

Sexually Transmitted Disease Surveillance 2005 Supplement

**Chlamydia Prevalence Monitoring Project
Annual Report 2005**

**Division of STD Prevention
December 2006**

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Suggested Citation

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2005 Supplement, Chlamydia Prevalence Monitoring Project Annual Report 2005*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, December 2006.

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The report is also available by Internet via the CDC home page at: <http://www.cdc.gov/std/Chlamydia2005/>. To view the State and City Profiles, please use the drop down boxes on <http://www.cdc.gov/std/Chlamydia2005/>.

Preface

Chlamydia Prevalence Monitoring Project Annual Report, 2005 presents statistics and trends for genital *Chlamydia trachomatis* infections in the United States through 2005. This annual publication is intended as a reference document for policy makers, program managers, health planners, researchers, and others who are concerned with the public health implications of this disease. The figures and tables in this edition supersede those in earlier publications of these data.

The surveillance information in this report is based on the following sources of data: (1) case reporting from all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands; and (2) prevalence data from the Regional Infertility Prevention Projects, the Corrections STD Prevalence Monitoring Project, and the National Job Training Program.

Chlamydia Prevalence Monitoring Project Annual Report, 2005 consists of four parts. The National Profile contains text and figures that provide an overview of chlamydia surveillance in sexually active women and men in the United States. It also includes the sources and limitations of the data used to produce this report. The Regional Profiles contain chlamydia trend data in women in all ten Health and Human Services regions. The State Profiles provide statistical information about chlamydia in women in all 50 states, Puerto Rico, and the Virgin Islands. The City Profiles provide statistical information about chlamydia in women for selected cities, including Washington, D.C.

Any comments and suggestions that would improve the usefulness of future publications are appreciated and should be sent to the Division of STD Prevention at DSTD@cdc.gov.

Acknowledgements

The publication of this report would not have been possible without the contributions of the State and Territorial Health Departments, the STD Control Programs, the Regional Infertility Prevention Projects, the Office of Population Affairs, the Corrections STD Prevalence Monitoring Project, and the National Job Training Program, which provided state and local surveillance data to the Centers for Disease Control and Prevention.

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NATIONAL PROFILES

NATIONAL PROFILES

Chlamydia Prevalence Monitoring Project Annual Report – 2005

The Centers for Disease Control and Prevention's (CDC) Chlamydia Prevalence Monitoring Project is a collaborative effort among the Regional Infertility Prevention Projects, federally-funded STD programs, state epidemiologists, public health laboratory directors, the U.S. Department of Labor, and the Indian Health Service (IHS). The purpose of the project is to monitor the prevalence of genital *Chlamydia trachomatis* infections among women screened for this infection in the United States through publicly-funded programs. The data presented on chlamydial infection in this report complement and supplement data presented in CDC's *Sexually Transmitted Disease Surveillance, 2005*.¹

Introduction

Since 1988, CDC has supported screening programs for *Chlamydia trachomatis* infections and has monitored positivity to evaluate program impact. As documented by chlamydia case reporting (i.e., morbidity) data, case rates following initiation of chlamydia screening and treatment programs have resulted in increases in cases detected and reported. To minimize the impact of variation in chlamydia testing and reporting on the interpretation of surveillance data, CDC, states, and Regional Infertility Prevention Projects use screening positivity data to estimate chlamydia prevalence among selected populations. This report compares data on chlamydia prevalence in selected populations with data reported to CDC through the case reporting system.

Sources of Data

Regional Infertility Prevention Projects

Chlamydia screening and prevalence monitoring activities were initiated in Health and Human Services (HHS) Region X in 1988 as a CDC-supported demonstration project. In 1993, as part of the development of the National Infertility Prevention Program, chlamydia screening services for women were initiated in three additional HHS regions (III, VII, VIII); in 1995, services were implemented in the remaining HHS regions (I, II, IV, V, VI, IX).^{2,3} All regional projects, in collaboration with state STD control and family planning programs, have reported their chlamydia positivity data to CDC since 1997. In some of the HHS regions, federally-funded chlamydia screening supplements existing local- and state-funded testing programs. These publicly-funded programs support chlamydia screening primarily in family planning clinics, but also in some STD clinics, prenatal clinics, jails and juvenile detention centers, and other sites.

The ten Health and Human Services (HHS) regions referred to in the text and figures are as follows: Region I = Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; Region

II = New Jersey, New York, Puerto Rico, and U.S. Virgin Islands; Region III = Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia; Region IV = Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee; Region V = Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin; Region VI = Arkansas, Louisiana, New Mexico, Oklahoma, and Texas; Region VII = Iowa, Kansas, Missouri, and Nebraska; Region VIII = Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming; Region IX = Arizona, California, Hawaii, and Nevada; and Region X = Alaska, Idaho, Oregon, and Washington.

State and Local Health Departments

As of 2000, all 50 states and the District of Columbia had regulations requiring the reporting of chlamydia cases.

Corrections Facilities

In 2005, 32 states reported chlamydia screening data from corrections facilities. These data were reported as part of the Corrections STD Prevalence Monitoring Project, the Regional Infertility Prevention

Projects, or in response to CDC's request for data.

National Job Training Program

Since 1990, approximately 20,000 female National Job Training Program entrants have been screened each year for chlamydia, with all tests performed at a central contract laboratory.⁴ Changes in test type for females occurred in 1998, switching from the EIA to the DNA hybridization probe (GenProbe PACE 2).⁵ Beginning in 2000, a

small proportion of females were screened using the strand displacement assay (BDProbeTec ET).⁵ Since July 2003, male National Job Training Program entrants have also been screened for chlamydia using the strand displacement assay.⁶ The National Job Training Program is primarily a residential job training program for urban and rural economically-disadvantaged youth aged 16 to 24 years at more than 100 sites throughout the country. The chlamydia test results from the National Job Training Program were used to calculate prevalence in this population.

Data Limitations

The interpretation of chlamydia data is complicated by several factors. First, case reports and prevalence data result from the use of several different types of diagnostic tests for chlamydial infection (e.g., direct fluorescent antibody, EIA, DNA probe assay, nucleic acid amplification); these tests vary in their sensitivity and specificity. Second, chlamydia positivity in women attending clinics is an estimate of prevalence; it is not true prevalence. Crude positivity may include those women who are tested two or more times during a single year. Comparisons of positivity with prevalence have shown that in family planning clinics, positivity is generally similar to or slightly higher than prevalence, and in STD clinics, positivity is somewhat lower than prevalence; however, these differences are usually small, with a relative difference of less than 10%.⁷ Third, while nearly all family planning clinics perform universal screening of sexually active women < 20 years of age, and most clinics do so among women < 25 years of age, some selective screening is performed among women 20- to 24-years old and selective screening is frequently performed among women \geq 25 years of age. Fourth, while monitoring prevalence among persons seeking care at clinics provides important information on

certain segments of the population, these data cannot be generalized to the population as a whole.

These factors are not as much an issue regarding data from the National Job Training Program. Most tests are performed using a single test type. Data are limited to entrance exam testing; therefore, no one is included twice and true prevalence is ascertained. All persons entering the National Job Training Program are required to be tested.

As noted above, various laboratory test methods were used for all data. The figures presented in this report do not include an adjustment of test positivity based on laboratory test type and sensitivity, with the exception of Figures 7, 8, and those figures presented in the Regional Profiles. The chlamydia test results for each test type were weighted to reflect the sensitivity of the test used.⁸ These test-specific sensitivities were defined as estimates from published evaluations of chlamydia screening tests.^{9,10} Limitations of this adjustment include the fact that information regarding the type of test used may be missing, test sensitivity within a technology type and among laboratories may vary, and no adjustment for specificity or use of supplemental methods that could increase test sensitivity was utilized.

Chlamydia Data – 2005

Case reports

In 2005, 976,445 chlamydial infections were reported to CDC from 50 states and the District of Columbia. The reported number of cases of chlamydial infection was nearly three times greater than the reported cases of gonorrhea (339,593 gonorrhea cases were reported in 2005). From 1986 through 2005, the reported rate of chlamydial infection in women increased from 50.7 cases to 496.5 cases per 100,000 population (Figure 1). These increases in the reported national chlamydia rate likely represent increased chlamydia screening, increased use of nucleic acid amplification tests, which are more sensitive than other types of screening tests, and improved reporting, as well as the continuing high burden of disease.

In 2005, state- and outlying area-specific chlamydia rates among women ranged from 166.4 per 100,000 to 1,116.6 per 100,000 (Figure 2). This variation in rates reflects both state-specific differences in screening and reporting practices and true disease burden.

Chlamydia case rates continue to increase in all race and ethnicities (Figure 3). In 2005, the rate of chlamydia among blacks was over eight times higher than that of whites

(1247.0 and 152.1 cases per 100,000, respectively).

Among women, the highest age-specific rates of reported chlamydia in 2005 were among 15- to 19-year-olds (2796.6 cases per 100,000 females) and 20- to 24-year-olds (2691.1 cases per 100,000 females) (Figure 4).

