



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.



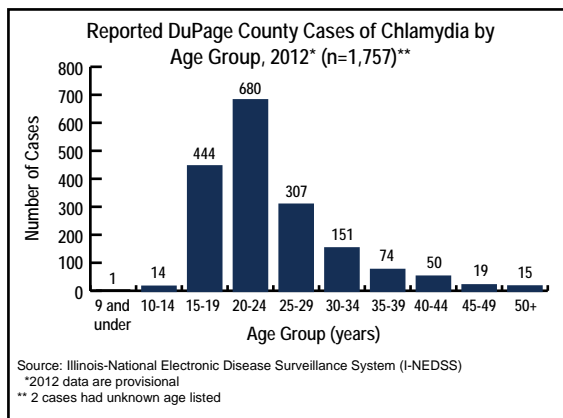
Under the Microscope *Chlamydia trachomatis*

For questions or to report suspect or known cases of chlamydia, please call the DuPage County Health Department at (630) 221-7553.

Chlamydia trachomatis infection is the most commonly reported notifiable disease in the U.S. as well as in Illinois and DuPage County. It is among the most prevalent of all sexually transmitted diseases (STDs); since 1994, chlamydia has comprised the largest proportion of all STDs reported to CDC.¹

Statistics: In the U.S., a total of 1,412,791 chlamydial infections were reported to CDC in 2011. This case count corresponds to a rate of 457.6 cases per 100,000 population, which is an increase of 8.0% compared with the rate of 423.6 in 2010.¹ Illinois ranked 11th by rate, with 64,939 cases reported in 2011, and a corresponding rate of 506.1 cases per 100,000 population (up from 60,672 and 469.9 in 2010, respectively).²

Disparities: In 2011, the overall rate of reported chlamydial infection among women in the U.S. (648.9 cases per 100,000 females) was over two and a half times the rate among men (256.9 cases per 100,000 males), likely reflecting a larger number of women screened for this infection. The lower rates among men also suggest that many of the sex partners of women with chlamydia are not receiving a diagnosis of chlamydia or being reported as having chlamydia. However, with the advent of highly sensitive nucleic acid amplification tests (NAATs) that can be performed on urine, chlamydial infection is increasingly being diagnosed in symptomatic and asymptomatic men. During 2007–2011, the reported chlamydial infection rate among men increased 36.2% (from 188.6 to 256.9 cases per 100,000 males) compared with a 20.2% increase among women during the same period (from 539.8 to 648.9 cases per 100,000 females).¹



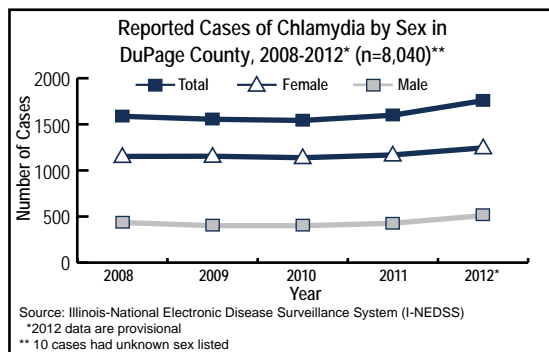
Chlamydia is most common among young people. Chlamydia prevalence among sexually-active young persons aged 14-24 years is nearly three times the prevalence among persons aged 25-39 years. It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.²

Sequelae: Chlamydial infections in women, which are usually asymptomatic, can result in pelvic inflammatory disease (PID), which is a major cause of infertility, ectopic pregnancy, and chronic pelvic pain. As with other inflammatory STDs, chlamydial infection can facilitate the transmission of human immunodeficiency virus (HIV) infection. In addition, pregnant women infected with chlamydia can pass the infection to their infants during delivery, potentially resulting in neonatal ophthalmia and pneumonia.¹

Screening: CDC recommends annual chlamydia screening of all sexually active women aged <26 years, as well as screening of older women with risk factors (e.g., those who have a new sex partner or multiple sex partners).³ To break the cycle of chlamydia transmission in the U.S., clinicians should maximize use of effective partner treatment services, and rescreen infected females and males 3 months after treatment.^{3,4}

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 and appropriate partner notification and management, the most reliable way to avoid transmission of STDs is to abstain from sexual contact (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, clinicians 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.³



References:

1. www.cdc.gov/std/stats11/chlamydia.htm
2. www.cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm
3. www.cdc.gov/mmwr/pdf/rr/r15912.pdf
4. www.cdc.gov/mmwr/preview/mmwrhtml/mm6012a2.htm?s_cid=mm6012a2_w



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General Information

Communicable Disease and Epidemiology
(630) 221-7553

Environmental Health
(630) 682-7400

Immunizations
(630) 682-7400

Sexually Transmitted Diseases
(630) 221-7553

HIV/AIDS
(630) 221-7553

Tuberculosis
(630) 221-7522

School Health
(630) 221-7300

Travel Clinic
(630) 682-7400

Animal Care & Control
(630) 407-2800

Please contact Communicable Disease and Epidemiology at (630) 221-7553 or palak.panchal@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

