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Gonorrhea, Chlamydia, and Syphilis in Alaska - 1999

Epidemiology

Risk Factors

Recommendations

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

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Executive Summary

In 1999, chlamydia was the most frequently reported infectious disease in Alaska with 1,888 reported cases. Among the 50 states, Alaska ranked 8th in chlamydia rates and 35th in gonorrhea rates in 1999.

Gonorrhea and chlamydia occurred disproportionately among racial minority populations.

- The highest rates were in Alaska Natives and Blacks aged 15-24 years.
- Alaska Natives and Blacks accounted for 67% (201/302) of gonorrhea cases and 58% (1097/1888) of chlamydia cases although they comprised 21% of the state's population.
- Rates were higher in females than males.

Youth Risk Behavior Survey (YRBS) data confirm that youth in Alaska are participating in behaviors that increase their risk for acquiring STDs.

Partner notification activities target preventive public health services to individuals at highest risk of infection. Beginning late in 1999, public health providers increased partner notification activities. These activities were initially focused in Anchorage. As a result, the number of named contacts identified, interviewed, tested, and appropriately treated by health care providers increased. Partner notification resulted in identifying and treating individuals with previously undiagnosed STDs, and individuals who did not perceive themselves to be at risk for acquiring STDs and did not seek regular STD screening.

Targeted chlamydia screening programs in Anchorage identified a very high incidence of chlamydia in high-risk populations. Positivity rates ranged from 8.3% to 26.3% in the four participating sites. Continued efforts are needed to identify and target high-risk populations in order to reduce new infections and complications including pelvic inflammatory disease (PID).

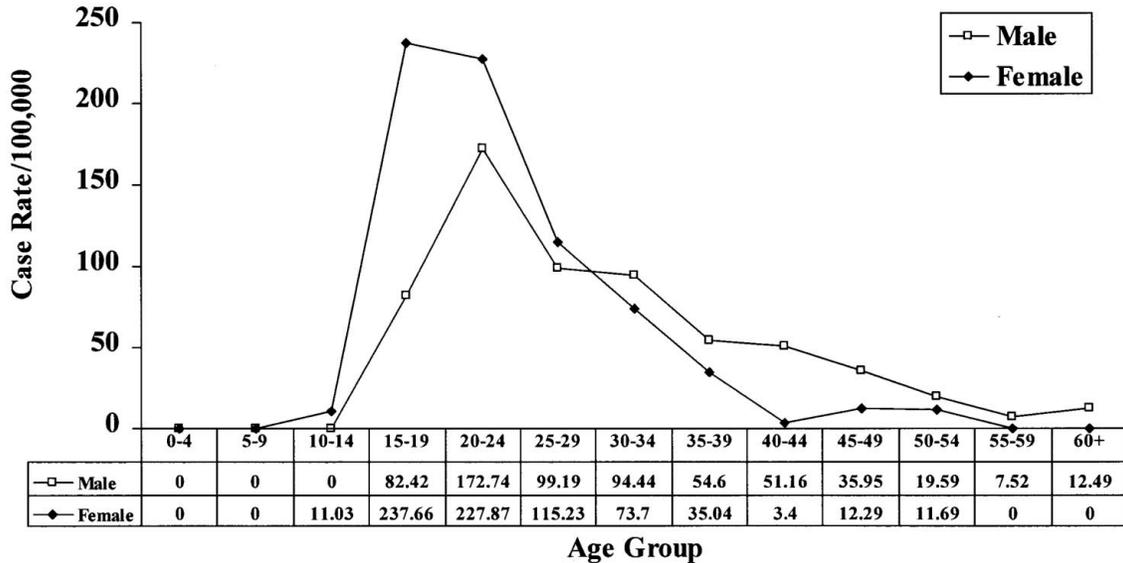
Increased partner notification activities and targeted screening programs were very effective in identifying previously undiagnosed STDs.

- All patients diagnosed with an STD should be strongly encouraged to participate in partner notification activities.
- All individuals diagnosed with an STD should be treated with a CDC recommended antibiotic regimen.
- All suspected and diagnosed cases of chlamydia, gonorrhea and syphilis should be reported to the Section of Epidemiology, Alaska Division of Public Health.
- Targeted screening programs should be expanded to improve access for high-risk populations.

Gonorrhea in Alaska

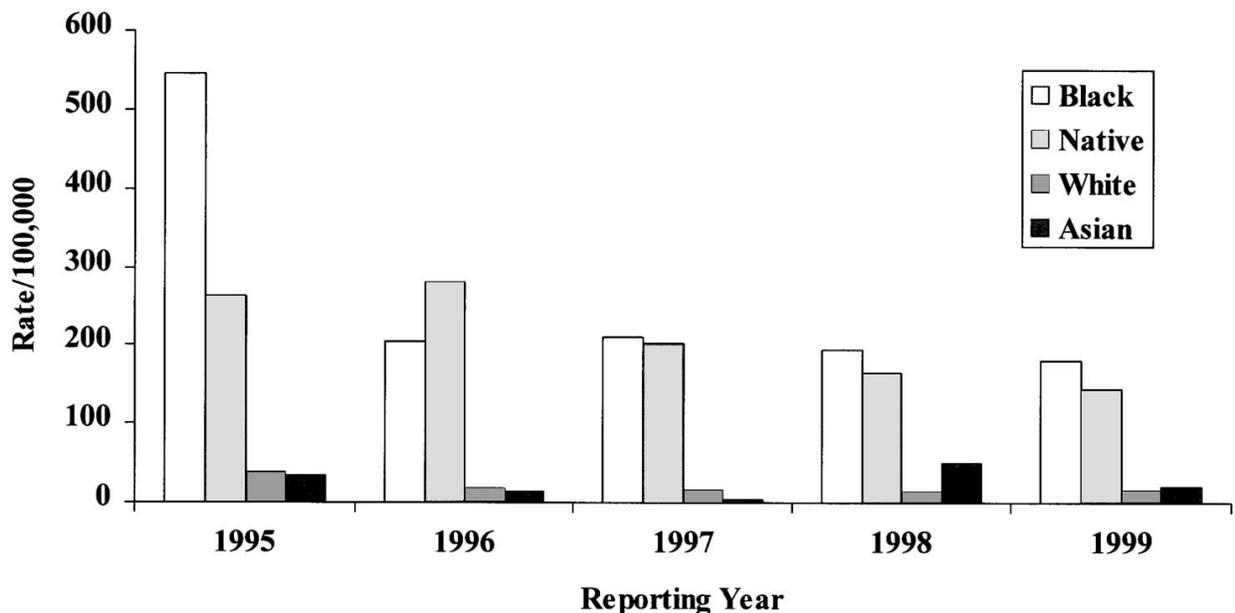
In 1999, 302 cases of gonorrhea were reported, a case rate of 49/100,000. Of the 302 cases reported in 1999, 153 (51%) cases were reported in women, and 149 (49%) cases were reported in men. Highest case rates were reported in males 20-24 years old (173/100,000) and females 15-19 years old (238/100,000). (Figure 1)

Figure 1. Gonorrhea Rates by Gender and Age, Alaska, 1999 (n=302)



Nationally, as well as in Alaska, the impact of gonorrhea and other STDs fell disproportionately on racial minority populations. The rates of gonorrhea among Blacks (181/100,000) and Alaska Natives (145/100,000) were over 9 times higher than the rate in Whites (16/100,000). (Figure 2)

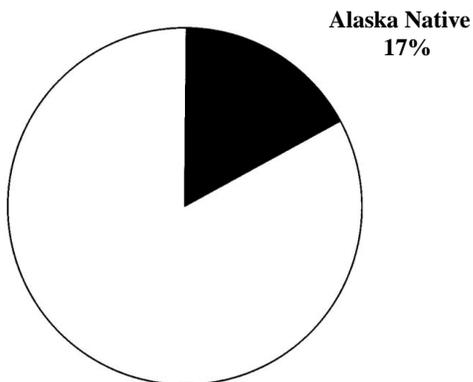
Figure 2. Gonorrhea Rates by Race Alaska, 1995-1999