Chlamydia positivity in women in family planning and prenatal clinics

In 2005, the median state-specific chlamydia test positivity in 15- to 24-year-old women who were screened at selected family planning clinics in all states, the District of Columbia, Puerto Rico, and the Virgin Islands was 6.3% (range, 3.0% to 20.3%) (Figures 5 and 6).

The effectiveness of large-scale screening programs in reducing chlamydia prevalence has been documented in areas where this intervention has been in place for several years.^{11,12} After adjusting estimates in chlamydia positivity to account for changes in laboratory test methods and associated increases in test sensitivity, chlamydia test positivity in women aged 15-24 years screened in family planning clinics decreased in six of

10 HHS regions from 2004 to 2005, increased in three regions, and remained the same in one region (Figure 7). Similar trends in positivity are seen for adolescent women aged 15-19 years screened in family planning clinics (Figure 8)

In 2005, the median state-specific chlamydia test positivity among 15- to 24-year-old women screened in selected prenatal clinics in 25 states, Puerto Rico, and the Virgin Islands was 8.0% (range, 2.8% to 16.9%) (Figure 9).

Chlamydia prevalence in National Job Training Program entrants

In women entering the National Job Training Program in 2005, based on their place of residence before program entry, state-specific chlamydia prevalence ranged from 3.1% to 14.5% in 39 states, the District of Columbia, and Puerto Rico (Figure 10). The median state-specific chlamydia prevalence was 9.2% (range 3.1% to 14.5%).

In men entering the program from 48 states, the District of Columbia and Puerto Rico in 2005, the median state-specific chlamydia prevalence was 8.1% (range 0% to 14.8%) (Figure 11).

Chlamydia positivity in women and men entering juvenile and adult corrections facilities

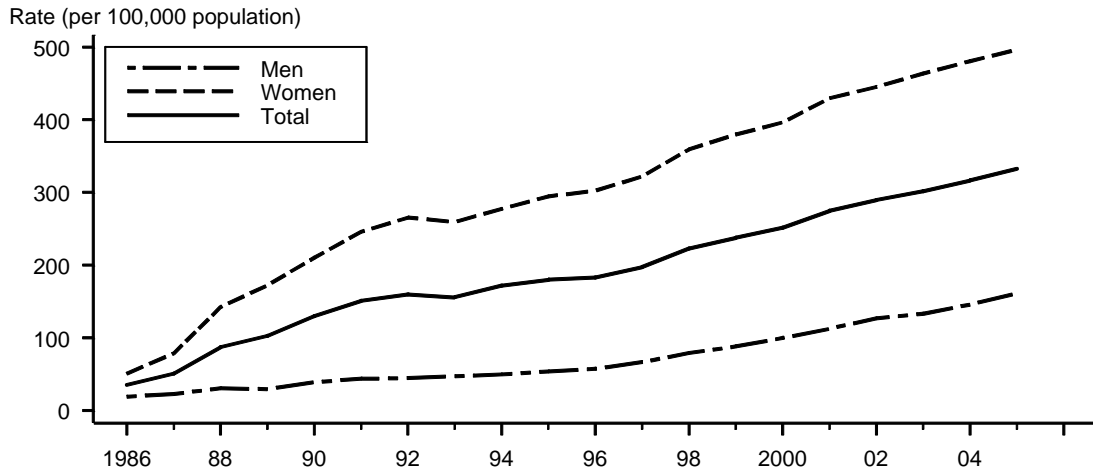
Data on the positivity of chlamydial infection in persons entering juvenile or adult corrections facilities were reported to CDC from 32 states (Tables 1 and 2). In adolescent women entering 57 juvenile detention facilities, the median facility positivity for chlamydia was 14.2% (range 3.7% to 33.7%). In young women (< 20 years of age) entering 38 adult corrections facilities, the chlamydia positivity was 19.1%.

The median chlamydia positivity in adolescent men entering 87 juvenile corrections facilities was 6.0% (range 0% to 44.8%). In adult men entering 41 corrections facilities, the median positivity was 8.1% (range 2.3% to 20.8%).

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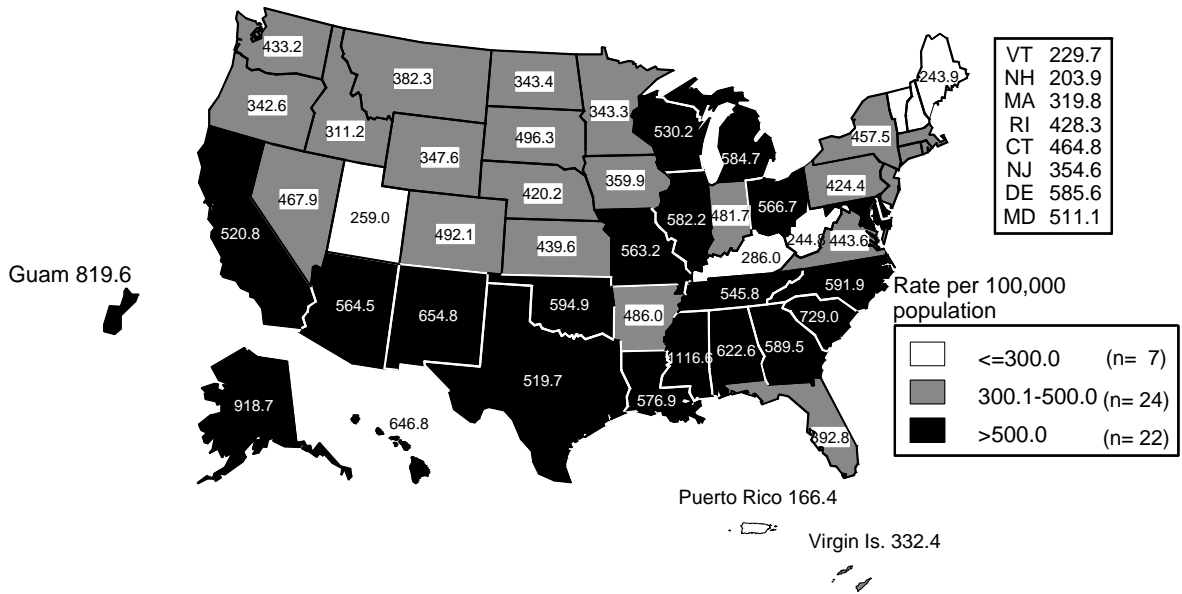
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Figure 1. Chlamydia — Rates: Total and by sex: United States, 1986–2005



Note: As of January 2000, all 50 states and the District of Columbia had regulations requiring the reporting of Chlamydia cases.

Figure 2. Chlamydia — Rates among women by state: United States and outlying areas, 2005



Note: The total chlamydia infection rate among women in the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 492.2 per 100,000 female population.

