New HIV and STI Diagnoses Burden Minority Groups in Boulder County

Rates for HIV and sexually transmitted infection (STI) in Boulder County remained stable in 2017 with only modest differences in diagnoses compared to 2016. The rate of new HIV diagnoses decreased from 4.0 per 100,000 Boulder County residents in 2016 to 3.7 per 100,000 residents in 2017. Early syphilis diagnoses also decreased from 5.0 per 100,000 residents to 4.0 per 100,000 residents in 2016 and 2017 respectively; however, there were slight increases in chlamydia and gonorrhea diagnoses. The rate of chlamydia diagnoses increased from 386.5 to 397.0 per 100,000 residents from 2016 to 2017, and the rate of gonorrhea diagnoses increased from 53.9 to 63.8.

Adult males in Boulder County comprise the majority of new diagnoses for HIV, early syphilis, and gonorrhea. Female residents, however, had a 40% higher rate of chlamydia diagnoses than men. Boulder County rates of new HIV and STI diagnoses were significantly lower than rates for Colorado as a whole.

Disparities exist in diagnoses of HIV and STIs among Boulder County residents. Although the overall rates of HIV and STIs remained stable in 2017, analysis of diagnoses by race/ethnicity uncovered health disparities. Minority residents of Boulder County are more likely to be diagnosed with HIV and STIs. In 2017, Hispanic residents had the highest rate of HIV (10.4 per 100,000 residents), early syphilis (10.4 per 100,000 residents), and gonorrhea (87.6 per 100,000 residents) diagnoses. In comparison, the rates among white Boulder County residents were 2.4 per 100,000 for HIV, 3.2 per 100,000 for early syphilis, and 55.0 per 100,000 for gonorrhea.

Health Care Providers Have a Role in Responding to a Disaster

When disasters occur, we can’t expect federal resources to come into our community to care for people. There may be little help available from the outside, making it imperative that our existing medical infrastructure is ready to respond.

Responding may be as simple as continuing to care for your patients. For example, when H1N1 threatened and vaccine was in short supply, Boulder County depended on physicians who served the target populations—children, pregnant women, and the immunocompromised—to administer vaccine. This allowed people to receive care from their own providers, ensured that their records reflected the care, and that the needs of the most vulnerable were addressed first.

In the event that we need to respond to a widespread biological incident like disseminated anthrax, public health will provide the entire community with an initial supply of antibiotics. Once a determination of who is at greatest risk is made, we rely on the medical community advised by the Health Alert Network (HAN) system to provide ongoing prophylaxis and follow-up care.

In extreme circumstances, we may need medical providers like you to step into a role outside of your usual practice. In the event of a pandemic, we will need to establish an alternate care site (ACS) to protect the medical infrastructure and provide care to lower acuity patients who might otherwise overwhelm the hospital system. In such an incident, we might request that specialists assist at hospitals, urgent care clinics, or the ACS.

You can prepare for emergencies and disasters like

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and 36.1 per 100,000 for gonorrhea. Additionally, black Boulder County residents had the highest rate of chlamydia diagnoses (615.2 per 100,000) compared to the rate among white residents (230.9 per 100,000). Similar trends were observed in both Colorado and national data, in which racial and ethnic minority groups have the greatest burden of HIV and STI diagnoses.

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These by joining the Medical Reserve Corps of Boulder County (MRCBC). Medical Reserve Corps (MRC) are teams of professionals with a variety of clinical skills that have been vetted and credentialed so they may be readily deployed to assist in the community. We learn and practice responding together so that we’re ready when the time comes. We’re always looking for new members. Find out more about our MRC in Boulder County and join today!

Submitted by Lisa Widdekind, Emergency Preparedness Program, lwiddekind@bouldercounty.org

A Student at CU-Boulder Contracts Meningococcal Disease

On November 4, 2018, Boulder Community Hospital reported a case of meningococcal disease to Boulder County Public Health. Communicable Disease Program staff conducted a thorough contact investigation and, fortunately, determined that the disease had not spread to anyone else, despite the patient’s many contacts. Thanks to our partners at CU-Boulder who promptly responded by thoroughly assessing and providing antimicrobial prophylaxis to at-risk contacts. The patient, a student at CU-Boulder, was hospitalized and later discharged in stable condition.

This case serves as a reminder that, although rare, meningococcal disease can occur in our community, particularly in a university setting, such as CU-Boulder. The bacteria that causes meningococcal disease, Neisseria meningitides, is spread through contact with oral or respiratory secretions (e.g. sharing food, beverages, eating utensils, toothbrushes, smoking/vaping devices, kissing). Meningococcal disease can be fatal and can present as several clinical syndromes, including meningitis, sepsis, or pneumonia.

Cases of meningococcal disease have been reported worldwide, with the highest incidence occurring in sub-Saharan Africa, where attack rates can reach greater than 1,000 cases per 100,000 population during epidemic years. In the United States, rates of meningococcal disease have been declining since the 1990s, with rates remaining at historic lows for the last 3 years (i.e. at or below 0.12 per 100,000 population). In Colorado, meningococcal disease is rare, with an average of 5-6 cases reported each year since 2013. The last case of the disease in Boulder County was in 2011.

Vaccines can help to protect against the most common meningococcal serogroups (B, C, Y) circulating in the United States. However, testing revealed that this case’s infection was caused by nongroupable Neisseria meningitides, which is not included in current vaccines against meningococcal disease. For more information about meningococcal vaccine recommendations, please visit: https://www.cdc.gov/vaccines/hcp/accip-recs/vacc-specific/mening.html

If you suspect or have a patient with confirmed meningococcal disease, report it to Boulder County Public Health immediately by calling 303.413.7523; after hours, call 303.413.7517.

Submitted by Kaylan Stinson, Epidemiologist, kstinson@bouldercounty.org

It is clear that HIV and STIs are more common among minority groups in Boulder County, primarily due to social inequities. Hence, it is imperative to focus HIV and STI outreach and treatment to this population. To be most effective, care should be culturally competent and prioritize the cultural, social, and linguistic needs of the patient. To do this, medical providers and offices should ensure they have bi- and multilingual staff; locate clinics in areas accessible to minority populations; offer a range of times to seek care; and use culturally appropriate health promotion tools. Encouraging patients to talk openly about their sexual health care needs in a way that is non-judgmental and prioritizes their well-being is also key to empowering affected communities to improve their health status and advance health equity. Thanks to our community’s efforts to educate and test Boulder County residents, new diagnoses of HIV and STIs continue to remain relatively stable. By focusing on testing minority populations in our communities, we can do even more to ensure a steady or downward trend of HIV and STIs diagnoses.

To learn more about the social conditions that impact health equity related to STIs, visit www.cdc.gov/std/health-disparities/default.htm.

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