



**Sexually Transmitted Infections (STI) among
American Indian/Alaska Native
(AI/AN) People Living in Washington**

STI data from 2007-2016



**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**
Indian Leadership for Indian Health



NPAIHB

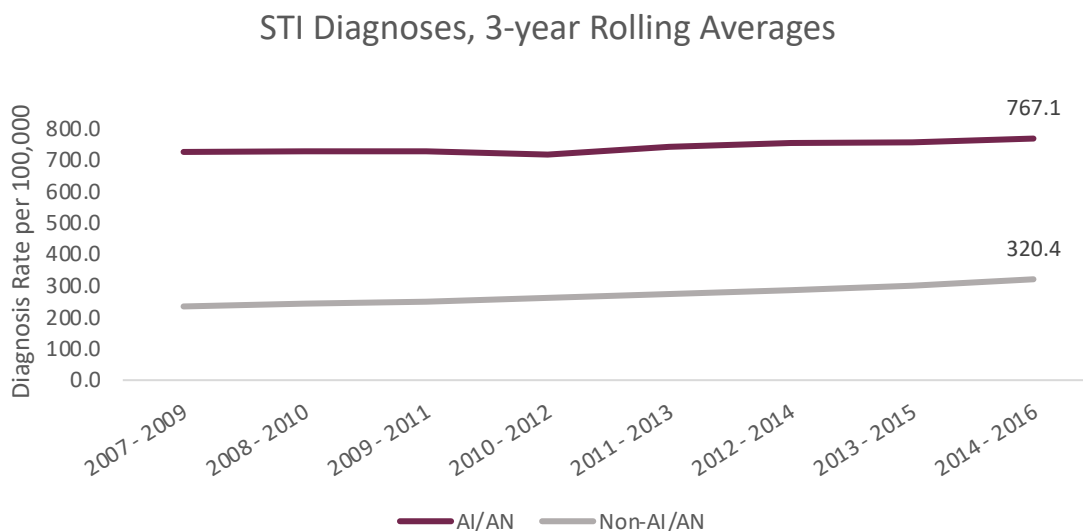
This data brief summarizes sexually transmitted infection (STI) diagnoses (gonorrhea, chlamydia, syphilis) among American Indian/Alaska Native (AI/AN) people living in Washington State. Comparisons are made to Non-AI/AN people in Washington and the US to understand the extent of disease burden experienced by AI/AN communities in Washington.

Sexually transmitted infections are typically transmitted from person to person through sexual contact, though some can be transmitted from mother to child during pregnancy/birth. Cases of gonorrhea, chlamydia, and syphilis are reported nationally because of their public health importance and impact on an individual's health and wellbeing. These infections may have few to no symptoms (asymptomatic) and thus routine screening for sexually active persons is a vital part of sexual health to treat and stop the spread of the infection. All three conditions are treatable, but if left untreated, can cause serious complications to a person's health and some, such as gonorrhea and syphilis, can increase risk of the transmission and acquisition of HIV.ⁱ It is important to address the spread and prevention of these conditions to improve the overall health of communities.

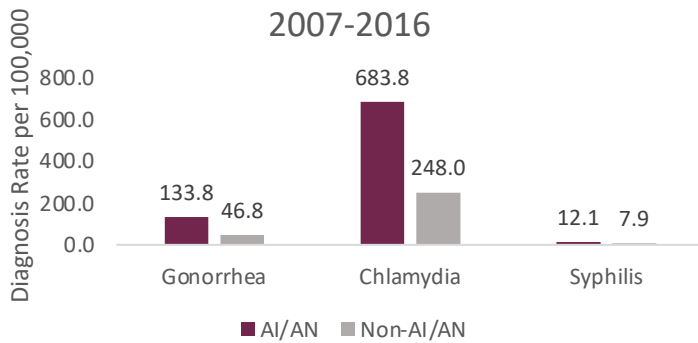
Due to the increase in diagnosed STIs over the past several yearsⁱⁱ, several national initiatives are underway to support prevention efforts at the state and local levels. One of these initiatives, Strengthening STD Prevention and Control for Health Departments (STD PCHD) is the CDC's funding for cooperative agreements that began in 2019 with state and local health departments to improve surveillance and prevention efforts for gonorrhea, chlamydia, and syphilis. Some activities supported under this five-year grant include enhanced surveillance and prevention of antibiotic resistant gonorrhea; improving STI screening practices; reducing adult syphilis and eliminating cases of congenital syphilis; expedited partner therapy for chlamydia and gonorrhea; and reducing overall STD-related health disparities.ⁱⁱⁱ

STIs at a Glance

American Indian/Alaska Natives in Washington had STI diagnosis rates generally two times higher than Non-AI/ANs over the past 10 years. While the gap between AI/ANs and Non-AI/ANs can, in part, be contributed to higher diagnosis rates of chlamydia, overall rates of all three infections have consistently increased since 2007.



