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### General Information

Communicable Disease  
(630) 682-7979, ext. 7553

Environmental Health  
(630) 682-7979, ext. 7046

Immunizations  
(630) 682-7400

Sexually Transmitted Diseases  
(630) 682-7979, ext. 7575

HIV/AIDS  
(630) 682-7400

Tuberculosis  
(630) 682-7979, ext. 7522

School Health  
(630) 682-7979, ext. 7300

Travel Clinic  
(630) 682-7400

Animal Care & Control  
(630) 407-2800

Please contact  
Disease Control at  
(630) 682-7979, ext. 7553 or  
ebarajas@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 Syphilis

For questions or to report a suspect or known case of Syphilis, please call the DuPage County Health Department at (630) 682-7979, ext. 7553.

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. It has often been called "the great imitator" because so many of the signs and symptoms are indistinguishable from those of other diseases.<sup>1</sup> Preventing syphilis is especially important because **persons infected with the disease are at increased risk for acquiring and transmitting HIV**, the virus that causes AIDS. Once the cause of devastating epidemics, syphilis now can be effectively controlled by appropriate antimicrobial therapy.<sup>2</sup>

Syphilis is a systemic disease caused by *T. pallidum*. Patients who have syphilis might seek treatment for signs or symptoms of **primary infection** (i.e., ulcer or chancre at the infection site), **secondary infection** (i.e., manifestations that include, but are not limited to, skin rash, mucocutaneous lesions, and lymphadenopathy), or **tertiary infection** (e.g., cardiac or ophthalmic manifestations, auditory abnormalities, or gummatous lesions). Neurosyphilis (CNS involvement) can occur during any stage of syphilis. **Latent infections** (i.e., those lacking clinical manifestations) are detected by serologic testing. Latent syphilis acquired within the preceding year is referred to as **early latent syphilis**; all other cases of latent syphilis are either **late latent syphilis** or **latent syphilis of unknown duration**.<sup>3</sup>

In addition to appropriate clinical evaluation, diagnostic testing, and appropriate treatment and follow-up for syphilis, **all patients who have syphilis should be tested for HIV infection**. In geographic areas in which the prevalence of HIV is high, patients who have primary syphilis should be retested for HIV after 3 months if the first HIV test result was negative.<sup>3</sup> Sexual transmission of *T. pallidum* occurs only when mucocutaneous syphilitic lesions are present; such manifestations are uncommon after the first year of infection. However, **persons exposed sexually to a patient who has syphilis in any stage should be evaluated clinically and serologically and treated with a recommended regimen**.<sup>3</sup>

**DuPage County has experienced a recent increase in reported syphilis cases.** In 2008, 18 cases of early syphilis (less than one year's duration) were reported. To date, we have received reports of 33 cases from 2009, representing an **83% increase** in early syphilis cases. The DuPage County Health Department is requesting the assistance of community physicians, practitioners, and laboratory staff at local hospitals to counteract this recent increase in early syphilis cases.

Recent studies indicate that **many men who have sex with men (MSM) with STDs remain undiagnosed due to inadequate STD testing**. Since 2002, CDC has recommended that **sexually active MSM be tested at least annually for syphilis, chlamydia and gonorrhea** – at all anatomic sites of reported STD exposure (oral/pharyngeal, anal, and/or urethral). CDC also recommends at least annual STD testing for all individuals with HIV infection.<sup>3</sup>

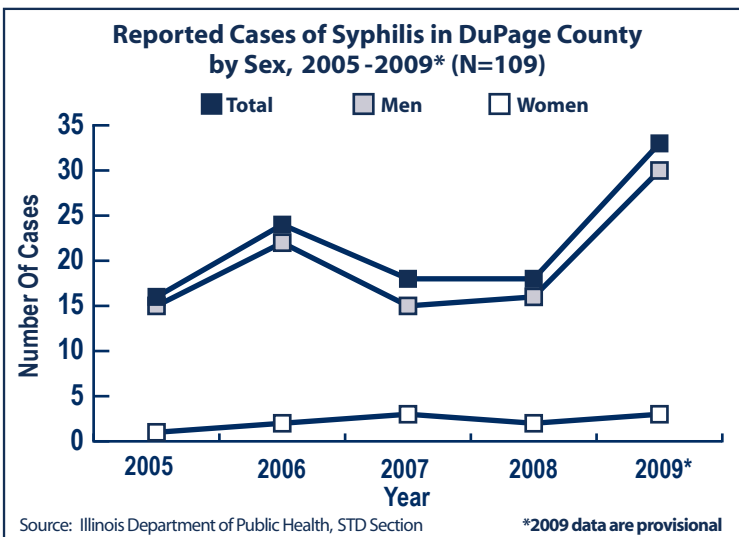
To assist in rapid identification of syphilis and prompt intervention:

