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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 2018 Sexually Transmitted Disease (STD) Surveillance Report ([www.cdc.gov/std/stats18/default.htm](http://www.cdc.gov/std/stats18/default.htm)) mark the fifth 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 1,758,668 chlamydial infections were reported to CDC in 2018. This case count corresponds to a rate of 539.9 cases per 100,000 population, which is a 2.9% increase compared with the rate of 524.6 in 2017. **Illinois ranked 9<sup>th</sup> by rate**, with 77,325 cases reported in 2018, and a corresponding rate of 604.0 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>

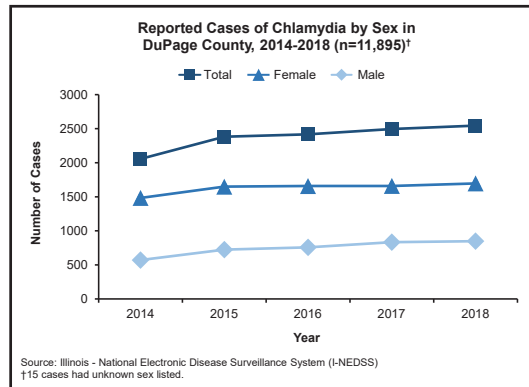
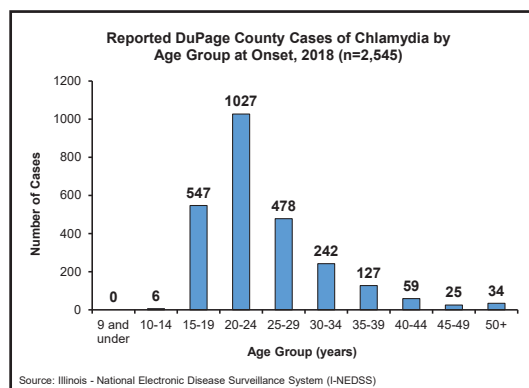
**Men and women who have been treated for chlamydia should be retested approximately 3 months after treatment** (or whenever persons next present for medical care in the 12-month period following initial treatment), regardless of whether they believe that their sex partners were treated.<sup>3,4</sup>

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>3,4</sup>

### References:

1. [www.cdc.gov/std/stats18/chlamydia.htm](http://www.cdc.gov/std/stats18/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)
4. [www.cdc.gov/std/chlamydia/treatment.htm](http://www.cdc.gov/std/chlamydia/treatment.htm)



DUPAGE COUNTY HEALTH DEPARTMENT

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

\* Last updated by the Illinois Department of Public Health, effective January 1, 2019.