Figure 3. Chlamydia — Rates by race/ethnicity: United States, 1996–2005

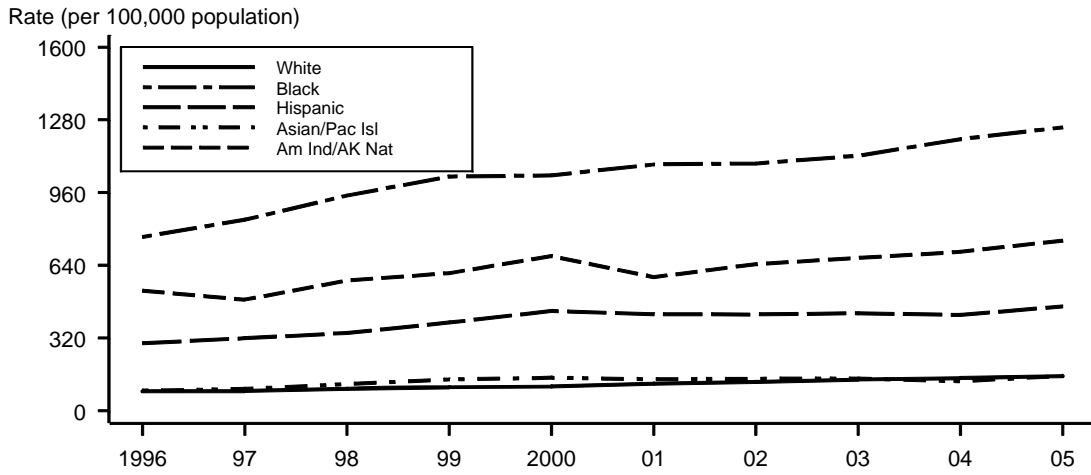


Figure 4. Chlamydia — Age- and sex-specific rates: United States, 2005

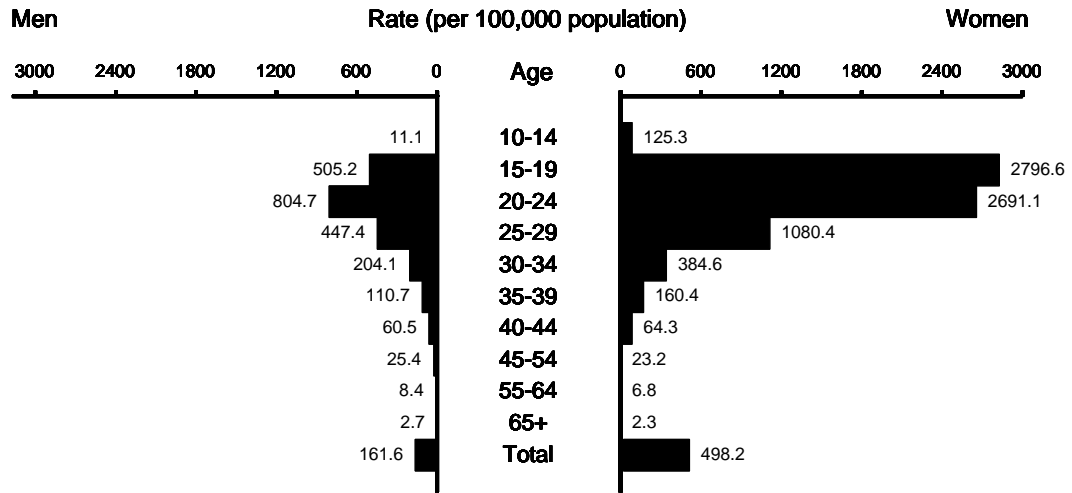
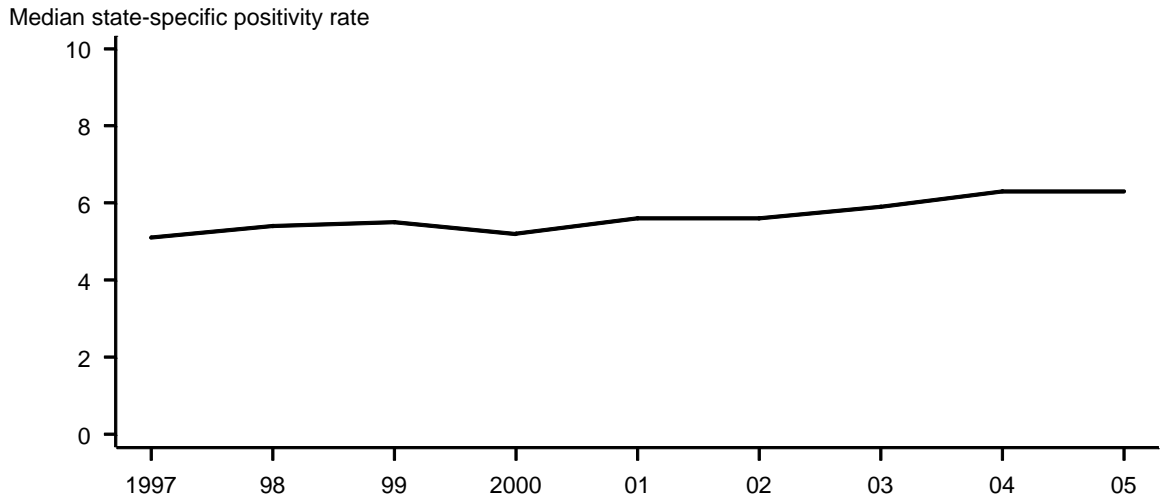
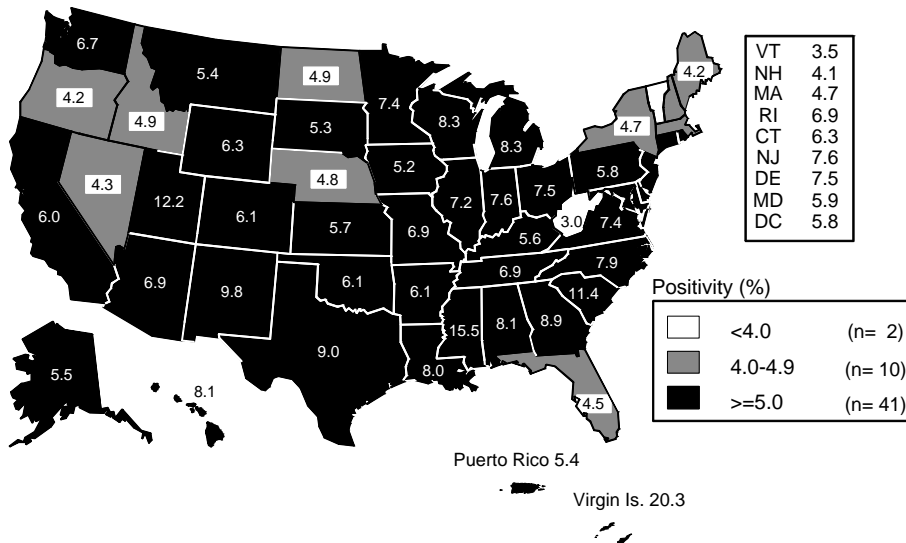


Figure 5. Chlamydia — Median state-specific positivity among 15- to 24-year-old women tested in family planning clinics: United States, 1997–2005



Note: As of 1997, all 10 Health and Human Services (HHS) regions, representing all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands, reported chlamydia positivity data. See Sources of Data for definitions of HHS regions.

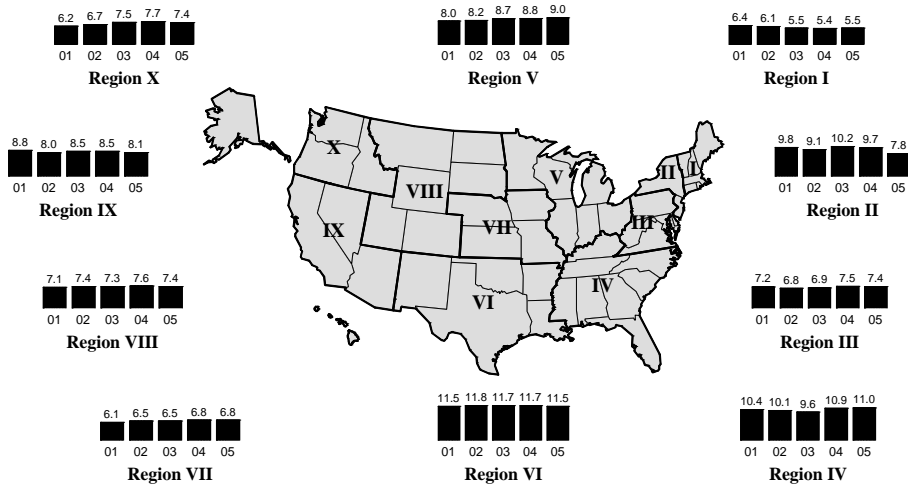
Figure 6. Chlamydia — Positivity among 15- to 24-year-old women tested in family planning clinics by state: United States and outlying areas, 2005



Note: Includes states and outlying areas that reported chlamydia positivity data on at least 500 women aged 15-24 years screened during 2005.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

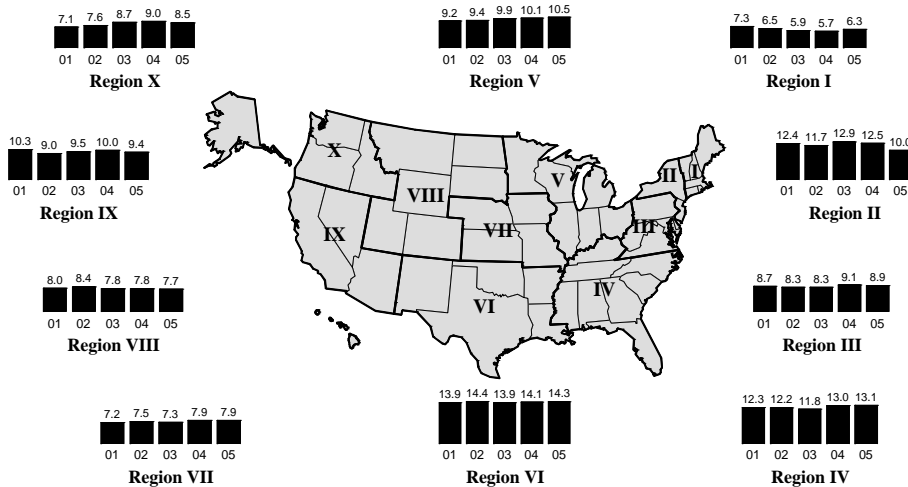
Figure 7. Chlamydia — Trends in positivity among 15- to 24-year-old women tested in family planning clinics by HHS region, 2001–2005



