



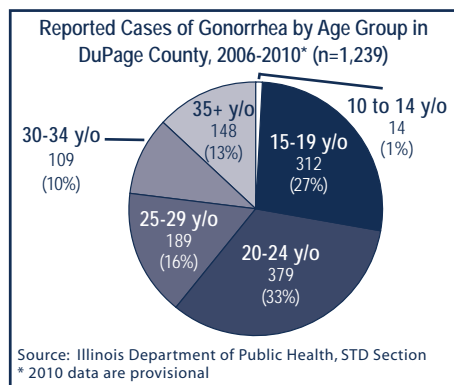
The purpose of this two-page surveillance update is to promote the control and prevention of communicable disease (CD) by providing clinically relevant information and resources to healthcare professionals in DuPage County.

Under the Microscope *Neisseria gonorrhoeae*

For questions or to report a suspect or known case of gonorrhea, please call the DuPage County Health Department at (630) 682-7979, ext. 7553.

Gonorrhea is a sexually transmitted disease (STD) caused by *Neisseria gonorrhoeae*, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and in the urethra in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus.¹ Gonorrhea is the second most frequently-reported notifiable disease in the U.S. (second only to chlamydia).²

In the U.S., prior to 1996, gonorrhea rates among men were higher than rates among women. Since that time, rates have been similar among women and men; during the past 3 years, however, an increasing trend nationally shows slightly lower rates among men. Gonorrhea rates continued to be highest among adolescents and young adults. In 2009, women aged 15–19 and 20–24 years had the highest rates of gonorrhea. Among men, the rate was highest among those aged 20–24 years.²



Centers for Disease Control and Prevention (CDC) surveillance data show much higher rates of reported STDs among some racial or ethnic minority groups than among whites. In 2009, U.S. gonorrhea rates remained highest among blacks. Similar to recent years, the rate among blacks was 20.5 times higher than the rate among whites.² Acknowledging disparities in STD rates is one of the first steps in empowering affected communities to focus on the problem and helping the public health community direct prevention and treatment resources appropriately.³

The majority of urethral infections caused by *N. gonorrhoeae* among men produce symptoms that cause them to seek curative treatment soon enough to prevent serious sequelae (e.g., epididymitis, infertility), but treatment might not be soon enough to prevent transmission to others. Among women, gonococcal infections might not produce recognizable symptoms until complications such as pelvic inflammatory disease (PID) have occurred. PID can result in tubal scarring that can lead to infertility or ectopic pregnancy.⁴ In addition, epidemiologic and biologic studies provide strong evidence that gonococcal infections facilitate the transmission of HIV infection.²

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk.⁴ Women aged <25 years are at highest risk for gonorrhea infection, and are frequently asymptomatic. Other risk factors for gonorrhea include a previous gonorrhea infection, other STDs, new or multiple sex partners, inconsistent condom use, engaging in commercial sex work, and drug use. All patients tested for gonorrhea should be tested for other STDs, including chlamydia, syphilis, and HIV.⁴

Updated guidance on gonococcal infection diagnostic and treatment considerations are included in the recently issued CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010.⁴ Due to increasing prevalence of antimicrobial-resistant *N. gonorrhoeae*, as of April 2007, quinolones are no longer recommended in the U.S. for the treatment of gonorrhea and associated conditions (e.g., PID). Consequently, only one class of antimicrobials, the cephalosporins, is recommended and available for the treatment of gonorrhea in the U.S. Continued surveillance for antimicrobial resistance is crucial for guiding local therapy recommendations.⁴

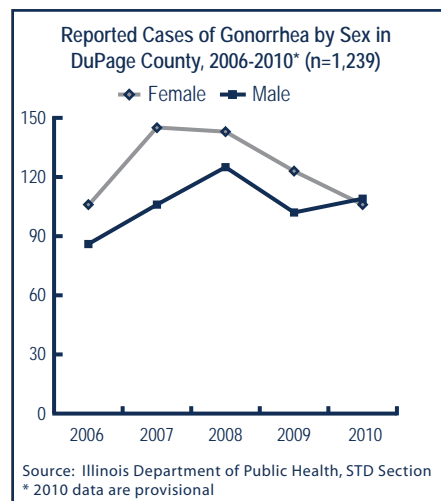
Effective January 1, 2010, health care professionals in Illinois (licensed physicians, physician assistants and advanced practice nurses) have the option of providing antibiotic therapy (expedited partner therapy, or EPT) for the sex partners of individuals infected with chlamydia and gonorrhea, even if they have not been able to perform an exam on the infected patient's partner(s) (Public Act 96-613). EPT guidance materials are available at: www.idph.state.il.us/health/std/ept_cg.htm.

Prevention: In addition to screening, timely diagnosis and treatment, with 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 gonorrhea and other STDs.⁴

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.⁴

References:

1. www.cdc.gov/std/Gonorrhea/
2. www.cdc.gov/std/stats09/gonorrhea.htm
3. www.cdc.gov/std/stats09/trends.htm
4. www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf



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General Information

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

Environmental Health
(630) 682-7400

Immunizations
(630) 682-7400

Sexually Transmitted Diseases
(630) 682-7979, ext. 7553

HIV/AIDS
(630) 682-7979, ext. 7553

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 Communicable Disease and Epidemiology at (630) 682-7979, ext. 7553 or ebarajas@dupagehealth.org to send suggestions or to be added to the distribution list.

