Managing & Reducing Risk for Patients with Multiple Repeat STD infections

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shaping the future of sexual + reproductive health care™

Disclosures

- Nothing to disclose.

Essential Access Health

- Champions and promotes quality sexual + reproductive health care for all
- Mission is achieved through an umbrella of services including clinic support initiative, provider training, advanced clinical research, advocacy and consumer awareness
- Partners with the California STD Control Branch and Los Angeles County Division of HIV/STD Programs
- Implements best practices in STD prevention and case management statewide

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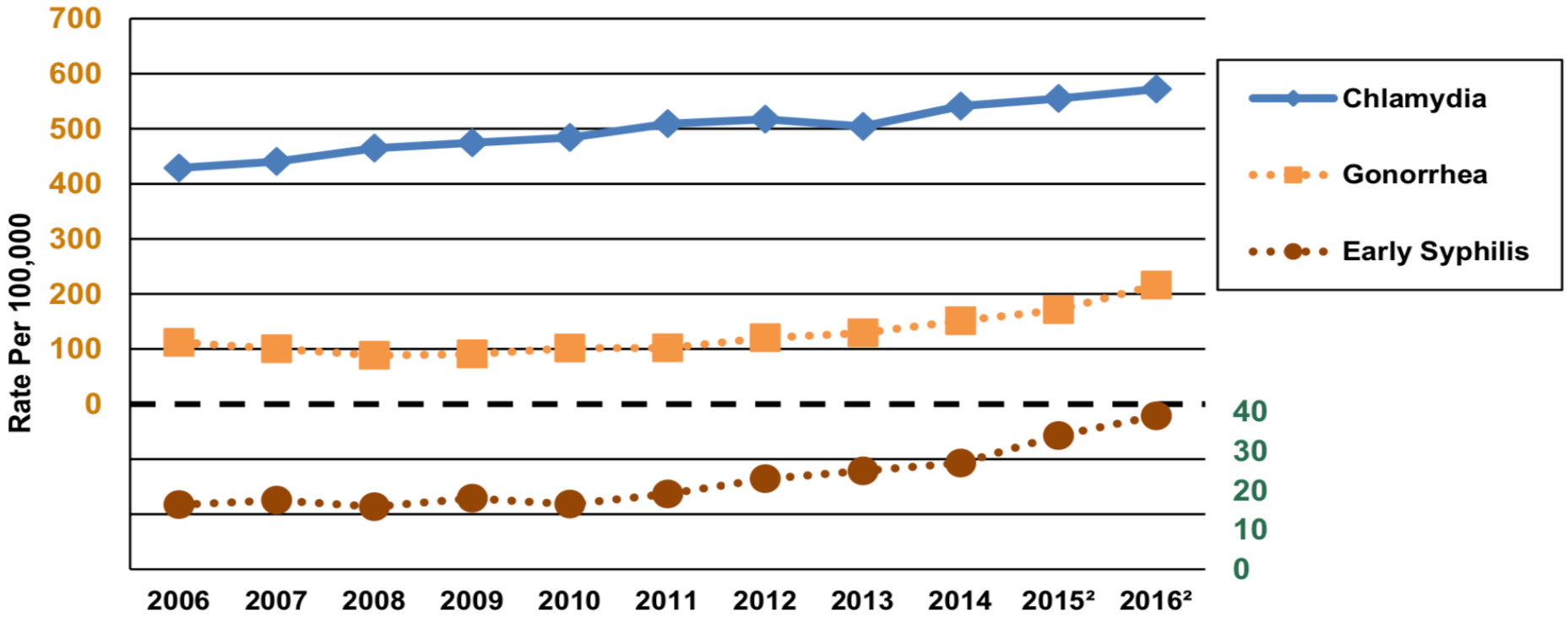
Objectives

At the end of this workshop, participants will:

- Describe the clinical manifestations of gonorrhea and chlamydia
- Identify evidence-based guidelines for treatment and follow-up of chlamydia and gonorrhea
- List post treatment counseling messages of patients infected with gonorrhea and chlamydia
- Develop practical strategies to improve compliance of patients infected with chlamydia and gonorrhea in your clinical practice.

Gonorrhea + Chlamydia Cases

Figure 1.2. Rates of Early Syphilis, Gonorrhea, and Chlamydia, Los Angeles County, 2006-2016[1]

