



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

January 21, 2014

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

The Honorable Norman H. Conway  
Chair  
House Appropriations Committee  
121 House Office Building  
Annapolis, MD 21401-1991

RE: 2013 Joint Chairmen's Report, Page 64, M00F03.01 – Reducing Sexually Transmitted Infection Rates in Baltimore City

Dear Chair Kasemeyer and Chair Conway:

Pursuant to page 64 of the Joint Chairmen's Report of 2013, the Department of Health and Mental Hygiene (DHMH) respectfully submits this report on reducing sexually transmitted infection rates in Baltimore City by 2015. Specifically, it was requested that DHMH provide the Budget Committees with a report that indicates how DHMH plans to achieve a reduction in the rate of sexually transmitted infections in Baltimore City by 2015 with regard to: 1) infection rates related to primary and secondary syphilis, chlamydia, and HIV/AIDS, and 2) the impact of school health programs in preventing the rate of sexually transmitted infections among school-age individuals.

I hope this information is useful. If you have any questions regarding this report, please contact Ms. Christi Megna, Assistant Director of the Office of Governmental Affairs, at (410) 767-6509.

Sincerely,

Joshua M. Sharfstein, M.D.  
Secretary

Enclosure

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**Report on Reducing Sexually Transmitted Infection Rates  
in Baltimore City by 2015**

**Maryland Department of Health and Mental Hygiene  
December 2013**

**MARTIN O'MALLEY**  
Governor

**ANTHONY G. BROWN**  
Lieutenant Governor

**JOSHUA M. SHARFSTEIN, MD**  
Secretary

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## EXECUTIVE SUMMARY

The Department of Health and Mental Hygiene (the Department), in coordination with the Baltimore City Health Department (BCHD), has developed a plan to reduce rates of sexually transmitted infections (STIs) in Baltimore City by 2015. Additionally, this report provides information about further options for reducing STIs, outlines the ongoing activities of both BCHD and the Department, describes how the Department collaborates with BCHD and other local health departments (LHDs) to combat STIs in Maryland, and provides an epidemiologic overview of STIs in Maryland and Baltimore City. The Department and BCHD will partner on the following planned activities to reduce the rates of STIs in Baltimore City by 2015.

### Technological Innovation:

- BCHD and the Department are coordinating to deploy a new shared web-based data system that will ensure coordinated case management in real time thereby improving field staff disease intervention effectiveness and Department-BCHD coordination.
- BCHD is improving its Laboratory Information Management System to move away from the current paper-based system used in family planning, outreach, and the school-based health center screening.
- BCHD is collaborating with a local non-profit organization to provide web-based STI test results and provider-assisted, web-based partner notification.

### Increased Case Identification through Collaboration with the Private Medical Community:

- BCHD will collaborate with the Department to develop a letter outlining STI screening and treatment recommendations that will be sent to medical providers in Baltimore City and throughout the State.
- BCHD will engage Centers for Disease Control and Prevention Public Health Associates (PHAs) for two-year assignments whose primary duties will be to visit health care provider practices and provide information about the incidence of STIs specific to individual practice zip codes. The PHAs will also provide information about STI tests that must now be reimbursed by insurance companies at no cost to patients. The program will prioritize healthcare providers in the highest STI morbidity zip codes.

### Integrated Strategy for a Select Baltimore City Neighborhood:

- BCHD's new web-based partner notification system will amplify the community impact in targeted communities.
- BCHD will work in a selected community with high rates of STIs to determine the feasibility of conducting STI screening in one local high school, educating health care workers in the community regarding STI rates, and providing mobile outreach screening with partner organizations in that community.
- BCHD will provide health education specific to STI prevention in the selected high school.

## **INTRODUCTION**

In response to the budget amendment to M00F03.01 in the Joint Chairmen's Report on the Fiscal 2014 State Operating Budget (HB 100) and the State Capital Budget (HB 101) and Related Recommendations, the Department of Health and Mental Hygiene (the Department) has developed a plan in coordination with the Baltimore City Health Department (BCHD) to reduce sexually transmitted infections (STIs) in Baltimore City by 2015. The Department is required to provide a report that:

1. Indicates how it plans to achieve a reduction in the rate of STIs in Baltimore City by 2015; specifically focusing on infection rates related to primary and secondary (P&S) syphilis, chlamydia, and HIV/AIDS; and
2. Addresses the impact of school health programs in preventing the rate of STIs among school-age individuals.

The Department and BCHD met during the summer of 2013 to outline the plans described in this report. Additional information including an epidemiologic overview of STIs in Maryland and Baltimore City is provided in Appendices A and B.

## **REDUCING STIs IN BALTIMORE CITY BY 2015**

The new initiatives described in this section, coupled with on-going Department and BCHD activities, will reduce STI rates in Baltimore City and have the potential to reduce STI rates statewide. While the plan presented here will result in a reduction of STIs, the Department expects a moderate reduction in STI rates in Baltimore City by 2015. Additional resources combined with the expansion of the initiatives described here will further drive down STI rates beyond 2015.

The following components comprise this plan: 1) Technological innovation; 2) Increased case identification through collaboration with the private medical community; and 3) Integrated strategy for a select Baltimore City neighborhood.

