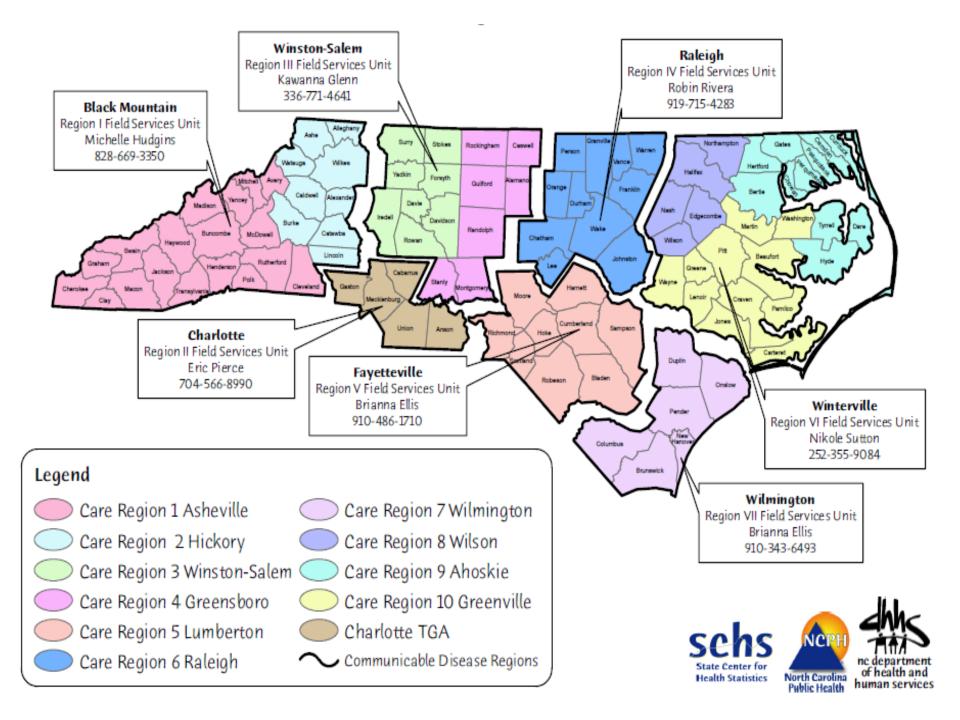
HIV/STIs-Overlapping Epidemics

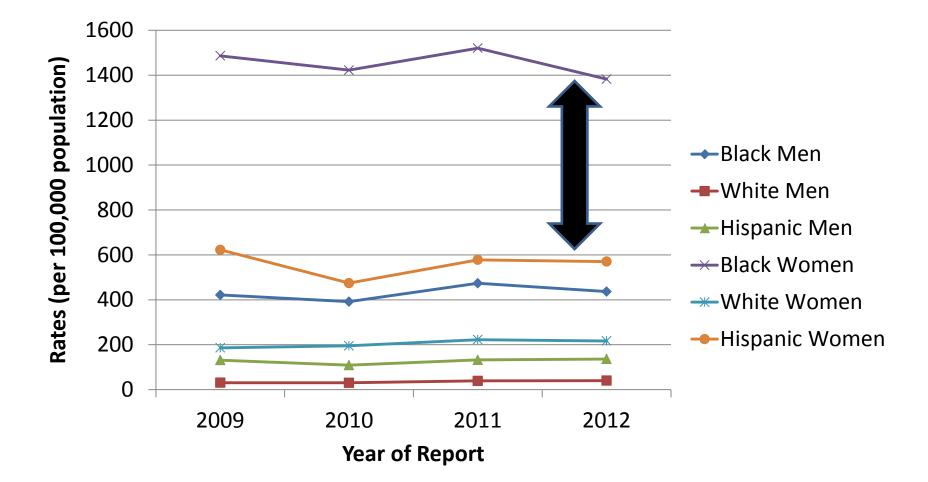
where we were, where we are and where we need to go...

