Opportunities to Prevent and Treat STIs

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Disclosures

- Funding sources: Centers for Disease Control and Prevention

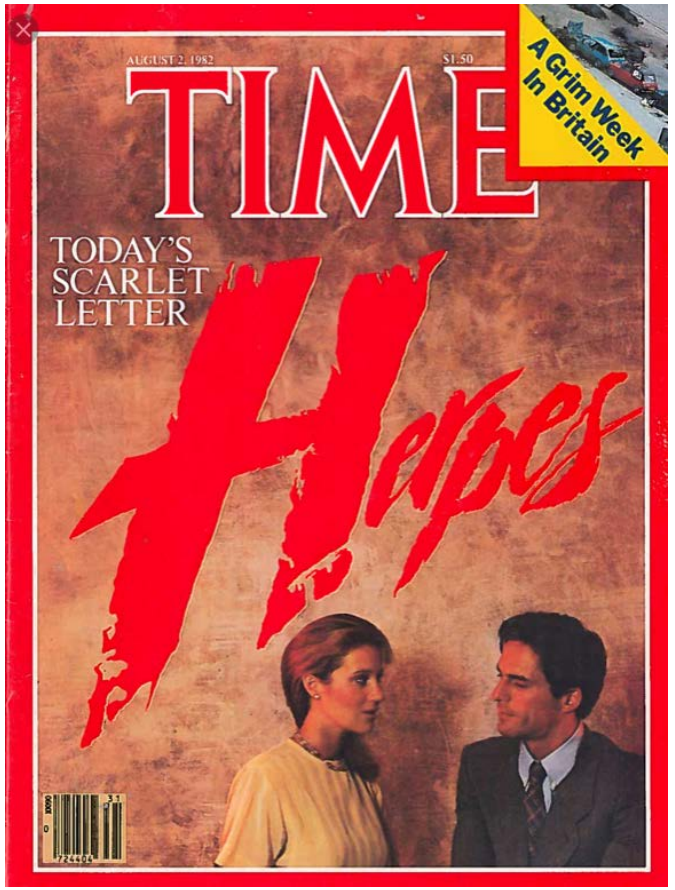
- Current employer: University of California San Francisco

Discussion Topics

- Addressing STI-related stigma
- Engaging the public in education and prevention
- Counting gender and sexual minority populations
- Partnering with private sector organizations to increase screening
- Expanding patient access: STI Clinics and Online Testing
- Removing Barriers to Expedited Partner Therapy

STI-Related Stigma

1936: Thomas Parran's syphilis campaign
"His target is behind a taboo"



1984:Today's Scarlet Letter

We Need Advocates: #FaceOfAnSTI

Emma Harding-Esch
@ehardingesch
Following

@STIRIG_LSHTM @JosephTucker There are very few #STI advocates. No one wants to be "the face of #gonorrhoea"!

5:06 AM - 30 Jan 2019

2 Retweets 13 Likes

1 2 13

Tweet your reply

Prof Jackie Cassell @jackiecassell · Jan 30
Replying to @ehardingesch @nicolamlow and 2 others
Time for us advocates to be in a beauty contest - #FaceOfAnSTI could be a thing at @ISSTDRIUSTI2019 @nicolamlow @profhelenward ?

4 1 11

Emma Harding-Esch @ehardingesch · Feb 7
In addition to sharing our amazing artwork 😄, could we do something at @ISSTDRIUSTI2019 ? Start off with attendees standing up as a #faceofanSTI. If #STIs researchers won't break down the stigma, how can we expect others to?

@STD_Journal

Wolters Kluwer

National Coalition of STD Directors

ABOUT OUR WORK GET INVOLVED

> Blog > My Herpes: From Shame to Empowerment

BLOG

MY HERPES: FROM SHAME TO EMPOWERMENT

Amanda Dennison, Director, Programs and Partnerships

Be a #FaceOfAnSTI and #StopSTIgma

Win an XL Giant Microbes Plush Toy!

- Take a photo with your favorite STI
- Share it on Twitter with **#FaceOfAnSTI** and **#StopSTIgma @ISSTDRIUSTI2019**
- The first 100 people to become the **#FaceOfAnSTI** win a Giant Microbes Plush Toy!

Learn more at booth #412

Proudly sponsored by:

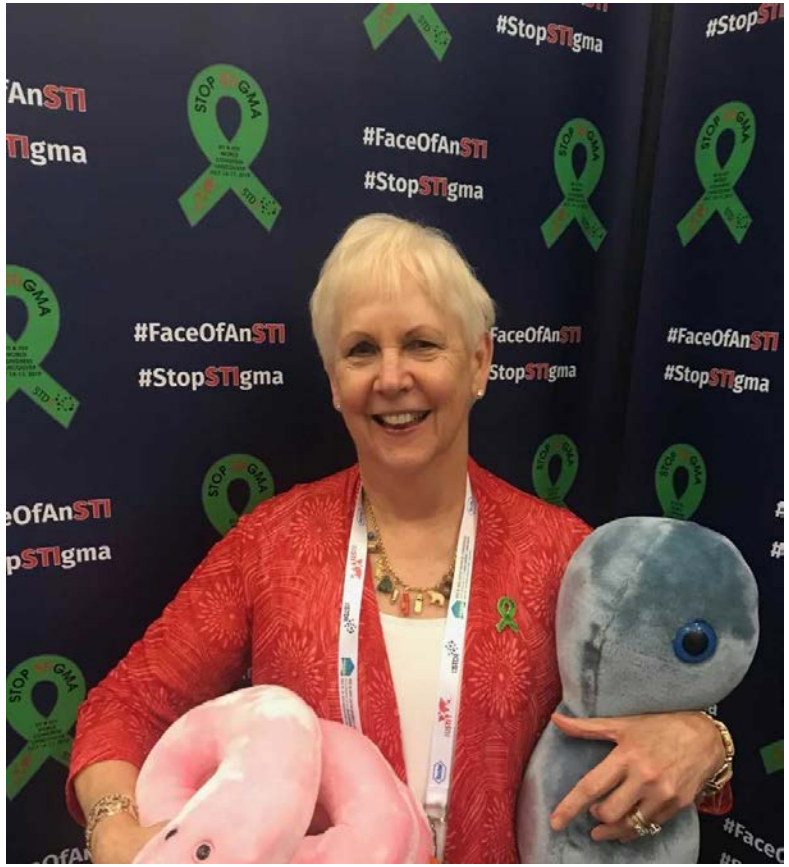
Drew Oliver's GIANT microbes ...a million times actual size!

