



DuPage County Health Department R E V I E W

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(630) 682-7979, ext. 7046

Immunizations
(630) 682-7400

Sexually Transmitted Diseases
(630) 682-7979, ext. 7575

HIV/AIDS
(630) 682-7979, ext. 7310

Tuberculosis
(630) 682-7522

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(630) 682-7979, ext. 7300

Travel Clinic
(630) 682-7979, ext. 7590

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(630) 407-2800

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send suggestions or to be added
to the distribution list.

The purpose of this two-page surveillance update is to promote the control and prevention of **communicable disease (CD)** by providing clinically relevant information and resources to healthcare professionals in DuPage County.



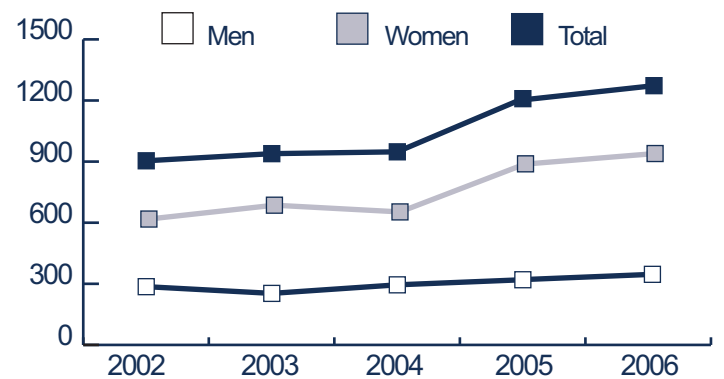
Under the Microscope *Chlamydia trachomatis*

For questions or to report suspect or known cases of chlamydia, please call the DuPage County Health Department at (630) 682-7979, ext. 7575.

Physicians and other healthcare providers play a critical role in preventing and treating sexually transmitted diseases (STDs), and *Chlamydia trachomatis* infections are not only among the **most prevalent of all STDs**, but the **most frequently reported notifiable disease in the United States**.^{1,2}

Statistics: In 2005, 976,445 chlamydial infections were reported to the Centers for Disease Control and Prevention (CDC) from 50 states and the District of Columbia. This case count corresponds to a **national rate of 332.5 cases per 100,000 population**, an increase of 5.1% compared with the rate of 316.5 in 2004. Illinois ranked 7th by rate, with 50,559 cases reported in 2005, and a corresponding rate of 397.7 cases per 100,000 population. The increases in reported cases and rates likely reflect the continued expansion of screening efforts and increased use of more sensitive diagnostic tests; however, **this trend may also reflect an actual increase in infections**.²

Cases of Chlamydia in DuPage County by Sex, 2002-2006



In 2005, the overall **rate of reported chlamydia among women** in the United States (496.5 cases per 100,000 females) was **over three times higher than the rate among men** (161.1 cases per 100,000 males), likely reflecting a greater number of women screened for this infection. With the advent of highly sensitive nucleic acid amplification tests that can be performed on urine, **symptomatic and asymptomatic men are increasingly being diagnosed** with chlamydia.²

Sequelae: In women, chlamydia (often asymptomatic) may result in **pelvic inflammatory disease (PID)**, which is a major cause of **infertility, ectopic pregnancy, and chronic pelvic pain**. Chlamydia can also **facilitate the transmission of HIV infection**. In addition, pregnant women infected with chlamydia can pass the infection to their infants during delivery, potentially resulting in **ophthalmia neonatorum and pneumonia**. Complications from chlamydia among men are relatively uncommon, but may include **epididymitis and urethritis**.²

Annual screening of all sexually active women aged ≤ 25 years is recommended, as is screening of **older women with risk factors** (e.g., those who have a new sex partner or multiple sex partners). **All pregnant women** should also have a screening test for chlamydia. Screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics). An appropriate sexual risk assessment should be conducted for all persons and might indicate more frequent screening for some women or certain men.²

