



# STDs IN SAN FRANCISCO

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STD Clinical Update  
February 8, 2018



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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

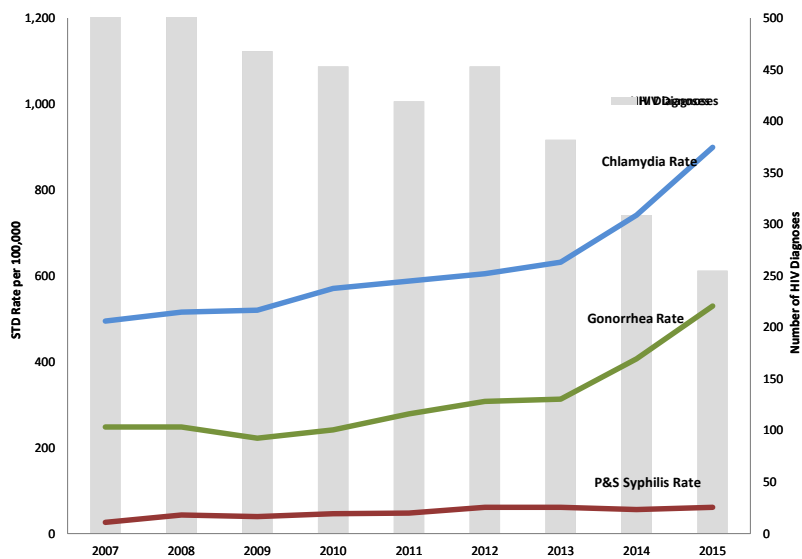
## Disclosures

- The views expressed herein do not necessarily reflect the official policies of the City and County of San Francisco; nor does mention of the San Francisco Department of Public Health imply its endorsement.
- I have received research funding to SFDPH/City Clinic from Roche Diagnostics and GlaxoSmithKline.



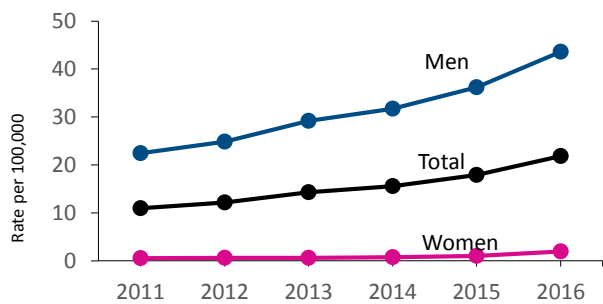
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# STD Increases are Occurring Even as HIV Diagnoses Decline

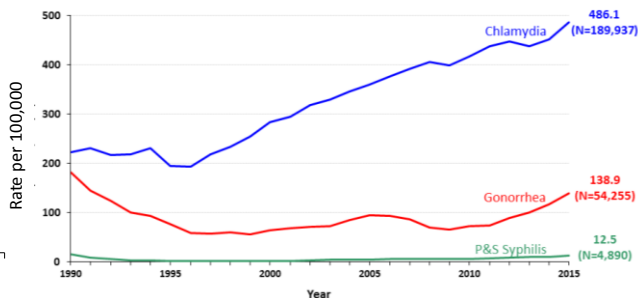


3

# STD Increases are Occurring in other Cities and States



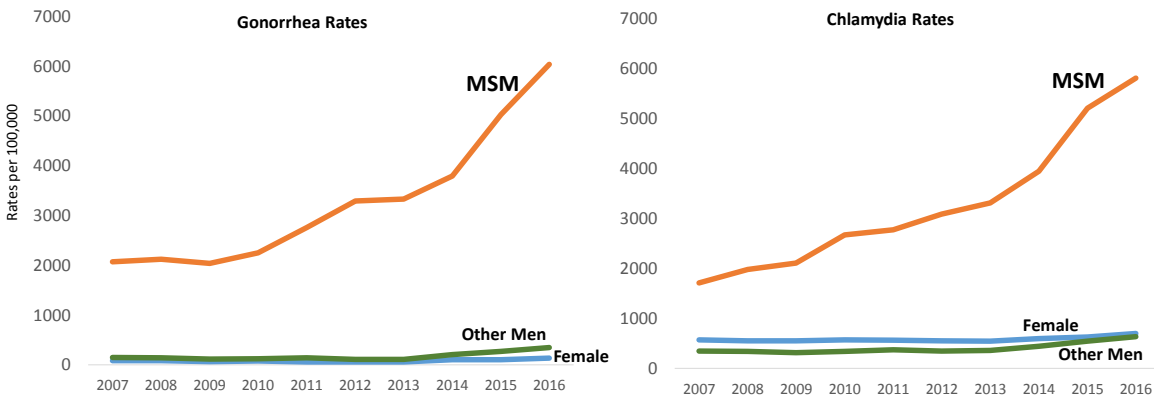
Primary and Secondary Syphilis Rates in NYC



