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# Gonorrhea, Chlamydia, and Syphilis in Alaska - 2000

**Epidemiology**

**Risk Factors**

**Recommendations**

- **Screening**
- **Treatment**
- **Partner Notification**
- **Reporting**

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**State of Alaska**

## Overview/Executive Summary

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### **Chlamydia:**

- 2,570 cases of chlamydia reported in Alaska in 2000
- Chlamydia reports increased 36% compared to 1999
- Alaska's overall reported chlamydia rate, 413/100,000, is greater than the 1999 overall national reported chlamydia rate of 254/100,000

### **Gonorrhea:**

- 362 cases of gonorrhea reported in Alaska in 2000
- Gonorrhea reports increased 20% compared to 1999
- Alaska's overall reported gonorrhea rate, 58/100,000, is lower than the 1999 overall national reported gonorrhea rate of 133/100,000

### **Syphilis:**

- No infectious syphilis cases were reported in Alaska in 2000

New laboratory tests enable chlamydia to be identified from urine specimens. The availability of non-invasive chlamydia screening (amplified DNA technology; urine specimens) facilitated targeted screening efforts in Anchorage. Urine chlamydia tests are more sensitive than non-amplified screening technologies and are more acceptable to patients.

Partner notification activities were expanded throughout the state beginning in 1999. These efforts resulted in a dramatic increase in the number of sexually transmitted disease (STD) patients interviewed for partners. Consequently, a greater number of individuals at high-risk for STD were identified, located, diagnosed, and treated. Increased partner notification and active case finding efforts were responsible for the increase in STD reported in 2000, particularly cases reported in males which increased 64% in 2000 (n=431 in 1999 vs. n=706 in 2000).

## **Recommendations**

- 1. Treat all individuals diagnosed with gonorrhea, chlamydia and/or syphilis with an effective antibiotic regimen consistent with the 1998 CDC Guidelines for Treatment of Sexually Transmitted Diseases.**
- 2. Promptly report all suspected and diagnosed cases of gonorrhea, chlamydia and syphilis to the Section of Epidemiology in accordance with disease reporting requirements.**
- 3. Strongly encourage all patients diagnosed with an STD to participate in partner notification activities, including patient counseling and assistance in identifying, locating, testing and treating sex partners.**
- 4. Empirically treat all named sex partners with an effective antibiotic regimen if STD testing is unavailable, unless medically contraindicated.**
- 5. Offer/encourage HIV screening to all individuals diagnosed with an STD.**
- 6. Expand screening opportunities to increase access to routine screening for gonorrhea and chlamydia among high-risk populations.**

## ***STD Disease Reporting***

The systematic reporting of infectious diseases has served as a disease control and prevention measure since the turn of the century in the United States. Health departments rely on regular and complete disease reporting by health care providers and medical laboratories to maintain an accurate picture of the morbidity associated with infectious diseases in the State. Disease reporting helps control infectious disease through follow-up of reported cases to ensure that appropriate treatment and partner notification has occurred. In addition, data collected from disease reporting helps to target prevention efforts by identifying characteristics of the individuals affected, as well as, geographic and temporal trends in morbidity, and can aid in evaluation of disease control and prevention activities.

In Alaska, healthcare providers who diagnose chlamydia, gonorrhea, syphilis and HIV/AIDS are required to report laboratory confirmed and suspected cases to the Division of Public Health, Section of Epidemiology (7 AAC 27.005 Reporting by Health Care Provider). Medical laboratories that identify the organisms responsible for the previously mentioned STDs are required to report those findings to the Division of Public Health, Section of Epidemiology (7 AAC 27.007 Reporting by Laboratories). **Both the health care provider and laboratory are required to report these conditions; neither is relieved of their obligation to report because the condition is also being reported by the other facility.** Dual reporting by both the health care provider and the laboratory acts as a “double check” to ensure that complete disease reporting is achieved.

STD disease reports should be made to the Division of Public Health, Section of Epidemiology within 5 working days after diagnosis by provider and/or identification by laboratories and must include the following information:

### **Health Care Providers:**

- patient name
- date of birth/age
- address
- sex
- race/ethnicity
- disease
- date of diagnosis
- name of person making report
- reporting agency, address and telephone

### **Laboratories:**

- patient name/identification code
- infectious agent
- date of result
- health care provider
- agency and name of person making report

#### **When available:**

- patient date of birth/age
- patient sex
- patient race/ethnicity

Health Care providers reporting STD are encouraged to report the treatment regimen and date, patient’s pregnancy status and clinical complications associated with infection, for example, pelvic inflammatory disease (PID) or disseminated gonococcal infection (DGI). The Section of Epidemiology HIV/STD Program reviews each STD report to ensure that appropriate treatment consistent with current CDC Guidelines was received.

Health care providers and laboratories can submit disease reports to the Division of Public Health, Section of Epidemiology via the Rapid Telephonic Reporting System (RTR) by calling 561-4234 in Anchorage or 1-800-478-1700 outside Anchorage. The RTR System operates 24 hours a day, 365 days a year. An answering machine in the Section of Epidemiology answers each call, a recorded message will inform the caller of the necessary information to include in each report and each report will be reviewed by a medical or nurse epidemiologist.

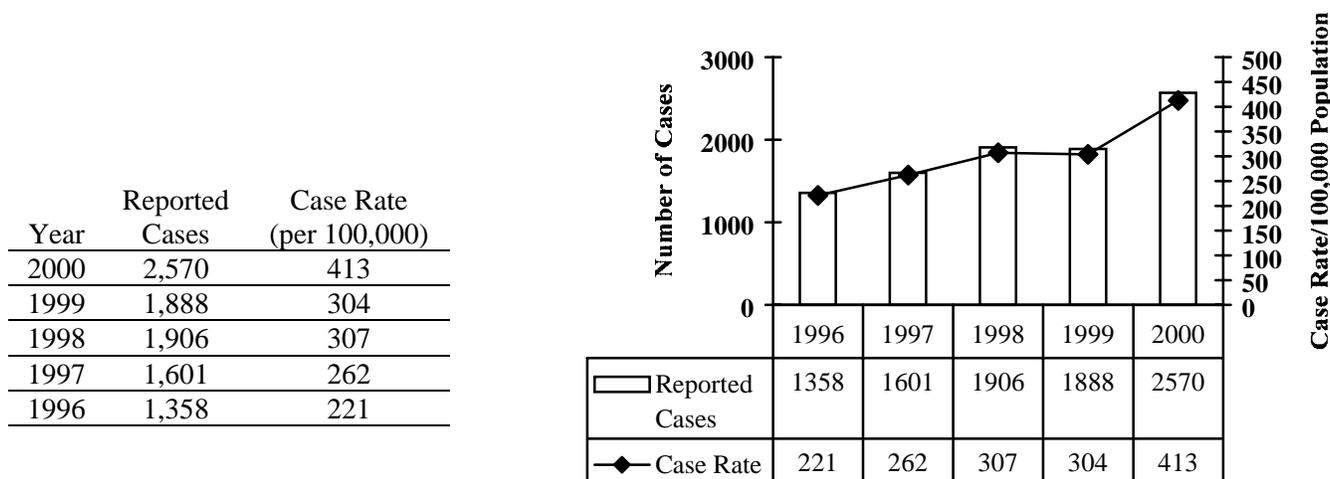
In addition, Disease reports can be submitted to the Division of Public Health, Section of Epidemiology by faxing a completed infectious disease report form (found on pg. 5 of *The Conditions Reportable to Public Health* manual) to 1-907-561-4239 or by calling in the report to 1-907-269-8000. All reporting information and guidelines can be obtained from the *Conditions Reportable to Public Health* guide, which is available from the Section of Epidemiology by calling 1-907-269-8000, and on the Section of Epidemiology web site at: [www.epi.hss.state.ak.us](http://www.epi.hss.state.ak.us).

### ***Chlamydia in Alaska***

[Data Tables 1-4 starting on page 17]

In 2000, there were 2,570 cases of chlamydia reported to the Division of Public Health. (Figure 1) This is a 36% increase over 1999 when 1,888 cases were reported. Reported cases and rates of chlamydia have increased since chlamydia reporting was initiated in 1996. Alaska has consistently ranked among the ten states reporting the highest chlamydia rates in the U.S., ranking 8<sup>th</sup> in 1999<sup>1</sup>.

**Figure 1. Chlamydia in Alaska, 1996-2000 Reported Cases and Case Rate**



Of the 2,570 reported cases in 2000, there were 1,864 (73%) females and 706 (27%) males. The disparity between the number of cases diagnosed in females vs. those in males is almost certainly due to under diagnosis in males because of the different screening practices for females vs. males. Females access medical care more regularly and are more frequently offered and accept STD screening. In 2000, 87% (12,766/14,652) of all STD tests (both GenProbe swabs and urine tests) submitted to the State Laboratory were submitted from female clients.