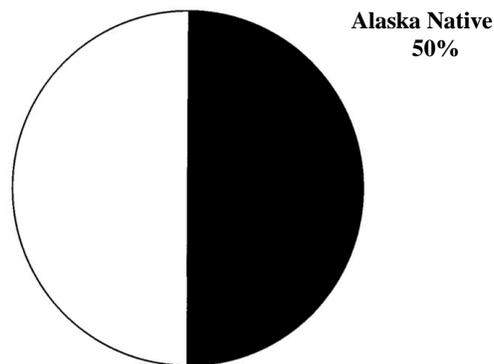
Alaska Natives comprised 17% of the state's population but accounted for 50% (n=151) of the reported cases of gonorrhea in the state. (Figure 3)

Figure 3

**Alaska Population
Proportion of Alaska Natives, 1998
(n=104,085)**



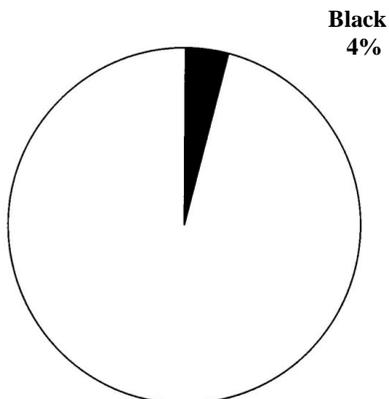
**Reported Gonorrhea Cases
Proportion of Alaska Natives
Alaska, 1999
(n=151)**



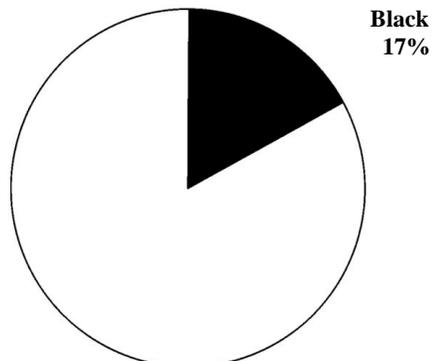
Blacks comprised 4% of the state's population but accounted for 17% (n=50) of the reported cases of gonorrhea. (Figure 4)

Figure 4

**Alaska Population
Proportion of Blacks, 1998
(n=27,652)**

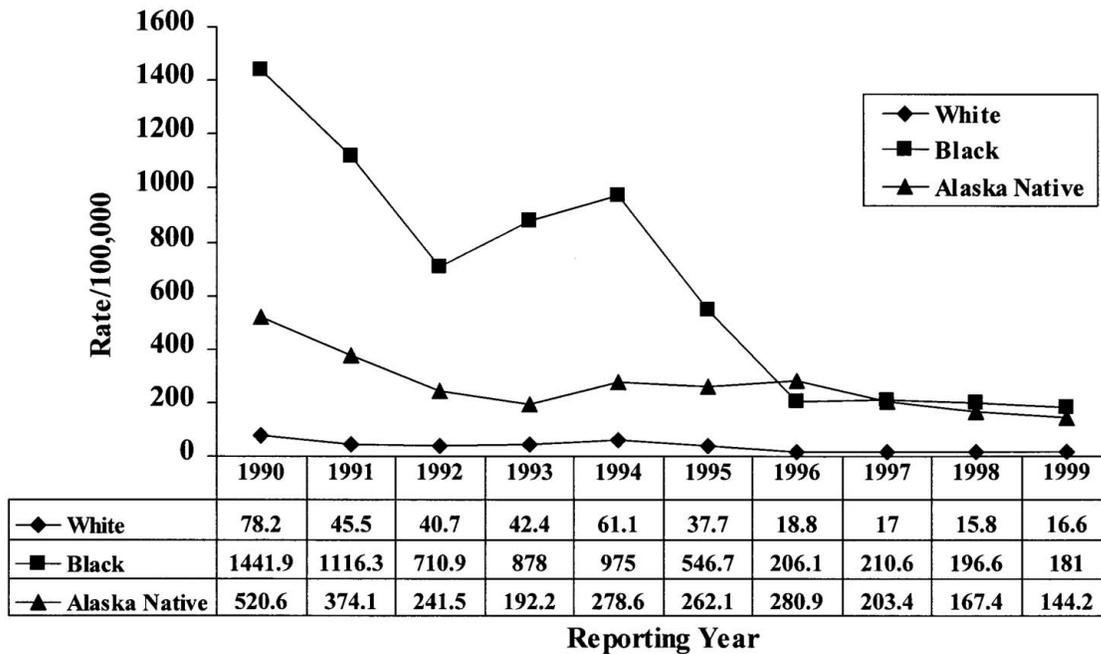


**Reported Gonorrhea Cases
Proportion of Blacks
Alaska, 1999
(n=50)**



The highest rates of gonorrhea occurred in Black males age 20-24 years and Alaska Native females age 15-34 years. (Tables 1, 2) The gonorrhea rates for Blacks declined from 1,441/100,000 in 1990 to 181/100,000 in 1999. The gonorrhea rate for Alaska Natives decreased from 521/100,000 in 1990 to 145/100,000 in 1999. (Figure 5)

**Figure 5. Gonorrhea Rates per 100,000 population by Race
Alaska, 1990 - 1999**

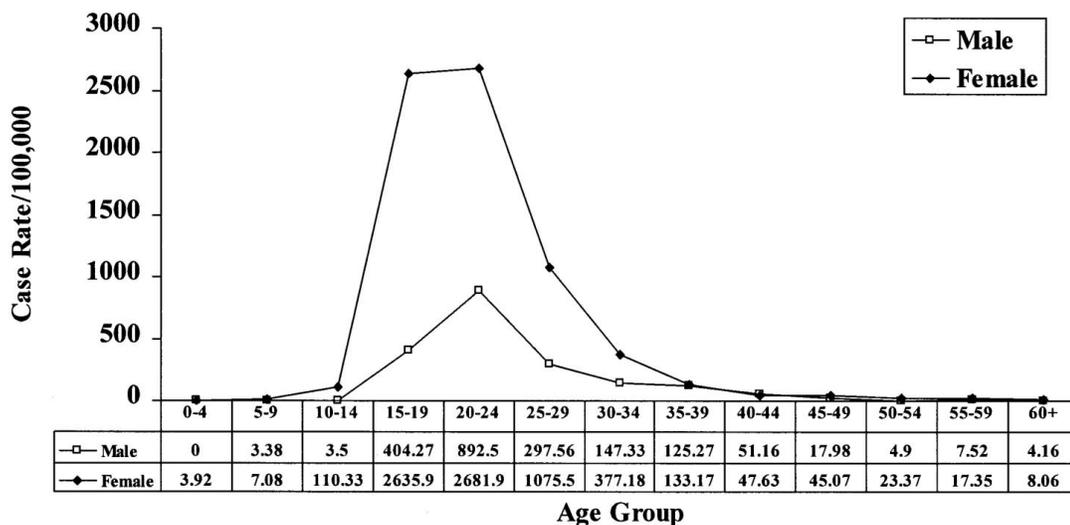


Seven individuals were reported with more than one gonorrhea infection in 1999 (2% of all reported gonorrhea infections; 7/302). Of the 302 cases reported in 1999, 11 (4%) cases were diagnosed with either chlamydia or gonorrhea in 1999 and had a previous infection within one year of the reported 1999 infection.