Wolters Kluwer

American Sexually Transmitted Diseases Association

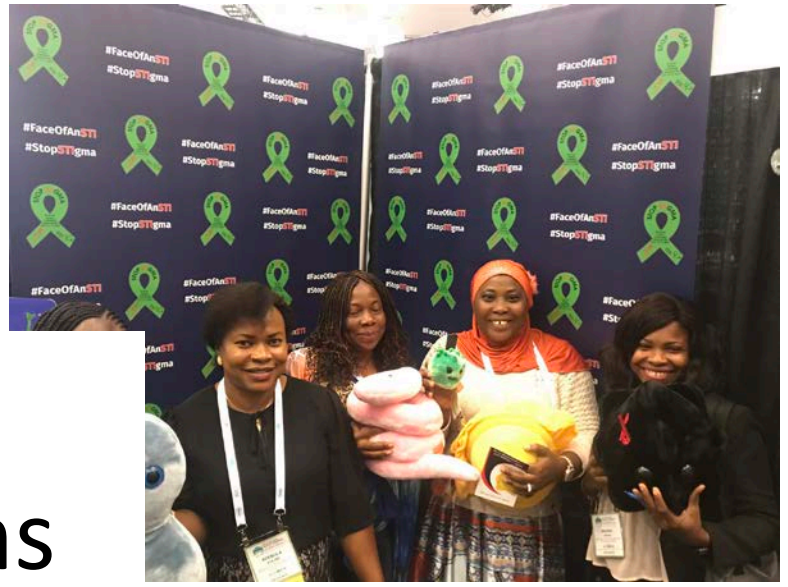
STI & HIV 2019 WORLD CONGRESS
Joint Meeting of the 23rd ISSTDR & 20th IUSTI
JULY 14 - 17, 2019 VANCOUVER, CANADA

National Coalition of STD Directors

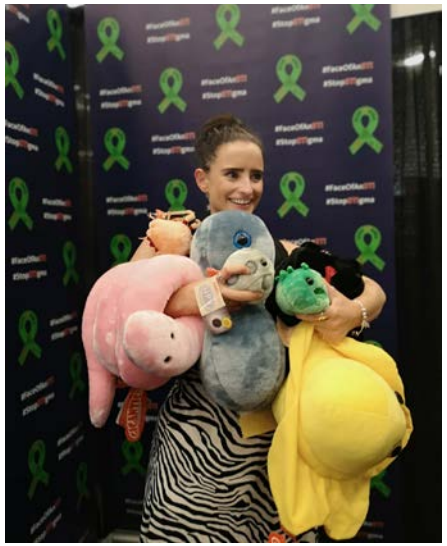


#FaceOfAnSTI #StopSTIgma



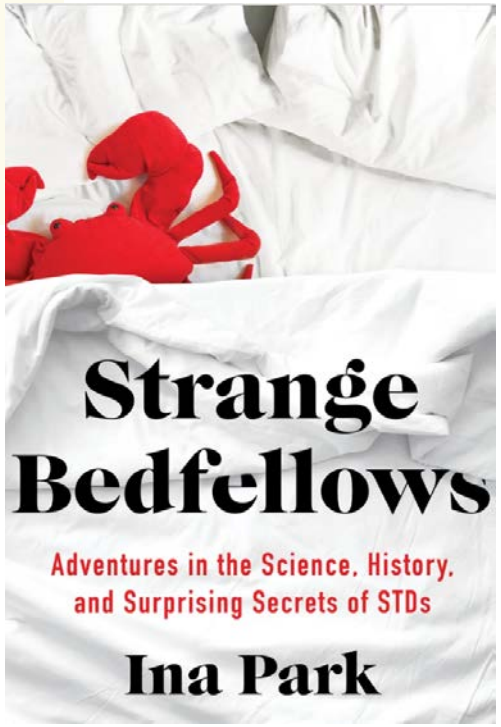



#FaceOfAnSTI
>376,000 Twitter Impressions
>79,000 Users Reached


On this slide: Faces from Canada, US, Nigeria, UK, Australia, Brazil, Qatar, Lebanon, Korea

Wishes and recommendations



- National campaign to raise STI awareness and reduce stigma (Digital marketing/PR firm plus CDC and ASHA)
  - Sex-positive, fun
  - Normalizing sex and STIs “we will all catch something, someday”
  - Influencers to encourage testing
- Increase visibility of STIs in the lay press
  - Experts engaging with health journalists or writing their own pieces
  - Get the public as interested in STIs as they are in sex

Public Engagement

- “Science and the public have separated so much that many people in the public consider science just another opinion.”

Alan Alda

Actor, Writer, Director

Founder: Alda Center for Communicating Science at Stony Brook University

In the absence of experts, people will engage with each other for STI advice

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Research Letter

November 5, 2019

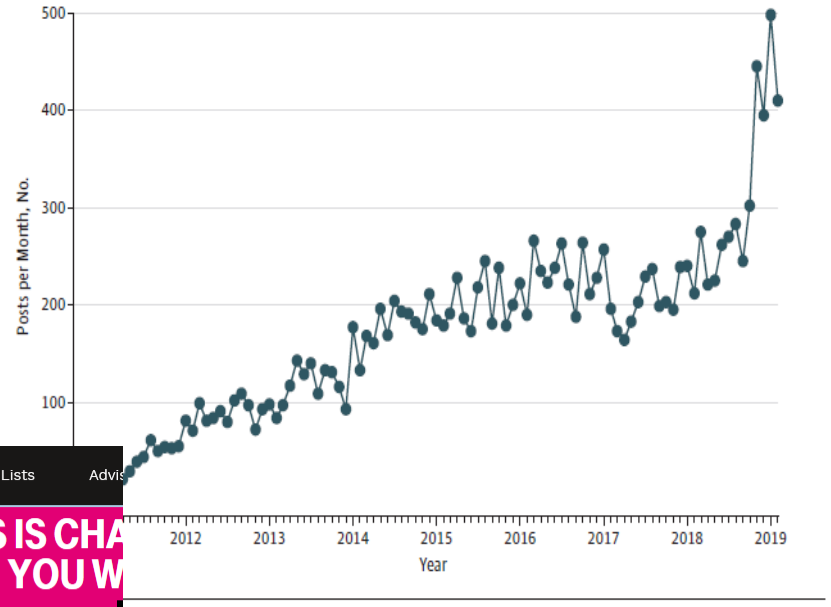
Requests for Diagnoses of Sexually Transmitted Diseases on a Social Media Platform

Alicia L. Nobles, PhD, MS[1]; Eric C. Leas, PhD, MPH[2]; Benjamin M. Althouse, PhD, ScM[3]; et al

» Author Affiliations | Article Information

JAMA. 2019;322(17):1742-1743. doi:10.1001/jama.2019.14290

Figure. Posting Behavior on Reddit r/STD



STD indicates sexually transmitted disease. The time trend shows the number of r/STD posts each month since the inception of the subreddit in November 2010 through February 2019.

