

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

DEPT: Health Services Agency

BOARD AGENDA # B-10

Urgent

Routine

AGENDA DATE February 14, 2006

CEO Concur with Recommendation YES  NO   
(Information Attached)

4/5 Vote Required YES  NO

SUBJECT:

Acceptance of a Report Regarding Sexually Transmitted Disease Program Update Provided by the Health Services Agency-Public Health Department

STAFF RECOMMENDATIONS:

Accept the report on Sexually Transmitted Disease Program Update provided by the Health Services Agency - Public Health Department.

FISCAL IMPACT:

There is no fiscal impact associated with this report.

BOARD ACTION AS FOLLOWS:

No. 2006-110

On motion of Supervisor Mayfield, Seconded by Supervisor Grover

and approved by the following vote,

Ayes: Supervisors: O'Brien, Mayfield, Grover, DeMartini, and Chairman Simon

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1)  Approved as recommended

2)  Denied

3)  Approved as amended

4)  Other:

MOTION:

ATTEST:

Christine Ferraro  
CHRISTINE FERRARO TALLMAN, Clerk

File No.

**DISCUSSION:**

Under the Health & Safety Code (Title 17), Public Health is mandated to prevent the spread of disease to include sexually transmitted diseases (STD). As a result, the PH Department had to respond to an increase in STD.

During 2005, there was a seven (7) county outbreak of gonorrhea, with case rates increasing 75% or greater. Chlamydia rates also continued to be high, despite long-term interventions. New interventions were needed to prevent sexually transmitted diseases (STDs) and ideas to address these outbreaks were a high priority within the Public Health Services Division of the Health Services Agency (HSA). The rate of Gonorrhea in 2005 was 113.8 per 100,000 population (586 total cases); of these there were two (2) cases of Gonorrhea in infants. The rate of Chlamydia in 2005 was 339 per 100,000 population (1775 total cases); of these there was a case of Chlamydia in an infant.

On March 22, 2005, the Board of Supervisors granted tentative approval to re-establish the STD clinic at the Public Health Services building at 820 Scenic Drive. In addition, two members of the Board of Supervisors exhorted the Agency to focus on education programs within the school system.

In April 2005, the STD clinic was re-established and has been in continuous operation each Wednesday. The clinic is staffed by a Nurse Practitioner under Physician supervision. There were 257 visits to the clinic. In order to provide better access, the STD clinic has instituted a "test only" tract, which allows lower cost visits. Those identified as test positive are then recalled for medical evaluation, treatment and contact investigation. Two syphilis clusters were identified and aggressively treated.

The County STD program has continued to work collaboratively with Regional and State partners. On November 28, 2005, the Health Services Agency hosted a Regional Meeting, which was attended by the Medical Chief of the State STD Branch, the State STD Epidemiologist, and representatives of five (5) counties -- Merced, San Benito, Madera, Calaveras, and Stanislaus.

Please review the attached document, for a more comprehensive report of activities related to the STD Clinic/Services.

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**POLICY ISSUES:**

Acceptance of this report will support the Board's priority of a healthy community.

**STAFFING IMPACT:**

There are no staffing impacts related to this Board report.

**Stanislaus County Health Services Agency  
Public Health Services**

**2005 Sexually Transmitted Diseases Report**

**I. STD PREVENTION AND HEALTH EDUCATION**

The **Responsibility, Education, Attitude, and Leadership (REAL)** Project with the Health Services Agency has taken the lead role in providing school based education. The REAL Project, funded by the Community Challenge Grant and the Information and Education Grant currently provides five curriculum-based programs that provide abstinence or comprehensive sexual health education at schools in Stanislaus County.

The following is a comprehensive outline of the education and outreach provided by the REAL Project:

**STD School-Based Education**

**1. Postponing Sexual Involvement (PSI) – middle schools**

PSI is a 5-day abstinence based curriculum that focuses on decision-making skills, communication skills, and dealing with peer and media pressure, and will include birth control methods next school year. The program also provides teacher training on STDs. The schools are mandated by the California Education Code to provide STD education.

Currently this curriculum is offered at:

Modesto City Schools District.

