

## April is STD Awareness Month

### Chlamydia

Chlamydia is the most frequently reported sexually transmitted disease (STD) in Vermont. In 2011 there were 1,570 cases reported to the Vermont Department of Health (VDH), though epidemiologists believe that only a fifth of the total cases of Chlamydia are reported. From 1999 to 2011, three times as many women as men were diagnosed with Chlamydia, and individuals aged 15-24 were infected in greatest numbers, accounting for over 73% of the morbidity.

Annual routine testing of sexually active individuals is critical, especially for women and people under age 25. About 75% of women infected with Chlamydia have no symptoms, and untreated Chlamydia is a leading cause of infertility. Timely diagnosis and treatment help to minimize the serious long-term health impacts of this extremely common infection.

The recommended treatment for Chlamydia is Azithromycin 1 g orally in a single dose or Doxycycline 100 mg orally twice a day for seven days. Health care providers may empirically treat their patients' sexual contacts, even if the partner(s) is/are not in the same provider practice.

### Gonorrhea

Gonorrhea is much less common than Chlamydia, with only 46 cases reported in 2011. However, 22 cases have been reported between January and April 2012. From 1999- 2008, men and women were diagnosed at the same rate. Communities of color represented more than 15% of the reported cases even though this group accounts for less than 4% of Vermont's population. Since 2009, more than 40% of males diagnosed with Gonorrhea have identified as men who have sex with men.

Gonorrhea can live in a variety of host sites including the throat, rectum, urethra and vagina, so proper screening at the site of risk behavior is critical for diagnosis. If left untreated Gonorrhea can cause pelvic inflammatory disease (PID) and infertility. Symptoms of Gonorrhea can include burning with urination, discharge, and for women irregular bleeding, although symptoms are not always present.

Currently, the only class of antibiotics available for treatment of Gonorrhea is Cephalosporins. The Centers for Disease Control and Prevention (CDC) recommends treating patients with 250 mg IM of Ceftriaxone/ Rocephin and 1g of oral Azithromycin.

### Testing for Chlamydia and Gonorrhea

Nucleic acid amplification testing (NAT) is now the preferred test for detecting both *Chlamydia trachomatis* and *Neisseria gonorrhoeae* since it is more sensitive than culture (*N. gonorrhoeae* culture is still available). NAT detects ribosomal RNA in endocervical and male urethral swabs, and in both male and female urine specimens.

### Services Offered by the VDH Laboratory

- Chlamydia and Gonorrhea testing: NAT testing and *N. gonorrhoeae* culture.
- Syphilis: Serological screening with the nontreponemal rapid plasma reagin (RPR) test. RPR reactive specimens are routinely followed up with a specific treponemal test -- fluorescent treponemal antibody-adsorbed (FTA-ABS) assay -- at no extra charge. A Venereal Disease Research Laboratory (VDRL) test can also be performed on CSF samples to aid in the diagnosis of neurosyphilis.
- HIV/AIDS: Serological or oral fluid HIV-1/-2 antibody screening using an enzyme immunoassay test. Initially reactive specimens are re-tested in duplicate; and repeatedly reactive specimens are automatically reflexed to an HIV-1 antibody-specific western blot test at no additional charge. Repeatedly reactive serum specimens can also be followed up with a rapid qualitative immunoassay that detects and differentiates HIV Types 1 and 2.

### Services offered by the VDH STD Program:

- Disease surveillance for Chlamydia, Gonorrhea and syphilis.
- Follow up activities by the disease intervention specialist (DIS) including: disease notification, treatment verification for Chlamydia, Gonorrhea, Syphilis and HIV, and partner notification.

.... continued on page 2

