



**Public Health**  
Prevent. Promote. Protect.  
Santa Cruz County

# Sexually Transmitted Diseases and HIV Report

## Santa Cruz County — 2019

### Talk, Test, Treat, and Report

Rates of sexually transmitted diseases (STDs) continue to increase in recent years across California and the U.S.; Santa Cruz County is experiencing similar trends. HIV transmission and deaths will continue without increased prevention, integrated care, and destigmatization. To address these growing public health issues:

- **TALK** with your patients to understand their risk factors
- **TEST** regularly with a routine opt-out approach
- **TREAT** individuals and partners early to reduce transmission
- **REPORT** to Public Health for surveillance, partner services, and linkage to care

This report is for providers, highlighting trends and statistics, as well as best practice tools to improve patient care and public health.

### Integrating STD and HIV Services

The California Department of Public Health (CDPH) has made a call-to-action for local health departments to integrate STD and HIV services across the continuum of care to better care for individuals and serve the public. Our state and local efforts align with the national “Ending the HIV Epidemic: A Plan for America” and the Center for Disease Control’s (CDC) “HIV Prevention Progress Report, 2019”.

**Getting to Zero** with CDPH means reaching:

- ⇒ **Zero new HIV infections**
- ⇒ **Zero AIDS-related deaths**
- ⇒ **Zero stigma** and discrimination against **People Living with HIV (PLWH)**

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Find clinical tips and tools  
to reduce the spread of  
**HIV and STDs in the  
sidebars of this report!**



## Getting to Zero

Strategies include:

- Using PrEP (pre-exposure prophylaxis) to prevent HIV
- Routine opt-out testing (ROOT)
- HIV viral suppression
- Partner services
- PEP (post-exposure prophylaxis) within 72 hours
- Support services

## Find your patients

Contact patients who are **overdue** for their 6-month appointments or who **need follow-up care**.

Retention in HIV care reduces morbidity and mortality.

## Educate patients

Offer treatment as prevention (TasP) because...

Undetectable = Untransmittable

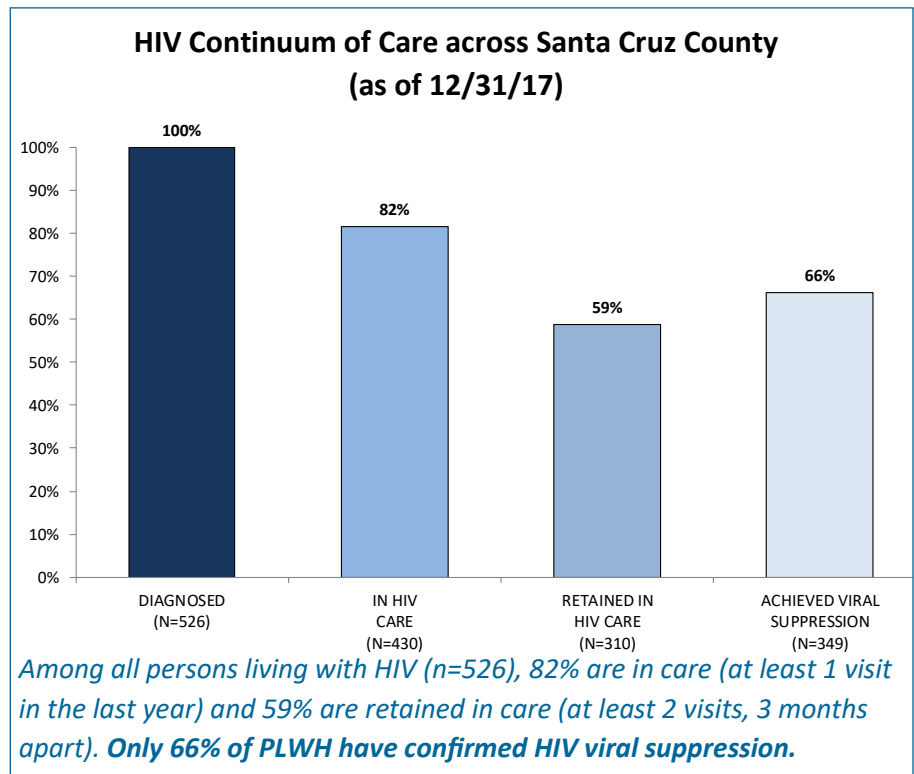
# The HIV Continuum of Care

The HIV Continuum of Care (CoC) denotes the sequence of HIV care.



