



STD Data Release: 2015

Agenda

- Highlights from the 2015 STD Surveillance Data Report
Dawn Ginzl, STD Surveillance Coordinator and Epidemiologist
- New Perinatal Syphilis Guidelines
Kathy Chinn, Capacity Building Coordinator, STD/HIV/TB Section
- Ocular Syphilis
Dawn Ginzl, STD Surveillance Coordinator and Epidemiologist
- Statewide STI Testing Day
Nicole Elliot, Co-chair, CRUSH Health Access Action Team
- Questions





Highlights from the Sexually Transmitted Disease (STD) Surveillance Report, 2015

Minnesota Department of Health STD Surveillance System

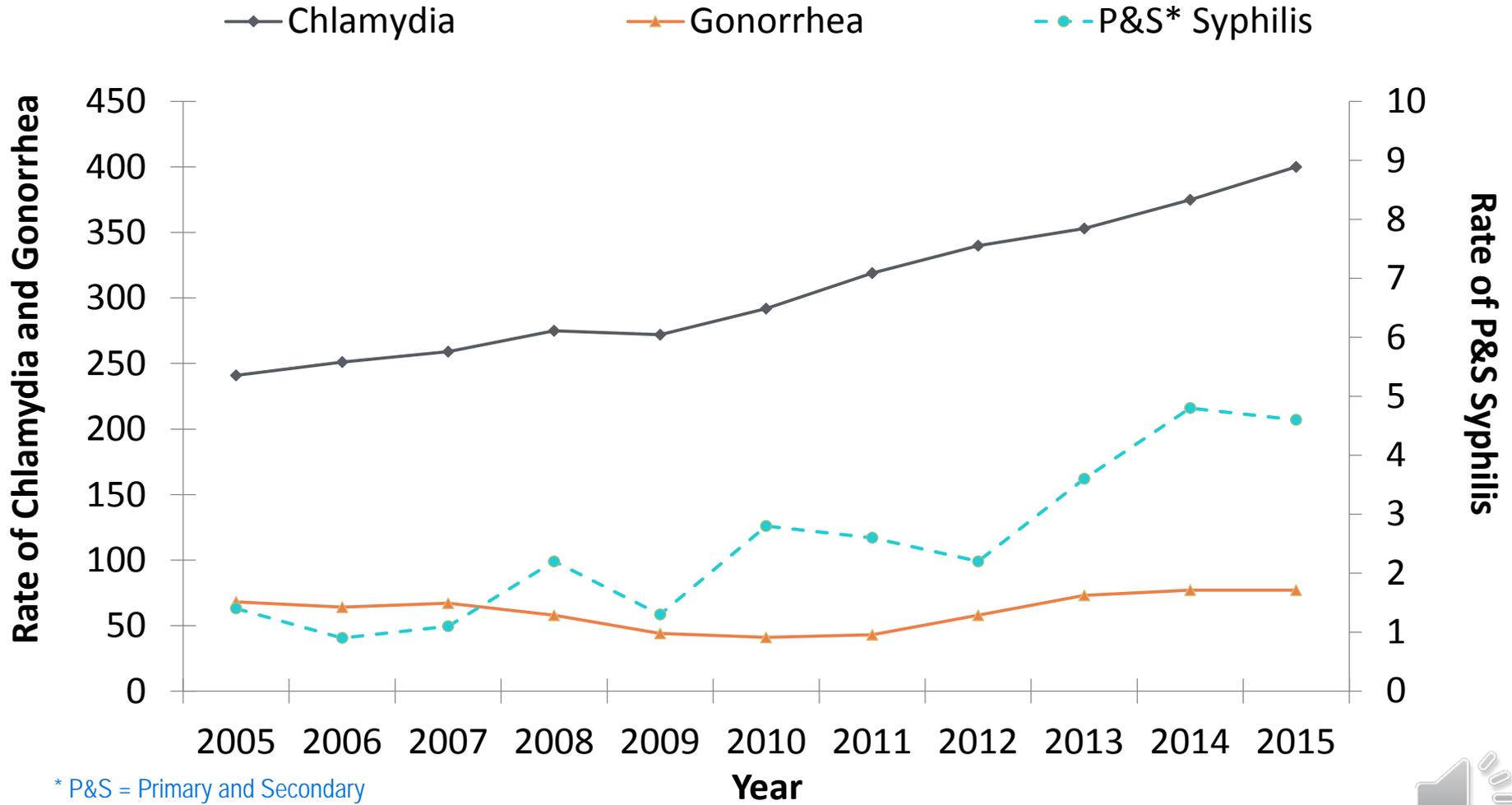
Dawn Ginzi, STD Surveillance Coordinator and Epidemiologist





STDs in Minnesota

Rate per 100,000 by Year of Diagnosis, 2005-2015



* P&S = Primary and Secondary





STDs in Minnesota: Number of Cases Reported in 2015

- **Total of 25,989 STD cases reported to MDH in 2015:**
 - 21,238 Chlamydia cases
 - 4,097 Gonorrhea cases
 - 654 Syphilis cases (all stages. Including 3 congenital syphilis)
 - 0 Chancroid cases





