IHS STD Screening and Treatment: Best Practices

Melanie Taylor MD, MPH
CDC/NCHHSTP/DSTDP

September 2015
Overview

IHS Best Practices

- Identifying Missed Opportunities
- Use of Standard Protocols
- Electronic Clinical Reminders
- Bundling tests
- Expedited Partner Therapy (EPT)
Chlamydia and Gonorrhea Screening in Women

- **Sexually Active adolescents & up to age 25**
  - Annual chlamydia and gonorrhea screening
  - Others STDs and HIV based on risk

- **Women over 25 years of age**
  - STD/HIV testing based on risk
  - Corrections

- **Pregnant women**
  - Chlamydia
  - Gonorrhea (<25 years of age or risk)
  - HIV
  - Syphilis serology
  - HepB sAg
  - Hep C (if high risk)

*CDC 2015 STD Tx Guidelines [www.cdc.gov/std/treatment]*
Phoenix Indian Medical Center
Chlamydia Screening Audit

• Most women overdue for CT screen had medical visits, but not screened (62%)

• Many missed opportunities that EHR clinical reminders may be able to address
  – Urinalysis
  – Urine Pregnancy Testing
  – Pregnancy
  – Family Planning
  – Vaccination

First Void vs. Clean Catch Urine

- 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, UA, UDS, UrineCx
Chlamydia and Gonorrhea Screening Among Men

- Evidence is insufficient to recommend routine chlamydia screening in sexually active young heterosexual men because of several factors (feasibility, efficacy, cost)

- Screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia/gonorrhea or among high risk populations (adolescent/STD clinics, corrections)

- CDC STD Treatment Guidelines. 2015. [www.cdc.gov/std](http://www.cdc.gov/std)
Expanded Screening Policy following Increase in Gonorrhea
Phoenix Indian Medical Center (PIMC)

- March 2013

- Following expanded policy for screening of males and females ages 14-45:
  - EHR reminder
  - Provider Education
  - Bundled urine testing options (Urine pregnancy, UrineCx, Urine drug screen (UDS))
  - Posters in Urgent Care and ED

Expanded Screening Policy following Increase in Gonorrhea
Phoenix Indian Medical Center (PIMC)

Following expanded policy with EHR reminder for screening of males and females ages 14-45:

- A 66% increase in chlamydia/gonorrhea tests performed (11,565 tests in 2013 versus 6,975 tests in 2012)
- Chlamydia case finding increased 39.8% among males (from 118 to 165) and 18.3% among females (from 136 to 193)
- Gonorrhea case finding increased 64% among females (from 72 to 118)
- There was no increase in gonorrhea case finding among men

IHS Facility in Pacific Northwest

- **Electronic Clinical Reminders**
  - HIV screening (ages 13-64)
  - Chlamydia screening (females <25)

- **Results**
  - Chlamydia: Increase from 56 to 200 (257% increase) unique patients screened
  - HIV Screening: Increase from 250 to 1340 (436% increase) unique patients screened

Facility-Based Factors Correlated with Increased Adherence to National HIV Screening Recommendations in the Indian Health Service

- **Survey of Clinical Directors of 51/61 (84%) federal health facilities (I H S)**
  - Phone interview
  - Paired with RPMS HIV screening data

- **Correlates of higher facility HIV screening rates**
  - Having an E H R HIV screening reminder
  - Having standing protocols for STD screening

IHS Policy and Protocol for STD/HIV Screening, Treatment, and Partner Management

- Sample Policy that can be adapted by facility
- Sample Protocol
- STD Screening Recommendations
- Performing a Sexual Risk Assessment
- Expedited Partner Therapy (EPT) Fact Sheets
  - For Patients
  - For Partners to Chlamydia cases
  - For Partners to Chlamydia cases

http://www.ihs.gov/epi/index.cfm?module=epi_std_resources
Navajo Nation

ADOLESCENT AND ADULT STD SCREENING AND PATIENT AND PARTNER MANAGEMENT GUIDELINES WITHIN NAVAJO AREA IHS HEALTHCARE FACILITIES

