

Prioritizing STD Public Health Services to Maximize Resources

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Overview

- Magnitude of the Problem
 - Epidemiologic Trends for Chlamydia, GC, Syphilis
- Prioritization Framework
 - Decision making
 - Leveraging and targeting
- Opportunities and challenges in STD Prevention
 - Maximize screening efforts
 - Partner services innovation
 - Antimicrobial resistance
- Priority STD public health services for 2010-2011
 - Performance measures and evidence-based action plans
 - LHD and CDPH activities

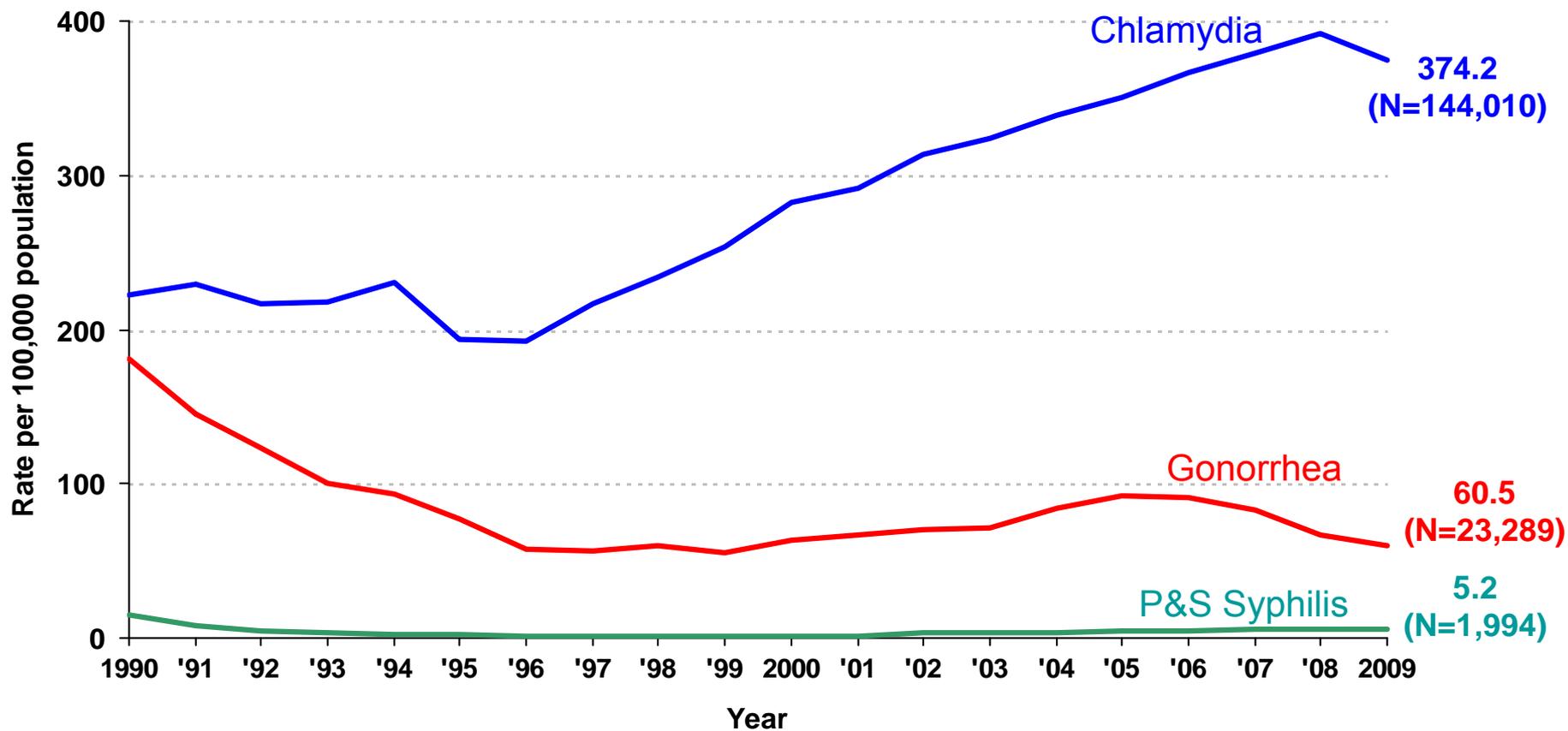
STD Morbidity California (2008) and United States (2008)

	California reported cases	US reported cases	US estimated incidence*	US estimated prevalence* (millions)
Chlamydia	149,070	1,210,523	2,800,000	1.9
Gonorrhea	25,445	336,742	675,000	NA
Syphilis (P&S)	2,180	13,500	21,000	NA
Congenital syphilis (< 1 yr)	65	431	NA	NA
HPV	NA	NA	6,200,000	20
HSV	NA	NA	1,600,000	45
Trichomoniasis	NA	NA	7,400,000	NA
AIDS	3,044	37,041**	45,000	0.56
HIV	3,519	NA	56,300	1.1
Hepatitis B	283	3,513	60,000	0.75
Total	183,606	1,601,750	18,857,300	69.3

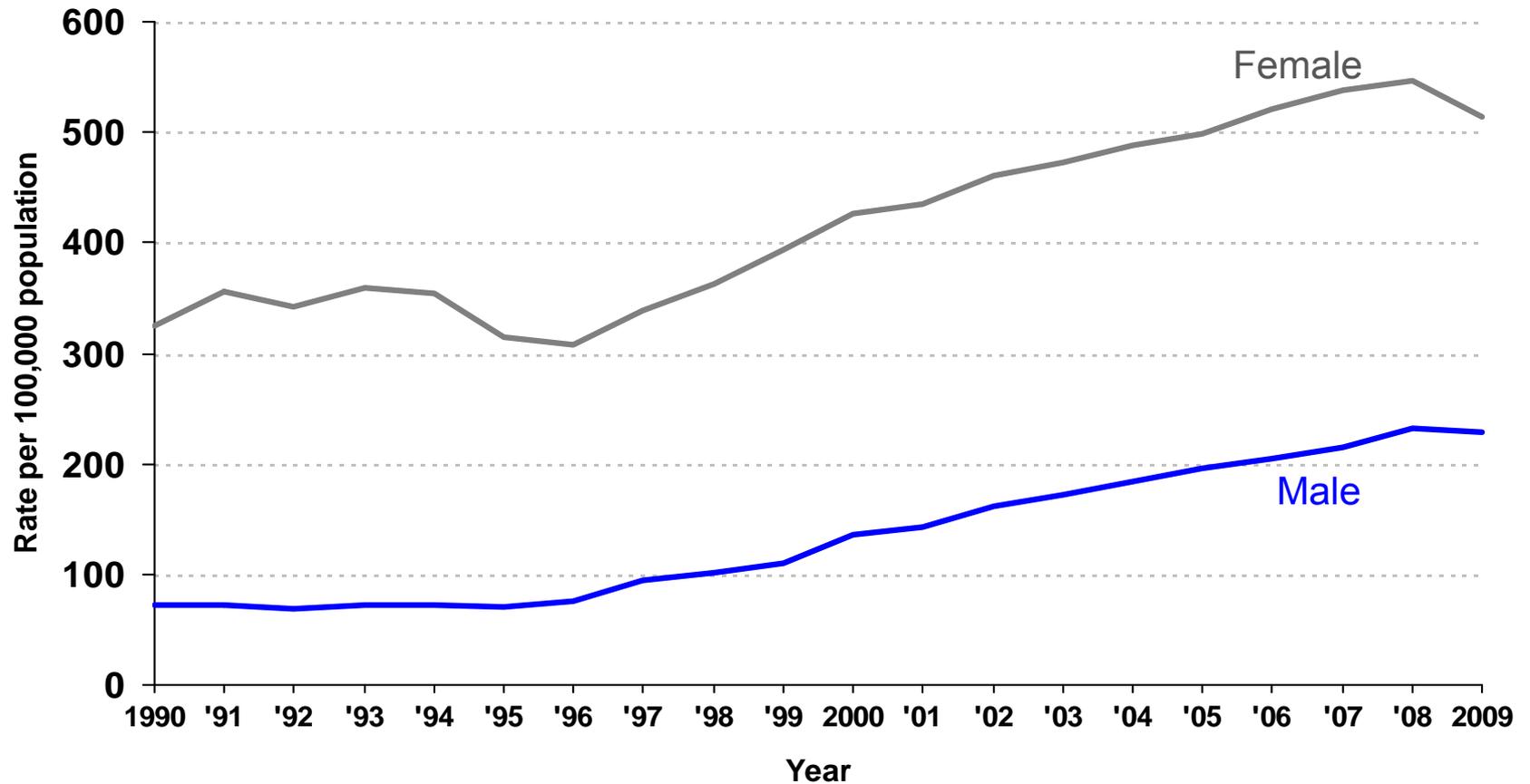


* 2004 US estimates (2006 for HIV) **2007

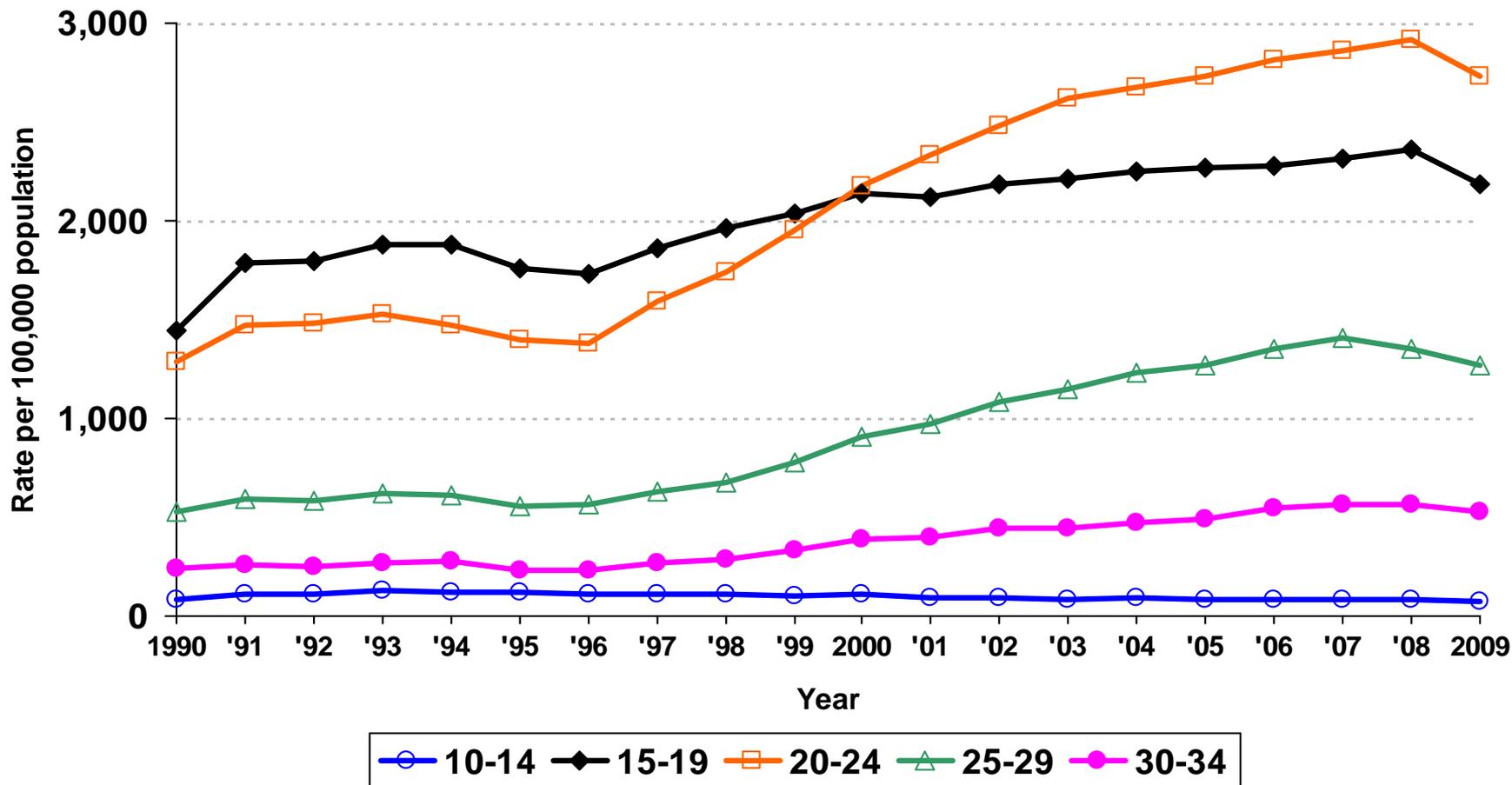
Chlamydia, Gonorrhea, and Primary & Secondary Syphilis California Rates, 1990–2009



