

Cook County Department of Public Health Third Quarter Report, 2023



Sexually Transmitted Infections Program Update on Youth Tobacco Control

July 28, 2023



Cook County
Public Health



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Youth Tobacco Ordinance

Update – Education and Enforcement



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Compliance of Youth Tobacco Ordinance

2022 Tobacco 21 Compliance Checks

- In the fall of 2022, the CCDPH Environmental Health Services Unit (EHSU), conducted a total of 42 compliance checks
- Of the 42, 10 sites had the same violation of ‘No warning signage posted stating the age to purchase tobacco products is 21’
- EHSU provided the retailers the proper signage for those sites that did not have any signage and/or out of date signage to bring them up to compliance

Sales Restriction of Flavored Liquid Nicotine Products Compliance Checks

- Planned for Fall 2023 - CCDPH, in partnership with the Cook County Sheriff's Office, will conduct random, unannounced inspections at locations where tobacco products are sold in unincorporated Cook County to ensure compliance with ordinance



Tobacco Ordinance Awareness Campaign

Sales restrictions go into effect July 23, 2023

- Letter to 42 tobacco retailers
- FAQ to tobacco retailers
- Social media posts to raise public awareness
- Website
 - Homepage banner
 - New flavored liquid nicotine products sales restriction page



What You Need to Know About the Flavored Nicotine Products Sales Restriction

Effective July 23, 2023
On May 24, 2023, The Cook County Board of Commissioners amended the Cook County Youth Tobacco Control Ordinance (Ord. 14-1421), restricting the sales of all flavored liquid nicotine products, effective July 23, 2023.

What the amendment changed in the Cook County Youth Ordinance
Effective July 23, 2023, no retailer shall sell, give away, barter, exchange or otherwise furnish to any other person any flavored liquid nicotine product. Flavored liquid nicotine product means any liquid nicotine product that contains a constituent that imparts a characterizing flavor. As used in this definition, the term "characterizing flavor" means a distinguishable taste or aroma, imparted either prior to or during consumption of a liquid nicotine product, including but not limited to tastes or aromas of menthol, mint, wintergreen, chocolate, vanilla, honey, cocoa, any candy, any dessert, any alcoholic beverage, any fruit, any herb, or any spice, but shall not include the taste or aroma of tobacco. No liquid nicotine product shall be determined to have a characterizing flavor solely because of the use of additives or flavorings or the provision of ingredient information. A public statement or claim made or disseminated by the manufacturer of a liquid nicotine product, or by any person authorized or permitted by the manufacturer to make or disseminate such statement or claim, that a liquid nicotine product has or produces a characterizing flavor shall establish that the liquid nicotine product is a flavored liquid nicotine product.

Who the amendment affects
All licensed tobacco retailers in unincorporated Cook County who receive their license from Cook County Department of Public Health must comply with the Cook County Youth Tobacco Ordinance amendment, effective July 23, 2023.

How the amendment will be enforced
Cook County Department of Public Health, in partnership with the Cook County Sheriff Department, will conduct random, unannounced inspections at locations where tobacco products are sold in unincorporated Cook County to ensure compliance.

- For a first violation, an administrative penalty of \$250.00 will be levied.
- For a second violation, occurring after a final determination of liability for a first violation, and within a 12-month period, an administrative penalty of \$500.00 will be levied and the license of the retail tobacco dealer for 30 days will be suspended.
- For a third violation, occurring after a final determination of liability for a second violation and within a 12-month period, an administrative penalty of \$1,000.00 and the license of the retail tobacco dealer will be revoked for one year.

Why the amendment is important:

- Prohibiting the sale of flavored liquid nicotine products will help save lives of suburban Cook County residents by preventing tobacco-related disease and death.
- In 2022, more than 2.5 million U.S. middle and high school students stated they currently used e-cigarettes. Most youth who reported using e-cigarettes used flavored products (85%), which play a key role in attracting youth to start using these dangerous products and increase the likelihood that they will become regular smokers.
- It is estimated that for Illinois, the cost of health care for tobacco-related injury has expanded to over \$6 billion and the loss of productivity due to smoking is nearly \$14 billion.

