

10. Communicable Diseases

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Among communicable diseases, sexually transmitted infections (STI) have perhaps received the most attention in recent years. The primary STIs include chlamydia, gonorrhea and human immunodeficiency virus (HIV). Because each of these conditions can be spread by people unaware that they have acquired the disease, efforts to increase screening of asymptomatic patients have been recommended by CDC and the US Preventive Services Task Force. Current screening guidelines recommend screening all women ages 15 to 25 annually for chlamydia. For HIV, the recommendations are to screen all pregnant women and to offer HIV testing a least once to every patient between the ages of 13 and 64, regardless of any risk factors that may or may not be present

The importance of these conditions cannot be overemphasized. Chlamydia and gonorrhea are the primary causes of pelvic inflammatory disease in women which can lead to tubo-ovarian abscess and scarring of the fallopian tubes, which in turn can result in infertility and ectopic pregnancy. If left untreated, these diseases can result in unnecessary morbidity and even death. Antibiotic resistance in recent years has been a significant development complicating the effective treatment of infections caused by gonorrhea.

HIV infection is a life-long infection which progresses to Acquired Immune Deficiency Syndrome (AIDS) if not treated. Fortunately, effective treatments for HIV have been developed and are available in the US. AI/AN are among those who qualify for reduced or free medications to treat HIV. Unfortunately, because of stigma and a lack of awareness, many AI/AN do not know their HIV status and do not receive appropriate care until they have advanced disease. Because an estimated 50% of new HIV infections are caused by approximately 20% HIV positive individuals who are infected but unaware, there has been increased effort to screen everyone between the ages of 13 and 64 who might otherwise not be recognized by healthcare providers as potentially infected. Making HIV screening a part of routine preventive health care helps reduce the stigma and barriers to testing.

HIV screening among pregnant AI/AN women in Indian health clinics was good - nearly three quarters received a screening. Chlamydia is a particular concern among AI/AN women, who had rates 3-4 times that of white women. AI/AN in Idaho were also more likely than NHW to be diagnosed with gonorrhea.

HIV Screening in Pregnancy

HIV screening during pregnancy can identify women who are at risk for infecting their newborns. HIV-positive mothers who receive treatment during their pregnancy can reduce the risk that their newborns will be infected with HIV. The U.S. has a long-term (Healthy People 2020) goal for 74.1% of women ages 15-44 who were pregnant in the past year to have received an HIV test as part of their prenatal care. IHS tracks the percentage of pregnant AI/AN women who were tested for HIV during their pregnancy.

