



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

May 4, 2015

The Honorable Edward J. Kasemeyer
Chair
Senate Budget and Taxation Committee
3 West Miller Senate Office Building
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh
Chair
House Appropriations Committee
121 House Office Building
Annapolis, MD 21401-1991

RE: 2014 Joint Chairmen's Report, Page 77, M00F03– Semi-Annual Report on Sexually Transmitted Infection Rates

Dear Chair Kasemeyer and Chair McIntosh:

Pursuant to page 77 of the Joint Chairmen's Report of 2014, the Department of Health and Mental Hygiene (the Department) respectfully submits this report on sexually transmitted infection levels in Maryland. Specifically, it was requested that the Department provide the budget committees with a semi-annual report on the rates of chlamydia, primary/secondary syphilis, HIV, and AIDS in the State, including rate information by age, sex, and race for each sexually transmitted infection. Additionally, it was requested that the Department advise the budget committees of any programmatic changes made within the Department to improve infection levels.

I hope this information is useful. If you have any questions regarding this report, please contact Ms. Allison Taylor, Director of the Office of Governmental Affairs, at (410) 767-6481.

Sincerely,

Van T. Mitchell
Secretary

Enclosure

cc: Laura Herrera Scott, Deputy Secretary, Public Health Services
Shawn Cain, Chief of Staff, Department of Health and Mental Hygiene
Michelle Spencer, Director, Prevention and Health Promotion Administration
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Semi-Annual Report on Sexually Transmitted Infection Rates in Maryland

As Required by the 2014 Joint Chairmen's Report, Page 77, M00F03

**Maryland Department of Health and Mental Hygiene
April 2015**

**Lawrence J. Hogan, Jr.
Governor**

**Boyd K. Rutherford
Lieutenant Governor**

**Van T. Mitchell
Secretary**

Table of Contents

I. Introduction.....	1
II. Rates of STIs and HIV in Maryland.....	2
III. Programmatic Activities from October 1, 2014 – March 31, 2015	3
IV. Conclusion.....	7
Appendix A. Multiyear Trends of Chlamydia, Primary and Secondary Syphilis, and HIV/AIDS in Maryland	8
Appendix B. Glossary of Key Abbreviations.....	10

I. Introduction

In response to the 2014 Joint Chairmen's Report, the Department of Health and Mental Hygiene (the Department) has developed this semi-annual report on sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) in Maryland. This report includes:

1. Rates of chlamydia, primary and secondary (P&S) syphilis, HIV, and AIDS in the State;
2. For each type of STI, rate information by age, sex, and race; and
3. Programmatic changes and activities occurring within the Department to improve infection levels.

Programmatic activities included in this report reflect updates for the period October 1, 2014 through March 31, 2015. All STI and HIV prevention activities of the Department and the Baltimore City Health Department (BCHD), as described in the report issued in December, are ongoing. Although this report focuses on state-level activities, it is important to note that Maryland's public health structure is decentralized, meaning direct clinical services are provided by local health departments (LHDs) according to local need and available resources. In addition to STI clinical service delivery, LHDs provide case management and conduct local outreach to private providers, high-risk populations, local school systems, and the public at large. The BCHD in particular initiates and engages in extensive prevention efforts using their direct funding from the Centers for Disease Control and Prevention (CDC) STI and HIV prevention programs.

In this report, HIV prevention activities are frequently described separately from other STI prevention activities. AIDS is the advanced stage of HIV disease and, all persons with AIDS have HIV. For the purposes of this report, the term HIV will be used to denote both HIV and AIDS. The Department's Center for HIV Prevention and Health Services and Center for HIV Surveillance, Epidemiology and Evaluation focus on HIV, while syphilis and chlamydia fall under the purview of the Center for STI Prevention. Therefore, when this report refers to STIs, it is referring to syphilis and chlamydia, not HIV. The term STIs is the term used by the Department, but the term sexually transmitted diseases (STDs) appears throughout this report when it is the name of a grant, program, or entity. See Appendix B for a Glossary of Key Abbreviations included in this report.

II. Rates of STIs and HIV in Maryland

The following two tables show the rates of chlamydia, P&S syphilis, HIV, and AIDS in the State, including rate information by age, sex, and race for each STI.