- Hanshaw Middle School
- La Loma Junior High
- Mark Twain Junior High
- Roosevelt Junior High
- Prescott Middle School

Riverbank Unified School District

- Riverbank Junior High

Patterson Joint Unified

- Creekside Middle School

Stanislaus Union School District

- Prescott Senior Elementary School

Salida Union School District

- Salida Middle School

Newman-Crows Landing Unified

- Yolo Middle School

Waterford Unified School District

- Waterford Junior High

Empire Union School District

- Teel Middle School

Keyes Union School District

- Spratling Junior High

Hughson Unified School District

- Emilie Ross Middle School

Ceres Unified School District

- Mae Hensley Junior High
- Blaker-Kinser Junior High School

Roberts Ferry Union School District

- Roberts Ferry School

Hart-Ransom Union School District

- Hart-Ransom School

The PSI curriculum is also offered at Central Catholic High School.

## **2. Streetwise to Sexwise – high schools and alternative schools**

This is a 5-day curriculum with 1 day specifically on STDs that focuses on birth control, decision-making, and communication.

Offered at Juvenile Hall and Alternative Schools:

- John B. Allard
- Ceres Argus
- West Valley High
- Del Puerto High

## **3. Reducing the Risk – high schools**

Offered twice a year in health classes. One day of the curriculum is on STDs. Focuses on birth control, decision-making, and communication.

8-day curriculum at all Modesto City High Schools:

- Modesto High
- Davis High
- Johansen High

- Downey High
- Beyer High
- Elliott Alternative Education Center

5-day curriculum at:

- Orestimba High
- Riverbank High
- Waterford High

#### **4. Teen Outreach Program (TOP)**

This curriculum provides 13 lessons in a semester with 2 days on STDs. It focuses on birth control, decision-making, and communication. Provided twice a year for all 9th grade students. Program is provided at Patterson High School.

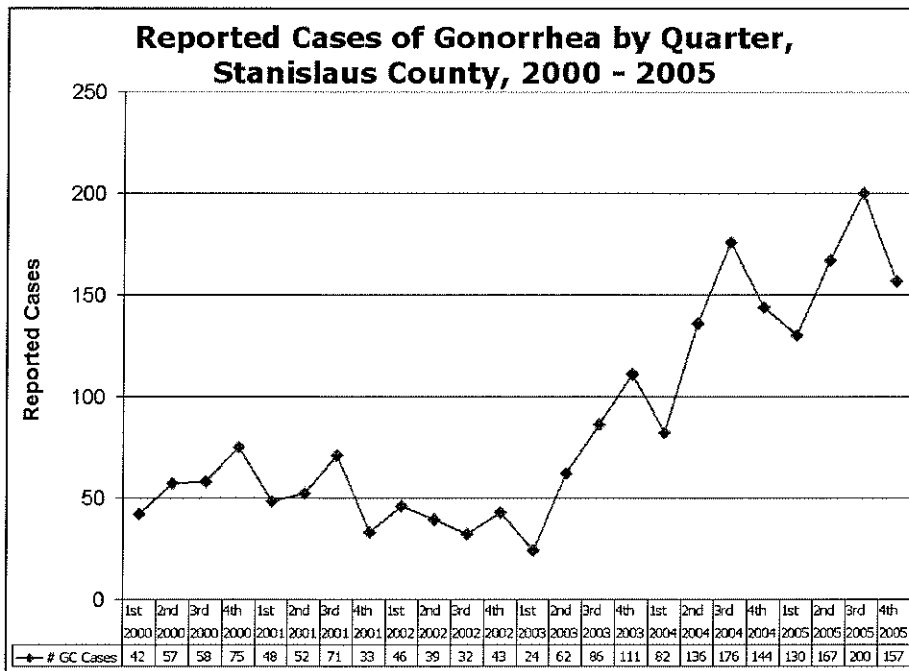
The REAL Project also provides classes for parents on talking with their children about sexuality issues and teacher trainings. Most recently, training on STD and HIV prevention and information was provided for Modesto City Schools teachers on February 2, 2005 and Salida Junior High School on December 8, 2005.

