

Public Health Issue: HIV, STDs/STIs (Sexually Transmitted Diseases/Infections) and Hepatitis C

The relationship between HIV and other STDs/STIs (sexually transmitted diseases/sexually transmitted infections) is well documented. There are three well-known bi-directional associations between HIV and STDs including: 1) being infected with an STD greatly increases the risk of acquiring HIV, 2) being infected with an STD accelerates the progression of HIV disease, and 3) being infected with HIV can alter the natural progression of other STDs including response to treatment. Among people living with HIV in the United States, men who have sex with other men (MSM) are disproportionately impacted by co-infections of HIV and other STDs. While rates of STDs among persons living with HIV are disproportionately high, the greatest co-infection among persons living with HIV is Hepatitis C. Persons with Hepatitis C are at greater risk for HIV infection due to compromised immune systems. Persons who inject drugs have the greatest risk for acquiring Hepatitis C and are at high risk for HIV infection due to reused injection equipment. In order to reduce HIV transmission and mortality from HIV, public health policy must focus on HIV prevention inclusive of STDs and Hepatitis C prevention.

Background

Scope, contributing factors, successes, and challenges:

According to the PA Department of Health (2017), in Allegheny County:

1. 28 reported new cases of chlamydia, gonorrhea, and syphilis among newly HIV positive persons
2. 152 reported cases of chlamydia, gonorrhea, and syphilis among individuals previously diagnosed with HIV
 - Males make up more than 94% of these new cases of STDs in 2017.
3. Year-to-date in 2018 there are 25 reported STD cases among newly diagnosed HIV positive persons and 143 STD cases among previously diagnosed HIV positive persons of which 96% were among MSM.
4. Between 2011-2015 there were 293 persons co-infected with HIV and Hepatitis C.
5. Positivity rate for HIV-positive MSM visiting an STD clinic (STD Surveillance Network) was 86% for urogenital chlamydia and 14% for urogenital gonorrhea compared to 6.7% and 9.0%, respectively, among HIV-negative MSM in 2016.
6. For every HIV infection that is prevented, an estimated \$360,000 is saved in a cost of providing lifetime HIV treatment, significant cost-savings for the health care system.

Interventions

Evidence-based research, best practices, existing resources, and opportunities for collaboration:

1. CDC [STD Treatment Guidelines for Prevention](#) include:
 - Accurate risk assessment, education and counseling of persons at risk on ways to avoid STDs through changes in sexual behaviors and use of recommended prevention services
 - Pre-exposure vaccination of persons at risk for vaccine-preventable STDs
 - Identification of asymptotically infected persons and persons with symptoms associated with STDs; effective diagnosis, treatment, counseling, and follow up of infected persons
 - Evaluation, treatment, and counseling of sex partners of persons who are infected with an STD.
 - At least annual STD testing for high-risk groups including HIV positive persons or persons at higher risk for HIV infection (e.g., MSM, persons who inject drugs, or persons who engage in transactional sex).
2. The best practice for healthcare providers in the detection of STDs is three-site pharyngeal, urethral, and rectal testing, especially in high-risk populations.
3. For persons who inject drugs, an evidence-based intervention is proven to reduce Hepatitis C transmission with access to clean injection equipment and anonymous drop off places for used injection equipment.
4. An evidence-based intervention being implemented in several jurisdictions uses enhanced Hepatitis C screening, linkage to care, treatment, and cure leading to the elimination of Hepatitis C.

Recommendations

Considerations for Pittsburgh City Council:

1. Support comprehensive sexuality education which include in-depth discussions about sexual health, STD transmission and prevention, and both abstinence and safer sex practices.
2. Support HIV prevention and care programs to reduce the risk of acquiring HIV in person at high risk of infection through adequate resource allocation.
3. Allocate resources to STD prevention programs in both community and educational settings for all persons.
4. Support evidence-based harm reduction programming for persons who inject drugs to decrease the spread of STDs.
5. Support cross county collaborations with other jurisdictions to eliminate Hepatitis C.
6. Allocate resources to the Allegheny County Health Department to address the rise in Hepatitis C infections.

References:

- Centers for Disease Control and Prevention. (2017). Sexually Transmitted Disease Surveillance 2016. Atlanta, GA: U.S. Department of Health and Human Services
- Pennsylvania Department of Health, personal communication, 2018
- Centers for Disease Control and Prevention. (2008). Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection. MMWR, 57



CITY OF PITTSBURGH

Office of Mayor William Peduto

2018 City of Pittsburgh HIV Commission

For more information please contact:
HIV Commission
HIVCommission@pgh.gov