Overview

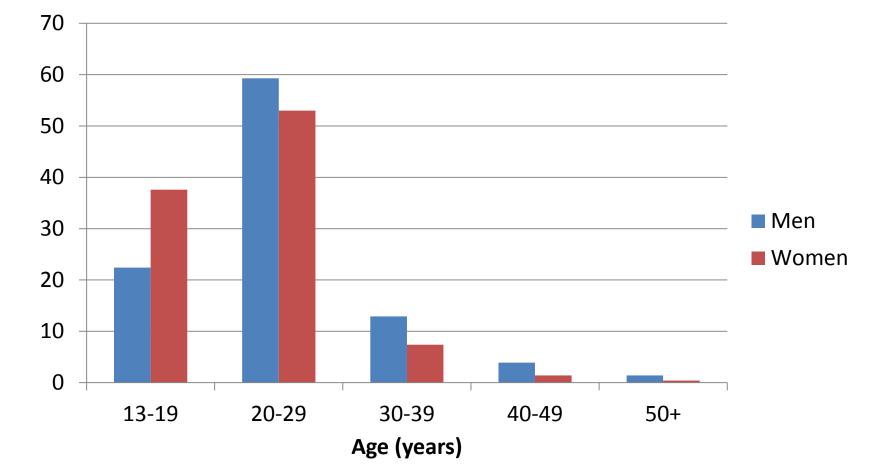
- STI/HIV Trends
 - Rates
 - Demographic
 - Regional morbidity
- Syndemic Disease in North Carolina
- High-risk group(s)
- HIV/STD prevention & control, moving forward



Chlamydia Rates, 2009-2012



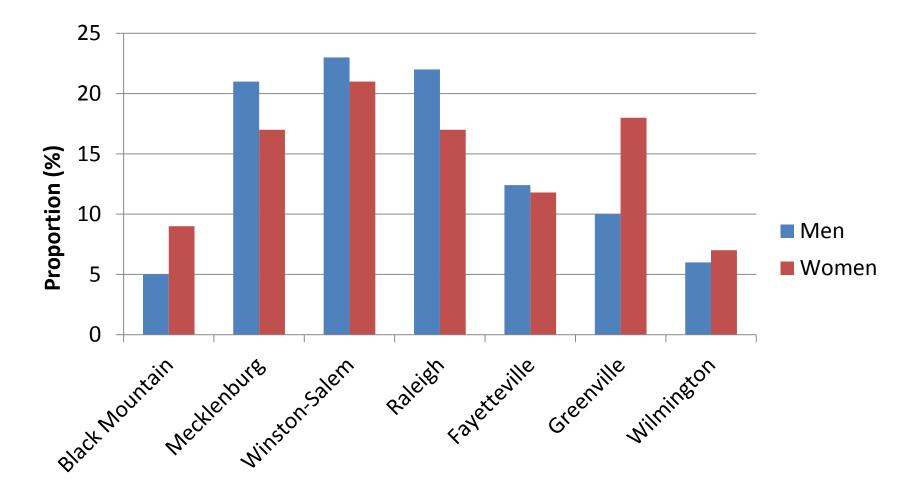
Age Distribution of Chlamydia Cases



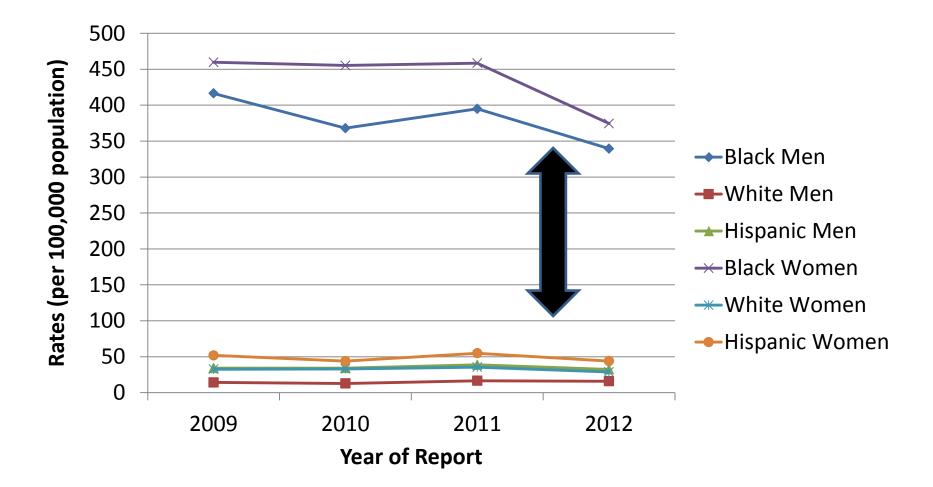
Proportion (%)



