STD By Reporting Provider/Facility Type, HIV/STD Co-infection & HIV Partner Services (PS) Provided By STD Program in 2009

County of Los Angeles Department of Public Health
Sexually Transmitted Diseases (STD) Program
October 2010
Reported STDs and HIV/AIDS Cases
Los Angeles County, 2009

- HIV, 2,670, 4%
- AIDS, 1,490, 3%
- P&S Syphilis, 705, 1%
- EL Syphilis, 958, 2%
- LL Syphilis, 1,105, 2%
- Congenital Syphilis, 15, 0%
- Gonorrhea, 8,484, 14%
- Chlamydia, 43,790, 74%

Source: STD Program/HIV Epidemiology Program Los Angeles County Department of Public Health
Early Syphilis Cases By Reporting Provider/Facility Type, 2009 (N=1,678)

- Ryan White: 760 cases (45%)
- Private/Group Practice: 331 cases (20%)
- STD Clinic: 310 cases (18%)
- DHS Clinics & Hospitals: 123 cases (7%)
- Adult Corrections: 46 cases (3%)
- Community-Based Clinic/Health Centers: 27 cases (2%)

Total: 1,678 cases
Early Syphilis Cases By Reporting Provider/Facility Type, 2009 (N=1,678)

- **Ryan White Facilities & MD**
  - 760 cases, 45%
- **GLC**
  - 305 cases, 18%
- **AHF**
  - 304 cases, 40%
- **Private/Group Practice**
  - 331 cases, 20%
- **STD Clinics**
  - 310 cases, 18%
- **46, 3%**
- **19, 1%**
- **123, 7%**
- **27, 2%**

Other categories include:
- Adult Corrections
- Hospitals/Medical Centers (Including HMO Hospital)
- Physician Private/Group Practice
- DHS Clinics & Hospitals
- STD Clinic
- Other
- Community-Based Clinic/Health Centers
Gonorrhea Cases By Reporting Provider/Facility Type, 2009 (N=8,612)

- Ryan White Facilities & MD
- DHS Clinics & Hospitals
- STD Clinic
- Private/Group Practice
- Ryan White
- Adult Corrections
- Hospitals/Medical Centers (Including HMO Hospital)
- Physician Private/Group Practice
- Community-Based Clinic/Health Centers
- Other

- STD Clinics 1260, 15%
- Ryan White 1856, 21%
- Private/Group Practice 2918, 34%
- DHS Clinics & Hospitals & Hospitals/Medical Centers (Including HMO Hospital) 1260, 15%
- STD Clinics 948, 11%
- STD Clinics 190, 2%
- STD Clinics 270, 3%
- STD Clinics 171, 2%
- STD Clinics 362, 4%
- STD Clinics 674, 8%
Gonorrhea Cases By Reporting Provider/Facility Type, 2009 (N=8,612)

- STD Clinics: 1260, 15%
- Ryan White: 1856, 21%
- GLC: 1078, 58%
- Adult Corrections: 371, 20%
- AHF: 1856, 21%

Provider/Facility Type:
- STD Clinics
- Ryan White
- GLC
- Adult Corrections
- AHF
Chlamydia Cases By Reporting Provider/Facility Type, 2009 (N=44,117)

- **Private/Group Practice**: 21622, 49%
- **STD Clinics**: 3263, 7%
- **Ryan White**: 3016, 7%
- **GLC**: 1047, 23%
- **Adult Corrections**: 403, 13%
- **Other**: 914, 2%
- **Community-Based Clinic/Health Centers**: 1360, 3%
- **DHS Clinics & Hospitals**: 1467, 3%
- **Juvenile Hall**: 1210, 3%
- **Hospitals/Medical Centers (Including HMO Hospital)**: 5546, 13%
- **Adult Corrections**: 5854, 13%