For more information, email healthycook@cookcountyhhs.org or call 708-836-8600.

www.cookcountypublichealth.org
Revised 07.14.23

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Sexually Transmitted Infections



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STI/HIV Program, Communicable Disease Unit, CCDPH

- Cover **Suburban Cook County**
 - Excludes Chicago
 - Excludes Evanston, Oak Park, Skokie and Stickney Township
- Reportable STIs:
 - (Chancroid)
 - Chlamydia
 - Gonorrhea
 - Syphilis
 - HIV
 - Mpox (monkeypox)
- Program engages in surveillance, investigation, interviews, partner services, education, support



STI Data: Where Do We Stand?

DIRECTION	STI
Increasing 	Chlamydia
Stable 	Gonorrhea
Increasing 	Syphilis
Stable 	New HIV Diagnoses
Increasing 	People Living with HIV
Sporadic	Mpox



Surveillance and Surveillance Teams

- Receive > 15,000 reports per year
 - Morbidity Report Forms (see right)
 - Positive laboratory results
 - Merge
 - Deduplicate
- Data Entry into I-NEDSS (IL State Surveillance System)
- Screen syphilis reports
 - Data entry
 - Preparation for staff to conduct interviews and outreach

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
ILLINOIS CONFIDENTIAL MORBIDITY REPORT OF SEXUALLY TRANSMITTED INFECTIONS

PATIENT INFORMATION

FIRST NAME M.I.

LAST NAME IDOC #

STREET ADDRESS

APARTMENT NUMBER CITY STATE

ZIP CODE COUNTY OF RESIDENCE PHONE NUMBER - -

DATE OF BIRTH / /

RACE (Select All That Apply)

☐ White ☐ American Indian or Alaskan Native ☐ Other

☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

ETHNICITY

☐ Hispanic or Latinx ☐ Not Hispanic or not Latinx ☐ Unknown

SEX AT BIRTH ☐ Male ☐ Female ☐ Unknown

CURRENT GENDER ☐ Male ☐ Female ☐ Transgender Male (FTM)* ☐ Transgender Female (MTF)* ☐ Transgender Unknown ☐ Something Else

SEX OF SEX PARTNER(S) (Select All that Apply)

☐ Male ☐ Female ☐ Transgender Male (FTM)* ☐ Transgender Female (MTF)* ☐ Transgender Unknown ☐ Something Else

PREGNANT ☐ Yes ☐ No

EST. DUE DATE / /

DIAGNOSIS

Chlamydia ☐ Genito-urinary ☐ Rectal ☐ Ophthalmia ☐ PID* ☐ Pneumonia ☐ LGV* ☐ Other:

Gonorrhea ☐ Genito-urinary ☐ Rectal ☐ Ophthalmia ☐ DG* ☐ Pharyngeal ☐ PID* ☐ Other:

Other STIs ☐ Chancroid

DATE OF TEST/EXAM / /

Syphilis Stage ☐ Primary ☐ Secondary ☐ Early, NPNS* ☐ Late or Unknown ☐ Congenital

Syphilis Symptoms ☐ Lesion/Chancere ☐ None ☐ Rash (P/P* or GBR*) ☐ Neurologic: ☐ Ocular: ☐ Otic: ☐ Other:

LABORATORY TEST(S) RELATED TO DIAGNOSIS

Chlamydia Test ☐ DATE POSITIVE TEST COLLECTED / /

Gonorrhea Test ☐ DATE POSITIVE TEST COLLECTED / /

Syphilis Tests

Serologic Screening Test: RPR, VDRL ☐ DATE OF TEST / / RESULT ☐ Pos ☐ Neg

Titer 1:

Serologic Confirmatory Test: FTA-ABS, TP-PA, EIA ☐ DATE OF TEST / / RESULT ☐ Pos ☐ Neg

Darkfield / DFA-TP or PCR (from lesion) ☐ DATE OF TEST / / RESULT ☐ Pos ☐ Neg

CSF-VDRL ☐ DATE OF TEST / / RESULT ☐ Pos ☐ Neg

Syphilis Neurologic Involvement ☐ Verified (Positive CSF-VDRL) ☐ Possible

TREATMENT (RX) INFORMATION (See reverse side for treatment codes)

Date(s) Treated / /

RX Codes

Other

FACILITY WHERE SPECIMEN WAS COLLECTED

Name

Address

City Phone

FACILITY WHERE PATIENT WAS TREATED

Name

Address

City Phone

Name of Person Completing Form

If you need assistance in sex partner referral, need additional forms, etc., call your local health department STI program.

