



STD EXAMINER

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Remarks from Dr. Richwald

How has STD care changed since last year's Department of Health Services fiscal crisis? Why has overall attendance at our clinics declined? Where are our former patients getting their STD services? A year since the October 1995 DHS crisis led to the reduction of categorical STD clinics from 28 to 11, we at the STD Program are not only in dire need of answers, but also realistic solutions to improving our work.

Fortunately, a team of researchers has been working diligently for the past six months, developing a survey questionnaire and interviewing DHS STD clinic staff to assess the impact of STD clinic downsizing, consolidation and privatization of services. Based at the STD Program, the team of three full-time researchers and a project director come to us through The Public Crisis Impact Assessment (IA) Project, a year-long, action-oriented research study funded by the Centers for Disease Control and Prevention.

Since the project began in April 1996, IA researchers have interviewed a broad cross-section of 63 DHS staff, asking detailed questions on everything from their perception of the current restructuring to what changes they would like to see in the future. After the IA staff consolidates this initial data, they will make a report of their findings available. The staff will then conduct a quality study in STD clinics and other DHS sites treating patients with STDs, to assess changes since October 1995.

The IA team has asked me to express their appreciation to those health care providers who were cooperative and enthusiastic throughout the interview process. I am very pleased to

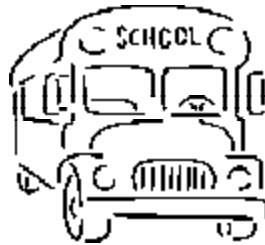
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Chlamydia Screening Project Finds High Rates Among Students

New Urine Test Piloted at School-based Clinics

Using a new test that is quickly revolutionizing chlamydia control, a recent study by the STD Program has revealed alarmingly high levels of asymptomatic chlamydia in L.A. County adolescents. The Urine Chlamydia LCR Screening Project, initiated last March in conjunction with the L.A. County Public Health Laboratory, indicates that the number of chlamydia cases among local high school students is nearly two times higher than the 6,000 adolescent cases reported in 1995. It has also discovered that almost 90% of students testing positive for chlamydia have had no symptoms of infection—substantially higher than the 50% to 70% previously estimated.



Chlamydia is the most common reportable STD. Because most cases are asymptomatic, those infected often delay seeking treatment until serious conditions such as pelvic inflammatory disease and ectopic pregnancy have occurred.

Untreated chlamydia can lead to infertility in both men and women. The majority of asymptomatic cases—and the heaviest burden of severe complications from chlamydia—are found in women, particularly adolescents.

Ligase Chain Reaction, (LCR), a new DNA amplification assay used in the screening project, is the first urine chlamydia test available for both women and men (the PCR urine chlamydia test for men has been available since 1994). Until December 1995, when LCR was approved by the FDA, chlamydia testing for women required a pelvic exam, making routine screening at schools and other outreach sites too time consuming, costly and inconvenient to be widely implemented. Both LCR and PCR amplification tests are substantially more sensitive than other available tests, including EIA, DFA, nucleic acid probe, and culture.

Funded by Abbott

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Clinical Corner

Detecting Early HIV: *Project Open Window* Urges Providers to Look for Cases of Acute Infection

By Nina Harawa, MPH and Walt Senterfitt, RN, MPH, L.A. County HIV Epidemiology Program

A month after engaging in a risky sexual encounter, a young patient attends a clinic complaining of fever, sore throat, fatigue and a red spotty rash on the upper body. Tests for mononucleosis, syphilis and HIV antibodies are negative. The patient is diagnosed with “the flu” and sent home.

To staff at the L.A. County HIV Epidemiology Program’s new *Project Open Window*, cases like this may represent a missed opportunity for early HIV diagnosis. “Between 1,400 and 2,000 new HIV infections occur each year in L.A. County”, explained the Program’s director, Dr. Peter Kerndt. “Over half have symptoms of acute infection, but we recognize only a small fraction of them”.

Recent research suggests that the best HIV treatment strategy may be early aggressive therapy. Small clinical trials are showing that starting combination antiviral therapy during the earliest stage of infection has dramatic, positive results. In one such trial, all nine patients who initiated therapy during acute infection continue to have undetectable viral levels after six months to one year of follow-up. Because the virus has not created multiple mutations and the immune system has not sustained damage from chronic HIV disease, treatment at the acute or primary phase may offer distinct advantages over later treatment.

