Epidemiology of STD, HIV and Hepatitis C among AI/AN Populations

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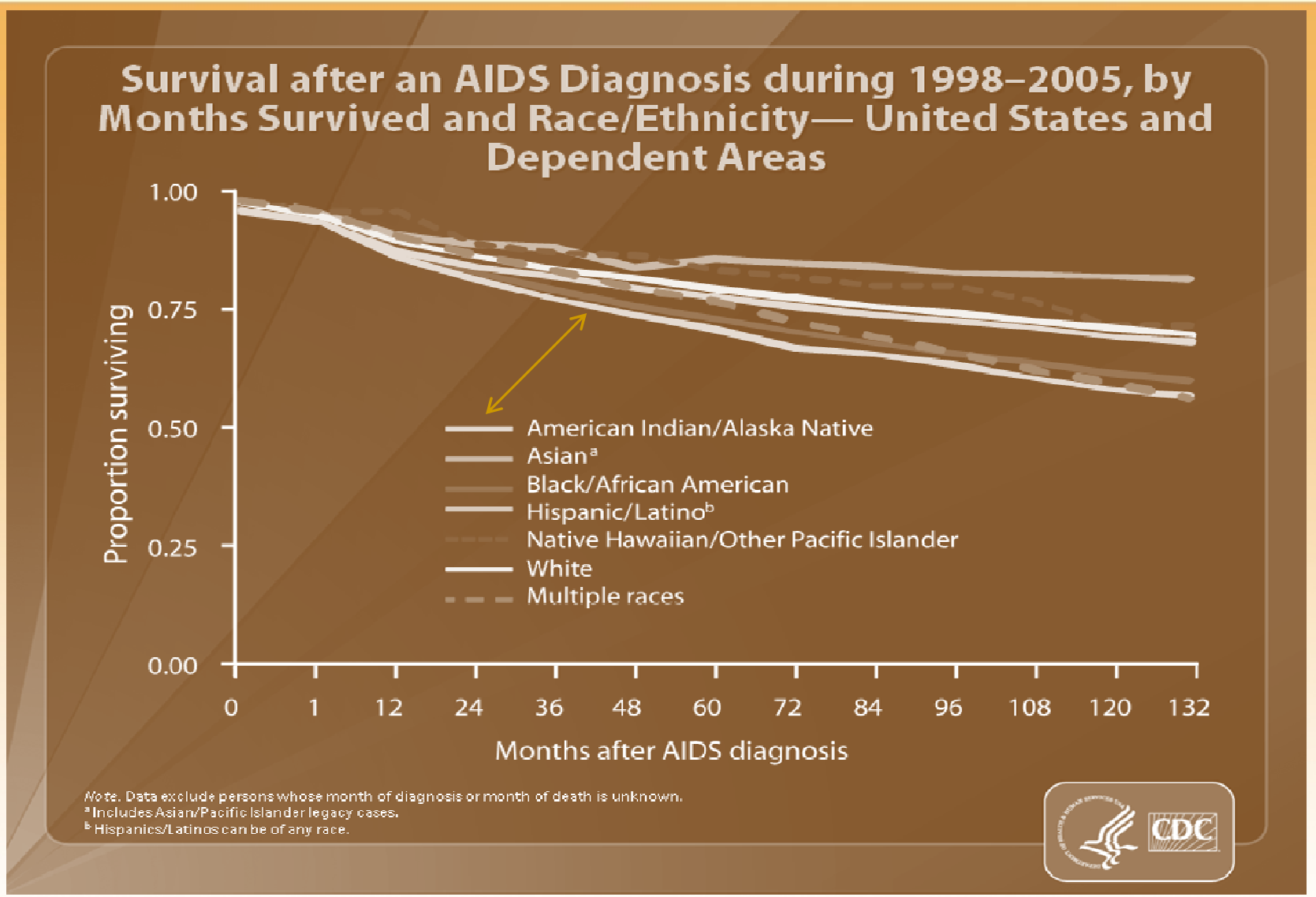
Overview

- Surveillance overview
  - HIV
  - STD
  - Viral Hepatitis
- New STD/HIV Provider Tools
  - National guidance and recommendations
  - Sample Policies/Protocols
  - Partner management including EPT
- Resources

Data Limitations

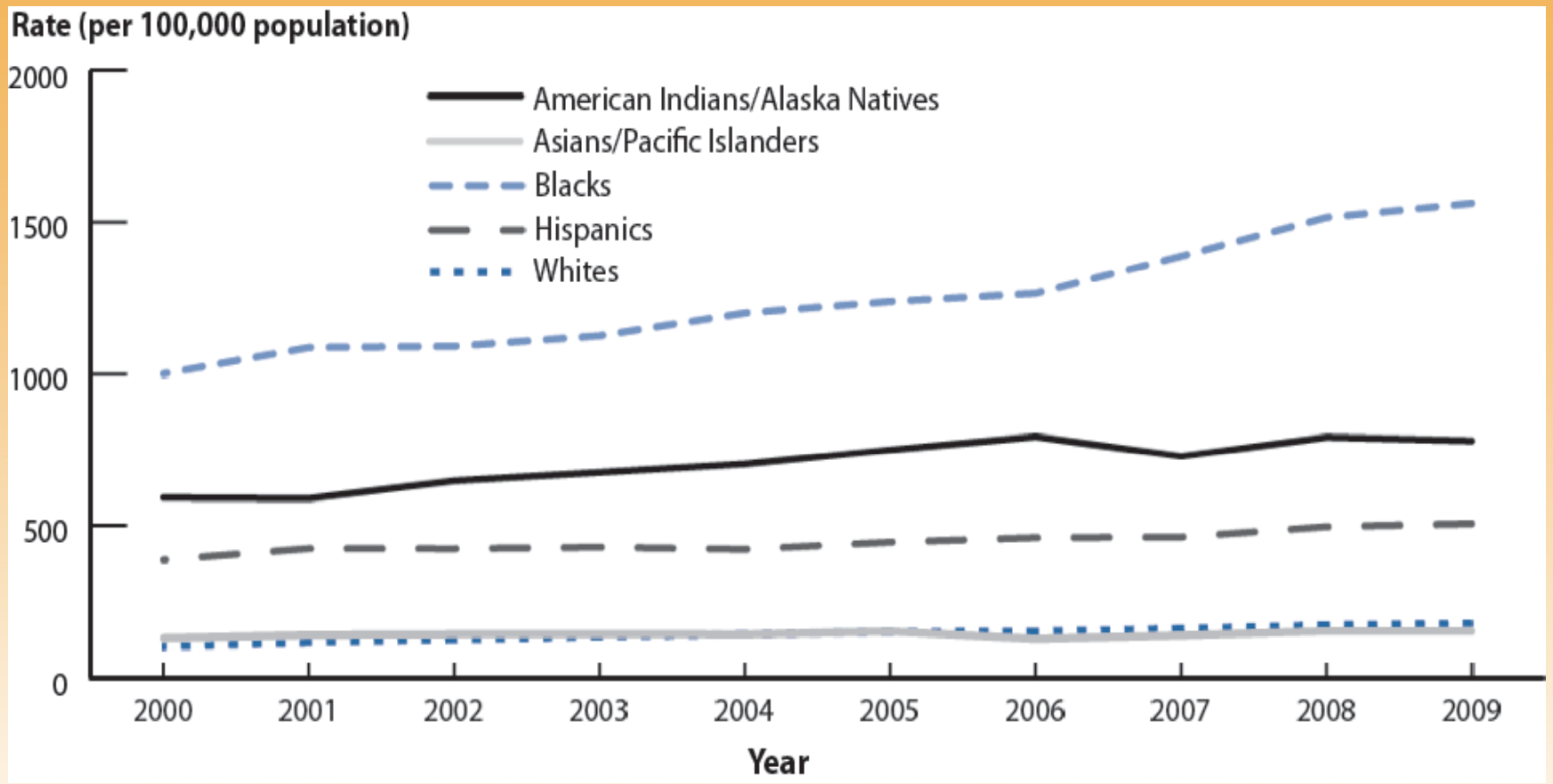
- Limited data on urban AI/AN populations
- Racial Misclassification
  - Data frequently underestimate AI/AN rates
  - Misclassification identified through evaluation of birth record data among HIV and STD cases
    - Rates were 30-50% higher than recorded among AI/AN
- Intended Use of Data
- Data Resources
- Data Interpretation

