

Sexually Transmitted Disease in Maine

Data from the Maine CDC
HIV, STD and Viral Hepatitis Program

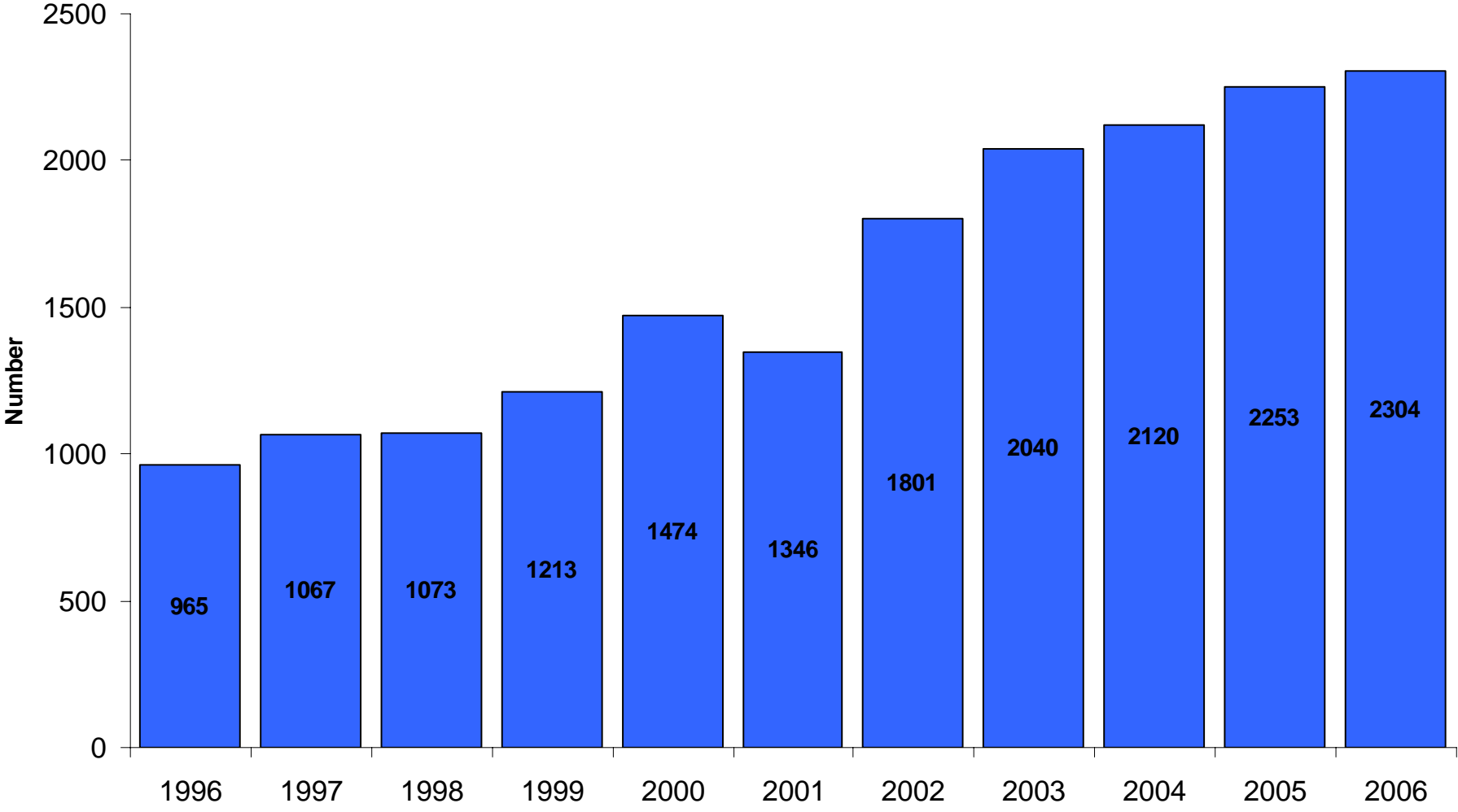
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Overview

- The Maine Center for Disease Control and Prevention (formerly the Bureau of Health) collects data for approximately 70 diseases of public health importance, including certain sexually transmitted diseases (STD).
- The following slides highlight gonorrhea, chlamydia and syphilis data received through December 31, 2006. Each data slide is followed by a “comments” slide that provides interpretation and analysis.
- Maine physicians and clinical labs are required to report diagnoses of the above STD to Maine CDC.* Disease reports provide critical public health information; this slide set is one example of how these data are used.

