



CHELAN-DOUGLAS
HEALTH DISTRICT

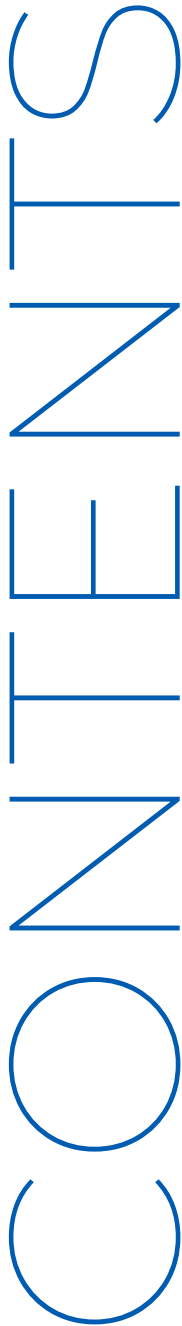
Community Health Assessment

**MATERNAL &
CHILD
HEALTH**

2025

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COMMUNITY PROFILE



To put maternal and child health findings in context, it's important to consider the people who live in Chelan and Douglas Counties.

 Chelan and Douglas Counties encompass **7.1%** of the land in the state yet only contain **1.6%** of the total population.^{1d,2d}

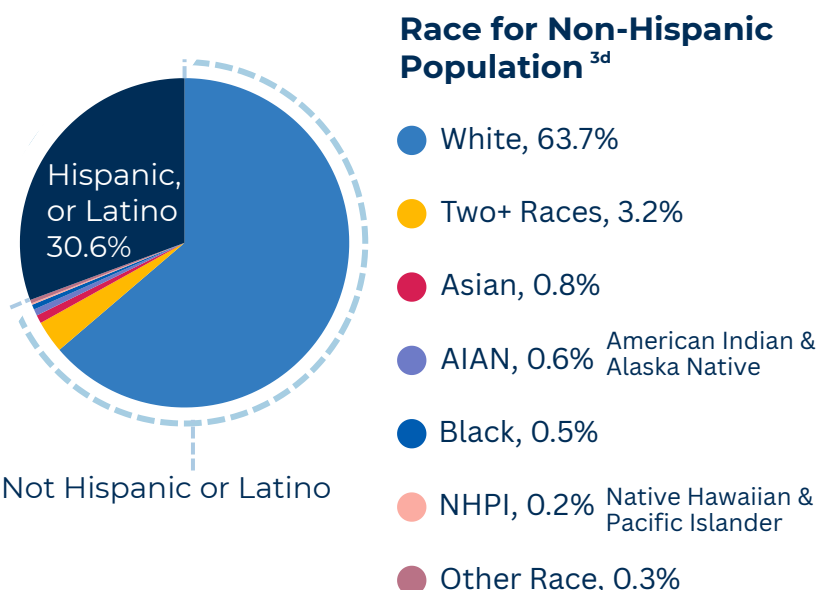
Indicators	Chelan	Douglas	WA State
Population ^{3d}	79,518	43,733	7,740,984
Median Age ^{6d,7d} White, not Hispanic Hispanic or Latino	49.1 25.0	47.9 25.1	43.3 25.8
Annual Household Income, Median ^{13d}	77K	72K	98K
Low-Income Population ($<200\%$ of Federal Poverty Level) ^{17d}	29%	27%	23%
No High School Diploma (Adults 25+) ^{23d}	15%	18%	8%



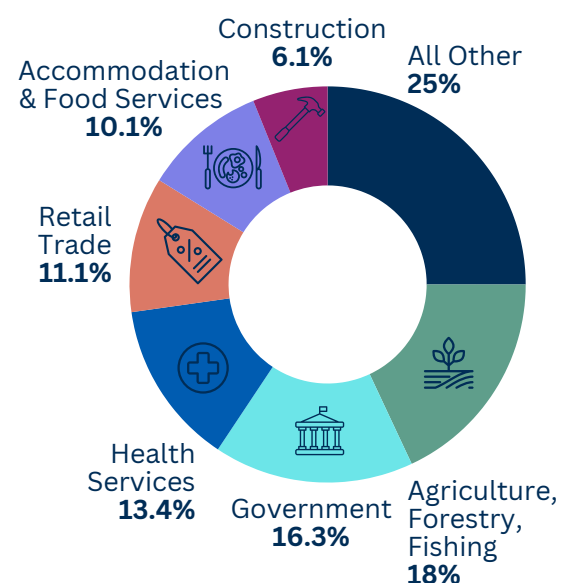
Nearly **one in five** people are disabled in our region^{10d}



IHOLA! Spanish is spoken at home **2X to 3X** more here compared to the state average.^{9d}



Top Industries^{12d}



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A CLOSER LOOK AT MATERNAL & CHILD HEALTH

Maternal and child health (MCH) is a key part of a strong and healthy community. It includes the health of people during pregnancy, childbirth, and the early years of a child's life. Tracking these health outcomes helps public health programs target services where they are needed most.



Maternal Child Health Indicators	Chelan Residents	Douglas Residents	WA State Residents
Total Births, 2023 ^{1a}	780	468	80,871
Birth Rate Per 1,000 Women Aged 15-44, 2021-2023 ^{1b}			
Not Hispanic	50.6	57.6	50.6
Hispanic or Latino	62.4	68.0	61.9
Birth Rate Per 1,000 Population ^{1a}			
Not Hispanic (2023)	8.0	8.2	9.4
Hispanic or Latino (2023)	13.4	14.8	14.5
Average Maternal Age, 2023 ²	29.4	29.3	30.3
Percent Single Baby Births that were Pre-Term, 2018-2022 ¹³	8.2%	7.4%	8.9%
Total Infant Mortality Rate per 1,000 Births, 2014-2023 ^{14a}	4.0	2.8	4.5
Children Enrolled in Apple Health for Kids ¹⁹ (April 2025)	11,673	7,416	847,432



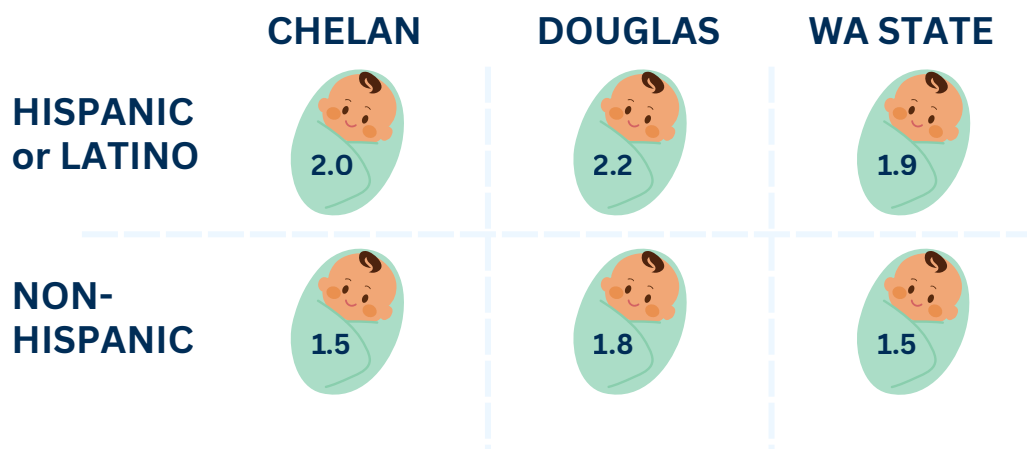
To tell the story about maternal and child health, we reviewed a wide range of data sources, from a national pregnancy survey to data from Washington state agencies. This report features the most recent local data available and also includes regional and state-level data for greater context. Data sources are cited throughout and listed at the end of this report.

FERTILITY & BIRTHS

Fertility and birth data help us understand how many babies are born, to whom, and under what conditions, so communities can plan for health services, prevent problems, and support families.

HOW MANY CHILDREN WILL WOMEN HAVE IN THEIR LIFETIME, ON AVERAGE?

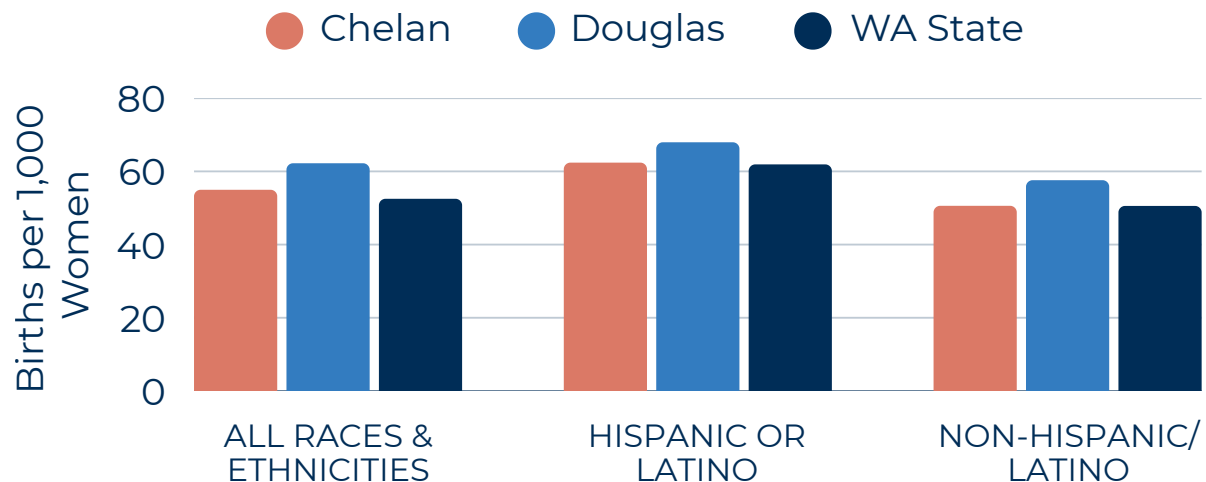
HYPOTHETICAL NUMBER BASED ON FERTILITY RATES FROM 2021-2023^{1c}



The fertility rate is **higher for Hispanic or Latina** people in Chelan and Douglas Counties and Washington State.^{1c}

GENERAL FERTILITY RATE

BIRTHS PER 1,000 WOMEN AGED 15-44, 2021-2023^{1b}

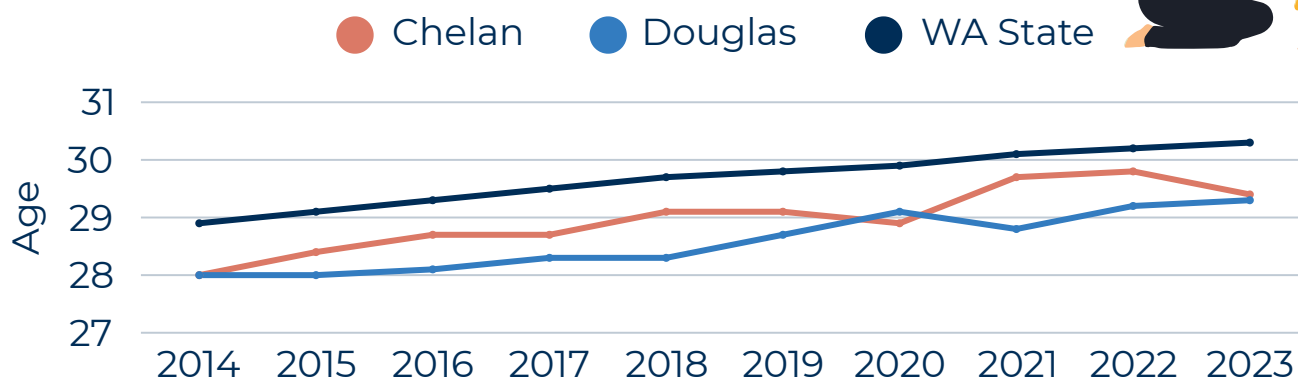


FERTILITY & BIRTHS (CONTINUED)

The average maternal age, or age when a mother gives birth, has risen over time. In 2023, the average age in Chelan and Douglas Counties was **29 years old**.²