- **LAC Long Beach Comprehensive Health Center**
- **LAC High Desert Health System**
- **El Projecto Del Barrio, Inc.**
- **East Valley Community Health Center**
- **Watts Healthcare Corp.**
- **City of Long Beach Department of Human Services**
- **Altamed Health Service Corp**
- **Valley Comm. Clinic**
- **Tarzana Treatment Centers**
- **T.H.E. CLINIC**
- **North Valley health Corp. (NVHC)**
- **GLC**
- **LAC Hubert Humphrey**
- **LAC USC Health Network SP21 (Rand)**
- **LAC Olive View Medical Center**
- **LAC MLK/Drew Medical Center**
- **AHF**
- **Ryan White Facilities & MD**
- **AHF, 403, 13%**
Chlamydia Cases By Reporting Provider/Facility Type, 2009 (N=44,117)

- Private/Group Practice: 21,622 (49%)
- STD Clinics: 3,263 (7%)
- DHS Clinics & Hospitals: 5,854 (13%)
- Ryan White Facilities & MD: 3,016 (7%)
- STD Clinic: 1,467 (3%)
- Adult Corrections: 1,210 (3%)
- 914 (2%)
- Physician Private/Group Practice: 5,546 (13%)
- Other: 1,360 (3%)
- Hospitals/Medical Centers (Including HMO Hospital): 5,546 (13%)
- Community-Based Clinic/Health Centers
Trends in Number of HIV Co-infection among Early Syphilis, Gonorrhea, and Chlamydia Cases, 2005 - 2009

Number of Cases

2005 2006 2007 2008 2009

Syphilis/HIV  Gonorrhea/HIV  Chlamydia/HIV
# Reported HIV Cases for Partner Services by STD Co-Morbidity

**Sexually Transmitted Disease Program (STDP), 2009**

<table>
<thead>
<tr>
<th>HIV/STD Confections</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV_CT</td>
<td>240</td>
<td>8.24</td>
</tr>
<tr>
<td>HIV_GC</td>
<td>219</td>
<td>7.52</td>
</tr>
<tr>
<td>HIV_SY</td>
<td>907</td>
<td>31.16</td>
</tr>
<tr>
<td>HIV_CT_GC</td>
<td>105</td>
<td>3.61</td>
</tr>
<tr>
<td>HIV_SY_CT</td>
<td>66</td>
<td>2.27</td>
</tr>
<tr>
<td>HIV_SY_GC</td>
<td>42</td>
<td>1.44</td>
</tr>
<tr>
<td>HIV_SY_GC_CT</td>
<td>34</td>
<td>1.17</td>
</tr>
<tr>
<td>HIV_ONLY</td>
<td>1298</td>
<td>44.59</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2911</td>
<td>100</td>
</tr>
</tbody>
</table>
A total of 2,911 HIV positive reported to STD Program for PS in 2009, 1,032 (36%) had HIV and syphilis co-infection; 445 (15%) had HIV and Chlamydia co-infection; 400 (14%) had HIV and Gonorrhea co-infection; 105 (4%) had HIV, Chlamydia and Gonorrhea co-infection; 66 (2%) had HIV, Chlamydia and syphilis co-infection, 42 (1.4%) had HIV, syphilis and Gonorrhea co-infection; and 34 (1.2%) had all HIV, Chlamydia, Gonorrhea, and syphilis co-infection.
STD/HIV Co-Infection Among Persons Referred for PS, LAC, 2009

N=2,911

- HIV Only: 45%
- HIV_CT: 8%
- HIV_GC: 7%
- HIV_ES: 31%
- HIV_CT_ES: 2%
- HIV_CT_GC: 4%
- HIV CT_GC_ES: 1%

N=1,894

- CT: 24%
- GC: 21%
- ES: 55%

55% had one or more, 9% had two or more, and 1% had three STDs.
## Outcomes of HIV Partner Services, 2009