*For more information about reporting requirements, contact Mark Griswold at (207) 287-5193 or mark.griswold@maine.gov

Figure 1: Maine Chlamydia Diagnoses, 1996-2006

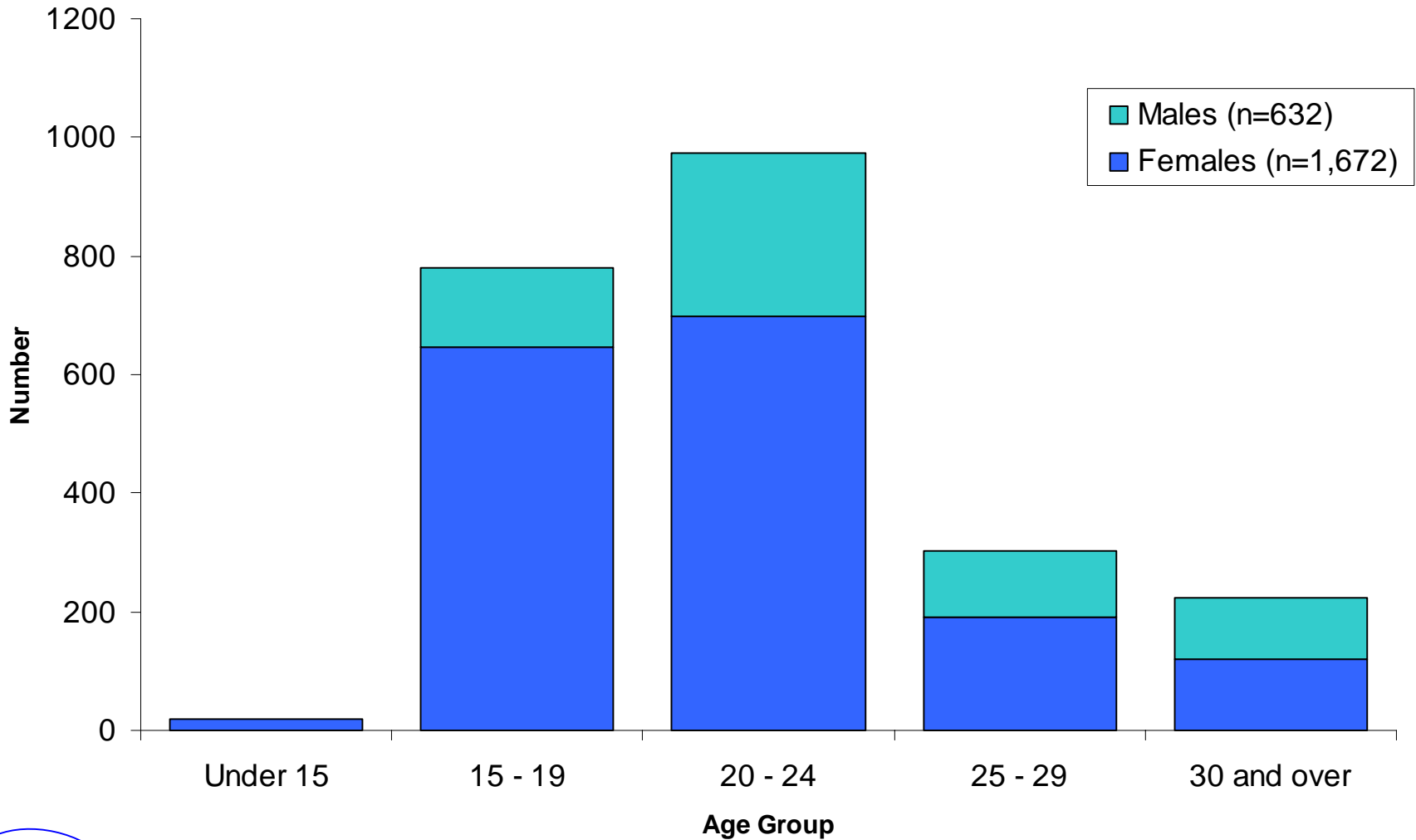


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Comments, Figure 1

- Figure 1 shows chlamydia diagnoses reported to Maine CDC from 1996 to 2006.
- Chlamydia is the most frequently reported STD in the state. During 2006, more than 2,300 cases were reported.
- Apart from a slight decline in 2001, the number of diagnoses increased each year between 1996 and 2006.
- The number of 2006 reports represents an increase of 2% over the 2005 total.