- Be alert to possible cases of syphilis and **test sexually active patients who have been diagnosed with another STD and/or HIV and those who have an infected sex partner**.
- 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 within 24 hours** by calling the DCHD Disease Control Program at 630-682-7979, ext. 7553. Laboratory reporting should include the test result and date of collection; the patient's name, address, race, gender, and date of birth; the name and phone number of the physician who ordered the test; and treatment status (when known).
- **Immediately alert** both DCHD Disease Control Program (630-682-7979, ext. 7553) and IDPH STD Program (217-782-2747) of **positive reportable STD test results (syphilis, chlamydia, and gonorrhea) in children <12 years of age**.
- In addition to clinical evaluation, diagnostic testing, and appropriate treatment and follow-up for syphilis, **all patients who have syphilis should be tested for HIV infection**.
- 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., MSM and illegal-drug users) should receive **hepatitis A vaccination**.

Educate patients about syphilis, STD prevention, and the importance of partner referral, **informing them that syphilis is a reportable disease and that the health department will confidentially contact them to provide disease counseling and to elicit partner information**. 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> **April is STD Awareness Month**, an annual observance to raise awareness about the impact of sexually transmitted diseases (STDs) on the health of Americans and the importance of individuals discussing sexual health with their healthcare providers and, if sexually active, their partners.<sup>4</sup>

#### References:

1. www.cdc.gov/std/Syphilis/
2. www.idph.state.il.us/public/hb/hbsyph.htm
3. www.cdc.gov/std/treatment/2006/rr5511.pdf
4. www.cdc.gov/std/sam/default.htm



