



STD Prevention: What Can We Do Together?

**New York State Department of Health
Bureau of STD Prevention & Epidemiology**

OUTLINE

- Introduction to Sexually Transmitted Diseases (STDs)
 - Common STDs
 - High prevalence populations
 - Morbidity Trends
- Education and Prevention Resources
 - New York State Department of Health Resources
 - Community Resources
 - National Programs
- Community Attitudes towards STD Prevention
- Identifying Barriers and Assets to STD Prevention in Your Communities

LEARNING OBJECTIVES

- By the end of this presentation, participants will be able to:

USING THE AUDIENCE RESPONSE SYSTEM

- Throughout the presentation, we will be asking you questions to get your thoughts and feedback on different topics.
- We have a limited number of “clickers”, so if you don’t have one, please talk with a neighbor and share your ideas.

USING THE AUDIENCE RESPONSE SYSTEM

- When a poll question comes up, point the clicker towards the laptop and press the button that represents the response you want to give.
- Please do NOT press the “Channel” button on the lower left. This will disconnect your clicker to the system, and we won’t be able to get your response.

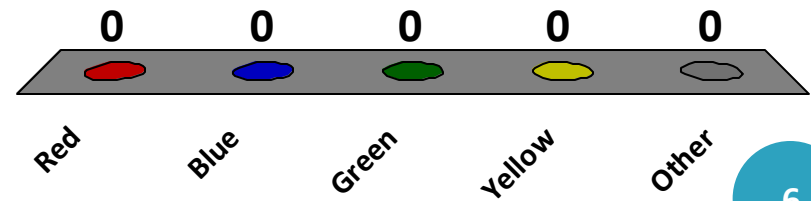


- RED – response not received
- GREEN – response was received
- YELLOW multiple flash – sending response
- YELLOW single flash – polling not open

TEST QUESTION: WHAT IS YOUR FAVORITE COLOR?



1. Red
2. Blue
3. Green
4. Yellow
5. Other



Did your clicker light flash yellow and then green?

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**AN INTRODUCTION TO SEXUALLY
TRANSMITTED DISEASES AND
MORBIDITY IN NEW YORK STATE**

BIOLOGIC CATEGORIES OF SEXUALLY TRANSMITTED DISEASES (STDs)

Bacterial

- Gonorrhea
- Chlamydia
- Syphilis
- Mycoplasma
- Ureaplasma
- Chancroid
- Granuloma inguinale
- Bacterial vaginosis

Protozoan

- Trichomonas

Viral

- Herpes simplex
- Human papillomavirus (HPV)
- Cytomegalovirus
- Molluscum contagiosum
- HIV
- Hepatitis A, B, and C

Ectoparasitic

- Pubic lice
- Scabies

ROUTES OF STD TRANSMISSION

Spread through sex with an infected person

- Anal
- Vaginal
- Oral

Spread through skin-to-skin contact (scabies, pubic lice)

STD TESTING AND TREATMENT

Laboratory tests readily available

- Urine sample (Chlamydia, gonorrhea)
- Blood sample (Syphilis, herpes, HIV)
- Swab of discharge or lesion (Chlamydia, gonorrhea, syphilis, herpes, HPV, Trichomoniasis)

Treatment depends on the STD

- Bacterial STDs cured with oral medication or a shot
- Viral STDs cannot be cured but medication can help relieve symptoms

SOURCE OF STD STATISTICS

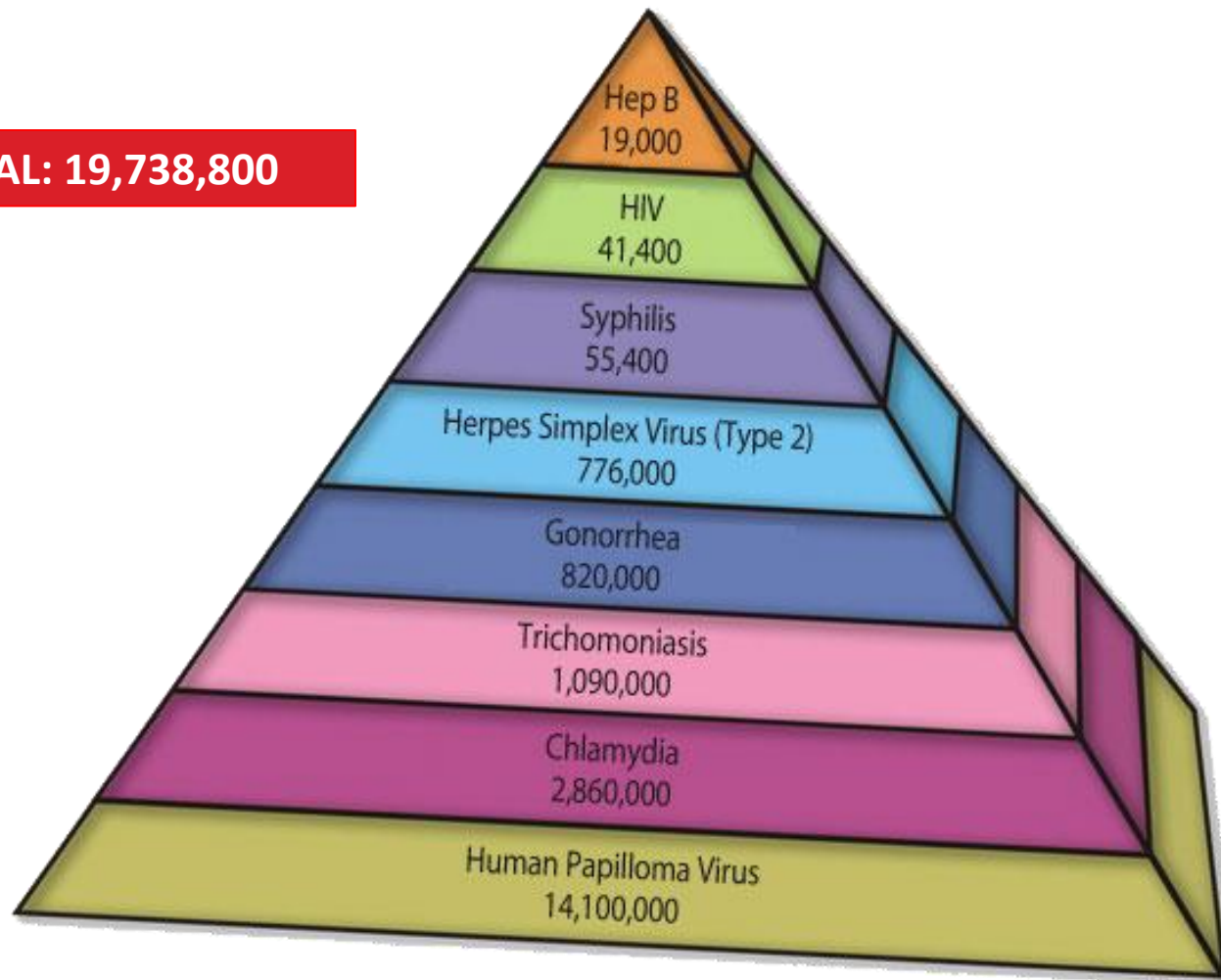
- State laws mandate physician & laboratory reporting of selected communicable diseases
- Public health confirms cases, collects required data*
- Reports are used to establish annual number of cases
- National statistics focuses on:
 - Chlamydia
 - Gonorrhea
 - Syphilis

NATIONAL STD STATISTICS CAVEATS

- Many cases of Chlamydia, gonorrhea and syphilis go undiagnosed and unreported
- Several STDs – HPV, herpes simplex virus, trichomoniasis – are not routinely reported
- National STD statistics reflect a fraction of all STD infections
- Surveys and special projects used to estimate burden of STDs in U.S.

ESTIMATED NUMBER OF NEW SEXUALLY TRANSMITTED INFECTIONS, UNITED STATES

TOTAL: 19,738,800



STD BURDEN AMONG YOUNG PEOPLE



1 in 4

SEXUALLY ACTIVE TEENS
HAS HAD AN **STD.**



You do the math.

WHERE DOES THE “1 IN 4 ADOLESCENTS WILL HAVE AN STD” STATISTIC COME FROM?

- National studies on adolescents that include biomarkers for specific STDs (including viral STDs which are not routinely reported to the health department);
- These community studies collect lab specimens to establish actual prevalence.



STD VACCINATION AS PREVENTION

- HPV vaccine protects against HPV strains associated with cancer
- 3-dose series recommended for girls ages 11-26, males ages 11-21
- Estimated HPV vaccination coverage among 13-17 year olds, 2012

U.S. = 33.4%

N.Y.S. = 39.7%

NEW YORK STATE REPORTABLE STDs

- Chancroid
- *Chlamydia trachomatis*
- *Lymphogranuloma venereum (LGV)*
- Gonorrhea
- Neonatal Herpes Simplex Virus (infants \leq age 60 days)
- Syphilis (specify stage)
- Granuloma Inguinale (NYC only)

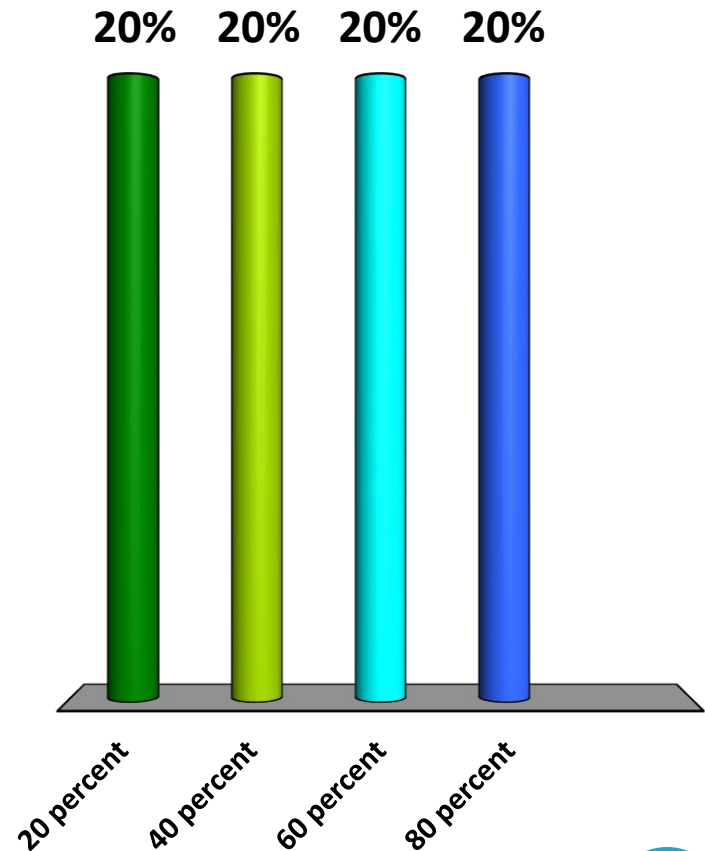
In New York , cases of STDs account for what percent of all reported communicable diseases?