Chlamydia in Alaska

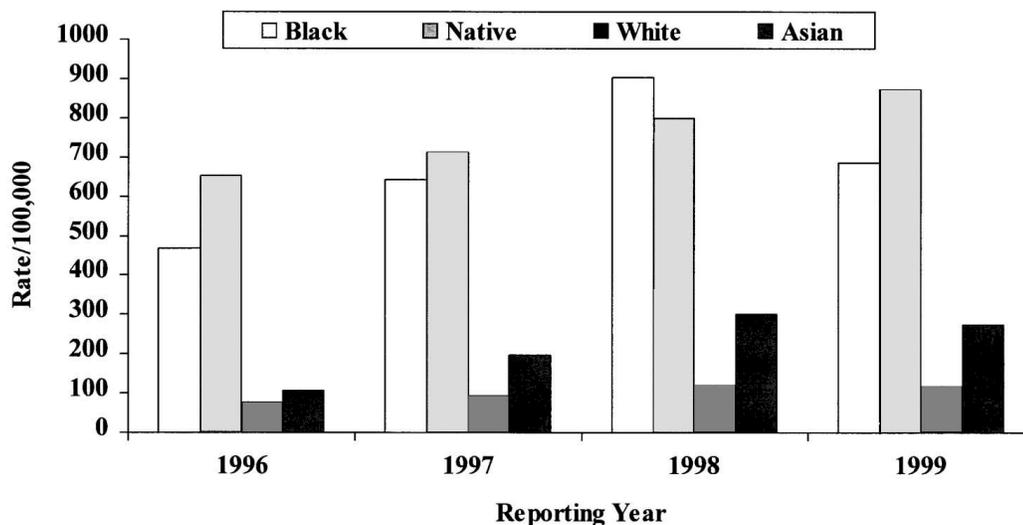
In 1999, 1,888 cases of chlamydia were reported, a rate of 304/100,000 compared to 1998, when 1,906 cases of chlamydia were reported, a rate of 307/100,000. Alaska has ranked among the ten states reporting the highest chlamydia rates in the United States since chlamydia reporting began in Alaska in 1996. Alaska ranked 8th in chlamydia rates in the U.S. in 1999. Highest rates of chlamydia infection were reported in males age 20-24 years and females age 15-19 years, and 20-24 years. (Figure 6)

**Figure 6. Chlamydia Rates by Gender and Age
Alaska, 1999
(n=1888)**



As with gonorrhea infection, chlamydia was reported disproportionately among racial minorities, women, and adolescents (See Tables 3,4). For 1999, chlamydia rates were 7 times higher in Alaska Natives (872/100,000) and 6 times higher in Blacks (683/100,000) compared to Whites (116/100,000). (Figure 7)

**Figure 7. Chlamydia Rates by Race
Alaska, 1996-1999**



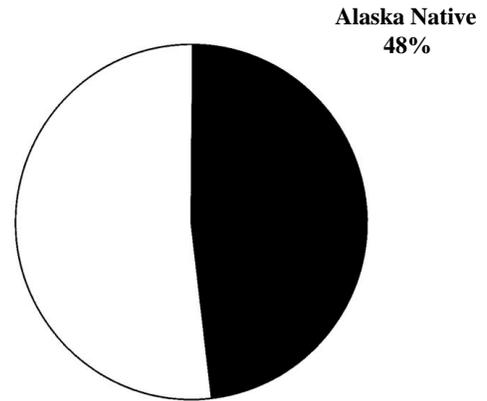
Alaska Natives accounted for 17% of the total state population but accounted for 48% (n=908) of the reported chlamydia cases. (Figure 8)

Figure 8

**Alaska Population
Proportion of Alaska Natives, 1998
(n=104,085)**



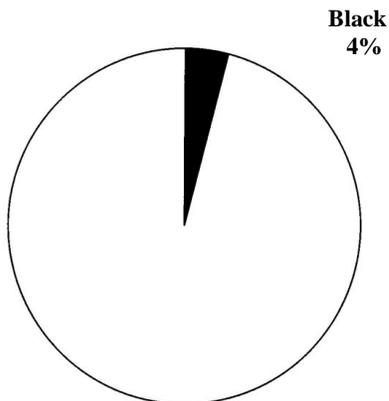
**Reported Chlamydia Cases
Proportion of Alaska Natives
Alaska, 1999
(n=908)**



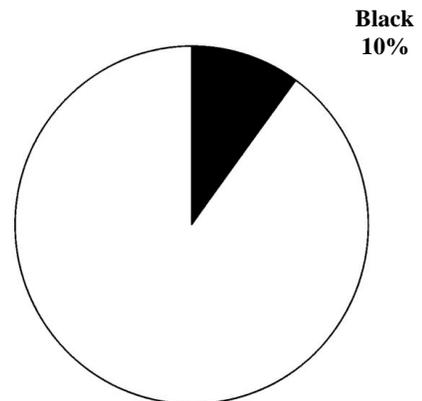
Blacks comprised 4% of the total state population but accounted for 10% (n=189) of the reported chlamydia cases. (Figure 9)

