



DuPage County Health Department R E V I E W

Volume 6, No. 2

February 2010

DUPAGE COUNTY
HEALTH DEPARTMENT

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General Information

Communicable Disease
(630) 682-7979, ext. 7553

Environmental Health
(630) 682-7979, ext. 7046

Immunizations
(630) 682-7400

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

HIV/AIDS
(630) 682-7400

Tuberculosis
(630) 682-7979, ext. 7522

School Health
(630) 682-7979, ext. 7300

Travel Clinic
(630) 682-7400

Animal Care & Control
(630) 407-2800

Please contact
Disease Control at
(630) 682-7979, ext. 7553 or
ebarajas@dupagehealth.org
to 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.

Chlamydia trachomatis infections are not only the **most commonly reported** notifiable disease in the U.S., they are among the **most prevalent** of all sexually transmitted diseases (STDs). Since 1994, chlamydial infections have **comprised the largest proportion of all STDs** reported to CDC, and the prevalence is **highest in persons aged <25 years**.^{1,2}

Statistics: In 2008, 1,210,523 chlamydial infections were reported to CDC from 50 states and the District of Columbia. This case count corresponds to a rate of 401.3 cases per 100,000 population, **an increase of 9.2% compared with the rate of 367.5 in 2007**.¹ Illinois ranked 9th by rate, with 59,169 cases reported in 2008, and a corresponding rate of 460.4 cases per 100,000 population (up from 55,470 and 432.3 in 2007, respectively).¹

Sequelae: Chlamydia is a bacterial infection that can easily be cured with appropriate antimicrobial therapy, but often occurs without symptoms and may go undiagnosed without screening. In women with untreated conditions, chlamydial infections may result in **pelvic inflammatory disease (PID)**, which is a major cause of **infertility, ectopic pregnancy, and chronic pelvic pain**. Data from a randomized controlled trial of chlamydia screening in a managed care setting suggested that **screening programs can lead to a reduction in the incidence of PID by as much as 60%**.¹ As with other inflammatory STDs, chlamydial infection **can 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**.¹ Complications from chlamydia among men are relatively uncommon, but may include **epididymitis and urethritis**.³

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).² **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

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.^{2,3} As part of the clinical interview, **healthcare providers should routinely and regularly obtain sexual histories from their patients and address risk reduction strategies**. 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.²

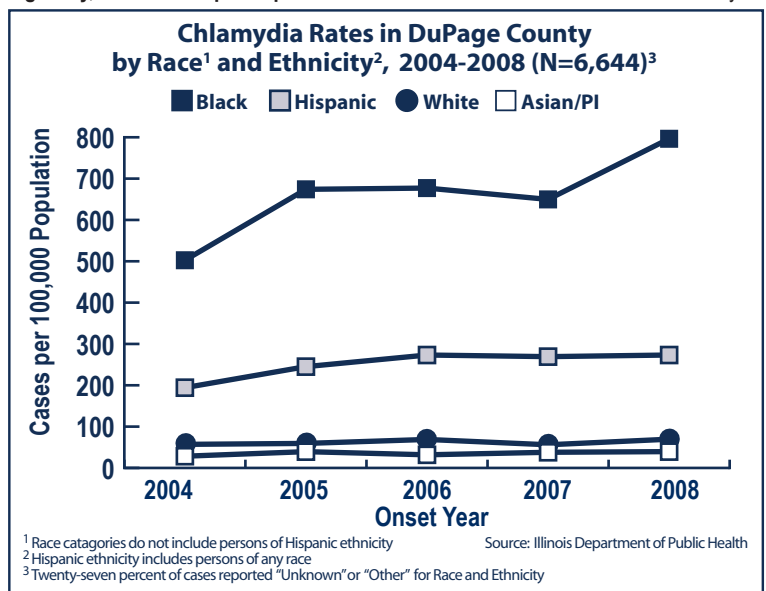
Expedited Partner Therapy: Effective January 1, 2010, Illinois health care professionals have a new option for ensuring effective partner treatment for the sex partners of patients diagnosed with *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. On August 24, 2009, Governor Pat Quinn signed Senate Bill 212 into law (PA 96-613) authorizing the use of expedited partner therapy (EPT). **EPT is the general term for the practice of treating sexual partners of patients diagnosed with chlamydia and/or gonorrhea without an intervening medical evaluation**. EPT is an alternative strategy for ensuring that sex partners receive needed medication thus **reducing the likelihood of re-infection, potential complications, and further dissemination** of these diseases within the community.