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 6, No. 4 April 2010

Vaccine Preventable Diseases	Report Within	2010		2009		2008		2007		2006		Median	
		Mar	Jan - Mar	Jan - Mar	Total	Jan - Mar	Total	Jan - Mar	Total	Jan - Mar	Total	Jan - Mar	('06-'09)
Chickenpox (varicella)	24 hrs	10	26	34	146	66	236	66	177	85	252	66	206.5
Diphtheria	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae, invasive	24 hrs	1	2	1	10	1	6	1	5	4	7	1	6.5
Hepatitis A	24 hrs	1	2	4	14	3	16	7	26	3	12	3	15
Hepatitis B	7 days	0	0	4	8	0	4	4	9	0	4	0	6
Hepatitis B (carriers)	7 days	4	16	35	109	46	128	35	168	46	159	35	143.5
Influenza, deaths in < 18 yrs old	7 days	0	0	0	1	NR	NR	NR	NR	NR	NR	0	1
Measles (rubeola)	24 hrs	0	0	1	1	0	15	0	0	0	0	0	0.5
Mumps	24 hrs	0	0	0	2	1	2	8	13	0	130	0	7.5
Neisseria meningitidis, invasive	24 hrs	0	0	2	6	1	4	0	1	1	2	1	3
Pertussis (whooping cough)	24 hrs	2	3	4	26	1	13	6	9	12	26	4	19.5
Polio	24 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	2	4	3	8	1	6	1	10	5	8	3	8
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	NR	NR	NR	NR	NR	NR	0	0
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	1	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	NR	NR	NR	NR	NR	NR	0	0
Cholera	24 hrs	0	0	0	0	0	1	0	0	0	0	0	0
Creutzfeldt-Jakob disease	7 days	0	0	0	0	NR	NR	NR	0	0	1	0	0
Cryptosporidiosis	7 days	0	0	1	4	0	2	0	5	0	9	0	4.5
Cyclosporiasis	7 days	0	0	0	1	0	0	0	0	0	0	0	0
Dengue fever <sup>3</sup>	7 days	0	1	0	4	0	0	0	1	0	2	0	1.5
Ehrlichiosis <sup>2</sup>	7 days	0	0	0	0	0	0	0	1	0	2	0	0.5
Enteric E. coli infections <sup>4</sup>	24 hrs	0	2	2	11	3	21	1	7	0	8	2	9.5
Giardiasis	7 days	3	16	10	40	8	57	18	68	7	47	10	52
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	0	0	0	0	0
Hepatitis C (cases & carriers)	7 days	9	42	76	221	73	261	78	301	72	272	73	266.5
Hepatitis D	7 days	0	0	0	0	NR	NR	NR	NR	NR	NR	0	0
Histoplasmosis	7 days	0	0	1	2	2	6	0	6	0	1	0	4
Influenza A, novel virus	3 hrs	3	12	0	181	NR	NR	NR	NR	NR	NR	6	181
Legionellosis	7 days	0	2	1	13	1	5	0	13	0	9	1	11
Leprosy	7 days	0	0	1	1	0	0	0	0	1	1	0	0.5
Leptospirosis	7 days	0	0	0	0	0	0	0	1	0	0	0	0
Listeriosis	7 days	0	0	1	3	0	1	0	1	1	6	0	2
Lyme disease <sup>2</sup>	7 days	0	1	0	18	0	17	1	16	0	10	0	16.5
Malaria	7 days	0	0	1	4	1	5	2	7	1	6	1	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 <sup>6</sup>	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, human case	24 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Rabies, potential exposure	24 hrs	7	7	0	15	1	46	2	52	2	28	2	37
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	1	0	0
Rocky Mountain spotted fever <sup>2</sup>	7 days	0	0	0	0	0	0	0	0	0	1	0	0
Salmonellosis	7 days	9	25	20	91	18	108	23	140	21	103	21	105.5
Severe Acute Respiratory Syndrome	3 hrs	0	0	0	0	NR	NR	NR	NR	NR	NR	0	0
Shigellosis	7 days	54	284	4	13	7	28	2	18	3	27	4	22.5
Smallpox	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Smallpox vaccination, complications	24 hrs	0	0	0	0	NR	NR	NR	NR	NR	NR	0	0
St. Louis encephalitis <sup>3</sup>	7 days	0	0	0	0	NR	NR	NR	NR	NR	NR	0	0
Staphylococcus aureus, methicillin resistant (MRSA), in those < 61 days old	24 hrs	1	1	2	6	0	3	NR	NR	NR	NR	1	4.5
Staphylococcus aureus, methicillin resistant (MRSA), community cluster <sup>7</sup>	24 hrs	1	1	0	1	1	4	NR	NR	NR	NR	1	2.5
Staphylococcus aureus (vancomycin-resistant)	24 hrs	0	1	0	0	0	0	0	1	0	0	0	0
Streptococcal infections, group A invasive disease <sup>8</sup>	24 hrs	0	3	6	15	4	16	3	11	14	18	4	15.5
Toxic shock syndrome <sup>9</sup>	7 days	0	0	0	0	0	1	0	2	0	1	0	1
Trichinosis	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	7 days	4	6	9	29	9	43	7	27	14	44	9	36
Tularemia	3 hrs	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid fever	24 hrs	0	2	2	5	1	3	0	7	1	2	1	4
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	0	0	1	0	2	0	1.5
West Nile disease <sup>3</sup>	7 days	0	0	0	0	0	1	0	10	0	43	0	5.5
Yersiniosis	7 days	0	0	2	4	0	1	0	1	0	0	0	1
<b>STDs, HIV and AIDS</b>													
AIDS <sup>10</sup> (January - March)	7 days	6	6	4	20	6	22	3	20	6	32	6	21
Chancroid	7 days	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia	7 days	113	363	414	1362	362	1587	288	1522	325	1346	362	1442
Gonorrhea	7 days	13	49	61	198	63	268	48	251	48	192	49	224.5
HIV infection <sup>10</sup> (January - March)	7 days	16	16	10	35	6	23	4	22	8	25	8	24
Syphilis	7 days	0	0	11	33	8	18	4	18	5	24	5	21

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) 682-7400, ext. 7553  
24 hours: (630) 682-7400

**Tuberculosis**  
(630) 682-7400, ext. 7522

**STDs**  
(630) 682-7400, ext. 7575

**HIV/AIDS:**  
(630) 682-7400, ext. 7310

- <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> Q fever case in 2004 not related to any suspected bioterrorism threat or event
  - <sup>7</sup> Two or more laboratory-confirmed cases of community onset MRSA infection during a 14 day period
  - <sup>8</sup> Includes streptococcal toxic shock syndrome and necrotizing fasciitis
  - <sup>9</sup> Due to *Staphylococcus aureus*
  - <sup>10</sup> HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis
- NR = Not reported

**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)

Archived issues of *CD Review* are available at:  
[www.dupagehealth.org/health\\_data/cd-review.html](http://www.dupagehealth.org/health_data/cd-review.html)