

# ALARMING SHIFT IN STI

Danucha "Danny" Brikshavana, MPH
IDPH Sexually Transmitted Infections Section

April, 2023

### **DISCLOSURES**

Presenter has no financial interest to disclose.

• This continuing education activity is managed by the St. Louis STI/HIV Prevention Training Center and accredited by Missouri State Medical Association (MSMA) in cooperation with the Chicago Department of Public Health.



# **OBJECTIVES**

By the end of this presentation, you will be able to:

- Recognize the reportable STIs
- Identify the current STI trends in Illinois
- Recall common treatment for reportable STIs





# NATIONAL AND ILLINOIS STI STATISTICS

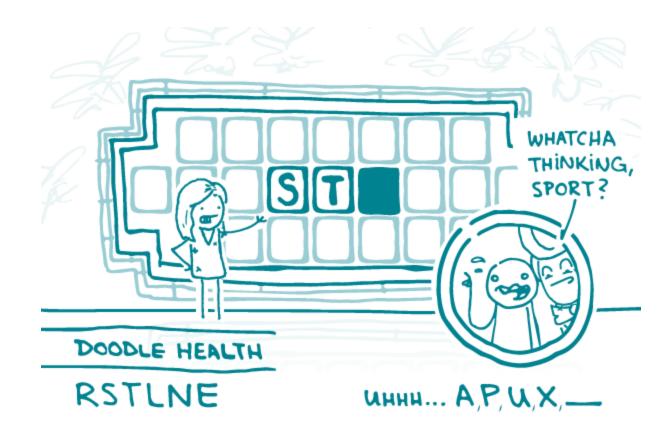
### STDS VS STIS

#### STDs vs STIs

- STDs
  - Most common used term for the collection of medical infections that are transmitted through sexual contact
  - Can sometimes carry a stigma

#### STIs

- Not everybody who is infected, experience any signs or symptoms or have their infection develop into a disease
  - Because of this, STI is more acceptable and will be used interchangeably in this presentation.





STATE OF STDs



1.6 million CASES OF CHLAMYDIA

3.8% decrease since 2017

UNITED STATES,

2021

710,151 CASES OF GONORRHEA

28% increase since 2017

( देवेंदे

176,713 CASES OF SYPHILIS

74% increase since 2017

STDs continue to forge ahead, hitting the nation hard.



2,855
CASES OF SYPHILIS AMONG NEWBORNS

203% increase since 2017

ANYONE WHO HAS SEX COULD
GET AN STD, BUT SOME GROUPS
ARE MORE AFFECTED

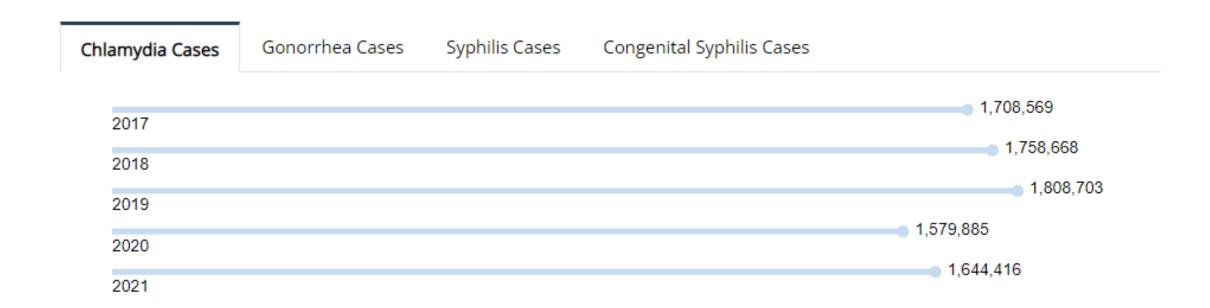
- O YOUNG PEOPLE AGED 15-24
- O GAY & BISEXUAL MEN
- O PREGNANT PEOPLE
- O RACIAL & ETHNIC MINORITY GROUPS



