

Blacks, Women Had Higher STD Rates in 2007

BY JEFF EVANS
Senior Writer

The rates of three major sexually transmitted diseases in the United States in 2007 continued to follow a nearly decade-long climb that has disproportionately affected minorities and women, according to a report issued by the Centers for Disease Control and Prevention.

These trends in infection rates of chlamydia, gonorrhea, and syphilis are "not new, but the fact that they are continuing at such a dramatic level is really the major area of concern," said Dr. John M. Douglas Jr., director of the division of STD prevention at the CDC. All three STDs have long-standing federally funded control programs.

The report is compiled from surveillance data obtained from case reports from state and local STD programs, which included Regional Infertility Prevention Projects, the National Job Training Program, the Corrections STD Prevalence Monitoring Project, the Indian Health Service, and the Men Who Have Sex With Men (MSM) Prevalence Monitoring Project; the Gonococcal Isolate Surveillance Project; and national surveys

implemented by federal and private organizations.

► **Chlamydia.** Since 1994, *Chlamydia trachomatis* infections have comprised the greatest percentage of all STDs reported to the CDC. This trend continued in 2007, with more than 1.1 million sexually transmitted cases of chlamydia reported to the CDC, making it the "most commonly reported notifiable [infectious] disease in the United States," the report said.

Chlamydia infections rose 7.5% from 344 cases per 100,000 population in 2006 to 370 cases per 100,000 in 2007. This rate was roughly equal across the West, Midwest, South, and Northeast.

Chlamydia screening has increased since the late 1980s, especially in women, who are targeted for screening more often because of the risk of pelvic inflammatory disease (PID)—a major cause of infertility, ectopic pregnancy, and chronic pelvic pain—and passage of the infection to infants during delivery, which can cause neonatal ophthalmia and pneumonia.

In 2007, chlamydial infections were more commonly reported in women (544 cases per 100,000) than in men (190 cases per 100,000), but the number of

cases in men during 2003-2007 grew faster than it did in women (43% vs. 17%, respectively). Chlamydia disproportionately infected black women aged 15-19 at a higher rate than any other group; they had a rate of 9,647 cases per 100,000.

The median prevalence of chlamydia across the states and territories was high in various selected screening populations, including family planning clinics



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(6.9%) and prenatal clinics (7.4%). Median rates across the states and territories were similarly high among economically disadvantaged men and women in the National Job Training Program (7.2% and 13.2%, respectively) and among adolescent males and females entering juvenile detention centers (5.7% and 14.3%, respectively).

"The continued increase in chlamydia case reports in 2007 most likely represents a continued increase in screening for this infection, more sensitive tests, and more complete national reporting, but it may also reflect a true increase in morbidity," the report said.

The CDC recommends annual chlamydia screening for all sexually active women younger than age 26 years. "However, many women who are at risk are still not being tested, reflecting, in part, lack of awareness among some health care providers and limited resources available to support screening," the agency said. Full compliance of this age group in annual chlamydia screening "could be the single

most impactful thing we could do to really turn the STD epidemic around," Dr. Douglas said.

► **Gonorrhea.** Although cases of gonorrhea dropped 74% from 1975 to 1997, recent years have seen a leveling off of the rates of the disease, which in 2007 were 114 per 100,000 for men and 124 per 100,000 for women. Overall, the CDC collected 355,991 case reports of gonorrhea in 2007. For the last 6 years, women have had a higher rate of the disease than men. Gonococcal infections, like chlamydia, also are a major cause of PID in women.

A wide gulf continued to separate the rates of gonorrhea in black and white individuals. In 2007, the rate of the STD was 26 times higher in black men than in it was in white men. Black women had a 13-fold higher rate of gonorrhea than did white women. Black women aged 15-19 years also had the highest rate of gonorrhea of any group (2,956 per 100,000).

And even though blacks comprise just 12% of the U.S. population, they accounted for about 70% of all cases of gonorrhea. "It's likely that some part of the disparity is related to the fact that African American populations are more likely to be tested in public clinics, and public clinics are more likely to have higher levels of reporting than private clinics and laboratories. However, when we look at other sorts of surveillance data, we see those same disparities," he said.

The high prevalence of STDs in African American communities makes it more likely that a person will meet a new sexual partner with an infection. A big part of high prevalence may be due to social conditions, including a lack of access to good and timely health care, and relatively high levels of poverty and incarceration, Dr. Douglas said.

The South, which perennially has the highest rate of gonorrhea, had an increase in cases of about 5% between 2003 and 2006, but saw no change in 2007. Rates held relatively steady in the Northeast and Midwest during 2003-2007. The rate of gonorrhea in the West declined slightly in 2007 after it increased 29% during 2003-2006.

