

Washington County Update on Sexually Transmitted Infections

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Washington County Public Health Division
Disease Control and Prevention Program

September 2019



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Reportable STI Infections:

- Reportable within one working day:
 - Gonorrhea
 - Chlamydia
 - Syphilis
 - HIV
 - Hepatitis A, B and C
 - Shigella
- Laboratory and medical providers are required by law to report positive labs to local public health.

Oregon Law (ORS 433),



Disease Intervention Specialists: DIS

- Assist with treatment access.
- Interview for risks behaviors and risk counselling
- Find cases that have not been treated: field visits
- Identifying persons still at risk: sex partners, needle sharing partners and get tested/treated.
- Provide HIV+ case management until engaged in medical care (3month minimum).
- Follow up on HIV + clients not engaged in care.



STI Data



What We know.....Data can be deceiving

- People who cannot afford basic needs may have trouble accessing quality sexual health services.
- Elevated STI rates in communities are about complex social, economic and educational disparities.
- Many racial/ethnic minorities may distrust the health care system, fearing discrimination from doctors and other health care providers. Barrier to getting tested and treated for STDs.
- In communities with higher STD rates, sexually active people may be more likely to get an STD because they have greater odds of selecting a partner who is infected.



Incarceration

Addiction

**Increase Risk
for HIV/STI**

Mental Health



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Trauma may negatively influence access to STI Testing and Treatment

- Avoidance of medical care due to shame and stigma
- Non-adherence to treatment
- Postponing medical services until things get very bad
- Misuse of medical treatment services – ex. over use of ED Services and misuse of pain meds interferes with access to appropriate testing.



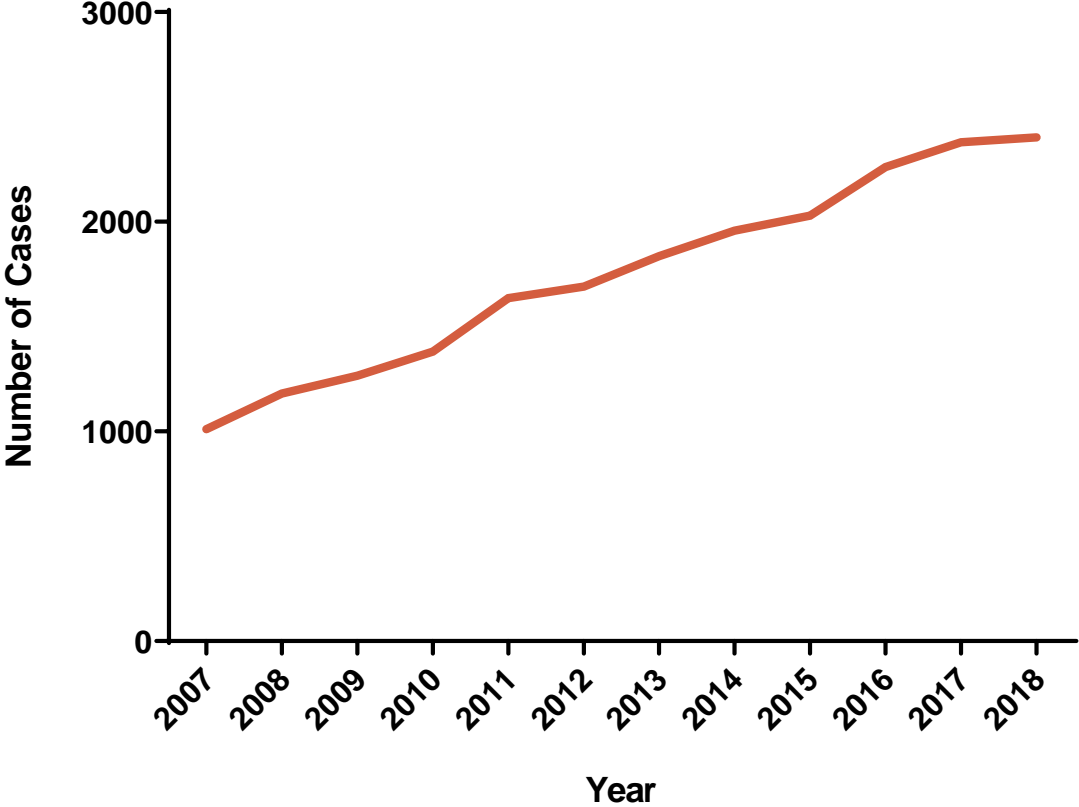
STI Data: Chlamydia and Gonorrhea



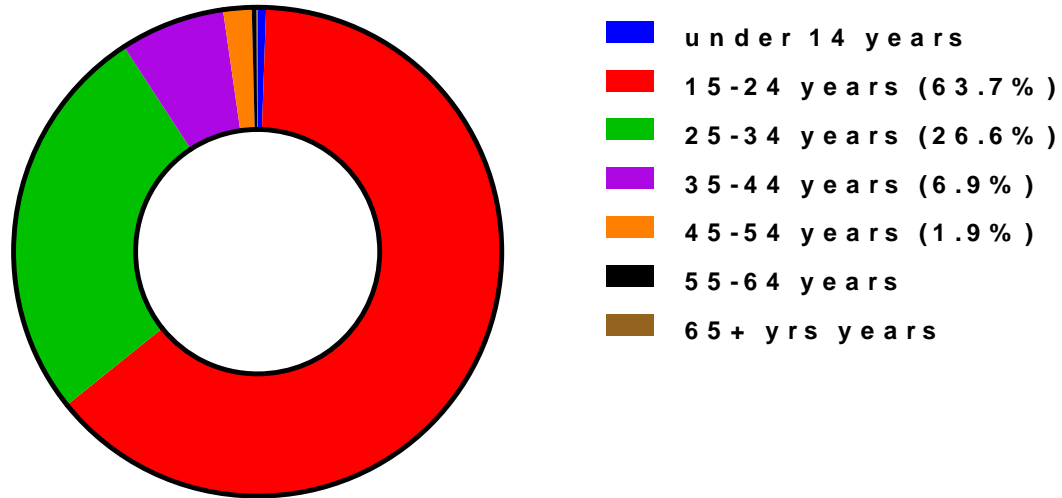
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Chlamydia Trend in Washington County, 2007-2018



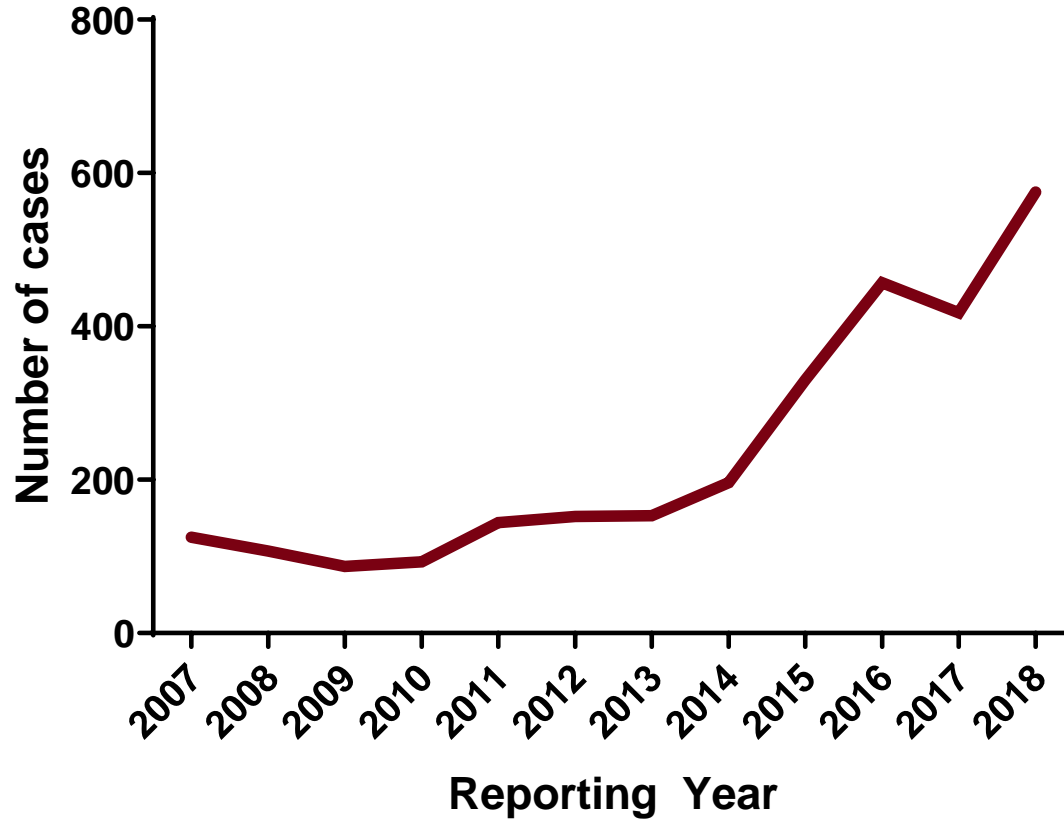
Chlamydia Count* by Age
Washington County, 2007-2016 (N = 16,289)