Vaccine Preventable Diseases	Report Within	2013		2012		2011		2010		2009		Median	
		Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total ('09-'12)
Chickenpox (varicella)	24 hrs	2	10	93	9	82	9	95	9	146	9	94	
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Haemophilus influenzae, invasive	24 hrs	0	1	11	0	15	0	7	1	11	0	11	
Hepatitis A	24 hrs	1	0	8	0	8	0	3	1	6	0	7	
Hepatitis B	7 days	1	0	5	0	0	0	4	2	8	0	4.5	
Hepatitis B (carriers)	7 days	7	6	97	7	113	7	108	9	127	7	110.5	
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	0	0	0	0	1	0	0	
Influenza, ICU admissions	24 hrs	40	0	59	0	24	0	3	NR	NR	0	24	
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	1	0	0	
Mumps	24 hrs	0	1	1	0	3	0	2	0	2	0	2	
Neisseria meningitidis, invasive	24 hrs	0	0	0	0	2	0	1	0	6	0	1.5	
Pertussis (whooping cough)	24 hrs	1	38	195	5	268	5	92	4	26	5	143.5	
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	
Streptococcus pneumoniae, invasive disease, in those < 5 yrs old	7 days	0	0	5	0	13	0	8	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	2	0	3	0	0	0	0	0	1	
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	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	0	0	0	0	0	0	
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Creutzfeldt-Jakob disease	7 days	0	0	1	0	3	0	1	0	0	0	1	
Cryptosporidiosis	7 days	0	0	2	0	5	0	5	0	5	0	5	
Cyclosporiasis	7 days	1	0	0	0	0	0	0	0	1	0	0	
Dengue fever ³	7 days	0	0	1	0	1	1	4	0	4	0	2.5	
Ehrlichiosis ²	7 days	0	0	0	0	0	0	0	0	0	0	0	
Enteric E. coli infections ⁴	24 hrs	1	2	18	3	22	2	18	1	12	2	18	
Giardiasis	7 days	0	6	34	0	44	4	49	4	40	4	42	
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	1	0	1	0	0	0	0	0	0.5	
Hepatitis C (cases & carriers)	7 days	0	17	171	12	189	18	187	18	213	17	188	
Hepatitis D	7 days	0	0	0	0	1	0	0	0	0	0	0	
Histoplasmosis	7 days	0	0	2	0	1	0	2	1	2	0	2	
Influenza A, novel virus	3 hrs	0	0	0	0	0	5	11	0	181	0	5.5	
Legionellosis	7 days	1	1	25	0	14	1	11	0	13	1	13.5	
Leprosy	7 days	0	0	0	0	0	0	0	0	0	0	0	
Leptospirosis	7 days	0	0	0	0	0	0	0	0	0	0	0	
Listeriosis	7 days	0	0	2	1	2	0	6	0	3	0	2.5	
Lyme disease ²	7 days	0	0	27	0	32	0	19	0	17	0	23	
Malaria	7 days	0	1	2	0	7	0	4	1	4	0	4	
Ophthalmia neonatorum	7 days	0	0	0	0	0	0	0	0	0	0	0	
Plaque	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	1	0	43	0	30	0	54	0	15	0	36.5	
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 ⁴	7 days	0	0	1	0	0	0	0	0	0	0	0	
Salmonellosis	7 days	5	3	123	3	95	6	136	8	89	5	109	
Severe Acute Respiratory Sndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	
Shigellosis	7 days	0	0	20	4	22	0	277	4	12	0	21	
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	0	0	0	0	
St. Louis encephalitis ³	7 days	0	0	0	0	0	0	0	0	0	0	0	
Staphylococcus aureus, methicillin resistant (MRSA), in those < 61 days old	24 hrs	0	0	7	1	3	0	6	2	6	0	6	
Staphylococcus aureus, methicillin resistant (MRSA), community cluster ⁷	24 hrs	0	0	1	0	0	0	1	0	1	0	1	
Staphylococcus aureus (vancomycin-resistant)	24 hrs	0	0	0	0	1	1	1	0	0	0	0.5	
Streptococcal infections, group A invasive disease ⁸	24 hrs	4	3	20	3	30	1	20	1	14	3	20	
Toxic shock syndrome ⁹	7 days	1	0	0	1	1	0	0	0	0	0	0	
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	
Tuberculosis	7 days	2	0	25	3	23	1	26	1	29	1	25.5	
Tularemia	3 hrs	0	0	1	0	0	0	0	0	0	0	0	
Typhoid fever	24 hrs	0	1	2	1	3	2	3	1	5	1	3	
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	
Vibriosis (non-cholera)	7 days	0	0	4	0	3	0	1	0	2	0	2.5	
West Nile disease ³	7 days	0	0	56	0	2	0	17	0	0	0	9.5	
Yersiniosis	7 days	0	2	3	0	3	0	0	1	5	0	3	
STDs, HIV and AIDS													
AIDS ¹⁰ (January - March)	7 days	--	5	17	5	16	10	26	**	19	5	18	
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	
Chlamydia	7 days	102	427	1650	350	1599	396	1542	421	1555	396	1577	
Gonorrhea	7 days	18	58	196	46	241	51	223	61	225	51	224	
HIV infection ¹⁰ (January - March)	7 days	--	6	20	5	24	13	27	11	40	8.5	25.5	
Syphilis	7 days	0	2	12	11	24	3	25	11	33	3	24.5	

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) 221-7553
24 hours: (630) 682-7400

Tuberculosis

(630) 221-7522

STDs

(630) 221-7553

HIV/AIDS:

(630) 221-7553

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