

Howard Brown Health Center

STI Annual Report, 2009



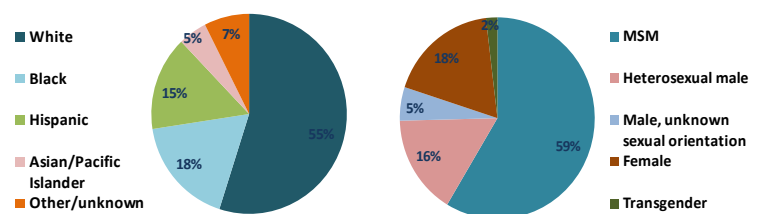
Background

- ◆ Howard Brown is the largest LGBT health center in the Midwest, providing comprehensive medical and behavioral health services to over 36,000 adults and youth each year.
- ◆ Howard Brown serves a diverse population in Chicago and the surrounding areas.
- ◆ STI morbidity varies by venue. In 2009, the majority of new syphilis cases were diagnosed through primary care and the syphilis testing clinic. The majority of gonorrhea and chlamydia cases were diagnosed through the STI walk-in clinic and the Broadway Youth Center.

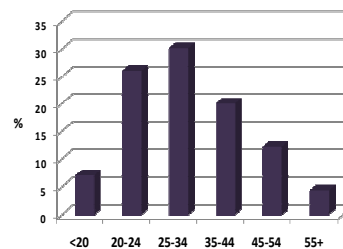
Data Sources:

- ◆ From 2000 until 2008 Howard Brown was the Chicago site for the MSM Prevalence Monitoring Project, a nationwide multisite study that collected detailed information on demographic, behavioral risk, and STI testing among MSM.
- ◆ 2009 was the first year that Howard Brown participated in the "Sexually Transmitted Diseases Surveillance Network (SSuN)" Project, an ongoing CDC surveillance study. The goal of the SSuN project is to provide a more comprehensive picture of the STI burden in the US, by collecting standardized information on STIs and related behaviors among demographically and geographically diverse groups, including MSM, women, and youth.

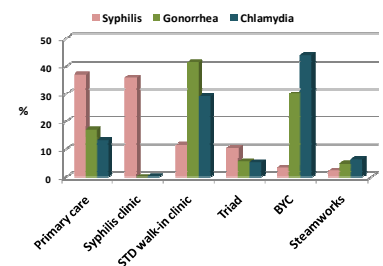
Howard Brown STI clients by race/ethnicity, gender, and sexual orientation



Howard Brown STI clients by age



STI morbidity by venue



Abbreviations: MSM: men who have sex with men; BYC: Broadway Youth Center; P&S: Primary and Secondary Syphilis

2009 Highlights

- ◆ In 2009, 6,859 tests for syphilis, 6,119 tests for gonorrhea, and 5,860 tests for chlamydia were performed among 7,155 individuals who sought care through Howard Brown's walk-in STI clinic, syphilis testing clinic, primary care, Triad, the Broadway Youth Center, and Steamworks.
- ◆ Syphilis continued to increase, with a record 269 new cases in 2009. New cases of gonorrhea and chlamydia also increased, although these increases are thought to be in part due to more complete reporting.

* we report 2008-2009 comparisons for the main Sheridan Rd location only because of changes to the reporting system which limited comparability of data from other venues.

STI testing and new case positivity, 2009

	Tests	Positive	%
Gonorrhea	6119	263	4.3
Chlamydia	5860	355	6.1
Syphilis (P&S)	6859	269 (136)	3.9 (2.0)

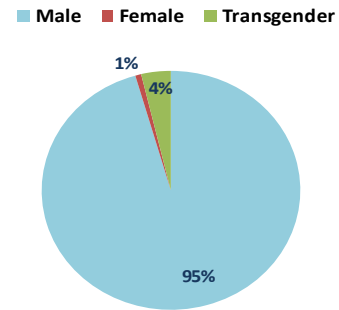
STI diagnoses, Sheridan Road*, 2008-2009

	2008	2009	% increase
Gonorrhea	140	154	10%
Chlamydia	127	152	20%
All stage syphilis	148	226	53%
P&S syphilis	82	116	41%