Chlamydia, Gonorrhea, and Syphilis Rates in CA

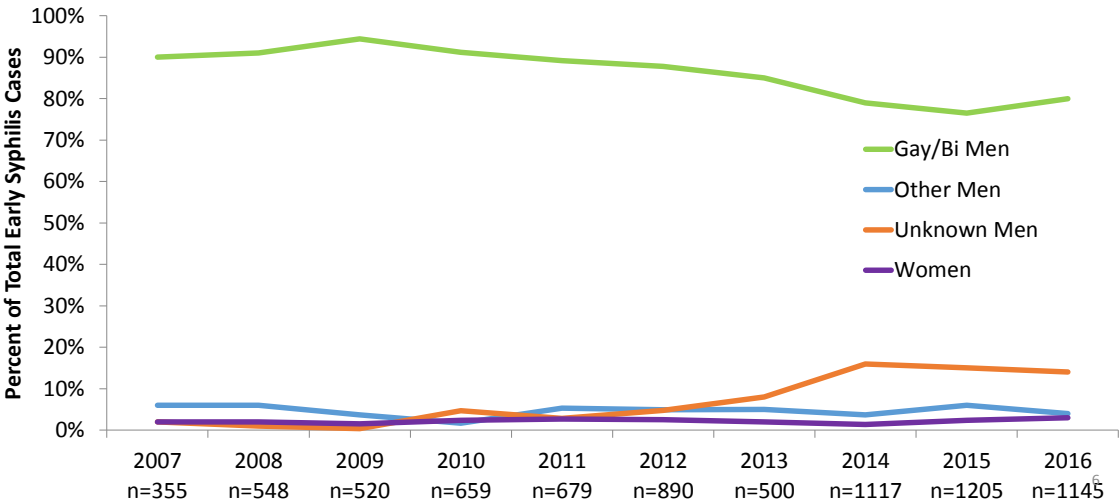
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# MSM have disproportionately high rates of Gonorrhea and Chlamydia

