25. Sexually Transmitted Diseases

Goal

A society where healthy sexual relationships free of infection is the standard.

Overview

In 2004, sexually transmitted disease (STD), specifically chlamydia and gonorrhea, remained among the top ten most frequently reported communicable diseases in Kentucky. Also of significance was the number of persons diagnosed with AIDS/HIV disease and patients reported with infectious (primary or secondary) syphilis. Because of the frequency of asymptomatic disease, screening programs are of vital importance in controlling gonorrhea and chlamydia infections. Screening programs for gonorrhea using the culture method were begun in Kentucky in the late 1960s. Programs were expanded to include screening for chlamydia infection in the late 1980s via an improved testing modality known as nucleic acid probes which enabled testing for both infections from the same specimen. Further refinement in the nucleic acid probe technique has led to the development of amplified nucleic acid probe testing (a more sensitive screening test) which enables detection of chlamydia and gonorrhea from both urine specimens as well as from specimens collected from exposed sites.

The medical management of patients diagnosed with chlamydia, gonorrhea, and early syphilis (and their sexual partners) has been greatly enhanced by the use of single-dose regimens for treatment which have been in use since the early 1990s.

Sustained transmission of syphilis does not occur in most parts of Kentucky, but sporadic outbreaks continue to occur. Seventy one patients were diagnosed with early syphilis in Kentucky in calendar year 2004. The early syphilis cases were patients who had their infection less than one year and who potentially could have spread infection to their sexual partner(s). Only 14 (11.7 percent) of Kentucky's 120 counties reported early syphilis cases in 2004. Jefferson county residents accounted for 48 (67.6 percent) of the total, and residents of Fayette county were a distant second in reports with 7 cases (9.9 percent).

Summary of Progress

The incidence of chlamydia, gonorrhea, and syphilis has decreased from 2000 to 2004. In 2004 based on a population of 4,145,922 and 6470 chlamydia case reports, the incidence rate was 156.1 per 100,000 population. In 2003 the rate was 216.6 per 100,000 (8756 cases were reported). In 2004, 2758 gonorrhea cases were reported among Kentuckians for a rate of 66.5 per 100,000 population. Use of the more sensitive amplified nucleic acid probe test for gonorrhea detection will likely result in an

increased number of cases detected and an increased incidence rate for gonorrhea through 2008.

Based on 47 primary and secondary syphilis cases reported in 2004, the rate per 100,000 population was 1.8 compared with 0.82 in 2003 when 33 cases were reported. Sporadic outbreaks in sub-populations in urban areas will likely continue. One case of congenital syphilis in a neonate was reported in calendar year 2004 among 53,654 recorded live births for a rate of only 1.8 per 100,000 live births.

Progress toward Achieving Each HK 2010 Objective

25.1. Reduce the incidence of *Chlamydia trachomatis* infections to no more than 140 cases per 100,000 population.

Data Source: Kentucky Electronic Public Health Records System (KYEPHRS)

Baseline: 197.8 per 100,000 in 2000

HK 2010 Target: 140 per 100,000

Mid-Decade Status: 156.1 per 100,000 in 2004

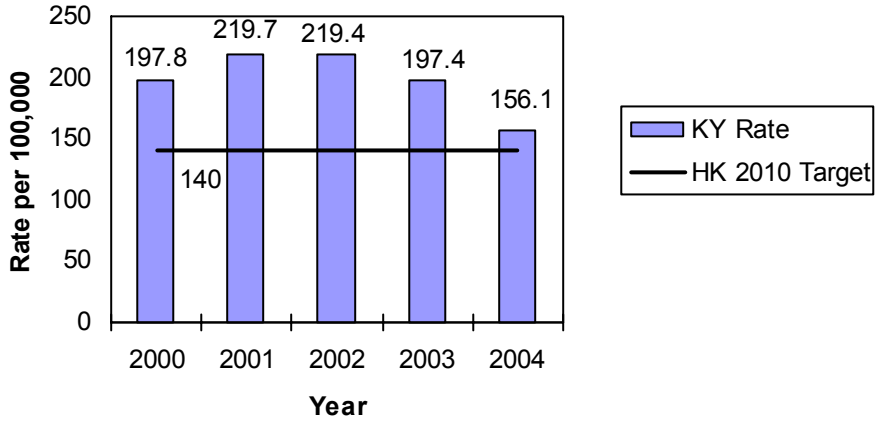

Figure 25.1 Chlamydia Incidence per 100,000, Kentucky, 2000-2004, (Source: KYEPHRS)