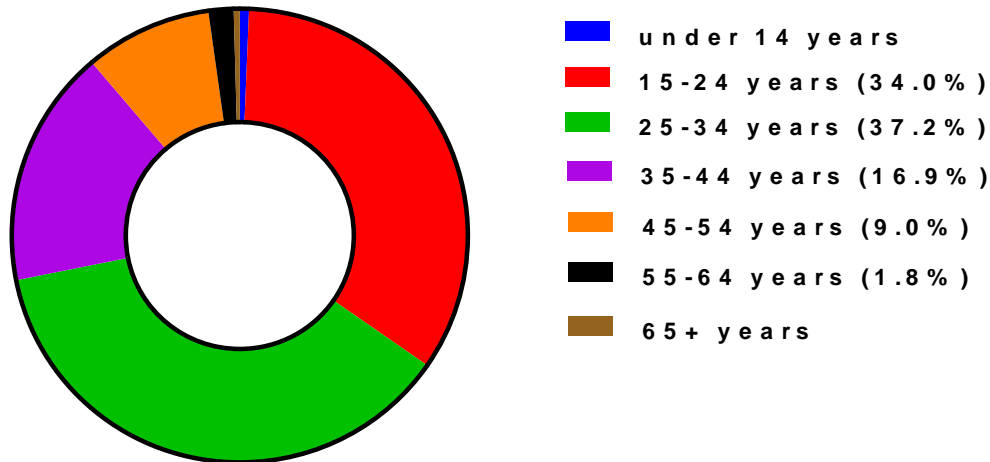
*Oregon Public Health Assessment Tool (OPHAT) analysis of Oregon Public Health Epidemiology User System (ORPHEUS) data



Gonorrhea Trend Washington County, 2007-2018



Gonorrhea Count* by Age
Washington County, 2007-2016 (N = 1846)



*Oregon Public Health Assessment Tool (OPHAT) analysis of Oregon Public Health Epidemiology User System (ORPHEUS) data



Chlamydia and Gonorrhea: HIV RISK

- Rectal GC/CT for men that have sex with men(MSM) greatly increases chance of HIV infection.
- 10% of new HIV cases among men who have sex with men (MSM) are caused by existing gonorrhea or chlamydia infections.
- Presence of another STI in an HIV-positive person can increase viral shedding, making them more likely to transmit the virus.
- Providers often miss oral and rectal infections with urine only testing.



Syphilis



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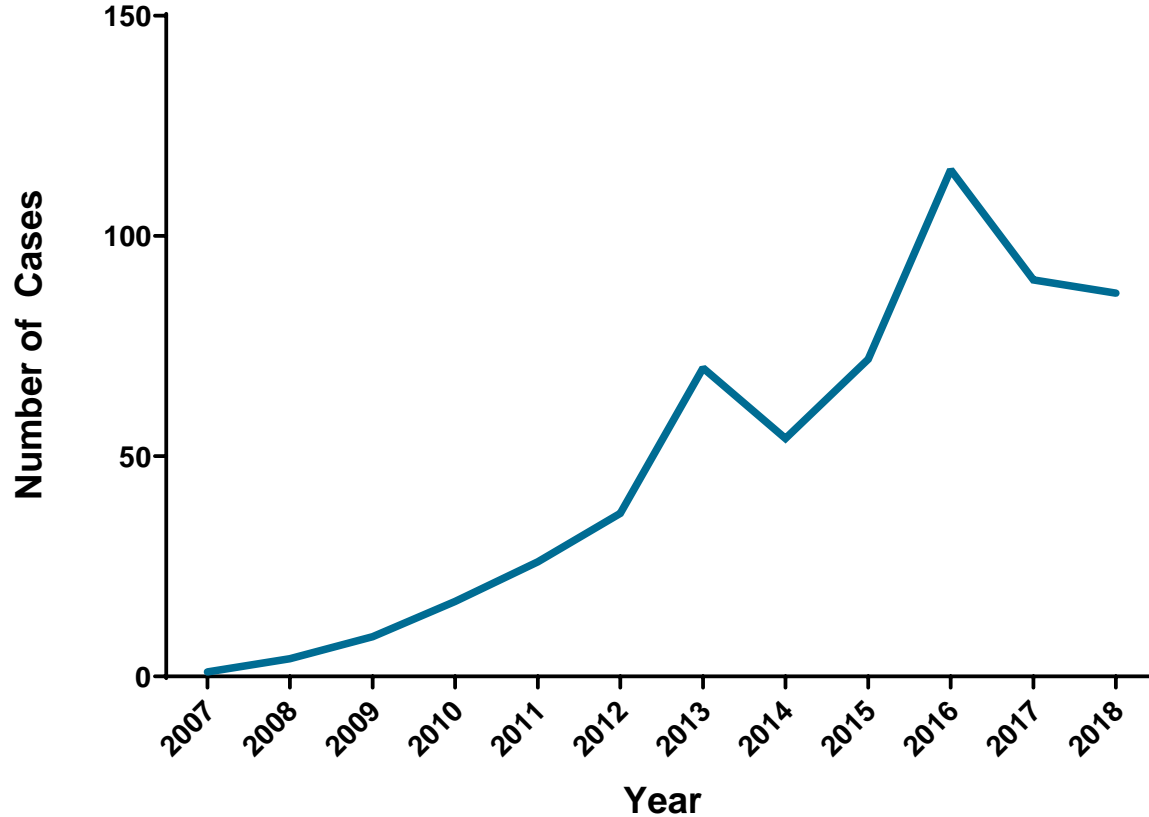
Complications of Syphilis



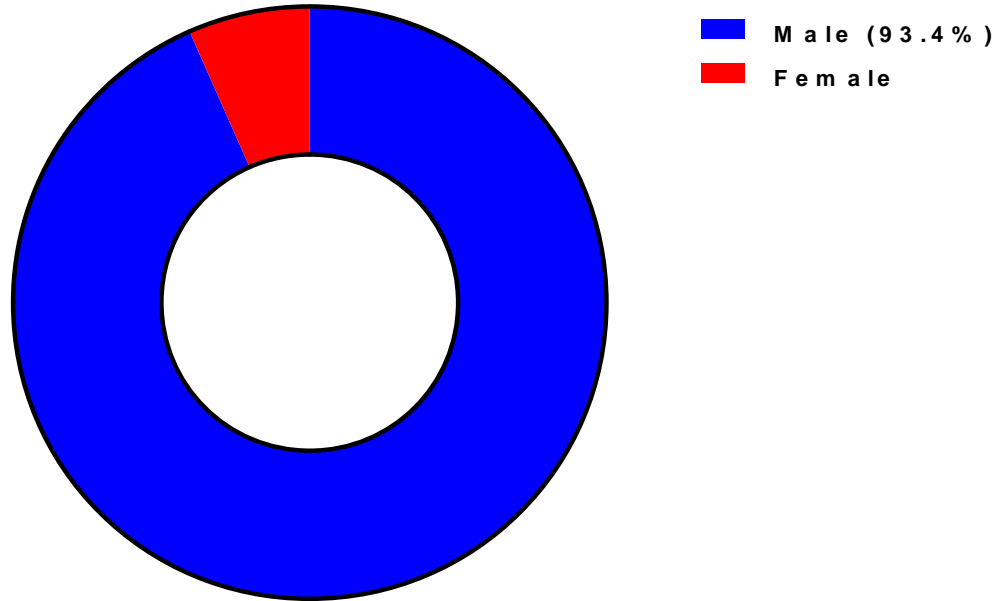
- If left untreated Syphilis will travel through the blood stream, damage major organs and could lead to death.
- Damage to the Central Nervous System that can result in difficulty controlling your body movements or psychosis.
- Damage to the heart
- Tumor like lesions anywhere inside the body.