**LEARN MORE AT:** 

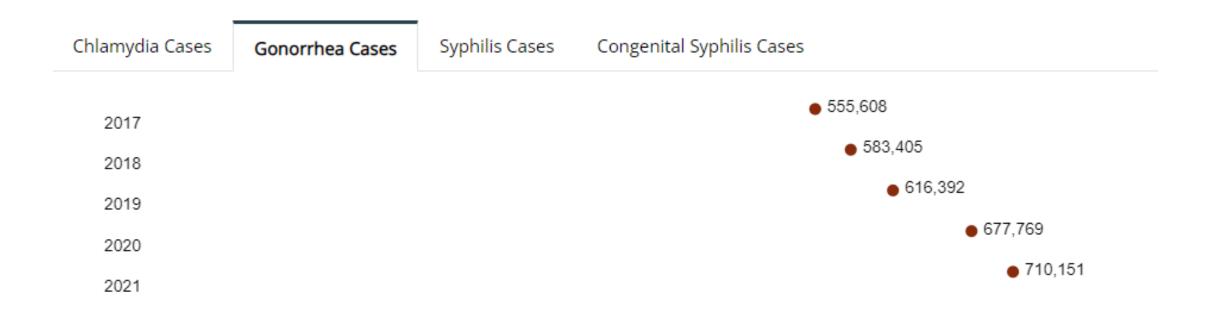
www.cdc.gov/std/

## NATIONAL SURVEILLANCE: CHLAMYDIA



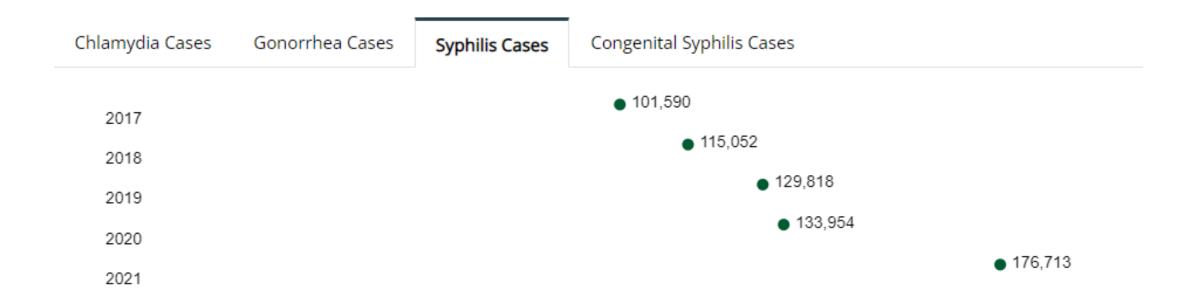


# NATIONAL SURVEILLANCE: GONORRHEA



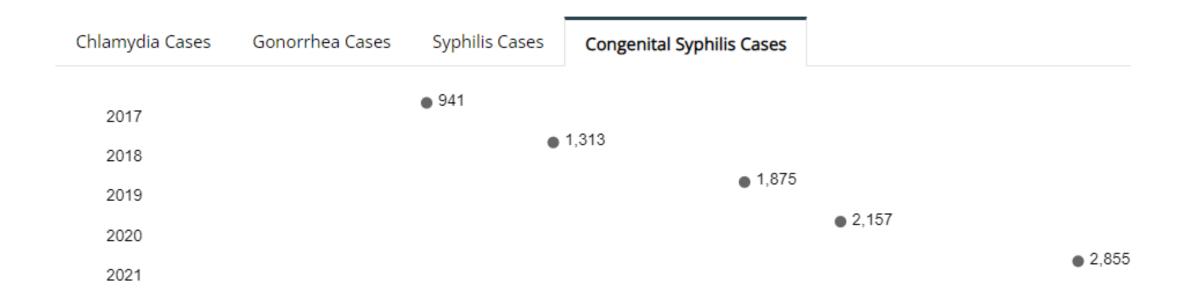


## NATIONAL SURVEILLANCE: SYPHILIS



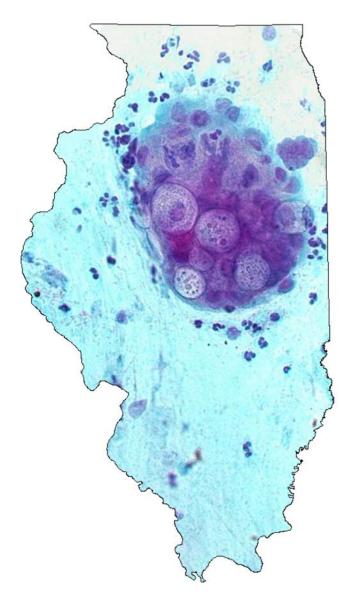


#### NATIONAL SURVEILLANCE: CONGENITAL SYPHILIS





## ILLINOIS STI STATISTICS: CHLAMYDIA



#### 2021 CDC