Chlamydia, Rates by Gender, California, 1990–2009

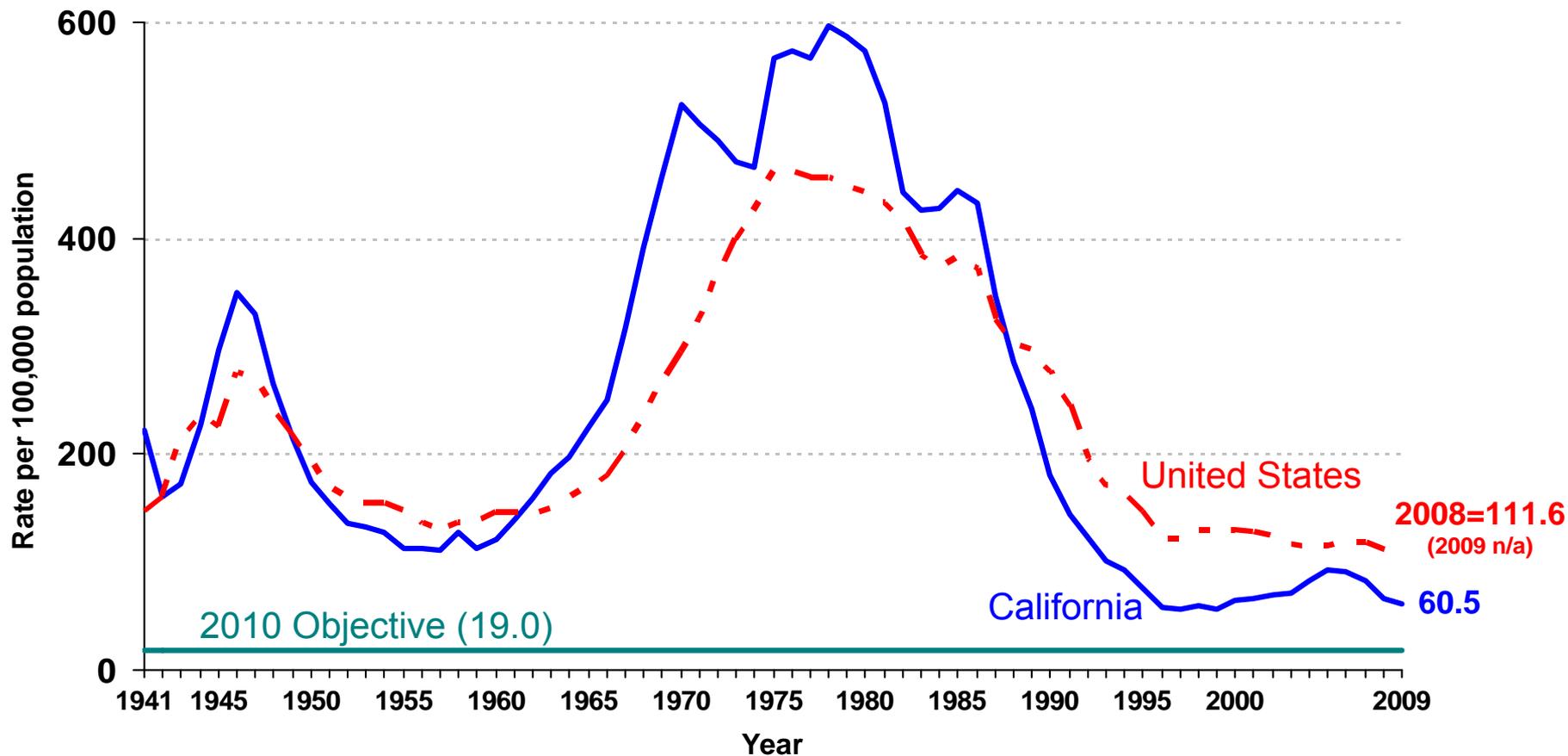


Chlamydia, Rates for Females by Age Group (in years) California, 1990–2009

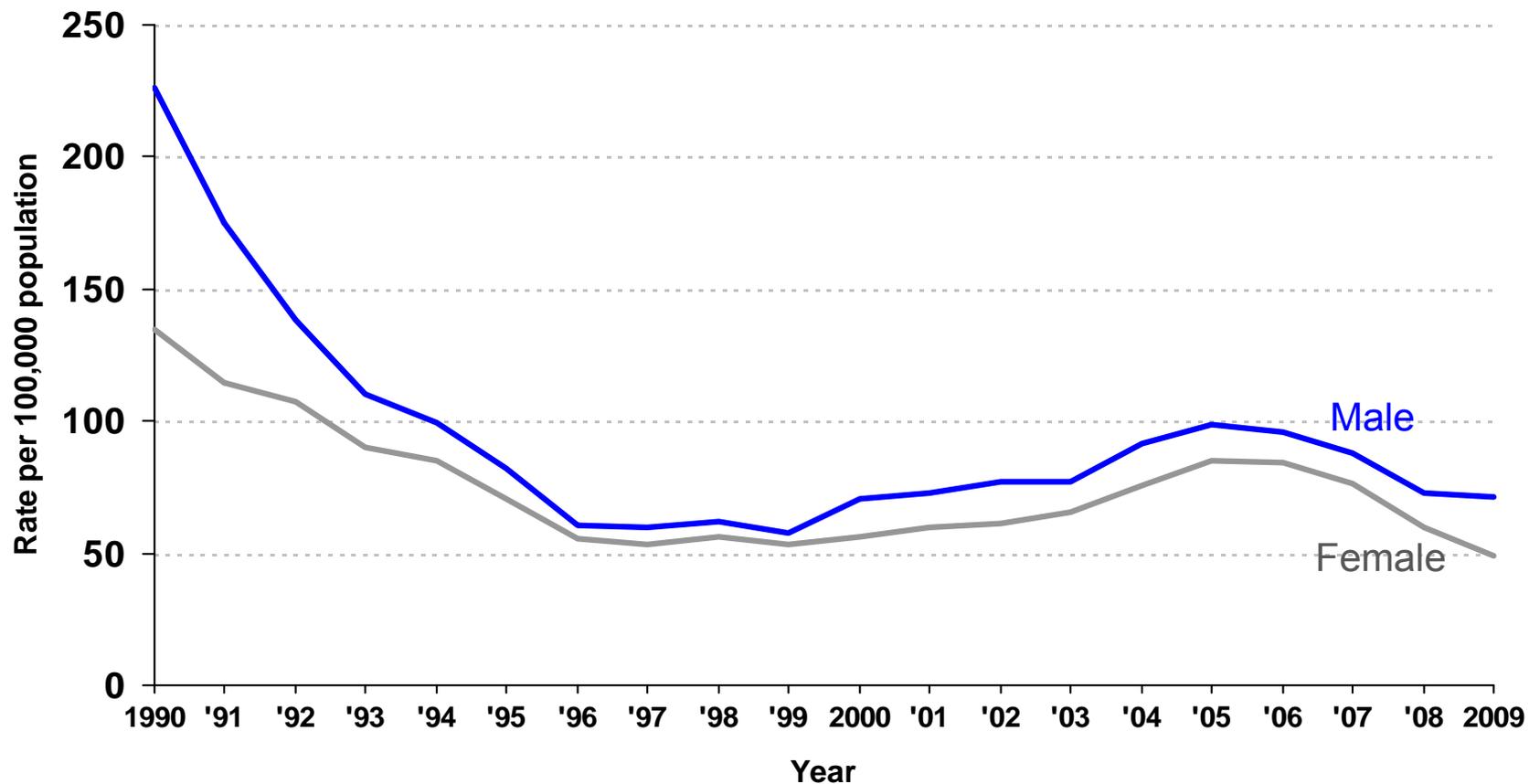


Note: Age "Not Specified" ranged from 0.3% to 8.3% of cases for females in any given year.

