Sexually Transmitted Disease in Maine

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

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Overview

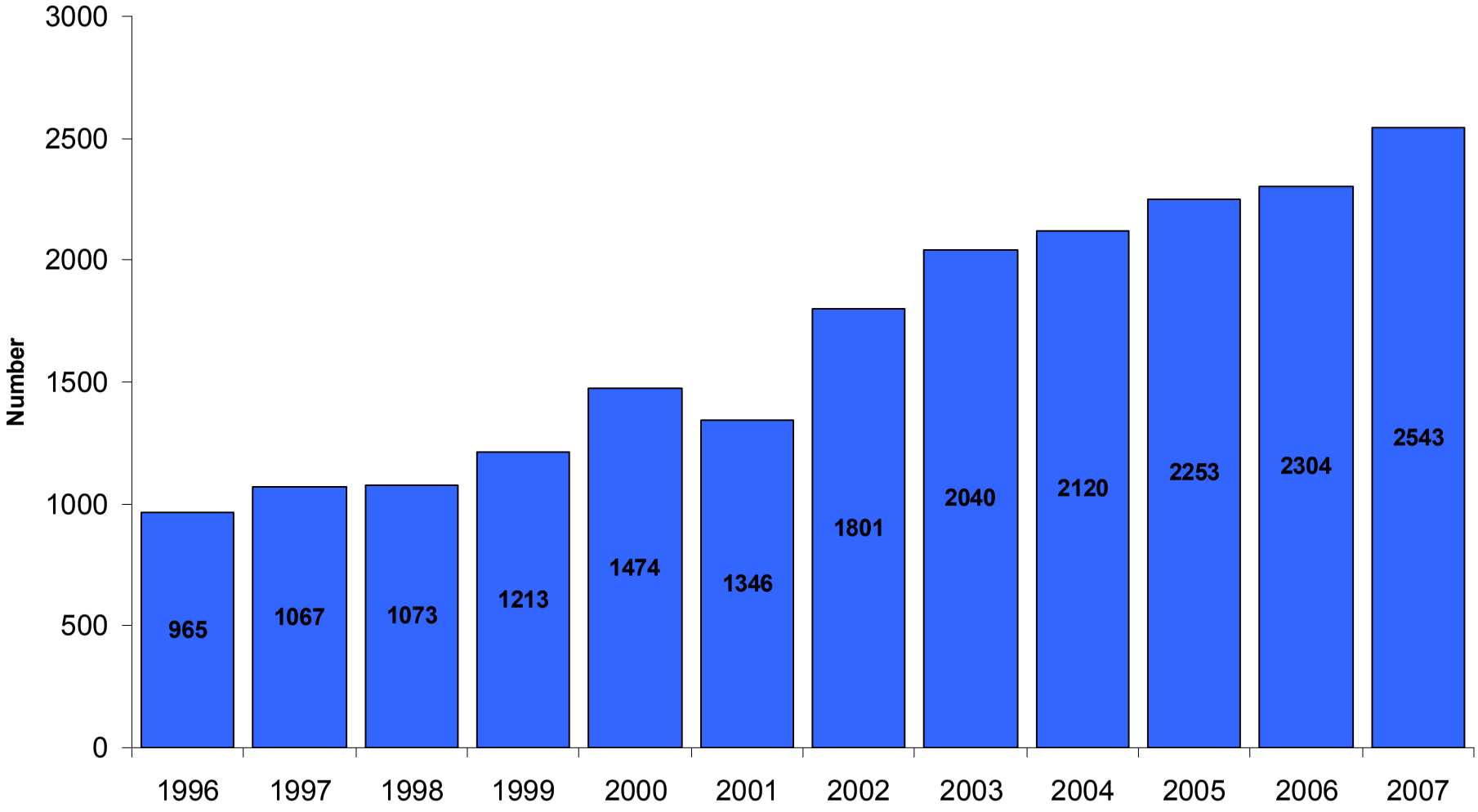
- The Maine Center for Disease Control and Prevention (formerly the Bureau of Health) collects data for approximately 71 diseases of public health importance, including certain sexually transmitted diseases (STD).

