SEXUALLY TRANSMITTED DISEASES AMONG AFRICAN AMERICANS IN ALLEGHENY COUNTY

A BLACK PAPER FOR THE URBAN LEAGUE OF PITTSBURGH

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EXECUTIVE SUMMARY

The first report in our series of Black Papers for the Urban League of Pittsburgh was "The Health Status of African Americans in Allegheny County" One of our major findings in that report was the large degree of disparity observed for chlamydia and gonorrhea cases among adolescents in Allegheny County (hereafter referred to as "the County").

Although most sexually transmitted diseases are preventable, STDs collectively represent an enormous public health problem. In 1997, the Institute of Medicine characterized sexually transmitted diseases as "hidden epidemics." STDs are considered hidden because only a small proportion of those infected with STDs are symptomatic. When left untreated, STDs can cause harmful, often irreversible and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. Annually, STDs and their complications cost over $16 billion in the US.

Furthermore, most of the financial resources allocated to STD prevention have been devoted to the detection and treatment of STDs, despite the fact that a large proportion of those treated at public clinics will be re-infected with an STD. Effective methods beyond testing and treatment to control STD epidemics are greatly needed.

This report contains three main parts, the first is a detailed analysis of STD conditions and trends in the County and selected areas within the County; the second examines effective behavioral intervention programs in the US that were successful in reducing the rate of STD infection among program participants; the final section identifies the core elements of an effective STD surveillance and prevention system.

From 1996-2000, black females were 22 and 46 times more likely to be reported as having chlamydia and gonorrhea (respectively) than white females, in the County. In this same time period, black males were 42 and 75 times more likely to be reported as having chlamydia and gonorrhea (respectively) than white males in the County. When compared to the Healthy People 2010 goals for gonorrhea, the current rate for black females in the County is 2.4 times greater and 3.9 times greater for black males.

Of the four major geographic areas in the County that we examined, black females in the Uptown /Oakland had the second highest number of chlamydial and gonorrheal infections within the four areas. African American males, ages 15-19 and 20-24 in this area had the highest reported rate of chlamydial infections and the second lowest for gonorrheal infections among all age and racial groups within the four areas.

Through numerous sources, we searched for effective behavioral prevention programs, targeting adolescents, which demonstrated a reduction in STD infections. We found two types of programs; those that used self reported behavior change as the outcome variable mostly in HIV/AIDS intervention programs and those that used decrease in STD infections among target groups as an outcome variable. Among other factors, the programs we examined are effective for several reasons:

- They used "STD reduction" in the study population as an outcome variable, instead of only using self-reported behavior change information.
- They provide examples of scientifically grounded interventions that can be used to stop the STD epidemic.
- They provided good examples of cost effective methods, such as culturally appropriate videos, for reducing STDs.

One of the major conclusions of the Institute of Medicine report was "many components of the [STD surveillance] system need to be redesigned and improved through innovative approaches and closer collaborations." To establish an effective national system for STD prevention, the IOM committee recommended four major strategies for public and private sector policymakers at the local, state and national levels. The final section if this paper presents a brief summary of these strategies and provides some insight to their implementation in the County.

I. Introduction

Despite being preventable and treatable, sexually transmitted diseases collectively represent an enormous public health problem. In 1997, the Institute of Medicine characterized sexually transmitted diseases (STDs) as "hidden epidemics of tremendous health and economic consequences in the United States." While extremely common, STDs are difficult to track because a large proportion of people with these infections do not have symptoms and will remain undiagnosed. These "hidden" epidemics are magnified with each new infection that goes unrecognized and untreated. When left untreated, STDs can cause harmful, often irreversible and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer.

Adjusting for increased testing and tests with higher sensitivity, there is a slight decrease in new cases of chlamydia and gonorrhea; however, this is not the case for adolescents and racial/ethnic groups in the nation.[1-2] One in three US residents will be diagnosed with at least one STD by age 24. However, African Americans are at even greater risk of being infected with an STD before the age of 24. For example, black females in the US are 23 times more likely to be diagnosed with a gonorrheal infection than white females.

Though African American adolescents are more likely to wear condoms than other adolescent racial groups, they are at the greatest risk of acquiring, gonorrhea and chlamydia, among all other racial and age groups.[3-5] For example, in 1999 according to the Centers for Disease Control (CDC), African American females age 15-24 experienced the highest rates among all racial, ethnic, and age categories. In 1999, African American females ages 15-19 were 19 times more likely to be diagnosed with gonorrhea than white females in the same age group. In 1999, African American men in the 15-19 year old age category had a gonorrhea rate of 1,996.5 cases per 100,000 males, which was 52 times higher than the rate among 15-19 year old white males. Among 20-24 year-olds in 1999, the gonorrhea rate among African Americans was 27 times greater than that among non-Hispanic whites (3,425.8 and 126.3 cases per 100,000 persons respectively).[2]

The reasons why minority groups are at higher risk of acquiring STDs are numerous and of a more complex nature. Some of the reasons for the increased risk are lower socioeconomic status, low utilization of health care, lack of access to quality health care, and social segregation, which causes increased risk due to limited sexual networks. Teens and young adults overall are at increased risk for acquiring STDs because they are more likely than other age groups to have multiple partners, have partners with higher than average risk of being infected and are less likely to use condoms. Additionally, the adolescent female's reproductive system is more sensitive to certain STD infections.[1-2, 4-5]

This report examines STDs among African Americans in the County and provides examples of initiatives that may be modified and used in the County as part of an action plan to be later defined by this committee. Because initiatives are being investigated within these specific areas, the authors of this report along with members from partnering agencies selected the following four geographic areas of the County in which to study STDs among adolescents:

- *East End of Pittsburg*h: East Liberty, Homewood and Wilkinsburg
- *South Sid*e: South Side (Carson), Mt Oliver
- *Mon Valley Area* : Braddock, McKeesport, Homestead
- *Uptown (Hill District) and Oakland*

The next section of this report provides a brief discussion of gonorrhea and chlamydia among African Americans in the County (Tables 1) and then in the four areas (Tables 2-5). We also presented data for each individual neighborhood, where there was an annual average of 20 or more cases (for gonorrhea and chlamydia separately) among African Americans (Table 6-16). When whites in the same age groups and neighborhoods met the same selection criterion, this information was also presented. To assure the complete anonymity of individuals, when presenting the information for the individual neighborhoods, we only provided information by age group when the number of cases was larger than ten.

The third section will provide model programs and/or initiatives that are proven to be effective in reducing the incidence of STDs. The final section consists of four strategies recommended by the Institute of Medicine (IOM) that can be implemented in the County to reduce the high incidence rates of STDs among the black residents of the County.

