Sexually Transmitted Infections

Sexually transmitted infection (STI) cases have increased significantly in recent years. Based on data recently released by the California STD Control Branch, LA County reported over 85,500 STI cases in 2016, including approximately 59,000 cases of chlamydia, 22,300 cases of gonorrhea, over 4,000 cases of early syphilis, and 37 cases of congenital syphilis (CS). From 2015 and 2016, there was a 4% increase in chlamydia cases, a 27% increase in gonorrhea cases, and a 16% increase in early syphilis cases in LA County.[1] This is consistent with an upward trend in STI incidence observed over the past 5 years across the nation.

Who is most affected?

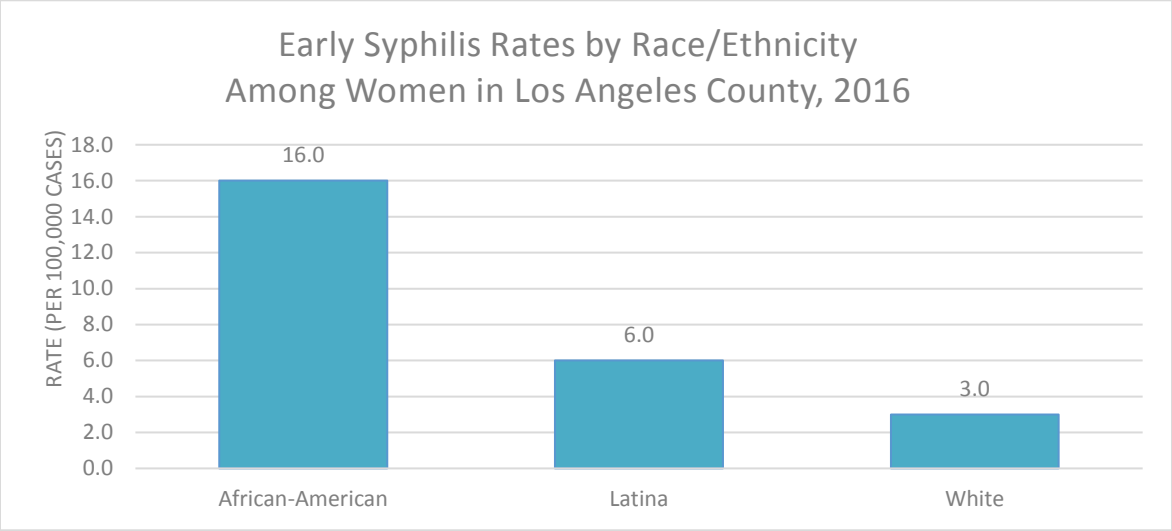
A disproportionate number of STI cases occur among men who have sex with men (MSM), African American women, and transgender persons. Increasing rates of STIs are also occurring among young people, with youth of color disproportionately affected.

Men Who Have Sex with Men

Based on self-report during field service interviews and laboratory data, 60% of men who have sex with men (MSM) and men who have sex with men and women (MSMW) with early syphilis (ES) in 2015 were co-infected with HIV. From 2014 to 2015, the number of ES cases among MSM/MSMW who were co-infected with HIV increased 29%. The number of ES cases among MSM/MSMW who were not co-infected with HIV increased 31% over this same time period.[2]

African American Women

Although women represent a smaller proportion of syphilis cases (7%) compared to men (93%), rates of early syphilis are high among African American women, almost 6 times higher than white women and almost 3 times higher than Latina women. In addition, from 2011 to 2016, the number of female early syphilis cases reported in LA County increased 255%.[1]



Data Source: California Department of Public Health. (2017). 2016 STD Surveillance Report.

As more women become infected, the number of pregnant women with syphilis and probable CS cases recently reported to the Department of Public Health has also increased significantly. In 2016, there were 37 probable CS cases, a 61% increase from the previous year.[1] To date in 2017, 26 CS cases have been reported, and if this trend continues, LA County will likely see 42 cases by the end of 2017. This steady increase is concerning given that CS is highly preventable. It serves as an indicator of cracks in our healthcare system and access to prenatal care.

African American women also experience disparate rates of chlamydia and gonorrhea. In 2016, they were 5.5 times more likely to be diagnosed with chlamydia and more than 9 times more likely to be diagnosed with gonorrhea than White women in LA County.[1]

Transgender Individuals

Data for the transgender community is not easily available, since gender for this population is often misclassified. In addition, without the availability of U.S. Census data to determine the actual size of the transgender population, it is not possible to calculate rates. For 2015, available data indicated that 25 transgender individuals were diagnosed with ES, 49 with gonorrhea, and 50 with chlamydia. As a result of gender misclassification, it is likely that the number of STIs among the transgender population is higher than reported. Better surveillance systems are needed to capture gender identity appropriately.

Youth

In LA County, STIs continue to predominately affect younger people, particularly between the ages of 15 and 24. Although few cases of syphilis are reported among youth, youth represented a large proportion of the gonorrhea (33%) and chlamydia (50%) cases reported in LA County in 2016, with significant disparities by race.[1] In 2015, African American males ages 20-24 years had rates of chlamydia and gonorrhea 4 times greater than their White male counterparts. Similarly, African American females (aged 20-24 years) had rates of chlamydia and gonorrhea 4 and 8 times greater than their White counterparts.[2]

What causes these health inequities?

Provider practices, behavioral, and socioeconomic factors are driving the increase in STI rates. Inadequate screening and testing, reluctance to offer expedited partner therapy, and limited follow-up with sexual partners are provider practices that significantly affect the identification and treatment of individuals with STIs. Behavioral factors include: declining condom use; changes in the way people access sexual partners with technology; and lack of appropriate STI screening and treatment. Socioeconomic factors include: unemployment, poverty, and homelessness; sex in exchange for resources and forced sexual activity; substance use; incarceration; lack of access to culturally competent healthcare; and low health literacy.

Among MSM and transgender individuals, homophobia, stigma, racism, and threats of violence lead to disproportionate disease risk. These factors are also magnified among lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth, who experience higher rates of victimization and criminalization than their non-LGBTQ counterparts. Women face many of the obstacles to sexual health noted above, as well as gender discrimination, domestic violence, and lack of prenatal care. Last, the persistent lack of sex-positive sexual health messages among health providers and community leaders throughout all communities contributes to a lack of awareness, shame, and stigma surrounding sexual health.

References:

[1] California Department of Public Health. (2017). 2016 STD Surveillance Report. Online at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx. Last accessed October 3, 2017.
[2] Los Angeles County Department of Public Health Division of HIV and STD Programs. 2015 Annual HIV/STD Surveillance Report (unpublished).