

# “Alabama & STIs in the 21<sup>st</sup> Century: Emerging (& Emerged) Issues

Rick Meriwether  
Field Coordinator/Health Educator  
Alabama AETC: an Initiative of  
MAO of Alabama  
rmeriwether@maoi.org  
(205)447-5322



# Disclosure Statement

I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.



# Objectives:

At the conclusion of this presentation, the attendee should be able to:

- 1.) Define/identify the following acronyms/terms: ADPH, STI, HIV, AIDS, EPT, CDC, DIS, drug-resistance, partner notification;
- 2.) Discuss current local/state STI epidemiologic trends, i.e. gonorrhea, chlamydia, syphilis and HIV;
- 3.) List the goals of the ADPH Div. of STI Prevention and Control; and
- 4.) Discuss Alabama laws addressing STI counseling/testing, consent and sexual health education.

# What is U=U?

- The CDC endorses the “**U=U**” message stating there’s now evidence-based confirmation that the risk of HIV transmission from a person living with HIV (PLHIV), who is on Antiretroviral Therapy (ART) and has achieved an undetectable viral load in his/her blood for at least 6 months has effectively no risk of sexually transmitting the virus to an HIV-negative partner. Moreover, when the partner with HIV has an undetectable viral load, this both protects his/her own health, and prevents new HIV infections. Scientific advances have shown that antiretroviral therapy (ART) preserves the health of people living with HIV.



# What is U=U?

- **Major HIV Breakthrough: U=U**
- **Birmingham, AL—December 15, 2017** The Jefferson County Board of Health passed a resolution during its December meeting to support the **Undetectable equals Untransmittable** or “**U=U**” Campaign that has been endorsed by the U.S. Center for Disease Control and Prevention (CDC).



# STIs/STDs Common to Alabama



# Where Do People Go for STD Treatment?



# Where Do People Go for STD Treatment?

## Population-based estimates from National Health and Social Life Survey

Private provider	59%
Other clinic	15%
Emergency room	10%
STD clinic	9%
Family planning clinic	7%

Source: Brackbill et al. Where do people go for treatment of sexually transmitted diseases? *Family Planning Perspectives*. 31(1):10-5, 1999



# Emerging Concerns Over Emerging “Common” STIs

- The Centers for Disease Control and Prevention says gonorrhea along with syphilis and chlamydia are becoming more resistant to antibiotics. The CDC has deemed gonorrhea an urgent threat to public health because it could become more widespread.
- Currently, gonorrhea is being treated with two powerful antibiotics (Ceftriaxone + Azithromycin). That's because many of the drugs used to treat it are no longer working.

# Reportable STIs

- Chancroid (*Haemophilus ducreyi*)
- Chlamydia trachomatis
- Gonorrhoea (*Neisseria gonorrhoeae*)
- HIV (human immunodeficiency virus)
- Syphilis (*Treponema pallidum*)



# STD/HIV REPORT Card

- Physicians, dentists, nurses, medical examiners, hospital administrators, nursing home administrators, lab directors, school principals, and day care directors are responsible for reporting Notifiable Diseases in Alabama. The [Alabama Notifiable Diseases Rules, Chapter 420-4-1](#), specifies the diseases and conditions requiring notification, and the time frame and methods for notification. To report a case of HIV (including symptomatic infection, AIDS, CD4 counts and viral load), please use the [STD/HIV REPORT Card](#).
- <http://www.alabamapublichealth.gov/>



# Antibiotic-Resistant Gonorrhea

- “at-risk older women and all sexually active women aged 24 and younger should be routinely screened for the infection.”


---- US Preventive Services Task Force, CDC

# Trends in Alabama

- The Alabama Department of Health says in 2015 there were more 20-24 year old's who contracted gonorrhoea than any other age group.
- The same thing goes for chlamydia and syphilis.