Submit this report to your local health department:

STI SURVEILLANCE PROGRAM
CCDPH
FAX: (708) 836-5450

If NO local health department, contact:

Illinois Department of Public Health
ATTN: STI Section
525 W. Jefferson St., Ground Floor
Springfield, IL 62761
Phone: 217-782-2747

Updated 2022



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HIV Surveillance and Surveillance Teams

- HIV Surveillance is **PAPER-BASED**
 - No email
 - No faxes
 - Reports have to be MAILED in double-envelopes
- Two (2) electronic, site-based HIV databases in IL
 - Illinois Department of Public Health
 - Chicago Department of Public Health

Patient Identification				
*Patient Name	*First Name	*Middle Name	*Last Name	Last Name Soundex
*Alternate Name Type (ex Alias, Married)	*First Name	*Middle Name	*Last Name	
Address Type <input type="checkbox"/> Residential <input type="checkbox"/> Bad Address <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Foster Home <input type="checkbox"/> Homeless <input type="checkbox"/> Postal <input type="checkbox"/> Shelter <input type="checkbox"/> Temporary		*Current Street Address		*Phone ()
City	County	State/Country	*ZIP Code	
*Social Security number		*Medical record number		*Other ID Type

Adult HIV Confidential Case Report Form (Patients 13 Years of Age or Older at Time of Diagnosis) * Information NOT transmitted to CDC

Health Department Use Only		
Date Received at Health Department	eHARS Document UID	State Number
Reporting Health Dept - City / County	OOJ Stateno	
Document Source	Surveillance Method <input type="checkbox"/> Active <input type="checkbox"/> Passive <input type="checkbox"/> Follow-up <input type="checkbox"/> Restriction <input type="checkbox"/> Unknown	
Did this report initiate a new case investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Report Medium <input type="checkbox"/> 1-Field Visit <input type="checkbox"/> 2-Mailed <input type="checkbox"/> 3-Faxed <input type="checkbox"/> 4-Phoned <input type="checkbox"/> 5-Electronic Transfer <input type="checkbox"/> 6-CD/Disk	

Facility Providing Information (record all dates as mm/dd/yyyy)			
Facility Name			*Phone ()
*Street Address			
City	County	State/Country	ZIP Code
Facility Type <input type="checkbox"/> Inpatient <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Private Physician's Office <input type="checkbox"/> Screening, Diagnostic, Referral Agency <input type="checkbox"/> CTS <input type="checkbox"/> STD Clinic <input type="checkbox"/> Laboratory <input type="checkbox"/> Corrections <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify	Other Facility <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other, specify		
Date Form Completed	*Person Completing Form		*Phone ()

Patient Demographics (record all dates as mm/dd/yyyy)		
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Country of Birth <input type="checkbox"/> US <input type="checkbox"/> Other/ US Dependency (please specify)	
Date of Birth	Alias Date of Birth	
Vital Status <input type="checkbox"/> 1-Alive <input type="checkbox"/> 2-Dead	Date of Death	State of Death
Current Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male-to-Female (MTF) <input type="checkbox"/> Transgender Female-to-Male (FTM) <input type="checkbox"/> Unknown <input type="checkbox"/> Additional gender identity (specify)		
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown	*Expanded Ethnicity	
Race (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	*Expanded Race	

Residence at Diagnosis (add additional addresses in Comments)			
Address Type (Check all that apply to address below) <input type="checkbox"/> Residence at HIV diagnosis <input type="checkbox"/> Residence at AIDS diagnosis <input type="checkbox"/> Check if SAME as Current Address			
*Street Address			
City	County	State/Country	*ZIP Code

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please mail the case reporting form to your local health department in double envelopes - the inside envelope should be marked "Confidential - Open by Addressee Only." Various federal and state statutes, regulations and case law provides legal protections of HIV/AIDS surveillance information.



