kudos to the LHDs who have been recently managing mumps outbreaks! Will County responded promptly and worked diligently to identify mumps cases, provide education, and encourage vaccination for a university-related mumps outbreak. McHenry County has provided excellent guidance and oversight for mumps outbreaks in correctional and community group settings. As a result of the professional expertise and diligence of these local health departments, mumps outbreaks have been carefully managed and many individuals were vaccinated to help prevent additional cases.

Measles: Kudos to all LHDs this year involved with suspect and confirmed measles investigations. Measles investigations are very time consuming, even for investigations that end up not being true measles cases, so we want to thank each one of you for a job well done! Given the U.S.-wide measles increase, we suspect that there will be more reports throughout the year and are confident Illinois LHDs can handle these critical investigations. Special thanks to jurisdictions who have been involved with confirmed measles case and outbreak investigations this year, namely Champaign, DeKalb, Kane, Cook and Chicago.

HEPATITIS SPOTLIGHT

IDPH was recently awarded two grants from the Association of State and Territorial Health Officials (ASTHO) to increase capacity for hepatitis epidemiology and assist with the initial stages of developing a hepatitis elimination plan for the state of Illinois.

One grant is funding the development of an epidemiologic profile for hepatitis B and hepatitis C in Illinois. This profile will summarize surveillance data, hospital discharge data, mortality data, birth data, and provide information regarding how the opioid epidemic has impacted viral hepatitis in Illinois. The overarching goals of the epidemiologic profile are to: document, interpret and frame the dimensions and burden of the hepatitis B and C epidemic in county level, regional, and statewide terms; increase public/professional awareness of viral hepatitis in Illinois; provide local partners (local health departments and community groups) with information needed to plan and respond to viral hepatitis; and drive policies and decision-making for hepatitis prevention, care, and planning.

The second grant is funding a disease burden model, developed by the CDA Foundation, for hepatitis C for Illinois. The model will predict the number of viremic infections, over time and determine the number needed to treat to achieve a 90% reduction in viremic cases by 2030. IDPH will also be attending a national hepatitis meeting in July to discuss elimination strategies and gain insight on developing a statewide elimination plan.



PYTHIUM INSIDIOSUM

Background

Pythium insidiosum can cause pythiosis, a rare and serious disease primarily in humans, dogs and horses, however isolated cases have occurred in other mammals. The organism is an oomycete, a fungal like organism. The disease is transmitted after direct contact with stagnant fresh water such as like swamps, ponds, lakes and rice paddies. Human and horse hair, skin and decaying animal and plant tissue are chemoattractants for the zoospores. This is the only member in the genus that can infect mammals as other members of the genus infect plants.

The organism was previously described as a tropical or subtropical disease and found in southeast Asia, Australia, New Zealand and South America. Most cases are reported from exposures in Thailand, however, cases have been identified in persons or animals exposed in many states in the U.S.

In late 2018, a case was described in an Illinois resident who had waded in stagnant water in Spoon River tributaries in the Knox and Henry County area (pictures below are from this patient).

Disease

Symptoms include granulomatous cutaneous and subcutaneous lesions. Pythiosis can affect major arteries, usually of the lower extremities and can cause death. Ocular disease can occur and consists of ulcerative keratitis which can progress to endophthalmitis and require enucleation.

Diagnosis

This organism will grow at 38°C, which is higher than typical temperature for incubating cultures. There are laboratories such as the University of Washington in Seattle that can run RNA sequencing to identify which organism is responsible for the infection.

Treatment

This organism is not susceptible to antifungal agents and excision may be needed. An immunotherapy has been prepared from dog-derived and horse-derived antigen. Although this product is not approved for use in people, the U.S. Food and Drug Administration may be willing to give an emergency authorization for use in humans.

Prevention

Persons should avoid contact with stagnant bodies of water. Owners should attempt to keep dogs and horses out of stagnant water.

Reporting

Cases of *Pythium insidiosum* infection can be reported in Illinois as an unusual case/cluster and entered into the Illinois' National Electronic Disease Surveillance System.



ILLINOIS' NATIONAL ELECTRONIC DISEASE SURVEILLANCE SYSTEM (I-NEDSS) RELEASE

I-NEDSS Release 16.0 was deployed on March 21, 2019. Release 16.0 was a large deployment with approximately 100 changes, some of which were database changes that may not be noticeable by end users. For additional details on all of the implemented changes, please visit the IDPH Web Portal, I-NEDSS Info page.

Below are a few examples of the changes from the release:

1. New business rules on "Patient attends/resides in" that requires the field be answered at closure for any case whose Address Type is anything other than "Home or Homeless"
2. A Current Gender field has been added on the Demographic page (see picture)

3. Added the disease module
Carbapenem-resistant
Enterobacteriaceae

Demographic - Add or update person current name, address, phone, identification information.

Name:	Test Severedengue
DOB:	03/18/1988
Current Age:	27 Years
Sex at Birth:	Male
Current Gender:	Male
Marital Status:	
Deceased:	Yes
Deceased Date:	07/04/2015
Parent/Guardian Name:	
Communicates in English?	
Primary Language:	
Ethnicity:	Not Hispanic or not Latino
Race:	White
Home Phone:	
Work Phone:	
Cell Phone:	
Email:	
Phones Comment:	
Address Type:	Home

4. Changed wording for the "If the patient died, did the patient die ..." question on the General Illness page to: "If the patient died, did the patient die from this illness or complications from this illness?". This will be a **REQUIRED** field if you answered "Yes" to the Deceased question on the Demographic page. This field is important for categorizing deaths associated with infections, and no longer is indicating the disease caused the death. Please investigate all deaths to answer this question accurately. I-NEDSS matches to the IDPH Vital Records System monthly and updates Person Data.

OUTBREAK REPORTING SYSTEM (ORS) CHANGES FOR LOCAL HEALTH DEPARTMENTS

The IDPH ORS 6.1 release was deployed on April 4, 2019. Changes include additional fields for:

- the number of asymptomatic, screening positive;
- non-invasive disease, and
- invasive disease cases

for person-to-person outbreaks that are not gastrointestinal, for example bacterial outbreaks due to Group A *Streptococcus* or MRSA in settings where screening of patients may occur.

Local health departments will also see questions for the number of cases by sex and age for person-to-person (not vaccine preventable disease) outbreaks, but if the

breakdown is not known, the number of cases without that information should be entered in Unknown.

Additionally, the Location of Exposure and Location of Source must be entered for all outbreaks, so there are now two checkboxes that will copy all data from the Location of Exposure to the Location of Source, except the Type of Source which will still need to be selected.

Date of First Onset (Required) : 04/15/2019 Date of Last Onset:

Non-staff meeting Illness Case Definition:

of asymptomatic, screening positive cases:

of non-invasive disease cases:

of invasive disease cases:

Staff meeting Illness Case Definition:

Visitors meeting Illness Case Definition:

Total # meeting Illness Case Definition (Required):

Attack rate (percentage): %

QUICK SUMMARY OF NON-FOOD AND NON-WATERBORNE OUTBREAKS, ILLINOIS 2018

Highlights

- 247 non-foodborne, non-waterborne (NFW) outbreaks with 5,091 persons affected were reported; 51% of the outbreaks had suspect etiologies, 46% had a confirmed etiology, and 3% were unknown
- 370 cases were hospitalized and there were 13 fatalities
- Mode of transmission – person-to-person (96%); animal contact (2%); inhalation of contaminated drug (0.4%), and unknown mode (1%)
- Top four locations where outbreaks occurred were long term care facilities, assisted living facilities, schools and hospitals or clinics

Geographic Location of Outbreaks by County

NFW outbreaks were reported from the following counties: Cook (47), DuPage (41), Lake (21), Kane (16), Tazewell (12), Sangamon (10), McHenry (9), LaSalle (7), Champaign (5), Logan (5), Madison (5), Peoria (4), Will (4), Winnebago (4), Jo Daviess (4), Clark (3), Knox (3), Mason (3), St Clair (3), DeKalb (3), McLean (3), Macon (3). There were two each for Adams, Ford, Greene, Iroquois, McDonough, Morgan, Vermilion and Woodford. There was one outbreak each for the counties of Christian, Clinton, Jersey, Kendall, Lee, Livingston, Macoupin, Marion, Montgomery, Randolph, Rock Island, Whiteside and Williamson. There were three multi-state outbreaks in which Illinois residents were affected.

