

# **Sexually Transmitted Disease Surveillance 2007 Supplement**

**Chlamydia Prevalence Monitoring Project  
Annual Report 2007**

**Division of STD Prevention  
January 2009**

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Centers for Disease Control and Prevention  
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The report is also available by Internet via the CDC home page at: <http://www.cdc.gov/std/Chlamydia2007/>. To view the State and City Profiles, please use the drop down boxes on <http://www.cdc.gov/std/Chlamydia2007/>.

# Preface

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*Chlamydia Prevalence Monitoring Project Annual Report, 2007* presents statistics and trends for genital *Chlamydia trachomatis* infections in the United States through 2007. 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, the National Job Training Program, and the Indian Health Service.

*Chlamydia Prevalence Monitoring Project Annual Report, 2007* 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 data from women in all ten Health and Human Services regions. The State Profiles provide statistical information about chlamydia among women in all 50 states, Puerto Rico, and the Virgin Islands. The City Profiles provide statistical information about chlamydia in women for selected cities.

Any comments or 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](mailto: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, the National Job Training Program, and the Indian Health Service, which provided state and local surveillance data to the Centers for Disease Control and Prevention.

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# NATIONAL PROFILE

# NATIONAL PROFILE

# Chlamydia Prevalence Monitoring Project Annual Report – 2007

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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, 2007*.<sup>1</sup>

# Introduction

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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

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## 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 (IPP), 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).<sup>2,3</sup> 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 10 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 2007, 37 states and Puerto Rico 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.

## **Indian Health Service**

The Indian Health Service National STD Program provides support for chlamydia screening and treatment services for at-risk Alaska Native/American Indian women through the Stop Chlamydia Project. In 2007, over 21,000 women aged 15 to 24 years who attended IHS, Tribal, and Urban Indian health centers were screened for chlamydia. Data were available from five of the ten HHS regions (V, VI, VIII, IX, X).

## **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.<sup>4</sup> Changes in the test type used for females occurred in 1998, switching from

the EIA to the DNA hybridization probe (GenProbe PACE 2).<sup>5</sup> Beginning in 2000, a small proportion of females were screened using the strand displacement assay (BDProbeTec ET).<sup>5</sup> By 2006, most females were screened using the strand displacement assay. Since July 2003, male National Job Training Program entrants have also been screened for chlamydia using the strand displacement assay.<sup>6</sup> Annually, over 35,000 men are screened. 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

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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. Nucleic acid amplification tests (NAATs) are the most sensitive tests currently available in the United States. 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%.<sup>7</sup> 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 < 26 years of age, some selective screening is performed among women 20- to 25-years old, and selective

screening is frequently performed among women > 26 years of age. Fourth, family planning and other clinic-based data reported to CDC may not be fully representative of the entire clinic population. Reporting completeness requirements and programmatic influences may lead to only partial reporting from some clinics. Finally, 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.

In the National Job Training Program, 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. Previous versions of this report included adjustments to selected figures in which chlamydia test results for each test type were weighted to reflect the sensitivity of the test used.<sup>8</sup>

# Chlamydia Data – 2007

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## Case reports

In 2007, 1,108,374 chlamydial infections were reported to CDC from 50 states and the District of Columbia. The reported number of cases of chlamydial infection was over three times greater than the reported cases of gonorrhea (355,991 gonorrhea cases were reported in 2007). From 1988 through 2007, the reported rate of chlamydial infection in women increased from 142 cases to 544 cases per 100,000 population (Figure 1). The increase in the reported national chlamydia rate likely represents increased chlamydia screening, increased use of nucleic acid amplification tests (NAATs), which are more sensitive than other types of screening tests, and improved reporting, as well as the continuing high burden of disease.

In 2007, state- and outlying area-specific chlamydia rates among women ranged from 230 per 100,000 population to 1,285 per 100,000 population (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 remain high in all races and ethnicities (Figure 3). In 2007, the rate of chlamydia among blacks was over eight times higher than

that of whites (1,398.7 and 162.3 cases per 100,000 population, respectively). In 2007, case rates were higher than 2006 case rates in all racial/ethnic groups, with the exception of American Indian/Alaska Natives.

Among women, the highest age-specific rates of reported chlamydia in 2007 were among 15- to 19-year-olds (3,004.7 cases per 100,000 females) and 20- to 24-year-olds (2,948.8 cases per 100,000 females) (Figure 4).

## Chlamydia positivity in women in family planning and prenatal clinics

In 2007, the median state-specific chlamydia test positivity in 15- to 24-year-old women who were screened at selected family planning clinics in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands was 6.9% (range: 2.9% to 16.8%) (Figures 5 and 6). Since 1997, the median chlamydia positivity rate has slightly increased over time. This increase is likely due primarily to increasing usage of more sensitive test technology. Changes in test technology to utilize more sensitive tests have been shown to impact positivity rates.<sup>9</sup>



Chlamydia test positivity among 15-24-year-old women screened in family planning clinics fluctuated in all 10 HHS regions between 2003 and 2007 (Figure 7). Positivity has remained fairly stable in four regions (I, III, V, X). From 2003 to 2006, slight decreases in positivity occurred in one region (II), followed by a small increase in 2007. In the remaining five regions (IV, VI, VII, VIII, IX), positivity rates increased slightly over the five-year time frame from 2003 to 2007. Similar trends in positivity are seen for adolescent women aged 15-19 years screened in family planning clinics (Figure 8). The positivity rates presented in Figures 7 and 8 are not adjusted for changes in laboratory test methods and associated increases in test sensitivity.

Usage of NAAT technology in family planning clinics to screen women aged 15-24 years for chlamydia was widespread in 2007 (Figure 9). In four regions, NAATS were used nearly exclusively from 2003 to 2007 (I, V, VII, VIII). By 2007, five additional regions used NAATs over 50% of the time (II, III, IV, IX, X). Only one region reported a low NAAT-usage rate in 2007; however, usage increased from 2003 to 2007 (VI). As NAAT usage continues to increase across the U.S., the impact of test technology on the interpretation of chlamydia case rate and positivity data will decrease.

In 2007, the median state-specific chlamydia test positivity among 15- to 24-year-old women screened in selected prenatal clinics in 22

states, Puerto Rico, and the Virgin Islands was 7.4% (range 2.0% to 20.7%) (Figure 10).

### **Chlamydia prevalence in Indian Health Service (IHS) clinics**

The chlamydia positivity rate among females aged 15-24 years screened in IHS, Tribal, and Urban Indian health center clinics ranged from 8.1% in HHS region V to 11.6% in region VIII (Figure 11).

### **Chlamydia prevalence in National Job Training Program entrants**

In women entering the National Job Training Program in 2007, based on their place of residence before program entry, state-specific chlamydia prevalence ranged from 3.8% to 23.5% in 40 states, the District of Columbia, and Puerto Rico (Figure 12). The median state-specific chlamydia prevalence was 13.2%.

In men entering the program from 48 states, the District of Columbia and Puerto Rico in 2007, the median state-specific chlamydia prevalence was 7.2% (range: 2.0% to 14.5%) (Figure 13).

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

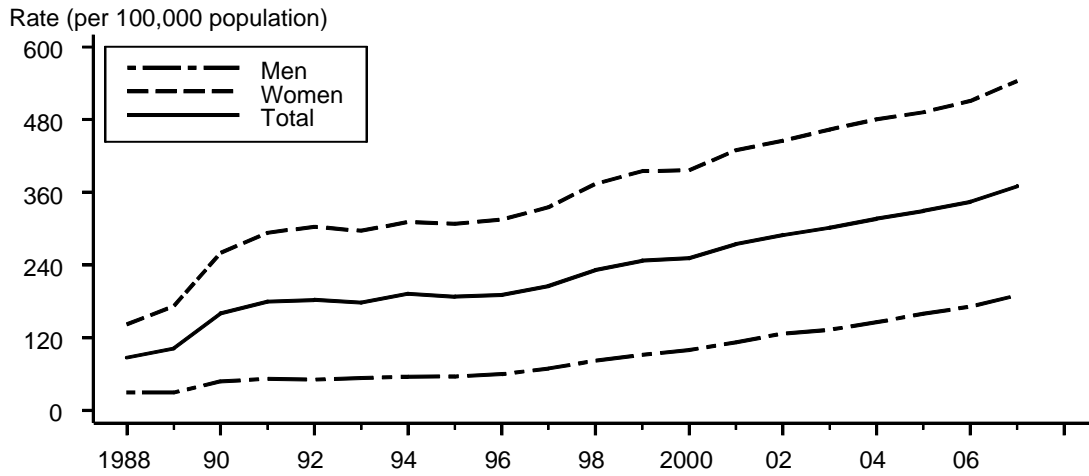
In 2007, data on the positivity of chlamydial infection in persons entering juvenile or adult corrections facilities were reported to CDC from 37 states and Puerto Rico (Tables 1 and 2). In adolescent women entering 73 juvenile detention facilities, the median facility-specific positivity for chlamydia was 14.3% (range: 2.5% to 32.1%). In women entering 37 adult corrections facilities, the median chlamydia positivity was 6.4% (range: 0.0% to 21.0%).