To end the epidemic, multi-discipline players strengthen the CoC:

- **Providers and HIV test counselors** in clinics, hospitals, jails, and Public Health provide routine HIV/STD testing, PEP, and PrEP.
- **HIV providers** offer anti-retroviral therapy, co-infection screening, viral load & CD4 lab tests, and encourage testing & PrEP for partners.
- **Mental health providers, case managers, dentists, housing navigators, etc.** address barriers to accessing care for a healthy life.



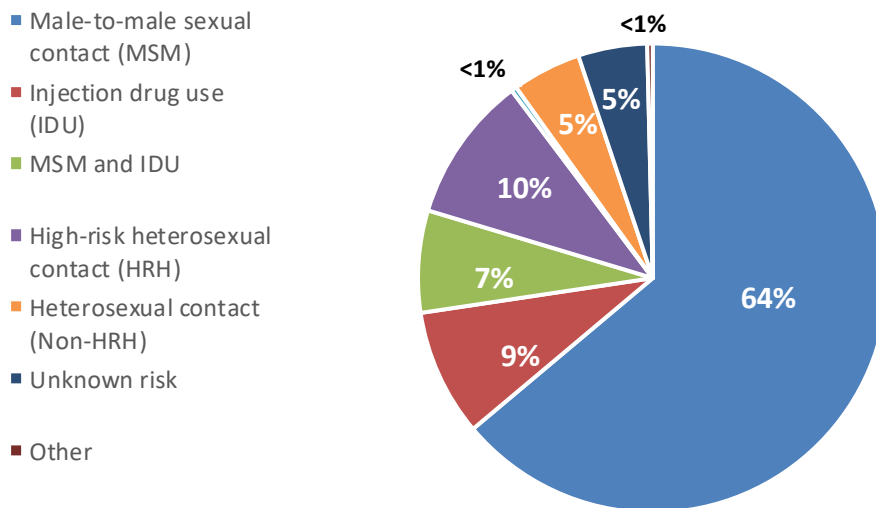
## HIV Viral Suppression

One of the goals of HIV treatment is to achieve HIV viral suppression to very low or undetectable levels (**HIV RNA <200 copies/mL**). When people living with HIV maintain viral suppression, there is no **risk of passing HIV to sexual partners**. In other words, **Undetectable = Untransmittable**. This is important for persons living with HIV and their partners to live longer, healthier, happier lives.

# HIV / AIDS Epidemiology

Among *all* residents living with HIV, 64% are men who have sex with men (MSM), 7% are MSM who also inject drugs (IDUs), and 9% are other persons who inject drugs. To note, over 5% of PLWH had no known risk factors.

**All Persons Living with HIV (n=526) by Risk Exposure Group (as of 12/31/17)**



Among residents *newly-diagnosed* with HIV between 2013 and 2017 (n=67), 54% (36) persons experienced HIV transmission only through **male-to-male sexual contact**; of those, 61% (22) identified as **Latinx**. Also to note, 9 persons (13%) were **diagnosed already with AIDS**, 78% (7) of whom were heterosexual (non-IDU) or had unknown risk. Providers are encouraged to **screen patients with a comprehensive history** to find those with high risks, and to offer **routine opt-out testing for all patients**.

