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SEXUALLY TRANSMITTED INFECTIONS

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Sexually Transmitted Infections (STIs)



What is this indicator?

Sexually transmitted infections (STI) is the collective term for a group of viral, bacterial, or parasitic infections that can be transferred from one person to another through sexual contact. In this context, sexual contact is more than just sexual intercourse (vaginal and anal) but also includes kissing, oral-genital contact, and the use of sexual "toys" (Medterms, 2008). The term STI replaces older terms such as Sexually Transmitted Diseases (STD) or Venereal Disease (VD).

What are the key findings?

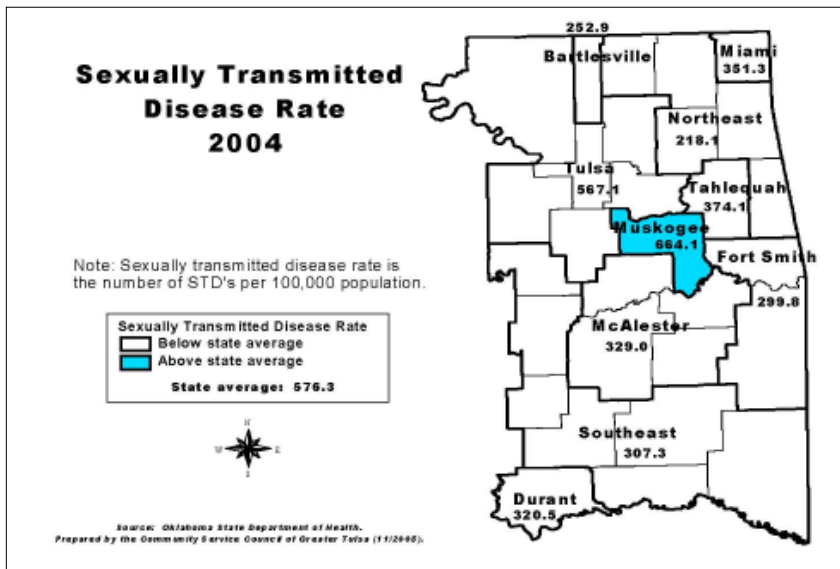
Information regarding sexually transmitted infections cases and rates has been compiled from the Oklahoma State Department of Health for 1999 and 2004 or 2005 as indicated.

Due to the small population size (many counties may contain 50,000 or fewer inhabitants), multiple counties will create economic hubs or metropolitan areas (US Census 2000). Health care access points are driven

by availability of hospitals, clinics and physicians. Due to its concentrated Native American population and its high poverty, Eastern Oklahoma's health care access has been centralized in eleven Health Care Access Centers (Access Centers). Access to reproductive health care for all populations particularly for childbirth is driven by the Access Center's tertiary resources.

The overall rate of syphilis and gonorrhea in the state has decreased from 1999 to 2004. Chlamydia and HIV/AIDS has increased significantly for the state. Tulsa County rates have followed the statewide trend with decreased rates of syphilis and gonorrhea and more modest increases in Chlamydia and HIV/AIDS.

The Health Access Centers represent people from multiple counties but still because of the small numbers, large rate shifts can occur with the loss or gain of a small number of cases.



What are the implications?

The detection of a sexually transmitted infection by a physician or other health care provider is a reportable condition to the Oklahoma State Department of Health. The number of cases and the rate of infection in the overall population are calculated to determine prevalence within the county or health access area.

The early identification and treatment of sexually transmitted infections reduces the potential infections of sexual partners. In the case of HIV/AIDS where transmission of infection can be through sexual contact, intravenous drug users sharing needles, or unborn babies infected in the birth or breastfeeding process, early identification increases early treatment and may reduce disability and increase life expectancy.

The control and eradication of disease ultimately reduces the human and financial cost associated with acute and chronic disease management. Sexually transmitted infections such as gonorrhea and syphilis if left untreated can cause infertility, abdominal infections, and more serious permanent disabilities. If treated early and completely, the infections can be cured; however, cure does not mean that re-infection cannot occur. Treatment must include health education, encouraging safe sexual practices and protection against disease transmission.

Reported Cases and Rates of Sexually Transmitted Diseases by Health Care Center (excluding Tulsa County), Tulsa County and the State, 1999 and 2004

	Syphilis				Gonorrhea			
	1999		2004		1999		2004	
	Cases	Rate ^A	Cases	Rate	Cases	Rate	Cases	Rate
Access Centers								
Tulsa ^F	3	1.1	0	0.0	145	51.9	165	59.0
Miami	0	0.0	0	0.0	6	19.4	12	36.2
Bartlesville	0	0.0	0	0.0	25	52.4	23	46.9
Tahlequah	0	0.0	0	0.0	27	63.5	27	63.5
Northeast	0	0.0	0	0.0	23	18.9	27	22.1
Muskogee	0	0.0	0	0.0	132	188.3	139	200.1
McAlester	0	0.0	0	0.0	21	24.4	56	65.2
Southeast	0	0.0	1	0.9	50	46.6	52	48.5
Fort Smith	1	1.1	0	0.0	26	29.9	43	49.4
Durant	0	0.0	0	0.0	11	31.5	33	90.3
Totals	4		1		466		577	
Tulsa	32	5.8	2	0.4	1,102	201.0	1,000	177.5
Statewide	na	4.6	25	0.7	na	129.1	4,454	129.1

	Chlamydia				Living HIV/AIDS			
	1999		2004		1999		2005 ^B	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Access Centers								
Tulsa ^F	389	139.1	462	165.2	116	41.5	106	37.9
Miami	60	194.3	89	268.1	5	16.2	14	42.2
Bartlesville	80	167.8	81	165.3	13	27.3	20	40.8
Tahlequah	136	319.8	126	296.3	9	21.2	12	28.2
Northeast	186	152.5	215	176.2	49	40.2	32 ^C	26.2
Muskogee	270	385.2	280	403.2	59	84.2	50	72.0
McAlester	147	171.1	197	229.4	47	54.7	32 ^D	37.3
Southeast	209	194.8	242	225.6	40	37.3	34 ^E	31.7
Fort Smith	150	172.3	187	214.7	11	12.6	39	44.8
Durant	63	180.3	68	186.1	17	48.7	20	54.7
Totals	1,690		1,947		366		359	
Tulsa County	1,949	355.5	2,105	373.7	1,024	186.8	1,065	189.1
Statewide	na	263.3	10,371	300.6	na	122.5	5,456	158.1

A. The population data used was from the 2000 Census. Rates are per 100,000 population and are estimated.
 B. Recent data on Living HIV and AIDS cases and rates are from June 30, 2005.
 C. Does not include data from Nowata because the Oklahoma State Department of Health will not release data on HIV Infection Prevalence for counties which have two or fewer cases due to confidentiality concerns.
 D. Does not include data from Latimer because the Oklahoma State Department of Health will not release data on HIV Infection Prevalence for counties which have two or fewer cases due to confidentiality concerns.
 E. Does not include data from Hughes because the Oklahoma State Department of Health will not release data on HIV Infection Prevalence for counties which have two or fewer cases due to confidentiality concerns.
 F. Does not include Tulsa County.

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Sexually transmitted infections, (2008) as retrieved from <http://www.medterms.com/script/main/art.asp?articlekey=26192>.

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Population data (2000) Retrieved from <http://www.census.gov>.

Census questions?

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