### **STD Screening through State Public Health Laboratory by Test Type, 2000**

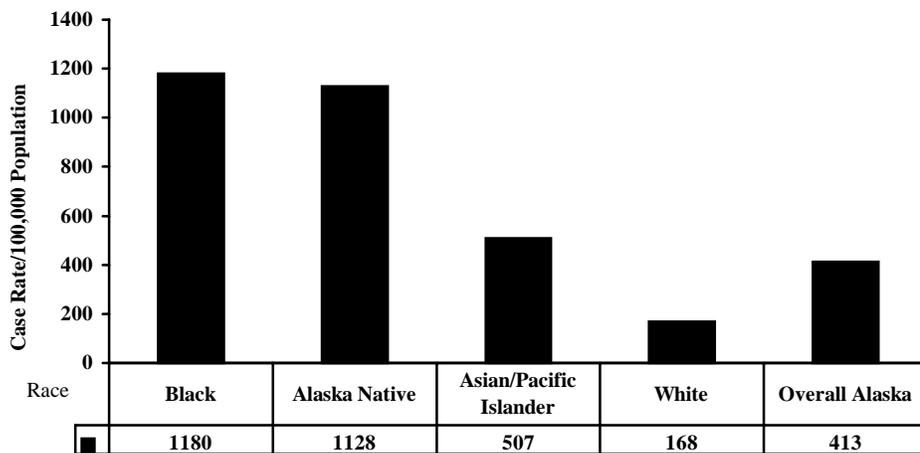
	Female	Male	Total
Non-amplified DNA; GenProbe swab	11,351 (91%)	1,107 (9%)	12,458
Amplified DNA; Urine	1,415 (64%)	779 (36%)	2,194
Total:	12,766 (87%)	1,886 (13%)	14,652

<sup>1</sup> Most recent National data available is 1999 STD surveillance data.

While females are screened for STD more frequently than males, males have a higher overall positivity rate. The overall positivity rate for GenProbe swabs submitted to the State Laboratory in 2000 was 3% for females, and 14% for males. Similarly, the overall positivity from urine specimens from females submitted in 2000 was 10% compared to specimens from males, which was 25%. Males have a higher positivity rate because they are most likely partners of individuals diagnosed with chlamydia (identified through partner notification activities and therefore at higher risk of chlamydial infection), or accept STD screening because they have symptoms. Conversely, the majority of females screened for STD receive regular STD screening during annual exams and may not necessary be linked to a confirmed positive chlamydia test.

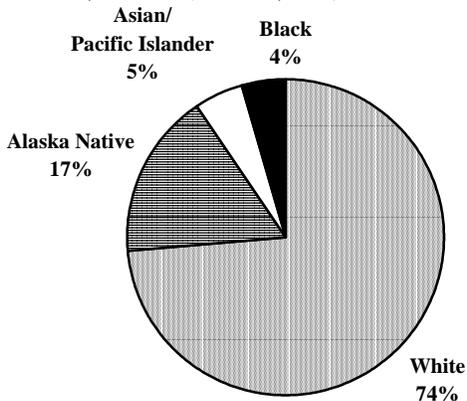
Highest case rates in 2000 were reported in Blacks (1,180/100,000) and Alaska Natives (1,128/100,000), with rates up to 7 times greater than rates in Whites (168/100,000) (Figure 2).

**Figure 2. Reported Chlamydia Case Rate by Race, Alaska, 2000 (n=2,570)**

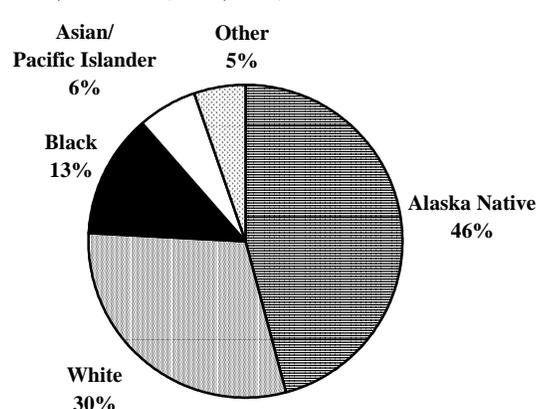


Alaska Natives accounted for 46% (n=1,181) of reported chlamydia cases, but only 17% of the population (Figure 3a and Figure 3b). Likewise, Blacks accounted for 13% of the reported chlamydia cases and only 4% of Alaska’s population.

**Figure 3a. Total Population Estimate, Alaska, 1999 (n=622,000)<sup>2</sup>**



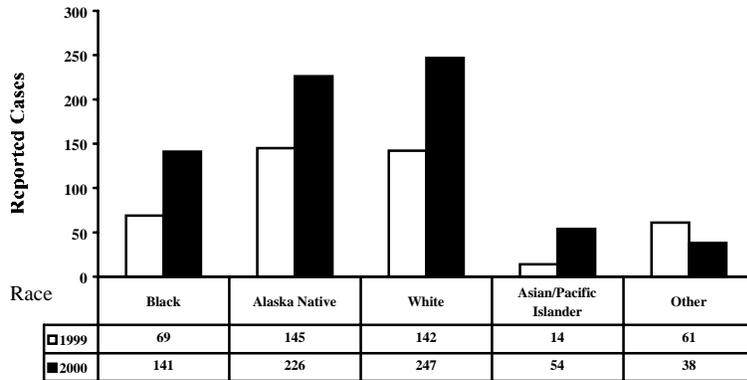
**Figure 3b. Chlamydia Cases by Race, Alaska, 2000 (n=2,570)**



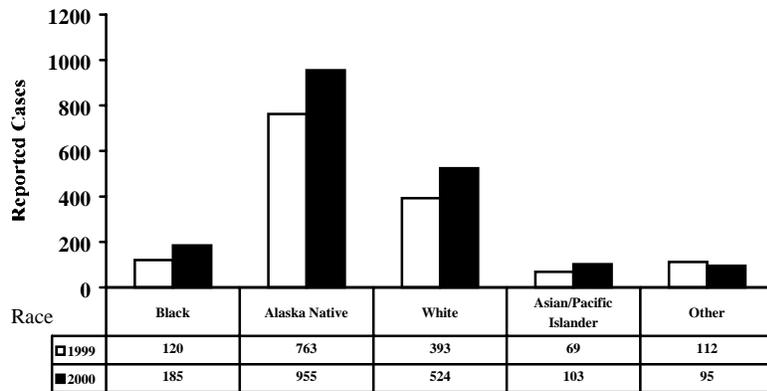
<sup>2</sup> Throughout this bulletin, population data are based upon the State of Alaska’s 1999 Population Overview.

There was a 63% increase in the number of chlamydia cases reported in males in 2000 compared to 1999 (n=431 in 1999 vs. n=706 in 2000) (Figure 4). Increased case reporting was evident in all races and most commonly observed in males age 15-29 years. This increase was most likely related to increased use of a more sensitive, noninvasive chlamydia screening technology, and intensified partner notification activities statewide. State Public Health Laboratory data reflect increased STD screening in males compared to 1999. In 2000, 1,886 (1,107 combined GenProbe swabs plus 779 urine tests) specimens from males were submitted for STD screening compared to 1,117 (955 GenProbe tests plus 162 urine tests) in 1999.

**Figure 4. Reported Chlamydia Cases by Race, Alaska, 1999 vs. 2000, Male**



**Figure 5. Reported Chlamydia Cases by Race, Alaska, 1999 vs. 2000, Female**

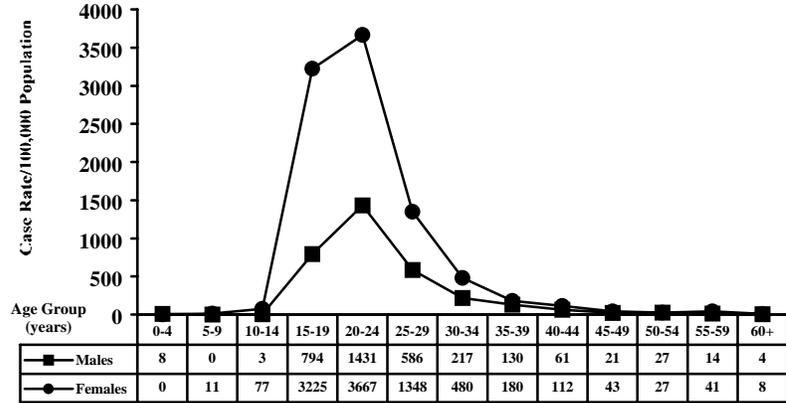


Chlamydia cases reported in females increased 28% in 2000 (n=1,864) compared to 1999 (n=1,457) (Figure 5). The number of tests from females submitted to the State Public Health Laboratory for STD screening increased in 2000 (n=12,766) compared to 1999 (n=11,912)<sup>3</sup>. Similar to case reports in males, increased chlamydia reporting was noted in all races.

Despite the increase in chlamydia reports in males in 2000, females continued to have higher chlamydia rates in every age category compared to corresponding male case rates (Figure 6). This is consistent with previous years' data and corresponds to a higher rate of testing in females compared to males.

<sup>3</sup> These data include both non-amplified DNA GenProbe tests and amplified DNA urine tests.