- The following slides highlight gonorrhea, chlamydia and syphilis data received through December 31, 2007. 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 Robert Funa at (207) 287-5193 or robert.funa@maine.gov

Figure 1: Maine Chlamydia Diagnoses, 1996-2007



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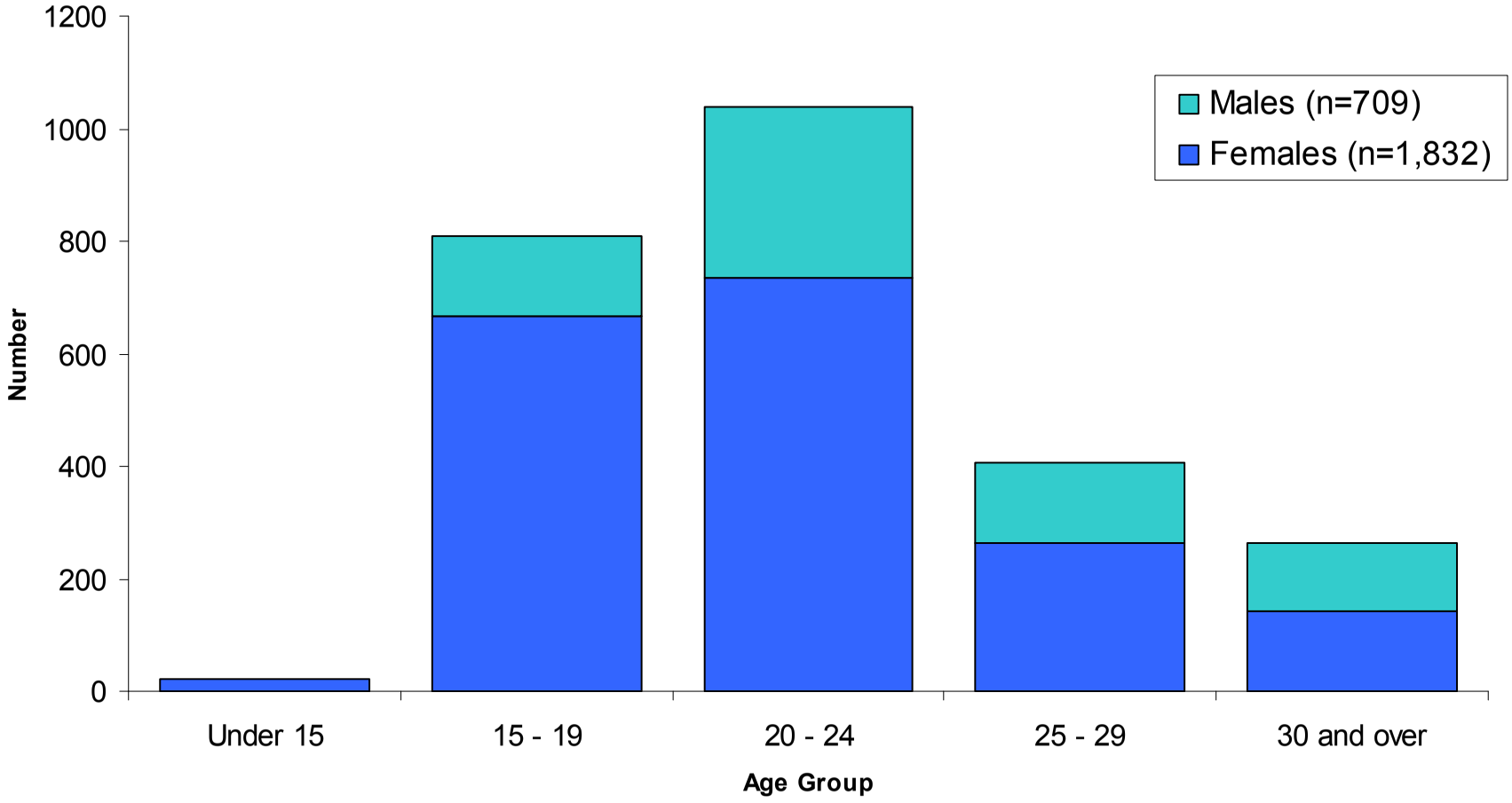
Comments, Figure 1