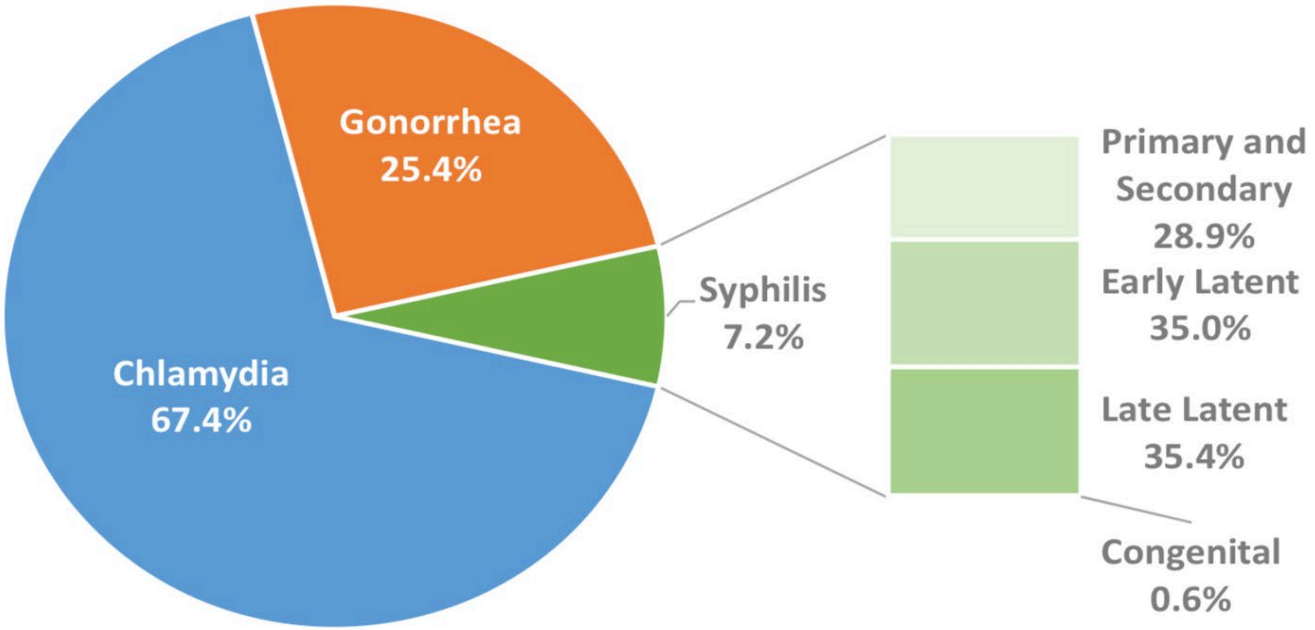


[1] Early syphilis includes all cases staged as primary, secondary, or early latent; rates for 2009 are based on smoothed population estimates for the same years prepared by the Office of Health Assessment and Epidemiology, LAC/DPH.
[2] 2015 and 2016 data are provisional due to reporting delay.

Table 1.2. STD Cases and Rates (per 100,000) for Los Angeles County and Other US Counties, 2016[1]

Reported STD Cases, Los Angeles County

Figure 1.1. Reported STD Cases, Los Angeles County, 2016[1]
(N=86,888)



[1]2016 data are provisional due to reporting delay.