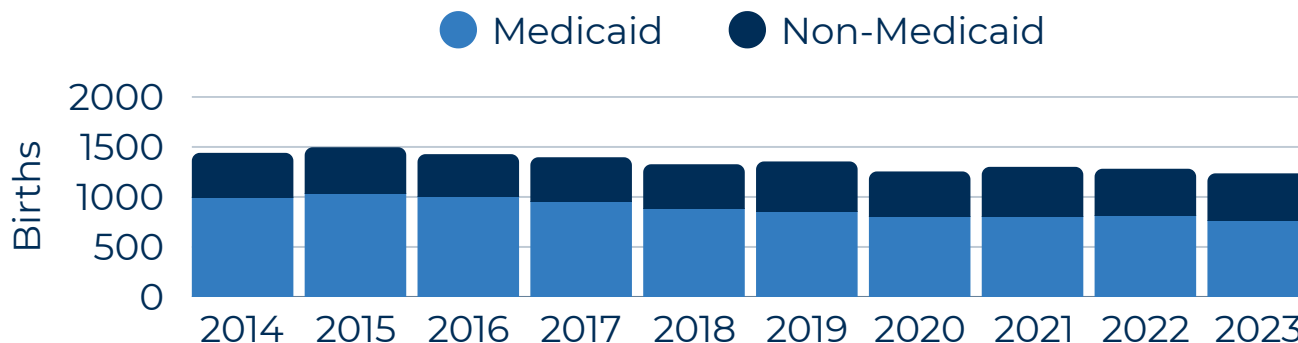
AVERAGE MATERNAL AGE OVER TIME

WASHINGTON STATE HEALTH CARE AUTHORITY, 2014-2023²



TOTAL BIRTHS BY YEAR

CHELAN AND DOUGLAS COUNTIES COMBINED, 2014-2023²



1,248

babies were born to Chelan and Douglas County residents in 2023.^{1a}



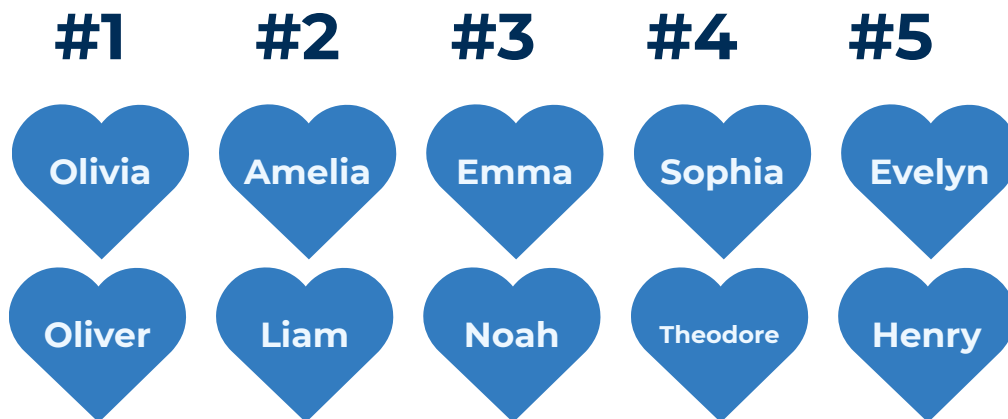
65%

of births to Douglas County residents were covered by Medicaid in 2023, compared to **60% in Chelan County** and **47% in Washington State**.²

FERTILITY & BIRTHS (CONTINUED)

WHAT ARE THE MOST POPULAR BABY NAMES IN WASHINGTON?

2023 ^{3a}

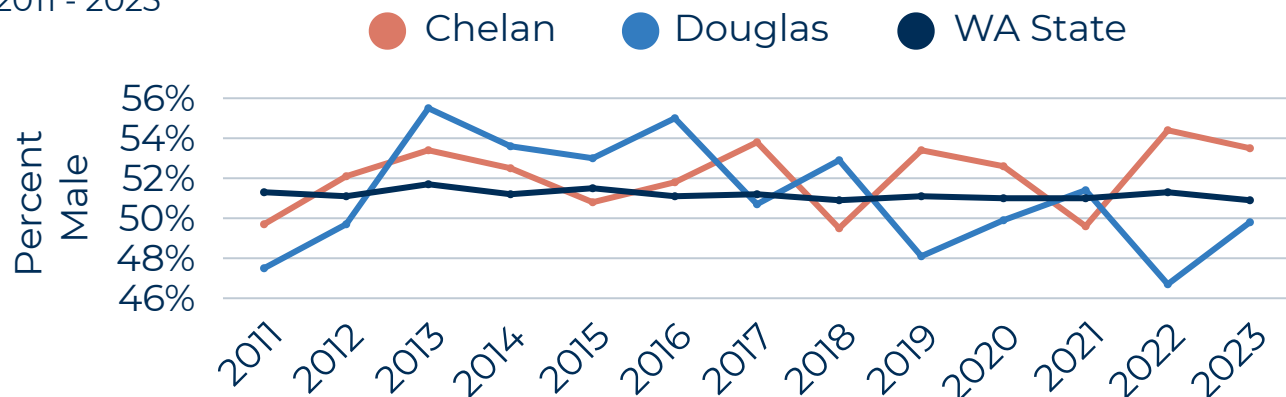


WHAT IS THE AVERAGE LIFE EXPECTANCY FOR INFANTS? ⁴

Chelan County	Douglas County	Washington State
80 84	81 87	79 83
Average Hispanic	Average Hispanic	Average Hispanic

WHAT PERCENT OF BABIES BORN ARE MALE?

2011 - 2023 ^{3b}



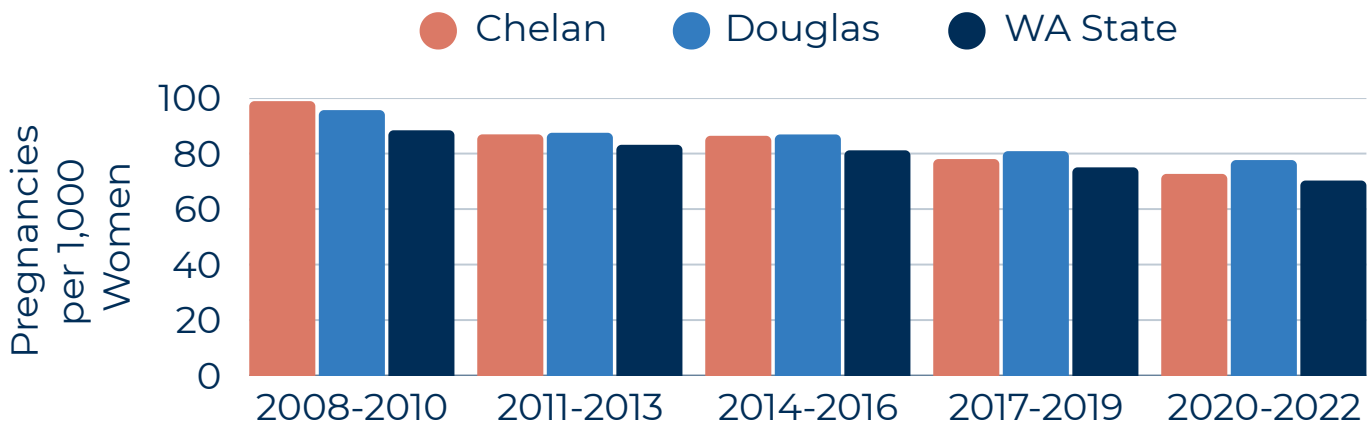
In Washington State, about **51% of babies born are male**. In smaller counties, where there are fewer births per year, this percentage is more likely to vary. ^{3b}

PREGNANCY

Pregnancy rates show how many pregnancies happen for every 1,000 women of childbearing age. The rate includes all pregnancies that result in live births, miscarriages, and abortions.

PREGNANCY RATE

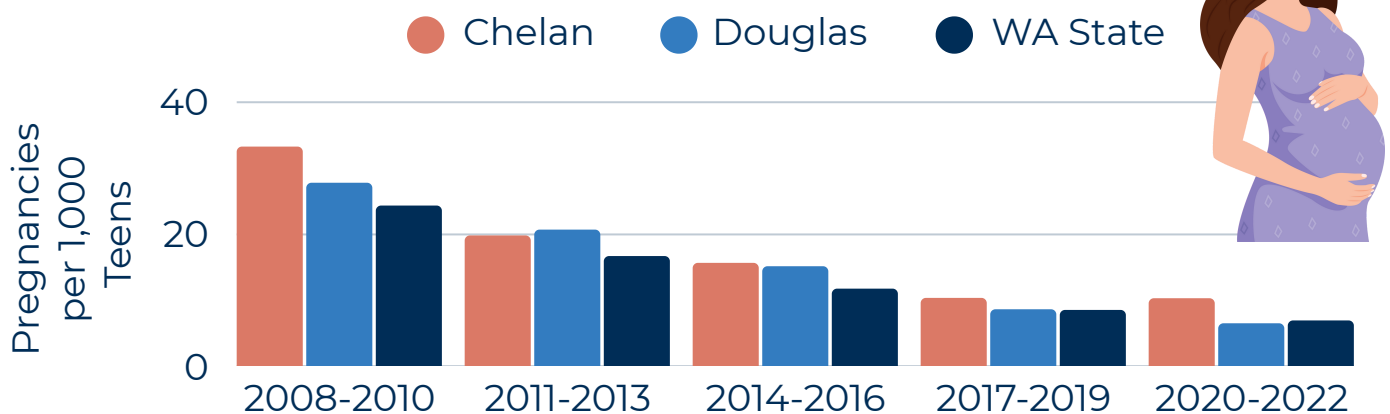
PREGNANCIES PER 1,000 WOMEN AGED 18-44 ^{5a}



The pregnancy rate in **Douglas County** was about **11% higher** than the Washington State average from 2020 to 2022 ^{5a}

TEEN PREGNANCY RATE

PREGNANCIES PER 1,000 GIRLS AGED 15-17 ^{5a}



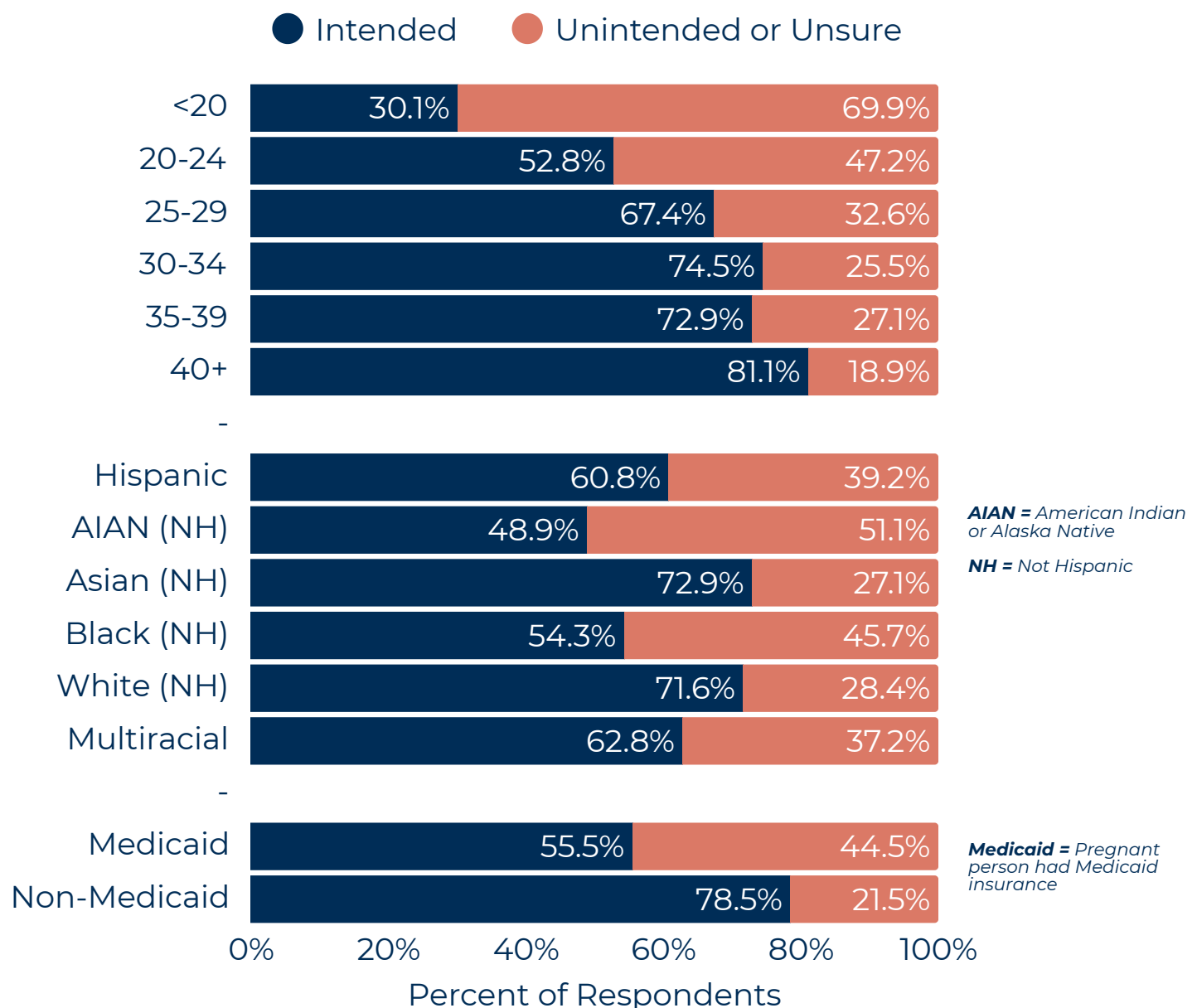
Pregnancies occur in girls under the age of 15, however they are more rare.

