

# epiConnections

A BIMONTHLY NEWSLETTER OF THE COMMUNICABLE DISEASE AND EMERGENCY MANAGEMENT DIVISION OF BOULDER COUNTY PUBLIC HEALTH

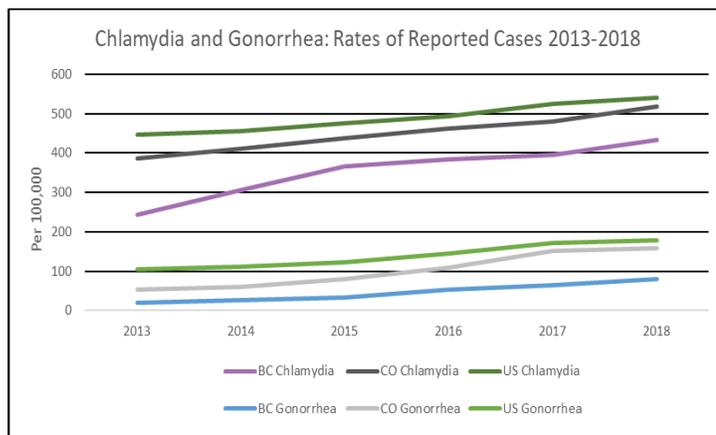
## Chlamydia, Gonorrhea, and Syphilis Rates Reach Record Highs in the U.S.

According to the [2018 Sexually Transmitted Disease \(STD\) Report](#) recently released by the Centers for Disease Control and Prevention (CDC), the number of chlamydia, gonorrhea and syphilis diagnoses have reached an all-time high in the United States.

The CDC report points to data that suggests multiple factors are contributing to the overall increase in these infections, including:

- Drug use, poverty, stigma, and unstable housing, which can reduce access to STD prevention and care.
- Decreased condom use among vulnerable groups, including young people and gay and bisexual men.
- Cuts to STD programs at the state and local levels. In recent years, more than half of local programs have experienced budget cuts, resulting in clinic closures, reduced screening, staff loss, and reduced patient follow-up and linkage to care services.

Between 2017 and 2018, cases of gonorrhea increased by 5 percent to more than 580,000 cases, the highest number reported since 1991. Similarly, chlamydia increased by 3 percent to more than 1.7 million cases, the most ever reported to CDC. Although Colorado has consistently reported lower rates when compared to U.S. rates for these infections, our state and local numbers tell a similar story for 2018. In Boulder County, the rate of chlamydia diagnoses increased from an average rate of 339.4 over the past five-year period to 433.8 in 2018. Similarly, gonorrhea cases increased from an average rate of 39.3 over the past five-year period to 79.3 in 2018.



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## Concerns About "Public Charge" Changes

Issues around immigration can have an impact on many in Boulder County. As a health care provider, an issue you may have heard about recently are potential changes to the federal "Public Charge Rule." The Public Charge Rule impacts people who are entering the U.S. or those who want to remain here permanently. If immigrants are considered "primarily dependent on the government for subsistence" because they receive one or more specific public benefits, they can be given the status of "Public Charge." This can impact people's ability to enter the U.S., get a green card, or reenter the country.

Recently, the Federal Administration made changes to the Public Charge rule that were scheduled to become effective on October 15. These changes, including increasing the number and type of benefits that are included in the rule, would make it much easier to classify someone as a Public Charge and disqualify them from receiving benefits. **While multiple federal lawsuits temporarily put these changes on hold on October 11**, these proposed rule changes remain a serious concern for many members of our community.

The Boulder County Health Improvement Collaborative and the Community Foundation Boulder County have created a webpage with factual information and resources about the policy and how immigrant families and individuals can continue to access the benefits and services they need. The website is organized into four sections for easy use, including resources for medical providers, community partners and individuals and families.

The website is available at <https://www.commfound.org/publiccharge>.



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Communicable Disease Control Program  
 HIV Prevention Program  
 Emergency Management Program  
 Immunization Program  
 TB Control Program

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Among some of the most alarming information from the CDC report is the syphilis infection data for 2018. The number of primary and secondary syphilis cases, the most infectious stages of syphilis, increased 14 percent. This is the highest number of syphilis cases reported since 1991.

Congenital syphilis ( i.e. syphilis passed from a mother to baby during pregnancy) increased by 40 percent from 2017 to 2018. Tragically, newborn deaths from syphilis increased by 22 percent from 2017, claiming 94 newborn lives in 2018. Although Boulder County did not report any congenital syphilis diagnoses in 2018, we must be proactive. Data shows that the increases in congenital syphilis coincide with increasing syphilis rates in women of reproductive age.