Strategies to Achieve Objective:

- Continue screening programs in local health department prenatal, family planning, cancer screening, and STD clinics
- Ensure that male and female patients presenting with urethritis or cervicitis in local health departments are provided with a regimen of therapy adequate to treat both gonorrhea and chlamydia infection

- Counsel every patient about the need to refer recent sex partners for examination
- Educate providers other than health departments to adopt similar screening and referral measures
- Develop quality assurance measures and testing incentives to help providers apply the above measures, especially to groups with elevated risk of infection

25.2. Reduce the incidence of gonorrhea to no more than 55 per 100,000 population.

Data Source: KYEPHRS

Baseline: 99.3 per 100,000 in 2000

HK 2010 Target: 55.0 per 100,000

Mid-Decade Status: 66.5 per 100,000 in 2004

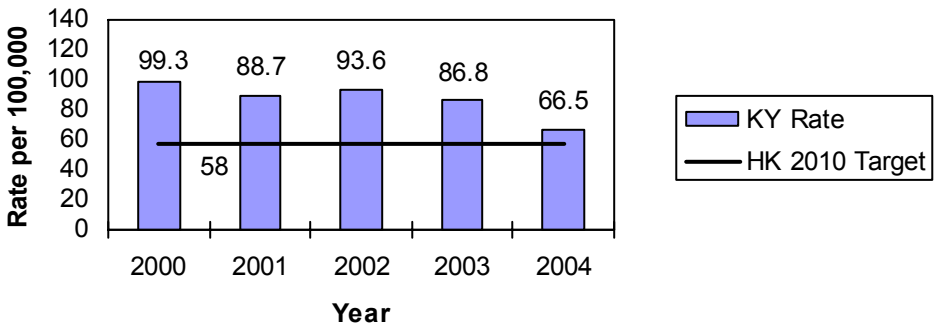

Figure 25.2 Gonorrhea Incidence per 100,000, Kentucky, 2000-2004, (Source: KYEPHRS)

Strategies to Achieve Objective:

- Same as for chlamydia--Objective 25.1.

25.3. Reduce the incidence of primary and secondary syphilis to no more than 0.27 cases per 100,000 population.

Data Source: KYEPHRS

Baseline: 2.1 per 100,000 in 2000

HK 2010 Target: 0.27 per 100,000

Mid-Decade Status: 1.8 per 100,000 in 2004

Strategies to Achieve Objective:

- Interview all patients diagnosed with infectious or early syphilis disease; rapidly refer all sex partners for examination and treatment
- Ensure increased condom distribution and risk-reduction interventions in areas of elevated infectious syphilis incidence (as compared to the rest of the state)
- Offer syphilis testing within 5 days of incarceration in areas of elevated incidence
- Ensure prompt reporting by laboratories of reactive syphilis serologies and immediate follow-up on those with the greatest potential for infectious case detection

25.4. Reduce the incidence of congenital syphilis to a level not exceeding 2 cases per 100,000 live births.

Data Source: KYEPHRS

Baseline: 11.4 per 100,000 live births in 1997

HK 2010 Target: 2 per 100,000 live births

Mid-Decade Status: 1.8 per 100,000 live births in 2004

Strategies to Achieve Objective:

- Ensure that follow-up of pregnant patients with reactive serologies is begun within 24 hours of receipt of the lab report
- Follow every reactive serology to a medical disposition
- Ensure that every pregnant woman with syphilis is adequately treated and that recent sexual partners are provided with examination and treatment as needed
- Encourage public and private health care providers to obtain third trimester syphilis tests on all pregnant patients considered at risk for syphilis infection

25.5. (Developmental) **Reduce by 30 percent the incidence of neonatal chlamydia pneumonia and chlamydia opthalmia neonatorum and by 55% the incidence of gonococcal opthalmia neonatorum**. **(See Revision)**

25.5R. (REVISION) Reduce to 0 the incidence of chlamydial opthalmia neonatorum and gonococcal opthalmia neonatorum.

Reason for Revision: The objective for chlamydial pneumonia is omitted because the incidence cannot be adequately determined. The targets were changed for chlamydial opthalmia neonatorum and gonococcal opthalmia neonatorum because at baseline there was only one case for each condition.

