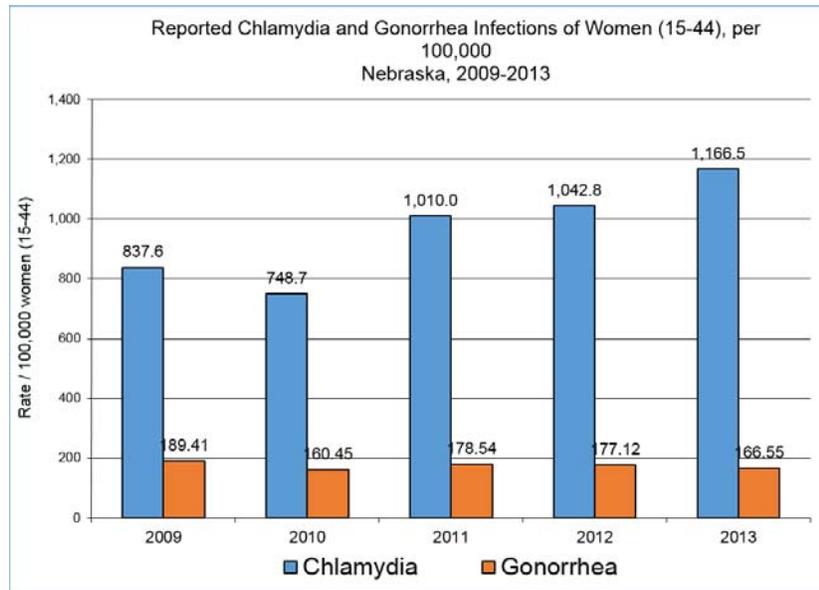


## Sexually Transmitted Diseases among Nebraska's Women

According to the Nebraska STD program, in 2013 the rate of infection for chlamydia was 1166.5 per 100,000 women ages 20-44 and the rate of infection for gonorrhea was 166.5 per 100,000 women ages 20-44. The chlamydia rate within Nebraska is increasing while Nebraska's rate of gonorrhea is stable but high.

Within Nebraska, disparities for chlamydia and gonorrhea exist by race with higher rates for African Americans and American Indians compared to Whites, Hispanics, and Asian/Pacific Islanders. An identified priority is to decrease STD rates for all women within Nebraska and increase education about risk factors and poor health outcomes associated with STDs.



Chlamydia is a bacteria transmitted during vaginal, anal, or oral sex or from an infected mother to her baby during vaginal childbirth. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Untreated chlamydia in women can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID) causing permanent damage. The damage can lead to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancy. Pregnant women who have chlamydia are at risk of preterm birth.

Gonorrhea is a bacteria transmitted during vaginal, anal, or oral sex or from an infected mother to her baby during vaginal childbirth. Most women with gonorrhea do not have any symptoms. When symptoms are present they can be mild and be mistaken for a bladder or vaginal infection. Untreated, gonorrhea can cause serious and permanent health problems. In women, untreated gonorrhea can cause pelvic inflammatory disease (PID) which may include the formation of scar tissue that blocks fallopian tubes, ectopic pregnancy, infertility, and chronic pelvic pain. Women infected with STDs are more likely to become infected with HIV, if exposed.<sup>1</sup>

***Criterion 1: The Problem is Worse than the Benchmark or Increasing***

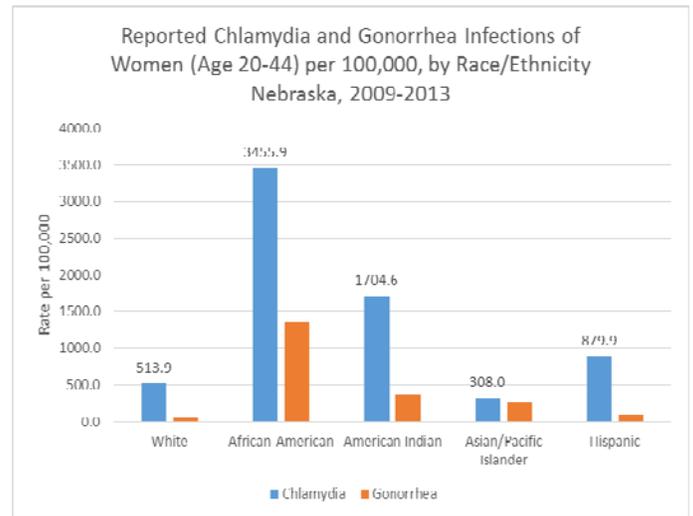
Since Nebraska’s last Title V needs assessment in 2005, the chlamydia rate has increased significantly, from 843.9 per 100,000 women to 1,166.5 per 100,000 women. There is not a U.S. average value or Healthy People 2020 objective for chlamydia due to the variation in its measurement across the U.S.

