Highlights from the Sexually Transmitted Disease (STD) Surveillance Report, 2013

Minnesota Department of Health STD Surveillance System

www.health.state.mn.us/std
Announcements
STDs in Minnesota: Number of Cases Reported in 2013

- Total of 23,133 STD cases reported to MDH in 2013:
  - 18,724 Chlamydia cases
  - 3,872 Gonorrhea cases
  - 537 Syphilis cases (all stages)
  - 0 Chancroid cases
CHLAMYDIA
Chlamydia Infections by Residence at Diagnosis
Minnesota, 2013

Total Number of Cases = 18,724

- Suburban: 29%
- Greater MN: 31%
- Minneapolis: 19%
- St. Paul: 13%
- Unknown: 8%

Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (excluding Minneapolis), Ramsey (excluding St. Paul), Scott, and Washington counties. Greater MN = All other Minnesota counties outside the seven-county metro area.

Data Source: Minnesota STD Surveillance System
Age-Specific Chlamydia Rates by Gender
Minnesota, 2013

Data Source: Minnesota STD Surveillance System
Chlamydia Rates by Race/Ethnicity
Minnesota, 2003-2013

2013 rates compared with Whites:
Black = 10x higher
American Indian = 4x higher
Asian/PI = 2x higher
Hispanic = 2.5x higher

* Persons of Hispanic ethnicity can be of any race.

Data Source: Minnesota STD Surveillance System
Chlamydia Rates by Race/Ethnicity
Minnesota, 2003-2013

* Persons of Hispanic ethnicity can be of any race.

Data Source: Minnesota STD Surveillance System

STDs in Minnesota: Annual Review
GONORRHEA
Gonorrhea Infections in Minnesota by Residence at Diagnosis, 2013

Total Number of Cases = 3,872

- Minnesota: 35%
- Suburban (Seven-county metro area including Anoka, Carver, Dakota, Hennepin (excluding Minneapolis), Ramsey (excluding St. Paul), Scott, and Washington counties): 28%
- Greater MN: 15%
- St. Paul: 17%
- Unknown: 5%

Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (excluding Minneapolis), Ramsey (excluding St. Paul), Scott, and Washington counties. Greater MN = All other Minnesota counties outside the seven-county metro area.

Data Source: Minnesota STD Surveillance System
Age-Specific Gonorrhea Rates by Gender
Minnesota, 2013

Data Source: Minnesota STD Surveillance System
Gonorrhea Rates by Race/Ethnicity
Minnesota, 2003-2013

* Persons of Hispanic ethnicity can be of any race.

2013 rates compared with Whites:
- Black = 26.5x higher
- American Indian = 7x higher
- Asian/PI = 0x higher
- Hispanic = 2x higher

Data Source: Minnesota STD Surveillance System
Gonorrhea Rates by Race/Ethnicity
Minnesota, 2003-2013

* Persons of Hispanic ethnicity can be of any race.

Data Source: Minnesota STD Surveillance System

STDs in Minnesota: Annual Review
SYPHILIS
Syphilis Rates by Stage of Diagnosis
Minnesota, 2003-2013

Rate per 100,000 persons

Year


* P&S = Primary and Secondary

Data Source: Minnesota STD Surveillance System
Primary & Secondary Syphilis Infections in Minnesota by Residence at Diagnosis, 2013

Total Number of Cases = 193

Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (excluding Minneapolis), Ramsey (excluding St. Paul), Scott, and Washington counties. Greater MN = All other Minnesota counties outside the seven-county metro area. Due to rounding % does not equal 100%

Data Source: Minnesota STD Surveillance System
Age-Specific Primary & Secondary Syphilis Rates by Gender, Minnesota, 2013

Data Source: Minnesota STD Surveillance System

STDs in Minnesota: Annual Review
Primary & Secondary Syphilis Rates by Race/Ethnicity
Minnesota, 2003-2013

* Persons of Hispanic ethnicity can be of any race.

Data Source: Minnesota STD Surveillance System
Topics in the spotlight:

• Chlamydia and Gonorrhea among Adolescents and Young Adults (15-24 years of age)

• Early Syphilis Among Men Who Have Sex With Men in Minnesota
CHLAMYDIA AND GONORRHEA AMONG ADOLESCENTS & YOUNG ADULTS

(15-19 year olds)  (20-24 year olds)
Chlamydia Disproportionately Impacts Youth

MN Population in 2010
(n = 5,303,925)

- <15 yrs: 20%
- 15-24 yrs: 14%
- 25-34 yrs: 13%
- 35+ yrs: 53%

Chlamydia Cases in 2013
(n = 18,724)

- <15 yrs: 1%
- 15-24 yrs: 68%
- 25-29 yrs: 17%
- 30-44 yrs: 12%
- 45+ yrs: 2%
Gonorrhea Disproportionately Impacts Youth

MN Population in 2010
(n = 5,303,925)

