



DuPage County Health Department R E V I E W

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Sexually
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(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

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Communicable Disease
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(630) 221-7553 or
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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*

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 1,422,976 chlamydial infections were reported to CDC in 2012. This case count corresponds to a rate of 456.7 cases per 100,000 population, which is a 0.7% increase compared with the rate of 453.4 in 2011. Between 1992–2012, the rate of reported chlamydial infection increased from 182.3 to 456.7 cases per 100,000 population. **Illinois ranked 9th by rate**, with 67,701 cases reported in 2012, and a corresponding rate of 526.1 cases per 100,000 population (up from 64,939 and 506.1 in 2011, respectively).^{1,2}

Disparities: As in previous years, the reported chlamydia case rate among **females** in the U.S. was about **two times the case rate among men** in 2012, 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 2008–2012, the reported chlamydia infection rate among men increased 25.5% (from 209.3 to 262.6 cases per 100,000 males) compared with an 11.0% increase among women during the same period (from 579.4 to 643.3 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.⁴ It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.³

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).⁴ 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**.^{4,5}

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: http://www.idph.state.il.us/health/std/ept_cg.htm.

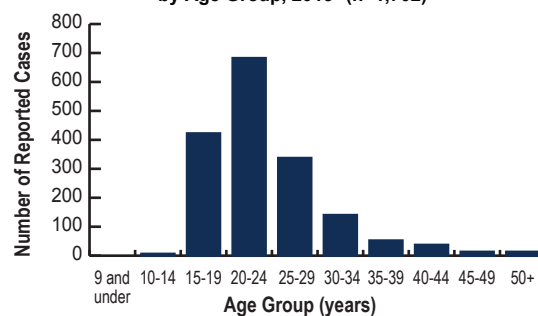
Prevention: In addition to **screening and appropriate partner notification and management**, the most reliable way to avoid transmission of STDs is to **abstain from sexual contact** (i.e., oral, vaginal, or anal sex) or to be in a **long-term, mutually monogamous relationship with an uninfected partner**. Latex **male condoms**, when used consistently and correctly, can reduce the risk of transmission of chlamydia.^{3,4} 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.⁴

References:

1. www.cdc.gov/std/stats12/chlamydia.htm
2. www.cdc.gov/std/stats11/tables/2.htm
3. www.cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm
4. www.cdc.gov/mmwr/pdf/rr/rr5912.pdf
5. www.cdc.gov/mmwr/preview/mmwrhtml/mm6012a2.htm?s_cid=mm6012a2_w

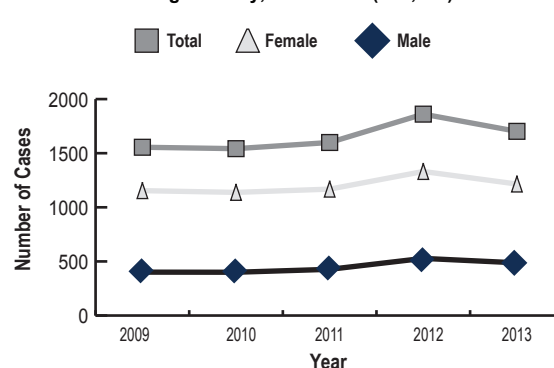
For questions or to report suspect or known cases of chlamydia, please call the DuPage County Health Department at (630) 221-7553.

Reported DuPage County Cases of Chlamydia by Age Group, 2013* (n=1,702)



Source: Illinois - National Electronic Disease Surveillance System (I-NEDSS)
*2013 data are provisional

Reported Cases of Chlamydia by Sex in DuPage County, 2009-2013* (n=8,259)



Source: Illinois - National Electronic Disease Surveillance System (I-NEDSS)
*2013 data are provisional
†10 cases had unknown sex listed

DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

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

CD REVIEW

Volume 10, No. 2 February 2014

Vaccine Preventable Diseases	Report Within	2014			2013			2012		2011		2010		Median	
		Jan	Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total ('10-'13)	
Chickenpox (varicella)	24 hrs	4	2	79	10	93	6	82	9	95	6	87.5			
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0			
Haemophilus influenzae, invasive	24 hrs	1	0	10	1	11	0	15	0	7	0	10.5			
Hepatitis A	24 hrs	0	1	4	0	8	1	8	0	3	0	6			
Hepatitis B	7 days	1	1	3	0	5	0	0	0	4	0	3.5			
Hepatitis B (carriers)	7 days	4	9	103	6	97	7	113	7	108	7	105.5			
Influenza, deaths in < 18 yrs old	7 days	0	0	1	0	0	0	0	0	0	0	0			
Influenza, ICU admissions	24 hrs	23	39	76	0	59	4	24	0	3	4	41.5			
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0			
Mumps	24 hrs	0	0	0	1	1	0	3	0	2	0	1.5			
Neisseria meningitidis, invasive	24 hrs	0	0	0	0	0	0	2	0	1	0	0.5			
Pertussis (whooping cough)	24 hrs	2	2	41	38	195	8	268	5	92	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	4	0	5	1	13	0	8	0	6.5			
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	2	0	3	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	0	0	1	0	3	0	1	0	1			
Cryptosporidiosis	7 days	0	0	7	0	2	0	5	0	5	0	5			
Cyclosporiasis	7 days	0	1	4	0	0	0	0	0	0	0	0			
Dengue fever ³	7 days	1	0	2	0	1	0	1	1	4	0	1.5			
Ehrlichiosis ²	7 days	0	0	0	0	0	0	0	0	0	0	0			
Enteric E. coli infections ⁴	24 hrs	0	2	53	2	18	3	22	2	18	2	20			
Giardiasis	7 days	2	1	32	6	34	0	44	4	49	2	39			
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	1	0	0	0	0.5			
Hepatitis C (cases & carriers)	7 days	21	17	175	17	171	12	189	18	187	17	181			
Hepatitis D	7 days	0	0	0	0	0	0	1	0	0	0	0			
Histoplasmosis	7 days	0	0	1	0	2	0	1	0	2	0	1.5			
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	5	11	0	0			
Legionellosis	7 days	1	1	39	1	25	0	14	1	11	1	19.5			
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	0	2	1	2	0	6	0	2			
Lyme disease ²	7 days	0	0	39	0	27	0	32	0	19	0	29.5			
Malaria	7 days	0	0	7	1	2	0	7	0	4	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	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	1	44	0	43	0	30	0	54	0	43.5			
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	0	0	1	0	0	0	0	0	0			
Salmonellosis	7 days	5	5	128	3	123	3	95	6	136	5	125.5			
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0			
Shigellosis	7 days	0	0	18	0	20	4	22	0	277	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	1	0	3	0	7	1	3	0	6	0	4.5			
Staphylococcus aureus, methicillin resistant (MRSA), community cluster ⁶	24 hrs	0	0	0	0	1	0	0	0	1	0	0.5			
Staphylococcus aureus (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	1	1	1	0	0.5			
Streptococcal infections, group A invasive disease ⁷	24 hrs	9	4	21	3	20	3	30	1	20	3	20.5			
Toxic shock syndrome ⁸	7 days	0	0	1	0	0	1	1	0	0	0	0.5			
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0			
Tuberculosis	7 days	1	2	35	0	26	3	18	1	26	1	26			
Tularemia	3 hrs	0	0	0	0	1	0	0	0	0	0	0			
Typhoid fever	24 hrs	0	0	2	1	2	1	3	2	3	1	2.5			
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0			
Vibriosis (non-cholera)	7 days	0	0	2	0	4	0	3	0	1	0	2.5			
West Nile disease ⁹	7 days	0	0	6	0	56	0	2	0	17	0	11.5			
Yersiniosis	7 days	1	0	2	2	3	0	3	0	0	0	2.5			
STDs, HIV and AIDS															
AIDS ⁹ (January - March)	7 days	--	6	19	**	17	**	16	10	26	8	18			
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0			
Chlamydia	7 days	135	169	1670	128	1861	132	1599	129	1542	132	1634.5			
Gonorrhea	7 days	10	23	221	23	239	11	241	22	223	22	231			
HIV infection ⁹ (January - March)	7 days	--	6	24	6	20	**	24	13	27	6	24			
Syphilis ¹⁰	7 days	1	2	26	1	19	1	24	1	25	1	24.5			

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 Two or more laboratory-confirmed cases of community onset MRSA infection during a 14 day period
 - ⁷ Includes streptococcal toxic shock syndrome and necrotizing fasciitis
 - ⁸ Due to *Staphylococcus aureus*
 - ⁹ HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis.
 - ¹⁰ Cases are provisional, based on test date per local health department investigation.
- NR = Not reported
- ** = Count of 5 cases or less

Websites

CDC:
www.cdc.gov

IDPH:
www.idph.state.il.us

DuPage:
www.dupagehealth.org

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www.dupagehealth.org/publications