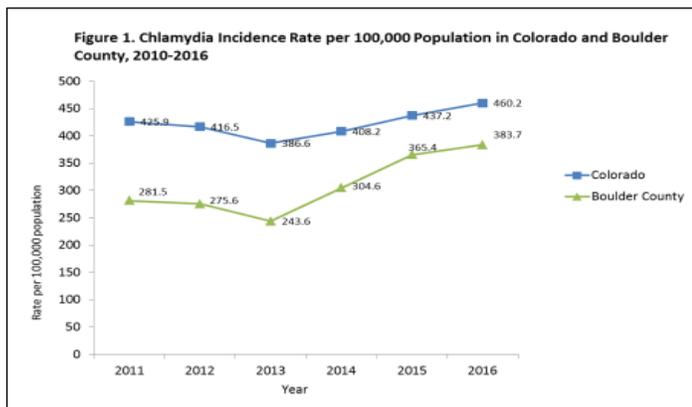


# epiConnections

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

## Renewed Commitment Required to Stem the Tide of Sexually Transmitted Infections (STI)

**Boulder County HIV rate has stabilized:** While there was a dip in the rate of new HIV infections in 2014 to 1.9 per 100,000 people, and a spike in 2015 to 5.6, the 2016 rate of new HIV infections (4.0) was consistent with the 2011-2015 five-year average of 3.72. Boulder County continues to have lower HIV rates than the rest of the state, which had a rate of 7.89 in 2016. New HIV infections continued to occur in Boulder County in 2016, primarily among men who have sex with men (MSM) (77%). More than half of new HIV infections (54%) were among people aged 25-29 years old.



**Some sexually transmitted infections increasing more than others:** Chlamydia continues to be the most frequently reported reportable infection in the United States; more than 1.5 million chlamydial infections were reported to the Centers for Disease Control and Prevention (CDC) in 2016 - a rate of 497.3 per 100,000 population. The rate among Boulder County residents during the same time period was 383.7, which is lower than the Colorado rate of 460.2 (Figure 1). However, this represents a 30% increase from the average of the previous five years. There is some variability within smaller areas of the county. The rate of chlamydia among residents of the city of Boulder was 549.5, higher than the state and national rate, while the rates in Longmont and southeast county (Lafayette, Louisville, and Superior combined) were lower at 317.5 and 218.9 respectively.

Simultaneously, the rate of gonorrhea among Boulder County residents climbed to 138% in 2016 compared to the average of the previous five years (Figure 2). The increase may be associated with the rise in antibiotic-resistant gonorrhea (see accompanying article).

The rate of syphilis increased nationally by nearly 18% overall from 2015 to 2016, with the CDC noting that the increase is occurring in new populations, including women and newborns (e.g. congenital syphilis). During the same time period, syphilis rates remained flat among Colorado and Boulder County residents, although the trend has been increasing over the past several years.

*Sexually Transmitted Infections,, continued on page 2*

## Antibiotic-Resistant Gonorrhea: A Public Health Threat

Along with *Clostridium difficile* and Carbapenem-resistant Enterobacteriaceae (CRE), drug-resistant *Neisseria gonorrhoeae* is among the top three most urgent antimicrobial resistance threats to the United States.

Gonorrhea is the second most commonly reported notifiable disease in the United States. There are nearly 400,000 reported cases of gonorrhea per year, yet CDC estimates 820,000 new infections may actually occur each year. The World Health Organization estimated there were over 78 million infections in 2012. In Boulder County in 2016, 173 gonorrhea infections were reported. The CDC estimates that 30% of new gonorrhea infections each year are resistant to at least one drug. In 2006, there were five recommended treatment options for gonorrhea—now there is only one.

Currently, there is an ongoing study at Denver Public Health to assess antimicrobial-resistant gonorrhea. The surge study is assessing resistance to azithromycin, cefixime (an oral cephalosporin), and ceftriaxone. The results of the study are not yet available, but preliminary results suggest some gonorrhea strains have reduced susceptibility to azithromycin, and a few strains have reduced susceptibility to cefixime.