Early Syphilis Trend Washington County, 2007-2018

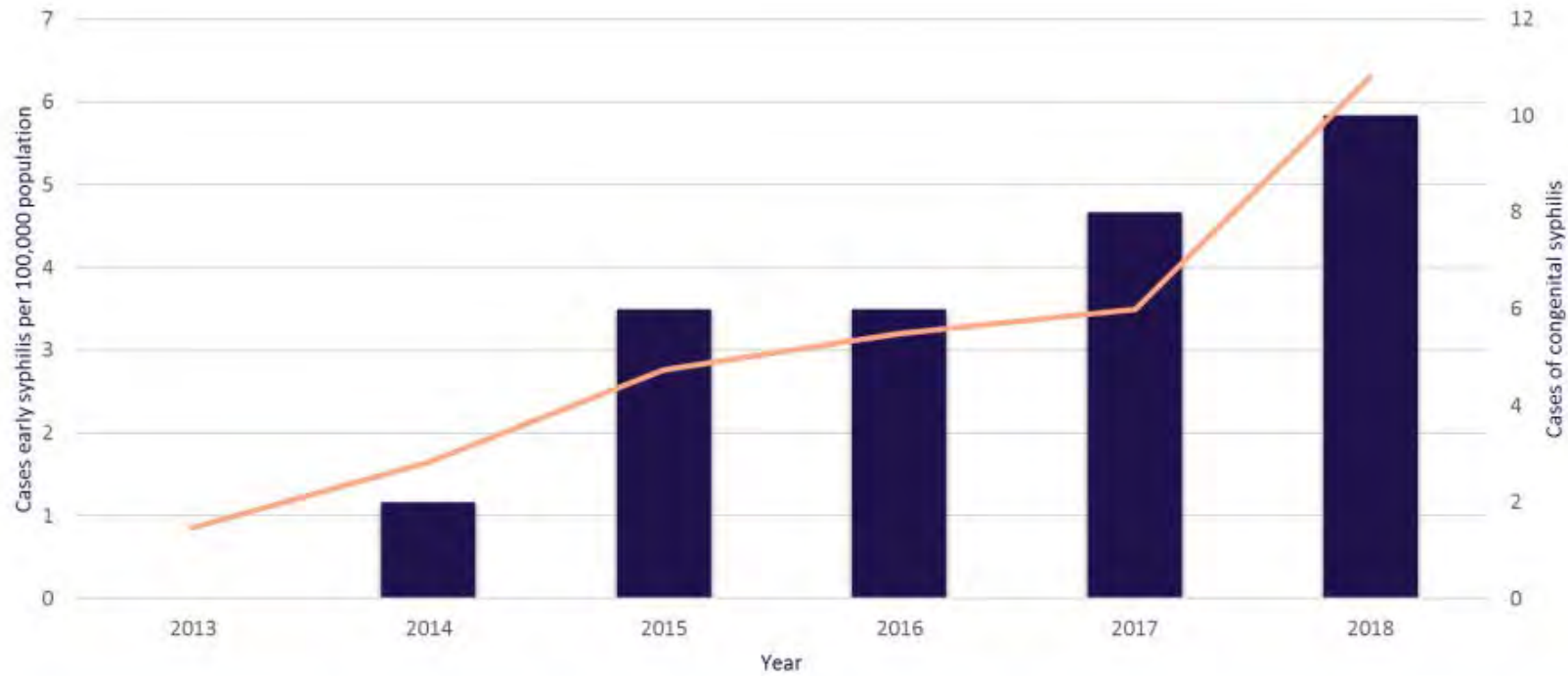


**Early Syphilis Infection Count by Sex
Washington County, 2007-2016*(N = 407)**

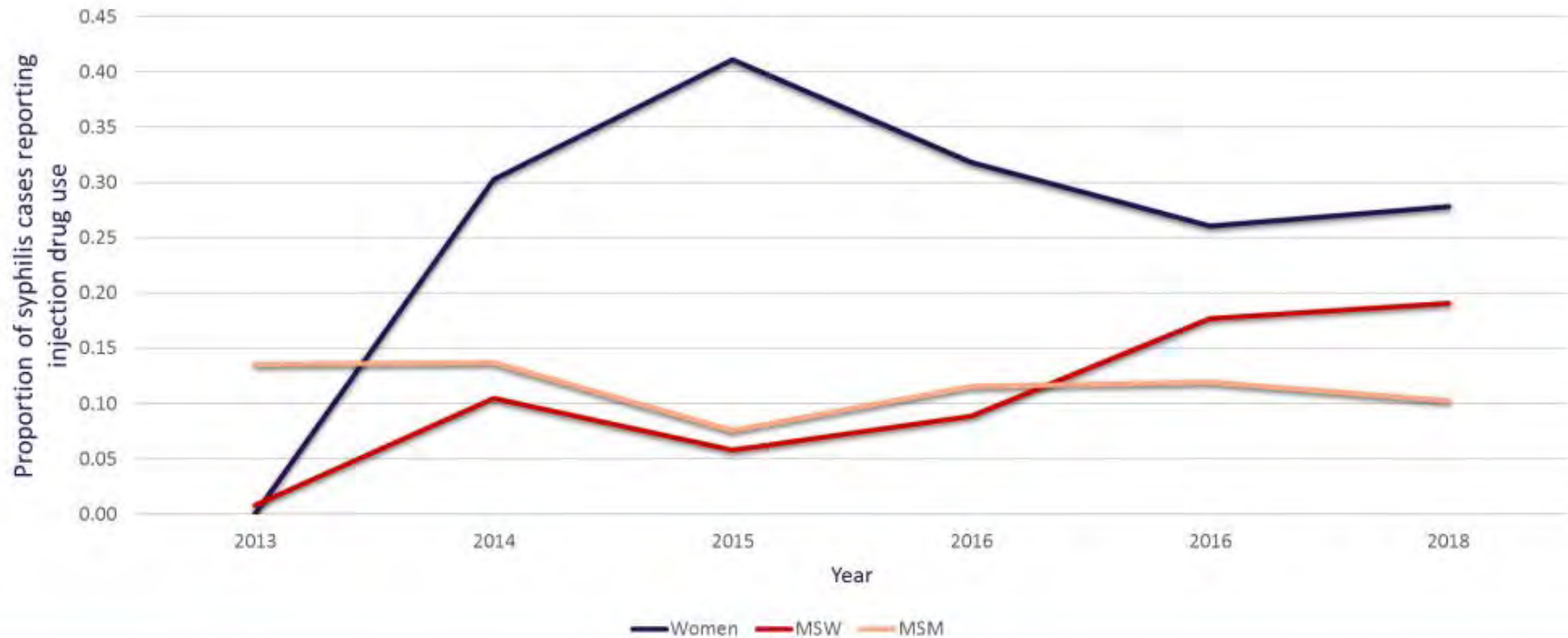


*Oregon Public Health Assessment Tool (OPHAT) analysis of Oregon Public Health Epidemiology User System (ORPHEUS) data





Early syphilis among women has increased 600% with an increase in congenital syphilis



More heterosexuals diagnosed with syphilis are reporting injection drug (meth) use



Congenital syphilis:

1st local case in decades: January 2012

- Depending on length of maternal infection, baby may be stillborn or die shortly after birth.
- An infected baby may be born without symptoms, then sicken.
- Babies not treated immediately may develop problems within a few weeks: developmental delays, seizures, death.



Syphilis screening in pregnancy

- Congenital syphilis is on the rise in Oregon.
- Methamphetamine use in woman or sex partners is increasing risk for syphilis in heterosexual women.
- Transactional sex and in any population increase risk for syphilis.
- Women using illegal substances often avoid prenatal care for fear of losing child.



Why the Rise in Rates ?

- STI programs have been underfunded for years: national, state and local levels
- People DO have more sex partners
- Social media and the rise of hookups (Tinder, Grindr)
- Better testing methods: self collection
- Affordable Care Act : improved access to testing and treatment (more testing happening)
- Link between STI risk and drug use (Opioid Crisis)
- Lack of comprehensive sex education in schools



BACKGROUND: STDs PREDICT FUTURE HIV RISK

Rectal GC
or CT



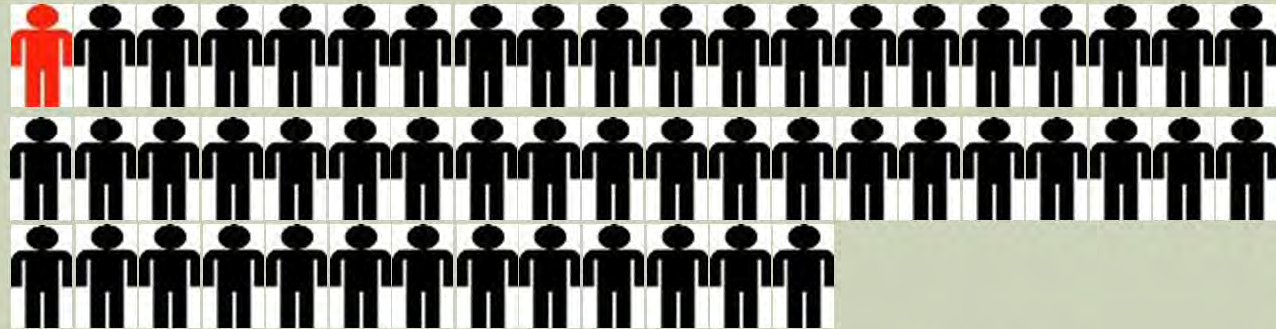
1 in 15 MSM were diagnosed with HIV within 1 year.*