PREGNANCY (CONTINUED)

In Washington State, about **68.2%** of pregnancies are intended compared to **57.9%** in North Central Washington (Chelan, Douglas, Grant, and Okanogan Counties). Pregnancy intention varies by age, race and ethnicity, and Medicaid status. ^{6a}

PREGNANCY INTENTION IN WASHINGTON

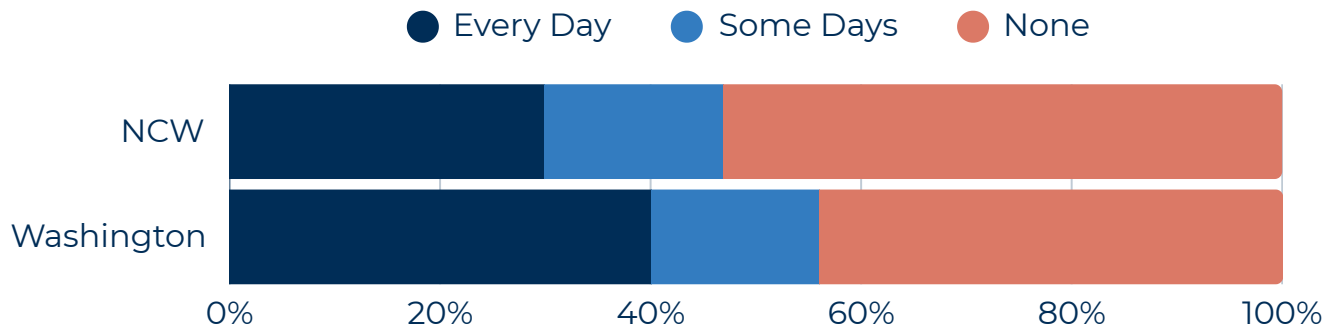
PERCENT OF SURVEY RESPONDENTS WHO INTENDED OR DID NOT INTEND TO GET PREGNANT, 2019 TO 2021 ^{6a}



PREGNANCY (CONTINUED)

VITAMIN USE BEFORE PREGNANCY

PERCENT OF WASHINGTON STATE SURVEY RESPONDENTS WHO USED VITAMINS EVERY DAY, SOME DAYS OR NOT AT ALL THE MONTH BEFORE BECOMING PREGNANT, 2019 TO 2021 ^{6b}

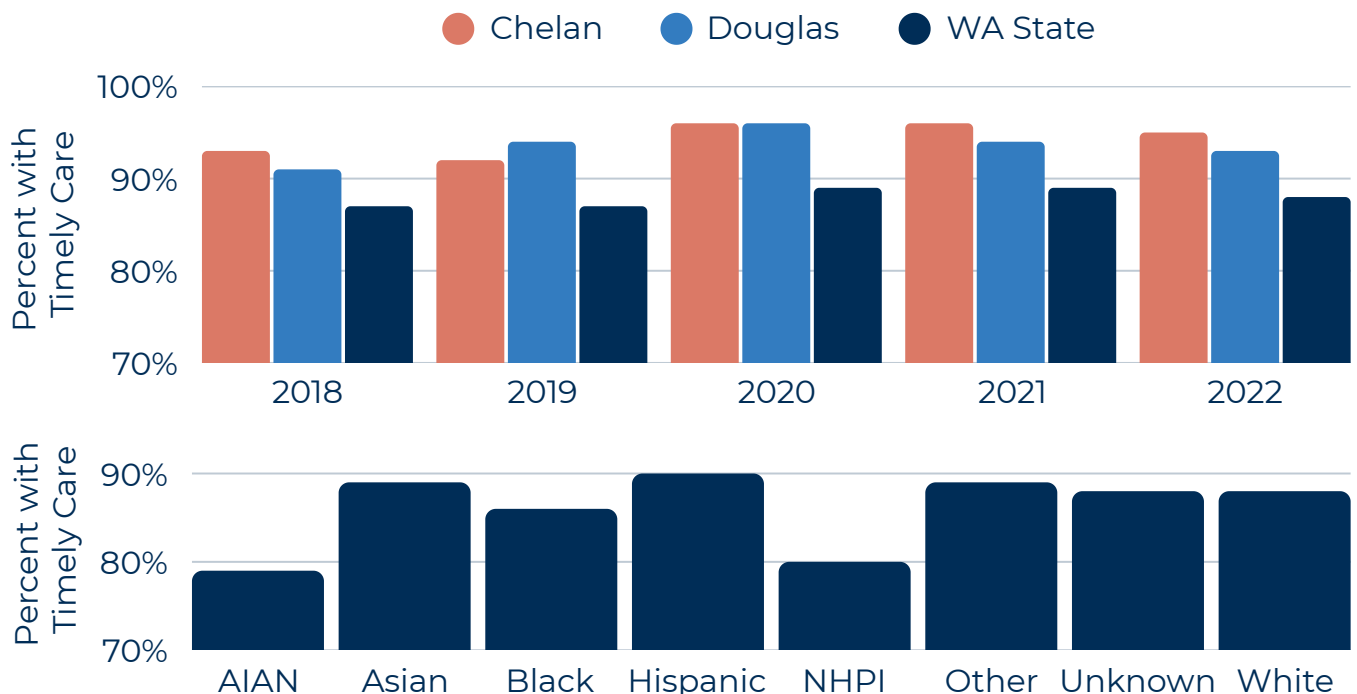


Who is least likely to take vitamins before pregnancy?

Younger mothers (under 25), those who are Hispanic or Latino or those who are American Indian or Alaska Native. ^{6b}

TIMELINESS OF PRENATAL CARE (MEDICAID)

PERCENT OF LIVE BIRTHS IN WHICH PRENATAL CARE BEGAN IN THE FIRST TRIMESTER OR WITHIN 42 DAYS OF MEDICAID ENROLLMENT, WA STATE, 2022 ^{7a}



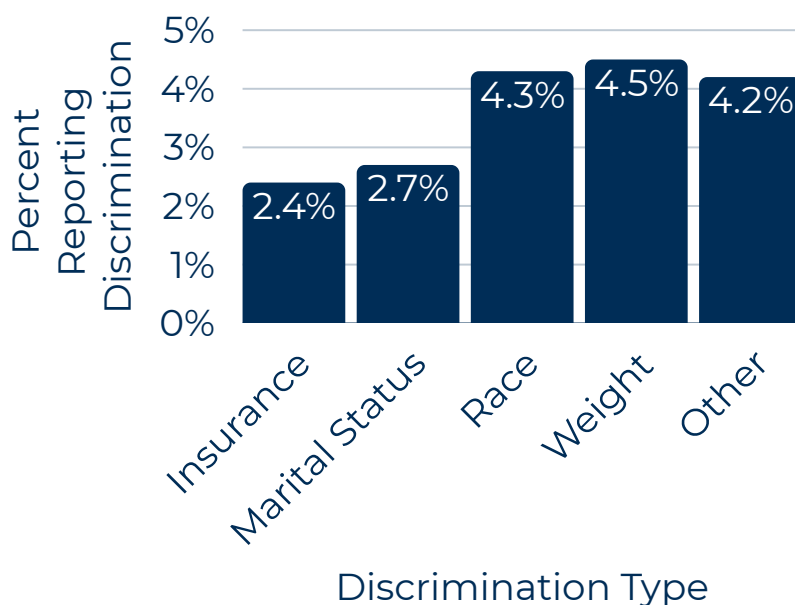
AIAN = American Indian or Alaska Native | **NHPI** = Native Hawaiian or Pacific Islander

PREGNANCY (CONTINUED)

Pregnant people in Washington struggle with discrimination, depression and intimate partner violence.

DID YOU EVER FEEL YOU WERE TREATED UNFAIRLY IN GETTING SERVICES BECAUSE OF ANY OF THE FOLLOWING?

PERCENT OF WASHINGTON STATE SURVEY RESPONDENTS REPORTING DISCRIMINATION WHILE ACCESSING HEALTHCARE SERVICES DURING PREGNANCY, 2019 TO 2021 ^{6c}



DEPRESSION & INTIMATE PARTNER VIOLENCE

PERCENT OF WASHINGTON STATE SURVEY RESPONDENTS REPORTING DEPRESSION OR INTIMATE PARTNER VIOLENCE BEFORE OR DURING PREGNANCY, 2022 ⁸

Indicators	Before Pregnancy	During Pregnancy
Depression	16.5%	16.3%
Intimate Partner Violence	2.7%	1.6%

AFTER PREGNANCY 12%
of those surveyed reported “always” or “often” feeling **down, depressed, or hopeless** or having little interest or pleasure in doing things they usually enjoyed prior to giving birth. **Young people were most impacted**, including **20%** of those 20-24 years old.⁸

PREGNANCY (CONTINUED)

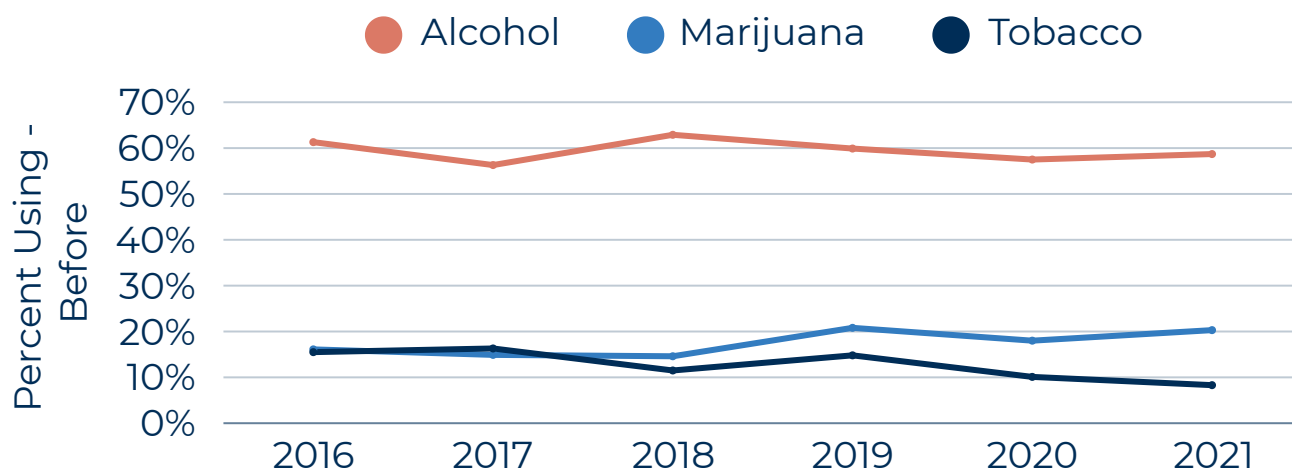
Using drugs before or during pregnancy can impact the health of both the parent and baby, increasing the risk of concerns such as low birth weight, premature birth, or developmental delays. Tracking substance use helps public health programs provide support and resources so families can be healthier.



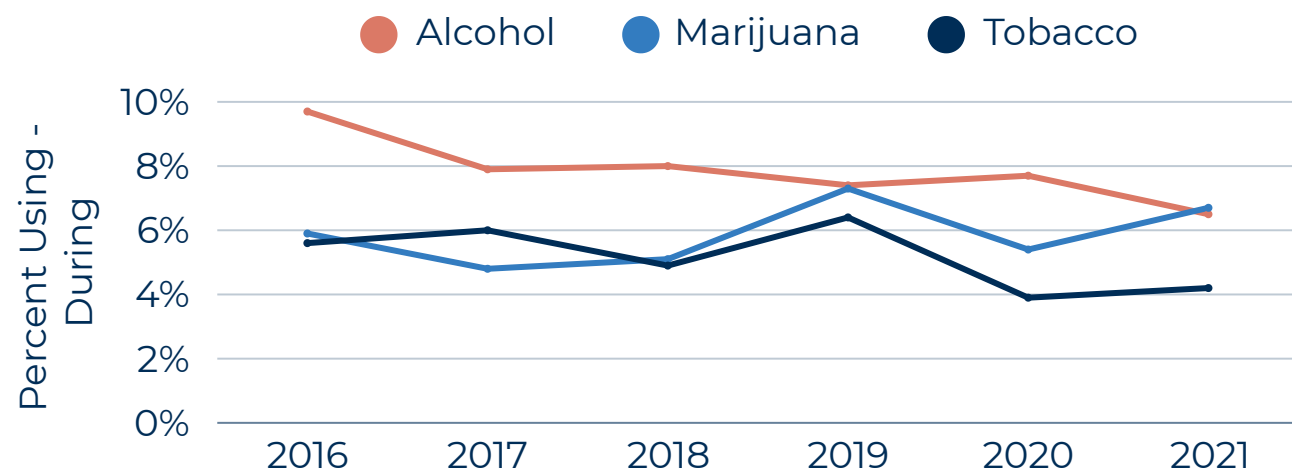
DRUG AND ALCOHOL USE BEFORE & DURING PREGNANCY

PERCENT OF WASHINGTON STATE SURVEY RESPONDENTS REPORTING USE OF ALCOHOL, MARIJUANA OR TOBACCO, 2019 TO 2021^{6d,6e,6f}

Before Pregnancy



During Pregnancy

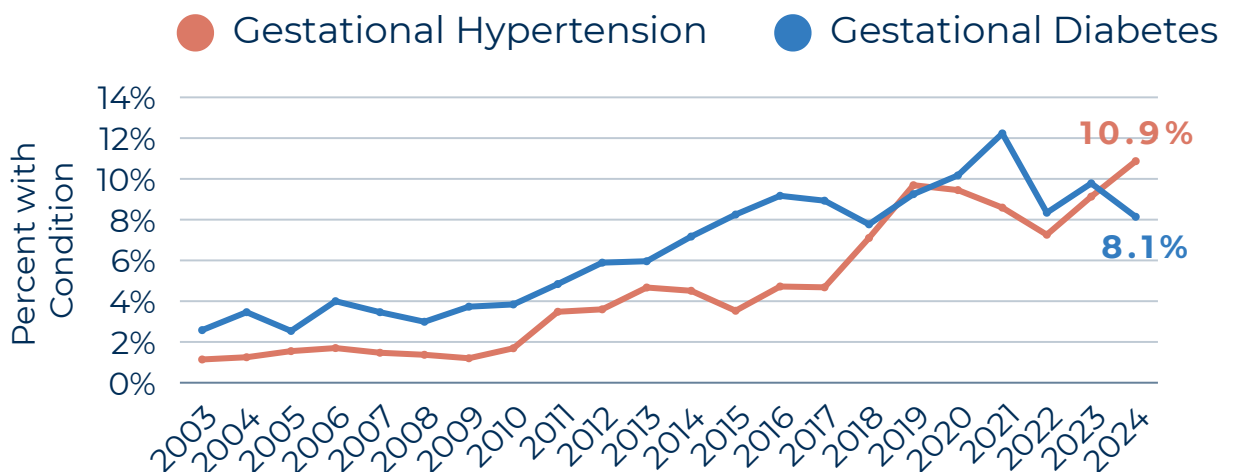


PREGNANCY CONDITIONS

Pregnancy conditions like gestational diabetes and hypertension can lead to complications for both parent and baby. Tracking pregnancy conditions and outcomes such as C-sections and pregnancy-related deaths helps us to improve maternal and infant health.