**Everyone can play a role to fight antimicrobial resistance.** Along with prevention and control, surveillance, and the development of new antibiotics and diagnostic tests, the most important action health care providers can take is to be stewards of appropriate use of antibiotics. It is estimated that up to 50% of antibiotic prescriptions are prescribed when not needed or in the incorrect dose. Stewardship is a commitment to always use antibiotics only when they are necessary to treat,

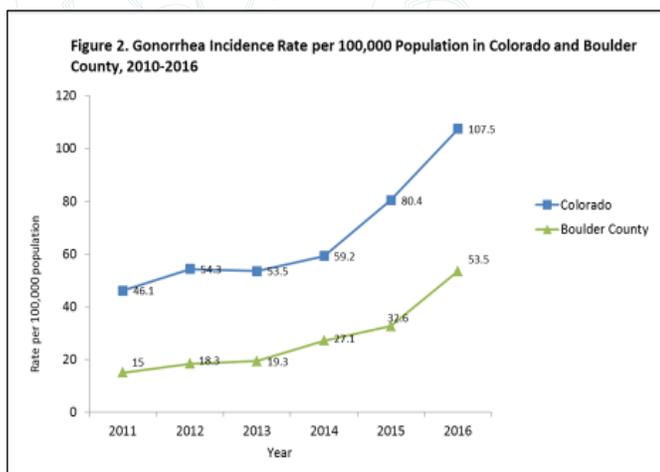
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Communicable Disease Control Program  
 HIV Prevention Program  
 Emergency Management Program  
 Immunization Program  
 TB Control Program

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The CDC urges providers to make STI screening and timely treatment a standard part of medical care, especially for pregnant women and MSM. They also recommend integrating STI screening and treatment into prenatal care and HIV prevention and care services. Providers can encourage patients to talk openly about STIs, get tested regularly, and reduce risk by using condoms and practicing safer sex.

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## Medical and Behavioral Health Expertise Needed for Emergency Response

Recent disasters in Texas, Florida, Puerto Rico, and California have reminded us of the emotional, mental, and physical impact of traumatic events. Countless volunteers have responded to these disasters and donated their time to support their communities, many of whom were Medical Reserve Corps (MRC) volunteers. During Hurricane Harvey, over 15 different MRC chapters in Texas and Louisiana were activated to support response efforts, and many continue to support recovery efforts to this day.

The MRC Program was created as a national system of community-based units to identify, recruit, train, and activate local volunteers to respond to disasters. The MRC of Boulder County (MRCBC) chapter is sponsored through Boulder County Public Health (BCPH) and works to establish a team of trained, local volunteer medical, public health, and safety professionals who can contribute their skills and expertise during times of need.

The MRCBC is looking for medical and behavioral health providers who are interested in supporting our community during emergencies and disasters. If you are interested or would like more information, please contact Nick Kell, MRCBC Unit Coordinator at [nkell@bouldercounty.org](mailto:nkell@bouldercounty.org) or visit [www.BoulderCountyMRC.org](http://www.BoulderCountyMRC.org)

Submitted by Nick Kell, Planner  
Emergency Management

## epiEye

A Look Outside Our Community  
and Around the World

### World AIDS Day is December 1

Since 1988, December 1 has been dedicated as World AIDS Day - a day for mourning those who have lost their lives to HIV and to raise awareness to support those affected by the disease. While annual HIV infections are declining in the United States, likely due to targeted prevention efforts, prevalence of the infection has increased in Hispanic/Latino gay and bisexual men. In addition, HIV infections are not evenly distributed geographically. Rates of people diagnosed with HIV are highest in the southern United States, followed by the Northeast, West, and Midwest regions. Globally, two-thirds of new HIV infections occur in sub-Saharan Africa.

World AIDS Day is an opportunity to stand in solidarity with the millions of people living with HIV worldwide. Although there have been rapid scientific advancements in HIV treatment, many newly diagnosed individuals do not know how to protect themselves and others, and stigma and judgement remains a reality for many of those affected. World AIDS Day serves as a reminder that there are still millions of people affected by HIV across the world, and that a collective effort is necessary to fight stigma and provide resources for those living with HIV.

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*Antibiotic-Resistant Gonorrhea, continued from page 1*

and in some cases prevent, disease; to choose the appropriate antibiotics; and to administer them in the appropriate way in every case. Effective stewardship ensures that every patient gets the maximum benefit from the antibiotics, avoids unnecessary harm from allergic reactions and side effects, and helps preserve the life saving potential of these drugs for the future.

For questions about antimicrobial stewardship initiatives in Colorado, please contact Christopher Czaja, MD, MPH at [christopher.czaja@state.co.us](mailto:christopher.czaja@state.co.us)

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