



Chapter 4 Infectious Disease

VARIABLES

Analysis	Data Source
<p>1. Rate of Reported Enteric Disease Cases by Zip Code per 100,000 Population</p> <p>Enteric Disease includes Campylobacteriosis, Cryptosporidiosis, Enterohemorrhagic E. coli 0157:H7, Enterohemorrhagic E.coli shiga toxin positive, Serogroup non-O157, Hepatitis A (anti-HAV IGM+), Listeriosis, Salmonellosis and Shigellosis.</p>	<ul style="list-style-type: none"> Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) Oklahoma City-County 2013-2015 Disease Surveillance Data MMWR Tables (NNDSS) Retrieved from: https://wonder.cdc.gov/mmwr/mmwr morb.asp?mmwr_year=2015&mmwr_week=52
<p>2. Rate of Reported Respiratory Disease Cases by Zip Code, per 100,000 population</p> <p>Respiratory Disease includes Brucellosis, Influenza associated hospitalizations, Haemophilus Influenza, Invasive Disease, Legionellosis, Pertussis, Meningococcal Invasive Disease, Streptococcus Pneumoniae, Invasive in children younger than 5 years, and Streptococcus, Group A, Invasive Disease.</p>	Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) Oklahoma City-County 2013-2015 Disease Surveillance Data
<p>3. Vectorborne Disease Cases</p> <p>Vectorborne Disease includes West Nile Virus Fever, West Nile Virus Neuroinvasive and Zika virus.</p>	Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) Oklahoma City-County 2013-2015 Disease Surveillance Data
4. Average Rate of New Acute Hepatitis B Infections in Oklahoma City-County by Zip Code	Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) Oklahoma City-County 2013-2015 Hepatitis Disease Surveillance Data
5. Average Rate of New Acute Hepatitis C Infections in Oklahoma City-County by Zip Code	Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) Oklahoma City-County 2013-2015 Hepatitis Disease Surveillance Data
6. Rate of New Cases of HIV or AIDS by Zip Code, Ethnicity and Age per 100,000 Population	Oklahoma State Department of Health STD Surveillance Department, 2013-2015
7. Rate of New Cases of Chlamydia by Zip Code, Ethnicity and Age per 100,000 Population	Oklahoma State Department of Health STD Surveillance Department, 2013-2015
8. Rate of New Cases of Gonorrhea by Zip Code, Ethnicity and Age per 100,000 Population	Oklahoma State Department of Health STD Surveillance Department, 2013-2015
9. Rate of New Cases of Syphilis (all phases) by Zip Code, Ethnicity and Age per 100,000 Population	Oklahoma State Department of Health STD Surveillance Department, 2013-2015

ENTERIC DISEASE

Enteric Disease includes Campylobacteriosis, Cryptosporidiosis, Enterohemorrhagic E. coli 0157:H7, Enterohemorrhagic E.coli shiga toxin positive, Serogroup non-0157, Hepatitis A (anti-HAV IGM+), Listeriosis, Salmonellosis and Shigellosis. It is presented as the rate of the reported Enteric Disease cases per 100,000 population, over the years 2013-2015.

Why is it important?

Enteric diseases cause symptoms such as upset stomach, diarrhea, vomiting, fever and nausea. Using data from foodborne illness rates in our community can be used to direct food safety policy and interventions (CDC). The local public health system in Oklahoma City-County collaborates to bring epidemiological investigations and consumer protection services to the community in order to address potential outbreak situations in a timely manner and prevent further spread of disease. Education services provide the opportunity to improve systems of practice for hand hygiene and food handling practices by engaging local community establishments and public health officials to advocate for programs, services and policies that aim to reduce the rate of Enteric Disease in our community.

How are we doing?

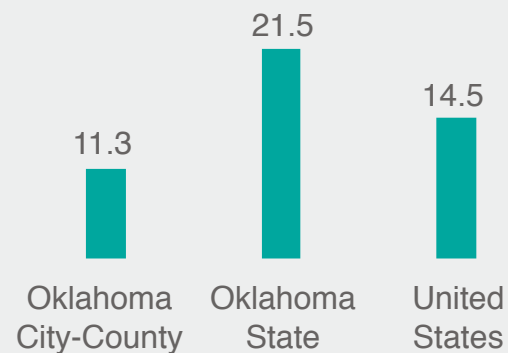
Of the 1,033 enteric illnesses confirmed in Oklahoma City-County in 2013-2015, 32.0 percent were caused by Shigellosis, 37.9 percent by Salmonellosis and 23.9 percent by Campylobacteriosis, for a combined total of 93.9 percent of enteric cases. It's estimated that every year the United States faces about 500,000 cases of Shigella (CDC).

When comparing Shigella, Salmonella and Campylobacter infection rates to the state and national rates, Oklahoma City-County has a higher rate for Shigella than that of the state and a higher rate than the national rate; Oklahoma City-County has a lower rate of infection of Salmonella than the state and the national rates; and Oklahoma City-County has a lower rate of Campylobacter infection rate than both the state and nation.

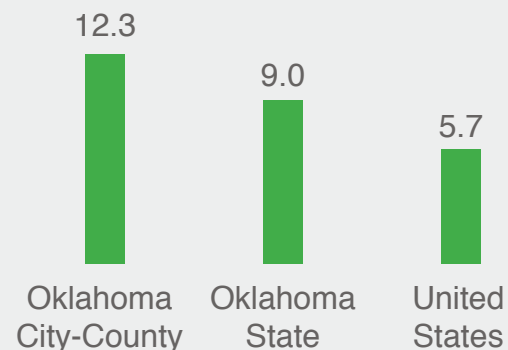
The highest rates of enteric disease in Oklahoma City-County during 2013-2015 were in zip codes 73150, 73130 and 73008.

Data Source: MMWR Tables (NNDSS) Retrieved from: https://wonder.cdc.gov/mmwr/mmwr morb.asp?mmwr_year=2015&mmwr_week=52

