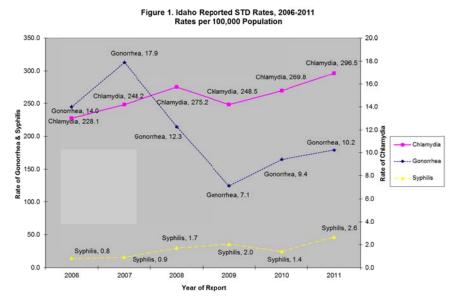
Idaho Additional Morbidity Narrative and Tables

2011 Trends for Chlamydia (CT), gonorrhea (GC) and syphilis morbidity and prevalence Figure 1 illustrates Idaho's five-year rate trends for CT, GC and syphilis (2006-2011). CT rates increased 30 percent over the last five years, an upward trend which began in 1997. GC rates decreased 27 percent over the last five years; however, rates have been increasing since 2009. Syphilis rates also increased 225 percent over the last five years. However, the number of yearly syphilis cases is low, causing large percentage changes year-to-year.



Idaho's rate of gonorrhea in 2011 was 10.2 cases per 100,000 people, which falls substantially below the Healthy People 2010 threshold of 19.0 cases per 100,000 people. Figure 2 shows the CT case report trend which increased 12 percent, from 4,208 cases reported in 2010 to 4,699 cases reported in 2011 (Figure 2).

Figure 3 shows the five-year case trends for gonorrhea and syphilis. GC increased, from 147 cases reported in 2010 to 162 cases reported in 2011, a ten percent increase. Syphilis increased from 22 cases reported in 2010 to 42 cases reported in 2011, an increase of 91 percent.

Figure 2. Idaho Reported Chlamydia Cases, 2006-2011 Updated 6/27/2012

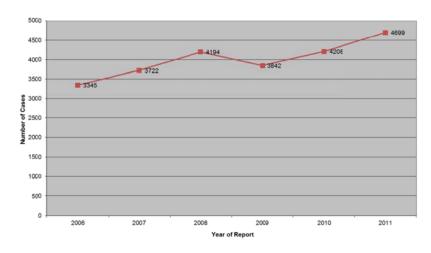
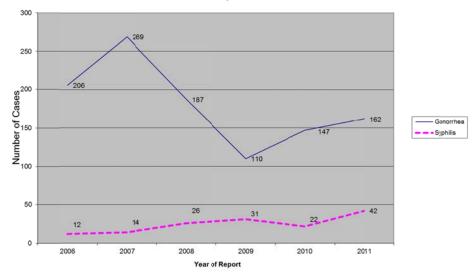


Figure 3. Idaho Reported Gonorrhea and Syphilis Trend by Number of Cases, 2006-2011 Updated 6/27/2012



Semi-Annual Comparisons of CT, GC and Syphilis

The due date of the grant application prevented reporting of cases for the entire time period of 1/1/2012 - 6/30/2012; therefore, the time period 1/1/2012 - 5/31/2012 is being used. As shown in Table 1 the number of CT cases reported in the first five months of 2012 increased 14 percent over cases CT cases reported in the first five months of 2012. However, in 2011, data entered into the STD*MIS system was delayed due to a staff vacancy. Therefore, the number of cases reported in the first five months of 2011 is artificially low. The Family Planning, STD, and HIV

Table 1. STD Cases Reported in Idaho, January-May 2011 vs. January-May 2012				
STD	Year of	f Report	Percent	
310	Jan-May 2011	Jan-May 2012	Change	
Chancroid	0	0		
Chlamydia	1674	1916	14%	
Gonorrhea	58 42		-28%	
Syphilis (all				
stages)	13	21	62%	
Early syphilis	4 19 375%			
TOTAL	1745	1979	13%	

Programs (FPSHP) worked on implementing its gonorrhea prevention plan and fortunately case reports declined in 2012. From 1/1/2011 – 5/31/2011, there were 58 cases of gonorrhea (GC) reported, compared to 42 cases reported from 1/1/2012 – 5/31/2012, a decrease of 28 percent. Case reports from all stages of

syphilis increased 62 percent, from 13 cases reported from 1/1/2011 - 5/31/2011 to 21 cases reported from 1/1/2012 - 5/31/2012. During 1/1/2011 - 5/31/2011, 13 syphilis (all stages) cases were reported, 4 of which were early syphilis (primary, secondary, or early latent stages). During the same time period in 2012, 21 syphilis (all stages) cases were reported, 19 of which were early syphilis. This increase has resulted in District Health Department 4 (DHD4) declaring an outbreak and initiating incident command response protocols in an attempt to notify affected

populations and enable administrative and funding support for control measures.

