

Sexually Transmitted Disease (STD) Quarterly Report

2013 Quarter 3 (July 1– September 30)

San Joaquin County Public Health Services

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Normalizing HIV Testing in Clinical Settings: *The benefits of early detection and treatment for HIV prevention and control*

About 1150 persons are known to be living in SJC with HIV infection, though this figure is an underestimate of the true prevalence. The CDC estimates ~20% of HIV-infected persons are unaware of their status and ~33% of newly diagnosed HIV+ persons in the US develop AIDS within 1 year of initial HIV diagnosis. In SJC ~50% of cases are simultaneously diagnosed (within 30 days) with both HIV & AIDS. The high proportion of persons simultaneously diagnosed indicates that SJC providers are missing opportunities to test & detect HIV before patients display AIDS symptoms. Clinical latency of HIV can exist 8 or more years before progression to AIDS, so many HIV+ persons in SJC unknowingly expose others for years prior to diagnosis.

It is strongly recommended that providers adopt a policy of routine HIV screening for all patients. This reduces stigma associated with testing and is an effective long-term strategy for reducing community HIV burden. Routine screening empowers patients to know their status and, if HIV+, to initiate treatment. Early initiation of combination antiretroviral therapy (ART) when CD4 counts are high and patients are still asymptomatic is associated with reduced progression to AIDS, and decreased AIDS-related morbidity & mortality. Early ART initiation can reduce transmission to uninfected sexual partners, and ART use in HIV+ pregnant women reduces mother-child transmission.

CDC revised HIV screening recommendations to promote use of opt-out screening with general medical consent for HIV testing. CA Assembly Bill 446 allows CA medical providers to legally use opt-out screening and eliminates the need to obtain separate written consent for HIV testing. In opt-out screening the patients must be notified verbally that they are being tested, that they have the right to decline testing, and that testing is strongly recommended. Patients' verbal consents/declinations are to be charted by providers.

All persons aged 15 to 65 years, pregnant women, and TB-infected persons should be screened for HIV. Persons at high risk for HIV infection should be screened at least annually. The window period for HIV antibodies to show up in a screening test ranges from 2 weeks to 6 months after HIV infection.

*Table 1: Human Immunodeficiency (HIV) and Acquired Immunodeficiency Syndrome (AIDS) Cases Reported to San Joaquin County Public Health Services, 2012 and 2013**

	2012		2013	
	3rd Qtr	YTD	3rd Qtr	YTD
HIV only	12	38	17	43
HIV & AIDS simultaneous	4	14	13	25
AIDS only	0	6	7	13

Table 2: STD Cases Reported to San Joaquin County Public Health Services, 2012 and 2013

	2012		2013	
	3rd Qtr	YTD	3rd Qtr	YTD
Chlamydia (CT)*	976	2710	868	2532
Female	681	1978	622	1792
Male	292	727	241	729
Unknown	3	5	5	11
Gonorrhea (GC)*	199	527	283	641
Female	95	280	141	304
Male	104	245	142	337
Unknown	0	2	0	0
Pelvic Inflammatory Disease (PID)*	7	10	0	7
Syphilis (SY)^	30	65	31	71
Primary	8	13	4	13
Secondary	14	36	18	36
Early Latent	8	15	8	21
Congenital	0	1	1	1
<i>Neurosyphilis</i>	0	0	2	4

*HIV/AIDS data from SJCPHS HIV/AIDS Program morbidity data, 2013 Q4 DUA file.

*CT, GC & PID data reflect cases entered into the CalREDIE reporting system as of 10/22/2013. CT, GC & PID counts include confirmed, probable & suspect cases.

^SY data from 10/28/2013 STD Program internal line list. SY total includes primary, secondary & early latent stages & congenital cases. Neurosyphilis is a sequela of syphilis and can occur at any stage of syphilis. Counts for SY stages & congenital cases include confirmed cases only; neurosyphilis counts include confirmed & probable cases.

Note: All disease counts include SJC residents at time of diagnosis only.

By law, medical providers and labs must report CT, GC, and PID cases within 7 days of identification and SY cases within 1 day of identification to PHS using a Confidential Morbidity Report Form (CMR). HIV & AIDS cases must be reported by traceable mail or person-to-person transfer within 7 days of identification. For disease reporting procedures and requirements, please see the "For Providers" section of the PHS website: http://www.sjcphs.org/disease/disease_control_reporting.aspx.

For US Preventive Services Task Force HIV screening recommendations, see <http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm>