

Sexually Transmitted Diseases Monthly Report for Nashville/Davidson County

STD/HIV Intervention and Prevention Program of Metro Public Health Department



MetroPublicHealthDept
Nashville/Davidson County
Promoting and Protecting Health

Summary of Reported Cases April 2014

Note: Data are provisional as of June 16, 2014. Percentages are rounded to the nearest whole number.

There were 562 cases of chlamydia, gonorrhea and syphilis* reported; a 29% increase from March 2014, the previous month.

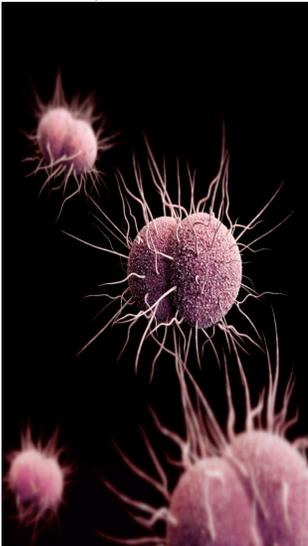
73% of chlamydia cases and 59% of gonorrhea cases were among persons ages 15-24 years.

The median age of reported syphilis* cases was 37 years.

74% of chlamydia and primary and secondary syphilis cases were diagnosed by private MD/HMO; 31% of gonorrhea cases were diagnosed in STD clinics.

For the Year to Date (June 2014), 3% of persons reported with an STD were co-infected with HIV.

Picture: Drug resistant gonorrhea
From CDC/Melissa Brower 2013



MPHD STD/HIV Program Data: March 2014

1449 patients made 1670 visits, receiving an average of 3.7 (median of 3.0) services per visit in the STD Clinic. There were 6,363 procedures for these clients. We diagnosed 51 chlamydia cases, 35 gonorrhea cases, and 3 syphilis cases (0 primary and secondary, 2 early latent and 1 late syphilis* cases).

238 patients received services through STD Outreach. There were 815 procedures for these clients. Through outreach, we diagnosed 34

chlamydia, 2 gonorrhea and 0 syphilis cases.

We conducted 569 RPRs (syphilis tests), 1,259 HIV tests, and 872 GenProbes (tests for chlamydia and gonorrhea).

* Not including congenital and neurosyphilis cases.

MPHD HIV Testing

	Number of Tests	Number of New Positives		Number of Tests	Number of New Positives
TOTAL	1,259	2	Hispanic	44	1
Male	789	2	NH Black	839	2
Female	470	0	NH White	367	0
Transgender	0	0	Other	0	0
Native American	0	0	Unknown	2	0
NH Asian/Pacific Islander	7	0	Local sero-positive rate: 0.2%		

Monthly STD Morbidity, April 2014	1
HIV Testing Summary	1
Reported STD Morbidity, 2012 and 2013 Davidson County, TN	2
P & S Syphilis Cases by year, 2004–2013	2
STD Data per Year, 2004–2013	3
Syphilis Cases for the past 12 months	3

Reported STD Morbidity, 2014 and 2013 Davidson County, TN

Disease	April 2014	April 2013	Percent Change	Cumulative 2014	Cumulative 2013	Percent Change
Chlamydia	406	305	33.1%	1,513	1,379	9.7%
Gonorrhea	140	117	19.7%	442	497	-11.1%
Syphilis, Total	16	12	33.3%	72	71	1.4%
Early Syphilis	4	8	-50.0%	30	37	-18.9%
Syphilis, P & S	0	6	-100.0%	14	17	17.6%
Syphilis, Early Latent	4	2	100.0%	16	20	-20.0%
Latent & LL ¹	11	4	175.0%	41	33	24.2%
Congenital & Late Syphilis ²	1	0	-%-	1	1	0.0%
Total Reported	562	434	29.5%	2,027	1,947	4.1%