Reportable STD by Gender

When looking at CT morbidity by gender, for the time period 1/1/2011 - 5/31/2011, 72 percent of the cases were reported in females and 28 percent in males (Table 2). CT reported in males increased during 1/1/2012 - 5/31/2012, when 30

Table 2. Reported CT Cases by Sex—Idaho, January-May 2011 vs. January-May 2012					
		Year of Report			
Sex	Jan-	May 2011	Jan-	-May 2012	
	N	Percent (%)	N	Percent (%)	
Male	472	28%	579	30%	
Female	1198	72%	1329	69%	
Unknown	4	0%	8	0%	
TOTAL	1674	100%	1916	100%	

percent of cases were reported in males and 70 percent of cases were reported in females. Over two-thirds of GC were reported in males during 1/1/2012 - 5/31/2012 compared to 40 percent of cases during 1/1/2011 - 5/31/2011. This increase could be due to GC among men who have sex with men (MSM) or underreporting of GC in asymptomatic females (Table 3).

Table 3. Reported GC Cases by Sex—Idaho, January-May 2011 vs. January-May 2012						
		Year of Report				
Sex	Jan-	-May 2011	Jan	-May 2012		
	N	Percent (%)	N	Percent (%)		
Male	23	40%	29	69%		
Female	35 60%		13	31%		
TOTAL	58	100%	42	100%		

Early syphilis in Idaho predominantly affected men who have sex with men during the first five months of both 2011 and 2012. MSM were 75% of 2011 cases and over two thirds of 2012 cases (Table 4). Bisexual males were a notable proportion of MSM. Both female cases in 2012 were sexual contacts to MSM.

Table 4. Reported Early Syphilis Cases by Sex— Idaho, January-May 2011 vs. January-May 2012					
	Year of Report				
Com	Jan-	-May 2011	Jan	-May 2012	
Sex	N	Percent (%)	N	Percent (%)	
Male	3	75%	17	89%	
Female	1	25%	2	11%	
Unknown	0	0%	0	0%	
TOTAL	4	100%	19	100%	

Reported STD by Age

The distribution of CT by age group remained fairly stable with the majority of cases in 2011 and 2012 reported in people 15 - 24 years of age. There was a slight increase in the proportion of cases reported in 20 - 24 year-olds in the first 5 months of 2012 (Table 5). When looking at GC morbidity by age, more cases were reported in persons 15 - 29 years of age. However, the number of cases reported in persons ages 20 - 29 decreased 50 percent when morbidity from 1/1/2012 - 5/31/2012 is compared to 1/1/2011 - 5/31/2011.

Table 5. Reported Chlamydia by Age Group—Idaho, January-May 2011 vs. January-May 2012				
_		Year of	Report	
Age (years)	Jan	-May 2011	Jan	-May 2012
(years)	N	Percent (%)	N	Percent (%)
0 - 4	8	0%	0	0%
5 - 9	0	0%	0	0%
10-14	8	0%	7	0%
15-19	501	30%	549	29%
20-24	657	39%	804	42%
25-29	289	17%	309	16%
30-34	121	7%	134	7%
35-39	48	3%	64	3%
40-44	21	1%	27	1%
45-54	15	1%	15	1%
55-64	3	0%	2	0%
65+	2	0%	2	0%
Unknown	1	0%	3	0%
TOTAL	1674	100%	1916	100%

Cases in persons 40-44 years of age increased, from zero reported from 1/1/2011 - 5/31/2011 to five reported during 1/1/2012 - 5/31/2012 (Table 6). The ages of individuals reported with early syphilis in Idaho varies dramatically year-to-year and is widely distributed among all age categories. Cases are reported in individuals as young as 15–19 years to as old as 55-64 years of age (Table 7).

