

Best Practices in STI Screening + Treatment

April 29th, 2022

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Essential Access Health

- Champions and promotes quality sexual + reproductive health care for all
- Partners with the California Department of Public Health, STD Control Branch, LA County Department of Public Health, Division of HIV/STD Programs, and Title X Family Planning Programs
- Implements best practices in STI prevention statewide

Heads Up!

- Your insight is valuable - please share your thoughts!
 - Unmute, use “raise hand” or chat options
- Graphic images will not be shown in this presentation
- We will use gender neutral language for bodies, except when referencing a study that used different language.

Poll

What is your role at the clinic?

- Provider
- Nurse
- MA
- Health Educator
- Administrative staff
- Other

Agenda

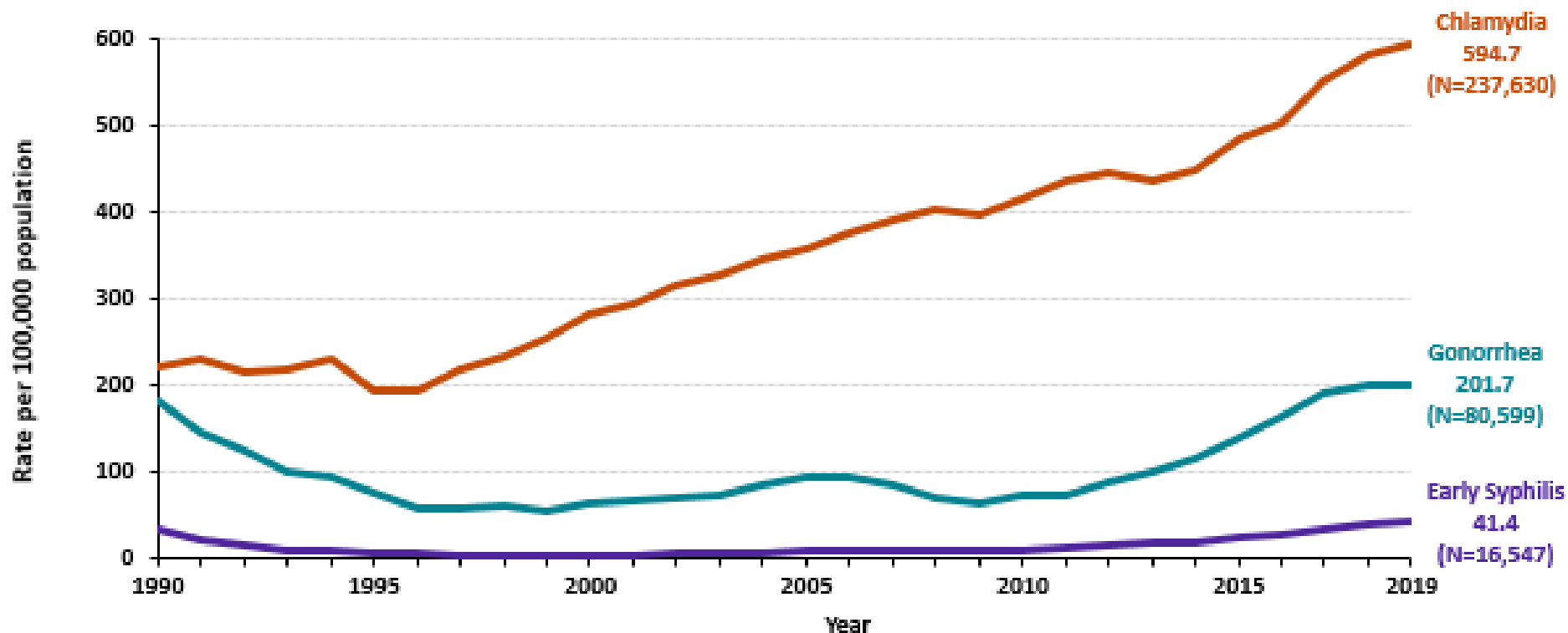
- Status of STIs in California
- Syphilis and Congenital Syphilis
- Chlamydia + Gonorrhea
- Resources

Training Objectives

After this training, you will be able to:

- Discuss status of STIs in California
- Identify syphilis and congenital syphilis guidelines for screening, testing, and treatment
- Recognize rising risk of congenital syphilis
- Implement best practices in STI management + partner treatment
- Utilize the updated 2021 CDC STI Treatment Guidelines for chlamydia and gonorrhea infections

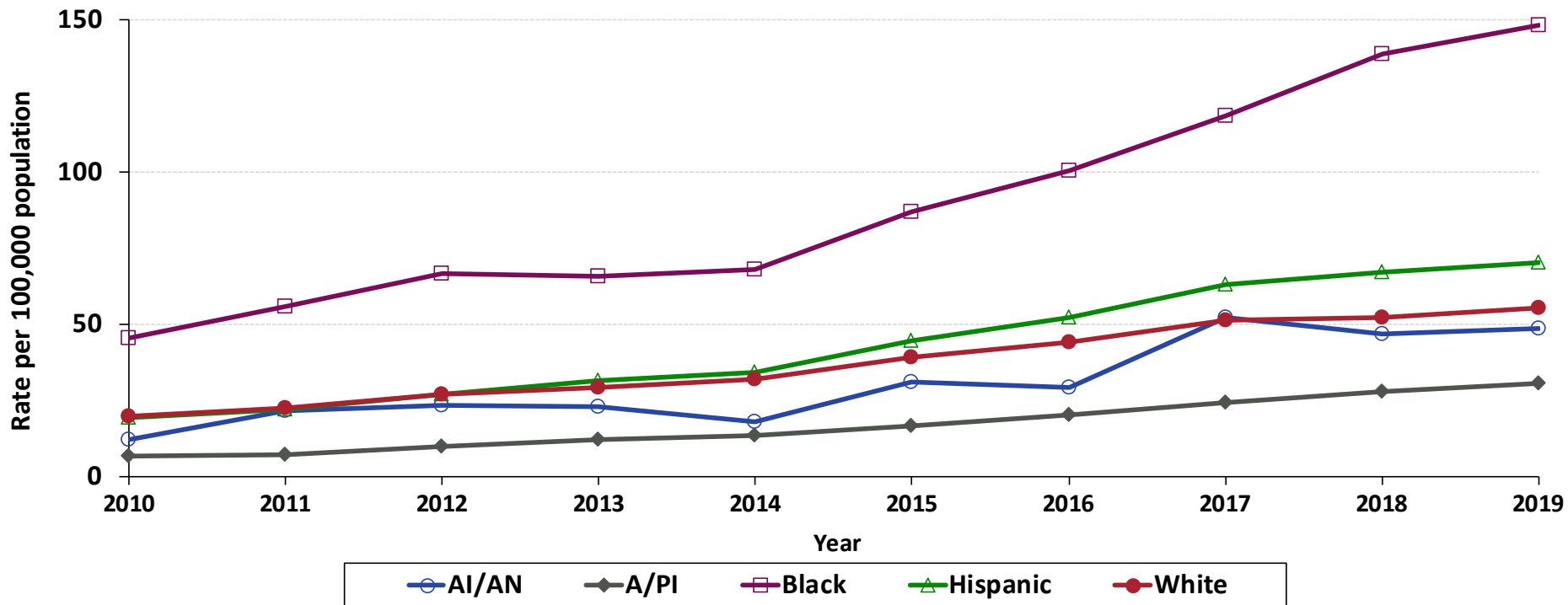
Chlamydia, Gonorrhea, and Primary & Secondary Syphilis Incidence Rates in CA, 1990-2019



* Early syphilis includes primary, secondary, and early non-primary non-secondary syphilis.

Syphilis

Early* Syphilis, Incidence Rates for Males by Race/Ethnicity, CA 2010-2019

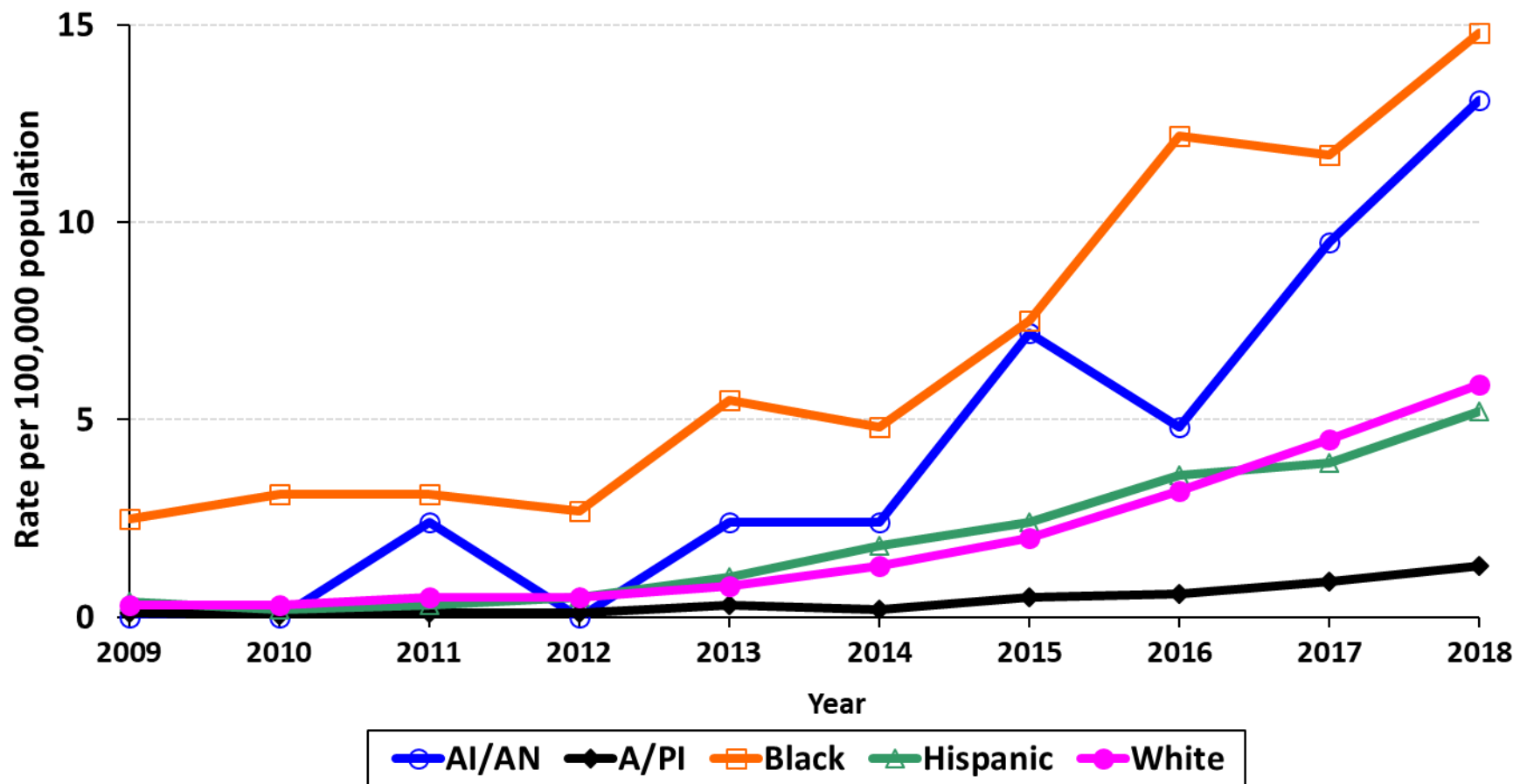


*Early syphilis includes primary, secondary, and early non-primary non-secondary syphilis.

