

10. Communicable Diseases

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Among communicable diseases, sexually transmitted infections (STIs; also known as sexually transmitted diseases [STDs]) 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% of 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.

Chlamydia Diagnoses

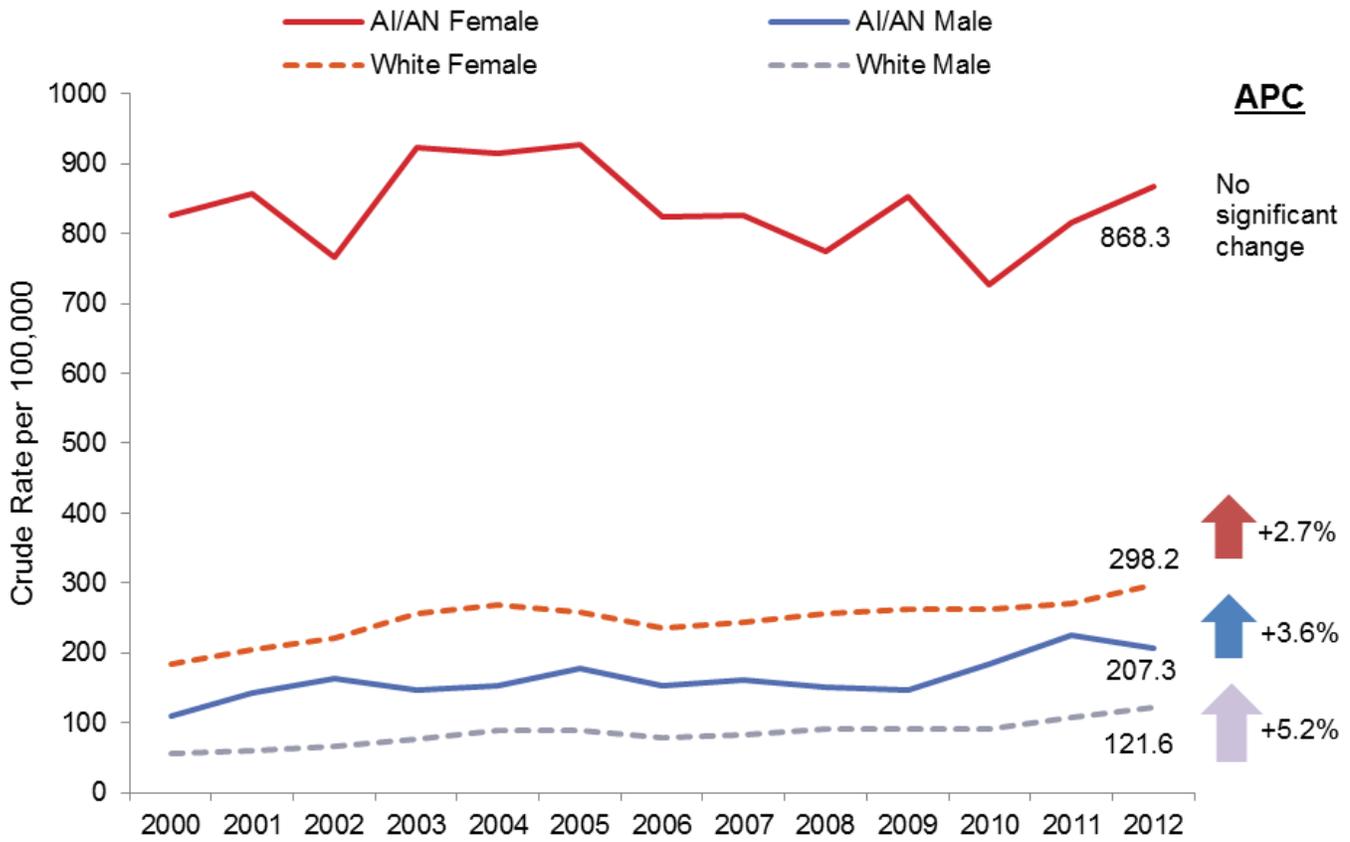
AI/AN females in Washington have consistently had higher rates of chlamydia than AI/AN males and whites of both genders (Figure 10.1). In 2000, the rate of chlamydia diagnoses for AI/AN women was 7.5 times higher than the rate for AI/AN males and 4.5 times higher than the rate for white females. This disparity has decreased over time due to increases in rates among AI/AN males and whites. In 2012, the rate for AI/AN women was 4.2 times higher than AI/AN males and 2.9 times higher than white females.

