Sexually Transmitted Infection (STI) & Human Immunodeficiency Virus (HIV)

2020 Provider Training

cencalhealth.org/providers/provider-training-resources/
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OPT OUT STI SCREENING
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Learning Objectives

1. Understand national & CA STI trends
2. Identify who is at increased risk for STIs
3. Identify CDC recommendations for providing clinical services for STIs & recommendations for STI screening
4. Define opt-out testing
5. Learn about opt-out testing strategies
National Trends for STIs

The State of STDs in the United States in 2018

- 1.8 million cases of Chlamydia, 19% rate increase since 2014
- 583,405 cases of Gonorrhea, 63% rate increase since 2014
- 115,045 cases of Syphilis, 71% rate increase of infectious syphilis since 2014
- 1,306 cases of Syphilis among newborns, 185% rate increase since 2014

STDs surge for the fifth straight year, reaching an all-time high.

Learn more at: www.cdc.gov/std/
California Trends for STIs

Sexually transmitted diseases (STDs) reach epidemic levels in California.

- In 2018, the number of reported cases was:
  - 25,344 for syphilis (all stages) - 265% more than 10 years ago
  - 79,397 for gonorrhea - 211% more than 10 years ago
  - 232,181 for chlamydia - 56% more than 10 years ago

- STDs are increasing in all regions of the state, among both men and women. Disparities in STD rates persist throughout the state, with the highest among young people (ages 15-24), African-Americans, and gay, bisexual, and other men who have sex with men. Underlying drivers of the increases of STDs relate to a complex web of social factors. Some people diagnosed with STD have experienced substance use, incarceration, the exchange of sex for money/housing/other resources, poverty, homelessness and disparities in access to care.
Young people are most impacted by skyrocketing STD rates in California.

We are seeing more chlamydia & gonorrhea infections than anytime within the last 25 years.

These infections usually don't show symptoms, and can cause serious health problems, like infertility.

1 out of 2 cases of chlamydia is among young people.

1 out of 3 cases of gonorrhea is among young people.

Among sexually active CA high school teens...

only half used a condom the last time they had sex. & only 1 in 3 use a condom every time they have sex.
This increase in numbers of congenital syphilis cases in California is an important public health problem requiring immediate attention from medical providers caring for pregnant people and people who could become pregnant.

The number of infants born with congenital syphilis increased for the 6th year in a row.

Since 2012, there have been 103 stillbirths or neonatal deaths due to congenital syphilis.

Testing & treatment are key to preventing syphilis.
Anyone who has sex is at risk, but some groups are more affected.

- Young people aged 15-24
- Gay & bisexual men
- Pregnant women

**Left untreated, STDs can cause:**

- Increased risk of giving or getting HIV
- Long-term pelvic/abdominal pain
- Inability to get pregnant or pregnancy complications

**Prevent the spread of STDs with three simple steps:**
- Talk
- Test
- Treat
CDC Recommendations
“Approximately 20 million new cases of sexually transmitted diseases (STIs) occur every year in the United States, with approximately half occurring among persons aged 15–24 years.

In recent years, STIs rates have increased. STIs account for $16.9 billion annually in health care costs.

STIs can lead to severe reproductive health complications, such as infertility, ectopic pregnancy, and congenital infection.

In addition, STIs can increase a person’s risk for acquiring and transmitting human immunodeficiency virus (HIV) infection.

STIs increasingly are being diagnosed in various health care settings. Most reported STI cases are from providers in non-STI clinics, such as private physician offices and community health centers.”

This report (referred to as *STI QCS, 2020*) provides CDC recommendations to U.S. health care providers regarding quality clinical services for sexually transmitted diseases (STIs) for primary care and STI specialty care settings.
With increasing rates of most STIs in recent years, all providers have a role in the assessment of STI risk and management of infections.
BOX 3. Screening recommendations for sexually transmitted diseases care in primary care and sexually transmitted diseases specialty care settings*

<table>
<thead>
<tr>
<th>STD care in primary care settings</th>
<th>STD care in STD specialty care settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Screening and assessment for the following STDs should be available as basic STD care services:</td>
<td>• Screening and assessment for the following STDs should be available as specialized STD care services:</td>
</tr>
<tr>
<td>- Gonorrhea</td>
<td>- Gonorrhea</td>
</tr>
<tr>
<td>- Chlamydia</td>
<td>- Chlamydia</td>
</tr>
<tr>
<td>- Syphilis</td>
<td>- Syphilis</td>
</tr>
<tr>
<td>- Hepatitis B</td>
<td>- Hepatitis B</td>
</tr>
<tr>
<td>- Hepatitis C</td>
<td>- Hepatitis C</td>
</tr>
<tr>
<td>- HIV</td>
<td>- HIV</td>
</tr>
<tr>
<td>- Cervical cancer</td>
<td>- Cervical cancer</td>
</tr>
<tr>
<td>• Screening and assessment for the following STD could be available as a basic STD care service:</td>
<td>• Screening and assessment for the following STD could be available as a specialized STD care service:</td>
</tr>
<tr>
<td>- Trichomoniasis</td>
<td>- Anal cancer</td>
</tr>
</tbody>
</table>
How many cases are we missing due to lack of testing?
For full CDC Screening Recommendations

