



Response to Social Services Appropriations Committee re: Gonorrhea in Utah

Gonorrhea Rates in Utah

Rates of reported Gonorrhea (GC) continued to increase in 2015, although at a reduced rate of change. Providers reported 1,562 cases of GC in 2015 (for a rate of 52.1 cases per 100,000 people) compared with 1,439 cases in 2014 (for a rate of 48.9 cases per 100,000); this represents a 6.7% increase from 2014. The 2014 rate of 48.9 cases per 100,000 represented a 48.9% increase from 2013 (32.8 cases per 100,000). Thus, it appears that the rates of GC may be leveling rather than continuing to increase steeply.

There has been a 430% increase in GC cases from 2011 to 2015, with greater increases reported in females than in males, 623% vs. 369%.

In 2015, individuals 15-24 years of age and individuals 25-44 years of age both experienced similar rates of GC (104.9 cases per 100,000 compared to 105.4 cases per 100,000); however, these rates varied by sex. Men 25-44 years of age reported the highest male rate of GC (145.1 per 100,000) while women 15-24 years of age reported the highest female rate of GC (90.4 per 100,000).

Nationally, the rates of reported gonorrhea have been increasing. Data from 2015 are not yet available, however, in 2014, the reported rate of GC for the United States was 110.7 cases per 100,000. Thus, Utah continues to be classified as a lower incidence state, ranking 43 out of the 50 states in 2014, despite our recent increases in cases.

Factors that Contribute to Gonorrhea Trends

With few exceptions gonorrhea is spread through intimate sexual contact — especially involving frequent sex with different sex partners. Before 2009 most gonorrhea cases in Utah occurred among men, and most of the men who acquired it were men-who-have-sex-with-men (MSM). But since 2011, the pattern of cases suggests that sex between men and women is driving the current epidemic. Several factors appear to be contributing to the increased spread of infection among heterosexual people: the influence of internet-based social networking, sexual contact while under the influence of alcohol and drugs, and sex with persons who have been incarcerated.

People who are infected and have symptoms need to be treated promptly and correctly. Their sex partners need to be identified and treated promptly to prevent further spread. Since the infection can be asymptomatic (i.e., people don't know they have it), high risk populations should be screened to detect and allow treatment to limit further spread. In recent years methods of screening have improved dramatically and we have the tools to control this disease. Unfortunately, the people who are responsible for spreading the disease are often poor without good access to medical care and often aren't aware of the impact on their partners. Thus, resources are needed to conduct screening, assure effective treatment, and rapidly identify and treat their partners. In the absence of those resources, the disease continues to spread and

unfortunately leads to infections in women who can develop a serious complication called pelvic inflammatory disease (PID). PID can leave them unable to bear children or lead to expensive infertility treatment to allow that.

Controlling the Spread of Gonorrhea

The best methods public health has to control the spread of gonorrhea are to increase screening for GC among women (who are often asymptomatic) and to ensure that appropriate and timely diagnostic and treatment services are provided to all gonorrhea patients and their sex partners. Prevention experts at the Utah Department of Health (UDOH) and Local Health Departments (LHDs) review all gonorrhea cases to ensure all medical providers diagnosing gonorrhea also provide appropriate treatment. In 2015, Utah's appropriate treatment rate for gonorrhea cases statewide was 90.8%. Preliminary data from 2016 indicates that this high rate of appropriate treatment has been maintained. Furthermore, 73.2% of GC cases reported in 2015 were interviewed by the LHDs so that their partners were able to receive appropriate services.

The Utah Department of Health's Response

The UDOH Prevention Treatment and Care Program (PTCP) provides some support to all LHDs in providing prevention services. This includes supplementing LHD funding to conduct case investigations, treatment verification, and partner services. The PTCP also provides limited funding to support testing and treatment services. Specifically, up to 4,400 chlamydia/gonorrhea tests are provided to various providers to increase screening in priority populations.

Constraints/Opportunities to do more

Federal funding from the CDC only supports the testing of females aged 15-24 years, their partners, and MSM. The PTCP and LHDs have not received any other state or legislative money to respond to this significant increase in gonorrhea.

Utah has no social marketing or media campaigns to alert the public on who is at risk and should be getting tested and treated for STDs. Many other health departments employ these strategies, but the PTCP currently receives no funding for these activities.

For SFY2009, the Legislature appropriated \$155,000 to address STD education. That funding supported a Health Program Specialist at .75 FTE and Epidemiologist at .20 FTE. It also provided funding for local health departments and other organizations to provide public education on STDs, and covered costs for educational materials. Funding remained relatively stable from SFY2009-SFY2011. In SFY2012, funding was dramatically reduced to \$27,700 to address the structural deficit in the state budget, and has remained close to that level since. Current funding for SFY2017 is \$30,500 and pays for .25 FTE Epidemiologist and very limited quantities of printed educational materials to distribute through partners.

Last year, UDOH submitted a Building Block request that included funds for STD testing of incarcerated persons. The request was filled using one-time TANF funds which could be used for other activities in the Building Block request but which couldn't be used for the STD testing. Currently, TANF funds support abstinence-based STD and pregnancy prevention education programs conducted in partnership with local health departments and community-based organizations.