Note: Trends adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

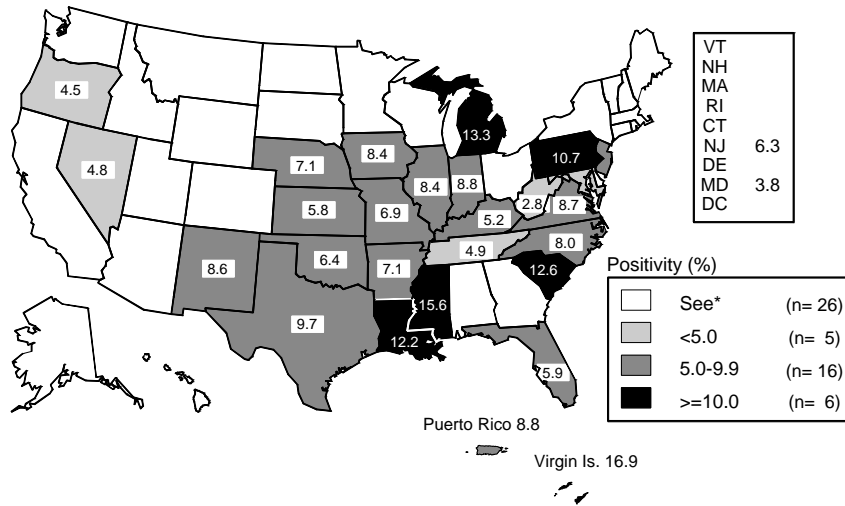
Figure 8. Chlamydia — Trends in positivity among 15- to 19-year-old women tested in family planning clinics by HHS region, 2001–2005



Note: Trends adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

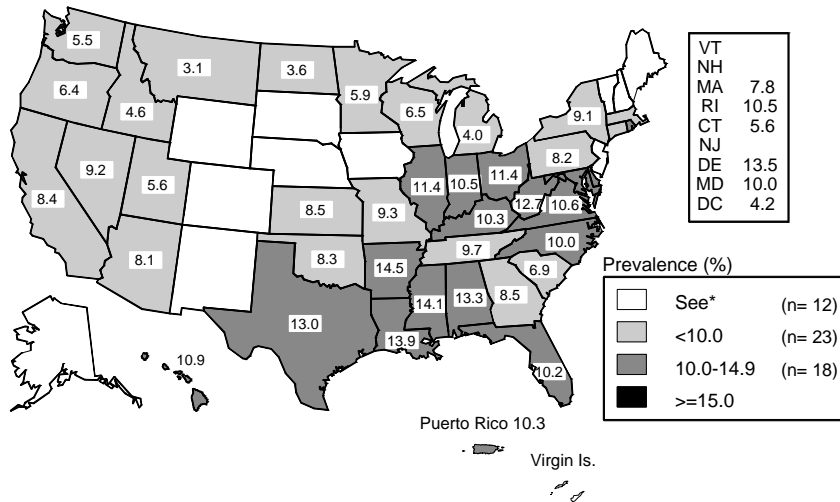
Figure 9. Chlamydia — Positivity in 15- to 24-year-old women tested in prenatal clinics by state: United States and outlying areas, 2005



*States/areas not meeting minimum inclusion criteria in prenatal clinics.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

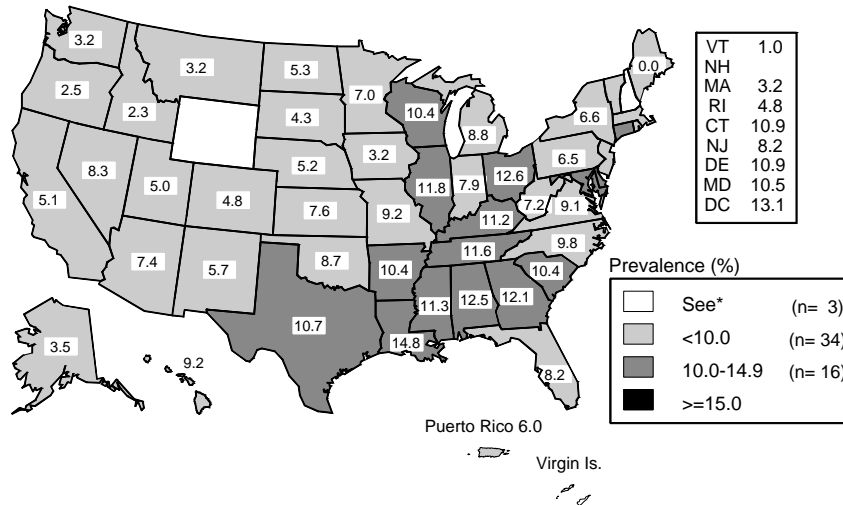
Figure 10. Chlamydia — Prevalence among 16- to 24-year-old women entering the National Job Training Program by state of residence: United States and outlying areas, 2005



*Fewer than 100 women residing in these states/areas and entering the National Job Training Program were screened for chlamydia in 2005.

Note: The median state-specific chlamydia prevalence among female students entering the National Job Training Program in 2005 was 9.2% (range 3.1% to 14.5%).

Figure 11. Chlamydia — Prevalence among 16- to 24-year-old men entering the National Job Training Program by state of residence: United States and outlying areas, 2005



*Fewer than 100 men residing in these states/areas and entering the National Job Training Program were screened for chlamydia in 2005.

Note: The median state-specific chlamydia prevalence among male students entering the National Job Training Program in 2005 was 8.1% (range 0.0% to 14.8%).

Table 1. Chlamydia – Positivity among men and women in juvenile corrections facilities, 2005

State	Men			Women		
	No. of Facilities	No. of Tests	Median % Positivity (Range)	No. of Facilities	No. of Tests	Median % Positivity (Range)
Arizona	3	4,570	7.2 (5.6-7.6)	3	1,629	20.5 (14.7-21.1)
California*	21	29,033	5.1 (2.0-44.8)	22	12,395	13.0 (3.7-22.8)
Colorado	2	275	10.1 (6.9-13.2)	0	-	-
Connecticut	1	505	1.6	2	239	10.9 (10.6-11.1)
Delaware	1	962	5.8	1	254	13.4
Georgia	1	1,183	11.4	1	773	25.0
Hawaii	1	138	4.3	1	114	18.4
Illinois	3	5,160	9.4 (6.2-10.3)	1	561	23.0
Indiana	1	1,464	7.1	1	482	16.4
Kentucky	7	1,752	5.5 (2.4-8.9)	1	187	11.2
Massachusetts	7	3,458	5.0 (2.1-7.0)	2	769	12.0 (4.8-19.2)
Michigan	3	845	8.1 (6.0-8.4)	2	365	17.3 (14.0-20.6)
Mississippi	1	399	12.5	2	390	21.3 (18.5-24.0)
Missouri	1	463	8.9	1	115	16.5
Nebraska	1	959	5.9	1	317	12.3
Nevada	2	964	8.4 (4.7-12.1)	2	307	25.4 (17.1-33.7)
New Jersey	3	2,592	8.2 (7.5-10.6)	1	214	29.0
New Mexico	1	414	11.1	0	-	-
New York	5	3,675	3.6 (0.0-7.1)	2	802	13.9 (13.0-14.9)
North Dakota	1	102	7.8	0	-	-
Ohio	1	972	12.2	2	366	16.8 (9.4-24.2)
Oregon	3	1,542	5.5 (3.2-6.9)	2	403	9.0 (6.7-11.3)
Pennsylvania	4	3,152	10.1 (3.6-15.9)	1	388	20.6
Texas	3	6,750	7.4 (0.5-8.3)	2	1,726	24.5 (22.5-26.5)
Utah	2	721	5.1 (4.6-5.7)	2	387	(14.1-14.3)
Virginia	1	809	9.1	0	-	-
Washington	4	964	5.9 (3.4-8.3)	2	255	17.2 (12.1-22.3)
West Virginia	1	111	3.6	0	-	-
Wisconsin	2	601	5.4 (5.0-5.7)	0	-	-
TOTAL	87	74,535	6.0 (0.0-44.8)[†]	57	23,438	14.2 (3.7-33.7)[†]

Note: The median positivity by facility is presented from facilities reporting > 100 test results.

*Includes Los Angeles and San Francisco project areas.

[†]Median facility-specific positivity.

