

Making the Case: Infectious Disease Disparities Among Tribes in the Northern Plains

Tribal Public Health Code Forum

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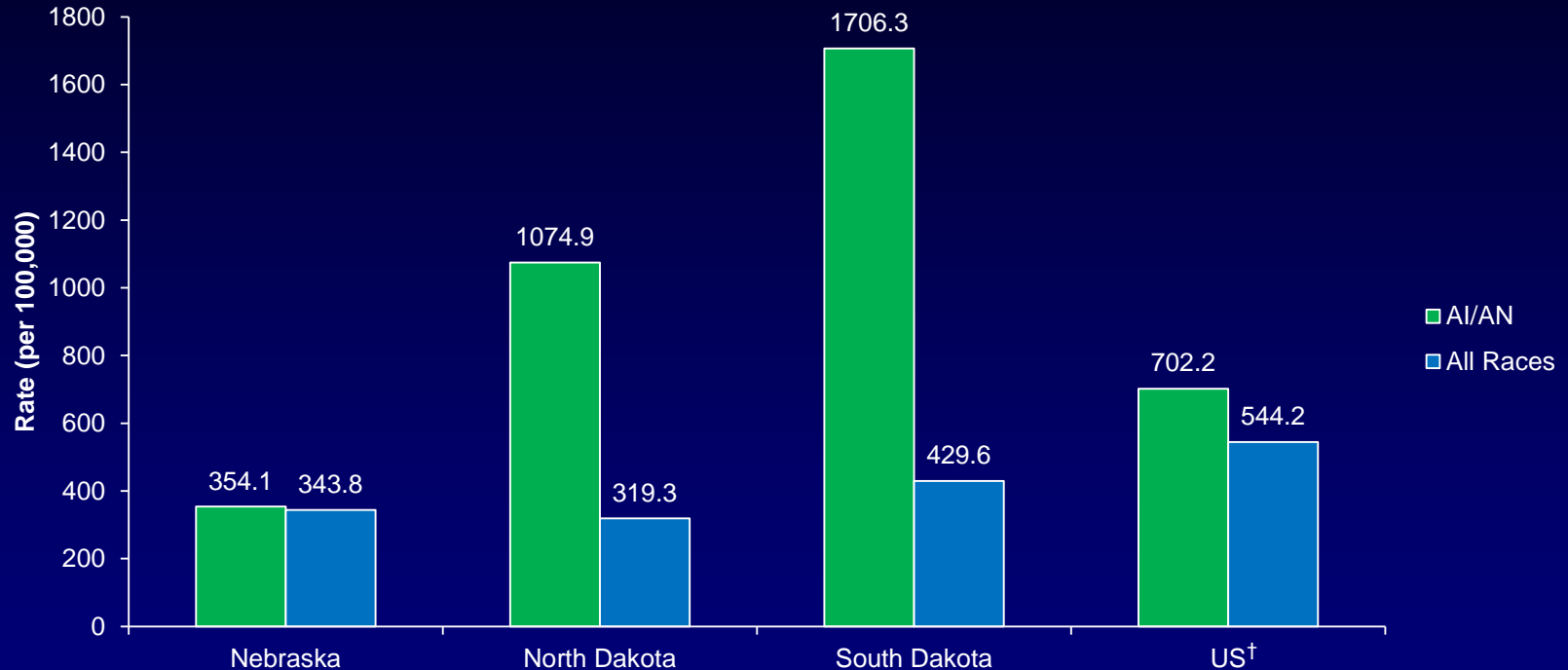
Great Plains Tribal Chairmen's Health Board

