Sexually Transmitted Disease (STD) Quarterly Report

2013 Quarter 4 (October 1 – December 31)

San Joaquin County Public Health Services

- Provider STD Reporting: 209-948-7473 (fax) • Provider STD Consultation: 209-468-3845 (phone)
- Provider HIV/AIDS Reporting: 209-468-3475 (phone)
- Julie Vaishampayan , MD, MPH, Assistant Health Officer & STD Controller
- Karen Pfister, MS, Supervising Epidemiologist

Pelvic Inflammatory Disease (PID): a silent threat to reproductive health in San Joaquin County (SJC)

An estimated one million females in the United States are diagnosed with PID annually. However, few cases are reported to San Joaquin County Public Health Services (SJCPHS) each year. This may be partially explained by insensitive diagnostic criteria and frequent subclinical disease rather than by an actual low incidence of PID in SJC. Unlike other California Title 17 reportable diseases, PID is a clinical syndrome comprised of a spectrum of disorders and may be caused by more than one pathogen.

PID occurs when there is an inflammatory response to microorganisms spreading from the vagina or cervix into the upper genital tract. This inflammation can occur in the endometrium, peritoneum or fallopian tubes, resulting in scarring. Scarring of tubes may lead to infertility, ectopic pregnancy or chronic pelvic pain, even in females with no history of PID symptoms. About 25% of females with a single episode of PID will experience one or more of these sequelae.

N. gonorrhoeae and *C. trachomatis* are the most common pathogens associated with PID; gonorrhea (GC) and/or chlamydia (CT) are present in 25-75% of PID cases. Several other pathogens, including those associated with bacterial vaginosis (BV), have been isolated from the upper genital tracts of females with PID.

Adolescent girls are at increased risk for developing PID due to cervical cellularity and high rates of CT and GC; a sexually active 15 year-old female has a 1:8 risk of developing acute inflammation of the fallopian tubes, compared to 1:80 risk in those age 24 and older. Routine screening and early treatment of STDs, especially in teenage girls, can reduce the incidence of PID and minimize the occurrence of long-term sequelae.

The clinical manifestations of PID can range from no symptoms – 60% of cases are subclinical or 'silent' PID – to debilitating symptoms requiring hospitalization. The Centers for Disease Control and Prevention (CDC) recommends treatment for PID if a patient presents with either 1) uterine or adnexal tenderness or 2) cervical motion tenderness in the absence of a known explanation. Additional diagnostic criteria may include fever, elevated white blood cell count in vaginal secretions, or bacterial STD infection. However, providers are encouraged to err on the side of over treatment for PID given the severity and high incidence of adverse outcomes in females with no treatment or delayed treatment. Regimens should provide coverage for GC, CT, Gram-negative facultative bacteria, streptococci, as well as anaerobic coverage. All male sex partners in the last 60 days, or the most recent male sex partner if none in the past 60 days, should be treated for both GC and CT to prevent re-infection. For complete CDC treatment guidelines, see http://www.cdc.gov/STD/treatment/

Table 1: STD Cases Reported to San Joaquin County Public Health Services, 2012 and 2013

	2012		2013	
	4th Qtr	YTD	4th Qtr	YTD
Chlamydia (CT)*	905	3615	848	3380
Female	639	2617	587	2379
Male	266	993	258	987
Unknown	0	5	3	14
Gonorrhea (GC)*	191	718	291	933
Female	97	377	150	454
Male	94	339	141	479
Unknown	0	2	0	0
Pelvic Inflammatory Disease (PID)*	2	12	0	7
Syphilis (SY)^	32	97	31	105
Primary	6	19	6	19
Secondary	19	55	15	51
Early Latent	7	22	9	33
Congenital	0	1	1	2
Neurosyphilis	0	0	1	5
Human Immunodeficiency Virus (HIV) only⁎	5	43	18	57
HIV & AIDS simultaneous⁎	7	21	6	31
Acquired Immunodeficiency Syndrome (AIDS) only⁎	5	11	6	19

⁎HIV/AIDS data from SJCPHS HIV/AIDS Program morbidity data, 2013 Q4 DUA file.

**CT, GC & PID data reflect cases entered into the CalREDIE reporting system as of 1/10/2014. CT, GC & PID counts include confirmed, probable & suspect cases.*

^SY data from 1/10/2014 STD Program internal line list. SY total includes primary, secondary & early latent stages & congenital cases. Neurosyphilis is a sequela of syphilis and can occur at any stage of syphilis. Counts for SY stages & congenital cases include confirmed cases only; neurosyphilis counts include confirmed & probable cases.

Note: All disease counts include SJC residents at time of diagnosis only.

By law, medical providers and labs must report CT, GC, and PID cases within 7 days of identification and SY cases within 1 day of identification to PHS using a Confidential Morbidity Report Form (CMR). HIV & AIDS cases must be reported by traceable mail or person-to-person transfer within 7 days of identification. For disease reporting procedures and requirements, please see the "For Providers" section of the PHS website: http://www.sjcphs.org/disease/disease_control_reporting.aspx.