



Stemming the Rising Tide of Syphilis in California

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Syphilis Summit, January 9-10, 2017

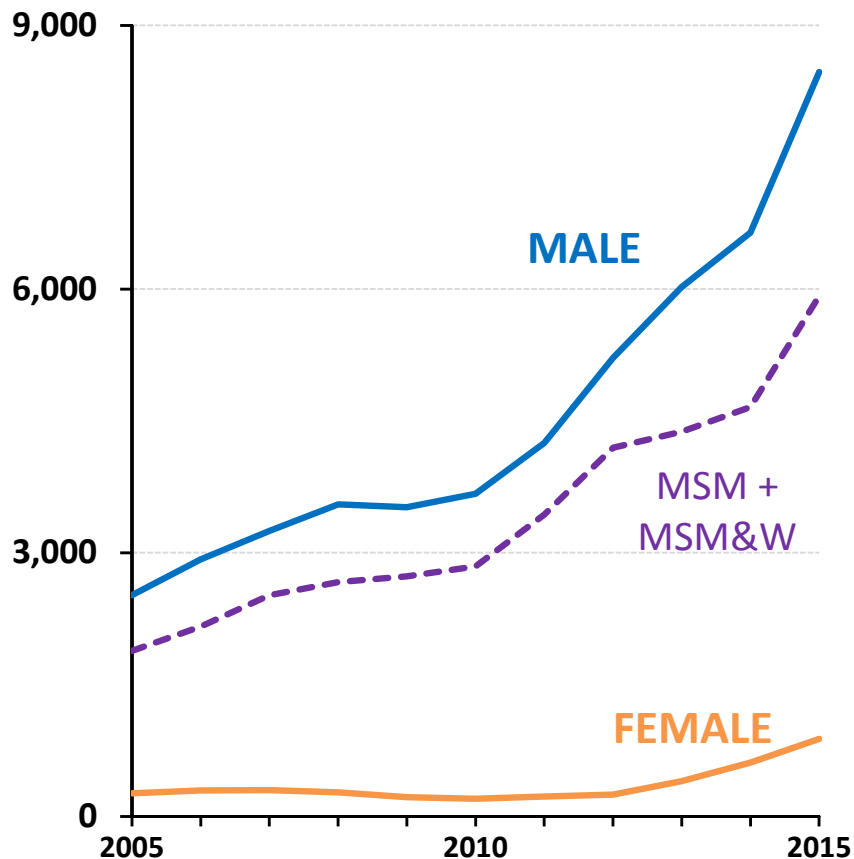
Goals of the Presentation

1. Describe the current situation
2. Explore potential contributing factors
3. Consider current and future strategies

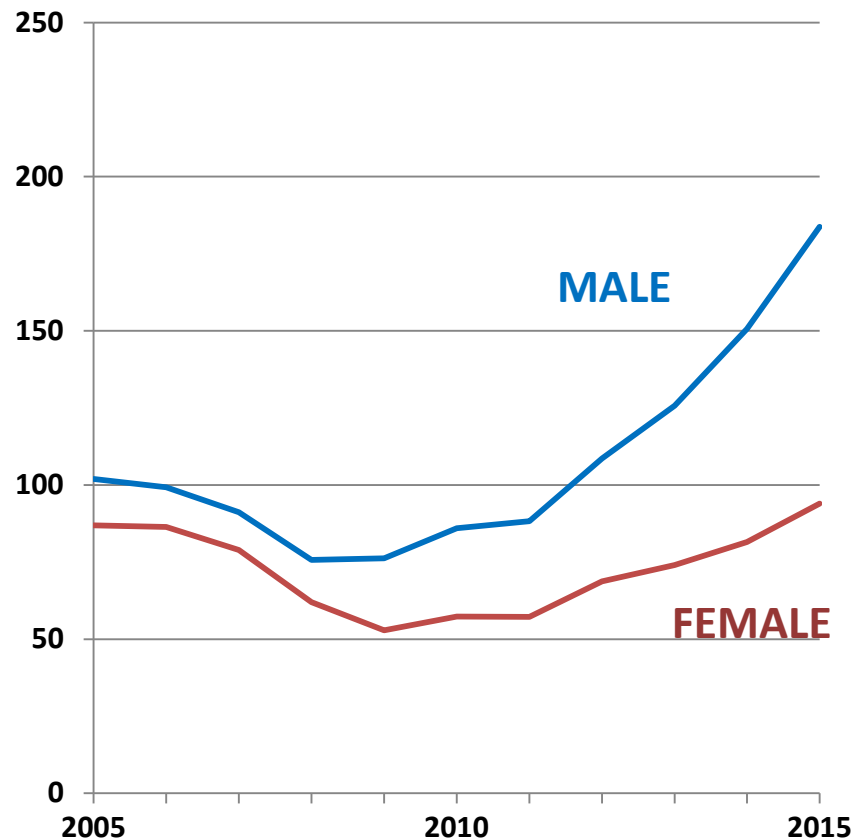
- **Re-consider current strategies**
 - **Re-frame our role**
 - **Re-define goals**
 - **Re-direct resources**
 - **Leverage partnerships**

Early Syphilis & Gonorrhea by gender, CA, 2005–2015

Case number

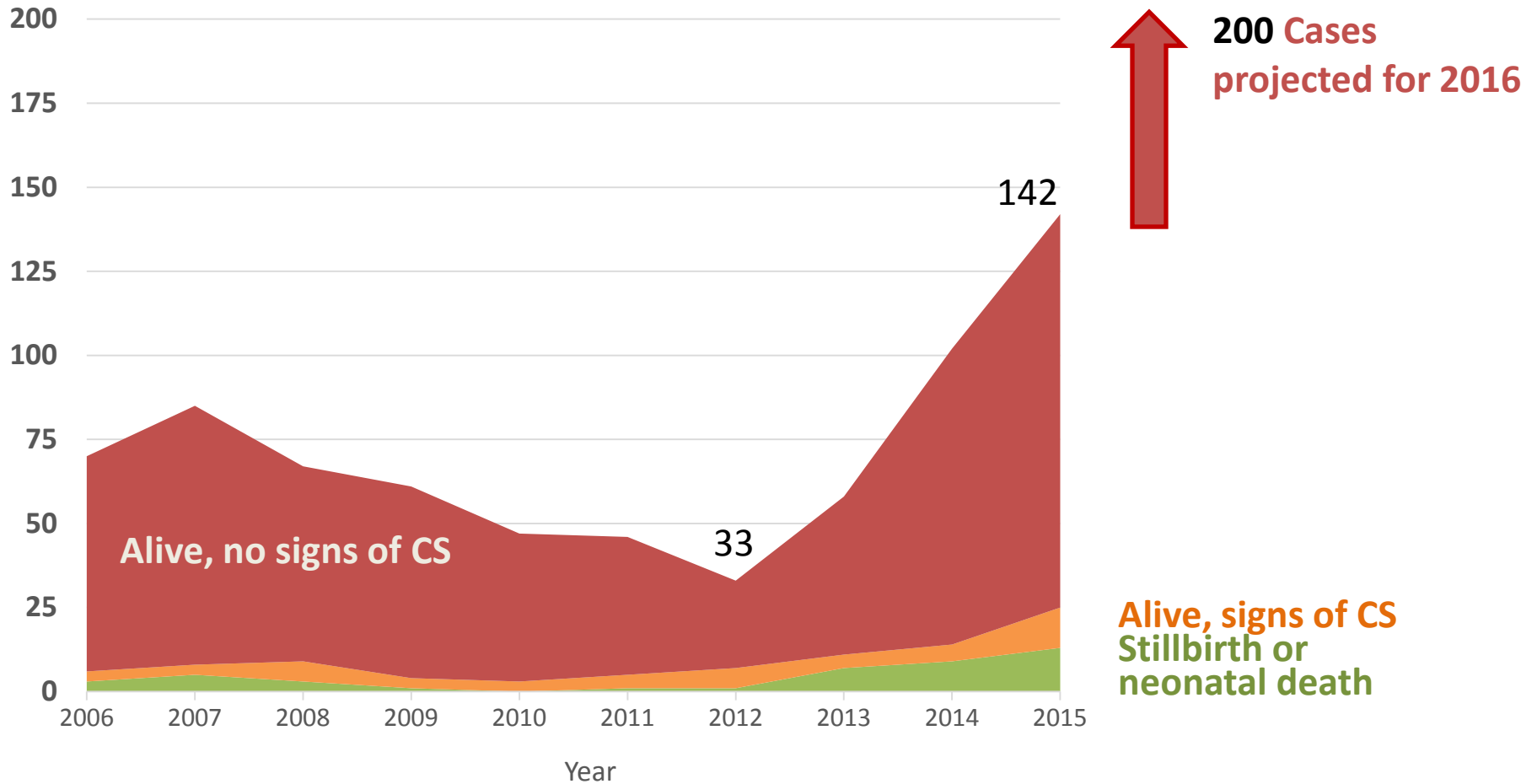


Case rate



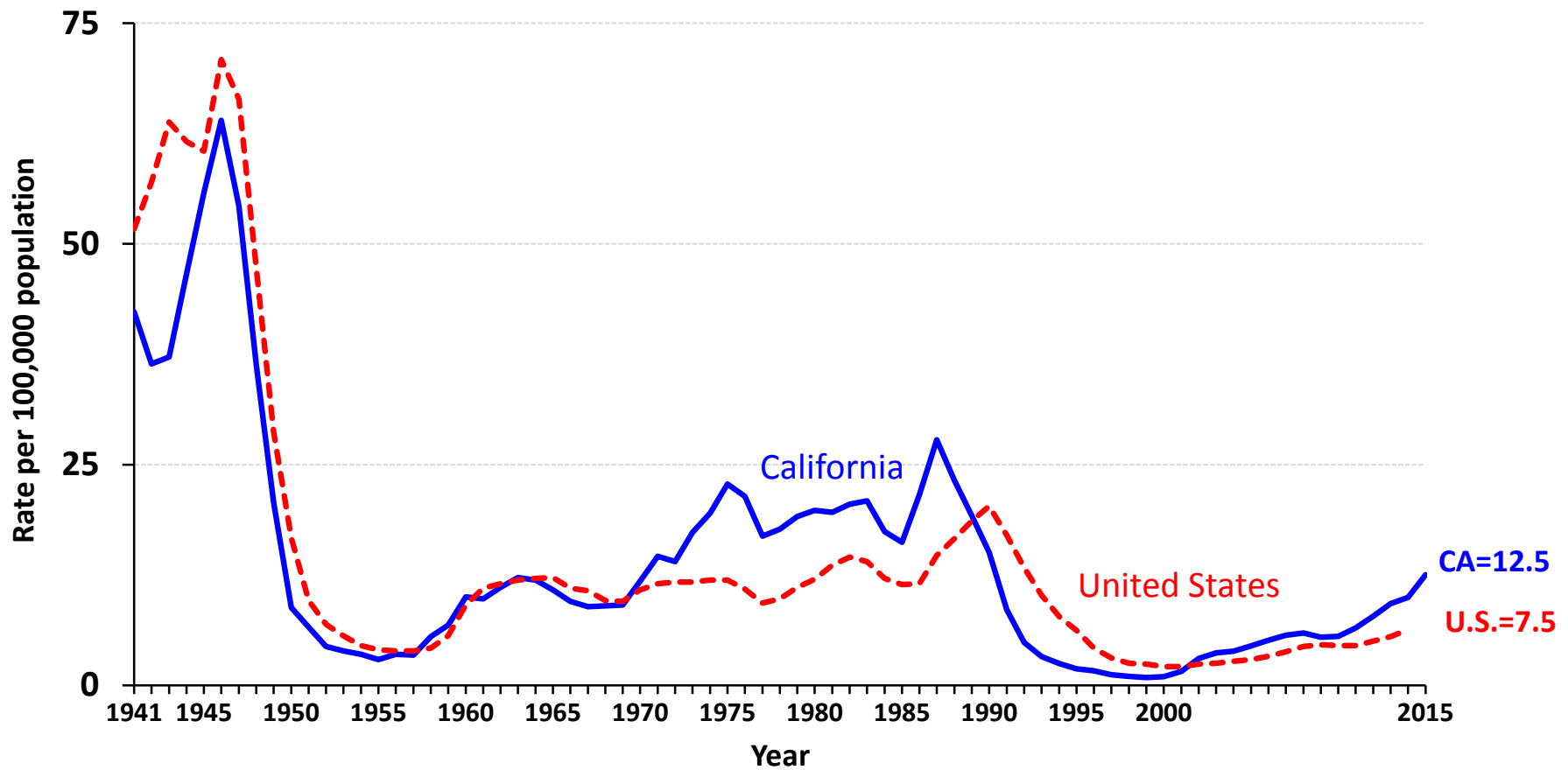
*In 2015, MSM made of 70% of MALE early syphilis cases and 63% of MALE GC cases.