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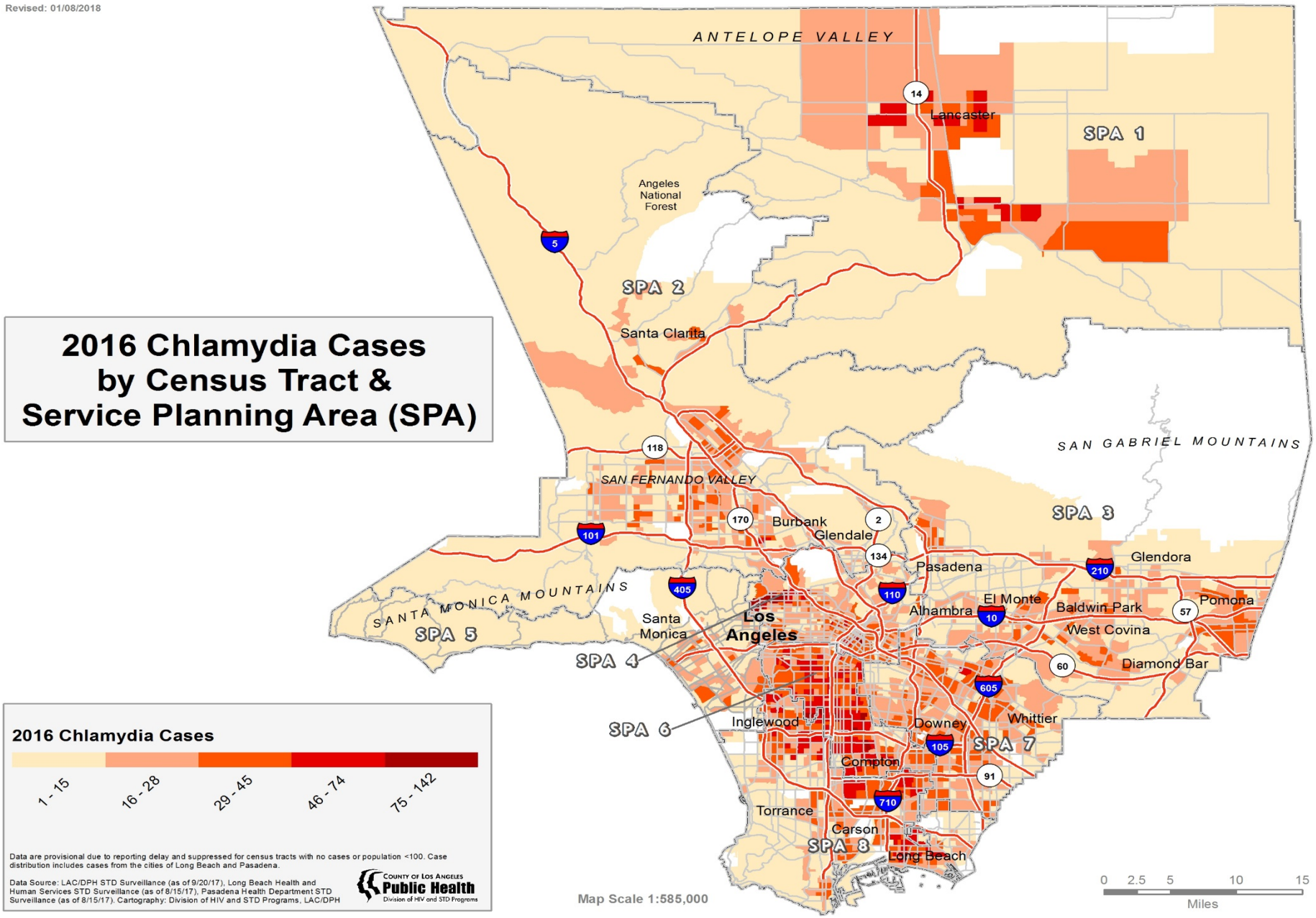
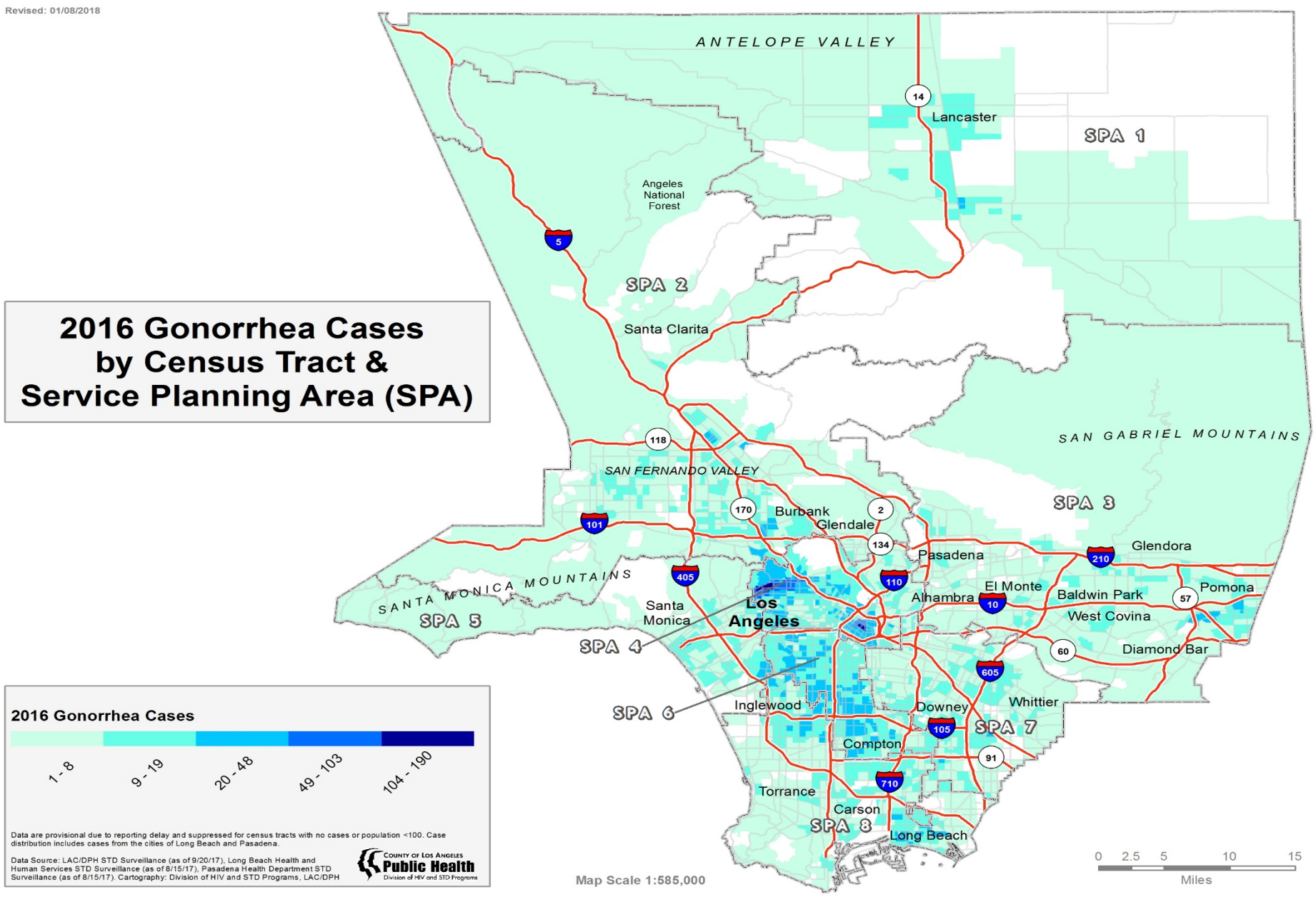
Los Angeles County Department of Public Health 2016 Annual STD Surveillance Report
http://publichealth.lacounty.gov/dhsp/Reports/STD/STDSurveillance_2016_02.04.19.pdf

Chlamydia Infection Burden

Revised: 01/08/2018



Gonorrhea Infection Burden



Clinical Case Study

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Case Study

- Norman is a 17-year old sexually active male presented for exposure to chlamydia.
- Norman denied symptoms. Admits to unprotected sex with one female partner he admits to vaginal and oral sex who was positive for chlamydia two days ago.
- Your clinic tested Norman for GC/CT and told him the clinic would call him for abnormal results on his confidential line.

Share your thoughts on this case with your group.

What additional information can be elicited from Norman to assess his risk of infection?

What options can be offered to Norman today?

