



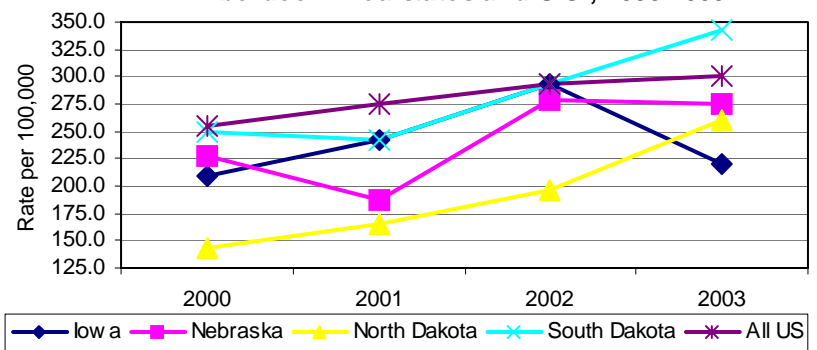
FACT SHEET: SEXUALLY TRANSMITTED DISEASES AMONG NORTHERN PLAINS AI/AN

It is estimated that there are over 65 million people living in the US with an incurable STD. Every year, there are approximately 15 million new cases of STDs, a few of which are curable. STDs, other than HIV, cost more than \$8 billion each year to diagnose and treat, both the disease and their complications.¹ Of the STDs that are diagnosed, only four—gonorrhea, syphilis, chlamydia, and hepatitis B (only recently added)—are required to be reported to state health departments and the CDC for statistical purposes. We have focused this Fact Sheet on Chlamydia, as it is the most commonly reported bacterial STD. We have provided some basic information and statistics for gonorrhea, syphilis, and HIV/AIDS where data were available.

Chlamydia

Chlamydia, caused by the bacterium, *Chlamydia trachomatis*, can damage a woman's reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur before a woman ever recognizes a problem. Chlamydia is the most frequently reported bacterial STD in the U.S. Still, under-reporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. To help prevent the serious consequences of chlamydia, screening at least annually for chlamydia is recommended for all sexually active women age 25 years and younger, for pregnant women, and for older women with risk factors for chlamydia such as a new sex partner. If infected, chlamydia can be easily treated and cured with antibiotics. (<http://www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm>)

Chlamydia rate per 100,000 for All Races in Aberdeen Area states and U.S., 1998-2003



Gonorrhea

CDC estimates that more than 700,000 persons in the U.S. get new gonorrheal infections each year. Only about half of these infections are reported to CDC. In 2002, 351,852 cases of gonorrhea, caused by a bacterium *Neisseria gonorrhoeae*, were reported to CDC, a rate of 125.0 per 100,000 persons. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans. Untreated gonorrhea can cause serious and permanent health problems in both women and men. Several antibiotics can successfully cure gonorrhea in adolescents and adults. However, drug-resistant strains of gonorrhea are increasing in many areas of the world, including the United States, and successful treatment of gonorrhea is becoming more difficult. (<http://www.cdc.gov/std/Gonorrhea/STDFact-gonorrhea.htm>)

Healthy People 2010: Chlamydia²

Healthy People 2010 is an initiative that identifies health objectives for the nation to achieve over the first decade of the new century. Below is the target for reducing Chlamydia rates. (www.healthypeople.gov)

Persons aged 15-24 years attending clinics, 1997	Baseline (1997), per 100,000		2010 Target for all races, including AI/AN
	AI/AN	U.S. All Races	
Females attending family planning clinics	6.3	5.0	3.0
Females attending STD clinics	13.1	12.2	3.0
Males attending STD clinics	12.6	15.7	3.0

Syphilis

Syphilis, caused by the bacterium *Treponema pallidum*, has often been called "the great imitator" because so many of the signs and symptoms are indistinguishable from those of other diseases. In the United States, health officials reported over 32,000 cases of syphilis in 2002, including 6,862 cases of primary and secondary (P&S) syphilis. The incidence of infectious syphilis was highest in women 20 to 24 years of age and in men 35 to 39 years of age. Many people infected with syphilis do not have any symptoms for years, yet remain at risk for late complications if they are not treated. Syphilis is easy to cure in its early stages. Because effective treatment is available, it is important that persons be screened for syphilis on an on-going basis if their sexual behaviors put them at risk for STDs. (<http://www.cdc.gov/std/Syphilis/STDFact-syphilis.htm>)

