



Indiana
Department
of
Health

Sexually Transmitted Infections in Indiana

Ariel Cheatham, MPH
STI Epidemiologist

August 8, 2024

Agenda

- Overview of the HIV/STI/Viral Hepatitis Division at IDOH
- What are reportable STIs
- How to report STIs

IDOH HIV/STI/Viral Hepatitis Division

- Prevention
- Surveillance
- Services
- CQM/CI

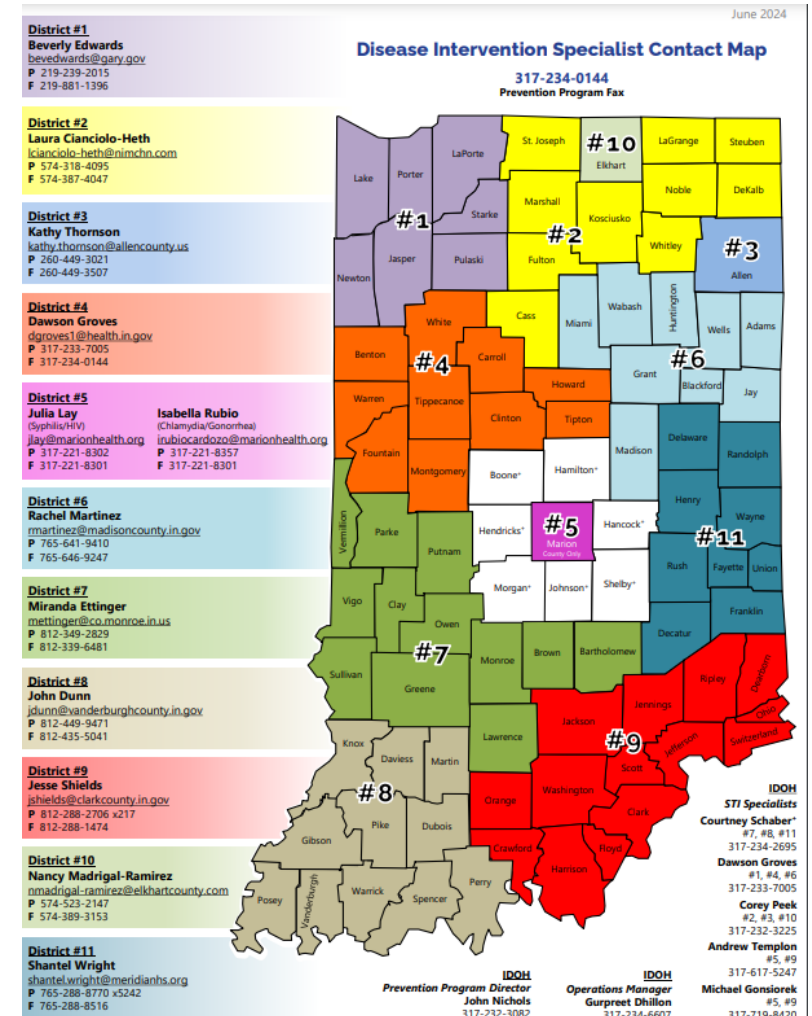
Disease Intervention Specialists

- State and Local DIS are trained in contact tracing, case investigation, and partner services to prevent and control the spread of infectious diseases (primarily, HIV and STIs).
- DIS offer:
 - HIV/STI prevention counseling
 - Testing
 - Partner services and referrals
 - Connection to care and social resources

Disease Intervention Specialists

Map current as of June 2024

Link: [Disease Intervention Specialist Contact Map](#)



Reportable STIs in Indiana

- Chancroid
- Chlamydia
- Gonorrhea & Disseminated Gonococcal Infection (DGI)
- Antibiotic Resistant Gonorrhea
- Syphilis (Adult & Congenital)

Mpox (formerly known as Monkeypox)

Chlamydia

Caused by *Chlamydia trachomatis*

- **Can be asymptomatic**
- **Common symptoms:** penile/vaginal discharge, dysuria, testicular swelling, rectal pain/bleeding/discharge

Current treatment recommendation: Doxycycline 100mg PO, BID x 7 days*

If untreated, infected females may develop Pelvic Inflammatory Disease (PID)

**for alternatives, see [2021 CDC STI treatment guidelines](#)*

Gonorrhea

Caused by *Neisseria gonorrhoeae*

- **Often asymptomatic**
- **Common symptoms:** penile/vaginal discharge, dysuria, vaginal bleeding between periods, testicular swelling, rectal itching/soreness/bleeding, sore throat, swollen lymph nodes