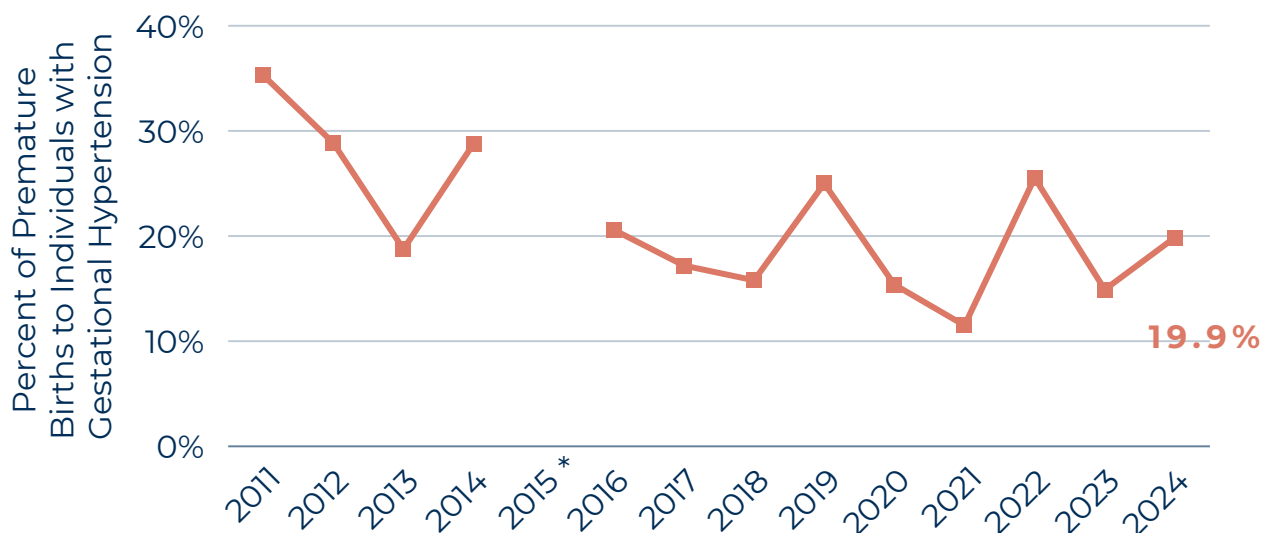
PREVALENCE OF PREGNANCY CONDITIONS

AS PERCENTAGE OF INDIVIDUALS WITH THE CONDITION AT THE TIME OF GIVING BIRTH, CHELAN-DOUGLAS RESIDENTS⁹



PREMATURE BIRTHS TO PERSONS WITH GESTATIONAL HYPERTENSION

AS PERCENT OF PREMATURE BIRTHS TO INDIVIDUALS WITH GESTATIONAL HYPERTENSION AT THE TIME OF GIVING BIRTH, CHELAN-DOUGLAS RESIDENTS⁹



* Data not reportable for 2015

PREGNANCY OUTCOMES

PREGNANCY-RELATED DEATHS

PER 100,000 LIVE BIRTHS, WASHINGTON STATE, 2014-2020 ¹²



In Washington, **224** pregnant people died during or within a year after pregnancy (2014-2020). Of those, **97** died as a direct result of their pregnancy. **Eighty percent** of those directly-related deaths were **preventable**. ¹²

TOP CAUSES OF PREGNANCY-RELATED DEATHS

WASHINGTON STATE, 2014-2020 ¹²

Rank	Cause	% Deaths
1	Behavioral Health Conditions (i.e. suicide, overdose)	32%
2	Hemorrhage (heavy bleeding)	12%
3	Infection	9%



Death rates are higher in pregnant people who are: ¹²

**American Indian
and Alaska Native**
(non-Hispanic)

8.5x*

**Native Hawaiian
and Pacific Islander**
(non-Hispanic)

2.5x*

Black
(non-Hispanic)

2.5x*

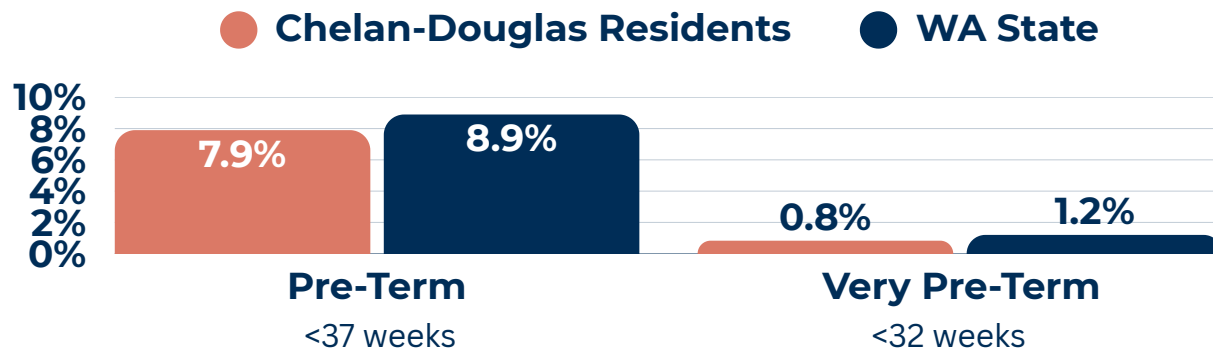
**Rate compared to lowest population rate, found in the White (non-Hispanic) population*

BIRTH OUTCOMES

Healthy birth outcomes are important for a strong start in life. Looking at data on indicators like pre-term births and low birthweight helps public health professionals monitor trends and improve care for pregnant people and infants.

PRE-TERM BIRTH RATE

PERCENT OF TOTAL SINGLE BABY BIRTHS, 2018 TO 2022 ¹³



Pre-term births are most likely when the mom is: ^{6g}

Aged
<20

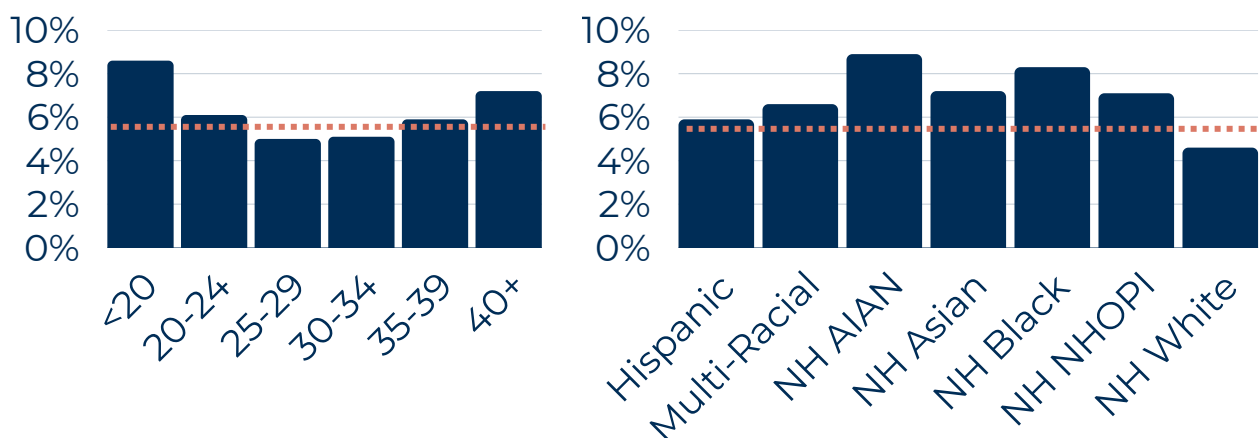
Aged
40+

Not White, Asian
or Multi-Racial

American Indian or
Alaskan Native

LOW BIRTH WEIGHT

PERCENT BY AGE AND RACE/ETHNICITY, WASHINGTON STATE, 2021 ^{6h}



BIRTH OUTCOMES (CONTINUED)

This section looks at how babies are born in our region. Health experts use certain measures to check the quality of care during delivery. Three important measures are the NTSV Cesarean-section (C-section) rate, TSV C-section rate, and VBAC rate (see below for more information on these terms). These three measures help us understand how often C-sections are used, the frequency of vaginal births after a prior C-section, and how low-risk births are handled.¹⁰



NTSV C-Section

Cesarean section rates for first-time moms with a single, full-term baby in a head-down position^{10a}

LOWER IS BETTER

It means fewer unnecessary C-sections for low-risk pregnancies.

TSV C-Section

Similar to NTSV but this Cesarean rate includes first-time and repeat births^{10b}

LOWER IS BETTER

It suggests good clinical decision-making in low-risk deliveries.

VBAC

Vaginal Birth After Cesarean birth (surgical)^{10c}

HIGHER IS BETTER

It means more support for delivering vaginally after a C-section.

C-SECTION AND VBAC DELIVERY RATES

BY HOSPITAL, 2024¹¹

Delivery Type	Confluence Health	WA State
NTSV C-Section Deliveries	20.8% LOWER	27.3%
TSV C-Section Deliveries	12.0% LOWER	17.0%
VBAC for Term Singleton Vertex (TSV) Deliveries	36.7% HIGHER	28.8%

DEFINITIONS

C-Section = Cesarean section

TSV = Term, singleton, vertex

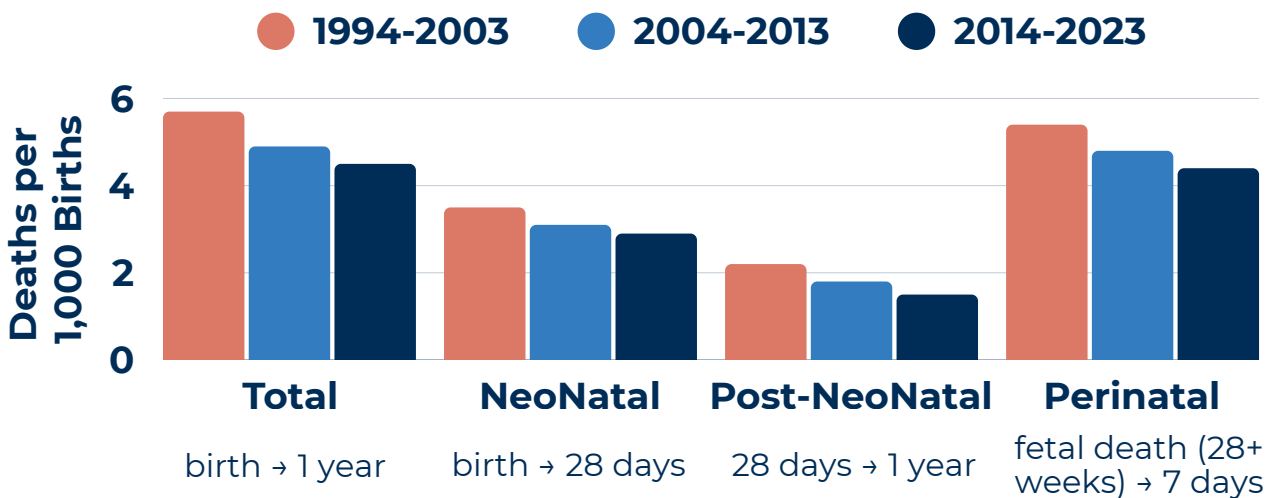
NTSV = Nulliparous, term, singleton, vertex VBAC = Vaginal birth after cesarean section

BIRTH OUTCOMES (CONTINUED)

Infant mortality, which refers to the death of infants under one year of age, is a key indicator of the overall health of a population. Washington state has seen a decrease in infant mortality over time and has a lower infant mortality rate than the U.S. average. In Chelan and Douglas Counties, infant mortality rates are similar to the state average.^{14a}

INFANT MORTALITY RATE PER 1,000 BIRTHS

BY DATE RANGE AND TIME OF DEATH, WASHINGTON STATE, 1994 - 2023^{14a}



i Most **infant deaths occur in the perinatal period** between when a fetus is 28+ weeks old through 7 days after birth.^{14a}

IN MEMORIAM OF INFANTS WHO DIED

INFANT DEATHS, BIRTH TO 365 DAYS OLD, CHELAN-DOUGLAS RESIDENTS, 2014 - 2023^{14a}



BIRTH OUTCOMES (CONTINUED)

Infant deaths are rare, especially in areas with relatively small population sizes, such as Chelan and Douglas Counties. To better understand the most common causes of infant death, it is helpful to review Washington State data over a long period of time.