Syphilis

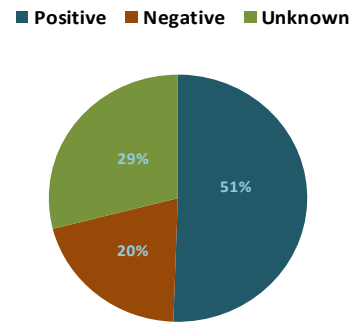
- ◆ After declining to an all-time low in 2000, increasing rates of syphilis have been observed in Chicago and other cities throughout the US, a trend which has largely been driven by increases in syphilis among MSM. Trends in syphilis at Howard Brown have mirrored those in Chicago and elsewhere.
- ◆ Males account for the majority of new syphilis cases at Howard Brown, and most male cases identify as MSM. In 2009, there was also a substantial increase in syphilis among young transgender women, with 10 new cases reported compared to only 2 cases in the previous 3 years combined.
- ◆ High rates of HIV co-infection have been observed among MSM diagnosed with syphilis. At Howard Brown in 2009, 51% of newly diagnosed syphilis cases were HIV-infected; HIV status was unreported for almost a third of syphilis cases.
- ◆ Infection with an STI represents risk behaviors that also increase the likelihood of HIV transmission. Syphilis and other ulcerative STIs have been shown to increase the risk of HIV acquisition by 2 to 5 times. Prompt detection and treatment of STIs is thus important for reducing the spread of both STIs and HIV.
- ◆ Whereas gonorrhea and chlamydia disproportionately affect teens and young adults, syphilis has historically been most common among adults aged 35-44. However, recent data show that young black and Hispanic MSM account for an increasing proportion of new syphilis diagnoses. In 2009, nearly a quarter of syphilis cases were diagnosed among men under the age of 25. The median age among newly diagnosed syphilis cases was 35 overall but there was significant variation by race/ethnicity; the median age was 38, 26, and 31 for whites, blacks, and Hispanics respectively. Furthermore, while the median age for white MSM has remained stable over the last several years, the median age among black MSM steadily declined, from 35 in 2005 to 26 in 2009. These trends highlight a need for expanded screening and education for young MSM of color.
- ◆ Whereas the number of primary syphilis cases remained stable between 2008 and 2009, there were large increases in the number of diagnoses of secondary and early latent syphilis. Because syphilis is most transmissible during the primary stage of infection, early detection is important for interrupting the spread of infection. Because symptoms often go unnoticed or unrecognized during the primary stage, frequent testing is important for individuals at risk of infection.

Syphilis cases by gender, 2009

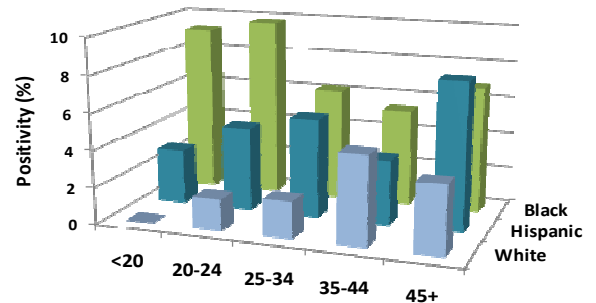


◆ 97% of male cases were MSM

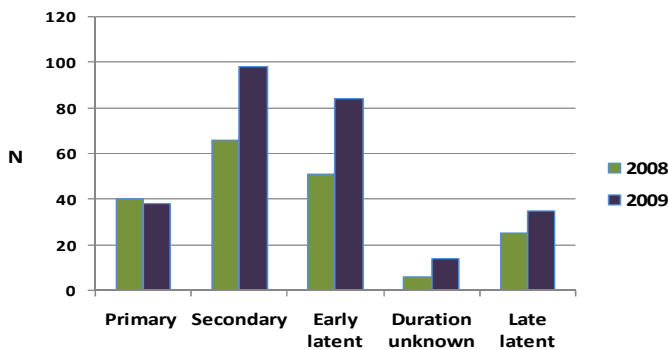
Syphilis cases by HIV status, 2009



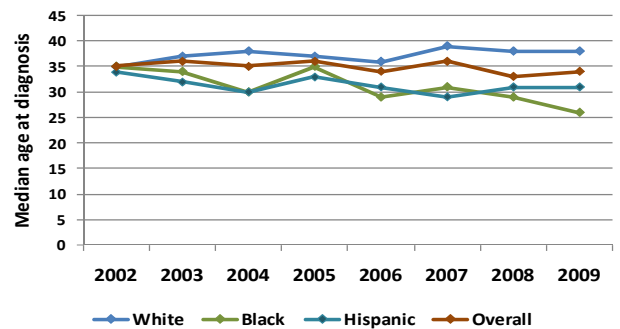
Syphilis positivity by race/ethnicity and age, 2009



Syphilis cases by stage at diagnosis, 2009



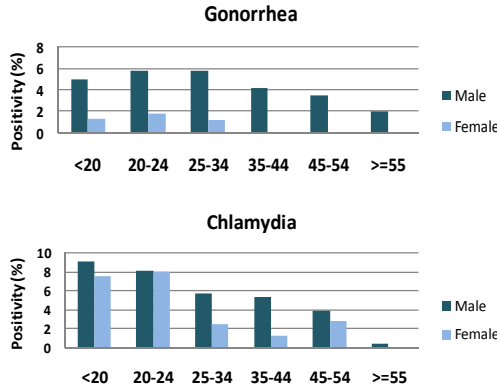
Median age at diagnosis among new syphilis cases: MSM, 2002-2009



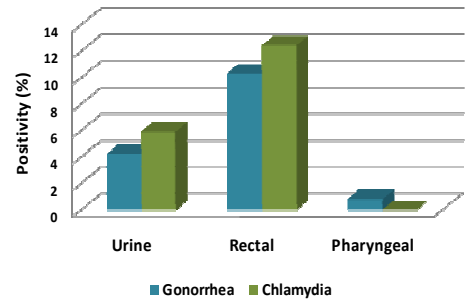
Gonorrhea & Chlamydia

- ◆ Rates of gonorrhea are highest among males aged 20-24, and higher among males than females in all age groups. Higher positivity among males may reflect the fact that males are more likely to have symptoms of gonorrhea. The high male to female ratio also reflects ongoing transmission among MSM.
- ◆ Chlamydia positivity is highest among youth under the age of 20, and declines with age. Gender disparities are low among persons under 25, suggesting that transmission among youth is mostly through heterosexual contact; the gender gap increases among older individuals.
- ◆ There are significant racial/ethnic disparities in rates of gonorrhea and chlamydia. Positivity for both gonorrhea and chlamydia is highest in black males. In 2009 gonorrhea positivity among black males was 1.8 times that among white males; and 1.6 times that among Hispanic males. Chlamydia positivity was higher among Hispanics and blacks compared to whites for both males and females.

Gonorrhea and chlamydia positivity by age and gender, 2009

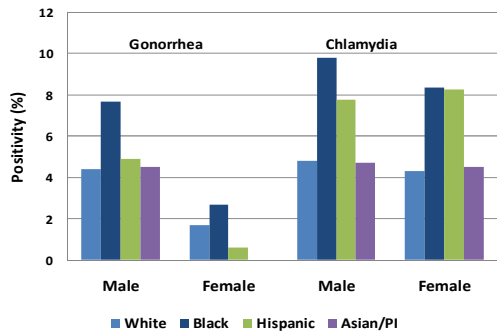


Gonorrhea and chlamydia positivity by anatomic site, 2009



- ◆ Howard Brown does not routinely screen for gonorrhea and chlamydia at non-genital sites, so high positivity for rectal gonorrhea and chlamydia reflect an increased likelihood of screening among symptomatic individuals. However, screening at non-genital sites resulted in detection of a substantial number of cases that would have been otherwise missed by routine urine screening and is important for interrupting disease transmission.

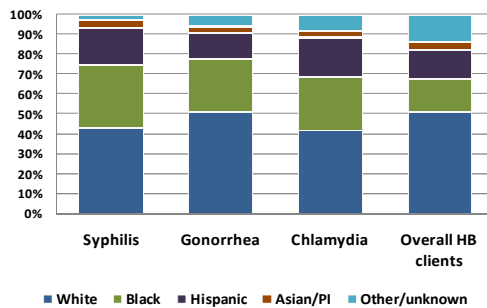
Gonorrhea and chlamydia positivity by race/ethnicity and gender, 2009



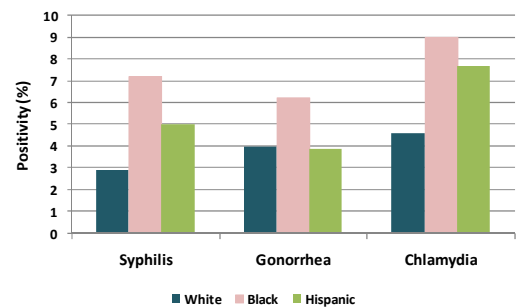
Racial Disparities

- ◆ Racial and ethnic disparities in rates of STIs and HIV have long been documented in the US. The reasons for the observed disparities are complex but do not necessarily reflect higher risk taking among racial/ethnic minorities. They likely result from a combination of sociocultural factors, sexual mixing patterns, and disease prevalence in certain subgroups.
- ◆ Although African-Americans account for only 18% of the population at Howard Brown, they accounted for 31% of new syphilis diagnoses, 26% of new gonorrhea cases, and 27% of new chlamydia cases in 2009.

Proportionate STI morbidity by race/ethnicity, 2009



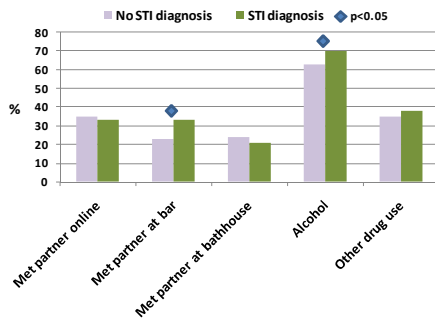
STI positivity by race/ethnicity, 2009



MSM

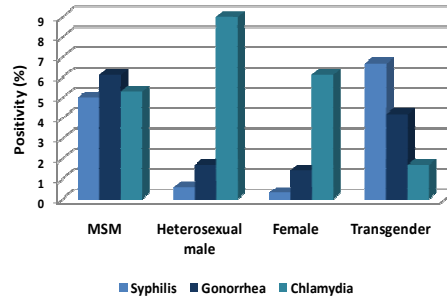
- ◆ MSM account for disproportionate STI and HIV morbidity in the United States. Although MSM comprise only an estimated 4% of adult males in the US, in 2008 they accounted for 63% of all P&S syphilis cases and over half of new HIV infections among men.
- ◆ MSM accounted for 97% of syphilis, 89% of gonorrhea, and 61% of Chlamydia cases among males at Howard Brown in 2009.

Selected risk behaviors among MSM with and without STI, 2009

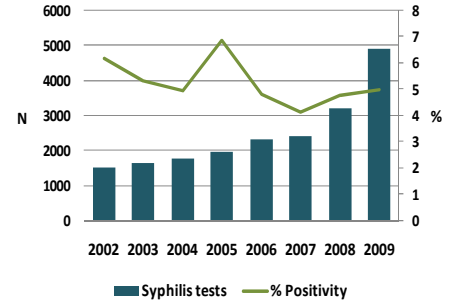


- ◆ Among MSM for whom information on behavioral risk was available, STIs were more common among men who reported alcohol use in the previous 3 months and those who reported meeting sex partners at bars.

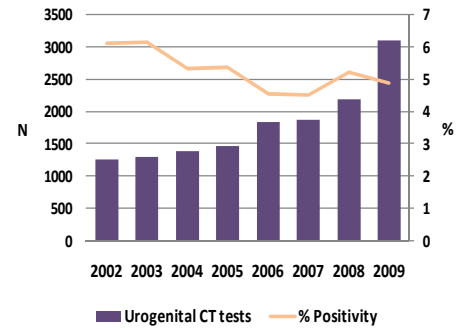
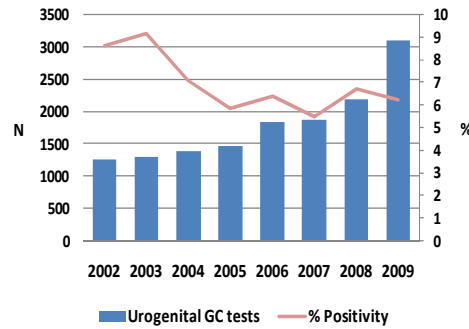
STI positivity by gender and sexual orientation, 2009



Syphilis testing and positivity: MSM, 2002-2009



Urogenital gonorrhea and chlamydia testing and positivity: MSM, 2002 - 2009



- ◆ Recent declines in positivity may reflect increases in testing and changes in data collection methods and not actual declines in morbidity. Despite expanded screening, there were increases in syphilis between 2008 and 2009, and gonorrhea and chlamydia positivity have remained relatively stable over the past several years.

Interpreting data

Measures: Positivity refers to the total number of new diagnoses divided by the total number of tests performed. Positivity in a given subgroup does not necessarily reflect the relative burden of disease accounted for by that group. For example, positivity among transgender women tested for syphilis was high, but relatively few transgender women were tested, so the proportion of overall syphilis cases accounted for by transgender women was low. Both measures should be considered when interpreting trends.

STI positivity rates represent new diagnoses of STIs and not necessarily newly acquired infections.

Caveats: Results may not be generalizable to other groups because they reflect morbidity for a specific population, namely individuals who sought testing for STIs at a LGBT-focused health center.

Small numbers can make calculations of rates unstable and make it difficult to accurately compare subgroups.

Changes in data collection methods make examination of trends over time difficult. For example, apparent increases in testing and morbidity may to some extent reflect better reporting and not actual changes in morbidity.

More information

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