

The Colorado Department of Public Health and Environment
Disease Control and Environmental Epidemiology
HIV/STD Surveillance Program



2004 and 2005 Sexually Transmitted Disease
Surveillance Report

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Colorado Department of Public Health and Environment

2004 and 2005 Sexually Transmitted Disease Surveillance Report

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Sexually Transmitted Disease Morbidity ~2004-2005
The State of Colorado

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EXECUTIVE SUMMARY

The 2004 and 2005 Sexually Transmitted Disease (STD) Report summarizes the morbidity data and rates of reported chlamydia, gonorrhea and primary and secondary syphilis in Colorado. These diseases, as well as chancroid, early latent syphilis, and lymphogranuloma venereum are designated reportable STDs in Colorado. For the purposes of this report, only chlamydia, gonorrhea and primary and secondary syphilis will be highlighted.

CHLAMYDIA

In 2004 and 2005 chlamydia continued to be the most commonly reported STD in Colorado. Reported cases totaled 14,517 in 2004 and 15,234 in 2005. Chlamydia case rates for 2004 and 2005 were 318.2 and 333.9 per 100,000 population, respectively. Females continue to have higher rates of disease than males, which may be due to more selective testing and screening of females. The statewide chlamydia rate for females in 2004 was 462.6 per 100,000 and 485.2 per 100,000 in 2005, compared with incidence rates of 174 per 100,000 (2004) and 182.9 per 100,000 (2005) for males. Overall, the number of reported chlamydia cases increased by 12.5 percent from 2003 to 2004. A 4.9% increase was observed from 2004 to 2005. The observed percent increases in reported chlamydia cases are consistent with observed national trends.

GONORRHEA

In Colorado, gonorrhea cases also continued to mirror national trends with a slight increase in reported cases from 1999 through 2005. Unlike the gender distribution of reported chlamydia cases, gonorrhea is more evenly distributed among males and females. In 2005, the gonorrhea rate for males was 71.2 per 100,000 population and 72.4 per 100,000 population for females. In addition, racial disparities in disease burden continue to exist. In 2004, the rates of gonorrhea reported for African Americans was nearly 31 times greater than that reported for Whites. This trend continued in 2005 with rates among African Americans exceeding those of other racial groups by a significant percentage. The overall number of reported gonorrhea cases increased by 13.6% from 2003 to 2004. However, from 2004 to 2005, the increase in gonorrhea cases slowed to 2.2 percent.

SYPHILIS

In Colorado reported cases of primary and secondary (P&S) syphilis continue to be of concern. Statewide trends indicate an overall increase of P&S syphilis cases - from 11 in 1999 to 45 cases in 2005. The number of cases rose to 65 in 2004. Consistent with national trends, P&S syphilis infections are disproportionately found in males, who represented 96% of all reported cases in 2005. Additionally, 46% of the reported P&S syphilis cases for 2004 and 2005 occurred in HIV infected individuals. Within this group, 98% were diagnosed in men-who-sex-with-men (MSM) and men-who-sex-with-men-and-inject-drugs (MSM/IDU).

Data Sources and Methods

The Colorado Board of Health requires public and private health care providers to submit confidential disease case reports to the STD/HIV surveillance program's Registry. The Registry enters case reports and positive laboratory results in their STD Management Information System (STD*MIS) in a confidential, secure environment. Data in STD*MIS is archived annually in May to establish a finalized data set containing the previous year's disease reports. This four-month gap between the end of the calendar year and archiving the database allows the STD/HIV Surveillance program to accommodate reporting delays, thereby ensuring a more complete data set. STD*MIS is the primary data source for this report.

The Board of Health requires disease reports include the following information: patient name, date of birth, sex, race, ethnicity, address (including city, county and phone number), physician's name, address and phone. However, the quality and usefulness of specific data elements varies widely. Race and ethnicity are widely under-reported and should be interpreted with great caution when making statements relating to relative difference or similarity in rates between these groups, with the exception that rates of gonorrhea observed for African Americans continue to exceed those of other racial groups by a significant percentage. For example in 2004, 55% of reported chlamydia cases were missing race data and 70% contained no ethnicity data. Of gonorrhea cases reported in 2004, 30% reported no race data and 61% no ethnicity data.

Crude incidence rates (number of new cases of disease/population) were calculated on an annual basis per 100,000 persons. In this report, disease case rates were calculated by county in 2004 and 2005, using population estimates published by the U.S. Census Bureau. Disease rates were not calculated for counties reporting fewer than five cases, as rates based on low case counts are considered statistically unreliable. Also, in compliance with the Colorado Department of Public Health and Environment (CDPHE) data release guidelines, some county level data cannot be stratified by age group or race as dictated by county population size.

CDPHE's policy is to report race and ethnicity as two separate categories. Race includes the following six groups: American Indian, Asian, Black or African American, White, Hawaiian or Pacific Islander and Two or More Races. The term Hispanic refers to all people of Hispanic or Latino origin. People of Hispanic ethnicity may be any race. Ethnicity options include Hispanic, Non-Hispanic and Unknown. Because race and Hispanic origin are separate concepts, the racial categories of White, Black, American Indian, Asian, Hawaiian or Pacific Islander and Two or More Races all contain some people of Hispanic origin. Care must be taken in comparing STD rates by race and ethnicity due to the high proportion of missing race and ethnicity data on STD case reports.

Data Limitations

Among the Centers for Disease Control and Prevention's (CDC) clinical practice recommendations are that all bacterial STDs should receive laboratory confirmation. Nevertheless, STDs are known to be underreported through our public health surveillance systems. Depending on diagnosing practices, completeness of reporting varies by health care provider, particularly private versus publicly funded care. Some items are known to be underreported or misreported, such as race and ethnicity. Caution should be exercised in interpreting these data in light of known limitations.

Guidelines to Prevent Misuse of Data

The following guidelines are provided to help prevent data misuse and should always be considered when reviewing data from any source:

1. Data presented in this report represents new, incident cases of infection reported during 2004 and 2005, not unique persons diagnosed with disease, e.g., a person may have repeat infections within a given year.
2. Data presented in this report are based on cases reported to the STD/HIV Surveillance Program within the Disease Control and Environmental Epidemiology Division at CDPHE. These data represent infections in persons receiving care for symptomatic and asymptomatic STDs, reproductive health services or other care in public and private settings.
3. Incremental changes in numbers of cases may appear disproportionately large if the actual number of cases is small. For example, if two cases of chlamydia are reported one year and three cases are reported in the next year there has been a 50% increase in cases. The increase is misleading because one additional case does not constitute a significant change in disease burden.

It is strongly recommended that anyone with specific questions or further data requests contact the STD/HIV surveillance section at (303) 692 – 2700.

GLOSSARY

Case ~ An episode of disease. If the same infection occurs within 30 days of the original case report date, the infection is deemed a repeat infection, an inadequately treated infection or duplicate report and is not counted.

Crude Rate ~ The number of events, e.g., reported cases, divided by the total estimated population. In general, no rates should be calculated if the number of events is fewer than five, as these rates are considered unstable.

Denominator ~ The lower portion of a fraction used to calculate a rate or ratio, usually, the estimated population. Sources of denominator data in this report include the U.S. Census Bureau's *Colorado population estimates for race and ethnicity (2004 and 2005)* and the Colorado Department of Public Health and Environment, Health Statistics Section's *Colorado Health Information Dataset*.

Numerator ~ The upper portion of the fraction used to calculate a rate or ratio, e.g., new cases diagnosed and reported by providers to the STD/HIV Surveillance Program.

CHLAMYDIA

*National Trends*¹

Chlamydia remains the most commonly reported bacterial STD in the United States. In 2005, 976,445 chlamydia diagnoses were reported nationally, up from 929,462 in 2004. However, most chlamydia cases go undiagnosed because these infections in women and many men are often asymptomatic, leaving a large proportion of infected individuals with little or no reason to seek treatment. It is estimated that there are approximately 3 million new cases of chlamydia in the United States each year.²

The national rate of reported chlamydia in 2005 was 332.5 cases per 100,000 population, an increase of 5.1 percent from 2004 (316.5). The increases in reported cases reflects the use of more sensitive testing methods for detecting chlamydia infection in cervical specimens from women and in less invasive urine samples from men. Additionally, efforts directed at improving the standard of care for male partners of infected women have resulted in marked increases in reporting of male cases.

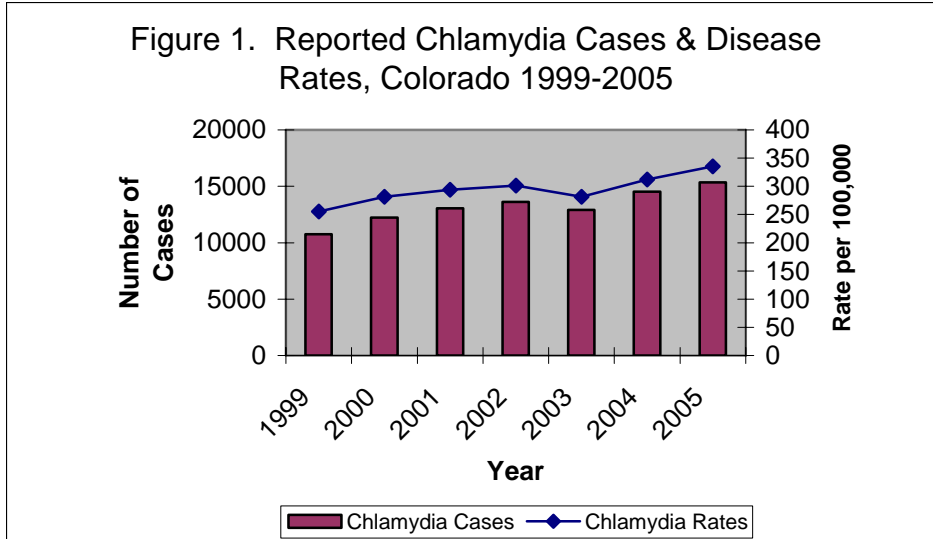
Females are hit hardest by chlamydia. The long-term consequences of untreated genital tract chlamydial infections include pelvic inflammatory disease (PID), ectopic pregnancy and infertility among women. The national chlamydia case rate per 100,000 population for females in 2005 was more than three times that of males (496.5 vs. 161.1). Again, much of this difference reflects the fact that females are more likely to be screened than males. Females aged 15 to 19 had the highest chlamydia rate (2,796.6), followed by females aged 20 to 24 (2,691.1).