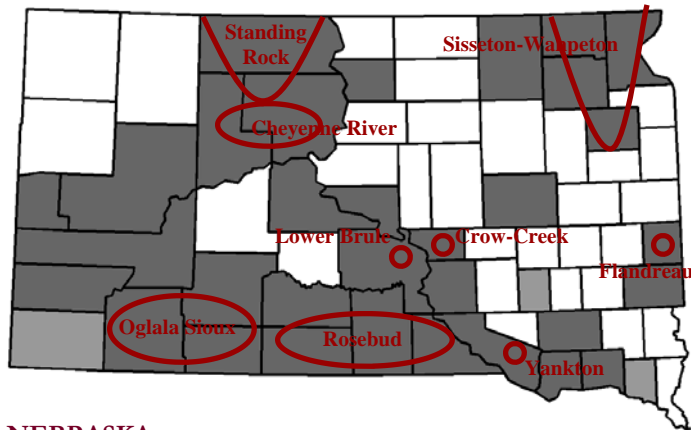
Sexually Transmitted Diseases AI/AN Rates by State

State Maps: Rate per 100,000 population
 <150
 150-300
 >300

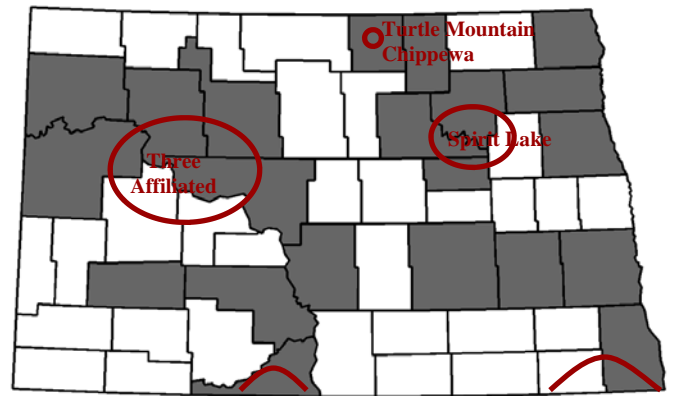
NORTH DAKOTA

Chlamydia: In 2000, of 909 total cases reported, 212 were AI/AN.³
Gonorrhea: In 2000, of 73 total cases reported, 18 were AI/AN.³
Syphilis: no cases reported in 2000 (primary, secondary, or early latent). The last case of early syphilis reported in North Dakota was in 1994.³
HIV/AIDS: From 1984-June 2004, there have been 336 reported cases of HIV/AIDS, of which 37 were AI/AN.⁴

South Dakota AI/AN Chlamydia Rates by County for 2003*¹¹



North Dakota AI/AN Chlamydia Rates by County for 2003*¹¹



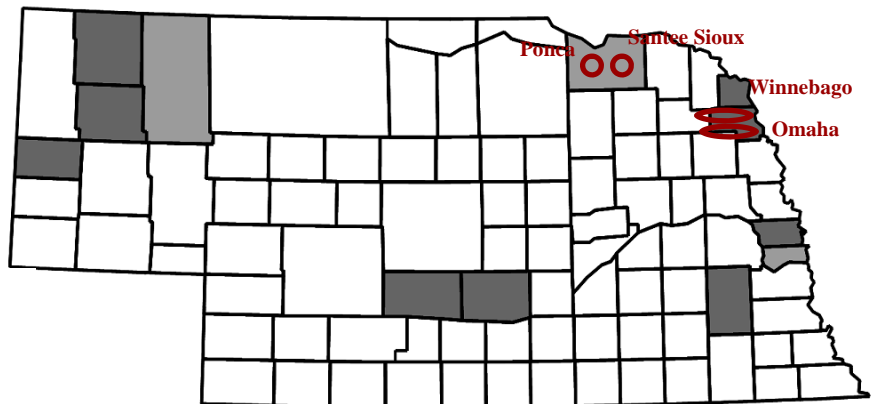
SOUTH DAKOTA

Chlamydia: In 2003, of 2,606 total cases reported, 1,195 were AI/AN. AI/AN represent 46% of the state's total Chlamydia cases.⁵
Gonorrhea: In 2003, of 226 total cases reported, 130 were AI/AN.⁵
Syphilis: In 2003, there were 5 total reported cases; race information not available.⁵
HIV/AIDS: From 1985-June 2004, there have been 453 reported cases, of which 69 were AI/AN.⁶

