

# What's New? CDC's STD Quality Clinical Services (QCS) and Treatment Guidelines

April 29, 2021

# Learning Objectives

By the end of the webinar, participants will be able to:

- Describe at least three recommendations for providing quality STD services from the new CDC STD Quality Guidelines
- List at least two updated recommendations in the CDC STD Treatment Guidelines
- Identify at least two updated screening recommendations from the USPSTF task force
- Describe at least two strategies for providing high quality STD services with considerations for both remote and in-person

# Speaker

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**Bixby Center**  
for Global  
Reproductive  
Health

# Commercial Disclosures

Evofem Biosciences

Expert Panel on Contraceptive Efficacy

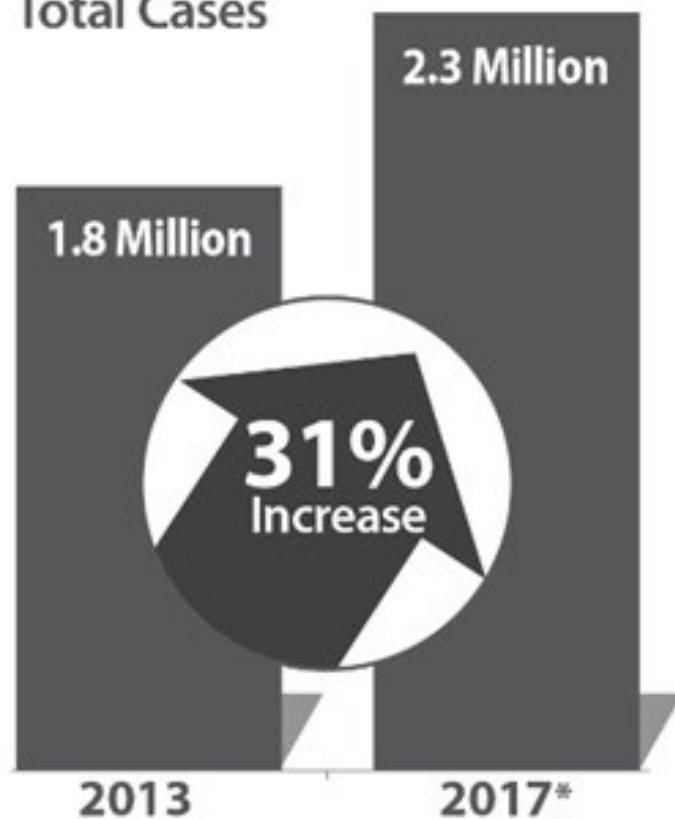
# Outline

- When will we see 2021 CDC STI Tx Guidelines?
- What HAS been published...
  - CDC Quality STD Clinical Services (STD QCS) Jan 3, 2020
  - Gonorrhea treatment guidelines (Dec 21, 2020)
  - M. genitalium screening and treatment guidelines
  - USPSTF 2020: Hepatitis C screening, HIV screening, PrEP, STI behavioral counseling
  - Syphilis: CDC and USPSTF recs, NFPRHA template protocol

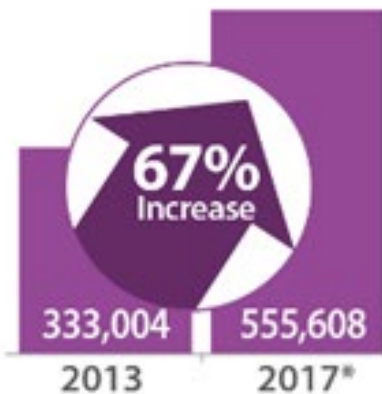
# THE U.S. IS EXPERIENCING STEEP, SUSTAINED INCREASES IN SEXUALLY TRANSMITTED DISEASES

Combined diagnoses of chlamydia, gonorrhea, and syphilis **increased sharply over the past five years**

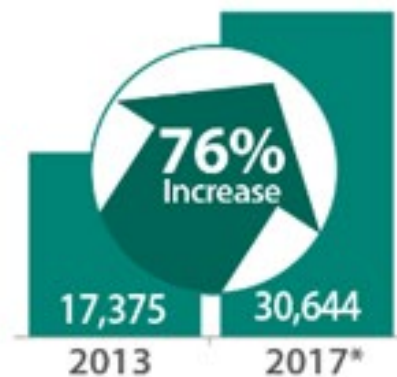
Total Cases



Gonorrhea



Syphilis



Chlamydia

**1.7 MILLION**

In 2017\* chlamydia was the **most common condition** reported to CDC

\*Preliminary data

# The State of STDs in the United States



STDS SURGE FOR THE FIFTH  
STRAIGHT YEAR, REACHING  
AN ALL-TIME HIGH.



**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

LEARN MORE AT: [www.cdc.gov/std/](http://www.cdc.gov/std/)



Centers for Disease Control and Prevention

**MMWR**

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 68 / No. 5

January 3, 2020

## Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020

<https://www.cdc.gov/mmwr/volumes/68/rr/pdfs/rr6805a1-H.pdf>





## Sexually Transmitted Diseases (STDs)

Sexually Transmitted Diseases (STDs) - Treatment and Screening



Sexually Transmitted Diseases (STDs)

Diseases & Related Conditions +

Laboratory Information

Life Stages and Populations +

Prevention +

Program Management & Evaluation Tools +

Projects & Initiatives +

Statistics +

Tools & Materials +

Training +

Treatment and Screening -

Drug Notices +

Expedited Partner Therapy +

# Recommendations for Providing Quality STD Clinical Services (STD QCS)



**Recommendations for Providing Quality STD Clinical Services (or STD QCS)** highlights the services healthcare settings can offer to provide the highest-quality STD care to their patients. The recommendations are **designed to go hand-in-hand with the STD Treatment Guidelines** - STD QCS can help guide clinical operations, while the Treatment Guidelines focus on the clinical management of patients. Healthcare professionals can use the recommendations to identify opportunities to build, maintain, or enhance the delivery of their services.



### STD QCS MMWR

The roadmap for optimizing STD care services in healthcare settings. [Learn more.](#)



### 2015 Sexually Transmitted Diseases Treatment Guidelines

Managing patients with or at risk for infection. [Learn more.](#)

Need for national guidance on quality STD care by providers offering basic or specialized STD care

- ✓ Complement to the CDC STD Treatment Guidelines with emphasis on clinical operations
- ✓ Modeled after Quality Family Planning Services Recommendations



## Key Questions as Starting Point for Recommendations

**What STD-related clinical services should be available to persons who have or are at risk for STDs, including asymptomatic persons, in primary care settings?**

**What STD-related clinical services should be available to persons who have or are at risk for STDs in specialized STD care settings?**