1 = 20 percent

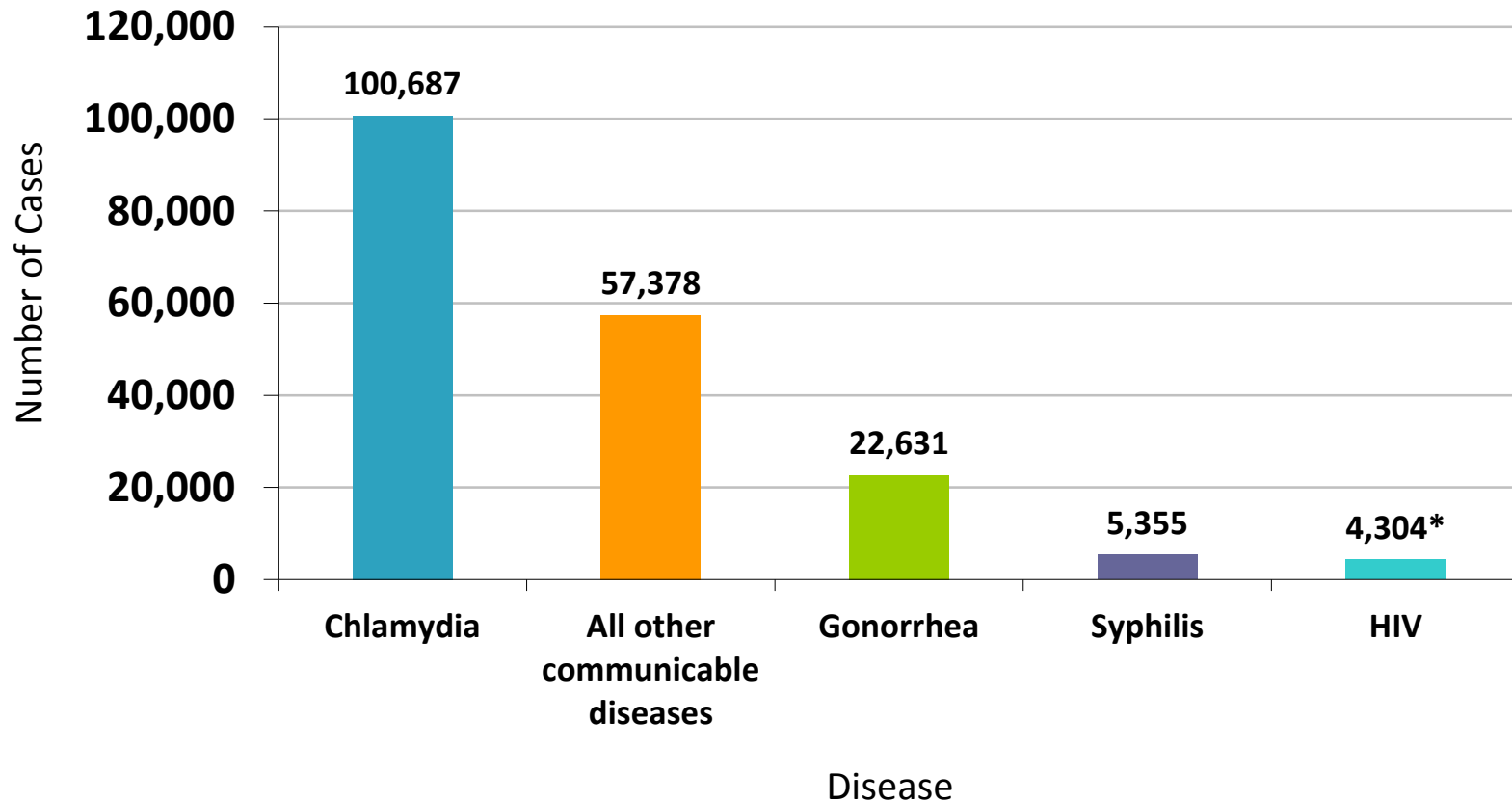
2 = 40 percent

3 = 60 percent

4 = 80 percent



REPORTED CASES OF COMMUNICABLE DISEASES, NEW YORK STATE (NYS), 2012

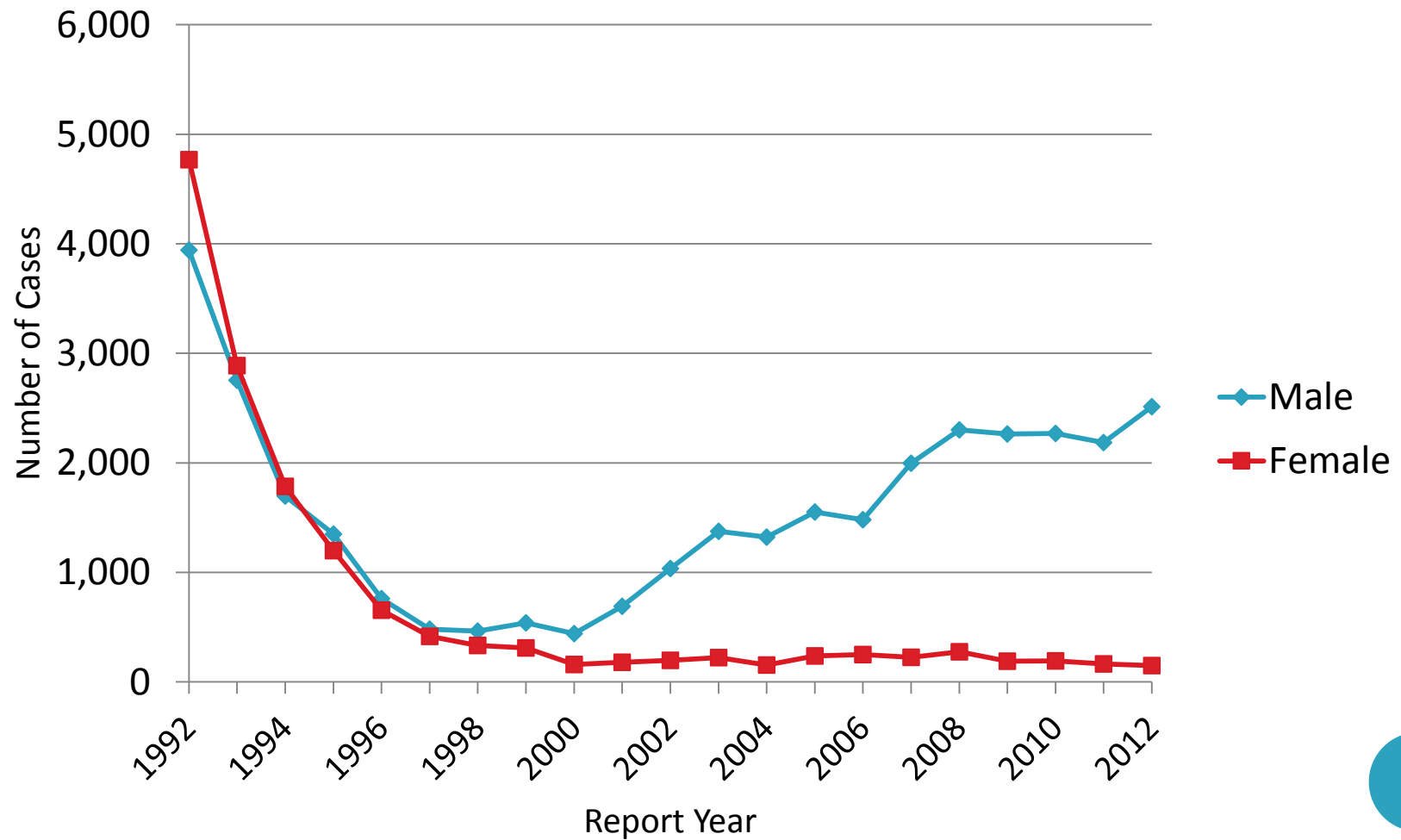


*as reported in 2012 Communicable Disease Annual Report

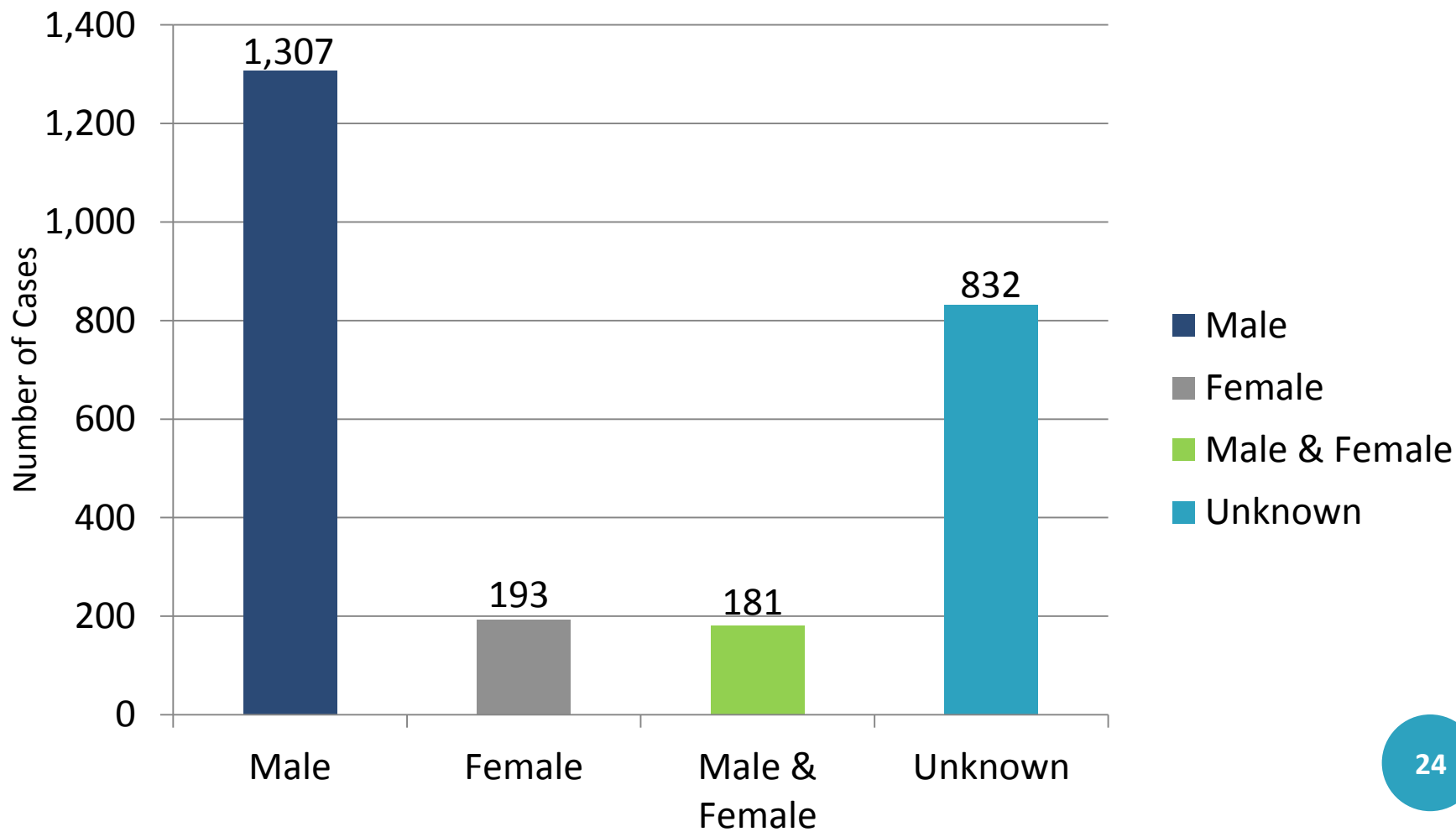
REPORTED CASES OF STDs, BY AREA OF REPORTING NEW YORK STATE , 2012

