



Chlamydia and Gonorrhea Among Blacks in Minnesota, 2007

June 2008

Public Health Importance

Surveillance data from the Minnesota Department of Health (MDH) show disproportionately higher rates of sexually transmitted diseases (STDs) among Blacks in Minnesota compared with other racial/ethnic groups. One explanation of this disparity is that in the United States, race is a marker of determinants of health status such as poverty and access to healthcare. Highlighting the persistence of the STD disparity among Blacks is necessary in order to develop appropriate programs for disease prevention and control among affected communities.

STD Surveillance

In Minnesota, laboratory-confirmed infections of chlamydia, gonorrhea, syphilis, and chancroid are monitored by the MDH through a combined physician and laboratory-based surveillance system. State law (Minnesota Rule 4605.7040) requires both physicians and laboratories to report diagnosed cases for these four bacterial STDs directly to the MDH.

Data in the STD surveillance system are influenced by many external factors including compliance with case reporting, STD screening coverage in the population, individual test-seeking behavior, and accuracy of diagnostic tests.

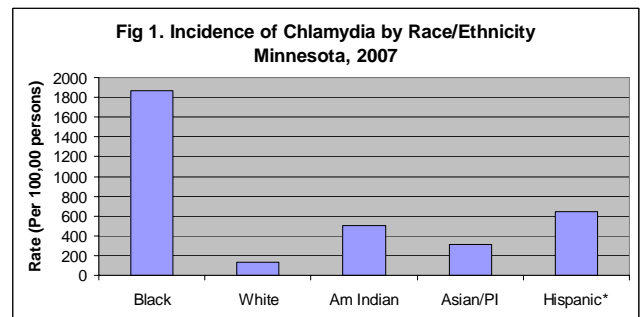
Incidence rates (number of reported cases per 100,000 people) are calculated using yearly case data and population counts from the 2000 U.S. Census.

Chlamydia

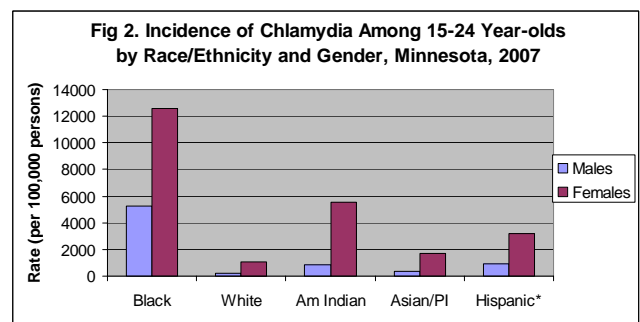
In 2007, Blacks accounted for 28% of the 13,412 chlamydia cases reported in Minnesota. The incidence rate of chlamydia among Blacks was 15 times higher compared to Whites (1,871 and 130 per 100,000 persons, respectively) (Fig 1). Rates among Black males were 26 times higher than White males (1,567 and 60 per 100,000 persons, respectively) whereas among Black females, rates were 15 times higher compared to White females (2,902 and 193 per 100,000 persons, respectively).

In addition, Black adolescents and young adults in Minnesota continued to experience the highest incidence of chlamydia compared to other racial/ethnic groups (Fig 2). Rates among 15-24 year old females were 12 times higher among Blacks compared to Whites (12,576 and 1,061 per 100,000 persons, respectively); rates among 15-24 year old Black males were 24 times higher than 15-24 year old White males (5,255 and 216 per 100,000 persons, respectively).

Between 2006 and 2007, chlamydia rates increased the most among Blacks (5.2%) compared to other racial/ethnic groups. Nearly 90% of all chlamydia cases reported among Blacks were in the seven-county metropolitan area with 61% of cases reported in the Cities of Saint Paul and Minneapolis. Sixty-three percent of cases among Blacks were females and over 70% were 15-24 years old.



*Persons of Hispanic origin can be of any race



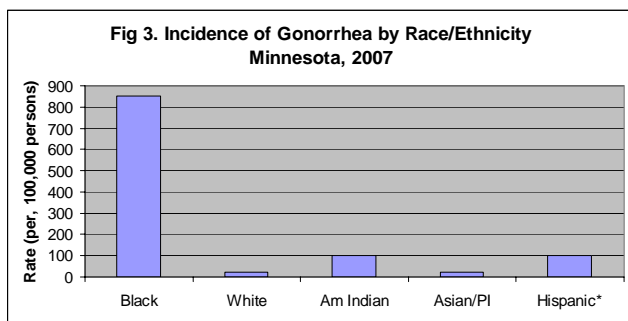
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Gonorrhea

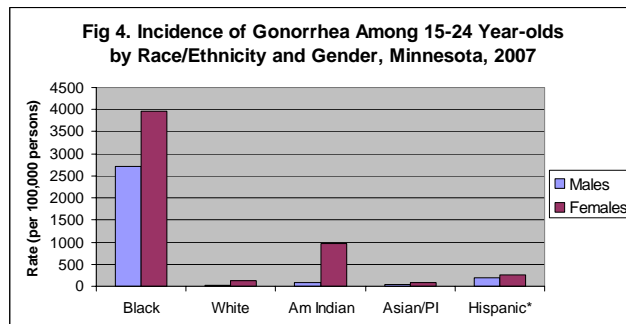
Blacks continue to experience the highest gonorrhea incidence rate of any racial/ethnic group in Minnesota (Fig 3.).

In 2007, 50% of the 3,459 gonorrhea cases reported in Minnesota occurred among Blacks. Gonorrhea rates among Blacks were 40 times higher than Whites (851 and 22 per 100,000 persons, respectively). This disparity was greater along gender lines where rates among Black males were 68 times higher compared to White males (1,001 and 15 per 100,000 persons, respectively) and those among Black females were 36 times those among White females (1,012 and 29 per 100,000 persons, respectively). In addition, incidence rates were 90 times higher among 15-24 year old Black males compared to 15-24 year old White males (2,705 and 30 per 100,000 persons, respectively); among 15-24 year old females, incidence rates were 29 times higher in Blacks than in Whites (3,962 and 137 per 100,000 persons, respectively) (Fig 4).

Between 2006 and 2007, gonorrhea rates among Blacks increased by 1%. As with chlamydia, 90% of gonorrhea cases reported among Blacks in 2007 were in the seven-county metropolitan area with 70% of cases occurring in the Cities of Saint Paul and Minneapolis. Cases were split evenly among males and females, and nearly 60% were between the ages of 15 and 24.



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The complete 2007 STD Surveillance Report and STD fact sheets can be found on the MDH website at: <http://www.health.state.mn.us/std>.

Downloadable STD educational posters are available at: <http://www.WrapTestTreat.com>.

The latest CDC treatment guidelines for STDs are available online at: <http://www.cdc.gov/STD/treatment>.

For confidential information about the prevention, testing locations and treatment of STDs, call the:

Minnesota Family Planning & STD Hotline, toll free, at 1-800-78-FACTS (voice or TTY), 651-645-9360 (Metro area).
<http://www.stdhotline.state.mn.us>

To speak with an MDH STD epidemiologist directly about STD surveillance data, please contact:

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