

IN THIS ISSUE: SEXUALLY TRANSMITTED DISEASES CONTINUE TO RISE IN WASHOE COUNTY

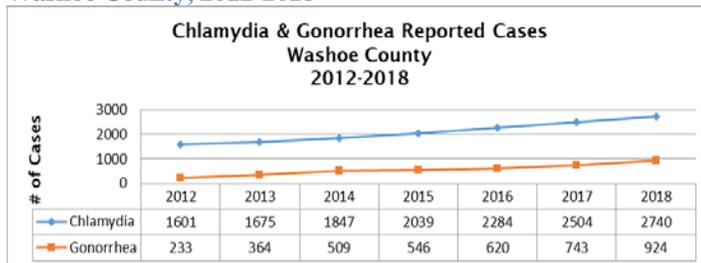
Increasing STDs Continue in Washoe County

STD Awareness Month Highlights the Rise of STDs and the Importance of Partnerships

Introduction

April marks Sexually Transmitted Disease (STD) Awareness Month across the United States. This year's STD Awareness Month brings with it increased urgency. STDs continue to surge – endangering the health of too many across the country. In 2017, more than 2 million cases of chlamydia, gonorrhea, and syphilis were diagnosed – and even newborn syphilis cases have more than doubled in recent years. Today, as these STDs continue to surge, we face a climbing number of babies born with syphilis, an increasing risk of infertility, getting or giving HIV, and the looming threat of untreatable gonorrhea.

Figure 1. Reported Chlamydia and Gonorrhea Cases in Washoe County, 2012-2018



As the number of reported STD cases continues to rise, this is the time to raise awareness and encourage providers to **talk** about STDs with their patients, **test** appropriately, **treat** following CDC guidelines and **report**.

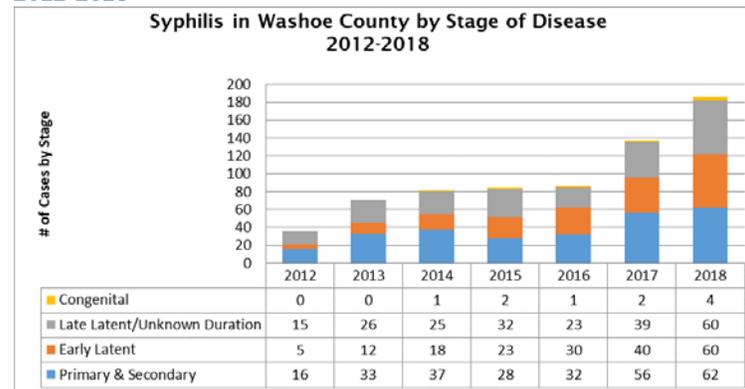
STD Burden in Washoe County

Since 2013 Washoe County has been experiencing remarkable increases in STD incidence of the reportable STDs, chlamydia, gonorrhea, and syphilis (Figure 1). These increases have had a tremendous impact on the community and resources needed for disease prevention and health promotion.

Syphilis, particularly infectious syphilis, has been on the rise since 2013, following state and national trends. **Nevada ranks #1 in primary and secondary syphilis and #2 with congenital syphilis in the nation.** Infectious syphilis includes the primary, secondary, and early latent stages of disease that occur within the first year of infection. It

is important to note, that the person may not be able to recall symptoms or they do not have a testing history to review, so an infectious case may be included in the late latent/unknown duration stage.

Figure 2. Syphilis in Washoe County by Stage of Disease 2012-2018



Males have comprised the majority (81%) of infectious cases from 2013-2018. However, from 2016 to 2018, infectious cases among females increased 429%, from 7 to 37 cases. Males who report having sex with men (MSM) account for 54% of infectious cases. Congenital cases, babies born with syphilis infection from infected mothers, have also increased annually from 2016-2018, with one (1) case in 2016, two (2) cases in 2017, and four (4) cases in 2018. By age, people aged 13-34 account for 56% of the cases, while ages 35 - 76 years comprise 44% of the total infectious cases during the time period.

WCHD Response

In 2016, investigation of chlamydia and gonorrhea were narrowed to specific populations. The purpose of narrowing the focus was to address high-risk populations of youth, men who have sex with men, pregnant females, people living with HIV and specific communities of color while addressing the increase of infectious syphilis infections occurring. Starting in 2017, all gonorrhea cases were investigated due to the need of monitoring for drug-resistant gonorrhea. With syphilis investigations growing in number and complexity and the increases of chlamydia and gonorrhea infections, current resources could not

continue to address surveillance and investigations of all three diseases. Therefore, as of April 1, 2019, chlamydia investigations ceased. However, surveillance will continue to include verifying appropriate treatment. Positive chlamydia cases are directed to inform their partners of the need for testing and treatment.

Focus has shifted to investigating gonorrhea in order to monitor drug resistance and investigating syphilis due to the increased and more severe negative health outcomes (i.e. congenital syphilis).

What Providers Can Do

The Centers for Disease Control and Prevention (CDC) has asked local and state health jurisdictions, community leaders, healthcare providers, and individuals to take action in the areas of:

- Encouraging young people to get tested and treated for STDs and HIV.
- Highlighting the resurgence of syphilis and the increased threat against men who have sex with men, pregnant women, and newborn babies.
- Encouraging healthcare providers to take action by talking with patients about their sexual risk history, testing and treating STDs and HIV appropriately.
- Addressing the stigmas and rising STD burden through the development of strong relationships between providers and patients.
- Asking healthcare providers to encourage and direct positive chlamydia cases to inform their partners of the need for testing and treatment.

The "Talk. Test. Treat." campaign encourages healthcare providers and individuals to take these actions in order to protect the health of their patients, protect individual health, and protect the health of their partners.

Talk

Providing the best medical care possible for your patients means that you are talking to them about sexual health. Taking a sexual history should be a part of routine care.

- Talking about sexual health can be challenging but studies show that patients want to be asked about sex.
- Create an environment that is open and comfortable to an honest discussion regarding your patient's sexual history.
- Counsel your patients on safe sex practices, and ensure that they know about the many prevention options.

Test

Test your patients for STDs as recommended. Different patient populations call for different STD screenings.

- Syphilis, HIV, chlamydia, and hepatitis B screening for all pregnant women, and gonorrhea screening for at-risk pregnant women starting early in pregnancy, with repeat testing as needed, will protect the health of mothers and their infants.
- Test pregnant women for syphilis in the beginning of their third trimester per Nevada Revised Statutes.
- Annual chlamydia and gonorrhea screening of all sexually-active women younger than 25 years, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has an STD.
- Screening at least once a year for syphilis, chlamydia, and gonorrhea for all sexually active gay, bisexual, and other men who have sex with men (MSM).
- All adults and adolescents from age 13 to age 64 should be tested at least once for HIV. Sexually-active gay and bisexual men may benefit from more frequent testing (i.e., perhaps every three to six months).

NOTE: screening recommendations are clinical guidance, not prescriptive standards. Always consider a patient's sexual history and the burden of disease in their community.

Treat

Follow CDC's STD Treatment Guidelines to ensure appropriate treatment and care. The 2015 STD Treatment Guidelines are the most current recommendations for treating patients who have, or who are at risk for STDs. Available at:

<https://www.cdc.gov/std/tg2015/default.htm>

Report

The list of reportable communicable diseases and reporting forms can be found at

<http://tinyurl.com/WashoeDiseaseReporting>.

To report a communicable disease, please fax your report to the WCHD at 775-328-3764 or call 775-328-2447.