### *Technological Innovation*

Continuing to use new technologies as they become available is essential to maintaining and enhancing STI prevention activities. New technologies ensure faster delivery of results, expedited follow-up with partners, and high quality data for more effective disease monitoring. New technologies to be deployed by the Department and BCHD include:

1. Currently, the Department and BCHD each maintain their own separate data management information systems. BCHD and the Department are working collaboratively to transition

to one common web-based STI management system. Implementation of this new system is expected in 2014. This innovation will:

- Ensure high quality STI surveillance and STI/HIV partner services data;
  - Provide statewide instantaneous access to data as the cases are entered;
  - Allow more efficient tracking of cross jurisdictional case investigations;
  - Ensure standardization of the management of data;
  - Reduce duplicate data entry; and
  - Allow for better management of individuals through partner services.
2. BCHD is improving its Laboratory Information Management System (LIMS). Currently, BCHD's STI mobile outreach program provides 10,000-12,000 syphilis and HIV tests in non-clinical settings such as on street corners. All of this work is accomplished using paper documentation and requires data entry of 20,000-24,000 separate documents. Improvements in the LIMS project will automate this entire process. These innovations will:
- Decrease the time it takes to enter test results into the system. The reduction in time will expedite referrals of cases to partner services; and
  - Provide increased opportunities for quality assurance to ensure that accurate and complete data is available for follow-up.
3. BCHD is collaborating with a local non-profit organization to provide web-based test results and provider assisted web-based partner notification for individuals tested through BCHD STI clinics or outreach testing efforts. Individuals tested will receive a code that will allow them to access their STI test results online. Individuals testing positive would be informed of locations that offer treatment services and active follow-up by the health department will be initiated for treatment verification. Upon accessing treatment, a provider will help individuals notify their partners via a text message that originates from BCHD, thus maintaining the originally infected patient's confidentiality.

#### *Increased Case Identification through Collaboration with the Private Medical Community*

It is important to recognize that infections identified through publicly-funded STI testing only accounts for 20 to 30 percent of all reported cases statewide. With implementation of the Affordable Care Act, communicating and collaborating with the private medical community will be increasingly important.

1. The Department and the BCHD will collaborate on outreach to medical providers throughout the State and in Baltimore City to alert them to the recent Grade A recommendation by the U.S. Preventive Services Task Force (USPSTF) to screen women under age 25 for chlamydia. The Affordable Care Act requires new private health insurance plans to fully cover the costs of this chlamydia screening recommendation (and other Grade A preventive health services recommendations), which means that patients pay no deductibles or co-pays for these services. Outreach efforts will include a joint

letter to physicians in Baltimore City and throughout the State. The letter will provide information on CDC STI treatment guidelines, recommendations from the USPSTF, and a list of the services that are now fully covered by insurance. This information will also be included in webinars and other education programs as appropriate.

2. BCHD applied for and received two new CDC Public Health Associates (PHAs). The PHAs' primary duties will be to visit physicians' offices and provide information about the incidence of STIs specific to their zip code as well as information about what STI testing must now be reimbursed by insurance companies. The PHAs' project will prioritize outreach to physicians in the zip codes with the highest incidences of STIs. Increased testing for STIs by the private medical community has the potential to dramatically affect the transmission rates of STIs in Baltimore City by expanding testing in the private sector to identify more new cases. Several of the current USPSTF screening standards refer to "at risk patients". Providing zip code specific data to health care providers can help providers realize and document a need for screening in their community and for the need for including sexual health as part of routine health care for their patients.

Accompanying these outreach efforts will be education on STI treatment and reporting. As testing and screening for STIs increases in private settings, private physicians will likely see increases in STI cases. These physicians will need to understand the latest in treatment of STIs and the need to closely collaborate with their local health department. In cases where appropriate treatment is not readily available through a private physician, such as when injectable medication is not on-hand, the physician will need to work with their local health department STI clinic to ensure treatment is provided. This education will also include the need to report STIs in a timely manner to ensure follow-up through partner services and accurate monitoring of STIs. Emphasis will be placed on ensuring providers report accurate information to prevent delays in initiating partner services.

#### *Integrated Strategy for a Select Baltimore City Neighborhood*

BCHD will pilot the strategies below simultaneously within a targeted neighborhood to see if the incidence of STIs can be reduced. The components of this pilot project are as follows:

1. Web-Based Test Results and Partner Notification

As described above, BCHD is collaborating with a local non-profit organization to provide web-based test results and provider assisted web-based partner notification for individuals tested through BCHD STI clinics or outreach testing efforts. This effort will provide individuals the opportunity to be notified of results in the manner they prefer and has the potential to increase delivery of results and linkage to care. These efforts will initially be targeted within a specific neighborhood identified as high-risk.

## 2. Targeting Youth in High Risk Zip Codes

BCHD has identified the public high schools with the highest concentration of students from neighborhoods with the highest incidence of STIs. BCHD will provide a mass screening for gonorrhea and chlamydia in one of these schools (to be identified). Simultaneously, a specialist trained in HIV/STI education will be sent to speak with all of the physicians in that neighborhood about the need for testing their patients under age 25 for gonorrhea and chlamydia. BCHD will also provide testing in these zip codes with some of its mobile van testing partners. BCHD plans to launch this pilot in late winter/early spring of 2014. Specialists in HIV/AIDS education will begin meeting with physicians in January of 2014.

## 3. Prevention Education

Throughout the school year, BCHD will provide an Evidence Based Health Education Intervention, chosen in partnership with the selected school, to as many students in the respective school's health classes as possible. The lessons learned from this pilot project will provide BCHD with the experience necessary to implement the strategies throughout Baltimore City when additional resources become available.

## CORE ACTIVITIES

### *Federal Funding*

Federal funding for STI programs has decreased by 9 percent since 2003.<sup>1</sup> This reduction in funding has impacted programs at BCHD and the Department's Center for Sexually Transmitted Infection Prevention's (CSTIP). CSTIP works closely with BCHD to monitor and respond to reported STI cases, including HIV. This reduction in federal funding over time has resulted in a net reduction in resources available for STI testing, surveillance, outreach, and case management.

Baltimore City is a separately-funded CDC STI Prevention Cooperative Agreement project area. Therefore, federal funding and resources go directly to BCHD specifically for STI prevention activities. Since BCHD receives federal funding directly, the CDC prohibits the Department from spending federal STI funds in Baltimore City. Despite this restriction, CSTIP continues to work closely with BCHD to monitor and respond to reported STI cases, including HIV.