- Figure 1 shows chlamydia diagnoses reported to Maine CDC from 1996 to 2007.
- Chlamydia is the most frequently reported STD in the state. During 2007, 2,543 cases were reported.
- Apart from a slight decline in 2001, the number of diagnoses increased each year between 1996 and 2007.
- The number of 2007 chlamydia reports represents an increase of 10% over the 2006 total.

Figure 2: 2007 Chlamydia Diagnoses by Age Group (total=2,543)



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Comments, Figure 2

- Figure 2 shows 2007 chlamydia diagnoses by age group.
- People 24 years old and under are disproportionately affected by this disease, accounting for more than three-quarters of all 2007 cases.
- Females are diagnosed with chlamydia much more often than males, comprising 72% 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: 2007 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	333.7	359
Cumberland	243.9	670
Penobscot	217.4	320
Kennebec	198.2	240
State of Maine	**192.4**	**2,543**
Knox	187.3	77
Franklin	179.8	54
Somerset	172.2	90
Sagadahoc	160.1	59
Oxford	147.0	84
Lincoln	144.7	51
Waldo	142.0	55
York	141.9	287
Hancock	131.9	71
Washington	108.3	36
Aroostook	105.4	77
Piscataquis	73.9	13

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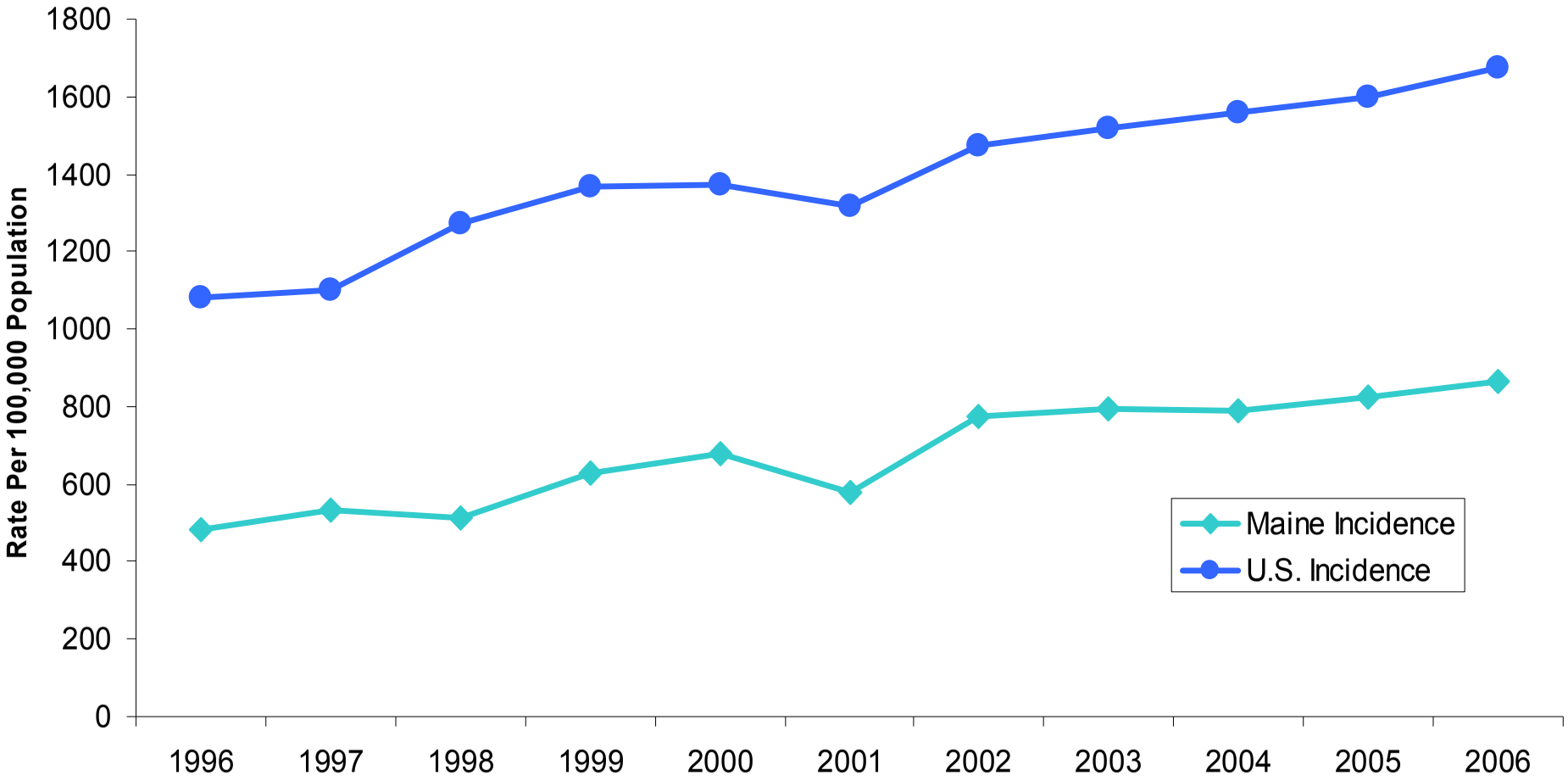
Comments, Table 1