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Background

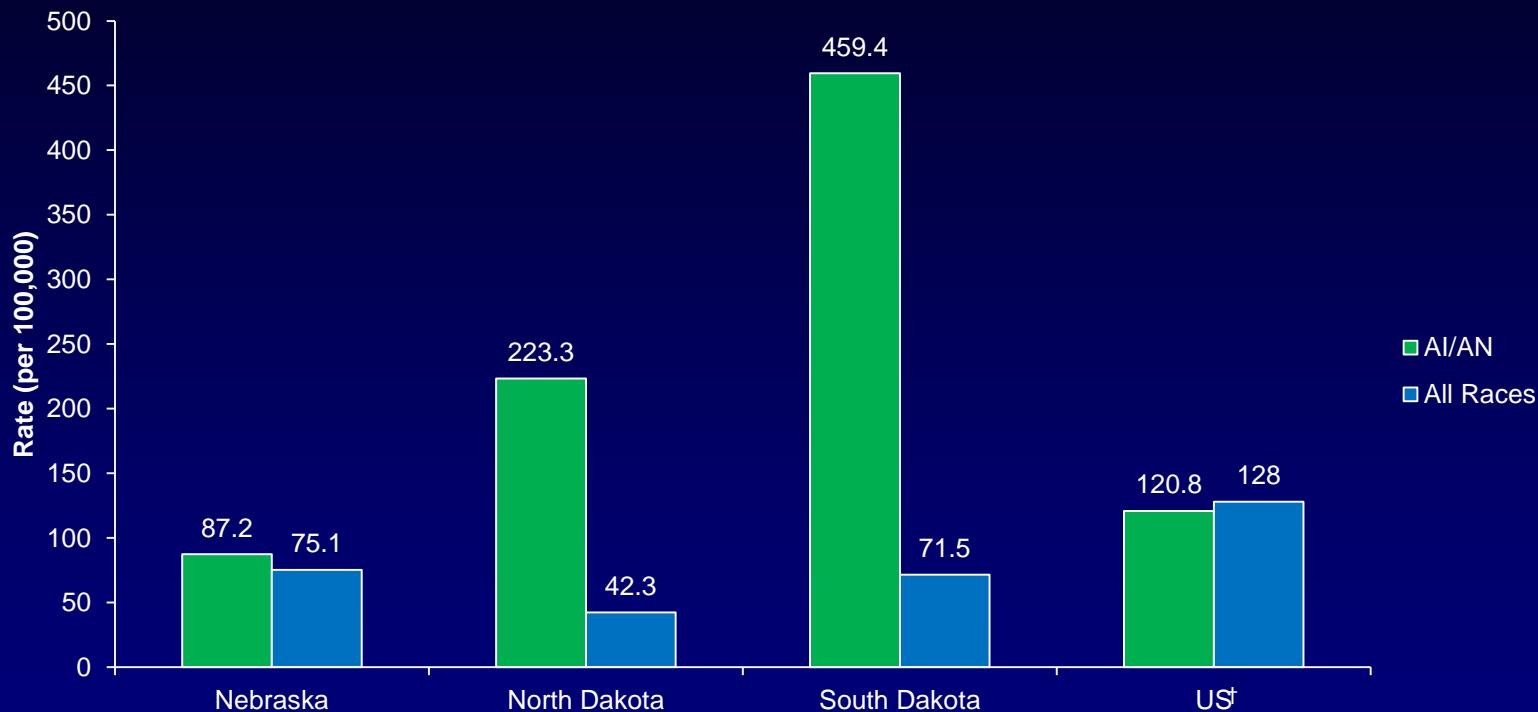
- US Reportable Disease Surveillance System vital for public health
 - Monitor health status of communities and understand extent of disease burden
 - Provides feedback to practitioners for public health response
 - Prevention and control
 - Informs public policy
- Functions of state public health codes
 - Identifies *authority* for receipt of health information
 - Create mechanism for *action* by public health authorities
 - Establishes jurisdictional boundaries and *alignments*
- Reportable Disease Roundtable - monthly infectious disease reports and timely alerts
 - Chlamydia*
 - Gonorrhea*
 - HIV/AIDS*
 - Syphilis*
 - Hepatitis C
 - Tuberculosis

