LET’S TALK ABOUT S.E.X.

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Youth Risk Behavior Survey (‘05-’13)
9th-12th grade students

- 40% have “done it”
- 12% have had 4 or more sexual partners in life
- 27% have had 1 or more sexual partners in the last 3 months
- 60% used condoms the last time they had sex
- 13% were not using any birth control the last time they had sex
- 25% used alcohol/drugs right before they last had sex
- 78% have been taught about abstinence in school
- 34% have talked with parents or other adults
- 13% have ever been tested for STD/HIV
SEXUAL INTERCOURSE

- sexual activity between two people; especially: sexual activity in which a man puts his penis into the vagina of a woman (2015 Merriam-Webster)
NO GLOVE, NO LOVE

- Chlamydia
- Gonorrhea
- Syphilis
- HIV
- Herpes
- HPV
- Pregnancy
- Enteric Diarrheal Illnesses
- Ebola
Figure 3. Chlamydia — Rates of Reported Cases by State, United States and Outlying Areas, 2013

http://www.cdc.gov/std/stats13/default.htm
Figure 4. Chlamydia — Rates of Reported Cases by County, United States, 2013

Rate per 100,000 population:
- \( \leq 300.0 \) (n = 1,755)
- 300.1-400.0 (n = 521)
- >400.0 (n = 866)
2014

TOTAL = 4,167

January – July 2015 = 2,251
Figure 14. Gonorrhea – Rates of Reported Cases by State, United States and Outlying Areas, 2013

http://www.cdc.gov/std/stats13/default.htm
Figure 15. Gonorrhea – Rates of Reported Cases by County, United States, 2013

1. Dewey
2. Corson
3. Shannon
4. Todd
5. Ziebach
6. Buffalo
7. Walworth
8. Bennett
9. Jackson
10. Charles Mix
2014
TOTAL = 891

Male, Female, 15-39 yrs, AI, White, Other Race

January – July 2015 = 587
Figure 34. Primary and Secondary Syphilis — Rates of Reported Cases by State, United States and Outlying Areas, 2013

http://www.cdc.gov/std/stats13/default.htm
Figure 35. Primary and Secondary Syphilis — Rates of Reported Cases by County, United States, 2013

1. Corson  
2. Douglas  
3. Shannon  
4. Marshall  
5. Charles Mix  
6. Minnehaha  
7. Todd  
8. Davison  
9. Coddington  
10. Lincoln
2014

TOTAL = 95

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
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<tbody>
<tr>
<td>Male</td>
<td>50</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
</tr>
<tr>
<td>15-39 yrs</td>
<td>70</td>
</tr>
<tr>
<td>AI</td>
<td>60</td>
</tr>
<tr>
<td>White</td>
<td>10</td>
</tr>
<tr>
<td>Other Race</td>
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</table>

<table>
<thead>
<tr>
<th>Year 2014</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Primary</td>
<td>38</td>
</tr>
<tr>
<td>Secondary</td>
<td>15</td>
</tr>
<tr>
<td>Early Latent</td>
<td>23</td>
</tr>
<tr>
<td>Congenital</td>
<td>3</td>
</tr>
<tr>
<td>Late</td>
<td>16</td>
</tr>
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</table>

January – July 2015 = 35

<table>
<thead>
<tr>
<th>Year 2015</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>13</td>
</tr>
<tr>
<td>Secondary</td>
<td>14</td>
</tr>
<tr>
<td>Early Latent</td>
<td>5</td>
</tr>
<tr>
<td>Late Latent</td>
<td>3</td>
</tr>
</tbody>
</table>
Rates of Diagnoses of HIV Infection Among Adults and Adolescents, by Area of Residence, 2013
United States and 6 Dependent Areas

N = 47,957       Total rate = 18.0

Notes: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.
Inset maps not to scale. Map colors based on www.colorbrewer2.org

Per 100,000 population
- 0.0 - 4.9
- 5.0 - 9.8
- 9.9 - 19.1
- 19.2 - 109.2

Data classed using quartiles
Rates of Stage 3 (AIDS) Classifications Among Adults and Adolescents with HIV Infection, by Area of Residence, 2013
United States and 6 Dependent Areas

N= 27,128      Total rate = 10.2

Notes: Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.
Inset maps not to scale. Map colors based on www.colorbrewer2.org
31 new HIV/AIDS cases were reported in 2014.

