2019 Annual Report

SEXUALLY TRANSMITTED INFECTIONS

Office of Disease Integration and Services
STI Control Program
150 N 18th Ave | Phoenix, AZ 85007

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ARIZONA DEPARTMENT OF HEALTH SERVICES

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Executive Summary

STIs have been **increasing** in Arizona for years.

The most vulnerable populations include **pregnant women, women of childbearing age, youth,** and **men who have sex with men (MSM).**

Why do we monitor STIs?

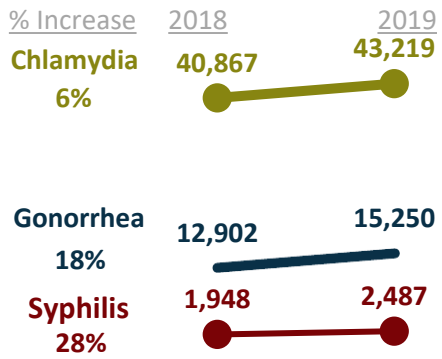
STIs are serious infections that can lead to severe outcomes if left untreated, including infertility, Pelvic Inflammatory Disease (PID), and complications during pregnancy.[1]

Syphilis can lead to problems with the eyes, ears, heart, and brain.[2]

How common are STIs?

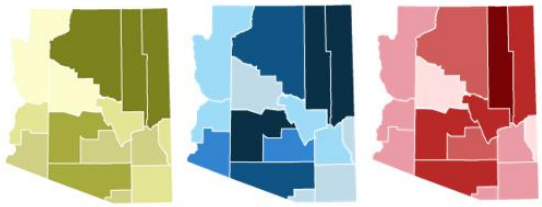
STIs have been increasing in Arizona for years.

Chlamydia continues to be the most common reportable STI in Arizona, followed by **gonorrhea** and **syphilis***.



*Includes primary, secondary, and early latent syphilis cases. For more information, please see page 4.

Chlamydia, gonorrhea, and syphilis are widespread.



*Darker shades indicate a higher rate.

Who is most impacted by STIs?

Certain populations are more likely to be impacted by STIs than others. In Arizona, **Youth** (ages 15-24) and gay, bisexual, and other men who have sex with men (**MSM**) have some of the highest rates of reported STIs.

Up to 40% of untreated syphilitic pregnancies can result in stillbirth or newborn death.[2]

Though men have higher rates of gonorrhea and syphilis, **women of childbearing age** may suffer some of the most severe outcomes when STIs go untreated, including pelvic inflammatory disease, complications during pregnancy, and cancer.

References

1. Centers for Disease Control and Prevention. 10 Ways STDs Impact Women Differently from Men – CDC Fact Sheet. https://www.cdc.gov/std/health-disparities/STDs-Women-042011.pdf.
2. Centers for Disease Control and Prevention. Syphilis - CDC Fact Sheet (Detailed). https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm.

Prevention

Prevention saves lives and money.

Controlling the spread of STIs in Arizona will require the help of the **health department, the general public,** and **healthcare providers**.

Prevention saves money.

When left untreated, chlamydia and gonorrhea may lead to **serious, irreversible complications** such as infertility in men and women, PID, premature delivery, and ectopic pregnancy in women.[1]

PID costs: $3,202 per case [2]

Prevention saves lives.

Pregnant women infected with an STI can pass the infection to their newborn during delivery, causing the baby to develop serious health problems if left untreated. Syphilis is particularly severe and can lead to miscarriage, stillbirth, and infant death if left untreated.

In 2019, seven Arizonan babies died of syphilis.

STIs control successes:

In 2019, the Arizona Department of Health Services (ADHS) provided funding to **screen both uninsured and underinsured people**, local health departments **treated 1,104 partners**, and **93 potential baby syphilis cases were prevented**.

How can you prevent STIs?

- Use condoms when having any type of sex
- Reduce number of sex partners
- Get tested for STIs between partners

How can healthcare providers prevent STIs?

For patients with chlamydia/ gonorrhea, healthcare providers can offer additional medication to treat partners without performing a physical exam. This practice allows for cost-effective and timely treatment of partners and helps to prevent re-infection. Providers can also help by adhering to the current treatment guidelines and using the clinical consultation network.

References

1. Vranic SM. Chlamydia trachomatis Infections of the Adults. In: *Sexually Transmitted Infections*. Croatia: Intechopen.com; 2012:31-46.
2. Owusu-Edusei K, Chesson HW, Gift TL, et al. The estimated direct medical cost of selected sexually transmitted infections in the United States, 2008. *Sex Transm Dis.* 2013;40(3):197–201.

STI Fast Stats

Chlamydia is the most commonly reported STI in the US.[1]

In 2019, there were 43,219 cases of chlamydia reported to the Arizona Department of Health Services. Nearly 65% of reported chlamydia cases were in women. Chlamydia accounted for the majority of all reported STIs.

Gonorrhea bacteria have developed resistance to most available treatments

Each month, specimens from Arizona are tested for antibiotic resistance.

More than 300 specimens were submitted by Arizona for testing in 2019,

NONE

demonstrated resistance to both ceftriaxone and azithromycin, the recommended treatment for gonorrhea.

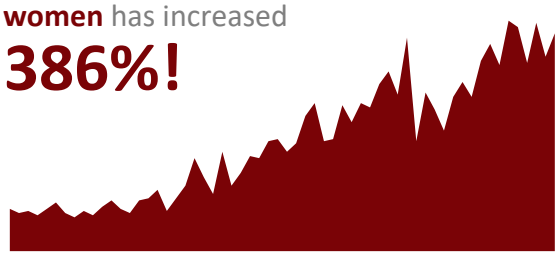
There is a syphilis outbreak in women and babies

Although syphilis is the least common reportable STI, it has some of the worst outcomes, including miscarriage and stillbirth. Historically, syphilis is more common in men.

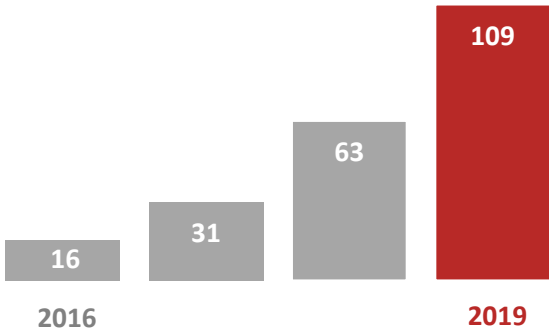
In Arizona, 1 in 5 cases of syphilis are in women.

However, since January 2015 the **monthly average of the number of syphilis cases in women** has increased

386%!



This increase has led to an outbreak of syphilis in babies. **Congenital syphilis has been on the rise since 2016.**



References

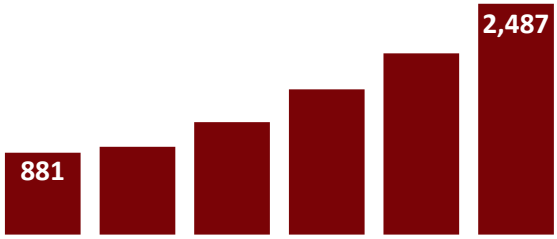
1. Centers for Disease Control and Prevention, "Chlamydia statistics," [Online]. Available: https://www.cdc.gov/std/chlamydia/stats.htm

Syphilis: It's Complicated

Syphilis can only be spread if the person is **symptomatic or pregnant**.

Although syphilis is the least commonly reported STI, it has some of the most **severe outcomes**.

Syphilis* is increasing in Arizona



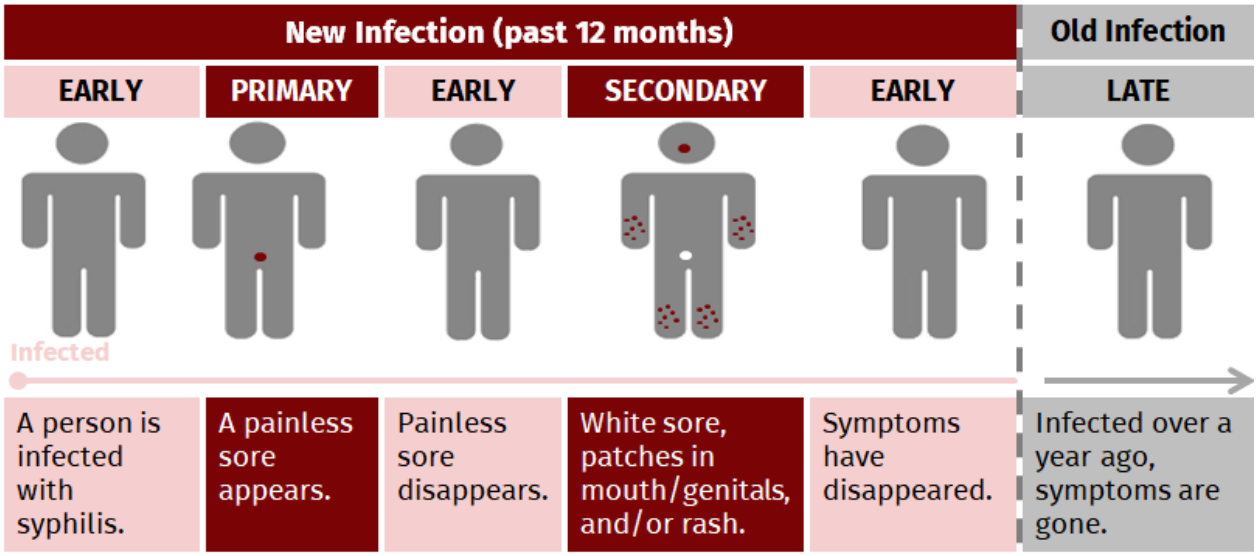
*Late latent cases are excluded from this graph.