Congenital Syphilis Cases by Vital Status and Presence of Signs, California, 2006–2015

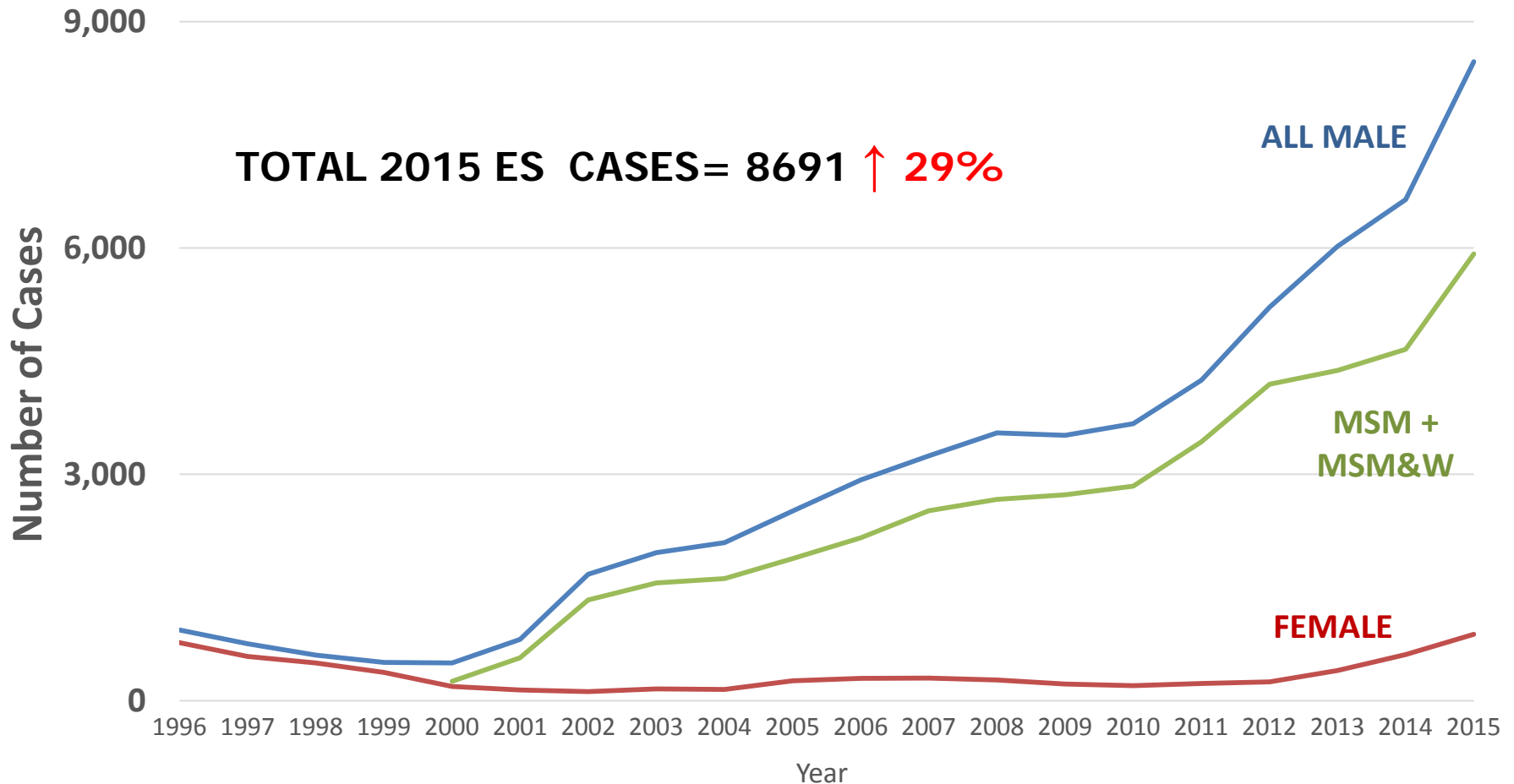


Note: Alive, no signs includes alive with missing documentation on signs/symptoms.
 Of 142 total cases in 2015, 117 alive w no signs, 12 alive with signs of CS, 13 stillbirth or neonatal death.

Primary & Secondary Syphilis, California versus United States Incidence Rates, 1941–2015



Early Syphilis*, Number of Cases by Gender & Gender of Sex Partners, California, 1996–2015

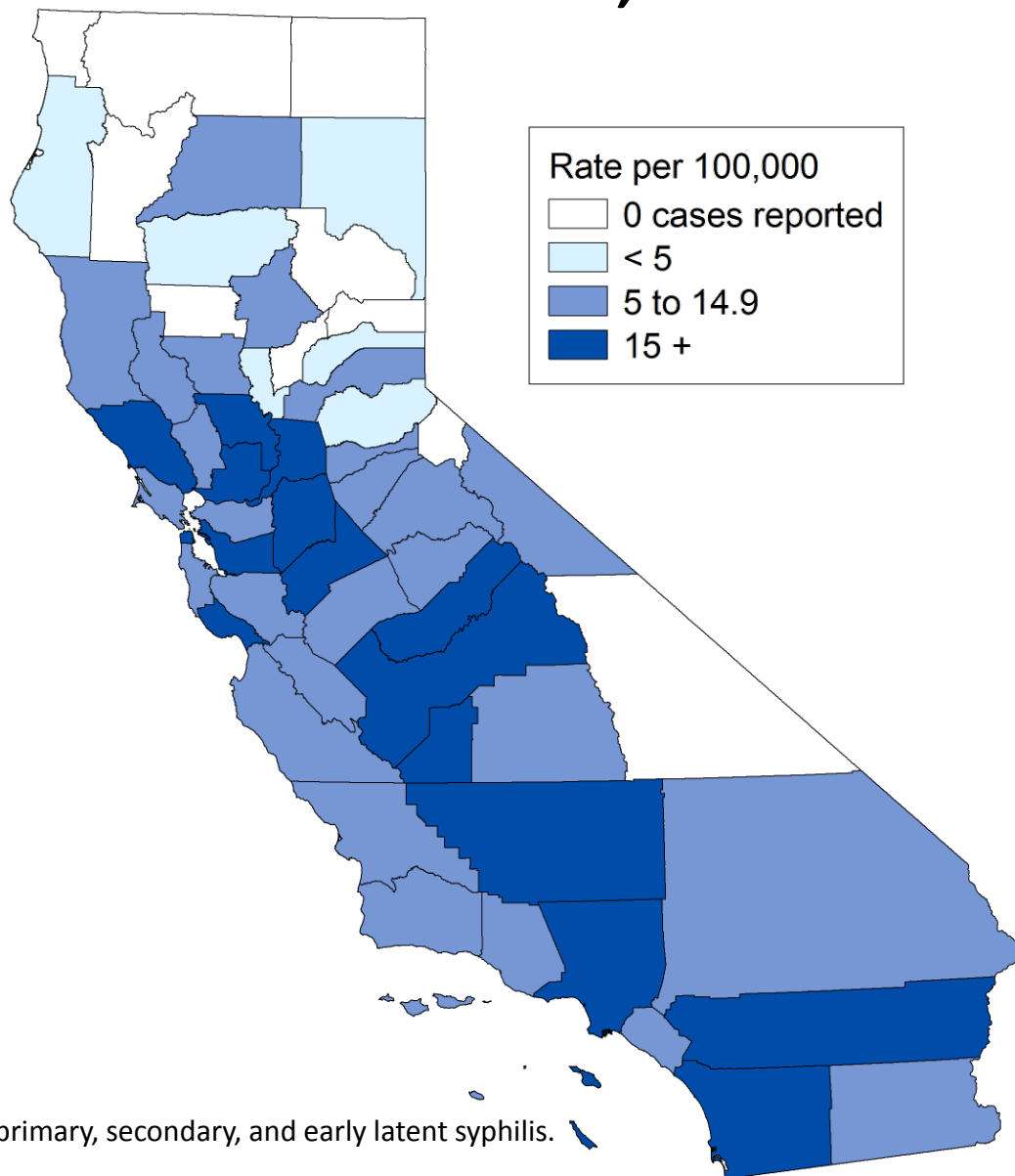


In 2015, MSM made up 70% of MALE early syphilis cases; 56% of MSM were HIV+

* Early syphilis includes primary, secondary, and early latent syphilis.

