National and Regional HIV/STI Perspectives (

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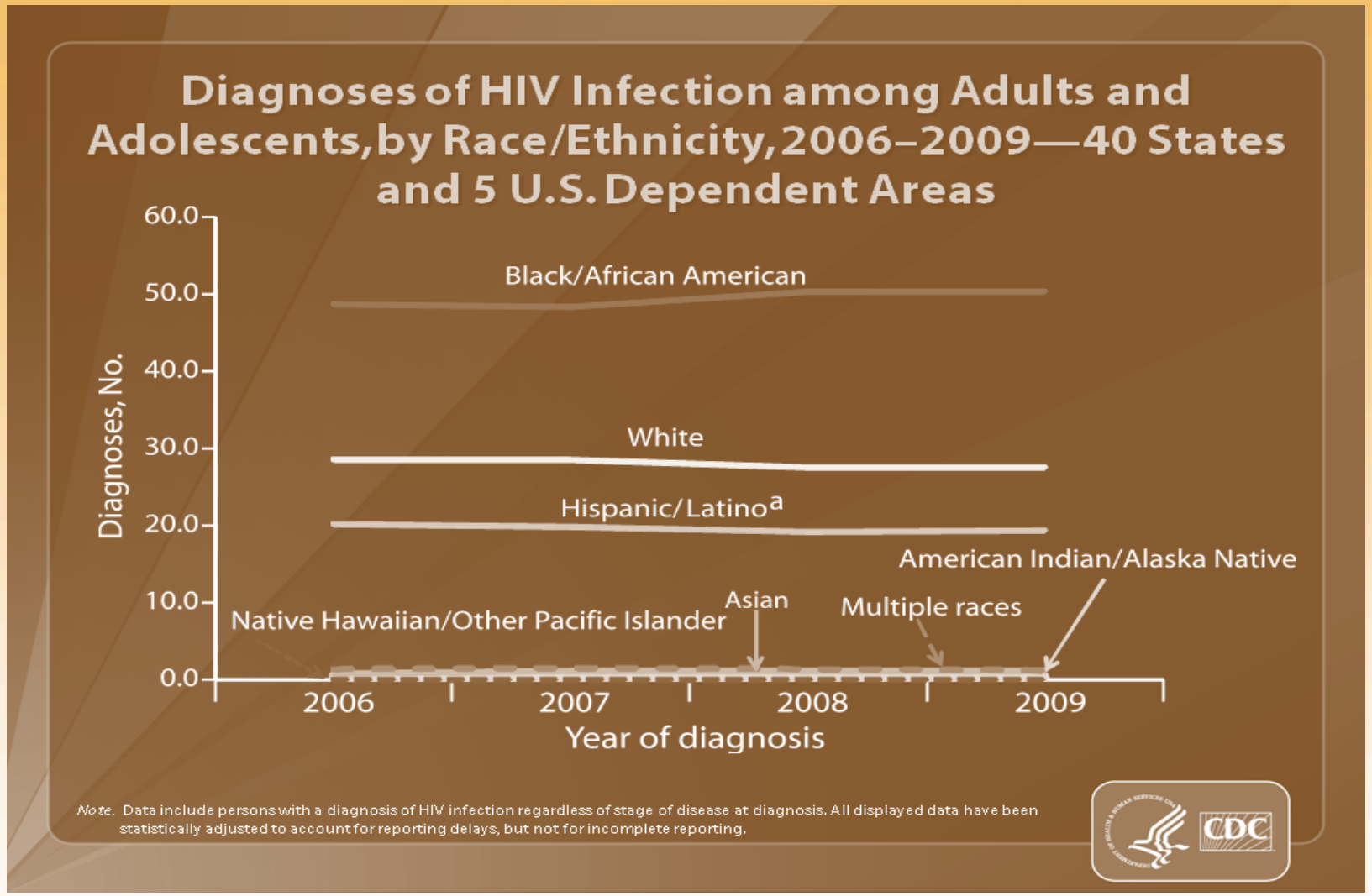
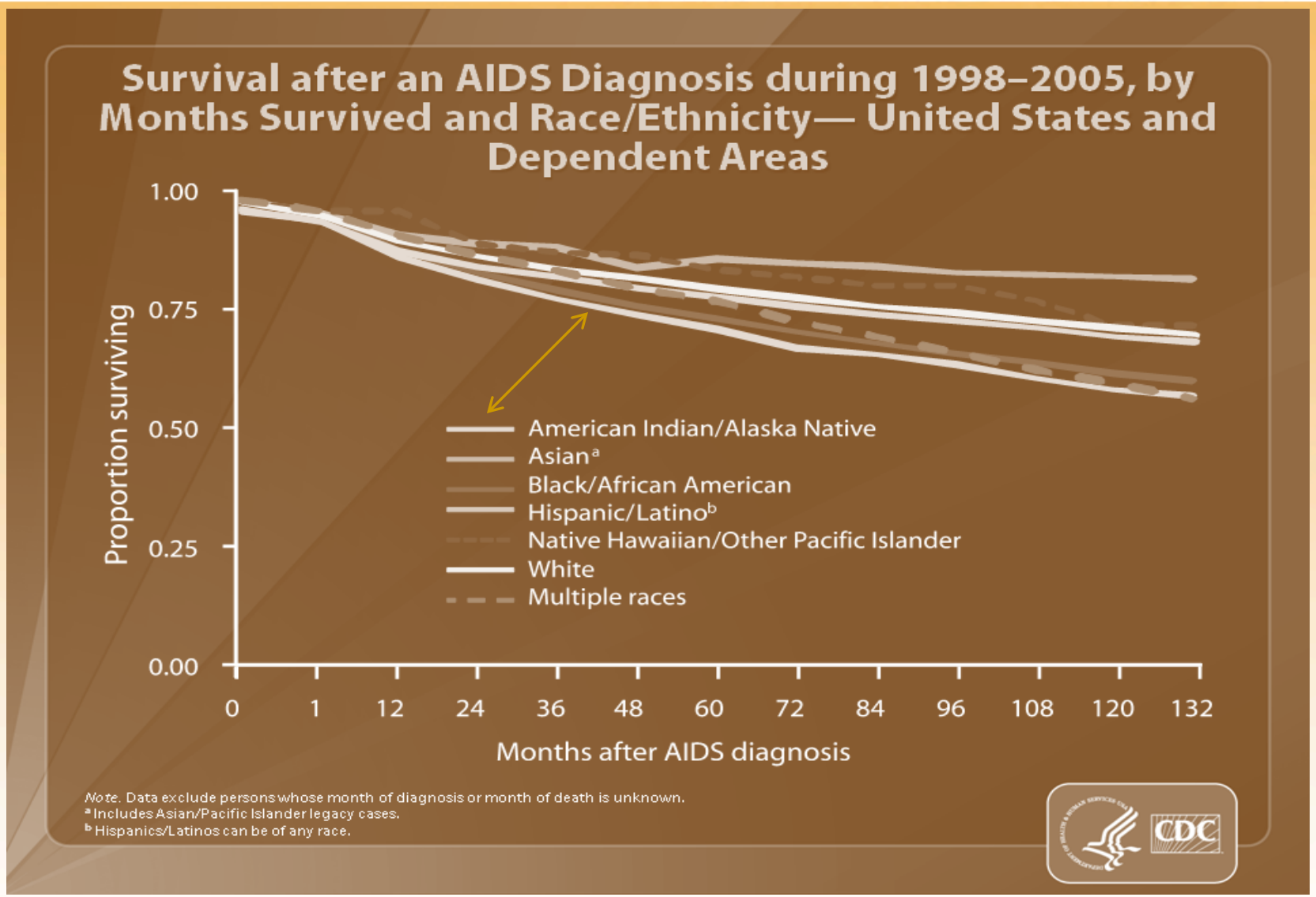
Overview