**Figure 6. Chlamydia Rates in Alaska by Age Group and Sex, 2000, (n=2,570)**



Chlamydia disproportionately affected racial/ethnic minority populations, women and young adults age 15-24 in Alaska.

Although the number of reported chlamydia cases increased, overall 2000 reported chlamydia trends remain consistent with previous years' data:

- Highest rates were reported for Blacks (1,180/100,000) and Alaska Natives (1,128/100,000)
- Highest case rates were reported in males and females age 15-24
- Female case rates were higher than male case rates in every age group

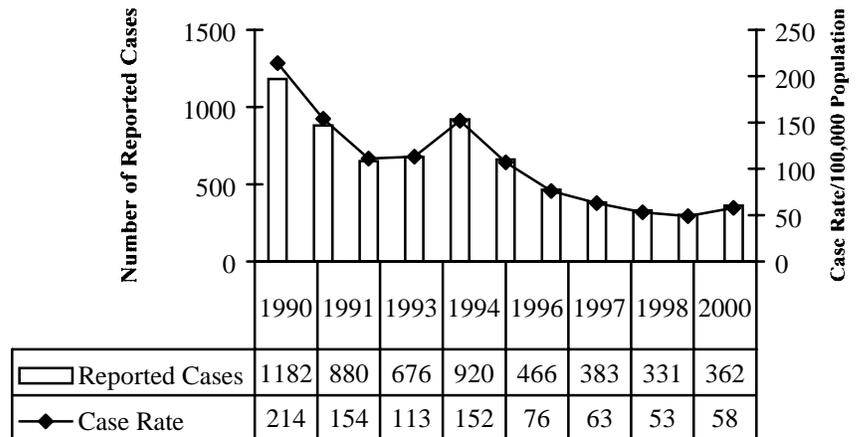
### ***Gonorrhea in Alaska***

[Data Tables 5-8]

In 2000, there were 362 cases (case rate 58/100,000) of gonorrhea reported to the Section of Epidemiology (Figure 7). This represents a 20% increase from 1999 data (n=302 in 1999 vs. n=362 in 2000). Gonorrhea reports from individuals residing outside of Anchorage increased in 2000, while reports from individuals residing in Anchorage decreased slightly. Although gonorrhea rates have decreased dramatically since 1990, slight increases in reported cases occurred in 1994 and again in 2000. Increased partner notification activities throughout Alaska in 2000 contributed to the most recent increase.

**Figure 7. Gonorrhea in Alaska, 1990-2000**

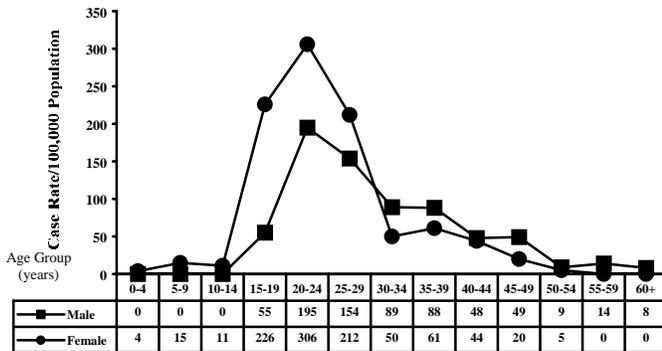
Year	Reported Cases	Case Rate (per 100,000)
2000	362	58
1999	302	49
1998	331	53
1997	383	63
1996	466	76
1995	660	107
1994	920	152
1993	676	113
1992	651	111
1991	880	154
1990	1182	214



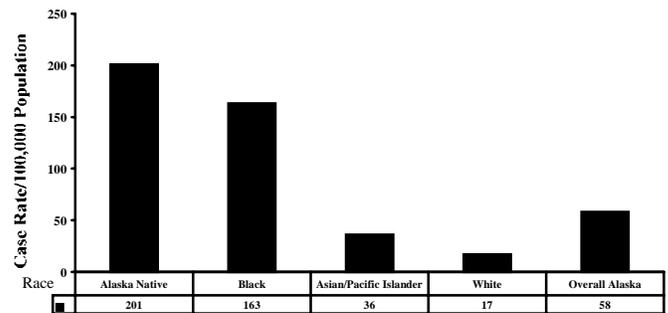
Of the 362 cases reported, 199 (55%) were reported in females and 163 (45%) were males. This is consistent with trends observed in previous years and most likely corresponds to the larger number of females screened for STD.

The rates of gonorrhea among Alaska Natives (201/100,000) and Blacks (163/100,000) were over 11 times and 9 times (respectively) greater than Whites (17/100,000) (Figure 8b). Females age 15-29 have higher case rates than males, but males 29 years and older have slightly higher case rates compared to females (Figure 8a).

**Figure 8a. Gonorrhea Rates in Alaska by Age Groups and Sex, 2000 (n=362)**

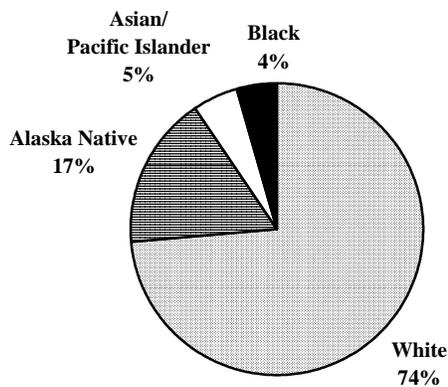


**Figure 8b. Reported Gonorrhea Case Rate by Race, Alaska, 2000 (n=362)**

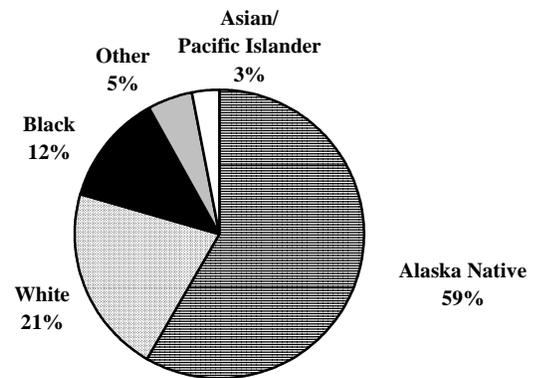


Moreover, Alaska Natives accounted for 59% of the gonorrhea cases, but comprised only 17% of Alaska's population and Blacks accounted for 12% of gonorrhea cases and 4% of the State's population. Minorities continue to be disproportionately impacted by STD in Alaska as well as in national data (Figure 9a and Figure 9b).

**Figure 9a. Total Population Estimate, Alaska, 1999 (n=622,000)**



**Figure 9b. Gonorrhea Cases by Race, Alaska, 2000 (n=362)**



The number of reported gonorrhea cases increased 9% in males and 30% in females compared to 1999. The largest increases were reported in Alaska Natives and individuals age 20-29 years.

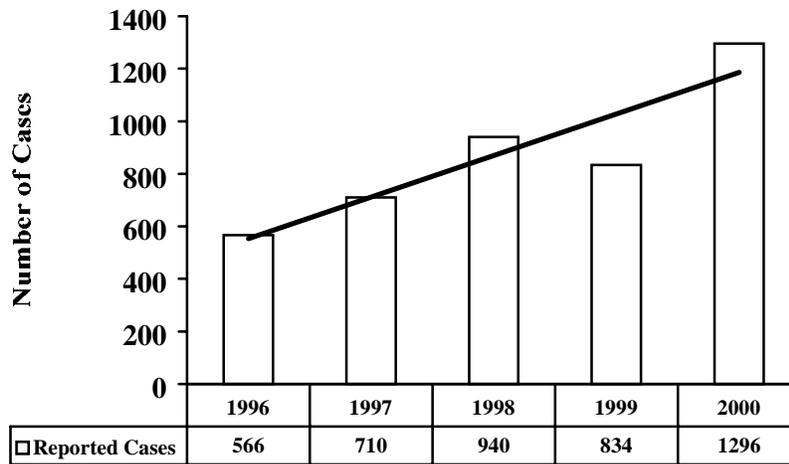
Overall, 2000 reported gonorrhea trends remain consistent with previous year's data.