Forbes Billionaires Innovation Leadership Money Business Small Business Lifestyle Lists Advis

BUSINESS IS CHA
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EDITOR'S PICK | 2,299 views | Nov 5, 2019, 10:23pm

Reddit Is Being Used To Diagnose STDs, Why This Is Bad

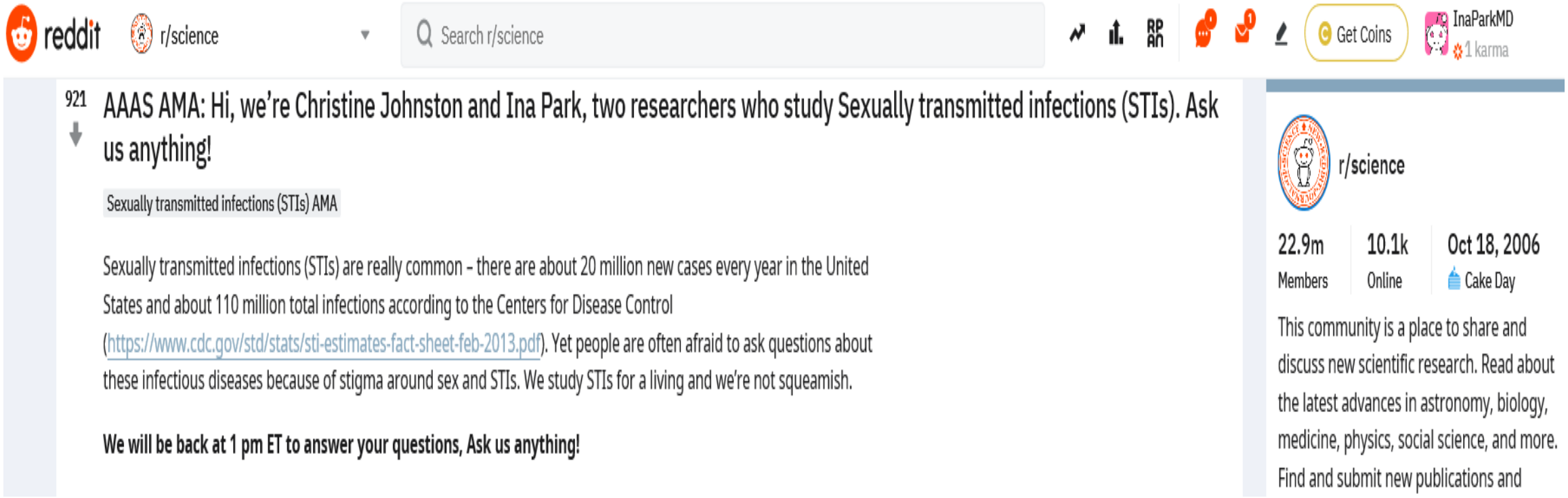
Bruce Y. Lee Senior Contributor

Healthcare

I am a writer, journalist, professor, systems modeler, computational and digital health expert, avocado-eater, and entrepreneur, not always in that order.

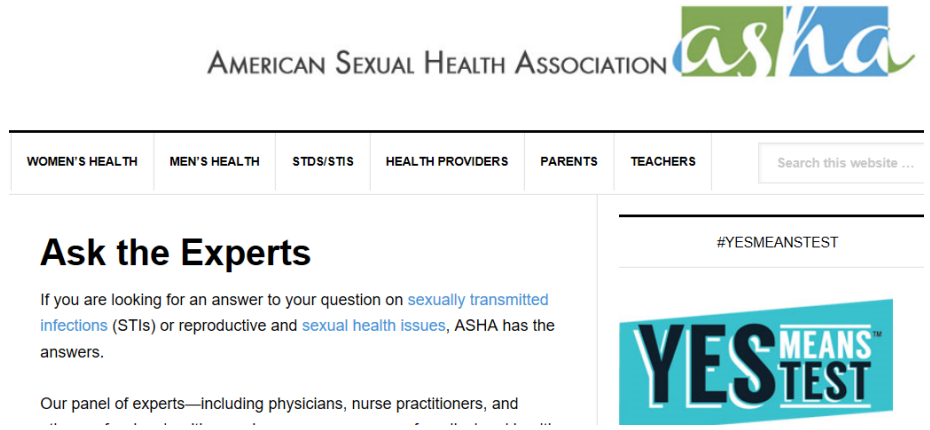
Nobles AL, JAMA, Nov 2019.

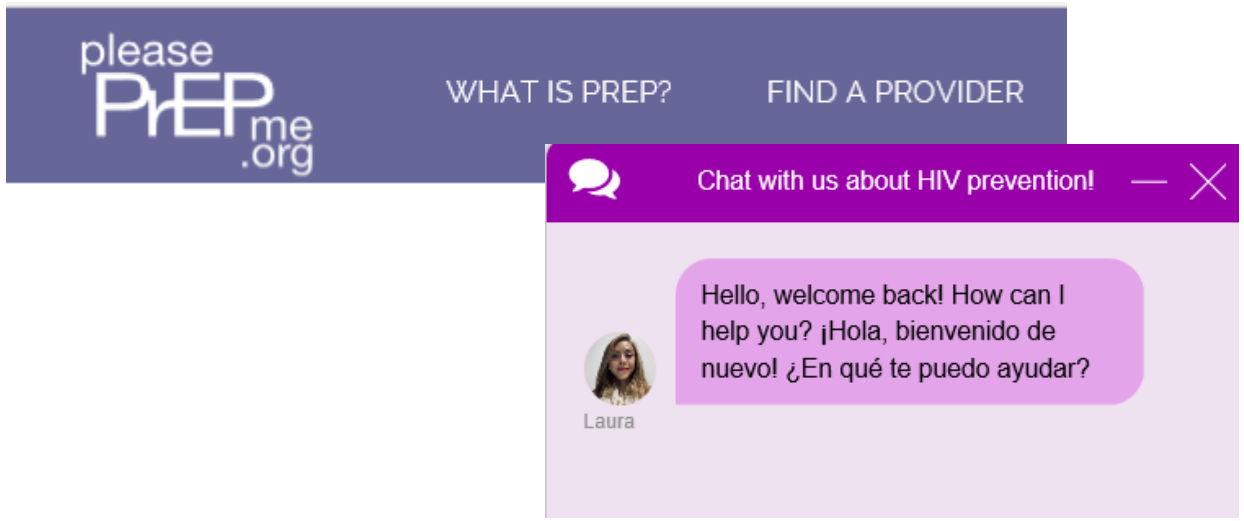
If you build it, they will come



>300 questions in 1 hour

Wishes and recommendations

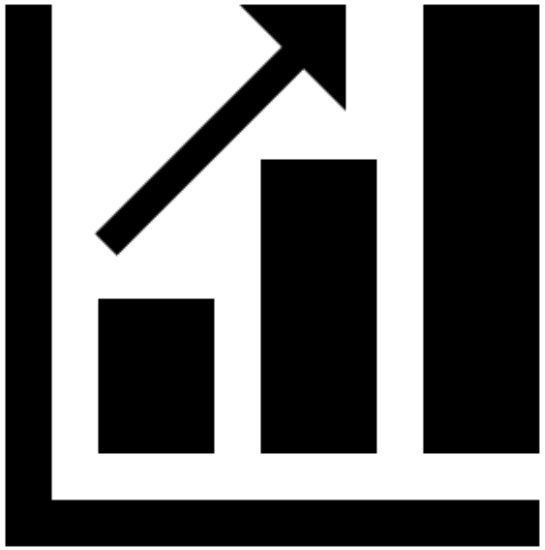




- Expansion of scopes of work for CDC grantees (HDs and NNPTCs) to encourage public engagement activities