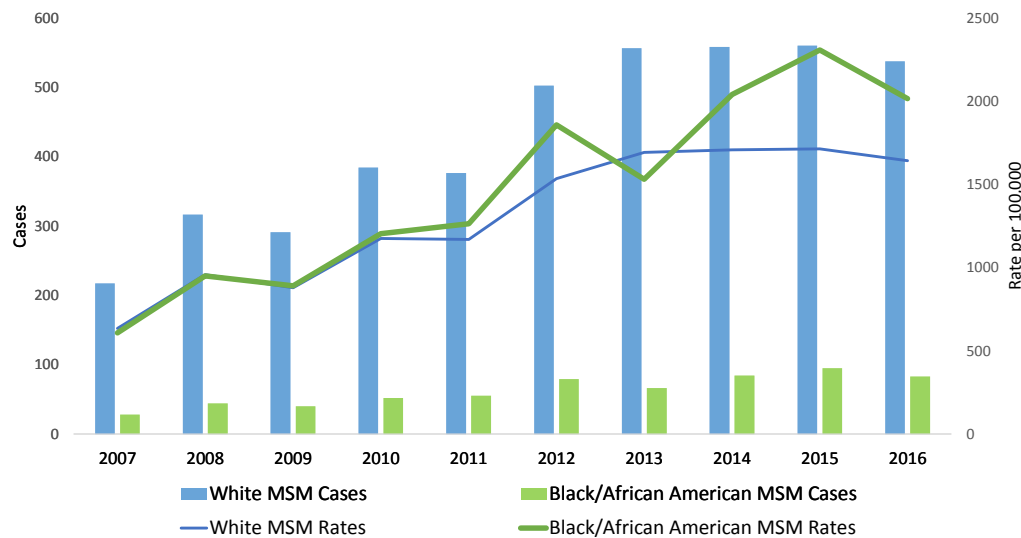


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# As Early Syphilis cases have increased, the largest proportion continues to be among MSM



White MSM have the Highest Case Number in Early Syphilis;  
Rates are Highest for Black/African American MSM

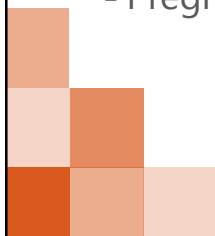


7

Priority Populations are Those at Highest risk  
for STDs or Severe Complications of STDs

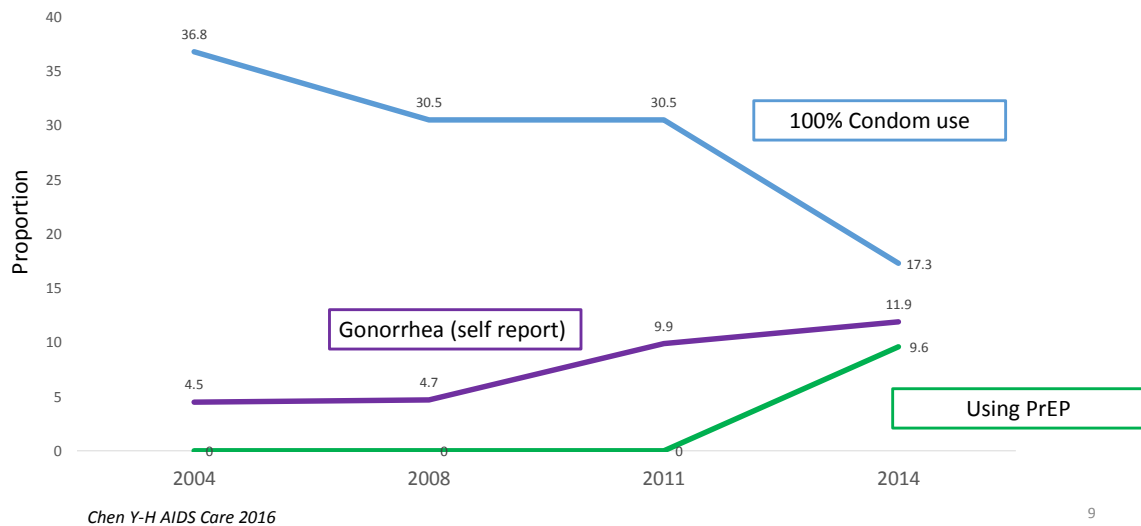
Slide 8

- Gay and Bisexual Men and other Men who have sex with Men (MSM)
- Adolescents and Young Adults of Color
- Transgender persons
- Pregnant women (Preventing Congenital Syphilis Cases)



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## CDC National HIV Behavioral Surveillance Survey results in San Francisco Offer Some Insight into these Trends



## HIV and STD Decision Making is Complex

KQED Forum on 10/26/16; guests Drs. Susan Philip, Heidi Bauer, Cherrie Boyer

“I just wanted to say, you know, I’m a gay man, I’ve been taking PrEP for two years now, and as I’ve learned more about the efficacy of PrEP, I take it every day at the same time, I’ve stopped using condoms....

.... after spending 30 some odd years of being safe, and being terrified, I finally feel like I have a enjoyable sex life and the possibility of getting an STI, is, is very much less significant and important to me...