Table 1. Maryland Chlamydia and P&S Syphilis Cases and Rates per 100,000 population, SFY 2013 (July 1, 2012 – June 30, 2013)

	Chlamydia		P&S Syphilis	
	No. Cases	Rate	No. Cases	Rate
Maryland (total)	28,079	475.4	423	7.2
<u>Age-group</u>				
13-24	20,249	2,113.6	127	13.3
25-44	7,227	456.3	223	14.1
45-64	521	31.7	70	4.3
65+	16	2.1	3	0.4
<u>Sex at Birth</u>				
Male	7,853	274.6	372	13.0
Female	20,219	663.6	51	1.7
<u>Race/Ethnicity</u>				
Hispanic	1,116	220.4	19	3.8
Non-Hispanic-Black	15,712	914.7	343	20.0
Non-Hispanic-White	3,353	104.9	52	1.6
Non-Hispanic-Other	518	106.7	6	1.2

Source: Maryland Sexually Transmitted Disease Management Information System

Table 2. Maryland Adult/Adolescent Reported HIV and AIDS Diagnoses and Living HIV Cases and Rates per 100,000 population, SFY 2013 (July 1, 2012–June 30, 2013)

	HIV Diagnoses 7/1/12-6/30/13		AIDS Diagnoses 7/1/12-6/30/13		Living HIV Cases on 6/30/13	
	No. Cases	Rate	No. Cases	Rate	No. Cases	Rate
Maryland (total)	1,533	31.0	897	18.1	30,054	605.5
<u>Age Group*</u>						
13-24	303	32.0	83	8.8	1,146	121.5
25-44	719	45.4	434	27.4	10,803	680.4
45-64	452	27.6	341	20.9	16,529	1,009.4
65+	59	7.6	39	5.0	1,576	198.2
<u>Sex at Birth</u>						
Male	1,127	47.5	594	25.0	19,495	818.3
Female	406	15.8	303	11.8	10,559	409.1
<u>Race/Ethnicity</u>						
Hispanic	72	18.3	43	10.9	1,419	354.2
Non-Hispanic Black	1,158	81.5	690	48.6	22,888	1,601.1
Non-Hispanic White	231	8.4	110	4.0	4,526	165.3
Non-Hispanic Other	72	18.5	54	13.9	1,221	308.8

Source: Maryland HIV and AIDS Reporting System

* Age at diagnosis for HIV and AIDS diagnoses. Age on 6/30/13 for living HIV cases.

- Reported HIV diagnoses are reported HIV cases with or without an AIDS diagnosis.
- Reported AIDS diagnoses are reported HIV cases with an AIDS diagnosis.
- Living HIV cases are cumulative reported HIV cases with or without an AIDS diagnosis and not reported to have died.

III. Programmatic Activities from October 1, 2014 – March 31, 2015

The Department's core STI and HIV prevention activities that decrease Maryland's infection rates continue to include:

- Collecting, analyzing, and disseminating data;
- Providing partner services for syphilis and HIV and linkage to HIV medical care;
- Providing access to testing;
- Promoting STI screening of the general public and targeted high-risk populations through various campaigns;
- Collaborating with internal and external partners;
- Educating public and private health care providers and the general public; and
- Providing technical assistance and professional development and training to all LHDs.

New State-Level Activities

Targeting HIV Prevention Efforts to African American Men Who Have Sex with Men

From September - November of 2014, the Department and the Black AIDS Institute implemented Phase 1 of their joint effort, the Community Engagement and Mobilization Initiative. This initiative is a multi-phase statewide campaign aimed at improving health outcomes for the most at-risk populations in Maryland, including African American men who have sex with men, primarily in Baltimore City and Prince George's and Montgomery counties. During this time the Department and Black AIDS Institute also began to plan Phases 2 "Training", 3 "Technical Assistance", and 4 "Engagement and Mobilization," including the development of the "Young Black Men and Young Black Men Having Sex with Men Conference" that will be held in late 2015. The Conference will be designed to educate and encourage young men in Maryland to get tested for HIV and to know their HIV status early.

Expanding Partner Services

On September 22, 2014 the Department held a day-long Front Line Supervisor in Service Training to reinforce case review methods and preview the new data-management system, PRISM. On October 2, 2014 the Department celebrated the third annual "Disease Intervention Specialist Appreciation Day" by hosting a full day luncheon and meeting for LHD Disease Intervention Specialists (DISs) in Maryland.