Before we proceed we wish to briefly discuss two important issues surrounding the difference in STD rates between black and whites. The first concerns the notion that the reported rates are an artifact of reporting biases. All clinicians are required by law to report chlamydial and gonorrheal infections. Low income African Americans are more likely to utilize services from public health clinics, which are more likely to report all diagnosed cases. However, whites as a whole are more likely to utilize services from private providers who are less likely to report diagnosed cases. Though this difference in complying with reporting procedures can distort the true incidence rates, this biased reporting practice only explains a very small proportion of the difference in rates. [5-6]

Is the number of positive cases of STDs reflective of the entire population or just of those who were tested? This issue concerns whether the number of positive cases of STDs reflects the entire population or just those who were tested. Some critics rightfully insist that the total number of positive cases is only representative of the total number of people tested and not the entire population at large. But according to the Institute of Medicine and the American Social Health Association, the actual rate of some STDs is as much as twice the reported rate.[1, 5]

Regardless of these two arguments posed by professionals, STDs are a huge burden on the young African American community in the County. In particular, gonorrhea and chlamydia which if go untreated can cause adverse health conditions such as pelvic inflammatory disease, tubal infertility, ectopic pregnancy, and chronic pelvic pain. [1, 4, 5]

II. STD Conditions and Trends in Allegheny County and Selected Areas

A. Allegheny County, 1996-2000 (Table 1)

Chlamydia

- Chlamydia is the most common STD among Allegheny County residents; African Americans have the highest rates when compared to other racial groups.
- African American females, age 15-19 and 20-24 have the highest reported rate of chlamydia (10, 887.1 and 8, 096.1cases per 100,000 respectively) among all racial and age groups.
- From 1996-2000, the incidence rate of chlamydia has increased continuously among African American females. The reported rates of chlamydial infection have increased 74% among African American females and 38% for white females.
- African American females are 22 times more likely to be reported as having chlamydia.
- From 1996-2000, the rate among African American males increased 28% as compared to 54% for white males. However, black males are 42 times more likely to be reported as having chlamydia.

Gonorrhea

- African American females, ages 15-19 and 20-24 have the highest reported rates of gonorrhea and chlamydia among all racial and age groups in the County.
- From 1996-2000, the reported rates for African American females increased 46% and 60% for white females. However, African American females are 46 times more likely to be reported as having gonorrhea.
- The average rate of new gonorrhea infections among black females is 2.4 times that of the Healthy People 2010 goal of 19.0 new cases per 100,000 population.
- From 1996-2000, the rate among African American males increased 33% as compared to 73% for white males. However, black males are 76 times more likely to be reported as having gonorrhea.
- The average rate of new gonorrhea infections among black males is 3.9 times that of the Healthy People 2010 goal of 19.0 new cases per 100,000 population.

B. Uptown/Hill District, 15219 and Oakland, 15213 (Table 2)

- The Uptown/Oakland area has the second highest number of chlamydial and gonorrheal infections within the four areas.
- African American females in the Uptown/Oakland area, however, have the lowest reported rates of chlamydia and the second lowest for gonorrhea among the four areas.
- African American females, ages 15-19 and 20-24, in this area have the lowest reported rates of chlamydia and gonorrhea infection among all age and racial groups within the four areas.

- African American males, ages 15-19 and 20-24 in this area have the highest reported rate of chlamydial infections and the second lowest for gonorrheal infections among all age and racial groups within the four areas.

C. East End: 15206, 15208, 15221 (Table 2)

- African American females and males in the East End have the highest reported rates of chlamydia and gonorrhea among the four areas.
- Though the highest number of chlamydial and gonorrheal infections is located in the East End, African American females, ages 15-19 and 20-24 in this area have the third highest reported rate of chlamydial and gonorrheal infection, among all racial and age groups among the four areas.
- African American males in the East End have the highest reported rates of both chlamydial and gonorrheal infections among the four areas.

D. Mon Valley Area: 15130-15135, 15104, 15120 (Table 3)

- African American females and males in the Mon Valley area have the second highest reported rates of chlamydia and gonorrhea among the four areas.
- African American females, ages 15-19 and 20-24, in the Mon Valley area have the highest reported rates of chlamydia and gonorrhea rates among all age and racial groups within the four areas.
- African American males in this area have the second highest reported rate of gonorrheal and chlamydia infections within the four areas.

E. South Side: 15203 and 15210 (Table 4)

- African American females in the South Side have the second lowest rate of chlamydia and have the lowest gonorrhea rate among the four areas.
- African American females, ages 15-19 and 20-24, in the South Side Area have the second highest reported rates of chlamydia and gonorrhea rates among all age and racial groups within the four areas.
- African American males in this area have the lowest reported rate of gonorrheal infections and the second lowest for chlamydia infections.

III. Effective STD Programs

Most of the financial resources allocated to STD prevention have been devoted to the detection and treatment of STDs, despite the fact that a large proportion of those treated at public clinics will be re-infected with an STD.[1, 5] We believe that effective methods of STD prevention beyond testing and treatment to control STD epidemics are greatly needed. One promising method of reducing STDs is the use of intervention programs based on behavioral change theories.

Through numerous sources, we searched for effective behavioral prevention programs, targeting adolescents that demonstrate a reduction in STD infections. We found two types of programs; those that used self-reported behavior change as the outcome variable mostly in HIV/AIDS intervention programs and those that used decrease in STD infections among target groups as an outcome variable. The former set of programs is

relevant because one of the main goals of these programs was to decrease the frequency of unprotected sex, which is the main mode of STD transmission.

We chose to make the distinction between using reported behavior change and an STD as the outcome variable because STD infection is related to both personal behavior and prevalence. One's personal behavior in a population with low prevalence of STDs exposes them to a different level of risk than the same behavior in a population with a high prevalence of STDs. However it must be noted that STD behavioral prevention programs that use a decrease in high risk behaviors, such as number of sex partners or frequency of condoms, as their sole outcome variable have limitations based on assumptions. These programs assume that a change in behavior will eventually lead to a decrease in STD infections among the participants. Such a connection does not incorporate the fact that self-reported information, such as behavior change, could often be biased and also ignores the prevalence rate from which the individuals seek their sex partners. Effective behavioral prevention programs should use clinical diagnosis as an outcome variable as one means of checking the reported behavior change.[1]

A. Programs that used change in high-risk behavior as the outcome variable

The literature shows that prevention programs targeted at adolescents are effective vehicles to have statistically significant changes in knowledge, attitude, and beliefs. The duration of such changes have ranged from two weeks to 18 months. Prevention programs reported to have caused changes in knowledge, attitude, and beliefs were found to have three similar elements:

(1) peer educators,
(2) endorsements of adults in the community, and
(3) access to youth through structured settings, such as schools and community centers.

Specific activities common to these programs included small and large group discussions, videotapes, teen theater, peer support groups, and opportunities to work with people with HIV/AIDS. It was also shown that culturally and linguistically appropriate programs were more effective in delivering HIV/AIDS prevention programs to the specific groups.[10-11] It is important to note that one author suggests that cognitive-developmental limitations are not a good explanation of sexual risk taking of adolescents. However, the literature is very conclusive that effective HIV/AIDS prevention programs targeted at adolescents do change the knowledge, attitudes, and beliefs and possibly the practices.[7-8]

B. Programs that used reduction in STD infection as the outcome variable

We found only three programs that examined the efficacy of the increase in reported safe sex practices on the decrease in STDs within the target population. The first program, Project RESPECT, is based on two social behavioral change models, the Theory of Reasoned Action and the Social Cognitive Theory. The program was simultaneously conducted in four large urban cities with high rates of HIV and STDs.

