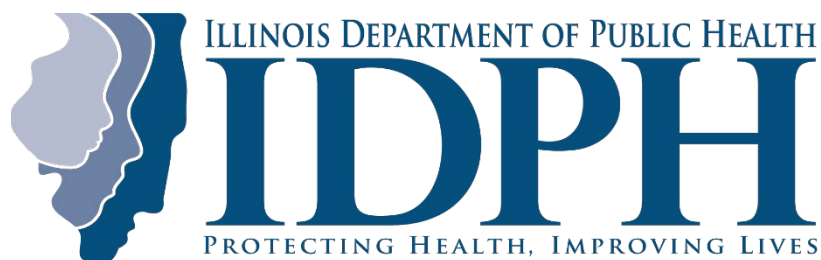


# Acute Increase of Sexually Transmitted Diseases Outbreak Response Plan

Illinois Department of Public Health

STD Section

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## **Overview**

The purpose of the Illinois Department of Public Health (IDPH) Sexually Transmitted Disease (STD) Section Outbreak Plan is to guide coordinated efforts between the IDPH STD Section and local health jurisdictions in response to an acute morbidity increase of STDs (gonorrhea, chlamydia, and early syphilis) in Illinois (excluding Chicago). The STD Section outbreak plan, template memos, and memos sent are saved on the IDPH shared network drive. For cases of antibiotic-resistant gonorrhea, please see the IDPH STD Section's Antibiotic-Resistant Gonorrhea Outbreak Response Plan.

Initial surveillance and direct case management activities are provided by the 97 certified local health departments in Illinois that provide services in 100 of the 102 Illinois counties. In the two counties without a certified local health department, these services are provided directly by the STD Section. The STD section Surveillance and Evaluation Coordinator (SEC) is responsible for identifying, tracking, and coordinating responses to outbreaks with the assistance of the Syphilis Prevention Coordinator (SPC). In the absence of the SEC, the Counseling and Testing Coordinator (CTC) assumes this responsibility.

## **Confidentiality**

Confidentiality policies of public health agencies are designed to prevent unauthorized persons from learning information shared in confidence. Confidential information includes any material, whether oral or recorded in any form, that identifies or can be readily associated with the identity of a person and is directly related to their health care. Confidentiality practices are especially critical to maintain in such high-profile health activities as disease outbreak response activities. Minimum professional standards for any agency handling confidential information as part of the outbreak response should include providing employees with appropriate information regarding confidential guidelines and legal regulations. Efforts to contact and communicate with infected patients, partners, spouses, and other sexual network contacts must be carried out in a manner that preserves the confidentiality and privacy of all involved. All STD Section and LHD staff are trained annually on data security and data confidentiality.

## **Surveillance**

Disease surveillance is the fundamental tool to identify disease trends, provide data on risk factors, direct outreach and other prevention efforts, and detect outbreaks, including those of STDs. The STD Section performs routine surveillance of STDs, enabling the detection of any unusual morbidity trends or outbreaks in a relatively timely manner. Additionally, local health jurisdictions also routinely monitor disease morbidity and work with local partners to assist in prevention efforts.

In Illinois, chlamydia, gonorrhea, syphilis, and chancroid infections are required by law<sup>1,2</sup> to be reported to the IDPH STD Section by health care providers and laboratories. IDPH's STD Section routinely collects, analyzes, and interprets this data to monitor trends in infection. Monthly data is summarized by sex, age, race, ethnicity, and county. Chlamydia and gonorrhea infections are reported into the Illinois National Electronic Disease Surveillance System (I-NEDSS), which is a browser-based application that collects and stores this data. Weekly, this data is imported into a Microsoft Access database maintained by the STD Section for additional quality assurance and data cleanup. Syphilis infections are reported to the STD Section on paper and entered into a Microsoft Access database maintained by the STD Section. The STD Section encourages LHDs to submit syphilis reporting paperwork (interview records, partner

field records) within 30 days of the date of case initiation to promptly process syphilis cases and monitor morbidity to determine syphilis outbreak status.

The STD Section receives electronic and paper STD test results from laboratories. For chlamydia and gonorrhea, these results are entered and stored in I-NEDSS. For syphilis, these results are stored in a Microsoft Access database from which field records are created on a weekly basis in accordance with the STD Section Minimum Criteria for Reactive Syphilis Follow-up (current reactor grid). An electronic record is stored to provide a tracking mechanism for the STD Section. The syphilis field records are faxed to the LHD responsible for field follow-up.

### **Analysis of Data and Timetables for Review**

The SEC ensures that surveillance reports on morbidity and laboratory reporting timeliness are generated within the prescribed time frames. Reports that are specifically targeted at outbreak identification are:

- A. Quarterly morbidity of gonorrhea, chlamydia, and early syphilis by LHD jurisdiction for current year compared to the previous year.
- B. Quarterly laboratory reporting timeliness reports distributed to local health departments to assist them in tracking and analyzing trends and taking corrective action where necessary. Reports are generated for LHDs with a laboratory in their jurisdiction performing on-site STD testing and not reporting STD test results to the LHD within seven days of the week ending date.

### **Outbreak Identification Methods**

The possibility of an STD outbreak will be considered if one or more of the following occur:

- A. STD Section staff reviewing quarterly outbreak surveillance reports identifies a jurisdiction that meets the outbreak threshold criteria as delineated in this plan.
- B. LHD STD program staff notifies STD Section when more than the usual number of morbidity or laboratory reports is received from local health care providers.
- C. STD Section staff will notify the STD Section Chief (SSC) that an inordinate number of positive laboratory results, morbidity reports, interview records, or reactive syphilis serology field records are received from any LHD.

