ADVANCE HIV/AIDS AND SEXUALLY TRANSMITTED INFECTION PREVENTION AND TREATMENT

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Despite the existence of effective testing and treatment technology, high rates of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), persist in the United States. The rates reflect a lack of effective access to services and education connected to underlying inequities in our society. In addition, a myriad of other social determinants that affect individuals' risk behaviors impact the continually high rates of STIs. In 2007, 1,108,374 cases of Chlamydia were reported to the CDC, a 7.5% increase from 2006 and the largest number of cases ever documented for any condition.[i1] Syphilis rates have increased every year since 2001, despite the success of the National Plan to Eliminate Syphilis in the 1990s,[2] and HIV rates continue to rise, particularly in communities of color.[3] Many of these sexually transmitted infections (STIs) go unscreened and untreated, perpetuating the spread of disease and often resulting in severe health outcomes such as infertility, pelvic inflammatory disease, birth defects, organ damage, and death.[4]

IMPACT OF STIs AND AIDS IN URBAN AREAS

STIs and acquired immunodeficiency syndrome (AIDS)[ii] affect people of all ages and backgrounds; however, young people, women, and people of color bear a disproportionate burden of disease.[iii] In urban areas, where average rates of STDs can be 1.5 to 3 times higher than national averages, socioeconomic and racial disparities become even more pronounced due to the overall prevalence of STDs.[iv5] AIDS cases have been primarily concentrated in large U.S. metropolitan areas (81% in 2006),[6] with the ten largest metropolitan areas accounting for 53% of cumulative reported AIDS cases.[7] Overall, the prevalence of both HIV and AIDS cases in cities is more than twice the national rates, creating a significant sexual health burden in urban areas.[8] City incidence averages for gonorrhea, Chlamydia, and syphilis are approximately two to four times higher than national rates (279 versus 115.6 per 100,000, 647.5 versus 332.5 per 100,000, and 12.6 versus 3 per 100,000, respectively).[9] While some of the disparity in data may be attributed to increased facility of screening in urban areas, the prevalence of STDs in cities cannot be ignored. Urban areas are poised to reduce STDs in their communities through increasing access to education and services, as well as local leadership that works to reduce systemic inequities that perpetuate health disparities.

IMPACT OF STIs AND AIDS ON WOMEN

Nationally, Chlamydia rates among women are increasing (from 510.8 cases per 100,000 to 543.6 per 100,000 between 2006 and 2007), and gonorrhea rates among women remain significantly higher than the Healthy People 2010 target (121.9 per 100,000 versus 19.0 per 100,000).[10] Women represent a growing share of new AIDS cases in the United States, rising from 8% in 1995 to 27% in 2008.[11] Teenage girls ages 14–19 bear a large share of the STI burden among females—one in four (26%) has an STI.[v12] STIs such as Chlamydia, gonorrhea, and the human papillomavirus (HPV) often remain asymptomatic in women. This puts women at a high risk for the long-term effects of STIs, including ectopic pregnancies, infertility, and cervical dysplasia.[13] Additionally, asymptomatic STIs also increase the risk of women unknowingly transmitting infections to infants during delivery, which can lead to subsequent health complications for the mother and infant.[14]

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i Increased levels of testing and higher test sensitivity may be responsible for some of the increase.

ii AIDS refers to disease resulting from HIV infection. For the purposes of this document, the term STIs refers to sexually transmitted infections, including HIV, whereas the term STDs refers to sexually transmitted infections and diseases, including AIDS.

iii Gay men also bear a disproportionate burden of sexually transmitted diseases, including HIV. However, due to the particular reproductive health focus of the Agenda, this disparity is not discussed at length within the document. For additional information regarding the impact of STDs on gay men, please see ***http://www.cdc.gov/hiv/topics/msm/resources/factsheets/msm.htm.***

iv Increased city rates may be partially due to higher levels of testing in urban areas.

