



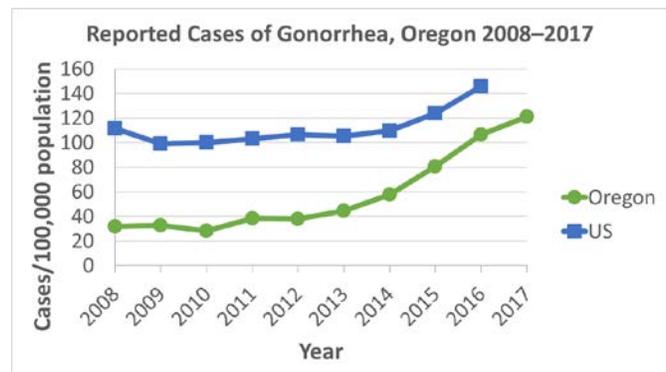
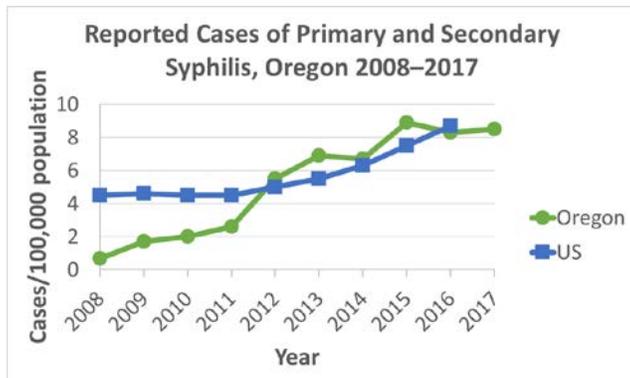
STD Program Services

Chlamydia, gonorrhea and syphilis are the most common bacterial sexually transmitted diseases (STD) in Oregon. During 2017, these three infections continued to increase alarmingly, representing indisputable statewide epidemics with little evidence of abating. The cost of STDs to the United States healthcare system is estimated to be as much as \$16 billion annually. Untreated STDs can lead to infertility, reproductive health problems, fetal and perinatal health problems, and other serious long-term health issues. Tragically, there were 20 cases of congenital (mother-to-child) syphilis cases from 2015-2017. Some drivers of the epidemic include reduced condom use, illicit drug use, and reduced local health infrastructure to investigate cases, notify partners and bring them in for screening and treatment. www.healthoregon.org/std

Data Summary

In 2017, reported gonorrhea incidence in Oregon was 121 cases/100,00 residents. 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.

In 2017, reported incidence of infectious syphilis (primary, secondary, or early latent) was 13.45/100,000 residents. 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.



State & Local Roles

The State is responsible for:

- Monitoring the incidence and prevalence of STD infection and co-morbidity through surveillance.
- Funding services to support community-based outreach, testing, treatment, partner services and linkage to care.
- Providing training, consultation, technical assistance. Establishing rules and standards. Evaluating systems and promoting STD prevention through social marketing and health awareness campaigns
- Convening statewide planning group.
- Coordinating the End HIV Oregon initiative.

Local partners are responsible for:

- STD disease investigation and partner services.
- STD outreach, testing, treatment, partner services and linkage to care services.
- Partnering in the End HIV Oregon initiative.

Challenges & Opportunities

- HIV/STD screening recommendations should be followed including screening every adult for HIV at least once, screening pregnant females for syphilis twice during pregnancy and once at delivery, and screening young women 16-24 for chlamydia (a CCO state performance measure).
- Physicians and other health care providers should routinely take a sexual history from everyone aged 13 and older to determine what HIV/STD screening needs to occur.
- Health care providers should offer and prescribe treatment for partners of patients diagnosed with gonorrhea or chlamydia.