

Indicator:	Sexually Transmitted Infections (J1a)
Domain:	Infections
Sub-domain:	Sexually Transmitted Infections
Demographic group:	Women who delivered a live birth in a given year in Los Angeles County
Data resource:	Los Angeles Mommy and Baby Project (LAMB) http://www.lalamb.org/
Data availability:	2010, 2007, 2005
Numerators:	Women who delivered a live birth in a given year in Los Angeles County reporting that they had sexually transmitted diseases during their last pregnancy.
Denominator:	Women who delivered a live birth in a given year in Los Angeles County responding to whether they did or did not have sexually transmitted diseases during their last pregnancy.
Measures of frequency:	Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.
Period of case definition:	During the pregnancy that resulted in the most recent live birth.
Significance:	STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: <ul style="list-style-type: none"> * Reproductive health problems * Fetal and perinatal health problems * Cancer * Facilitation of the sexual transmission of HIV infection¹⁻³.

Limitations of indicator: LAMB data are self reported may be biased as there may be a stigma associated with the condition. Therefore, the prevalence may be underestimated. In addition, the responses were not validated with medical record data.

Related Healthy People
2010 Objective(s):

25-1. Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections. Target: 3%.
25-2. Reduce gonorrhea. Target: 19 new cases per 100,000 population.
25-3. Eliminate sustained domestic transmission of primary and secondary syphilis. Target: 0.2 cases per 100,000.

2020 Objective(s):

STD-1. Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections. Target 6.7%
STD-6.1. Reduce gonorrhea rates among females aged 15 to 44 years. Target: 257 new cases per 100,000 population
STD-7.1. Reduce sustained domestic transmission of primary and secondary syphilis. Target: 1.4 new cases per 100,000 population

References:

1. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2007. Atlanta, GA: U.S. Department of Health and Human Services; December 2008.
2. Centers for Disease Control and Prevention. [HIV prevention through early detection and treatment of other sexually transmitted diseases — United States recommendations of the Advisory Committee for HIV and STD Prevention.](#) MMWR 1998; 47(RR-12):1-24. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00054174.htm>
3. Gorwitz RJ, Webster LA, Nakashima AK, Greenspan JR. Sexually transmitted diseases. Reproductive health of women: from Data to Action -- CDC's public health surveillance for women, infants and children. Retrieved from: <http://www.cdc.gov/Reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow2.pdf>

Indicator:	Sexually Transmitted Infections (J1b)
Domain:	Infections
Sub-domain:	Sexually Transmitted Infections
Demographic group:	Women having an infant or fetal death in a given year in Los Angeles County
Data resource:	Women having an infant or fetal death.
Data resource:	LA HOPE project http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html
Data availability:	2007- 2009
Numerators:	Women having a fetal/infant death in LA County in 2007-2009 who reported that they had sexually transmitted diseases during their last pregnancy.
Denominator:	Women having a fetal/infant death in LA County in 2007-2009 who reported that they did or did not have sexually transmitted diseases during their last pregnancy.
Measures of frequency:	Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.
Period of case definition:	During the last pregnancy.
Significance:	STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: <ul style="list-style-type: none"> * Reproductive health problems * Fetal and perinatal health problems * Cancer

* Facilitation of the sexual transmission of HIV infection¹⁻³.

Limitations of indicator: LAHOPE data are self reported may be biased as there may be a stigma associated with the condition. Therefore, the prevalence may be underestimated. In addition, the responses were not validated with medical record data.

Related Healthy People

2010 Objective(s): 25-1. Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections. Target: 3%.
25-2. Reduce gonorrhea. Target: 19 new cases per 100,000 population.
25-3. Eliminate sustained domestic transmission of primary and secondary syphilis. Target: 0.2 cases per 100,000.

2020 Objective(s): STD-1. Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections. Target 6.7%
STD-6.1. Reduce gonorrhea rates among females aged 15 to 44 years. Target: 257 new cases per 100,000 population
STD-7.1. Reduce sustained domestic transmission of primary and secondary syphilis. Target: 1.4 new cases per 100,000 population

References:

1. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2007. Atlanta, GA: U.S. Department of Health and Human Services; December 2008.
2. Centers for Disease Control and Prevention. [HIV prevention through early detection and treatment of other sexually transmitted diseases — United States recommendations of the Advisory Committee for HIV and STD Prevention](#). MMWR 1998; 47(RR-12):1-24. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00054174.htm>
3. Gorwitz RJ, Webster LA, Nakashima AK, Greenspan JR. Sexually transmitted diseases. Reproductive health of women: from Data to Action -- CDC's public health surveillance for women, infants and children. Retrieved from: <http://www.cdc.gov/Reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow2.pdf>

