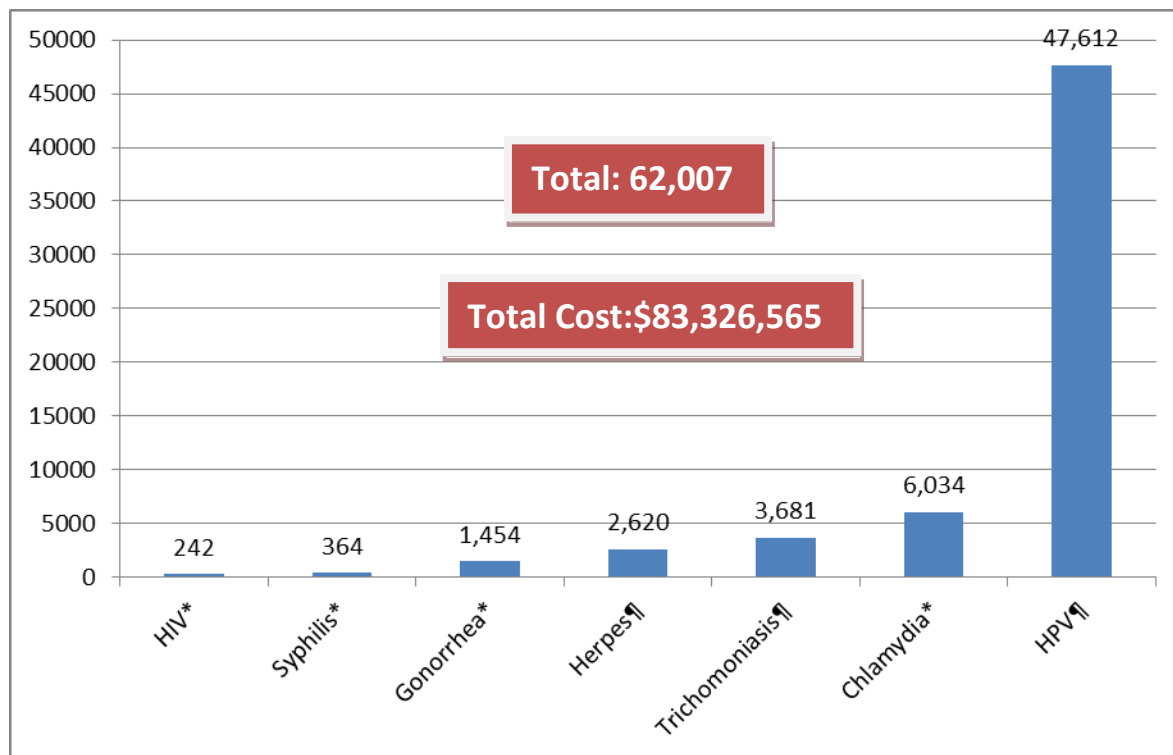


**Austin/Travis County Health and Human Services Department**  
**Data Report Released August 19, 2013**  
**Sexually Transmitted Infections in Travis County in 2011**

**Newly Diagnosed Sexually Transmitted Infections in 2011**

The Austin/Travis County Health and Human Services Department (ATCHHSD) estimates that there were over 62,000 newly diagnosed Sexually Transmitted Infections (STIs) in Travis County in 2011 costing an estimated \$83,326,565 in lifetime direct medical costs.

*Figure 1 – Number of Newly Diagnosed STI's in Travis County, 2011*



\*Number of reported infections, 2011

¶Estimated number of infections

Four STIs are reported conditions in Texas (Chlamydia trachomatis infections, gonorrhea, human immunodeficiency virus (HIV) and syphilis). Figure 1 shows the number of reported cases for these four conditions in Travis County residents in 2011.

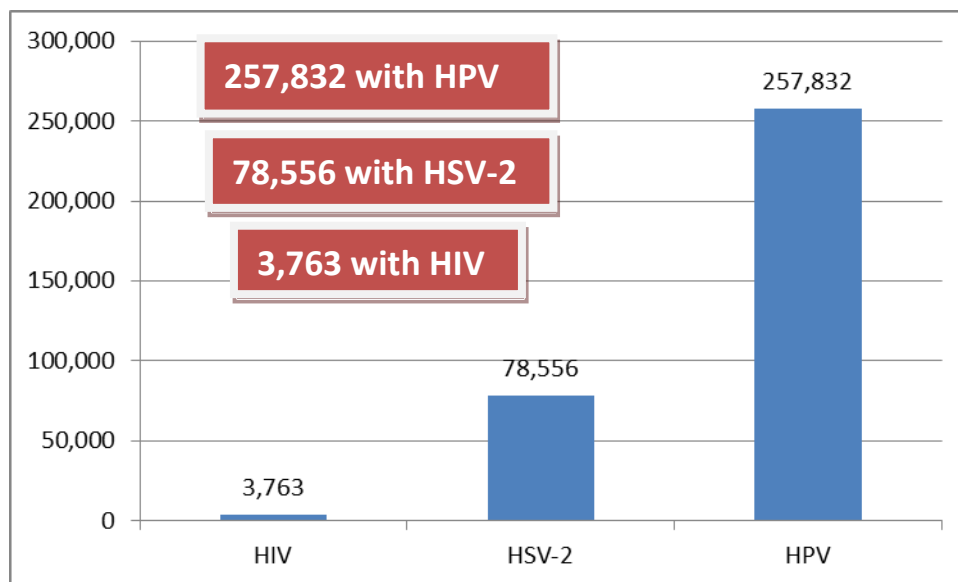
Recent publications have also provided data on the prevalence and incidence of sexually transmitted infections and the estimated direct medical costs associated with these infections (1, 2). Extrapolating from estimated numbers in the United States, the estimated number of new

herpes simplex virus infections, trichomoniasis and human papillomavirus (HPV) infections in Travis County are also shown in Figure 1.