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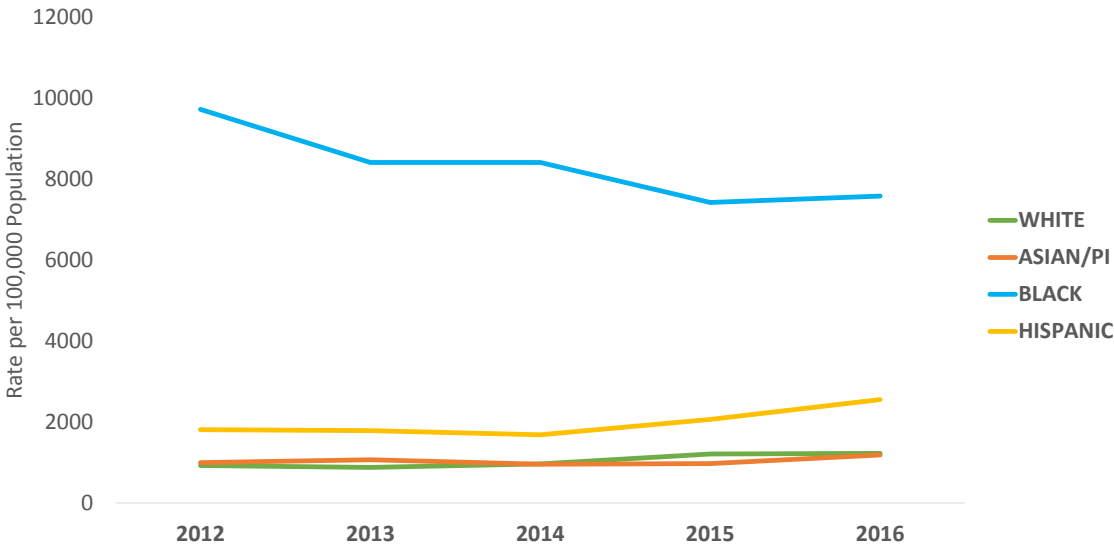
<https://ww2.kqed.org/forum/2016/10/26/std-rates-in-california-u-s-soar/>

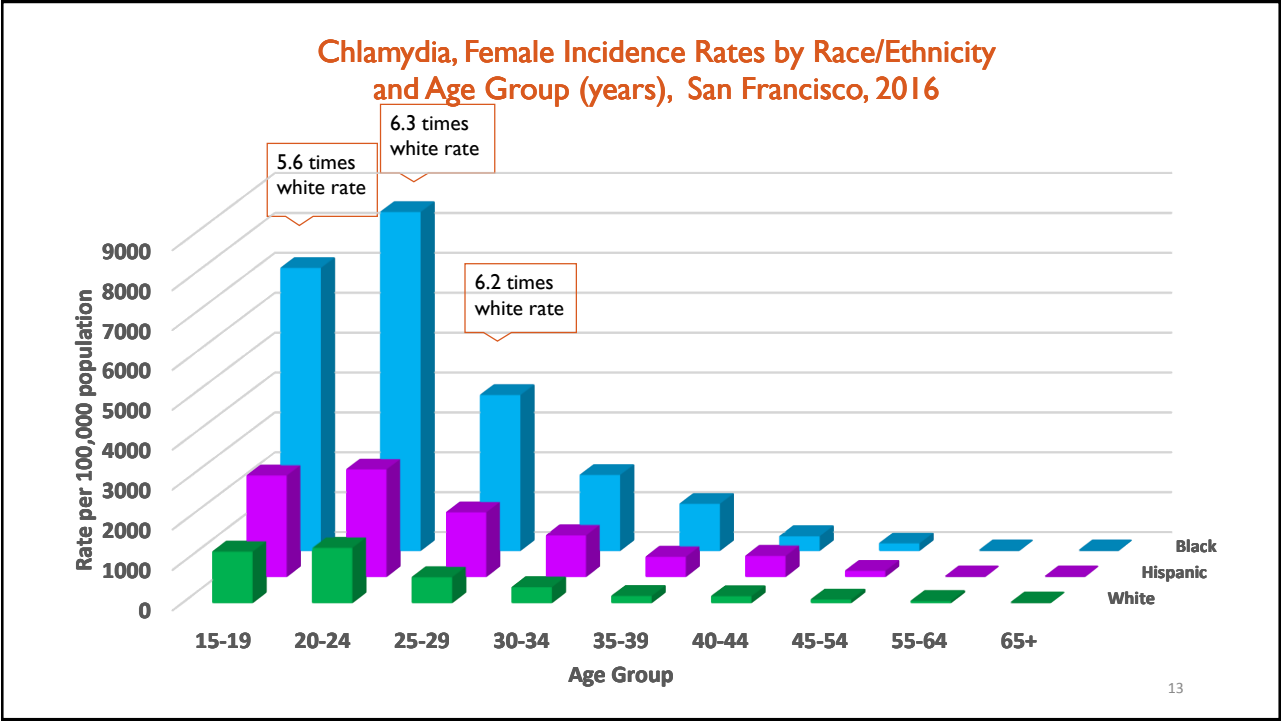
# Young women of color, Trans Persons and Pregnant women as priority populations

