

Georgia Department of Public Health

State of The STD Office

Updated: January 2019



Overview

During this presentation, you will be provided information as follows:

- State STD Office Vision and Mission
- STD Prevention Strategies
- STD Office Structure
- Current Georgia STD Rankings & Case Reports
- Notifiable Disease Reporting & Disease Investigation
- STD Program & Funding Priorities
- Georgia STD Legislation
- STD District Supports

Georgia Department of Public Health's Mission

To **prevent** disease, injury and disability;
promote health and well being;
and **prepare** for and **respond** to disasters.

How does this relate to sexually transmitted diseases?

The STD Program aims to:

Prevent the spread of STDs through ensuring treatment of infected patients and preventative treatment for partners exposed to:

- Syphilis
- HIV
- Gonorrhea
- Chlamydia

Promote healthier sexual behaviors

Prepare for and Respond to STD outbreaks

Georgia DPH STD Vision and Mission

Vision

- We envision healthy Georgia communities free of Sexually Transmitted Diseases (STDs).

Mission

- To prevent STDs by providing quality intervention strategies, programmatic support and education to all throughout the state of Georgia

Prevention Strategies

State Program Efforts	Local Program Efforts
<ul style="list-style-type: none">• Provide state-wide STD Surveillance• Develop program policies and procedures• Provide technical assistance• Contribute to workforce development• Produce and implement health education and health promotions initiatives• Support public health clinics with STD testing and treatment.	<ul style="list-style-type: none">• Conduct local STD surveillance• Provide contact tracing and partner services• Facilitate linkages to STD clinical services• Perform health education

STD Program Functions

- The state STD Program has six program functions:
 - Surveillance
 - Field Services
 - Policy & Communications
 - Operations
 - Clinical
 - Epidemiology
- These program functions work collaboratively to enhance STD prevention, health promotions, provider education, and treatment.



NOTIFIABLE DISEASE/ CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

REPORT IMMEDIATELY		REPORT WITHIN 7 DAYS	
<p>To Report Immediately Call: District Health Office or 1-866-PUB-HLTH (1-866-782-4584)</p>			
any cluster of illnesses	novel influenza A virus infections	AIDS#	- anti-HCV(+) or HCV RNA detected children ages <3 years
animal bites	pertussis	acute flaccid myelitis	hepatitis D (Delta virus Ag);
▶ anthrax	▶ plague	aseptic meningitis	hepatitis E (acute)
all acute arboviral infections*	poliomyelitis	babesiosis	influenza-associated death (all ages)
▶ botulism		blood lead	legionellosis
		campylobacteriosis	leptospirosis
		Carbapenem-resistant Enterobacteriaceae (CRE): Enterobacter species, Escherichia coli, and Klebsiella species	hepatitis A***
		chancroid	Chlamydia disease (genital infection)
		Chlamydia	Chlamydia (genital infection)
		Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55	lymphogranuloma venereum
		cryptosporidiosis	malaria
		cyclosporiasis	maternal deaths (during pregnancy or within 1 year of end of pregnancy)##
		ehrlichiosis	measles
		giardiasis	gonorrhea
		gonorrhea	hepatitis A (acute)
		HIV infection#	hepatitis B
		Perinatal HIV exposure#	- acute hepatitis B
		hearing impairment (permanent under age 5)##	- chronic HBsAg
		hepatitis B	salmonellosis
		- acute hepatitis B	shigellosis
		- chronic HBsAg	streptococcal disease, Group A or B (invasive)**
		hepatitis C	Streptococcus pneumoniae
		- anti-HCV(+)	
		- HCV RNA detected	typhoid
		- HCV genotype detected	Varicella (Chickenpox)
			Vibrio infections

Syphilis (congenital and adult)

Syphilis During Pregnancy

Chancroid

Chlamydia

Gonorrhea

Lymphogranuloma Venereum (LGV)

Disease Reporting

- All Georgia physicians, laboratories, and other health care providers are required by law ([OCGA 31-12-2](#)) to report patients with the conditions listed under [Notifiable Disease Reporting Requirements](#). Both laboratory confirmed and clinical diagnoses are reportable within the specified time interval.
- Notifiable diseases and health conditions can be reported through our electronic disease surveillance system, SendSS (State Electronic Notifiable Disease Surveillance System).
 - SendSS can be access via: <https://sendss.state.ga.us>

