Syndemic Infectious Disease Surveillance and Reporting in Chicago

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Syndemic Infectious Disease (SID) Bureau Provider Conference
Malcolm X College | Chicago, IL
Tuesday, May 2, 2023
Disclosure Statement

I, Ashley Martell Becht, have no financial interest to disclose. This continuing education activity is managed by The St. Louis STI/HIV Prevention Training Center and accredited by Missouri State Medical Association (MSMA) in cooperation with the Chicago Department of Public Health.
Core Surveillance Information Flow

How Surveillance Works

Individuals with Positive SID Tests

Sources of Reports
- Hospital Practitioners
- Private Practitioners
- Public Clinics
- Laboratories

Chicago Health Department

Dissemination
- Local Bulletins
- CDC Semiannual Report
- STI, HIV and other SID Websites
- Public Information Data Set
- Surveillance Reports

Centers for Disease Control & Prevention

Illinois Health Department
**Office of Syndemic ID Surveillance – Reportable Conditions**

<table>
<thead>
<tr>
<th>HIV &amp; Perinatal HIV</th>
<th>Syphilis &amp; Congenital Syphilis**</th>
<th>Gonorrhea</th>
<th>Chlamydia</th>
<th>Viral Hepatitis B</th>
<th>Viral Hepatitis C</th>
<th>Mpox</th>
</tr>
</thead>
</table>

**Syphilis case reporting requirements and prenatal testing and CHIMS Provider Portal** will be discussed in detail by E. Warren

- New conditions for the SID Surveillance Office
- Currently reportable in INEDSS
- By 2024, these conditions will be reportable in the **CHIMS Provider Portal**

*the TB program operates independently from the SID office of surveillance.*
The CDPH Office of Surveillance is responsible for reporting morbidity to the Illinois Department of Public Health [IDPH] and the Centers for Disease Control and Prevention [CDC].

The State of Illinois Administrative Code [Title 77 § 693.30, Title 77 § 697.210, Title 77 § 690.451 & Title 77 § 690.452] mandates that health care professionals and their designee[s] report specific information to the health department regarding STI, HIV and Viral Hepatitis B & C testing, diagnosis and/or treatment. For additional information regarding required reporting, please refer to:

- [https://www.ilga.gov/commission/jcar/admincode/077/077006930000300R.html](https://www.ilga.gov/commission/jcar/admincode/077/077006930000300R.html) [STIs]
- [https://www.ilga.gov/commission/jcar/admincode/077/077006900D04510R.html](https://www.ilga.gov/commission/jcar/admincode/077/077006900D04510R.html) [Hepatitis B]
Every health care professional should report each instance in which they have diagnosed and/or treated a case of gonorrhea or chlamydia. The case report should be:

- completed by a health care professional or designee;
- reported electronically or on a case report form furnished by the Department; and
- submitted within seven (7) days after the diagnosis or treatment.

The case report should contain the:

- date of the report;
- name, address, and phone number of the health care professional;
- infected person’s name, address, phone number, DOB, race, ethnicity, gender, and pregnancy status;
- diagnosis, diagnostic classification, and any laboratory findings; and
- medication name and dosage that the person is receiving, has received, or will receive, and whether treatment has been completed.
Every health care professional should report each instance in which they have diagnosed and/or treated a case of AIDS or HIV.

The case report should be:
- completed by a health care professional or designee;
- reported electronically or on a case report form furnished by the Department; and
- submitted within seven (7) days after the diagnosis or treatment.
Illinois Administrative Code | Section 693.30 | Reporting

- Adult HIV cases can be reported electronically through CHIMS
- CDPH Acute HIV Reporting Hotline at 312 74-ACUTE (44223)
### HIV/AIDS Reporting – Clinical Section

