

Utah Health Status Update:

Increases in Chlamydia and Gonorrhea Cases in Utah

January 2006

Utah Department of Health

The numbers of reported infections caused by chlamydia (*Chlamydia trachomatis*) and gonorrhea (*Neisseria gonorrhoeae*) have increased progressively for several years in Utah. For both of these sexually transmitted diseases (STDs), cases reported up to December 15, 2005 have exceeded the number of cases reported during all of 2004. At the current rate, chlamydia is projected to reach 4,380 cases compared to 3,858 in 2004 while gonorrhea is projected to reach 696 cases compared to 603 cases in 2004 (Figures 1 and 3).

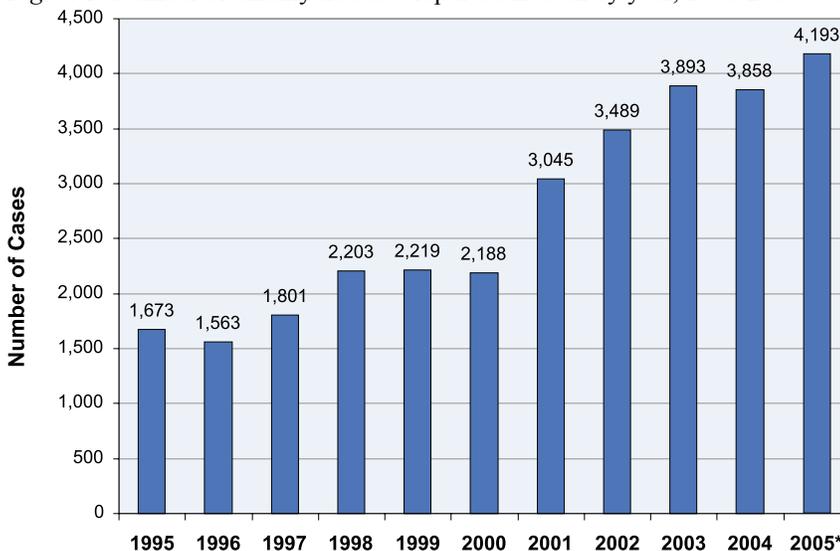
Chlamydia rates have increased nationally as well as in Utah. The continuing increase is at least partly due to increased testing and use of increasingly accurate tests. Improved detection has highlighted the high incidence of this damaging infection.

Nationally, gonorrhea rates declined steadily from 1975 through 1997 and more slowly after that. A few states, mostly in the West, have reported increases in gonorrhea rates in the past few years. No state has experienced an increase comparable to the nearly 3-fold increase in rates observed in Utah since 2001. As with chlamydia, increased detection (more and better testing) can explain part of the increase in gonorrhea cases. However, it is likely that this increase also means that more people are acquiring gonorrheal infection. Investigations are currently being conducted to help explain the increase in gonorrhea. The increase has affected men and women (Figure 5) similarly and has also affected both urban and rural parts of Utah (data not shown).

In Utah, as well as nationally, the highest age-specific rates of both gonorrhea and chlamydia occurred among those aged 15 to 24. In 2004, the chlamydia rate for ages 15-19 in Utah was 614.8 cases per 100,000 persons and 657.0 cases per 100,000 persons for ages 20-24. The 2004 Utah gonorrhea rate for ages 15-19 was 63.1 cases per 100,000 persons and 86.8 cases per 100,000 persons for ages 20-24 (Figures 2 and 4).

Chlamydia Cases by Year

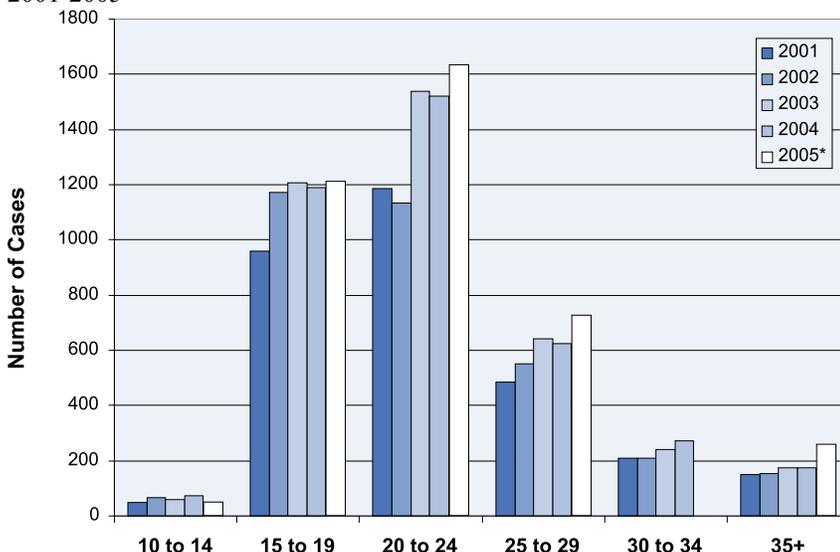
Figure 1. Number of chlamydia cases reported in Utah by year, 1995-2005*



*2005 data are provisional and include only cases reported through December 15, 2005.