The program participants who received the intervention were more likely to use condoms and were less likely to be diagnosed with STDs after they received the intervention. However, the effects of the program waned over time, at 12 months after the intervention, no difference in STD rates between the participants and control group was noted. [9]

The second program used a video-based education program followed by a group discussion. The goal of this program was to reduce STD infection among African American and Hispanic males seeking services at an STD clinic in New York City. The program used a culturally appropriate video to deliver information to the program participants. The rates of new infection were significantly lower for those exposed to the video-based prevention education as compared to those who received regular clinical service. Furthermore, there are two additional aspects of this program:

- Viewing the video alone was as effective as viewing the video and participating in the brief counseling session.

- The second hopeful aspect of this program was that it used a statewide computer surveillance system to track any new infections among the program participants.[10]

The third program examined used the AIDS risk reduction model and data gathered from an extensive ethnographic study to design the intervention. The goal of the program was to reduce sexually transmitted diseases among African American and English-speaking Mexican-American women. Of the three types of programs examined in this report, this program had the longest continuous effect on the rates of STD infection. Women who received the intervention were significantly less likely than those in the control group to have gonorrheal or chlamydial infections from entry to 12 months. Though none of these programs targeted adolescents, we included them because they are still effective for several reasons:

- They used STD reduction in the study population as the outcome variable, instead of only using self-reported behavior change information.

- They were all successful in reducing the rates of STDs using behavioral intervention theories.

- They provide examples of scientifically grounded interventions that can be used to stop the STD epidemic.

- They provide good examples of cost effective methods, such as using culturally appropriate videos that are commercially available or the use of existing staff at a public STD clinic to provide brief counseling for reducing STD infections and high risk behaviors.[11]

IV. Strategies to Develop an Effective STD Surveillance and Prevention System

In its report, the IOM concluded that an "effective national system for STD prevention currently does not exist and as a result, STDs are a severe health burden in the United States." The report further concludes, "Many components of the system need to be redesigned and improved through innovative approaches and closer collaborations. In addition, programs that address important gaps in the current fragmented system of services have not yet been designed and implemented."

To establish an effective national system for STD prevention, the IOM committee recommended four major strategies for public and private sector policymakers at the local, state and national levels. This section presents a brief summary of these strategies and provides some insight to their implementation in the County.

Strategy 1: Design and implement essential STD-related services in innovative ways for adolescents and underserved populations.

> **A. Problem:** As we have demonstrated, black adolescents in the County suffer from chlamydia and gonorrhea at higher rates than other age and racial groups. The unwillingness to discuss healthy sexual behavior, while it is clearly evident that adolescents are having unprotected sex, is irrational and socially irresponsible.
>
> **Recommendations***: **Leaders in Allegheny County must act now. We must investigate and implement behavioral prevention programs targeting adolescents and minority groups. Prevention programs should focus on those that have not initiated sexual activity and on teaching skills to reduce high-risk sexual behavior among those that are sexually active. In 1997 according to the CDC, 53.6% of black high school students indicated that they were sexually active and of those 36% indicated that they did wear a condom during their last sexual intercourse. This provides clear evidence that intervention programs should target school age children within the County. Services should include age-appropriate STD-related services, including health education, access to condoms, and readily accessible and available clinical services, such as school-based clinical services. Programs should also be implemented to focus on disenfranchised groups such as the homeless, substance abusers, gay and lesbian males and females and all incarcerated individuals.***

Strategy 2: Overcome barriers to adoption of healthy sexual behaviors.

> **A. Problem:** One of the major obstacles to effective STD prevention is the lack of knowledge of STD mostly created by the lack of open discussion by parent to child, by the media to the public, between sex partners, and by clinicians to patients.

Recommendations: *Through a partnership, the leadership of the Allegheny County Health Department and other health care provider organizations must lead all stakeholders in seeking ways to create an environment for open discussion, promote awareness and support a balanced mass media campaign to adopt a new healthy sexual lifestyle among all residents of the County, such as the exclusive use of condoms and limiting sexual partners.*

B. Problem: Adolescents, especially minorities, are the largest group affected by STDs. Clinicians have a unique opportunity to counsel and test adolescents at medical visits. However, several studies have shown that a large proportion of sexually active adolescent patients are not being counseled or tested during their medical visits. Allegheny County Health Department (ACHD) has an agreement with 36 sites throughout the County to provide free testing and treatment services. Though ACHD recommends that all sexually active adolescents and young adults be tested for chlamydia and gonorrhea, it is unclear as to the extent this is being done.

Recommendations: *Comprehensive sexuality training for health care professionals, educators, and researchers should be established in order to increase their comfort working with sexual health issues and their effectiveness in sexual behavior counseling. ACHD should assess the extent to which its partners are testing sexually active adolescents, especially those servicing low-income individuals.*

C. Problem: Effective interventions are limited by information of the target population. Though a large amount of information is available on a national level, no comprehensive data on behavior is available at the local level.

Recommendations: *Allegheny County is unique in the density of academic institutions. A strong collaborative partnership must be developed between these institutions and the various community based organizations that represents the community. Only through such a working relationship can behavioral interventions that are developmentally, culturally and linguistically appropriate be researched, designed and implemented. To move forward, we must overcome the erroneous idea that asking questions about sexual behavior increases sexual activity among adolescent respondents.*

Strategy 3: Develop strong leadership, strengthen investment, and improve information for STD prevention

A. Problem: Major barriers to effective STD prevention systems are "found in government, private sector organizations, and political factors and norms." To build an effective system, "highly visible and strong leadership and support are needed from both the public and private sectors, especially from elected officials." One clear example is the ACHD's decision to not distribute condoms at

the main testing site, which is frequented by a large number of high-risk individuals.

Recommendations: *Private sector organizations, community based organizations, clinicians and especially those that are publiclycharged to protect the public's health should assume more leadership and responsibility for STD prevention. Through a consortium of private and public leadership, it should be ensured that all persons have access to comprehensive, high-quality STD related services. Several different locations, including the main site of ACHD should be made available for the distribution of sexual education materials and for the distribution of condoms.*

B. Problem: Though it is widely known that behavioral intervention, testing and treatment services will avert emotional suffering and large financial costs, the appropriate amount of resources are not allocated for such programs. For example, ACHD's STD program has been experiencing budget cuts for the past three years.

Recommendations: *Locally elected officials and private grant making organizations should provide additional funding for STD prevention services in the County. A more modern facility to provide STD services with more discretion is greatly needed.*

C. Problem: Surveillance and information systems are important in monitoring and evaluating a system for prevention. "The current national system needs enhancement because not all persons with STDs seek medical care and because many clinical encounters with health care professionals, especially those in the private sector setting, are not reported." More specifically, we detected two major barriers to an effective surveillance system with ACHD's system. Currently, ACHD aggregates its STD data according to zip code. This provides less than adequate monitoring because estimating population data only by zip code is one of the most flawed ways of counting population. A second barrier of the ACHD's surveillance system concerns the numbers of tests performed by age, sex and race in the County. The main STD clinic collects data according to age, race and gender but the other testing sites do not. Collecting information in this manner does not allow for effective surveillance. Knowing the race, age and sex of individuals tested is appropriate because it allows for effective monitoring of the true incidence of STD among the various age, gender and racial groups. Monitoring the total number of tests performed and the observed incidence rate allows one to determine if the rate actually increased or decreased due to testing variation.