12 Females
19 Males

550 people are estimated to be living with HIV/AIDS in South Dakota.

*Disproportionately impacted by HIV/AIDS:*
- Blacks: 23% of living cases, 1% of the population.
- Native Americans: 16% of living cases, 9% of the population.

*Late Testers:* Persons who are diagnosed with AIDS within 12 months of their initial HIV diagnosis, were 28% of all cases, 2010 through 2014.
74% of South Dakotans have never been tested for HIV
Prevention, Education, & Treatment

THEN ....
...AND NOW.
Prevention & Control Strategy

Identify Infections → Treat Patient → Treat Partners

- Ongoing Transmission
- Adverse Outcomes
- Reinflection 30% CT 40% GC
- Increased HIV Risk
- Congenital Syphilis or Stillbirths
- Increased economic burden due to STD’s and HIV
CDC ENCOURAGES ALL PROVIDERS TO:

- Decrease the STD burden by scaling up STD screening by private providers.
- Have the “sex talk”– symptoms, prior STD history, risk, anatomic sites, partners.
- Make the most of your urine.
- Treat – according to CDC’s updated treatment guidelines.
- Evaluate and treat all patients’ sex partners from the previous 60 days.
- Suspected GC treatment failure – obtain cultures and call state STD program
- Provide sexual health education, counseling, and condoms to patients.
- Report STD’s, treatment, and partner information to the state STD program
<table>
<thead>
<tr>
<th>Category</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women</strong></td>
<td>• Sexually active women under 25 years of age&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• Sexually active women aged 25 years and older if at increased risk&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• Retest approximately 3 months after treatment&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Pregnant Women</strong></td>
<td>• All pregnant women under 25 years of age&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• Pregnant women, aged 25 and older if at increased risk&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• Retest during the 3rd trimester for women under 25 years of age or at risk&lt;sup&gt;3,4&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• Pregnant women with chlamydial infection should have a test-of-cure 3-4 weeks after treatment and be retested within 3 months&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>• Consider screening young men in high prevalence clinical settings&lt;sup&gt;5&lt;/sup&gt; or in populations with high burden of infection (e.g. MSM)&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Men Who have Sex With Men (MSM)</strong></td>
<td>• At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• Every 3 to 6 months if at increased risk&lt;sup&gt;7&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Persons with HIV</strong></td>
<td>• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• More frequent screening for might be appropriate depending on individual risk behaviors and the local epidemiology&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>Group</td>
<td>Recommendations</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>• All pregnant women at the first prenatal visit(^{11})</td>
</tr>
<tr>
<td></td>
<td>• Retest early in the third trimester and at delivery if at high risk(^{12})</td>
</tr>
<tr>
<td>Men Who have Sex With Men (MSM)</td>
<td>• At least annually for sexually active MSM(^{13})</td>
</tr>
<tr>
<td></td>
<td>• Every 3 to 6 months if at increased risk(^{7})</td>
</tr>
<tr>
<td>Persons with HIV</td>
<td>• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter(^{14,15,16})</td>
</tr>
<tr>
<td></td>
<td>• More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology(^{13})</td>
</tr>
<tr>
<td>HIV</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------------------</td>
</tr>
</tbody>
</table>
| **Women**          | - All women aged 13-64 years (opt-out)**18
|                    | - All women who seek evaluation and treatment for STDs**19 |
| **Pregnant Women** | - All pregnant women should be screened at first prenatal visit (opt-out)**20
<p>|                    | - Retest in the third trimester if at high risk<strong>21 |
| <strong>Men</strong>            | - All men aged 13-64 (opt-out)<strong>18       |
|                    | - All men who seek evaluation and treatment for STDs</strong>19 |
| <strong>Men Who have Sex With Men (MSM)</strong> | - At least annually for sexually active MSM if HIV status is unknown or negative and the patient himself or his sex partner(s) have had more than one sex partner since most recent HIV test</strong>22 |</p>
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</tr>
<tr>
<td></td>
<td>• Sexually active women age 25 years and older if at increased risk&lt;sup&gt;9&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• Retest 3 months after treatment&lt;sup&gt;10&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>• All pregnant women under 25 years of age and older women if at increased risk&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• Retest 3 months after treatment&lt;sup&gt;10&lt;/sup&gt;</td>
</tr>
<tr>
<td>Men Who have Sex With Men (MSM)</td>
<td>• At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use&lt;sup&gt;10&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>• Every 3 to 6 months if at increased risk&lt;sup&gt;7&lt;/sup&gt;</td>
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2015 STD TREATMENT GUIDELINES