Note: AI/AN = American Indian/Alaska Native, A/PI = Asian/Pacific Islander.

Race/ethnicity "Not Specified" ranged from 2.1% to 7.9% of cases for males in any given year

Primary & Secondary Syphilis Incidence Rates for Females by Race/Ethnicity California, 2009–2018



Note: AI/AN = American Indian/Alaska Native, A/PI = Asian/Pacific Islander.

Race/ethnicity "Not Specified" ranged from 0% to 8.9% of cases for females in any given year.

Legacy of the Tuskegee USPHS Syphilis Study: Fear and Unequal Access

1932: Researchers recruit 399 Black men with pre-existing syphilis infections for a study on the infection in exchange for free medical care. Staff withhold the diagnosis, focus of study, and risks from the men.

1943: Cure for syphilis is available but researchers withhold the cure to continue studying impact of disease on the men without their consent

1972: Study ended by whistleblower

Impact: Death and illness of the men, their partners, and their children.

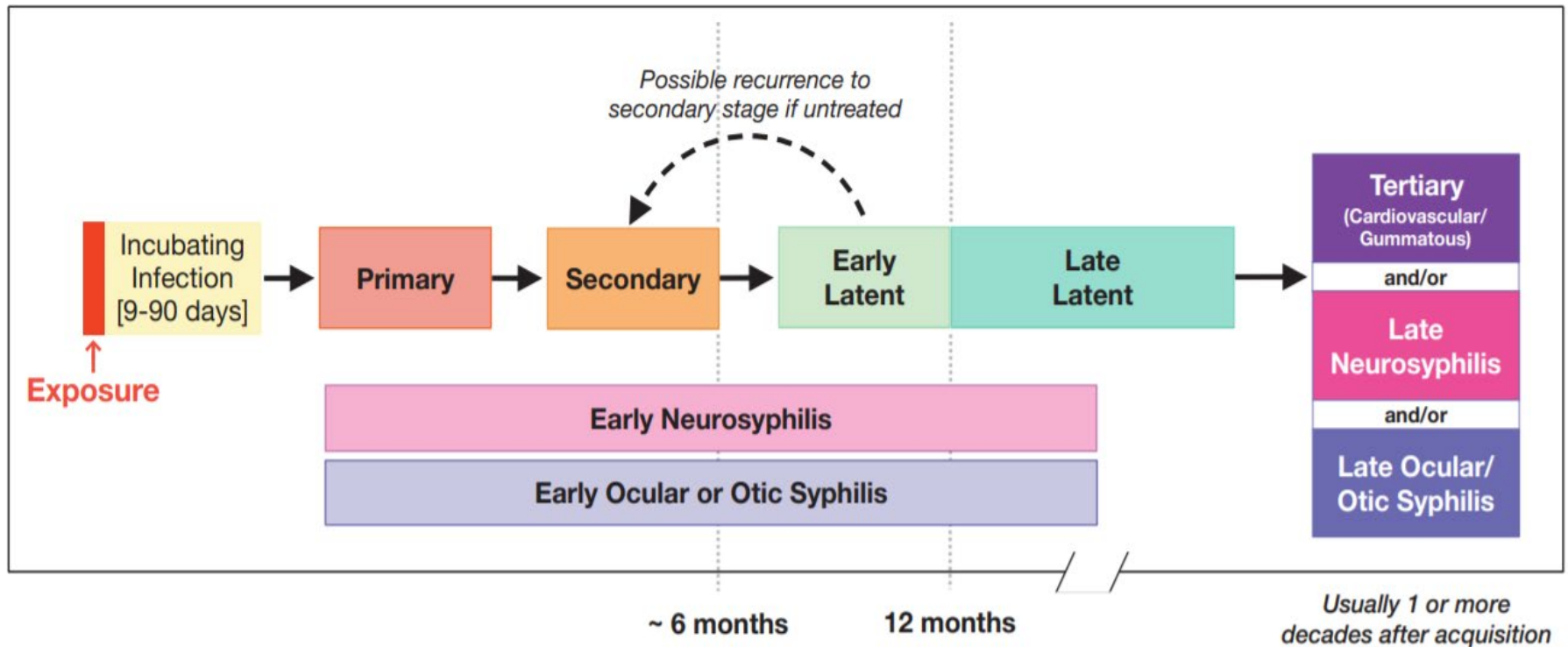
Still contributes to fear, mistrust, and unequal access to treatment



Syphilis Screening Recommendations

Population	Recommendation
Pregnant people	<ul style="list-style-type: none">• First prenatal visit• Third trimester (28-32 weeks)• At delivery
Patients who can become pregnant	<ul style="list-style-type: none">• At least once• Additional testing based on risk
MSM/MSMW	<ul style="list-style-type: none">• Annually• Additional testing based on risk
Trans women	<ul style="list-style-type: none">• Annually• Additional testing based on risk
HIV + (all genders)	<ul style="list-style-type: none">• Annually• Additional testing based on risk

The Natural History of Untreated Syphilis



Sexual History Taking: The 5Ps

- Past STIs
- Partners
- Practices
- Prevention
- Pregnancy Planning and Prevention

Provider comfort level in asking sexual health questions influences patients' willingness to disclose information about their sexual practices.


Syphilis Testing

Type	Tests	Results
Non-treponemal	<ul style="list-style-type: none">• RPR• VDRL	<ul style="list-style-type: none">• Qualitative (reactive or non-reactive)• Quantitative (ex. 1:32, 1:64 etc)
Treponemal	<ul style="list-style-type: none">• EIA• FTA-ABS• TPPA• CIA	<ul style="list-style-type: none">• Qualitative (reactive or non-reactive)

Interpreting Titers

Non-Reactive

1:1
1:2

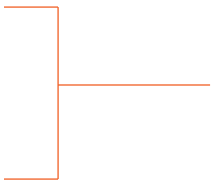


1 dilution change = 2 fold change

1:4

1:8

1:16
1:32
1:64



2 dilution change = 4 fold change

1:128

1:256

1:512

1:1024...

Syphilis Screening: Traditional Algorithm

NON –TREPONEMAL TEST: Quantitative RPR (titer)

Reactive

Non-Reactive

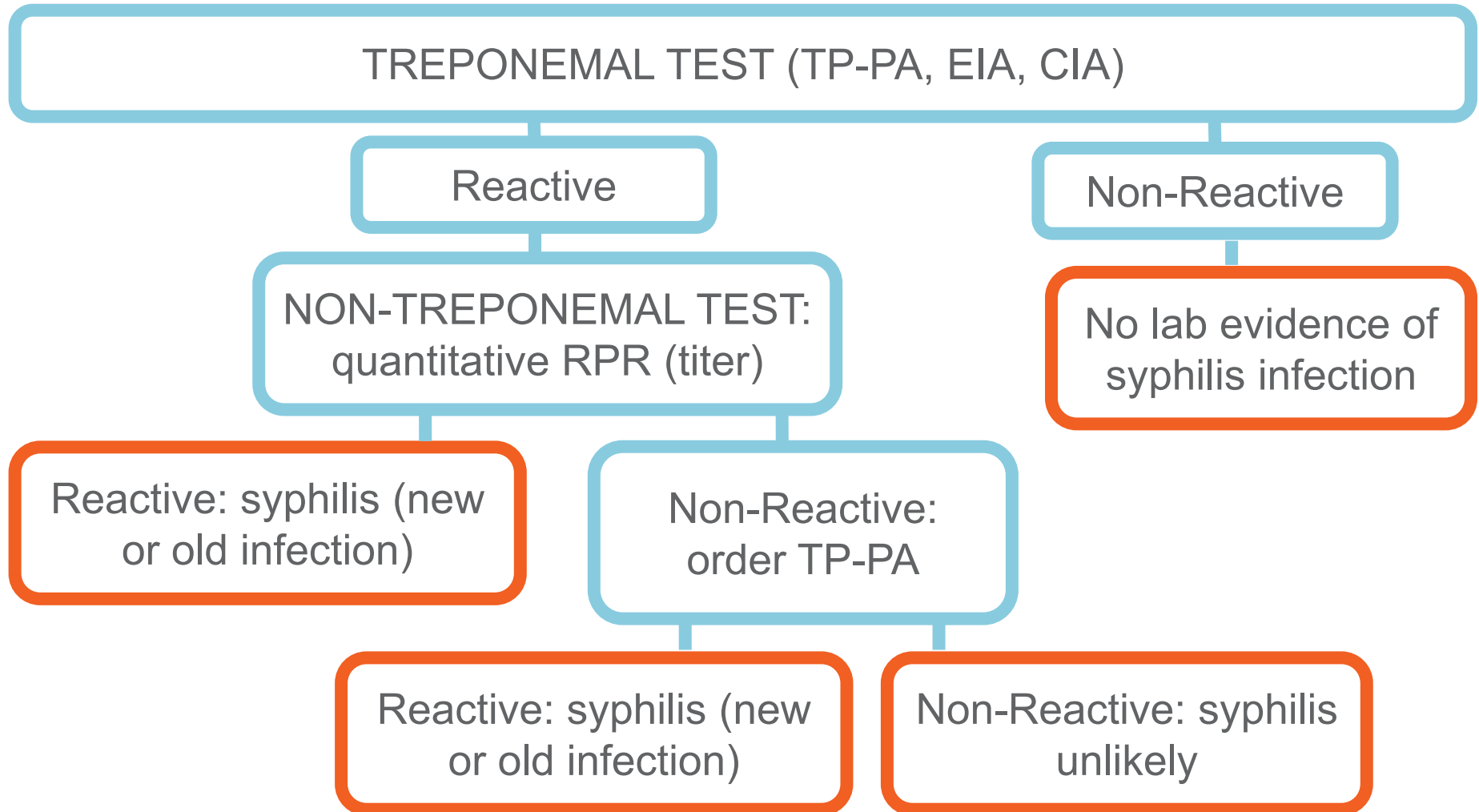
TREPONEMAL TEST:
(TP-PA, EIA, CIA)

No lab evidence of
syphilis infection

Reactive: syphilis (new
or old infection)

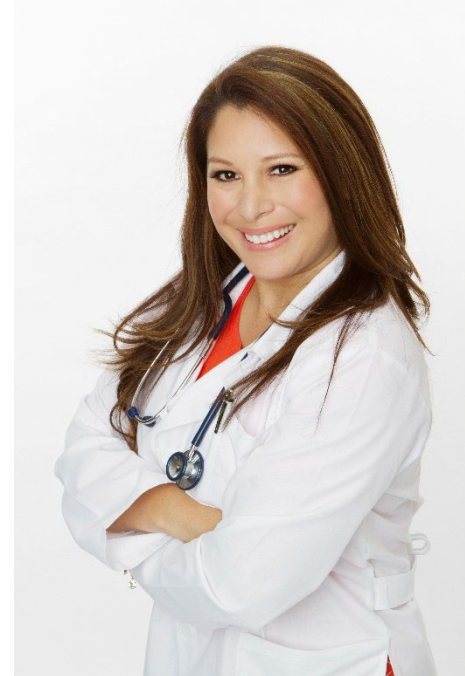
Non-Reactive: syphilis
unlikely (biological false+)

Syphilis Screening: Reverse Algorithm

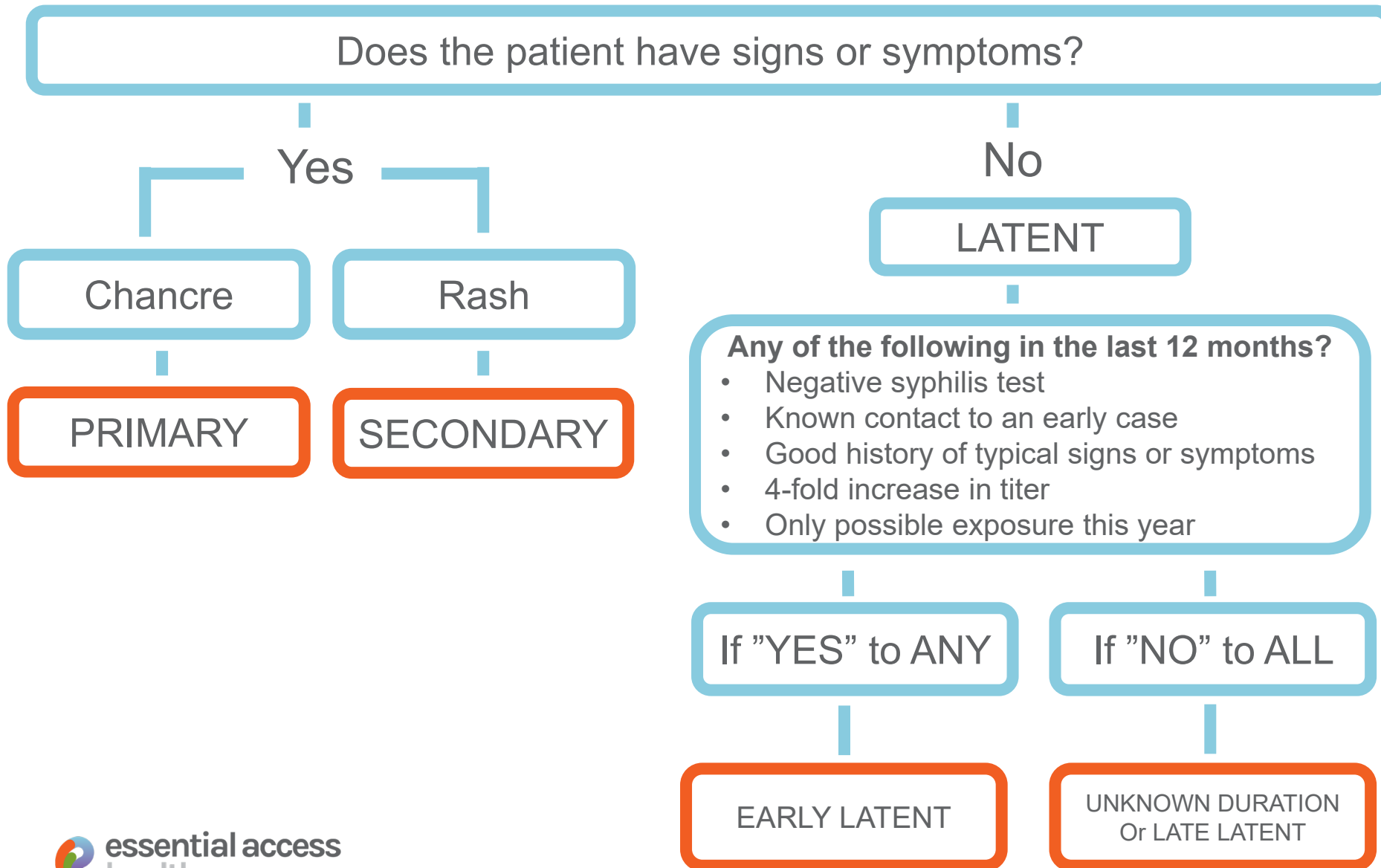


Syphilis Screening Takeaways

- Both types of tests are needed to determine syphilis infection.
 - Check in with your lab to ensure reflex testing.
- Testing alone cannot confirm a diagnosis
 - Gather medical information from the patient to confirm diagnosis and stage



Syphilis Staging Flowchart



Treatment

Stage	Treatment	Alternative*
Primary, Secondary, Early Latent	Benzathine penicillin G 2.4 units IM in a single dose	Doxycycline 100mg 2x/day for 14 days
Unknown Duration or Late Latent	Benzathine penicillin G 3 doses of 2.4 million units IM each, at 7 day intervals	Doxycycline 100mg 2x/day for 28 days

*For pregnant patients, there is currently no alternative treatment recommended. Pregnant patients with a penicillin allergy should be desensitized and treated with benzathine penicillin.

Follow-up Testing

	Primary and Secondary	Early Latent and Late Latent
HIV Positive Patients	3 months 6 months 9 months 12 months 24 months	6 months 12 months 18 months 24 months
HIV Negative Patients	6 months 12 months	6 months 12 months 24 months

Signs of Treatment Failure or Reinfection

- Persistence or recurrence of signs and symptoms
- Development of signs and symptoms
- 4 fold increase in titer (i.e. 2 dilution change)
- Failure of titer to decrease 4 fold with 6 months after treatment initiation

Patient believed to be experiencing treatment failure or reinfection should be re-treated AND reevaluated for HIV

Poll

Ellen returns for her 6 month follow-up after being treated for primary syphilis. Her RPR on the day of treatment was 1:256 and her RPR today is 1:64. What is the best course of action?

- Treatment failure likely. Retreat and reevaluate for HIV
- Treatment failure suspected. Further monitoring required.
- Nothing further required at the moment. Advise Ellen to return in 6 months for her 12 month follow-up.

Poll Question

Non-Reactive

1:1

1:2

1:4

1:8

1:16

1:32

1:64

1:128

1:256

1:512

1:1024...

4 fold decrease in titer in 6 months
= treatment success

Counseling Messages

- Advise patient on risk of reinfection
 - Return for follow-up testing to ensure treatment success and to detect repeat infection
 - Notify sexual partners of importance of testing + presumptive treatment
- After successful treatment:
 - Treponemal tests will remain positive
 - Non-treponemal tests may remain reactive at a low titer (serofast)

Partner Management

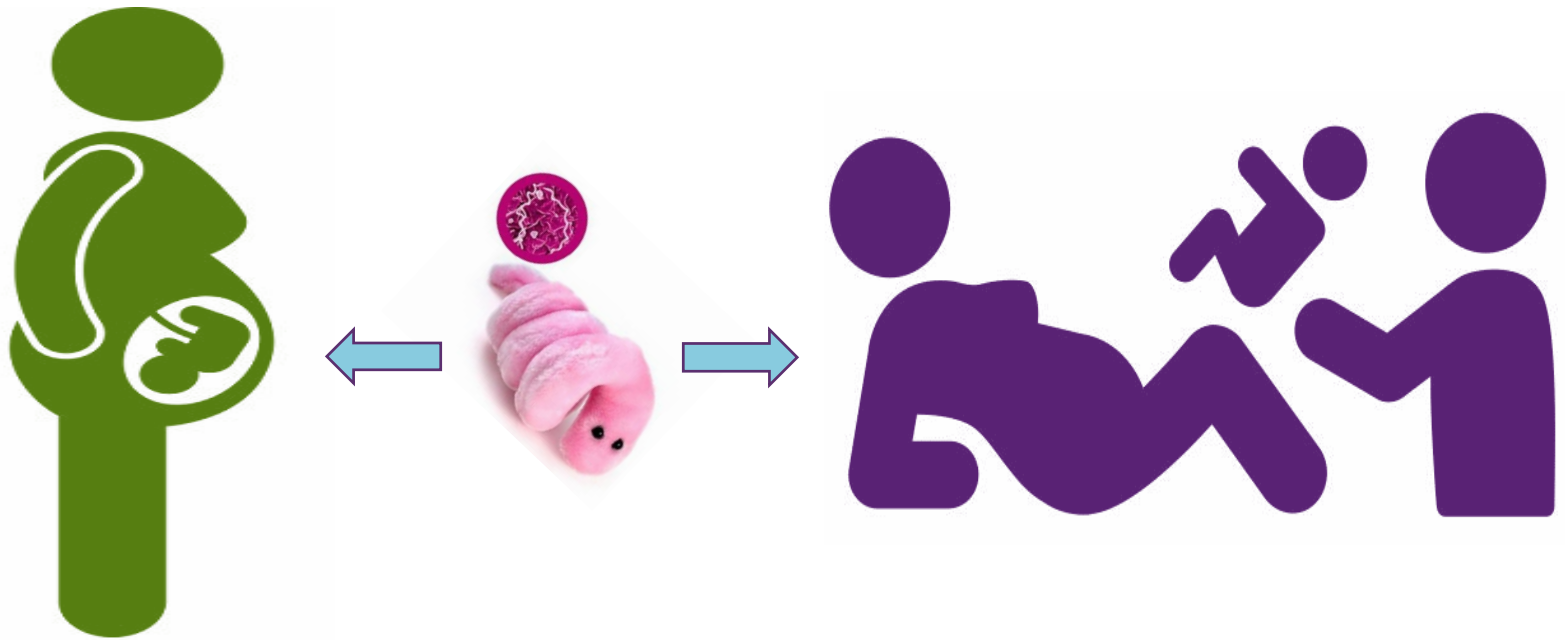
The following sexual partners should be notified of exposure and need for testing:

Stage of Patient	Recommendation
Primary	All sexual partners from 90 days prior to the onset of symptoms.
Secondary	All sexual partners from 6 months prior to the onset of symptoms
Early Latent	All sexual partners from 1 year prior to diagnosis
Late Latent + Unknown Duration	Long term sex partners should notified and evaluated

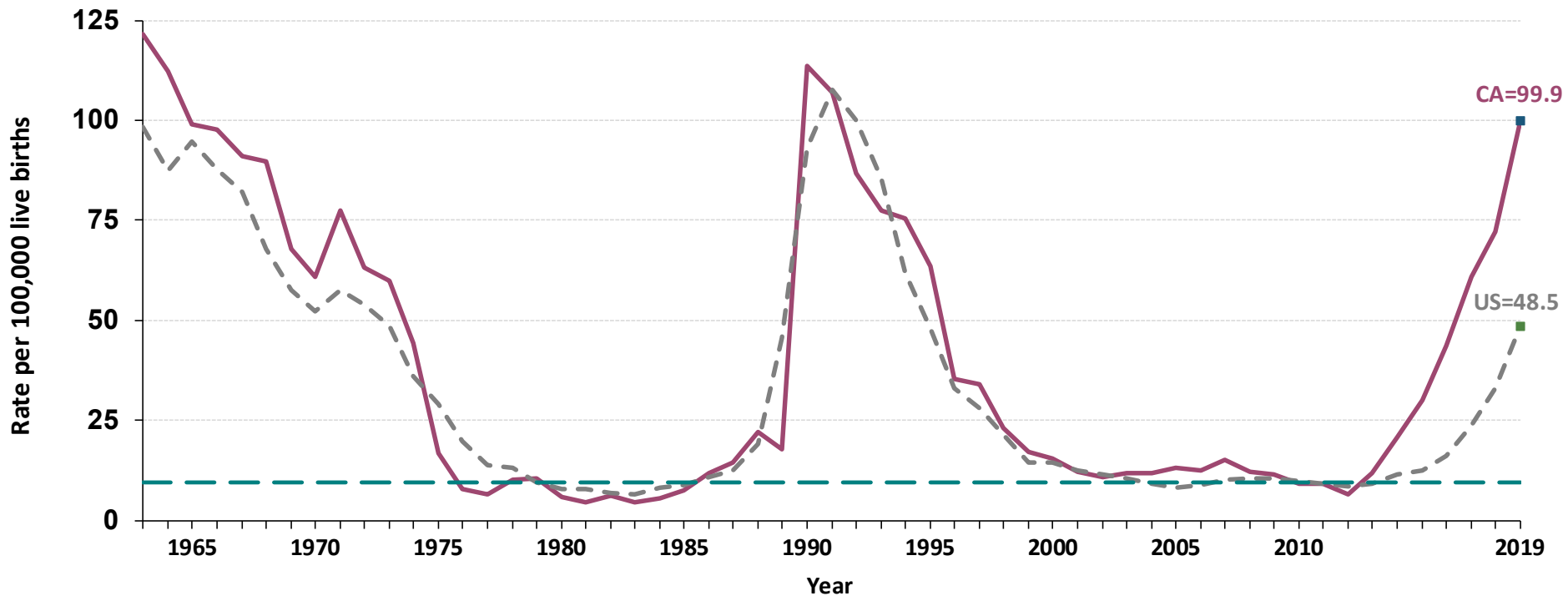
Congenital Syphilis

What is Congenital Syphilis (CS)?

CS is transmitted from the pregnant person to the fetus during pregnancy or delivery.

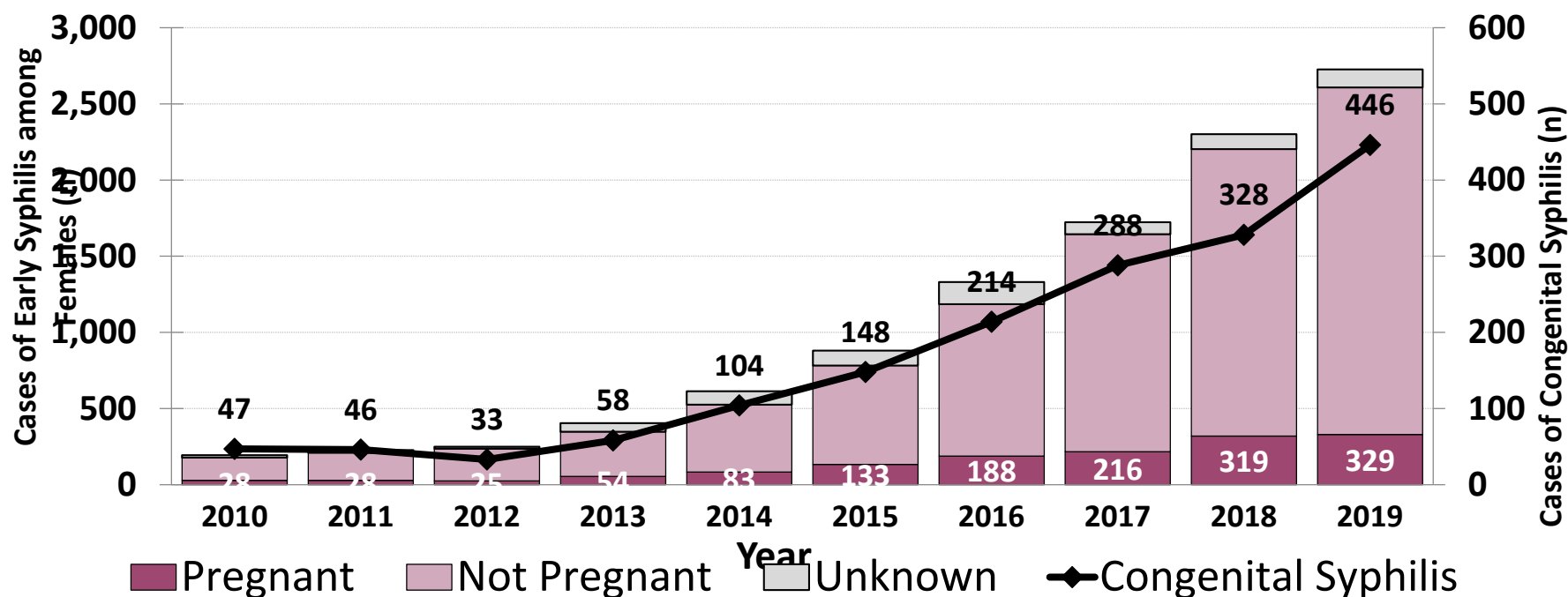


Congenital Syphilis, CA vs USA Incidence Rates, 1963-2019



Note: The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR 1989; 48: 828) was used effective January 1, 1990. California data prior to 1985 include all cases of congenital syphilis, regardless of age.

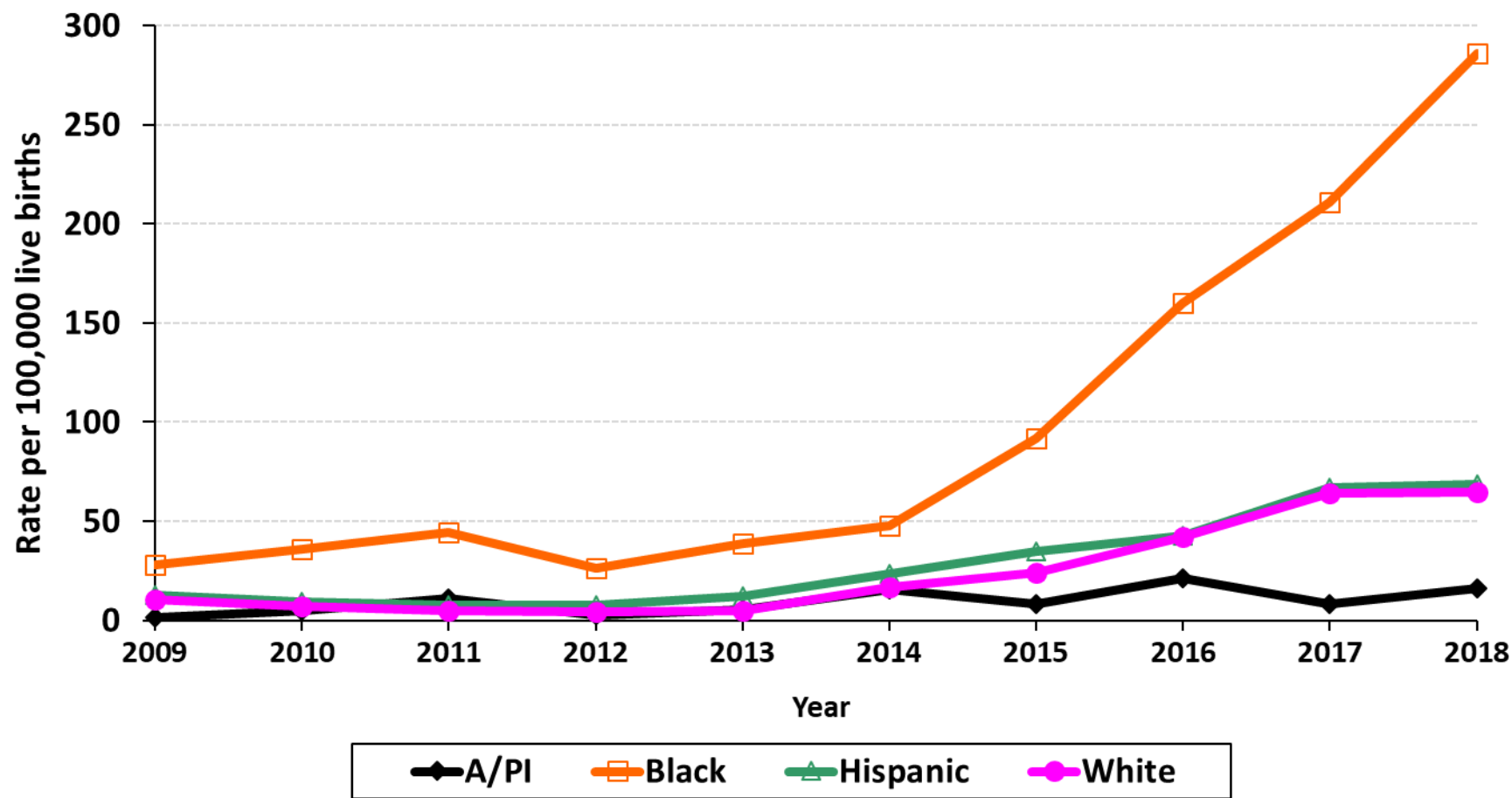
Congenital Syphilis Cases versus Female Early Syphilis* Cases by Pregnancy Status, California, 2010–2019



* Early syphilis includes primary, secondary, and early non-primary non-secondary syphilis.