Table 2. Chlamydia – Positivity among men and women in adult corrections facilities, 2005

State	Men			Women		
	No. of Facilities	No. of Tests	Median % Positivity (Range)	No. of Facilities	No. of Tests	Median % Positivity (Range)
Arizona	0	-	-	1	819	15.3
California*	6	4,784	4.2 (3.3-6.9)	6	7,109	8.4 (5.0-20.4)
Colorado	1	254	19.3	1	154	19.5
Delaware	0	-	-	1	448	4.7
Georgia	1	101	20.8	1	4,622	8.0
Hawaii	0	-	-	2	290	12.3 (3.1-21.4)
Illinois	5	14,365	10.0 (8.1-12.0)	4	10,290	8.4 (5.7-10.4)
Iowa	2	894	11.2 (10.8-11.7)	2	677	8.3 (2.0-14.6)
Kentucky	0	-	-	1	510	4.3
Massachusetts	2	3,826	5.3 (4.7-6.0)	3	1,220	3.4 (3.3-4.7)
Michigan	1	320	13.1	0	-	-
Missouri	1	4,296	7.4	2	800	4.8 (3.6-6.0)
Montana	0	-	-	1	269	2.6
Nebraska	4	2,301	7.0 (6.6-19.2)	1	303	17.2
Nevada	1	178	16.3	1	149	17.4
New York	2	8,349	7.5 (4.0-11.1)	1	282	6.4
North Dakota	1	565	8.1	0	-	-
Oregon	1	145	15.9	1	231	9.5
Pennsylvania	3	18,702	5.7 (2.4-7.5)	1	3,160	9.5
South Carolina	1	290	12.8	1	112	5.4
Texas	1	623	16.2	2	1,424	13.3 (9.3-17.3)
Utah	0	-	-	1	106	20.8
Washington	0	-	-	1	1,285	4.4
West Virginia	2	765	4.4 (2.3-6.5)	0	-	-
Wisconsin	6	5,839	9.7 (5.0-17.2)	3	1,279	6.4 (1.7-7.2)
TOTAL	41	66,597	8.1 (2.3-20.8) [†]	38	35,539	7.4 (1.7-21.4) [†]

Note: The median positivity by facility is presented from facilities reporting > 100 test results.

*Includes Los Angeles and San Francisco project areas.

[†]Median facility-specific positivity.

REGIONAL PROFILES

REGIONAL PROFILES

Regional Profiles

This section contains ten profiles on chlamydia positivity trends in family planning clinics, one for each of the ten HHS Regions. Each of the following profiles contains a map of the region and a bar graph showing trends in chlamydia positivity rates (Figure 1). Accompanying text describes the data and provides additional details, including the proportion of all chlamydia tests performed that were nucleic acid amplification tests (NAATs). NAATs are the most sensitive tests currently available for the detection of genital *Chlamydia trachomatis* infections and may be performed on a variety of biologic specimens.

The figure displaying chlamydia positivity trends consists of a stacked

bar graph showing trends in both unadjusted and adjusted chlamydia rates. The solid, lower portion of the bar represents the chlamydia positivity rate, calculated by dividing the total number of positive chlamydia tests by the total number of positive and negative chlamydia tests. The hatched, upper portion of the bar designates the additional chlamydia positivity that may be due to differences in the test types used to identify chlamydial infections. The adjusted positivity rate is displayed above the hatched portion of the bar. Full details on the adjustment process are described in the Data Limitations section.

Region I

In 2005, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region I was 4.7%, representing a slight increase since 2004 (4.6% positivity). Region I has been using nucleic acid amplification tests for all chlamydia testing (100%) in this population since 2004.

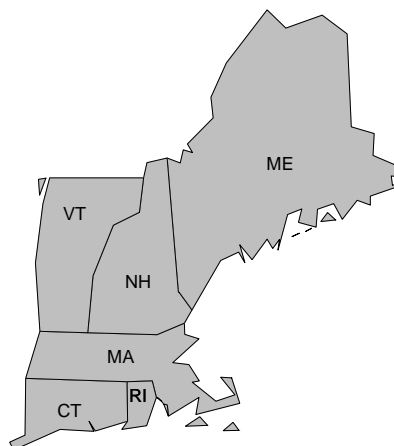
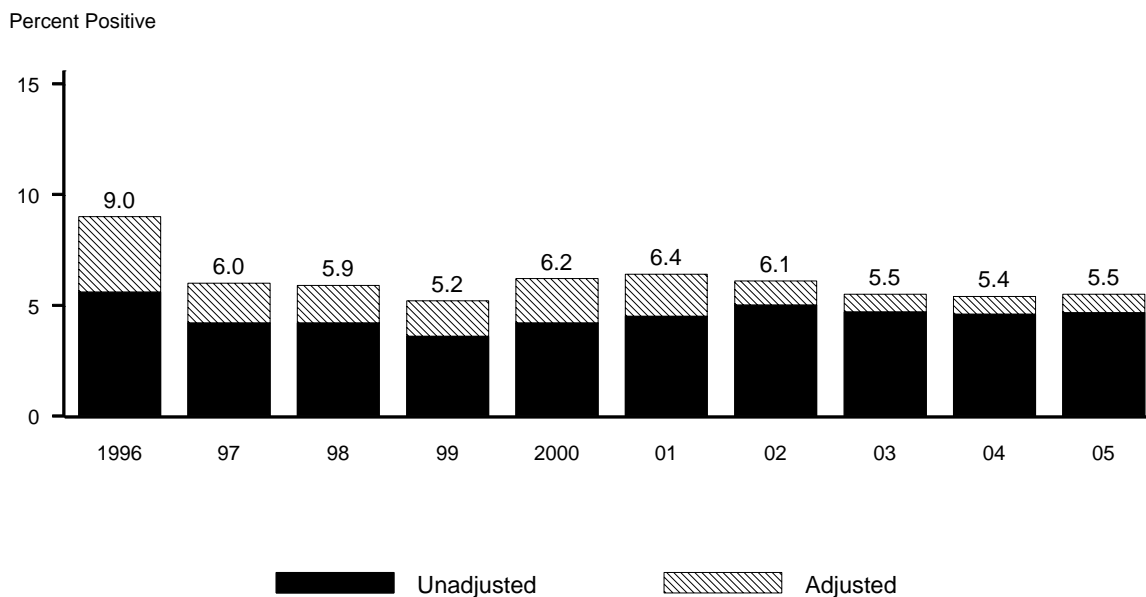


Figure 1. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region I, 1996-2005



Note: The adjusted positivity rate is displayed above the hatched portion of the bar. Trends are adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Region II

In 2005, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region II was 5.7%, representing a significant decrease since 2004 (7.1% positivity). In 2005, 41.0% of all chlamydia tests reported in this population were nucleic acid amplification tests.

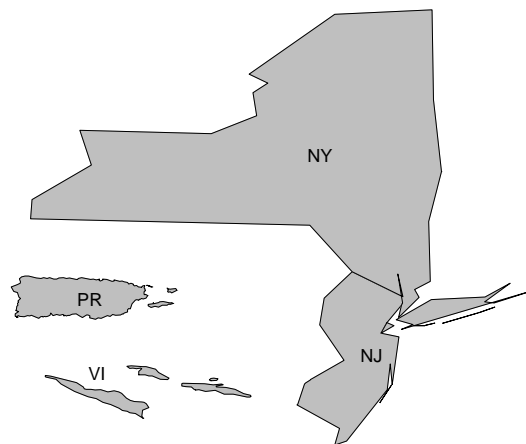
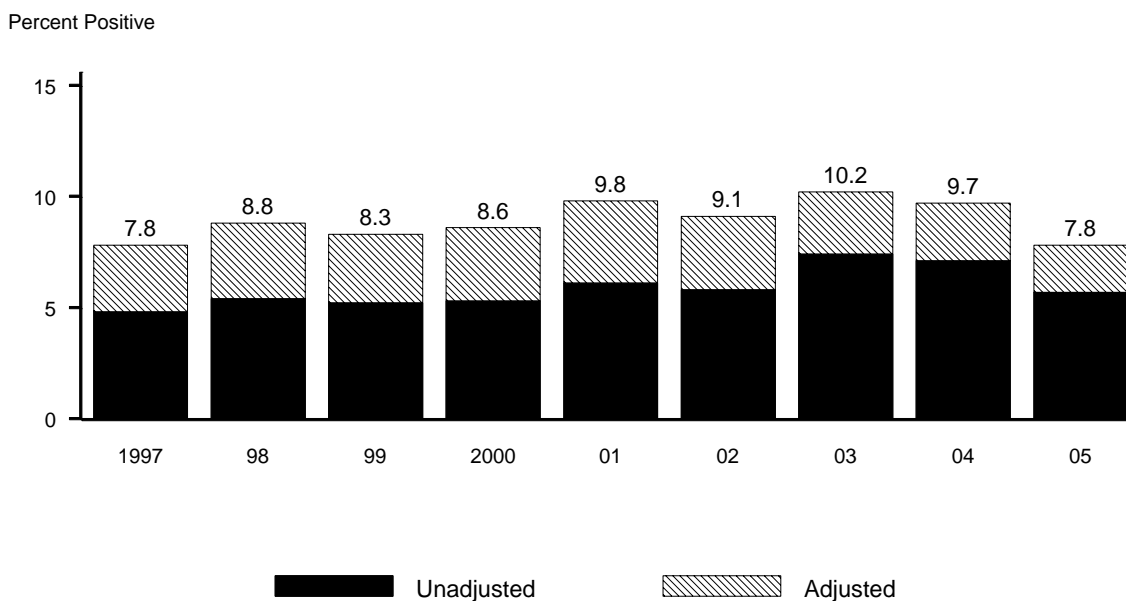


Figure 1. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region II, 1997-2005



Note: The adjusted positivity rate is displayed above the hatched portion of the bar. Trends are adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Region III

In 2005, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region III was 5.8%, representing a slight decrease since 2004 (6.0% positivity). In 2005, 72.9% of all chlamydia tests reported in this population were nucleic acid amplification tests.

