



STIs in Maryland: Where We've Been and Where We're Going

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PHPA MISSION AND VISION

MISSION

- The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

- The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.



Today's Topics

- Update on sexual/reproductive health laws and regulations
- Sex trafficking
- Clinical updates: extra-genital testing, and neurosyphilis and ocular syphilis
- HIV pre-exposure prophylaxis (PrEP)
- Gonorrhea treatment reporting
- A special thank you to our long time collaborator



Maryland STI Rates and National Ranking

	2014*			2015^
	MD Ranking	MD Rate	U.S. Rate	MD Rate
Syphilis (primary & secondary)	8th	7.6 (449 cases)	6.3	8.5 (509 cases)
Congenital Syphilis	4th	22.0 (16 cases)	11.6	24.6 (18 cases)
Gonorrhea	24th	103.0 (6,108 cases)	110.7	114.2 (6,858 cases)
Chlamydia	21st	462.6 (27,424 cases)	456.1	457.0 (27,450 cases)

Syphilis, gonorrhea, and chlamydia rates are cases per 100,000; Congenital syphilis rate is cases per 100,000 live births

*Source: Centers for Disease Control and Prevention

^Source: DHMH/PHPA/Center for STI Prevention



2014 vs 2015 STI Increases by Region

Western

P&S Syphilis ↑ 175%
Gonorrhea ↑ 6.4%

Baltimore Metro

P&S Syphilis ↑ 21%
Gonorrhea ↑ 21%

DC Metro

P&S Syphilis ↓ 16%
Gonorrhea ↓ 1.5%

Southern

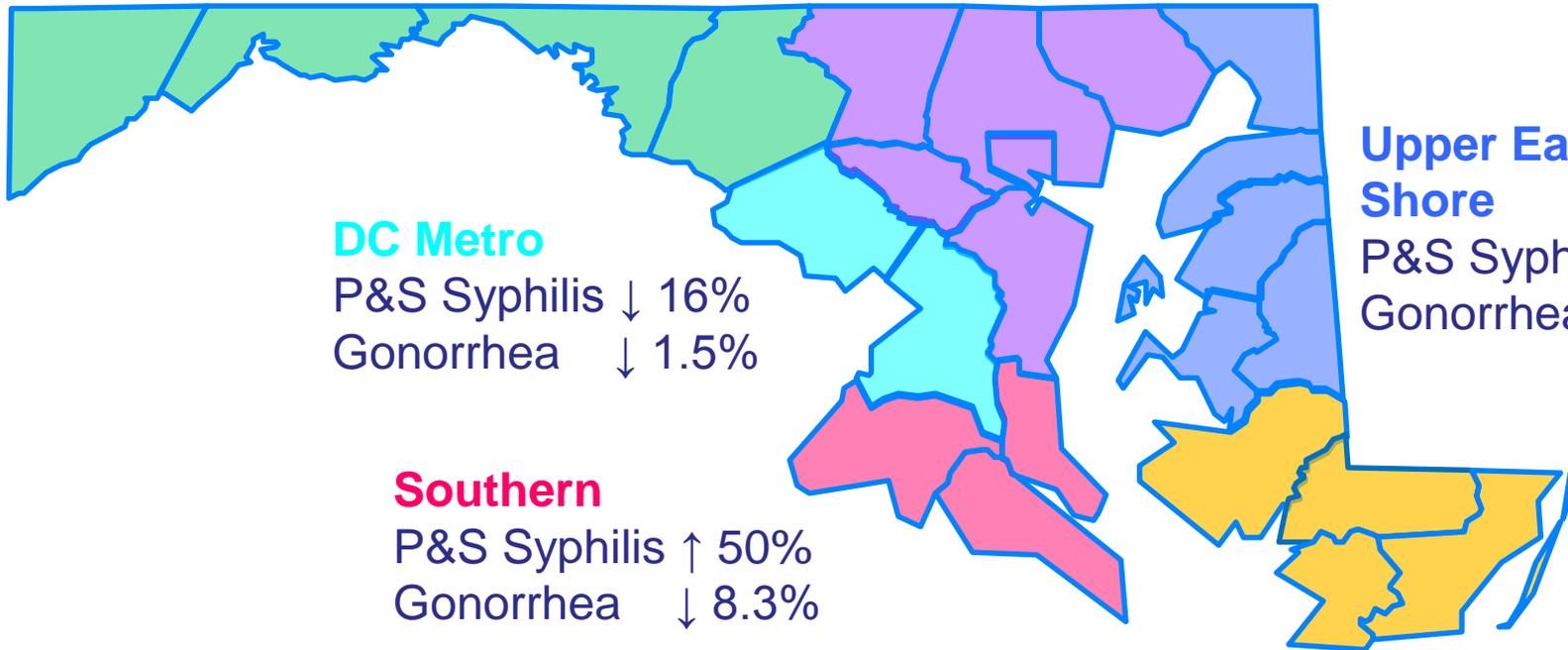
P&S Syphilis ↑ 50%
Gonorrhea ↓ 8.3%

Upper Eastern Shore

P&S Syphilis ↓ 60%
Gonorrhea ↑ 14%

Lower Eastern Shore

P&S Syphilis ↑ 175%
Gonorrhea ↑ 14%



THE



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FRIDAY

May 27, 2016

Doctors ration crucial drug

National shortage of penicillin complicates treatment of syphilis

National shortage of penicillin is threatening a simple treatment for syphilis, prompting Baltimore health officials to reserve the drugs for infected pregnant women.

All others with the sexually transmitted disease are getting another antibiotic, doxycycline, which is effective if taken properly, said Dr. Kathleen Page, the Baltimore Health Department's director of STD/HIV/TB clinical services. But it requires more treatments and more follow-up — a challenge for the population most affected.