**Which STD-related conditions should be managed through consultation with or referral to a specialist?**

# Scope and Purpose of QCS

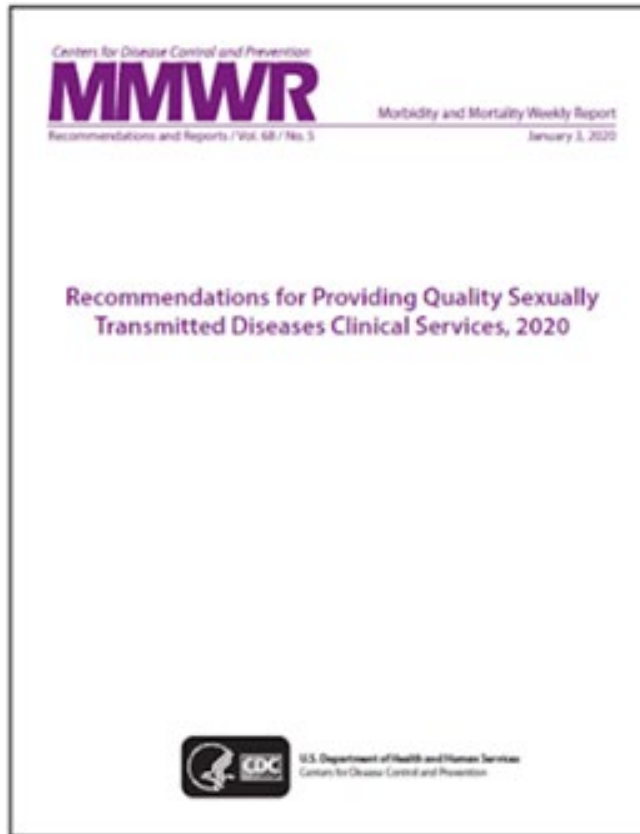
## Define optimal service

- Optimal services for providing quality STD care based on previously published guidelines
- Complement to STD Treatment Guidelines

## Assess your services

### Can be used to:

- Critically assess which services are available in their facility
- Build, maintain, or enhance the delivery of STD services as a policy document



## Not a diagnosis or treatment GL

### NOT intended to:

- Develop new guidance for when or how to provide the services
- Mandate or regulate services

## Not every service is expected

### NOT anticipated that:

- Health care settings will provide every service
- Capture every service available in clinical settings

# How does the STD QCS complement the STI Treatment Guidelines?

## Quality STD Clinical Services (STD QCS)

*Roadmap for providing optimal clinical care services*

Focuses on providing guidance related to **assessment and evaluation** by clinical setting

Outlines **prevention services** to have available by clinical setting

Identifies **laboratory tests** to have available by clinical setting

Highlights **treatments** to have available by clinical setting



## STI Treatment Guidelines

*Roadmap for managing people with or at risk for infection*

Focuses on **assessment and evaluation** of people with or at risk for infection

Provides guidance on **recommended strategies** for STI prevention

Indicates **laboratory tests** that are used for diagnosing people with infection

Outlines **STI treatment recommendations**



# Recommendation Format

(note color conventions)

## Should be available

- Strong recommendation
- Implies that all or almost all informed providers would choose the recommended course of action

## Could be available

- Weaker recommendation
- Indicates that most informed providers would choose the recommended course of action, but some would not

# Services Provided within Levels of Care

## Basic STD Care

- Recommended risk assessment
- Screening and treatment of those identified with asymptomatic infection
- Diagnosis and treatment of patients with common symptomatic infection

## Specialized STD Care

- Comprehensive, culturally sensitive, confidential STD clinical services
  - Basic STD care
  - Same day diagnostic and treatment services
    - Syphilis testing
    - Gram stain/wet mount
    - Gonorrhea cultures
    - Benzathine penicillin
    - Ceftriaxone



# Level of STD Care in Clinical Settings\*

## Basic STD Care in Primary Care Settings

*Provided in settings where patients are evaluated for a variety of health conditions*

- Adolescent Health
  - Corrections
  - Family Medicine
  - Family Planning
  - Federally Qualified Community Health Center
  - HIV care
  - OB/GYN
  - Pediatrics
  - School Based Health Center
  - Primary care
- 

## Specialized STD Care in STD Specialty Care Settings

*Delivered in settings that focus on providing STD care*

- STD Specialty Care Clinic
- Sexual Health Clinic

\*level of care can vary by individual setting based on the clinical scope

## Recommendations for Providing Quality STD Clinical Services

- Sexual History and Physical Examination
- Prevention
- Partner Services
- Screening
- Evaluation of STD-related Conditions
- Laboratory Tests
- Treatments



# Sexual History and Physical Examination

## Primary Care and STD Specialty Settings

- A physical examination for male and female patients with STD-related symptoms, STD-related concerns or those at high behavioral risk for incident STDs *should be* available as a basic and specialized STD care service
- A pelvic examination for female patients *should be* available as a basic and specialized STD care service

### Primary Care Settings

- A sexual history and risk assessment *should be* available as a basic STD care service at the following patient visits:
  - Initial comprehensive or annual visit
  - Each reproductive health, genital or urologic visit
- A sexual history and risk assessment at each visit unrelated to reproductive, genital, or urologic concerns *could be* available as a basic STD care service
- Anoscopy *could be* available as a basic STD care service

### STD Specialty Care Settings

- A sexual history and risk assessment *should be* available as a specialized STD care service at every visit for patients with STD-related symptoms or concerns including behavioral and pregnancy intention
- Anoscopy *should be* available as a specialized STD care service for patients with rectal signs or symptoms
- Colposcopy *should be* available as a specialized STD care service for female patients with abnormal PAP smears
- A high resolution anoscopy *could be* available as a specialized STD care service for patients with abnormal anal Pap smears.

# Prevention

## Primary Care and STD Specialty Settings

- The following prevention services *should be* available as a basic and specialized STD service:
  - On-site hepatitis B vaccination
  - On-site HPV vaccination
  - Brief single STD/HIV prevention counseling (up to 30 minutes)
  - HIV pre-exposure prophylaxis (PrEP) and HIV nonoccupational postexposure prophylaxis HIV (nPEP) risk assessment, education and referral/linkage
  - On-site emergency contraceptive pills or by prescription
  - Brief contraceptive counseling or referral
  - Referral/linkage to HIV care, family planning services, and behavioral health services, if indicated
- The following prevention services *could be* available as a basic and specialized STD service:
  - Moderate intensity STD behavioral counseling( ≥30 minutes)

## HPV and HBV Vaccinations

### Primary Care Settings

- The following prevention services *could be* available as a basic STD service:
  - On-site condom provision
  - On-site hepatitis A vaccination
  - PrEP and nPEP provision

### Specialized STD Care

- The following prevention services *should be* available as a specialized STD service:
  - On-site condom provision
  - On-site hepatitis A vaccination
  - PrEP and nPEP provision
- The following prevention services *could be* available as a specialized STD service:
  - High intensity STD behavioral counseling (≥2 hours)

# Partner Services

## Primary Care and STD Specialty Settings

- The following partner services *should be* available as a basic and specialized STD service:
  - Guidance regarding notification and care of sex partners
  - Expedited partner therapy (where legal)

EPT is a basic “should”

### Primary Care Settings

- The following partner services *could be* available as a basic STD service:
  - Interactive counseling for partner notification

### STD Specialty Care Settings

- The following partner services *should be* available as a specialized STD service:
  - Interactive counseling for partner notification
  - Health Department Disease Intervention Specialist partner elicitation and follow-up

# Screening

## Primary Care and STD Specialty Settings

- Screening and assessment for the following *should be* available as a basic and specialized STD care service:
  - Gonorrhea
  - Chlamydia
  - Syphilis
  - Hepatitis B
  - Hepatitis C
  - HIV
  - Cervical cancer

## Primary Care Settings

- Screening and assessment for the following *could be* available as a basic STD care service:
  - Trichomoniasis