How to report notifiable diseases:

To Report Immediately

- Call the [District Health Office](#)
- Call 1-866-PUB-HLTH (1-866-782-4584)

To Report Within 7 Days

- Report cases electronically through the [State Electronic Notifiable Disease Surveillance System \(SENDSS\)](#)
- Complete a [Notifiable Disease Report Form](#) and
 - Mail in an envelope marked CONFIDENTIAL to the [District Health Office](#), or
 - Fax to the [District Health Office](#)

Georgia DPH STD Priorities

- Prevent and control three major STDs:
 - chlamydia, gonorrhea, and syphilis
- Implement and support strategies/activities to:
 - Eliminate congenital syphilis
 - Prevent antibiotic resistant gonorrhea
 - Reduce primary and secondary syphilis
 - Prevent STD related PID, ectopic pregnancy, and infertility

What is a Disease Intervention Specialist (DIS)?

- Who are they?
- What do they do?
- Are they highly skilled?
- How do they help?
- Why are they needed?



Disease Intervention Specialist

- Conduct disease investigations
- Known for being able to locate people
- Act as liaisons to medical providers, jails, hospitals
- Link patients to HIV care
- Participate in community outreach



Disease Intervention Specialist Skills

DIS are HIGHLY skilled. Some of the skills that make them successful are:

- Expertise in client-centered interviewing
- Non-judgmental
- Professionalism
- Persistence
- Effective listener
- Assertiveness
- Pay attention to details
- Counseling
- Health education
- Provider and community engagement
- Ability to communicate at the patient's comprehension level

Disease Intervention Specialist At Work

- DIS are public health professionals with applied expertise in:
 - Collection of enhanced surveillance and community assessment data
 - Partner services to include contact tracing
 - Field specimen collection
 - Field investigation in outbreaks and in emergency preparedness
 - Community outreach
 - Collaboration with medical providers
 - Navigation of health care systems to ensure patient evaluation and treatment

How do they intervene?

- Disease intervention is a process that results in treatment of an exposed or an infected person, interrupting the transmission of disease and preventing further spread of disease.
- Intervention occurs at two levels:
 - Primary – Prevention
 - Secondary – Treatment
- DIS intervene by contacting patients/partners in the following ways:
 - Face-to-face
 - Phone
 - Hand-delivered referral letter
 - Mailed referral letter

DIS in the Field

- Partner notification services (PNS) or field investigations are among the most effective public health interventions to address transmission of STDs and are recommended by the Centers for Disease Control and Prevention (CDC) for all individuals presenting with HIV, infectious syphilis, or gonorrhea, as well as chlamydia if resources allow.
- Field investigations often require DIS to locate or notify patients/partners of:
 - Positive results
 - Exposure to STD (sex partner)
 - Need for treatment or additional lab work
 - Interview