"A major concern about treating syphilis with doxy is compliance, as patients need to take the medication for two weeks," said Page, who is also an assistant professor of medicine and infectious disease at the Johns Hopkins University.

Penicillin is injected in a clinic in one or three weekly doses, depending on the state of infection, she said, "so we can confirm completion of treatment."

The greatest concern, however, is for pregnant women. Without treatment, babies born to mothers with syphilis can die or suffer complications such as blindness and brain damage.

The type of penicillin in short supply, penicillin G benzathine, is made only by Pfizer, which is experiencing a manufacturing delay, according to the U.S. Food and Drug Administration, which tracks drug shortages.



MARYLAND
DEPARTMENT OF HEALTH
& MENTAL HYGIENE

CSTIP Priorities SFY15-SFY17

SFY 15	SFY 16	SFY 17
EPT – prep for 2015 legislative session	EPT – regulations promulgation; materials development	EPT – awareness and training
Partner services – TA, prep for PRISM	DIS support	Improving partner services outcomes
PRISM	Coordination with HIV – PrEP, DIS in LTC	Data coord. to inform public health action
Sustainability	Extra-genital testing	Extra-genital testing Provider outreach



EPT Awareness



Improving Partner Services Outcomes

- Invest in training for DIS
- Data exploration – where are we doing well, where are we needing improvement
- Program improvement plans



Data Coordination to Inform Public Health Action

- HIV care engagement activities – leveraging other data systems within the Bureau to inform these investigations
- Electronic laboratory reporting – it's actually going to happen!



Extra-Genital Testing

Why is it important?

- Missed extra-genital infections when only urogenital sites tested:

	Missed GC	Missed CT
Women*	20-40%	10-25%
MSM^	> 70%	> 85%

- Individuals with rectal infections are candidates for HIV PrEP
- Important quality measure for individuals in HIV care (in addition to syphilis screening)