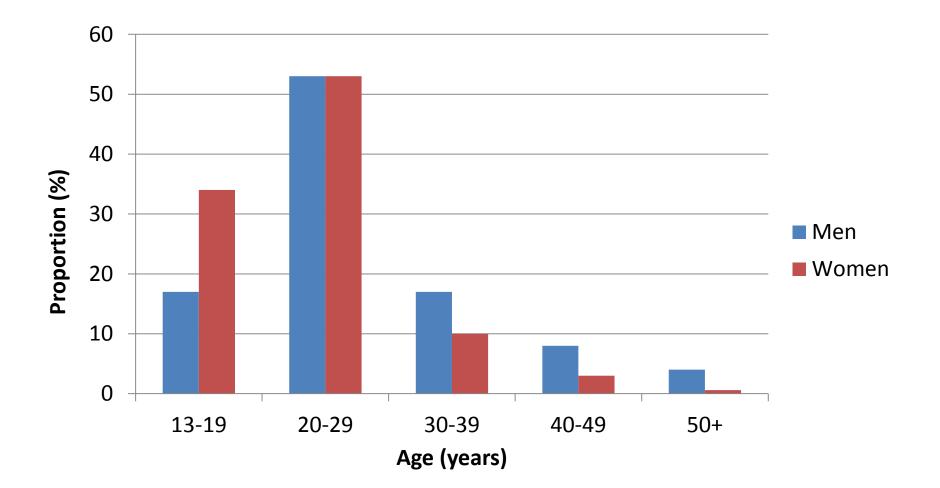
Regional Distribution of Chlamydia Cases