Recommendations: *Aggregate STD data should be collected using the widely accepted measures of the CDC. To monitor the true incidence rate, the age, race and gender of the individuals should also be collected when public funds are being used in performing the tests.*

Strategy 4: Ensure access to and quality of essential clinical services for STDs.

A. Problem: "Both public and private sector clinical services for STDs are currently fragmented, inadequate, and sometimes of poor quality. This situation leads to coverage gaps, inadequate access to services, and ineffective clinical services." This is somewhat clear by the continued high rates among minorities in the County.

Recommendations: *ACHD, with assistance from the state health department and GSPH and in consultation with the community, should determine how to provide more high-quality, comprehensive STD-related clinical services that effectively meet the needs of the community.*

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Table 1. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of Allegheny County, 1996-2000 by gender, selected race and age groups

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
15-19	Black	437	6981.9	694	10917.1	772	11959.7	843	12864.3	779	11712.5	10887.1	18.6
	White	160	493.1	215	655.3	236	711.5	172	513.0	190	560.6	586.7	
20-24	Black	321	5389.5	458	7753.5	483	8245.1	508	8745.1	596	10347.2	8096.1	14.3
	White	118	385.3	164	539.4	195	646.1	187	624.2	189	635.7	566.1	
Total	Black	990	1150.6	1476	1705.0	1601	1838.3	1746	1992.7	1764	2001.3	1737.6	21.5
Pop.	White	361	60.6	501	84.9	533	95.9	442	79.0	473	83.9	80.8	
Chlamydia, Males													
15-19	Black	127	2134.8	121	2009.0	155	2542.2	167	2706.2	145	2321.9	2342.8	56.4
Years	White	5	*	14	42.1	21	62.5	13	38.3	17	49.6	41.5	
20-24	Black	99	1764.3	131	2360.4	150	2733.1	121	2229.8	134	2497.7	2317.1	27.8
Years	White	17	57.2	18	60.9	37	126.1	19	65.2	31	107.0	83.3	
Total	Black	310	429.8	360	495.7	430	588.1	420	570.5	407	549.1	526.7	41.5
Pop.	White	50	9.5	68	13.1	83	16.1	52	10.2	74	14.6	12.7	
Gonorrhea, Females													
15-19	Black	183	2923.8	179	2815.8	316	4895.4	333	5018.6	312	4691.0	4081.5	43.5
	White	20	61.6	19	57.9	36	144.7	36	107.4	33	97.4	93.8	
20-24	Black	133	2233.0	138	2336.2	211	3601.9	242	4165.9	227	3941.0	3255.6	38.3
	White	19	62.0	17	55.9	20	66.3	33	110.2	39	131.2	85.1	
Total	Black	469	545.1	455	525.6	666	764.7	793	905.1	7071	795.3	707.2	46.1
Pop.	White	69	11.6	66	11.2	94	16.9	103	18.4	105	18.6	15.3	
Gonorrhea, Males													
15-19	Black	100	1681.0	88	1461.1	135	2214.2	158	2560.4	137	2094.5	2002.2	--
	White	5	*	2	*	5	*	2	*	3	*	**	
20-24	Black	136	2423.6	131	2360.4	174	3170.4	159	2930.0	198	3868.2	2950.6	71.5
	White	9	*	12	40.6	7	*	15	51.4	17	60.2	41.3	
Total	Black	439	608.7	426	586.6	510	697.5	582	790.6	602	812.2	699.1	74.7
Pop.	White	35	6.7	54	10.4	39	7.5	54	10.5	59	11.6	9.4	

Note: *-Did not calculate when number of cases is less than 10 for age groups and 20 for total population.
Total population means all ages, not just 15-24.

Table 2. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of Uptown/Hill District/Oakland, 1996-2000 by gender, selected race and age groups Zip Codes: 15219 and 15213

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
15-19	Black	85	8700.1	97	9928.4	109	11156.6	122	12487.2	96	9826.0	10419.7	
	White	10	324.0	18	583.3	14	453.7	15	486.1	5	**	401.8	25.9
20-24	Black	50	4295.5	66	5670.1	71	6099.7	71	6099.7	80	6872.9	5807.6	
	White	14	324.7	18	417.4	14	324.7	20	463.8	20	463.8	398.9	14.6
Total	Black	172	1495.7	210	1825.0	214	1859.7	231	2007.5	223	1938.0	1825.0	
Pop.	White	25	181.2	33	239.2	29	210.2	37	268.2	28	203.0	220.4	8.3
Chlamydia, Males													
15-19	Black	10	8700.1	10	9928.4	21	11156.6	15	12487.2	22	9826.0	4605.9	
	White	3	**	2	**	0	**	0	**	1	**	**	---
20-24	Black	11	4295.5	25	5670.1	21	6099.7	16	6099.7	14	6872.9	2886.6	
	White	1	**	2	**	5	**	2	**	2	**	**	---
Total	Black	34	374.2	55	605.3	55	605.3	46	506.2	49	539.2	526.0	
Pop.	White	6	**	6	**	6	**	4	**	3	**	**	---
Gonorrhea, Females													
15-19	Black	37	3787.1	20	2047.1	43	4401.2	71	7267.1	54	5527.1	4605.9	
	White	1	**	0	**	3	**	1	**	0	**	**	---
20-24	Black	24	2061.9	28	2405.5	38	3264.6	44	3780.1	34	2921.0	2886.6	
	White	2	**	3	**	0	**	0	**	3	**	**	---
Total	Black	86	747	70	608.3	102	886.4	157	1364.4	110	955.9	912.5	
Pop.	White	6	**	5	**	5	**	1	**	3	**	**	---
Gonorrhea, Males													
15-19	Black	15	1480.8	12	1184.6	12	1184.6	23	2270.5	20	1974.3	1619.0	
	White	0	**	1	**	0	**	0	**	1	**	**	---
20-24	Black	21	2136.3	28	2848.4	26	2645.0	27	2746.7	28	2848.4	2645.0	
	White	3	**	1	**	0	**	2	**	1	**	**	---
Total	Black	76	836.4	81	891.4	70	770.3	97	1067.5	79	869.4	887.0	
Pop.	White	4	**	6	**	2	**	6	**	3	**	**	---

Notes: **-Did not calculate when number of cases is less than 10 for age groups and 20 for total population. Total population means all ages, not just 15-24.