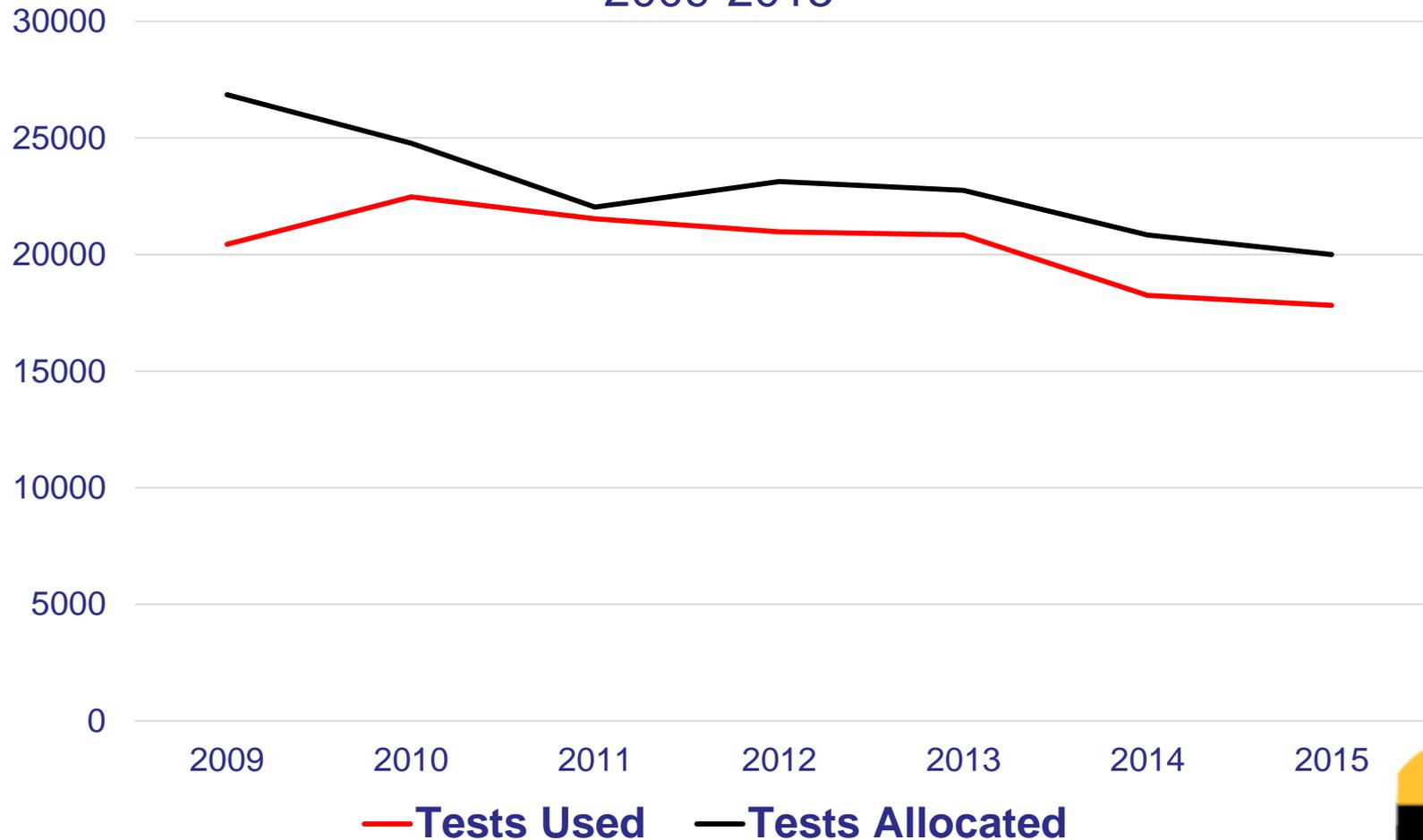
*Trebach JD et al. Sex Trans Dis. 2015;42(5):233-39.

^Patton ME et al. Clin Infect Dis. 2014;58(11):1564-70.



Use Allocation for Extra-Genital Specimens

Number of Tests Allocated and Used, MD Counties
2009-2015



Provider Outreach

- Developing *STI Action Kit* for public health detailing
- Developing local STI surveillance infrastructure to perform provider visits and take STI (including HIV) prevention messages to local providers



THANK YOU!

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