- 25-34 yrs: 13%
- 35+ yrs: 53%
- 15-24 yrs: 14%
- <15 yrs: 20%

Gonorrhea Cases in 2013
(n = 3,872)

- 15-24 yrs: 58%
- 25-29 yrs: 17%
- 30-44 yrs: 18%
- 45+ yrs: 5%
- <15 yrs: 1%

Due to rounding % does not equal 100

Data Source: Minnesota STD Surveillance System
Early Syphilis Among Men Who Have Sex With Men in Minnesota
# Early Syphilis† by Gender and Sexual Behavior

**Minnesota, 2003-2013**

<table>
<thead>
<tr>
<th>Year</th>
<th>Early Syphilis Cases</th>
<th>Male Cases (%)</th>
<th>MSM Cases (% of males)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>93</td>
<td>84 (90)</td>
<td>73 (87)</td>
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<tr>
<td>2004</td>
<td>48</td>
<td>41 (85)</td>
<td>34 (83)</td>
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<tr>
<td>2005</td>
<td>116</td>
<td>109 (94)</td>
<td>100 (92)</td>
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<tr>
<td>2006</td>
<td>104</td>
<td>90 (88)</td>
<td>80 (89)</td>
</tr>
<tr>
<td>2007</td>
<td>114</td>
<td>111 (97)</td>
<td>103 (93)</td>
</tr>
<tr>
<td>2008</td>
<td>163</td>
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<td>140 (89)</td>
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<tr>
<td>2009</td>
<td>117</td>
<td>106 (91)</td>
<td>96 (91)</td>
</tr>
<tr>
<td>2010</td>
<td>221</td>
<td>207 (94)</td>
<td>185 (89)</td>
</tr>
<tr>
<td>2011</td>
<td>260</td>
<td>246 (95)</td>
<td>218 (89)</td>
</tr>
<tr>
<td>2012</td>
<td>214</td>
<td>196 (92)</td>
<td>158 (81)</td>
</tr>
<tr>
<td>2013</td>
<td>332</td>
<td>298 (90)</td>
<td>261 (88)</td>
</tr>
</tbody>
</table>

*MSM=Men who have sex with men

† Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: Minnesota STD Surveillance System
Early Syphilis† Cases Among MSM by Age
Minnesota, 2013 (n=261)

MSM=Men who have sex with men
† Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: Minnesota STD Surveillance System

STDs in Minnesota: Annual Review
Early Syphilis† (ES) Cases Co-infected with HIV, 2006-2013

MSM=Men who have sex with men
† Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: Minnesota STD Surveillance System
Characteristics of Early Syphilis† Cases Among MSM, Minnesota, 2013

- Gay and bisexual men account for 88% of cases among men.

- 68% of cases among MSM are White, but a disproportionate number of cases (16%) are African American.

- 51% of cases live in the City of Minneapolis and 31% live in the suburbs of the Twin Cities.

- 46% of cases are also infected with HIV.

- Among cases interviewed by the MDH Partner Services Program:
  - Commonly reported risk factors were meeting partners on the internet, anonymous sex, and no condom use.

MSM=Men who have sex with men
† Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: Minnesota STD Surveillance System

STDs in Minnesota: Annual Review
SURVEILLANCE SUMMARY
Summary of STD Trends in Minnesota

- From 2003-2013, the chlamydia rate increased by 65%. The rate of gonorrhea increased by 26% between 2012 and 2013. Rates of reported syphilis increased in 2013 compared to 2012 by 60%.
- Minnesota has seen a resurgence of syphilis over the past decade, with men who have sex with men and those co-infected with HIV being especially impacted.
- Persons of color continue to be disproportionately affected by STDs.
- STD rates are highest in the cities of Minneapolis and Saint Paul. However, chlamydia and gonorrhea cases in the Twin Cities suburbs and Greater Minnesota account for 58% of the reported cases in 2013.
- Adolescents and young adults (15-24 years) have the highest rates of chlamydia and gonorrhea, making up 66% of new infections in 2013.
- Between 2012 and 2013, the chlamydia rate increased by 4% while the gonorrhea rate increased by 26%. Primary/secondary syphilis cases increased by 64%. Men who have sex with men comprised 88% of all male cases in 2013; cases among women remain low but are continuing to increase.

Data Source: Minnesota STD Surveillance System
Future Updates to STD Reporting

- New case report form to accommodate changes in gonorrhea treatment guidelines is now available on our website.

- Case report form is able to be filled out on a computer and printed to be mailed or faxed in.

- Link is up on MDH website to indicate interest in future online “provider portal” for direct online reporting.

- All Early Syphilis cases, cases co-infected with HIV/Syphilis or HIV/Gonorrhea will be assigned to MDH Partner Services for follow-up.

- Starting in 2015 all Gonorrhea cases have the potential for being contacted by MDH for additional follow-up.

