

More That Matters: STIs in Louisiana

With Dr. John Vanchiere

Clay (00:00):

So, how does Louisiana compare when it comes to STIs? Well, we will be discussing this and more on the next episode of More That Matters.

Diane (00:17):

Today, we will be discussing a very important topic, STIs in Louisiana. And joining us to lead us through this conversation is none other than Dr. John Vanchiere from LSU Health Shreveport. Welcome back, doctor. We so appreciate your expertise.

Dr. Vanchiere (00:36):

Hi, it's great to be with you, Diane and Clay. Always a great conversation.

Diane (00:40):

So, to kick off our conversation, we actually have a two-part question for you. What is STI, and is there a difference between STI and STD?

Dr. Vanchiere (00:53):

So, this is a, a very important question, very fundamental to what we've been trying to... how we've changed the discussion over the past two decades. So, we used to just talk about STDs, STDs. And from a medical perspective when a person has a disease, that means they have symptoms. And so when it comes to sexually transmitted diseases, they're really just the tip of the iceberg. That is, and said another way, most people who have chlamydia, for instance, have no symptoms, so they don't identify as having a disease. They don't have symptoms and they don't go get tested, but that leaves an awful lot of people with infection who are transmitting chlamydia to other people through sexual intercourse.

Dr. Vanchiere (01:41):

And so sexually transmitted infections is a broader term, and it encompasses those who have symptoms and the bigger group of those who don't have symptoms. You know, some would say, "Oh, it's just semantics," but it's not because it's those who don't have symptoms that are not getting tested and, and therefore, continuing to spread sexually transmitted infections in the community.

Diane (02:02):

And it's not intentionally, they just don't know, Dr. Vanchiere.

Dr. Vanchiere (02:06):

That's right. If you don't know anything, you don't do anything about it. It's not a whole lot different than things like strep throat or other germs that live in our throat, Epstein-Barr virus, the mono virus, and you drink after somebody with a straw, you're not having any symptoms, they're not having any

symptoms. But just through drinking after somebody, you may acquire or may transmit Epstein-Barr virus to someone else even though you don't know it.

Clay (02:30):

You know, this is such a, a new conversation, STI as, as a thing is something that most people, I, I, I'm assuming the average person if you ask them about an STI, they, they wouldn't know what that is. So, let's drill down a little bit. What are some of the most common STIs?

Dr. Vanchiere (02:46):

STIs, there are many, but we're talking probably about 10 different ones.

Clay (02:50):

'Kay.

Dr. Vanchiere (02:50):

But we'll focus on the most common ones. The most common in the bacterial group is chlamydia, by far. Also in that bacterial group are gonorrhea, less common, and syphilis, less common but still very problematic. And then in the viral sexually transmitted infections, we have things like HIV, herpes virus, human papillomavirus, or HPV, HPV being the most common viral STI that's transmitted. And it is very efficient at spreading. So those are the biggies that we need to be talking about.

Clay (03:24):

Something that has been a trend, unfortunately, for a long time is Louisiana's ranking as it relates to these STIs and other... I mean we're number one for the highest rate of chlamydia and in the top 10 in highest cases of chlamydia, gonorrhea, and primary and secondary syphilis. Any insight into why we are on such a bad end of a list?

Dr. Vanchiere (03:49):

The biggest factor, and, and I will say, I'll qualify it, we're not only in the top 10, we're in the top five for all-

Clay (03:55):

Yeah.

Diane (03:55):

Oh, gosh.

Dr. Vanchiere (03:55):

... of those things.

Clay (03:55):

Yeah.

Dr. Vanchiere (03:55):

What we... The way I look at this, these germs are endemic in our community, especially those who are not having any symptoms-

Clay (04:04):

Mm-hmm.

Dr. Vanchiere (04:05):

... they're not getting tested and they're not getting treated. And so that's a big factor is once these germs are endemic, there's no way to break that cycle of continued transmission without testing, testing, testing, testing.