- Highest rates were reported for Alaska Natives (201/100,000), and Blacks (163/100,000)
- Adolescents and young adults were most heavily impacted by gonorrhea
- Overall, female rates (67/100,000) were higher than male rates (50/100,000)

## Chlamydia in Anchorage

[Data Tables 9-12]

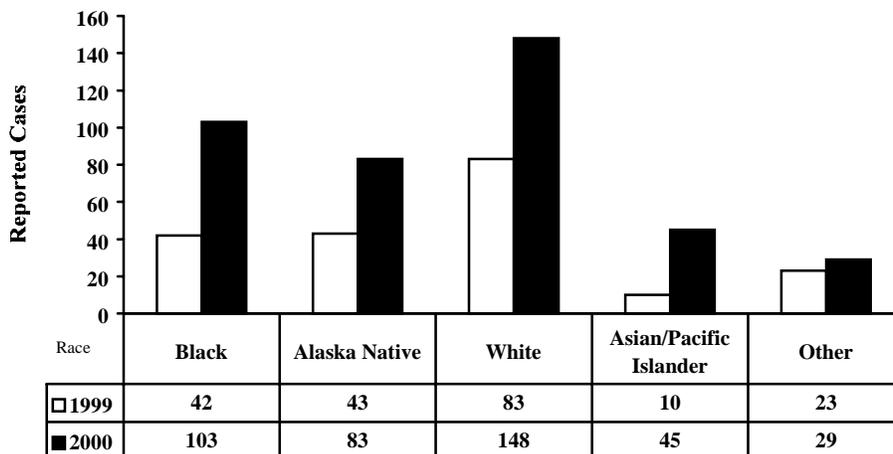
**Figure 10. Reported Chlamydia Cases, Anchorage, 1996-2000**



In 2000, there were 1,296 cases of chlamydia reported in Anchorage, a 56% increase compared to 1999 data (n=834 in 1999 vs. n=1,296 in 2000) (Figure 10). Females accounted for 69% (889/1,296) and males accounted for 31% (408/1,296) of the reported cases. Females have consistently had higher positivity rates, most likely due to the greater number of females screened for STD.

In 2000, chlamydia cases reported in males doubled compared to 1999 data (n=201 in 1999 compared to n=408 in 2000) (Figure 11). Large increases in chlamydia cases were reported in all races and specifically from males age 15-24 years.

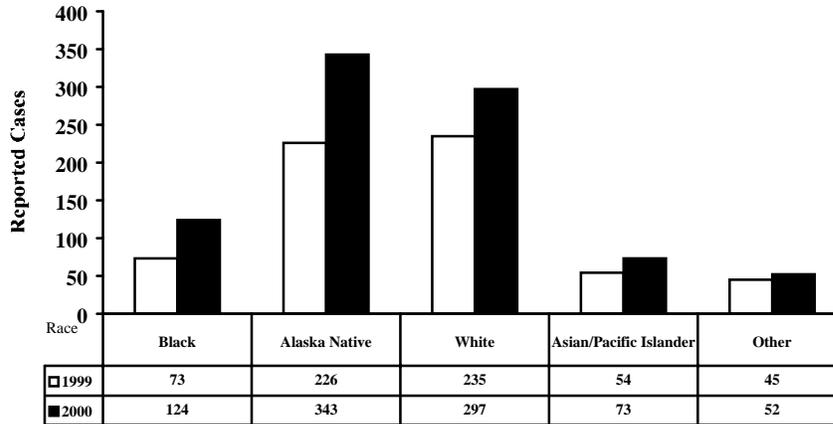
**Figure 11. Reported Chlamydia Cases by Race, Anchorage, 1999 vs. 2000, Male**



More males were offered chlamydia screening through expanded screening projects and partner notification activities in Anchorage. The use of urine specimens, a much more acceptable screening option compared to urethral swabs, resulted in an increase in the number of males tested. More males were screened, and consequently previously undiagnosed chlamydial infections were identified and reported to the Division of Public Health, Section of Epidemiology.

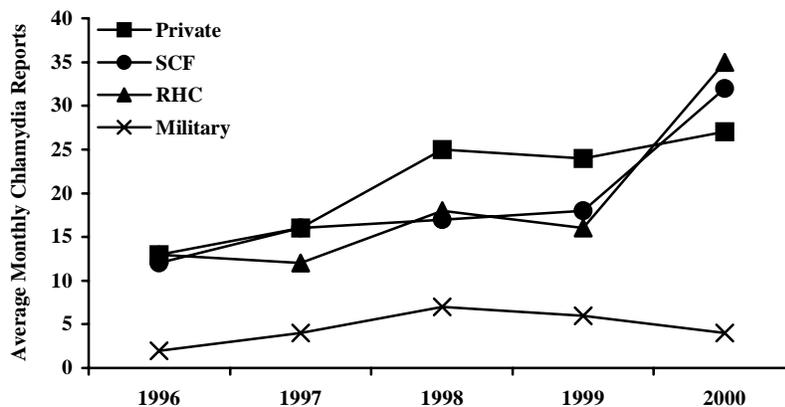
Chlamydia cases reported in females increased 40% compared to 1999 (n=633 in 1999 compared to n=889 in 2000) (Figure 12). Reported cases of chlamydia increased in all races and notably among females age 15-24 years.

**Figure 12. Reported Chlamydia Cases by Race, Anchorage, 1999 vs. 2000, Female**



The Municipality of Anchorage Reproductive Health Clinic (RHC), Southcentral Foundation (SCF), the military and the Section of Epidemiology HIV/STD program provided the increased screening opportunities and expanded partner notification activities in Anchorage. In 1999, Anchorage providers reported an average of 70 chlamydia cases per month; that monthly average increased to 108 cases in 2000 (Figure 13). Of note, the RHC reported an average of 16 cases of chlamydia in 1999 and an average of 35 cases in 2000. Similarly, in 1999 SCF reported on average 18 chlamydia cases per month to the State. That average increased to 32 per month in 2000. Increases in chlamydia morbidity were not reported from other Anchorage providers.

**Figure 13. Average Reported Chlamydia Cases from Anchorage Providers, 1996-2000**



Overall disease trends in Anchorage are consistent with overall disease trends in Alaska:

- Racial/Ethnic minorities were over-represented in STD data as compared to population estimates
- Females had higher case rates than males in all age groups most likely due to increased screening in females
- Highest chlamydia rates were reported for Alaska Native females age 15-19 and 20-24
- Alaska Native and Black males age 15-24 had the highest chlamydia case rates reported in males

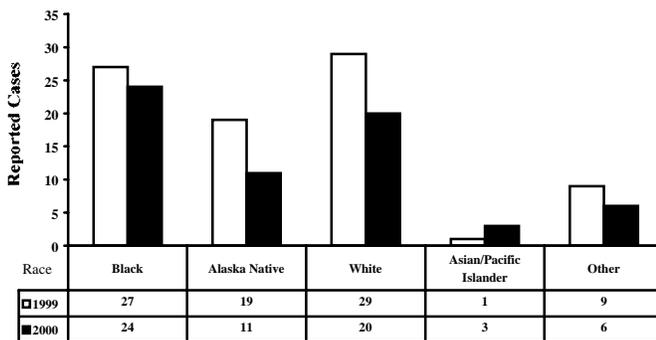
## Gonorrhea in Anchorage

[Data Tables 13-16]

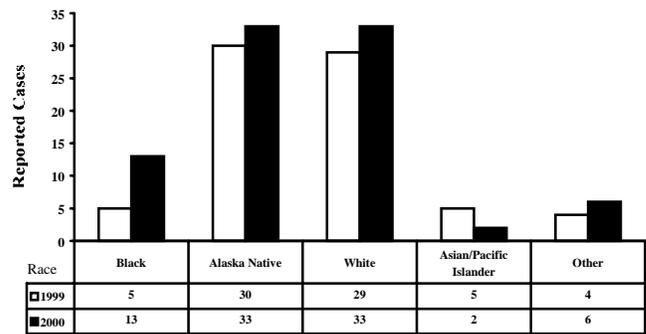
A total of 151 cases of gonorrhea were reported in Anchorage in 2000, a slight (4%) decrease from 1999 (n=158). Decreasing gonorrhea trends observed in Anchorage contrast with overall Alaska gonorrhea trends in which a 20% increase in cases was reported.

There was a 25% decrease in gonorrhea cases reported in males compared to 1999 (Figure 14). Conversely, reported gonorrhea cases in females increased 19% over 1999 reported cases (Figure 15).

**Figure 14. Reported Gonorrhea Cases by Race, Anchorage, 1999 vs. 2000, Male**



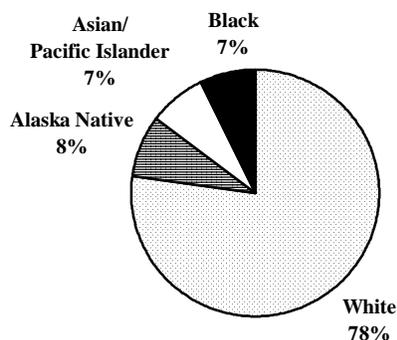
**Figure 15. Reported Gonorrhea Cases, by Race, Anchorage, 1999 vs. 2000, Female**



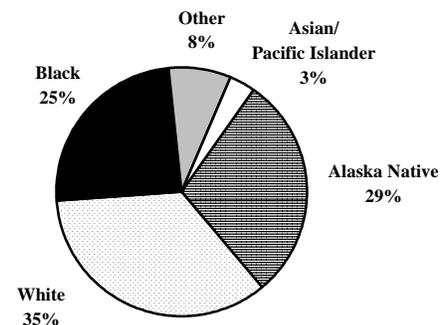
The decrease in reported gonorrhea cases in males may be associated with the increased use of the non-invasive, more acceptable urine test, which currently only detects chlamydial infection. Several key providers in Anchorage including the Municipality of Anchorage Reproductive Health Clinic (RHC) and Southcentral Foundation (SCF) offer urine chlamydia testing to the majority of their clients seen for STD services.