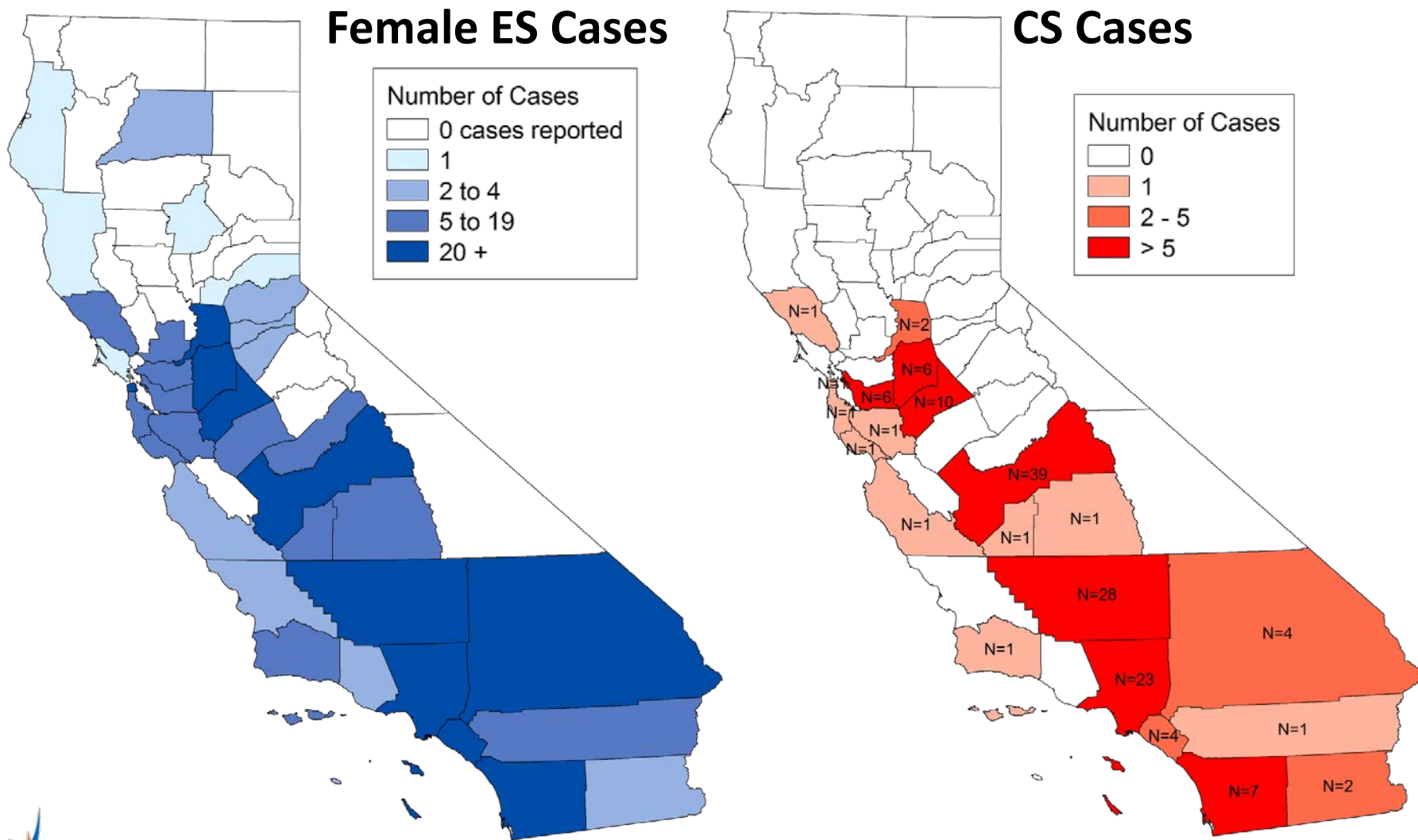


Early Syphilis*, Incidence Rates by County California, 2015



* Includes primary, secondary, and early latent syphilis.

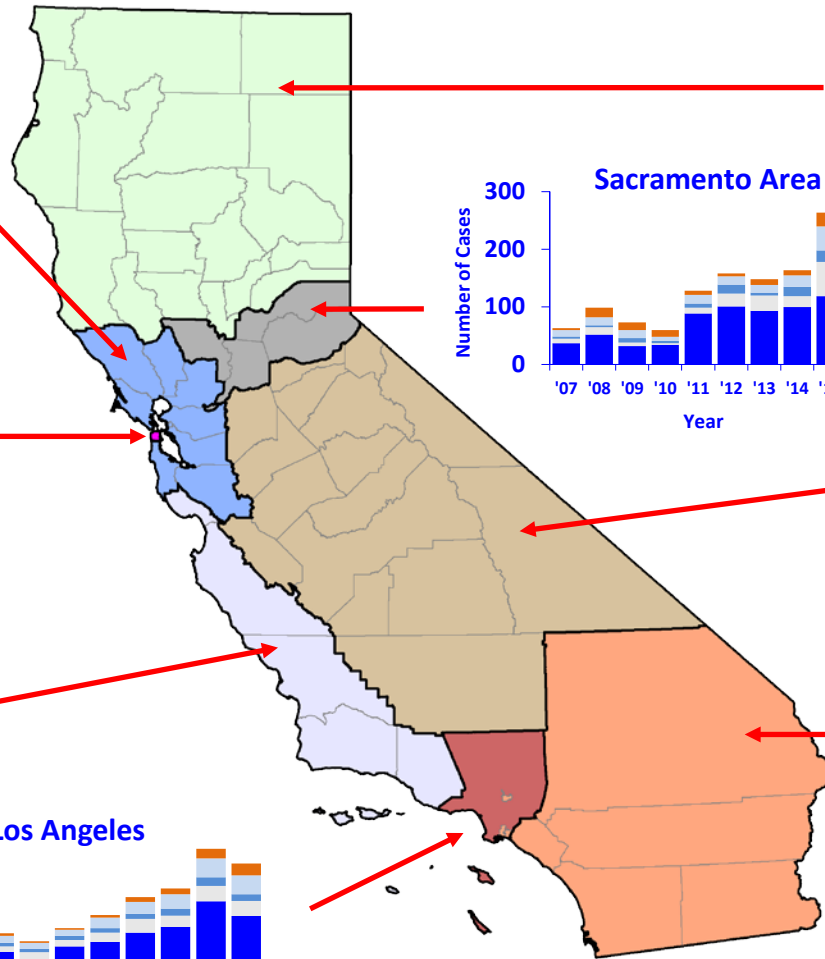
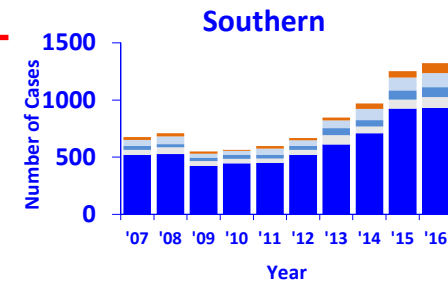
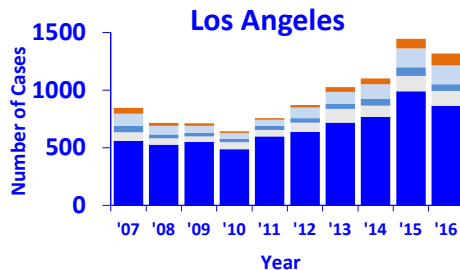
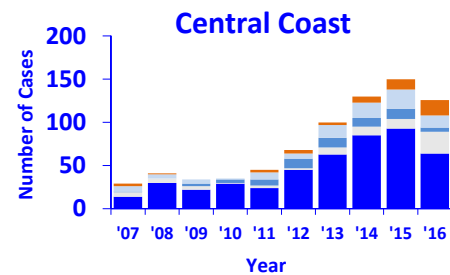
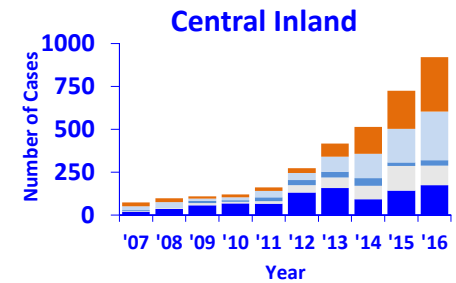
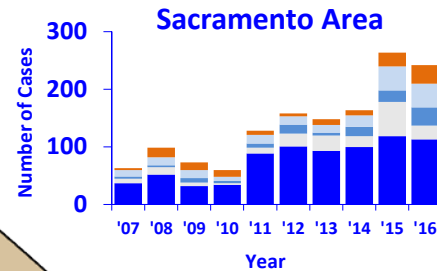
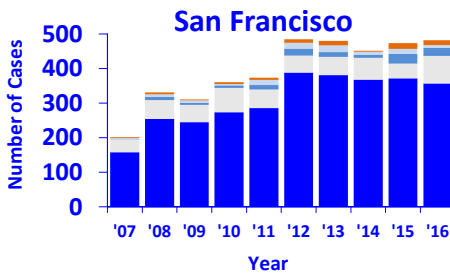
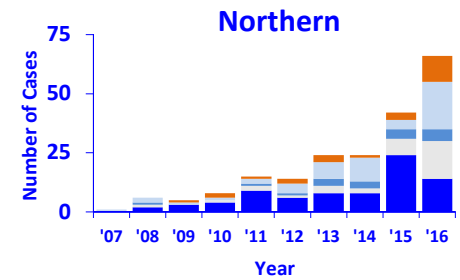
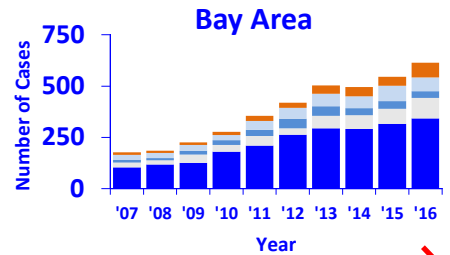
Early Syphilis* among Females of Childbearing Age (15-44) AND Congenital Syphilis, Number of Cases by County, California, 2015



* Includes primary, secondary, and early latent syphilis.

Total= 142 CS cases

Number of Primary & Secondary Syphilis Cases by Region, Sexual Orientation, and Year, California, 2007–2016



■ MSM
 ■ MSUnk
 ■ MSM&W
 ■ MSW
 ■ Female

Rev. 1/2017

MSM=Men who have sex w/men, MSW=Men who have sex w/women, MSUnk=Men of unknown sexual orientation















WHY???