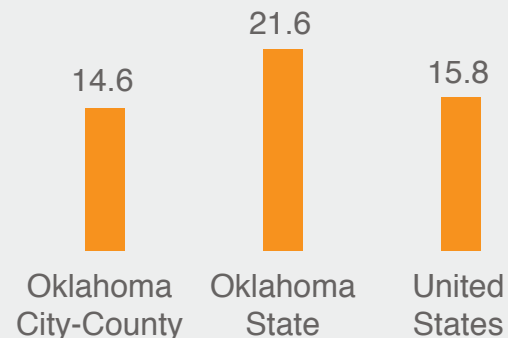
Campylobacteriosis Rate, 2015

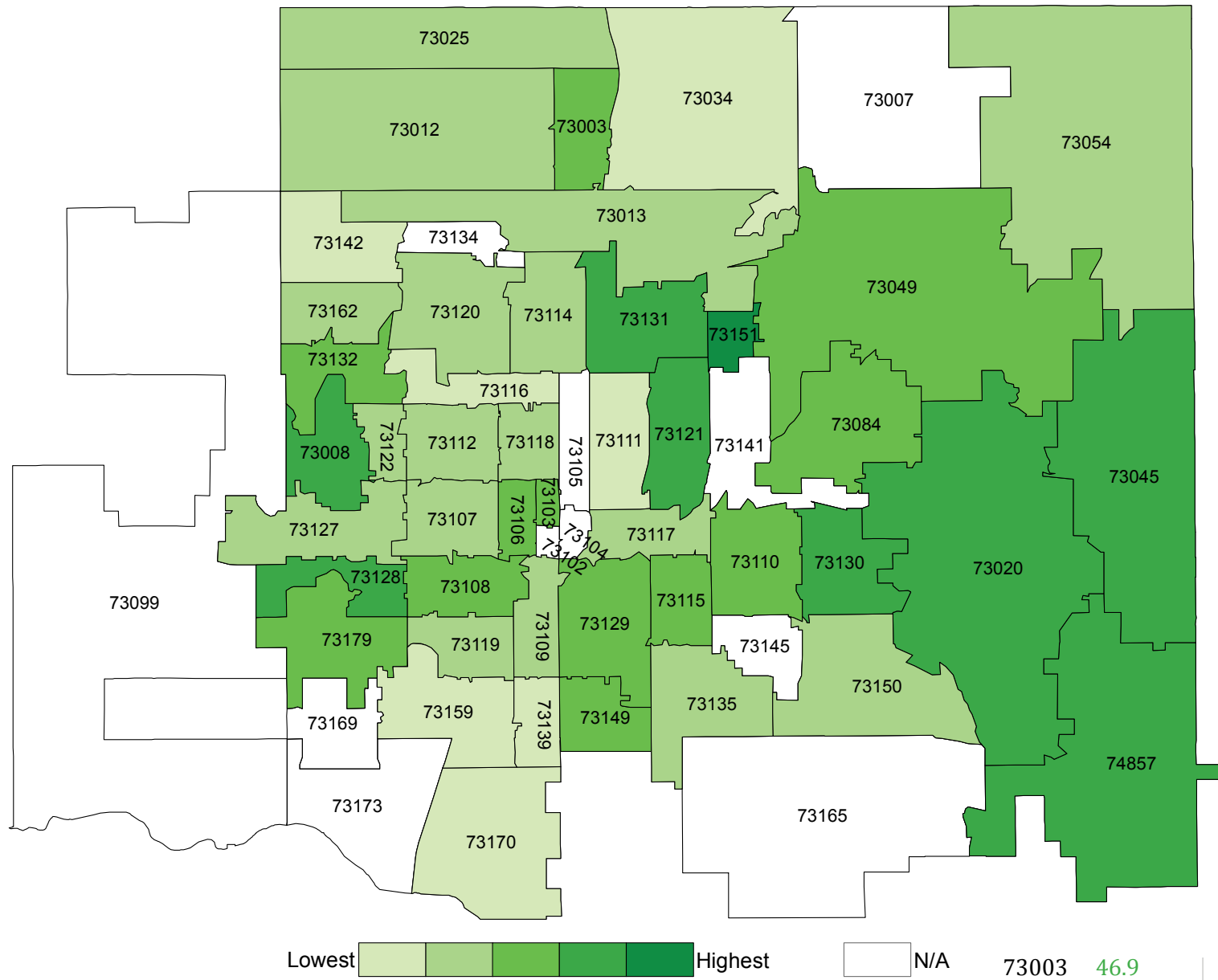


Shigellosis Rate, 2013-2015



Salmonellosis Rate, 2013-2015





Lowest Highest N/A

*No data available **Data too low to count/compare

**ENTERIC
DISEASE RATES**
Oklahoma City-County,
2013-2015

Rate per 100,000 population. Data Source: Public Health Investigation and Disease Detection of Oklahoma 2013-2015 Epidemiological Investigation Records

73084	53.0
73099	*
73102	**
73103	36.1
73104	**
73105	**
73106	55.4
73107	32.1
73108	44.0
73109	37.2
73110	57.8
73111	26.3
73112	42.9
73114	39.0
73115	47.5
73116	40.9
73117	55.4
73118	46.1
73119	35.1
73120	38.0
73121	71.0
73122	31.0
73127	35.1
73128	65.5
73129	67.8
73130	76.2
73131	72.5
73132	51.4
73134	35.8
73135	38.5
73139	24.0
73141	62.2
73142	23.8
73145	**
73149	41.4
73150	76.7
73151	**
73159	31.4
73162	33.1
73165	**
73169	*
73170	**
73173	**
73179	**
74857	54.5
73003	46.9
73007	**
73008	76.2
73012	45.5
73013	37.3
73020	66.7
73025	40.0
73034	24.2
73045	72.2
73049	63.6
73054	44.2

RESPIRATORY DISEASE

Respiratory Disease includes Brucellosis, Influenza-associated hospitalizations, Haemophilus influenzae, Invasive Disease, Legionellosis, Pertussis, Meningococcal Invasive Disease, Streptococcus pneumoniae, Invasive in children younger than five years, and Streptococcus, Group A, Invasive Disease. These can be spread from person to person through direct contact with respiratory droplets. There were 922 cases of respiratory disease reported in Oklahoma City-County during 2013-2015.

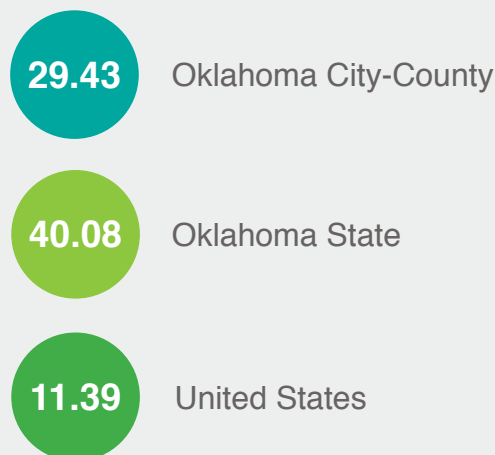
Why is it important?

With local public health efforts, such as epidemiological investigation, immunization and environmental protection services, providers have an opportunity to work with and assist in the identification of gaps in testing standards and prevention policies to inform decision making around infectious diseases. The combined public health efforts aim to prevent the spread and protect the community as a whole from these diseases. The community has the opportunity to improve systems of practice around appropriate infectious disease knowledge by engaging local community establishments and public health officials, and developing or advocating for programs, services, and policies that aim to reduce the rate of infectious diseases in our community.

How are we doing?

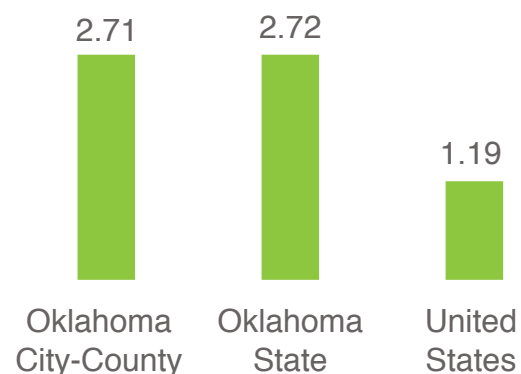
Oklahoma City-County had a lower rate of Influenza-related hospitalizations compared to the state but a higher rate than the United States. Oklahoma City-County rates of Pertussis and Streptococcus pneumoniae invasive disease were lower than the state and the United States. The Oklahoma City-County Haemophilus Influenza Invasive Disease rate was similar to the state rate but higher than the national rate. In Oklahoma City-County, the zip codes with the highest rate of Respiratory Disease were 73117, 73141 and 73111.

Influenza Associated Hospitalizations

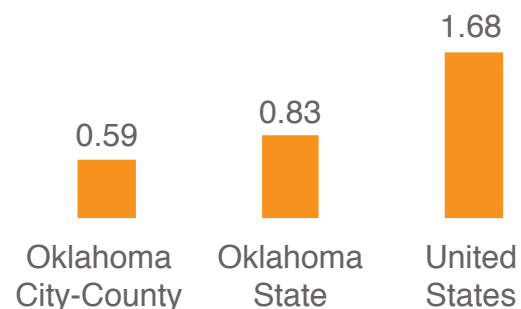


Data Source: Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) Oklahoma City-County 2013-2015 Disease Surveillance Data and MMWR tables(NNDSS), Retrieved from <https://wonder.cdc.gov/mmwr/mmwr morb.asp>

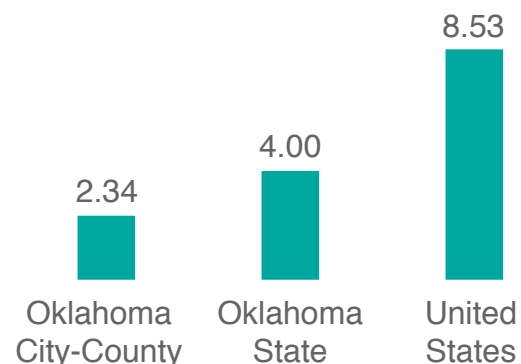
Haemophilus Influenzae, Invasive Disease Rate, 2013-2015

