

HIV, STDs and Unintended Pregnancy

What Are We Doing in NC to address these?

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Overview

- Where do people receive care for HIV/STDS/family planning
- State initiatives to reduce:
 - HIV
 - STDs: Chlamydia , Syphilis, HSV, HBV and HAV
 - Unwanted pregnancies

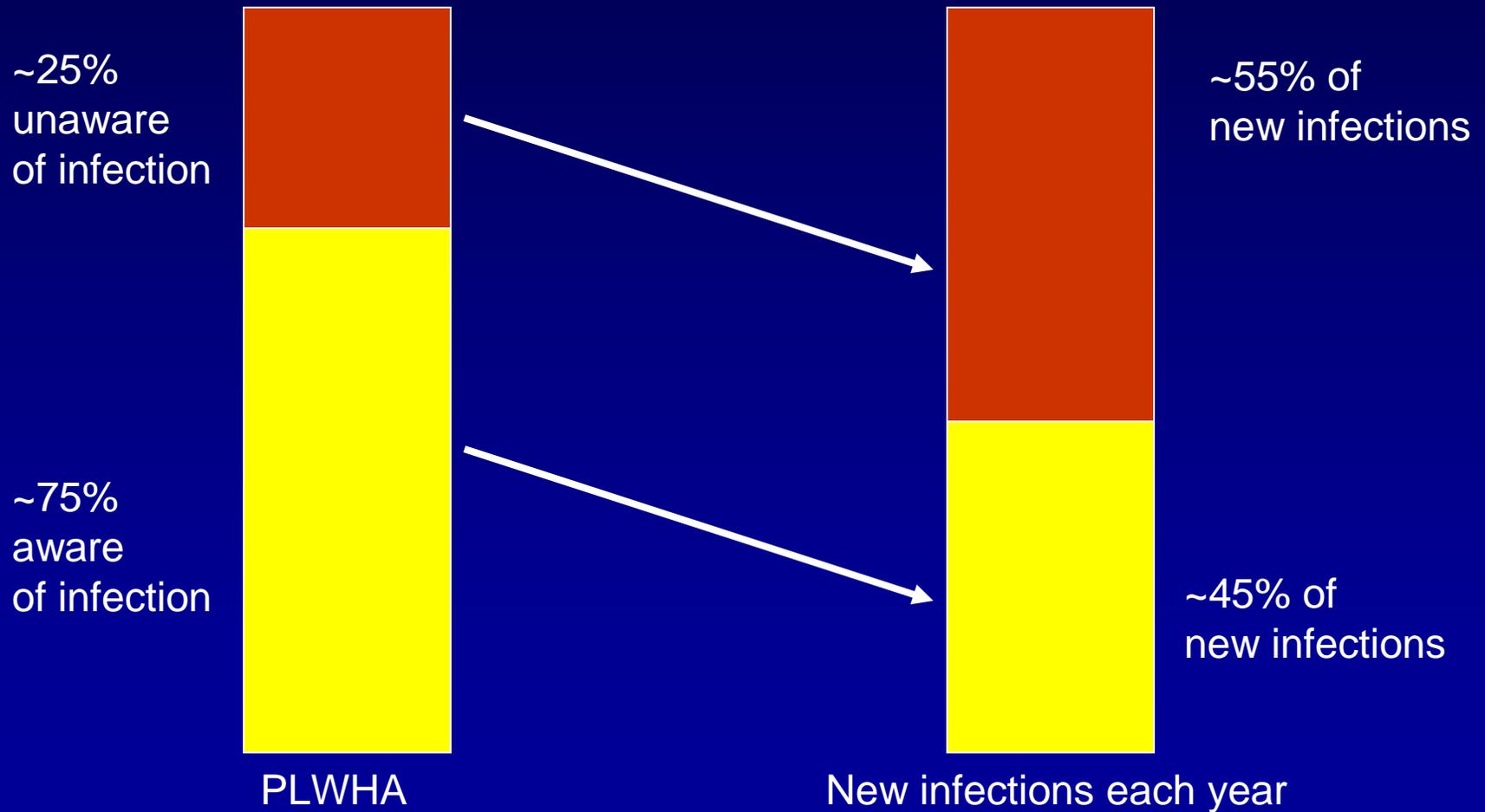
Where can Women and Men get tested for HIV and STDs in NC?