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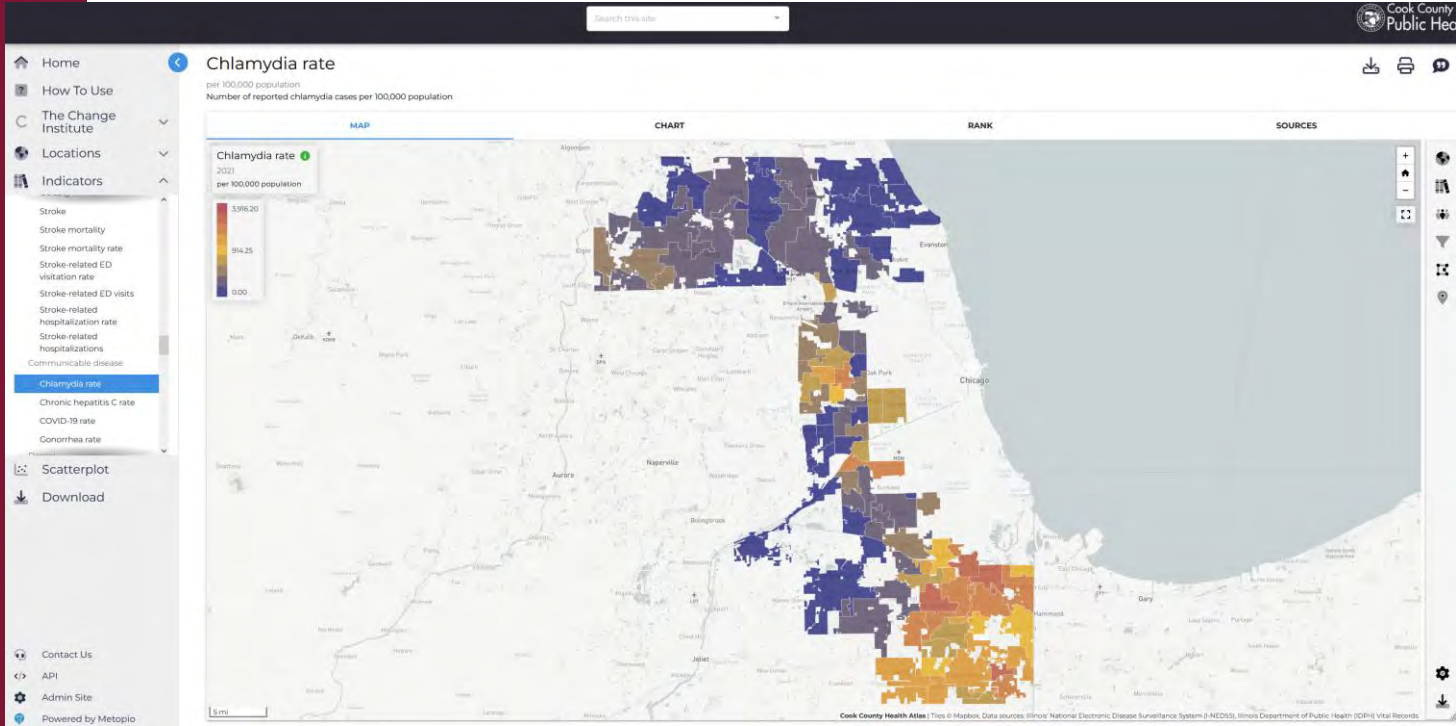
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STI & HIV Data Lags

- CCDPH relies on final, year-end datasets from IDPH
 - Usually 6-8 month lag until CCDPH receives data
 - Usually 4-6 weeks for CCDPH to turn around
 - 12-16 month lag from IDPH during COVID
- Standard for CCDPH to make comparisons to local, state and national data and trends
 - Rely on those publications being made public which can introduce delays