- Epidemiology Updates
- STD Testing/Treatment Updates
- Provider and Site Performance Measures
- IHS/CDC Standard Protocols for STD Care (
  - Sexual Risk Assessment
  - Policy
  - Protocol
  - Patient Delivered partner Therapy
  - STD Screening Recommendations

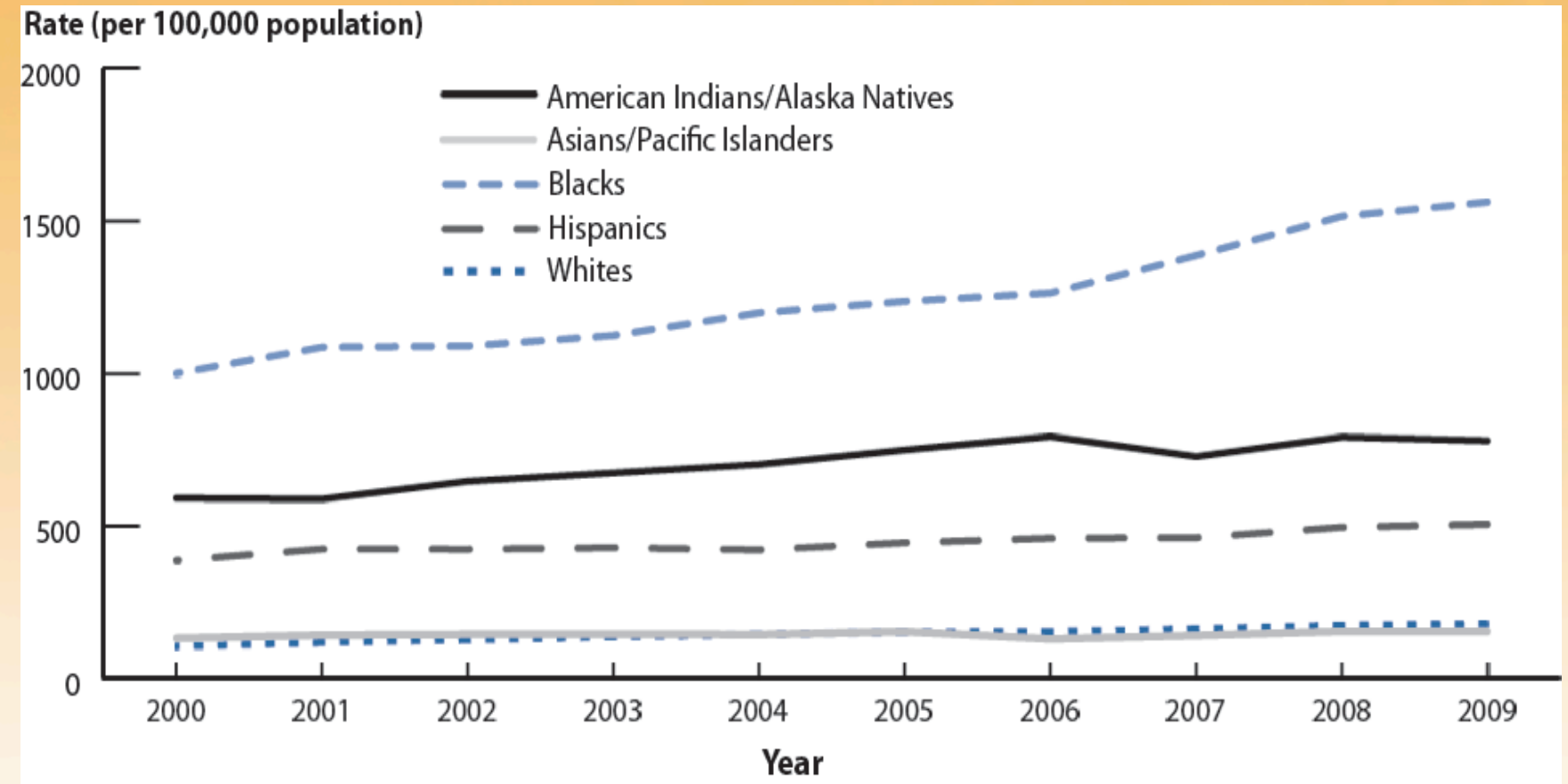

Diagnoses of HIV Infection among Adults and Adolescents, by Race/Ethnicity, 2006–2009—40 States and 5 U.S. Dependent Areas
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Diagnoses, No.
Black/African American
White
Hispanic/Latino[a]
American Indian/Alaska Native
Asian
Multiple races
Native Hawaiian/Other Pacific Islander
2006
2007
2008
2009
Year of diagnosis
Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.
CDC