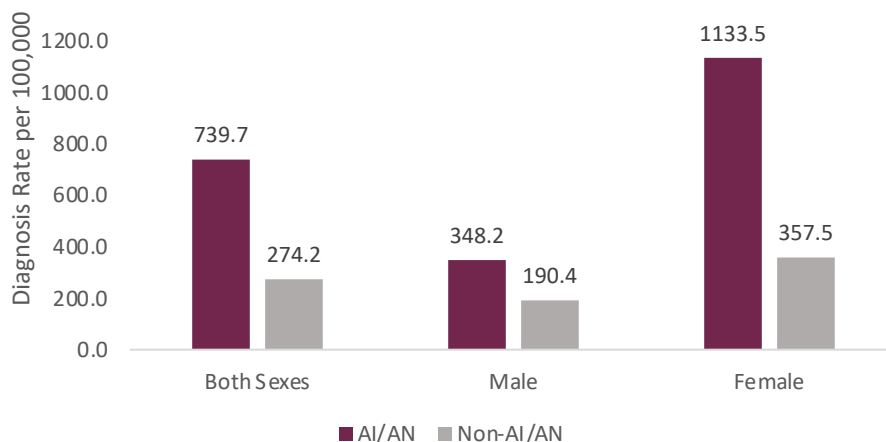
Diagnosis Rates by Sexually Transmitted Infection 2007-2016



AI/ANs Washington had higher rates of infection for gonorrhea, chlamydia, and syphilis compared to their Non-AI/AN counterparts. The rate of gonorrhea infection for AI/AN was 2.8 times higher than Non-AI/AN, 2.8 times higher for chlamydia, and 1.5 times higher for syphilis.

Between 2007 and 2016, overall rates for AI/AN STI diagnoses by sex at birth were 2.7 times higher than their Non-AI/AN counterparts, driven mainly by female STI diagnoses, which were 3.2 times higher than their Non-AI/AN counterparts.

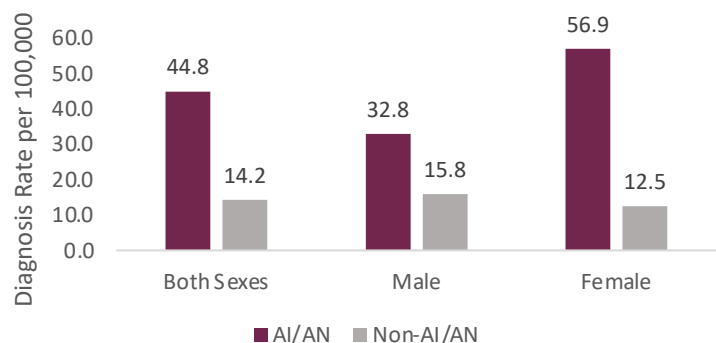
STI Diagnoses* 2007-2016



*Rates include diagnoses for gonorrhea, chlamydia, and all stages of syphilis.

When exploring the diagnosis of multiple STIs per year, AI/ANs in Washington had three times the rate of Non-AI/ANs in Washington. The male AI/AN diagnosis rate for more than one STI within a calendar year was two times higher than Non-AI/AN males and 4.5 times higher for AI/AN females than their Non-AI/AN peers.