Survival After an AIDS Diagnosis



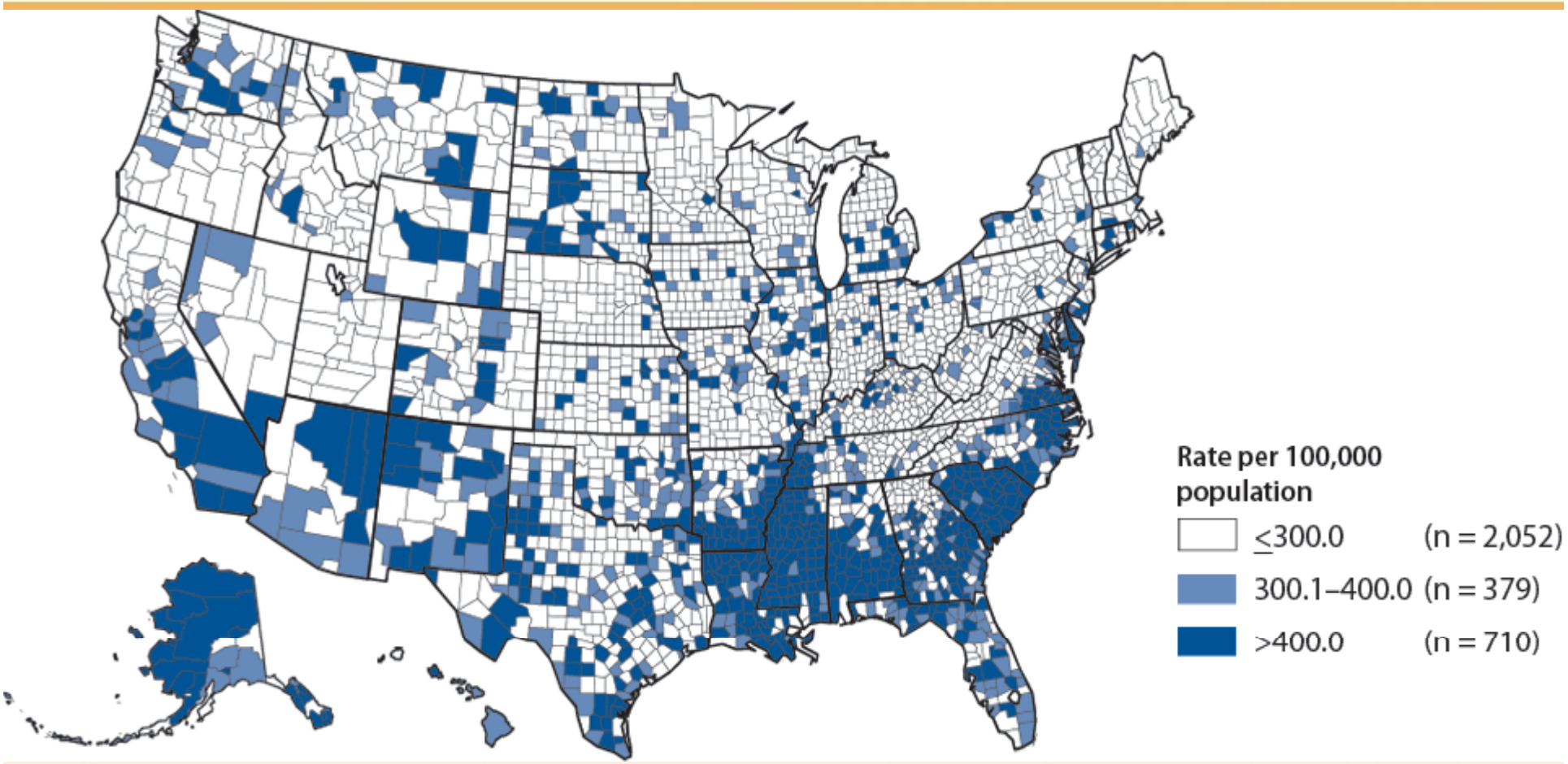
Chlamydia by Race, 2009

CDC, STD Surveillance, 2009



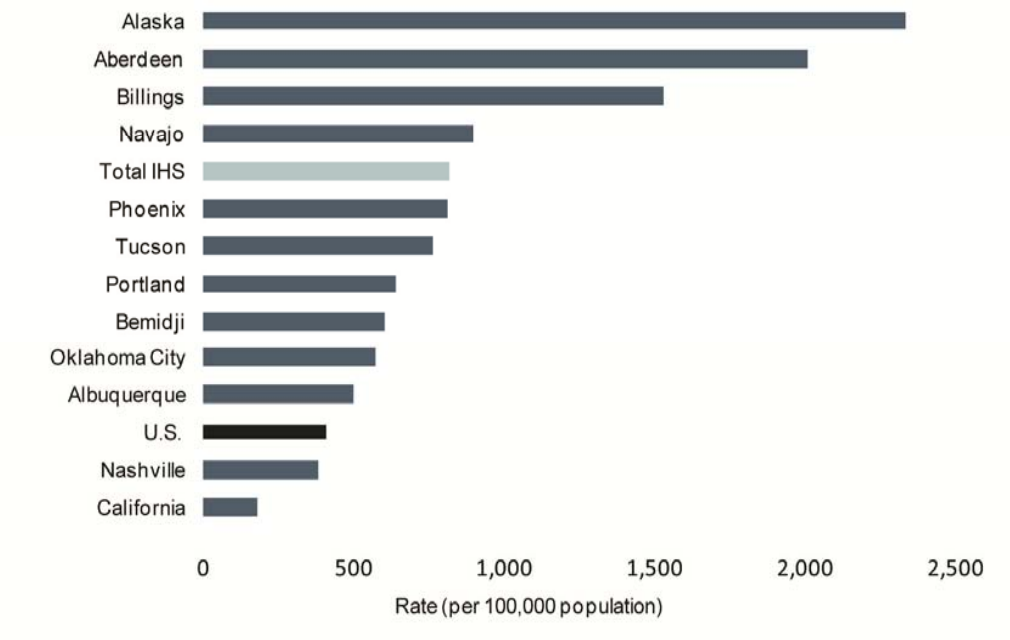
Chlamydia Rates by County, 2009

CDC, STD Surveillance, 2009



Source: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2008. Atlanta, GA: U.S. Department of Health and Human

Chlamydia Rates by IHS Area, 2009*



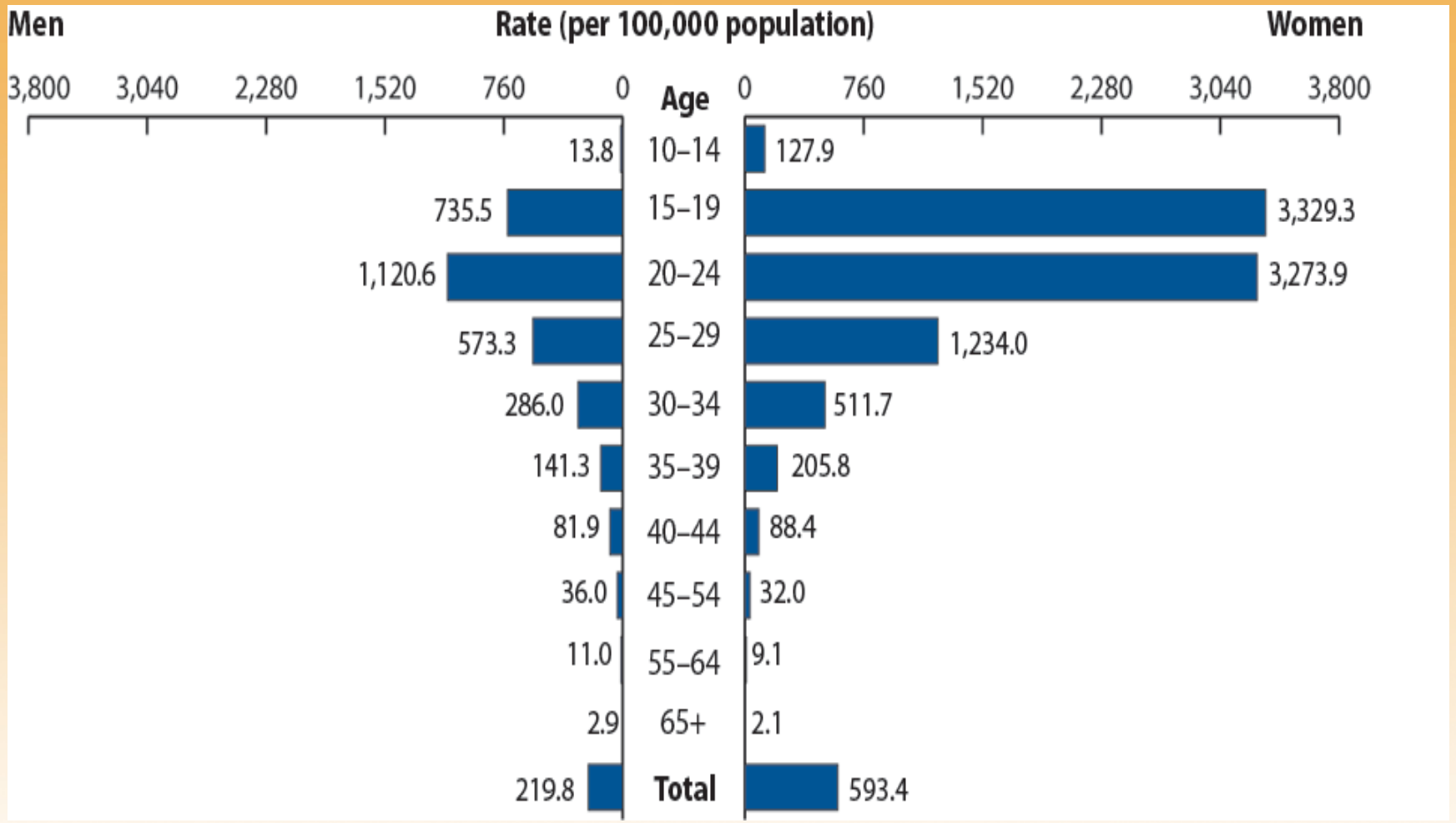
Percent change 2008-2009

IHS Area	% Change
Aberdeen	+ 5.2
Alaska	+ 5.0
Albuquerque	+ 5.2
Bemidji	- 2.2
Billings	- 4.4
California	- 16.1
Nashville	+ 12.3
Navajo	- 4.7
Oklahoma City	- 3.7
Phoenix	- 6.5
Portland	- 3.3
Tucson	+ 5.2
Total IHS Areas	- 0.3