## STD Specialty Care Settings

- Screening and assessment for the following *should be* available as a specialized STD care service:
  - Trichomoniasis
- Screening and assessment for the following *could be* available as a specialized STD care service:
  - Anal cancer

# Evaluation of STD-related Conditions

## Primary Care and STD Specialty Settings

- Evaluation (history and examination) for the following STD-related conditions *should be* available as a basic and specialized STD service:

- Genital ulcer disease
- Male urethritis syndrome
- Vaginal discharge syndrome
- Pelvic inflammatory disease
- Genital warts
- Ectoparasitic infections
- Pharyngitis
- Epididymitis
- Systemic or dermatologic conditions compatible with or suggestive of an STD etiology\*
- Proctitis



# Laboratory Tests – At the time of the patient visit

## Primary Care and STD Specialty Settings

- The following tests and equipment *should be* available as a basic and specialized STD care service at the time of the patient visit:
  - Thermometer
  - pH paper

## Point of Care Tests

### Primary Care Settings

- The following services or tests *could be* available onsite as a basic STD service with results available during the patient visit:
  - Phlebotomy
  - Test for trichomoniasis
  - Test for bacterial vaginosis
  - Test for vulvovaginal candidiasis
  - Urine dipstick
  - Urinalysis with microscopy
  - Test for HIV

COULD BE

### STD Specialty Care Settings

- The following tests *should be* available as a specialized STD service with results available during the patient visit:
  - Phlebotomy
  - Gram, Methylene Blue or Gentian Violet stain for urethritis
  - On-site qualitative non-treponemal serologic test for syphilis
  - Test for trichomoniasis
  - Test for bacterial vaginosis
  - Test for vulvovaginal candidiasis
  - Urine dipstick
  - Urinalysis with microscopy
  - Test for pregnancy
- The following tests *could be* available onsite as a specialized STD service with results available during the patient visit:
  - Dark field microscopy for syphilis
  - Test for HIV

# Laboratory Tests – Clinical Laboratory

## Primary Care and STD Specialty Settings

- The following tests **should be** available through a clinical laboratory as a basic and specialized STD service:
  - Urogenital NAAT for gonorrhea and chlamydia
  - Extragenital (pharynx, rectum) NAAT for gonorrhea and chlamydia
  - Quantitative non-treponemal serologic test for syphilis
  - Treponemal serologic test for syphilis
  - HSV viral culture or PCR
  - HSV type specific serology
  - 4<sup>th</sup> generation antigen/antibody HIV test
  - Oncogenic HPV NAATs with Pap smear
  - nPEP and PrEP
  - Serologic tests for hepatitis A, B, C
  - Test for pregnancy

## Primary Care Settings

## STD Specialty Care Settings

- The following tests **could be** available through a clinical laboratory as a basic STD service:
  - Gram stain or Methylene Blue or Gentian Violet stain for urethritis
  - Gonorrhea culture
  - Gonorrhea antimicrobial susceptibility testing
  - NAAT for trichomonas

- The following tests **should be** available through a clinical laboratory as a specialized STD service:
  - Gonorrhea culture
  - Gonorrhea antimicrobial susceptibility testing
  - NAAT for trichomonas

# Treatments for STDs or Related Conditions – Onsite

## Primary Care Settings

Treatments for the following STDs or related conditions **could be** available onsite as a basic STD service:

- Gonorrhea
- Chlamydia
- Cervicitis
- Nongonococcal Urethritis
- PID
- Proctitis
- Epididymitis
- Syphilis
- Provider-applied regimens for genital warts
- Emergency contraception
- PrEP and nPEP
- Acute/new HIV diagnosis



## STD Specialty Care Settings

Treatments for the following STDs or related conditions **should be** available onsite as a specialized STD service:

- Gonorrhea
  - Chlamydia
  - Cervicitis
  - Nongonococcal Urethritis
  - PID
  - Proctitis
  - Epididymitis
  - Syphilis
  - Trichomoniasis
  - Herpes
  - Provider-applied regimens for genital warts
  - Emergency contraception
  - nPEP
  - EPT gonorrhea and chlamydia
- Treatments for the following STDs or related conditions **could be** available onsite as a specialized STD service:
- Bacterial vaginosis
  - Persistent and recurrent nongonococcal urethritis/cervicitis
  - Acute/new HIV diagnosis
  - PrEP

# Treatments for STDs or Related Conditions – Prescription

## Primary Care and STD Specialty Settings

- All recommended treatments for the following STDs or related conditions *should be* available by prescription as a basic and specialized STD service:
  - Vulvovaginal candidiasis
  - Bacterial Vaginosis
  - Urinary Tract Infection (UTI)
  - Patient-applied regimens for genital warts
  - Ectoparasitic infections
  - PrEP

### Primary Care Settings

- All recommended treatments for the following STDs or related conditions *should be* available by prescription as a basic STD service.
  - Herpes
  - Trichomoniasis
  - Emergency contraception
  - nPEP
- All recommended treatments for the following STDs or related conditions *could be* available by prescription as a basic STD service.
  - EPT gonorrhea and chlamydia

### STD Specialty Care Settings

- All recommended treatments for the following STDs or related conditions *should be* available by prescription as a specialized STD service:
  - As outlined above under onsite and prescription

# Complex STD or Related Conditions for Specialist-1

## Primary Care and STD Specialty Settings

### ▪ **Complex Gonorrhea**

- Complex antimicrobial-resistant gonorrhea
- Cephalosporin or IgE-mediated penicillin allergy
- Suspected cephalosporin treatment failure
- Gonococcal conjunctivitis in adults
- Disseminated gonococcal infection or gonococcal endocarditis or meningitis
- Gonococcal ophthalmia in infants

GC

### ▪ **Complex Chlamydia**

- Chlamydial ophthalmia in infants
- Pneumonia in infants

CT

### ▪ **Complex Cervicitis and Epididymitis**

- Persistent or recurrent epididymitis
- Persistent or recurrent cervicitis
- Cephalosporin or IgE-mediated penicillin allergy
- Suspicion of testicular torsion

Cervicitis

### ▪ **Complex Pelvic Inflammatory Disease**

- Cephalosporin or IgE-mediated penicillin allergy (quinolone resistant gonorrhea or antimicrobial susceptibility cannot be assessed)
- PID surgical complications (e.g., tubo-ovarian abscess)

PID



# Complex STD or Related Conditions for Specialist-2

## Primary Care and STD Specialty Settings

### ▪ ***Complex Vaginal Discharge, Trichomoniasis, and Candidiasis***

- Persistent vaginal discharge of unclear etiology
- Persistent or recurrent trichomoniasis
- IgE-mediated allergy to nitroimidazoles
- Recurrent vulvovaginal candidiasis in patients who remain culture-positive despite maintenance therapy
- Recurrent non-albicans vulvovaginal candidiasis

Vaginitis

### ▪ ***Complex Syphilis***

- Primary, secondary, and latent syphilis in infants and children
- IgE-mediated penicillin allergy\*
- Tertiary syphilis
- Neurosyphilis
- Ocular or otic syphilis
- Syphilis during pregnancy with sonographic signs of fetal or placental syphilis

Syphilis

### ▪ ***Complex Herpes***

- Antiviral-resistant herpes infection
- Genital herpes contracted late in pregnancy
- Neonatal herpes