Survival After an AIDS Diagnosis



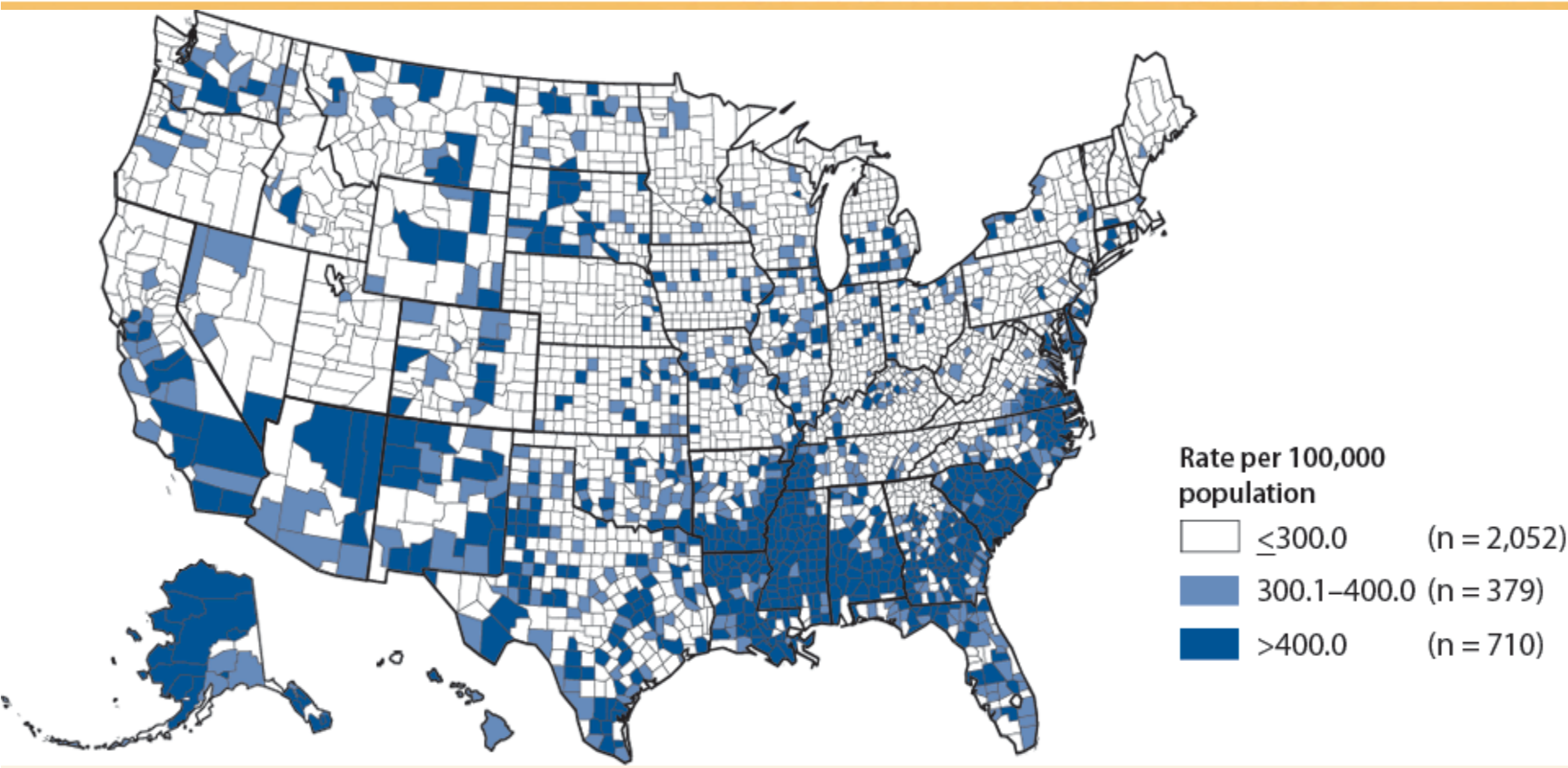
Chlamydia by Race, (2009

CDC, STD Surveillance, 2009 (



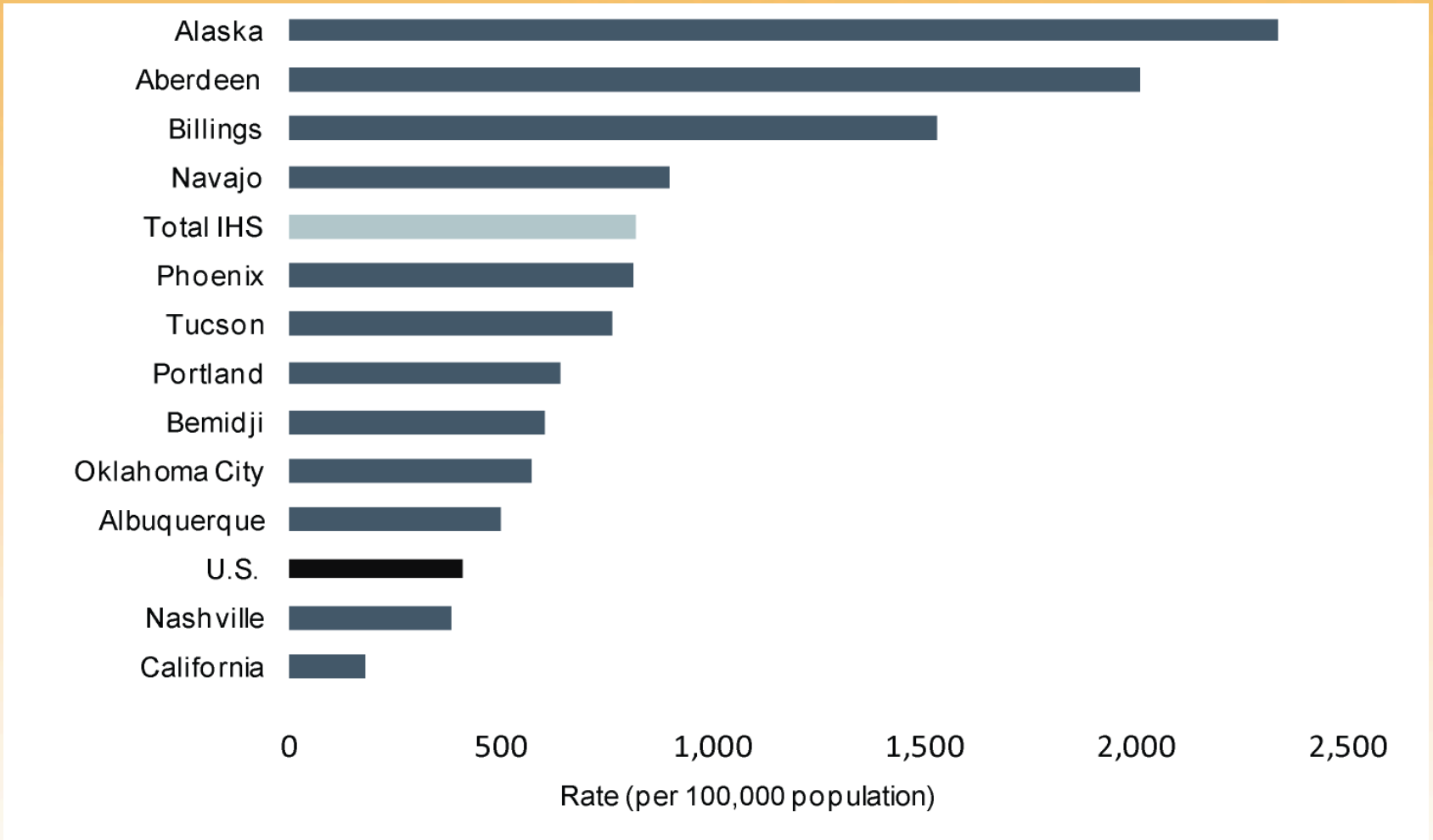
Chlamydia Rates by County, 2009