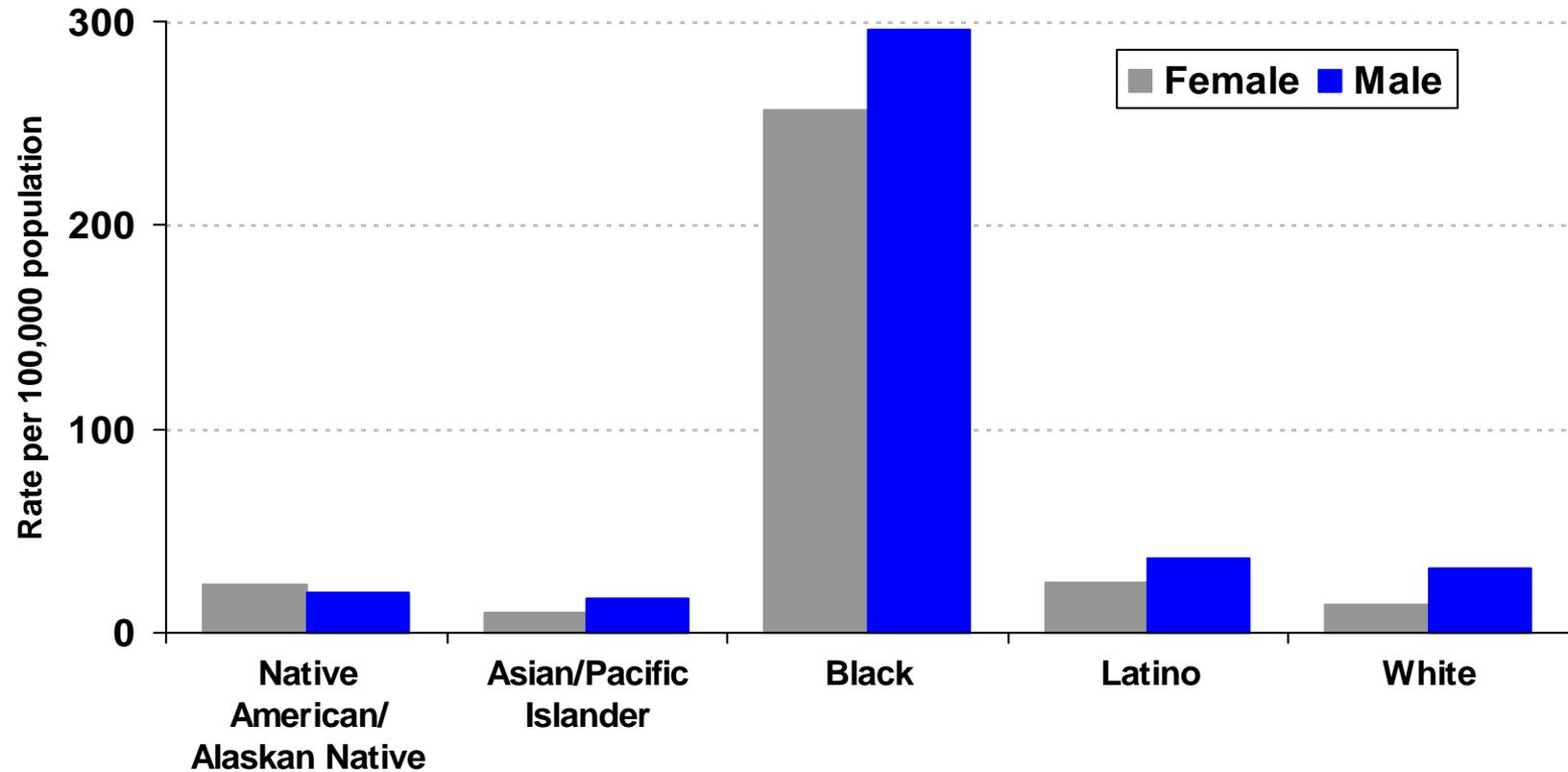
Gonorrhea, California versus United States Rates, 1941–2009



Gonorrhea, Rates by Gender, California, 1990–2009

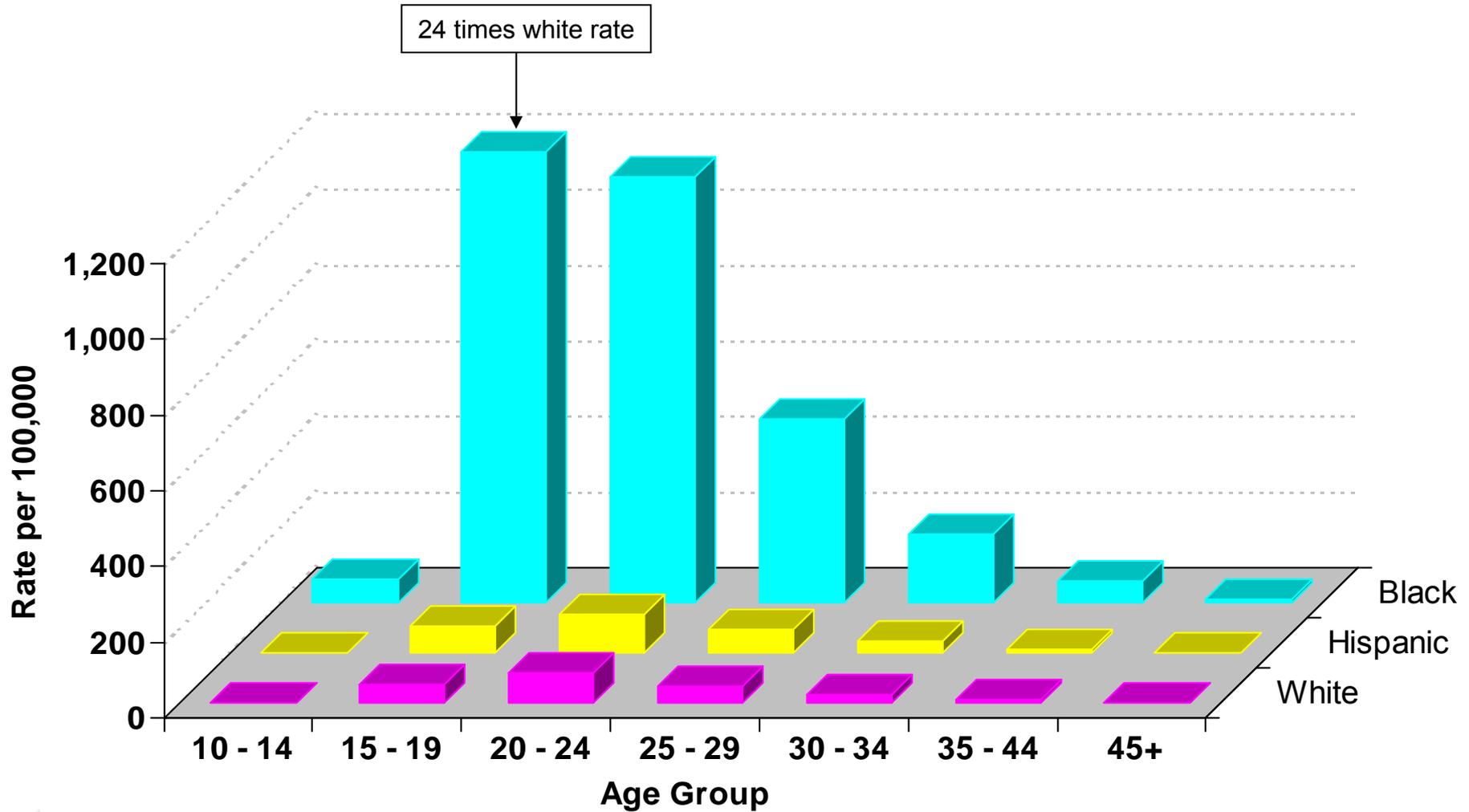


Gonorrhea, Rates by Gender and Race/Ethnicity California, 2009

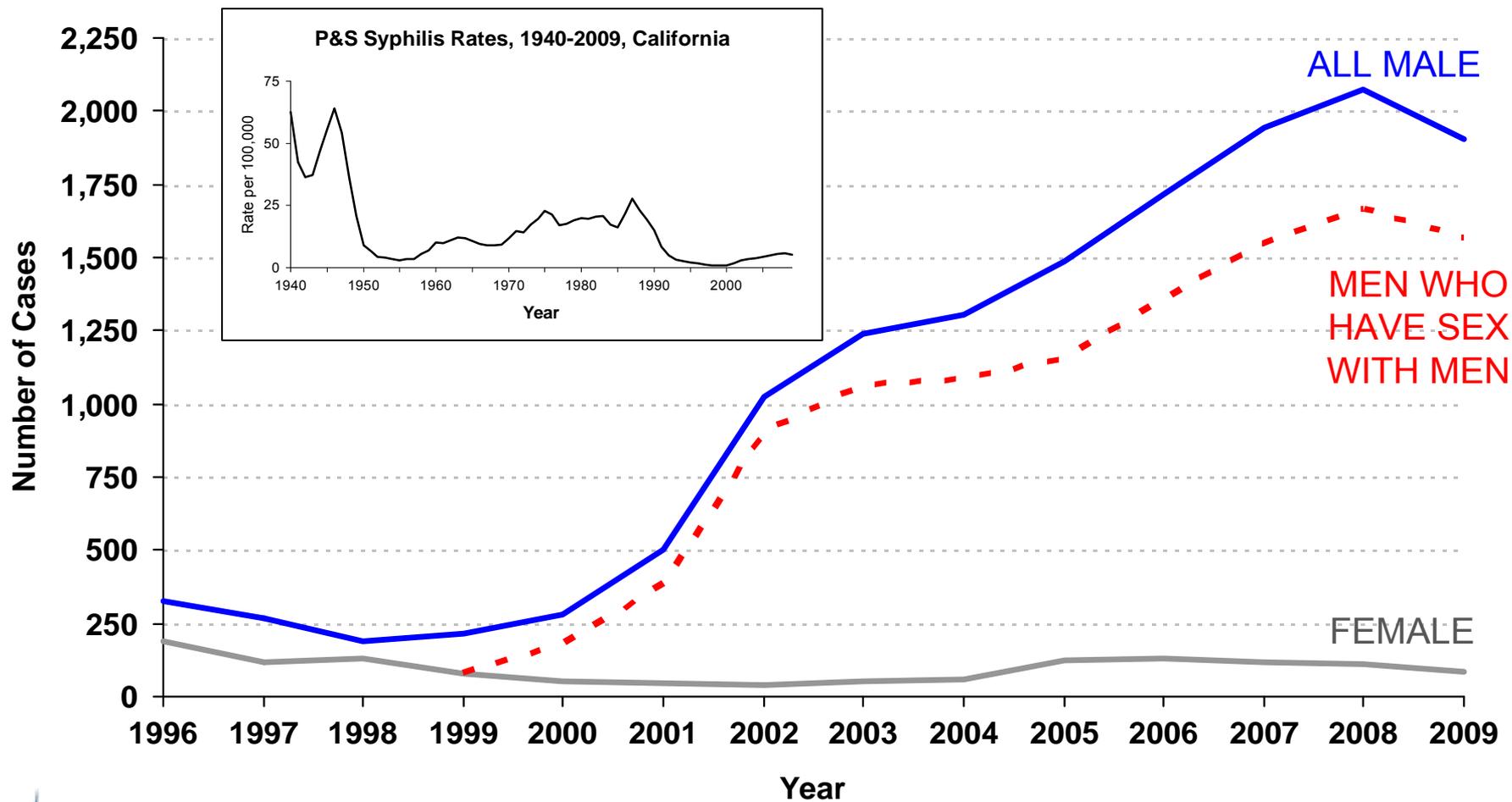


Note: Race/Ethnicity was "Not Specified" for 35.7% of female cases and 34.8% of male cases for the given year.