- Different approaches and partnerships than STD prevention efforts in gay and bisexual men and other MSM
- Working with clinical providers throughout the San Francisco Health Network and throughout San Francisco to support STD screening and clinical management
- Community-based efforts complement the clinical work, to improve sexual health and decrease disparities in San Francisco



## Chlamydia Rates among Females Ages 15-25 Years, By Race, San Francisco 2012-16





Slide 14

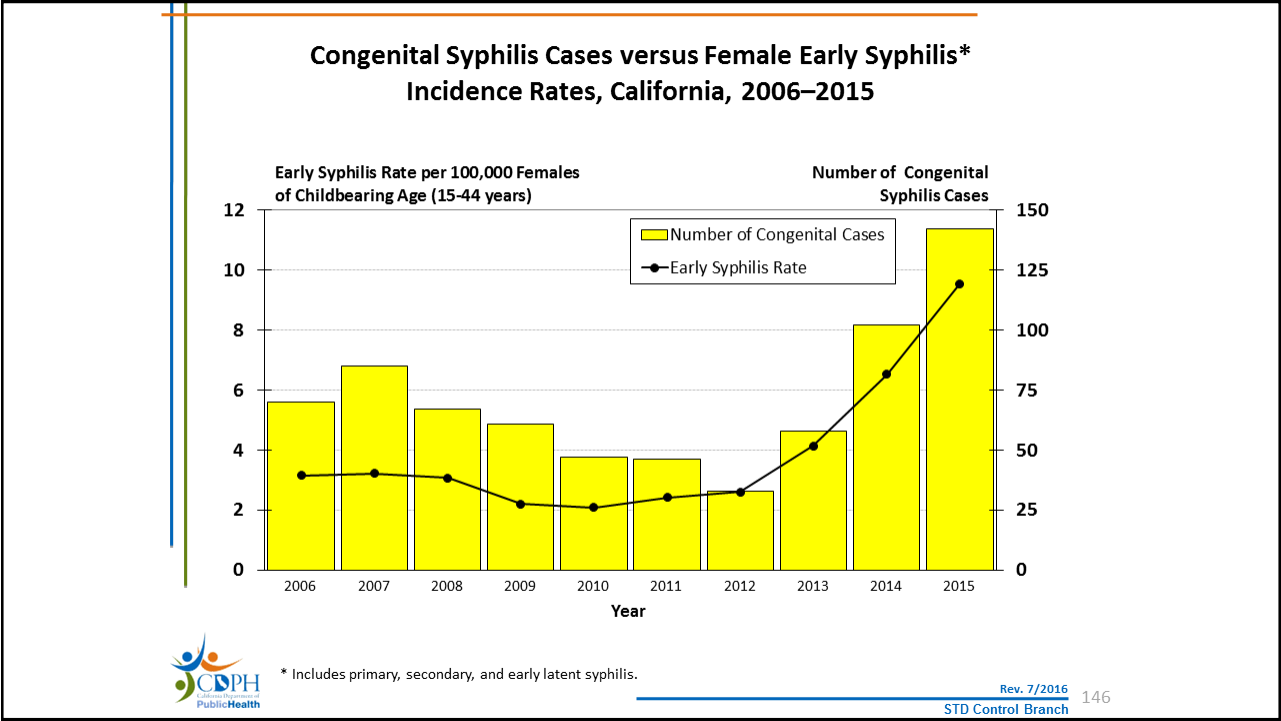
## Challenges of Increasing Congenital Syphilis