<table>
<thead>
<tr>
<th>Outcome</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Index Patient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identified</td>
<td>2911</td>
<td>-----</td>
</tr>
<tr>
<td>Assigned</td>
<td>2422</td>
<td>-----</td>
</tr>
<tr>
<td>Interviewed</td>
<td>2134</td>
<td>-----</td>
</tr>
<tr>
<td>Assigned / Identified</td>
<td>2422/2911</td>
<td>83%</td>
</tr>
<tr>
<td>Interviewed / Assigned</td>
<td>2134/2422</td>
<td>88%</td>
</tr>
<tr>
<td>Accepted</td>
<td>588</td>
<td>-----</td>
</tr>
<tr>
<td>Accepted / Interviewed</td>
<td>588/2134</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Partners</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elicited</td>
<td>1223</td>
<td>-----</td>
</tr>
<tr>
<td>Accepted : Elicited (Ratio)</td>
<td>558:1223 (1:2.2)</td>
<td>-----</td>
</tr>
<tr>
<td>Partner / Index</td>
<td>1223/2134</td>
<td>57%</td>
</tr>
<tr>
<td>Previous HIV Positive</td>
<td>359</td>
<td>-----</td>
</tr>
<tr>
<td>Eligible</td>
<td>864</td>
<td>-----</td>
</tr>
<tr>
<td>Current HIV tested / Eligible</td>
<td>426/864</td>
<td>49%</td>
</tr>
<tr>
<td>Current HIV Test Result</td>
<td>426</td>
<td>-----</td>
</tr>
<tr>
<td>HIV Positive</td>
<td>97</td>
<td>23%</td>
</tr>
<tr>
<td>HIV Negative</td>
<td>286</td>
<td>67%</td>
</tr>
<tr>
<td>HIV Testing Result Unknown</td>
<td>43</td>
<td>10%</td>
</tr>
</tbody>
</table>
Partners Outcome 2009

1223 Partners Elicited
- 120 Unable to locate
- 2 Administrative Closed - Insufficient Info
- 2 Partner Deceased
- 246 Dispo Pending, Open

785 Partners Located & Notified
- 66 Located, refused counseling & testing

426 Tested
- 97 (23%) New Positive

359 Previous Positive

29 Previous negative, Current Test Unknown

14 Located, Counseled, Current Test Unknown

43 Testing Unknown

286 (67%) HIV Negative

Report Date: 03/02/09
Source: STDP - EPI
Sexual Networks & STD/HIV Transmission

- Infections come from unambiguous relations
- Core transmitters are easily identified
- “Bridges” readily apparent
- Easier to determine best way to interrupt
- Use other data to determine specific STD exposure; Refine
Methodology

1. Elicit contacts
2. Find contacts
3. Repeat...until exhaustion

4. Additionally
   - Critical period for syphilis, defines likely exposure
   - Analyzed with UCINet → Graphical result
Internet Sexual Network

• 1 person with syphilis with **66 partners b/w July and August 2007 (2 prior syphilis infections)**

• Field staff investigation led to 319 partners (280 anonymous)
  - Met online
  - Limited data on demographics, drug use

• Average age=37.4 (n=29)

• Syphilis history (n=22)
  - Average 2.2 previous syphilis infections

• 17 “Bridges”
Diseases & Exposure in Internet Network

**Diseases**
- 11 (3%) no disease, or out of time period
- 9 (3%) syphilis (primary and secondary)
- 5 (2%) HIV only
- 15 (5%) syphilis/HIV
- 279 (87%) unknown

**Exposure**
- 1 degree (sex with infected person)
  - 24 (8%) no known exposures
  - 36 (11%) syphilis only
  - 44 (14%) HIV only
  - 217 (68%) to syphilis/HIV
- 2 degrees (sex with somebody who had sex with somebody)
  - 100% syphilis/HIV
Maximize Disruption of Internet Network

• Remove ONLY three individuals
  – Network=159 members (50% drop)—17 unconnected clusters
Bar Sexual Network

- 1 person with syphilis with **19 partners** (July-August 2007)
- Field staff investigation led to 123 partners (**102 anonymous**)
  - Mostly through bars, some online
  - Some drug use
- Avg. age=24.3 (n=19)
- Syphilis history (n=5)
  - Average 1.4 previous syphilis infections
- 5 “Bridges”
Disease and Exposure

**Disease**
- 17 (14%) no disease, no contact during critical period
- 3 (2%) syphilis
- 0 HIV only
- 1 (1%) syphilis/HIV
- 102 (83%) unknown

**Exposure**
- 1 degree (sex with infected person)
  - 69 (58%) no known exposures
  - 50 (42%) syphilis only
  - 11 (9%) to syphilis/HIV
- 2 degrees (sex with somebody who had sex with somebody)
  - 42 (34%) syphilis/HIV
  - 100% syphilis
Disrupting the Bar