# Alabama & STIs

- In Alabama, the Div. of STI Prev. and Control, ADPH, conducts disease investigations and partner notifications for chlamydia, gonorrhea, HIV, syphilis, and trichomoniasis.
- “The long term goals for this division are to reduce the incidence of STIs..., to improve the integration of STI services into clinical care..., increase access to services for populations most at-risk, reduce the threat of antibiotic-resistant gonorrhea, OTHER EMERGING STIs, and congenital syphilis.”



What would be some reasons for discussing STIs?



# Why discuss STIs/HIV?

- Raise awareness
- Open DIALOGUE
- “More awareness equals less stigma, equals better prevention and care.”

from an article on HIV/AIDS in Africa by Enid Vazquez, Positively Aware, March/April 2006 issue



# Critical Conversations

“A clinician has seen you naked. A clinician has given you a breast, testicle, or rectal exam. A clinician knows the location of your most discrete tattoos. A clinician knows how regularly you poop. A clinician knows your home address and Social Security number. If clinicians know some of the most intimate details about patients, why do clinicians fail to have critical/sensitive conversations about s-e-x?”

quote from “Critical Conversations: Sex and the doctor-patient relationship,” Lisa Fitzpatrick, MD, MPH [Positively Aware](#) May-June 2013



# Design Your Own STI

- Likes warm, moist places
- Transmitted through blood, mucus, semen, fomites
- Mild symptoms, especially at first
- Long infectious period (years)
- Infection aided by microtrauma and vulnerable epithelium
- Evolves fast - ahead of immunity, antibiotics
- Spread through young, mobile sexually-active teens

# Alabama Law for HIV/STI Testing

- Requires informed consent (22-11A-51)
- No premarital testing requirement
- Prenatal testing is required (420-4-1-14)
- School notification not required for positive staff or students (universal precautions)



# Age of Consent for STI Testing/Rx

- What would you say is the age of consent in Alabama regarding STI counseling, testing, treatment, etc
  
- For receiving condoms?

# Alabama Law for HIV/STI Testing (cont.)

- Allows testing of individuals:
  - 12 years of age or older without parental consent (22-11A-19)
  - Mandatory testing for prison inmates Court ordered testing for defendants charged with a sex offense as defined in the Code of Alabama and the Administrative Alabama Code (22-11A-17)

## Burden of STIs in U.S.

STI	Cases Reported	Rate (per 100K)
Chlamydia	1.3 million (2010)	426
Gonorrhea	309,341 (2010)	100.8
Syphilis (P & S)	13,774 (2010)	4.5

STI	Estimated New Cases	Prevalent Cases/%
HSV	1.6 million (2000)	16.2% (2005-8)
HPV	6.2 million (2000)	26.8% F (2003-4)/ 1.3-72.9% M
Trichomoniasis	7.4 million (2000)	2.3 million (2001-4)
HIV	48,100 (2009)	>600,000 (2008)

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S.

Department of Health and Human Services; 2011; [www.cdc.gov/hiv/topics/surveillance/resources/slides/incidence/index.htm](http://www.cdc.gov/hiv/topics/surveillance/resources/slides/incidence/index.htm);

Weinstock et al. Perspectives on Sexual and Reproductive Health. 2004; Sutton et al CID 2007; 45:1319-26.; Dunne et al JAMA 2007; 297(8): 813-19; Dunne et al JID 2006; 194(8): 1044-57; Xu et al. MMWR 2010 ; 59(15): 456-59

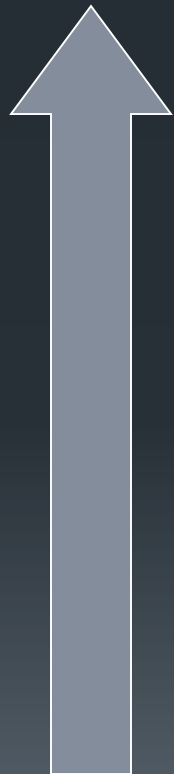
# Alabama STI Highlights



- Chlamydia is the most commonly reported STI in both Alabama and the USA
- Alabama has the THIRD highest rate for new chlamydia infections in the USA trailing only Alaska and Louisiana
- Gonorrhea is the SECOND most commonly reported STI in both Alabama and the USA trailing only Louisiana
- Syphilis is one of the most commonly reported STI in both Alabama and the USA
- Syphilis rates are beginning to “tick up” again in Alabama, especially in Jefferson County
- The new HIV case rate for Alabama is slightly lower than the USA