2021 STI Surveillance Data – published 2023

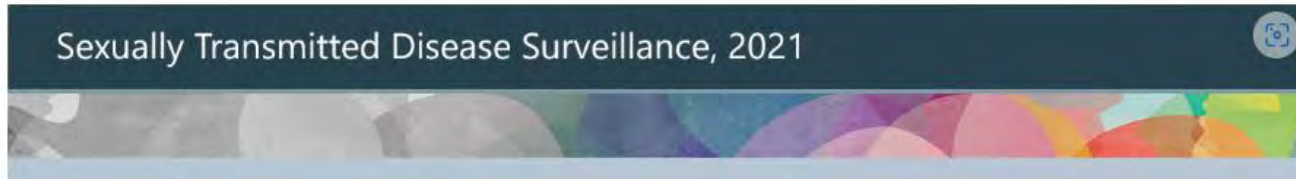


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Sexually Transmitted Infections/Diseases (STIs) & HIV Surveillance Reports



Infections Continue to Forge Ahead, Compromising the Nation's Health



HIV Surveillance Reports

The annual HIV Surveillance Report provides an overview on the current epidemiology of HIV disease in the United States and dependent areas. CDC funds state and territorial health departments to collect surveillance data on persons with diagnosed HIV infection; all personal identifiers are removed from these data before being transmitted to CDC via a secure data network. Data are analyzed by CDC and then displayed by age, race, sex at birth, gender, transmission category, and jurisdiction (where appropriate). Prior to the 2008 reporting year, the report was referred to as the *HIV/AIDS Surveillance Report*.

- 2021, Volume 34: [Diagnoses of HIV Infection in the United States and Dependent Areas, 2021](#)
- 2020, Volume 33: [Diagnoses of HIV Infection in the United States and Dependent Areas, 2020](#)
- 2019, Volume 32: [Diagnoses of HIV Infection in the United States and Dependent Areas, 2019](#)
- 2018 Updated Edition, Volume 31: [Diagnoses of HIV Infection in the United States and Dependent Areas, 2018](#)
 - Infographic: [Diagnoses of HIV Infection in the United States and Dependent Areas, 2018](#)



