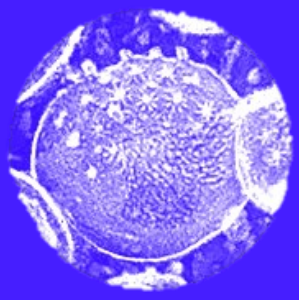
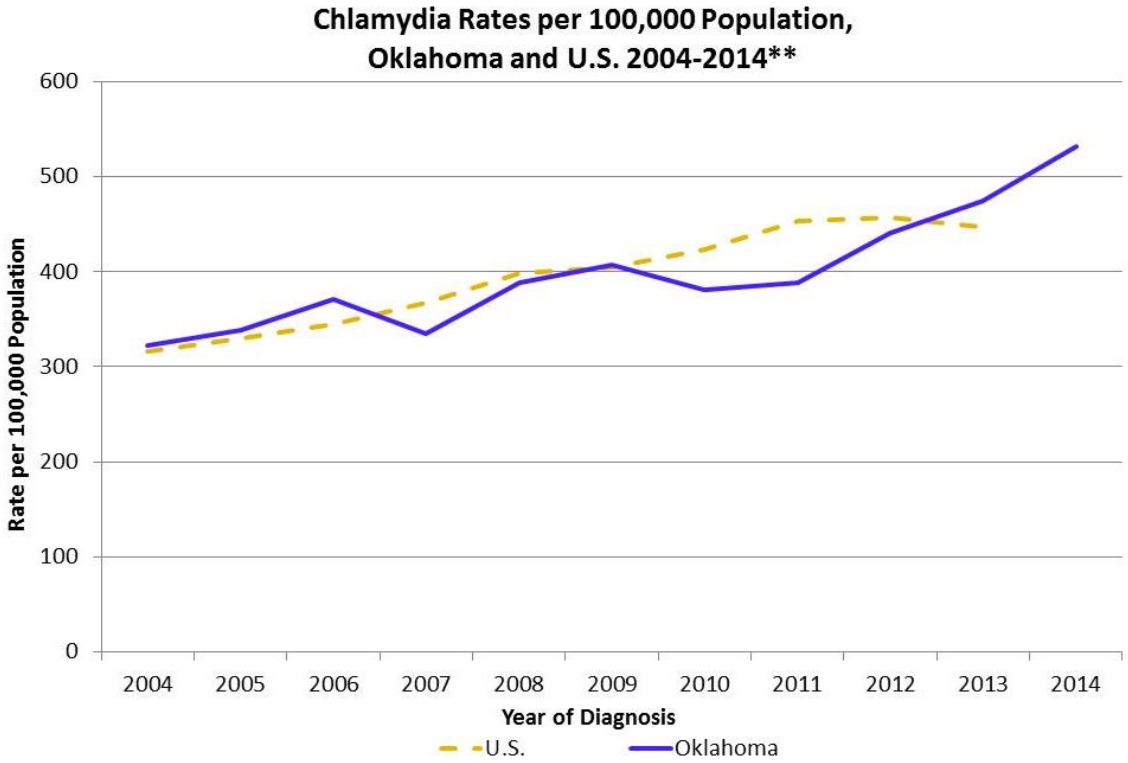
CHLAMYDIA CASES IN 2014





***U.S. Data for 2014 not available at the time of this report.*

OVERVIEW

Chlamydia, caused by the bacterium *Chlamydia trachomatis*, is the most commonly reported, notifiable sexually transmitted disease (STD) in the United States and the most prevalent, reportable STD in Oklahoma.

In 2014, a total of 20,655 cases were reported in Oklahoma, approximately a 13.0% increase in the number of cases from 2013 (18,278). Oklahoma had an incidence rate of 532.6 cases per 100,000 in 2014, a 12.2% rate increase compared to 2013 (474.7 cases per 100,000), a 22.0% rate increase compared to 2012 (441.5 cases per 100,000), and a 36.9% rate increase compared to 2011 (389.1 cases per 100,000).

SYMPTOMS AND COMPLICATIONS

Chlamydia, known as a "silent" disease, is typically asymptomatic; only about 30% of females experience symptoms and as many as one in four males have no symptoms.

Serious complications can develop before a patient ever recognizes a problem. Symptomatic females may experience abnormal vaginal discharge or bleeding, burning sensation during urination, and/or pain during intercourse.

In females, chlamydia can cause pelvic inflammatory disease, ectopic pregnancy, chronic pain, and/or infertility. Chlamydial infection can also be transmitted to a baby's eyes during vaginal birth, which can ultimately result in blindness.

For More Information Contact:

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Age group 14 years and under was the only age group with a rate **decrease** from 2013, at 13.1% lower.

Blacks made up **23%** of chlamydia cases in Oklahoma, but only make up 7% of the population.

Males with symptoms of chlamydia might have penile discharge, testicular tenderness, rectal discharge or pain, or burning and itching around the urethra. Complications for males include epididymitis, infertility, and Reiter's syndrome (reactive arthritis).

BY SEX

Most of the reported cases of chlamydia in 2014 were among females (14,846 ; 71.9%), while males made up 28.1% (5,804). The rate among females (758.3 cases per 100,000) was over 2.5 times higher than that of males (302.3 cases per 100,000). Both groups experienced a rate increase from 2013; females increased 12.8%, up from 13,065 cases at 672.3 cases per 100,000 and males increased 10.6%, up from 5,213 cases at 273.3 per 100,000.