Based on 2012 data, Nebraska’s rate of gonorrhea for women ages 20-44 (177.1) has not significantly changed over the past five years but it is significantly higher than the national average (116.4) and the Healthy People 2020 objective (103.4).

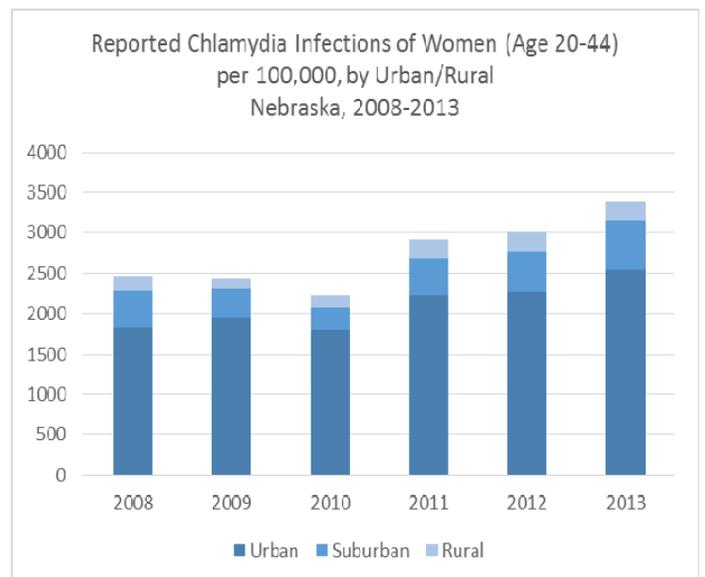
***Criterion 2: Disparities Exist Related to Health Outcomes***

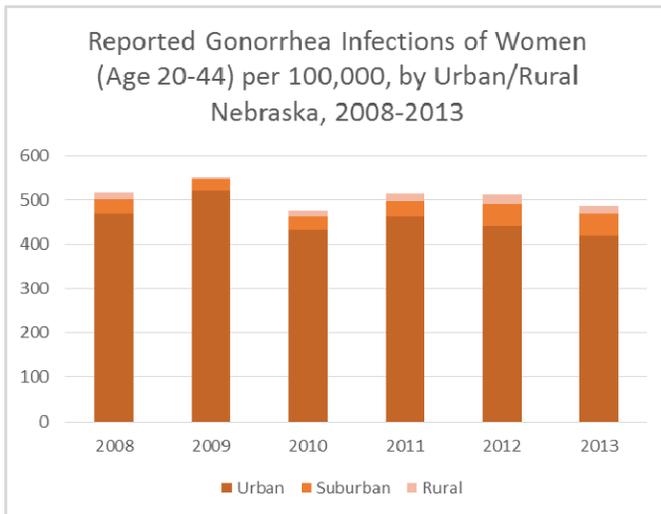
Race and ethnicity are correlated with other fundamental determinants of health status, such as high rates of poverty, income inequality, unemployment and low educational attainment. These inequities in social and economic conditions are reflected in the profound disparities observed in the incidence of STDs among some racial and ethnic minorities, according to the CDC (STDs in Racial and Ethnic Minorities, 2013).<sup>2</sup>

In Nebraska, African American, American Indian and Hispanic women are disproportionately affected by STDs. Nationally, the rate among black women aged 20–24 years in 2013, was 4.1 times the rate among white women in the same age group, according to the CDC (STDs in Racial and Ethnic Minorities, 2013).<sup>2</sup>



Disparities in Nebraska can be seen in STD rates, as minority women are more likely to have a reported STD than White women. The majority of Nebraska’s racial and ethnic minorities live in metropolitan/urbanized areas, and there is a higher rate of reported STDs in these areas than in the rural areas of Nebraska.





As illustrated in the prior graphs, STD prevalence is significantly higher in Nebraska’s urban areas than in rural and suburban areas. According to the CDC, risk for infection is higher in communities where STD prevalence is high due to the greater chance of exposure with each sexual encounter in these communities.<sup>2</sup>

**Criterion 3: Strategies Exist to Address the Problem/An Effective Intervention is Available**

Preventive strategies exist to lower the rates of STDs. Primary interventions stress limiting exposure to STDs. This is done through the promotion of responsible sexual behavior by targeting protective behaviors that reduce the risks of STDs, such as promotion of abstinence from intercourse, limiting the number of sexual partners and the consistent and correct use of condoms. The CDC states that the consistent and correct use of condoms is an effective tool to reduce the risk of acquiring STDs.<sup>3</sup>

For sexually active women, strategies that lower the rates of STDs include:

1. Abstaining from sex. The most reliable way to avoid infection is to not have sex (i.e., anal, vaginal or oral).
2. Increase STD screening through the use of urine-based chlamydia and gonorrhea testing in a routine, free and readily available setting. The CDC recommends

annual chlamydia and gonorrhea testing for sexually active women younger than 25, as well as older women with risk factors (such as new or multiple sex partners), and for all pregnant women.<sup>4</sup>

