

STI Fast Facts: Washington State 2008



Sexually transmitted infections are the most commonly reported of all communicable diseases in Washington State and comprised more than 75% of all communicable diseases or conditions reported in 2008. The burden of sexually transmitted infections (STIs) may be considered a reflection of the overall health of our communities and is an important factor in increasing health care costs.

Healthcare providers and laboratories are required to report laboratory confirmed cases of chlamydia, gonorrhea, herpes, syphilis, chancroid, granuloma inguinale and lymphogranuloma venereum to their local health departments; **Table 1** shows total cases diagnosed and reported in Washington State in 2007 and 2008.

Disease	2007 Cases*	2008 Cases*	Change
Chlamydia (CT)	18,915	20,882	↑
Gonorrhea (GC)	3,582	3,069	↓
Primary & Secondary Syphilis	172	176	↑
Early and Late Latent Syphilis	225	244	↑
Congenital Syphilis	2	0	↓
Herpes, Initial Infection	1,946	1,971	↑
Neonatal Herpes	1	9	↑
Lymphogranuloma Venereum	1	4	↑
Chancroid/GI	0	1	↑
Total Reportable STIs	24,844	26,356	↑

*Cases diagnosed in the calendar year and reported as of March 2009

Table 1 - Reported STI Cases by Disease, Washington State, 2007 - 2008

Chlamydia

Chlamydia trachomatis (CT) is the most commonly reported STI nationally. Consequences of chlamydial infections may include pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and chronic pelvic pain.

The number of chlamydia cases and the incidence rate among persons in Washington State for 1992 to 2008 are presented in **Figure 1**. Chlamydia cases and rates increased steadily through 2004, remained statistically stable for a period and have increased slightly for 2008. Washington State's CT incidence rate was 317 per

100,000 for 2008. The national CT incidence rate for 2007 was 370 cases per 100,000. Some of the increase for 2008 is due to more timely and complete case investigation and reporting by local public health partners.

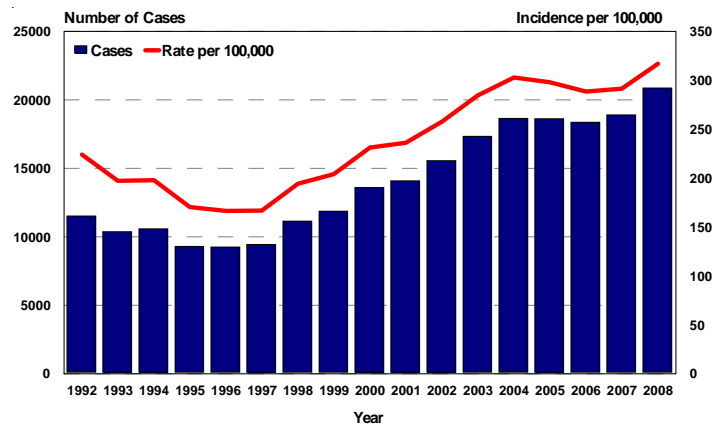


Figure 1 - Chlamydia Cases and Rates, Washington State 1992 - 2008

Age-specific incidence rates by gender for chlamydia cases reported in Washington State in 2008 are presented in **Figure 2**. Younger women continue to have disproportionately higher incidence rates than other age groups or than males.

- Age-specific CT rates peak among 20 - 24 year olds for both females and males
- 86% of all CT cases reported in 2008 are for persons aged 29 years and younger

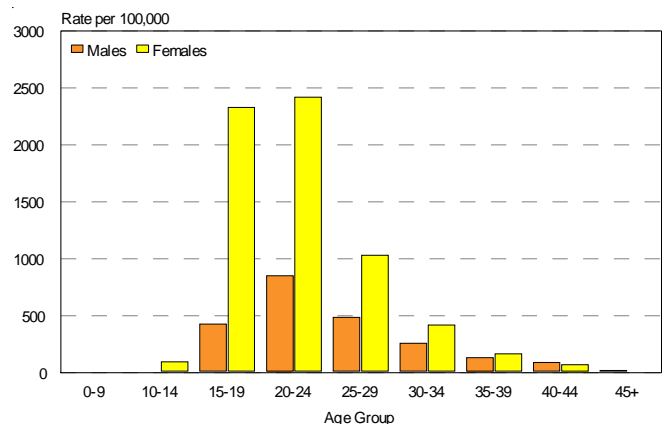


Figure 2 - Chlamydia Rates by Gender and Age Group, Washington State 2008

Gonorrhea

Infections due to *Neisseria gonorrhoeae* (GC) are a major cause of morbidity in the United States. Consequences of gonorrhea infection may include disseminated infections, pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and chronic pelvic pain.

