

IN THIS ISSUE: STD & HIV IN WASHOE COUNTY

**Special Edition: Reported Sexually Transmitted Diseases and HIV in Washoe County
Highlighting the Need for Testing and Intervention**

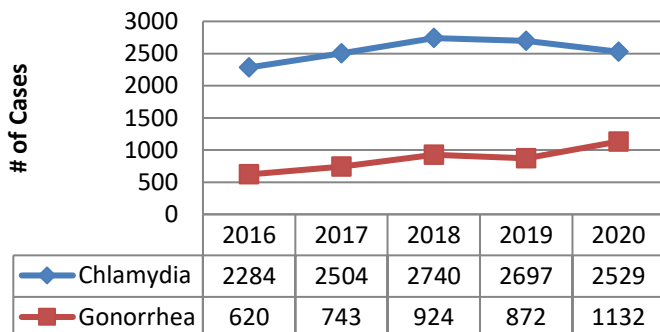
Introduction & Epidemiological Trends

For years, the U.S. has been battling steep, sustained increases in sexually transmitted diseases (STDs), also referred to as sexually transmitted infections (STIs). A [recent report by the Centers for Disease Control and Prevention \(CDC\)](#) estimates that about 20 percent of the U.S. population – approximately one in five people in the U.S. – had an STI on any given day in 2018, and STIs acquired that year cost the American health care system nearly \$16 billion in health care costs alone¹. Recent national [surveillance data](#) show STDs continue to reach all-time highs².

Nevada reports a high burden of STDs. According to the CDC’s 2019 STD Surveillance Report², Nevada ranked the highest in the nation, with a rate of 26.6 cases per 100,000 population of Primary & Secondary syphilis (the most infectious stages). Nevada ranks 4th nationally in congenital syphilis case rates, with a rate of 114.7 cases per 100,000 live births. Nevada ranks 17th in the nation in chlamydia with a rate of 587.5 cases per 100,000 population. Gonorrhea cases continue to rise in the state, with Nevada ranking 15th in the US (214.8 cases per 100,000 population).

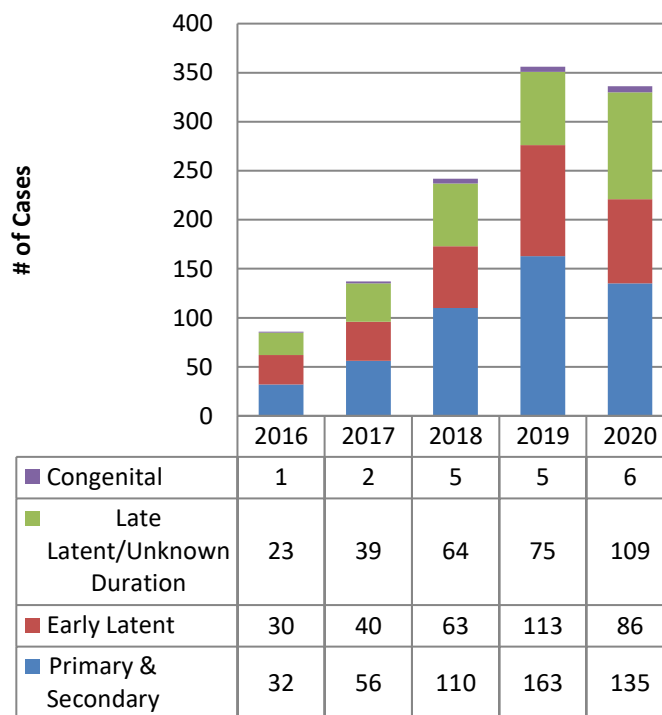
Cases in Washoe County represent a large burden on disease in our community. While chlamydia cases have decreased slightly with a 6.3% decrease from 2019 to 2020, gonorrhea cases increased 29.8% during the same time.

Figure 1: Chlamydia & Gonorrhea Reported Cases, Washoe County, 2016-2020



While syphilis cases have decreased in Washoe County from 2019 to 2020, case numbers remain high and are a significant concern. Congenital syphilis cases have increased substantially between 2012-2020. The CDC considers each case of congenital syphilis to be a sentinel event, indicating a failure of the healthcare system. Of note, Primary, Secondary and Early Latent stages are considered infectious syphilis stages. However, a person may be infectious and staged as “Unknown Duration” due to diagnosis requirements of the infectious stage not being met.

Figure 2: Reported Syphilis Cases by Stage of Disease, Washoe County, 2016-2020



The COVID pandemic likely played a part in the decrease of reported cases of chlamydia, gonorrhea, and syphilis. People may have had less sexual encounters and/or may not have requested testing with a healthcare provider. Disease investigation changes may have also contributed to the decrease in cases.

STD Disease Investigation & Intervention

Case investigations have been prioritized due to the remarkable impact of syphilis in Washoe County. Chlamydia cases are investigated to verify or offer treatment. Contact tracing, also called Partner Services, is not routinely offered for these cases.