Gonorrhea Rates, 2009-2012

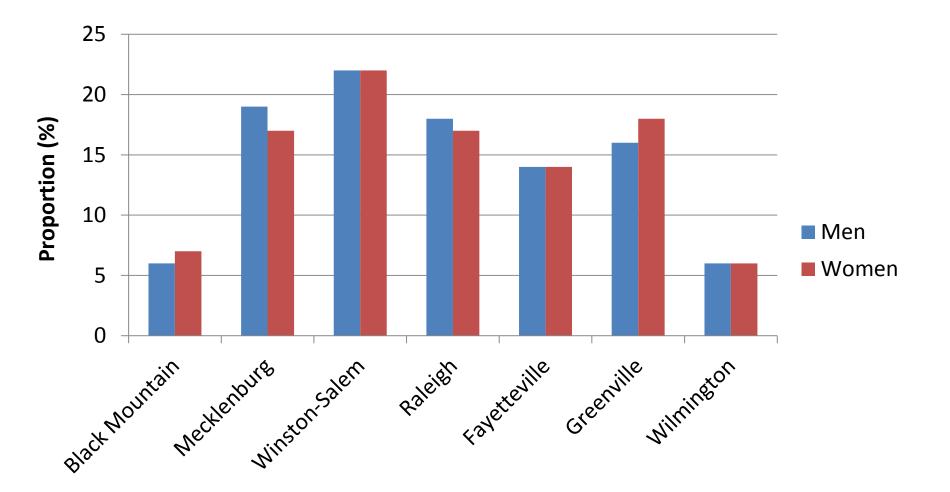


Age Distribution of Gonorrhea Cases

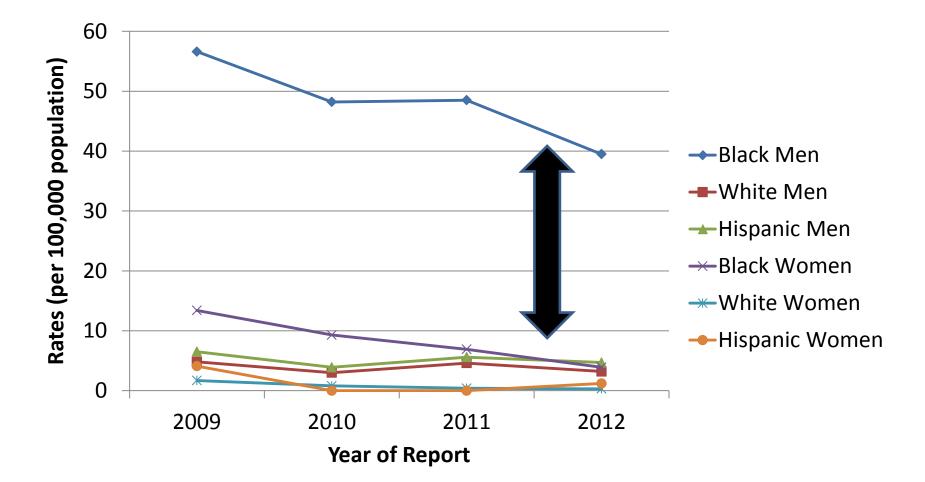


Regional Distribution of GC Cases

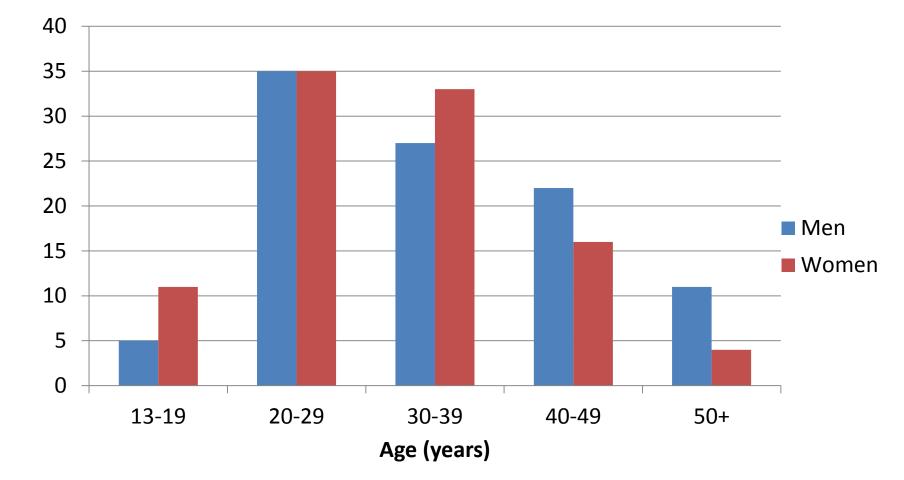
Ē



Early Syphilis Rates, 2009-2012

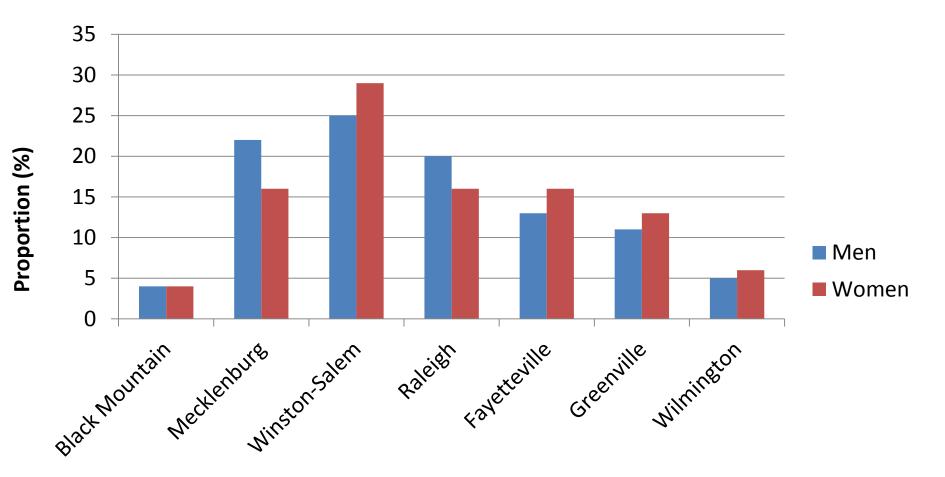


Age Distribution of Early Syphilis Cases

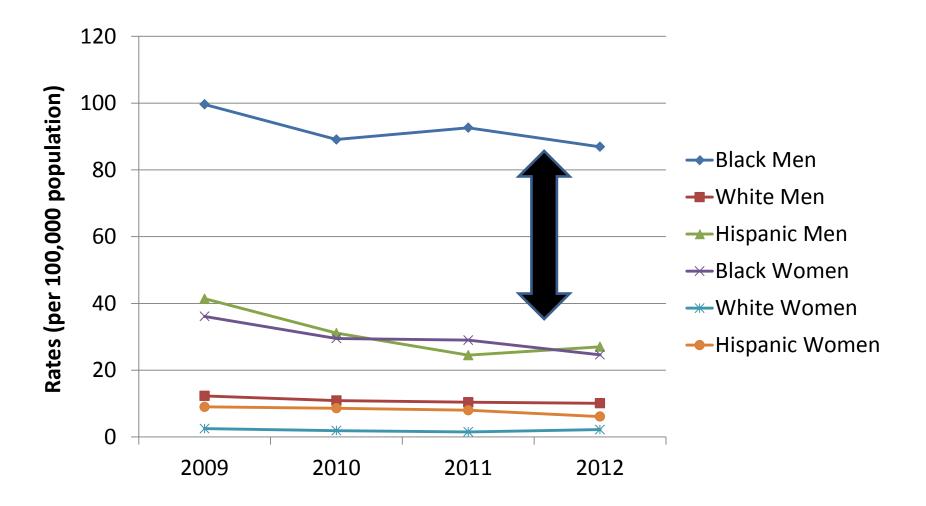


Proportion (%)