Since the majority of post-treatment infections result from reinfection, **clinicians should consider advising all women with chlamydial infection to be retested approximately 3 months after treatment, regardless of whether the patient believes that her sex partners were treated**. Limited evidence is available on the benefit of retesting for chlamydia in men previously infected; however, some specialists suggest retesting men approximately 3 months after treatment.¹

Prevention: In addition to screening and appropriate partner notification and management, the most reliable way to avoid transmission of STDs is to **abstain from sex** (i.e., oral, vaginal, or anal sex) or to be in a **long-term, mutually monogamous relationship with an uninfected partner**. Latex male **condoms**, when used consistently and correctly, can reduce the risk of transmission of chlamydia.¹

Healthcare providers have a unique opportunity to provide education and counseling to their patients. As part of the clinical interview, **healthcare providers should routinely and regularly obtain sexual histories from their patients and address management of risk reduction**. Counseling skills, characterized by respect, compassion, and a nonjudgmental attitude toward all patients, are essential to obtaining a thorough sexual history and to delivering prevention messages effectively.¹

References: 1. <http://www.cdc.gov/std/treatment/2006/rr5511.pdf>

2. <http://www.cdc.gov/std/chlamydia/>

DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

Required by the Illinois Department of Public Health (IDPH)

* Last updated July 2002

CD REVIEW

Volume 3, No. 2 February 2007

Vaccine Preventable Diseases	Report Within	Jan 2007	2007		2006		2005		2004		2003		Median	
			YTD	YTD	Total	YTD	Total	YTD	Total	YTD	Total	YTD	Total ('03-'06)	
Chickenpox in those < 20 yrs old	7 days	9	9	15	244	44	225	57	273	86	342	44	259	
Chickenpox in those ≥ 20 yrs old	24 hrs	1	1	0	8	0	7	2	13	2	10	1	9	
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
<i>Haemophilus influenzae</i> , invasive disease	24 hrs	0	0	2	7	3	10	0	6	0	4	0	7	
Hepatitis A	24 hrs	1	1	0	9	1	9	1	27	0	20	1	15	
Hepatitis B	7 days	1	1	1	5	0	6	1	8	0	12	1	7	
Hepatitis B (carriers)	7 days	4	4	15	139	11	147	7	146	8	136	8	143	
Measles	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Mumps	7 days	2	2	0	129	0	0	1	1	0	3	0	2	
<i>Neisseria meningitidis</i>	24 hrs	0	0	1	2	1	4	1	1	0	1	1	2	
Pertussis	24 hrs	4	4	8	25	4	29	2	127	1	12	4	27	
Poliomyelitis	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Rubella	7 days	0	0	0	0	0	0	0	0	0	0	0	0	
<i>Streptococcus pneumoniae</i> , invasive disease	7 days	5	5	8	67	4	64	5	62	9	97	5	66	
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0	
Other Communicable Diseases														
Amebiasis	7 days	0	0	0	2	0	0	0	3	1	2	0	2	
Anthrax	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Blastomycosis	7 days	0	0	0	6	1	5	0	5	1	8	0	6	
Botulism, foodborne	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Botulism, other	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Brucellosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0	
Campylobacteriosis	7 days	10	10	3	105	13	151	12	143	6	136	10	140	
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	1	0	0	
Cryptosporidiosis	7 days	0	0	0	9	0	3	0	2	1	4	0	4	
Cyclosporiasis	7 days	0	0	0	0	0	2	0	23	0	0	0	1	
Diarrhea of the newborn	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Ehrlichiosis	7 days	0	0	0	2	0	0	0	0	0	1	0	1	
Encephalitis ²	7 days	0	0	1	14	2	7	0	0	0	1	0	4	
Enteric <i>E. coli</i> infections ³	24 hrs	0	0	0	11	0	17	0	11	0	4	0	11	
