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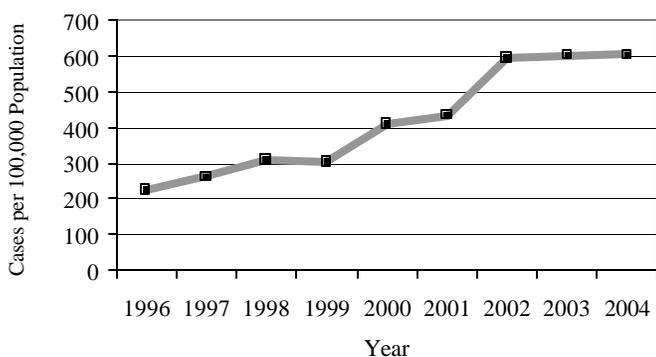
## Chlamydia—Alaska, 2004

### Summary of Chlamydia Morbidity Data

A total of 3,954 chlamydia cases were reported in Alaska in 2004, for a rate of 603 cases per 100,000 population. There were 2,671 reported chlamydia cases in females and 1,283 in males. The 3,954 cases reported in 2004 represented an increase of 1% over the 3,900 cases reported in 2002, the smallest annual increase since 1999. The 3,954 cases in 2004 include 61 reported cases of chlamydia pelvic inflammatory disease in females.

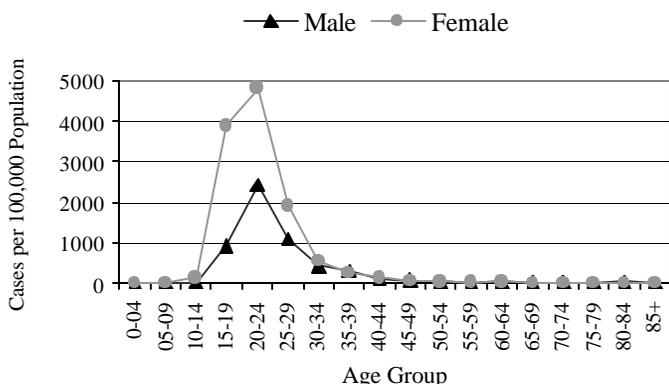
Increases in reported chlamydia cases in recent years are due to intensified Public Health partner notification activities, more sensitive and noninvasive laboratory screening technology introduced in 2002, and targeting screening to persons at increased risk of infection. Figure 1 presents case rates from 1996-2004.

**Figure 1.** Chlamydia Rates in Alaska, 1996-2004



Highest rates were in females aged 20-24 years (4,793 per 100,000 females) and 15-19 years (3,874 per 100,000 females). These rates were two and four times, respectively, higher than rates in males in the same age groups (Figure 2). Highest rates in males were in persons aged 20-24 years (2,415 per 100,000 males).

**Figure 2.** 2004 Chlamydia Rates in Alaska by Sex and Age Group (n=3,954)



Chlamydia rates were highest in Alaska Natives/American Indians (1,548 per 100,000 population) and Blacks (1,171 per 100,000 population). Alaska Natives/American Indians comprised 45% of the chlamydia cases and 18% of the Alaska population. Blacks comprised 10% of the reported chlamydia cases and 5% of the Alaska population. These trends are consistent with previous years' data.

### Recommended Treatment

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

- Azithromycin 1 g orally in a single dose, *or*
- Doxycycline 100mg orally twice a day for 7 days.
- Alternative regimens include Erythromycin base 500mg orally four times a day for 7 days; Ofloxacin 300mg orally twice a day for 7 days; or Levofloxacin 500mg orally for 7 days. (Doxycycline and Ofloxacin are contraindicated in pregnant women).

The recommended 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.

### Partner Notification Activities

Partner notification is a voluntary, confidential process to notify infected persons' sexual partners of their potential infection in order to prevent clinical disease and reduce disease transmission. Public health partner notification activities have increased significantly in Alaska since 1999, greatly increasing case-finding and treatment for infected persons. A high proportion of chlamydia infections are asymptomatic, and persons unaware of their infections are unlikely to seek treatment. Partner notification activities have been shown to decrease the reservoir of infected persons over time and reduce transmission.

In 2004, 1,383 (35%) of the 3,954 individuals reported with chlamydia infection were interviewed by public health personnel, identifying 2,775 partners. There was sufficient information to begin follow-up on 2,115 partners. Of these 2,115 partners, 1,304 (62%) were located, notified and received testing and/or treatment; 476 (23%) had already been treated; 231 (11%) either refused treatment or could not be located; there was insufficient information to locate 76 individuals (4%); and 28 (1%) were referred to public health jurisdictions out of state for follow-up.

The Section of Epidemiology will publish a *Reports and Recommendations* later in 2005 to present more detailed analyses of 2004 data.

### 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.