Pertussis Data Snapshot

Routine immunization has greatly reduced morbidity and mortality attributed to pertussis, but periodic epidemics still occur in the U.S. every 3 to 4 years. Most recently, U.S. rates of pertussis increased significantly in 2004 and 2005 to nearly 8 per 100,000 population, but are beginning to return to pre-2004 levels of between 2 and 3 per 100,000 population. Like the U.S., Idaho experiences periodic epidemics, as illustrated in Figure 2. In 1988 and 1997, pertussis outbreaks occurred in Idaho and annual incidence rates were 2-3 times higher than the 20-year statewide average of 12.2 per 100,000 population. While Idaho rates have historically been higher than U.S. rates, in 2006 and 2007 statewide rates mirrored national rates. An adult vaccine has been available since 2005, and is recommended for healthcare workers with direct patient contact. Current child immunization schedules are available from the Centers for Disease Control and Prevention at http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm.

Figure: Pertussis incidence rates per 100,000 population, Idaho and U.S., 1987–2007

*2007 and 2006 US data and 2007 Idaho data are preliminary.

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STDs and Adolescents

Preliminary Idaho data show chlamydia rates continued to climb in 2007, showing an increase of 33% over the last five years. Gonorrhea rates rose 73% during the same time period.

Although 15- to 24-year olds make up only 25% of the U.S. population who are sexually active, over half of reported sexually transmitted disease (STD) is among persons in this age group. Young people aged 15–24 years old are at highest risk for acquiring STDs for a combination of behavioral, biological, and cultural reasons, but most teens do not consider themselves at risk due to stereotypical beliefs about who is “at risk.” However, in the U.S., one in four sexually active girls aged 14–19 have at least one of the most common STDs (human papilloma virus [HPV], chlamydia, herpes simplex virus, and trichomoniasis). This is especially problematic, since STDs such as chlamydia and gonorrhea have the potential to cause infertility in these young women just entering their child-bearing years. In 2006, chlamydia rates in Idaho were highest among 20- to 24-year olds (1,302 cases per 100,000 population aged 20–24) followed by 15- to 19-year olds (930 cases per 100,000 population).

To prevent reinfection and the transmission of STD, it is imperative to treat the partner(s) of diagnosed patients. Stigma of STDs is a barrier to notifying partners, so educating youth about the high incidence of STD in their age groups and their increased physiological susceptibility to chlamydia due to cervical ectopy may decrease their level of discomfort and promote partner notification. With each chlamydia recurrence, the risk of developing pelvic inflammatory disease (PID) and its sequela increases. Furthermore, antibiotic treatment may heighten susceptibility to transmission, therefore, individuals who reenter unchanged social networks may be at an increased risk of contracting chlamydia more than once.

The higher incidence of STDs among adolescents and young adults reflects multiple barriers to utilizing quality STD prevention services including lack of insurance or other ability to pay, lack of transportation, discomfort with facilities and services designed for adults, and concerns about confidentiality. Expedited Partner Therapy (EPT), in which partners are treated without a medical exam, may reduce anxiety related to confidentiality and the discomfort of accessing sexual health care services. The Centers for Disease Prevention and Control (CDC) is promoting EPT based on results from six randomized clinical trials of over 6,000 patients. Results of these trials indicate the rate of persistent or recurrent chlamydia and gonorrhea infections were lower in patients managed with EPT than those managed with patient referral alone. Results of another randomized clinical trial showed patients who provided written materials for partner(s) had lower rates of reinfection than those managed with patient referral alone. Providers may not be legally protected against adverse reactions to therapy provided in EPT, but as of January 2007, the STD Control Branch of California had not received any reports of adverse ---continued on next page
events related to EPT for chlamydia, in spite of the availability of a toll-free reporting line for such reports since 2001.14

The CDC and the US Preventive Services Task Force recommend screening all pregnant women and 15- to 25-year old females for chlamydia infection, respectively. More information about EPT is available from the Idaho Department of Health and Welfare Family Planning, STD and HIV Programs. Contact Annabell Elliott, RN, at (208) 334-6527.

REFERENCES:

1. Annabeth Elliott, RN, at (208) 334-6527.
8. Centers for Disease Control and Prevention, STD and HIV Programs. Bulletin
9. Child Health Services Task Force recommends testing each year.13