- Increased funding for existing platforms such as ASHA Ask the Experts to provide lower cost or free STI advice, including live chat capabilities

Counting People and Tracking Performance



Counting people: Easier said than done

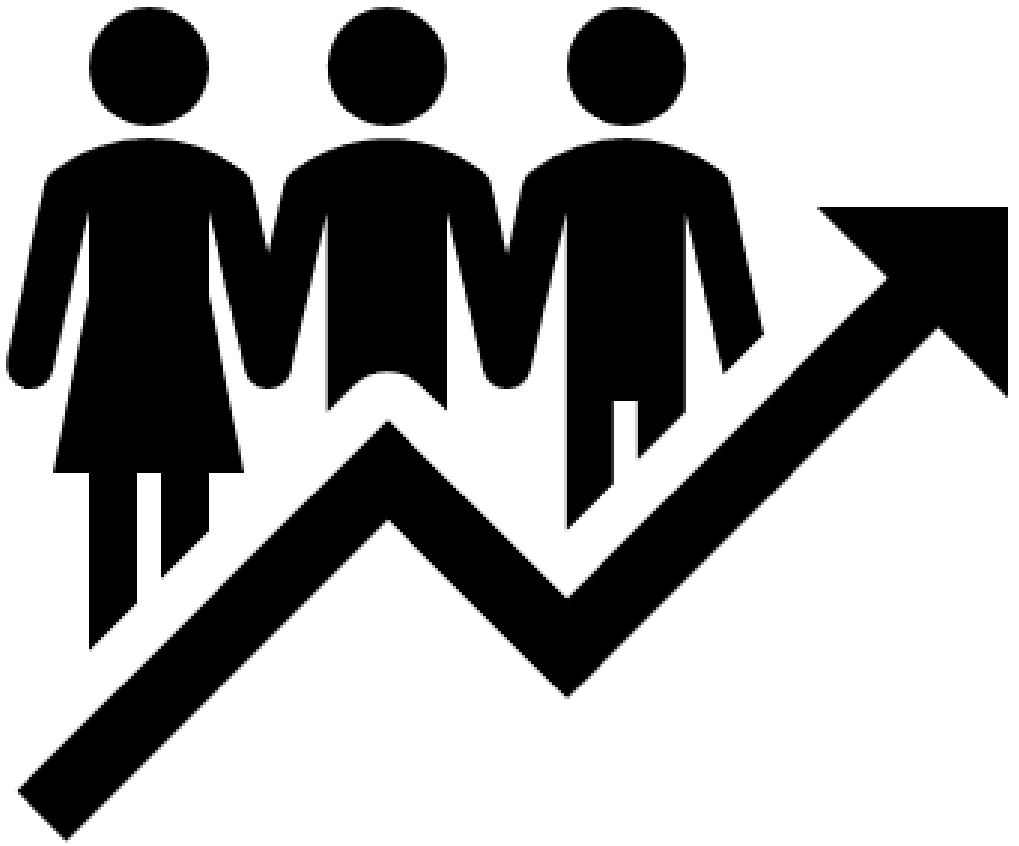
- The Hidden Epidemic (1997), page 8
  - “STD-related performance measures should be included in the Health Plan Employer Data Information Set (HEDIS) and other health services performance measures to improve quality-assurance monitoring of STDs”

- Health plans don’t routinely collect data on gender of sex partners/ sexual orientation
- May not collect gender in a two step process (current identity vs sex assigned at birth)
  - We know there are disparities in disease rates, but we lack denominators for sexual and gender minorities to track how well we are doing with testing and treatment

Wishes and recommendations

- Routine collection of gender (two step), gender of sex partners/sexual orientation along with other demographic information in electronic health records.
- Expand current HEDIS performance measures (CT screening in women) to include screening for men who have sex with men and other sexual and gender minorities
  - Tracking trends in STI screening at extragenital sites (particularly rectal) alongside linkage to HIV PrEP for those with rectal STIs (Ending the HIV Epidemic activities)

Public Partnerships with HMOs to Improve STI Screening

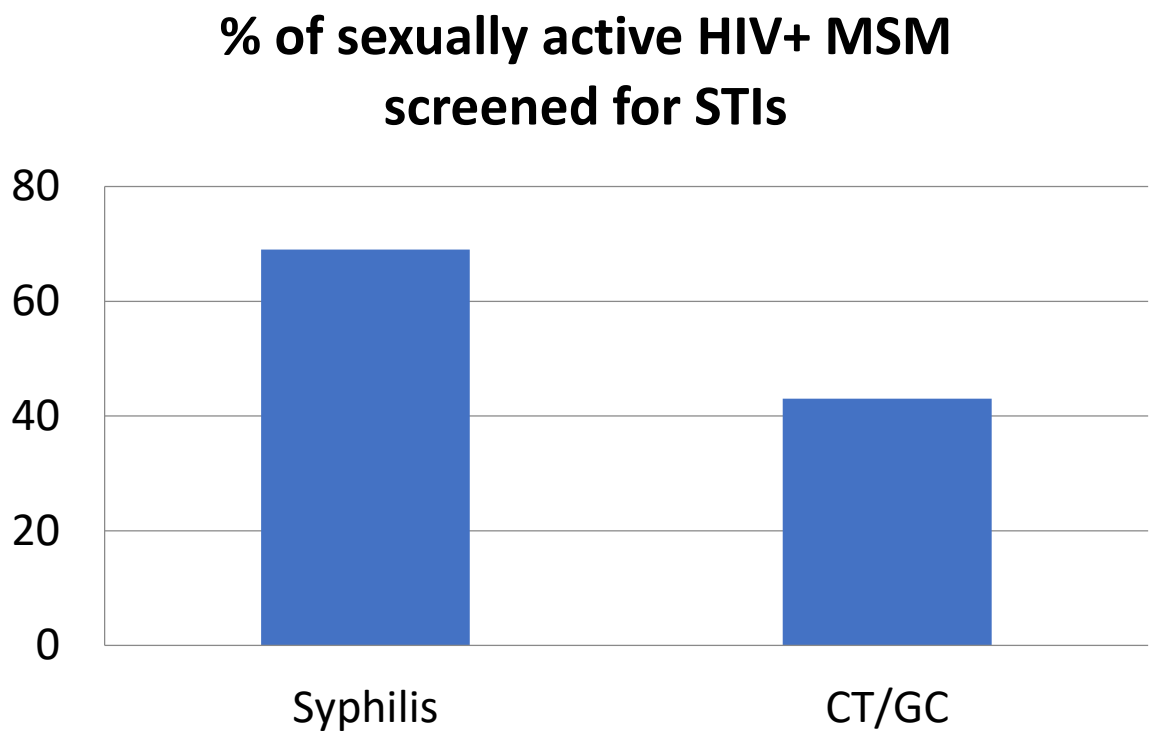


Suboptimal STI Screening in HIV Care:
Medical Monitoring Project

In 2013, 36% of sexually active HIV-positive adults had been screened for GC/CT/syphilis

