State and National Overview
Maryland Annual STI Update Meeting
May 26, 2011

Maryland Department of Health and Mental Hygiene
Infectious Disease and Environmental Health Administration

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Office of Infectious Disease Prevention and Care Services
To improve the health of Marylanders by reducing the transmission of infectious diseases, helping impacted persons live longer, healthier lives, and protecting individuals and communities from environmental health hazards.

We work in partnership with local health departments, providers, community based organizations, and public and private sector agencies to provide public health leadership in the prevention, control, monitoring, and treatment of infectious diseases and environmental health hazards.
What The STI Update Will Cover Today

- State and national updates
- Adolescent Sexual Health Education
- Impacts of Pelvic Inflammatory Disease
- Working with Sexual Minority Youth
- STI/HIV Partner Services: statewide and Baltimore County
- CDC’s 2010 STD Treatment Guideline Highlights
- “Let’s Talk about Sex” video
What I’ll Cover Today

- Maryland STI trends 2009-2010
- Local health department programs and clinic capacity
- National developments
- Next steps in Maryland
STI Trends in MD
2009 - 2010
# Maryland National Rankings for Sexually Transmitted Infections

<table>
<thead>
<tr>
<th></th>
<th>2009*</th>
<th>2010**</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MD Ranking</td>
<td>MD Rate</td>
</tr>
<tr>
<td>Syphilis (primary &amp; secondary)</td>
<td>12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>5.6 (314 cases)</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>40.0 (31 cases)</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>16&lt;sup&gt;th&lt;/sup&gt;</td>
<td>113.5 (6,395 cases)</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>17&lt;sup&gt;th&lt;/sup&gt;</td>
<td>421.5 (23,747 cases)</td>
</tr>
</tbody>
</table>

Syphilis, gonorrhea, and chlamydia rates are cases per 100,000
Congenital syphilis rate is cases per 100,000 live births
*Source: Centers for Disease Control and Prevention
**Source: DHMH Center for STI Prevention
STI Rate Trends

Incidence Rates of STIs in Maryland, 2001-2010

CT MD State
GC MD State
P&S MD State

Year
2001 2002 2003 2004 2005 2006 2007 2008 2009 2010

CT & GC cases/100,000 population
0 50 100 150 200 250 300 350 400 450 500

P&S cases/100,000 population
0 1 2 3 4 5 6 7 8
Rates of P&S Syphilis are Higher in Males

Primary & Secondary Syphilis (P&S) in Maryland by Age Groups and Gender, 2009

P&S Women 2009
P&S Men 2009

Age Groups

Cases/100,000 Population

65+
55-64
45-54
40-44
35-39
30-34
25-29
20-24
15-19
10-14
5-9
0-4

C Peña, Jun 2010
African American MSM and Syphilis

P&S Syphilis Reported Cases Among Males by Mode of Transmission and Race/Ethnicity*
Maryland State 2009

- White
- Black
- Hispanic
- Other

Cases

Heterosexual Men  Mode of Transmission  MSM

*2% missing race/ethnicity, 11% unknown sex orientation
Source: Center for Sexually Transmitted Infection Prevention-IDEHA, DHMH; Baltimore City Health Department; Maryland Office of Planning

César Peña, Oct 2010

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Disproportionate Impact of STIs by Race/Ethnicity (2009)

*Race/ethnicity was not reported for 34% of chlamydia cases, 25% of gonorrhea cases, and 2% of primary and secondary syphilis cases*
Gonorrhea Concerns

- Antibiotic resistance
- Recent increase in many counties
- Rectal and pharyngeal sites undertested (GC cultures available)
- Provider alert: dual treatment
- Webinar 4/2010 will be updated
- Grand Rounds
- DIS interviews in STD*MIS
Youth in Maryland are Most Affected by Chlamydia

Chlamydia & Gonorrhea by Age-group, Maryland State 2009

Age Group
Number of Cases
Chlamydia
Gonorrhea

0 - 4
5 - 9
10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-54
55-64
65+

Number of Cases
0
1,000
2,000
3,000
4,000
5,000
6,000
7,000
8,000
9,000
10,000

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STIs and HIV are Interrelated on Multiple Levels

**STIs increase HIV infectivity:**
- ↑ Transmission – STIs increase viral load
- ↑ Acquisition – STIs cause breaks in mucous membranes and bring WBC (i.e., CD4) to site of infection

**Overlapping risk behaviors:**
- Inconsistent condom use
- Multiple sex partners

**Increased exposure to STIs/HIV due to:**
- Sexual networks
- Social factors (e.g., poverty)
HIV Risk for Teens who had STI (Philadelphia)

- Adolescents diagnosed with a STI during school-based screenings are **2.5-3.0 times more likely** to be diagnosed with HIV in the future.

- Adolescents diagnosed with 3 or more STIs are **4.0-6.0 times more likely** to be diagnosed with HIV in the future.

Local Epidemiology and Sexual Networks Make a Difference
Welcome

The term Sexually Transmitted Infections (STIs) refers to any infections that can be spread through sexual contact and are also often referred to as sexually transmitted diseases (STDs). These terms, STI and STD, can be used interchangeably.

