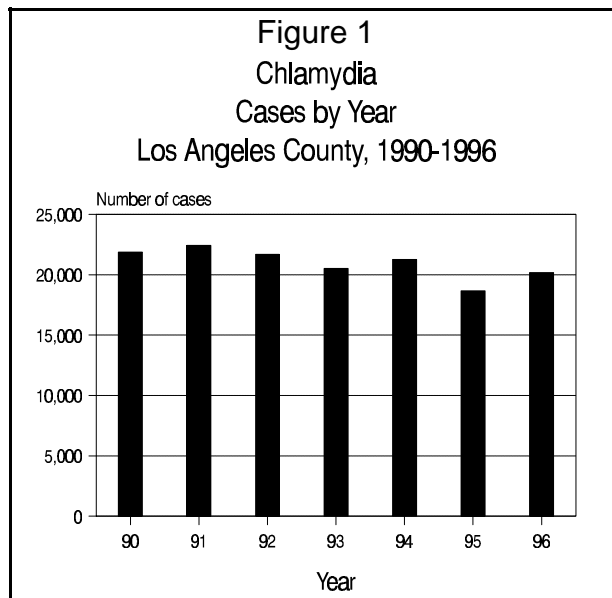




## CHLAMYDIAL INFECTION

CRUDE DATA	
Number of Cases	20,191
Annual Incidence <sup>a</sup>	
LA County	227.4
California	191.3
United States	194.5
Age at Onset	
Mean	23.2
Median	21
Range	0 - 94 yrs
Case Fatality	
LA County	N/A
United States	N/A



<sup>a</sup>Cases per 100,000 population. U.S. and California rates are provisional.

### ETIOLOGY

*Chlamydia trachomatis*.

### DISEASE ABSTRACT

Morbidity from chlamydial infection increased in 1996 compared to 1995, but the number of cases reported remained about four percent lower than the average for the 1990s. Rates increased across most age and racial/ethnic groups and in most health districts.

### STRATIFIED DATA

**Trends:** The STD Program received 20,191 reported cases of genital chlamydial infection in 1996, an increase of 8.2% over 1995, when 18,659 cases were reported (Figure 1). This increase in chlamydia cases is in contrast to a decline in cases of gonorrhea and syphilis during the same period. Chlamydia incidence is approximately three times the incidence of gonorrhea and syphilis combined. During the six years since it became a reportable disease in California, the overall chlamydia rate has ranged from a high of 276 cases per 100,000



in 1991 to a low of 213 in 1995. However, decreases in chlamydia rates may be masked by increases in testing or by increasing awareness of reporting requirements by health care providers and laboratories.

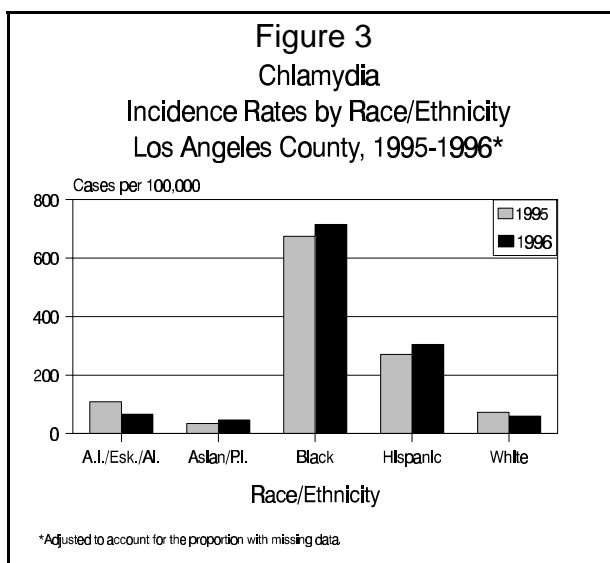
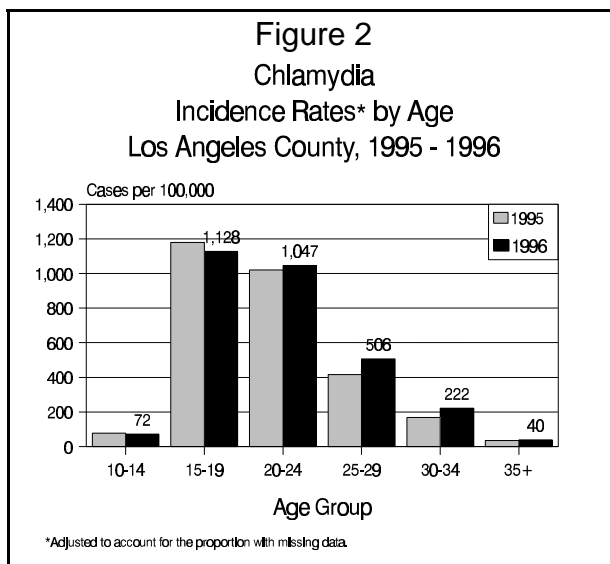
**Seasonality:** None.