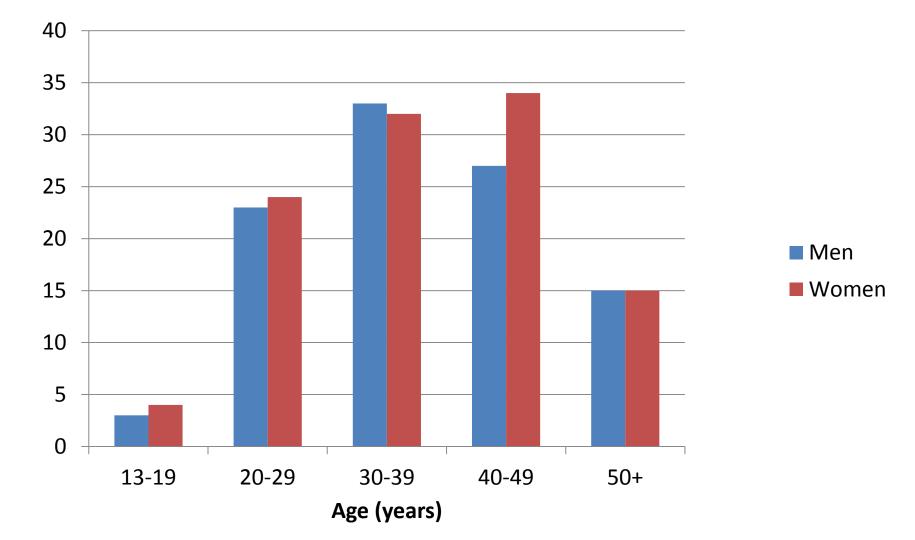
Regional Distribution of Early Syphilis Cases



HIV Rates, 2009-2012

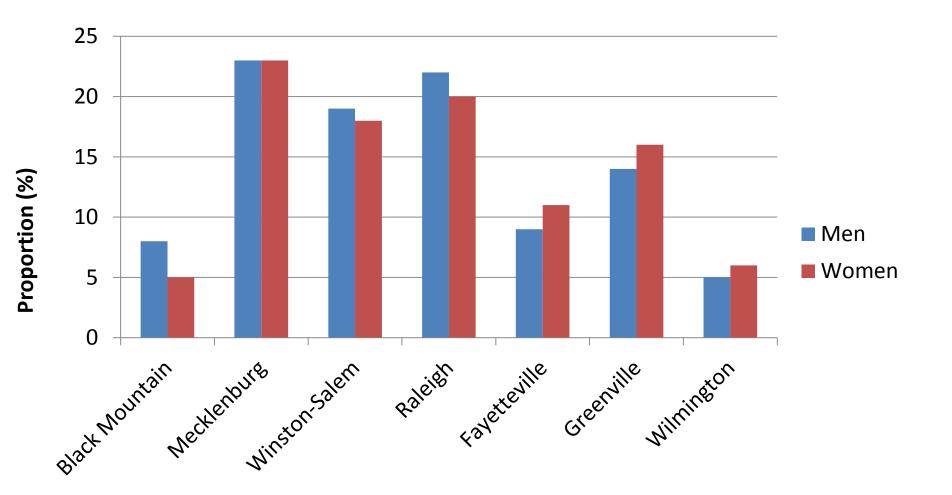


Age Distribution of HIV Cases



Proportion (%)