Amended on Page 11: 2/3/2014

RELEASE DATE: OCTOBER, 2013
REVIEW INTERVAL: YEARLY
REVIEW DATE: OCTOBER, 2014
SITE/SERVICE UNIT: NAVAJO AREA IHS

IMPLEMENTATION DATE: OCTOBER, 2013
REVIEWED BY: JONATHAN IRALU, MD
CONTACT: JONATHAN IRALU, MD
APPROVED BY: DOUGLAS PETER, MD (CMO)

CONTENTS

Purpose .................................................................................................................................................. 3

Background ........................................................................................................................................ 3

http://www.ihs.gov/epi/index.cfm?module=epi_std_resources
IHS Adaptable Policy and Protocol

- **STD/HIV screening guidance**

- **Treatment guidance**
  - Presumptive treatment of symptomatic cases
  - Presumptive treatment of partners to cases
  - Expedited Partner Therapy
  - Retesting following chlamydia/gonorrhea diagnosis and treatment (re-infection)
Expedited Partner Therapy
Legal Status as of June 2015

The map shows the legal status of Expedited Partner Therapy in each state as of June 2015. States are color-coded as follows:

- **Green**: Permissible
- **Orange**: Potentially allowable
- **Red**: Prohibited

The map includes the following states:

- AK: Alaska
- CA: California
- CO: Colorado
- CT: Connecticut
- DE: Delaware
- DC: District of Columbia
- FL: Florida
- GA: Georgia
- HI: Hawaii
- ID: Idaho
- IL: Illinois
- IN: Indiana
- IA: Iowa
- KS: Kansas
- KY: Kentucky
- LA: Louisiana
- ME: Maine
- MD: Maryland
- MA: Massachusetts
- MI: Michigan
- MN: Minnesota
- MS: Mississippi
- MO: Missouri
- MT: Montana
- NE: Nebraska
- NV: Nevada
- NH: New Hampshire
- NJ: New Jersey
- NM: New Mexico
- NY: New York
- NC: North Carolina
- ND: North Dakota
- OH: Ohio
- OK: Oklahoma
- OR: Oregon
- PA: Pennsylvania
- PR: Puerto Rico
- RI: Rhode Island
- SC: South Carolina
- SD: South Dakota
- TN: Tennessee
- TX: Texas
- UT: Utah
- VA: Virginia
- VT: Vermont
- WA: Washington
- WI: Wisconsin
- WV: West Virginia
- WY: Wyoming
What to prescribe for EPT

• For partners of chlamydia cases:
  – Azithromycin 1 gram PO X 1 dose
• For partners of gonorrhea cases
  – Cefixime 400 mg PO X 1 dose
  – PLUS Azithromycin 1 gram PO X 1 dose

• Medication preferred to prescriptions. Both should be accompanied by partner information sheets
Expedited Partner Therapy and IHS

• What about non-Native Partners?
  – IHS practitioners are able to provide EPT to non-IHS beneficiaries (non-tribal members) according to Indian Health Manual*.

• IHS Providers in IHS facilities
  – Can provide EPT to IHS beneficiaries (cases) and non-beneficiaries (partners) regardless of state law**

• 638 Facilities:
  – Can provide EPT only if legal in that state.

*U.S. Department of Health and Human Services. Indian Health Service. Indian Health Manual. Part 2. Chapter 4. Appendix E Statutes That Allow Health Services to Be Provided to Ineligible Individuals at IHS Facilities. Sec.813(c) IHCIA.
http://www.ihs.gov/IHM/index.cfm?module=dsp_ihm_pc_p2c4_ap_e.

Expedited Partner Therapy
Phoenix Indian Medical Center

- Reduces Risk of Re-infection
- Ideal settings
  - Women’s Clinic
  - Primary care medical clinics
  - STD 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
    - ER

Fact Sheets

Patient Delivered Partner Treatment

Why am I getting extra medicine (or an extra prescription)?
Your sex partner has Chlamydia or Gonorrhea, diseases that are transmitted by having sex, and you and your partners need to be treated. If Chlamydia and/or Gonorrhea are not treated, your partners can develop serious health problems, re-infect you, or infect other sex partners.

How do I tell my sex partner(s) I have an STD?
Telling a sex partner that you have a sexually transmitted disease (STD) like Chlamydia or Gonorrhea can be difficult but it is the right thing to do. By offering your partner treatment, you are showing them that you care enough to help.