Figure 9

**Alaska Population
Proportion of Blacks, 1998
(n=27,652)**

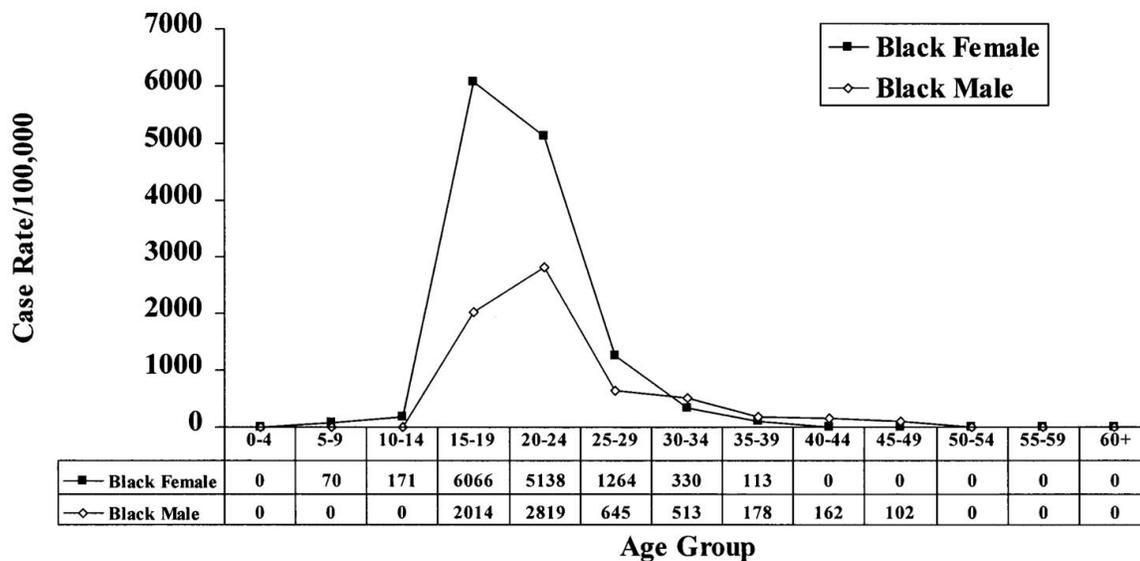


**Reported Chlamydia Cases
Proportion of Blacks
Alaska, 1999
(n=189)**

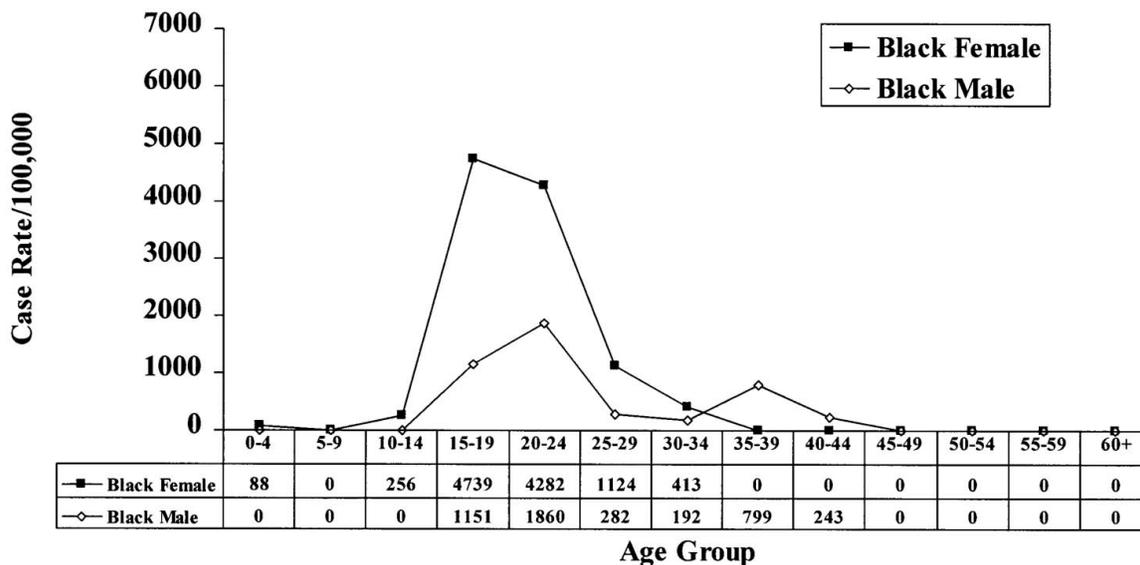


Chlamydia rates among Blacks declined from 904/100,000 in 1998 to 683/100,000 in 1999. Rates declined in Black females age 15-19 years (6066/100,000 in 1998, and 4739/100,000 in 1999) and Black females age 20-24 years (5,138/100,000 in 1998, and 4,282/100,000 in 1999). In addition, rates decreased in Black males age 15-19 years (2,014/100,000 in 1998, and 1,151/100,000 in 1999) and black males age 20-24 years (2,819/100,000 in 1998 and 1,860/100,000 in 1999). (Figures 10, 11)

**Figure 10. Chlamydia Rates
Black Female vs. Black Male
Alaska, 1998**

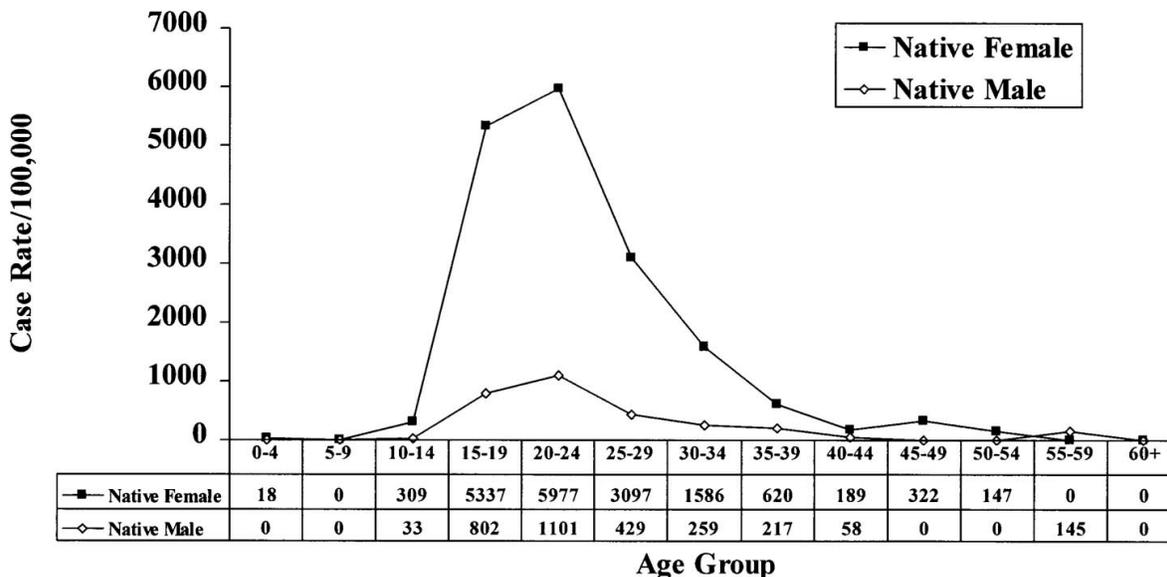


**Figure 11. Chlamydia Rates
Black Female vs. Black Male
Alaska, 1999**

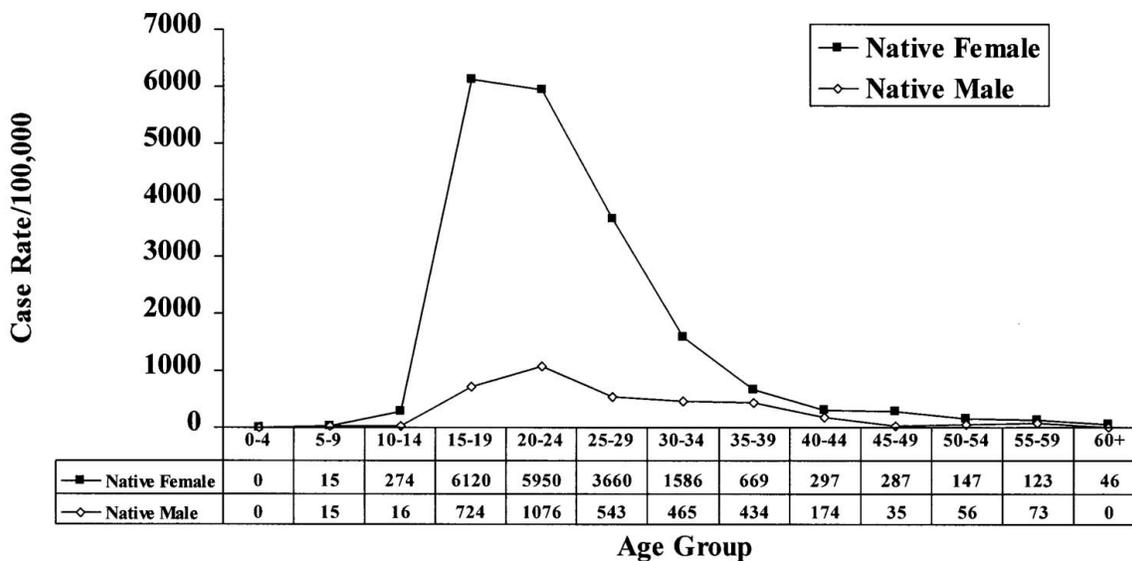


Chlamydia rates among Alaska Natives increased from 797/100,000 in 1998 to 872/100,000 in 1999. Alaska Native females had higher chlamydia rates than Alaska Native males in every age category in both years, with rates up to 7 times higher than male rates in several age groups. (Figures 12, 13) Highest chlamydia rates overall in 1999 were reported in Alaska Native females age 15-24 years (6,120/100,000 age 15-19 years and 5,950/100,000 age 20-24 years). (Tables 3, 4)