- ***What is causing these increases?***
- ***Why here?***
- ***Why now?***
- ***What has changed?***



Sexual Health: Prevention Strategies

	HIV	STDs	Pregnancy
Condoms			
ART: Treatment as Prevention			
PEP and PrEP			
HIV Serosorting			
Circumcision			
Partners - # and concurrency			
STD Testing & Treatment	?		
Hormonal contraception, LARC			

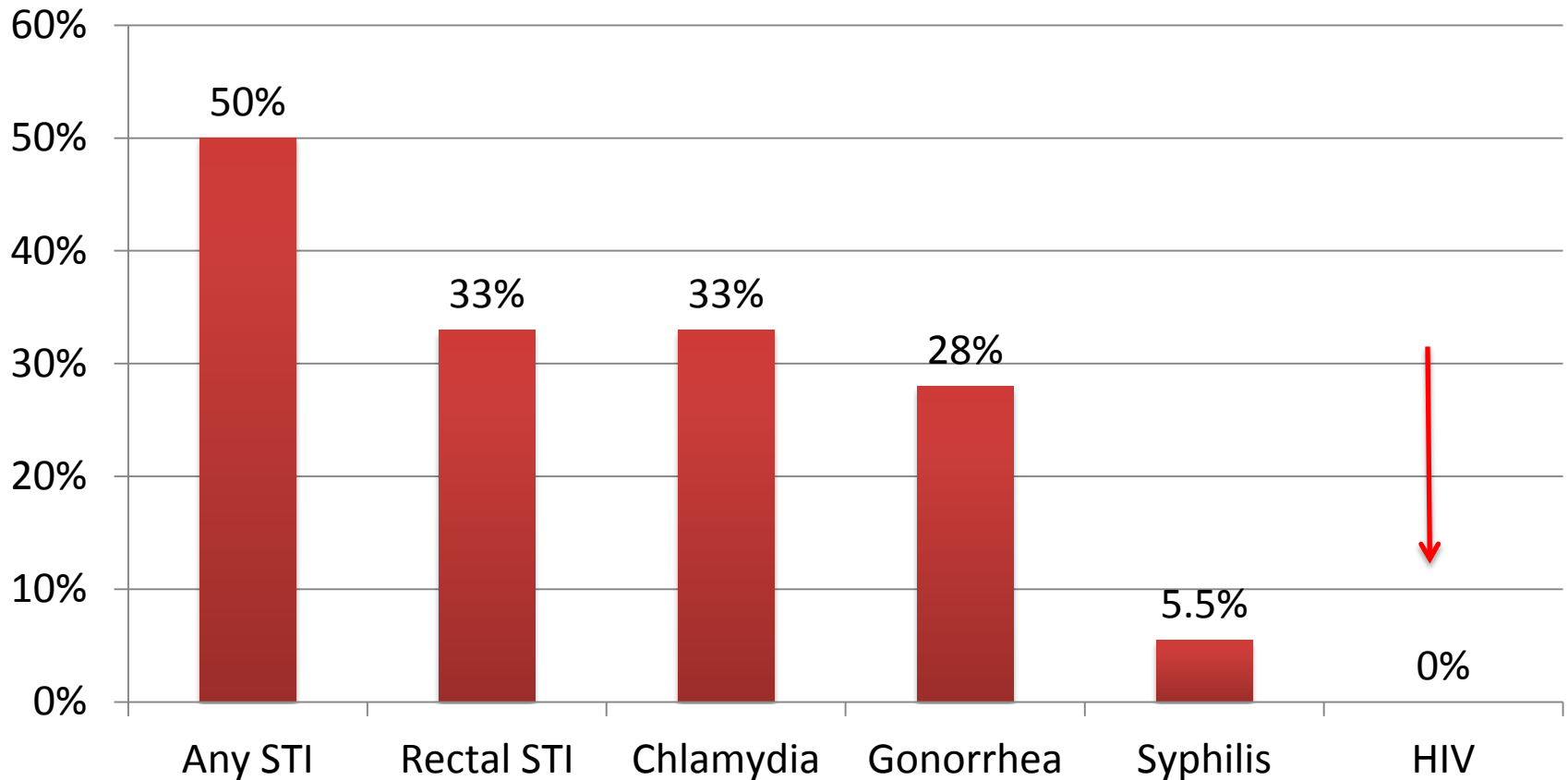
HIV PrEP?



PrEP and STIs

Kaiser Permanente San Francisco

STI Incidence After 12 Months of PrEP Use

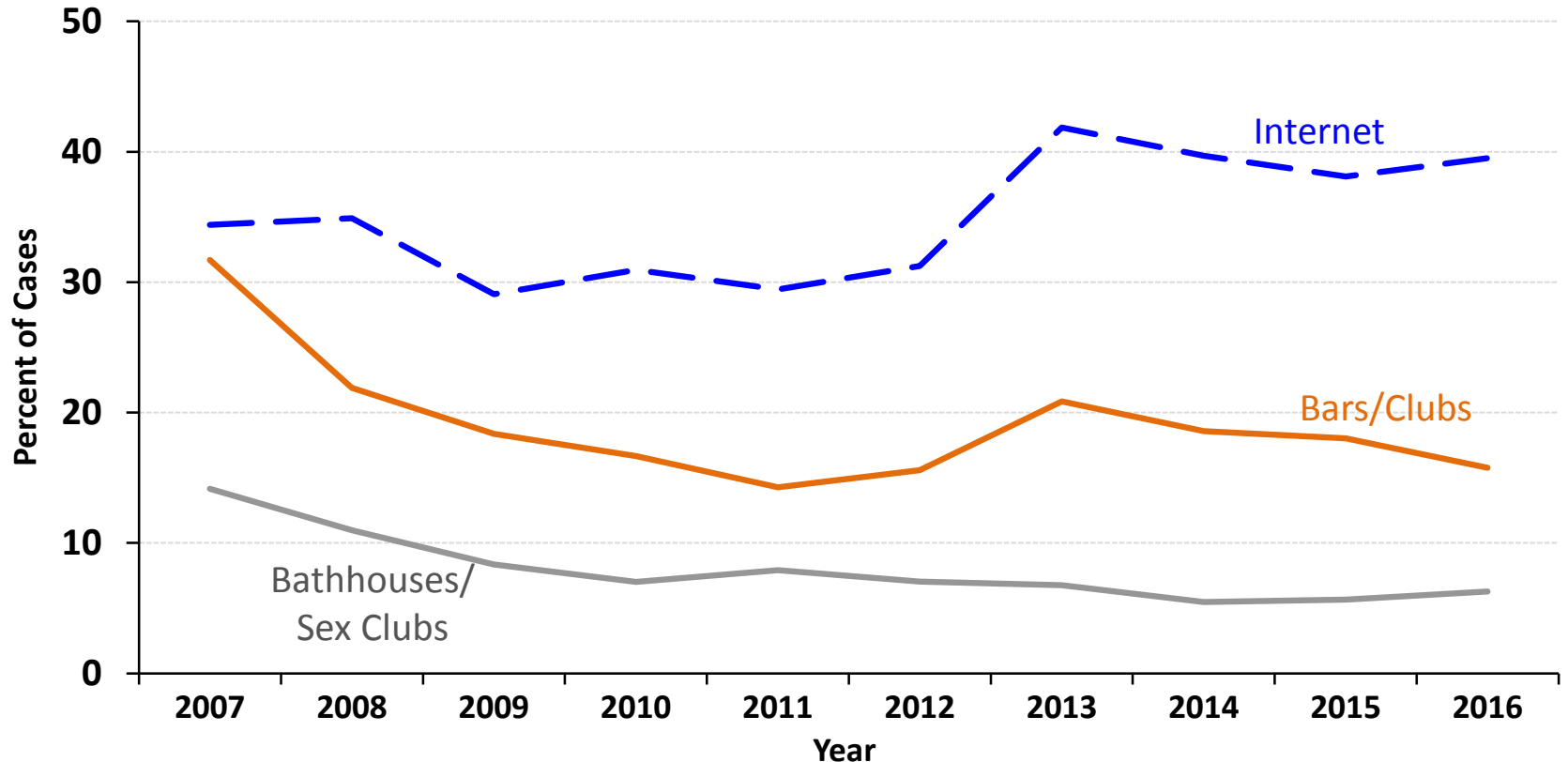


Volk et al. CID 2015;
Slide courtesy J. Volk

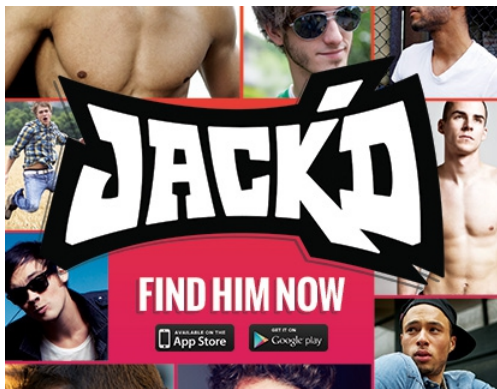
PrEP-ortunity to Engage in Care

- PrEP requires quarterly HIV testing/visits
- Engages highest risk persons
- Opportunity for education and counseling
- Frequent STD testing/screening
- Detection bias (\uparrow STD) \rightarrow Advantage in interrupting transmission thru treatment

Percent of Interviewed Primary & Secondary Syphilis Cases who Reported Meeting Sex Partners at Specified Venues, among Men who Have Sex with Men, California, 2007–2016



Mobile Hook-up Apps?



Dating and Hook Up Sites?

The image shows a screenshot of the Manhunt website. At the top, there are language options: ENGLISH, ESPAÑOL, FRANÇAIS, PORTUGUÊS, DEUTSCH, ITALIANO. The main header features the Manhunt logo and the text "OVER 40,653 MEN ONLINE NOW". A large image of a shirtless man is on the left. On the right, there are buttons for "Need an account? JOIN NOW" and "Want to learn more? SITE TOUR". Below this is a login form with fields for "Member Name:" and "Password:", a "Remember me" checkbox, and a "LOGIN" button. A link "Did you forget your member name or password?" is also present. At the bottom, there is a section for "Mobile & Smart Phone Versions" with links for "MOBILE", "RADAR webApp", and "RADAR nativeApps". The Adam4Adam logo is prominently displayed in the foreground. At the bottom of the page, there is a disclaimer: "Each member must certify that he is 18 years of age or older. All profile photos are posted by members solely for the purpose of meeting other members. R1A". A footer contains navigation links: Home | About Us | Contact Us | FAQs | Advertise | Community Guidelines | User Agreement | Privacy, and copyright information: Copyright 2011 A4A Network Inc. All Rights Reserved.

ADAM 4 ADAM

Each member must certify that he is 18 years of age or older. All profile photos are posted by members solely for the purpose of meeting other members. R1A

Bars, Bookstores, Bath Houses, Clubs, & Parties?



Access to STD Care?