- Remove three actors
  - Network=26 members (79% drop)—2 unconnected clusters
STD/HIV Co-infections: Contribution to HIV Incidence/Local epidemic
Estimated HIV Incidence*—United States, 2006

56,300 new HIV infections in 2006

95% Confidence Interval: 48,200 to 64,500

*Based On Stratified Extrapolation Approach

Ref: JAMA, Vol 300, No. 5, August 6, 2008

Note: Data have been adjusted for reporting delay and cases without risk factor information were proportionately redistributed.
The challenge

- 56,000 incident infections
  - 2-3,000 in LAC
- 240,000 infected untested
By 2020:

- Reduce the rate of HIV transmission by 50%
- Reduce the proportion of persons who do not know their status by 50%
- Cut disparities in the Black-to-white ratio of HIV/AIDS diagnoses in half
- Cut disparities in the Hispanic-to-white ratio in half
Estimated Number of New HIV Infections, by Sex, 1977-2006*

*50 States and District of Columbia

Total
Males
Females


0 20000 40000 60000 80000 100000 120000 140000

Green: Total
Dashed Blue: Male
Dashed Pink: Female

Total (green): A graph showing the total number of new HIV infections from 1977 to 2006, with a peak in the mid-1980s and a decline thereafter.
Male (dashed blue): The number of male new HIV infections shows a peak in the early 1980s and a decline afterward.
Female (dashed pink): The number of female new HIV infections is significantly lower than males and shows a gradual increase over time.
Estimated Number of New HIV Infections by Transmission Category, 1977-2006

*50 States and District of Columbia
Estimated Number of New HIV Infections by Transmission Category, 1977-2006

*50 States and District of Columbia
STD/HIV Co-infections: Contribution to HIV Incidence/Local epidemic

Syphilis/
CT/GC by anatomic site
Reported primary, secondary, and early latent syphilis cases, Los Angeles County, 1972-2008

*Data reported prior to 1986 include Pasadena and Long Beach cases.
Reported primary, secondary, and early latent syphilis cases, Los Angeles County, 1990-2008

*Data reported prior to 1986 include Pasadena and Long Beach jurisdictions.
Reported primary, secondary, and early latent syphilis cases, and AIDS deaths Los Angeles County, 1990-2008

Source: Los Angeles County Department of Public Health, Sexually Transmitted Disease Program/HIV Epidemiology Program
Reported primary, secondary, early latent syphilis and living AIDS cases, Los Angeles County, 1990-2008

Source: Los Angeles County Department of Public Health, Sexually Transmitted Disease Program; HIV Epidemiology Program
Estimated Number of New HIV Infections by Transmission Category, 1977-2006

*50 States and District of Columbia
REPORTED PRIMARY, SECONDARY, EARLY LATENT SYPHILIS AND HIV POSITIVE CASES
AMONG MEN WHO HAVE SEX WITH MEN (MSM),
Los Angeles County, 2000-2008

Source: Los Angeles County Department of Public Health, Sexually Transmitted Disease Program; HIV Epidemiology Program
## K6 CT/GC Testing Morbidity Among Inmates Tested at All Anatomic Sites (2/4/08 - 1/31/10)

<table>
<thead>
<tr>
<th>Total Tested (N) = 4253</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
</tr>
<tr>
<td>Positive (%)</td>
</tr>
<tr>
<td>371 8.7%</td>
</tr>
<tr>
<td>GC</td>
</tr>
<tr>
<td>Positive (%)</td>
</tr>
<tr>
<td>283 6.7%</td>
</tr>
</tbody>
</table>