CAUSE OF INFANT DEATHS

BIRTH TO 1 YEAR, WASHINGTON STATE, 1996 - 2023 ^{14b}

#	Cause of Death	Deaths	% of Total
1	Congenital Anomalies	2827	24%
2	Perinatal - Labor and Delivery Conditions	2610	23%
3	Prematurity	1939	17%
4	SIDS	1581	14%
5	Other Infection	1362	12%
6	External Causes	675	6%
7	Other Miscellaneous	474	4%
8	Perinatal - Maternal Conditions	120	1%

The Chelan-Douglas Health District, along with community partners, reviews child and infant deaths. By learning how they happened, we can better educate the public on risks and stop preventable deaths from happening.

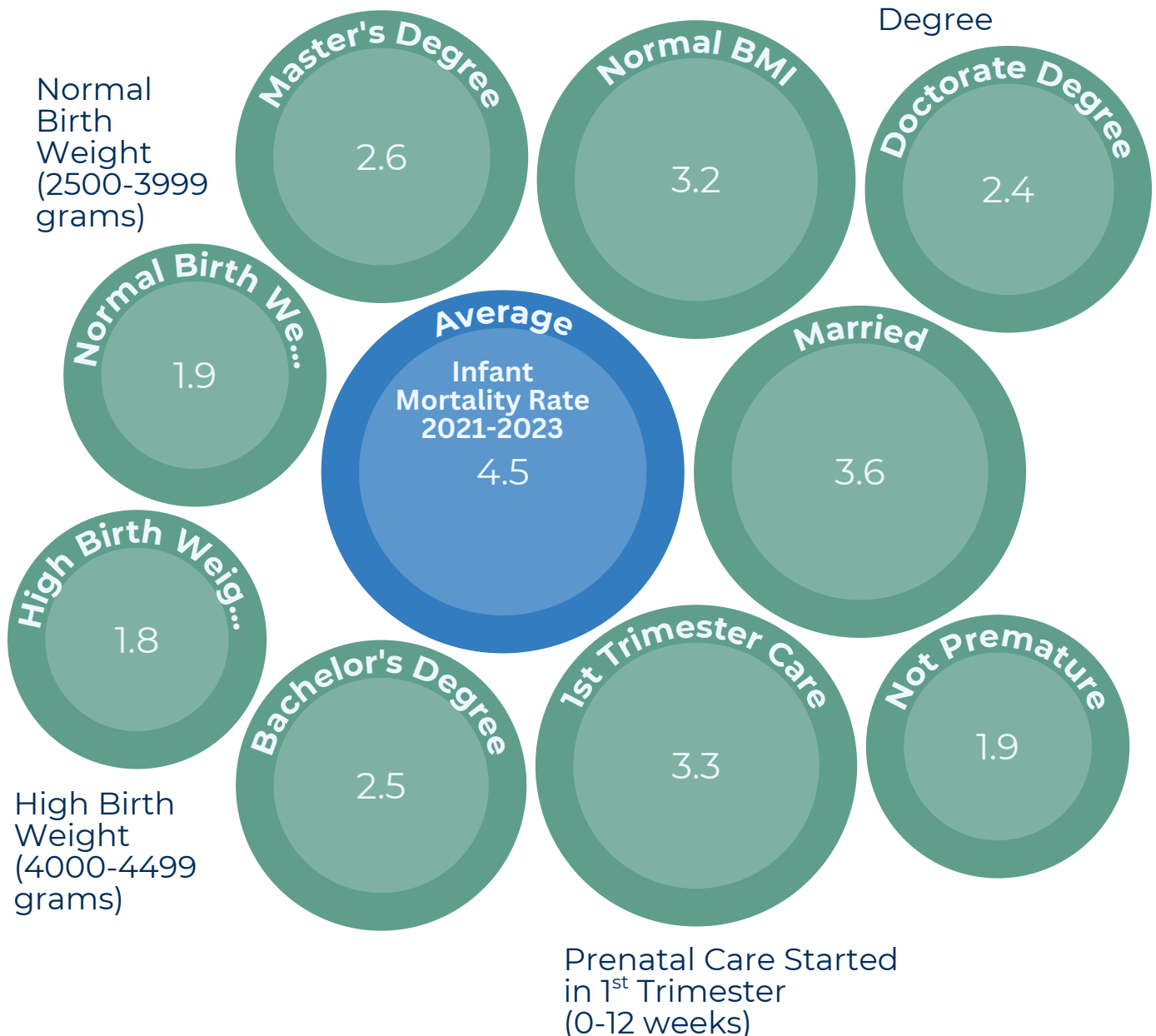
PROTECTIVE FACTORS

PROTECTIVE FACTORS FOR INFANT SURVIVAL IN WASHINGTON STATE

TOTAL INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS BY PROTECTIVE FACTOR PRESENT AT BIRTH, WASHINGTON STATE, 2021-2023 ^{9,15}

Smaller circle = lower risk of infant death

Doctorate or Professional Degree

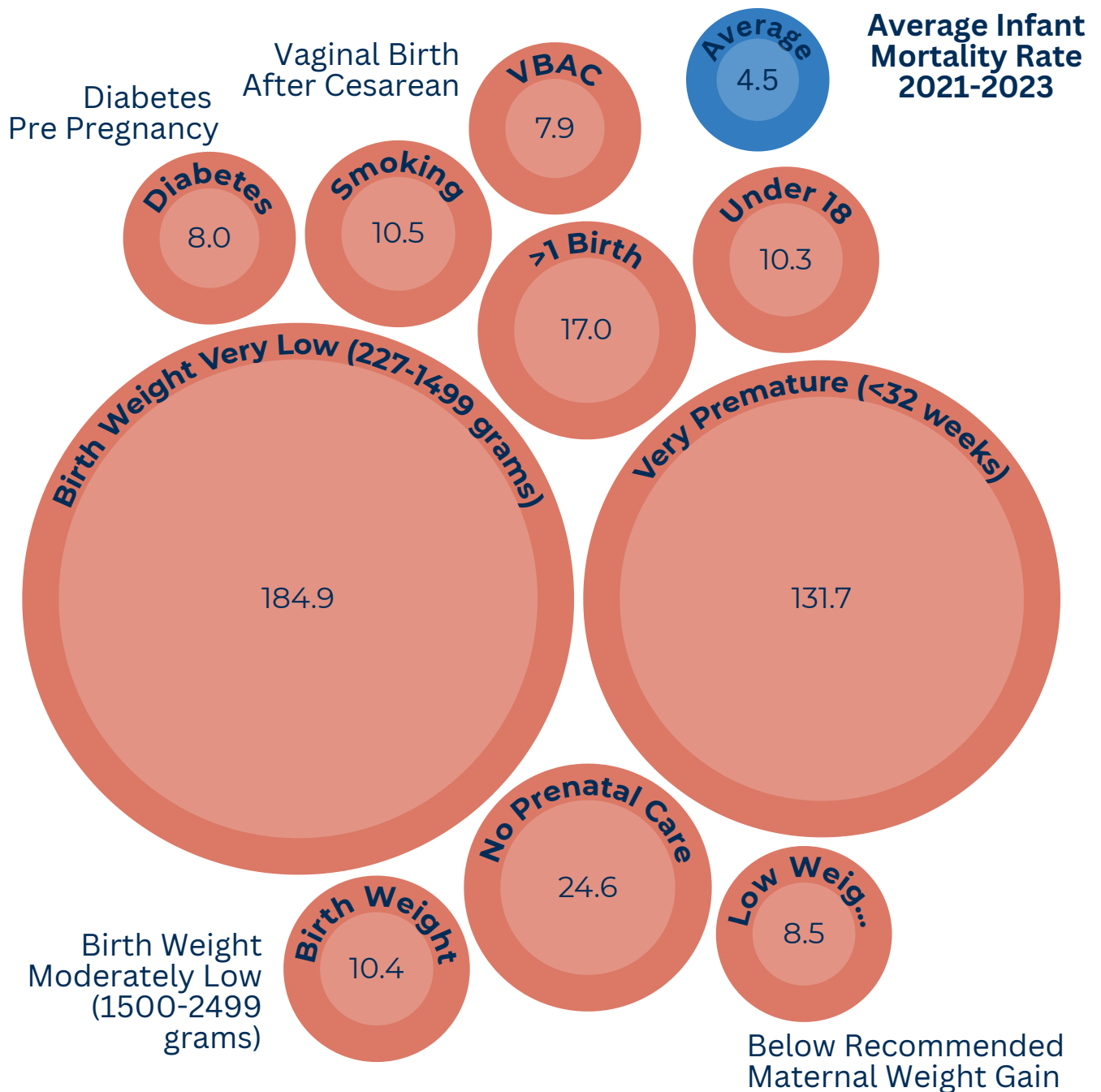


RISK FACTORS

RISK FACTORS FOR INFANT DEATH IN WASHINGTON STATE

TOTAL INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS BY RISK FACTOR PRESENT AT BIRTH, WASHINGTON STATE, 2021-2023^{9,15}

Larger circle = higher risk of infant death

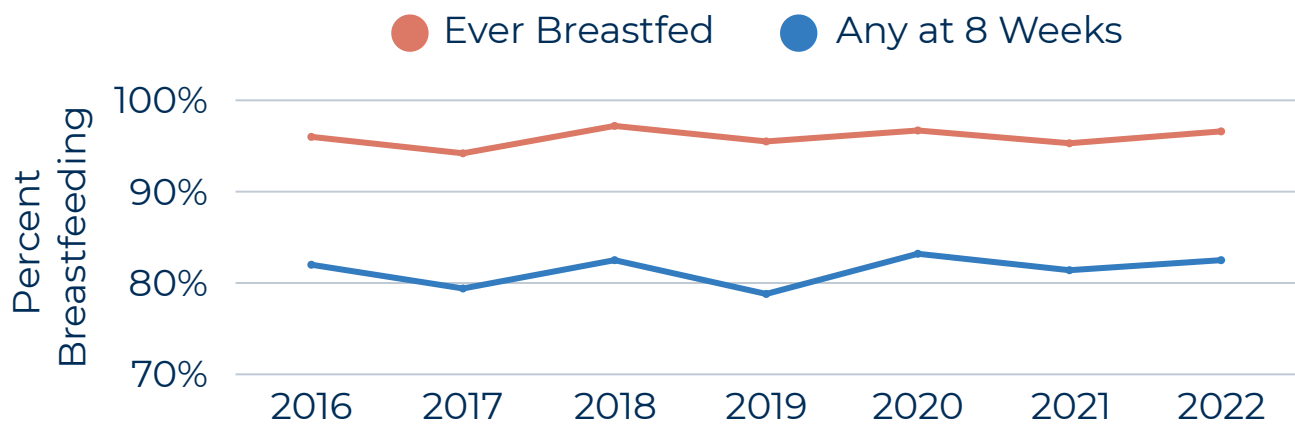


CHILD & FAMILY HEALTH

The health of parents and children is closely connected, especially in the early years of life. This section focuses on the care, support, and environments that help families thrive in post-pregnancy, infancy, and early childhood.