Field Notification

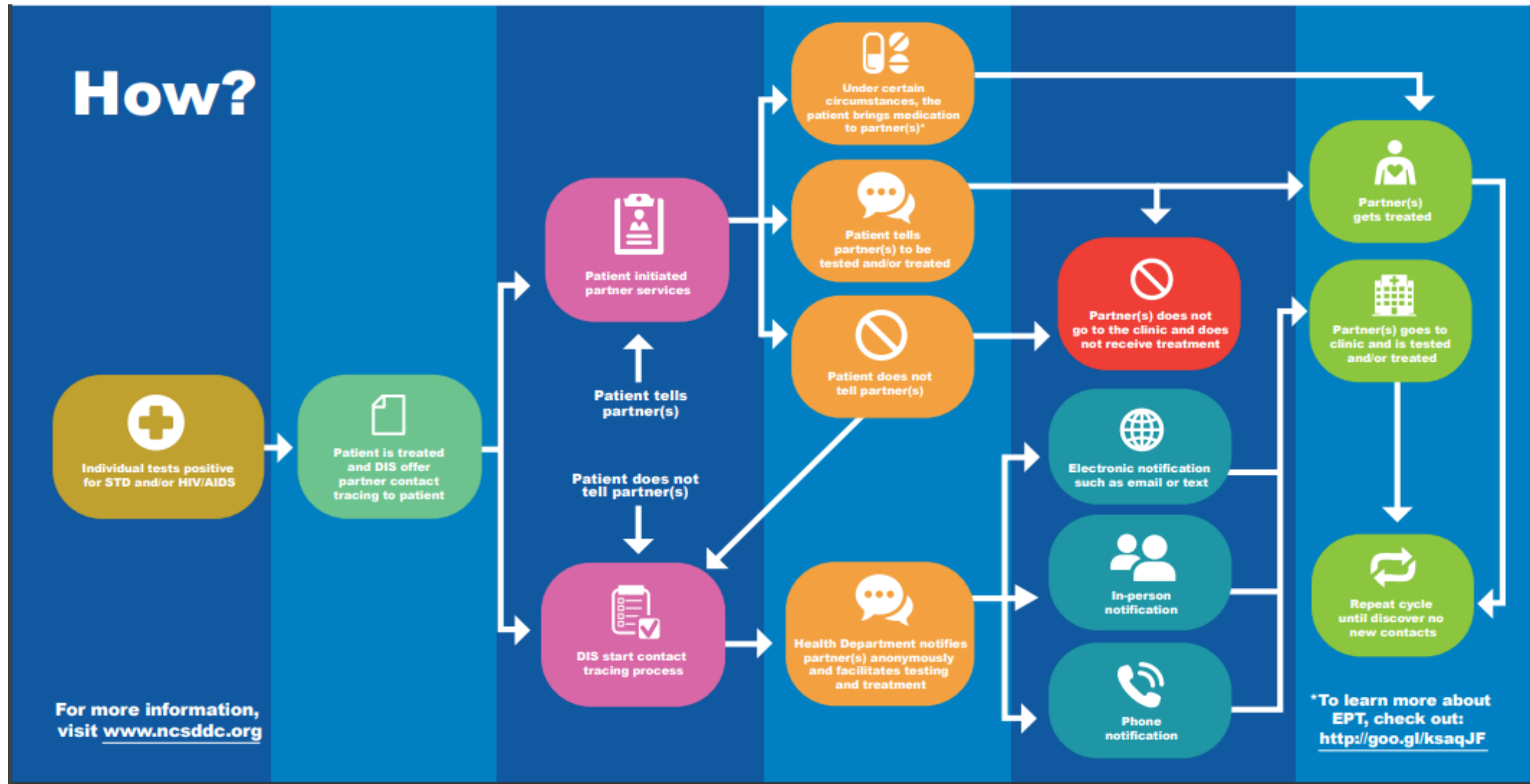
- As STDs often present with no symptoms, notification of possible exposure may be necessary to prompt screening among partners of individuals diagnosed with an STD
- DIS seek to ensure the person contacted:
 - Knows the disease for which he or she is exposed to
 - Knows the info is valid and the risk is real
 - Knows that the info is confidential
 - Knows the medical options available
 - Is motivated to act promptly

**we can
help**

What are we trying to learn?

- **What-** What is the infection(s)?
- **Where-** Where has the patient been, currently lives and meets sexual partners?
- **When-** When was the infection acquired?
- **Who-** Who infected the patient? Who did the patient infect?
- **Why-** Why did the patient get infected?

Disease Intervention: It all works together



STDs in Georgia (2017)

THE STATE of STDs | GEORGIA FACTS

PREVENTING SEXUALLY TRANSMITTED DISEASES IN GEORGIA



Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018.