### Site of infection**

<table>
<thead>
<tr>
<th>Site of Infection</th>
<th>CT Positive</th>
<th>CT (%)</th>
<th>GC Positive</th>
<th>GC (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine only</td>
<td>64</td>
<td>1.5%</td>
<td>5</td>
<td>0.1%</td>
</tr>
<tr>
<td>Pharyngeal only</td>
<td>--</td>
<td>--</td>
<td>72</td>
<td>1.7%</td>
</tr>
<tr>
<td>Rectal only</td>
<td>270</td>
<td>6.3%</td>
<td>152</td>
<td>3.6%</td>
</tr>
<tr>
<td>Urine and Rectal</td>
<td>37</td>
<td>0.9%</td>
<td>19</td>
<td>0.4%</td>
</tr>
<tr>
<td>Urine and Pharyngeal</td>
<td>--</td>
<td>--</td>
<td>3</td>
<td>0.1%</td>
</tr>
<tr>
<td>Pharyngeal and Rectal</td>
<td>--</td>
<td>--</td>
<td>21</td>
<td>0.5%</td>
</tr>
<tr>
<td>Urine/Phary./Rectal</td>
<td>--</td>
<td>--</td>
<td>11</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

*Tested for Urethral/Rectal CT and Urethral/Pharyngeal/Rectal GC

**Categories for anatomic site of infection are mutually exclusive

Note: 1407 inmates were not tested for CT/GC at all possible anatomic sites
**K6 CT/GC Testing and Morbidity by Anatomic Site, HIV Positive† (2/4/08 - 1/31/10)**

<table>
<thead>
<tr>
<th></th>
<th>CT/GC Tests</th>
<th>CT</th>
<th>GC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of tests</td>
<td>% tested CT/GC</td>
<td>Positive (%)</td>
</tr>
<tr>
<td><strong>Total Inmates (N) = 515</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall</strong>*</td>
<td>500</td>
<td>97.1%</td>
<td>43</td>
</tr>
<tr>
<td><strong>Urine</strong></td>
<td>431</td>
<td>83.7%</td>
<td>9</td>
</tr>
<tr>
<td><strong>Pharyngeal</strong></td>
<td>477</td>
<td>92.6%</td>
<td>–</td>
</tr>
<tr>
<td><strong>Rectal</strong></td>
<td>447</td>
<td>86.8%</td>
<td>37</td>
</tr>
<tr>
<td><strong>At least 2 Sites</strong></td>
<td>470</td>
<td>91.3%</td>
<td>3</td>
</tr>
<tr>
<td><strong>All 3 Sites</strong>*</td>
<td>385</td>
<td>74.8%</td>
<td>–</td>
</tr>
</tbody>
</table>

*At least one anatomic site tested

**CT/GC positives represent positive tests at 2 or more sites

***GC positives represent positive tests at all 3 sites

†HIV positive status determined by positive HIV test at time of screening or a previous K6 screening

Note: 15 inmates were not tested for CT/GC
### K6 CT/GC Testing and Morbidity by Anatomic Site (2/4/08 - 1/31/10)

**Total Inmates (N) = 5660**

<table>
<thead>
<tr>
<th></th>
<th>CT/GC Tests</th>
<th>CT</th>
<th>GC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of tests</td>
<td>%tested CT/GC</td>
<td>Positive</td>
</tr>
<tr>
<td>Overall*</td>
<td>5537</td>
<td>97.8%</td>
<td>421</td>
</tr>
<tr>
<td>Urine</td>
<td>4916</td>
<td>86.9%</td>
<td>120</td>
</tr>
<tr>
<td>Pharyngeal</td>
<td>5258</td>
<td>92.9%</td>
<td>–</td>
</tr>
<tr>
<td>Rectal</td>
<td>4822</td>
<td>85.2%</td>
<td>338</td>
</tr>
<tr>
<td>At least 2 Sites**</td>
<td>5206</td>
<td>92.0%</td>
<td>37</td>
</tr>
<tr>
<td>All 3 Sites***</td>
<td>4253</td>
<td>75.1%</td>
<td>–</td>
</tr>
</tbody>
</table>

*At least one anatomic site tested

**CT/GC positives represent positive tests at 2 or more sites

***GC positives represent positive tests at all 3 sites

Note: 123 inmates were not tested for CT/GC
## K6 CT/GC Testing and Morbidity by Anatomic Site, HIV Negative† (2/4/08 - 1/31/10)