The Center for STI Prevention focuses on three STIs that are reportable in Maryland: chlamydia, gonorrhea, and syphilis. HIV/AIDS and Hepatitis B are also reportable infections, and are also sexually transmitted. Click here for more information about HIV/AIDS and here for more information about Hepatitis.

For information on the signs and symptoms of other common STIs such as human papillomavirus (HPV), herpes simplex virus, and trichomoniasis click here.
Local Health Department
STI Performance and Capacity
# CT Allocation: Year 2

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Feb-Dec 2009 IPP</th>
<th></th>
<th></th>
<th>Jan-Dec 2010 IPP</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># CT Tests</td>
<td>% Pos.</td>
<td>% of Total</td>
<td># CT Tests</td>
<td>% Pos.</td>
<td>% of Total</td>
</tr>
<tr>
<td>Females age ≤25</td>
<td>14,847</td>
<td>8.4%</td>
<td>73%</td>
<td>14,039</td>
<td>9.3%</td>
<td>62%</td>
</tr>
<tr>
<td>Females age 26+</td>
<td>3,795</td>
<td>3.2%</td>
<td>19%</td>
<td>4,857</td>
<td>3.5%</td>
<td>21%</td>
</tr>
<tr>
<td>Males</td>
<td>1,759</td>
<td>13.7%</td>
<td>9%</td>
<td>3,787</td>
<td>14.5%</td>
<td>17%</td>
</tr>
<tr>
<td>Total Volume</td>
<td>20,401</td>
<td>7.9%</td>
<td>100%</td>
<td>22,683</td>
<td>8.9%</td>
<td>100%</td>
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STD Clinic Activity Summary
2008-2010
(Excludes Baltimore City)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
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<tbody>
<tr>
<td>Clinic visits</td>
<td>19,529*</td>
<td>27,451 **</td>
<td>26,089±</td>
</tr>
<tr>
<td>Turn-aways</td>
<td>n/a</td>
<td>12,060</td>
<td>11,901</td>
</tr>
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*Five counties did not provide year 2008 data
**Three counties provided only partial year 2009 data
± Four counties provided only partial year 2010 data

NOTE: Data excludes Baltimore City STD clinics
National Developments
National Developments: HIV

  - Reduce the annual number of new HIV infections by 25%
  - Reduce transmission rate by 30%
  - Increase from 79 to 90% the proportion of people living with HIV aware of their status

- Increasing access to care and improving health outcomes for plwhiv
- Reducing disparities related to HIV
New HIV Funds Impact

STI: ETG, ECHPP, EHA

- Shift in focus - includes reduction of transmission, emphasis on “Prevention with Positives”

- Includes:
  - Increased partner services support
  - New data system, PRISM
  - Support for linkage to care
  - Behavioral interventions for individuals with “high risk of transmission”
  - Routine STI screening as part of routine HIV care
National Hepatitis Strategy
5/2011

- Educating Providers, Communities
- Improving Testing, Care, Treatment
- Strengthening Surveillance
- Eliminating Transmission of Vaccine-Preventable Viral Hepatitis;
- Reducing Viral Hepatitis Caused by Drug-Use Behaviors; and
- Protecting Patients and Workers from Health-Care Associated Viral Hepatitis
National Developments Impacting STI Prevention

- Health Reform
  - Insurance coverage expansion
  - HIE Health Information Exchange
  - Community Health Center expansion, standards

- “Prevention Through Health Care”
  PTHC

- Role of Public Health
  - “Assess, Assure”
  - “Safety Net”
Health Impact Pyramid

FIGURE 1—The health impact pyramid.
Local Health Department
STI Capacity

“Safety Net”
- Combined with FP 6
- Opened new branch 1
- Contracted out clinic 3
- Seeking Community Health Center status 1
- Partner Services
  - Sustained, expanded

“Assess, Assure”
- Surveillance systems
  - Reporting - sustained
- Coordination with CHCs
- Coordination with local providers, insurers:
  - Screening, treatment recommendations
- Public Awareness, community involvement
National Scene
Things to Watch

- Congressional and CDC budget 2012
- Health Equity
- Sexual Health
- National Coalition of STD Directors (NCSD) www.ncsddc.org
- www.naccho.org
- www.astho.org
Next Steps in Maryland
Next Steps in Maryland: Data Sharing and Access

– CDC “Data Security and Confidentiality Guidance for HIV, STI, Hepatitis and TB” expected in 2011

– Goal – improved use of surveillance data for public health purposes

– State and local health dept level plans
Next Steps in Maryland: Surveillance System Revisions

- Distribution of lab results via Document Imaging (LexMark scanning system)
- Electronic Laboratory Reporting CRISP/HIE
- Replacement of STD*MIS - PRISM
Next Steps in Maryland: Expedited Partner Therapy?

- Exploring EPT for Maryland
- Stakeholder Input
  - Boards of Medicine, Pharmacy, Nursing
  - Medicaid, Insurers, Pharmacy associations
  - Local Health Dept, Health Care Provider organizations
Next Steps in Maryland: Increasing Effectiveness

- NAATs Allocation for CT/GC
- GC response planning with high morbidity counties
- MSM outreach
- PS – IPS, new DIS/FLS, regional
- Private sector provider awareness and education
- Expanded coordination at state, local and patient level: STI, FP, HIV, Hepatitis, mental health