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Sexually Transmitted Diseases (STD) in New Mexico: Innovative Responses to Rising Rates

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and

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Reportable STD in New Mexico

Three diseases are reportable.

- Chlamydia
- Gonorrhea
- Syphilis

New Mexico is a dual reporting state.

- Reporting by clinical providers and practices.
- Electronic reporting by laboratories.



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STD Rates are Rising Nationwide and in NM

CHLAMYDIA: New Mexico has always been ranked in the top 10 for rates of Chlamydia. We were 5th in both 2018 and 2019.

GONORRHEA: New Mexico had lower rates of Gonorrhea than the nation until 2015. The state dropped from 6th in 2018 to being ranked 11th in 2019.

SYPHILIS: New Mexico's syphilis rates lagged the nation from 2006 to 2016. But cases have risen rapidly since then, with a 58% increase from 2017 to 2018, followed by a 69% increase from 2018 to 2019 in rates of primary and secondary syphilis.

New Mexico ranked 6th in the nation in 2018 and 2nd in 2019.



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Congenital Syphilis is a Major Concern

Syphilis passed from mother to child, known as congenital syphilis, is a major health concern that can lead to serious birth defects and infant death.

Because it is entirely preventable with timely testing and treatment of pregnant mothers, every case of congenital syphilis is known as a sentinel public health event because it shows gaps in health care systems including lack of prenatal care.

While cases were rare in New Mexico prior to 2017, the increase in syphilis statewide including far more cases among heterosexual women has led to a sharp increase, with 1 cases in 2017, 10 in 2018, and an alarming 26 in 2019.

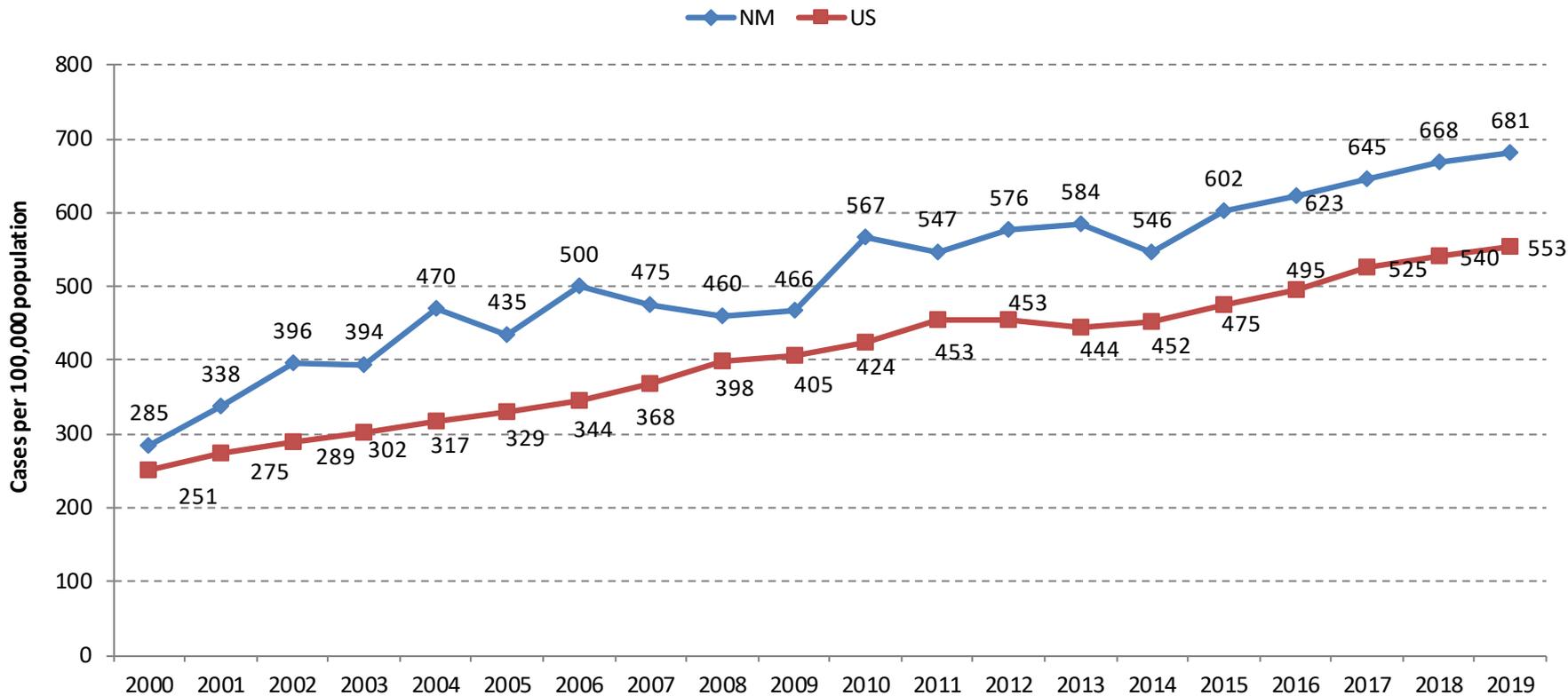


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Chlamydia Rates: NM and US, 2000-2019



New Mexico experienced an 18.8% increase in chlamydia from 2018 to 2019. NM ranked 5th in the nation for rates of chlamydia in both 2018 and 2019.