New HIV Diagnoses (n=67) among Santa Cruz County Residents 2013-2017					
<b>Current gender</b>	#	%	<b>Transmission category</b>	#	%
Male	53	79%	Male-to-male sexual contact (MSM)	36	54%
Female	12	18%	Injection drug use (IDU)	6	9%
Transgender	2	3%	MSM and IDU	5	7%
<b>Age at diagnosis (years)</b>			High-risk hetero. contact (HRH)	4	6%
13-24	8	12%	Heterosexual contact (Non-HRH)	7	10%
25-44	34	51%	Unknown risk / Not recorded	9	13%
45-64	24	36%	<b>Stage at diagnosis (excluding Unknown)</b>		
>=65	1	1%	Acute: before full antibody response	5	7%
<b>Race/ethnicity</b>			Stage 0: tested HIV- in last 6 mo.	8	12%
Hispanic/Latino	32	48%	Stage 1: based on CD4+ T-cell count	20	30%
White	26	39%	Stage 2: based on CD4+ T-cell count	23	34%
(Other categories combined)	9	13%	Stage 3: AIDS	9	13%

## HIV/AIDS Deaths

Between 2013 and 2017, **27 residents** with HIV/AIDS died in Santa Cruz County. [Comparison death rates:](#)

In California:

- 4.5—4.7 per 100,000 population

In Santa Cruz County:

- 1.1—2.5 per 100,000 population

## Supportive Referrals

What does *your patient identify* as their biggest barriers to achieving a healthy lifestyle?

- Social support
- Access to care
- Trust with doctor
- Health insurance
- Transportation
- Housing
- Behavioral health
- Personal/cultural beliefs

**Provide appropriate referrals**, including HIV medical case management services from the [CARE Team](#). Main phone: (831) 454-4730.

## Local STD Trends

**Chlamydia** and **gonorrhea** disproportionately affect **teens** and **young people**.

**Syphilis** disproportionately affects **men who have sex with men (MSM)**.

Find more **local STD data** with State comparisons at: [santacruzhealth.org/STD](http://santacruzhealth.org/STD)

## Extragenital Testing

In 2018, **over 50% of MSM** diagnosed with gonorrhea in Santa Cruz County were **positive from an extragenital site**: pharyngeal or anal.

*Did you know...???*

- **Rectal gonorrhea infections are asymptomatic 85% of the time.**
- **Urine-only chlamydia and gonorrhea testing misses 70-88% of MSM infection**

Offer **3-site extragenital testing** OR **self-collection swabs** for *anyone* who has receptive anal or oral sex.

## Routine Opt-Out Testing (ROOT)

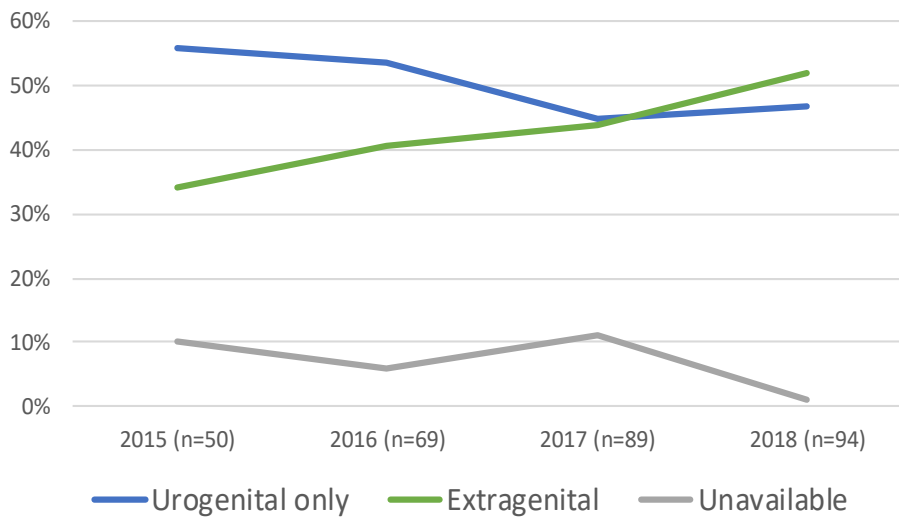
Ensure early diagnoses and perform **Routine Opt-Out Testing** for HIV.