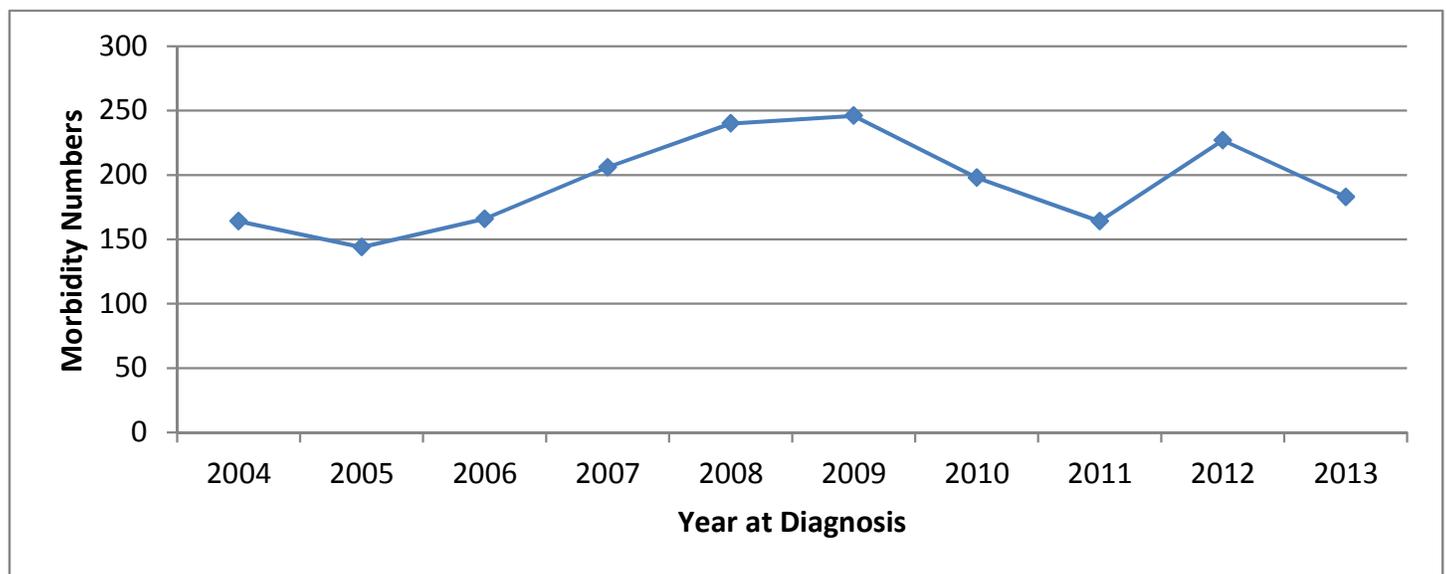
Note: Data are subject to change due to updates and upon validation by the Tennessee Department of Health. Cumulative refers to total counts for the year listed through the end of the month listed in the report.

Source: PRISM (Patient Reporting Investigation Surveillance Manager) as of June 16, 2014.

¹Including latent syphilis (of unknown duration), and late latent syphilis.

²Including congenital syphilis, neurosyphilis, and late syphilis with symptomatic manifestations.

Yearly Case Count of Primary & Secondary Syphilis Cases, Davidson County, TN:2004–2013



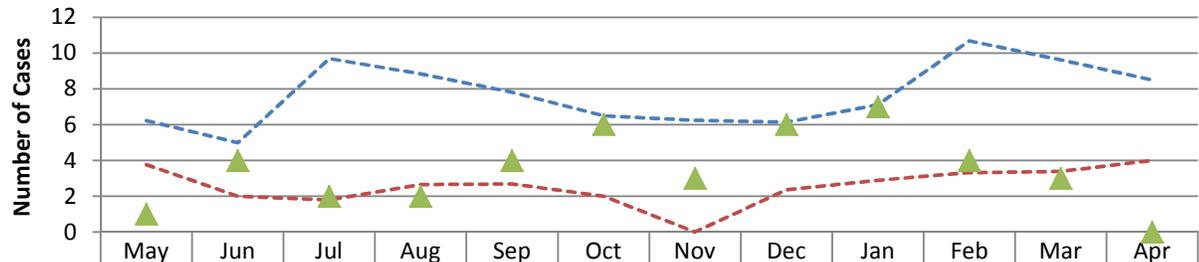
Reported Sexually Transmitted Diseases, Davidson County, TN 2004–2013