The Board of Supervisors had recommended outreach in the schools as a vital component of the STD Clinic. The Public Health Department HIV/STD program will continue to provide HIV/STD education and testing to inmates at Juvenile Hall on a monthly basis.

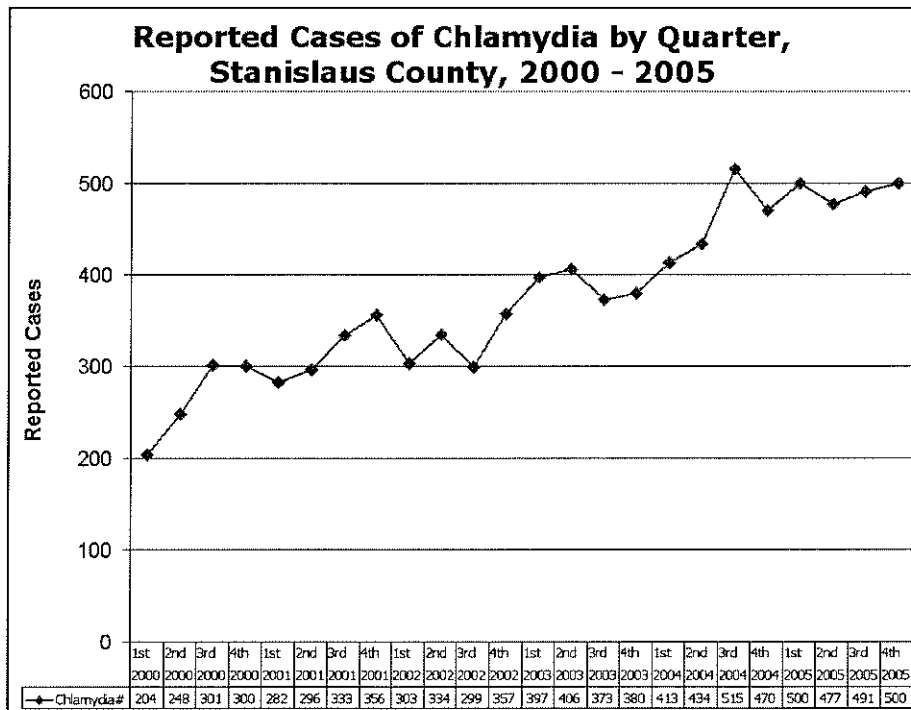
## **II. STD SURVEILLANCE AND STATISTICS**

Over the past decade, the rate of Chlamydia and Gonorrhea in Stanislaus County has been similar to the rate for California. However, there has been a significant increase in the rate of both Gonorrhea and Chlamydia over the past 2 years (2004-2005). There was an 84% increase in gonorrhea cases and a 140% increase in primary and secondary cases of syphilis (P&S syphilis) in 2004 when compared to 2003. In 2004, Stanislaus County had the 10<sup>th</sup> highest rate of P&S syphilis in California. The rate of gonorrhea in 2005 was 125 per 100,000 population (654 Total Cases); of these there were 2 cases of gonorrhea in infants. The rate of Chlamydia in 2005 was 376 per 100,000 population (1968 Total Cases); of these there was a case of Chlamydia in an infant. The rate of P&S syphilis in 2005 was 1 per 100,000 population (5 Cases). The cumulative AIDS cases reported in the county are 657, of these 305 are living; of the 212 cumulative HIV cases, 204 are living.

The chart shows the dramatic increase in gonorrhea cases since 2004. The quarters with decreased number of cases may represent seasonal variation in gonorrhea. Overall, the number of cases for 2005(654) was 22% higher than 2004(536).



The chart shows the increase in Chlamydia cases, though not as dramatic as for gonorrhea.



### Age and Race/Ethnic distribution of Chlamydia and Gonorrhea:

The rate of Chlamydia and Gonorrhea is highest among the African American and Hispanic population. Teens and young adults (15-24) have the highest rates of these STDs; the rate being nearly 15 times higher than the other age groups.

