



Department of Health and Social Services  
William H. Hogan, MSW Commissioner  
Jay C. Butler, MD, Chief Medical Officer

Division of Public Health  
Beverly K. Wooley, Director

Editor:  
Joe McLaughlin, MD, MPH

3601 C Street, Suite 540  
Anchorage, AK 99503

<http://www.epi.Alaska.gov>

Local (907) 269-8000  
24 Hour Emergency 1-800-478-0084

Bulletin No. 13 April 3, 2009

## Chlamydia trachomatis Infection — Alaska, 2008

### Background

Alaska has had the first or second highest *Chlamydia trachomatis* (CT) infection rate in the United States each year since 2000. Untreated CT infections in women can cause pelvic inflammatory disease (PID), ectopic pregnancy, infertility, and preterm labor. Infants born to infected women are at risk for neonatal conjunctivitis and pneumonia. Untreated CT infections in men can cause epididymitis, Reiter syndrome, and infertility.

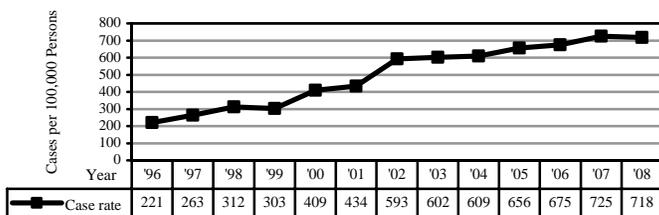
### Methods

Case data were obtained from the Alaska Section of Epidemiology's reportable conditions database and annual population data were obtained from the Alaska Department of Labor and Workforce Development. The 2008 rates were calculated using 2007 Alaska population estimates and are to be considered preliminary until the 2008 population estimates are available late in 2009.

### Summary Results

A total of 4,860 cases of CT were reported in Alaska in 2008 (718 cases per 100,000 persons, nearly twice the 2007 U.S. rate of 370 cases per 100,000 persons; Figure 1). This is a 1% decrease from the 4,911 CT cases reported in 2007.

Figure 1. Chlamydial Infection Rates — Alaska, 1996–2008



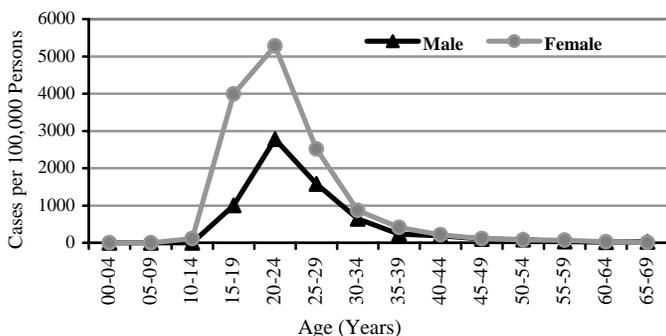
Of the 4,860 CT cases reported in 2008,

- 3,252 (67%) occurred in females;
- 44 (<1%) were associated with PID; and
- the highest documented CT infection rates were among females aged 15–19 and 20–24 years (3,994 and 5,281 per 100,000 females, respectively; Figure 2).

Compared with 2007, CT infection rates for 2008

- decreased in females aged 15–19 by 5%, from 4,216 to 3,994 cases per 100,000 females, and in males aged 20–24 by 2%, from 2,848 to 2,784 cases per 100,000 males;
- increased for females aged 20–24 by 4%, from 5,076 to 5,281 cases per 100,000 females; and
- increased for males aged 15–19 by 3% (from 973 to 1,005 cases per 100,000 males), and 25–29 years by 2% (from 1,548 to 1,580 cases per 100,000 males).

Figure 2. Chlamydial Infection Rates, by Age and Sex — Alaska, 2008 (N=4,860)



In 2008, the highest CT infection rates were among

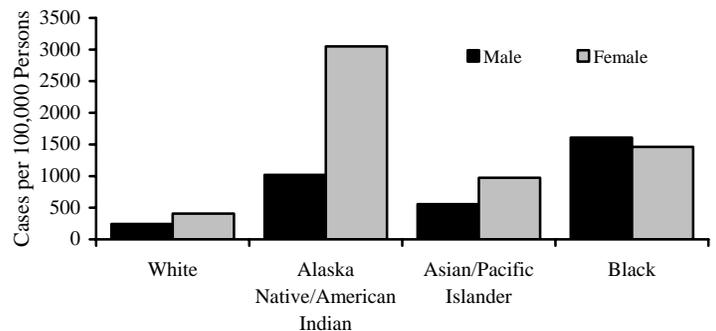
- Alaska Natives/American Indians at 1,019 cases per 100,000 males and 3,050 cases per 100,000 females; and

- blacks at 1,609 cases per 100,000 males and 1,461 cases per 100,000 females (Figure 3).

Compared with 2007, CT infection rates for 2008

- decreased in black males by 20%, from 1,999 to 1,609 cases per 100,000 males;
- decreased in black females by 17%, from 1,762 to 1,461 cases per 100,000 females;
- increased in Asian/Pacific Islander males by 26%, from 443 to 556 cases per 100,000 males;
- decreased in Asian/Pacific Islander females by 16%, from 1,159 to 973 cases per 100,000 females;
- increased in Alaska Native/American Indian males by 7%, from 952 to 1,019 cases per 100,000 males; and
- increased in Alaska Native/American Indian females by 1.6%, from 3,003 to 3,050 cases per 100,000 females.

Figure 3. Chlamydial Infection Rates, by Race and Sex — Alaska, 2008 (N=4,860)\*



\*Cases of unknown race for 20 males and 45 females are not included in the figure.

### Discussion

Chlamydia has a disproportionate impact on women, both in numbers and in clinical outcomes; adolescents and young adults (84% of CT cases in 2008 were among persons aged 15–29 years); and racial and ethnic minorities in Alaska. In addition to these persistent disparities, Alaska's CT rates are consistently among the highest in the nation.

To address these disparities, the HIV/STD Program staff conduct and provide technical assistance for partner services work statewide. Partner services work involves trained public health workers or health care providers who elicit information from CT-infected patients about their sexual partners. Once this information is obtained, partner services workers confidentially notify sexual contacts of their potential exposure to CT and assist them in obtaining appropriate testing and treatment.

### Recommendations

1. Follow CDC's Updated Sexually Transmitted Diseases Treatment Guidelines, 2006 Recommendations and Reports in treating *Chlamydia trachomatis* and PID.<sup>1</sup>
2. Report confirmed or suspected cases of CT infection to the Alaska Section of Epidemiology within 5 working days via fax (561-4239) or telephone (907-561-4234 or 800-478-1700).<sup>2</sup>
3. Encourage patients with CT infection to participate in partner services activities, including the confidential and timely notification of all partners at risk.
4. Perform annual CT screening on all sexually active females aged ≤25 years and older women with risk factors (e.g., those who have new or multiple sex partners).
5. Screen all pregnant women at their first prenatal visit.

### References

1. CDC's Updated STD Treatment Guidelines, 2006. *Epi Bulletin* RnR. Available at: [http://www.epi.hss.state.ak.us/bulletins/docs/rr2007\\_03.pdf](http://www.epi.hss.state.ak.us/bulletins/docs/rr2007_03.pdf)
2. Conditions Reportable to Public Health in Alaska. Available at: <http://www.epi.hss.state.ak.us/pubs/conditions/default.stm>