

Utah Health Status Update: Infectious Diseases (Part 2)

May 1998

Utah Department of Health

This report, the second of three focusing on infectious diseases in Utah, covers trends in sexually transmitted diseases (STD) including gonorrhea, syphilis, chlamydia, and HIV/AIDS.

	1996 Utah Rate*	1996 U.S. Rate*
Chlamydia	81.9	194.5
Gonorrhea	14.2	124.0
AIDS	9.8	25.2
Syphilis (primary or secondary)	0.2	4.3

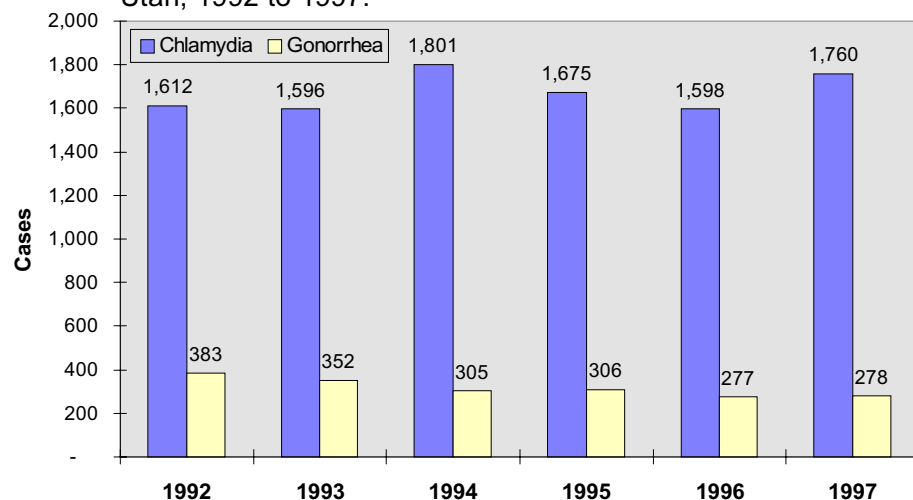
* Rate per 100,000 persons

Sexually transmitted diseases:

- Chlamydia is the most frequently reported sexually transmitted disease in Utah and the United States. In 1996, 60% of chlamydia cases were in females age 15-24 years. Rates of chlamydia are higher among females partly because most screening has been of females.
- New, more sensitive tests, such as Ligase Chain Reaction (LCR) and Polymease Chain Reaction (PCR) are available to screen for chlamydial infection. These new tests are much more sensitive than older tests and can be used to test urine, allowing screening of asymptomatic males.
- Utah gonorrhea and syphilis rates are among the lowest in the nation. Elimination of indigenous (within-state) transmission of both infections is possible.
- A recent study in the *New England Journal of Medicine* found that one in five Americans is infected with genital herpes simplex virus (HSV).¹
- Herpes and other STDs can make people more susceptible to HIV infection and make HIV-infected individuals more infectious; thus, preventing herpes and preventing or detecting and treating other STDs promptly can help slow HIV transmission.
- About 170 Utah girls/women are hospitalized for pelvic inflammatory disease (PID) each year. PID is a sequelae of untreated chlamydia or gonorrhea in women that often leads to infertility, ectopic pregnancy, chronic pelvic pain, or hysterectomy.

Sexually Transmitted Disease Trends

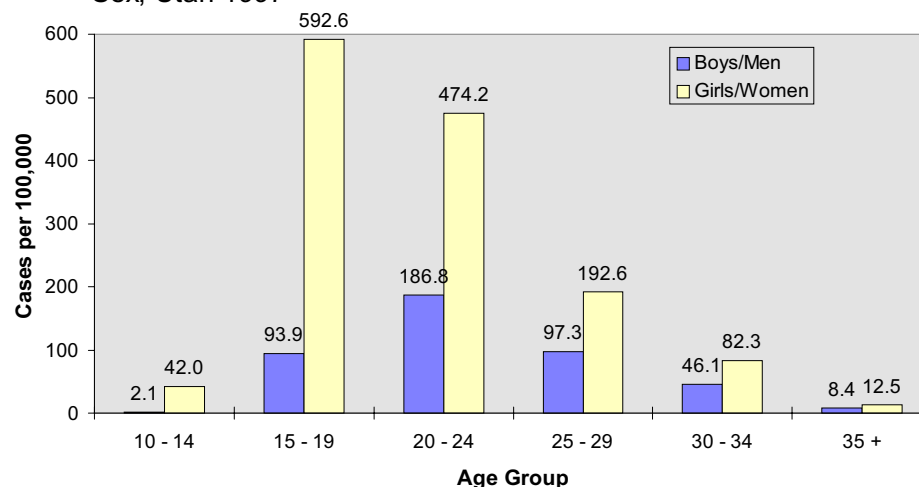
Numbers of Cases of Chlamydia and Gonorrhea Reported in Utah, 1992 to 1997.