Primary & Secondary Syphilis - Reported Cases, Georgia, 2000-2017

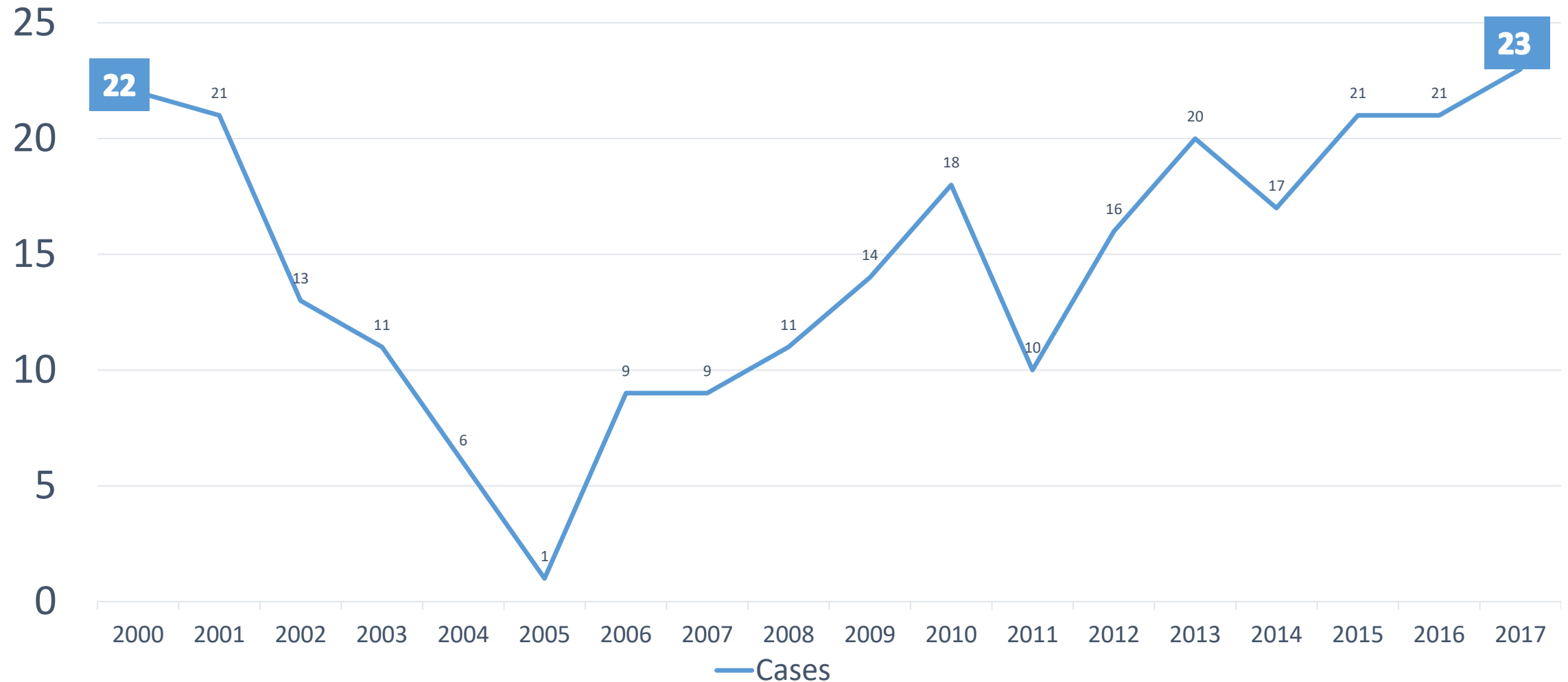


Sources:

Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2017. <https://www.cdc.gov/nchhstp/atlas/index.htm>. Accessed on 10/10/18.

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018.