(Revised
11/2020)

Congenital Syphilis Incidence Rates by Race/Ethnicity of Mother California, 2009–2018

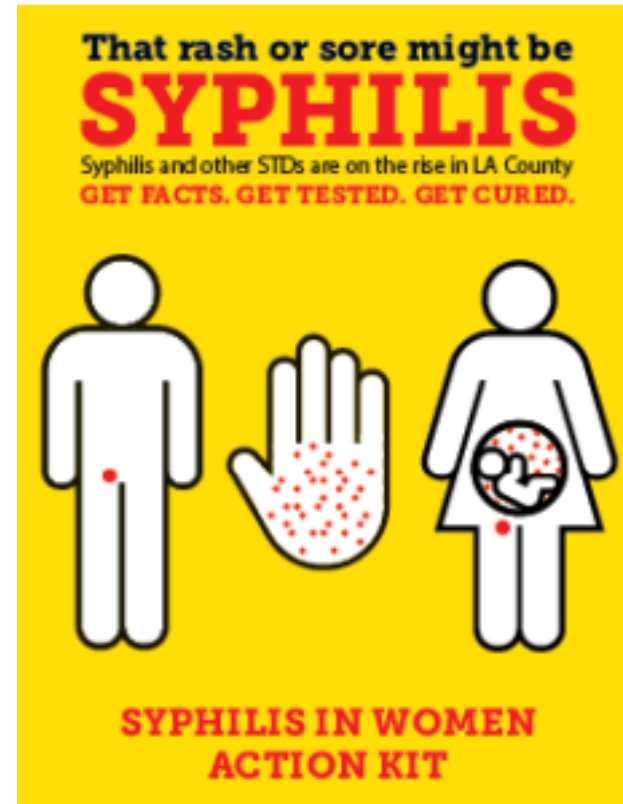


Note: A/PI = Asian/Pacific Islander

Not included for American Indian/Alaska Native due to small numbers of cases causing unstable rates.

Congenital Syphilis Recommendations

- Screen all patients who can become pregnant at least once
- Screen all pregnant patients during :
 - 1st prenatal visit,
 - 3rd trimester,
 - At delivery
- Consider pairing syphilis and pregnancy tests



Syphilis Consultation

STD Clinical Consultation Network (STDCCN)

<https://www.stdccn.org/render/Public>

STD Clinical Consultation Network



National Network of
STD Clinical Prevention
Training Centers

The Clinical Consultation Service is intended for licensed healthcare professionals and STD program staff. We do not provide direct medical care, treatment planning, or medical treatment services to individuals. Consultations are based on information provided by the caller without the benefit of a direct evaluation/examination of the patient, and as such, do not constitute medical advice, are intended to be used only as a guide.

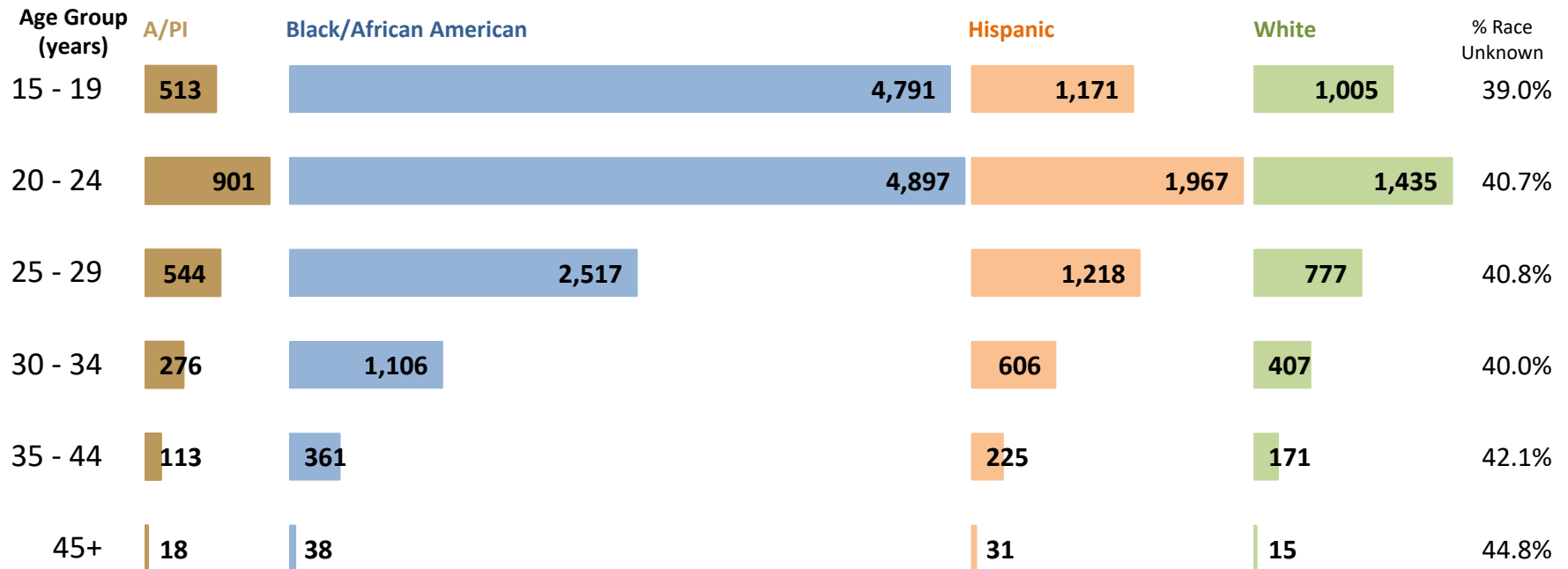
The information provided through the Clinical Consultation Service is not a replacement for local expertise or your state STD program protocols. Information is offered as clinical decision support, is advisory in nature and is not intended to replace local healthcare decision-making or provision. Requestors are free to disregard any advice offered. Final clinical decisions are the sole responsibility of the healthcare provider.

Please note, consults placed after 4 pm may not be triaged until the next business day and responses may be delayed during holiday periods.

CONTINUE ►

Chlamydia and Gonorrhea

Chlamydia, Female Incidence Rates by Race/Ethnicity and Age Group (in years), California, 2019



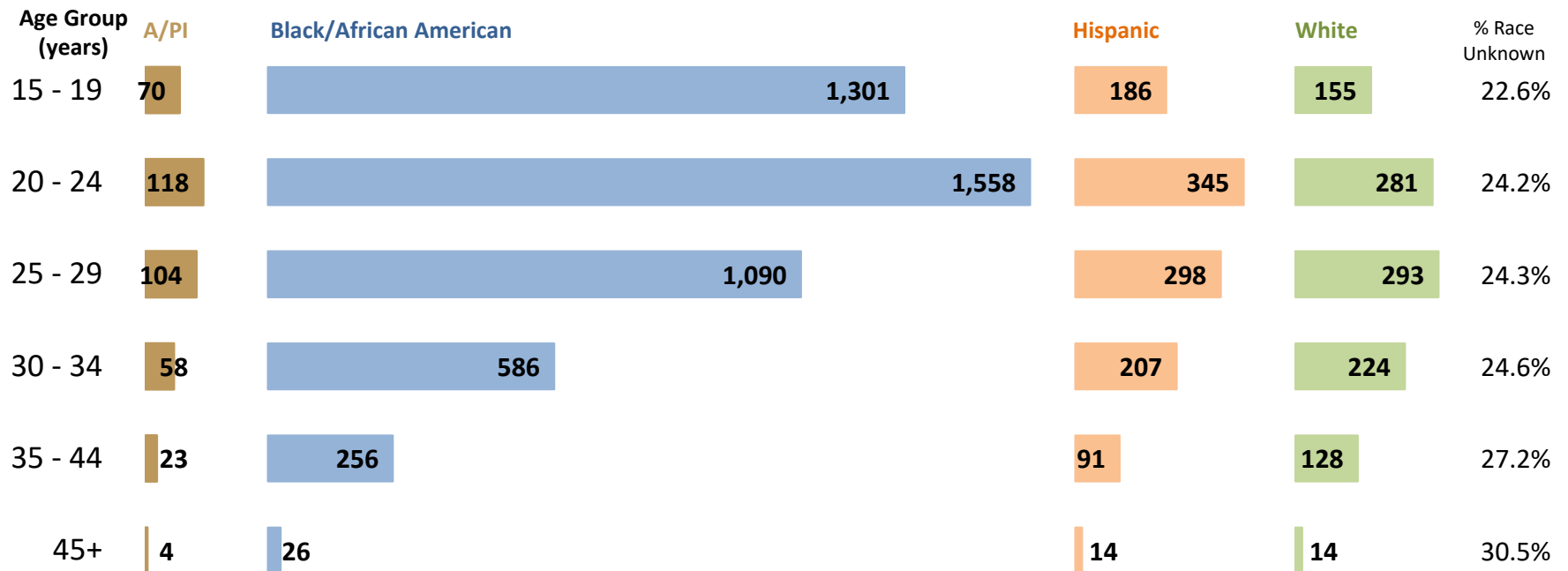
Rates per 100,000 population

Note: A/PI = Asian/Pacific Islander

American Indian/Alaska Native and race-specific data for ages 0-14 are suppressed as per agency Data De-Identification Guidelines (DDG).