Clay (04:19):

And for perspective, please correct me if I'm wrong, endemic is specific to one area, versus pandemic that is spread, uh, in, in a wider area, correct?

Dr. Vanchiere (04:29):

Right. And, and so we can talk about germs like strep throat. It's an endemic germ.

Clay (04:35):

Yeah.

Dr. Vanchiere (04:35):

It just lives in our community and people spread it around. And it occasionally blips in the winter a little more, but it can be spread all year round. So it, it, it resides in the human population. It's not coming and going like the flu is each year or COVID or RSV. It, it, these germs are endemic. They're with us all the time.

Diane (04:54):

That was my next question because I wasn't as familiar with when you were using the term endemic as-

Clay (04:58):

Versus pandemic.

Diane (04:58):

... wha- a pandemic-

Clay (04:59):

Yeah.

Diane (05:00):

... exactly. What about being treatable, curable? What are the options here, doctor?

Dr. Vanchiere (05:06):

So, for the bacterial germs, the big ones, gonorrhea, chlamydia, trichomoniasis, those are all treatable. Uh, syphilis is treatable. And, and when you treat, you're curing those.

Diane (05:17):

Okay.

Dr. Vanchiere (05:17):

Again, most of the spreading occurs in people who don't have any symptoms, so they're not getting tested, so they're not getting treated. When it comes to the viral infections, um, that are sexually transmitted, particularly HIV, we know HIV is one of those infections that once you get the virus in your body, it stays in your vi- in your body for the rest of your life. We can treat HIV very successfully. It's not the death sentence it was-

Diane (05:42):

Mm-hmm. Yeah.

Dr. Vanchiere (05:42):

... two decades ago-

Clay (05:43):

Right.

Dr. Vanchiere (05:43):

... three decades ago.

Clay (05:44):

Right.

Dr. Vanchiere (05:45):

And for the vast majority of adults, one pill once a day basically puts that HIV virus to sleep in their body-

Diane (05:51):

Wow.

Dr. Vanchiere (05:52):

... to the point that they can't transmit it to other people, and mothers don't transmit it to their babies if they're on effective therapy for treatment for their HIV. Other viruses like herpes virus and papillomavirus, HPV, we can prevent HPV. It's the only preventable sexually transmitted infection, uh, that we have at this point in time. And herpes simplex, we can treat with, uh, antiviral drugs like acyclovir, but it always is in your body, and it will come and go, uh, if you don't treat it.

Clay (06:20):

It's so amazing that the living embodiment of that is, uh, Irving Johnson, Magic Johnson-

Diane (06:25):

Yes, it is.

Clay (06:25):

... who, who announced his contraction of the virus more than 30 years ago and he's still, you know, a, a vibrant member of, of society. Uh, and, and the CDC has said they want STIs to be more of a public health priority. Can you speak to why they went on record with that?

Dr. Vanchiere (06:46):

They are echoing what many infectious disease doctors and even primary care physicians across the country have been saying for a long time, that, you know, sexually transmitted disease and infection rates continue to increase. Over the past 10 years, we've had nearly a tenfold increase in cases of babies infected with syphilis, congenital syphilis we call that. And those are at least 90-plus percent preventable. And so until we make it a priority, until we have the political will and the investment in the public health infrastructure, things aren't gonna change.

Dr. Vanchiere (07:26):

And so that's part of the reason the CDC is sounding the alarm. Other organizations, nongovernmental organizations, have been sounding the alarm, the Infectious Disease Society, uh, uh, for, for more than a decade about the issues related to sexually transmitted infections, because it's not just the infection that's the problem. Sexually transmitted infections during pregnancy contribute to babies being born prematurely and can infect the infant.

Clay (07:52):

Yeah.