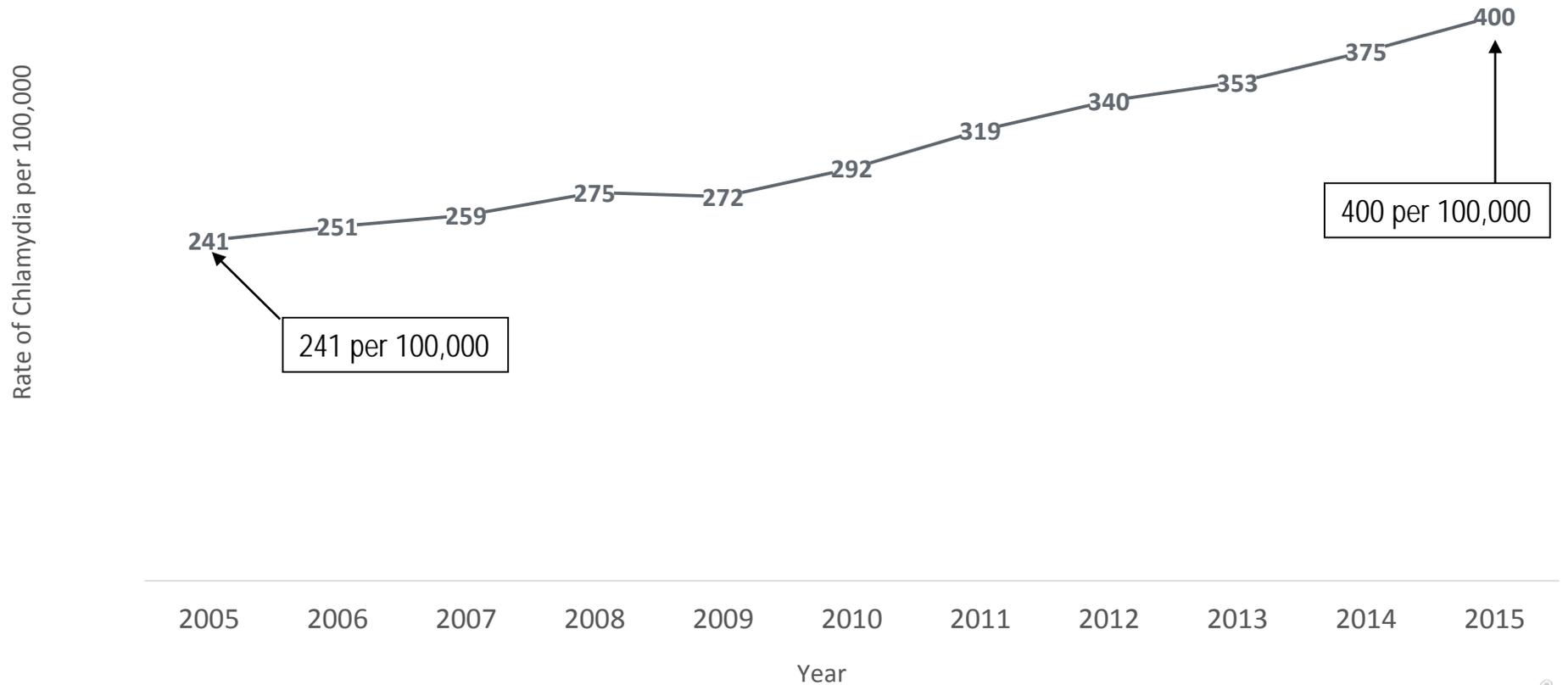
CHLAMYDIA





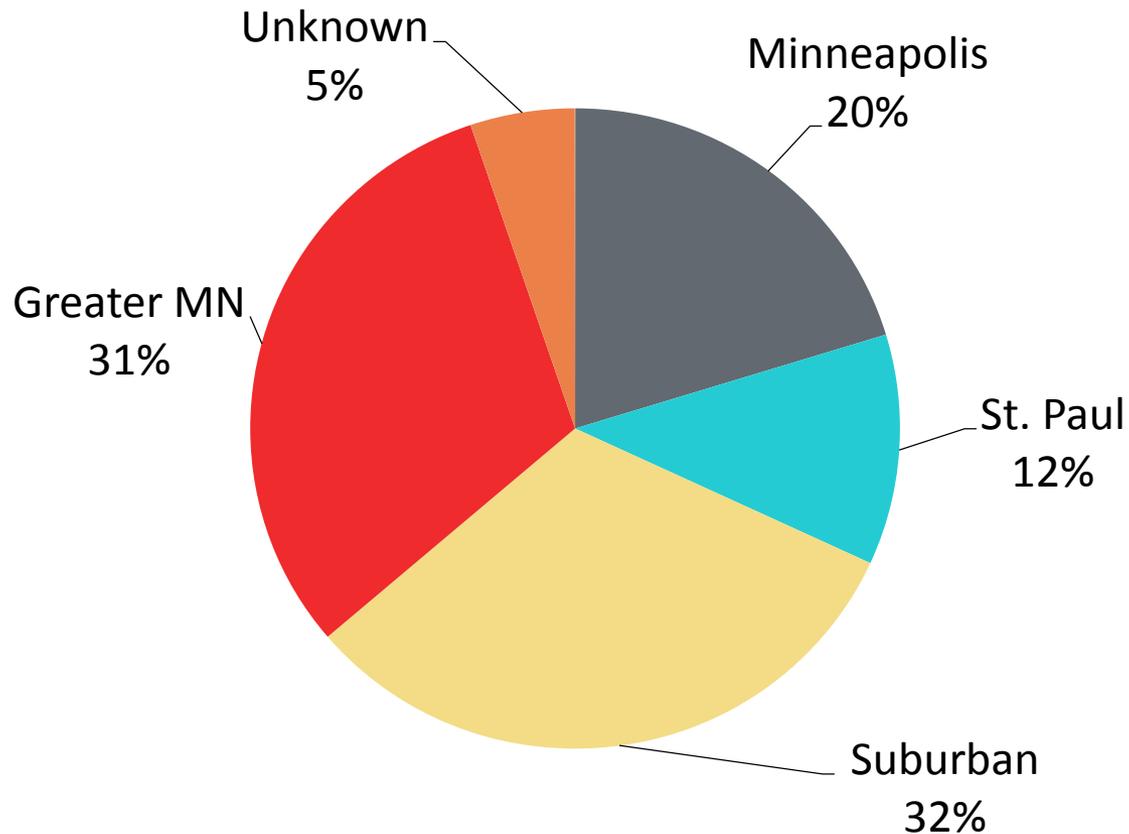
Chlamydia in Minnesota

Rate per 100,000 by Year of Diagnosis, 2005-2015



Chlamydia Infections by Residence at Diagnosis Minnesota, 2015

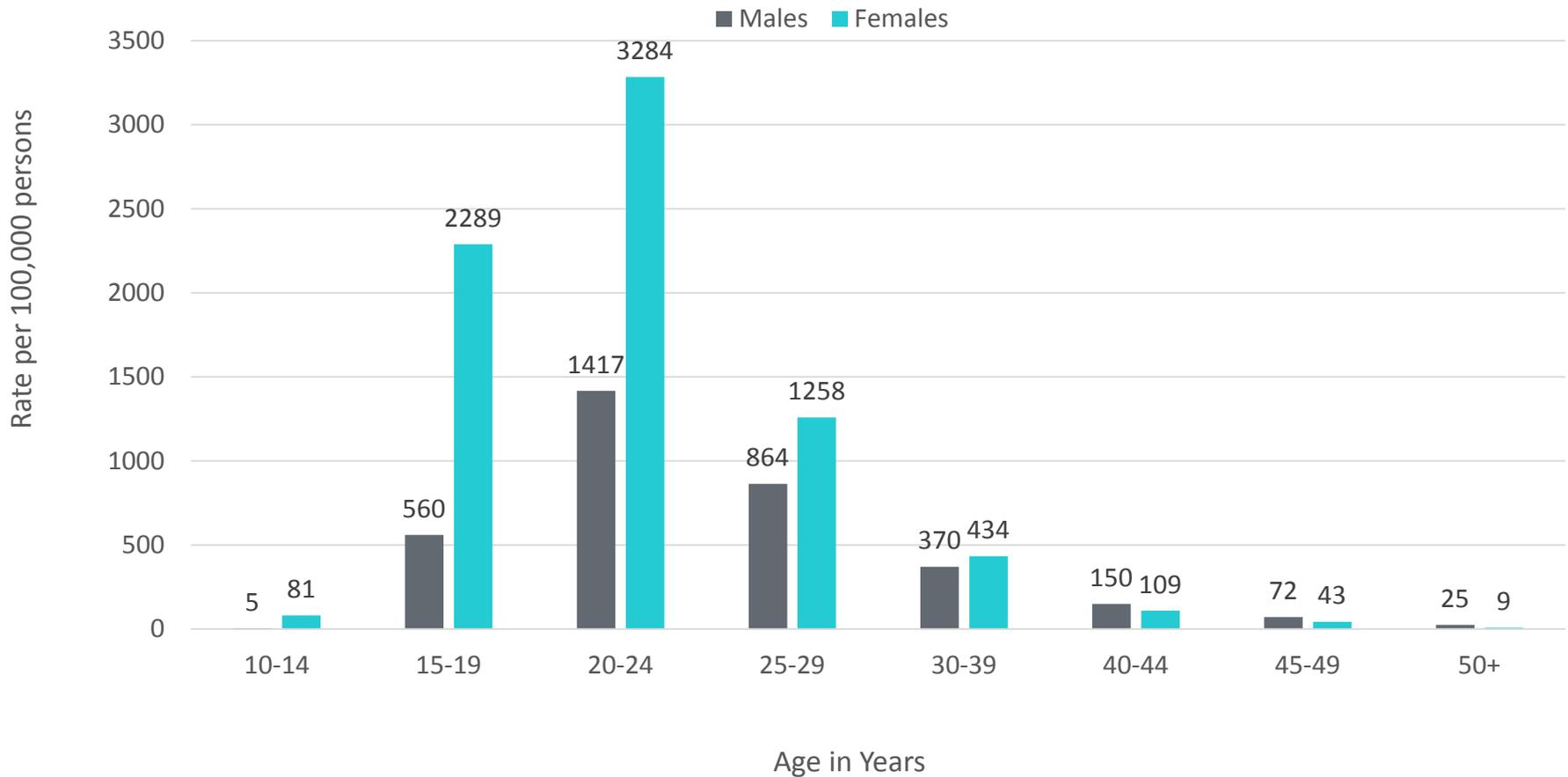
Total Number of Cases = 21,238



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.



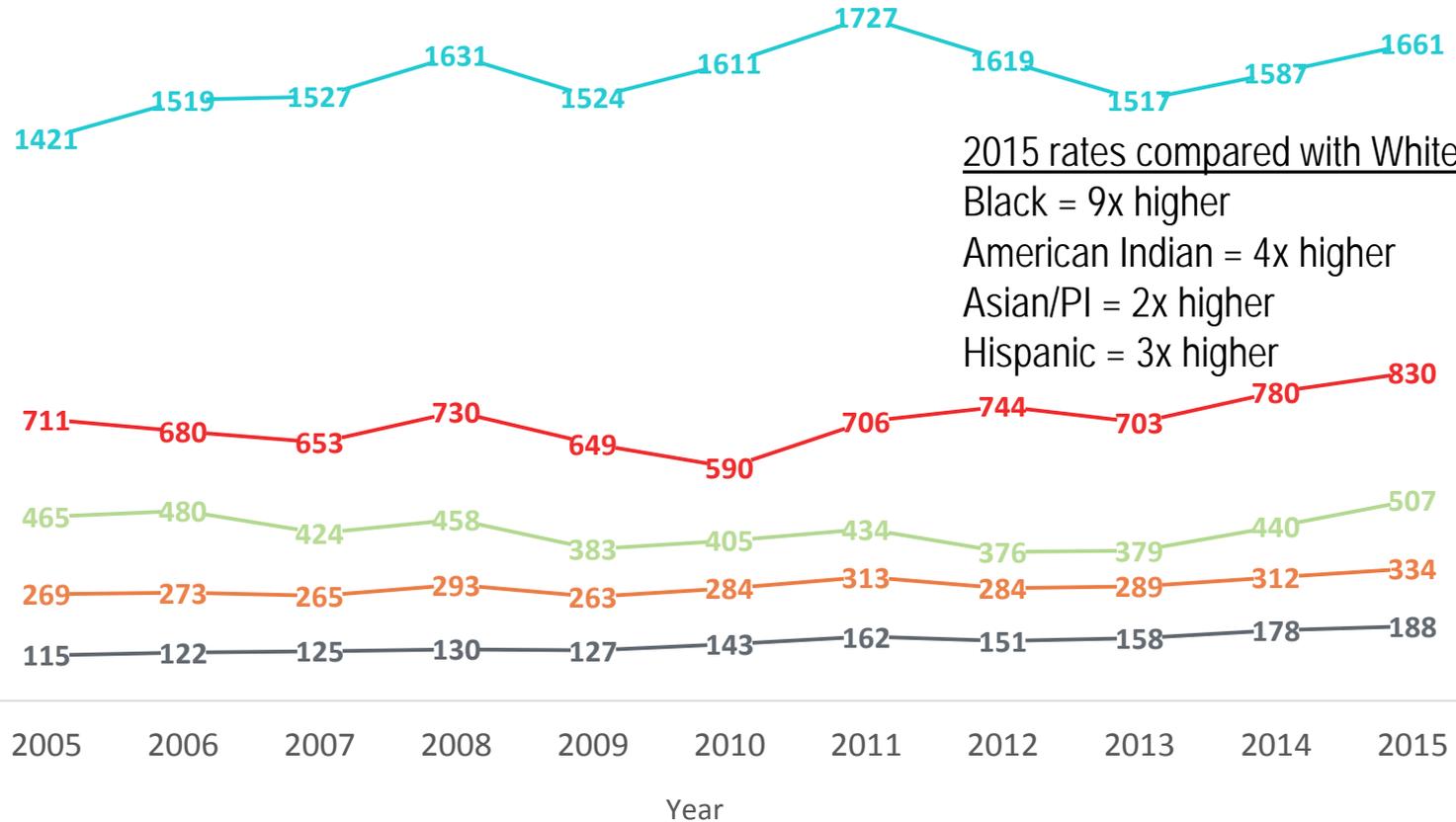
Age-Specific Chlamydia Rates by Gender Minnesota, 2015



Chlamydia Rates by Race/Ethnicity Minnesota, 2005-2015

— White — Black — American Indian — Asian/PI — Hispanic*

Rate per 100,000 persons



* Persons of Hispanic ethnicity can be of any race.