- Syphilis can be transmitted by a pregnant woman to her baby with severe health consequences including miscarriage or death shortly after birth
- Transmission can be prevented by timely treatment of the mother with penicillin
- CA rates of congenital syphilis increased from 9.2 cases/100,000 live births in 2011 to 28.2 in 2015
- SF Congenital Syphilis cases: 1 in 2015 and 2 in 2016



3/1/2017 CNN story on congenital syphilis outbreak in CA Central Valley





Slide 16

## Role of SFDPH in STD Prevention in Control in San Francisco

- Surveillance and Epidemiology
- Program Evaluation
- Clinical Guidance, Education, and Training
- Screening and Treatment Guidelines
- Research
- Community Outreach, Education, and Services

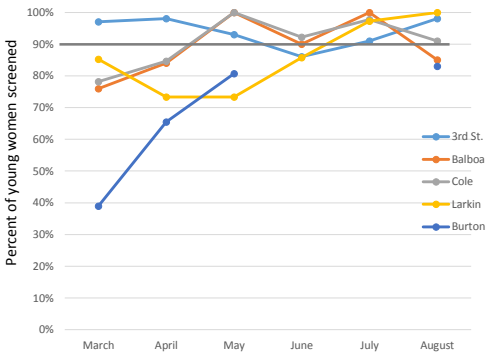




# Program Approaches for Young Women

- SFDPH Black/African American Health Initiative
- Chlamydia Screening Rates in young B/AA women in SFHN one of Four Focus Areas
- Started with Youth Clinics, assess best practices and implement throughout

BAAHI: Chlamydia Screening in young women in SFHN Youth Clinics increased in 2016



# Program Approaches to Prevent Congenital Syphilis

- Syphilis/HIV Disease Intervention Specialist Team prioritizes syphilis cases and contacts who are women of childbearing age
- Coordination with SFHN Maternal Child and Adolescent Health
- Academic detailing, Grand Rounds, monthly STD reports
- City and DPH policies of Sanctuary City, Care for All and Harm reduction



# City Clinic is Our Essential Hub for Sexual Health Services, Training and Research

- High Volume: 17,662 visits in 2016; 53% people of color
- Diagnosed 34/255 (13.3%) of the new HIV infections in San Francisco 2015
- Diagnosed and treated 2,536 cases of chlamydia, gonorrhea or syphilis in 2015
- 496 PrEP initiation visits in 2016
- 106 patients in HIV Early Care in 2016
- Trained ~100 medical and nursing students, residents, fellows and practicing clinicians in 2016
- Locally relevant research: e.g. critical site for NIH-CDC gonorrhea study leading to new alternative treatments in the CDC STD Treatment Guidelines
- Hub for Integrated STD clinical and surveillance database (ISCHTR) which also contains HIV partner services and linkage and navigation data



## CONFIDENTIAL MORBIDITY REPORT

NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.

### DISEASE BEING REPORTED:

Patient's Last Name		Social Security Number		Ethnicity (✓ one)	
First Name/Middle Name (or initial)		DOB	Age	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
Address: Number, Street		Month	Day	Year	Race (✓ one)
City/Town		State	ZIP Code	Country of Birth	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian/Pacific Islander (✓ one) <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other
Phone Number		Gender (Please Check One)		Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	
Area Code	Primary Phone Number	<input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-Binary <input type="checkbox"/> Female <input type="checkbox"/> Not Listed (Specify):		Estimated Delivery Date	
Area Code	Secondary Phone Number	<input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Unknown		Month Day Year	
Patient's Occupation/Setting		Food service <input type="checkbox"/> Day care <input type="checkbox"/> Health care <input type="checkbox"/> School <input type="checkbox"/> Correctional facility <input type="checkbox"/> Other		<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White: <input type="checkbox"/> Other:	