Herpes

# Complex STD or Related Conditions for Specialist-3

## Primary Care and STD Specialty Settings

### ▪ ***Complex Warts***

Warts

- Cervical or intra-anal warts
- Atypical anogenital warts with high-grade squamous intraepithelial lesion on biopsy

### ▪ ***Cervical intraepithelial neoplasia or Cervical Cancer***

CIN

- Women with high- or low-grade squamous intraepithelial lesions on Pap smear

### ▪ ***Complex Ectoparasitic Infections***

Scabies/HIV

- Crusted scabies in persons with HIV infection

### ▪ ***Sexual Assault***

Sexual assault

- HIV nPEP being considered
- STDs in children (if suspect possibility of sexual abuse)



# Gonorrhea and Chlamydia Guidelines

# STI Screening for Cis-Women

## Sexually Active adolescents & adults <25 years old

Routine chlamydia and gonorrhea screening\*

Other STDs based on risk

HIV at least once between the ages of 13-64

## Women 25 years of age and older

STD/HIV testing based on risk

HIV at least once between the ages of 13-64

## HIV-positive women

CT/GC (vaginal, cervical, or urine)

CT/GC (rectal, if exposed)

GC (pharyngeal, if exposed)

Syphilis serology

Trichomoniasis

Hepatitis C (first visit)

} Annually

# Routine Screening: Chlamydia and GC



- **USPSTF (2014)**
  - Annually: sexually active non-pregnant females  $\leq 24$  [B]
  - Older females who are at increased risk [B]
  - Men: [ I ] No recommendation
- **CA STD Control Branch**
  - If practice-site prevalence (PSP) is...
    - Chlamydia  $\geq 3\%$
    - Gonorrhea  $\geq 1\%$

## Increased Risk for Ct/ GC

September  
2014

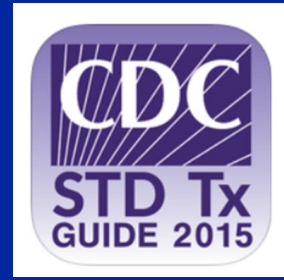
- Previous or concurrent STI
- New or multiple sex partners
- A sex partner with concurrent partners
- A sex partner with an STD
- Inconsistent condom use among persons who are not in mutually monogamous relationships
- Exchanging sex for money/drugs/safety/ housing

# Targeted Ct, GC Screening: Risk Factors



1. History of GC, chlamydia, or PID in the past 2 years
2. More than 1 sexual partner in the past year
3. New sexual partner within 90 days
4. *Reason to believe* that a sex partner has had other partners in the past year
5. Exchanging sex for drugs or money within the past year
6. African-American women up to age 30 may be at increased risk; annual screening should be offered
7. Other factors identified locally, including prevalence of infection in the community

# NAAT *Vaginal Swab* Is Preferred Specimen Source



- Sensitivity is equal or greater to cervical swabs or urine
- Self-collection option well accepted females of all ages
- Less specimen processing than with urine
- Check with your lab regarding specimen handling
- Multi-site screening in MSM; no guidelines for females
  - Screen females based on sexual history...not routinely
  - NAAT test (and CPT code) same, regardless of site(s)

# What About Rectal CT and GC in Females Seen in STD Clinics?

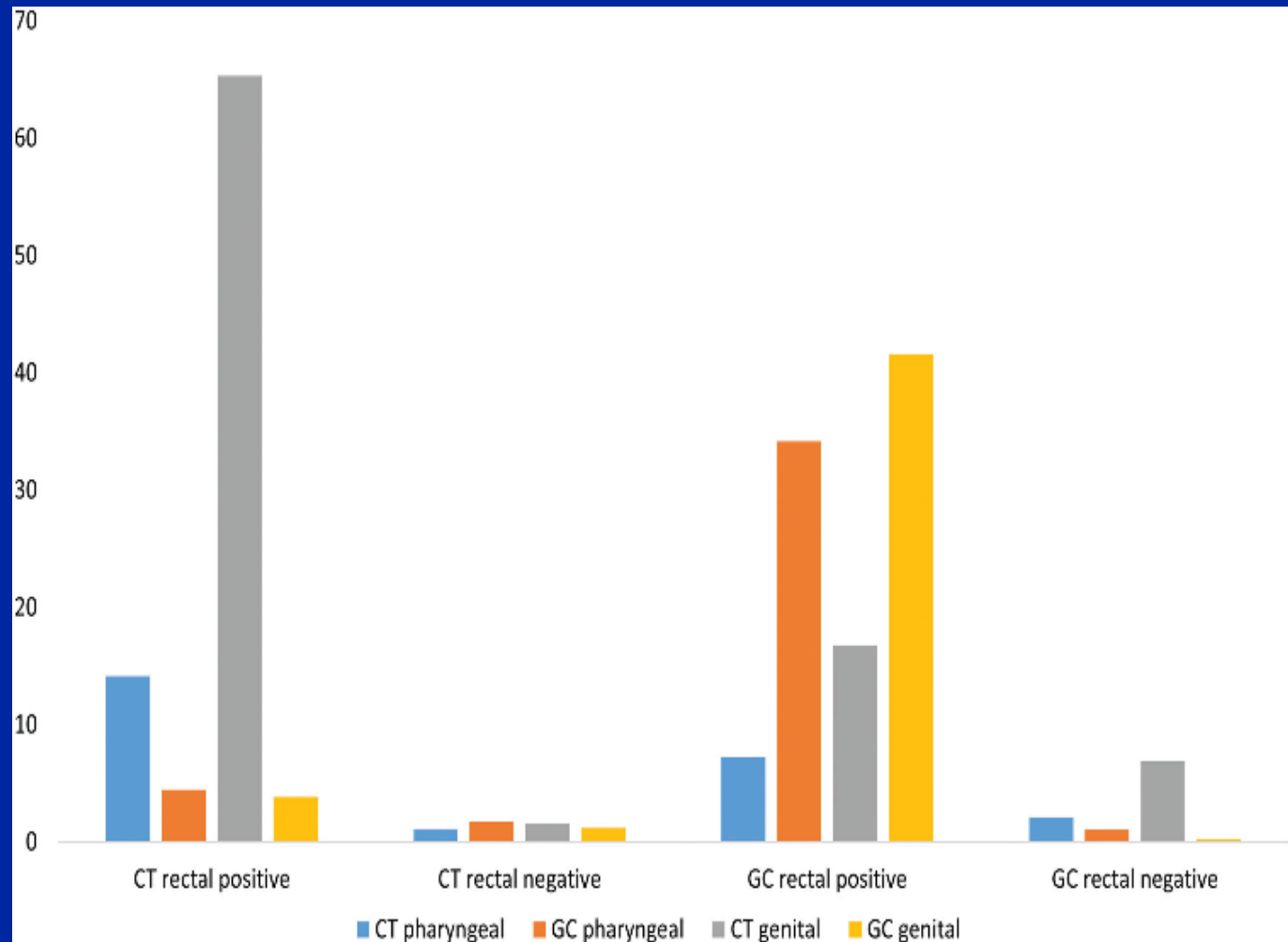
- Chandra et al, STI 2018 (UK)
  - Rectal CT positivity overall: **6%** (95% CI, 3.2-8.9%)
  - Rectal CT if reporting anal sex: **25.9%** (95% CI 9-43)
  - Percentage of rectal infections that would be missed with only urogenital screening: **18-23%**
- Chan PA, et al, Infect Dis Obstet Gynecol. 2016 (U.S.)
  - Rectal GC: 1.9% ; pharyngeal GC: 2.1%
  - Rectal chlamydia: 8.7%; pharyngeal chlamydia: 1.7%