- Health departments (STD clinics, family planning clinics)
- Primary care settings
- During prenatal care
- Non-traditional testing sites
- +/- Emergency Departments

North Carolina HIV

- ~32,000 living with HIV
- ~ 18,000 aware of HIV infection
- ~12,000-13,000 in care
- ~30-40% unaware of HIV status

Awareness of Serostatus Among People with HIV and Estimates of Transmission



NC Striving to Meet CDC Recommendations in Health Care Settings

- HIV screening is recommended in all health care settings, after notifying the patient that testing will be done unless the patient declines (**opt-out screening**)
- **Persons at high risk** for HIV infection should be screened for HIV at least **annually**
- **Separate written consent for HIV testing is not required** - General consent for medical care is sufficient to encompass consent for HIV testing
- **Prevention counseling need not be conducted in conjunction with HIV testing**

Changes to NC Administrative Code

Nov. 1, 2007

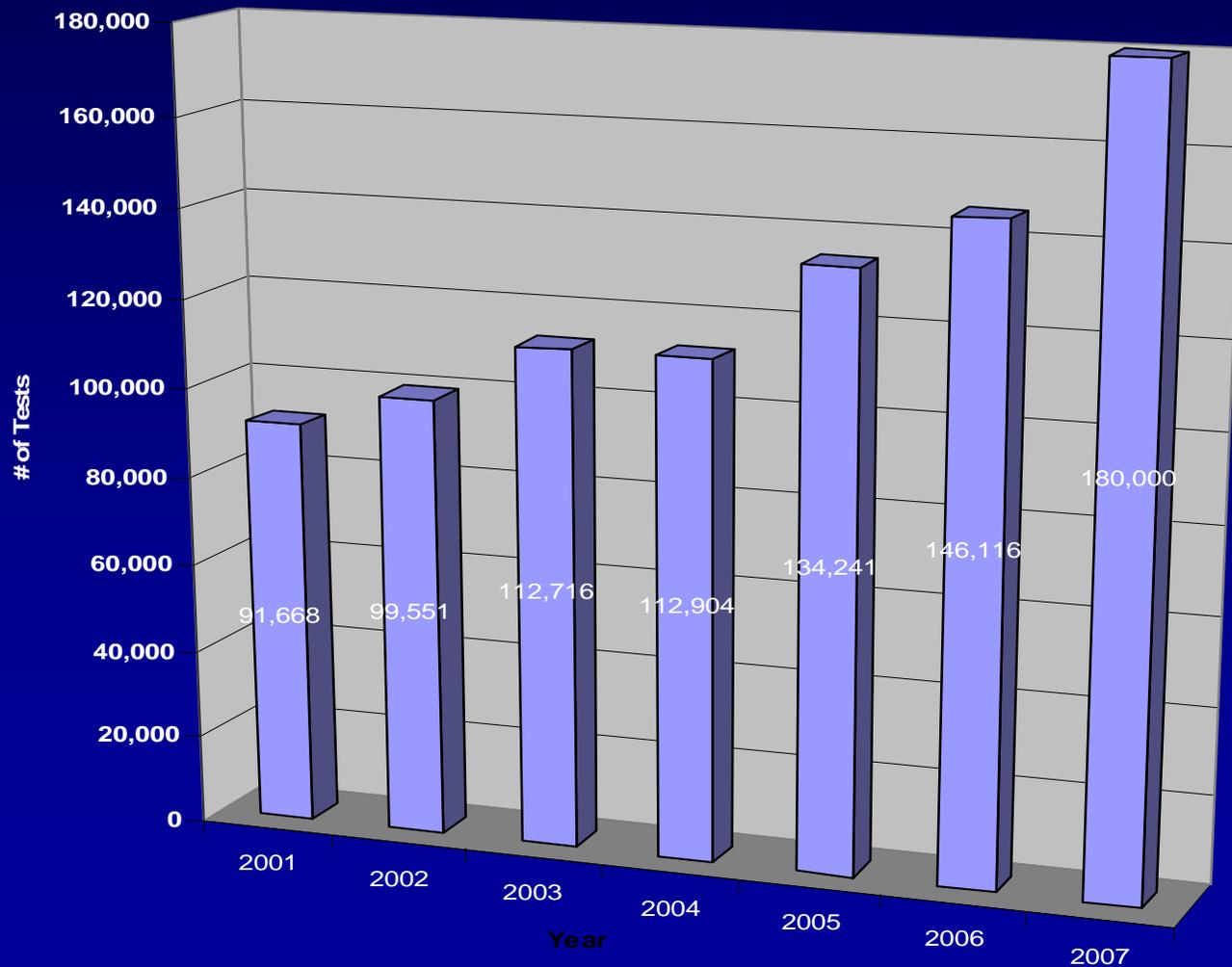
- Opt-out HIV screening in medical settings and for prenatal and STD visits
- Pretest counseling not required
- Post-test counseling required only for positives
- HIV tests at first prenatal visit and 3rd trimester
- Mandatory HIV test at labor and delivery for all women for whom HIV status is unknown and in infant if test not obtained from mother

