Transcript of "**Dr. Ina Park Unwraps the CDC's New 2023 STI Report"**

Coming Together for Sexual Health Podcast

Tammy Kremer:

Welcome to Coming Together for Sexual Health. I'm Tammy Kremer, and I'm thrilled to talk with you about the world we are creating by coming together for sexual health. And yes, the pun is intended. My background and thinking holistically about health as a facilitator and a doula helps me talk with our guests about celebrating pleasure, combating stigma, and making sexual healthcare both more accessible and more inclusive of the communities we serve. We're powered by nationally recognized experts in sexual health at the University of California, San Francisco, and the California Prevention Training Center. All views expressed are those of the person speaking and not of the CAPTC or their employer. Subscribe to get our latest episodes, share with your friends, and leave us a five-star review to help more people find us. Thank you for coming together for sexual health.

Welcome to Coming together for Sexual Health, Ina Park. I'm so excited to have you back on the show.

Ina Park, MD:

Well, thank you for having me.

Tammy Kremer:

Of course. You're a repeat favorite of mine. I don't think I got to tell you yet. I was at a conference, I was at the American Public Health Association, and when I told people about the podcast and mentioned your name, people were like, "Oh, Ina Park. I know Ina from all these sexual health podcasts." So anyway, that was fun for me to get a sense.

Ina Park, MD:

I get around, I guess. Tammy.

Tammy Kremer:

Yes, it seems so. So Ina Park, MD is the principal investigator of the California Prevention Training Center and a UCSF professor, a medical consultant at the division of STD Prevention at the Centers for Disease Control and Prevention, and also the author of Strange Bedfellows, a book on the Adventures in the Science, History, and Surprising Secrets of STDs. And we have Ina with us today to talk about the report that recently dropped from the CDC, which is the report on STI stats from 2023. So to get us started, Ina, if you can share with us what is this report? Why does it matter, and what are some of the top level findings from it?

Ina Park, MD:

The CDC's 2023 STI surveillance data just came out actually a couple weeks ago, and that was in the beginning of November. So it is almost the end of 2024, but we are looking at 2023 data. And the report does come out every year and takes a look back at the cases of syphilis, gonorrhea, and chlamydia that are reported in the United States.

Now, those of you who are listening are thinking, "Wait a second, there's a lot more STIs than that," and that is true, but we really only have three conditions that are reportable to the CDC. And so that's why the report focuses on those three. But I think for the first time, I feel like in my career, and I've been at this for about 15 years, I actually have some good news to report Tammy.

Tammy Kremer:

Wow.

Ina Park, MD:

Yeah, I know. I'll start with the bad news first, but there still are over 2.4 million cases of those bacterial STIs that I just mentioned. So it's not like we're living in an STI-free country. But I will say that cases have gone down for the first time that I can honestly remember since I joined this field. So I'm pretty excited about that, I have to say. And that is being driven in some part by declines in gonorrhea because we actually saw those in 2022 as well as in 2023. And in 2023, there was about a 7% decrease.

Tammy Kremer:

Wow.

Ina Park, MD:

Not huge declines, but still any decline, Tammy, when we were seeing double-digit increases every year, is really encouraging for me. And chlamydia is just hanging out. It really didn't change much at all. And then we did see an increase in total cases of syphilis, and so that includes both the infectious stages as well as the non-infectious stages of syphilis. We saw a very, very slight increase, almost no change, really only 1%, change in total syphilis, but after, again, many years of double-digit increases, that's really encouraging to me. And I will say that for the first time in my career there was a decline, a 13% decline, in syphilis among men who have sex with men, and that was of the most infectious stages of syphilis, which are called primary and secondary syphilis. So I am cautiously optimistic, Tammy, I have to say, and I have not said that, I don't think ever, on any podcast. So you're hearing it first.

Tammy Kremer:

Well, that's really encouraging to hear. I think looking at this data, it's quite incredible to see the actual layout of these numbers. Like you said, I guess these are the three that are reportable to the CDC. So that definitely stood out to me. And I'm curious, what's your take on how this data might relate to other conditions that aren't being tracked, like trich or other infections? Is this kind of canary in a coal mine? Does this tell us a bit about those or do you think that we don't really have a sense of those other rates?

