Sexually Transmitted Infections
Chlamydia cases increased by 38% between 2010 and 2017
  • The 2017 Massachusetts state rate was 445.7 per 100,000

Infectious Syphilis cases increased by 56% between 2013 and 2017
  • The 2017 Massachusetts state rate was 16.66 per 100,000
  • Between 2015 and 2017, approximately 40% of infectious syphilis cases were co-infected with HIV

Gonorrhea cases increased by 329% between 2010 and 2017
  • This increase was primarily among men
  • In 2017, the Massachusetts state rate increased by 58% to 111.6 per 100,000
Confirmed Chlamydia Case Rates by City/Town

Incidence Rate of Chlamydia Cases, per 100,000 Persons¹, by City/Town: Massachusetts, 2017²

N=29,202

Statewide Totals
Total Cases: 29,203
Unknown City/Town: 1,113
Population¹: 6,547,629

¹ For all maps, population based on 2010 United States Census. Please note, population data for trends are based on intercensal and annual estimates from the United States Census Bureau, Population Division.
² Data are current as of 09/06/18 and subject to change.
³ Case counts less than 5 in populations less than 50,000 are suppressed to maintain patient confidentiality.

Bureau of Infectious Disease and Laboratory Sciences

Data current as of 9/6/18
Confirmed and Probable Infectious Syphilis Case Rates by County

Incidence Rate of Infectious Syphilis Cases, per 100,000 Persons\(^1\), by City/Town: Massachusetts, 2017\(^2\)

N=1,091

Statewide Totals
- Total Cases: 1,091
- Unknown City/Town: 0
- Population\(^1\): 6,547,629

Rate per 100,000 Persons
- No Reported Cases
- Suppressed\(^3\)
- ≤5
- 6-10
- >10

\(^1\) For all maps, population based on 2010 United States Census. Please note, population data for trends are based on intercensal and annual estimates from the United States Census Bureau, Population Division.
\(^2\) Data are current as of 09/08/18 and subject to change.
\(^3\) Case counts less than 5 in populations less than 50,000 are suppressed to maintain patient confidentiality.

Bureau of Infectious Disease and Laboratory Sciences

Data current as of 9/6/18
Confirmed Gonorrhea Case Rates by City/Town

Data current as of 9/6/18
Myth or Fact

You CANNOT get an STI from oral sex.

MYTH: Any exposure to genitalia or body fluids puts you at risk for getting an STI. There are many STIs that can be transmitted through oral sex, including genital herpes, Human Papilloma Virus, gonorrhea, hepatitis A, chlamydia, and syphilis.
Myth or Fact

• Birth control protects against pregnancy and STIs.

• MYTH: The birth control pill does not protect against STIs.
Myth or Fact

Once you’ve had an STI, you CANNOT get it again.

MYTH: You can get some STIs more than just once. Some STIs are yours for life, like herpes and HIV and HBV. Others, like chlamydia and gonorrhea, can be treated, but you may get infected again if you have sexual contact with someone who has them.
MYTH: STI’s cannot be passed from a toilet seat. Even if the bacteria and viruses that can cause an STI got onto the seat, they cannot survive for long after leaving the human body. Most organisms do not last any more than a few minutes, because they dry out and die.
Myth or Fact

• You CANNOT have more than one STI at once.

MYTH: You can have multiple STIs at a time. For example, if you have just one other untreated STI, you are at higher risk for contracting HIV. Your chances are greater if you have genital warts, lesions or ulcers like those you can get with syphilis or herpes.
• If my partner has an STD, I’ll know/see it.

MYTH: There’s often no sign that a person has an STI, so they need to do tests, like bloodwork. STIs don't always cause symptoms, but it is possible to carry and spread the virus or bacteria.
Myth or Fact

• Anal sex has a higher risk of spreading STIs than many other types of sexual activity.

FACT: Anal sex does have a higher risk of spreading STIs. The lining of the anus is thin and can easily be damaged, which makes it more vulnerable to infection.
Myth or Fact

• Women who sleep with women CANNOT get STI’s

MYTH: While women who sleep with women can be at a lower risk for some forms of STIs, they can, and do contract STDs as well. Any form of unprotected genital contact carries some risk of exposure.
Reportable Sexually Transmitted Infections

- Chancroid
- Chlamydial infections (genital)
- Gonorrhea
- Gonorrhea resistant to Ceftriaxone
- Herpes, neonatal (onset within 60 days after birth)
- HIV infection and AIDS
- Lymphogranuloma Venereum
- Ophthalmia neonatorum (typically caused by Gonorrhea or Chlamydia passed on during childbirth)
- Pelvic inflammatory disease
- Syphilis
Are STIs Curable?

Antibiotics can cure **bacterial** STIs, but cannot reverse the long-term damage

- Chlamydia
- Gonorrhea*
- Syphilis
- Trichomoniasis *(parasitic protozoan)*
- Lymphogranuloma venereum
- Chancroid

Treatment can improve the lives of many people living with **viral** STIs, (but there is no cure)

- HIV
- Herpes
- HPV
- Hepatitis B
Why Is This Important?