BREASTFEEDING

PERCENT OF SURVEY RESPONDENTS IN WASHINGTON, 2019 TO 2021⁸



12% of women in Washington reported experiencing **postpartum depression** in 2021. Young mothers were most impacted, including **20%** of those 20-24 years old⁸

SAFE SLEEPING PRACTICES

Safe sleep practices can help prevent Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths. Babies under one should always sleep **on their backs** on a **firm surface**. In Washington, only 83% of mothers follow these guidelines most of the time. For more information and tips, visit the [American Academy of Pediatrics](#).^{16,8}



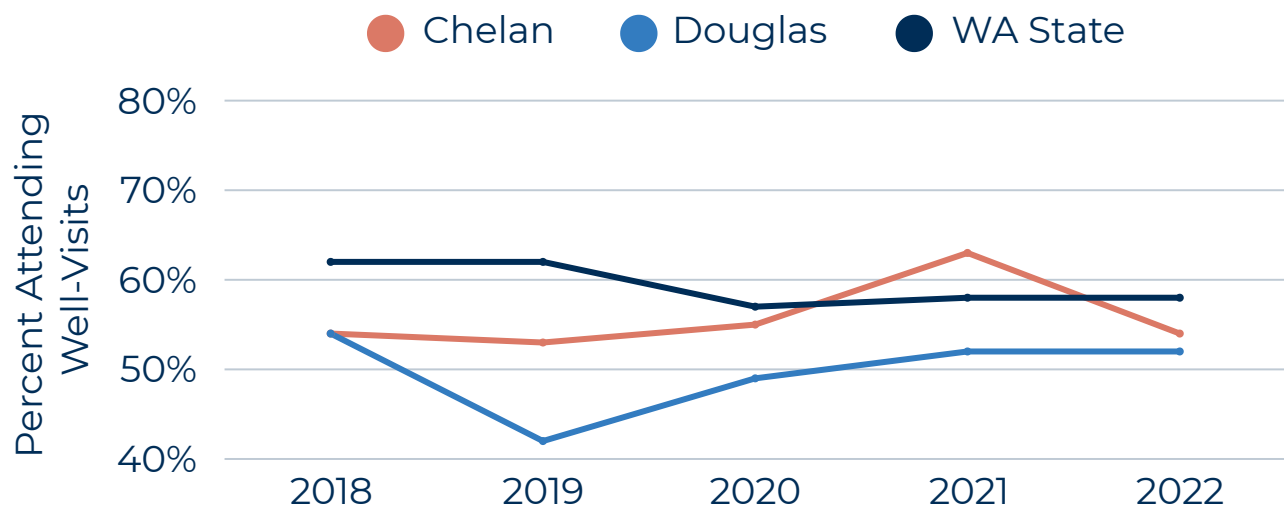
CHILD & FAMILY HEALTH (CONTINUED)

Well-child visits are regular medical check-ups that help monitor a child's growth, development, and overall health. These visits support early detection of health concerns, provide important vaccinations, and offer guidance to families during each stage of childhood.

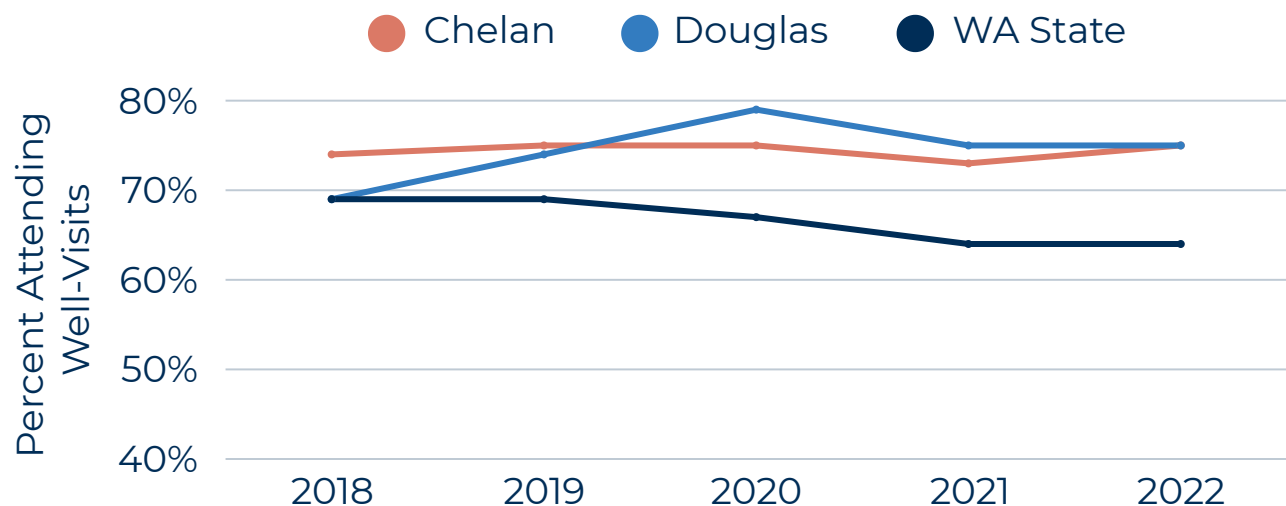
WELL-CHILD VISITS

PERCENT OF CHILDREN WHO HAD AT LEAST ONE COMPREHENSIVE WELL-CARE VISIT BY YEAR (MEDICAID BENEFICIARIES ONLY) ^{7b}

0-15 Months Old



0-30 Months Old

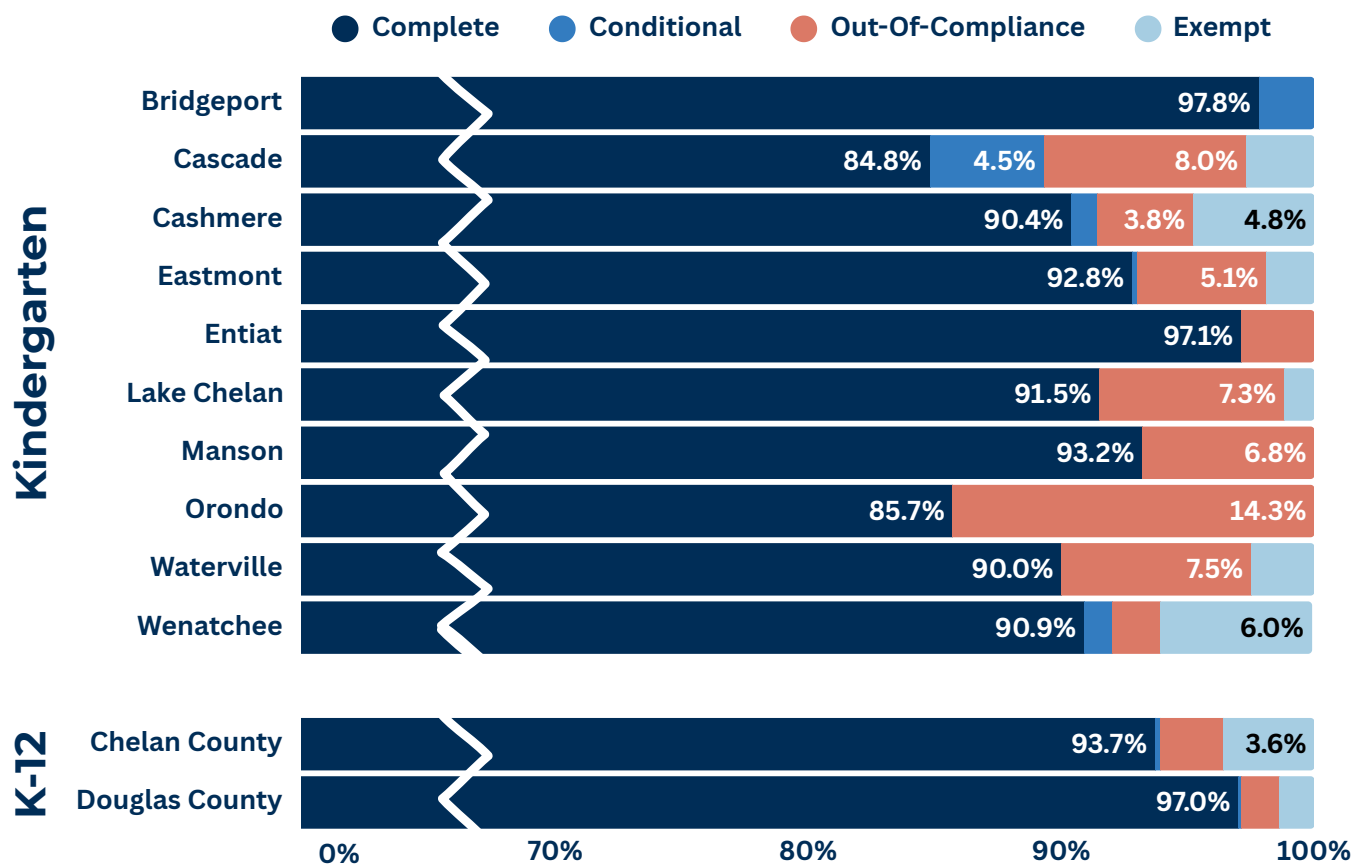


CHILD & FAMILY HEALTH (CONTINUED)

Childhood vaccinations protect children from serious and sometimes life-threatening diseases like measles, whooping cough, and polio. In Washington, certain vaccines are required for school and child care entry to help prevent the spread of these illnesses. Vaccination is a safe and effective way to keep children, families, and communities healthy.

VACCINATION STATUS IN SCHOOL DISTRICTS

STUDENT VACCINATION STATUS FOR ALL CONDITIONS IN LOCAL SCHOOL DISTRICTS WITH AVAILABLE DATA, 2023-2024 ¹⁷



Key Terms

Complete = The student has documented full immunity to all of the required vaccine-preventable diseases.

Conditional = The student is making satisfactory progress toward full immunization by continuing a vaccination schedule and is within the recommended interval for the next dose.

Out-of-Compliance = The student does not have documentation of immunity for any one or more of the vaccine-preventable diseases for which documentation of immunization is required, and they are not in a temporary conditional period, and they do not have a completed Certificate of Exemption exempting them from the requirement for immunization against the disease/s missing documentation of immunity.

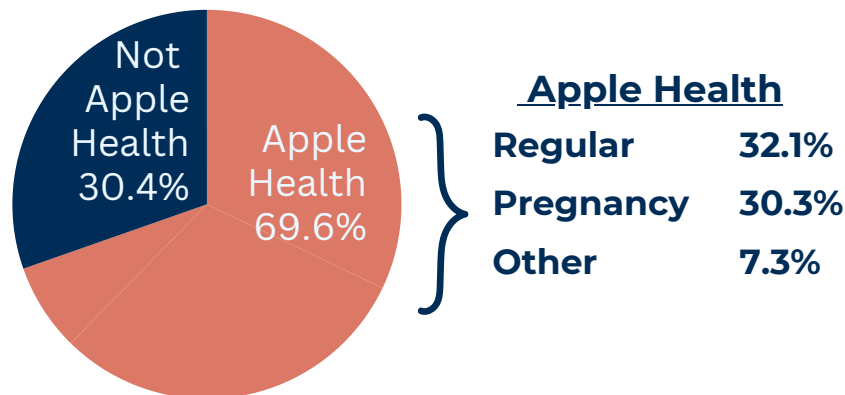
Exempt = The student has a completed Certificate of Exemption for any one or more of the immunization requirements and are not out of compliance for any other of the immunization requirements.

CHILD & FAMILY HEALTH (CONTINUED)

In Washington State, Medicaid is called **Apple Health**. It is a government program that provides free or low-cost health coverage for many children, pregnant women, and families with low incomes. Apple Health helps cover important services like prenatal care, childbirth, doctor visits, mental health care, and prescriptions, supporting healthy pregnancies and strong starts for children.

HEALTH COVERAGE USED FOR PREGNANCIES

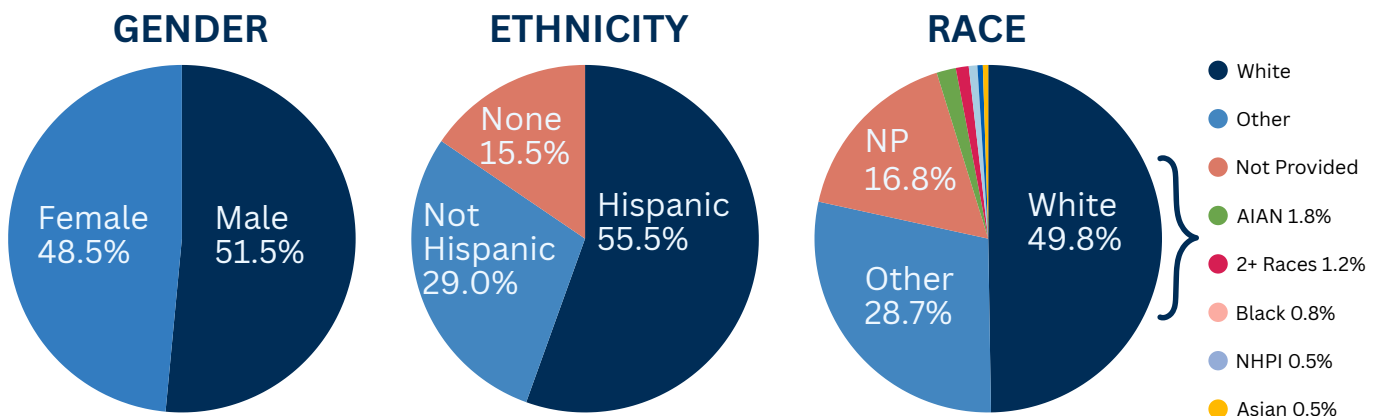
THROUGH 1 YEAR POST-PREGNANCY, NORTH CENTRAL WASHINGTON, 2023 ¹⁸



CHILDREN COVERED BY APPLE HEALTH FOR KIDS

AGES 0-18, CHELAN-DOUGLAS, APRIL 2025 ^{19,20}

$$\begin{array}{ccc} \text{CHELAN} & & \text{DOUGLAS} \\ 11,673 & + & 7,416 \\ \hline & = & \end{array} \quad \begin{array}{c} \text{ESTIMATED \% OF} \\ \text{POPULATION AGED 0-19*} \\ \hline 61\% \end{array}$$



*Estimated using 2024 Office of Financial Management (OFM) child population estimates for Chelan-Douglas as the denominator..