Chlamydia Cases by Age

Figure 2. Number of chlamydia cases reported in Utah by age group and year, 2001-2005*



*2005 data are provisional and include only cases reported through December 15, 2005.

Two thirds of chlamydia cases are reported in females (66% in 2005). More cases are reported in females than males because testing is more often performed among females.

Chlamydia usually causes no or nonspecific symptoms, but untreated chlamydial infections can cause serious reproductive and other health problems. In women, untreated infection can spread into the uterus or

fallopian tubes and causes pelvic inflammatory disease (PID) in up to 40% of women. PID can permanently damage the fallopian tubes, uterus, and surrounding tissues, leading to infertility, chronic pelvic pain, and ectopic pregnancy (pregnancy outside the uterus).

Gonorrhea also causes PID, infertility, chronic pelvic pain, and ectopic pregnancy in women. Serious complications among men are less common for both gonorrhea and chlamydia. Men are more often symptomatic with gonorrhea than with chlamydia. Women with gonorrhea often have no symptoms.

Both chlamydial and gonorrheal infections can cause serious complications in an infant if a woman is infected during pregnancy and not tested and treated appropriately.

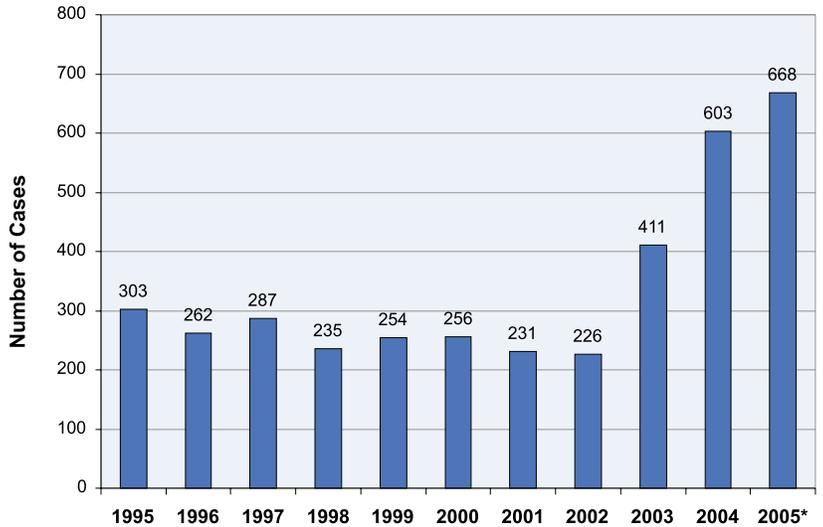
To help prevent the serious consequences of chlamydia, at least annual screening for chlamydial infection is recommended for all sexually active women aged 25 years and younger. Annual screening is also recommended for older women with risk factors for chlamydia (a new sex partner or multiple sex partners). All pregnant women should be tested for chlamydial infection. In addition to screening tests to detect infection, it is important to assure that sex partners are treated to prevent re-infection of the patient and limit further spread of this serious infection.

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Gonorrhea Cases by Year

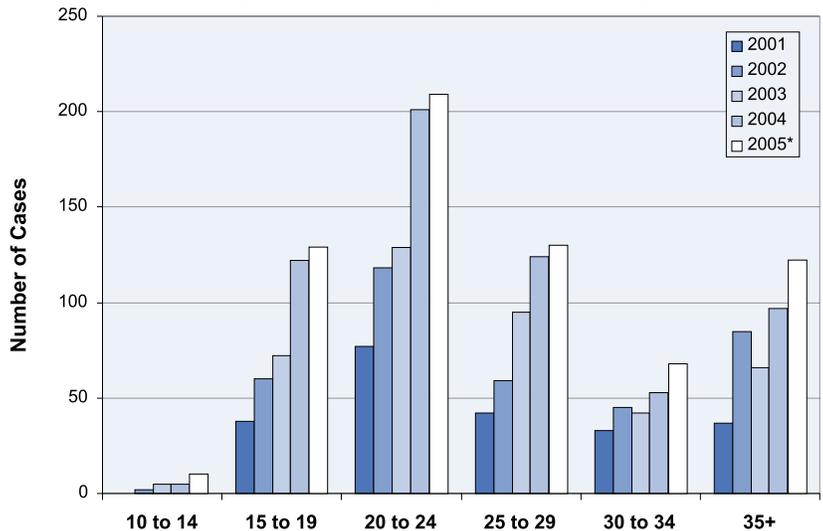
Figure 3. Number of gonorrhea cases reported in Utah by year, 1995-2005*