**Age:** The highest age-specific rate of chlamydia was among adolescents 15 to 19 years old (1,128 cases per 100,000), followed by 20- to 24-year-olds (1,047; Table 1; Figure 2). The rate for 15- to 19-year-olds decreased over last year by 4% and the rate for 20- to 24-year-olds increased by 3%.

**Sex:** The male-to-female rate ratio was 1:3.6, which was a decrease from 1995 (1:4.2). This gender-specific difference in incidence arises partially from its frequently asymptomatic character in females; cases are often discovered during routine screening for other purposes, such as prenatal care and family planning. Male cases go undetected since opportunities for screening are rare.

**Race:** Blacks had the highest chlamydia rate (715 cases per 100,000), followed by Hispanics (305), Native Americans (66), Whites (60), and Asians and Pacific Islanders (47; Table 1 and Figure 3). These rates are little affected when controlled for age. The chlamydia incidence increased from 1995 in Asians (+ 39%) and Hispanics (+ 13%), with declines in Native Americans (-39%) and Whites (-18%). Rates in Blacks remained relatively constant (+ 6%).

**Location:** Among STDs chlamydia is known to be more “democratic” than other STDs; that is, while high morbidity for other STDs is typically concentrated in “core” districts where social and economic factors interact to produce relatively higher disease risk, only about a third of the reported chlamydia cases were from those districts (Central, Compton, Inglewood,





South, Southeast, and Southwest). Nonetheless, the overall incidence rate in these six districts was considerably higher than in the non-core districts (465 vs. 171; also Table 2).

**Reporting:** Only 44% of cases were reported by both the laboratory and the provider; 49% was reported only by clinical laboratories, and 6% only by providers. Substantial underreporting of chlamydia continues in large part because providers are still unaware of their reporting responsibilities.

## COMMENTS

From March through October 1996, the STD Program performed a chlamydia prevalence study at school-based health clinics in LAC. Clinic attendees at four high schools were tested for chlamydia by urine ligase chain reaction. Overall, 4.5% of female students and 1.8% of male students tested positive for chlamydia.

From May through October 1996, the STD Program also performed a chlamydia prevalence study at the three LAC juvenile custody facilities. Detainees were tested at intake for chlamydia by urine ligase chain reaction. Overall, 14.2% of female detainees and 5.8% of male detainees tested positive for chlamydia.

In May 1995, the Los Angeles County Infertility Prevention Project (LACIP) was established through a collaboration between the STD Program and the Los Angeles Regional Family Planning Council. LACIP is part of a regional effort to reduce the prevalence of chlamydial infections in women attending public STD and Title X family planning clinics through improved screening and surveillance and effective partner management.

Since 1993, the STD Program has initiated follow-up and case management of chlamydia cases that were inadequately treated or untreated. For infected children under 12 years, the STD Program Nursing Division initiates investigations for possible child abuse. In addition to education provided by investigators, the STD Program's Health Education Division conducts both general and targeted STD initiatives through the provision of pamphlets, distribution of condoms, participation in health fairs and similar activities.



