Washoe County Health District

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April is STD Awareness Month

Sexually Transmitted Diseases (STDs) are the most reported communicable diseases in the United States. Over 20 million new STDs are diagnosed each year, including 50,000 new Human Immunodeficiency Virus (HIV) infections nationally.

The costs associated with STDs are substantial. Direct medical costs associated with STD treatment are estimated at $16 billion per year. HIV treatment is estimated at $27,000 per patient annually and $400,000 for lifetime medical costs.

STD prevention is also HIV prevention. Reducing the burden of the national STD epidemic has the additional benefit of improving HIV prevention. Local health departments, health care providers and the community have important roles in these efforts. STD testing is an opportunity for health care providers to educate people about their health choices.

The probability of HIV infection and transmission increases with STD infection by three-to-five times. For example, men who have sex with men (MSM) are at an eight-fold risk of HIV infection if they have a history of two prior STD infections. Individuals with syphilis are at least two-to-five times more likely to acquire HIV if exposed to the virus through sexual contact.

STD Infections Continue to Rise

Washoe County continues to experience an increase in reportable STDs, most notably in gonorrhea and syphilis. Chlamydia cases have increased by only 5% from 2012 to 2013. Gonorrhea cases rose significantly, from 233 cases to 364 cases in the same time period, a 56% increase.

The most remarkable increase in STD has been of reported infectious syphilis. In 2013, there were 32 new cases of primary and secondary syphilis, a 100% increase from the 16 primary and secondary syphilis cases reported in 2012. Similarly, there were 13 new cases of early latent infections, compared to 5 cases in 2012, resulting in a 160% increase.

Providers are encouraged to become familiar with syphilis symptoms and encourage testing based on sexual health and risk history of patients. A Technical Bulletin from the Nevada Department of Public and Behavioral Health (NDPBH) was published on January 10, 2014 to address the issue of a significant increase in reported early syphilis cases in Washoe County. Click this link for details. http://www.health.nv.gov/PDFs/EPI/2014-01_WC_SyphilisTechBulletin.pdf

Patients presenting with any genital ulcer should have a syphilis serology and a herpes culture during the initial visit to rule out these infections.

Sexually active patients presenting with lesions (including more than one lesion) or rash should have syphilis included in the differential diagnosis.

Men who have sex with men (MSM) should be screened for syphilis at least once a year. More frequent screening (e.g., every 3-6 months) should be considered for MSM who:

- acknowledge sex with anonymous partners or multiple partners,
- use crystal methamphetamine or inhaled nitrites ("poppers"),
- have partners that participate in these activities.

Due to an increase of congenital syphilis cases in Nevada, requirements for syphilis screening of pregnant women have changed. This change increased screenings from a one-time screening during the third trimester to two screenings, one in the first trimester and one in the third trimester.

Information on syphilis symptoms, presentation, testing, treatment, prevention, and reporting is available through Washoe County Health District (WCHD) Sexual Health staff.

Changes to Partner Services (Disease Investigation)

Increases in reported STDs, most notably syphilis, has resulted in a strain on disease investigation resources available through WCHD. In addition, advances in social media and networking have impacted traditional disease investigation methods as anonymity of the partner is easier to maintain, leaving little or no method to contact a partner. Thus, disease investigation has become even more challenging.

In order to leverage limited resources, WCHD will only investigate **partners** of cases who fit the following criteria:

- original patient who is <25 years of age,
- pregnant women who are pregnant and
- MSM (men who have sex with men)

If the original patient is 25 or older, and not MSM or pregnant WCHD is asking for providers' collaboration and support in ensuring the health of the public by informing the patient that it is their responsibility to inform their partners of STD exposure. Please continue to report ALL chlamydia, gonorrhea, syphilis, lymphogranuloma venereum, chancroid, HIV, and AIDS positive results; the reporting laws have not changed and providers are still **required** to report.

All reported STDs in Washoe County in 2013 are described in Table 1.

Table 1. Reported Sexually Transmitted Diseases in Washoe County, 2013

Disease	No. Cases	Rate per 100,000 Population*
Chlamydia	1,686	396.1
Gonorrhea	367	86.2
P & S Syphilis	32	7.3
Early Latent Syphilis	16	3.3

Source: Nevada State Health Division Sexually Transmitted Disease Management Information Systems and HIV/AIDS Reporting System data as of March 2014.
**Washoe County Rates per 100,000 population were calculated using 2012 population projections from the Nevada State Demographer.*

References

1. Nevada State Health Division. (2014). STD Fast Facts, 2013. Available at: http://www.health.nv.gov/CD_HIV_STDProgram.htm#stats
2. Nevada State Health Division. (2009). Prenatal Syphilis Screening Technical Bulletin. Available at: http://www.health.nv.gov/PDFs/AidsTF/Resources/Final_SyphilistestingTB_incl_sig.pdf
3. CDC. (2010). Sexually Transmitted Diseases Treatment Guidelines. Available at: http://www.cdc.gov/std/treatment/2010/default.htm
4. CDC. (2013). Sexually Transmitted Disease Surveillance 2013. Available at: http://www.cdc.gov/std/stats12/default.htm

Guidelines for Syphilis Diagnosis and Treatment

		Possible Test Results		
		Nontreponemal	Treponemal	
SYPHILIS	SYMPTOMS	RPR* VDRL*	FTA-ABS** MHA-TP** TP-PA**	TREATMENT (for Adults)
Primary	Chancre or ulcer present	Positive or negative High or low titer	Reactive	Benzathine penicillin G, 2.4 million units (m.u.) IM single dose (Bicillin L-A)
Secondary	Rash or mucocutaneous lesions present	Positive High titer	Reactive	Benzathine penicillin G, 2.4 m.u. IM single dose (Bicillin L-A)
Early Latent (<1 yr)	None	Positive Low or high titer	Reactive	Benzathine penicillin G, 2.4 m.u. IM single dose (Bicillin L-A)
Late Latent or Latent Syphilis of Unknown Duration	None	Positive Low titer	Reactive	Benzathine penicillin G, 2.4 m.u. IM weekly x 3 weeks (Bicillin L-A)
Neurosyphilis	Cranial nerve dysfunction, meningitis, stroke, altered mental status, loss of vibratory sense, auditory or ophthalmic abnormalities, etc.	Positive **A reactive VDRL in cerebrospinal fluid (CSF) is required for laboratory confirmation of neurosyphilis**	Reactive	Aqueous crystalline penicillin G, 18 to 24 m.u. IV daily, administered as 3-4 million units IV every 4 hours or continuous infusion, for 10-14 days; **OR** Procaine penicillin 2.4 m.u. IM once daily **PLUS** probenecid 500 mg orally 4 times daily, **both** for 10-14 days. Some experts recommend the above regimens be followed by benzathine penicillin, 2.4 million units IM, once per week for up to 3 weeks.
Treated Syphilis	None	Positive or negative Low titer	Reactive	None

***** *May not be detectable for up to six weeks after infection.*
****** *May not be detectable for up to two weeks after infection.*

For information on STDs, including syphilis and HIV, please contact Jennifer Howell, Sexual Health Program Coordinator at (775) 328-6147 or by email at jhowell@washoecounty.us. To report a case, please fax case report form to the Communicable Disease Program at (775) 328-3764.