Figure 2: 2006 Chlamydia Diagnoses by Age Group (total=2,304)



Comments, Figure 2

- Figure 2 shows 2006 chlamydia diagnoses by age group.
- People 24 years old and under are disproportionately affected by this disease, accounting for three-quarters of all 2006 cases.
- Females are diagnosed with chlamydia much more often than males, comprising 73% of all reports. This does not mean greater numbers of women are infected with the disease; women are tested for the disease more frequently than men, and may be more likely to exhibit symptoms.

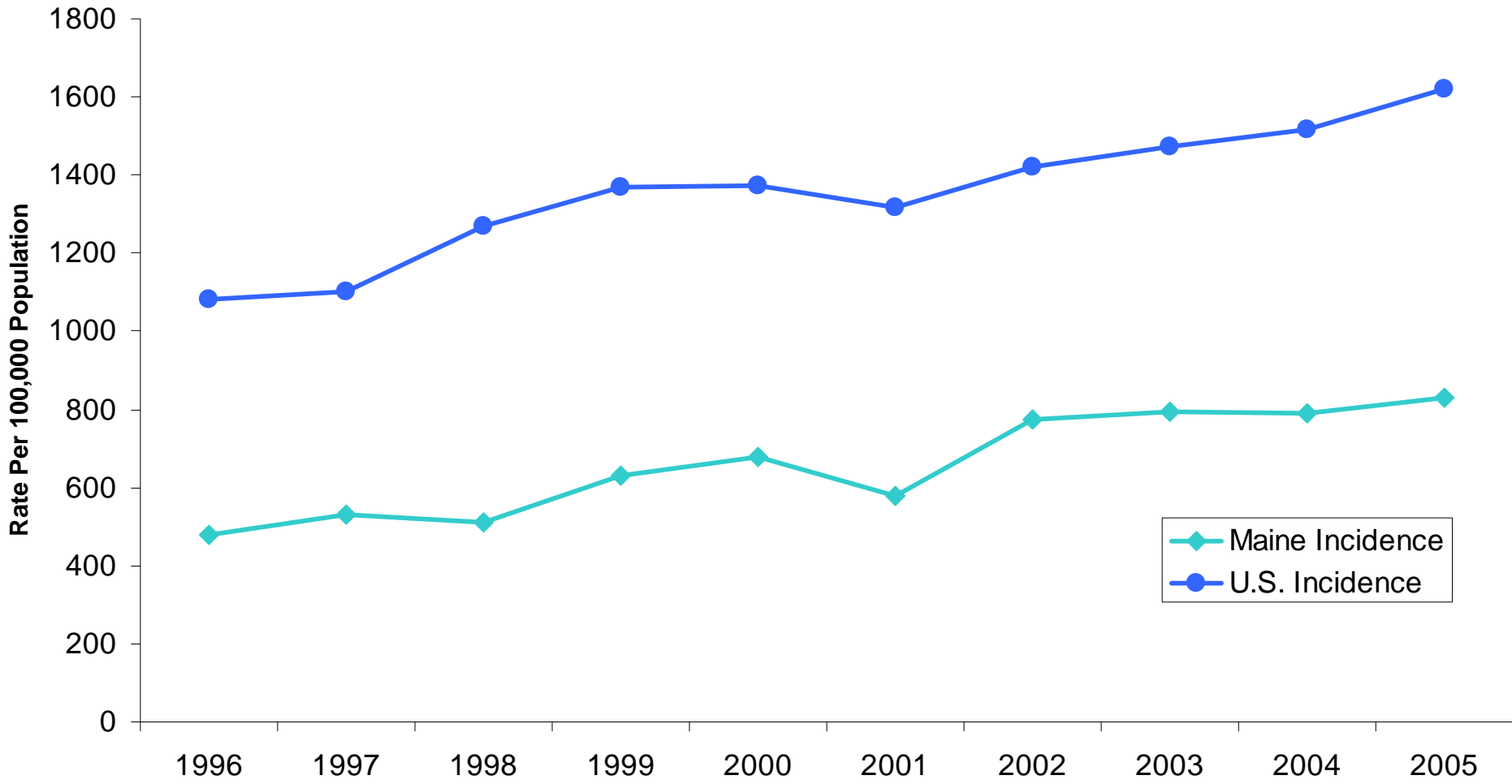
Table 1: 2006 Chlamydia Rates per 100,000 Population, by County
 (Counties are listed in rank order by rate per 100,000 population)

