

# Sexually Transmitted Infections

## Santa Cruz County

October 2016



**Public Health**  
Prevent. Promote. Protect.  
Santa Cruz County



Santa Cruz County gonorrhea rates have increased **122%** since 2011, and syphilis rates aren't far behind, increasing 104% since then. Chlamydia has also increased, but not as drastically, by 30% (Table 1). The rise in sexually transmitted infections (STIs) is also happening statewide and nationwide. It is imperative for providers to take a sexual history and apply recommended screening approaches to facilitate treatment and truncate ongoing transmission.

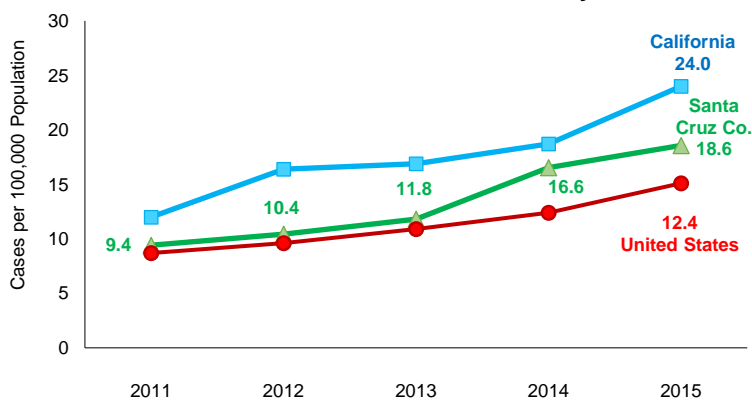
**Table 1: Rates per 100,000 Population and Percent Change, Santa Cruz County, 2011 and 2015**

	2011	2015	% Change
Syphilis*	25	51	↑(104%)
Gonorrhea	81	180	↑(122%)
Chlamydia	744	970	↑(30%)

\* Two of the 2015 syphilis cases also had neurosyphilis which is considered a sequela and not a stage.

**SYPHILIS** infections continue to occur predominantly among men who have sex with men (MSM), accounting for two-thirds of the cases in 2015 (Table 2). However, the female population is not exempt, and our county had one case of congenital syphilis last year -- an outcome that can be prevented through prenatal care, screening and maternal treatment intervention. Demographic groups at-risk include those who have anonymous sex partners (often facilitated by internet dating services), men and women under age 35, and those with HIV/AIDS. For the purposes of this report, "syphilis" refers to all infectious stages (primary, secondary and early latent).

**Figure 1: Syphilis Rates by Year of Diagnosis, United States, California, and Santa Cruz County, 2011-2015**



*"Clinicians play an important role in helping to control the rates of syphilis infection and should focus on screening those at increased risk,"* said U.S. Preventive Services Task Force member Ann Kurth, Ph.D., R.N., M.P.H., in a USPSTF Bulletin on June 7, 2016, when the Task Force made screening all persons at risk for syphilis an "A" recommendation.

**Table 2: Characteristics of Syphilis Cases (n=51), Santa Cruz County, 2015**

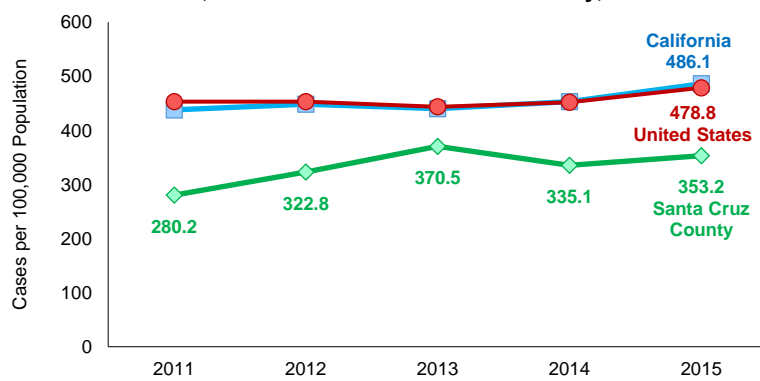
		Count	Percent
<b>SEX</b>	Male	43	84%
	Female	8	16%
<b>AGE</b>	Under 25	15	29%
	25 - 34	16	31%
	35 - 49	10	20%
	50 and Over	10	20%
<b>ETHNICITY</b>	Latino	18	35%
	White	22	43%
	Other ^	11	22%
<b>HIV STATUS</b>	Positive	15	29%
	Negative	36	71%
<b>SEX PARTNERS</b>	MSM*	34	67%
	Heterosexual	17	33%
<b>ANONYMOUS SEX</b>	Yes	20	39%
	No	23	45%
	Unknown	8	16%