Multiple STI Diagnoses 2007-2016

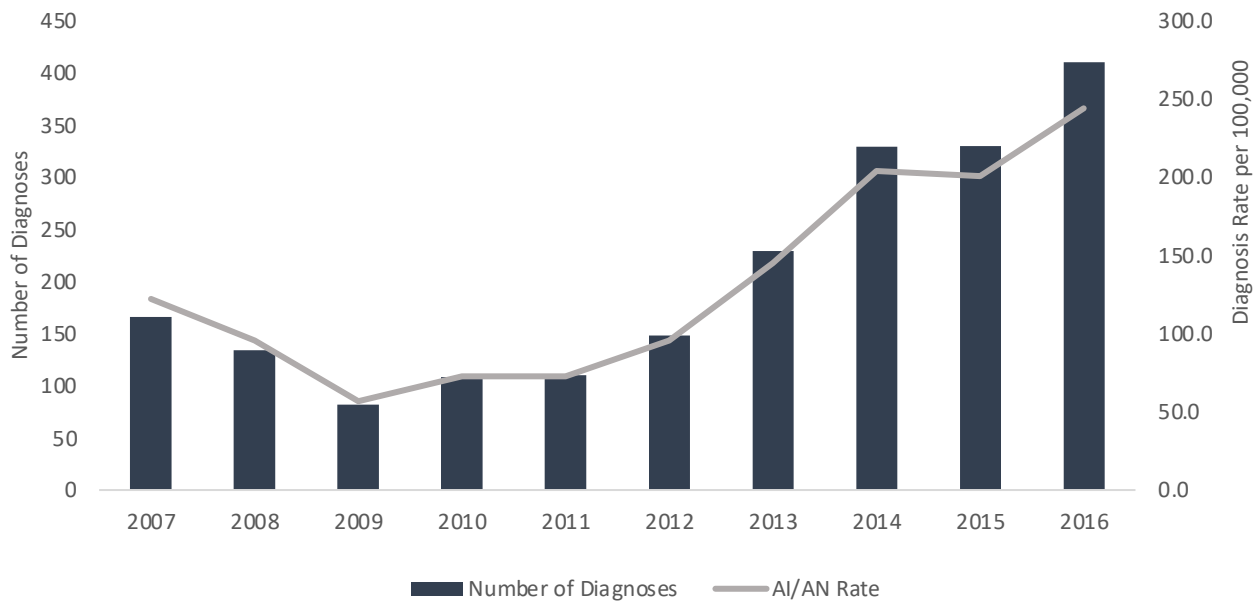


Gonorrhea

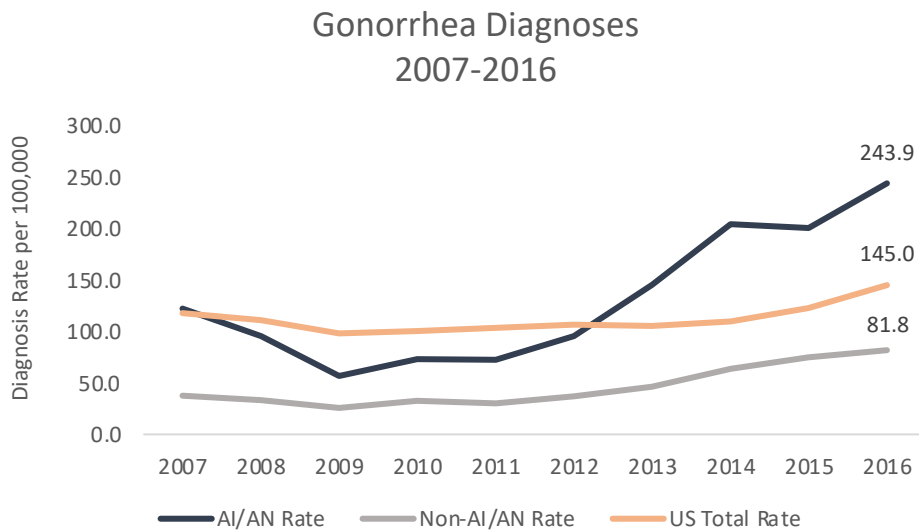
Gonorrhea is a sexually transmitted infection caused by the bacteria *Neisseria gonorrhoeae*. Many people with the infection are asymptomatic, though symptoms could include urethral discharge for men and vaginal discharge and bleeding between menstrual cycles for women. If left untreated, gonorrhea could cause serious health complications, including pelvic inflammatory disease for women and epididymitis for men. Infection with gonorrhea can also increase an individual's risk of acquiring HIV. Gonorrhea can also cause adverse health outcomes for infants of mothers whose gonorrhea infection is not treated before delivery, including blindness and joint/blood infections.^{iv}

Gonorrhea cases and diagnosis rates for AI/ANs in Washington have fluctuated over the last ten years, with a decrease in cases from 2007-2009, and an increase in cases among AI/ANs in Washington beginning in 2010, which follows the national trend in increased rates of gonorrhea diagnoses.

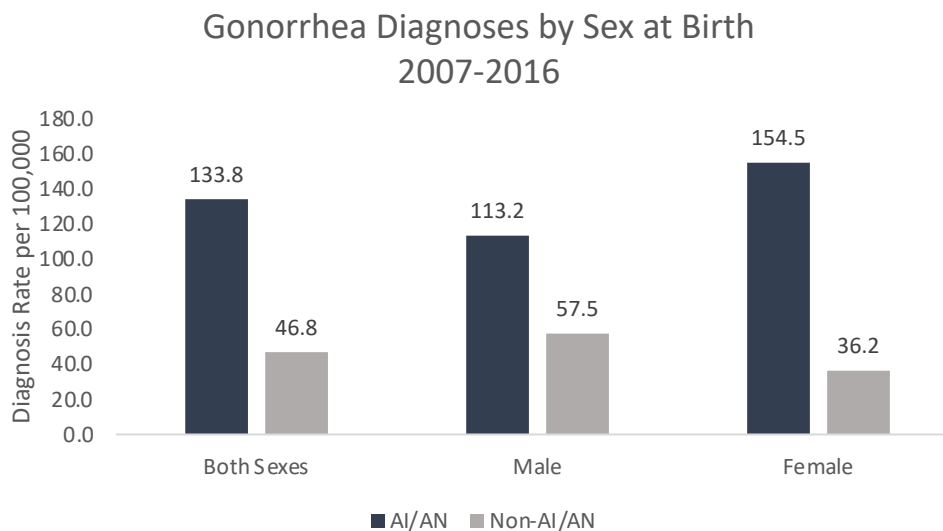
Gonorrhea Diagnoses for AI/AN, Washington
2007-2016



From 2007-2016, gonorrhea diagnosis rates for AI/ANs in Washington have been consistently higher than their Non-AI/AN counterparts. The rate of gonorrhea diagnoses for AI/ANs in Washington was lower than the US total case rate until 2012. In 2016, the AI/AN diagnosis rate for gonorrhea was 1.7 times higher than the US rate and nearly three times higher than Non-AI/ANs in Washington.