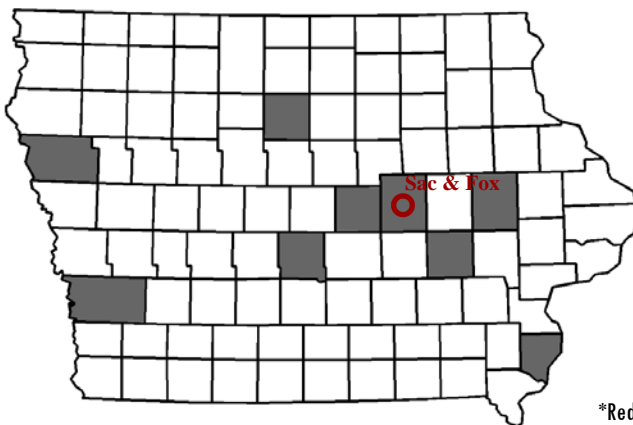
NEBRASKA

Chlamydia: In 2003, of 4,825 total cases reported, 129 were AI/AN, which is a rate of 749.4 per 100,000.⁷
Gonorrhea: In 2003, of 1664 total cases reported, 30 were AI/AN.⁷
Syphilis: In 2003, there were 11 total cases of early syphilis reported, of which none were AI/AN. From 1986-2003, of the cumulative 442 cases reported, 18 were AI/AN.⁷
HIV/AIDS: From 1983-2003, there have been 1897 reported cases, of which 35 were AI/AN.⁸

Nebraska AI/AN Chlamydia Rates by County for 2003*¹¹



Iowa AI/AN Chlamydia Rates by County for 2003*¹¹



IOWA

Chlamydia: In 2001, of 5,716 total cases reported, 40 were AI/AN. Of the 40 AI/AN cases, 34 were women and 6 were men.⁹
Gonorrhea: In 2001, of 1,424 total cases reported, 13 were AI/AN.⁹
Syphilis: In 2001, of 43 total reported syphilis cases, 1 case was AI/AN reported in the late latent stage.⁹
HIV/AIDS: From 1983-December 2003, there have been 2038 reported cases, of which 7 were AI/AN.¹⁰

*Red circles represent the counties in which tribes reside; they are not representations of territorial borders.

¹American Social Health Association www.ashastd.org/stdfaqs/statistics.html (accessed 10/22/04) ²U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000. ³North Dakota Department of Health www.health.state.nd.us/disease/std/2000c.htm (accessed 10/22/04) ⁴North Dakota Department of Health www.ndhiv.com/programs/mediafiles/HIVAIDSEpidemiologicReport2004.pdf (accessed 10/22/04) ⁵South Dakota Department of Health www.state.sd.us/doh/disease/stdstats.htm (accessed 10/22/04) ⁶South Dakota Department of Health www.state.sd.us/doh/Pubs2/HIVJuly2004.pdf (accessed 10/22/04) ⁷Nebraska Health and Human Services www.hhs.state.ne.us/std/race_syp.htm (accessed 10/22/04) ⁸Nebraska Health and Human Services [www.hhs.state.ne.us/srd/PHA-PB-9\(vol9no2\).pdf](http://www.hhs.state.ne.us/srd/PHA-PB-9(vol9no2).pdf) (accessed 10/22/04) ⁹Iowa Department of Public Health www.idph.state.ia.us/common/pdf/disease_prevention_immunization/2001stats.pdf (accessed 10/22/04) ¹⁰Iowa Department of Public Health www.idph.state.ia.us/adper/common/pdf/disease_prev_immunization/12-03report.pdf (accessed 10/22/04) ¹¹These 2003 graphs and state maps were provided by special request from David Wong, M.D., IHS National STD Program, Division of Epidemiology, IHS, and Emmett Swint, Division of STD Prevention, National Center of HIV, STD, and TB Prevention, CDC. Graphs and maps from previous years can be obtained from the CDC website at www.cdc.gov/nchstp/dstd/Stats_Trends/Stats_and_Trends.htm and www.cdc.gov/std/chlamydia2002/default.htm