After falling steadily for several decades, GC rates began to rise nationally in 2005. In Washington State, gonorrhea rates reached a 13-year high in 2006 but have since decreased to 46.5 per 100,000 in 2008 (**Figure 3**). The national gonorrhea incidence rate also decreased slightly to a rate of 118 per 100,000 in 2007. Increased resistance to a commonly used antibiotic was widely noted in the middle of the decade and the observed drop in case rates may be due, in part, to use of more appropriate treatment options.

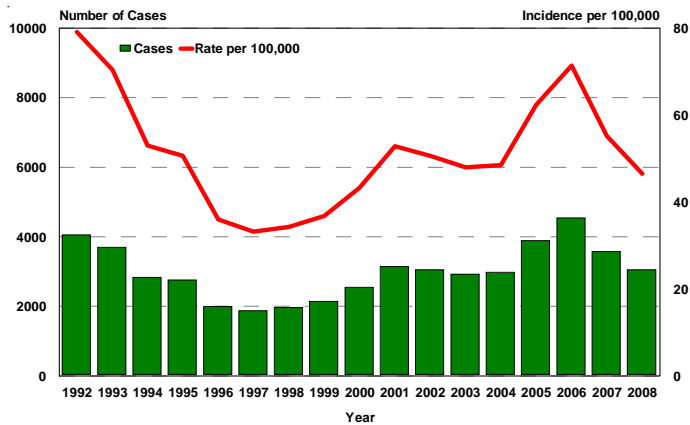


Figure 3 - Gonorrhea Cases and Rates, Washington State 1992 - 2008

- Gonorrhea cases reported and annual incidence rate decreased 15% in 2008
- GC incidence among males is highest in the 20 – 24 age group at 178 per 100,000
- Highest GC incidence for females is also in the 20 – 24 age group at 216 per 100,000

The age distribution for gonorrhea differs between genders and age groups as seen in **Figure 4**. Among males, the burden of disease continues to be distributed more evenly across age groups; 61% of cases are reported among those 25 years of age and older.

The overall gender specific rate for males and females in 2008 demonstrated no significant gender-based inequality in burden of disease. A continuing outbreak of gonorrhea among men who have sex with men (MSM) is evident by rate inequalities among older males versus females in the same age groups.

