

Disparities in STDs and HIV/AIDS: *What ever Happens*

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“if we were able to look at any given group of people in all its complexity, including its positive and negative features, we would restore the members of that group to a fuller version of their humanity.” ---Madeleine L. Van Hecke, *Blind Spots: Why Smart People Do Dumb Things*



Overview

- Burden of STDs and HIV
- For STDs: Test, Treat, and Vaccinate
- HIV Recommendations
- Role of State Legislators



STDs in the United States

- Sexually transmitted diseases (STDs) are a major public health challenge
- Substantial progress in preventing, diagnosing, and treating certain STDs in recent years

But

- CDC estimates that approximately 19 million new infections occur each year
 - almost half of them among young people ages 15 to 24
- In addition to the physical and psychological consequences of STDs, these diseases also exact an economic cost
 - Direct medical costs associated with STDs in the US are estimated at up to \$15.3 billion annually



STDs and HIV



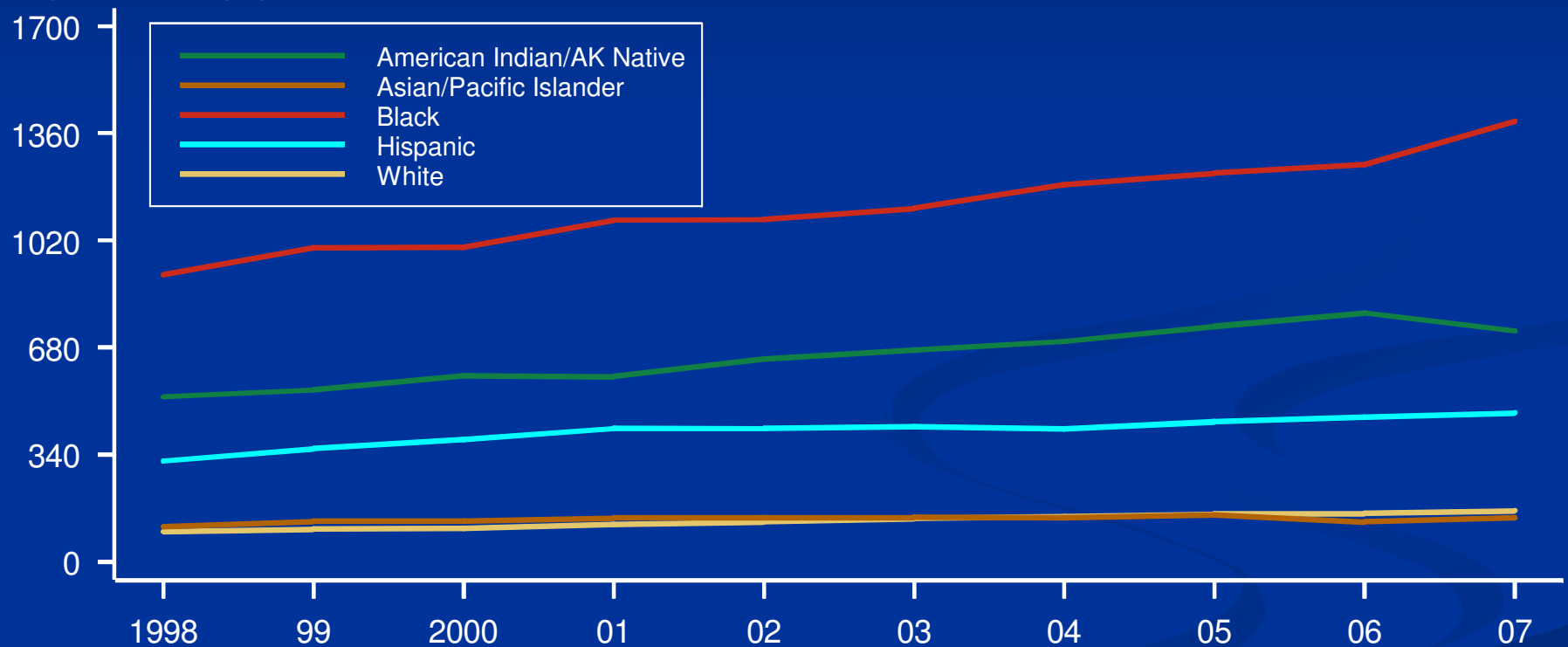
- Testing & treatment of STDs can be effective in preventing the spread of HIV
- Improved understanding of the relationship between STDs and HIV infection aids the development of effective HIV prevention programs
- Persons infected with STDs are **at least two to five times more likely than uninfected persons to acquire HIV** infection if they are exposed to the virus through sexual contact.
- Persons infected with HIV who have an STD are **also more likely to transmit HIV** through sexual contact than other HIV-infected persons.



US Chlamydia Rates by race/ethnicity 1998–2007

Rate (per 100,000 population)

