**Policy Statement**

**CLHO Committee:** Communicable Disease

**Policy Statement:** The Oregon Coalition of Local Health Officials supports the vital and unique role played by public health in the prevention of Sexually Transmitted Infections (STIs).

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

* Increases access to culturally appropriate and timely systems of contact tracing and expedited partner therapy by local public health and with clinical partners
* Increases access to low-cost or no-cost quality STI screening, testing, and treatment including:
	+ Allocates resources to modernize public health and increase the public health workforce capacity to prevent the spread of STIs
	+ Creates effective and culturally-tailored statewide prevention plans and programs that engage communities most impacted by STIs

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

* STI prevention and control
* STI data collection and surveillance
* Community engagement and health equity

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

Chlamydia, gonorrhea and syphilis are the most common bacterial sexually transmitted infections in Oregon. Following national trends, these three infections have continued to increase alarmingly, representing an indisputable statewide epidemic with little evidence of abating.[[1]](#footnote-1) Untreated STIs can lead to infertility, reproductive health problems, fetal and perinatal health problems, and other serious long-term health issues

In Oregon, annual reported cases of gonorrhea have steadily increased over the past 8 years, reaching levels not seen since the late 1980s. Young people are disproportionately impacted by gonorrhea with rates being highest among men in their 20s and women in their late teens and early 20s. The rate of gonorrhea among American Indian/Alaska Natives is nearly double that of Whites, and in African Americans it is five times the rate among Whites. Gonorrhea is treatable with antibiotics, but as bacteria has mutated to resist treatment, antibiotic resistance is a growing concern.

The number of syphilis cases has increased dramatically since 2007, rising over 2000%. Men account for 9 in 10 syphilis cases in Oregon although the number of cases among women has continued to steadily rise over the past several years. Several populations who experience significant health disparities including men who have sex with men and people living with HIV are disproportionately impacted by syphilis. Similarly, the rate of syphilis among Latinos is more than double the rate of Whites and for African Americans is triple the rate of Whites.

The rising rate of syphilis in women is particularly concerning because of the potential for congenital (mother-to-child) syphilis in pregnant women. After just one case in 2012 and zero in 2013, the number of congenital syphilis cases has grown 350%. In 2017 Oregon ranked 11th among all fifty states for its rate of congenital syphilis.[[2]](#footnote-2)

Several social conditions and factors continue to exacerbate the STI epidemic in Oregon. Factors such as poverty, lack of affordable housing, unemployment, and discrimination because of race, gender, or sexual orientation all make it more challenging for individuals to stay sexually healthy and for rates of STIs to be reduced.[[3]](#footnote-3)

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

While some of the increase in STIs may be attributable to better monitoring or easier testing, studies have concluded there has indeed been a steep and sustained increase in these infections. Health departments, however, are not equipped to deal with it.[[4]](#footnote-4) Over the last 15 years, STI prevention funding at the federal level, which includes dollars sent to states like Oregon, has dropped by roughly 40% while caseload has more than tripled.[[5]](#footnote-5)

Local public health has a crucial role in combating the worsening STI epidemic. Because of the stigma associated with STIs, as well as the specialized knowledge that local public health has, it continues to be the primary source to which many individuals look for STI screening, testing, and treatment. Because of its access to populations most impacted by STIs and knowledge of local trends and practices, public health is also best situated to engage in community engagement and outreach activities to prevent the spread of STIs.

Local public health serves critical functions in the prevention of STIs that no one else can. By statute, local public health is responsible for investigating reported STI cases. This includes ensuring an individual is properly treated for the STI and receives counseling on how to prevent acquiring another STI in the future. Just as importantly, local public health engages in contact tracing which is the confidential notification of the sexual partner(s) of an individual with an STI. The partner(s) are told by local public health that they may have been exposed to a STD and should be tested and/or treated. Contact tracing prevents reinfection and further STI transmission and complications and can decrease the overall number of STIs.[[6]](#footnote-6)

Despite the importance of investigating STI cases and effectiveness of contact tracing, current public health resources are insufficient to do it with every STI case that needs it. Each year, there are thousands of STIs across Oregon that go completely uninvestigated due to a lack of capacity. Resources are also limited to fully increase uptake of evidence-based practices such as expedited partner therapy to treat chlamydia and gonorrhea. EPT is the process of providing medication or a prescription for an individual infected with an STI to then provide to their partner(s). Without increased uptake of interventions such as EPT, many individuals, particularly young adults, can easily become re-infected with another STI.

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

Foundational Programs:

[ ]  Access to Clinical Preventative Services

[x]  Communicable Disease

[ ]  Environmental Health

[ ]  Health Promotion & Prevention

Foundational Capabilities:

[x]  Assessment & Epidemiology

[ ]  Policy & Planning

[ ]  Leadership & Organizational

[x]  Health Equity

[ ]  Communications

[x]  Community Partnerships

[ ]  Emergency Preparedness

References used in developing this Policy Statement:

1. “The Rising Tide of Sexually Transmitted Infections: Oregon 2017.” <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/CDSUMMARYNEWSLETTER/Documents/2018/ohd6701.pdf> (accessed October 30, 2018). [↑](#footnote-ref-1)
2. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018. [↑](#footnote-ref-2)
3. “STD Health Equity.” Centers for Disease Control and Prevention. https://www.cdc.gov/std/health-disparities/default.htm (accessed August 2, 2018). [↑](#footnote-ref-3)
4. “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-4)
5. “Record High Number of STD Infections in U.S., As Prevention Funding Declines.” NPR. https://www.npr.org/sections/health-shots/2018/08/28/642664883/record-high-number-of-std-infections-in-u-s-as-prevention-funding-declines (accessed October 30, 2018). [↑](#footnote-ref-5)
6. “Sexually Transmitted Disease (STD) Contact Tracing Infographic. http://www.ncsddc.org/resource/sexually-transmitted-disease-std-contact-tracing-infographic-2/ (accessed October 30, 2018). [↑](#footnote-ref-6)