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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
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).

April is STD Awareness Month, an annual observance that focuses on ways to prevent some of the nearly 20 million new cases of sexually transmitted diseases (STDs) occurring in the U.S. each year.¹ **After being on the verge of elimination in 2000 in the U.S., syphilis cases have rebounded**, as reported by CDC.² Rates of early syphilis continued to increase overall in recent years, nationally and in Illinois. According to Illinois Department of Public Health (IDPH) provisional data for early syphilis activity in Illinois, during 2014 compared to 2013, reported early syphilis cases increased three percent (1,607 to 1,661). **Since 2013, DuPage County has experienced an increase in reported syphilis cases.**

Epidemiology: The DuPage County 2014 case count of early syphilis (includes primary, secondary, and early latent syphilis; less than one year's duration of infection) is 38, compared to 34 cases reported in 2013. The number of reported cases of primary, secondary, and early latent syphilis was **nearly five times higher in 2014 than in 2000**. DuPage County previously experienced an increase in 2009 with a total of 33 cases.

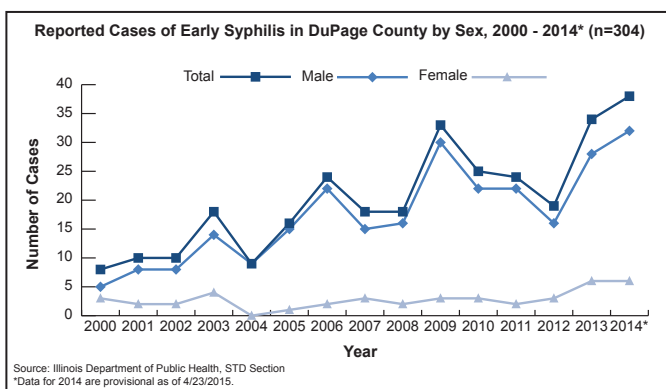
Among DuPage County early syphilis cases reported in 2014, non-Hispanic white persons accounted for 37%, and **34% of reported cases were 40 years or older (unlike the younger age distribution of chlamydia and gonorrhea cases)**. Consistent with previous years, 2014 cases have occurred **primarily in men, with a reported risk of being MSM (men who have sex with men; includes MSM only or bisexual)**. Approximately **one-third of cases have co-infection with HIV**.

Recommendations: The DuPage County Health Department (DCHD) is requesting the assistance of physicians, practitioners, and laboratory staff to counteract this recent increase in early syphilis cases. **To assist in rapid identification and prompt intervention:**

- Be alert to possible cases of syphilis and **test sexually active clients who have been diagnosed with another STD and/or HIV and those who have an infected sex partner.**
- A presumptive diagnosis of syphilis is possible with the use of **two types of serologic tests:**
 - 1) nontreponemal tests (e.g., Venereal Disease Research Laboratory [VDRL] and RPR) and
 - 2) treponemal tests (e.g., fluorescent treponemal antibody absorbed [FTA-ABS] tests, the *T. pallidum* passive particle agglutination [TP-PA] assay, various EIAs, and chemiluminescence immunoassays).

The use of only one type of serologic test is insufficient for diagnosis, because each type of test has limitations, including the possibility of false-positive test results in persons without syphilis.
- The following **STD screening tests should be performed at least annually for sexually active MSM (men who have sex with men): syphilis, HIV, chlamydia (urethral and rectal), and gonorrhea (urethral, pharyngeal, and rectal)**. All MSM should also be tested for HBsAg to detect hepatitis B virus (HBV) infection; in addition, screening among **past or current drug users should include hepatitis C virus and HBV testing**. **More frequent screening (i.e., at 3–6 month intervals)** is recommended for MSM who have **multiple or anonymous sex partners**.
- Also perform a serologic test for syphilis on **patients with signs/symptoms of early syphilis** (e.g., single or multiple genital or oral lesions, palmar/plantar or body rash, enlarged lymph nodes and patchy hair loss).
- Test **all pregnant women**, as is required by Illinois statute, for syphilis at the **first prenatal visit and again during the third trimester**. **Effective prevention and detection of congenital syphilis depends on the identification of syphilis in pregnant women.**
- Persons who were **exposed within the 90 days preceding the diagnosis of primary, secondary, or early latent syphilis in a sex partner** might be infected even if seronegative; therefore, such persons **should be treated presumptively**.
- **Report all reactive syphilis serology results** (RPR, FTA-ABS, EIA, VDRL, TP-PA, etc.) or presumptive diagnoses by calling the DCHD Communicable Disease and Epidemiology Program at 630-221-7553.
- **All patients who have syphilis should be tested for HIV infection.**
- Patients with syphilis and **ocular complaints** should receive a lumbar puncture with cerebrospinal fluid (CSF) examination and an immediate ophthalmologic evaluation. Ocular syphilis should be managed according to treatment recommendations for **neurosyphilis**.
- Every person being evaluated or treated for an STD, who is not already vaccinated, should receive **hepatitis B vaccination**. In addition, some persons (e.g., men who have sex with men and illicit-drug users) should receive **hepatitis A vaccination**.