Bacterial pathogens causing outbreaks

- Methicillin-resistant *Staphylococcus aureus* (9)
- *Clostridium difficile* (5)
- *Salmonella* spp. (5)
- *Streptococcus*, Group A (5)
- *Shigella* (3)
- *Campylobacter* (1)
- Extended spectrum beta-lactamase (1)
- *Leuconostoc* (1)
- *Staphylococcus aureus* (1)
- *Stenotrophomonas* (1)

Viral agents causing outbreaks

- Norovirus (164)
- Human respiratory syncytial virus (9)
- Hand, foot and mouth disease (8)
- Metapneumovirus (2)
- Rotavirus (2)
- Multiple enteric or respiratory viruses (3)

Parasitic agents causing outbreaks

- Scabies (17)
- Cryptosporidiosis (1)

Figure 1. Number of Non Foodborne Non Waterborne Outbreaks by Month of First Onset, Illinois, 2018

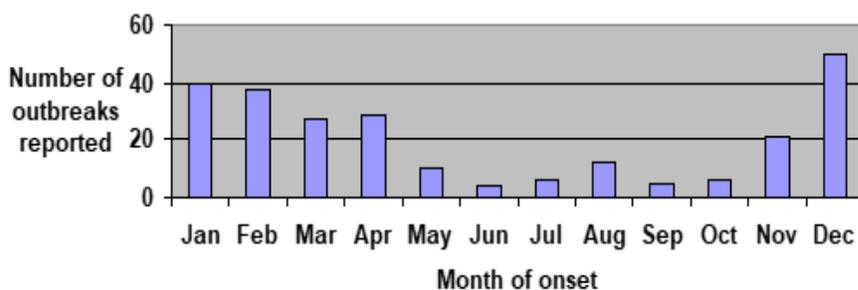
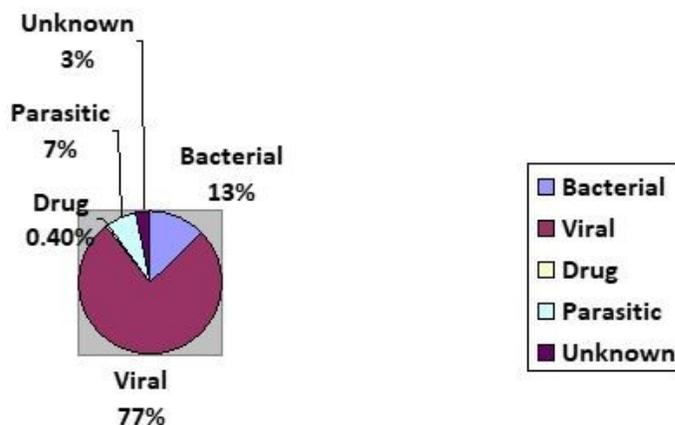


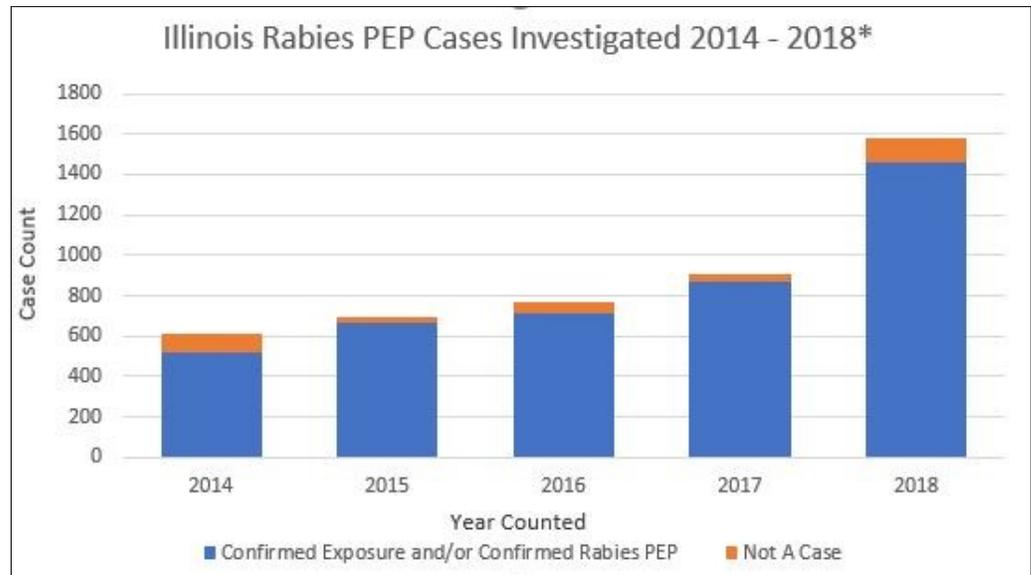
Figure 2. Types of Etiologic Agents Involved in NFW Outbreaks, Illinois, 2018



INCREASE IN RABIES POST-EXPOSURE PROPHYLAXIS (PEP) CASE INVESTIGATIONS

In 2018, the CDCS began working with the IDPH Immunization Program’s I-CARE team to obtain reports extracted from the application where rabies vaccine was administered. Upon receiving the reports and investigating those receiving rabies vaccine, it was soon discovered that there were many unreported rabies, potential human exposure cases where rabies post-exposure prophylaxis (PEP) was provided. Potential human exposure to rabies is classified as a class I(b) disease and should be reported as soon as possible, but within 24 hours to the local health authority. Local health departments are encouraged to work with their providers who are not currently reporting this reportable condition and make them aware that reporting is mandatory per the [Control of Communicable Disease Code](#).