Often no signs or symptoms

People are unaware of infection, and don’t receive treatment.

Long-term damage

May have passed infection to others

20 million new infections every year in the U.S.

More than 50% of all people will have an STD at some point in their lifetime
Curable STI’S
Pubic Lice (Crabs)

- Millions of people get infected with pubic lice every year.
- They live on the skin and coarse hairs that are around your genitals, and they feed on your blood.
- Pubic lice spread really easily during sexual contact.
Public Lice (Crabs)

- Public lice symptoms include pretty intense itching
- It’s usually easy to get rid of them with over-the-counter medicines.
- Sometimes they’re spread through close, personal contact.
- You can get pubic lice where other types of coarse hair - eyelashes, eyebrows, chest hair, armpits, beards, and mustaches
- Sometimes pubic lice are spread by using an infected person’s clothes, towels, or bed (not toilet seats)
Pubic Lice (Crabs)
Lymphogranuloma Venereum

- Lymphogranuloma venereum (LGV) is a long-term (chronic) infection of the lymphatic system.

- It is caused by any of 3 different types of the bacteria *Chlamydia trachomatis*.

- The bacteria are spread by sexual contact. The infection is not caused by the same bacteria that cause genital chlamydia.
Symptoms of LGV can begin a few days to a month after coming in contact with the bacteria

- Drainage through the skin from lymph nodes in the groin
- Painful bowel movements
- Small painless sore on the male genitals or in the female genital tract
- Swelling and redness of the skin in the groin area
- Swelling of the labia
- Swollen groin lymph nodes on one or both sides; it may also affect lymph nodes around the rectum in people who have anal intercourse
- Blood or pus from the rectum
Possible Complications

- Health problems that may result from LGV infection include:
- Abnormal connections between the rectum and vagina (fistula)
- Brain inflammation (encephalitis) - very rare
- Infections in the joints, eyes, heart, or liver
- Long-term inflammation and swelling of the genitals
- Scarring and narrowing of the rectum
- Complications can occur many years after you are first infected.
Lymphogranuloma Venereum
Chancroid

- Chancroid is a bacterial sexually transmitted disease

- It is characterized by painful necrotizing genital ulcers

- It is a highly contagious but curable disease.

- Chancroid was once highly prevalent in many areas of the world, but with improved diagnosis and treatment options, have eradicated chancroid as an endemic disease in industrialized countries. In 2000, the proportion of chancroid among genital ulcerative diseases decreased from 69% to 15%
Chancroid

- Symptoms usually occur within four days to ten days from exposure. 
- The ulcer begins as a tender, elevated bump, or papule, that becomes a pus-filled
Chlamydia

In the U.S.
• Most frequently reported STD
• Estimated 1.71 million new cases in 2018

How is it spread?
Vaginal, anal, or oral sex with someone who has chlamydia.
Infected pregnant women can pass it to their baby during pregnancy or childbirth.
Chlamydia

The “Silent” Disease

Possible symptoms include:

- Abnormal vaginal/penile discharge
- Burning sensation when urinating
- Rectal pain, discharge, or bleeding
- Pain/swelling in one or both testicles (less common)
Chlamydia

The “Silent” Disease

Can lead to:
- Sterility or infertility
- Infection spreading to tube that carries sperm to/from the testicles (causing pain and/or fever)
- Pelvic Inflammatory Disease (PID)
  - Scar tissue formation in fallopian tubes
  - Ectopic pregnancy
Chlamydia Discharge
Gonorrhea

In the U.S.
- 2nd most common disease reported
- Estimated 555,608 new cases in 2018

How’s It Spread?
Vaginal, anal, or oral sex with someone who has gonorrhea
A pregnant woman infected with gonorrhea can give the infection to her baby during childbirth
Gonorrhea

Possible symptoms include:

- Painful or burning sensation when urinating
- Abnormal vaginal/penile discharge (white, yellow, or green)
- Rectal discharge, itching, soreness, bleeding
- Vaginal bleeding between periods
- Painful or swollen testicles (less common)
Gonorrhea

Possible symptoms include:

- Painful or burning sensation when urinating
- Abnormal vaginal/penile discharge (white, yellow, or green)
- Rectal discharge, itching, soreness, bleeding
- Vaginal bleeding between periods
- Painful or swollen testicles (less common)
Gonorrhea in the mouth

Genital discharge can be green, yellow or white
Pelvic Inflammatory Disease

- A serious infection that affects a woman’s reproductive organs often caused by untreated STI’s like chlamydia or gonorrhea
- May experience mild or no symptoms
  - Pain in your lower abdomen
  - Fever
  - An unusual discharge with a bad odor from your vagina
  - Pain and/or bleeding when you have sex
  - Burning sensation when you urinate
  - Bleeding between periods
Pelvic Inflammatory Disease

- Treatment can help if caught early but won’t undo any damage or complications to the reproductive system
  - Formation of scar tissue outside & inside the fallopian tubes (blockage)
  - Ectopic pregnancy
  - Infertility
  - Long-term pelvic/abdominal pain
Primary & Secondary Syphilis

“The Great Imitator” affected approximately 30,644 people in 2018 in the U.S.

