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## STD EPIDEMIOLOGY AND ROLE OF THE HEALTH DEPARTMENT – SAN DIEGO COUNTY

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HIV, STD, and Hepatitis Branch  
STD Clinical Update – October 11, 2018*

COUNTY OF SAN DIEGO  
**HHSA**  
HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH SERVICES

 **LIVE WELL  
SAN DIEGO**



## DISCLOSURES



- I have no conflicts of interest.

## PRESENTATION OUTLINE

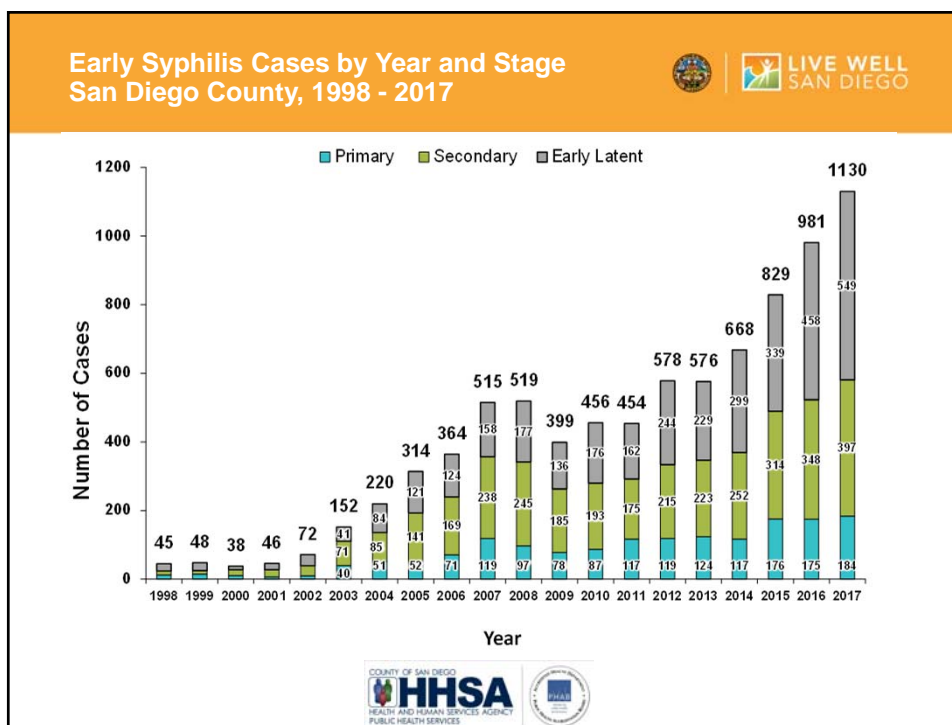
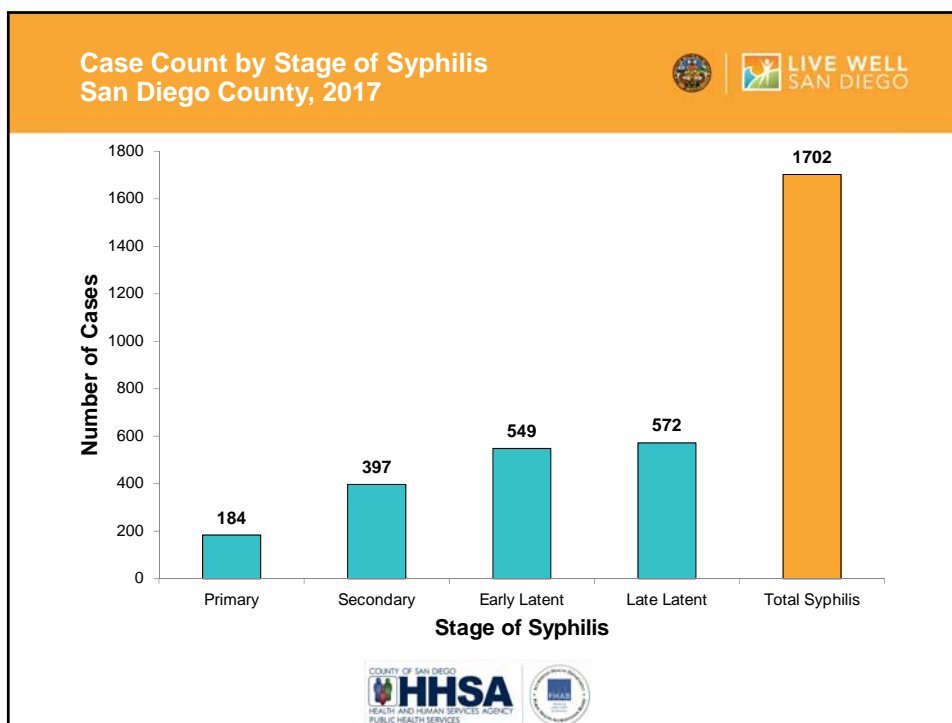


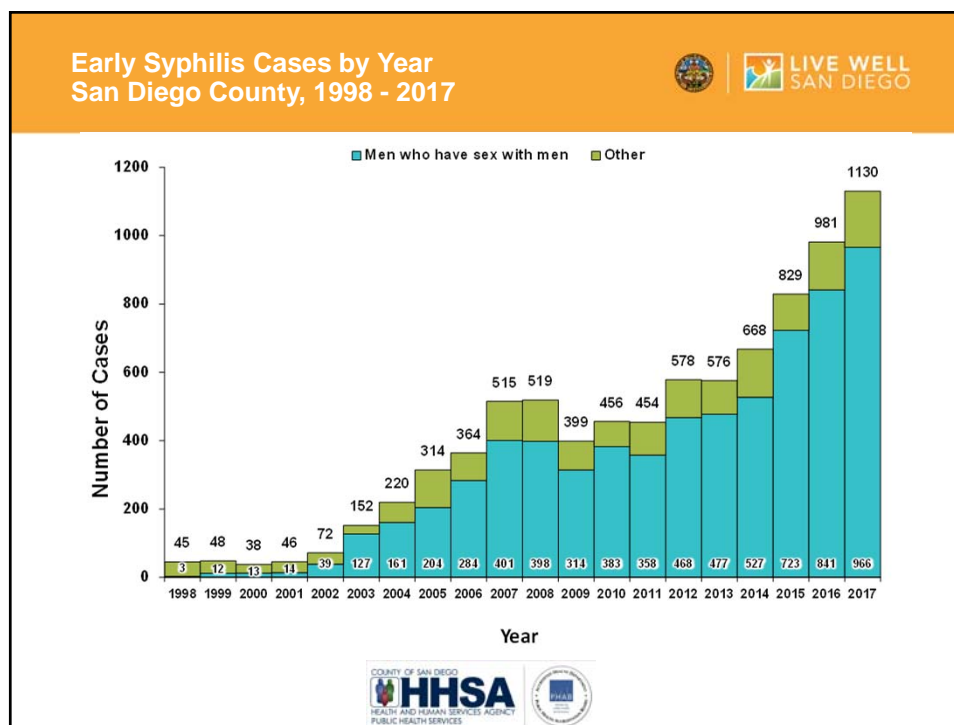
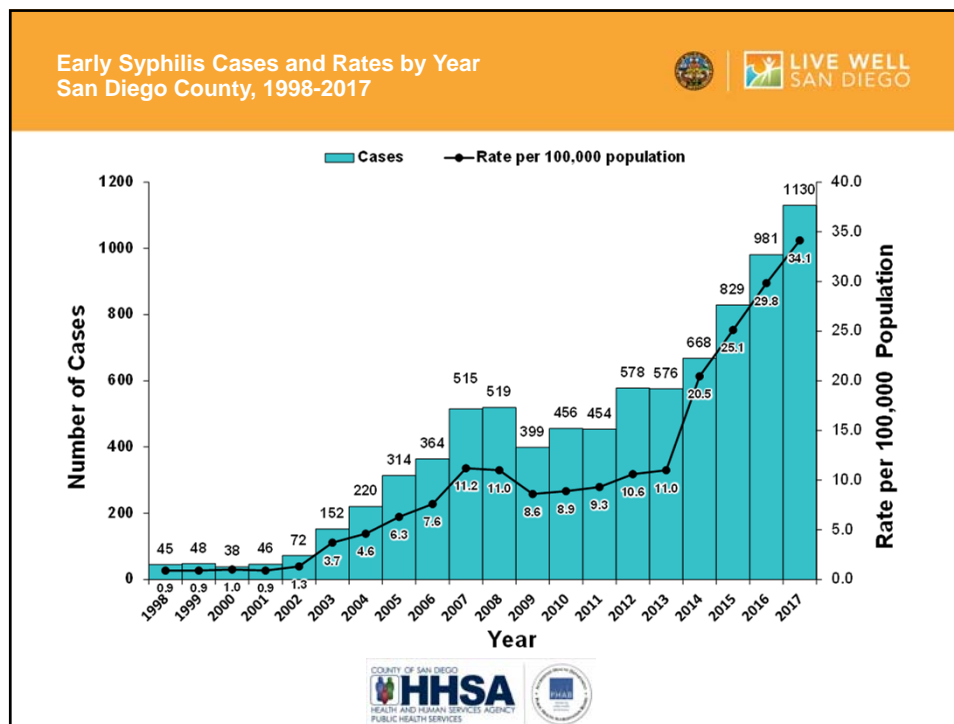
- Local Epidemiology
  - Syphilis
  - Gonorrhea
  - Chlamydia
- Overview of State and National Epidemiology
- Possible Drivers of Increasing STD Rates
- Local Health Department Response
- Resources for Providers

