

# **IHS STD Screening and Treatment: Best Practices**

**Melanie Taylor MD, MPH  
CDC/NCHHSTP/DSTDP**

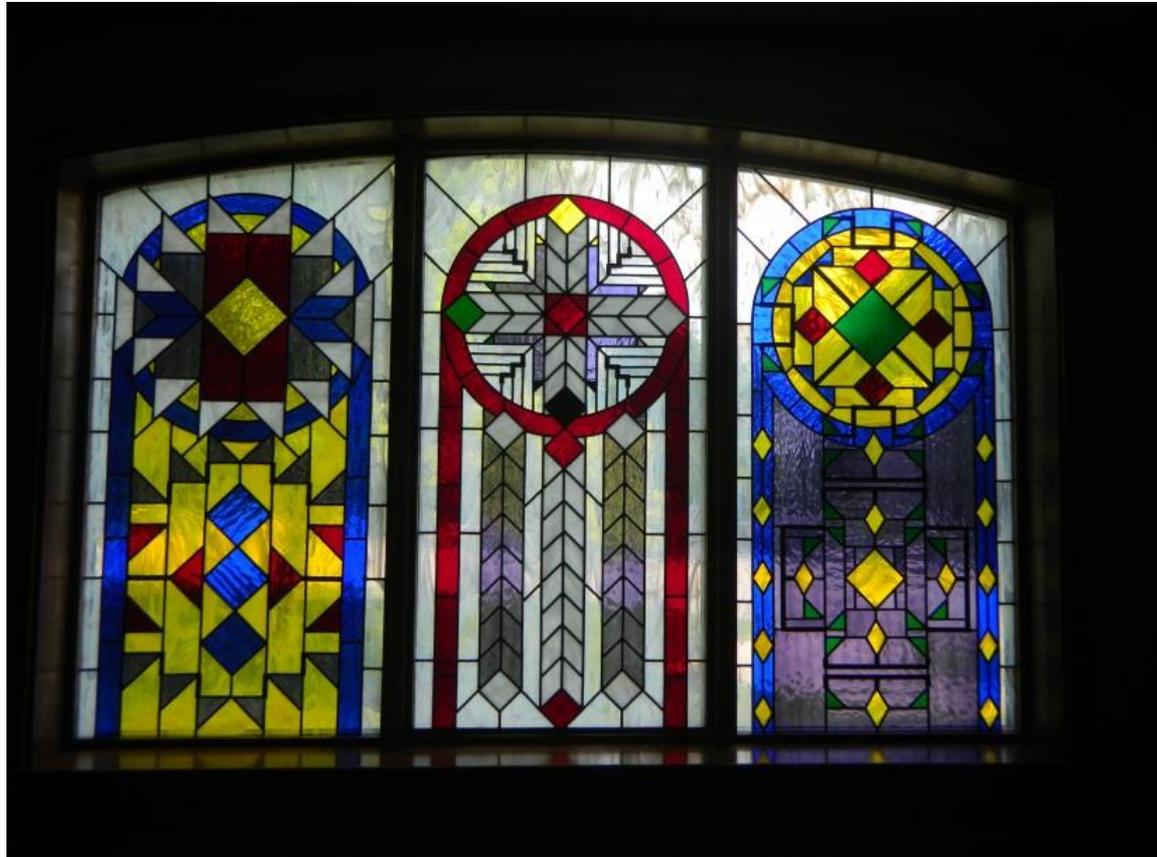
**September 2015**

# Overview



## IHS Best Practices

- Identifying Missed Opportunities
- Use of Standard Protocols
- Electronic Clinical Reminders
- Bundling tests
- Expedited Partner Therapy (EPT)



# **STD SCREENING IN IHS**

# 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)

# 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

**Taylor MM**, Reilley B, Tulloch S, et al. Identifying opportunities for chlamydia screening among American Indian women. *Sexually Transmitted Diseases*. 2011;38 (12): 1-2.

# 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, 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

Patton ME, Kirkcaldy RD, Chang DC, Markman S, Yellowman M, Petrosky E, Adams L, Robinson C, Gupta A, **Taylor MM**. Increased Gonorrhea Screening and Case Finding After Implementation of Expanded Screening Criteria—Phoenix, Arizona, 2011–2013. CDC Clearance.

# 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

Patton ME, Kirkcaldy RD, Chang DC, Markman S, Yellowman M, Petrosky E, Adams L, Robinson C, Gupta A, **Taylor MM**. Increased Gonorrhea Screening and Case Finding After Implementation of Expanded Screening Criteria—Phoenix, Arizona, 2011–2013. CDC Clearance.