2007 B:W Ratio 8:1



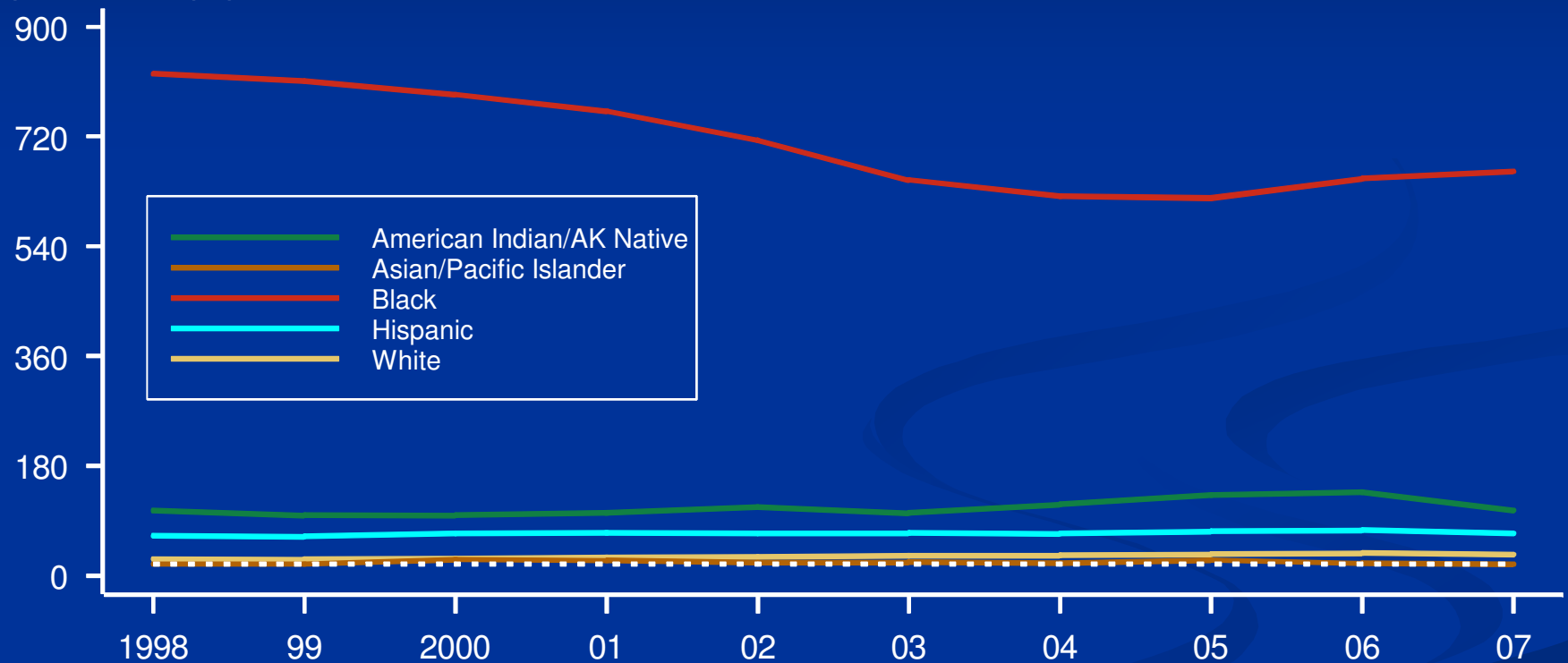
1,108,374 cases in '07



US Gonorrhea Rates by race/ethnicity 1998–2007

2007 B:W Ratio: 19:1

Rate (per 100,000 population)

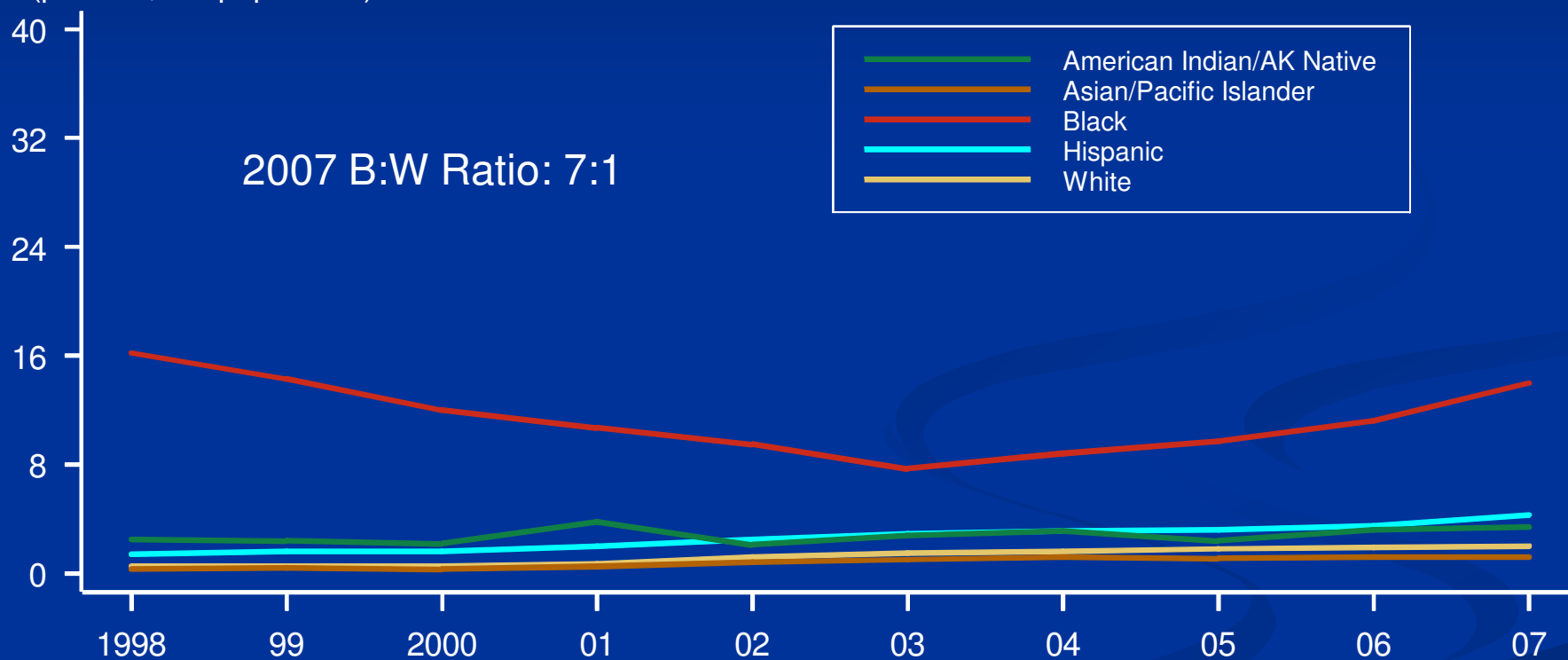


355,991 cases in '07



US Primary & secondary Syphilis Rates by race/ethnicity 1998–2007

Rate (per 100,000 population)

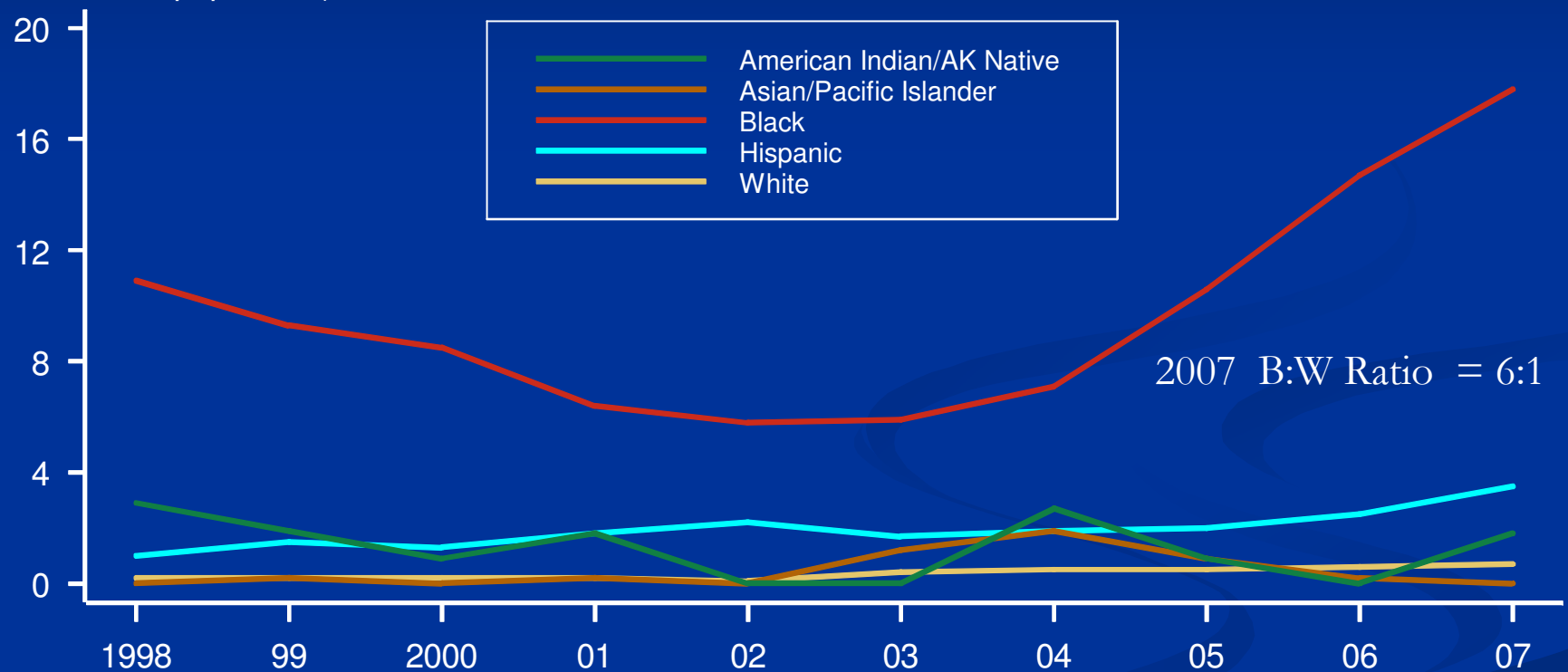


11,466 cases in '07



US Primary & secondary syphilis Rates among 15- to 19-year-old males by race/ethnicity, 1998–2007

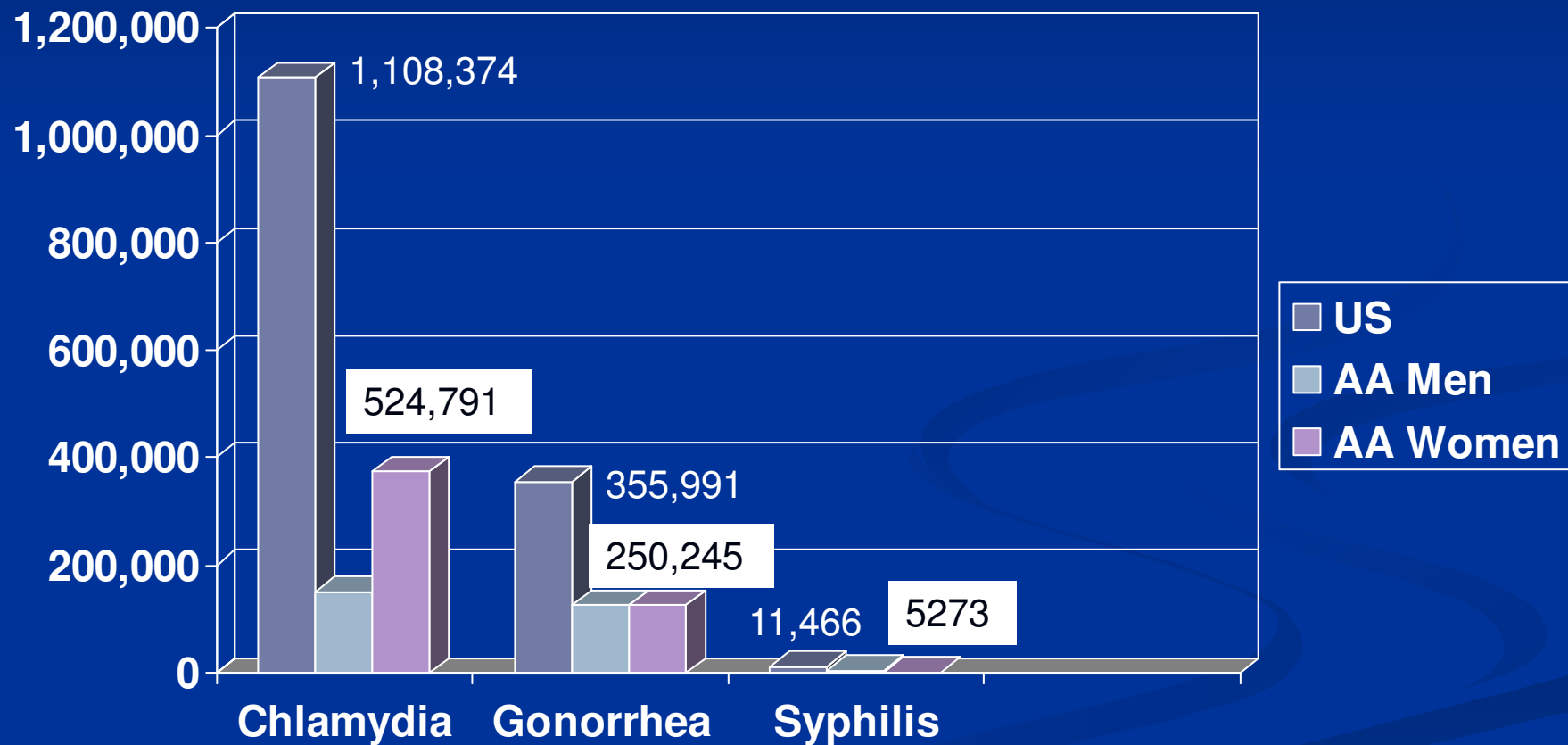
Rate (per 100,000 population)