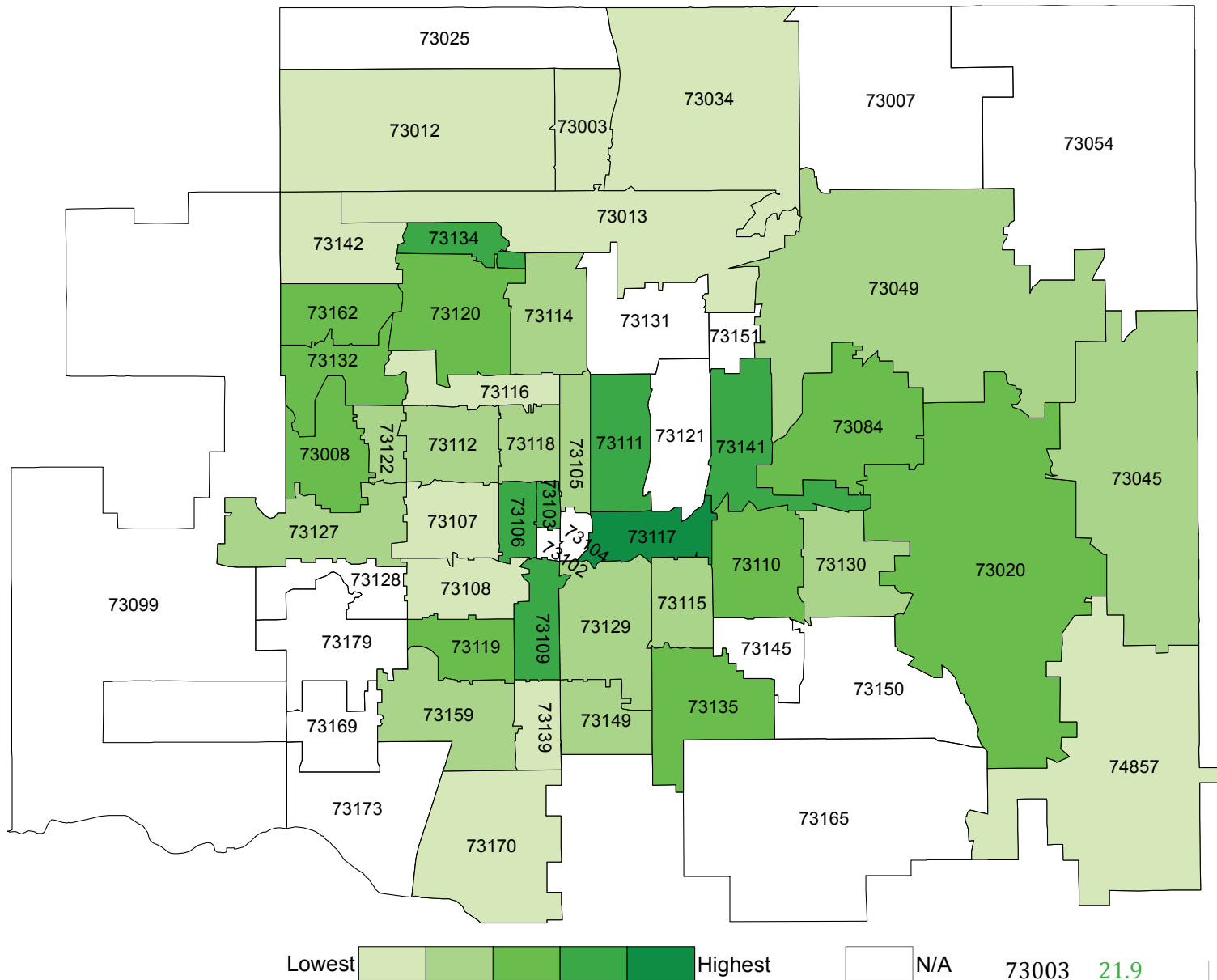


Streptococcus Pneumoniae Rate, Invasive in Children Less Than 5 years, 2013-2015



Pertussis Rate, 2013-2015





Lowest Highest N/A

*No data available **Data too low to count/compare

**RESPIRATORY
DISEASE RATES**
Oklahoma City-County,
2013-2015

Rate per 100,000 population. Data Source: Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) Oklahoma City-County 2013-2015 Disease Surveillance Data

73084	57.8
73099	**
73102	**
73103	65.0
73104	**
73105	40.5
73106	60.5
73107	28.4
73108	24.2
73109	59.9
73110	51.8
73111	67.2
73112	35.4
73114	44.3
73115	39.6
73116	23.9
73117	135.5
73118	31.5
73119	50.6
73120	50.1
73121	*
73122	38.1
73127	37.8
73128	**
73129	42.4
73130	42.3
73131	*
73132	56.3
73134	64.4
73135	48.1
73139	20.3
73141	87.1
73142	23.8
73145	*
73149	41.4
73150	**
73151	**
73159	33.6
73162	50.3
73165	**
73169	**
73170	5.4
73173	**
73179	**
74857	21.0
73003	21.9
73007	**
73008	53.0
73012	14.8
73013	25.3
73020	48.5
73025	**
73034	21.8
73045	36.1
73049	37.1
73054	**

VECTORBORNE DISEASE

The Oklahoma City-County Health Department, in coordination with municipal partnerships, implements a multilevel approach to prevention, surveillance and disease abatement of Vectorborne Diseases, including West Nile Virus (WNV).

DRAIN



DRESS



DEET



PREVENT



Number of Cases Reported, 2013-2015

WNV Fever	8 OKLAHOMA CITY-COUNTY	77 OKLAHOMA STATE	2780 UNITED STATES
WNV Neuro	28 OKLAHOMA CITY-COUNTY	114 OKLAHOMA STATE	4069 UNITED STATES

Data Source: Public Health Investigation and Disease Detection of Oklahoma 2013-2015 Epidemiological Investigation Records and Centers for Disease Control and Prevention, ArboNET 2013-2015

Why is it important?

Vectorborne disease, such as West Nile Virus, is a potentially serious illness. Two mosquito-borne diseases that impact Oklahoma City-County are West Nile Virus and travel-related Zika Virus cases. During 2013-2015, there were no identified mosquitoes infected with Zika Virus in Oklahoma City-County. Zika Virus has impacted Oklahoma City-County due to community members traveling to countries with active transmission of the virus and returning to Oklahoma City-County. The heightened vector activity in the Oklahoma City-County area occurs April through September, and West Nile Virus human cases typically occurs in the warm summer months. Since West Nile Virus was introduced in 2002, Oklahoma has experienced three outbreak seasons: 2003, 2007 and 2012.

How are we doing?

There were 36 reported West Nile Virus disease cases in Oklahoma City-County during 2013-2015 - this included 8 West Nile Virus Fever and 28 West Nile Virus Neuroinvasive. During 2013-2015, there were a total of 191 West Nile Virus disease cases reported in Oklahoma (77 WNV Fever and 114 WNV Neuroinvasive), and 5,271 in the United States (2,780 WNV Fever and 4,069 WNV Neuroinvasive). ArboNET began collecting Zika outbreak data Jan. 1, 2015 and there were zero reported locally acquired cases in Oklahoma City-County and Oklahoma.

The multilevel approach deployed in this city-county jurisdiction provides best practices for collaboration with partners and surrounding municipalities in order to reduce disease impact. This methodology includes media outreach, vector surveillance, environmental treatments, partnerships and human disease surveillance. As a single agency, this timely response would be impossible to achieve without partnerships with surrounding municipalities. Functioning as a cohesive unit, the local public health system is able to set, maintain, repair and collect traps at each site, disseminate surveillance reporting information, coordinate treatment applications and investigate harborage areas. Additionally, municipalities coordinate with habitat remediation efforts.

Vectorborne Disease Response Plan (VDRP)

Establish a **human surveillance** protocol, to include laboratory confirmation, case investigation, and habitat surveillance.

Conduct **vector surveillance** in your jurisdiction. Trapping for species of interest, location of traps, collection schedule, sort by species and gender, test for disease, and record results.



Communication Strategies

Communication strategies are vital to the success of the VDRP. Affecting behavior change of actions to protect against mosquito bites, education has an integral role. Consider multiple faucets in relaying a clear, timely, and consistent message within state and local jurisdictions. Prepare press briefs for each response phase to include the reason for the announcement, the risk to the jurisdiction, and how to reduce the risk. When reusing messaging, it is encouraged to personalize it to your jurisdiction.



Establishing and Implementing A Scalable Vectorborne Disease Response Plan

at the Local Level



Each Jurisdiction is unique. It should not be expected to create a Vectorborne Disease Response Plan (VDRP) overnight or without considerable assistance.

This guide is a reference, not a rule, and should be adjusted as needed for a phased response.



Vectorborne Disease Brochure Cover

BLOODBORNE DISEASE

This indicator represents the number of acute cases of Hepatitis B or Hepatitis C per 100,000 population. Hepatitis is a viral infection that can be acute, up to six months, or chronic, lifetime.

Why is it important?

The bloodborne pathogens of primary concern include Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV). HIV infection data for Oklahoma City-County is presented on pages 74 and 75.

Hepatitis B

It's estimated that up to 2.2-million people are living in the United States with chronic Hepatitis B and that more than 19,000 are newly infected each year (CDC). Hepatitis B enters the bloodstream and infects the liver. Long-term infection ("carrier") may result in chronic liver disease or liver cancer. Anyone can get Hepatitis B. However, the risk of transmission by blood or bodily fluids increases for injection drug users, babies of infected mothers, sexual partners of infected persons, medical and dental workers, and people living in a household with a "carrier". There is a vaccine to protect against Hepatitis B, and it is generally recommended for persons who are at high risk for infection and for all newborn babies.

Age-Adjusted HBV Mortality Rates, 2013-2015



How are we doing?

The average rate of new acute hepatitis infections during 2013-2015 in Oklahoma City-County is 1.3 (per 100,000) for Hepatitis B and 0.78 (per 100,000) for Hepatitis C, which is lower than the state rate of 1.5 and 1.2 for Hepatitis B and C, respectively. The United States rate of new infections was lower than the city-county at 0.9 new cases of Hepatitis B and 0.7 cases of Hepatitis C, per 100,000 population.