Syphilis can be severe

When left untreated, syphilis can travel through the body and cause problems in the **bones, ears, eyes, heart, and brain**.[1] These problems can occur at any time, even years after initial infection.

How do you know it's a new case?

In the first year of infection, a person with syphilis switches between **having symptoms** to **not having symptoms.** Cases can only pass the infection to partners in the first year when **symptoms are present**; however, pregnant women can pass the infection to their developing baby at any time. **A year after infection, the symptoms disappear.**



References

1. Centers for Disease Control and Prevention. Syphilis – CDC Fact Sheet. https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm.

Syphilis in Babies

73% increase in syphilis in babies from 2018 to 2019.

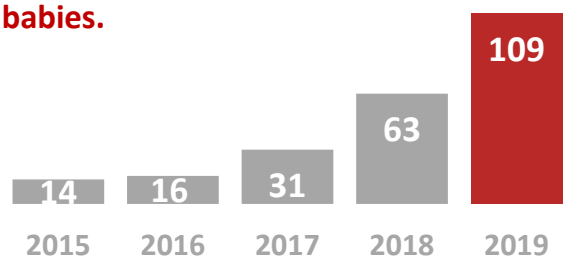
Rates of syphilis are rapidly **increasing in women**.

Syphilis in Arizonan babies occurred as a result of **late or no access to prenatal care, or mom being infected late in her pregnancy.**

Syphilis in babies

Pregnant women with untreated syphilis can pass the infection to their developing baby at any time, causing **bone disorders, deafness, other congenital defects, or even stillbirth/death.**[1]

Syphilis is increasing in Arizonan babies.



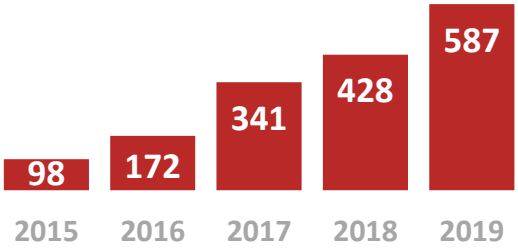
93 potential baby syphilis cases were prevented in 2019.

Two in three babies with syphilis were reported in **Maricopa County.** This is a significant increase from 2016.

Why is syphilis increasing in babies?

The increase in babies is partially due to the **increase of syphilis in women.**

New syphilis cases have risen in Arizona women since 2015.



Access to prenatal care is important.

CDC recommends screening all pregnant women in their first trimester.[2] Although providers are screening many pregnant women, some women struggle to access prenatal care in time.

References

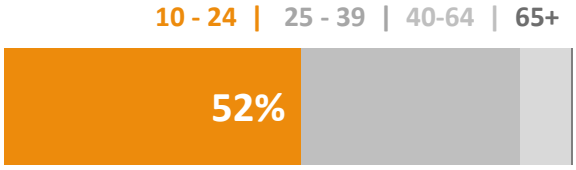
1. Centers for Disease Control and Prevention. Congenital Syphilis – CDC Fact Sheet. https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm.
2. Centers for Disease Control and Prevention. STDs during Pregnancy – CDC Fact Sheet. https://www.cdc.gov/std/pregnancy/stdfact-pregnancy-detailed.htm.

Adolescents and Young Adults

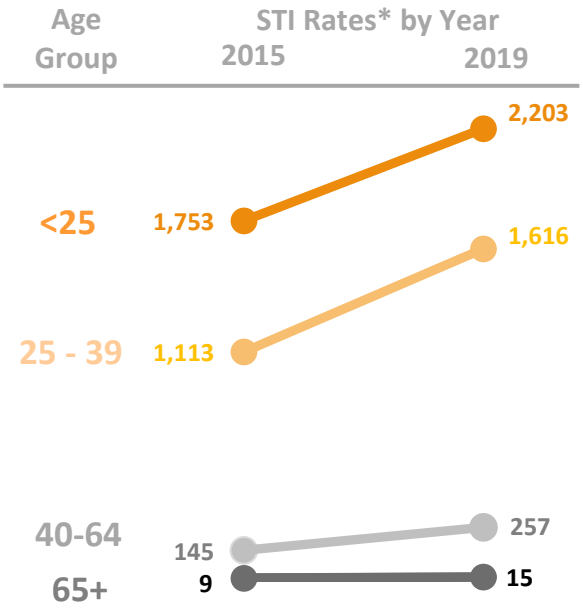
<25Y Persons under the age of 25 years old have the highest rates of STIs and should receive annual screening.

Youth are disproportionately burdened by STIs.

Over half of all STIs are reported in **persons under the age of 25.**



As STIs rise, **youth continue to have the highest rates of STIs** when compared to other age groups.



*Age adjusted rates are calculated per 100,000.

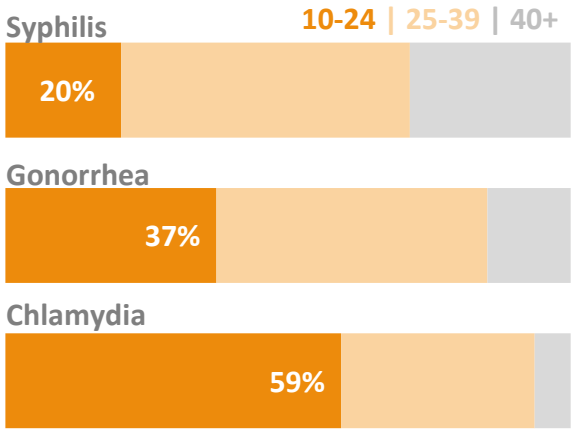
Why are youth at risk?

Adolescents and young adults are at increased risk because they have limited access to screening and treatment, have concerns about confidentiality, are biologically more susceptible to STIs, and may have multiple sex partners between screening and treatment.[1] **CDC recommends annual screening for sexually active women under 25 years old.[2]**

Less than 1% of STIs occur in persons 65 years and older.

Are there differences by infection?

Youth (<25) represent the majority of chlamydia cases, 37% of all gonorrhea cases, and 20% of syphilis cases.



References

1. CDC, “Sexually Transmitted Infections Among Young Americans,” [Online]. Available: https://www.cdc.gov/std/products/youth-sti-infographic.pdf
2. CDC, "STD & HIV Screening Recommendations," [Online]. Available: https://www.cdc.gov/std/prevention/screeningreccs.htm

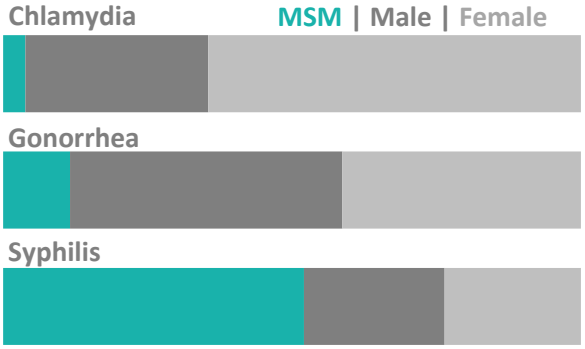
Men Who Have Sex with Men (MSM)

MSM data for chlamydia and gonorrhea are severely limited.

MSM are disproportionately impacted by STIs.

MSM have higher rates of STIs compared to non-MSM.

In Arizona, 52% of syphilis cases were reported as MSM in 2019.



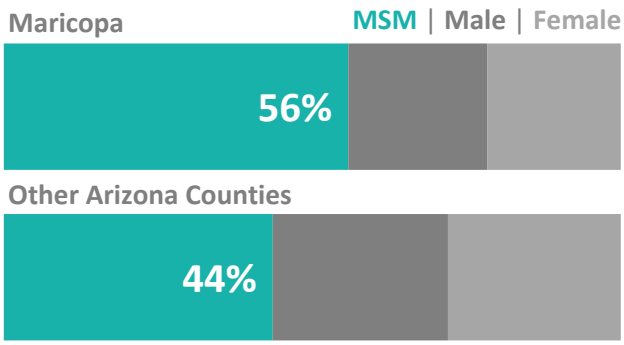
Conversely, 4% of all chlamydia cases and 12% of gonorrhea cases identified as MSM. However, the gender of sex partners for many cases is unknown.

Why is data limited for chlamydia and gonorrhea?

The Arizona Department of Health Services received approximately 146,000 STI laboratory reports in 2019. It is challenging to capture missing data for all reported cases, so the health department prioritizes the most severe infections for case investigation (i.e., syphilis). Furthermore, chlamydia and gonorrhea are site-specific tests. If the exposure occurred in the throat or rectum, but the person provided a urine sample, the sample may not test positive and would not be reported.

Are there differences by region?

A higher proportion of **syphilis** cases in Maricopa County are **MSM** compared to other counties.



Both rural and urban MSM communities are disproportionately impacted by syphilis. **CDC recommends screening gay, bisexual, and other men who have sex with men for chlamydia, gonorrhea, syphilis, and HIV at least annually.**[1]

References

1. Centers for Disease Control and Prevention. STD & HIV Screening Recommendations. https://www.cdc.gov/std/prevention/screeningreccs.htm.

HIV Coinfections

Repeat infections can put people at risk for more severe health outcomes and comorbidity.

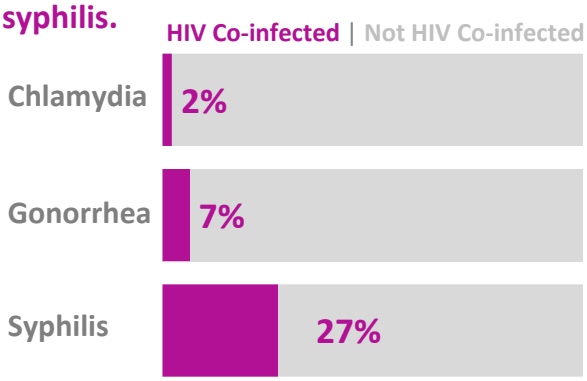
STI prevention is HIV prevention.