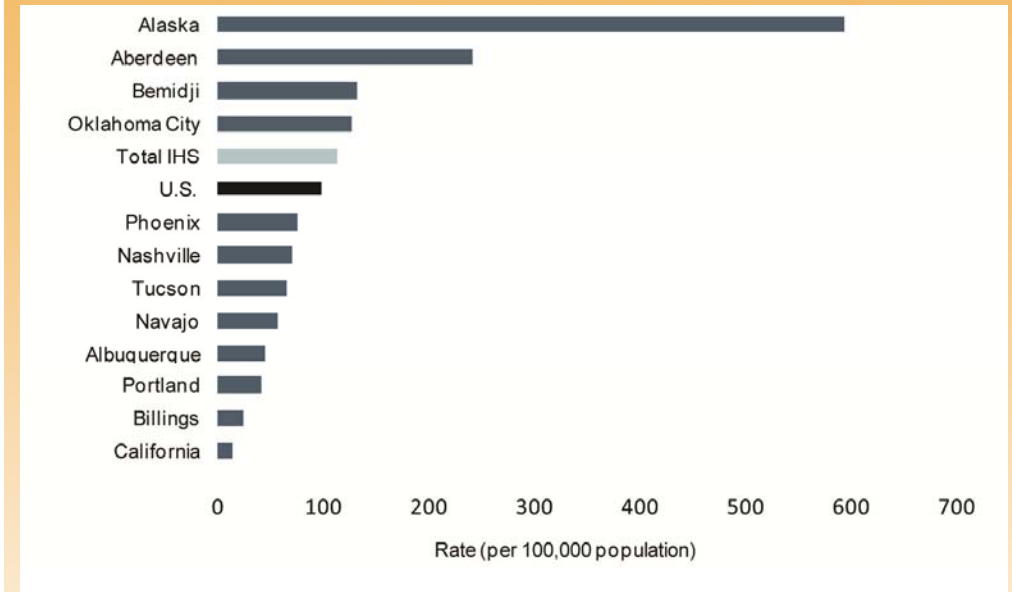
*Source: IHS STD Surveillance Report, 2009 – Preliminary data

Chlamydia by Gender, Age, 2009

CDC, STD Surveillance, 2009



Gonorrhea Rates by IHS Area, 2009*



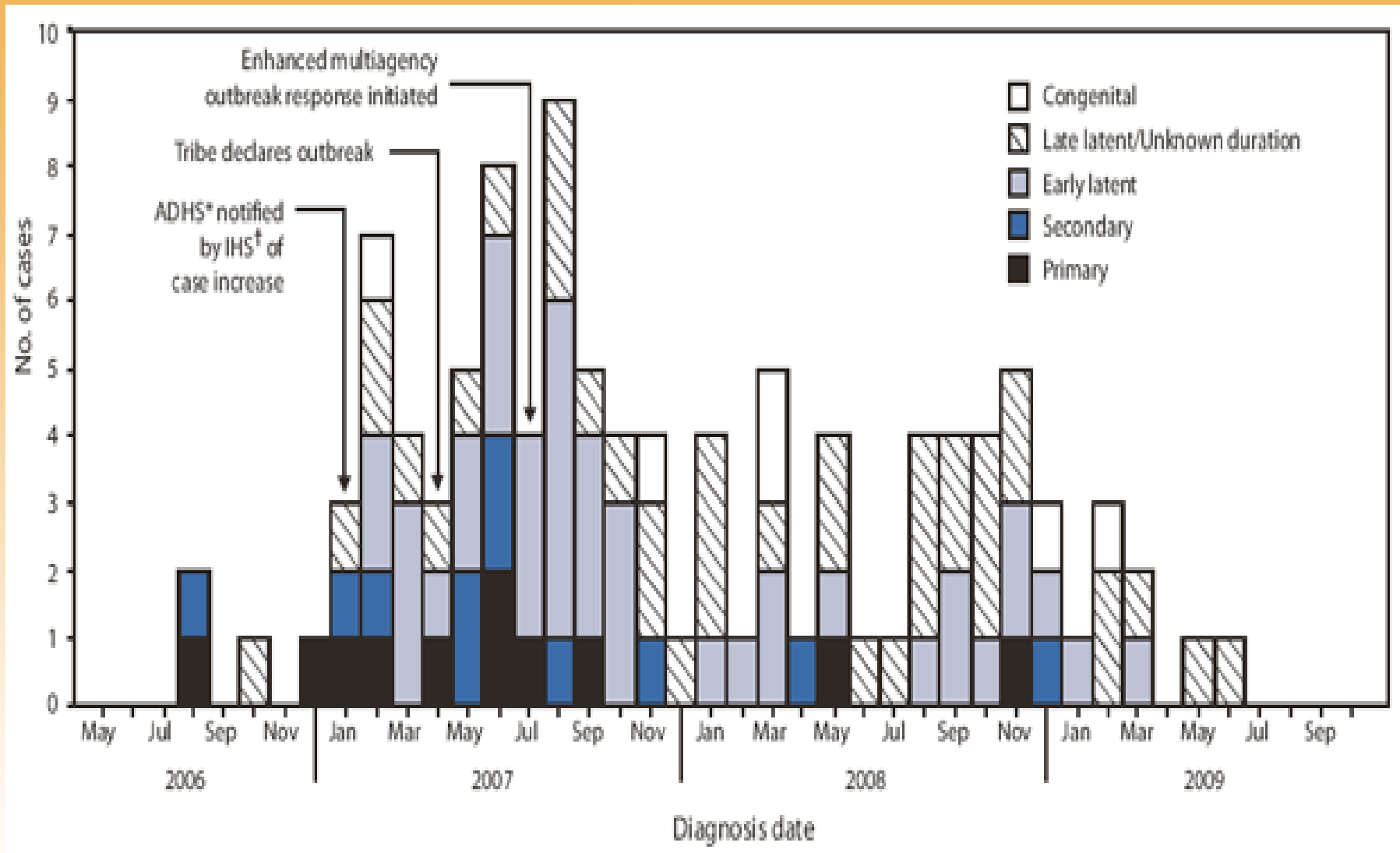
Percent change 2008-2009

IHS Area	% Change
Aberdeen	+ 4.2
Alaska	+ 88.9
Albuquerque	- 8.0
Bemidji	+ 10.5
Billings	- 20.0
California	- 128.6
Nashville	-11.1
Navajo	+1.0
Oklahoma City	+ 8.8
Phoenix	- 26.9
Portland	- 69.1
Tucson	- 15.4
Total IHS Areas	+ 10.7

*Source: IHS STD Surveillance Report, 2009 – Preliminary data

Syphilis Outbreak Among American Indians - Arizona, 2007-2009

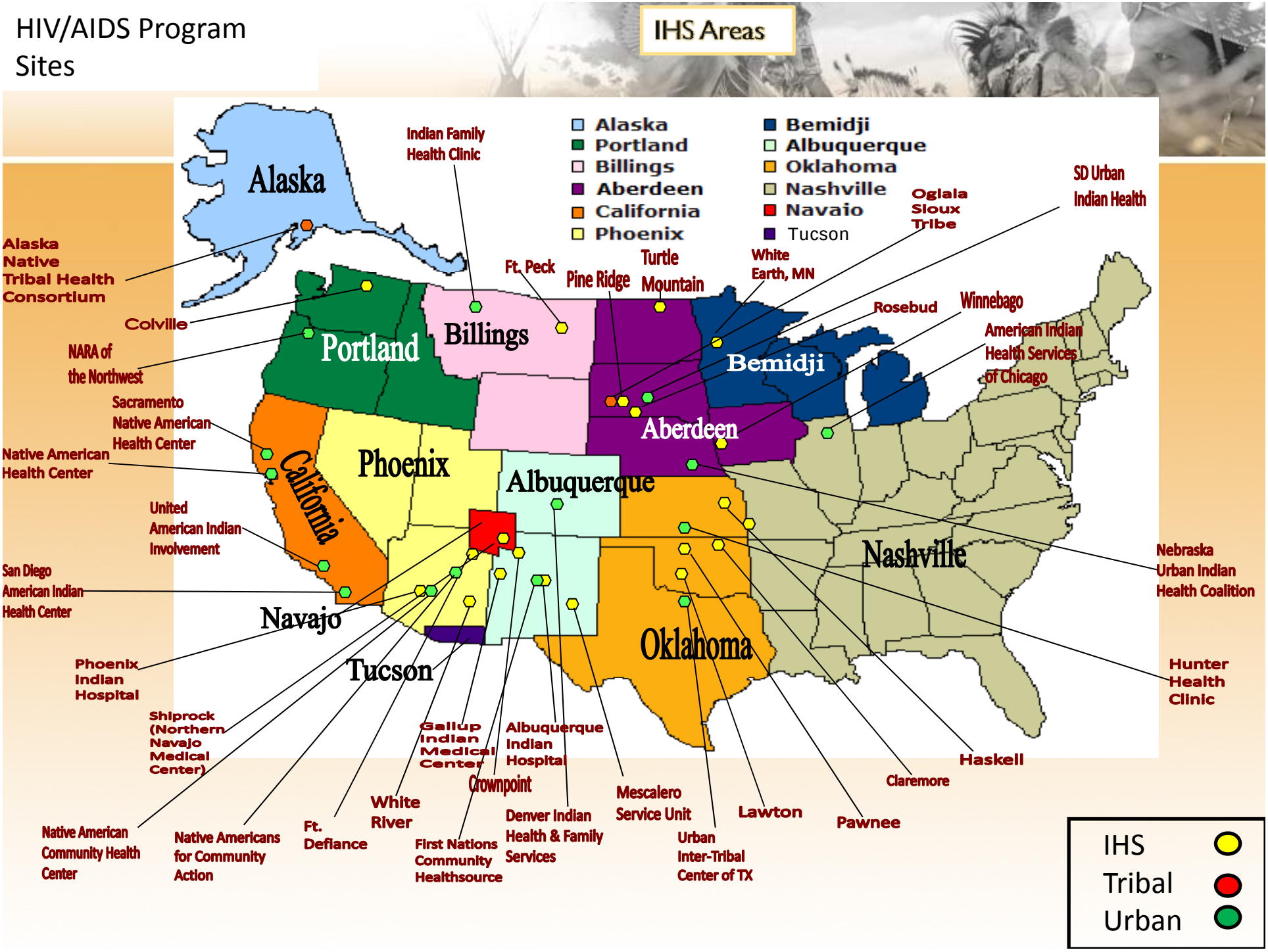
Morbidity and Mortality Weekly Report (*MMWR*) February 19, 2010 / 59(06);158-161