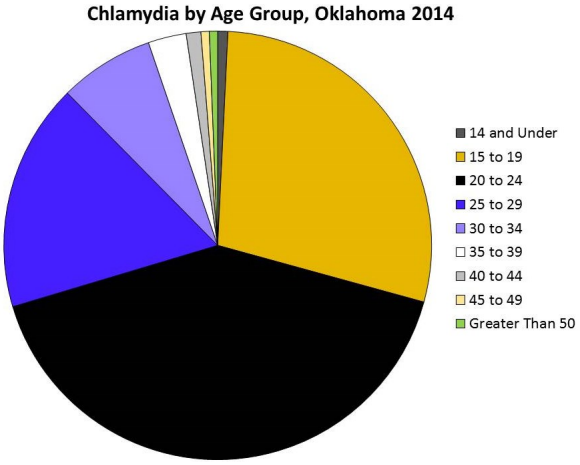
BY AGE

Age groups with the highest rates in 2014:

- 20 to 24 years – 2,932.2 per 100,000
- 15 to 19 years – 2,285.3 per 100,000
- 25 to 29 years – 1,339.8 per 100,000
- 30 to 34 years – 552.5 per 100,000

Chlamydia occurs in all ages, but age groups 20 to 24 years (8,493) and 15 to 19 years (5,886) had the most cases and highest rates of all age groups. Age group 25 to 29 years had the third most cases and third highest rate (3,556).

Age group 14 years and under was the only age group with a rate decrease from 2013, at 13.1% lower (22.8 to 19.8 cases per 100,000). All other age groups experienced rate increases from 2013 to 2014. Age group 45 to 49 year olds experienced the largest rate increase (29.0%; 44.2 to 57.0 per 100,000), followed by 50 years and older (28.6%; 7.7 to 9.9 per 100,000), and 30 to 34 year olds (19.5%; 462.4 to 552.5 per 100,000).



BY RACE/ETHNICITY

Of the 20,655 chlamydia cases:

- 42.1% (8,688) were White,
- 23.0% (4,733) were Black,
- 10.8% (2,232) were Hispanic,
- 9.6% (1,981) were American Indian/Alaska Native,
- 5.7% (1,176) were Multi Race,
- 1.1% (227) were Asian/Pacific Islander, and
- 7.8% (1,618) were categorized as Other/Unknown.

Following the same trend as previous years, Whites had the most cases (8,688; 42.1%) followed by Blacks (4,733; 23.0%), with Blacks having the highest rate among all racial groups (1,651.0 cases per 100,000). The rate among blacks was 4.9 times the rate for Whites (334.3 cases per 100,000) and 3.1 times the state rate of chlamydia.

American Indians and Alaska Natives accounted for 9.6% (1,981) of cases and had

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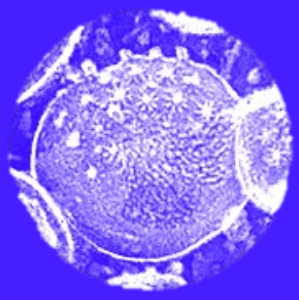
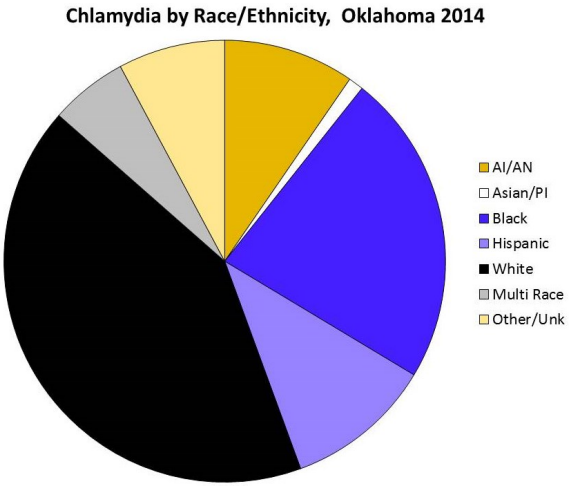


the second highest rate (621.6 cases per 100,000). All racial groups experienced a rate increase from 2013.

Hispanics, with the third highest rate, experienced an 18.9% rate increase from 2013 (492.1 to 585.0 cases per 100,000) and accounted for 10.8% (2,232) of cases. Those reporting Multi Race had the highest rate increase from 2013 at 35.7% (416.1 to 564.8 cases per 100,000) accounting for 5.7% (1,176) of the cases in 2014.



BY GEOGRAPHY

Oklahoma County had the most cases in 2014 (4,993 at 651.6 cases per 100,000) followed by Tulsa County (4,070 cases at 646.4 per 100,000); however, Oklahoma and Tulsa counties had the 8th and 10th highest rates, respectively. Cleveland County accounted for the third most cases but the 30th highest rate (1,143 cases at 423.5 per 100,000). Comanche County had the fourth most cases and the highest rate of chlamydia in 2014 (1,044 cases at 835.0 per 100,000). From 2013, over half (50; 64.9%) of the counties in Oklahoma experienced an increase in the rate of chlamydia while 27 (35.1%) experienced a rate decrease.

TREATMENT INFORMATION

According to the Center for Disease Control's 2010 Sexually Transmitted Diseases Treatment Guidelines, the recommended treatment therapy for chlamydia is either azithromycin (1 g PO) or doxycycline (100 mg BID x 7). There are also alternative treatment regimens as well as specific considerations for pregnant females, infants and children. Treatment of chlamydia is the best way to avoid complications. In addition, a person's partner(s) with chlamydia should receive appropriate treatment in order to avoid re-infection.

Based on reported information, 55.3% (11,412) of the 20,655 chlamydia cases were appropriately treated based on the CDC treatment guidelines. Because some laboratory reports may not have been reported by the physicians or providers of care, or are missing treatment information, it is likely that more patients were actually treated appropriately.

The rate of chlamydia in Oklahoma increased **21%** from 2012 to 2014.

Oklahomans age 45 to 49 had the **largest** rate increase, 29.0%, from 2013.

Oklahoma State Department of Health