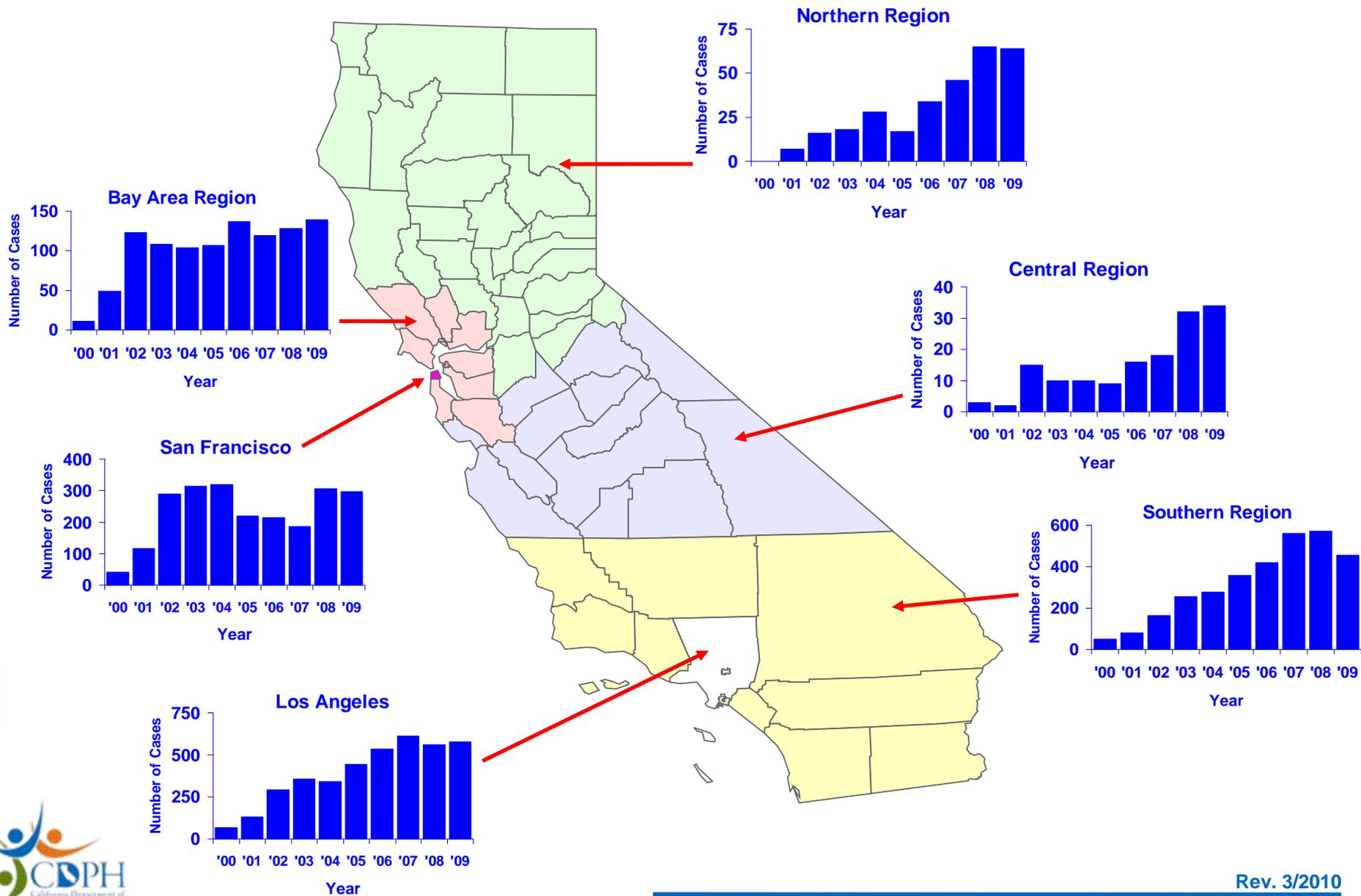
Gonorrhea, Female Rates by Race/Ethnicity and Age Group (in years) California, 2009



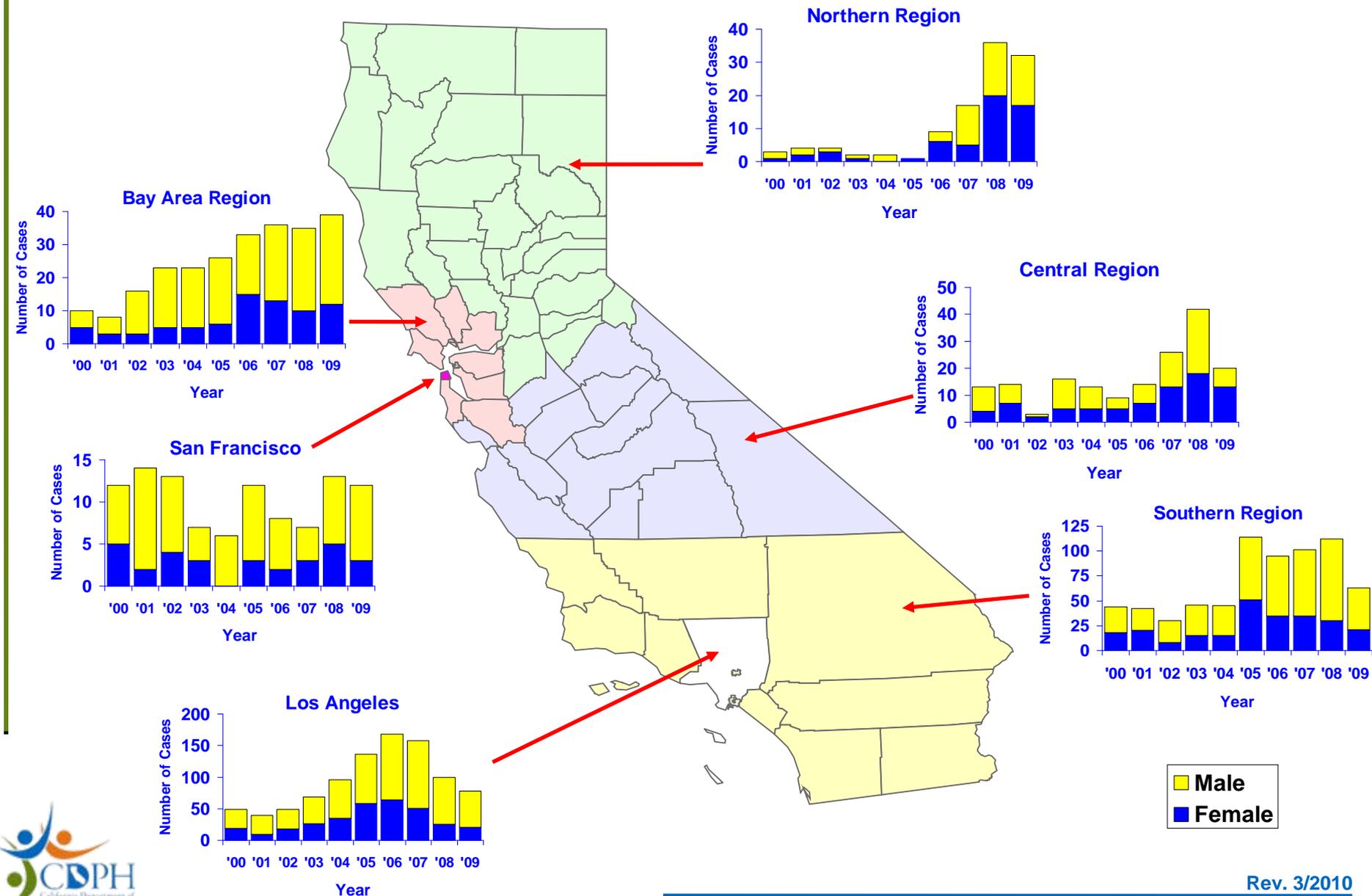
Primary & Secondary Syphilis, Cases by Gender California, 1996–2009



Number of Men who Have Sex with Men, Primary & Secondary Syphilis Cases by Region and Year



Number of Heterosexual Primary & Secondary Syphilis Cases by Region and Year



Prioritization Framework:

Decision making principles and values

- Principles
 - Evidence for effectiveness
 - Overall impact (or expected impact)
 - Cost and resources needed
 - Feasibility
- Values
 - Ethical
 - Up-to-date science and best practices
 - Social acceptability and community support
 - Consistent with mission at state, local and federal level

STD Prevention and Control Interventions

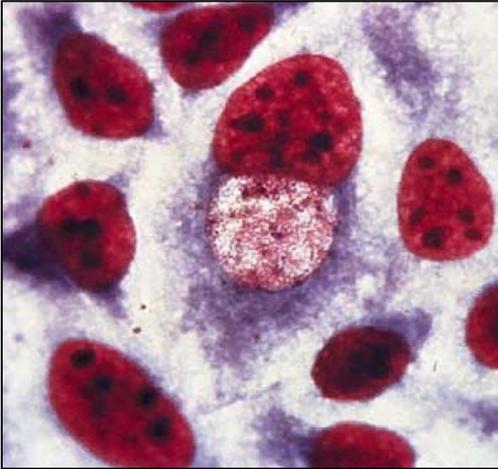
- Prevent
 - Health Education
 - Behavioral Interventions
 - Vaccination
 - Policy and Structural Interventions
- Detect
 - Screening of Asymptomatic Persons
 - Diagnosis of Symptomatic Persons
- Treat
 - Patients and Partners
- Report

STD Prevention and Control Program Approaches in a Resource Challenged Era

- Population-based
- Science-based and cost effective
- Maximize workforce capacity
- Partnerships and leverage resources
- Integrate at the client level
- No one magic bullet
- Target and prioritize
- Evaluate and redirect efforts through available existing funds or new funds
- Innovations including funding sources

