25. SEXUALLY TRANSMITTED DISEASES

Goal

A society where healthy sexual relationships free of infection are the norm.

Terminology

Medicaid Managed Care Partnerships: groups of providers who have an agreement with the Department for Medicaid Services to be responsible for care of Medicaid patients in a specific region.

Overview

In 1998, sexually transmitted diseases (STD's) were four of the top ten reportable diseases in Kentucky, with chlamydia and gonorrhea, respectively, first and second most common. AIDS and syphilis (primary and secondary) were also in the top ten.

Because of the frequency of asymptomatic disease, screening programs are of particular importance in controlling gonorrhea and chlamydia. Kentucky's health departments have performed gonorrhea screening for many years, but by 1995 had upgraded to the more sensitive DNA-probe method. The same method was simultaneously adopted for chlamydia, and chlamydia screening was made available to an increased number of patients. Also instituted in the 1990s was routine use of effective single-dose regimens for treatment of each disease.

STD control is beginning to be affected at the end of the 1990s by changes in Medicaid and other aspects of the medical marketplace. Although Medicaid supports direct access to STD services at providers chosen by patients, including health departments, the overall trend in most parts of the state is for more patients to go to providers other than health departments. Thus it is more difficult to assure that STD screening will be offered or that effective treatment regimens will be employed.

Sustained transmission of syphilis has become scarce in many parts of Kentucky, but continues in Louisville (Jefferson County). In 1997, Jefferson County was ranked thirteenth nationally in infectious syphilis among urban counties containing cities over 200,000 in population. In 1998, it had 85 percent of the state's primary and secondary cases. African American patients accounted for 91 percent of these cases. Interview data confirmed a major association with substance abuse, particularly alcohol and crack or others forms of cocaine. A significant role for prostitution was evidenced also. Such

factors have led to increased attention to correctional systems as sites for increased intervention.

Progress Toward Year 2000 Objectives

19.1 To contain the gonorrhea incidence of no more than 140 cases per 100,000 population.

The preliminary rate for 1998 was 98 per 100,000 population. The objective has been met.

19.2 To contain the incidence of disases and syndromes related to *Chlamydia trachomatis* infection to no more than 7,500 cases or a rate of 201 cases per 100,000 population.

The preliminary 1998 rate was 164 per 100,000. The objective was met.

19.3 To reduce the incidence of primary and secondary syphilis rate to a level of 1.9 cases per 100,000 population.

A revised objective of 3.2 per 100,000 was proposed in the mid-decade review. The preliminary 1998 rate was 2.7 per 100,000, lower than the revised objective but more than the original objective. A slight chance remains that the original objective will be met by the year 2000.

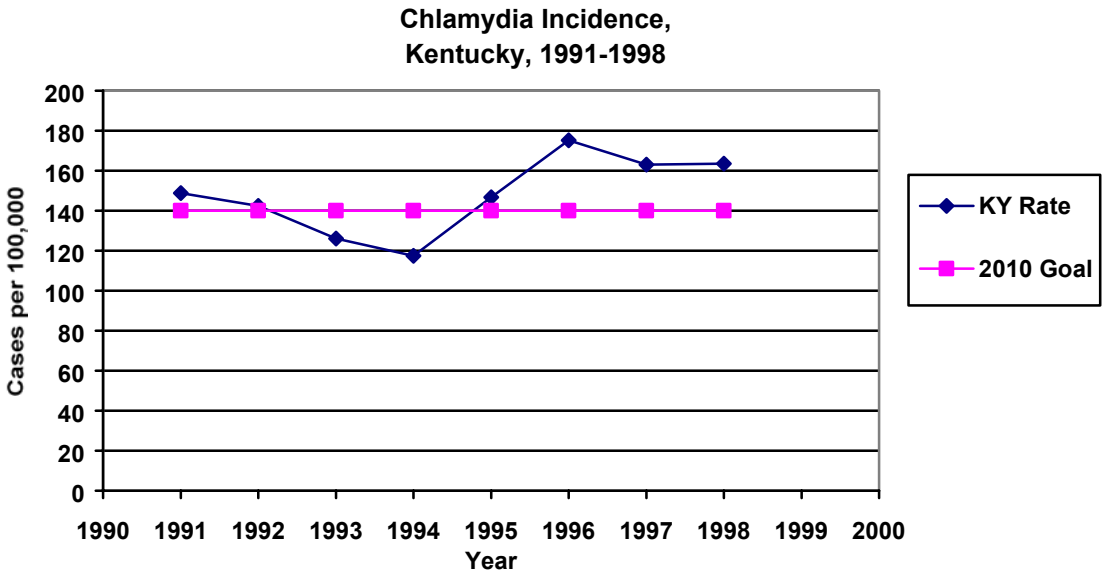
19.4 To reduce the incidence of congenital syphilis incidence to one case report annually, or a level not exceeding 2 cases per 100,000 live births.