County	Rate per 100,000 pop	Number of cases
Androscoggin	293.4	317
Cumberland	237.1	652
Penobscot	194.5	286
Knox	174.7	72
State of Maine	174.3	2,304
Sagadahoc	159.6	59
Oxford	153.6	87
Kennebec	151.3	183
Franklin	144.8	43
Somerset	139.4	72
York	138.4	280
Hancock	117.4	63
Lincoln	116.3	41
Piscataquis	96.2	17
Washington	95.7	32
Waldo	93.0	36
Aroostook	87.4	64

Comments, Table 1

- Table 1 lists the number of 2006 chlamydia diagnoses and rate per 100,000 population by county, with counties listed in rank order by rate. The statewide rate is included in the rank order.
- Androscoggin, Cumberland, Penobscot and Knox Counties have chlamydia rates that are higher than the statewide rate.

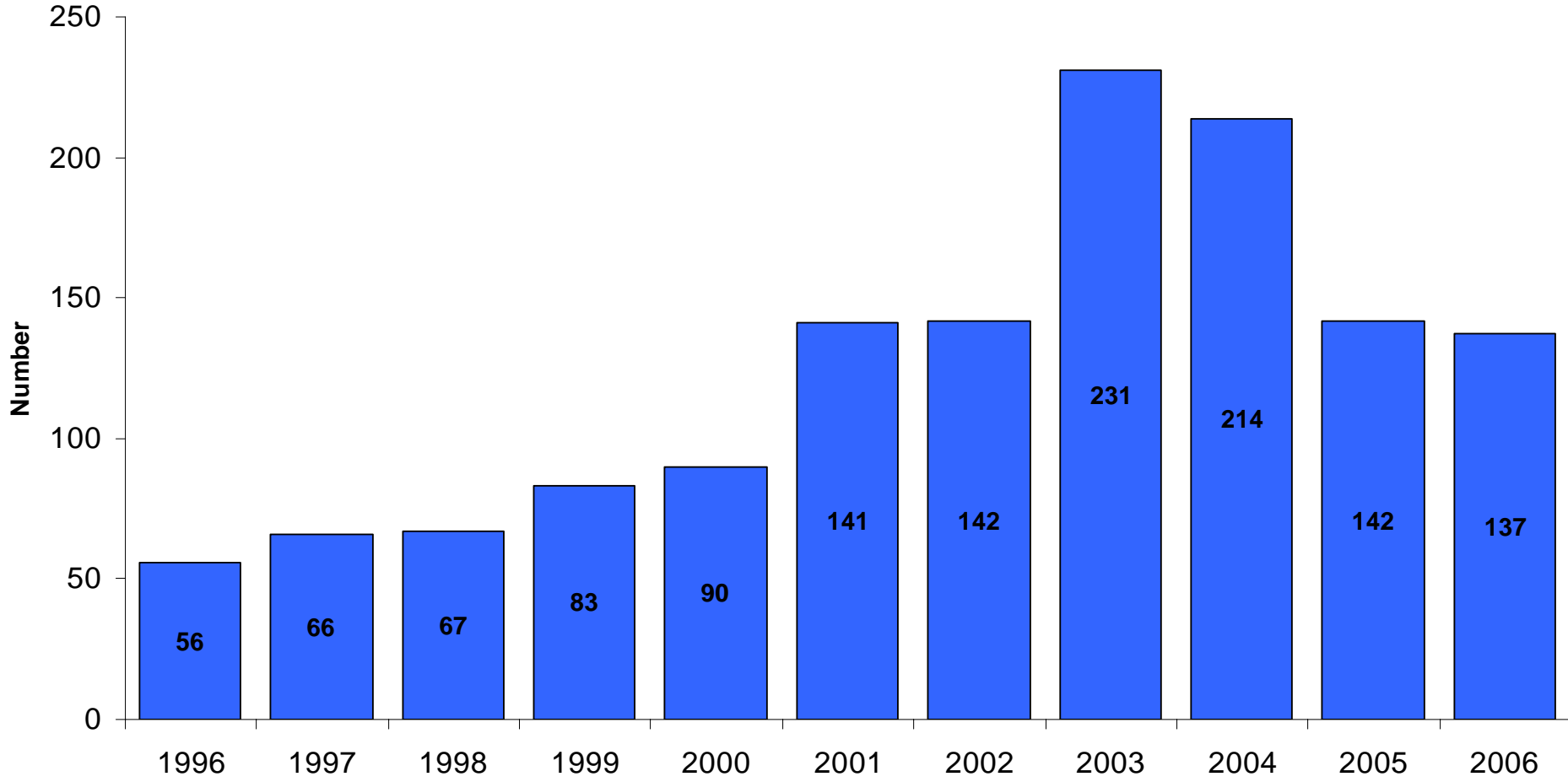
Figure 3: U.S. and Maine Chlamydia Incidence Among Persons Aged 15-19 Years, 1996-2005



