

SEXUALLY TRANSMITTED INFECTIONS IN MINNESOTA

INTRODUCTION

This January, the Minnesota Department of Health released new figures indicating an alarming increase in HIV infections among young Minnesotans. The number of new HIV cases in the state increased by 13 percent in 2009, marking a 17-year high¹. This news comes on the heels of annual increases in the rates of sexually transmitted infections (STI) over the past decade, a public health crisis for which the state of Minnesota must develop a strategic state-wide solution. In fact, last April's Minnesota STI Report showed the highest level of infections ever, with over 17,000 cases reported.²

This increase in HIV infection is a serious public health problem, and it is essential that Minnesota's public health community is supported in its efforts to address these rising rates of HIV and STIs. The newly released HIV figures demonstrate, at a minimum, the need for a coordinated, comprehensive, state-wide plan and education campaign that will improve the public health of all Minnesotans.

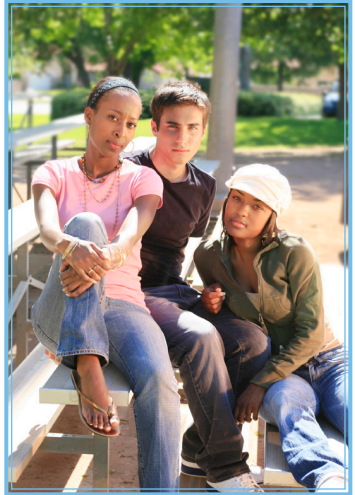
More than 94% of Planned Parenthood's 64,000 patients are women, the majority of whom are young adults, and 19% of whom are from communities of color. This population - female patients aged 26 and younger - are at the greatest risk of acquiring an STI. Planned Parenthood currently administers more than 61,000 STI tests annually, including HIV, Chlamydia, Gonorrhea, and HPV, among others. Untreated STIs significantly increase the risk of acquiring HIV. Planned Parenthood also provides reproductive health education programming with a focus on reducing STIs, HIV, and unintended pregnancies.

This report contextualizes the impact of STIs and HIV on Minnesota residents and explores solutions for addressing this critical health care need.

THE PROBLEM: Ineffective Public Policy

During the past decade, the United States government has invested \$1.5 billion in abstinence-only education programs that prohibit the discussion of effective, evidence-based strategies for preventing the transmission of STIs and HIV.³ Although the Minnesota State Legislature passed legislation to promote comprehensive sex education, including programs that contain information about both abstinence and risk reduction, the legislation was abandoned under threat of veto by Governor Pawlenty. This lack of comprehensive, prevention-focused sex education has resulted in a generation of young people who are at an increased risk of acquiring an STI or HIV, and who are without the information or means necessary to protect themselves.

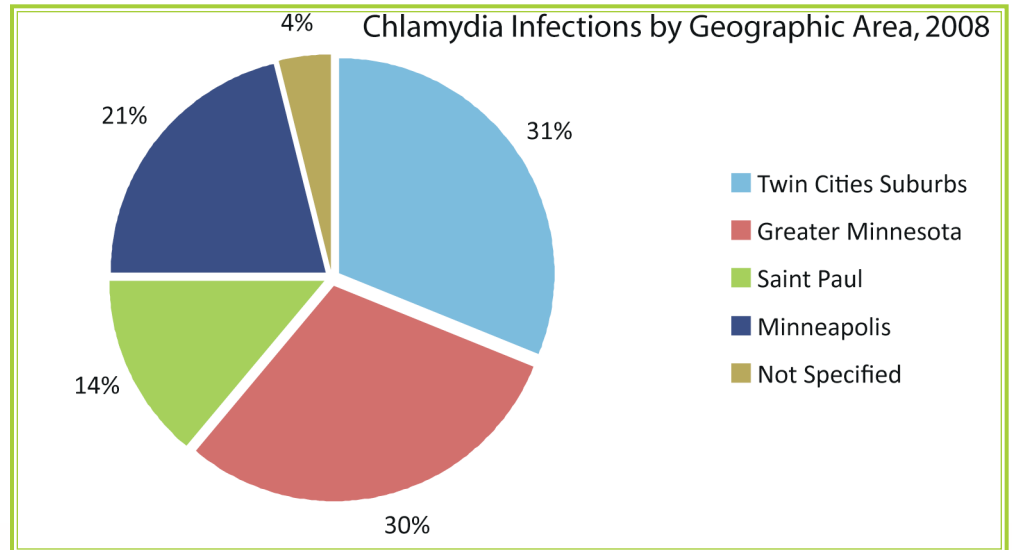
Compounding this problem is the fact that there is inadequate state funding specifically allocated to address Minnesota's ever-increasing STI epidemic and this recent, unacceptable rise in HIV infections among young Minnesotans.