Response to gonorrhea cases has been prioritized as well. All gonorrhea cases are investigated to verify or offer treatment. Partner Services are offered to gonorrhea cases that meet one of the following criteria: pregnancy, case has acquired two (2) or more STDs in the last 6 months, those that are 18 and younger, and cases of disseminated gonorrhea.

All reported syphilis cases are investigated to determine the appropriate response based on stage of the disease as well as a person's individual history of disease.

Human Immunodeficiency Virus (HIV)

Advancements in treatment have led to remarkable changes in the care and prevention of HIV. The United States has experienced a continuous decline of HIV cases since new classes of antiretroviral therapy (ART) were made available, starting in 1995. Deaths attributed to HIV have also decreased substantially since the introduction of ART.

Nationally, there were 36,740 people diagnosed with HIV in 2019. Over 1 million people are estimated to be living with HIV in the U.S., of those people, about 14%, or 1 in 7, did not know they had HIV. Only 63% of those who knew of their HIV status has the virus controlled by ART³.

Treatment adherence through ART is critical to intervene in HIV transmission and acquisition. Eighty percent (80%) of new HIV infections are transmitted by people who are not aware of they have HIV or are not receiving HIV care⁴. People living with HIV (PLHIV) that are taking their ART therapy and have reduced the amount of HIV in their bodies down to undetectable levels are unable to transmit HIV through sexual contact⁴. People at high risk of acquiring HIV and who have tested negative for the virus also have the benefit of using medication to prevent acquiring HIV, through pre-exposure prophylaxis (PrEP). PrEP reduces the risk of getting HIV from sex by approximately 99% when taken as prescribed. Acquisition risk through sharing drug equipment and syringes through injection drug use is reduced by at least 74% when PrEP is taken as prescribed⁴.

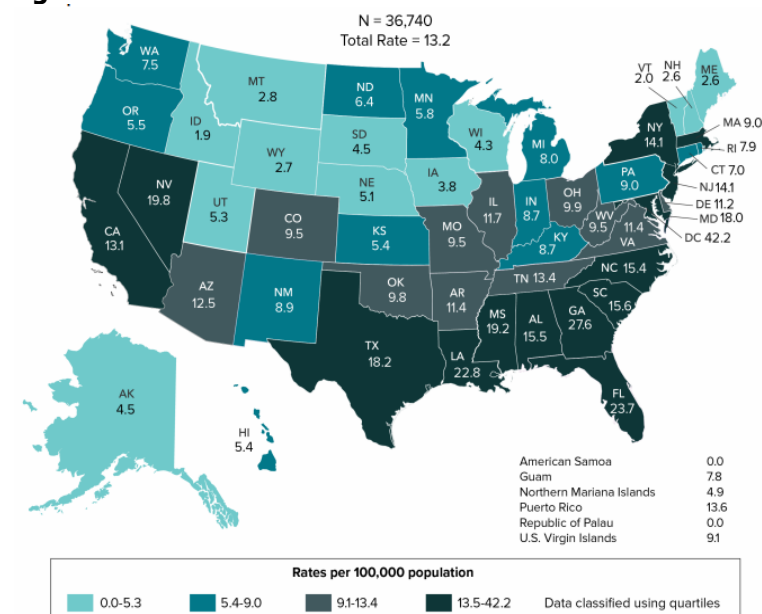
The U.S. adopted the *Ending the HIV Epidemic: A Plan for America*⁸. Four strategy pillars support the plan: Testing, Treatment, Prevention, and

Response. The overarching goal of the plan is to reduce new HIV infections by 90% by the year 2030.

HIV in Nevada & Washoe County

Nevada ranks 5th in the U.S. for new HIV diagnoses and highest in the western half of the U.S. for adults and adolescents with a rate of 19.8 per 100,000 population, compared to the U.S. rate of 13.6 per 100,000 (2019). The death rate of adults and adolescents with diagnosed HIV infection in Nevada is 3.4 per 100,000. For people living with diagnosed HIV (prevalence), Nevada continues to rank the highest in the western half of the U.S. with a rate 415.8 per 100,000 population (2019).

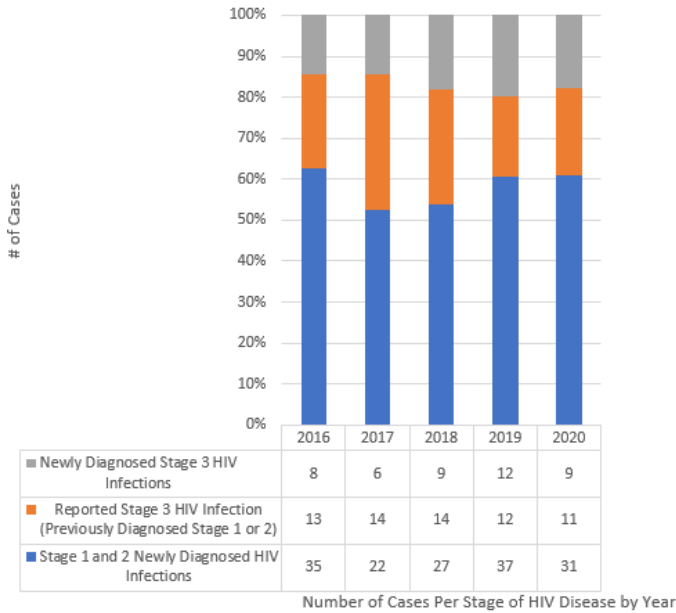
Figure 3: State HIV Diagnoses by Rate, 2019, Ages 13 Years and Older.