**Table 1. Chlamydia Cases and Rates by Race/Ethnicity, Gender, and Age  
Los Angeles County, 1995-1996**

	Number of Cases		Rate <sup>a</sup>		Percent Change in Rate
	1996	1995	1996	1995	
<b><u>Race/Ethnicity</u></b>					
American Indian/Eskimo/Aleut	13	14	66.3	109.4	NA
Asian/Pacific Islander	271	156	47.2	33.9	39
Black	3,170	2,691	714.9	674.0	6
Hispanic	6,313	4,579	305.3	271.2	13
White	969	1,037	60.0	73.2	-18
Unknown	9,455	10,182	--	--	--
<b><u>Gender</u></b>					
Male	4,381	3,539	98.7	81.1	22
Female	15,808	15,115	356.2	344.4	3
Unknown	2	5	--	--	--
<b><u>Age</u></b>					
0-9	96	145	5.9	9.8	-40
10-14	445	431	71.9	78.3	-8
15-19	6,576	5,877	1,127.9	1,179.0	-4
20-24	5,932	5,492	1,047.1	1,020.4	3
25-29	3,326	2,937	506.5	416.0	22
30-34	1,634	1,401	222.4	168.0	32
35+	1,542	1,343	40.4	35.9	13
Unknown	640	1,033	--	--	--
<b>County Total</b>	<b>20,191</b>	<b>18,659</b>	<b>227.4</b>	<b>213.2</b>	<b>7</b>

<sup>a</sup> Cases per 100,000 population per year. Estimates of race-, sex- and age-specific rates have been adjusted to account for the proportion of cases with missing data by assuming that each sub-category's proportions of the known and unknown cases are equivalent.



**Table 2. Chlamydia Cases and Rates by Health District  
Los Angeles County, 1995-1996**

Health District <sup>b</sup>	Number of Cases		Rate <sup>a</sup>		Percent Change in Rate
	1996	1995	1996	1995	
South <sup>c</sup>	926	819	650.8	606.2	7
Southwest <sup>c</sup>	1,626	1,513	510.7	498.2	3
Southeast <sup>c</sup>	679	514	504.0	374.7	35
Inglewood <sup>c</sup>	1,653	1,444	482.2	443.4	9
Compton <sup>c</sup>	1,077	1,189	453.9	535.2	-15
Central <sup>c</sup>	799	566	285.2	198.2	44
East Valley	858	659	244.2	205.7	19
Hollywood-Wilshire	1,011	824	237.6	198.0	20
Harbor	386	363	228.4	224.1	2
Northeast	690	651	223.6	226.4	-1
San Antonio	815	782	220.7	225.1	-2
El Monte	822	668	203.4	183.3	11
East Los Angeles	400	462	203.3	258.3	-21
Bellflower	550	536	185.2	196.0	-6
Whittier	470	489	173.0	195.7	-12
Pomona	760	583	167.3	140.8	19
West Valley	917	847	144.6	141.5	2
Foothill	359	305	139.7	126.9	10
San Fernando	750	595	139.3	112.8	23
Torrance	474	389	127.7	110.5	16
West	610	527	117.8	110.4	7
Alhambra	373	288	116.8	100.7	16
Glendale	319	277	115.1	103.4	11
Unknown District	2,865	3,369	--	--	--
<b>County Total</b>	<b>20,191</b>	<b>18,659</b>	<b>227.4</b>	<b>213.2</b>	<b>7</b>

<sup>a</sup> Cases per 100,000 population per year. Estimates of district-specific rates have been adjusted to account for the proportion with missing data by assuming that each district's proportions of the known and unknown cases are equivalent.

<sup>b</sup> The health district case figures do not reflect the revised boundaries adopted in April 1994.

<sup>c</sup> Core district.