

Addressing the STD Crisis in Los Angeles County

Los Angeles County is in the midst of an ongoing sexually transmitted disease (STD) crisis that has seen case rates skyrocket over the last six years, with record numbers that are some of the highest in the nation. In particular, rates of syphilis and congenital syphilis (CS) have spiked since 2018 and continue to grow. Recent data from the Los Angeles County Department of Public Health (Public Health), Division of HIV and STD Programs (DHSP) show a 450% increase in syphilis rates among females and a 235% increase in males in the last decade. Congenital syphilis rates have increased by 1300% in less than a decade, with 113 congenital syphilis cases reported in 2020 compared to 88 in 2019, and just 10 in 2010.

Syphilis is an STD that can cause serious health problems if left untreated. Syphilis develops in stages with symptoms varying at each stage; however, stages may overlap, and symptoms do not always occur in the same order. Someone can be infected with syphilis and not notice any symptoms for years. Without proper screening and treatment, 15% to 30% of people infected with syphilis will progress to late-stage

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syphilis and can develop serious health complications including damage to the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Additionally, if untreated syphilis is also a contributing factor to HIV infection.

Babies born to mothers who have syphilis can be infected during birth, a condition known as congenital syphilis. Most newborns will have no symptoms, but if left untreated can later develop severe complications including anemia, jaundice, meningitis, bone damage, tooth and nasal deformities, and neurological damage that can lead to deafness and blindness. Babies born with congenital syphilis can also be premature, stillborn, or die shortly after birth. Fortunately, the transmission of syphilis from mother to child can be prevented if pregnant people access timely testing and treatment in the first and third trimester of pregnancy.

The significant increase in syphilis and congenital syphilis rates in Los Angeles County are associated with many social determinants of health, especially homelessness and drug use, and particularly methamphetamine use. Rates have increased threefold among men who have sex with men (MSM) and fourfold among men who have sex with men and women (MSMW), and untreated syphilis is also a contributing factor in rates of new HIV infections. The most recent surveillance data shows that up to two-thirds of mothers who passed syphilis to their babies in Los Angeles County reported drug use while pregnant, and forty percent of mothers reported never receiving prenatal care. Between 10% to 20% of mothers experienced homelessness, and nearly 30% were justice-involved.

While the STD crisis has continued to grow over the last six years, the onset of the COVID-19 pandemic has significantly exacerbated this longstanding public health

crisis, with STD testing and treatment rates sharply declining over the last year while new transmissions continued to increase. In order to respond to the pandemic, both Public Health staff and community partners have redeployed staff to address COVID-19 issues to slow the spread of this deadly virus, consequently reducing capacity and resources for the STD crisis. Moreover, the same communities disproportionately impacted by STDs, including men who have sex with men, transgender individuals, women, and communities of color, have been disproportionately impacted by COVID-19, exacerbating health inequities and creating a compounded public health crisis.

The time to act is now in order to prevent Los Angeles County's STD crisis from becoming worse. In 2018, the Board took an important step in addressing this crisis by allocating \$5 million to expand access to STD testing and treatment and instructing the Department of Public Health to report back quarterly on progress made to address this crisis. To successfully combat skyrocketing STD rates, the Board must work with County, State, Federal, and community partners to secure much-needed resources and take meaningful steps toward developing a strong STD public health infrastructure.

I, THEREFORE, MOVE that the Board of Supervisors:

1. Direct the Department of Public Health, in collaboration with the Department of Health Services, Department of Mental Health, the Alliance for Health Integration, and the Chief Executive Office's Anti-Racism, Diversity and Inclusion Initiative (ARDI), to report back within 120 days with an updated plan of action to address this crisis, incorporating progress and ongoing challenges outlined in the quarterly STD reports and progress to date on goals included in the Center for Health Equity's STD focus area. Considerations in this plan should also include

but are not limited to:

- a. Analysis of all existing funding streams, including federal, state, and local resources currently utilized or available for STD response
 - b. Establishing a planning process to ensure coordination of efforts with the Alliance for Health Integration and relevant county departments, community partners, including community-based organizations and advocates, federally qualified health centers (FQHCs), hospitals, and health plans, to support shared goals around reducing STD rates, including sharing best practices and reducing redundant efforts and squarely addressing the inequities in race that prevent access to compassionate, basic health care as defined in the “social determinants of health” that continue to exponentially propel this preventable epidemic;
 - c. Analysis of community capacity and infrastructure needs to respond to the STD crisis, including identifying key populations that are disproportionately impacted and least resourced, and an outline of key steps to build capacity for communities to respond, as well as strategies for working with the Chief Executive Officer’s Anti-Racism Diversity and Inclusion Initiative (ARDI) to address the intersection of racism, stigma, and sexual health;
 - d. Training opportunities to develop skills to provide culturally humble and linguistically appropriate outreach, education, and marketing; and
 - e. A framework and timeline, including key metrics and milestone goals, for ending the STD crisis in Los Angeles County.
2. Direct the Department of Public Health to create a public-facing STD dashboard

to track the County's progress towards reducing STD rates.

3. Direct the Chief Executive Office Legislative Affairs team and County advocates in Sacramento and Washington, D.C. to coordinate with the Department of Public Health, Department of Health Services, and Department of Mental Health to advocate with the Governor, State Legislature, the California Department of Public Health, and the California Department of Health and Human Services, and Congress for additional federal and state resources to combat the STD crisis, support the initiatives detailed in Public Health's report back, and to identify STD-related legislative and budget proposals to help alleviate the crisis, build and support the County's STD public health infrastructure, expand access to STD testing and treatment, and improve community education.

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