Clinical Manifestations Gonorrhea + Chlamydia

Clinical Manifestations + Chlamydia

Women

- Asymptomatic
- Cervicitis
- Vaginal discharge
- Post-coital bleeding
- Urethritis
- PID

Men

- Asymptomatic
- Urethritis
- Mucoid, watery urethral discharge
- Dysuria
- Epididymitis

MSM

Proctitis

Clinical Manifestations + Gonorrhea

Women

- Asymptomatic
- Cervicitis
- Dysuria
- Pelvic Inflammatory Disease (PID)
- Vaginal pruritis
- Abdominal pain
- Urethritis

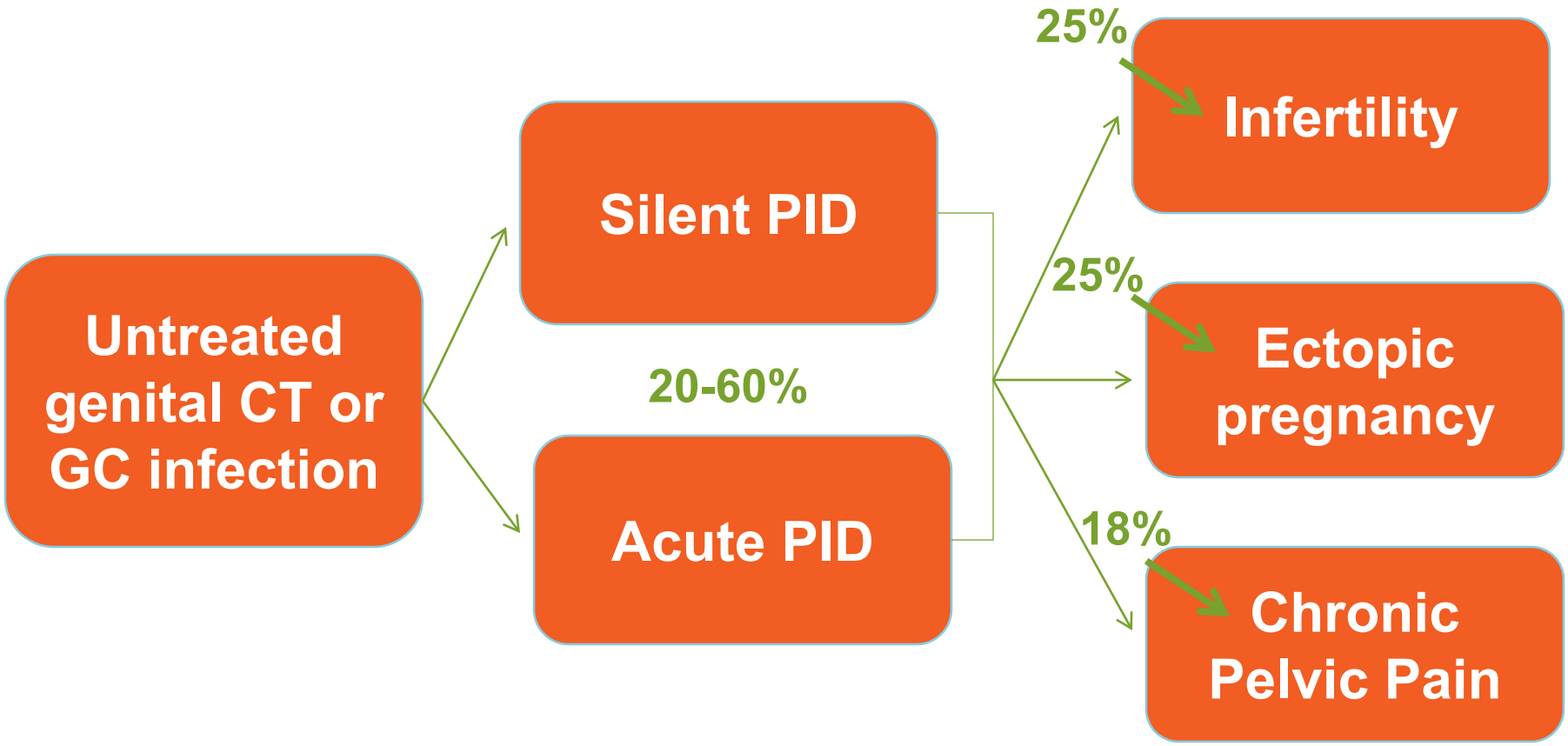
Men

- Asymptomatic
- Urethritis
- Purulent or mucopurulent discharge
- Dysuria
- Epididymitis

MSM

Proctitis

Risk of PID and Associated Sequelae in Women with Chlamydia



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National Network of STD/HIV Prevention Training Centers; Pelvic Inflammatory Disease (PID). October 2011.

Re-infection of Gonorrhea + Chlamydia

Gonorrhea + Chlamydia Re-Infection

- Missed opportunities for screening
- Low adherence to STI
  - Screening Guidelines
  - Treatment Guidelines
  - Retesting Guidelines
- Lack of Post-treatment education and counseling
- Gender disparities in retesting rates
- High rates of repeat positivity

Strategies to Reducing GC + CT Infections

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Strategies to Reducing Rates of Re-Infection

- Routine Sexual Health History
- Accurate and timely treatment
- Post-treatment education and counseling messages
- Expedited Partner Therapy (EPT)
- Increasing retesting rates
- Empiric Therapy
- Systematic approach to retesting in clinical practice
- **Identify Missed Opportunities for Screening**

Missed Opportunities for Screening

- Annual Physicals
  - School, Work, Sport Physicals, Well-Child Care
- Pregnancy Test “only”
- Immunization Visits
- Contraception Method Initiation and Follow-Up
  - Depo Provera
  - Condoms/Pills/Patch/Ring Refills
- Emergency Contraception
- Vaginal and Penile Discharge
- Abdominal and Pelvic pain of unknown origin
- Urinary Tract Infections

Clinical Case Study

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Case Study – Valarie

Valarie presented to your urgent care clinic complaining of abdominal pain, sore throat, vaginal odor and vaginal itching x 2 weeks. Valarie is afebrile, denied dysuria, vaginal d/c, urinary frequency or back pain.

