

Cook County Department of Public Health

SECOND QUARTERLY REPORT

To the Cook County Board in their capacity as the
Cook County Board of Health

May 2019



Cook County DEPT. of
Public Health



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Communicable Diseases Programs & Sexually Transmitted Infections Initiatives

May 13, 2019



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Communicable Diseases (CD) Unit



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The CD Control and Prevention Unit is comprised of Six (6) programs:

1. General Communicable Diseases (e.g., gastro-intestinal illnesses, rabies); (4 full time staff/3 currently)
2. Vaccine-Preventable Diseases (e.g., measles, mumps, pertussis); (3 full time staff/1 currently)
3. Sexually Transmitted Infections/Human Immunodeficiency Virus (STI/HIV) Surveillance and Prevention (e.g., chlamydia, gonorrhea, syphilis, HIV); (16 full-time staff/13 currently)
4. Tuberculosis Surveillance and Prevention; (2 full time staff)
5. Infection Prevention (e.g., carbapenem-resistant Enterobacteriaceae, healthcare-associated infections); (1 full time staff)
6. Enhanced Surveillance (e.g., syndromic surveillance); (1 full-time staff)



What does the CD Unit Do?

- Investigates more than 15,000 cases of infectious diseases every year in **suburban Cook County**
- Prevents and controls outbreaks; contact tracing and monitoring
- Responds to emerging and re-emerging threats
- Continuously collects and monitors syndromic surveillance data
- Is available 24/7/365



General CD Program

- Cover ~60 diseases and conditions
 - Enteric Diseases (like salmonella, norovirus)
 - Respiratory Diseases (like histoplasmosis)
 - Rash/skin Diseases (invasive *S. pneumo*)
 - Vector-borne diseases (like West Nile Virus)
 - Bioterrorism agents (like tularemia, anthrax)



Enhanced Surveillance and Informatics Program

- Oversees Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) system
 - Emergency Department chief complaint data, basic demographic data
 - 45 hospitals; 5,000 records/day
 - 1,000,000 records/year
- West Nile Virus Surveillance
- Influenza-like Illness Surveillance
- Other areas: Biowatch, rabies post-exposure prophylaxis, social media data mining (foodborne illness)



Vaccine-Preventable Diseases Program

- Cover 15 vaccine-preventable diseases and related conditions, including:
 - Influenza
 - Measles
 - Mumps
 - Pertussis
 - Chickenpox
- Outbreak investigations
- Perinatal Hepatitis B
- Providing guidance to schools and congregate settings



Tuberculosis Surveillance

- Case and contact investigations, data entry, laboratory and other clinical data
- Close collaboration with IDPH, CDC/Division of Global Migration and Quarantine
 - Immigration and TB follow-up
 - “Do Not Board” cases
- Surveillance Reports



Infection Prevention Program

- Investigation of clusters of persons with infectious diseases in out-of-hospital settings
 - Long-term care facilities, nursing homes
 - Schools, daycares
- Point-prevalence surveys
- Established long-term care roundtable
- Candida auris (C. auris), carbapenem-resistant Enterobacteriaceae (CRE)
 - Current concern of spread of the C. auris fungus in long term care facilities (nursing homes and long term acute care hospitals).
 - Can be fatal in immunocompromised, and strains resistant to medications.



STI/HIV Program

- Process more than 11,000 cases per year (staff ensure treatment by having the providers complete a case reporting form via phone, electronic or paper form which are submitted to IDPH)
- Surveillance Operations
 - Case investigations of chlamydia, gonorrhea, and syphilis (including congenital syphilis)
 - Training providers on reporting
- Field Operations
 - Risk- and harm-reduction counseling of cases, partner services
 - HIV cases
 - Adolescents with 2 or more STIs in a rolling 12 month window
 - Cases where providers could not be reached



