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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
with 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 *Neisseria gonorrhoeae*

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

Gonorrhea is a sexually-transmitted disease (STD) caused by infection with the *Neisseria gonorrhoeae* bacterium. *N. gonorrhoeae* infects the mucous membranes of the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and the urethra in women and men. *N. gonorrhoeae* can also infect the mucous membranes of 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

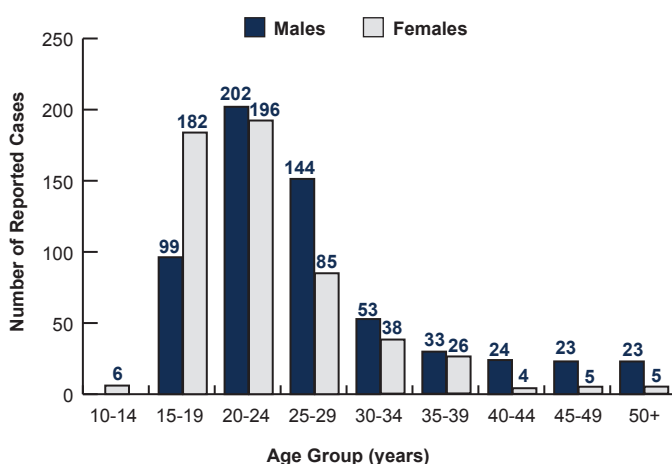
Often asymptomatic, infections due to *N. gonorrhoeae*, like those resulting from *Chlamydia trachomatis*, are a **major cause of pelvic inflammatory disease (PID)** in the U.S. PID can lead to serious outcomes in women, such as tubal infertility, ectopic pregnancy, and chronic pelvic pain. In addition, epidemiologic and biologic studies provide strong evidence that **gonococcal infections facilitate the transmission of HIV infection.**² Although an individual's sexual behavior can increase the risk of acquiring gonorrhea, **social determinants of health, such as socioeconomic status, may contribute to the burden of gonorrhea in a community.**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.**^{1,3} 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.**³

Neisseria gonorrhoeae has progressively developed resistance to each of the antibiotics used for treatment of gonorrhea. Most recently, **declining susceptibility to cefixime** resulted in a change to the CDC treatment guidelines, so that **dual therapy with ceftriaxone and either azithromycin or doxycycline is now the only CDC-recommended treatment regimen for gonorrhea.**² Because tetracycline resistance is common, **azithromycin is preferred over doxycycline** for gonorrhea treatment.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.

Reported Cases of Gonorrhea in DuPage County by Age¹ and Sex², 2010-2014³ (n=1,152)



Source: Illinois-National Electronic Disease Surveillance System
¹Two pediatric cases were <10 years old and not included in the graph.
²Sex of two cases was unknown.
³2014 data are provisional.

For all patients with gonorrhea, every effort should be made to ensure that the patient's sex partner(s) from the preceding 60 days are evaluated and treated for *N. gonorrhoeae* with a recommended regimen. If a **heterosexual partner of a patient cannot be linked to evaluation and treatment in a timely fashion, then expedited partner therapy should be considered**, using oral combination antimicrobial therapy for gonorrhea (cefixime 400 mg and azithromycin 1 g) delivered to the partner by the patient.⁵

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.³

Prevention counseling is most effective if provided in a nonjudgmental and empathetic manner appropriate to the patient's culture, language, sex, sexual orientation, age, and developmental level.³

References:

1. www.cdc.gov/std/gonorrhea/STDFact-gonorrhea-detailed.htm
2. www.cdc.gov/std/stats13/gonorrhea.htm
3. www.cdc.gov/std/treatment/2010/default.htm
4. www.antimicrobe.org/history/JAMA-Kirkcaldy%20et%20al-Cephalosporin%20Gonorrhea%20Namer-2013.pdf
5. www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w

DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

* Last updated by the Illinois Department of Public Health in February 2014

CD REVIEW

Volume 11, No. 2 February 2015

Vaccine Preventable Diseases	Report Within	2015			2014			2013			2012			2011			Median	
		Jan	Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total ('11-'14)		
Chickenpox (varicella)	24 hrs	8	4	74	2	78	10	93	6	82	6	80	6	80				
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0	0				
Haemophilus influenzae, invasive	24 hrs	1	1	5	0	10	1	11	0	15	1	10.5						
Hepatitis A	24 hrs	0	0	8	1	4	0	8	1	8	0	8						
Hepatitis B	7 days	0	1	6	1	3	0	5	0	1	0	4						
Hepatitis B (carriers)	7 days	11	5	107	9	110	6	101	7	113	7	108.5						
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	1	0	0	0	0	0	0						
Influenza, ICU admissions	24 hrs	14	23	140	39	78	0	64	4	24	14	71						
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0						
Mumps	24 hrs	2	0	1	0	0	1	1	0	3	0	1						
Neisseria meningitidis, invasive	24 hrs	0	0	0	0	0	0	0	0	2	0	0						
Pertussis (whooping cough)	24 hrs	3	2	21	2	43	38	195	8	268	3	119						
Poliomyelitis	3 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	3	0	4	0	5	1	13	0	4.5						
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0						
Other Communicable Diseases																		
Anaplasmosis ²	7 days	0	0	3	0	0	0	2	0	3	0	2.5						
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						
Chikungunya fever ³	7 days	0	0	0	NR	NR	NR	NR	NR	NR	NR	NR						
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0						
Creutzfeldt-Jakob disease	7 days	0	0	2	0	0	0	1	0	3	0	1.5						
Cryptosporidiosis	7 days	0	0	2	0	7	0	2	0	5	0	3.5						
Cyclosporiasis	7 days	0	0	1	1	4	0	0	0	0	0	0.5						
Dengue fever ³	7 days	0	1	1	0	3	0	1	0	1	0	1						
Ehrlichiosis ²	7 days	0	0	1	0	0	0	0	0	0	0	0						
Enteric E. coli infections ⁴	24 hrs	2	0	18	2	54	2	19	3	22	2	20.5						
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	2	0	0	0	1	0	1	0	1						
Hepatitis C (cases & carriers)	7 days	18	27	238	17	182	17	171	12	189	17	185.5						
Hepatitis D	7 days	0	0	0	0	0	0	0	0	1	0	0						
Histoplasmosis	7 days	0	0	7	0	1	0	2	0	1	0	1.5						
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0						
Legionellosis	7 days	0	1	26	1	39	1	25	0	14	1	25.5						
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	0	2	1	2	0	2						
Lyme disease ²	7 days	0	0	22	0	39	0	27	0	32	0	29.5						
Malaria	7 days	0	0	2	0	7	1	2	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	3 hrs	0	0	0	0	0	0	0	0	0	0	0						
Rabies, animal case	24 hrs	0	0	6	NR	NR	NR	NR	NR	NR	NR	NR						
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0						
Rabies, potential exposure	24 hrs	2	1	51	1	44	0	43	0	30	1	43.5						
Reye syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0						
Rheumatic fever ²	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	1	0	0	0	0						
Salmonellosis	7 days	13	5	110	5	128	3	123	3	95	5	116.5						
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0						
Shigellosis	7 days	2	0	18	0	18	0	20	4	22	0	19						
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	1	9	0	3	0	7	1	3	0	5						
Staphylococcus aureus, methicillin resistant (MRSA), community cluster ⁶	24 hrs	0	0	0	0	0	0	1	0	0	0	0						
Staphylococcus aureus (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	0	0	1	0	0						
Streptococcal infections, group A invasive disease ⁷	24 hrs	2	9	29	4	21	3	20	3	30	3	25						
Toxic shock syndrome ⁸	7 days	0	0	0	0	1	0	0	1	1	0	0.5						
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0						
Tuberculosis	7 days	1	0	33	2	35	0	26	3	18	1	29.5						
Tularemia	3 hrs	0	0	0	0	0	0	1	0	0	0	0						
Typhoid fever	24 hrs	0	0	5	0	2	1	2	1	3	0	2.5						
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0						
Vibriosis (non-cholera)	7 days	0	0	3	0	2	0	4	0	3	0	3						
West Nile virus disease ³	7 days	0	0	5	0	6	0	56	0	2	0	5.5						
Yersiniosis	7 days	0	1	3	0	2	2	3	0	3	0	3						
STDs, HIV and AIDS																		
AIDS ⁹ (January-March)	7 days	--	**	15	7	25	**	17	**	16	7	16.5						
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0						
Chlamydia	7 days	119	172	1853	180	1883	128	1861	132	1599	132	1857						
Gonorrhea	7 days	18	16	205	23	258	23	239	11	241	18	240						
HIV infection ⁹ (January-March)	7 days	--	8	29	8	28	6	20	**	24	8	26						
Syphilis ¹⁰	7 days	1	2	37	3	34	1	19	1	24	1	29						

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

Archived issues of CD Review are available at:
www.dupagehealth.org/publications