Clinic ordered urinalysis 2+ leukocytes. Negative for nitrates or hematuria. Rapid Strept negative. Pregnancy test was negative. Patient was given Acetaminophen Rx for pain and a note to RTC if symptoms persist.

Questions: Discuss Valarie's case with your table. What assessment can be offered to Rebecca to assess her risk? What is your differential diagnosis?

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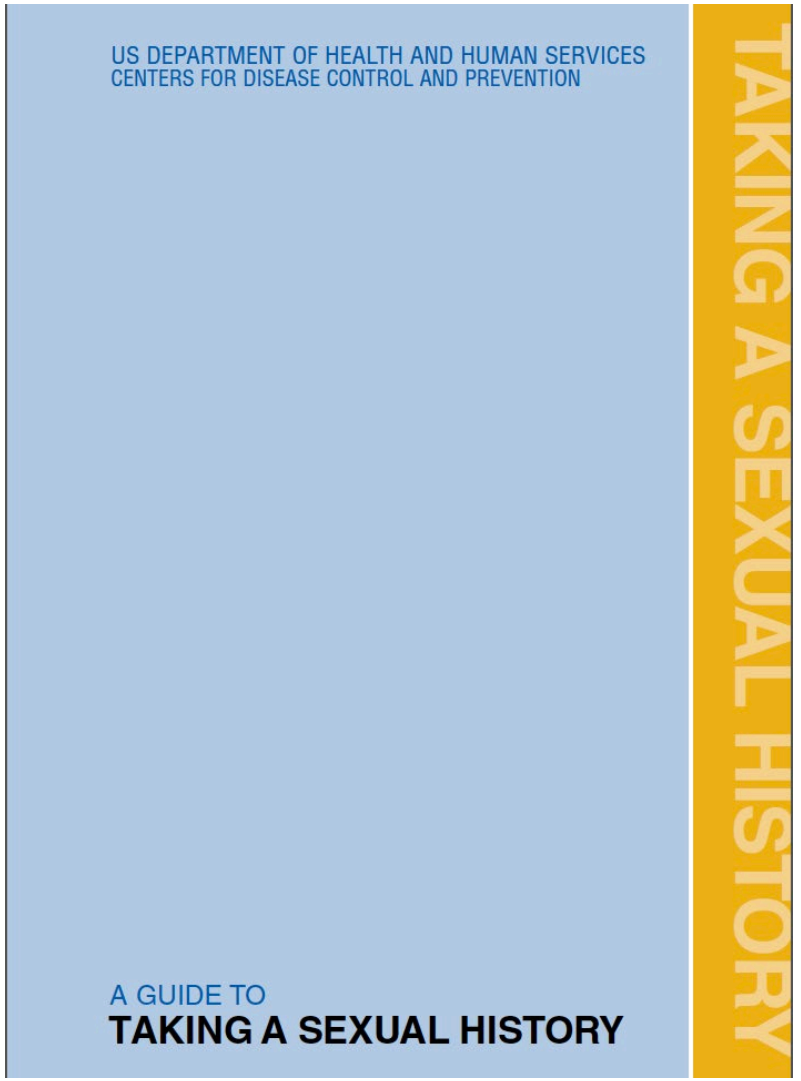
Sexual Health History

Routine Sexual Health History

- Sexual **P**artners
- Sexual **P**ractices
- **P**rotection form STDs
- **P**ast history of STDs +
- Testing
- **P**regnancy Plans and Prevention



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Past History of STDs + Testing

STD History

- Type of STD and when (ever, last 12 months)
- Test history and outcomes (HIV, GC/CT, RPR, HepC HPV/Pap
- Vaccination history (include HPV, HepA, HepB)

Rationale

- Risk Reduction Counseling
- Repeat testing if +GC/CT
- Recommend screenings (HIV, RPR, GC/CT)
- Order vaccines as appropriate

Partners, Practices + Protection from STDs

- Number of current partners
- Gender of Partners
- Type of sex and when (if unprotected vaginal sex in last 5 days and risk of unintended pregnancy, offer and provide EC options)
- Protection of STDs (condom or barrier use during sex)

Rationale

- Risk Reduction Counseling
- Identify anatomical site for testing

Pregnancy Plans and Prevention

- Reproductive Life Plan
- BC Method Use by patient and/or partner

Rationale

- Birth Control Options Counseling
- Preconception Care
- Chronic Medical Condition Management (Rx, Precautions)
- Risk Reduction Counseling
- Emergency Contraception

Clinical Case Study

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Case Study - Roland

Roland is 28 year old homosexual male who presented for treatment for gonorrhea. Roland denies symptoms.

Roland admits to unprotected sex with boyfriend and inconsistent condom use with ”friend.” Friend notified Roland of gonorrhea infection.

