#AskDrArwady

On Facebook/Twitter
Live @ChiPublicHealth

Allison Arwady, M.D.
Commissioner, CDPH

Irina Tabidze, M.D., MPH
Director of Program Operations

Tuesday at 11am | Live

CDPH Director of Program Operations Dr. Irina Tabidze joins Dr. Arwady to discuss the work of the department’s Syndemic Infectious Diseases bureau and specifically the latest trends in sexually transmitted infections in Chicago.
It’s National Public Health Week!
April 3–9, 2023

• 2023 theme is “Centering and Celebrating Cultures in Health”

• One goal is to look at how our cultural connections and intersections affect our health, well-being and the public health system that cares for us.

• As we adjust to new social norms, we’re focusing not just on what we can do as individuals, but what we can do as communities to protect, prioritize and influence the future of public health.

• Keep an eye on CDPH social media to see how we’re celebrating National Public Health Week! @ChiPublicHealth
Remembering Yolanda Travis

Yolanda Travis was the first McDonald's franchise owner to approach CDPH during our COVID vaccination efforts in the summer of 2021 about hosting vax events at her 3 locations on the South side.

Her diligence in providing vaccination access to the community led to her being featured in an ABC news report and on NIGHTLINE.

CDPH’s COVID Response, Outreach, and Canvassing teams all worked with Ms. Travis’s team. Her efforts resulted in other franchise owners following suit, hosting vaccination events on the South and West sides of Chicago, with 100+ residents receiving vaccinations.

We honor her memory and her example.

"A lot of people don't like to leave the community, so I said, how can I make this available to people within my community around my restaurants?" Travis explained. (ABC 7, August 19, 2021)
The CARE program has expanded downtown!

- As the CARE team continues to expand its response models and operating locations, look for our blue van out in the Loop.

- Chicago’s Crisis Assistance Response and Engagement (CARE) team seeks to ensure that individuals experiencing a mental health crisis are assisted by teams of behavioral health professionals, with resources to address their unmet health and social needs.

- Learn more at chi.gov/CARE
FDA approves first over-the-counter naloxone nasal spray.

CDPH has been active in distributing **Narcan and other harm reduction tools** including making Narcan available free of charge at all 81 Chicago Public Library branches.

To find free Narcan in Chicago, visit: [bit.ly/FindNarcan](bit.ly/FindNarcan)
Internationally: Marburg virus disease (MVD) outbreaks in two African countries—Equatorial Guinea and Tanzania

- Marburg is a serious and very contagious disease caused by the Marburg virus.
- The virus spreads when a person is in contact with the body fluids of someone who is sick with or has died from Marburg.

<table>
<thead>
<tr>
<th>Country</th>
<th>Situation</th>
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<tbody>
<tr>
<td>Tanzania - Kagera Region</td>
<td>On March 21, 2023, Tanzania government officials declared the country’s first-ever outbreak of Marburg disease in the northwest Kagera region.</td>
</tr>
<tr>
<td>Equatorial Guinea - Kie-Ntem; Litoral; Centre-Sur Provinces</td>
<td>On February 13, 2023, Equatorial Guinea government officials declared an outbreak of Marburg disease in the northeast province of the country.</td>
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</table>

- More concern for ground- and water-based travel than air travel.
- Aggressive outbreak responses underway in both countries.
- No direct flights from either country to Chicago. Very few travelers to IL or Chicago. Very low concern in Chicago at this point.
- Nationally: average of just 143 travelers/day from Equatorial Guinea and Tanzania combined (most from Tanzania)
  - CDC is already messaging all returning travelers through their Text Illness Monitoring (TIM) system
  - Travelers’ contact information is shared with local health department (e.g. CDPH)
Last week, less than 1% of U.S. Counties reported High COVID Community Level and 9% reported Medium Level.
Our local risk based on CDC COVID-19 Community Levels is: **Low**

<table>
<thead>
<tr>
<th></th>
<th>New cases per 100,000 population (last 7 days) [Goal is &lt;200]</th>
<th>New admissions per 100,000 population (last 7 days) [Goal is &lt;10]</th>
<th>Percent of staffed inpatient beds occupied by COVID-19 patients (last 7 days) [Goal is &lt;10%]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City of Chicago</strong></td>
<td>57</td>
<td>2.7</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>Cook County</strong></td>
<td>59</td>
<td>7.8</td>
<td>2.7%</td>
</tr>
<tr>
<td>(including City of Chicago)</td>
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*Chicago metrics are calculated based on Chicago-level data. Cook County metrics are calculated by the CDC and posted on the CDC Community Levels website. Data current as of 3/29/2023.*