National Data

#### Total Illinois:

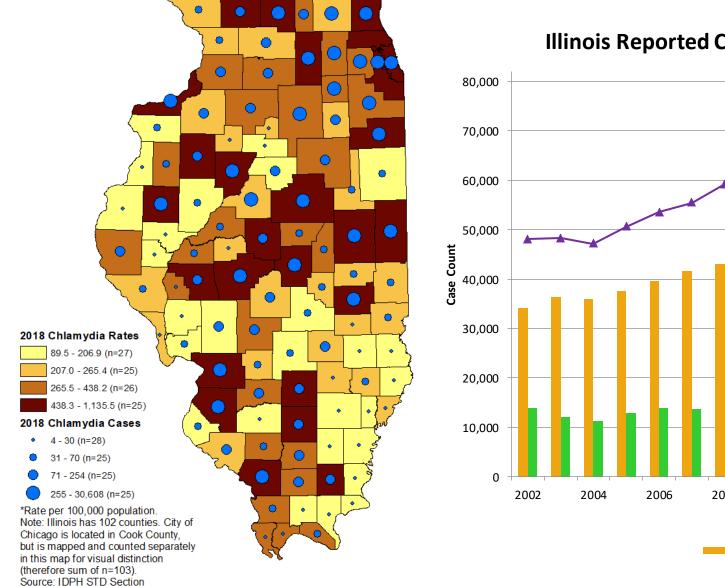
- Ranked 11<sup>th</sup> in chlamydia infections by rate per 100,000 population
  - Illinois 566.9 (U.S. 495.5)
- Ranked 5<sup>th</sup> by overall case count

#### 2021 Illinois Data

#### Chlamydia:

- 71,836 total cases
- **+4.5%** increase from 2020
  - 2019: 81,012 cases
  - 2020: 68,716 cases (-15.1% from 2019)
- Chicago reported 38.1% of cases