# STD Epidemiology

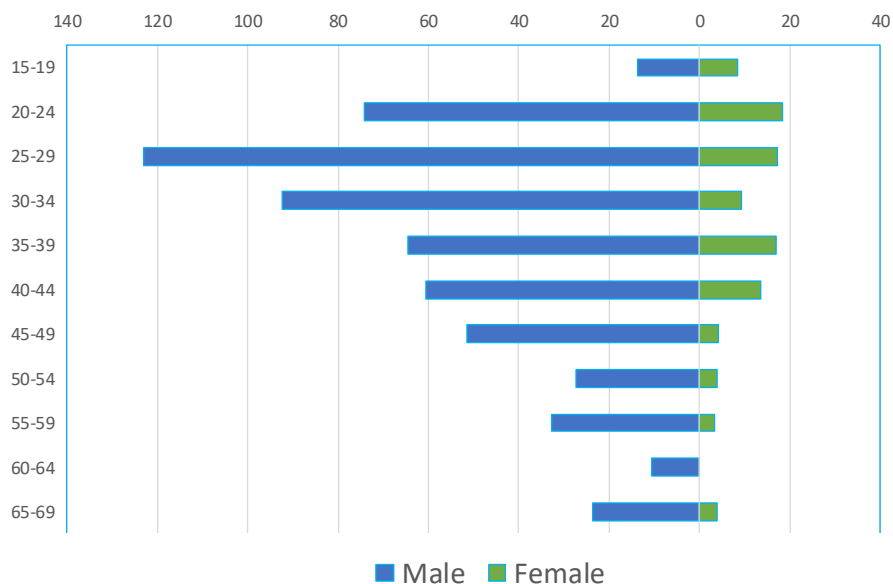
After many years of increases in chlamydia, gonorrhea, and syphilis, it is promising to see that gonorrhea and syphilis decreased in 2018.

STD Case Counts by Condition Santa Cruz County Residents 2014-2018						
	2014	2015	2016	2017	2018	% Change 2017-2018
<b>Chlamydia</b>	911	976	992	<b>1113</b>	<b>1251</b>	<b>12%</b>
<b>Gonorrhea</b>	176	179	254	<b>318</b>	<b>306</b>	<b>-4%</b>
<b>Early Syphilis</b>	45	51	53	<b>74</b>	<b>62</b>	<b>-16%</b>

**Gonorrhea — Santa Cruz County, 2015-2018**  
Positive Sites among MSM, by Site



**Syphilis — Santa Cruz County, 2016-2018**  
3-Year Incidence Rates per 100,000 by Age Group and Sex



## TALK

Santa Cruz County's trends of new infections of HIV and STDs mirror the state and nation. **Youth, people of color, LGBTQ,** and, most especially, those members of our community who have multiple of these identities are most affected and **burdened** by STDs and HIV.

Many patients, especially those who have the above identities, have had traumatic experiences in medical settings. **You can build trust** and use sensitive, inclusive language to discuss gender, sexuality, bodies, and sex. Practice **trauma-informed exams**, asking patients' consent in all matters.

Be an **inviting, comfortable, and non-judgmental** place for patients to talk **openly and honestly**. Through this approach, you may better recommend appropriate testing and care.

***Community Spotlight:** In 2019, Salud Para La Gente (Salud) initiated a youth advisory committee of teens and young adults who provide guidance to Salud clinics to be **youth and LGBTQ-friendly**. Based on their guidance, Salud made changes to be a more inviting place for youth.*

See the sidebar for links to resources for bolstering your practice.

*After a comprehensive sexual history, determine appropriate testing, including extragenital sites.*

## TEST

### [CDPH's STD Screening Recommendations \(2015\)](#)

If tested for STDs, patients should also **automatically** receive an HIV test, regardless of clinical setting, **including emergency departments**.

**Everyone** 13-64 years of age should get tested for HIV **at least once**. Individuals with **new exposures** should be tested at least **once a year** and those at **higher risk** are good candidates for testing **every 3-6 months**. Use **4th-generation HIV tests** to detect HIV infections earlier.

*The CDC estimates that approximately **80% of new HIV transmissions are from persons who do not know they have HIV infection or are not receiving regular care.***  
*MMWR, 2019;68(11)*

See p. 6 for an analysis of testing, PrEP, and care linkage opportunities.