Surveillance data indicate that Alaska Natives and Blacks are most heavily affected by gonorrhea in Anchorage. Alaska Natives comprise 29% of the total reported gonorrhea cases and 8% of Anchorage's population. Blacks account for 25% of reported gonorrhea cases and 7% of the city's population (Figure 16a and Figure 16b).

**Figure 16a. Anchorage Population Estimate, by Race, 1999 (n=259,391)**



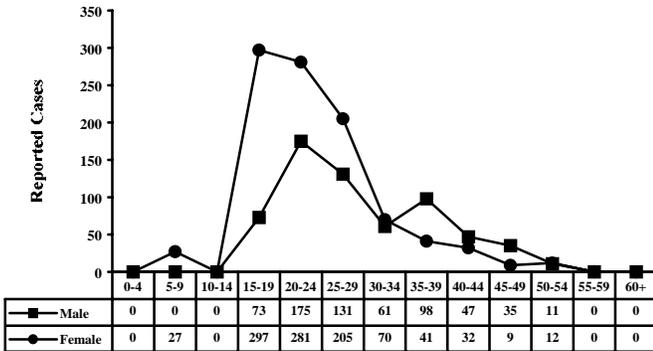
**Figure 16b. Reported Gonorrhea Cases, by Race, Anchorage, 2000 (n=151)**



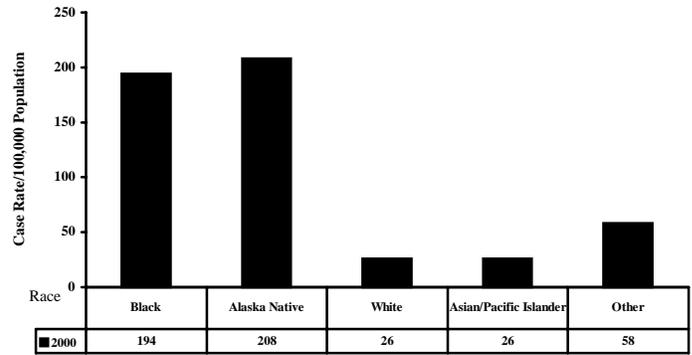
Overall reported gonorrhea trends in Anchorage in 2000 were consistent with trends reported in previous years (Figure 17 and Figure 18). Highest case rates were reported in:

- Racial/Ethnic minorities were over-represented in STD data as compared to population estimates
- Highest rates were reported in Alaska Natives (208/100,000) and Blacks (194/100,000)
- Rates reported for females age 15-29 were higher than rates reported for males in the same age group

**Figure 17. Gonorrhea Rates in Anchorage, 2000, Male vs. Female (n=151)**

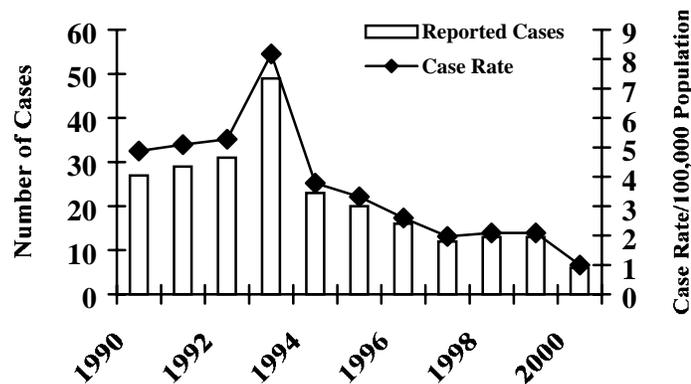


**Figure 18. Reported Gonorrhea Case Rate by Race, Anchorage, 2000**



## Syphilis in Alaska

**Figure 19. Syphilis (all stages), Alaska, 1990-2000**



Although syphilis is rare in Alaska, there are areas of the United States and other countries that are greatly impacted by this disease. Some states have experienced recent outbreaks in certain populations. In 1999, over 50% of the reported infectious syphilis cases in the U.S. were reported from 25 counties (0.8% of all U.S. counties), most of which were in the south. In 1999, the CDC launched a national effort to eliminate endemic syphilis from the United States.

A total of 6 cases of syphilis (Reactive RPR/Reactive FTA) were reported in Alaska in 2000 (1/100,000 case rate) (Figure 19); none was a case of infectious syphilis. Of the six cases, 4 were reported in males and 2 in females. All cases were reported in individuals older than 35 years. The overall and infectious syphilis case rates in Alaska have been stable over the past five years and are well below the national Healthy People 2000 target rate of 4/100,000.

Although infectious syphilis is uncommon in Alaska, imported cases occur sporadically. Since many Alaska providers have never diagnosed a case of syphilis, a strong infrastructure including responsive and experienced Public Health Laboratory, Nursing and Epidemiology resources is essential to consult with clinicians to effectively diagnose, treat and follow up on any syphilis cases.

To maintain the low incidence of syphilis in Alaska, the Section of Epidemiology staff continues to work with providers and laboratories to follow up on every reactive syphilis serology reported to the State. All reactive Rapid Plasma Reagin (RPR) screening (non-specific treponemal) tests should be further evaluated with a confirmatory, specific treponemal test, such as the fluorescent treponemal antibody-absorption test (FTA-ABS). All lab results are evaluated to determine if the reactive serology is due to a past infection, re-infection, new infection or is the result of a biologic false positive.

The HIV/STD Program within the Section of Epidemiology maintains a syphilis registry for the State of Alaska. This registry includes reactive syphilis tests performed in Alaska since the 1940s. Laboratory test results and treatment information are available to providers to assist in patient management and/or laboratory test interpretation.

### ***Targeted Chlamydia Screening Project***

In 1999, the Section of Epidemiology HIV/STD Program received funding from the CDC to increase chlamydia screening among high-risk populations in Anchorage. Urine testing is being utilized to increase access to and enhance acceptability of chlamydia screening among certain high-risk populations. In addition, Southcentral Foundation (SCF) was funded through another grant to provide urine chlamydia screening for their clients. The State Laboratory processes all urine chlamydia tests funded through these two grants.

Urine chlamydia testing has been very effective in detecting previously undiagnosed chlamydial infection in high-risk populations that may not have accepted STD screening prior to the availability of non-invasive, amplified DNA (GenProbe TMA) technology. Many providers throughout the State have expressed an interest in providing urine chlamydia screening to their clients. Unfortunately, the State Laboratory is unable to expand the use of this technology to sites outside of Anchorage due to specimen transportation concerns at this time. However, FDA approval is expected for a urine test for chlamydia and gonorrhea in 2001. This new technology will effectively screen for both chlamydia and gonorrhea, and has fewer transportation limitations. Expansion of urine screening to high-risk populations outside of Anchorage is expected to occur before long. Also, many private laboratories located outside of Alaska currently offer amplified DNA technology to their clients in Alaska, so STD screening with urine specimens may be available from other health care providers.

Providers from the Municipality of Anchorage Reproductive Health clinic (RHC), Southcentral Foundation (SCF), Youth Corrections in Anchorage, and a family planning clinic provide free urine chlamydia testing for:

- Male partners of individuals diagnosed with chlamydia
- All residents at a youth correctional facility
- Females determined at risk for chlamydia seeking pregnancy testing but refusing a complete pelvic exam
- Female partners of individuals diagnosed with chlamydia

Throughout 2000, there were 2,227 urine specimens submitted to the State Laboratory for testing; 35% (771/2,183)<sup>4</sup> were submitted from males and 65% (1,412/2,183) from females. Of these 2,227 tests, 15% were positive (343/2,227). Male positivity rates ranged from 7 to 31% and female positivity rates ranged from 8 to 13%, depending on participating facility. Males screened through this project have had a higher positivity rate compared to the females screened, since they are most likely partners of individuals diagnosed with chlamydia, (identified through partner notification activities) and therefore at greatest risk of chlamydial infection. Conversely, the majority of females screened in this project are offered urine chlamydia screening at the same time that they are seeking pregnancy testing and may not necessary be linked to a confirmed positive chlamydia test.

### ***Partner Notification***

Partner notification (PN) is a confidential and voluntary service offered to individuals testing positive for all reportable STDs. The ultimate goal of PN is preventing clinical disease and reducing disease transmission. Public health professionals work with STD infected individuals to advise their sex partners of their possible exposure to infectious agents. Individuals with known contact to a confirmed case of STD are at greatest risk for acquiring that infection. Failure to identify and treat sex partners will almost certainly result in re-infection or continued transmission of disease to others. Health care providers should assure that all sex partners receive appropriate follow-up. The Section of Epidemiology provides expertise in support of these activities. PN can identify and/or prevent infection, provide early treatment, prevent complicated infections from developing and may interrupt disease transmission, including vertical transmission to newborns.

