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Chlamydial Infection Update — Alaska, 2010

Background

Alaska had the highest *Chlamydia trachomatis* (CT) infection rate in the nation in 2010, and has consistently had the first or second highest rate in the nation since 2000. Untreated CT infections can cause ectopic pregnancy, infertility, pelvic inflammatory disease (PID), and preterm labor in women; epididymitis, infertility, and Reiter's syndrome in men; and conjunctivitis and pneumonia in neonates.

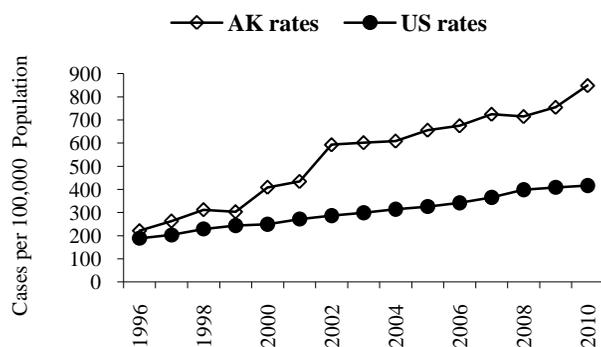
Methods

Case data were obtained from the Section of Epidemiology (SOE) reportable conditions database; population data were obtained from the Alaska Department of Labor and Workforce Development.¹

Results

A total of 6,026 cases of urogenital CT infection were reported to SOE in 2010; Alaska's CT case rate was 849 per 100,000 persons. This represents a 13% increase compared to 2009, and is more than twice the 2010 US rate of 417 per 100,000 persons (Figure).

Figure. Chlamydia Case Rates — Alaska and the United States, 1996–2010*



*The 2010 U.S. case rate is preliminary.

Of the 6,026 CT cases reported in 2010, 3,965 (66%) were in females; 5,172 (86%) were aged <30 years; 4,081 (68%) were aged <25 years; 2,849 (47%) were in American Indian/Alaska Native persons (AI/AN); 411 (6.8%) were in persons coinfecting with GC (this is an increase compared to 5.6% in 2009 and 3.6% in 2008); and 28 (<1%) were associated with PID. Infection rates were highest among AI/AN females and males (3,808 and 1,362 cases per 100,000 persons, respectively), and black females and males (2,042 and 2,237 cases per 100,000 persons, respectively).

The CT rates were highest in the Northern region (2250 cases per 100,000 persons), followed by the Southwest (1803 cases per 100,000 persons), the Interior (816 cases per 100,000 persons), Anchorage/Mat Su (806 cases per 100,000 persons), and Southeast (601 cases per 100,000 persons).

Partner Notification and Expedited Partner Therapy

Partner notification (PN) is a confidential and voluntary service offered to individuals who test positive for a reportable sexually transmitted disease (STD). The goal of PN is to prevent clinical disease and transmission. Treating all sex partners is challenging anywhere, but especially in geographic areas where partner services are not available, or when patients are unwilling or unable to participate. To help overcome these challenges, we strongly recommend that health care providers consider expedited partner therapy (EPT) as an additional strategy for partner management when full partner service activities are not available.¹ EPT is the clinical practice of treating the sex partners of patients diagnosed with CT or GC without the provider first examining the partner.

Detailed information about Alaska-specific EPT recommendations is available in previously published *Bulletins*.^{1,2}

Discussion

Alaska's CT infection rates are consistently among the highest in the United States, and from 2009–2010, Alaska's CT infection rate increased by 13%. In 2010, CT disproportionately affected Alaska racial/ethnic minority populations, women, and young adults. Rates were highest in the Northern and Southwest regions.

Unlike most other states, the Alaska Division of Public Health routinely performs disease intervention services on incident CT and GC cases. Such active surveillance efforts improve disease detection rates, which contributes somewhat to our high national CT incidence ranking.

SOE recently published EPT recommendations for Alaska providers and detailed information on Alaska-specific risk factors for repeat CT infection and rescreening recommendations.¹⁻³ GC and CT data from 2001 through 2010 are now available by Alaska Native health corporation service area through an online interactive mapping program.⁴

Recommendations

- Health care providers should promptly treat all patients with uncomplicated CT infection with the following:
 - Azithromycin 1 g orally in a single dose,**
Or
Doxycycline 100 mg orally twice a day for 7 days;
 - And (unless GC is ruled out)**
Ceftriaxone 250 mg IM in a single dose,
Or
Cefixime 400 mg orally in a single dose.⁵
- Test all persons who are infected with CT for other STDs, including HIV.
- Strongly encourage patients with CT or GC infection to participate in partner service activities, including confidential and timely notification of all sex partners.
- Consider using EPT to treat sex partners of patients diagnosed with CT or GC infection, particularly when other management strategies are unavailable, impractical, or unlikely to be successful.^{1,2}
- Report all confirmed or suspected cases of CT infection to SOE within 5 working days via fax (561-4239) or telephone (561-4234 or 800-478-1400).

References

- Expedited Partner Therapy Recommendations for Alaska Providers. *Epidemiology Bulletin* No. 1, 2011. Available at: http://www.epi.alaska.gov/bulletins/docs/b2011_01.pdf
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- Risk Factors for Repeat *Chlamydia trachomatis* Infection and Alaska-Specific Rescreening Recommendations. *Bulletin RnR*. Vol. 12, No.1, January 25, 2010. Available at: http://www.epi.alaska.gov/bulletins/docs/rr2010_01.pdf
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