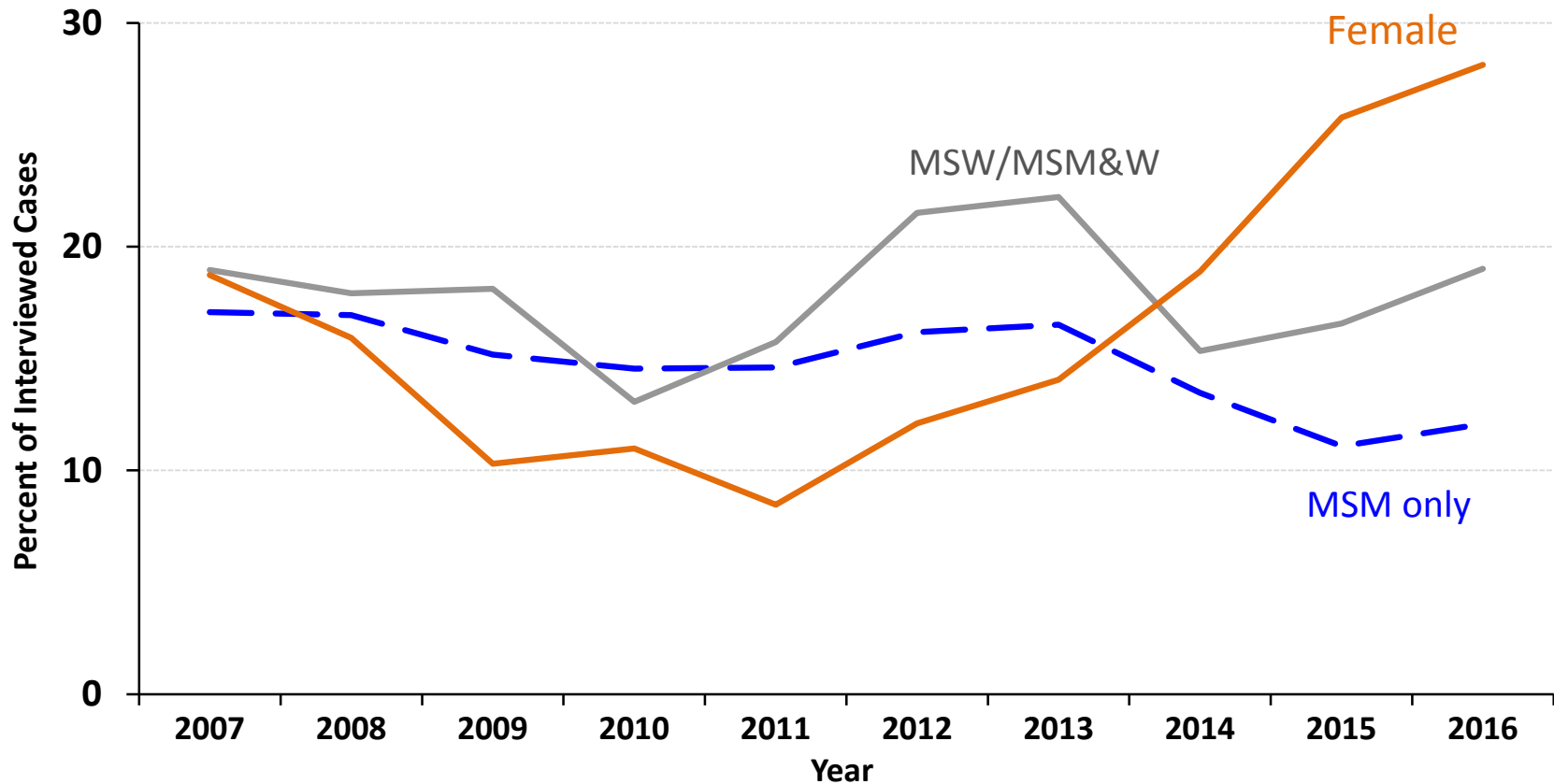


- **12** STD Clinics in CA closed since 2005
- **4** Clinics re-opened by 2014

Meth?
Other drugs?



Percent of Interviewed Early Syphilis* Cases who Reported Methamphetamine Use, by Sexual Orientation, California, 2007–2016



* Includes primary, secondary, and early latent syphilis.

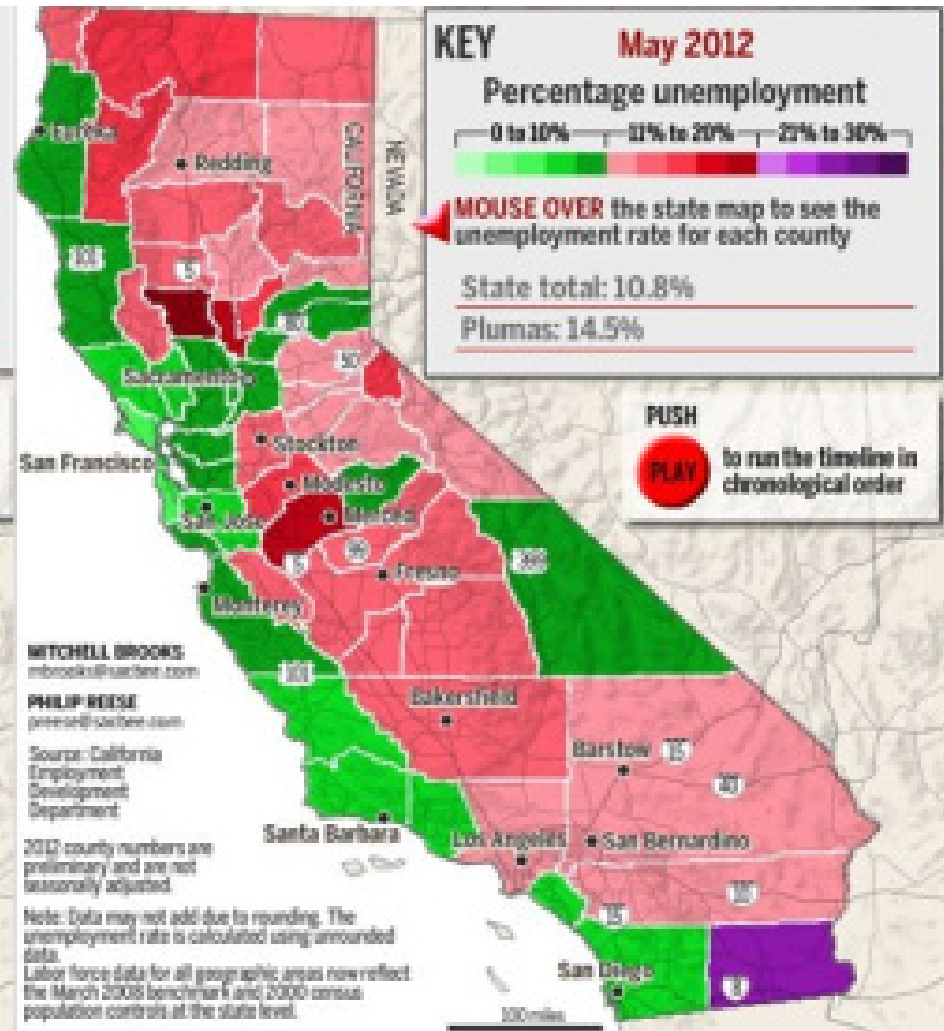
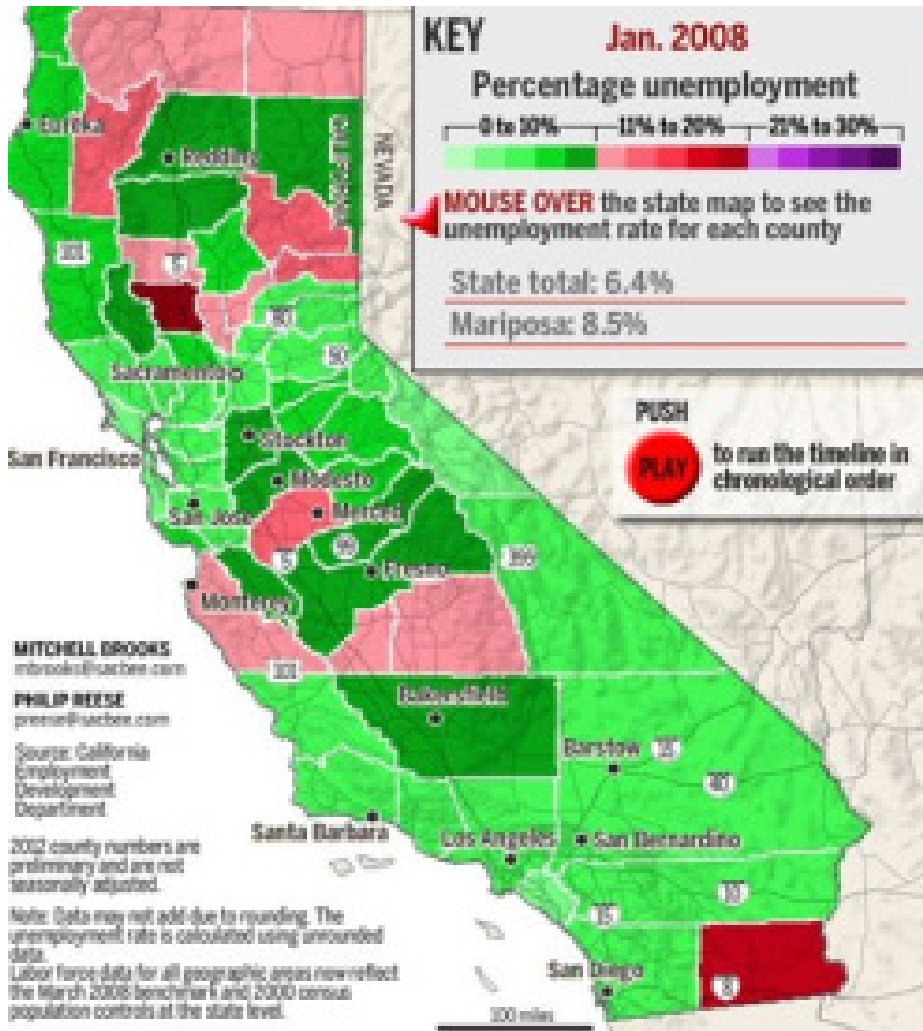
MSM=Men who have sex w/men, MSW=Men who have sex w/women, MSU=Men of unknown sexual orientation



