CONCLUSIONS

• Almost one-third of gonorrhea cases interviewed from these two counties were co-infected with chlamydia.

• A significant proportion of co-infections occurred among the black and Hispanic populations residing in Hartford County.

• Not using a condom was associated with an increased risk of chlamydia co-infection.

METHODS

• Since 2009, the Connecticut Department of Public Health has participated in the Centers for Disease Control and Prevention’s Sexually Transmitted Disease (STD) Surveillance Network (SSuN). As part of the SSuN project, a random sample of newly diagnosed gonorrhea case-patients from Hartford and New Haven counties are interviewed each month to determine demographic information of sex partners and behavioral risk factors.

• Data for this analysis were obtained from these interviews and the Connecticut STD Control Program database.

• Univariate analysis was used to examine demographic information and risk factors for infection of the interviewed population.

• Bivariate analyses were performed using chi-square tests to measure associations between case-patients with gonorrhea infection only and gonorrhea and chlamydia co-infection. Variables with significant associations (P<0.05) were included in a logistic regression model.

• All analyses were performed using Statistical Analysis System, v9.2, software (SAS Institute, Inc., North Carolina).

RESULTS

• Between July 1, 2009–June 30, 2011, 28.5% (110/386) of gonorrhea case-patients interviewed were co-infected with chlamydia (Table 1).

• Median age of case-patients was 23 years; median age of partners was 24 years.

• Case-patients and their partners were mainly non-Hispanic blacks (Figure ).

• Not using a condom at last sexual encounter was the only behavioral risk factor associated with co-infection, Hartford and New Haven Counties ─ Connecticut, 2009−2011

IMPLICATIONS

• With decreasing resources to address STDs, identifying and describing risk factors and characteristics at the local level associated with gonorrhea and chlamydia co-infection can help STD Control Programs produce targeted public health intervention strategies for high risk groups.

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