The Municipality of Anchorage Reproductive Health Clinic (RHC), Southcentral Foundation (SCF) and the Section of Epidemiology provide comprehensive PN services for all reportable STD infections identified in Anchorage. For those partners elicited who reside outside the Anchorage area, PN services are dependent upon the availability, knowledge, and expertise of the public health nurse(s) serving that area. PN services are not consistently available throughout the state. In an effort to provide comprehensive PN services throughout Alaska, the HIV/STD Program staff participates in quarterly meetings of the Public Health Nursing/Epidemiology HIV/STD Task Force. This task force addresses the role of public health nursing in disease investigations, PN specific training needs of PHNs, and works to enhance collaboration with local hospitals and Community Health Practitioners.

Also, an Anchorage-based DIS (Disease Investigation Specialist) group, which formed as a sub-group to the Anchorage HIV/STD Advisory Committee, was organized in December 2000. This group meets monthly to discuss common field investigations, maintain close working relationships and regular communication between Anchorage field staff, develop and implement “standard operating procedures” for local field investigations, identify epidemiologic trends that may not be evident in the data and develop strategies to increase and enhance PN activities locally.

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<sup>4</sup> 2,227 total urine specimens were submitted to the State Laboratory for testing. However, 44 of those specimens did not identify the sex of the individual providing the specimen. Therefore, a total of 2,183 tests are used to determine percent of specimens submitted from females/males.

PN activities increased throughout the state in 2000, and significantly increased in Anchorage. The number of patients interviewed for partners increased 34% from 665 in 1999 to 893 in 2000<sup>5</sup>. The corresponding number of unique partners identified for each patient interviewed (partner index) increased from 1.48 in 1999 to 1.89 in 2000. These data indicate that the number of patients offered PN services has increased and the number of partners elicited from each patient increased in 2000. So, more individuals are offered STD screening, and consequently, previously undiagnosed STD are identified and treated appropriately.

### ***Partner Notification Indices<sup>5</sup>***

	1999		2000	
Number of Original Patients:	754		1,017	
Number of Original Patients Interviewed:	<b>665</b>	(88%)	<b>893</b>	(88%)
Number of Partners Named:	1,051	(1.58)	1,935	(2.17)
Number of Unique Partners Named:	<b>981</b>	(1.48)	<b>1,692</b>	(1.89)
Of Unique Partners Named (n=981):				
Number/Percent with any test results	683	(70%)	1,013	(60%)
Number/Percent Treated	653	(67%)	1,095	(65%)
Number/Percent not tested or treated	181	(18%)	373	(22%)
Of Unique <b>Partners Tested (n=683):</b>				
Number/Percent with positive test results	226	(33%)	552	(54%)

### ***Discussion***

STDs are the conditions most commonly reported to the Division of Public Health, Section of Epidemiology. Targeted screening projects and increased partner notification activities in 2000 resulted in an increase in the number of STD reported compared to previous years. STD continue to have a disproportionate impact on women, adolescents and young adults and racial/ethnic minorities in Alaska. These populations are at greatest risk for infection and subsequent complications.

<sup>5</sup> These data are limited to Partner Notification activities for chlamydia and gonorrhea, and limited to the providers who consistently utilize and submit the CDC Interview and Field Records to the Section of Epidemiology. These agencies include The Municipality of Anchorage Reproductive Health Clinic, Fairbanks Regional Public Health Nursing and the Section of Epidemiology.

## ***Recommendations***

**Treat all individuals diagnosed with gonorrhea, chlamydia and/or syphilis with an effective antibiotic regimen consistent with the 1998 CDC Guidelines for Treatment of Sexually Transmitted Diseases.** (Copies of this document may be obtained free of charge from the Section of Epidemiology upon request, or can be accessed via the CDC web site: [www.cdc.gov](http://www.cdc.gov))

**Promptly report all suspected<sup>6</sup> and diagnosed cases of gonorrhea, chlamydia and syphilis to the Section of Epidemiology in accordance with disease reporting requirements (7AAC 27.005-27.900).** Reports can be made by calling 561-4234 in Anchorage or 1-800-478-1700 outside of Anchorage.

Partner notification activities identify individuals at highest risk for STD. **Strongly encourage all patients diagnosed with an STD to participate in partner notification activities, including patient counseling and assistance in identifying, locating, testing and treating sex partners.** The Section of Epidemiology can offer assistance in carrying out these essential activities. For assistance call 1-907-269-8000.

**Empirically treat all named sex partners with an effective antibiotic regimen if STD testing is unavailable, unless medically contraindicated.** Providers should report these cases to the Section of Epidemiology as suspect cases.

**Offer/encourage HIV screening to all individuals diagnosed with an STD.**

Targeted screening programs in Anchorage have identified chlamydia rates as high as 31% in some populations and are probably responsible for the 36% increase in chlamydia and 20% increase in gonorrhea reported in 2000. **Expand screening opportunities to increase access to routine screening for gonorrhea and chlamydia among high-risk populations.**

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<sup>6</sup> A suspected case of STD is defined as:

- A person named by an infected person as (1) having signs suggestive of disease (2) being a sex partner of another person whom the provider knows to be infected, or (3) needing an exam
- A person empirically treated for a reportable disease
- A person the provider suspects to be infected through signs and symptoms of a STD identified on clinical examination combined with a sexual history indicating risky sexual behavior.

**Data Table 1. 1999 Chlamydia Reported Cases by Sex by Race by Age Group – Alaska**

MALE							FEMALE						
Age	Black	Native	White	Asian/PI	Other*	Total	Age	Black	Native	White	Asian/PI	Other*	Total
0-4	0	0	0	0	0	0	0-4	1	0	0	0	0	1
5-9	0	1	0	0	0	1	5-9	0	1	0	0	1	2
10-14	0	1	0	0	0	1	10-14	3	16	8	0	3	30
15-19	16	37	32	4	14	103	15-19	50	297	199	21	43	610
20-24	31	43	59	4	18	155	20-24	45	222	123	26	43	459
25-29	7	19	20	4	13	63	25-29	16	117	40	9	14	196
30-34	3	18	11	2	5	39	30-34	5	57	11	8	6	87
35-39	9	16	10	0	4	39	35-39	0	27	6	5	0	38
40-44	3	6	6	0	1	16	40-44	0	11	3	0	0	14
45-49	0	1	2	0	2	5	45-49	0	8	2	0	1	11
50-54	0	1	0	0	0	1	50-54	0	3	1	0	0	4
55-59	0	1	0	0	0	1	55-59	0	2	0	0	0	2
60+	0	0	1	0	0	1	60+	0	2	0	0	0	2
Unknown	0	1	1	0	4	6	Unknown	0	0	0	0	1	1
<b>Total</b>	69	145	142	14	61	431	<b>Total</b>	120	763	393	69	112	1457

\*Other includes “unknown” and Hispanic

**Data Table 2. 2000 Chlamydia Reported Cases by Sex by Race by Age Group – Alaska**

MALE							FEMALE						
Age	Black	Native	White	Asian/PI	Other*	Total	Age	Black	Native	White	Asian/PI	Other*	Total
0-4	0	1	0	0	1	2	0-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0	5-9	0	3	0	0	0	3
10-14	0	1	0	0	0	1	10-14	1	8	11	0	1	21
15-19	31	59	85	16	10	201	15-19	70	352	262	33	40	757
20-24	56	67	98	20	16	257	20-24	78	323	158	38	39	636
25-29	25	43	35	8	3	114	25-29	24	130	56	18	7	235
30-34	15	19	12	5	5	56	30-34	9	68	16	7	5	105
35-39	8	20	8	4	0	40	35-39	2	30	11	5	2	50
40-44	3	9	5	1	1	19	40-44	1	21	8	1	2	33
45-49	2	2	1	0	1	6	45-49	0	9	1	1	0	11
50-54	0	4	1	0	1	6	50-54	0	4	1	0	0	5
55-59	1	0	1	0	0	2	55-59	0	4	1	0	0	5
60+	0	0	1	0	0	1	60+	0	2	0	0	0	2
Unknown	0	1	0	0	0	1	Unknown	0	1	0	0	0	1
<b>Total</b>	141	226	247	54	38	706	<b>Total</b>	185	955	525	103	96	1864

\*Other includes “unknown” and Hispanic

**Data Table 3. 1999 Chlamydia Age Group, Sex, Race Specific Rates per 100,000\*\* - Alaska**

MALE					FEMALE				
Age	Black	Native	White	Asian/PI	Age	Black	Native	White	Asian/PI
0-4	0	0	0	0	0-4	88	0	0	0
5-9	0	15	0	0	5-9	0	15	0	0
10-14	0	16	0	0	10-14	256	274	42	0
15-19	1151	724	179	382	15-19	4739	6120	1224	2149
20-24	1860	1076	553	387	20-24	4282	5950	1076	2876
25-29	282	543	144	316	25-29	1124	3660	317	921
30-34	193	465	56	154	30-34	413	1586	65	611
35-39	799	434	40	0	35-39	0	669	27	315
40-44	243	174	24	0	40-44	0	297	13	0
45-49	0	35	9	0	45-49	0	287	10	0
50-54	0	56	0	0	50-54	0	147	7	0
55-59	0	73	0	0	55-59	0	123	0	0
60+	0	0	5	0	60+	0	46	0	0
<b>Total</b>	445	279	59	97	<b>Total</b>	989	1467	180	438
<b>Overall Male 133</b>					<b>Overall Female 488</b>				