IMPACT OF STIs AND AIDS ON YOUTH

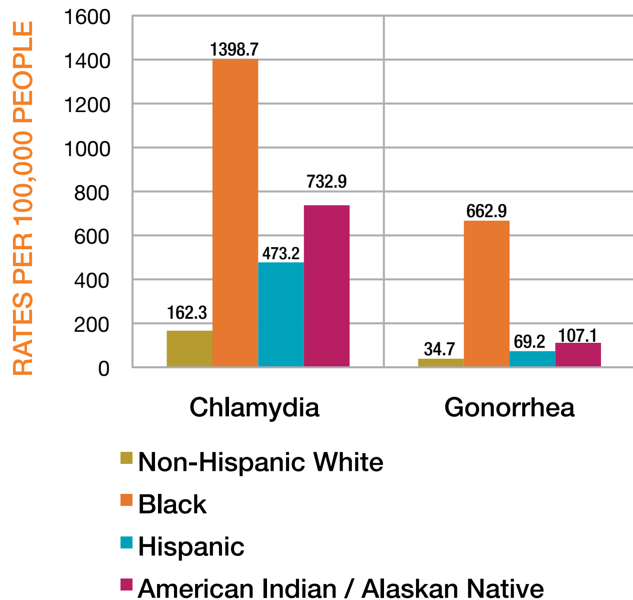
A recent CDC study found that 35% of adolescent females who reported receiving contraception did not receive concurrent STI screening, treatment, or counseling.[15] The lack of consistent screening and education surrounding STIs is reflected in the overall rate of infection among young people. Close to half of all STIs occur in young people, yet they represent only 25% of the sexually active population.[16] Young people of color carry a particularly large share of this burden.

Male and female youth of color are two to seven times more likely to contract gonorrhea and Chlamydia than White youth.[17] For example, Non-Hispanic Black youth comprise over two-thirds of HIV/AIDS cases for ages 13–19, but make up only 17% of the teen population.[18] One study found that 48% of non-Hispanic Black female adolescents ages 14–19 had an STI.[19]

DISPROPORTIONATE IMPACT OF STIs AND AIDS ON PEOPLE OF COLOR

Rates of Chlamydia and gonorrhea are markedly higher among people of color, particularly African Americans, further signifying widespread societal disparities along racial lines.[20] In 2007, non-Hispanic Black people comprised 48% of all reported Chlamydia cases and approximately 70% of all reported cases of gonorrhea; the Chlamydia rate among non-Hispanic Blacks is eight times higher than among Whites and the gonorrhea rate among non-Hispanic Blacks is nineteen times higher than among Whites.[21] This disparity translates to 95.6% of all African American communities having a gonorrhea rate of over 100 per 100,000, while only 0.5% of White communities suffer the same public health issue.[22] Additionally, people of color are disproportionately affected by HIV/AIDS, representing the majority of new AIDS cases (70%), people living with AIDS (64%), and AIDS deaths (72%) in 2006.[23] The AIDS case rate per 100,000 for African Americans is almost nine times that of non-Hispanic Whites.[24] As of 2005, African American women had over twenty-two times the AIDS case rate as non-Hispanic White women.[25] Furthermore, African American women continue to experience higher perinatal HIV transmission than other populations.[26] While the prevalence of HIV cases among African Americans is of marked importance, it must also be noted that African Americans often enter treatment with an advanced stage of HIV disease.[27]

CHLAMYDIA AND GONORRHEA RATES BY RACE AND ETHNICITY



Source: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2007.

v See "Empower Young People to Make Healthy Decisions" for further discussion of STIs among young people.

INTERSECTIONAL ISSUES THAT CREATE DISPROPORTIONATE IMPACT OF STDs ON AFRICAN AMERICANS IN URBAN AREAS

On a systemic level, the urban communities hardest hit by STDs tend to lie at the intersection of racial inequality, poverty, incarceration, intravenous drug use, and homelessness.[28] African Americans are much more likely to live in low-income neighborhoods, which in turn suffer higher rates of unstable housing, incarceration, unemployment, and intravenous drug use.[29] Furthermore, these neighborhoods tend to be relatively segregated, creating high-risk consequences even for those who participate in low-risk behaviors.[30] Washington, D.C., is a prime example of how poverty and racial segregation affect STDs. African Americans make up 60% of the city's population, 57% of whom live in the three poorest wards.[31] Comparison of AIDS case rates between these wards and overall city averages reflect this racial and socioeconomic segregation. The AIDS case rate for African American women in the predominantly low-income Ward 8 is 83 per 10,000 in comparison to 63 per 10,000 for women in the overall city.[32] Similar disparities exist among the largest U.S. cities, where African Americans are much more likely to live in extreme poverty and thus bear corresponding reproductive health burdens.[33]

The impact of incarceration on the STD epidemic, particularly HIV/AIDS, is markedly felt among low-income urban communities of color. Nationwide, 41% of all prisoners are African American and 90% of prisoners are male.[34] Furthermore, the high prevalence of HIV/AIDS cases among the incarcerated in conjunction with the high-risk behaviors often found inside correctional facilities, such as unprotected sex, intravenous drug use, and illicit tattooing, creates a huge STD health burden for the home communities of the incarcerated.[vi][35] Given that a disproportionate number of the incarcerated are African American men, and a disproportionate percentage of African American men live in racially segregated, impoverished communities, low-income communities of color bear the brunt of this health burden.

vi In 1997, approximately one-quarter of people living with HIV passed through a correctional facility.

