

LAC DPH Health Information: STD rates on the rise in Los Angeles County



November 29, 2016

This message is intended for primary care, emergency medicine, and urgent care providers.

Please distribute as appropriate.

Key Messages

- Cases of all sexually transmitted diseases (STD) are dramatically rising in Los Angeles County and nationally.
- Medical providers have a key role to play in helping control the spread of STDs.
- Increased screening for STDs and timely treatment of patients and their partners remain critical components of STD prevention and control.

Situation

In 2015, providers in Los Angeles County (LAC) reported nearly 75,000 cases of sexually transmitted disease (STD): 53,069 cases of chlamydia; 16,469 cases of gonorrhea; 4,633 total cases of syphilis; and 21 cases of congenital syphilis.

This level of disease represents a sharp increase from relatively low levels in 2010. In the single year from 2014 to 2015, the number of cases of gonorrhea increased by nearly 15% and the number of cases of early syphilis increased by more than 25%. These levels of increase are of great concern and require that we work together to stem the rising trend. Within the County of Los Angeles, a great portion of the burden of STDs falls disproportionately on two distinct populations: men who have sex with men (MSM) and young women of color.

Many STDs have serious effects on health, and the presence of bacterial STDs facilitates the transmission and acquisition of Human Immunodeficiency Virus (HIV). The impact of congenital syphilis, which is entirely preventable, can also lead to severe consequences such as stillbirth, birth defects, preterm labor or prematurity.

While many cases have been diagnosed and treated, the increase in STDs in recent years is strong and persistent, suggesting the need for additional steps. In particular, there is a need to increase the volume of routine STD screening and to assure that treatment is adequate among the most highly impacted subgroups.

Actions Requested of Providers

- ✓ Take a sexual history on all patients to ascertain risk. http://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/asset/Asking-Essential-Sexual-Health-Questions.pdf
- ✓ Screen and treat all patients according to the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health Screening and Treatment Guidelines, and screen men who have sex with men for STDs every 3-6 months.

https://www.cdc.gov/std/treatment/ and http://www.cdph.ca.gov/programs/std/Documents/STD-Screening-Recs.pdf

- ✓ Treat all uncomplicated gonorrhea cases with dual therapy (Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1g orally in a single dose) due to alarming antibiotic resistance in Neisseria gonorrhea.
- ✓ Remember that syphilis is "the great imitator." Strongly consider syphilis in the differential diagnosis of sexually active patients who present with a wide range of symptoms, especially in men who have sex with men. While common symptoms include rash, ulcerative lesions and warty patches (condyloma lata), you should maintain a high level of suspicion for other presentations. Also note that most patients with syphilis will *not* present with symptoms, but require a screening test to detect its presence. Always order a reflex confirmatory (treponemal-specific, e.g., TPPA or FTA-Abs) test when ordering RPR serology for syphilis screening. http://www.cdc.gov/std/syphilis/default.htm
- ✓ Screen all pregnant women for syphilis at the first prenatal visit; additionally screen pregnant women at higher risk for syphilis during the third trimester (28-32 weeks estimated gestational age) and at delivery. For more information about women considered at higher risk and more information about congenital syphilis in Los Angeles County visit http://publichealth.lacounty.gov/dhsp/Providers/CongenitalSyphilis_LACProviders-9-2016.pdf.
- Ensure your patient's partner(s) is/are also treated for any diagnosed infection, to avoid re-infection of your patient and prevent further spread of disease. Re-test all patients diagnosed with chlamydia, gonorrhea, or trichomonas 3 months after treatment.
 https://www.cdph.ca.gov/programs/std/Documents/Best-Practices-for-Prevention-and-Early-Detection-of-Repeat-CT-and-GC.pdf
- ✓ Promptly report all cases of chlamydia, gonorrhea, and syphilis to the appropriate local Department of Public Health.

Reporting

Reporting STD cases in Los Angeles County (except Long Beach and Pasadena):

- Call 213-744-3106 to report a case during regular business hours (8-5pm, Monday-Friday), or
- Fax a CMR (http://publichealth.lacounty.gov/dhsp/ReportCase/STD-CMR8-2014.pdf) to LAC Division of HIV and STD Program (DHSP) at 213-749-9602. Please note on the CMR if ocular syphilis is confirmed or suspected. We are investigating all cases of ocular syphilis.

Reporting suspect cases in the cities of Long Beach or Pasadena, contact the local health department:

- Long Beach Health Department: 562-570-4213
- Pasadena Health Department: 626-744-6089, or fax a CMR (http://cityofpasadena.net/PublicHealth/For_Providers/) to 626-744-6115

For More Information

- For assistance with case management, consultation, and referrals please call the LAC DHSP Program Clinical Consultation Line at 213-744-3106, 8am-5pm, Monday-Friday.
- Additional provider resources can be found at the STD program website at: http://www.publichealth.lacounty.gov/dhsp/InfoForProviders.htm.

The successful detection and control of STDs in LAC depends on strong partnerships with medical providers such as yourselves. Thank you for your continuing efforts.

This Health Information was sent by Dr. Sonali Kulkarni, Medical Director, Division of HIV and STD Programs, Los Angeles County Department of Public Health

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