# Some related news. . .

## 2009 Youth Risk Behavior Survey (YRBS)

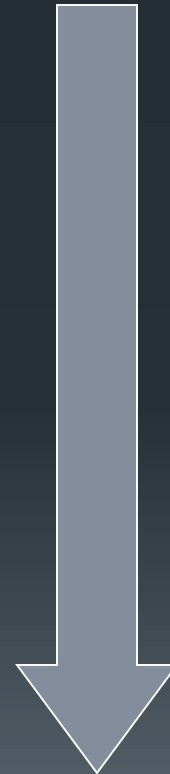


% who have ever had sex (AL 56.6%; US 46.0%)

% who had sex before age 13 (AL 10.1%; US 5.9%)

% sexually active in past 3 months (AL 41.5%; US 34.2 )

% of students who had sexual intercourse with four or more people during their life (AL 19.9%; US 13.8%)



% who used a condom at last sex (AL 58.5%; US 61.1)

% who had ever been taught in school about AIDS of HIV infection (AL 84.6%; US 87%)

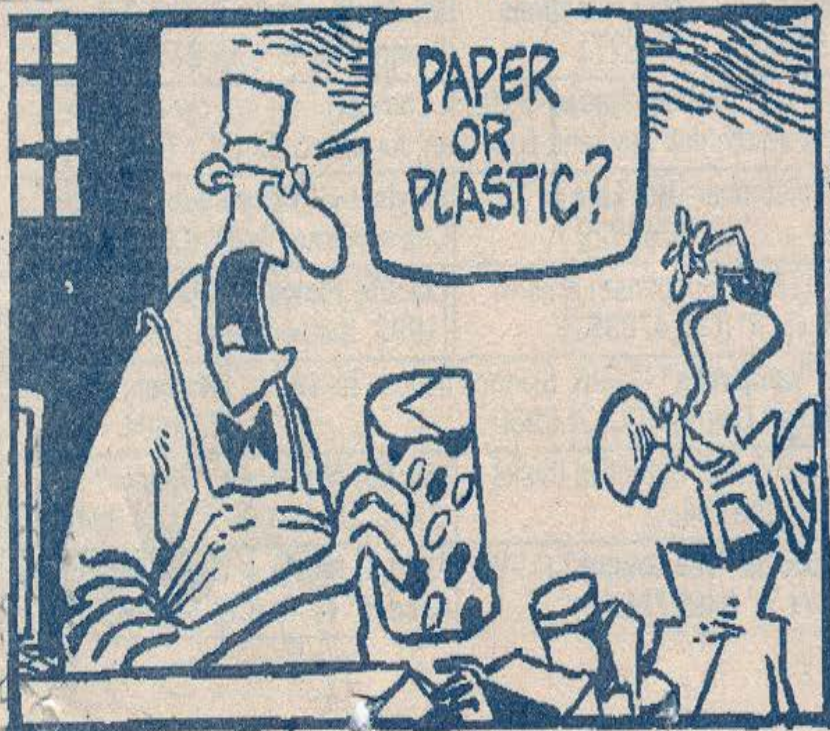


# Teens have heard....

- Meth can help control weight
- Meth can increase endurance, enhancing performance in sports
- Meth can heighten sexual desire and/or activity