Reported STD by Race / Ethnicity

The distribution of CT cases by race/ethnicity remained very stable when comparing the first 5 months of 2011 and 2012. The majority of cases were reported in Whites, followed by Hispanics and the other races (Table 8). Approximately one-third of reported cases are of unknown race/ethnicity. The majority of cases without race and ethnicity information are reported by private providers, who do not routinely collect this information from patients. The majority of gonorrhea cases were reported in

Table 6. Reported Gonorrhea by Age Group—Idaho, January-May 2011 vs. January-May 2012				
		Year o	f Repor	t
Age Group (years of age)	Jan-	-May 2011	Jar	n-May 2012
(years or age)	N	Percent (%)	N	Percent (%)
0 - 4	0	0%	0	0%
5 - 9	0	0%	0	0%
10-14	0	0%	1	2%
15-19	11	19%	9	21%
20-24	28	48%	12	29%
25-29	14	24%	9	21%
30-34	1	2%	2	5%
35-39	2	3%	2	5%
40-44	0	0%	5	12%
45-54	2	3%	2	5%
55-64	0	0%	0	0%
65+	0	0%	0	0%
Unknown	0	0%	0	0%
TOTAL	58	100%	42	100%

Table 7. Reported Early Syphilis Cases by Age Group—Idaho, January-May 2011 vs. January-May 2012				
		Year o	f Repor	t
Age Group (years of age)	Jar	n-May 2011	Ja	an-May 2012
(years or age)	N	Percent (%)	N	Percent (%)
0 - 4	0	0%	0	0%
5 - 9	0	0%	0	0%
10-14	0	0%	0	0%
15-19	2	50%	0	0%
20-24	0	0%	4	21%
25-29	0	0%	4	21%
30-34	0	0%	1	5%
35-39	0	0%	1	5%
40-44	0	0%	3	16%
45-54	1	25%	5	26%
55-64	1	25%	1	5%
65+	0	0%	0	0%
Unknown	0	0%	0	0%
TOTAL	4	100%	19	100%

whites in 2011 and 2012 where race / ethnicity was known; however, over half of gonorrhea reports during 1/1/2011 - 5/31/2011 were of unknown race/ ethnicity. In 2012, only 19 percent

Table 8. Reported Chlamydia Cases by Race/Ethnicity—	_
Idaho, January-May 2011 vs. January-May 2012	

·		<u> </u>			
Race/Ethnicity*	Jaı	n-May 2011	Jai	n-May 2012	
	N	Percent (%)	N	Percent (%)	
AI/AN**	37	2%	46	2%	
A/PI***	9	1%	14	1%	
Black	33	2%	26	1%	
White	812	49%	936	49%	
Hispanic	227	14%	250	13%	
Other/Unknown	556	33%	644	34%	
TOTAL	1674	100%	1916	100%	

^{*}Hispanic ethnicity includes all races. All other race/ethnic categories are non-Hispanic.

of GC cases were unknown race/ ethnicity (Table 9). FPSHP's contracts with the District Health Departments (DHD) require that high-priority GC cases are interviewed, which improved the reporting of race/ethnicity information.

The Office of Epidemiology, Food Protection and, Immunizations (OEFI) plans to improve race and ethnicity

data collection by promotion of the requirements of the Health Information Technology for Economic and Clinical Health (HITECH) Act, a component

of the American Recovery and Reinvestment Act (ARRA). However, improvements hinge on the adoption of electronic health records (EHRs), which are in a minority of physicians' offices and hospitals in Idaho. OEFI has applied for funds to connect to EHRs and test the process with our public health surveillance data management system, NEDSS Base System (NBS).

Table 9. Reported gonorrhea by race/ethnicity—Idaho, Jan-May 2011 vs. Jan-May 2012							
		Year o	f Repo	rt			
Race/Ethnicity*	Jan	-May 2011	Jar	n-May 2012			
Race/Euillicity	N	Percent (%)	N	Percent (%)			
AI/AN**	1	2%	2	5%			
A/PI***	2	3%	0	0%			
Black	2	3%	2	5%			
White	19	33%	26	62%			
Hispanic	3	5%	4	10%			
Other/Unknown	31	53%	8	19%			
TOTAL	58	100%	42	100%			
*Hignonia athnicit	v inch	idas all races	*Hignoria athnigity includes all races All other race/athnic				

^{*}Hispanic ethnicity includes all races. All other race/ethnic categories are non-Hispanic.