### **Threshold for Identification of Outbreaks**

Outbreak thresholds are based upon STD morbidity changes during the current year compared to the previous year's morbidity and morbidity increases identified during the most recent three-month interval. Outbreaks will be defined as follows:

#### **Early Syphilis:**

- A. *For jurisdictions reporting five or fewer cases during the previous year:* Two or more early

syphilis cases reported in a three-month period.

- B. *For jurisdictions reporting six-10 cases during the previous year:* Two or more early syphilis cases reported for two consecutive months **OR** the total number of early syphilis cases reported year-to-date is 50% greater than the previous year for the same time period and there is at least a two-case increase.
- C. *For jurisdictions reporting more than 10 early syphilis cases in the previous year:* The number of cases reported for one month is 100% greater than the monthly average for the previous three months.

**Gonorrhea and Chlamydia:**

- A. The number of cases reported for one month is 100% greater than the monthly average for the previous three months and there is at least a 5 case increase **OR** the total number of cases reported year-to-date is 50% greater than the previous year for the same time period and there is at least a 10-case increase.

**Outbreak Response Including LHD and Community Involvement**

The STD Section has trained staff available to assist with STD outbreaks. Please see the below table with STD Section staff that may assist with a STD outbreak. These staff have knowledge and skills in surveillance, epidemiology, program operations, outbreak response, and community involvement. In addition, STD Section staff can consult with the State Epidemiologist and the IDPH Medical Director if additional expertise or personnel are needed. When an outbreak is identified, STD Section staff will coordinate the response, ensuring that one or more staff persons will provide assistance as needed.

**Table 1. STD Section Staff that may assist with STD outbreaks**

<ul style="list-style-type: none"><li>• STD Section Chief</li><li>• Surveillance and Evaluation Coordinator</li><li>• Chlamydia and Gonorrhea Prevention Coordinator</li><li>• Syphilis Prevention Coordinator</li><li>• Counseling and Testing Coordinator</li></ul>
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The SEC will contact the STD Program Coordinator at the affected LHD to notify them of an outbreak. The SEC will create relevant graphs and data tables to analyze local trends. Possible information discussed with the LHD STD Program Coordinator are status of current cases, newly reported cases, access to local health care, staffing sufficiency, community networking, and possible barriers or obstacles.

The LHD STD Program Coordinator is instructed to notify their supervisor and administrator of the outbreak status. It is also recommended that the LHD informs local medical providers and laboratories of the jurisdiction’s outbreak status. This will normally be accomplished through a letter to providers which describes the outbreak, reminds providers of reporting procedures, requests phone reporting of positive tests and cases, describes health department services (such as clinic hours and availability of medications), and offers health department assistance with case management. Other procedures that may be recommended are notifying community-based organizations serving affected populations,

posting flyers in high incidence areas, using social media to send alerts, and sending press releases as warranted.

Sample memos, sample letters, outbreak memo, and outbreak reports are kept by the SEC electronically on the IDPH shared network drive and will be available for the LHD as resources. If resources permit, the SEC will submit updated data to the jurisdiction.

If requested, the STD Section will coordinate communications between surrounding jurisdictions of the jurisdiction in outbreak status to alert them of the outbreak and to increase surveillance efforts to detect possible related cases.

In addition to providing assistance, the STD Section has STD medications for reportable STDs (chlamydia, gonorrhea, and syphilis) available in Springfield that can be shipped via UPS to the LHD. Medications may be provided at no charge to LHDs and other selected medical providers that test for and treat STDs.

STD laboratory services for chlamydia, gonorrhea, and syphilis are available at no charge through the IDPH Division of Laboratories for LHDs. Arrangements must be made with the STD Section prior to specimen submission for LHDs that have not previously submitted specimens to the state lab.

The outbreak will be considered resolved when the number of cases decreases to non-outbreak levels and this number sustained for at least two months.

### **IDPH Administration and CDC Notification**

When a STD outbreak is identified in a jurisdiction for six months (two quarters), the SSC or SEC will notify the IDPH Division of Infectious Diseases Division Chief. The SSC will determine if CDC needs to be notified and will determine if a request for field support or Epi-Aid from CDC is needed.

### **Outbreak Response Evaluation**

STD Section staff will meet as needed to evaluate the progress of the outbreak and LHD response and may discuss progress toward recommendations, barriers and obstacles encountered by the local agency, newly identified cases, and new STD Section recommendations. When the outbreak has been contained, STD Section staff will review the LHD response to the outbreak and make recommendations for revisions to the response plan if needed. This plan will be reviewed and revised as needed and at least annually.

### **References**

1. 410 ILCS 325. Illinois Sexually Transmissible Disease Control Act. Retrieved from <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1554&ChapAct=410%2%A0ILCS%2%A0325/&ChapterID=35&ChapterName=PUBLIC%20HEALTH&ActName=Illinois%20Sexually%20Transmissible%20Disease%20Control%20Act>.
2. 77 Ill. Admin. Code 693. Control of Sexually Transmissible Infections Disease Code. 1988. Retrieved from <http://www.ilga.gov/commission/jcar/admincode/077/07700693sections.html>

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