2017 National Data

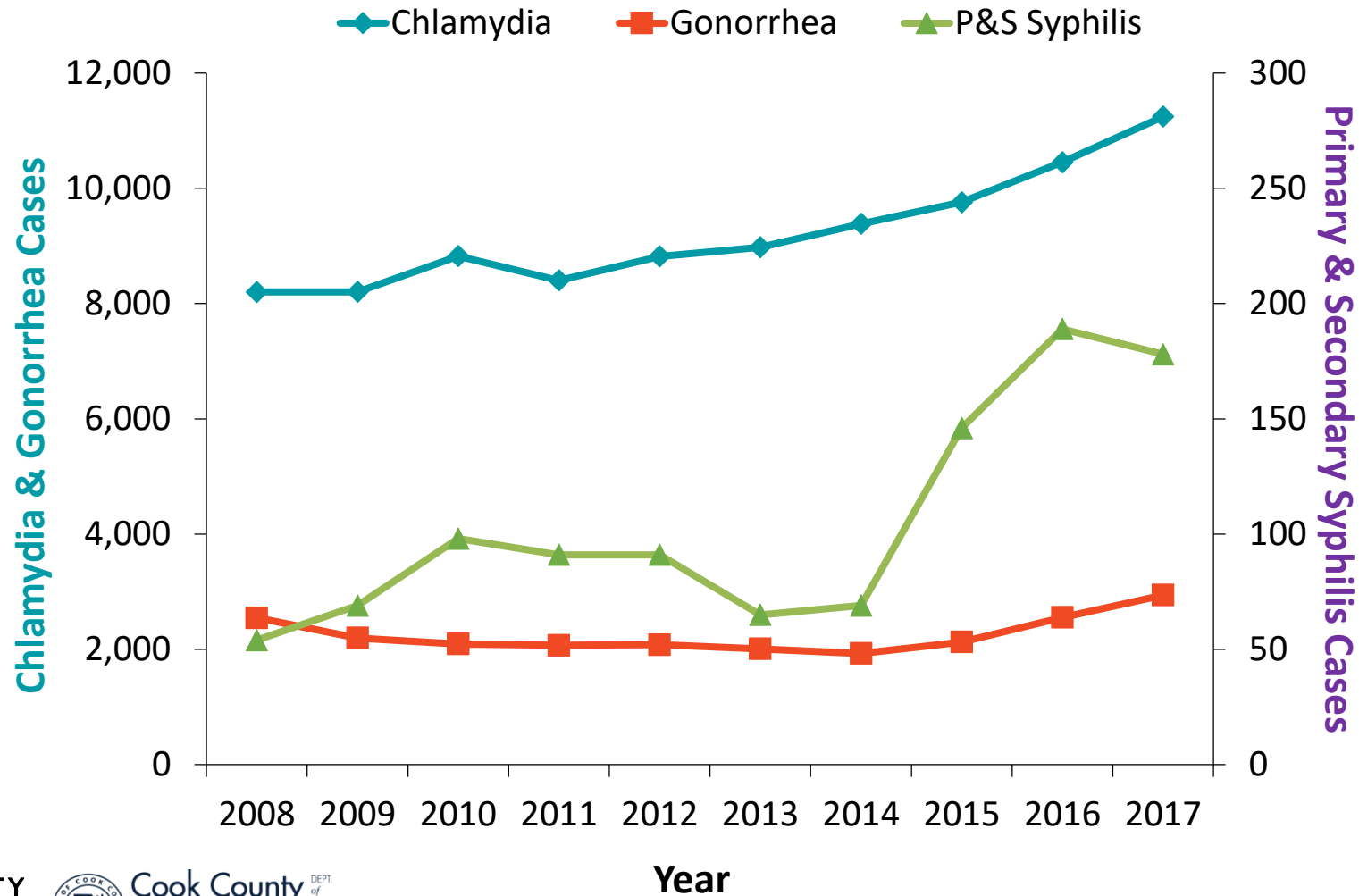
- US in 4th year of sustained STI increases
- Chlamydia: 1.7 million cases in 2017; 45% among 15- to 24-year-old females
- Gonorrhea diagnoses increased 67 percent between 2013 and 2017
- Primary and secondary syphilis increased 76 percent;
Men who have sex with men (MSM) made up ~70% percent of cases