Age-Adjusted HCV Mortality Rates, 2013-2015

Oklahoma City-County 0.78

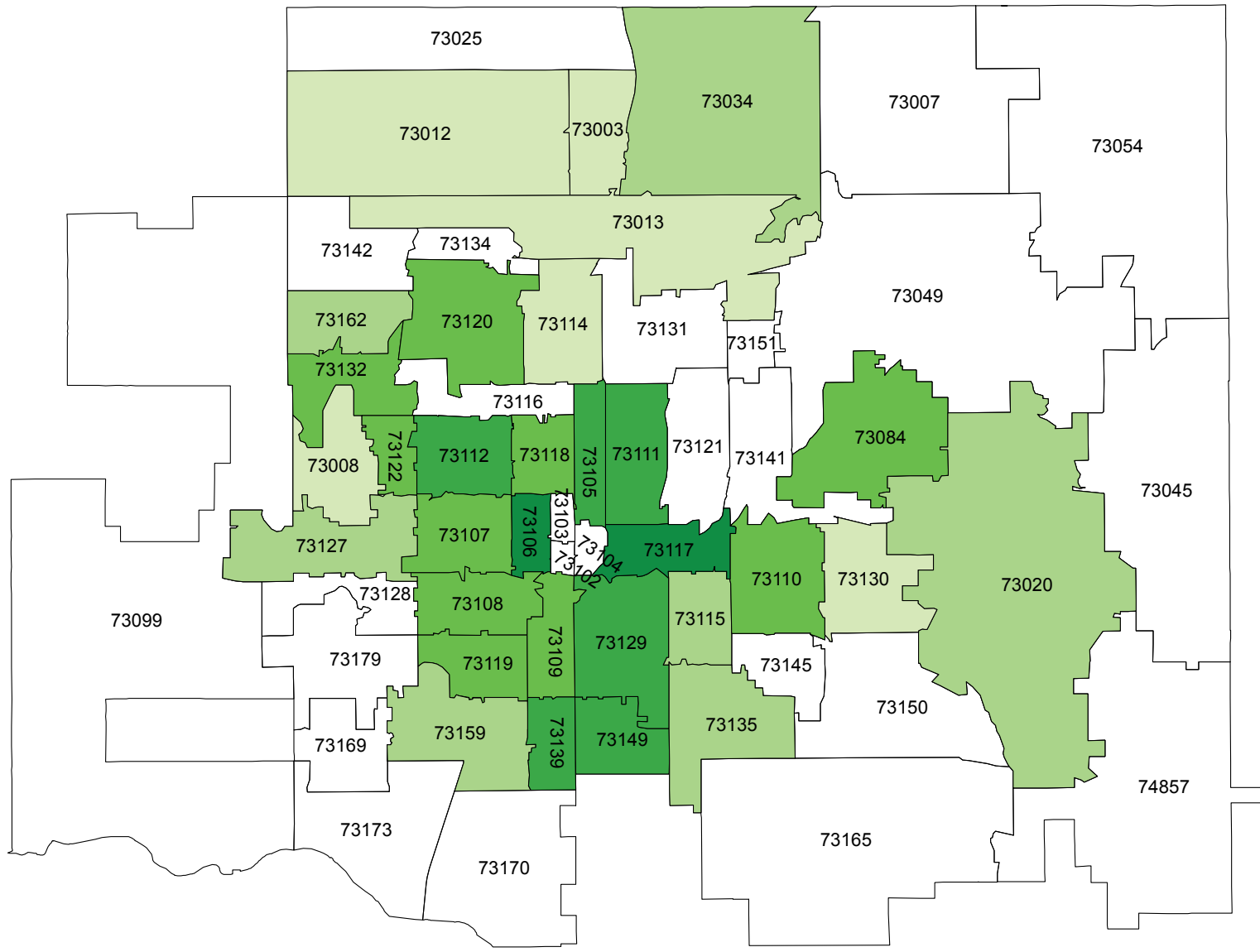
Oklahoma State 1.2

United States 0.7

Hepatitis C

It's estimated that there are approximately 4-million cases of chronic Hepatitis C in the United States and nearly 30,000 new cases of Hepatitis C each year (CDC). Hepatitis C is spread primarily by contact with the blood of an infected person. There is no vaccine for Hepatitis C and no treatment after an exposure that will prevent an infection. Most people infected with Hepatitis C do not have symptoms for years, even decades, following infection.

Data Source: Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) Oklahoma City-County 2013-2015 Hepatitis Disease Surveillance Data and MMWR tables (NNDSS), retrieved from <https://wonder.cdc.gov/mmwr/mmwr morb.asp>



Lowest Highest

*No data available **Data too low to count/compare

**BLOODBORNE
DISEASE RATES**
Oklahoma City-County,
2013-2015

Rate per 100,000 population. Data Source: Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) Oklahoma City-County 2013-2015 Hepatitis Disease Surveillance Data

73084	24.1
73099	*
73102	**
73103	**
73104	*
73105	28.9
73106	57.9
73107	24.7
73108	19.8
73109	19.4
73110	20.9
73111	35.1
73112	30.1
73114	12.4
73115	15.8
73116	**
73117	49.3
73118	24.2
73119	24.8
73120	20.4
73121	**
73122	23.8
73127	17.5
73128	**
73129	32.2
73130	13.5
73131	**
73132	23.3
73134	**
73135	17.7
73139	36.9
73141	**
73142	**
73145	**
73003	12.5
73007	**
73008	13.2
73012	11.4
73013	12.0
73020	15.2
73025	**
73034	14.8
73045	**
73049	*
73054	**
73084	24.1
73099	*
73102	**
73103	**
73104	*
73105	28.9
73106	57.9
73107	24.7
73108	19.8
73109	19.4
73110	20.9
73111	35.1
73112	30.1
73114	12.4
73115	15.8
73116	**
73117	49.3
73118	24.2
73119	24.8
73120	20.4
73121	**
73122	23.8
73127	17.5
73128	**
73129	32.2
73130	13.5
73131	**
73132	23.3
73134	**
73135	17.7
73139	36.9
73141	**
73142	**
73145	**
73149	41.4
73150	*
73151	*
73159	15.2
73162	14.8
73165	*
73169	*
73170	**
73173	**
73179	**
74857	**

HIV/AIDS

This indicator represents the number of newly reported cases of Human Immunodeficiency Virus (HIV) infections or AIDS per 100,000 population. There were 399 new reports of HIV and 115 AIDS during 2013-2015 in Oklahoma City-County. The rate was 14.4 cases per 100,000 population during these three years.

Why is it important?

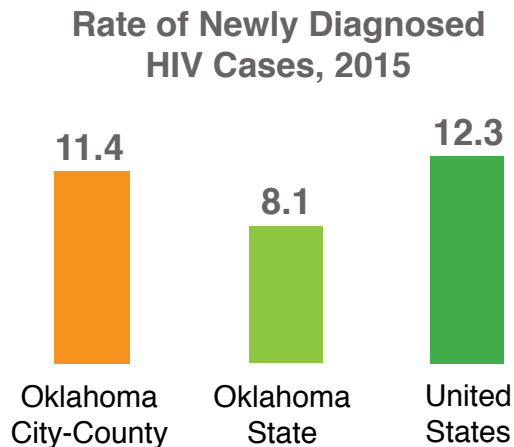
HIV weakens a person's immune system by destroying cells that fight disease and infection. Although no effective cure currently exists, proper medical care can control HIV, prevent it from developing into another stage and can reduce the risk of transmission to someone else. In the United States, approximately 1.2-million persons were living with HIV at the end of 2013, and 13 percent did not know they had it. Social and behavioral factors, including men who have sex with men (MSM) and injection drug use (IDU), increase risk of being infected with HIV/AIDS.



Kris Williams, BA
LGBTQ+ Service Coordinator, NorthCare

"Collaboration is key to a community's success and in my experience, working as an LGBTQ youth coordinator, Oklahoma City does a great job of working together. The work that I do is personal because it's about making my community healthier and safer for the next generations. If I teach you to see the value in yourself, it won't just benefit you."

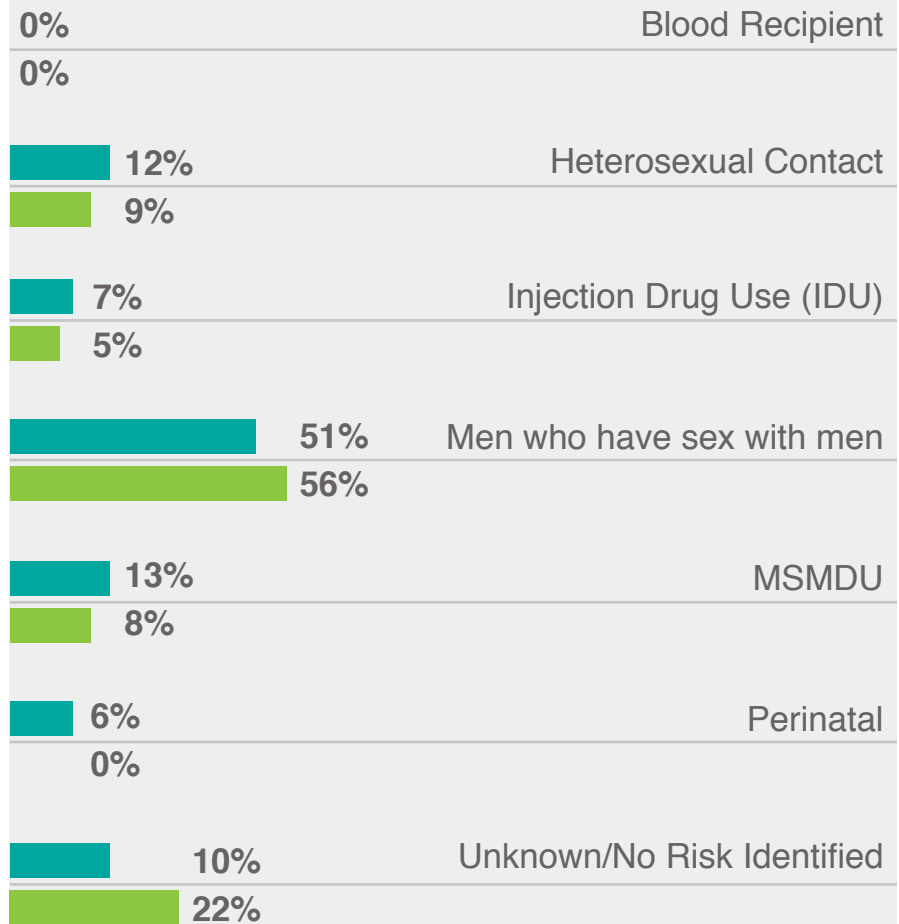
Data Source: Oklahoma State Department of Health STD Surveillance Department, 2013-2015 and Centers for Disease Control and Prevention. HIV Surveillance Report, 2015; vol. 27. Retrieved from <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.