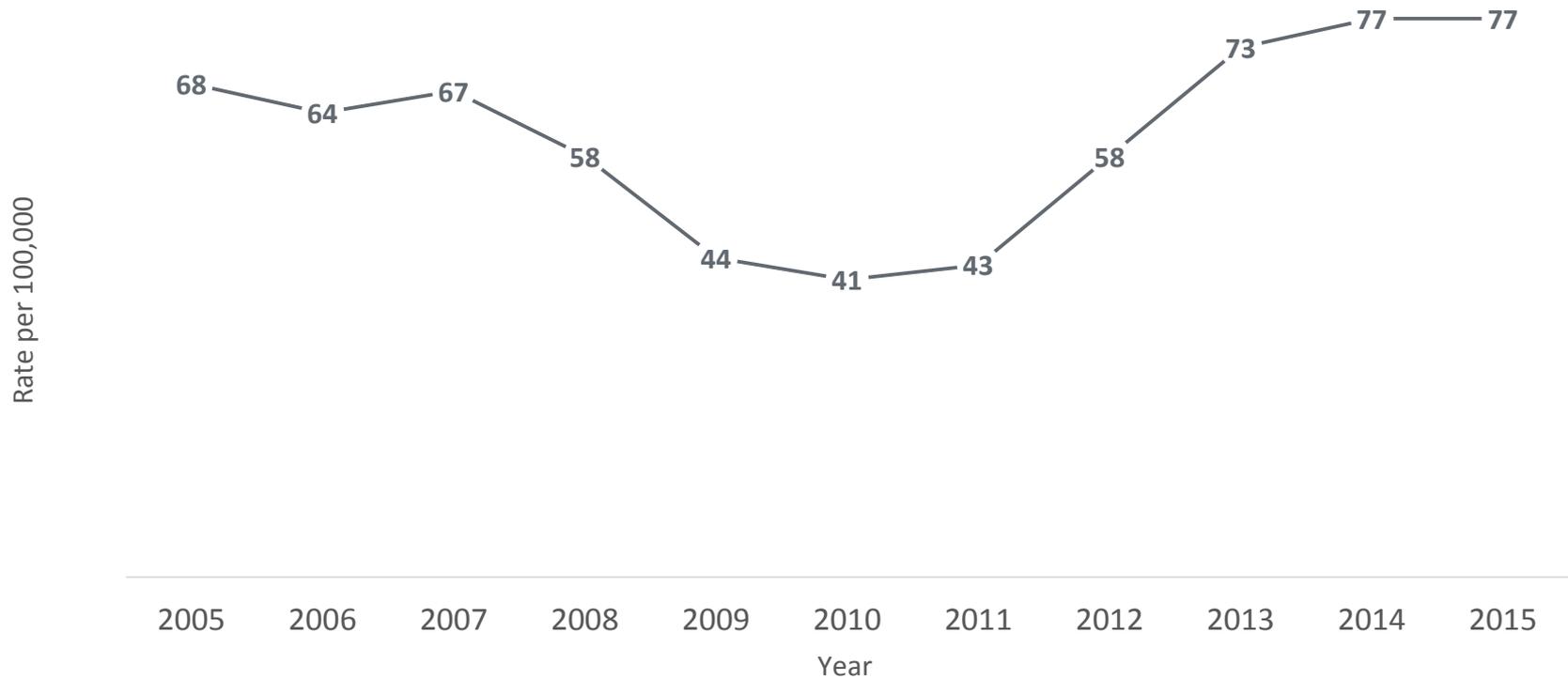
GONORRHEA





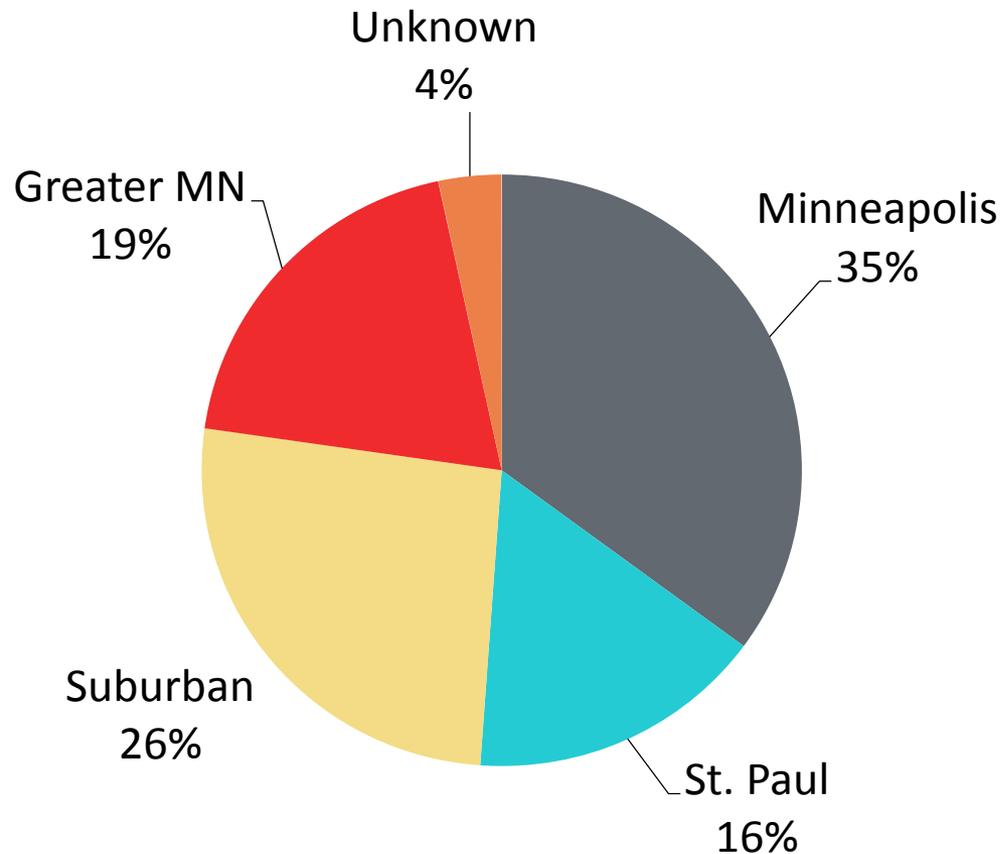
Gonorrhea in Minnesota

Rate per 100,000 by Year of Diagnosis, 2005-2015



Gonorrhea Infections in Minnesota by Residence at Diagnosis, 2015

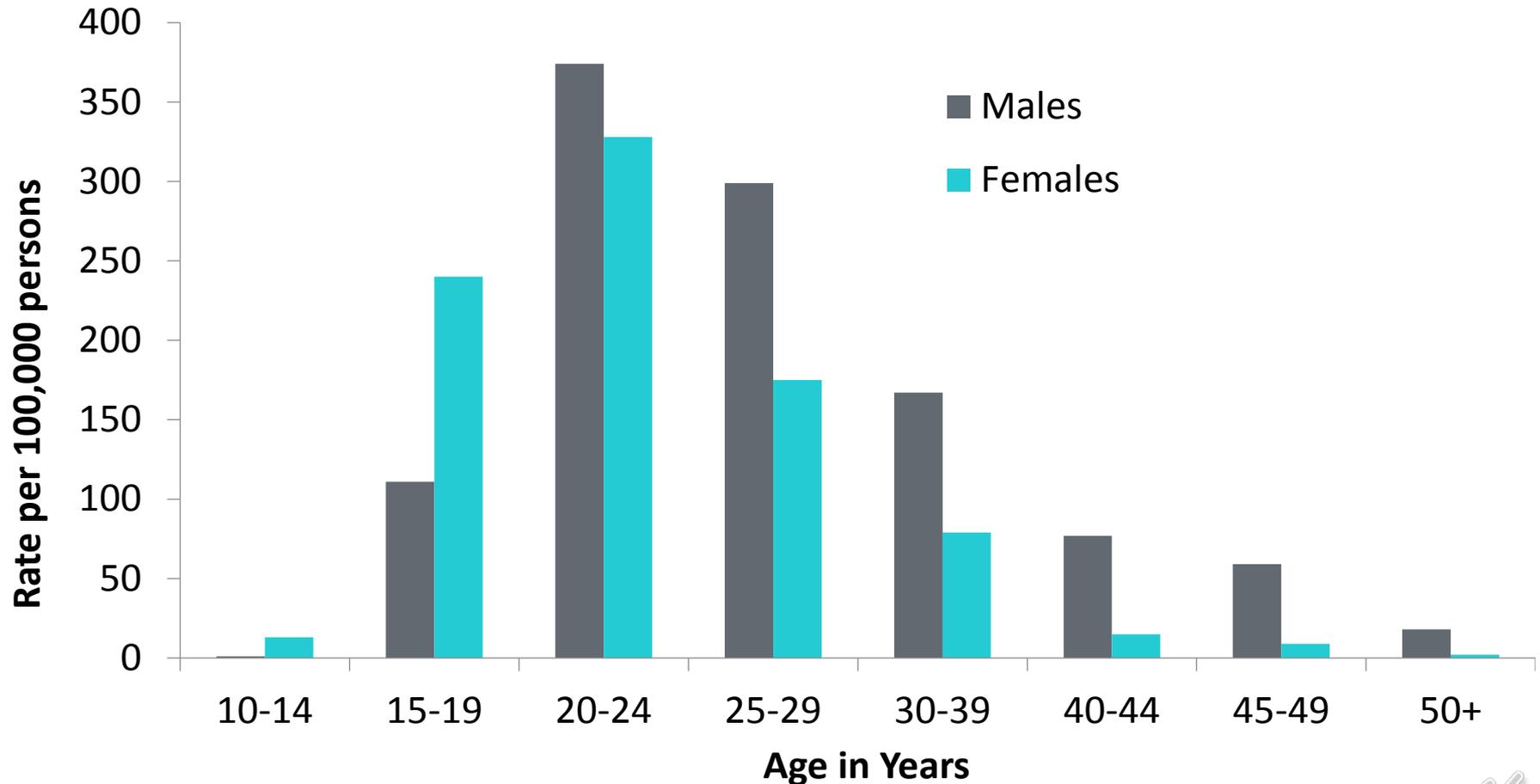
Total Number of Cases= 4,097



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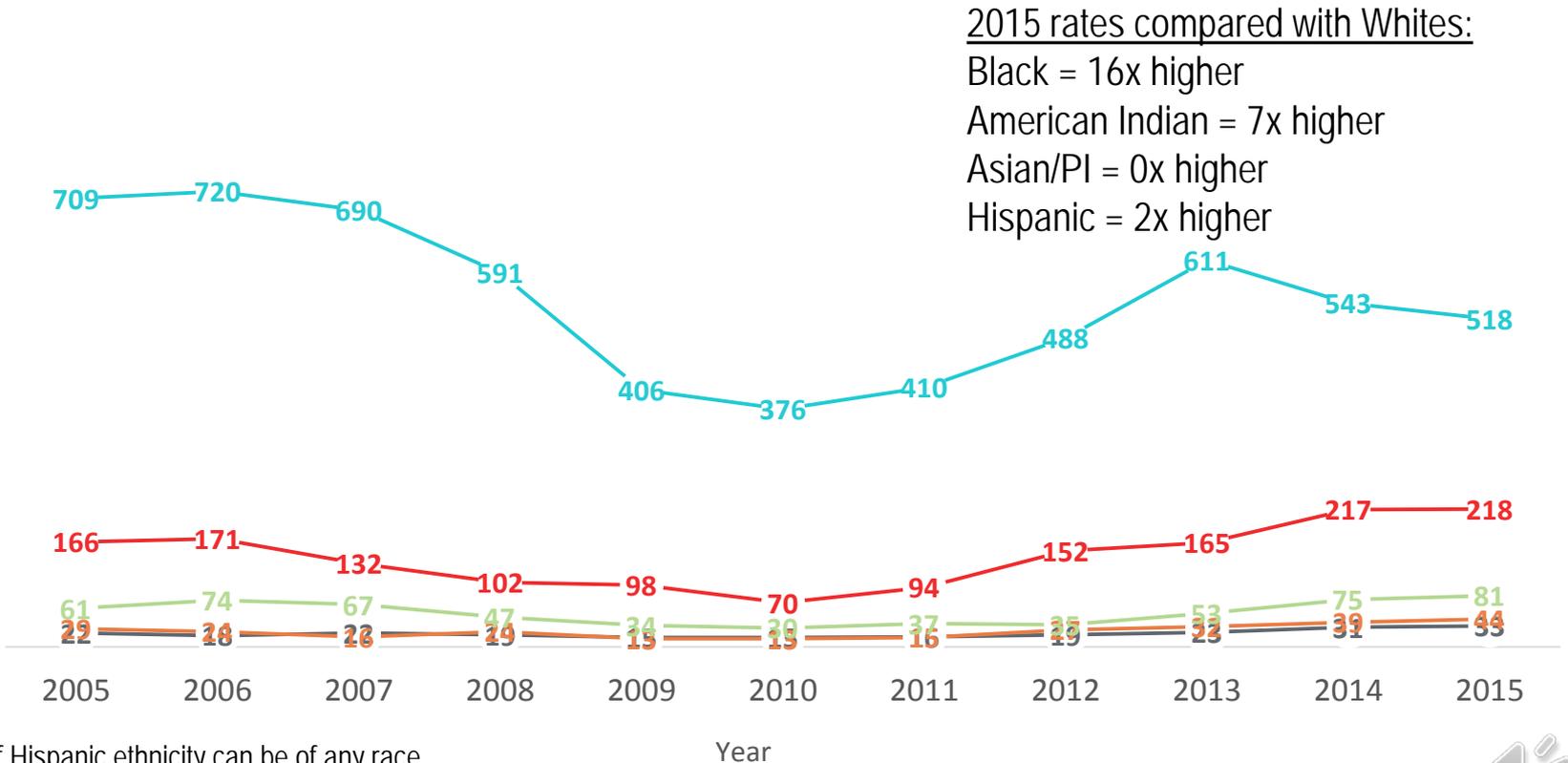
Age-Specific Gonorrhea Rates by Gender Minnesota, 2015



Gonorrhea Rates by Race/Ethnicity Minnesota, 2005-2015

— White — Black — American Indian — Asian/PI — Hispanic*

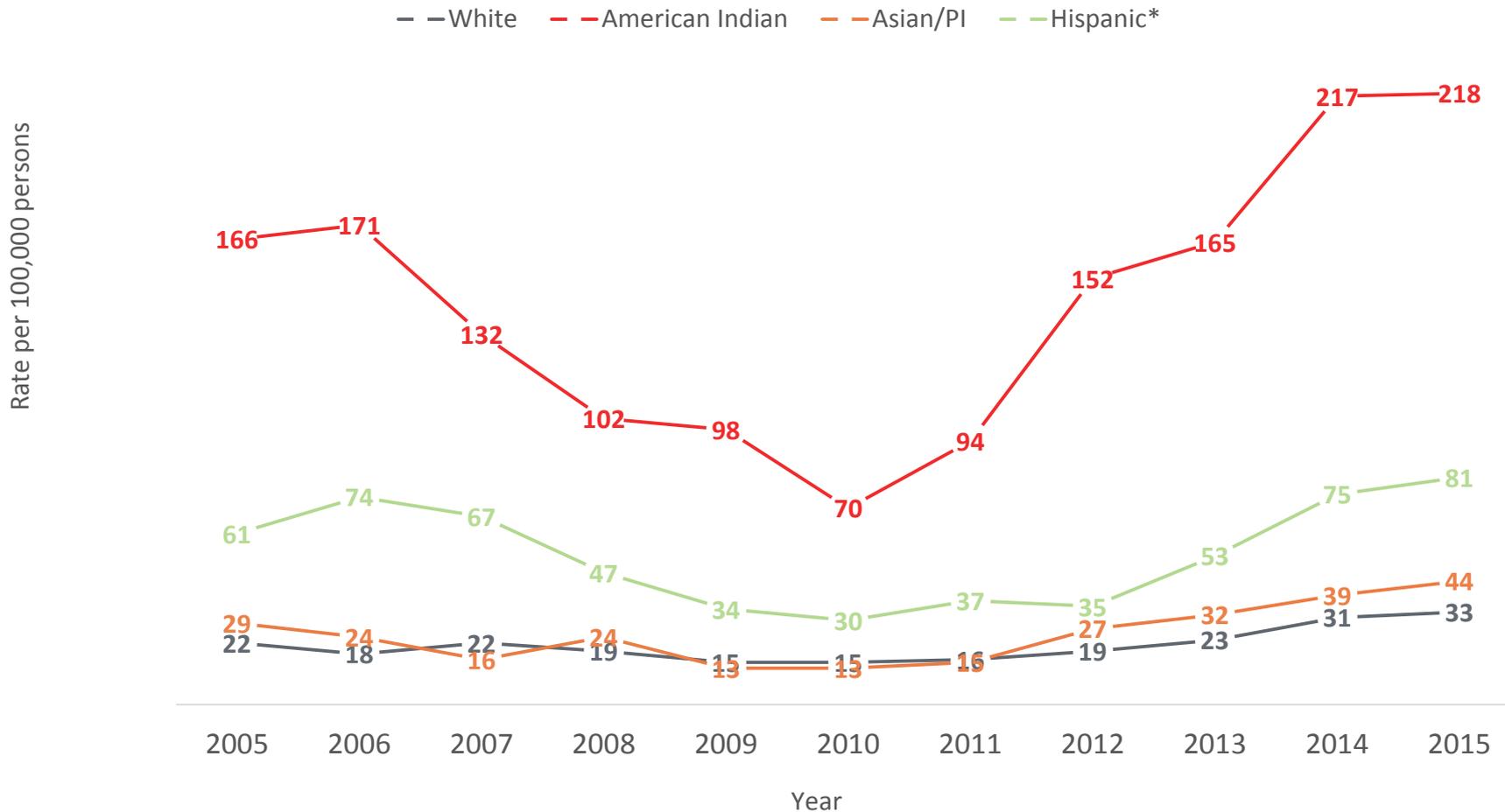
Rate per 100,000 persons



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Gonorrhea Rates by Race/Ethnicity Minnesota, 2005-2015



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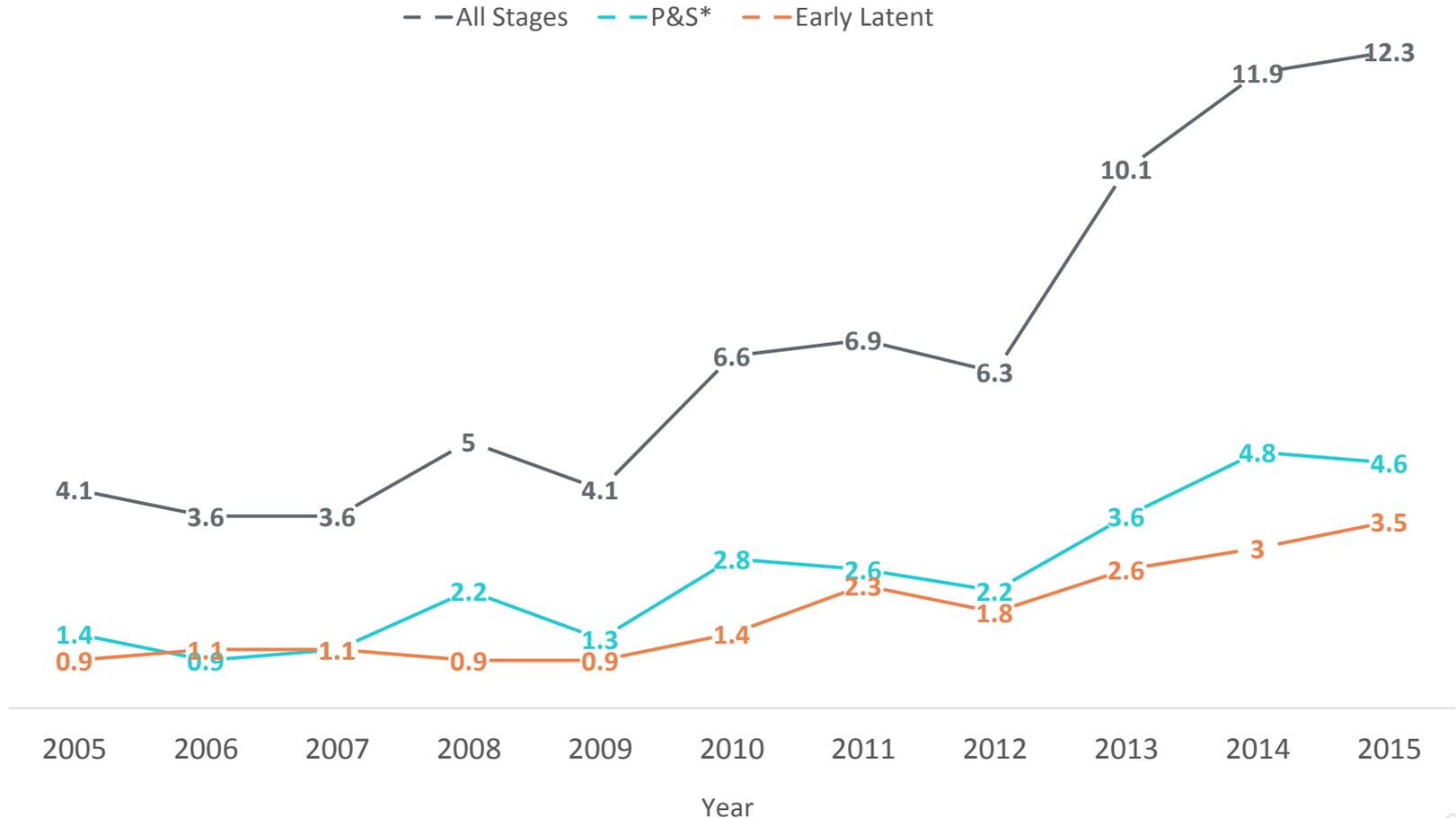
SYPHILIS