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<sup>1</sup> NCSDD (2012). *Impact of Sequestration on the Prevention of Sexually Transmitted Diseases*. Fact Sheet. Available at: [http://www.ncsddc.org/sites/default/files/final\\_sequestration\\_impact\\_on\\_std\\_prevention\\_0.pdf](http://www.ncsddc.org/sites/default/files/final_sequestration_impact_on_std_prevention_0.pdf)



*Core Activities Currently Conducted by BCHD and the Department:*

1. Surveillance: Daily monitoring of private and public laboratory reporting and health care provider reporting, with daily referrals to local health departments (LHDs) to investigate syphilis cases identified in public and private clinical settings.
2. Partner Services: Monitoring and oversight of new syphilis and HIV cases to assure that LHD responses are sufficiently timely and exhaustive to ensure that LHD Disease Intervention Specialists (DIS) and their supervisors conduct screening and treatment of syphilis and HIV exposed partners in order to effectively break the chain of infection.
3. Prioritization of Pregnant Women: Pregnant women with positive syphilis tests are prioritized for LHD follow-up to reduce congenital syphilis. Pregnant women infected with HIV are also prioritized to prevent transmission to the child.
4. Reporting to CDC: Weekly and annual reporting of all cases to CDC provides statewide data for national morbidity surveillance and demonstrates the ongoing need for continued CDC funding. CDC funds provide 70 percent of STI categorical funds in Maryland.
5. STI Laboratory Capabilities: The Department's Laboratories Administration provides syphilis testing for the general public using the CDC recommended testing algorithm. The Laboratories Administration provides nucleic acid amplification tests (NAATs) for chlamydia and gonorrhea, using federal funds. The Laboratories Administration tests gonorrhea cultures for antibiotic susceptibility and is one of the few state labs with this capacity. This technology is critical for monitoring emerging multi drug-resistant gonorrhea since there is only one class of antibiotics left that can cure gonorrhea.

Additionally, BCHD's Baltimore Disease Control Laboratory also provides syphilis testing and combined chlamydia and gonorrhea NAATs for specific testing programs within Baltimore City. Additionally BCHD participates in a national program that monitors for the emergence of drug-resistant gonorrhea. These samples are sent monthly to an external laboratory for analysis.

6. Detention Facilities: The Department collaborates with BCHD on the operation of an on-site rapid syphilis screening program (referred to as a Stat Lab) and provides partner services in Baltimore City Pre-Trial Detention Facilities. The Department provides project management while BCHD provides two DIS to provide partner services to incarcerated individuals who test positive for syphilis or HIV. The project typically screens between 10,000-13,000 men and women per year.
7. Health Care Provider Education:
  - Provider alerts are published and distributed by the Department, sometimes jointly with the BCHD, to public and private health care practitioners about significant updates for clinician practice. The purpose of the Provider Alerts is to notify healthcare providers of

the increases in infections and to reinforce STI screening and treatment recommendations.

- The Sexual and Reproductive Health Annual Webinar series is hosted by the Department, in collaboration with the STD/HIV Prevention Training Center at Johns Hopkins and the Mid-Atlantic Public Health Training Center for public health clinicians and private health care providers about syphilis, gonorrhea, male and female sexual and reproductive health, and other relevant topics.
8. Community-Based Outreach: The Department and BCHD offer funding and guidance to community based organizations to provide targeted syphilis outreach, screening and referrals among highest risk populations (African American men who have sex with men). BCHD collaborates with community-based organizations and provides up to 12,000 tests per year with its mobile outreach testing vans.
  9. Coordination of Syphilis, HIV and Other STI Education and Prevention Efforts: Since STIs, particularly syphilis, increase the transmission and acquisition of HIV, CSTIP and BCHD conduct a variety of education and public awareness activities to inform the public about the relationship between STIs and HIV. These activities include public awareness campaigns such as National STD Awareness Month and national HIV awareness and testing campaigns. Other relevant information is posted on both organizations' websites regarding prevention strategies and free testing sites.
  10. Cross-Jurisdiction Coordination: The Department facilitates coordination across county and state lines for individual case and partner follow-up, including assurance of STI treatment and linkage to HIV medical care.
  11. Social Media: The Department uses multiple social media outlets to reach individuals including an enhanced website with STI resources for adolescents; gay, lesbian, bi-sexual and, transgender individuals; parents; educators; and healthcare providers. Additionally, BCHD has developed an ongoing social marketing campaign targeted to young African-American men who have sex with men (MSM). In 2012, BCHD launched the *Status Update Campaign* which targets MSM and transgender communities to encourage testing and prevention.
  12. Key Collaborations:
    - Monthly leadership coordination meetings on STI, HIV, tuberculosis (TB), and hepatitis – The Department has been meeting monthly with BCHD program staff since 2008 to ensure coordination of STI, HIV, TB and Hepatitis prevention efforts.
    - Interagency Gonorrhea Collaboration Work Group – Epidemiologists, laboratory directors, policy analysts, and clinical consultants from the Department and the BCHD meet semi-annually to discuss issues related to gonorrhea infection rates and trends; monitoring, disease reporting; and laboratory testing capacity.

