

## HEALTHCARE

# Sexually transmitted infections are increasing in Rhode Island. Here's what to know.

*Sexually transmitted infections have increased in RI over the past decade. Dr. Philip Chan explains what you should know.*



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The rate of sexually transmitted infections has increased dramatically in Rhode Island and across the country in recent years and has shown little sign of abating, even after the COVID-19 pandemic compelled many people to limit contact with others.

For example, in Rhode Island from 2012 to 2021, newly diagnosed infectious syphilis cases have increased 382%, from 68 cases in 2012 to 328 cases in 2021, according to the Rhode Island Department of Health.

Over the same time period, gonorrhea cases have increased 232%, from 507 to 1681 cases. And chlamydia cases have increased 21% from, from 4,313 cases in 2012 to 5,199 cases in 2021.

The trend with HIV is more encouraging and has shown a 14% decline. In 2012, there were 78 newly diagnosed cases of HIV; in 2021 there were 67.

Infection rates in Rhode Island are consistent with trends across the country. "Epidemic" is how the Centers for Disease Control and Prevention characterizes the spread of syphilis. The 2022 infection numbers for Rhode Island aren't complete, but "our 2022 data in general indicate similar trends to what we have been seeing over the past decade," said Joseph Wendelken, public information officer for the Rhode Island Department of Health.

Dr. Philip Chan, consultant medical director for the Rhode Island Department of Health, has been on the front lines in the fight to contain sexually transmitted infections. Chan is a physician in the Infectious Diseases and Immunology Center at The Miriam Hospital in Providence, and an expert in the research and treatment of HIV.

In 2015, he launched a program at The Miriam called DoItRIght to address public health issues related to HIV and other sexually transmitted infections. An associate professor at Brown University, Chan is also chief medical officer for Open Door Health, a Providence clinic that specializes in primary care and sexual health services for the LGBTQ+ population.

In a conversation with The Providence Journal, Chan discussed the issue, what's being done about it and what people can do to keep themselves healthy. Here are excerpts from the interview (Chan is quoted directly in most instances but also paraphrased):

## Why have we seen such an increase in STIs?

**Chan:** "I think pretty much all experts agree its multi-factorial. There's a lot of reasons. People obviously continue to have sex. We think people are using condoms less. Use of oral contraceptives is increasing. There's also HIV pre-exposure prophylaxis, which protects against HIV. A lot of people are using that, but it doesn't protect against these other STIs. We're also seeing an increase in substance use. We know that with all substances, alcohol and other drugs, we see more risky sexual behavior."

## Is any group especially hard hit?

**Chan:** "Young folks for sure, people in their 20s and 30s do make up the large share of these STIs. I think that's as expected. People in their 20s and 30s do tend to be the most sexually active. The people who are really at risk are people having multiple partners. If you are in a monogamous relationship, if you have one partner, I would recommend both get tested before you enter that partnership, but people who have multiple partners, that's where you really see the bulk of STIs."

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## Last month Massachusetts reported two cases of gonorrhea that showed reduced response to antibiotics. Is that a concern?

**Chan:** "It's a huge concern. When we talk about STI super bugs, gonorrhea is what comes to mind. Gonorrhea is one of those bacteria that has the potential to become resistant. At the moment, we're using a pretty high level antibiotic called ceftriaxone as the treatment for gonorrhea because gonorrhea has become resistant to all the other antibiotics that we've (used) so if we lose ceftriaxone, it's going to become a big problem."

## What impact has COVID had?

**Chan:** "We're still learning. I think there's two hypotheses. One is a lot of clinics shut down. There was a lot less testing. A lot of us kind of just treated patients. If someone called over the phone during the peak of the pandemic, and said, 'I'm worried I may have an infection,' we didn't test. We just empirically treated. We didn't want them coming in and potentially getting COVID."

"With the stay at home order and all that, there was restricted activity in general, including sex. A number of my patients who may have had multiple sex partners said they found one and either lived with them or had a little bubble. On the flip side, if you remember, too, as the COVID pandemic started opening up, there was the term in the media 'hot vax summer.' A lot of people became a little bit liberated."

"All evidence at the moment is things are starting right back up where they left off pre-pandemic. Even though we may have seen a dip (in infections during the height of the pandemic), we're still seeing high levels of STIs."

## HIV infections have shown a decline. Is that at least one area of good news?

**Chan:** "Yes," Chan said in an email. "However, I will say in the last few years there has been a plateau (albeit a plateau of lower case numbers)."

"There is a lot more funding to address HIV, and there has been a number of significant advances to address HIV. The biggest are probably PrEP (pre-exposure prophylaxis) which is a medication you can take to prevent HIV. Also, routine HIV testing for everyone at least once in their lifetime. Unfortunately, we are still seeing 70+% of all HIV cases among gay, bisexual, and other men who have sex with men. This group especially should be educated about PrEP and considered for it if at risk."

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## You emphasize the need for testing. Are people reluctant?

**Chan:** "When we talk about sex in general and certainly STIs, it's still uncomfortable for some people and difficult to talk about. I think one of the main public health messages is just talk to your provider about getting tested. And in terms of who should be tested, younger people for sure. Our recommendation is that sexually active younger people should be

tested for STIs. We are seeing some of these STIs circulating among gay and bisexual men. If you're a sexually active gay or bisexual man, you should also check in with your provider about being tested. Really, anyone who is having a new partner or having multiple partners should talk to their provider about being tested."

## **What are some steps the state and other health-care providers have taken to address the problem?**

**Chan:** The state Department of Health has implemented a free condoms by mail program. It also has a program TESTING 1-2-3, which allows people to get tested for HIV without going to the doctor's office. It's primarily for those who don't have symptoms but want to get tested, Chan said. The Health Department also has an app that provides information on sexual health.

Testing and treatment are available at The Miriam's DoItRight clinic, as well as other health-care providers, including Open Door Health, Planned Parenthood and community clinics across the state.

## **Are any new treatments being considered?**

**Chan:** In the next year, Rhode Islanders could have access to the antibiotic doxycycline to prevent getting an STI, Chan noted. The drug would be taken after sex to reduce a person's chance of getting syphilis, gonorrhea, and chlamydia. It's being used in San Francisco, according to Chan, and could see wider use over the next year.

## **Do you have any closing advice?**

**Chan:** "My main advice is just to be aware, that and really talk to your provider because everyone's situation is a little different, but certainly if you are sexually active and certainly if you are not in a monogamous relationship, you may be at risk for some of these STIs. It's important just to get educated about it and to talk to a trusted physician or other provider to understand what you can do to protect yourself and stay safe."