

STD Update for North Carolina

Communicable Disease Conference

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Disclosure

- Wake AHEC requires all speakers to disclose any relevant financial conflicts of interest .
- Heidi Swygard has no relevant financial conflicts of interest to disclose.
- Jacquelyn Clymore has no relevant financial conflicts of interest to disclose.

Improving STD Programs through Assessment, Assurance, Policy Development and Prevention Strategies (AAPPS)

Targeted Program Outcome Measures (POMs):

- Annual syphilis screening among MSM in care for HIV
- GC treatment verification
- Partners of female early syphilis cases treated

Annual Syphilis Screening Among MSM in HIV-Care, NC CY 2014

Indicator	Indicator Value
# of high morbidity counties included	95
# of HIV care providers included	All RW Part B providers
Total # of individual MSM or males (unduplicated) with at least one visit to those providers	5,479
Total # of individual MSM or males (unduplicated) tested at least annually for syphilis by those providers	3,764
Screening rate	69%



Gonorrhea Treatment Verification NC CY 2014

Indicator	Indicator Value	Measure
Total # of GC cases reported	14,820	
Total # of GC cases with at least medication information (missing date of specimen collection, date of Tx, provider, dosage is acceptable)	13,518	Medication report rate 91%
Total # of GC cases with correct recommended medication information (missing date of specimen collection, date of Tx, provider, dosage is acceptable) per CDC guidance	10,835	Correct med rate, all GC cases 73%
Correct medication rate of those reported GC cases receiving medication		80%



Partners of Female Early Syphilis Cases Treated, NC CY 2014

Indicator	Indicator Value	Measure
Total # of early syphilis (ES) cases among females of reproductive age (15-44)	112	
Total # of ES cases among females interviewed	109	
Total # of contacts initiated for partner services	171	Contact Index: 1.53
Total # of contacts examined (tested)	128	New Exam Rate: 75%
Total # of contacts epi treated (Dispo A) within 30 days before or after the index patient's initial specimen collection	36	Treatment Index (Dispo A,C): 0.70
Total # of contacts brought to Tx for new syphilis infection (Dispo C) within 30 days after the index patient's initial specimen collection	41	
Total # of cases w/at least 1 partner treated for Σ within 30 days before or after the index patient's initial specimen collection (Dispo A, C, E)	63	Disease Intervention Rate: 56%



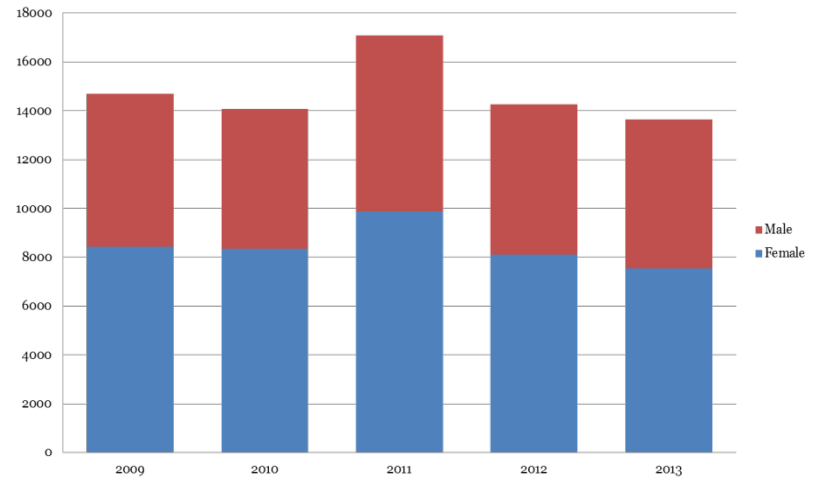
Screening overview

- Who: population at risk
- When: frequent vs regular
- Where: sites
- Why: epidemiology