CHILD & FAMILY HEALTH (CONTINUED)

WIC is a supplemental nutrition program for women, infants and children from pregnancy until a child turns five. In 2022, only **52.9%** of eligible Washington State residents participated.²¹

According to national data, groups with the **lowest participation** among WIC-eligible individuals included:²¹

Children	Pregnant Women	White, Non-Hispanic	Medicaid Participants	SNAP Participants	Non-Metro Areas
46%	46%	46%	39%	47%	19%

WIC PARTICIPATION & DOLLARS SPENT

BASED ON LOCATION OF RESIDENCE, FEDERAL FISCAL YEAR 2024^{22,23}

PARTICIPANTS

Location	Infants & Children	Women	Total	WIC Food Dollars Redeemed
Chelan County	3,048	1,183	4,231	\$2,207,115
Douglas County	835	275	1,110	\$604,771
<i>Chelan & Douglas Participants Served by CDHD Staff</i>	727	239	966	\$522,272
WA State	149,410	57,570	206,980	\$112,371,988

WIC DOLLARS SPENT ON FRUITS AND VEGETABLES

INCLUDES FRUIT AND VEGETABLE CASH VALUE BENEFITS, FEDERAL FISCAL YEAR 2024²²

CHELAN

32%

DOUGLAS

30%

WA STATE

30%



CHILD & FAMILY HEALTH (CONTINUED)

Families thrive when they have access to affordable, dependable child care. In our area, a shortage of providers and the high cost of care make it hard for many parents to meet work, health, and caregiving needs.

MONTHLY COST FOR CHILD CARE

PER CHILD, NORTH CENTRAL WASHINGTON (DCYF - REGION 1), 2024²⁴

	Infant	Toddler	Preschool	School Aged
Licensed Family Homes				
Subsidy Rate	\$1083	\$1036	\$880	\$805
Private Pay Rate*	\$1320	\$1320	\$1125	\$1320
Licensed Child Care Centers				
Subsidy Rate	\$1365	\$1235	\$1170	\$1174
Private Pay Rate*	\$2100	\$1510	\$1170	\$1025

*Private pay rate reflects 85th percentile of costs reported by licensed providers

ACCESS TO CHILD CARE AND EARLY LEARNING

NUMBER OF CHILDREN AGES 0-5 WHO ARE ACCESSING LICENSED CHILD CARE AND EARLY LEARNING INCLUDING THOSE ENROLLED IN AN ASSISTANCE PROGRAM (ECEAP) OR PRIVATELY PAYING FOR CARE, 2024²⁵

	Chelan	Douglas	WA State
Total Children	4,689	2,541	444,054
Children in Care	1,301	637	111,601
Assistance Program	682	431	49,167
Private Pay	619	206	62,434
% Unserved (not accessing)	72.3%	74.9%	74.9%

CHILD & FAMILY HEALTH (CONTINUED)

Each year, teachers assess the skills and strengths of incoming kindergarten students using the Washington Kindergarten Inventory of Developing Skills, or WaKIDS. Students who demonstrate readiness in all **six areas** are classified as “kindergarten ready” and have a greater likelihood of success in kindergarten and beyond.²⁶

SOCIAL-
EMOTIONAL

PHYSICAL

LANGUAGE

COGNITIVE

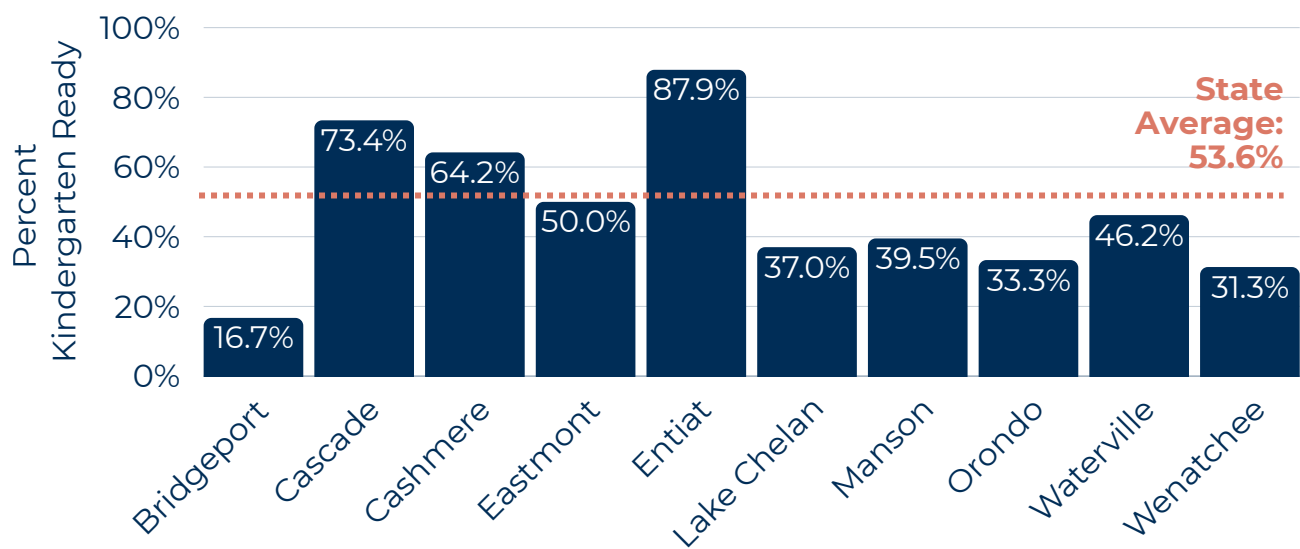
LITERACY

MATH

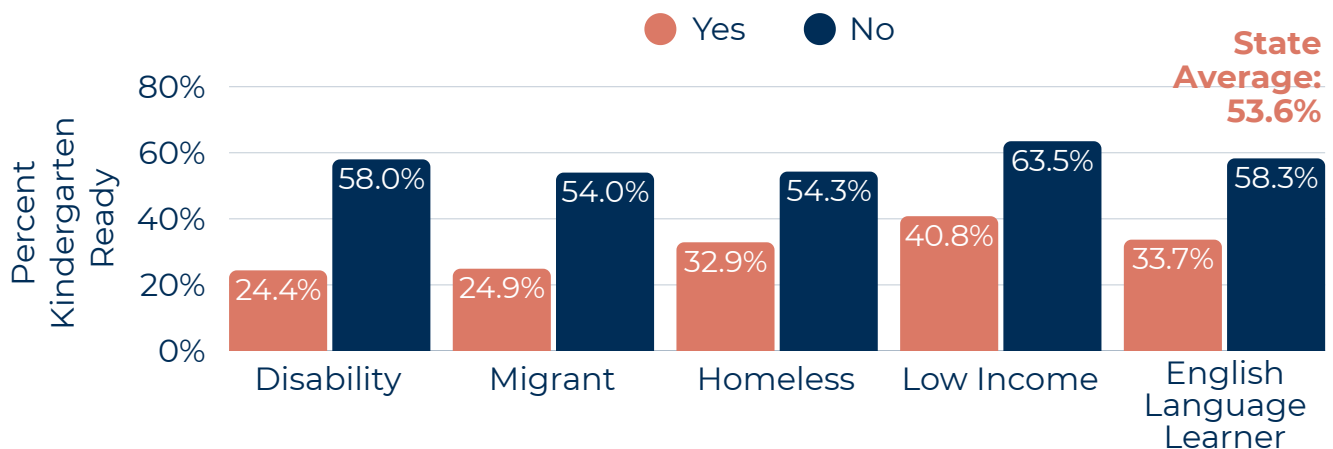
KINDERGARTEN READINESS

PERCENT OF STUDENTS WHO WERE KINDERGARTEN-READY, 2024-2025²⁶

By School District (Chelan & Douglas)



By Program or Student Characteristic (WA State)



CHILD & FAMILY HEALTH (CONTINUED)

School districts in Chelan and Douglas Counties report that between **10.8%** and **19.1%** of their students have one or more **disabilities**. Up to 8.8% of students are on a 504 Plan, which provides accommodations and services to ensure that disabled students have equal access to an education.²⁷



K-12 STUDENTS WITH DISABILITIES AND 504 PLANS AT SCHOOL

BY CHELAN-DOUGLAS SCHOOL DISTRICT, 2024-2025 ²⁷

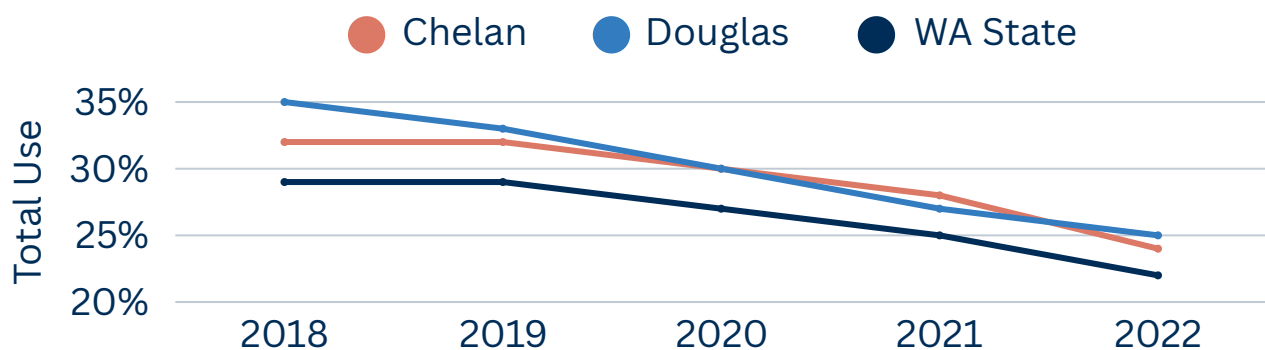
School District	STUDENTS W/ DISABILITY		STUDENTS W/ 504 PLAN	
	# students	% of all students	# students	% of all students
Bridgeport	99	12.8%	0	0.0%
Cascade	148	11.7%	74	5.9%
Cashmere	208	12.4%	125	7.4%
Eastmont	881	14.7%	343	5.7%
Entiat	48	10.8%	26	5.9%
Lake Chelan	165	12.7%	74	5.7%
Manson	92	13.8%	36	5.4%
Orondo	18	14.4%	11	8.8%
Waterville	49	19.1%	17	6.6%
Wenatchee	1,208	16.9%	405	5.7%

REPRODUCTIVE HEALTH

Access to contraceptive care and prevention of sexually transmitted infections (STIs) are important parts of reproductive health. These services help people plan healthy pregnancies, prevent disease, and support the well-being of both parents and children.