*2005 data are provisional and include only cases reported through December 15, 2005.

Gonorrhea Cases by Age

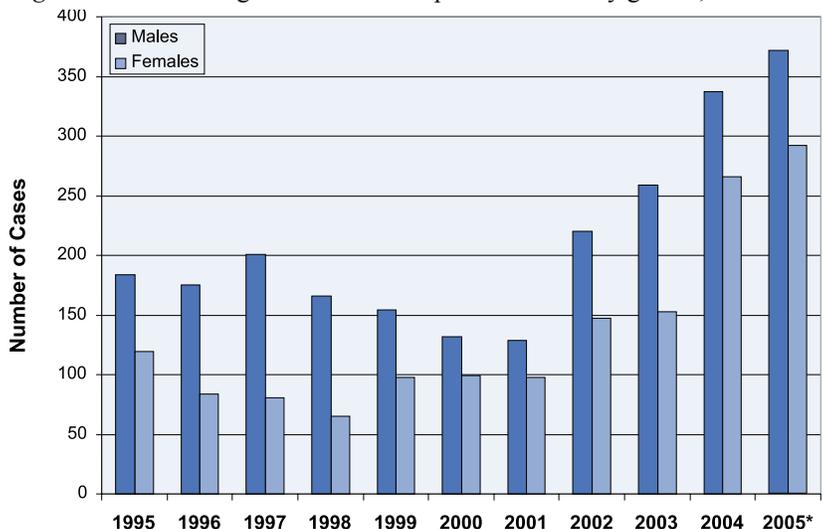
Figure 4. Number of gonorrhea cases reported in Utah by age, 2001-2005*



*2005 data are provisional and include only cases reported through December 15, 2005.

Gonorrhea Cases by Gender

Figure 5. Number of gonorrhea cases reported in Utah by gender, 1995-2005*



*2005 data are provisional and include only cases reported through December 15, 2005.

Breaking News, December 2005

Utah's Primary Care Network (PCN)

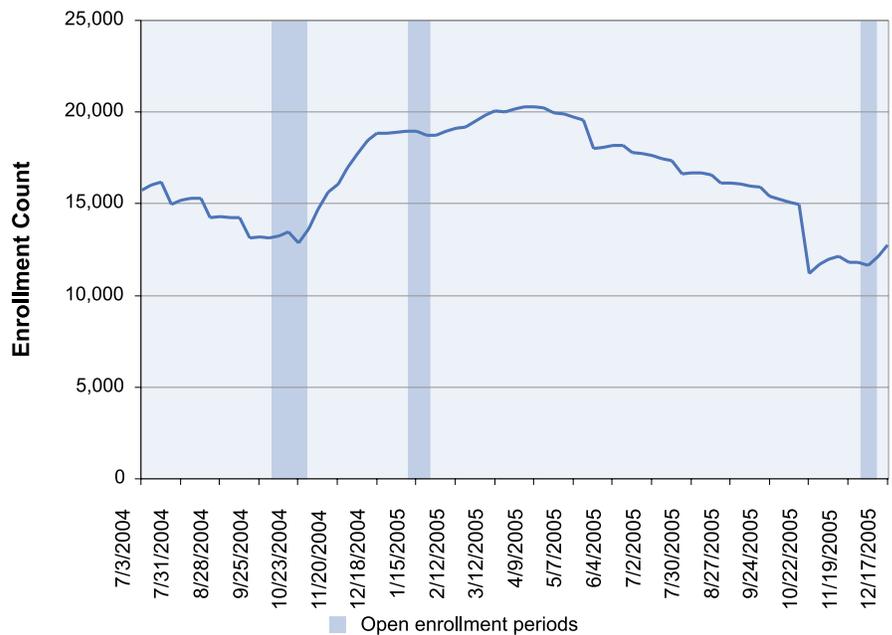
Utah's Primary Care Network (PCN) held an open enrollment period from November 28, 2005 through December 9, 2005. As of December 21, 2005, 12,339 applications were received. Most applications still are pending eligibility determination. Enrollment for PCN was closed initially in November 2003 after it reached its enrollment cap. Two of the three previous open enrollment periods were targeted for adults with children and held in conjunction with CHIP (Children's Health Insurance Program) open enrollment. Open enrollment periods are held based on monthly disenrollment trends and budget availability.