CDC, STD Surveillance, 2009 (



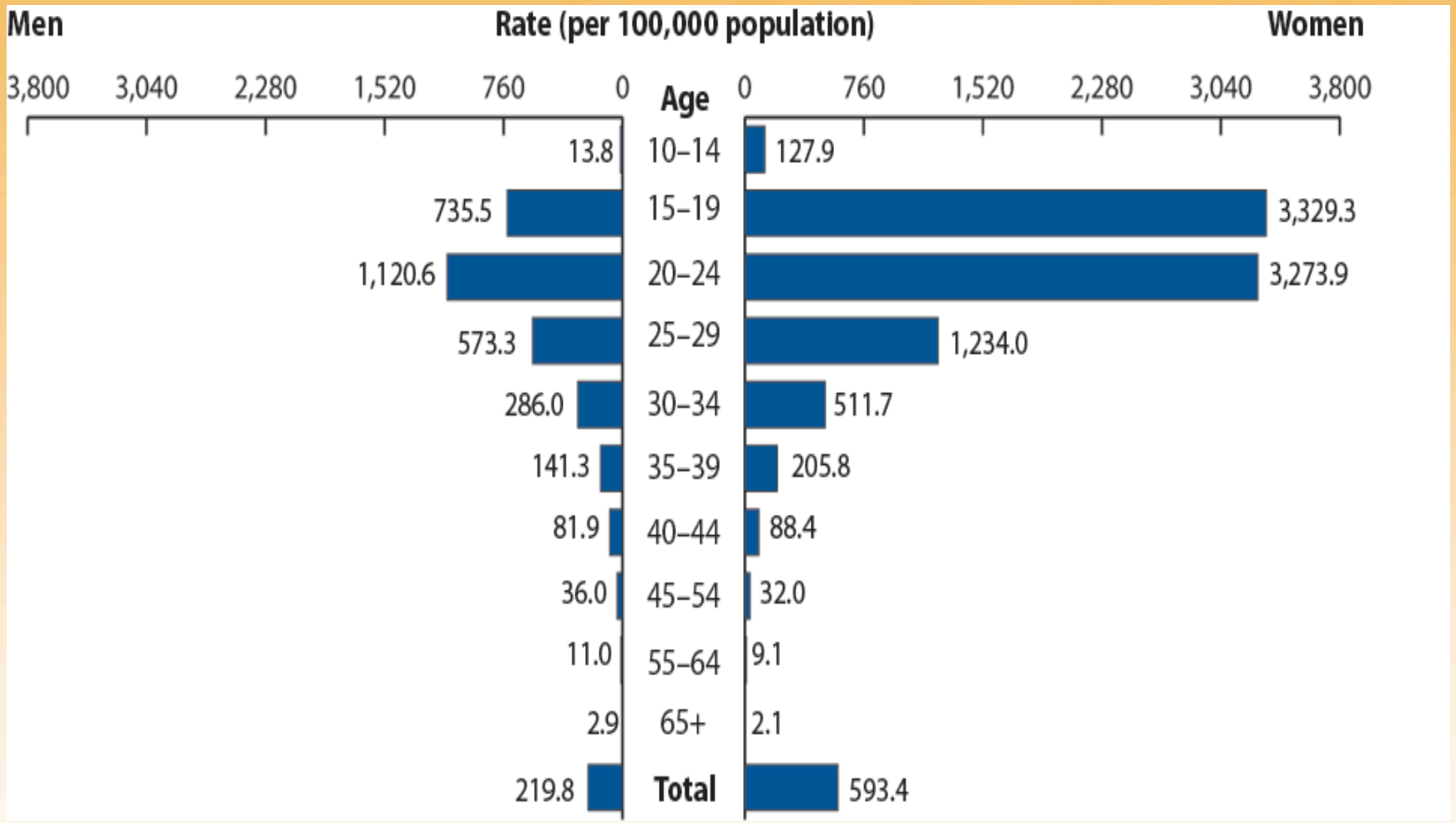
Source: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2008. Atlanta, GA: U.S. Department of Health and Human