From October through December in 2014, the Department met with the supervisors in high-morbidity counties (Anne Arundel, Howard, Montgomery, and Prince George's counties) to reinforce expectations with regard to case reviews and supervisory quality assurance (QA) activities. The Department also expanded on-site QA activities to support partner services offered by LHD staff. The QA measures focused on timeliness and effectiveness of services delivered to exposed partners of individuals identified with syphilis and newly diagnosed with HIV. The Department delivered technical assistance to LHDs that expanded to include one-on-one technical assistance sessions for LHD DISs in high morbidity jurisdictions.

Improving HIV Linkage-to-Care Outcomes

In 2012, the Department was funded by CDC to implement a demonstration project through the Partnership for Care grant to enhance and expand linkage-to-care activities in the four Maryland counties with the highest HIV prevalence (Anne Arundel, Baltimore, Montgomery, and Prince George's counties). During fall 2014, the Department conducted a mid-point analysis of linkage-to-care outcomes among newly diagnosed people living with HIV (PLWH) in the four counties. When examining the baseline and midpoint data comparison for linkage-to-care within 90 days of HIV diagnosis, all four counties showed increases in the percentage of newly-diagnosed PLWH linked to HIV medical care within 90 days of HIV diagnosis, with an overall increase from 69% to 84%.

Additionally, through a grant jointly funded by CDC and the U.S. Health Resources and Services Administration (HRSA), the Department is collaborating with Federally Qualified Health Centers (FQHCs) and LHDs to support expanded HIV service delivery in three Maryland jurisdictions highly affected by HIV (Baltimore City, and Prince George's, and Montgomery counties). In October 2014, the Department began working with the four HRSA-funded FQHCs to increase the identification of undiagnosed HIV infection, expand the availability of HIV care

and treatment in community health settings, increase engagement in HIV care, and improve HIV outcomes for PLWH. Between October 2014 and March 2015, the Department developed plans to coordinate sharing of HIV surveillance data and FQHC electronic health records between the FQHCs, LHDs, and the Department to identify PLWH within the clinics' service areas who are not engaged in HIV primary care, and to connect them to HIV care and support services. The Department also participated in two national meetings related to this grant in November 2014 and January 2015, and hosted local meetings with LHD and FQHC partners to establish timelines and coordinate grant activities.

Supporting Local Health Department STI Program Sustainability

In collaboration with billing consultants and federally-funded regional training partners, the Department hosted its second billing webinar for LHDs on December 3, 2014, "Maximizing STI Reimbursement in Maryland - Billing Tools, Tips, and Lessons Learned."¹ The webinar was presented to over 40 clinical, administrative, and billing staff in LHD STI and Family Planning programs whose patients are provided STI testing and treatment. In addition to a review of the current status of health department credentialing and contracting with insurers, the webinar focused on specific areas for which LHDs requested technical assistance, including: reimbursement issues, medical chart documentation, medical coding for STI clinical services, revenue cycle management, and avoiding common reimbursement pitfalls. The billing consultants, in partnership with the Department, also provided intensive on-site technical assistance to three LHDs. During this time period the Department and its partners began planning another billing webinar scheduled for late 2015, and the Department began coordinating on-site technical assistance projects for three additional LHDs to be conducted in spring and summer of 2015.

Supporting LHD Chlamydia and Gonorrhea Testing

Each fall the Department reviews data on clinic volume, clinic capacity, chlamydia and gonorrhea testing volume, infection rates, and funds available from the previous three quarters and the previous year. The federal funding supporting these efforts has been reduced over the past several years, leading to a reduction in tests available. Based on the CDC's priorities, tests are prioritized for females under the age of 26, though tests can also be used for other clients based on clinician judgment. From October through November, the Department reviewed the year-to-date chlamydia and gonorrhea testing and infection data and calculated the number of chlamydia and gonorrhea tests it will allocate to each LHD STI program for calendar year 2015. In November, the Center for STI Prevention formalized the 2015 test allocation for LHDs and provided guidance to LHDs on the 2015 test allocation, including advising programs of new protocols and procedures, in collaboration with the Department's Laboratories Administration.

Increasing Health Care Provider Awareness of STI Screening and Treatment Recommendations

Over the past 18 months the Department participated in the design and plan of a national quality improvement (QI) training program, entitled "Guide to Quality Improvement Using the Chlamydia Screening HEDIS Measure." The training program consisted of three national webinars on February 16 and 26, and March 4, 2014. These webinars targeted QI and QA

¹ Center for STI Prevention, "Resources for Local Health Departments," 15 January 2015, Department of Health and Mental Hygiene, 31 March 2015, <<http://phpa.dhmdh.maryland.gov/OIDPCS/CSTIP/SitePages/LHD.aspx>>.

managers of health plans and health care providers and aimed to increase rates of young women being tested routinely for chlamydia.