Congenital Syphilis - Reported Cases, Georgia, 2000-2017

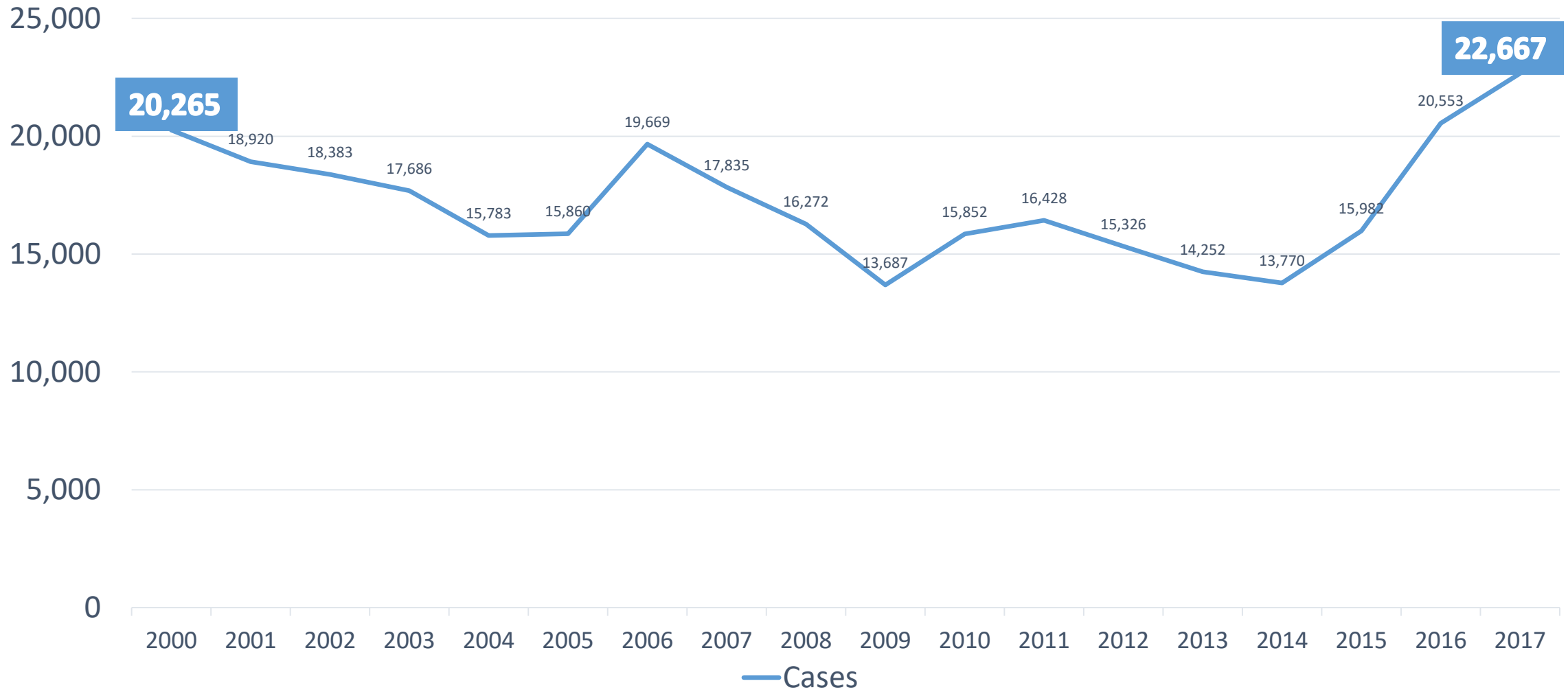


Sources:

Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2017. <https://www.cdc.gov/nchhstp/atlas/index.htm>. Accessed on 10/10/18.

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018.