P or S
Syphilis



1 in 18 MSM were diagnosed with HIV within 1 year.**

No rectal
STD or
syphilis
infection



1 in 53 MSM were diagnosed with HIV within 1 year.*

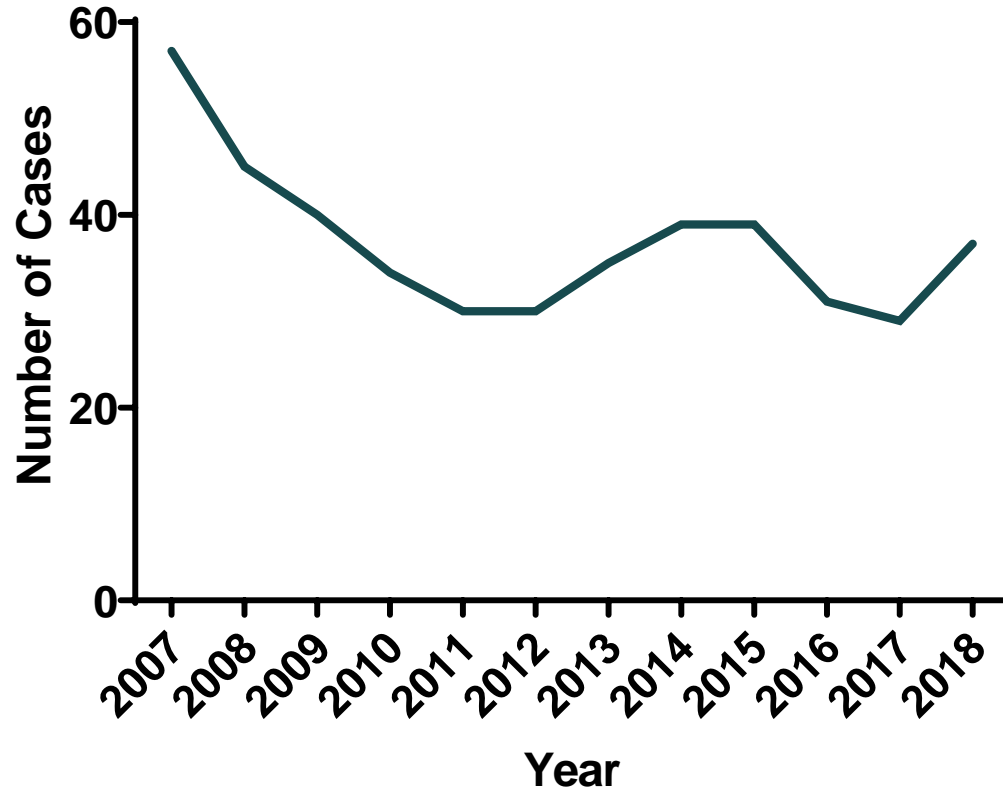
HIV



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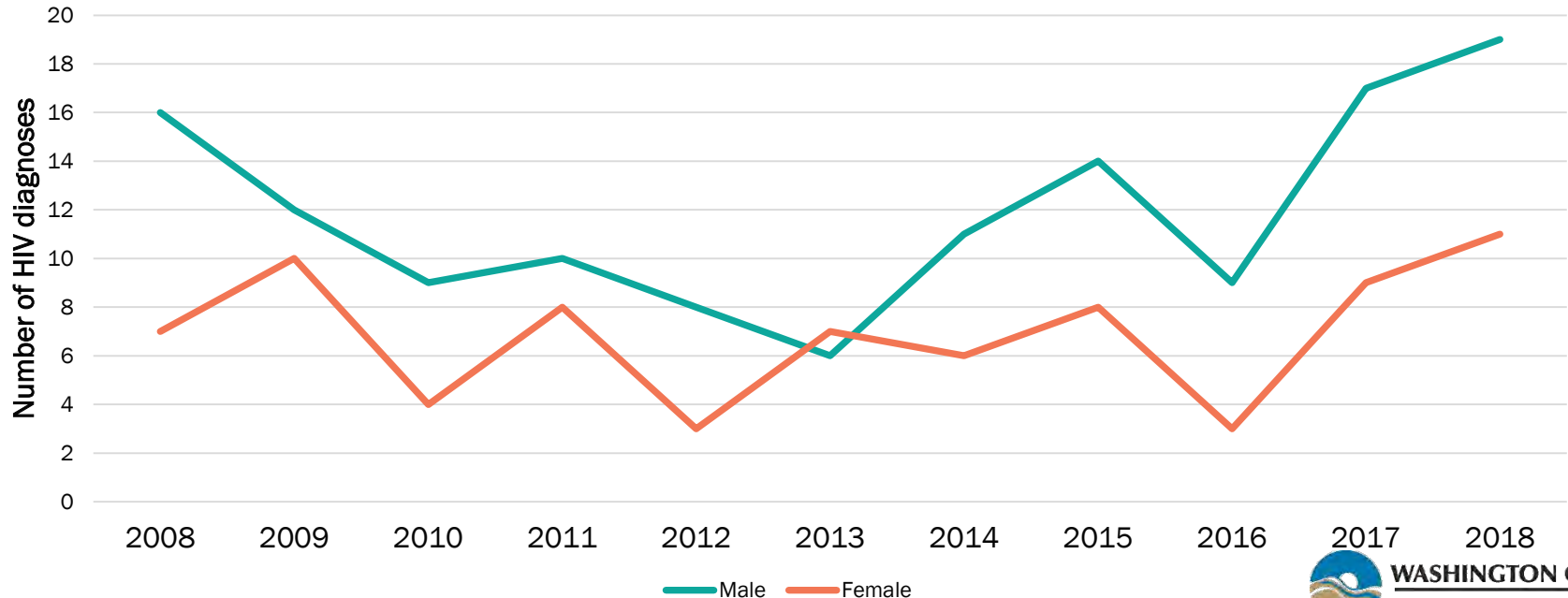
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Newly Diagnosed HIV/AIDS Washington County, 2007-2018



HIV CASES AMONG PEOPLE WHO INJECT DRUGS ARE INCREASING

Injection drug use by sex among Oregon HIV diagnoses, 2008–2018





June 20th , 2019

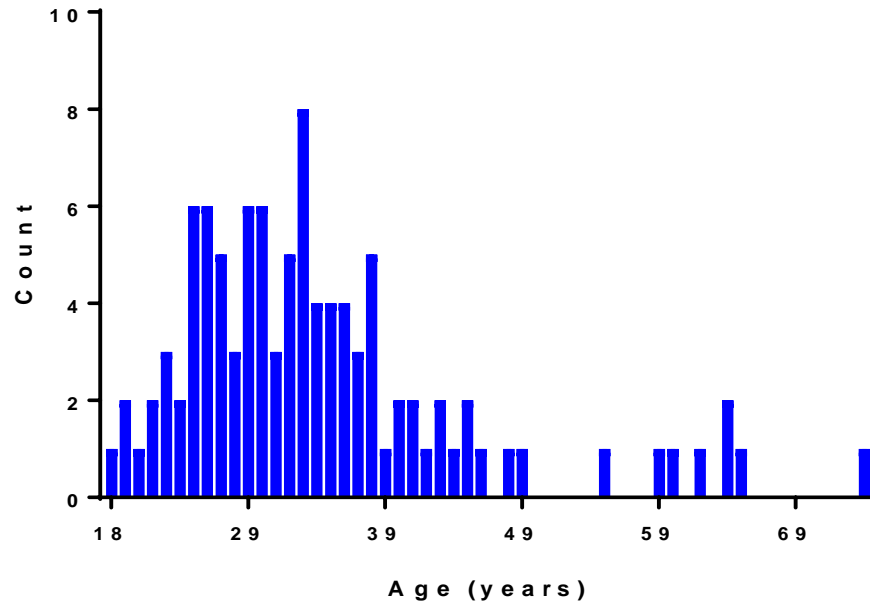
In the last 18 months, 42 new cases of HIV among people who report drug use as a risk have been identified in Multnomah County.



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Who We Are Missing: 2016-2018 New HIV Infections (N=101)



Who We Are Missing:

Risk Behaviors of persons testing positive 2016-2018 (N=101)



93% Men Who Have Sex with Men



12% Intravenous Drug Use



11% Exchange Sex for Money



20% Partner with HIV



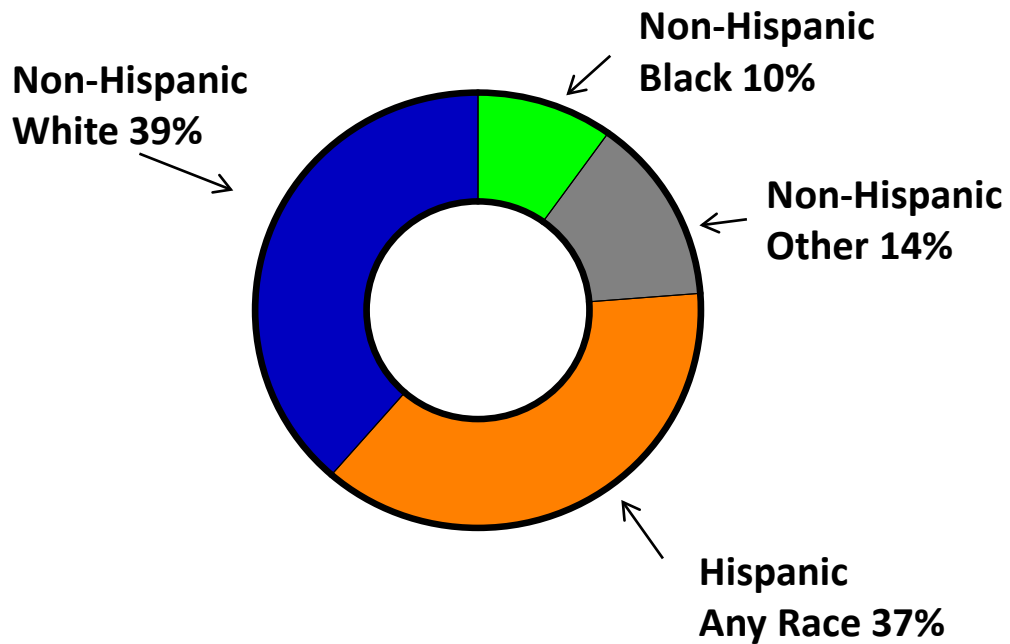
7% Partner IDU



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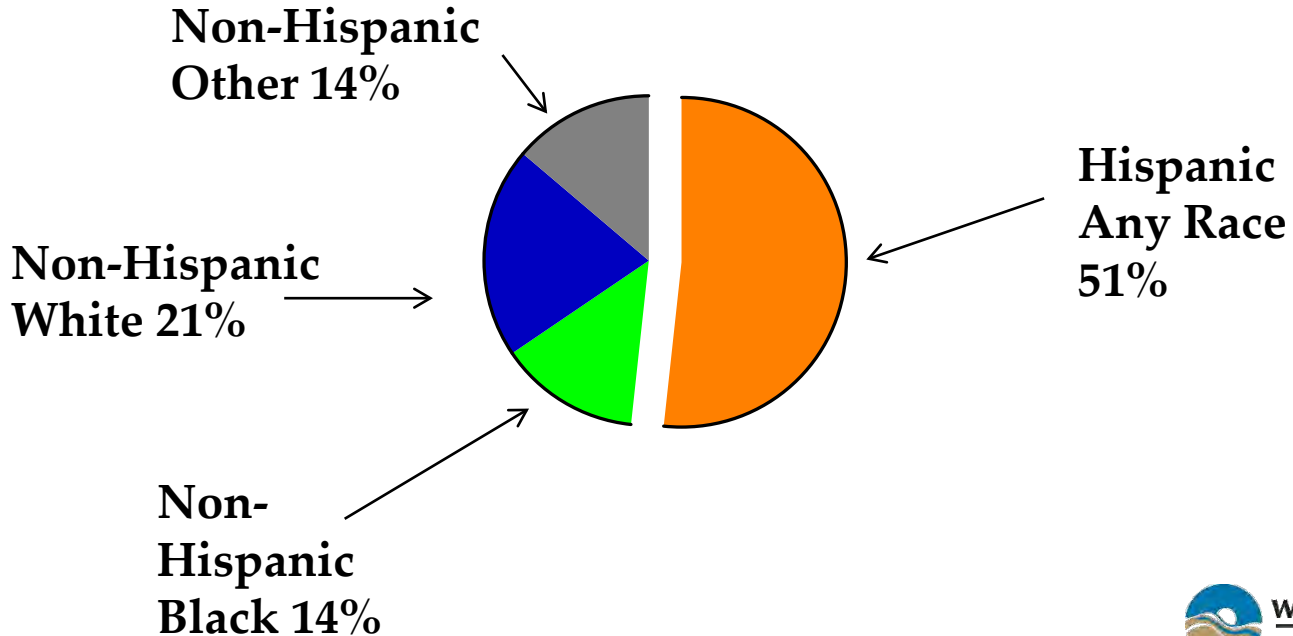
Who We Are Missing: 2016-2018 New HIV Infections (N=101)



29% AIDS
(Generally takes 5-10yrs
to progress from
infected to AIDS)



Persons of Color Diagnosed with AIDS (N=29)



Women and Persons Who Inject Diagnosed with AIDS (N=29)



50%



42%



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HIV: Changes in National Strategy

- Treatment as Prevention:
- **Undetectable = Untransmittable** U=U
- One third of HIV cases in Portland area are diagnosed “late” = poorer outcomes, higher cost of care, more transmission
- Goals:
 - Diagnose early
 - Connect to care seamlessly
 - Start ART early: if HIV +
 - PrEP if negative



Harm Reduction Update

Erin Parrish, MPH, CHES
Senior Program Coordinator
Washington County Public Health
Disease Control & Prevention

August 6th, 2019



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What is harm reduction?