Among those infected with an STI, HIV coinfections are more common in men who have sex with men and older persons.

STI/HIV Coinfections

Persons with STIs have similar risk factors as those who develop HIV, so **STI prevention is HIV prevention**.

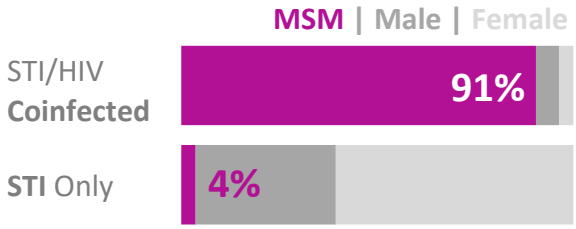
HIV coinfection is most common with syphilis.



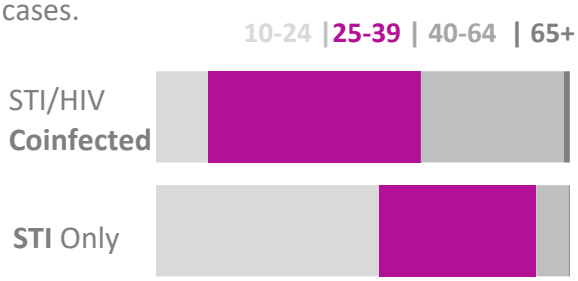
Although other STIs can be cured, HIV requires a lifetime of access to healthcare and treatment.

HIV Coinfection Disparities

Most STI cases coinfected with HIV are among **men who have sex with men.**



STI/HIV coinfections were more commonly reported in **25-39-year-olds** than STI-only cases.



References

1. Centers for Disease Control and Prevention. Chlamydia – CDC Fact Sheet (Detailed). https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm.

A message from the STI Control Program (STICP)

The ADHS STICP is committed to addressing this rise in STIs by collaborating with internal and external partners to promote prevention and control. ADHS partners include the Centers for Disease Control and Prevention, county and tribal health departments, community-based organizations, and Arizona medical providers. It is important that the Arizona public and leaders encourage dialogue about sexual health and infection prevention, particularly among communities that are most impacted by these infections. Promoting screening, treatment, and access to services can improve the sexual health and wellness of all Arizonans.

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Mission

The Mission of the Arizona Department of Health Services (ADHS) STI Control Program (STICP) is to improve the sexual health of all Arizonans by strengthening the prevention and control of sexually transmitted infections in Arizona through education, surveillance, collaboration, and program development.

Appendix 1: Data Dashboards

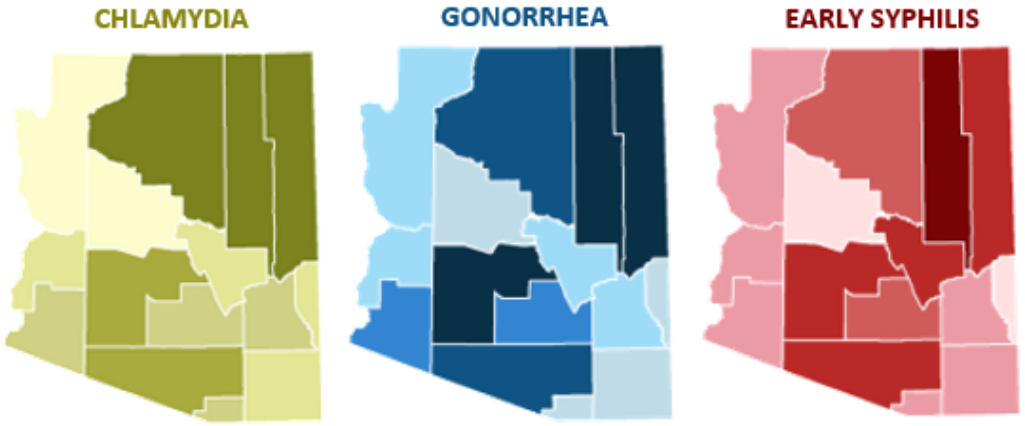
2019 STI Rates in Arizona

STIs are on the rise.

STI cases have tripled since 2000!

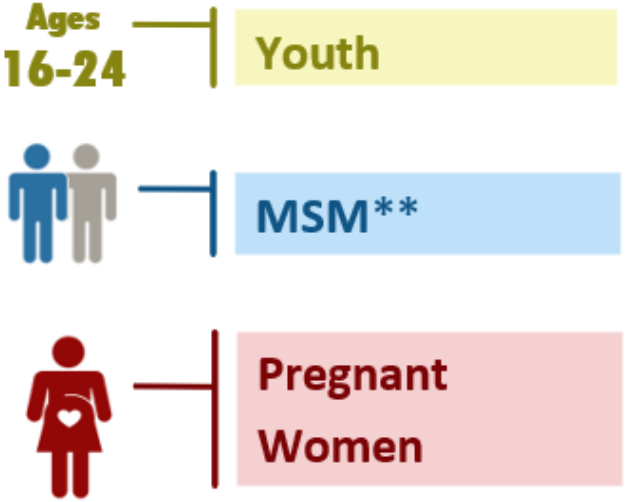
STIs are common throughout Arizona.

2019 Rates* by County



*Darker shades indicate higher rates. Rates calculated per 100,000.

Key populations

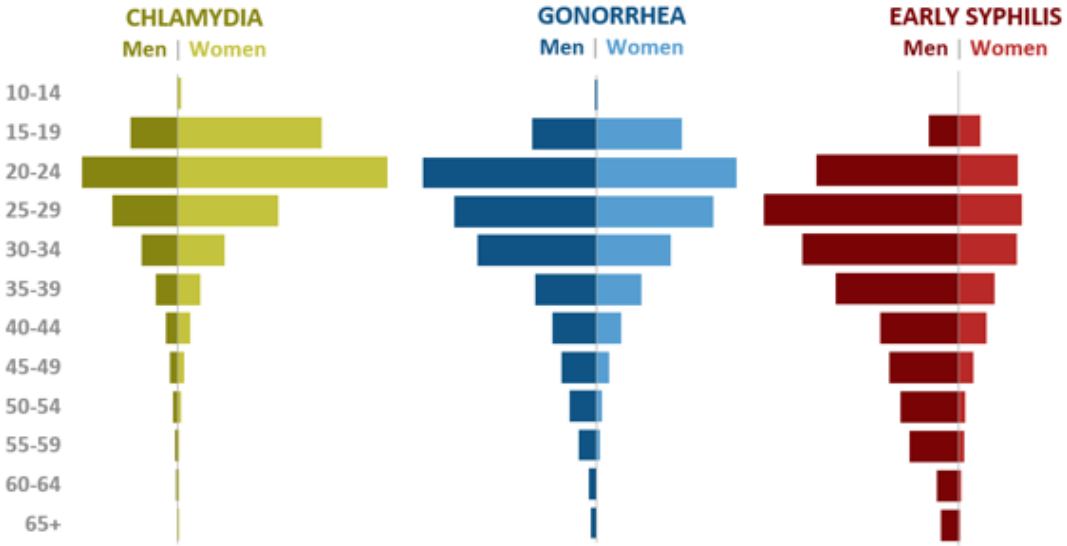


*Rates calculated per 100,000

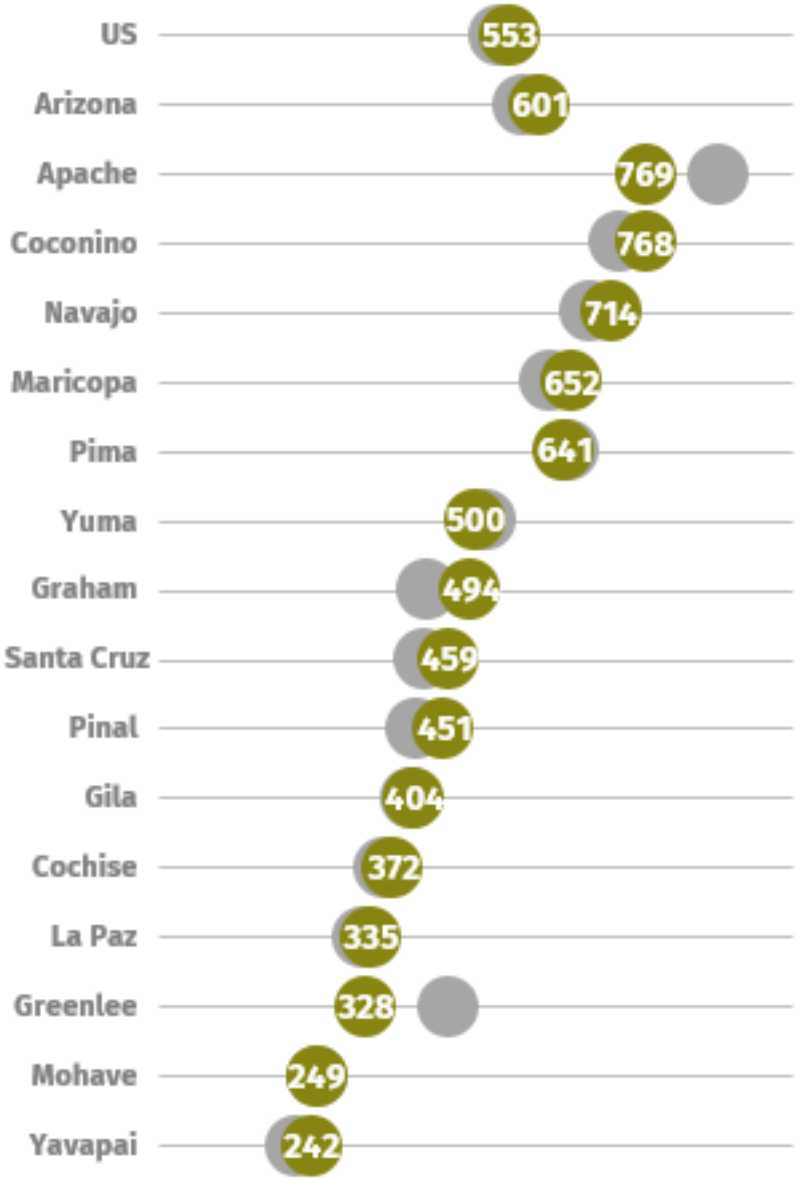
**MSM = Men who have sex with men

52% of STIs occur in youth under the age of 25.