# Women With Rectal GC/CT Are More Likely to Have Genital or Pharyngeal GC/CT

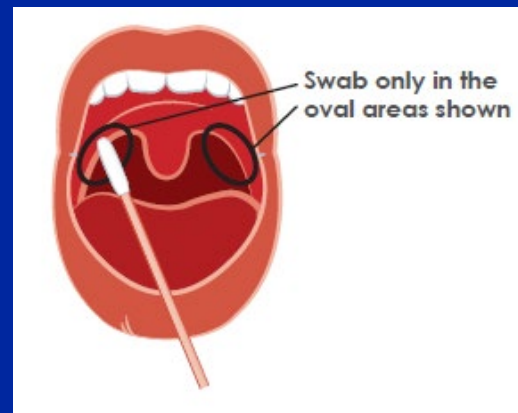
Of 5499 women w/rectal CT/GC tests (AND other sites tested) rectal positivity was 10.8%

Almost ½ of women with GC/CT had a rectal infection only



## Let's Talk About Technique

- Throat: Swab both tonsillar pillars (watch out for gagging)
- For rectal swab: Insert 3-4 cm and twirl the wrist 360°



SF City Clinic (see "References", below)

# Treatment of GC + Chlamydia (Ct)

- Positive GC or Ct screening test
- Sexual partner with person with known GC or Ct
- Presumptive therapy of mucopurulent cervicitis or urethritis (treat both partners)
- Pelvic inflammatory disease (treat both partners)

# Lower Genital Tract Chlamydia



2021

- Preferred regimen

- Doxycycline 100 mg PO BID for 7 days
- Doxycycline (delayed release) 200 mg QD x 7 days
  - Equally efficacious as doxy BID, fewer GI side effects
  - More expensive

- Alternative regimen

- Azithromycin 1 gm orally, directly observed
  - First line treatment in pregnancy



# Anogenital *and* Pharyngeal Gonorrhea

12/18/20

- Recommended *monotherapy* regimens: either
  - Ceftriaxone 500 mg IM (<150 kg; <330 lbs), or
  - Ceftriaxone 1 gm IM (> 150 kg; >330 lbs)
- When to use dual therapy??
  - If chlamydia has not been excluded with a negative test result, treat Ct with doxycycline 100 mg PO BID for 7 days
  - During pregnancy, use azithromycin 1 gm PO



12/18/20

# Anogenital *and* Pharyngeal Gonorrhea

## Why change the GC treatment recommendation?

1. Increasing concern for antimicrobial stewardship
  - Potential impact of dual therapy on commensals and concurrent pathogens
2. Continued low incidence of GC with ceftriaxone resistance
3. Increased incidence of azithromycin resistance

# Alternative Gonorrhea Regimens



12/18/20

- Uncomplicated urogenital and rectal GC infections
  - Cefixime **800 mg** orally once, or
  - Gentamicin 240 mg IM + azithromycin 2 g PO
- Uncomplicated pharyngeal gonorrhea
  - No reliable alternative treatments are available
  - If history of beta-lactam allergy, thorough assessment of the allergic reaction is recommended

# Test of Cure After Ct or GC Treatment

- *Not* after high efficacy, single dose treatment
- Exceptions...perform test of cure
  - Pregnancy
  - Noncompliant with therapy
  - Persistent symptoms despite therapy
  - Suspect early reinfection after adequate therapy
  - Pharyngeal GC treated with an alternative regimen
  - Multi-day antibiotics with high failure rate
- Avoid non-culture tests within 3 weeks of treatment



*Mycoplasma genitalium*

# *Mycoplasma genitalium* in Women

- Prevalence: 1% to 3% in males and females
  - In high risk population, 11-16% of females
- 2-fold increased risk of cervicitis, PID, preterm birth, spontaneous abortion, and infertility
  - Cause-and-effect is implied, but not proven
  - Studies showing that treatment is followed by a subsequent reduction in these sequelae are critical

# Detecting *M gen* Infections?

FINALLY: A FDA-approved diagnostic test (1/2019)

- Aptima<sup>®</sup> M. gen assay (NAAT by Hologic, Inc)
  - Urine, penile meatal, urethral, endocervical, vaginal samples
- Commercial Laboratories (in-house PCR tests)
  - Limited test-performance information
- Recommended in diagnosis of NGU in males



## *Mycoplasma genitalium* in Women

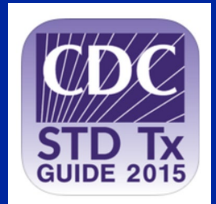
- No guidelines in females for *M gen* screening or as a diagnostic test for cervicitis, urethritis, PID, or infertility
- Treatment: moxifloxacin 400 mg daily for 7-14 days
  - Doxycycline and azithromycin resistance emerging
- 2021 CDC STI Treatment Guidelines will contain new recommendations regarding the use of the *M gen* NAAT both for diagnostic and screening purposes

# Contact Testing for STI Exposure

aka: “Screen Me for Everything”

- Test asymptomatic persons with high-risk sexual exposure (new or multiple sexual partners) for
  - Gonorrhea
  - Chlamydia
  - Syphilis
  - HIV
- Maybe: HSV-2 serology
- No contact testing for
  - HSV (culture), HPV (DNA)
  - HBC, HBV (strategy for HBV is *vaccination*)

# Screening for Hepatitis B



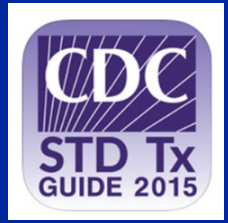
- Have you previously been vaccinated for Hepatitis B?
  - Yes...no further evaluation
  - No...offer HBV vaccination if HB risk factors
  - Don't know...check! If can't find out, do serology
- If HB vaccine is offered, pre-vaccination HB serology
  - *Is not* cost effective in low prevalence groups
  - *Is cost* effective in high prevalence adult populations
    - IDU, MSM, sexual contacts of chronic carriers, persons from endemic countries
  - If screened, give 1<sup>st</sup> dose of vaccine at same time

# Screening for Hepatitis C

- Screen for HCV infection in adults aged 18-79 years [B]
- Most adults need to be screened only once
  - “Periodically” screen if continued risk (e.g., PWID)
- Screen with anti-HCV antibody testing
  - If positive, HCV RNA PCR test to identify chronic HCV infection
- Treatment of chronic HCV prevents long-term complications (cirrhosis, liver failure, and hepatocellular carcinoma)

PWID: persons who inject drugs

# Screening for Hepatitis C



- Sexual transmission is very uncommon
- **Candidates for targeted screening**
  - Injected illegal drugs, even if experimented a few times many years ago
  - Blood transfusion from a donor later positive for hep C
  - Transfusion or organ transplant before 7/1992
  - Recipient of clotting factor(s) made before 1987
  - Ever been on long-term kidney dialysis
  - Evidence of liver disease (e.g., abnormal LFTs)