## BEST PRACTICES...

### Build Trust

- [Sexual history taking](#)
- [Youth friendly care](#)
- [Culturally sensitive care](#)
- [Gender affirming care](#)
- **Join** the Youth Action Coalition (YAC). *Contact:* [Nancy Willard](#) @santacruzcounty.us



### STD/HIV Coinfection

For all patients with STDs, offer routine opt-out testing for HIV.

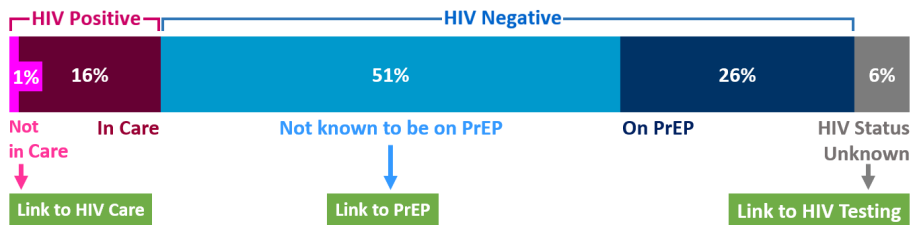
Between 2016 and 2018 in Santa Cruz County:

- **17%** of MSM diagnosed with **gonorrhea** were co-infected with HIV.
- **47%** of MSM diagnosed with **syphilis** were co-infected with HIV.

Test patients with **shigella** for HIV/STDs. This year, more **than 20%** of our cases are also living with HIV.

In Santa Cruz County, over 50% of **MSM diagnosed with gonorrhea** were potential **candidates for PrEP**, which could help them prevent getting HIV.

### MSM Patients Diagnosed with Gonorrhea by HIV Status: Clinical Opportunities for Linkage to Care, PrEP, and HIV Testing (2016-2018)



## TREAT

### [CDPH's STD Treatment Guidelines for Adults & Adolescents \(2015\)](#)

- **Follow CDPH treatment guidelines for gonorrhea.** Concurrent, dual anti-biotic therapy is recommended to improve efficacy and prevent antimicrobial resistance. Administer BOTH concurrently:
  - ⇒ **Ceftriaxone** 250 mg IM
  - ⇒ **Azithromycin** 1 gm PO, single dose

*Tip: If patient goes to pharmacy for oral meds, ask them to return with medications to take while they get the injection.*
- Prescribe **PEP** for exposed individuals within the 72-hour window.
- Following HIV testing, offer **Status Neutral care: PrEP** if HIV-negative or **anti-retroviral therapy (ART)** if HIV-positive.
- **Offer partner services** (e.g. Expedited Partner Therapy [EPT] and/or the Communicable Disease Unit's (CDU) HIV/STD Partner Services).

*Treat patients and partners appropriately to improve health, reduce complications, prevent spread, and protect public health.*

## REPORT

- **To report STDs, FAX** the [STD Confidential Morbidity Report \(CMR\)](#) to Public Health's CDU at **(831) 454-5049** or **directly enter** into the CalREDIE Provider Portal. **CDU main phone: (831) 454-4114.**
- **To report HIV, CALL** the County HIV Surveillance Coordinator (831) 454-4410 to *fill out* the HIV (Adult or Pediatric) Case Report Form.

## Expert Consults

Get *free* consultation from UCSF's [Clinician Consultation Center \(CCC\)](#) for HIV, Hep C, Substance Use, PEP and PrEP at **(855) HIV-PrEP.**

## Who is a candidate for HIV PrEP?

- Anyone thirteen years of age or older who **wants** it
- Anyone at **risk** of HIV, especially MSM and IDU
- PrEP helps [prevent HIV](#).
- Find PrEP tips and tools at [PleasePrepMe.org](#)
- Educate your [staff](#) and [patients](#) about PrEP.

## Reactive HIV Test?

Follow the [HIV testing algorithm](#), including HIV viral load tie-breaker testing to diagnosis acute infection.

## Local Action

For questions or to join with other *Getting to Zero* HIV stakeholders, contact: [HSAPHAdmin@santacruzcounty.us](mailto:HSAPHAdmin@santacruzcounty.us)