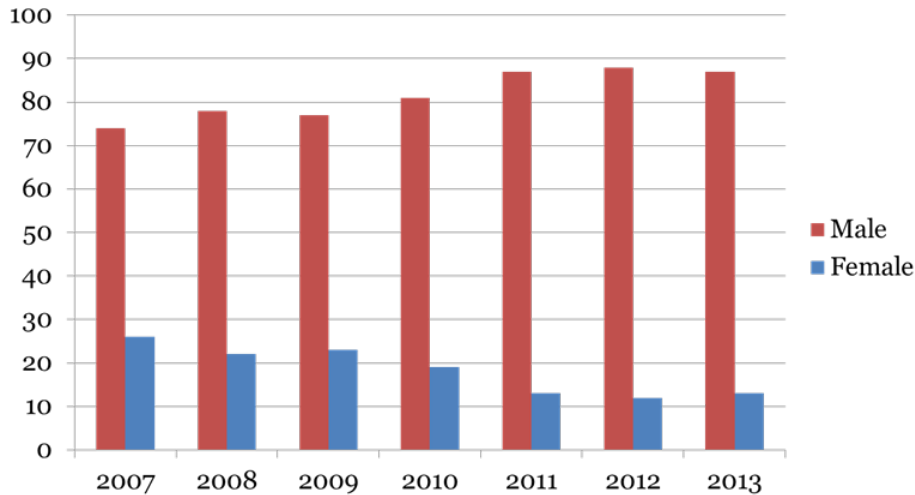
Why: Epidemiology

- NC numbers, 2009-13
 - General populations
 - Gender and year
 - Case count

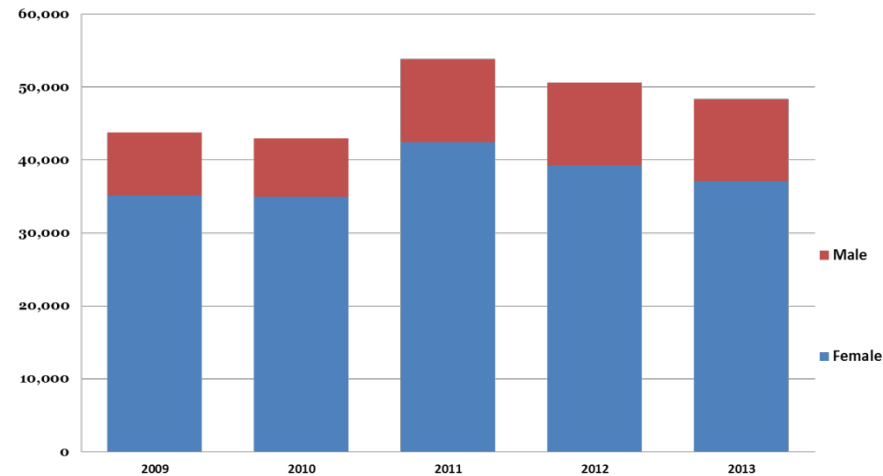
Gonorrhea