Table 3. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of East End, 1996-2000 by gender, selected race and age groups Zip Codes: 15206, 15208, and 15221

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
15-19	Black	147	8652.1	188	11065.3	208	12242.5	247	14538.0	228	13419.7	11983.5	---
	White	9	**	11	6490.5	9	**	10	7467.0	8	**	**	
20-24	Black	109	6260.8	113	6490.5	117	6720.3	130	7467.0	146	8386.0	7064.9	---
	White	3	**	12	753.8	8	**	11	694.0	10	628.1	**	
Total	Black	332	9651.2	401	11657.0	443	12877.9	506	14709.3	482	14011.6	12581.4	13.1
Pop.	White	14	**	32	1244.7	26	1011.3	26	1011.3	25	972.4	956.8	
Chlamydia, Males													
15-19	Black	67	3833.0	53	3032.0	46	2631.6	56	3203.7	40	2288.3	2997.7	---
	White	0	**	3	**	1	**	1	**	1	**	**	
20-24	Black	32	2022.8	36	2275.6	39	2465.2	31	1959.5	43	2718.1	2288.2	---
	White	1	**	2	**	0	**	1	**	1	**	**	
Total	Black	119	3573.6	131	3933.9	133	3994.0	133	3994.0	122	3663.7	3831.8	---
Pop.	White	3	**	7	**	4	**	2	**	3	**	**	
Gonorrhea, Females													
15-19	Black	57	3354.9	71	4178.9	103	6062.4	93	5473.8	87	5120.7	4838.1	---
	White	2	**	0	**	1	**	2	**	1	**	**	
20-24	Black	33	1895.5	37	2125.2	67	3848.4	76	4365.3	70	4020.7	3251.0	---
	White	0	**	0	**	0	**	0	**	3	**	**	
Total	Black	131	3808.1	158	4593.0	213	6191.9	226	6569.8	209	6075.6	5447.7	---
Pop.	White	7	**	2	**	7	**	2	**	7	**	**	
Gonorrhea, Males													
15-19	Black	31	1773.5	31	1773.5	44	2517.2	47	2688.8	33	1887.9	2128.1	---
	White	2	**	0	**	1	**	0	**	0	**	**	
20-24	Black	29	1833.1	36	2275.6	72	4551.2	66	4171.9	59	3729.5	3312.3	---
	White	0	**	1	**	0	**	2	**	1	**	**	
Total	Black	148	4444.4	140	4204.2	189	5675.7	188	5645.6	198	5945.9	5183.2	---
Pop.	White	4	**	6	**	1	**	5	**	5	**	**	

Notes: **-Did not calculate rate when number of cases is less than 10 for age groups and 20 for total population. Total population means all ages, not just 15-24.

Table 4. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of Mon Valley, 1996-2000 by gender, selected race and age groups Zip Codes: 15130-15132, 15104, and 15120

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
15-19	Black	41	11781.6	77	22126.6	77	22126.4	74	21264.4	66	18965.5	19252.9	8.1
	White	26	2636.9	28	2839.8	18	1825.6	15	1521.3	30	3042.6	2373.2	
20-24	Black	26	9059.2	48	16724.7	46	16027.9	60	20905.9	81	28223.0	18188.2	17.4
	White	10	756.4	16	1210.3	16	1210.3	10	756.4	17	1285.9	1043.9	
Total	Black	80	1791.3	163	3649.8	149	3336.3	174	3896.1	194	4343.9	3403.5	13.9
Pop.	White	58	284.5	58	284.5	40	196.2	40	196.2	53	260.0	244.3	
Chlamydia, Males													
15-19	Black	3	**	12	3389.8	12	3389.8	17	4802.3	14	3954.8	3276.8	---
	White	0	**	0	**	1	**	1	**	2	**	**	
20-24	Black	6	**	9	**	7	**	8	**	10	4166.7	**	---
	White	2	**	0	**	0	**	1	**	1	**	**	
Total	Black	18	**	29	839.9	30	852.3	32	909.1	37	1051.1	829.5	---
Pop.	White	2	**	3	**	2	**	2	**	4	**	**	
Gonorrhea, Females													
15-19	Black	17	4885.1	15	4310.3	35	10057.5	31	8908.0	34	9770.1	7586.2	---
	White	3	**	5	**	9	**	5	**	6	**	**	
20-24	Black	6	**	10	3484.3	23	8013.9	14	4878.0	22	7665.5	5226.5	---
	White	1	**	1	**	3	**	6	**	3	**	**	
Total	Black	36	806.1	35	783.7	55	1231.5	64	1433.0	67	1500.2	1150.9	21.3
Pop.	White	5	**	9	**	16	78.5	15	73.6	10	49.1	54.0	
Gonorrhea, Males													
15-19	Black	4	**	4	**	15	4237.3	15	4237.3	13	3672.3	2881.4	---
	White	1	**	0	**	0	**	0	**	4	**	**	
20-24	Black	5	**	8	**	16	4551.2	10	4171.9	16	3729.5	4583.3	---
	White	0	**	0	**	0	**	0	**	2	**	**	
Total	Black	23	653.4	24	681.8	48	1363.6	51	1448.9	45	1278.4	1085.2	---

Notes: **-Did not calculate rate when number of cases is less than 10 for age groups and 20 for total population. Total population means all ages, not just 15-24.

Table 5. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of South Side, 1996-2000 by gender, selected race and age groups Zip Codes: 15203 and 15210

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
15-19	Black	25	7183.9	43	12356.3	63	18103.4	52	14942.5	59	16954.0	13908.0	9.8
	White	5	**	13	1318.5	18	1825.6	16	1622.7	18	1825.6	1419.9	
20-24	Black	20	6968.6	29	10104.5	26	9059.2	33	11498.3	24	8362.4	9198.6	10.0
	White	4	**	12	907.7	14	1059.0	17	1285.9	14	1059.0	922.8	
Total	Black	57	1276.3	88	1970.4	107	2395.9	104	2328.7	108	2418.3	2077.9	12.7
Pop.	White	20	98.1	34	166.8	37	181.5	37	181.5	39	191.3	163.8	
Chlamydia, Males													
15-19	Black	4	**	5	**	13	3672.3	10	2824.9	10	2824.9	2372.9	---
	White	0	**	1	**	0	**	1	**	1	**	**	
20-24	Black	1	**	4	**	11	4583.3	8	**	9	**	**	---
	White	2	**	1	**	0	**	3	**	1	**	**	
Total	Black	16	**	16	**	29	823.9	27	767.0	27	767.0	653.4	---
Pop.	White	3	**	3	**	2	**	2	**	4	**	**	
Gonorrhea, Females													
15-19	Black	15	4310.3	8	**	27	7758.6	29	8333.3	21	6034.5	5747.1	---
	White	0	**	0	**	2	**	4	**	4	**	**	
20-24	Black	6	**	7	**	14	4878.0	17	5923.3	12	4181.2	3902.4	---
	White	2	**	2	**	0	**	1	**	0	**	**	
Total	Black	27	604.6	23	515.0	44	985.2	60	1343.5	44	985.2	886.7	---
Pop.	White	6	**	9	**	2	**	8	**	6	**	**	
Gonorrhea, Males													
15-19	Black	6	**	0	**	10	2824.9	6	**	10	2824.9	**	---
	White	1	**	0	**	0	**	0	**	0	**	**	
20-24	Black	8	**	5	**	6	4551.2	9	**	9	**	**	---
	White	0	**	0	**	1	**	0	**	2	**	**	
Total	Black	30	852.3	14	397.7	26	738.6	37	1051.1	39	1108.0	829.5	---
Pop.	White	5	**	0	**	2	**	2	**	3	**	**	

Notes: **-Did not calculate rate when number of cases is less than 10 for age groups and 20 for total population. Total population means all ages, not just 15-24.