- Harm reduction is a set of strategies to reduce harm associated with a behavior.
- Harm reduction focuses on supporting people's efforts to make positive changes in their lives in a nonjudgmental way.





SSPs **save lives** by lowering the likelihood of deaths from overdoses.



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a **50% decline** in the risk of HIV transmission.



Users of SSPs were **three times more likely** to stop injecting drugs.



Law enforcement benefits from reduced risk of needlesticks, **no increase in crime**, and the ability to save lives by preventing overdoses.



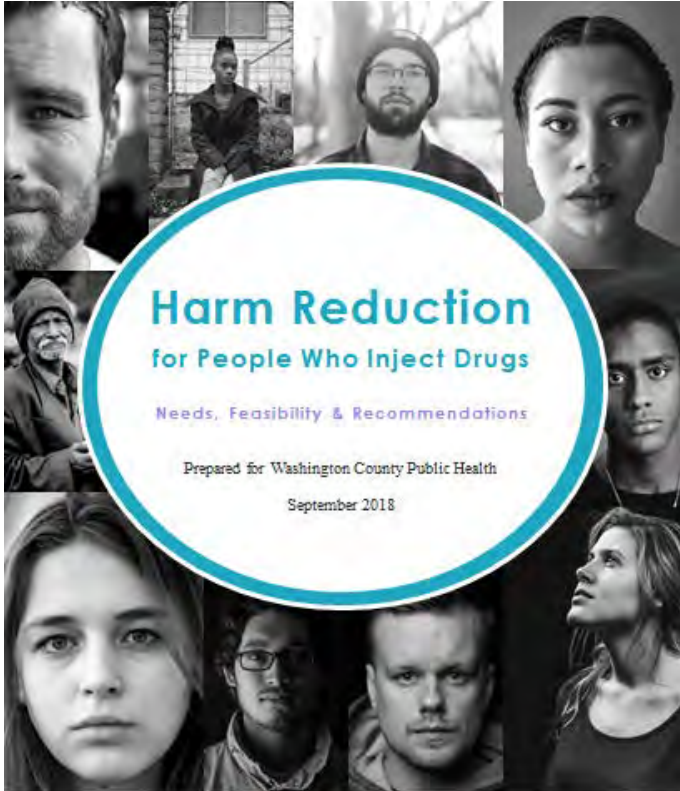
When two similar cities were compared, the one with an SSP had **86% fewer syringes** in places like parks and sidewalks.



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Harm Reduction Feasibility Assessment



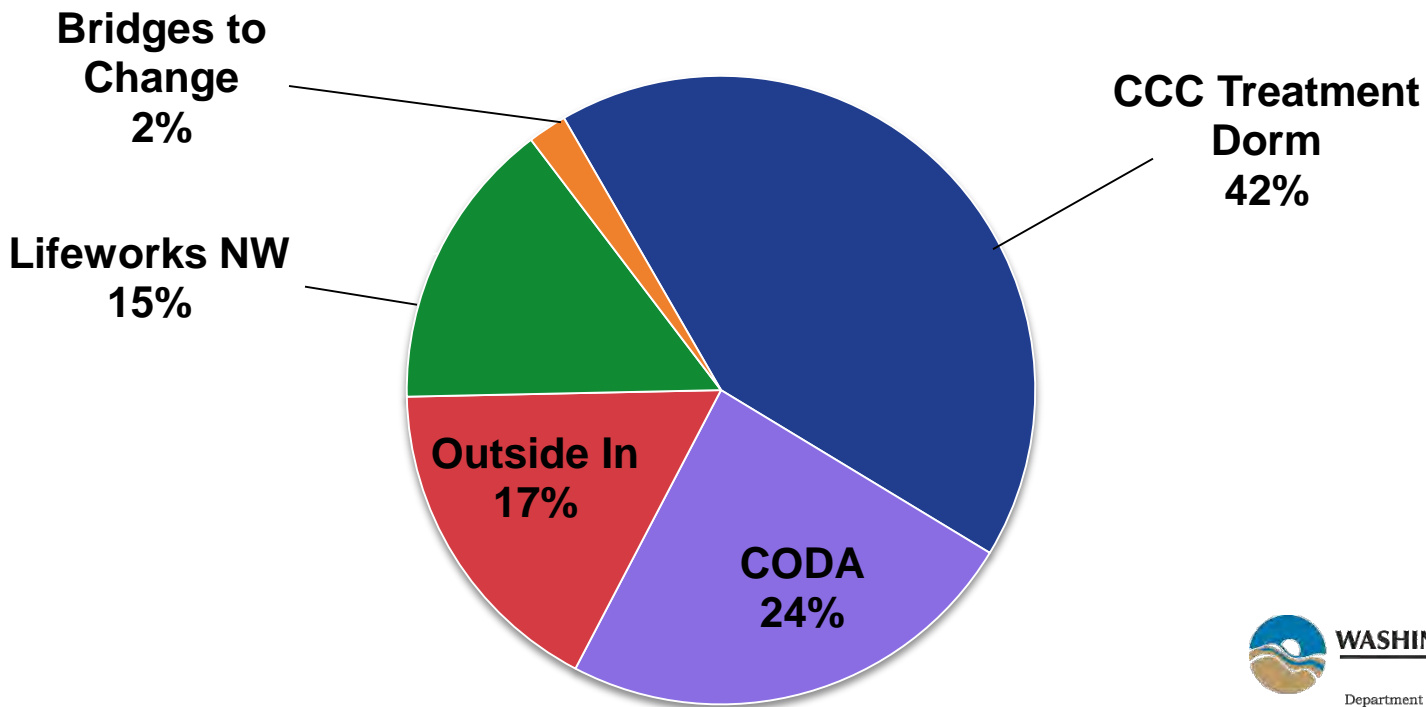
Feasibility Assessment

- Identify client needs and stakeholder/broader community concerns. Inform development of harm reduction services.
 - Client Interviews
 - Stakeholder/Key Informant Interviews



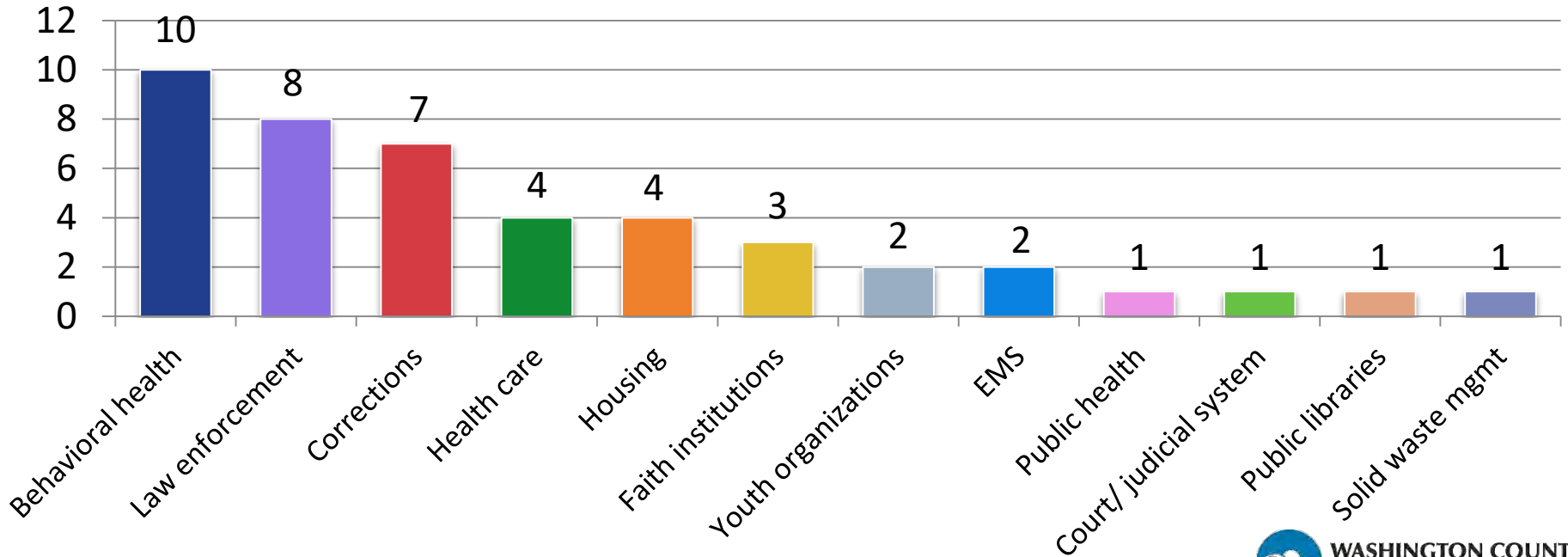
Client Interviews

Interview location, N=58



Professional Stakeholder Interviews

Stakeholders by profession, N=40



What Did We Learn?