How is Syphilis Spread?

• Direct contact with a syphilis sore (chancre) during vaginal, anal, or oral sex.
• Can be spread from an infected mother to her unborn baby.
Primary Syphilis

**Chancre - syphilis sore**

- Firm, round, and painless
- Appears within 2-6 weeks after exposure (could take up to 3 months)
- Found on the part of the body exposed to the infection (penis, vagina, anus, lips, in rectum, or in mouth)
- Typically disappear after a few weeks without treatment (still progresses to next stage)
Secondary Syphilis

- Appears about 4 weeks after chancre heals
- Will go away without treatment, but infection will progress

- non-itchy RASH with rough red or reddish brown spots
- Alopecia or patchy hair loss
- Mucous Patches usually in the mouth, vagina, or anus
Latent Syphilis

The period when there are no signs/symptoms but syphilis is still present in the body

If left untreated, you can continue to have syphilis in your body for years without any signs or symptoms.
Late (Tertiary) Syphilis

Typically Occurs 10-30 years after infection begins!

- Can damage almost any part of the body including the heart, brain, spinal cord, eyes and bones
- Can result in mental illness, blindness, deafness, heart disease and death
- **Gumma**: soft, gummy tumor

Types
- Cardiovascular Syphilis
- Neuro Syphilis
Neurosyphilis Syphilis

Usually occurs during late syphilis but can occur at anytime during the infection.

Symptoms:
- Difficulty coordinating muscle movements
- Paralysis
- Numbness
- Blindness
- Dementia
- Damage to internal organs
- Can result in death

More likely to occur early in the disease process if HIV infection is also present!
Trichomoniasis
Estimated 3.7 million in 2018

Parasite passed during vaginal sex
70% of infected people have no signs/symptoms

Possible symptoms include:
- Itching, burning, redness or soreness of the genitals
- Burning with urination or ejaculation
- Thin discharge: can be clear, white, yellowish, or greenish
  - Can produce unusual or foul smell

Infection usually occurs:
- Lower genital tract (vulva, vagina, penis or urethra)

Greatly increases the risk of getting other STIs!
Trichomoniasis Discharge
Treatable but no cure
Genital Herpes
(HSV-2)

How is it Spread?
Vaginal, oral, or anal sex OR skin-to-skin contact with someone who has the virus

Symptoms:
- One or more blisters on or around the genitals, rectum, or mouth
- The blisters break & leave painful sores that take weeks to heal
- These symptoms are sometimes called “having an outbreak”

Usually characterized by NO or very mild symptoms... NO CURE.

1 in 8 people aged 14-49 have genital herpes. Most people do not know it!
Genital Herpes
How is HPV transmitted?
• Vaginal, Anal, and Oral sex
  (Vaginal & anal most common)

HPV is VERY common!
Most sexually-active men and women will get at least one type of HPV at some point in their lives (estimated 80%).
HPV-Related Health Problems

- Genital warts
- Cervical pre-cancer
- Penile cancer
- Throat cancer

- #1 cause of cervical, anal, and penile cancers
- Most people with HPV do not know they have it
- There is no treatment for the virus itself, but there is a preventative vaccine
- In most cases, the immune system will overcome HPV on its own
Human Papilloma Virus (HPV)
You should not make any assumptions about site specific risks.

Do not assume that only MSM will get an STI in the anus.

When doing a risk assessment, the type of sex someone is engaging in is as important as how many sexual partners they have had.
Partner Services Program

• When people in Massachusetts are diagnosed with one of several sexually transmitted diseases (STIs), the Massachusetts Department of Public Health provides sexual health services.

• These services are all free, voluntary, and confidential.
If someone has been diagnosed with HIV or another STD, someone from a team of specially-trained staff can:

- Answer questions about STDs
- Discuss current sexual practices as well as a range of risk-reduction strategies
- Support medical care engagement and, in some instances, re-engagement if patients have fallen out of care
- Support linkage to other health and social services
- Anonymously notify partners of a potential exposure
- Assist partners with getting testing and treatment/care
Why is partner notification important?

• When someone identifies partners to be notified about a potential exposure:

• There is a reduced likelihood your patient will be infected again

• Their partners are prompted to be screened and get treatment or care

• Fewer people in the community will become infected or experience complications of untreated STDs
How does the Partner Services Program help clients?

• Understand how STDs are transmitted

• Identify strategies for reducing the likelihood of acquiring or transmitting STDs in the future

• Notify partners of a potential exposure

• Explain the importance of routine screenings, treatment, and/or ongoing care

• Identify and address barriers that might keep someone from getting screened, treated, or remaining in care

• Obtain condoms and other prevention tools
What is my role?

• Providers (i.e. clinicians, test counselors, case managers, etc.) play an important role in supporting this effective public health service designed to help patients and their partners know about their STD status, understand how to prevent STDs, get tested and treated, and remain engaged with care.
They ask that you collaborate with them by:

• Educating patients about the range of services we provide, including partner notification

• Distributing Partner Services Program materials to patients, highlighting the value of these services

• Encouraging patients to utilize the Partner Services Program

• Assuring patients that respect and confidentiality will be maintained
Thank You!