# USPSTF Guidelines 2019-20

# HIV Screening

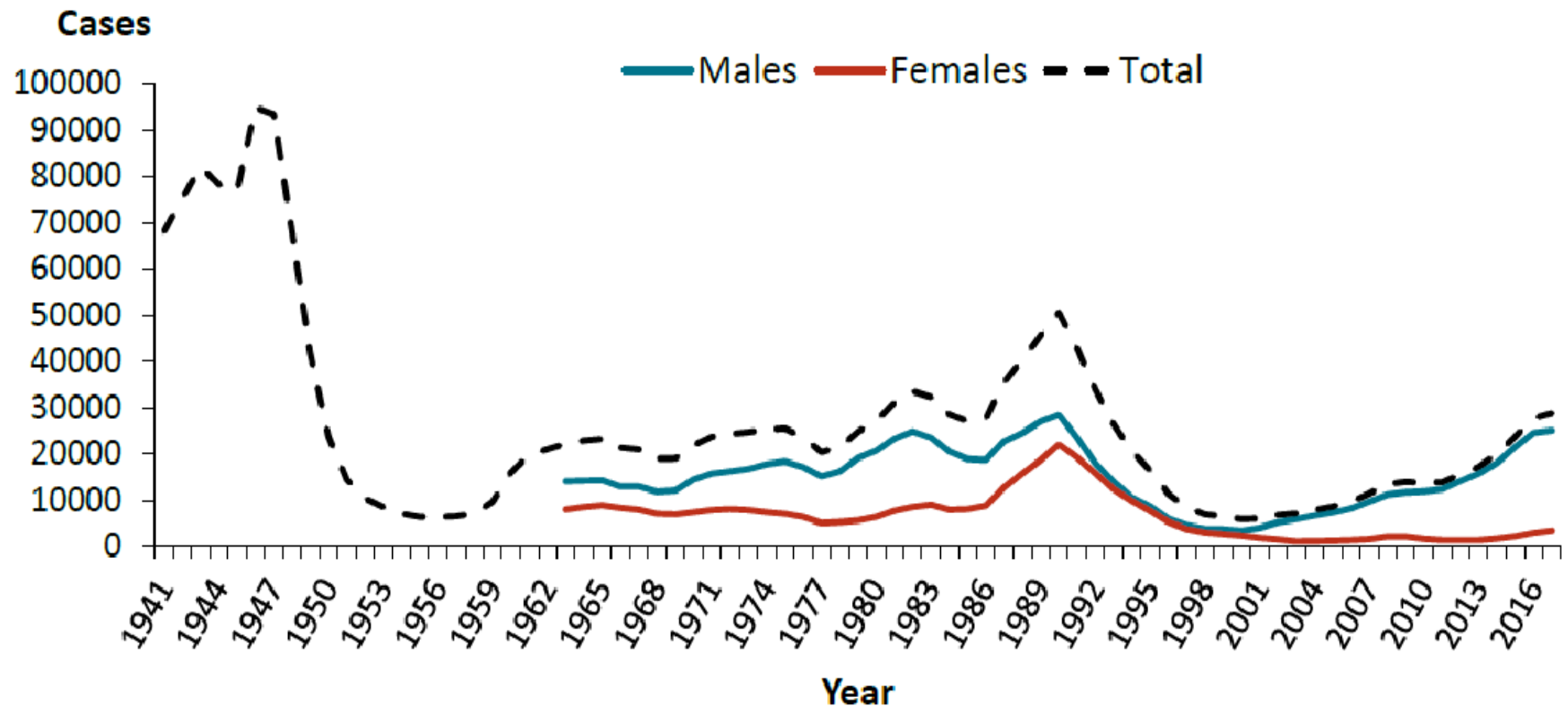


June 2019

- Screen *all* individuals once between 15-65 years old [A]
- Repeat annually or more often if “known risk”
  - Sex partner with HIV, injection drug use, commercial sex work, a new sex partner (since a prior HIV test) whose HIV status is unknown, care at STD or TB, correctional facility, or homeless shelter
- Use 4<sup>th</sup> gen HIV test; positive result 4 weeks earlier than 3<sup>rd</sup>
  - HIV-1, HIV-2 antibodies
  - HIV-1 p24 antigen

# Primary and Secondary Syphilis: Reported Cases, U.S., 1941–2017\*

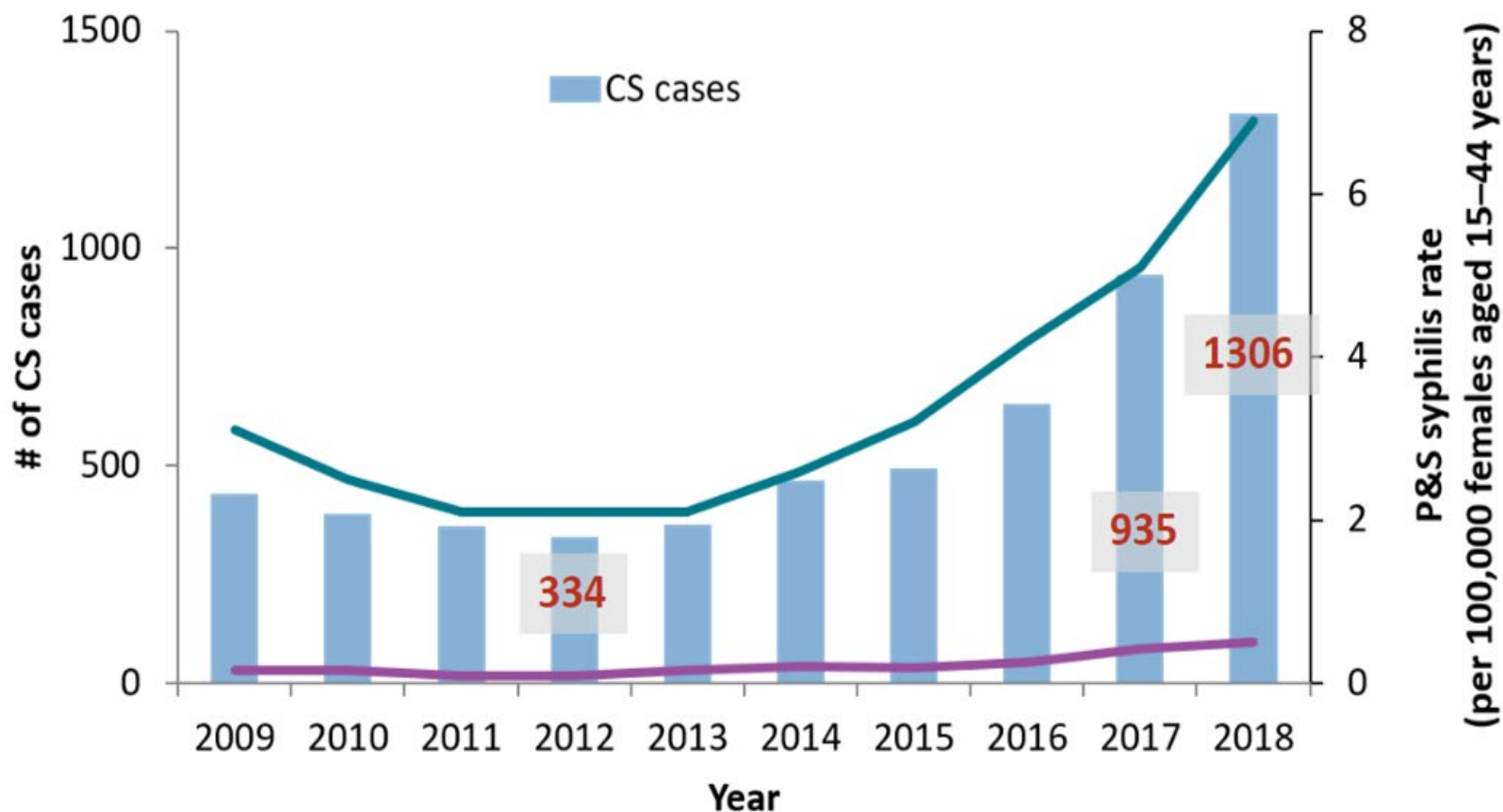
**Primary and Secondary Syphilis Cases have increased 390% since 2001**