### **III. STD CLINIC**

#### **High-Risk Outreach:**

Statewide morbidity clearly shows younger females and older males are infected with STDs. Our Public Health Department has been engaging in a Chlamydia screening project funded by the State for several years. The requirements for the grant are to screen youths at Juvenile Hall and females at the Women's Honor Farm under the age of 25 years of age. As part of our STD outreach for the clinic, we have now instituted screening for males 25 years and under at Public Safety Center. Since October 3, 2005 through November 18, 2005, 37 males have been screened resulting in two Gonorrhea cases and 6 Chlamydia cases. The Medical Investigator follows up on each positive case through this outreach effort. If inmates are released before they are treated, the Medical Investigator performs a field investigation to locate and refer the patient for treatment. If the inmate does get treated at the Public Safety Center, the Medical Investigator interviews, educates and follows up on the partners.

The outreach in the STD clinic has enabled the Medical Investigator to detect new positive cases of STD in partners, who would not have otherwise tested or sought treatment. This clinic and its outreach have expanded the efforts for disease intervention and awareness with the community.

#### **Clinic Visits:**

From April 28, 2005 through December 28, 2005, there were 257 completed evaluations at the STD Clinic. A significant number of presenting patients were referred elsewhere for treatment either because they were unable to pay or qualified under another program such as the Teen Clinic or Family Pact.

All clients accessing the STD clinic must fill out an application (attachment A) and based on the information provided, the client will either be seen by our clinic or referred to another clinic, based on payer source.

During the seven county outbreak of Gonorrhea, there was some serious discussion about treatment. One primary source of treatment, Ciprofloxacin, taken orally, became resistant to treatment of Gonorrhea. Also another recommended drug, Suprax, also taken orally, was removed from the market due to the limited use of the drug. The alternative treatment of Gonorrhea was Ceftriaxone, an injectable, which made treatment a little more difficult since it is in powder form that has to be mixed with lidocaine, before it is injected. It is a very painful injection, which discourages treatment for many people. Vantin, or Cefpodoxime, was introduced to our County by the State during the seven county outbreaks. San Francisco had been using this drug for their treatment of Gonorrhea and found it highly effective. It was a one-dose treatment taken orally. The State STD Branch offered this medication to our County for \$1 per pill/treatment. Because of the low cost of the drug, we were able to share this drug with other HSA clinics as well as CFMG who provide Chlamydia and Gonorrhea screening for our inmates between the ages of 15-25.

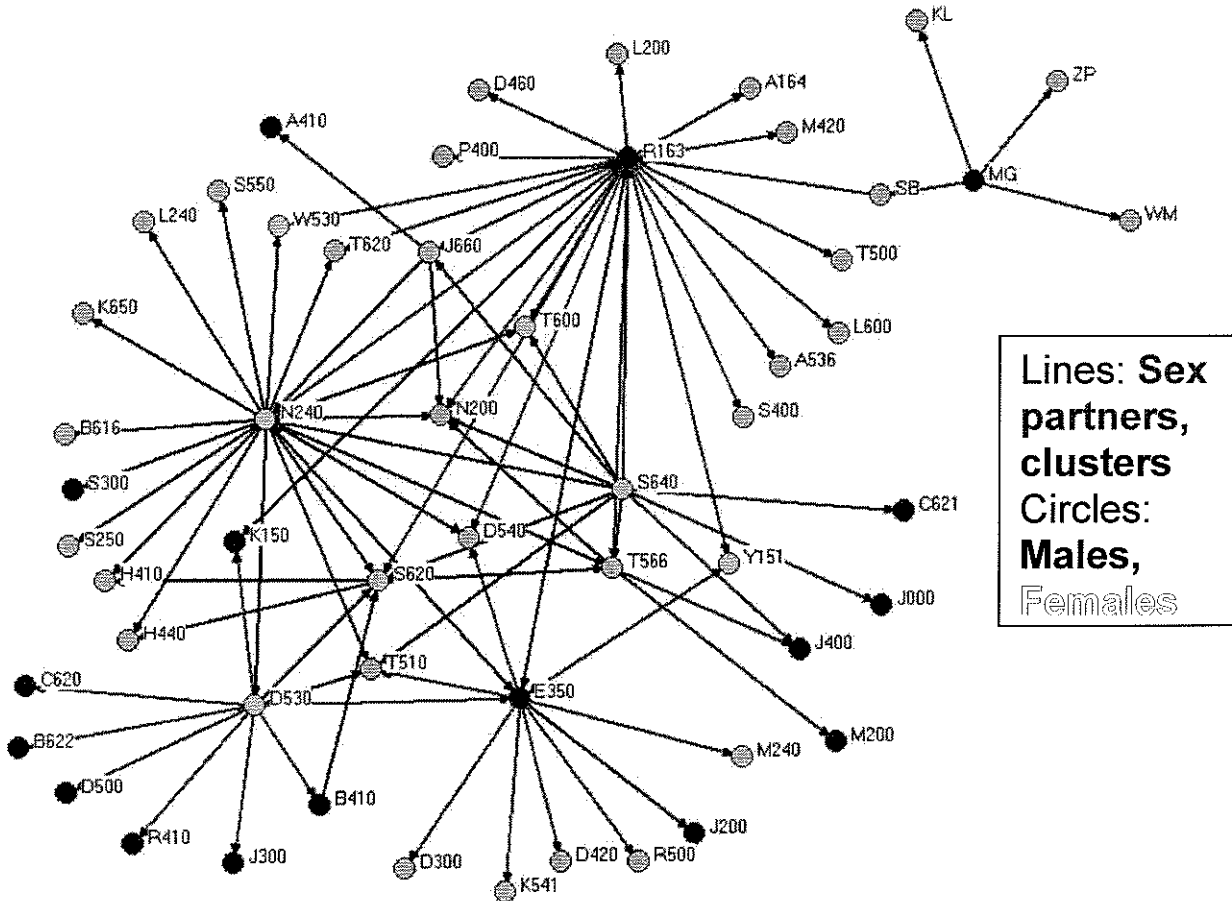
### **Intensive Contact Investigation:**