Statewide Trends

In Colorado, disease trends for chlamydia closely mirror national trends. Overall, Colorado has observed an increase in cases from 2003 through 2005 (12,900 to 15,234, respectively). These reported cases represent increases in disease rates of chlamydia from 281.3 cases per 100,000 population in 2003 to 333.9 per 100,000 in 2005. In 2005 the rate per 100,000 population was 485.2 among females and 182.9 per 100,000 population among males.

Race and ethnicity data for chlamydia cases is seriously underreported. For example, race was missing on 68 percent of chlamydia cases in 2004 and 55 percent in 2005. Likewise, ethnicity was missing on 86 percent of all chlamydia cases for 2004 and 62 percent in 2005. Although these important demographic characteristics are missing from a large proportion of chlamydia records, there are notable disparities among those records with reported race and ethnicity. Of these, the largest number of cases was reported among Hispanic females ages 15-19 years (N=817). This number was 2.6 times higher than that observed in Black females (N=318) and 1.7 times higher than White females (N=479) in the same age group.

Figure 1 reports the number of chlamydia cases and the disease rates per 100,000 population for Colorado from 1999 to 2005. Statewide trends indicate steady increases in both the number of chlamydia cases reported to CDPHE and overall rates per 100,000 population. In 2004 the statewide chlamydia rate was 318.2 per 100,000 population, which increased slightly in 2005 to 333.9 per 100,000 population.



Figures 2 and 3 present disease rates by age group and gender for chlamydia cases reported in Colorado for 2004 and 2005. Statewide trends in both 2004 and 2005 mirror national trends regarding age and gender. Rates for chlamydia continue to be higher in younger males and females, ages 20-24. In 2004 chlamydia rates were 1015.5 per 100,000 population for males and 2564.8 per 100,000 population for females ages 20-24. In 2005 disease rates in this age group were 967.3 per 100,000 population for males (did the rate go down in 2005 ?) and 2683.5 per 100,000 population for females, respectively. Disease rates remained consistently higher in females than in males. Females exhibited a rate approximately 2.7 times higher than that of males.

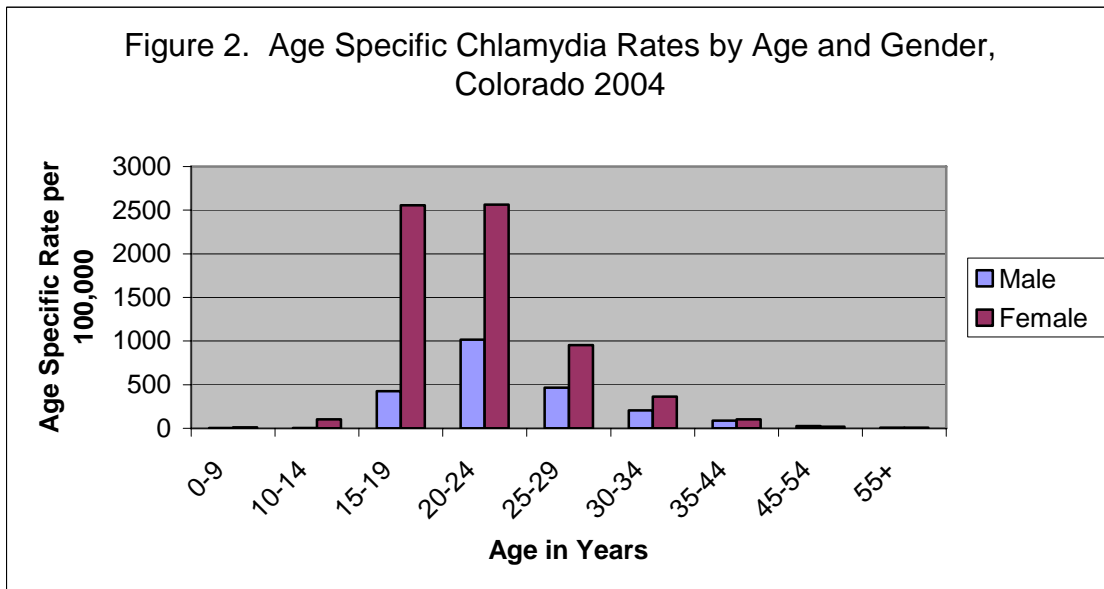


Figure 3. Age Specific Chlamydia Rates by Age and Gender, Colorado 2005

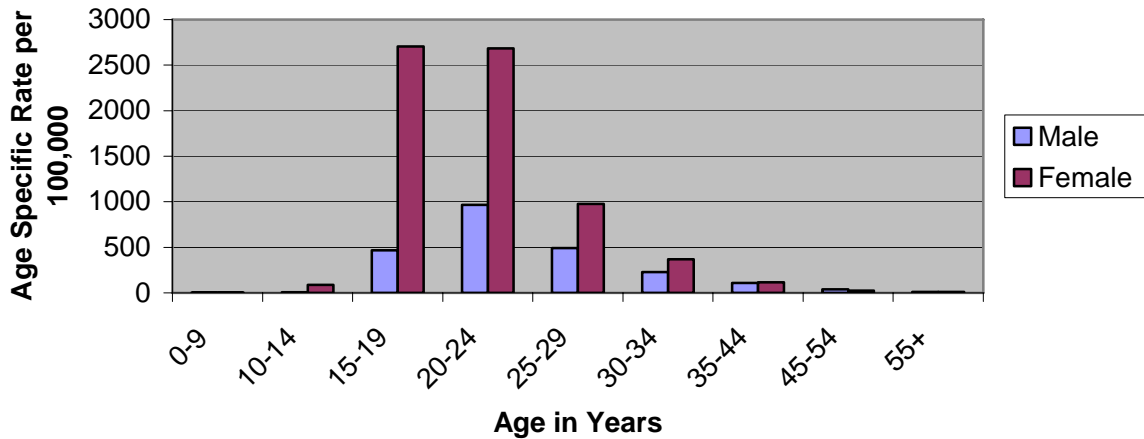


Table 1 presents the number of chlamydia cases by race and ethnicity. Colorado reflects national trends with disease rates disproportionately affecting minority populations. This trend is most evident in the African American population, which has the highest overall chlamydia incidence rates.

Table 1. Chlamydia cases for 2004 and 2005 by Race

Race Category	Cases in 2004 N=14,517	Cases in 2005 N=15,234
White	2065	2006
Black	1565	1576
American Indian	72	98
Asian	82	80
Other/ Unknown Race	8013	8289

[^] Per CDC Guidelines, disease rates are considered unreliable if greater than 50% are missing. In 2004, race was missing on 68% of chlamydia cases and likewise in 2005, race was missing on 55% of all chlamydia cases reported. In 2004 and 2005, ethnicity was missing on 86% and 62%, respectively, of all chlamydia case reports.

Figures 4 and 5 present chlamydia rates per 100,000 population by county, ranked from highest to lowest.