“We are sliding backward,” said Jonathan Mermin, M.D., M.P.H, director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. **“It is evident the systems that identify, treat, and ultimately prevent STDs are strained to near-breaking point.”**



STI Trends: Suburban Cook, 2017



Chlamydia Data – 2017

11,244

Chlamydia cases in suburban Cook County, the highest number ever reported

67%

of ALL chlamydia cases female

10x

Chlamydia rate in Black/African Americans compared to Whites

25%

of ALL chlamydia cases are Black/African American females aged 15-24 years



Gonorrhea Data – 2017

2,941

**Gonorrhea cases reported in 2017;
this is half or fewer of all the cases
occurring in suburban Cook County**

58%

of ALL gonorrhea cases are male

22x

**Gonorrhea rate in Black/African
Americans compared to Whites;
Black or African Americans
represent 16% of suburban Cook
County pop**

**Gonorrhea has developed
resistance to every drug used to
treat it**





STI Initiative



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STI Initiatives

- Community/Patient-based approaches
- Infrastructure changes
- Provider-based approaches



Cook County Health HIV/STI Services Coordination/Integration Committee

STI Campaign Activities (in process)

- Ambulatory Community Health Network health centers:
 - Walk in patients for STI screening and treatment at all health centers
 - First visit no charge, including treatment. Then enroll with a primary care provider.
 - Training in process
- Expedited Partner Therapy (EPT)
- Screening of all sexually active adolescents and adults (HEDIS measure for chlamydia)



CCDPH specific activities

Key Audiences

Suburban Cook County

- All youth between 15 and 24; esp. geo hotspots west & south suburban areas, African American and Latino
- Healthcare providers, parents, partners, schools, community-based organizations, faith-based organizations



“Don’t Guess, Get a Test” Campaign

- Gonorrhea and chlamydia are focus of this campaign
- Key messages
 - Chlamydia and gonorrhea are most frequently reported; 2/3 of cases are ages 19-24 years old
 - Get tested. (We will only test for GC/Chlamydia.)
 - Get treated. (You and your partners.)
 - Prevent STIs. (Condoms, communication, etc.)
- We will provide information about other diseases (HIV, syphilis, Hepatitis B and C, HPV)



Strategies

- Website (www.dontguessgetatest.com)
- Partners (social media sites and clients/members)
- Print materials (posters, flyers, wallet cards, fact sheets) and swag (pop sockets, lip moisturizer, aluminum water bottles, microfiber pouch, sunglasses)
- Earned media (radio or TV PSAs, interviews)
- Mass marketing to geographic hotspots (current)
 - Paid social marketing ads
 - Commercials on Comcast
 - Expressway and community billboards



Community Testing Events

- Forest Park, 3/16/19
- South Suburban College, 4/24/19 & 4/25/19
- Hillcrest Baptist Church and Hillcrest High School, 5/3/19



Infrastructure Changes

- Electronic case reporting
- Intra-facility STI testing reports
 - CCH
 - Loyola
 - Ingalls