- Table 1 lists the number of 2007 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 Kennebec 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, 1996-2006



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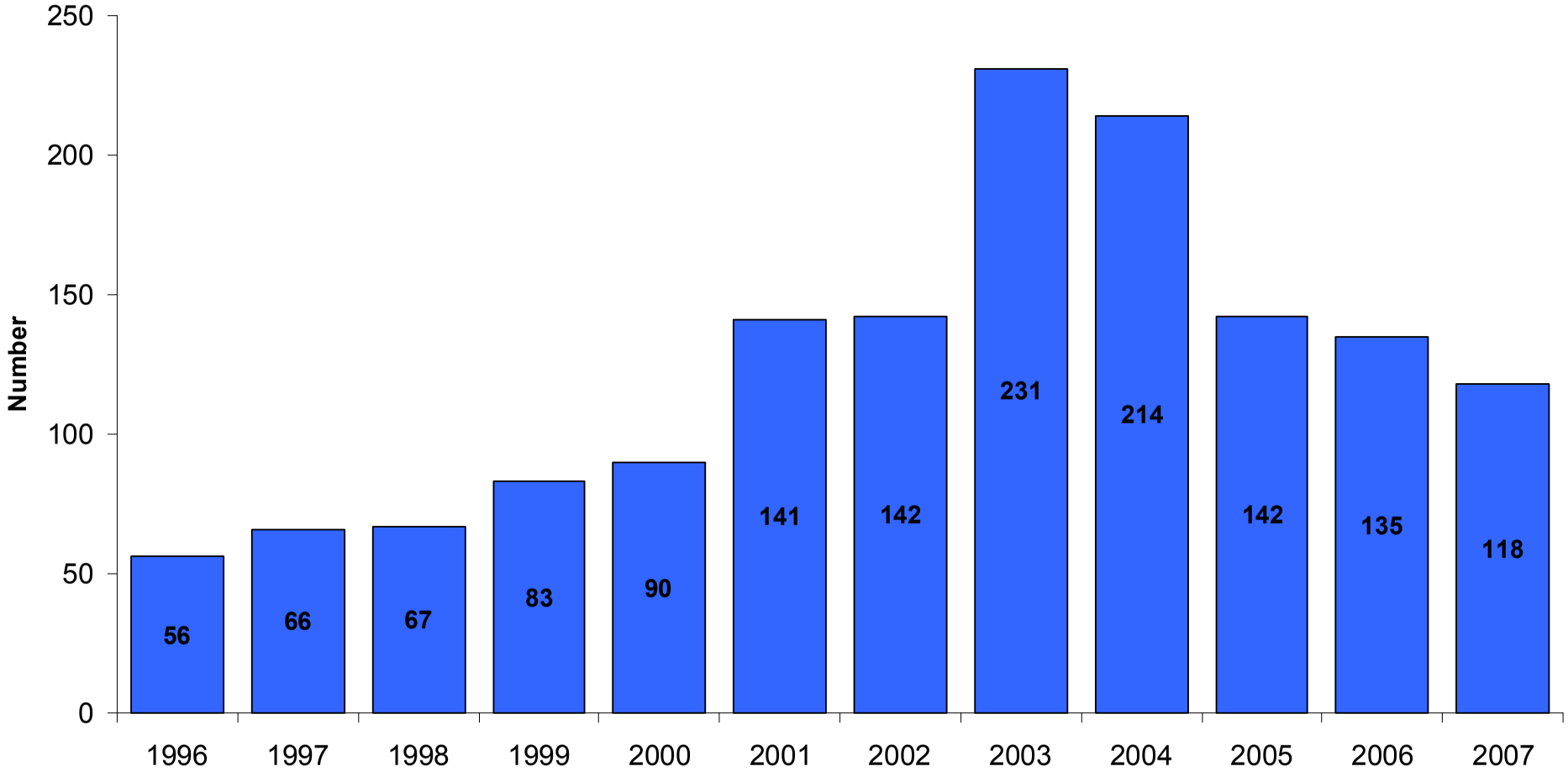
Comments, Figure 3