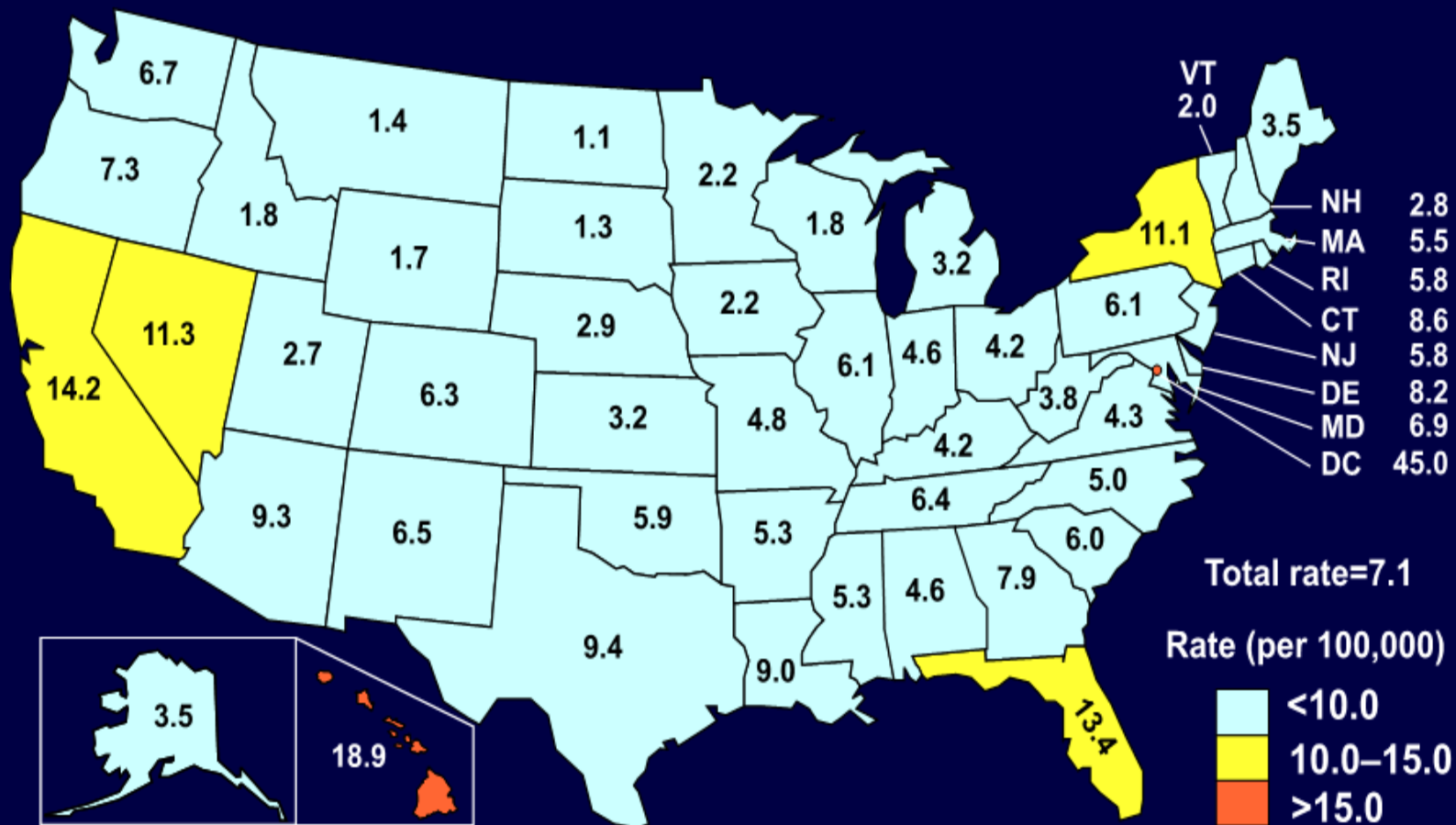
2007 B:W Ratio = 6:1



2007 Chlamydia, Gonorrhea, & P&S Syphilis Cases



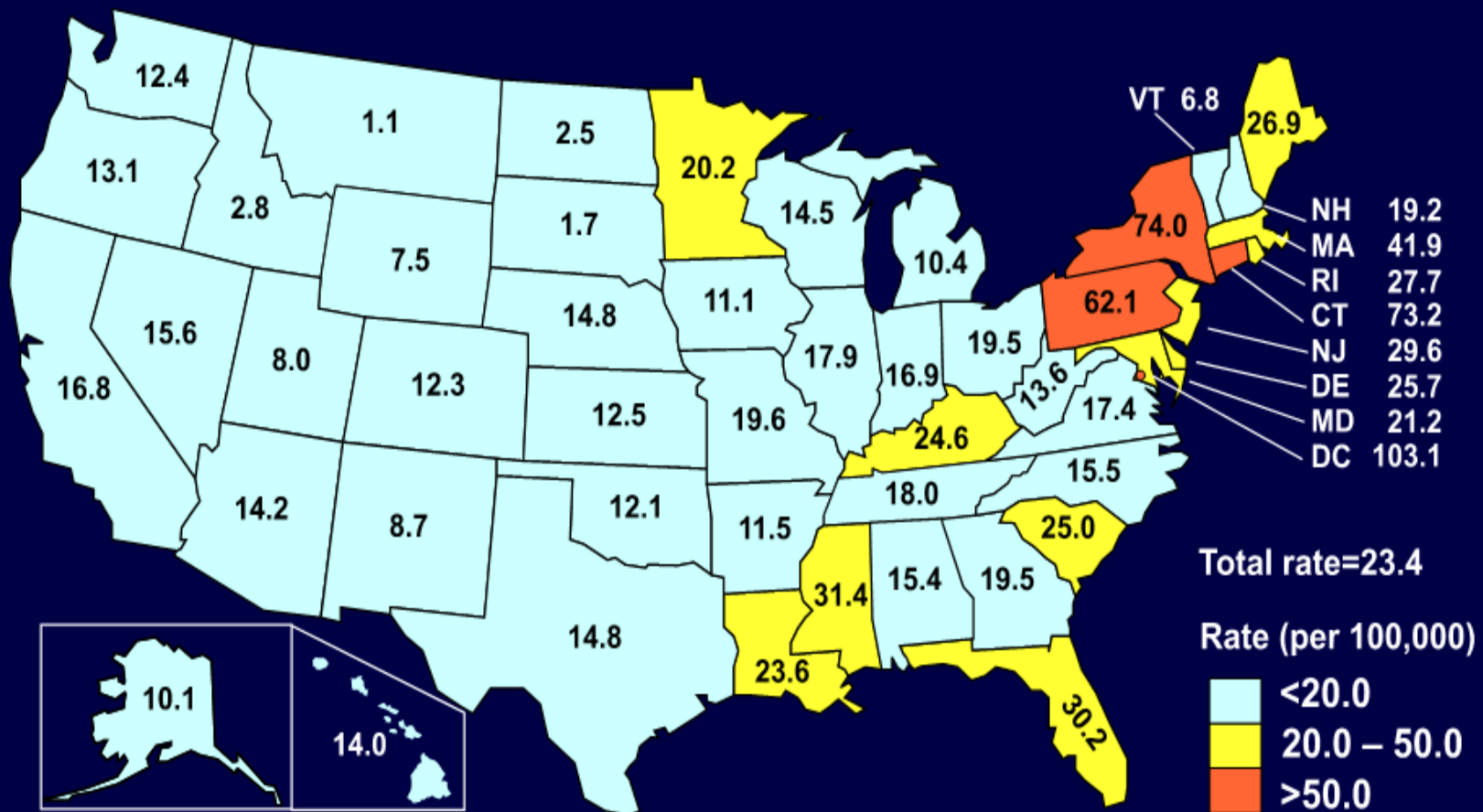
AIDS Rates for White Adults and Adolescents Reported 2003–2007—50 States and DC



Note. Excludes cases from U.S. dependent areas because of the lack of census information by race and age categories for these areas.



AIDS Rates for Hispanic/Latino* Adults and Adolescents Reported 2003–2007—50 States and DC