STI rates* also differ by gender.



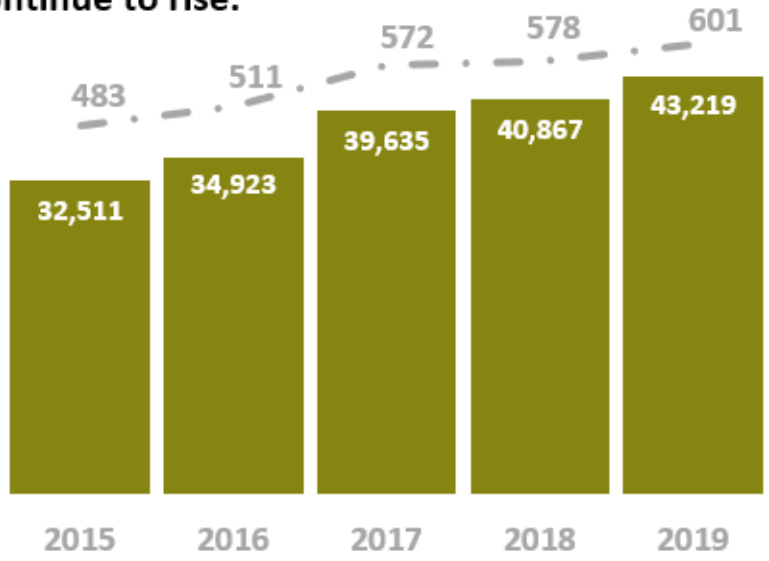
Chlamydia rates* were slightly higher in 2019 from 2018 in the majority of counties.



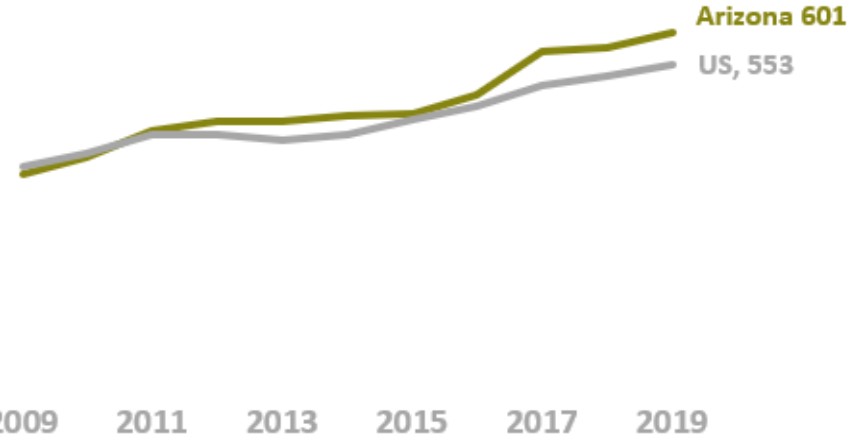
The highest chlamydia rates are in the Northeast corner of Arizona.

*Rates calculated per 100,000

In Arizona, chlamydia cases and rates* continue to rise.

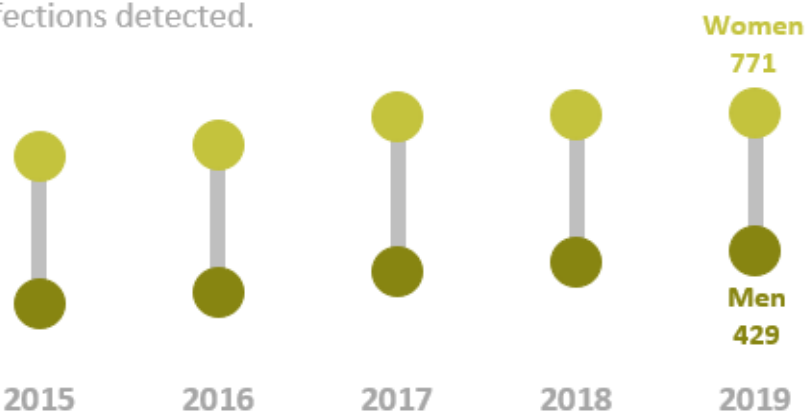


Chlamydia rates* continue to rise in Arizona and the United States.

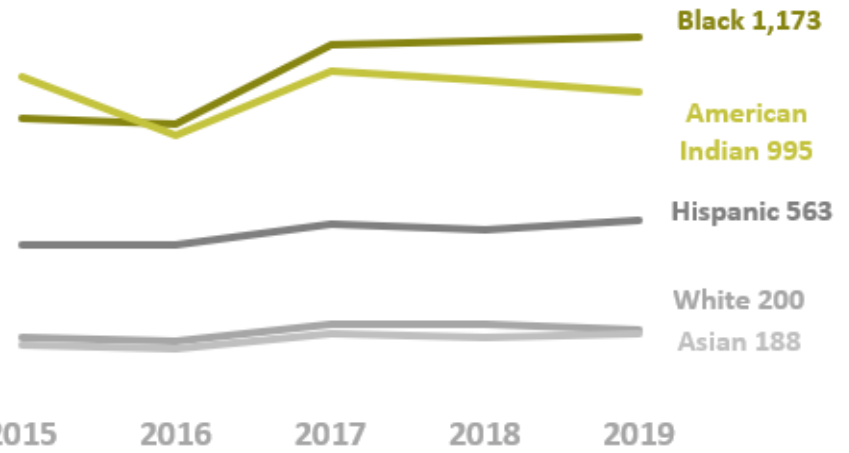


Women consistently have higher rates* of chlamydia than men.

Women are recommended to have routine screening which likely contributes to the higher rates of infections detected.



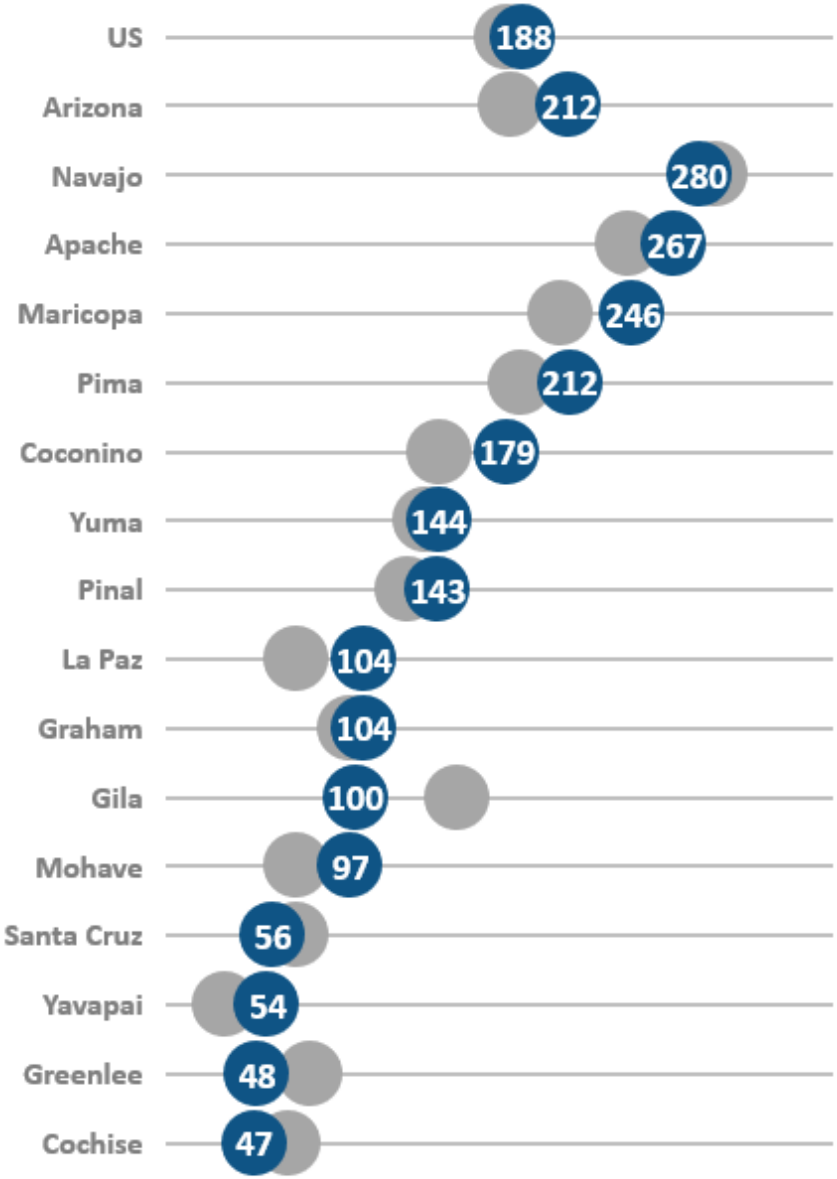
Chlamydia rates* declined among American Indians** in Arizona in 2019.