RECOMMENDATIONS TO ADVANCE HIV/AIDS AND SEXUALLY TRANSMITTED INFECTION PREVENTION AND TREATMENT

While gross disparities in STI and STD rates exist among populations and within urban areas, there are clear opportunities for local leaders to destigmatize and decrease the incidence and effects of STDs by raising public awareness, making condoms free or more accessible, and increasing access to screenings and treatments. Other local efforts to reduce poverty and systemic inequity will also have a positive effect on addressing the continued high incidence of STDs and disparities among populations.

WE CALL ON LOCAL LEADERS TO ADVANCE HIV/AIDS AND SEXUALLY TRANSMITTED INFECTION PREVENTION AND TREATMENT BY:

Supporting local education campaigns and programs to reduce stigmatization, encourage screening and treatment, and promote harm reduction and safer sex practices. The STD epidemic in the United States suffers from silence and stigma. Widespread campaigns led by local elected and public health officials and partnering advocacy groups can raise awareness about the particular local disparities and reframe prevention and treatment through destigmatization. Further, by making condoms free or more widely accessible, and available in ubiquitous and accessible venues, communities can prioritize prevention while also removing stigma and promoting positive messages about sexuality.

- We urge local leaders to create or expand awareness campaigns and continue to make prevention and treatment a city or county priority by supporting local resources that help direct residents to screening and treatment services.
- We urge local leaders to create and support local condom campaigns, making branded condoms free to a wide variety of organizations and clinics designed to reach populations at higher risk for STIs.
- We urge local leaders to support syringe exchange programs in their communities.
- We urge local leaders to affirm the dignity of urban residents living with HIV and AIDS by providing comprehensive health care, housing, and employment support services.

Encouraging routine and free STI screenings in reproductive and sexual health care visits as well as in primary and school-based health care settings. Despite the high incidence of STIs in the United States, routine screening is not utilized often enough, especially among populations that are at risk. Respectful and culturally competent routine screening that is confidential and includes a patient's consent is a critical way to reduce STIs.

- We urge local leaders to work with public health care settings to ensure that, where possible, free routine STI screenings are offered in a variety of health care settings.

Identifying potential barriers to treatment and promoting expedited partner therapy. When left untreated, STIs can spread infection among partners and lead to infertility and ectopic pregnancies. Local advocacy groups and public health officials can take a local approach to designing and implementing successful plans for getting sexually active residents screened and treated. For women who do enter the health care system for screening and test positive, systems should be in place to facilitate the treatment of their partners in order to avoid reinfection and perpetuation of a cycle of infection and illness.

- We urge local leaders to create or expand systems that allow for expedited partner therapy.

LOCAL EXAMPLES:

- **Los Angeles County** has the first publicly run program in the nation to screen for Chlamydia and gonorrhea in young women through a website where they can order home-testing kits, find out their results, and obtain referrals for treatment.
- **New York City** launched an official city condom in 2007. Called the NYC Condom, it continues to be distributed free of charge along with social marketing and educational materials throughout all five boroughs to encourage safe sex.
- **Baltimore** established an Expedited Partner Therapy pilot program in 2007, which allows physicians to distribute antibiotic packs to patients diagnosed with certain STIs. The packs can be passed along to sexual partners who might also be infected without requiring an office visit for the partner.

ENDNOTES

1 Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2007* (Atlanta: U.S. Department of Health and Human Services, December 2008), ***http://www.cdc.gov/std/stats07/Surv2007FINAL.pdf*** (accessed May 4, 2009).

2 Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2007*.

3 "Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007," *HIV/AIDS Surveillance Report* 19 (Atlanta: U.S. Department of Health and Human Services, February 2008), ***http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/default.htm*** (accessed May 11, 2009).

4 Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance 2007*.

5 Nanette Benbow, ed., *Big Cities Health Inventory: The Health of Urban America* (Washington, DC: National Association of County and City Health Officials, 2007).