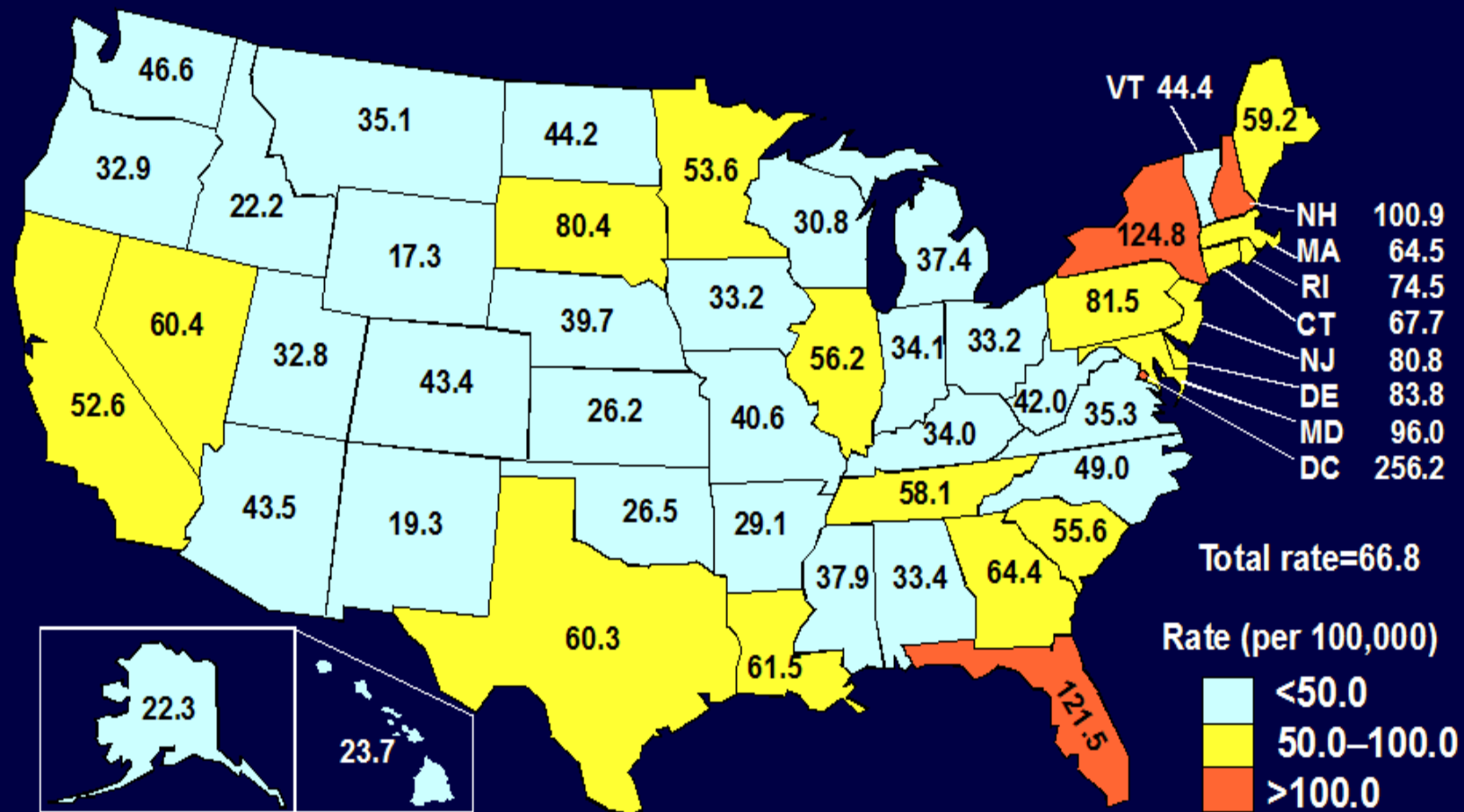


Note. Excludes cases from U.S. dependent areas because of the lack of census information by race and age categories for these areas.

*Hispanics/Latinos can be of any race.



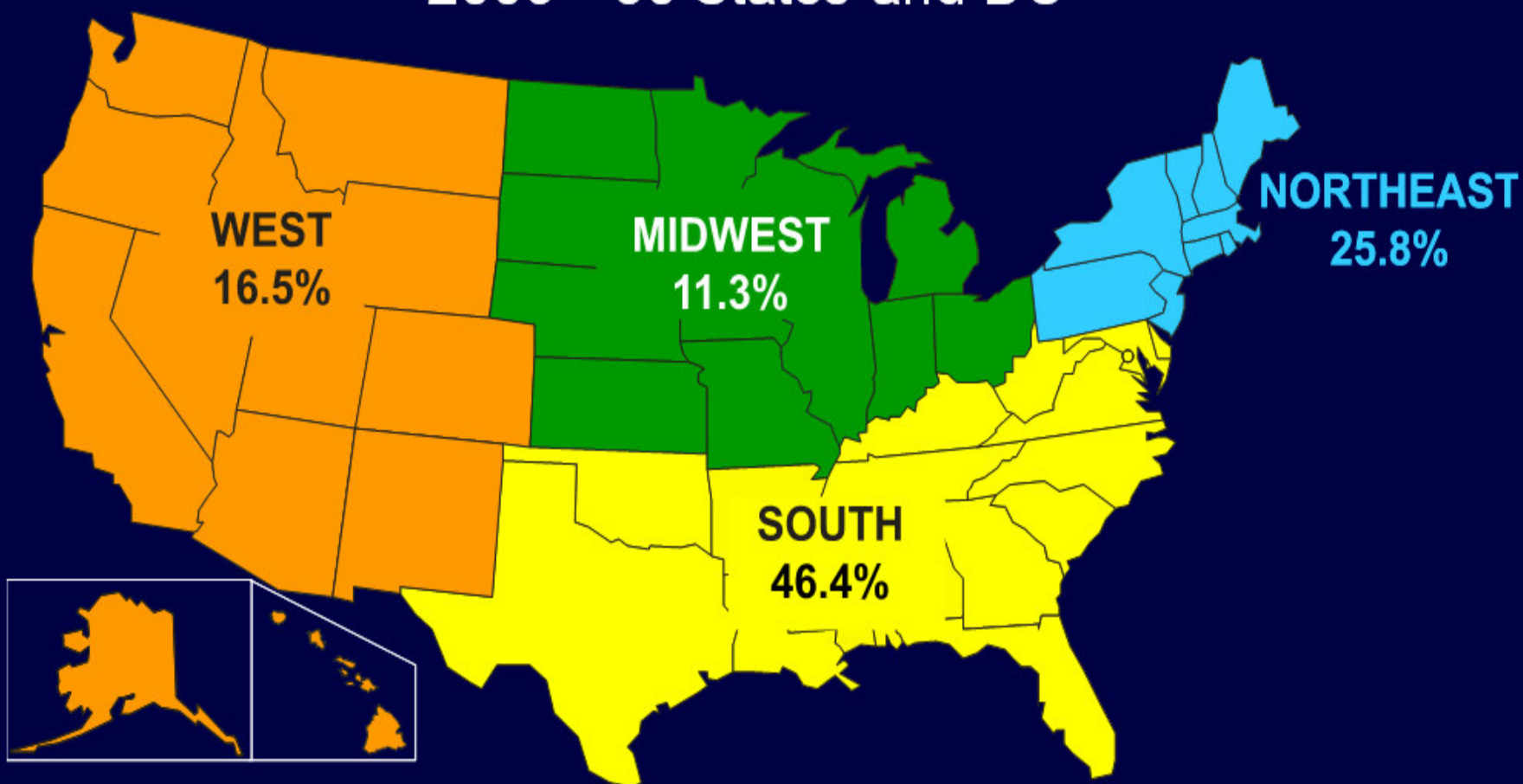
AIDS Rates for Black/African American Adults and Adolescents, Reported 2003–2007—50 States and DC



Note. Excludes cases from U.S. dependent areas because of the lack of census information by race and age categories for these areas.