Chlamydia Rates among AI/AN by IHS Area, 2009 (



Chlamydia by Gender, Age, 2009

CDC, STD Surveillance, 2009 (



Gonorrhea

- Dramatic increases in gonorrhea cases among AI/AN populations during 2010-2012
  - Alaska
  - Arizona
  - New Mexico
  - North Dakota
  - South Dakota

Centers for Disease Control and Prevention

Gonorrhea Treatment
Uncomplicated Genital/Rectal Infections

Ceftriaxone 250 mg IM in a single dose

OR, if not an option:

Cefixime 400 mg orally in a single dose

PLUS*

Azithromycin 1 g orally
or
Doxycycline 100 mg BID x 7 days

* Regardless of CT test result

CDC 2010 STD Treatment Guidelines
www.cdc.gov/std/treatment

Gonorrhea Treatment (

Oropharyngeal Infections

Ceftriaxone 250 mg IM in a single dose

PLUS

Azithromycin 1 g orally
or
Doxycycline 100 mg BID x 7 days

IN CASE OF SEVERE ALLERGY:

- Azithromycin 2 g orally once

CDC 2010 STD Treatment Guidelines
www.cdc.gov/std/treatment

STD Treatment Updates

Gonorrhea treatment rationale:

1. Isolates demonstrating decreased susceptibility to cephalosporins

2. Reports of ceftriaxone treatment failures.

3. Improved efficacy of ceftriaxone 250mg in pharyngeal infections.

4. Consistent dosing regardless of infection site.

STD Treatment Guidelines 2010

STD Screening Updates

1. Annual gonorrhea and chlamydia screening in sexually active women age 25 and under.

2. Screening women <35 years that are in adult detention facilities for chlamydia and gonorrhea

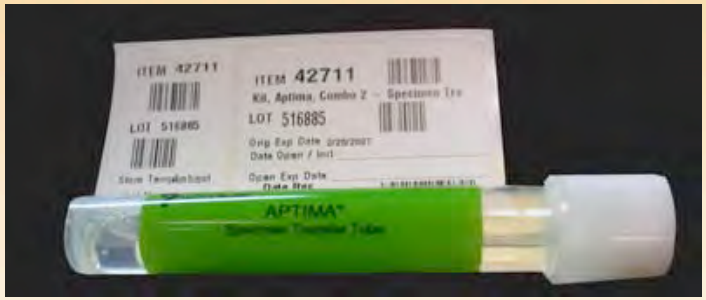
3. Patients presenting for an STD evaluation should be offered HSV-2 (genital herpes) serologic testing

4. Pregnant women: screening for asymptomatic (1) bacterial vaginosis (2) genital herpes [HSV-2 serology] (3)trichomoniasis is NOT recommended

STD Treatment Guidelines 2010

Chlamydia/Gonorrhea Screening

- Self-collected vaginal swabs preferred specimen in females;
- Urine preferred in males



STD Treatment Guidelines 2010

First Void vs. Clean Catch Urine

- *Annals of Family Medicine. 2012;10 (1); 50-53.*
- 100 women with first void urine positive for chlamydia also provided a mid-stream sample (
- 96 (96%) had a positive mid-stream specimen
- Suggests a suitable sensitivity for testing mid-stream urines
- Opportunities for batching CT/GC testing with urine pregnancy testing

STD Testing Updates (

1. **Rectal** and **pharyngeal** site testing in men who have sex with men (**MSM**) for chlamydia and gonorrhea using Nucleic Acid Amplification Tests (NAAT)
   1. Requires lab validation (facilitated by CDC)
   2. Both SonoraQuest and LabCorps have capacity to perform

2. **Retesting** persons diagnosed with chlamydia and gonorrhea **3 months** following initial diagnosis (7-24% re-infection rate)

STD Treatment Guidelines 2010

Ordering Codes (

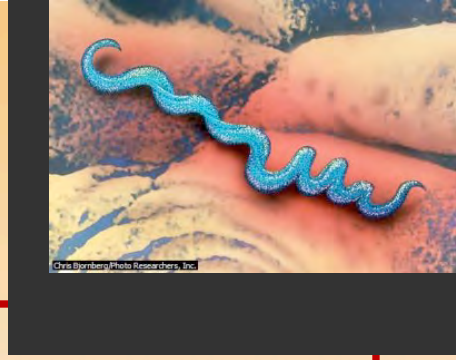
Ordering Codes for Combined GC/CT NAAT			Ordering Codes for CT-only NAAT
	LabCorps	Quest	LabCorps
Rectal	188672	16506	188706
Pharyngeal	188698	70051	188714
Current Procedural Terminology Billing Codes			
CT detection by NAAT	87491		
GC detection by NAAT	87591		

Syphilis

- Diagnosis: Reverse serology screening challenges
- Treatment: No extra dose of BIC for primary, secondary, and early latent syphilis in HIV-infected patients
- CSF evaluation: only for neuro symptoms, tertiary syphilis, or serologic treatment failure

STD Treatment Guidelines 2010

Diagnosis of Syphilis (



- Serology
  - Non-treponemal (non-specific, cardiolipin-based)
    - RPR or VDRL
  - Treponemal (specific to Treponema pallidum)
    - TP-PA, FTA-abs, EIA, CIA
- Darkfield microscopy
- Polymerase Chain Reaction

Why switch to EIA/CLIA for Syphilis Screening? (

- Automated
- Low cost in high volume settings
- Less lab occupational hazard (pipetting)
- More objective results
- No false negatives due to prozone reaction

180 tests per hour, no manual pipetting

Discordant Syphilis Results

- MMWR, 2011;60 (5):133-137
- Syphilis EIA testing
- 140,176 specimens screened
  - 4,834 (3.4%) reactive
    - 2,743 (56.7%) non-reactive by RPR
      - 866 (32%) non reactive by TP-PA or FTA-ABS

- Findings: Low prevalence populations with high false-positive results

CDC Reverse Sequence Syphilis Testing Algorithm

Treponemal Test (EIA/CLIA)