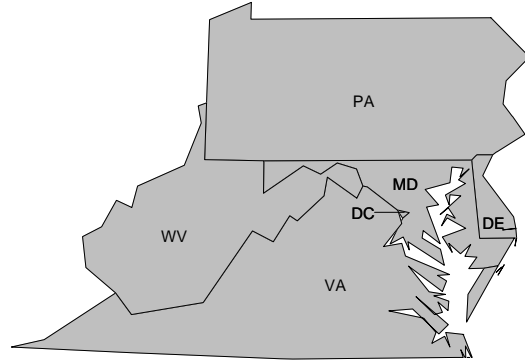
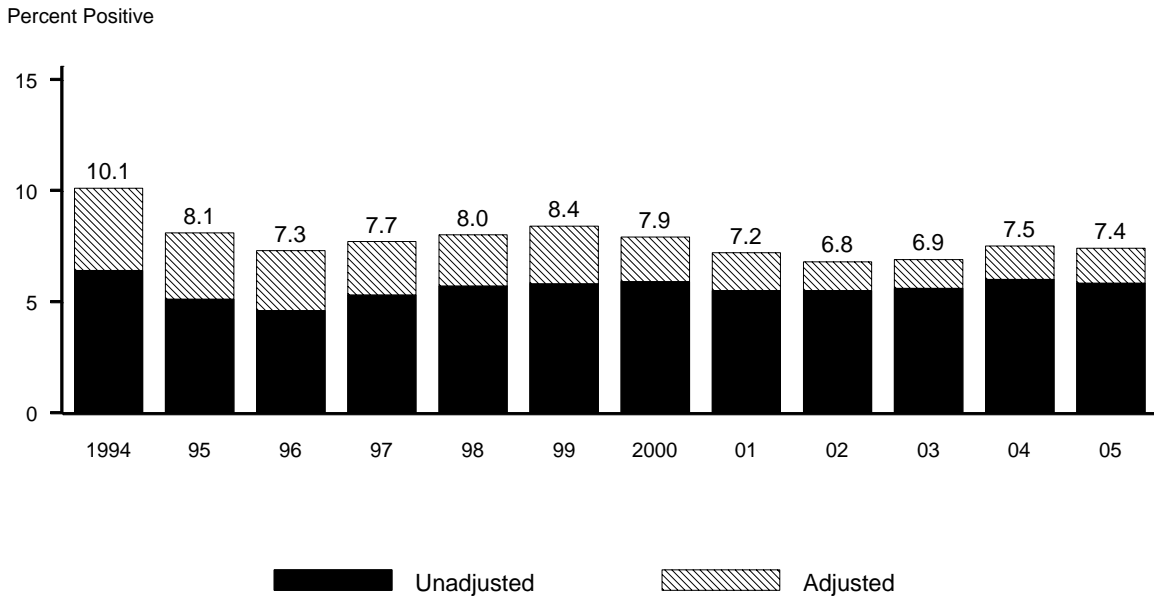


Figure 1. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region III, 1994-2005



Note: The adjusted positivity rate is displayed above the hatched portion of the bar. Trends are adjusted for changes in laboratory test method and associated increases in test sensitivity.

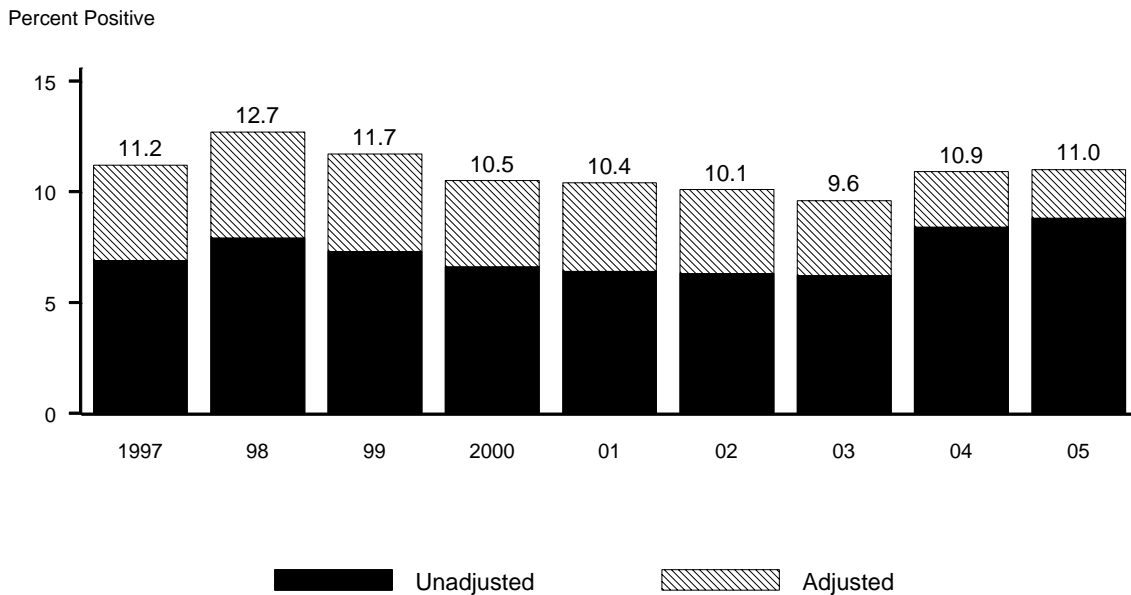
SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Region IV

In 2005, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region IV was 8.8%, representing a slight increase since 2004 (8.4% positivity). In 2005, 80.1% of all chlamydia tests reported in this population were nucleic acid amplification tests.



Figure 1. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region IV, 1997-2005



Note: The adjusted positivity rate is displayed above the hatched portion of the bar. Trends are adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Region V

In 2005, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region V was 7.7%, representing a slight increase since 2004 (7.5% positivity). In 2005, for the first time, 100% of all chlamydia tests reported in this population were nucleic acid amplification tests.

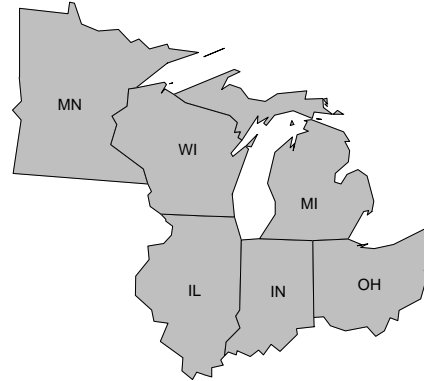
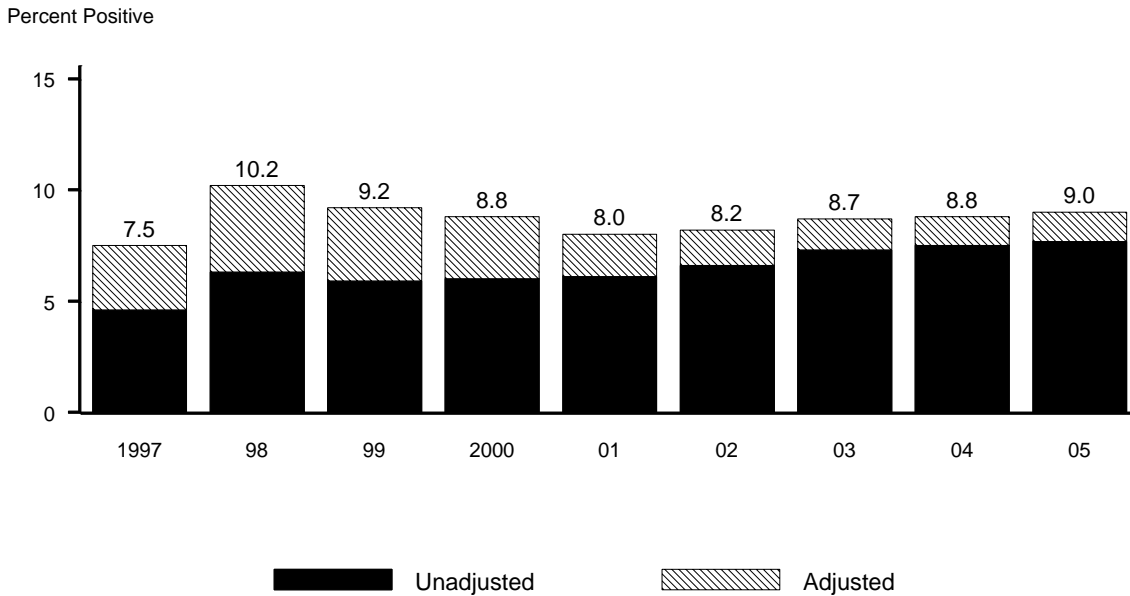


Figure 1. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region V, 1997-2005



Note: The adjusted positivity rate is displayed above the hatched portion of the bar. Trends are adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Region VI

In 2005, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region VI was 7.4%, representing no change since 2004. In 2005, 9.1% of all chlamydia tests reported in this population were nucleic acid amplification tests.