Major IHS HIV Initiatives

- National Expanded HIV Testing Initiative (I/T/U)
- Effective Behavioral Interventions (NARCH)
- Data Collection/ Quality Improvement
  - Universal HIV Screening
  - HIV screening following STD diagnosis
  - Prenatal HIV Screening
- Site Specific Pilot projects (GIMC, PIMC, Pine Ridge) related to provision of care and prevention
- New Media projects
- Collaborations with multiple partners (Fed, Tribal)
- ~ 30+ activities ongoing

HIV/AIDS Program Sites



Hepatitis C

Hepatitis C Prevalence, U.S.

- Overall prevalence of anti-HCV from NHANES (1999-2002)

  3.8 million (1.6%)

- Overall prevalence of chronic infection derived from NHANES III (1988-1994)

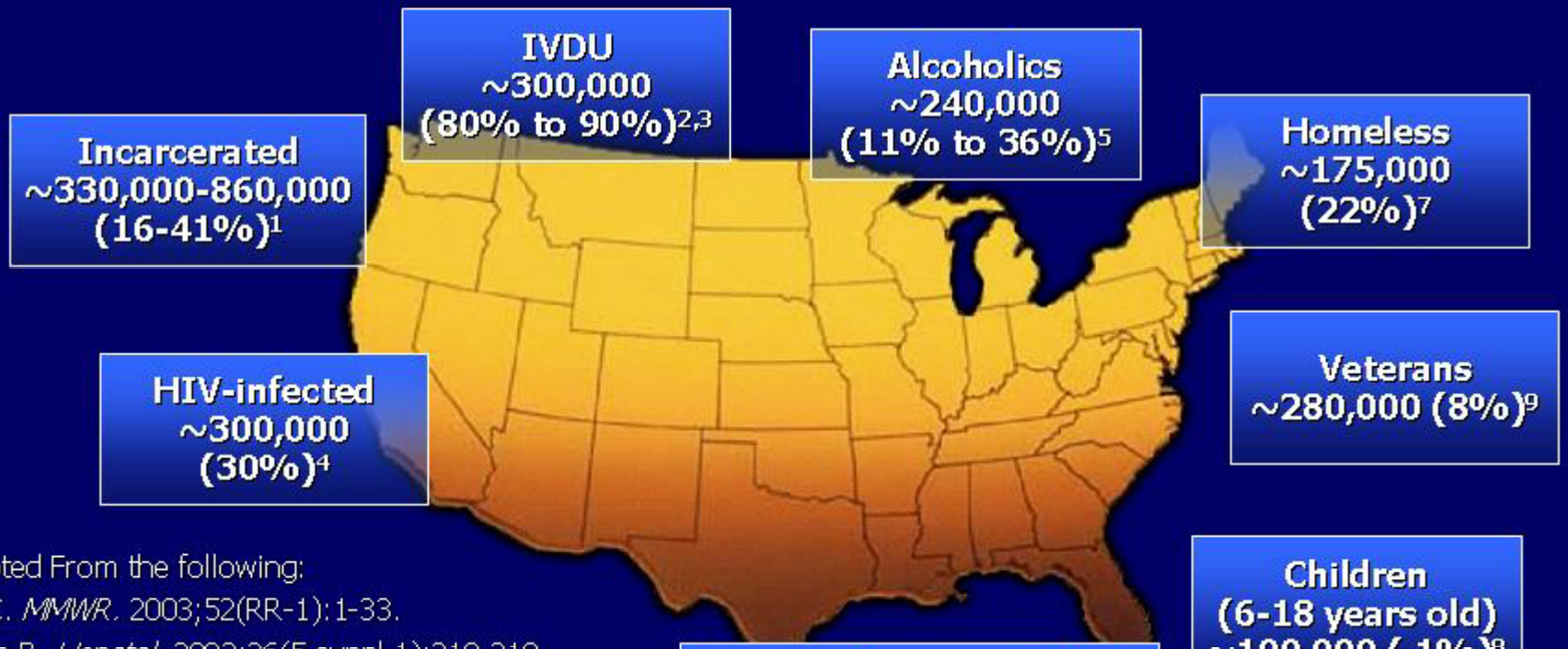
  2.7 million (1.3%)

- Correcting for patient groups under-represented in NHANES (incarcerated, homeless, hospitalized, active duty military, and nursing home residents)

  5 million (~2.4%)

[1]Armstrong et al. *AASLD 2004*; poster 31. Edlin, AASLD 2005
[2]Alter et al. *N Engl J Med*. 1999;341(8):556-562.

Prevalence of HCV in Select Populations



Adapted From the following:

[1]CDC. *MMWR*. 2003;52(RR-1):1-33.

[2]Edlin B. *Hepatol*. 2002;36(5 suppl 1):210-219.

[3]NHSDA Report 2003.

[4]Poles M et al. *Clin Infect Dis*. 2000;31:154-161.

[5]Labreque S. In: *Hepatitis C Choices*. 2002.

[6]Alter M et al. *N Engl J Med*. 1999;341:556-562.

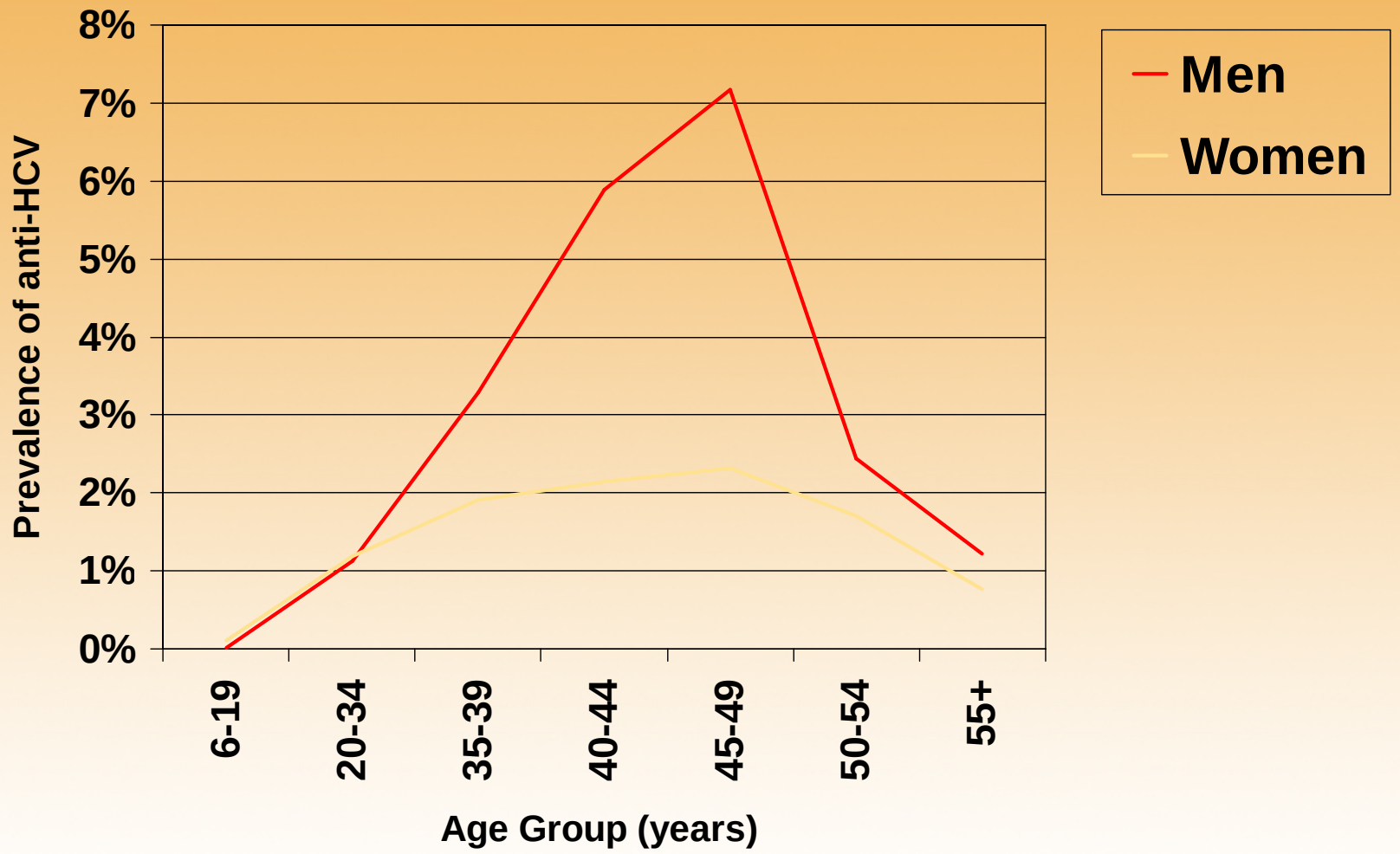
[7]Nyamathi A et al. *J Gen Intern Med*. 2002;17:134-143.