Comments, Figure 3

- Figure 3 compares Maine rates and US rates of chlamydia among 15-19 year-olds from 1996 to 2005 (the last year for which US data are currently available) .
- Rates among Maine 15-19 year-olds increased during the past 9 years, rising from 480 per 100,000 population in 1996 to a high of 831 in 2005.
- Despite increases among 15-19 year-olds, Maine rates are low compared to US rates. In 2005, the Maine rate was approximately half the US rate.

Figure 4: Maine Gonorrhea Diagnoses, 1996 to 2006

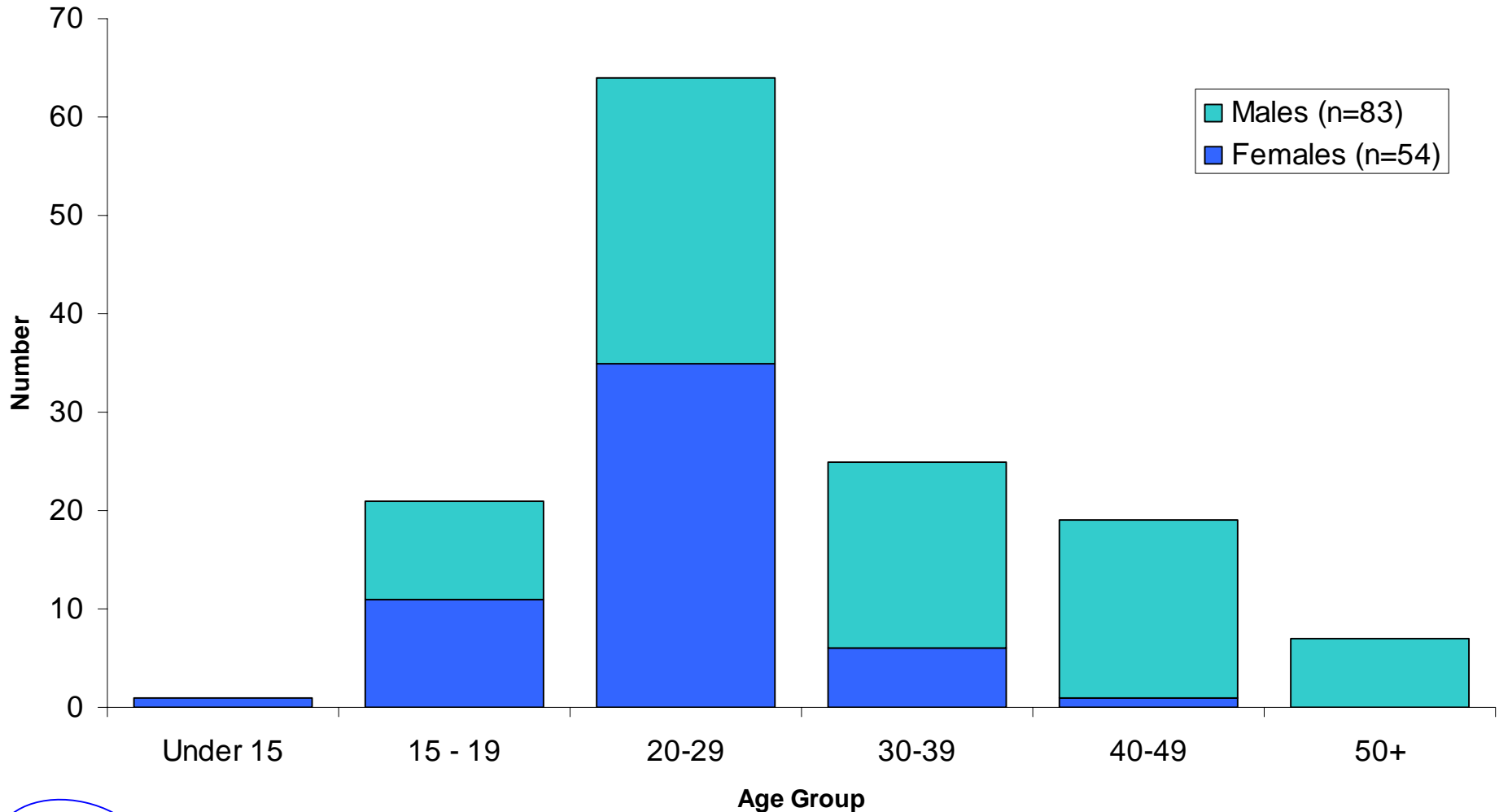


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Comments, Figure 4

- Figure 4 shows gonorrhea diagnoses reported to Maine CDC from 1996 to 2006.
- Although there was a marked increase in the number of gonorrhea diagnoses in 2003, there were decreases during the past three years.
- One hundred thirty-seven cases were diagnosed in 2006, representing a 4% decrease over the 2005 total.

Figure 5: 2006 Gonorrhea Diagnoses by Age Group (total=137)



Comments, Figure 5

- Figure 5 shows 2006 gonorrhea diagnoses by age group and sex.
- Gonorrhea affects a slightly older age range than chlamydia. Just under half of 2006 diagnoses occurred in the 20-29 age range, and only 16% were less than 20 years-old.
- Males comprised approximately 61% all gonorrhea diagnoses. The greater proportion of male diagnoses is likely due to diagnoses among males who have sex with males (MSM), who accounted for 29% of cases reported in 2006.