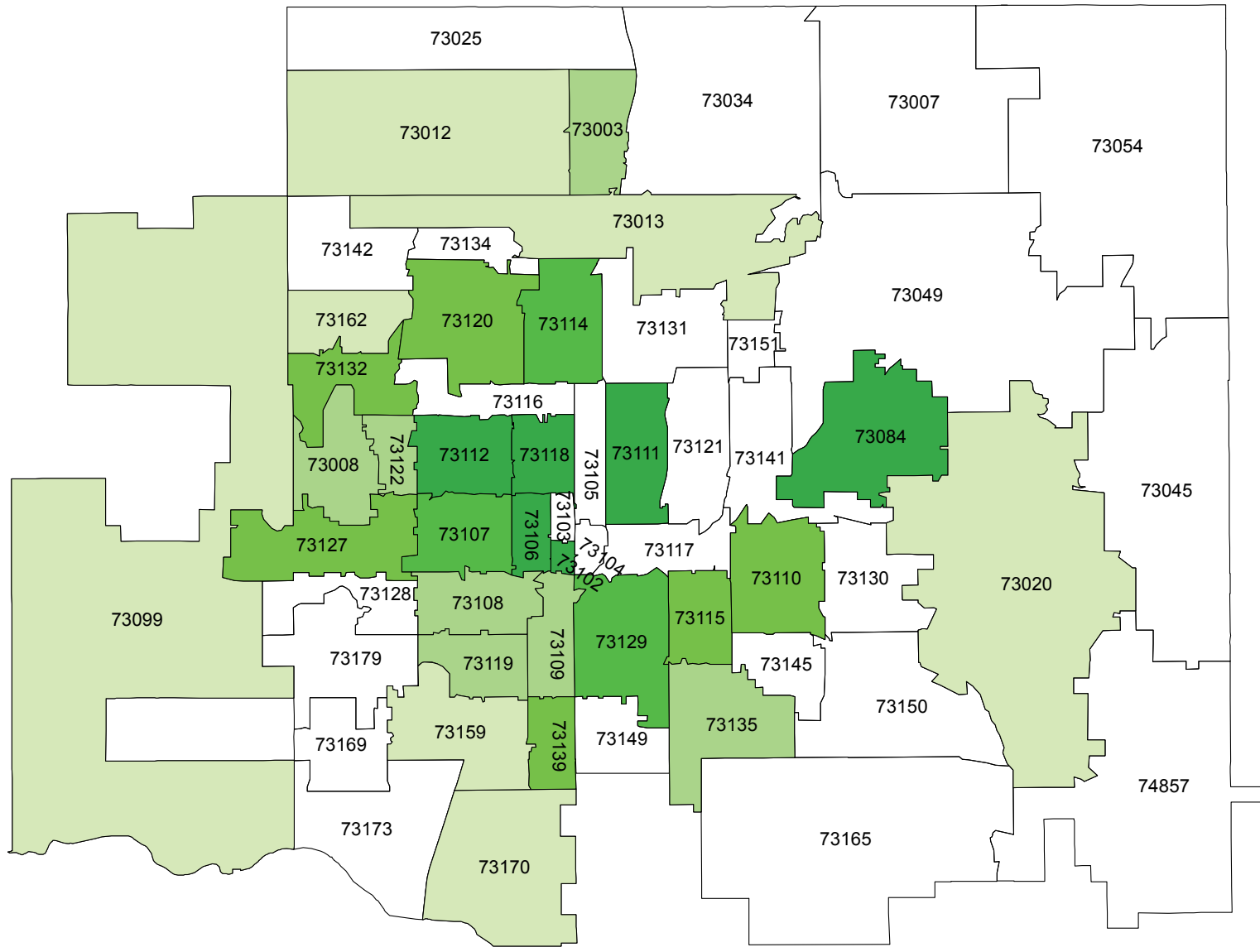


How are we doing?

There was an average of 14.4 cases of HIV/AIDS, per 100,000 population, reported in Oklahoma City-County during 2013-2015. In Oklahoma City-County, 51 percent of HIV diagnoses and 56 percent of AIDS diagnoses, during 2013-2015, were men who have sex with men. African Americans had the highest rate of new HIV cases in the Oklahoma City-County metropolitan statistical area (MSA). When looking at most recent 2015 data, the rate of newly diagnosed HIV cases in Oklahoma City-County was higher than the state but lower than the national rate.

Risk Associated with HIV AIDS Diagnosis (Percent of Cases)





Lowest Highest N/A

*No data available **Data too low to count/compare

HIV RATES
Oklahoma City-County,
2013-2015

Rate per 100,000 population. Data Source: Oklahoma State Department of Health STD Surveillance Department, 2013-2015

73084	38.5
73099	5.4
73102	40.2
73103	**
73104	**
73105	**
73106	35.3
73107	25.9
73108	13.2
73109	11.3
73110	17.9
73111	43.8
73112	36.5
73114	31.9
73115	17.4
73116	**
73117	**
73118	53.3
73119	13.4
73120	17.6
73121	**
73122	11.9
73127	20.2
73128	**
73129	23.7
73130	**
73131	*
73132	15.9
73134	**
73135	12.8
73139	18.4
73141	**
73142	**
73145	*
73149	**
73150	*
73151	*
73159	7.6
73162	9.1
73165	*
73169	*
73170	8.2
73173	*
73179	*
74857	**
73003	10.9
73007	*
73008	13.2
73012	5.7
73013	8.4
73020	7.6
73025	**
73034	**
73045	**
73049	*
73054	**

CHLAMYDIA

This indicator is presented as the number of newly reported cases of Chlamydia per 100,000 population. There were 15,958 new reports of Chlamydia during 2013-2015 in Oklahoma City-County. The average annual rate was 635.2 cases per 100,000 population.

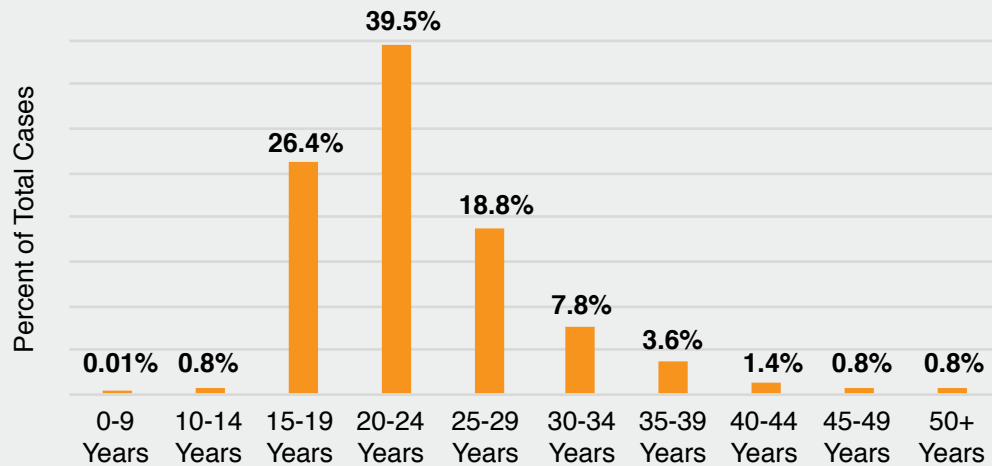
Why is it important?

The most commonly investigated sexually transmitted disease (STD) in Oklahoma City-County is Chlamydia, and it is also the most frequently reported in the United States. Chlamydia is caused by the bacterium *Chlamydia trachomatis*. Chlamydia is believed to be underreported because the majority of people with Chlamydia are asymptomatic. If it is not treated, chlamydial infections can lead to serious health consequences, including pelvic inflammatory disease and preterm delivery (CDC).