Dr. Vanchiere (07:52):

And people with sexually transmitted infections have, if they're having symptoms, have to go to the doctor, miss work. These all contribute to infertility, uh, especially the bacterial ones, gonorrhea and chlamydia, if not treated. And so there are a whole host of issues that, that fall because of these, uh, sexually transmitted infections. They're a scourge in our communities. And the data that's available, you know, if I'm a new businessman, want to know where, where I'm gonna put my next business plant or, or manufacturing facility and the like, I'm looking at all those factors and saying-

Clay (08:27):

Yeah.

Dr. Vanchiere (08:28):

... "Okay, I want a healthy population-

Clay (08:30):

Yep, yep.

Diane (08:30):

Exactly, yeah.

Dr. Vanchiere (08:31):

... you know, that's, that's keeping up with their health and not a lot of drug dependency and all those kind of things." I'm not gonna put it in Louisiana.

Diane (08:38):

And that's reality. We have to, we have-

Clay (08:40):

Yep.

Diane (08:40):

... to be aware of that and that's why, again, putting it out in the forefront-

Clay (08:43):

Mm-hmm.

Diane (08:43):

... that is so important to try to nip it, to try to figure out what to do and how to do it-

Clay (08:48):

Right.

Diane (08:49):

... for our population. You know, Dr. Vanchiere, we've talked about mpox before. Is that considered an STI?

Dr. Vanchiere (08:56):

Mpox is not considered a sexually transmitted infection. And this is again, it gets down to kinda technicalities to some extent. Most mpox cases that have been described during its multinational outbreak, uh, over the past several years-

Diane (09:13):

Mm-hmm.

Dr. Vanchiere (09:14):

... over, mm, 90,000 infections just in the United States were related to sexual intercourse, primarily among men who have sex with men. And, and so it is, it can be transmitted sexually, but it's really,

it's the skin contact. So you can transmit germs like mpox by shaking hands with somebody who has an mpox lesion on their hands.

Diane (09:33):

Well, what about the vaccines, when we're talking about what's preventable-

Clay (09:38):

Yeah, yeah.

Diane (09:38):

... with courtesy (laughs) of our wonderful vaccines. Can you, uh, give us-

Dr. Vanchiere (09:41):

Yeah.

Diane (09:42):

... some information about that, please?

Dr. Vanchiere (09:44):

HPV is right at the top of the list as vaccine preventable. And, uh, and the HPV vaccine is one of the most effective vaccines we've ever, ever made.

Clay (09:56):

Wow.

Diane (09:57):

Really? Wow, that's a statement.

Dr. Vanchiere (09:58):

Incredible.

Diane (09:58):

Yeah.

Clay (09:58):

Yeah.

Dr. Vanchiere (09:59):

Yeah, it is. It's effectiveness and the durability of its effectiveness is now we're still seeing people who got vaccinated 10 and 12 years ago against HPV are still protected, still not having HPV infections even though they're maintaining, you know, risk profile that puts them a- a- at risk for HPV. So it's, it's a, a great success. HPV, as we said, most common viral sexually transmitted infection, causes genital warts, causes, um, cervical dysplasia or abnormal cell growth that can lead to

cervical cancer in women. And the other thing that most people don't know about is that HPV virus, especially types, uh, 16 and 18, the most cancer-causing ones, also cause cancers of the head and neck. And-

Diane (10:48):

Hmm.

Dr. Vanchiere (10:49):

... there's not a way to screen those, but just in, just as the vaccine was coming out, it was really better understood that HPV, same, same two strains, 16 and 18, were causing lots of head and neck cancer that used to be traditionally or typically caused by alcohol and tobacco.

Diane (11:06):

Really?

Dr. Vanchiere (11:07):

And so-

Clay (11:08):

Really?

Diane (11:08):

I did not know.

Dr. Vanchiere (11:09):

... we don't... Yeah, this is, you know, again, uh, keeping up with these things is, is, it's always fascinating, and I learn stuff, you know, every day about, about what's happening in that world. But these head and neck cancers are really problematic because they're complicated. This is a lot of different tissues and in your face and in your throat, and they can be severely debilitating. And so, we don't have a, a readout yet to know whether the vaccine is reducing the risk of head and neck cancer in adults, but we expect that it likely will. And that will be a, a tremendous sort of side benefit, as it were, of that vaccine to not only reduce the genital cancers in males and females, but also reduce the head and neck cancers. So...