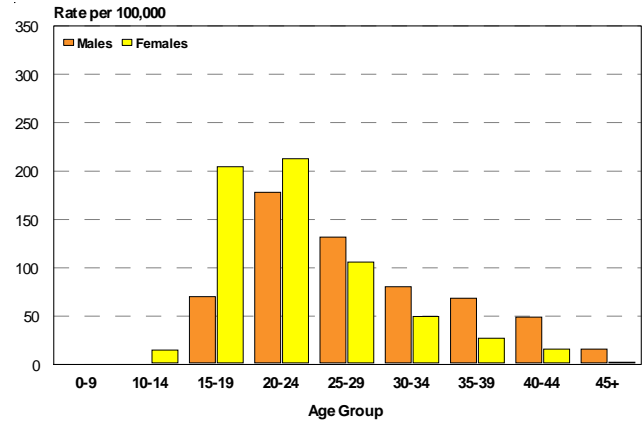


Figure 4 - Gonorrhea Rates by Gender and Age Group, Washington State 2008

Chlamydia & Gonorrhea Rates by County

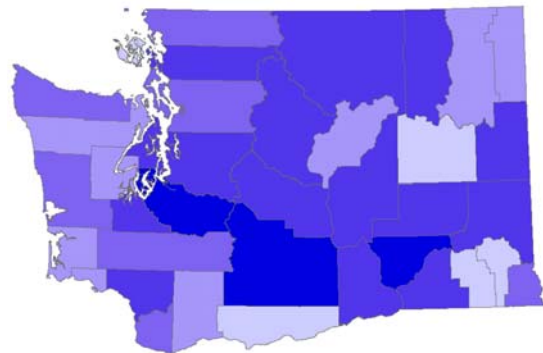


Figure 5 - Chlamydia Incidence Rates by County, Washington State 2008

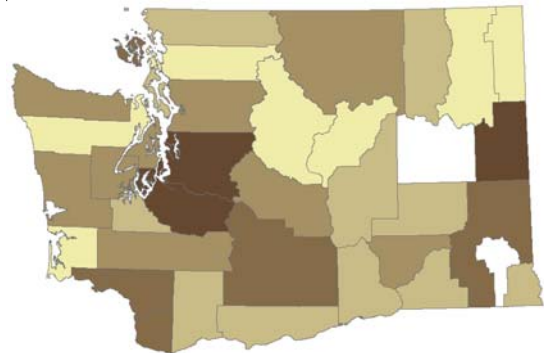


Figure 6 - Gonorrhea Incidence Rates by County, Washington State 2008

While chlamydia and gonorrhea cases were reported from a majority of counties in Washington State in 2008, gonorrhea incidence is concentrated in urban settings. Despite overall decreases, gonorrhea incidence has increased in cities in eastern Washington.

Chlamydia continues to be more broadly dispersed than gonorrhea, with rural counties experiencing rates similar to more densely populated urban areas.

Syphilis

Syphilis is caused by infection with *Treponema pallidum*, a spiral-shaped, slender and highly mobile spirochete bacteria. Syphilis infection occurs in four distinct stages: primary, secondary, early latent, and late latent. All four stages of syphilis were reported in 2008.

- **Primary & Secondary Syphilis rates increased slightly between 2007 and 2008**
- **Syphilis among MSM in King County accounts for a majority of cases reported in 2008**

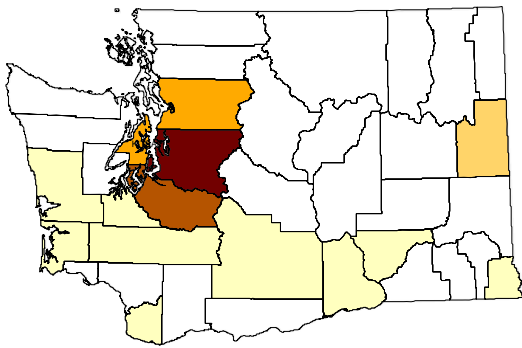


Figure 7 - Early Syphilis Cases Reported by County, Washington State, 2008

Primary and secondary infection are the infectious stages of disease. Of 176 primary and secondary syphilis cases diagnosed in 2008, 125 (70.5%) were resident in King County. There continues to be a large disparity between male and female rates (**Figure 8**). This pattern of case incidence has been observed since 1997 and is consistent with an epidemic concentrated among MSM in urban settings. No cases of congenital syphilis were diagnosed in 2008.

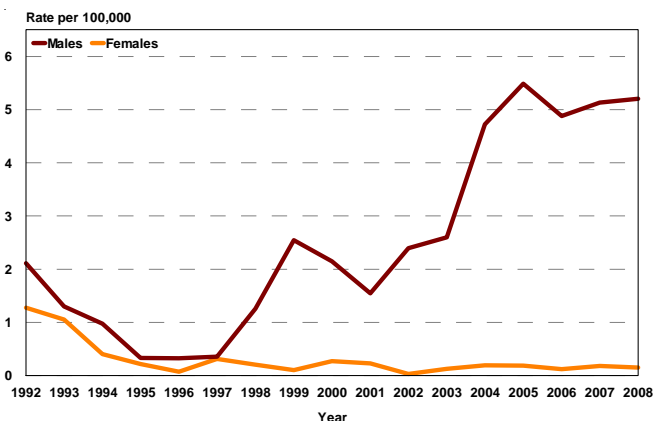


Figure 8 - Primary & Secondary Syphilis Incidence Rate by Gender, Washington State 1992 - 2008

Other STIs

Washington State requires reporting of initial infection of genital herpes. In 2008, 1,971 cases of genital herpes initial infection were reported for an incidence rate of 29.9 cases per 100,000 persons. Four cases of lymphogranuloma venereum were reported in 2008; one case of chancroid and no cases of granuloma inguinale were reported.