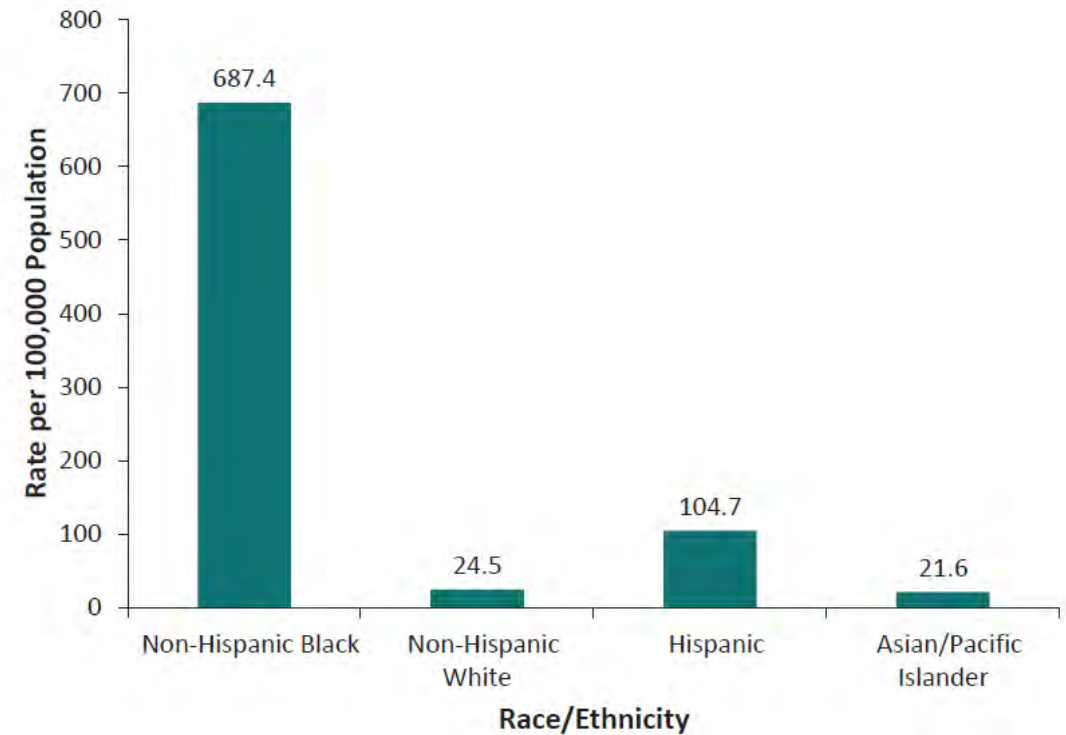
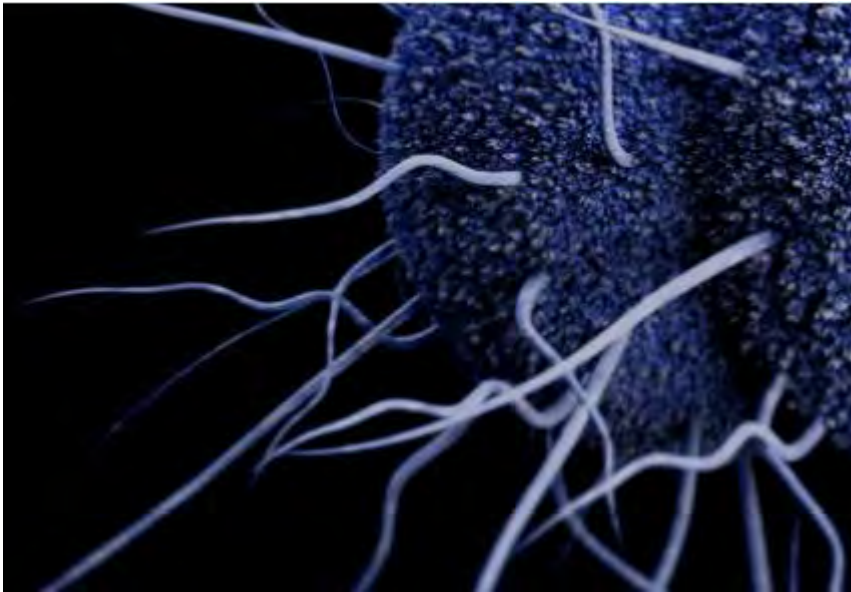
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Populations of Color, Disproportionate STI Burden

Gonorrhea



Collaborations & Initiatives



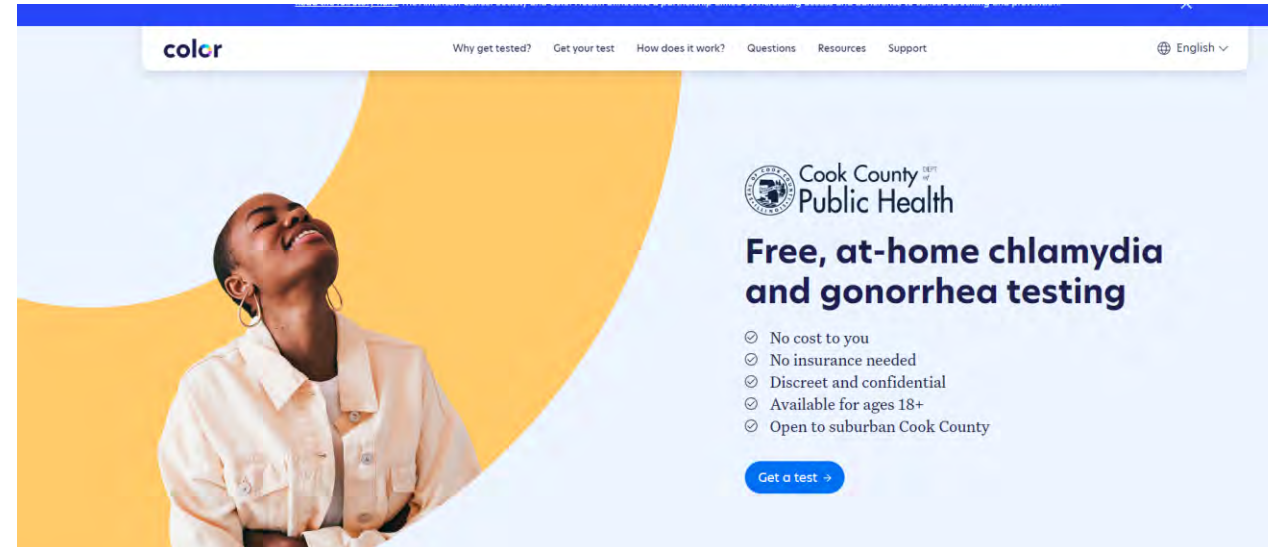
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STI Testing and Treatment Initiatives