How are we doing?

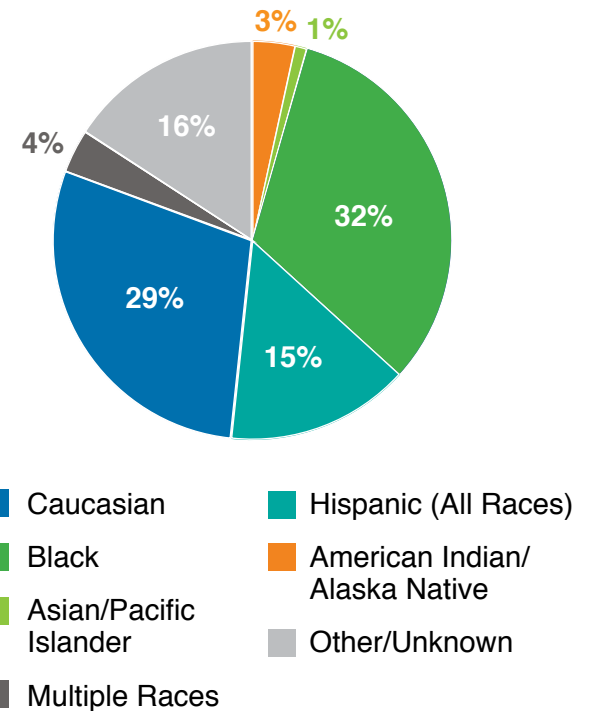
In 2013-2015, the rate of new Chlamydia cases reported in Oklahoma City-County was 635.2 cases per 100,000 population. The city-county rate was higher than both the 2015 rates for the state and the nation. The Oklahoma Chlamydia rate was 537.5 per 100,000, and in 2015, there were more than 1.5 million reported chlamydial infections in the United States, representing a rate of 478.8 cases per 100,000 population (CDC). The zip codes with the highest Chlamydia rates were 73104, 73105, 73111, 73117 and 73145.

OCCHD Chlamydia Cases by Age, 2013-2015



Data Source: Oklahoma State Department of Health STD Surveillance Department, 2013-2015 and MMWR tables(NNDSS), retrieved from <https://wonder.cdc.gov/mmwr/mmwr morb.asp>

OCCHD Chlamydia Cases by Race/Ethnicity, 2013-2015

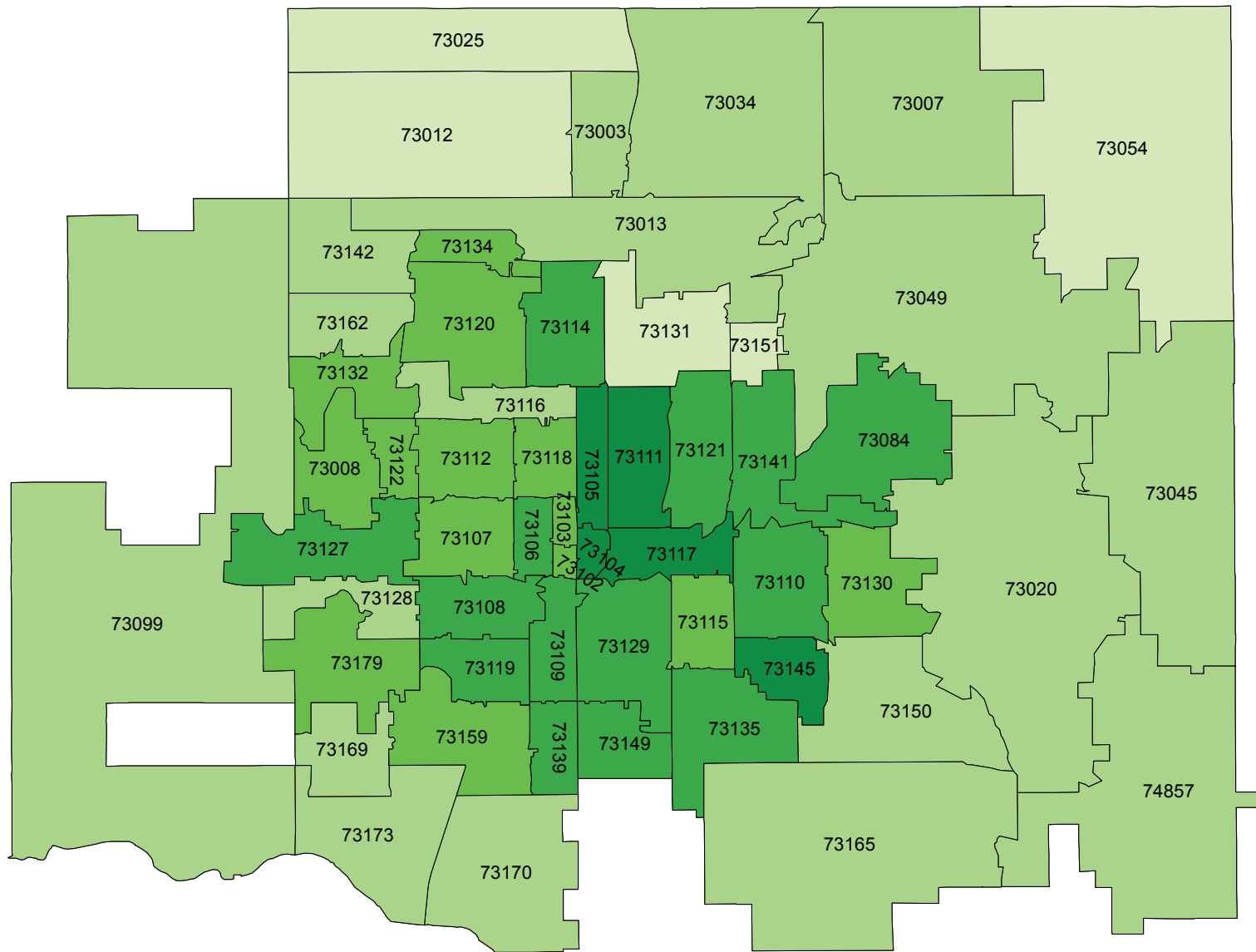


Chlamydia Comparison, 2015
(Cases per 100,000 population)

635.2
Oklahoma City-County

537.5
Oklahoma State

453.4
United States



Lowest Highest

*No data available

**Data too low to count/compare

CHLAMYDIA RATES
Oklahoma City-County,
2013-2015

Rate per 100,000 population. Data Source: Oklahoma State Department of Health STD Surveillance Department, 2013-2015

73084	905.8
73099	333.2
73102	650.6
73103	737.0
73104	2659.6
73105	1340.8
73106	791.1
73107	605.0
73108	979.2
73109	932.8
73110	940.0
73111	1358.9
73112	676.2
73114	1168.4
73115	653.5
73116	238.8
73117	1355.4
73118	463.0
73119	870.3
73120	706.2
73121	770.6
73122	569.6
73127	991.0
73128	349.4
73129	988.5
73130	535.0
73131	103.6
73132	607.2
73134	471.9
73135	837.6
73139	948.0
73141	771.6
73142	351.0
73145	1787.8
73149	808.1
73150	360.5
73151	130.2
73159	611.0
73162	312.9
73165	328.5
73169	335.9
73170	244.7
73173	289.1
73179	492.2
74857	327.3
73003	325.1
73007	257.9
73008	558.0
73012	152.4
73013	268.9
73020	226.0
73025	128.1
73034	285.3
73045	269.2
73049	233.2
73054	176.7

GONORRHEA

This indicator is presented as the number of newly reported cases of Gonorrhea per 100,000 population. There were 5,888 new reports of Gonorrhea during 2013-2015 in Oklahoma City-County. The average annual rate was 246.2 cases per 100,000 population.

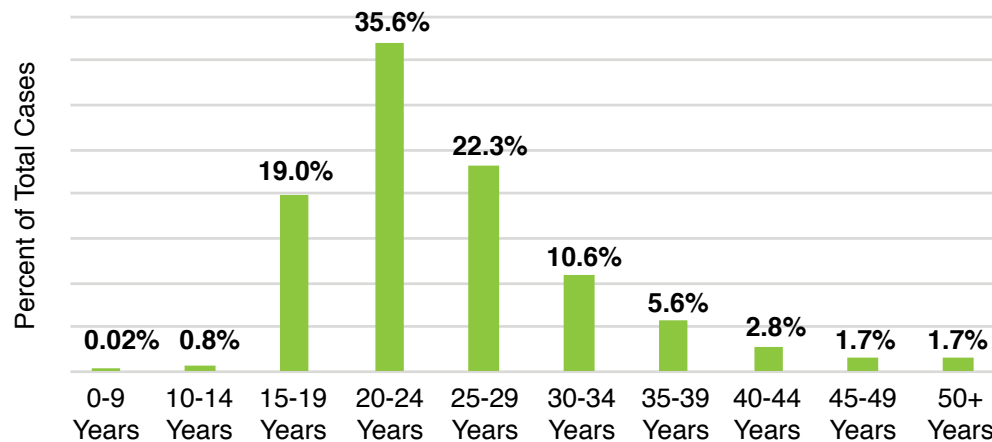
Why is it important?