Table 6. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of Uptown/Hill District, 1996-2000 by gender, selected race and age groups Zip Code: 15219

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000		
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio	
Chlamydia, Females														
15-19	Black	56	11067.2	59	11660.1	72	14229.2	89	17588.9	64	12648.2	13438.7	---	
	White		**		**		**		**		**	**		
20-24	Black	25	4448.4	36	6405.7	48	8540.9	52	9252.7	62	11032.0	7935.9	---	
	White		**		**		**		**		**	**		
Total Pop.	Black	99	1295.8	121	1583.8	145	1897.9	174	2277.5	166	2172.8	1845.5	---	
	White	2	**	3	**	4	**	0	**	1	**	**		
Chlamydia, Males														
15-19	Black		**		**	13	2117.3	12	1954.4	18	1791.5	1791.5	---	
	White		**		**		**		**		**	**		
20-24	Black		**	15	2988.0	14	2788.8		**		**	2031.9	---	
	White		**		**		**		**		**	**		
Total	Black	19	**	27	439.8	36	586.4	29	472.4	38	619.0	485.4	---	
Pop.	White	1	**	2	**	1	**	0	**	2	**	**		
Gonorrhea, Females														
15-19	Black	23	4545.5	13	2569.2	33	6521.7	58	11462.5	41	8102.8	6640.3	---	
	White		**		**		**		**		**	**		
20-24	Black	11	1957.3	17	3024.9	26	4626.3	34	6049.8	26	4626.3	4056.9	---	
	White		**		**		**		**		**	**		
Total	Black	47	615.2	43	562.8	76	994.8	125	1636.1	85	1112.6	984.3	---	
Pop.	White	2	**	3	**	4	**	0	**	1	**	**		
Gonorrhea, Males														
15-19	Black	11	1791.5	12	1954.4		**	16	2605..9	17	2768.7	2019.5	---	
	White		**		**		**		**		**	**		
20-24	Black	10	1992.0	16	3187.3	15	2988.0	18	3585.7	24	4780.9	3306.8	---	
	White		**		**		**		**		**	**		
Total	Black	48	781.9	51	830.8	48	781.9	71	1156.5	66	1075.1	925.2	---	
Pop.	White	0	**	2	**	0	**	1	**	1	**	**		

Notes: **-Did not report number of cases or calculate rate when number of cases is less than 10 for age groups and did not calculate rate when number of cases is less than 20 for total population. Total Population means all ages not just 15-24.

Table 7. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of Oakland, 1996-2000 by gender, selected race and age groups Zip Code: 15213

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
15-19	Black	29	6157.1	38	8067.9	37	7855.6	33	7006.4	32	6794.1	7176.2	---
	White		**		**		**	12	500.6		**	**	
20-24	Black	25	4152.8	30	4983.4	23	3820.6	19	3156.1	18	2990.0	3820.6	9.8
	White		**	13	379.9	13	379.9	18	526.0	15	438.3	391.6	
Total	Black	73	1887.8	89	2301.5	69	1784.3	57	1474.0	57	1474.0	1784.3	---
Pop.	White	12	**	26	237.5	23	210.1	32	292.3	17	**	**	
Chlamydia, Males													
20-24	Black		**	10	2079.0		**		**		**	**	---
	White		**		**		**		**		**	**	
Total	Black	15	**	28	949.8	19	**	17	**	11	**	**	---
Pop.	White	5	**	4	**	5	**	4	**	1	**	**	
Gonorrhea, Females													
15-19	Black	14	2972.4	7	1486.2	10	2123.1	13	2760.1	13	2760.1	2420.4	---
	White		**		**		**		**		**	**	
20-24	Black	13	2159.5	11	1827.2	12	1993.4	10	1661.1	8	1328.9	1794.0	---
	White		**		**		**		**		**	**	
Total	Black	39	1008.5	27	698.2	26	672.4	32	827.5	25	646.5	770.6	---
Pop.	White	4	**	2	**	1	**	1	**	2	**	**	
Gonorrhea, Males													
15-19	Black		**		**		**		**		**	**	
	White		**		**		**		**		**	**	
20-24	Black	11	2286.9	12	2494.8	11	2286.9		**		**	**	---
	White		**		**		**		**		**	**	
Total	Black	28	949.8	30	1017.6	22	746.3	26	882.0	13	441.0	807.3	---
Pop.	White	4	38.8	4	38.8	2	19.4	5	48.5	2	19.4	**	

Notes: **-Did not report number of cases or calculate rate when number of cases is less than 10 for age groups and did not calculate rate when number of cases is less than 20 for total population. Total Population means all ages not just 15-24.

Table 8. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of East Liberty, 1996-2000 by gender, selected race and age groups Zip Code: 15206

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
15-19	Black	80	12500.0	80	12500.0	77	12031.3	107	16718.8	85	13281.3	13406.3	---
	White		**		**		**		**		**	**	
20-24	Black	48	7305.9	49	7458.1	51	7762.6	50	7610.4	56	8523.6	7732.1	---
	White		**		**		**		**		**	**	
Total Pop.	Black	158	1700.2	169	1818.6	168	1807.8	208	2238.2	176	1893.9	1891.7	---
	White	9	**	17	**	15	**	14	**	14	**	**	
Chlamydia, Males													
15-19	Black	45	6965.9	31	4798.8	28	4334.4	27	4179.6	16	2476.8	4551.1	---
	White		**		**		**		**		**	**	
20-24	Black	13	1957.8	16	2409.6	18	2710.8	11	1656.6	22	3313.3	2409.6	---
	White		**		**		**		**		**	**	
Total Pop.	Black	68	886.0	64	833.9	72	938.1	63	820.8	57	742.7	844.3	---
	White	3	**	6	**	3	**	1	**	1	**	**	
Gonorrhea, Females													
15-19	Black	32	5000.0	22	3437.5	33	5156.3	31	4843.8	41	6406.3	4968.8	---
	White		**		**		**		**		**	**	
20-24	Black	11	1674.3	14	2130.9	32	4870.6	36	5479.5	28	4261.8	3683.4	---
	White		**		**		**		**		**	**	
Total Pop.	Black	54	581.1	45	484.2	77	828.6	90	968.5	93	1000.8	772.6	---
	White	4	**	2	**	6	**	1	**	7	**	**	
Gonorrhea, Males													
15-19	Black	19	2941.2	15	2322.0	22	3405.6	19	2941.2	12	1857.6	2693.5	---
	White		**		**		**		**		**	**	
20-24	Black	22	3313.3	13	1957.8	31	4668.7	31	4668.7	37	5572.3	4036.1	---
	White		**		**		**		**		**	**	
Total Pop.	Black	74	964.2	53	690.6	79	1029.3	84	1094.5	96	1250.8	1005.9	---
	White	2	**	3	**	1	**	3	**	3	**	**	

Notes: **-Did not report number of cases or calculate rate when number of cases is less than 10 for age groups and did not calculate rate when number of cases is less than 20 for total population. Total Population means all ages not just 15-24.