#### Clinical: Acute HIV Infection and Opportunistic Illnesses (record all dates as mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Dx Date</th>
<th>Diagnosis</th>
<th>Dx Date</th>
<th>Diagnosis</th>
<th>Dx Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidiasis, bronchi, trachea, or lungs</td>
<td></td>
<td>Herpes simplex: chronic ulcers (&gt;1 mo. duration), bronchitis, pneumonitis, or esophagitis</td>
<td></td>
<td>M. tuberculosis, pulmonary&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Candidiasis, esophageal</td>
<td></td>
<td>Histoplasmosis, disseminated or extrapulmonary</td>
<td></td>
<td>M. tuberculosis, disseminated or extrapulmonary&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Carcinoma, invasive cervical</td>
<td></td>
<td>Isosporiasis, chronic intestinal (&gt;1 mo. duration)</td>
<td></td>
<td>Mycobacterium, of other/undetermined species, disseminated or extrapulmonary</td>
<td></td>
</tr>
<tr>
<td>Coccidiodomycosis, disseminated or extrapulmonary</td>
<td></td>
<td>Kaposi’s sarcoma</td>
<td></td>
<td>Pneumocystis pneumonia</td>
<td></td>
</tr>
<tr>
<td>Cryptococcosis, extrapulmonary</td>
<td></td>
<td>Lymphoma, Burkitt’s (or equivalent)</td>
<td></td>
<td>Pneumonia, recurrent, in 12 mo. period</td>
<td></td>
</tr>
<tr>
<td>Cryptosporidiosis, chronic intestinal (&gt;1 mo. duration)</td>
<td></td>
<td>Lymphoma, immunoblastic (or equivalent)</td>
<td></td>
<td>Progressive multifocal leukoencephalopathy</td>
<td></td>
</tr>
<tr>
<td>Cytomegalovirus disease (other than in liver, spleen, or nodes)</td>
<td></td>
<td>Lymphoma, primary in brain</td>
<td></td>
<td>Salmonella septicaemia, recurrent</td>
<td></td>
</tr>
<tr>
<td>Cytomegalovirus retinitis (with loss of vision)</td>
<td></td>
<td>Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary</td>
<td></td>
<td>Toxoplasmosis of brain, onset at &gt;1 mo. of age</td>
<td></td>
</tr>
<tr>
<td>HIV encephalopathy</td>
<td></td>
<td>Wasting syndrome due to HIV</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup> If a diagnosis date is entered for either tuberculosis diagnosis above, provide RVCT Case Number.
Perinatal HIV/AIDS Reporting

• PUBLIC HEALTH (410 ILCS 335/) Perinatal HIV Prevention Act
• Health care facilities caring for a newborn infant whose birth parent had been diagnosed with HIV prior to labor and delivery, or whose confirmatory test result is positive for HIV infection shall report a case of HIV exposure in an infant in accordance with the HIV/AIDS Registry Act and the Illinois Sexually Transmissible Disease Control Act.


24/7 Illinois Perinatal HIV Hotline Resources:
https://www.hivpregnancyhotline.org/content/resource/perinatal-hiv-reporting-requirements-illinois
Every health care professional should report each instance in which they have diagnosed and/or treated a case of viral hepatitis B.

The case report should be:

✶ completed by a health care professional or designee;
✶ reported electronically or on a case report form furnished by the Department; and
✶ submitted within seven (7) days after the diagnosis or treatment.

Laboratories shall report to the local health authority:

• Are pregnant with evidence of acute or chronic hepatitis B infection (surface antigen positive).
• Have a positive result on any laboratory test indicative of and specific for detecting hepatitis B infection.
• Have results of alanine aminotranferase or aspartate aminotransferase testing within 30 days after the positive test for hepatitis B. These results should be reported concurrently with the positive assay.
Every health care professional should report each instance in which they have diagnosed and/or treated a case of viral hepatitis C.

The case report should be:

- completed by a health care professional or designee;
- reported electronically or on a case report form furnished by the Department; and
- submitted within seven (7) days after the diagnosis or treatment.

Laboratories shall report to the local health authority:

- Patients who are anti-HCV positive by immunoassay with a signal-to-cutoff ratio (S/C) or other parameter predictive of a true positive as determined for the particular assay. Or who test positive for hepatitis C by recombinant immunoblot assay, polymerase chain reaction (PCR) or any other supplemental or confirmatory test that may be used.
- Results of the alanine aminotransferase testing that are closest in time to the date of the positive hepatitis C result and within three months after the positive test for hepatitis C should be reported concurrently with the positive immunoassay, PCR, immunoblot or other confirmatory test results.
- Viral genotype results (when performed) should also be reported.
- Laboratories not performing confirmatory testing or tests to identify highly positive specimens (e.g., S/C) shall report selected hepatitis C results as requested by the Department.
Mpx Case Reporting Requirements

Current Mpx Reporting Guidance from IDPH

- Healthcare Providers should report to their local health department within three hours for any suspect or lab confirmed Mpx cases who are employed or attend/reside in a congregate setting (e.g., homeless shelter, senior facility, correctional facility, university dorm, day care, or school) or other situation that might result in many other individuals being exposed.

- All other cases should be reported within 24 hours.

- Laboratories should report Mpx cases within 24 hours of resulting the specimen through I-NEDSS (either ELR or provider reporting).