Disease	NYS excluding NYC		NYC		NYS
Disease	#	%	#	%	#
Early Syphilis	375	14	2,291	86	2,666
Late Syphilis	556	21	2,134	79	2,690
Congenital Syphilis	5	56	4	44	9
Gonorrhea	7,884	35	14,747	65	22,631
Chlamydia	38,227	38	62,460	62	100,687

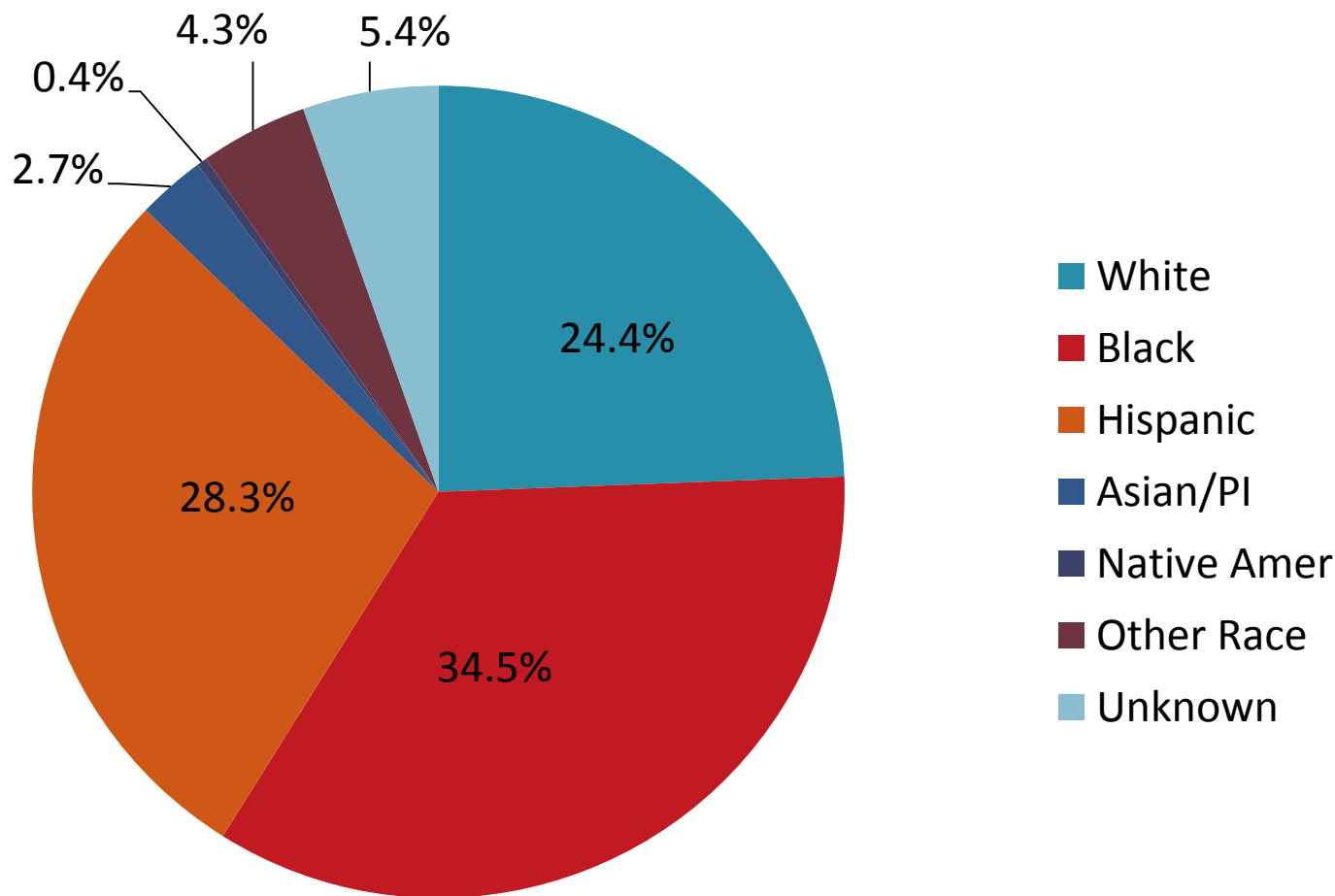
REPORTED CASES OF EARLY SYPHILIS BY GENDER, NEW YORK STATE, 1992-2012



