

Report to the Boards of Health

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Sexually Transmitted Diseases

The CDC reported record high cases of the sexually transmitted diseases (STDs) chlamydia, gonorrhea, and syphilis in the United States in 2016. Of the two million cases reported, 1.6 million were chlamydia, 470,000 were gonorrhea, and nearly 28,000 were syphilis. Chlamydia continued to affect men and women nearly equally. Gonorrhea increased most in men between 2015 and 2016, largely in men that have sex with men (MSM). MSM account for the majority of syphilis cases and about half of MSM diagnosed with syphilis are also infected with HIV. There was a significant (38%) increase in the rate of syphilis in women, however, and a 28% increase in cases among newborns. Infection of newborns is called congenital syphilis and is preventable if syphilis infections in pregnant women is identified and treated. Unfortunately, over 600 cases of congenital syphilis were reported in 2016, resulting in over 40 deaths and numerous severe health complications in newborns.

Though the data is not yet finalized, Michigan witnessed significant increases in STDs in 2017. Compared with 2016, chlamydia cases were up 11%, gonorrhea cases were up 23%, and syphilis cases had increased 28%. The increase in syphilis was particularly sharp, as rates of this infection had been dropping over the prior four years. Cases of syphilis still primarily affected men. Gonorrhea cases, which had been declining for years, have increased for the past three years. Chlamydia case counts in Michigan had been stable, until this increase in 2017.

One simple explanation for the increase in cases is that testing for STDs has increased. It is recommended that all sexually active adolescents and adult women aged 24 and younger be screened for gonorrhea and chlamydia yearly and that all persons at increased risk for syphilis be screened. There have been increased efforts to perform these screening in recent years, driven by insurance incentives and other initiatives. However, in a study of annual screening of HIV positive individuals for gonorrhea and chlamydia from 2004 to 2014, while screening did increase in the group, the percent with positive results also increased, meaning greater numbers of individuals were infected with gonorrhea or chlamydia. Visits to the ER for STDs between 2008 to 2013 increased at a significantly faster rate than visits for other diagnoses as well.

There are currently no recommendations for routine screening for nongenital sites for STDs. Sexually active women and men that have sex with men (MSM) have both been found to have a prevalence of chlamydia in pharynx (throat) of 1% to 3% and of the anorectal area of around 7% to 13%. The prevalence of pharyngeal gonorrhea in women is 1% to 2%, and anorectal gonorrhea is 0% to 3%, while MSM have a prevalence of pharyngeal gonorrhea of 4% to 12% and anorectal gonorrhea of 6% to 21%. If these sites are not properly screened and treated, the spread of infection will continue. Therefore, taking a proper sexual history is critical prior to screening for STDs.

Healthy Living Recommendations

1. Talk openly about STDs, including the risks of infections, importance of testing and proper treatment, and means of prevention such as proper use of condoms and mutual monogamy if sexually active.
2. Screen individuals for STDs based on guideline recommendations, but also based on their risk factors and sexual histories.
3. Provide expedited partner therapy, or treatment to the sex partners of those diagnosed with chlamydia or gonorrhea by providing medications or prescriptions to the infected individual to take to his/her partners without needing to first be examined. This is allowed in Michigan by Public Act 525 of 2014 (MCL 333.5110.)

SORT: KEY RECOMMENDATIONS FOR PRACTICE		
<i>Clinical recommendation</i>	<i>Evidence rating</i>	<i>References</i>
Provide or refer for intensive behavioral counseling in all sexually active adolescents (regardless of risk) and in adults who are at increased risk of sexually transmitted infection.	B	8
Screen for chlamydia and gonorrhea in sexually active nonpregnant female adolescents and adults 24 years and younger, and in older women who are at increased risk.	B	3
Screen for HIV infection in adolescents and adults 15 to 65 years of age. Younger adolescents and older adults who are at increased risk should also be screened.	A	6
Screen all pregnant women for syphilis, hepatitis B virus, and HIV infections.	A	6, 9, 10
Screen for chlamydia and gonorrhea in all pregnant women 24 years and younger, and in older women who are at increased risk.	B	3
Screen for syphilis, HIV infection, and hepatitis B in men and women at increased risk.	A	5-7

HIV = human immunodeficiency virus.

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to <http://www.aafp.org/afpsort>.

Table 1. USPSTF Recommendations for Behavioral Counseling and STI Screening in Nonpregnant Patients

<i>Topic</i>	<i>Year</i>	<i>Recommendation</i>	<i>USPSTF grade*</i>	<i>Reference</i>
Behavioral counseling	2014	Provide intensive behavioral counseling for all sexually active adolescents, and for adults who are at increased risk of STIs.	B	8
Chlamydia and gonorrhea	2014	Screen for chlamydia and gonorrhea in sexually active adolescents and adults 24 years and younger, and in older women who are at increased risk of infection.	B	3
		Current evidence is insufficient to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in sexually active men.	I	3
HBV infection	2014	Screen for HBV infection in persons at increased risk of infection.†	B	5
HIV infection	2013	Screen for HIV infection in adolescents and adults 15 to 65 years of age. Younger adolescents and older adults who are at increased risk should also be screened.	A	6
HSV infection	2005	Do not perform routine serologic screening for HSV infection in asymptomatic adolescents and adults.	D	4
Syphilis	2016	Screen for syphilis in persons at increased risk of infection.	A	7

HBV = hepatitis B virus; HIV = human immunodeficiency virus; HSV = herpes simplex virus; STI = sexually transmitted infection; USPSTF = U.S. Preventive Services Task Force.

**—See Table 3 for definitions of USPSTF evidence grades.*

†—In addition to behavioral risk factors for STIs, other risk factors for HBV infection include country of origin (sub-Saharan Africa, central and southeast Asia, and China), household contacts with HBV infection, and lack of vaccination during infancy in U.S.-born persons with parents from a high-prevalence country or region.