# IHS Facility in Pacific Northwest

## ❑ Electronic Clinical Reminders

- HIV screening (ages 13-64)
- Chlamydia screening (females  $\leq 25$ )

## ❑ Results

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

Rudd S, Gemelas J, Reilley B, Leston J, Tulloch S. Integrating clinical decision support to increase HIV and chlamydia screening. *Prev Med.* 2013;57 (6): 908-9.

# 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

Reilly B, Leston J, Tulloch S, Neel L, **Taylor MM**. Facility-Based Factors Correlated with Increased Adherence to National HIV Screening Recommendations in the Indian Health Service. *J Int Assoc Provid AIDS Care*. Feb. 2015. DOI:10.1177/23259574415570744.

# **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](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	IMPLEMENTATION DATE: OCTOBER, 2013
REVIEW INTERVAL: YEARLY	REVIEWED BY: JONATHAN IRALU, MD
REVIEW DATE: OCTOBER, 2014	CONTACT: JONATHAN IRALU, MD
SITE/SERVICE UNIT: NAVAJO AREA IHS	APPROVED BY: DOUGLAS PETER, MD (CMO)

### CONTENTS

Purpose .....	3
Background .....	3

[http://www.ihs.gov/epi/index.cfm?module=epi\\_std\\_resources](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)



# 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 I H S 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) IHCA.

[http://www.ihs.gov/IHM/index.cfm?module=dsp\\_ihm\\_pc\\_p2c4\\_ap\\_e](http://www.ihs.gov/IHM/index.cfm?module=dsp_ihm_pc_p2c4_ap_e).

\*\* U.S. Department of Health and Human Services. Indian Health Service. Medical Staff Credentialing and Privilege Guide, 9/05.

[http://www.ihs.gov/IHM/index.cfm?module=dsp\\_ihm\\_pc\\_p3c1](http://www.ihs.gov/IHM/index.cfm?module=dsp_ihm_pc_p3c1). Accessed June 6, 2012.

# 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

# Patient Delivered Partner Treatment



## Why am I getting extra medicine (or an extra prescription)?

You have 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 partner(s) 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."

Some things make it harder to tell a partner. Sometimes people who find out they have an STD feel:



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 and that they may have been infected, 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.

**Avoiding STD Infections**

STDs are common - a lot of people get infections each year. Even if you had Chlamydia or Gonorrhea before, you can still get it again including HIV, latex condoms, and vaginal.

**You can reduce your chances of getting Chlamydia or Gonorrhea by limiting the number of people you have sex with. The more sex partners you have, the higher your risk of getting an STD.**

## Partner Treatment for Chlamydia

### What if I do sex partner

You 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 take this medicine.

### 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.

### 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 have any serious health problems like kidney, heart or liver disease, seizures, or are currently taking blood thinners.

If any of the above is true, you should not take this medicine, and you should see a health care provider as soon as possible. Also, if you are allergic to Azithromycin, a health care provider can recommend the best Chlamydia treatment for you.

### How should I take the medicine?

- Take all the pills at one time, by mouth. Do not share the medicine. You need all of it for it to work.
- Take it on an empty stomach (at least one hour before eating or two hours after eating).
- If you throw up in the hour after taking the medicine, you

# Fact Sheets



## Partner Treatment for Gonorrhea



**Avoiding STD Infections**

STDs are common - a lot of people get infections each year. Even if you had Chlamydia before, you can still get it again. The only way to completely avoid STDs, including HIV, is to not have sex. If you do have sex use a latex condom every time and for every kind of sex - oral, anal, and vaginal sex.

**You can reduce your chances of getting Chlamydia or Gonorrhea by limiting the number of people you have sex with. The more sex partners you have, the higher your risk of getting an STD.**

## 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 take this medicine.

## What is this medicine?

The medicines you are getting are antibiotics called Cefixime and Azithromycin. These medicines will only cure Gonorrhea and Chlamydia. They will not cure other STDs.

### 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 have any serious health problems like kidney, heart or liver disease, seizures, or are currently taking blood thinners.

If any of the above is true, you should not take this medicine, and you should see a health care provider as soon as possible. Also, if you are allergic to Cefixime or Azithromycin, a health care provider can recommend the best Gonorrhea treatment for you.

### How should I take the medicine?

- Take all the pills at one time, by mouth. Do not share the medicine. You need all of it for it to work.
- Take it on an empty stomach (at least one hour before eating or two hours after eating).
- If you throw up in the hour after taking the medicine, you will need to get more medicine, because the medicine did not have time to work.

