

**Sexually Transmitted Disease (STD) Public Health
Services in Nevada
Legislative Briefing**

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Overview of Sexually Transmitted Disease Public Health Services in Nevada

Background

The Nevada State Health Division's STD Prevention and Control Program is responsible for the control and prevention of sexually transmitted diseases (STDs) within the state of Nevada. The program assists state, local and community efforts interrupting the transmission of chlamydia, gonorrhea, syphilis and other STDs, and reducing the health burden and costs associated with these infections. STD services in Nevada are funded through a variety of sources including federal grants, state general fund, local health district funding, and fees.

Surveillance

Monitoring of reported cases provides the infrastructure for preventing and controlling sexually transmitted diseases. The collection, analysis and dissemination of this information are essential to the identification of interventions, strategies and resources needed to halt the spread of disease. The following STDs are reportable and tracked in Nevada:

- Chlamydia: Chlamydia has been a reportable infection since 1988 and remains the most commonly reportable STD;
- Gonorrhea: Gonorrhea cases have been decreasing and now represent the lowest case rate since record-keeping began in 1920; and,
- Syphilis: Syphilis is at a very low level, except for outbreaks among high-risk groups.

The overall health disparity among STDs in Nevada is with youth aged 15 to 24 years old. Rates among these age groups for both males and females are elevated for chlamydia, gonorrhea, and syphilis. Health disparities however, exist independently within the broad youth category for chlamydia, gonorrhea, and syphilis. For chlamydia, the greatest morbidity exists among females in Nevada, especially minority and youth (15-24 years of age) while gonorrhea is primarily among minority males within the same age group (15-24). Syphilis is predominantly found in Nevada among men who have sex with men (MSM) and minorities (Blacks and Hispanics).

In 2009, Clark County accounted for 81 percent of the chlamydia cases and an overall case rate of 117.2 cases per 100,000 population, while Washoe County accounted for 12 percent of the chlamydia cases with an overall case rate of 111.8/100,000. The overall rate of chlamydia in the Carson City area (Carson, Douglas, Lyon) was 43.5 per 100,000 population, and the rate for all the other counties was 48.4 per 100,000. Chlamydia rates statewide are almost double for females compared to males with the highest rates for females in Clark County (607.4) and Washoe County (373.7).

In 2009, Clark County accounted for 90 percent of the gonorrhea cases and an overall case rate of 63.1 cases per 100,000 population, while Washoe County accounted for 8 percent of the gonorrhea cases with an overall case rate of 31.6/100,000. The overall rate of gonorrhea in the tri-county epidemiological service area (Carson, Douglas, Lyon) was 15.7 per 100,000 population and the rate for all the other counties was 7.7 per 100,000. Gonorrhea rates in Clark County and Washoe County and the tri-county (Carson, Douglas, Lyon) area rates are greater among males compared to females. However, in the remaining counties the rates of gonorrhea are slightly greater for women.

In 2009, Clark County accounted for 95 percent of the reported primary and secondary syphilis cases with a rate of 4.5 cases per 100,000 population. Three (3) percent of the cases were in Washoe County, with a rate of 0.7 cases per 100,000 population and the remaining two (2) percent of the

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primary and secondary syphilis cases in 2009 were in the rural/frontier counties of Nevada, with a rate of 2.4 cases per 100,000. All the primary and secondary syphilis cases reported in Washoe and the rural counties were male; however, in Clark County the rate of primary and secondary syphilis cases among males was over six times that of females (6.0 vs. 0.7).

Laboratory Screening

Sexually active individuals should be screened for STDs regularly. The Centers for Disease Control and Prevention (CDC) recommends that patients seeking treatment or screening for a particular STD should be evaluated for all common STDs. All patients should be informed about all the STDs for which they are being tested and notified about tests for common STDs (e.g., genital herpes) that are available but not being performed.