## Prevalence of Sexually Transmitted Infections in 2011

Some STIs are not easily treated and cured, so that many people are living with the condition, although they were not newly diagnosed. ATCHHSD estimates that in 2011 there were 3,673 living with HIV, 78,556 with Herpes Simplex Virus Type 2 (HSV-2) and 257,832 with HPV (Figure 2).

*Figure 2 – Prevalence of HIV, HSV-2 and HPV in Travis County, 2011*



## Human Papillomavirus (HPV) - The Most Common STI

HPV accounts for the majority of prevalent STIs in Travis County. The body's immune system clears most HPV naturally within two years (about 90 percent), though some infections persist. While there is no treatment for the virus itself, there are treatments for the serious diseases that HPV can cause, including genital warts, cervical, and other cancers. Most sexually active men and women will get HPV at some point in their lives. This means that everyone is at risk for the potential outcomes of HPV and many may benefit from the prevention that the HPV vaccine provides. HPV vaccines are routinely recommended for 11 or 12 year old boys and girls, and protect against some of the most common types of HPV that can lead to disease and cancer, including most cervical cancers. CDC recommends that all teen girls and women through age 26 get vaccinated, as well as all teen boys and men through age 21 (and through age 26 for gay, bisexual, and other men who have sex with men). HPV vaccines are most effective if they are provided before an individual ever has sex.

## Economic Cost of STIs in Travis County

The estimated direct medical costs for selected sexually transmitted infections were recently determined by the Centers for Disease Control and Prevention (2). Table 1 shows the estimated direct medical costs per case for seven sexually transmitted diseases in Travis County. The estimated lifetime medical cost for each new HIV infection is \$304,500. The total direct lifetime medical costs for the 242 new HIV infections in 2011 in Travis County are over \$73 million dollars. Because some STIs – especially HIV – require lifelong treatment and care, they are by far the costliest. The total direct lifetime medical costs for the estimated 47,612 new HPV infections in 2011 are over \$5 million. HPV is particularly costly due to the expense of treating HPV-related cancers.

**Table 1. Number of newly reported or estimated sexually transmitted infections and estimated lifetime total direct medical costs, Travis County**

	Number of Cases, Travis County	Estimated Lifetime Total Direct Medical Costs
<i>Chlamydia trachomatis</i> infections§	6,034	\$1,582,030
Gonorrhea§	1,454	\$287,841
Herpes simplex virus (HSV) ¶	2,620	\$1,810,420
Human Immunodeficiency Virus (HIV) §	242	\$73,689,000
Human papillomavirus (HPV) ¶	47,612	\$5,618,216
Syphilis§	364	\$258,076
Trichomoniasis¶	3,681	\$80,982
Total	62,007	\$83,326,565

§Number of newly reported infections, 2011

¶Estimated number of new infections, 2011

## Fighting STIs: Prevention, Diagnosis, and Prompt Treatment

Because STIs are preventable, significant reductions in new infections are not only possible, they are urgently needed. Prevention can minimize the negative, long-term consequences of STIs and

also reduce healthcare costs. The high incidence and overall prevalence of STIs in our community suggests that many residents are at substantial risk of exposure to STIs, underscoring the need for STI prevention. Abstaining from sex, reducing the number of sexual partners, and consistently and correctly using condoms are all effective STI prevention strategies. Safe, effective vaccines are also available to prevent some types of HPV that cause disease and cancer. And for all individuals who are sexually active – particularly young people – STI screening and prompt treatment (if infected) are critical to protect a person's health and prevent transmission to others

## **CDC's STI Screening Recommendations**

- All adults and adolescents should be tested at least once for HIV.
- Annual chlamydia screening for all sexually active women age 25 and under, as well as older women with risk factors such as new or multiple sex partners.
- Yearly gonorrhea screening for at-risk sexually active women (e.g., those with new or multiple sex partners, and women who live in communities with a high burden of disease).
- Syphilis, HIV, chlamydia, and hepatitis B screening for all pregnant women, and gonorrhea screening for at-risk pregnant women at the first prenatal visit, to protect the health of mothers and their infants.
- Trichomoniasis screening should be conducted at least annually for all HIV-infected women.
- Screening at least once a year for syphilis, chlamydia, gonorrhea, and HIV for all sexually active gay men, bisexual men, and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STIs (e.g., at 3 to 6 month intervals). In addition, MSM who have sex in conjunction with illicit drug use (particularly methamphetamine use) or whose sex partners participate in these activities should be screened more frequently.

## **Notes**

1. Satterwhie CL, Torrone E, Meites E, Dunne EF, Mahajan R, Ocfemia MCB, Su J, Xu F, Weinstock H. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *Sex Transm Dis* 2013; 40:187-193.
2. Owuse-Edusei K, Chesson HW, Gift TL, Guoyu T, Mahajan R, Ocfemia MCB, Kent CK. The estimated direct medical cost of selected sexually transmitted infections in the United States, 2008. *Sex Transm Dis* 2013; 40:197-201.