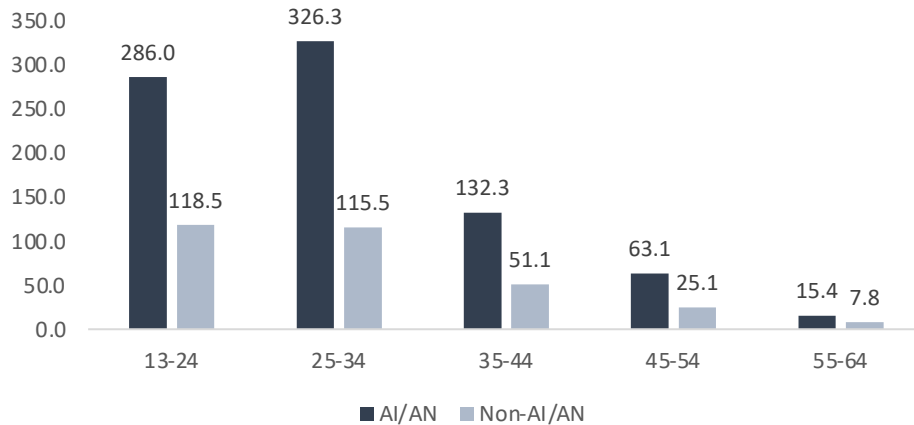


Overall, AI/AN diagnoses were 2.9 times higher than their Non-AI/AN counterparts in Washington. The male diagnosis rate for gonorrhea was 1.9 times higher than Non-AI/AN males and 4.3 times higher for AI/AN females than their Non-AI/AN counterparts.



Gonorrhea diagnoses were most common among young people. AI/AN youths between the ages of 13 and 24 had a diagnosis rate 2.4 times higher than Non-AI/ANs, and AI/AN adults between the ages of 25 and 34 had a diagnosis rate 2.8 times higher than Non-AI/ANs.

Gonorrhea Diagnoses by Age
2007-2016



**Diagnosis rates for persons under the age of 13 and over the age of 64 have been suppressed due to the small amount of diagnoses for these age groups (cases <5).*



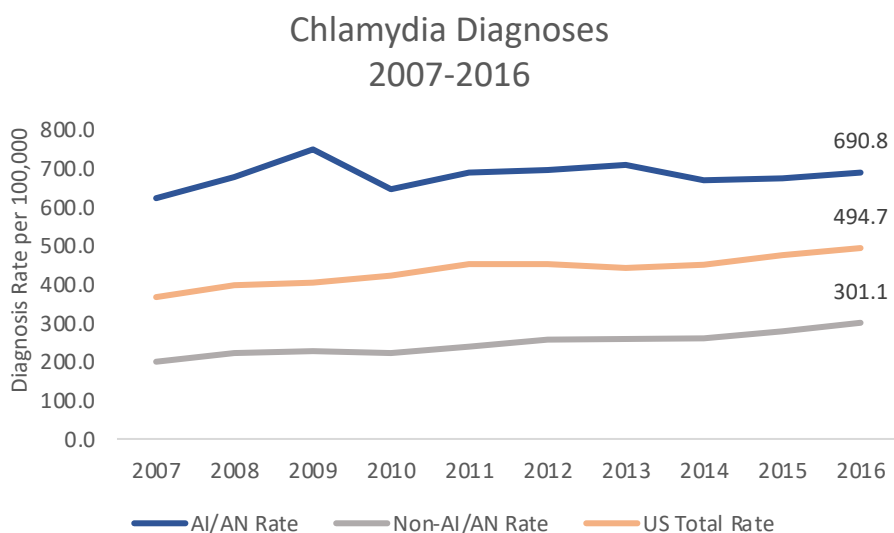
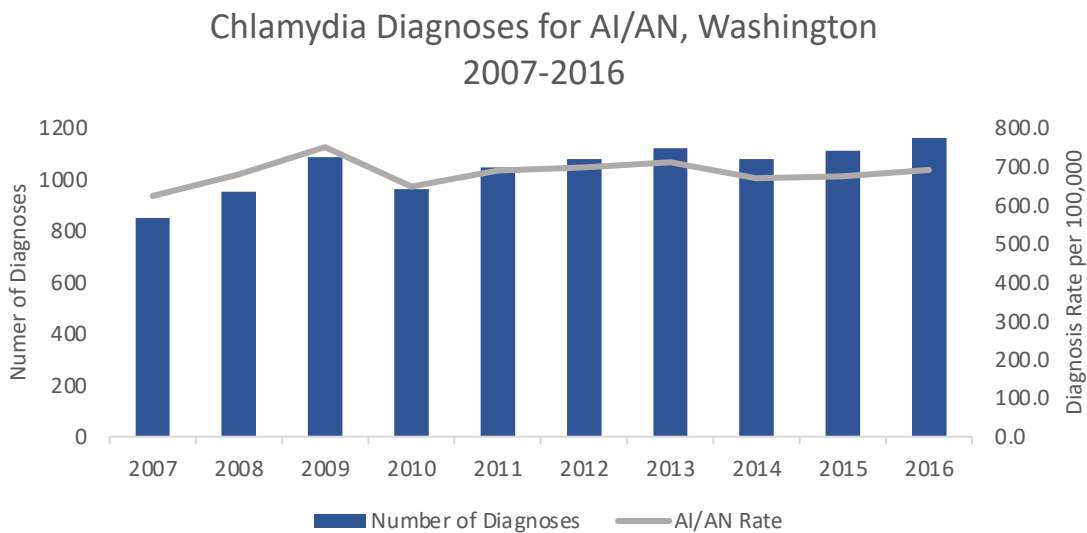
**JUST BECAUSE U DON'T SEE IT
DOESN'T MEAN U DON'T HAVE IT.
GET TESTED!**