The Medical Investigators role has been key in the STD Clinic. During this time 19 Gonorrhea cases, 34 Chlamydia cases and 8 positive RPR (reactive syphilis cases) were identified in the clinic. Every case was followed up with the Medical Investigator for treatment and partner tracing and contact. The findings from our clinic have prompted an intensive and extensive investigation of which the State STD Branch became an integral part. The following information is presented to the Board in order to explain the level of investigation involved in one syphilis case that entered through this STD clinic.

### **Syphilis Investigation:**

- The original patient of an extensive syphilis investigation in July of 2005 sought exam within the Public Health STD clinic and found to be infected with primary syphilis. The scope of this case was extensive because of the number of potentially infected individuals. The original patient names at least 20 partners.
- This investigation alone resulted in 4 syphilis cases under a year (Primary, Early Latent, or Secondary).
- All three Public Health Investigators used at least 100 hours each to locate and interview contacts. This time was used to transport individuals for testing and treatment, interview and educate individuals, facilitate a plan of action to intervene in further spread of the infection and document and chart the scope of the case.
- 4 Gonorrhea cases and 9 Chlamydia cases were also found within this investigation and follow-up for testing and treatment was conducted. Contacts and associates were tested and treated through the STD clinic, as well.
- Numerous staff hours were used to conduct an outreach effort at a local park to elicit testing for Syphilis, Chlamydia and Gonorrhea. All three investigators, community health worker and health educators were able to conduct outreach, education and testing at the outreach event.
- The STD clinic, with benzathine penicillin (Bicillin) on hand, was able to provide timely treatment and preventative treatment for all individuals involved in this case.
- The following matrix was developed by the State STD Branch for Stanislaus County in order to clearly identify partners and assess the scope of the Syphilis investigation. R163 is identified as the original patient who presented to us in our STD Clinic.

## Full Network by Gender Stanislaus, CA, 2005



### PROJECTED IMPROVEMENTS FOR 2006

1. Improved access and lowered cost through an expansion of the "test only" protocol and Family Pact. With the recent filing of Family Pact services, many clients who had been referred out under Family Pact will now be accommodated by our STD clinic. This will greatly increase the number of clients evaluated, increase reimbursement, and provide continuity of care.
2. Regional re-assessment during the Summer of 2006.