[8]Bräu N et al. *Am J Gastroenterol*. 2002;97:2071-2078.

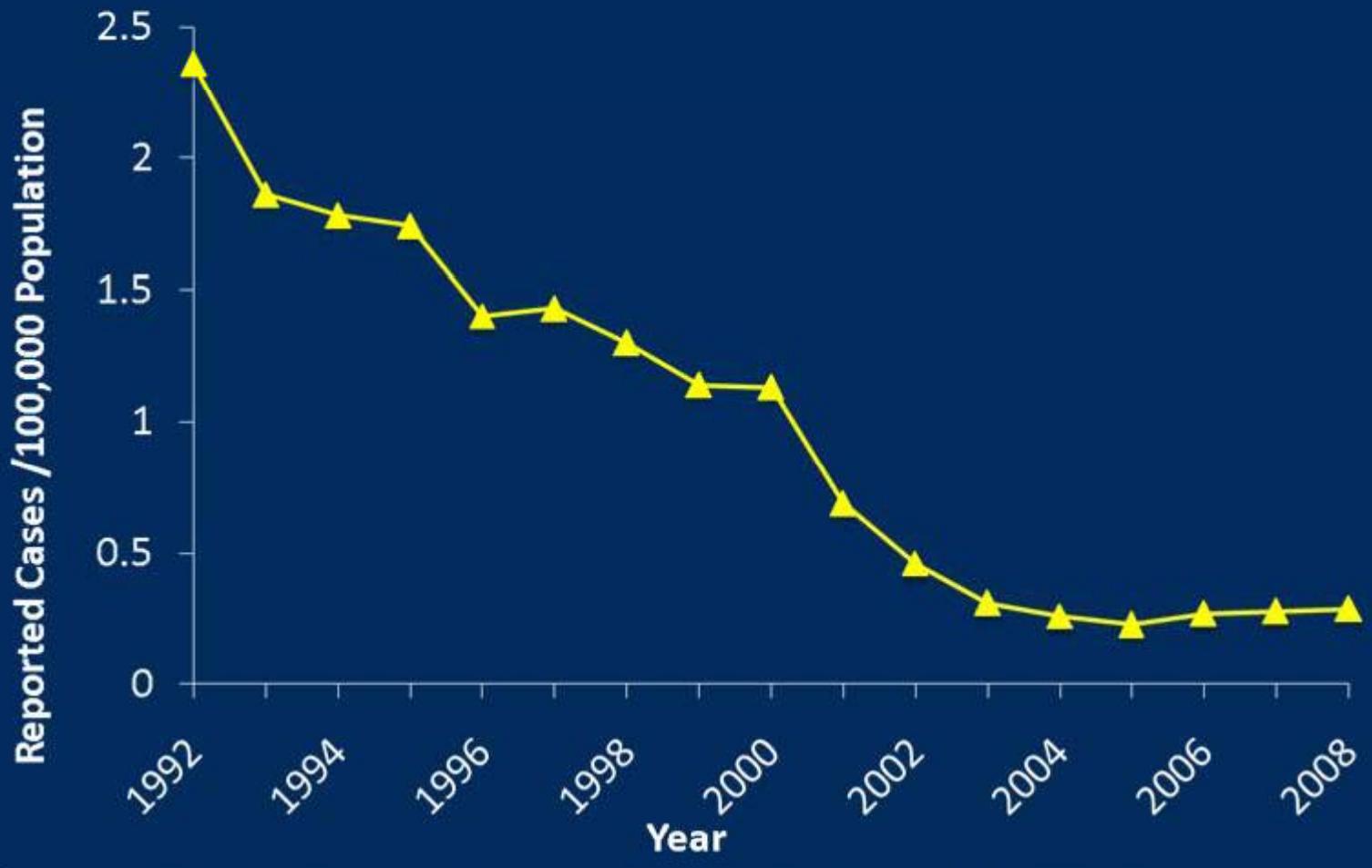
[9]Jonas M. *Hepatol*. 2002;36(5 suppl 1):S173-S176.

Prevalence of Anti-HCV, United States, 1999-2002 (NHANES)

Overall prevalence: 1.6% (4.1 million)



Incidence of Acute, Symptomatic Hepatitis C/ Non-A, Non-B Hepatitis* — United States, 1992–2008

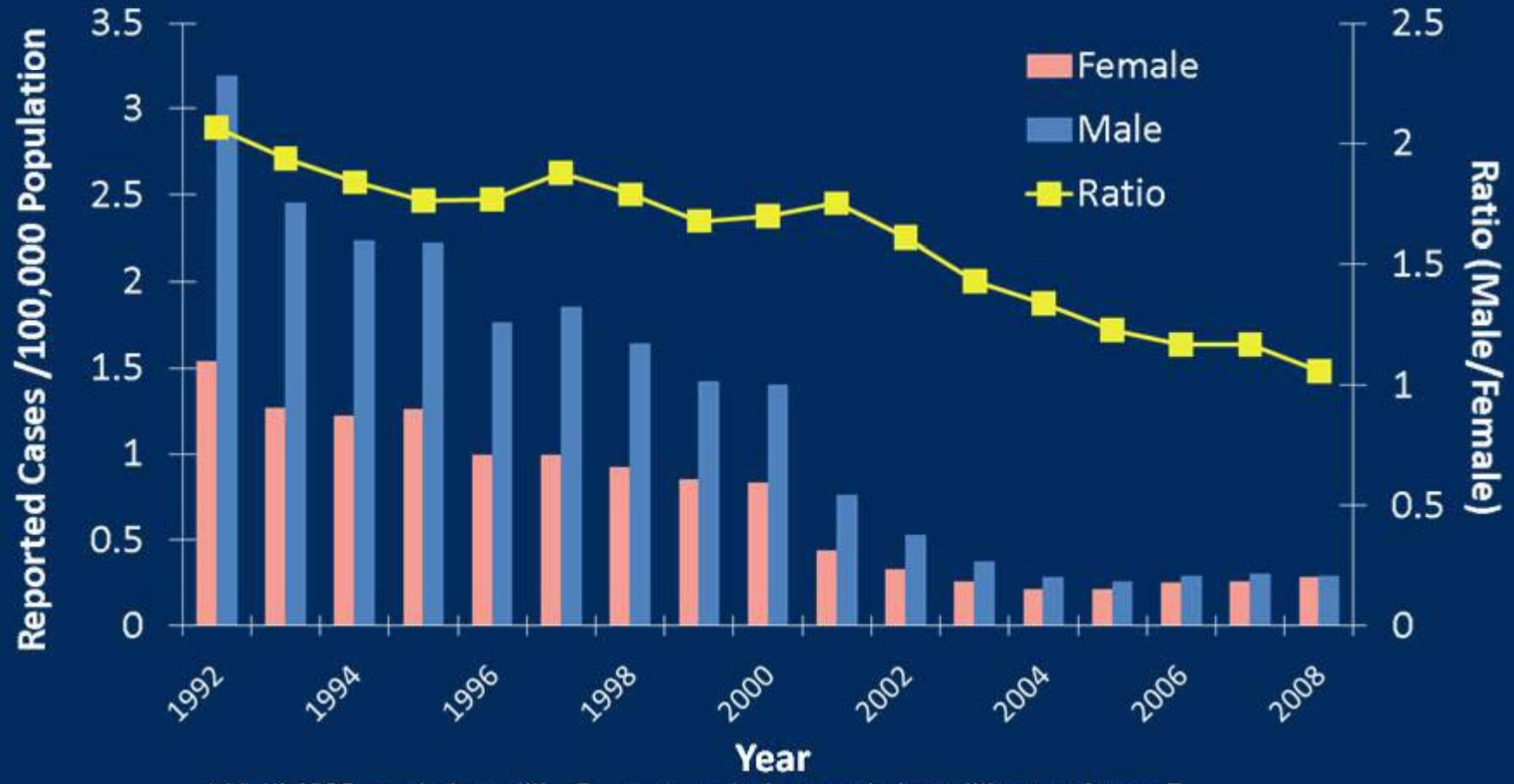


* Until 1995, acute hepatitis C was reported as acute hepatitis non-A non B

Source: National Notifiable Diseases Surveillance System (NNDSS)

CDC

Incidence of Acute, Symptomatic Hepatitis C/ Non-A, Non-B Hepatitis* by Sex — United States, 1992–2008