The best way to tell your partner is by being open and honest. You could say, “This medicine is to treat an STD called Chlamydia (or Gonorrhea), and you should take it because I have it, and you may have it, too. You should read the information that came with the medicine and get checked for other STDs.”

These are all normal feelings to have. Your partner may have these feelings when you tell them.

What do I need to do?
1. Get treated.
2. Tell your sex partner(s) you are being treated for an STD called Chlamydia or Gonorrhea so that they may be treated, too.
3. Give your partner(s) the medicines or prescription.
4. Encourage them to read the information you give them.
5. Encourage them to visit a doctor, nurse or clinic to get tested for other STDs, even if they take the medicine.

What if I do not take the medicine?
If you don’t take the medicine you have been prescribed, it will not cure your infection. You can develop a more serious disease, and you can make others sick. If you are pregnant, you can pass the infection to your baby at birth. If you have an STD, you can make others sick. If you don’t take the medicine, you may have symptoms and be more likely to get reinfected.

Partner Treatment for Chlamydia

Why am I getting this medicine (or an extra prescription)?
Your sex partner has Chlamydia, a disease that is transmitted by having sex, and you need to be treated. A health care provider has given your partner medicine or a prescription to give to you to make sure you get treated.

What if I don’t think I have an STD?
Many STDs don’t have symptoms. You can have a sexually transmitted disease (STD) like Chlamydia even if you don’t think that anything is wrong. You are getting treatment because you had sex with someone who has Chlamydia, and you may have it, too.

Is it important to see a doctor?
Yes, we encourage you to see a doctor or nurse or go to the clinic so that you can get checked for other STDs, even if you think you don’t have an STD.

What is this medicine?
The medicine you are getting is an antibiotic called Azithromycin. This medicine will only cure Chlamydia. It will not cure other STDs.

What should I do after taking the medicine?
DO NOT TAKE this medicine if:
- You are having lower belly pain, cramps, pain during sex, vomiting, throwing up, pain in the testicles (balls), or fever.
- You are allergic or have ever had a bad reaction, rash, or allergy to any antibiotics.
- You are pregnant.
- You are planning to become pregnant.
- You are breastfeeding.

Get checked for other STDs (including HIV).
If you have the medicine, it is important to get tested for other STDs because people can have more than one STD and this medicine does not cure all of them. It only treats Chlamydia. We strongly recommend that you visit a health care provider.

What if I decide not to take the medicine?
If you decide not to take the medicine, you can develop a more serious disease, and you can make others sick. If you are pregnant, you can pass the infection to your baby at birth. If you have an STD, you can make others sick. If you don’t take the medicine, you may have symptoms and be more likely to get reinfected.

Partner Treatment for Gonorrhea

Why am I getting this medicine (or an extra prescription)?
Your sex partner has Gonorrhea, a disease that is transmitted by having sex, and you need to be treated. A health care provider has given your partner medicine or a prescription to give to you to make sure you get treated.

What if I don’t think I have an STD?
Many STDs don’t have symptoms. You can have a sexually transmitted disease (STD) like Gonorrhea even if you don’t think that anything is wrong. You are getting treatment because you had sex with someone who has Gonorrhea, and you may have it, too.

Is it important to see a doctor?
Yes, we encourage you to see a doctor or nurse or go to the clinic so that you can get checked for other STDs, even if you think you don’t have an STD.

What is this medicine?
The medicines you are getting are antibiotics called Ceftriaxone and Azithromycin. Those medicines will only cure Gonorrhea and Chlamydia. They will not cure other STDs.

What should I do after taking the medicine?
DO NOT TAKE this medicine if:
- You are having lower belly pain, cramps, pain during sex, vomiting, throwing up, pain in the testicles (balls), or fever.
- You are allergic or have ever had a bad reaction, rash, or allergy to any antibiotics.
- You are pregnant.
- You are planning to become pregnant.
- You are breastfeeding.

Get checked for other STDs (including HIV).
If you have the medicine, it is important to get tested for other STDs because people can have more than one STD and this medicine does not cure all of them. It only treats Gonorrhea. We strongly recommend that you visit a health care provider.