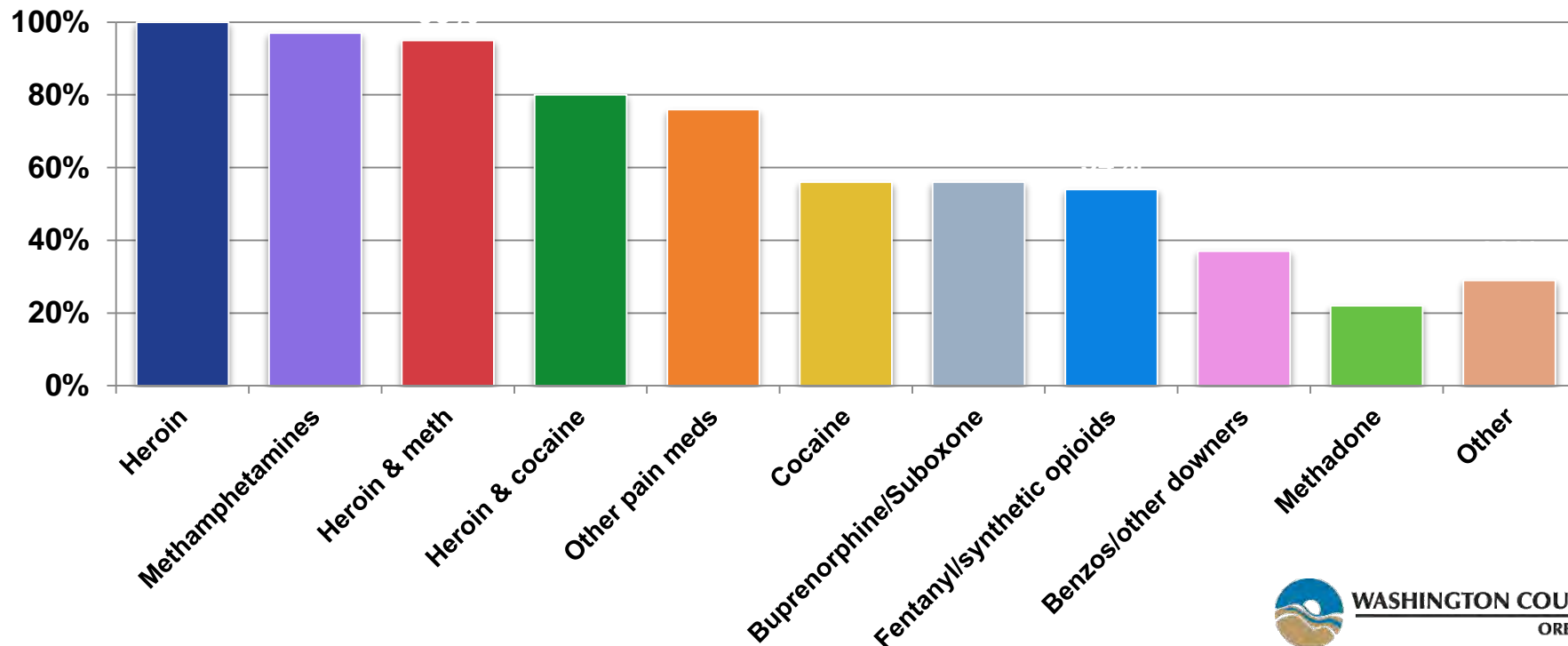


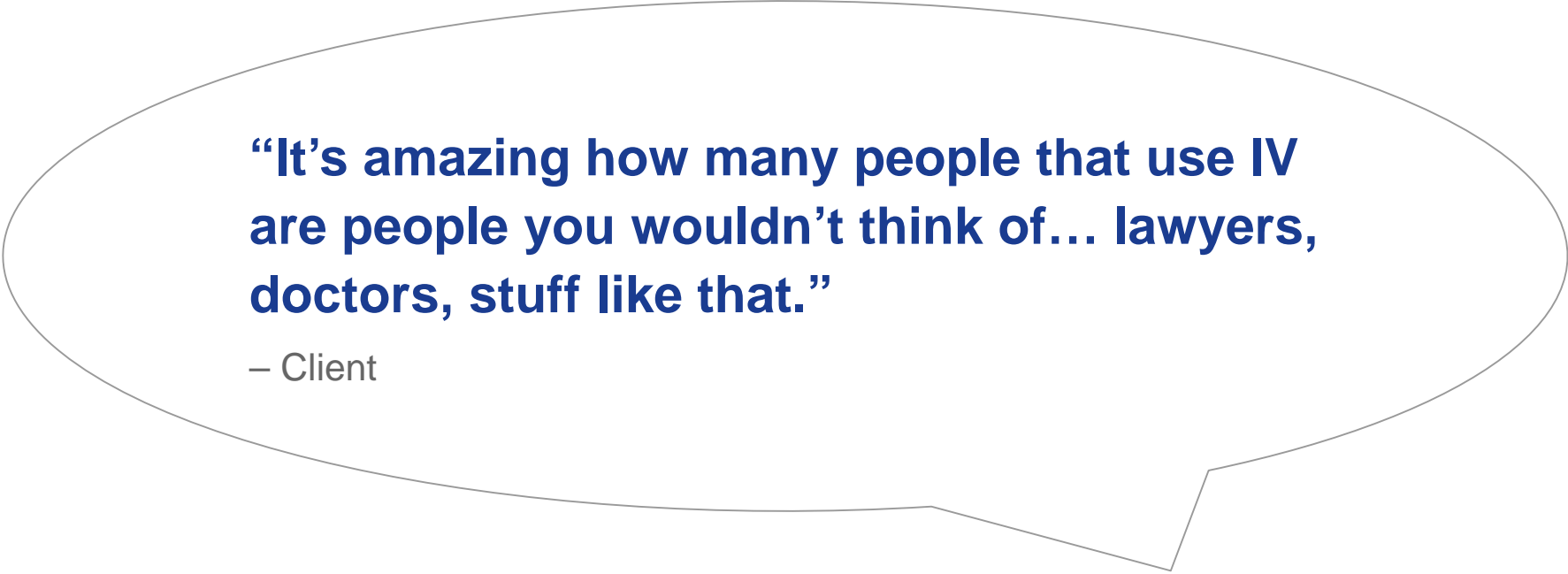
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Drug Use