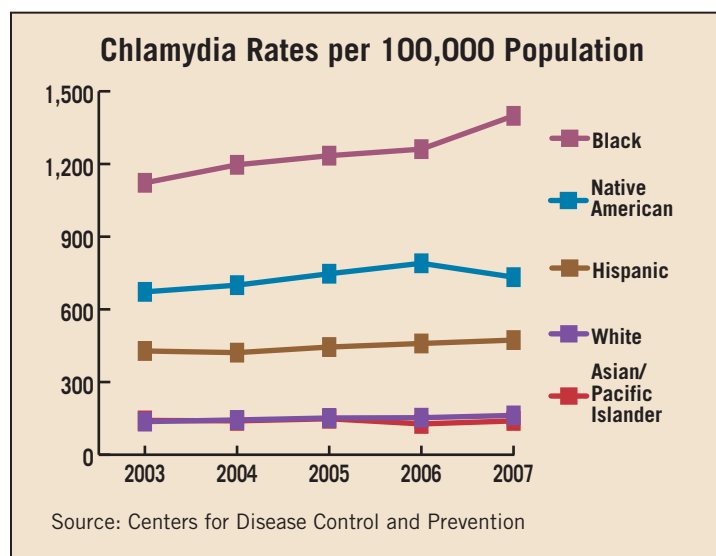
► **Syphilis.** The rate of primary and secondary syphilis went into a steep, 90% decline during the 1990s and in 2000 reached the lowest rate of the disease that has been reported since 1941. But the rate of primary and secondary syphilis has increased 81% from 2.1 cases per 100,000 in 2001 to 3.8 cases per 100,000 in 2007. Nationally, 11,466 cases were reported to the CDC in 2007. The rate of congenital syphilis grew by 28% during 2005-2007, with 339 reported cases in 2005 and 430 in 2007.

Disparities in syphilis rates have shrunk for black individuals from 29 times the rate in whites in 1999 to 7 times the rate in whites in 2007. But the disparity has been widening again since 2003.

While the South and urban areas of other regions maintain most of the U.S. burden of primary and secondary syphilis, the estimated proportion of cases attributable to MSM rose from 4% in 2000 to 62% in 2004. This estimate increased to 65% in 2007 after the CDC requested in 2005 that all state health departments report the gender of sex partners for people with syphilis.

Even though many syphilis infections in MSM are being transmitted inside the boundaries of relationships in which both partners are known to be HIV-infected, syphilis can still produce substantial morbidity in this group, Dr. Douglas noted. ■

The full report is available at www.cdc.gov/std/stats07.



Single-Day Famciclovir Found as Effective as 3-Day Valacyclovir

BY MIRIAM E. TUCKER
Senior Writer

WASHINGTON — Single-day famciclovir therapy was similar in safety and efficacy to a 3-day course of valacyclovir in the first head-to-head comparison of the two oral medications for the treatment of recurrent genital herpes.

Previous data showed that, when taken within 6 hours of symptom onset, single-day famciclovir (Famvir, 1,000 mg b.i.d.) increased the proportion of patients with aborted episodes from 13% to

23%, and reduced healing time and duration of symptoms by 2 days, vs. placebo (Clin. Infect. Dis. 2006;42:8-13).

Now, the findings of a multicenter, randomized, double-blind study of 751 adults with recurrent genital herpes suggest that single-day famciclovir is as safe and effective as 3-day valacyclovir (Valtrex, 500 mg b.i.d.), Dr. Stephen Tyring said at the jointly held annual Interscience Conference on Antimicrobial Agents and Chemotherapy and the annual meeting of the Infectious Diseases Society of America.

Patients had at least four outbreaks in

the preceding 12 months, with positive herpes simplex virus serology. About two-thirds were female, and most had used suppressive therapy in the previous 12 months. Of 1,179 randomized patients, 751 started the study medication within 6 hours of their next recurrence and were included in the analysis.

The proportion of patients with aborted lesions in the intent-to-treat population was 32.7% among 370 famciclovir patients and 33.6% among 381 valacyclovir patients. Time to healing of nonaborted lesions was 4.25 days with single-day fam-

ciclovir and 4.08 days with 3-day valacyclovir, an insignificant difference, said Dr. Tyring of the Center for Clinical Studies at Texas Medical Center, Houston.

About one-fifth of each group reported adverse events, including drug-related events in 11% with famciclovir and 9% with valacyclovir. Headache was the most common adverse event (8% with famciclovir and 4% with valacyclovir).

Dr. Tyring receives research funding and is on the speakers bureau for Novartis, which makes Famvir, and GlaxoSmithKline, which makes Valtrex. ■