*Support Provided by the Department to All Local Jurisdictions, Including Baltimore City*

The Department provides the following support to LHDs across the State:

1. Maryland State General Funds Core Public Health funding to LHDs for STI clinics, clinicians, and medications. Note: Core funding had a net reduction of almost 50 percent in 2008-2009 which has contributed to LHDs reducing STI services or combining STI and Family Planning services.
2. STI Clinic Sustainability training. This was a two-day workshop to assist local health departments in the development of strategies to maximize use of existing clinician and funding resources to allow them to keep their STI services available for their communities. Three person teams (clinician, fiscal, and administration) from 15 LHDs, including Baltimore City, participated.
3. Free chlamydia and gonorrhea tests supported through CDC STI federal funds for females under age 26. For testing males, females over age 25, or for providing test volumes beyond the rationed amount available each year, LHDs have access to reasonably priced tests through the state laboratory. State laboratory costs are generally lower than private sector laboratories.
4. Quarterly statewide STI Coordinator meetings to provide policy and technical updates, information on training opportunities and resources, and to allow information exchange across jurisdictions.
5. Medical consultations to public and private health care providers statewide.
6. County-specific data analysis by age, gender, jurisdiction, mapping, and other technical support for planning and targeting resources.
7. Technical assistance to LHD Family Planning programs that provide STI testing and treatment services to their clients.
8. Technical assistance to LHDs that is specific to integrating program services for STIs and HIV clients at the local level including:
  - Ensure HIV testing is available and offered by LHD STI clinics as part of routine STI care;
  - Encourage LHD HIV care providers to offer routine STI testing as part of routine HIV care; and
  - Coordinate STI and HIV funding for partner services statewide to assure access to quality partner services statewide.

## CONCLUSION

In Maryland, rates of primary and secondary syphilis, chlamydia, and HIV/AIDS are highest in Baltimore City. The Department and BCHD devote federal and state core public health funds to STI prevention activities, although these funds have been decreasing over the last several years. The Department and BCHD collaborate closely in an effort to maximize program efficiencies and limited resources.

To reduce the rate of STIs in Baltimore City by 2015, BCHD will implement a number of projects to complement current STI prevention activities. These include adopting technological innovations that will achieve program efficiencies and provide clients their lab results in their preferred manner. BCHD will also increase communications with healthcare providers' practices to educate them about the burden of STIs in the community they serve and STI screenings recommended by the USPSTF. These activities will be piloted in a limited number of zip codes with the highest morbidity in order to assess their combined effectiveness in reducing STI morbidity.

These efforts combined with the on-going core STI activities conducted by the Department and BCHD are expected to reduce the STI rates in Baltimore City by 2015. Due to the limited scope of some of the new initiatives and current resource limitations, the Department expects a moderate decrease in STI rates in Baltimore City by 2015. Expanding these new initiatives will have a greater impact on reducing STI rates in Baltimore City and statewide beyond 2015. The Department will continue to work with BCHD and the General Assembly to address this important public health issue.

## APPENDIX A:

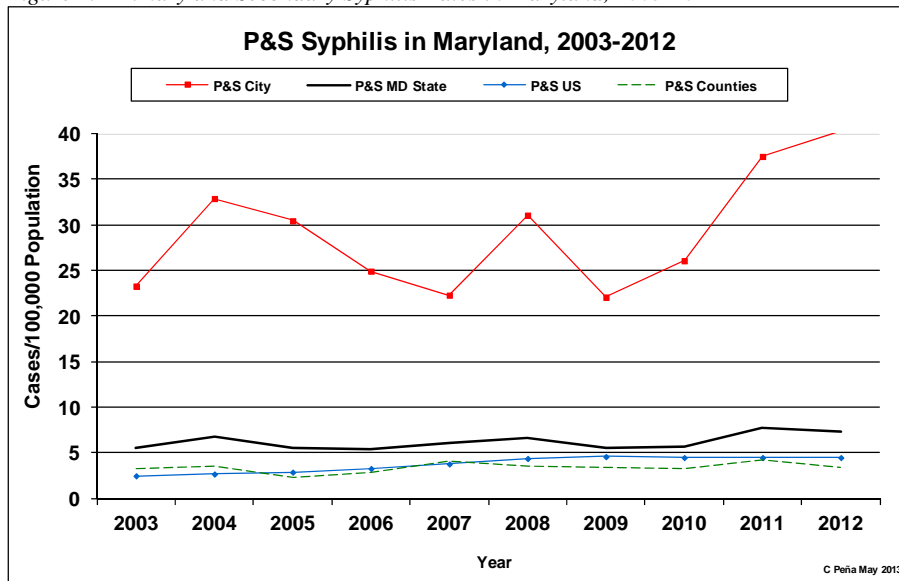
### EPIDEMIOLOGIC OVERVIEW OF STIs IN MARYLAND AND BALTIMORE CITY

Morbidity in Maryland for reportable STIs is consistently higher than the national average. In 2011, the latest year for which national rankings are available, Maryland ranked second nationally for syphilis and for congenital syphilis, 16<sup>th</sup> for chlamydia, and 16<sup>th</sup> for gonorrhea.<sup>2</sup> Health disparities are significant: morbidity is highly concentrated in African Americans, men who have sex with men (MSM), and youth populations.