Changes to NC Administrative Code

Nov. 1, 2007

- Providers and Laboratories to report HIV/AIDS from 7 days to 24 hrs
- HIV testing can be a part of a panel of tests without a standalone written consent just for HIV testing as long as the consent for testing specifies that HIV testing is included.

Increase in HIV Antibody Screens: State Lab 2001-2007



Get Real Get Tested Campaign 06-07

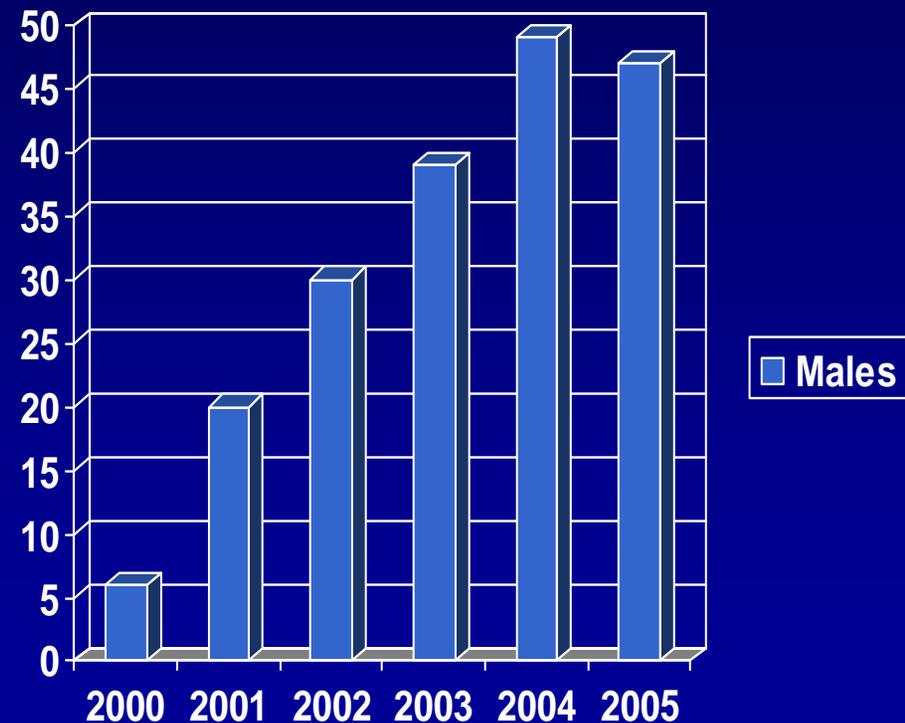
- **The targeted campaign consisted of door to door community testing as well as testing at stationary sites. Some of the sites include Wal-Mart.**
- **HIV testing increased by 18% in NC (increase of 25,939 tests) in 2006-2007**
- **Targeted campaign conducted in 11 locales (door to door community testing and testing at stationary sites e.g. Wal-Mart)**
- **2007: 7,422 rapid HIV tests administered at non-traditional testing sites (NTS); 71 people + for HIV**

Get Real Get Tested 2006-07, (cont.)