Only ONE CDC recommended treatment: Ceftriaxone 500mg IM in single dose for patients weighing < 150kg (1g appropriate for patients over 150kg)

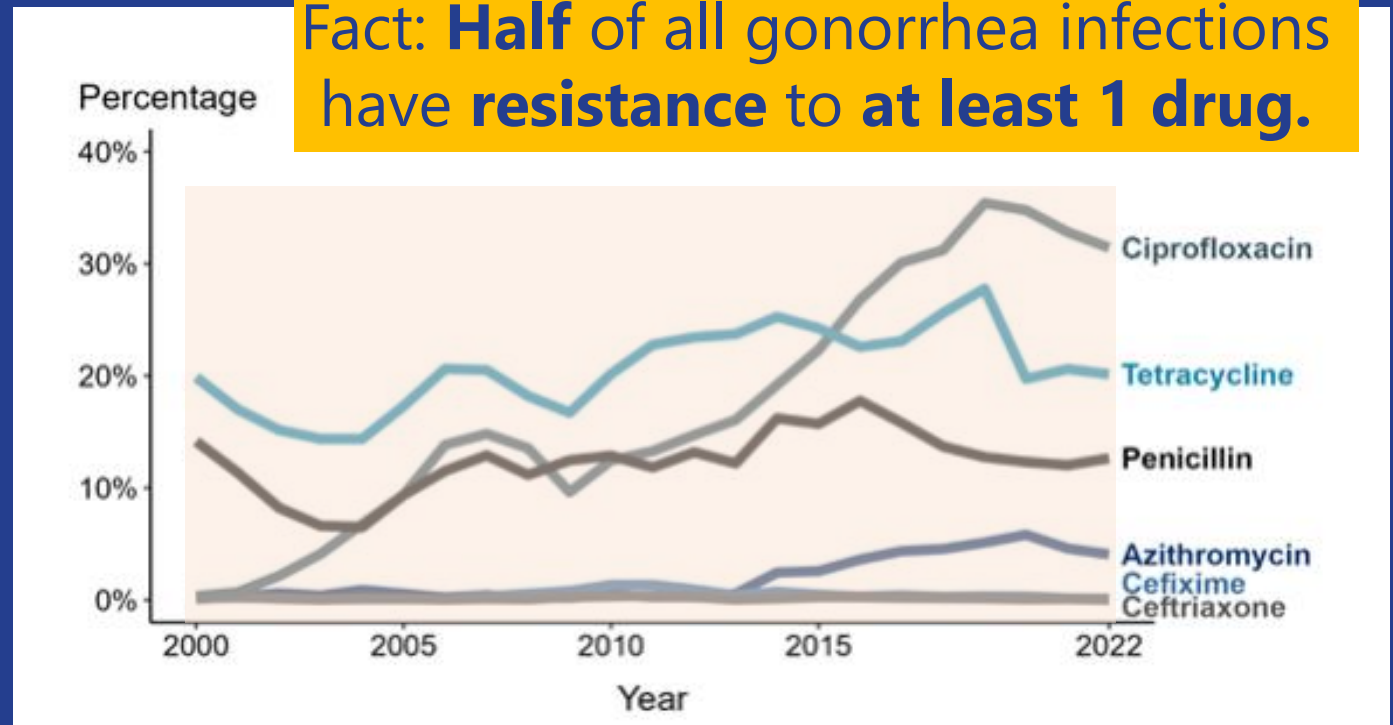
If untreated, infected females may develop Pelvic Inflammatory Disease (PID)

Antimicrobial Resistance

We have **one class of drugs** left to treat gonorrhea!

SURRG/CARGOS monitors trends in Indiana

Fact: **Half** of all gonorrhea infections have **resistance to at least 1 drug.**



Disseminated Gonococcal Infections (DGI)

N. gonorrhoeae invades **bloodstream and spreads** to distinct sites in the body

Very Rare - estimated to occur in approximately 0.5-3.0% of gonorrhea infections; reportable, *effective* January 2023.

Mysterious - prevalence still unknown; however, number of cases seem to be increasing – especially in the Midwest.

Cluster of **Highly Related** DGI — Southwest Michigan, 2019

- Risk factors: Drug use, particularly methamphetamine

Manifestations:

- Septic arthritis
- Myositis
- Tenosynovitis
- Osteomyelitis
- Mitral valve endocarditis

What clinicians can do...