STI Reporting Form

- Make electronic
- Pull info from EMR and lab
- Automatic routing to Local and State Health Depts.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH ILLINOIS CONFIDENTIAL MORBIDITY REPORT OF SEXUALLY TRANSMITTED DISEASES			
392		5. Fill in circles	
1. Print firmly and neatly.	2. Only use pen with dark ink.	3. Send original form.	4. Print capital letters and numbers completely inside boxes:
A B C D		LIKE THIS: ● NOT: ⊗ ⊙ ⊛	
PATIENT INFORMATION			Expedited Partner Therapy
FIRST NAME			Expedited Partner Therapy given to patient with chlamydia and/or gonorrhea for partner(s). <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
LAST NAME			If yes, for how many partners? <input type="text"/>
STREET ADDRESS			
APARTMENT NUMBER		CITY	
STATE	ZIP CODE	PHONE NUMBER (AREA CODE)	LOCAL NUMBER
DATE OF BIRTH		AGE (Years)	COUNTY OF RESIDENCE
SEX	PREGNANCY	RACE (Check All That Apply)	ETHNICITY
<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No Est. Due Date: <input type="text"/>	<input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> Other	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or not Latino <input type="radio"/> Unknown
DIAGNOSIS			
Chlamydia		Gonorrhea	
<input type="radio"/> Genito-urinary <input type="radio"/> PID <input type="radio"/> Ophthalmia <input type="radio"/> Pneumonia <input type="radio"/> Other: _____		<input type="radio"/> Genito-urinary <input type="radio"/> Rectal <input type="radio"/> Ophthalmia <input type="radio"/> DGI <input type="radio"/> Pharyngeal <input type="radio"/> PID	
		Other STDs	
		<input type="radio"/> Chancroid <input type="radio"/> LGV DATE OF TEST/EXAM: <input type="text"/> / <input type="text"/> / <input type="text"/>	
		Syphilis	
		<input type="radio"/> Primary <input type="radio"/> Late symptomatic <input type="radio"/> Secondary <input type="radio"/> Congenital <input type="radio"/> Early latent (<1 Yr.) <input type="radio"/> Latent (unk. duration) <input type="radio"/> Late latent (>1 Yr.)	
		Neurological Involvement	
		<input type="radio"/> Confirmed (positive CSF-VDR/L) <input type="radio"/> Probable	
LABORATORY TEST(S) RELATED TO DIAGNOSIS			
Chlamydia Test		Gonorrhea Test	
DATE POSITIVE TEST COLLECTED		DATE POSITIVE TEST COLLECTED	
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
		Syphilis Tests	
		Serologic Screening Test: RPR, VDRL	
		DATE OF TEST: <input type="text"/> / <input type="text"/> / <input type="text"/>	
		Titer 1: <input type="text"/>	
		Serologic Confirmatory Test: FTA-ABS, TP-PA, EIA	
		DATE OF TEST: <input type="text"/> / <input type="text"/> / <input type="text"/>	
		Darkfield / DFA-TP (from lesion)	
		DATE OF TEST: <input type="text"/> / <input type="text"/> / <input type="text"/>	
		CSF-VDR/L	
		DATE OF TEST: <input type="text"/> / <input type="text"/> / <input type="text"/>	
		Name of Person Completing Form: _____	
FACILITY WHERE SPECIMEN WAS COLLECTED		FACILITY WHERE TREATMENT WAS PROVIDED	
Name: _____		Name: _____	
Address: _____		Address: _____	
City: _____ Phone: _____		City: _____ Phone: _____	
If you wish assistance in our online referral, need additional forms, etc., call your local health department STD Program.			
IF TESTING locally in Chicago Department of Public Health located within Chicago city limits, submit report to:		IF TESTING locally in outside Chicago city limits, submit report to your local health department. If no local health department, submit report to:	
ATTN: STD Program 3045 West Washington Chicago, IL 60612 Room: 317-413-8047; Fax: 312-885-0915		Illinois Department of Public Health ATTN: STD Program 535 W. Jefferson St. Springfield, IL 62761 317-702-2747 TTY (hearing impaired use only) 800-547-0466	



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Provider-based Approaches

- Detailed and (non-judgmental!) sexual history on ALL PATIENTS WHO ARE SEXUALLY ACTIVE
- Ensure correct treatment is prescribed and taken by patient
- Expedited Partner Therapy
- Gonorrhea resistance
- LGBTQ cultural competency
- (Syphilis staging treatment)



Thank You



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