Ina Park, MD:

Well, I don't think we really do, but I will tell you what I do have a sense of, and again, it's more good news for everybody. I think the data that we've seen, which are now quite old, more than five years old, was that herpes was also trending downward, herpes type 2, which is the virus that typically causes genital herpes was already on the decline. And so in general, when I see declines in the bacterial STIs, I'm hopeful that we will also see that in viral. And that was, as I mentioned, already happening before we saw these current downward trends. And then of course, I'm sure you're aware we've had an effective vaccine against human papillomavirus or HPV since 2006.

And so in general, based on studies done by the CDC, we've seen declines in the types that are covered by the vaccine. So in fact, those were already happening before we saw these trends in bacterial STIs. So I feel like actually the bacterial STIs are actually catching up to what the viruses were already doing, and I really just don't have any sense about trich yet. I think it'll be interesting. People are, of course, publishing studies from different settings of clinics or also in corrections, for example, about what's happening with trich. But it's one of those that I really just don't know what's happening yet. But I'm encouraged by the viruses and the bacteria at least, and that's a lot.

Tammy Kremer:

Yeah, totally. And from your experience, what has it been like in 2024? Do you sense that this data and these trends are continuing as far as you can tell, or do you sense something different is happening?

Ina Park, MD:

Well, so I'm really hopeful that they are, and I'll tell you why. I think you have already discussed Doxy PEP, which is... The term that's centered on pregnancy prevention is like a morning after pill, right? But essentially, it's taking 200 milligrams of Doxycycline, which is an antibiotic after condomless sex. So that could be oral, vaginal or anal sex. And it has been shown in multiple randomized controlled trials to reduce bacterial STI incidence in men who have sex with men and trans women who have sex with men. So I know that that intervention works. And 2023, very few places in the country had actually rolled out Doxy PEP. San Francisco had and other, I think, some meccas of gay men, other queer people.

What I am seeing here on the ground is that a lot of places in the country have now adopted Doxy PEP, and we are seeing, at least in the city of San Francisco, dramatic declines in chlamydia and syphilis. Less so for gonorrhea, and it did not work, by the way, as well in the clinical trials for gonorrhea, just because there's a lot of antibiotic resistance. At any rate, I think there's been greater adoption of Doxy PEP throughout the country. And so I am excited that the trends that we are seeing for 2023 data are going to continue in 2024. If we meet again next year at this time, I think we will have more good news about the bacterial STIs and declining cases. It's an exciting time to be in the field of STIs.

Tammy Kremer:

That's very encouraging, for sure. So looking at where STIs continue to be prevalent, these three STIs, can we talk about some of the communities and the regions that you are watching closely?

Ina Park, MD:

Yeah. I would say that STI burden traditionally has been really heavy in the South, and I would say that that continues to be true. But I will also say that some of the biggest gains in terms of prevention of cases have also occurred in places like Texas, and also in big states like California, and also Florida. So I feel like some states have made such an enormous effort in terms of especially addressing syphilis, and we have definitely seen the fruits of that labor. Then I will tell you, in Georgia, unfortunately, syphilis is going up. So it's not something that you can just take a snapshot of the whole country and really know what's happening in an individual state. Like each state is its own sort of microclimate of STI trends. And so we can't necessarily get excited when we see the overall statistics, "Oh, great. Syphilis didn't go up by much," but really that just depends on where your vantage point is.

But I do think for the first time, Tammy, in my career, that on a national level... There's the Assistant Secretary of Health, Admiral Rachel Levine, had launched a task force related to reducing syphilis in pregnancy and congenital syphilis. I think a lot of people are mobilized right now around reducing

syphilis in folks who are pregnant and as well as in babies. And so I do think that that is also going begin to show some benefits, and it's already beginning to show some benefits.

Tammy Kremer:

Got it. Yeah. Some of the points that I took a look at in the CDC report that stood out to me were that 48.2% of the reported cases were amongst adolescents and young adults, 15 to 24. That number was really striking to me. 50% practically. Is that consistent with previous years or what's your take on that?