# ILLINOIS STI STATISTICS: CHLAMYDIA



#### Illinois Reported Chlamydia Cases by Sex, 2002-2021



# ILLINOIS STI STATISTICS: GONORRHEA



#### 2021 CDC National Data

#### Total Illinois:

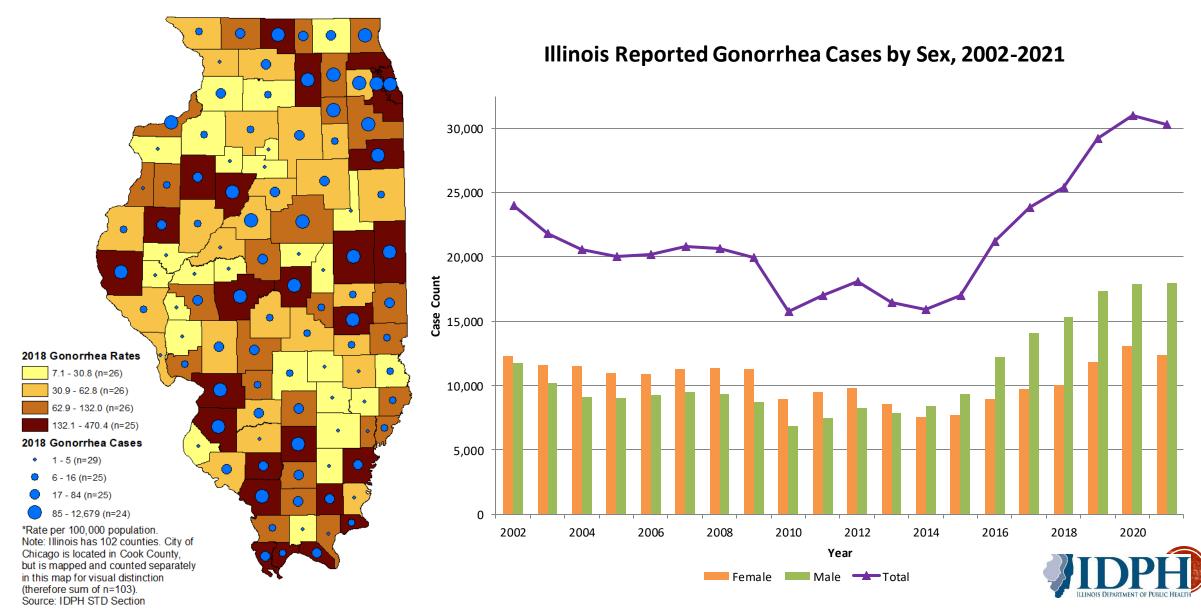
- Ranked 15<sup>th</sup> in gonorrhea infections by rate per 100,000 population
  - Illinois 240.3 (U.S. 214.0)
- Ranked 6<sup>th</sup> by overall case count

#### 2021 Illinois Data

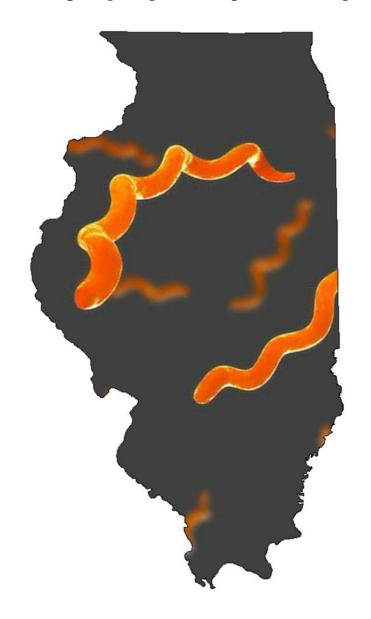
#### Gonorrhea:

- 30,454 total cases
- -1.9% decrease from 2020
  - 2019: 29,272 cases
  - 2020: 31,055 cases (+6% from 2019)
- Chicago reported 44.2% of cases

# ILLINOIS STI STATISTICS: GONORRHEA



#### ILLINOIS STI STATISTICS: PRIMARY & SECONDARY SYPHILIS



#### 2021 CDC National Data

#### Total Illinois:

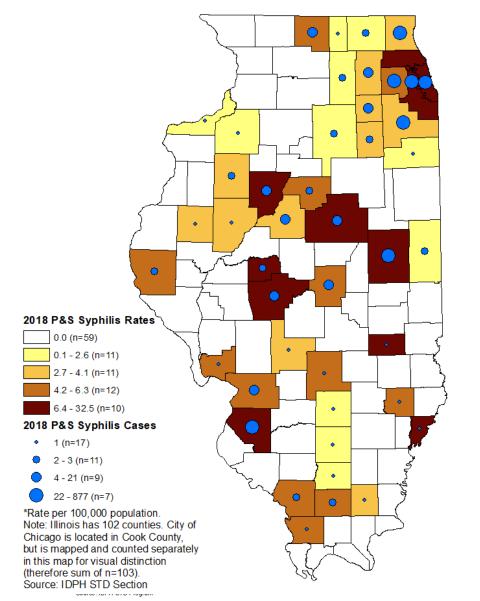
- Ranked 29<sup>th</sup> in P&S syphilis infections by rate per 100,000 population
  - Illinois 11.7 (U.S. 16.2)
- Ranked 10<sup>th</sup> by overall case count