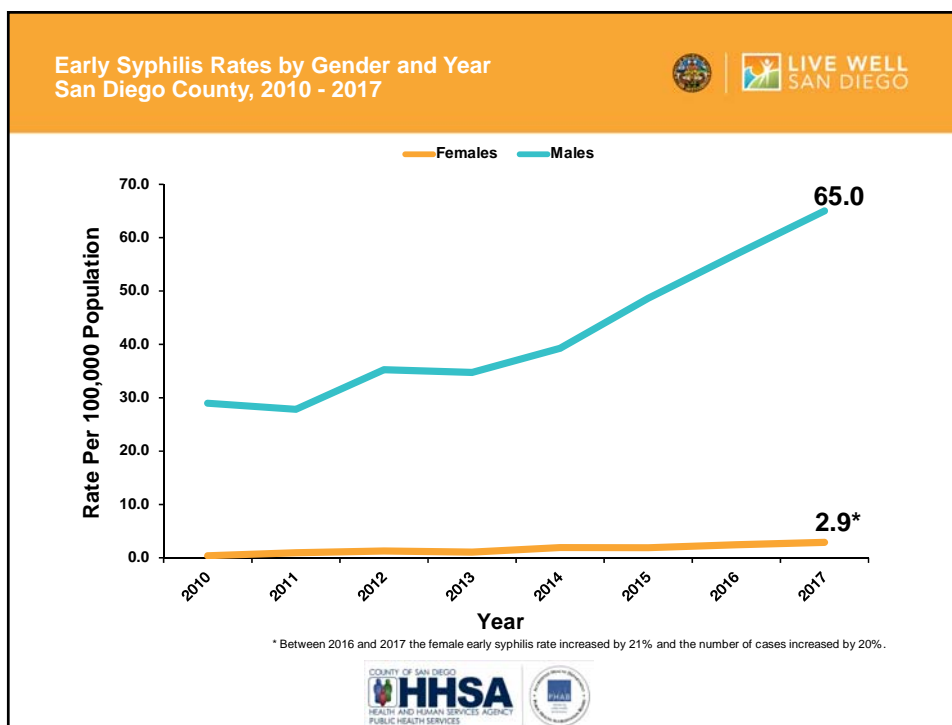
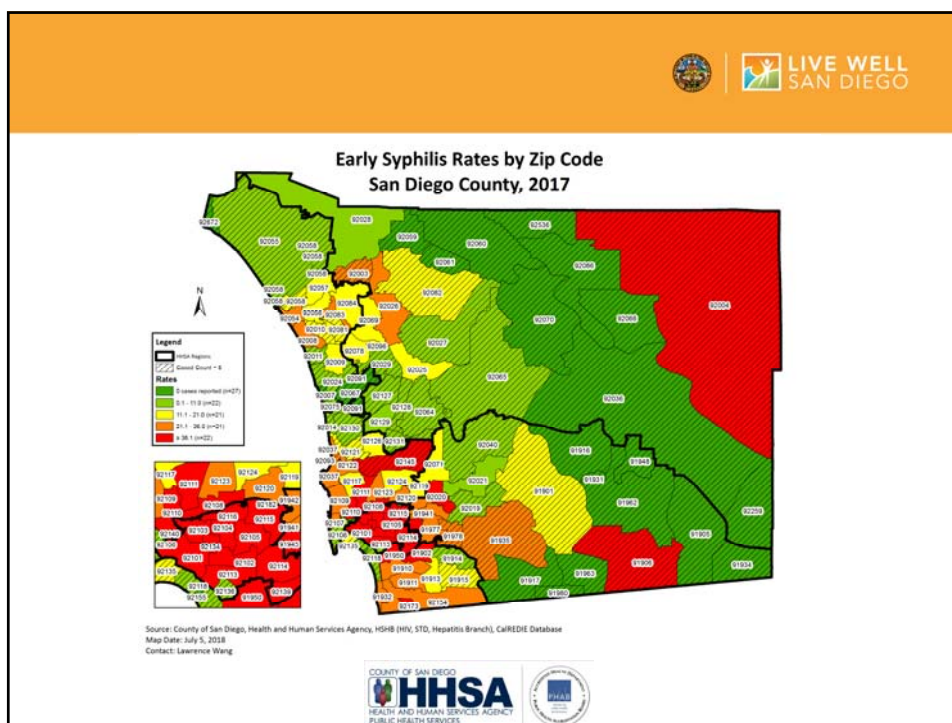
## CASE COUNTS VS. RATES

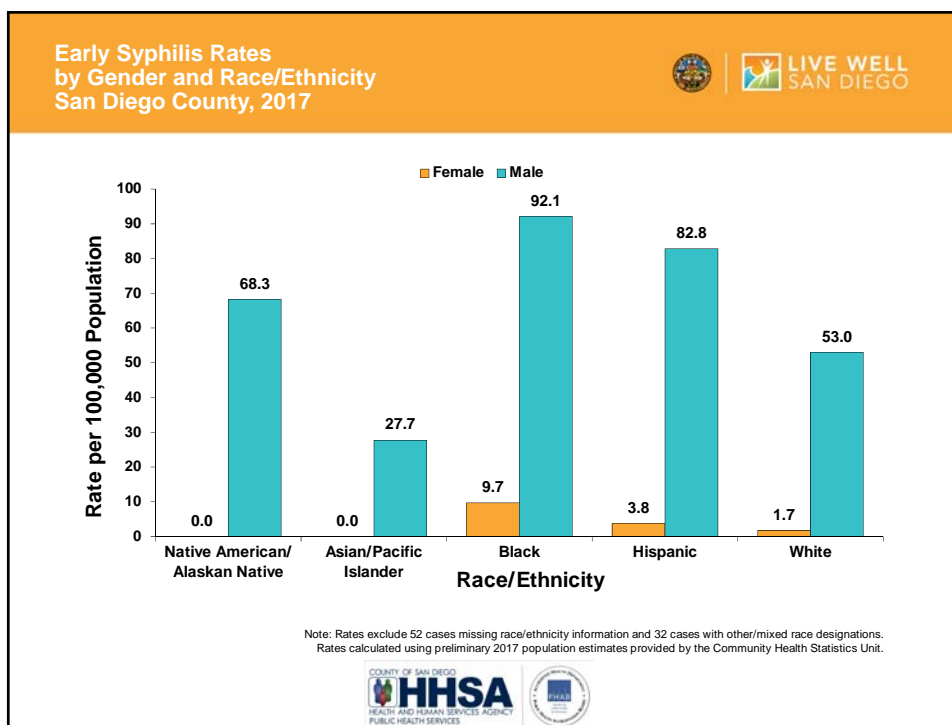
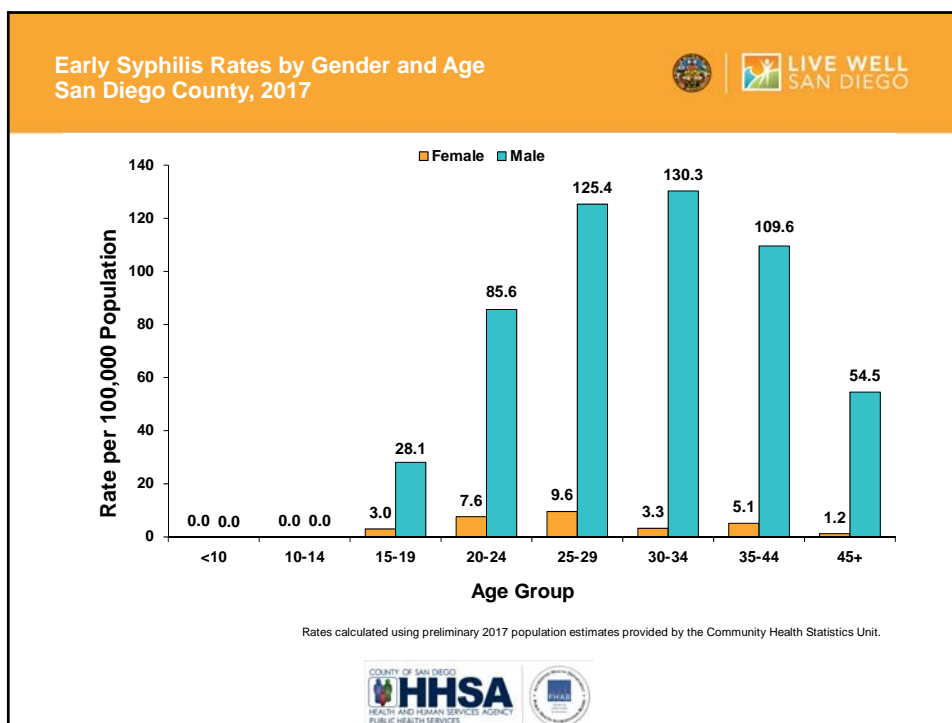