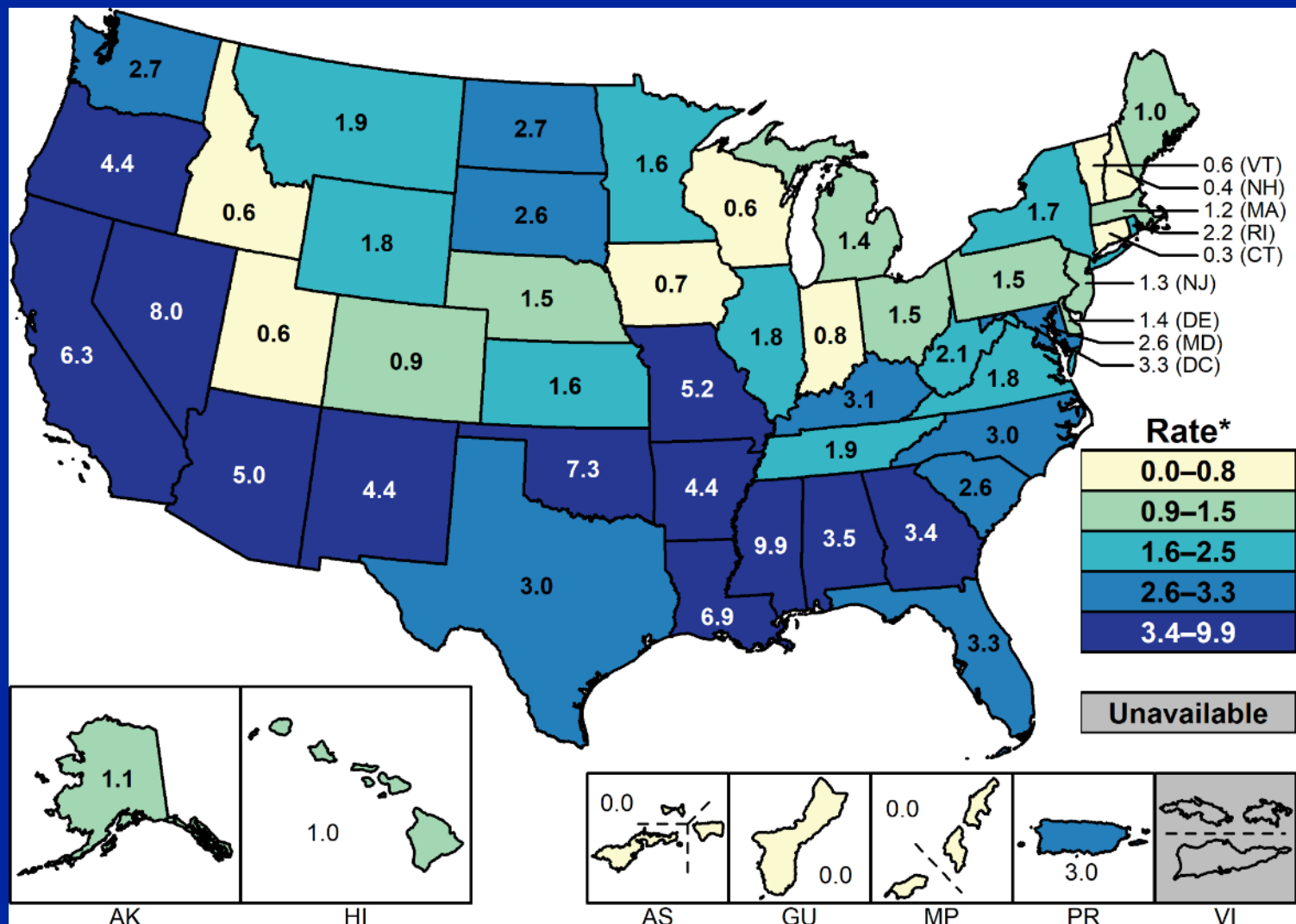
**CDC estimates more than 55,000 people are infected each year**

# Congenital Syphilis Cases and Rates of Primary & Secondary Syphilis among Women, 2009-2018

In 2018, 5 states represented 70% of all congenital syphilis cases in the U.S.



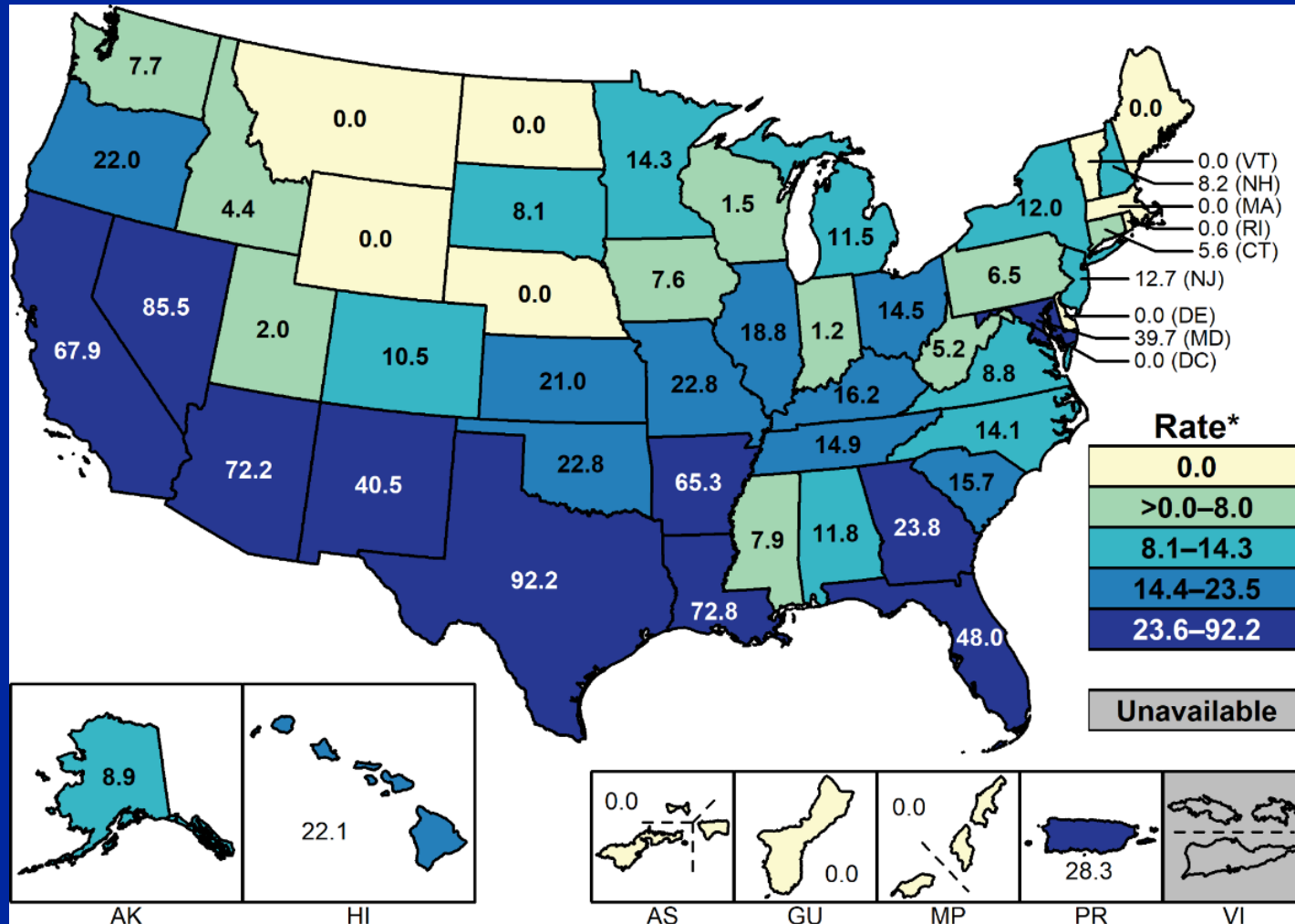
# Primary and Secondary Syphilis in Females, 2018