For MSM

- **69% had been screened for syphilis in last year**
- **43% had been screened for CT/GC**



Mattson, 2017 CID

Kaiser Permanente Northern California (KPNC)

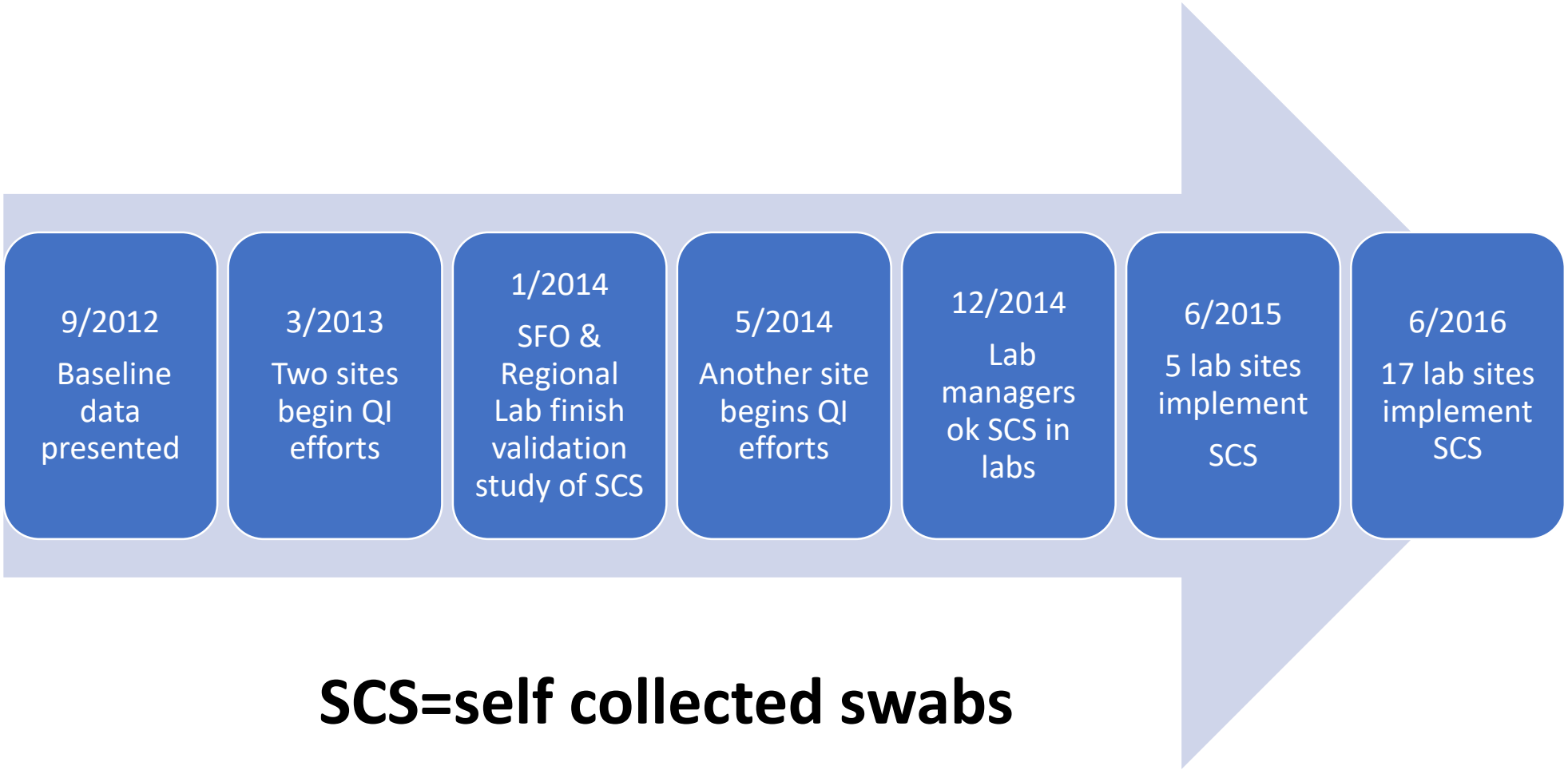
- Serves approximately 4.3 million patients in Northern California, 40% of the insured population
- Regional HIV Committee maintains a registry of all HIV-positive patients and tracks metrics to assess quality of care
- Gender of sex partners is routinely collected at initial intake visit and included in analyses to determine disparities by sexual minority status
- In 2012 CDC funded the National Network of Prevention Training Centers to conduct QI projects related to STI screening for MSM.
  - CAPTC approached KPNC for partnership
  - They had not routinely looked at their STD screening data
  - They were surprised at how low their screening rates were

Self-collected rectal/pharyngeal STI testing

- Highly acceptable, similar performance compared to clinician-collected specimens
- Self-collection can be performed at laboratory along with blood draw/urine collection or in the exam room before/after the provider visit
- May save patient an office visit
- Saves the provider time

Van der helm, 2009, STD; Sexton, 2013 J Fam Pract; Dodge, 2012 Sex Health
Freeman 2011, STD; Alexander 2008, STI; Moncada 2009, STD