Chlamydia

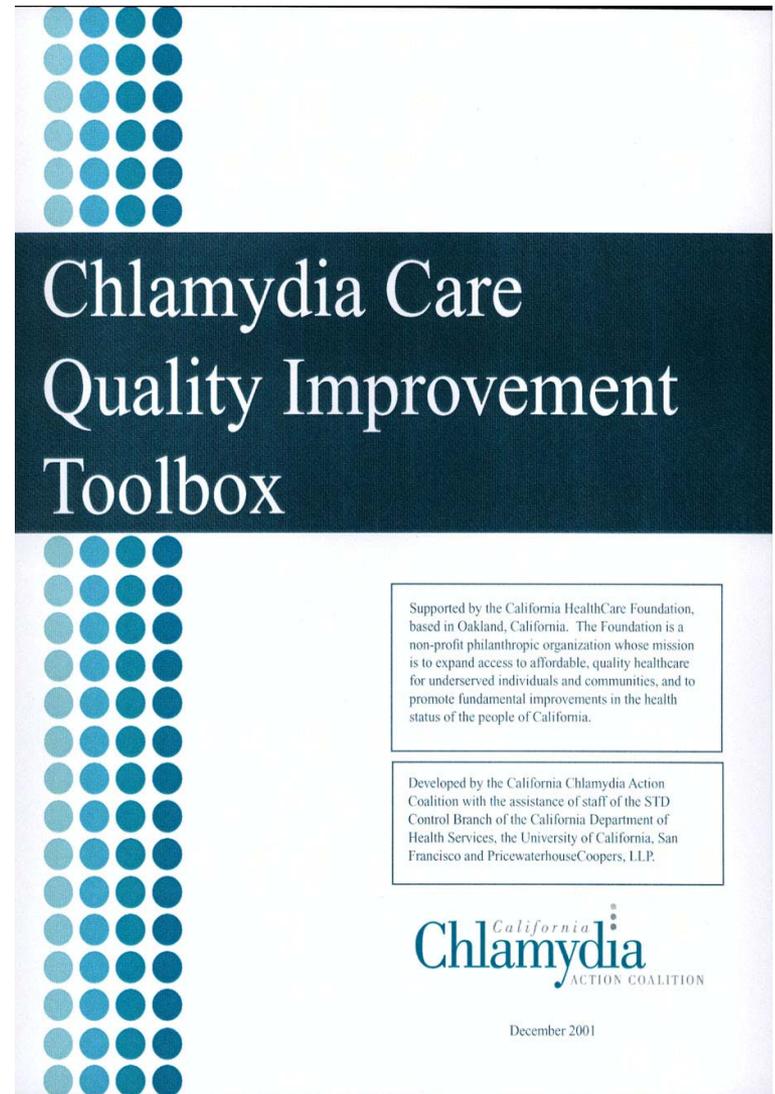
The Silent Epidemic



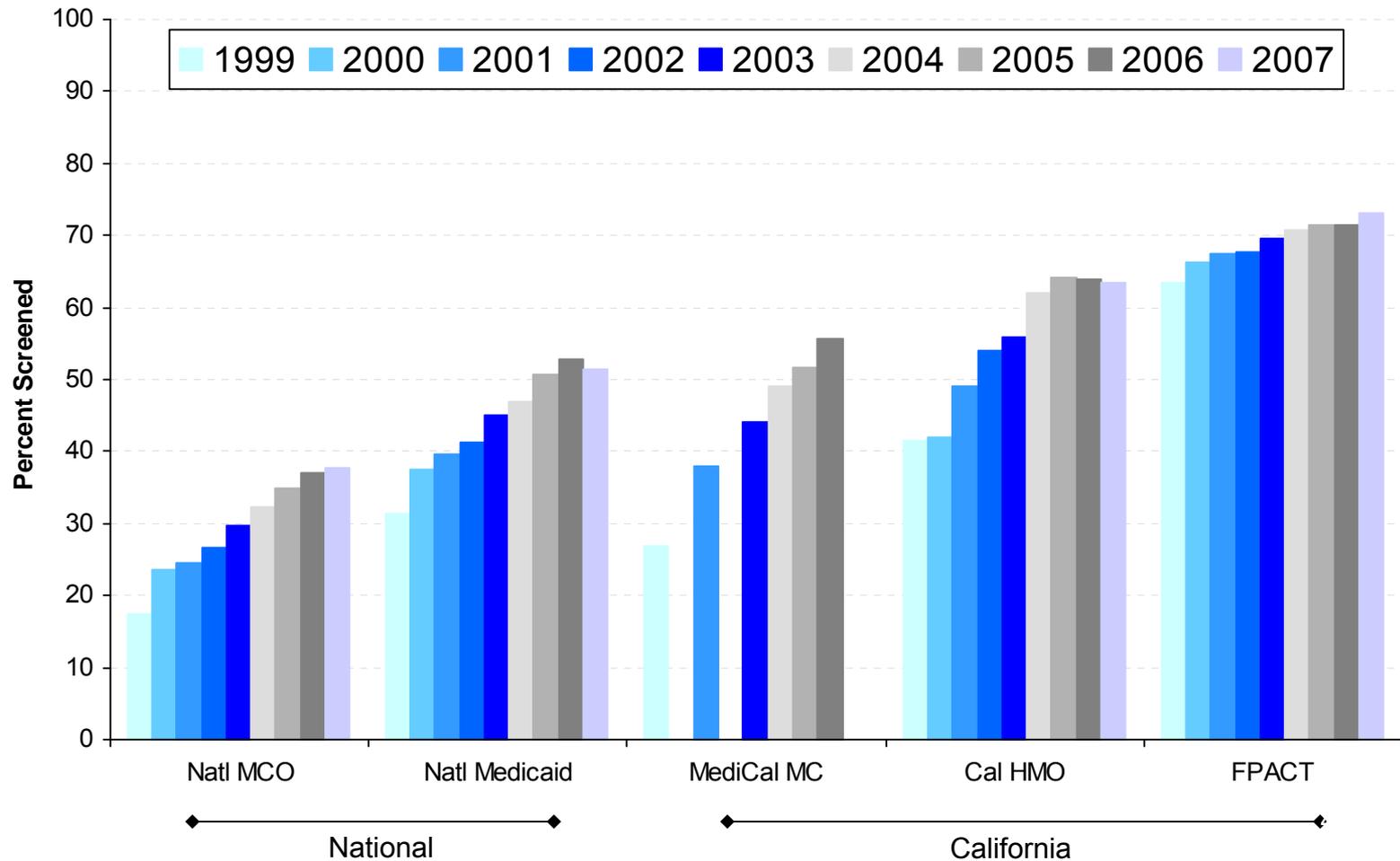
- Screen, screen, screen!
- Detect asymptomatic infections
- *Maximize screening efforts*
 - *Partner services innovation*
 - *Diagnostic opportunities and challenges*

Chlamydia Care Quality Improvement Toolbox

- For health plans, medical groups and provider organizations to:
 - Educate physicians and patients about chlamydia screening, diagnosis, treatment and public health laws
 - Promote compliance with chlamydia screening and treatment practice guidelines



Estimated Chlamydia Screening Coverage (HEDIS), Females 16–26, U.S.A. and California, 1999–2007

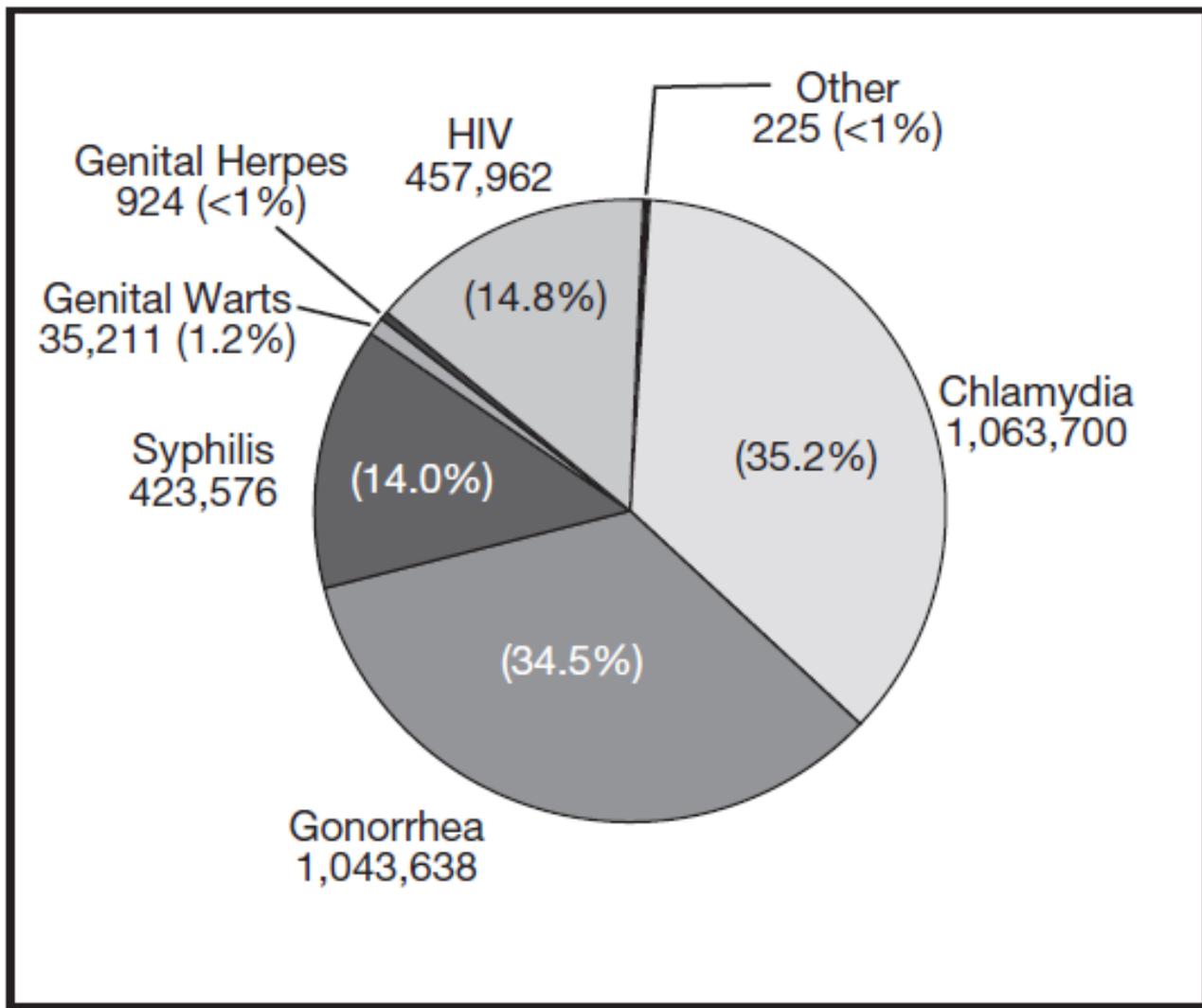


Source: National Committee on Quality Assurance; California DHCS Division of Medi-Cal Managed Care; Kaiser Permanente Northern CA; California DPH Office of Family Planning

Rev. 4/2009

California STD Control Branch

Number and Percent of STI Tests in Family PACT, FY 07/08 N=3,025,236



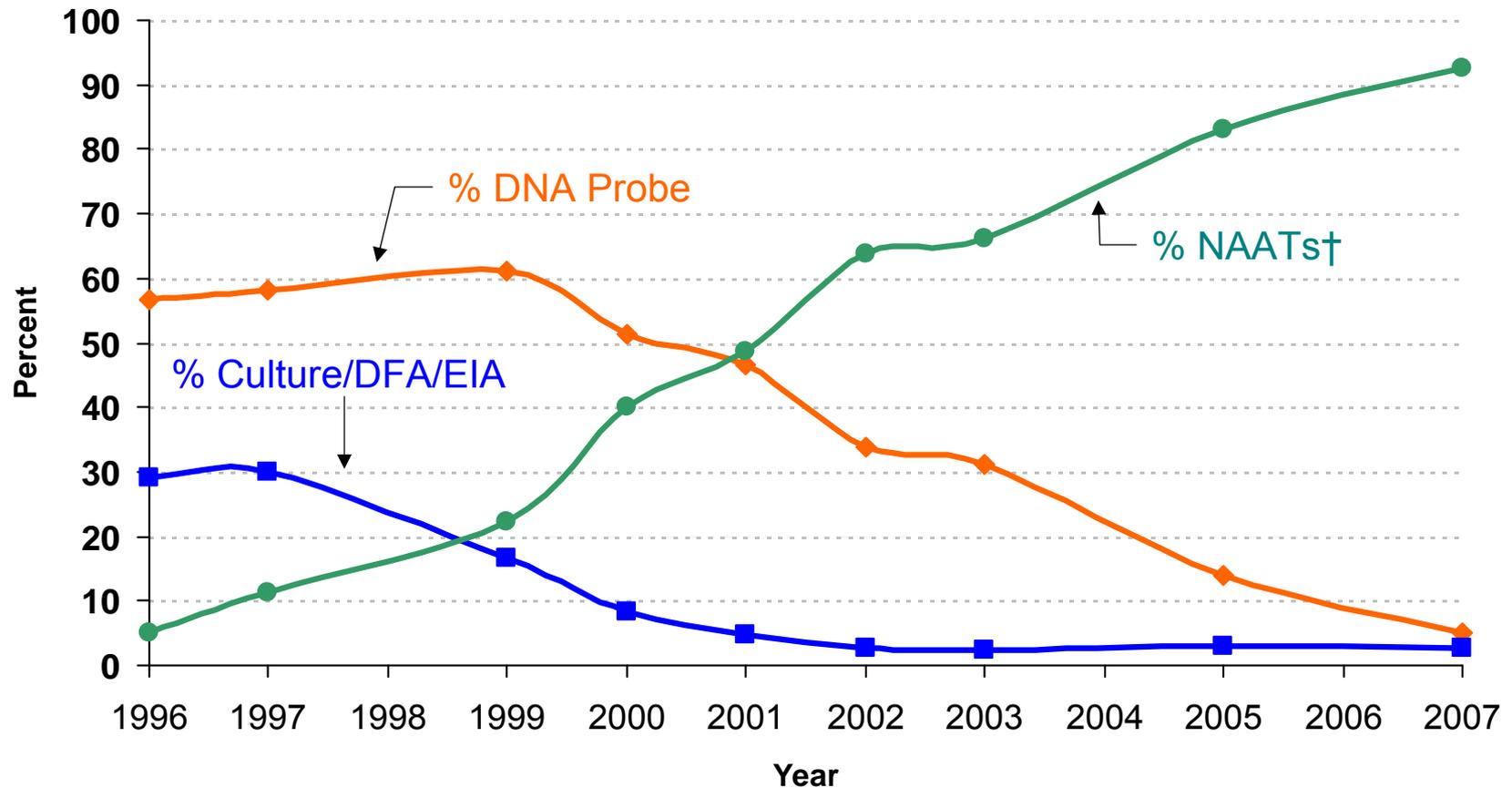
Source: Family PACT Enrollment and Claims Data