\* Per 100,000.

**NOTE:** See Sections A1.11 in the Appendix for more information on interpreting reported rates in US territories.

# Congenital Syphilis Rates by State and Territory, 2018



\* Per 100,000 live births.

**NOTE:** See Section A1.11 in the Appendix for more information on interpreting rates for US territories.



# Drivers and Determinants for the Rising Incidence of Syphilis in Women

## More social determinants

- Risk factors for syphilis among women include:
  - Multiple sex partners
  - Substance use disorders
  - Unstable housing
  - History of incarceration
  - History of exchanging sex for drugs/money/housing
  - Having a sex partner with multiple sex partners or a history of incarceration
- Among pregnant women with syphilis, late or no prenatal care is significantly associated with delivering an infant with congenital syphilis

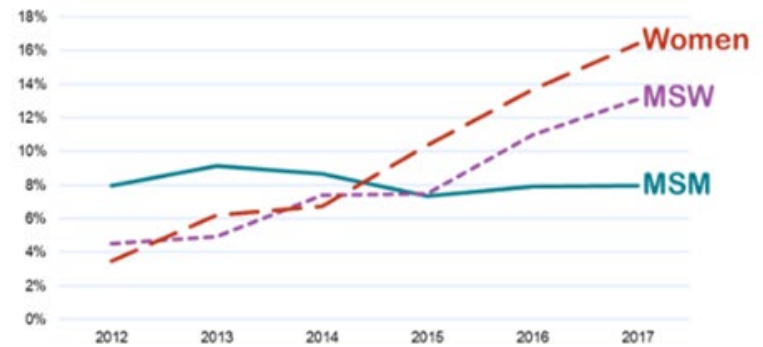
# Drivers and Determinants for the Rising Incidence of Syphilis in Women

## Substance Use Among Syphilis Cases

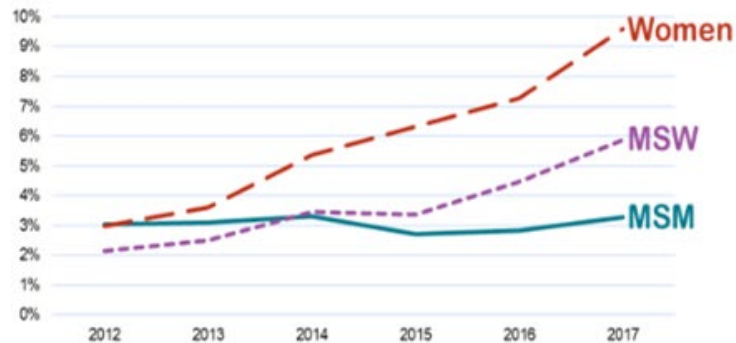
### Heroin Use



### Meth Use



### Injection Drug Use



### Crack Use





# What Can Women's Health Providers Do?

- Check with your local or state health department to determine whether you are in a “hot spot” area
  - Ask your lab to supply a 2-year syphilis positivity rate
- In-service clinicians re: USPSTF syphilis screening guidelines
- Offer screening: intending pregnancy, infertility w/u, IUD or implant removal for pregnancy, preg test visit negative
- Offer treatment for confirmed syphilis cases, or have established referral pathway for treatment
- Collaborate with health department initiatives

## CLINICAL PROTOCOL TEMPLATE

# SYPHILLIS TESTING & TREATMENT

*This template protocol is intended to assist family planning providers in developing local protocols for testing and treatment of syphilis.*

A clinical protocol is a site-specific policy for the provision of high-quality health care to patients. It clarifies the scope of care that can be provided by clinicians and care team members, consistent with state regulations. Clinical protocols from one organization should never be adopted intact by another organization without first revising them, since these protocols will not include an accurate description of the adopting organization's policies and procedures nor will they account for other organizational considerations.

Refer to NFPRHA's resource, [Developing Clinical Protocols for Family Planning Services](#), for more information on clinical protocols, including best practices for development.

# STD Resources

CDC: [cdc.gov/std/default.htm](https://www.cdc.gov/std/default.htm)

2018 Surveillance Report:

<https://www.cdc.gov/std/stats18/default.htm>

STD Treatment Guidelines:

[www.cdc.gov/std/tg2015/default.htm](https://www.cdc.gov/std/tg2015/default.htm)

NNPTCs:

[www.nnptc.org](http://www.nnptc.org) [www.STDCCN.org](http://www.STDCCN.org)

National Coalition for Sexual Health:

[www.ncshguide.org/providers](http://www.ncshguide.org/providers)  
[www.ncshguide.org\\_](http://www.ncshguide.org_)



Syphilis management? Resistant gonorrhea? STD treatment?

# GOT A TOUGH STD QUESTION?

Get FREE expert STD clinical consultation at your fingertips



Ask your question

National STD experts review

Response within 1-5 business days, depending on urgency

Log on to [www.STDCCN.org](http://www.STDCCN.org) for medical professionals nationwide

STD Clinical Consultation Network  
[STDCCN.org](http://STDCCN.org)

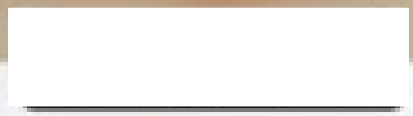


# SMART PHONE, SMART CARE

**STD Clinical Toolbox:** A free app for medical professionals nationwide



- LATEST STD NEWS
- STD TREATMENT GUIDELINES
- STD EDUCATIONAL COURSES
- STD-RELATED CONFERENCES



**National Network of  
Prevention Training Centers  
NNPTC.org**

# Questions?

# Resources

- [Chlamydia screening initiative resources](#)
- [STD Services](#) past events
- Reproductive Health National Training Center (RHNTC) [Sexually Transmitted Disease Services resources](#)



New York State  
Family Planning  
Training Center  
[nysfptraining.org](http://nysfptraining.org)

# Thank you!

**Contact:**

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