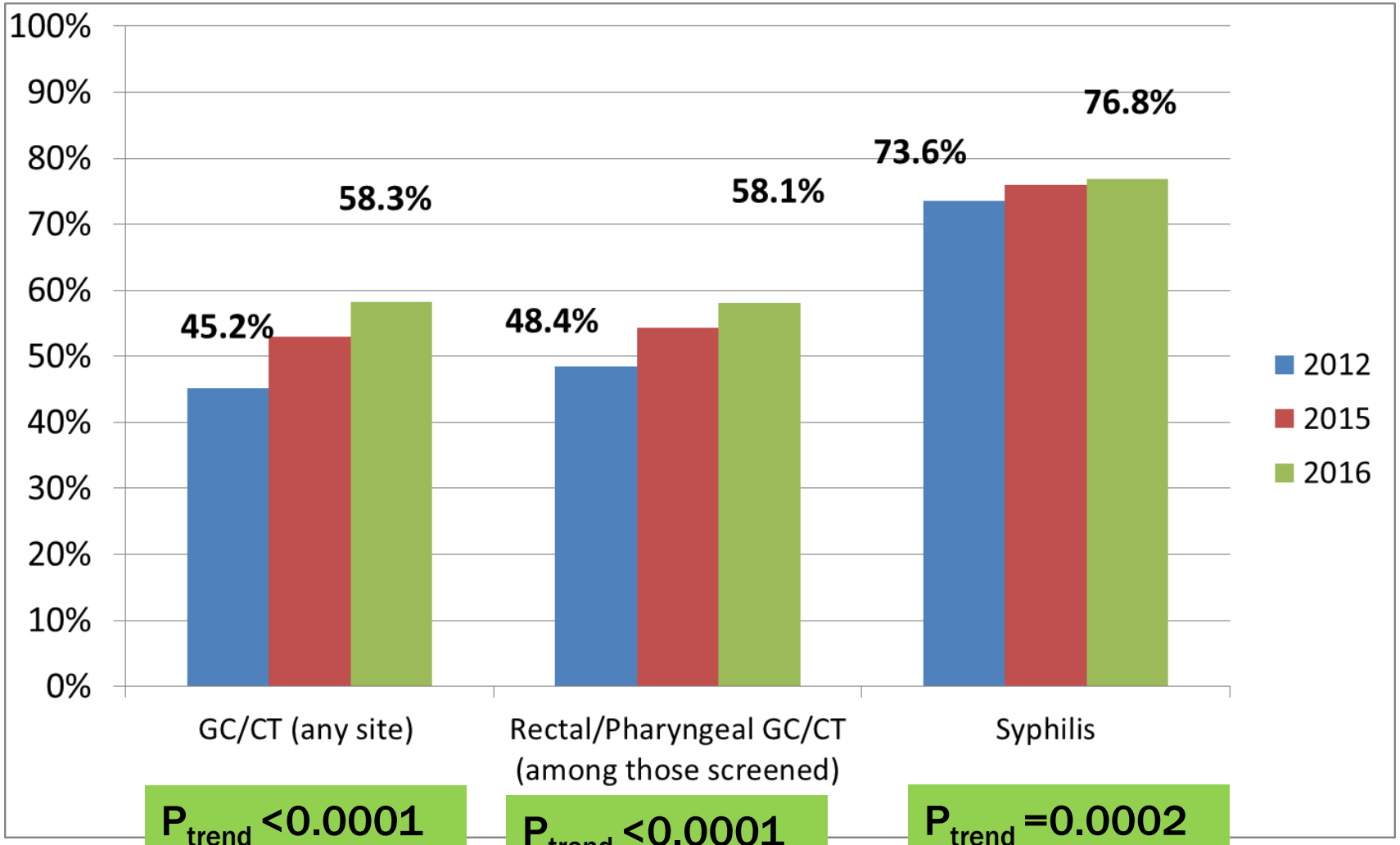
Timeline: self-collected STI testing at KPNC



SCS=self collected swabs

Scarborough AP Sex Transm Dis. 2015 Oct;42(10):595-8.

STI Screening improves among HIV+ MSM AT KPNC (n=5866)

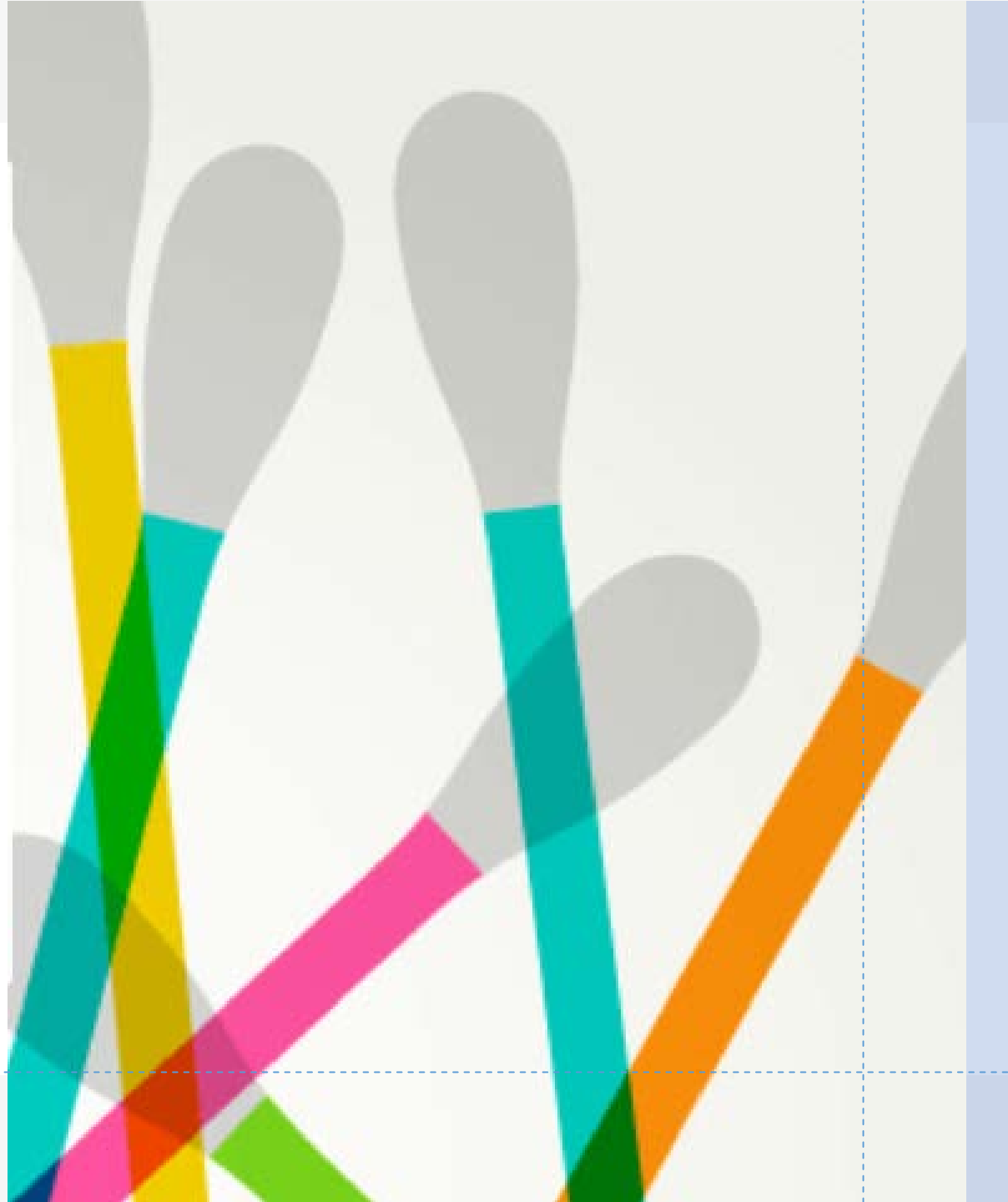


Park ISSTDR 2017

Lessons learned and Recommendations

- Private sector organizations are interested in partnering to improve STI screening, but we in public health need to lead/shepherd efforts
- Efforts need to be funded for multiple years, as change occurs slowly in large organizations and competing priorities arise
- Routinizing sexual history taking to determine screening targets
  - In one large KP HIV clinic (>1000 HIV patients), patient surveys were done and only 70% of patients were sexually active/had indications for screening
- Self collection of STI testing (both in-office and at home) should be promoted to facilitate screening (more on that later)

Increasing Access to STI Testing: Where do we go for care?