Information from references 3 through 8.

The STATE of STDs in MICHIGAN



in 2017

STDs TIGHTEN THEIR GRIP
ON THE NATION'S HEALTH
AS RATES INCREASE FOR A
THIRD YEAR



CASES OF CHLAMYDIA

up an estimated 11% since 2016



CASES OF GONORRHEA

up an estimated 23% since 2016



CASES OF SYPHILIS

up an estimated 28% since 2016

LEARN MORE AT: www.cdc.gov/std/

Anyone who has sex is
at risk, but some groups
are more affected

- Young people aged 15 to 24
- Gay and bisexual men
- Pregnant women

LEFT UNTREATED, STDs CAN CAUSE:



INCREASED RISK OF GIVING
OR GETTING HIV



LONG-TERM
PELVIC/ABDOMINAL PAIN



INABILITY TO GET PREGNANT OR
PREGNANCY COMPLICATIONS

HELP INTERRUPT THE STEADY CLIMB IN STDs WITH THESE THREE STEPS:

TALK

Talk openly about STDs with
your partners & healthcare
providers.

TEST

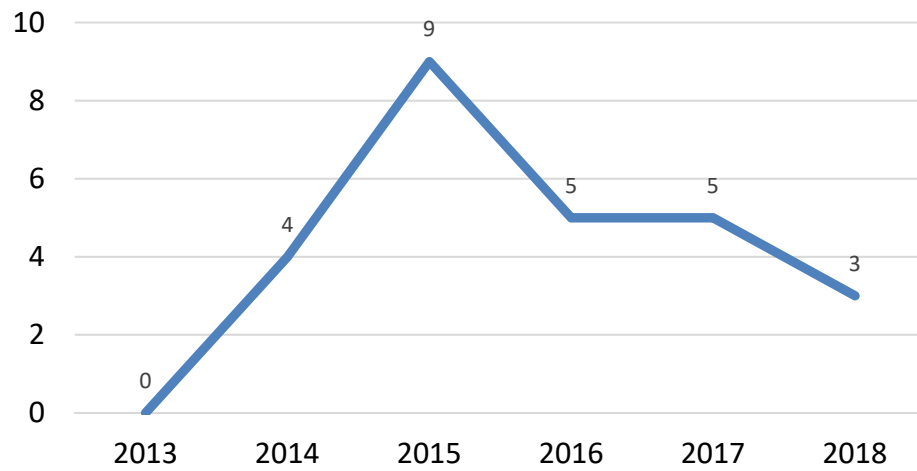
Get tested. It's the only way
to know if you have an STD.

TREAT

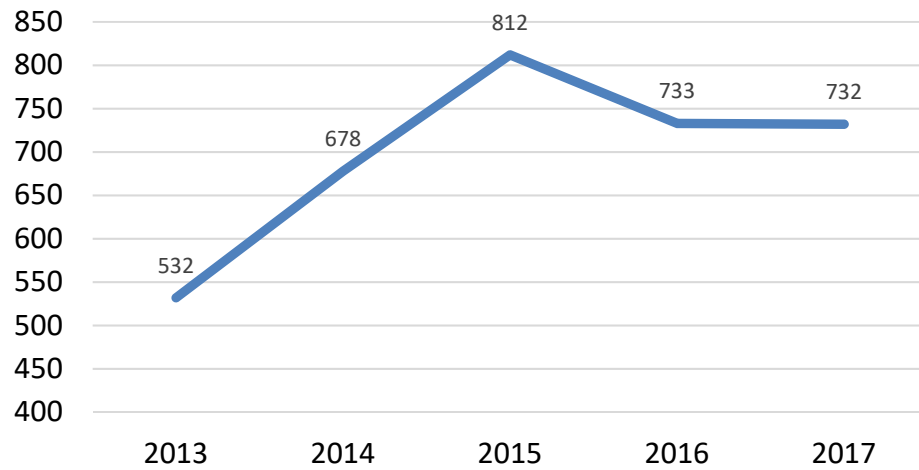
If you have an STD, work with
your provider to get the right
medicine.



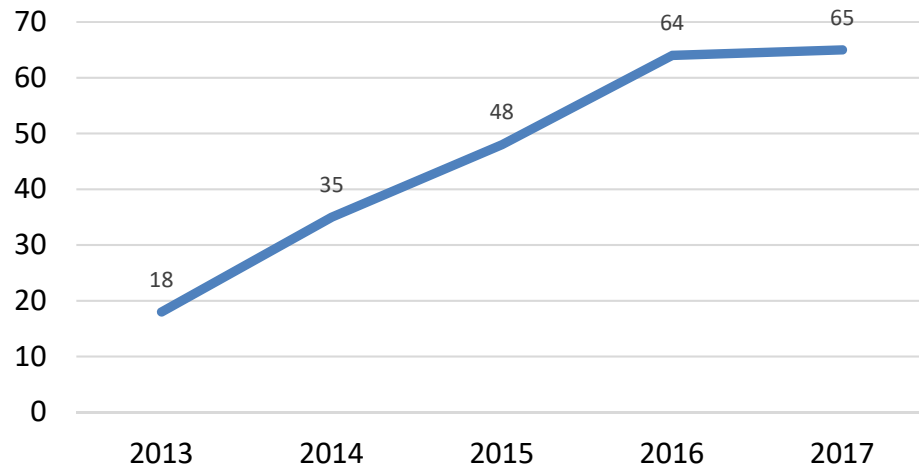
Syphilis (DHD#10)



Chlamydia (DHD#10)



Gonorrhea (DHD#10)



Sources

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