REPORTED CASES OF EARLY SYPHILIS AMONG MALES, BY SEX PARTNER STATUS, NEW YORK STATE, 2012

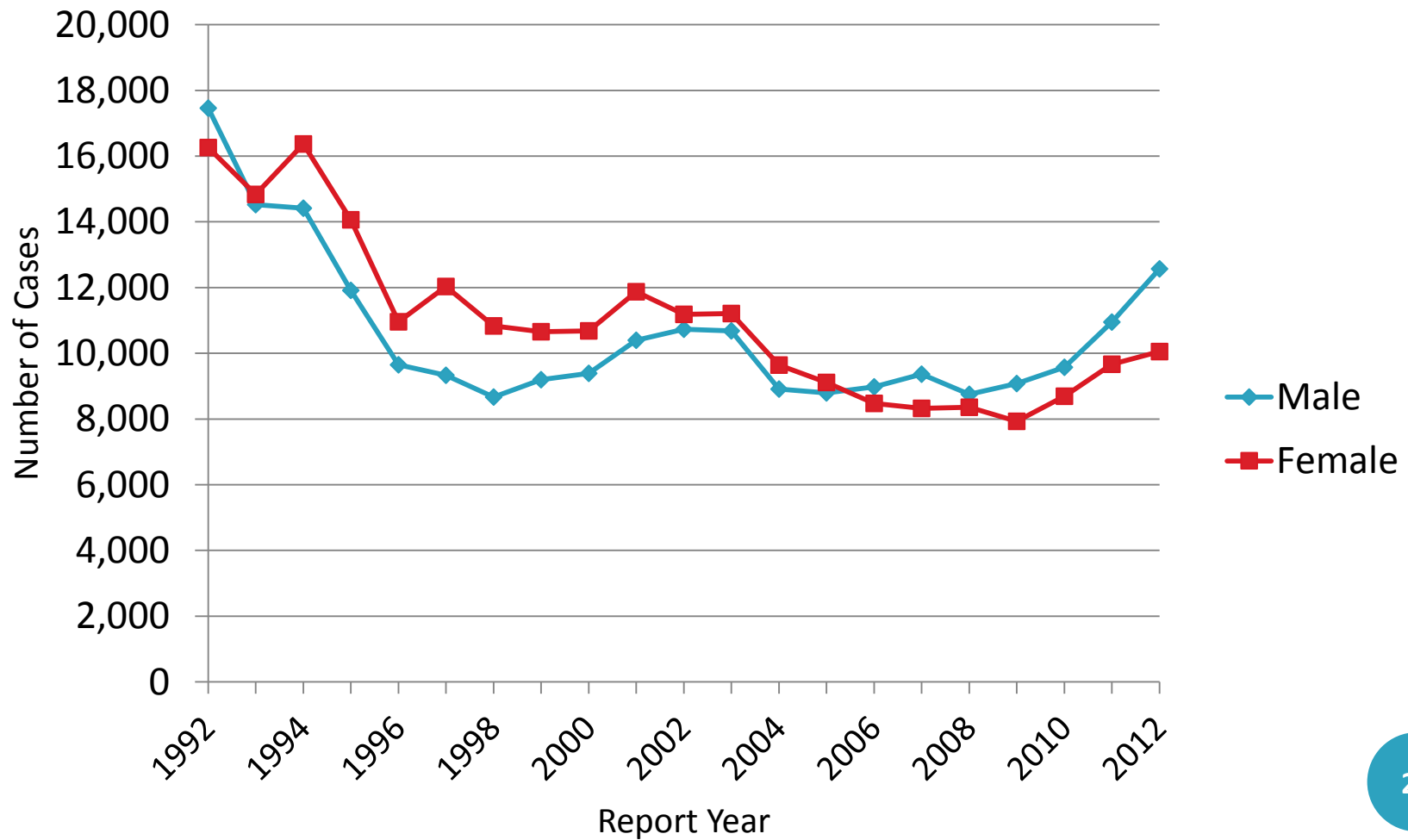


REPORTED CASES OF EARLY SYPHILIS BY RACE/ETHNICITY, NEW YORK STATE, 2012

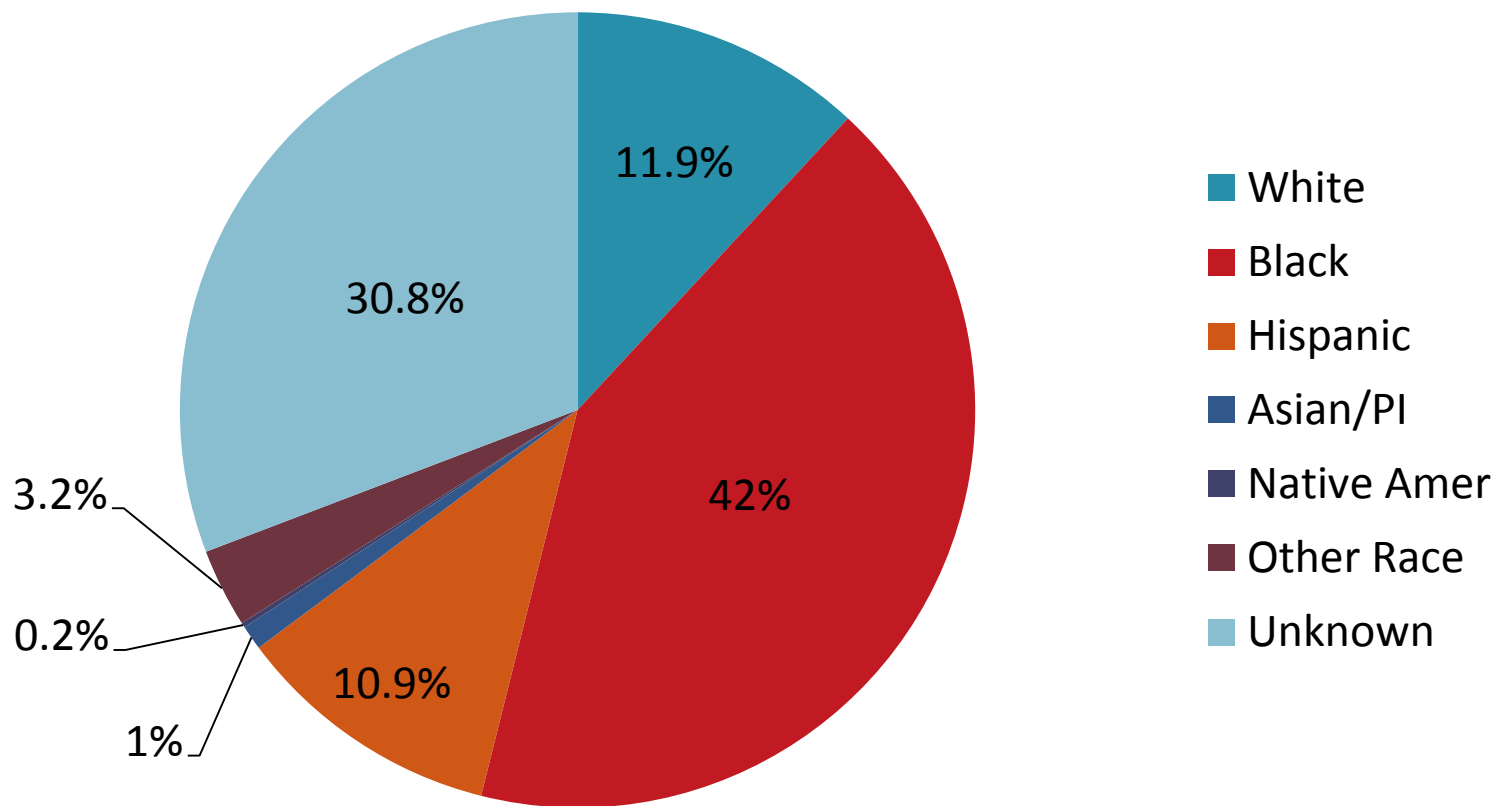


PI=Pacific Islander, Native Amer=Native American

REPORTED CASES OF GONORRHEA BY GENDER, NEW YORK STATE, 1992-2012



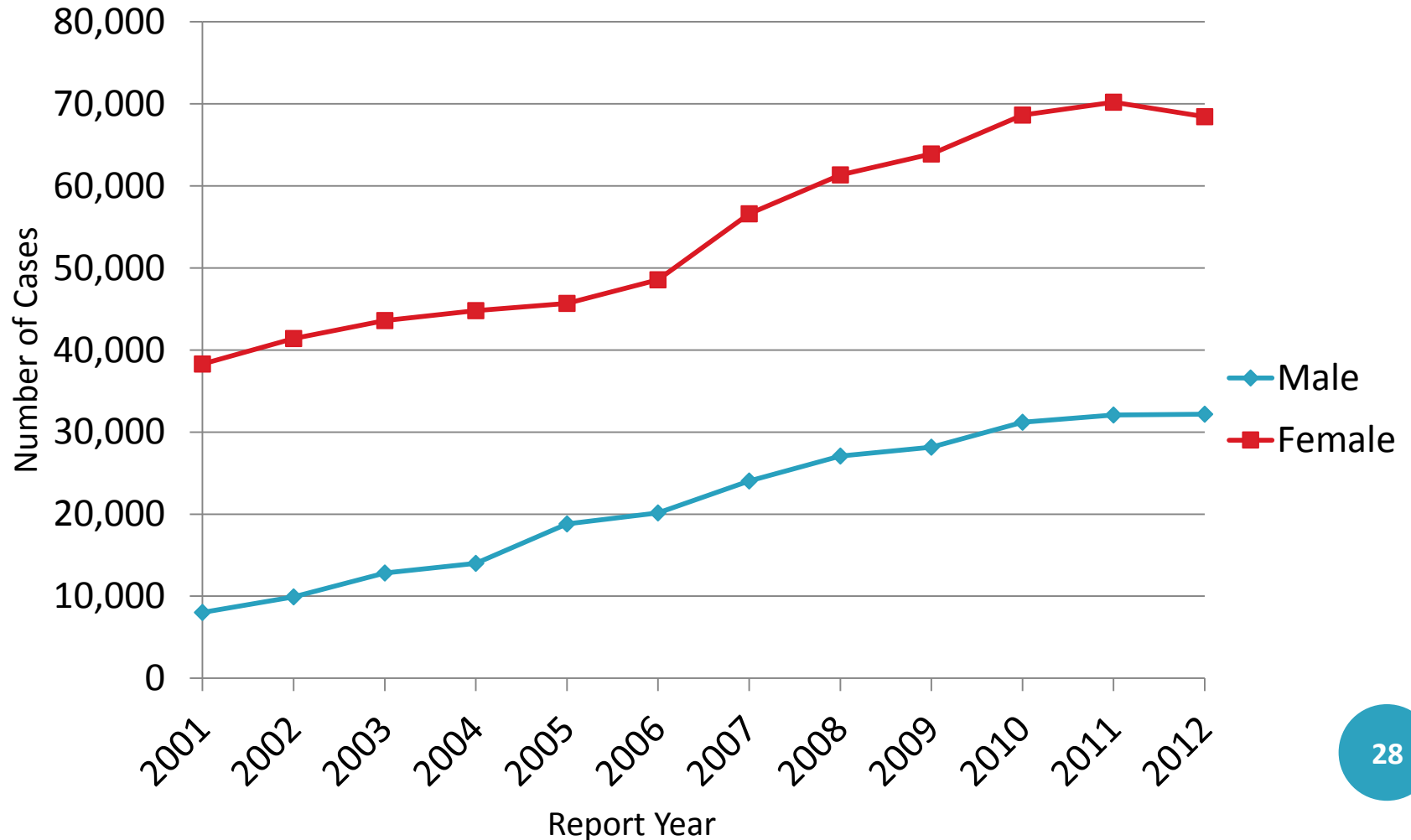
REPORTED CASES OF GONORRHEA BY RACE/ETHNICITY*, NEW YORK STATE, 2012



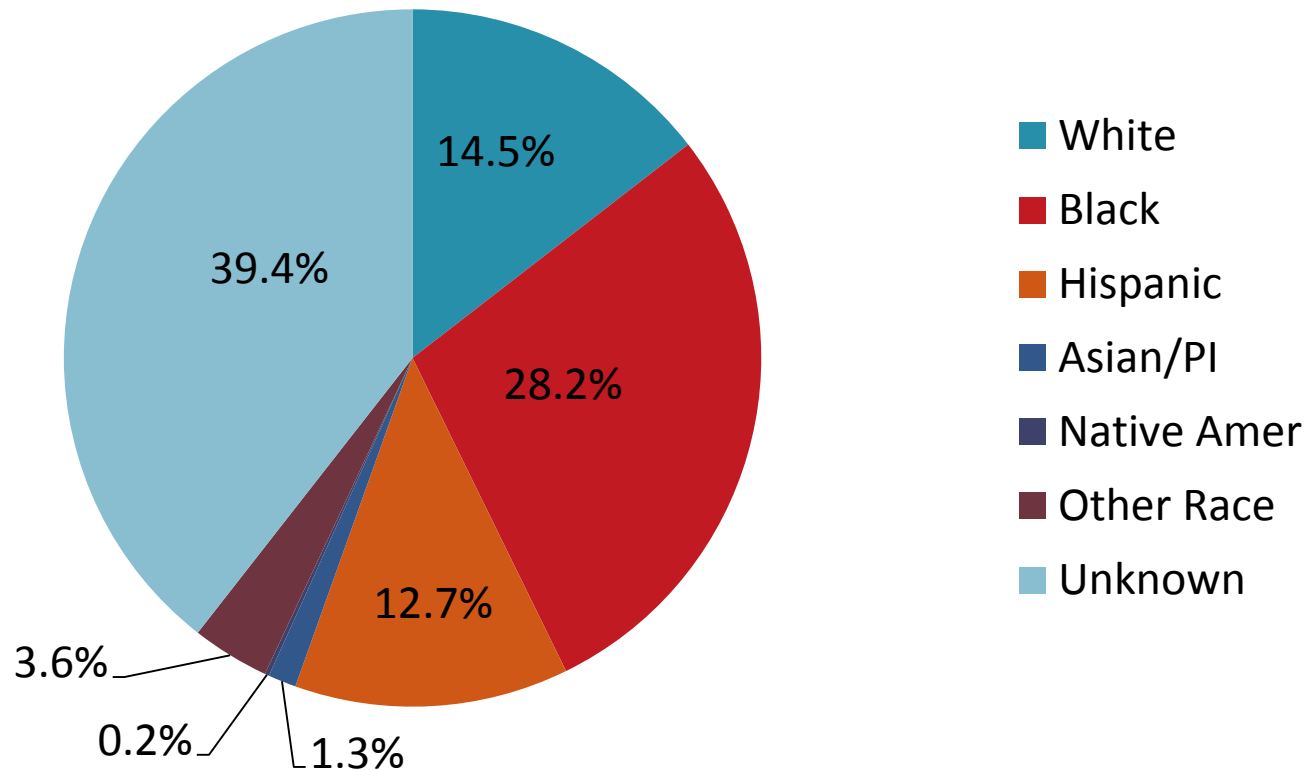
PI=Pacific Islander, Native Amer=Native American

*30.8% of reported gonorrhea cases in 2012 had missing or unknown race and/or ethnicity; therefore data must be interpreted with caution.