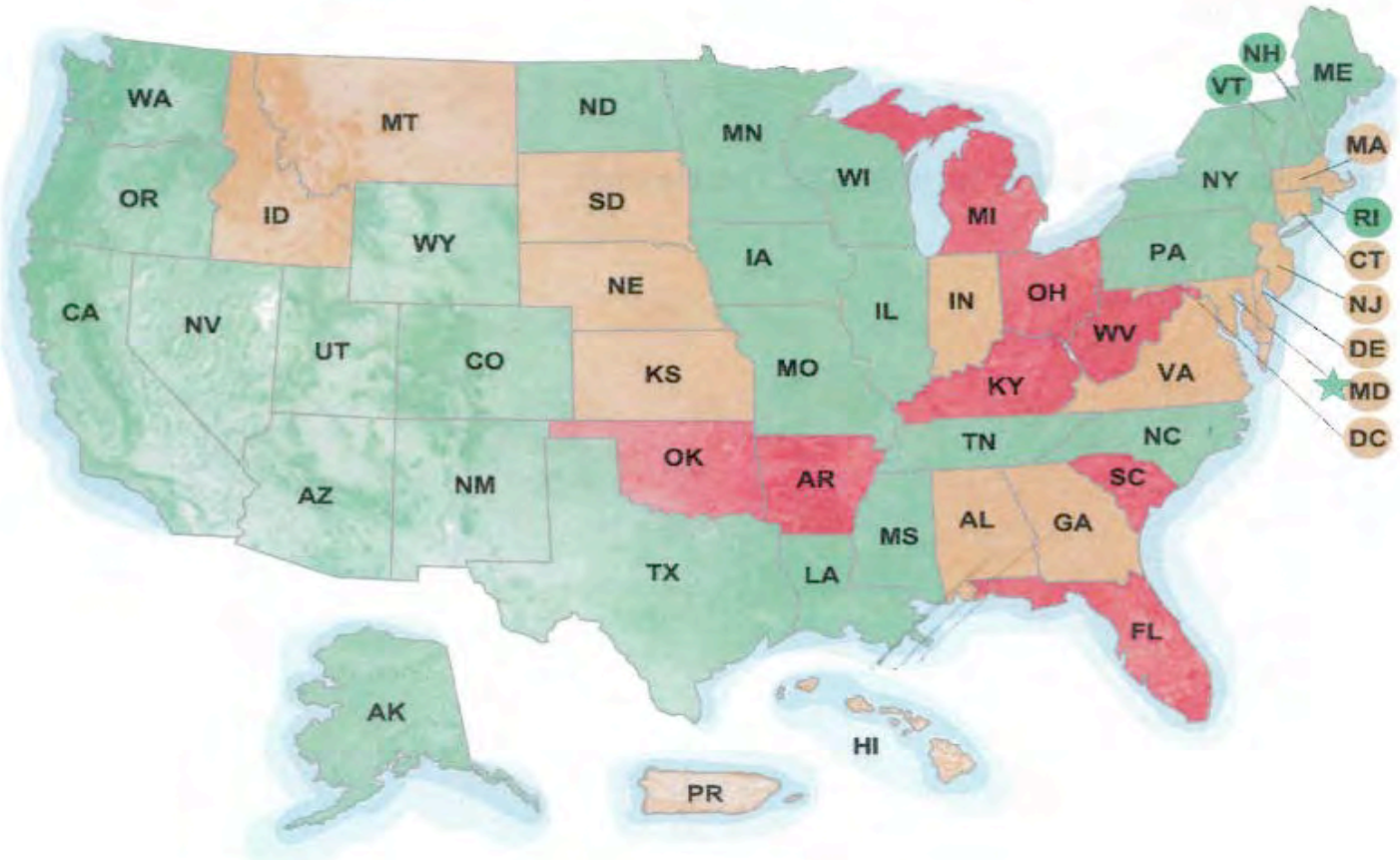
- → No infection, Early infection or False Negative
- + → Quantitative Non-trep Test (RPR, VDRL)
  - + → INFECTION: old vs. new
  - - → 2nd Treponemal Test (TP-PA)
    - - → Probable false positive EIA
      If high risk: repeat trep EIA
      (and RPR if EIA still+)
    - + → **INFECTION:** Old vs. Late/Early untreated
      Assess for history of treated syphilis, symptoms/signs
      - If treated, no further action
      - If untreated, stage and treat
      - If low risk, consider repeat trep EIA in 1 month (and RPR if EIA still +)

Arizona Department of Health Services
EXPEDITED
PARTNER Therapy
IN ARIZONA
Chlamydia and Gonorrhea
YOU CAN TREAT THE PARTNERS

Expedited Partner Therapy (EPT)

- Also referred to as "Patient Delivered Partner Therapy"
- Practiced according to state law
- Chlamydia or Gonorrhea patient delivers an extra dose of medication or a prescription to sex partner(s).
  - Gonorrhea
    - Cefixime 400mg x 1 dose PLUS azithromycin 1 gm x 1
  - Chlamydia
    - Azithromycin 1 gm PO x 1

Expedited Partner Therapy (EPT)



EPT is permissible in 27 states:

EPT is potentially allowable in 15 states:

EPT is prohibited in 8 states:

EPT and IHS (

- Ideal settings
  - Women's clinic
  - Primary care medical clinics
- Opportunities
  - Pharmacy EHR option for EPT
    - Azithromycin 2 grams, one gram each for patient and partner
  - Follow-up of empirically treated cases
    - Urgent care
    - ED

Indian Health Service: (

Monitoring Clinical Practice (

4 National IHS Measures (

1. (Prenatal HIV Screening (GPRA)
2. (HIV Screening of 13-64 y.o.
3. (Chlamydia screening of sexually active 15-24 y.o. females annually
4. (HIV screen for patients newly diagnosed with STD (