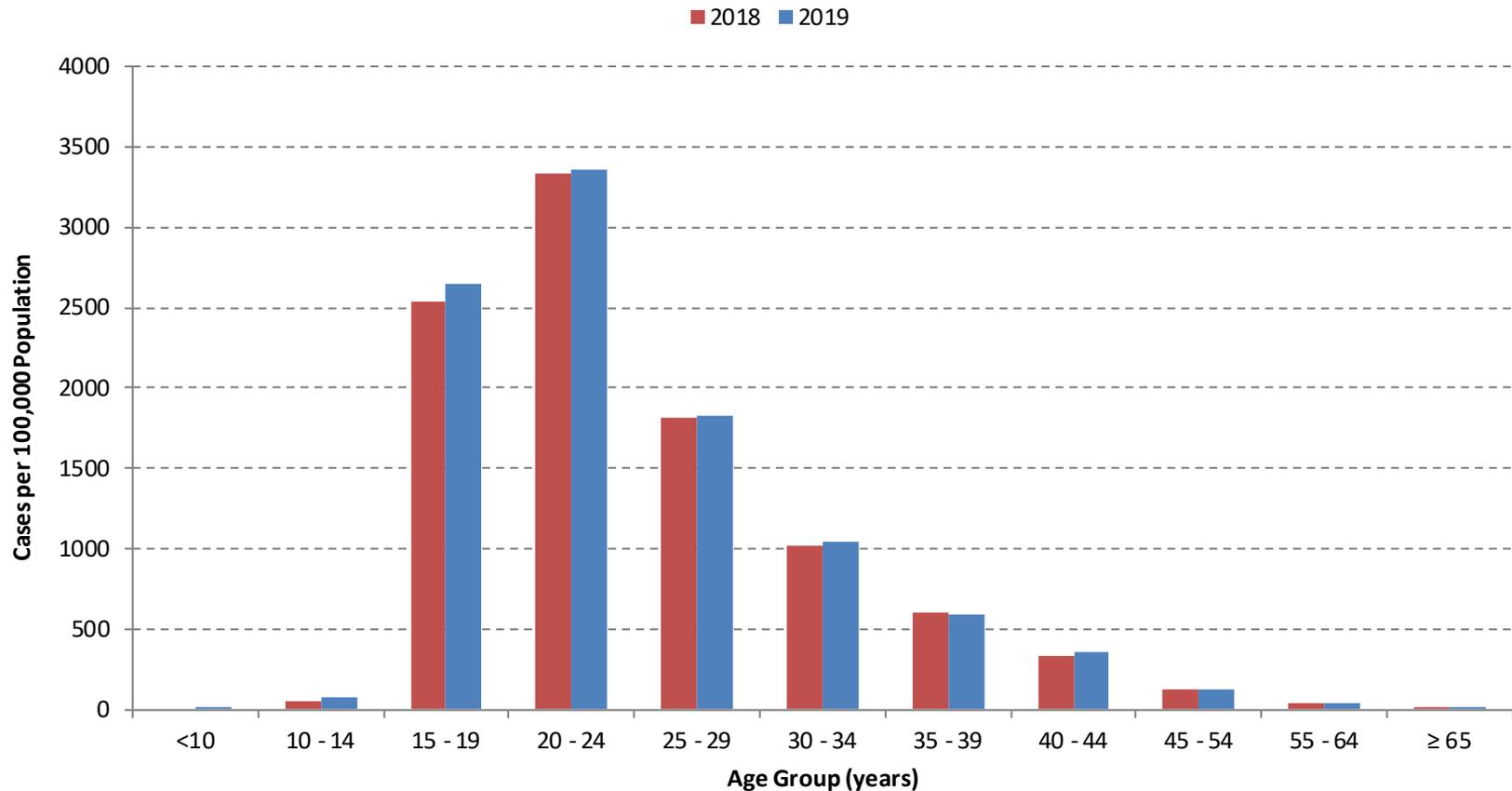
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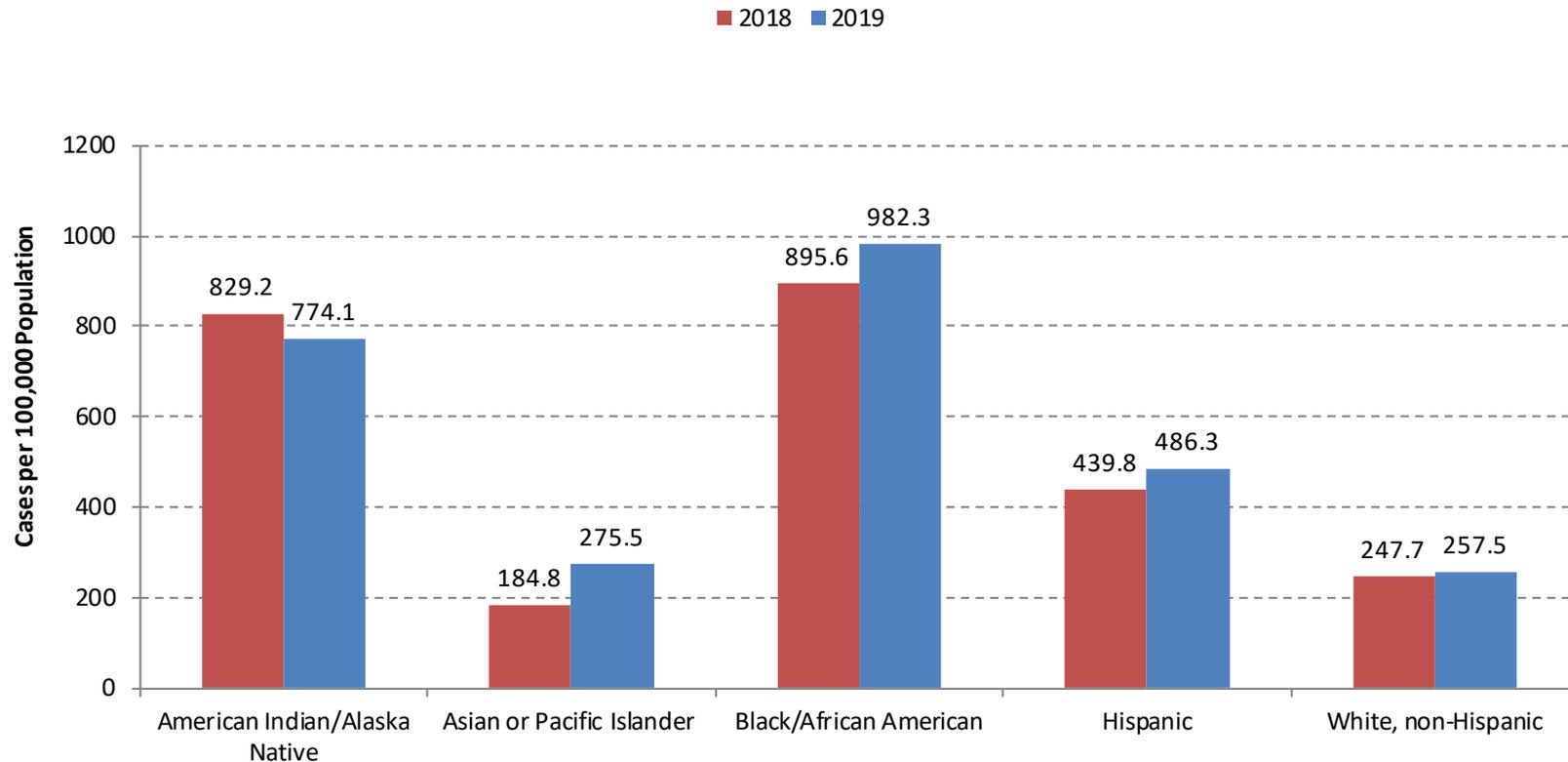
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Chlamydia Rates by Age Group New Mexico, 2018 - 2019

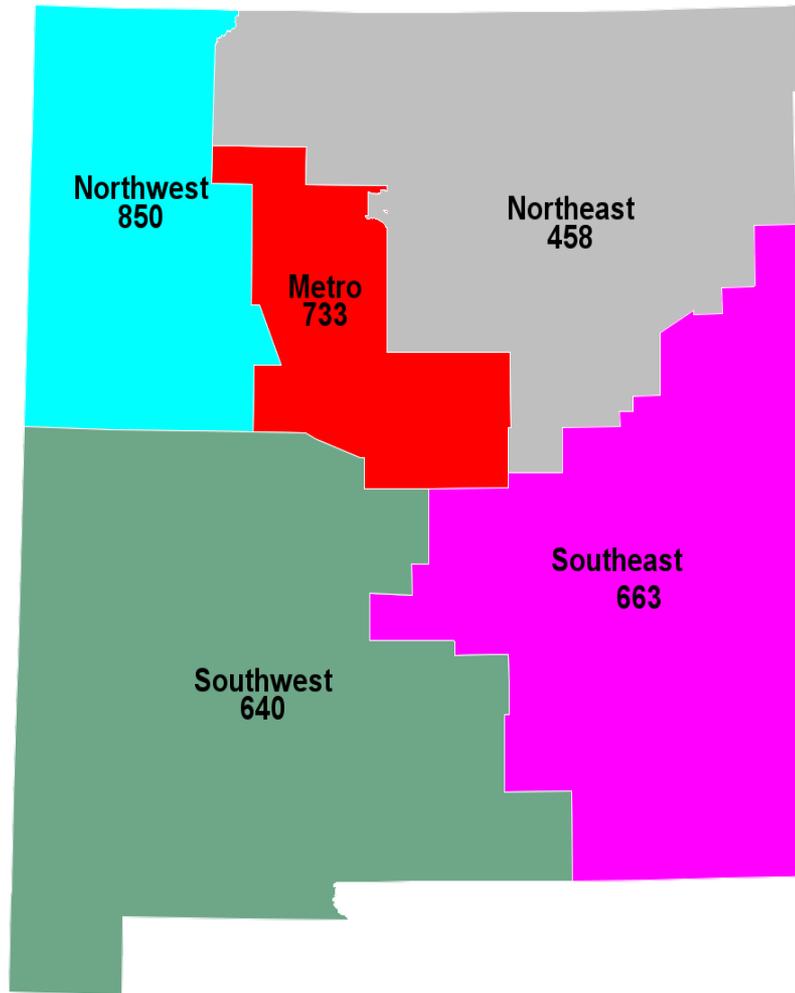


Chlamydia predominantly affects adolescents and young adults, with rates of infection highest among 20-24 year olds followed by 15-19 year olds.