January 10-25, 2005, PCN open enrollment for adults with children with CHIP open enrollment: Approximately 2,500 clients were enrolled in PCN, 22% of applicants were approved for enrollment. The reason for the lower than usual approval rating was that all CHIP applications were screened for PCN eligibility.

October 4-29 2004, PCN open enrollment for adults with and without children: Approximately 8,400 clients were enrolled in PCN, 38% of applicants were enrolled.

May 3-12 2004, PCN open enrollment for adults with children held with CHIP: Approximately 1,600 clients were enrolled in PCN, 37% of applicants were enrolled.

PCN Enrollment, July 2004 - December 2005



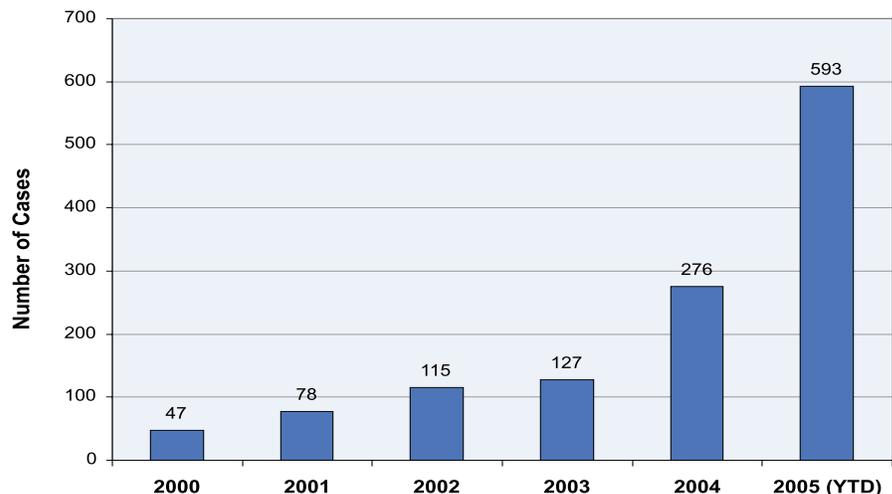
Community Health Indicators Spotlight, December 2005

Pertussis

The number of reported pertussis cases in Utah has been increasing since 2000. In 2004, 276 cases of pertussis were reported to UDOH. As of December 12, 2005, 593 cases of pertussis have been reported for 2005. The increase is partly due to increased testing and reporting, but it may also indicate a real increase in disease. During 2005, about half of cases were in adults and one quarter in adolescents. The trend in Utah is similar to the national trend, and it appears that pertussis is on the rise among adolescents and older adults. This is important because these groups have little or no immunity against the disease, and they often do not recognize that they have pertussis and can spread the infection to infants who are at most risk of serious complications.

In May 2005, two new vaccines (Boostrix and Adacel) against diphtheria, tetanus, and pertussis (Tdap) were licensed. These are the first vaccines available to provide a booster against pertussis for adolescents and adults. The UDOH encourages health care providers to vaccinate adolescents and adults with the appropriate Tdap vaccine and reminds parents to vaccinate infants on time in order to limit the spread of pertussis in Utah. Recommendations on use of Tdap in adolescents and adults can be found at: http://www.cdc.gov/nip/recs/provisional_rec/

Cases of Pertussis, Utah 2000-2005 (YTD)



Monthly Health Indicators Report for November 2005

Monthly Report of Notifiable Diseases, November 2005	# Cases	# Expected Cases (5-year average)	# Cases YTD	# Expected YTD (5-year average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	15	18	286	262	1.1
Escherichia coli (E. coli) 0157:H7	1	2	41	55	0.7
Hepatitis A (infectious hepatitis)	0	4	19	50	0.4
Hepatitis B (serum hepatitis)	3	4	37	38	1.0
Influenza**	For the most up-to-date information on influenza in Utah, visit http://health.utah.gov/epi/diseases/flu				
Measles (Rubeola, Hard Measles)	0	0	0	1	0.0
Meningococcal Diseases	0	1	11	6	1.7
Norovirus	0	0*	27	4*	7.7
Pertussis (Whooping Cough)	69	15	593	111	5.3
Salmonellosis (Salmonella)	19	32	382	268	1.4
Shigella	5	6	47	53	0.9
Varicella (Chickenpox)	32	83*	489	487*	1.0
Viral Meningitis	11	12	239	120	2.0

Note: Active surveillance has ended for West Nile Virus (WNV) until the 2006 season.

