

# Sexually Transmitted Diseases in South Dakota - 2013

## INTRODUCTION

Sexually transmitted diseases (STDs) are a serious public health problem in South Dakota and nationwide. Last year, the South Dakota Department of Health (SDDH) released new figures indicating an alarming increase in STDs (sometimes referred to as sexually transmitted infections or STIs).

Accounts of chlamydia have doubled over the last twelve years, and gonorrhea is now twice as common as it was back in 2007.<sup>1</sup> In 2011, there were no reports of syphilis in the state, yet in 2012 there were seventeen cases reported.<sup>2</sup> Further, twenty-nine new cases of HIV/AIDS were reported in 2012, compared with twenty-one new cases in 2011 and thirty-five new cases in 2010 – all of which represent a two-thirds increase from 2009. The total number of HIV and AIDS cases in South Dakota reported in 2011 was the highest since 1995.<sup>3</sup>

South Dakota's HIV/AIDS data also show a significant disparity in rates among communities of color. American Indians in South Dakota represent 15% of all reported HIV/AIDS cases, yet they make up less than 10% of the population. In addition, 23% of all HIV/AIDS cases in South Dakota are among African Americans, yet African Americans make up only 1% of South Dakota's population.<sup>4</sup>

This across-the-board increase in rates, combined with considerable disparities in rates among communities of color, demonstrates the need for a robust community response in order to curb this epidemic among South Dakotans.

This report contextualizes the impact of STDs and HIV on South Dakota residents and explores potential solutions for addressing this critical health care need.

## PLANNED PARENTHOOD IN SOUTH DAKOTA

Planned Parenthood serves more than 65,000 patients in our region (MN, ND, and SD) each year. Ninety-five percent is preventive: life-saving cancer screenings, birth control, STD testing and treatment, and health education. Last year alone, Planned Parenthood provided more than 15,000 cancer screenings, 325,000 units of contraception, and 85,000 STD tests to patients in our region.

Planned Parenthood operates two health centers in South Dakota – one in Sioux Falls and one in Rapid City. Health centers are staffed by highly trained doctors and nurses who are experts in sexual and reproductive health care. More than 94% of Planned Parenthood's 2,000 patients in South Dakota are women, the majority of whom are young adults between the ages of 20 and 30, and 15% of whom are from communities of color. This population – female patients aged 26 and younger – are at greatest risk of acquiring an STD.



In South Dakota, Planned Parenthood administers more than 1,000 STD tests annually, including HIV, chlamydia, and gonorrhea. Last year, we provided close to 200 well-woman exams to women in South Dakota, including breast and cervical cancer screenings. In addition, in 2012 we provided more than 3,000 units of contraception to women across the state.

Planned Parenthood's clinicians are dedicated to providing each patient with the non-judgmental, expert care they deserve and to making sure all patients have the information they need to protect themselves against STDs and unintended pregnancy.



## THE DATA

### Chlamydia

Chlamydia is the most commonly reported infectious disease in South Dakota, with 3,922 cases identified in 2012.<sup>5</sup> Rates of chlamydia have more than doubled over the last 12 years, and have especially impacted young people, women, communities of color, and American Indians.<sup>6</sup> Estimated rates of chlamydia are even higher because most people with chlamydia do not have symptoms and do not seek testing. If left untreated, chlamydia can have devastating long-term health effects including pelvic inflammatory disease and infertility, or the inability to become pregnant.<sup>7</sup>

In 2012, Planned Parenthood provided 366 chlamydia tests in South Dakota, along with treatment for patients who tested positive and their partners. According to the South Dakota Department of Health, Office of Disease Prevention:

*“Young people between 15 and 24 years old accounted for 73 percent of the chlamydia cases reported in 2009. Although American Indians comprise 9 percent of the state’s population, a disproportionate share, 43 percent, of chlamydia case reports were in this population group. This higher disease rate necessitates continued targeting of screening and disease intervention among American Indians.”<sup>8</sup>*

### Gonorrhea

Over the past decade, gonorrhea incidence has steadily increased among South Dakota communities. During 2012, 707 cases of gonorrhea were identified statewide,<sup>9</sup> with the highest rate increases occurring among men and women in their 20s. Teens and young adults now account for nearly 60% of all cases of gonorrhea identified in the state.<sup>10</sup>

Significant disparities in gonorrhea rates by race, ethnicity, and geography persist. American Indian populations were disproportionately affected with 59% of the reported cases, compared with 24% of reported cases occurring in the white population.<sup>11</sup>

Gonorrhea is often present without symptoms and, if left untreated, can lead to serious health problems for both men and women. In women, untreated gonorrhea can lead to pelvic inflammatory disease and put a woman at higher risk for ectopic pregnancy which can be life-threatening. In men, gonorrhea can lead to a painful condition called epididymitis in the tubes attached to the testicles. In rare cases, this may prevent a man from being able to father children. In all infected individuals, gonorrhea can spread to the blood or joints, which can be fatal.<sup>12</sup>

In 2012, Planned Parenthood provided 294 gonorrhea tests in South Dakota, along with treatment for patients who tested positive, and their partners.

### Human Papillomavirus

Human Papillomavirus (HPV) is not a reportable disease in South Dakota.<sup>13</sup> However, a recent study conducted by the Centers for Disease Control and Prevention indicates that 1 in 4 adolescent girls have an STD, and in most cases, it is HPV.<sup>14</sup> As many as 80% of sexually active people will acquire HPV at some point in their lives.<sup>15</sup>

More than 100 strains of HPV have been identified to date, and more than 30 of these strains are transmitted sexually. HPV has been identified as the leading cause of cervical cancer in women, as well as the leading cause of genital warts in both women and men.<sup>16</sup> While vaccines exist that prevent four of the most common types of HPV, the high cost of these vaccines make preventing cervical cancer out of reach for many South Dakota families.

Planned Parenthood offers both HPV testing and the HPV vaccine at both South Dakota health center locations.

## SOLVING THE PROBLEM: PUBLIC POLICIES AND ADEQUATE FUNDING MATTER

Currently, the state of South Dakota accepts funding from the Centers for Disease Control and Prevention (CDC) under their Infertility Prevention Program. Importantly, the state dedicates these funds to testing, treatment, education, and counseling in several locations across the state. Currently, the state operates a Disease Intervention Specialists (DIS) program, which has been in existence for several years. According to SDDH, the DIS program provides education, counseling, testing, treatment, and partner notification and referral in order to curb the spread of a wide range of infectious diseases including, but not limited to, sexually transmitted diseases. Despite these current efforts and current sources of funding, rates of STDs continue to rise in the state.

Even though 47% of its high school students report having had sexual intercourse,<sup>17</sup> South Dakota does not mandate any STD/HIV



education in schools.<sup>18</sup> As a requirement of graduation, students must receive a half credit of health education but the state does not specify what topics should be discussed in that course.

This raises questions about whether young people, in their teenage years

and as they enter into adulthood, have the information they need in order to protect themselves against STDs when they become sexually active. Some South Dakota legislators are worried about what this means for the health and well-being of young-people in the future. According to State Senator Angie O'Donnell:

*"When I look at the data, I'm extremely concerned about solving the problem of rising STDs in our state. We have a responsibility to*

*families and young people to make sure they have the tools and information they need to make healthy decisions and prevent sexually transmitted diseases. In addition, we need to make sure that the needs of South Dakota's most vulnerable populations – young people, low-income people and people of color – are being identified and met. We can't leave anyone behind in this effort."*<sup>19</sup>

## RECOMMENDATIONS FOR A STRONG COMMUNITY RESPONSE

There is no doubt that the rising rates of infection are a significant health threat to South Dakotans. The SDDH is currently taking some important steps to educate South Dakotans about STDs and offer testing and treatment. Planned Parenthood urges the state to take the following steps in order to supplement and strengthen its current testing, treatment and prevention efforts:

- The state of South Dakota should require that young people be educated about the prevention of STDs and HIV in schools. This education should be required to stress abstinence and cover contraception, as these are the main methods of disease prevention. Currently, 33 states and the District of Columbia mandate HIV education in public schools.<sup>20</sup>
- The SDDH should undertake a formal evaluation of the current STD surveillance program, as expeditiously as possible, and identify the necessary steps required to significantly reduce the state's STD rates within five years. This evaluation should be based on the CDC program guidelines for STD surveillance programs. It should also include:
  - ◇ An assessment of the total annual cost of STDs, treated and untreated, to the state's health care system; and
  - ◇ A written evaluation report on South Dakota's STD and HIV surveillance program, with recommendations for reform, made available to the legislature and the general public.
- In order to maintain, at minimum, the state's current STD screening and treatment programs, SDDH should apply for any CDC funds it is eligible for in the 2014 grant cycle. The current grant with the CDC expires at the end of the year.

## CONCLUSION

The state of South Dakota is taking some important steps towards the prevention and treatment of STDs. Yet even with these programs in place, the rate of STDs in South Dakota continues to rise. The persistent increases in STD and HIV rates in South Dakota must be addressed.



Individuals and organizations – including the South Dakota Department of Health, the medical community, teachers and parents – want to ensure healthy and happy futures for all South Dakotans. Planned Parenthood stands ready to play a role in reducing STDs and HIV by partnering with organizations who share our goal of fewer new STD and HIV patients, earlier treatment for all infections, and a healthier South Dakota.

## ENDNOTES

- <sup>1</sup> “December 2012 South Dakota Health and Disease Summary,” South Dakota Department of Health, accessed June 14, 2013, <http://doh.sd.gov/ID/MonthlyReport/December2012.pdf>.
- <sup>2</sup> “March 2013 South Dakota Health and Disease Summary,” South Dakota Department of Health, accessed June 14, 2013, <http://doh.sd.gov/ID/MonthlyReport/March2013.pdf>.
- <sup>3</sup> “January 2012 South Dakota Health and Disease Summary,” South Dakota Department of Health, accessed June 14, 2013, <http://doh.sd.gov/Disease/Documents/Jan2012.pdf>.
- <sup>4</sup> Ibid.
- <sup>5</sup> “April 2013 South Dakota Health and Disease Summary, South Dakota Department of Health, accessed June 14, 2013, <http://doh.sd.gov/ID/MonthlyReport/April2013.pdf>.
- <sup>6</sup> “Infectious Diseases in South Dakota 2010,” South Dakota Department of Health, accessed June 14, 2013, <http://doh.sd.gov/Statistics/2010Vital/InfectiousDisease.pdf>
- <sup>7</sup> “Chlamydia – CDC Fact Sheet,” Center for Disease Control and Prevention, accessed June 14, 2013, <http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm>.
- <sup>8</sup> “Infectious Diseases in South Dakota 2009,” South Dakota Department of Health, accessed June 14, 2013, <http://doh.sd.gov/Statistics/2009Vital/CommunicableDisease.pdf>.
- <sup>9</sup> “February 2013 South Dakota Health and Disease Summary,” South Dakota Department of Health, accessed June 14, 2013, <http://doh.sd.gov/ID/MonthlyReport/Feb-2013.pdf>.
- <sup>10</sup> “Infectious Diseases in South Dakota 2009.”
- <sup>11</sup> “Infectious Diseases in South Dakota 2009.”
- <sup>12</sup> “Gonorrhea – CDC Fact Sheet,” Center for Disease Control and Prevention, accessed June 14, 2013, <http://www.cdc.gov/std/gonorrhea/STDFact-gonorrhea.htm>.
- <sup>13</sup> “Infectious Diseases in South Dakota 2009.”
- <sup>14</sup> Department of Health and Human Services, “Prevalence of Sexually Transmitted Infections and Bacterial Vaginosis among Female Adolescents in the United States: Data from the National Health and Nutritional Examination Survey (NHANES) 2003-2004,” Centers for Disease Control and Prevention, March 2008, accessed June 14, 2013, <http://www.cdc.gov/stdconference/2008/press/summaries-11march2008.htm#tues1>. [www.ashastd.org](http://www.ashastd.org).
- <sup>15</sup> “Overview and Fast Facts,” American Sexual Health Association, accessed June 14, 2013, <http://www.ashasexualhealth.org/std-sti/hpv/overview-and-fast-facts.html>.
- <sup>16</sup> Ibid.
- <sup>17</sup> Office of Adolescent Health, “South Dakota Adolescent Reproductive Health Facts,” U.S. Department of Health and Human Services, accessed June 14, 2013, <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/states/sd.html>.
- <sup>18</sup> “State Policies in Brief – Sex and HIV Education,” Guttmacher Institute, June 1, 2013, accessed June 14, 2013, [http://www.guttmacher.org/statecenter/spibs/spib\\_SE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf).
- <sup>19</sup> South Dakota State Senator Angie O’Donnell, interview by Jen Aulwes, May 2013.
- <sup>20</sup> “State Policies in Brief.”