The EPT law allows health care professionals, including licensed physicians, physician assistants, and advanced practice nurses to dispense antibiotic therapy for the sex partners of individuals infected with *C. trachomatis* and *N. gonorrhoeae*, even if they have not been able to perform an exam of the patient's sex partner(s).

The Illinois Department of Public Health (IDPH) STD Section staff has developed **EPT guidelines that provide information on appropriate patients, medications, counseling procedures and fact sheets in both English and Spanish** for infected patients and their sex partners. These documents can be found on the IDPH website: www.idph.state.il.us/health/std/ept_cg.htm. For questions or assistance regarding EPT, please call the STD Section at 217-782-2747.

References:

1. www.cdc.gov/std/stats08/chlamydia.htm
2. www.cdc.gov/std/treatment/2006/rr5511.pdf
3. www.cdc.gov/std/chlamydia/



DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

* Last updated by the Illinois Department of Public Health in March 2008

Vaccine Preventable Diseases	Report Within	2010		2009		2008		2007		2006		Median	
		Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total ('05-'08)
Chickenpox (varicella)	24 hrs	10	9	146	7	173	10	177	15	252	10	175	
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Haemophilus influenzae, invasive	24 hrs	0	1	10	0	6	0	5	3	7	0	6.5	
Hepatitis A	24 hrs	0	2	14	1	16	1	26	1	12	1	15	
Hepatitis B	7 days	0	2	8	0	4	2	9	0	4	0	6	
Hepatitis B (carriers)	7 days	3	9	109	13	128	17	168	17	159	13	143.5	
Influenza, deaths in < 18 yrs old	7 days	0	0	1	0	0	0	NR	0	NR	0	0.5	
Measles (rubeola)	24 hrs	0	0	1	0	15	0	0	0	0	0	0.5	
Mumps	24 hrs	0	0	2	0	2	2	13	0	130	0	7.5	
Neisseria meningitidis, invasive	24 hrs	0	0	6	0	4	0	1	1	2	0	3	
Pertussis (whooping cough)	24 hrs	1	4	26	1	13	6	9	10	26	4	19.5	
Polio	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Rubella	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Streptococcus pneumoniae, invasive disease, in those < 5 yrs old	7 days	0	2	8	0	6	0	10	2	8	0	8	
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	
Other Communicable Diseases													
Anaplasmosis ²	7 days	0	0	0	0	0	NR	NR	NR	NR	--	--	
Anthrax	3 hrs	0	0	0	0	0	0	0	0	0	0	0	
Botulism, foodborne	3 hrs	0	0	0	0	0	0	0	0	0	0	0	
Botulism, other	24 hrs	0	0	0	0	0	0	1	0	0	0	0	
Brucellosis	3 hrs	0	0	0	0	0	0	0	0	0	0	0	
California encephalitis ³	7 days	0	0	0	0	0	NR	NR	NR	NR	0	0	
Cholera	24 hrs	0	0	0	0	1	0	0	0	0	0	0	
Creutzfeldt-Jakob disease	7 days	0	0	0	0	0	NR	NR	NR	1	0	0	
Cryptosporidiosis	7 days	0	0	4	0	2	0	5	0	9	0	4.5	
Cyclosporiasis	7 days	0	0	1	0	0	0	0	0	0	0	0	
Ehrlichiosis ²	7 days	0	0	0	0	0	0	1	0	2	0	0.5	
Enteric E. coli infections ⁴	24 hrs	1	1	11	0	21	0	7	0	8	0	9.5	
Giardiasis	7 days	4	4	40	4	57	3	68	2	47	4	52	
Glomerulonephritis ⁵	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Hantavirus pulmonary syndrome	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Hemolytic uremic syndrome	24 hrs	0	0	0	0	1	0	0	0	0	0	0	
Hepatitis C (cases & carriers)	7 days	2	25	221	20	261	23	301	21	272	21	266.5	
Hepatitis D	7 days	0	0	0	0	0	NR	NR	NR	NR	0	0	
Histoplasmosis	7 days	0	1	2	0	6	0	6	1	1	0	4	
Influenza A, novel virus	3 hrs	5	0	181	0	0	NR	NR	NR	NR	0	90.5	