*Rates calculated per 100,000

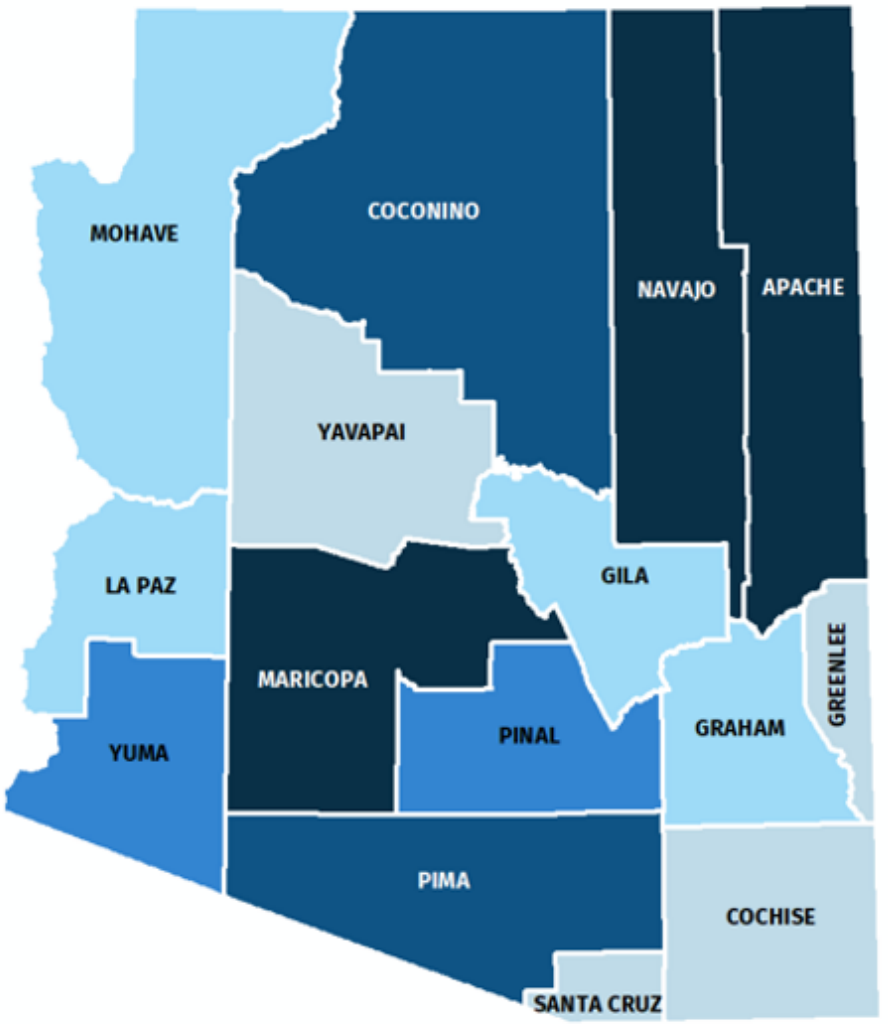
**Race is frequently not reported for chlamydia. In 2019, 32% of cases were missing race information.

Gonorrhea rates* have increased in most counties between 2019 and 2018.

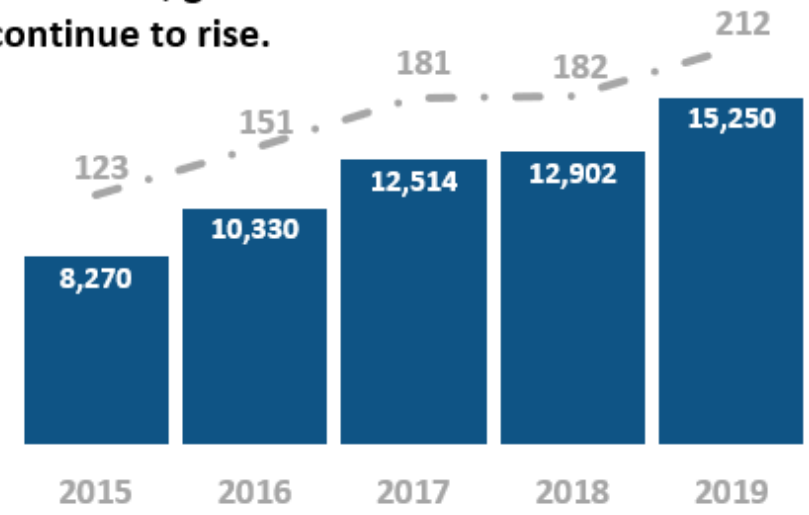


*Rates calculated per 100,000

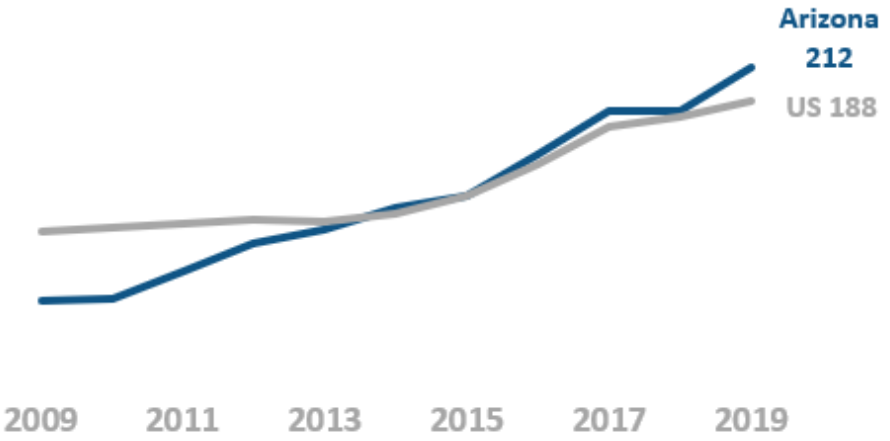
The Northeast and Southwest corners of Arizona have the highest rates* of gonorrhea.



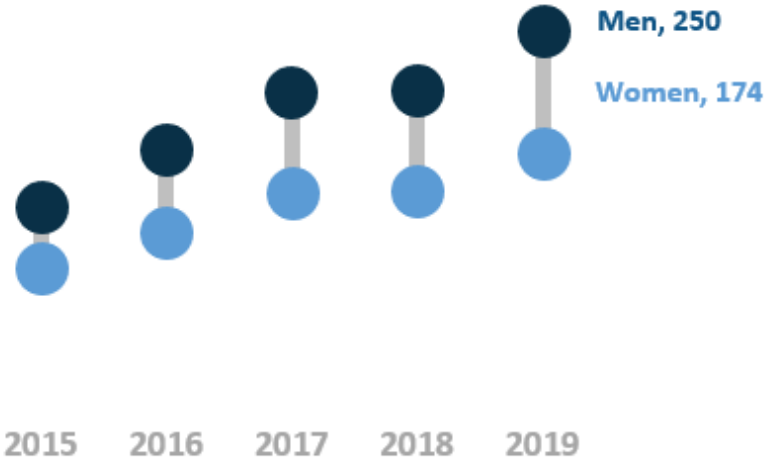
In Arizona, gonorrhea cases and rates* continue to rise.



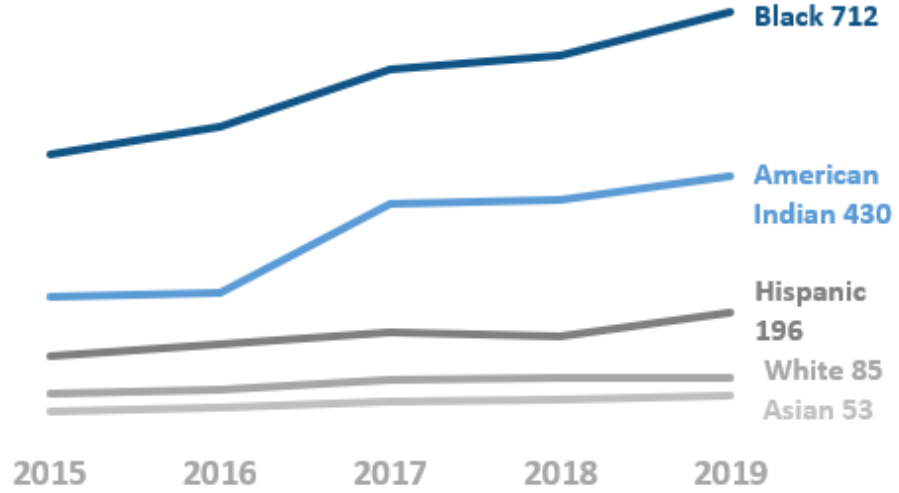
The rate* of gonorrhea continues to rise in Arizona and the United States.



Men have had higher rates* of gonorrhea than women.