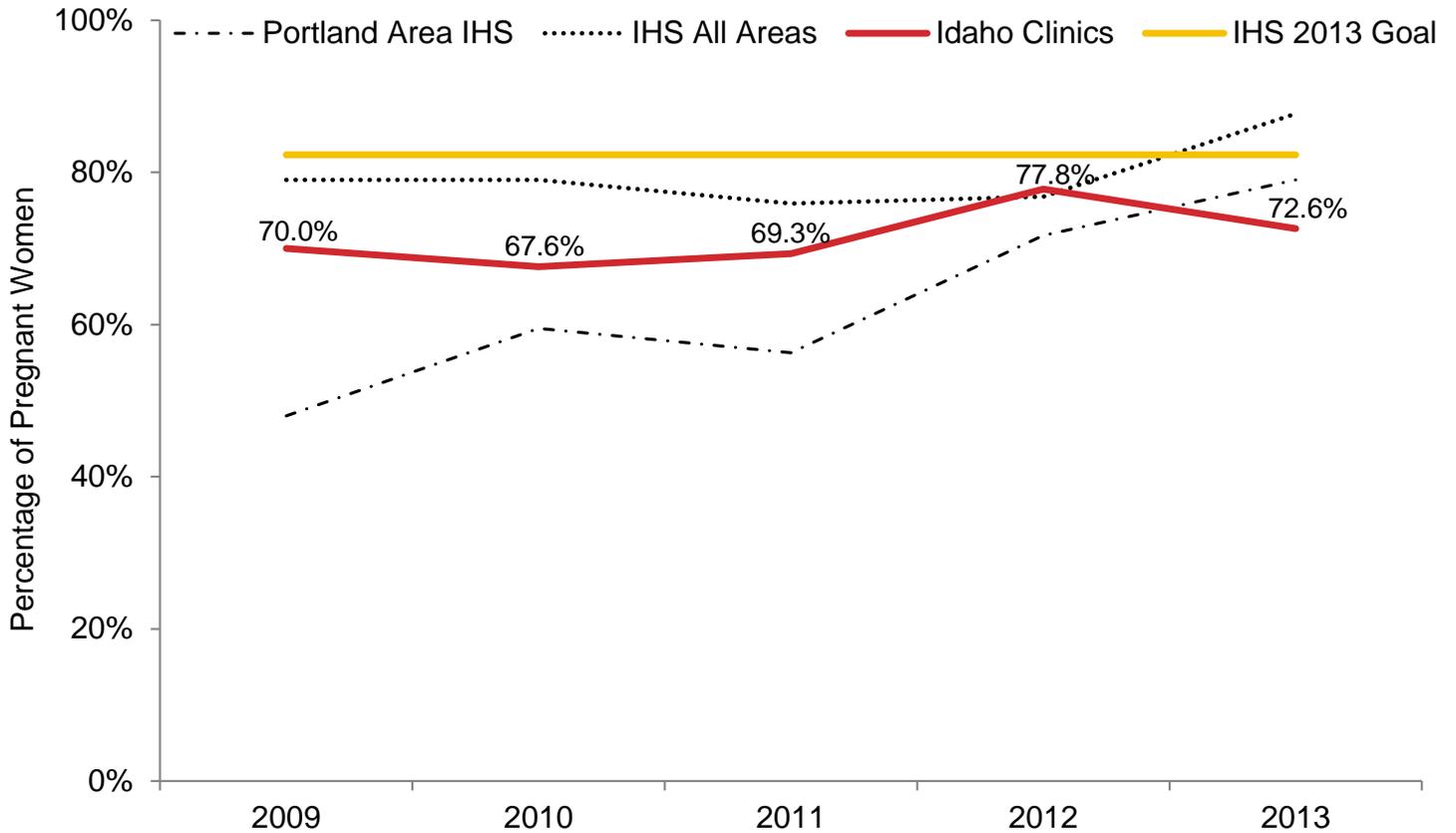
The HIV screening rates for pregnant AI/AN women seen in Idaho clinics has increased slightly from 70.0% to 72.6% between 2009 and 2013. Idaho clinics have exceeded the Portland Area IHS measure for all years except 2013, when Idaho clinic rates fell slightly and were lower than the Portland Area average. The Portland Area IHS rates have increased since 2009, but have consistently remained below the national IHS screening rate (Figure 10.1). Idaho clinics have also been below the national average, with the exception of 2012 when they were about the same. The screening rate for the national IHS exceeded the 2013 goal for prenatal HIV screening, while Idaho clinics and the Portland Area IHS did not meet the goal.

Data Source: Portland Area Indian Health Service.

Data Notes: Data labels only shown for Idaho clinics.

Idaho clinics include non-urban federal and tribal Indian health facilities in Idaho. Portland Area IHS clinics include non-urban federal and tribal Indian health facilities in Idaho, Oregon, and Washington.

Figure 10.1: HIV screening rates for pregnant AI/AN women seen at IHS facilities, 2009-2013.