REPORTED CASES OF CHLAMYDIA BY GENDER, NEW YORK STATE, 2001-2012



REPORTED CASES OF CHLAMYDIA BY RACE/ETHNICITY*, NEW YORK STATE, 2012

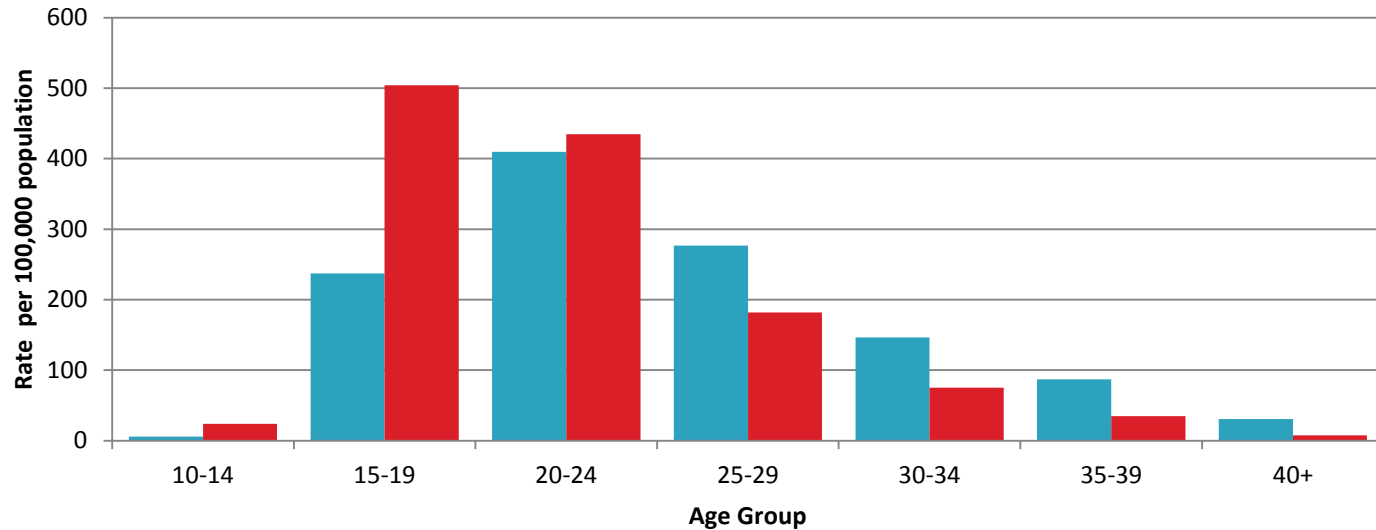


PI=Pacific Islander, Native Amer=Native American

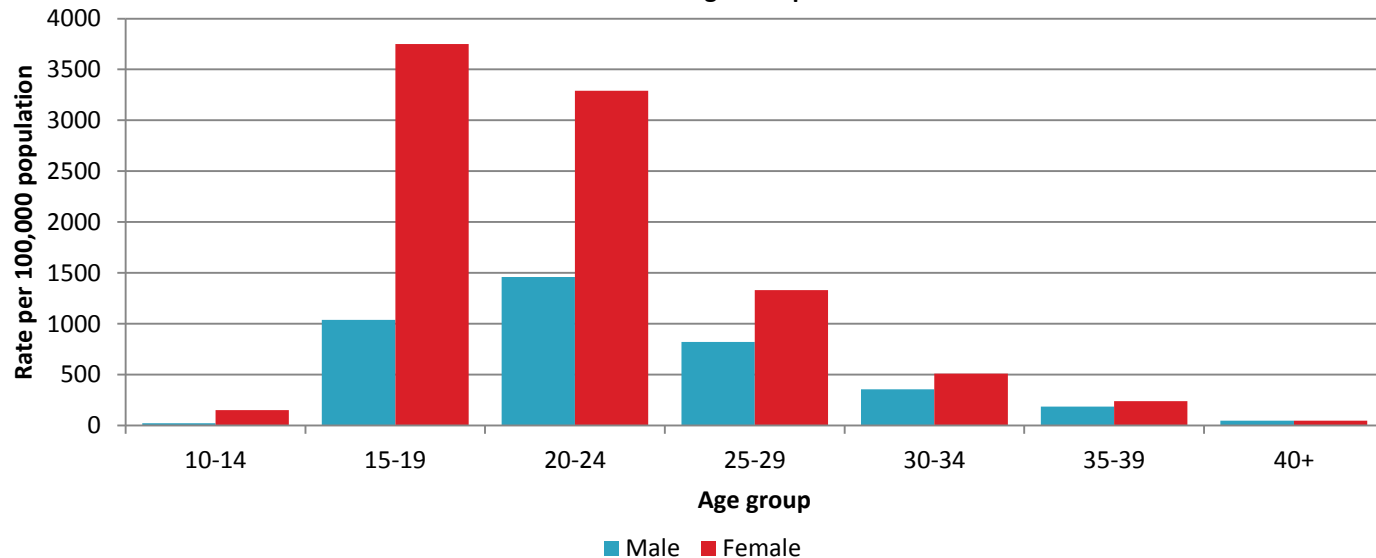
*39.4% of reported chlamydia cases in 2012 had missing or unknown race and/or ethnicity; therefore data must be interpreted with caution.

RATES OF GONORRHEA AND CHLAMYDIA BY AGE GROUP AND GENDER, 2012

Gonorrhea

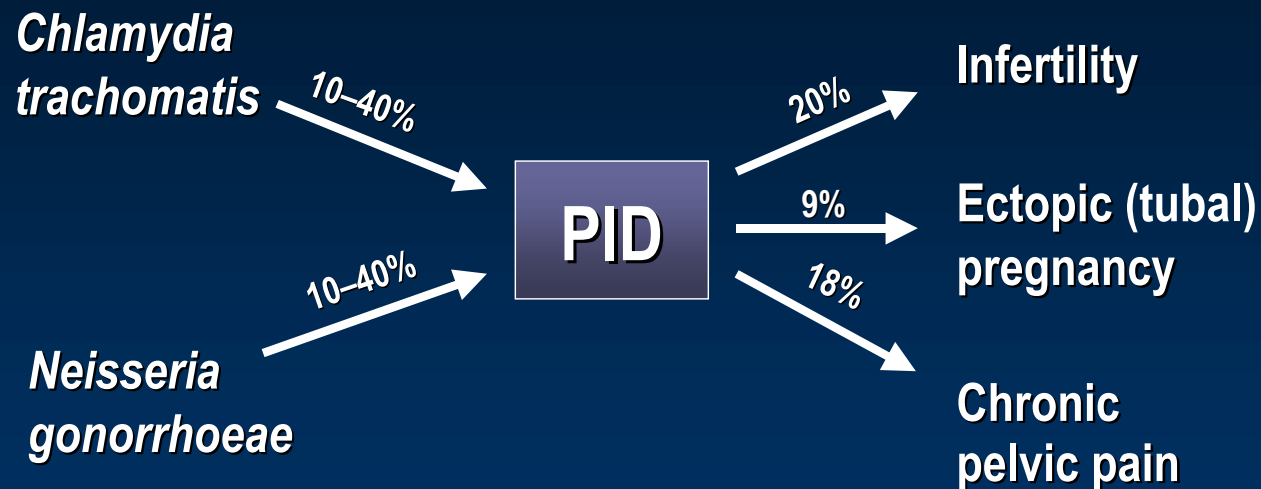


Chlamydia



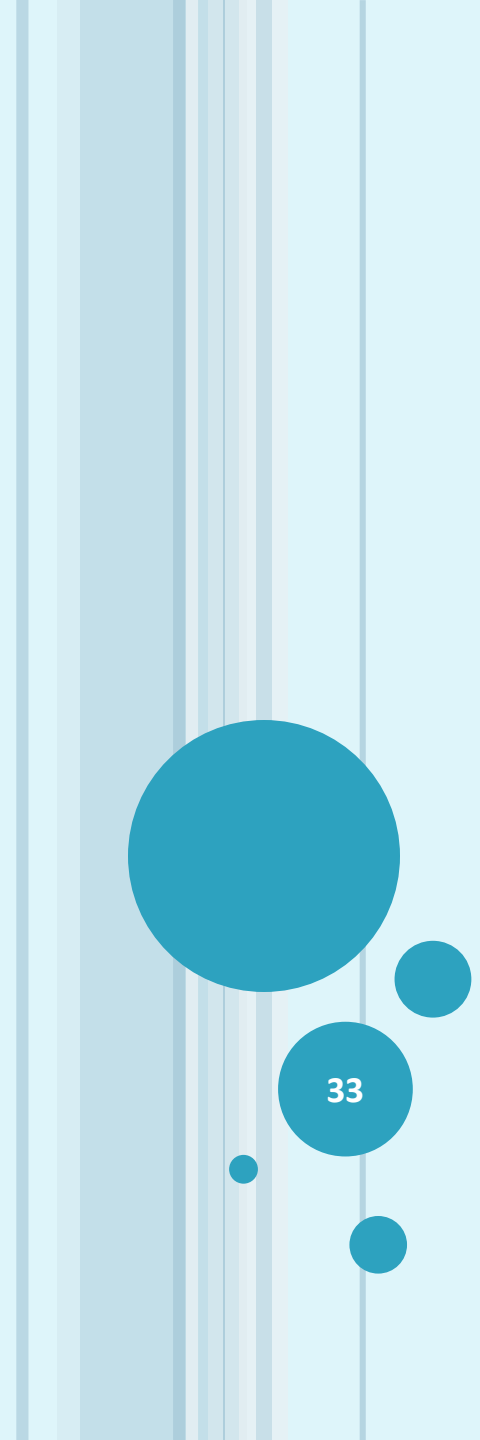
CONSEQUENCES OF UNTREATED CHLAMYDIA AND GONORRHEA INFECTIONS

Fertility-Associated Complications of PID¹



PID=pelvic inflammatory disease.

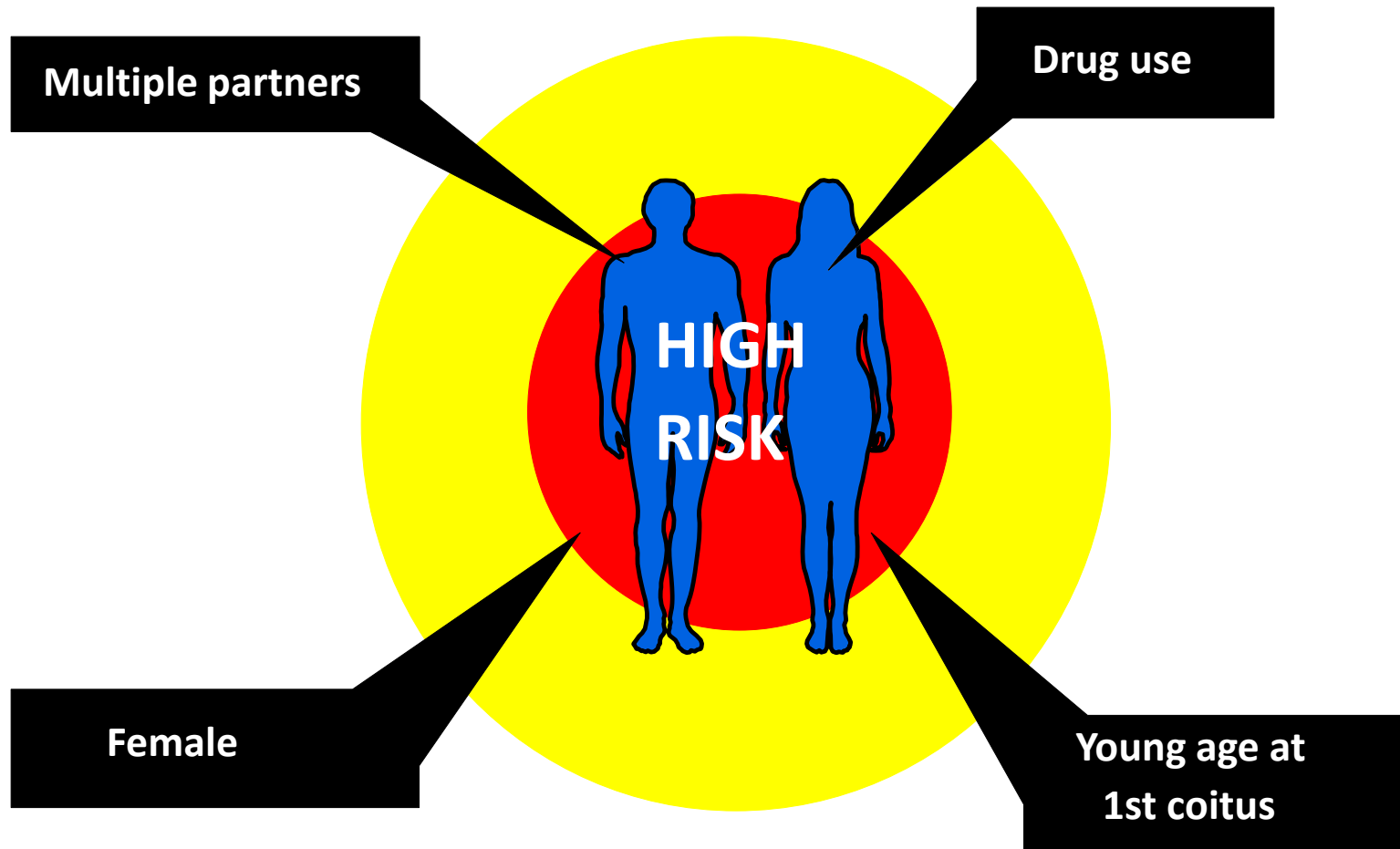
1. Hillis SD, et al. *N Engl J Med.* 1996;334:1399-1401.