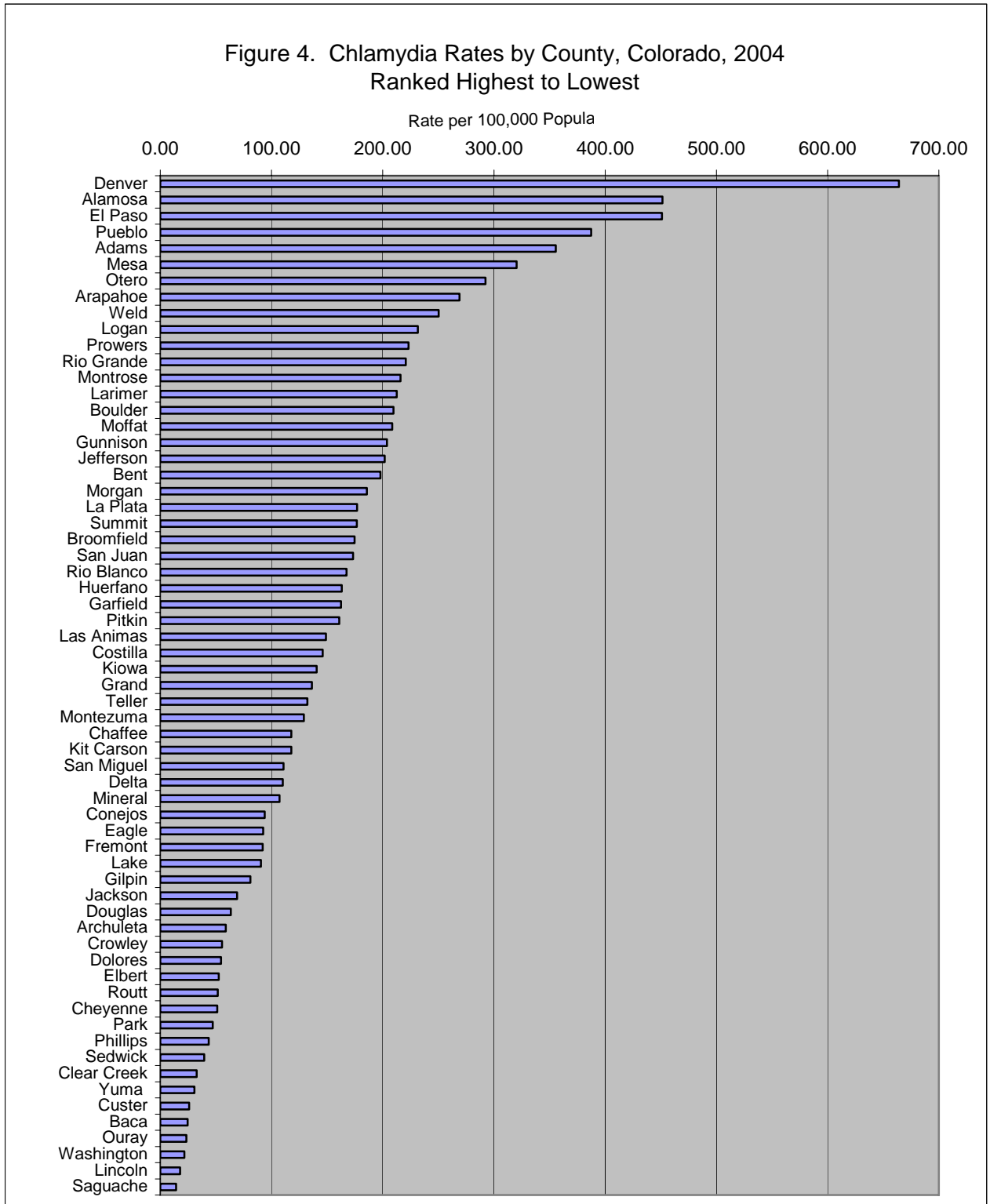
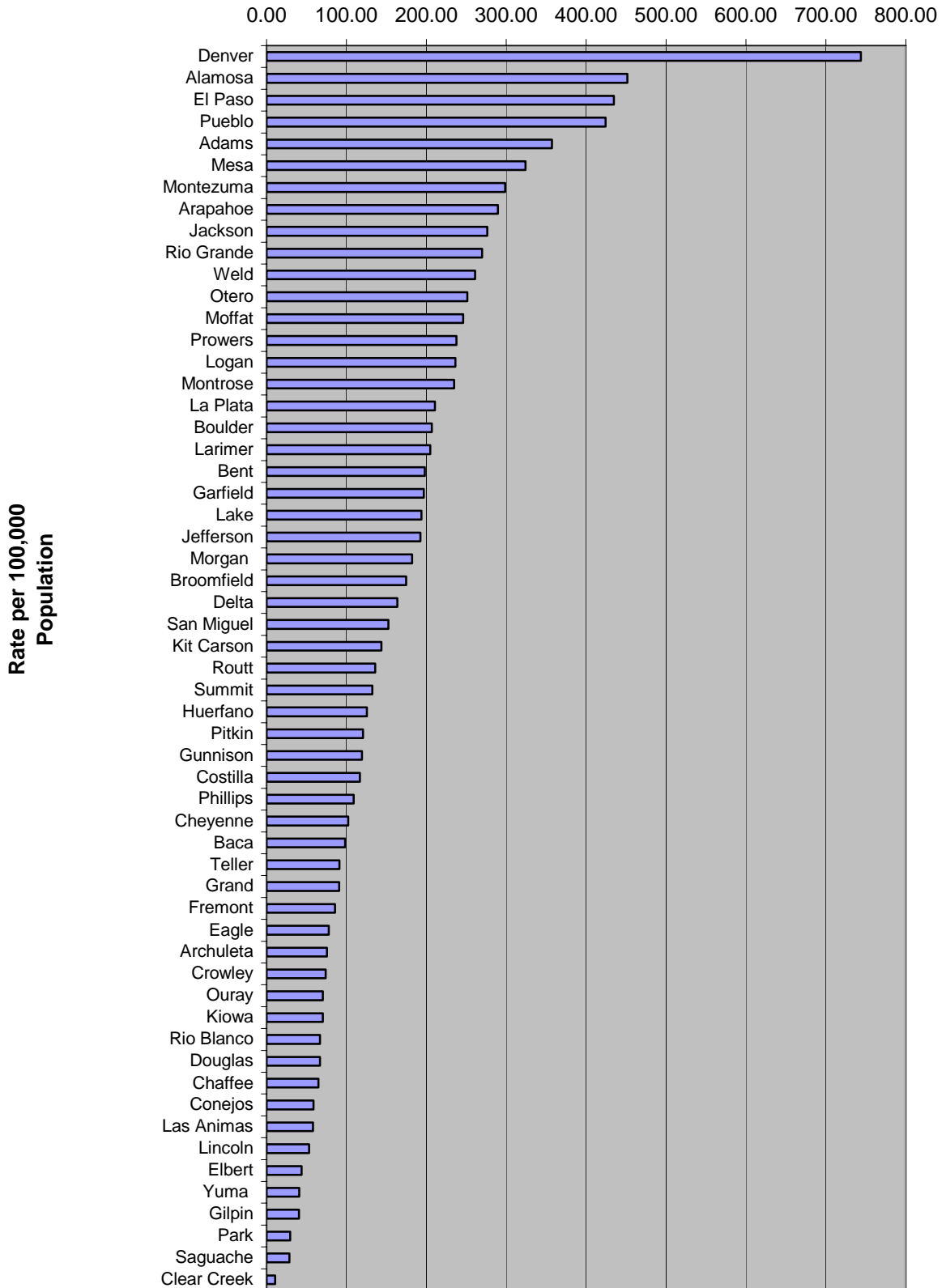


Figure 5. Chlamydia Rates by County, Colorado, 2005
Ranked Highest to Lowest



GONORRHEA

National Trends¹

Gonorrhea is the second most commonly reported communicable disease in the United States, with 339,593 cases reported in 2005. Following a 74% decline in the rate of reported gonorrhea from 1975 through 1997, overall gonorrhea rates appear to have stabilized in recent years. In 2005, the national gonorrhea rate was 115.6 cases per 100,000 population, representing only a slight increase from the rate of 112.4 in 2004. Like chlamydia, however, gonorrhea is substantially under-diagnosed and under-reported, and approximately twice as many new infections are estimated to occur each year as are reported.²

Nationally, African Americans remain the racial group most heavily affected by gonorrhea, with a rate in 2005 that was 18 times greater than the rate for Whites (626.4 per 100,000 population compared to 35.2 per 100,000, respectively). American Indians/Alaska Natives had the second-highest gonorrhea rate in 2005 (131.7), Whites (35.2), and Asians/Pacific Islanders (25.9).

Ethnic minorities in the United States have traditionally had higher rates of reported gonorrhea and other STDs, which likely reflects limited access to quality health care, poverty, and higher prevalence of disease in these populations¹.

In contrast to other regions of the United States, gonorrhea rates per 100,000 population in the Western United States have increased steadily in recent years. The gonorrhea rate in the Western region increased by 13.5% between 2004 (71.8) and 2005 (81.5), and increased by 35.4 percent between 2001 and 2005 (from 60.2 to 81.5).

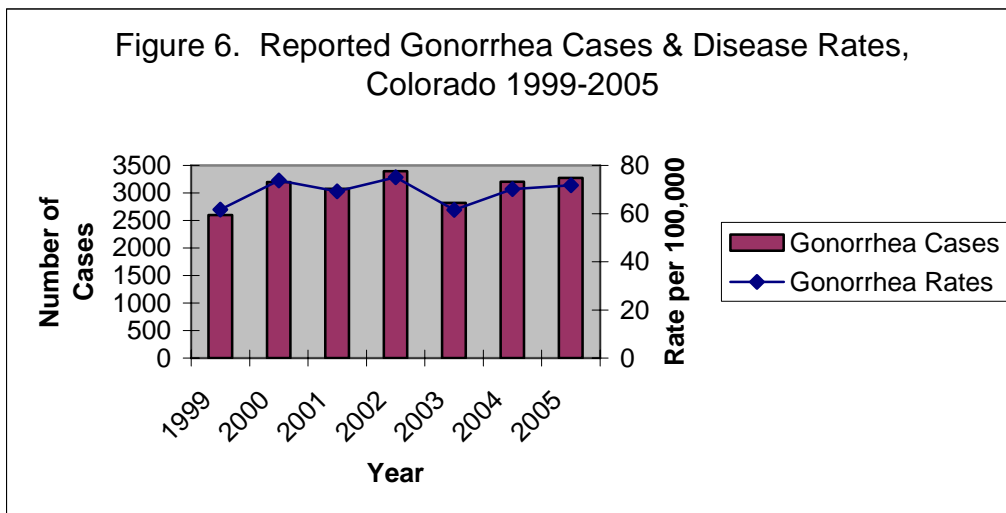
Many people with gonorrhea infections experience mild or no signs or symptoms. Left untreated, gonorrhea can cause pelvic inflammatory disease (PID), infertility, ectopic pregnancy and chronic pelvic pain. Gonococcal infections may also facilitate HIV transmission which is an important consideration given the increased rates of gonorrhea among men-who-sex-with-men (MSM) observed in recent years.

Statewide Wide Trends

Overall, Colorado observed an increase in reported cases from 2003 through 2005 (2,820 to 3,276, respectively). This represents an increase in gonorrhea rates from 61.5 per 100,000 in 2003 to 71.8 in 2005. Gonorrhea impacts both females and males at similar rates in Colorado with one notable exception, the 20-24 age group, where female rates exceed males. Among 20-24 year olds in 2004 and 2005, females exhibited rates that were approximately 1.5 times that of males.

In 2005, the overall rate was 72.4 per 100,000 population in females and 71.2 per 100,000 population in males. The highest rates in 2004 were observed among African American males ages 20-24 (2,527 cases per 100,000). This rate is 45.8 times that of White males in the same age group.

Figure 6 reports the number of gonorrhea cases and the disease rates for Colorado from 1999 to 2005. Statewide trends indicate steady increases in both the number of gonorrhea cases reported to CDPHE and overall rates.



Figures 7 and 8 present disease rates by age and gender for gonorrhea cases reported in Colorado for 2004 and 2005. Statewide trends in both 2004 and 2005 mirror national trends for both age and gender. Gonorrhea rates within the age group of 20-24 have remained consistently high for both males and females. In 2004 these rates were 239.2 per 100,000 population for males and 373.3 per 100,000 population for females. In 2005 this age group's rates were 265.5 for men and 366.8 for women.