Chlamydia Rates by Race/Ethnicity New Mexico, 2018 - 2019

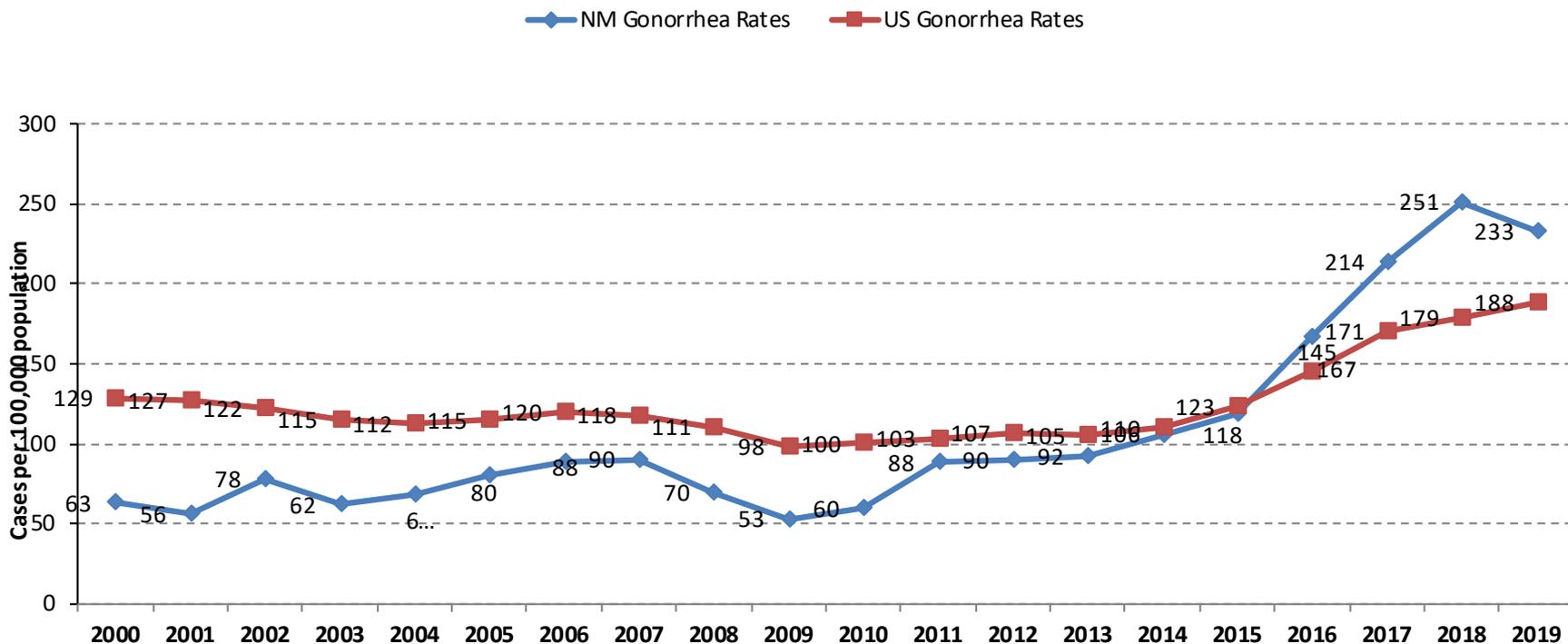


Similar to national level data, chlamydia rates have disparities by ethnic and racial groups. Chlamydia disproportionately affects African American, American Indian, and Hispanic populations in New Mexico.



Chlamydia Rate per 100,000 by Region, New Mexico, 2019

Gonorrhea Rates, New Mexico and US, 2000-2019



New Mexico saw a 17% increase from 2017 to 2018 and a 7% decrease from 2018 to 2019.

New Mexico ranked 6th in the nation in 2018 and 11th in the nation in 2019.

Source: PRISM for NM Rates, CDC Surveillance Reports for US Rates



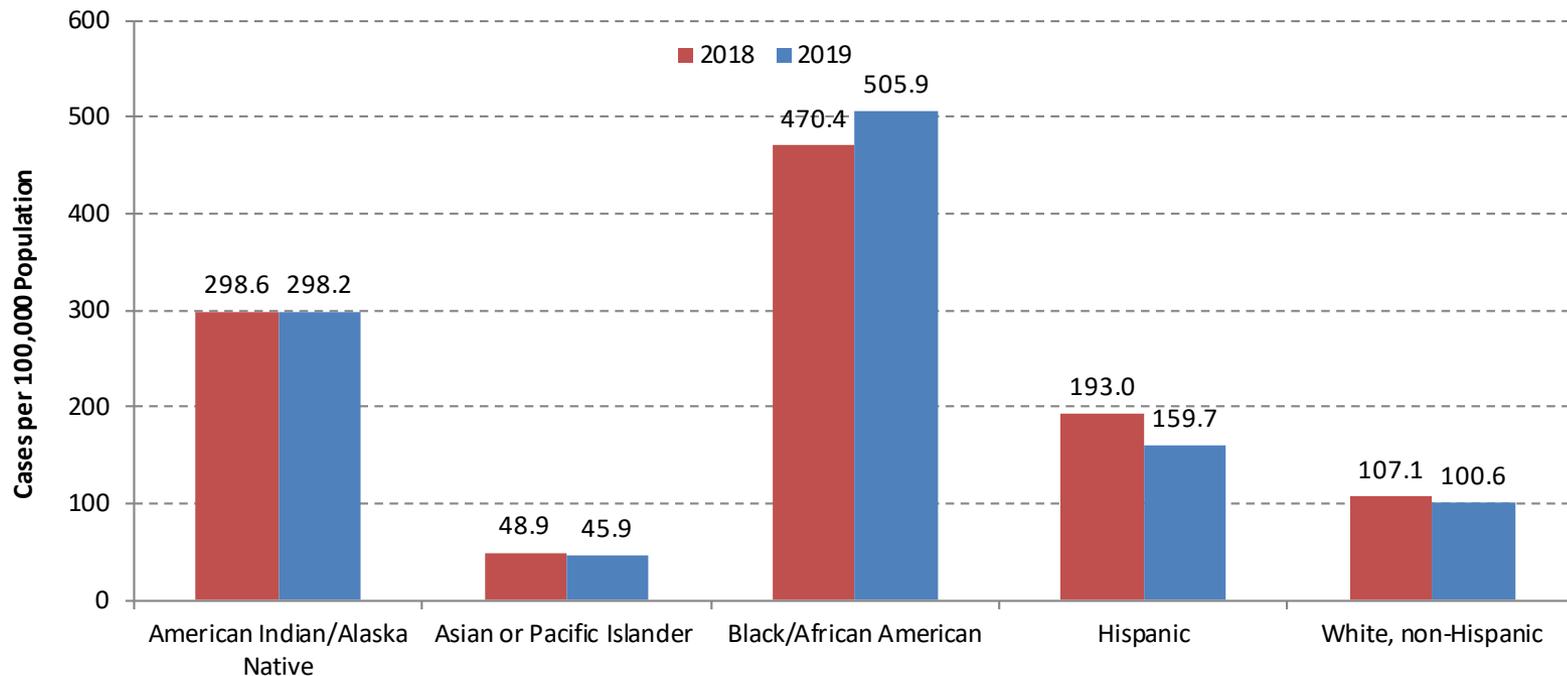
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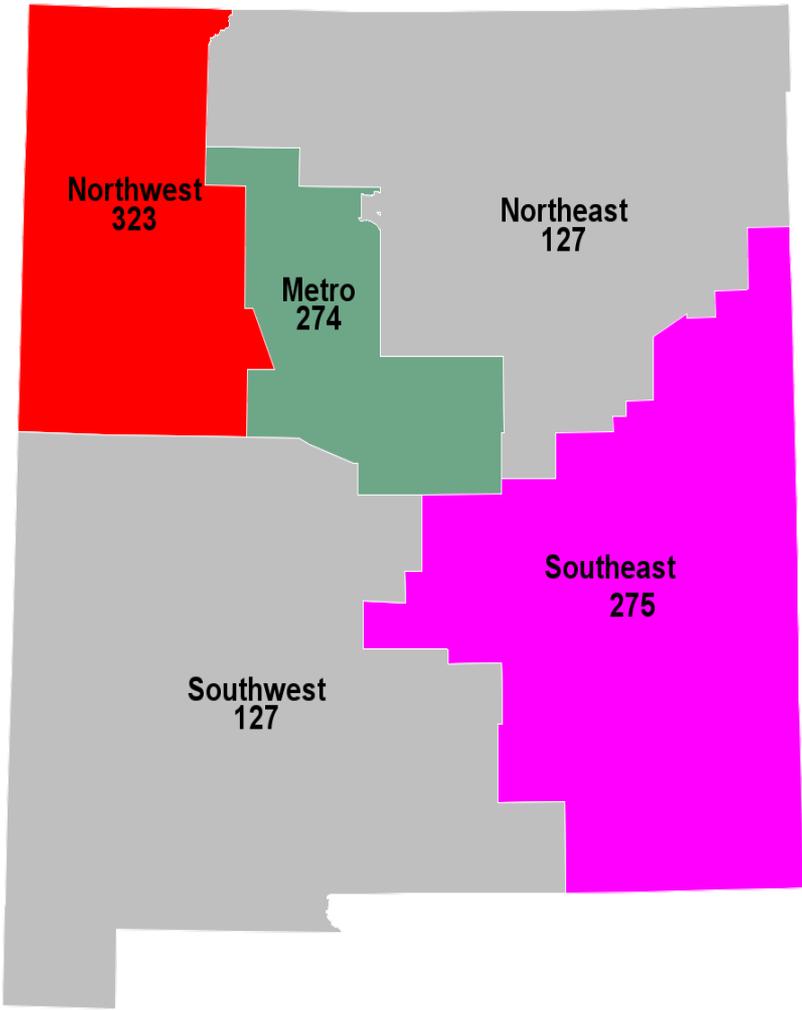
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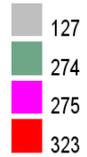
Gonorrhea Rates by Race/Ethnicity New Mexico, 2018 - 2019