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RISK FACTORS ASSOCIATED WITH STDs

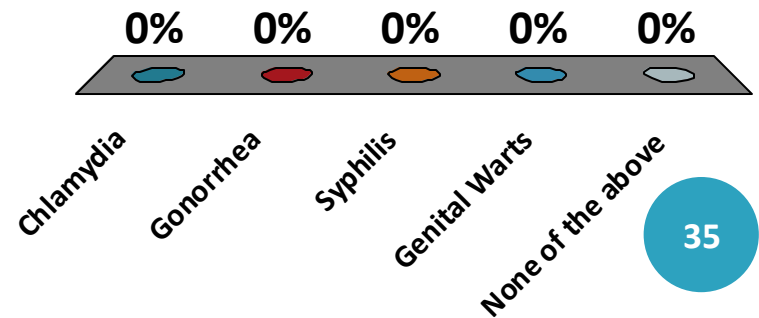
33

CHARACTERISTICS OF TEENS AT RISK



WHAT STD IS ASYMPTOMATIC IN HALF OF FEMALES, BUT MOST MALES HAVE PAINFUL URINATION, ITCHING OR BURNING?

- A. Chlamydia
- B. Gonorrhea
- C. Syphilis
- D. Genital Warts
- E. None of the above



MOST STDS ARE *asymptomatic*

(WHEN SOMEONE DOESN'T HAVE SYMPTOMS OR FEEL SICK)

WHAT ARE THE *Stats?*

1/2 OF SEXUALLY ACTIVE
YOUNG ADULTS
HAVE HAD AN STD BY AGE 25

CHLAMYDIA

1/2 of males

3/4

of females

DON'T HAVE SYMPTOMS

GONORRHEA

1/2 of females

DON'T HAVE SYMPTOMS

(BUT MOST MALES DO HAVE SYMPTOMS)

GENITAL WARTS

1/3 HAVE NO
SYMPTOMS

GENITAL HERPES

AS MANY AS

3/4

DIDN'T KNOW THEY ARE *infected*



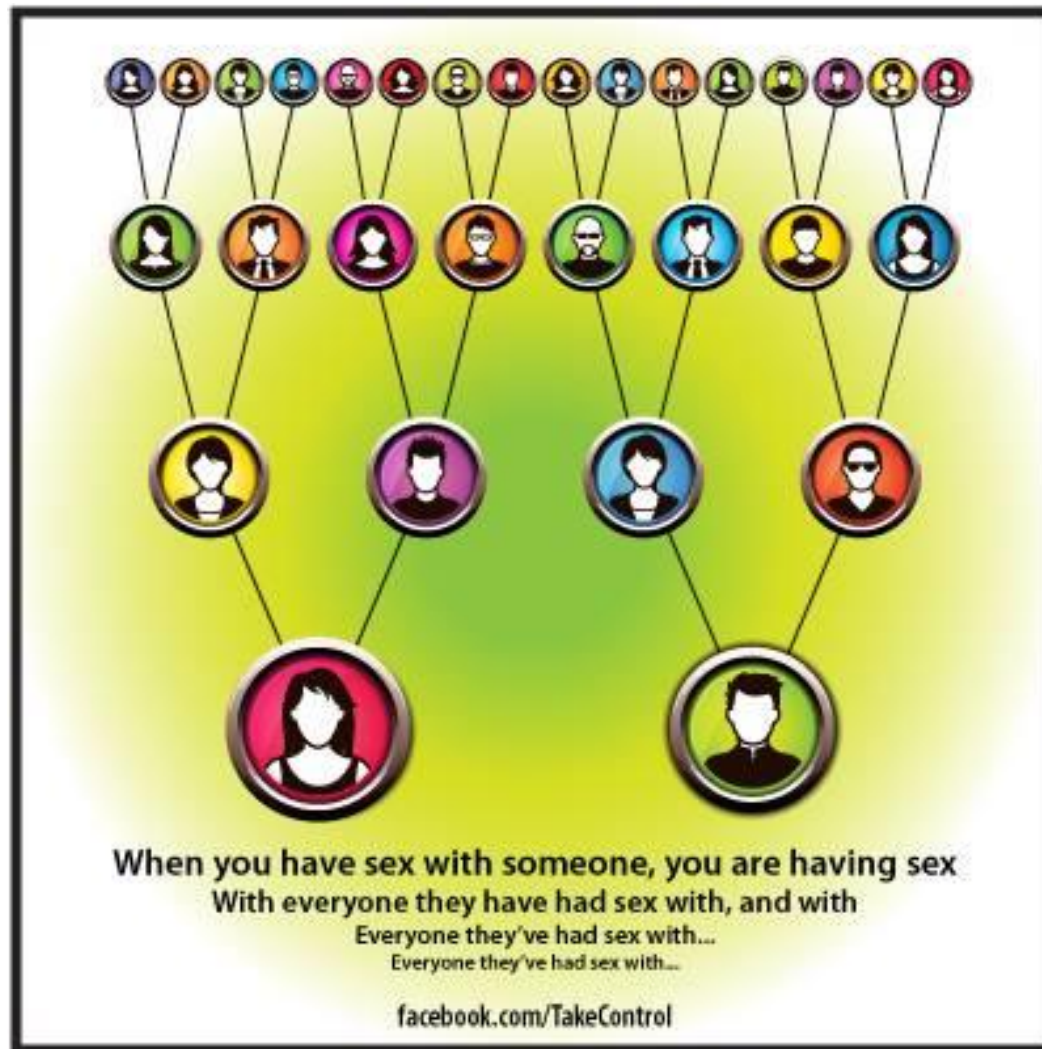
Take Control

Take control of your health
For more information about STDs
visit [facebook.com/takecontrol](https://www.facebook.com/takecontrol)

STDs IMPACT WOMEN DIFFERENTLY FROM MEN

- Female anatomy is unique risk
- Asymptomatic infection more common
- STD symptoms often confused with other infections
- Symptoms may not be as noticeable
- Maternal transmission to babies
- HPV is more common in women

SEX BETWEEN TWO PEOPLE MAY NOT BE A TWO-SOME



DISPARITIES IN SEXUAL RISK BEHAVIORS

- 2011 Youth Risk Behavior Survey of NYS High School students:
- L/H respondents exhibited greater risk compared to white respondents on three questions:
 - More than **half** had ever had sex (vs 40.7%)
 - More than **1 in 10** had sex before 13 yrs (vs 3.5%)
 - Almost **1 in 5** had four or more lifetime partners (vs 10.8%)

OVERALL SEXUAL RISK BEHAVIORS

- In addition, teens frequently engaged in other risky sexual behaviors the last time they had sex
 - 22% used drugs or alcohol
- Use of birth control (BC) methods
 - More than 1 in 3 did not use a condom
 - More than 4 out of 5 did not use BC pill
 - 92.8% did not use a condom AND hormonal BC method together
 - 12.6% used NO form of birth control

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EDUCATION AND PREVENTION RESOURCES

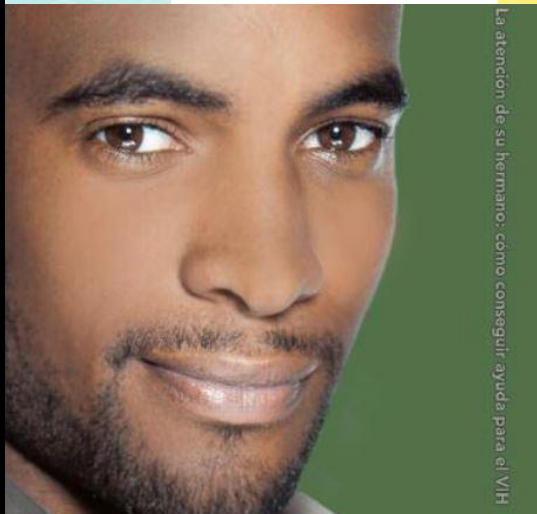
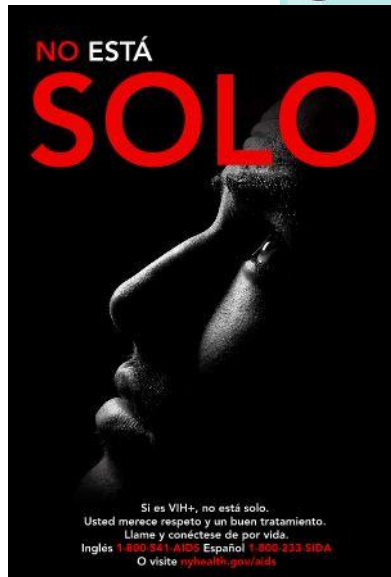
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NEW YORK STATE DEPARTMENT OF HEALTH

- Many STD & HIV materials are printed in English and Spanish.

STD materials: www.health.ny.gov/forms/order_forms/std_materials.htm

HIV materials: www.health.ny.gov/diseases/aids/general/publications/index.htm



TRAINING RESOURCES

- AIDS Institute Education and Training Programs
 - Provide HIV, STD and Viral Hepatitis related training to non-clinical providers through online and in-person courses across NYS.
 - www.hivtrainingny.org
- AIDS Institute Clinical Education Initiative
 - Provides state-of-the-art HIV, STD and Viral Hepatitis related training and technical assistance to clinical providers (nurses, NPs, PAs, DOs, MDs) through online and in-person courses across NYS.
 - STD Center of Excellence provides in-depth clinical preceptorship training to those who want experience in STD clinical care.
 - www.ceitraining.org

NATIONAL RESOURCES

- Evidence-based interventions (EBIs) designed to be culturally specific to L/H populations:
 - *Cuídate* – heterosexual adolescents
 - *Modelo de Intervencion Psicomedica* (MIP) – intravenous drug users
 - *Salud, Educacion, Prevencion y Autocuidado* (SEPA) – heterosexual adult Latinas

NATIONAL RESOURCES, CONTINUED

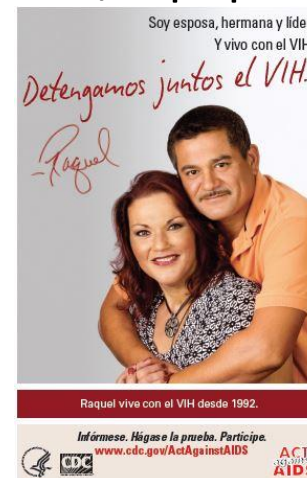
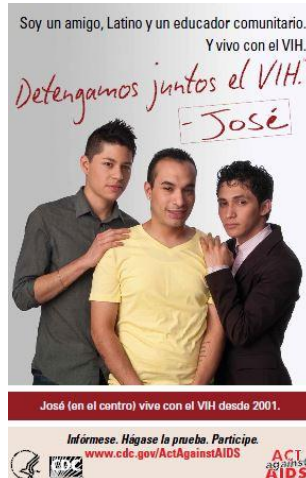
- Other EBIs found to be effective for multiple racial/ethnic groups, including L/H:
 - Safety Counts (IDU; also adapted for L/H migrant farm worker IDUs)
 - Community Promises (community-level intervention)
 - VOICES/VOCES (STD clinic patients)
 - Partnership for Health (HIV+ seeking treatment)
 - Holistic Health Recovery Program (HIV+)
 - Together Learning Choices (HIV+ teens/young adults)
 - Safe in the City (STD clinic patients)

