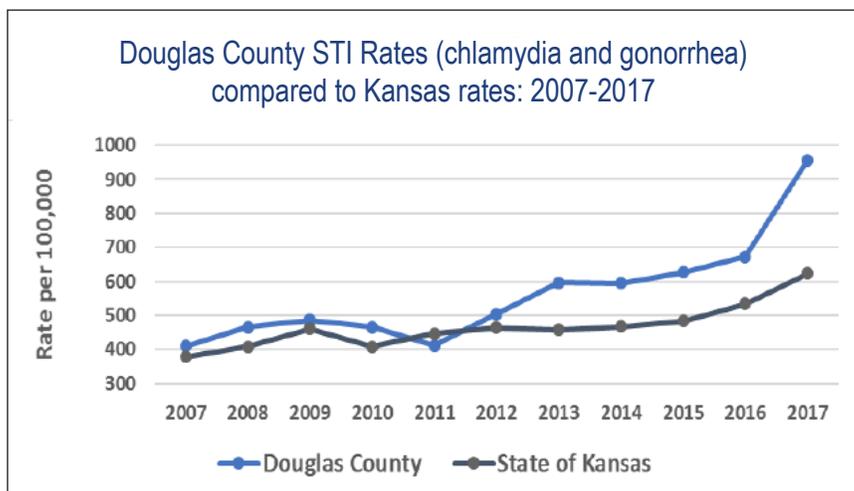


infectionconnection

A publication of the LDCHD Epidemiology program

New report provides STI data for Douglas County



Douglas County's current rate of infection from chlamydia and gonorrhea is 956 compared to 622 for the state of Kansas.

In 2017, Douglas County had the highest rate of chlamydia, gonorrhea and syphilis in the state. In Douglas County, high rates of STIs affect American Indian and Black/African-American populations and younger populations, primarily those who are 15 to 24 years old.

Recommendations for health care providers regarding STIs include:

- STI screening should be a standard part of medical care, especially for pregnant women, men who have sex with men and those ages 25 and younger.
- Open and honest conversations with patients about their sexual history and high-risk sexual behaviors.

Please see the attached Douglas County STI data brief, which is also available on the [Health Department's website](#).

Health Department, KU team up to increase HPV vaccination rates

The Lawrence-Douglas County Health Department and the KU Center for Community Health and Development have been collaborating on a project to increase HPV vaccination rates in Douglas County.

In May, Vicki Collie-Akers, an associate research professor at KU, facilitated two focus groups with parents and one with health care providers to better understand the barriers to HPV vaccination.

From the parent focus groups, we learned:

- Parents believe the HPV vaccine is new and are seeking clear, non-biased sources of information regarding the vaccine.
- Almost unanimously, parents acknowledged the risk for HPV is very high.
- Doctors were viewed as the most trusted source of information and were looking for recommendations from them.
- When doctors say they vaccinated their children (or plan

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Dr. Thomas Marcellino, of Mount Oread Family Practice, will be featured in a local communications campaign about the importance of HPV vaccination. Marcellino is the Douglas County Health Officer.

Douglas County Disease Report

Disease category	Disease name	May	June	July	Total
Enteric	Campylobacteriosis	2	5	4	11
	Giardia	0	1	0	1
	Salmonella	4	4	6	14
	Shigella	0	2	0	2
	STEC	1	1	2	4
General	Hepatitis B, acute	0	1	0	1
	Hepatitis B, chronic	1	0	2	3
	Hepatitis C, chronic	12	7	6	25
	Strep Pneumo, Invasive	2	0	0	2
Vector	Ehrlichiosis	1	1	0	2
	Lyme	0	0	2	2
	RMSF	2	3	1	6
	Tularemia	1	0	0	1
Vaccine Preventable	Varicella	6	6	0	12
* STDs (tested at HD only)	Chlamydia	16	21	18	55
	Gonorrhea	5	13	11	29
	Syphilis	3	5	2	10

Report includes number of cases investigated by the Lawrence-Douglas County Health Department. Case classifications include: confirmed, probable and suspect. * Positives tested at Lawrence-Douglas County Health Department.

Research project aims to increase HPV immunization rates in county

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to), it is very persuasive to parents.

Providers shared their strategies to get pre-teens vaccinated. These included:

- Communicating the link between the vaccine to cancer prevention;
- Providing informational sheets on genital warts;
- Providing education directly to the child;
- Normalizing the vaccine by talking to parents about all three vaccines— meningococcal conjugate, HPV and Tdap — at the same time, which are required at that age, instead of singling out HPV.

Information gleaned from the focus groups is being used to create a communications campaign, which will be released soon. The campaign features local providers discussing the benefits of HPV vaccination. Campaign materials will be published on the Health Department’s website: ldhealth.org/immunizations.

The final phase of the project involves the Health Department partnering with USD 497 to host school-based clinics in which the HPV vaccine will be offered in addition to other required vaccinations. The plan is to host the clinics at the four Lawrence middle schools this fall.

U.S. Preventative Services Taskforce: Benefits of prenatal tobacco cessation outweigh risks

While there is extensive evidence regarding the benefits of prenatal tobacco cessation, some health care providers may still be concerned about the risks associated with abrupt smoking cessation during pregnancy. The Health Department has heard these concerns from clients in the Women, Infants and Children (WIC) supplemental nutrition program.

However, the benefits far outweigh any potential risks.

The U.S. Preventative Services Taskforce (USPSTF) conducted a review of behavioral interventions for tobacco cessation for adults and reported no

adverse events from interventions for pregnant women.

The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco and provide behavioral interventions for cessation. The task force also recommends that counseling specific to pregnant women should include messages about the effects of smoking on both maternal and fetal health and clear, strong advice to quit as soon as possible.

Active smoking during pregnancy has been defined as the most serious and preventable cause of fetal and infant morbidity and

mortality by U.S. Healthy People 2020.

The adverse effects on maternal, fetal, and infant health produced by exposure to tobacco smoke before, during, and after pregnancy are unequivocal and can result in: low birth weight, altered fetal development, impaired fetal growth, increased risk of Sudden Infant Death Syndrome (SIDS), complications during pregnancy such as placenta abruption and decreased lung function of the baby.

According to the CDC, 1 in 14 women who gave birth in the U.S. in 2016 reported smoking with the highest prevalence among 20-24 year olds.