CDC Recommendations for Syphilis Screening:

- All pregnant folks (at the first prenatal visit, and at the beginning of the third trimester and delivery if risk*)
- Sexually active people with a penis who have sex with people who have a penis (at least annually and more frequently if high risk*)
- Persons with HIV who are sexually active (annually; more frequently if high risk)

Prenatal Syphilis screening

Screen all patients at first prenatal visit, regardless of risk
Non-treponemal test such as RPR or VDRL, with reflex confirmatory treponemal test such as TP-PA

SYphilis Diagnosis at initial prenatal screening

<table>
<thead>
<tr>
<th>Stage</th>
<th>Screen</th>
<th>Staging</th>
<th>Treatment</th>
<th>Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>+ Chance</td>
<td>+ Risk and/or other signs</td>
<td>Benzzathine penicillin G</td>
<td>Repeat follow-up titers at 28-32 weeks. Consider monthly titers until delivery if at high risk for reinfection.</td>
</tr>
<tr>
<td>Secondary</td>
<td>NO symptoms and infection occurred within one year?</td>
<td>Late-Latent or Unknown Duration</td>
<td>Benzzathine penicillin G</td>
<td>Post-treatment serologic response during pregnancy varies widely. Many women do not experience a fourfold decline by delivery. If fourfold increase occurs after treatment completion, evaluate for reinfection and neurosyphilis.</td>
</tr>
<tr>
<td>Early-Latent</td>
<td>NO symptoms, and infection does not meet criteria for early latent?</td>
<td>Neurosyphilis?</td>
<td>Rescreen all patients at 28-32 weeks gestational age (regardless of risk). Also rescreen at delivery if patient at risk:</td>
<td></td>
</tr>
</tbody>
</table>

1. Signs of secondary syphilis also include condyloma lata, alopecia, and mucous patches.
2. Persons can receive a diagnosis of early latent if, during the prior 12 months, they had a) seroconversion or sustained fourfold titer rise (RPR or VDRL); b) unequivocal symptoms of PSS syphilis, or c) a sex partner with primary, secondary, or early latent syphilis.
3. Neurosyphilis can occur at any stage. Patients should receive a neurologic exam including ophthalmic and optic LP is recommended if signs/symptoms present.

Dramatic increases in hepatitis C
CDC now recommends hepatitis C testing for all adults

4 in 10
About 4 in 10 people with hepatitis C do not know they are infected.

4x
New hepatitis C cases are 4 times as high as they were 10 years ago.

20-39
Younger adults 20-39 years old have the highest rates of new hepatitis C cases.

WHO SHOULD GET TESTED FOR HEPATITIS C?

EVERY ADULT
At least once

EVERY PREGNANT WOMAN
Every pregnancy

EVERYONE WITH RISK FACTORS
Regularly

SOURCE: CDC Recommendations for Hepatitis C Screening, MMWR, April 2020
CDC Vital Signs, April 2020
## CDC Recommendations for HIV testing

<table>
<thead>
<tr>
<th>HIV</th>
<th>Women</th>
<th>Pregnant Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All women aged 13-64 years (opt-out)</td>
<td>All pregnant women should be screened at first prenatal visit (opt-out)</td>
<td>All men aged 13-64 (opt-out)</td>
</tr>
<tr>
<td></td>
<td>All women who seek evaluation and treatment for STDs</td>
<td>Retest in the third trimester if at high risk</td>
<td>All men who seek evaluation and treatment for STDs</td>
</tr>
</tbody>
</table>

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*Source: CDC*
CDC Recommendations for HIV testing

For patients in all healthcare settings

- HIV screening is recommended for patients in all healthcare settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Persons at high risk for HIV infection should be screened for HIV at least annually.
Multi Site CT/GC Testing – recommended by CDC STI QCS, 2020

- Exogenous (pharynx and rectum) NAAT for gonorrhea and chlamydia
- Ask your patient which body parts they use for sex – if you’re only testing your patient’s urine for CT/GC, you may be missing the infection!
STI Testing Program