- **2,248 people were tested during the 2006-2007 Get Real, Get Tested events**
 - 27 people + for HIV-1 antibody**
 - 23 people + for syphilis**
- **In 2007- approximately 5,000 hits on the GRGT web site**
- **In 2007, Get Real, Get Tested commercials reached over three million viewers.**

Youth at Risk for HIV

- College outbreak detected on NC campuses starting in mid-2002
- Almost all cases were African American MSM or MSM/W



www.stylenc.org

style

HIV in our community

Preventing HIV & STD's

style's services

Other resources

UPCOMING EVENTS

CONTACT / APPOINTMENTS

style A triangle HIV prevention
and treatment program

**STRENGTH THROUGH YOUTH
LIVIN' EMPOWERED**

Strength Through Youth Livin' Empowered is a health program for college age Black/African American men. Our goal is to support you in living a healthy life. We want you to feel good about the sexual choices you make and stay free of HIV and other sexually transmitted diseases. For men who have HIV, we offer medical treatment and support.



STYLE Overview

- Clinical care for HIV+ Young MSM of color
 - ◆ Focus on linking to care and retention in care
- Support and Client Services (AAS-C)
 - ◆ 2 weekly support groups for HIV+ Black Men
- Rapid HIV Counseling and Testing
 - (Venue based/College Tour)
- Outreach and education in the community
 - ◆ HIV 101/HIV in the Black Community
 - ◆ Health Fairs
 - ◆ Healthcare provider training on LGBTQ issues
 - ◆ LGBTQ Resource Guide
 - ◆ Latino Task Force and Testing Initiative



Summary of Common STDs

Infection	Disease or Complications	HIV Transmission
Chlamydia	F: cervicitis, PID, infertility, ectopic pregnancy M: urethritis, epididymitis Babies: conjunctivitis	+
Gonorrhea	F: cervicitis, PID, infertility, ectopic pregnancy M: urethritis, epididymitis Babies: conjunctivitis	+
Syphilis	Early: genital ulcers, rash Late: neurologic, cardiovascular disease Babies: stillbirth, disseminated infection, death	++
Genital Herpes (HSV-2)	Adults: genital ulcers Babies: disseminated infection, death	++
Human Papillomavirus (HPV)	Adults: genital warts, abnormal Pap smears, cervical cancer, other genital cancers Babies: respiratory papillomatosis	-
Trichomonas	F: vaginitis Babies: premature delivery, low birth weight	+



Estimated Annual Burden and Cost of STD in the U.S.

	Estimated Annual Cases	Estimated Annual Direct Cost (millions)
Chlamydia	2.8 million	\$624
Gonorrhea	718,000	\$173
Syphilis	70,000	\$22
Hepatitis B *	82,000	\$42
Genital Herpes	1.6 million	\$985
Trichomoniasis	7.4 million	\$179
HPV	6.2 million	\$5,200
HIV *	40,000	\$8,100
	18.9 million	\$15.3 billion

* Costs of sexually-acquired cases only.



Percent of Reported STD by Race/Ethnicity, 2006

	AA	White	Hispanic	AI/AN	A/PI
Chlamydia	46%	29%	19%	2%	2%
Gonorrhea	69%	20%	9%	1%	1%
P&S Syphilis	43%	38%	16%	1%	2%
Congenital Syphilis	40%	11%	42%	1%	2%



Major STDs - Estimated New Cases, Cost Per Case, Lifetime Costs, 15 – 24 Year-Olds, U.S., 2000 *

	Number of New Cases in 2000	Average Lifetime Cost Per Case**	Total Direct Medical Cost (in millions)
Chlamydia	1.5 million		\$284.4
women		\$244	
men		\$20	
Gonorrhea	431,000		\$77.0
women		\$266	
men		\$53	
Syphilis	8,200	\$444	\$3.6
Trichomoniasis	1.9 million	\$18	\$34.2
Hepatitis B	7,500	\$779	\$5.8
Genital Herpes	640,000	\$732	\$292.7
women		\$417	
men		\$511	
HPV	4.6 million	\$627	\$2,900.0
HIV	15,000	\$199,800	\$3,000.0
	9.1 million		\$6.5 billion

*Chesson, Persp Sex Reprod Hlth, 2004

** Incidence estimates based on Weinstock, et al. HBV and HIV incidence estimates include sexually acquired cases only. Genital herpes estimates include HSV-s only.