#### *Primary and Secondary (P&S) Syphilis*

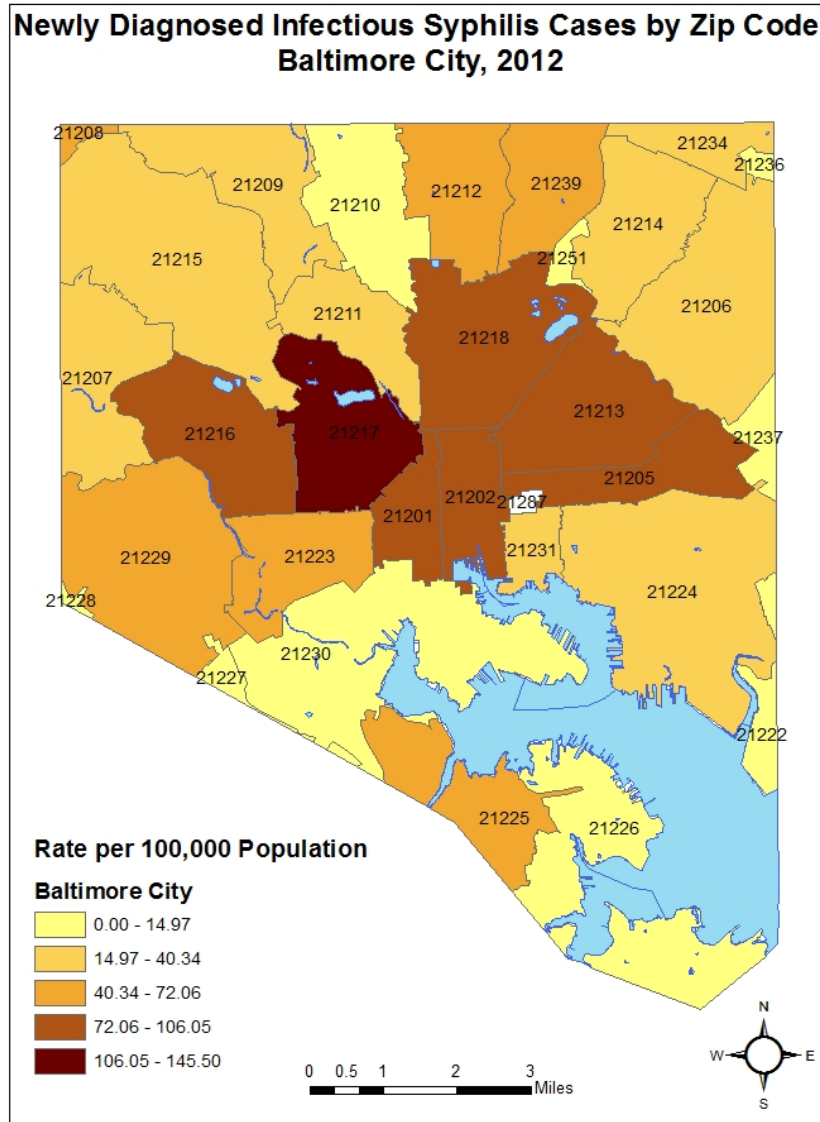
Figure 1 shows the 10 year trend for P&S syphilis case rates in Baltimore City, Maryland State, Maryland Counties (excludes Baltimore City), and the U.S. Although the case rate in Baltimore City has fluctuated, it remains consistently higher than the rates for Maryland State, Maryland Counties and the U.S. Zip codes in central Baltimore have the highest rates of P&S syphilis (Figure 2). In 2012, there were 251 P&S syphilis cases in Baltimore City compared to 180 in Maryland Counties. Outside of Baltimore City, case numbers are highest in Prince George's, Baltimore, Anne Arundel and Montgomery counties.

Figure 1. Primary and Secondary Syphilis Rates in Maryland, 2003-2012



<sup>2</sup> Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2011*. Atlanta: U.S. Department of Health and Human Services; 2012.

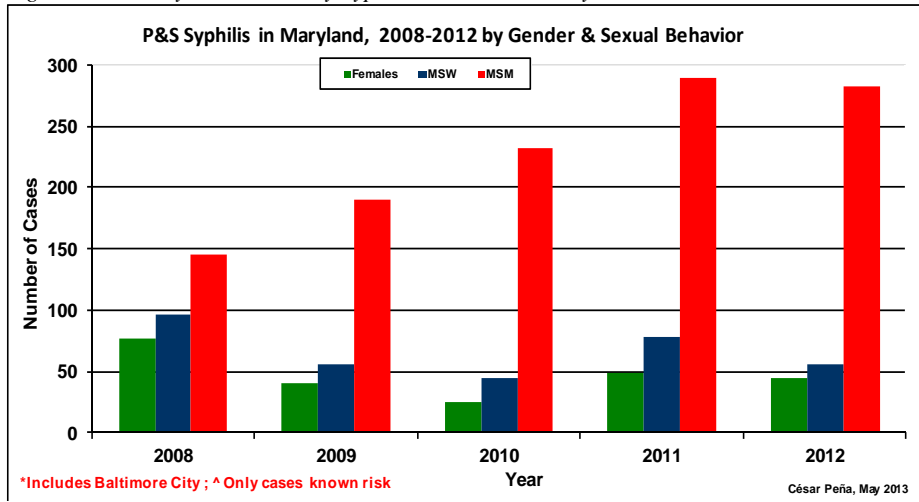
Figure 2. Infectious Syphilis Rates in Baltimore City by Zip Code, 2012



Property of Baltimore City Health Department

Over the last 5 years, the number of P&S syphilis cases among MSM has increased, while the number of cases in females and men who have sex with women has decreased (Figure 3). Previously in Baltimore City, both MSM and female commercial sex workers were high-risk populations.

Figure 3. Primary and Secondary Syphilis Case Numbers by Gender and Sexual Behavior, 2008-2012



Note: MSW = Men who have sex with women; MSM = Men who have sex with men

### Chlamydia

Figure 4 below shows the 10 year trend for chlamydia (CT) case rates in Baltimore City, Maryland State, Maryland Counties (excludes Baltimore City), and the U.S. The graph shows that case rates have been steadily increasing over the last 10 years, which most likely reflects screening recommendations for sexually active young females and the adoption of more sensitive laboratory tests during this time period, but may also reflect a true increase in morbidity. As with P&S syphilis, CT case rates are consistently higher in Baltimore City compared to Maryland State, Maryland Counties and the U.S. Rates are highest in young females (Figure 5).