From January through March, the Department collaborated with its regional CDC-funded training partners to plan the Sixth Annual Sexual and Reproductive Health webinar. The live webinar will be broadcast on April 15. This webinar is a part of an annual statewide webinar series in April to honor National STD Awareness Month. The training webinars are presented by infectious disease researchers and clinicians from the Johns Hopkins School of Medicine, and the target audience is public and private health care providers in Maryland and the U.S.

Baltimore City Health Department Activities

BCHD's core STI and HIV prevention activities that decrease Baltimore City's infection rates continue to include:

- Enhancing physician outreach;
- Increasing private sector screening;
- Increasing hospital screening;
- Increasing efficiency of city STI clinics;
- Improving efficiency in providing test results;
- Increasing STI screening for the general public; and
- Improving perinatal HIV screening.

New Baltimore City Activities

Baltimore City rates for chlamydia, P&S syphilis, and HIV continue to be the highest in the state. As a result, CDC provides STI and HIV prevention funds directly to BCHD. New prevention activities in Baltimore City include:

Planning and Coordinating with Federally Qualified Health Centers

In October 2014, BCHD and the STD/HIV Prevention Training Center at Johns Hopkins began planning a joint year-long effort aimed at a new collaboration between their agencies and six FQHCs in Baltimore City. The goal of this partnership is to help FQHCs increase screening, treatment, and treatment reporting among female patients aged 15-25 years old. On December 8, 2014, the first meeting with FQHCs was held, and initial plans to improve outcomes were developed.

Utilizing Community Approaches to Reduce STIs

The BCHD STD/HIV Prevention Program was awarded a four-year grant entitled "Community Approaches to Reduce STIs" in October 2014. This grant will focus on building community-level commitment and making structural changes specific to reducing chlamydia in a high chlamydia transmission neighborhood.

Improving Chlamydia Screening in High Morbidity Neighborhoods

In January 2015, the BCHD, in collaboration with the Johns Hopkins Center for Child Health Research, was awarded a year-long supplemental grant to improve screening for chlamydia in high morbidity neighborhoods in Baltimore City.

Providing Outreach to Young Black Men Who Have Sex with Men

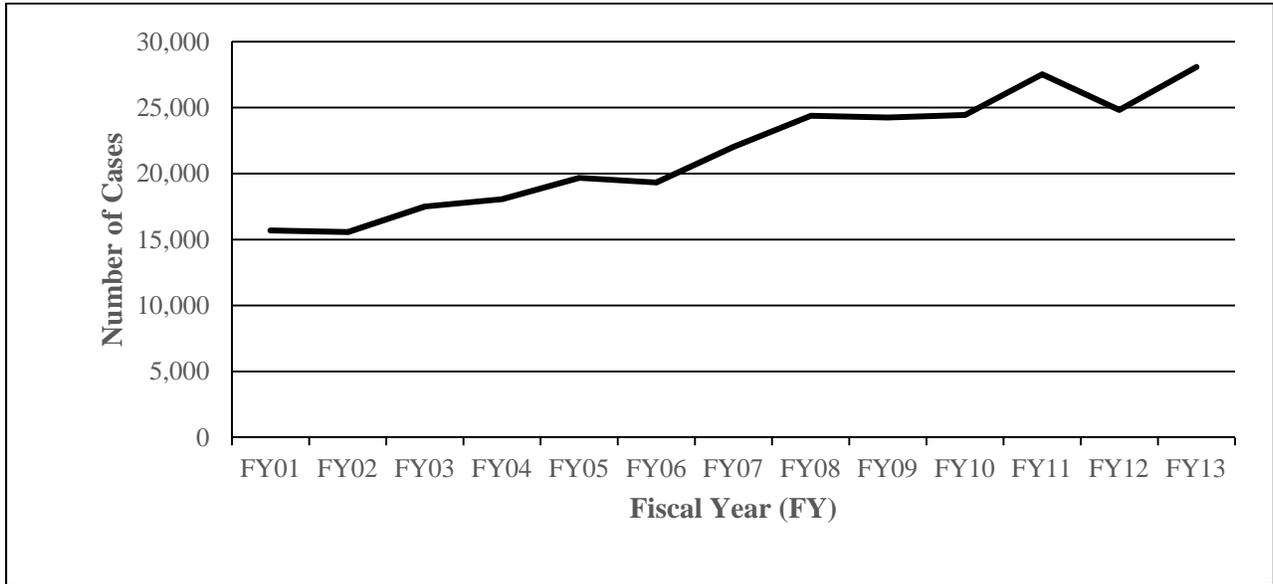
On November 15, 2014, the Department collaborated on the production of the 5th Annual “Know Your Status” Free Ball. At this year’s event, which was attended primarily by members of the lesbian, gay, bisexual, and transgender community, an estimated 550 community members attended, and 126 clients took advantage of HIV and syphilis testing. Twenty-five percent (25%) of individuals tested were positive for HIV and/or syphilis. Community partners offering a variety of HIV services and addressing social issues which effect risk behavior staffed 16 tables. In addition to HIV services, information on housing assistance, employment, health insurance, and educational opportunities was provided. Events like this build trust in the BCHD from this disenfranchised community, and provide a safe space for entertainment and positive social interaction.