Chlamydia Diagnoses

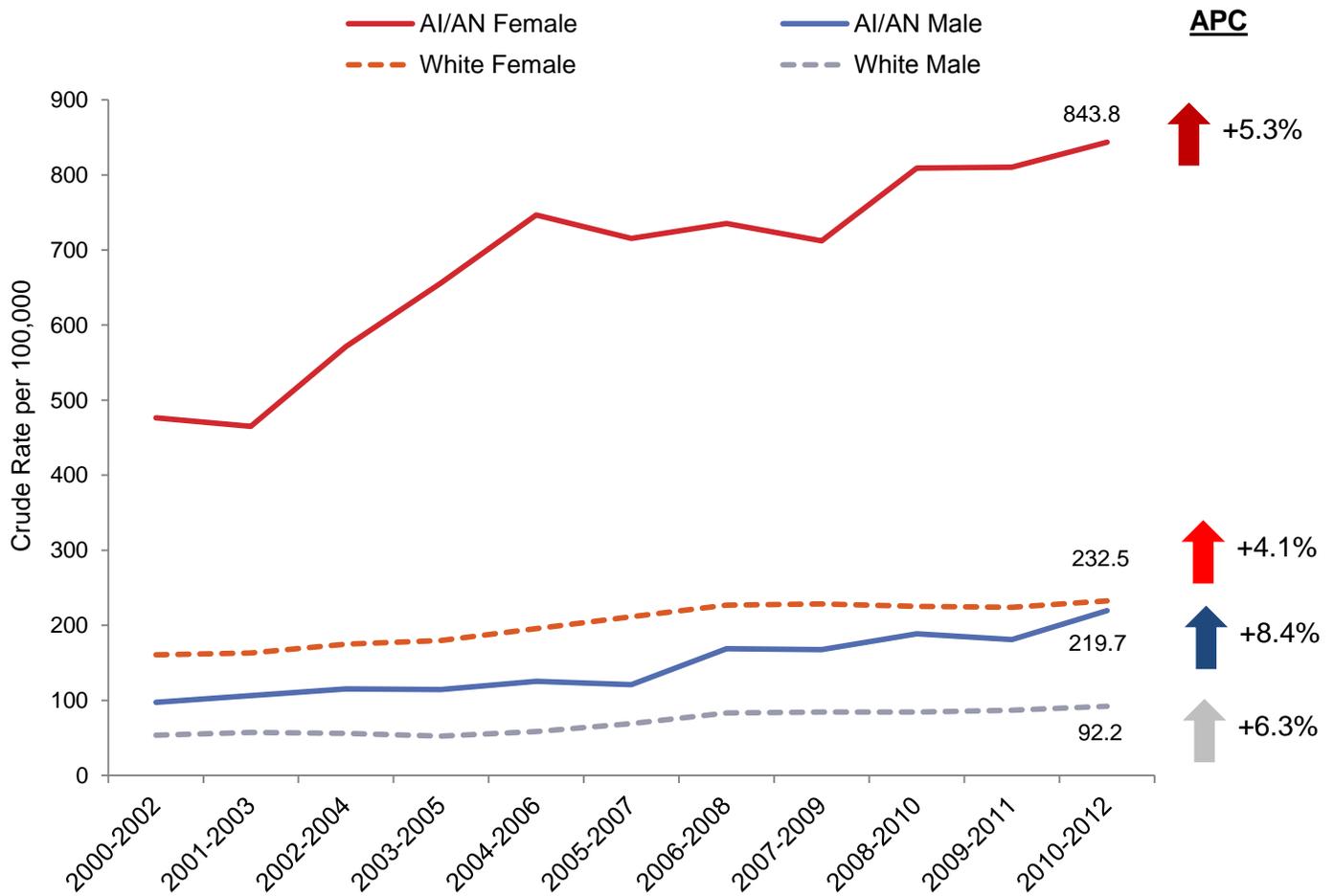
Figure 10.2 shows the rate of chlamydia diagnoses for AI/AN and white males and females in Idaho since 2000. Females of both races have higher rates of chlamydia diagnoses than their male counterparts. Since 2000, the rate for AI/AN females has been 4-6 times higher than the rate for AI/AN males, and 3-4 times higher than the rate for white females. Chlamydia diagnosis rates have increased for males and females of both races, with males having a larger average annual increase in rates than females (8.4% for AI/AN males and 6.3% for white males).

Trends in sexually transmitted infections (STIs) may reflect changes in diagnosis and reporting practices instead of actual changes in disease incidence rates over time, and should be interpreted with caution.

Data Source: Center for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas. <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>

Data Notes: Rates based on confirmed diagnoses during the year. Comparisons are based on unadjusted rates and do not take into account the age differences in the AI/AN and NHW populations.

Figure 10.2: Chlamydia diagnosis rates by race, sex, and year, Idaho, 2000-2012.