Improvements to  
Our Provider  
Reporting forms  
June, 2017

- Gender (Please Check One)
- ☐ Male
  - ☐ Female
  - ☒ Trans Male
  - ☒ Trans Female
  - ☐ Unknown
  - ☐ Genderqueer/Gender Non-Binary
  - ☐ Not Listed (Specify)



SEXUALLY TRANSMITTED DISEASES (STD)

Syphilis

☐ Primary (lesion present)

☐ Secondary

☐ Early latent < 1 year

☐ Latent (unknown duration)

☐ Late latent > 1 year

☐ Late (tertiary)

☐ Congenital

Neurosyphilis

☐ Chlamydia

Site:

☐ Pharyngeal

☐ Urethral/Cervical

☐ Gonorrhea

☐ Rectal

☐ Urine

☐ Chancroid

☐ Other: \_\_\_\_\_

☐ PID

STD TREATMENT INFORMATION

☐ Treated (Drugs, Dosage, Route):

Date Treatment Initiated

Month

Day

Year

Syphilis Test Results

☐ RPR

Titer: \_\_\_\_\_

☐ VDRL

Titer: \_\_\_\_\_

☐ FTA/MHA:

☐ Pos

☐ Neg

☐ CSF-VDRL:

☐ Pos

☐ Neg

☐ Other: \_\_\_\_\_

Gender(s) of Sex Partners last 12 months

Please check all that apply:

☐ Male

☐ Female

☐ Trans Male

☐ Trans Female

☐ Unknown

☐ Genderqueer/Gender Non-Binary

☐ Untreated


☐ Will treat

☐ Unable to contact patient

☐ Refused treatment

☐ Referred to: \_\_\_\_\_

SFDPH Can Help  
Ensure Patients  
are Treated



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Slide 21

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Please complete  
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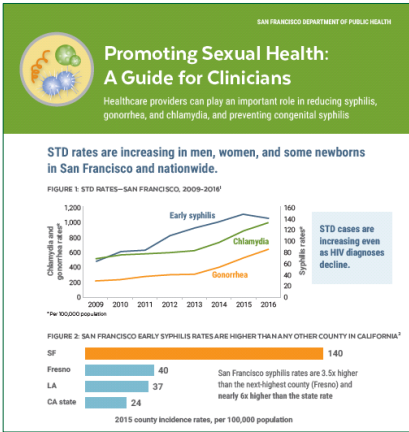
Slide 22

Local STD Epi

11

# STD Academic Detailing

- Trained educator can meet with clinicians and staff briefly (1-on-1 or in small groups) to review best practices for routine sexual health care in primary care settings
- Emphasis on extra-genital screening and self-testing
- Contact [darpun.sachdev@sfdph.org](mailto:darpun.sachdev@sfdph.org) for more information

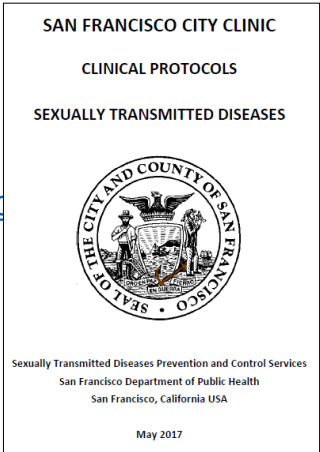


# 5 steps providers can take to improve sexual healthcare

1. Take a comprehensive sexual history that includes the gender of sexual partners and anatomic sites of sexual exposure during the past year.
2. Perform syphilis and 3-site gonorrhea and chlamydia testing every 3 months for sexually active gay, bisexual, and other MSM.
3. Immediately treat and report all syphilis and gonorrhea cases.
4. Screen all women < 26 years old for chlamydia and gonorrhea annually.
5. Test and treat ALL pregnant women for syphilis in the first trimester, and retest at the beginning of the third trimester and at delivery if there are ongoing risk factors.

# STD Clinical Protocols

- Updated May 2017
- <http://www.sfcityclinic.org/providers/STDProtocols>



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## THANK YOU!

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- Dominique Reminick and CA PTC

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