There has been no observable change in chlamydia diagnosis rates among AI/AN women since 2000. Chlamydia rates have increased annually for white females (2.7%), AI/AN males (3.6%), and White males (5.2%). Trends in 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: APC = Annual Percentage Change. Rates based on confirmed diagnoses during the year. Crude rates do not take into account the age differences between the AI/AN and white populations. AI/AN race not corrected for misclassification.

Figure 10.1: Chlamydia diagnosis rates by race and sex, Washington, 2000-2012.



Gonorrhea Diagnoses

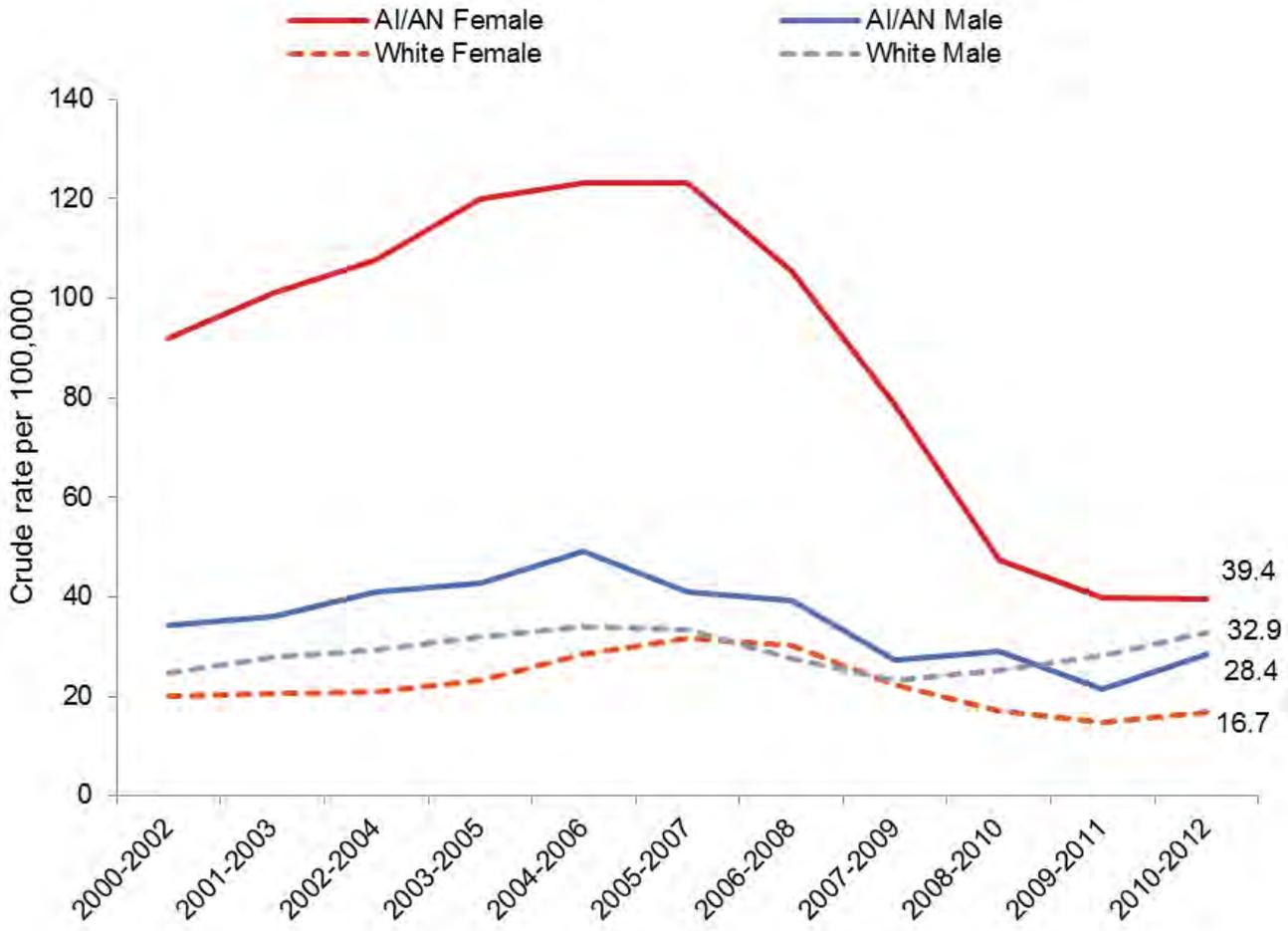
AI/AN females in Washington have consistently had higher rates of gonorrhea than AI/AN males and whites of both genders, though this gap has narrowed in recent years (Figure 10.2). From 2000-2007, the gonorrhea diagnosis rate for AI/AN women was nearly three times higher than the rate for AI/AN males and 4.6 times higher than the rate for white females. The rate of gonorrhea diagnoses among AI/AN females has markedly declined in recent years, with an annual average decrease of 19% from 2007-2012. In recent years, AI/AN men have had lower gonorrhea diagnosis rates compared to white males in Washington.