**Figure 12. Chlamydia Rates
Native Female vs. Native Male
Alaska, 1998**



**Figure 13. Chlamydia Rates
Native Female vs. Native Male
Alaska, 1999**

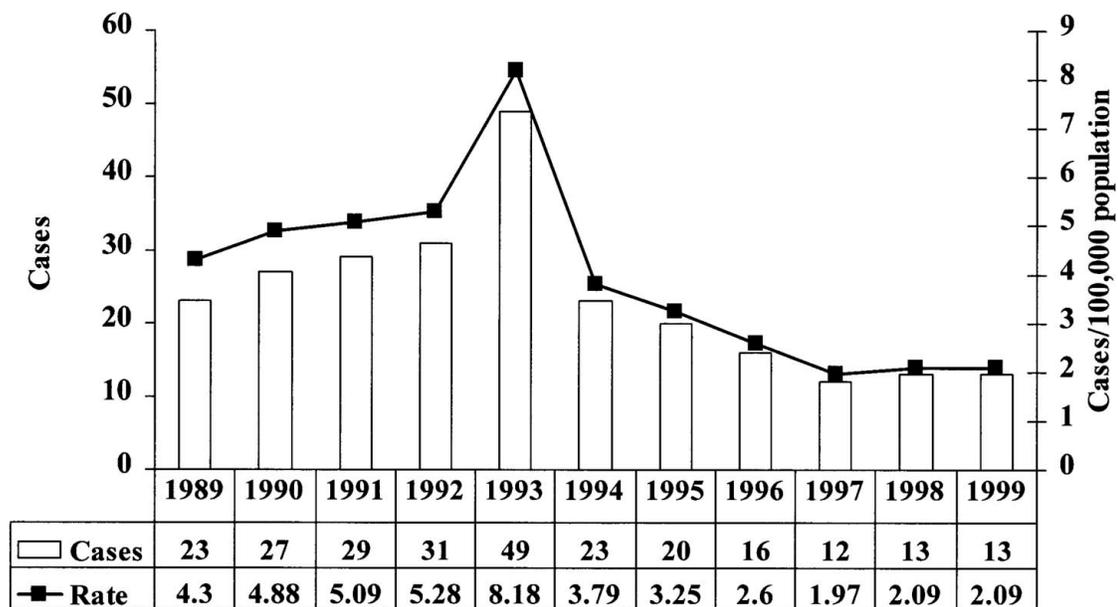


Syphilis in Alaska

Although syphilis is rare in Alaska, there are areas of the United States and other countries that are greatly impacted by this disease. In 1998, over 50% of the reported infectious syphilis cases in the U.S. were reported from 28 counties, mostly concentrated in the Southeast. The CDC launched a national effort to eliminate endemic syphilis from the United States in 1999.

A total of 13 syphilis cases were reported in Alaska in 1999. Of these 13 cases, only 1 case of infectious syphilis¹ was reported; 7 syphilis cases were reported in males and 6 cases in females, and all cases were reported in individuals older than 35 years. Reported cases and rates have remained steady for several years. The 1999 total syphilis case rate was 2.1/100,000; the infectious syphilis case rate was 0.2/100,000. Both rates are well below the National Healthy People 2000 objectives of 4/100,000. (Figure 14) No cases of congenital syphilis have been reported in Alaska since 1979.

**Figure 14. Syphilis (all stages)
Alaska, 1989-1999**



To maintain the low incidence of syphilis in Alaska, the Section of Epidemiology staff continue 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 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, reinfection, new infection or is the result of a false positive reaction.

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, treatment information, and information on patients claiming past testing or treatment outside of Alaska are available to providers to assist in patient management and/or laboratory test interpretation.

¹ Syphilis is a bacterial infection characterized by both an acute and a chronic state. Individuals with a syphilis infection diagnosed in the primary or secondary stage are considered infectious to others. Individuals diagnosed with latent disease are not infectious to others.

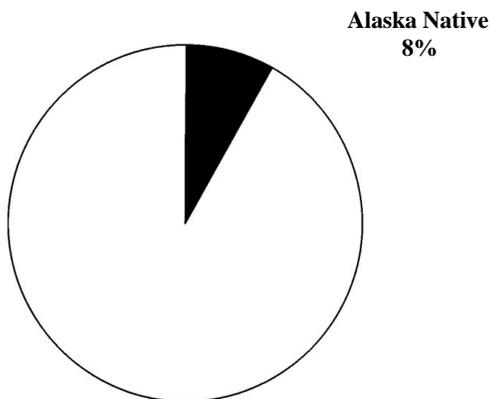
Gonorrhea in Anchorage

Gonorrhea infections reported among individuals residing in Anchorage showed epidemiologic characteristics similar to those reported in the state as a whole. In 1999, 158 cases (52% of all reported cases in Alaska) of gonorrhea were reported in the Anchorage area. Of these 158 cases, 85 (54%) were reported in males and 73 (46%) in females. Adolescents and young adults, women and racial minorities were disproportionately affected. (Tables 5, 6)

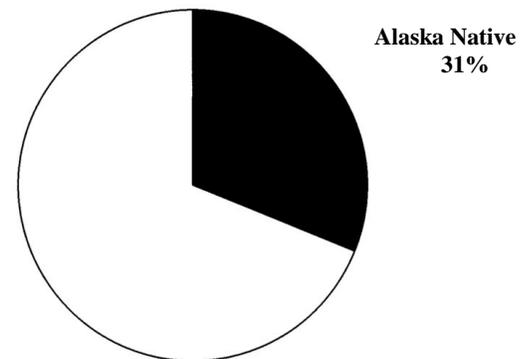
Alaska Natives comprised 8% of Anchorage's population but accounted for 31% (n=49) of the reported cases of gonorrhea in Anchorage. (Figure 15)

Figure 15

**Anchorage Population
Proportion of Alaska Natives, 1998
(n=20,531)**



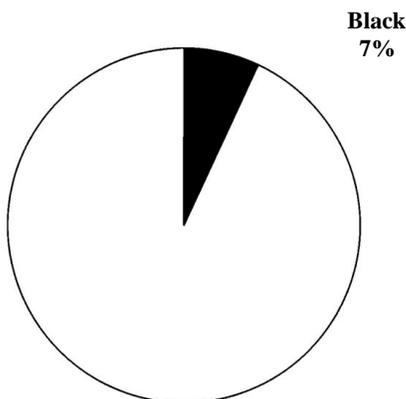
**Reported Gonorrhea Cases
Proportion of Alaska Natives, Anchorage, 1999
(n=49)**



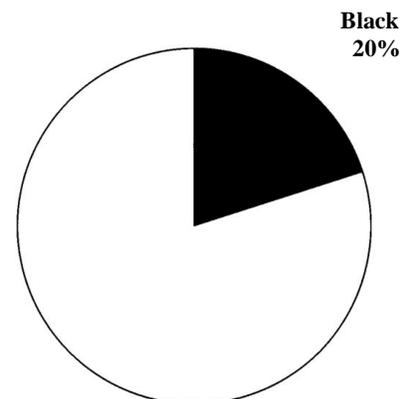
Blacks comprised 7% of the city's population but accounted for 20% (n= 32) of the reported cases of gonorrhea in Anchorage. (Figure 16)