Chlamydia Rates in the Northern Plains, 2009 - 2013



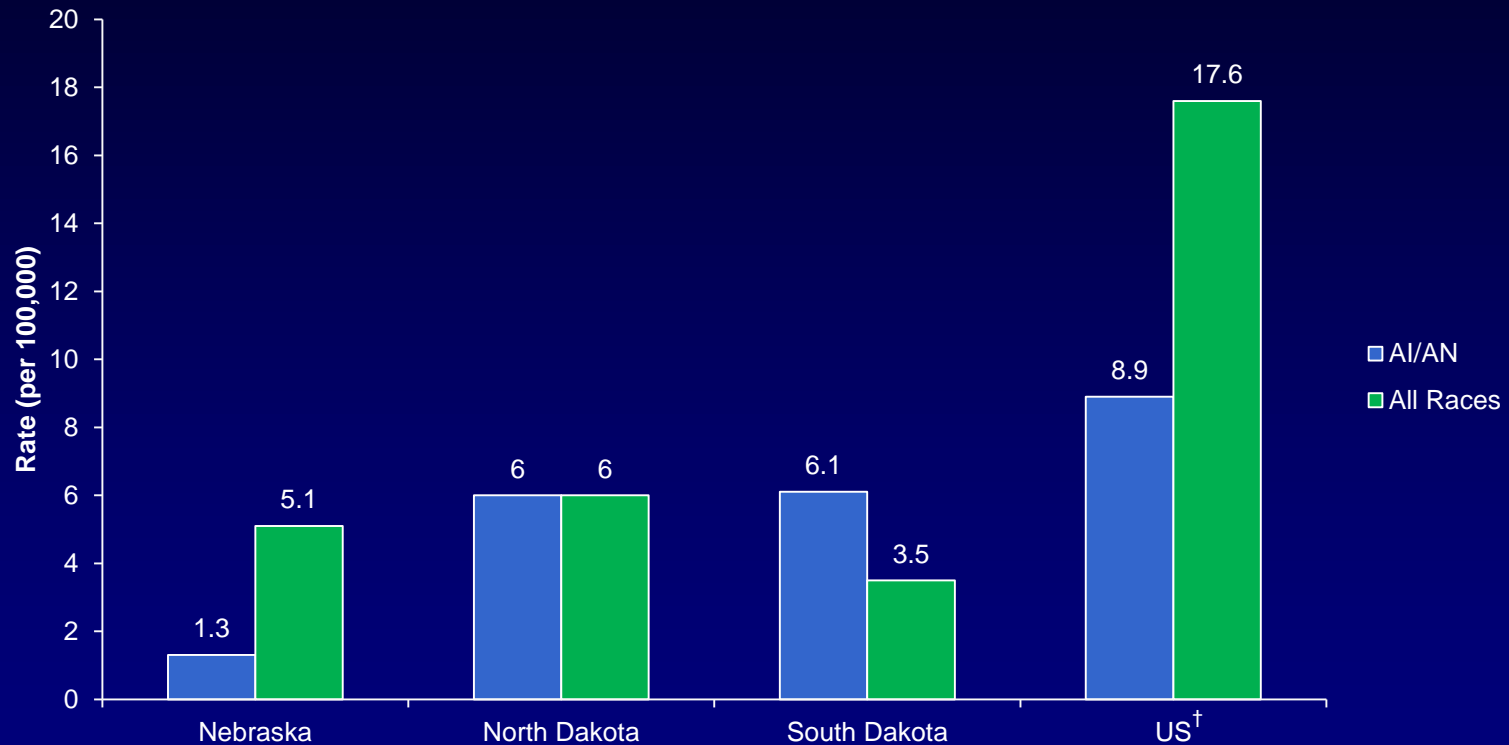
†US summaries limited to data from cases reported to CDC among persons 15 years of age or older. Period of observation restricted to 3 years—2009 to 2011. Race definition of AI/AN excluded persons who reported “AI/AN alone or in combination” with another race.

Gonorrhea Rates in the Northern Plains, 2009 - 2013



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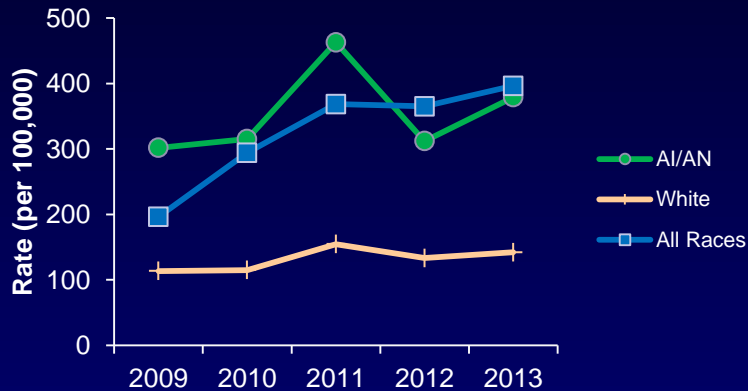
HIV/AIDS Rates in the Northern Plains, 2009 - 2013



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Nebraska Infectious Disease Trends, by Race, 2009 - 2013

