



111 North County Farm Road
Wheaton, IL 60187
(630) 682-7400
www.dupagehealth.org

Linda Kurzawa
President, Board of Health

Karen Ayala, MPH
Executive Director

Rashmi Chugh, MD, MPH
Medical Officer

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 Syphilis

For questions or to report a suspect or known case of syphilis, please call the DuPage County Health Department at (630) 221-7553. Patients may be referred for STD screening, diagnosis, treatment, and counseling to the DCHD STD Clinic (for an appointment, please call 630-682-7400).

Syphilis, a genital ulcerative disease caused by the bacterium *Treponema pallidum*, is associated with **significant complications if left untreated** and can **facilitate the transmission and acquisition of HIV infection**. As observed locally and nationally, **men account for the most cases of syphilis, with the vast majority of those cases occurring among men who have sex with men (MSM)**.

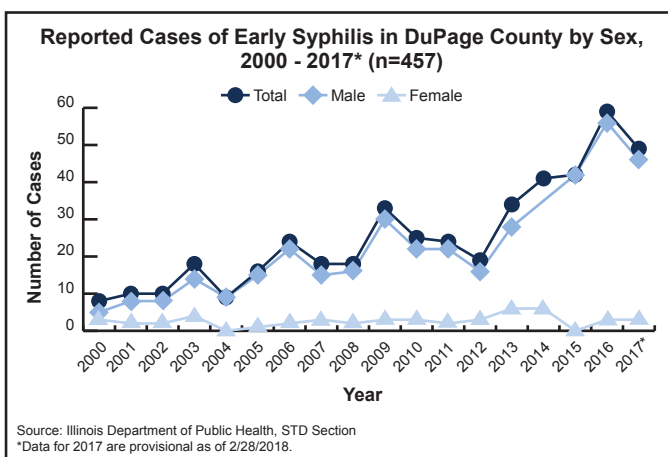
Additionally, historical data demonstrate that untreated early syphilis in pregnant women, if acquired during the four years before delivery, can lead to infection of the fetus in up to 80% of cases and **may result in stillbirth or death of the infant in up to 40% of cases**.¹ Due to an increase in the national rate of primary and secondary syphilis among women, **the 2014 congenital syphilis rate in the U.S. is higher than seen in over a decade**.²

After being on the verge of elimination in 2000 in the U.S., syphilis cases have rebounded.³ Rates of early syphilis have continued to rise overall in recent years, nationally and locally. **DuPage County has been experiencing a sustained increase in reported syphilis cases since 2013**.

Epidemiology: The DuPage County 2017 provisional case count of early syphilis (includes primary, secondary, and early non-primary non-secondary syphilis; less than one year's duration of infection) is 49, compared to 59 cases reported in 2016. **Over half (59%) of reported cases were 30 years or older (unlike the younger age distribution of chlamydia and gonorrhea cases)**. Consistent with previous years, 2017 cases have occurred primarily in men, with a reported risk of being MSM (men who have sex with men; includes MSM only or bisexual). **Over two in five (41%) of all cases reported in 2017 have co-infection with HIV**.

Recommendations: The DuPage County Health Department (DCHD) is requesting the assistance of clinicians to counteract this ongoing increase in early syphilis cases. **To assist in rapid identification and prompt intervention, the Illinois Department of Public Health (IDPH) recommends the following:**

- Perform syphilis serologic testing for anyone with signs or symptoms of syphilis (genital/oral/anal ulceration or a generalized rash, often involving both the palms and soles).
- Perform serologic testing for syphilis and empirically treat, **without waiting for test results**, any patient who presents with classic features of primary or secondary syphilis OR who has had a sexual exposure to an early syphilis case in the past 90 days.
- Perform syphilis serologic screening for all MSM and HIV-positive patients **at least once annually**, and **every three months** for individuals with ongoing high-risk behaviors. High-risk behaviors include having multiple or anonymous sexual partners, engaging in unprotected intercourse, or having sex in conjunction with illicit drug use.
- Illinois Administrative Code requires syphilis serologic screening to be performed on all pregnant women at the **first prenatal visit and during the third trimester of pregnancy (410 ILCS 320/ Prenatal Syphilis Act)**.
- Assess for signs of ocular or other neurologic involvement in **ALL** patients with a syphilis diagnosis as neurologic involvement may occur during any stage of syphilis.
- Perform HIV serologic screening for ALL patients with a new syphilis diagnosis unless they are already known to be HIV-positive.
- Encourage all patients with early syphilis to notify their sexual partners of the need to seek testing and treatment; Partner Services is a very important strategy to stop the spread of early syphilis.
- As syphilis is a reportable disease, the health department will confidentially contact all cases to provide disease counseling and to elicit partner information.
- Counseling skills, characterized by respect, compassion, and non-judgment, are essential to obtaining a thorough sexual history and to delivering prevention messages effectively. Suggested resource: CDC's **A Guide to Taking a Sexual Health History** at www.cdc.gov/std/treatment/sexualhistory.pdf.
- Offer PrEP (pre-exposure prophylaxis), a PrEP referral, or PrEP educational materials to patients who are NOT currently infected with HIV but have a syphilis infection. Illinois PrEP resource page: <https://prep4illinois.com/>⁴



Prevention: In addition to screening, timely diagnosis and treatment, with appropriate partner notification and management, the most reliable way to avoid transmission of sexually-transmitted diseases (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 syphilis and other STDs.⁵

References:

1. www.cdc.gov/std/stats16/syphilis.htm
2. www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a3.htm
3. www.cdc.gov/mmwr/preview/mmwrhtml/mm6318a4.htm
4. www.dph.illinois.gov/sites/default/files/publications/publicationsohsyphilis-data-screening-and-reporting-2018.pdf
5. www.cdc.gov/std/tg2015/syphilis.htm

DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

* Last updated by the Illinois Department of Public Health in April 2016

CD REVIEW

Volume 14, No. 2 February 2018

	Report Within	2018		2017		2016		2015		2014		Median	
		Jan	Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan	Total	Jan
Vaccine Preventable Diseases													
Chickenpox (varicella)	24 hrs	4	1	35	5	56	8	36	4	76	4	4	46
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive	24 hrs	3	1	9	1	13	1	15	1	5	1	1	11
Hepatitis A	24 hrs	1	0	3	0	2	0	5	0	8	0	0	4
Hepatitis B	7 days	0	0	1	0	2	0	2	1	5	0	0	2
Hepatitis B (carriers)	7 days	6	14	101	10	122	11	137	6	112	10	10	117
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Influenza, ICU admissions	24 hrs	54	14	117	4	69	14	43	26	152	14	14	93
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	2	0	8	2	11	1	8	1	2	1	1	8
Neisseria meningitidis, invasive	24 hrs	0	0	0	0	1	0	1	0	0	0	0	0.5
Pertussis (whooping cough)	24 hrs	2	2	35	6	105	5	49	2	22	2	2	42
Poliomyelitis	3 hrs	0	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	0
Streptococcus pneumoniae, invasive disease, in those < 5 yrs old	7 days	2	0	1	0	2	0	0	0	3	0	0	1.5
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Other Communicable Diseases													
Anaplasmosis ²	7 days	0	0	1	0	1	0	3	0	3	0	0	2
Anthrax	3 hrs	0	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	0
Botulism, other	24 hrs	0	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	0
California encephalitis ³	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Campylobacteriosis	7 days	6	12	159	12	173	NR	NR	NR	NR	12	12	166
Chikungunya virus disease ³	7 days	0	0	0	0	4	0	2	0	0	0	0	1
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	1	2	0	3	0	1	0	2	0	0	2
Cryptosporidiosis	7 days	4	1	18	0	18	0	5	0	2	0	0	11.5
Cyclosporiasis	7 days	0	0	8	0	5	0	1	0	1	0	0	3
Dengue fever ³	7 days	0	0	1	0	3	0	3	1	1	0	0	2
Ehrlichiosis ²	7 days	0	0	0	0	2	0	1	0	0	0	0	0.5
Enteric E. coli infections ⁴	24 hrs	2	1	22	2	24	2	14	0	18	2	2	20
Glomerulonephritis ⁵	24 hrs	0	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	0
Hemolytic uremic syndrome	24 hrs	0	0	0	0	0	0	0	0	2	0	0	0
Hepatitis C (cases & carriers)	7 days	13	24	272	25	255	22	237	29	242	24	24	248.5
Hepatitis D	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Histoplasmosis	7 days	0	1	9	1	8	0	3	0	7	0	0	7.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	0	2	28	0	34	0	18	1	26	0	0	27
Leprosy	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	7 days	0	0	1	0	0	0	0	0	0	0	0	0
Listeriosis	7 days	0	0	4	0	0	0	2	0	2	0	0	2
Lyme disease ²	7 days	1	2	33	0	34	0	30	0	22	0	0	31.5
Malaria	7 days	0	0	2	2	10	0	4	0	2	0	0	3
Ophthalmia neonatorum	7 days	0	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	0
Psittacosis	7 days	0	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	0
Rabies, animal case	24 hrs	0	0	11	0	10	0	16	0	6	0	0	10.5
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	9	0	84	1	59	2	73	1	51	1	1	66
Reye syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatic fever ⁶	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rocky Mountain spotted fever ²	7 days	0	0	1	0	3	0	0	0	0	0	0	0.5
Salmonellosis	7 days	6	5	101	4	119	12	133	5	115	5	5	117
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	0	0	14	5	21	2	27	0	18	0	0	19.5
Smallpox	3 hrs	0	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	0
St. Louis encephalitis ³	7 days	0	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	4	0	11	0	10	1	9	0	0	9.5
Staphylococcus aureus, methicillin resistant (MRSA), community cluster ⁶	24 hrs	0	0	1	0	1	0	0	0	0	0	0	0.5
Staphylococcus aureus (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcal infections, group A invasive disease ⁷	24 hrs	6	3	25	3	18	2	22	9	29	3	3	23.5
Toxic shock syndrome ⁸	7 days	1	0	0	0	0	0	0	0	0	0	0	0
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	1	0	43	2	42	1	39	0	34	1	1	40.5
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	2	1	4	0	0	0	3	0	5	0	0	3.5
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	1	1	6	0	6	0	4	0	3	0	0	5
West Nile virus disease ³	7 days	0	0	6	0	10	0	9	0	5	0	0	7.5
Yersiniosis	7 days	0	0	1	0	4	0	1	1	3	0	0	2
Zika virus disease ³	7 days	0	0	1	0	11	NR	NR	NR	NR	0	0	6
STDs, HIV and AIDS													
AIDS ⁹ (January - March)	7 days	--	1	5	7	8	3	11	3	15	3	3	9.5
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	102	176	2090	206	2417	172	2382	181	2056	176	176	2236
Gonorrhea	7 days	14	33	369	33	390	27	307	15	242	27	27	338
HIV infection ^{9,10} (January - March)	7 days	--	2	16	12	32	13	38	10	37	11	11	34.5
Syphilis ¹¹	7 days	6	8	46	7	59	2	42	2	41	6	6	44

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 HIV counts reflect all newly diagnosed HIV cases regardless of stage of disease at diagnosis.

¹¹ Cases are provisional, based on test date per local health department investigation.

NR = Not reported

Websites

CDC:

www.cdc.gov

IDPH:

www.dph.illinois.gov

DuPage:

www.dupagehealth.org

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