Gonorrhea - Reported Cases, Georgia, 2000-2017

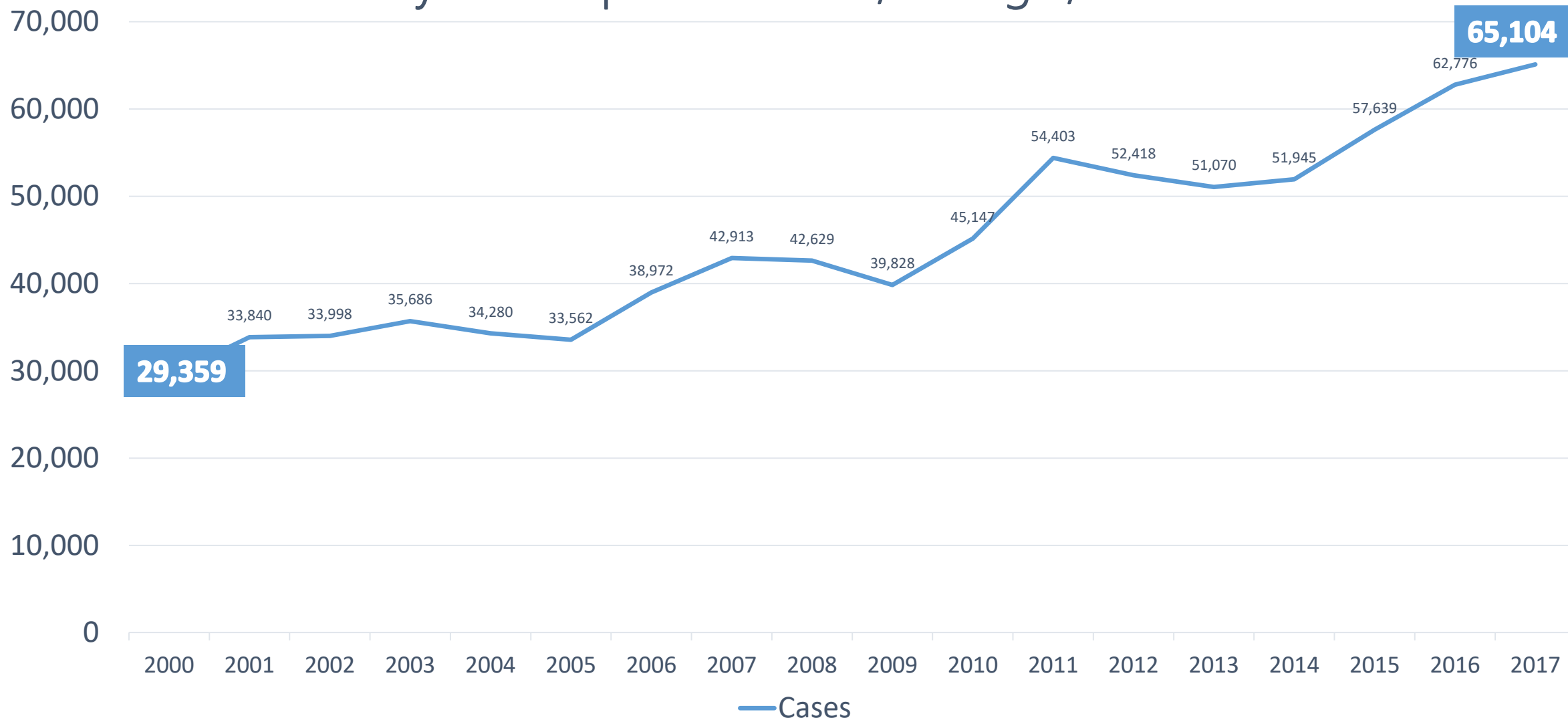


Sources:

Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2017. <https://www.cdc.gov/nchhstp/atlas/index.htm>. Accessed on 10/10/18.

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018.

Chlamydia - Reported Cases, Georgia, 2010-2017





Sources:

Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2017. <https://www.cdc.gov/nchhstp/atlas/index.htm>. Accessed on 10/10/18.

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018.

Georgia STD Rankings & Case Count

Disease	Ranking	Ranking	Case Count	Case Count
	2016	2017	2016	2017
Syphilis	4th	4th 	1,350	1,489 
Syphilis , Congenital	9th	10th 	21	23 
Gonorrhea	3rd	9th 	20,553	22,667 
Chlamydia	5th	6th 	62,776	65,104 

In 2017, Georgia's national rankings improved for congenital syphilis, gonorrhea and chlamydia, however more cases were reported in every disease area. Therefore, the decreased rankings are due to rate increases in other states across the country and not a decrease in reported cases.

Source:

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018.

State STD Office Direction: STD PCHD

- STD PCHD: Strengthening STD Prevention and Control for Health Departments
- In 2018, the CDC announced availability of fiscal year 2019 funds for a cooperative agreement for health departments to implement and strengthen STD prevention and control programs.
- The financial and technical assistance support provided by the CDC allows state health departments the ability to prevent and control STDs.

STD PCHD

Collaborating with Health Departments to Prevent STDs

CDC'S FLAGSHIP
STD FUNDING
FOR 2019



Approx. **\$93**
MILLION

The only national investment in
STD prevention and surveillance for
Jan 1, 2019 – Dec 31, 2023

Health departments in all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands,
Baltimore, Chicago, Los Angeles, New York City, Philadelphia, and San Francisco.