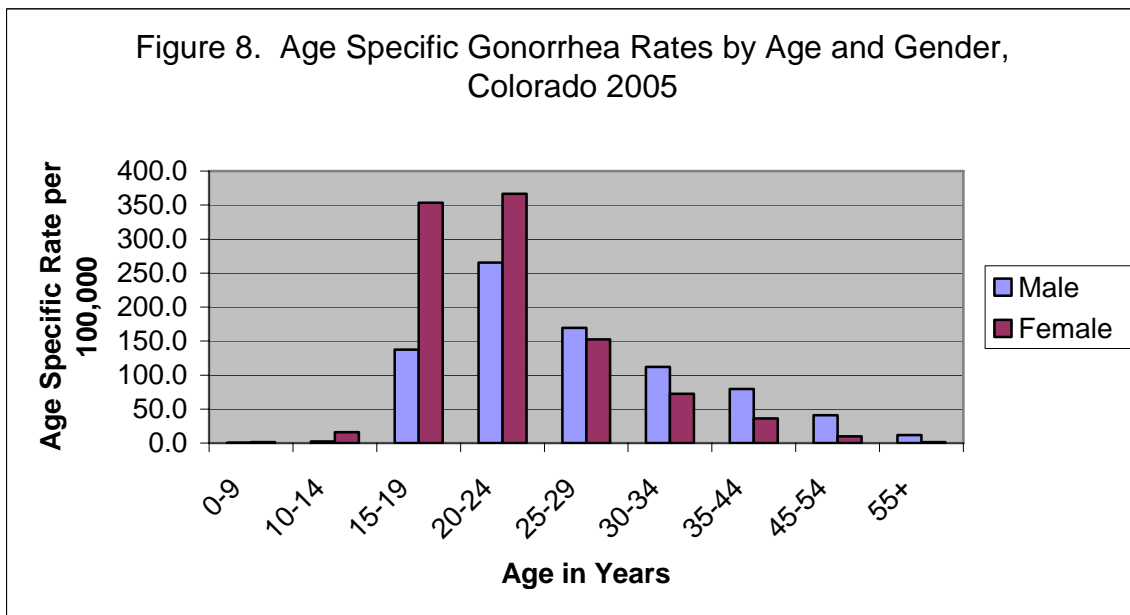
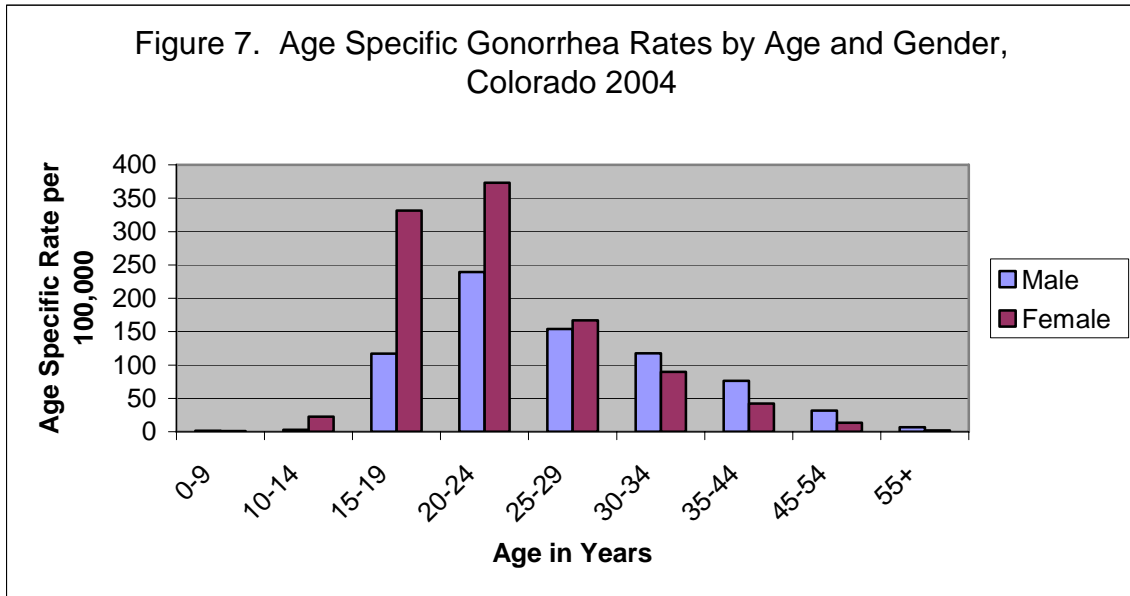


Table 2 presents the number of cases and corresponding rates for gonorrhea by race. Colorado rates resemble national trends of gonorrhea case reporting in which overall disease rates disproportionately affect minority populations. This trend is observed most dramatically among African Americans, which has the highest gonorrhea rates. When compared to Whites, in 2005 African American gonorrhea rates are 28 times higher.

Table 2. Gonorrhea cases and rates for 2004 and 2005.

Race Category	Cases in 2004 N=3204	Rate per 100,000 (2004)	Cases in 2005 N=3300	Rate per 100,000 (2005)
White	652	17.1	641	16.8
Black	943	529.5	837	470.0
American Indian	18	44.9	20	49.9
Asian	19	16.2	17	14.5
Other/ Unknown Race	953	-	1024	-
Hispanic Origin [^]	619	-	737	-

[^] Per CDC Guidelines, disease rates are considered unreliable if greater than 50% are missing. In 2004 and 2005, ethnicity was missing on 61% and 56%, respectively, of all gonorrhea cases reported.

Figures 9 and 10 present county level gonorrhea rates ranked highest to lowest per 100,000 population in 2004 and 2005.

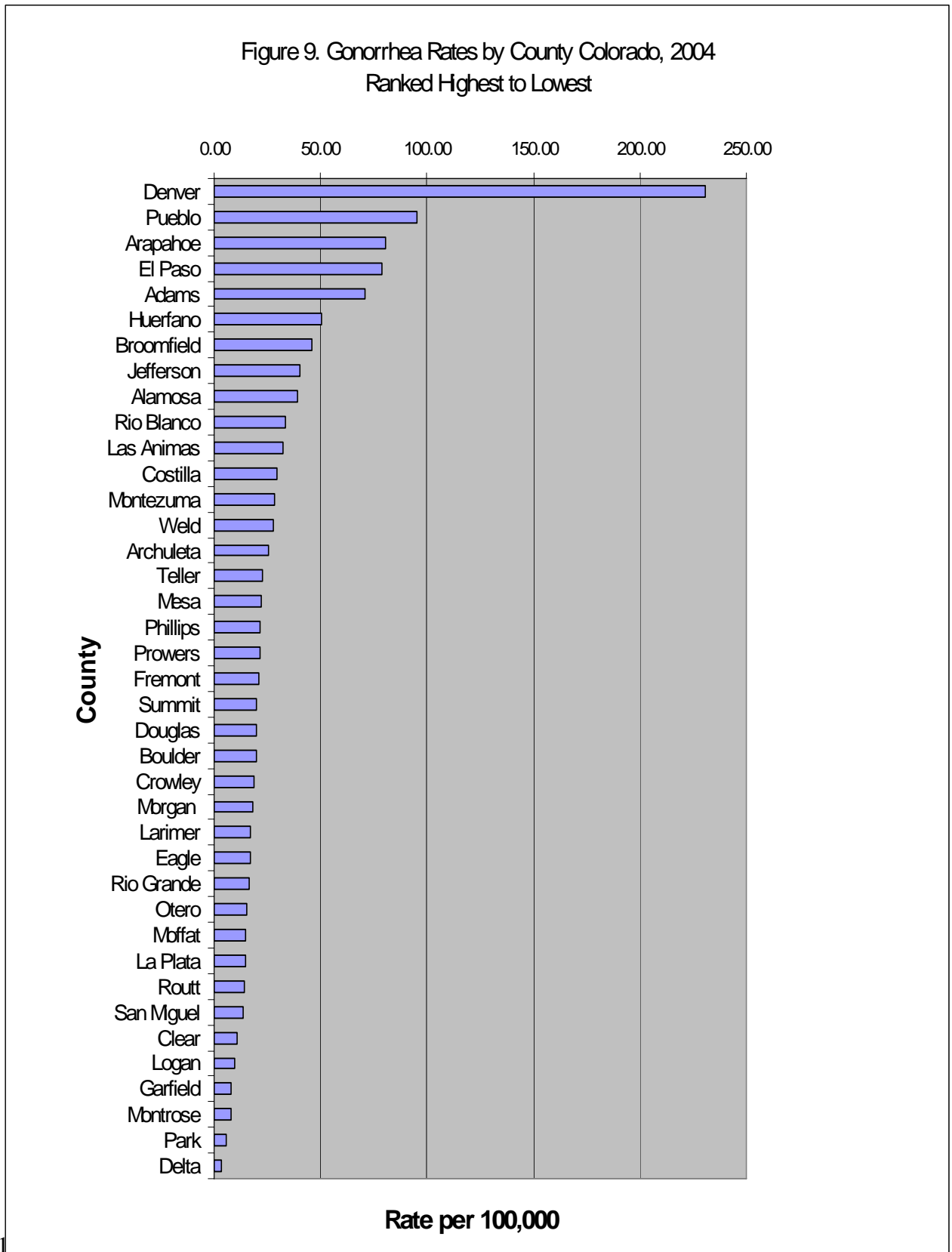
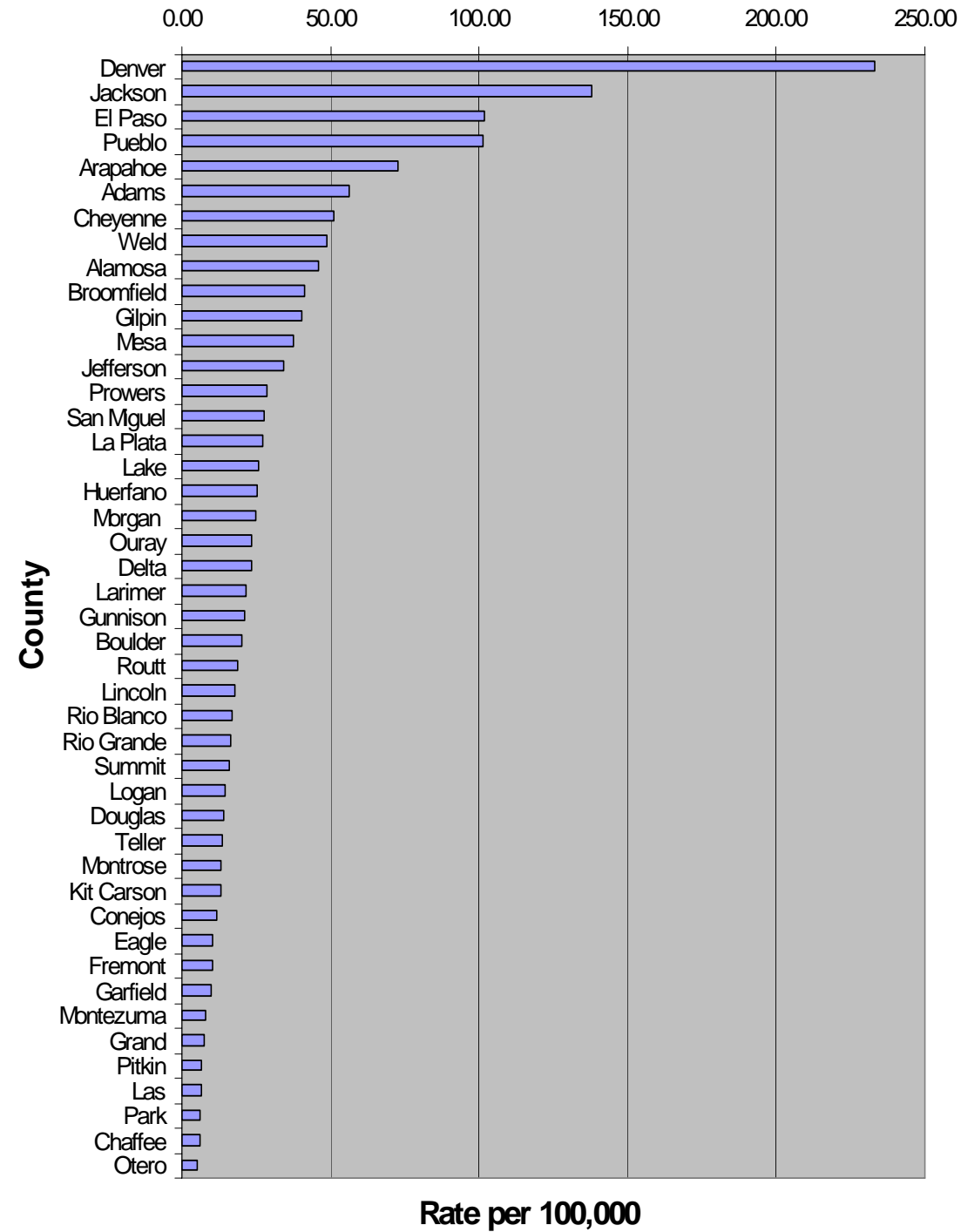