Do you know anyone who uses... , N=58





**“It’s amazing how many people that use IV
are people you wouldn’t think of... lawyers,
doctors, stuff like that.”**

– Client

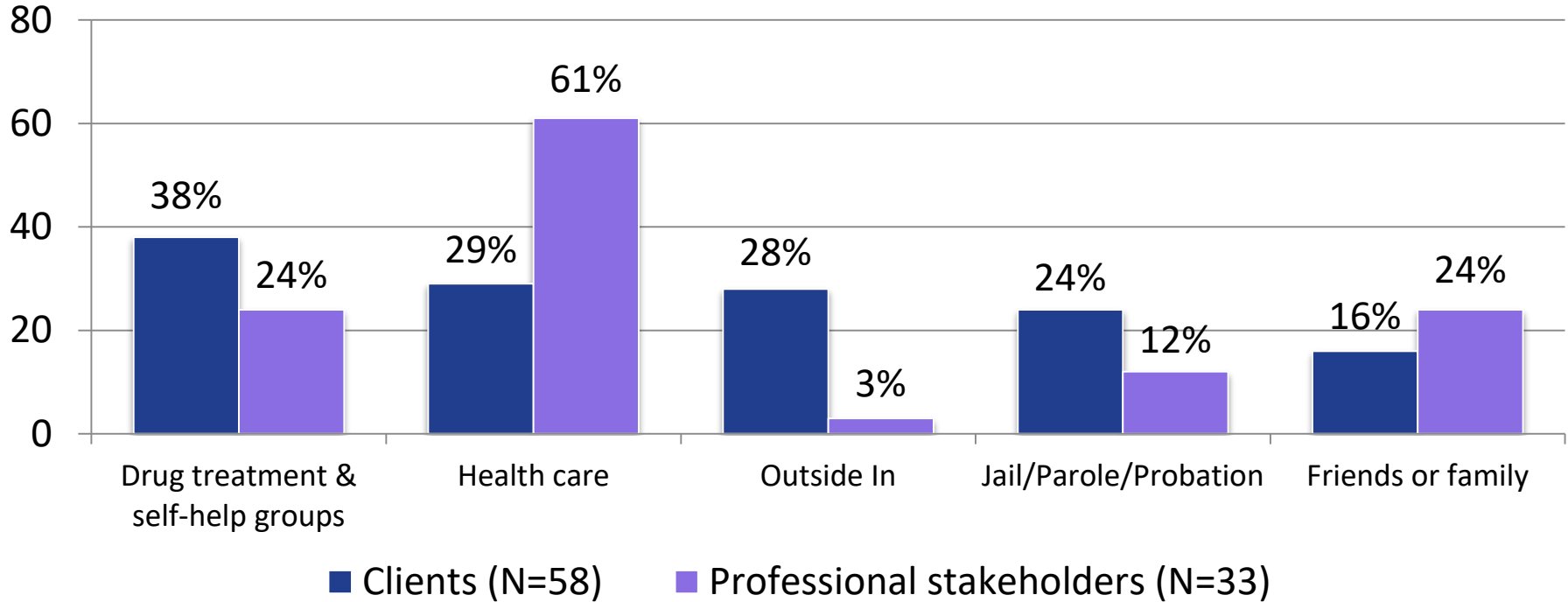


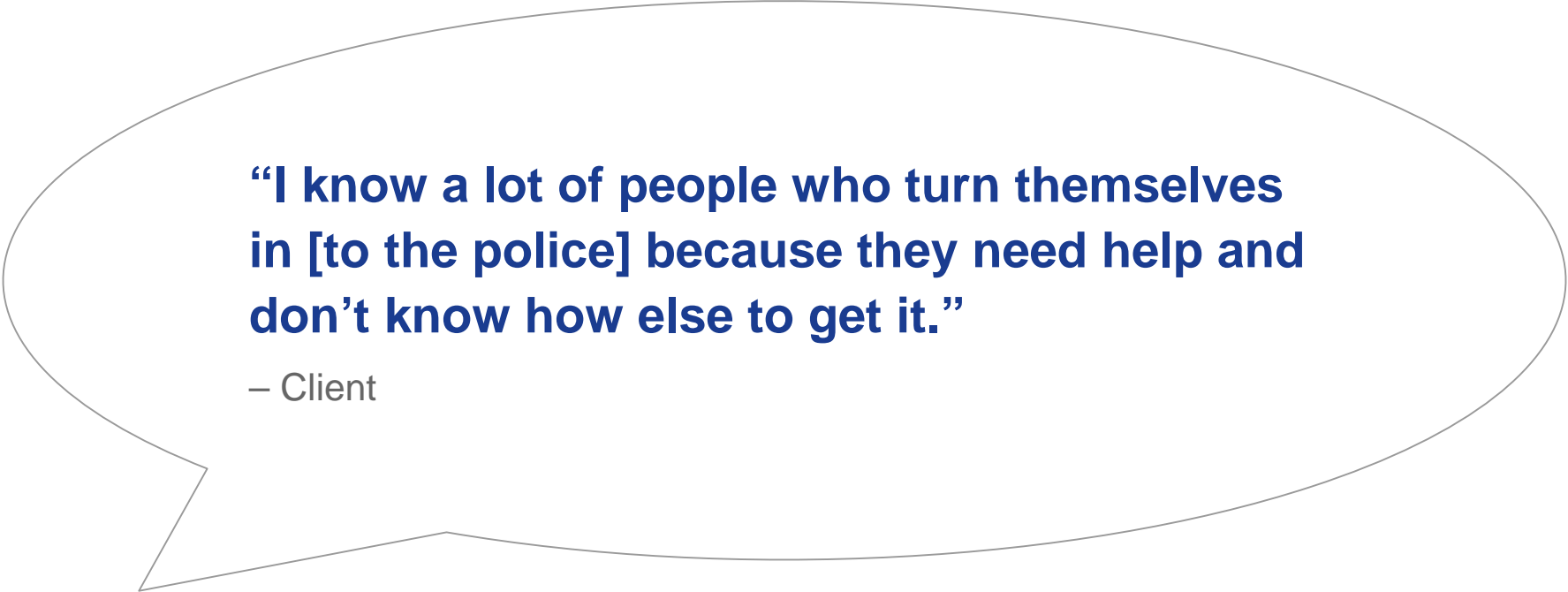
“75-year old abuela grandmothers are talking to me about this, saying ‘I have a granddaughter on drugs.’”

– Physician



Where do PWID seek help or services?





“I know a lot of people who turn themselves in [to the police] because they need help and don’t know how else to get it.”

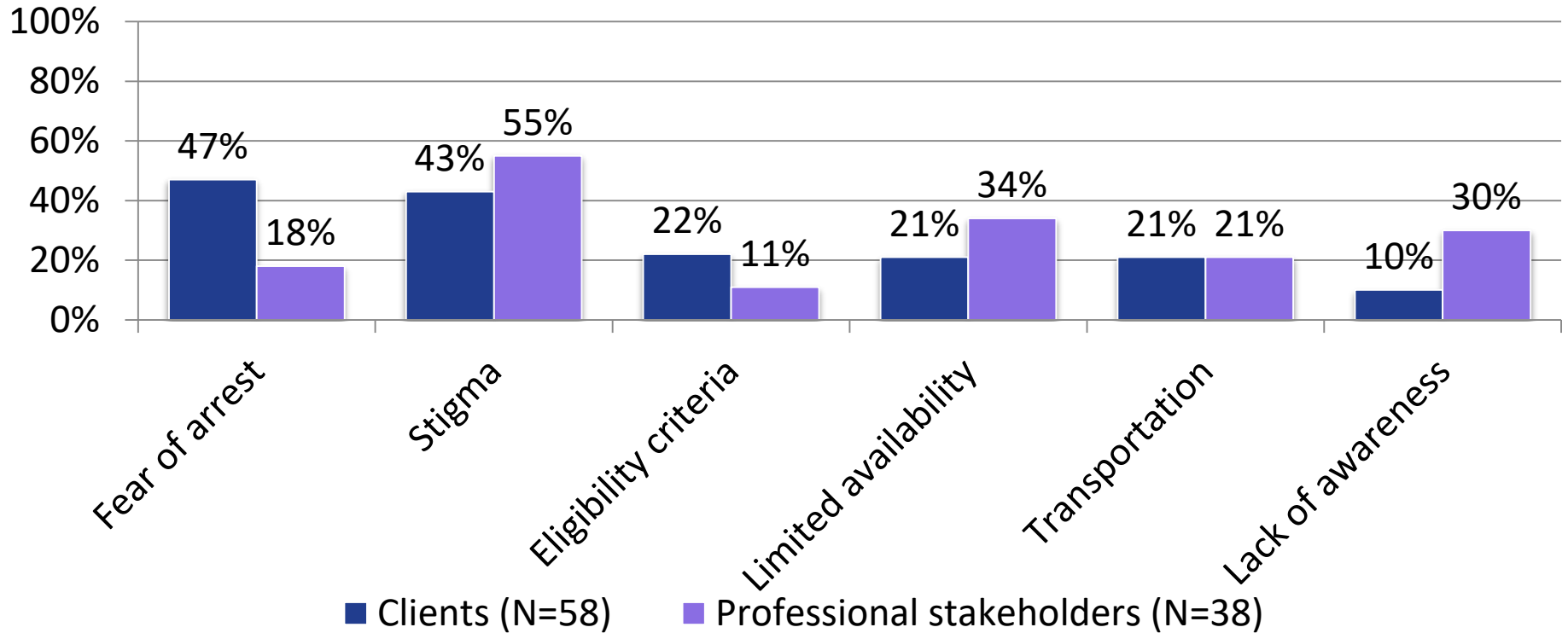
– Client



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Service Barriers



“I know many people like myself who came to syringe exchange to get a clean needle and got so much more. It created that connection to a broader treatment system.”

– Housing program representative



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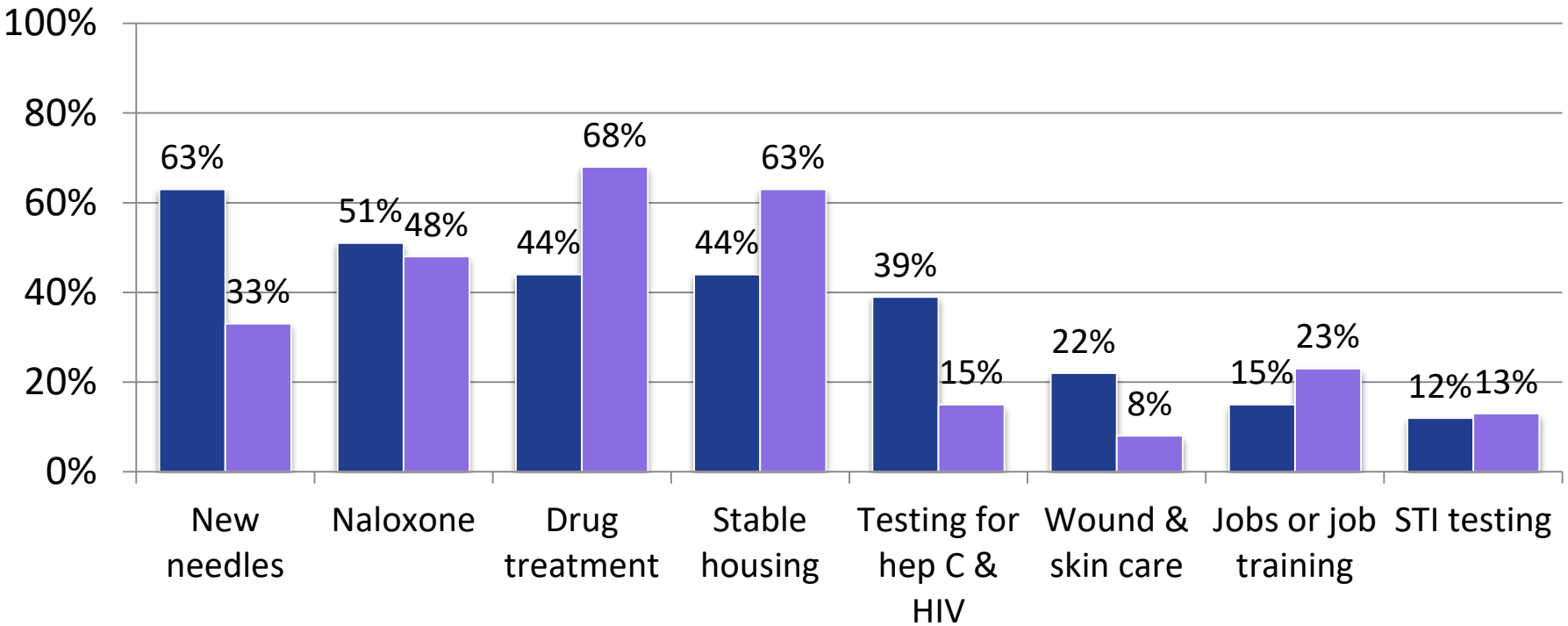
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“The thing inmates tell us is that they want housing, a job, to feel like they have a purpose. But what they hear is, ‘No, you need treatment first.’ But what really comes first? How can we get folks internally motivated?”