Gonorrhea is the second most commonly reported notifiable disease in the United States (CDC). Gonorrhea is caused by the bacterium *Neisseria gonorrhoeae*. There has been an increase in the incidence rate of Gonorrhea throughout the United States. Resistance to antimicrobials that are used in the treatment of Gonorrhea has been observed, most recently with cefixime. The CDC has issued updated treatment guidelines resulting in dual therapy with ceftriaxone and azithromycin. Increased surveillance of Gonorrhea infections is ongoing to monitor resistance and collect additional information to understand the epidemiology of the disease. It's important for the community to understand the prevalence of this disease, as social determinate of health, sexual behaviors and community prevalence can increase the risk of becoming infected with Gonorrhea (CDC).

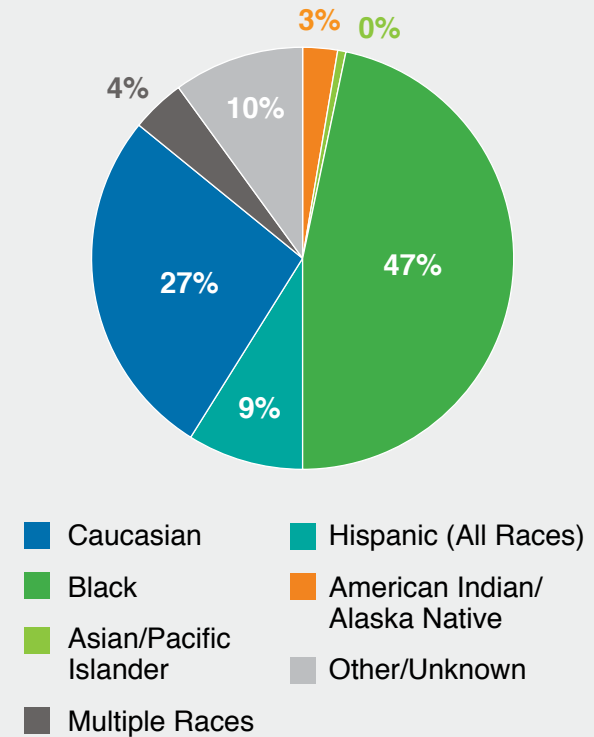
How are we doing?

There was an annual average of 246.2 cases of Gonorrhea per 100,000 population reported in Oklahoma City-County during 2013-2015. The Gonorrhea rate increased in all regions of the United States during 2014-2015. The incidence rates in Oklahoma City-County were higher than the rate in Oklahoma (167.3 cases per 100,000) and the United States (123.9 cases per 100,000). The zip codes with the highest rates of Gonorrhea were 73104, 73111, 73105, 73117 and 73114.

OCCHD Gonorrhea Cases by Age, 2013-2015



OCCHD Gonorrhea Cases by Race/Ethnicity, 2013-2015



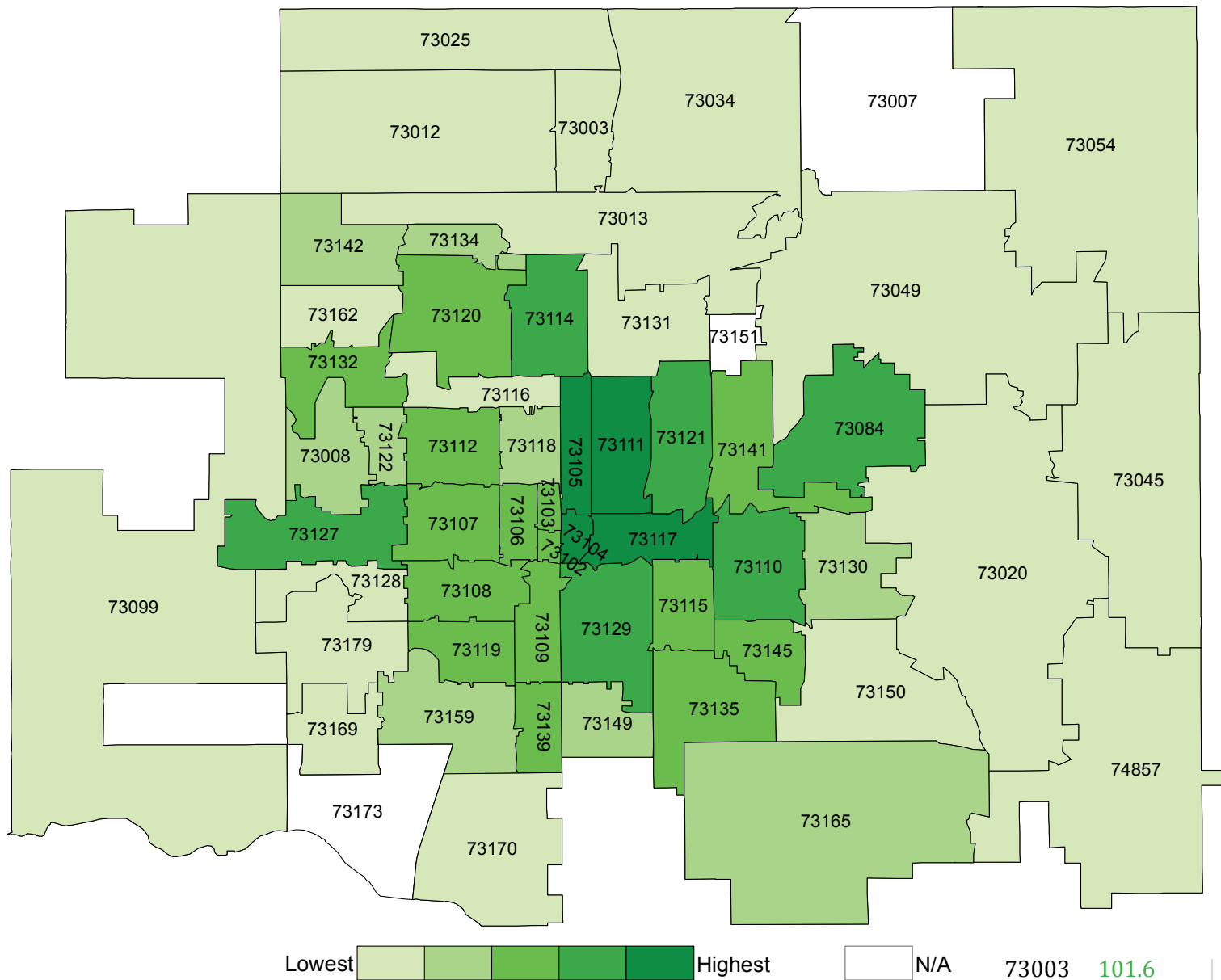
Gonorrhea Comparison, 2015 (Cases per 100,000)

Oklahoma City-County 246.2

Oklahoma State 167.3

United States 123.9

Data Source: Oklahoma State Department of Health STD Surveillance Department, 2013-2015 and MMWR tables(NNDSS), retrieved from <https://wonder.cdc.gov/mmwr/mmwr morb.asp>



*No data available

**Data too low to count/compare

GONORRHEA RATES
Oklahoma City-County,
2013-2015

Rate per 100,000 population. Data Source: Oklahoma State Department of Health STD Surveillance Department, 2013-2015

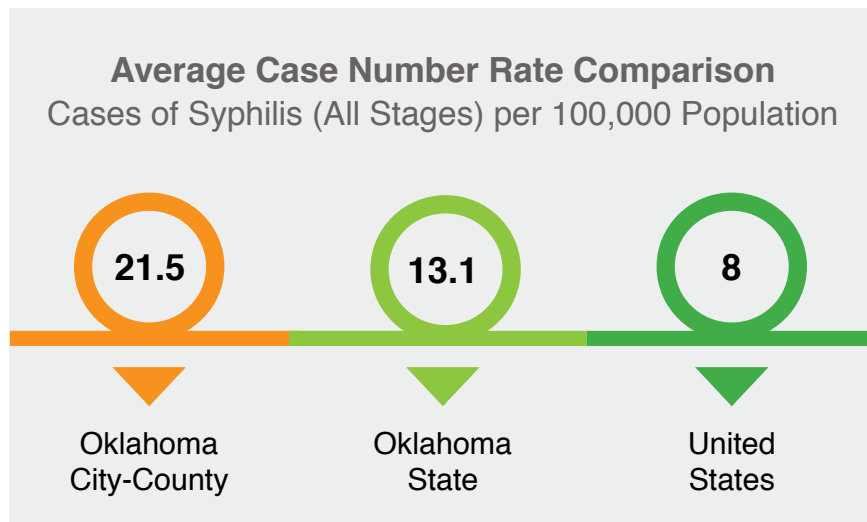
73084	414.3
73099	88.6
73102	289.1
73103	274.6
73104	980.7
73105	728.2
73106	314.9
73107	250.7
73108	330.1
73109	307.7
73110	410.2
73111	800.7
73112	308.0
73114	549.6
73115	275.3
73116	47.8
73117	720.8
73118	186.6
73119	287.4
73120	268.2
73121	466.4
73122	181.1
73127	451.7
73128	80.1
73129	388.3
73130	164.2
73131	82.9
73132	280.3
73134	178.8
73135	300.1
73139	232.4
73141	261.4
73142	122.0
73145	293.7
73149	172.7
73150	53.7
73151	**
73159	213.4
73162	98.2
73165	132.5
73169	100.8
73170	67.1
73173	**
73179	116.3
74857	71.3
73003	101.6
73007	**
73008	185.4
73012	43.2
73013	67.6
73020	54.6
73025	21.3
73034	83.4
73045	42.7
73049	63.6
73054	44.2

SYPHILIS

This indicator signifies the number of newly reported cases of Syphilis, all stages, per 100,000 population. There were 584 new reports of Syphilis during 2013-2015 in Oklahoma City-County. The rate was 21.5 cases per 100,000 population.