(Revised
11/2020)

Gonorrhea, Female Incidence Rates by Race/Ethnicity and Age Group (in years), California, 2019



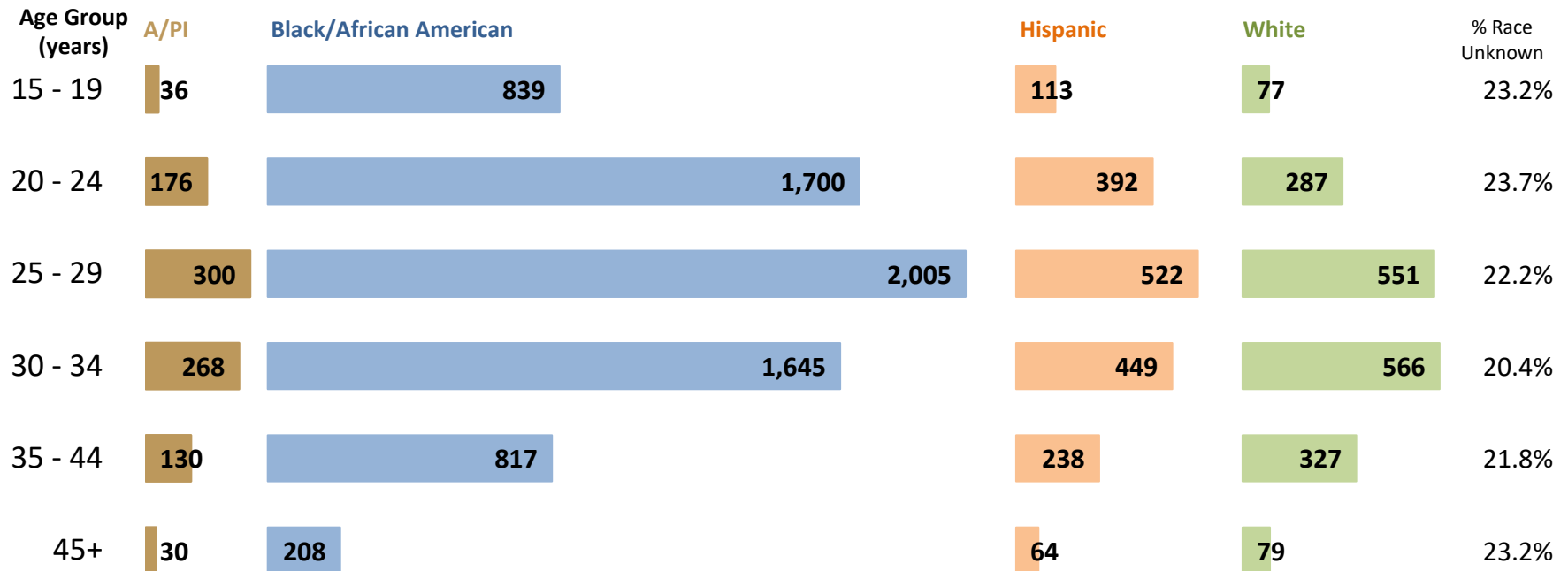
Rates per 100,000 population

Note: A/Pi = Asian/Pacific Islander

American Indian/Alaska Native and race-specific data for ages 0-14 are suppressed as per agency Data De-Identification Guidelines (DDG).

(Revised
11/2020)

Gonorrhea, Male Incidence Rates by Race/Ethnicity and Age Group (in years), California, 2019



Rates per 100,000 population

Note: A/PI = Asian/Pacific Islander

American Indian/Alaska Native and race-specific data for ages 0-14 are suppressed as per agency Data De-Identification Guidelines (DDG).

(Revised
11/2020)

Poll

What services can a 13 year old patient access without parental/guardian consent? (check all that apply)

- Birth Control
- Abortion
- STI testing + treatment
- Pregnancy services

California Minor Consent Laws

Services Minors in CA Can Receive Without Parent/Guardian Consent

Minors of any age	Minors 12yrs and older
<ul style="list-style-type: none">• Birth Control (except sterilization)• Pregnancy services• Abortion• Sexual assault care	<ul style="list-style-type: none">• STI Services• HIV testing• Alcohol/Drug Counseling• Outpatient Mental Health Treatment

Importance of Testing for Asymptomatic Infections

Over 80% of women with chlamydia or gonorrhea have no symptoms

LEFT UNTREATED, STDS CAN CAUSE:



INCREASED RISK OF GIVING
OR GETTING HIV

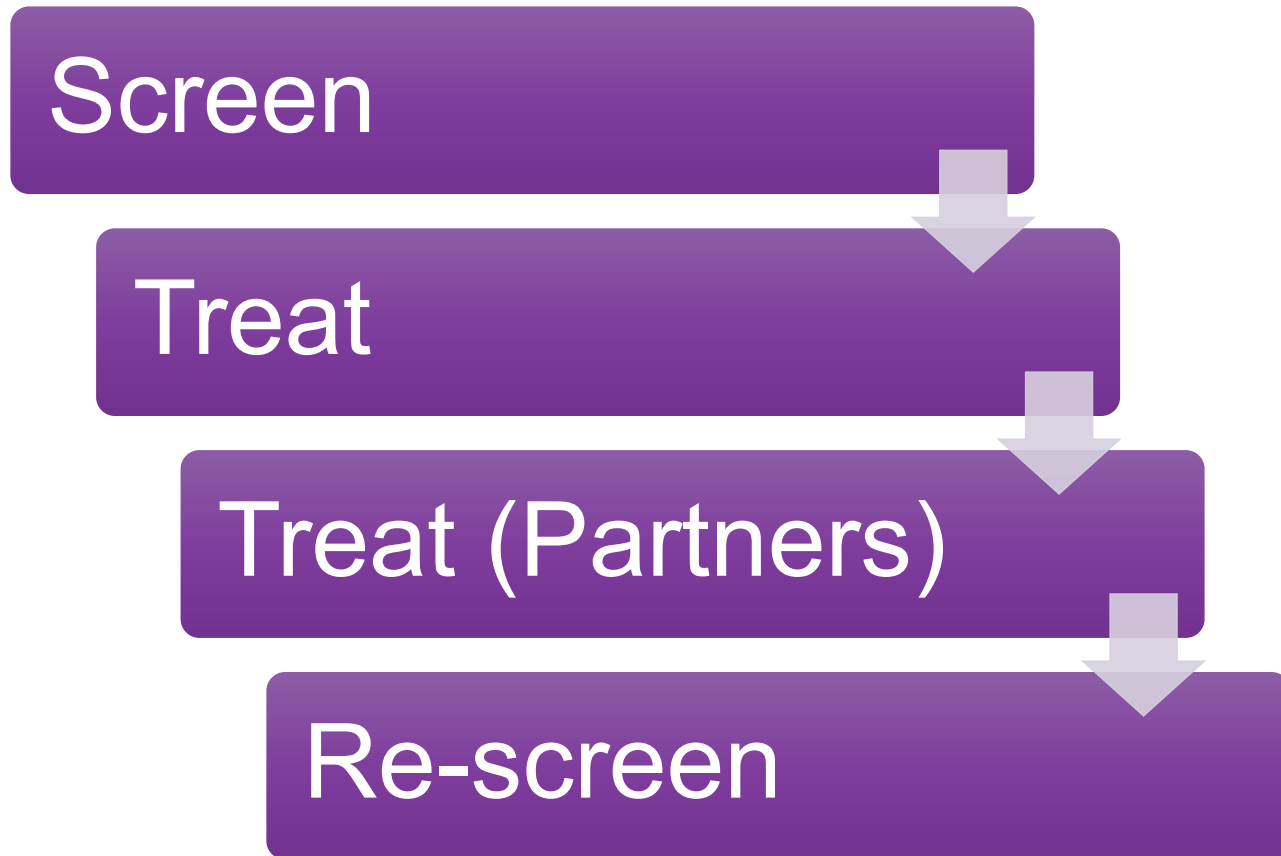
LONG-TERM
PELVIC/ABDOMINAL PAIN

INABILITY TO GET PREGNANT OR
PREGNANCY COMPLICATIONS

PREVENT THE SPREAD
OF STDS WITH THREE
SIMPLE STEPS:

talk | test | treat

Chlamydia and Gonorrhea Management



CDC Screening Guidelines

Population	Screening Recommendation
Young women (<24)	<ul style="list-style-type: none">• Annual screening for chlamydia• Annual screening for gonorrhea
Older women (25+) and Men	<ul style="list-style-type: none">• Screening based on risk
Pregnant women	<ul style="list-style-type: none">• Syphilis, HIV, chlamydia, gonorrhea, hepatitis B and hepatitis C
Men who have sex with men	<ul style="list-style-type: none">• Screening at least once year for syphilis, chlamydia, gonorrhea, and HIV

*All sexually active persons 13 and older should be screened at least once for HIV.

Extragenital Screening

Extragenital Gonorrhea and Chlamydia Testing and Infection Among Men Who Have Sex With Men – STD Surveillance Network, United States, 2010-2012

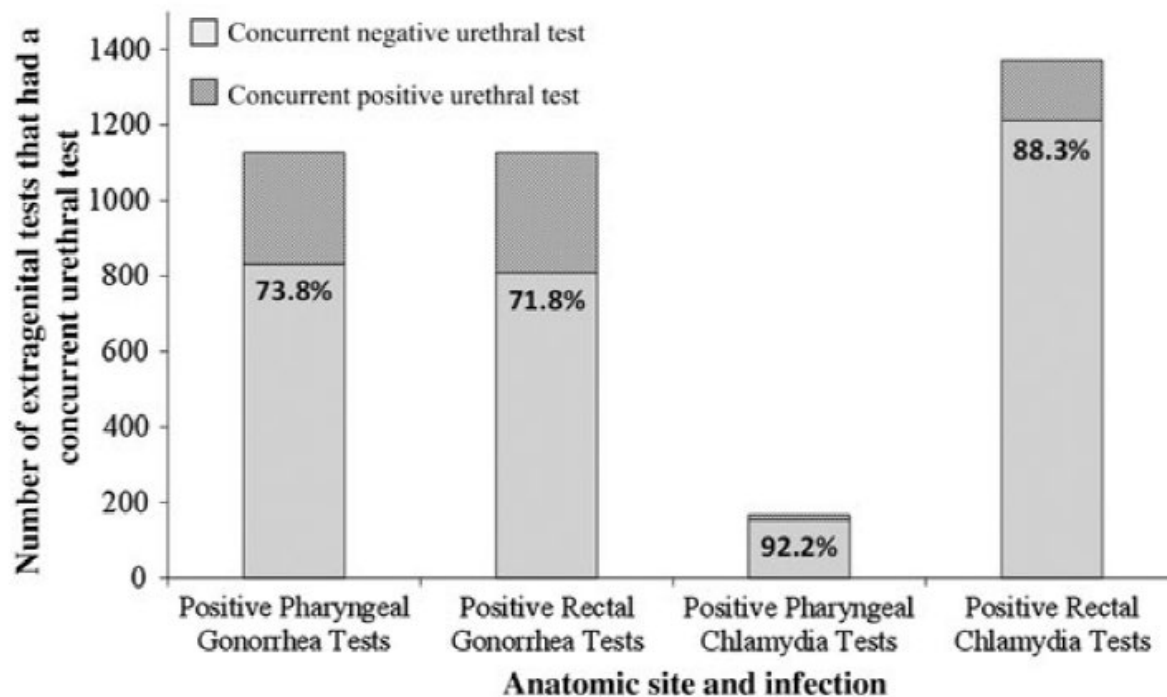


Figure 2. Proportion of extragenital gonorrhea and chlamydia infections associated with concurrent negative urethral tests.

Missed Opportunities in Screening

- Pregnancy test only
- Emergency contraception
- Contraception method follow-up
- Contraceptive Refills
- Depo-Provera injection
- Extragenital Screening
- Rectal
- Pharyngeal



Poll

What treatment does your clinic provide when a patient tests positive for gonorrhea?

