

# Sexually Transmitted Diseases

Santa Cruz County

April 2018



Public Health  
Prevent. Promote. Protect.  
Santa Cruz County



## STD Rates Continue to Climb in the U.S and Santa Cruz County

While Santa Cruz County is not unique among US health jurisdictions experiencing rising rates of syphilis, gonorrhea, and chlamydia, we have seen some **local changes that we think merit attention of medical providers.**

Most notable are an increase in congenital syphilis and a disproportionate increase in syphilis among certain demographics in our community.

We hope this report will provide you with an overview of the **local trends and statistics** along with the **tools to treat your patients right** – from detecting an infection and selecting the correct **treatment** to engaging with your patients in a way that makes them feel heard and **respected.**

#STDMONTH18

TREAT ME  
RIGHT.

APRIL 2018

**Table 1: Number of Reported STDs and Percent Change from 2010 to 2017, Santa Cruz County**

	2010	2017	% Change
Syphilis	13	74	↑(469%)
Gonorrhea	47	315	↑(570%)
Chlamydia	761	1,111	↑(46%)

### Why is there such an increase in identified STD cases?

Santa Cruz County Communicable Disease Unit often gets asked this question. One *possibility* is that medical providers are doing more targeted testing because they are more comfortable doing a **good sexual history** and are **testing appropriately.**

However, rates may also reflect actual increases in cases. The digital era has changed how people meet partners. Phone apps, internet sites, and dating

sites have made multiple, anonymous hook-ups for sex more accessible. With current HIV treatment being so effective, the fear of AIDS has lessened. Therefore, for many, the motivation to use condoms and barriers is less compelling and some patients may be more at risk. Appropriate care is ever more essential.

***“Everyone has a role to play to reverse these trends, but none is more important than that of the frontline clinician.”***

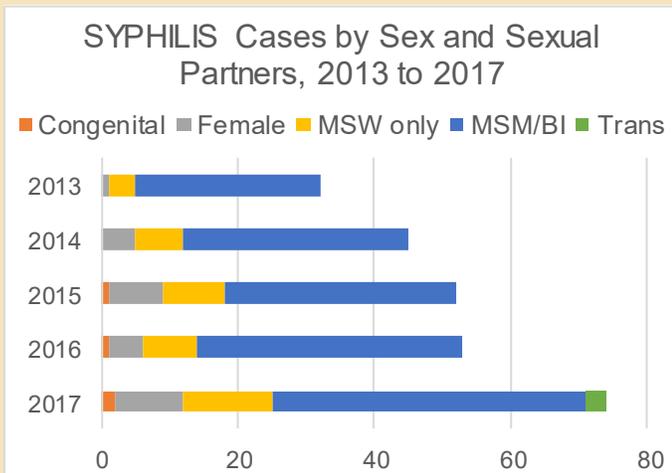
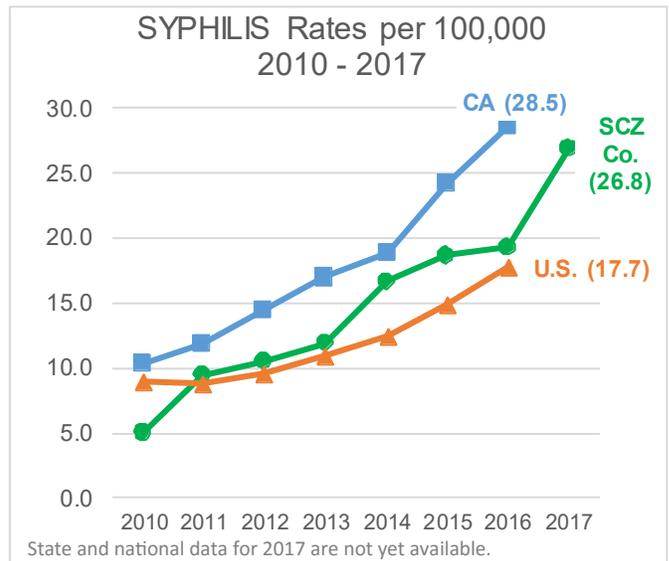
*-Dr. Gail Bolan, CDC*

We thank you for doing your part to treat your patients right.

**Syphilis** This syphilis data refers to the infectious stages of syphilis: primary, secondary, and early latent.

Santa Cruz County and California at large continue to be disproportionately affected by the syphilis resurgence. In 2017, local incidence increased at the most dramatic rate in the last 10 years.

While syphilis is primarily seen in gay and bisexual men, **rates are increasing among all groups.**



MSW: men who have sex with women  
MSM: men who have sex with men

Santa Cruz County is not immune to the **increase** in cases in women and in **congenital syphilis**, leading to babies born with syphilis, miscarriage, and stillbirth. Prenatal testing and treatment are critical to prevention.