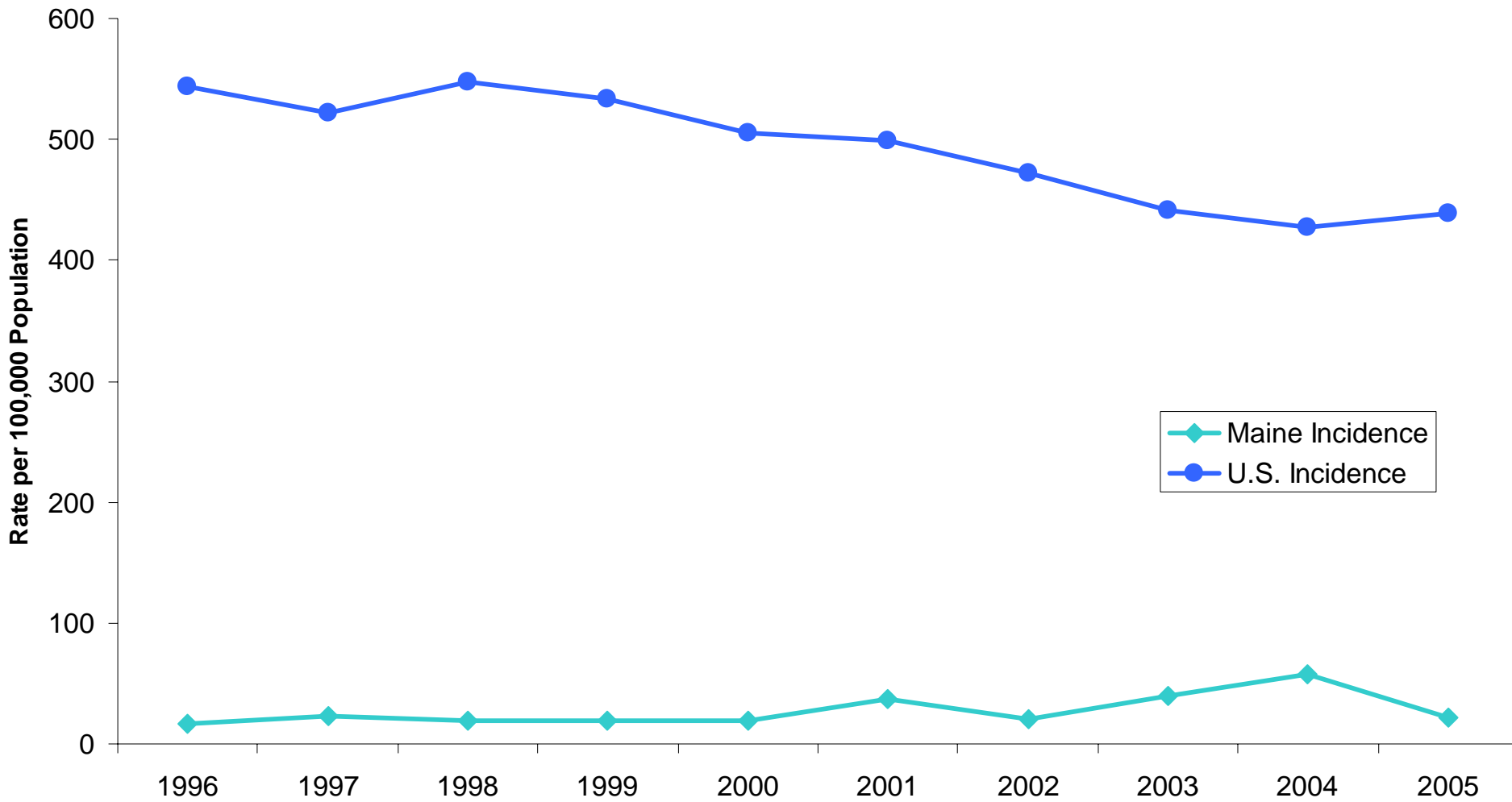
Table 2: 2006 Gonorrhea Rates per 100,000 Population, by County
 (Counties are listed in rank order by rate per 100,000 population)

County	Rate per 100,000 pop	Number of cases
Washington	20.9	7
Cumberland	17.1	47
Knox	14.6	6
Androscoggin	13.9	15
Oxford	10.6	6
State of Maine	10.4	137
Kennebec	9.9	12
York	8.9	18
Penobscot	8.2	12
Sagadahoc	8.1	3
Waldo	7.8	3
Lincoln	5.7	2
Somerset	3.9	2
Franklin	3.4	1
Aroostook	2.7	2
Hancock	1.9	1
Piscataquis	0.0	0

Comments, Table 2

- Table 2 lists the number of 2006 gonorrhea diagnoses and rate per 100,000 population by county, with counties listed in rank order by rate. The statewide rate is included in the rank order.
- Five counties, Washington, Cumberland, Knox, Androscoggin and Oxford, have gonorrhea rates that are higher than the statewide rate.

Figure 6: U.S. and Maine Gonorrhea Incidence Among Persons Aged 15 to 19 Years, 1996-2005