Similar to national level data, gonorrhea rates have disparities by ethnic and racial groups. Gonorrhea disproportionately affects African American, American Indian, and Hispanic populations in New Mexico.



Gonorrhea Rate per 100,000 by Region, New Mexico, 2019

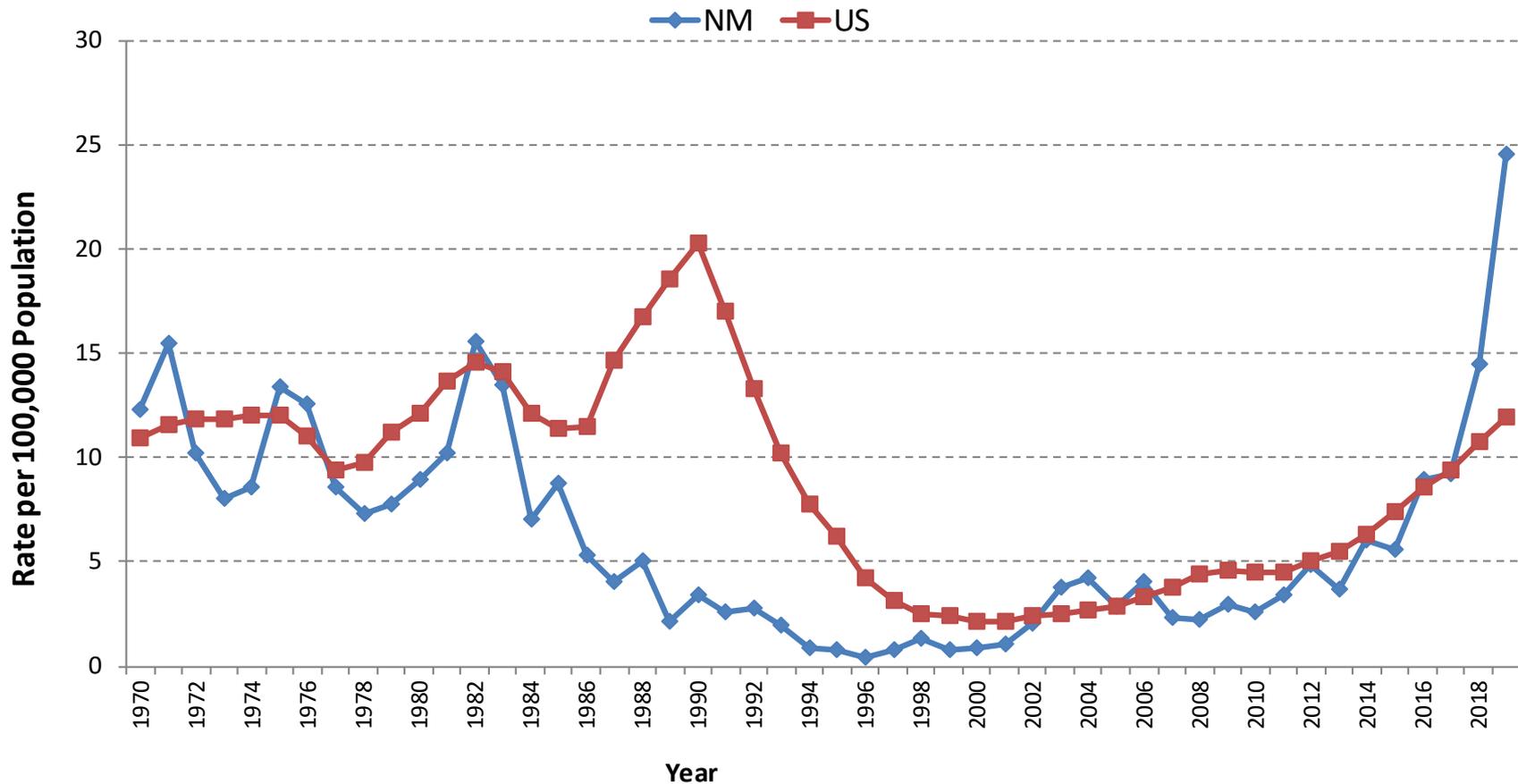


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Rates of Primary and Secondary Syphilis, New Mexico and US, 1970 - 2019