Variant Surveillance, Midwest Region
Weighted and Nowcast Estimates for Weeks of 12/17/22 – 3/18/23

It’s ALL Still OMICRON

Variant Surveillance, United States

Nowcast Estimates in for 3/26/2023 – 4/1/2023 by HHS Region

Source: CDC Data Tracker
Higher Updated Booster Coverage among Chicagoans than Nationwide Estimates. Over **596,000 doses** have been administered to Chicagoans since authorization.

<table>
<thead>
<tr>
<th>People with an Updated (Bivalent) Booster Dose</th>
<th>Percent of US Population</th>
<th>Percent of Chicago Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population $\geq 5$ years</td>
<td>17.5%</td>
<td>23.2%</td>
</tr>
<tr>
<td>Population $\geq 12$ years</td>
<td>18.9%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Population $\geq 18$ years</td>
<td>20.0%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Population $\geq 65$ years</td>
<td>42.1%</td>
<td>41.5%</td>
</tr>
</tbody>
</table>

Chicago data reported to I-CARE as of 3/29/2023.
In case you missed it:

COVID Wastewater Dashboard now LIVE. Link at chi.gov/coviddash

- The Dashboard includes
  - City catchment areas
  - Viral concentration levels
  - Assessment if current trends are decreasing, stable, or increasing.

- Future iterations to come.

- Updated weekly to coincide with other COVID data updates.
Select Treatment plant or sewershed

Catchment area maps

Viral concentration over time

Trend analysis

Viral concentrations in the Little Village Sewershed on 3/22/2023 are increasing.

Data for the Little Village Sewershed are up to 3/22/2023.
Influenza activity is LOW.
• One new influenza ICU admission this week across Chicago.
• <1% of tested specimens positive for influenza (9.2% at peak of season this year)

RSV activity is LOW.
• Percent of emergency department visits in children <5 years old due to RSV remains at <1%.

Test positivity increased this week for parainfluenza (3.1%), rhinovirus/enterovirus (17.6%), adenovirus (4.8%), and human metapneumovirus (11.1%).
TAKE ACTION IF YOU TEST POSITIVE FOR COVID-19

DAY 1-5
Stay home:
• Everyone - regardless of vaccination status - should stay home and away from others (isolate).

Day 6-10
Wear a mask:
• If you take 2 antigen tests 48 hours apart and both are negative, you may remove your mask sooner
• Avoid people at high risk of getting very sick

Day 6 or later
End isolation:
• If you never had symptoms OR symptoms are improving and are fever-free for 24 hours.

People at high risk for severe illness:
Talk to your doctor about treatment

Find testing resources and the latest guidance at chicago.gov/covidtest
VAX & PAX lovid

If you’re at high risk for severe illness, vaccines are your best protection against COVID-19. But if you do test positive, TREATMENTS ARE AVAILABLE.

PAXLOVID, for example, is an oral antiviral therapy for the treatment of mild to moderate COVID-19.

Individuals ages 12 and up who are at high risk of developing severe illness, are eligible.

More info at: Chi.gov/therapeutics
GET YOUR UPDATED
COVID BOOSTER & FLU SHOT AT HOME

In-home vaccination is available to all Chicago households at no cost. Up to 10 people can be vaccinated, so invite your family, friends, or neighbors to get vaccinated together.

TO REGISTER FOR AN APPOINTMENT
CALL 312.746.4835 OR VISIT CHICAGO.GOV/ATHOME

Continues to operate Saturday, Sunday and Monday, 8am-6:30pm
Illinois Medicaid re-enrollment requirements return with the end of federal public health emergency

- During the federal public health emergency, families receiving Medicaid across the U.S. were automatically re-enrolled in the program without needing to re-submit paperwork.

- But now that the public health emergency is ending, families across the U.S. will again need to renew their Medicaid benefits starting, this year.

  
  - The State of Illinois will mail out renewal forms starting in May 2023.

    - NOTE: that date is only for people whose coverage is due to be redetermined by June 1 (Everyone’s redetermination date is different)
    
    - Medicaid enrollees will receive a notice in the mail about a month before the due date for the notice.

- If your family currently receives Medicaid benefits, make sure your contact information in the state’s database is up-to-date so you can receive your renewal form.
GOT MEDICAID?
GET READY TO RENEW!