# MOTHER GOOSE & GRIMM



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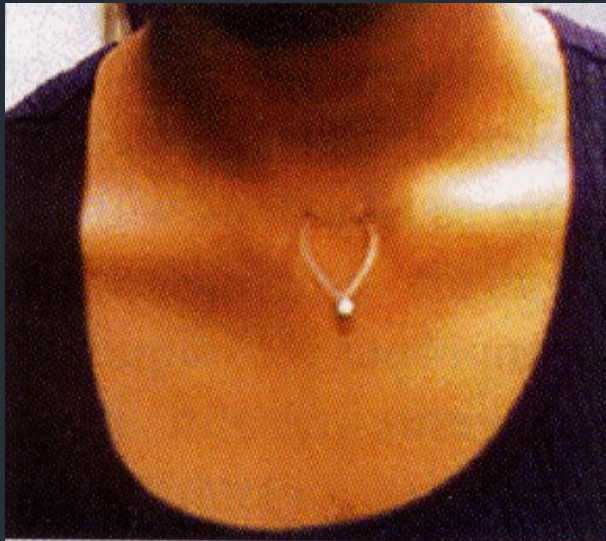


# Adolescents/Young Adults

- Risk is due to behaviors: multiple partners, “serial monogamy”, alcohol & drug use
- Cervical anatomy different in adolescents (ectopy)
- Teen women often have sex with 20-25 year old men



# Visible Piercing

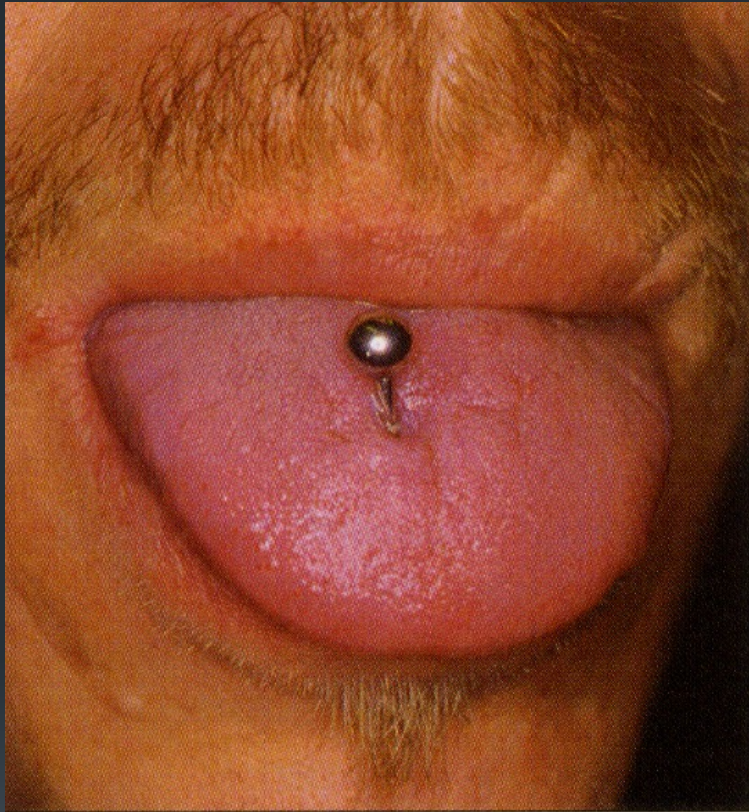


Problems may occur when a pierced area lacks sufficient tissue to support the jewelry.



Nipple piercing is believed to make the nipples larger, more sensitive, and more sexually attractive.

# Tongue Piercing



*A tongue barbell, when placed forward on the tongue, is claimed to be useful for the enhancement of oral sex.*

- Length of time to completely heal?
- Blood exposure.
- Oral sex safety?