Trends in 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. Crude rates do not take into account the age differences between the AI/AN and white populations. AI/AN race not corrected for misclassification.

Figure 10.2: Gonorrhea diagnosis rates, three year rolling averages, by race and sex, Washington, 2000-2012.



HIV Screening in Pregnancy

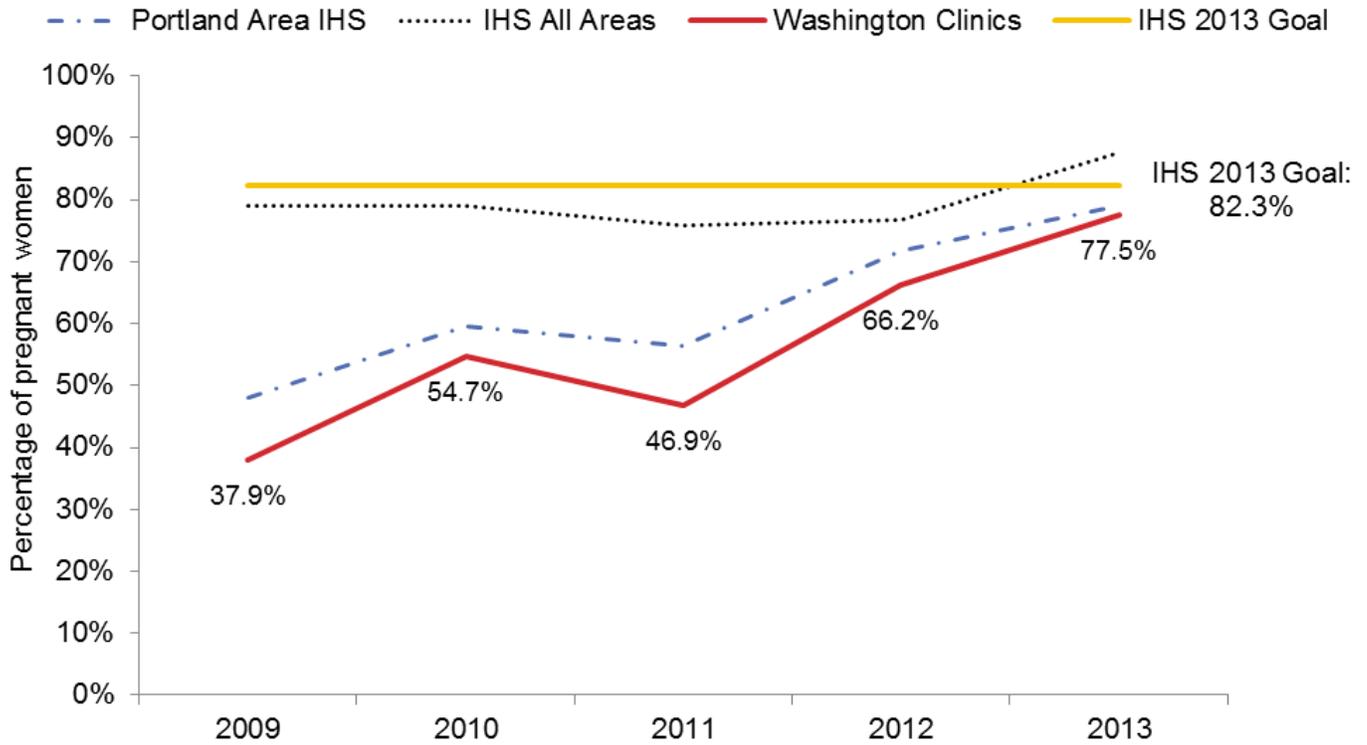
HIV screening during pregnancy can identify women who are at risk for infecting their newborns. HIV-positive mothers who receive treatment during their pregnancy can reduce the risk that their newborns will be infected with HIV. The U.S. has a Healthy People 2020 goal for 74.1% of women ages 15-44 who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

The HIV screening rates for pregnant AI/AN women seen in Washington clinics and the Portland Area IHS have increased since 2009, but have consistently remained below the national IHS screening rate (Figure 10.3). The national IHS average decreased from 2009 to 2012 before increasing in 2013. The screening rate for the national IHS exceeded the 2013 goal for prenatal HIV screening, while Washington 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 Washington clinics. Washington clinics include non-urban federal and tribal Indian health facilities in Washington. Portland Area IHS clinics include non-urban federal and tribal Indian health facilities in Idaho, Oregon, and Washington.