Click Manage My Case at abe.illinois.gov.

Illinois is checking to see if you are still eligible for Medicaid.
Get ready to renew!

1. Make sure the address and contact info on file for you is correct:
   - Visit abe.illinois.gov
   - Click “Manage My Case” to log in to your account
   - Verify your mailing address under “Contact Us”
   - Look up your due date under ‘Benefit Details’ so you know when to expect the notice letter
   - OR You can call 877-805-5312 for free on weekdays from 7:45am to 4:30pm to make sure your address is right

2. Renew your health insurance when it’s time
   - Complete your renewal (aka redetermination) by watching your mail and completing your renewal form right away when it comes
   - If you do not respond, you could lose your health insurance, even if you are still eligible for coverage

CPS Families: If you have any questions, we strongly encourage you to call the Healthy CPS Hotline at 773-553-KIDS (5437) or visit cps.edu/medicaid
Need help and don’t know where to turn?

211MetroChicago.org
Need a vaccine or a booster? Have questions?

visit

CHI.GOV/COVIDVAX

or call

312-746-4835
SEXUALLY ACTIVE?
Chicago Monkeypox Case Summary

Data last updated 4/3/2023. Counts include cases with specimen collections through 3/29/2023 to account for reporting lags. Data are updated on Monday at 2:00p.m., except for City holidays when data will be updated on Tuesday. All data are provisional and subject to change.

<table>
<thead>
<tr>
<th>Cumulative Cases</th>
<th>Cumulative Hospitalizations</th>
<th>Cumulative Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,125</td>
<td>76</td>
<td>3</td>
</tr>
</tbody>
</table>

Monkeypox Cases Diagnosed in Chicago Residents, by Week

*Data represented in gray-colored bars are not yet complete.

Local data dashboard updated weekly. Chicago.gov/mpox
# Chicago Mpox (Monkeypox) Vaccination Summary


Data are updated on Monday at 2:00 p.m., except for City holidays when data will be updated on Tuesday. All data are provisional and subject to change...

<table>
<thead>
<tr>
<th>Cumulative Doses</th>
<th>Cumulative First Doses</th>
<th>Cumulative Second Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>47,937</td>
<td>29,383</td>
<td>18,554</td>
</tr>
</tbody>
</table>

**Doses of Mpox (Monkeypox) Vaccine Administered to Chicagoans, by Week**

<table>
<thead>
<tr>
<th>Dose Number</th>
<th>1</th>
<th>2</th>
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![Graph showing doses administered by week]

Local data dashboard updated weekly. Chicago.gov/mpox
Estimated Mpox vaccine uptake

- CDC estimates that **half (50%)** of the people living in **Illinois** who **should** get the MPOX vaccine have received at least one dose.
  - In **Chicago**, estimates of first-dose coverage range from **48% to 69%**.

- CDC estimates that **29%** of the people living in **Illinois** who **should** get the MPOX vaccine have received both recommended doses.
  - In **Chicago**, estimates of two-dose (full) coverage range from **31% to 45%**.

Modeling: Probability and predicted size of mpox outbreaks

- In places with high vaccination coverage (>75% with at least one dose), the modeled risk of a renewed mpox outbreak is 5%–12% each year over the next five years.
  - Outbreaks anticipated to be small, averaging <15% of the 2022 outbreak size.
- In places with low vaccination coverage (<35% with at least one dose), resurgent outbreaks are more likely.
  - Outbreaks could be as large or larger than the 2022 outbreak if no additional vaccination or sexual behavior adaptations take place.
- Important to continue to vaccinate people most likely to vaccinate people most likely to be exposed to Mpox
  - Includes gay, bisexual, and other same-gender loving men who have had more than one sexual partner in the last six months, among other identified risk groups.