Syphilis Rates by Stage of Diagnosis

Minnesota, 2005-2015

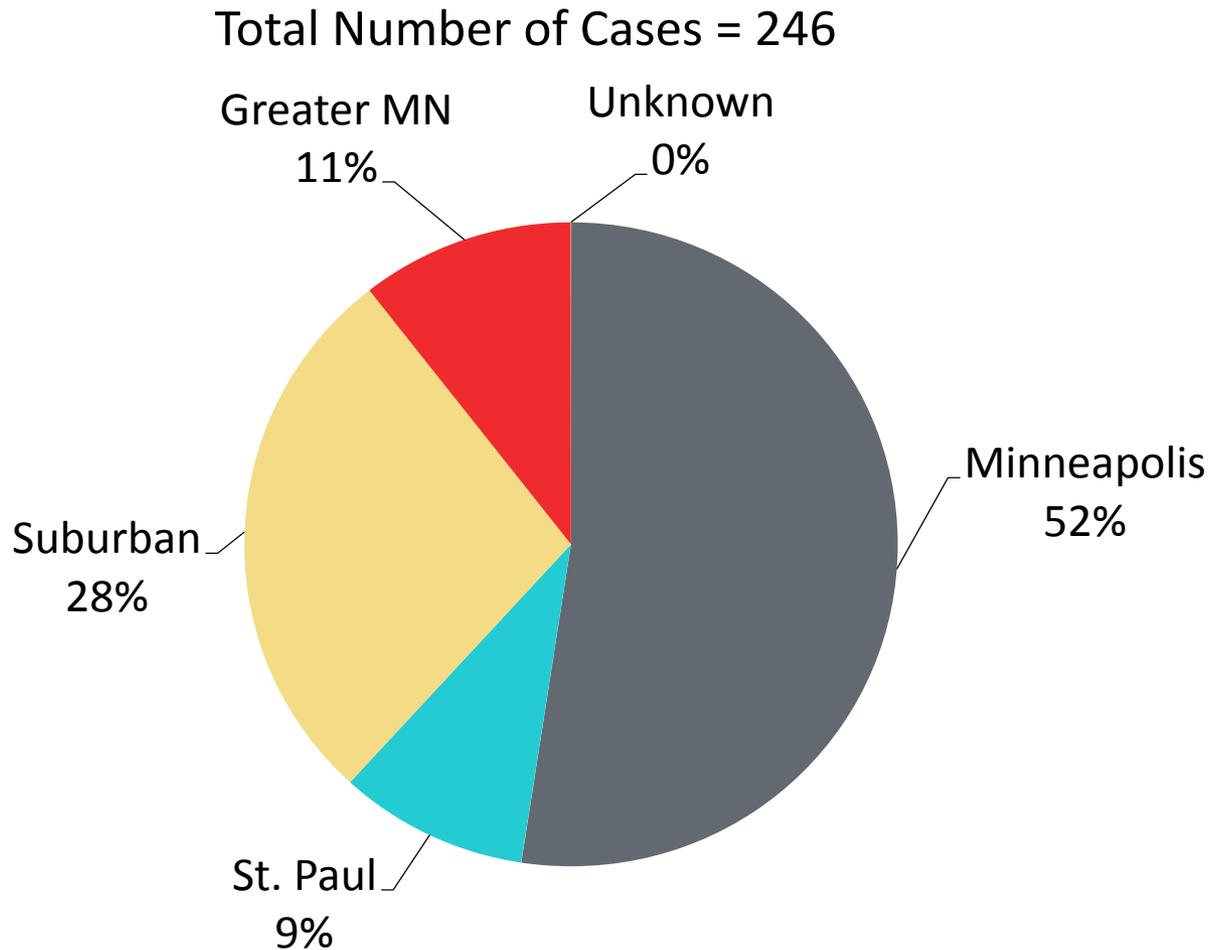
Rate per 100,000 persons



* P&S = Primary and Secondary



Primary & Secondary Syphilis Infections in Minnesota by Residence at Diagnosis, 2015

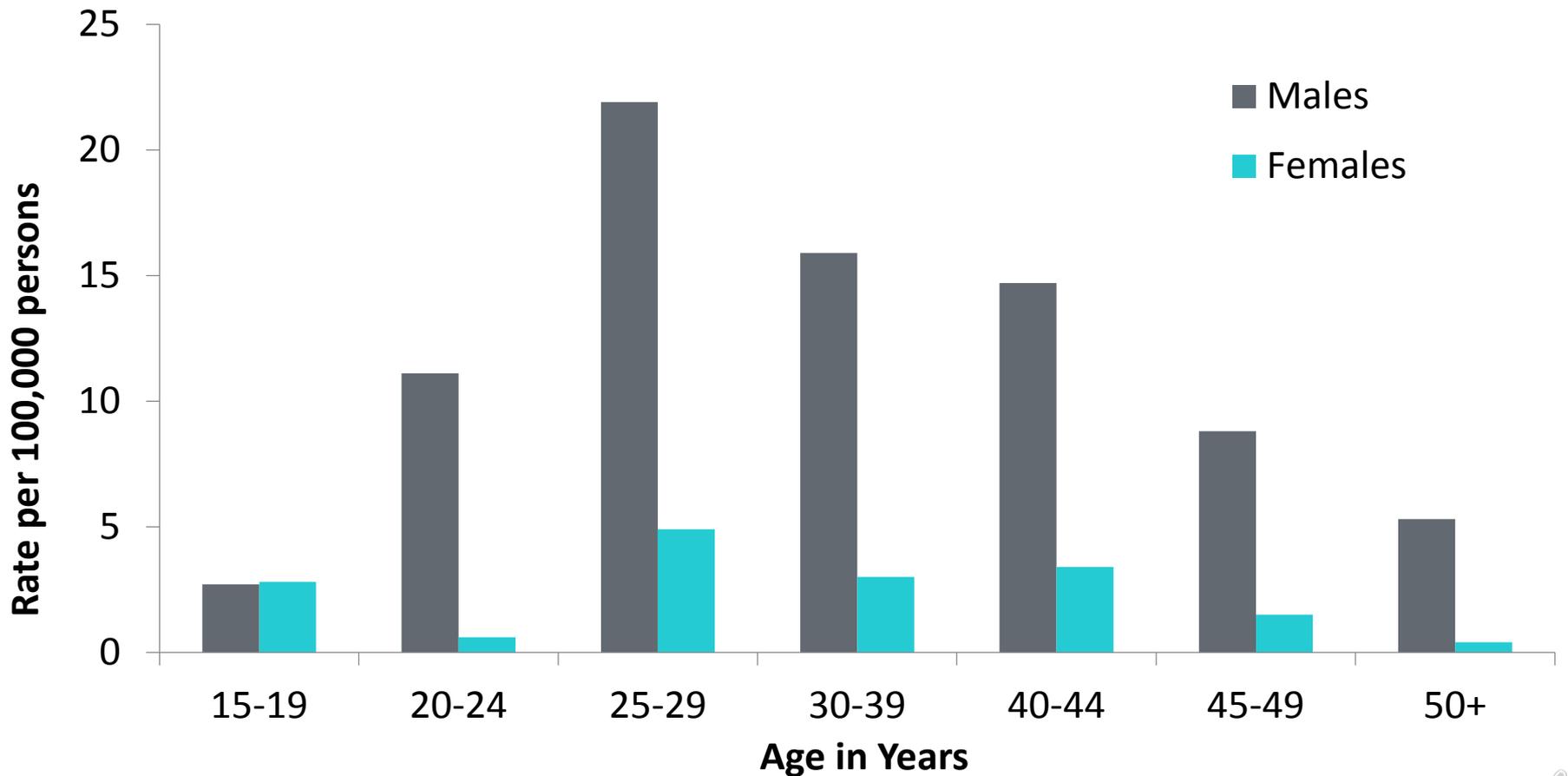


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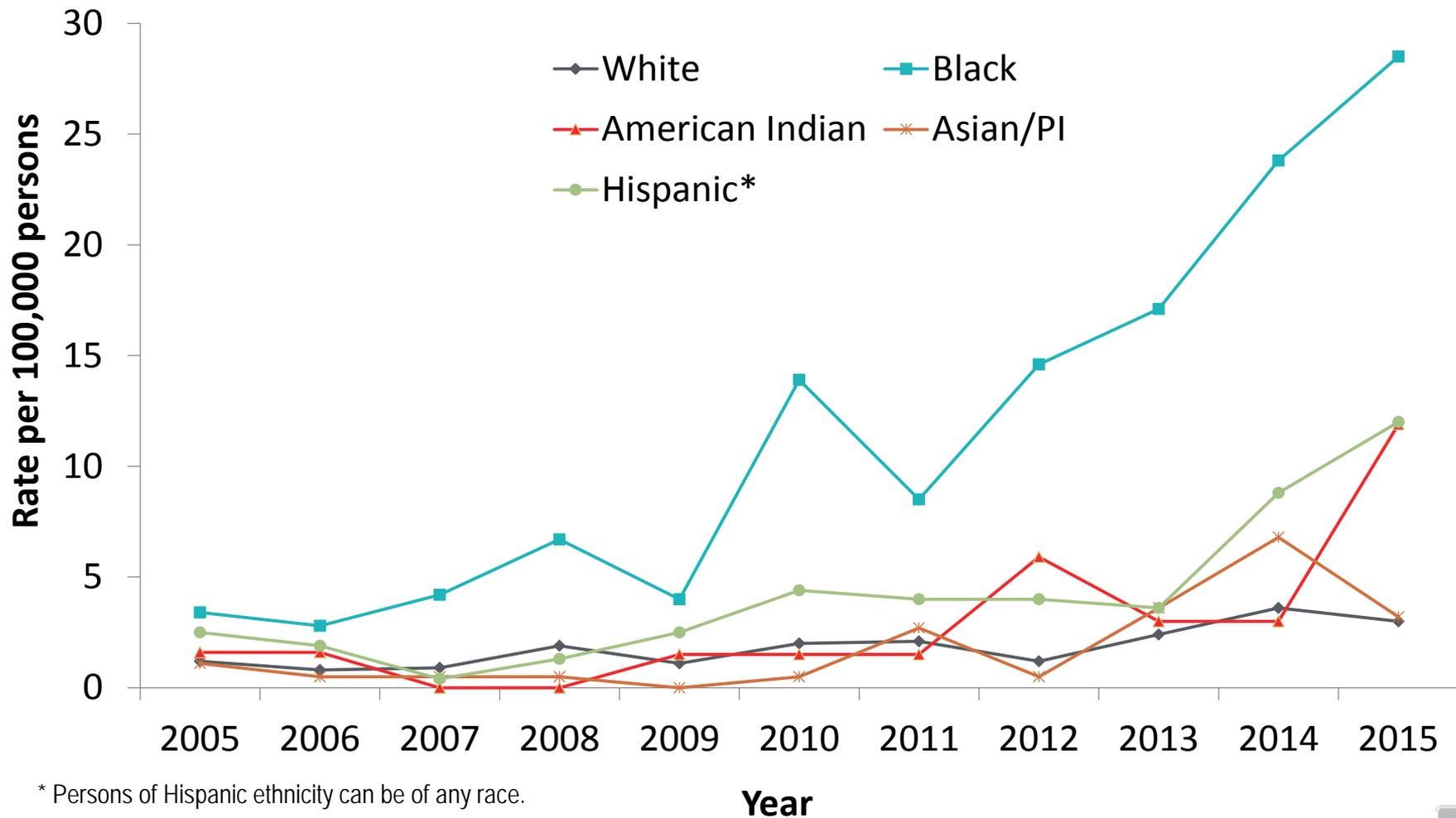




Age-Specific Primary & Secondary Syphilis Rates by Gender, Minnesota, 2015



Primary & Secondary Syphilis Rates by Race/Ethnicity Minnesota, 2005-2015



* Persons of Hispanic ethnicity can be of any race.