Year	Chlamydia		Gonorrhea		Syphilis									
					Syphilis All Stages		P&S		Early Latent		Latent & Late Latent		Congenital or Late	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
2004	2664	466.4	1221	213.8	164	28.7	15	2.6	22	3.9	124	21.7	3	...
2005	2819	490.8	1116	194.3	144	25.1	24	4.2	21	3.7	99	17.2	0	0
2006	2978	514.6	1311	226.5	166	28.7	34	5.9	36	6.2	96	16.6	0	0
2007	3038	521.5	1290	221.5	206	35.4	71	12.2	41	7.0	94	16.1	0	0
2008	3526	561.3	1124	178.9	240	38.2	79	12.6	46	7.3	115	18.5	0	0
2009	3569	561.4	847	133.2	246	38.6	66	10.4	58	9.1	121	19.0	1	...
2010	3471	559.3	960	154.7	198	31.9	58	9.3	53	8.5	87	14.0	0	0
2011	4019	647.6	1235	199.0	164	26.4	59	9.5	27	4.4	78	12.6	0	0
2012	3837	591.9	1309	201.9	227	35.0	75	11.6	42	6.5	107	16.5	3	..
2013	4004	617.6	1297	200.1	183	28.2	42	6.5	52	8.0	89	13.7	0	...

Data Source: 2004–2005 case counts from NETSS (National Electronic Telecommunications System for Surveillance), Tennessee Department of Health, HIV/AIDS/STD Surveillance and Data Management; 2006–2013 case counts from PRISM (Patient Reporting Investigation Surveillance Manager), Metro Public Health Department.

Rates are per 100,000 population.

Primary & Secondary Syphilis Cases in the Last 12 Months



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
--- Upper Limit (threshold)	6	5	10	9	8	7	6	6	7	11	10	9
--- Lower Limit	4	2	2	3	3	2	0	2	3	3	3	4
▲ P & S Syphilis	1	4	2	2	4	6	3	6	7	4	3	0

Month

Note: Each range between lower limit and upper limit is calculated based on formula : Mean ± 1.5 SD. Mean is the average of number of P & S syphilis cases reported in the same months for the previous 4 years (48 months), not including past 12 months, and SD is standard deviation.

Metro Nashville Public Health Department
311 23rd Avenue North
Nashville, TN 37203

The STD/HIV clinic at Metro Public Health
Department is located at:

Room 116
Lentz Public Health Center
311 23rd Avenue North
Nashville, TN 37203

(615) 340-5647

Clinic Hours

Monday–Friday

8:00 AM–4:30 PM, patient cut-off: 3:30 PM,

Walk-in service is provided.

The cost for:

STD examination and treatment is \$10;

HIV and syphilis tests are free;

All services for Youth aged 13-17 years are free.

ALL SERVICES ARE CONFIDENTIAL.

We're on the web!

<http://health.nashville.gov/HealthData>

Do You Know? --- Non-Hispanic blacks have higher vulnerability to STD/HIV than non-Hispanic whites

Non-Hispanic black women don't need to be engaged in in high-risk behaviors in order to acquire STDs as do their white counterparts. They contract them even through low-risk behaviors, due to the high prevalence of infection in their community

(Hallfors DD, Iritani BJ, Miller WC, Bauer DJ. Sexual and drug behavior patterns and HIV and STD racial disparities: the need for new directions. Am J Public Health 2007; 97: 125–32)