IV. Conclusion

During the six-month period from October 1, 2014 through March 31, 2015, the Department designed, planned, and implemented new evidence-based prevention, testing, and treatment programs at the state-level and in Baltimore City. These initiatives are strong foundations for current and future activities and, in addition to routine, on-going care functions, will help to increase public awareness, increase health care provider awareness, improve health care provider practices, and increase access to services.

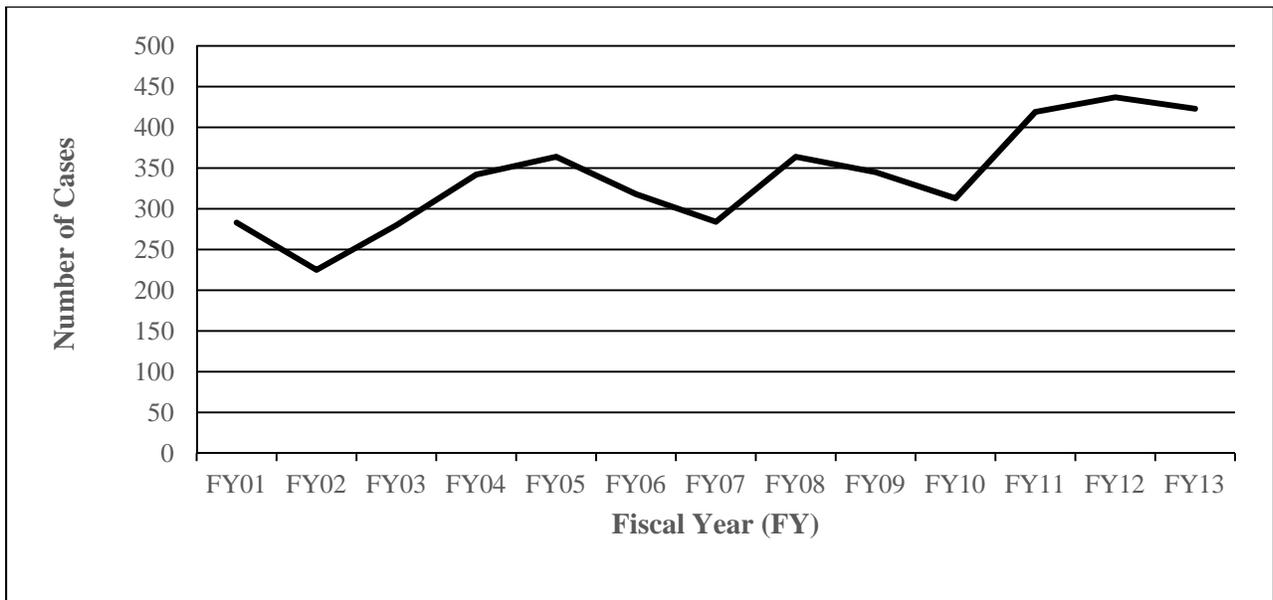
Appendix A. Multiyear Trends of Chlamydia, P&S Syphilis, and HIV and AIDS in Maryland

