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General Information

Communicable Disease
and Epidemiology
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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.



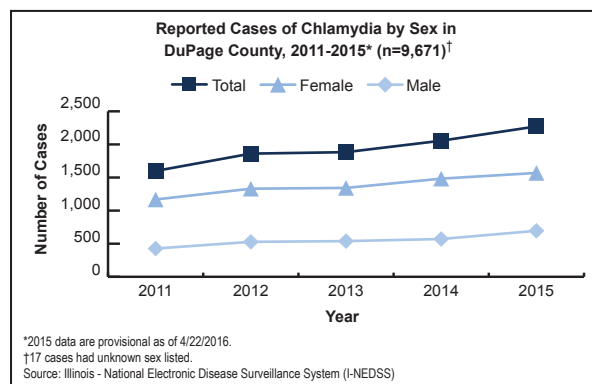
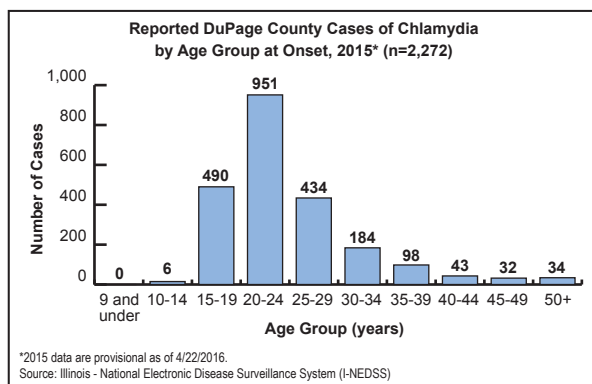
Under the Microscope *Chlamydia trachomatis*

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

According to data published by Centers for Disease Control and Prevention (CDC) in the 2014 Sexually Transmitted Diseases (STD) Surveillance Report (www.cdc.gov/std/stats14/surv-2014-print.pdf), **cases of three nationally notifiable STDs (chlamydia, gonorrhea, and syphilis) have increased for the first time since 2006.**¹

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.**²

Statistics: In the U.S., a total of 1,441,789 chlamydial infections were reported to CDC in 2014. This case count corresponds to a rate of 456.1 cases per 100,000 population, which is a 2.8% increase compared with the rate of 443.5 in 2013. **Illinois ranked 10th by rate**, with 66,536 cases reported in 2014, and a corresponding rate of 516.5 cases per 100,000 population.²



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.**³

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, chlamydial infection can **facilitate the transmission of human immunodeficiency virus (HIV) infection.**³

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).⁴

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.⁴

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: www.idph.state.il.us/health/std/ept_cg.htm.

Prevention: April 2016 is CDC's annual STD Awareness Month, and the prevention theme for this year's campaign is **Talk Test Treat.**¹ 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.⁴

References:

1. www.cdc.gov/mmwr/volumes/65/wr/mm6512a5.htm
2. www.cdc.gov/std/stats14/chlamydia.htm
3. www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm
4. www.cdc.gov/std/tg2015/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 12, No. 4 April 2016

