



Sexually Transmitted Diseases (STDs) in Georgia

Georgia ranks among the top 10 states in the United States with high case rates for chlamydia, gonorrhea, and syphilis.

HOW DO PEOPLE GET STDs?

STDs can be transmitted during unprotected vaginal, anal, or oral sex. STDs can be passed on from mother to the baby in the womb or during delivery. Persons with STDs may be asymptomatic and may transmit their infection unknowingly to their sexual partner.

WHAT ARE SERIOUS HEALTH CONSEQUENCES OF STDs?

The consequences of untreated STDs for women may include pelvic inflammatory disease (PID), ectopic pregnancy, and infertility. Complications among men are less common, but may include epididymitis and urethritis, which can cause pain, fever, and in rare cases, sterility.

WHO ARE AT RISK FOR STDs?

The greater the number of sex partners a person has, the greater the risk of STD infection. Persons at increased risk for STDs include those who have unprotected sexual intercourse with multiple sex partners or who engage in high-risk behavior such as drug and alcohol abuse or trading sex for drugs. In recent years, increases in syphilis have been reported among men who have sex with men.

WHAT CAN BE DONE TO PREVENT THE SPREAD OF STDs?

The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected. Avoiding alcohol and drug use may also help prevent transmission because these activities may lead to risky sexual behavior.

WHAT STD PROGRAM SERVICES ARE AVAILABLE IN GEORGIA?

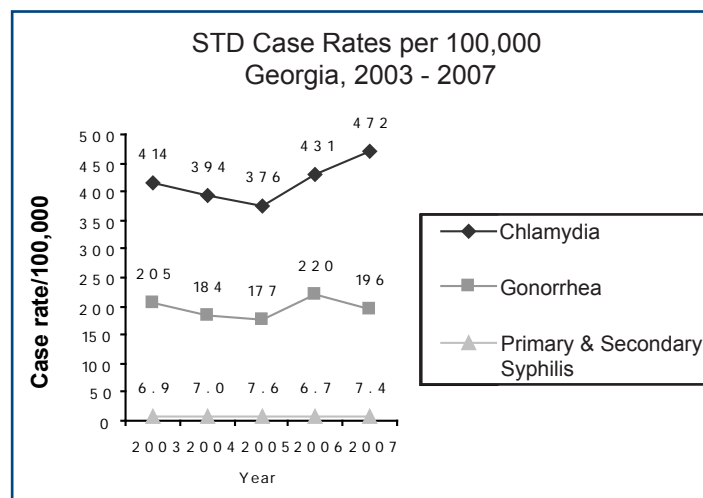
- Education and counseling of persons at risk on ways to adopt safer sexual behavior
- Effective diagnosis and treatment of infected persons
- Identification of persons that have been exposed to an STD

WHO BENEFITS FROM STD PROGRAM SERVICES?

- Georgia communities benefit from the STD Program activities in reducing the spread of STDs and the complications they cause.

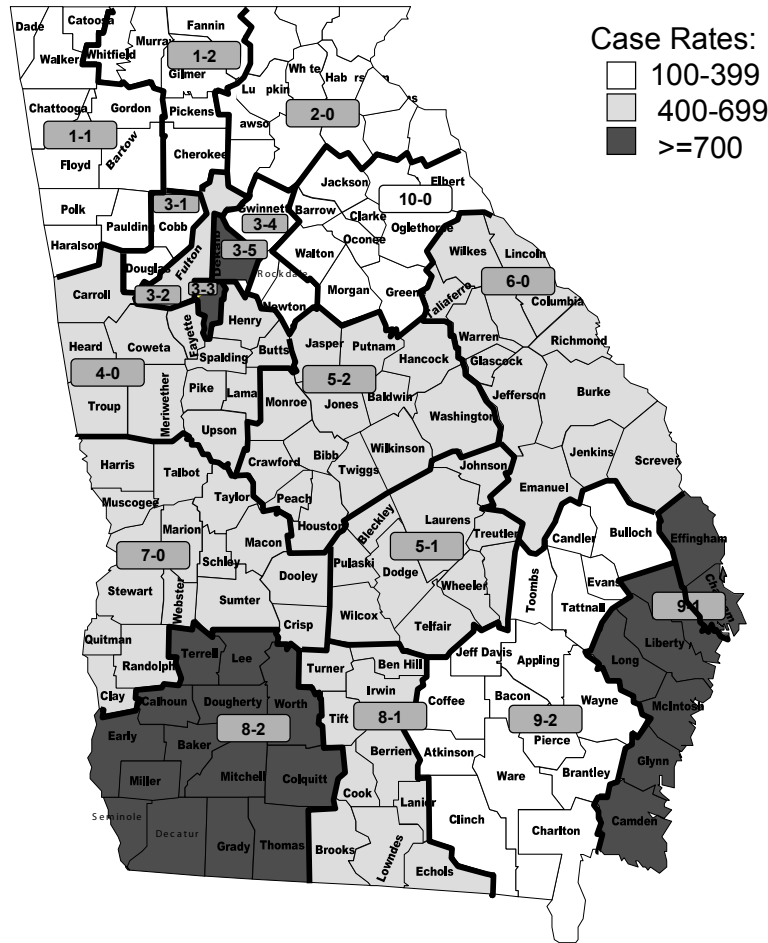
Approximately 65,000 new STD infections are reported in Georgia each year. Young people aged 15-24 years old are most affected.