Indicator:	Influenza Vaccination (J3)
Domain:	Infections
Sub-domain:	Immunizations
Demographic group:	Women aged 18-44 years.
Data resource:	California Health Interview Survey (CHIS) http://www.chis.ucla.edu/
Data availability:	2009
Numerator:	Women aged 18-44 years from Los Angeles County who reported receiving an influenza vaccination in the last 12 months.
Denominator:	Women aged 18-44 years from Los Angeles County who reported receiving or not receiving an influenza vaccination in the last 12 months (excluding unknowns and refusals).
Measures of frequency:	Weighted estimates of annual prevalence and 95% confidence interval.
Period of case definition:	During the last 12 months.
Significance:	Influenza during pregnancy can increase the risk of maternal morbidity resulting in serious complications and hospitalizations, particularly among women in the second and third trimesters. ^{1,2} Women at any stage of pregnancy with certain chronic medical conditions, such as asthma, diabetes mellitus, and heart disease, are particularly vulnerable to influenza-related complications. ^{1,3} Current recommendations include influenza vaccination for all pregnant women during influenza season, regardless of gestational age, for women who will be pregnant during influenza season, and for any woman with an increased risk for influenza-related complications. ^{4,5}
Limitations of indicator:	The CHIS data are self-reported and may be subject to misclassification bias. Also, it is not possible to identify the type of vaccine used (live or inactivated). CHIS is a random-dial telephone survey. The sample used to be taken from the database of landline phone numbers. Hence, non response and non coverage can be a potential

source of bias, especially, taking into account increasing number of cellular phone users in California. However, recently CHIS started to include cell phones in the sample as well as studied differences between cell phone only and land line users for the proper weighting of the estimates and maximal reduction of the non coverage bias⁶.

Related Healthy People

- 2010 Objective(s): 14-29. Increase the proportion of adults who are vaccinated annually against influenza.
Target: 60%.
- 2020 Objective(s): IID-12.5. Increase the proportion of noninstitutionalized adults aged 18-64 years who are vaccinated annually against seasonal influenza.
Target: 80%
- IID-12.10. Increase the proportion of pregnant women who are vaccinated against seasonal influenza.
Target: 80%.

References:

1. Centers for Disease Control and Prevention. Influenza Vaccination in Pregnancy: Practices Among Obstetrician-Gynecologists --- United States, 2003--04 Influenza Season. MMWR 2005; 54(41):1050-1052. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5441a4.htm>.
2. Neuzil KM, Reed GW, Mitchel EF, Simonsen L, Griffin MR. Impact of influenza on acute cardiopulmonary hospitalizations in pregnant women. Am J Epidemiol 1998; 148:1094-1102.
3. Centers for Disease Control and Prevention. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2003; 52(RR-8):7-10. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5208a1.htm>.
4. Smith NM, Bresee JS, Shay DK, Uyeki TM, Cox NJ, Strikas RA. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2006; 55:1-42.
5. Coonrod DV, Jack BW, Boggess KA, et al. The clinical content of preconception care: immunizations as part of preconception care. Am J Obstet Gynecol 2008; 199 (6 Suppl B): S290-295.
6. CHIS data quality. Assessing and addressing potential noncoverage bias. <http://www.chis.ucla.edu/dataquality2.html>

Indicator:	Influenza Vaccination (J3a)
Domain:	Infections
Sub-domain:	Immunizations
Demographic group:	Women who delivered a live birth in a given year in Los Angeles County
Data resource:	Los Angeles Mommy and Baby Project (LAMB) http://www.lalamb.org/
Data availability:	2010
Numerator:	Women who delivered a live birth in a given year in Los Angeles County reporting that they received seasonal flu vaccine during their last pregnancy.
Denominator:	Women who delivered a live birth in a given year in Los Angeles County reporting that they did or did not receive seasonal flu vaccine during their last pregnancy. (excluding unknowns and refusals).
Measures of frequency:	Crude annual prevalence and by selected maternal demographic characteristics, weighted to account for unequal probabilities of selection, and adjusted for non-response and mail/telephone non-coverage.
Period of case definition:	During the pregnancy that resulted in the most recent live birth.
Significance:	Influenza during pregnancy can increase the risk of maternal morbidity resulting in serious complications and hospitalizations, particularly among women in the second and third trimesters. ^{1,2} Women at any stage of pregnancy, with certain chronic medical conditions, such as asthma, diabetes mellitus, and heart disease, are particularly vulnerable to influenza-related complications. ^{1,3} Current recommendations include influenza vaccination for all pregnant women during influenza season, regardless of gestational age, for women who will be pregnant during influenza season, and for any woman with an increased risk for influenza-related complications. ^{4,5}

Limitations of indicator: The LAMB data are self-reported and may be subject to misclassification bias. Also, some respondents might be vaccinated before pregnancy but during the influenza season when they were pregnant. Hence, they might be immune to the particular season influenza virus strain but not counted towards this indicator.

Related Healthy People

2010 Objective(s): 14-29. Increase the proportion of adults who are vaccinated annually against influenza.
Target: 60%.

2020 Objective(s): IID-12.5. Increase the proportion of noninstitutionalized adults aged 18-64 years who are vaccinated annually against seasonal influenza.
Target: 80%
IID-12.10. Increase the proportion of pregnant women who are vaccinated against seasonal influenza.
Target: 80%.

References:

1. Centers for Disease Control and Prevention. Influenza Vaccination in Pregnancy: Practices Among Obstetrician-Gynecologists --- United States, 2003--04 Influenza Season. MMWR 2005; 54(41):1050-1052. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5441a4.htm>.
2. Neuzil KM, Reed GW, Mitchel EF, Simonsen L, Griffin MR. Impact of influenza on acute cardiopulmonary hospitalizations in pregnant women. Am J Epidemiol 1998; 148:1094-1102.
3. Centers for Disease Control and Prevention. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2003; 52(RR-8):7-10. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5208a1.htm>.
4. Smith NM, Bresee JS, Shay DK, Uyeki TM, Cox NJ, Strikas RA. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2006; 55:1-42.
5. Coonrod DV, Jack BW, Boggess KA, et al. The clinical content of preconception care: immunizations as part of preconception care. Am J Obstet Gynecol 2008; 199 (6 Suppl B): S290-295.