What if I decide not to take the medicine?
If you decide not to take the medicine, you can develop a more serious disease, and you can make others sick. If you are pregnant, you can pass the infection to your baby at birth. If you have an STD, you can make others sick. If you don’t take the medicine, you may have symptoms and be more likely to get reinfected.

http://www.ihs.gov/epi/index.cfm?module=epi_std_resources
### STD Screening Recommendations, 2010

<table>
<thead>
<tr>
<th>Population</th>
<th>STD Screening Recommendations</th>
<th>Frequency</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women 25 years of age and younger</td>
<td>GC</td>
<td>Annual</td>
<td>At least once, then repeat annually only if high risk</td>
</tr>
<tr>
<td>Women over 25 years of age</td>
<td>No routine screening for STDs</td>
<td>Screened at risk</td>
<td>At least once, then repeat annually only if high risk</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>GC, Syphilis HIV</td>
<td>First trimester</td>
<td>Repeat screening for GC, Syphilis, HIV, Hepatitis B in third trimester if at increased risk</td>
</tr>
<tr>
<td>HIV-positive women</td>
<td>GC, Syphilis</td>
<td>First visit</td>
<td>Repeat screening for GC, Syphilis, HIV, Hepatitis B in third trimester if at increased risk</td>
</tr>
<tr>
<td>Men</td>
<td>GC, Syphilis HIV</td>
<td>First visit</td>
<td>Repeat screening for GC, Syphilis, HIV, Hepatitis B in third trimester if at increased risk</td>
</tr>
<tr>
<td>HIV-positive men</td>
<td>GC, Syphilis</td>
<td>First visit</td>
<td>Repeat screening for GC, Syphilis, HIV, Hepatitis B in third trimester if at increased risk</td>
</tr>
</tbody>
</table>

**Other Tools**

### Performing a Sexual Risk Assessment

**Past STDs/Personal risk**
- Are you currently sexually active? If not, have you ever been sexually active?
- Have you had unprotected vaginal, oral or anal sex?
- Have you ever been diagnosed with an STD?
- Have you ever been tested for HIV or other STIs?
- Have you had sex with someone who has an STD?
- Have you had a new sex partner in the past three months?
- Have you had sex with more than one sex partner?
- Have you had sex with someone who may have had more than one partner?
- Have you exchanged sex for drugs, money and/or other things?

**Partners**
- In recent months, how many sex partners have you had?
- Have you had sex with men, women or both?

**Practices**
- Do you have vaginal sex (penis in vagina)?
- Do you do anal sex (penis in anus/butt)?
- Do you have oral sex (penis in mouth or vagina/vulva)?
- Have you ever used a condom to inject/shoot drugs?

**Prevention**
- What do you do to prevent STIs and HIV?
- Do you and your partner(s) use any protection against STDs?
- If so, what kind of protection do you use?
- How often do you use this protection?
- In what situations or with whom?
- Tell me about your use of condoms with your recent partner.

**Pregnancy plans and prevention**
- How would it be for you if you get pregnant now?
Summary Best Practices

- Adaptable Policy/Protocol
- Electronic Clinical Reminders
  - STD and HIV screening (HepC)
  - STD Retesting
- Bundled testing
  - Urine
- EPT
  - “Quickpicks” in pharmacy ordering
  - IHS EPT Fact sheets
MDT7@CDC.GOV

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: http://www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB
Prevention Division of STD Prevention
Congenital Syphilis

Every baby is a GIFT

Help your patients protect theirs.
Remember to test all expectant mothers for syphilis.
STD Screening for MSM

- HIV
- Syphilis
- Urethral GC and CT
- Rectal GC and CT (if RAI)
- Pharyngeal GC (if oral sex)
- HSV-2 serology (consider)
- Hepatitis A (vaccinate)
- Hepatitis B (HBsAg) (vaccinate)
- Hepatitis C
- Anal Pap (consider for HIV+) (vaccinate)

* At least annually, more frequent (3-6 months) if at high risk (multiple/anonymous partners, drug use, high risk partners)

CDC 2015 STD Tx Guidelines  [www.cdc.gov/std/treatment]
Chlamydia and Gonorrhea *Retesting*:

- Infected patients should be retested approximately 3 months after treatment.

- If retesting at 3 months is not possible, clinicians should retest whenever persons next present for medical care in the 12 months following initial treatment.

- Re-infection is common due to untreated partners.

CDC STD Treatment Guidelines. 2015. [www.cdc.gov/std](http://www.cdc.gov/std)