

Mississippi

STDs and HIV/AIDS

Sexually transmitted diseases remain a major public health challenge in the United States. The Centers for Disease Control and Prevention (CDC) estimates that approximately 19 million new infections occur each year—almost half of them among young people ages 15 to 24. The two most commonly reported infectious diseases in America, chlamydia and gonorrhea, pose a particular risk to the health of women, as both can cause infertility if left untreated. Together, these diseases were reported in nearly 1.5 million Americans in 2007, but the majority of cases continue to go undiagnosed. Both diseases, along with syphilis and herpes, have also been associated with increased Human Immunodeficiency Virus—or HIV—transmission. In 2006, according to the CDC, an estimated 56,000 people around the country were newly infected with HIV, the virus that causes AIDS. HIV is of particular concern among all races of men who have sex with men, classified as MSM, as well as African-American men and women, where the HIV burden is now greatest. The CDC estimates that more than 1 million people in this country are infected with HIV, and 20 percent of them don't know it. This lack of knowledge puts not only the infected person's health at risk but it also increases the risk they will spread the virus to others. For more information on your state: <http://www.cdc.gov/nchstp/stateprofiles/usmap.htm>; <http://www.msdh.state.ms.us/msdhsite/static/14,0,150.html>

MISSISSIPPI: RATE OF INDIVIDUALS DIAGNOSED WITH STDs PER 100,000 POPULATION, 2007

Chlamydia	Gonorrhea	Syphilis
745	286	4.6

Source: <http://www.cdc.gov/STD/stats07/main.htm>

MISSISSIPPI: RATE OF ADULTS AND ADOLESCENTS LIVING WITH HIV/AIDS PER 100,000 POPULATION, 2006

U.S. Rate*	State Rate	Caucasian	African-American	Latino
313	310	117	648	301

Source: http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2008supp_vol13no1/table12.htm

*For the 33 states reporting

MISSISSIPPI: ESTIMATED RATE OF ADULTS/ADOLESCENTS NEWLY DIAGNOSED WITH AIDS/100,000 POPULATION, 2007

U.S. Rate	State Rate	Caucasian	African-American	Latino
15	15	4	33	29

Source: Kaiser Family Foundation, www.statehealthfacts.org

State HIV Testing Laws

The CDC recommends HIV testing for all patients ages 13 to 64 in health care settings as part of their **routine** medical care. (See: www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm). HIV testing laws vary from state-to-state.

MISSISSIPPI: HIV TESTING LAWS

Components of CDC Recommendations	Mississippi Laws
Informed Consent	Specific consent not required, opt-out process is implied
Counseling	Post-test counseling required with HIV positive test results
Testing Provision	
Anonymous	Anonymous testing is not available
Rapid	No specific provisions
Routine	No specific provisions
Disclosure	No specific provisions
Minor/Adolescent Testing	Minors may consent to venereal disease testing and treatment; HIV explicitly included
Testing of Pregnant Women	Opt-out testing of pregnant women

Sources: National HIV/AIDS Clinicians' Consultation Center at San Francisco General Hospital, USCF, <http://www.nccc.ucsf.edu/>; Kaiser Commission on Medicaid and the Uninsured

STD Testing and Expedited Partner Therapy

CDC recommends all sexually active females age 25 and younger be screened annually for chlamydia. Only Georgia, Tennessee and Maryland require insurance coverage for chlamydia testing. All states allow teens to consent to STD testing, but insurance rules governing Explanation of Benefits lead to breaches of confidentiality for patients who are covered by a parent’s insurance. In addition to treatment of patients diagnosed with an STD, ensuring treatment of their sexual partners is a central component of STD prevention and control.

Expedited partner therapy – commonly referred to as EPT – is the practice of treating the sexual partners of people diagnosed with chlamydia or gonorrhea by giving a prescription or medication to the diagnosed patient for their sexual partner(s). EPT has been shown to increase treatment and decrease re-infection. The practice is recommended by CDC as an option for treatment of partners of patients diagnosed with chlamydia or gonorrhea. (See: <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>)

Implementation of EPT may raise legal issues in states, however. An assessment of the legal status of EPT by the Center for Law and the Public’s Health and the CDC found that three-fourths of states or territories either expressly permit EPT or do not expressly prohibit the practice. (Source: <http://www.cdc.gov/std/EPT/legal/default.htm>)

EPT is permissible in Mississippi because “dispensation of a drug ‘for a patient’ does not preclude EPT absent express language otherwise.”

HIV, STD and Pregnancy Prevention Education

In 2006, the U.S. teen birth rate increased 3 percent, reflecting an increase in 26 states from 2005 to 2006. Seven of the 10 states with the highest teen birth rates were in the South: Mississippi (68.4); Texas (63.1); Arkansas (62.3); Oklahoma (59.6); Tennessee (54.7); Kentucky (54.6); and Georgia (54.2). There are no clear reasons why rates have increased. Data from the National Youth Risk Behavior Survey indicate the number of high school students reporting ever having had sex has remained stable.

MISSISSIPPI: TEEN BIRTH RATE PER 1,000 WOMEN AGES 15-19

2005	2006	Percent Change	2006 State Rank	2006 U.S. Rate
60.5	68.4	13%	1	42

Source: Table B of the National Vital Statistics Report “Births: Final Data for 2006”, Volume 57, Number 7

MISSISSIPPI: SEXUAL RISK BEHAVIORS AMONG HIGH SCHOOL STUDENTS, GRADES 9-12, 2007

SEXUALLY ACTIVE	IF SEXUALLY ACTIVE, USED CONDOM WHEN LAST HAVING SEX
59.5% of all students	67.2% of sexually active students

Source: CDC. Youth Risk Behavior Surveillance—United States, 2007. Youth Online <http://apps.nccd.cdc.gov/yrbss/>

While some may blame a more sexualized culture and greater acceptance of births to unmarried women and teens, others look to a failure of sexual health education in schools. Research shows this education can be effective in delaying the first sexual encounter and reducing the number of partners, especially education that is delivered by trained instructors, is age-appropriate, and includes accurate information about reducing the risk of HIV infection or getting pregnant, forming strong relationships and making good decisions. Sex education laws vary significantly among the states, but most include information about preventing HIV/AIDS and other STDs, as well as remaining abstinent, in the curriculum.

MISSISSIPPI: SEX EDUCATION

State Mandate:	Sex education not required, but if taught must closely track with the federal definition of abstinence-only education.
Parental Approval:	Opt-out policy

Sources: Advocates for Youth, http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=766&Itemid=123
 National Association of School Board Administrators, <http://nasbe.org/index.php/shs/health-policies-database>