- Figure 3 compares Maine rates and US rates of chlamydia among 15-19 year-olds from 1996 to 20060.

- Rates among Maine 15-19 year-olds increased during the past decade, rising from 480 per 100,000 population in 1996 to a high of 863.8 in 2006.

- Despite increases among 15-19 year-olds, Maine rates are low compared to U.S. rates. In 2006, the Maine rate was approximately half the U.S. rate.

Figure 4: Maine Gonorrhea Diagnoses, 1996 to 2007



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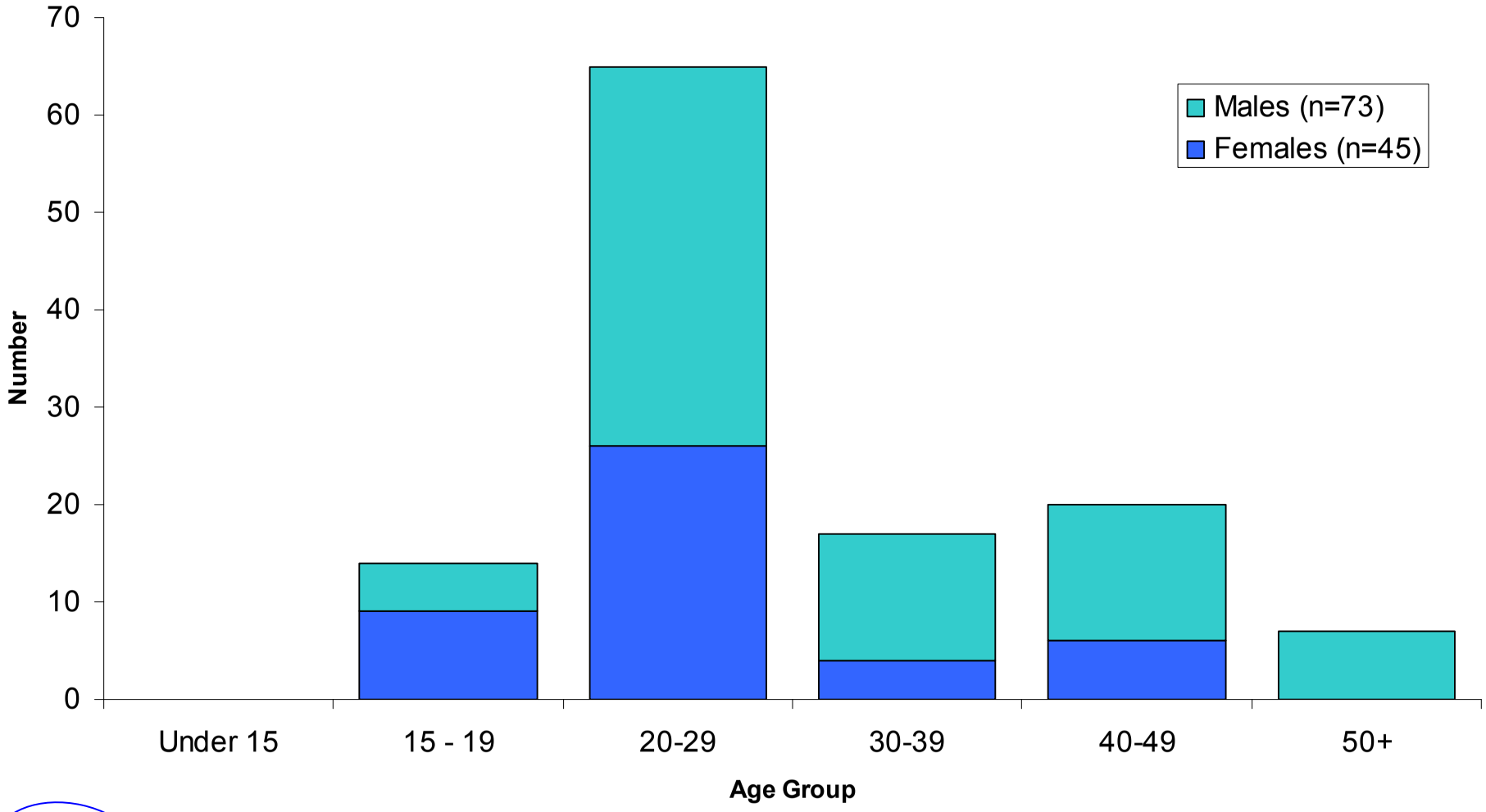
Comments, Figure 4

- Figure 4 shows gonorrhea diagnoses reported to Maine CDC from 1996 to 2007.
- Although there was a marked increase in the number of gonorrhea diagnoses in 2003, there were decreases during the past four years.
- One hundred eighteen cases were diagnosed in 2007, representing a 13% decrease over the 2006 total.

Figure 5: 2007 Gonorrhea Diagnoses by Age Group (total=118)



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Comments, Figure 5

- Figure 5 shows 2007 gonorrhea diagnoses by age group and sex.
- Gonorrhea affects a slightly older age range than chlamydia. Over half of 2007 diagnoses occurred in the 20-29 age range.
- Males comprised approximately 62% 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 25% of cases reported in 2007.

Table 2: 2007 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
Androscoggin	22.3	24
Cumberland	13.4	37
Penobscot	12.2	18
Sagadahoc	10.8	4
Franklin	10.0	3
State of Maine	**8.9**	**118**
York	6.9	14
Lincoln	5.7	2
Piscataquis	5.7	1
Hancock	5.6	3
Waldo	5.1	2
Oxford	3.5	2
Kennebec	3.3	4
Washington	3.0	1
Aroostook	2.7	2
Knox	2.4	1
Somerset	0.0	0