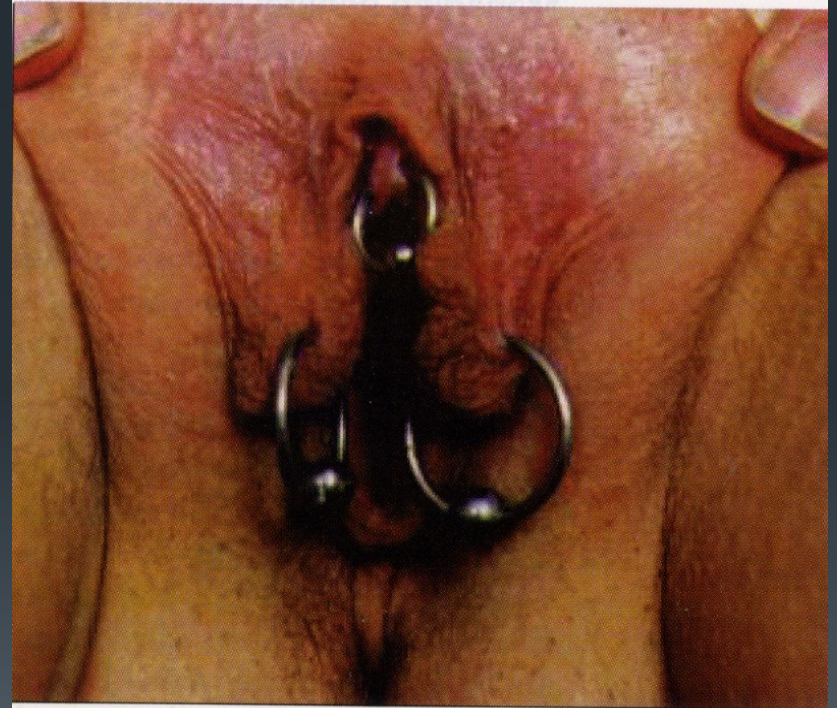


# Can partner wear a condom effectively?



**Penile piercing is thought to increase stimulation of the woman's G spot.**

## Medical complications of body piercing



**The ring purportedly stimulates the root of the clitoris, and its small ball closure provides direct stimulation of the clitoral head.**



# Vaccine Preventable STIs

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**Hepatitis A**

**Hepatitis B**

**HPV**





## June 2016

- Doctors in the emergency department at UAB Hospital have identified 2,436 patients with the liver disease hepatitis C since they began widespread testing in 2013, including an alarming number of young injection drug users.
- The program has identified so many cases of hepatitis C that the hospital is now struggling to match those patients with providers and treatment, highly effective medications that can cost more than \$100,000 for a full three-month course.

# Human Papillomavirus

- > 100 types of HPV with > 30 types infecting genital tract

Type that causes genital warts not same as types that cause cervical cancer

- 20 million infected with HPV in U.S.
- 6 million new infections each year
- 50% of people will become infected at some point in life

# HPV Vaccines

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- Cervarix™ – GSK
  - HPV 16 and 18
  - 0, 1, 6mo dosing
  - Females 10-25yrs
- Gardasil™ - Merck
  - HPV types 6,11,16,18
  - 0, 2, 6mo dosing
  - Females 9-26yrs
  - Males 9-26- for wart prevention

**Efficacy approximately 100% against precancerous lesions caused by specific types in the vaccine, >90% for warts**





*The human papillomavirus causes warts resembling cauliflower at the infected site.*

# Perianal Warts



*Source:* Seattle STD/HIV Prevention Training Center at the University of Washington/ UW HSCER Slide Bank

# Herpes



- Herpes simplex virus (HSV-1 & HSV-2)
  - Majority of recurrent genital herpes caused by HSV-2
- Majority of infections transmitted by people unaware of infection or asymptomatic ⇒ transmission can occur without visible lesions
- No cure ⇒ can only treat symptoms