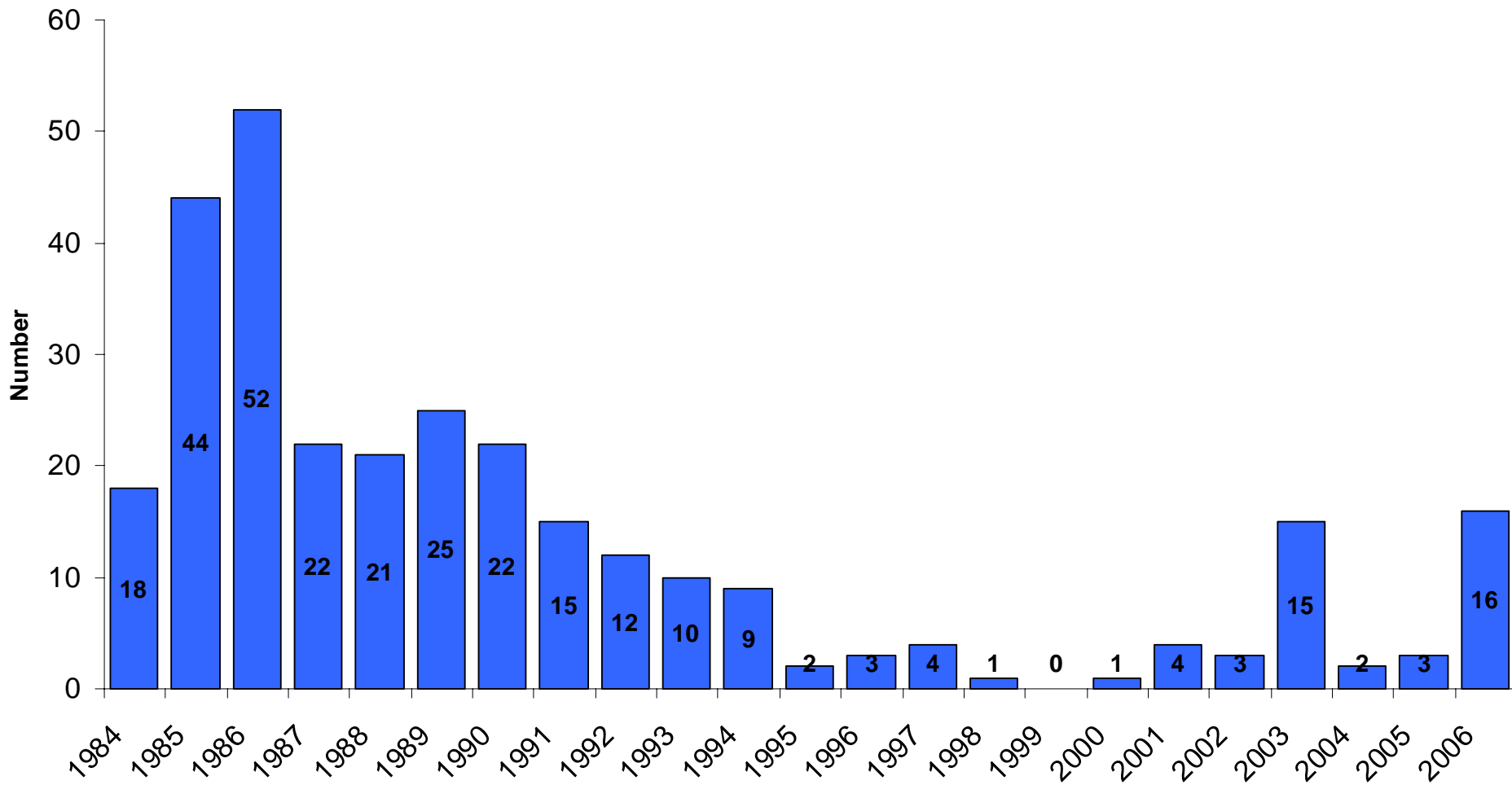


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Comments, Figure 6

- Figure 3 compares Maine rates and US rates of gonorrhea among 15-19 year-olds from 1996 to 2005 (the last year for which US data are currently available) .
- Gonorrhea rates among 15-19 year-olds in Maine have decreased markedly in recent years, with a decline from 57 cases/100,000 population in 2004 to 22 cases/100,000 population in 2005.
- Like chlamydia, Maine gonorrhea rates much lower than US rates. In 2005, the Maine rate among 15-19 year-olds was approximately 1/20 the national rate.

Figure 7: Early Syphilis Diagnosed in Maine, 1984-2006



Comments, Figure 7

- Figure 7 shows “early syphilis” (which includes syphilis infections of less than one year’s duration) diagnosed in Maine during the past two decades.
- After peaking in the mid-1980s, syphilis steadily declined until 1999, when there were no diagnoses reported in the state.
- Over the past decade, annual syphilis counts have remained low, with fewer than 5 cases during most years. Two notable exceptions are 2003 and 2006, with 15 and 16 diagnoses respectively. These sporadic increases are likely the result of out-of-state infections of Maine residents who traveled to urban areas, where syphilis incidence is higher.