Report any DGI case (lab confirmed or clinically suspected) to state health departments/STI program, per local protocols

Obtain **NAAT and culture specimens** at all exposed anatomic sites for patients with suspected DGI

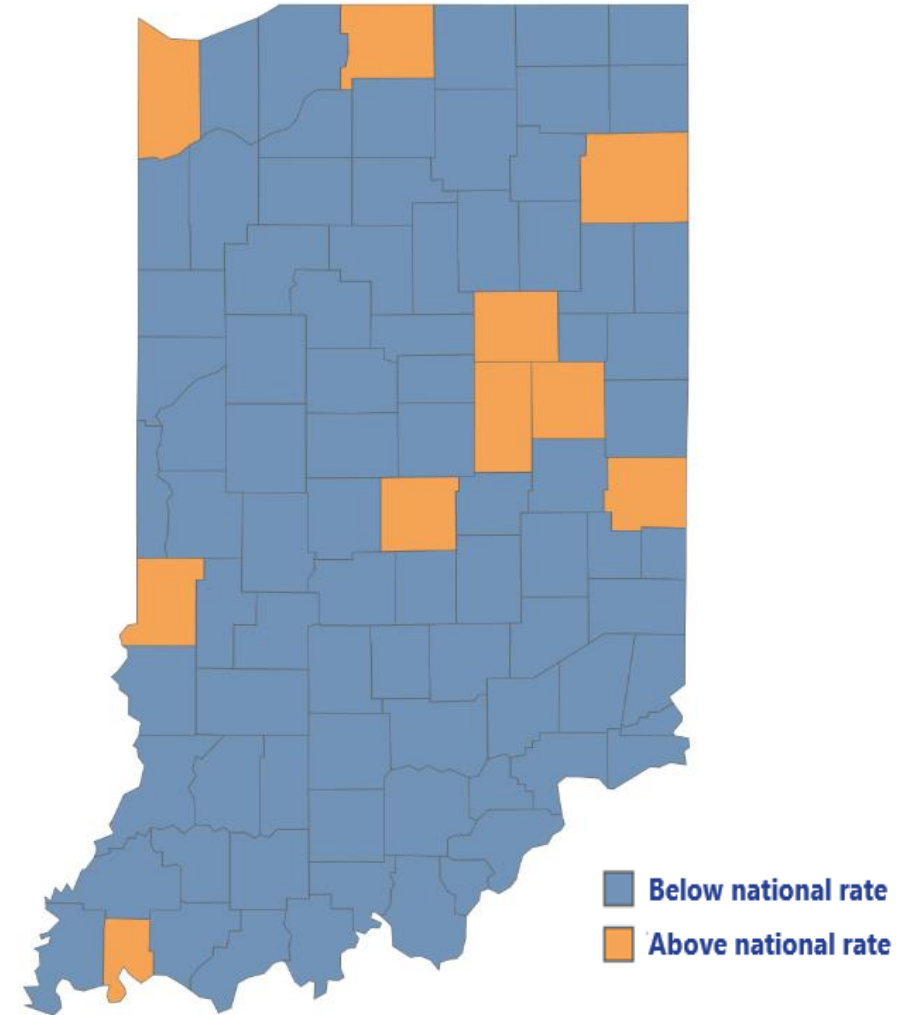
Ensure *N. gonorrhoeae* DGI isolates are submitted to local or state labs

- Isolates can be forwarded to CDC for additional testing

Gonorrhea

- 12,520 cases in 2022
- 9,880 cases in 2023*

2022 Indiana Rates



Syphilis

Caused by *Treponema pallidum*

4 Stages: Primary, Secondary, (Early/Late) Latent, Tertiary

Additional complications: Neuro, otic, ocular

Current treatment recommendation:

- Primary, Secondary & Early Latent: Benzathine Penicillin G, 2.4 million units, IM*
- Late Latent & Tertiary: Benzathine Penicillin G, 7.2 million units, IM in 3 doses 1 week apart each*

Congenital Syphilis: infection passed from mother to unborn baby during pregnancy

**for alternatives, see [2021 CDC STI treatment guidelines](#)*

Syphilis

Stage	Symptoms
Primary	Single or multiple chancres, typically small, firm, round and painless at infection site
Secondary	<ul style="list-style-type: none">• Rough, red or brown spotted rash present on palms of hands, bottoms of feet, or trunk• Mucosal lesions• Fever, swollen lymph nodes, sore throat, weight loss, headache, fatigue, and muscle ache
Latent	No symptoms
Tertiary	Cognitive, cardiovascular & neurological* symptoms are possible