Figure 1. Trends in Reported Chlamydia Cases in Maryland, SFY 2001-2012



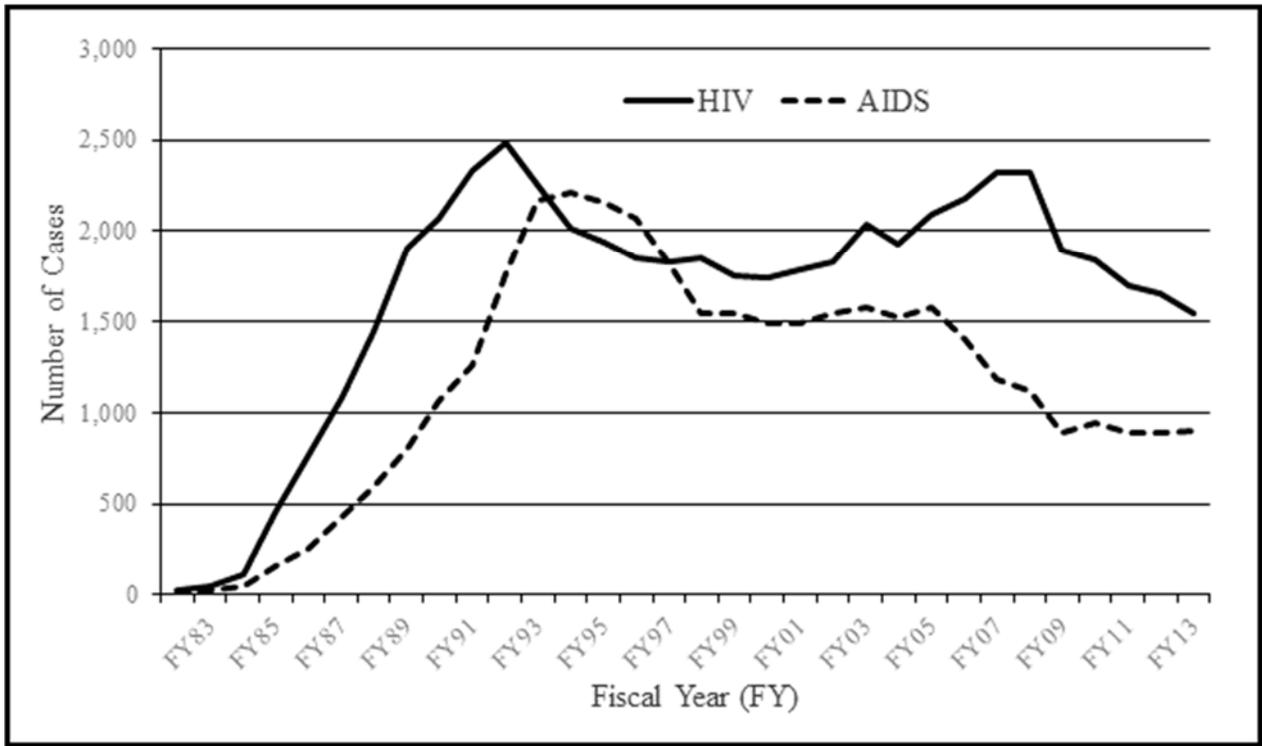
Source: Maryland Sexually Transmitted Disease Management Information System

Figure 2. Trends in Reported P&S Syphilis Cases in Maryland, SFY 2001 -2012



Source: Maryland Sexually Transmitted Disease Management Information System

Figure 3. Trends in Reported HIV and AIDS Diagnoses in Maryland, FY 1982-2013



Source: Maryland HIV and AIDS Reporting System

Note: This figure shows the totality of the epidemic from the first AIDS case report in October 1981 (FY 1982).

Appendix B. Glossary of Key Abbreviations

AIDS	acquired immunodeficiency syndrome
BCHD	Baltimore City Health Department
CDC	Centers for Disease Control and Prevention
DIS	Disease Intervention Specialists
FY	Fiscal Year
FQHC	Federally Qualified Health Center
HEDIS	Healthcare Effectiveness Data and Information Set
HIV	human immunodeficiency virus
HRSA	Health Resources and Services Administration
LHD	local health department
P&S Syphilis	Primary and Secondary Syphilis
PLWH	people living with HIV
QA	quality assurance
QI	quality improvement
SFY	State Fiscal Year
STI	sexually transmitted infection
STD	sexually transmitted disease
the Department	the Maryland Department of Health and Mental Hygiene