

STD Annual Training Webinar: Congenital Syphilis Update, EPT and Extra-Genital Testing

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Congenital Syphilis Update



NH DIVISION OF
Public Health Services
Department of Health and Human Services





CLOSING U.S. PREVENTION GAPS IS CRITICAL TO REDUCE SYPHILIS IN NEWBORNS



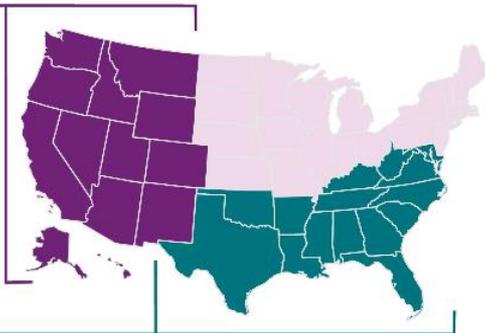
IN 2018, **NEARLY 9 IN 10** newborn syphilis cases in the U.S. were in the **South and West**

IN THE WEST

Lack of timely prenatal care was the most common missed opportunity



41%



IN THE SOUTH

Lack of adequate treatment* was the most common missed opportunity



34%

CDC. Missed Opportunities for Prevention of Congenital Syphilis — United States, 2018. MMWR Morb Mortal Wkly Rep. ePub: 4 June 2020.

*Adequate treatment is a penicillin-based regimen initiated 30 or more days before delivery.

Source: U.S. Centers for Disease Control and Prevention

TEST & TREAT TO PREVENT SYPHILIS IN NEWBORNS

HEALTHCARE PROVIDERS SHOULD:



Test all pregnant women for syphilis at their first prenatal visit



Re-test women at risk or living in high-burden areas at 28 weeks & again at delivery



Treat* all women with diagnosed or suspected syphilis **immediately** using long-acting benzathine penicillin G; test & treat sex partner(s)

CDC. Missed Opportunities for Prevention of Congenital Syphilis — United States, 2018. MMWR Morb Mortal Wkly Rep. ePub: 4 June 2020.

*Adequate treatment is a penicillin-based regimen initiated 30 or more days before delivery. Source: U.S. Centers for Disease Control and Prevention

Centers for Disease Control retrieved from:
<https://www.cdc.gov/nchstp/newsroom/2019/2018-STD-surveillance-report.html#Graphics>

Congenital Syphilis: Missed Opportunities

- ▶ US cases increased 261% during 2013–2018
- ▶ **1 in 2 newborn syphilis cases in the United States occur due to gaps in testing and treatment during prenatal care**
- ▶ Most commonly missed opportunities for prevention:
 - lack of adequate maternal treatment despite timely diagnoses of syphilis (31%)
 - lack of timely prenatal care (28%)
 - late identification of seroconversions (11%)

Kimball A, Torrone E, Miele K, et al. Missed Opportunities for Prevention of Congenital Syphilis — United States, 2018. *MMWR Morb Mortal Wkly Rep* 2020;69:661–665.