Family PACT Laboratory Services, FY 07/08

Laboratory Test	Reimbursement		
	Amount	% of Total	% Chg from previous year
STI Tests	\$87,329,853	74.0%	8.5%
CT	\$40,074,801	34.0%	7.6%
GC	\$38,280,447	32.4%	9.2%
HIV	\$5,343,055	4.5%	11.5%
Syphilis	\$1,960,803	1.7%	9.0%
HPV	\$1,343,737	1.1%	11.6%
GC/CT Combined	\$304,963	<1%	-17.1%
HSV	\$21,070	<1%	-47.4%
Other STI Tests	\$978	<1%	-63.1%
Pap Tests	\$18,167,989	15.4%	0.3%
Pregnancy Test	\$3,689,850	3.1%	-1.2%
Method Related Tests	\$2,023,406	1.7%	-16.6%
Specimen Handling	\$1,027,175	0.9%	2.4%
Fees			
Other Laboratory Tests	\$5,787,074	4.9%	-5.2%
Laboratory Services Total	\$118,025,346	100.0%	5.5%

Source: Family PACT Enrollment and Claims Data

Percent of Chlamydia Tests by Test Type California Annual Lab Survey, 1996–2007



† NAATs: Nucleic acid amplification tests

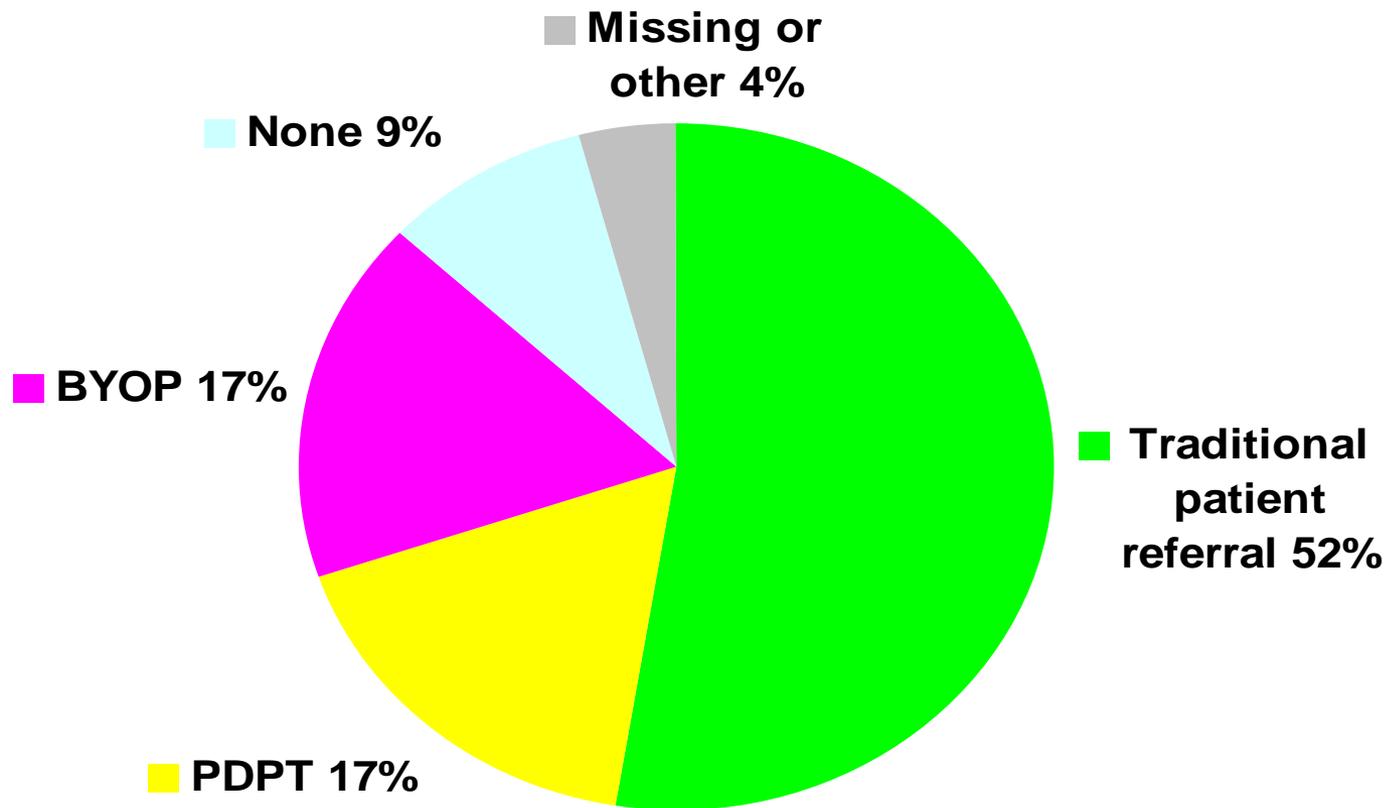
Proposed Targeted CT Diagnostic Guidelines for Women Over Age 25 in California

- Testing based on clear clinical indications:
 - Current contact (exposure) to any STD
 - Clinical signs of cervicitis or PID
 - Newly confirmed or presumptively treated other STD Dx
- Targeted Screening based on risk factors:
 - Partner reports possible other partners during past year!!
 - More than 1 partner during past year
 - New partner during past 3 months

Innovative Partner Treatment Options for Chlamydia and Gonorrhea

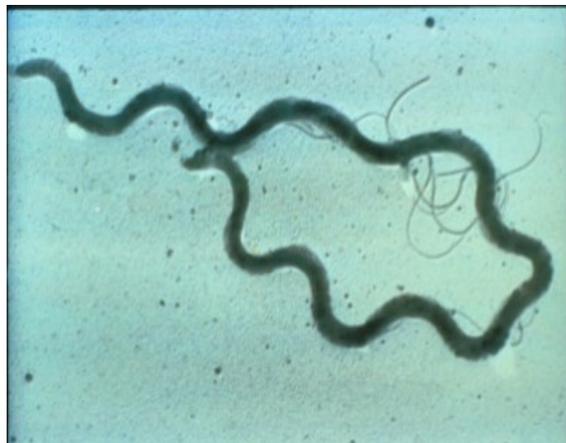
- Patient referral
- Provider/clinic referral
- Health department referral
- Expedited partner treatment (EPT)
 - Patient-delivered partner therapy (PDPT)
 - Health department-delivered therapy
 - Pharmacy-delivered therapy
- Concurrent patient-partner visit
 - Asking patient's to bring partner to clinic (BYOP)

Patient-report of partner management strategies offered in California Family Planning clinics, 2005-2006 (N=992)