Figure 16

**Anchorage Population
Proportion of Blacks, 1998
(n=18,721)**



**Reported Gonorrhea Cases
Proportion of Blacks, Anchorage, 1999
(n=32)**

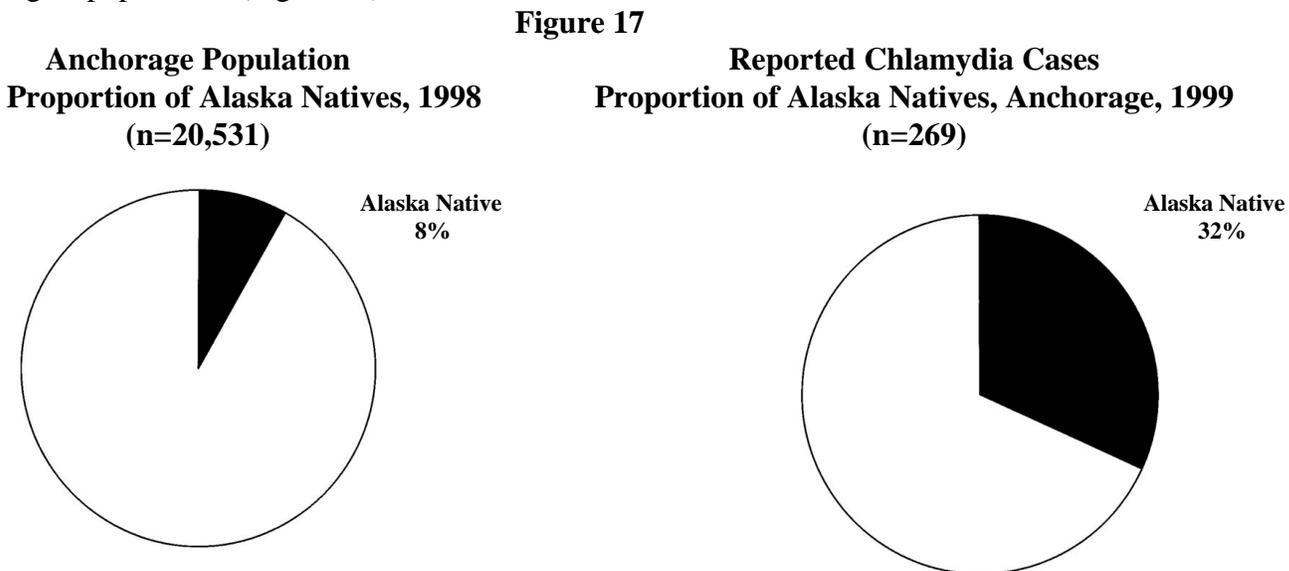


Chlamydia in Anchorage

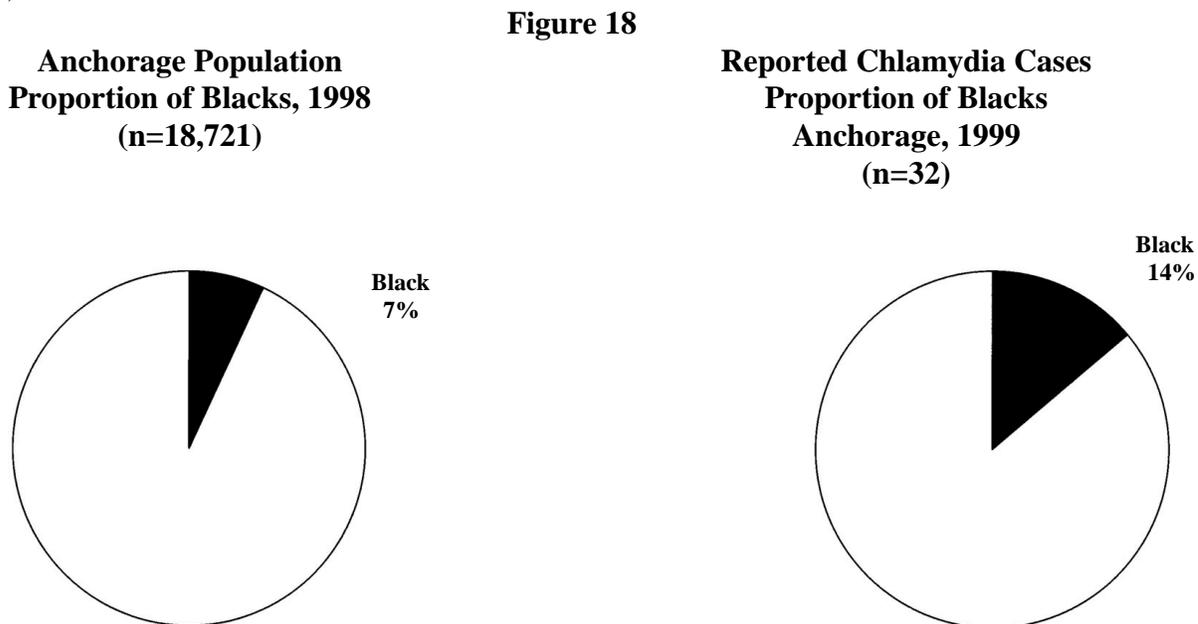
Of the 1,888 cases of chlamydia reported in Alaska in 1999, 834 (44%) were reported in Anchorage for a rate of 322/100,000. Of the 834 cases in 1999, 633 (76%) were reported in females and 201 (24%) in males.

As seen in statewide data, rates were highest in minorities, especially Alaska Natives and Blacks, as well as women and adolescents. (Tables 7, 8) Alaska Natives and Blacks are over represented in the reported cases:

Alaska Natives accounted for 32% (n=269) of the chlamydia cases reported in Anchorage but comprised 8% of Anchorage's population. (Figure 17)



Blacks account for 14% of chlamydia reports in Anchorage, but accounted 7% of the city's population. (Figure 18)



The highest rates of chlamydia were in Alaska Native females (9,603/100,000 age 15-19 years; 8,832/100,000 age 20-24 years and 5,705/100,000 age 25-29 years). High rates occurred in Black females

(4,202/100,000 age 15-19 years, and 4,073/100,000 age 20-24 years). The highest number of reported cases and corresponding rates for males in Anchorage occurred in Blacks (1,639/100,000 age 20-24 years) and Alaska Natives (1,388/100,000 age 15-19 years; 1,015/100,000 age 20-24 and 25-29 years). (Tables 7, 8)

Chlamydia rates in Anchorage in Black females (age 15-24 years) and Black males (age 15-29 years) decreased from 1998 rates.

To address the high rates of STDs in Anchorage, a HIV/STD Advisory Committee was organized in 1999. Representatives from the military, Southcentral Foundation, Alaska Public Health, Municipality of Anchorage Health Department, and the State Laboratory meet quarterly to set standards and protocols for STD services in Anchorage.

In the latter half of 1999, increased efforts were placed on partner notification activities and a targeted screening program was implemented in Anchorage. These two activities are carried out primarily by the Municipality of Anchorage DHHS, State HIV/STD staff, the military and Southcentral Foundation and account for the increased chlamydia cases diagnosed and reported in 2000. Both activities have been highly successful in identifying previously undiagnosed chlamydia cases.

The average number of chlamydia case reports per month from Anchorage providers increased from 66 in 1999 to 104 reports per month in the first 5 months of 2000. This increase occurred primarily among two providers. In 1999, the Municipality of Anchorage, Department of Health and Human Services (DHHS) reported an average of 15 chlamydia cases per month. In the first 5 months of 2000, the DHHS reported an average of 35 cases per month. Southcentral Foundation reported 18 chlamydia cases per month in 1999 and 29 cases per month in 2000. Other providers in Anchorage have not reported such dramatic increases in chlamydia morbidity.

Targeted Chlamydia Screening Project

In 1999, the Section of Epidemiology HIV/STD Program received funding from the CDC to increase chlamydia screening among certain high-risk populations in Anchorage. Amplified DNA technology (urine chlamydia tests) is being utilized to increase access to and enhance acceptability of chlamydia screening among these populations.

Through the project, providers from two family planning clinics primarily seeing young women, the Municipality of Anchorage DHHS, STD Clinic, and a Youth Corrections Center in Anchorage provided free urine chlamydia tests for male partners of individuals diagnosed with chlamydia. These individuals often were not tested prior to the availability of urine screening tests because they refused traditional STD screening methods (swab test). Additional screening availability was subsequently added for women seeking pregnancy testing who would otherwise not have been screened for CT.

Since the beginning of the project in mid-1999, approximately 717 tests have been submitted to the State Laboratory for testing. Approximately 57% (405/704)² of the tests submitted were from male patients, with a positivity rate of 20%. Providers submitted 299 tests from female patients with a positivity rate of 15%.

² In the period, 5/1/99 – 5/31/00, 717 tests have been submitted to the Alaska State Lab for testing through the Targeted Chlamydia Screening Project. The figures included in this report are based on a total of 704 tests because 13 specimens did not specify patient sex.

Highest positivity rates and the greatest number of specimens submitted for testing were from individuals seeking care at the Municipality of Anchorage DHHS STD Clinic. These individuals were primarily identified through partner notification activities.