Primary, secondary, early latent syphilis

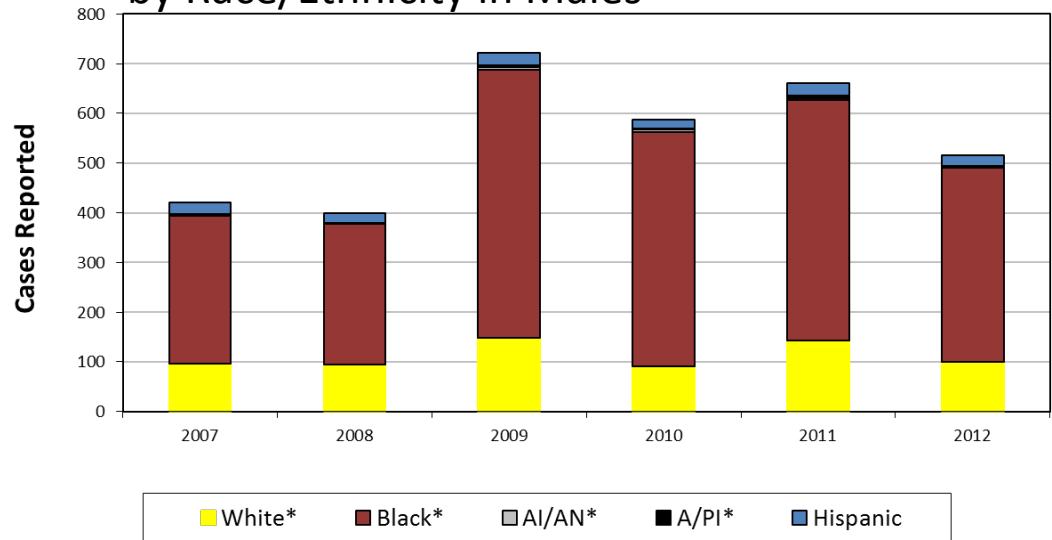


Chlamydia

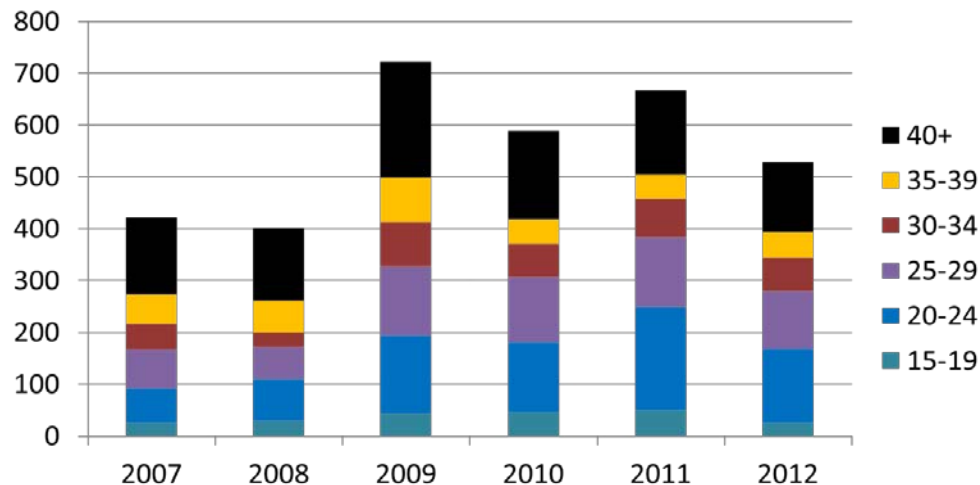


Why: Epidemiology, special populations (men)