CHLAMYDIA AND GONORRHEA AMONG ADOLESCENTS & YOUNG ADULTS

Minnesota Department of Health STD Surveillance System

(15-19 year olds)

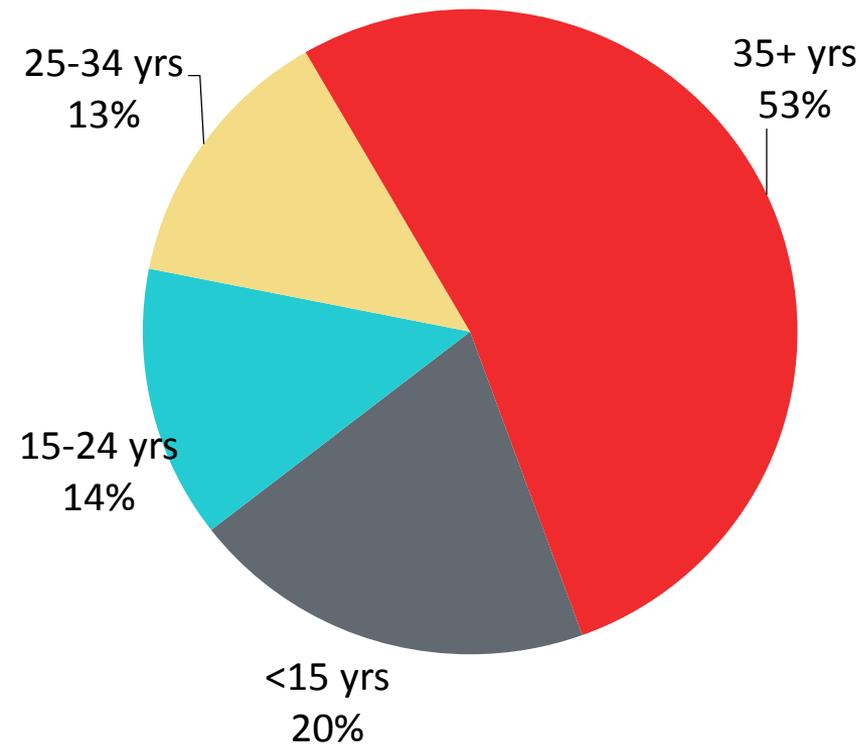
(20-24 year olds)



Chlamydia Disproportionately Impacts Youth

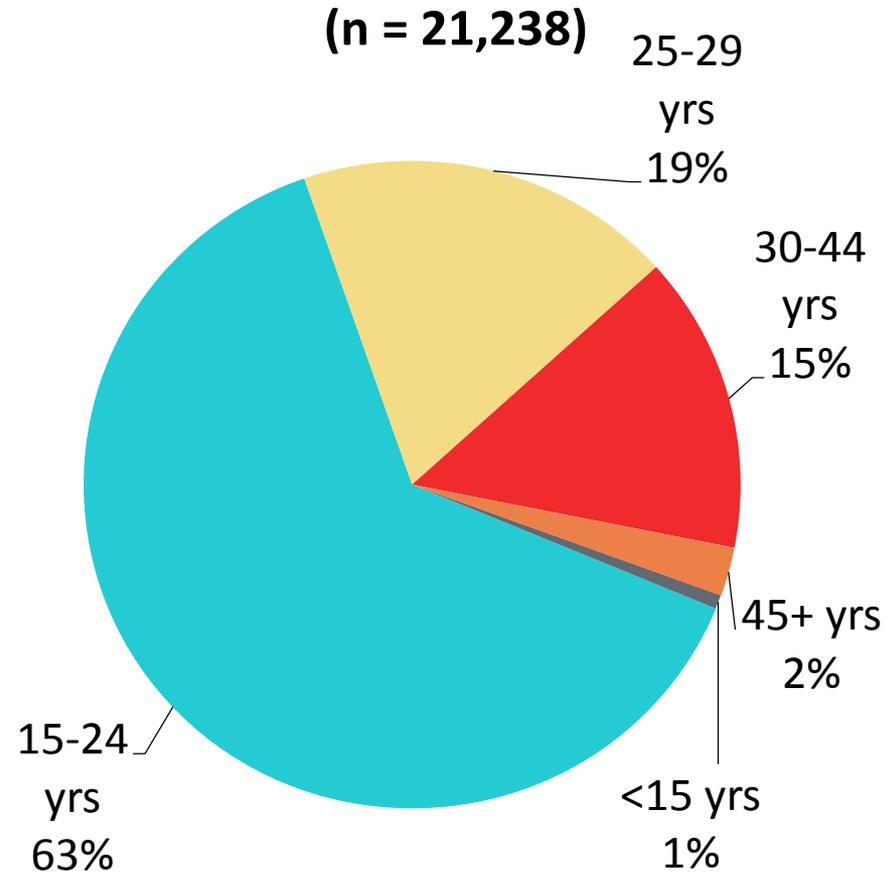
MN Population in 2010

(n = 5,303,925)



Chlamydia Cases in 2015

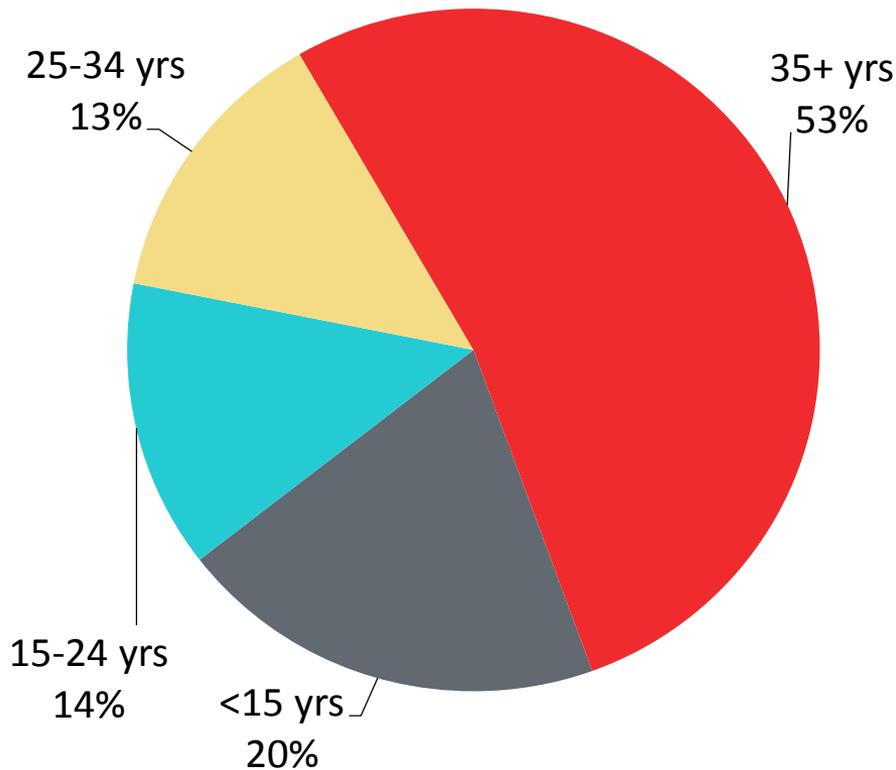
(n = 21,238)



Gonorrhea Disproportionately Impacts Youth

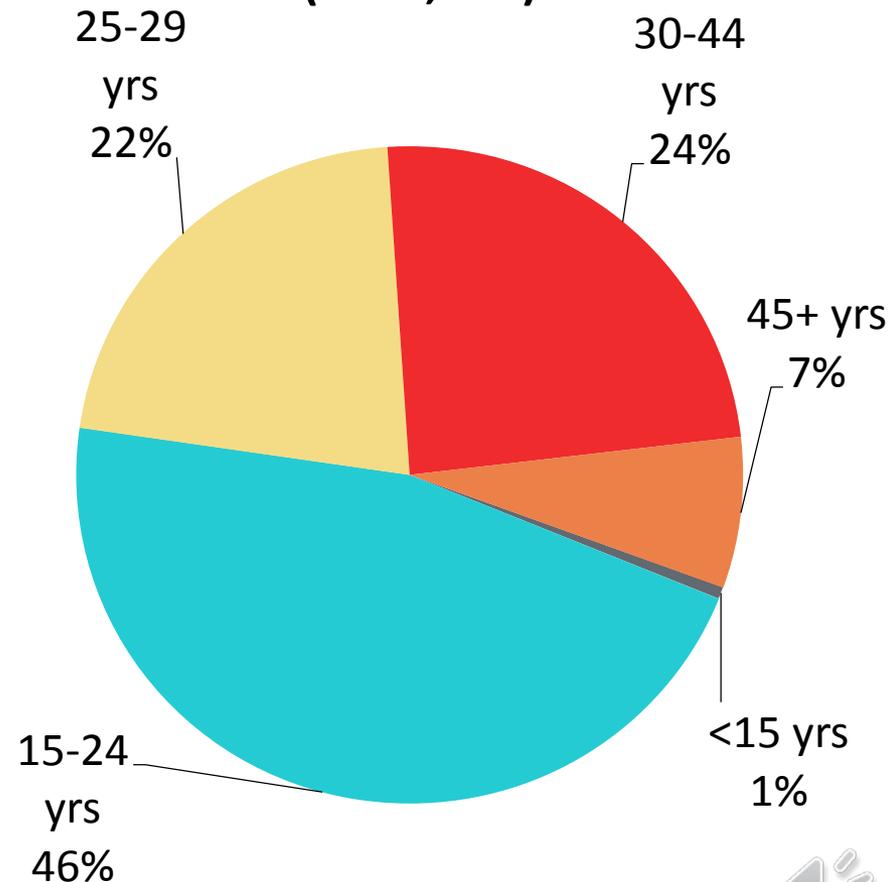
MN Population in 2010

(n = 5,303,925)



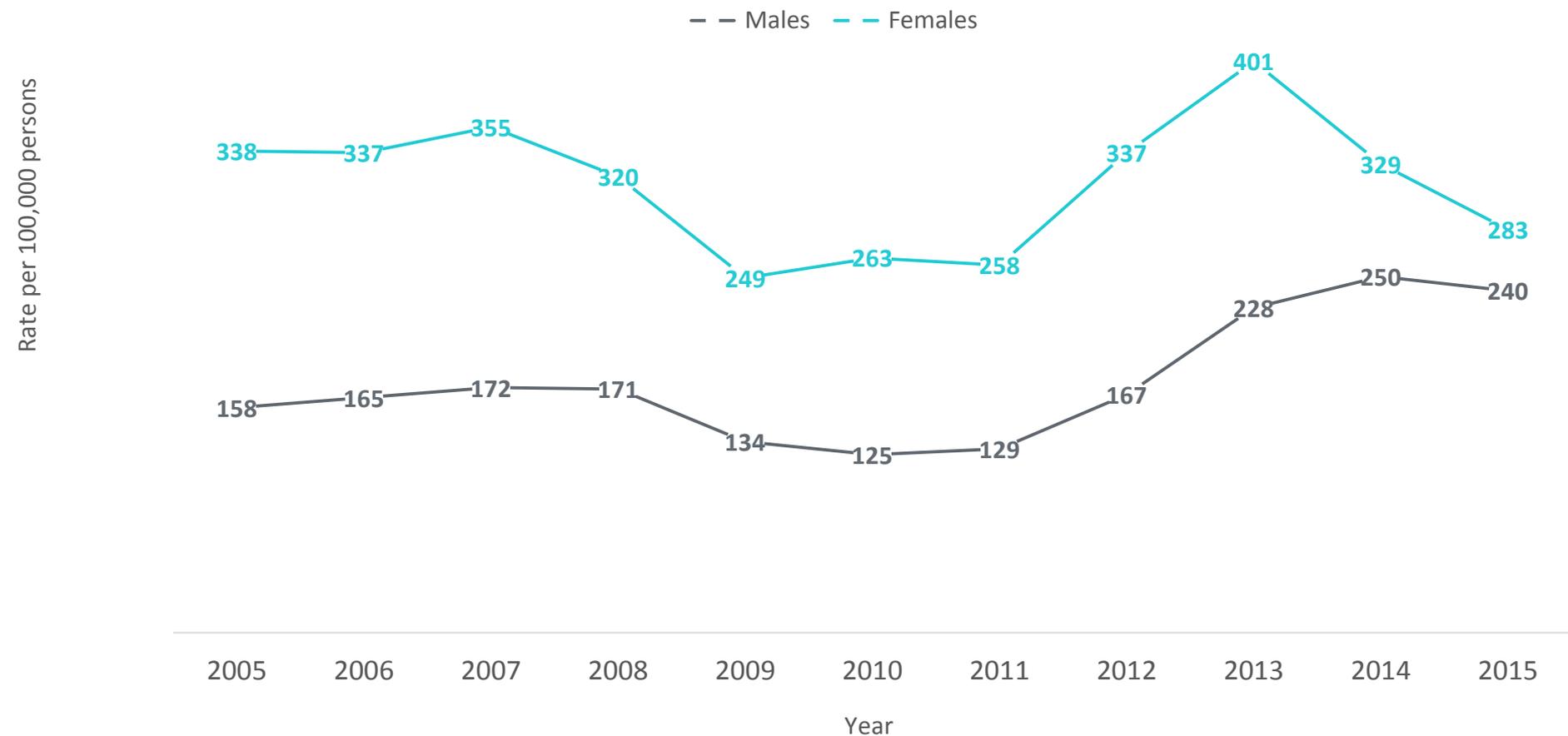
Gonorrhea Cases in 2015

(n = 4,097)





Gonorrhea Rates Among Adolescents & Young Adults[†] by Gender in Minnesota, 2005-2015



Rate=Cases per 100,000 persons based on 2010 U.S. Census counts.

[†] Adolescents defined as 15-19 year-olds; Young Adults defined as 20-24 year-olds.