Total Inmates (N) = 2723

<table>
<thead>
<tr>
<th></th>
<th>CT/GC Tests</th>
<th>CT</th>
<th>GC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of tests</td>
<td>% tested CT/GC</td>
<td>Positive (%)</td>
</tr>
<tr>
<td>Overall*</td>
<td>2627</td>
<td>96.5%</td>
<td>177</td>
</tr>
<tr>
<td>Urine</td>
<td>2390</td>
<td>87.8%</td>
<td>59</td>
</tr>
<tr>
<td>Pharyngeal</td>
<td>2491</td>
<td>91.5%</td>
<td>–</td>
</tr>
<tr>
<td>Rectal</td>
<td>2218</td>
<td>81.5%</td>
<td>131</td>
</tr>
<tr>
<td>At least 2 Sites**</td>
<td>2469</td>
<td>90.7%</td>
<td>13</td>
</tr>
<tr>
<td>All 3 Sites***</td>
<td>2003</td>
<td>73.6%</td>
<td>–</td>
</tr>
</tbody>
</table>

*At least one anatomic site tested

**CT/GC positives represent positive tests at 2 or more sites

***GC positives represent positive tests at all 3 sites

†HIV negative status determined by negative HIV test at time of screening

Note: 96 inmates were not tested for CT/GC
# Pooled Testing - Acute HIV Detection Studies

Los Angeles, 02/06 – 01/08

<table>
<thead>
<tr>
<th>Site</th>
<th>EIA +/-Total EIA (%)</th>
<th>NAAT pos. EIA neg. (n)</th>
<th>% increased HIV infection detected (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site A</td>
<td>140 / 7,830 1.8%</td>
<td>28</td>
<td>20%</td>
</tr>
<tr>
<td>Site B</td>
<td>61 / 1,793 3.4%</td>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>Jail</td>
<td>172 / 1,595 10.8%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>STD Clinics</td>
<td>236 / 27,861 0.8%</td>
<td>9</td>
<td>4%</td>
</tr>
<tr>
<td>MTU</td>
<td>31 / 2,708 1.1%</td>
<td>1 false+</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>640 / 41,787 1.5%</td>
<td>41</td>
<td>6%</td>
</tr>
</tbody>
</table>
HIV NAAT testing led to:

- 6% increase in HIV detection
  - 20% increase (Site A)
  - 7% increase (Site B)

- 1 in 1000
  - 1 in 275 (Site A)
  - 1 in 433 (Site B)
Patients with Acute HIV Infection (AHI)

VL (cp/ml) at time of initial HIV-1 Ab negative test:
• 6 <100,000 (lowest 1,502; 1,827 to >500,000 in 9 days)
• 10 >100,000
• 19 >500,000
• 6 w/ invalid quantitative assay
• 1 <75 (false positive)

25/41 (61%) patients presented with symptoms
• 10 AHI symptoms only (flu-like &/or rash &/or fever)
• 4 AHI and STD symptoms
• 10 STD symptoms
• 1 cervical lymphadenopathy

N=41
Gender of AHI cases

- 39 male
- 1 transgender M to F
- 1 female

Gender of sex partner

- 27 (66%) MSM only
- 11 (27%) MSMW/W
- 2 (5%) MSW only
- 1 (2%) WSM

N=41
Number of Sex Partners
3 months prior to diagnosis

N=41, range=1 to 72 partners
*6 with no information on gender of sex partner
Anal Intercourse & Condom Use
3 months prior to diagnosis

• 38 (93%) reported anal intercourse
  – 29 insertive & receptive (incl. 2 who reported vaginal sex)
  – 5 receptive only (incl. 1 who reported vaginal sex)
  – 4 insertive only

N=41

• 11 (30%) never used condoms for anal intercourse
  – 5 (13%) always use condoms
  – 21 (57%) sometimes / mostly

N=37
AHI and STD Co-infection

- 39 / 41 AHI were tested for at least one STD

- 18/39 (46%) co-infected
  - 4/37 (11%) early syphilis
  - 7/39 (18%) CT
  - 14/39 (36%) GC

- 6 co-infected with more than 1 STD
  - 3 CT/GC
  - 2 early syphilis/GC
  - 1 early syphilis/CT/GC
Drug Use
1 year prior to diagnosis