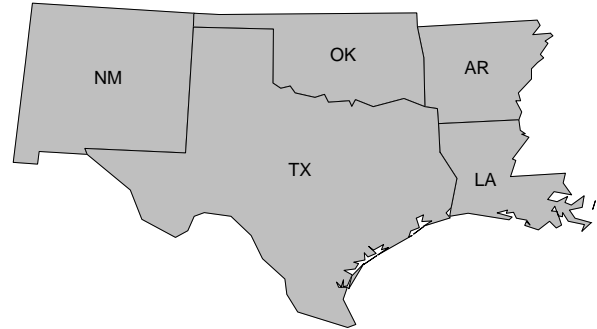
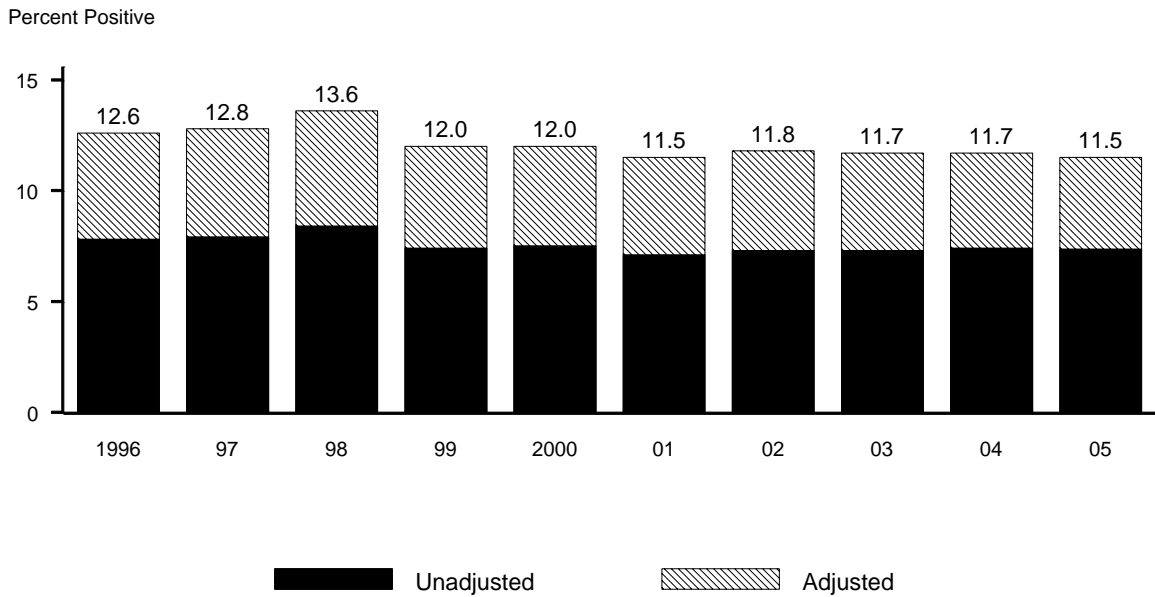


Figure 1. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region VI, 1996-2005



Note: The adjusted positivity rate is displayed above the hatched portion of the bar. Trends are adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Region VII

In 2005, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region VII was 5.8%, representing no change since 2004. Region VII has been using nucleic acid amplification tests for all chlamydia testing (100%) in this population since 2004.

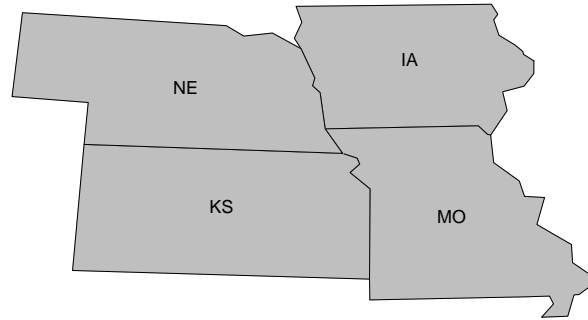
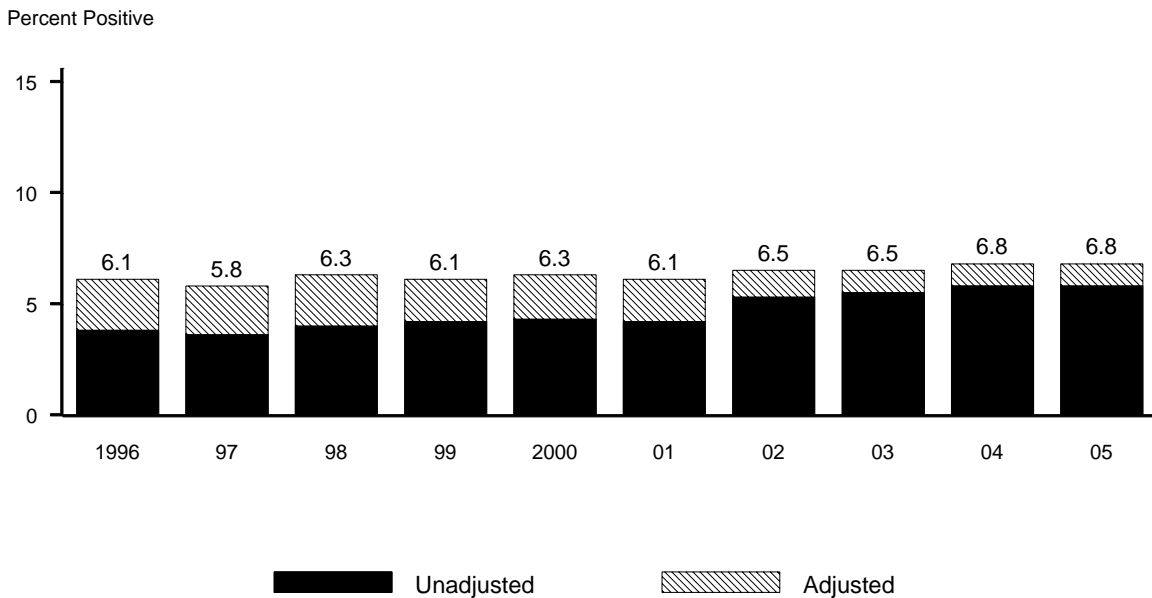


Figure 1. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region VII, 1996-2005



Note: The adjusted positivity rate is displayed above the hatched portion of the bar. Trends are adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Region VIII

In 2005, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region VIII was 6.3%, representing no change since 2004. In 2005, for the first time, 100% of all chlamydia tests reported in this population were nucleic acid amplification tests.

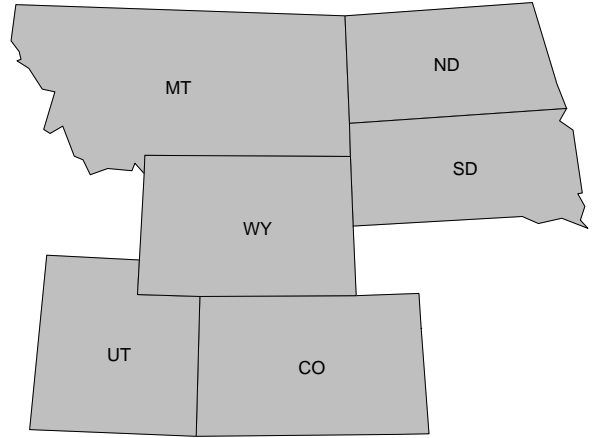
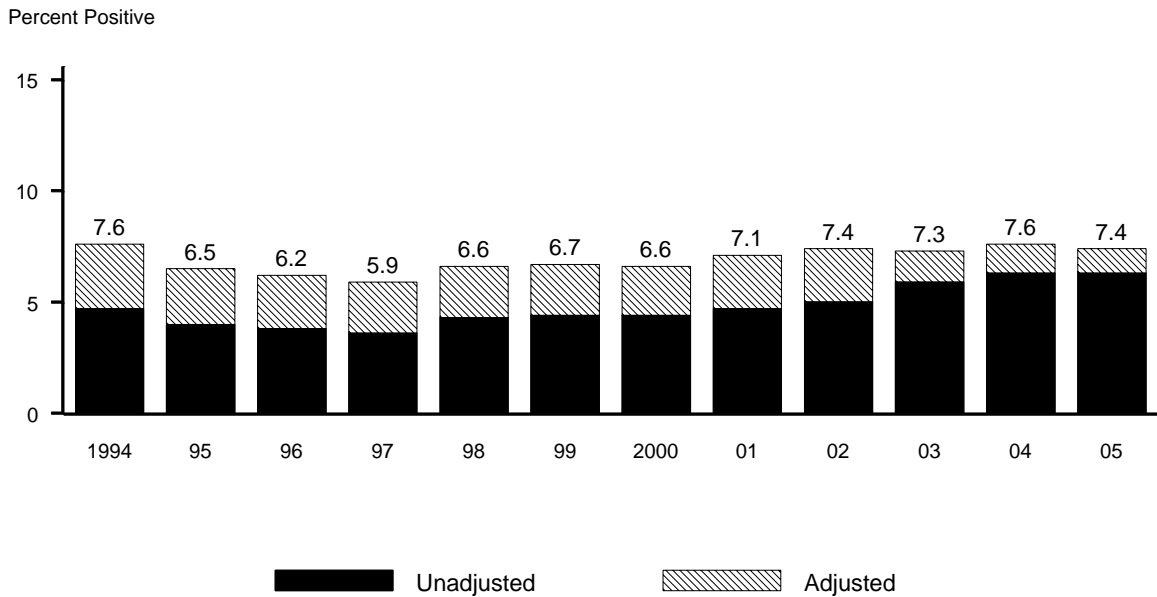


Figure 1. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region VIII, 1994-2005



Note: The adjusted positivity rate is displayed above the hatched portion of the bar. Trends are adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Region IX

In 2005, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region IX was 6.4%, representing a slight decrease since 2004 (6.7% positivity). In 2005, 73.0% of all chlamydia tests reported in this population were nucleic acid amplification tests.