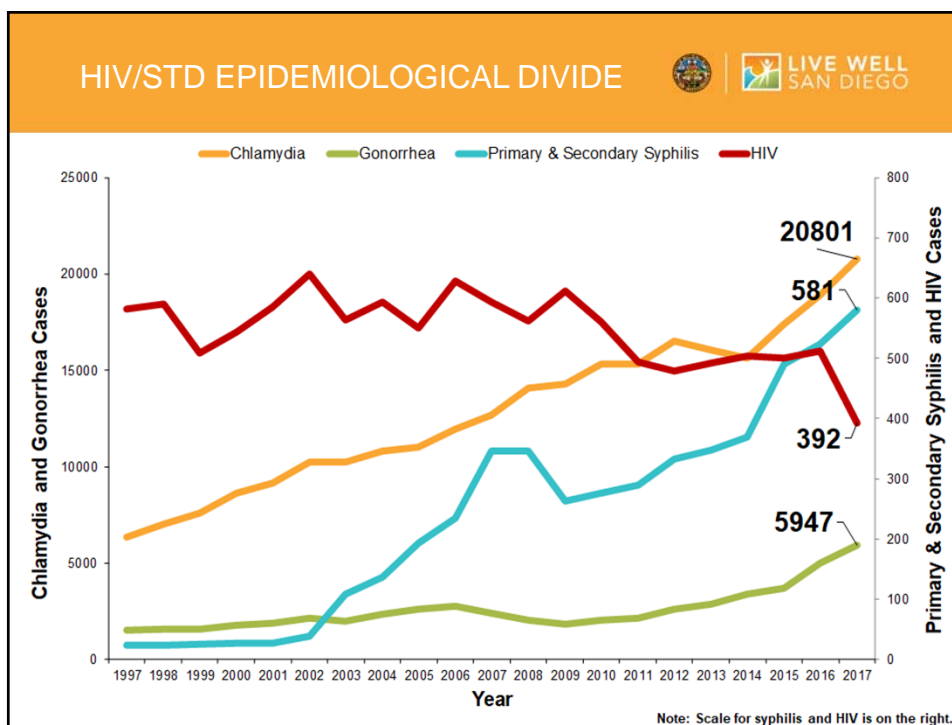
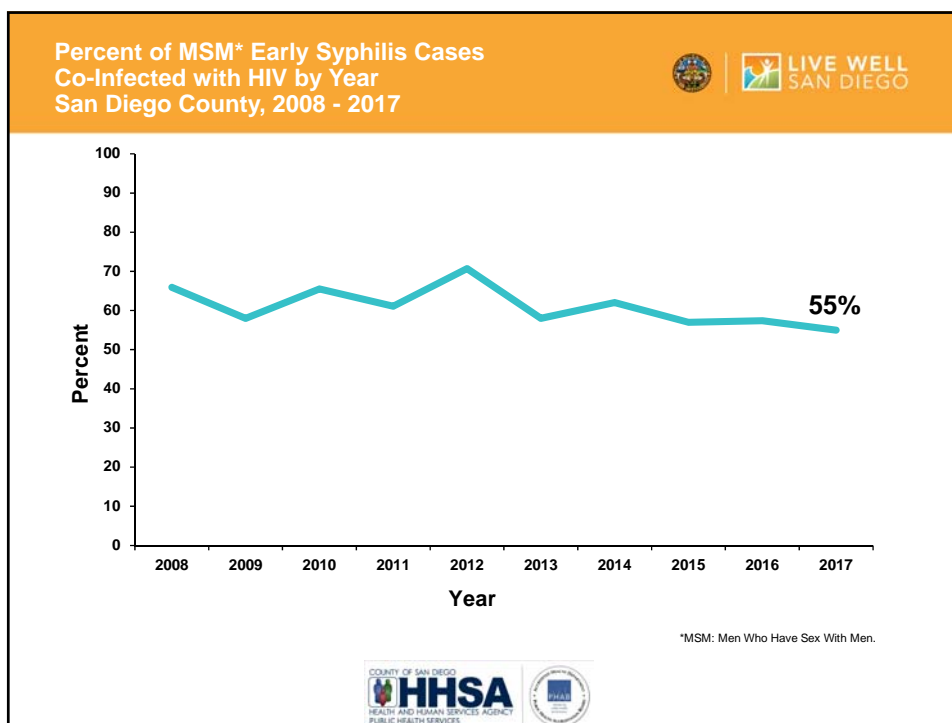
Region	Case Count	Population	Rate per 100,000 <i><math>\frac{\text{Case Count} * 100,000}{\text{Population}}</math></i>
A	10,000	200,000	5,000
B	10,000	100,000	10,000













PUBLIC HEALTH CHALLENGES OF  
STD PREVENTION & CONTROL





PRE-AIDS

- Occult/asymptomatic infection
- Multiple partners
- Anonymous partners
- "Poppers"
- Mistrust of medical community
- Stigma
- Discrimination
- Health inequity

POST-AIDS


- Occult/asymptomatic infection
- Multiple partners
- Anonymous partners
- Methamphetamine, ED medications
- Mistrust of the medical community
- Stigma
- Discrimination
- Health inequity

Adapted from slide produced by Anne Rompalo, MD



PUBLIC HEALTH CHALLENGES OF  
STD PREVENTION & CONTROL



WHAT'S NEW?

- Changes in sexual practices:
  - Less condoms?
  - More oral sex?
- Biomedical HIV prevention tools:
  - ART, TasP
  - PrEP
- Internet: geosocial networking apps
- Closure of STD clinics in many areas
- Not enough disease investigators



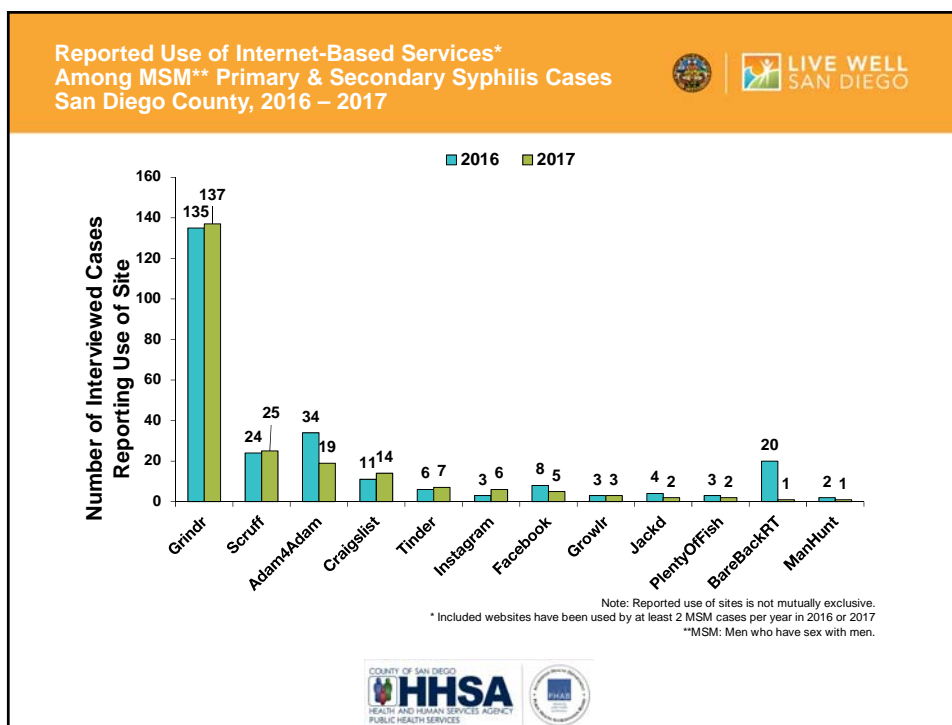
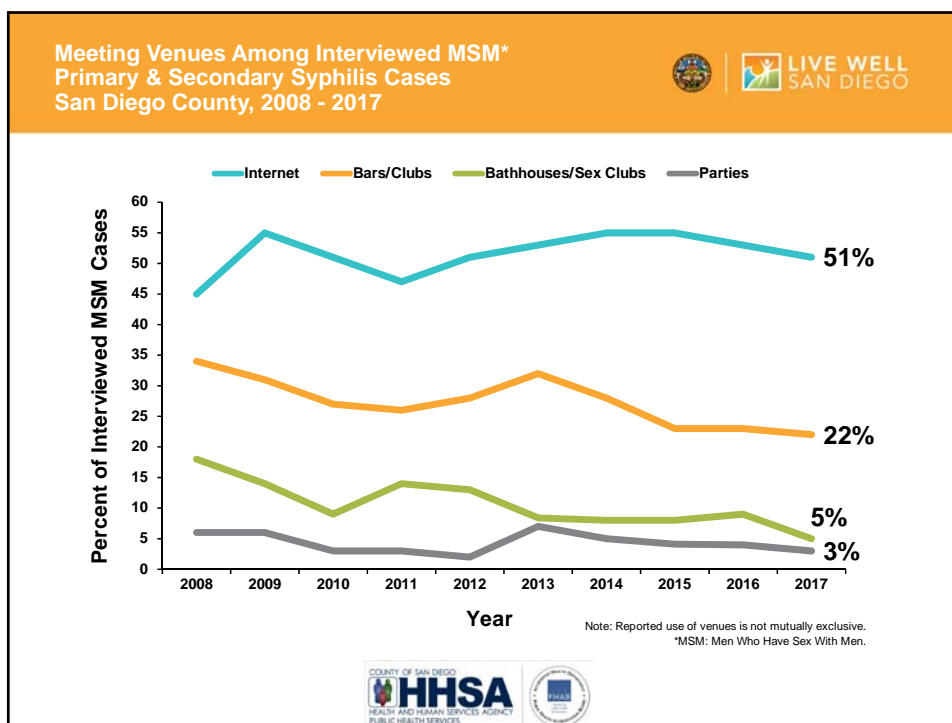
CDC

