Infectious Disease Bulletin

VERMONT DEPARTMENT OF HEALTH

Guidance • Support • Protection • Prevention

Division of Health Surveillance – Infectious Disease Epidemiology Section April 2010

April is STD Awareness Month – Fast Facts about STDs in Vermont

Chlamydia

Chlamydia is the most frequently reported STD in Vermont, with 1,182 cases reported to the Vermont Department of Health (VDH) in 2009. Historically, the ratio of females to males among reported cases is three to one. Additionally, people aged 15 to 24 years are disproportionately affected, accounting for over 80% of the morbidity. Estimates from the CDC suggest that only 20% of chlamydia cases are diagnosed and reported to VDH. Therefore, routine screening of sexually active individuals and treatment of partners are critical. A new Vermont law allows providers to treat sexual contacts of their patients, even if the contacts are not their patients.

Gonorrhea

Fifty-one cases of gonorrhea were reported to VDH in 2009. Since 1998, the male to female ratio has remained fairly even. In the past three years, more than 40% of the male cases reported MSM (men who have sex with men) as a risk factor. In addition, more than 15% of the reported cases occurred in communities of color, yet this group makes up less than 4% of Vermont's population

Neisseria gonorrhoeae is increasingly difficult to diagnosis and treat since it can live in a variety of sites, including the throat and rectum, as well as the urethra or vagina. Currently, only cephalosporins are recommended for routine treatment of gonorrhea. Because of the emergence of resistant strains, the CDC no longer recommends treating gonorrhea with fluoroquinolones.

Infectious Syphilis (Primary and Secondary)

Over the past decade, syphilis cases reported to VDH have been low, with less than 3 cases each year. However, in 2007 and 2008, 10 and 11 cases were reported respectively. In 2009, there was only one case reported. Many of the cases were in men who have sex with men, and more than half were also infected with HIV.

HIV/AIDS

Currently there are 358 individuals in Vermont living with HIV/AIDS who were residents of Vermont at the time of diagnosis. (VDH is still in the process of de-duplicating data so the following numbers are provisional.) 83% of the people living with HIV/AIDS are men. 86% are white and non-Hispanic, and 36% of people newly diagnosed with HIV/AIDS are 40 years of age or older. HIV testing remains essential.

VDH Lab Services

Chlamydia/Gonorrhea: Nucleic acid amplification testing (NAAT) which detects ribosomal RNA in endocervical and male urethral swabs and urine specimens. More sensitive than culture, NAAT is now considered the preferred test for detecting both *Chlamydia trachomatis* and *Neisseria gonorrhoeae. N. gonorrhoeae* culture is also available.

Infectious syphilis: Serological screening with the nontreponemal rapid plasma reagin (RPR) test. RPR reactive specimens are routinely followed up with a specific treponemal test, the fluorescent treponemal antibody-absorbed (FTA-ABS) assay at no extra charge. The VDRL (Venereal Disease Research Laboratory) 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 retested in duplicate and repeatedly reactive specimens 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 STD Program at VDH

Disease intervention specialists conduct case follow-up, including notification of diagnosis, treatment verification, and identifying services for partners.

The STD Program provides medication to medical providers for patients who cannot afford it. The Program also helps patients with HIV/AIDS access programs that help pay for medications if needed.

For more information:

About care or surveillance: Daniel Daltry at 802-863-7305 About Laboratory Services: Eunice Froeliger 802-863-7629

National STD Awareness month 2009, please visit: www.cdcnpin.org/stdawareness or www.gyt10.org

The *Infectious Disease Bulletin* can be viewed at: http://healthvermont.gov/pubs/IDB/index.aspx
For questions & comments, please contact Patsy Kelso at (802) 863-7240