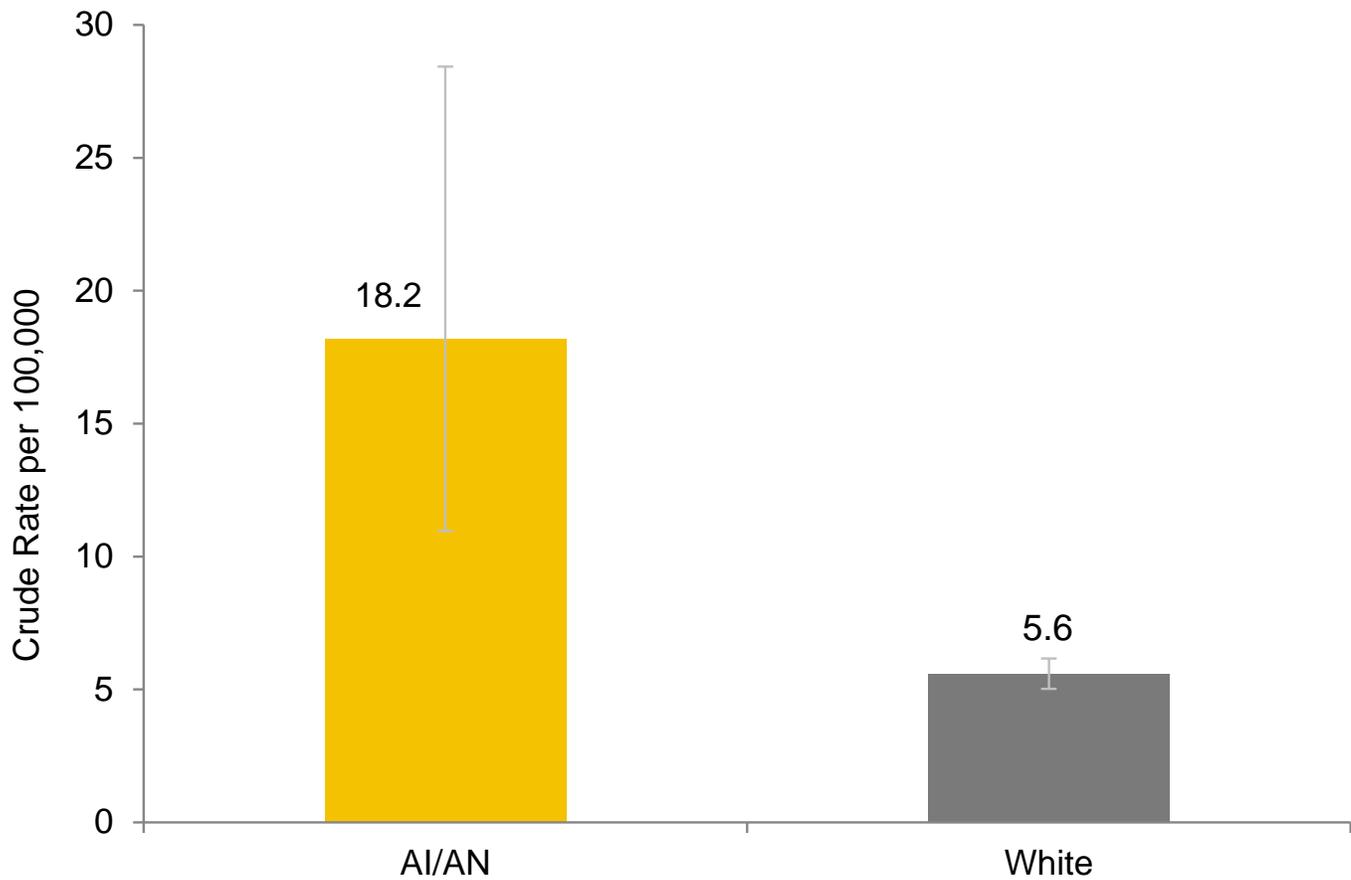
APC = Annual Percentage Change.

Gonorrhea Diagnoses

From 2008-2012, AI/AN in Idaho had a higher rate of gonorrhea diagnoses compared to whites in the state (Figure 10.3). The crude rate for AI/AN (18.2 diagnoses per 100,000) was 3.3 times higher than the rate for whites; this difference was statistically significant. AI/AN females had a slightly higher rate of gonorrhea diagnoses than AI/AN males.

Data Source: Center for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas. <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>

Data Notes: Rates based on confirmed diagnoses during the year. Comparisons are based on unadjusted rates and do not take into account the age differences in the AI/AN and NHW populations.

Figure 10.3: Gonorrhea diagnosis rates, by race, Idaho, 2000-2012.



Program Spotlight: Project Red Talon

Project Red Talon (PRT) has provided training and technical assistance to tribes and tribal organizations throughout the U.S. on implementing and evaluating culturally appropriate sexual health and STD/HIV prevention programs since 1988. Project Red Talon works to delay sexual initiation, reduce sexual risk-taking, reduce STD/HIV infections and disparities, and achieve a more coordinated national and regional response to STDs and HIV. PRT's activities include:

We R Native: We R Native is a multimedia health resource for Native teens and young adults. Special features include monthly contests, community service grants, an "Ask Auntie" Q&A service, discussion boards, and medically accurate information reviewed by experts in public health, mental health, community engagement, and activism.

Native VOICES: The Native VOICES project is an initiative to develop an evidence-based sexual health video for AI/AN teens and young adults (15-24 years old) to reduce the incidence of HIV/STD and teen pregnancy. The video provides accurate risk information, corrects misconceptions, and demonstrates

culturally-specific strategies for encouraging condom use and enhancing partner communication.

Native It's Your Game (IYG): Native IYG is a multimedia sexual health curriculum for middle school aged youth (12-14 years). IYG teaches about healthy relationships, life skills, communication, and refusal skills. It emphasizes abstinence, but also teaches students how to protect themselves from pregnancy and sexually transmitted infections using medically accurate information. Native IYG was developed in partnership with

STD/HIV Quality Improvement: PRT staff collaborate with IHS STD and HIV Programs to improve STD, HIV, and Hepatitis C screening measures at Indian Health Service/Tribal/Urban (I/T/U) clinics nationwide. The project works to address organizational, cultural, and individual factors that prevent AI/AN from being screened for STDs, HIV, and Hepatitis C. The project provides training and technical assistance to assist clinics in improving screening rates and clinical sexual health measures.

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