Clay (11:51):

What, uh, resources are available if someone listening to this thinks they have an STI?

Dr. Vanchiere (11:57):

I would look at it the other way. Everybody should assess their own risk for having an STI.

Clay (12:02):

Okay.

Dr. Vanchiere (12:03):

Because I tell people, and, and when I, when I'm talking to teenagers about STIs, what I tell them is, "You know, I am an infectious disease doctor. I'm trained, I've seen all the pictures, been grossed out, all those kinda things. I got the pinnacle of technology in terms of testing at my fingertips, and I can't tell if somebody has a sexually transmitted infection-

Diane (12:23):

Mm.

Dr. Vanchiere (12:23):

... just by looking."

Clay (12:24):

Okay.

Dr. Vanchiere (12:25):

And so the likelihood a teenager can in the backseat of a car with the lights off-

Diane (12:29):

Yeah (laughs).

Dr. Vanchiere (12:29):

... is zero.

Clay (12:30):

All righty then.

Diane (12:30):

Yeah, yeah.

Dr. Vanchiere (12:31):

Absolutely zero.

Diane (12:32):

Mm-hmm.

Dr. Vanchiere (12:33):

There's no way, right? So you can't tell by looking, which means you've gotta be tested.

Clay (12:36):

Yeah.

Dr. Vanchiere (12:37):

And so everybody's gotta assess their own risk. And the way I put it is, if you have had more than one sexual partner in your lifetime, you should be tested for sexually transmitted infections. And the more partners you have, the more testing you should have as you accumulate. There are some patients, some people who really should be tested three, four, five times a year because they have multiple sex partners in a year. Your risk goes up in direct proportion to the number of sex partners you have.

Dr. Vanchiere (13:10):

What's really interesting is some of the newest data from CDC and the, uh, Public Health Service that among patients with primary and secondary syphilis, so early syphilis cases, f- 40 to 50% of those patients report having sexual activity with an anonymous partner in the prior year.

Diane (13:30):

An anonymous partner, oh gosh.

Dr. Vanchiere (13:36):

Same thing, it's, it's the hookups.

Diane (13:37):

Mm-hmm.

Dr. Vanchiere (13:37):

It's the, it's the, you know, uh, online apps that allow you to find somebody and you may not know who they are. You may never see them again.

Clay (13:49):

Yikes.

Dr. Vanchiere (13:49):

Anonymous partners is a big risk factor.

Diane (13:52):

Yeah. And that puts everybod-

Dr. Vanchiere (13:53):

Uh, the other thing is, yeah, interesting in that data is at least a third of people with primary and secondary syphilis report having had sexual activity while intoxicated or under the influence of drugs within the past year. So, you've got two big risk factors right there, and if those are in your risk factor pool, then you really, risk assessment of your own activities, you really absolutely have to be tested, syphilis, HIV, gonorrhea, chlamydia, trichomoniasis are absolutely important.

Diane (14:24):

It just comes down to being responsible.

Clay (14:26):

Yeah.

Diane (14:27):

You know, it really does and when you were saying the, the anonymity- and, uh, the other was the alcohol, drugs, what have you, people, we, we can all be stupid. We can all be, you know, (laughs) really, really stupid at times, but when it comes to your health, you really have to own this and decide what is best for you and what your choices are.

Clay (14:48):

Right.

Diane (14:48):

And to just, as we said, you know, doctor, just to be absolutely adult about it and be responsible.

Clay (14:53):

Right. What are, what are some preventable measures that people can take? I mean you jus- you kinda laid out some of the recklessness that goes on out there and the inability to just be able to tell by looking. Are, are there measure people can take to protect themselves?