Public Service material provided is available for free download through the NPAIHB website at www.npaihb.org/social-marketing-campaigns.

Chlamydia

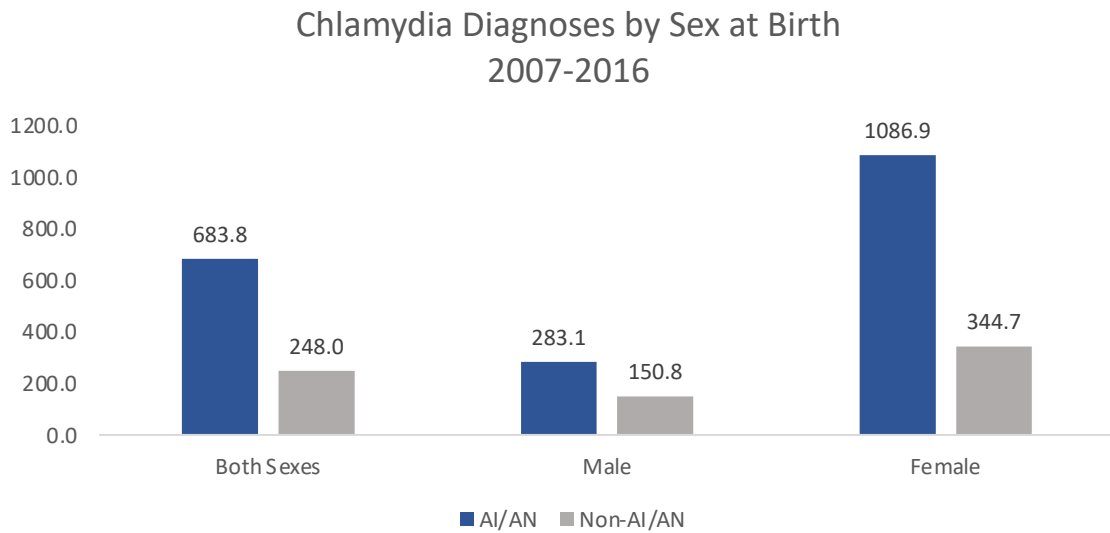
Chlamydia is one of the most common sexually transmitted infections and the most reported in the US. It is caused by the bacteria *Chlamydia trachomatis* and many infections are asymptomatic. Women have a greater risk of developing serious health complications if chlamydia is left untreated, including pelvic inflammatory disease (PID), ectopic pregnancy, and infertility. Untreated chlamydia in women is also associated with pre-term birth, as well as conjunctivitis and pneumonia in infants.^v

Though there was a slight increase in diagnoses in 2009, chlamydia diagnoses for AI/ANs in Washington have remained relatively constant over the last ten years.