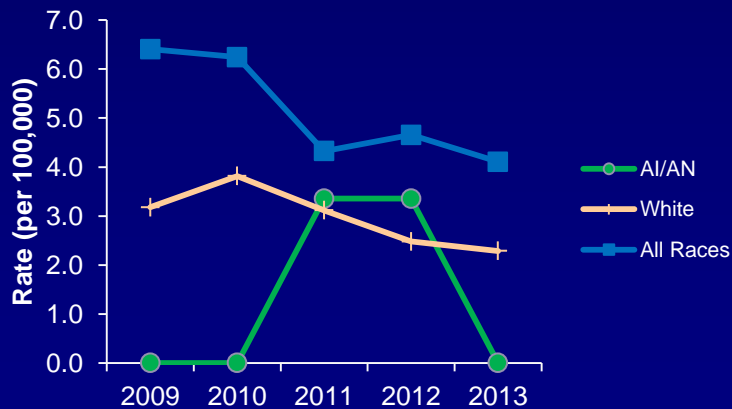
Chlamydia



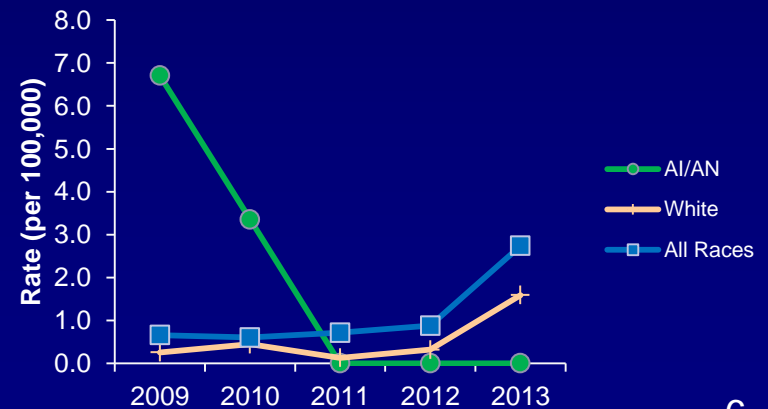
Gonorrhea



HIV/AIDS

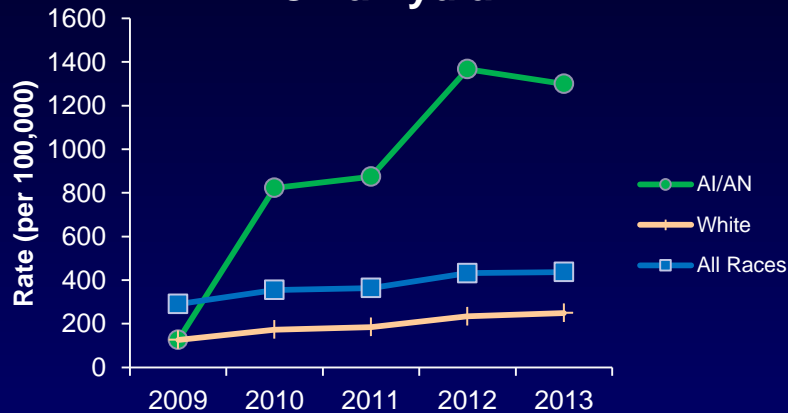


Syphilis

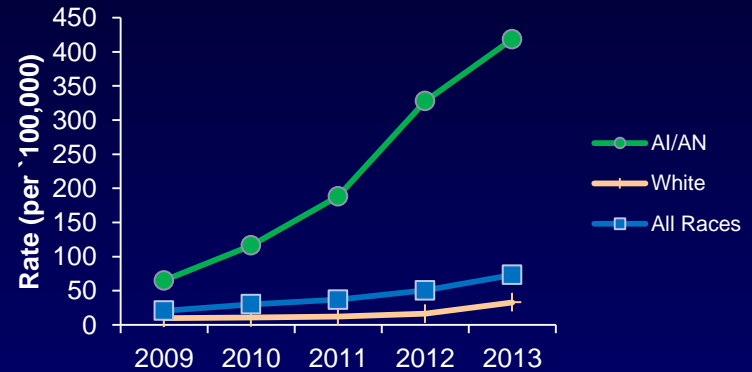


North Dakota Infectious Disease Trends, by Race, 2009 - 2013

Chlamydia



Gonorrhea



HIV/AIDS

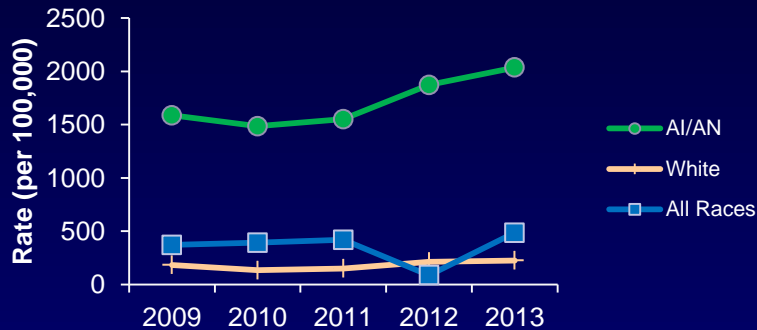


Syphilis

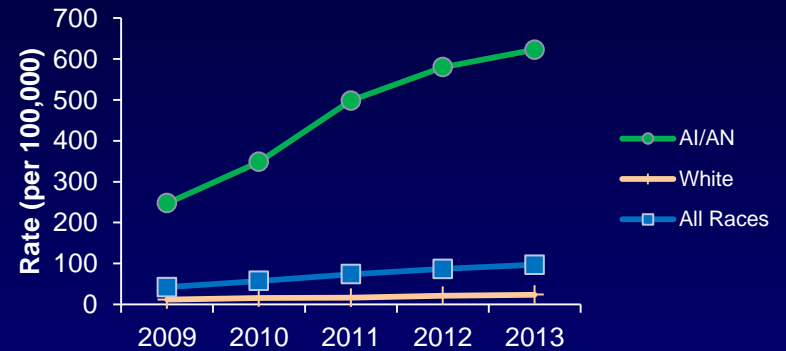


South Dakota Infectious Disease Trends, by Race, 2009 - 2013

Chlamydia



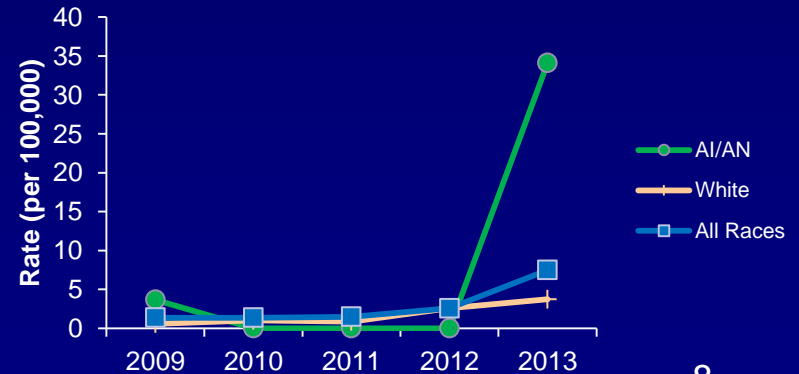
Gonorrhea



