

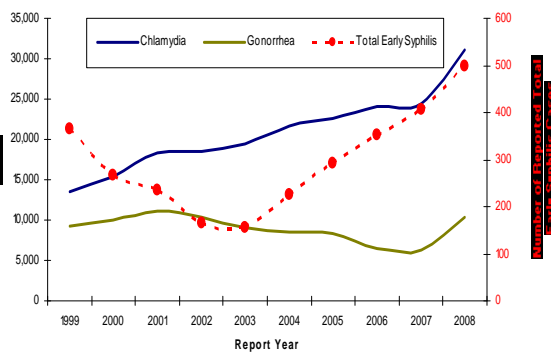
# The Scope of Sexually Transmitted Diseases in Virginia

About 43,000 Virginians were reported as having a gonorrhea, chlamydia, or syphilis infection in 2008 (Figure 1). Although not reportable, about twice that many may be infected with herpes or human papillomavirus (HPV) each year. HPV is the virus that causes cervical cancer. Virginia receives about \$1.9 million in federal funds and \$250,000 in state funds each year for the prevention of Sexually Transmitted Diseases (STD). This amount has remained fairly level for much of the last 10 years.

Responding to syphilis outbreaks early has resulted in enormous success (Figure 2, Lynchburg and Richmond) at a fraction of the cost. For example, a three month response effort in Lynchburg cost about \$70,000, as compared to an estimated more than \$200,000 it would have cost had the response been delayed.

There were no infant deaths in 2008 as a result of syphilis.

Virginia Reported Chlamydia, Gonorrhea, and Total Early Syphilis (TES\*) Cases, 1999-2008



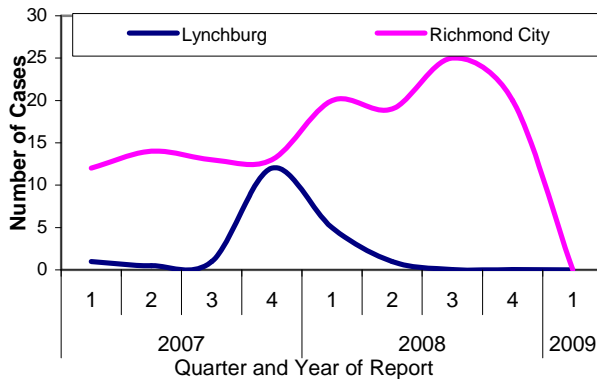
\* TES includes Primary, Secondary and Early Latent Syphilis

Figure 1 – Chlamydia, Gonorrhea, and Syphilis Trends

## Successes:

In 2008, screening for gonorrhea and chlamydia prevented an estimated 20,000 cases and 3,000 infertility-causing complications from occurring. This resulted in a savings of \$9.5 million in direct care costs, or \$8.60 for every dollar invested.

Reported Total Early Syphilis Cases in the Cities of Richmond and Lynchburg, 2007-2008



\* TES includes Primary, Secondary and Early Latent

Figure 2 - Syphilis in Lynchburg and Richmond

80% of all communicable disease reports made to the Virginia Department of Health are STDs.

Chlamydia is the most commonly reported notifiable disease in Virginia and in the United States.

The city of Richmond has ranked #1 nationally for gonorrhea and/or chlamydia rates 9 times since 1992.

## Challenges:

Mirroring national trends, syphilis continues to rise in Virginia, thus increasing the risk for infant deaths. The state and local health departments do not have the resources to mount an adequate response.

According to the Centers for Disease Control and Prevention, one in every four teenage girls is infected with an STD. Missed opportunities for STD screening still prevail (e.g., during emergency contraception visit or in school health clinic).

STDs among Men Who Have Sex with Men (MSM) continue to rise in Virginia. This is fueled in part by confidence in HIV treatments. This is problematic because half of the MSM diagnosed with syphilis also have HIV infection.

African-Americans and Hispanics in Virginia are disproportionately affected by and have higher rates of infection with STDs. For example, blacks are 18 times more likely to have gonorrhea than whites.

# The Scope of Sexually Transmitted Diseases in Virginia

## Programs in Action

### Field Services (FS)

Field Services is responsible for administering federal funds received by Virginia for STD prevention and control. FS directs all aspects of HIV and STD counseling, testing, treatment, and partner services throughout Virginia. They provide training and technical assistance for local health departments.

### STD Surveillance Network (SSuN)

SSuN was established in 2005 as a 3-year demonstration project in 6 sites across the country (including Virginia) to enhance the collective understanding of STDs (gonorrhea and genital warts). Virginia is now part of a 5-year SSuN initiative that aims to build upon the first 3 year project to include all STD data within the sentinel sites.

Spatial analysis of gonorrhea in Richmond has identified disease clusters, and related geographic links to poverty, education, marital status and material deprivation - Townsend Index (Figure 3).

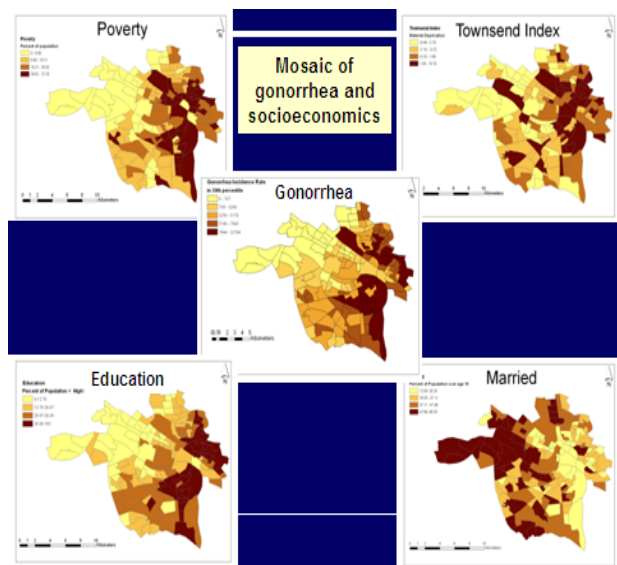


Figure 3 - Spatial analysis in Richmond

### The Gonococcal Isolate Surveillance Project (GISP)

The Centers for Disease Control and Prevention established GISP in 1986 to monitor trends in antimicrobial susceptibilities of strains of gonorrhea in the United States, and to establish a rational basis for the selection of gonococcal therapies.

Since April 2007, the CDC has advised providers not to use fluoroquinolones (ciprofloxacin, ofloxacin, and levofloxacin) for the treatment of gonorrhea, based on data indicating widespread drug resistance in the U.S. Current CDC recommended treatment options for gonorrhea are now limited to a single class of antibiotics, the cephalosporins.

In May 2007, Virginia was named as a new GISP participant to assess gonorrhea resistance in Richmond. The project was implemented at Richmond's STD Clinic in November 2007. Approximately 15-18% of Richmond's isolates have shown to be resistant to ciprofloxacin.

### Infertility Prevention Program (IPP)

Virginia has participated in the U.S. Department of Health and Human Services (HHS) Region III IPP Advisory Committee since 1993. The committee's goal is to assess and reduce the prevalence of chlamydia and associated complications among the states within the region. This is accomplished primarily by screening 100,000 women a year in Virginia public and community-based clinics. IPP funds are also used for outreach, education, and treatment.

### Outbreak Response

The Virginia Epidemiology Response Team (VERT) was created to work with local health departments during disease outbreaks. The team is able to rapidly deploy and provide a quick infusion of personnel and other resources to avert an outbreak. Unfortunately, the team has been in high demand lately and cannot respond to all needs throughout Virginia.