- 250mg Ceftriaxone + 1 g Azithromycin
- 400 mg Cefixime
- 2g Azithromycin
- 500mg Ceftriaxone

Chlamydia Treatment: 2021 Update

Recommended treatment:

Doxycycline 100 mg orally
twice a day for 7 days

Alternative treatment:

Azithromycin 1 g in a
single dose

Levofloxacin 500 mg
orally once daily for 7
days

Gonorrhea Treatment: 2020 Update

Recommended treatment:

500 mg Ceftriaxone
IM in a single dose

Alternative treatment or EPT:

800mg Cefixime orally
in a single dose

If chlamydia infection not excluded, also provide:

Doxycycline 100 mg orally
twice a day for 7 days

Counseling for Successful Treatment

What your patients *need* to know:

- Discuss importance of sexual history
- Emphasize chlamydia/gonorrhea are sexually transmitted
- Ensure medication is taken properly
- Avoid sexual contact for 7 days after you AND your partner(s) have been treated
- Discuss all options for partner treatment
- Recommend retest in 3 months



Why does re-infection occur?

- Sex with untreated partner
- Sex with new partner
- Sex too soon after taking medication

Other important factors:

- Power differential between patient & partner(s)
- Intimate partner violence
- Other socio-economic factors

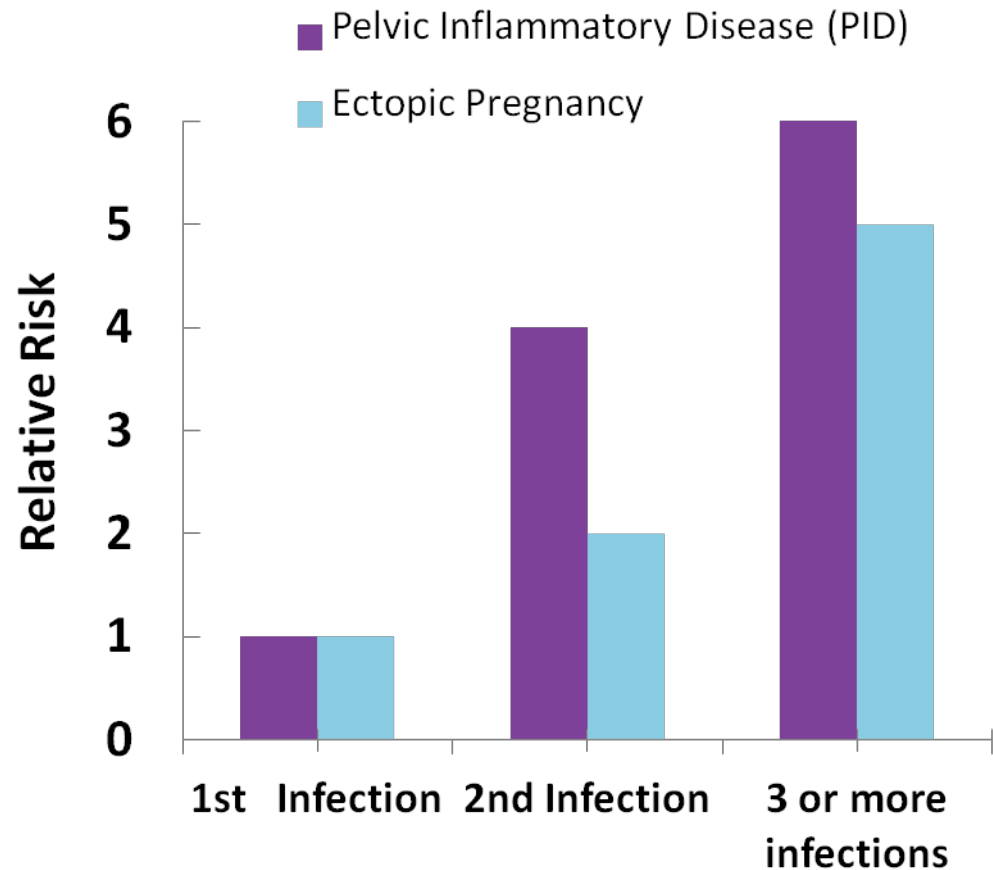
Reinfection + Potential Complications

■ 2nd infection:

- 4x risk of PID
- 2x risk of ectopic pregnancy

■ 3+ infections:

- 6x risk of PID
- 5x risk of ectopic pregnancy

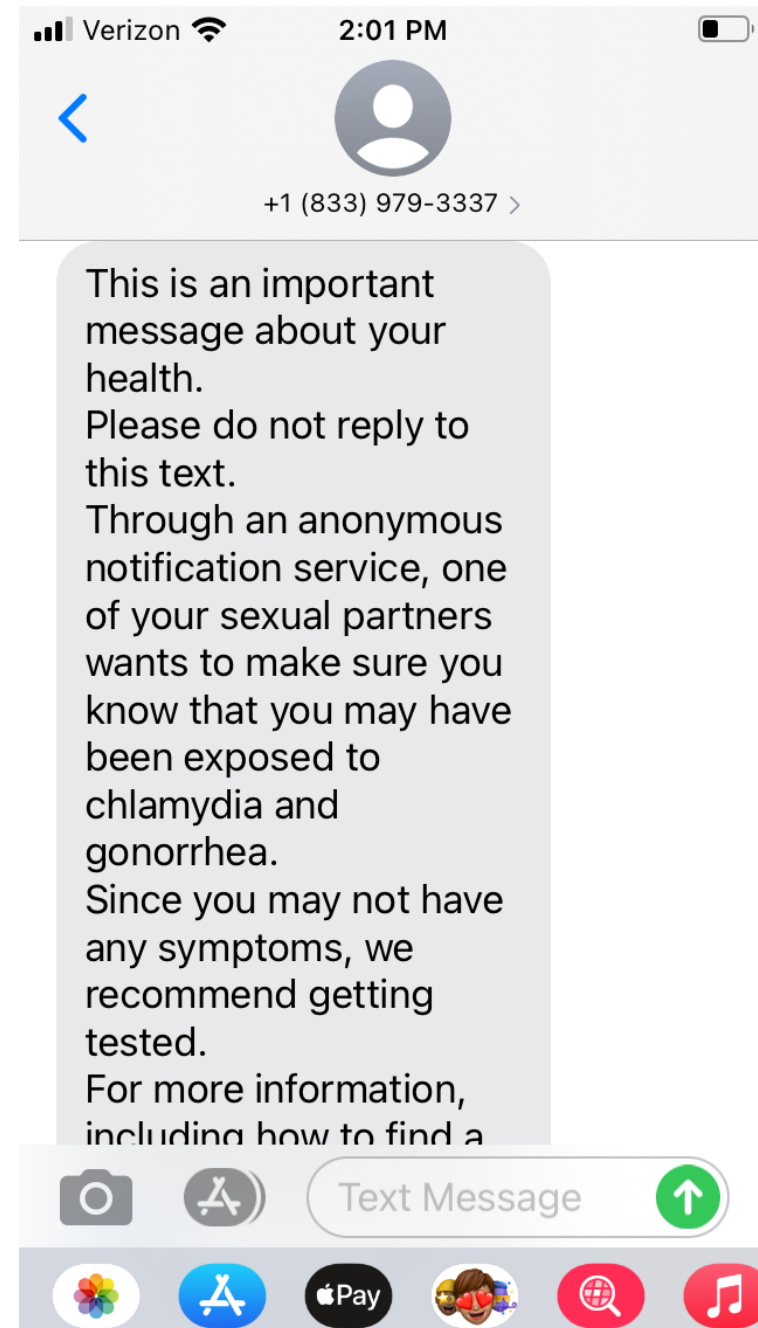


Partner Management Options

- **Treat ALL sexual partners from the 2 months prior to the positive test for chlamydia and gonorrhea**
- **Provider Referral:** Health department staff, such as Disease Intervention Specialist, notifies partner(s) of exposure
- **Patient referral:** Patient tells partner to get exam, test, and treatment
- **Expedited Partner Therapy (EPT):** Patient provides medication + health education materials to partner(s)

Patient Referral

- TellYourPartner.org
 - Sends an anonymous text message to partner(s)
 - Patient will need to verify their phone number but the message WILL be anonymous
- Self Notification
 - Patient notifies partner(s)
 - Opportunity for provider to coach patient



Coaching Patients for Self Notification

- Emphasize lack of anonymity and discuss patient safety
- Ask:
 - *Who* will you notify?
 - *What* will you say to start the conversation?
 - *When* will you speak with your partner(s)?
 - *Where* will you talk to your partner(s)?
 - *How* will you tell your partner?
- Roleplay with patient



EPT Method

EPT involves providing the index patient with the appropriate **medication/prescription** and **educational materials** for sex partners

Medical Provider

- Treats the patient
- Gives the patient medication or prescription + educational materials for sex partners

Index Patient

- Delivers medication or prescription + educational materials to sex partners

Sex Partners

- Take the medication and completes treatment for CT and/or GC

EPT + California Law

- EPT is legal + allowable in California
- Exception to Medical Practice Act
 - Health and Safety Code §120582
 - Chlamydia – SB 648
(Ortiz, Chapter 835, Statutes of 2000)
 - Gonorrhea and other STIs – AB 228
(Leno, Chapter 771, Statutes of 2006)
- STD Coverage and Care Act
 - SB 306



CDPH STI Control Branch. Patient-Delivered Partner Therapy (EPT) for Chlamydia, Gonorrhea, and Trichomoniasis: Guidance for Medical Providers in California. July 2016.

Bill Text - SB-306 Sexually transmitted disease: testing. (ca.gov)

Medicolegal Considerations

Evidence-based supported by national + state guidelines

EPT is Supported By:

- American Medical Association
- American Academy of Family Physicians
- American College of Obstetricians and Gynecologists
- American Society for Adolescent Medicine

Medi-Cal + Family PACT Reimbursement

As of February 1st, 2020, EPT is a covered benefit for FPACT and Medi-Cal recipients

- For chlamydia, gonorrhea, and trichomoniasis
- Can be provided in-visit if sites package their own medication
- Prescriptions should be written in the name of the index patient
- Index patient can be provided treatment for up to five partners

Educational Materials With EPT

Always package EPT medication with written information about:

- The infection
- Medication instructions
- Medication warnings
- Getting tested for HIV/other STIs
- Clinic referral
- Additional resources to consider:
 - PEP + PrEP
 - Emergency contraception
 - Condoms

Provider Questions: Is EPT Appropriate for My Patient?

- What's the likelihood your partner will come in to the clinic to get tested and treated?
- Would you feel comfortable directly notifying your partner and providing medication?
- Does your partner have...
 - Medication allergies?
 - Serious health problems?
 - Symptoms of a more serious infection?