Accessing STI Testing: Then and now

- Then: *The Hidden Epidemic (1997),* page 178

"Dedicated public health STD clinics are located in every state, every major city, and the majority of smaller cities and counties throughout the United States."

Now: Stripped down services

- In 2013-2014 survey of STD programs, 62% of local health depts reported budget cuts, 40-43% reduced clinic hours, reduced STD screening and partner services

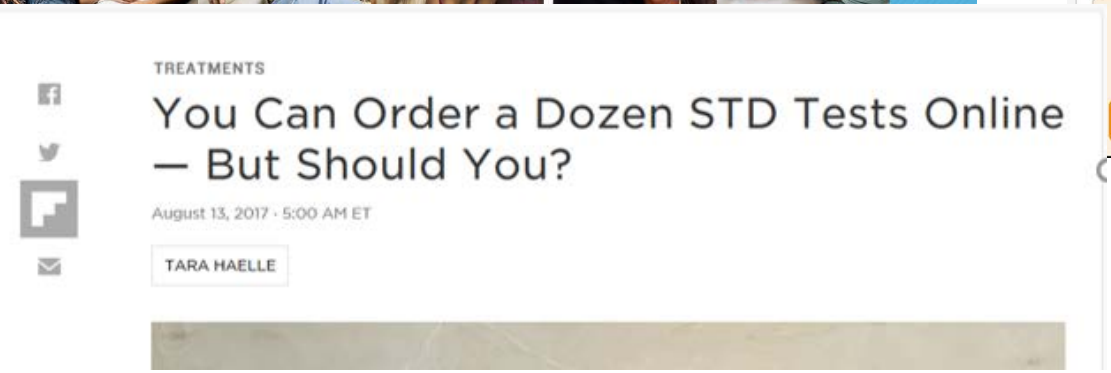
Leichliter JS et al. *STD 2017, Aug 44(8): 505-509*

How does lack of brick-and-mortar spaces affect STI care?

A few stories:

- 1) Patients travel great distances to access low-cost and/or culturally competent services
  - Jeremy (3 hours)
  - Ryan (9 hours)
- 2) Long-waits
  - 3-4 hours in one Southern CA STI Clinic
- 3) Some community providers help fill need, but must charge patients
  - Huntridge Family Clinic, Las Vegas

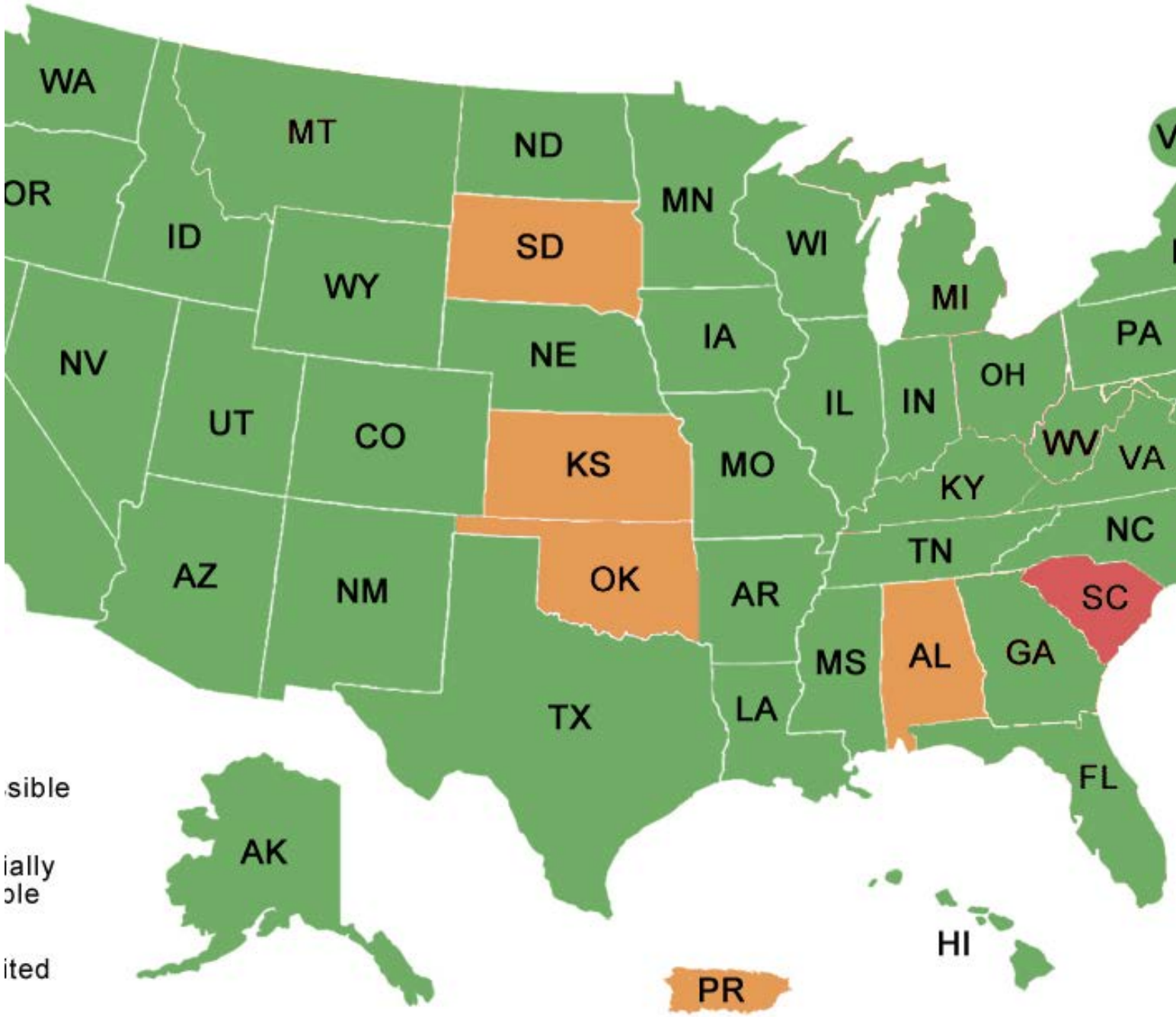
Increasing Access to STI Screening Online