Table 9. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of Homewood, 1996-2000 by gender, selected race and age groups Zip Code: 15208

Age	Race	1996		1997		1998		1999		2000		96-20	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	Ratio
Chlamydia, Females													
15-19	Black	23	5437.4	48	11347.5	52	12293.1	59	13948.0	52	12293.1	11063.8	
	White		**		**		**		**		**	**	
20-24	Black	35	8536.6	20	4878.0	20	4878.0	25	6097.6	29	7073.2	6292.7	
	White		**		**		**		**		**	**	
Total	Black	79	1154.5	95	1388.3	104	1519.8	114	1665.9	107	1563.6	1458.4	
Pop.	White	0	**	0	**	1	**	4	**	0	**	**	
Chlamydia, Males													
15-19	Black	13	2731.1	14	2941.2	6	1260.5	13	2731.1	12	2521.0	2437.0	----
	White		**		**		**		**		**	**	
20-24	Black		**	11	3013.7		**		**		**	**	----
	White		**		**		**		**		**	**	
Total	Black	25	468.3	32	599.4	22	412.1	25	468.3	32	599.4	509.5	---
Pop.	White	0	**	0	**	0	**	0	**	0	**	**	
Gonorrhea, Females													
15-19	Black		**	22	5200.9	30	7092.2	25	5910.2	19	4491.7	4870.0	
	White		**		**		**		**		**	**	
20-24	Black	11	2682.9		**	15	3658.5	18	4390.2	10	2439.0	3024.4	
	White		**		**		**		**		**	**	
Total	Black	27	394.6	48	701.4	65	949.9	54	789.1	40	584.5	683.9	
Pop.	White	0	**	0	**	0	**	0	**	0	**	**	
Gonorrhea, Males													
15-19	Black	14	2941.2		**	12	2521.0	15	3151.3	11	2310.9	2395.0	----
	White		**		**		**		**		**	**	
20-24	Black	11	3013.7	10	2739.7	19	5205.5	16	4383.6	13	3561.6	3780.8	----
	White		**		**		**		**		**	**	
Total	Black	35	644.6	38	711.7	44	824.9	45	842.9	45	842.9	775.4	---
Pop.	White	0	**	0	**	0	**	0	**	0	**	**	

Notes: **-Did not report number of cases or calculate rate when number of cases is less than 10 for age groups and did not calculate rate when number of cases is less than 20 for total population. Total Population means all ages not just 15-24.

Table 10. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of Wilkinsburg, 1996-2000 by gender, selected race and age groups Zip Code: 15221

Age	Race	1996		1997		1998		1999		2000		96-20	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	Ratio
Chlamydia, Females													
15-19	Black	44	6918.2	60	9434.0	79	12421.4	81	12735.8	91	14308.2	11163.5	----
	White		**		**		**		**		**	**	
20-24	Black	26	3857.6	44	6528.2	46	6824.9	55	8160.2	61	9050.4	6884.3	----
	White		**		**		**		**		**	**	
Total	Black	95	1024.0	137	1476.8	171	1843.3	184	1983.4	199	2145.1	1694.5	---
Pop.	White	5	**	15	**	10	**	8	**	11	**	**	
Chlamydia, Males													
15-19	Black		**		**	12	1916.9	16	2556.0	12	1916.9	1821.1	----
	White		**		**		**		**		**	**	
20-24	Black	11	1989.2		**	12	2170.0	13	2350.9	12	2170.0	2061.5	----
	White		**		**		**		**		**	**	
Total	Black	26	350.7	35	472.1	39	526.0	45	607.0	33	455.1	480.2	---
Pop.	White	0	**	1	**	1	**	1	**	2	**	**	
Gonorrhea, Females													
15-19	Black	18	2830.2	27	4245.3	40	6289.3	37	5817.6	27	4245.3	4685.5	----
	White		**		**		**		**		**	**	
20-24	Black	11	1632.0	15	2225.5	20	2967.4	22	3264.1	32	4747.8	2967.4	----
	White		**		**		**		**		**	**	
Total	Black	50	539.0	65	700.7	71	765.3	82	883.9	76	819.2	741.6	---
Pop.	White	3	**	0	**	1	**	1	**	0	**	**	
Gonorrhea, Males													
15-19	Black		**	16	2555.9	13	2076.7	16	2531.6		**	1916.9	----
	White		**		**		**		**		**	**	
20-24	Black		**	12	2170.0	21	3797.5	14	2531.6	18	3255.0	2604.0	----
	White		**		**		**		**		**	**	
Total	Black	39	526.0	49	660.9	66	890.2	59	795.8	57	768.8	728.4	---
Pop.	White	2	**	3	**	0	**	2	**	2	**	**	

Notes: **-Did not report number of cases or calculate rate when number of cases is less than 10 for age groups and did not calculate rate when number of cases is less than 20 for total population. Total Population means all ages not just 15-24.

Table 11. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of Braddock, 1996-2000 by gender, selected race and age groups Zip Code: 15104

Age	Race	1996 N	1996 Rate	1997 N	1997 Rate	1998 N	1998 Rate	1999 N	1999 Rate	2000 N	2000 Rate	Allegheny Co. Average, 1996-2000 Rate	Allegheny Co. Average, 1996-2000 B/W Ratio
Chlamydia, Females													
15-19	Black	13	5078.1	23	8984.4	28	10937.5	31	12109.4	28	10937.5	9609.4	
	White		**		**		**		**		**	**	---
20-24	Black		**	14	11965.8	19	16239.3	16	13675.2	26	22222.2	14359.0	
	White		**		**		**		**		**	**	---
Total Pop.	Black	26	895.0	48	1652.3	55	1893.3	52	1790.0	65	2237.5	1693.6	---
	White	5	**	4	**	5	**	8	**	5	**	**	
Chlamydia, Males													
15-19	Black		**		**		**		**	10	5050.5	**	---
	White		**		**		**		**		**	**	
20-24	Black		**		**		**		**		**	**	---
	White		**		**		**		**		**	**	
Total	Black	7	**	8	**	14	**	13	**	18	**	**	---
Pop.	White	0	**	1	**	1	**	1	**	1	**	**	
Gonorrhea, Females													
15-19	Black		**		**	13	5078.1	11	4296.9	16	6250.0	4296.9	---
	White		**		**		**		**		**	**	
20-24	Black		**		**	17	14530.0		**		**	**	---
	White		**		**		**		**		**	**	
Total	Black	15	**	16	**	23	791.7	26	895.0	29	998.3	750.4	---
Pop.	White	2	**	1	**	2	**	2	**	1	**	**	
Gonorrhea, Males													
15-19	Black		**		**	10	3535.4		**		**	**	---
	White		**		**		**		**		**	**	
20-24	Black		**		**		**		**		**	**	---
	White		**		**		**		**		**	**	
Total	Black	10	**	12	**	23	926.7	21	970.9	22	776.7	**	---
Pop.	White	0	**	0	**	0	**	0	**	0	**	**	

Notes: **-Did not report number of cases or calculate rate when number of cases is less than 10 for age groups and did not calculate rate when number of cases is less than 20 for total population. Total Population means all ages not just 15-24.