Figure 10. Gonorrhea Rates by County, Colorado, 2005 -
Ranked Highest to Lowest.



INFERTILITY PREVENTION PROJECT (IPP)

Since 1993, Colorado has participated in a six-state regional Chlamydia/Infertility Prevention Project (IPP) as part of a national chlamydia prevalence initiative funded by the Centers for Disease Control and Prevention. The goal of the IPP is to assess the prevalence of chlamydia and to prevent chlamydia infections and associated complications in women including pelvic inflammatory disease, chronic pelvic pain, ectopic pregnancy, and infertility. IPP participating sites are located across the state and include family planning clinics (FP), STD clinics, community health centers, adolescent teen clinics, outreach settings, and youth detention facilities. These sites selectively screen for both chlamydia and gonorrhea. Screening criteria include all females under the age of 25 and females age 25 or older with one or more of the following: a new sexual partner in the last 60 days; multiple sexual partners in the last 60 days; mucopurulent cervicitis; cervical friability; and PID. In addition, IPP sites provide testing and treatment services for male partners of at risk females.

In 2005, at participating IPP project FP and STD clinics, 23,200 chlamydia tests in females and 10,913 tests in males were performed. Overall positivity was 7.7 percent in females and 16.8 percent in males. Differences in positivity were observed among females but not males by health care setting. At STD clinics, 12.9 percent of females tested were positive for chlamydia, whereas at FP clinics, half as many females tested positive, 5.6 percent. Males tested at STD and FP clinics had chlamydia positivity rates of 16.8 percent and 16.6 percent, respectively.

Gonorrhea positivity by gender at FP and STD clinics in 2005 showed higher rates among males (5.5%) than that observed in females (0.9%). For males, positivity was 5.7 percent in the STD clinics and 1.3 percent in the FP clinics. Positivity in females was higher at STD clinics, 1.8 percent, compared to FP clinics (0.5%). The low gonorrhea positivity, less than 1.5 percent of those tested, observed in FP clinics suggests that it may not be cost-effective to conduct routine gonorrhea testing at these sites.

Table 3. Cases of chlamydia at FP and STD clinics in 2005.

Provider Type	Number of CT Tests		Number and (%) of Positive Tests	
	Females	Males	Females	Males
FP	16,522	627	924 (5.6)	104 (16.6)
STD	6,678	10,286	863 (12.9)	1,732 (16.8)
Total	23,200	10,913	1,787 (7.7)	1,836 (16.8)

Table 4. Cases of gonorrhea at FP and STD clinics in 2005.

Provider Type	Number of GC Tests		Number and (%) of Positive Tests	
	Females	Males	Females	Males
FP	16,444	618	82 (0.5)	8 (1.3)
STD	6,675	10,750	119 (1.8)	612 (5.7)
Total	23,119	11,368	201 (0.9)	620 (5.5)

The following section is a descriptive analysis of January through December 2005 results from 13 participating IPP sites:

Table 5. Number of chlamydia tests and positivity by gender, IPP, 2005.

Gender	Number Tested	Number Positive	Percent Positive
Females	34,457	2,595	7.5%
Males	12,942	2,084	16.1%
Total	47,399	4,679	9.9%

Overall positivity was 9.9 percent. Males had twice the positivity rate (16.1%) of females (7.5%). This probably reflects the fact that most males screened in clinical settings were symptomatic or were tested because their female sexual partners were positive for chlamydia.

Table 6. Number of chlamydia tests and positivity by age, IPP, 2005.

Age	Number Tested	Number Positive	Percent Positive
10 – 14	453	56	12.4%
15 – 19	11,666	1,482	12.7%
20 – 24	15,376	1,705	11.1%
25 – 29	8,346	796	9.5%
10 – 29	35,841	4,039	11.3%
>29	11,587	644	5.5%
Total	47,428	4,683	9.9%

Positivity was highest in the 10-24 age range. Positivity in individuals age 29 or younger (11.3%) was twice that in persons over age 29 (5.5%). This is consistent with national findings and with the rationale for current chlamydia screening criteria of females less than 25 years of age and only symptomatic females age 25 or older.

Table 7. Number of chlamydia tests and positivity by race/ethnicity, IPP, 2005.

Race/Ethnicity	Number Tested	Number Positive	Percent Positive
African American	6,598	1,020	15.5%
White Hispanic	5,339	458	8.6%
White Non-Hispanic	16,387	1,217	7.4%
Asian	647	71	11.0%
Native American	416	70	16.8%
Other	8,397	562	6.7%
Total	37,784	3,398	9.0%

Positivity in Native Americans was highest (16.8%), followed by that in African Americans (15.5%) and Asians (11.0%). The lowest positivity rates were in White Hispanics (8.6%) and White Non-Hispanics (7.4%).

Table 8. Number of chlamydia tests and positivity (ranked highest to lowest) by provider type, IPP, 2005.

Site Type	Number Tested	Number Positive	Percent Positive
Other Public Agency	508	110	21.7%
Correctional	880	150	17.0%
Community Based Organizations	256	40	15.6%
STD	17,428	2,595	14.9%
Community Health Center	249	33	13.3%
Adolescent Clinic	257	33	12.8%
School-Based Clinic	1,015	128	12.6%
Public Health Outreach	130	10	7.7%
Student Health	121	8	6.6%
FP, Title X	17,156	1,028	6.0%
Denver Community Health Services	9,281	533	5.7%
County Health Department	5	0	0%
Substance Abuse Clinic	7	0	0%
Total	47,293	4,668	9.9%

Of those sites that performed at least 100 tests, positivity ranged from 13.3 percent to 21.7 percent among the five highest. The site with the highest positivity, “Other Public Agencies” consisted of an HIV counseling and testing site, a hepatitis walk-in clinic, an El Paso county STD clinic serving Spanish-speaking clients and two county nursing services.

Table 9. Number of chlamydia tests and positivity by exam reason, IPP, 2005.

Exam Reason	Number Tested	Number Positive	Percent Positive
Exposed to Chlamydia	2,182	973	44.6%
Exposed to Gonorrhea	537	129	24.0%
Exposed to Other STD	777	83	10.7%
Routine	21,218	1,841	8.7%
Symptomatic	9,604	1,619	16.9%

A “routine exam” was the most frequently reported reason for testing. Positivity was highest in persons whose reason for exam was “exposed to chlamydia” (44.6%) and “exposed to gonorrhea” (24%). By volume of tests conducted, routine exams generated more positives than any other reason for exam, but they had the lowest positivity rate (8.7%). Positivity in “symptomatic” persons was 16.9%.