^ Other Ethnicity includes 7 Asians, 3 Blacks and 1 Multi-Race/Ethnicity

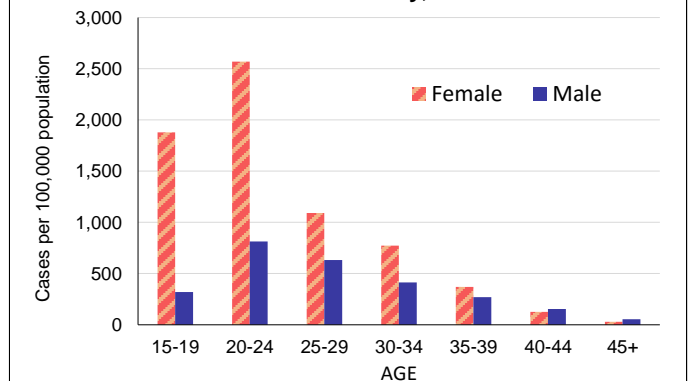
\* MSM: men who have sex with men (includes bisexual men)

**CHLAMYDIA** remains the predominant STI by sheer numbers of cases. Females under 25, the primary screening target, have the highest rates (Figure 3). Also, a disproportionate amount of infections have been noted in Watsonville teens, with 35% of teens with chlamydia residing in the city of Watsonville, despite it being home to just 20% of the County's 15-19 year olds.

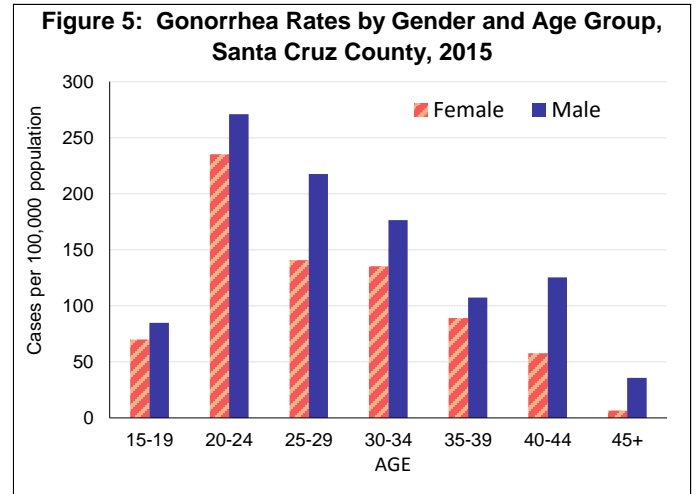
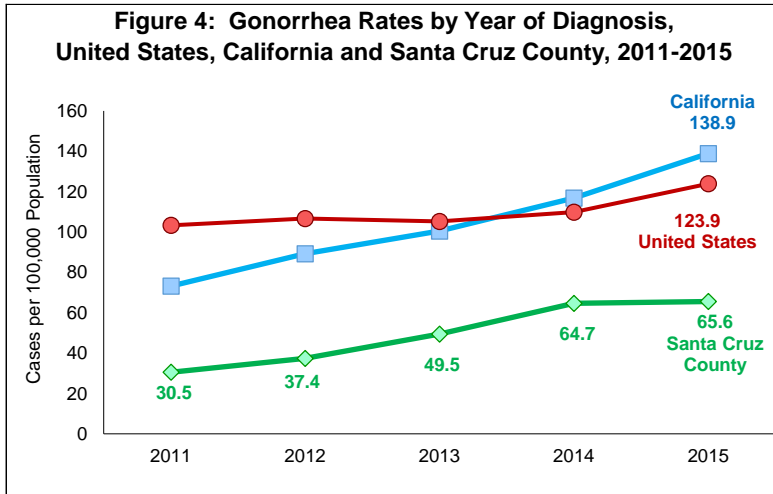
**Figure 2: Chlamydia Rates by Year of Diagnosis, United States, California and Santa Cruz County, 2011-2015**



