



CHLAMYDIA TESTING IN THE 2010 STI TREATMENT GUIDELINES

The CDC recently released the 2010 STI treatment guidelines. Here are some of the most relevant changes regarding Chlamydia screening:

Screening for Women

- Annual screening for all sexually active females ≤ 25
- Screen all pregnant women at first prenatal visit
- Screen women with increased risk in the third trimester
 - all women ≤ 25
 - women with more than one or a new sexual partner
 - women that tested positive at first prenatal visit

Screening for Men

- Consider screening sexually active young males in clinical settings of high prevalence (STI clinics, correctional settings, adolescent clinics)
- Annual urethral screening of men who have sex with men (MSM) who have had insertive sexual intercourse in the last year
- Annual rectal screening of MSM who have had receptive anal intercourse in the last year

Test Information

- Nucleic Acid Amplification Tests (NAATs) are the most sensitive tests for endocervical and urethral swabs specimens and are FDA-cleared for use with urine.
- Most tests, including NAAT, are not FDA-cleared for use with rectal or oropharyngeal swab specimens, and chlamydia culture is not widely available for this purpose.
- Some laboratories have met CLIA requirements and have validated NAAT testing on rectal swab specimens for chlamydia. NAAT tests have improved sensitivity and specificity compared with culture of rectal and oropharyngeal swabs.

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 Many providers have started using EPT (expedited partner therapy) to treat partners of their patients with STIs.
This is great news!
 Treating partners helps prevent new infections. Need more information on EPT?
www.dhs.wisconsin.gov/communicable/STD/EPT/EPT.htm
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Acute and Communicable Disease Summary for January - March 2011

DANE COUNTY

Below is a preliminary listing of the acute and communicable diseases reported to Public Health Madison & Dane County (PHMDC) during January - March 2011 and January - March 2010 for comparison. Data are based on ACD reports received by PHMDC. These numbers are not a complete picture of communicable diseases in Dane County; some infections may not have been reported yet and some are never reported.

REPORTABLE COMMUNICABLE DISEASES

DISEASE	NUMBER OF CASES	
	1st Q 2011	1st Q 2010
Babesiosis	0	0
Blastomycosis	0	1
<i>Campylobacter</i>	27	24
Chlamydia	464	535
<i>Cryptosporidium</i>	9	14
<i>Cyclospora</i>	0	0
<i>E. coli</i> , enterohemorrhagic including O157:H7	1	4
Ehrlichiosis	0	0
<i>Giardia</i>	19	15
Gonorrhea	54	117
<i>Haemophilus influenzae</i> invasive disease	0	0
Hemolytic uremic syndrome	1	0
Hepatitis A	0	2
Hepatitis B	25	26
Hepatitis C	35	64
Hepatitis D	0	0
Hepatitis E	0	0
Influenza, novel type A	0	7
Influenza-associated hospitalization	106	n/a
<i>Legionella</i>	2	4
Listeriosis	0	0
Lyme Disease	8	4
Malaria	0	0
Meningococcal disease	2	2
Mumps	0	0
Pertussis (confirmed & probable)	6	4
<i>Salmonella</i>	9	14
<i>Shigella</i>	3	2
<i>Streptococcus</i> Group A invasive disease	7	1
<i>Streptococcus</i> Group B invasive disease	6	7
<i>Streptococcus pneumoniae</i> invasive disease	12	13
Syphilis (includes 1 ^o , 2 ^o , latent, late, neuro, congenital)	3	7
Tetanus	1	0
Toxic shock syndrome	0	0
Toxoplasmosis	1	0
Transmissible spongiform encephalopathy	1	0
Tuberculosis	5	3
Typhoid fever	0	0
Varicella	2	6
Vibrio, non-cholera	0	0
West Nile virus disease	0	0
Yersiniosis	0	1

MEASLES IN THE MIDWEST

Public Health Madison & Dane County (PHMDC) recently followed up with three Dane County residents who spent eight hours on a flight with a Minnesota resident who was subsequently diagnosed with measles and was contagious while on the plane. The three individuals were all notified of their exposure, educated about what symptoms to watch for and what to do if symptoms developed, and provided evidence of immunity, either by immunization or birth prior to 1957. If any had been unable to provide proof of immunity, he/she would have been quarantined until three weeks after the date of exposure. All three will be contacted weekly for two incubation periods (six weeks) by PHMDC to verify that symptoms have not developed.