**Neurological, otic and ocular manifestations of syphilis can occur at any stage of infection*

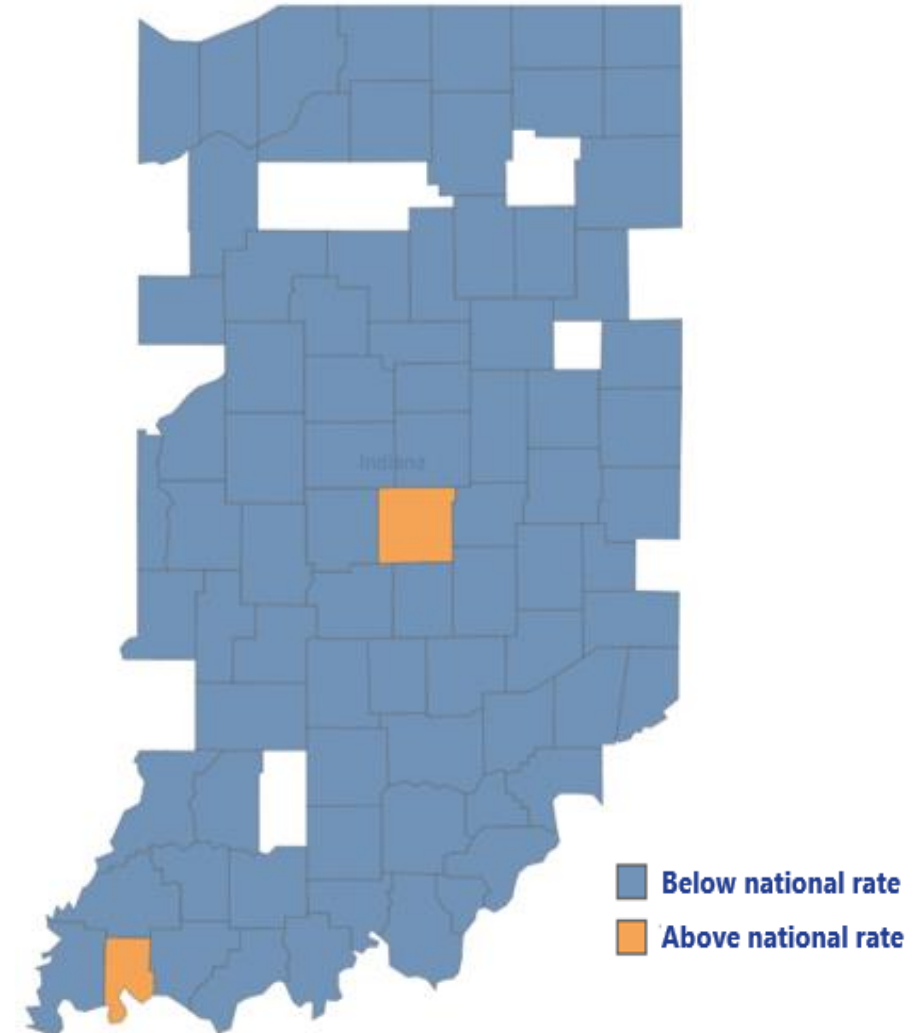
Syphilis

- **2,121 cases in 2022**
- **2,291 cases in 2023***
- Notable increase in women of childbearing age (15-44)
- 38 cases of congenital syphilis reported in 2022
 - Preliminary reports of 50 cases in 2023

[Syphilis Data Dashboard](#) (data are preliminary)

[Congenital and Adult Syphilis Toolkit](#)

2022 Indiana Rates



Reporting STIs: CDR, 2015

Indiana Communicable Disease Rule, 2015

In Indiana, cases of **chancroid, chlamydia, gonorrhea, syphilis, and congenital syphilis** are required to be reported to the health department in your area **within one business day of diagnosis**; healthcare providers should not report cases of herpes or trichomoniasis.

Case Report Form

Reporting a Case:

- Indiana Confidential Sexually Transmitted Disease Report State Form **56459** by fax to local STI District (see DIS Contact Map)
- Online Reporting via disease-specific RedCap survey

IDOH STI Surveillance [webpage](#)

Questions?

CONTACT:

Ariel Cheatham, MPH

acheatham@health.in.gov