The 1998 rate was 7.6 per 100,000 live births. However, the case definition was changed after the objective was set; the 1998 rate would have been 0 if the previous definition were applied. Even employing the new case definition a slight chance remains of meeting the objective by the year 2000.

2010 Objectives

25.1. Reduce the incidence of *Chlamydia trachomatis* infections to no more than 140 cases per 100,000 population.

Target Setting Method: Accelerate current rate of decline by 30 percent.

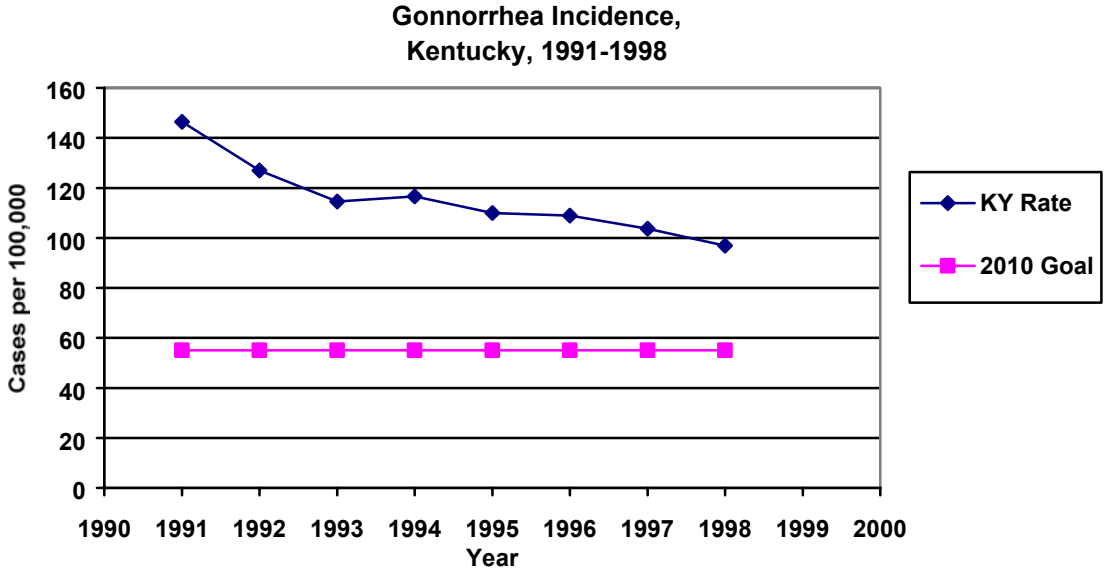


Data Source: Kentucky Reportable Disease System.

Implementation Strategy:

- Continue screening programs in local health department prenatal, family planning, cancer screening, and STD clinics.
- Ensure that male and female patients presenting with urethritis or cervicitis in local health departments are provided with a regimen of therapy adequate to treat both gonorrhea and chlamydial infection.
- Counsel every patient about the need to refer recent sex partners to examination.
- Educate providers other than health departments to adopt measures similar to the above.
- Develop quality assurance measures and test incentives to help providers apply the above measures, particularly among groups with elevated risk of infection.

25.2. Reduce the incidence of gonorrhea to no more than 55 cases per 100,000 population.



Target Setting Method: Accelerate current rate of decline by 5 percent (because of a lower starting incidence, more difficult to accelerate decline than with chlamydia).

Data Source: Kentucky Reportable Disease System.

Implementation Strategy: Same as for chlamydia under objective 25.1

25.3. Reduce the incidence of primary and secondary syphilis to no more than 0.27 cases per 100,000 population.

Baseline: 2.7 cases per 100,000 population in 1998

Target Setting Method: Continuation of current rate of decline based on the last three years. It is judged the most achievable in light of an actual increased rate over the last ten years.

Data Source: Kentucky Reportable Disease System.

Implementation Strategy:

- Interview all patients diagnosed with infectious or early syphilis disease; rapidly refer all sex partners to examination and treatment.
- Ensure increased condom distribution and risk-reduction interventions in areas of elevated infectious syphilis incidence related to the rest of the state.
- Offer syphilis testing within first 5 days of incarceration in areas of elevated incidence.

- Ensure prompt reporting by laboratories of reactive syphilis serologies and immediate follow-up of those with the greatest potential for infectious case detection.