ALL 4 MEASURES BASED ON NATIONAL GUIDELINES AND RECOMMENDATIONS

Screening Rationale (

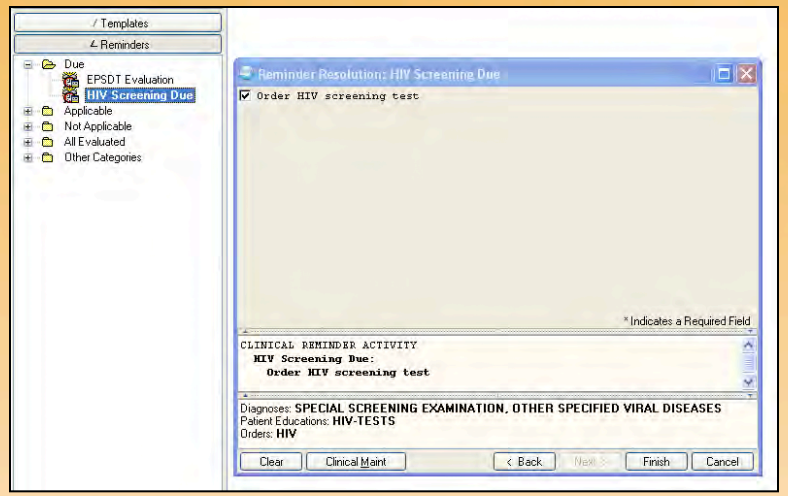
- Long term manifestations of untreated chlamydia/gonorrhea
  - Pelvic inflammatory disease (PID)
  - Infertility
  - Ectopic pregnancy
  - Chronic pelvic pain
  - Epididymitis

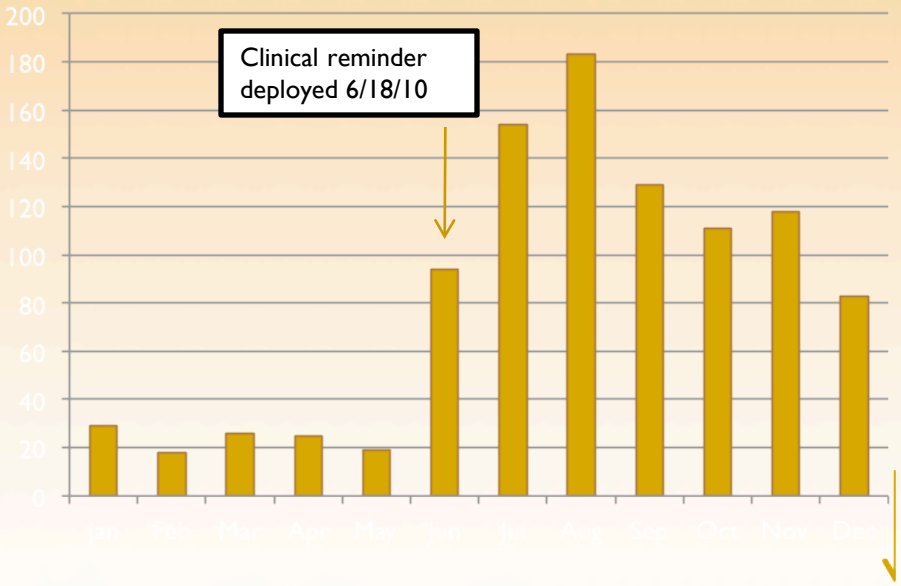
IHS STI Screening Rates

- Prenatal HIV Screening 86%
- HIV Screening of 13-64 y.o. 8.7%
- Chlamydia screening of sexually active 15-24 y.o. females annually 26%
- HIV screen for patients newly diagnosed with STD 31%

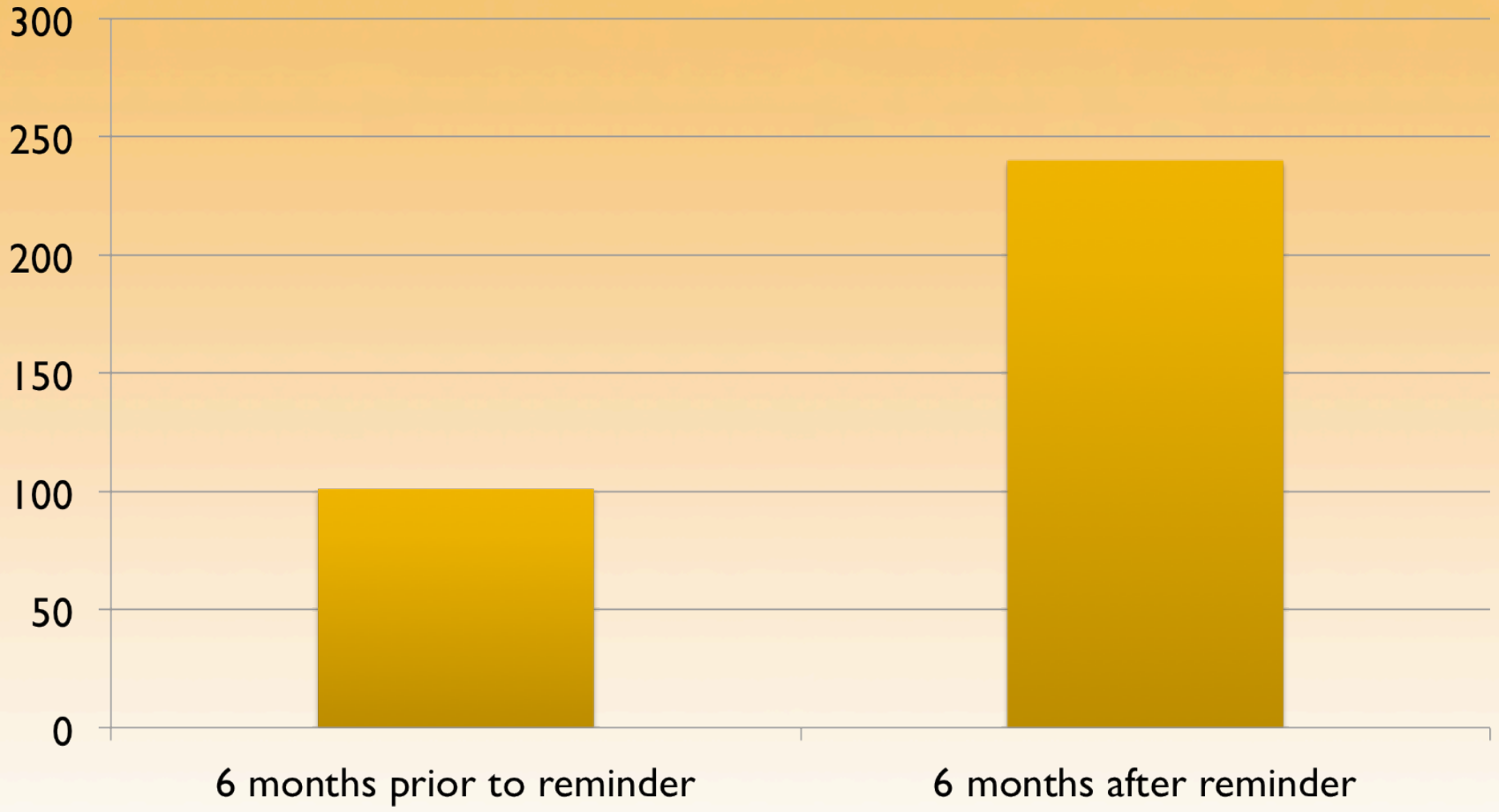
Effective Deployment of a Clinical Reminder at a Clinic of the IHS to Increase HIV Screening among Adolescents and Adults