\*\* 1999 Population Estimates

**Data Table 4. 2000 Chlamydia Age Group, Sex, Race Specific Rates per 100,000\*\* - Alaska**

MALE					FEMALE				
Age	Black	Native	White	Asian/PI	Age	Black	Native	White	Asian/PI
0-4	0	17	0	0	0-4	0	0	0	0
5-9	0	0	0	0	5-9	0	46	0	0
10-14	0	16	0	0	10-14	81	135	59	0
15-19	2271	1119	482	1500	15-19	6482	6950	1609	3179
20-24	3335	1634	881	1905	20-24	7457	8538	1360	4232
25-29	1087	1225	282	648	25-29	1786	4066	470	1875
30-34	856	526	63	383	30-34	716	2036	100	555
35-39	734	534	33	287	35-39	228	759	52	325
40-44	246	263	20	85	40-44	104	548	35	63
45-49	191	67	4	0	45-49	0	307	5	76
50-54	0	208	5	0	50-54	0	188	7	0
55-59	386	0	8	0	55-59	0	237	10	0
60+	0	0	5	0	60+	0	44	0	0
<b>Total</b>	910	431	103	364	<b>Total</b>	1527	1825	241	638
<b>Overall Male 218</b>					<b>Overall Female 625</b>				

\*\* 1999 Population Estimates

**Data Table 5. 1999 Gonorrhea Reported Cases by Sex by Race by Age Group – Alaska**

MALE							FEMALE						
Age	Black	Native	White	Asian/PI	Other*	Total	Age	Black	Native	White	Asian/PI	Other*	Total
0-4	0	0	0	0	0	0	0-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0	5-9	0	0	0	0	0	0
10-14	0	0	0	0	0	0	10-14	0	1	0	1	1	3
15-19	6	7	7	0	1	21	15-19	3	28	16	3	5	55
20-24	16	10	1	1	2	30	20-24	5	19	14	1	0	39
25-29	6	8	5	0	2	21	25-29	2	16	3	0	0	21
30-34	1	11	10	0	3	25	30-34	0	14	2	0	1	17
35-39	5	5	7	0	0	17	35-39	0	9	1	0	0	10
40-44	2	7	5	0	2	16	40-44	0	1	0	0	0	1
45-49	2	4	2	0	2	10	45-49	0	3	0	0	0	3
50-54	0	4	0	0	0	4	50-54	0	2	0	0	0	2
55-59	1	0	0	0	0	1	55-59	0	0	0	0	0	0
60+	1	0	0	0	2	3	60+	0	0	0	0	0	0
Unknown	0	0	1	0	0	1	Unknown	0	2	0	0	0	2
<b>Total</b>	<b>40</b>	<b>56</b>	<b>38</b>	<b>1</b>	<b>14</b>	<b>149</b>	<b>Total</b>	<b>10</b>	<b>95</b>	<b>36</b>	<b>5</b>	<b>7</b>	<b>153</b>

\*Other includes “unknown” and Hispanic

**Data Table 6. 2000 Gonorrhea Reported Cases by Sex by Race by Age Group – Alaska**

MALE							FEMALE						
Age	Black	Native	White	Asian/PI	Other*	Total	Age	Black	Native	White	Asian/PI	Other*	Total
0-4	0	0	0	0	0	0	0-4	0	1	0	0	0	1
5-9	0	0	0	0	0	0	5-9	0	4	0	0	0	4
10-14	0	0	0	0	0	0	10-14	0	3	0	0	0	3
15-19	3	4	3	1	3	14	15-19	6	27	14	1	5	53
20-24	8	20	6	0	1	35	20-24	6	29	13	3	2	53
25-29	6	16	7	0	1	30	25-29	3	22	11	0	1	37
30-34	2	14	2	2	2	22	30-34	1	10	1	0	0	12
35-39	6	13	7	1	0	27	35-39	0	15	1	0	1	17
40-44	3	9	2	1	0	15	40-44	0	11	1	1	0	13
45-49	1	4	8	0	1	14	45-49	0	4	1	0	0	5
50-54	0	1	0	0	1	2	50-54	0	1	0	0	0	1
55-59	0	1	0	1	0	2	55-59	0	0	0	0	0	0
60+	0	2	0	0	0	2	60+	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	Unknown	0	0	0	0	0	0
<b>Total</b>	<b>29</b>	<b>84</b>	<b>35</b>	<b>6</b>	<b>9</b>	<b>163</b>	<b>Total</b>	<b>16</b>	<b>127</b>	<b>42</b>	<b>5</b>	<b>9</b>	<b>199</b>

\*Other includes “unknown” and Hispanic

**Data Table 7. 1999 Gonorrhea Age Group, Sex, Race Specific Rates per 100,000\*\* - Alaska**

MALE					FEMALE				
Age	Black	Native	White	Asian/PI	Age	Black	Native	White	Asian/PI
0-4	0	0	0	0	0-4	0	0	0	0
5-9	0	0	0	0	5-9	0	0	0	0
10-14	0	0	0	0	10-14	0	17	0	79
15-19	432	137	39	0	15-19	284	577	98	307
20-24	960	250	9	97	20-24	476	509	123	111
25-29	242	229	36	0	25-29	140	501	24	0
30-34	64	284	51	0	30-34	0	389	12	0
35-39	444	136	28	0	35-39	0	223	5	0
40-44	162	203	20	0	40-44	0	27	0	0
45-49	205	141	9	0	45-49	0	107	0	0
50-54	0	222	0	0	50-54	0	98	0	0
55-59	386	0	0	0	55-59	0	0	0	0
60+	182	0	0	0	60+	0	0	0	0
<b>Total</b>	<b>258</b>	<b>108</b>	<b>16</b>	<b>7</b>	<b>Total</b>	<b>82</b>	<b>183</b>	<b>17</b>	<b>32</b>
<b>Overall Male 46</b>					<b>Overall Female 51</b>				

\*\* 1999 Population Estimates

**Data Table 8. 2000 Gonorrhea Age Group, Sex, Race Specific Rates per 100,000 – Alaska**

MALE					FEMALE				
Age	Black	Native	White	Asian/PI	Age	Black	Native	White	Asian/PI
0-4	0	0	0	0	0-4	0	18	0	0
5-9	0	0	0	0	5-9	0	61	0	0
10-14	0	0	0	0	10-14	0	52	0	0
15-19	216	78	17	96	15-19	569	556	86	102
20-24	480	501	56	0	20-24	571	777	114	332
25-29	242	457	50	0	25-29	211	688	87	0
30-34	128	362	10	154	30-34	83	278	6	0
35-39	533	353	28	72	35-39	0	372	5	0
40-44	243	261	8	87	40-44	0	297	4	65
45-49	102	141	35	0	45-49	0	143	5	0
50-54	0	56	0	0	50-54	0	49	0	0
55-59	0	73	0	216	55-59	0	0	0	0
60+	0	57	0	0	60+	0	0	0	0
<b>Total</b>	<b>187</b>	<b>161</b>	<b>15</b>	<b>42</b>	<b>Total</b>	<b>132</b>	<b>244</b>	<b>19</b>	<b>32</b>
<b>Overall Male 50</b>					<b>Overall Female 67</b>				

**Data Table 9. 1999 Chlamydia Reported Cases by Sex by Race by Age Group – Anchorage**

MALE							FEMALE						
Age	Black	Native	White	Asian/PI	Other*	Total	Age	Black	Native	White	Asian/PI	Other*	Total
0-4	0	0	0	0	0	0	0-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0	5-9	0	0	0	0	0	0
10-14	0	1	0	0	0	1	10-14	3	5	3	0	2	13
15-19	9	14	17	4	8	52	15-19	30	92	115	15	17	269
20-24	19	8	32	2	5	66	20-24	29	65	79	20	17	210
25-29	2	7	12	3	6	30	25-29	9	36	27	7	5	84
30-34	1	7	12	1	3	24	30-34	2	9	7	7	3	28
35-39	8	5	7	0	0	20	35-39	0	8	1	5	0	14
40-44	3	1	1	0	0	5	40-44	0	6	2	0	0	8
45-49	0	0	1	0	0	1	45-49	0	4	1	0	0	5
50-54	0	0	0	0	0	0	50-54	0	1	0	0	0	1
55-59	0	0	0	0	0	0	55-59	0	0	0	0	0	0
60+	0	0	1	0	0	1	60+	0	0	0	0	0	0
Unknown	0	0	0	0	1	1	Unknown	0	0	0	0	1	1
<b>Total</b>	42	43	83	10	23	201	<b>Total</b>	73	226	235	54	45	633