#### 2021 Illinois Data

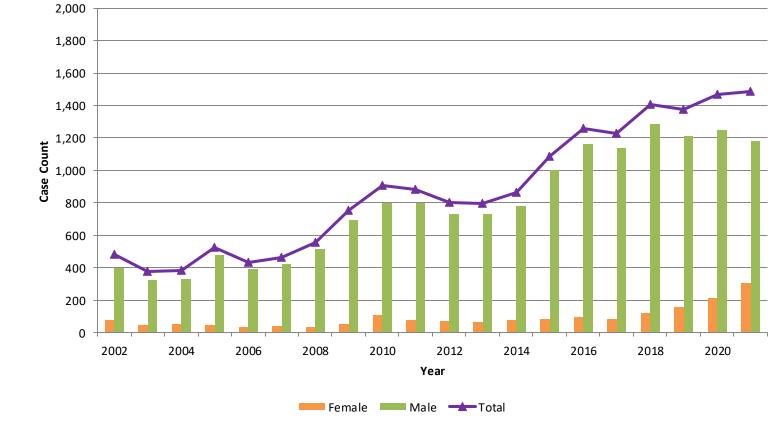
Primary & Secondary Syphilis:

- 1,485 total cases
- +1.2% increase from 2020
  - 2019: 1,364 cases
  - 2020: 1,467 cases (+7.6% from 2019)
- Chicago reported 53.4% of cases

# ILLINOIS STI STATISTICS: P&S SYPHILIS



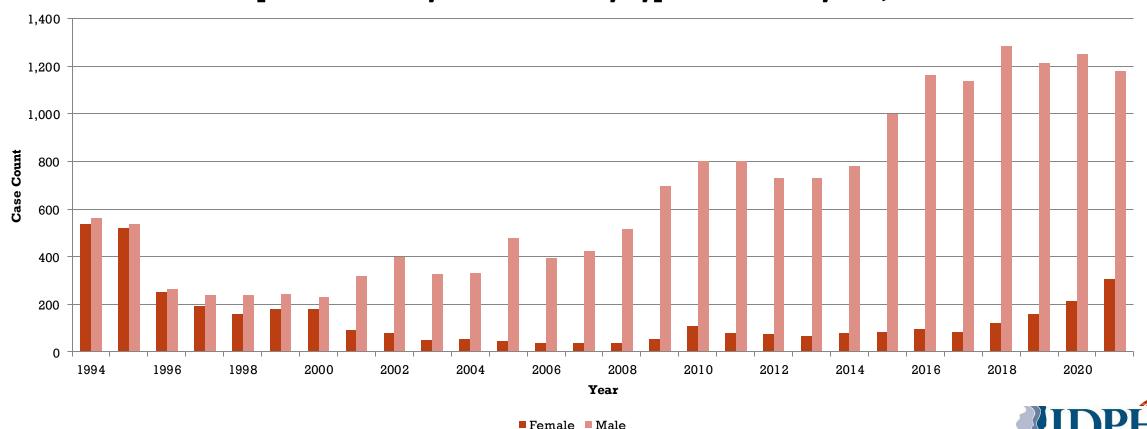
### Illinois Reported Primary and Secondary Syphilis Cases by Sex, 2002-2021