# Chlamydia

## Recommended Regimens

- **Azithromycin** 1 g orally in a single dose
  - OR
- **Doxycycline** 100 mg orally twice a day for 7 days

## Alternative Regimens

- **Erythromycin** base 500 mg orally four times a day for 7 days
  - OR
- **Erythromycin** ethylsuccinate 800 mg orally four times a day for 7 days
  - OR
- **Levofloxacin** 500 mg orally once daily for 7 days
  - OR
- **Ofloxacin** 300 mg orally twice a day for 7 days
### Recommended Regimen

- **Ceftriaxone** 250 mg IM in a single dose
  PLUS
- **Azithromycin** 1g orally in a single dose

### Alternative Regimens

If ceftriaxone is not available:
- **Cefixime** 400 mg orally in a single dose
  PLUS
- **Azithromycin** 1 g orally in a single dose

IgE-mediated penicillin allergy. Potential therapeutic options are dual treatment with single doses of oral gemifloxacin 320 mg plus oral azithromycin 2 g or dual treatment with single doses of intramuscular gentamicin 240 mg plus oral azithromycin 2 g (569). Spectinomycin for treatment of
### Recommended Regimens for Adults*

#### Early Latent Syphilis

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzathine penicillin G</td>
<td>2.4 million units IM in a single dose</td>
</tr>
</tbody>
</table>

#### Late Latent Syphilis or Latent Syphilis of Unknown Duration

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzathine penicillin G</td>
<td>7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals</td>
</tr>
</tbody>
</table>

### Recommended Regimens

#### Aqueous crystalline penicillin G

- 100,000–150,000 units/kg/day, administered as 50,000 units/kg/dose IV every 12 hours during the first 7 days of life and every 8 hours thereafter for a total of 10 days
- OR

#### Procaine penicillin G

- 50,000 units/kg/dose IM in a single daily dose for 10 days
PARTNER FOLLOW-UP

- For CT and GC – focus on partners in last 60 days
- Provider-assisted referral
  - Provider notifies sex partners
  - Partners go to clinic for test/treat
- Patient-referral
  - Patient notifies sex partners
  - Partners go to clinic for test/treat
- DOH DIS-referral
  - Patient tells DIS who their partners are
  - DIS notifies sex partners
  - Partners go to DOH or clinic for test/treat

Estimated that ~40% of partners are not treated
EPT

“EXPEDITED PARTNER THERAPY IS THE PRACTICE OF TREATING THE SEX PARTNERS OF PERSONS WITH STD’S WITHOUT AN INTERVENING MEDICAL EVALUATION OR PROFESSIONAL PREVENTION COUNSELING.”
STD PROGRAM

 Hearts EPT

“Expedited Partner Therapy is the practice of treating the sex partners of persons with STD’s without an intervening medical evaluation or professional prevention counseling.”

More likely to report that all of their sexual partners were treated than those who were told to refer their partners for treatment

EPT associated with:

• Increased frequency of patient-reported partner notification & treatment
• Fewer re-infections

- Script called into pharmacy
- Pick up meds at providers office – “quick visit”
  - No need for exam or the expense
- Dept. of Health – DIS office walk-in’s
- Patient Delivered Therapy (PDT)
JOIN GYT!
>> SIGN UP TODAY

http://www.itsyoursexlife.com/gyt/

https://www.facebook.com/GYTnow