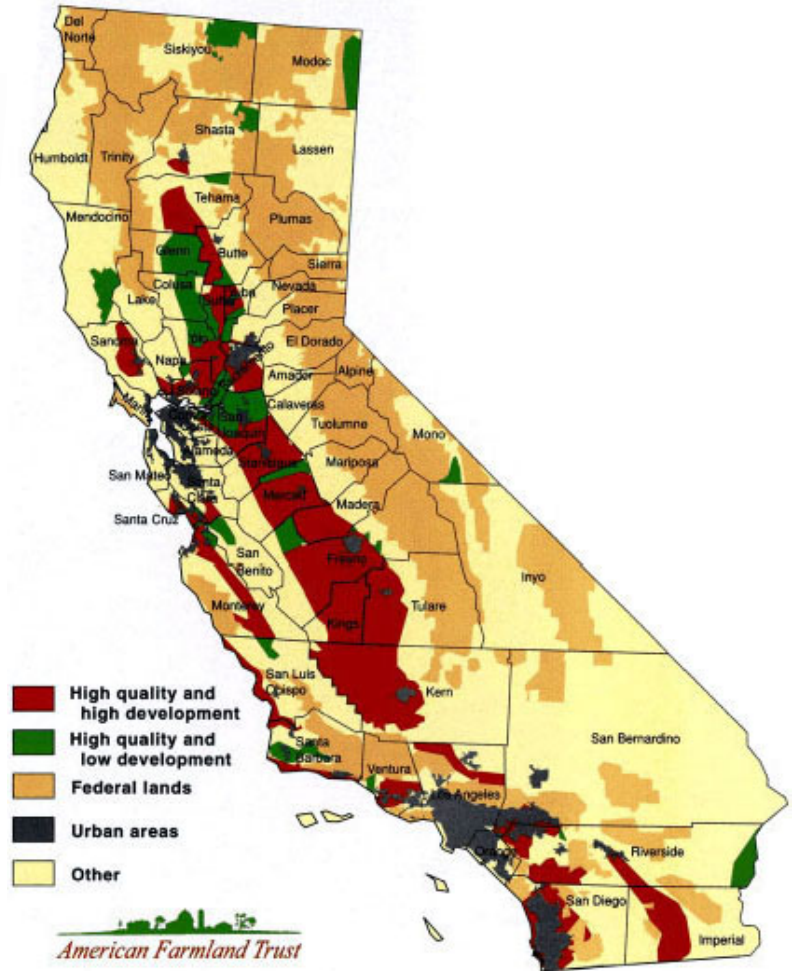
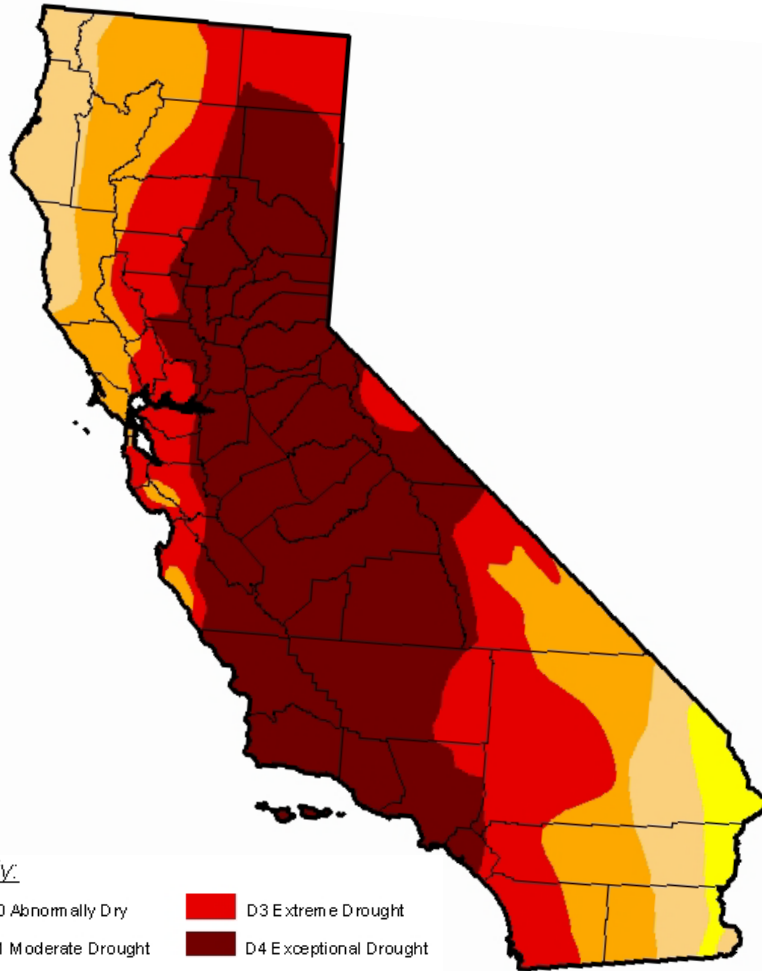
Poverty?



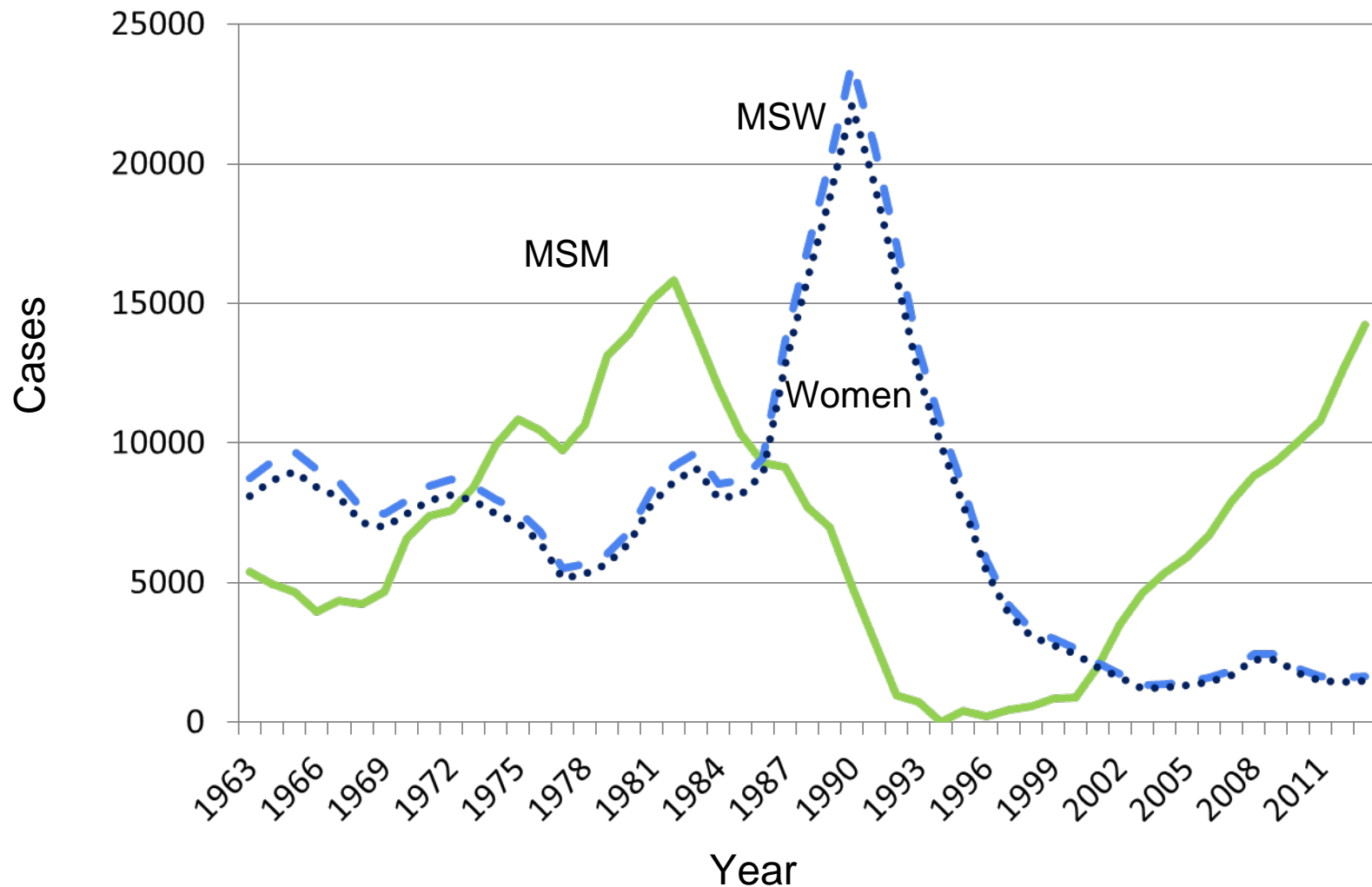
Effects of Recession on Unemployment



US Drought Monitor, Dec 2015 (L) and California Agriculture Land (R)

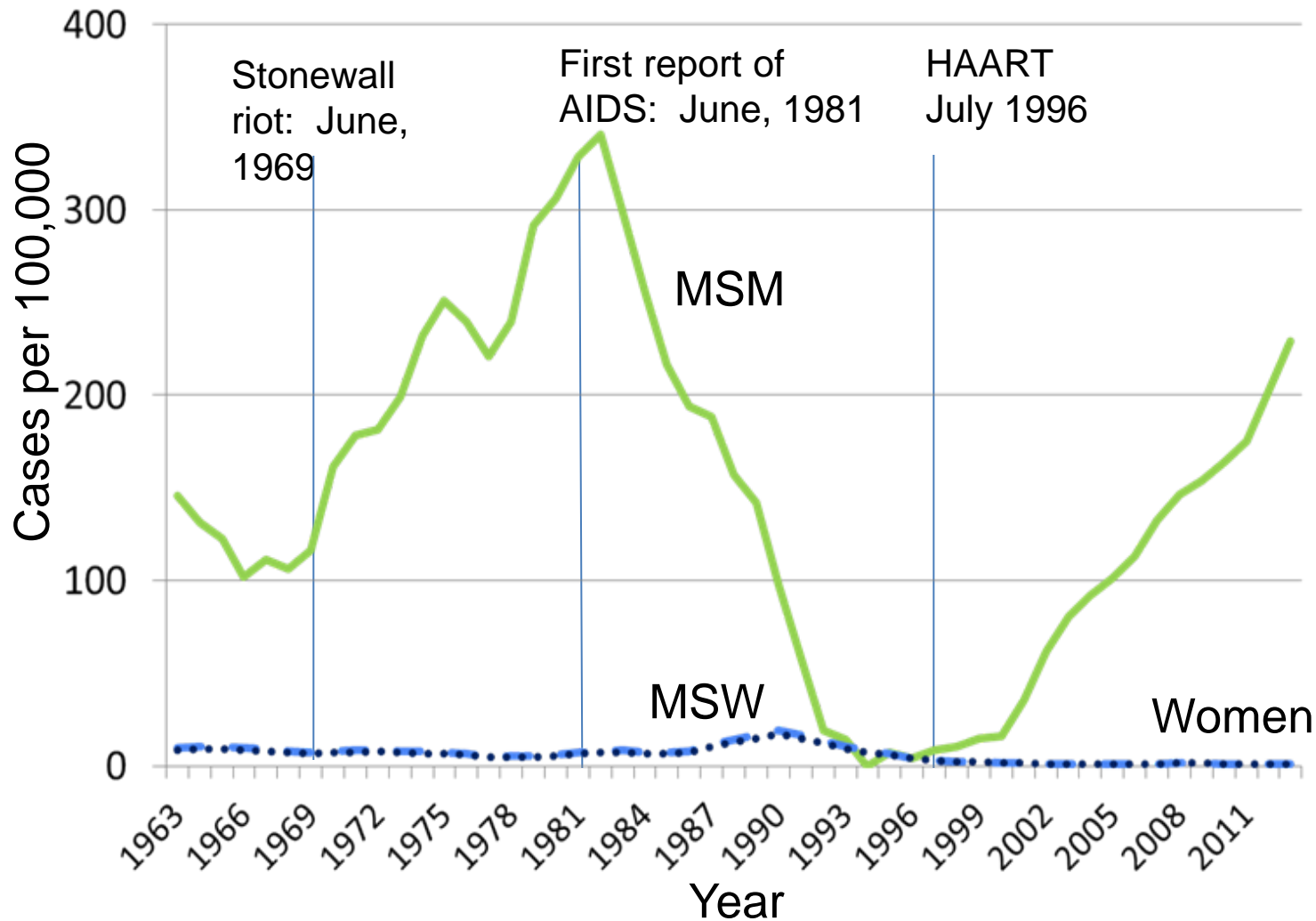


Primary and Secondary Syphilis among Men who have sex with Men (MSM), men who have sex with women only (MSW), and women. United States, 1963-2013



Estimated using modified Heffelfinger M:F rate ratio of 1.1236, assuming no MSM had syphilis in 1994

Rates of Primary and Secondary Syphilis among Men who have sex with Men (MSM), men who have sex with women only (MSW), and women. United States, 1963-2013



Estimated using modified Heffelfinger M:F rate ratio of 1.1236, assuming no MSM had syphilis in 1994, and estimating 3.9% of men are MSM

Re-Consider:

Traditional Approaches to STD Control



- *What is the right balance?*
- *How do we make the most of limited resources?*
- *What interventions are effective at reducing STDs among MSM?*
- *Should the goals be re-defined around HIV prevention?*

Re-Frame Role:

Future Approaches to STD Control

- *How can we move “upstream” to identify policy/structural/institutional solutions?*
- *How can we raise awareness about social determinants of STD?*
- *How do we engage those most at risk?*
 - *What are the goals?*
 - *What messages are effective?*
- *How do we leverage potential partners?*
- *What is the role of technology and social media?*

Partnerships:

Shared Responsibility, Aligned Resources

FOCUS	
Congenital syphilis	MCAH, Fetal death prevention, Birth defects prevention, MTCT of HIV prevention Health insurance providers, Ob/gyns & PNC providers, EDs Corrections, Drug Treatment
STD in MSM	HIV prevention, HIV care, PrEP providers CBOs serving LGBT, CSVs
Women	Family planning, pregnancy prevention, MCAH Health insurance providers, Ob/gyns
Youth	Schools (California Healthy Youth Act), teen clinics
Drug users	Corrections CBOs and drug treatment

Innovations & Technology

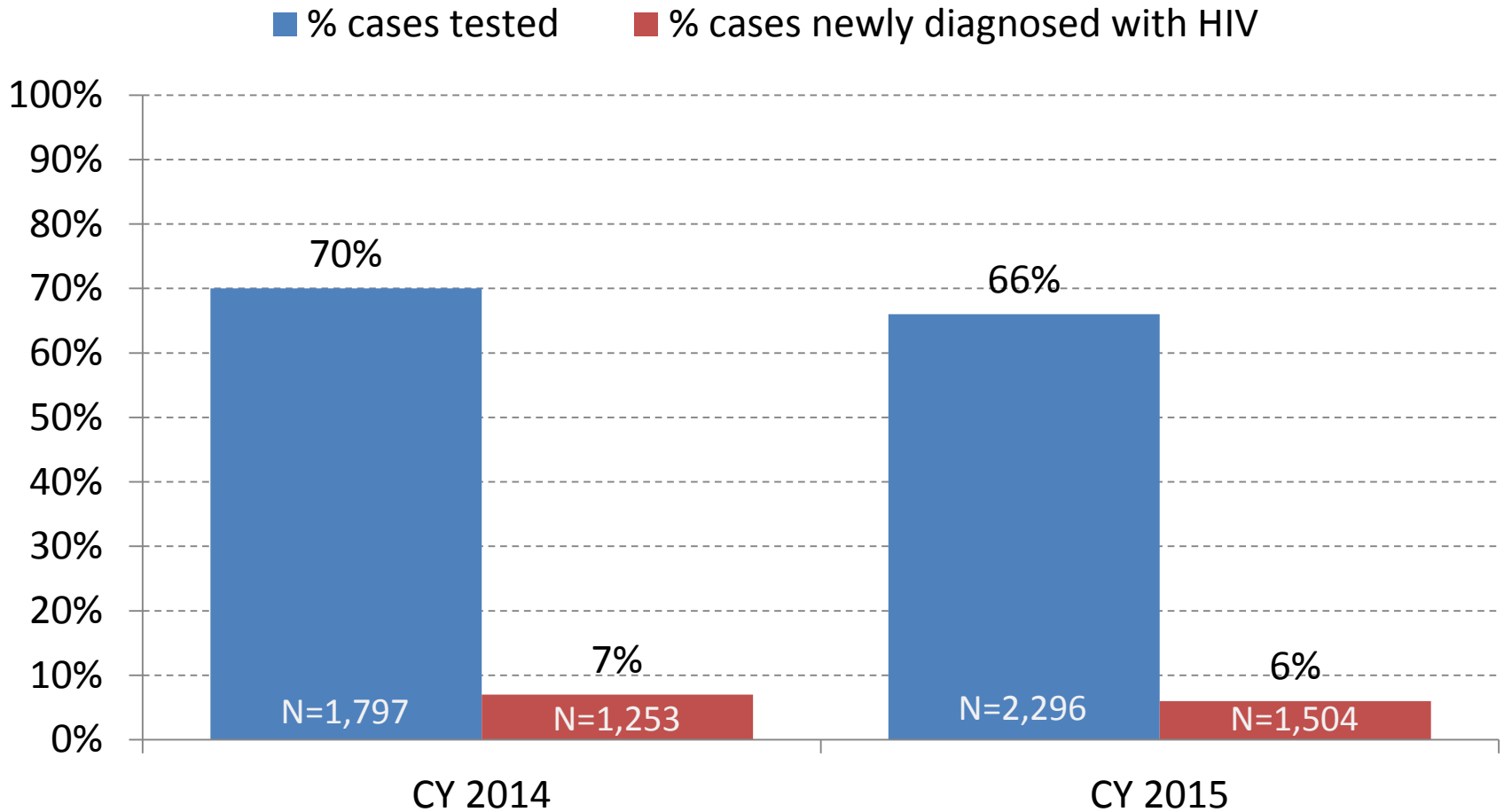
- ELR and ECR to improve surveillance efficiencies
- Improving access to testing: online testing options, Dean Street Clinic model
- Improved diagnostics: Point of care testing and same-day treatment, molecular tests for drug resistance
- Alternative antibiotics for GC
- Internet-based strategies for partner notification
- Social media, PrEP messaging

Re-Define Goals:

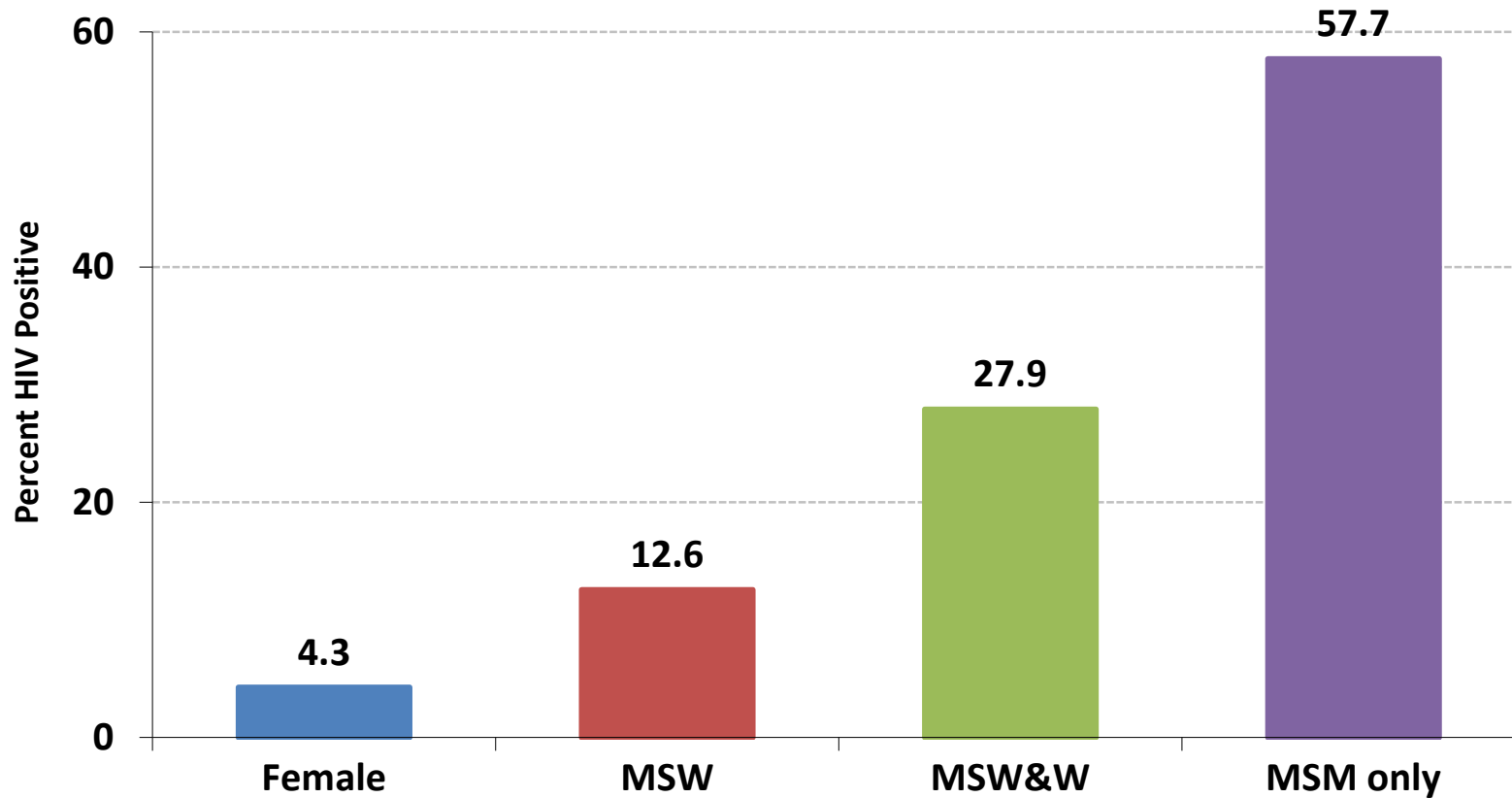
STD/HIV Integration for MSM Sexual Health

GOAL	Opportunities for Integration
HIV case finding	<ul style="list-style-type: none">• HIV testing of early syphilis cases• HIV PS for HIV coinfecting cases• HIV testing of partners
Linkage/Re-engagement with HIV Care	<ul style="list-style-type: none">• HIV data sharing• Linkage to care programs• Outcome evaluation
HIV prevention	<ul style="list-style-type: none">• Referral for nPEP, PrEP• Counseling and referral
STD case finding	<ul style="list-style-type: none">• Access to rectal/throat testing• STD screening every 3 mo for PrEP• STD screening for PLWH

HIV testing among early syphilis cases initiated for field investigation/HIV diagnoses, CPA 2014-2015

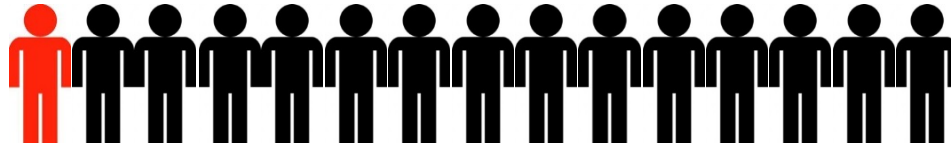


HIV Co-Infection Among Early Syphilis Cases California, 2015



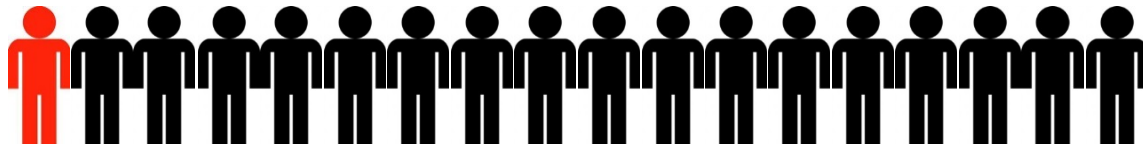
THINK PrEP: **STDs increase risk of HIV**

