

MKE Elevate Issue Brief:

SEXUALLY TRANSMITTED INFECTIONS AND DISEASES

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Scope and scale of problem

STIs like syphilis, chlamydia, and gonorrhea are all very treatable if they're detected early in their disease progression. Similarly, it is now much easier to live a healthy life with an HIV diagnosis compared to the 1980s and 90s. However, **STIs/HIV can cause significant secondary health issues if left untreated:** acute and chronic illnesses, physical or neurological issues, damage to reproductive systems, or in some cases death.

Any disparities in diagnosis and treatment should be taken seriously since these infections can lead to more extensive health issues.

Key Data:

	Number of Cases in 2021*	Rate per 100k in 2021*	Populations most impacted*	Percent change since 2017	Trendline
Syphilis (primary & secondary)	442	76.6	<ul style="list-style-type: none"> MSM Black/African Americans Ages 25-34 years 	+ 569.7%	↑
Congenital syphilis	9	-	-	+ 350.0 %	↑
Chlamydia	9,619	1666.4	<ul style="list-style-type: none"> Black/African Americans and Native Hawaiian/Pacific Islanders Ages 15-24 years 	- 1.0%	→
Gonorrhea	4,971	861.2	<ul style="list-style-type: none"> Black/African Americans and American Indian/Alaska Natives Ages 15-24 years 	+ 13.5%	↑
HIV (new diagnoses)	100	17.6	<ul style="list-style-type: none"> MSM Black/African Americans Ages 20-34 years 	- 14.5%	↓

*city-level data; MSM = men who have sex with men (1)

Disparities in STIs/HIV

Is there a disparity?

Many of the factors that can improve maternal and child health rates of STIs/HIV have slowly begun affecting all demographic populations, **young Black men (particularly those ages 15-30) are overwhelmingly impacted by syphilis, gonorrhea, and HIV.** While it's important not to overlook STIs/HIV in any population (about two-thirds of chlamydia cases occur in women), men who have sex with men are consistently the most affected group. Considering they make up a small share of the total population, the fact that they are the **majority of cases** is significant.

While new syphilis infections have increased in both men and women, they have not increased at the same rate. Between 2020 and 2021, **syphilis cases increased by 309% in women and 101% in men.** Where there are more cases of syphilis, there is more potential for congenital syphilis to occur in newborns.

This is concerning because syphilis during pregnancy drastically increases the potential for numerous physical and cognitive conditions in the newborn, as well as stillbirth/infant mortality (affecting 2 in 5 cases of congenital syphilis).

Nationally, congenital syphilis rates are highest among American Indian/Alaska Natives, followed by Native Hawaiian/Pacific Islanders and Black/African Americans. [Cases of congenital syphilis have increased rapidly alongside adult cases](#), highlighting the importance of screening all pregnant people for the disease, ideally multiple times during a pregnancy, **regardless of their sexual history.**

How do social conditions, access to resources, and risk/protective factors impact this issue?

The pandemic exacerbated many factors that contribute to the spread of STIs/HIV. For example, more people experienced economic precarity which can lead to riskier behavior (such as trading sexual acts for basic necessities). Additionally, it became more difficult to access healthcare services due to lower capacity at clinics and the potential loss of health insurance, coupled with job insecurity, which all led to lower testing and detection of STIs/HIV.

We have the ability to make change in the next five years

Examples of Evidence-based Policy, Systems & Environmental (PSE) Changes we can implement:

Community or organization-based interventions:

- [Text-based interventions](#) that provide patients with reminders, education, and assistance managing their illness have been proven to be effective for many health conditions, including STIs/HIV.

Provider-based interventions:

- [Provider referral](#) has been shown to improve testing and treatment rates. In this practice, a patient testing positive for STIs/HIV shares the contact information of their sexual/needle-sharing partners, who the provider can then reach out to directly.
- [Expedited partner therapy](#) allows a healthcare provider to send medications with a patient testing positive for an STI to give to their partner/s without requiring an examination to begin treatment.
- [Required screenings for syphilis in pregnancy:](#) Wisconsin is one of just a handful of states that does not require healthcare practitioners to test for syphilis with every pregnancy. This can emphasize the importance of syphilis detection to providers and reduce individual stigma by requiring testing for every pregnant patient.

Since HIV outcomes have drastically improved over the past few decades and methods to prevent spread have been discovered, some safe sex practices have fallen out of common use. Community education campaigns around encouraging open conversations with sexual partners about testing status and destigmatizing testing would help re-normalize these behaviors so people would know their infection status and how to get treated and be safe while being sexually active.

Is someone already working on issue?

Milwaukee Health Department:

- Keenan Sexual Health Clinic offers testing, treatment, partner services, free male and female condoms, and more.
- [MHD provides a list](#) of two dozen Milwaukee sites that offer testing and/or treatment for STIs/HIV.
- [A list of other sexual health resources](#) for youth, adults, parents and caregivers, and more.

Clinical settings:

- Three major hospital systems and several FQHC systems (16th Street clinics, Progressive, Outreach, Planned Parenthood, etc.) that provide services.
- BESTD clinic and Vivent Health (formerly the AIDS Resource Center of Wisconsin) are dedicated to STI/HIV testing and treatment.

LGBTQ organizations that offer an array of services:

- [Milwaukee LGBT Community Center](#)
- [Diverse and Resilient](#)
- [Pathfinders](#)

Could more be done if MKE Elevate takes on issue?

Similar to maternal and child health concerns, MKE Elevate could serve as a convener for partners to address STIs/HIV. Bringing these organizations together could ensure there are no gaps or missing partners, identify strategies, and ensure cultural competency in our approaches.

Is there political will to address issue?

It's known that syphilis cases are surging not just in Milwaukee, but across the US. Considering the potential for long-term adverse outcomes from undetected STIs/HIV, addressing these rising rates should be a priority.

Resources

Is there staffing to support an action team?

Yes, there is a Public Health Strategist focused on maternal and child health.

Is there funding available currently or possibly in the future?

Possibly, potential funders may include United Way or other foundations

Sources:

Race/ethnicity STI rate data is from the CHA:

https://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/ADMIN/PDFs/Reports/MHD_CHA_FINAL.pdf

¹ City of Milwaukee-level STI/STD statistics were accessed by an MHD data team member, who used WEDSS to provide current numbers.



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