Figure 4. Chlamydia Rates in Maryland, 2003-2012

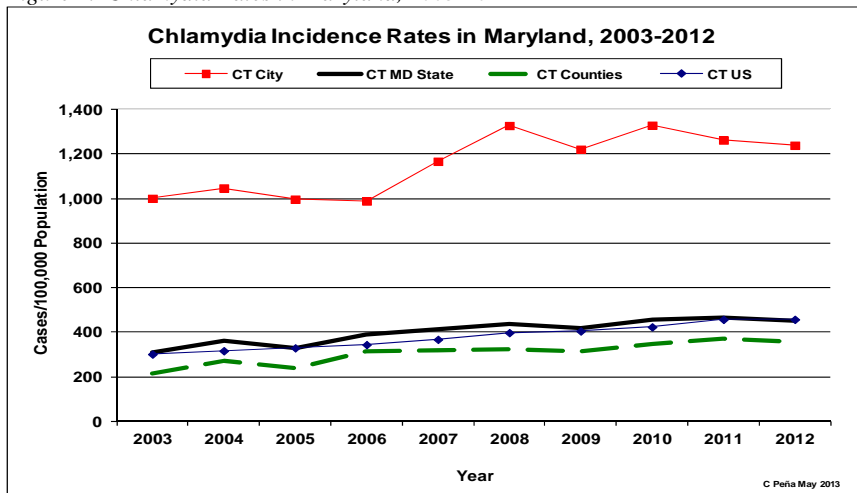
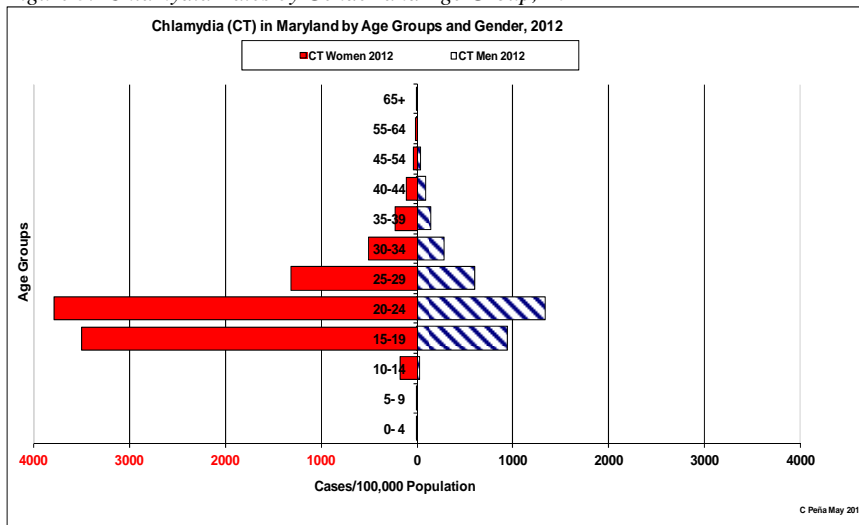


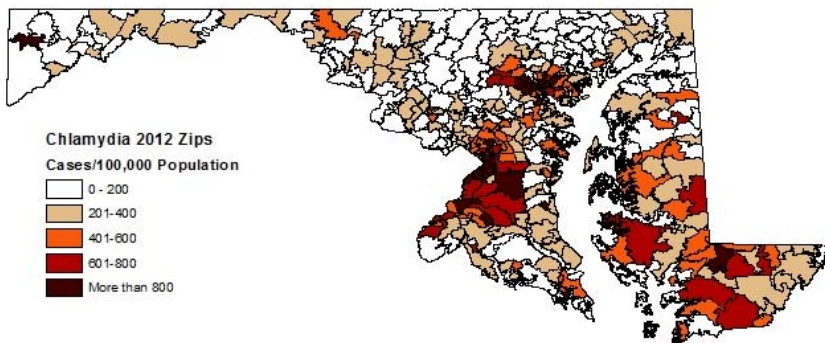
Figure 5. Chlamydia Rates by Gender and Age Group, 2012



The map in Figure 6 indicates that CT rates are highest in Baltimore City, Prince George’s County and Wicomico County. In 2012, Baltimore City reported 7,715 CT cases compared to 18,819 cases in Maryland Counties.