Prevalence of Sexually Transmitted Infections among Female Adolescents in the United States: Data from the National Health and Nutrition Examination Survey (NHANES) 2003–2004

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NHANES Analysis

- Objective
 - estimate prevalence of the most common STIs among a nationally representative sample of 14–19 year-old females
- Methods
 - National Health and Nutrition Examination Surveys (NHANES) 2003–2004
 - Female adolescents, aged 14–19 years
 - Prevalence of 4 most common STIs: chlamydia, HSV-2, HPV, trichomonas
 - HPV evaluation limited to 23 high-risk types & types 6 or 11 = HR/6/11 HPV



Analysis Outcomes

- “Any STI” =
 - chlamydia or
 - HSV-2 or
 - HR/6/11 HPV or
 - trichomonas

Not included: gonorrhea (GC): data not released
syphilis & HIV: no cases in females aged 18–19
(only 18–49-year-olds tested)



Prevalence of STIs Among 14 – 19 Year-Old U.S. Females, NHANES 2003 - 2004

	All		Sexually Experienced	
	Number	Prevalence %	Number	Prevalence %
HPV (HR 6,11)	652	18.3	357	29.5
Chlamydia	793	3.9	396	7.1
Trichomonas	695	2.5	371	3.6
HSV-2	729	1.9	370	3.4
"Any STI"	612	25.7	347	39.5



Prevalence of “Any STI” by Race/Ethnicity

Race/ethnicity	Prevalence %
Non-Hispanic White	20.3
Mexican American	19.7
Non-Hispanic Black	47.7