Reported STD by Geographic Location

The majority of STD cases were reported in the geographic area of DHD 4, which includes the cities of Boise, Meridian, Mountain Home and McCall. In the first five months of 2012, 35 percent of the CT cases, 48 percent of GC and 68 percent of early syphilis cases were reported in District 4. When comparing 1/1/2011 - 5/31/2011 to 1/1/2012-5/31/2012, the proportion of cases

^{**}American Indian (AI)/Alaska Native (AN)

^{***}Asian/Pacific Islander (A/PI)

^{**}American Indian (AI)/Alaska Native (AN)

^{***}Asian/Pacific Islander (A/PI)

reported in District 4 rose for all diseases. The proportion of CT, GC and early syphilis cases reported in District 4 increased 21, 17 and 172 percent respectively (see highlighted areas of Tables 10, 11 and 12).

Table 10. Reported Chlamydia Cases by District of Residence—Idaho, January-May 2011 vs. January-May 2012				
District of		Year of	Report	
District of Residence	Jan-	-May 2011	Jan-	-May 2012
Residence	N	Percent (%)	N	Percent (%)
1	248	15%	283	15%
2	114	7%	147	8%
3	334	20%	271	14%
4	487	29%	679	35%
5	162	10%	195	10%
6	198	12%	200	10%
7	130	8%	141	7%
Unknown	1	0%	0	0%
TOTAL	1674	100%	1916	100%

Table 11. Reported Gonorrhea Cases by District of Residence—Idaho, January-May 2011 vs. January-May 2012				
		Year o		•
District of Residence	Jan	-May 2011	Jai	n-May 2012
Residence	N	Percent (%)	N	Percent (%)
1	6	10%	5	12%
2	12	21%	8	19%
3	1	2%	4	10%
4	24	41%	20	48%
5	3	5%	0	0%
6	2	3%	5	12%
7	10	17%	0	0%
Unknown	0 0% 0 0%			
TOTAL	58	100%	42	100%

Table 12: Reported Early Syphilis Cases by District of Residence—Idaho, January-May 2011 vs. January-May 2012								
D:	Year of Report							
District of Residence	Jan-May 2011		Jan-May 2012					
	N	Percent (%)	N	Percent (%)				
1	1	25%	0	0%				
2	1	25%	2	11%				
3	1	25%	3	16%				
4	1	25%	13	68%				
5	0	0%	0	0%				
6	0	0%	1	5%				
7	0	0%	0	0%				
Unknown	0	0%	0	0%				
TOTAL	4	100%	19	100%				

The proportion of cases reported in other DHD remained relatively stable; however minor increases in gonorrhea were reported in Districts 3 and 6. DHD 7 reduced the number of GC cases reported substantially; from 10 cases reported 1/1/2011 - 5/31/2011 to zero cases reported 1/1/2012-5/31/2012. Interesting enough, in 2011, District 7 staff interviewed 95 percent of the clients who tested positive for GC!

Early syphilis in Idaho predominantly affected men who have sex with men during the first five months of both 2011 and 2012. In 2011, 75 percent of syphilis clients reported this risk factor and in 2012 over two thirds of those reported with syphilis indicated risk of MSM (Table 13). Bisexual males were a notable proportion of MSM. Both female cases in 2012 were sexual contacts to MSM.

Table 13. Reported Early Syphilis Cases by Sex and Reported Sex of Partners—Idaho, January-May 2011 vs. January-May 2012									
		Year of Report							
Sex	Sex of partners	Jan-May 2011		Jan-May 2012					
		N	Percent (%)	N	Percent (%)				
	Unknown	0	0%	4	21%				
Males	Male only	1	25%	8	42%				
	Both male and female	2	50%	3	16%				
	Female only	0	0%	2	11%				
Females	Unknown	0	0%	0	0%				
	Male only	1	25%	2	11%				
	Both male and female	0	0%	0	0%				
	Female only	0	0%	0	0%				
TOTAL		4	100%	19	100%				