Dr. Vanchiere (15:07):

Condoms are a great risk reduction strategy, and we've talked about this in other venues. Seatbelts, bicycle helmets, vaccines, condoms, they all reduce risk, none of them are perfect. Condoms can be complicated to use, especially in the heat of the moment and inexperienced couples more likely to have failure. So, uh, this is not something that you should just assume because you're using a condom, you're 100% protected, 'cause you're absolutely not. And especially for things like mpox or herpes simplex that live outside of the genital area but, you know, same area but outside the genitals directly, then your risk is not reduced nearly as much. So being specific, condoms only reduce your risk of HPV infection by about 60%.

Diane (15:47):

Only 60%, okay.

Dr. Vanchiere (15:49):

And the likelihood of transmission of HPV from one person to another in a single sexual encounter is more than 75%-

Clay (15:56):

Wow.

Dr. Vanchiere (15:57):

... in a single sexual encounter. Highly infectious, easy to transmit.

Clay (16:01):

You know, that leads me to this next question. We talked earlier about Louisiana's rankings in the top five or at the top of some of these very, very, uh, not so good lists. What, what should be the message to our neighbors across the state about not (laughs) being on a such a bad end of a bad list?

Dr. Vanchiere (16:20):

I believe we have to think about this differently. It's part of the bigger public health question. And you know, one of the things that we're working on here at, at LSU, you know, we're working to pivot everything we did in the COVID response-

Clay (16:33):

Mm-hmm.

Dr. Vanchiere (16:34):

... in terms of testing to use those resources toward the endemic issues, especially of STIs. And, and if we could... You know, everybody learned to swab their nose, for instance, during the pandemic. Hated it or not, you know, everybody-

Diane (16:47):

Mm-hmm.

Dr. Vanchiere (16:47):

... nobody loved it, right?

Clay (16:48):

Yeah.

Dr. Vanchiere (16:48):

We all learned to swab our nose and, and, and test and use a home test and the like. Well, it turns out for some of these things, like gonorrhea and chlamydia, HPV, women can do a vaginal swab and men may be able to do urethral swab. That could be done at your own home, dropped in the mail, sent to a laboratory, and there are processes for doing that. So we're working on pivoting toward focus on these endemic problems that are, that are, as we said, a scourge in our community.

Dr. Vanchiere (17:15):

Important thing is in every parish within the state of Louisiana, all 64 parishes, and some of them have multiples, the parish health unit provides sexually transmitted infection testing for anybody who walks in. And so that is a reliable in every parish... Now, they may not be open every day of the week and et cetera, but the parish health units are a consistent place where people can get STI testing.

Clay (17:39):

Mm.

Dr. Vanchiere (17:39):

In larger communities, there are community agencies, nonprofits, and nongovernmental organizations that can provide testing. There are now coming available more frequently the saliva tests for HIV. It's not the best test, it's not the greatest in terms of its positive or negative prediction, but we're having more tests available like what we did with COVID in the community. And we're trying to encourage people to use those. First assess your risk and then get tested because we can't get ahead of STIs until we test, test, test, test, test.

Clay (18:12):

Right.

Diane (18:13):

And that is an excellent point, too, doctor, about the options of how to test or where to go. Because some people may be reluctant to speak to their primary care physician about this.

Clay (18:23):

Sure.

Diane (18:23):

You know, even though we always encourage on this podcast to talk to your doctor-

Clay (18:27):

Right.

Diane (18:27):

... but under some circumstances, there might be some hesitancy about this. So thank you for clarifying that there is testing available, how to get it and where to get it, and to get it done.

Dr. Vanchiere (18:38):

Yeah. And the health units provide condoms, generally free. So that's an, a protective resource. And the other important thing is, and you've seen bulletin boards around, all around the state about PrEP. What is PrEP? PrEP is pre-exposure prophylaxis, and this is basically saying an individual indicating that they are gonna engage in activities that may expose them to HIV, so they're gonna go ahead and take medicine, HIV medicine, to prevent HIV infection.

Clay (19:07):

Hmm.