Table 12. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of McKeesport, 1996-2000 by gender, selected race and age groups Zip Code: 15130-15135

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
15-19	Black	24	9338.5	41	15953.3	32	12451.4	35	13618.7	22	8560.3	11984.4	
	White	22	3767.1	19	3253.4	10	1712.3		**	23	3938.4	2808.2	---
20-24	Black	11	6010.9	28	15300.5	20	10929.0	34	18579.2	46	25136.6	15191.3	---
	White		**	12	1967.2	14	2295.1		**	12	1967.2	1737.7	
Total	Black	43	1775.4	90	3715.9	66	2725.0	97	4005.0	95	3922.4	3228.7	---
Pop.	White	45	360.3	41	328.3	27	216.2	23	184.2	39	312.3	280.2	
Chlamydia, Males													
Total	Black	9	**	16	**	14	**	12	**	15	**	**	---
Pop.	White	0	**	1	**	0	**	0	**	2	**	**	
Gonorrhea, Females													
15-19	Black		**		**	16	6225.7	15	5836.6	13	5058.4	4280.2	---
	White		**		**		**		**		**	**	
20-24	Black		**		**		**		**	10	5058.4	4280.2	---
	White		**		**		**		**		**	**	
Total	Black	14	**	15	**	24	990.9	28	1156.1	28	1156.1	900.1	---
Pop.	White	3	**	8	**	11	**	12	**	7	**	**	
Gonorrhea, Males													
Total	Black	11	524.6	9	429.2	16	763.0	17	810.7	16	763.0	658.1	---
Pop.	White	0	**	0	**	0	**	0	**	1	**	**	

Notes: **-Did not report number of cases or calculate rate when number of cases is less than 10 for age groups and did not calculate rate when number of cases is less than 20 for total population. Total Population means all ages not just 15-24.

Table 13. Chlamydia and Gonorrhea rate (per 100,000 population) among female residents of Homestead, 1996-2000 by gender, selected race and age groups Zip Code: 15120

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
15-19	Black		**	13	16666.7	17	21794.9		**	16	20512.8	14871.8	---
	White		**		**		**		**		**	**	
20-24	Black		**		**		**	10	10843.4		**	**	---
	White		**		**		**		**		**	**	
Total Pop.	Black	11	**	25	2049.2	28	2295.1	25	2049.2	34	2786.9	2016.4	---
	White	8	**	13	**	8	**	9	**	9	**	**	
Chlamydia, Males													
Total Pop.	Black	2	**	5	**	2	**	7	**	4	**	**	---
	White	2	**	1	**	1	**	1	**	1	**	**	
Gonorrhea, Females													
Total Pop.	Black	7	**	4	**	8	**	10	**	10	**	**	---
	White	0	**	0	**	3	**	1	**	2	**	**	
Gonorrhea, Males													
Total Pop.	Black	2	**	3	**	9	**	13	**	7	**	**	---
	White	1	**	0	**	0	**	1	**	7	**	**	

Notes: **-Did not report number of cases or calculate rate when number of cases is less than 10 for age groups and did not calculate rate when number of cases is less than 20 for total population. Total Population means all ages not just 15-24.

Table 14. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of South Side, 1996-2000 by gender, selected race and age groups Zip Code: 15203

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
Total Pop.	Black	0	**	5	**	1	**	4	**	7	**	**	---
	White	3	**	6	**	10	**	4	**	7	**	**	
Chlamydia, Males													
Total Pop.	Black	1	**	0	**	0	**	2	**	0	**	**	---
	White	1	**	1	**	0	**	4	**	4	**	**	
Gonorrhea, Females													
Total Pop.	Black	0	**	5	**	0	**	0	**	4	**	**	---
	White	0	**	6	**	0	**	0	**	2	**	**	
Gonorrhea, Males													
Total Pop.	Black	1	**	0	**	1	**	0	**	1	**	**	---
	White	1	**	0	**	1	**	0	**	1	**	**	

Notes: **-Did not report number of cases or calculate rate when number of cases is less than 10 for age groups and did not calculate rate when number of cases is less than 20 for total population. Total Population means all ages not just 15-24.

Table 15. Chlamydia and Gonorrhea rate (per 100,000 population) among residents of Mt. Oliver, 1996-2000 by gender, selected race and age groups Zip Code: 15210

Age	Race	1996		1997		1998		1999		2000		Allegheny Co. Average, 1996-2000	
		N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	Rate	B/W Ratio
Chlamydia, Females													
15-19	Black	25	7440.5	42	12500.0	62	18452.4	52	15476.2	54	16071.4	13988.1	
	White		**	12	1576.9	10	1314.1	16	2102.5	13	1708.3	1445.5	---
20-24	Black	20	6968.6	27	9407.7	26	9059.2	29	10104.5	22	7665.5	8641.1	
	White		**		**	12	1373.0	13	1487.4	12	1373.0	**	---
Total	Black	57	1309.7	83	1907.2	106	2435.7	100	2297.8	101	2320.8	2054.2	
Pop.	White	17	**	28	190.5	27	183.7	33	224.6	32	217.7	186.4	---
Chlamydia, Males													
15-19	Black		**		**	13	3672.3	10	2824.9	10	2824.9	**	---
	White		**		**		**		**		**	**	
20-24	Black		**		**	11	4583.3		**		**	**	---
	White		**		**		**		**		**	**	
Total	Black	15	**	16	**	29	884.1	25	762.2	27	823.2		---
Pop.	White	2	**	6	**	2	**	2	**	4	**	**	
Gonorrhea, Females													
15-19	Black	15	4464.3		**	27	8035.7	29	8631.0	19	5654.8	5773.8	---
	White		**		**		**		**		**	**	
20-24	Black		**		**	14	4878.0	17	5923.3	12	4181.2	3763.1	---
	White		**		**		**		**		**	**	
Total	Black	27	620.4	18	413.6	44	1011.0	60	1378.7	40	919.1	868.6	---
Pop.	White	6	**	3	**	2	**	8	**	4	**	**	
Gonorrhea, Males													
15-19	Black		**		**	10	2824.9		**	10	2824.9	**	---
	White		**		**		**		**		**	**	
Total	Black	29	884.1	14	**	25	762.2	37	1128.0	38	1158.5	872.0	---
Pop.	White	4	**	0	**	1	**	2	**	2	**	**	

Notes: **-Did not report number of cases or calculate rate when number of cases is less than 10 for age groups and did not calculate rate when number of cases is less than 20 for total population. Total Population means all ages not just 15-24.