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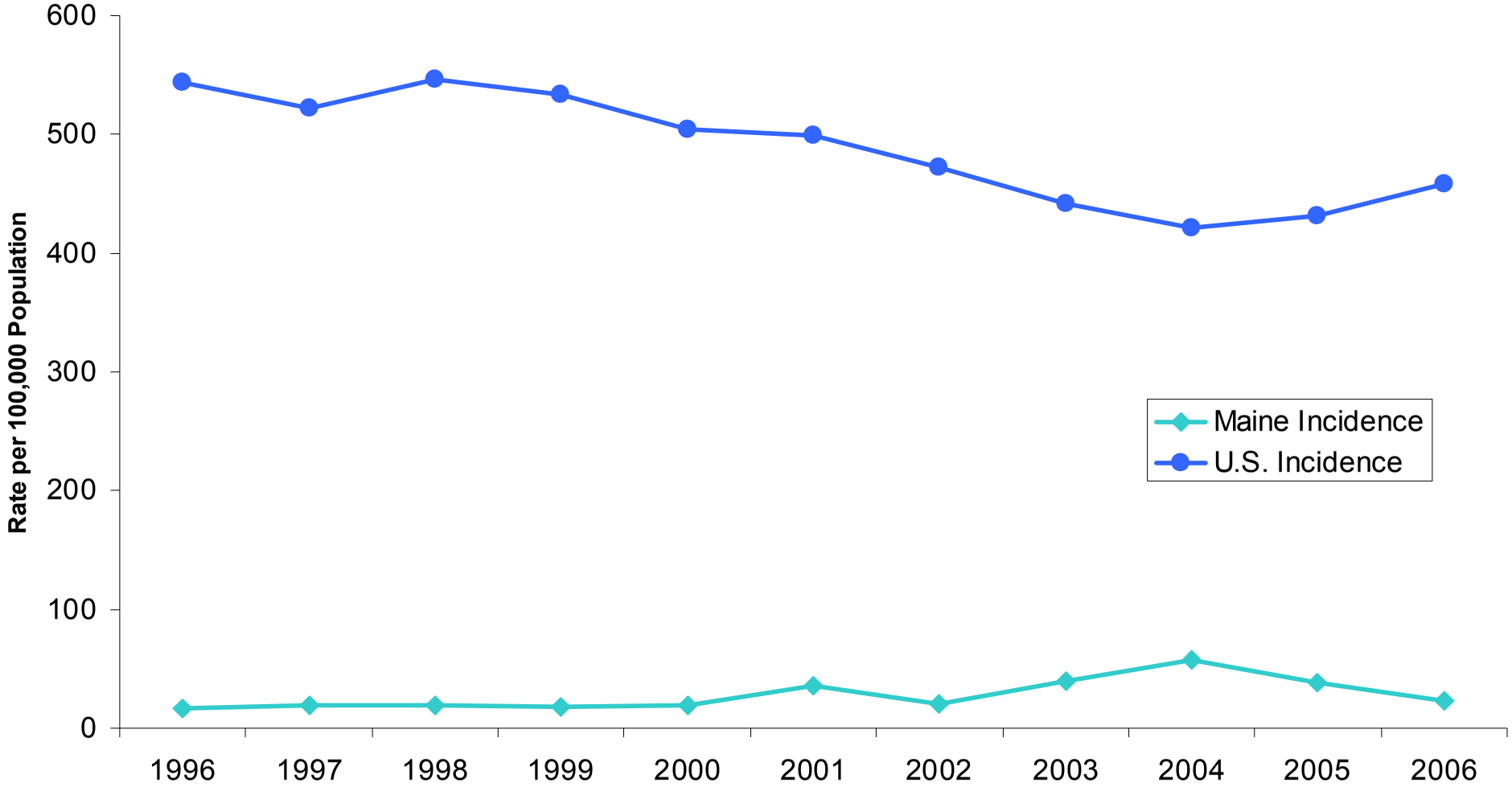
Comments, Table 2

- Table 2 lists the number of 2007 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, Androscoggin, Cumberland, Penobscot, Sagadahoc, and Franklin, 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, 1996-2006



