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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 Services  
(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 2017 Sexually Transmitted Disease (STD) Surveillance Report ([www.cdc.gov/std/stats17/default.htm](http://www.cdc.gov/std/stats17/default.htm)) mark the fourth year of steep and sustained increases in 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**.<sup>1</sup>

**Statistics:** In the U.S., a total of 1,708,569 chlamydial infections were reported to CDC in 2017. This case count corresponds to a rate of 528.8 cases per 100,000 population, which is a 6.9%, increase compared with the rate of 494.7 in 2016. **Illinois ranked 10<sup>th</sup> by rate**, with 75,518 cases reported in 2017, and a corresponding rate of 589.9 cases per 100,000 population.<sup>1</sup>

**Sequelae:** Chlamydia is curable with antibiotics, yet most cases go undiagnosed and untreated — which can lead to severe adverse health effects. In women, untreated chlamydia can spread into the uterus or fallopian tubes and cause **pelvic inflammatory disease (PID)**. Symptomatic PID occurs in about 10-15% 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**.<sup>2</sup>

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**.<sup>2</sup>

**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).<sup>3</sup>

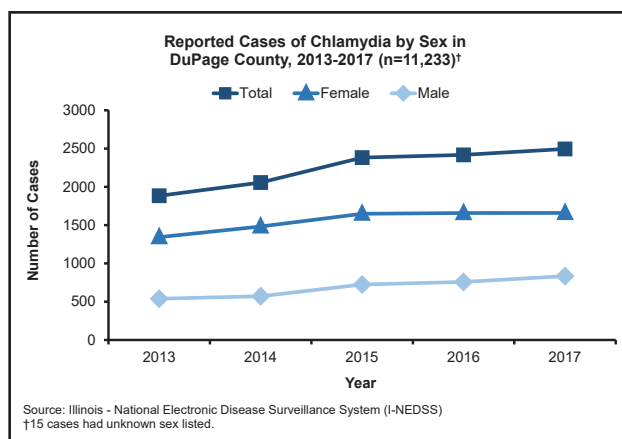
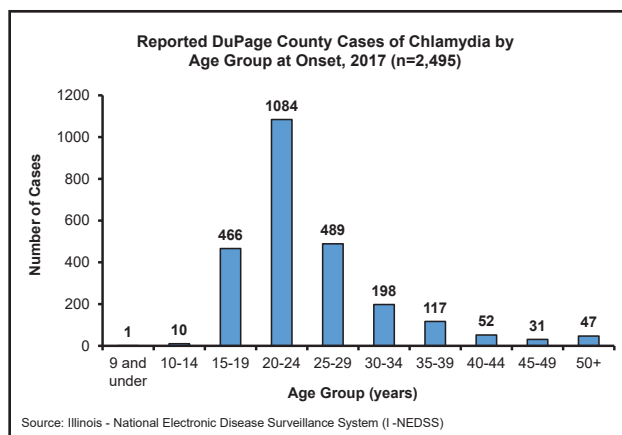
**Men and women who have been treated for chlamydia should be retested approximately 3 months after treatment** (or whenever persons next present for medical care in the 12-month period following initial treatment), regardless of whether they believe that their sex partners were treated.<sup>3</sup>

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](http://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.<sup>3</sup>

### References:

1. [www.cdc.gov/std/stats17/chlamydia.htm](http://www.cdc.gov/std/stats17/chlamydia.htm)
2. [www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm](http://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm)
3. [www.cdc.gov/std/tg2015/default.htm](http://www.cdc.gov/std/tg2015/default.htm)



Source: Illinois - National Electronic Disease Surveillance System (I-NEDSS)  
<sup>†</sup>15 cases had unknown sex listed.