In the U.S., HIV or recent sexually transmitted infections (STIs)* are common among people with monkeypox

Among nearly 2,000 people with monkeypox:†

- 38% had HIV
- 41% had an STI in the past year
- 61% had either HIV or an STI

It is important to

Prioritize people with HIV and STIs for monkeypox vaccination

Offer HIV and STI screening for people evaluated for monkeypox

*Diagnosed with an STI other than HIV in the past year
† People diagnosed with monkeypox in eight jurisdictions during May 17–July 22, 2022

CDC
MMWR SEPTEMBER 9, 2022
A syndemic is a combination of two or more overlapping epidemics connected through behavior, biology, and social conditions, resulting in an enhanced health burden across a population.
Syndemics in Chicago

HIV n=19,340

2020
Primary & Secondary Syphilis
33%

2020
Chlamydia
5%

2020
Gonorrhea
11%

2017
HCV
9%

HCV
TB
HIV
HBV
Syphilis
Chlamydia
Gonorrhea
Syphilis
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Syphilis
HIV/HBV co-infection data are not available. Research suggests 5-10% of PLWH are co-infected with HBV. (https://www.ncbi.nlm.nih.gov/pubmed/20158604)
Decreases in the number of reported Chlamydia cases in 2020 are unlikely due to a reduction in new infections. During the COVID-19 pandemic, many health care institutions, including CDPH STI Specialty Clinics, limited in-person visits to patients with symptoms or closed entirely.

**2021 BY THE NUMBERS**

- **27,404** Chlamydia cases
- **13,401** Gonorrhea cases
- **794** Primary and Secondary (P&S) Syphilis cases

Syphilis

- Syphilis is a sexually transmitted disease caused by the bacterium *Treponema pallidum*.
- The manifestations of this infection vary and may present quite differently in each individual.
- Signs and symptoms of early syphilis can be difficult to detect.
- Untreated syphilis then enters a latent phase with no symptoms.
- Diagnosis is made by medical history, clinical exam, and two blood tests.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Primary Stage</th>
<th>Secondary Stage</th>
<th>Latent Phase</th>
<th>Tertiary Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Genital lesions within days to weeks</td>
<td>Rashes, wart-like growths, or hair loss within weeks to a few months</td>
<td>Early</td>
<td>Late No symptoms</td>
</tr>
</tbody>
</table>
Primary & Secondary (P&S) Syphilis Cases by Year of Report, 1980–2021

Number of cases

Source: Chicago Department of Public Health internal data as of 11/8/2022
During 2019-2020, the number of reported P&S syphilis cases increased by 13% (from 814 to 919 cases).

- 919 P&S syphilis cases in 2020
- 5.7X as many P&S Syphilis cases in men than women
- 35.8% of all reported P&S Syphilis cases were aged 20-29 years old
- 2.7X as many P&S Syphilis cases in NH Blacks compared to Hispanics
- 60.8% of all reported P&S Syphilis cases were aged 30 and above
- 2.3X as many P&S Syphilis cases in NH Blacks compared to NH Whites
- 59.2% of P&S Syphilis cases are in MSM

Top three community areas with the highest average P&S syphilis case rates:

- West Garfield Park (122.2 per 100,000)
- Uptown (94.0 per 100,000)
- Edgewater (88.5 per 100,000)

Top three community areas with the highest number of new P&S syphilis cases:

- Uptown (n=53)
- Austin (n=50)
- Edgewater (n=50)
Syphilis Can Be Transmitted In Utero if left Untreated

- An infected woman can transmit syphilis to her unborn fetus during pregnancy
  At any time during gestation and any stage of disease
- About half (50%) of untreated latent infections result in adverse pregnancy outcomes
- Adverse outcomes include:
  - Fetal loss and stillbirth: 21%
  - Neonatal death: 9.3%
  - Prematurity or low birth weight: 5.8%
  - Congenital infection and anomalies: 15%

- Congenital syphilis cases:
  - 2007: 390
  - 2020: 2,148
  - Increase: 235%

- P&S syphilis cases among women aged 15–44 years:
  - 2007: 235
  - 2020: 7,000

Graph showing the increase in congenital syphilis cases from 2007 to 2020.
Reported Cases of Congenital Syphilis (CS) and P&S Syphilis Among Women of Reproductive Age, Chicago, 1995–2022*

Source: Chicago Department of Public Health internal data as of 11/8/2022
Congenital Syphilis cases, Chicago, 2020–2022*

9 CS cases reported in 2019
19 CS cases reported in 2020
25 CS cases reported in 2021
35 CS cases reported in 2022

In 2022* mothers aged 20–29 accounted for 54.3% of the congenital syphilis cases in the city of Chicago. The median maternal age for congenital syphilis cases in 2022 was 26 years old.

From 2016–2022*, the number of reported CS cases increased by 191% (from 12 to 35 cases).