Primary, Secondary and Early Latent Syphilis Cases by Race/Ethnicity in Males

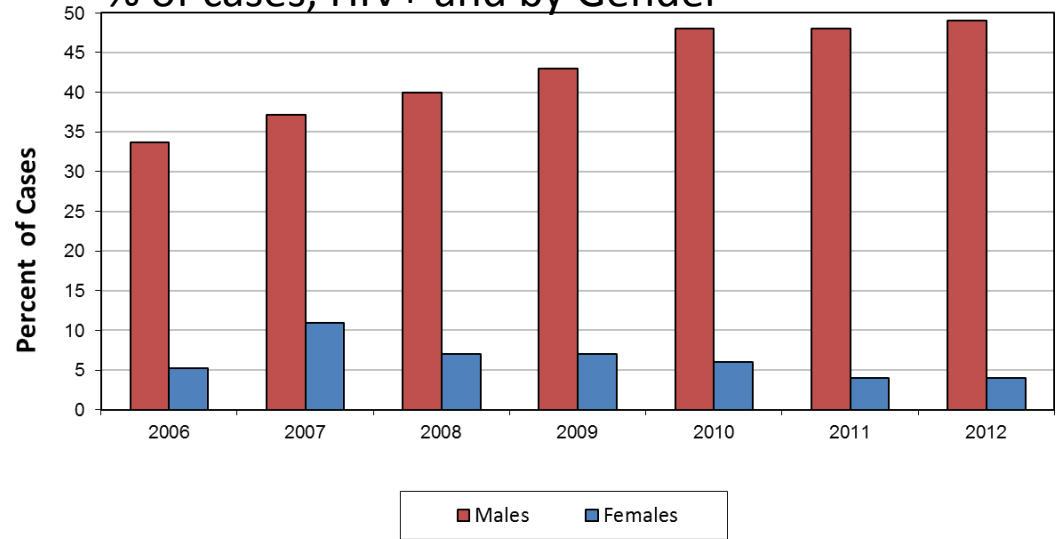


Primary, Secondary and Early Latent Syphilis Cases by Age in Males

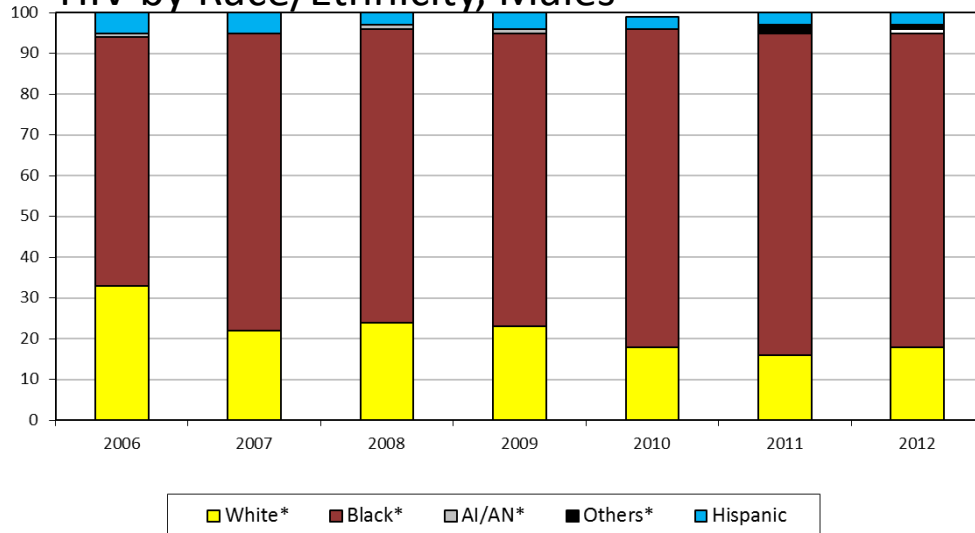


Special population: HIV+

Primary, Secondary and Early Latent Syphilis;
% of cases, HIV+ and by Gender

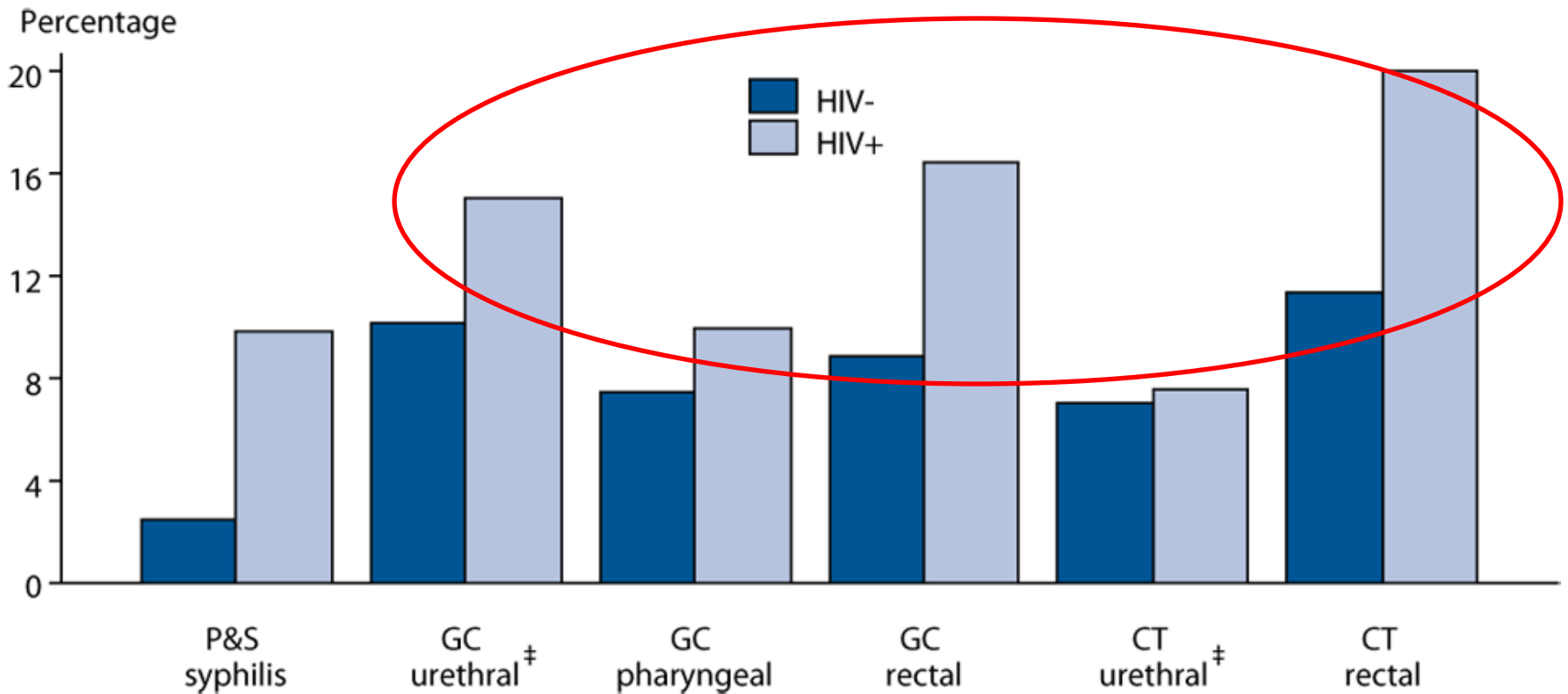


Primary, Secondary and Early Latent Syphilis Cases with
HIV by Race/Ethnicity, Males



GC/Ct among men

Proportion of MSM* Attending STD Clinics with Primary and Secondary Syphilis, Gonorrhea or Chlamydia by HIV Status†, STD Surveillance Network



Who: population at risk

- Have you been paying attention?
 - Syphilis
 - Men
 - Young
 - African-American
 - HIV+
 - Gonorrhea/Chlamydia
 - YMSM
 - Young women

Where: anatomic site

- Pharyngeal: MSM, transgender M->F
 - No data for recommending women, MSW
- Rectal: MSM, transgender M->F
 - No data for recommending women, MSW
- GU
 - Vaginal
 - Urine
 - Cervical

42 STD clinics,
~22k patients
representing ~44k
visits, data
collected over one
year

2056 tested from
ALL 3 sites and had
ONE site GC+

1 in 3 with rectal
GC were also HIV+

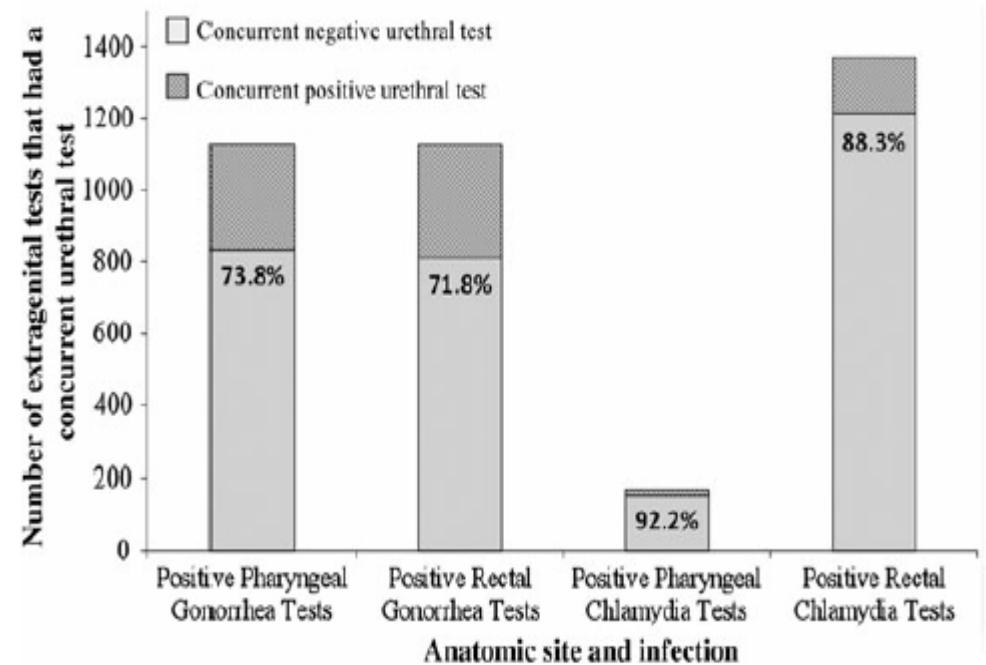
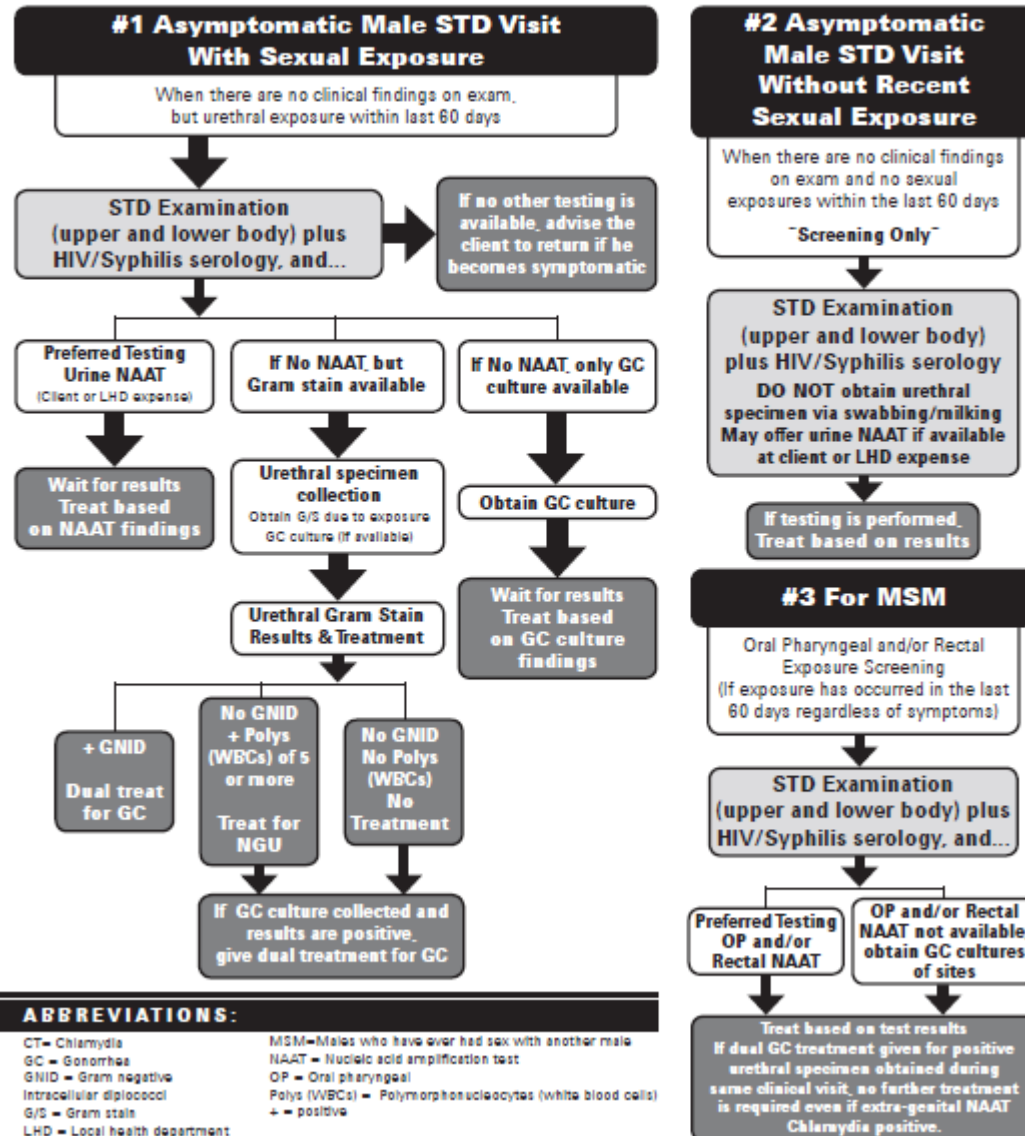


Figure 2. Proportion of extragenital gonorrhea and chlamydia infections associated with concurrent negative urethral tests.