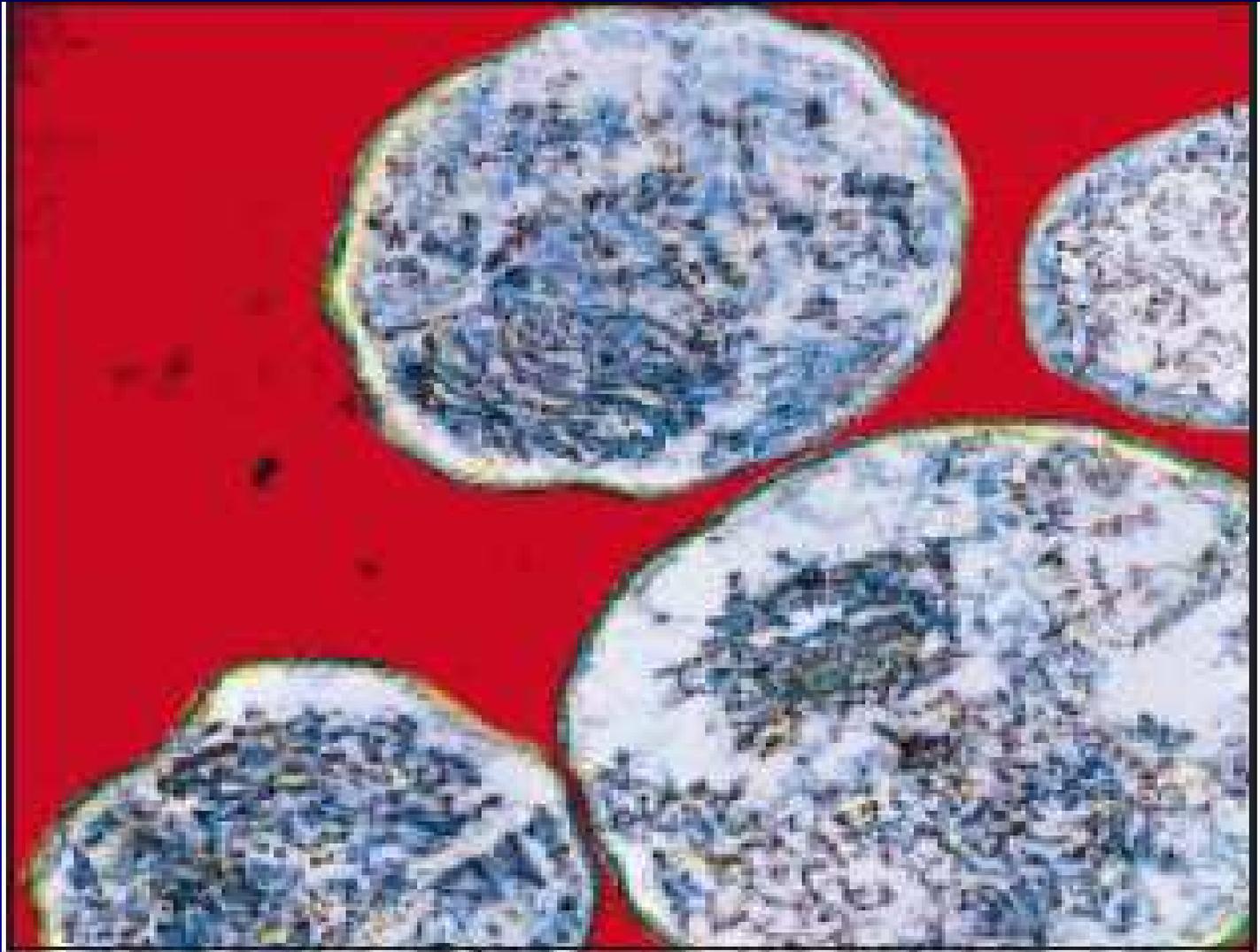


“Any STI” Prevalence by Number of Lifetime Partners

Number of Lifetime Partners	Prevalence %
0	7.5
1	20.4
2	43.1
≥ 3	54.7



Chlamydia



Chlamydia (Ct) Complications

- Upper Genital Tract Infection
 - PID in women
 - Epididymitis and prostatitis in men
- Complications from Upper Genital Tract Infection
 - Infertility
 - Ectopic pregnancy
- Other Complications
 - Increased risk for HIV transmission/acquisition

Objective of Chlamydia Screening Programs in NC

- Focus on women and linked to infertility protection
- Understanding that women acquire infection from men
- Understanding that risk of Chlamydia increases risk of HIV
- Addressing that re-infection rate is high for untreated partners

New CDC Recommendations for Men: Requires New Resources

- Males should be screened for Chlamydia if they:
 - Attend STD clinics
 - Attend Job Corps
 - Are entering jail and are <30 years of age
- Males with infection should be re-screened at 3 months after treatment
- Partner services should be offered to partners of males with Ct

NC College Chlamydia Awareness Campaign 2007

School	# of Specimens	# Tested	Positive Ct (%)	Positive GC (%)
A	69	66	5 (7.5%)	0
B	30	30	3 (10%)	2(6.7%)
C	122	122	25 (20.5%)	0
D	177	177	28 (15.8%)	8 (4.8%)
E	150	149	15 (10.1%)	2 (1.3%)
F	122	120	15 (12.5%)	2 (1.7%)
G	670	664	91 (13.7%)	14 (2.1%)

Ct: Chlamydia. GC: Gonorrhea

Gender and race/ethnicity of college screen

% positive Ct by Gender:

Males- 10.8% (27/250)

Females- 15.2% (64/420)

