
Executive Summary

The purpose of this report is to give health care providers, policy makers, residents, and other community partners information needed to recognize the impact of STDs on youth, young adults, women of childbearing age, men who have sex with men (MSM), African Americans, and other groups disproportionately affected by STDs. The information in this report will be used within the Alameda County Public Health Department to inform resource allocation for clinical services and other program planning.

The report covers the distribution and burden of disease in Alameda County due to chlamydia, gonorrhea, and early syphilis (primary, secondary and early latent), the most common STDs reportable to the state. California comparisons are included where appropriate. The sequence of information is the same for each disease, beginning with rates by gender and local health jurisdiction. These are followed by age-specific rates, race/ethnic distribution of cases, rates by race/ethnicity, trends, rates by city, and finally maps by census tract. The report concludes with a description of the STD Prevention Program, its objectives and services, as well as a set of recommendations for future activities. It is through this report, the data, the program description, and the recommendations, that we hope to reach health care providers and engage them in improving surveillance and reporting activities in order to have a more complete picture of STDs in Alameda County.

Clearly, the populations most affected by STDs in Alameda County are young women, African Americans, and men who have sex with men (MSM). Rates of chlamydia and gonorrhea infection among females between the ages of 15 and 24 are several times higher than those of most other groups. Rates of early syphilis, on the other hand, are highest among men between the ages of 20 and 44. Overall, rates of all three STDs are highest among African Americans. Additionally, rates of chlamydia and gonorrhea infection are at least twice as high in neighborhoods where 30% or more of households live in poverty compared to neighborhoods where less than 10% of households live in poverty.

The nature of these age, gender, racial, and economic disparities is complex, involving a multitude of influences. Some of these include a lack of access to primary health care, low income, characteristics of sexual and cultural networks, economic dependence, and sexual exploitation of young women through either 'survival sex' (when an individual engages in sexual activity to gain food, shelter, clothing, money, or physical protection) or outright prostitution. Additionally, reentry to the community of infected men released from jail may be an important source not only of curable STDs but also HIV. Reentry of recently incarcerated individuals in conjunction with a lack of testing upon release both contribute to increased risk of disease transmission in the community. Women are also at higher risk of disease exposure due to an unwillingness among some heterosexual men to acknowledge having sex with other men, a practice referred to as being 'on the down-low.' Further influences on sexual behavior include drugs such as methamphetamines, poppers, and those used to treat erectile dysfunction. These, along with use of the internet for arranging venues for sex, appear to play an important role in the recent increase of syphilis among men who have sex with men. Any or all of these influences may interact to minimize perceptions of risky behavior and/or to heighten sexual risk-taking behavior.

Key Findings

Chlamydia

- In 2006 there were 5,915 chlamydia cases reported in Alameda County. The rate overall was 390 per 100,000.
- Female chlamydia rates increased overall between 1995 and 2006 in Alameda County by an average of 2% per year, from 454 per 100,000 in 1995 to 567 in 2006. Male chlamydia rates increased steadily from 85 per 100,000 in 1995 to 206 in 2006, an increase of about 9% per year. The county rates followed very closely with California rates.
- The chlamydia infection rate was highest among 15-19 year-old females in Alameda County (3,583 per 100,000). This pattern is different than that observed statewide in which females 20-24 have the highest rate. Rates among males aged 15-24 were much lower than female rates; this is due to the fact that males are not targeted for screening as females are.
- Nearly half of chlamydia case reports did not have information on race/ethnicity in 2006. Of those cases for which race/ethnicity was known, African Americans made up over half of chlamydia cases.
- Female rates of chlamydia in 2006 were two to four times higher than male rates in every race/ethnic group. Infection rates among African Americans were many times higher than those in other race/ethnic groups.
- Chlamydia infection rates increase as poverty level of neighborhood increases. This is true for each race/ethnic group except Latinos, who do not experience the highest rate in the highest poverty areas.
- Alameda County cities with the highest chlamydia infection rates in 2006 were Emeryville, Oakland, Hayward, and San Leandro. The Emeryville rate was nearly twice the county rate.

Gonorrhea

- In 2006 there were 2,278 gonorrhea cases reported in all of Alameda County. The rate overall was 150 per 100,000, nearly the same for males and females.
- Rates among both males and females increased from 2003 to 2006. Presently, Alameda County rates are about 60% above California rates (96 and 85 for males and females, respectively).
- The gonorrhea infection rate was highest among 15-19 year-old females in Alameda County (990 per 100,000). Among males, the infection rate was highest among 20-24 year-olds.
- Nearly half of gonorrhea case reports did not have information on race/ethnicity in 2006. Of those cases for which race/ethnicity was known, African Americans made up nearly three-fourths (72%) of the cases.
- African American gonorrhea infection rates were very high (428 per 100,000 females and 482 per 100,000 males), roughly 27 times higher than APIs, 20 times higher than Whites, and 13 times higher than Latinos.
- Gonorrhea infection rates increased with neighborhood poverty level. The African American rate increased more than two-fold, from 197.3 per 100,000 in the lowest poverty areas to 475.7 in the highest poverty areas. Latinos also experienced a two-fold increase from low to high poverty areas; for APIs it was three-fold difference, and for Whites it was a seven-fold difference.
- The rate of gonorrhea infection was highest in Emeryville, 526 per 100,000, 3.5 times higher than the county rate of 150 per 100,000.

Early Syphilis

- There were 90 cases of early syphilis in Alameda County in 2006; 87 (92%) were males. The Alameda County rate overall was 5.9 per 100,000. The female rate was 0.9 and the male rate was 11.2
- The rate of early syphilis infection among males in Alameda County increased from 1.7 per 100,000 in 2000 to 11.2 in 2006. This trend mirrors that seen in California.
- Eighty-eight percent of male cases in 2006 were identified as MSM (n=73).
- The rate of infectious syphilis was highest among 20-24 year-olds, followed by 25-29 year-olds and 35-44 year-olds.
- Whites were the largest race/ethnic group among early syphilis cases, accounting for 41.1% of cases in 2006. African Americans accounted for 37.8%, Latinos 12.2% and APIs 8.9% of all cases. Unlike other STDs, data on race/ethnicity was complete.
- The syphilis infection rate among African Americans was 17.4 per 100,000 in 2006, almost three times greater than the rate among Whites (6.4) and five times the rate among Latinos.
- Oakland had the highest rate of early syphilis between 2004 and 2006 (9.7 cases per 100,000) followed by Hayward (8.5).