* 1997 data are provisional

Chlamydia by Age and Sex

Rate per 100,000 persons of Reported Chlamydia, by Age and Sex, Utah 1997*



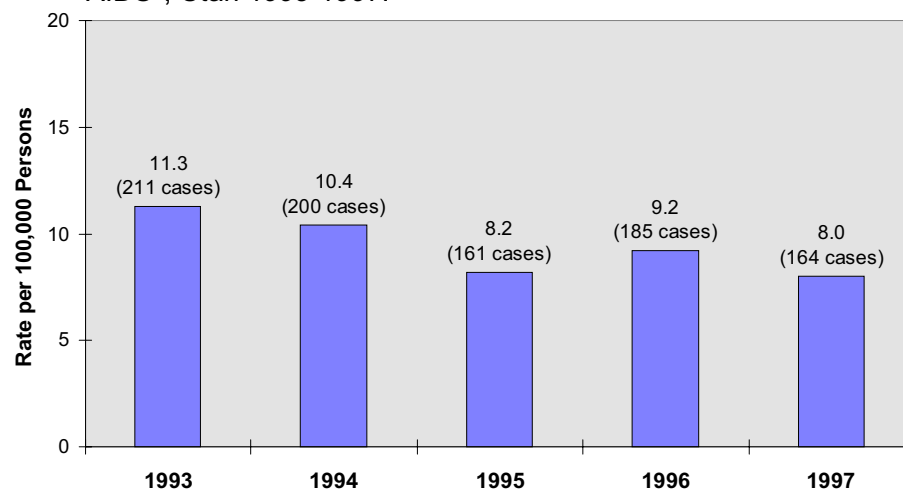
* 1997 data are provisional

HIV/AIDS

- The number of Utahns living with HIV infection (including AIDS) was estimated to be 1,500 to 2,500 in 1996.
- During 1996, 3% of Utah's reported HIV/AIDS cases were teenagers, but an estimated 75-100 of the 525 persons reported with HIV or AIDS during 1996-97, acquired the infection as a teen.
- Most HIV/AIDS cases reported in Utah are among white persons (89% in 1996-97), but highest rates are found among African Americans (49.5 per 100,000).
- Most transmission of HIV in Utah occurs through male same sex contact or via injection drug use.
- Most Utah adults (71.1%) believe HIV/AIDS education should begin by the 6th grade, and 84.5% indicated that if they had a sexually active teen, they would encourage him or her to use condoms. (Utah 1996 BRFSS data)

HIV/AIDS Trends

Numbers of Cases and Rates per 100,000 of Reported HIV and AIDS*, Utah 1993-1997.