The testing of asymptomatic persons at risk of infection is important in the control of STDs. The Infertility Prevention Project, funded by the CDC, provides screening for chlamydia to over 60,000 women attending 140 clinics throughout the state. In addition, all pregnant women are routinely tested for syphilis to prevent congenital syphilis among newborns.

Enhanced Screening Programs in Nevada funded through CDC:

Infertility Prevention Program

To help prevent the serious consequences of chlamydia, screening at least annually for chlamydia is recommended for all sexually active women age 25 years and younger. An annual screening test also is recommended for older women with risk factors (a new sex partner or multiple sex partners). All pregnant women should have a screening test for chlamydia. Screening of high-risk women in Nevada is conducted statewide at all STD and family planning clinics, juvenile detention centers, and other identified high-risk venues.

Syphilis Elimination

The Syphilis Elimination Program in Nevada is devoted to identifying, treating and managing infectious syphilis cases in Clark County. The program conducts weekly screening at high-risk venues including gay and lesbian centers and jails.

Prevention and Risk Reduction

Behavioral risk reduction is carried out through general educational materials distributed throughout the state. Over one million language and education level-appropriate materials are distributed annually. These focus on abstinence, delay of sexual activity and monogamy, as well as individual diseases and conditions. STD services help people make healthy choices by explaining the kinds of behaviors that increase risk of STD infection.

STDs are completely preventable and engaging in risk-taking behaviors can increase a person's chances of getting an STD. High risk behaviors may include: sexual activity at a young age, multiple sex partners, unprotected sex, and anonymous sex partners.

Nevada's prevention efforts include:

- Active case surveillance of all syphilis, chlamydia*, and gonorrhea* cases statewide
- Partner investigation and follow-up for all syphilis, chlamydia* and gonorrhea* cases
- STD/HIV screenings at sentinel screening sites
- Complete HIV/STD screening at local health departments and community health nursing clinics

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- Prevention and risk reduction counseling
- Access to barriers (i.e. condoms)

**Does not include Clark County due to high syphilis morbidity, staff workload, and cost.*

STD Treatment in Nevada

The state of Nevada assures that adequate clinical services are available to people in need of STD testing and treatment. Patients diagnosed with reportable STDs are monitored for quality of services using CDC's Treatment Guidelines as the "Standard of Care."

There are several antibiotics that can successfully cure chlamydia and gonorrhea in adolescents and adults. It is important once treated to 1) get your partner treated to prevent re-infection and 2) be re-screened three months after treatment to ensure success of treatment.

Syphilis is easy to treat in its early stages through a single intramuscular injection that will cure a person who has had syphilis for less than a year. Additional doses are needed to treat someone who has had syphilis for longer than a year. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done.

In many cases, when an individual has private health insurance, a private clinician provides treatment for STDs. In cases where the individual is uninsured or underinsured, they seek STD treatment through a public health agency. In counties with local health authorities (Carson City, Clark County, and Washoe County), treatment is provided through the STD/family planning clinics. In rural and frontier counties where there is no local health authority, the Nevada State Health Division's, Community Health Nursing (CHN) Program provides STD treatment to uninsured or underinsured residents.

Federal funding from the CDC cannot be used to purchase medication for STD treatment; therefore, treatment must be provided using fees or state or local general funding. In some cases, other federal funding, including the Title X Family Planning funding can be used to purchase medication.

Partner Services

Partner services are the process of identifying infected persons, confidentially notifying their partner(s) of their possible exposure to the infection, and providing necessary follow-up services. Partner services are a range of medical, prevention, psychological, and social services that are offered to individuals with HIV and other STDs and their sexual or needle-sharing partners. The CDC notes that partner services are vital to the mission of public health and are recommended for HIV infection, syphilis, gonorrhea, and chlamydia infections.

For persons who are being treated for an STD (or whose partners are undergoing treatment), counseling that encourages abstinence from sexual intercourse until completion of the entire course of medication is crucial.

For more information on the STD Prevention and Control Program, please visit the website at: http://health.nv.gov/CD_HIV_STDProgram.htm