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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 or  
palak.panchal@  
dupagehealth.org  
to send 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.

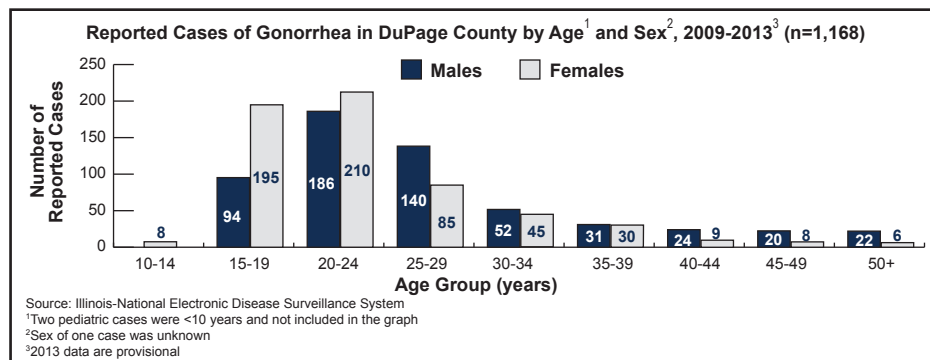
**April is STD Awareness Month**, an annual event calling attention to the impact of sexually transmitted diseases (STDs) in the U.S. This month-long observance provides individuals, physicians, and community-based organizations an opportunity to address ways to prevent some of nearly 20 million new cases of STDs that occur in the U.S. each year, costing the U.S. health-care system nearly \$16 billion in direct medical costs, and placing a substantial human and economic burden on the nation.<sup>1</sup>

Gonorrhea is a 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.<sup>2</sup> **Gonorrhea is the second most frequently-reported notifiable disease in the U.S. (second only to chlamydia).**<sup>3</sup>

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.**<sup>3</sup> Gonorrhea rates among **women** have been higher than those among men since 2001. In 2012, gonorrhea rates were highest among **adolescents and young adults**, and by race/ethnicity, rates remained highest among **blacks**.<sup>3</sup>

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.**<sup>2</sup> 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.**<sup>4</sup>

*Neisseria gonorrhoeae* has progressively developed resistance to each of the antibiotics used for treatment of gonorrhea. In the last decade, the development of **fluoroquinolone resistance** has resulted in the availability of only a single class of antibiotics that meet CDC's efficacy standards—the cephalosporins. Most recently, **declining susceptibility to cefixime** resulted in a change in 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.**<sup>3</sup> Because tetracycline resistance is common, **azithromycin is preferred over doxycycline** for gonorrhea treatment.<sup>5</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 guidance materials are available at: [http://www.idph.state.il.us/health/std/ept\\_cg.htm](http://www.idph.state.il.us/health/std/ept_cg.htm).

For all patients with gonorrhea, every effort should be made to ensure that the patients' 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.<sup>6</sup>

**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.<sup>4</sup>

### References:

1. [www.cdc.gov/mmwr/preview/mmwrhtml/mm6313a6.htm?s\\_cid=mm6313a6\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6313a6.htm?s_cid=mm6313a6_w)
2. [www.cdc.gov/std/gonorrhea/STDFact-gonorrhea-detailed.htm](http://www.cdc.gov/std/gonorrhea/STDFact-gonorrhea-detailed.htm)
3. [www.cdc.gov/std/stats12/gonorrhea.htm](http://www.cdc.gov/std/stats12/gonorrhea.htm)
4. [www.cdc.gov/std/treatment/2010/default.htm](http://www.cdc.gov/std/treatment/2010/default.htm)
5. <http://jama.jamanetwork.com/article.aspx?articleid=1556135>
6. [www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s\\_cid=mm6131a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w)