Wishes and Recommendations

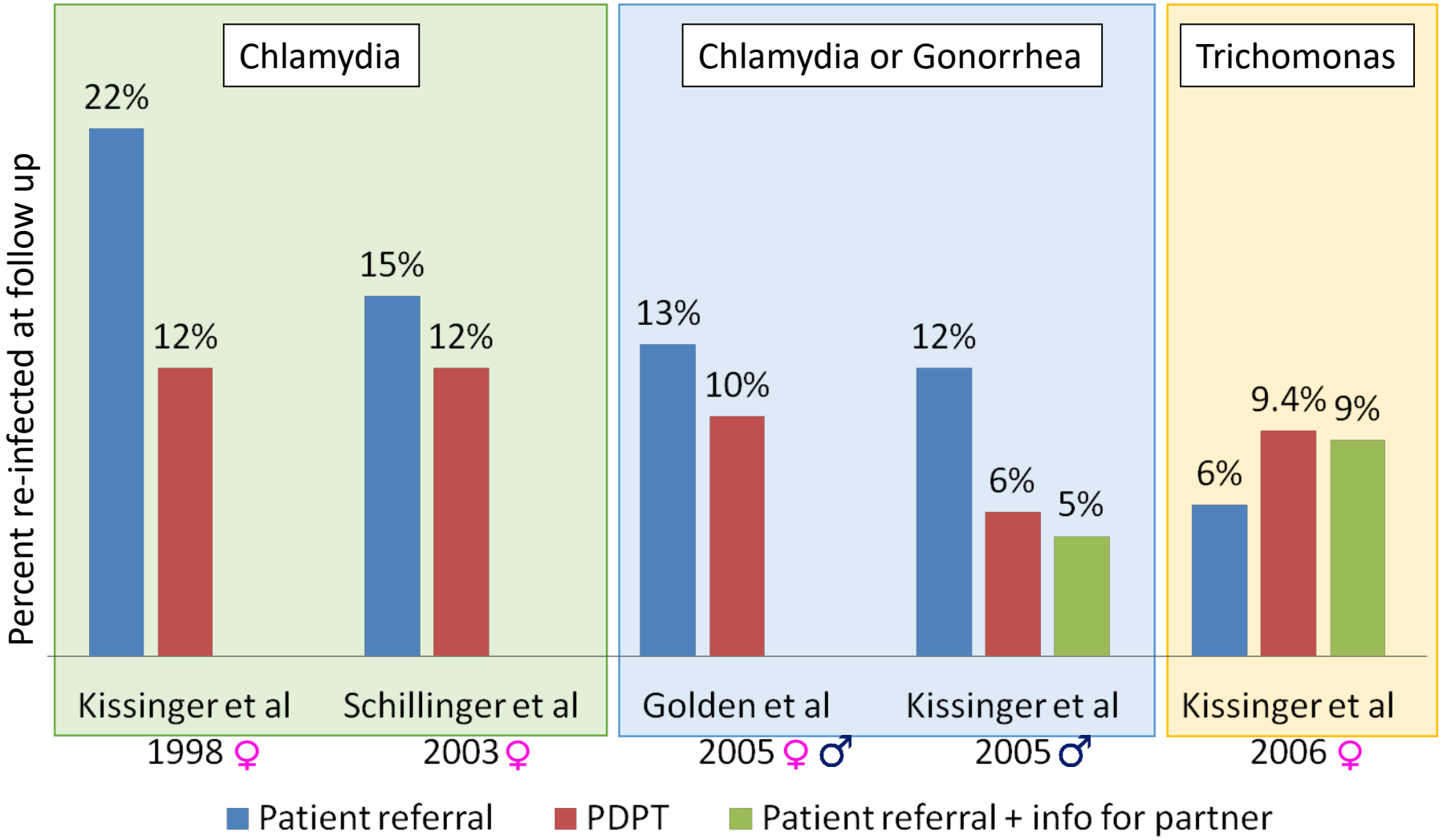
- Funding for more brick and mortar STI clinics or expanding hours of existing clinics, including express visits, freeing up time for symptomatic patients
- HDs performing assessments to ensure high quality services are being delivered (using CDC STD Quality Clinical Services Recs)
- Increased funding (HRSA? CDC?) for CBOs or HDs to offer free or lower cost STI testing for asymptomatic patients online.

Removing Barriers to Expedited Partner Therapy (EPT)

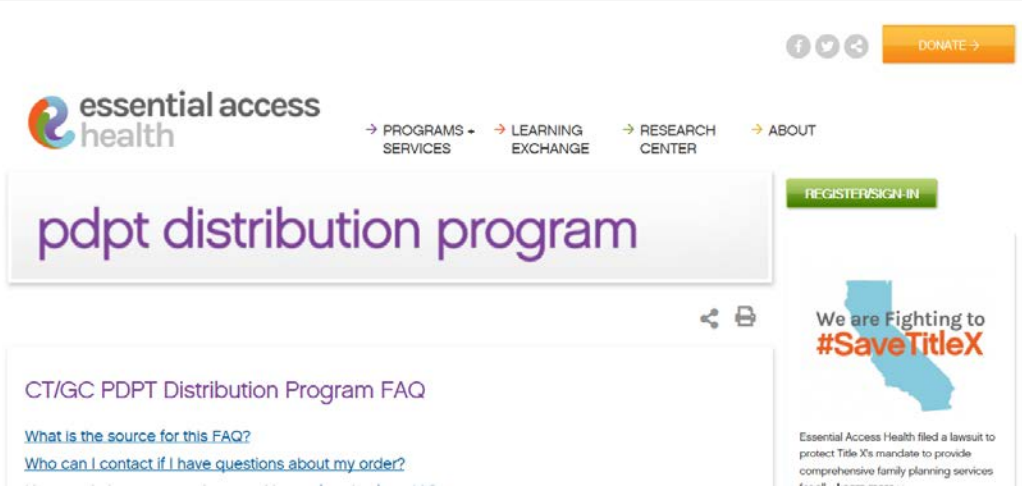


EPT Effectiveness in Randomized Controlled Trials

Reduces reinfection with chlamydia & gonorrhea, but not trichomonas



Source: Trelle S, et al. Improved effectiveness of partner notification for patients with sexually transmitted infections: systematic review. BMJ. 2007;334:354.



Community-level RCT in WA, randomized LHJs in four waves over 22 mos

State purchased EPT medication and distributed to retail pharmacies and clinics

Significant increase in % of patients receiving PDPT (18% to 34%)

10% reduction in CT positivity and GC incidence (NS)

Golden MR, 2015, PLOS Medicine

- Essential Access, CA Title X grantee, distributes free pre-packaged medicine for CT/GC Trich EPT
- Program began 2005
- In 2017 about 21,000 doses for CT distributed

Setbacks, shortcomings, etc.

- WA program placed on hold for non-public health entities (as of Summer 2019) due to HRSA audit of 340B med purchase and distribution
- CA EPT program accounted for than 10% of the CT cases diagnosed that year (21,000 EPT doses vs >230,000 CT cases)

- Under Federal Torts and Claims Act, insurance for FQHCs does not cover partner treatment if partner is not a client of the FQHC

Wishes and recommendations

- CDC and/or HRSA to work with DOJ to allow EPT to be covered under the Federal Torts and Claims Act
- Universal purchase of EPT meds by states to allow free partner therapy administered in retail pharmacies and/or distribution of pre-packaged medication
- Coverage of partner therapy by state Medicaid programs and private insurers (I know it is a lot to ask)

Thank you

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