25.4. Reduce the incidence of congenital syphilis to a level not exceeding two cases per 100,000 live births.

Baseline: 11.4 cases per 100,000 live births in 1997

Target Setting Method: With a birth cohort around 50,000, this is the lowest level achievable short of complete elimination. Recent trends suggest that complete elimination is unlikely to be achieved by 2010.

Data Source: Kentucky Reportable Disease System.

Implementation Strategy:

- Ensure that follow-up of pregnant patients with reactive serologies is begun within 24 hours of receipt of report.
- Follow every reactive serology on pregnant women to a medical disposition.
- Ensure that every pregnant woman with syphilis is adequately treated and that recent sexual partners are provided with examination and treatment as needed.
- Encourage public and private care providers to obtain third trimester syphilis tests for all pregnant patients considered at risk of syphilis infection.

25.5. (Developmental)**: Reduce by 30 percent the incidence of neonatal chlamydial pneumonia and chlamydial ophthalmia neonatorum and by 55 percent the incidence of gonococcal ophthalmia neonatorum.**

Target Setting method: These percentages are respectively 15 and 25 percent more than the targeted decline in chlamydial and gonorrheal incidences. This should be achievable by strong concentration on prenatal screening and treatment prior to delivery.

Potential Data Source: Kentucky Hospital discharge database (UB92).

Implementation Strategy:

- Ensure that all health department prenatal patients are screened and that those testing positive are treated immediately.
- Ensure that recent sexual partners of infected health department prenatal patients are examined and treated as needed.
- Educate providers other than health departments to adopt similar procedures.
- Develop quality assurance measures and test incentives to help providers apply the above.

25.6. (Developmental): **Increase by 50 percent the proportion of schools servicing youth in 7th to 12th grades in which STD detection, treatment, and counseling is available onsite or through referral arrangements made with other providers.**

Target Setting Method: Judgement of what might be achievable.

Potential Data Source: Ad hoc surveys.

Implementation Strategy:

- Ensure that school-based clinic sites operated by health departments adopt routines to ensure these services onsite or offsite.
- Collaborate with the Department of Education in offering assistance to other schools in developing such services.

25.7. (Developmental): **Increase by 50 percent the proportion of Medicaid Managed Care Partnership agreements or Medicaid contracts ensuring coverage and provider reimbursement for STD prevention counseling, STD screening of individuals, and, when indicated, their treatment and treatment of their partners.**

Target Setting Method: Judgement of what might be achievable.

Potential Data Source: Interdepartmental information sharing.

Implementation Strategy:

- Joint development with Department of Medicaid Services of protocols to assure the above.
- Inclusion of these protocols in future contracts and agreements.

25.8. (Developmental): **Increase to at least 50 percent the number of schools for health providers (medical, osteopathy, nursing, family planning nurse practitioners, nurse midwives, and physician assistants) with both required sexual health teaching and clinical experience in STD services.**

Target Setting Method: Judgement of what might be achievable.

Potential data source: If feasible, get Kentucky-specific data shared to us from the national survey. Otherwise, explore an ad hoc survey in collaboration with the family planning chapter.

Implementation Strategy:

- Reinforce national actions to encourage this by communications from state and local health officials.

25.9. (Developmental) **Increase by 25 percent the proportion of sexually active women under the age of 25 who are screened annually for genital chlamydia infections in family planning clinics (other than health departments), community health centers, university health services, Department of Defense health clinics for active duty military personnel, and managed care plans.**

Target Setting Method: Judgement of what might be achievable.

Potential Data Source: Ad hoc surveys.

Implementation Strategy:
- Educate and encourage screening.
- Advocate screening inclusion in Medicaid requirements.
- Consider selective support for screening for chlamydia infections.

25.10. (Developmental) **Decrease by 50 percent the proportion of pregnant women <u>not</u> screened for chlamydia and gonorrhea during prenatal visits in community health centers, Department of Defense health clinics for active military personnel, and managed care plans.**

Target Setting Method: Judgement of what might be achievable**.**

Potential Data Source: Ad hoc surveys.

Implementation Strategy: Same as for Objective 25.9

25.11. (Developmental**) Increase by 50 percent the number of youth detention facilities and adult city or urban county jails and rural jails in counties with STD incidence above the state average in which screening for common bacterial STDs is conducted within 5 days of admission and treatment (when necessary) is given before release.**

Target Setting Method: Judgement of what might be achievable.

Potential Data Source: Ad hoc surveys.

Implementation Strategy:

- Educate and encourage screening.
- Consider selective support for screening and/or treatment.

Contributors

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