An urgent and multifaced approach from multiple stakeholders is needed to curb the continued rise in these infections. The CDC urges all health care providers to take comprehensive sexual histories and make timely treatment a priority and a standard part of medical care. Early detection and rapid connection to care and treatment is needed to keep everyone healthy, including women who become pregnant and their babies, The CDC recommends health care providers test all pregnant women in their first prenatal visit. Women who are at higher risk throughout pregnancy should be tested again at 28 weeks and at delivery.

The long-term effects of these infections, and the growing evidence that these infections have become more difficult to treat due to antimicrobial resistance, reinforces the importance of basic STD prevention and control education. Providers can encourage patients to talk openly about sexually transmitted infections, get tested regularly, and reduce risk by using condoms and practicing safer sex. People must understand that safer sex practices are still very important, even with the use of antibiotics and antiretroviral drugs.

Finally, state and local health departments need to ensure that resources are directed appropriately and to the most vulnerable populations. Local Boulder county data in recent years consistently shows that STIs take a greater toll among minority groups in Boulder County. Care should be culturally competent, prioritizing the cultural, social, and linguistic needs of patients. A focus on education and testing for minority populations in Boulder County is critical if we want to continue to see a downward trend of STI diagnoses.

Submitted by Kaylan Stinson, Epidemiologist, [kstinson@bouldercounty.org](mailto:kstinson@bouldercounty.org)

## Changes to Tuberculosis Program Staffing

Changes are coming to the Tuberculosis (TB) Program at Boulder County Public Health (BCPH). TB Nurse Carolyn Bargman will be retiring in late January 2020. There will no longer be a BCPH nurse dedicated solely to TB. Planned coverage of the TB Program will be as follows:

- Please call the Denver Public Health (DPH) TB Clinic at 303 602-7240 and speak to the triage RN or the attending-on-call with any questions about patients who are suspected of having active TB disease or any specific patient care questions. After 5:00 p.m. and on weekends, call the DPH Infectious Disease Clinic at 303 602-8710 to reach the attending-on-call.
- DPH's TB Clinic will continue to care for suspect, known active TB, and latent TB patients who reside in Boulder County, along with all patients from the seven metro area counties (Adams, Arapahoe, Broomfield, Boulder, Denver, Douglas, and Jefferson). There will no longer be a TB nurse housed at BCPH.
- TB outreach services will continue to be covered by the outreach/disease intervention specialists (DIS) from DPH, including Alex Perez, who has also been working out of both the Boulder and Denver offices. He will be spending more time in Denver, but he will be available, as needed, to help Boulder County.
- Please call the clinic to schedule an appointment and [fax a referral form](#) to 303-602-726. If you need public health TB to follow up on any of the following reasons:
  - As part of an immigration change of status exam.
  - For diagnosis and treatment of latent TB infection.
  - Class B immigrants and refugees if they somehow landed in your office rather than in the TB Clinic.
  - Patients with a positive Interferon Gamma Release Assay-QuantiferON (IGRA-QuantiferON or T-Spot) and normal chest x-ray that you are uncomfortable treating yourself for latent TB infection (LTBI).
- Patients who are on latent or active TB treatment will receive their medications and monthly visits either in Denver or by home visits from DPH TB Clinic staff (RNs or DIS).
- Anyone requiring TB screening for the shelter, jail, schools, etc. may be seen at Denver Public Health's TB Clinic (<http://www.denverpublichealth.org/clinics-services/tuberculosis>), their primary care provider, Passport Health, Clinica Campesina, People's, or Salud Clinics. The Walgreen's Take Care Clinics in Lafayette and Broomfield and the Little Clinic at King Soopers in Erie and Broomfield also do limited TB screening.
- DPH TB Clinic providers are still available to answer any questions and provide TB educational presentations for provider and community groups. Please contact Bob Belknap, DPH TB Clinic Medical Director, at 303 602-7244 or [Robert.belknap@dhha.org](mailto:Robert.belknap@dhha.org) so he may determine the best person to present to your group.
- The "TB Update and Skin Testing Class" that has been taught at DPH is currently being revised and will be taught by Ann Scarpita, RN, at CO Department of Public Health and Environment (CDPHE.) Please refer any questions about this class to her at 303-692-2656. Submitted by Carolyn Bargman, [CBargman@bouldercounty.org](mailto:CBargman@bouldercounty.org)