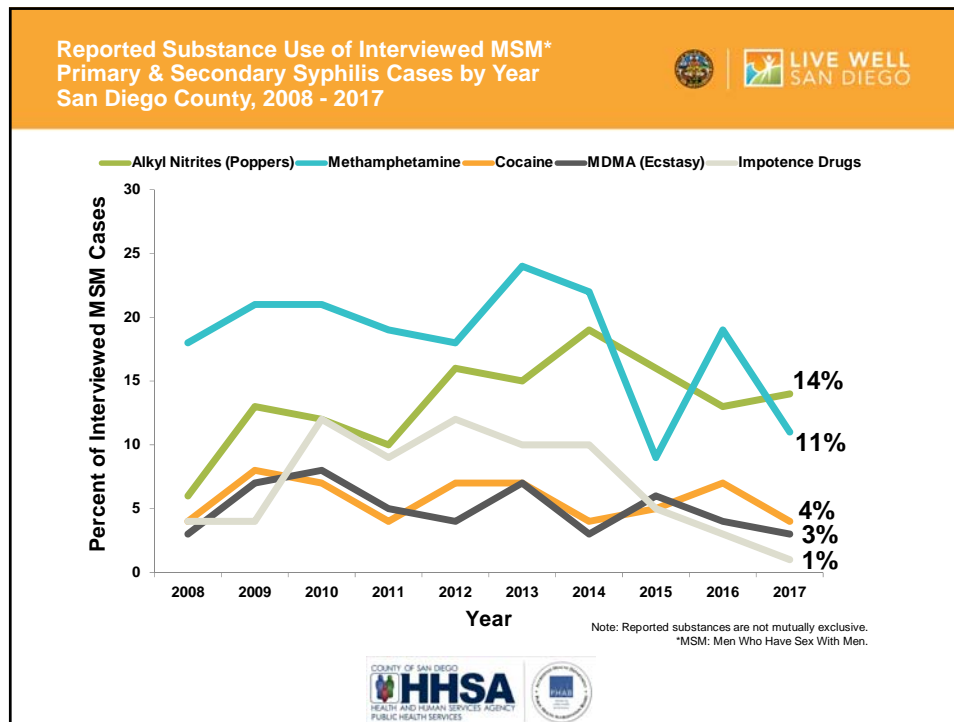



The Lancet HIV

Adapted from slide produced by Anne Rompalo, MD







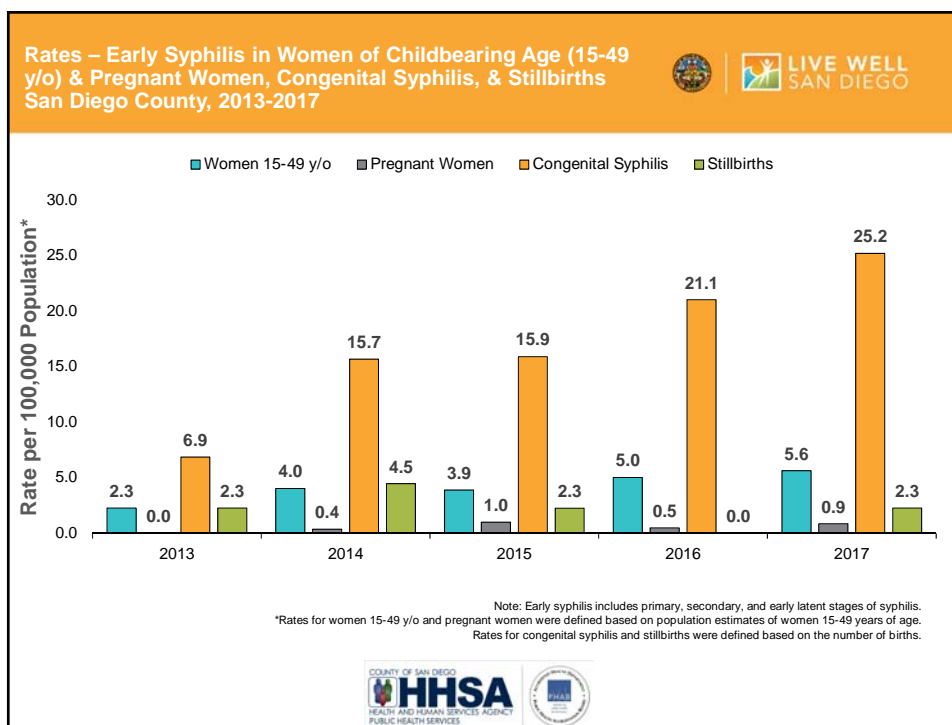
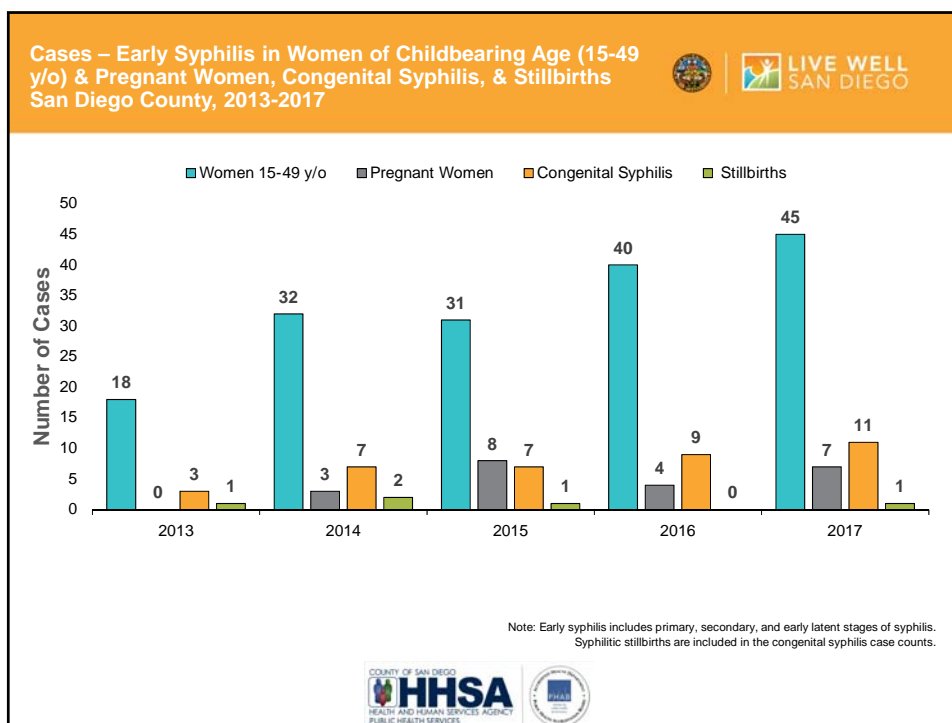
**CONGENITAL SYPHILIS  
SURVEILLANCE DEFINITIONS**

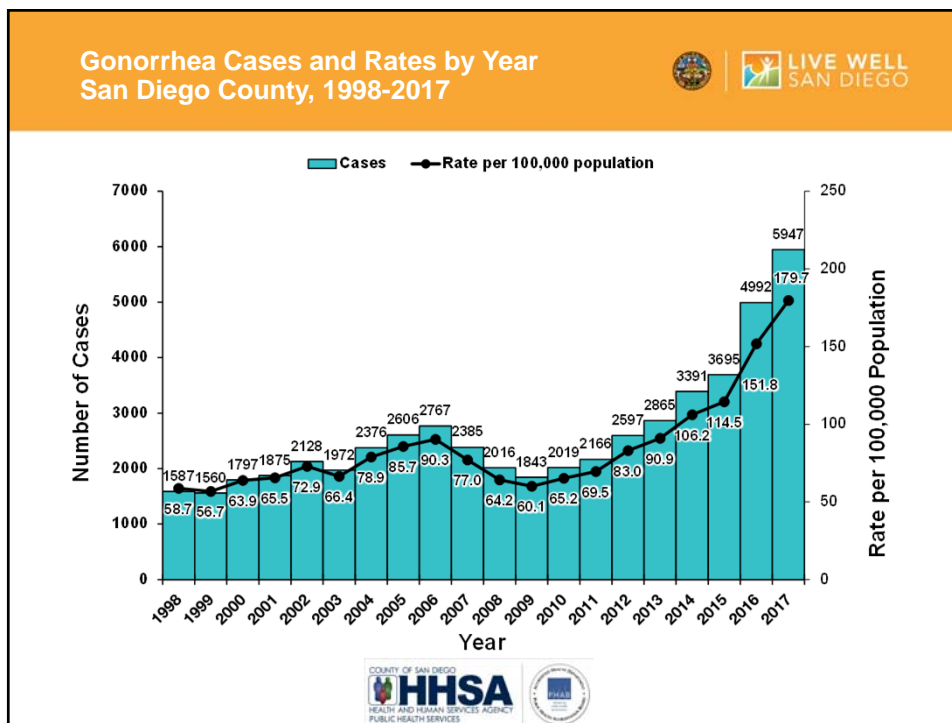
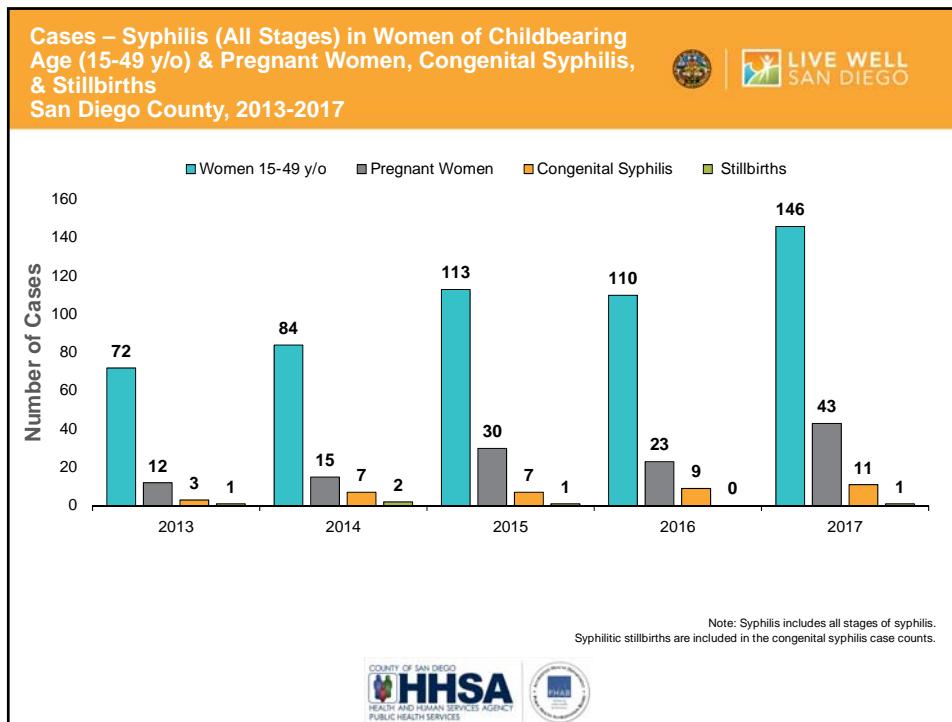
- Congenital Syphilis (C.S.): any infant whose mother had untreated or inadequately treated\* syphilis at the time of delivery, regardless of findings in the infant or child
- Confirmed C.S.: Infant or child in whom *Treponema pallidum* is identified by darkfield microscopy, direct fluorescent antibody, or other specific stains in specimens from lesions, placenta, umbilical cord, or autopsy material
- Probable C.S.: Meets case definition of C.S. This may also include an infant or child with a reactive treponemal test for syphilis and evidence of C.S. on physical examination, cerebrospinal fluid analysis, and/or long bone X-ray.
- Syphilitic Stillbirth: Fetal death in which mother had untreated or inadequately treated\* syphilis at the time of delivery of either a fetus after a 20-week gestation or a fetus weighing >500 grams.