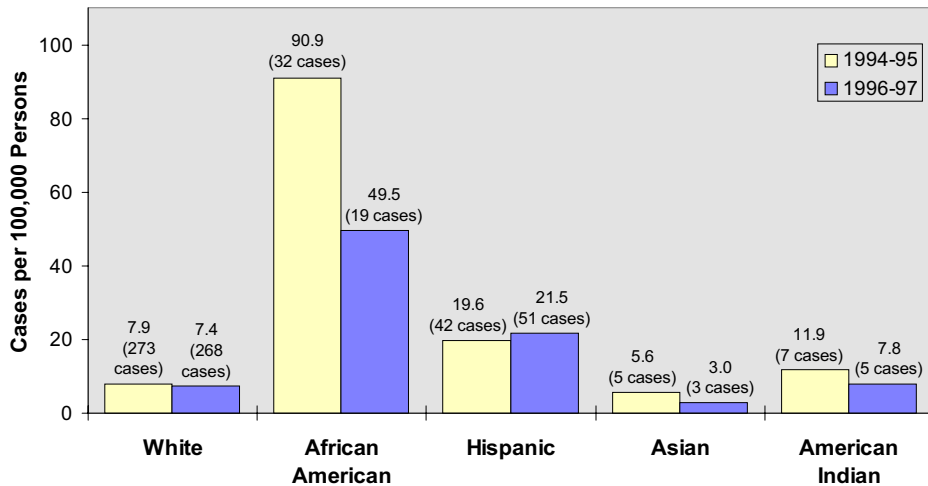


* Cases in the years they were first reported as either HIV or AIDS.

¹ The Evolving Epidemiology of Herpes Simplex Virus Type 2 in the United States, 1976-1974. (1997, October 16). *New England Journal of Medicine*.

HIV/AIDS by Race/Ethnicity

Rates per 100,000 persons of Reported HIV and AIDS by Race/Ethnicity

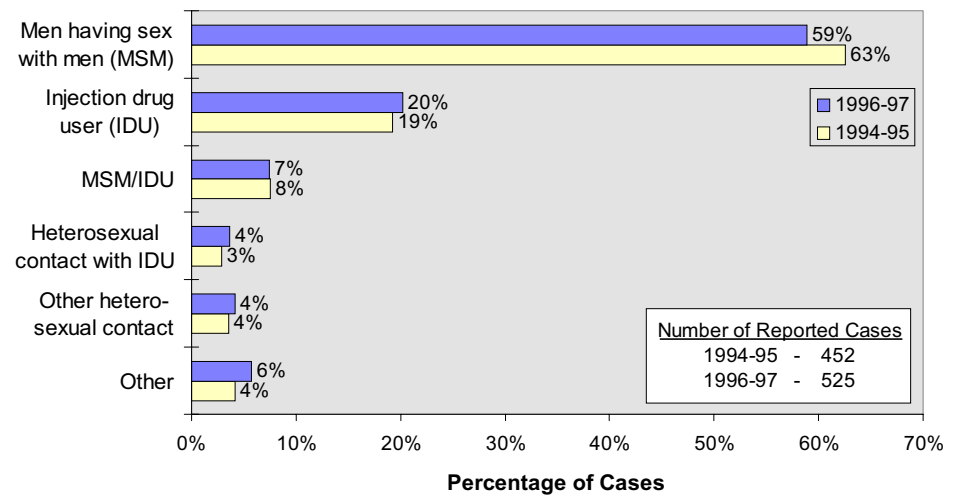


Source: HIV and AIDS Reporting System
Cases are classified in the year of first report as either HIV or AIDS

While Utah's rates are lower than U.S. rates, STDs still result in substantial morbidity and mortality. Over 850 Utahns have died of AIDS since 1983. Utahns need to obtain educational information and take appropriate precautions.

HIV/AIDS by Risk Group

Percentage Distribution of Reported HIV and AIDS Cases by Risk Group, Utah 1994-95 & 1996-97



During the past two decades, the importance of two other viral STDs, herpes and human papilloma virus (HPV), has become evident. Preventing viral STDs will require new approaches, including efforts to promote safer sexual practices. Data on occurrence of viral infections and on sexual behavior will be needed to guide and evaluate such efforts.

May Utah Health Status Update

Additional information about this topic is available from the Bureau of Epidemiology, Utah Department of Health, P O Box 142104, Salt Lake City, Utah 84114-2104, (801) 538-6191, FAX (801) 538-9923, or email: cnichols@doh.state.ut.us, the Bureau of HIV/AIDS and Tuberculosis/Refugee Health, Utah Department of Health, P O Box 142105, Salt Lake City, Utah 84114-2105, (801) 538-6096, FAX (801) 538-9913, email: kparker@doh.state.ut.us, or their homepage at <http://161.119.100.19/els>, or from the Office of Public Health Data, (801) 538-6108, FAX (801) 538-7053, or email: phdata@doh.state.ut.us.



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