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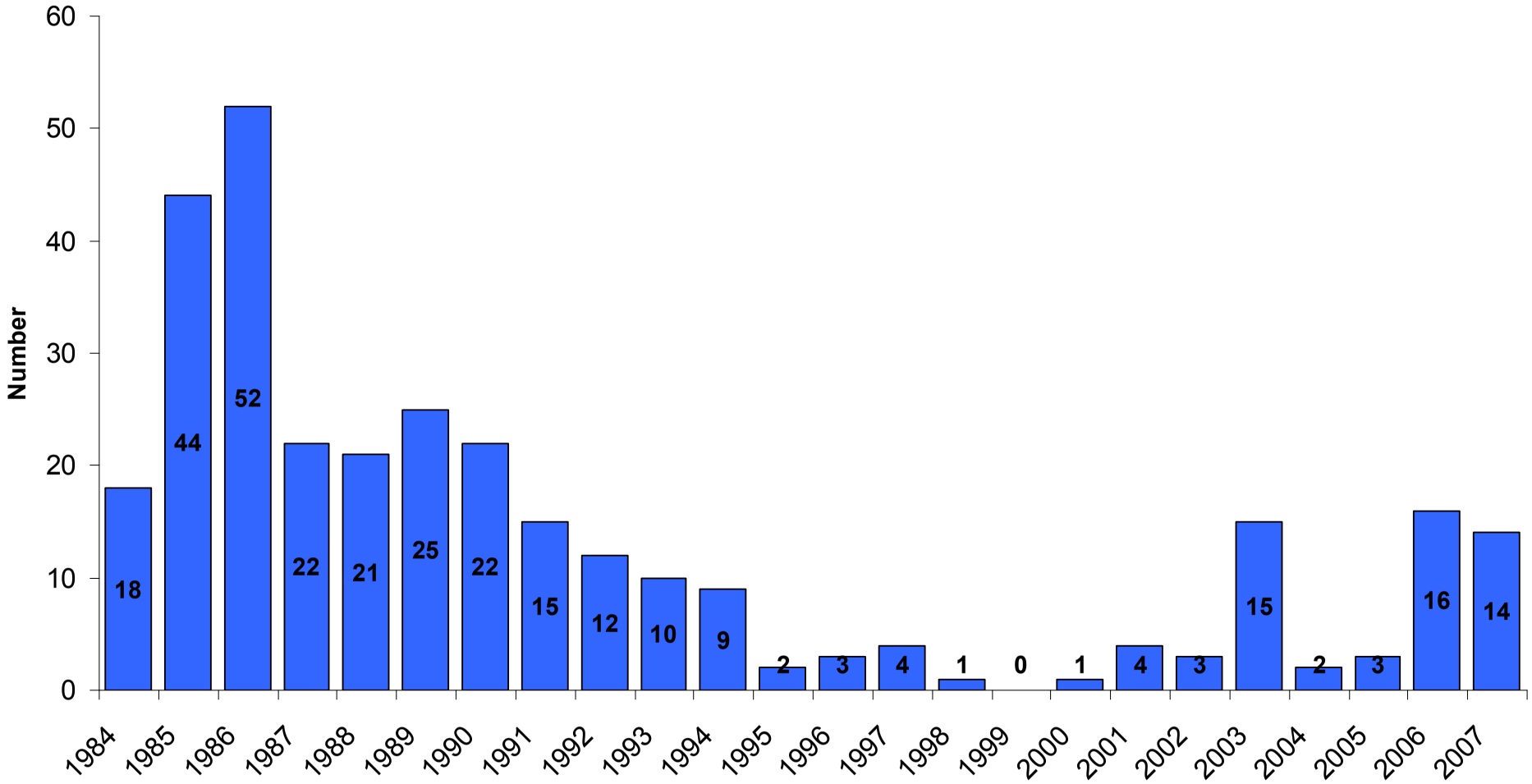
Comments, Figure 6

- Figure 3 compares Maine rates and US rates of gonorrhea among 15-19 year-olds from 1996 to 2006.

- 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 23 cases/100,000 population in 2006.

- Like chlamydia, Maine gonorrhea rates much lower than U.S. rates. In 2006, the Maine rate among 15-19 year-olds was approximately 1/20 the national rate.

Figure 7: Early Syphilis Diagnosed in Maine, 1984-2007



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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. Three notable exceptions were observed in 2003, 2006 and 2007, with 15,16 and 14 diagnoses respectively. These syphilis outbreaks are likely the result of several factors such as out-of-state infections of Maine residents who traveled to urban areas, where syphilis incidence is higher and anonymous sexual encounters .