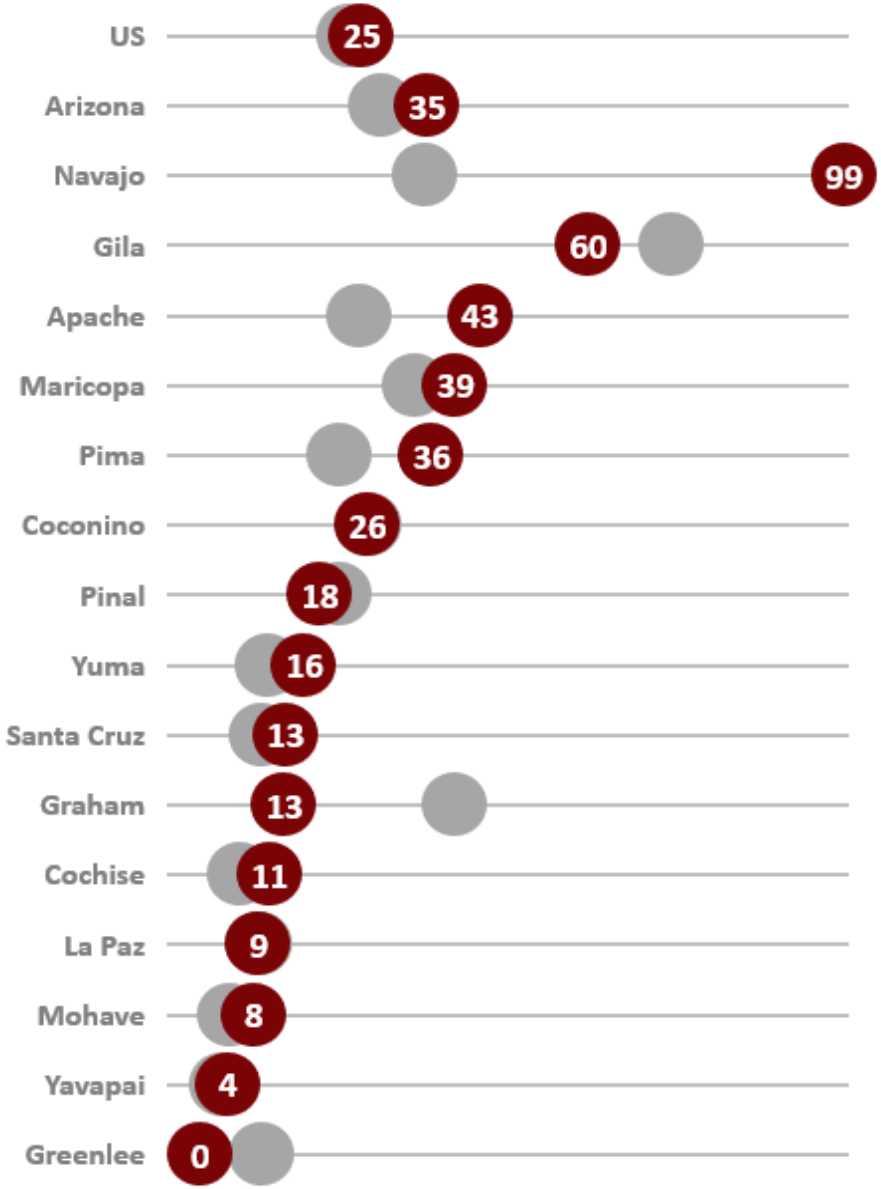
The rise in gonorrhea rates* has disproportionately impacted Black/African American and American Indian** communities in Arizona.



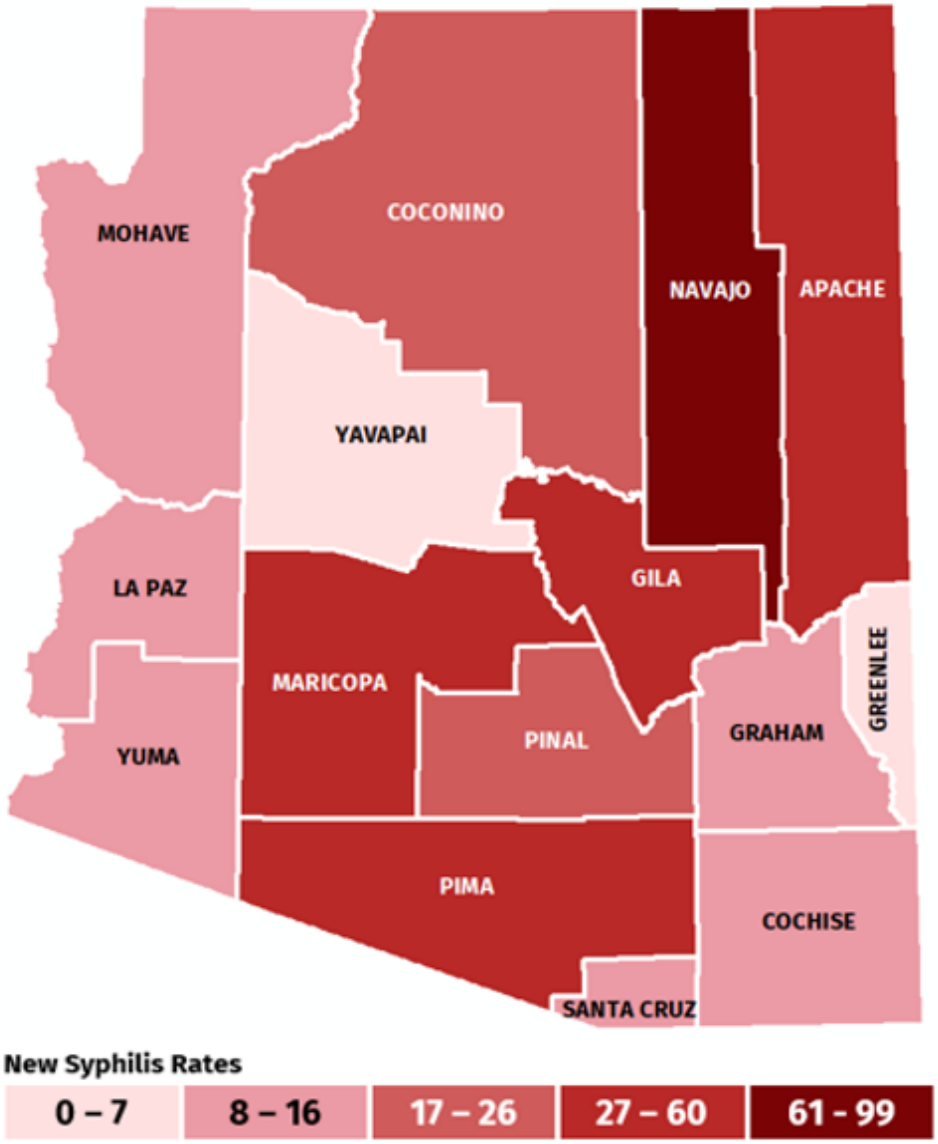
*Rates calculated per 100,000

**Race is frequently not reported for gonorrhea. In 2019, 21% of cases were missing race information.

The majority of Arizona counties had higher rates* of new syphilis in 2019 than in 2018.

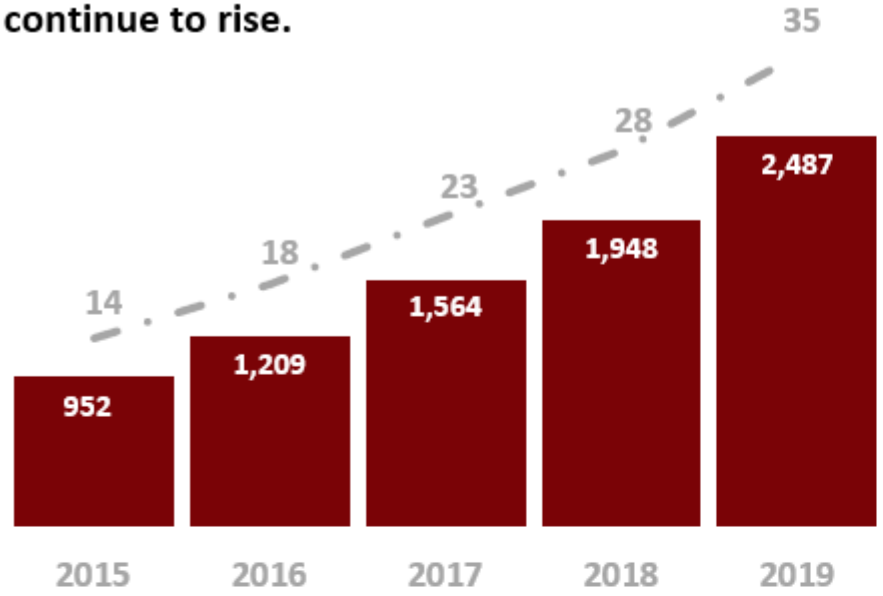


The Northeast and Southwest corners of Arizona have the highest rates* of new syphilis.