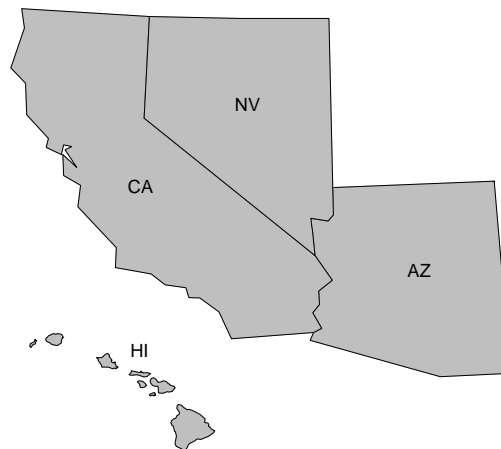
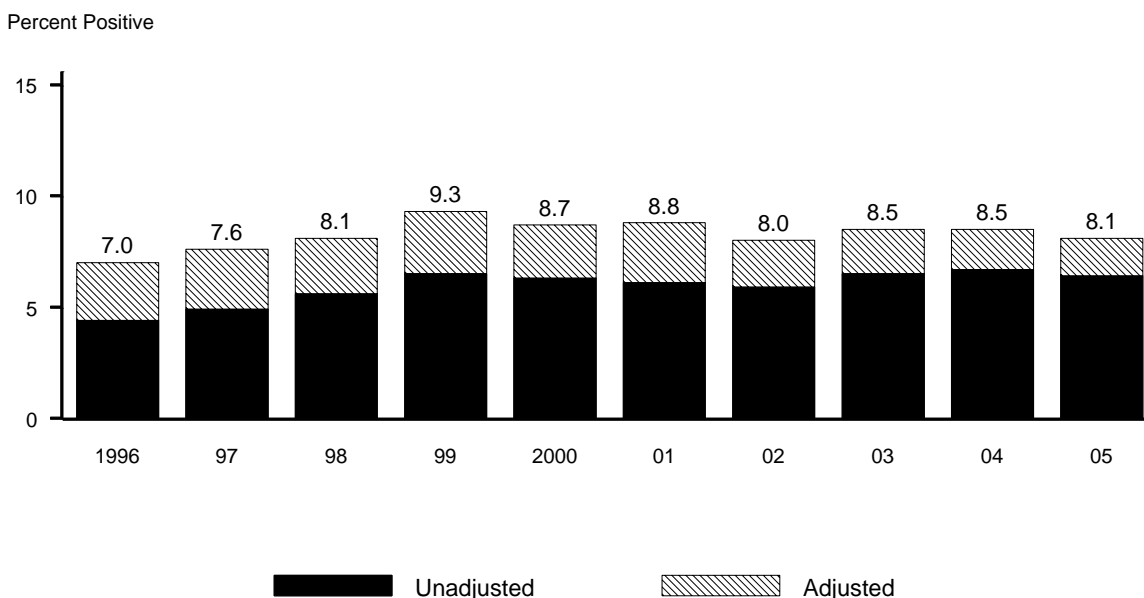


Figure 1. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region IX, 1996-2005



Note: The adjusted positivity rate is displayed above the hatched portion of the bar. Trends are adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Region X

In 2005, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region X was 5.6%, representing a slight decrease since 2004 (5.9% positivity). In 2005, 56.0% of all chlamydia tests reported in this population were nucleic acid amplification tests.

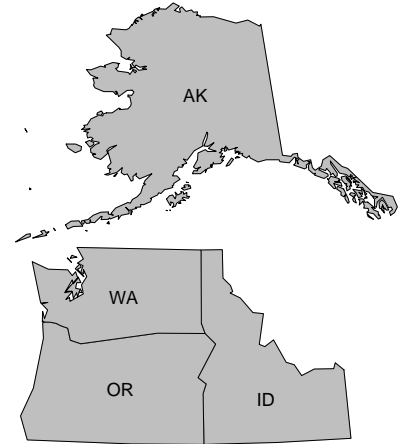
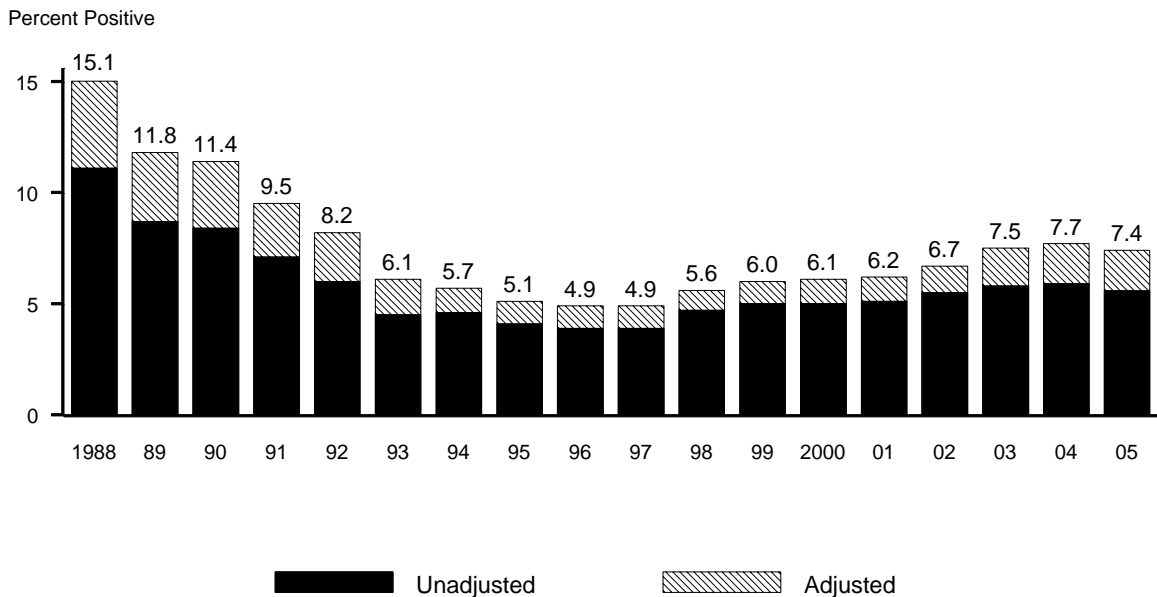


Figure 1. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region X, 1988-2005



Note: The adjusted positivity rate is displayed above the hatched portion of the bar. Trends are adjusted for changes in laboratory test method and associated increases in test sensitivity.

SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

Infertility Prevention Program Regional Coordinators, Data Managers, and Regional Websites

We gratefully acknowledge the contributions of Infertility Prevention Program regional coordinators and data managers to this report. The persons listed were in the positions shown as of November 3, 2006.

Region	Regional Coordinator	Regional Data Manager	Website
I	Deirdre Rogers Jennifer Kawatu	Kim Watson	http://www.ipp.jsi.com
II	Dawn Middleton Kelly Opdyke	Karl Labes	http://www.cicatelli.org/IPP/
III	Wendy Voet	Catherine Wright Joyce Marks	http://www.region3ipp.org
IV	Adelbert James	Adelbert James	http://www.gynob.emory.edu rtc/chlamydia_description.cfm
V	Shana Cash Karen Sherman	Steve Holmes Charlie Rabins	http://www.hcet.org/rvip/rvip.htm
VI	Carol Labaj	David Fine	http://www.centerforhealthtraining.org/ipp/ip_06.html
VII	Karla Johnson Colleen Bornmueller	Wanda Bassett	http://www.devsys.org/html/ipp/index.html
VIII	Yvonne Hamby Ann Loeffler	Yvonne Hamby	http://www.region8ipp.com
IX	Pat Blackburn	Carl Lucania	http://www.centerforhealthtraining.org/ipp/ip_09.html
X	Elizabeth Patrick	David Fine	http://www.centerforhealthtraining.org/ipp/ip_10.html