The median facility-specific chlamydia positivity in adolescent men entering 109 juvenile corrections facilities in 2007 was 5.7% (range: 0.0% to 14.2%). In men entering 51 adult corrections facilities, the median positivity was 7.7% (range: 0.5% to 25.3%).

## References

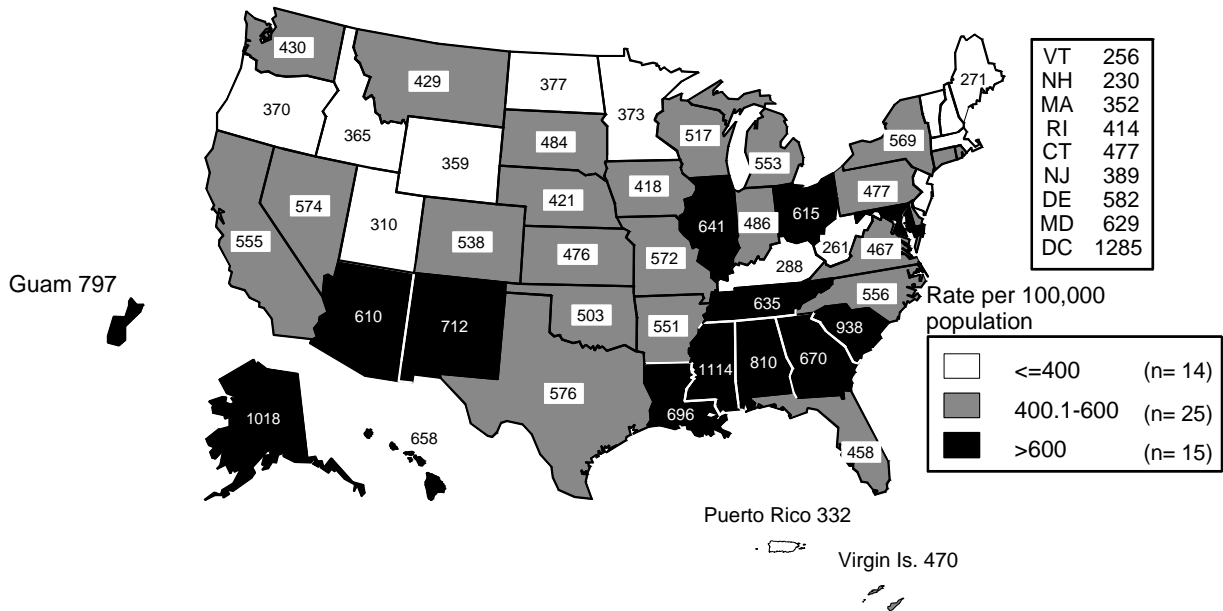
- <sup>1</sup>Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2006*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, October 2007.
- <sup>2</sup>Hillis S, Black C, Newhall J, Walsh C, Groseclose SL. New opportunities for chlamydia prevention: applications of science to public health practice. *Sex Transm Dis* 1995;22:70-5.
- <sup>3</sup>Centers for Disease Control and Prevention. *Chlamydia trachomatis* genital infections - United States, 1995. *MMWR* 1997;46:193-8.
- <sup>4</sup>Mertz KJ, Ransom RL, St. Louis ME, Groseclose SL, et al. Decline in the prevalence of genital chlamydial infection in young women entering a National Job Training Program. *Am J Pub Health* 2001;91(8):1287-90.
- <sup>5</sup>Joesoef MR, Mosure DJ. Prevalence trends in chlamydial infections among young women entering the National Job Training Program, 1998-2004. *Sex Transm Dis* 2006;33(9):571-575.
- <sup>6</sup>Joesoef MR, Mosure DJ. Prevalence of chlamydia in young men in the United States from newly implemented universal screening in a National Job Training Program. *Sex Transm Dis* 2006;33(10):636-639.
- <sup>7</sup>Dicker LW, Mosure DJ, Levine WC. Chlamydia positivity versus prevalence: what's the difference? *Sex Transm Dis* 1998;25:251-3.
- <sup>8</sup>Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2006 Supplement, Chlamydia Prevalence Monitoring Project Annual Report 2006*. Rev Ed. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; May 2008.
- <sup>9</sup>Dicker LW, Mosure DJ, Levine WC, et al. Impact of switching laboratory tests on reported trends in *Chlamydia trachomatis* infections. *Am J Epidemiol* 2000;51:430-5

**Figure 1. Chlamydia — Rates: Total and by sex: United States, 1988–2007**



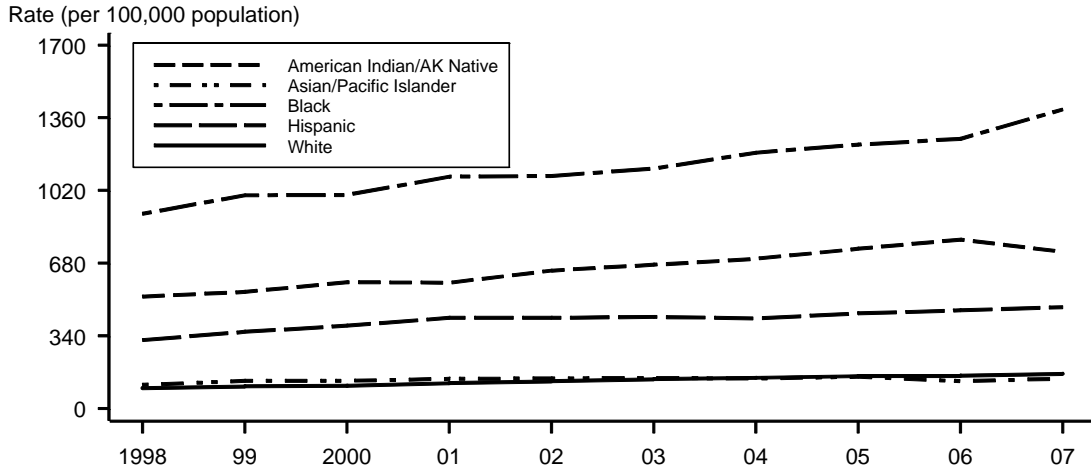
Note: As of January 2000, all 50 states and the District of Columbia had regulations requiring the reporting of Chlamydia cases.

**Figure 2. Chlamydia — Rates among women by state: United States and outlying areas, 2007**

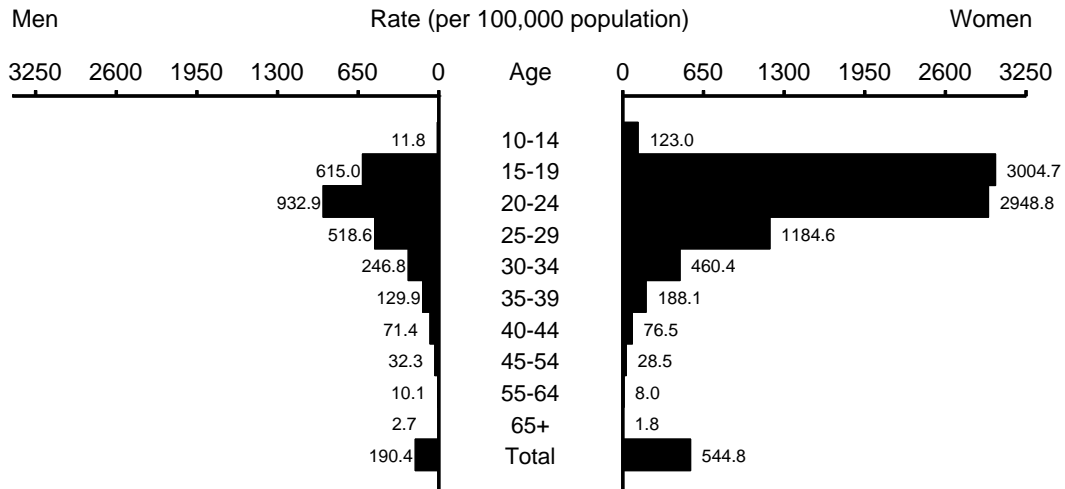


Note: The total chlamydia infection rate among women in the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 540.9 per 100,000 female population.

