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**To:** Hospitals, Emergency Rooms, Community Health Centers, College Health Centers, Local Health Departments, Community Based Organizations, Internal Medicine, Family Medicine, Infectious Disease, OB/GYN, and Primary Care Providers

**From:** New York State Department of Health, AIDS Institute

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**HEALTH ADVISORY: SYPHILIS, GONORRHEA and HIV DIAGNOSES INCREASING IN CAPITAL DISTRICT REGION<sup>1</sup>**

- The increase in primary and secondary (P&S) syphilis, the most infectious stages of syphilis, is higher in the Capital District Region than all other regions in New York State (NYS). P&S cases increased 76% from 2015 to 2016.
- Although the burden of P&S syphilis is still predominately among males, this region is seeing increases in cases among women, which is of additional concern given the risk of congenital syphilis.
- This region is also seeing larger than expected increases in gonorrhea.
- New diagnoses of Human Immunodeficiency Virus (HIV) infection in New York residents of Albany, Rensselaer, Saratoga and Schenectady Counties increased 16% between 2015-2016. Schenectady County is of particular concern, with new HIV diagnoses doubling from 2015-2016. Preliminary HIV data for 2017 continue to show an increase in this area.
- Rates of HIV and STD coinfection are high in this area, with 32% of early syphilis cases residing in this area also having a diagnosis of HIV.

**What the Current Data are Showing**

P&S syphilis, the most infectious stage of syphilis, has been increasing in NYS since 2011. The disease burden is predominately among males (95% in 2016), with the highest rates among non-Hispanic blacks. Men who have sex with men (MSM) continue to account for most male cases (86% of males with known partner information in 2016 reported having sex with men). However, there is a noted increase of cases among women of childbearing age. This is seen both in NYS and nationally.<sup>2</sup>

The Capital District Region is experiencing a larger than expected increase of syphilis:

- A **76% increase** in P&S cases from 2015 to 2016, compared to 22% statewide.
- Preliminary data show a **157% increase** in reported cases in the region in the first six months of 2017 compared to the first six months of 2016.
- Though data are considered preliminary for 2017, and the number of reported cases in some counties are small, large percent increases in reported syphilis cases in the first six months of 2017 compared to the first six months of 2016 were seen in Albany, Clinton, Columbia, Rensselaer, Saratoga, Schenectady, and Warren counties.

<sup>1</sup> Region includes the following counties: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington

<sup>2</sup> <https://www.cdc.gov/std/stats16/default.htm>

NYS data are provided by the NYSDOH Division of Epidemiology, Evaluation and Partner Services

While the predominant burden remains among males, the burden among females is of concern. Preliminary data show **12 reported female P&S cases** in the first 6 months of 2017, compared to just 3 reported in all of 2016.

Furthermore, racial/ethnic disparities exist with syphilis infections. The percent increase in P&S cases among non-Hispanic blacks is **double** that of non-Hispanic whites, between the first half of 2017 compared to the first half of 2016. This follows trends showing disparities across all reportable STDs in New York State.

In addition to syphilis increases, some Capital District counties are also seeing increases in gonorrhea.

- Though data are considered preliminary for 2017, and the number of reported cases in some counties are small, large percent increases in reported gonorrhea cases in the first six months of 2017 were seen in Albany, Rensselaer, Columbia, Schenectady, Greene, Montgomery, Schoharie, and Warren counties.

Lastly, new diagnoses of HIV infection in New York residents of Albany, Rensselaer, Saratoga and Schenectady Counties increased 16% between 2015-2016. New diagnoses of HIV infection in Schenectady County doubled from 2015-2016. Preliminary HIV data for 2017 continue to show an increase in this area.

- Men accounted for 87% of new HIV diagnoses in 2016-2017, with 71% of male cases occurring among MSM.
- Forty-three percent of persons newly diagnosed with HIV in 2016-2017 were non-Hispanic black, 27% were non-Hispanic white, and 15% were Hispanic.
- Notably, 12% of females and 24% of males diagnosed in 2016-2017 were under the age of 25 at the time of diagnosis. While the number of new HIV diagnoses has risen, persons may be diagnosed years after their infection, so new diagnoses do not necessarily mean that transmissions are increased or that transmissions are occurring from one individual.

### **Diagnosing Early Primary Syphilis**

The **reverse sequence algorithm** is an effective method for detecting early primary and treated infection which might be missed with traditional screening. Reverse screening starts with an EIA or CIA, followed by a reflex to an RPR. All discordant specimens (EIA+/RPR-) must receive a confirmatory treponemal test: a TP-PA test is recommended.

The public health partnership between providers, health departments and community based organizations is integral to interrupting and preventing outbreaks of HIV and STDs. Your efforts and collaboration with Health Department staff will help prevent further increases in HIV and STDs.