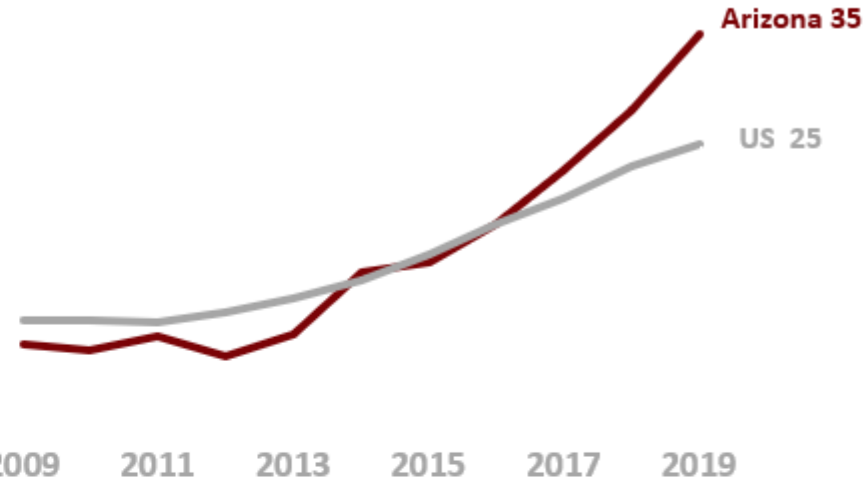


*Rates calculated per 100,000

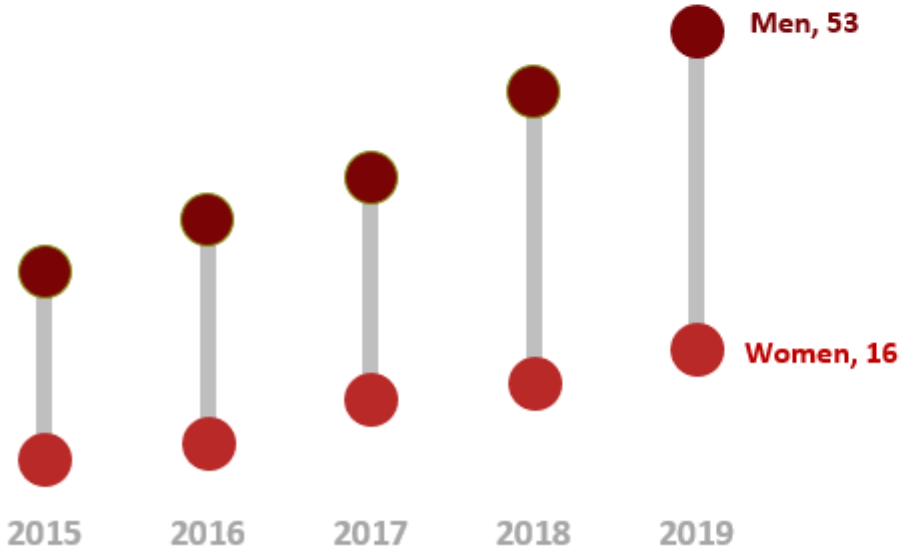
In Arizona, new syphilis* cases and rates** continue to rise.



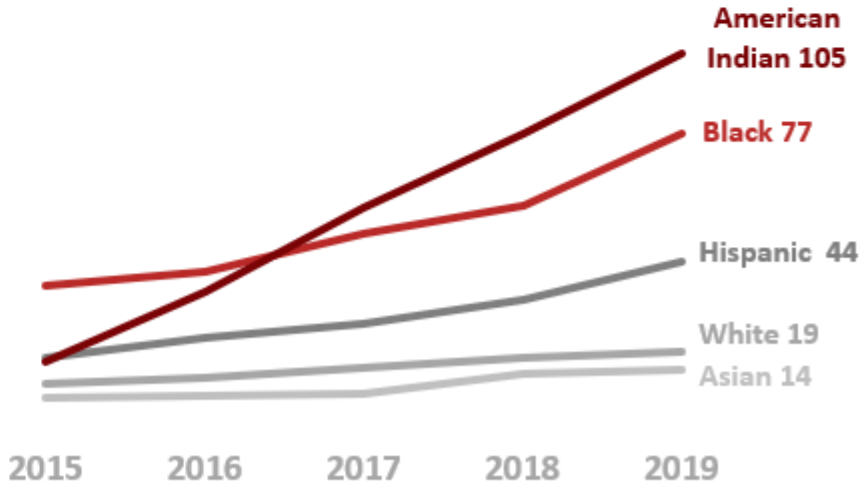
Arizona has a higher rate** of new syphilis* than the United States.



Syphilis rates** are highest in men.



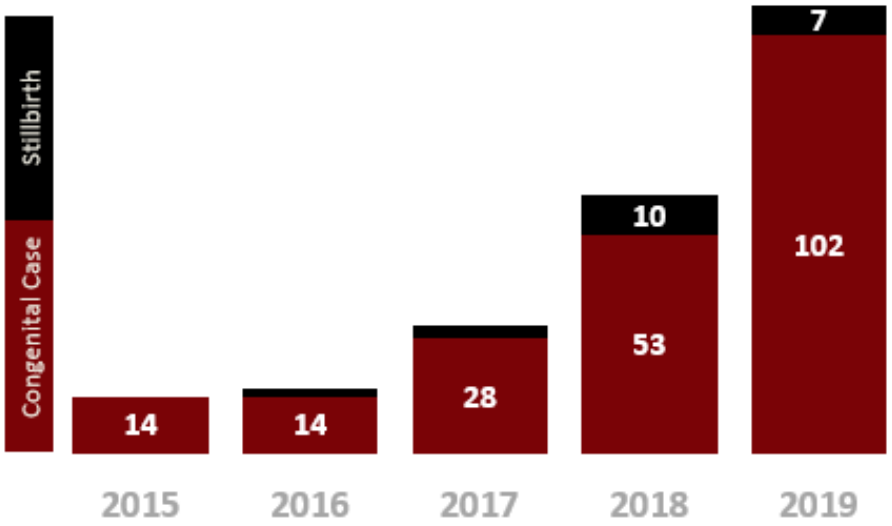
The rise in syphilis rates** has disproportionately impacted American Indian communities in Arizona.



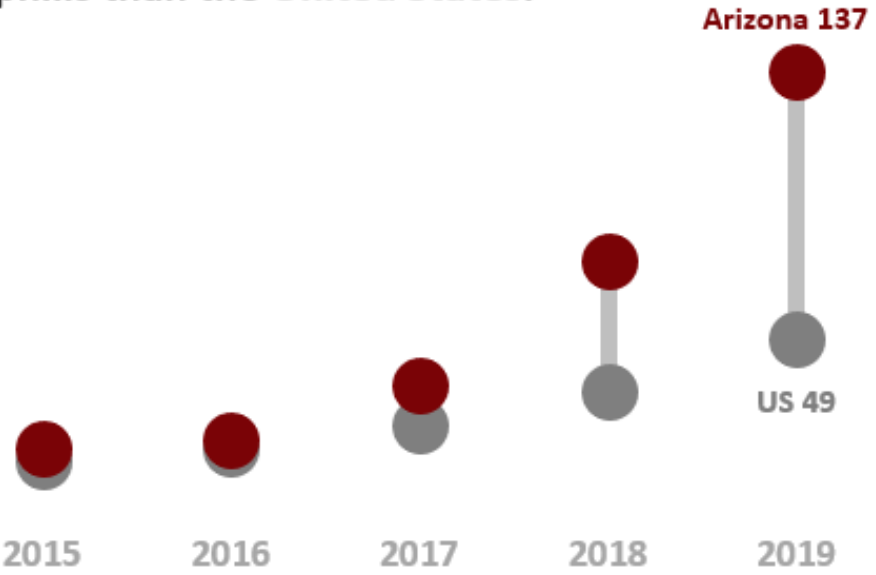
*Numbers included in this dashboard reflect primary, secondary, and early syphilis only.

**Rates calculated per 100,000

The number of congenital syphilis cases in Arizona has increased since 2016.

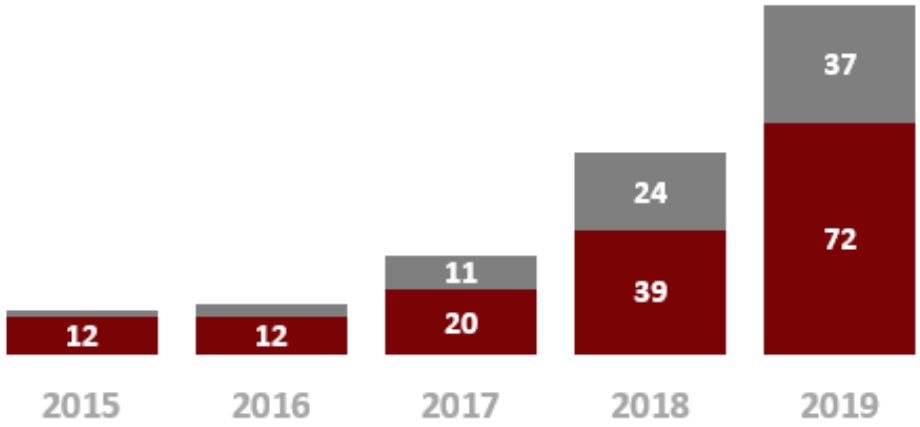


Arizona has a higher rate* of congenital syphilis than the United States.

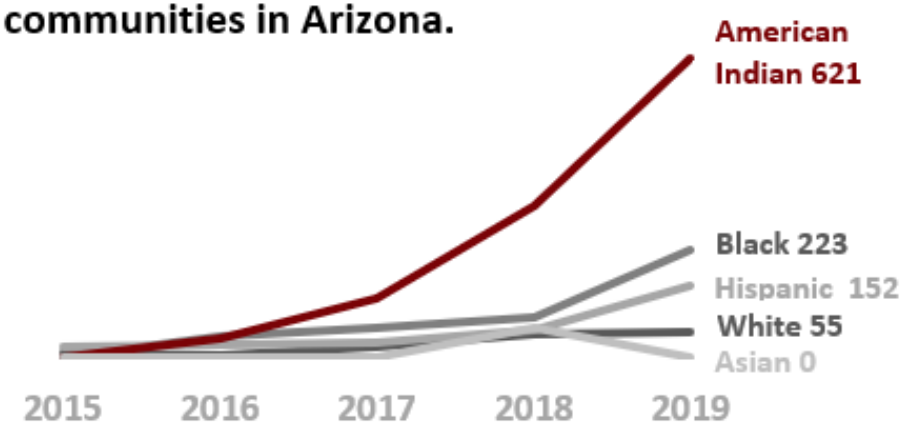


Cases are increasing statewide.

66% of cases occur in Maricopa County.



The rise of congenital syphilis has disproportionately impacted American Indian communities in Arizona.



*Rates calculated per 100,000 live births. Congenital syphilis denominator calculated from ADHS Vital Statistics Birth Population and Fetal Demise data.

