



Health Alert Network

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

HAN UPDATE

Number of pages including cover: 4

Subject: **Update - Screen for STI's - October 3, 2018**

Message ID: 10/3/2018 10:45:00 AM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **For your information. No response required.**

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Categories of Health Alert Network Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service/Public Health Brief: Provides general information that is not necessarily considered to be of an emergent nature.

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<http://www.tchd.org/259/Health-Alert-Network>



HEALTH UPDATE

Sexually Transmitted Infections (STIs) Remain Markedly Elevated in Denver Metropolitan Area

October 3, 2018

******Health care providers: Please distribute widely in your office******

KEY POINTS:

- The purpose of this update is to share data on STI trends and encourage healthcare providers to ensure sexually active persons are screened for STI risk factors and tested accordingly in your practice.
- In the Tri-County Health Department (TCHD) jurisdiction of Adams, Arapahoe, and Douglas Counties, during 2014 to 2017, rates of STIs dramatically increased for gonorrhea (174%) and syphilis (55%), along with notable increases in chlamydia (12%) and HIV (13%) rates.
- Internists, family physicians, obstetricians/gynecologists, and pediatricians should set up processes to screen patients about sexual activity to identify persons who would benefit from routine STI screening.

BACKGROUND INFORMATION

Sexually transmitted infections (STIs) remain at epidemic levels in the Denver metropolitan area.

In the Tri-County Health Department (TCHD) jurisdiction of Adams, Arapahoe, and Douglas Counties, during 2014 to 2017, rates of STIs dramatically increased for gonorrhea (174%) and syphilis (55%), along with notable increases in chlamydia (12%) and HIV (13%) rates. Trends are similar statewide in Colorado since 2014 as rates of gonorrhea rates rose 173% and syphilis by 61%. Nationally, the Centers for Disease Control and Prevention (CDC) reported a record number of STIs in 2017, surpassing the previous record set in 2016 by more than 200,000 cases and marking the fourth consecutive year of sharp increases in these sexually transmitted infections.

There is no indication STI trends are slowing or reversing.

In Adams, Arapahoe, and Douglas Counties, provisional STI cases counts for the first seven months of 2018 are slightly higher than the same time period last year (5,462 versus 5383 total reported cases of gonorrhea, chlamydia, syphilis, and HIV, respectively). These trends are extremely concerning and necessitate stepped up efforts for disease control.

Certain people are at higher risk of exposure to STIs.

Gonorrhea, syphilis, and HIV are more common in men and disproportionately impact men who have sex with men. Chlamydia is more common in women, possibly related to screening practices. For all STIs, rates are highest among adults aged 19 to 35 years. Although sexually active young adults and men who have sex with men are at greatest risk of exposure and spreading infection, when STI rates remain elevated transmission is likely to impact women and heterosexual persons to a greater extent. Pregnant women infected with syphilis can readily spread infection to their fetus or newborn infant if women are not properly screened during pregnancy or do not receive timely treatment.

To understand STI testing trends, TCHD examined data on positive laboratory tests for STIs among persons living in Adams, Arapahoe and Douglas Counties [*Note: public health generally receives data on positive tests rather than data on all persons tested*]. We found that approximately two-thirds of all positive STI tests were ordered by a relatively small number of healthcare providers in our region, with those medical practices serving predominantly low income populations or providing sexual health/contraceptive services or women's health services.

REQUESTED ACTION FOR HEALTHCARE PROVIDERS

The purpose of this update is to share data on STI trends and encourage healthcare providers to ensure sexually active persons are screened for STI risk factors and tested accordingly in your practice.

Internists, family physicians, obstetricians/gynecologists, and pediatricians should set up processes to screen patients about sexual activity to identify persons who would benefit from routine STI screening, including:

- All sexually active women under 25 years;
- Men who have sex with men;
- People with multiple sex partners;
- Any person who thinks their partner has an STI;
- All pregnant women.

Below is a brief summary of STI screening recommendations from the CDC:

- Annual chlamydia 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 a sexually transmitted infection
- Annual gonorrhea screening for 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 a sexually transmitted infection.
- Syphilis, HIV, and hepatitis B screening for all pregnant women, and chlamydia and gonorrhea screening for at-risk pregnant women starting early in pregnancy. Repeat testing for syphilis during the third trimester and at delivery for women at higher risk.



- 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). MSM who have multiple or anonymous partners should be screened more frequently for STDs (e.g., at 3-to-6 month intervals).
- At least annual screening for HIV for anyone who has unsafe sex or shares injection drug equipment.
- Sexually active gay and bisexual men may benefit from more frequent HIV testing (e.g., every 3 to 6 months).
- All adults and adolescents from ages 13 to 64 should be tested at least once for HIV.

Primary care healthcare providers can also provide assessment and treatment of partners of persons with STIs and encourage use of condoms among persons whose sexual behaviors put that at risk for ongoing exposure.

FOR MORE INFORMATION

Detailed clinical screening and treatment recommendations are available at:

- www.cdc.gov/std/tg2015/screening-recommendations.htm
- www.cdc.gov/std/tg2015/default.htm

REPORTING

CDPHE STI Laboratory Surveillance Unit Reporting Line 303-692-2697 (fax 303-782-5393)

Colorado STI Reporting Form <https://drive.google.com/file/d/1pr9deF9r2SbLlIRyh8JWEb7PwxrvJa9b/view>