Topic of Interest: Early Syphilis Among Men Who Have Sex With Men in Minnesota

Minnesota Department of Health STD Surveillance System



Early Syphilis[†] by Gender and Sexual Behavior Minnesota, 2005-2015

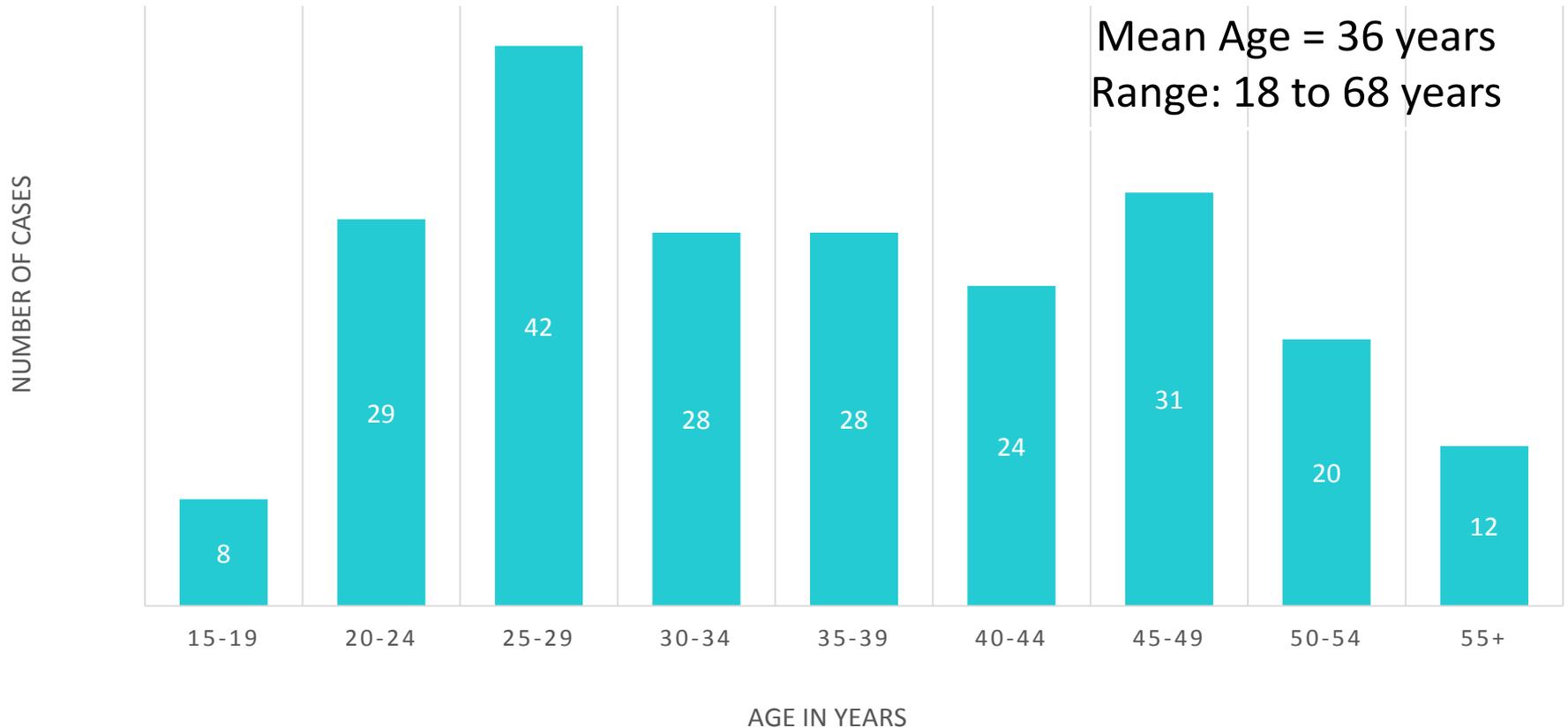
Year	Early Syphilis Cases	Male Cases (%)	MSM Cases (% of males)
2005	116	109 (94)	100 (92)
2006	104	90 (88)	80 (89)
2007	114	111 (97)	103 (93)
2008	163	158 (97)	140 (89)
2009	117	106 (91)	96 (91)
2010	221	207 (94)	185 (89)
2011	260	246 (95)	218 (89)
2012	214	196 (92)	158 (81)
2013	332	298 (90)	261 (88)
2014	416	374 (90)	283 (76)
2015	431	341 (79)	222 (65)

MSM=Men who have sex with men

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



Early Syphilis[†] Cases Among MSM by Age Minnesota, 2015 (n=222)

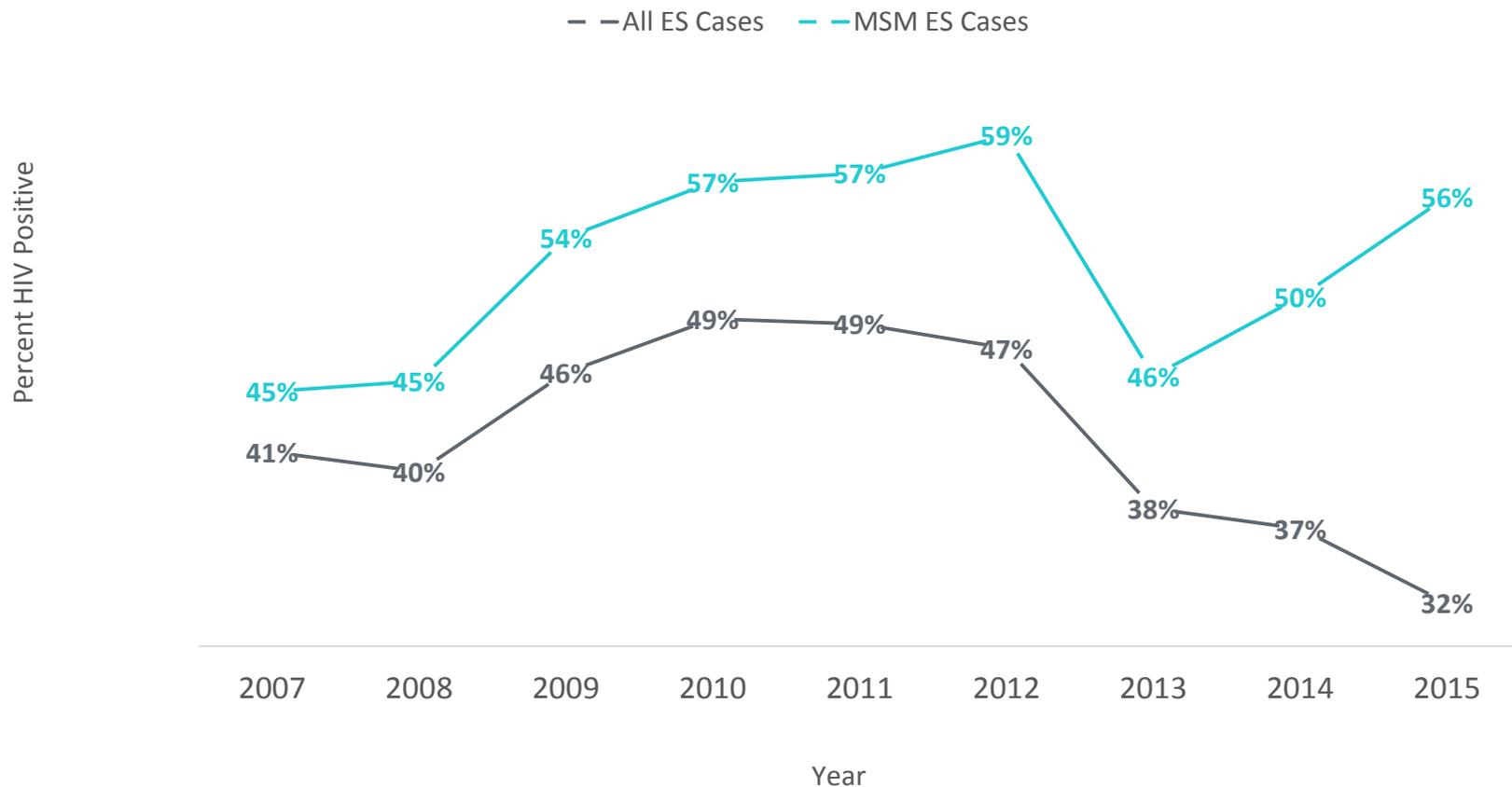


MSM=Men who have sex with men

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



Early Syphilis[†] (ES) Cases Co-infected with HIV, 2007-2015



MSM=Men who have sex with men

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





Characteristics of Early Syphilis[†] Cases Among MSM, Minnesota, 2015

- **Gay and bisexual men account for 65% of cases among men.**
- **75% of cases among MSM are White, but a disproportionate number of cases (14%) are African American.**
- **51% in the City of Minneapolis and 27% live in the suburbs**
- **56% of cases are also infected with HIV.**

MSM=Men who have sex with men

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





Topic of Interest: Syphilis Among Females and Congenital Syphilis in Minnesota

Minnesota Department of Health STD Surveillance System





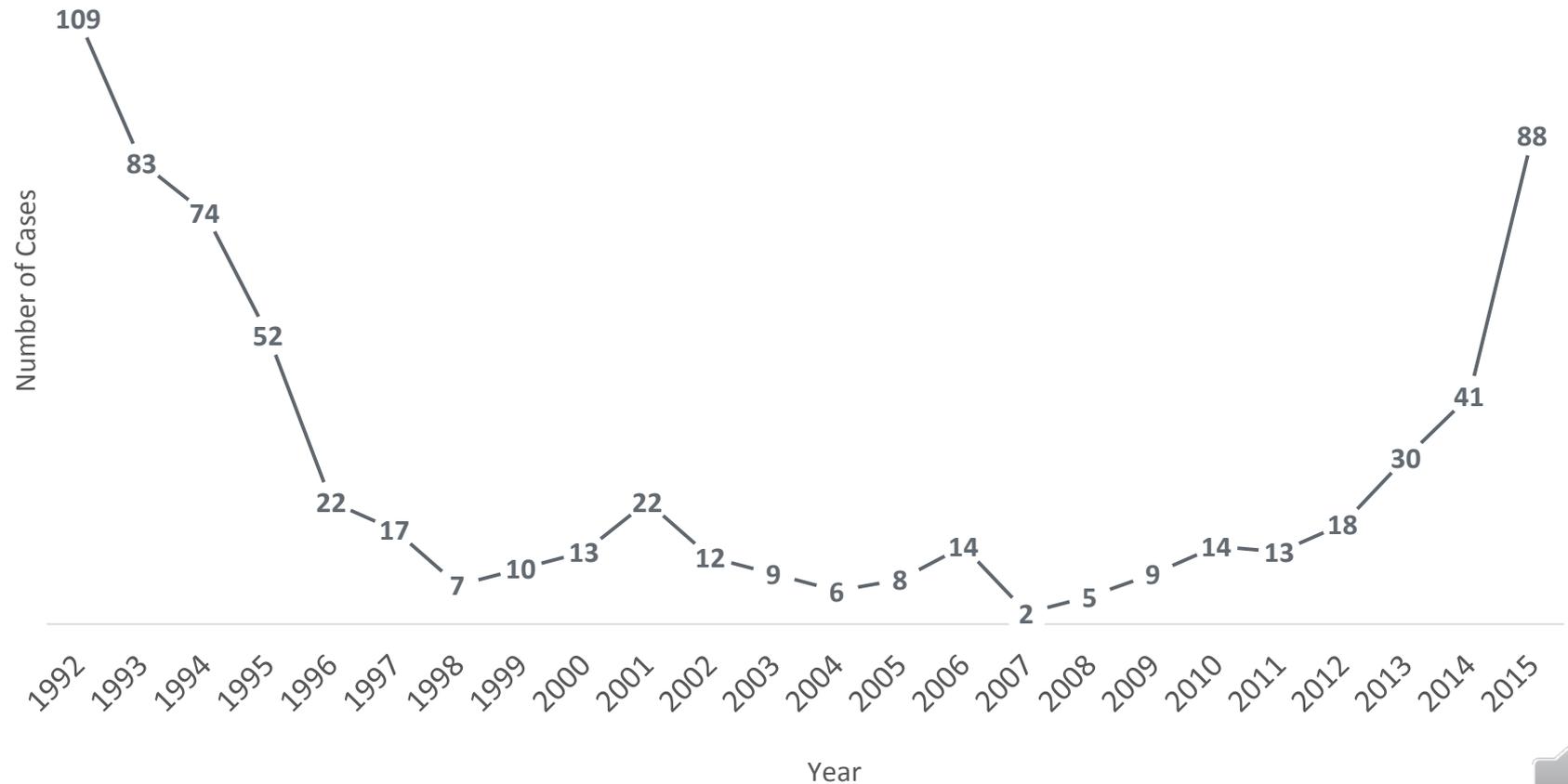
Syphilis Among Females, Minnesota, 2015

- Primary Syphilis – 18 cases
- Secondary Syphilis – 21 Cases
- Early Latent Syphilis – 49 cases
- Late Latent Syphilis – 85 cases