Figure 6. Chlamydia Case Rates by Zip Code, 2012

**Chlamydia in Maryland, 2012  
Incidence Rates by Zip Codes**



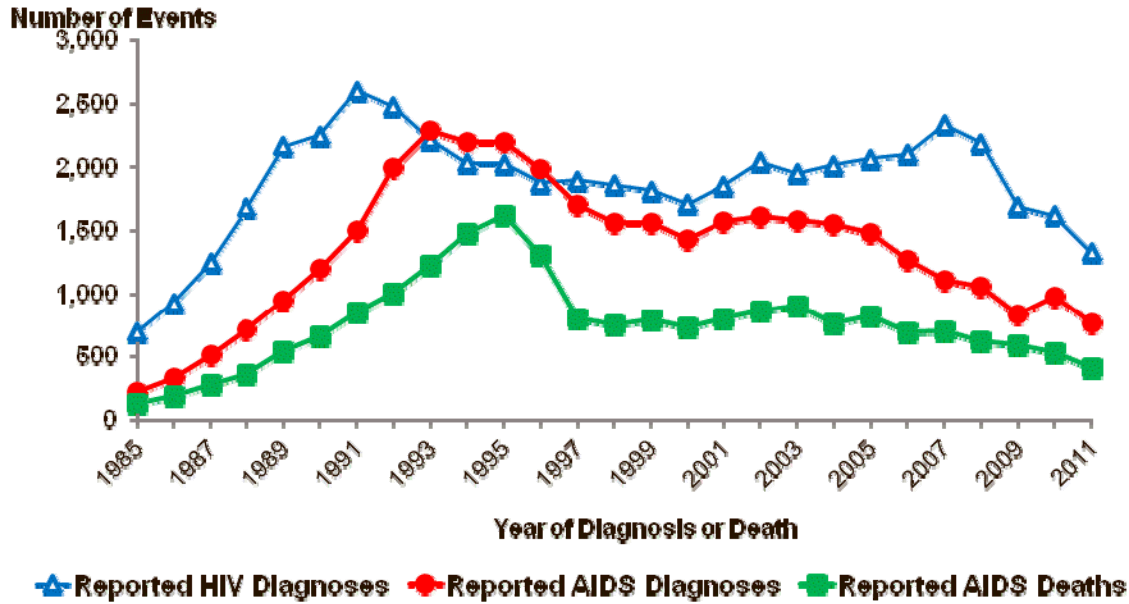
**HIV/AIDS**

Through December 31, 2012, 36,665 AIDS cases and an additional 15,940 cases of HIV infection that had not developed AIDS have been reported in Maryland. Currently, there are 27,710 individuals living with a diagnosis of HIV or AIDS in Maryland using data reported



through December 31, 2012. In 2011, the last year for which national rankings are available, Maryland ranked third nationally among states and territories for new HIV diagnoses with an estimated 1,783 cases and rate of 30.6 cases per 100,000 population, while the Washington and Baltimore metropolitan areas (cities plus surrounding suburban counties) ranked fifth and sixth among large metropolitan statistical areas (1,969 and 34.5/100,000, 922 and 33.8/100,000, respectively).<sup>3</sup> Figure 7 below shows the number of new HIV diagnoses and new AIDS diagnoses reported by year of diagnosis, and the number of reported deaths among AIDS cases by year of death. During the last ten years the numbers of HIV and AIDS diagnoses and of AIDS deaths declined.

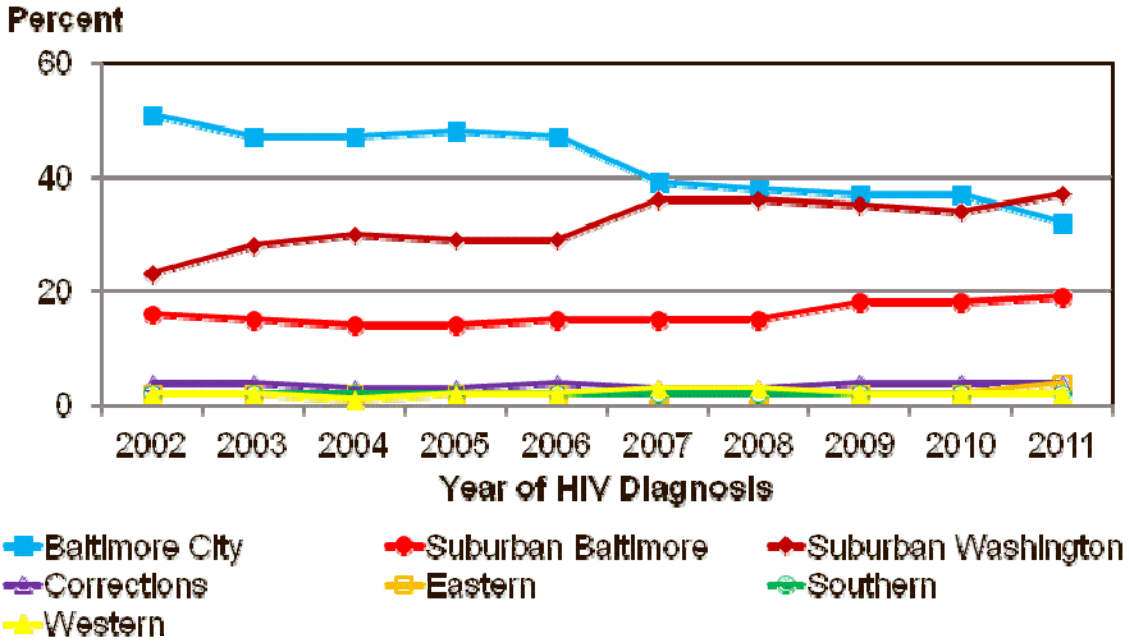
Figure 7. Maryland HIV/AIDS Trends, 1985-2011, Using Data as Reported through 12/31/2012



Historically, approximately half of all HIV/AIDS cases were residents of Baltimore City; however, figure 8 shows the changing distribution of new HIV diagnoses by residence of the HIV case. An increasing proportion of the new HIV diagnoses are from suburban Washington and suburban Baltimore, while a decreasing proportion are from Baltimore City.

<sup>3</sup> CDC. HIV Surveillance Report, 2011. Vol. 24.

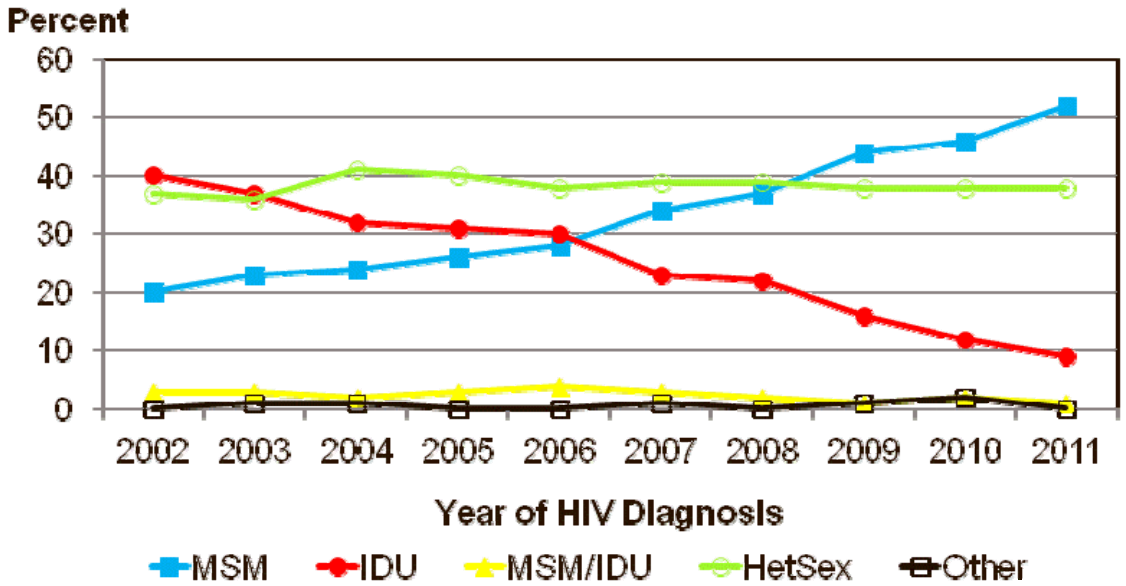
Figure 8. Maryland Reported Adult/Adolescent HIV Diagnosis Trends, 2002-2011, by Region of Residence at Diagnosis, Using Data as Reported through 12/31/2012