- CCDPH brings testing and treatment to those most in need by funding community-based organizations to deliver services
- STI Testing:
 - Color Health, Inc.
 - **At-home testing kits, free! (color.com/cookcounty)**
 - Working with 3rd party sites to distribute test kits
 - Positive cases have an online visit with a provider through Color
 - Color works with patients to receive treatment
 - Howard Brown Health Center
 - Urine-based screening
 - HBHC works with patients who test positive, provide rx, counseling
 - MOU with Maywood Library for screening
 - Working to stand-up additional sites



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Media Campaign: Don't Guess. Get a Test.

To reduce chlamydia and gonorrhea among 18-24 year olds

**WHAT
HAPPENS
IN MIAMI
STAYS IN
MIAMI**

**UNLESS IT'S
AN STD.
THEN IT
COMES HOME
WITH YOU.**

**SPRING
BREAK IS
A TIME TO
BE FREE
AND SAFE.**

**KNOW
THEIR
STATUS.
KNOW
YOUR
STATUS.**



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Media Campaign: Don't Guess. Get a Test.



Cook County Department of Public Health
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Join CCDPH's Mabel Frias for Between Coffee and Coffee today at 3 PM on [Amor 106.7](#). Mabel will be promoting the Don't Guess, Get a Test STD awareness campaign to encourage residents ages 18-24 years old to get tested for gonorrhea and chlamydia. Visit <http://jow.ly/71vQ50Nimu6> for more information.



Entre Café y Café con Vicky

ACOMPÑANOS
JUEVES 13 DE ABRIL
3:00PM
f LIVE 106.7

Boost this post to reach up to 442 more people if you spend \$14. [Boost post](#)

Like Comment Share



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Condom Distribution



Condom Request Form

CCDPH is pleased to offer condoms through the mail free of charge to residents of suburban Cook County only. There is a limit of 20 condoms and the addresses must be in suburban Cook County,

Sexually Transmitted
Infections

Bacterial Vaginosis

Chlamydia

Collaborations

- **Data Visualizations:** Enhanced Surveillance and Informatics Program + Health Atlas
- **Mpox:**
 - General CD Program + STI/HIV Program + CCDPH clinical staff + CORE Center
 - Supporting other local health departments with treatment and vaccine as necessary
- **Congenital Syphilis Surveillance:**
 - STI/HIV Program + CCH-Community Health Promoter Program;
 - Fetal/Infant Morbidity/Mortality Review (FIMR)
- STI staff at CCDPH providing leadership to **STI Subcommittee** of the Northern Illinois Public Health Consortium
 - Work directly with STI Division at IDPH for timely reports
 - Work with our colleagues in Chicago and all the collar counties on recommendations, best practices



Next Steps



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Enhancements and Next Steps

- Working to provide more data in different formats for largest possible audience reach (PowerPoint slides, infographics, animated infographics, more social media outreach)
- Working with providers and communities to support healthy sexual health
- Enhance health equity in relation to sexual health by providing extra supports, especially for syphilis
- Electronic Case Reporting will supplement laboratory and paper case reports – CDC and IDPH lead these efforts
- Working to automate tedious and repetitive tasks:
 - Optical character recognition software to read paper reports into I-NEDSS
 - Optimizing workflows through computer automation
 - Dedicating staff time to the most challenging work



Thank you



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