State of Alaska Epidemiology **Bulletin**

Department of Health and Social Services
Adam Crum, MSPH, Commissioner
Anne Zink, MD, Chief Medical Officer

Division of Public Health
Heidi Hedberg, Director

Editors:
Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH

3601 C Street, Suite 540
Anchorage, Alaska 99503 http://dhss.alaska.gov/dph/Epi

Local (907) 269-8000
24 Hour Emergency (800) 478-0084

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Chlamydia Infection Update — Alaska, 2019

Background

Chlamydia trachomatis infection (CT) is the most common reportable infectious disease in the United States and prevalence is highest in women and person under 25 years of age. During 2010–2018, Alaska had the highest CT infection rate in the nation.[1]

This *Bulletin* provides an update on CT cases and the Centers for Disease Control and Prevention (CDC) guidance for alternative STD services during the novel coronavirus (COVID-19) pandemic when in-person clinical exams are limited.[2]

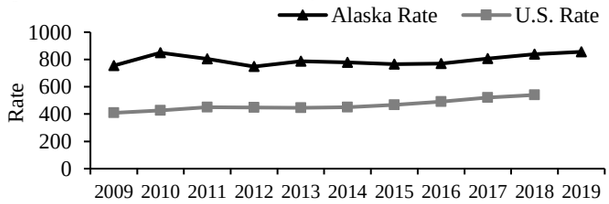
Methods

Case data were obtained from the Section of Epidemiology (SOE) Patient Reporting Investigation Surveillance Manager (PRISM) and the National Electronic Disease Surveillance Base System (NBS). Population data were obtained from the Alaska Department of Labor and Workforce Development.

Results

In 2019, 6,255 CT cases were reported to SOE, yielding an annual incidence rate of 856 cases per 100,000 persons, which represents a 2% increase from 2018 rate of 838 per 100,000 persons (Figure 1).

Figure 1. Chlamydia Infection Rate per 100,000 Population, by Year — Alaska and the US, 2009–2019*

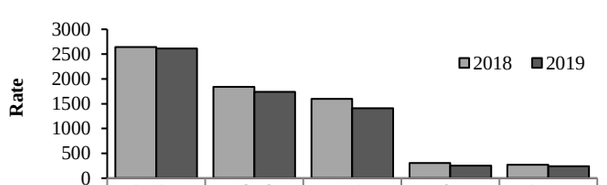


**The 2019 U.S. case rate is not yet available.*

Of the 6,255 CT cases reported in 2019,

- 4,587 (73%) were in persons aged ≤29 years, with the highest rate occurring in persons aged 20–24 years at 4,388 cases per 100,000 persons;
- 4,008 (64%) were in females, of whom, 39 (1%) were diagnosed with pelvic infection disease (PID);
- the Southwest and Northern regions had the highest rates (2,237 and 2,063 cases per 100,000 persons, respectively); and,
- rates by race were highest in American Indian/Alaska Native people (AI/AN), Black persons, and Native Hawaiian/Pacific Islanders (NH/PI), respectively (Figure 2).

Figure 2. Chlamydia Infection Rate per 100,000 Persons, by Race and Ethnicity — Alaska, 2018 and 2019*



	AI/AN	Black	NH/PI	White	Asian
2018	2640	1839	1600	305	271
2019	2612	1741	1411	251	244

**Note: 659 (11%) cases in 2018 and 968 (15%) cases in 2019 were of unknown race and are not included in this figure.*

Discussion

Alaska CT incidence rates are consistently among the highest in the nation, with women, adolescents and young adults, and racial minority groups being disproportionally impacted. In 2019, the HIV/STD Program's response to the ongoing syphilis outbreak and years of reductions in State's Section of Public Health Nursing capacity have greatly reduced the ability to provide contact tracing for reported CT cases. Providers now play a critical role in helping to control infection by counseling infected persons of the need for their sex partners to be tested and treated, and increasing the use of expedited partner therapy (EPT).[3] EPT is the clinical practice of treating the sex partners of persons diagnosed with GC or chlamydia (CT) without the health care provider first examining the partner. EPT is also part of the CDC's treatment guidance during the COVID-19 pandemic when STD facility-based services and in-person patient-clinician contact is limited.[2]

Recommendations

1. Routinely elicit a thorough sexual history on all sexually active patients that include same-sex and oral/anal sexual activities.
2. Test all persons at risk for CT for other STDs, including gonorrhea, HIV, syphilis and HCV. Make sure to test genital, anal, and oral sites, as appropriate.[4,5]
3. Annually screen all sexually active females aged <25 years, and women aged ≥25 years with new or multiple partners.[4]
4. Promptly treat CT-infected patients and their sex partner(s) with azithromycin 1 g PO in a single dose, OR doxycycline 100 mg PO twice daily for 7 days.[4]
5. Provide appropriate dual therapy for those co-infected with GC.[4]
6. Consider the use of EPT for sexual partners who are unable to present for clinical evaluation.[2,4]
7. If treated with alternative oral regimens, counsel patients to seek follow-up in 5–7 days if symptoms do not improve and to be tested for STDs/HIV once in-person clinical care resumes.
8. For pregnant women:
   - Screen for STDs, including syphilis, at the first prenatal visit; repeat testing in the third trimester for those at high risk.[4]
   - Retest pregnant women with CT infection 3–4 weeks after completion of therapy, and repeat screening during the 3rd trimester.[4]
9. Persons treated for CT should abstain from sex for 7 days after their treatment and after all sexual partners have been treated.
10. Counsel patients (especially women of reproductive age) at risk for STDs on risk-reduction strategies, including correct and consistent latex condom use.[2]
11. Develop a partner management plan with CT-infected patients that includes the timely notification of sex partners.
12. Report CT cases and treatment to SOE within 2 working days by fax to 561-4239. Report forms are available at: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf

References

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(Contributed by Susan A. Jones, RN, MN, and Tracy Smith, BA, Section of Epidemiology.)