\*Other includes “unknown” and Hispanic

**Data Table 10. 2000 Chlamydia Reported Cases by Sex by Race by Age Group – Anchorage**

MALE							FEMALE						
Age	Black	Native	White	Asian/PI	Other*	Total	Age	Black	Native	White	Asian/PI	Other*	Total
0-4	0	0	0	0	0	0	0-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0	5-9	0	2	0	0	0	2
10-14	0	1	0	0	0	1	10-14	1	2	5	0	0	8
15-19	21	28	56	14	8	127	15-19	51	122	146	27	23	369
20-24	35	23	55	17	12	142	20-24	48	122	88	24	24	306
25-29	21	14	19	6	2	62	25-29	13	38	35	12	3	101
30-34	13	7	8	4	3	35	30-34	8	30	7	5	1	51
35-39	7	6	4	3	0	20	35-39	2	14	7	4	1	28
40-44	3	2	3	1	1	10	40-44	1	7	7	1	0	16
45-49	2	1	1	0	1	5	45-49	0	4	1	0	0	5
50-54	0	1	1	0	1	3	50-54	0	1	1	0	0	2
55-59	1	0	1	0	0	2	55-59	0	1	0	0	0	1
60+	0	0	0	0	0	0	60+	0	0	0	0	0	0
Unknown	0	0	0	0	1	1	Unknown	0	0	0	0	0	0
<b>Total</b>	103	83	148	45	29	408	<b>Total</b>	124	343	297	73	52	889

\*Other includes “unknown” and Hispanic

**Data Table 11. 1999 Chlamydia Age Group, Sex, Race Specific Rates\*\* per 100,000 – Anchorage**

MALE					FEMALE				
Age	Black	Native	White	Asian/PI	Age	Black	Native	White	Asian/PI
0-4	0	0	0	0	0-4	0	0	0	0
5-9	0	0	0	0	5-9	0	0	0	0
10-14	0	80	0	0	10-14	351	418	37	0
15-19	957	1317	221	614	15-19	4032	9002	1617	2370
20-24	1642	967	658	313	20-24	4022	8519	1557	3650
25-29	126	989	222	398	25-29	972	5581	518	1197
30-34	83	962	144	126	30-34	231	1335	100	909
35-39	1065	662	66	0	35-39	0	1003	11	533
40-44	356	145	9	0	40-44	0	776	20	0
45-49	0	0	10	0	45-49	0	677	11	0
50-54	0	0	0	0	50-54	0	233	0	0
55-59	0	0	0	0	55-59	0	0	0	0
60+	0	0	11	0	60+	0	0	0	0
<b>Total</b>	393	407	79	111	<b>Total</b>	874	2141	248	549
<b>Overall Male 148</b>					<b>Overall Female 512</b>				

\*\* 1999 Population Estimates

**Data Table 12. 2000 Chlamydia Age Group, Sex, Race Specific Rates\*\* per 100,000 – Anchorage**

MALE					FEMALE				
Age	Black	Native	White	Asian/PI	Age	Black	Native	White	Asian/PI
0-4	0	0	0	0	0-4	0	0	0	0
5-9	0	0	0	0	5-9	0	153	0	0
10-14	0	80	0	0	10-14	117	167	61	0
15-19	2234	2634	728	2151	15-19	6855	11937	2052	4265
20-24	3025	2781	1131	2656	20-24	6657	15990	1735	4380
25-29	1325	1977	351	797	25-29	1404	5891	672	2051
30-34	1077	962	96	503	30-34	924	4451	100	649
35-39	932	795	37	353	35-39	331	1754	75	426
40-44	356	289	27	139	40-44	151	906	69	103
45-49	278	167	10	0	45-49	0	677	11	0
50-54	0	258	12	0	50-54	0	233	15	0
55-59	562	0	19	0	55-59	0	294	0	0
60+	0	0	0	0	60+	0	0	0	0
<b>Total</b>	965	785	141	498	<b>Total</b>	1485	3249	313	742
<b>Overall Male 301</b>					<b>Overall Female 719</b>				

\*\* 1999 Population Estimates

**Data Table 13. 1999 Gonorrhea Reported Cases by Sex by Race by Age Group – Anchorage**

MALE							FEMALE						
Age	Black	Native	White	Asian/PI	Other*	Total	Age	Black	Native	White	Asian/PI	Other*	Total
0-4	0	0	0	0	0	0	0-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0	5-9	0	0	0	0	0	0
10-14	0	0	0	0	0	0	10-14	2	1	0	1	1	5
15-19	6	3	5	0	1	15	15-19	2	9	14	3	2	30
20-24	7	2	2	1	1	13	20-24	1	7	10	1	0	19
25-29	3	0	5	0	0	8	25-29	0	3	3	0	0	6
30-34	1	3	7	0	2	13	30-34	0	5	2	0	1	8
35-39	4	4	5	0	0	13	35-39	0	2	0	0	0	2
40-44	2	3	4	0	1	10	40-44	0	1	0	0	0	1
45-49	2	2	1	0	2	7	45-49	0	2	0	0	0	2
50-54	0	2	0	0	0	2	50-54	0	0	0	0	0	0
55-59	1	0	0	0	0	1	55-59	0	0	0	0	0	0
60+	1	0	0	0	2	3	60+	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	Unknown	0	0	0	0	0	0
<b>Total</b>	27	19	29	1	9	85	<b>Total</b>	5	30	29	5	4	73

\* Other includes “unknown” and Hispanic

**Data Table 14. 2000 Gonorrhea Reported Cases by Sex by Race by Age Group – Anchorage**

MALE							FEMALE						
Age	Black	Native	White	Asian/PI	Other*	Total	Age	Black	Native	White	Asian/PI	Other*	Total
0-4	0	0	0	0	0	0	0-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0	5-9	0	3	0	0	0	3
10-14	0	0	0	0	0	0	10-14	0	0	0	0	0	0
15-19	2	1	2	1	1	7	15-19	4	9	10	1	3	27
20-24	4	5	4	0	1	14	20-24	5	4	11	1	1	22
25-29	6	2	3	0	1	12	25-29	3	4	9	0	1	17
30-34	2	0	2	1	2	7	30-34	1	5	1	0	0	7
35-39	6	1	6	0	0	13	35-39	0	4	0	0	1	5
40-44	3	2	0	1	0	6	40-44	0	3	1	0	0	4
45-49	1	0	3	0	0	4	45-49	0	0	1	0	0	1
50-54	0	0	0	0	1	1	50-54	0	1	0	0	0	1
55-59	0	0	0	0	0	0	55-59	0	0	0	0	0	0
60+	0	0	0	0	0	0	60+	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	Unknown	0	0	0	0	0	0
<b>Total</b>	24	11	20	3	6	64	<b>Total</b>	13	33	33	2	6	87

\*Other includes “unknown” and Hispanic

**Data Table 15. 1999 Gonorrhea Age Group, Sex, Race Specific Rates\*\* per 100,000 – Anchorage**

MALE					FEMALE				
Age	Black	Native	White	Asian/PI	Age	Black	Native	White	Asian/PI
0-4	0	0	0	0	0-4	0	0	0	0
5-9	0	0	0	0	5-9	0	0	0	0
10-14	0	0	0	0	10-14	0	84	0	129
15-19	638	282	65	0	15-19	269	881	197	474
20-24	605	242	41	156	20-24	277	917	197	182
25-29	189	0	92	0	25-29	108	465	58	0
30-34	83	412	84	0	30-34	0	742	29	0
35-39	533	530	47	0	35-39	0	251	0	0
40-44	238	434	36	0	40-44	0	129	0	0
45-49	278	333	10	0	45-49	0	338	0	0
50-54	0	517	0	0	50-54	0	0	0	0
55-59	562	0	0	0	55-59	0	0	0	0
60+	256	0	0	0	60+	0	0	0	0
<b>Total</b>	253	180	28	11	<b>Total</b>	60	284	31	51
<b>Overall Male 63</b>					<b>Overall Female 59</b>				

\*\* 1999 Population Estimates

**Data Table 16. 2000 Gonorrhea Age Group, Sex, Race Specific Rates\*\* per 100,000 – Anchorage**

MALE					FEMALE				
Age	Black	Native	White	Asian	Age	Black	Native	White	Asian/PI
0-4	0	0	0	0	0-4	0	0	0	0
5-9	0	0	0	0	5-9	0	230	0	0
10-14	0	0	0	0	10-14	0	0	0	0
15-19	213	94	26	154	15-19	538	881	141	158
20-24	346	605	82	0	20-24	693	524	217	183
25-29	379	282	55	0	25-29	324	620	173	0
30-34	166	0	24	126	30-34	115	742	14	0
35-39	799	132	56	0	35-39	0	501	0	0
40-44	356	289	0	139	40-44	0	388	10	0
45-49	139	0	29	0	45-49	0	0	11	0
50-54	0	0	0	0	50-54	0	233	0	0
55-59	0	0	0	0	55-59	0	0	0	0
60+	0	0	0	0	60+	0	0	0	0
<b>Total</b>	225	104	19	33	<b>Total</b>	156	313	35	20
<b>Overall Male 47</b>					<b>Overall Female 70</b>				

\*\* 1999 Population Estimates