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 syphilis and other STDs.³



References:

1. www.cdc.gov/mmwr/preview/mmwrhtml/mm6412a7.htm
2. www.cdc.gov/mmwr/preview/mmwrhtml/mm6318a4.htm
3. www.cdc.gov/std/treatment/2010/default.htm

DUPAGE COUNTY HEALTH DEPARTMENT

CASES¹ OF REPORTABLE DISEASES*

* Last updated by the Illinois Department of Public Health in February 2014

CD REVIEW

Volume 11, No. 4 April 2015

	Report Within	2015		2014		2013		2012		2011		Median	
		Mar	Jan-Mar	Jan-Mar	Total	Jan-Mar	Total	Jan-Mar	Total	Jan-Mar	Total	Jan-Mar	Total ('11-'14)
Vaccine Preventable Diseases													
Chickenpox (varicella)	24 hrs	3	11	18	74	17	78	32	93	16	82	17	80
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> , invasive	24 hrs	0	2	1	5	1	10	4	11	3	15	2	10.5
Hepatitis A	24 hrs	1	1	2	8	1	4	0	8	2	8	1	8
Hepatitis B	7 days	1	1	1	6	1	3	1	5	1	1	1	4
Hepatitis B (carriers)	7 days	10	34	20	108	24	110	28	101	20	113	24	109
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	0	1	0	0	0	0	0	0
Influenza, ICU admissions	24 hrs	9	28	32	140	49	78	4	64	23	24	28	71
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	0	2	0	1	0	0	1	1	1	3	1	1
<i>Neisseria meningitidis</i> , invasive	24 hrs	0	0	0	0	0	0	0	0	1	2	0	0
Pertussis (whooping cough)	24 hrs	1	6	7	22	11	43	77	195	34	268	11	119
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	0	0	1	3	1	4	1	5	5	13	1	4.5
Tetanus	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Other Communicable Diseases													
Anaplasmosis ²	7 days	0	0	0	3	0	0	0	2	0	3	0	2.5
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
Chikungunya fever ³	7 days	0	0	0	0	NR	NR	NR	NR	NR	NR	0	0
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	1	2	0	0	0	1	1	3	0	1.5
Cryptosporidiosis	7 days	1	2	0	2	0	7	1	2	0	5	0	3.5
Cyclosporiasis	7 days	0	0	0	1	1	4	0	0	0	0	0	0.5
Dengue fever ³	7 days	0	0	1	1	0	3	0	1	1	1	0	1
Ehrlichiosis ²	7 days	0	0	0	1	0	0	0	0	0	0	0	0
Enteric <i>E. coli</i> infections ⁴	24 hrs	0	2	0	18	4	54	4	19	5	22	4	20.5
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	2	0	0	0	1	0	1	0	1
Hepatitis C (cases & carriers)	7 days	19	58	57	238	47	182	54	171	38	189	54	185.5
Hepatitis D	7 days	0	0	0	0	0	0	0	0	0	1	0	0
Histoplasmosis	7 days	0	0	2	7	0	1	0	2	0	1	0	1.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	1	1	5	26	4	39	4	25	0	14	4	25.5
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	0	2	1	2	0	2
Lyme disease ²	7 days	0	0	0	22	0	39	0	27	0	32	0	29.5
Malaria	7 days	0	0	0	2	1	7	1	2	0	7	0	4.5
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	0	6	NR	NR	NR	NR	NR	NR	0	6
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	1	3	7	51	4	44	1	43	3	30	3	43.5
Reye syndrome	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatic fever ⁵	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rocky Mountain spotted fever ²	7 days	0	0	0	0	0	0	0	1	0	0	0	0
Salmonellosis	7 days	1	19	12	112	16	128	16	123	11	95	16	117.5
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	0	3	1	18	1	18	6	20	5	22	3	19
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
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), in those < 61 days old	24 hrs	1	1	3	9	0	3	1	7	1	3	1	5
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA), community cluster ⁶	24 hrs	0	0	0	0	0	0	1	1	0	0	0	0
<i>Staphylococcus aureus</i> (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	0	0	0	1	0	0
Streptococcal infections, group A invasive disease ⁷	24 hrs	2	8	13	29	8	21	9	20	12	30	9	25
Toxic shock syndrome ⁸	7 days	0	0	0	0	0	1	0	0	1	1	0	0.5
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	0	2	3	34	10	35	4	26	6	23	4	30
Tularemia	3 hrs	0	0	0	0	0	0	0	1	0	0	0	0
Typhoid fever	24 hrs	0	1	1	5	0	2	1	2	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	3	0	2	0	4	0	3	0	3
West Nile virus disease ³	7 days	0	0	0	5	0	6	0	56	0	2	0	5.5
Yersiniosis	7 days	0	0	1	3	1	2	2	3	1	3	1	3
STDs, HIV and AIDS													
AIDS ⁹ (January - March)	7 days	**	**	**	15	7	25	**	17	**	16	7	16.5
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	140	430	495	1912	477	1883	432	1861	350	1599	432	1872
Gonorrhea	7 days	16	62	50	220	64	258	62	239	46	241	62	240
HIV infection ⁹ (January - March)	7 days	**	**	8	29	8	28	6	20	**	24	8	26
Syphilis ¹⁰	7 days	1	5	7	38	8	34	2	19	11	24	7	29

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 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

IDPH:
www.idph.state.il.us

DuPage:
www.dupagehealth.org

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