Syphilis

The Three “R”s of Syphilis



- Recognize

- Rx

- Report

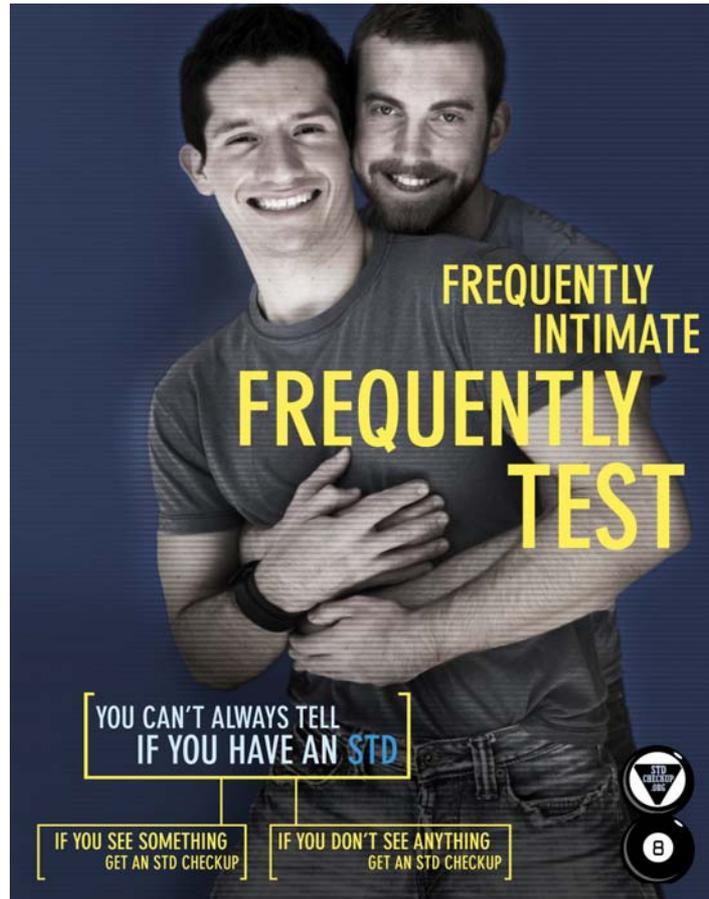
- Maximize screening efforts*

- Partner services innovation*

- Diagnostic opportunities and challenges*

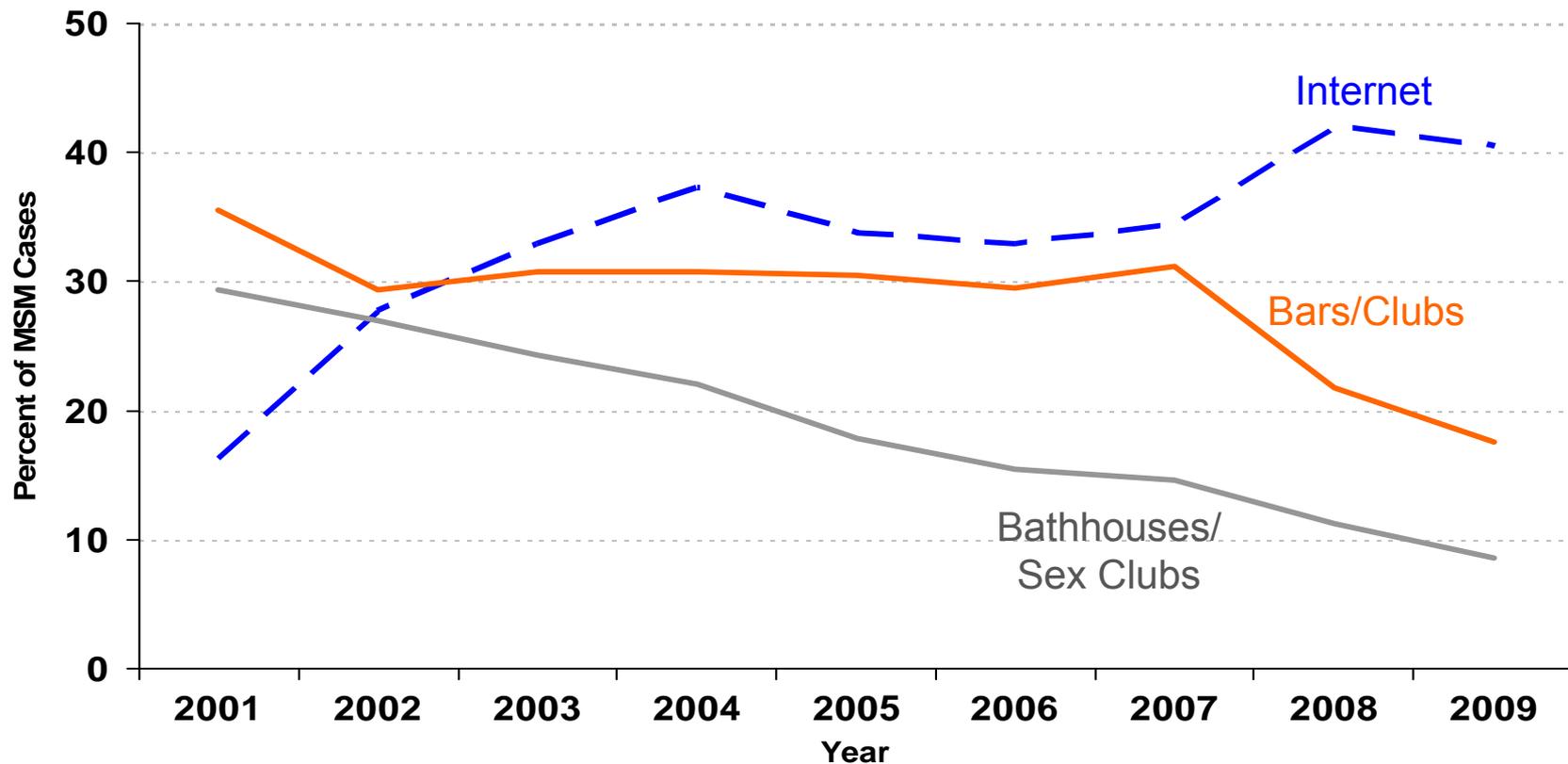
SCREEN, TEST, DIAGNOSE & PREVENT:

A CLINICIAN'S RESOURCE FOR STDs IN
GAY MEN AND OTHER MSM



An initiative of the
California Department of Public Health
STD Control Branch
December 2007

Percent Reporting Meeting Partners at Specified Venues Interviewed Men who Have Sex with Men Primary & Secondary Syphilis Cases, California, 2001–2009





“On the Internet, nobody knows you’re a dog.”

Use the Internet for STD Prevention!

inSPOT -- ecards for telling them about STDs - Microsoft Internet Explorer

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inSPOT
CALIFORNIA

TELL THEM | GET CHECKED | STD INFO | RESOURCES | TESTING

In California, there's an easy way to tell your sex partners you have a sexually transmitted disease (STD). Send them a free inSPOT e-card, ANONYMOUSLY or from your email address, [right here](#).

No information will be reported to any government or private agency. Please respect the community and don't use these cards to spam.

[More About This Site >>](#)
[Community Guidelines >>](#)

No one wants to be the bearer of bad news...
But I got diagnosed with STDs.
(You might have one too)

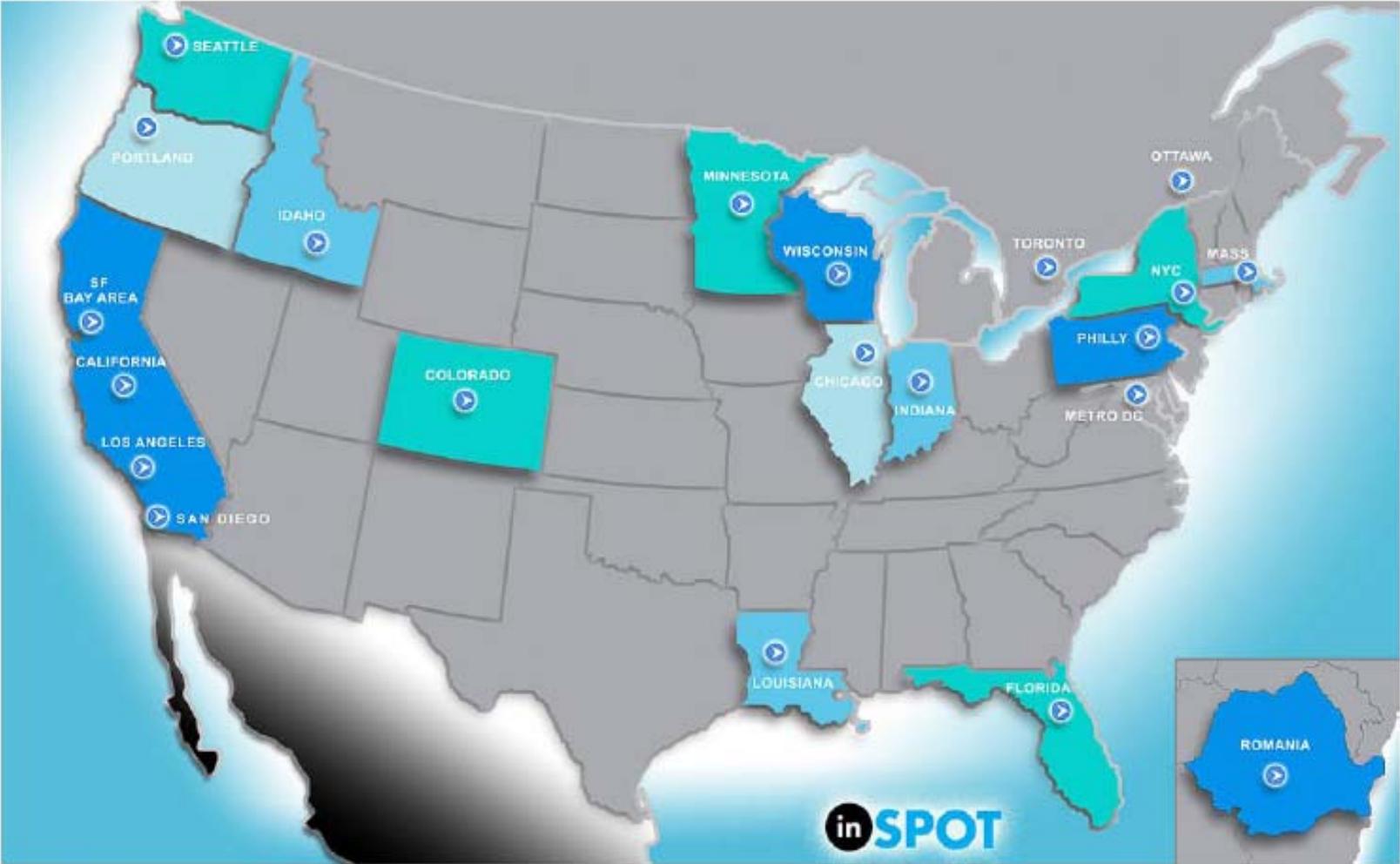


Get checked soon for STDs.

Personal message goes here.

This is from a friend at **inSPOT** the [STD] Internet Notification Service for Partners Or Tricks.

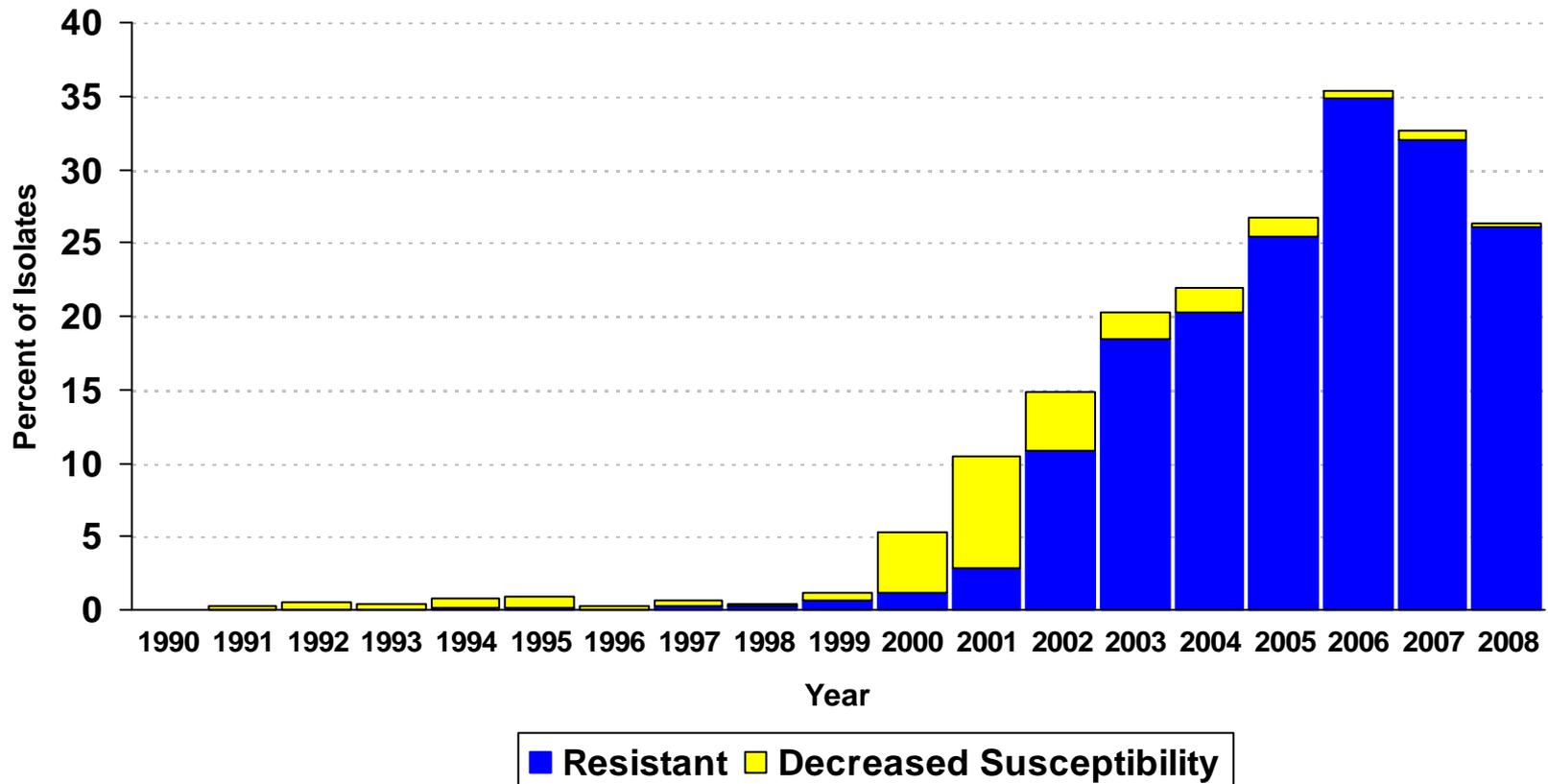
InSPOT Participating Locations



doi:10.1371/journal.pmed.0050213.g003

Figure 3. Currently Participating Jurisdictions

Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates with Decreased Susceptibility or Resistance to Ciprofloxacin in Five California STD Clinics, 1990–2008



Note: Resistant isolates have MICs ≥ 1 μg ciprofloxacin/mL. Isolates with decreased susceptibility have MICs of 0.125 – 0.5 μg ciprofloxacin/mL.