Table 10. Number of chlamydia tests and positivity by risk, Colorado, 2005.

Risk	Number Tested	Number Positive	Percent Positive
>1 Partner Past 90 Days	5,486	914	16.7%
New Partner Past 90 Days	8,309	1,203	14.5%
Chlamydia Positive in Past Year	1,217	278	22.8%
None	3,272	146	4.5%

Positivity was highest among persons reporting a chlamydia diagnosis in the past year. Positivity was similar among persons reporting more than one partner in the past 90 days (16.7%) and among those reporting a new partner in the past 90 days (14.5%). Positivity was lowest among those reporting no risk (4.5%).

SYPHILIS

National Trends¹

The rate of primary and secondary (P&S) syphilis - the most infectious stages of the disease - decreased throughout the 1990s, and in 2000 reached an all-time low. However, over the past five years, the syphilis rate in the United States has been climbing. Between 2004 and 2005, the number of reported P&S syphilis cases in the United States increased from 7,980 to 8,724, an 11.1 percent increase. The rate of congenital syphilis, however, continued its decline, dropping 12 percent between 2004 and 2005 (from 9.1 per 100,000 live births to 8.0). This decline likely reflects the success of prenatal screening programs and decreases in syphilis among younger women.

Males were responsible for the increase in syphilis rates among adults and adolescents from 2004 to 2005. Their rates increased 8.5% percent (from 4.7 per 100,000 population in 2004 to 5.1 in 2005). Likewise in 2005, the rate of P&S syphilis among males rose 70%, driving up overall syphilis rates for the nation. Several studies suggest that increased transmission of P&S syphilis among MSM may be largely responsible for these increases. Prior CDC research has estimated that more than half of P&S syphilis cases in recent years have occurred among MSM (an estimated 64% of cases in 2004, compared to 15% in 1999).¹

Over time, the disparity between male and female case rates has grown considerably. The P&S syphilis rate among men is now nearly six times the rate in women, whereas the rates were almost equivalent a decade ago. However, for the first time in over ten years syphilis rates among females increased, a troubling trend. Similarly, after more than a decade of decline, P&S syphilis rates among African Americans rose for a second year in 2005.

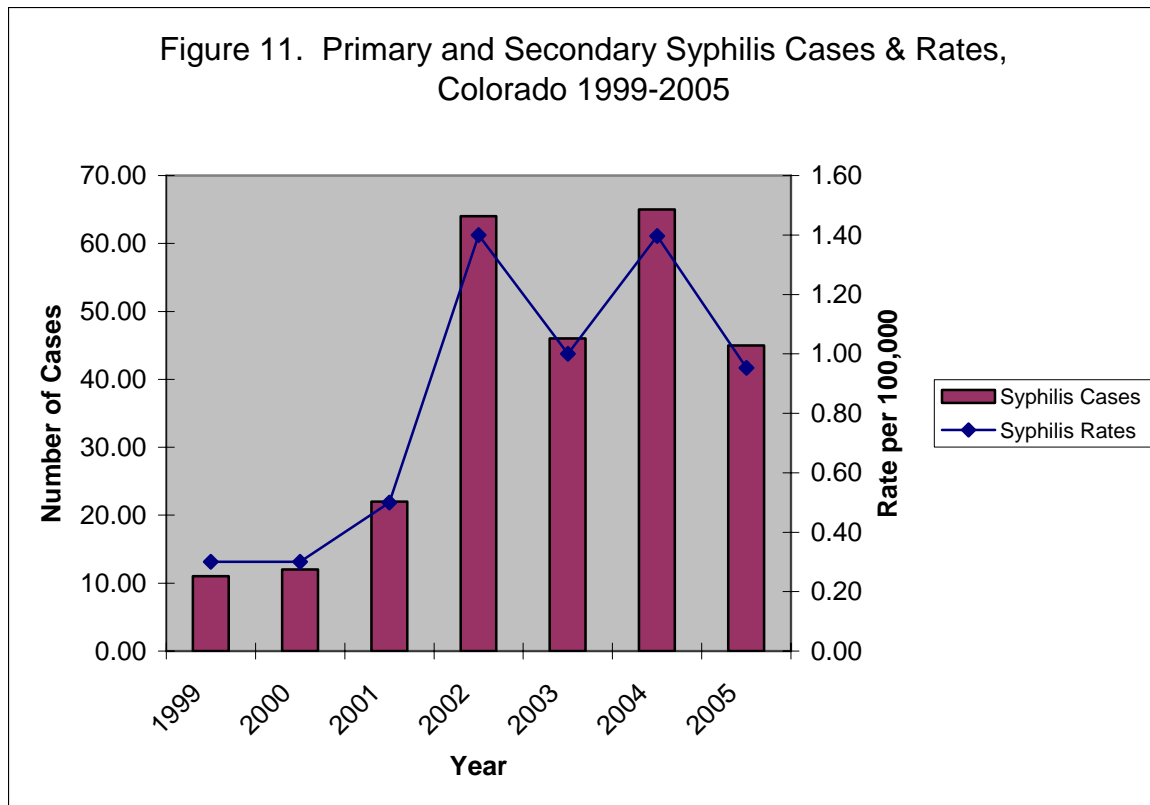
Statewide Trends

P&S syphilis rates in Colorado have been climbing since 1999 and affect males more than females. In 2004 and 2005, 89 and 96 percent, respectively, of P&S syphilis infections were reported among males. Consistent with national trends, Colorado's increase in P&S syphilis infections was predominantly among MSM. The majority of syphilis infections were reported in metropolitan areas with Denver county representing 63 percent of cases reported in 2004 and 60 percent in 2005. In terms of race and ethnicity, the majority of P&S syphilis infections in 2004 were reported in Whites (48 percent) and among those with Hispanic ethnicity (23 percent). This trend continued in 2005 with 56 percent of P&S syphilis infections reported in Whites and 22 percent in Hispanics.

HIV and Primary and Secondary Syphilis in Colorado

In 2004 and 2005 combined, 50 cases of P&S syphilis were reported among HIV infected individuals. This represents 46 percent of the P&S syphilis cases reported in 2004 and 2005 (N=110). Twenty-four percent of the 50 cases were diagnosed with P&S syphilis at the same time as their initial HIV diagnosis and all were males. Nearly all cases were categorized as MSM or MSM/IDU (98 percent). The majority of HIV co-infected syphilis cases were reported in Whites (70 percent). Those reporting Hispanic origin accounted for 16 percent of cases while African Americans comprised 14 percent.

Figure 11 reports the number of P&S syphilis cases and the disease rates for Colorado from 1999 to 2005. Statewide trends indicate steady increases in both the number of P&S syphilis cases reported to CDPHE and overall disease rates since 2001. However, the extent of the increase has varied from 2002 to 2005, with the greatest number of reported cases (N=65) and rate (1.40 per 100,000) observed in 2004.



Figures 12 and 13 presents disease rates by age and gender for P&S syphilis cases reported in Colorado for 2004 and 2005. Statewide trends in both 2004 and 2005 mirror national trends regarding age and gender of P&S syphilis cases. P&S syphilis rates continue to be higher in males than females. Rates within the two age groups of 30-34 and 35-44 have remained consistently high in males.

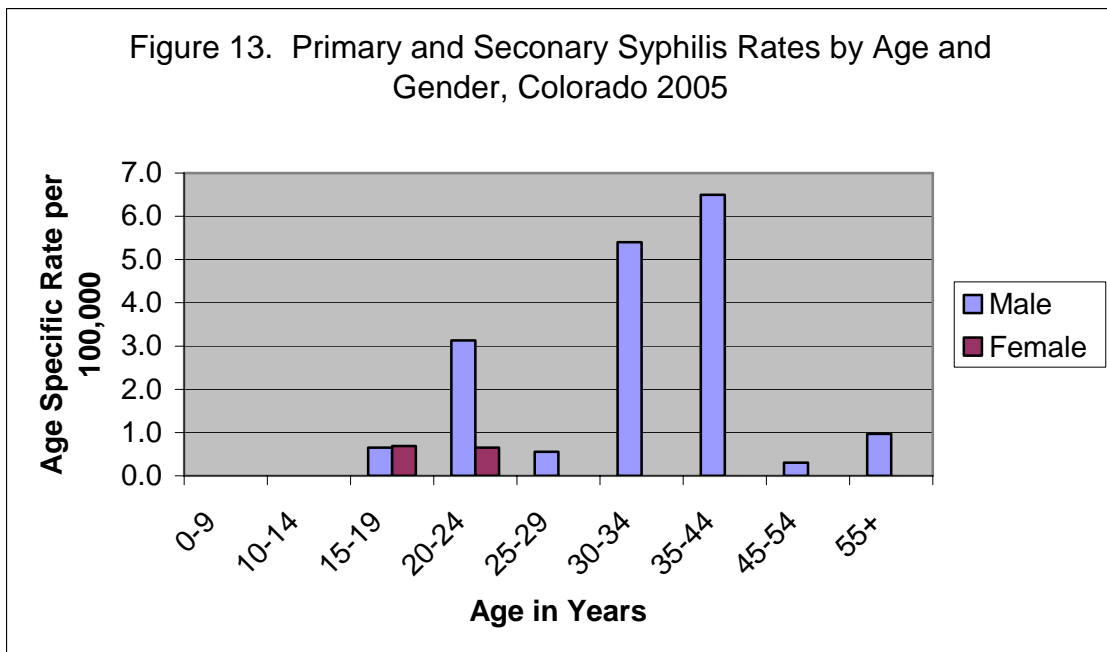
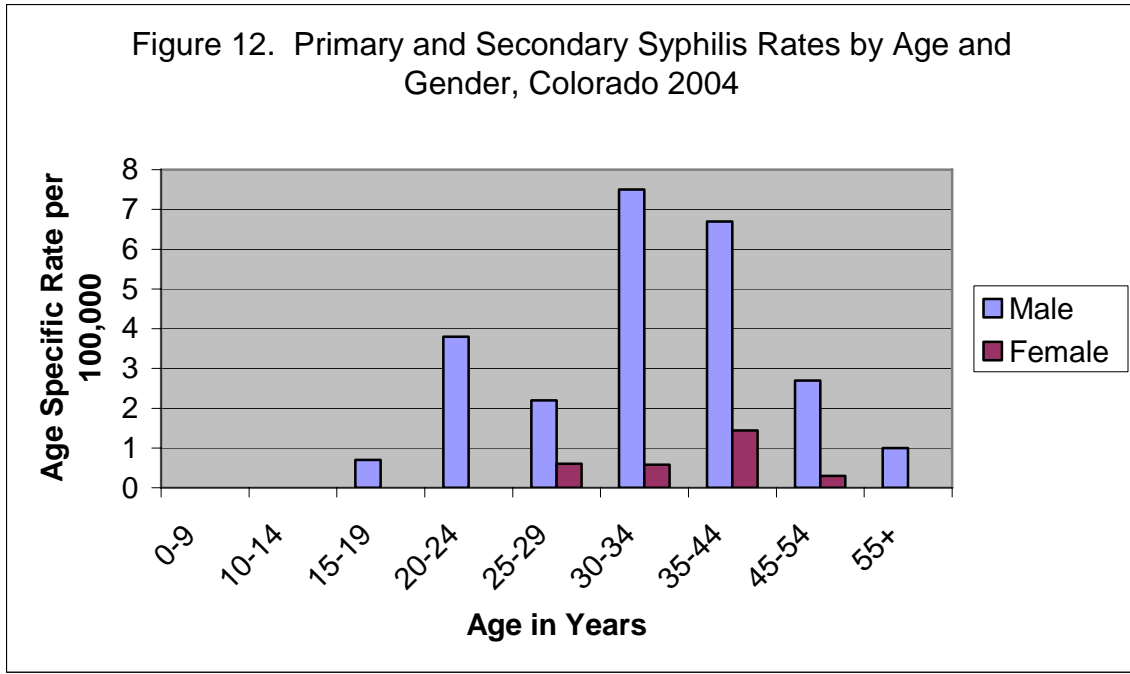