**CDC funding to health departments helps communities face rising
STD rates head-on. States and cities use this funding to:**



Monitor STD cases and trends



Provide on-the-ground prevention support



Promote testing and treatment best practices



Increase STD prevention knowledge



Turn data into action

STD PCHD Cooperative Agreement

STD Prevention and Control for Health Departments

Strategy Areas

Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use and Utilization
Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education & Reporting	
Syphilis		Partner Services for MSM		Priority Pop. Screening & Tx	Policy	Data-Driven Planning

Priority Populations

ANYONE WHO HAS SEX IS AT RISK



**YOUNG PEOPLE
AGES 15-24**



**GAY AND
BISEXUAL MEN**



**PREGNANT
WOMEN**

Georgia STD Legislation

HIV & Syphilis Testing for Pregnant Females

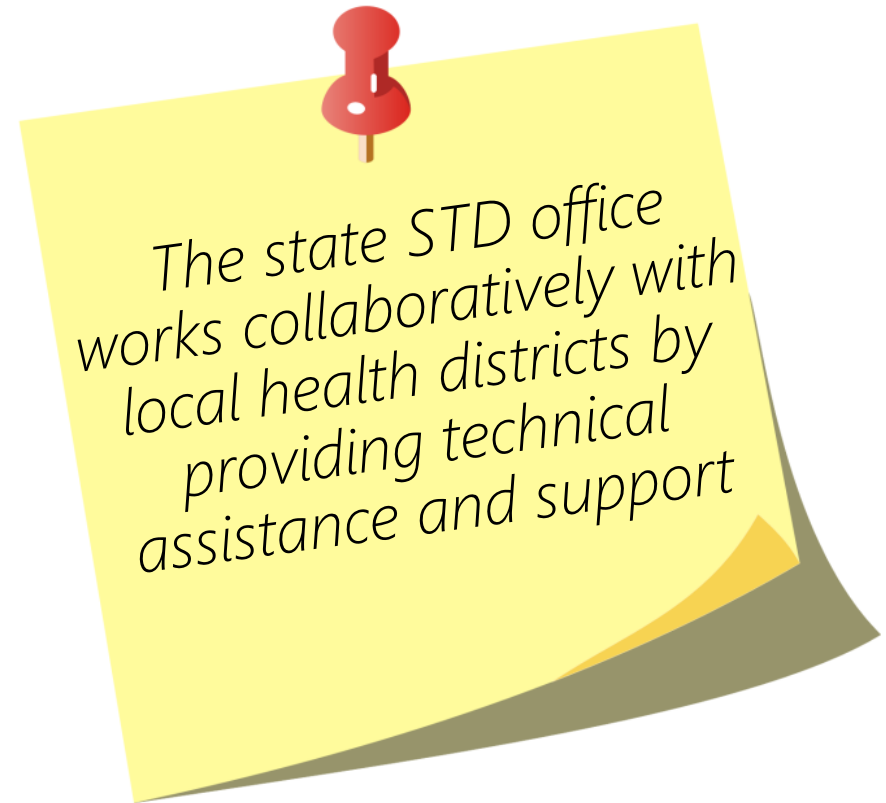
- Georgia Law (O.C.G.A 31-17-4.2) requires that every pregnant woman be testing at her 1st prenatal visits and 3rd trimester for syphilis and HIV.
- If there is no written evidence that the tests were performed when the woman presents for delivery the provider must order a test for both at that time.

Expedited Partner Therapy (EPT)

- Georgia Law (O.C.G.A 31-17-7.1) allow for licensed practitioners to prescribe or dispense antibiotic drugs for EPT without penalty.
- Pharmacist are also permitted to dispense antibiotic drugs for EPT without civil or criminal liability.

STD District Support

- Funding for Staff & Support
- Safety Net Funds
- GC/CT Test Kits
- GC/CT Laboratory Fees
- STD Medications & Discount
- Trainings
- District Staff Allocation
- Data Request
- Technical Assistance
 - Includes direct assistance to supervisors, disease investigation staff, nurses, & surveillance staff



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