Legionellosis	7 days	1	0	13	0	5	0	13	0	9	0	11	
Leprosy	7 days	0	1	1	0	0	0	0	0	1	0	0.5	
Leptospirosis	7 days	0	0	0	0	0	0	1	0	0	0	0	
Listeriosis	7 days	0	0	3	0	1	0	1	1	6	0	2	
Lyme disease ²	7 days	0	0	18	0	17	0	16	0	10	0	16.5	
Malaria	7 days	0	1	4	1	5	0	7	0	6	0	5.5	
Ophthalmia neonatorum	7 days	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	
Psittacosis	7 days	0	0	0	0	0	0	0	0	0	0	0	
Q fever ⁶	3 hrs	0	0	0	0	0	0	0	0	0	0	0	
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Rabies, potential exposure	24 hrs	0	0	15	1	46	0	52	1	28	0	37	
Rhyme syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	
Rheumatic fever ⁵	24 hrs	0	0	0	0	0	0	0	0	1	0	0	
Rocky Mountain spotted fever ²	7 days	0	0	0	0	0	0	0	0	1	0	0	
Salmonellosis	7 days	5	9	91	8	108	8	140	5	103	8	105.5	
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	NR	NR	NR	NR	0	0	
Shigellosis	7 days	0	4	13	5	28	2	18	1	27	2	22.5	
Smallpox	3 hrs	0	0	0	0	0	0	0	0	0	0	0	
Smallpox vaccination, complications	24 hrs	0	0	0	0	0	NR	NR	NR	NR	0	0	
St. Louis encephalitis ³	7 days	0	0	0	0	0	NR	NR	NR	NR	0	0	
Staphylococcus aureus, methicillin resistant (MRSA), in those < 61 days old	24 hrs	0	2	6	0	3	NR	NR	NR	NR	0	4.5	
Staphylococcus aureus, methicillin resistant (MRSA), community cluster ⁷	24 hrs	0	0	1	0	4	NR	NR	NR	NR	0	2.5	
Staphylococcus aureus (vancomycin-resistant)	24 hrs	1	0	0	0	0	0	1	0	0	0	0	
Streptococcal infections, group A invasive disease ⁸	24 hrs	1	1	15	1	16	2	11	4	18	1	15.5	
Toxic shock syndrome ⁹	7 days	0	0	0	0	1	0	2	0	1	0	1	
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	
Tuberculosis	7 days	3	1	29	2	43	2	27	4	44	2	36	
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	
Typhoid fever	24 hrs	2	1	5	0	3	0	7	0	2	0	4	
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Vibriosis (non-cholera)	7 days	0	0	2	0	0	NR	1	NR	2	0	1.5	
West Nile disease ³	7 days	0	0	0	0	1	0	10	0	43	0	5.5	
Yersiniosis	7 days	0	1	4	0	1	0	1	0	0	0	1	
STDs, HIV and AIDS													
AIDS ¹⁰ (October - December)	7 days	--	--	21	--	22	--	20	--	32	--	21.5	
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	
Chlamydia	7 days	102	154	1362	133	1587	116	1522	103	1346	116	1442	
Gonorrhea	7 days	13	20	198	34	268	15	251	17	192	17	224.5	
HIV infection ¹⁰ (October - December)	7 days	--	--	28	--	23	--	22	--	25	--	24	
Syphilis	7 days	0	4	28	3	18	1	18	3	24	3	21	

CD REVIEW

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

Tuberculosis
(630) 682-7400, ext. 7522

STDs
(630) 682-7400, ext. 7575

HIV/AIDS:
(630) 682-7400, ext. 7310

¹ Provisional cases, based on date of onset

² Listed in CD Rules and Regulations under "Tickborne Disease"

³ Listed in CD Rules and Regulations under "Arboviral Infections"

⁴ O157:H7, STEC, EIEC, ETEC, EPEC

⁵ Listed in CD Rules and Regulations under "Streptococcal infections, group A invasive disease sequelae"

⁶ Q fever case in 2004 not related to any suspected bioterrorism threat or event

⁷ Two or more laboratory-confirmed cases of community onset MRSA infection during a 14 day period

⁸ Includes streptococcal toxic shock syndrome and necrotizing fasciitis

⁹ Due to *Staphylococcus aureus*

¹⁰ HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis

NR = Not reported

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