This situation illustrates how easily measles could appear in Dane County. It could be as simple sharing a flight with an infected person or an unimmunized Dane County resident visiting the Twin Cities for a few hours and coming into contact with a contagious person. Minnesota's most recent case count is 20 cases of measles, 16 of which were linked to a child who acquired measles while traveling abroad, another had a source in Florida, another had a source in India, and one has an unknown source.

Please keep the nearby cases of measles in mind when evaluating patients. If symptoms are compatible with measles, ask about travel to Minnesota or foreign countries – measles is closer than you may think.

EARLY MMR FOR INTERNATIONAL TRAVEL



Of the 692 measles cases reported during 2001-2010, 87% (604) were associated with international travel.

Twenty-three of these cases were aged 6 to 11 months, 18 were aged 12 to 15 months, and six were aged 16 to 23 months. Although all 47 children had been eligible for MMR vaccination, only three (6%) had been vaccinated for measles before their departure.

- All children should receive MMR #1 at 12 to 15 months of age
Children age 6-11 months, if they must travel outside the United States, should receive monovalent measles vaccine before departure if it is available, or MMR if monovalent measles vaccine is not available.
- MMR given before age 12 months should not be counted as part of the two-dose series.
- Children who receive MMR before age 12 months will need two more doses of MMR -the first of which should be administered at 12 months of age.

MMWR, April 8, 2011:
www.cdc.gov/mmwr/preview/mmwrhtml/mm6013a1.htm?s_cid=mm6013a1_w

COMMUNICABLE DISEASE UPDATE HIATUS

This will be the final issue of the Communicable Disease Update until January 2012. I will be on maternity leave from sometime in April until October. If you have a question for which you'd normally contact me, please call the Communicable Disease Intake Nurse at 266-4821. The CDI Nurse will be able to answer your question or direct you to someone who can.

Amanda Kita-Yarbro
Communicable Disease Epidemiologist

WORLD TB DAY

March 24 was World TB Day. To help celebrate World TB Day and bring awareness to this global issue, Philip Wegner, State TB Nurse Consultant, discussed his world experiences and challenges with TB during a lunch and learn webinar. Originally from Oshkosh, WI, Philip has had a career filled with domestic and international public health work, especially related to TB. The webinar can be viewed at the following link: <http://dhsmedia.wi.gov/main/Viewer/?peid=bb81f9ac216248c188a162dadb3a2c38&autoStart=true>.

Wisconsin was not the only state to celebrate World TB Day; many other states celebrated World TB Day. Check out what others around the US did for World TB Day at www.cdc.gov/tb/events/WorldTBDay/2011/activities.htm.



A Reminder!

The preferred treatment for Gonorrhea (even if your patient has tested negative for Chlamydia) is:

Ceftriaxone 250 mg and 1gm Azithromycin

- Reduces treatment failures
- Improves efficacy in treatment of pharyngeal infection (often unrecognized)
- May hinder development of drug resistant gonorrhea
- Provides consistent guidance for all anatomic sites

PUBLIC HEALTH CONTACT INFORMATION

To Report Communicable Diseases in all Madison and Dane County Residents:

Call the Communicable Disease Intake Nurse (608) 266-4821
 or mail to: PUBLIC HEALTH MADISON & DANE COUNTY
 ATTN: COMMUNICABLE DISEASE
 210 MARTIN LUTHER KING BLVD ROOM 507
 MADISON WI 53703
 or fax to: Communicable Disease Intake Nurse (608) 266-4858

Communicable Disease Epidemiologist:

Amanda Kita-Yarbro (akita@publichealthmdc.com) (608) 243-0336

Public Health Madison & Dane County:

General (608) 266-4821
 Fax (608) 266-4858

After Hours Contact Number for Public Health Madison & Dane County: (608) 376-6403