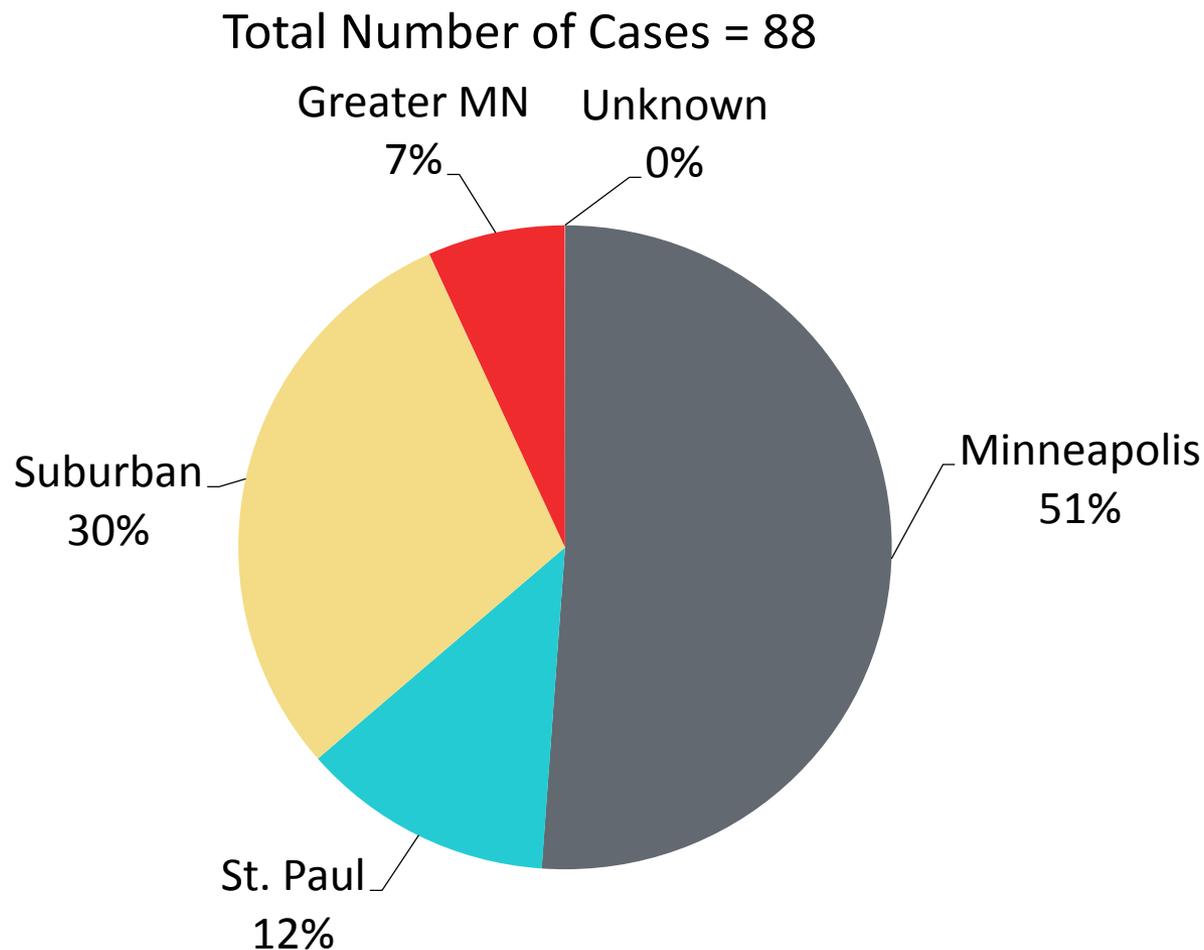
Female Early Syphilis cases

NUMBER OF FEMALE EARLY SYPHILIS CASES





Early Syphilis Infections in Women in Minnesota by Residence at Diagnosis, 2015

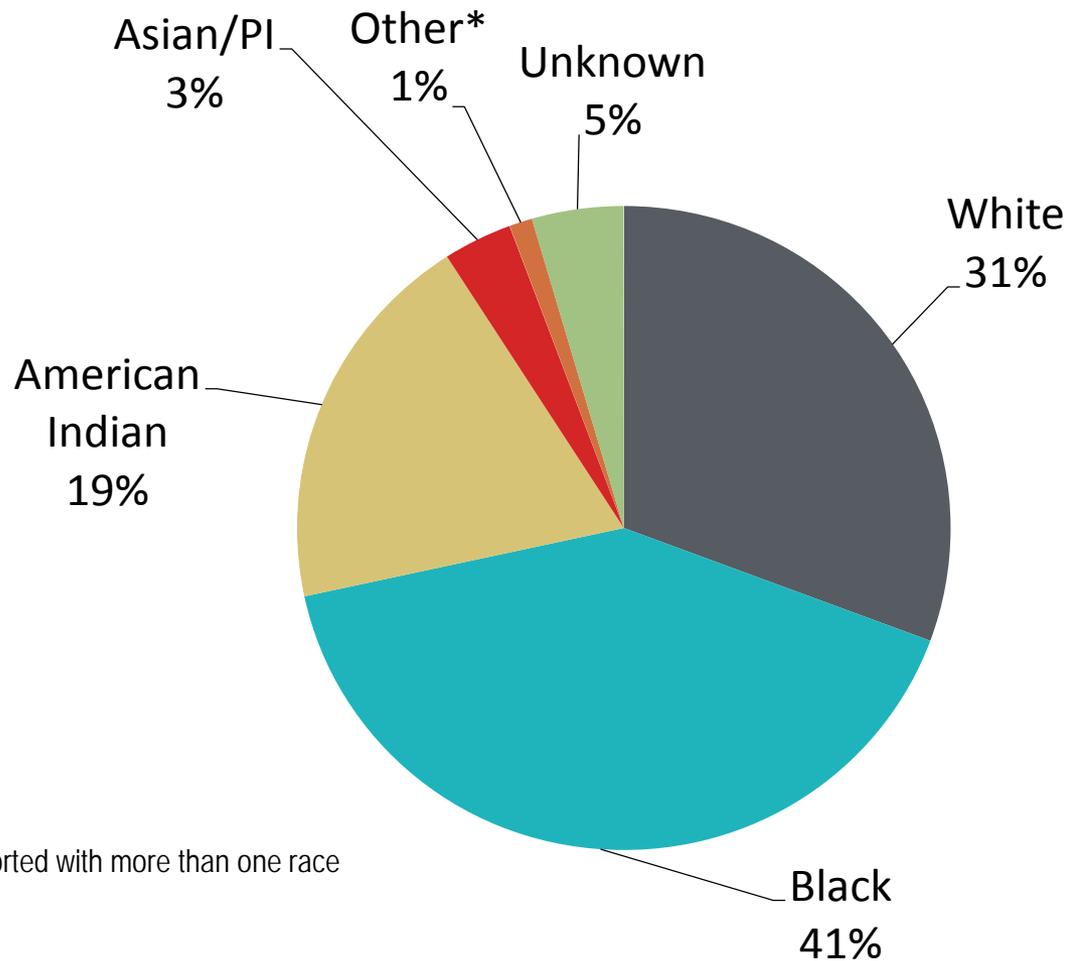


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Early Syphilis Cases in Females by Race Minnesota, 2015

Total Number of Cases = 88



*Includes persons reported with more than one race





What's Being Done in Minnesota?

- The MDH Partner Services Program continues to follow up on early syphilis cases and their sex partners and all pregnant syphilis cases.
- All HIV/Syphilis co-infected cases are assigned to Partner Services for follow-up.
- Physicians are encouraged to screen men who have sex with men at least annually and to ask about sex partners.
- All pregnant females should be screened for syphilis at first prenatal visit, 28 weeks' gestation (at minimum 28-36 weeks), and at delivery.





STD Surveillance Summary

Minnesota Department of Health STD Surveillance System





Summary of STD Trends in Minnesota

- From 2005-2015, the chlamydia rate increased by 66%. The rate of gonorrhea remained the same between 2014 & 2015. Rates of reported syphilis increased in 2015 compared to 2014 by 3%.
- 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. However, the number of females is at a record high for the last decade.
- 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 63% of the reported cases in 2015.
- Adolescents and young adults (15-24 years) have the highest rates of chlamydia and gonorrhea, making up 61% of new infections in 2015.
- Between 2014 and 2015, early syphilis cases increased by 4%. Men who have sex with men comprised 65% of all male cases in 2015; cases among women are continuing to increase.





Future Updates to STD Reporting

- New case report form to accommodate changes in treatment guidelines
- Case report form is be able to be filled out on a computer and printed to be mailed or faxed in
- All cases co-infected with HIV (diagnosed in the last year)/Gonorrhea, HIV/Syphilis, and Early Syphilis will be continue to be assigned to MDH Partner Services for follow-up
- All Gonorrhea cases continue to have the potential for being contacted by MDH for additional follow-up



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





New Perinatal Syphilis Screening Guidelines

Presenter:
Kathy Chinn
Capacity Building Coordinator





Why new guidelines?

- **Increase of infectious and latent syphilis cases among women of child-bearing age**
- All racial and ethnic groups, including pregnant women
- Half of the pregnant women with syphilis were in Greater Minnesota and half in the Twin Cities area
- Minnesota has not seen this many reported cases of syphilis in women for over 20 years and this trend is occurring nationally





Why new guidelines?

- **Within second half of 2015, 3 cases of congenital syphilis reported to MDH**
- **There have been no reported cases in the prior four years.**
 - Consequence of untreated syphilis in pregnant women includes congenital syphilis, stillbirth and irreversible effects on the newborn.
 - Congenital syphilis can be severe and life threatening.
- **Consult with CDC, perinatal and pediatric partners**





Co-signed letter with new recommendations January 2016

- Ruth Lynfield, M.D. State Epidemiologist and Medical Director Minnesota Department of Health
- Susan Berry, M.D. President, Minnesota Chapter of the American Academy of Pediatrics
- M. Tariq Fareed M.D. President, Minnesota Academy of Family Physicians
- Carrie Neerland, APRN, CNM & Jess Holm, APRN, CNM Co-Presidents, Minnesota Affiliate of the American College of Nurse Midwives
- Douglas Creedon, M.D. Chair, Minnesota American Congress of Obstetricians and Gynecologists





What are the guidelines?

- **Screen/Test ALL pregnant women at:**
 - First prenatal visit
 - 28 weeks' gestation (at minimum between 28-36 weeks)
 - Delivery





What are the guidelines?

- Become familiar with MDH syphilis screening guidelines and protocols
- Check that syphilis serology has been done on all pregnant women. If it has not been done, perform serology prior to discharge. Pediatric providers should check mother's results on all births
- Testing for syphilis can be done at additional times if it is identified during prenatal visits there is concern about syphilis exposure
- An HIV test should be conducted along with the initial syphilis test at the first prenatal visit





What are the guidelines?

- Make sure to test and treat sex partners of patients who test positive. Obtain partner information from patients and encourage them to work with the MDH Partner Services Program
- Test any woman delivering a stillborn at 20 week gestation or further for syphilis at the time of delivery
- Report cases (including syphilitic stillbirths) within 24 hours to MDH at 651-201-5414 or 1-877-676-5414
- Review the clinical findings suggestive of congenital syphilis





How is implementation going?

- **Off to a good start!**
- All major metro area healthcare systems are on board and have changed protocols/discharge orders
- Greater MN healthcare systems are coming on board
- MDH has provided consultation and Grand Rounds to systems, clinics and providers
- Insurance pays for screening tests as ordered by providers– not a barrier





Resources

- See:
<http://www.health.state.mn.us/divs/idepc/diseases/syphilis/hcp/protocol.html>
- Visit the MDH website for more detailed treatment guidelines, to learn more about syphilis and the Partner Services Program,
<http://www.health.state.mn.us/divs/idepc/diseases/syphilis/index.html>
- CDC's Sexually Transmitted Diseases website: 2015 Sexually Transmitted Diseases Treatment Guidelines,
<http://www.cdc.gov/std/tg2015/clinical.htm>
- Report cases (including syphilitic stillbirths) within 24 hours to MDH at 651-201-5414 or 1-877-676-5414





Ocular Syphilis

Presenter:

Dawn Ginzl

STD Surveillance Coordinator/Epidemiologist





What is Ocular Syphilis?

- Ocular syphilis can involve almost any eye structure
- Posterior uveitis and panuveitis are the most common
- Additional manifestations may include anterior uveitis, optic neuropathy, retinal vasculitis and interstitial keratitis.
- The vast majority of eye problems associated with syphilis are also associated with many other infectious and non-infectious diseases.





What stages of syphilis involves the eye?

- **Every** part of the eye can be involved during **any** stage of the infection
- All stages of syphilis can have eye involvement.
- Eye involvement occurs most frequently in secondary syphilis and late syphilis





Are ocular syphilis and neurosyphilis the same thing?

- No, but there is a lot of overlap
- Ocular syphilis can be associated with neurosyphilis.
- Both ocular syphilis and neurosyphilis can occur at any stage of syphilis





Diagnostics

- Ophthalmologic exam
- Syphilis serologies: RPR, VDRL, treponemal tests
- Lumbar puncture





Diagnostic Considerations

- Most diagnoses are presumptive
- Most patients will have positive serological tests
 - In patients with late ocular syphilis, 30% may have a NEGATIVE serum RPR but all will have a positive serum treponemal test
 - VERY rarely, someone with early syphilis (primary stage) will have negative syphilis serologies (both treponemal and RPR) and eye symptoms





Do you need to do an LP in someone who only has eye symptoms and no neurological symptoms?