Ina Park, MD:

Yeah. Tammy, that's how it's been, and it is really surprising, but that really hasn't changed so much over the past, at least 15 years that I've been in the field. Adolescents and the emerging young adults are really the folks that are the most vulnerable. I will say there are biologic reasons for this in terms of the cervix and how it changes over time, because there's cells in the cervix that become less common as we get older, but they're the targets for chlamydia and gonorrhea, and you have a lot of them when you're younger. So it's biologically easier. And as you know, Tammy, that this is also a time when people are becoming sexually active and they may be switching partners more frequently than someone who happens to be in their 50s. So the rates of partner change as well as some biologic vulnerabilities make these folks more likely to catch STIs.

Tammy Kremer:

That is fascinating, particularly the biological portion.

Ina Park, MD:

Yeah.

Tammy Kremer:

I had no idea. That's really an interesting point to take in.

Ina Park, MD:

Yeah, yeah. And so that's why these age cutoffs, sometimes they can feel arbitrary because maybe you happen to be 28 and you say, "What do you mean screening's not routinely recommended for me?" Well, I think part of the way that the CDC sets cutoffs is by looking at, "Okay, well, where are we most commonly seeing these infections?" And so that's why the cutoff happens to end at 24 years. But I'm going to tell you that on my end of things, Tammy, when someone comes to me and says, "Hey, I am 28. I'm not recommended for routine screening, but here's the things that I'm up to in my sex life." And if, for example, that also includes having multiple partners, then absolutely those people should get screened regardless of the national guideline that happens to have an age cutoff. So really, clinicians who are listening often just have to use their own judgment. There are national guidelines, but those are just guidelines, and you really have to do what's best for the patient sitting in front of you.

Tammy Kremer:

Yeah, I appreciate that. It can be interesting to try to move between those levels of population level thinking versus the individual.

Ina Park, MD:

Absolutely. And especially when people come in and say, "Well, the internet says I'm low risk." And I'm like, "Listen. I know what the internet says. I know the internet says that we don't have to test cisgender men, but I'm telling you that what's going on with you, you should get tested." So yeah, we luckily have some leeway and some freedom to make an individual decision.

Tammy Kremer:

So another thing that stood out to me in the 2023 report was that 32.4% of all the cases of those three infections, chlamydia, gonorrhea, and syphilis, were among non-Hispanic, Black or African-American people, even though they make up only 12.6% of the US population. And then also saying that rates of syphilis were highest among American Indian and Alaska Native people. What's your take on that and what do you think we should be doing about that?

Ina Park, MD:

Thank you for bringing that up. And one thing I want to point out is that the higher rates of infection in Black communities is not necessarily related to different sexual practices. It's not to say that you see that rates of gonorrhea are higher in Black women versus in White women. That doesn't mean that Black women have more partners, doesn't mean that they use less condoms. And in fact, the opposite is true, that actually Black women, in multiple studies, are reported being more likely to use condoms with their male partners. But the thing is is that the way certain networks are constructed, and for example, if a woman is having sex with a male partner who's also having sex with someone else at the same time or concurrency, then you may report having just one partner, but your risk of an STI is much higher if your partner has other partners at the same time that they're having sex with you. And there have been some reports that concurrency may be higher in Black populations. Part of that is because a lot of Black men are removed from the community because of mass incarceration and violence. So it's the place where systemic racism hits the road of sexual activity and how it impacts the community. So that's a perfect example.

And for American Indian and Alaska Native communities, the number of folks who identify in those racial and ethnic categories is very low, but the rates are very high. So I have to really give kudos to the Indian Health Service. They're doing some really incredible work on the ground in the community, going to powwows, doing syphilis testing there. One of my colleagues is driving on the reservation for hundreds of miles giving penicillin shots in people's butts in the back seat of her car. Really, people are doing a heroic job of trying to reach people, but because there's so few people in the Native American community, reducing rates in that community is a great idea. It will probably not affect the national rates that much because it's not such a huge segment of the population.

Tammy Kremer:

Got it. Okay. What's your take on how our listeners who run various STI programs, either as providers or staff, how we can use this data?