Mpx Provider Resources from IDPH:
https://dph.illinois.gov/topics-services/diseases-and-conditions/mpv/provider-resources.html

Mpx Suspect Case Checklist from IDPH
# How to Report: Systems of Reporting

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**Reporting System:**
- Chicago Health Information Management System (CHIMS) Provider Portal
- Illinois Electronic Disease Surveillance System (INEDSS)

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*Tuberculosis*

*the TB program operates independently from the SID office of surveillance. For information regarding best practices and TB reporting, please reach out to the TB Program Director at Sylvia. Dziemian@cityofchicago.org*
Illinois National Electronic Disease Surveillance System (INEDSS)

To register for an account or submit a case report, go to https://portalhome.dph.illinois.gov/.

- Chlamydia
- Gonorrhea
- Viral Hepatitis B & C*
- Mpox*

*by end of 2023, these conditions are expected to be reportable in the CHIMS Provider Portal
Ongoing Support from the Office of SID Surveillance

• The office of SID Surveillance can support Providers and their reporting designees by answering any questions they may have.

• CDPH can assist with electronic enrollment and reporting instructions for INEDSS and CHIMS.

• When in doubt, please reach out! CDPH wants to ensure Providers are reporting based on the guidelines for accuracy and timeliness.

- Chlamydia & Gonorrhea
  - Alandra Butts-McCoy | Supervisor of Data Entry [INEDSS] | 312.747.3567

- Viral Hepatitis B & C
  - Ashley Becht | Director of Disease Investigations | 312.747.9678

- Syphilis & Congenital Syphilis
  - Katherine Boss | Public Health Administrator III [Congenital Syphilis Cases] | 312.745.0384
  - Gabrielle Henley | Supervisor of Communicable Disease Control Investigators [Syphilis Cases] | 312.747.0697
  - Ibilola Adeka | Supervisor of Communicable Disease Control Investigators [Syphilis Cases] | 312.747.8877
  - Maria Vega | Communicable Disease Control Investigator [Out of Jurisdiction Cases] | 312.747.0372

- HIV/AIDS
  - Donna Peace | HIV/AIDS Surveillance Epidemiologist | 312.747.9614

- Mpox
  - Gordon Crisler | Public Health Administrator III | 312.744.5616

- CHIMS Technical Assistance & Support
  - Send an email to chims@cityofchicago.org

- Other Surveillance Reporting Assistance & Support
  - Ashley Becht | Director of Disease Investigations | 312.747.9678
Other Helpful Reporting Resources

  - FAQs about reporting
  - Archived presentations

- **Chicago Health Alert Network** sign up: https://www.chicagohan.org/diseases-and-conditions/sti

- **CHIMS Provider Portal** sign up: https://chims.cityofchicago.org/maven/portalLogin.do

- **INEDSS Web Portal** sign up: https://portalhome.dph.illinois.gov/
Prenatal Testing and Syphilis Case Reporting in Chicago

Eric Warren, MPH | Public Health Advisor (CDC)
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Prenatal Syphilis Testing Requirements

Illinois Syphilis Prenatal Act | 410 ILCS 320

**Section 1**
Health care professionals are required to screen all pregnant persons for syphilis infection during the first prenatal visit and during the third trimester (28 – 32 weeks of gestation).

**Section 2**
Health care professionals are required to state, on the birth certificate or still birth certificate, whether a syphilis test was performed on a person who bore the child for which a birth or still birth certificate was filed, together with the date when the blood specimen was taken and the name of the laboratory that conducted the test.
Syphilis Case Reporting Requirements

Illinois Administrative Code | Section 693.30 | Reporting

Every health care professional should report each instance in which they have diagnosed and/or treated a case of syphilis.

The case report should be:

- completed by a health care professional or designee;
- reported electronically or on a case report form furnished by the Department; and
- submitted within seven (7) days after the diagnosis or treatment.
The case report should contain the:

- date of the report;
- name, address, and phone number of the health care professional;
- infected person’s name, address, phone number, DOB, race, ethnicity, gender, and pregnancy status;
- diagnosis, diagnostic classification, and any laboratory findings; and
- medication name and dosage that the person is receiving, has received, or will receive, and whether treatment has been completed.
How to Report Syphilis and Congenital Syphilis
CHIMS Provider Portal Accounts

🌟 Complete CHIMS Provider Portal Account Application
https://www.chicagohan.org/diseases-and-conditions/sti

🌟 Inquiries and Technical Assistance | M – F | 8 a.m. – 5 p.m.
CHIMS@cityofchicago.org
Exciting Things To Come This Year

- CHIMS Provider Portal Instructional Videos
- CHIMS Provider Portal Report Cards
Chicago Health Alert Network (HAN)

Keep abreast of important health information, alerts, trainings, and webinars by registering for the Chicago HAN.

www.ChicagoHAN.org
Thank You!

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Thank You!

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