Data Source: Minnesota STD Surveillance System
For more information, contact:

- STD Surveillance Data
  Dawn.Ginzl@state.mn.us, 651-201-4041

- MDH Partner Services Program
  Brian.Kendrick@state.mn.us, 651-201-4021
MDH Partner Services Program

Presented by Tim Heymans
Disease Intervention Specialist
Greater Minnesota
What is Partner Services?

- Is a broad array of services offered to persons with HIV infection, syphilis, gonorrhea or chlamydia and their partners.

- A critical function is **partner notification**, a process by which infected persons are interviewed and their sexual and/or needle-sharing partners are confidentially notified of exposure or possible risk for infection.

- Other functions: prevention counseling, testing for HIV (rapid field test), linkage to care, and referral for other prevention and testing services.
The Purpose of Partner Services

- Prevent and control the transmission of reportable sexually transmitted diseases
- Complement medical and prevention services for infected and at-risk persons to meet their needs and to protect the health of our citizens
Principles of Partner Services

- Client-Centered
- Confidential
- Voluntary and non-coercive
- Free
- Evidence based
- Culturally, linguistically and developmentally appropriate
- Accessible and available to all
Confidentiality

- Confidentiality is a cornerstone of the Partner Services program
- Original patient identity is not revealed to partners
- People are reached very discretely and identities are verified
MDH Partner Services Program

- Services are available statewide and are provided by highly trained Disease Intervention Specialist (DIS)

- 4 MDH DIS for seven county metropolitan area
- 1 MDH DIS for Greater Minnesota
- 1 supervisor, 1 program manager
- 2 DIS for Hennepin County Public Health with Red Door Services, 1 supervisor
Red Counties = 7 county metro area. Covered by 6 DIS.

Tan Counties = 80 county greater MN area. Covered by one DIS.
Current Partner Services Staff in Minnesota

Sandy (MDH-DIS), Angie and Mark (RDC-DIS), Jared (MDH-DIS), Tim (MDH-Greater MN DIS), Marcie (MDH-Program Manager), Brian (MDH-Supervisor), McKinzie (MDH-DIS) and Mary Jo (Hennepin County – Supervisor)

Not pictured: Ronn (MDH-DIS)
Partner Services is an “age old” National Effort

- National intervention, funded by CDC, proven to be effective in breaking the chain of infection
As old as Creation

Syphilis is now curable

Consult your physician
“Back in the Day” Partner Services was sometimes referred to as:

- Contact Tracing
- Partner Notification
Disease Intervention begins with YOU!

- Providers report cases and partner information
- Surveillance assign cases to Partner Services
- DIS attempt to reach patient
- Contact patients in traditional ways: phone, home visits, mail and now by using the internet to reach people who are part of online social networks
- Interview for partner elicitation and refer partners to testing and treatment
- Report treatment and risk information to surveillance
Partner Services: HIV and Syphilis Follow-up

Attempt to Interview:
- all newly diagnosed persons with HIV
- all newly diagnosed persons with Early Syphilis (<1 yr.)
- all previously reported HIV positive persons who are newly diagnosed with Gonorrhea and/or Syphilis
What is an Interview?

- It’s a private, one on one conversation, usually face to face:
  - Introduction/Address patient concerns
  - Get to know patient’s life situation
  - Discuss disease(s) and assure patient understanding
  - Partner elicitation, which often involves negotiation
  - Referrals for health care and other forms of support
  - Prevention messages
When does Partner Services get involved with GC and CT cases?

- Conduct field follow-up on all reports of **untreated pregnant chlamydia** for treatment referral
- Conduct field follow-up on all reports of **untreated gonorrhea** for treatment referral
How do Medical Providers and PS Collaborate on Chlamydia and Gonorrhea Partners?

- On the back of the Confidential STD Case Report Form medical providers may add the names, descriptions and other info about untreated partners. A DIS will follow-up with them.
  - Please “interview” your patients. If they decline to give you contact names please urge them to self-refer or call Partner Services for help
  - Interview training available to clinic staff

- The Case Report Forms can be found at:
  - http://www.health.state.mn.us/stdreporting

- They may be faxed or mailed
- They may be filled out by hand or electronically
Warning: Big Change!!

- Diminishing resources means changes in prioritization

- The Partner Services Program is no longer following up on the majority of untreated chlamydia reports

  - Urging providers to “up the effort” to notify their difficult to reach chlamydia infected patients:
    - Suggest asking patients for email addresses
    - Suggest asking patients about phone, work and address changes more frequently
Health Care Providers Play a Vital Role in Partner Services

- Tell your newly diagnosed syphilis or HIV patients to expect to hear from a DIS in the near future
  - Please encourage them to cooperate whole heartedly

- Accurate and timely disease reporting = quicker disease intervention

- Please talk to your patients with chlamydia or gonorrhea about their partners
For more information:

- STD Surveillance Data
  [Dawn.Ginzl@state.mn.us](mailto:Dawn.Ginzl@state.mn.us), 651-201-4041

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