**Avoiding STD Infections**

STDs are common - a lot of people get infections each year. Even if you had Gonorrhea before, you can still get it again. The only way to completely avoid STDs, including HIV, is to not have sex. If you do have sex, use a latex condom every time and for every kind of sex - oral, anal, and vaginal sex.

**You can reduce your chances of getting Gonorrhea and other STDs, including HIV, by limiting the number of people you have sex with. The more sex partners you have, the higher your risk of getting an STD.**

## What should I do after taking the medicine?

**DO NOT HAVE SEX (vaginal, oral, or anal) for at least 7 days after both you and your sex partner(s) have been treated. The medicine takes 7 days to work.** You can get Gonorrhea again if you have sex before the medicine cures you and your partner(s).

**Get checked for other STDs (including HIV).** Even if you take the medicine, it is important to get tested for other STDs because people can have more than one STD at a time and this medicine does not cure all of them; it only cures Gonorrhea. We strongly recommend that you visit your health care provider.

## What if I decide not to take the medicine?

If you decide not to take the medicine, you should visit a health care provider to get STD testing as soon as possible. Gonorrhea that is not treated can lead to serious health problems such as infertility (not being able to have children) and Pelvic Inflammatory Disease (PID). PID can be very painful and can affect the uterus, fallopian tubes, and ovaries and may lead to pregnancy in the fallopian tubes (ectopic pregnancy).



# Other Tools



## STD SCREENING RECOMMENDATIONS, 2010

	Population	STD Screening Recommendations	Frequency	Comments
Women	Women 25 years of age and younger <sup>1,2,3</sup>	Chlamydia (CT) Gonorrhea (GC) Other STDs according to risk HIV	Annually Annually  At least once, then repeat annually only if high-risk	CT/GC: consider screening more frequently for those at increased risk
	Women over 25 years of age <sup>4</sup>	No routine screening for STDs HIV	Screen according to risk At least once prior to age 64, then repeat annually only if high-risk	Targeted CT/GC screening recommended for women with risk factors.
	Pregnant women <sup>5</sup>	CT GC Syphilis HIV Hepatitis B Surface Antigen (HBsAg)	First trimester First trimester First trimester First trimester First trimester	Repeat screening for CT, GC, syphilis, HIV, HBsAg in third trimester if at increased risk.  (In areas with elevated syphilis morbidity, an additional test should be performed at delivery.)
Men	HIV positive women <sup>6</sup>	CT GC Syphilis Trichomoniasis HSV-2 Hepatitis B Surface Antigen (HBsAg) Hepatitis C	Annually Annually Annually First visit First visit First visit Repeat screening every 3-6 months, as indicated by risk	CT: • urine/cervical • rectal (if exposed)  GC: • urine/cervical • rectal and pharyngeal (if exposed)
	Heterosexual men <sup>7</sup>	No routine screening for STDs HIV	Screen according to risk. At least once prior to age 64, then repeat annually only if high-risk.	Targeted screening for CT in high risk settings (e.g. corrections) or if risk factors (e.g. CT in past 24 months)
	Men who have sex with men (MSM) <sup>1,2,4</sup>	CT GC Syphilis HIV Hepatitis B Surface Antigen (HBsAg)	Annually Annually Annually Annually At least once  Repeat screening every 3-6 months, as indicated by risk	CT: • urine/urethral • rectal (if exposed)  GC: • urine/urethral • rectal and pharyngeal (if exposed)
Men	HIV positive men <sup>8</sup>	CT GC Syphilis HSV-2 Hepatitis B Surface Antigen (HBsAg) Hepatitis C	Annually Annually Annually First visit First visit First visit Repeat screening every 3-6 months, as indicated by risk	CT: • urine/urethral • rectal (if exposed)  GC: • urine/urethral • rectal and pharyngeal (if exposed)