Appendix 2: Tables

Table 1

Sexually Transmitted Infections: Cases and Rates per 100,000 by County, Arizona, 2019*

County	Chlamydia		Gonorrhea		New Syphilis**		Congenital Syphilis	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Apache	552	769	192	267	31	43	*	*
Cochise	486	372	61	47	14	11	*	*
Coconino	1,131	768	264	179	38	26	*	*
Gila	223	404	55	100	33	60	*	*
Graham	190	494	40	104	*	*	*	*
Greenlee	34	328	*	*	0	0	*	*
La Paz	74	335	23	104	*	*	*	*
Maricopa	28,481	652	10,728	246	1723	39	72	140
Mohave	541	249	211	97	18	8	*	*
Navajo	805	713	316	280	112	99	*	*
Pima	6,693	641	2,218	212	373	36	7	67
Pinal	2,053	451	652	143	84	18	11	243
Santa Cruz	244	459	30	56	7	13	0	*
Yavapai	562	242	125	54	10	4	0	*
Yuma	1,150	500	330	144	37	16	*	*
Arizona	43,219	601	15,250†	210†	2,487	35	109	137

*Case counts under 6 and associated rates are excluded.

**New syphilis includes Primary, Secondary, and Early Syphilis.

†Sum rounded to nearest tens unit due to non-zero addend less than 6.

Table 2

Chlamydia Cases and Case Rates per 100,000 by Age Group, Arizona 2017-2019

	2017		2018		2019	
Age Group*	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**
10-14	188	41	210	45	181	38
15-19	9,302	1,994	9,393	1,993	9,645	2,031
20-24	14,508	2,993	14,880	3,044	15,830	3,206
25-29	7,736	1,597	7,993	1,587	8,387	1,617
30-34	3,610	805	3,823	832	4,156	887
35-39	2,069	477	2,127	475	2,262	492
40-44	976	237	1,135	272	1,223	290
45-49	577	137	598	139	694	160
50-54	342	80	333	79	409	98
55-59	193	45	209	48	236	53
60-64	78	20	82	20	109	26
65+	48	4	68	6	76	6
Total	39,633	572	40,857	577	43,219	601
	N	**%**	**N**	**%**	**N**	**%**
Under 25	24,004	61%	24,489	60%	25,667	59%
Under 30	31,740	80%	32,482	80%	34,054	79%

*Ages 0-9 not shown.

Table 3

Chlamydia Cases by Age Group and County, Arizona 2019

Age Group**	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Total
Apache	6	98	167	114	83	38	21	10	8	*	*	*	552
Cochise	*	149	183	79	24	25	10	*	*	*	0	0	486
Coconino	6	312	451	180	88	59	15	11	6	0	*	0	1,130†
Gila	*	59	66	43	30	14	7	*	0	0	0	0	223
Graham	*	53	63	42	18	7	*	0	*	*	0	0	190
Greenlee	0	6	18	8	*	*	0	0	0	0	0	0	34
La Paz	0	11	23	18	12	*	*	*	*	0	0	0	74
Maricopa	102	6,020	10,475	5,683	2,738	1,501	845	511	296	176	69	59	28,475
Mohave	*	144	178	96	57	24	15	9	9	*	*	*	541
Navajo	8	180	220	158	122	60	31	12	*	7	*	0	805
Pima	34	1,661	2,564	1,161	585	327	174	70	52	27	25	10	6,690
Pinal	*	519	732	369	207	110	46	35	15	10	*	*	2,053
Santa Cruz	*	63	81	50	24	16	*	*	0	*	0	0	244
Yavapai	*	138	187	122	45	23	22	9	*	*	*	*	562
Yuma	*	232	422	264	122	53	29	15	7	*	*	0	1,150
Arizona	181	9,645	15,830	8,387	4,160†	2,262	1,223	694	409	236	109	76	43,210†

*Denotes count <6.

**Ages 0-9 not shown.

†Sum rounded to nearest tens unit due to non-zero addend less than 6.

Table 4

Gonorrhea Cases and Case Rate per 100,000 Population by Age Group, Arizona 2017-2019

	2017		2018		2019	
Age Group*	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**
10-14	54	12	37	8	39	8
15-19	1,853	397	1,664	353	1,826	374
20-24	3,225	665	3,353	686	3,827	760
25-29	2,801	578	2,849	566	3,434	748
30-34	1,773	395	1,958	426	2,361	527
35-39	1,128	260	1,220	272	1,511	363
40-44	633	154	681	163	836	194
45-49	462	110	498	116	578	137
50-54	297	70	318	75	395	90
55-59	164	38	179	41	255	62
60-64	68	17	67	16	106	9
65+	49	4	69	6	71	1
Total	12,513	181	12,896	182	15,250	216
	N	**%**	**N**	**%**	**N**	**%**
Under 25	5,132	41%	5,057	39%	5,703	37%
Under 30	7,933	63%	7,906	61%	9,137	60%

*Ages 0-9 not shown. Arizona rate reflects all ages.

Table 5

Gonorrhea Cases by Age Group and County, Arizona 2019

Age Group**	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Total
Apache	*	11	34	46	46	17	14	10	*	*	*	*	189
Cochise	0	12	16	11	*	*	*	0	*	*	0	*	61
Coconino	*	44	55	41	48	35	17	12	7	*	0	0	264
Gila	0	9	13	14	10	*	*	0	*	0	0	0	55
Graham	0	*	11	15	*	*	*	*	0	*	0	0	40
Greenlee	0	0	*	*	*	0	0	0	0	0	0	0	*
La Paz	0	*	6	7	*	*	0	0	0	0	0	0	23
Maricopa	28	1,295	2,753	2,411	1,609	1,010	592	420	297	182	72	53	10,722
Mohave	*	12	42	49	33	36	17	9	*	*	*	0	211
Navajo	0	44	54	76	63	41	16	11	8	*	0	*	316
Pima	*	242	540	504	362	241	120	77	46	42	27	12	2,220†
Pinal	*	102	173	156	92	53	28	18	12	12	*	*	651
Santa Cruz	0	7	8	*	7	*	0	*	*	0	0	0	30
Yavapai	0	12	35	29	22	12	*	6	*	*	0	0	125
Yuma	*	32	86	67	53	50	20	13	7	*	0	0	330
Arizona	39	1,826	3,830†	3,434	2,361	1,511	836	578	395	255	106	71	15,240†

*Denotes count <6.

**Ages 0-9 not shown.

†Sum rounded to nearest tens unit due to non-zero addend less than 6.

Table 6

New[§] Syphilis Cases and Case Rate per 100,000 Population by Age Group, Arizona 2017-2019

	2017		2018		2019	
Age Group**	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**
10-14	*	*	*	*	*	*
15-19	85	18	96	20	104	21
20-24	244	50	314	64	404	78
25-29	318	66	383	76	520	111
30-34	265	59	316	69	432	94
35-39	197	45	265	59	319	76
40-44	123	30	167	40	213	49
45-49	109	26	147	34	168	40
50-54	114	27	121	29	130	29
55-59	59	14	78	18	109	26
60-64	25	6	40	10	49	4
65+	23	2	23	2	38	1
Total	1,565[†]	25[†]	1,950[†]	30[†]	2,490[†]	35[†]
	N	**%**	**N**	**%**	**N**	**%**
Under 25	331	21%	411	21%	509	20%
Under 30	649	41%	794	41%	1029	41%

[§]New syphilis includes Primary, Secondary, and Early Syphilis.

*Denotes count <6.

**Ages 0-9 not shown.

[†]Sum rounded to nearest tens unit due to non-zero addend less than 6.

Table 7

New[§] Syphilis Cases by Age Group and County, Arizona 2019

Age Group**	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Total
Apache	0	0	*	*	10	*	7	0	*	0	*	0	31
Cochise	0	*	*	*	*	*	*	*	0	0	*	0	14
Coconino	0	*	7	8	10	*	*	*	*	0	*	*	38
Gila	0	*	7	6	8	6	*	0	0	0	*	0	33
Graham	0	*	*	*	0	0	*	0	0	0	0	0	*
Greenlee	0	0	0	*	0	0	0	0	0	0	0	0	*
La Paz	0	0	*	*	0	0	0	0	0	0	0	0	*
Maricopa	0	72	257	371	297	223	151	131	97	83	25	16	1,723
Mohave	0	*	*	*	*	*	*	0	*	*	*	0	18
Navajo	0	9	27	33	22	8	*	*	*	*	0	*	112
Pima	*	7	68	68	57	58	27	20	18	18	14	17	370[†]
Pinal	0	6	15	13	12	11	10	8	*	*	*	*	84
Santa Cruz	0	*	*	*	*	*	0	0	0	0	0	0	7
Yavapai	0	*	*	*	*	*	*	0	*	*	0	0	10
Yuma	0	0	7	8	*	*	*	*	*	0	*	*	37
Arizona	*	104	404	520	432	319	213	168	130	109	49	38	2,490[†]

[§]New syphilis includes Primary, Secondary, and Early Syphilis.

*Denotes count <6.

**Ages 0-9 not shown.

[†]Sum rounded to nearest tens unit due to non-zero addend less than 6.

Table 8

Syphilis Cases by Stage, Arizona 2017-2019

	2017		2018		2019	
Stage*	**N**	**%**	**N**	**%**	**N**	**%**
Primary	340	14%	391	12%	554	14%
Secondary	603	25%	661	20%	743	18%
Early Latent	621	26%	896	27%	1,190	29%
Late Latent	830	34%	1249	38%	1,448	36%
Congenital	31	1%	63	2%	109	3%
Total	2,425		3,260		4,044	

*Stage is an indication of where a case is at in their infection. Primary and secondary cases are symptomatic and infectious (they can spread the infection to others). Early latent cases were infected sometime within the past year and were symptomatic and infectious sometime within the last year. Late latent cases were infected over a year ago and can no longer spread the infection to others.