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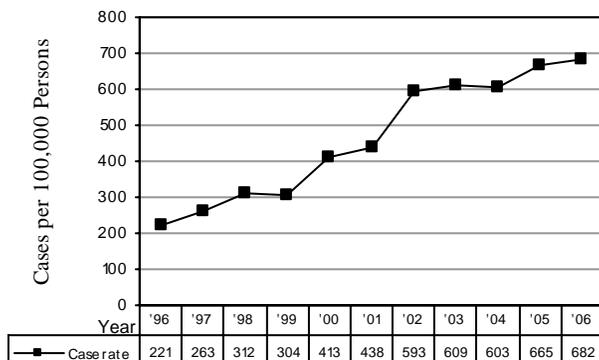
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Chlamydia trachomatis — Alaska, 2006

Summary of Chlamydia Morbidity Data

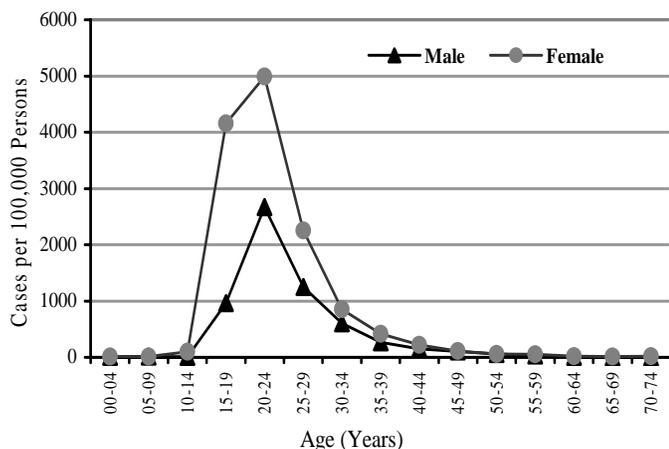
A total of 4,528 cases (682 cases per 100,000 persons) of *Chlamydia trachomatis* infection were reported in Alaska in 2006. This represents a 4% increase over the 2005 chlamydia incidence. Of the 4,528 cases, 3,070 (68%) were in females including 67 (2%) associated with pelvic inflammatory disease (PID). The Section of Epidemiology will publish a *Recommendations and Reports* later in 2007 to present more detailed analyses.

Figure 1. Chlamydia Rates — Alaska, 1996–2006



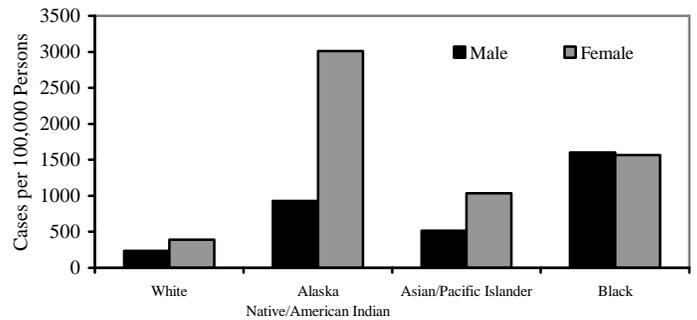
In 2006, highest chlamydia case rates were among females aged 15–19 and 20–24 years (4,158 and 4,990 per 100,000 persons, respectively) (Figure 2). From 2005 to 2006, the greatest increases in rates occurred among females aged 25–29 and 35–39 years (an increase of 334 cases per 100,000 persons [18%] and 133 cases per 100,000 persons [46%], respectively); and among males aged 30–34 years (an increase of 101 cases per 100,000 persons [20%]).

Figure 2. Chlamydia Rates, by Age and Sex — Alaska, 2006 (N=4,528)



Chlamydia case rates were highest among Alaska Natives/American Indians and Blacks (927 and 1,605 per 100,000 persons, respectively, for males and 3,012 and 1,567 per 100,000 persons, respectively, for females) (Figure 3). Compared with 2005, 2006 case rates decreased in Black and Alaska Native/American Indian males, and in White females, and increased in all other groups, with the greatest increase in rates occurring among Asian/Pacific Islander males (an increase of 111 cases per 100,000 persons [27%]) and Alaska Native/American Indian females (an increase of 300 cases per 100,000 persons [11%]).

Figure 3. Chlamydia Rates, by Race and Sex — Alaska, 2006 (N=4,528) (Cases of unknown race for 17 males and 17 females are not included in the figure.)



Treatment Recommendations

The 2006 Centers for Disease Control and Prevention (CDC) STD Treatment Guidelines recommend the following.¹

Chlamydial infection:

- Azithromycin 1.0 g orally in a single dose; **OR**
- Doxycycline 100 mg orally twice a day for 7 days.
- Alternative regimens include: erythromycin base 500 mg orally four times a day for 7 days; erythromycin ethylsuccinate 800 mg orally four times a day for 7 days; ofloxacin 300 mg orally twice a day for 7 days; levofloxacin 500 mg orally once a day for 7 days.

Pregnant or lactating women:

Azithromycin is safe and effective for use during pregnancy. The alternative regimen is amoxicillin 500 mg orally three times a day for 7 days. (Note: erythromycin estolate, quinolones and tetracyclines are contraindicated in pregnant and lactating women).

Chlamydial pelvic inflammatory disease (outpatient):

- Ceftriaxone 250 mg IM in a single dose; **OR**
- Cefoxitin 2.0 g IM in a single dose and probenecid 1.0 g orally concurrently in a single dose; **OR**
- Other parenteral third-generation cephalosporin (e.g., ceftizoxime or cefotaxime).

PLUS

Doxycycline 100 mg orally twice daily for 14 days *with or without* metronidazole 500 mg orally twice daily for 14 days.

Alternative therapy, if cephalosporin therapy is not feasible and gonorrhea risk low, levofloxacin 500 mg orally once daily *or* ofloxacin 400 mg twice daily for 14 days *with or without* metronidazole 500 mg orally twice daily for 14 days.

Reporting

Health care providers are legally required to **report all diagnosed or suspected cases of chlamydia** to the Alaska Section of Epidemiology. Rapid Telephonic Reporting (561-4234 in Anchorage or 800-478-1700 statewide) is available to providers for this purpose.

(Population data are from the Alaska Department of Labor and Workforce Development's Alaska State Race Bridged Smooth Series estimates for July 1 of each applicable year. Preliminary 2006 rates were calculated using 2005 population estimates as revised 11/06.)

Reference

1. Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2006. MMWR Morb Mortal Wkly Rep 2006;55(RR-11).