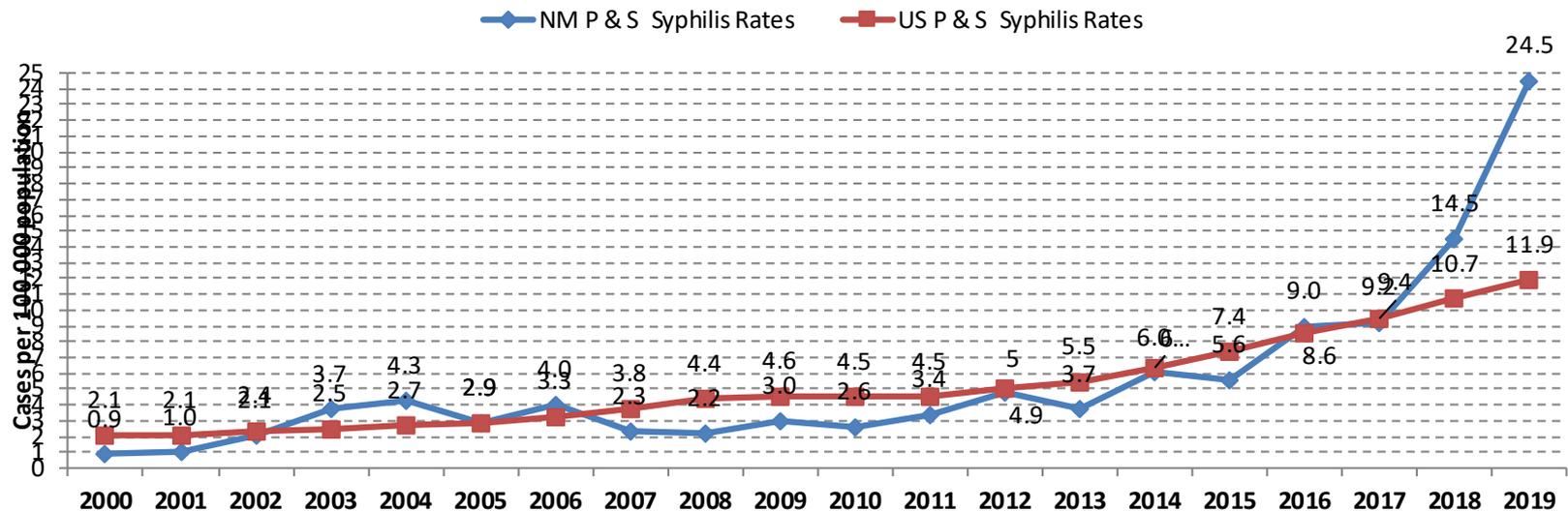


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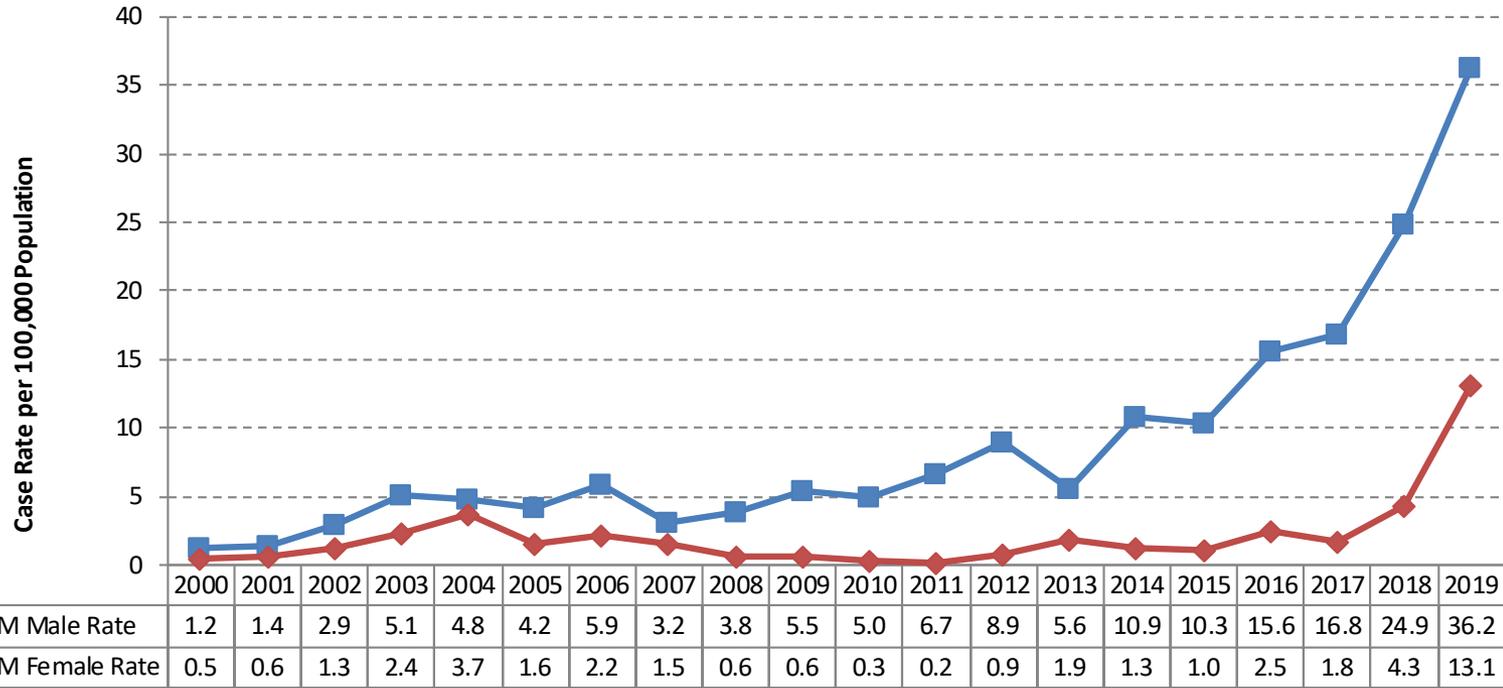
Rates of Primary and Secondary Syphilis New Mexico and US, 2000 - 2019



Rates of primary and secondary syphilis in New Mexico have increased over the past 6 years, with some years increasing more dramatically than others. From 2017 to 2018 there was an increase of 58% and from 2018 to 2019 the increase was 69%.

A steady increase has been seen in the US rate from 2010 to 2019.

Primary and Secondary Syphilis Cases by Sex, New Mexico, 2000-2019



The demographic shift continues to more female cases. In 2019, 73% of all reported primary and secondary syphilis cases were male compared to 2018, when 85% were male.

Following this demographic shift is an increase in congenital syphilis cases as well, from 1 case in 2017 to 26 cases in 2019.

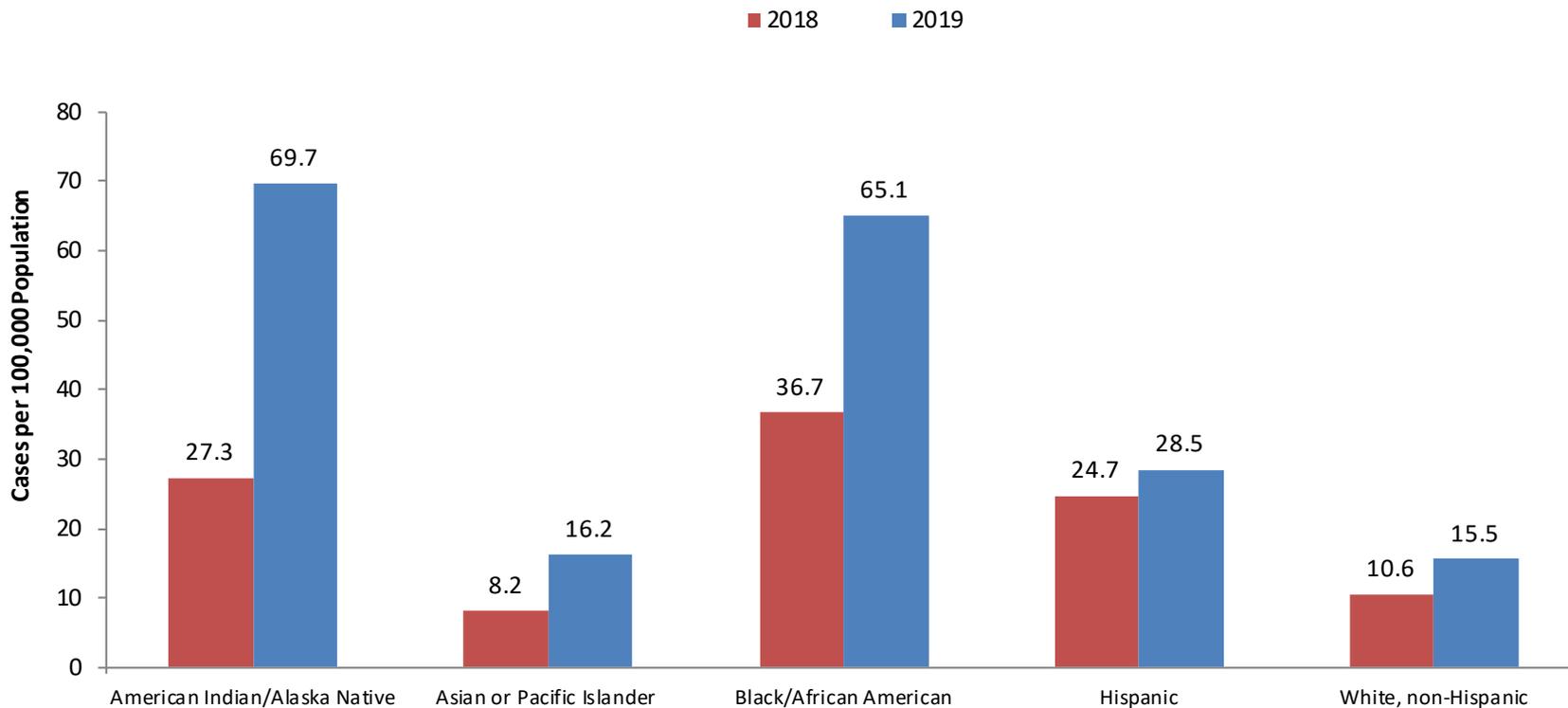


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Primary, Secondary, and Early Latent Syphilis Rates by Race/Ethnicity, NM, 2018 – 2019