Table 11 presents the number of cases and corresponding rates of P&S syphilis by race and ethnicity. In terms of race and ethnicity, Colorado’s P&S syphilis morbidity reflects national trends. Overall P&S syphilis rates disproportionately affect minority populations. This trend is evident most dramatically among African Americans who have the highest rates overall. In contrast to chlamydia and gonorrhea, race and ethnicity data are available for all P&S syphilis cases reports.

Table 11. Primary and Secondary Cases and Rates for 2004 and 2005.

Race and Ethnicity	Cases in 2004 N= 65	Rate per 100,000 (2004)	Cases in 2005 N= 45	Rate per 100,000 (2005)
White	38	1.0	25	0.7
Black	7	3.9	5	-
American Indian	0	-	1	-
Asian	2	-	0	-
Other/Unknown Race	3	-	4	-
Hispanic Origin	15	1.7	10	1.1

Figures 14 and 15 present the county level P&S syphilis rates from highest to lowest per 100,000 population. Only counties with more than five cases are included.

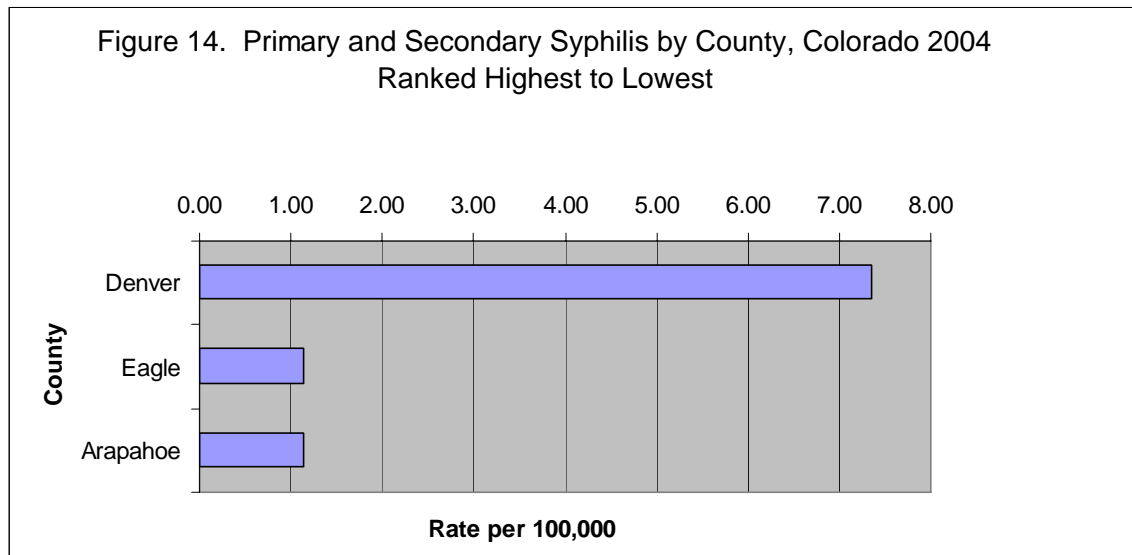
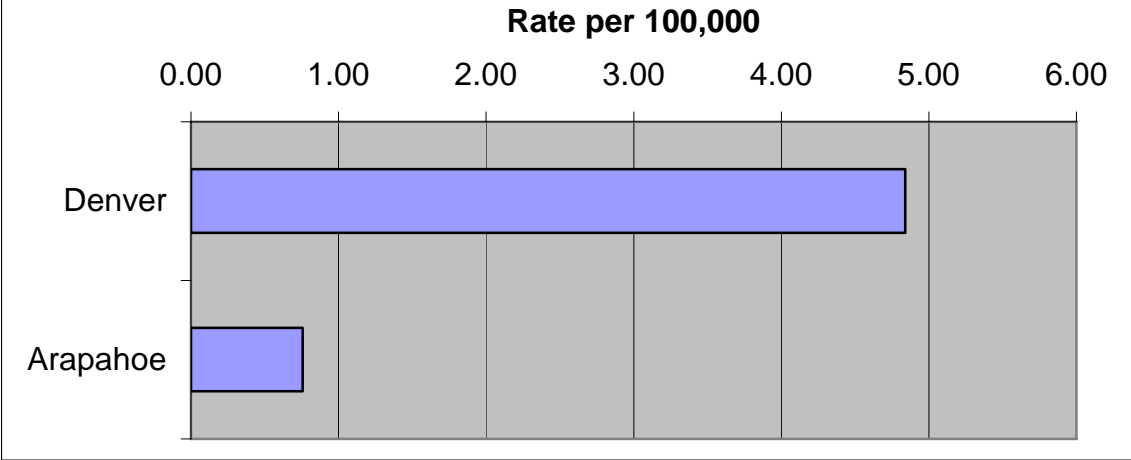


Figure 15. Primary and Secondary Syphilis Rates by County, Colorado 2005 - Ranked Highest to Lowest



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1. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2005. Atlanta GA: U.S. Department of Health and Human Services, November 2006.
2. Weinstock H, et al. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health* 2004;36(1):6-10.

Table 15. Chlamydia---Reported Cases by age, gender, and race-ethnicity: Colorado, 2005 (N=15,234)

Age Group	Total			White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian			Other/Unknown*		
	Total^	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-9	23	8	15	2	1	1	0	0	0	3	1	2	1	1	0	0	0	0	17	5	12
10-14	156	13	143	13	1	12	15	2	13	51	6	45	0	0	0	1	0	1	76	4	72
15-19	4646	715	3931	558	79	479	448	130	318	1018	201	817	16	5	11	37	7	30	2569	293	2276
20-24	5657	1545	4112	824	301	523	569	250	319	1118	375	743	23	8	15	35	7	28	3088	604	2484
25-29	2508	890	1618	330	156	174	260	139	121	591	230	361	21	7	14	16	2	14	1290	356	934
30-34	1061	423	638	130	69	61	128	82	46	231	100	131	7	0	7	6	1	5	559	171	388
35-44	792	393	399	99	71	28	121	94	27	138	67	71	9	4	5	3	1	2	422	156	266
45-54	203	125	78	40	33	7	29	21	8	22	12	10	3	1	2	0	0	0	109	58	51
55-64	60	31	29	6	5	1	5	4	1	4	2	2	0	0	0	0	0	0	45	20	25
65-74	19	9	10	2	2	0	1	1	0	1	0	1	0	0	0	0	0	0	15	6	9
75-84	8	4	4	0	0	0	0	0	0	2	1	1	0	0	0	0	0	0	6	3	3
85+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unk	101	21	80	2	0	2	0	0	0	6	2	4	0	0	0	0	0	0	93	19	74
Total	15234	4177	11057	2006	718	1288	1576	723	853	3185	997	2188	80	26	54	98	18	80	8289	1695	6594

*Includes one case listed as "Multi-Racial, Non-Hispanic"

Table 16. Chlamydia---Rates by age, gender, and race-ethnicity: Colorado, 2005

Age Group	Total			White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-9	3.5	2.4	4.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10-14	47.1	7.6	89.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15-19	1554.0	465.5	2704.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20-24	1807.6	967.3	2683.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25-29	722.6	491.3	975.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30-34	294.6	226.9	367.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35-44	112.9	110.5	115.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45-54	30.2	37.5	23.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55-64	13.6	14.2	13.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65-74	7.8	7.7	7.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
75-84	5.3	6.3	4.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	333.9	182.9	485.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 17. Gonorrhea---Reported Cases by age, gender, and race-ethnicity: Colorado, 2004 (N=3204)