Primary or acute HIV usually occurs within a month after infection when HIV first disseminates throughout the body and causes transient immune suppression. Like the patient above, 50% to 80% of people experience symptoms during acute infection. These symptoms are much like influenza and may include fever, sore throat, fatigue, muscle and

joint soreness and often a skin rash, oral ulcers, or diarrhea.

How do we find people with primary infection when most do not realize that they are infected? Differentiating acute HIV infection from other, viral infections like influenza involves evaluating the patient’s recent, risky activities and looking for distinguishing symptoms such as a diffuse macular skin rash, oral thrush, and multiple aphthous ulcers (mouth sores). At least one of these symptoms, which are NOT typical of “the flu”, occurs in 50% to 75% of those with symptomatic infection.

When suspecting a possible case, providers should order a p24 antigen or HIV amplification test along with an HIV ELISA and Western Blot. Because symptoms of acute infection occur within the “window period” when detectable amounts of HIV antibodies have not yet been made, the standard HIV ELISA may be negative while the p24 antigen test or HIV amplification test, which measure the virus directly, will usually be positive.

Project Open Window aims to spread the word about acute HIV infection to L.A. County providers and high-risk communities. Providers who suspect a case of primary infection may contact the Project at (213) 351-8770 or (888) 700-2900 (toll free) to answer questions and arrange for free rapid-turnaround testing and referrals. Infected individuals will be referred to available options for early treatment, social services, and partner notification assistance.

Further information on acute HIV infection will be presented at this month’s STD Program inservice on HIV/AIDS. Please see insert for details.

Denying Prenatal Care to Undocumented Women: Impact on STD Control



In a move that will potentially endanger the health of thousands of women and children in L.A. County, California Governor Pete Wilson recently issued an executive order eliminating publicly-funded prenatal care for undocumented women. Signed by Governor Wilson on August 27, 1996, the order is meant to implement the provisions of the new federal welfare reform bill which prohibits undocumented immigrants from accessing federal and possibly state public benefits.

STD Program staff have been assessing the order’s likely impact on communicable disease control if it goes into effect as intended. By eliminating opportunities for screening, it is estimated that the order could place 80,000 to 100,000 women and children in L.A. County at greater

risk for STDs and other communicable diseases. STDs, which are major contributors to adverse pregnancy outcomes, are easily detected during prenatal care.

“We expect an increase in low birth-weight infants, pre-term deliveries, developmental delay and a host of fetal and infant infections”, stated Heather Kuiper, an STD Program Epidemiology Analyst. Resulting from the order, emergency room visits for pre-term labor,

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learn that, despite busy schedules and concerns for confidentiality, clinic and field staff were eager for the opportunity to have a voice in the changes that DHS is continuing to undergo.

For more information about the IA Project, contact Marjorie Gelhorn Sa’adah, MA, Project Director at (213) 744-3082.

Reported STDs in Los Angeles County, Second Quarter 1996 (March 31 to June 29, 1996)
(cases and rates per 100,000 population)