– Washington County Jail representative



Service Priorities



■ Clients (N=58)

■ Professional stakeholders (N=40)

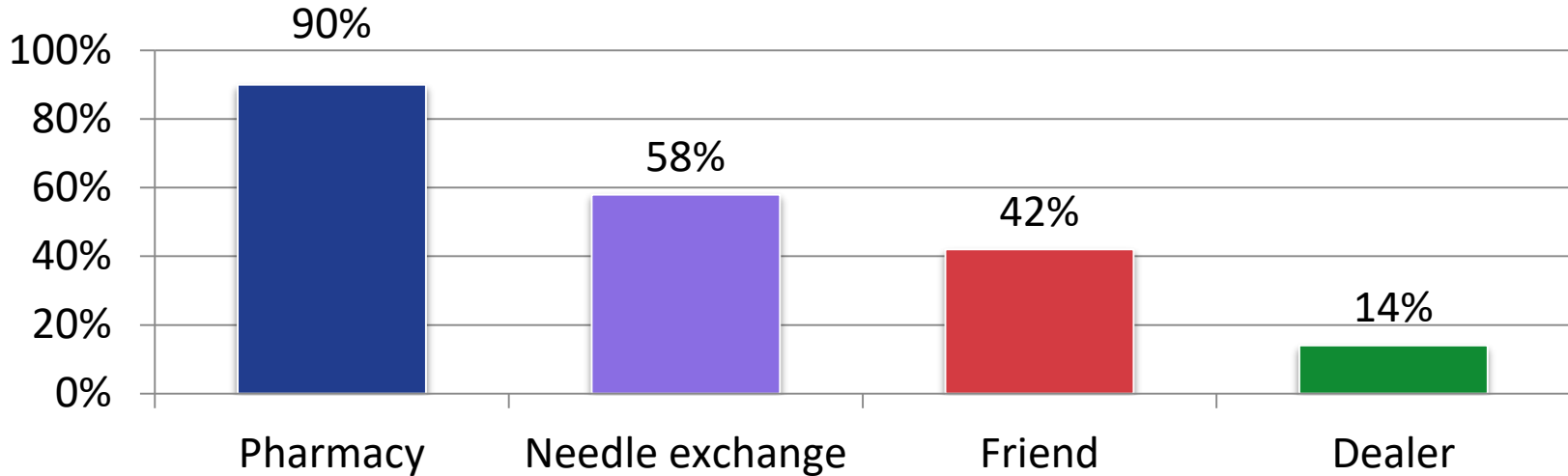


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Syringe Access

Sources of syringes
Clients, N=58



“The attitude you get, the glares you get [when purchasing syringes]: It's awful... It makes using dirty needles more appealing because you don't have to worry about being judged.”

– Client

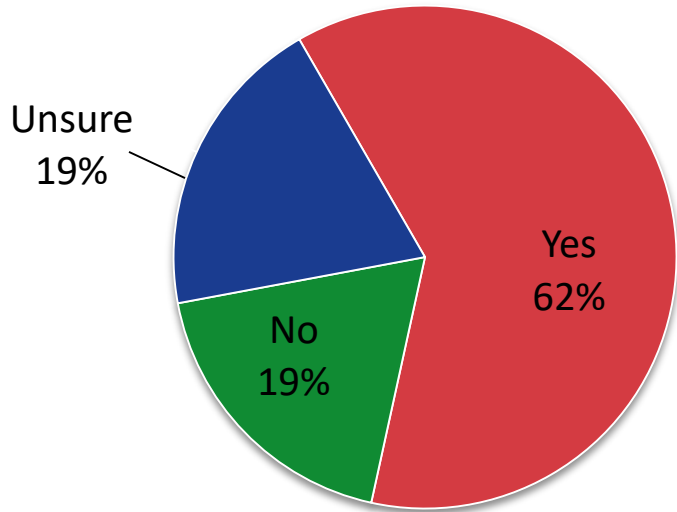


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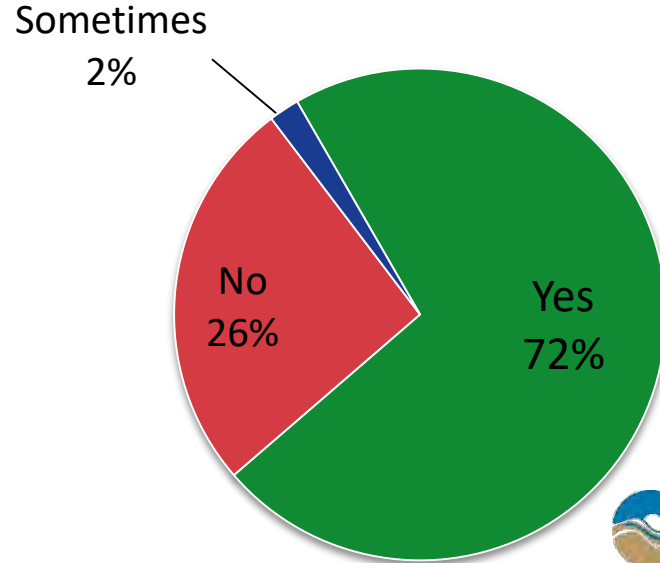
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Naloxone Availability

Is it ever difficult for people to get Naloxone?
Clients, N=54*



Do you or someone you know keep Naloxone with them?
Clients, N=58



Naloxone Availability

Suggested locations for Naloxone

Rank	Clients (N=58)	Professionals (N=35)
1	Facilities serving people in recovery (22%)	Widely available (e.g., with AEDs & first aid kits) (34%)
2	Pharmacies (21%)	First responders (29%)
3	Harm reduction service sites (19%)	Libraries (23%)
4	Health care settings (16%)	Social service locations (23%)



Community Support: Areas to Address

- Will a harm reduction program increase drug use?
- What is the purpose of the program?
- Where will the program be located?
- Will it increase crime?
- Will it increase the presence of PWID?
- Are taxes being used to support illegal behavior?
- What is the cost?



Gaining Law Enforcement Support

- There has been some movement to treat drug use as health issue rather than a crime.
- Law enforcement leaders in Washington County are mostly supportive of syringe exchange.
- Some skepticism and questions remain.



“For so many years...we tried to arrest our way out of this problem. Law enforcement needs to see this as more of a medical problem... If we don't train and get everybody on board, we have missed the first step.”

– Law enforcement representative



“When I was a young cop, I would have never supported needle exchange. Now that I am older & wiser, I absolutely think clean needles are important... let's keep them safe & stop them from spreading disease.”

– Law enforcement representative



Recommendations

Launch a program that reflects the service priorities of both PWID and the professional stakeholders:

- Syringe exchange
- Naloxone distribution
- Linkage to drug treatment & housing



- Create connections between syringe exchange and substance use treatment.
 - Referrals
 - Warm hand-off
 - Peer navigators



What Are We Doing



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Community Partner Collaboration

Naloxone Distribution

Parole and Probation
Community Corrections
Washington County Jail

Washington County Juvenile Department

Testing & Syringe Exchange

City of Hillsboro – PD, Parks, Community
Engagement Coordinator
Peer Recovery Mentors
Social Service Agencies: Homeless
Outreach

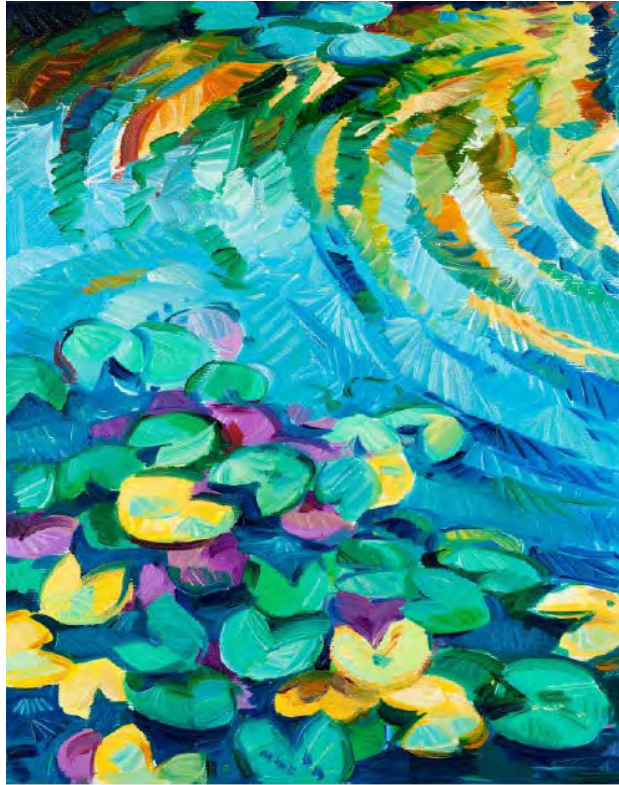


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FIELD TESTING VAN





Testing & Syringe Exchange Safe, Legal, & Confidential

Wednesdays

Walk-in 3-5pm

Dairy Creek Park—Hillsboro

515 SW 17th Ave

(Small Parking Lot—White Van;
Bus line #57)

- You must be at least 18 years old to exchange
- Ask staff about how to get naloxone. Refills are available.
- Hep C, HIV & syphilis testing



YCAIP

HIVAlliance



503-846-8851



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High Risk HIV/STI Testing

Mondays

2:00pm-7:00pm

Beaverton

12550 SW 2nd St

Beaverton, OR

Thursdays

1:00pm-5:00pm

Hillsboro

266 W Main St

Hillsboro, OR

Confidential HIV/STI Testing
503-846-8851

LGBTQ Mondays
Walk-in 2-7pm
Beaverton Clinic
12550 SW 2nd St
(Beaverton Central MAX
Station; Enter on SW
Washington Ave)

Thursdays
Walk-in 1-5pm
Hillsboro Clinic
266 W Main St
(Hatfield Government
Center MAX Station)

Neighborhood Health Center
HILLSBORO REPRODUCTIVE HEALTH CLINIC
Call for appointment: 503-941-3016
266 W Main St, Hillsboro
Tuesdays: 8am-7pm or
Walk-in 3-7pm, 25 yrs and under
Wednesdays: 7am-6pm
Fridays: 7am-1pm

NO COST SERVICES FOR THOSE ELIGIBLE



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Funding Opportunities:



**HIV Early Intervention
Services & Outreach**
WASHINGTON COUNTY NOTICE OF
FUNDING OPPORTUNITY

END HIV OREGON
SPONSORSHIP PROGRAM
AWARDS: \$10,000