STD Clinic Sites: Long Beach (ended participation in 2007), Los Angeles (added in 2003), Orange, San Diego, San Francisco

Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2006: Fluoroquinolones No Longer Recommended for Treatment of Gonococcal Infections

In the United States, gonorrhea is the second most commonly reported notifiable disease, with 339,593 cases docu-

Recommended regimens for pharyngeal infections:

- Ceftriaxone 125 mg IM x 1
- ~~Ciprofloxacin 500 mg PO x 1~~

Alternative regimens:

- None

Gonorrhea Treatment, 2007

Recommended regimens for urogenital infections:

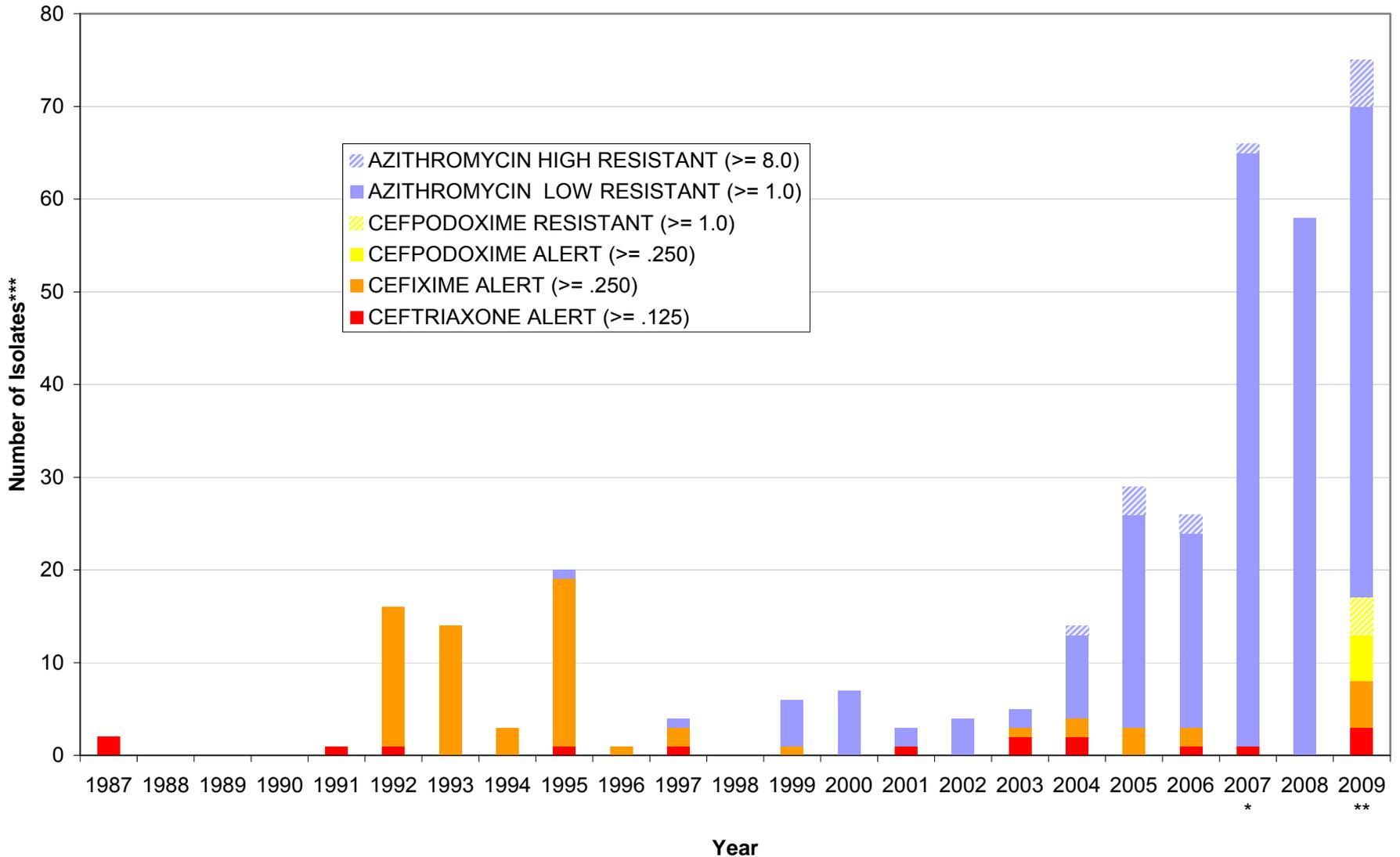
- Ceftriaxone 125 mg IM x 1
- Cefixime 400 mg PO x 1
- ~~Ciprofloxacin 500 mg PO x 1~~
- ~~Ofloxacin 400 mg PO x 1~~
- ~~Levofloxacin 250 mg PO x 1~~

Alternative regimens:

- Cefpodoxime 400 mg po x 1
- Cefuroxime 1 g po x 1
- Spectinomycin 2 g IM x 1

Co-treat for chlamydia unless ruled out *with highly sensitive test NAAT*

GISP Alert Value and Resistant Isolates, CA GISP Data, 1987 - 2009



* Cefixime was dropped from the testing panel at the beginning of 2007 and reinstated in 2009
 ** Cefpodoxime was introduced in 2009; 2009 data not complete
 *** Can be more than one per isolate



Gonorrhea – Treatment Issues

- Suspected cephalosporin treatment failures should be cultured, and if positive:
 - perform susceptibility testing,
 - consult a ***specialist*** for treatment guidance
 - Report case to CDC through state and local HD
 - HD should prioritize partner notification
- The CDC website or state HD can provide the most current information

GC Culture Candle Jar



 Mosby
STD Atlas, 1997

CDC STD Performance Measures

STD Prevention Activities	Performance Measures
CT Screening and Positivity	% of females tested for CT in juvenile detention facilities % tested who are positive
CT/GC Timely Treatment	% of women treated for CT and GC within 14d and 30d from date of specimen collection in FP and STD clinics
Completeness of Surveillance Data	% of cases reported by disease (CT/GC/P&S/EL/CS) with complete age, race, sex, gender of sex partner (P&S/EL only), county and date of specimen collected
Timeliness of Surveillance Data	% of cases reported by disease (CT/GC/P&S/EL/CS) and submitted to CDC within 30d and 60 d from date of specimen collection

CDC STD Performance Measures

STD Prevention Activities	Performance Measures
P&S Timely Treatment	% of P&S cases treated within 14d and 30d from date of specimen collection
P&S Partner Services	% of P&S syphilis cases interviewed within 7, 14, and 30d from date of specimen collection, per P&S case
P&S Partner Services	% of contacts of persons with P&S syphilis with epi treatment or brought to treatment within 7, 14, and 30d after date of interview, per P&S case
GC Partner Services* * Non-HMAs only	% GC cases interviewed within 7, 14, and 30d from date of specimen collection

CA STD Performance Measures

STD Prevention Activities	Performance Measures
Primary Prevention	% of high impact schools and CBOs whose staff receive STD education training
Primary Prevention	% of school and CBO staff that integrate STD education curricula into their current lesson plans or programs
STD Specialty Clinical Services?	
Others?	

Evidence-based Monitoring Action Planning

1. Target population
2. Intervention
3. Implementation Plan
4. Expected outcomes
5. Examine and evaluate the data and re-consider the intervention

STD State and Federal Budget Reductions

- Loss of State Public Health Laboratory STD FTEs and Expertise
 - 4 FTEs since 1999
- Reduction of DIS field investigators
 - 62 in 1999
 - 41 in 2005
 - 26 in 2009
 - 24 in 2010
- Deployment to H1N1

LHD STD Prevention Priorities 2010-2011

- Prioritize, target and be realistic
- Refining Focus
 - 12 High Morbidity Jurisdictions
 - 3 Core STD components selected
 - Surveillance
 - Secondary prevention services
 - Primary prevention services

High to Medium Morbidity Jurisdictions

High Morbidity:

- Los Angeles (4)
- San Diego (8)
- Orange (20)
- Riverside (24)
- Alameda (25)
- Sacramento (25)
- San Bernardino (25)
- San Francisco (28)

Medium Morbidity:

- Santa Clara (36)
- Contra Costa (42)
- Fresno (44)
- Kern (44)
- Long Beach (51)
- San Joaquin (57)
- San Mateo (62)
- Ventura (62)

Selected based on sum of P&S syphilis, GC, CT and population rank order for all LHJs for 2007-2009

3 STD Priority Activities in 10 LHJs

1. SCIP
 - Leverage partners to integrate STD prevention into their existing programs
 - Focus on youth serving agencies and schools
2. CLASP
 - Juvenile Hall Chlamydia screening program for girls
3. Surveillance and Disease Investigation
 - Improve timeliness and completeness of local CMR surveillance
 - Case report surveillance for GC and infectious syphilis
 - Case management of priority P&S syphilis cases and GC alert or treatment failures
 - HIV PS for co-infected clients with syphilis or other STDs and HIV
4. Report on Performance Measures
 - Use for program improvement

Funding for 3 STD Priorities in 10 LHJs

1. SCIP

- Median \$45,000 (range \$10,000 - \$75,000)

2. CLASP

- Median \$45,000 (range \$10,000 - \$50,000)

3. Surveillance and Disease Investigation

- .5 – 1.0 DIS DA position
- \$30,000
- Total state STD program support to high morbidity LHJs
 - \$110,000 - \$245,000

STD Control Branch Priorities 2010

- Surveillance and Assessment
 - CalREDIE
 - LHJs survey of infrastructure and priorities
 - Analytic models to guide PS interventions
- Primary Prevention
 - SCIP
- Secondary Prevention
 - ClaSP, home CT testing and repeat testing
 - GUD PCR for primary syphilis diagnosis
 - DIS priorities
 - Field investigation, provider visitation, surveillance

STD Control Branch Priorities 2010

- Systems interventions and statewide coordination
 - Assessment and assurance in the evolving health care delivery system
 - Guidelines and Toolkits
 - Planning, prioritizing, leveraging and targeting
 - Sharing best practices and TA
 - PCSI and racial disparities
 - Collaborations and partnerships
 - Health care reform
 - CCAC, IPP, SEE, ASHWG, AHVP, HPV vaccine, corrections
 - Training – STD Program management and DIS PS

STD Resources

California STD Control Branch

- www.std.ca.gov

National Network of STD/HIV Prevention Training Centers

- www.stdhivpreventiontraining.org

CDC Treatment Guidelines

- www.cdc.gov/std/treatment