* 2022 Data are still provisional.
STI Dashboard Snapshot, Congenital Syphilis 2016-2021

Total Congenital Syphilis Cases, 2017-2021
- Live Birth: 71
- Syphilitic Stillbirth: 5
- Average Weeks of Gestation at Delivery, 2017-2021: 36.4

Reported Congenital Syphilis Cases by Year, 2017-2021
- 2017: 11 cases
- 2018: 13 cases
- 2019: 8 cases
- 2020: 19 cases
- 2021: 25 cases

Percent of Congenital Syphilis Cases by Race/Ethnicity Categories, 2017-2021
- Black, non-Hispanic: 58 cases (76.32%)
- White, non-Hispanic: 9 cases (11.84%)
- Hispanic: 8 cases (10.63%)
- AI/AN, non-Hispanic: 1 case (1.32%)

Average Congenital Syphilis Case Rates by Community Area, 2017-2021

Cases per 100,000 Live Births
- No Cases/Suppressed Data
- 26.3 - 85.6
- 103.8 - 179.1
- 179.2 - 254.5
- 254.6 - 330.0

Percent of Cases with Prenatal Care, 2017-2021
- 2017: 81.8%
- 2018: 76.9%
- 2019: 50.0%
- 2020: 78.9%
- 2021: 68.0%

Median Maternal Age by Year, 2017-2021
- 2017: 27
- 2018: 26
- 2019: 24
- 2020: 27
- 2021: 26
CS Cases by Race/Ethnicity, Chicago, 2010-2022*

Note: NH= Non-Hispanic, A/PI = Asian/Pacific Islander

Source: Chicago Department of Public Health. 2022 Data are still provisional as of 03/29/2023
Missed Opportunities for CS prevention during pregnancy

- No adequate maternal treatment despite receipt of timely syphilis diagnosis
- No timely prenatal care and no timely syphilis testing
- Late identification of seroconversion during pregnancy
- No timely syphilis testing despite receipt of timely prenatal care
- Clinical Evidence of congenital syphilis despite maternal treatment completion

Year

Cases
Case Study

- 25 year old single, NH Black female
- Unemployed, no reported drug use, no previous pregnancies
- Nov 15—1st prenatal visit, negative for all STIs
- Feb 7—3rd prenatal visit, no syphilis testing ordered by prenatal care provider
- April 1—patient presented to hospital for COVID concerns (fever)
  - Fetal demise at 29 weeks gestation – induction of labor
  - Rash observed by clinician (reported onset: March 11)
- April 15—patient received treatment for secondary syphilis
What are we doing?

- In 2019, Chicago Department of Public Health in collaboration with medical and community partners formed Syphilis Elimination Task Force
- Working with regional HIV/STI Prevention Training Center to ensure providers have the knowledge to provide evidence-based quality of clinical care (grand round presentation, academic detailing were provided)
- Expanded capacity to provide quality care at the CDPH STI Specialty Clinic
- Expanding Disease Intervention Specialists capacity to provide rapid outbreak investigations and continue to work with communities
- Conducting public awareness campaigns that use culturally competent and linguistically appropriate messages
What Do Healthcare Providers Need to Know?

Syphilis Screening Recommendations:

Prenatal

1st prenatal visit: All pregnant women

Early 3rd trimester (~28 weeks) and at delivery

Some states require all women to be screened at 3rd trimester and/or at delivery

**Neonates:** should *NOT BE* discharged from the hospital unless the syphilis serologic status of the mother has been determined at least one time during pregnancy and preferably again at delivery if at risk

**Stillborn:** Any woman who delivers a stillborn infant should be tested for syphilis
Benzathine penicillin is the only acceptable treatment for a pregnant woman with syphilis.

Timely and adequate treatment for the stage of disease is critical to prevent transmission of syphilis from mother to her unborn baby.

Don’t delay in treating a pregnant woman for syphilis.

Work closely with the Chicago Department of Public Health.

Trained Disease Intervention Specialists (DIS) can help with locating hard-to-reach women.

Health Department may have historical syphilis information, including old titers and treatment information.
A routine blood test for syphilis protects the pregnant mother and her baby.

Prioritize screening, diagnosis, and treatment of pregnant women => congenital syphilis is preventable!
Pregnant?
Get Prenatal Care and Protect Your Baby from Congenital Syphilis

Call 311 or visit www.cityofchicago.org/health
Acknowledgments

- Syndemic Infectious Disease (SID) Bureau
- Surveillance, Public Health Intervention Team and Epi Teams
- CDPH Congenital Syphilis Team
- CDPH Office of Public Health Information