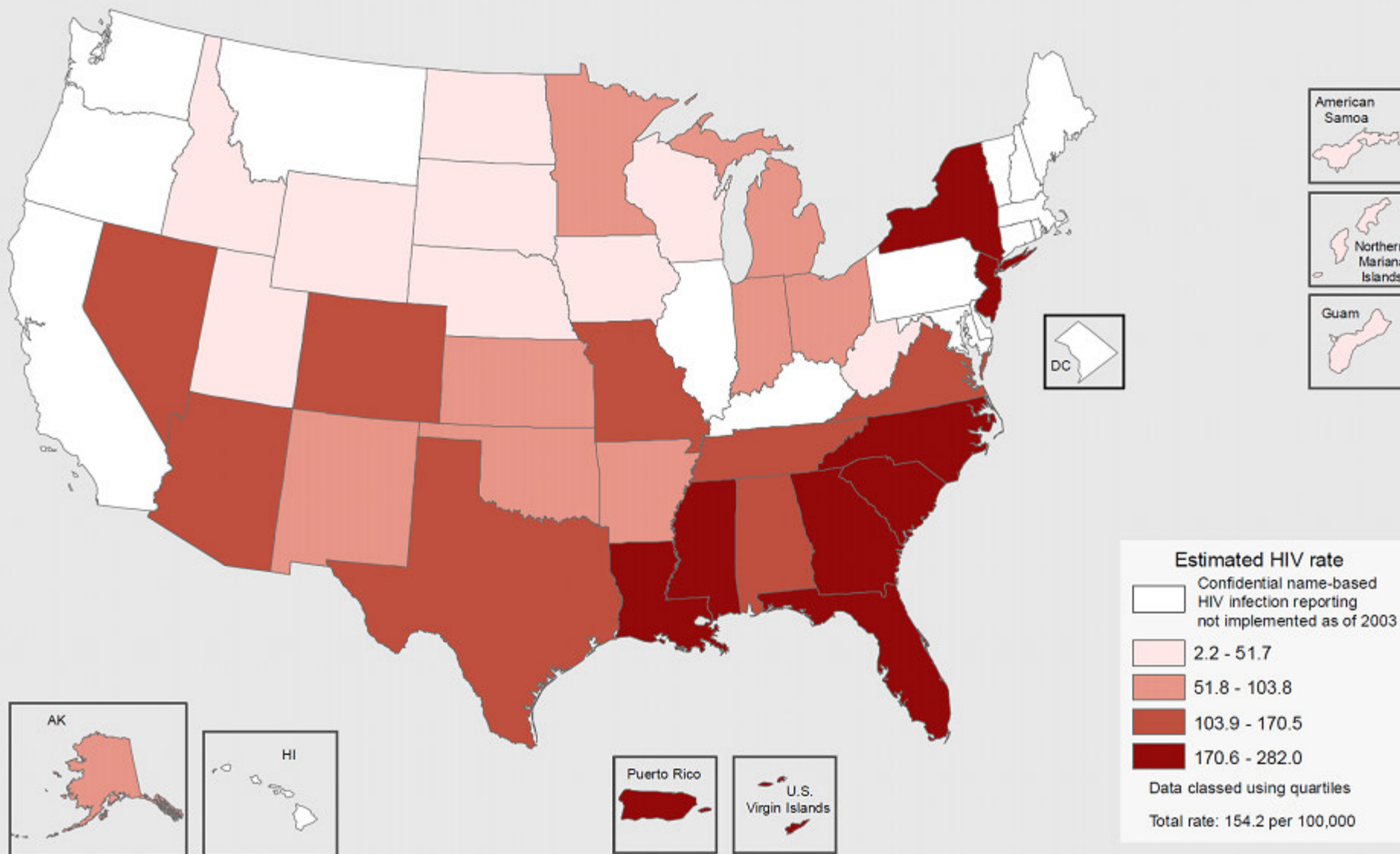
Estimated Percentages of AIDS Cases among Adults and Adolescents, by Percentage in each Region 2006—50 States and DC



Note. Data have been adjusted for reporting delays.



Estimated rates (per 100,000 population) for adults and adolescents living with HIV Infection (not AIDS), 2007 -- 34 states and 5 U.S. dependent areas