Vaccine Preventable Diseases	Report Within	2016		2015		2014		2013		2012		Median	
		Mar	Jan-Mar	Jan-Mar	Total	Jan-Mar	Total	Jan-Mar	Total	Jan-Mar	Total	Jan-Mar	Total (*12-'15)
Chickenpox (varicella)	24 hrs	5	16	11	36	19	76	17	78	32	93	17	77
Diphtheria	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive	24 hrs	0	2	3	15	1	5	1	10	4	11	2	10.5
Hepatitis A	24 hrs	0	0	1	5	2	8	1	4	0	8	1	6.5
Hepatitis B	7 days	0	0	1	1	1	5	1	3	1	5	1	4
Hepatitis B (carriers)	7 days	9	28	42	138	21	112	24	110	28	101	28	111
Influenza, deaths in < 18 yrs old	7 days	0	0	0	0	0	0	0	1	0	0	0	0
Influenza, ICU admissions	24 hrs	25	52	28	43	35	152	49	78	4	64	35	71
Measles (rubeola)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	24 hrs	1	4	2	9	1	2	0	0	1	1	1	1.5
Neisseria meningitidis, invasive	24 hrs	0	0	0	1	0	0	0	0	0	0	0	0
Pertussis (whooping cough)	24 hrs	4	16	7	48	7	22	11	43	77	195	11	45.5
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
Streptococcus pneumoniae, invasive disease, in those < 5 yrs old	7 days	0	0	0	0	1	3	1	4	1	5	1	3.5
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	2	0	3	0	0	0	2	0	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 ³	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chikungunya fever ³	7 days	0	0	0	2	0	0	NR	NR	NR	NR	0	1
Cholera	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	0	1	1	2	0	0	0	1	0	1
Cryptosporidiosis	7 days	0	2	2	5	0	2	0	7	1	2	0	3.5
Cyclosporiasis	7 days	0	0	0	1	0	1	1	4	0	0	0	1
Dengue fever ³	7 days	0	0	0	3	1	1	0	3	0	1	0	2
Ehrlichiosis ²	7 days	0	0	0	1	0	0	0	0	0	0	0	0
Enteric E. coli infections ⁴	24 hrs	0	3	14	10	18	4	54	4	19	3	18.5	
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	0	0	2	0	0	0	1	0	0.5
Hepatitis C (cases & carriers)	7 days	22	71	65	239	59	242	47	182	54	171	54	210.5
Hepatitis D	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Histoplasmosis	7 days	1	3	0	3	2	7	0	1	0	2	0	2.5
Influenza A, novel virus	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Legionellosis	7 days	1	2	1	18	5	26	4	39	4	25	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	0	2	0	2
Lyme disease ²	7 days	1	3	1	29	0	22	0	39	0	27	0	28
Malaria	7 days	1	5	0	4	0	2	1	7	1	2	1	3
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	16	0	6	NR	NR	NR	NR	0	11
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	1	3	3	73	7	51	4	44	1	43	3	47.5
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	0	0	1	0	0
Salmonellosis	7 days	3	12	18	133	12	115	16	128	16	123	12	125.5
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Shigellosis	7 days	3	8	3	27	1	18	1	18	6	20	1	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
Staphylococcus aureus, methicillin resistant (MRSA), in those < 61 days old	24 hrs	1	1	1	10	3	9	0	3	1	7	1	8
Staphylococcus aureus, methicillin resistant (MRSA), community cluster ⁶	24 hrs	0	0	0	0	0	0	0	0	1	1	0	0
Staphylococcus aureus (vancomycin-resistant)	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Streptococcal infections, group A invasive disease ⁷	24 hrs	2	7	8	22	13	29	8	21	9	20	8	21.5
Toxic shock syndrome ⁸	7 days	0	0	0	0	0	0	0	1	0	0	0	0
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	4	9	2	39	3	34	10	35	4	26	4	34.5
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	1	0	0
Typhoid fever	24 hrs	0	0	1	3	1	5	0	2	1	2	0	2.5
Typhus	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Vibriosis (non-cholera)	7 days	1	1	0	4	0	3	0	2	0	4	0	3.5
West Nile virus disease ³	7 days	0	0	0	9	0	5	0	6	0	56	0	7.5
Yersiniosis	7 days	1	1	0	1	1	3	1	2	2	3	1	2.5
Zika virus disease ³	7 days	0	1	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
STDs, HIV and AIDS													
AIDS ⁹ (January - March)	7 days	**	**	**	10	**	15	7	25	**	17	7	16
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	145	500	522	2272	536	2056	477	1883	432	1861	500	1969.5
Gonorrhea	7 days	21	63	76	299	53	242	64	258	62	239	63	250
HIV infection ^{9,10} (January - March)	7 days	**	**	**	30	8	29	8	28	6	20	8	28.5
Syphilis ¹¹	7 days	3	11	7	37	9	41	8	34	2	19	8	35.5

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

- 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 Counts for 2016 reflect all newly diagnosed HIV cases regardless of stage of disease at diagnosis; 2012-2015 counts reflect new, non-AIDS HIV diagnoses only.
 - 11 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