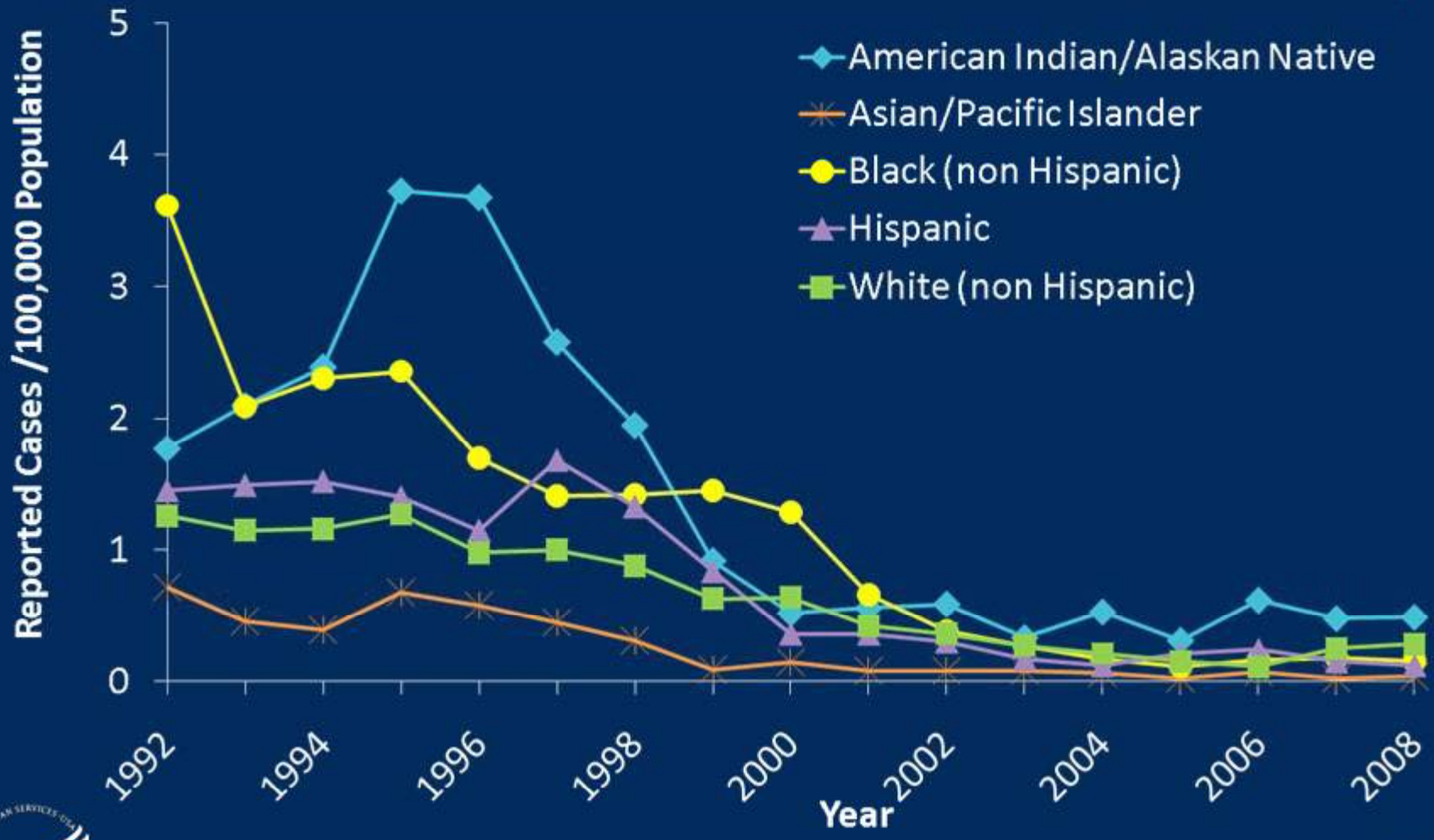
* Until 1995, acute hepatitis C was reported as acute hepatitis non-A non B

Note: The bars indicate the rate per 100,000 (the left y-axis) by sex; the line is the ratio (right y-axis) of the incidence rate among males to that among females

Source: National Notifiable Diseases Surveillance System (NNDSS)

CDC

Incidence of Acute, Symptomatic Hepatitis C/ Non-A, Non-B Hepatitis* by Race/Ethnicity — United States, 1992–2008



* Until 1995, acute hepatitis C was reported as acute hepatitis non-A non B

Source: National Notifiable Diseases Surveillance System (NNDSS)

CDC

HCV in AI/AN Populations

- In 2009, American Indian/Alaska Natives were almost twice as likely to be diagnosed with Hepatitis C, as compared to the White population.
- In 2008, American Indian/Alaska Natives ages 40 years and over, were 2.5 times more likely to have Hepatitis B, than non-Hispanic Whites.
- Death rates from viral hepatitis are 2x greater than for non-Hispanic whites
- Limited data on chronic HCV
- DHHS, Office of Minority Health http://raceandhealth.hhs.gov/templates/content.aspx?lvl=3&lvlid=541&ID=6494

HCV Prevalence in Urban AI Clinic

- 243 AI patients representing 30 different tribes presenting to an urban clinic were screened for HCV antibodies
- Omaha, Nebraska
- Anti-HCV antibodies found in 11.5%
- Risk factors
  - IVDU
  - Cocaine use
  - Tattoos
  - Having a sexual Partner with HCV

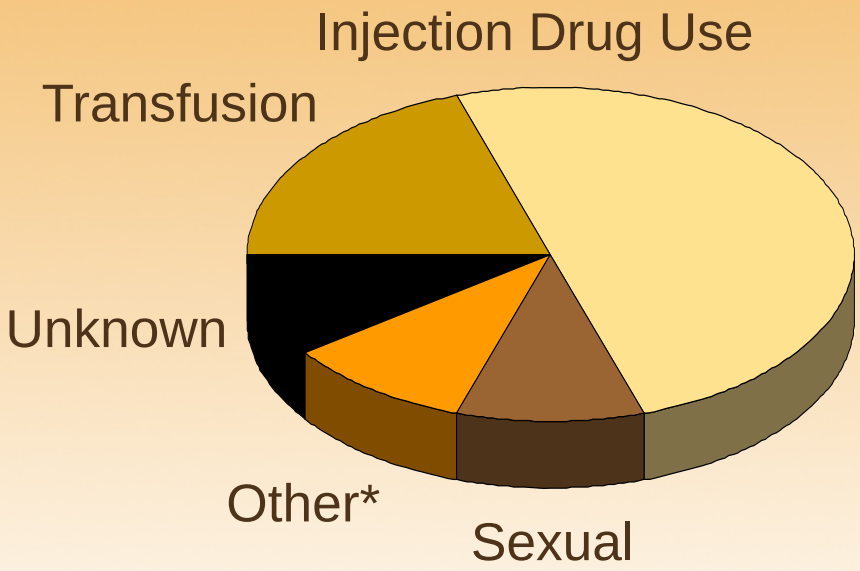
Neumeister et al. JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION VOL. 99, NO. 4, APRIL 2007 . http://www.nmanet.org/images/uploads/Publications/OC389.pdf

Rural AI and HCV

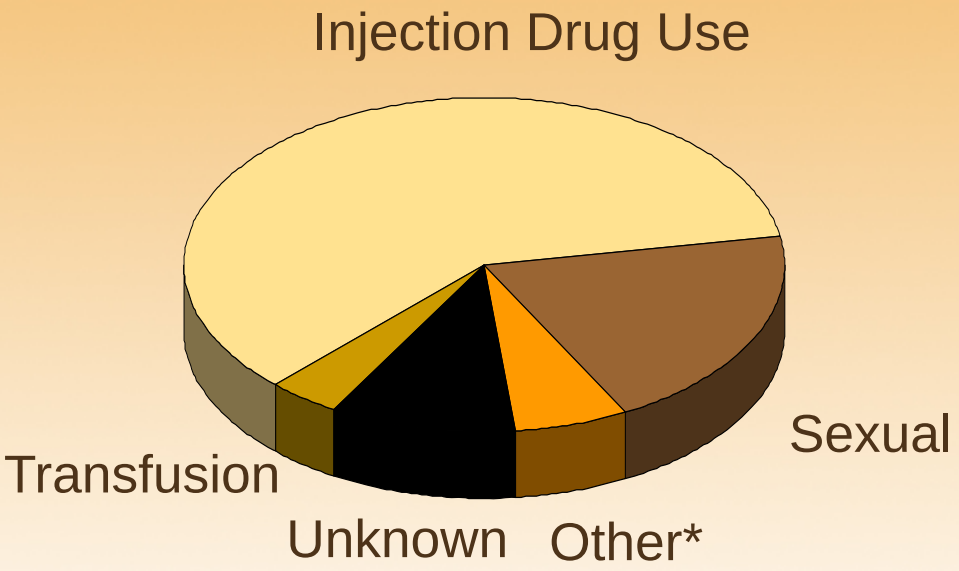
- Ft Peck Reservation, Blackfeet Tribe, Montana
- 2009
- Population 11,000,
- 500 cases (4.5% positivity)
- Risk
  - IVDU
- Intervention
  - Needle exchange program
- http://missoulian.com/news/local/article_52e17ec6-b622-11de-be68-001cc4c002e0.html

Risk Factors for Remote and Recent HCV Infection

Remote (>~20 yrs ago)



Recent (<~20 yrs ago)



*Nosocomial, occupational, perinatal

HCV Screening

- 75% of people chronically infected with HCV are unaware of their diagnosis
  - Blood borne and sexual transmission
- High burden of morbidity and mortality associated with chronic HCV infection
  - Higher rates among AI/AN populations
- Effective treatment is available
- Treatment more effective the shorter the duration of infection

New IHS/CDC Policy

- Purpose: To expand opportunities for confidential STD/HIV screening and treatment among AI/AN populations
- Rationale:
  - Compliance with national standards and IHS performance measures
  - High STD rates among AI/AN populations
  - Differences in time to treatment
  - Limited partner treatment in some areas
  - Late HIV diagnoses
  - Provider turnover within IHS