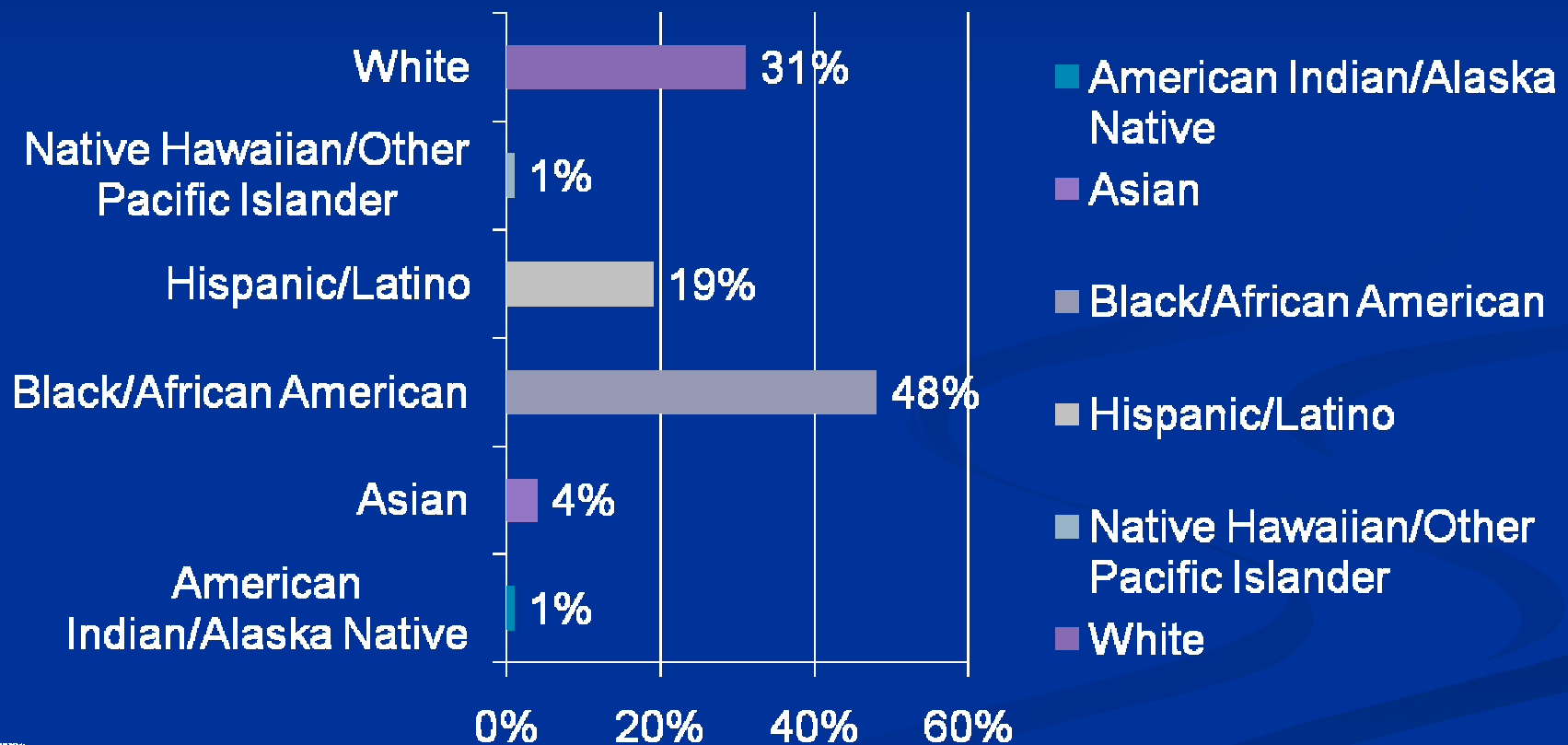


Note: Rates have been adjusted for reporting delays. Data source: HIV/AIDS Surveillance Report, 2007. Vol. 19, table 11. Inset maps not to scale.



Percentage of AIDS Cases among Adults and Adolescents by Race Ethnicity, Reported in 2007 – 50 States and DC

AIDS cases N = 37,281*



*Includes 411 persons of unknown race/ethnicity



For STDs: Test, Treat, and Vaccinate

- Most public health clinics can routinely test for:
 - Chlamydia, gonorrhea, HIV, and syphilis
- Most public health clinics can effectively treat:
 - Chlamydia, gonorrhea, and syphilis
- Vaccine is only available for:
 - Genital human papillomavirus (HPV)



HIV Testing Recommendations

- Routine, voluntary HIV screening for all persons 13-64 in health care settings, not based on risk
- Repeat annual HIV screening of persons with known risk
- Intended for all health care settings
- Provide clinical HIV care or establish reliable referral to qualified providers



HIV Testing for Pregnant Women

- Include HIV in routine panel of prenatal screening tests; second test in 3rd trimester for women known to be at risk
- Opt-out rapid testing at delivery for women with undocumented HIV status
- Rapid testing of newborn if mother's status unknown at delivery
- Initiate treatment of infant within 12 hours of birth



What Can Legislators do?

- **Avoid values being allowed to masquerade as data**
Example: People should not have sex before marriage!
- **Evaluate community's ideas, do not attack communities**
Example: They are just lazy and do not want to work!
- **Reject “perfect” being the enemy of good**
Example: Your ideas do not address all of the problems!
- **Identify multiple options and not either-or**
Example: Either the health department agrees not to distribute condoms or their budget will be cut.
- **Use reason to support/reject policies and not emotion**
Example: It would sicken me to endorse this health care policy!



“an active desire to listen to more sides than one; to give heed to facts from whatever source they come; to give full attention to alternative possibilities; to recognize the possibility of error even in the beliefs that are dearest to us.” ---John Dewey, *How We Think*, 1933



*What ever Happens, Don't Let Go of
My Hand*

What Ever Happens by Michael Jackson, Invincible
Album 2001



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- Van Hecke, ML. *Blind Spots: Why Smart People Do Dumb Things*. Prometheus Books, New York. 2007, pg. 144 – 164.
- Wise, TJ. *Between Barack and a hard place: Racism and White denial in the age of Obama*. City Lights Books San Francisco. 2009, pg. 68.





For More Information About How You Can Get Involved Please Contact:

- + Your Local Health Department
- + CDC's Division of STD Prevention www.cdc.gov/std
or me at dbj1@cdc.gov
- + American Social Health Society www.ashastd.org



THANK YOU

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