STD Rates Continue to Increase in Select Groups

BY HEIDI SPLETE
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ates of chlamydia, gonorrhea, and syphilis increased in the United States last year and continued recent upward trends, according to a report from the Centers for Disease Control and Prevention.

“Young women, racial and ethnic populations, and men who have sex with men are particularly hard hit by these diseases,” Dr. John M. Douglas Jr., director of the CDC’s Division of Sexually Transmitted Disease Prevention, said in a teleconference sponsored by the CDC.

The report emphasizes both the magnitude of the diseases and the persistent racial disparity. Rates of all three diseases are treatable, especially when they are diagnosed early. If left untreated, however, the severe health consequences include pelvic inflammatory disease, infertility, increased risk for HIV infection, organ damage, and death.

The direct medical costs associated with STDs in the United States were estimated at nearly $15 billion in 2006, the researchers stated in the report, “Sexually Transmitted Disease Surveillance 2006,” which was presented in a telebriefing.

Chlamydia rates continue to vary by region. As in previous years, the southern states had the highest overall gonorrhea rate in 2006, at 159 cases per 100,000 persons. But rates in the South rose by 12.5% in 2006, representing the first notable increase in 8 years.

“We are also concerned about increases in the West,” Dr. Douglas said. Gonorrhea cases in the West increased by 2.9% between 2005 and 2006, contributing to a 12% increase in the region between 2002 and 2006. “We will need to monitor the data to determine whether this is an emerging trend.”

Untreated gonorrhea can, among other complications, increase a person’s risk for HIV if he or she is exposed. But gonorrhea treatment has become more challenging, said Dr. Douglas, noted. “These are large numbers of infections, the re-}

The two-dose schedule resulted in significantly lower antibody concentrations to four vaccine serotypes compared with the three-dose schedule.

The postprimary serum analysis of geometric mean concentrations included 259 infants in the three-dose group and 153 infants in the two-dose group.

The three-dose group had four times more antibodies to serotype 6B (2.05 mcg/mL versus 0.35 mcg/mL) than was seen in the two-dose group. For serotype 14, the difference was 1.16 mcg/mL versus 0.35 mcg/mL for serotypes 6B (87% versus 61%), 18C (96% versus 75%), and 23F (83% versus 70%).

In this analysis, they also used a cutoff of 1.0 mcg/mL, which is favored by some physicians. Here again, the values were significantly higher in the three-dose group for 6B (71% versus 35%), 18C (75% versus 65%), and 23F (54% versus 33%).

The prevalence of 7-valent pneumococcal serotypes carriage remained unchanged for the first 6 months, but at 1 year, nearly one-third of the unimmunized children were carrying the serotypes, whereas about one-fifth of both vaccinated groups had carriage.

In the primary intervention studies, there was a clear and significant reduction of new NP acquisition of both serotypes 6A and 6B in the three-dose cohort at 12 months, whereas no such reduction could be demonstrated in the two-dose group.

Serotype 6B was acquired by 9% of unvaccinated children, whereas 5% of those who received two doses, and 4% of those in the three-dose group, with the P value reaching significance between the three-dose and two-dose groups.

Serotype 6A was a different story, showing in up to 9% of both the unvaccinated and two-dose children, but only 4% of the three-dose group. More than 15% of the unimmunized children acquired either 6A or 6B.

“Serotype 6A acquisition is influenced by 6B antibody concentration, but you need more antibodies to the 6A than to the 6B to prevent acquisition of 6A, so we speculated that 6A may be even more affected and this is exactly what happened,” Dr. Dagan said.

The recommendations but don’t assume that it applies to the population that they are dealing with,” he said.

“If there are providers who don’t think the young women in their practice don’t have chlamydia, they should think again,” noted Dr. Stuart Berman, chief epidemiologist at the Division of Sexually Transmitted Disease Prevention.

Gonorrhea rates increased for the second consecutive year, following a plateau in reported disease rates from 1997 to 2005. “The racial disparities are stark,” in reported gonorrhea cases, Dr. Douglas said. Overall, the rate among blacks is 18 times higher than in whites, he said.

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