Among the adult/adolescent living HIV/AIDS cases with a known HIV exposure category, 34.2 percent reported heterosexual contact with a person known to have HIV or to be in a risk group for having HIV (HetSex), 31.6 percent reported injection drug use (IDU), and 30.1 percent were men who reported having had sex with other men (MSM). For Baltimore City residents, IDU was more commonly reported as the exposure category and MSM was less commonly reported: 42.7 percent IDU, 29.1 percent heterosexual, and 23.8 percent MSM.

Figure 9 below shows the substantial changes during the last ten years in exposure category among the new HIV diagnoses by year of diagnosis. New HIV diagnoses reporting IDU decreased from the most common exposure with 40 percent in 2002 to the third most common exposure with 9 percent in 2011, while MSM increased from the third most common with 20 percent in 2002 to the most common with 52 percent in 2011. This increase in MSM cases is particularly high among young (age 20-29), non-Hispanic Black men, in Baltimore City and Prince George’s County.

Figure 9. Maryland Reported Adult/Adolescent HIV Diagnosis Trends, 2002-2011, by Exposure Category for those with a Reported Exposure Category, Using Data as Reported through 12/31/2012



## APPENDIX B:

### MISSION, PRINCIPLES, AND FRAMEWORK

#### *Mission*

The BCHD's STI Program's and CSTIP core missions are to prevent and reduce STIs in Baltimore City and statewide respectively. Each entity works to achieve this through surveillance, the provision of treatment services, treatment assurance, partner services, technical assistance, program monitoring, and collaboration with public and private providers and partners.

#### *Principles*

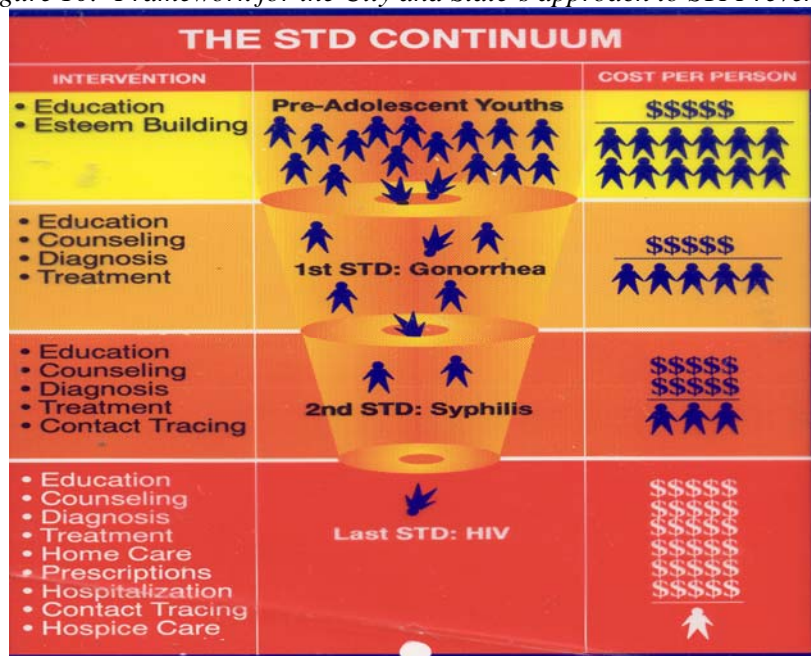
This shared mission is based on two fundamental principles:

1. STI prevention is everyone's business. Communication and collaboration are necessary among various agencies, including education, family planning, social services, corrections, and others.
2. Education and interventions must begin early, before young people make the decision to have sexual contact (vaginal, anal, and oral).

#### *Framework*

Figure 10 provides a framework for BCHD and CSTIP's approach to STI prevention and treatment. The number of people in the top tier is large, but the dollar amount required per person is minimal. Costs are lower in the top tier because interventions at this level include widespread education and self-esteem building. As the continuum progresses, the number of people impacted continues to decrease, but the cost per person continues to increase. The further people progress through this funnel, the greater the costs. As directed by federal funders, most resources are spent trying to control disease, with very few resources remaining to work with the top-tier prevention efforts. BCHD and CSTIP work within the existing framework to create programs that intervene more at the top level to prevent individuals from becoming infected with a more serious disease.

Figure 10: Framework for the City and State’s approach to STI Prevention and Treatment



The focus on youth is critically important. It is estimated that 50 percent of all new STIs occur among 15 to 24 year-olds.<sup>4</sup> To augment the Department and BCHD’s STI prevention activities and to support on-going STI education among youth on a continual basis will require enhanced inter-agency partnerships with the Maryland State Department of Education, local education agencies, and local health departments as well as additional funds to support comprehensive STI programs.

<sup>4</sup> Weinstock H, et al. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health*. 2004; 36(1):6-10.