Vermont – Selected Reportable Diseases – 2010

(Data through MMWR Week 12 – 3/27/10) – Provisional

	Campylobacter	Cryptosporidium	E. coli*	Giardia	Group A Strep Inv	Hepatitis A	Hepatitis B - Acute	Hepatitis B - Chronic	Hepatitis C - Acute	Hepatitis C - Chronic	Legionellosis**	Listeriosis	Lyme §	Meningococcal Inf.	Pertussis	Salmonella	Shigella	Tuberculosis**	Varicella §
Age																			
<5	5	3	0	6	0	0	0	0	0	2	0	0	1	0	1	1	0	0	7
5-14	0	0	0	8	2	0	0	0	0	0	0	0	4	0	0	1	0	0	13
15-24	7	4	0	4	0	0	0	1	0	6	0	0	0	0	1	0	0	0	0
25-39	3	1	0	8	0	0	0	8	0	27	0	0	3	0	0	2	0	0	0
40-64	10	2	0	9	1	0	1	6	0	48	1	0	4	1	0	3	1	0	0
65+	6	0	0	0	6	0	0	0	0	4	0	1	3	0	0	2	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total (YTD)	**31**	**10**	**0**	**35**	**9**	**0**	**1**	**15**	**0**	**87**	**1**	**1**	**15**	**1**	**2**	**9**	**1**	**0**	**20**
5-yr Median (YTD)	**21**	**6**	**2**	**33**	**6**	**0**	**0**	**13**	**1**	**†**	**1**	**1**	**†**	**0**	**6**	**9**	**1**	**1**	**77**
County of Residence																			
Addison	1	5	0	4	3	0	0	0	0	4		0	0	1	0	2	0		0
Bennington	1	0	0	0	0	0	0	0	0	3		0	2	0	0	1	0		2
Caledonia	2	1	0	1	0	0	0	0	0	11		0	1	0	0	0	0		0
Chittenden	7	0	0	16	4	0	0	11	0	26		0	1	0	1	2	1		9
Essex	0	0	0	1	0	0	0	0	0	0		0	0	0	0	0	0		0
Franklin	2	0	0	2	0	0	0	0	0	3		0	0	0	0	1	0		0
Grand Isle	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		1
Lamoille	1	0	0	2	0	0	0	0	0	2		0	0	0	0	0	0		0
Orange	2	1	0	3	0	0	0	0	0	3		0	1	0	0	0	0		3
Orleans	1	0	0	0	0	0	0	0	0	2		0	1	0	0	0	0		0
Rutland	3	0	0	2	0	0	0	1	0	6		0	3	0	0	1	0		4
Washington	6	3	0	0	1	0	0	3	0	16		0	0	0	0	1	0		1
Windham	3	0	0	3	0	0	1	0	0	7		0	4	0	0	1	0		0
Windsor	2	0	0	1	1	0	0	0	0	4		1	2	0	1	0	0		0
Unknown	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		0
Total (YTD)	**31**	**10**	**0**	**35**	**9**	**0**	**1**	**15**	**0**	**87**	**1**	**1**	**15**	**1**	**2**	**9**	**1**	**0**	**20**
VDH District Office																			
Barre	6	3	0	2	0	0	0	0	0	0		0	0	0	0	1	0		1
Bennington	1	0	0	0	0	0	0	0	0	0		0	0	0	0	1	0		2
Brattleboro	2	0	0	3	0	0	0	0	0	0		0	0	0	0	1	0		0
Burlington	7	0	0	16	0	0	0	11	0	0		0	0	0	0	2	1		9
Middlebury	1	5	0	4	3	0	0	0	0	0		0	0	1	0	2	0		0
Morrisville	1	0	0	2	0	0	0	0	0	0		0	0	0	0	0	0		0
Newport	1	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		0
Rutland	3	0	0	2	0	0	0	1	0	0		0	0	0	0	1	0		4
St. Albans	2	0	0	2	0	0	0	0	0	0		0	0	0	0	1	0		1
St. Johnsbury	2	1	0	2	0	0	0	0	0	0		0	0	0	0	0	0		0
Springfield	1	0	0	1	1	0	0	0	0	0		0	0	0	1	0	0		0
White River	4	1	0	1	0	0	0	0	0	0		1	0	0	0	0	0		3
Central Office	0	0	0	0	5	0	1	3	0	87		0	15	0	1	0	0		0
Total (YTD)	**31**	**10**	**0**	**35**	**9**	**0**	**1**	**15**	**0**	**87**	**1**	**1**	**15**	**1**	**2**	**9**	**1**	**0**	**20**

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Shiga toxin-producing Escherichia coli (STEC)

****This column partially obscured to protect patient confidentiality***

§ Includes both confirmed & probable cases

†Data captured differently in previous years; no 5-year median available

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