In 2018, there were 1,583* rabies, potential exposure cases investigated and 1,464* cases confirmed compared to 905 cases investigated and 869 cases confirmed in 2017, which is a 74.9% increase in total cases investigated and 68.5% increase in confirmed cases.



* 2018 data is provisional and subject to change

Figure 1. Number of Rabies PEP Cases Investigated

TRANSITIONING TO WHOLE GENOME SEQUENCING

The IDPH Laboratories recently began whole genome sequencing (WGS) of *Listeria*, *Salmonella* and shiga toxin-producing *E. coli* isolates sent to the state lab. WGS provides more precise data for identifying outbreaks and will eventually replace pulsed-field electrophoresis (PFGE). Local health departments will begin to notice WGS allele codes and PNUSA numbers in I-NEDSS Lab and Provider Reporting to merge into case records. The IDPH Laboratories and Foodborne Program will continue to monitor all sequencing data to identify outbreaks. Keep an eye out for a training on WGS in the future.



CD SECTION TRAINING SCHEDULE

2019 CD WEBINAR TOPICS

- | | |
|--|-----------------------------------|
| ✓ Arboviral | ✓ TB Infection Control |
| ✓ Pertussis | ✓ Influenza |
| ✓ Waterborne Outbreaks/Interagency Cooperation | ✓ Infection Control |
| ✓ Whole Genome Sequencing | ✓ Outbreaks & Other Urgent Events |

See the [IDPH Training Resources](#) web portal page for dates/times and to register.

Epidemiology of Infectious Diseases

	2018					2019*			YTD % Change
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Year	Jan-Mar	Apr-Jun	Year	
Babesiosis	0	0	0	1	1	0	0	0	NA
Botulism, Foodborne	0	0	0	0	0	0	0	0	NA
Brucellosis	2	1	0	0	3	0	1	1	-66.7%
<i>Campylobacter</i>	485	674	782	497	2438	519	385	904	-22.0%
Chikungunya	1	3	4	2	10	2	2	4	0.0%
Cryptosporidiosis	45	90	210	80	425	71	38	109	-19.3%
<i>Cyclospora</i>	2	322	925	7	1256	4	15	19	-94.1%
Dengue	2	2	3	6	13	3	4	7	75.0%
Ehrlichiosis/Anaplasmosis	5	22	27	2	56	5	20	25	-7.4%
<i>H. influenzae</i>	59	72	56	51	238	59	67	126	-3.8%
Hepatitis A	10	20	26	37	93	54	54	108	260.0%
Hepatitis C Acute	19	37	23	26	105	22	8	30	-46.4%
Histoplasmosis	59	50	49	41	199	61	44	105	-3.7%
<i>Legionella</i>	49	137	221	102	509	59	45	104	-44.1%
Listeriosis	5	2	9	5	21	3	6	9	28.6%
Lyme Disease	25	90	128	33	276	20	49	69	-40.0%
Malaria	9	28	16	12	65	13	7	20	-45.9%
Measles	1	2	1	1	5	7	2	9	200.0%
MRSA, Age <61 days <small>not reportable in 2019</small>	36	34	29	53	152	1	0	1	-98.6%
Mumps	60	109	76	55	300	39	20	59	-65.1%
<i>Neisseria meningitidis, Invasive</i>	1	2	2	2	7	4	3	7	133.3%
Pertussis	79	49	89	153	370	132	93	225	75.8%
Q fever	1	2	1	3	7	1	4	5	66.7%
Rabies - positive animals	1	14	64	6	85	2	6	8	-46.7%
Rabies - potential human exposure	208	361	686	207	1462	167	158	325	-42.9%
Salmonellosis	307	550	816	360	2033	391	213	604	-29.5%
Shiga toxin producing <i>E. coli</i>	86	148	148	108	490	82	82	164	-29.9%
Shigellosis	101	91	116	95	403	95	76	171	-10.9%
Spotted Fever Rickettsioses	8	81	54	8	151	4	24	28	-68.5%
VISA/VRSA	2	4	2	1	9	1	3	4	-33.3%
<i>Streptococcus, Group A, invasive</i>	197	136	67	108	508	162	106	268	-19.5%
Tularemia	0	2	3	1	6	0	2	2	0.0%
Typhoid Fever	5	7	8	9	29	8	2	10	-16.7%
Varicella	94	104	84	112	394	113	94	207	4.5%
<i>Vibrio spp. Non-cholera</i>	13	17	53	21	104	21	15	36	20.0%
West Nile Virus Infection	0	0	171	5	176	0	0	0	NA
Yersiniosis	9	5	6	10	30	0	0	0	-100.0%
Zika	1	1	1	0	3	0	0	0	-100.0%

