**Policy Statement**

**CLHO Committee:** Communicable Disease

**Policy Statement:** The Oregon Coalition of Local Health Officials supports a strong system of prevention, detection, and access to treatment of Sexually Transmitted Infections (STIs).

**Policy Positions:** CLHO supports legislation that:

* Allocates funding to increase the public health workforce and capacity to prevent the spread of STIs
* Increases access to culturally appropriate and timely systems of contact tracing and expedited partner therapy by local public health and with clinical partners
* Creates effective and culturally-tailored statewide prevention plans or programs that engage vulnerable communities
* Increases access to low-cost or no-cost quality testing and treatment services including pharmaceutical therapies

**Public Health Issue that Policy Statement is Addressing:**

* Surveillance and control of infectious disease
* Community engagement and health equity
* Rising STI rates

**Justification (data supporting the need to work on this issue):**

Following national trends, STIs - especially gonorrhea, chlamydia, and syphilis are on the rise in Oregon.[[1]](#footnote-1) Chlamydia, which is the most common STI in Oregon, nearly doubled in cases between 2007 and 2016. In the same time period, women were disproportionately impacted, representing nearly 70% of all cases.[[2]](#footnote-2) In 2017 there were a total of 18,602 cases.[[3]](#footnote-3)

Similarly, cases of gonorrhea in Oregon have increased steadily in the past eight years from 1,078 cases in 2010 to 5,024 in 2017.[[4]](#footnote-4) Men account for about 60% of the cases. Historically gonorrhea has been treatable with antibiotics, but as bacteria has mutated to resist treatment, antibiotic resistance is a growing problem. About half of the specimens tested in Oregon for antibiotic resistance are immune to ciprofloxacin, which has historically been the primary drug to treat gonorrhea. About 10% are resistant to zithromycin.[[5]](#footnote-5)

Syphilis cases have risen by over 2000% since 2007 to 893 cases in 2017.[[6]](#footnote-6) Most of the cases are in men, many of whom have sex with men. Experts believe that this trend has to do with relaxed condom use due to improved HIV drugs. Congenital (mother-to-child) transmission of syphilis is rare in Oregon, but can cause stillbirth or serious birth defects and is on the rise.[[7]](#footnote-7)

HIV is the fourth most common sexually transmitted infection in Oregon in terms of yearly diagnoses. Although yearly cases have dropped, from just over 700 in 2007 to 530 in 2015, it is still one of the most prevalent infections. There are about 7,250 people living with HIV in Oregon as of the end of 2016, according to the Oregon Public Health Division.[[8]](#footnote-8)

STIs increase the risk of acquiring HIV; people who get syphilis, gonorrhea, and herpes often also have HIV or are more likely to get HIV in the future. The behaviors that put someone at risk for one infection (not using condoms, multiple partners, anonymous partners) often put them at risk for other infections. Also, because STI and HIV tend to be linked, when someone gets an STI it suggests they got it from someone who may be at risk for other STIs and HIV. Finally, a sore or inflammation from an STI may allow infection with HIV that would have been stopped by intact skin.[[9]](#footnote-9)

If untreated, STIs can have consequences ranging from mild brief illness to serious complications such as infertility, tubal pregnancy, cancer, stroke, and death. Many STIs can cause serious health problems, including death, in infants born to infected mothers.[[10]](#footnote-10)

Social conditions such as poverty, unemployment, and low education levels are risk factors that are associated with STIs. Research shows that there are higher rates of STIs among some racial and ethnic minority groups compared to whites.[[11]](#footnote-11) Other vulnerable populations include men who have sex with men, injection drug users, and women, especially those who have been trafficked or who work in the sex trade.[[12]](#footnote-12)

**Role of Local Public Health (promising practice/ evidenced-based work):**

While some of the increase in STIs might be attributed to better monitoring or easier testing for the diseases, epidemiological studies have concluded there has been a real increase in the spread. Health departments, however, are not equipped to deal with it.[[13]](#footnote-13) In the last decade, there have been large federal, state, and local cuts to STI prevention programs and services, which is having a direct impact on the lack of awareness about the risk of getting STIs.[[14]](#footnote-14)

Local public health has a crucial role in fighting the worsening STI epidemic. Local public health departments partner with both patients and providers to facilitate care. They consult and collaborate with health providers to develop treatment guidelines. Furthermore, they have the legal ability that providers do not always have to use protected health information on behalf of the health of the public.

In Oregon, current local public health resources are insufficient to do all STI case management. There are thousands of cases of STIs, most of which go completely uninvestigated due to a lack of capacity. Effective case management would include identifying and treating partners. More could also be done around population-based prevention. The focus in Oregon has largely has been on one on one education, rather than on developing a program or plan for prevention.

As STI funding continues to dwindle, local public health must work to strengthen access to quality services, including testing, treatment, partner outreach and services such as Expedited Partner Therapy, and contact tracing. Barriers to access include issues around insurance and timing of appointments, which are key to both prevention and timely treatment before STIs can continue to spread.

**Connection to Modernization Manual Foundational Programs/Capabilities:**

Foundational Programs:

Access to Clinical Preventative Services

Communicable Disease

Environmental Health

Health Promotion & Prevention

Foundational Capabilities:

Assessment & Epidemiology

Policy & Planning

Leadership & Organizational

Health Equity

Communications

Community Partnerships

Emergency Preparedness

References used in developing this Policy Statement:

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2. Terry, Lynne. “By the numbers: sexually transmitted diseases in Oregon.” OregonLive.com. https://www.oregonlive.com/health/index.ssf/2017/07/by\_the\_numbers\_sexually\_transm.html (accessed August 2, 2018). [↑](#footnote-ref-2)
3. “Oregon STD Background Brief - August 2018.” [↑](#footnote-ref-3)
4. Ibid. [↑](#footnote-ref-4)
5. “By the numbers: sexually transmitted diseases in Oregon.” [↑](#footnote-ref-5)
6. “Oregon STD Background Brief - August 2018.” [↑](#footnote-ref-6)
7. “Syphilis Incidence.” Oregon Health Authority. https://www.oregon.gov/oha/PH/ProviderPartnerResources/PublicHealthAccreditation/Documents/indicators/syphilis.pdf (accessed August 2, 2018). [↑](#footnote-ref-7)
8. “By the numbers: sexually transmitted diseases in Oregon.” [↑](#footnote-ref-8)
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11. “STD Health Equity.” Centers for Disease Control and Prevention. https://www.cdc.gov/std/health-disparities/default.htm (accessed August 2, 2018). [↑](#footnote-ref-11)
12. Scutti, Susan. “HIV rates rise in at least two US hot spots.” CNN.com. https://www.cnn.com/2018/03/16/health/milwaukee-beaver-county-hiv-rates/index.html (accessed August 2, 2018). [↑](#footnote-ref-12)
13. “Health officials concerned about STDs in central Oregon.” Statesman Journal. https://www.statesmanjournal.com/story/news/2018/02/12/health-officials-concerned-stds-central-oregon/328709002/ (accessed August 2, 2018). [↑](#footnote-ref-13)
14. “Health officials concerned about STDs in central Oregon.” [↑](#footnote-ref-14)