In 2016, chlamydia was both the most commonly reported sexually transmitted infection (STI) and the most commonly reported communicable disease overall in Boston residents. Chlamydia rates are high nationally with nearly 1.6 million cases reported in the US in 2016, bringing the national rate to 497 per 100,000 (Centers for Disease Control & Prevention, CDC). To reduce the chlamydia rate and the disparate rates by race and ethnicity, Boston Public Health Commission (BPHC) has intensified chlamydia outreach efforts.

The chlamydia rate in women increased 13%, and 17% in men, from 2015 to 2016.

For race/ethnicity analyses, Latino/Hispanic ethnicity is considered alongside Asian, Black/African-American, and White racial groups. Black residents still had the highest chlamydia rate at 1,064 cases per 100,000 in 2016, a 12% increase from 2015. This case rate was almost 5 times as high as that in White residents (229 cases per 100,000, a 2% decrease from 2015, and the only racial/ethnic group with an overall year-to-year decrease in rate).

Females accounted for 63% of reported cases (stable from 2015), although they comprise only 52% of the total Boston population (2010 US Census). Females account for an even larger majority of cases 15-24 years old at 73%.

Latino residents had the second highest rate at 833 cases per 100,000, almost 4 times greater than the rate in White residents. Asian residents had a rate of 317 cases per 100,000, an 19% increase from 2015, and almost 1.5 times as high as White residents.
There were rate increases from 2015 to 2016 across all racial/ethnic groups except for Whites (where the overall rate fell 2% to 229 cases per 100,000, although only White males experienced a rate decrease). Females had higher chlamydia rates than men across all racial/ethnic groups.

From 2015 to 2016 all neighborhoods, except for Charlestown (which saw a 9% rate decrease), experienced an increase in chlamydia incidence rates. North Dorchester, South Dorchester, and Mattapan had the highest overall chlamydia rates in 2016 with rates over 800 cases per 100,000. The rate was highest in North Dorchester with 1151 cases per 100,000, nearly twice the overall Boston rate, which marked a 20% rate increase compared to 2015. Other neighborhoods with year-to-year rate increases of at least 20% include: EAST Boston (24%), Roxbury (29%), South End (24%), and West Roxbury (56%). The overall rate distribution by neighborhood is demonstrated in Map 1.

Boston residents 15-24 years old accounted for 54% (2,028) of total cases, down from 56% in 2015. The median age at diagnosis in women was 23 while the median in men was 26. Residents 15-19 and 20-24 years old had similar chlamydia incidence rates in 2016 (1411 and 1,503 cases per 100,000, respectively), and were higher than any other age groups.

In the high-risk age group of 15-24 year olds, North Dorchester had the highest rate (3,578 per 100,000) in 2016. South Dorchester and Mattapan also had rates above 3,000 cases per 100,000 in this age group (Map 2).
Rates in this age group increased in all (3,578 cases per 100,000, a 20% increase from 2015).

Repeat infections are a common problem with chlamydia. 6.5% were diagnosed multiple times (at least twice) in 2016. Additionally, 119 (3.4%) chlamydia cases were co-infected with gonorrhea at the time of diagnosis.

**BPHC Initiatives:**
BPHC is working with community-based organizations to provide neighborhood focused education and outreach about chlamydia and other infections to residents. The BPHC Infectious Disease Bureau hosts sexual health workshops and provided sexual health education and resources at health fairs and other community events in high risk areas. In 2014, BPHC launched a media campaign (“It Could Be Hiding in You”) for youth and young adults with input from residents across the city in the target age group of 15-24 years old.

Social media campaigns have focused on connecting teens and young adults to sexual health education and low-barrier STI testing resources.

BPHC Infectious Disease Bureau nurses are providing education and Directly Observed Treatment (DOT) for 15-24 year-old untreated chlamydia cases in Boston. They can also provide medication and information for the case’s partners through Expedited Partner Therapy (EPT). BPHC regulations effective in 2013 require reporting of chlamydia and other STIs (except HIV) directly to the BPHC Infectious Disease Bureau at (617) 534-5905 (Fax). Case report forms for chlamydia (and gonorrhea and syphilis) can be found here: [http://bphc.org/diseasereporting/Pages/disease-reporting-and-providers.aspx](http://bphc.org/diseasereporting/Pages/disease-reporting-and-providers.aspx)

**Data:**
Data for this report were collected and analyzed by BPHC.

Chlamydia data from 2008 to 2015 are available online at [http://bphc.org/healthdata/other-reports/Pages/Other-Reports.aspx](http://bphc.org/healthdata/other-reports/Pages/Other-Reports.aspx). Please note: Due to a change in the chlamydia data source in 2014, BPHC cautions against drawing comparisons of data analyzed prior to the change (2013 and prior) to data analyzed after the change (2014 to present).

Additional information about chlamydia in Boston can be obtained by emailing infectiousdisease@bphc.org or by calling the BPHC Infectious Disease Bureau at (617) 534-5611.