### Notes and References

- Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines. MMWR 2010;55 (RR-12).
- California Guidelines for Gonorrhea Screening and Diagnostic Testing among Women in Family Planning and Primary Care Settings. [www.cdph.ca.gov/programs/std](http://www.cdph.ca.gov/programs/std)
- Screening for asymptomatic HSV-2 infection should be offered to select patients based on an assessment of their motivation to reduce their risk. Universal screening in the general population should not be offered. Screening should be offered to patients in partnerships or considering partnerships with HSV-2 infected individuals. Herpes education and prevention counseling should be provided to every patient tested or screened for HSV-2. Guidelines for the Use of Herpes Simplex Virus (HSV) Type 2 Serologics - Recommendations from the STD Controlists Association and the California Department of Public Health. [www.cdph.ca.gov/programs/std](http://www.cdph.ca.gov/programs/std)
- Risk factors for CT or GC in women over 25: prior CT or GC infection, particularly in past 24 months; more than one sex partner in the past year; suspicion that a recent partner may have had concurrent partners, new sex partner in past 3 months; exchanging sex for drugs or money in the past year; African American women up to age 30, and other population factors identified locally, including community prevalence of infection.
- Common risk factors for STIs include unprotected sex, having a sex partner with an STI, personal history of a prior STI, multiple sex partners, suspicion that a recent partner may have had concurrent partners, new sex partner in past 3 months and exchanging sex for drugs or money
- Routine hepatitis B vaccination is recommended for MSM and past or current injection drug users. HBsAg testing should be performed at the same visit that the first vaccine dose is given, if testing is not feasible in the current setting, routine vaccination of these populations should continue. Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Infection. MMWR 2008; 57 (RR-8).
- Primary Care Guidelines for the Management of Persons Infected with Human Immunodeficiency Virus 2009 Update by the HIV Medicine Association of the Infectious Disease Society of America. *Clinical Infectious Diseases* 2009; 49: 616-681.



## PERFORMING A SEXUAL RISK ASSESSMENT

Past STDs/Personal risk	<ul style="list-style-type: none"> <li>Are you currently sexually active? If not, have you ever been sexually active?</li> <li>Have you had unprotected vaginal, oral or anal sex?</li> <li>Have you ever been diagnosed with an STI?</li> <li>Have you ever been tested for HIV or other STIs?</li> <li>Have you had sex with someone who has an STI?</li> <li>Have you had a new sex partner in the past three months?</li> <li>Have you had more than one sex partner?</li> <li>Have you had sex with someone who may have had more than one partner?</li> <li>Have you exchanged sex for drugs, money and/or other things?</li> </ul>	
Partners	<ul style="list-style-type: none"> <li>In recent months, how many sex partners have you had?</li> <li>Have you had sex with men, women or both?</li> </ul>	
Practices	<ul style="list-style-type: none"> <li>Do you have vaginal sex (penis in vagina)?</li> <li>Do you have anal sex (penis in anus/butt)?</li> <li>Do you have oral sex (penis in mouth or vagina/vulva)?</li> <li>Have you ever used needles to inject/shoot drugs?</li> </ul>	
Prevention	<ul style="list-style-type: none"> <li>What do you do to prevent STIs and HIV?</li> <li>Do you and your partner(s) use any protection against STDs?</li> <li>If so, what kind of protection do you use?</li> <li>How often do you use this protection?</li> <li>In what situations or with whom?</li> <li>Tell me about your use of condoms with your recent partner.</li> </ul>	
Pregnancy plans and prevention	<ul style="list-style-type: none"> <li>How would it be for you if you get pregnant now?</li> </ul>	



# 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](mailto: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](mailto:cdcinfo@cdc.gov)

Web: <http://www.cdc.gov>

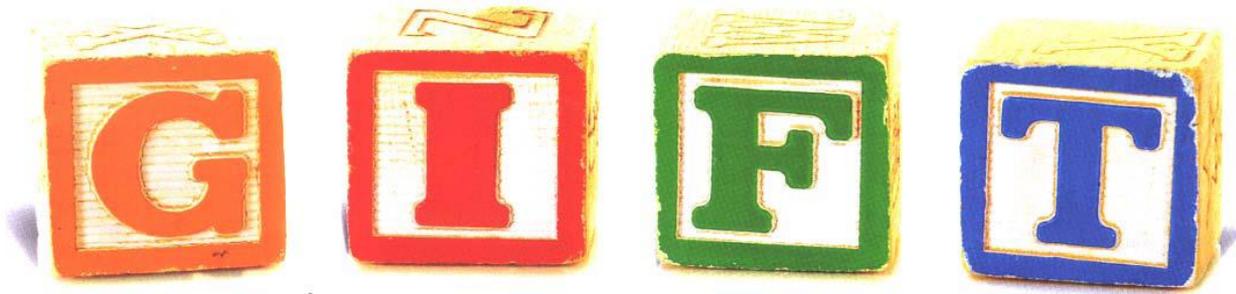
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB

Prevention Division of STD Prevention

# Congenital Syphilis

Every baby is a



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)

# 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)