Data Source: KYEPHRS

Baseline:
chlamydial opthalmia neonatorum: 1.8 per 100,000 live births in 2000
gonococcal opthalmia neonatorum: 1.8 per 100,000 live births in 2000

HK 2010 Target: 0

Mid-Decade Status:
chlamydial opthalmia neonatorum: 0 cases in 2004
gonococcal opthalmia neonatorum: 0 cases in 2004

Strategies to Achieve Objective:

- Ensure that all local health department prenatal patients are screened in the first and third trimesters of pregnancy and that those who test positive are immediately returned for treatment
- Ensure that recent sex partners (those within the past 60 days) of the infected prenatal patient are located quickly and referred for examination and treatment
- Educate providers other than public health care providers to adopt similar procedures
- Develop quality assurance measures and testing incentives to assist providers in implementing the above procedures

25.6. (Developmental) **Increase by 50 percent the proportion of schools serving youth in grades 7-12 in which STD detection, treatment, and counseling is available onsite or through referral arrangements made with other providers. (DELETED)**

Reason for Deletion: Ongoing efforts are made and will be continued, but establishing onsite treatment and counseling at schools would be very unlikely.

25.7. (Developmental) **Increase by 50 percent the proportion of Medicaid Managed Care Partnership agreements or Medicaid contracts ensuring coverage and provider reimbursement for STD prevention counseling, STD screening of individuals, and, when**

indicated, their treatment and treatment of their sex partners. (DELETED)

Reason for Deletion: No reliable data source is available, and none is expected in the near future

25.8. (Developmental) **Increase to at least 50 percent the number of schools for health providers (medical, osteopathy, nursing, family planning nurse practitioners, nurse midwives, and physician assistants) with both required sexual health teaching and clinical experience in STD services. (DELETED)**

Reason for Deletion: No reliable data source is available, and none is expected in the near future.

25.9. (Developmental) **Increase by 25 percent the proportion of sexually active women under the age of 25 who are screened annually for genital chlamydia infection in family planning clinics(other than in health departments), community health centers, university health centers, Department of Defense health clinics for active duty military personnel, and managed care plans. (DELETED)**

Reason for Deletion: No reliable data source is available, and none is expected in the near future.

25.10. (Developmental) **Decrease by 50 percent the proportion of pregnant women not screened for chlamydia and gonorrhea during prenatal visits in community health centers, Department of Defense clinics for active military personnel, and managed care plans. (DELETED)**

Reason for Deletion: No reliable data source is available, and none is expected in the near future.

25.11. (Developmental) **Increase by 50 percent the number of youth detention facilities and adult city or urban county jails and rural jails in counties with STD incidence above the state average in which screening for common bacterial STDs is conducted within 5 days of admission and treatment, when necessary, is provided before release. (DELETED)**

Reason for Deletion: No reliable data source is available, and none is expected in the near future.

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25. Sexually Transmitted Diseases – Summary Table

Summary of Objectives for Sexually Transmitted Diseases	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
25.1. Reduce the incidence of *Chlamydia trachomatis* infections to no more than 140 cases per 100,000 population.	197.8/ 100,000 (2000)	≤140/ 100,000	156.1/ 100,000 (2004)	Yes	KYEPHRS
25.2. Reduce the incidence of gonorrhea to no more than 55 per 100,000 population.	99.3/ 100,000 (2001)	≤55/ 100,000	66.5/ 100,000 (2004)	Yes	KYEPHRS
25.3. Reduce the incidence of primary and secondary syphilis to no more than 0.27 cases per 100,000 population.	2.1/ 100,000 (2000)	≤.27/ 100,000	1.8/ 100,000 (2004)	Yes	KYEPHRS
25.4. Reduce the incidence of congenital syphilis to a level not exceeding 2 cases per 100,000 live births.	11.4/ 100,000 (1997)	≤2/ 100,000	1.8/ 100,000 (2004)	Target Achieved	KYEPHRS
25.5R. Reduce to 0 the incidence of chlamydial opthalmia neonatorum and gonococcal opthalmia neonatorum.					
chlamydial opthalmia neonatorum	1.8/ 100,000 live births (2000)	0	0 (2004)	Target Achieved	KYEPHRS
gonococcal opthalmia neonatorum	1.8/ 100,000 live births (2000)	0	0 (2004)	Target Achieved	KYEPHRS
25.6 – 25.11. (DELETED)					

R = Revised objective