Rectal GC
or CT



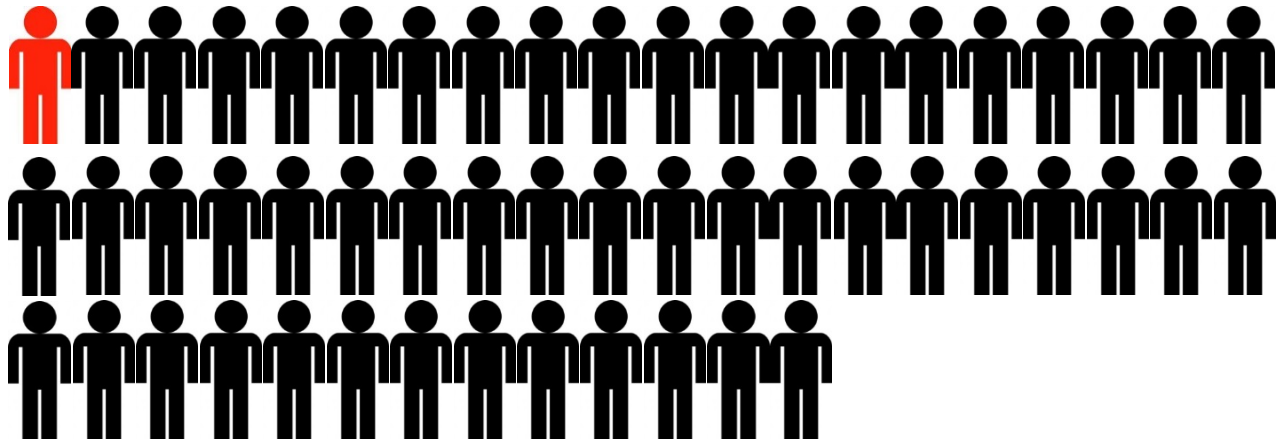
1 in 15 MSM were diagnosed with HIV within 1 year.*

Primary or
Secondary
Syphilis



1 in 18 MSM were diagnosed with HIV within 1 year.**

No rectal STD or
syphilis
infection



1 in 53 MSM were diagnosed with HIV within 1 year.*

*STD Clinic Patients, New York City. Pathela, CID 2013:57;

**Matched STD/HIV Surveillance Data, New York City. Pathela, CID 2015:61



WE PLAY SURE

PrEP + CONDOMS

PrEP Messaging



WE'RE CLOSER

THAN YOU THINK

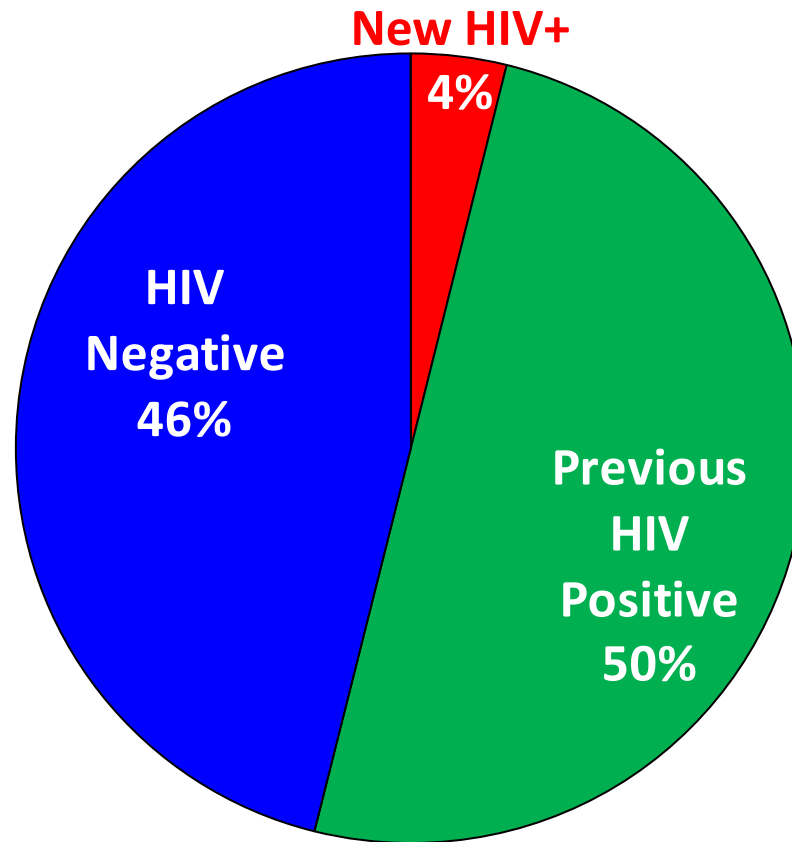
Condoms are still an important way to prevent HIV. But now there's a once-per-day pill called PrEP that when used properly can be highly effective in preventing infection.

PrEP doesn't prevent other sexually transmitted diseases. Condoms, honest

HIV Status among Early Syphilis* Cases among MSM California Project Area & San Francisco†, 2014

HIV Negative

- HIV testing
- Education & counseling
- Linkage to PEP
- Linkage to PrEP



New HIV Positive

- Linkage to HIV care
- HIV partner services
- Counseling

Previous HIV +

- Re-engagement in care
- Prevention counseling
- HIV Ptnr services

Note: N=2,251; N does not include HIV status unknown or refused to state: 563 cases in 2014.

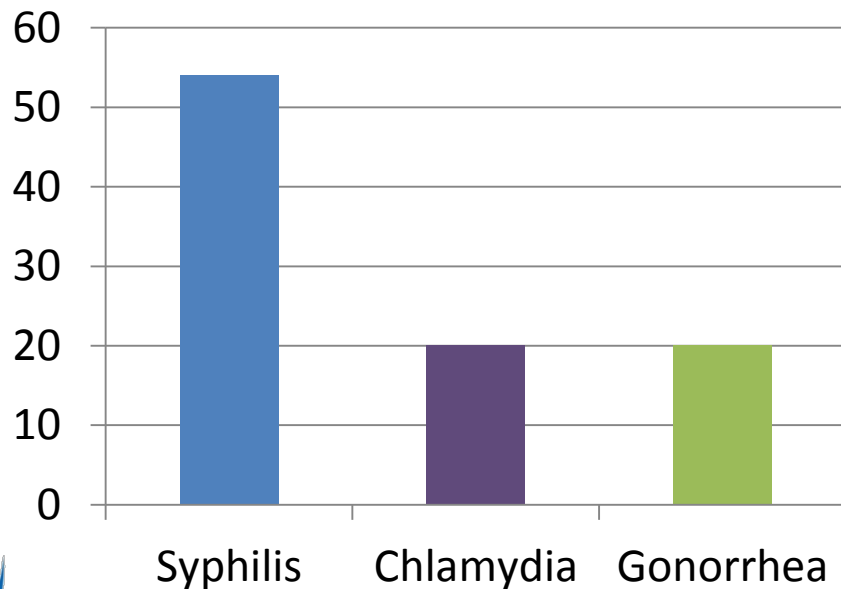
* Includes primary, secondary, and early latent syphilis.

† Los Angeles cases have been excluded as the data does not differentiate HIV results as being new or previous.

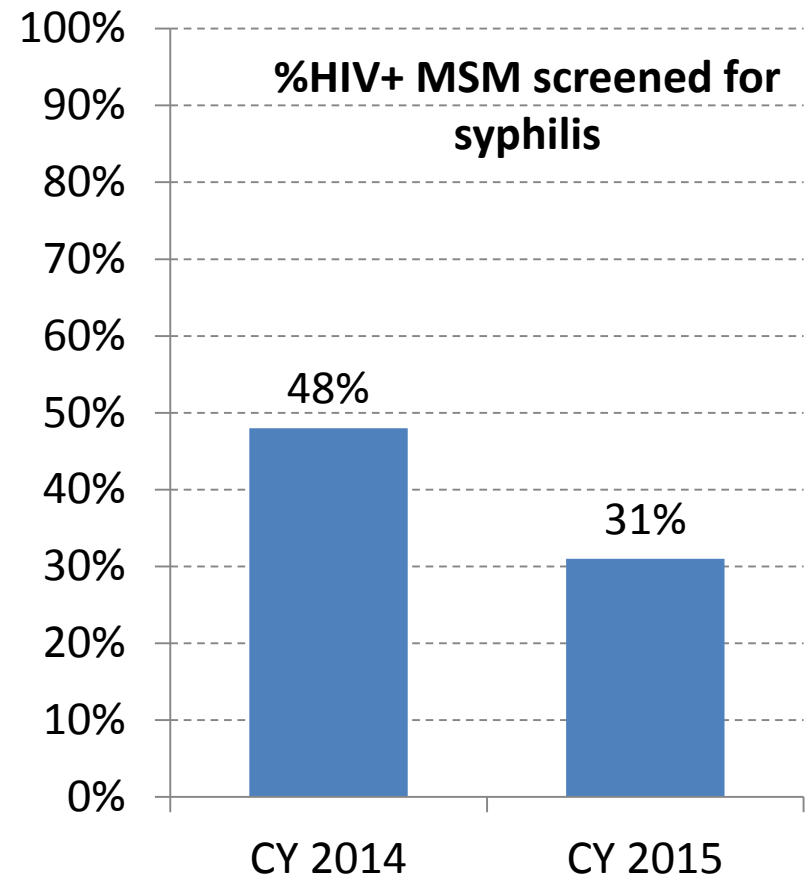
STD Screening Gaps among MSM in HIV Care

Medical Monitoring Project, nationally representative sample of 1,411 adults in HIV care, interviews and chart reviews:

% of sexually active HIV+ MSM screened for STIs



CA data from 49 providers in 46 LHJs in 2014 (N=7006) and 70 providers in 56 LHJs in 2015 (N=13,089):



Flagg EW, 2015, STD

CPA POMs Data

Re-Direct Resources:

Considerations for prioritizing STD efforts:

- ◇ Severity of adverse health outcomes
- ◇ Potential for prevention
- ◇ Infectiousness, risk to the community
- ◇ Inequities, vulnerability of the people affected
- ◇ Opportunities for improving health
- ◇ Return on investment
- ◇ Stakeholder interest

IN ORDER TO SAY YES
TO YOUR PRIORITIES
YOU HAVE
TO BE WILLING
TO SAY NO
TO SOMETHING ELSE.

W. H. R. B.

- *What data are needed to assess effectiveness?*
- *At what point can we conclude that it's just not working?*

Summary of the Presentation

1. Described the current situation
2. Explored potential contributing factors
3. Considered current and future strategies

- **Re-consider current strategies**
 - **Re-frame our role**
 - **Re-define goals**
 - **Re-direct resources**
 - **Leverage partnerships**



SYPHILIS *Strikes in 10 before 50*

R BLOOD TEST — THE ONLY SURE CHECK

PHOTO: JAMES HARRIS (LIFE) / GETTY IMAGES

***THANK
YOU!***

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