6 The Henry J. Kaiser Family Foundation, "HIV/AIDS Policy Fact Sheet: The HIV/AIDS Epidemic in the United States" (Menlo Park: The Henry J. Kaiser Family Foundation, 2009), ***http://www.kff.org/hivaids/upload/3029-08.pdf*** (accessed April 3, 2009).

7 The Henry J. Kaiser Family Foundation, " HIV/AIDS Policy Fact Sheet."

8 Nanette Benbow, ed., *Big Cities Health Inventory: The Health of Urban America* (Washington, DC: National Association of County and City Health Officials, 2007).

9 Nanette Benbow, ed., *Big Cities Health Inventory: The Health of Urban America* (Washington, DC: National Association of County and City Health Officials, 2007).

10 Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2007.

11 The Henry J. Kaiser Family Foundation, "HIV/AIDS Policy Fact Sheet."

12 S. Forhan, "Prevalence of Sexually Transmitted Infections and Bacterial Vaginosis Among Female Adolescents in the United States: Data from the National Health and Nutrition Examination Survey (NHANES) 2003-2004," presentation (Chicago: March 10-13, 2008).

13 Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2007*.

14 Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2007*.

15 Sherry L. Farr and others, "The Integration of STD/HIV Services with Contraceptive Services for Young Women in the United States," *American Journal of Obstetrics & Gynecology* 201, no. 2 (August 2009): 142e1-142e8.

16 National Institute of Allergy and Infectious Diseases, *Sexually Transmitted Infections: Key points about STIs in the United States* (Bethesda: National Institutes of Health, 2009).

17 Center for Applied Research and Technical Assistance, Inc., *Race Matters: Unequal Opportunities for Adolescent Reproductive Health* (Baltimore: The Annie E. Casey Foundation, 2006), ***http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={CCD449E9-FC77-41D9-BDFF-40FA1FFFFE5B}*** (accessed July 20, 2009).

18 Centers for Disease Control and Prevention, "Slide Set: HIV/AIDS Surveillance in Adolescents and Young Adults (through 2006)" (Atlanta: Centers for Disease Control and Prevention, 2006), ***http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/slides/Adolescents.pdf*** (accessed June 1, 2009).

19 S. Forhan, "Prevalence of Sexually Transmitted Infections and Bacterial Vaginosis."

20 Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2007*.

21 Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2007*.

22 Lori Newman, "Epidemiology of STDs in African American Communities," presentation, Consultation to Address STD Disparities in African American Communities (Atlanta: June 5-6, 2007).

23 The Henry J. Kaiser Family Foundation, " HIV/AIDS Policy Fact Sheet."

24 The Henry J. Kaiser Family Foundation, " HIV/AIDS Policy Fact Sheet."

25 The Office of Minority Health, "HIV/AIDS and African Americans." (Washington DC: U.S. Department of Health and Human Services), ***http://minorityhealth.hhs.gov/templates/content.aspx?lvl=3&lvlID=7&ID=3019*** (accessed November 5, 2008).

26 Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2007*.

27 Robert E. Fullilove, *African Americans, Health Disparities and HIV/AIDS*.

28 Robert E. Fullilove, *African Americans, Health Disparities and HIV/AIDS: Recommendations for Confronting the Epidemic in Black America* (Washington, DC: National Minority AIDS Council, November 2006), ***http://www.nmac.org/index/cms-filesystem-action?file=grpp/african%20americans,%20health%20disparities%20and%20hiv/aids.pdf*** (accessed June 1, 2009).

29 Robert E. Fullilove, *African Americans, Health Disparities and HIV/AIDS*.

30 Lori Newman, "Epidemiology of STDs in African American Communities."

31 Robert E. Fullilove, *African Americans, Health Disparities and HIV/AIDS*.

32 Robert E. Fullilove, *African Americans, Health Disparities and HIV/AIDS*.

33 Robert E. Fullilove, *African Americans, Health Disparities and HIV/AIDS*.

34 Robert E. Fullilove, *African Americans, Health Disparities and HIV/AIDS*.

35 T.M. Hamett, M.P. Harmon, and W. Rhodes, "The Burden of Infectious Disease Among Inmates of and Releases From U.S. Correctional Facilities, 1997," *American Journal of Public Health* 92, no. 11 (November 2002): 1789-94.

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The National Institute is an innovation institute for state and local organizations working on reproductive health issues. We offer strategic guidance, hands-on support and funding to help state and local leaders remove barriers to health care, win public battles and change public policies. Together, we are helping women in communities across the country gain access to the full range of quality reproductive health care options, the freedom to exercise their reproductive rights and the opportunity to have healthy pregnancies.

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