Asymptomatic Male in N.C. Local Health Department STD Clinics



ABBREVIATIONS:

CT = Chlamydia
 GC = Gonorrhea
 GNID = Gram negative
 Intracellular diplococci
 G/S = Gram stain
 LHD = Local health department
 MSM = Males who have ever had sex with another male
 NAAT = Nucleic acid amplification test
 OP = Oral pharyngeal
 Polys (WBCs) = Polymorphonuclearleucocytes (white blood cells)
 + = positive

Algorithm

Evaluation of the Symptomatic Male in N.C. Local Health Department STD Clinics

Symptomatic Male STD Visit

Includes men who *report* being asymptomatic, but have **clinical findings on exam** or men who present with a complaint of **urethral discharge, dysuria**

STD Examination (upper and lower body) plus HIV/Syphilis Serology, and
1) URETHRAL SPECIMEN COLLECTION

NAAT & Gram stain available

1) **URETHRAL SCREENING:**
Urine NAAT preferred plus G/S if discharge, dysuria or intrameatal itching

URETHRAL GRAM STAIN RESULTS & TREATMENT

+ GNID

Dual treat GC

+ Polys (WBCs) of 5 or more

Treat for NGU

No GNID

No Polys

Review G/S 2nd time carefully and if G/S still unremarkable, await NAAT or pathogen-specific test result

No NAAT; only Gram stain &

1) **URETHRAL SCREENING:**
G/S and GC culture if discharge, dysuria or intrameatal itching

URETHRAL GRAM STAIN RESULTS & TREATMENT

+ GNID

Dual treat

No GNID

+ Polys (WBCs) of 5 or more

Treat for NGU

No GNID

No Polys (WBCs)

Review G/S 2nd time carefully and if G/S still unremarkable, await GC culture, refer if indicated

No Gram stain or NAAT available

1) **URETHRAL SCREENING:**
GC culture (if available)

