Communicable Disease Newsletter

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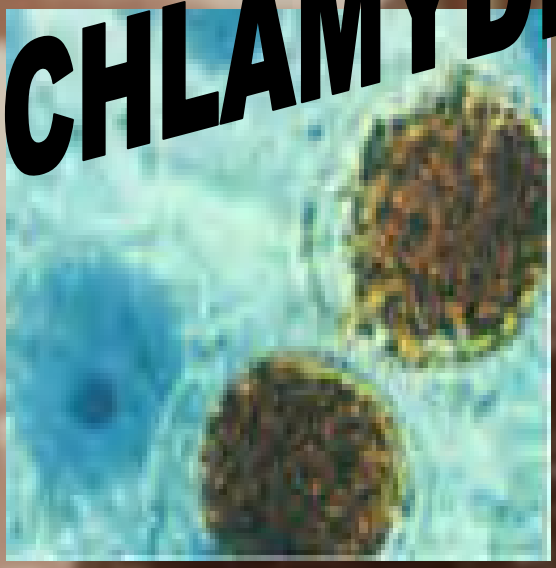
In this edition:

CHLAMYDIA



STREP THROAT

CHLAMYDIA

Chlamydia trachomatis, or Chlamydia is a sexually transmitted disease (STD) passed by direct contact during sexual intercourse (vaginal, oral, or anal) or to an infant during vaginal childbirth by an infected mother. It is the most common bacterial STD in the United States and the most frequently reported infectious disease. In the U.S. (2008 statistics), 1,210,523 cases of Chlamydia were reported to the Centers for Disease Control (CDC) but it is estimated that 2,291,000 14 – 39 year olds are infected. Under-reporting of Chlamydia is substantial because people with Chlamydia do not get tested as they are not aware they are infected. In addition, women are frequently re-infected because their sex partners were not treated.

Chlamydia is easy to cure but frequently goes undetected. Some men have a clear discharge from the penis and/or painful burning with urination. Untreated chlamydia in men can cause swollen and painful testicles but rarely leads to infertility. Women may also have burning with urination. Vaginal discharge may be minimal and often goes unnoticed. Occasionally a woman with chlamydia may have bleeding between menstrual cycles. Most women have no signs of the infection at all. Untreated Chlamydia in women can cause severe and costly reproductive and other health problems, including Pelvic Inflammatory Disease (PID). PID frequently leads to infertility and potentially ectopic (tubal) pregnancy and occurs in about 10 – 15% of women with untreated chlamydia.

PID occurs when an infection moves from the lower female genital tract (vagina and cervix) to the upper female genital tract (uterus, fallopian tubes and ovaries) and eventually into the abdominal cavity. Symptoms of PID vary from mild to severe abdominal pain and fever. Every year, in the US, approximately 750,000 women experience PID and 75,000 women become infertile. A large proportion of ectopic pregnancies are a result of having PID. In addition, ectopic pregnancy is a leading cause of first trimester pregnancy related deaths in American women. Research has shown that women with chlamydia have a 3 to 5 times greater risk for acquiring the Human Immunodeficiency Virus (HIV), if exposed.

Chlamydia can cause health problems to babies born through the birth canal of women who are infected such as conjunctivitis (pink eye) and pneumonia. Additionally, untreated Chlamydia can lead to premature delivery of the infant.

Chlamydia occurs most frequently in sexually active adolescents and young adults. According to 2009 statistics for Saginaw County, 81% of females and 70% of males with chlamydia were 15- 24 years old. To help prevent serious health risks, it is recommended by CDC that all sexually active women 25 years of age and younger be screened for chlamydia at least annually. In addition, older women with risk factors for chlamydia (a new sex partner or multiple sex partners) should also be frequently screened. Testing for chlamydia is done by inserting a swab into the female cervix, male urethra, or through a urine sample.

Chlamydia is easily cured with antibiotics (single dose treatment may be available). Treatment of pregnant women with chlamydia is safe and prevents transmission to the baby during childbirth. Treatment of an infected person prevents transmission to sex partners. All sex partners should be evaluated, tested and treated. Persons with chlamydia should not have sex until they and their sex partners have completed treatment, otherwise re-infection is possible. In addition, it is recommended by CDC that a person infected and treated for chlamydia be re-screened in 3 months because of high rates of re-infection by an untreated partner or a new partner.

Using condoms during sex and having sex with only one partner who is not infected can help prevent chlamydia and other sexually transmitted diseases.

References: Centers for Disease Control and Prevention: STD treatment Guidelines. (2006).
Centers for Disease Control and Prevention: STD Facts – Chlamydia. (2010).
Retrieved from http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm
Chlamydia Cases by Age and Sex, Michigan. (2009).
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STREP THROAT

Strep throat is caused by Group A streptococcus bacteria. It is the most common bacterial infection of the throat.

CAUSES

Strep throat is most common in children between the ages of 5 and 15, although it can happen in younger children and adults. Children younger than 3 can get strep infections, but these usually don't affect the throat. Strep throat is most common in the late fall, winter, and early spring. Transmission is spread by person-to-person contact with secretions from the nose or throat of an infectious person. There are many strains of strep. Some strains can lead to a scarlet fever rash. On rare occasions strep throat may also cause a rare kidney complication.

SYMPTOMS

People with strep throat get sick 2-5 days after they are exposed. Strep throat may be very mild, with only a few symptoms or it may be severe. Symptoms usually begin suddenly and may include:

- Fever over 101° F that begins suddenly and is often highest on the second day
- Red throat, sometimes with white patches
- Sore throat, difficulty swallowing
- Headache
- Stomach ache
- Nausea
- Chills
- General discomfort, uneasiness
- Loss of appetite
- Tender, swollen lymph nodes in the neck

TESTS AND DIAGNOSIS

A throat swab can be tested (cultured) to see if strep grows from it. However, it will take one or two days for the results to come back.