Closed confirmed and probable cases. Year and quarter based on onset date. Not all reportable diseases included.

* Data are provisional and subject to change.

	2018					2019*	
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Year	Jan-Mar	Apr-Jun
ALL OUTBREAKS[^]	363	90	65	116	634	231	30
Foodborne Outbreaks	11	21	27	19	78	6	2
Waterborne Outbreaks	1	2	4	3	10	1	0
Person-to-person Outbreaks	348	65	30	94	537	221	28
Other/Unspecified Outbreaks	3	2	4	0	9	3	0

Closed and counted outbreaks. Year and quarter based on first onset date.

[^]Total number of outbreaks includes those associated with foodborne, waterborne, person-to-person, vaccine preventable diseases and those with unknown mode of transmission.

* Data are provisional and subject to change.

The Journey of Your Child's Vaccine

Before a new vaccine is ever given to people, extensive lab testing is done that can take several years. Once testing in people begins, it can take several more years before clinical studies are complete and the vaccine is licensed.

How a new vaccine is developed, approved and manufactured

The Food and Drug Administration (FDA) sets rules for the three phases of clinical trials to ensure the safety of the volunteers. Researchers test vaccines with adults first.

PHASE 1	PHASE 2	PHASE 3
20-100 healthy volunteers	several hundred volunteers	hundreds or thousands of volunteers
<ul style="list-style-type: none"> Is this vaccine safe? Does this vaccine seem to work? Are there any serious side effects? How is the size of the dose related to side effects? 	<ul style="list-style-type: none"> What are the most common short-term side effects? How are the volunteers' immune systems responding to the vaccine? 	<ul style="list-style-type: none"> How do people who get the vaccine and people who do not get the vaccine compare? Is the vaccine safe? Is the vaccine effective? What are the most common side effects?

FDA licenses the vaccine only if: It's safe and effective. Benefits outweigh risks.

Manufacturers must test all lots to make sure they are safe, pure and potent. The lots can only be released once FDA reviews their safety and quality.

The FDA inspects manufacturing facilities regularly to ensure quality and safety.

FOR MORE INFORMATION, VISIT [HTTPS://WWW.FDA.GOV/CBER](https://www.fda.gov/cber)

How a vaccine is added to the U.S. Recommended Immunization Schedule

If the FDA licenses a vaccine, experts may consider adding it to the recommended immunization schedule.

Need Immunization Resources?

See the [CDC Vaccines for Your Children](#) web site for posters, videos, infographics, fact sheets and PSAs.

HOW VACCINES STRENGTHEN YOUR BABY'S IMMUNE SYSTEM



2019 Recommended Immunizations for Children from Birth Through 6 Years

Age	Immunization
Birth	HepB
1 month	HepB
2 months	RV, DTaP, Hib, PCV13, IPV
4 months	RV, DTaP, Hib, PCV13, IPV
6 months	RV, DTaP, Hib, PCV13, IPV
12 months	Hib, PCV13, IPV
15 months	Hib, PCV13
18 months	DTaP, Hib, PCV13, IPV
19-23 months	Influenza (Yearly)
2-3 years	Influenza (Yearly)

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The

MEASLES
More than just a little rash

MEASLES CAN BE DANGEROUS
Especially for babies and young children

Measles can lead to...
PNEUMONIA



Have a question? Need some help? Have a suggestion? IDPH Communicable Disease Control Section (CDCS)

- ⇒ Phone: 217-782-2016
- ⇒ Fax: 217-524-0962
- ⇒ After Hours: 217-782-7860 or 800-782-7860
- ⇒ Address: 525 W. Jefferson St, Floor 1, Springfield, IL 62761
- ⇒ Web Portal (registered users): portalhome.dph.illinois.gov
- ⇒ IDPH Website: idph.state.il.us