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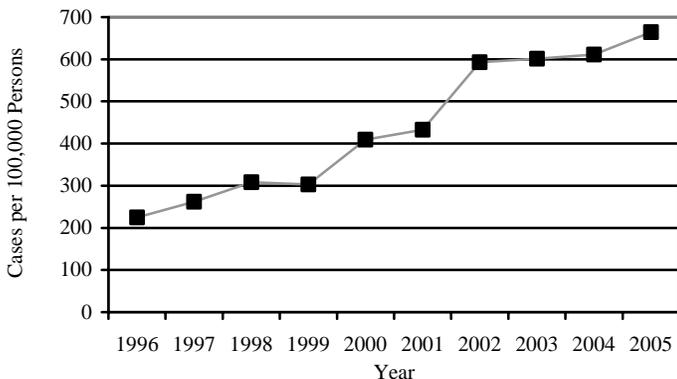
Chlamydia trachomatis—Alaska, 2005

Summary of Chlamydia Morbidity Data

A total of 4,354 chlamydia cases were reported in Alaska in 2005 (664 cases per 100,000 persons). This represents a 9% increase over the 2004 chlamydia rate and the largest annual increase since 2002 (Figure 1). Of the 4,354 cases, 2,909 (67%) were in females; 51 (2%) of the female cases were associated with pelvic inflammatory disease. The Section of Epidemiology will publish a *Reports and Recommendations* later in 2006 to present more detailed analyses of 2005 data.

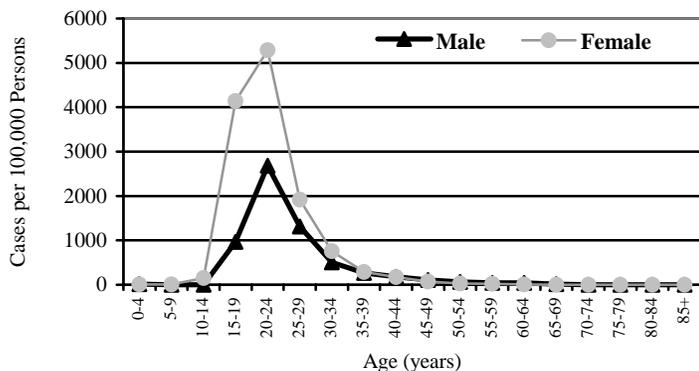
While the increases in reported chlamydia cases in 2005 may, in part, represent a true increase in disease incidence, other likely contributors include recent improvements in disease detection due to the use of more sensitive laboratory technology and non-invasive (urine) specimen collection methods, as well as increased testing of exposed partners and more screening of populations at risk of infection.

Figure 1. Chlamydia Rates in Alaska, 1996-2005



In 2005, the highest chlamydia case rates were among females aged 20-24 years (5,289 per 100,000 persons) and 15-19 years (4,145 per 100,000 persons). Compared to males in the same age groups, these rates were approximately two and four times higher, respectively (Figure 2). The male age group with the highest chlamydia rates was 20-24 years (2,680 per 100,000 persons).

Figure 2. 2005 Chlamydia Rates in Alaska by Age and Sex

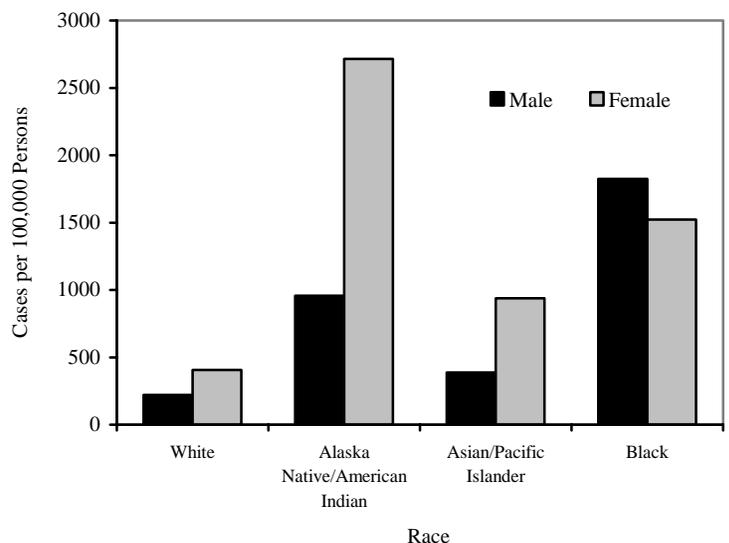


Chlamydia case rates among males were highest in Blacks (1,824 per 100,000 persons) and Alaska Natives/American Indians (958 per 100,000 persons). Case rates among females were highest in Alaska Natives/American Indians (2,716 per 100,000 persons) and Blacks (1,522 per 100,000

persons) (Figure 3). Compared with 2004, case rates increased in 2005 in males and females of all races except Asian/Pacific Islanders.

Figure 3. 2005 Chlamydia Rates by Race and Gender

(Cases of unknown race for 34 males and 52 females are not included in the graph)



Recommended Treatment

Based upon the Centers for Disease Control and Prevention's (CDC) 2002 STD Treatment Guidelines, the Section of Epidemiology recommends that Alaska healthcare providers treat chlamydia infection with:

- 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; or levofloxacin 500 mg orally once a day for 7 days. (Note: doxycycline is contraindicated in pregnant women; ofloxacin and levofloxacin should also be avoided for pregnant women).

The recommended out-patient treatment for pelvic inflammatory disease is ceftriaxone 250 mg IM in a single dose *plus* doxycycline 100 mg orally twice a day for 14 days, with or without metronidazole 500 mg orally twice a day for 14 days.

Reporting

All diagnosed or suspected cases of chlamydia should be reported to the Division of Public Health, 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 2005 rates were calculated using 2004 population estimates as revised 4/06 because 2005 figures were not yet available in the Bridged Smooth Series.