Notifiable Diseases Reported Quarterly, 3rd Qtr 2005	# Cases	# Expected Cases (5-year average)	# Cases YTD	# Expected YTD (5-year average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	31	14	73	44	1.7
AIDS	12	13	33	49	0.7
Chlamydia	1,093	874	3,264	2,231	1.5
Gonorrhea	185	98	511	246	2.1
Tuberculosis	12	13	26	29	0.9

Program Enrollment for the Month of November 2005	Current Month	Previous Month	% Change From Previous Month	1 Year Ago	% Change From 1 Year Ago
Medicaid	179,000	177,992	+0.6%	172,716	+3.6%
PCN (Primary Care Network)	12,287	15,476	-20.6%	18,280	-32.8%
CHIP (Children's Health Ins. Plan)	34,008	33,263	+2.2%	24,852	+36.8%

Program Expenditures for the Month of November 2005	Monthly	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Ambulatory and Other Care	\$ 547,421	\$ 586,300	\$ 2,525,467	\$ 2,616,590	(\$ 91,123)
Fee for Service Hospital Inpatient	\$ 14,016,773	\$ 13,865,910	\$ 64,823,830	\$ 64,226,460	\$ 597,370
Long Term Care	\$ 16,316,423	\$ 13,289,070	\$ 69,018,745	\$ 65,599,970	\$ 3,418,775
Pharmacy	\$ 17,310,411	\$ 18,077,200	\$ 87,647,719	\$ 89,793,580	(\$ 2,145,861)

Health Care System Measures	Current Data Year	Number of Events	Percentage of Utah Population	% Change From Previous Year	Total Charges in Millions	% Change From Previous Year
Overall Hospitalizations	2004	266,195	10.1%	-0.3%	\$ 3,225.0	+11.1%
Non-maternity Hospitalizations	2004	160,302	5.9%	0.0%	\$ 2,692.5	+12.0%
Emergency Department Encounters	2003	638,478	25.2%	+1.0%	\$ 397.8	+18.3%
Outpatient Surgery	2003	279,874	11.1%	+5.6%	\$ 731.2	+17.4%

Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percentage/Rate	Previous Year Rate	% Change From Previous Year
Overweight and Obesity (Adults 18+)	2004	1,698,118	957,739	56.4%	54.7%	+3.1%
Cigarette Smoking (Adults 18+)	2004	1,698,118	178,302	10.5%	11.9%	-11.8%
Influenza Immunization (Adults 65+)	2004	207,920	156,980	75.5%	74.8%	+0.9%
Health Insurance Coverage (Uninsured)	2004	2,469,230	251,861	10.2%	9.11%	+12.0%
Motor Vehicle Crash Injury Deaths	2004	2,469,230	298	12.1 / 100,000	11.6 / 100,000	+4.3%
Suicide Deaths	2004	2,469,230	377	15.3 / 100,000	13.9 / 100,000	+10.1%
Diabetes Prevalence	2004	2,469,230	93,831	3.8%	3.7%	+2.7%
Coronary Heart Disease Deaths	2004	2,469,230	1,603	64.9 / 100,000	70.6 / 100,000	-8.1%
All Cancer Deaths	2004	2,469,230	2,442	98.9 / 100,000	100.9 / 100,000	-2.0%
Births to Adolescents (Ages 15-17)	2004	57,505	854	14.9 / 1,000	16.0 / 1,000	-6.9%
Early Prenatal Care	2004	50,653	39,521	78.0%	78.0%	0.0%
Infant Mortality	2004	50,653	262	5.2 / 1,000	5.0 / 1,000	+4.0%
Childhood Immunization (4:3:1:3:3)	2004	48,619	34,665	71.3%	78.8%	-9.5%

* Due to limited historical data, the average is based upon 2 years of data for norovirus, and varicella.

** During November, influenza activity was low, but increasing compared to reported activity in October. The weekly proportion of patient visits to sentinel providers in Utah for influenza-like illness (ILI) was below baseline values for November. As of November 30, 2005, 7 influenza-associated hospitalizations were reported to UDOH.

Note: % Change could be due to random variation