Planned Parenthood
California Central Coast
PPCCC STI Program

1. RPR should be drawn whenever HIV testing is done.

2. Pregnancy Test visit patients with a positive result should have “core four” STI testing:
   - CT/GC
   - HIV
   - RPR
Scripts for opt out Testing – find one that resonates

- For HIV inform:
  - As part of your visit today we will provide HIV & Syphilis screening.
  - Centers for Disease Control and Prevention CDC recommend “HIV screening for patients in all health-care settings” and syphilis is on the rise.
  - In the United States HIV is mainly spread by having sex or sharing syringes and other injection equipment with someone who is infected with HIV.
  - The rapid test we use looks for HIV Antibodies
  - Having an STI more than doubles the risk of acquiring HIV during sex.
  - We can provide testing today and give you results in 15 minutes.
For STI Ask and inform:

- As part of your visit today we will provide STI testing.
- Have you had a new partner since your last test?
- Getting tested is part of maintaining a healthy lifestyle. Good for you for coming in to take care of yourself.
- 15-24-year olds account for half of all new STI infections, the CDC recommends annual screening for all female patients 24 and under.
- Most people who have chlamydia don’t know it since the infection often has no symptoms.
- If your tests come back positive, we can help make sure you receive treatment.
Respectful Sexual History taking

[Sexual History form]

- Have you had any new sexual partner(s) since your last STD tests? (no, yes, never been tested)
- Is it possible any of your partners in the last year had sex with someone else while they were in a relationship with you? (no, yes, unknown)
- Have you had more than 1 partner in the last 12 months? (no, yes)
- Do your sexual partners have a □ penis □ vagina
- What type of sex have you had since your last STD tests?
- How often do you use condoms or other barriers to protect against STDs? (always, sometimes, never)
- Have you ever had a sexually transmitted disease? (no, yes)
- Do any of your current partner(s) have an STD or HIV? (no, yes, unknown)
- Have you had any exposure to blood/bodily fluids at work? (no, yes)
- Have you or your partner(s) ever used IV drugs? (no, yes, unknown)
- Have you or your partner(s) shared needles? (no, yes, unknown)
- Have you or your partner(s) exchanged sex for drugs or money? (no, yes, unknown)
PPCCC Stats

- Percent of total patients tested for Chlamydia and Gonorrhea over time

![Graph showing % of Patients tested for CT/GC]

- Q1 2018: 69%
- Q2 2018: 71%
- Q3 2018: 74%
- Q4 2018: 73%
- Q1 2019: 74%
- Q2 2019: 73%
- Q3 2019: 75%
- Q4 2019: 77%
- Q1 2020: 77%
- Q2 2020: 72%
PPCCC Stats

- Percentage of total patients tested for HIV & Syphilis over time

![Graph showing percentage of patients tested for HIV & Syphilis over time]

<table>
<thead>
<tr>
<th>Quarter</th>
<th>HIV Syphilis Test %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2018</td>
<td>28%</td>
</tr>
<tr>
<td>Q2 2018</td>
<td>34%</td>
</tr>
<tr>
<td>Q3 2018</td>
<td>59%</td>
</tr>
<tr>
<td>Q4 2018</td>
<td>75%</td>
</tr>
<tr>
<td>Q1 2019</td>
<td>76%</td>
</tr>
<tr>
<td>Q2 2019</td>
<td>74%</td>
</tr>
<tr>
<td>Q3 2019</td>
<td>96%</td>
</tr>
<tr>
<td>Q4 2019</td>
<td>88%</td>
</tr>
<tr>
<td>Q1 2020</td>
<td>87%</td>
</tr>
<tr>
<td>Q2 2020</td>
<td>78%</td>
</tr>
</tbody>
</table>
Planned Parenthood and all of us are so critical in STI prevention and management!!

What we do matters
Other useful resources

https://www.cdc.gov/mmwr/volumes/68/rr/rr6805a1.htm?s_cid=rr6805a1_w
Other useful resources

STD Tx Guide

Medical

★★★★☆ 18

Designed and Developed by CDC

Fast Access to Conditions

View Treatment Regimens

STD Treatment Guidelines

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Assault - Sexual
Bacterial Vaginosis
Candidiasis - Vaginal/Genital
Cervicitis
Chlamydia
Chlamydia
Epididymitis
Gonorrhea
Granuloma Inguinale
Hepatitis

Recommended Regimens

Azithromycin 1 g orally in a single dose

OR

Doxycycline 100 mg orally twice a day for 7 days

OR

Erythromycin base 500 mg orally four times a day for 7 days

OR

Erythromycin ethylsuccinate 800 mg
Other useful resources

- https://www.STIccn.org/
Other useful resources

TellYourPartner.org

Our platform is **SECURE**

SEND EMAIL  SEND TEXT

Let your partners know they should get tested.