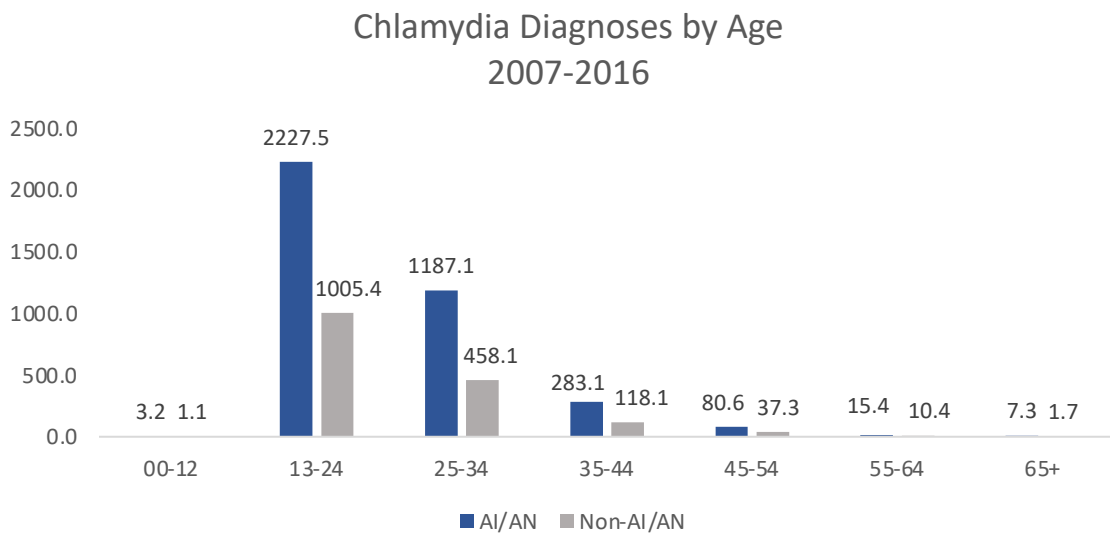


Between 2007 and 2016, AI/ANs in Washington had consistently higher chlamydia diagnoses compared to their Non-AI/AN counterparts and the US. In 2016, the chlamydia diagnosis rate for AI/AN was **2.3 times higher** than Non-AI/ANs and 1.4 times higher than the national rate.

Overall, AI/AN chlamydia diagnoses for both males and females were 2.8 times higher than Non-AI/ANs in Washington. When examining rates specific to sex at birth, AI/AN males have a diagnosis rate 1.9 times higher than their Non-AI/AN counterparts and females have a rate 3.2 times higher than Non-AI/AN females.



Between 2007-2016, chlamydia diagnoses affected all age groups for both AI/ANs and Non-AI/ANs, though rates for AI/ANs were at least double across all age groups. Diagnoses were most common for persons aged 13 to 34. AI/ANs aged between 13 and 24 had a diagnosis rate 2.2 times higher than their Non-AI/AN counterparts and 2.6 times higher between the ages of 25 and 34.