- Clinic developed and deployed clinical reminder in July 2010
- Reminder identified eligible clients between the ages of 13-64 not screened for HIV in the past 5 years
- 500% increase in screening the six following reminder deployment





Use of EHR reminder/dialogue: CT tests, IHS clinic, June 2011-May 2012



CT tests, IHS clinic,
June 2011-May 2012

- Increase of 137%

- Improved targeting of testing/screening: percentage of CT positive tests ***<u>increased</u>***

STI Screening Opportunities (

- Reproductive Health Services (
  - Prenatal
  - Family Planning
  - Well woman exams
  - HPV vaccinations
- Routine Laboratory Testing
  - Urine based pregnancy testing
  - Urinalysis
  - Urine culture

New IHS/CDC Policy (

- Purpose: To expand opportunities for confidential STD/HIV screening and treatment among AI/AN populations
- Rationale:
  - Compliance with national standards and IHS (performance measures (
  - High STD rates among AI/AN populations
  - Differences in time to treatment
  - Limited partner treatment in some areas (
  - Late HIV diagnoses

IHS/CDC Protocol

- Clear step by step guidance:
  - STD/HIV screening in pregnancy
  - HIV screening in general populations
  - STD screening in women and special populations
  - STD treatment
  - Partner management
    - Presumptive treatment of partners
    - Patient delivered partner therapy (PDPT)
  - Vaccination (HPV, HBV) (

IHS/CDC Guidance

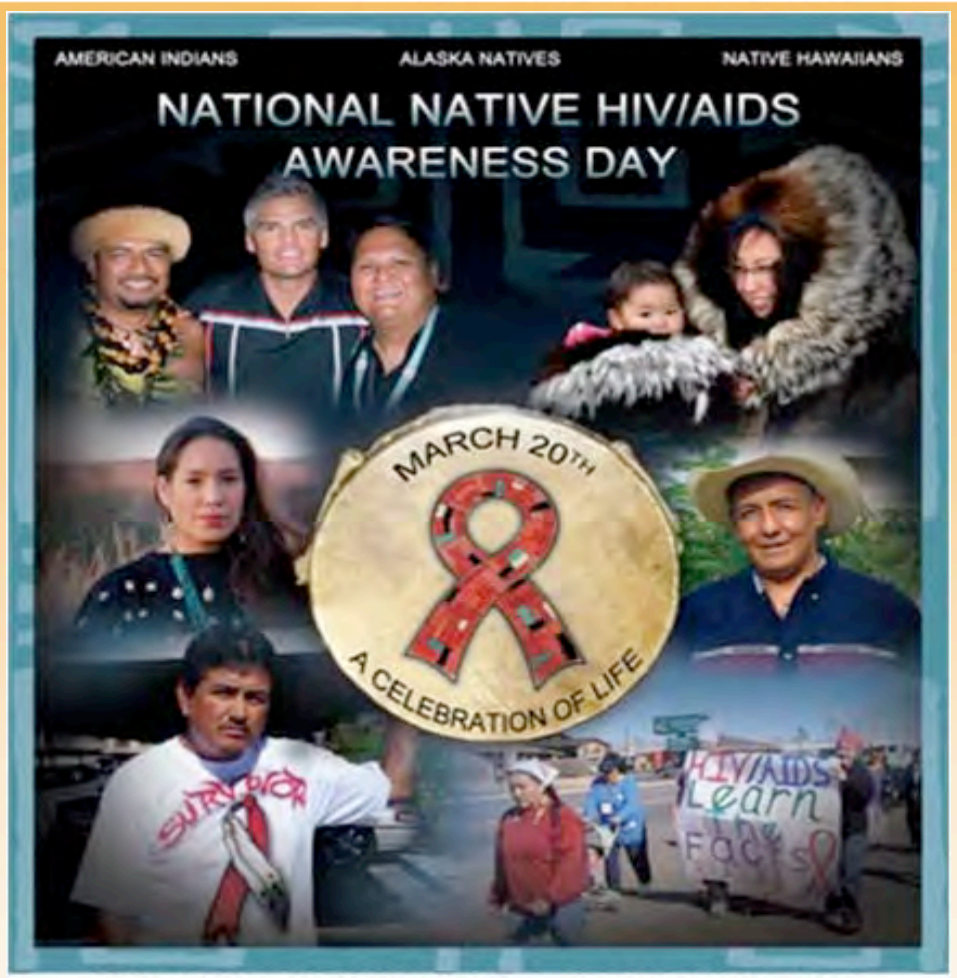
- Supplements:
  - IHS STD/HIV screening recommendations (chart)
  - Performing a sexual risk assessment
  - Patient delivered partner therapy
    - Patient information sheet (chlamydia & gonorrhea)
    - Partner information sheet (chlamydia)
    - Partner information sheet (gonorrhea) (

IHS/CDC Protocols

- Intended for use and/or adaptation by: (
  - IHS Service Units
  - Remote or village-level clinics
  - Regional IHS medical centers
  - Tribal corporation medical facilities (
  - 638 facilities

Summary

- Epidemiology:
  - High STD rates among AI/AN populations;
  - Poor HIV/AIDS survival
- 4 National Performance Measures
- New STD Treatment Guidelines
- IHS/CDC STD Care Protocols



FOR MORE INFORMATION, PLEASE CONTACT:

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