Washoe County has maintained stable new HIV incidence rates for many years; in 2019 Washoe County reported a rate of 10.8 per 100,000. Stage 3 HIV infection, formerly known as AIDS, indicates that the immune system has deteriorated to the point where opportunistic infections can cause severe illness. In Washoe County, the Stage 3 rate was 2.6 per 100,000 population in 2019.

Every year, a concerning number of newly reported HIV infections have already progressed to Stage 3. This indicates that the person has been living with HIV for an extended period. Without ART, progression from infection to advanced HIV disease takes approximately 10 years. This indicates that a person did not get tested for HIV closer to the time of infection and have a damaged immune system. Most often, newly diagnosed Stage 3 cases presented to hospitals are already very ill with opportunistic infections. These cases are considered "late testers."

Figure 4: HIV Infections by Stage of Disease, Including Newly Diagnosed Stage 3 Cases, Washoe County, 2016 – 2020.



To end the HIV epidemic in Nevada and Washoe County, it is imperative that more testing be available in the community. When a person knows their HIV status, the individual and their provider are able to provide appropriate referrals to HIV care, for those diagnosed. For those that test negative, PrEP is a highly effective prevention strategy that can be offered by community health care providers, following [U.S. Public Health Service guidance](#)⁵. While 1-in-7 of people living with HIV are unaware of their status, 1-in-5 PLHIV in Nevada are unaware that they have acquired HIV⁶.

The CDC recommends that everyone between the ages of 13-64 be tested for HIV at least once and then more often, depending on their risk⁷. The U.S. Preventive Services Task Force (USPSTF) echoes the CDC recommendation with a Grade A recommendation that clinicians screen for HIV infection in adolescents and adults aged 15-64⁹. Per the Affordable Care Act, this is a preventive service that is covered by the majority of insurance, with no cost-share to the patient. PrEP is also a Grade A recommendation of the USPSTF⁹.

Conclusion

WCHD encourages healthcare providers to routinely offer STD and HIV testing and assess the sexual risk of their patients. During the 2021 Nevada Legislative, [Senate Bill 211](#)¹¹ was passed into statute, effective July 1, 2021, requiring primary care providers and emergency departments to offer STD and HIV testing to their patients aged 15-64. The intent of the bill is to identify cases through increased STD and HIV testing. Additionally, the

stigma surrounding STD and HIV can be reduced by normalizing testing and discussion between providers and their patients.

For assistance on implementing sexual health risk assessments, community education, condom distribution, training opportunities, PrEP/PEP education, and HIV related matters, please contact Jen Howell, Sexual Health Program Coordinator at jhowell@washoecounty.us or 775-328-6147.

For STD disease investigation and reporting matters, please contact Allison Schleicher at aschleicher@washoecounty.us or 775-328-2475.

Disease Reporting

The list of reportable communicable diseases and reporting forms can be found at <http://tinyurl.com/WashoeDiseaseReporting> or call 775-328-2447. To report a communicable disease, please fax your report to the WCHD at 775-328-3764.

References

- Centers for Disease Control and Prevention. *Sexually Transmitted Infections Prevalence, Incidence, and Cost Estimates in the United States*. <https://www.cdc.gov/std/statistics/prevalence-incidence-cost-2020.htm>. Published February 2021.
- Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2019*. <https://www.cdc.gov/std/statistics/2019/default.htm>. Published April 2021.
- Centers for Disease Control and Prevention. *HIV Surveillance Report, 2018 (Updated)*; vol. 32. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-32.pdf>. Published May 2021.
- Centers for Disease Control and Prevention. *HIV Treatment as Prevention*. <https://www.cdc.gov/hiv/risk/art/index.html>. Updated February 2021.
- US Public Health Service. *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update: A Clinical Practice Guideline*. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>.
- Pacific AIDS Education and Training Center – Nevada. 2020. *State of Nevada Ending the HIV Epidemic (EHE) Plan*. <https://endhivnevada.org/wp-content/uploads/2021/01/Nevada-EHE-Plan-Final.pdf>.
- Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report, 2006; 55(RR14); 1-17. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.
- Centers for Disease Control and Prevention. *HIV Prevention in the United States: Mobilizing to End the Epidemic*. <https://www.cdc.gov/hiv/policies/strategic-priorities/mobilizing/index.html>. Published February 2021.

9. U.S. Preventive Services Task Force. 2019. *Human Immunodeficiency Virus (HIV) Infection: Screening*. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>.

10. U.S. Preventive Services Task Force. 2019. *Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis*. <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis>.

11. Nevada Legislative Counsel Bureau. *SB211: Establishes Requirements relating to testing for sexually transmitted diseases*. <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bills/7672/Text>.