EPT Counseling: Supporting Questions

- How do you think your partner is going to react?
- What are you most worried about?
- When and where is a good place to have this conversation with her/him/them?
- Would practicing this conversation help you?



When is EPT not Recommended?

- **Co-infected** with STIs that are not treatable by EPT medications
- Suspected child abuse, sexual assault, or where a patient's **safety is in question**
- Partners have severe **allergies** to antibiotics
- Partners with **pharyngeal gonorrhea**
- **Symptomatic** partners who may have a more serious condition
(i.e fever of unknown origin, pelvic pain in females, testicular pain in males)

Case Studies

Case Study, J



- 27 year old non-binary person
- **Reason for exam:** annual checkup and STI testing
- **Sexual History:** has tried using condoms, but their partner doesn't like how they feel
- **Results:** chlamydia test comes back positive
- **Partner Management:** when asked if they feel safe telling their partner about the test result, they say they're "worried that he will freak out"

Poll

What is one of the primary considerations to take into account in partner management for J?

- Condom Education
- Patient Safety in Discussing Status
- Partner's Insurance Coverage
- The Gender of J's Partner

Considerations



- Be sure to ask every patient if they feels safe telling their partner about their test result.
- If your patient's safety is in question, EPT is not a good fit for partner management.
- Follow your clinic's protocols for addressing reports of abuse.
- Be prepared with resources to share if the patient feels unsafe.

Online, Phone, + Text Resources for Patients who Feel Unsafe

- National Domestic Violence Hotline
thehotline.org
1-800-799-SAFE (7233)
- National Sexual Assault Hotline – Created by RAINN
online.rainn.org
1-800-656-HOPE (4673)
- Love is Respect
loveisrespect.org
text “love is” to 22522
or call 1-866-331-9474

Case Study, Mei



- 16 year old female
- **Reason for Exam:** sports physical and STI testing at a school-based health center
- **Sexual History:** has had 2 partners in the last two months. She uses condoms sometimes
- **Results:** gonorrhea test comes back as positive
- **Partner Management:** is interested in obtaining EPT for 1 partner who lives in a different city

Poll

Can Mei receive EPT as a minor?

- Yes
- No

Considerations



- Remember that some partners may attend the same school and some may not.
- Consider leveraging school-based model to bring partners in for first-line treatment.
- Offering on-site dispensing can be important for adolescents in particular as they are less likely to fill prescriptions for STI treatment.

Expedited Partner Therapy (EPT) Distribution Program

- Provides free chlamydia + gonorrhea medication to eligible clinic sites + local health jurisdictions (LHJs) in California
- Participating sites dispense the medication to patients diagnosed with chlamydia/gonorrhea as partner treatment
- Eligible clinics must:
 - Serve an uninsured or underinsured population
 - Demonstrate inability to purchase and repackage medication
 - Treat patients facing additional barriers in filling prescriptions or accessing timely treatment
 - Provide index patient treatment for CT and GC without out-of-pockets cost to index patient

Rescreening and Retesting

**Counsel all clients with chlamydia or gonorrhea
to return for a repeat test 3 months after treatment**

And then

**“Opportunistically” retest these clients at ANY return visit 1-12
months after treatment**

Resources

Telehealth Essentials

- Federal + State guidance around COVID-19 Policy
- Clinical Guidelines + Recommendations
- Billing + Reimbursement
- Clinic Operations + Telehealth Platforms



FIND A CLINIC BIRTH CONTROL STDS RELATIONSHIPS BLOGS KNOW YOUR RIGHTS

WHAT'S HOT

Safer Sex for LGBTQ+ Teens!

3/24/21

As a bisexual, FTM (female-to-male) teen, I understand the struggle to find inclusive and applicable information on safer sex.

Why LGBTQ+ Representation is Almost Always Done Wrong

3/17/21

A blog by Youth Advisory Board member, Saul!

VISIT BLOG



FIND A CLINIC NEAR YOU!

MILES

SEARCH

text teensource to 877877

tips

teensource

info on sex, health and relationships

we'll text you info every week. standard rates apply.

THE BEST
BIRTH
CONTROL
FOR YOU



CONDOMS.
good idea.

Get free condoms here.




SIGN UP FOR TEENSOURCE TIPS

SUBSCRIBE


Get weekly health + relationship text tips and search for clinics near you. Message & data rates may apply. Text STOP to end.

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YOUTUBE



3 Tips to a Healthy Relationship



Share



1/21

INSTAGRAM

 FOLLOW US ON INSTA!



"I want my daughter to **get the facts** and know she can always come to me."

Share This Page



Resources for You

[Talk With Your Kids
Timeline + Tips](#)

[Parents, Providers + Educators
Timeline Guide](#)

[Give Your Teen
The Facts](#)

[Find a Clinic](#)

[Contact Us](#)

It's Always the Right Time to Talk



Keep your children safe + healthy. . . talk with them about their health and relationships!

As a parent, you want to help your kids stay safe and healthy. All kids learn about topics related to their bodies, health and relationships. Make sure they learn it from you first. When they hear it from you in the context of your

There's More at [TeenSource.org](#)
Visit our teen-friendly site for youth-generated sexual + reproductive health information.

Essential Access Health Learning Exchange Trainings

- Family Planning Health Worker Certification
- PrEP Integration – Best Practices for Community Clinics
- Providing Inclusive Services for LGBTQ+ Patients
- Pregnancy Options Counseling

Available at: www.essentialacesstraining.org



Course Catalog

Click here to see all courses!



Resources

Browse or download resources



My Courses

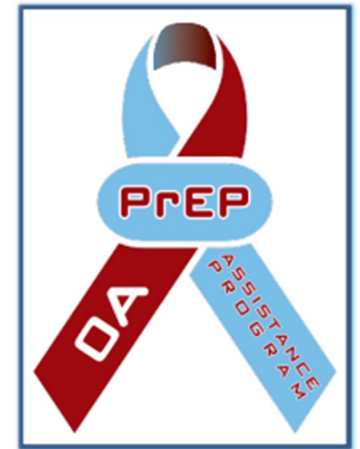
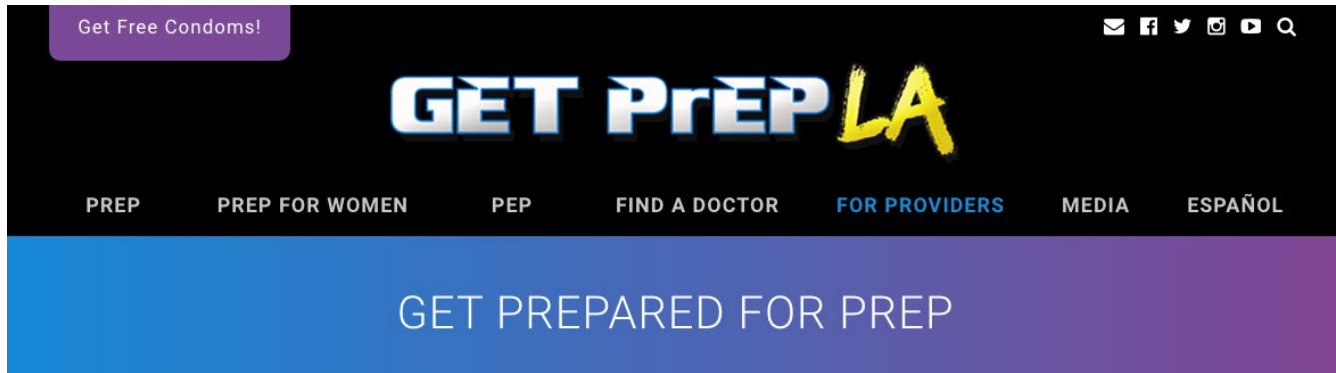
See your enrolled courses



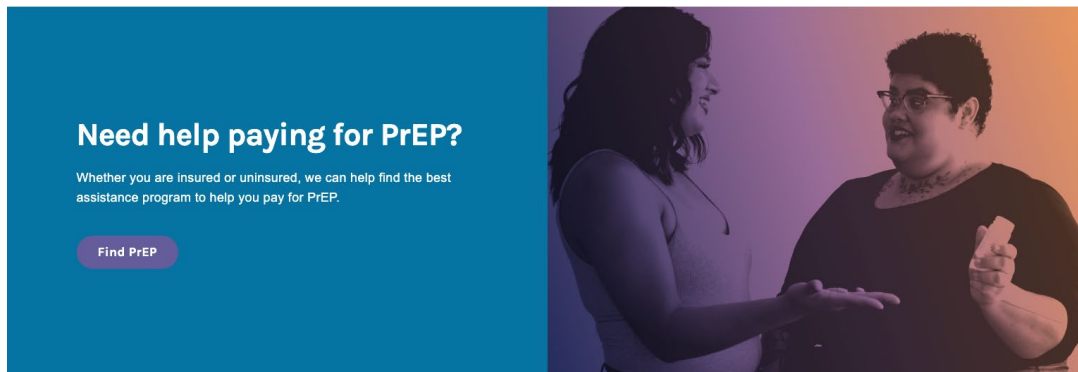
Transcript

View Transcript

PrEP Provider Resources



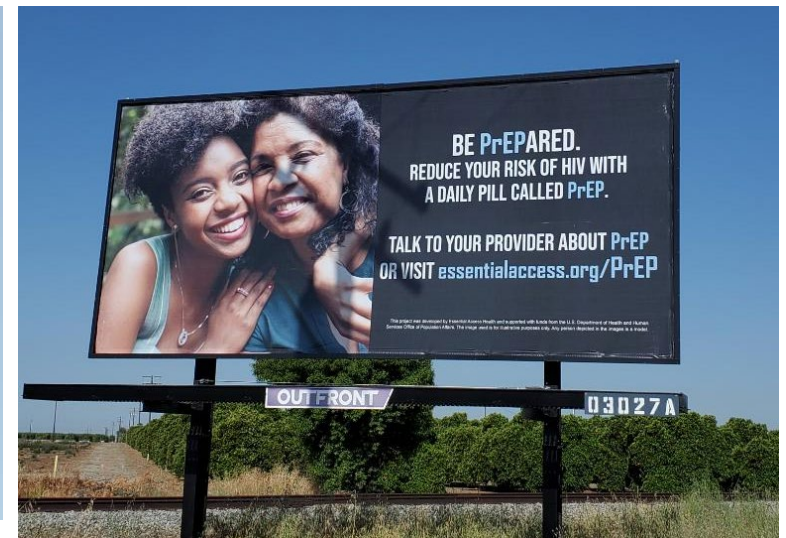
LA County Warm Line for PrEP: (213) 351-7699



**The Advancing Access
PATIENT SUPPORT PROGRAM**



Public Awareness Campaign: PrEP for Cis-Women



THANK YOU!

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