**EEEEEEEEEEK!!**  
**Looks like another**  
**Herpes flare up**

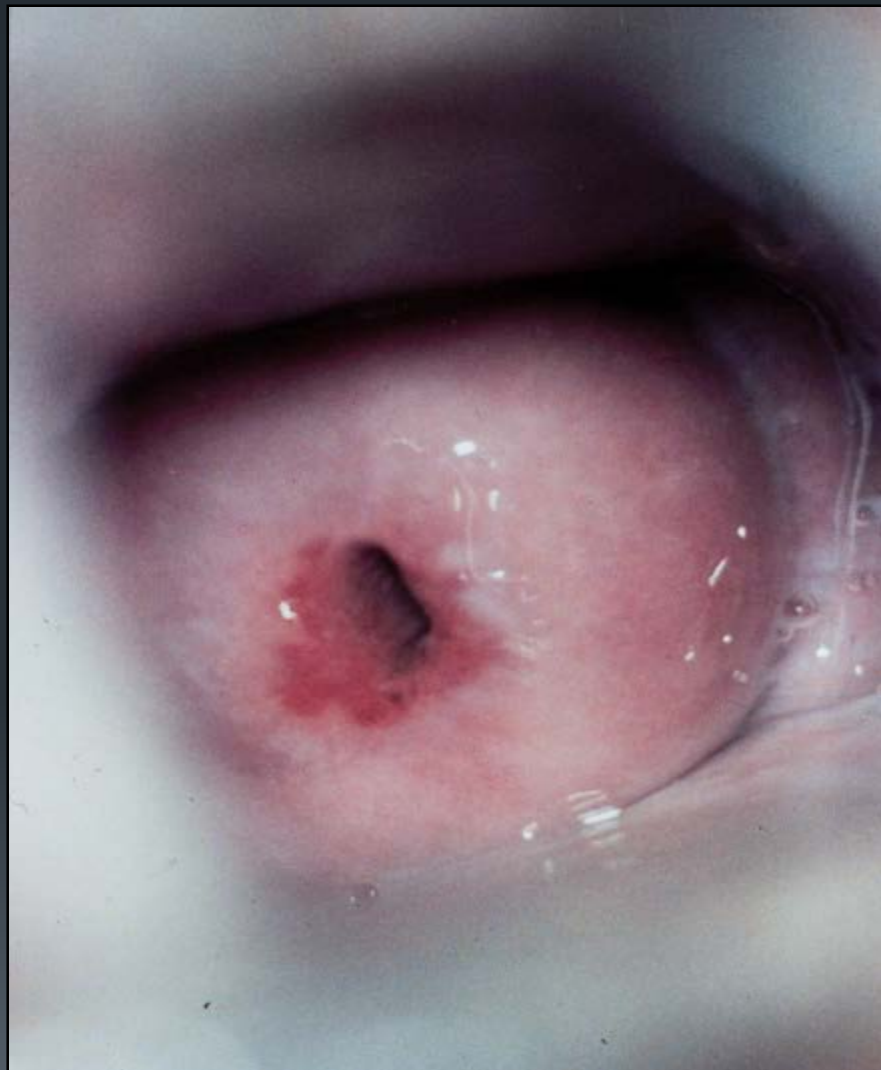




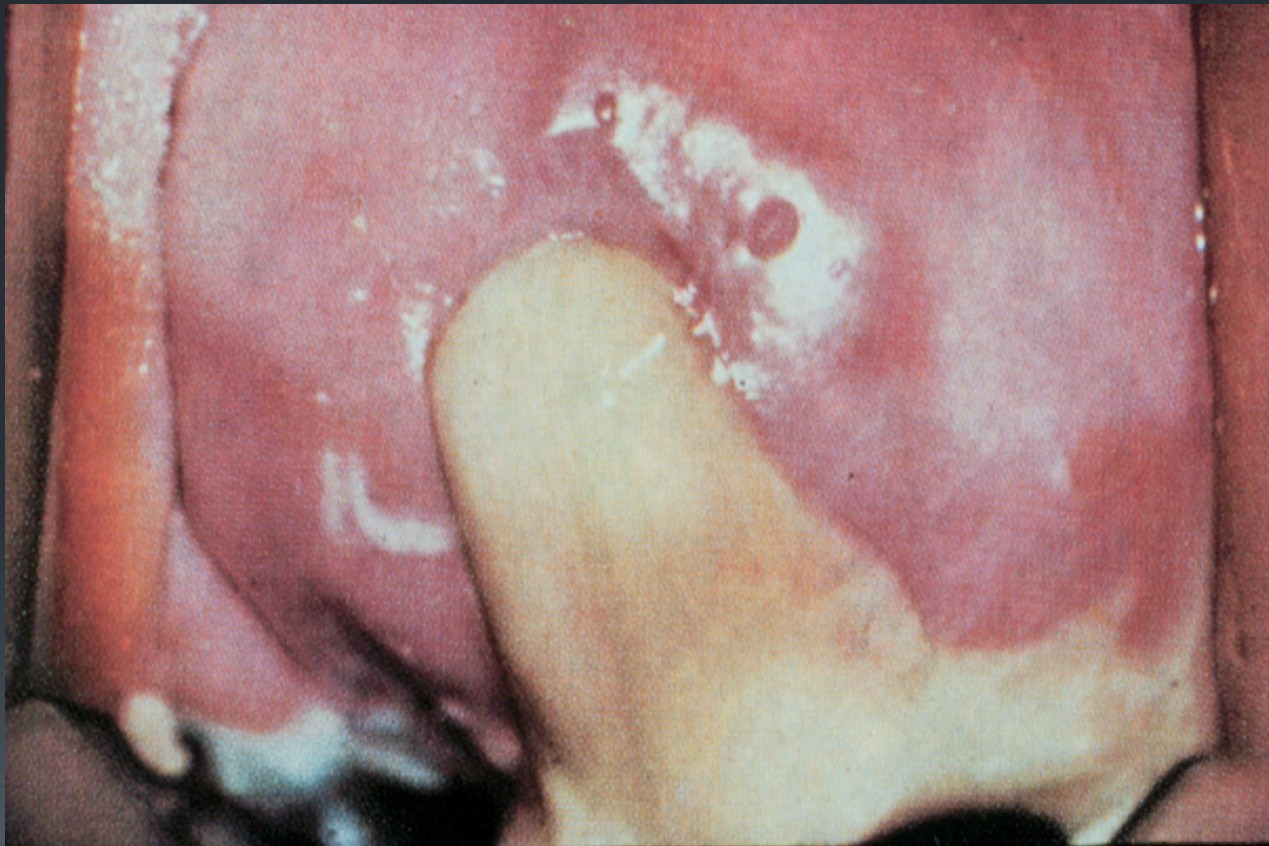
# Herpes Simplex Virus - 1



# Normal Cervix



# Purulent Cervical Discharge







# Syphillis

- Rates increasing among youth/young adults
- Progressive disease
  - Primary phase: single genital chancre (ulcer), swollen lymph nodes
  - Secondary phase: more sores, usually on genitals
  - Late phase: involvement of multiple organs
- Curable with antibiotics



# Secondary syphilis - papulosquamous rash





# Information Alone is Not Enough

- Primary prevention of STDs is about teaching youth knowledge and skills they need before risky behaviors begin

***“Programs that combine a focus on youth development (including involvement in activities such as educational mentoring, employment, sports, or the performing arts) with sex education can have a strong impact on frequency of sex as well as pregnancies and births ...”***



# 2009 Alabama Course of Study: Health Education



- A significant change in this course of study is evidenced by its refined education standards designed to meet the needs of today's students.
- This difference reflects current evidence-based research in disease prevention, health promotion, and national health education standards.



# Goal of Alabama's K-12 Health Education Curriculum

- The goal of Alabama's K-12 Health Education curriculum, . . . ., is for all students to achieve health literacy for life.
- A health-literate citizen obtains, interprets, and understands basic health information and services and is able to use health information and services in ways that enhance health.

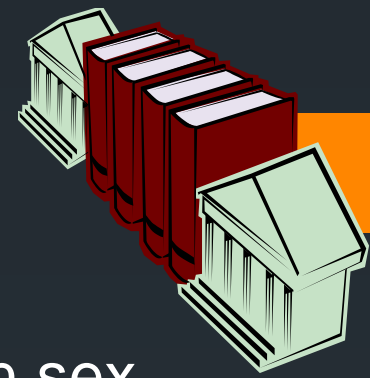
# HIV/AIDS Education Resolution

- As required by a 1987 Alabama State Board of Education Resolution, acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) education are included as part of the approved health education curriculum in Alabama for students in Grades 5-12.