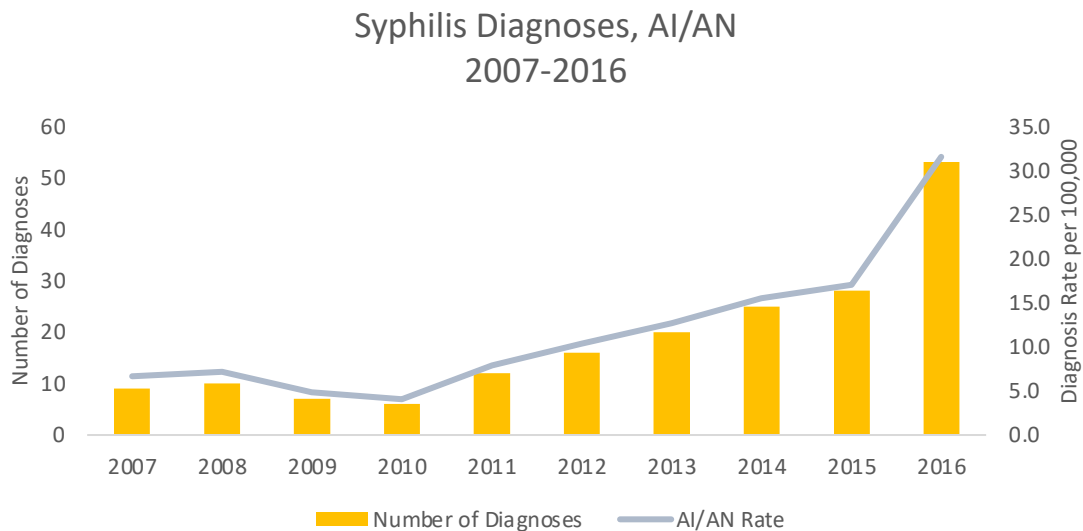


Syphilis

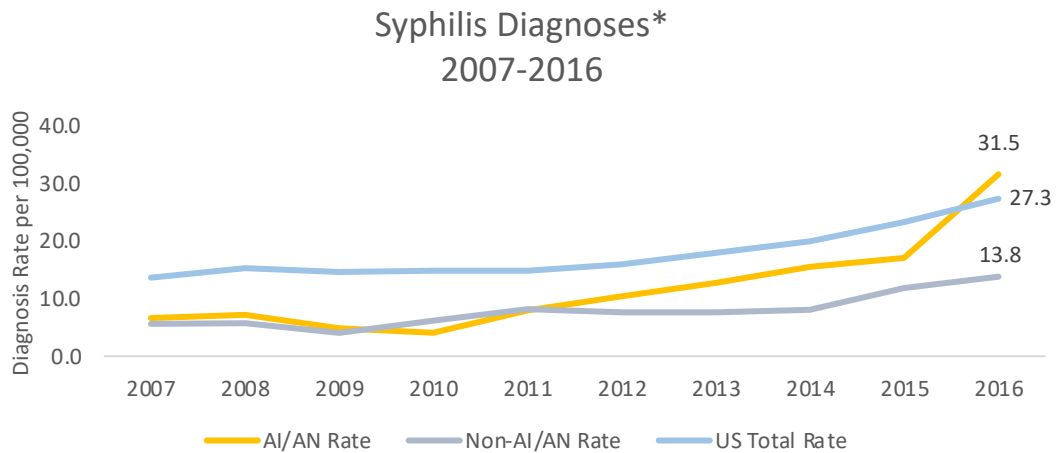
Syphilis is caused by the bacteria *Treponemal pallidum* (or *T. pallidum* for short) and can have a myriad of symptoms, spanning from painless chancres (genital ulcers) for those with primary syphilis to neuro and ocular syphilis that can occur at any stage of syphilis infection. It's important to note that while there are many symptoms associated with syphilis, symptoms often get missed by individuals or misdiagnosed, and therefore, the infection can go unnoticed for many months or even years without proper screening. Syphilis infections are separated into different clinical stages for morbidity and treatment purposes and is based on symptoms, last exposure to syphilis, and/or supportive testing results.^{vii} If left untreated, syphilis can cause severe long-term health consequences in both adults and children, such as neurosyphilis, blindness, pre-term birth, syphilitic stillbirth, congenital syphilis, early infant death, and even adult death. For women, it is especially important to receive adequate treatment for syphilis prior to delivery so as not to transmit syphilis to her infant (known as congenital syphilis).

Note: The rates below include all stages of syphilis diagnoses (primary, secondary, early non-primary/non-secondary, syphilis of unknown/late duration, neuro/ocular syphilis, and congenital syphilis).

AI/Ans in Washington had a low number of syphilis diagnoses from 2007 to 2010, but cases have been on the rise since 2011. In 2016, there were four times the number of syphilis cases for AI/ANs reported than there were in 2011.



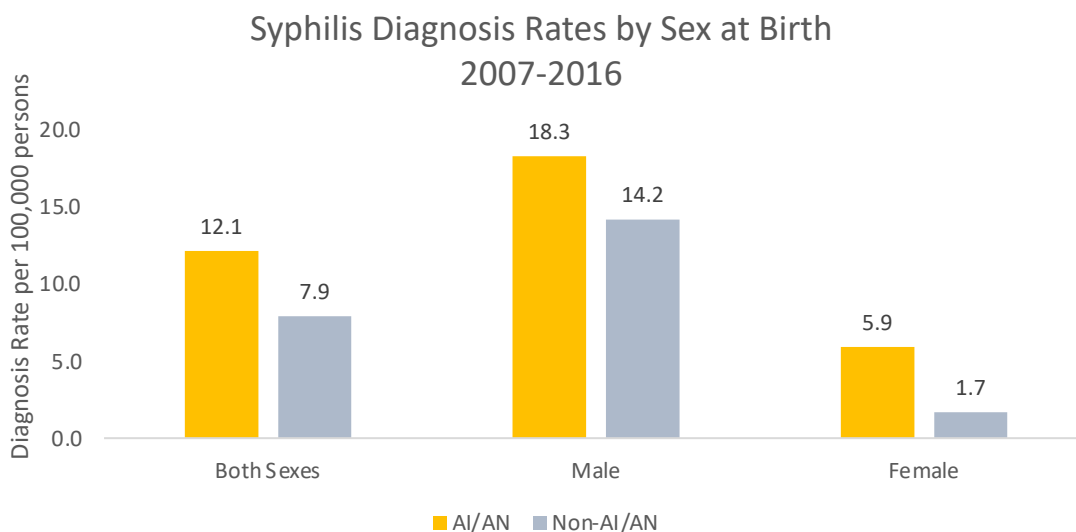
Syphilis diagnoses among AI/ANs in Washington mirrored those of their Non-AI/AN counterparts until 2012, when both the number of cases and the diagnosis rate began to increase. Though the rate of syphilis diagnoses for AI/ANs in Washington remained below US diagnosis rates, there was a sharp increase in diagnoses for AI/ANs in 2016, surpassing even the national rate increase for diagnoses.