More intensive efforts to identify partners to infected persons and to bring them to testing and treatment combined with this new screening technology have contributed to the impressive results to date from this project. The chlamydia urine test has been a very useful tool in these activities.

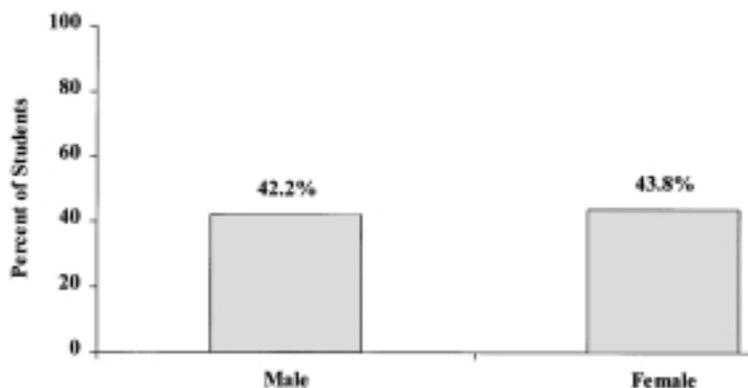
Youth Risk Behavior Survey – Alaska, 1999

The Youth Risk Behavior Survey (YRBS) is part of a national epidemiologic surveillance system implemented in 1988 by the Centers for Disease Control and Prevention (CDC). The purpose of the YRBS is to monitor the prevalence of behaviors that not only influence adolescent health, but also put youth at risk for the most significant health and social problems that can occur during adolescence and adulthood. Several categories included in the YRBS address sexual behaviors that can result in HIV infection, other sexually transmitted diseases (STDs) and unintended pregnancy.

Alaska Youth Sexual Behaviors

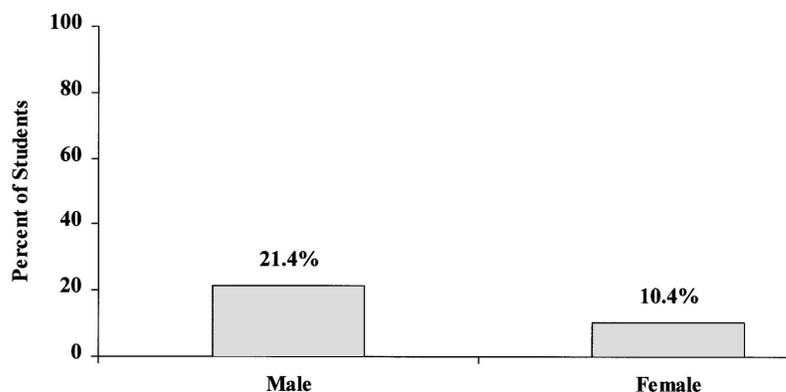
Among high school students, 42.2% of males and 43.8% of females report ever having sexual intercourse. (Figure 19)

Figure 19



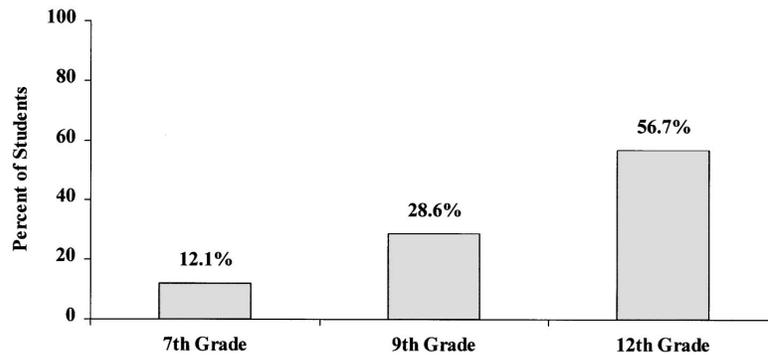
Among middle school students (7th and 8th graders), 21.4% of males and 10.4% of females report ever having sexual intercourse. (Figure 20)

Figure 20



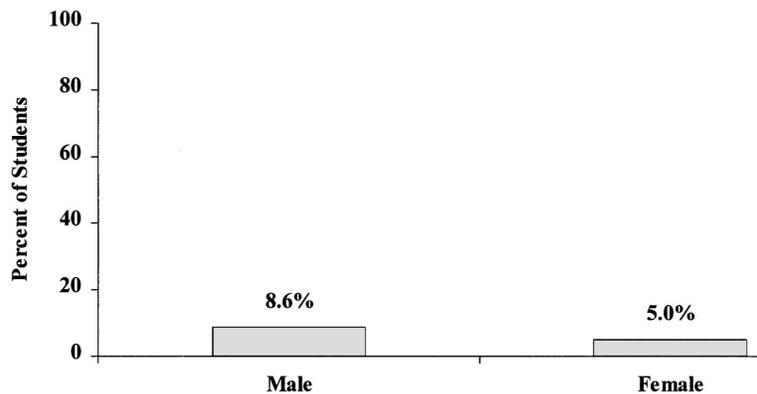
The rate of ever having sexual intercourse increases with increasing age i.e. 12.1% of seventh graders, 28.6% of ninth graders and 56.7% of twelfth graders report ever having sexual intercourse. These rates are slightly lower than U.S. rates overall. (Figure 21)

Figure 21



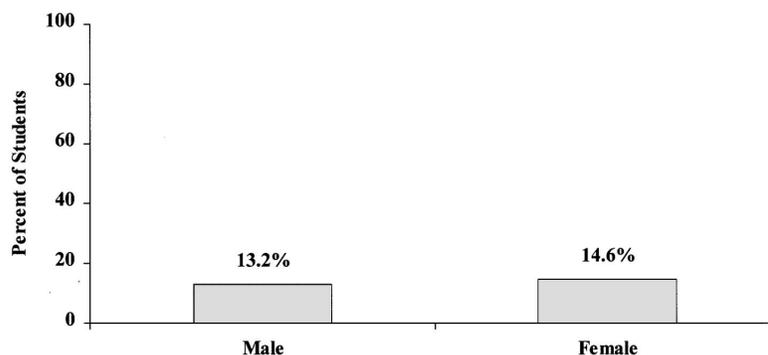
First sexual intercourse prior to age 13 was reported by 8.6% of high school males and 5.0% of high school females. (Figure 22)

Figure 22



In addition, 13.2% of high school males and 14.6% of high school females report having four or more sexual partners. (Figure 23)

Figure 23



Just over 60% of high school males and 50% of high school females report using a condom during their last sexual intercourse. These rates are similar to U.S. rates overall.

In addition, teen birth rate information is available for Alaska. In 1997, 389 females age 18 years and younger gave birth in Alaska. Females age 15-17 years had a birth rate of 26/1,000, slightly lower than the U.S. rate in the same age group (33/1,000). Females age 18-19 years in Alaska had a birth rate of 94/1,000, slightly higher than the U.S. rate for the same age group (84/1,000).

Pelvic Inflammatory Disease

Pelvic inflammatory disease (PID) is not a reportable condition per se, but all cases of PID suspected or diagnosed due to gonorrhea or chlamydia are reportable. The Section of Epidemiology HIV/STD Program attempts to identify all complicated gonococcal and chlamydial infections, including PID, at the time of disease reporting by the provider. In 1999, the Section of Epidemiology published a study on PID cases identified in Anchorage during 1994-1995. Of the 289 cases of PID identified, only 70 (24%) cases had laboratory confirmed gonorrhea or chlamydial infection.

After reviewing gonococcal and chlamydial PID cases identified by the Section of Epidemiology since 1997, we found:

- The total number of PID cases reported from 1997 through the first quarter of 2000 decreased from 43 to 7.
- Of all 1601 reported chlamydial infections in 1997, 36 (2.2%) were diagnosed with PID. In the first quarter of 2000, 1.1% (7/603) of chlamydial infections included a PID diagnosis.
- Gonococcal PID cases are few; calculating rates and percentages on small numbers results in extensive fluctuations in rates from year to year.