**DUPAGE COUNTY HEALTH DEPARTMENT**  
**CASES<sup>1</sup> OF REPORTABLE DISEASES\***

\* Last updated by the Illinois Department of Public Health in March 2008

**CD REVIEW**  
**Volume 10, No. 4 April 2014**

	Report Within	2014		2013		2012		2011		2010		Median	
		Mar	Jan - Mar	Jan - Mar	Total	Jan - Mar	Total	Jan - Mar	Total	Jan - Mar	Total	Jan - Mar	Total ('10-'13)
<b>Vaccine Preventable Diseases</b>													
Chickenpox (varicella)	24 hrs	7	18	17	79	32	93	16	82	25	95	18	87.5
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive	24 hrs	0	1	1	10	4	11	3	15	3	7	3	10.5
Hepatitis A	24 hrs	2	2	1	4	0	8	2	8	2	3	2	6
Hepatitis B	7 days	0	1	1	3	1	5	0	0	0	4	1	3.5
Hepatitis B (carriers)	7 days	7	17	23	103	28	97	20	113	26	108	23	105.5
Influenza, deaths in < 18 yrs old	7 days	0	0	0	1	0	0	0	0	0	0	0	0
Influenza ICU admissions	24 hrs	2	32	49	76	4	59	23	24	0	3	23	41.5
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	0	0	0	0	1	1	1	3	0	2	0	1.5
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	0	0	0	0	0	1	2	0	1	0	0.5
Pertussis (whooping cough)	24 hrs	0	6	11	41	77	195	34	268	8	92	11	143.5
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
<i>Streptococcus pneumoniae</i> , invasive disease, in those < 5 yrs old	7 days	1	1	1	4	1	5	5	13	4	8	1	6.5
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	0	0	0	2	0	3	0	0	0	1
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
Chikungunya fever <sup>3</sup>	7 days	0	0	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	0	0	0	1	1	3	1	1	0	1
Cryptosporidiosis	7 days	0	0	0	7	1	2	0	5	0	5	0	5
Cyclosporiasis	7 days	0	0	1	4	0	0	0	0	0	0	0	0
Dengue fever <sup>3</sup>	7 days	0	1	0	2	0	1	1	1	1	4	1	1.5
Ehrlichiosis <sup>2</sup>	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Enteric <i>E. coli</i> infections <sup>4</sup>	24 hrs	0	0	4	53	4	18	5	22	2	18	4	20
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	1	0	1	0	0	0	0.5
Hepatitis C (cases & carriers)	7 days	21	54	47	175	54	171	38	189	47	187	47	181
Hepatitis D	7 days	0	0	0	0	0	0	0	1	0	0	0	0
Histoplasmosis	7 days	0	1	0	1	0	2	0	1	1	2	0	1.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	11	11	0	0
Legionellosis	7 days	3	5	4	39	4	25	0	14	2	11	4	19.5
Leprosy	7 days	0	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	0
Listeriosis	7 days	0	0	0	2	0	2	1	2	1	6	0	2
Lyme disease <sup>2</sup>	7 days	0	0	0	39	0	27	0	32	0	19	0	29.5
Malaria	7 days	0	0	1	7	1	2	0	7	0	4	0	5.5
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	0	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	2	7	4	44	1	43	3	30	7	54	4	43.5
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	0	0	0	0	0	1	0	0	0	0	0	0
Salmonellosis	7 days	4	12	16	128	16	123	11	95	24	136	16	125.5
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	1	1	1	18	6	20	5	22	255	277	5	21
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
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), in those < 61 days old	24 hrs	1	3	0	3	1	7	1	3	1	6	1	4.5
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), community cluster <sup>6</sup>	24 hrs	0	0	0	0	1	1	0	0	1	1	0	0.5
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	0	1	1	1	0	0.5
Streptococcal infections, group A invasive disease <sup>7</sup>	24 hrs	2	13	8	21	9	20	12	30	3	20	9	20.5
Toxic shock syndrome <sup>8</sup>	7 days	0	0	0	1	0	0	1	1	0	0	0	0.5
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	2	3	10	35	4	26	7	18	6	26	6	26
Tularemia	3 hrs	0	0	0	0	0	1	0	0	0	0	0	0
Typhoid fever	24 hrs	0	0	0	2	1	2	2	3	2	3	1	2.5
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	0	0	0	2	0	4	0	3	0	1	0	2.5
West Nile disease <sup>3</sup>	7 days	0	0	0	6	0	56	0	2	0	17	0	11.5
Yersiniosis	7 days	0	1	1	2	2	3	1	3	0	0	1	2.5
<b>STDs, HIV and AIDS</b>													
AIDS <sup>9</sup> (January - March)	7 days	**	**	7	25	**	17	**	16	10	26	4.5	21
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	130	421	441	1670	432	1861	350	1599	396	1542	421	1634.5
Gonorrhea	7 days	14	36	62	221	62	239	46	241	51	223	51	231
HIV infection <sup>9</sup> (January - March)	7 days	**	**	8	28	6	20	**	24	13	27	8.5	25.5
Syphilis <sup>10</sup>	7 days	1	5	7	27	2	19	11	24	3	25	5	24.5

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

**IDPH:**  
[www.idph.state.il.us](http://www.idph.state.il.us)

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

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