Dr. Vanchiere (19:08):

So, some of these things may be a two-edged sword, and we still have a lot to learn. For instance, if women are using long-term active contraception to prevent pregnancy, are they less likely to use condoms because they can't get pregnant?

Diane (19:23):

Ah, yes.

Dr. Vanchiere (19:23):

And the same may be true with-

Diane (19:24):

Yeah.

Dr. Vanchiere (19:24):

... PrEP. If, if you're, if a person knows they're taking a medicine to prevent HIV, are they still e-engaging in more risky behavior because they can't get HIV? But they're still susceptible to syphilis, gonorrhea, chlamydia, et- et cetera. And so the dynamics of this really have to, have to still be studied and, and really talked about publicly so that people recognize that, yes, PrEP prevents HIV, but it doesn't prevent any of the others. And long-acting contraceptives prevent pregnancy, but it has no effect on reducing risk of, of sexually transmitted infections. So...

Clay (20:00):

It's a lot of information. And you know, when we get to the close-

Dr. Vanchiere (20:03):

Yeah.

Clay (20:03):

... we'll give a website, but I'd like to ask you, for people listening, w- where would you direct them to go and do more reading about this, to engage this?

Dr. Vanchiere (20:12):

Yeah. Yeah, th- the CDC's website is, is a very reliable place for information that is in lay terms, nonmedical terms, and they have a separate section for medical terms, uh, and, you know, for physicians and nurses, uh, et cetera. Uh, I find their websi- w- website very reliable. There are, uh, other organizations that, um, uh, uh, let me think of the name. One is the, is the Denver Center for, um, STI Education, I believe it's called. It's based in Denver. They have a whole curriculum. The University of Washington and, in Seattle is the National STI Education Center, and they also have an entire curriculum. Uh, you can go down the whole list. I wanna learn about chlamydia, and there's a little webcast and their, uh, information about that. There's sometimes things you can print out. So all of those three, CDC, University of Washington STI Center, and the Denver Testing and Education Center are all good, reliable resources.

Diane (21:14):

And thank you for being specific about that.

Clay (21:16):

Oh, yeah.

Diane (21:16):

Because we always say too, "Don't go to Dr. Google." Dr. Google (laughs), that's just-

Clay (21:21):

No.

Diane (21:22):

... you know, I mean, you can just-

Clay (21:22):

No.

Diane (21:23):

... harm yourself. You can, you j- you just don't wanna do that. You need to have the specifics of what is recommended-

Clay (21:30):

Right.

Diane (21:30):

... by a physician and where to search and where to get the correct answers and where to find out more that you need to know personally to help yourself.

Clay (21:38):

Yeah, 1,000%. Doc, did we leave anything out?

Dr. Vanchiere (21:40):

I think we've, we've covered an awful lot. We could spend hours and hours. Everybody needs to just take a breath, accep- assess their own risk-

Diane (21:48):

Mm-hmm.

Dr. Vanchiere (21:48):

... and behavior and recognize what behaviors lead to risk and how to mitigate that risk, how to reduce that risk with very simple things. Sometimes the answer is not have sex. Sometimes the answer is use condoms. And that's a really good, that's probably one of the broadest risk reduction strategies we have. But educate yourself about the different modalities, the HPV vaccines, PrEP, if that's a risk for you, and, and the like. And insurance companies cover the cost of PrEP, so that's not an issue.

Clay (22:21):

Wow.

Dr. Vanchiere (22:21):

Even the Medicaid companies cover PrEP. And so asking questions, getting more information, using those resources, absolutely available. Louisiana Department of Health has a lot of information through their website that links to CDC and links to some of these other organizations to help you find resources in the state of Louisiana.

Clay (22:39):

As always, doc, we appreciate the, the insight and just the layers of information about this. And we hope our listeners have learned some things about STIs today. And for more great conversations, check out Vax Matters wherever you get your podcasts. And you can get some info by visiting immunizations.la.gov.