STIs in Maryland: Where We’ve Been and Where We’re Going

Kenneth Ruby, III, LCSW-C, MBA, Chief, Center for STI Prevention

2019 STI Annual Update

June 6, 2019
The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community-based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.
MISSION AND VISION

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VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.
Today’s Topics

• Clinical update on Trichomoniasis
• Update on Syphilis increases in MD
• Panel presentations/discussions on challenges and sexual health care needs for:
  • Adolescents
  • Foreign-Born Populations in Maryland
  • People with Intellectual and Developmental Disabilities
  • People in the Sex Trade
The top 10 highlights that are new since last year’s update?
New CDC Grant Started: Strengthening STD Prevention and Control for Health Departments ("STD PCHD")

- Enhanced surveillance of gonorrhea
- Using program and epi data in decision-making
- Outbreak response
- Congenital syphilis
CDC’s 2017 Surveillance Report

‘Steep and Sustained’ STI Increases Nationwide – 4th Consecutive Year

Data: CDC’s 2017 Surveillance Report released September 2018
June 27, 2018

Dear Healthcare Colleague,

I would like to alert you to an ongoing syphilis outbreak among individuals who report exchanging sex for drugs and/or money, many of whom also report injection drug use. Of particular concern are the rising numbers among women, increasing the potential for congenital syphilis which can cause fetal or infant mortality, or have devastating lifelong outcomes for infants. To address this concerning increase, we need your assistance to test patients at high risk of exposure, ensure timely treatment for those who are infected, and report all syphilis infections and treatment to the health department immediately.

**SIGNIFICANT INCREASE IN SYPHILIS**
Between 2012 and 2016, national surveillance data from the Centers for Disease Control and Prevention (CDC) indicate that cases of primary and secondary syphilis, the infectious stages, increased 78% in the United States and 18% in Maryland. During this time, cases of congenital syphilis increased 88% in the United States and 33% in Maryland.¹,²

While men who have sex with other men (MSM) continue to account for the majority of primary and secondary syphilis cases in Maryland, the opioid epidemic may be contributing to the shift in affected populations. A preliminary analysis of Maryland data shows a 32% increase of reported syphilis in women during the first quarter of 2018 compared to the average for the same time period from 2014-2017. This is especially alarming as it pertains to congenital syphilis, as Maryland ranks among the top five states nationally for congenital syphilis.
STI Clinic Capacity Survey Conducted – SFY2018

Developed by CSTIP to assess STI program capacity and sustainability every two years at the local level.

Most recently administered electronically via SurveyMonkey in January 2019.

Results assist CSTIP in assessing program needs and monitoring program capacity over time.

All 23 counties plus Baltimore City completed the survey this year, compared to 23 counties in 2016 and 22 counties in 2014.
Local Health Department STI & Family Planning Services

as of June 1, 2019

COMBINED** STI & FP Programs @ LHD (16)
SEPARATE STI & FP Programs @ LHD (2)
CONTRACT OUT Both STI & FP Services (2)
STI ONLY @ LHD – FP Contracted Out (1)
STI ONLY @ LHD – No FP Services (3)

** Combined services from the perspective of patients’ access to clinics
Access to STI Clinical Services

Patients can be seen outside of regular STI clinic days/hours

STI clinic(s) offer expedited/fast track visits

Special youth clinic or specific clinic hours for youth seeking STI clinical services

Appointment

Walk-In

Same day appointments

STI clinical services limited to residents of jurisdiction

# of Jurisdictions

2014 (22 responses) 2016 (23 responses) 2018 (24 responses)
# Barriers to providing STI services

| **General** | • Funding for supplies (i.e. condoms)  
|            | • Funding for advertising  
|            | • Staff turnover and vacancies  
|            | • Recruiting/retaining providers (non-competitive salaries) |
| **Insurance** | • Out of network with some providers  
|             | • Contracting with insurance carriers |
| **Data** | • EMR data difficult to extract |
| **Perception** | • Stigma/distrust of LHDs as “free clinics”  
|              | • Clinician lack of education or awareness  
|              | • Extra-genital testing  
|              | • Taking a sexual health history  
|              | • Completing an exam |
| **Other** | • Unable to get access to schools  
|           | • Procurement delays |
#5

Ending the HIV Epidemic: A Plan for America

- **Diagnose**: All people living with HIV (PLWH) as early as possible after transmission.
- **Treat**: HIV rapidly and effectively to achieve sustained viral suppression.
- **Prevent**: HIV transmission among people at highest risk with PrEP and prevention education.
- **Respond**: Rapidly to detect and respond to HIV clusters and prevent new HIV infections.
Ending the HIV Epidemic: A Plan for America
**SYPHILIS**

- Genital ulcers are associated with a 5x increased risk of becoming HIV+.
- Among women, syphilis is associated with a 20x increased risk of becoming HIV+.
- Among men with syphilis, ~20% became HIV+ within 10 years.

**(2017 vs 2013 in the U.S.)**

**GONORRHEA**

- A history of 2 prior rectal gonorrhea infections is associated with an 8x increased risk of becoming HIV+.
- Among MSM with a history of rectal gonorrhea or chlamydia, there was a 6x increased risk of HIV diagnosis.