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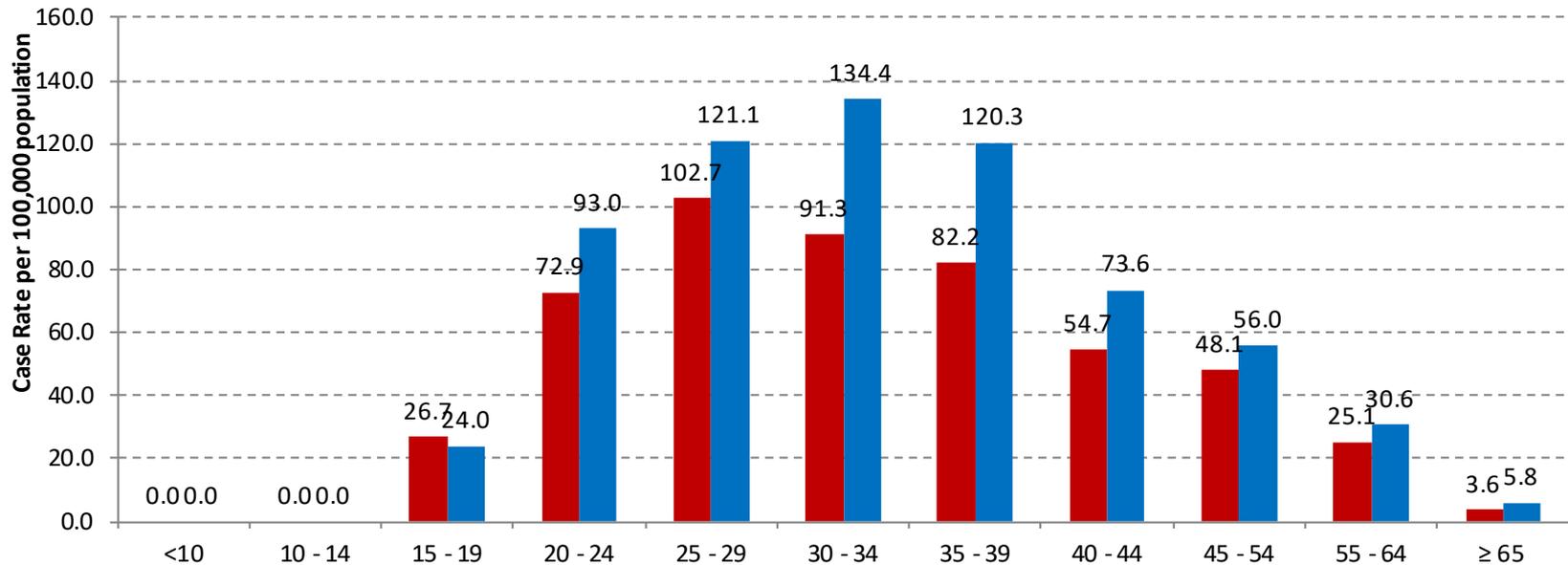
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Primary, Secondary, and Early Latent Syphilis Rates by Age Group, Males - New Mexico, 2018 - 2019

■ 2018 ■ 2019



There was an increase in rates among all ages of men from 2018 to 2019, with the largest increases among the 30 – 39 year age group.

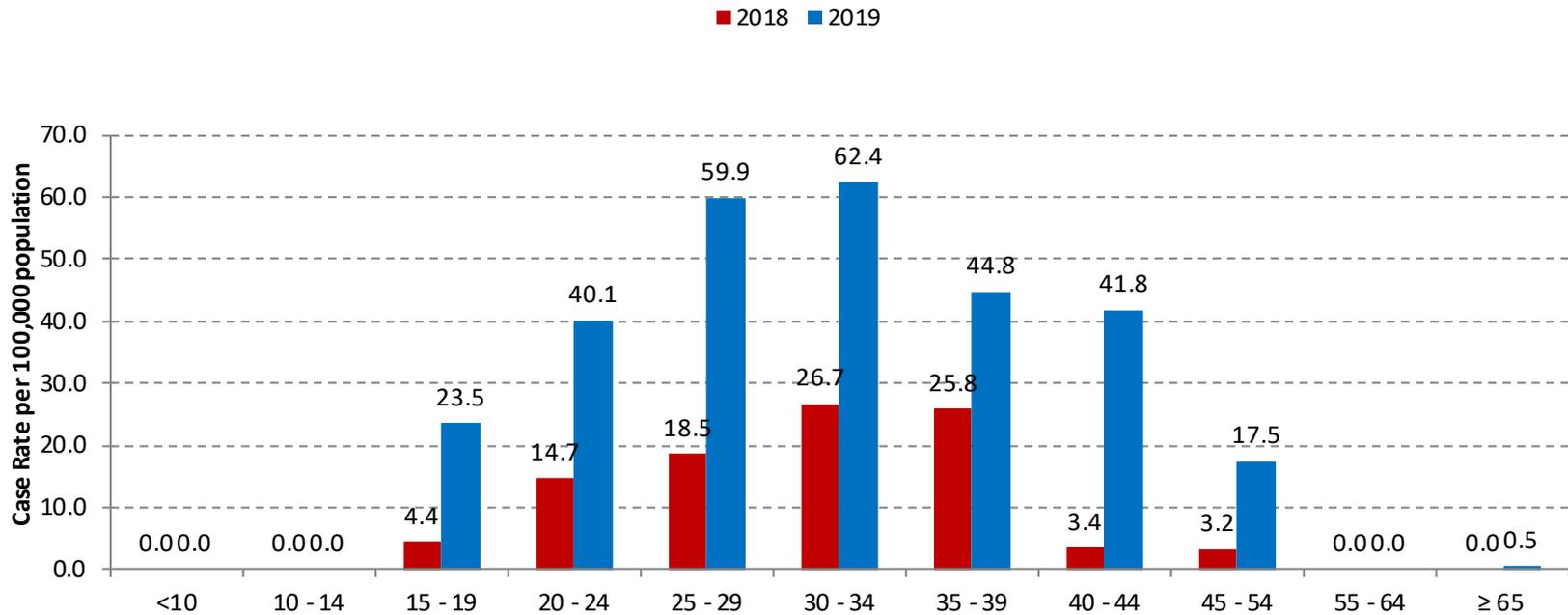


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Primary, Secondary, and Early Latent Syphilis Rates by Age Group, Females - New Mexico, 2018-2019



There were significant increases in rates from 2018 to 2019 for virtually all age groups.

The most urgent issue with respect to transmission since 2018 has been the dramatic rise in congenital syphilis cases since 2017. There was 1 congenital syphilis case in 2017; 10 cases in 2018, and 26 cases reported in 2019.



