Indicator: Chlamydia rate per 100,000 population

Overview

Why is this indicator important?

Chlamydia is the most commonly reported communicable disease in Hennepin County. For women, complications from chlamydia include pelvic inflammatory disease (PID) which may cause infertility, chronic pelvic pain, or tubal pregnancy. Men who are left untreated typically develop urethral infections, and in rare cases, may become sterile.

How are we doing?

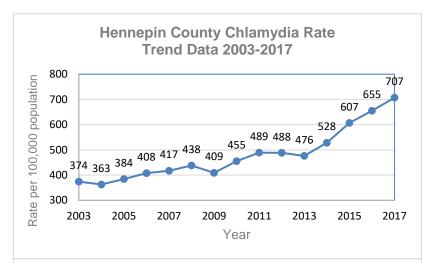
- Chlamydia rates have been increasing over the years. This
 trend may be due to improved screening and diagnosis;
 however, the continued rise also reflects an actual increase in
 infections.
- Sexually active adolescents (aged 15-19 years) and young adults (aged 20-24 years) comprise the age groups with the highest risk for chlamydia infections.
- The chlamydia rate for females in 2017 was nearly one and a half times higher than for males (811 cases compared to 598 cases per 100,000 population).
- Chlamydia infection is disproportionately found in minority populations, especially the *Black/African*, *Hispanic*, and *American Indian* populations.

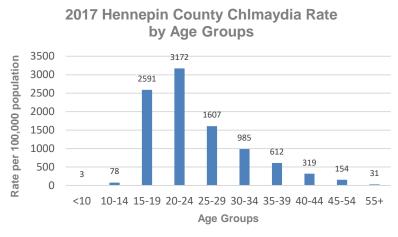
Data Source: Minnesota Department of Health – Sexually Transmitted Diseases Annual Surveillance Data, 2017

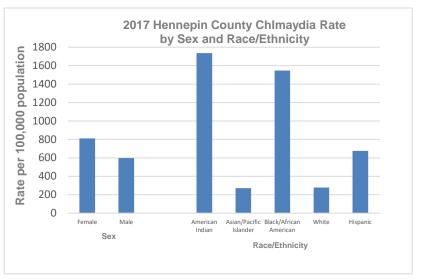
Population		Rate per 100,000	Number of Cases*
Hennepin County population overall		707	8,148
Race/Ethnicity	American Indian	1,736	185
	Asian/Pacific Islander	272	269
	Black/African American	1,547	2,725
	White	279	2,451
	Hispanic/Latino	676	589
Age Groups	Under 10 years	3	4
	10-14 years	78	54
	15-19 years	2,591	1,883
	20-24 years	3,172	2,672
	25-29 years	1,607	1,622
	30-34 years	985	853
	35-39 years	612	466
	40-44 years	319	249
	45-54 years	154	264
	55 years or over	31	81
Gender	Females	811	4,757
	Males	598	3,385

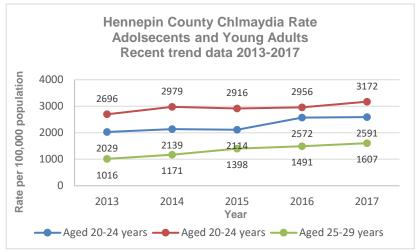
^{*}See Technical Notes for information on the data source, limitations on reporting, and the definitions of the variables.

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Technical Notes

Definition of indicator: Hennepin County's chlamydia rate per 100,000 population includes people diagnosed within a given calendar year.

Data source: Doctors, clinics, and other health services providers are required to report all laboratory-confirmed cases of chlamydia to the Minnesota Department of Health (MDH). Annually, the Epidemiology unit of Hennepin County's Department of Human Services and Public Health (HSPHD) receives a database with demographic information about the reported cases. The Epidemiology unit reviews these data and produces case counts and population rates using 2010 US Census Bureau population estimates, except for rates by race. Rates by race are calculated using the US Census Bureau's Bridged Population Estimates as the base for the rates per 100,000 population. This information is reported in the Hennepin County Annual STD Surveillance Report. Additional information about sexually transmitted diseases in Hennepin County can be found at http://www.hennepin.us/epiupdates.

Importance of this indicator: Chlamydia is the most commonly reported communicable disease in Hennepin County and in all of Minnesota. For women, complications from chlamydia include pelvic inflammatory disease (PID) which may cause infertility, chronic pelvic pain, or tubal pregnancy. Men who are left untreated typically develop urethral infections, and in rare cases, may become sterile.

Health disparities: Sexually active adolescents (aged 15-19) and young adults (aged 20-24 and aged 25-29) comprise the age groups with the highest risk for chlamydia infections. The rates in 2017 for these groups were: 2591, 3172, and 1607 cases per 100,000 population, respectively, compared to 707 cases per 100,000 population for the Hennepin County population overall. In 2017, the chlamydia infection rates for females was nearly one and a half times higher than for males (811 cases as compared to 598 cases per 100,000 population). Chlamydia rates in 2017 for American Indian and Black/African American populations were also notably higher than the overall rate for Hennepin County. The rates for these two groups were 1736 and 1547 cases per 100,000 population, respectively, compared to 707 cases per 100,000 population for the Hennepin County population overall.

Special notes on reporting rates by race/ethnicity: The rate reported for Black/African Americans combines members from both the US-born and African-born communities; rates would be expected to be different for these two sub-groups.

Special notes on location of residence: The number of cases and rates per 100,000 population reported for sexually transmitted infections differs notably by location of residence. For chlamydia, the rate for Minneapolis was 1185 cases per 100,000 population compared to 707 cases per 100,000 population for Hennepin County overall. Minneapolis residents comprised 4535 of the 8148 cases of chlamydia reported in Hennepin County in 2017.

Special notes on reporting population rates versus numbers of cases for relatively small populations: Both the rate and the actual number of cases have been reported in the table appearing in this fact sheet. Given the actual size of a particular community or sub-group, the magnitude of the rate reported may be very high, where the actual number of cases is relatively small. Both of these statistics (rate and number of cases) should be compared and taken into consideration in determining the scope of the problem for smaller communities or sub-group.