- In 2007, 44,218 chlamydia cases, 18,380 gonorrhea cases, and 697 infectious syphilis cases (primary and secondary stages) were reported in Georgia.
- The number of chlamydia cases increased 10%, primary and secondary stage syphilis increased 9%, gonorrhea cases decreased 11% from 2006 to 2007.

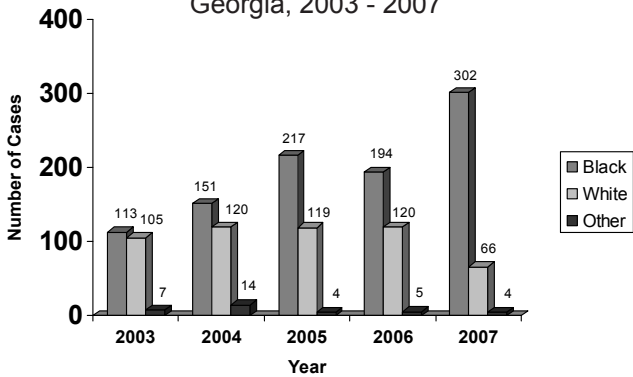


- The highest STD case rates by age group for chlamydia and gonorrhea were in persons 15-24 years old, and for primary and secondary stage syphilis in persons 20-29 years old.
- Among racial groups, African-Americans had the highest case rates for chlamydia, gonorrhea and syphilis.
- Rates of reported chlamydia cases are very high and were almost 3 times higher in females (690 cases/100,000 population) than in males (240/100,000) in 2007, likely reflecting a greater number of women screened for this infection.
- Three-fourths (77%) of all STD cases in Georgia were reported in the metropolitan Atlanta area in 2007.

Chlamydia Case Rates per 100,000 by Health District, Georgia, 2007



Primary & Secondary Syphilis among MSM by Race Georgia, 2003 - 2007



- The number of men with cases of primary or secondary stage syphilis and HIV increased over 600% from 40 cases in 2003 to 285 cases in 2007.

Over the past 5 years, the number of infectious syphilis cases almost tripled among Black men who have sex with men (MSM).

Co-infection with HIV is rising among men with primary and secondary stage syphilis.

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1-866-PUB-HLTH

(1-866-782-4584)

Georgia's Notifiable Disease Emergency Reporting Hotline **Information for Healthcare Providers**

What is 1-866-PUB-HLTH?

1-866-PUB-HLTH (1-866-782-4584) is Georgia's Notifiable Disease Emergency Reporting Hotline. It is available for use 24 hours a day, 7 days a week for time-sensitive communication among healthcare providers, Public Health, and emergency responders. **1-866-PUB-HLTH is for the reporting of immediately notifiable diseases, including those that could result from a bioterrorism event, and public health emergencies.** It is one easy-to-remember number that is distributed to all local, state, and federal partners for use in public health emergencies.

Who should use 1-866-PUB-HLTH?

Public Health Partners, including but not limited to: healthcare providers, laboratory personnel, public health professionals, coroners, medical examiners, pharmacists, veterinarians, local police/fire/EMS/911 operators, and federal agencies should use the number to report immediately notifiable diseases and public health emergencies. Private citizens should NOT use this number.

How does it work?