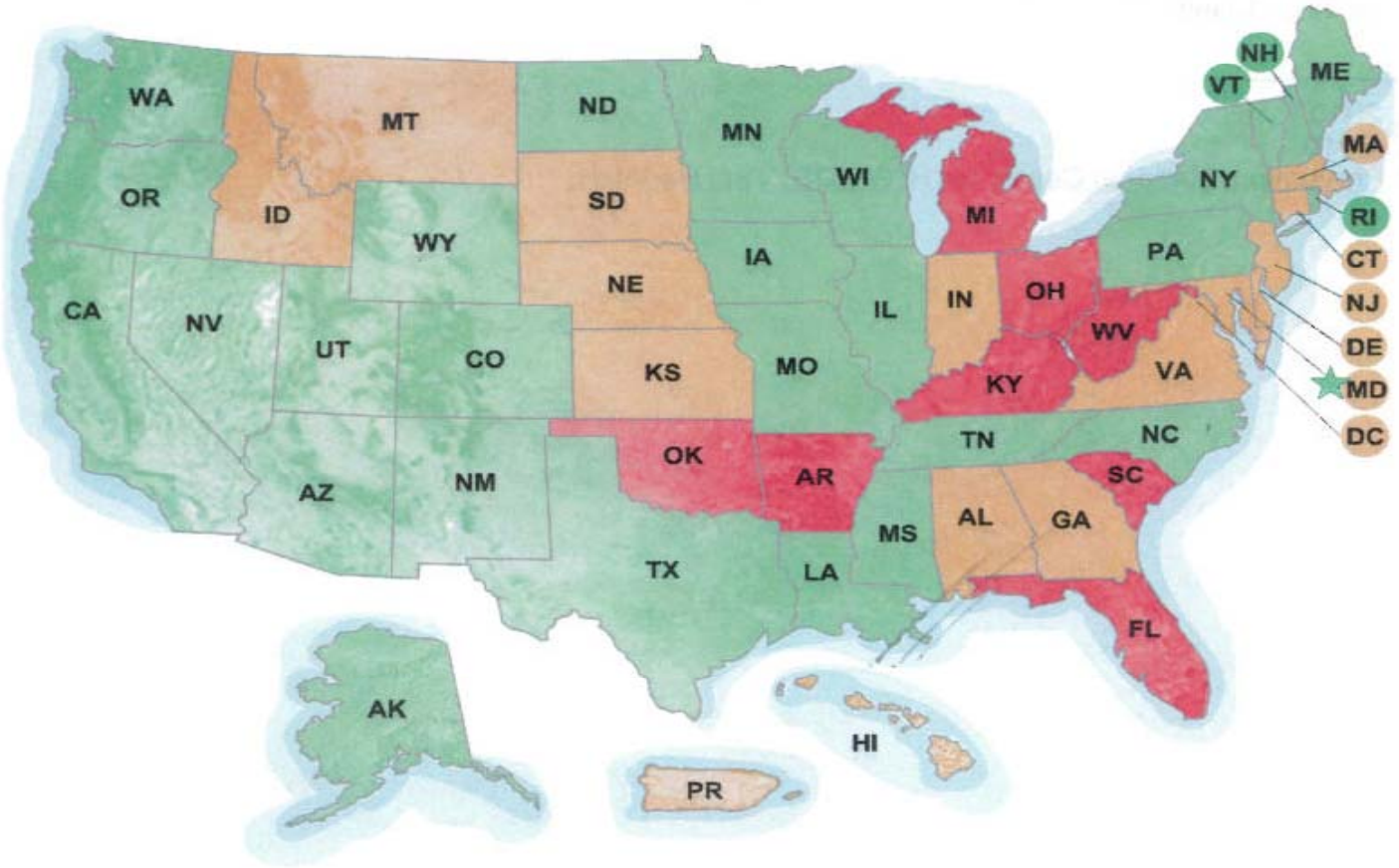
IHS/CDC Protocol

- Clear step by step clinical guidance:
  - STD/HIV screening in pregnancy
  - HIV screening in general populations
  - STD screening in women and special populations
  - STD treatment
  - Partner management
    - Presumptive treatment of partners
    - Patient delivered partner therapy (PDPT)
  - Vaccination (HPV, HBV)

IHS/CDC Guidance

- Supplements:
  - IHS STD/HIV screening recommendations (chart)
  - Performing a sexual risk assessment
  - Patient delivered partner therapy
    - Patient information sheet (chlamydia & gonorrhea)
    - Partner information sheet (chlamydia)
    - Partner information sheet (gonorrhea)

Expedited Partner Therapy (EPT)



EPT is permissible in 27 states:

EPT is potentially allowable in 15 states:

EPT is prohibited in 8 states:

IHS/CDC Protocols

- Timeline
  - Development 2010-2011
    - TON Model following syphilis outbreak
    - Material for inclusion
    - Medical review
  - CDC Clearance May 2011
  - IHS OGC Review, Approval and Clearance May 2011
  - HHS, IHS, CDC branding May 2011
  - Printing, Web Placement, Distribution, June 2011

IHS/CDC Protocols

- Intended for use and/or adaptation by:
  - IHS Service Units
  - Remote or village-level clinics
  - Regional IHS medical centers
  - Tribal corporation medical facilities
  - 638 facilities
  - Urban Indian health centers

Draft Tools

Sample Policy

Sample Document

POLICY FOR SYPHILIS, CHLAMYDIA, GONORRHEA, AND HIV SCREENING AND PATIENT AND PARTNER MANAGEMENT WITHIN IHS, TRIBAL AND URBAN INDIAN HEALTHCARE FACILITIES

IMPLEMENTATION DATE:	REVIEW INTERVAL: YEARLY
POINT OF CONTACT:	CLINICAL SITE:

PURPOSE

To expand opportunities for confidential STD screening and treatment among AI/AN populations.

BACKGROUND

Sexually transmitted diseases (STDs) including chlamydia, gonorrhea, and syphilis continue to impose a significant health burden on American Indian and Alaska Native (AI/AN) people as compared to other racial/ethnic groups. In 2009, among all races and ethnicities, AI/AN had the second highest rates of chlamydia and gonorrhea and the third highest rates of primary and secondary (P&S) syphilis. In 2009, reported case rates of chlamydia and gonorrhea among AI/AN were 4 times higher than comparable rates for whites. Early diagnosis, treatment, and partner management can reduce STD transmission and manifestations of untreated infections [1].

High rates of STDs in AI/AN communities mainly affect adolescents. Adolescents are at higher risk for STDs due to a number of factors including involvement in higher risk sexual partnerships, multiple sex partners, and challenged access to sensitive and comprehensive sexual and reproductive health care. Moreover, unprotected sexual practices among adolescents can also lead to increased risk of unintended pregnancy and HIV infection. High STD rates can also be indicators of limited knowledge; unclear perception of risk; and lack of, inconsistent, or incorrect use of prevention methods, such as condoms. These challenges support the need for increased efforts to improve access, quality, and delivery of STD testing and partner management and to encourage safer sex practices, including condom use, among populations at risk within AI/AN communities.

Because there are standard recommendations for chlamydia, gonorrhea, syphilis and HIV screening and treatment, the provision of these confidential services can be incorporated into standard protocols to ensure that patients and their sex partners receive care that follows national guidelines. Standard protocols of this type may expand and facilitate STD screening and treatment opportunities for AI/AN communities.

Sample Protocol

Sample Document

STANDARD PROTOCOL

STD AND HIV SCREENING AND EPIDEMIOLOGIC STD TREATMENT

RELEASE DATE:	IMPLEMENTATION DATE:
REVIEW INTERVAL: YEARLY	REVIEWED BY:
REVIEW DATE:	CONTACT:
SITE/SERVICE UNIT:	APPROVED BY:

CONTENTS

Patient Management

Client Information

Patient Delivered Partner Treatment

Why am I getting extra medicine (or an extra prescription)?

You have Chlamydia or Gonorrhea, diseases that are transmitted by having sex, and you and your partners need to be treated. **If Chlamydia and/or Gonorrhea are not treated, your partner(s) can develop serious health problems, re-infect you, or infect other sex partners.**

How do I tell my sex partner(s) I have an STD?

Telling a sex partner that you have a sexually transmitted disease (STD) like Chlamydia or Gonorrhea can be difficult, but it is the right thing to do. By offering your partner treatment, you are showing them that you care enough to help.

The best way to tell your partner is by being open and honest. You could say: **"This medicine is to treat an STD called Chlamydia (or Gonnorhea), and you should take it because I have it, and you may have it, too.** You should read the information that came with the medicine and get checked for other STDs."

Some things make it harder to tell a partner. Sometimes people who find out they have an STD feel:

These are all normal feelings to have. Your partner may have these feelings when you tell them.

What do I need to do?

1. **Get treated.**
2. **Tell your sex partner(s)** you are being treated for an STD called Chlamydia or Gonorrhea and that they may have been infected, too.
3. **Give your partner(s) the medicines** or prescription.
4. Encourage them to **read the information** you give them.
5. Encourage them to **visit a doctor, nurse or clinic** to get tested for other STDs, even if they take the medicine.

Avoiding STD Infections

STDs are common - a lot of people get infections each year. Even if you had Chlamydia or Gonorrhea before, you can still get it again. The only way to completely avoid STDs, including HIV, is to not have sex. If you do have sex, **Use a latex condom every time for every kind of sex - oral anal, and vaginal sex.**

You can reduce your chances of getting Chlamydia, Gonorrhea and other STDs, including HIV, by limiting the number of people you have sex with. The more sex partners you have, the higher your risk of getting an STD.

What if I don't give the medicine to all of my sex partner(s)?

If you don't give the medicine to all of your sex partner(s), please return it to the doctor, nurse or clinic who gave it to you. Do not save or share any medicine that was given to you for your sex partners. Your partner needs to take all of the medicine given to him or her for it to work.