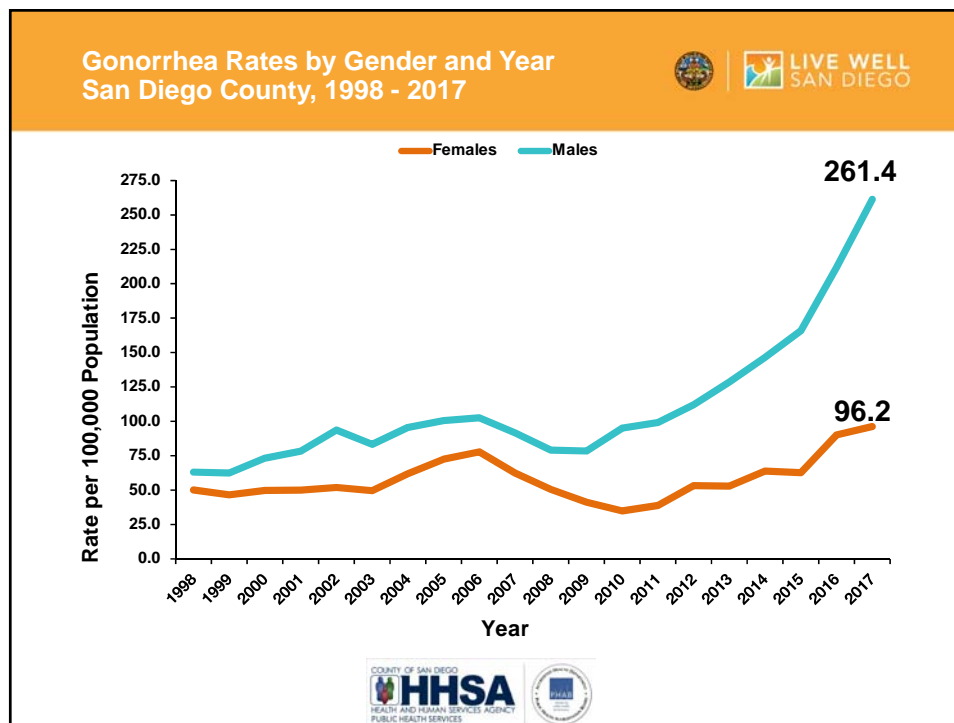
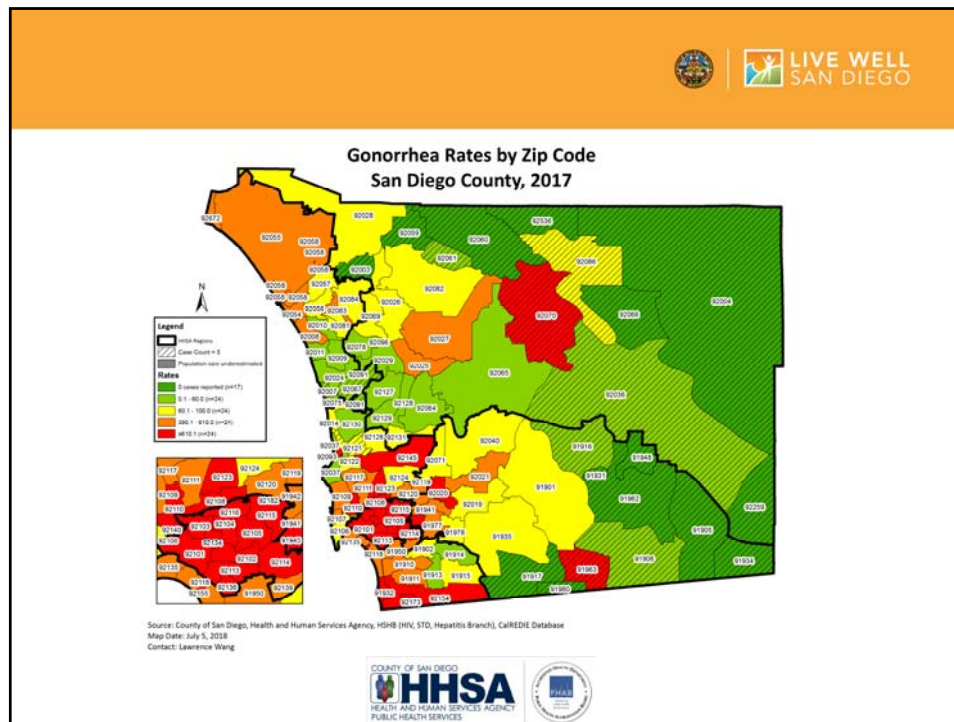
\*Inadequate maternal treatment refers to incomplete treatment, treatment that is not in accordance with national guidelines, and/or treatment that was not initiated at least 30 days prior to delivery.

