

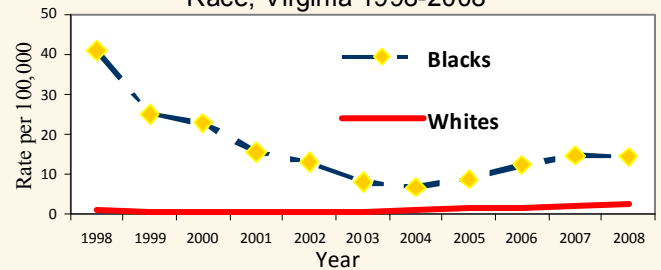
Total Early Syphilis (TES): Primary, Secondary and Early Latent Syphilis



TES Trends

- In the United States, Syphilis remains a disproportionate problem, primarily in the South, as well as other urban areas of the country.
- In 2008, Virginia reported Total Early Syphilis (TES) diagnoses increased by 23%, from 407 in 2007 to 499 cases in 2008.
- The incidence rate of TES cases reported in Virginia dramatically decreased during the 1990s. However, the rate more than doubled since 2002, from 2.3 to 6.4 per 100,000 population in 2008.
- Increases in rates between 2002 and 2008 were observed primarily among men, where the incidence rate increased by approximately 4 times (from 3.0 cases per 100,000 to 11.6 cases per 100,000 population) and Blacks, where the rate increased by approximately 3 times (from 8 per 100,000 to 21.3 per 100,000) (Figure 1). Such trends among men may be indicative of rising syphilis incidence among Men who have Sex with Men (MSM).
- Since 2002, the rate of TES has tripled in Virginia's Southwest and Central regions.

Figure 1: Total Early Syphilis Rates by Race, Virginia 1998-2008



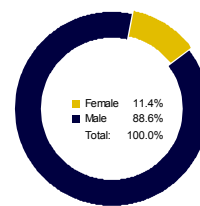
Disease Demographics

- In 2008, 499 TES cases were reported in Virginia, the majority of which were males (86%), Black (67%), 20 to 29 years old (41%), and lived in the Eastern (35%) or Central (35%) regions.
- Black males represent approximately two thirds of the total reported cases in 2008 (65%). Approximately half of reported cases among Black males were 15 to 24 years old (39%).
- Among Virginians, males are 8 times more likely to be diagnosed with TES than females, and Blacks are 10 times more likely than Whites.
- Black males are 13 times more likely to be diagnosed with TES than White males, and Hispanic males are 2 times more likely than White males.
- Ten times as many TES diagnoses occurred in 15 to 24 years Black males compared to their White counterparts.
- People living within census tracts where 20 to 100% of the population live below poverty are 5 times more likely to be diagnosed with TES than those living within census tract where less than 5% of the population live below poverty.
- 30% of people reported with TES are also co-infected with HIV.

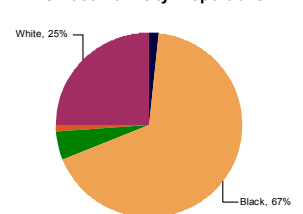
National Challenges

- In recent years, MSM have accounted for an increasing number of estimated syphilis cases in the United States and now account for 65% of syphilis cases.
- The estimated proportion of syphilis cases attributable to MSM increased from 4% in 2000 to 62% in 2004.
- Increases in cases among MSM have been characterized by high rates of HIV co-infection and high-risk sexual behavior
- Despite the majority of U.S. syphilis cases occurring among MSM, syphilis among heterosexuals is an emerging problem given the recent increases among women and infants.

TES Gender Proportions



TES Race/Ethnicity Proportions



Likelihood of TES Diagnoses

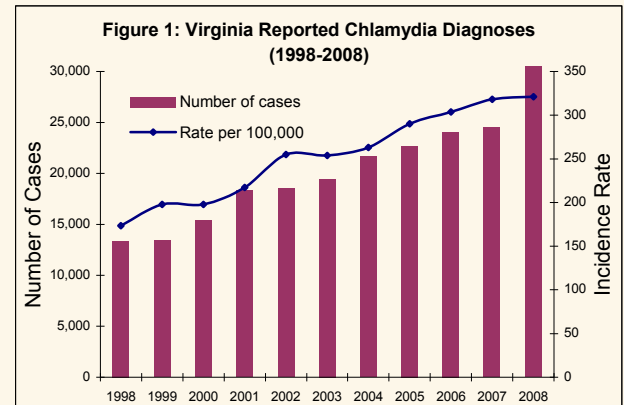
- Black males: [10 human icons]
- Hispanic males: [2 human icons]
- White males: [1 human icon]

Testing and Treatment call: 1-800-533-4148 or local health department
Find a STD/HIV testing site near you: www.hivtest.org



Chlamydia Trends

- Chlamydia remains the most commonly reported infectious disease in Virginia. In 2008, Virginia reported Chlamydia diagnoses increased by 27%: from 24,524 in 2007 to 31,197 cases in 2008, the highest number ever reported in Virginia.
- Virginia reported Chlamydia diagnoses continue to rise (Figure 1). The number of reported cases more than doubled between 1998 and 2008 (from 13,370 to 31,197 cases); this was also reflected in the incidence rates for the same period (from 173 per 100,000 to 320 per 100,000 population).
- Despite the increasing trends, the true number of annual infections remains under reported. While it is expected that more females will be tested than males because of current screening criteria, the number of males screened continues to increase. This is reflected in the increased incidence rate among males, which is about 3 times higher in 2008 compared to 1998.