Figure 10.3: HIV screening rates for pregnant AI/AN women seen at IHS facilities, by area, 2009-2013.



HIV Diagnoses and AIDS Deaths

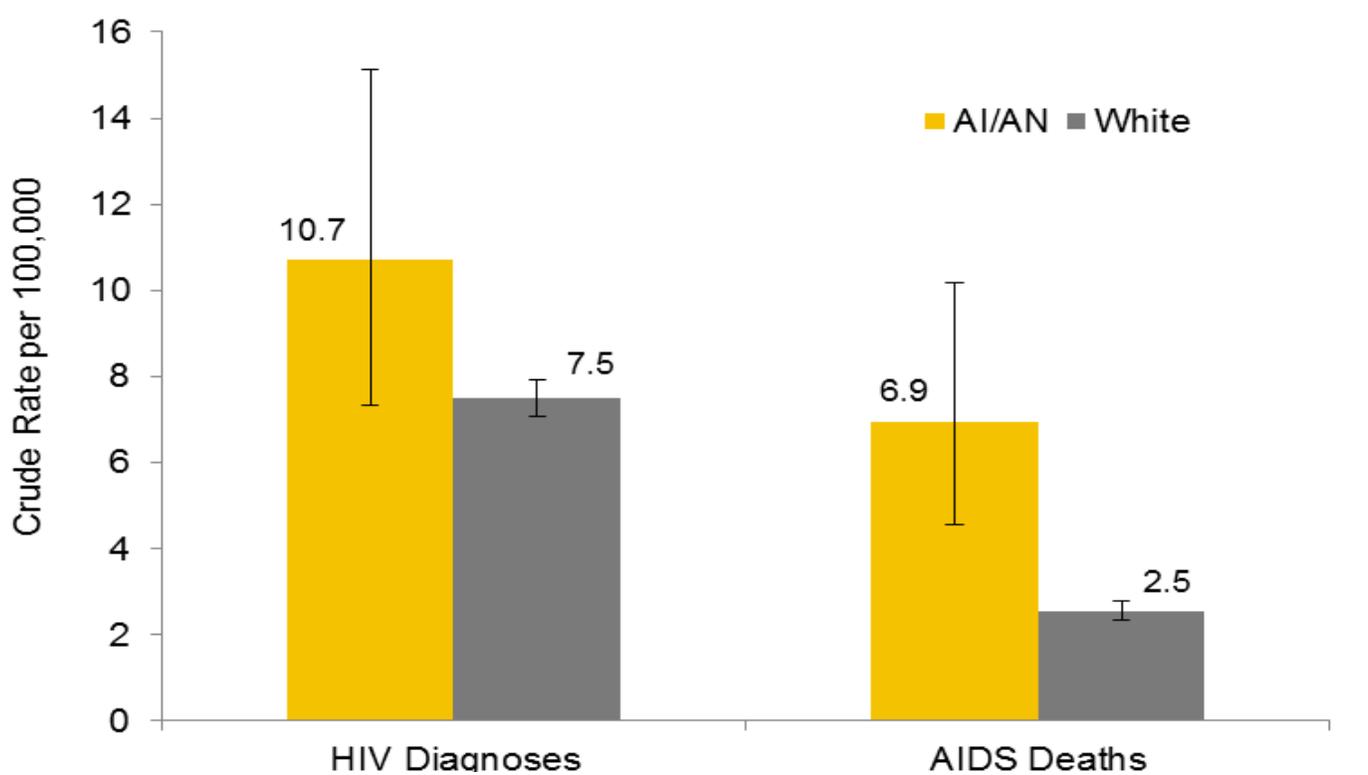
From 2008 to 2011, the rate of HIV diagnoses for AI/AN in Washington was 42% higher compared to NHW in the state (10.7 vs. 7.5 diagnoses per 100,000 population). This difference was not statistically significant. From 2006-2010, the death rate for AI/AN living with AIDS was 2.8 times higher than the rate for their NHW counterparts. This was a statistically significant difference.

There is considerable uncertainty in these estimates, as demonstrated by the wide confidence intervals around the AI/AN rates. Further, the comparisons are based on unadjusted rates and do not take into account the age differences in the AI/AN and NHW populations.

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: Data on HIV infections likely underestimate the true number of HIV diagnoses due to underreporting to state surveillance systems and because not all infected individuals are tested. Death data include deaths of persons with diagnosed HIV/AIDS from any cause (not just AIDS-related deaths). AI/AN race not corrected for misclassification.

Figure 10.4: Rates of HIV diagnoses (2008-2011) and AIDS deaths (2006-2010) by race, Washington.





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 (<http://www.wernative.org>). 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.

STD/HIV Quality Improvement: PRT staff collaborate with the 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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