Regional Distribution of HIV Cases



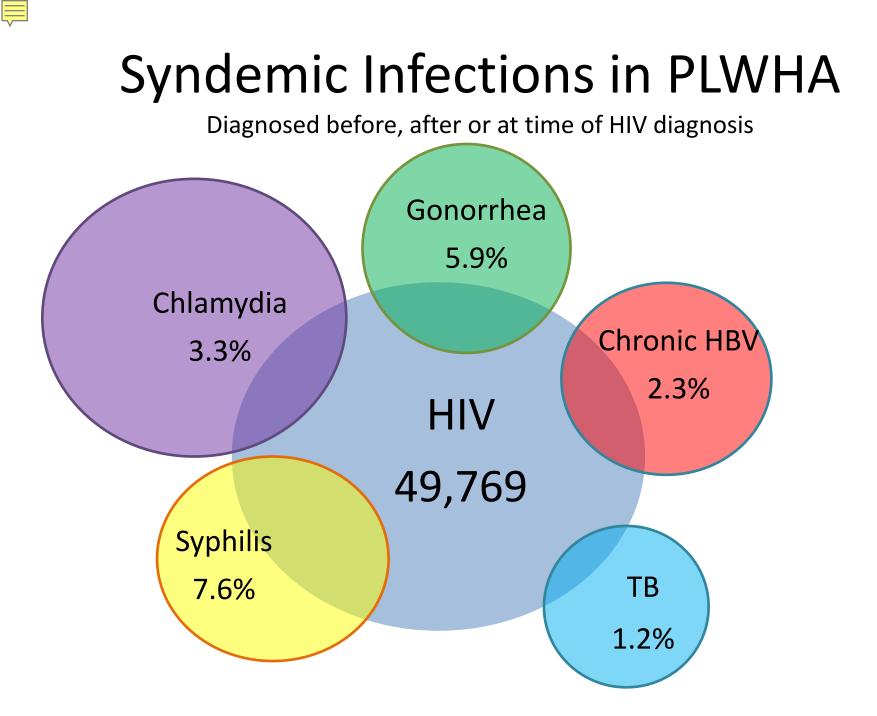
Syndemic Disease

"two or more epidemics interacting synergistically and contributing, as a result of their interaction, to excess burden of disease in a population"

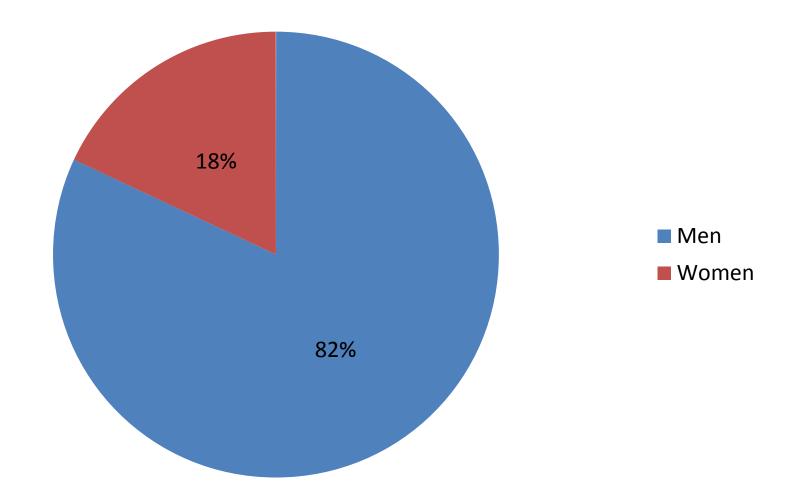
Common risks suggest the need for common solutions and enhanced collaboration among related prevention

