



DuPage County Health Department R E V I E W

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and Epidemiology
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Environmental Health
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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 *Chlamydia trachomatis*

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

Data published by Centers for Disease Control and Prevention (CDC) in the 2016 Sexually Transmitted Disease (STD) Surveillance Report (www.cdc.gov/std/stats16/default.htm) mark the third year of overall increasing rates for chlamydia, gonorrhea, and syphilis.

Chlamydia, caused by infection with *Chlamydia trachomatis*, is the **most common notifiable disease** in the U.S. as well as in Illinois and DuPage County. It is among the **most prevalent** of all STDs; since 1994, chlamydia has comprised the largest proportion of all STDs reported to CDC. Studies also demonstrate the high prevalence of chlamydial infections in the general U.S. population, **particularly among young women who are often asymptomatic**.¹

Statistics: In the U.S., a total of 1,598,354 chlamydial infections were reported to CDC in 2016. This case count corresponds to a rate of 497.3 cases per 100,000 population, which is a 4.7% increase compared with the rate of 475.0 in 2015. **Illinois ranked 10th by rate**, with 72,201 cases reported in 2016, and a corresponding rate of 561.4 cases per 100,000 population.¹

Sequelae: In women, untreated chlamydia can spread into the uterus or fallopian tubes and cause **pelvic inflammatory disease (PID)**. Symptomatic PID occurs in about 10 to 15 percent of women with untreated chlamydia. However, chlamydia can also cause subclinical inflammation of the upper genital tract ("**subclinical PID**"). Both acute and subclinical PID can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. The damage can lead to **chronic pelvic pain, tubal factor infertility, and potentially fatal ectopic pregnancy**.²

In pregnant women, untreated chlamydia has been associated with **pre-term delivery**, as well as **ophthalmia neonatorum** (conjunctivitis) and **pneumonia in the newborn**. **Reactive arthritis** can occur in men and women following symptomatic or asymptomatic chlamydial infection, sometimes as part of a triad of symptoms (with urethritis and conjunctivitis) formerly referred to as Reiter's Syndrome. As with other inflammatory STDs, untreated chlamydial infection can **facilitate the transmission of human immunodeficiency virus (HIV) infection**.²

Screening: Annual screening of all sexually active women aged <25 years is recommended by CDC, as is screening of **older women at increased risk for infection** (e.g., those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection). Screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics) or in populations with high burden of infection (e.g., men who have sex with men or MSM).³

Men and women who have been treated for chlamydia should be retested approximately 3 months after treatment (or whenever persons next present for medical care in the 12-month period following initial treatment), regardless of whether they believe that their sex partners were treated.³

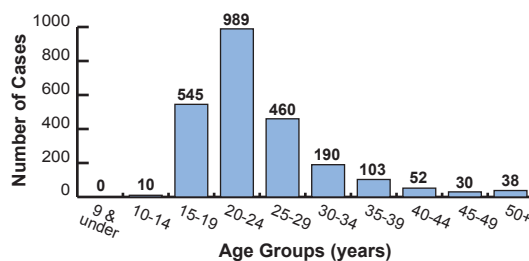
Effective January 1, 2010, health care professionals in Illinois (licensed physicians, physician assistants, and advanced practice nurses) have the option of providing antibiotic therapy (**expedited partner therapy, or EPT**) for the sex partners of individuals infected with chlamydia and gonorrhea, even if they have not been able to perform an exam on the infected patient's partner(s) (Public Act 96-613). EPT is an **effective treatment option** to increase the likelihood of treatment for sex partners, thus **reducing re-infection rates and overall sexually transmitted disease (STD) rates** in a community. EPT guidance materials are available at: www.dph.illinois.gov/topics-services/diseases-and-conditions/stds/ept.

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. 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:

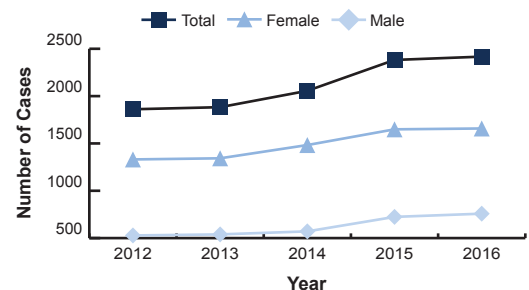
1. www.cdc.gov/std/stats16/chlamydia.htm
2. www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm
3. www.cdc.gov/std/tg2015/default.htm

Reported DuPage County Cases of Chlamydia by Age Group at Onset, 2016 (n=2,417)



Source: Illinois - National Electronic Disease Surveillance System (I-NEDSS)

Reported Cases of Chlamydia by Sex in DuPage County, 2012-2016 (n=10,599)[†]



Source: Illinois - National Electronic Disease Surveillance System (I-NEDSS)
[†]15 cases had unknown sex listed.