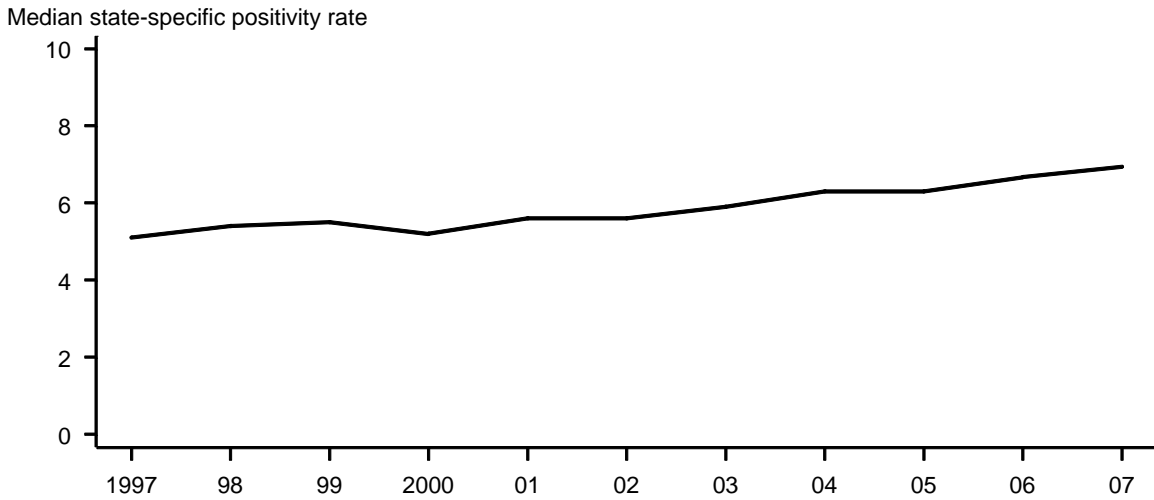
**Figure 3. Chlamydia — Rates by race/ethnicity: United States, 1998–2007**



**Figure 4. Chlamydia — Age- and sex-specific rates: United States, 2007**



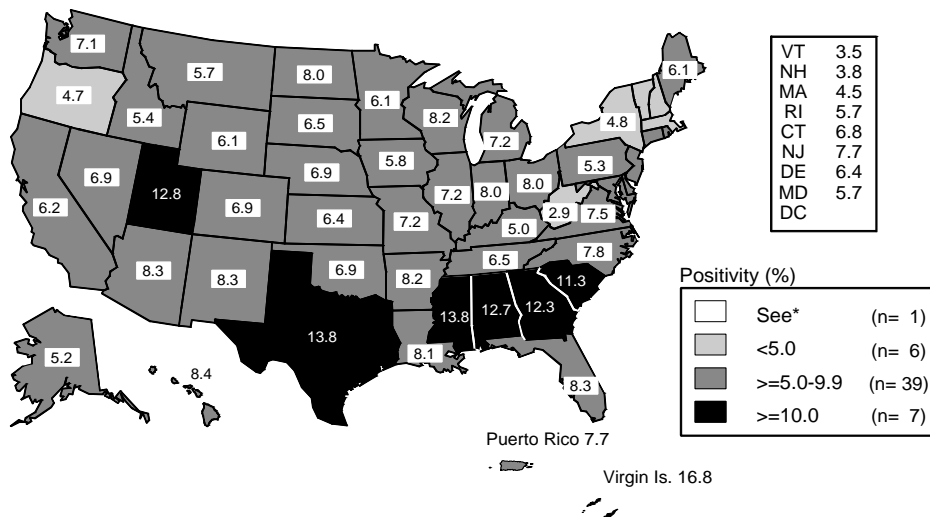
**Figure 5. Chlamydia — Median state-specific positivity among 15- to 24-year-old women tested in family planning clinics: United States, 1997–2007**



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.

SOURCE: Chlamydia Prevalence Monitoring Project (Regional Infertility Prevention Projects); Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

**Figure 6. Chlamydia — Positivity among 15- to 24-year-old women tested in family planning clinics by state: United States and outlying areas, 2007**

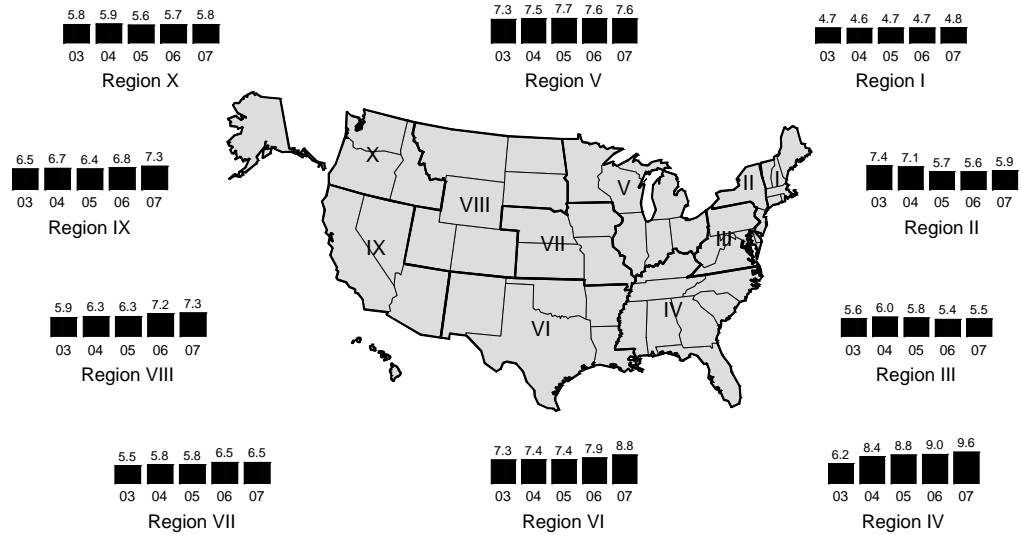


\* Data not available in 2007.

Note: Includes states and outlying areas that reported chlamydia positivity data on at least 500 women aged 15-24 years screened during 2007.

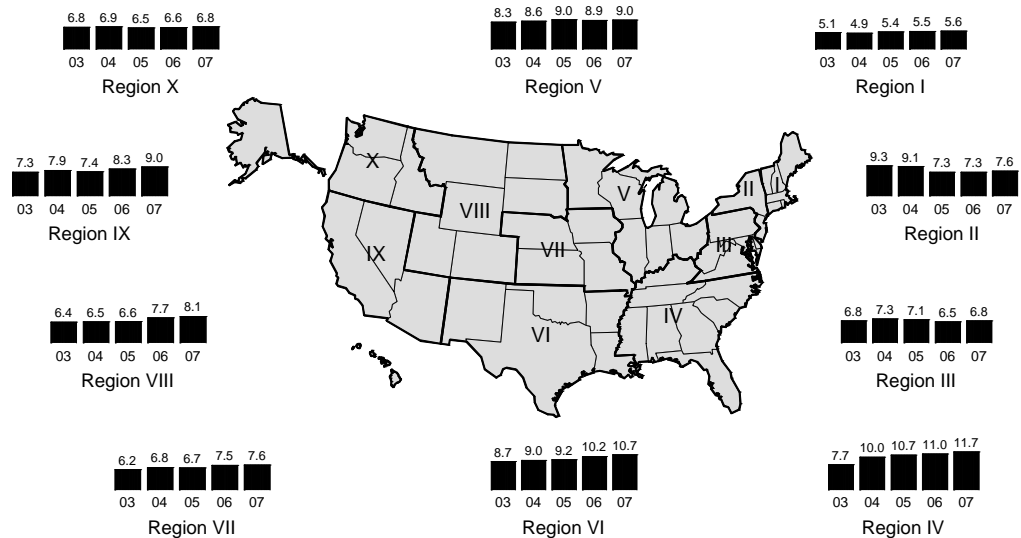
SOURCE: Chlamydia Prevalence Monitoring Project (Regional Infertility Prevention Projects); Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

**Figure 7. Chlamydia — Trends in positivity among 15- to 24-year-old women tested in family planning clinics by HHS region, 2003–2007**