programs

Program Collaboration and Services Integration

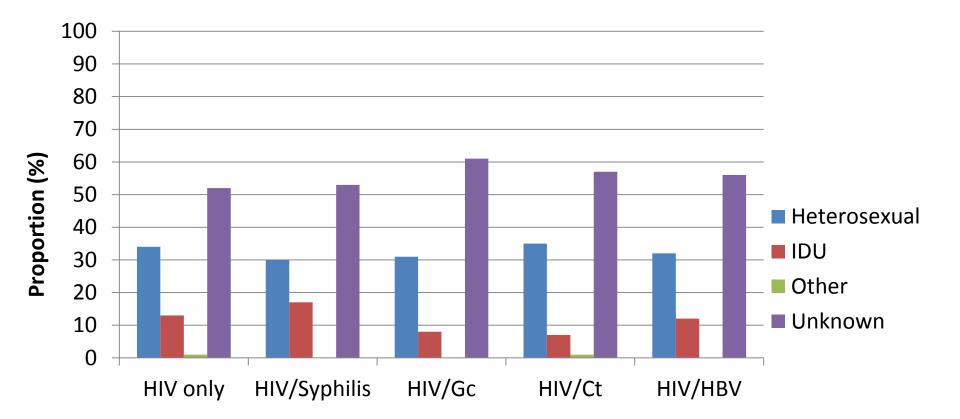


Syndemic Disease, by Gender



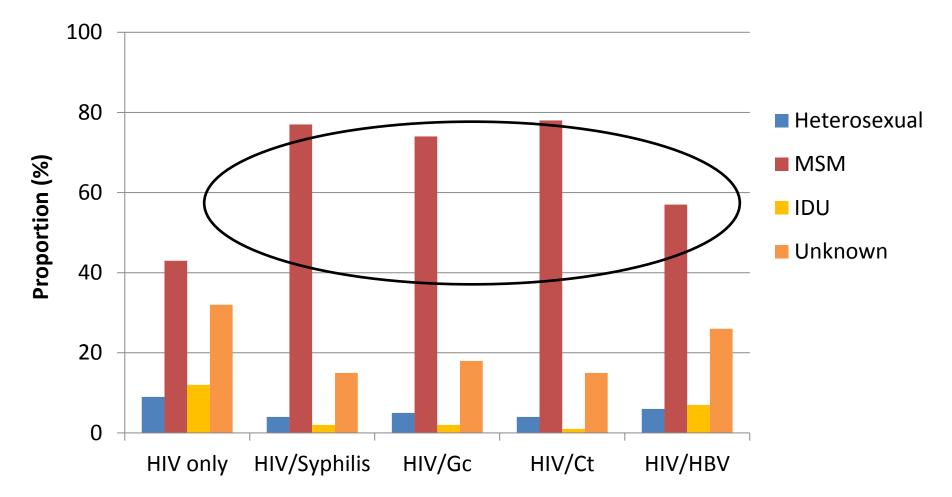


Transmission Risk Groups in Women with Syndemic Disease

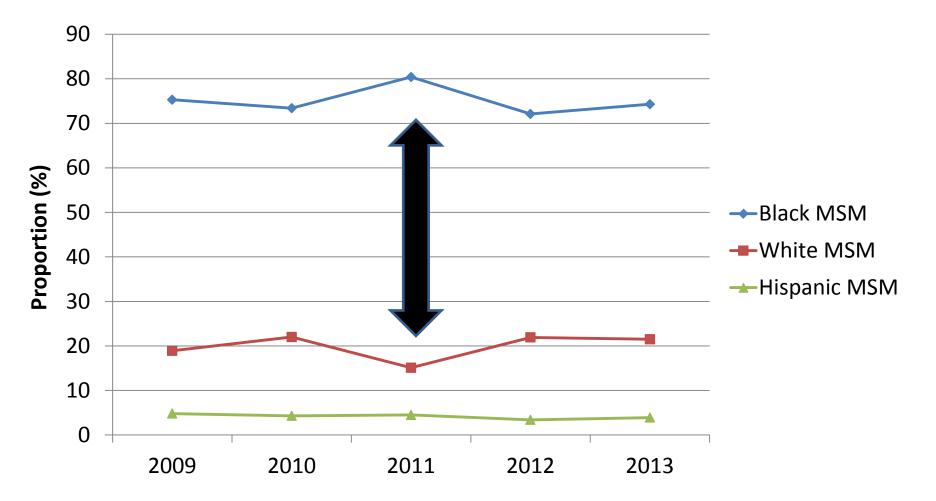




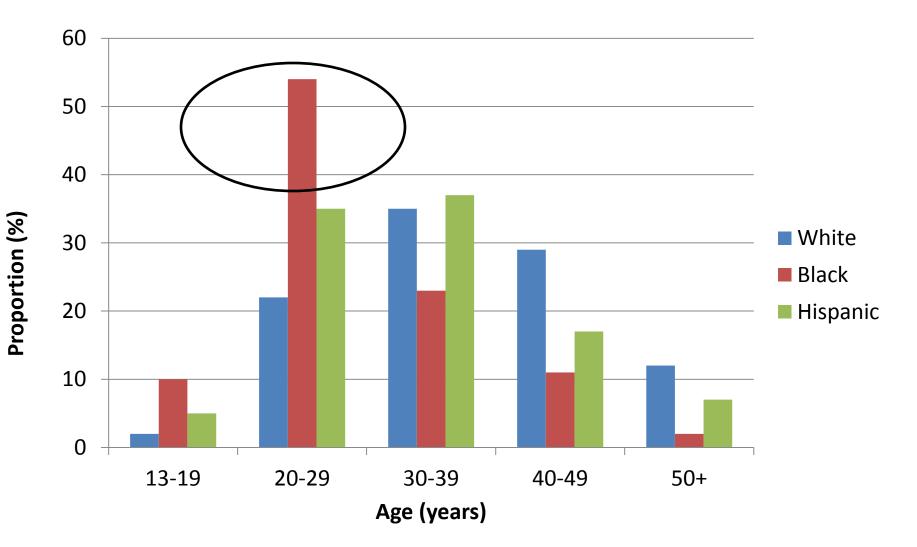
Transmission Risk Groups in Men with Syndemic Disease