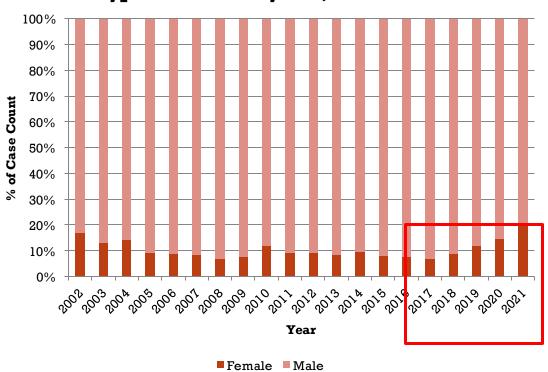
# P&S CASES SHIFTED FOCUS POPULATION

#### Illinois Reported Primary and Secondary Syphilis Cases by Sex, 1994-2021

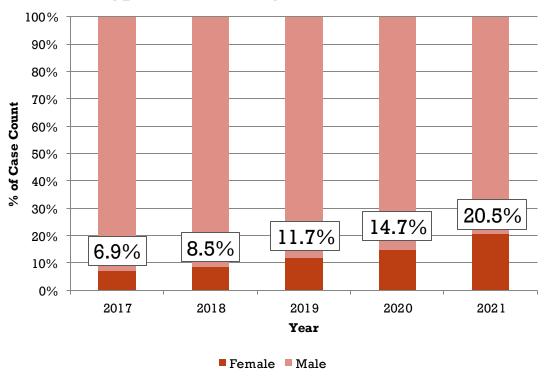


### PROPORTION OF P&S CASES BY SEX

#### Illinois Reported Primary and Secondary Syphilis Cases by Sex, 2002-2021



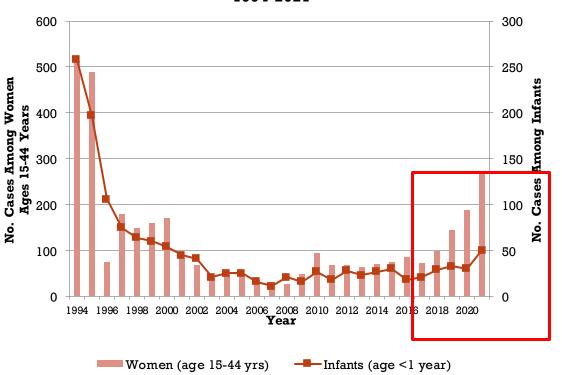
#### Illinois Reported Primary and Secondary Syphilis Cases by Sex, 2017-2021



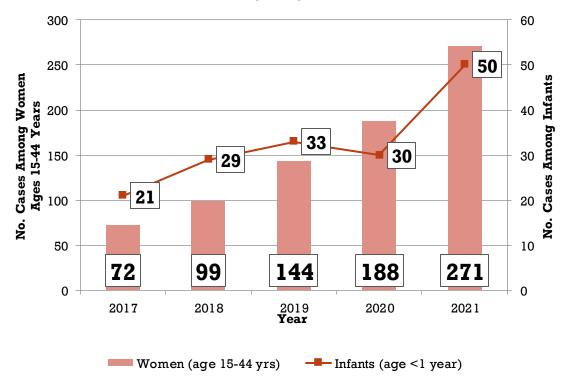


# P&S AMONG WOMEN ON THE RISE

Illinois Reported Primary and Secondary Syphilis Cases Among Women Ages 15-44 Years and Congenital Cases, 1994-2021



#### Illinois Reported Primary and Secondary Syphilis Cases Among Women Ages 15-44 Years and Congenital Cases, 2017-2021





# STI SUMMARY

# Chlamydia (Ct)

Gonorrhea (Ng)

- The majority of Ct/Ng cases are among adolescents and young adults
  - Behavioral/biological
- African Americans are disproportionately affected
- There are people who do not have signs/symptoms (Females > Males)
- If left untreated, and especially for those with re-infections are more likely to have more adverse complications

## STI SUMMARY

### **Syphilis**

- Primarily affecting males; specifically among gay, bisexual, and other same gendered loving men
- Rises in syphilis in Illinois also indicates an increase among women (and congenital syphilis cases)
- High syphilis and HIV co-infection morbidity. In Illinois, 32% of P&S syphilis (in 2020) were co-infected with HIV. Compared to 3.0% in 2021(2.5% in 2020) of all Ct cases and 7.3% in 2021 (6.6% in 2020) of all Ng cases in 2020.
- African Americans are disproportionately affected



#### By Sex

#### By Age Group

#### By Race/Ethnicity

0.6% 1.7%

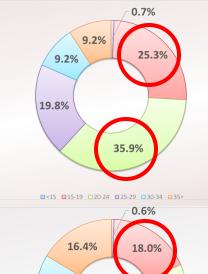
Illinois (2020)