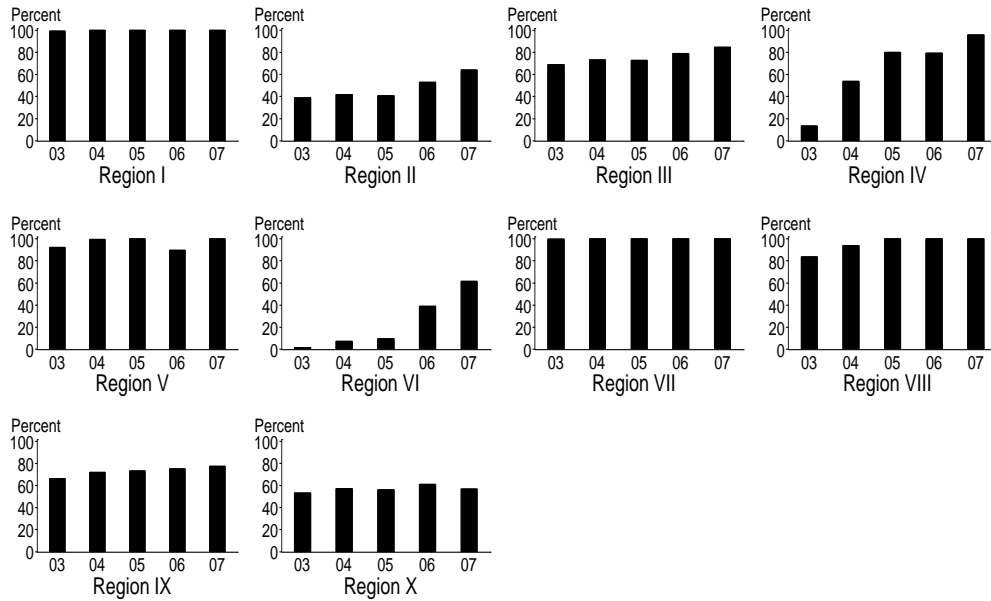
SOURCE: Chlamydia Prevalence Monitoring Project (Regional Infertility Prevention Projects); Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

**Figure 8. Chlamydia — Trends in positivity among 15- to 19-year-old women tested in family planning clinics by HHS region, 2003–2007**



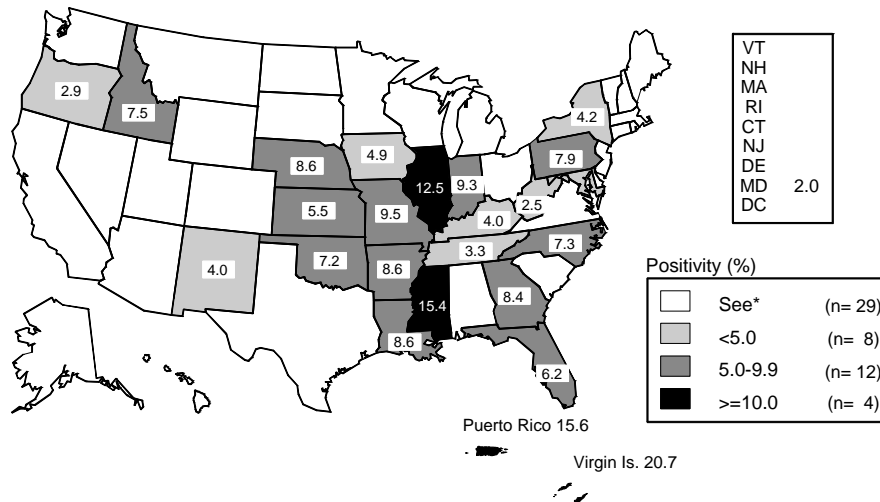
SOURCE: Chlamydia Prevalence Monitoring Project (Regional Infertility Prevention Projects); Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

**Figure 9. Chlamydia – Percent of tests that were nucleic acid amplification tests (NAATs) in family planning clinics among 15- to 24-year-old women by HHS region, 2003-2007**



SOURCE: Chlamydia Prevalence Monitoring Project (Regional Infertility Prevention Projects); Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

**Figure 10. Chlamydia — Positivity in 15- to 24-year-old women tested in prenatal clinics by state: United States and outlying areas, 2007**

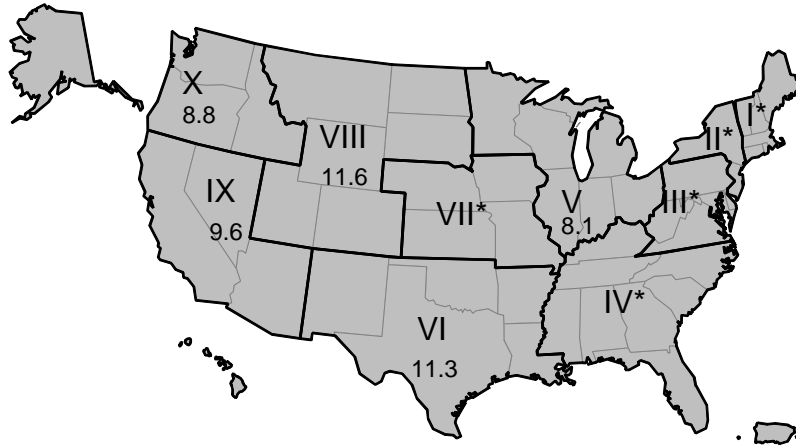


\*States/areas not meeting minimum inclusion criteria in prenatal clinics.

SOURCE: Chlamydia Prevalence Monitoring Project (Regional Infertility Prevention Projects); Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention



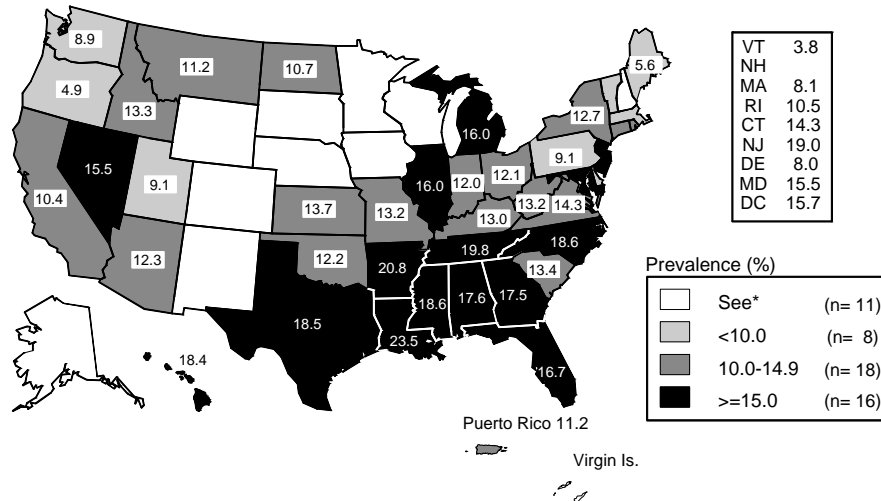
**Figure 11. Chlamydia – Positivity among 15- to 24-year-old women screened in Indian Health Service (IHS) clinics by HHS region, 2007**



\*Chlamydia positivity data not available. See Appendix for definitions of HHS Regions.

SOURCE: Indian Health Service

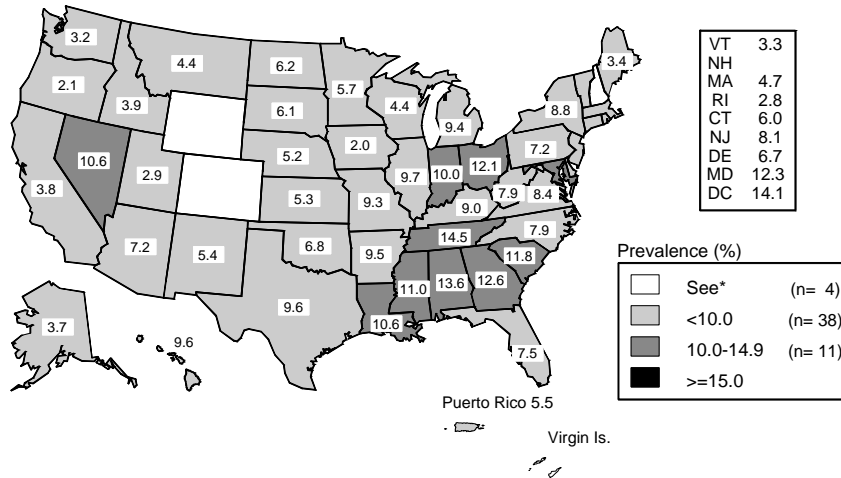
**Figure 12. Chlamydia — Prevalence among 16- to 24-year-old women entering the National Job Training Program by state of residence: United States and outlying areas, 2007**



\*Fewer than 100 women residing in these states/areas and entering the National Job Training Program were screened for chlamydia in 2007.

SOURCE: National Job Training Program; Department of Labor (in collaboration with the Center for Disease Detection, San Antonio, Texas)

**Figure 13. Chlamydia — Prevalence among 16- to 24-year-old men entering the National Job Training Program by state of residence: United States and outlying areas, 2007**



\*Fewer than 100 men residing in these states/areas and entering the National Job Training Program were screened for chlamydia in 2007.