- 20 (56%) used one or more drugs
- 15 (41%) methamphetamines
  - 9 used meth with at least 1 other drug
    (ecstasy, nitrates, viagra, ketamine, poppers)
- 5 viagra
  - All used in combination with at least one other drug
    (meth, ecstasy, nitrates, ketamine, cocaine, marijuana)
- 4 marijuana
- 3 alcohol only
- 3 nitrates only

N=41
Sex Partner Risks

• 30 (73%) reported having ever met anonymous sex partners:
  – 14 internet
  – 9 bar/clubs
  – 6 bathhouse/sex club

• 5 (12%) reported sex with IDU in the year prior to diagnosis

• 8 (20%) reported sex with HIV positive partner(s) in the year prior to diagnosis

N=41
AHI
MSM*
STD Clinics**

*MSM visiting 12 LAC STD Clinics in 2006
**All visits to 12 LAC STD Clinics in 2006

STD Prevalence

<table>
<thead>
<tr>
<th>Condition</th>
<th>AHI</th>
<th>MSM*</th>
<th>STD Clinics**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Syphilis</td>
<td>11%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>18%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>36%</td>
<td>14%</td>
<td>7%</td>
</tr>
</tbody>
</table>

STD Prevalence

36%
Recommendations

• Any MSM presenting for evaluation of an STD with a negative HIV Ab test should be tested for acute HIV infection.

• Any individuals with acute HIV should be tested for other STD’s.

• Patients in HIV care should have a sex history and routine STD screening at all anatomic sites.
Conclusion

• STD co-infection in the acute stage of HIV infection is common.

• Increased likelihood of AHI among MSMs w/
  – Diagnosis of an STD
  – Recent high risk sexual exposures (eg. anonymous partners, sex with IDU, sex with HIV positive partner)
  – Other risk history, including methamphetamine use, viagra use and meeting of partners from the internet
  – Individuals with acute HIV and an STD co-infection provide a target for intervention to reduce HIV transmission.
Conclusions

• PS will identify persons that have not received HIV/STD counseling and testing services

• PS will identify persons with previously undetected HIV infection

• PS creates opportunities for linking HIV infected to care

• PS provides opportunities for accessing previously diagnosed, high-risk, HIV-positive persons for referral into prevention case management

• PS encourages/supports HIV-negative partners to change risky behaviors
Conclusions

• PS is an important component of PH response
• Integrated systems that provide PS are likely to be most effective
• Innovative strategies that use new technologies will be required to reach subpopulations
• CBO-based PS may increase the number of contacts identified and the timeliness of referral to treatment
• CBO-based PS may increase community support for PS
Best Practices:
HIV/Syphilis Partner Services

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Director, Sexually Transmitted Disease Program
Los Angeles County Department of Public Health
Traditional PN approaches

- Provider Disclosure
  - Health department (DIS\PHI)
  - Clinician or case manager
- Patient (Self) Disclosure
- Dual Disclosure
  - Client + Provider
- Contract Disclosure
  - Client + Provider
Barriers/Challenges to PN/PS

- CDC guidelines
  - POGs vs. PCRS; PN vs. PS
- Data systems
  - STD MIS; PEMS; eHARS vs local reporting and case management systems
- Resources
  - Personnel
  - Training
- Community perception
  - Normative vs. cohesive
Permits (but does not require) a treating physician to disclose an individual’s confirmed HIV positive test to the local health officer, or any person reasonably believed to be a sex or needle sharing partner of the infected individual.
Requires that the provider:

1. Discusses the test results w/ patient
2. Offers appropriate educational and psychological counseling
3. Notifies the patient of intent to notify partner(s)
4. Refers partner(s) for appropriate care, counseling, and followup
Any person who intentionally exposes another to HIV by engaging in unprotected sexual activity is guilty of a felony, punishable in state prison by 3, 5 or 8 years.
Intentional Exposure to HIV

Health & Safety Code Section 120291

The person must:

- Knows at the time that they are infected with HIV; and,
- Did not disclose their HIV-pos status; and,
- Acted with the specific intent to infect the other person with HIV.

Note: Evidence that the person has knowledge of their HIV-positive status, without additional evidence, shall not be sufficient to prove specific intent.