Ina Park, MD:

Yeah. I would say that we should use this data to motivate us to keep going because whatever we're doing is working. There is a huge effort going on as well with educational campaigns. I have seen the best educational campaigns this year that are just so honest and frank, and they don't mince any words. And I just want to call out Lucas County, Ohio. They had an amazing campaign and it said, paying for sex, and there was a question mark, and it said get tested for syphilis, because they know that actually that a huge burden of infections in their county is related to commercial sex work.

So I just love that people are acknowledging sex is happening, that's how we get STIs, and to go and get tested. So I think what we shouldn't do is say, "Okay. Let's dust up our hands, put up our feet and we're done." Or to withdraw funding for STI control because STIs are getting a little bit better. I actually think this is the time we need to double down and really keep the work going, and really work on increasing access to screening and testing for people as well.

Tammy Kremer:

Great. I have a maybe unpopular question about prevention.

Ina Park, MD:

Let's do it. Yes.

Tammy Kremer:

Which relates to condom use, which you know is of course is very different depending on the communities that we're talking about. I was talking with a friend of mine about conversations around condom use in gay communities, which he's a part of, an active part of. And we were talking about the ways that how much we know and don't know about whether condoms are actually successful for anal sex. And I did some research and I was like, "Oh, so the studies have not been done on anal sex." From what I could see, we're using data based on vaginal sex.

Ina Park, MD:

Yes.

Tammy Kremer:

I'm just really curious to hear your take on that.

Ina Park, MD:

Well, can I ask you a quick question first? What was your friend's sentiment or feeling around condoms for themselves?

Tammy Kremer:

Oh, they're not using condoms.

Ina Park, MD:

They're not?

Tammy Kremer:

They're having a lot of sex with a lot of different people. They are using Doxy PEP. There's PrEP in that community for sure.

Ina Park, MD:

So I'm going to start first by saying I have patients who don't even know how to use condoms because they've never used condoms. They're using PrEP and they're using Doxy PEP. So the need for a condom, in their minds, has really been reduced. But yes, even though there are not a lot of formal studies, I

think we do know from the era of HIV AIDS that condoms, we know that they serve, at least when you look at viruses cannot pass through them if they're latex, and bacteria cannot pass through them. So we know that. But in terms of do they break so much it's not actually worth it to use condoms? I don't think so. I am still a cheerleader for condoms, go condoms, but I'm really cheering to an empty stadium because nobody wants to use them.

And so I do feel like where condoms begin to get interesting to people again, is if we get the emergence of a new STI. Like when Mpox or formerly known as monkey pox hit the scene, patients started using condoms again because they still wanted to have sex, but they were really concerned about a new virus for which we didn't have a lot of information. Short of that, I feel like with the HIV prevention landscape we have right now, and the fact that we Doxy PEP, I feel like interest in condoms is very low, but I believe they work. I really do believe they work.

Tammy Kremer:

Okay. Well, that's good. So it's an option.

Ina Park, MD:

Oh my gosh. It's an option that myself and a couple other people are excited about, but I'm still excited about it.

Tammy Kremer:

All right. So we're going to start to close this episode, and I just wanted to ask you, first of all, where can our listeners find you?

Ina Park, MD:

Oh, sure. They can find me on Instagram at inaparkmd, all one word. So that's I-N-A P-A-R-K, M-D. They can also find me at my website, which is, inapart.net, N-E-T, and well, they can listen to me on episodes of Coming Together because I've been on this podcast multiple times. So yeah.

Tammy Kremer:

Yay. And what's one thing you hope we can create by coming together for sexual health?

Ina Park, MD:

Oh my gosh, Tammy. When I become queen of the world, I want people to treat STIs just like any other infection, like the common cold. I want you to say, "I can't go out tonight. I've got chlamydia."I want there to be a stigma-free world around STIs. That would just be so amazing. Can we come together and make that happen?

Tammy Kremer:

Seriously. I love it. Well, I have to go because I have a cold called chlamydia.

Ina Park, MD:

Yes, exactly.

Tammy Kremer:

Awesome. Well, thank you, Ina.

Ina Park, MD:

Thank you.

Tammy Kremer:

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