HEALTH DISTRICT	CHLAMYDIA			GONORRHEA			EARLY SYPHILIS ¹			CONGENITAL SYPHILIS		
	Cases	Rates*	% Change ^H	Cases	Rates*	% Change ^H	Cases	Rates	% Change ^H	Cases	Rates ⁺	% Change ^H
Alhambra	83	108.0	+32	11	14.5	+1	0	0.0	-1	0	0.0	0
Bellflower	127	172.0	-28	19	26.0	-28	7	8.4	+2	0	0.0	-63
Central	219	285.4	+98	82	108.2	+38	30	34.4	-7	4	213.9	+214
Compton	267	435.4	-106	109	179.6	-124	22	32.5	-22	2	115.3	-288
East L.A.	112	222.6	-34	9	18.0	+4	3	5.5	-11	2	156.3	0
East Valley	228	268.7	+63	29	34.7	-3	4	4.1	-5	1	50.5	-50
El Monte	225	237.4	+43	15	16.1	-10	3	2.7	-3	0	0.0	0
Foothill	84	127.6	+28	14	21.5	-19	5	6.8	+4	0	0.0	0
Glendale	84	115.8	+29	13	18.1	-14	4	4.9	-2	0	0.0	-77
Harbor	95	207.0	+19	13	28.5	-29	3	6.1	0	0	0.0	-106
Hollywood-Wilshire	270	254.6	+56	104	99.8	-87	28	22.1	-8	1	44.4	-133
Inglewood	375	435.7	+44	157	185.0	-141	22	22.1	-14	2	95.0	0
Northeast	190	246.1	+37	22	28.9	-15	4	4.6	-21	2	97.5	+98
Pomona	186	176.1	+35	26	25.1	-10	0	0.0	-3	0	0.0	0
San Antonio	210	230.7	-21	25	27.9	-5	12	11.3	+2	0	0.0	0
San Fernando [^]	180	239.7	+47	35	47.2	-39	8	9.4	-1	2	124.9	+62
South	232	598.9	+67	110	285.8	-13	21	50.9	0	5	46.2	-416
Southeast	151	384.3	+30	49	125.5	-110	9	21.5	-19	2	175.0	-88
Southwest	417	514.9	+12	160	200.2	-90	29	31.3	-6	7	34.1	-210
Torrance	140	152.1	+43	29	32.0	+9	4	3.7	0	0	0.0	0
West	155	130.5	+21	36	30.9	-22	3	2.1	-5	0	0.0	0
West Valley	239	168.0	+34	52	37.4	-5	9	4.9	+2	0	0.0	-89
Whittier	114	167.3	-12	14	20.8	-5	3	3.9	+4	1	66.2	66
DISTRICT SUM	4,383			1,133			233			31		
District Unknown	681			195			2			0		
COUNTY TOTAL	5,064	200.3		1,328	51.8		235	10.7		31	71.1	

* Rates adjusted for cases with Health District Unknown.

^H Percent change from second quarter 1995 to second quarter 1996.

¹ Early Syphilis = Primary, Secondary and Early Latent Syphilis.

⁺ Rates expressed per 100,00 live births.

[^] Includes cases reported from Antelope Valley.

Prenatal Care Cuts to Impact STD Control

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maternal hospitalizations, spontaneous abortions, urinary tract infections, and cases of hypertension are likely to increase as well.

Such results would be costly in monetary as well as human terms. Kuiper assessed the fiscal effects of the order as if it had been implemented in 1995, when approximately 45,000 undocumented women gave birth in L.A. County. Had prenatal care been eliminated in 1995 for those undocumented women with syphilis, chlamydia and bacterial vaginosis, costs relating to complications from these diseases would have exceeded \$14 million. This estimate does not include indirect costs from decreased productivity, future institutional care, unabated STD transmission, or human pain and suffering, and does not consider other STDs such as gonorrhea, which also adversely affect pregnancy.

Since \$3 are saved by every \$1 spent on prenatal care, the costs of eliminating care will substantially exceed the amount saved, predicts Kuiper. She concluded, "Not only will this burden taxpayers, but it will seriously disrupt disease control efforts and endanger the public's health."

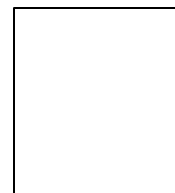
High Chlamydia rates found at School-based Clinics

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Laboratories, which developed LCR, the screening project was implemented to assess the test's practical applications and obtain reliable prevalence data from a population at high risk for chlamydia. The LCR study is being conducted at four school-based health clinics in L.A. County. Students using the clinics for reasons ranging from cold symptoms to HIV counseling are offered LCR testing. To date, 354 male and 777 female students have participated in the project. Overall chlamydia prevalence has ranged from 0.7% to 6.0%. The highest rates found so far are at one school-based clinic where 7.8% of females and 2.1% of males have tested positive for chlamydia.

The LCR data indicates that as many as 16,000 cases of chlamydia occur annually among L.A. County adolescents, underscoring the need for continued and more extensive screening in this age group. The availability of a urine test for both men and women clearly offers the opportunity to make routine testing for chlamydia a practical and essential enhancement of STD control.

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