DUPAGE COUNTY HEALTH DEPARTMENT

CASES<sup>1</sup> OF REPORTABLE DISEASES\*

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

CD REVIEW

Volume 14, No. 11 November 2018

Vaccine Preventable Diseases	Report Within	2018		2017		2016		2015		2014		Median	
		Oct	Jan-Oct	Jan-Oct	Total	Jan-Oct	Total	Jan-Oct	Total	Jan-Oct	Total	Jan-Oct	Total ('14-'17)
Chickenpox (varicella)	24 hrs	3	34	24	35	49	56	28	36	63	76	34	46
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive	24 hrs	3	15	8	9	8	13	12	15	4	5	8	11
Hepatitis A	24 hrs	0	5	2	3	2	2	4	5	8	8	4	4
Hepatitis B (acute, chronic, perinatal)	7 days	8	78	89	100	96	124	108	139	93	117	93	120.5
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	0	113	74	121	64	69	38	43	48	152	64	95
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	1	11	8	8	9	11	6	8	2	2	8	8
Neisseria meningitidis, invasive	24 hrs	0	0	0	0	1	1	1	1	0	0	0	0.5
Pertussis (whooping cough)	24 hrs	3	19	26	36	92	105	29	49	19	22	26	42.5
Polio	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	0	3	1	1	2	2	0	0	3	3	2	1.5
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
<b>Other Communicable Diseases</b>													
Anaplasmosis <sup>2</sup>	7 days	0	0	1	1	1	1	3	3	3	3	1	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 <sup>3</sup>	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Campylobacteriosis	7 days	9	133	146	161	149	173	NR	NR	NR	NR	146	167
Chikungunya virus disease <sup>3</sup>	7 days	0	1	0	0	2	4	2	2	0	0	1	1
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	2	2	3	3	1	1	2	2	2	2
Cryptosporidiosis	7 days	1	30	15	18	14	18	3	5	2	2	14	11.5
Cyclosporiasis	7 days	0	141	7	7	4	5	1	1	0	1	4	3
Dengue fever <sup>3</sup>	7 days	0	2	1	1	2	3	3	3	1	1	2	2
Ehrlichiosis <sup>2</sup>	7 days	0	0	0	0	2	2	1	1	0	0	0	0.5
Enteric E. coli infections <sup>4</sup>	24 hrs	2	37	22	23	22	24	11	14	17	18	22	20.5
Glomerulonephritis <sup>5</sup>	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	2	0	0
Hepatitis C (acute, chronic, perinatal)	7 days	18	154	242	294	217	255	208	237	207	242	208	248.5
Hepatitis D	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Histoplasmosis	7 days	0	4	9	9	7	8	3	3	6	7	6	7.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	6	35	24	28	27	34	14	18	24	26	24	27
Leprosy	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	7 days	0	0	1	1	0	0	0	0	0	0	0	0
Listeriosis	7 days	0	0	4	4	0	0	2	2	2	2	2	2
Lyme disease <sup>2</sup>	7 days	1	26	34	36	32	34	29	30	21	22	29	32
Malaria	7 days	0	4	1	3	10	10	3	4	1	2	3	3.5
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	8	12	12	10	10	16	16	6	6	10	11
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	4	151	72	84	53	59	70	73	51	51	70	66
Reye syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatic fever <sup>5</sup>	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rocky Mountain spotted fever <sup>2</sup>	7 days	1	2	0	1	3	3	0	0	0	0	0	0.5
Salmonellosis	7 days	8	108	98	105	107	119	119	133	93	115	107	117
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	1	6	13	14	19	21	20	27	16	18	16	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 <sup>3</sup>	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	2	8	2	3	10	11	8	10	6	9	8	9.5
Staphylococcus aureus, methicillin resistant (MRSA), community cluster <sup>6</sup>	24 hrs	0	0	1	1	1	1	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 <sup>7</sup>	24 hrs	1	27	19	24	15	18	19	22	26	29	19	23
Toxic shock syndrome <sup>8</sup>	7 days	0	1	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	3	36	29	43	33	42	24	39	22	34	29	40.5
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	0	3	3	4	0	0	2	3	4	5	3	3.5
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	2	13	6	6	6	6	4	4	3	3	6	5
West Nile virus disease <sup>3</sup>	7 days	0	18	6	6	10	10	9	9	5	5	9	7.5
Yersiniosis	7 days	0	2	1	1	3	4	1	1	3	3	2	2
Zika virus disease <sup>3</sup>	7 days	0	1	1	1	10	11	NR	NR	NR	NR	1	6
<b>STDs, HIV and AIDS</b>													
AIDS <sup>9</sup> (October - December)	7 days	--	12	5	5	8	8	12	12	17	17	12	10
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	160	1761	2003	2495	2055	2417	1979	2382	1722	2056	1979	2399.5
Gonorrhea	7 days	22	278	342	451	323	390	258	307	194	242	278	348.5
HIV infection <sup>9,10</sup> (October - December)	7 days	--	21	16	16	30	30	47	47	42	42	30	36
Syphilis <sup>11</sup>	7 days	3	41	43	55	49	59	31	42	33	41	41	48.5

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

<sup>1</sup> Provisional cases, based on date of onset

<sup>2</sup> Listed in CD Rules and Regulations under "Tickborne Disease"

<sup>3</sup> Listed in CD Rules and Regulations under "Arboviral Infections"

<sup>4</sup> O157:H7, STEC, EIEC, ETEC, EPEC

<sup>5</sup> Listed in CD Rules and Regulations under "Streptococcal infections, group A invasive disease sequelae"

<sup>6</sup> Two or more laboratory-confirmed cases of community onset MRSA infection during a 14 day period

<sup>7</sup> Includes streptococcal toxic shock syndrome and necrotizing fasciitis

<sup>8</sup> Due to *Staphylococcus aureus*

<sup>9</sup> HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis.

<sup>10</sup> HIV counts reflect all newly diagnosed HIV cases regardless of stage of disease at diagnosis.

<sup>11</sup> Cases are provisional, based on test date per local health department investigation.

NR = Not reported

Websites

CDC:

[www.cdc.gov](http://www.cdc.gov)

IDPH:

[www.dph.illinois.gov](http://www.dph.illinois.gov)

DuPage:

[www.dupagehealth.org](http://www.dupagehealth.org)

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