SOURCE: National Job Training Program; Department of Labor (in collaboration with the Center for Disease Detection, San Antonio, Texas)

**Table 1. Chlamydia – Positivity among men and women in juvenile corrections facilities, 2007**

State	Men			Women		
	No. of Facilities	No of Tests	Median % Positivity (Range)	No. of Facilities	No. of Tests	Median % Positivity (Range)
Alabama	—	—	—	1	119	16.0
Arizona	6	5,375	5.4 (2.4-8.4)	5	1,503	16.1 (3.2-20.8)
California*	18	24,033	4.9 (0.0-10.6)	22	11,007	11.1 (2.5-27.0)
Colorado	1	236	7.6	—	—	—
Connecticut	2	726	3.2 (2.6-3.8)	2	257	11.3 (10.9-11.6)
Georgia	15	5,787	6.2 (1.7-11.0)	11	2,101	20.0 (13.5-27.7)
Hawaii	1	147	8.8	—	—	—
Idaho	—	—	—	1	208	11.5
Illinois	5	4,705	7.8 (6.5-10.9)	1	396	17.9
Indiana	1	979	10.1	1	237	21.1
Kentucky	7	2,152	4.9 (2.3-9.8)	1	176	12.5
Maryland	4	1,731	5.9 (2.7-7.5)	2	408	15.1 (14.3-15.9)
Massachusetts	1	412	2.2	—	—	—
Michigan	8	5,096	10.1 (6.2-13.9)	4	1,378	17.0 (10.3-19.7)
Minnesota	1	306	11.8	—	—	—
Mississippi	1	465	9.0	1	106	15.1
Missouri	1	449	6.9	—	—	—
Nebraska	1	368	6.3	1	193	12.4
Nevada	2	1,388	8.9 (3.7-14.2)	2	278	23.0 (13.9-32.1)
New Jersey	3	2,786	7.9 (6.6-11.4)	1	169	18.3
New Mexico	2	638	5.7 (4.1-7.2)	—	—	—
New York	7	4,616	4.2 (2.6-6.1)	5	1,086	14.6 (12.1-15.7)
North Dakota	1	132	6.8	—	—	—
Ohio	5	6,216	8.2 (5.0-11.2)	3	1,314	18.8 (7.6-20.4)
Oregon	3	1,442	4.5 (3.3-8.6)	3	423	7.6 (6.5-19.5)
Pennsylvania	1	127	3.1	—	—	—
Puerto Rico	2	354	4.1 (3.5-4.7)	1	107	20.6
Tennessee	1	1,911	4.3	1	825	12.4
Texas	1	832	9.4	1	199	16.6
Virginia	1	729	8.1	—	—	—
Washington	5	1,030	5.0 (2.7-13.4)	3	907	12.4 (3.5-21.0)
Wisconsin	2	576	5.6 (4.5-6.8)	—	—	—
<b>Total</b>	<b>109</b>	<b>75,744</b>	<b>5.7 (0.0-14.2)</b>	<b>73</b>	<b>23,397</b>	<b>14.3 (2.5-32.1)</b>

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, 2007**

<b>State</b>	<b>Men</b>			<b>Women</b>		
	<i>No. of Facilities</i>	<i>No. of Tests</i>	<i>Median % Positivity (Range)</i>	<i>No. of Facilities</i>	<i>No. of Tests</i>	<i>Median % Positivity (Range)</i>
Arizona	3	874	13.9 (11.5-15.7)	2	1,474	9.9 (4.7-15.2)
California*	5	4,338	4.2 (2.9-5.8)	4	9,316	11.2 (5.3-15.6)
Delaware	1	679	4.1	2	1,008	7.8 (5.1-10.4)
Hawaii	—	—	—	2	288	12.3 (6.4-18.3)
Illinois	6	2,621	10.5 (5.9-14.8)	3	2,903	5.1 (3.3-5.7)
Indiana	1	1,209	6.7	2	1,433	10.1 (10.1-10.2)
Iowa	2	768	13.8 (8.1-19.4)	1	435	5.1
Maryland	1	633	6.0	—	—	—
Massachusetts	2	3,601	4.7 (4.7-4.8)	2	911	4.0 (3.6-4.3)
Michigan	1	154	25.3	1	240	10.4
Missouri	1	3,018	5.8	1	570	4.6
Montana	—	—	—	1	106	—
Nebraska	4	1,585	8.2 (6.2-19.9)	1	225	11.6
Nevada	1	294	9.5	1	182	8.8
New Mexico	1	130	10.8	1	478	10.5
New York	2	7,054	7.0 (3.7-10.3)	1	249	5.2
North Dakota	1	469	5.5	1	101	5.9
Oregon	2	233	20.4 (18.4-22.3)	1	169	7.7
Pennsylvania	3	2,210	7.7 (4.3-10.3)	3	610	5.4 (4.9-6.9)
South Carolina	2	1,101	8.6 (7.9-9.3)	1	145	8.3
Texas	3	2,264	7.1 (0.5-16.6)	2	942	19.1 (17.3-21.0)
Utah	1	110	9.1	1	171	11.7
Washington	—	—	—	1	801	6.1
West Virginia	4	1,510	2.9 (0.5-5.1)	1	151	0.7
Wisconsin	4	4,415	9.0 (5.6-13.5)	1	737	2.0
<b>TOTAL</b>	<b>51</b>	<b>39,270</b>	<b>7.7 (0.5-25.3)</b>	<b>37</b>	<b>23,645</b>	<b>6.4 (0.0-21.0)</b>

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

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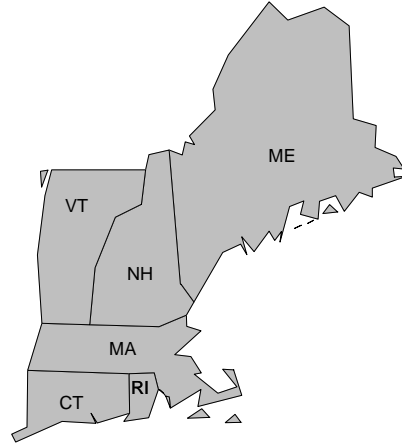
This section contains ten profiles on chlamydia positivity trends in family planning clinics, one for each of the ten HHS Regions. Each of the following profiles contains a map of the region and a bar graph showing trends in chlamydia positivity rates (Figure A). Accompanying text describes the data 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. NAAT usage has been increasing over time in each of the ten HHS regions (Figure 9).

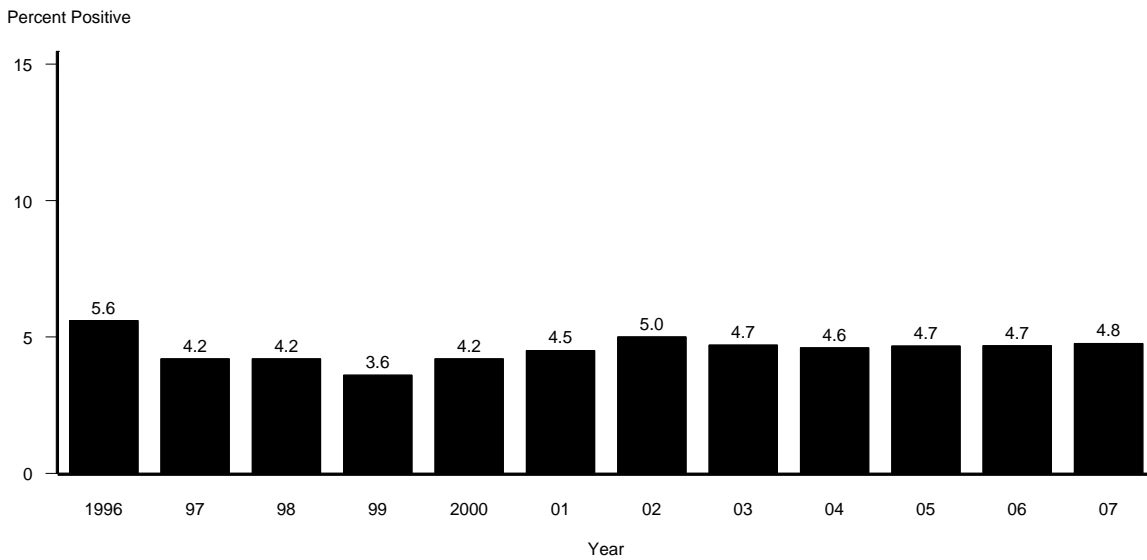
Figure A, displaying chlamydia trends, presents unadjusted positivity data.

# Region I

In 2007, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region I was 4.8%, representing a very slight increase since 2006 (4.7% positivity). Region I has been using nucleic acid amplification tests for all chlamydia testing (100%) in this population since 2004.