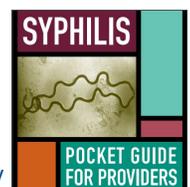
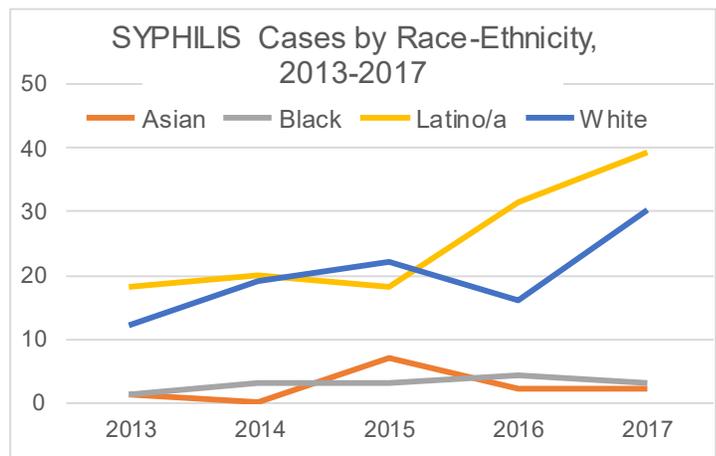
Our county has seen new **cases in transgender women**. To improve your skills in providing comprehensive and sensitive care to trans patients, refer to the UCSF Center of Excellence for Transgender Health for [guidelines and training](#).

In Santa Cruz County, the rate of syphilis in Latino men has recently surpassed rates for those of other races and ethnicities.

It is important to understand that these higher rates are **not caused by ethnicity or heritage**, but by several [social conditions](#) that are more likely to affect people of color.

It's important to take a [sensitive sexual history](#) with men, **even married and partnered men who identify as straight**, and test and treat appropriately. This will, in turn, reduce syphilis cases in women and babies.

As a provider, you can [build skills](#) in cultural sensitivity to create a welcoming environment of care.



CDC's Syphilis Pocket Guide:  
<https://www.cdc.gov/std/syphilis/>

# Gonorrhea

While gonorrhea rates for Santa Cruz County remain below state and national rates, they continue to climb.

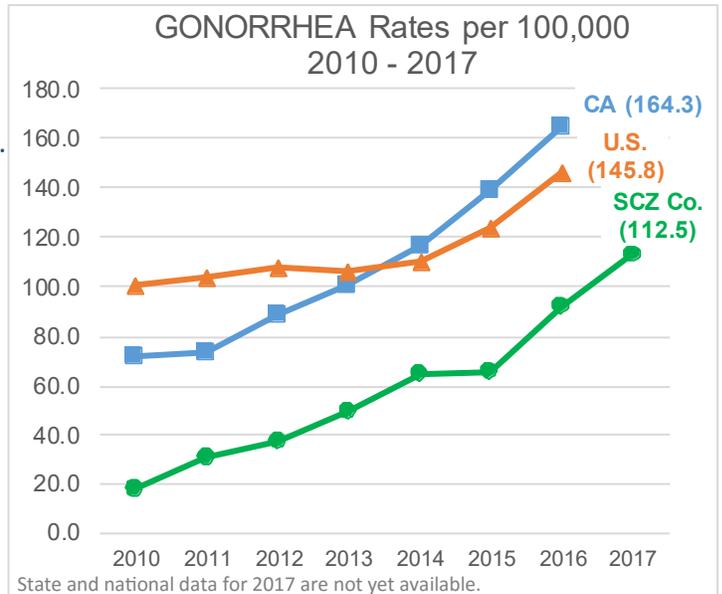
Many cases are likely still being missed. **Rectal** gonorrhea infections are **asymptomatic** 85% of the time.

Among men who have sex with men (MSM),

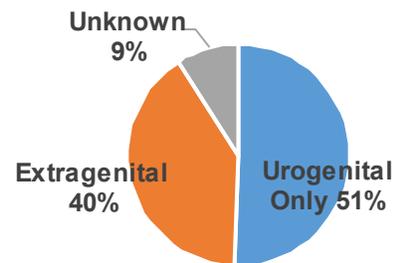
**urine-only screenings** for chlamydia and gonorrhea **miss 70% to 88% of cases.**

In 2017, 40% of reported gonorrhea cases in Santa Cruz County were sampled from an extragenital site — pharyngeal or anal.

We encourage providers to continue to test extra-genital sites when indicated, after a thorough sexual health history.