CD REVIEW

Volume 15, No. 11 November 2019

	Report Within	2019		2018		2017		2016		2015		Median	
		Oct	Jan-Oct	Jan-Oct	Total	Jan-Oct	Total	Jan-Oct	Total	Jan-Oct	Total	Jan-Oct	Total ('15-'18)
<b>Vaccine Preventable Diseases</b>													
Chickenpox (varicella)	24 hrs	7	39	36	42	24	35	49	56	28	36	28	39
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive	24 hrs	3	10	14	16	8	9	8	13	12	15	8	14
Hepatitis A	24 hrs	0	8	5	6	2	3	2	2	4	5	2	4
Hepatitis B (acute, chronic, perinatal)	7 days	7	106	79	93	89	100	96	124	108	139	89	112
Influenza, deaths in < 18 yrs old	7 days	0	1	0	0	0	0	0	0	0	0	0	0
Influenza, ICU admissions	24 hrs	0	81	114	125	74	121	64	69	35	40	64	95
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	0	5	11	12	8	8	9	11	6	8	8	9.5
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	0	0	0	0	0	1	1	1	1	0	0.5
Pertussis (whooping cough)	24 hrs	5	41	22	34	26	36	92	105	29	49	26	42.5
Polioymlitis	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
<i>Streptococcus pneumoniae</i> , invasive disease, in those < 5 yrs old	7 days	0	3	3	6	1	1	2	2	0	0	1	1.5
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
<b>Other Communicable Diseases</b>													
Anaplasmosis	7 days	0	0	0	0	1	1	1	1	3	3	1	1
Anthrax	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Arboviral Disease (other and unspecified) <sup>2</sup>	7 days	0	0	0	0	1	2	1	1	0	0	0	0.5
Babesiosis	7 days	0	0	1	1	0	0	1	1	0	0	0	0.5
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
Campylobacteriosis	7 days	10	149	133	160	146	161	149	173	NR	NR	139.5	161
Chikungunya virus disease	7 days	0	0	1	2	0	0	2	4	2	2	1	2
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Cryptosporidiosis	7 days	3	34	30	31	15	18	14	18	3	5	14	18
Cyclosporiasis	7 days	0	17	141	141	7	7	4	5	1	1	4	6
Dengue virus infection	7 days	0	2	2	2	1	1	2	3	3	3	2	2.5
Ehrlichiosis	7 days	0	0	0	0	0	0	2	2	1	1	0	0.5
Enteric <i>E. coli</i> infections <sup>3</sup>	24 hrs	3	37	36	39	22	23	22	24	11	14	22	23.5
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	0	0	0	0
Hepatitis C (acute, chronic, perinatal)	7 days	15	186	164	190	242	294	217	255	208	237	208	246
Hepatitis D	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Histoplasmosis	7 days	0	6	6	6	9	9	7	8	3	3	6	7
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	9	58	35	37	24	28	27	34	14	18	24	31
Leptospirosis	7 days	0	0	0	0	1	1	0	0	0	0	0	0
Listeriosis	7 days	0	2	0	0	4	4	0	0	2	2	0	1
Lyme disease	7 days	1	35	27	27	34	36	32	34	29	30	29	32
Malaria	7 days	0	2	4	4	1	3	10	10	3	4	3	4
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	2	9	8	8	12	12	10	10	16	16	10	11
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	2	100	151	167	72	84	53	59	70	73	70	78.5
Spotted fever rickettsiosis	7 days	0	0	2	2	0	1	3	3	0	0	0	1.5
Salmonellosis	7 days	8	91	106	118	97	104	106	118	117	131	106	118
<i>Salmonella</i> Paratyphi infection <sup>4</sup>	24 hrs	0	1	2	2	1	1	1	1	2	2	1	1.5
<i>Salmonella</i> Typhi infection	24 hrs	0	2	3	4	3	4	0	0	2	3	2	3.5
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	0	22	7	10	13	14	19	21	20	27	13	17.5
Smallpox	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Smallpox vaccination, complications	24 hrs	0	0	1	1	0	0	0	0	0	0	0	0
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcal infections, group A invasive disease <sup>5</sup>	24 hrs	0	27	28	33	19	24	15	18	19	22	19	23
Toxic shock syndrome <sup>6</sup>	7 days	0	0	1	1	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	6	34	36	50	28	42	33	42	24	39	28	42
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	1	10	13	14	6	6	6	6	4	4	6	6
West Nile virus disease	7 days	1	6	18	18	6	6	10	10	9	9	9	9.5
Zika virus disease	7 days	0	0	1	1	1	1	10	11	NR	NR	1	1
<b>STDs, HIV and AIDS</b>													
AIDS <sup>7</sup> (October - December)	7 days	--	9	15	15	12	12	12	12	13	13	12.5	12.5
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	79	1548	2119	2545	2103	2495	2055	2417	1979	2382	2055	2456
Gonorrhea	7 days	27	329	368	443	361	451	323	390	258	307	323	416.5
HIV infection <sup>7,8</sup> (October - December)	7 days	--	29	24	24	39	39	43	43	56	56	41	41
Syphilis <sup>9</sup>	7 days	0	41	61	73	43	55	49	59	31	42	43	57
<b>Outbreaks<sup>10</sup></b>													
Foodborne	24 hrs	1	5	2	5	2	2	2	3	3	3	2	3
<i>Foodborne Outbreak Cases</i>		13	219	76	121	114	114	10	22	43	43	43	78.5
Waterborne	24 hrs	0	0	0	0	0	0	1	1	0	0	0	0
<i>Waterborne Outbreak Cases</i>		0	0	0	0	0	0	2	2	0	0	0	0
Person to Person	24 hrs	2	45	65	77	47	64	40	47	40	48	40	56
<i>Person to Person Outbreak Cases</i>		8	736	893	1156	518	1219	731	989	464	669	518	1072.5
Other and Unspecified	24 hrs	0	1	0	0	0	0	0	0	0	0	0	0
<i>Other and Unspecified Outbreak Cases</i>		0	15	0	0	0	0	0	0	0	0	0	0

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> Including, but not limited to, California serogroup virus diseases, Eastern equine encephalitis virus disease, Powassan virus disease, St. Louis encephalitis virus disease, Western equine encephalitis virus disease, and yellow fever. Chikungunya virus disease, dengue virus infection, West Nile virus disease, and Zika virus disease are listed individually.

<sup>3</sup> O157:H7, STEC

<sup>4</sup> *Salmonella enterica* serotypes Paratyphi A, B [tartrate negative], and C

<sup>5</sup> Includes streptococcal toxic shock syndrome and necrotizing fasciitis

<sup>6</sup> Due to *Staphylococcus aureus*

<sup>7</sup> HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis.

<sup>8</sup> HIV counts reflect all newly diagnosed HIV cases regardless of stage of disease at diagnosis.

<sup>9</sup> Cases are provisional, based on test date per local health department investigation. Includes syphilis cases staged as primary, secondary, or early non-primary non-secondary.

<sup>10</sup> Listed based on report submission date

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