**Figure A. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region I, 1996-2007**

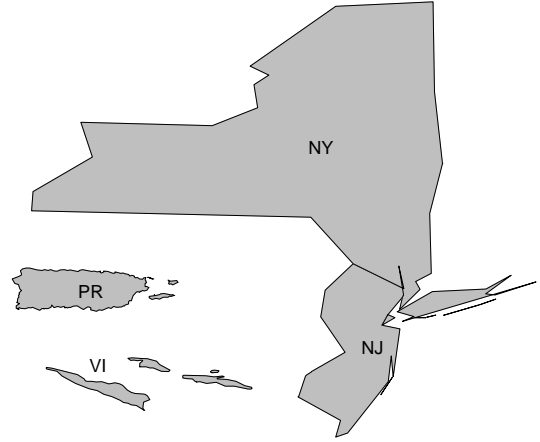


SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

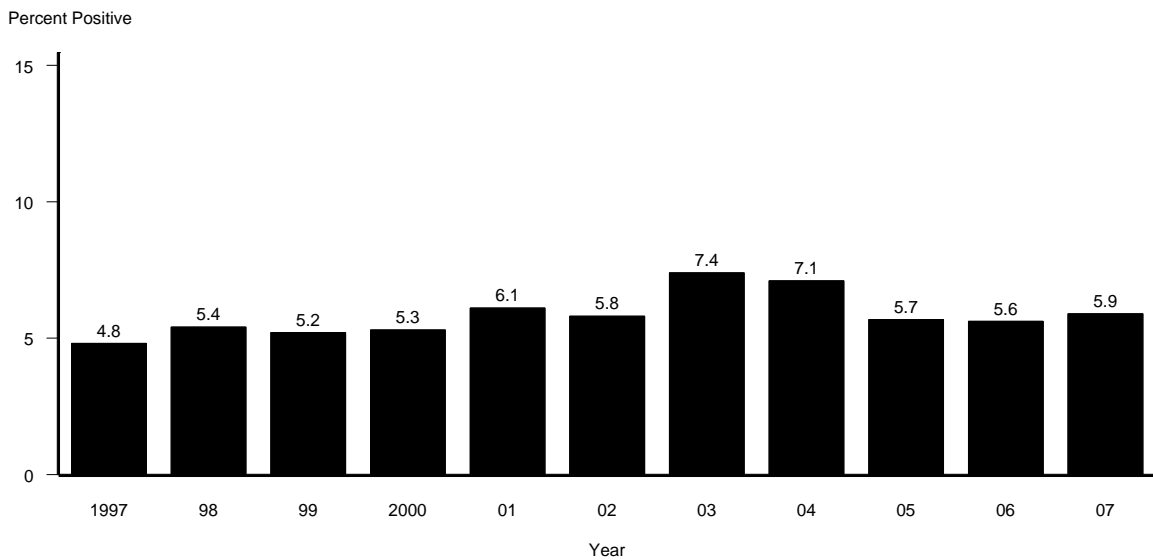


## Region II

In 2007, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region II was 5.9%, representing a slight increase since 2006 (5.6% positivity). In 2007, 63.9% of all chlamydia tests reported in this population were nucleic acid amplification tests.



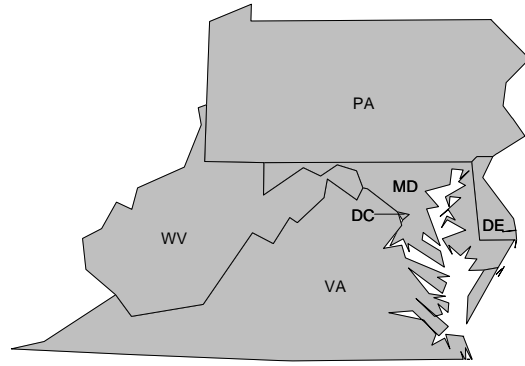
**Figure A. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region II, 1997-2007**



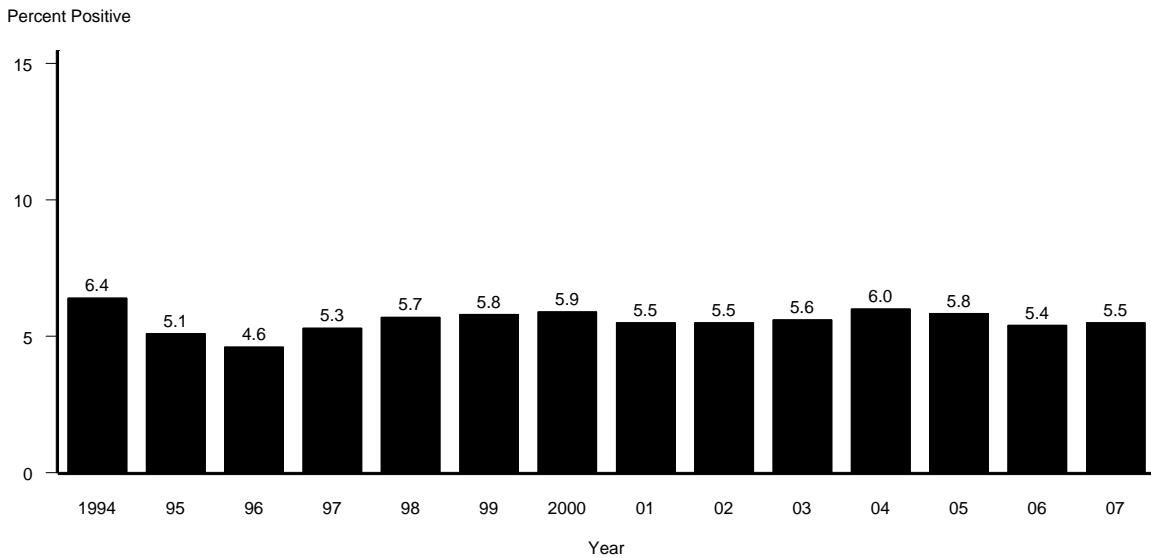
SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

## Region III

In 2007, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region III was 5.5%, representing a very slight increase since 2006 (5.4% positivity). In 2006, 79.1% of all chlamydia tests reported in this population were nucleic acid amplification tests.



**Figure A. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region III, 1994-2007**



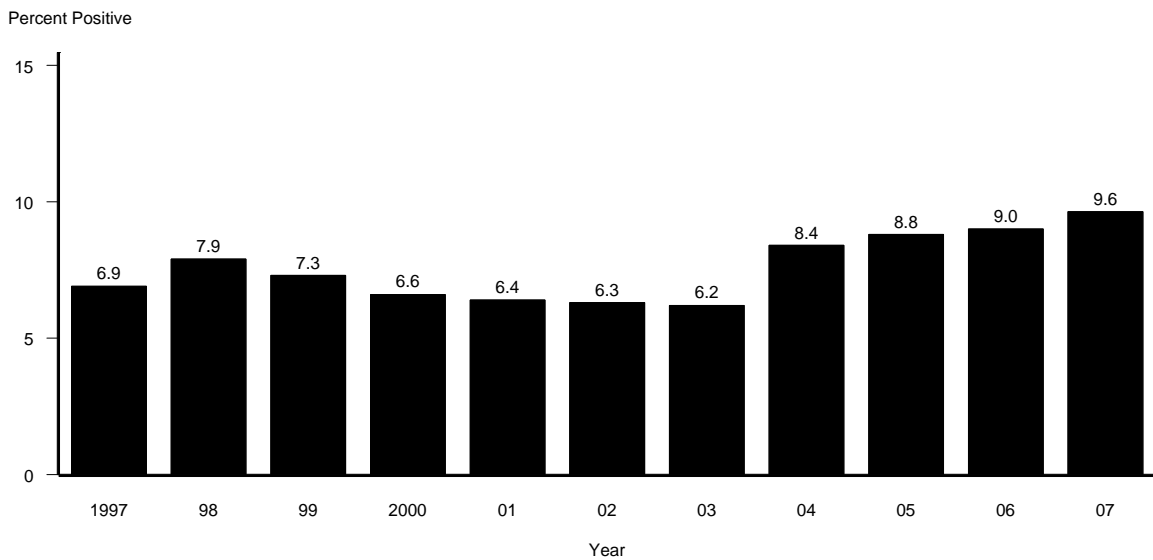
SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

## Region IV

In 2007, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region IV was 9.6%, representing a slight increase since 2006 (9.0% positivity). In 2007, 95.8% of all chlamydia tests reported in this population were nucleic acid amplification tests.