Clinic administered Ceftriaxone 1gm IM and gave a prescription for Doxycycline 100mg p.o. BID for 7 days to pick up at the pharmacy.

Provider documented additional Ceftriaxone to ”really make sure gonorrhea was eradicated.”

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Discussion Questions

1. Discuss the treatment provided to Roland.
2. What counseling messages would be discussed with Roland today?

Gonorrhea and Chlamydia Treatment

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Gonorrhea Dual Therapy

Uncomplicated Genital, Rectal, or Pharyngeal Infections

Ceftriaxone 250mg IM in a single dose

PLUS

Azithromycin 1gm orally

- Azithromycin recommended regardless of Chlamydia test result
- Dual treatment = ceftriaxone and azithromycin administered **on the same day on site** simultaneously and under direct observation

CDC STD treatment guidelines. *Morbidity and Mortality Weekly Report*. 2015;64(3):11

Chlamydia Treatment

Uncomplicated Genital and Pharyngeal Infections

First-Line Treatment

*Azithromycin 1g p.o. as a single dose

or

Alternative Therapy

Doxycycline 100mg p.o. BID for 7 days

Proctitis (Anorectal Infections)

Ceftriaxone 250mg IM in a single dose

PLUS

Doxycycline 100mg p.o. BID for 7 days

*To maximize adherence, onsite, directly observed therapy is recommended

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CDC STD treatment guidelines. *Morbidity and Mortality Weekly Report*. 2015;64(3):11

Clinical Case Study

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Case Study – Rebecca

- Rebecca is a 14-year old asymptomatic, heterosexual female tested positive for chlamydia.
- She admits to two sexual partners, vaginal sex only and inconsistent condom use for STD and birth control. Denies history of STI testing in the past. No STDs or partner history of STDs. No plans for pregnancy for at least 3 years.
- What education and counseling would be provided and documented with Rebecca today?
- What treatment and partner management options would be offered to Rebecca today?

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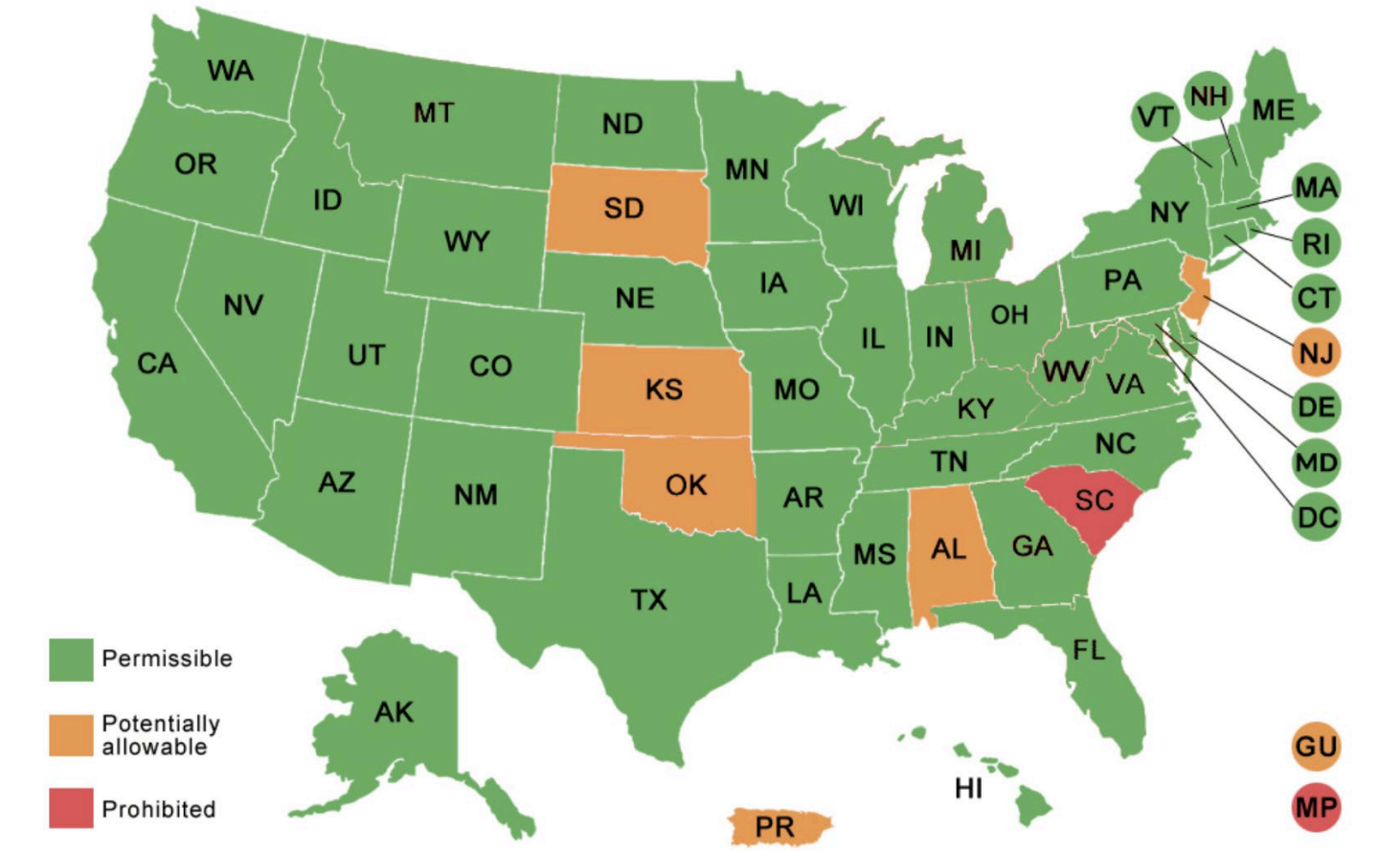
Post-Treatment Education + Counseling