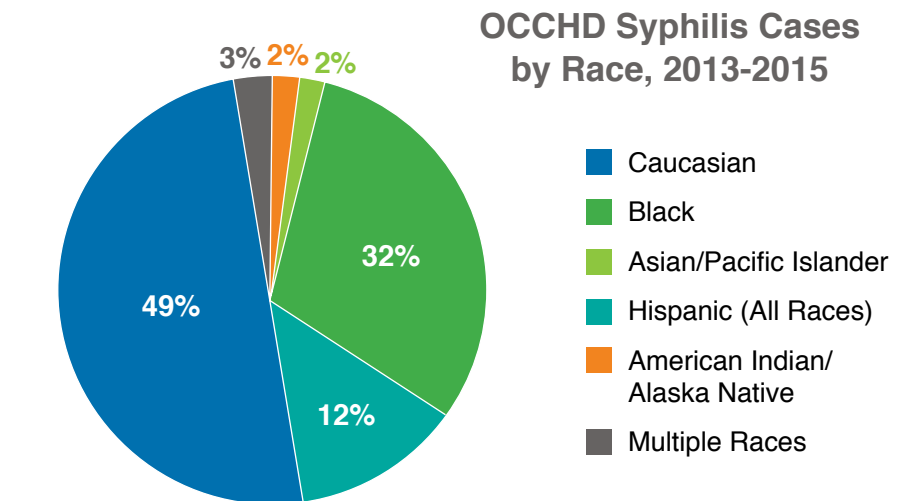
How are we doing?

There was an average of 21.5 cases of Syphilis per 100,000 population reported in Oklahoma City-County during 2013-2015. In 2015, the state rate was 13.1 cases of Syphilis (all stages) per 100,000 population. The United States rate was 8 cases of Syphilis per 100,000 population. The zip codes with the highest Syphilis rates were 73105, 73106, 73118, 73112 and 73107.

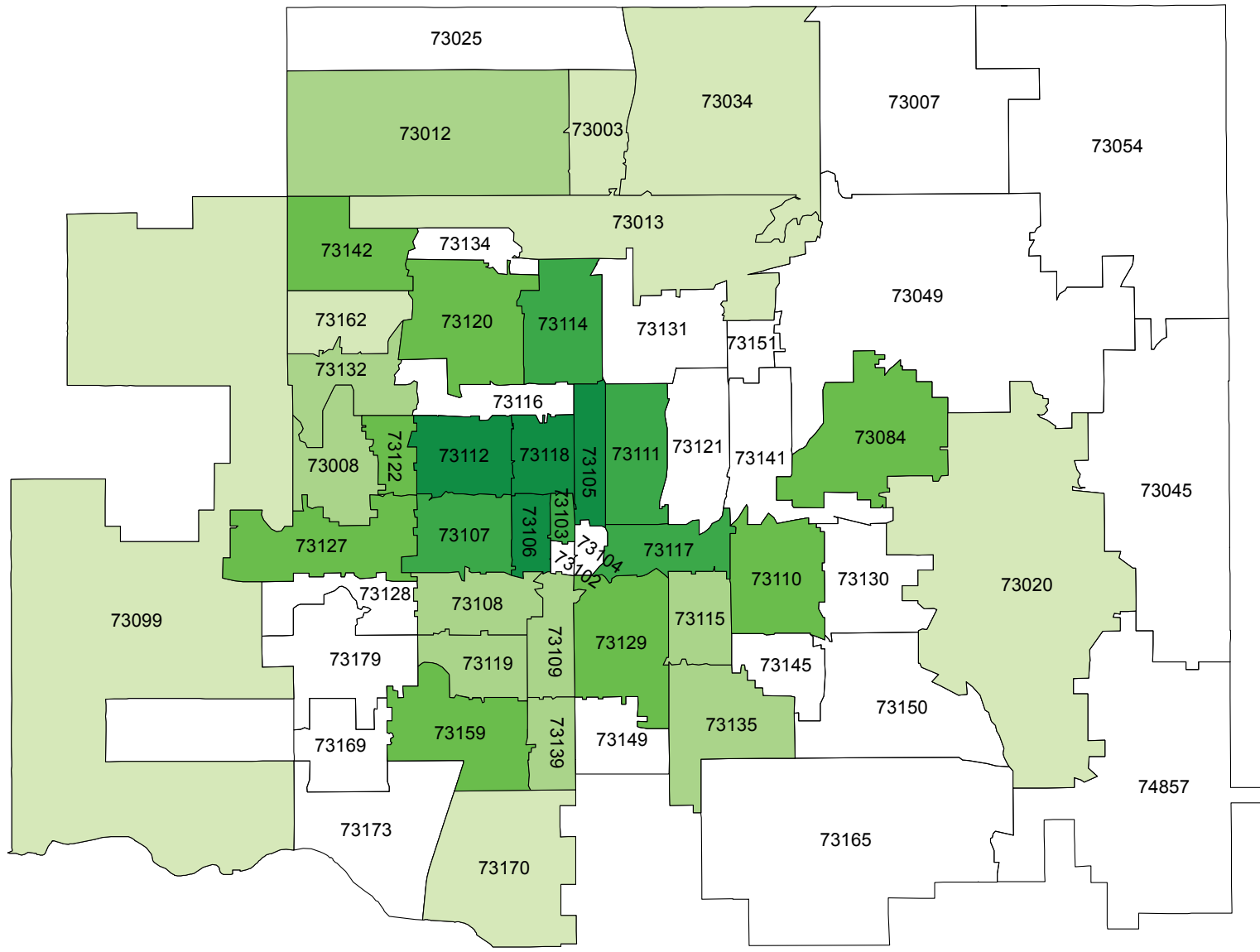


Why is it important?

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. Syphilis can lead to significant complications without treatment and can increase risk of transmission of HIV. Symptoms are divided into primary, secondary, latent and late stage Syphilis. Sore(s) may be visible during the primary stage but can easily go unnoticed. It will last 3-to-6 weeks and will go away with or without treatment. It's important to receive treatment, so the disease doesn't progress to the secondary stage. The secondary stage then progresses with a rash and may be accompanied by a fever, sore throat, swollen lymph glands, hair loss, weight loss and fatigue. Again, without treatment, these symptoms will eventually go away but will progress into the latent and even late stage of Syphilis (CDC). The rate of primary and secondary Syphilis has been increasing in the United States since 2001. During 2014-2015, the national rate increased 19 percent, which was the highest in more than 20 years (CDC).



Data Source: Oklahoma State Department of Health STD Surveillance Department, 2013-2015 and MMWR tables(NNDSS), retrieved from <https://wonder.cdc.gov/mmwr/mmwr morb.asp>



Lowest Highest N/A

*No data available **Data too low to count/compare

SYPHILIS RATES
Oklahoma City-County,
2013-2015

Rate per 100,000 population. Data Source: Oklahoma State Department of Health STD Surveillance Department, 2013-2015

73084	24.1
73099	7.1
73102	**
73103	43.4
73104	**
73105	69.4
73106	60.5
73107	45.7
73108	19.8
73109	16.2
73110	26.9
73111	43.8
73112	75.1
73114	49.6
73115	17.4
73116	**
73117	49.3
73118	63.0
73119	19.6
73120	34.3
73121	**
73122	23.8
73127	25.6
73128	*
73129	32.2
73130	**
73131	**
73132	17.1
73134	**
73135	16.0
73139	16.6
73141	**
73142	23.8
73145	**
73149	**
73150	**
73151	*
73159	23.8
73162	12.6
73165	*
73169	*
73170	8.2
73173	*
73179	*
74857	*
73003	9.4
73007	*
73008	16.6
73012	13.6
73013	11.3
73020	9.1
73025	**
73034	5.5
73045	**
73049	**
73054	**