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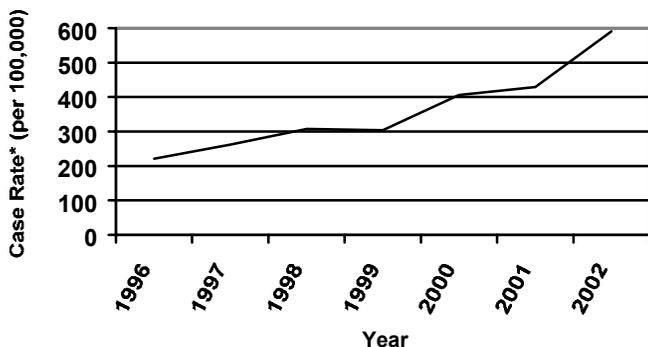
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## Chlamydia in Alaska, 2002

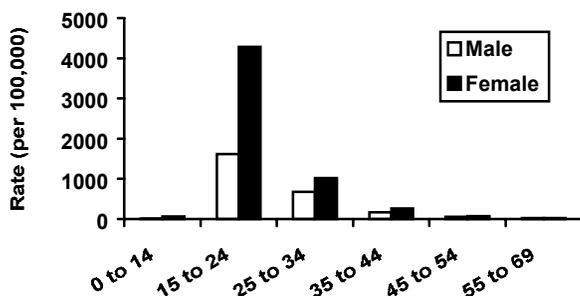
In 2001 and 2002, Alaska reported the highest Chlamydia case rates in the United States. A total of 3,805 cases of urogenital *Chlamydia trachomatis* (CT) infection were reported in 2002, a 40% increase compared to 2001 (Figure 1). The annual number of reported cases in females increased 31% (from 1,968 in 2001 to 2,576 in 2002), and cases in males increased 63% (from 753 in 2001 to 1,229 in 2002). CT rates are higher for females than males (Figure 2), reflecting a much higher incidence of screening and testing in females than males. There were 48 reported cases of CT pelvic inflammatory disease (PID). Peak rates occurred at ages 15 to 24 years for both genders. Approximately 5% of CT cases reported in 2002 were simultaneously reported with gonorrhea (GC). Rising CT rates reflect broader use of noninvasive screening technology and adherence to national screening recommendations, intensified case finding through partner notification activities statewide, and a high rate of disease incidence.

Figure 1: Chlamydia Rates in Alaska, 1996-2002.



\*Annual population estimates by the Alaska Department of Labor and Workforce Development.

Figure 2: Chlamydia Rates by Age Group and Sex, 2002.



In January 2002, the State Public Health Laboratory implemented the Gen-Probe Aptima-2 Combo test. Using cervical or urethral swabs, or urine, it tests both for CT and GC. Urine testing has increased acceptability amongst male patients.

CT case rates were highest among Alaska Native females (2527/100,000) and Black males (1,961/100,000). Partly this represents detection bias: minority populations are more likely to seek care through publicly funded institutions, and these sites are very adherent with screening and testing recommendations. Alaska Natives comprised 17% of Alaska's population and 42% of reported CT cases, and Blacks comprised 4% of the State's population and 11% of reported cases. This pattern is consistent with the data in previous years.

Figure 3: Chlamydia Cases by Race, 2002, Alaska.

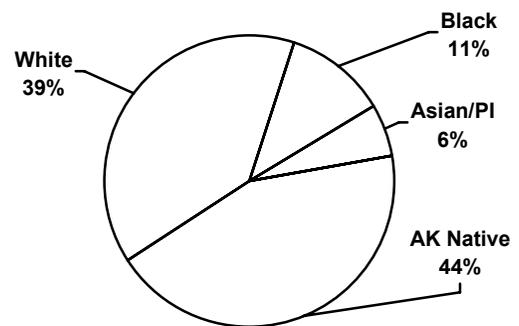
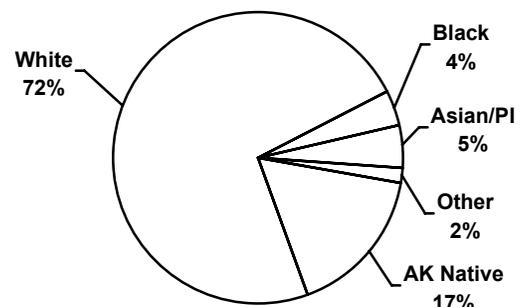


Figure 4: Alaska Population by Race, 2002.



### Treatment of Chlamydia

Because therapy can be directly observed and recorded, the preferred treatment for genital CT infection is Azithromycin 1 gram orally in a single dose. Other CDC-recommended regimens are effective in treatment of CT but require 7 days of therapy. In 2002, the CDC issued "Sexually Transmitted Diseases Treatment Guidelines, 2002" (see MMWR Vol. 51, RR-6, 5/10/02, or <http://www.cdc.gov/mmwr/PDF/rr/rr5106.pdf>).

### Partner Notification Activities

In 2002, 1599 people with CT infection were interviewed by a Public Health Disease Intervention Specialist (DIS) or nurse of the HIV/STD Program, the Municipality of Anchorage; Southcentral Foundation, or Fairbanks, Mat-Su, or Bethel Public Health Nursing Centers. These cases named 2461 sexual partners, often multiple times or reciprocally. Of these partners, 505 (21%) were already treated, 1422 (58%) were found and notified of their exposure to CT, and 534 (22%) could not be followed up. Treatment was provided for 1350 (95%) of those contacted which is 75% of all partners named. Of 1219 partners tested in these settings, 525 (43%) were positive for CT. Cases and partners interviewed in other settings are not represented in these numbers.

Once a named partner is found infected with either STD, he/she is then counted as a case, is interviewed for sexual partners, and the chain of partner identification, notification, testing and treatment is continued. This intensive follow-up leads to identification and treatment of infected individuals more efficiently than any other case-finding activity. Please contact the HIV/STD Program at 907-269-8000 for information on accessing public health partner notification services in your area.