DUPAGE COUNTY HEALTH DEPARTMENT
CASES¹ OF REPORTABLE DISEASES*

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

	Report Within	2011		2010		2009		2008		2007		Median	
		Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total ('07-'10)
Vaccine Preventable Diseases													
Chickenpox (varicella)	24 hrs	6	10	96	9	146	7	236	10	177	9	161.5	
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
<i>Haemophilus influenzae</i> , invasive	24 hrs	0	0	6	1	11	0	6	0	5	0	6	
Hepatitis A	24 hrs	1	0	6	2	14	1	16	1	26	1	15	
Hepatitis B	7 days	0	0	3	2	8	0	4	2	9	0	6	
Hepatitis B (carriers)	7 days	5	7	96	9	129	13	128	17	168	9	128.5	
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	1	0	0	0	NR	0	0	
Measles (rubeola)	24 hrs	0	0	0	0	1	0	15	0	0	0	0.5	
Mumps	24 hrs	1	0	1	0	2	0	2	2	13	0	2	
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	0	1	0	6	0	4	0	1	0	2.5	
Pertussis (whooping cough)	24 hrs	11	1	77	4	26	1	13	6	9	4	19.5	
Poliomyelitis	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	
<i>Streptococcus pneumoniae</i> , invasive disease, in those < 5 yrs old	7 days	1	0	8	2	8	0	6	0	10	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	0	0	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	0	0	1	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	0	0	NR	NR	0	0	
Cholera	24 hrs	0	0	0	0	0	0	1	0	0	0	0	
Creutzfeldt-Jakob disease	7 days	1	0	0	0	0	0	0	NR	NR	0	0	
Cryptosporidiosis	7 days	0	0	5	0	5	0	2	0	5	0	5	
Cyclosporiasis	7 days	0	0	0	0	1	0	0	0	0	0	0	
Dengue fever ³	7 days	0	1	4	0	4	0	0	0	0	0	2	
Ehrlichiosis ²	7 days	0	0	0	0	0	0	0	0	1	0	0	
Enteric <i>E. coli</i> infections ⁴	24 hrs	1	2	20	1	12	0	21	0	7	1	16	
Giardiasis	7 days	0	4	50	4	42	4	57	3	68	4	53.5	
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	0	0	1	0	0	0	0	
Hepatitis C (cases & carriers)	7 days	5	18	182	25	238	20	261	23	301	20	249.5	
Hepatitis D	7 days	0	0	0	0	0	0	0	NR	NR	0	0	
Histoplasmosis	7 days	0	0	2	1	2	0	6	0	6	0	4	
Influenza, ICU admissions	3 hrs	3	5	14	0	181	0	0	NR	NR	1.5	14	
Legionellosis	7 days	0	1	11	0	13	0	5	0	13	0	12	
Leprosy	7 days	0	0	0	1	1	0	0	0	0	0	0	
Leptospirosis	7 days	0	0	0	0	0	0	0	0	1	0	0	
Listeriosis	7 days	1	0	6	0	3	0	1	0	1	0	2	
Lyme disease ²	7 days	0	0	18	0	18	0	17	0	16	0	17.5	
Malaria	7 days	0	0	4	1	4	1	5	0	7	0	4.5	
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	54	0	15	1	46	0	52	0	49	
Reye 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	0	0	0	
Rocky Mountain spotted fever ²	7 days	0	0	0	0	0	0	0	0	0	0	0	
Salmonellosis	7 days	3	7	139	9	90	8	108	8	140	8	123.5	
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	NR	NR	0	0	
Shigellosis	7 days	4	0	277	4	13	5	28	2	18	4	23	
Smallpox	3 hrs	0	0	0	0	0	0	0	0	0	0	0	
Smallpox vaccination, complications	24 hrs	0	0	0	0	0	0	0	NR	NR	0	0	
St. Louis encephalitis ³	7 days	0	0	0	0	0	0	0	NR	NR	0	0	
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), in those < 61 days old	24 hrs	1	0	6	2	6	0	3	NR	NR	0.5	6	
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), community cluster ⁷	24 hrs	0	0	1	0	1	0	4	NR	NR	0	1	
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	1	1	0	0	0	0	0	1	0	0.5	
Streptococcal infections, group A invasive disease ⁸	24 hrs	2	1	20	1	14	1	16	2	11	1	15	
Toxic shock syndrome ⁸	7 days	1	0	0	0	0	0	1	0	2	0	0.5	
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	
Tuberculosis	7 days	3	1	24	1	29	2	43	2	27	2	28	
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	
Typhoid fever	24 hrs	1	2	3	1	5	0	3	0	7	1	4	
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Vibriosis (non-cholera)	7 days	0	0	1	0	2	0	0	NR	1	0	1	
West Nile disease ³	7 days	0	0	17	0	0	0	1	0	10	0	5.5	
Yersiniosis	7 days	0	0	0	1	5	0	1	0	1	0	1	
STDs, HIV and AIDS													
AIDS ¹⁰ (October - December)	7 days	--	--	26	--	19	--	22	--	20	--	21	
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	
Chlamydia	7 days	73	126	1326	155	1555	133	1587	116	1522	126	1538.5	
Gonorrhea	7 days	9	25	199	20	225	34	268	15	251	20	238	
HIV infection ¹⁰ (October - December)	7 days	--	--	27	--	40	--	23	--	22	--	25	
Syphilis	7 days	1	1	23	4	33	3	18	1	18	1	20.5	

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

Tuberculosis
 (630) 682-7979, ext. 7522

STDs
 (630) 682-7979, ext. 7553

HIV/AIDS:
 (630) 682-7979, ext. 7553

- 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
 ** = Count of 5 cases or less

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/publications