

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PUBLIC HEALTH ADMINISTRATION
DIVISION OF HEALTH, WELLNESS & DISEASE CONTROL
SEXUALLY TRANSMITTED DISEASE SECTION**

PROGRAM PURPOSE

Sexually Transmitted Diseases (STDs), including gonorrhea, syphilis, chlamydia, and hepatitis B result in excessive morbidity, mortality, and health care costs, particularly among women, adolescents, and newborns. The goals of the STD Program are: 1) prompt reporting of cases, 2) the provision of screening and treatment services for Michigan's citizens, and 3) the application of interviewing and case finding activities to reduce complications and intervene in the spread of disease.

PROGRAM COMPONENTS

Surveillance

In accordance with the Public Health Code, cases of STDs are reported by laboratories and clinicians to local health departments. Action is taken to ensure appropriate care and provide rapid follow-up for priority cases. These reports are then forwarded to the Michigan Department of Community Health via the Michigan Disease Surveillance System. Based on these reports, resources are targeted to the areas of greatest need.

Screening

Routine testing for syphilis, gonorrhea, and chlamydia are offered to many high-risk patients seen by local health departments, private medical facilities, or other venues. The early treatment afforded to infected patients and their sex partners avoids the higher costs associated with the management of complications and prevents the spread of infection. The STD Program supports syphilis, gonorrhea, and chlamydia screening services with state or federal funds.

Treatment

All local health departments are mandated to provide STD services to persons presenting for care, either within the health department or by referral to a private provider. Much of the approximately \$5.5 million per year, that the STD Program awards to local health departments, is used to enhance clinical services. Training courses for clinicians are periodically offered through MDCH and the Centers for Disease Control and Prevention (CDC) Clinical Training Center in Cincinnati, to update skills. Accreditation review and minimum program requirements assure that local health department clinics operate according to generally accepted standards.

Interviewing and Case finding

MDCH Disease Intervention Specialists (DIS), CDC staff, and other administrative personnel, supplement local public health employees in case management activities. Persons found infected with priority STDs and HIV are provided pertinent medical information regarding their infection, interviewed regarding sex partners, and assisted with referral of their partners for appropriate examination and treatment; the end result being reduced transmission of infection.

Prevention and Education

The STD Program's prevention efforts compliment those activities conducted by local public health departments, hospitals, and other health care providers. For example, condoms, statistical summaries, program and treatment guidelines, and other requested technical assistance are regularly provided by the STD Section. A number of training courses and satellite conferences, as well as the MDCH STD/HIV Conference, are held each year for local public health staff, community-based organizations, and other public/private agencies. The Section coordinates with the Michigan Department of Education to encourage comprehensive sex education in schools.

CURRENT TRENDS

Syphilis continuing successful outcome

Primary and Secondary Syphilis increased substantially in 2008, after several years of significantly low levels following an outbreak in 2002. In 2002, 486 cases were reported statewide, mostly in Detroit. A historic low of 105 cases were reported in Michigan in 2005 (-77% decrease). In 2008, 216 cases were reported. The increase was attributed mostly to an outbreak in Genesee County, as well as overall male increases in Detroit and the rest of the state. In 2008, the overall P&S rate was 2 per 100,000 but this was higher in Genesee County (19 per 100,000) and in Detroit (9 per 100,000). The rate was higher among men (3 per 100,000) and African-Americans (12 per 100,000).

MDCH Activities:

- Additional epidemiologic analysis of behavioral risk factors, in order to target interventions appropriately.
- Coordination with “custody” personnel to increase screening for commercial sex workers and partners.
- Enhancement of Michigan’s surveillance, case finding, and clinical capacities to manage syphilis.
- Partner with CBO’s and other non-health department partners in outreach and education efforts.

Gonorrhea

A general 17-year decline in gonorrhea cases occurred from 1986-2003. Since then, numbers have remained steady and 17,905 cases were reported in 2008. The gonorrhea rate in Michigan in 2008 was 180 per 100,000. This rate was substantially higher among African Americans (608 per 100,000), those 15-19 years old (852 per 100,000) and 20-24 years old (835 per 100,000). Risk reduction and safe sex messages have impacted the population at risk for gonorrhea, however, enhanced outreach, surveillance, and screening messages will be necessary to further decrease rates.

MDCH Activities:

- Maintenance of a timely, lab-based surveillance system.
- Continuation of single dose therapy at all STD clinics, including development of guidelines for field delivered therapy.
- Promotion of screening programs for high-risk populations, especially in adolescent venues such as juvenile detention facilities and school-based health centers.
- Dissemination of guidelines for field delivered therapy for identified cases by local health departments.
- Increased use of urine-based testing, in order to more easily test individuals in non-clinic settings.
- Engage the private medical community to perform more screening and assist in managing partners.

Chlamydia

In 1993, chlamydia first became reportable on a permanent basis in Michigan. As reporting has become more robust and testing technology has increased, the number of identified cases has increased annually. In 2008, there were 46,555 chlamydia cases, a slight increase from the 41,291 cases reported in 2007. Cases have gradually increased

77% since 2000, a trend mirrored nationally. The statewide rate in 2008 was 468 cases per 100,000, and was significantly higher among females (694 per 100,000-a result of targeted screening), 15-19 year olds (2,743 per 100,000), 20-24 year olds (2,356 per 100,000) and African-Americans (1,167 per 100,000). Due to the fact that most chlamydial infections are asymptomatic, especially in females, increased screening is a major prevention focus.

MDCH Activities:

- Use of single dose therapy for all patients with chlamydia and/or gonorrhea and their partners.
- Dissemination of guidelines for field delivered therapy for identified cases by local health departments.
- Participation in the national, regional, and state Infertility Prevention Project (IPP).
- Promotion and support of screening of females, primarily those with multiple sex partners, with symptoms, or in younger age groups, in family planning, STD, and adolescent health clinics.
- Engage the private medical community to perform more screening and assist in managing partners.

FUTURE PROGRAM GOALS

- Continue to implement a comprehensive approach to partner management for STD and HIV.
- Reductions in syphilis, gonorrhea, and chlamydia.
- Increased hepatitis A & B immunization in STD clinics.
- Increased screening for chlamydia, targeting adolescent females in high-risk settings.
- Enhancement of private/public partnerships to control STDs, including the use of provider and partner packets for those diagnosed with gonorrhea and chlamydia.
- Increased surveillance activity for priority infections.
- Increased education and training opportunities.

WHO TO CALL FOR MORE INFORMATION

- Local Health Departments: locations available at www.malph.org
- Centers for Disease Control and Prevention: www.cdc.gov/std
- Michigan Statistics: www.michigan.gov/hivstd
- MDCH STD Section, Kristine Judd, Acting Section Manager, (313) 456-4393
- MDCH STD Section, Amy Peterson, Program Specialist/IPP Coordinator, (313) 456-4425
- MDCH STD Section, Bruce Nowak, STD Surveillance Manager, (313) 456-0532
- Outstate Supervisor, Ronald Spates, Outstate Manager, (269) 926-7121, ext 5263
- Detroit District, Dawn Jackson, Manager, (313) 876-4176
- Division of Health, Wellness and Disease Control, Audrea Woodruff, Partner Counseling and Referral

Services Coordinator, (313) 456-4421

- STD Epidemiologist, Katie Macomber, (517) 335-9807