NATIONAL RESOURCES, CONTINUED

- Other EBIs have been adapted to H/L audiences:
 - Sisters Informing Sisters on Topics about AIDS (SISTA – women of color)
 - Real AIDS Prevention Project (RAPP)
 - Many Men, Many Voices (3MV – young MSM of color)
 - Adult Identity Mentoring

NATIONAL AWARENESS CAMPAIGNS

- Act Against AIDS/Actúa Contra el SIDA (<http://www.cdc.gov/actagainstaids/index.html>)
- Reasons/Razones (<http://hivtest.cdc.gov/reasons/default.aspx>)
 - L/H gay men/MSM, HIV testing & awareness
- Let's Stop HIV Together (<http://www.cdc.gov/actagainstaids/campaigns/lshht/index.html>)
 - General audience; materials tailored to L/H populations



NATIONAL AWARENESS DAYS

- National Hispanic Hepatitis Awareness Day (<http://www.hispanichepatitisday.org/>) – May 15



- National Latino AIDS Awareness Day (www.nlaad.org) – October 15

- Other Awareness Events

- April – STD Awareness Month
- May – Nat'l Teen Pregnancy Prevention Month
- Apr 10 – Nat'l Youth HIV & AIDS Awareness Day
- Jun 27 – Nat'l HIV Testing Day
- Sept 18 – Nat'l HIV/AIDS and Aging Awareness Day
- Sept 27 – Nat'l Gay Men's HIV/AIDS Awareness Day

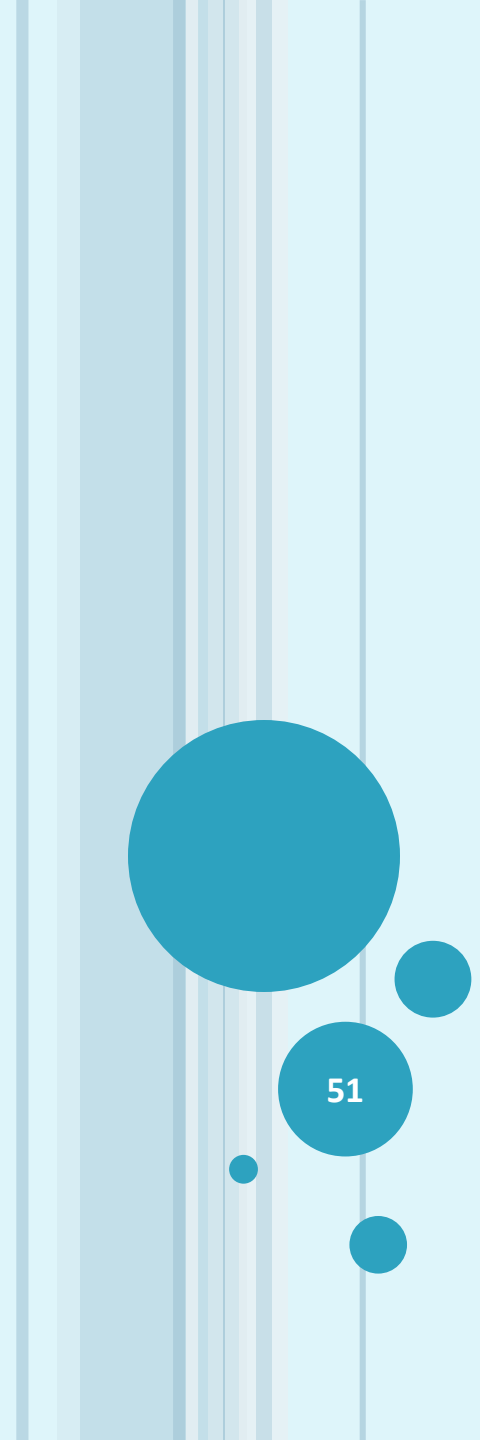


COMMUNITY PROGRAMS

- Many agencies offer programs to L/H populations and populations of color
 - Support groups
 - Risk counseling services
 - Risk reduction counseling
- What services are you aware of in your community?

LEVERAGING RESOURCES

- Many groups are already doing STD prevention work
 - Pregnancy prevention programs
 - Family planning and Planned Parenthood
 - Local health clinics
 - Schools, colleges and universities
 - Faith communities
 - Youth programs
 - ... and more ...

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COMMUNITY ATTITUDES TOWARDS STD PREVENTION AND SEXUAL HEALTH

51

COMMUNITY ATTITUDES ABOUT DISCUSSING SEXUAL HEALTH

- In 2008, NYSDOH included a 28 question section to the New York Behavioral Risk Factor Surveillance System survey to assess community attitudes towards:
 - Appropriate places to place sexual health messages (venues)
 - Appropriate types of media for sexual health messages (dissemination channels)
 - Educational messages
 - Knowledge, attitudes and perceived needs

YOUR ATTITUDES ABOUT DISCUSSING SEXUAL HEALTH

- Please take 5 minutes to complete the survey
- Return them with your evaluations at the end of the program

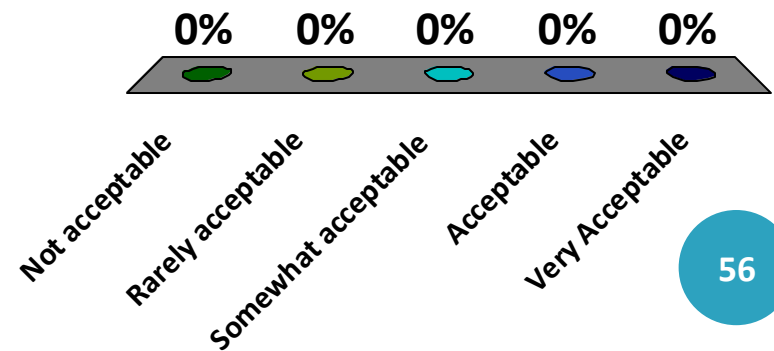
POLL QUESTIONS

- We're going to ask you some of these questions that you just answered, to give us a sense of where you're coming from.
- Using your clicker, press the button responding to your response.



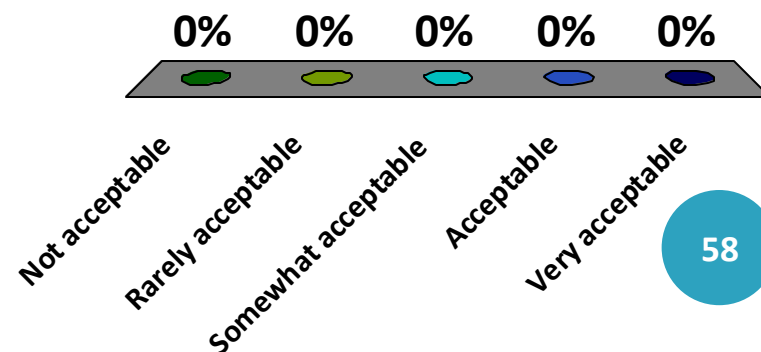
How acceptable is it to teach STD prevention in high school?

1. Not acceptable
2. Rarely acceptable
3. Somewhat acceptable
4. Acceptable
5. Very Acceptable



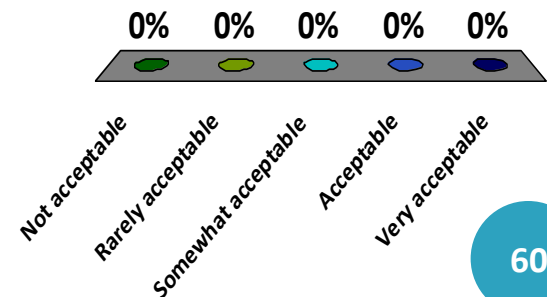
How acceptable is it to offer brochures in public places (e.g., stores and libraries)?

1. Not acceptable
2. Rarely acceptable
3. Somewhat acceptable
4. Acceptable
5. Very acceptable



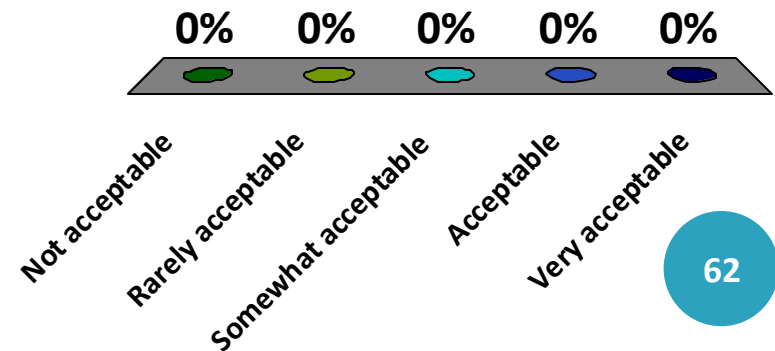
How acceptable is it to include information on how to talk to your doctor about STDs in a local publicity campaign reaching adolescents and adults in your county?

1. Not acceptable
2. Rarely acceptable
3. Somewhat acceptable
4. Acceptable
5. Very acceptable



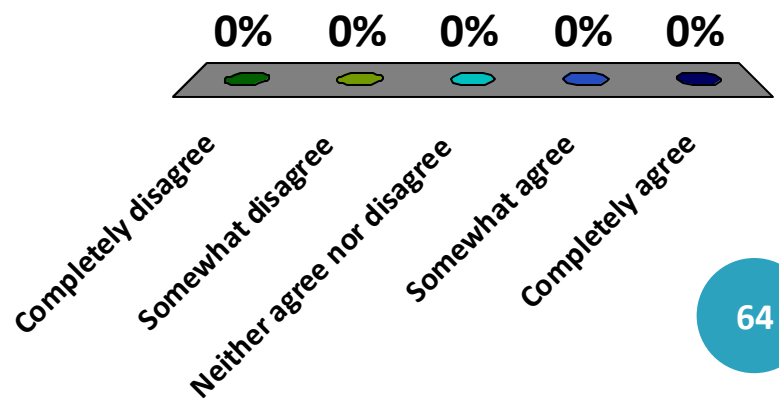
How acceptable is it to include personal stories about people affected by STDs in a local publicity campaign reaching adolescents and adults in your county?