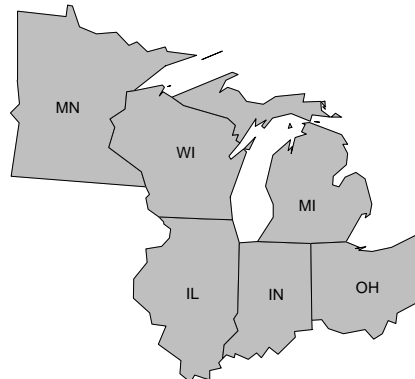
**Figure A. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region IV, 1997-2007**



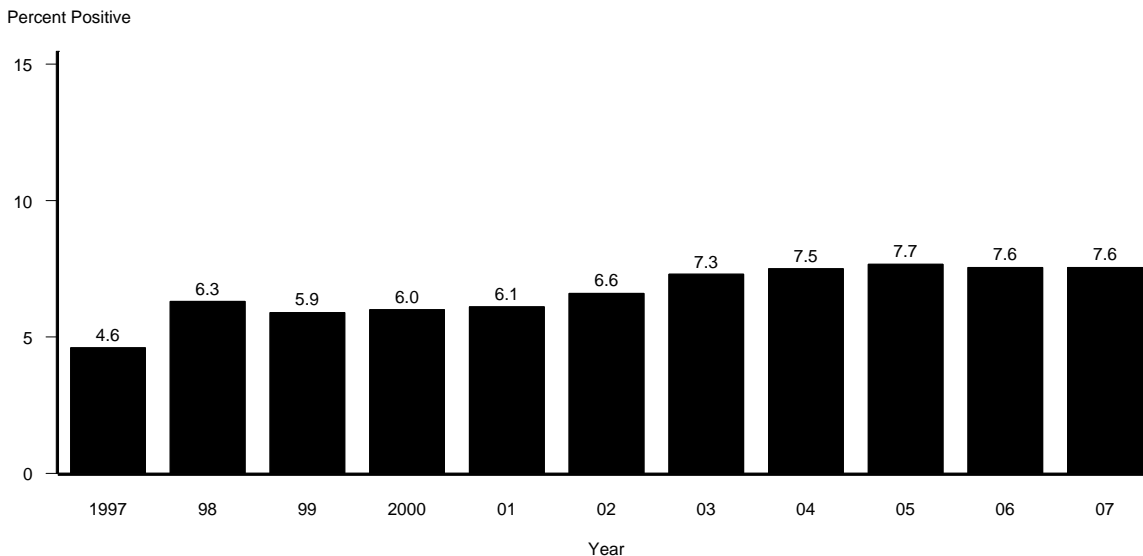
SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

## Region V

In 2007, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region V was 7.6%, representing no change since 2006. In 2007, 99.9% of all chlamydia tests reported in this population were nucleic acid amplification tests.



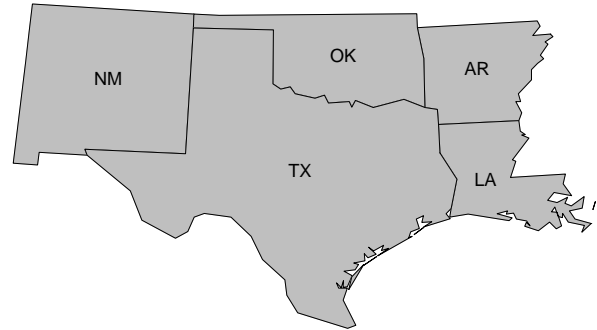
**Figure A. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region V, 1997-2007**



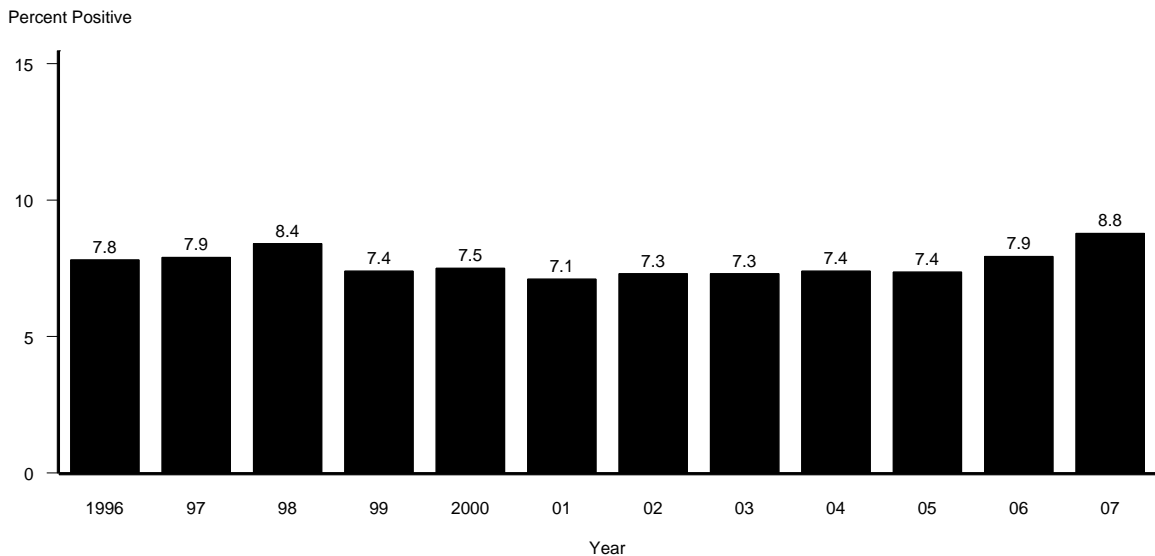
SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

## Region VI

In 2007, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region VI was 8.8%, representing an increase since 2006 (7.9% positivity). In 2007, 38.5% of all chlamydia tests reported in this population were nucleic acid amplification tests.



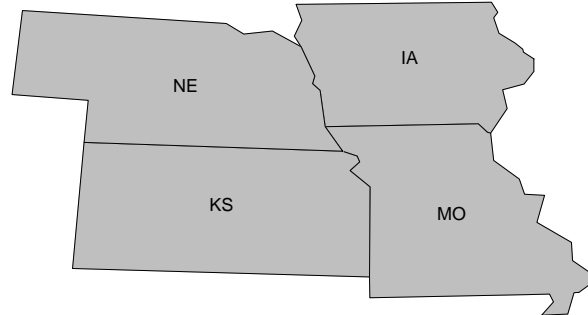
**Figure A. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region VI, 1996-2007**



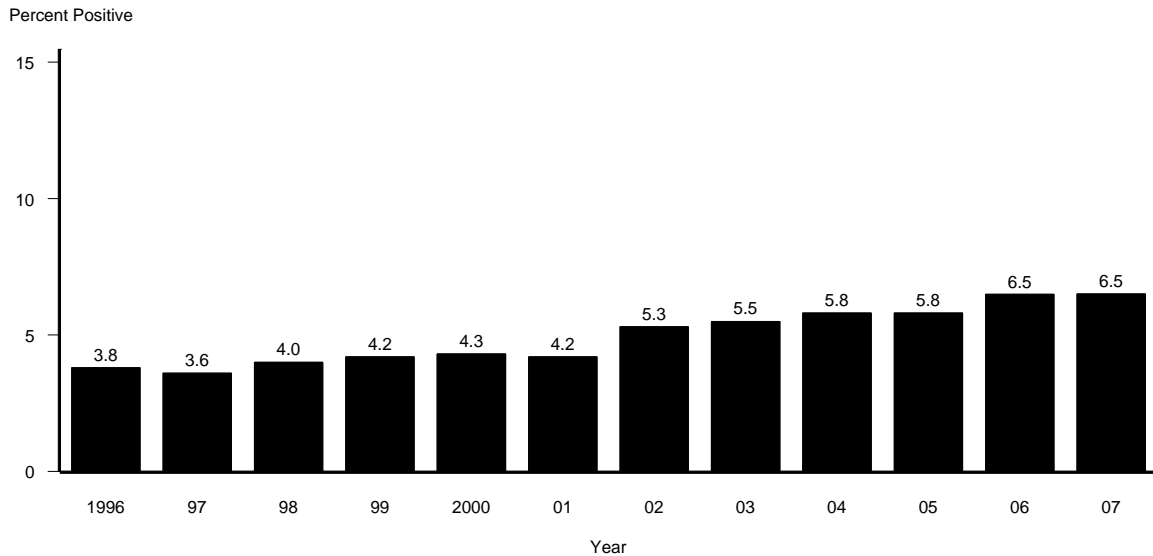
SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

## Region VII

In 2007, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region VII was 6.5%, representing no change since 2006. Region VII has been using nucleic acid amplification tests for all chlamydia testing (100%) in this population since 2004.