GONORRHEA Positive Sites  
Among MSM, 2015 - 2017 (n=209)



## Extragenital Testing and Other Recommendations for MSM Care\*

1. Prioritize STD screening (RPR, HIV, chlamydia, gonorrhea) of sexually active MSM at least every 3 months.
2. Screen for rectal chlamydia and gonorrhea infection in men who had receptive anal intercourse in the past year.
3. Screen for pharyngeal gonorrhea infection in men who had receptive oral intercourse in the past year.
4. Discuss and offer or refer for initiation of Pre-Exposure Prophylaxis (PrEP) especially for HIV-negative men with rectal chlamydia or gonorrhea.

\* Adapted from the Gay Men's Health Equity Working Group

Treatment Guidelines for gonorrhea recommend **concurrent dual antibiotic therapy** to improve treatment efficacy and to prevent the emergence of antimicrobial resistance.

### Administer BOTH Concurrently:

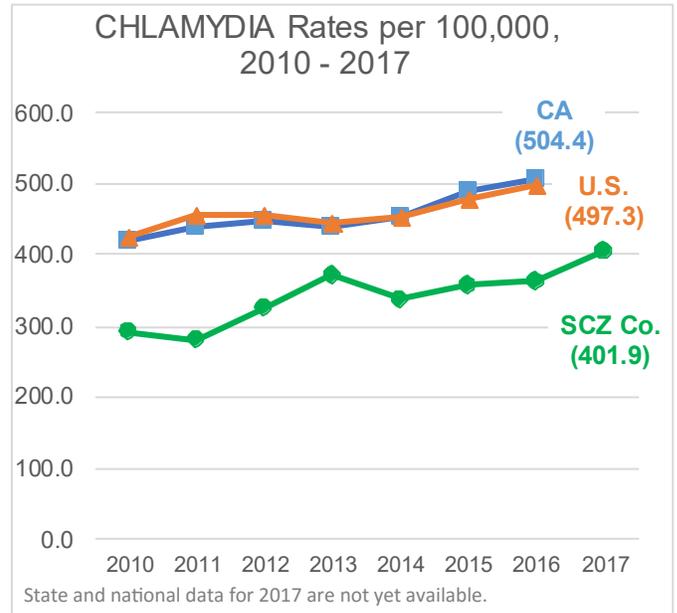
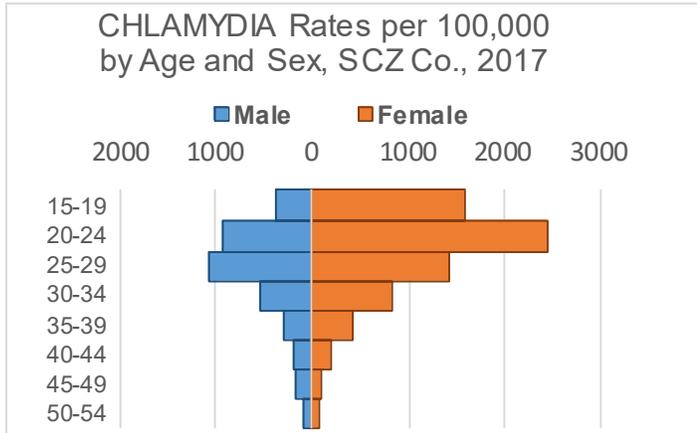
1. Ceftriaxone 250 mg. intramuscular **AND**
2. Azithromycin 1 gm orally, single dose

If the patient goes to the pharmacy for oral medication, have them bring it back with them to take it while they get the injection.

To prevent reinfection of gonorrhea or chlamydia, we recommend **Expedited Partner Therapy**.

# Chlamydia

Chlamydia rates are highest among females under 25 years of age, likely in large part due to testing guidelines. We see a rise in cases in males, possibly due to an increase in appropriate testing.



## 8 Steps to Comprehensive Sexual Health Care

1. Take a sensitive sexual history from every adolescent and adult patient.
2. Determine appropriate testing, including possible extragenital testing.
3. Follow CDPH treatment guidelines.
4. Offer Expedited Partner Therapy (EPT).
5. Report STDs to the County Communicable Disease Unit. Complete the STD Confidential Morbidity Report (CMR). Fax to (831) 454-5049. [www.SantaCruzHealth.org/CDUnit](http://www.SantaCruzHealth.org/CDUnit)
6. Build trust with your patients with teen friendly, culturally competent, and gender affirming care.
7. Encourage your patients to return for follow-up testing in 3 months. Reinfection is common for some STDs.
8. Increase your knowledge to manage STDs (Free CME/CNE available.)

## Partners in Prevention:

### The California Healthy Youth Act (CHYA)

In California, schools are becoming greater partners in STD prevention. In January 2016, California adopted a new law covering sexual health education in schools.

By law, students must receive comprehensive, medically accurate sexual health education and HIV/STD prevention instruction at least once in middle school and once in high school.

The law aims to better educate students of all backgrounds about their sexual and reproductive health

Santa Cruz County Communicable Disease Unit

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

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