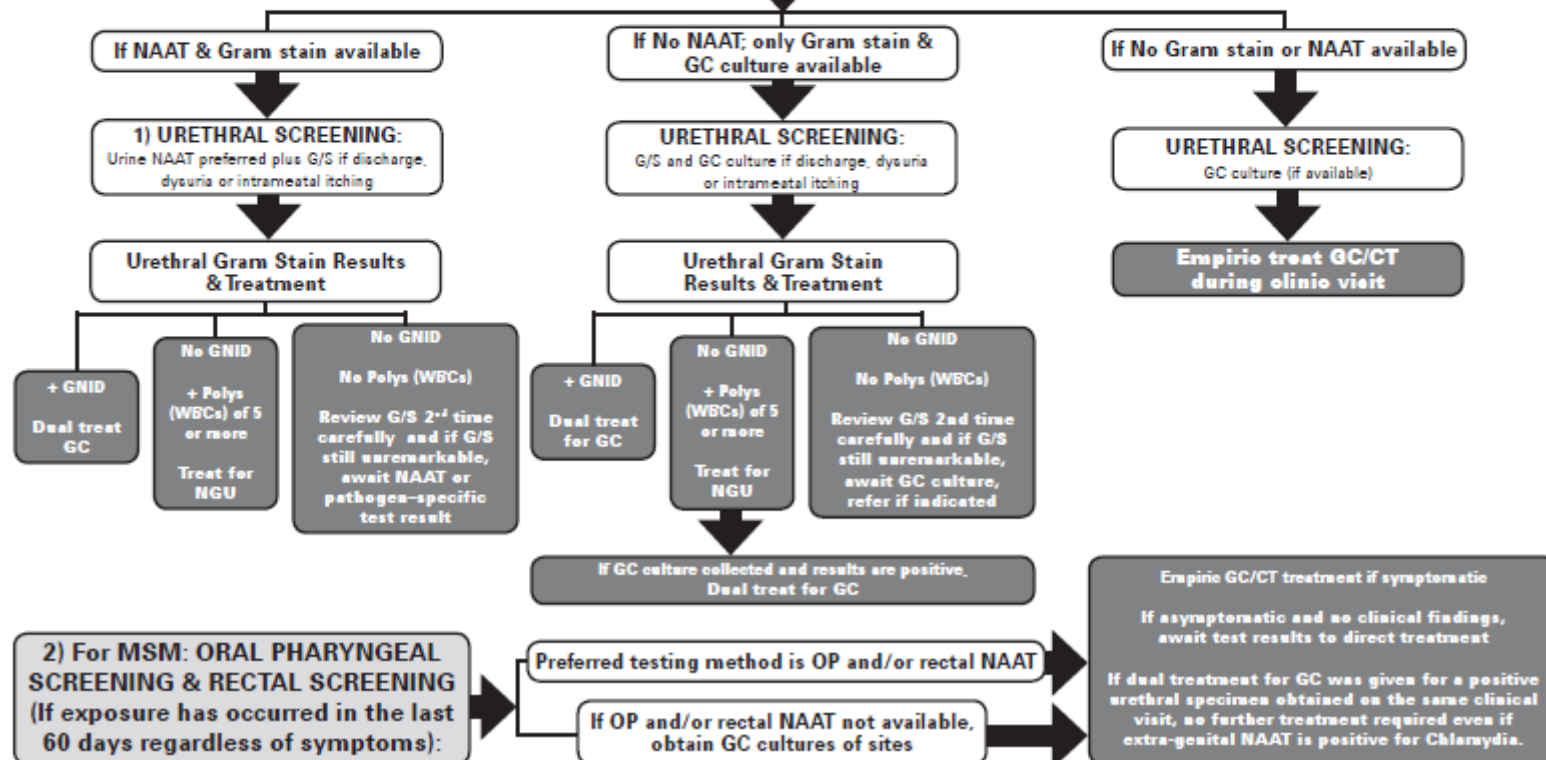
Empiric treat GC/CT during clinic visit

Evaluation of the Symptomatic Male in N.C. Local Health Department STD Clinics

Symptomatic Male STD Visit

Includes men who present with a complaint of urethral discharge, dysuria or intrameatal itching during the interview and men who report being asymptomatic, but have clinical findings on exam

STD Examination (upper and lower body)
plus HIV/Syphilis Serology, and
1) URETHRAL SPECIMEN COLLECTION



Algorithms

Evaluation of the Asymptomatic Male in N.C. Local Health Department STD Clinics

March 2015

**#1 Asymptomatic Male STD Visit
With Sexual Exposure**
When there are no clinical findings on exam, but urethral exposure within last 60 days

STD Examination
(upper and lower body) plus
HIV/Syphilis serology, and...

**#2 Asymptomatic Male STD Visit
Without Recent Sexual Exposure**
When there are no clinical findings on exam and no sexual exposures within the last 60 days
"Screening Only"

STD Examination
(upper and lower body) plus
HIV/Syphilis serology
DO NOT obtain urethral specimen via swabbing/milking
May offer urine NAAT if available at client or LHD expense

If no other testing is available,
advise the client to return if he
becomes symptomatic

PREFERRED TESTING
URINE NAAT
(Client or LHD expense)

Wait for results
Treat based on NAAT findings

No NAAT, and Gram stain available

Urethral specimen collection
Obtain G/S due to exposure
GC culture (if available)

URETHRAL GRAM STAIN
RESULTS & TREATMENT

+ GNID
Dual treat
for GC

No GNID
+ Polys
(WBCs) of
5 or more
Treat for
NGU

No GNID
No Polys
No
Treatment

If GC culture collected and results are
positive, give dual treatment for GC

No NAAT, only GC culture
available

Obtain GC culture

Wait for results
Treat based on
GC culture findings

PREFERRED TESTING
OP and/or Rectal NAAT

OP and/or Rectal NAAT not
available, obtain GC cultures of sites

If testing is performed,
Treat based on results

#3 Asymptomatic Male STD Visit (MSM)
When there are Oral Pharyngeal and/or Rectal Exposure within
last 60 days regardless of symptoms

STD Examination
(upper and lower body) plus
HIV/Syphilis serology, and...

Treat based on test results
If dual GC treatment given for positive urethral
specimen obtained during same clinical visit, no
further treatment is required even if extra-genital
NAAT Chlamydia positive.

When: frequent vs regular

- YMSM
 - Every 3-6 months
- Risk factors
 - New or multiple sex partners
 - Trading sex
 - Sex partner behaviors