1. Not acceptable
2. Rarely acceptable
3. Somewhat acceptable
4. Acceptable
5. Very acceptable



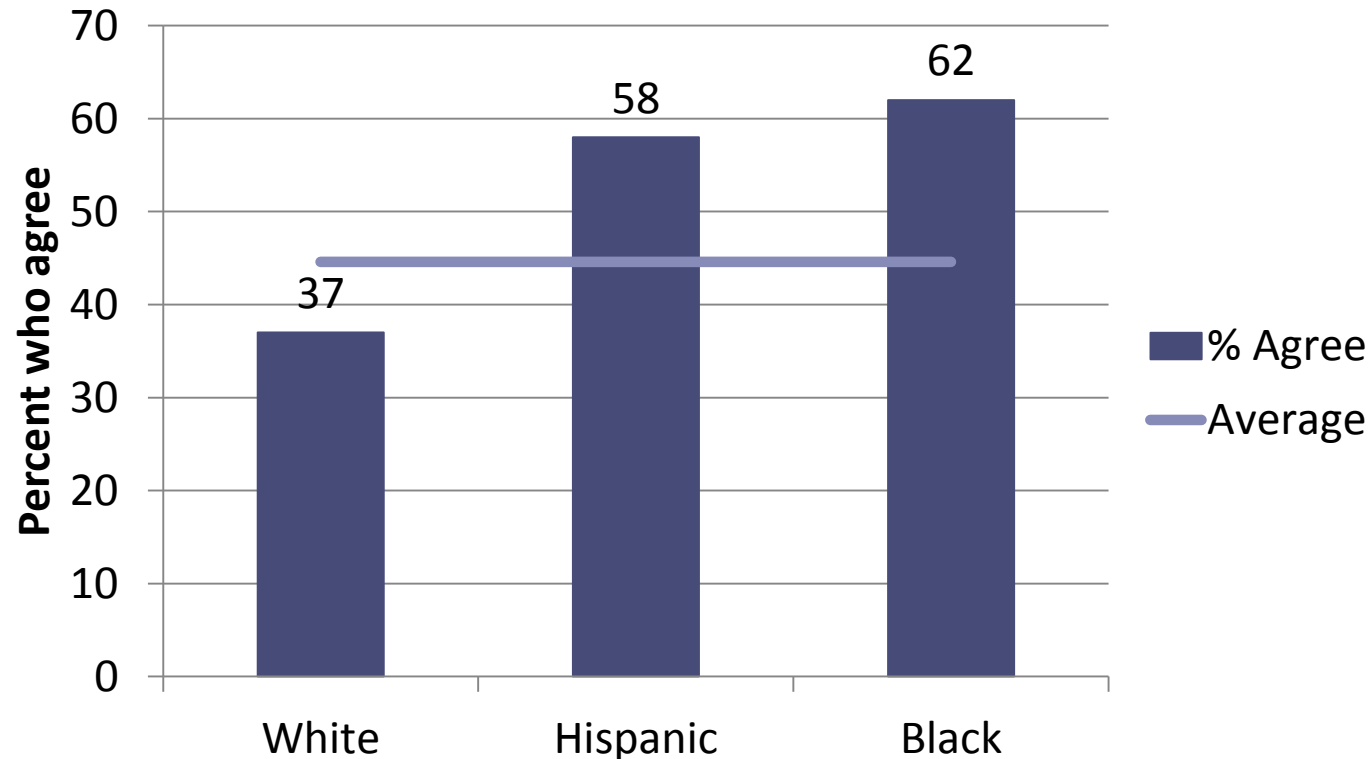
How much do you agree or disagree that STDs are a widespread problem in your community?

- 1. Completely disagree
- 2. Somewhat disagree
- 3. Neither agree nor disagree
- 4. Somewhat agree
- 5. Completely agree



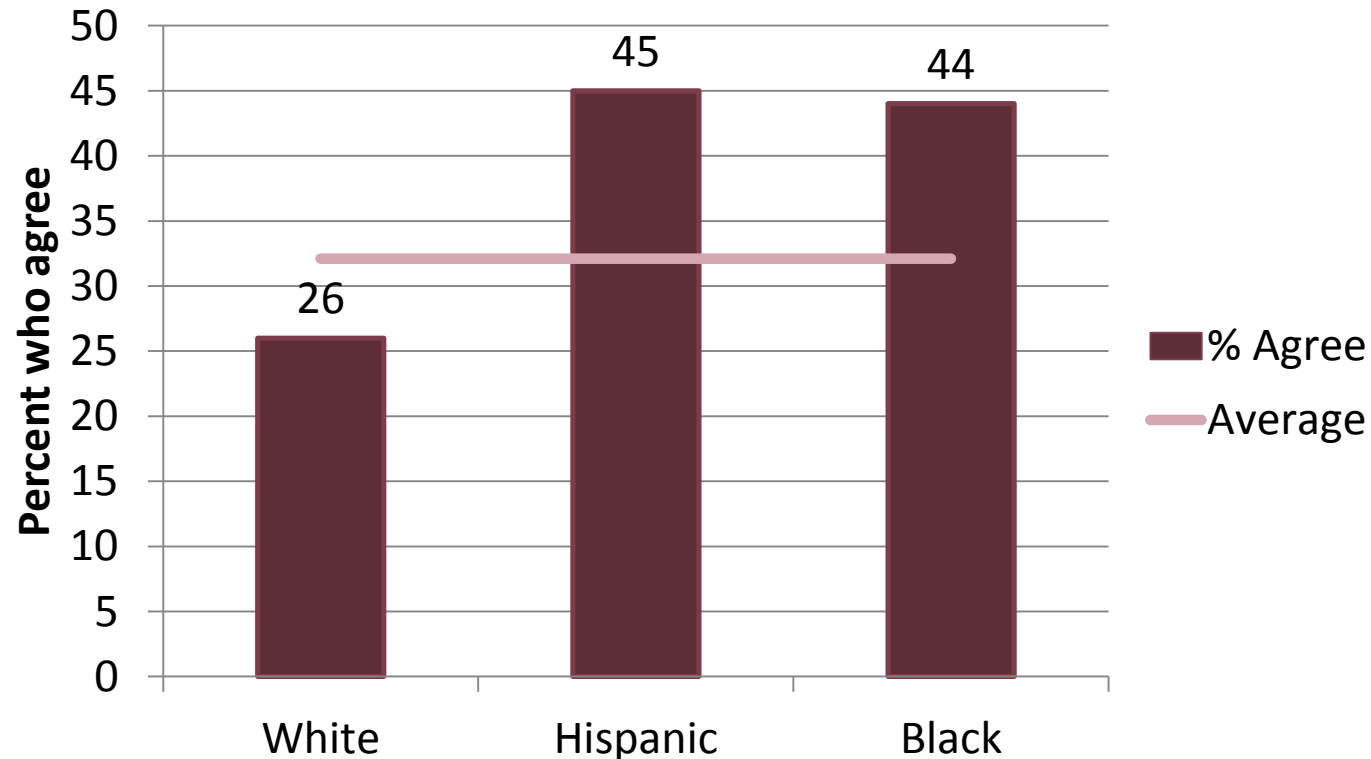
POLL QUESTION – PERCEIVED NEED

- “STDs are a widespread problem in this community”



POLL QUESTION – PERSONAL NEED

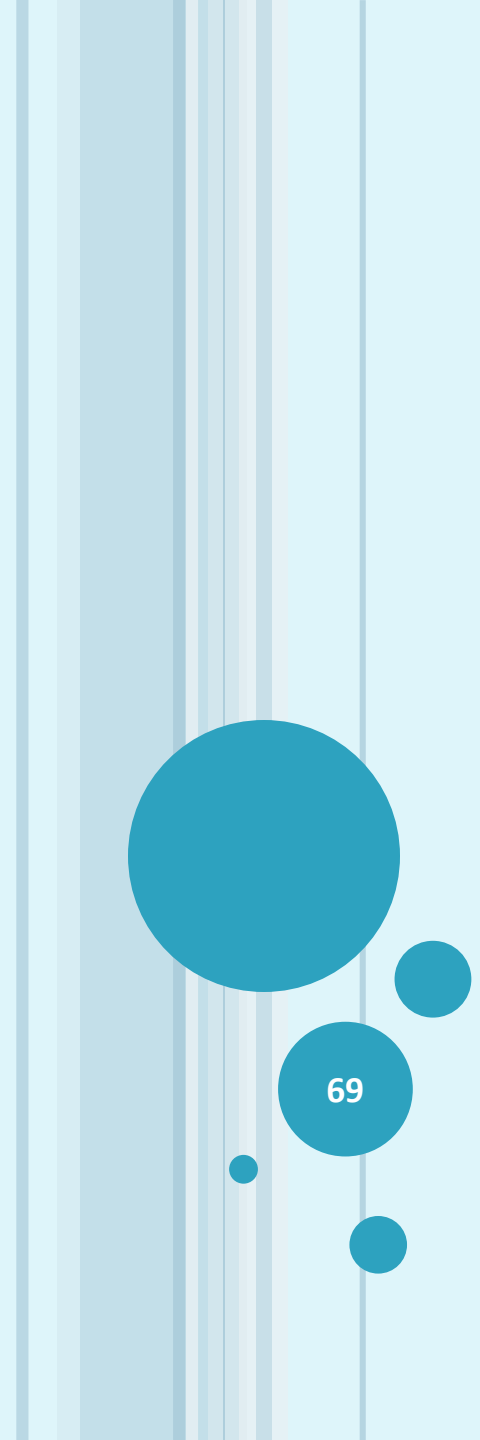
- “I need ideas about how to talk to my partner about protection from STDs”



EXPANDED BRFSS QUESTION

- A separate survey with representative samples from New York City and all 57 counties assessed:
 - **How acceptable is it to you to see and hear public discussion about STD risks in your local media (e.g., TV, radio, and newspaper) and other public forums in your county?**
 - 1 = Not acceptable
 - 2 = Rarely acceptable
 - 3 = Somewhat acceptable
 - 4 = Acceptable
 - 5 = Very acceptable
- County-specific responses ranged from 80% to 96%
 - Statewide: 90%
 - Among rural counties*: 88.4%

- Full results can be found in the article:
 - Thomas RT, Homawoo BB, McClamroch K, Wise B & Coles, FB. Community attitudes about discussing sexual health: Assessing public opinion of local STD prevention campaigns. Public Health Reports (128) Supplement 1 (Understanding Sexual health): 73-80, 2013.

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DISCUSSION: IDENTIFYING BARRIERS AND ASSETS TO STD PREVENTION IN YOUR COMMUNITIES

DISCUSSION QUESTIONS

- In your communities, what cultural barriers might prevent people from getting tested for STDs?
 - What about barriers for teens and young adults?
 - What about barriers for gay men and men who have sex with men?
- Are there other non-cultural barriers that are common in your communities that may prevent people from getting tested for STDs?

DISCUSSION QUESTIONS

- What types of stakeholders do you feel are (or could be) advocates for increasing STD awareness and testing in your communities?
 - These could be individuals, organizations, charities, etc.

- Where do community members feel comfortable/safe going to hang out, have community events, etc.?
 - Are there organizations that may serve as advocates for STD/HIV awareness, testing, etc.?

DISCUSSION QUESTIONS

- What do you think are some good places to promote STD testing in your community?
 - Who may already be doing similar work (i.e., working with teens, MSM, people at high risk; pregnancy prevention, life skills development)?

QUESTIONS?

- Please remember to complete your evaluations and the community attitude survey.
- On your way out, please place the clickers in the boxes near the exits.

CONTACT US

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