1-866-PUB-HLTH is housed at the Georgia Poison Center and staffed by Public Health Specialists who respond to calls according to protocols developed by Public Health. Calls are triaged according to immediacy and public health significance, and those that require immediate notification of Public Health are passed to the Health District Epidemiologist On Call for response. **Callers can always request to speak with someone in public health immediately, 24 hours a day, 7 days a week, even when reporting a non-urgent public health issue.**

When should I use 1-866-PUB-HLTH versus other methods of reporting?

When you have a public health emergency or diagnose an immediately notifiable disease, including clusters of any illness and potential agents of bioterrorism. To report other notifiable diseases, you may: call your County or District Health Office, OR report cases electronically through the State Electronic Notifiable Disease Surveillance System (SendSS) at <http://sendss.state.ga.us>, OR complete a Notifiable Disease Report Form (#3095) and mail in an envelope marked CONFIDENTIAL to your County, District, or State Health Department.

If I report a case using 1-866-PUB-HLTH, should I also report using additional (redundant) mechanisms?

No. There is no need to report a case through multiple channels.



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Reported Cases of Selected Notifiable Diseases in Georgia, Profile* for August 2008

Selected Notifiable Diseases	Total Reported for August 2008	Previous 3 Months Total Ending in August			Previous 12 Months Total Ending in August		
	2008	2006	2007	2008	2006	2007	2008
Campylobacteriosis	84	171	252	274	558	669	720
<i>Chlamydia trachomatis</i>	275	10532	11573	5656	38684	42800	36194
Cryptosporidiosis	26	83	85	61	222	274	248
<i>E. coli</i> O157:H7	9	16	17	26	39	38	57
Giardiasis	72	199	189	222	700	673	707
Gonorrhea	203	5866	4973	2166	19475	18813	14114
<i>Haemophilus influenzae</i> (invasive)	7	21	20	31	116	123	148
Hepatitis A (acute)	6	21	19	10	78	67	48
Hepatitis B (acute)	12	58	48	44	188	168	154
Legionellosis	4	13	7	10	37	43	42
Lyme Disease	6	6	6	15	8	9	24
Meningococcal Disease (invasive)	0	1	8	5	15	25	22
Mumps	0	3	0	0	5	0	2
Pertussis	2	10	5	11	30	23	21
Rubella	0	0	0	0	0	0	0
Salmonellosis	315	690	611	910	1906	1861	2349
Shigellosis	59	308	423	222	1000	1817	1377
Syphilis - Primary	9	33	26	37	138	101	125
Syphilis - Secondary	52	130	161	175	477	561	668
Syphilis - Early Latent	36	105	120	114	403	435	446
Syphilis - Other**	74	243	309	260	1005	1139	1236
Syphilis - Congenital	0	1	3	0	8	11	7
Tuberculosis	41	145	120	126	521	491	482

* The cumulative numbers in the above table reflect the date the disease was first diagnosed rather than the date the report was received at the state office, and therefore are subject to change over time due to late reporting. The 3 month delay in the disease profile for a given month is designed to minimize any changes that may occur. This method of summarizing data is expected to provide a better overall measure of disease trends and patterns in Georgia.

** Other syphilis includes latent (unknown duration), late latent, late with symptomatic manifestations, and neurosyphilis.

AIDS Profile Update

Report Period	Disease Classification	Total Cases Reported*			Percent Female	Risk Group Distribution %						Race Distribution %			
		<13yrs	>=13yrs	Total		MSM	IDU	MSM&IDU	HS	Unknown	Perinatal	White	Black	Hispanic	Other
Latest 12 Months	HIV, non-AIDS	18	3,154	3,172	28	25	2	1	4	67	1	18	77	4	1
10/07-9/08	AIDS	2	1,949	1,951	27	30	3	1	7	59	<1	18	76	5	1
Five Years Ago:**	HIV, non-AIDS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10/03-9/04	AIDS	12	1,678	1,690	29	33	7	3	15	40	1	18	76	5	1
Cumulative:	HIV, non-AIDS	219	12,812	13,031	31	28	6	2	10	53	2	21	75	4	1
07/81-9/08	AIDS	239	33,182	33,421	20	43	14	5	14	23	1	30	67	3	1

Yrs - Age at diagnosis in years MSM - Men having sex with men IDU - Injection drug users HS - Heterosexual

* Case totals are accumulated by date of report to the Epidemiology Section ** Due to a change in the surveillance system, case counts may be artificially low during this time period

***HIV, non-AIDS was not collected until 12/31/2003