Giardiasis	7 days	1	1	1	43	8	47	3	64	12	88	3	56	
Glomerulonephritis	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Hantavirus pulmonary syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	0	
Hemolytic uremic syndrome	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Hepatitis C (cases & carriers)	7 days	2	2	5	239	26	238	20	189	15	193	15	216	
Hepatitis, viral, other ⁴	7 days	0	0	0	0	0	0	0	1	0	0	0	0	
Histoplasmosis	7 days	0	0	0	1	0	0	2	6	0	2	0	2	
Legionnaires' disease	7 days	0	0	0	8	2	4	0	5	0	8	0	7	
Leprosy	7 days	0	0	0	1	0	0	0	0	0	0	0	0	
Leptospirosis	7 days	0	0	0	0	0	1	0	0	0	0	0	0	
Listeriosis	7 days	0	0	0	6	0	2	0	2	0	2	0	2	
Lyme disease	7 days	0	0	0	11	0	12	0	9	0	8	0	10	
Malaria	7 days	0	0	0	6	1	5	0	8	1	4	0	6	
Meningitis, aseptic ²	7 days	5	5	3	102	7	123	3	116	5	174	5	120	
Ophthalmia neonatorum	7 days	0	0	0	0	0	0	0	0	0	0	0	0	
Plague	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Psittacosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0	
Q fever ⁵	3 hrs	0	0	0	0	0	0	0	1	0	0	0	0	
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Rabies, potential exposure	24 hrs	0	0	0	27	0	24	0	18	0	10	0	21	
Reye syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	0	
Rheumatic fever	24 hrs	0	0	0	1	0	1	0	0	0	0	0	1	
Rocky Mountain spotted fever	7 days	0	0	0	1	0	0	0	1	0	0	0	1	
Salmonellosis	7 days	0	0	2	98	6	120	0	107	9	99	2	103	
Shigellosis	7 days	1	1	0	26	6	35	0	15	10	44	1	31	
Smallpox	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
<i>Staphylococcus aureus</i> (in those < 28 days old)	7 days	0	0	0	4	0	3	0	4	0	2	0	4	
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Streptococcal infections, group A invasive	24 hrs	2	2	4	17	1	10	0	15	2	23	2	16	
Streptococcal infections, group B invasive (in those < 3 mos old)	7 days	0	0	1	2	0	5	0	3	0	3	0	3	
Toxic shock syndrome ⁶	24 hrs	0	0	0	1	0	3	0	6	1	4	0	4	
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0	
Tuberculosis	7 days	2	2	0	47	0	29	7	46	3	62	2	47	
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
Typhoid fever	24 hrs	0	0	0	2	1	2	1	2	0	1	0	2	
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0	
West Nile disease	7 days	0	0	0	42	0	47	0	5	0	3	0	24	
Yersiniosis	7 days	0	0	0	0	0	2	0	2	0	0	0	1	
STDs, HIV and AIDS														
AIDS (Jan - Sept) ⁷	7 days	---	---	---	22	---	30	---	20	---	22	---	22	
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0	
Chlamydia	7 days	112	112	94	1310	123	1215	71	948	82	939	94	1082	
Gonorrhea	7 days	13	13	15	183	24	205	13	210	25	209	15	207	
HIV infection (Jan - Sept) ⁷	7 days	---	---	---	22	---	38	---	29	---	31	---	30	
Syphilis	7 days	1	1	3	24	0	15	0	9	1	18	1	17	

DuPage County healthcare providers and hospitals **must report any suspected or confirmed case of these diseases** to the local health authorities within the number of hours or days indicated.

REPORTING NUMBERS:

Communicable Diseases
(630) 682-7979, ext. 7553
24 hours: (630) 682-7400

Tuberculosis
(630) 682-7522

STDs
(630) 682-7979, ext. 7575

HIV/AIDS:
(630) 682-7979, ext. 7310

¹ Provisional cases, based on date of onset

² Excludes West Nile disease

³ O157:H7, STEC, EHEC, ETEC, EPEC

⁴ Includes hepatitis D and E

⁵ Q fever case in 2004 not related to any suspected bioterrorism threat or event

⁶ Includes streptococcal (reportable within 24 hours) and presumed staphylococcal (reportable within 7 days)

⁷ HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis

Websites

CDC:
www.cdc.gov

IDPH:
www.idph.state.il.us

DuPage:
www.dupagehealth.org

Archived issues of CD Review are available at:

www.dupagehealth.org/health_data/cd-review.html