# Sex Education Law

*Code of Alabama, 1975, §16-40A-2\**



- Identifies minimum content to be included in sex education program or curriculum.
- Emphasize sexual abstinence.
- Statistics based on the latest medical information that indicate the degree of reliability and unreliability of various forms of contraception, while also emphasizing the increase in protection which is afforded by the use of various contraceptive measures.

*Adopted Draft of the Alabama Course of Study: Health Education*



## What can we do?

- Advocate for medically-accurate and age-appropriate sexual health education for Alabama's youth.
- Understand the unique medical issues of adolescents, especially as they relate to reproductive health.
- Become knowledgeable about evidence-based HIV/AIDS and teen pregnancy prevention curricula that reduce sexual risk-taking behaviors.
- Recognize that information is not permission.



# Expedited Partner Therapy (EPT)

- “When a patient that is diagnosed with Chlamydia trachomatis or Trichomoniasis indicates that their sex partners are unlikely to seek evaluation and treatment, [Alabama Department of Public Health] registered nurses may dispense legend drugs for partners by providing the legend drugs to patients for delivery to the patient’s sexual partners.” Ala. Admin. Code r. 420-4-1-.12.

# Patient-Delivered Partner Therapy (PDPT) Exclusions (ADPH Guidelines)



- • Sex partner of a patient diagnosed with syphilis, gonorrhea or co infection with HIV
- • Pregnant women, and a male patient whose female sex partner is pregnant or may be pregnant
- • Patients less than 12 years of age
- • Patients who indicate that they cannot personally deliver Partner Notification Letter



# How Do We Reduce Discrimination?

- Education:

“I am disturbed, I am uneasy about men because we have no guarantee that when we train a man’s mind, we will train his heart; no guarantee that when we increase a man’s knowledge, we will increase his goodness. There is no necessary correlation between knowledge and goodness.”

Benjamin May, past President, Morehouse College



# How Do We Reduce Discrimination?

- Issue of **DISCLOSURE**: encourage, and assist, PLwHIV to speak out when discrimination occurs/disclose their sero-status
- Work with community leaders/”gatekeepers”
- Mobilize political representatives, religious leaders, health providers; the media

# How Do We Reduce Discrimination?

- Avoid stigmatizing words/phrases/language related to HIV or PLwHIV
- Discourage, and correct, misinformation when appropriate
- Educate PLwHIV about their rights as patients (ADA) and about how to challenge discrimination



# SPEAK UP. SPEAK OUT

Three conversations You need to Have:

- Sexual Partner(s)/Get Personal
- Health Care Providers/Ask to be Tested.
- Friends/Start the Conversation

# We are all in the same boat:

- There is no separation between “us” and “them”
- We are all facing and living w/HIV...all are affected
- We have all taken risks and made mistakes at one time in our lives
- All of us are at risk of contracting HIV so there is no point in stigmatizing or blaming those who already are living w/infection



A final quote:

**“Change your thoughts and  
change your world”**

Norman Vincent Peale



# **Resources**

## **Alabama Campaign to Prevent Teen Pregnancy**

412 N. Hull Street

Montgomery, AL 36104

334-265-8004

[www.acptp.org](http://www.acptp.org)

## **Healthy Teen Network**

1501 Saint Paul St., Ste. 124

Baltimore, MD 21202

410-685-0410

[www.healthyteennetwork.org](http://www.healthyteennetwork.org)



# Resources

- [www.cdc.gov](http://www.cdc.gov) (diseases, conditions, etc.)
- [www.aidsetc.org](http://www.aidsetc.org) (AIDS Ed. & Trng. Ctr.)
- [www.kff.org](http://www.kff.org) (Kaiser Family Foundation)
- [www.guttmacher.org](http://www.guttmacher.org) (Guttmacher Institute)
- [www.hivlawpolicy.org](http://www.hivlawpolicy.org) (click “Resource Bank”)