**Figure 3: Chlamydia Rates by Gender and Age Group, Santa Cruz County, 2015**



**GONORRHEA** rates were highest among males, particularly those ages 20 to 24 in 2015 (Figure 5). The current California and CDC guidelines recommend **concurrent dual antibiotic therapy** to improve treatment efficacy and prevent the emergence of antibiotic resistance.



**CONTROLLING GONORRHEA (GC): Provider ↔ Patient ↔ Public Health**

The CDC has identified antibiotic resistant *N. gonorrhoea* as an URGENT public health threat. Control relies on prompt detection, patient education, effective treatment, and partner treatment. [www.cdc.gov/std/gonorrhoea/arg/carb.htm](http://www.cdc.gov/std/gonorrhoea/arg/carb.htm)

**TALK, TEST, TREAT & REPORT**

**TALK** about sexual behaviors that includes the number of partners in past 3 months, the gender of partners, patient’s history of STIs, and sites of exposure (vaginal, anal, and oral sex).

[www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Clinician-Guide-Sexual-History-Taking.pdf](http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Clinician-Guide-Sexual-History-Taking.pdf)

**TEST at risk patients** by using the current California Screening Guidelines and taking note of specific patient populations for their unique screening guidelines and extragenital testing sites. [www.cdph.ca.gov/programs/std/Documents/STD-Screening-Recs.pdf](http://www.cdph.ca.gov/programs/std/Documents/STD-Screening-Recs.pdf)

**TREAT** all STIs appropriately using the California Treatment Guidelines. Note that azithromycin as monotherapy treatment is not recommended for GC. Ceftriaxone 250mg IM in **concurrent combination** with azithromycin 1 gm po is the only recommended treatment option for GC. [www.cdph.ca.gov/programs/std/Documents/STD-Treatment-Guidelines-Color.pdf](http://www.cdph.ca.gov/programs/std/Documents/STD-Treatment-Guidelines-Color.pdf)

**TREAT** all sexual contacts in the last 90 days. Expedited partner therapy using cefixime 400 mg po plus azithromycin 1 gm po may be used to treat heterosexual partners who are unable to seek prompt clinical care. This is not the ideal treatment. [www.cdph.ca.gov/programs/std/Documents/STD-Treatment-Guidelines-Color.pdf](http://www.cdph.ca.gov/programs/std/Documents/STD-Treatment-Guidelines-Color.pdf)

**TALK** about abstaining for 7 days from all types of sexual contact after both the patient and partners are treated.

**RE-TEST in 3 months:** unless a patient has received an alternative treatment for pharyngeal or rectal GC. Wait at least 14 days before doing a test of cure for those patients.

**TEST** all positive GC patients for syphilis and HIV, and do STI testing for all HIV+ patients at least annually.

**REPORT** suspected treatment failures. In the absence of re-exposure, do a culture with antibiotic susceptibility before retreatment. Contact the Communicable Disease (CD) Unit for assistance (831) 454-4114.

**PUBLIC HEALTH DEPARTMENT ROLE**

Santa Cruz County CD Unit attempts to complete follow-up interviews on all county residents who test positive for gonorrhea. We will also provide partner notification services and help facilitate testing and treatment for partners.

**MANDATE FOR REPORTING CASES TO PUBLIC HEALTH**

"It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below (see link), to report to the local health officer for the jurisdiction where the patient resides."

[www.cdph.ca.gov/HealthInfo/Documents/Reportable\\_Diseases\\_Conditions.pdf](http://www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf)

Report STIs to the CD Unit by completing the STD Confidential Morbidity Report and faxing to (831) 454-5049.

[www.SantaCruzHealth.org/CDUnit](http://www.SantaCruzHealth.org/CDUnit)