

City Profiles

This section contains profiles on chlamydia positivity trends for selected cities in the United States. Each of the following profiles contains three figures and one table. Case report data are presented using metropolitan statistical areas (MSAs), which may encompass the city as well as surrounding urban and rural areas. All other data represent urban-core, city data.

Morbidity Surveillance: Reporting of Chlamydia Cases

Figure A. Chlamydia rate per 100,000 women, 2000–2007

Crude incidence rates (new cases/population) were calculated on an annual basis per 100,000 population. In this report, the 2007 rates for all MSAs were calculated by dividing the number of cases reported from each area in 2007 by the estimated area-specific 2000 population. Metropolitan Statistical Areas are defined by the Office of Management and Budget to provide nationally consistent definitions for collecting, tabulating, and publishing federal statistics for a set of geographic areas. An MSA is associated with at least one urbanized area that has a population of at least 50,000. The MSA comprises the central county or counties containing the core,

plus adjacent outlying counties having a high degree of social and economic integration with the central county as measured through commuting. The title of an MSA includes the name of its principal city with the largest Census 2000 population. If there are multiple principal cities, the names of the second largest and third largest principal cities appear in the title in order of descending population size. MSA chlamydia rates per 100,000 population were calculated from 2000 to 2007 wherever possible. In some circumstances, lack of data specific to the county level prohibited the calculation of rates for the year 2000. For more information, refer to the 2007 STD Surveillance Report.

Prevalence Monitoring: Reporting of Chlamydia Positivity

Figure B. Chlamydia positivity in women 15 to 24 years, by testing site, 1998–2007

Table 1. Chlamydia positivity in women 15 to 24 years, by testing site, 2007

Figure C. Chlamydia positivity by age group in women attending family planning clinics, 2007

Chlamydia test positivity was calculated by dividing the number of women testing positive for chlamydia (numerator) by the total number of women tested for chlamydia (denominator includes those with valid test results only and excludes unsatisfactory and indeterminate tests) and is expressed as a percentage. The denominator may contain multiple tests from the same individual if that person was tested more than once during the period for which screening data are reported. The numerator may also contain multiple positive test results from the same individual if that person tested positive more than once during the period for which

screening data are reported. Various chlamydia laboratory methods were used and no adjustments of test positivity were made based on laboratory test type and sensitivity. The number of clinics cited in Table 1 for each city represents family planning (FP), sexually transmitted disease (STD), prenatal, and other clinics screening 25 or more women and juvenile and adult corrections facilities screening 100 or more women. To be included in Figure B, FP and STD clinics must have each had data on at least 25 tests in any given year. Each age group displayed in Figure C represents data on at least 25 tests within the past year.