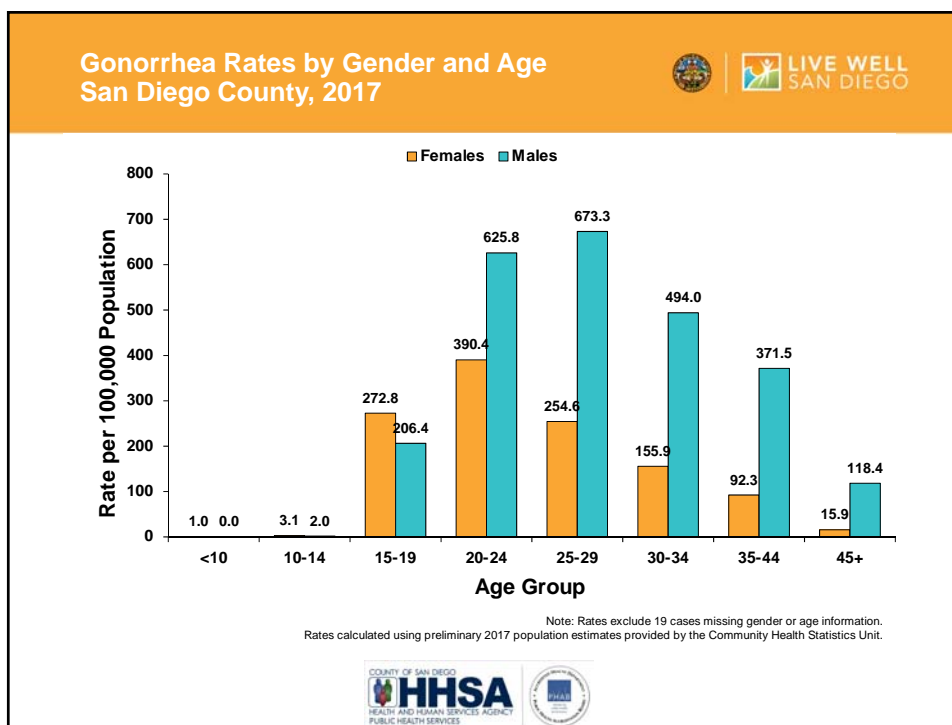
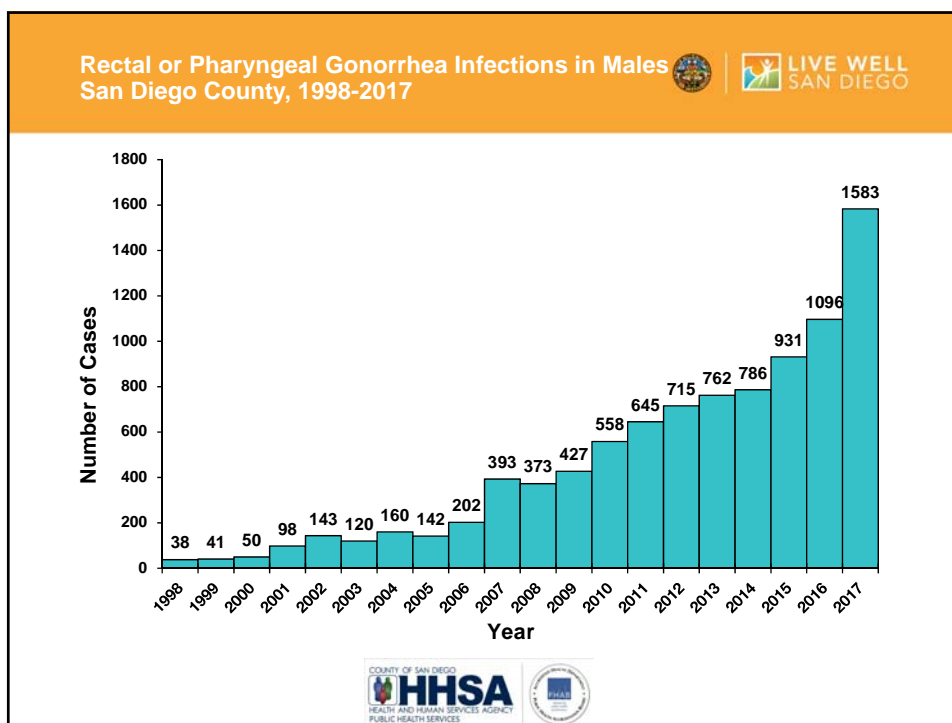
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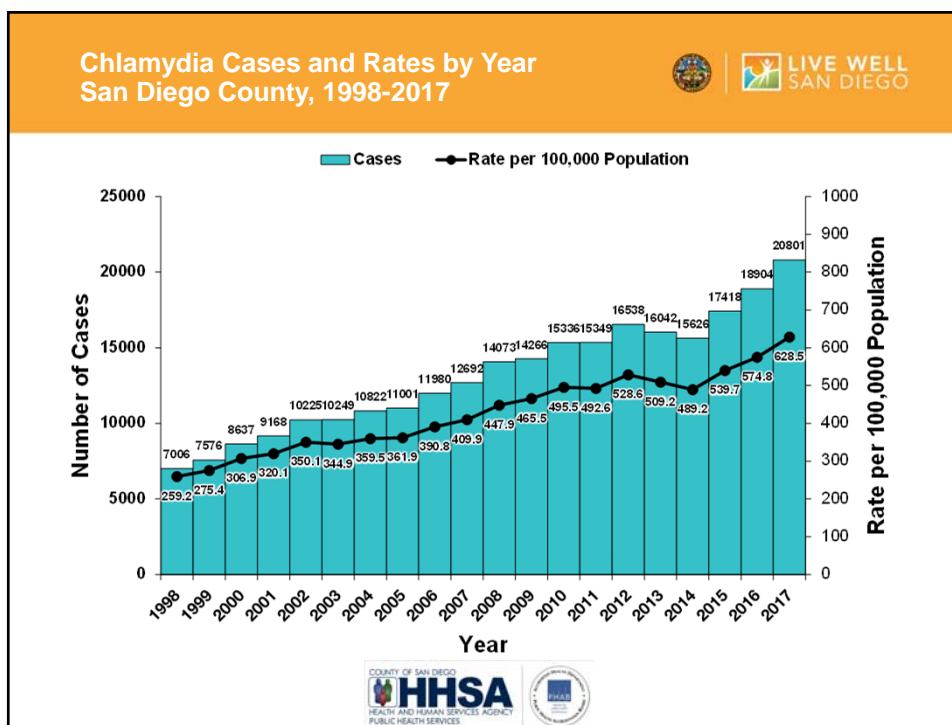
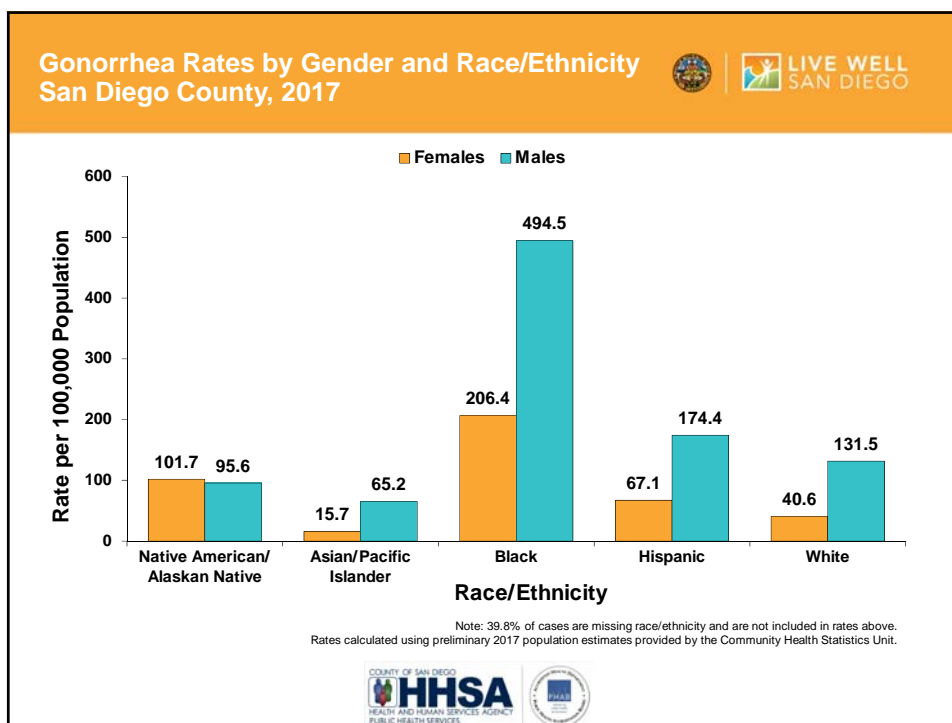
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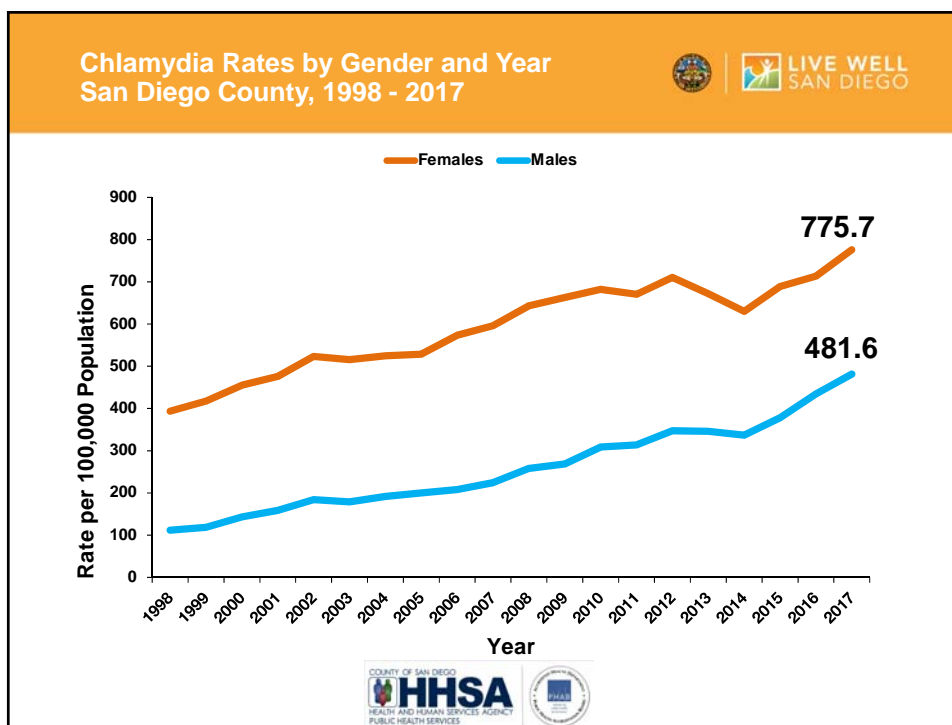
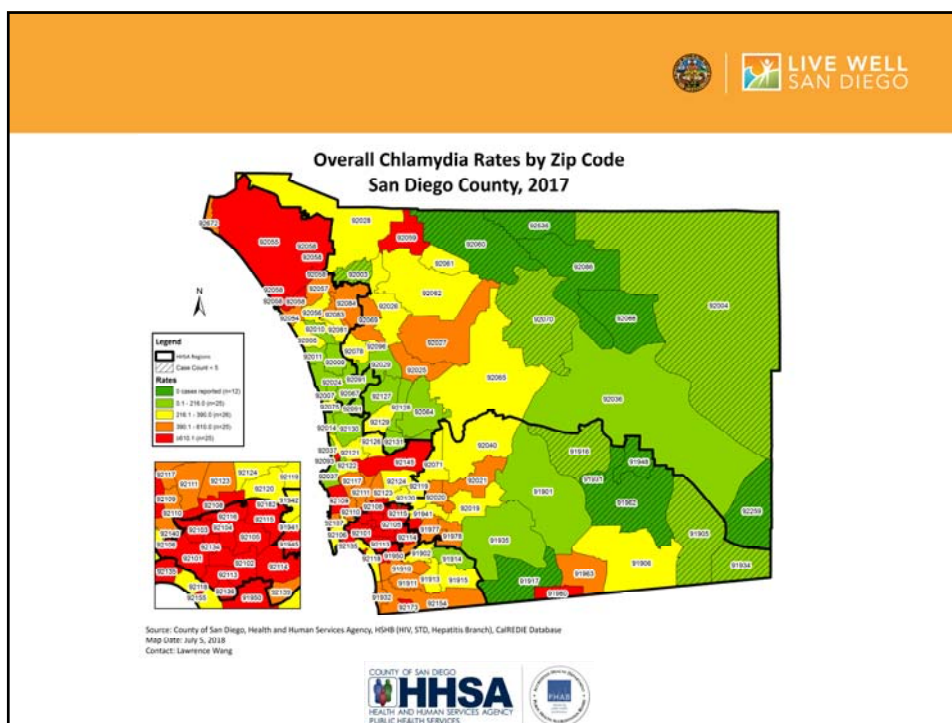