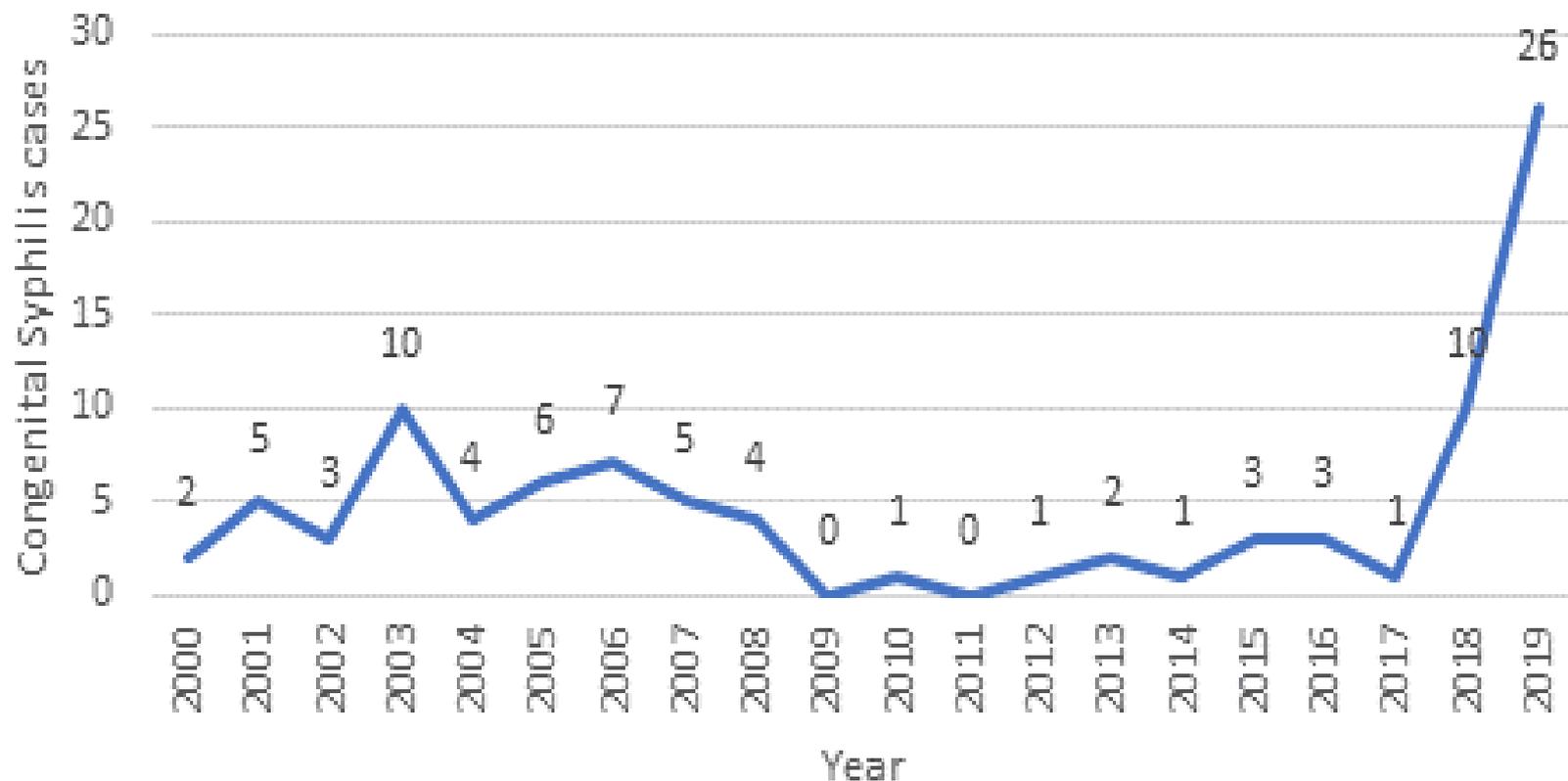
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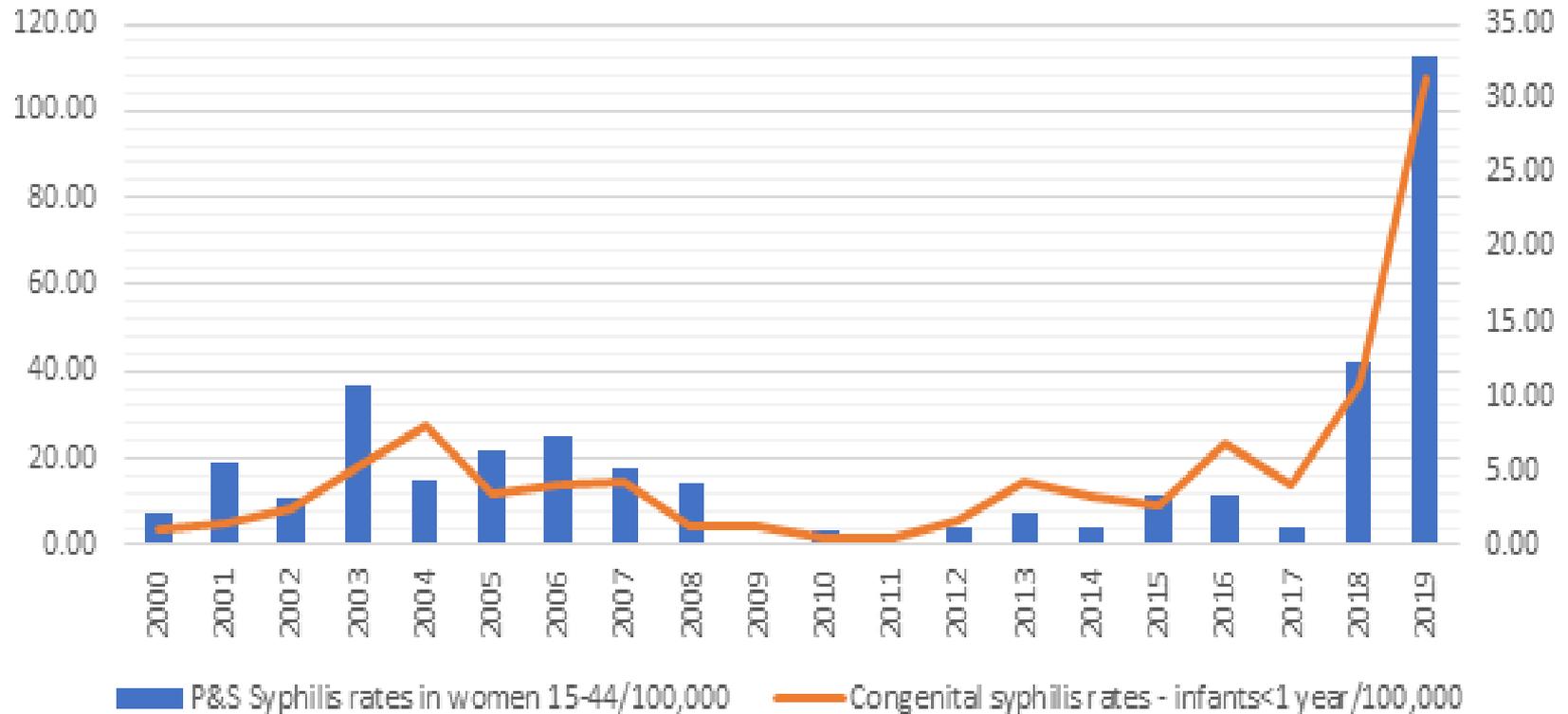
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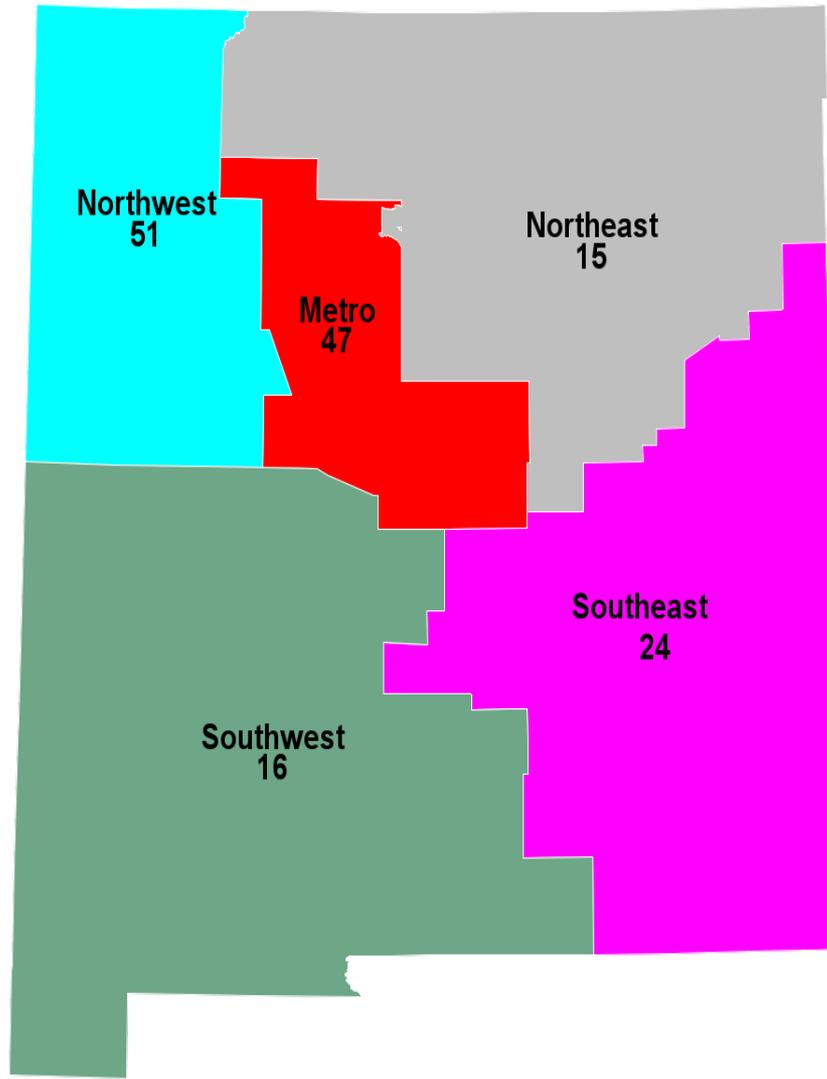
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Congenital Syphilis cases, New Mexico, 2000 - 2019



