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Chlamydial Infection — Alaska, 2012

Background

Alaska has had the first or second highest rate of *Chlamydia trachomatis* (CT) infection in the nation since 2000.^{1,2} Untreated CT infection can cause pre-term labor, pelvic inflammatory disease (PID), ectopic pregnancy, and infertility in women; epididymitis and Reiter's syndrome in men; and conjunctivitis and pneumonia in neonates. CT can also facilitate the acquisition and transmission of human immunodeficiency virus (HIV).

In 2011, the Section of Epidemiology (SOE) recommended the use of expedited partner therapy (EPT) as an additional partner management tool to reduce the impact of CT and GC re-infection in Alaska.³ In early 2013, SOE announced a new EPT pharmacy service to provide medications to sexual partners of individuals diagnosed with CT and GC. The service is available statewide and is administered through Great Land Infusion Pharmacy (GLIP). Medications are provided according to CDC treatment guidelines and can be dispensed/ administered on-site or mailed.⁴

The Alaska State Public Health Laboratory (ASPHL) began accepting CT and GC tests on rectal and oropharyngeal specimens in August 2011. CDC recommends testing rectal and oropharyngeal specimens from persons engaging in receptive anal and oral sex.⁵

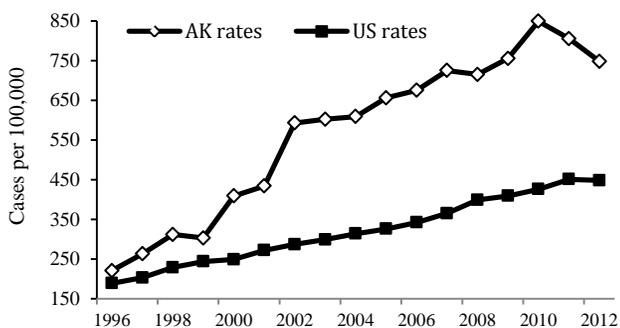
Methods

Case data were obtained from the SOE reportable conditions database for infections with disease onset from January through December 2012; population data were obtained from the Alaska Department of Labor and Workforce Development. Specimen site data was obtained from the ASPHL for specimens collected from January through December 2012.

Results

In 2012, SOE received reports of 5,482 cases of CT infection; Alaska's CT rate was 749 cases per 100,000 persons. The 2012 rate decreased 7% compared to 2011; however, Alaska's CT rate remained far above the 2012 U.S. rate of 448 per 100,000 persons (Figure).

Figure. Chlamydia Infection Case Rates — Alaska and the United States, 1996-2012*



*The 2012 U.S. rate is preliminary.

Of the 5,482 CT cases reported in 2012, 4,555 (83%) were in persons aged <30 years; 3,684 (67%) were in females; 2,665 (47%) were in American Indian/Alaska Native (AI/AN) persons; 1,969 (36%) were in whites; 225 (4%) were in persons co-infected with GC; and 65 (1.8%) were associated with PID. Infection rates were highest among AI/AN females and males (3,267 and 1,132 cases per 100,000 persons, respectively), and black females and males (1,144 and 1,233 cases per 100,000 persons, respectively). Rates remained highest in the Northern and Southwest regions (2,266 and 1,500 cases per 100,000 persons, respectively).

Testing Multiple Anatomic Sites

Of the 5,482 CT cases reported in 2012, 2,814 (51%) were reported by ASPHL. Of the 2,814 ASPHL cases, 48 (1.7%) were in patients who had clinical specimens submitted from more than one anatomic site. Of these 48 patients, 28 were female. Of the 28 females, 1 (4%) had negative CT urine tests but a positive rectal test. Of the 20 males, 10 (50%) had a negative CT urine test but a positive oropharyngeal (n=2) or rectal (n=8) test.

Discussion

Alaska's CT infection rate decreased by 7% in 2012; this is the second consecutive year that Alaska has seen a decline in its CT infection rate. This decline is likely due to a number of factors, including increased community and provider awareness through educational outreach efforts, disease intervention services, and expedited partner therapy (EPT). CT infection continues to disproportionately affect Alaska's racial/ethnic minority populations, women, young adults, and those living in Northern and Southwest regions.

Testing oropharyngeal and rectal sites in persons with a history of oral/anal sexual activity increases the likelihood of detecting CT infection. Had only urine/urogenital tests been collected on the 48 individuals with multiple sites submitted for testing in 2012, 11 CT cases would not have been diagnosed.

Recommendations

1. Obtain a full sexual history from all STD patients, including information regarding same-sex and oral/anal sexual activities.
2. Health care providers should promptly treat CT-infected patients and their sex partners with the following:
 - Azithromycin 1 g PO in a single dose, **OR**
 - Doxycycline 100 mg PO twice daily for 7 days.⁵
3. Test all persons who are infected with CT for other sexually transmitted diseases, including HIV.
4. Strongly encourage patients with CT infection to participate in partner service activities, including confidential and timely notification of all sex partners.
5. Consider EPT for partners who are unlikely to present for clinical evaluation. Consult *Bulletin* No. 8 for instructions on accessing EPT Pharmacy services through GLIP.⁴
6. Perform annual CT screening on all sexually active females aged ≤25 years and women aged >25 years who have CT risk factors (e.g., those with new or multiple sex partners).
7. Counsel patients at risk for STDs to use condoms correctly and consistently.
8. Report cases of CT infection and treatment to SOE within 5 working days via fax (907-561-4239) or telephone (907-561-4234 or 800-478-1700). Report forms are available at: <http://www.epi.alaska.gov/pubs/conditions/frmSTD.pdf>

References

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