Post – Treatment Counseling Messages

- Abstinence for one week (7days) following treatment and continued abstinence until one week (7 days) after the last partner was treated
- Retesting three months after treatment
- Counseling on need for high risk STDs including HIV and Syphilis
- Counseling to return to clinic for recurrent or persistent symptoms
- **Sexual partner notification and treatment**
  - Treatment of all partners 2 months prior to +Test
  - Offer Expedited Partner Therapy/Patient Delivered Partner Therapy

Legal Status of Expedited Partner Therapy (EPT)



Centers for Disease Control and Prevention. Legal Status of Expedited Partner Therapy. June 2018. https://www.cdc.gov/std/ept/legal/

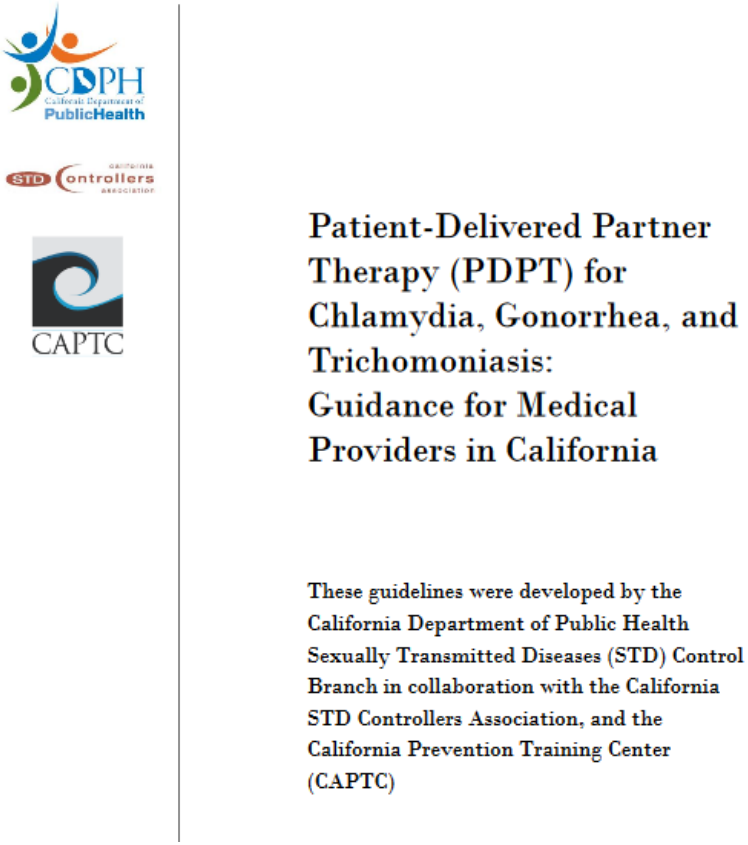
PDPT Legal Status in California

- ***PDPT is allowable in California***
- Exception to Medical Practice Act
  - Health and Safety Code §120582
  - Chlamydia – SB 648

    (Ortiz, Chapter 835, Statues of 2000)

    Gonorrhea and other STDs – AB 228

    (Leno, Chapter 771, Statutes of 2006)



https://archive.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-PDPT-Guidelines.pdf

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California Minor Consent Laws

Services Minors in CA Can Receive Without Parent/Guardian Consent	
Birth Control *(except sterilization)*	Minors of any age
Pregnancy Services	Minors of any age
Abortion	Minors of any age
Sexual Assault Care	Minors of any age
STD Services	Minors 12yrs and older
HIV Testing	Minors 12 yrs and older
Alcohol/Drug Counseling	Minors 12yrs and older
Outpatient Mental Health Treatment	Minors 12yrs and older

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Duplessis V, Goldstein S and Newlan S, (2010) *Understanding Confidentiality and Minor Consent in California: A Module of Adolescent Provider Toolkit. Adolescent Health Working Group, California Adolescent Health Collaborative.*

Patient Delivered Partner Therapy Counseling Guide

Patient-Delivered Partner Therapy:
A Counseling Guide for Providers

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PDPT Counseling Checklist

- ☐ Ask about likelihood of partner(s) coming to clinic for testing + treatment
- ☐ Assess patient safety in notifying partner(s) of STD status
- ☐ Explain how PDPT works
- ☐ Ask patient about number of partner treatment packs desired
- ☐ Ask about partner(s) pregnancy status
- ☐ Ask about partner(s) allergies to antibiotics
- ☐ Inform patient of need to test for other infections
- ☐ Inform patient about pharyngeal gonorrhea and limitations of PDPT curing pharyngeal GC
- ☐ Advise avoidance of sexual activity or use of barrier methods* until 7 days after all partners have been treated
- ☐ Advise to return for retesting 1-3 months after treatment
- ☐ Remind patient that condoms and barriers are the only method that prevent STDs, even if partner(s) are using another birth control method
- ☐ Offer condoms and/or barrier methods
- ☐ Give health education materials for patient to deliver to partner(s)
- ☐ Encourage patient to call clinic with any questions
- ☐ Prepare patient to have conversation with partner(s)
- ☐ Give patient appropriate number of doses based on number of partner(s) that are a good fit for PDPT