STD Awareness Month

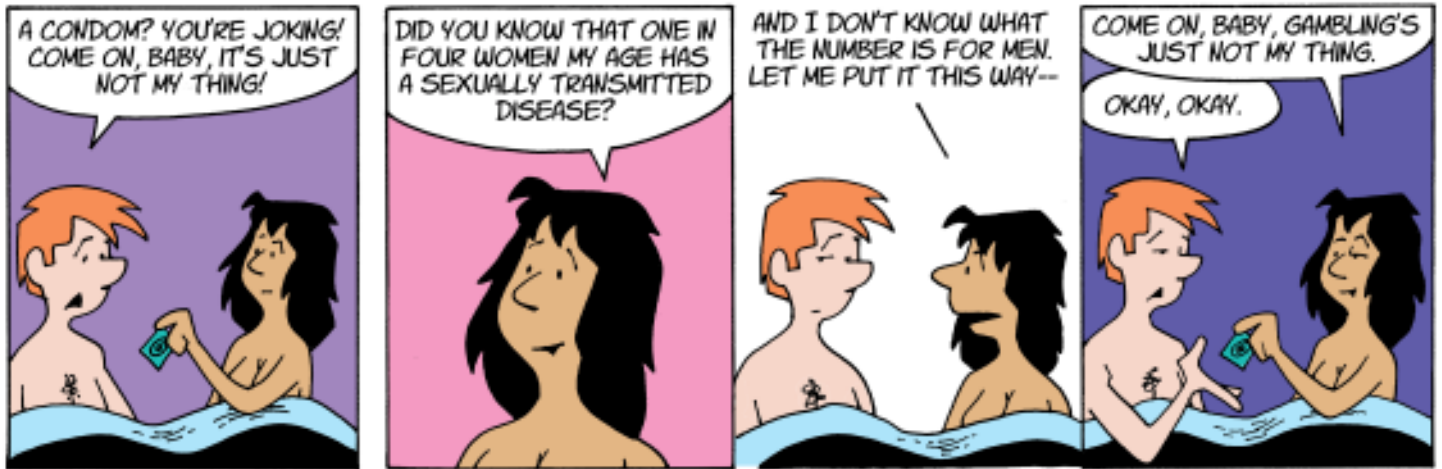
April is STD Awareness Month, an annual observance intended to raise public awareness about the impact of STIs on the lives of Americans and the importance of discussing sexual health issues with health care providers and sex partners. Throughout April, MTV and the Kaiser Family Foundation collaborated with the Planned Parenthood Federation of America and other partners to inform young people about STIs and to promote testing and treatment. An ongoing national on-air and online campaign called It's you (Sex) Life was launched to help remove stigma around STIs and to encourage young people to learn more about sexual health. Additional information can be found at <http://itsyoursexlife.com/>.

STI Monitoring & Reporting Update

In January of 2008, all local health jurisdictions in Washington State started using a statewide web-based electronic reporting system. This system provides additional functionality for monitoring and evaluating disease trends at the local and state level, evaluating intervention effectiveness, and assessing system performance in terms of timeliness and completeness of reporting. Increases in the sensitivity of reporting (because of timely entry of laboratory data) are reflected in increased chlamydia cases in 2008 and account for some of the observed increase in incidence rates.

Publications from the STD Services Section present trends in incidence and prevalence based on the *date a case is diagnosed* rather than by the *date the case was reported*. This change is designed to present STI data in a way that more accurately reflects epidemiologic trends.

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Resources

The growth of the internet presents new opportunities for developing web-based applications for public health. The Internet & STD Center of Excellence is a national collaboration to explore, identify, implement and evaluate innovative technologies and applications for sexually transmitted disease prevention. STDPreventionOnline.org is a membership-based STD-related news and information service providing its members free access to a broad range of STD prevention resources including media campaigns and promotional materials. Patients, clinicians, epidemiologists, public health workers, researchers and/or other interested parties are welcome and encouraged to join this growing online community sponsored by the U.S. Centers for Disease Control and Prevention and hosted by the Denver Department of Public Health. For more information or to join [STDPreventionOnline](http://STDPreventionOnline.org), go to <http://www.stdpreventiononline.org/index.php/>.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

Additional information about sexually transmitted infections, treatment guidelines, Washington State Dept. of Health reporting requirements, ways to prevent the spread of STIs, and general information about reproductive health issues is available from:

The U.S. Centers for Disease Control & Prevention:

www.cdc.gov/std/

STD Services Section, Washington State Dept. of Health:

www.doh.wa.gov/cfh/STD

Family Planning & Reproductive Health, Washington State Dept. of Health:

www.doh.wa.gov/cfh/FPRH

Henry J. Kaiser Family Foundation:

www.kff.org/index.cfm



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National STD
Awareness
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PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

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