USE OF BIRTH CONTROL PILLS, SHOTS AND INJECTIONS TO PREVENT PREGNANCY

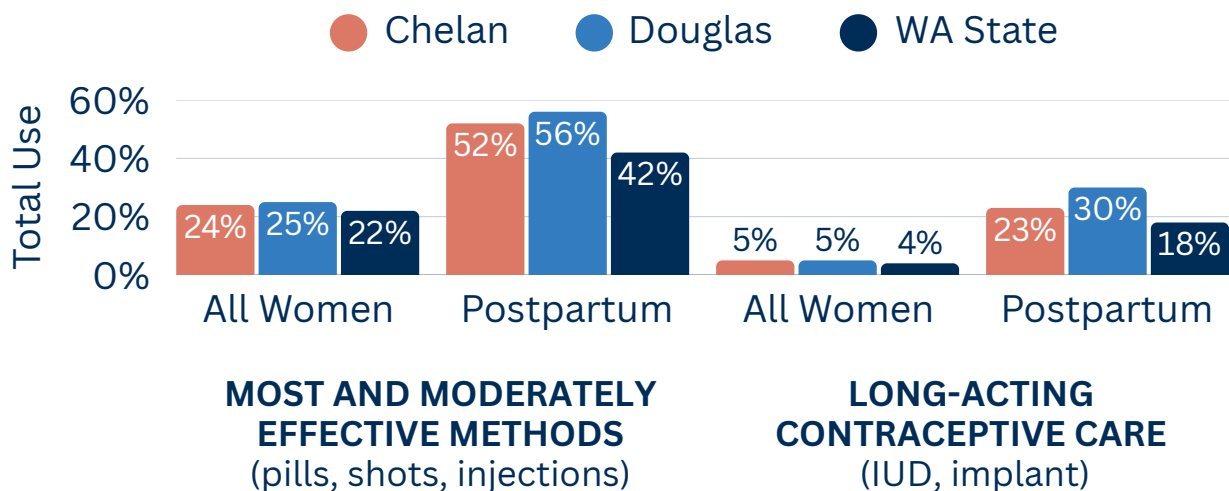
MEDICAID PARTICIPANTS, 2018-2022²⁸



Use of effective birth control methods has **decreased over time**. From 2018 and 2022, use declined by up to **43%** among women in Washington's Medicaid program. Similar trends have been observed in Chelan and Douglas Counties²⁸

BIRTH CONTROL USE BY METHOD

MEDICAID PARTICIPANTS, 2022²⁸

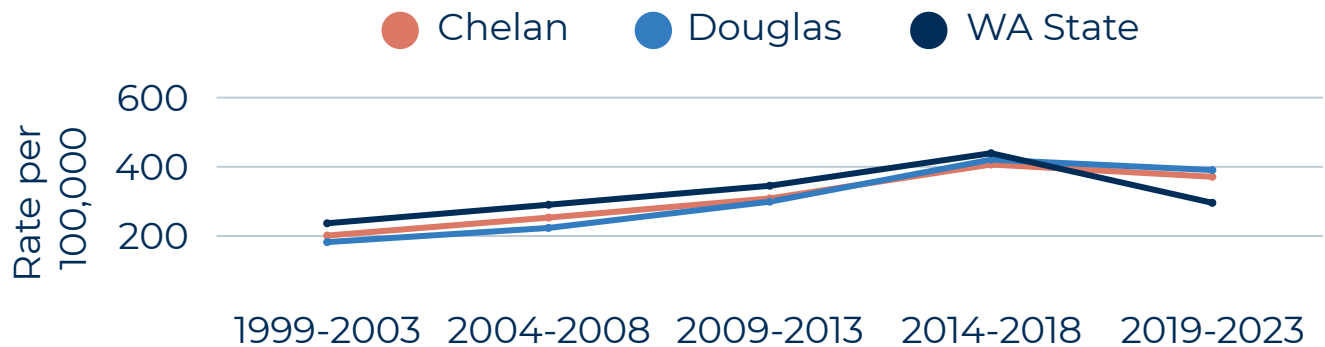


REPRODUCTIVE HEALTH (CONTINUED)

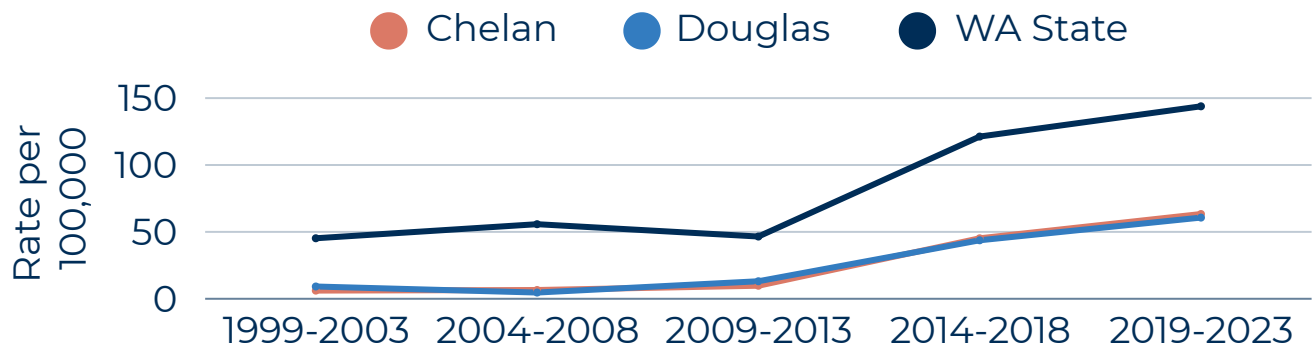
SEXUALLY TRANSMITTED INFECTIONS

AGE-ADJUSTED RATE OF INFECTION PER 100,000 POPULATION, 1999-2023²⁹

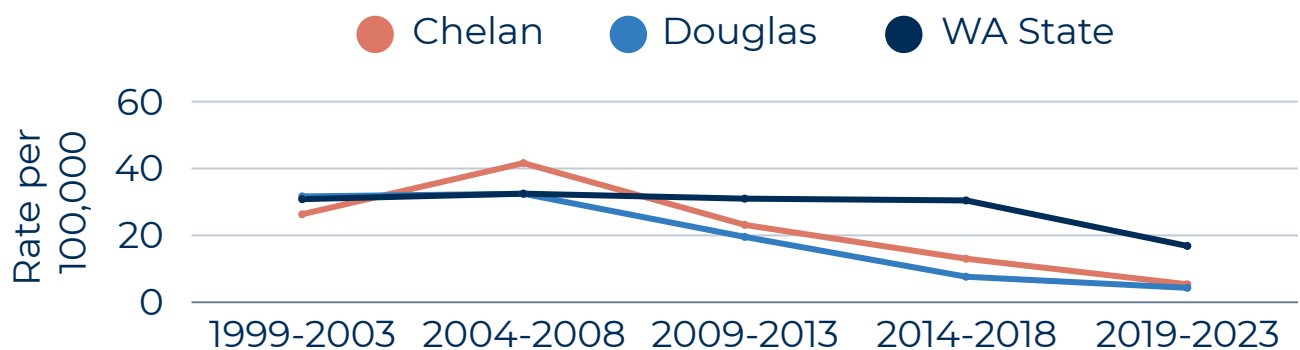
Chlamydia



Gonorrhea



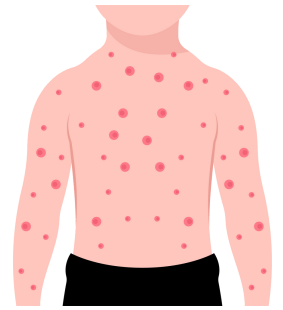
Herpes (Initial Genital Infection)



REPRODUCTIVE HEALTH (CONTINUED)

THE COMEBACK OF SYPHILIS

Syphilis is a preventable sexually transmitted infection (STI) that can cause long-term health problems if left untreated, including serious complications during pregnancy. In Chelan and Douglas Counties, syphilis is uncommon, but **infections are on the rise**.^{29,30}



STAGES OF SYPHILIS

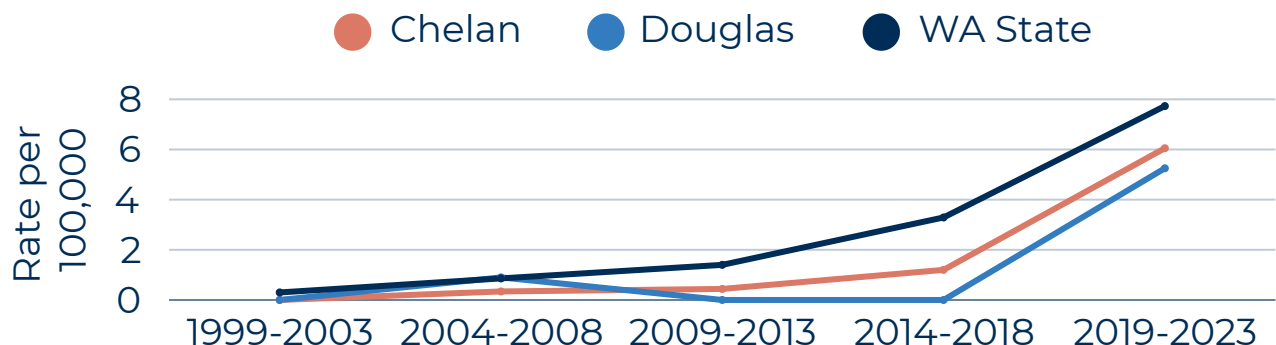
TYPICAL TIME FRAME, SYMPTOMS, AND CONSIDERATIONS³⁰

Stage	Timeframe	Symptoms	Considerations
1	2-12 weeks after exposure	Sore on genitals, mouth or anus	Requires treatment to stop disease progression
2	1-6 months after sores resolve	Rash	Can advance to latent or 3 rd stage
Latent	After stage 2	None	Can advance to 3 rd stage
3	10-30 years	Stroke, dementia, blindness, etc.	Can result in death

SYPHILIS INFECTIONS

AGE-ADJUSTED RATE OF INFECTION PER 100,000 POPULATION, 1999-2023²⁹

Syphilis - Primary (Stage 1)

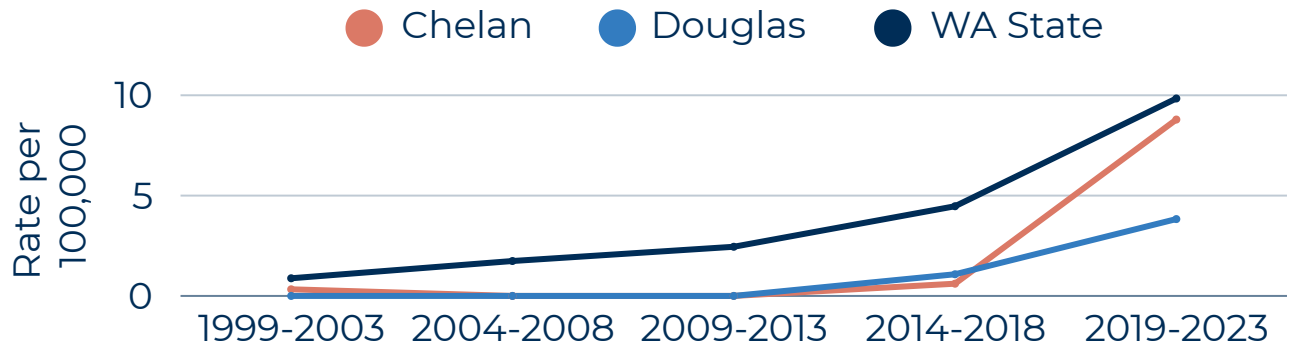


REPRODUCTIVE HEALTH (CONTINUED)

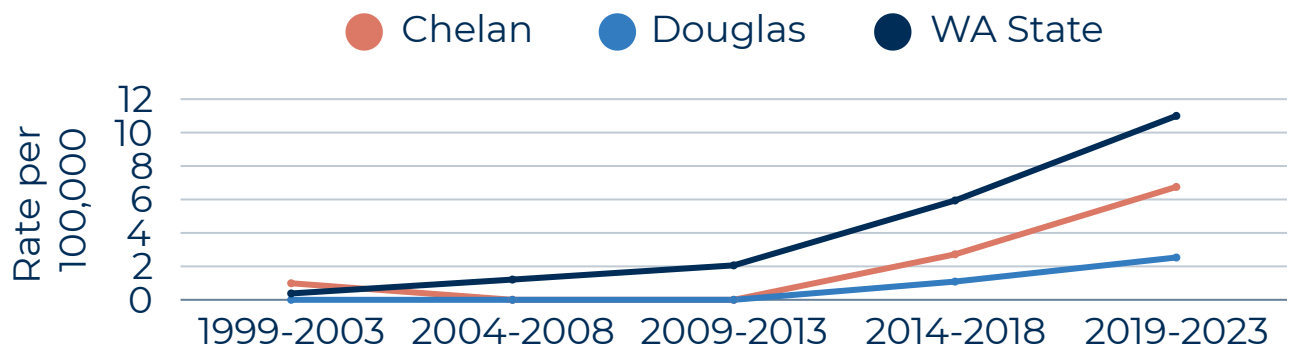
SEXUALLY TRANSMITTED INFECTIONS

RATE OF INFECTION PER 100,000 POPULATION, 1999-2023 ²⁹

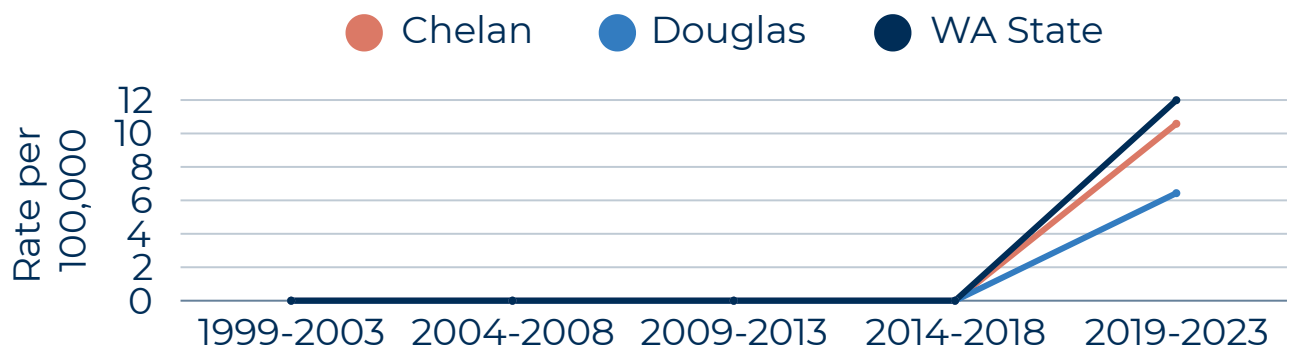
Syphilis - Secondary (Stage 2)



Syphilis - Early Latent



Syphilis - Unknown Duration or Late (Stage 3)



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