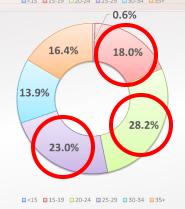
Chlamydia

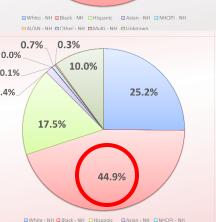


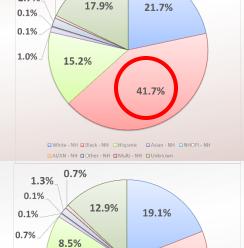
Gonorrhea

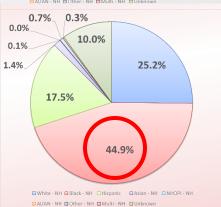






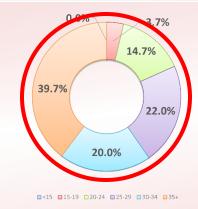














# STI TREATMENT

### CHLAMYDIA TREATMENT

#### 2021 CDC Recommendation

#### PREFERRED TREATMENT

- Doxycycline 100mg orally twice a day for 7 days
  - Doxy may be more effective for rectal CT infections
- Alternative Regimen
  - Azithromycin 1g orally in a single dose
    - If azithromycin is used because of adherence issues they should be tested within three months to make sure the infection is eradicated

OR

Levofloxacin 500mg orally once daily for 7 days



### GONORRHEA TREATMENT

#### 2021 CDC Recommendation

#### PREFERRED TREATMENT

- 500 mg Ceftriaxone IM single dose for persons weighing <150kg</li>
  - \*If chlamydia infection has not been excluded, treat for chlamydia as well (see previous slide)
  - 1g Ceftriaxone IM single dose for persons weighing >150kg.
- Alternative Regimens (if Ceftriaxone is not available):
  - Gentamicin 240mg IM in a single dose <u>PLUS</u> Azithromycin 2g orally in a single dose.
  - Cefixime\* 800mg orally in a single dose



## CT/NG TREATMENT CONT.

- Please note that if a person has a penicillin allergy and cephalosporins are not indicated, CDC guide indicates to treat Gonorrhea with Gemifloxacin or Gentamycin and refer to an infectious disease physician
  - Further assistance can be found at the current CDC STD treatment guidelines or by contacting the IDPH STI section.

#### **After Treatment Guidance:**

- Refrain from alcohol/sex for at least 7 days after the completion of medication to prevent possible re-acquisition of infection
- Dual therapy is recommended because Ng has been able to develop resistance to antibiotics used to treat it historically
- Re-infection rates for Ct and Ng are high and treating partners is very important
  - EPT or expedited partner therapy should be used when possible and can be incorporated into medical standing orders



# SYPHILIS TREATMENT

#### **2021 CDC Recommendation**

- Early Syphilis (Primary, Secondary, Early Non-Primary Non-Secondary < 1 yr. Duration)
  - Benzathine penicillin G 2.4 million units IM in a single dose
  - Penicillin allergy
    - Doxycycline 100 mg orally BID x 14 days if penicillin allergy
- Late or Unknown Duration\*
  - Benzathine penicillin G 7.2 million units total, administered as three doses of 2.4 million units IM each at 1-week intervals
  - Penicillin allergy
    - Doxycycline 100 mg orally BID x 28 days if penicillin allergy



## SYPHILIS TREATMENT CONT.

#### 2021 CDC Recommendation cont.

- Pregnancy (allergic to penicillin)
  - De-sensitize and treat with penicillin at exactly seven-day intervals if late latent. If this is not done, treatment must start over
    - Missed doses >9 days between doses are not acceptable for pregnant women receiving therapy for late latent syphilis
    - An optimal interval between doses is 7 days for pregnant women
    - If a pregnant woman does not return for the next dose on day 7, every effort should be made to contact her and link her to immediate treatment within 2 days to avoid retreatment
    - Pregnant women who miss a dose of therapy should repeat the full course of therapy.





# THANK YOU

**Special Thanks to:** 

**Heather Daugherty**STI Training and Development Coordinator

Nora Kelly
STI Information Systems Administrator

**Rey Grant**CDC Public Health Advisor



### CONTACT

Danucha "Danny" Brikshavana, MPH

**IDPH STI Section Chief** 

danucha.brikshavana@illinois.gov