A rapid test is quicker, but misses a few cases. If the rapid test is negative, it should be followed by a culture.

TREATMENT

Most sore throats are caused by viruses, not strep. Sore throats should only be treated with antibiotics if the strep test is positive. Strep cannot be accurately diagnosed by symptoms or a physical exam alone.

Even though strep throat usually gets better on its own, antibiotics are taken to prevent rare serious complications, such as rheumatic fever.

- Penicillin or amoxicillin have been traditionally recommended and are still very effective. For those allergic to penicillin, an oral cephalalosporin or macrolide antibiotic is acceptable.
- Antibiotics should be taken for the full 10 days, even if symptoms are gone after a few days.

Most sore throats, and nearly all related symptoms of strep infection resolve in 1 week. In the meantime, the following remedies may help:

* Drink warm liquids. Honey or lemon tea
* Gargle several times a day with warm salt water
* Drinking cold liquids or sucking on popsicles help sooth the sore throat
* Use a cool-mist vaporizer or humidifier to moisten and soothe a dry and painful throat.
* Try over-the-counter pain medications, such as acetaminophen. Do not give aspirin to children.

PREVENTION

Most people with strep are contagious until they have been on antibiotics 24-48 hours. They should stay home from school, work, or daycare until they have been on an antibiotic for 24 hours and afebrile 24 hours without taking fever-reducing medication.

- The spread of strep throat can be reduced by good hand washing.
- Get a new toothbrush after you are no longer contagious, but before finishing the antibiotics.
- Keep family toothbrushes and utensils separate, unless they have been washed.

References: Oral Health Center. Strep Throat-Topic Overview. (2010).
Retrieved from http://www.webmd.com/oral-health/tc/strep-throat-topic-overview
Strep Throat: Medline Plus Medical Encyclopedia. (2010).
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COMMUNICABLE DISEASE
REPORTED FOR SAGINAW COUNTY
FOR THE QUARTER
10/1/2010 – 12/31/2010

Disease	No. Reported
ANIMAL BITE	8
CHICKEN POX (Varicella)	6
CHLAMYDIA (Genital)	298
COCCIDIOIDOMYCOSIS	1
ENCEPHALITIS POST-OTHER	1
FLU-LIKE DISEASE	2736
GASTROINTESTINAL ILLNESS	708
GIARDIASIS	1
GONORRHEA	45
GUILLAIN-BARRE SYNDROME	2
HEAD LICE	138
HEPATITIS B ACUTE	8
HEPATITIS B CHRONIC	2
HEPATITIS C ACUTE	9
HEPATITIS C CHRONIC	56
HISTOPLASMOSIS	1
HIV	4
KAWASAKI DISEASE	1
LEGIONELLOSIS	1
MENINGITIS-ASEPTIC	4
MUMPS	2
NOROVIRUS	2
PERTUSSIS	2
SHIGELLOSIS	9
STREP THROAT	415
SYPHILIS	15
TOXIC SHOCK SYNDROME	1
TUBERCULOSIS	4
VZ INFECTION UNSPECIFIED	1

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Please visit our website at www.saginawpublichealth.org where our communicable disease pamphlets are available.

This newsletter is provided to all Saginaw County healthcare providers, hospitals, schools, local colleges, universities, urgent care facilities and local media centers.

If you would like to receive this newsletter by e-mail please submit your e-mail address to: eatkins@saginawcounty.com

COMMUNICABLE DISEASE YTD
REPORTED FOR SAGINAW COUNTY
1/1/2010 – 12/31/10

Disease	No. Reported
ANIMAL BITE	29
CAMPYLOBACTER	6
CHICKENPOX (Varicella)	53
CHLAMYDIA (Genital)	1432
COCCIDIOIDOMYCOSIS	2
CRYPTOSPORIDIOSIS	3
ENCEPHALITIS POST-OTHER	1
FLU LIKE DISEASE	12314
*GASTROINTESTINAL ILLNESS	729
GIARDIASIS	2
GONORRHEA	263
GUILLAIN-BARRE SYNDROME	3
HEAD LICE	277
HEPATITIS A	2
HEPATITIS B ACUTE	9
HEPATITIS B CHRONIC	35
HEPATITIS C ACUTE	10
HEPATITIS C CHRONIC	201
HISTOPLASMOSIS	3
HIV	33
INFLUENZA	5
INFLUENZA, 2009 NOVEL	14
KAWASAKI DISEASE	1
LEGIONELLOSIS	4
LYME DISEASE	2
MEASLES	2
MENINGITIS-ASEPTIC	22
MENINGITIS-BACTERIAL	2
MUMPS	3
NOROVIRUS	5
PERTUSSIS	16
Q FEVER-ACUTE	1
SALMONELLOSIS	7
SHIGELLOSIS	11
STREP THROAT	778
SYPHILIS	25
TOXIC SHOCK SYNDROME	2
TUBERCULOSIS	15
VZ INFECTION UNSPECIFIED	4

*Gastrointestinal disease—aggregate numbers surveillance beginning 9/1/10

Articles for this newsletter are written and researched by the following members of the Personal and Preventive Health Services Division: Jayne Heringhausen, R.N., B.S.N., M.S.N., Tawnya Simon, R.N., B.S.N., M.S.A., Susan Gottlieb, R.N., Kemberly Parham, R.N., B.S.N., and Mary Patnode, R.N., B.S.N.