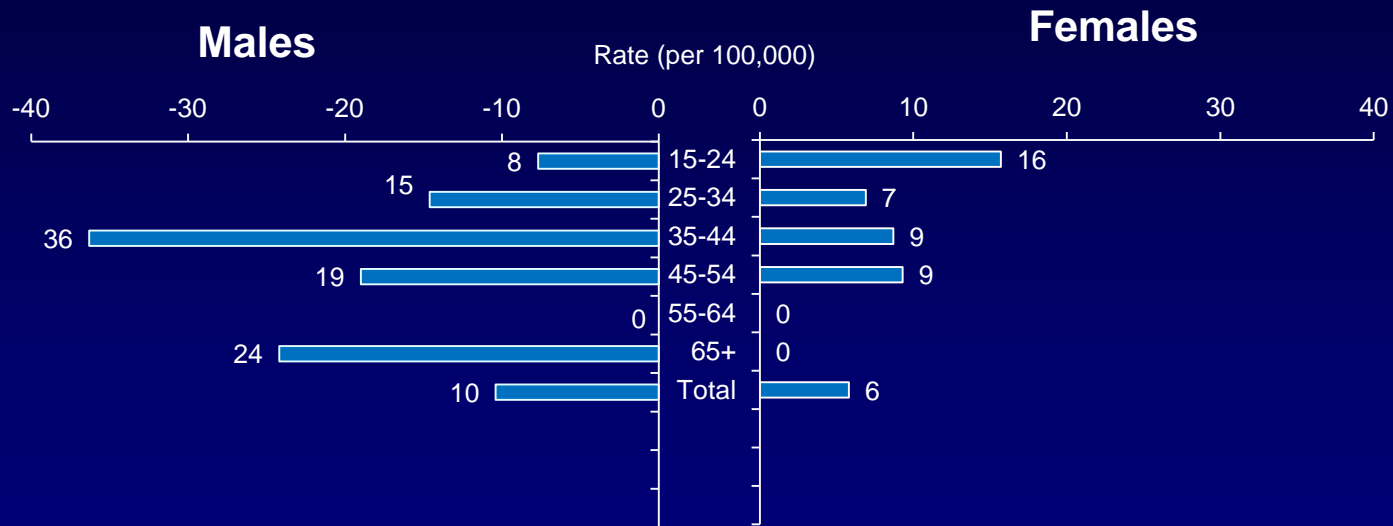
HIV/AIDS



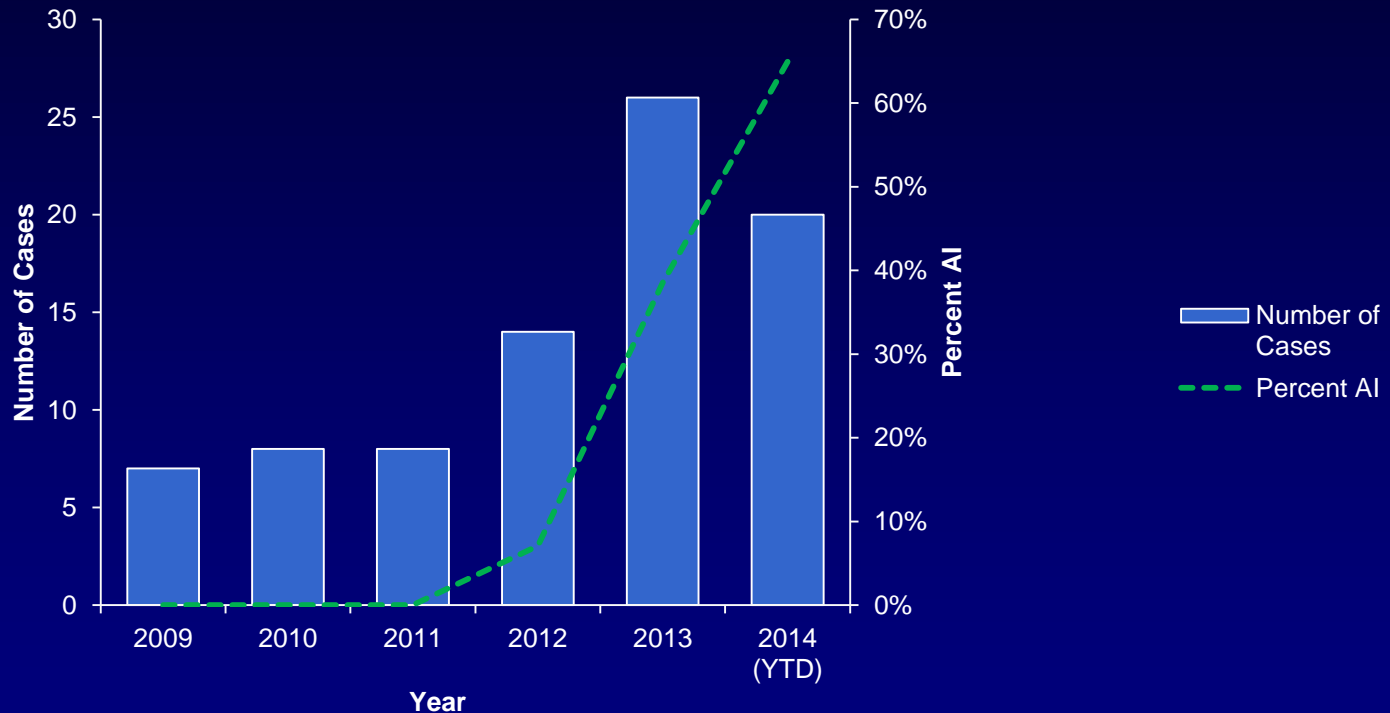
Syphilis



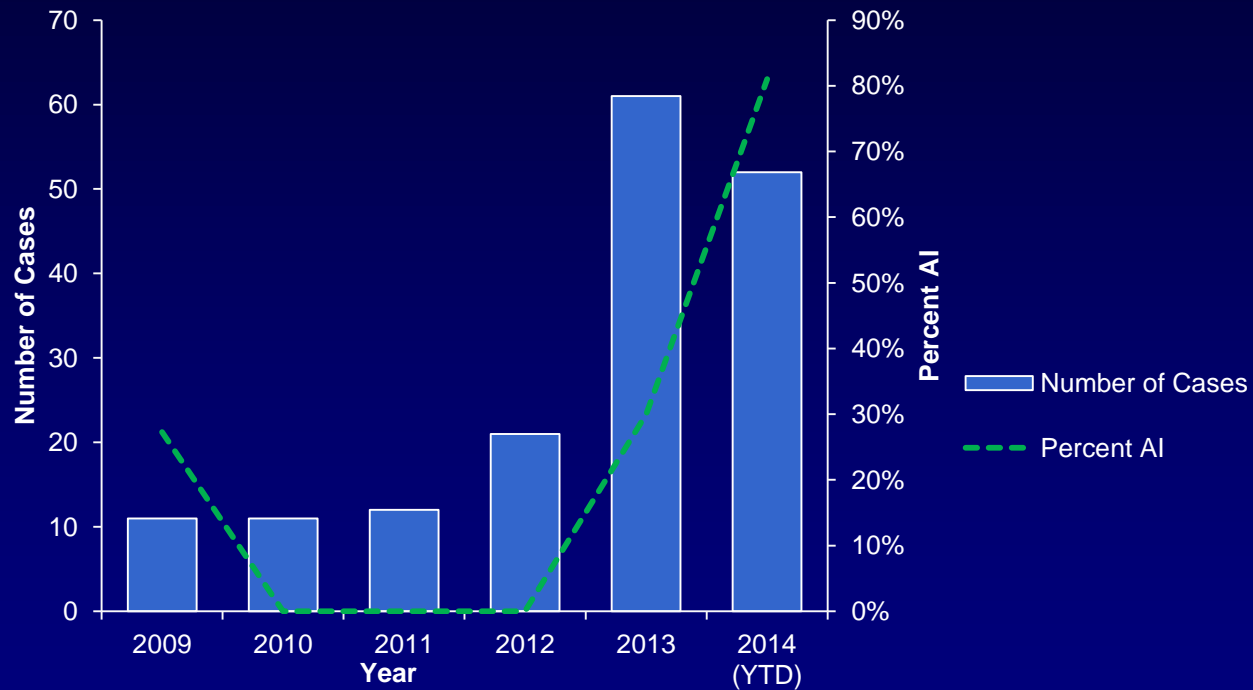
South Dakota American Indian Syphilis Rates, by Age and Sex, 2009 - 2013



American Indian Syphilis Cases, North Dakota, 2009 - 2013



American Indian Syphilis Cases, South Dakota, 2009 - 2013



Summary: How strong is the evidence?

- Chlamydia
 - Rates among AI /AN in North and South Dakota are 3 to 4 times that of the general population with strong upward trends in recent years
 - Racial disparities growing –steeper gradient in North Dakota than in South Dakota
- Gonorrhea
 - Less common than Chlamydia
 - Incidence among AI/AN in the Northern Plains is higher than in general population
 - ND: 5 times higher
 - SD: 6 times higher
- HIV/AIDS – Relative risk of HIV/AIDS higher among AI/AN than in Whites in South Dakota
- Syphilis
 - Alarming surge in rates with increasing concentration in AI/AN population
 - Widespread age distribution with greater occurrence among males than in females

Legal and Political Interface with Public Health

- Need for data sharing models between entities (for example, limited sharing vs. ownership)?
- Are there codified outbreak guidelines? How many? If so, do underlying assumptions apply to tribes (e.g., infrastructure capabilities)?
- Are there standard intervention protocols in place for interacting with tribal communities?
- Is analysis needed to study the impact of reportable disease surveillance policies on tribal communities? How effective are existing policies? What could be improved?

Acknowledgements

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