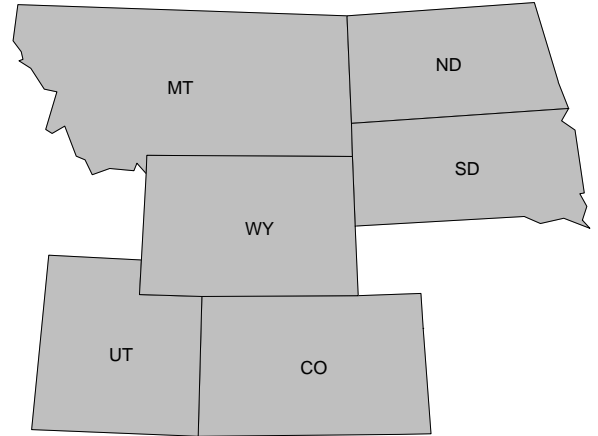
**Figure A. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region VII, 1996-2007**



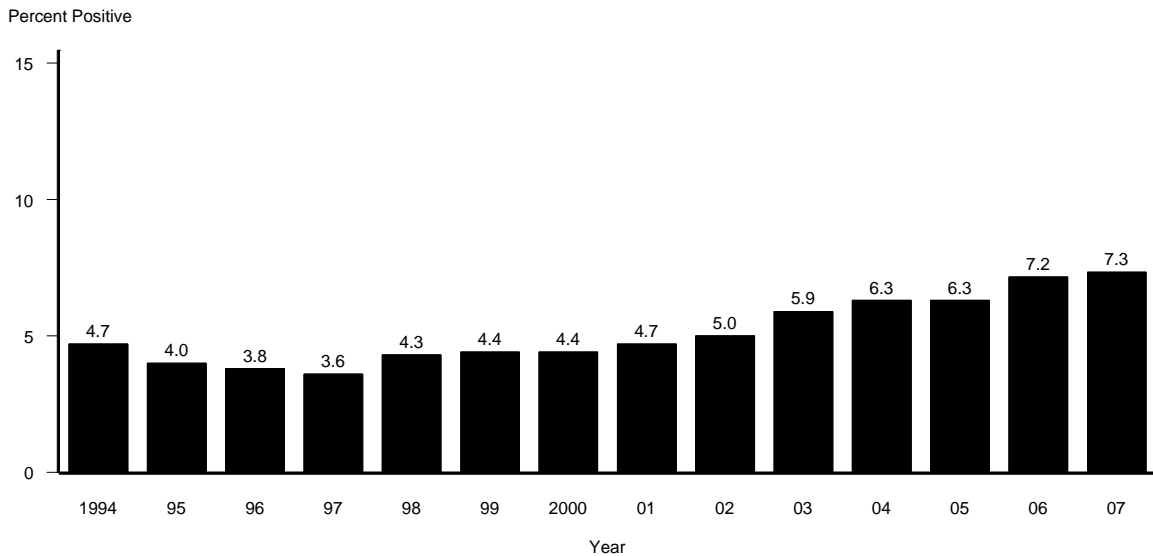
SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

## Region VIII

In 2007, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region VIII was 7.3%, representing a very slight increase since 2006 (7.3% positivity). Region VIII has been using nucleic acid amplification tests for all chlamydia testing (100%) in this population since 2005.



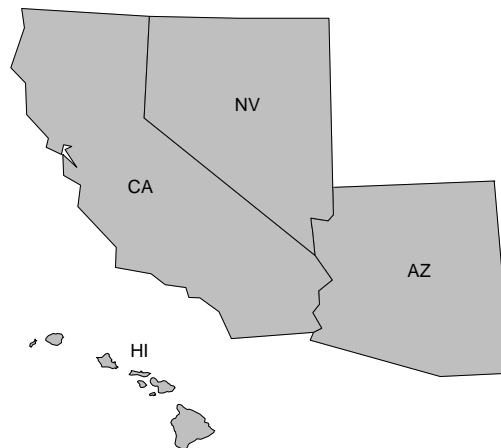
**Figure A. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region VIII, 1994-2007**



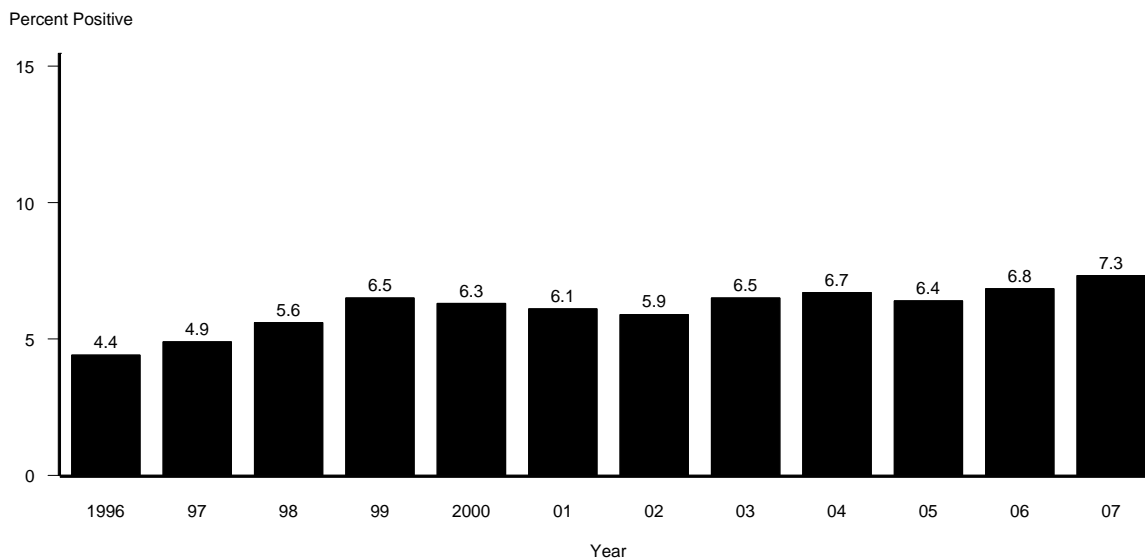
SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

## Region IX

In 2007, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region IX was 7.3%, representing a slight increase since 2006 (6.8% positivity). In 2007, 77.4% of all chlamydia tests reported in this population were nucleic acid amplification tests.



**Figure A. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region IX, 1996-2007**

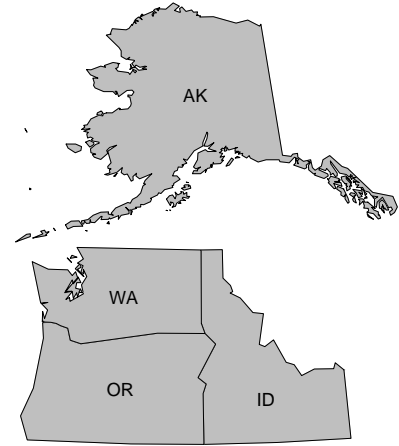


SOURCE: Regional Infertility Prevention Projects; Office of Population Affairs; Local and State STD Control Programs; Centers for Disease Control and Prevention

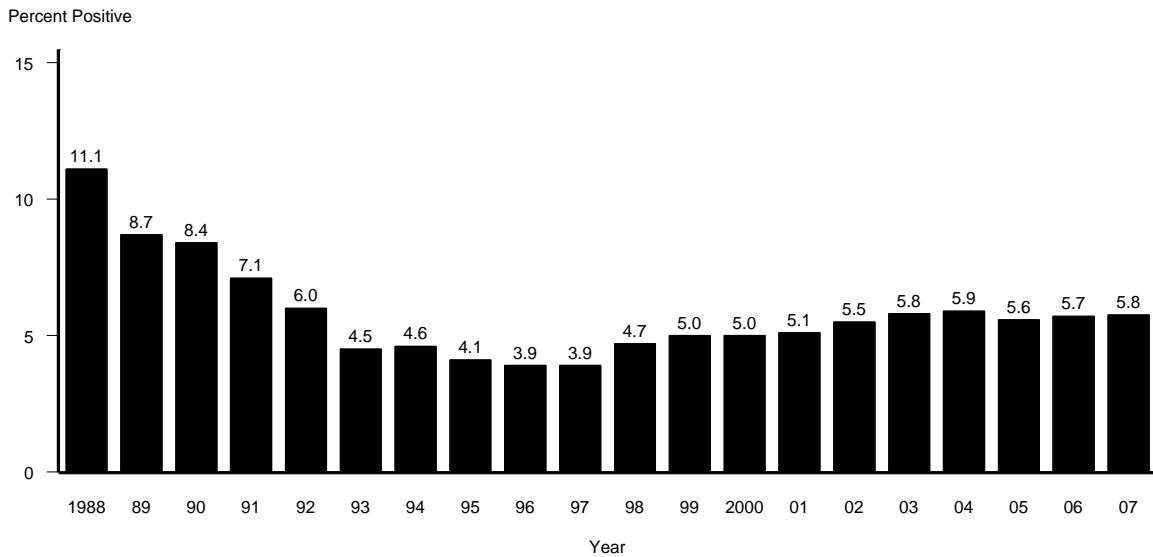


## Region X

In 2007, the chlamydia positivity rate in 15- to 24-year-old women tested in family planning clinics in Region X was 5.8%, representing a very slight increase since 2006 (5.7% positivity). In 2007, 56.6% of all chlamydia tests reported in this population were nucleic acid amplification tests.



**Figure A. Chlamydia — Trends in positivity in 15- to 24-year-old women tested in family planning clinics: Region X, 1988-2007**



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