What if my sex partner blames me?

A lot of people worry about their partner blaming them for giving them an STD like Chlamydia or Gonorrhea. You may never know where the Chlamydia or Gonorrhea came from. Remember, Chlamydia and Gonorrhea don't always have symptoms so people can have it for a long time and not know it. The important thing is telling your partner about the infection, taking steps to get healthy, and avoiding future STDs. If your partner blames you and you experience domestic or partner violence, please call 1-800-621-HOPE or 311 for more information. If you are in danger, call 911.

What if my sex partner is pregnant, or thinks she may be pregnant?

If your sex partner is pregnant or thinks she may be pregnant, it is okay for her to take this medicine. Azithromycin and/or Cefixime will not hurt the baby but she should see a doctor or other health care provider as soon as possible to be tested for other STDs, which can be passed on from a mother to her baby during pregnancy and delivery.

Partner Information

Partner Treatment for Gonorrhea

Why am I getting this medicine (or an extra prescription)?

Your sex partner has Gonorrhea, a disease that is transmitted by having sex, and you need to be treated. A health care

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Avoiding STD Infections

STDs are common – a lot of people get infections each year. Even if you had Gonorrhea before, you can still get it again. The only way to completely avoid STDs, including HIV, is to not have sex. If you do have sex, **Use a latex condom every time and for every kind of sex – oral, anal, and vaginal sex.**

You can reduce your chances of getting Gonorrhea and other STDs, including HIV, by limiting the number of people you have sex with. The more sex partners you have, the higher your risk of getting an STD.

What should I do after taking the medicine?

DO NOT HAVE SEX (vaginal, oral, or anal) for at least 7 days after both you and your sex partner(s) have been treated. **The medicine takes 7 days to work.** You can get Gonorrhea again if you have sex before the medicine cures you and your partner(s).

Get checked for other STDs (including HIV). Even if you take the medicine, it is important to get tested for other STDs because people can have more than one STD at a time and this medicine does not cure all of them; it only cures Gonorrhea. We strongly recommend that you visit your health care provider.

What if I decide not to take the medicine?

If you decide not to take the medicine, you should visit a health care provider to get STD testing as soon as possible. Gonorrhea that is not treated can lead to serious health problems such as infertility (not being able to have children) and Pelvic Inflammatory Disease (PID). PID can be very painful and can affect the uterus, fallopian tubes, and ovaries and may lead to pregnancy in the fallopian tubes (ectopic pregnancy).

Partner Treatment for Chlamydia

Why am I getting this medicine (or an extra prescription)?

Your sex partner has Chlamydia, a disease that is transmitted by having sex, and you need to be treated. A health care provider has given your partner medicine or a prescription to give to you to make sure you get treated.

What if I don't think I have an STD?

Many STDs don't have symptoms. You can have a sexually transmitted disease (STD) like Chlamydia even if you don't think that anything is wrong. You are getting EPT because you had sex with someone who has Chlamydia, and you may have it, too.

Is it important to see a doctor?

Yes. We encourage you to see a doctor or nurse or go to the clinic so that you can get checked for other STDs, even if you take this medicine.

What is this medicine?

The medicine you are getting is an antibiotic called Azithromycin. This medicine will only cure Chlamydia. It will not cure other STDs.

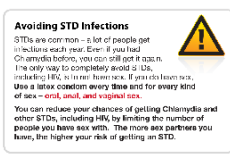
DO NOT TAKE this medicine if:

- You are having lower belly pain, cramps, pain during sex, vomiting/ throwing up, pain in the testicles (balls), or fever.
- You are allergic or have ever had a bad reaction, rash, or allergy to any antibiotics.
- You have any serious health problems like kidney, heart or liver disease, seizures, or are currently taking blood thinners.

If any of the above is true, you should not take this medicine, and you should see a health care provider as soon as possible. Also, if you are allergic to Azithromycin, a health care provider can recommend the best Chlamydia treatment for you.

How should I take the medicine?

- Take all the pills at one time, by mouth. Do not share the medicine. You need all of it for it to work.
- Take it on an empty stomach (at least one hour before eating or two hours after eating).
- If you throw up in the hour after taking the medicine, you will need to get more medicine, because the medicine did not have time to work.



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What if I decide not to take the medicine?

If you decide not to take the medicine, you should visit a health care provider to get STD testing as soon as possible. Chlamydia that is not treated can lead to serious health problems such as infertility (not being able to have children) and Pelvic Inflammatory Disease (PID). PID can be very painful and can affect the uterus, fallopian tubes, and ovaries and may lead to pregnancy in the fallopian tubes (ectopic pregnancy).

National Screening Guidance

STD SCREENING RECOMMENDATIONS, 2010

	Population	STD Screening Recommendations	Frequency	Comments
Women	Women 25 years of age and younger[1-3,5]	Chlamydia (CT) Gonorrhea (GC) Other STDs according to risk HIV	Annually Annually At least once, then repeat annually only if high-risk	CT/GC: consider screening more frequently for those at increased risk
	Women over 25 years of age[1-4]	No routine screening for STDs HIV	Screen according to risk At least once prior to age 64, then repeat annually only if high-risk	Targeted CT/GC screening recommended for women with risk factors.
	Pregnant women[1-3]	CT GC Syphilis HIV Hepatitis B Surface Antigen (HBsAg)	First trimester First trimester First trimester First trimester First trimester	Repeat screening for CT, GC, syphilis, HIV, HBsAg in third trimester if at increased risk. (In areas with elevated syphilis morbidity, an additional test should be performed at delivery.)
	HIV positive women[6,7]	CT GC Syphilis Trichomoniasis HSV-2 Hepatitis B Surface Antigen (HBsAg) Hepatitis C	Annually Annually Annually First visit First visit First visit First visit Repeat screening every 3-6 months, as indicated by risk	CT: • urine/cervical • rectal (if exposed) GC: • urine/cervical • rectal and pharyngeal (if exposed)

Risk Assessment Tools

PERFORMING A SEXUAL RISK ASSESSMENT

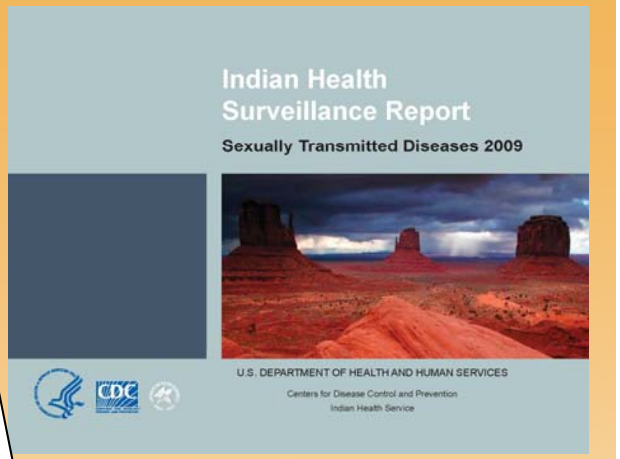
Past STDs/Personal risk	• Are you currently sexually active? If not, have you ever been sexually active? • Have you had unprotected vaginal, oral or anal sex? • Have you ever been diagnosed with an STI? • Have you ever been tested for HIV or other STIs? • Have you had sex with someone who has an STI? • Have you had a new sex partner in the past three months? • Have you had more than one sex partner? • Have you had sex with someone who may have had more than one partner? • Have you exchanged sex for drugs, money and/or other things?	
Partners	• In recent months, how many sex partners have you had? • Have you had sex with men, women or both?	
Practices	• Do you have vaginal sex (penis in vagina)? • Do you have anal sex (penis in anus/butt)? • Do you have oral sex (penis in mouth or vagina/vulva)? • Have you ever used needles to inject/shoot drugs?	
Prevention	• What do you do to prevent STIs and HIV? • Do you and your partner(s) use any protection against STDs? • If so, what kind of protection do you use? • How often do you use this protection? • In what situations or with whom? • Tell me about your use of condoms with your recent partner.	
Pregnancy plans and prevention	• How would it be for you if you get pregnant now?	

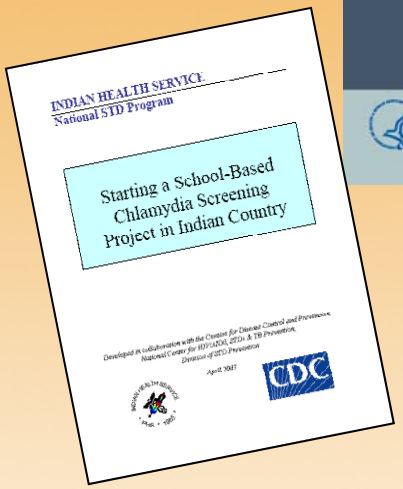
Community Partners

- Valuable resource
  - Help build organizational capacity
  - Complimenting/enhancing data
- Potential partners
  - State/local Health Departments
    - County Health/STD Departments
  - State/Regional Infertility Prevention Programs (IPP)
  - I/T/U partners – Project Red Talon
  - Tribal Epidemiology Centers
  - Centers for Disease Control and Prevention
  - IHS National STD/HIV Programs

Resources

- IHS STD Surveillance Report
  - Area-level profiles
- Chlamydia Screening Guidelines
  - Screening in Schools
  - Screening in Tribal Jails
- STD/HIV Peer Educator Curriculum adapted for Native youth
- Project Red Talon
  - Tribal Advocacy Kit
  - Educational materials
  - Technical Assistance





NATIVE STAND
Students Together Against Negative Decisions

Thank you

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