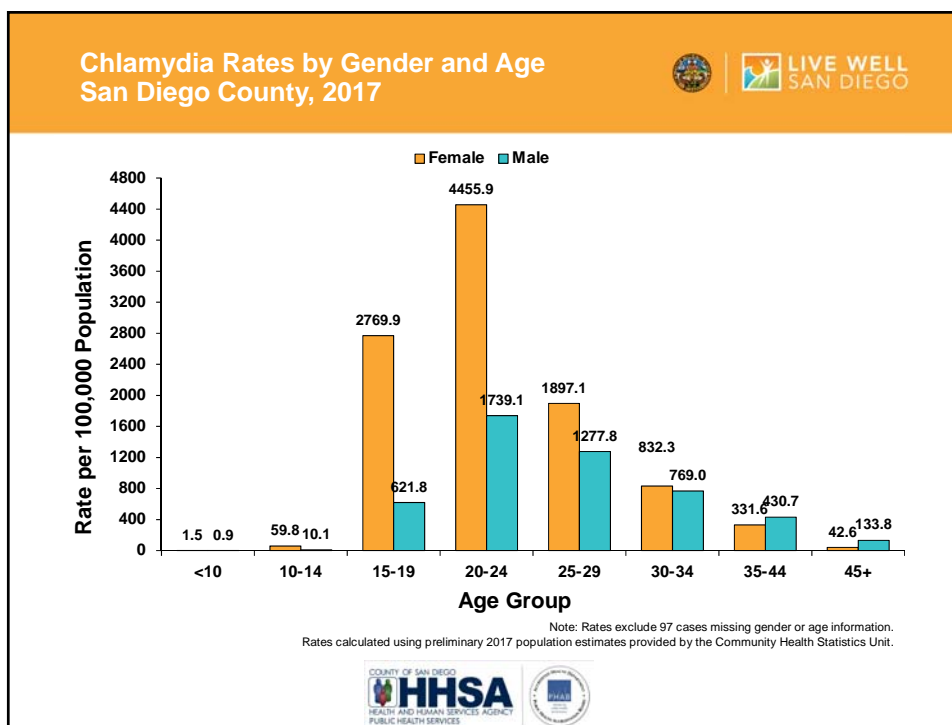
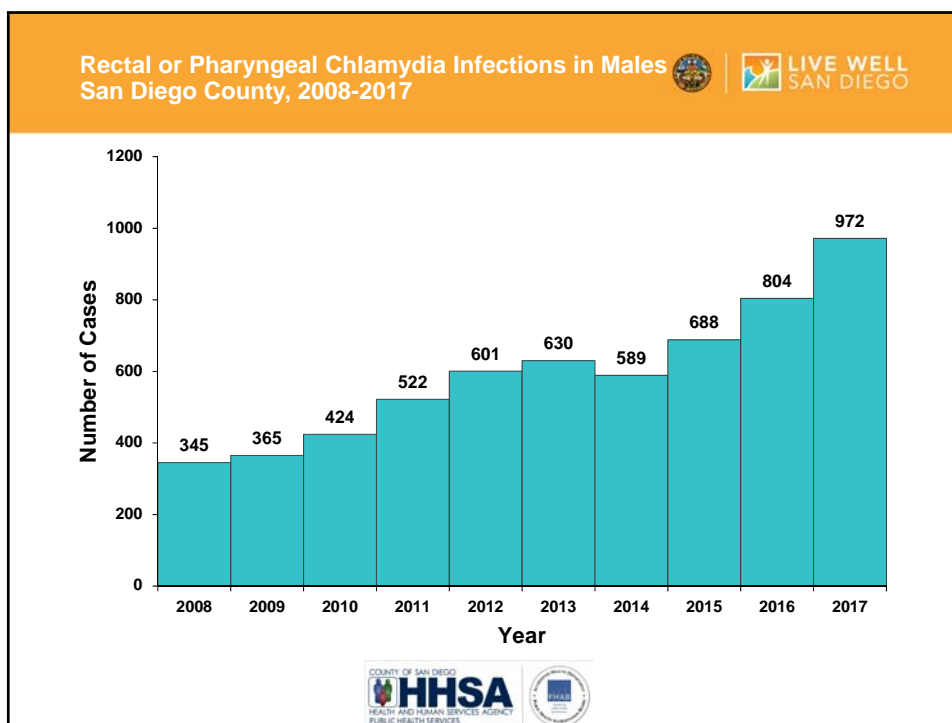


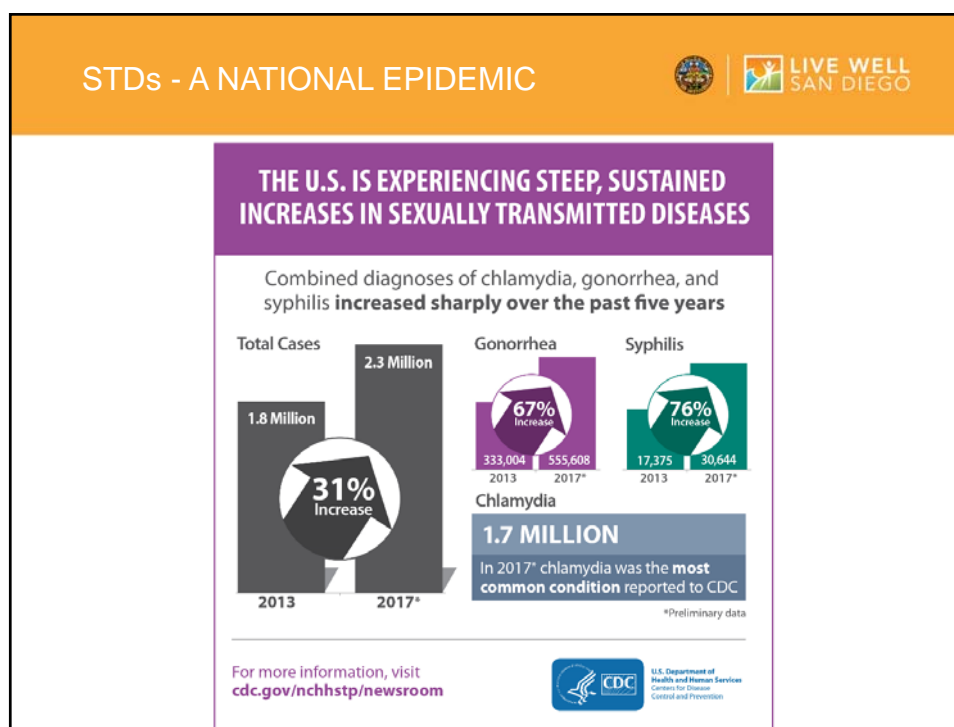
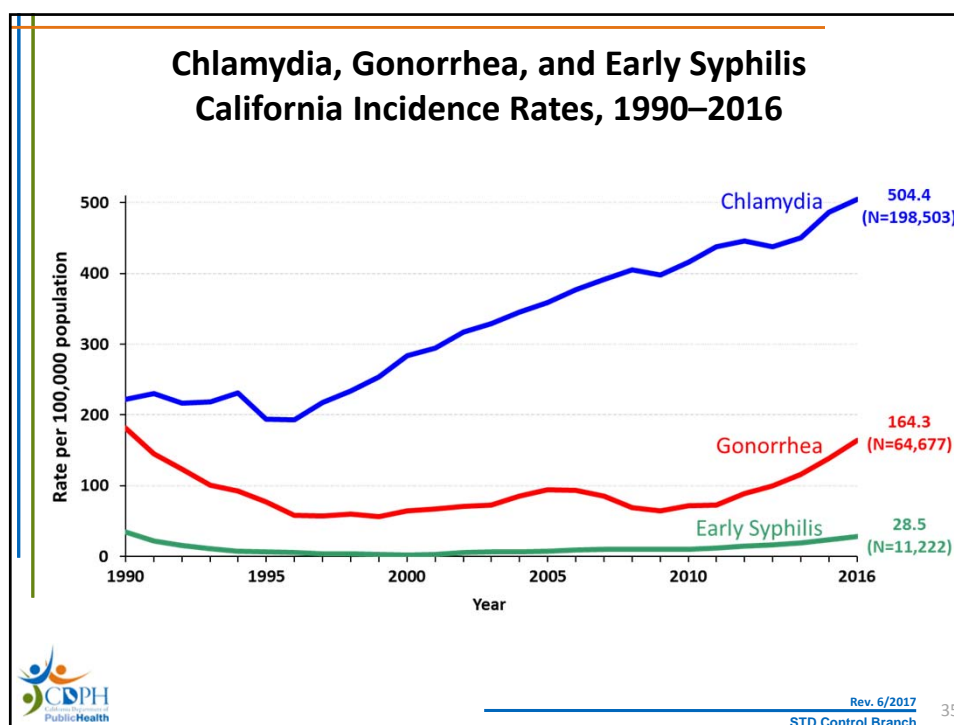
















