Texas Preventable Disease NEWS

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1985 STD TREATMENT GUIDELINES: CHLAMYDIA TRACHOMATIS INFECTION*

Chlamydia trachomatis is the most prevalent sexually transmitted bacterial pathogen in the United States today. The importance of serious complications of chlamydial infections has been established. Although laboratory tests for detection of C. trachomatis are becoming widely available, diagnosis and treatment of these infections are frequently based on the clinical syndrome. The following guidelines are for laboratory-documented infections caused by non-lymphogranuloma venereum strains of C. trachomatis.

TREATMENT OF ADULTS

For uncomplicated urethral, endocervical, or rectal infection:

Recommended Regimens

Tetracycline hydrochloride (HCl): 500 mg by mouth, 4 times daily for 7 days
OR
Doxycycline hyclate: 100 mg by mouth, twice daily for 7 days

Alternative Regimens (for patients in whom tetracyclines are contraindicated or not tolerated)

Erythromycin base or stearate: 500 mg by mouth, 4 times daily for 7 days
OR
Erythromycin ethylsuccinate: 800 mg by mouth, 4 times daily for 7 days

Sulfonamides are also active against C. trachomatis. Although optimal dosages of sulfonamides for chlamydial infection have not been defined, sulfamethoxazole 1 gram by mouth, twice daily for 10 days is probably effective.

Management of Sex Partners

All persons exposed to C. trachomatis infection should be examined for STD and promptly treated for exposure to C. trachomatis with one of the above regimens.

Follow-Up

When taken as directed, the tetracycline and erythromycin regimens listed above are highly effective (>95% cure rates). Therefore, post-treatment C. trachomatis test-of-cure cultures may be omitted if laboratory resources are limited. Test-of-cure cultures may not become positive until 3 to 6 weeks after treatment. When they are positive, patients should be retreated with one of the above regimens and any interim sex partners should be treated.

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*Excerpted from: CDC. 1985 treatment guidelines. MMWR 1985;34 (Suppl 4S):77S-79S.

TREATMENT FOR CHLAMYDIAL UROGENITAL INFECTIONS DURING PREGNANCY

Treatment should be given to women who have proven infection with C. trachomatis; if diagnostic tests are not performed, treatment should be given to women with mucopurulent cervicitis and to women whose sex partners have nongonococcal urethritis or nongonococcal epididymitis.

The suggested treatment is **erythromycin base** 500 mg by mouth, 4 times daily for 7 days, on an empty stomach OR **erythromycin ethylsuccinate** 800 mg by mouth, 4 times daily for 7 days. Erythromycin stearate in the same dosage as base may also be effective, but has not been studied. For women who cannot tolerate these regimens, one half the daily dose (250 mg base, 400 mg ethylsuccinate) 4 times daily should be used for at least 14 days. The optimal dose and duration of antibiotic therapy for pregnant women has not been established. There are no completely studied alternative regimens for women who are allergic to erythromycin or those who cannot tolerate this antibiotic. Proven treatment failures should be retreated with erythromycin in either of the dosage schedules outlined above.

Simultaneous treatment of male sex partner(s) with tetracycline or doxycycline is an important component of the therapeutic regimen.

Pregnant women at particular risk for chlamydial infections should undergo diagnostic testing for C. trachomatis if possible at their first prenatal visit and during the third trimester. Important risk factors include the following: unmarried, age less than 20 years, residence in a socially disadvantaged community (eg, inner city), and the presence of other sexually transmitted diseases.

TREATMENT FOR ESTABLISHED CHLAMYDIAL CONJUNCTIVITIS OF THE NEWBORN

For all cases of ophthalmia neonatorum appropriate tests should be done to rule out Neisseria gonorrhoeae as the cause.

The diagnosis of chlamydial conjunctivitis should be established by a laboratory test. Treatment consists of **oral erythromycin syrup** 50mg/kg/day in 4 divided doses for 2 weeks. Topical therapy provides no additional benefit. If inclusion conjunctivitis recurs after stopping therapy, erythromycin treatment should be reinstituted for an additional 1 to 2 weeks.

TREATMENT FOR CHLAMYDIAL PNEUMONIA OF INFANCY

For established cases of lower respiratory disease due to C. trachomatis, the recommended therapy is **oral erythromycin syrup** 50 mg/kg/day in 4 divided doses for 14 days. The optimal duration for therapy has not been established.

Parents of newborn infants with chlamydial infection should be treated with one of the recommended regimens for chlamydial infection.

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1985 COMMUNICABLE DISEASE REPORT

The official statistical cut-off date for communicable disease reports from 1985 will be **February 28, 1986.** Please forward all reports of cases with dates of onset in 1985 to the Bureau of Epidemiology, 1100 W. 49th Street, Austin, TX 78756, before that date.