Distribution of positives by Race/Ethnicity

B- 94.5%

W- 3.3%

AI- 0%

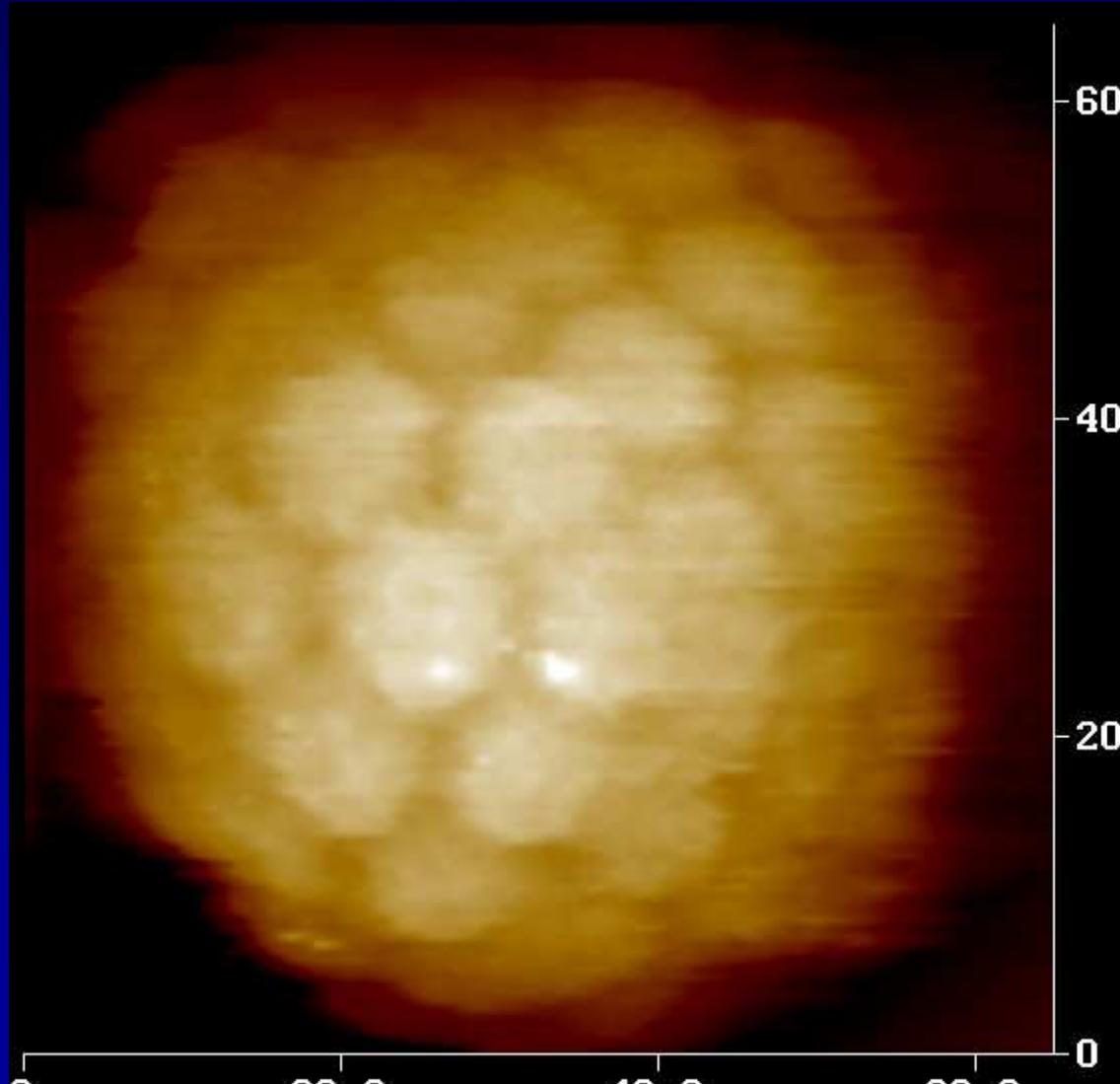
Other- 2%

Expedited partner therapy :EPT

- EPT is the practice of treating the sex partners of persons with STD without an intervening medical evaluation. The usual implementation of EPT is through patient-delivered partner therapy (PDPT).
- Both clinical and behavioral outcomes of the available studies indicate EPT is a useful option to facilitate partner management among heterosexual men and women with CT infection or gonorrhea.
- EPT is permissible under current NC law but not implemented

HPV L1 Virus-Like Particle

(protein from the L1 gene of HPV)



HPV Vaccine

- **ACIP recommends routine HPV vaccination for girls and women aged 11 to 12 years, but can be given to those aged 9 to 26 years**
- **Current NC law allows vaccination for STD prevention without requirement of parental consent**
- **Lacking integration of vaccination in schools and STD clinics**

Conclusions

- North Carolina has a number of evidence-based programs that are effective in:
 - Screening for HIV, reducing transmission and getting people into care
 - Identifying and treating people with Chlamydia
- However, more is needed to reach at-risk populations

Recommendations

1) HIV

- Increased awareness of screening/testing rules
- Opt out screening/testing
- Targeted screening of high risk msm
- Couple with CT and Syphilis screening

2) CT

- Annual CT screening (Health Check)
- CT screening in SBHC in high prevalence areas?
- EPT in primary care and SBHC

3) HPV

- Clear up consent issue and educate
- VFC use in all clinics serving adolescents