## What Health Care Providers Can Do to Help Control HIV and STDs

- **Offer and perform HIV testing** for every patient age 13 years and older.
- **Assess risk:** Conduct a complete sexual health history, risk and drug use assessment for every patient. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used and route of drug ingestion, to help guide laboratory testing. Visit [www.ncshguide.org/providers](http://www.ncshguide.org/providers) for guidance and additional resources.
- **Screen** for HIV and STDs in:
  - Sexually active MSM, at least annually
  - Sexually active persons with HIV, at least annually
  - All persons with newly diagnosed HIV
  - Persons presenting with evidence of active injection or other drug use
  - Persons diagnosed with STDs
  - Sex or needle sharing partners of a known HIV or STD case
  - Pregnant women at their first prenatal visit and during the third trimester
- **Treat promptly or link patients immediately to care and treatment** to interrupt the spread of HIV, syphilis and other STDs.
- **Offer** Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) to the partners of your HIV positive patients or to your HIV negative, at-risk patients.
- **Facilitate partner management** to encourage your patients to refer their sex or needle sharing partners to medical care for testing, STD treatment and HIV prophylaxis.
- **Collaborate** with State and County public health personnel on partner notification efforts. Expect the Health Department to contact you and/or your patient for additional information.
- **Refer** consenting HIV positive and high risk negative patients to community based organizations (CBOs) for support services.
- **Report** newly diagnosed cases of HIV and/or AIDS infection using the Provider Portal on the NYSDOH Health Commerce System at <https://commerce.health.ny.gov> or the paper DOH-4189 Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF). Completion of the PRF within 14 days of diagnosis is required by Public Health Law.  
[https://www.health.ny.gov/diseases/aids/providers/regulations/partner\\_services/](https://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/)
- **Report** all suspected and confirmed STD cases promptly to your local county health department. Information is available at [www.health.ny.gov/forms/doh-389.pdf](http://www.health.ny.gov/forms/doh-389.pdf) and [www.health.ny.gov/forms/instructions/doh-389\\_instructions.pdf](http://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf).

## What Community Based Organizations Can Do to Help Control HIV and STDs

- **Assess risk:** conduct a comprehensive behavioral sexual risk assessment for program participants/clients. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used and route of drug ingestion to help guide laboratory testing.
- **Implement targeted client recruitment:** target agency services to identify high risk individuals who do not access health care services or who may not otherwise have access to HIV testing in clinical settings—these persons may benefit most from HIV testing services in nonclinical settings.
- **Offer testing for HIV and STDs for individuals at high risk:** conduct venue based and/or mobile testing activities to key priority populations including MSM regardless of race, young men who have sex with men (YMSM) of color, African American women, sex and needle sharing partners of HIV positive individuals, persons presenting with evidence of active injection or other drug use, persons diagnosed with STDs, sex or needle sharing partners of persons diagnosed with STDs.
- **Provide harm reduction services:** facilitate access to clean syringes and essential support services for drug users.
- **Offer linkage and navigation (L&N) services:** assist HIV positive or high risk negative individuals to obtain timely, essential and appropriate medical, prevention and support services to optimize his or her health and prevent HIV/STD/HCV transmission and acquisition.
- **Provide effective behavioral interventions:** implement prevention activities that have been shown to be successful by evaluation research.
- **Engage in condom promotion, education, and distribution:** make condoms available at no cost and increase access to condoms in ways that reduce embarrassment or discomfort when acknowledging sexual activity. Information about the New York State Condom Program is available at <http://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm>

## Additional Resources

**Free and confidential HIV and STD testing** is available at local health department STD clinics. For clinic locations and hours, please visit: [www.health.ny.gov/diseases/communicable/std/clinics/](http://www.health.ny.gov/diseases/communicable/std/clinics/)

**Clinical Education Initiative STD Center of Excellence:**

866-637-2342 to access expert medical consultation on diagnosis, treatment and management of STD infections. Training calendar and archived webinars are available at [www.ceitraining.org](http://www.ceitraining.org)

**National STD Curriculum** – CDC-supported web-based training for clinicians. <https://www.std.uw.edu/>.

**Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP):**

[www.health.ny.gov/diseases/aids/general/prep](http://www.health.ny.gov/diseases/aids/general/prep)

**HIV Testing Toolkit: Resources to Support Routine HIV Testing for Adults and Teens:**

[http://www.health.ny.gov/diseases/aids/providers/testing/docs/testing\\_toolkit.pdf](http://www.health.ny.gov/diseases/aids/providers/testing/docs/testing_toolkit.pdf)

**Information on Talking with Young People about HIV/AIDS:**

<http://www.health.ny.gov/diseases/aids/consumers/youth/index.htm>

**Information for Clinicians on a New Diagnostic Testing Algorithm for HIV Infection:**

[www.health.ny.gov/diseases/aids/providers/testing/algorithm.htm](http://www.health.ny.gov/diseases/aids/providers/testing/algorithm.htm)

**Bureau of HIV/AIDS Epidemiology** at 518-474-4284 for information and assistance with HIV reporting.

**Bureau of STD Prevention and Epidemiology** at 518-474-3598 for information and assistance with STD reporting.

**Local Health Department and NYSDOH Regional Contacts for Partner Services:**

NYSDOH Capital District Field Office – (518) 402-7411

Albany County Department of Health – (518) 447-4640

Schenectady County Department of Health – (518) 386-2824