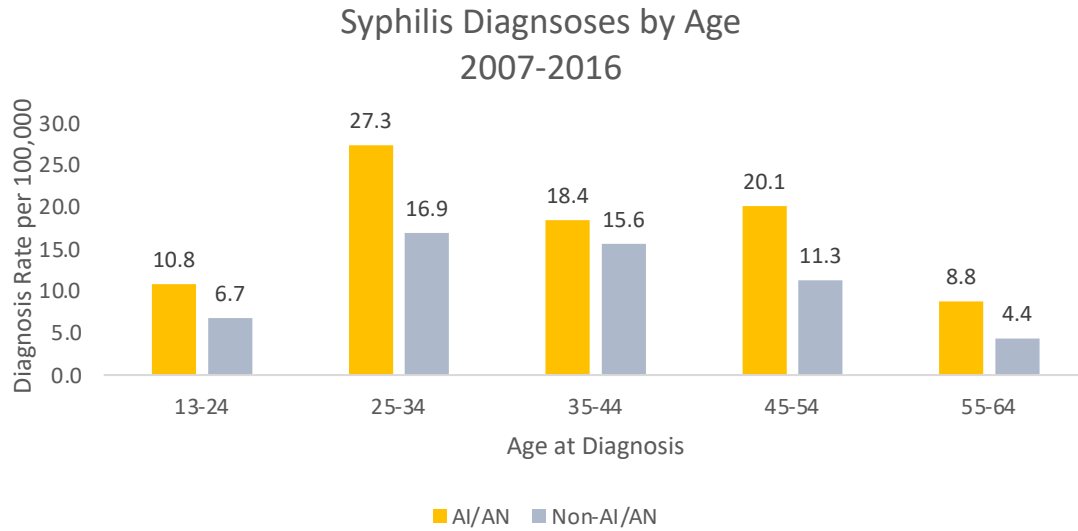
**Diagnosis rates for persons under the age of 13 and over the age of 64 have been suppressed due to the small amount of diagnoses for these age groups (cases <5).*

It is important to note that while congenital syphilis continues to increase across the nation and affect national rates of overall syphilis case rates, there were **no reported cases of congenital syphilis** from 2007-2016 for American Indians/Alaska Natives in Washington.

Overall, the AI/AN syphilis diagnosis rate was 1.5 times higher than for Non-AI/ANs in Washington. However, when examining rates specific to sex at birth, AI/AN males had a rate 1.3 times higher than Non-AI/AN males and AI/AN females had a rate 3.5 times the rate of their Non-AI/AN counterparts.



While diagnosis rates were higher for AI/ANs in every age group, the greatest gaps in disease burden were seen between ages 45 and 54, and 55 and 64; AI/ANs had diagnosis rates of 1.8 and two times that of their Non-AI/AN peers, respectively.





NPAIHB

Washington Tribal STI Resources

Project Red Talon

The goal of Project Red Talon is to promote sexual health and wellness and prevent sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) for AI/AN people of the Pacific Northwest, including improved screening and treatment and community awareness.

www.npaihb.org/project-red-talon

We R Native and Healthy Native Youth

We R Native is a multimedia health resource for Native teens and young adults with a goal to expose AI/AN youth to age-appropriate, culturally tailored sex education across the lifespan and support tribal health educators to access and delivery evidence-based programming. The Healthy Native Youth website has culturally-appropriate sexual health curricula that is geared toward AI/AN youth.

www.weRnative.org

www.healthynativeyouth.org/curriculum/

About the Data

- Counts less than five have been suppressed to maintain patient privacy.
- Crudes rates were used for comparison between AI/ANs and Non-AI/ANs.
- **Washington Data Sources:** Washington Department of Health STD Program, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW project.
- **National Data Sources:** Centers for Disease Control and Prevention (CDC) WONDER, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus, CDC Sexually Transmitted Disease Surveillance Report 2018
- The data presented in this brief may not be comparable to information published by state or federal agencies due to differences in how we identify AI/AN individuals.

About this Report

IDEA-NW

The Northwest Portland Area Indian Health Board's IDEA-NW Project aims to address racial misclassification of AI/AN people by identifying incorrect race information in health datasets such as state surveillance systems. The race information is corrected and used to create more accurate health reports for AI/AN communities in order to improve targeted prevention efforts. This report was made using race-corrected sexually transmitted infection surveillance data.

For more information, contact:

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Public Health Improvement and Training

NPAIHB's Public Health Improvement and Training (PHIT) project provides support and technical assistance to tribes seeking to build strong public health capacity, systems, and processes that serve the needs of their communities. PHIT's Washington Tribal Public Health Improvement (WTPHI) project is currently focused on enhancing public health capabilities to address communicable disease.

Website: <http://www.npaihb.org/tribal-public-health-improvement-and-training/>

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ⁱ Fleming DT, Wasserheit JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sexually transmitted infections* 1999;75:3-17.

ⁱⁱ Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2018*. Atlanta: U.S. Department of Health and Human Services; 2019. DOI: 10.15620/cdc.79370.

ⁱⁱⁱ NOFO: PS19-1901 Strengthening STD Prevention and Control for Health Departments (STD PCHD). <https://www.cdc.gov/std/funding/pchd/default.htm>. Date accessed September 9, 2020.

^{iv} Gonorrhea – STD information from the CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/std/gonorrhea/default.htm>. Date accessed August 3, 2020.

^v Chlamydia – STD information from the CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/std/chlamydia/default.htm>. Date accessed August 3, 2020.

^{vi} Syphilis – STD information from the CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/std/syphilis/default.htm>. Date accessed August 3, 2020.

^{vii} Syphilis Treatment and Care. Centers for Disease Control and Prevention. www.cdc.gov/std/syphilis/treatment.htm. Date accessed August 3, 2020.



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