Partner Notification

The goal of STD partner notification activities is to prevent clinical disease and reduce 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 reinfection or continued transmission of disease and health care providers should assure that sex partners receive appropriate follow up. The Section of Epidemiology provides expertise in support of these activities. Partner notification can identify and/or prevent infection, provide early treatment, prevent complicated infections from developing and may interrupt disease transmission, including vertical transmission to newborns by infected females.

In an attempt to evaluate partner notification activities, the HIV/STD Program reviewed records of activity from (1997 through the first quarter of 2000).

The review was limited to the public health agencies appropriately reporting their activity (Municipality of Anchorage DHHS STD Clinic, MatSu and Fairbanks Public Health Regional Nursing Centers) and demonstrated an increase in partner notification activity in the most recent periods.

Highlights of partner notification activities in these sites from 1997 through the first quarter of 2000 include: (Table 10).

- The percent of patients interviewed increased from 79% in 1997 to 91% in the first quarter of 2000.
- The number of partners identified has increased from 1.25 partners identified per interview in 1997 to 2.04 partners identified per interview in the first quarter of 2000.

- The partner contact index for unique partners³ increased from 1.18 unique partners per interview of original patient in 1997 to 1.76 in the first quarter of 2000.
- In 1997, 53% of the unique partners identified were tested. In the first quarter of 2000, 65% of the unique partners identified were tested.
- In 1997, 19% of unique partners tested were confirmed to be infected. In the first quarter of 2000, 38% were confirmed to be infected.
- Of the unique partners identified in 1997, 52% were treated; in the first quarter of 2000, 72% were treated.
- Providers were unable to locate 29% of the unique partners in 1997 and 10% in the first quarter of 2000.
- In all years, every partner found to be infected was treated with an approved regimen recommended by CDC.

Discussion/Recommendations

STDs continue to have a disproportionate impact on women, adolescents and young adults, and minorities in Alaska. These populations are at greatest risk for infection and subsequent complications.

Alaska STD data are consistent with data from the Alaska Youth Risk Behavior Survey (YRBS) showing that youth in Alaska are participating in behaviors that increase their risk for acquiring sexually transmitted infections.

Targeted screening programs in Alaska have identified chlamydia rates as high as 38% in some populations. On-going and expanded screening efforts are needed to increase access to routine screening for gonorrhea and chlamydia among high-risk populations

Partner notification activities identify individuals highly likely to be infected. All patients diagnosed with an STD should be strongly encouraged to participate in partner notification activities, including patient counseling and assistance in identifying, locating, testing and treating sex partners. Providers unable to examine and test named sex partners should treat them empirically unless medically contraindicated. The Section of Epidemiology can offer assistance in carrying out these essential activities.

All persons diagnosed with gonorrhea, chlamydia and/or syphilis should be treated 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)

All suspected⁴ and diagnosed cases of gonorrhea, chlamydia and syphilis should be promptly reported to the Section of Epidemiology in accordance with disease reporting requirements (7AA 27.005-27.900). Reports can be made by calling 561-4234 in Anchorage or 1-800-478-1700 outside Anchorage.

³ Unique partners are individuals who have not been previously named during a disease investigation. During this time period.

⁴ 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 an STD identified on clinical examination combined with a sexual history indicating risky sexual behavior

Table 1. 1999 Gonorrhea Age Group, Sex, Race Specific Rates per 100,000-Alaska

MALE					FEMALE				
AGE	Black	Native	White	Asian/P I	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	10	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

Table 2. 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
TOTAL	40	56	38	1	14	149	TOTAL	10	95	36	5	7	153

*Other includes "unknown" and Hispanic

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	192	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

Table 4. 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
TOTAL	69	145	142	14	61	431	TOTAL	120	763	393	69	112	1457

*Other includes "unknown" and Hispanic

Table 5. 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	87	0	133
15-19	638	297	64	0	15-19	280	940	196	516
20-24	604	254	43	163	20-24	281	951	199	186
25-29	179	0	82	0	25-29	104	475	54	0
30-34	95	393	81	0	30-34	0	705	27	0
35-39	525	550	46	0	35-39	0	251	0	0
40-44	239	441	36	0	40-44	0	137	0	0
45-49	303	356	10	0	45-49	0	363	0	0
50-54	0	563	0	0	50-54	0	0	0	0
55-59	571	0	0	0	55-59	0	0	0	0
60+	269	0	0	0	60+	0	0	0	0

Table 6. 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	0	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	2	7	10	1	0	19
25-29	3	0	5	0	0	8	25-29	1	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
TOTAL	27	19	29	1	9	85	TOTAL	5	30	29	5	4	73

Table 7. 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	83	0	0	10-14	378	435	36	0
15-19	956	1388	215	642	15-19	4202	9603	1613	2577
20-24	1639	1015	684	325	20-24	4073	8832	1576	3718
25-29	119	1015	196	398	25-29	934	5705	488	1203
30-34	95	917	139	130	30-34	244	1269	94	899
35-39	1050	688	64	0	35-39	0	1005	10	529
40-44	358	147	9	0	40-44	0	821	20	0
45-49	0	0	10	0	45-49	0	726	12	0
50-54	0	0	0	0	50-54	0	249	0	0
55-59	0	0	0	0	55-59	0	0	0	0
60+	0	0	12	0	60+	0	0	0	0

Table 8. 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
TOTAL	42	43	83	10	23	201	TOTAL	73	226	235	54	45	633

*Other includes "unknown" and Hispanic

Table 9. Report pelvic inflammatory disease, gonococcal and chlamydial infection, Alaska, 1997-March 31, 2000

	1997	1998	1999	1/1/2000 to 3/21/2000
PID GC/GC Total	(1.8%) 7/383	(3.9%) 13/331	(2.6%) 8/302	(0%) 0/70
PID CT/CT Total	(2.2%) 36/1601	(1.7%) 33/1906	(1.5%) 30/1888	(1.1%) 7/603
Total PID (% of total number of uncomplicated infection reported for that period)/ Total GC and CT cases	(2.1%) 43/1984	(2.0%) 46/2237	(2%) 38/2190	(1.0%) 7/673

Table 10. Partner services activity for reportable STDs (chlamydia, gonorrhea, syphilis) – Alaska, 1997-March 31, 2000

Year	1997	1998	1999	2000 (1st qtr)
Original Patients ¹ (OP)	388	765	751	293
OP Interviewed	307 (79%) ²	645 (84%)	662 (88%)	268 (91%)
From OP, Number of Partners Identified	384 (1.25) ³	936 (1.45)	1045 (1.58)	546 (2.04)
Number of Unique Partners (UP)	351 (1.14) ⁴	879 (1.36)	975 (1.47)	471 (1.76)
Disposition for the unique partners identified by the original patient				
Number of UP Tested	53% (n=193)	65% 571	67% (652)	65% (307)
Number of UP Treated	52% (n=186)	64% (564)	67% (650)	72% (339)
Number of UP Infected	19% (n=67)	22% (194)	23% (226)	38% (177)
Number of UP Infected, Not Treated	0	0	0	0
Number of UP Refused Preventative Treatment/exam	11% (n=40)	9%	4%	2%
Number of UP Unable to Find	29% (n=73)	14%	14%	10%
Number of UP Treated Not Tested	Not recorded	Not recorded	1% ⁵	9% ⁵

¹Original patients are individuals who have not been named as a contact to a sexually transmitted disease or had been treated within a time period reflective of this infection.

²Percentage of original patients

³The average number of partners named per original patient interview (partner index)

⁴The average number of unique partners named per original patient interview (unique partner index)

⁵In November 1999, a new disposition was initiated to document patients who were treated but not tested.