**(2017 vs 2013 in the U.S.)**

**CHLAMYDIA**

- A history of 2 prior rectal chlamydia infections is associated with an 8x increased risk of becoming HIV+.
- Among women, chlamydia is associated with an 2x increased risk of becoming HIV+.
- Among MSM with a history of rectal gonorrhea or chlamydia, there was a 1 in 15 chance of becoming HIV+ within 1 year.

**(2017 vs 2013 in the U.S.)**

**Source:** [https://www.truvadahcp.com/](https://www.truvadahcp.com/)
#4
New Regional DIS

- **Renee Edwards** joined Annabel Lane in Charles, Calvert, and St. Mary’s Counties

- **Desiree Smith** joined as the Suburban/DC Metro Regional DIS based in Prince George’s County

- **VACANT** position to be hired for a second Suburban/DC Metro Regional DIS based in Montgomery County
Purpose: Providing that a minor has the same capacity as an adult to consent to treatment for the prevention of human immunodeficiency virus (HIV)

Effective Date: October 1, 2019
STD Federal Action Plan Request for Input

• How should the federal government:
  • Address rising rates of STDs?
  • Implement strategies to improve the efficiency, effectiveness, coordination, accountability, and impact of our national response to increasing rates of STDs for all priority populations?
  • Address the barriers to people getting the quality STD health services they deserve?
  • Influence, design and implement STD-related policies, services and programs in innovative and culturally-responsive ways for priority populations?
  • Help to reduce STD-associated stigma and discrimination?
First STI Annual Report for Maryland

• Designed to answer basic STI data-related questions for internal and external community partners, stakeholders, and the general public
• Includes data visualizations, narratives and focus topics on important findings
• Appendices with full data tables
• Special focus topics:
  • Congenital Syphilis
  • Adolescents and Young Adults
  • Re-infections and Co-infections
  • Men Who Have Sex with Men
The State of the State

STIs in Maryland
# Maryland STI Rates and National Ranking

<table>
<thead>
<tr>
<th></th>
<th>2017*</th>
<th>2018^</th>
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<tbody>
<tr>
<td></td>
<td>MD Rate</td>
<td>U.S. Rate</td>
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<tr>
<td><strong>MD Ranking</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Syphilis</strong> (primary &amp; secondary)</td>
<td>11th</td>
<td>9.5</td>
</tr>
<tr>
<td><strong>Congenital Syphilis</strong></td>
<td>7th</td>
<td>27.6</td>
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<tr>
<td><strong>Gonorrhea</strong></td>
<td>18th</td>
<td>181.4</td>
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<tr>
<td><strong>Chlamydia</strong></td>
<td>15th</td>
<td>552.1</td>
</tr>
</tbody>
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Syphilis, gonorrhea, and chlamydia rates are cases per 100,000; Congenital syphilis rate is cases per 100,000 live births based on 2017 estimates.

*Source: Centers for Disease Control and Prevention

^Source: MDH/PHPA/Center for STI Prevention

All rates calculated using 2017 population estimates.
2017 vs. 2018 STI Cases by Region

**Western**
- P&S: ↑ 258%
- GC: ↑ 21%
- CT: ↓ 3%

**Baltimore Metro**
- P&S: ↑ 30%
- GC: ↓ 14%
- CT: ↑ 3%

**Northeast**
- P&S: ↓ 22%
- GC: ↓ 6%
- CT: ↑ 18%

**Suburban**
- P&S: ↑ 12%
- GC: ↓ 2%
- CT: ↑ 9%

**Southern**
- P&S: ↑ 22%
- GC: ↑ 34%
- CT: ↑ 12%

**Eastern**
- P&S: ↑ 400%
- GC: ↓ 25%
- CT: ↑ 7%

**Lower Shore**
- P&S: ↑ 125%
- GC: ↑ 26%
- CT: ↑ 17%

Source: MDH/PHPA/Center for STI Prevention
Current Trends – Chlamydia, Maryland 2014-2018

28% increase since 2014

Source: MDH/PHPA/Center for STI Prevention
Current Trends – Gonorrhea, Maryland 2014-2018

- 66% increase since 2014
- 6% decrease from 2017

Source: MDH/PHPA/Center for STI Prevention
Current Trends – Primary and Secondary Syphilis, Maryland 2014-2018

63% increase since 2014

Source: MDH/PHPA/Center for STI Prevention
What’s Ahead for SFY20

• Trichomoniasis prevalence pilot starting July 1, 2019
• NEW CDC Guidance:
  • *STD Clinic Guidelines*
  • *STD Treatment Guidelines*
  • *STD Federal Action Plan*
• Align STI prevention work with EtHE
• Continued focus on youth
• Continued DIS support
Center for STI Prevention

- Alex Goode
- Annabel Lane
- Arlette Joseph
- Brandon Blouse
- Charlie Chamberlain
- Connie King
- Crystal Johnson
- **Desiree Smith**
- Elisabeth Liebow
- Jasmine Talley
- Jessica Gay
- Kemisha Denny
- Ken Ruby
- **Krupa Mehta**
- Kychia Chancellor
- Marcia Pearlowitz
- **Patty Marder**
- Renee Edwards
- Ryan Kreisberg
- Tanya Selby
- Zelalem Yilma

Ahaan Mehta Mainali
Born May 25, 2019
THANK YOU

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