



Health Alert Network

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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John M. Douglas, Jr., M.D. Executive Director

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

HAN ADVISORY

Number of pages including cover: 5

Subject: **Advisory - Sharp rise in STIs in Colorado continues, includes congenital syphilis Jan. 28, 2020**

Message ID: 1/28/2020 10:00:00 AM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **Tri-County Health Department is forwarding you the attached HAN. You may have already received a similar broadcast if you are on the CDPHE distribution list on January 16th, however, changes were made and we wanted to ensure you did not miss this important information. No response is required.**

You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

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.

You may download a copy of this HAN from the TCHD website at
<http://www.tchd.org/259/Health-Alert-Network>

HEALTH ADVISORY

Sharp Rise in STIs in Colorado Continues, Includes Congenital and Ocular Syphilis January 28, 2020

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

KEY POINTS:

- Sexually transmitted infections (STIs) are increasing in the United States and Colorado. There has been a 32.5% increase in the rate of syphilis (all stages), a 6.4% increase in the rate of chlamydia; and a 3.3% increase in the rate of gonorrhea in Colorado from 2017 to 2018.
- The increase in syphilis has contributed to an increase in congenital syphilis (CS) and ocular syphilis cases in Colorado.
- Syphilis, gonorrhea, and chlamydia are bacterial infections that can increase the risk of HIV acquisition and transmission. Preliminary data from the Colorado Department of Public Health and Environment (CDPHE) indicate that dual diagnoses with STI and HIV are increasing, especially for syphilis.
- To address this ongoing epidemic, it is critical that health care providers offer the following services:
 - provide comprehensive STI and HIV screening to **all** patients at risk;
 - evaluate patients with STIs for complicated or high morbidity disease such as disseminated gonorrhea infection, ocular syphilis, syphilis in pregnancy, or congenital syphilis;
 - assure rapid and appropriate treatment of STIs in patients and their sex partners;
 - encourage condom use and provide risk reduction counseling for persons with or at-risk of STI/HIV;
 - provide or refer patients for HIV pre and post exposure prophylaxis if at risk of HIV.

BACKGROUND:

- In 2018, Colorado broke another record for reported cases of chlamydia, syphilis and gonorrhea. Cases have been increasing since 2013.
- In 2018, chlamydia remained the most commonly reported STI in Colorado with 29,124 reported cases and a rate of 512 per 100,000. Gonorrhea was the second most commonly reported STI in Colorado with 8,894 reported cases and a rate of 156.4 per 100,000.
- For both chlamydia and gonorrhea, rate increases continued between 2017 and 2018, but at a slower pace than prior years (chlamydia 6.4%; gonorrhea 3.3%).
- The rate of syphilis, however, increased dramatically -- 26.7% between 2017 and 2018. There were 1084 cases of syphilis (all stages), with a rate of 19.1 cases per 100,000 in 2018.
 - Males accounted for 86.2% of cases, but the proportion of women diagnosed with syphilis has increased for the past several years. In 2018, there were 134 cases of syphilis in women between 15-44 years, producing a rate of 11.1 per 100,000; which was a 50% increase from 2017.
 - Increased syphilis in women of childbearing age has led to an increase in CS cases with seven cases reported in 2018 and nine cases reported for 2019.

- Preliminary data from 2019 indicate that reported cases of gonorrhea and syphilis, including ocular syphilis, will surpass 2018 numbers. As of Dec. 3, 2019, 26 ocular syphilis cases were reported in Colorado, compared to 16 in 2018.
- The 2019 data further demonstrates that there was an increase in dual diagnoses of STI, especially syphilis, and HIV.
- Nationally, the Centers for Disease Control and Prevention has identified increased reports of disseminated gonorrhea infection (DGI). Preliminary data indicate at least three confirmed cases in Denver County in 2018-2019.
- Lymphogranuloma venereum (LGV) is caused by *Chlamydia trachomatis* serovars L1-L3 and is associated with genital ulcer disease, lymphadenopathy, and proctitis. Preliminary data in 2019 indicate at least seven confirmed cases of LGV proctitis in Denver County.

RECOMMENDATIONS & GUIDANCE FOR STIs:

- Health care providers should provide comprehensive sexual health services including taking sexual health histories; providing STI and HIV risk reduction counseling including encouraging condom use; screening for STI and HIV; treating chlamydia, gonorrhea, and syphilis rapidly in patients and their sexual partners; providing or referring patients for family planning services; and providing or referring patients at risk for HIV for HIV pre and post exposure prophylaxis.
- Screen men who have sex with men (MSM) at least annually for HIV, syphilis, gonorrhea, and chlamydia. Consider more frequent screening, up to every 3 months, if a patient has multiple, anonymous, or new sexual partners. Screen for gonorrhea and chlamydia at all sites of sexual exposure (rectal, penile, and pharyngeal).
- Screen non-pregnant women at least annually for gonorrhea and chlamydia until age 25; screen older women if risk factors are present (having a new sex partner, multiple or concurrent partners, a sex partner who has an STI, exchanging sex for money or drugs, incarceration, or drug use).
- Consider chlamydia screening in young men who have sex with women in clinical settings with a high prevalence of chlamydia such as adolescent clinics or correctional facilities.
- Screen for syphilis and HIV in all patients with a diagnosis of gonorrhea or chlamydia. Repeat gonorrhea and chlamydia screening 3 months after treatment to detect early re-infection.
- Health care providers should be aware of ocular syphilis. Screen for visual complaints in any patient with symptoms, signs, or laboratory findings compatible with syphilis. In sexually active patients with visual complaints, screen for syphilis.
- Health care providers should be aware of DGI. Screen for fever, joint pain, and rash in patients with gonorrhea. In patients at risk of STIs who present with rash and/or joint pain or inflammation, consider DGI and send gonorrhea cultures from sterile sites and perform nucleic acid amplification tests for gonorrhea at all sites of sexual exposure (vagina/endocervix, penis, pharynx, or rectum).
- Patients diagnosed with proctitis who have bloody discharge and/or perianal or mucosal ulcers should be tested and treated for LGV if their rectal chlamydia test is positive or if they are living with HIV.
- Assure rapid STI treatment for any patient diagnosed with an STI and also their sexual partners.
 - CDPHE can provide partner notification services for persons with the following conditions: syphilis, new diagnoses of HIV, DGI, and LGV. For other situations, provide information to the patients about the importance of all of their partners being tested and treated to avoid re-infection and ongoing community transmission
 - Consider the use of expedited partner therapy for partners of heterosexual patients with gonorrhea or chlamydia.

RECOMMENDATIONS & GUIDANCE TO PREVENT CONGENITAL SYPHILIS:

- Health care providers have two major opportunities to prevent CS: By preventing syphilis among women aged 15 to 44 years and by preventing mother-to-infant transmission among pregnant women already infected with syphilis.
- Screen all pregnant women for syphilis at their first prenatal visit. Asymptomatic women can transmit the infection to their unborn infants.
- Rescreen women who are high risk early in their third trimester and again at delivery. Risk factors include a history of syphilis infection, incarceration, drug use, multiple or concurrent partners, living in areas with high rates of syphilis, living with HIV, and exchanging sex for money or drugs.
- Treat pregnant women diagnosed with syphilis with penicillin immediately and choose duration of treatment based on stage of syphilis infection. Treatment at least 30 days prior to delivery prevents CS.
- Before discharging any infant from the hospital, health care providers should ensure the mother was tested for syphilis at least once during her pregnancy or at delivery. If the mother tested positive, ensure she and the infant are evaluated and treated if necessary.
- Test women who deliver stillborn infants for syphilis.
- Report all cases of syphilis and CS cases within one business day of identification.
- Contact Adrianna Hervey, CDPHE Syphilis Coordinator, 303-692-2694 or adrianna.hervey@state.co.us or fax a confidential morbidity report (CMR) to CDPHE Case Investigation and Outreach at 303-782-5393. The CMR is available at www.colorado.gov/cdphe/report-a-disease.
- If your practice offers prenatal care, consider how to address barriers for pregnant women to receive early and adequate prenatal care, including syphilis screening. Women who are uninsured or underinsured, and women with substance use issues, have been found to be at increased risk of receiving inadequate or no prenatal care, placing their unborn infants at risk for CS. Expert clinical consultation is also available through a CDC supported online service (www.stdccn.org/).
 - Tri-County Health Department offers client assistance for Medicaid enrollment. Information available at 303-363-3013 or www.tchd.org/297/Access-to-Healthcare

FOR MORE INFORMATION:

General resources:

- Tri-County Sexual Health Clinics: www.tchd.org/386/Birth-Control-and-Sexual-Health
- Low cost testing and treatment sites: www.denverpublichealth.org/clinics-services/std-testing-treatment/locations
- CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)

STI Resources:

- CDC STD Facts: Syphilis: www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm
- CDC STDs: Syphilis Treatment and Care: www.cdc.gov/std/syphilis/treatment.htm
- CDC STDs: Syphilis: What Health Care Providers Can Do: www.cdc.gov/std/syphilis/CTAproviders.htm
- CDC STDs: Ocular Syphilis: www.cdc.gov/std/syphilis/clinicaladvisoryos2015.htm
- United States Preventive Services Task Force, Chlamydia and Gonorrhea: Screening: www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening



- United States Preventive Services Task Force, Syphilis Infection in Non-pregnant Adults and Adolescents: Screening:
www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/syphilis-infection-in-nonpregnant-adults-and-adolescents
- United States Preventive Services Task Force, Syphilis Infection in Pregnant Women: Screening:
www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/syphilis-infection-in-pregnancy-screening1
- STI testing at the Colorado State Public Health Laboratory:
www.colorado.gov/cdphe/lab or call 303-692-3485.
- STI clinical support and consultation: www.stdccn.org/
- CDPHE STI Reporting Line for Disseminated Gonococcal Infection (DGI) or Lymphogranuloma Venereum (LGV): 303-692-2697
- Denver Public Health – Syphilis Resources and Fact Sheet (English and Spanish):
www.denverpublichealth.org/clinics-services/std-testing-treatment/prevention-education/syphilis

HIV Resources:

- CDC HIV Testing Guidelines: www.cdc.gov/hiv/guidelines/testing.html
- CDC PrEP and PEP Guidelines: www.cdc.gov/hiv/guidelines/preventing.html
- CDPHE STI and HIV website: www.colorado.gov/cdphe/sti-hiv
- CDC EPT guidance: www.cdc.gov/std/ept/default.htm