3. Promote the use of rapid HIV testing. The CDC recommends all adults and adolescents from ages 13 to 64 should be tested at least once for HIV.<sup>4</sup>
4. Increase the public and doctors’ education about the Human Papillomavirus (HPV) vaccine with the ultimate aim of increasing the proportion of individuals receiving the vaccine.
5. Increase education and awareness of STDs by providing age-appropriate education. Research shows that well-designed and well-implemented HIV/STD prevention programs can decrease sexual risk behaviors among students and have long-term reductions in sexual risk behaviors.<sup>5</sup>

**Criterion 4: Societal Capacity to Address the Problem**

Despite having numerous mechanisms and supports in place to address the growing STD problem, STD rates in Nebraska continue to increase. Data from the 2004 Nebraska Behavior Risk Factor Surveillance System (BRFSS) indicate that 14% of sexually active women age 18-44 who report using birth control use condoms.

Traditional resources such as the Nebraska STD Program; free and confidential clinical testing statewide; and services through local health departments and Federally Qualified Health Centers continue to provide excellent community-based and statewide services.

Additionally, new community based resources like, Get Checked Omaha have emerged to address the STD problem. Get Checked Omaha aims to increase STD education, address societal norms related to safe sex discussions and practices, increase STD testing in the Omaha area, and reduce STD rates within Omaha.

Nebraska currently supports the implementation of the Personal Responsibility Education Program (PREP). PREP employs a youth development curriculum that supports the idea of STD prevention by way of positive youth development programming.

Nebraska Children's Home Society Teen Chat program educates and empowers teen girls to make healthy decisions and avoid risky behaviors. They do this by supporting participants, increasing self-esteem, providing sexual health education using the evidence-based Making Proud Choices curriculum, and equipping participants with the knowledge and confidence to achieve their goals. This program is currently in use in three sites with implementation planned for two additional sites.

Nebraska is ahead of the U.S. in HPV vaccination rates and is helping to ensure health over the life course for vaccinated young women. HPV vaccination is an important tool in preventing HPV and cervical cancer. Current HPV vaccination rate data (National Immunization Survey – Teen, 2013) indicate that within Nebraska, 41.5% of females age 13-17 have received all three shots in the HPV vaccination sequence, 55.3% have received two shots in the sequence, and 65.1% have received the first shot in the sequence. These numbers are higher than national numbers for each number of shots received.

While barriers to rate reductions still exist within Nebraska, the capacity and support to reduce STD rates is strong within the Nebraska public health community.

### *Criterion 5: Severity of Consequences*

According to the Centers for Disease Control and Prevention, STDs affect men and women both, but health problems can be more severe for women. Untreated STDs in women can lead to pelvic inflammatory disease, ectopic pregnancy, infertility, and long-term pelvic / abdominal pain. Some STDs such as chlamydia and gonorrhea can be cured with medication. When taken properly, medication can stop the infection and decrease chances of fertility complications.

Other STDs, such as viral STDs like genital herpes, hepatitis B, hepatitis C or HIV cannot be cured, but medication and preventative measures can be utilized to reduce the risk and decrease lifelong medical complications. Women infected with STDs are more likely to become infected with HIV, if exposed.<sup>6</sup> High-risk or oncogenic HPVs can cause cancer. At least a dozen high-risk HPV types have been identified. Two of these, HPV types 16 and 18, are responsible for the majority of HPV-caused cancers. For most STDs condom use can protect against the spread of STDs. The Food and Drug Administration has approved two HPV vaccines that are highly effective in preventing infections with HPV types 16 and 18.<sup>7</sup>

Serious health problems for a baby can occur if the woman has an STD when pregnant. Early screening and treatment is a vital way to prevent serious health complications to both mother and baby. STDs, such as chlamydia, gonorrhea, syphilis, trichomoniasis and bacterial vaginosis can cause negative health outcomes such as premature birth, premature rupture of membranes, stillbirths, small for gestational age, low birth weight and even death.<sup>6</sup> Treatment of maternal STDs with antibiotics during pregnancy can prevent infant complications.

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- [2.] Center for Disease Control and Prevention. 2014. "STDs in Racial and Ethnic Minorities, 2013." Last Modified on December 16. <http://www.cdc.gov/std/stats13/minorities.htm>
- [3.] Center for Disease Control and Prevention. 2013. "Condom Effectiveness." Last Modified on March 25. <http://www.cdc.gov/condomeffectiveness/brief.html>
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- [5.] Center for Disease Control and Prevention. 2010. "Effective HIV and STD Prevention Programs for

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- [6.] Center for Disease Control and Prevention. 2014. "Sexually Transmitted Diseases." Last Modified on December 16.

<http://www.cdc.gov/std/pregnancy/STDFact-Pregnancy.htm>

- [7.] National Cancer Institute. 2012. "HPV and Cancer." Last Modified on March 15.

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