

# Alberta STI 2016 Summary Report

---

Sexually transmitted infections (STI) continue to increase in Alberta, with the exception of chlamydia. This summary highlights notable sexually transmitted infection trends seen in Alberta in 2016. More detailed STI data is available on Alberta Health's Interactive Health Data Application (IHDA)\* available on the Alberta Health website.

- In 2016 the gonorrhoea rate increased to 87 cases per 100,000 from 81 cases per 100,000 in 2015.
- The infectious syphilis rate in 2016 increased to 9.6 cases per 100,000 from 8.8 cases per 100,000 in 2015.
- The rate of newly diagnosed HIV cases increased in 2016, to 6.6 cases per 100,000 from 5.5 cases per 100,000 in 2015. Despite the increase, the 2016 rate remains below the high rate reported in 2014 of 6.8 cases per 100,000.
- Chlamydia rates decreased in 2016 to 385 cases per 100,000, a low that Alberta has not reported since 2011.

## Chlamydia

- Chlamydia is the most commonly reported notifiable disease in Alberta.
- The rate of chlamydia decreased in 2016 to 385 cases per 100,000 from 413 cases per 100,000 in 2015. This decrease was primarily reported in the Edmonton, North and Calgary zones.
- Around 61 per cent of the female cases in 2016 were below 25 years of age.

## Gonorrhoea

- There were 3,707 gonorrhoea cases reported in 2016 compared to 3,367 cases in 2015.
- Both male and female rates continued to increase in 2016. The male rate increased to 95 cases per 100,000 from 87 cases per 100,000 in 2015 and the female rate increased to 78 cases per 100,000 from 74 cases per 100,000 in 2015.
- After increasing in all zones in 2015, the rate continued to increase in Calgary and Central zones in 2016 (55 cases per 100,000 in 2016 vs. 41 cases per 100,000 in 2015 and 67 cases per 100,000 in 2016 vs. 55 cases per 100,000 in 2015 respectively). Minor increases were seen in Edmonton and North zones in 2016.
- Overall in 2016, more than one third of cases self-identified as Indigenous. About half of the female cases self-identified as Indigenous.

# Alberta STI 2016 Summary Report

---

## Infectious Syphilis

- There were 410 infectious syphilis cases reported in Alberta in 2016 compared to 368 in 2015. The number of cases continued to surpass the 281 cases reported during the peak of the 2009 infectious syphilis outbreak.
- In 2016, the rate continued to increase in Calgary Zone (11.1 cases per 100,000 vs. 7.9 cases per 100,000 in 2015). The rate in Edmonton Zone decreased in 2016 (13.9 per 100,000 vs. 15.2 per 100,000 in 2015). The rates in the South, Central and North zones remained relatively the same.
- In 2016, the proportion of male cases decreased to 87 per cent from 95 per cent in 2015. The largest increases in cases were observed in females ages 15–19, 20–24 and males ages 20–24.
- In 2016, 73 per cent of male cases reported same sex partners.

## Human Immunodeficiency Virus (HIV)

- There were 282 newly diagnosed HIV cases in 2016 compared to 230 cases in 2015.
- In 2016, the rate of newly diagnosed HIV cases in men increased to 9.1 cases per 100,000 from 6.8 cases per 100,000 in 2015. The rate in women decreased slightly in 2016 to 4.0 cases per 100,000 from 4.2 cases per 100,000 in 2015.
- In 2016, the highest rates and the largest rate increases were in Edmonton and North zones.
- Among men, the percentages in each of the exposure categories remained relatively the same in 2016 as 2015.
- The percentage of women reporting Heterosexual – Partner at Risk and Injection Drug Use (IDU) exposures decreased in 2016. The percentage reporting No Identifiable Risk – Heterosexual exposures increased to 16 cases in 2016 from 4 in 2015.
- In 2016, cases among men who have sex with men (MSM); along with MSM and IDU exposures increased by 22 and 6 cases respectively. Cases reporting IDU exposure remained relatively the same.

\*Note: Alberta Health has designed the IHDA to provide information on health status and determinants of health. The IHDA contains many health indicators derived from various sources, in topics such as demographics, mortality, chronic and infectious disease, and children's health.

[http://www.ahw.gov.ab.ca/IHDA\\_Retrieval/](http://www.ahw.gov.ab.ca/IHDA_Retrieval/)