- YES, and here's why:
 - If the CSF VDRL is positive in someone who has eye symptoms, you can make a DEFINITIVE diagnosis of ocular syphilis (that's really the only way to make a DEFINITIVE diagnosis)
 - Up to 70% of patients with ocular syphilis will have evidence of neurosyphilis on LP
 - If they have evidence of neurosyphilis, the clinicians will need to follow them with LPs every 6 months to make sure they are responding to therapy





Ocular Syphilis / Neurosyphilis Treatment

Recommended regimen:

- Aqueous Crystalline Penicillin G 18-24 mu IV daily administered as 3-4 million units IV q 4 hr for 10 -14 days

Alternative regimen:

- Procaine Penicillin G 2.4 mu IM daily plus Probenecid 500 mg PO q d, both for 10-14 days





Ocular Syphilis in Minnesota

- **Seven cases of ocular syphilis were reported in MN in 2015**
 - 2 females, 5 males
 - Ages ranged from 25 to 68
 - 5 White, 2 African American
 - 2 secondary syphilis, 1 early latent, 4 late latent
 - 2 HIV+
 - 5 Minneapolis, 2 Anoka County
- **Symptoms at diagnosis included:**
 - Uveitis, Eye Pain, Blurry Vision, Loss of vision in one eye





Reporting Ocular Syphilis

- Case Definition: a person with clinical symptoms or signs consistent with ocular disease (i.e. uveitis, panuveitis, diminished visual acuity, blindness, optic neuropathy, interstitial keratitis, anterior uveitis, and retinal vasculitis) with syphilis of any stage
- Report to the Minnesota Department of Health within 24 hours of diagnosis at (651) 201-5414





Thank you to:
Johns Hopkins School of Medicine &
the Centers for Disease Control for
information used to develop this
presentation



CRUSH



Nicole Elliott
CRUSH Leadership Team Member

April 11th, 2016
MDH STD Data Release Webinar





What is CRUSH?

CRUSH is a partnership of youth-serving organizations and community members formed in mid-2013 to address the increasing rates of chlamydia infections among teens and young adults in our community.

GOAL: TO REDUCE STI RATES AND IMPROVE THE SEXUAL HEALTH OF YOUTH IN MINNEAPOLIS.



CRUSH's Mission

CRUSH mobilizes individuals, organizations, and the community to eliminate chlamydia infections in North Minneapolis through advocacy, education, prevention, and treatment.





2016 Leadership Team

The role of the leadership team is to support and direct CRUSH's efforts to eliminate chlamydia infections in North Minneapolis through advocacy, education, prevention, and treatment.

Sara Hollie Leadership Team Co-Chair	Mark Campbell Leadership Team Co-Chair
Trina Pearson & Brenda Lynn Youth Engagement Action Team	Gabriel McNeal Policy Action Team
Nicole Elliott & Fred Evans Affordable and Accessible Health Services Action Team	Nicole Elliot Evaluation Action Team
Leadership Committee Education and Community Outreach Action Team	Desmond Grady & Audrey Neal Communications Action Team
Fred Evans Funding & Resources Action Team	





Our Accomplishments to Date

➤ **June 2013-December 2014**

- Developed the strategic plan as the North Mpls Chlamydia Partnership.
- Hosted the 1st community forum to raise awareness of our effort and the problem.

➤ **January 2014-August 2014**

- Launched the strategic plan based on grant goals as CRUSH.
- Secured funding.
- Decide on a logo.
- Launched the CRUSH website and Facebook page.
- Convene our Youth Council.





Our Accomplishments to Date

➤ **September 2014-December 2015**

- Established the CRUSH Leadership Team.
- Work in action teams on strategic plan goals.
- Work to expand the efforts of our Youth Council.
- Organized CRUSH's 1st City Wide STI Testing Day
- Received the Teenwise Community Partner Award
- Awarded the MDH Chlamydia Strategy Grant – Re-launched Youth Council Efforts
- Completed 1st Young Men's Sexual Health Barbershop Project.
- Planning the 2nd STI Testing Day – Statewide focus.





Secret's Spread It! Talk About It!

The Secrets Spread It! Talk About It! initiative's goal is to improve the sexual health of youth and young adults ages 15-22 in the City of Minneapolis through a focus on addressing chlamydia infection, screening and treatment disparities and inequities. This Youth-Led initiative will use three strategies:

- 1. City-Wide Sexual Health Night Out**
- 2. City-Wide “Battle of the Youth Councils” Vine contest**
- 3. City-wide “Bring out the Parents/Guardians” forum**





Secret's Spread It! Talk About It!: Strategy I

CRUSH City-wide “Sexual Health Night Out” Summer 2016

CRUSH's Youth Leadership Council will host a City-wide “Sexual Health Night Outs” to promote the importance of STI Testing and peer education/communication about sexual health. The events will take place in area high schools or other youth-friendly settings that will include peer-to-peer education, entertainment, food, fun and encourage testing for youth aged 15-22.





Secret's Spread It! Talk About It!: Strategy II

CRUSH City-Wide “Battle of the Youth Councils” Vine contest

CRUSHs Youth Leadership Council will lead a "Battle of the Youth Councils" Vine contest awarding local youth and youth councils with prize money for the best Vine video or Vine/Snapchat series addressing the epidemic of chlamydia and key prevention strategies.





Secret's Spread It! Talk About It!: Strategy III

CRUSH City-wide “Bring out the Parents/Guardians” forum

CRUSH's Youth Leadership Council will host "Bring out the Parents and Guardians" forums to promote intergenerational conversations about the epidemic of chlamydia, and to mobilized parents and caregivers to be primary source educators about sexual health and STI prevention to youth.



2nd Annual Statewide Testing Day

- Expansion of 2015 Twin Cities Youth STI testing Day
 - 18 clinics, 99 youth participants, 11% positivity for CT.
- Partnership with MCP, MDH, Minneapolis Health Department, MN STD Hotline, CRUSH, and many others.
- 50+ clinic sites participating statewide on April 12th, 2016.

MINNEAPOLIS
SCHOOL BASED
CLINICS program

MN STI Testing Day

private + confidential **April 12, 2016** FREE condoms

Low or no-cost testing for sexually transmitted infections (STIs) at a school, clinic, or health center near you.

#DabToTheClinic learn where: **ages 13-25+ welcome**

CRUSHSTI.COM

Contact the MN Family Planning & STD hotline.
Call 1.800.78.FACTS or text 66746 to find clinics and testing locations near you.

In partnership with: **#crushitmn** Sponsored by: **Minneapolis Health Department**





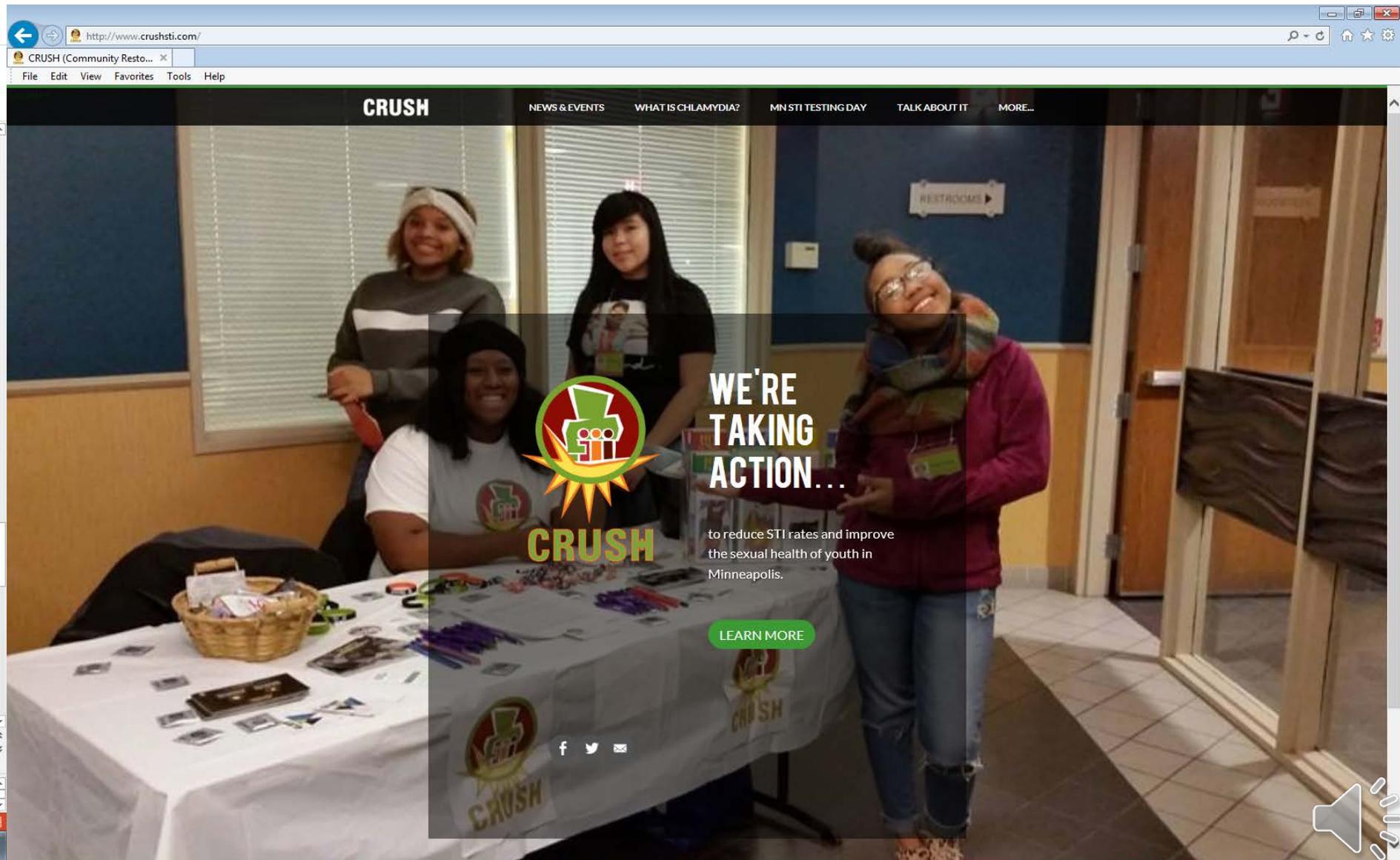
CRUSH'S Future

What do we envision for our future?

- Continue to strengthen the governance, structure and roles of CRUSH's leadership committee and partnership
- Continue to work on achieving the goals of our strategic plan through targeted Action Teams
- Continue to expand the Youth Council and work on the Secrets Spread It, Talk About It Initiative
- Increase community engagement
- Raise awareness about STIs and the importance of youth sexual health, and young men's health
- Evaluate our impact and progress



CRUSH Website: <http://www.crushsti.com/>



The screenshot shows a web browser window displaying the CRUSH website. The browser's address bar shows the URL <http://www.crushsti.com/>. The website's navigation menu includes "CRUSH", "NEWS & EVENTS", "WHAT IS CHLAMYDIA?", "MN STI TESTING DAY", "TALK ABOUT IT", and "MORE...". The main content area features a photograph of four young women at a table covered with a white cloth. The table is set up with educational materials, including a basket of brochures, a sign that says "CRUSH", and various items. A large, semi-transparent overlay is positioned over the center of the image. This overlay contains the CRUSH logo, which is a green circle with a white outline, containing a stylized green and white graphic of a person's head and shoulders. Below the logo, the word "CRUSH" is written in large, bold, green letters. To the right of the logo, the text "WE'RE TAKING ACTION..." is displayed in large, bold, white letters. Below this text, a smaller line of text reads "to reduce STI rates and improve the sexual health of youth in Minneapolis." At the bottom of the overlay, there is a green button with the text "LEARN MORE" in white. Below the button, there are three small icons for social media: Facebook, Twitter, and Email. In the bottom right corner of the browser window, there is a speaker icon and a volume control slider.

CRUSH

NEWS & EVENTS WHAT IS CHLAMYDIA? MN STI TESTING DAY TALK ABOUT IT MORE...

WE'RE TAKING ACTION...

to reduce STI rates and improve the sexual health of youth in Minneapolis.

LEARN MORE

f t e

CRUSH Facebook Page: <https://www.facebook.com/crushsti>

The screenshot shows a web browser window displaying the Facebook page for CRUSH. The browser's address bar shows the URL <https://www.facebook.com/crushsti>. The Facebook navigation bar is visible at the top, including the 'facebook' logo, a 'Sign Up' button, and login fields for 'Email or Phone' and 'Password'. A 'Log In' button is also present, along with checkboxes for 'Keep me logged in' and a link for 'Forgot your password?'. The main content area features a large group photo of CRUSH members. Overlaid on this photo is a white box with the text 'CRUSH is on Facebook. To connect with CRUSH, sign up for Facebook today.' and buttons for 'Sign Up' and 'Log In'. Below the photo is the 'CRUSH Community' header and navigation tabs for 'Timeline', 'About', 'Photos', 'Likes', and 'More'. To the right of the photo is a 'Create Page' button and a 'Recent' list showing the years 2015, 2014, and 2013. The left sidebar contains sections for 'PEOPLE' (28 likes), 'ABOUT' (a description of CRUSH as a partnership of youth-serving organizations and a link to <http://www.crushsti.com/>), and 'PHOTOS' (a grid of images). The main feed shows a post from CRUSH dated February 2 at 12:29pm, featuring a group photo and the text: 'Our 2016 CRUSH Youth Leadership Council! So proud of these young adults.' Below the post is a 'Share' button and a notification that 'CRUSH, Annex Teen Clinic and Mark Campbell like this.' Another post from CRUSH dated February 2 at 12:27pm is partially visible at the bottom, with the text: 'Hey everyone! Join us on February 23rd from 10am-12pm for the CRUSH Partnership meeting.' A speaker icon is visible in the bottom right corner of the browser window.



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Questions?

Thank you!

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