Health Departments: Your Partners in Implementing Emerging Test Technology

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About NCSD

Vision: A nation without sexually transmitted diseases.

Mission: To advance effective STD prevention programs and services in every community across the country.

NCSD does this as the voice of our membership. We provide leadership, build capacity, convene partners, and advocate.
NCSD’s Strategic Directions

- Capacity building
- Policy advocacy
- National leadership
- Strategic communications
- Promoting health equity
In 2016 STDs Still a Public Health Problem

by Kelly Weichlinski, MPH, MT(ASCP), director, Infectious Diseases Program

STD case rates in the United States are rising at an alarming pace. This past November, CDC released a report that showed 2016 saw increased rates of all three nationally notifiable STIs for the first time since 2006. There was a 2.8% increase in chlamydia cases, a 5.1% increase in gonorrhea cases and a 15.1% increase in syphilis cases when compared to cases reported in 2013. This news immediately followed a shocking CDC report that came out the week before showing that cases of congenital syphilis, babies born infected with syphilis contracted from their mothers, jumped 38% between 2012 and 2014 to 458 babies.

Part of what makes this development so disturbing is that all three of these diseases are easily treatable. The very successful test and treat strategy, encouraged by public health, promises treating positive patients and their sexual partners immediately after diagnosis with short course antibiotics often available in a single dose.

Why is this happening?

There are likely many factors that are contributing to this trend, including decreased condom use among young people in fear about HIV/ AIDS decline and increased use of IUDs in young women decrease concerns about unplanned pregnancy. Increased screening for chlamydia and gonorrhea in non-genital sites may also be part of the reason for the upturn. However, the increases also align with the timing of decreases in the funding provided to public health to combat this problem.

STDs have historically been mainstays of public health prevention and control activities. In 1996, the US Surgeon General, Thomas Parran, Jr. advocated for an active public health response to syphilis including a plan to largely increase the amount of testing performed. “The effort was supported with governmental funds. Since then US citizens have relied on publicly funded STD clinics and laboratories to screen, test and treat these highly stigmatized illnesses. However, recently decreasing support for STD prevention, including the elimination of the Healthy People Program in 2012, has contributed to the closing of many STD clinics and a significant decline or elimination of STD testing services offered in public health laboratories.

As an example, Illinois announced in October that the state’s public health laboratories would no longer perform STD testing, a decision that affected more than 100 jails, health departments and family planning programs. The reasoning followed that of other decision makers who chose to close STD clinics that those public services would be picked up by the private sector. However, that does not appear to be the case. CDC’s November report cites, among other things, a decline in the number of 15-19-year-olds screened for STDs, lack of treatment, in 45% of the mothers who delivered babies with congenital syphilis and lack of syphilis testing provided for 15% of mothers who received prenatal care.

What does this mean for the future?

It’s clear that the lines between public health and healthcare are becoming increasingly blurry. While there are many positive aspects to this convergence, decision makers should not ignore the longstanding, effective role that public health has played in STD prevention and control. The public health approach of testing, treating and tracking infected individuals, informing contacts and educating the public works, and could complement healthcare delivery in the private sector. We have more work to do to make those connections stronger in order to prevent the spread of easily treatable diseases.

US Case Rates for STDs – 1941-2015

Reported cases per 100,000 population

*complete reporting started in 2000

http://www.economist.com/blogs/graphicdetail/2016/10/daily-chart-17
If Chlamydia was a city, it’s population would be the 6th largest in the U.S.
Challenges: Point of Care Tests
Health Department Perspectives
How Health Departments Respond to STD Case Reports

**GOAL:** Find undiagnosed persons with STD/HIV infection, ensure adequate treatment, and halt transmission in the community
Current Surveillance System

Patient seeks testing → Specimen sent to laboratory
Current Surveillance System

1. Patient seeks testing
2. Specimen sent to laboratory
3. Case is reported to HD
4. Results are reported to physician
Current Surveillance System

1. Patient seeks testing
2. Specimen sent to laboratory
3. Case is reported to HD
4. Results are reported to physician
5. Patient receives diagnosis and treatment
Current Surveillance System

Patient seeks testing

Specimen sent to laboratory

Case is reported to HD

Case is reported to CDC

Results are reported to physician

Patient receives diagnosis and treatment

Patient receives diagnosis and treatment
Surveillance with POC Tests

Patient seeks testing

Case is reported to HD

Case is reported to CDC

Physician tests patient

Patient receives diagnosis and treatment
Neisseria gonorrhoeae — Percentage of Isolates with Elevated Ceftriaxone Minimum Inhibitory Concentrations (MICs) (≥0.125 μg/ml) and Elevated Cefixime MICs (≥0.25 μg/ml), Gonococcal Isolate Surveillance Project (GISP), 2006–2015

Opportunities: Point of Care Tests
Health Department Perspectives
How Health Departments Respond to STD Case Reports

Identify new eligible cases
- Diagnosed in clinic
- Surveillance report
- Provider referral

Conduct Interview
- Assure treatment
- Education & counseling
- Solicit partner information for follow up

Partner Notification
- Email
- Websites
- In person

Linkages to PrEP or HIV Care

GOAL: Find undiagnosed persons with STD/HIV infection, assure adequate treatment, and halt transmission in the community
Rapid Syphilis Test Findings

Data timeframe: May 2015 to August 2015

- 673 RST Tests Performed
  - 83% Males (557 Tests)
  - 17% Females (116 Tests)
- 27 RST Positives Identified (4.0%)
  - All Males
  - 52% Confirmed Positive through standard serologic draw
  - 48% Tested negative with standard serologic draw
  - 4% No RSA test results available
    (unsatisfactory specimen; inadequate specimen; and improper handling of specimen)
Texas: Implementation of RST in 4 local labs

- 225 SHC tests conducted
  - Age 33.8 (16-71)
  - 25% Female, 75% Male
  - 21% AA, 47% Hispanic, 27% White

- 31 co-infected with HIV (7 new infections)

- 170 Cases Identified
  - 27 Primary
  - 54 Secondary
  - 62 Early Latent
  - 27 Unknown Duration

Courtesy of Syndey Minnerly, Syphilis Elimination Coordinator, HIV/STD/TB/Hep Care Branch, Texas Dept of State Health Services
The Role of PH Laboratories

• Support STD Programs in assuring quality testing and results by assisting with
  • Test selection
  • Training
  • Test interpretation
  • The need of additional testing

• Support STD Programs with assuring quality testing and quality results through
  • Electronic data exchange
  • Billing
Save the Date!

NCSD 2017 Annual Meeting

November 14-17, 2017
Washington, DC Capital Area
at
The Westin Alexandria

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With gratitude for the brilliant and patient minds of the APHL STD Subcommittee Members.