Age Group	Total			White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian			Other/Unknown*		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-9	7	4	3	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	5	2	3
10-14	41	5	36	1	0	1	13	3	10	14	1	13	0	0	0	0	0	0	13	1	12
15-19	662	180	482	96	23	73	186	67	119	155	36	119	4	1	3	6	2	4	215	51	164
20-24	954	382	572	195	73	122	286	145	141	183	74	109	2	1	1	5	0	5	283	89	194
25-29	556	279	277	109	62	47	179	105	74	111	55	56	5	1	4	4	1	3	148	55	93
30-34	375	219	156	88	54	34	116	86	30	61	33	28	4	3	1	1	0	1	105	43	62
35-44	417	271	146	109	74	35	117	90	27	71	42	29	3	1	2	1	1	0	116	63	53
45-54	151	106	45	42	34	8	38	31	7	19	12	7	1	1	0	1	0	1	50	28	22
55-64	32	23	9	9	7	2	8	8	0	3	2	1	0	0	0	0	0	0	12	6	6
65-74	4	4	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	0
75-84	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
85 +	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Missing	4	2	2	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	3	2	1
Total	3204	1476	1728	652	330	322	943	535	408	619	256	363	19	8	11	18	4	14	953	343	610

Table 18. Gonorrhea---Rates by age, gender, and race-ethnicity: Colorado, 2004

Age Group	Total			White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-9	1.1	1.2	0.9	0.4	0.8	0.0	0.0	0.0	0.0	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
10-14	12.4	2.9	22.4	0.4	0.0	0.8	93.1	44.8	137.5	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
15-19	221.4	117.2	331.6	40.3	18.8	62.8	1461.6	966.5	2053.8	-	-	-	52.4	24.9	82.8	150.5	117.7	174.9
20-24	304.8	239.2	373.3	76.4	55.2	99.0	2381.3	2527.0	2248.1	-	-	-	25.5	29.2	22.6	212.9	0.0	395.3
25-29	160.2	154.0	167.0	38.1	41.3	34.6	1375.0	1862.7	1002.6	-	-	-	51.1	21.0	79.9	172.9	82.1	274.0
30-34	104.1	117.5	89.8	30.5	36.1	24.4	873.2	1289.0	453.7	-	-	-	30.6	46.9	15.0	28.2	0.0	44.7
35-44	59.4	76.2	42.2	18.7	25.0	12.2	444.0	666.4	210.2	-	-	-	12.3	9.4	14.5	12.2	25.8	0.0
45-54	22.5	31.8	13.3	7.2	11.7	2.7	164.4	258.2	63.0	-	-	-	7.2	15.1	0.0	17.0	0.0	37.2
55-64	7.2	10.5	4.0	2.3	3.6	1.0	63.7	124.8	0.0	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
65-74	1.6	3.4	0.0	0.5	0.9	0.0	0.0	0.0	0.0	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
75-84	0.7	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
85 +	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
Total	70.2	64.6	75.8	17.1	17.3	17.0	529.5	644.8	428.9	-	-	-	16.2	14.9	17.2	44.9	22.6	62.6

Table 19. Gonorrhea---Reported Cases by age, gender, and race-ethnicity: Colorado, 2005 (N=3300)

Age Group	Total			White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian			Other/Unknown*		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-9	6	2	4	2	1	1	1	1	0	2	0	2	0	0	0	0	0	0	1	0	1
10-14	30	4	26	1	0	1	4	0	4	14	0	14	0	0	0	1	0	1	10	4	6
15-19	725	211	514	103	21	82	192	67	125	176	55	121	2	1	1	6	2	4	246	65	181
20-24	986	424	562	187	73	114	253	129	124	233	110	123	5	4	1	8	3	5	300	105	195
25-29	560	307	253	112	64	48	141	98	43	145	75	70	4	1	3	0	0	0	158	69	89
30-34	335	209	126	68	49	19	89	66	23	77	45	32	2	0	2	3	3	0	99	49	50
35-44	408	283	125	101	79	22	93	74	19	63	37	26	4	2	2	2	0	2	142	88	54
45-54	171	137	34	56	44	12	47	41	6	20	16	4	0	0	0	0	0	0	48	36	12
55-64	40	38	2	8	8	0	17	16	1	3	3	0	0	0	0	0	0	0	12	11	1
65-74	9	8	1	3	2	1	0	0	0	2	2	0	0	0	0	0	0	0	4	4	0
75-84	2	2	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0
85 +	4	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	1	3
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3276	1626	1650	641	341	300	837	492	345	737	345	392	17	8	9	20	8	12	1024	432	592

Table 20. Gonorrhea---Rates by age, gender, and race-ethnicity: Colorado, 2005

Age Group	Total			White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-9	0.9	0.6	1.2	0.4	0.4	0.4	3.7	7.2	0.0	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
10-14	9.1	2.3	16.2	0.4	0.0	0.8	28.6	0.0	55.0	-	-	-	0.0	0.0	0.0	30.8	0.0	45.7
15-19	242.5	137.4	353.6	43.2	17.2	70.6	1508.7	966.5	2157.4	-	-	-	26.2	24.9	27.6	150.5	117.7	174.9
20-24	315.1	265.5	366.8	73.2	55.2	92.5	2106.6	2248.2	1977.0	-	-	-	63.7	117.0	22.6	340.6	276.8	395.3
25-29	161.4	169.5	152.5	39.1	42.6	35.3	1083.1	1738.5	582.6	-	-	-	40.9	21.0	59.9	0.0	0.0	0.0
30-34	93.0	112.1	72.5	23.5	32.8	13.6	670.0	989.2	347.9	-	-	-	15.3	0.0	30.0	84.6	228.8	0.0
35-44	58.1	79.6	36.1	17.3	26.7	7.7	353.0	547.9	147.9	-	-	-	16.4	18.9	14.5	24.4	0.0	46.4
45-54	25.5	41.1	10.1	9.6	15.1	4.1	203.4	341.4	54.0	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
55-64	9.1	17.4	0.9	2.0	4.1	0.0	135.4	249.6	16.3	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
65-74	3.7	6.9	0.8	1.4	1.9	0.9	0.0	0.0	0.0	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
75-84	1.3	3.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
85 +	8.7	6.8	9.6	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	0.0	0.0	0.0	0.0	0.0	0.0
Total	71.8	71.2	72.4	16.8	17.8	15.8	470.0	593.0	362.7	-	-	-	14.5	14.9	14.1	49.9	45.2	53.7

Table 21. Primary and Secondary Syphilis---Reported Cases by age, gender, and race-ethnicity: Colorado, 2004 (N=65)

Age Group	Total			White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian			Other/Unknown*		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15-19	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	3	0	0
20-24	6	6	0	6	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	7	6	1	4	4	0	0	0	0	2	2	0	1	0	1	0	0	0	0	0	0
30-34	15	14	1	8	8	0	3	3	0	4	3	1	0	0	0	0	0	0	0	0	0
35-44	23	19	4	11	9	2	2	2	0	7	5	2	0	0	0	0	0	0	3	3	0
45-54	9	8	1	5	5	0	2	2	0	2	1	1	0	0	0	0	0	0	0	0	0
55-64	2	2	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74	2	2	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75-84	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	65	58	7	38	36	2	7	7	0	15	11	4	2	1	1	0	0	0	3	3	0

Table 22. Primary and Secondary Syphilis---Rates by age, gender, and race-ethnicity: Colorado, 2004

Age Group	Total			White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian					
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female			
0-9	0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.3	0.65	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.1	24.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	1.9	3.76	0.00	2.3	4.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	2.0	3.31	0.60	1.4	2.7	0.0	0.0	0.0	0.0	2.2	3.9	0.0	10.2	0.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0
30-34	4.2	7.51	0.58	2.8	5.3	0.0	22.6	45.0	0.0	4.6	6.4	2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
35-44	3.3	5.34	1.16	1.9	3.0	0.7	7.6	14.8	0.0	5.6	7.5	3.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
45-54	1.3	2.40	0.30	0.9	1.7	0.0	8.7	16.7	0.0	2.4	2.4	2.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
55-64	0.5	0.92	0.00	0.5	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
65-74	0.8	1.72	0.00	0.9	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
75-84	0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	1.4	2.54	0.31	1.0	1.9	0.1	3.9	8.4	0.0	1.7	2.4	0.9	1.7	1.9	1.6	0.0	0.0	0.0	0.0	0.0	0.0

Table 23. Primary and Secondary Syphilis---Reported Cases by age, gender, and race-ethnicity: Colorado, 2005 (N=45)

Age Group	Total			White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian			Other/Unknown*		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15-19	2	1	1	1	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
20-24	5	4	1	1	1	0	0	0	0	4	3	1	0	0	0	0	0	0	0	0	0
25-29	2	2	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	8	8	0	6	6	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0
35-44	23	23	0	14	14	0	0	0	0	4	4	0	0	0	0	1	1	0	4	4	0
45-54	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
55-64	4	4	0	2	2	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0
65-74	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75-84	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	45	43	2	25	25	0	5	5	0	10	8	2	0	0	0	1	1	0	4	4	0

Table 24. Primary and Secondary Syphilis---Rates by age, gender, and race-ethnicity: Colorado, 2005

Age Group	Total			White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Asian/Pacific Islander			American Indian					
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female			
0-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.7	0.7	0.7	0.4	0.8	0.0	0.0	0.0	0.0	1.5	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	1.6	2.5	0.7	0.4	0.8	0.0	0.0	0.0	0.0	5.3	7.3	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	0.6	1.1	0.0	0.3	0.7	0.0	7.7	17.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
30-34	2.2	4.3	0.0	2.1	4.0	0.0	15.1	30.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
35-44	3.3	6.5	0.0	2.4	4.7	0.0	0.0	0.0	0.0	3.2	6.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.2	25.8	0.0
45-54	0.1	0.3	0.0	0.0	0.0	0.0	4.3	8.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
55-64	0.9	1.8	0.0	0.5	1.0	0.0	8.0	15.6	0.0	2.1	4.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
65-74	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
75-84	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	1.0	1.9	0.1	0.7	1.3	0.0	2.8	6.0	0.0	1.1	1.7	0.5	0.0	0.0	0.0	2.5	5.6	0.0			