Syndemic Disease among MSM, by Race/Ethnicity

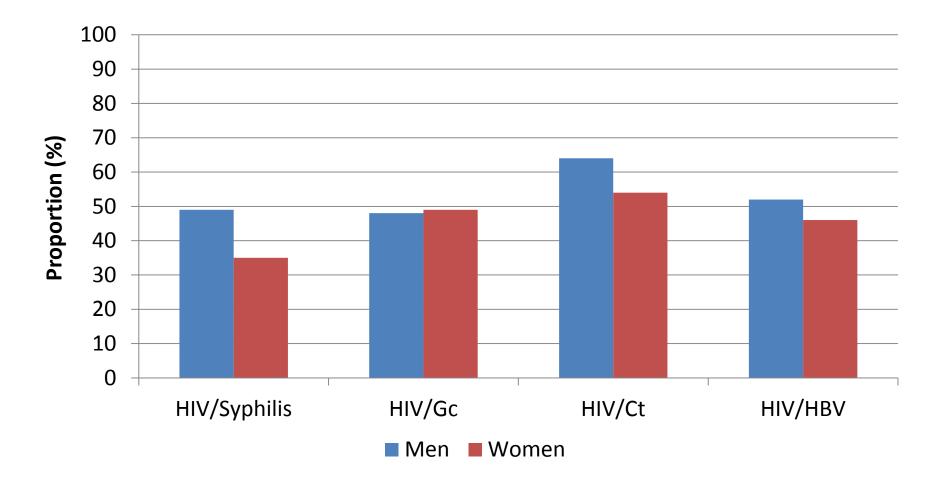


Age Distribution among MSM with Syndemic Disease



Co-infections among PLWHA

HIV Diagnosed ≥1 year before secondary infection





Take Home Points

• Syndemic disease exists in NC

High-risk groups: MSM, especially young black males

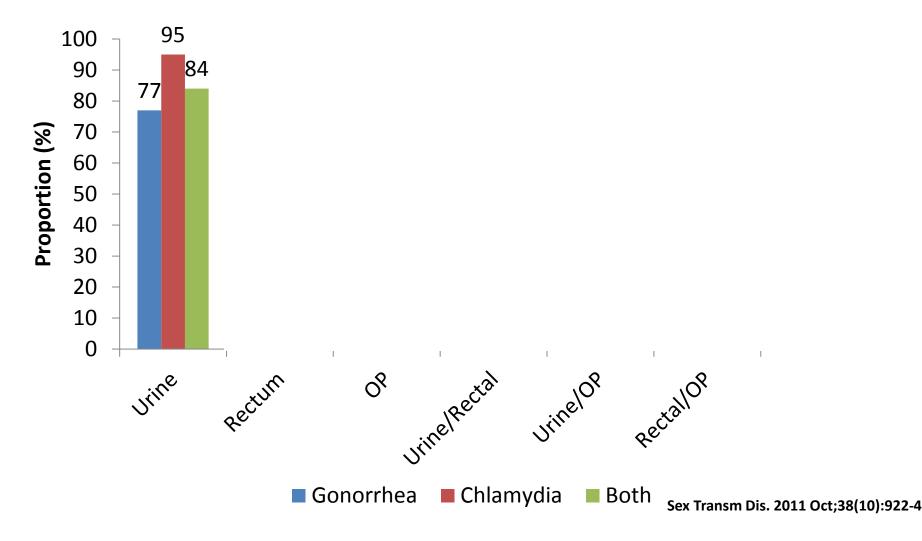
• HIV-positive individuals continue to acquire STIs after their HIV diagnosis

Priority Interventions

- Syphilis/Gc/Ct
 - physical exam for early syphilis findings
 - extragenital NAAT screening in MSM
 - increase proportion of appropriately treated Gc cases
 - identify Gc treatment failures
- HIV
 - increase STI screening rates
 - link to care within 30 days of diagnosis
 - immediate ART initiation
 - PreP for high-risk populations



Gc/Ct infections missed by urethral-only screening practices in asymptomatic MSM



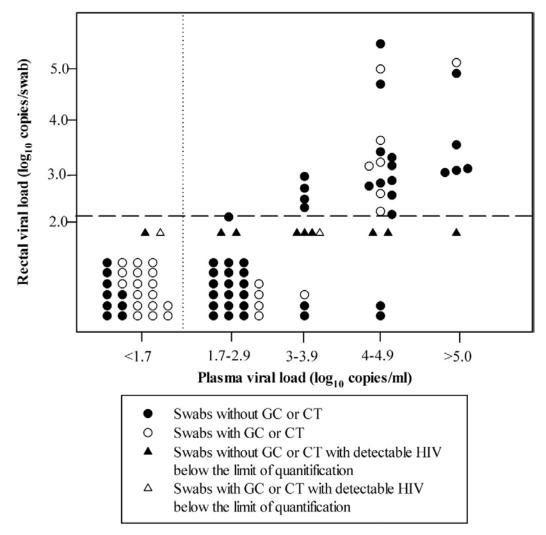
Priority Interventions

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Questions ?



Correlation between plasma viral load (log10 copies/mL) and rectal viral load (log10 copies/swab) for 91 rectal swabs from 80 men who have sex with men.



Kelley C F et al. J Infect Dis. 2011;204:761-767