MONTHLY SUMMARY OF REPORTABLE DISEASES IN TEXAS

Dates of Onset: December 1 to December 31, 1985

REPORTABLE DISEASE	PHR 1	PHR 2/12	PHR 3	PHR 4	PHR 5	PHR 6	PHR 7/10	PHR 8	PHR 9	PHR 11	WEEKS 49 - 52 1984	WEEKS 49 - 52 1985	CUMULATIVE 1984	CUMULATIVE 1985
AIDS		1			5	2	1				16	9	236	412
Amebiasis			1			4		2	1	1	18	9	356	273
Botulism											0	0	9	4
Brucellosis											0	0	26	43
Campylobacteriosis			4		4	2		1	1	5	36	17	198	656
Coccidioidomycosis											1	0	4	20
Encephalitis					2		1			1	8	4	113	113
Hansen's Disease											0	0	31	25
Hepatitis A	2	29	11	9	41	11	4	12	9	2	254	130	2,605	2,496
Hepatitis B		12	5	5	23	10	5	9	2	15	130	86	1,544	1,457
Hepatitis, NA-NB			1	1	3	1				3	15	9	144	165
Hepatitis, U			4	2	18	4	3	9	2	3	114	45	1,695	1,265
Histoplasmosis											2	0	10	26
Legionellosis											1	0	24	25
Leptospirosis											0	0	4	3
Malaria											3	0	77	88
Measles											1	0	642	410
Meningococcal Infections	1	1			4	3	1		1	2	12	13	180	124
Meningitis, Aseptic			1	1	13	1		1	5	4	29	26	645	917
Meningitis, H. influenzae	1		1	1	19	3	1	1	2	8	69	37	524	530
Meningitis, Other Bacterial		2		1	10	3				3	25	19	301	290
Mumps					1	1		2		3	13	7	219	319
Pertussis					4		1				6	5	60	369
Plague											0	0	1	0
Psittacosis											0	0	9	1
Rabies											0	0	1	1
Relapsing Fever											0	0	3	0
Reye Syndrome											2	0	17	10
RMSF											0	0	53	25
Rubella											2	0	75	43
Salmonellosis	2	5	7	3	24	10	12	13	13	24	129	113	2,339	2,421
Shigellosis			6	1	13	1	12	10	9	15	114	67	1,659	1,675
Tetanus											0	0	10	6
Toxic Shock Syndrome											3	0	22	18
Trichinosis											0	0	13	4
Tularemia											0	0	9	7
Typhoic											1	0	30	28
Typhus, Endemic											2	0	37	19
Chickenpox	124	84	39	71	202	197	87	251	150	389	1,738	1,594	16,124	20,561
Influenza	502	1,306		1,275	1,394	814	222	1,708	2,378	644	9,868	10,243	176,900	95,853
Strep Infections	40	738	13	470	889	303	279	684	279	894	4,643	4,589	36,540	34,724
Scarlet Fever	3	15	23	7	37	12	14	40	13	41	144	205	739	1,069

NOTE: There have been no reported cases of: Anthrax, Cholera, Dengue, Diphtheria, Polio, Q Fever, or Yellow Fever

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CUMULATIVE TOTALS FOR DISEASES REPORTED TO THE BUREAU OF COMMUNICABLE DISEASE SERVICES THROUGH DECEMBER 1985

REGION	1	2	3/12	4	5	6	7/10	8	9	11	STATEWIDE 1984	STATEWIDE 1985
TUBERCULOSIS	15	18	98	28	373	90	123	214	158	633	1762	1750*
P&S SYPHILIS	37	23	173	48	1740	302	383	196	417	1291	6254	4610
GONORRHEA	1174	1268	3676	1542	22409	6171	6075	1941	3690	18782	76903	66728

*1985 total is provisional

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TEXAS POPULATION BY PUBLIC HEALTH REGION - 1985*

PHR	POPULATION	PHR	POPULATION	PHR	POPULATION
1	396,332	5	3,646,773	9	1,497,951
2	383,977	6	1,533,122	11	3,916,969
3/12	948,453	7/10	1,627,381		
4	696,565	8	1,480,872	TOTAL	16,128,395

*Texas Department of Health Population Data System

VIRAL ISOLATES FOR DECEMBER 1985

VIRUS	COUNTY OF RESIDENCE OF PATIENT(S) (NUMBER OF ISOLATES)
Adenovirus	Tarrant (1), Harris (3)
Cytomegalovirus	Bell (1), Dallas (4), El Paso (1), Galveston (3)
Echovirus (11)	Bell (1)
Influenza A (H3N2)	Harris (2)
Influenza B	Cameron (1), Harris (2)
Rotavirus	Bell (2), Deaf Smith (1), Lubbock (7) Harris (8)
Respiratory Syncytial Virus	Bell (17), Harris (15)
Chlamydia trach.	Bell (6), Travis (16)

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INFLUENZA UPDATE

The Centers for Disease control has reported widespread outbreaks of influenza in association with type A(H3N2) and type B virus in the state of Alaska where a total of 48 influenza viruses, 36 type A(H3N2) and 12 type B, have been isolated. Only Alaska reported widespread outbreaks of influenza-like illness during the weeks of November 30, December 7, 14, and 21.

In early December, type A(H3N2) viruses were isolated from sporadic cases in Washington state and Colorado, and influenza type B viruses were isolated from four Houston residents in late November. Although no influenza outbreaks have been reported as yet in Texas, widespread influenza virus activity is expected here in January and February.

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