Disease Demographics

- In 2008, the majority of reported Chlamydia diagnoses in Virginia were females (75%), 20 to 29 years (55%), Black (51%), and lived in the Eastern region (41%).
- Black females represent over one third of the reported cases in 2008 (36%). Approximately half of reported cases among Black females were 15 to 19 years old (39%).
- Among Virginians, females are 3 times more likely to be diagnosed with Chlamydia than males, and Blacks are 9 times more likely than Whites.
- Black females are 8 times more likely to be diagnosed with Chlamydia than White females, and Hispanic females are 3 times more likely than White females (Figure 2).
- Black males are 13 times more likely to be diagnosed with Chlamydia than White males, and Hispanic males are 3 times more likely than White males (Figure 3).
- People living within census tracts where 20 to 100% of the population live below poverty are 4 times more likely to be diagnosed with Chlamydia than those living within census tract where less than 5% of the population live below poverty.

Challenges in Interpreting Chlamydia trends

- As Chlamydia test technology has advanced, tests have become more sensitive. Thus, we are more likely to detect cases that may have been previously missed by older test technologies.
- Nationally, Chlamydia is both under detected and under reported. This is due to a variety of issues: the common asymptomatic nature of the disease makes detection difficult; presumptive treatment for persons diagnosed with other sexually transmitted infections (e.g., gonorrhea); and screening programs that have historically been limited to high-risk females and male partners of infected women.

Figure 2. Likelihood of Chlamydia Diagnoses, Females

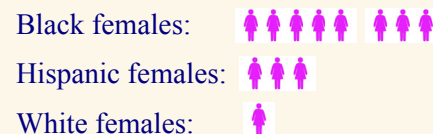
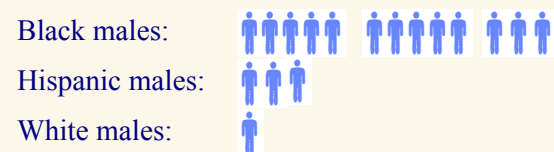


Figure 3. Likelihood of Chlamydia Diagnoses, Males

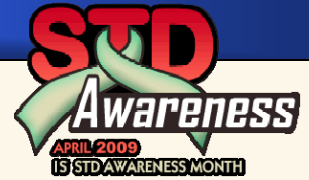


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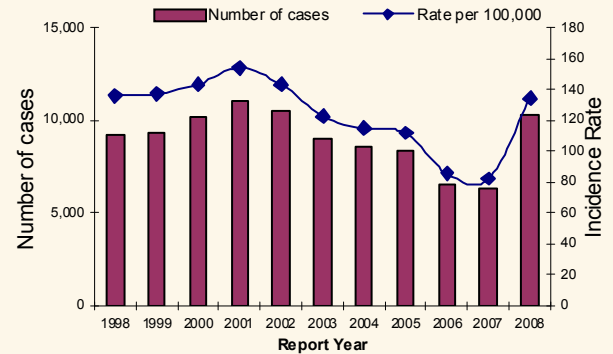
Gonorrhea



Gonorrhea Trends

- Gonorrhea is the second most commonly reported notifiable disease in the United States.
- According to the Centers for Disease Control and Prevention, gonorrhea is substantially under diagnosed and under reported, and approximately twice as many new infections are estimated to occur as are reported each year.
- Gonorrhea rates declined in Virginia between 2001 and 2007 (Figure 1). During 2008, the number of reported cases almost doubled; from 6,258 cases in 2007 to 10,337 cases in 2008. This was also reflected in the incidence rates for the same period (from 82 to 134 cases per 100,000 population).

Figure 1: Virginia Reported Gonorrhea Diagnoses (1998-2008)



Disease Demographics

- In 2008, the majority of reported Gonorrhea diagnoses in Virginia were Black (71%), females (57%), 15 to 24 years old (64%), and lived in the Eastern region (50%).
- Gonorrhea remains the sexually transmitted disease with the largest racial health disparity in Virginia.
- In 2008, Black females accounted for 39% of the total Virginia reported Gonorrhea cases, and Black males accounted for 32%.
- A comparison of age groups indicates the highest gonorrhea incidence rate is among the 20-29 year age group (306 per 100,000), followed by the 10-19 group (177 per 100,000)
- Among Virginians, Black males are 39 times more likely to be diagnosed with Gonorrhea than White males (Figure 2), and Black females are 17 times more likely than White females (Figure 3).
- Hispanic males are 2 times more likely to be diagnosed with Gonorrhea than Whites males (Figure 2), and Hispanic females are 1.5 times more likely than Whites females (Figure 3).
- In Virginia, Black youth (15 to 24 years old) are 20 times more likely to be diagnosed with Gonorrhea than White youth. Black male youth are 39 times more likely to be diagnosed with Gonorrhea than their White counterparts, and Black female youth are 15 times more likely than their White counterparts.
- People living within census tracts where 20 to 100% of the population live below poverty are 11 times more likely to be diagnosed with Gonorrhea than those living within census tract where less than 5% of the population live below poverty.

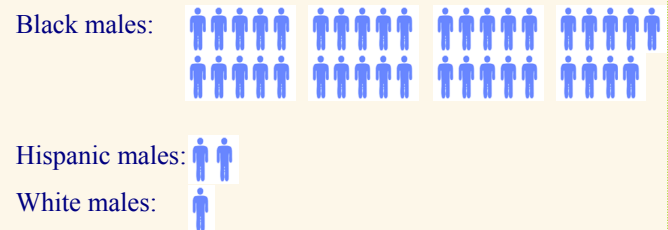
National Challenges

- Increases in drug-resistant strains of gonorrhea has limited treatment to one class of antibiotics.

Figure 3. Likelihood of Gonorrhea Diagnoses, Females



Figure 2. Likelihood of Gonorrhea Diagnoses, Males



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