## STD PROGRAM PRIORITIES

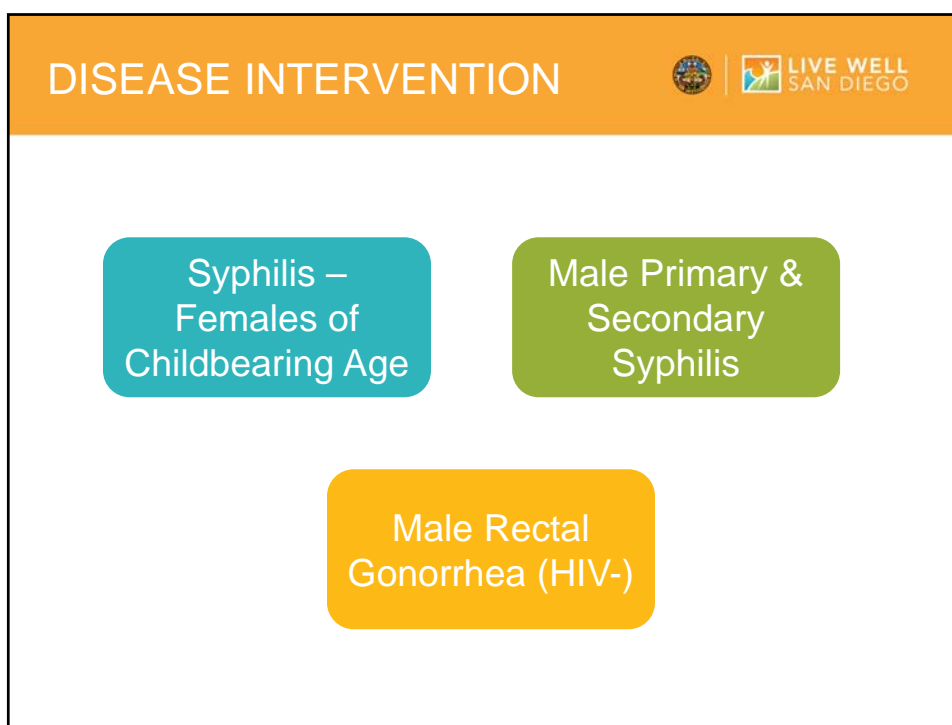


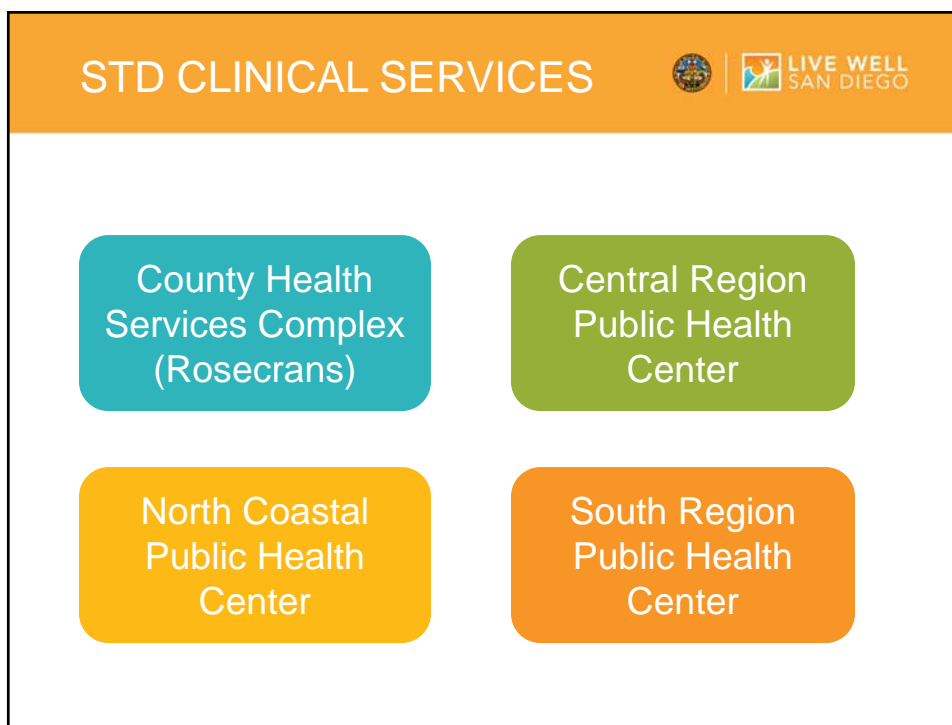
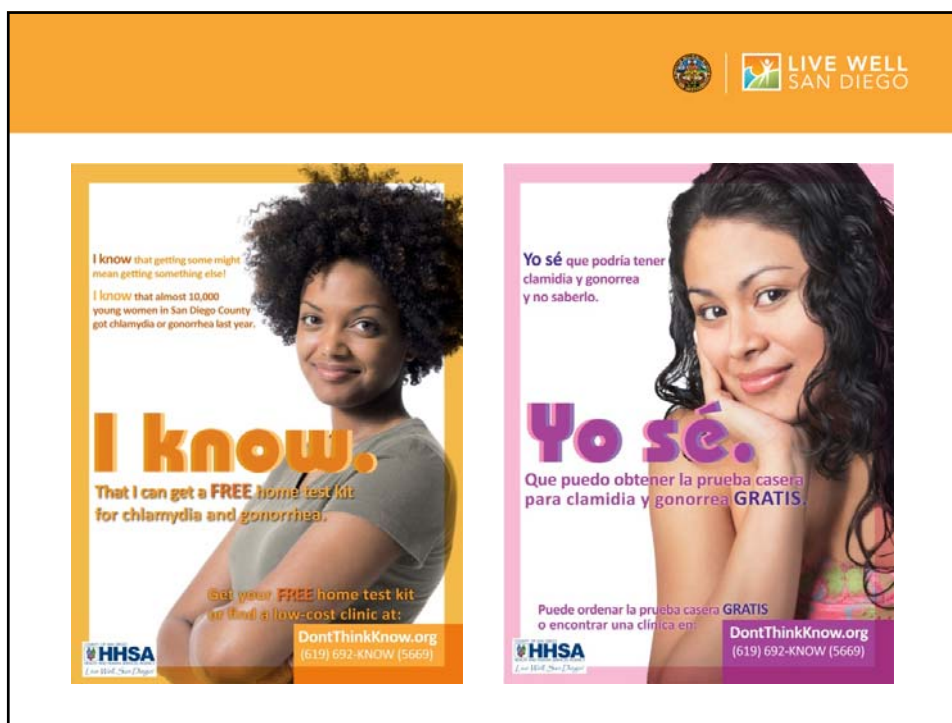
- Prevent congenital syphilis
- Prevent other complications of syphilis (neuro, ocular disease)
- Prevent complications of untreated gonorrhea & chlamydia
- Prevent the development/spread of antibiotic-resistant gonorrhea
- Integrate HIV prevention into STD case investigations
- Ensure availability of testing & treatment services
- Support & educate local healthcare providers

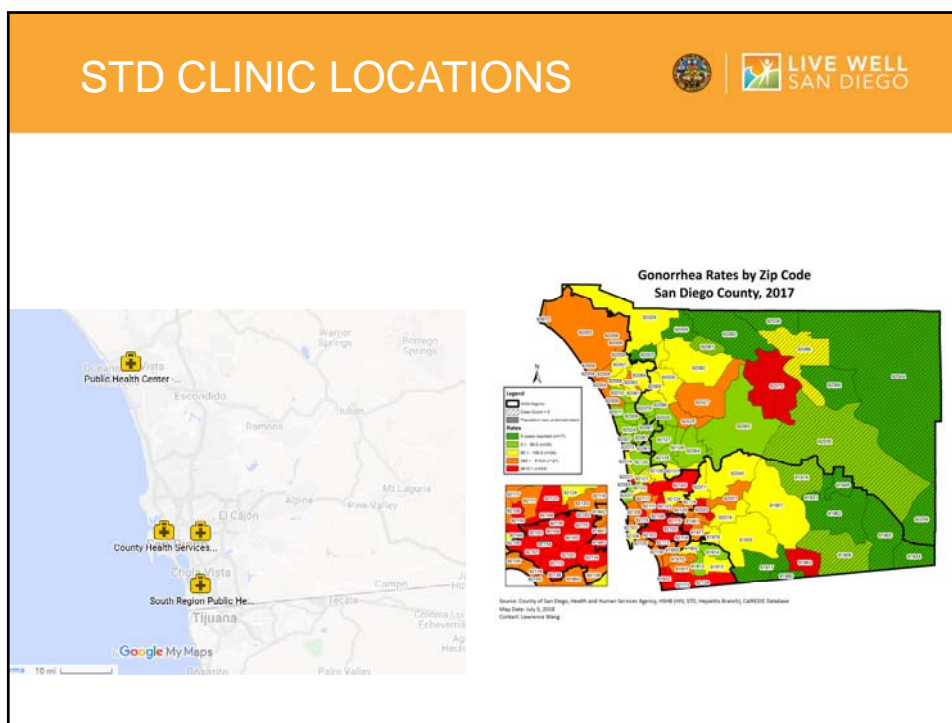
## SURVEILLANCE



- Active STD Case Surveillance
- Gonococcal Isolate Surveillance Project (GISP)
- California Gonorrhea Surveillance System (CGSS)







## PROVIDER SUPPORT

STD Consultation  
Pager

Syphilis Histories

Clinical Training

Coming Soon:  
Public Health  
Detailing