THE DATA

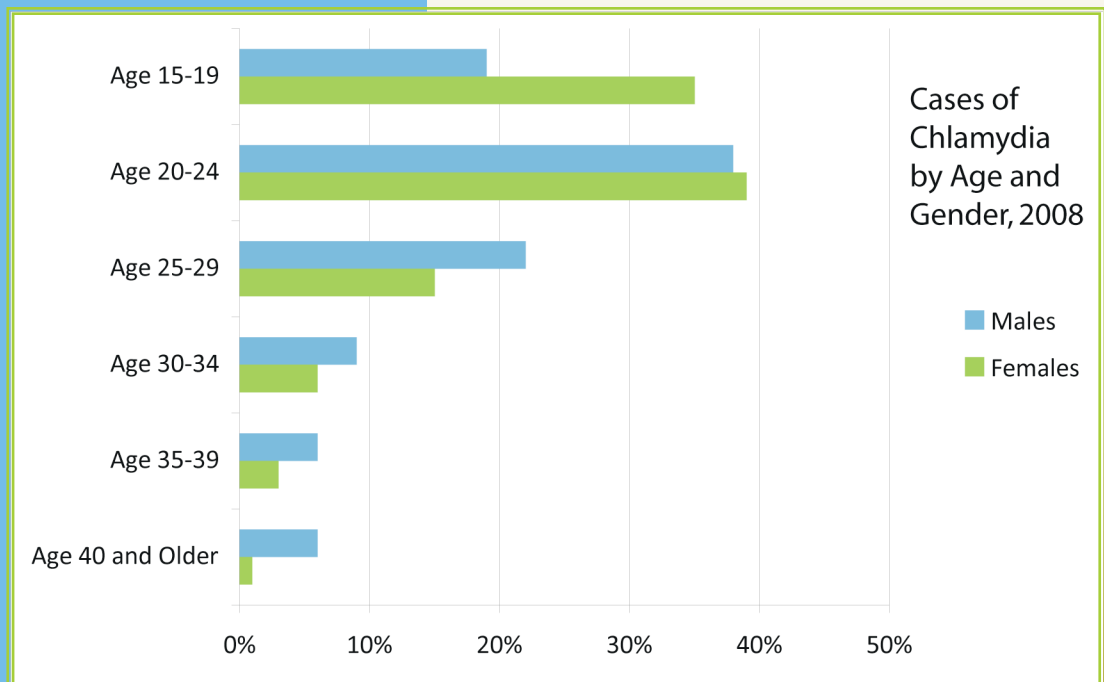
Chlamydia

Chlamydia is the most commonly reported infectious disease in Minnesota, with 14,350 cases identified in 2008. Rates of chlamydia have more than doubled over the last 14 years, and have especially impacted young people, women, communities of color, and American Indians. Among Minnesota women, chlamydia incidence has more than doubled since 1996; among Minnesota's young adult population, chlamydia incidence has more than tripled.⁴



In 2009, Planned Parenthood provided 22,398 chlamydia tests in Minnesota, along with treatment for patients who tested positive.

During the past year, Minnesota's overall chlamydia rate increased by 7%, with the highest rates occurring among women, young adults, and communities of color. Racial disparities in chlamydia incidence are considerable: the chlamydia rate among black Minnesotans is now 16 times higher than the rate among white Minnesotans.⁵ If left untreated, chlamydia may lead to significant reproductive health complications, including pelvic inflammatory disease and infertility.

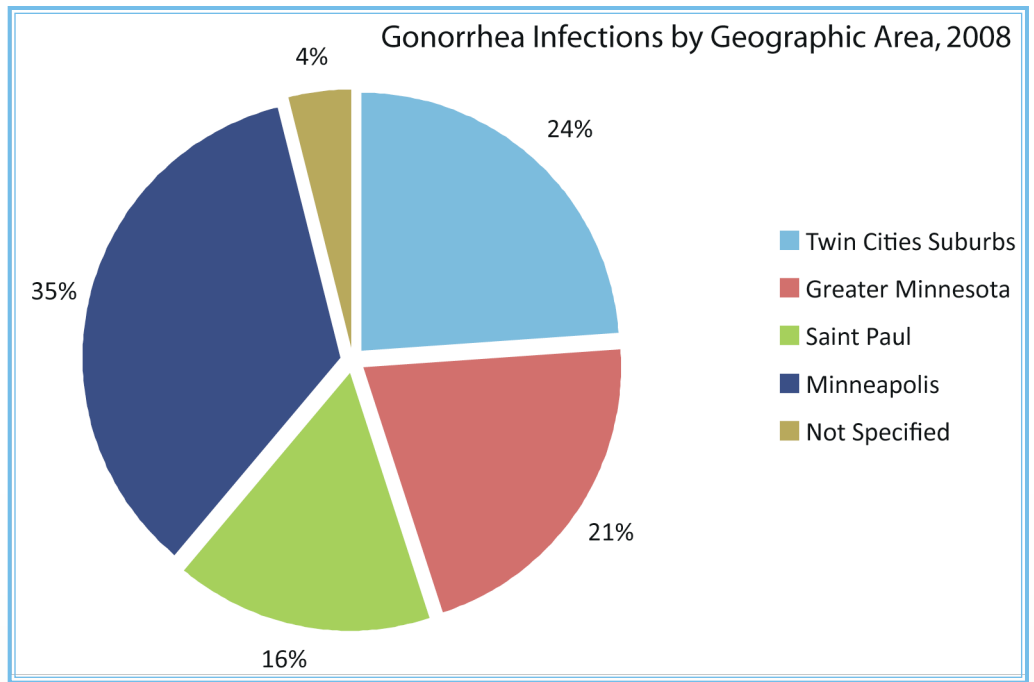


Gonorrhea

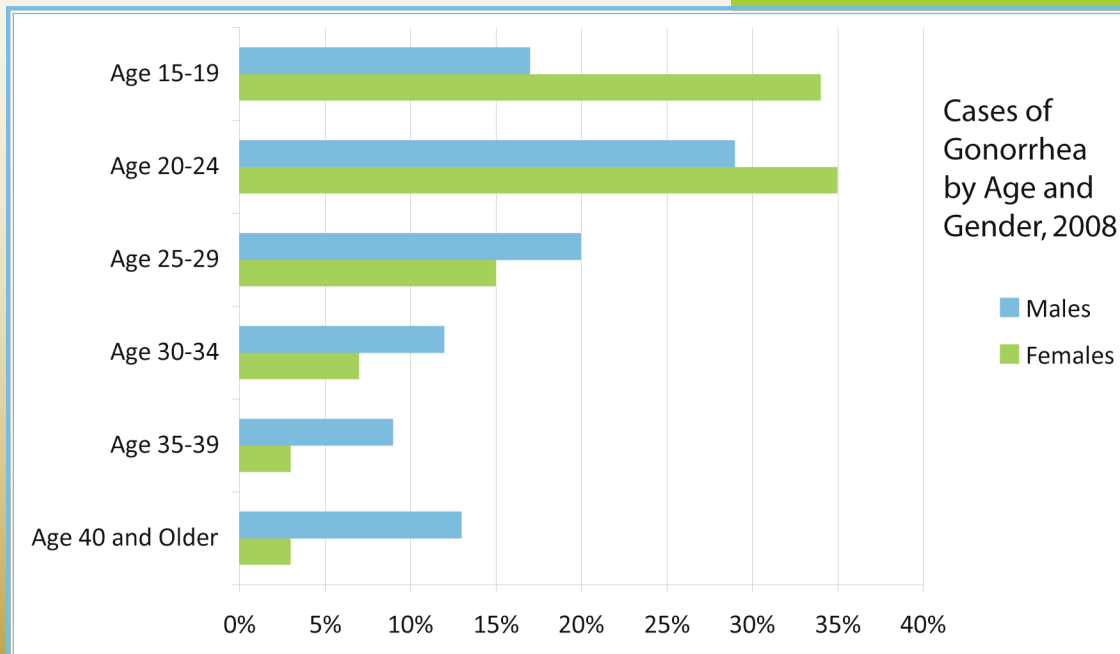
Over the past decade, gonorrhea incidence has steadily increased among Minnesota communities. During 2008, 3,036 cases of gonorrhea were identified statewide, with the highest rate increases occurring among men and women in their 20s. Teens and young adults now account for nearly 60% of all cases of gonorrhea identified in the state.⁶

Significant disparities in gonorrhea rates by race, ethnicity, and geography persist.

While most of the state observed a decrease in gonorrhea incidence during 2008, Greater Minnesota reported an increase during this same time period. Black Minnesotans currently have a gonorrhea incidence rate that is 40 times greater than the rate for white Minnesotans, while Minnesota's Latino and American Indian communities experience gonorrhea rates that are more than 4 times the rate for white communities.⁷



In 2009, Planned Parenthood provided 18,357 gonorrhea tests in Minnesota, along with treatment for patients who tested positive.