Congenital Syphilis rates in infants <1 year/ 100,000 population and Primary and Secondary Syphilis rates in women aged 15 - 44/ 100,000 population, New Mexico, 2000 - 2019





Syphilis Rate per 100,000 by Region, New Mexico, 2019



STD in New Mexico: Innovative Responses

Disease Investigation and Partner Services

Disease Intervention Specialists (DIS)

stop the spread of STD infection. They identify persons with a reportable STD, conduct interviews, and ensure they and their partners are properly treated. *This was the original “contact tracing” before the COVID-19 pandemic.*

Interviewed 1,284 patients
during calendar 2019

Reached 691 partners
for testing and treatment

STD in New Mexico: Innovative Responses

Targeted Outreach

STDs disproportionately impact certain regions, ethnic/racial groups, and ages.

There are higher rates among persons experiencing homelessness, with a history of incarceration, gay/bisexual men, transgender persons, and persons who use illicit substances.

Targeted outreach brings STD testing, including rapid point-of-care testing, to these populations to diagnose infections.

Disease Prevention staff, including DIS, have special training on providing risk-reduction counseling and operating these tests.

Targeted outreach is focused on reducing disparities.



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STD in New Mexico: Innovative Responses

Disease Intervention Specialist (DIS)

Workforce Expansion

NMDOH currently has 17 DIS

- 4 Lead DIS (*new job category created in 2019 with focus on mentoring all DIS on interviewing skills*)
- 13 Basic DIS

American Rescue Plan (ARP) includes \$1.13 billion over 5 years to expand the national DIS workforce.

Award to New Mexico is \$1.4 million per year in 2021 – 2025

Expand with 12 additional DIS positions

- 5 new Advanced DIS (*new job category will also have skills for HIV linkage-to-care and Hepatitis C virus navigation to treatment*)
- 5 additional Lead DIS
- 2 additional Basic DIS



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STD in New Mexico: Innovative Responses Integration with HIV and Hepatitis Prevention

Statewide Disease Prevention staff including all DIS are cross-trained to conduct disease investigation and partner services for all reportable STD, including HIV.

Training for HIV test counselors also includes counseling and operating point-of-care rapid tests for hepatitis C virus (HCV).

All staff are certified to provide Harm Reduction, including syringe services and overdose prevention.

This is a holistic response to participant and patient needs.



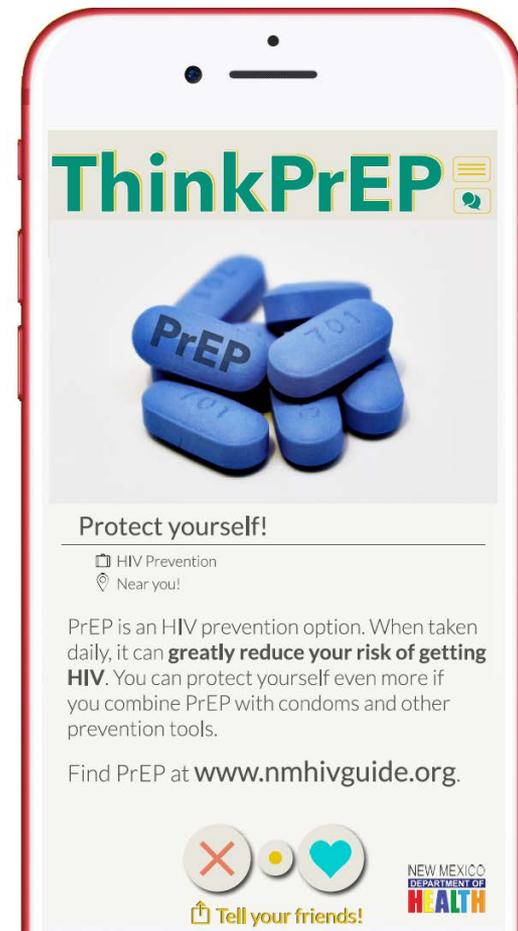
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STD in New Mexico: Innovative Responses Communications



STD in New Mexico: Innovative Responses

Communications

Communications with providers.

- Health Alert Network (HAN) alert.
- Mailing of letters to 9,500 clinicians (MD, PA, CNP)
- Surveillance and education visits to clinics and labs
- Press releases

Communications to persons at risk to promote testing of pregnant women.

- Campaign is under development.
- Educational cards and online/social media messaging.



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STD in New Mexico: Innovative Responses

Policy and Public Health Order (PHO)

Current guidelines from the federal Centers for Disease Control and Prevention (CDC) recommend testing of all pregnant women in high prevalence states three times: 1) at the first prenatal visit, 2) again during the third trimester, and 3) again at delivery.

Language in the New Mexico Public Health Act related to syphilis has not been revised in over 40 years. It is outdated, overly directive, and not in compliance with these CDC guidelines.

Proposed legislation (SB184 in 2021 regular session) to update the Public Health Act, Section 24-1-10, to remove outdated language that requires a single blood test and all samples sent to the state's public health lab.



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PUBLIC HEALTH ORDER
OF THE CABINET SECRETARY OF
THE NEW MEXICO DEPARTMENT OF HEALTH
SEPTEMBER 28, 2021

Increase Screening for Syphilis in All Pregnant Women to Prevent Congenital Syphilis

WHEREAS, syphilis passed from mother to child, known as congenital syphilis, presents major public health threat because it can lead to serious birth defects, miscarriage, and infant death. Congenital syphilis along with these complications are entirely preventable with timely testing and treatment.

WHEREAS, the number of reported cases of primary and secondary syphilis among women and reported cases of congenital syphilis has increased steadily in the United States since 2000. The Centers for Disease Control and Prevention (“CDC”) reports more than 1,870 cases of congenital syphilis in 2019 in the United States, resulting in severe health complications and deaths among newborns¹;

WHEREAS, syphilis is a notifiable disease in New Mexico that is required to be reported to the New Mexico Department of Health (“NMDOH”) Sexually Transmitted Disease (STD) Program within 24 hours pursuant to the Section 7.4.3.13 of the New Mexico Administrative Code;

WHEREAS, with stark increases in rates of primary and secondary syphilis in New Mexico of 58% from 2017 to 2018 and 69% from 2018 to 2019, CDC now ranks the state second in the nation in 2019, up from being ranked sixth in 2018;

WHEREAS, in 2019, New Mexico had the third highest rate of infants born with congenital syphilis in the United States, with 26 cases of congenital syphilis reported to NMDOH. This is a significantly concerning increase as the average cases reported in New Mexico per year during 2012 to 2017 was only two;

WHEREAS, pregnant women are required to be tested for syphilis at their first prenatal examination pursuant to NMSA 1978, Section 24-1-10;

WHEREAS, the CDC recommends syphilis testing be repeated during the third trimester (28-32 weeks gestational age) and at the time of delivery in women who are at high risk for syphilis or live in areas with high rates of syphilis. Given high rates statewide in New Mexico, this testing at the first prenatal visits, during the third trimester, and at the time of delivery is the best practice in all regions of the state based on these CDC guidelines;²

¹ CDC Fact Sheet <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/STD-Trends-508.pdf>

² Screening guidelines: <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm> and Treatment and follow up: <https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm>

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STD in New Mexico: Innovative Responses Policy and Public Health Order (PHO)

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