Clinical Practice

Systematic Approach to +GC & +CT Management

Clinical Practice +GC and +CT Management

- Current Clinical Protocols
  - CDC National Guidelines for STD Screening, Treatment and Management
  - Adolescent/Minor Counseling Protocol
- Provider and Clinical Staff Training
  - Establish workflow front office + back office
- Standing Orders for future screening and testing
- Provider Templates and Smart Phrases for EMR/EHR
- Automated reminder in the EHR/EMR

2015 CDC Screening Guidelines

Population	Screening Recommendation
Sexually active women 24 years of age and younger	• **Annual screening for chlamydia** • Annual screening for gonorrhea
Older women (25+) and Men	• *Screening based on risk*
Pregnant women	• Syphilis, HIV, chlamydia, gonorrhea and hepatitis B
Men who have sex with men (MSM)	• Annual screening for chlamydia, gonorrhea, syphilis and HIV

Note: CDC recommends that **all sexually active persons 13 years of age and older** should be screened at least once for HIV.

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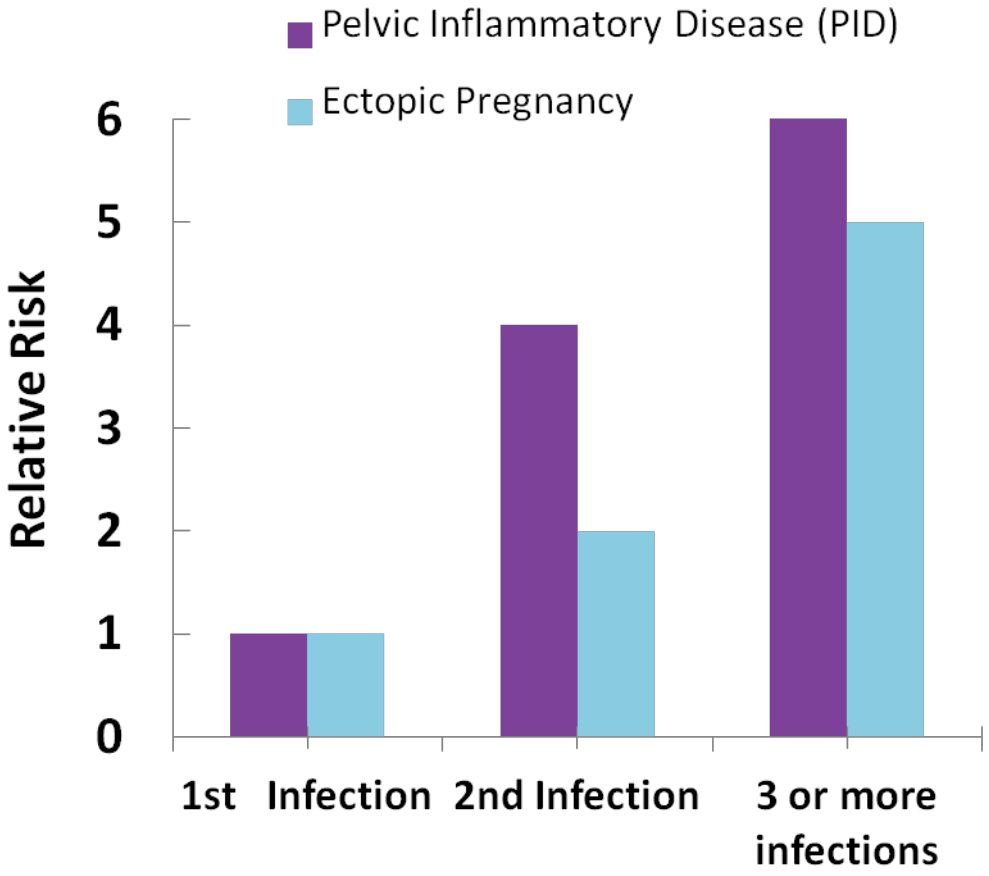
Dangerous: Complications become more likely with each repeat infection

- **2nd infection:**
  - 4x risk of PID
  - 2x risk of ectopic pregnancy
- **3+ infections:**
  - 6x risk of PID
  - 5x risk of ectopic pregnancy



Source: Hillis SD, et al. (1997). Am J Obstet Gynecol 176(1 Pt 1): 103-7.

Resources

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Patient Delivered Partner Therapy (PDPT) Distribution Program

- Program provides **free CT + GC medication** to eligible clinic sites + local health jurisdictions (LHJs)
- Participating clinic sites and LHJs dispense the medication to patients diagnosed with CT/GC who **give the medication to their sex partner(s) for treatment**
- Eligible clinics must:
  - Be located in California
  - Serve a population at risk for STDs
  - Serve an uninsured or underinsured population
  - Provide index patient treatment for CT + GC
  - Participate in 340B program

Essential Access Health Trainings

- Best Practices in Positive STD Result Follow-up and Partner Management
- Family Planning Health Worker Certification
- Patient-Delivered Partner Therapy (PDPT)
- Minor Consent and Confidentiality: Best Practice Recommendations
- Providing Inclusive Services for LGBTQ+ Patients
- Motivational Interviewing
- Pregnancy Options

www.essentialaccesstraining.org

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Thank you

Questions?

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