Human Papillomavirus

Human Papillomavirus (HPV) is not a reportable disease in Minnesota.⁸ However, a recent study conducted by the Centers for Disease Control and Prevention indicates that 1 in 4 adolescent girls has an STI, and in most cases, it is HPV.⁹ As many as 80% of sexually active people will acquire HPV at some point in their lives.¹⁰

More than 100 strains of HPV have been identified to date, and more than 30 of these strains are transmitted sexually. HPV has been identified as the leading cause of cervical cancer in women, as well as the leading cause of genital warts in both women and men.¹¹ While vaccines exist that prevent four of the most common types of HPV, the high cost of these vaccines make preventing cervical cancer out of reach for many Minnesota families.

PLANNED PARENTHOOD'S RESPONSE

Planned Parenthood is one of the leading providers of STI testing and treatment in Minnesota. Across 25 clinics in Greater Minnesota and the Twin Cities Metropolitan Area, Planned Parenthood provides more than 61,000 STI tests each year, including HIV testing and counseling. We also provide vaccines to women and men that prevent the transmission of HPV.

We complement these clinical efforts with evidence-based, culturally relevant, and age-appropriate sex education programs. Planned Parenthood's comprehensive sex education programming includes strong, clear messages about abstinence as well as medically accurate information about reproductive health, contraceptive methods, and responsible decision making.

Planned Parenthood currently offers 11 education programs for parents, youth, and families, including our newest program, Native STAND, a collaborative program focused on reducing HIV and STI incidence among American Indian women and girls in Northern Minnesota. In particular, Beltrami County has a high rate of chlamydia incidence, with one-third of cases in the county being detected at Planned Parenthood's Bemidji clinic.¹²

Planned Parenthood's STI prevention education, testing, and treatment efforts are specifically designed to respond to cultural and linguistic barriers that often keep members of our communities from seeking and receiving the health care they need. Yet, without a statewide strategic response from our public health and legislative leaders, including access to affordable testing and treatment, STI incidence will only increase, and the burden of this increase will be shouldered by Minnesota's most marginalized communities.



RECOMMENDATIONS FOR REFORM

Planned Parenthood calls on the State of Minnesota to enact a comprehensive, evidence-based approach to reducing the state's rising STI rates, including HIV infection. These rising rates of infection are a significant health threat to Minnesotans. Planned Parenthood urges the State to take the following steps to strengthen its prevention efforts:

- Provide funding to address the unmet public health need for STI testing and treatment. There is currently no dedicated state funding for screening and treatment of chlamydia and gonorrhea infections.
- Require the Minnesota Department of Health to implement an HIV and STI public education campaign. Community education efforts must include information on the prevalence and transmission of STIs and HIV.
- Direct the Minnesota Department of Health to complete an assessment of the necessary steps required to significantly reduce the state's STI rates within five years.
- Direct the Minnesota Department of Health to determine the total annual cost to the state's health care system of STIs, treated and untreated, occurring in adolescents and young adults.
- Provide for school-based, age-appropriate comprehensive sexuality education programming that would offer young people the information and means to protect themselves.¹³

CONCLUSION

These persisting increases in STI and HIV incidence in Minnesota must be addressed. Minnesota's public policy makers must respond swiftly and strategically with evidence-based approaches that will effectively address this public health crisis. Doing so will result in fewer new STI and HIV patients, earlier treatment of infected persons and a healthier Minnesota.

ENDNOTES

¹Minnesota Department of Health. Preliminary HIV/AIDS Surveillance Report – 2009. Minnesota Department of Health, STD and HIV Section. www.health.state.mn.us.

²Minnesota Department of Health. 2008 Minnesota Sexually Transmitted Disease Statistics. Minnesota Department of Health, STD and HIV Section. www.health.state.mn.us

³Advocates For Youth. The History of Federal Abstinence-Only Funding. www.advocatesforyouth.org.

⁴Minnesota Department of Health. 2008 Minnesota Sexually Transmitted Disease Statistics. Minnesota Department of Health, STD and HIV Section. www.health.state.mn.us

⁵Ibid.

⁶Ibid.

⁷Ibid.

⁸Ibid.

⁹Department of Health and Human Services. Centers for Disease Control and Prevention. Prevalence of Sexually Transmitted Infections and Bacterial Vaginosis among Female Adolescents in the United States: Data from the National Health and Nutritional Examination Survey (NHANES) 2003-2004. www.cdc.gov. March 2008.

¹⁰American Social Health Association. Overview of HPV. www.ashastd.org.

¹¹Ibid.

¹²Minnesota Department of Health. 2008 Minnesota Sexually Transmitted Disease Statistics. Minnesota Department of Health, STD and HIV Section. www.health.state.mn.us. STD Surveillance Statistics Slides. Slide 14.

¹³University of Minnesota. Prevention Research Center. What Do Parents Think About Sex Education? www.prc.umn.edu.