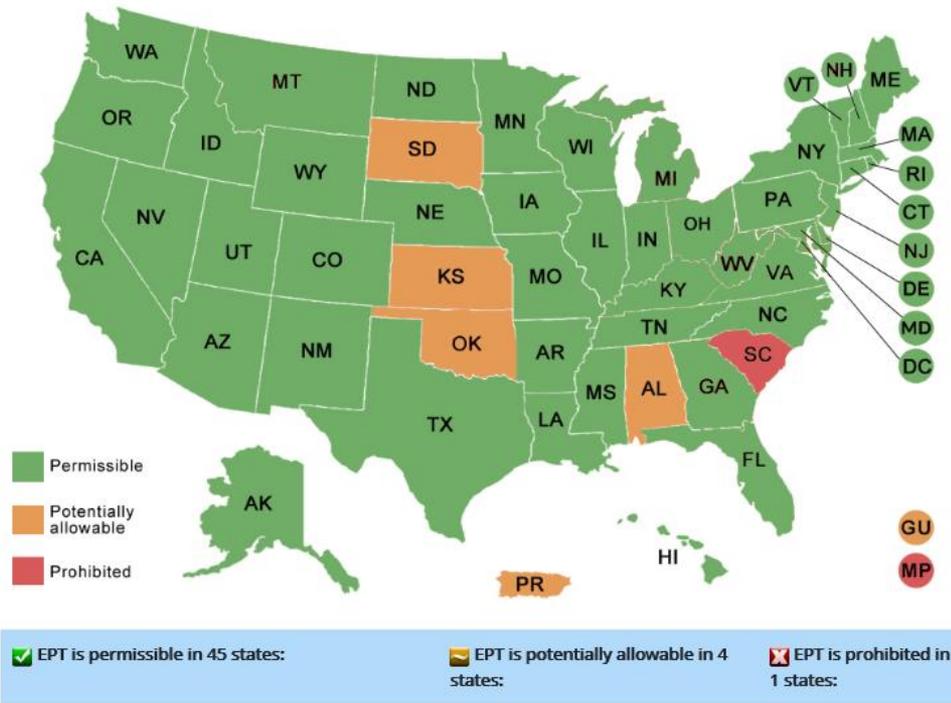
Congenital Syphilis in NH

- ▶ NH case in 2018 (total=1): Prenatal labs RPR NR, syphilis acquired in third trimester & delivered one week later
- ▶ NH case in 2019 (total=2): Prenatal labs RPR NR, syphilis acquired in second trimester & not retested even in presence of symptomatic lesions
- ▶ 2019 cases have increased in females (all stages) and in cases diagnosed in pregnancy
- ▶ 2020 – several women appropriately treated during pregnancy (no cases)
 - Still room for improvement – remember to test at delivery!

NH Sexual Health Challenges 2020

- ▶ Schools adapting to online learning environment – how has that affected Sexual Health education?
- ▶ STD clinics at Manchester & Nashua Health Departments closed – no free care referrals
 - **Challenge Accepted-DHHS STD investigations have continued uninterrupted during COVID response**
- ▶ Ambulatory care offices closed or limited availability
 - **Challenge Accepted-DHHS updated EPT materials/Focus on pharmacist partnership**

Expedited Partner Therapy (EPT)



<https://www.cdc.gov/std/ept/legal/default.htm>

Expedited Partner Therapy (EPT)

- ▶ **Providing patients with Partner Treatment:**
 - Antibiotics (also known as Patient Delivered Partner Therapy-PDPT) OR
 - Antibiotic prescription (Prescription EPT)
- ▶ **Partners:**
 - Heterosexual sex partner(s) within last 60 days (CT/GC)
- ▶ **Goal:** Decrease re-infection and increase number of partners treated
- ▶ **Legality:** Under NH law RSA 141-C:15-A; law went into effect May 9, 2017

Schilinger JA, et al. *Sexually Transmitted Diseases*. 2016;43(2S):563-575.

Additional Guidance on Expedited Partner Therapy (EPT)

- ▶ EPT is an important harm reduction strategy in STD control
 - Reserved for situations where a partner would not otherwise receive treatment
- ▶ EPT has been studied and shown to be safe and effective for gonorrhea and chlamydia
- ▶ Not recommended for syphilis
 - Healthcare evaluation needed:
 - Stage of syphilis (e.g., early versus late)
 - Rule out complications (i.e., neurologic, ocular or otic symptoms)
 - Pregnancy
 - Laboratory tests
 - Confirm syphilis diagnosis and follow response to care are essential

Centers for Disease Control (CDC) retrieved from:
<https://www.cdc.gov/std/prevention/std-clinic-guidance-during-covid-19-webinar-5-12-2020.pdf>

Patients NOT Eligible for EPT

- ▶ Men who have sex with men (MSM)
 - a high risk for coexisting infections in partners, especially undiagnosed HIV infection and syphilis
- ▶ Pregnant partners
 - A healthcare provider should evaluate these individuals for testing and treatment
- ▶ Treatment of pharyngeal gonorrhea infections
 - Limited effectiveness of cefixime
- ▶ Known allergies or contraindications to recommended medications



EPT Treatment 2020

Gonorrhea

800mg of cefixime orally in a single dose

PLUS

*1 gram of azithromycin orally in a single dose

OR

400mg of cefpodoxime orally every 12 hours x 2 doses

PLUS

*1 gram of azithromycin orally in a single dose

Dual antibiotic therapy is necessary to fully treat gonorrhea.

Chlamydia

*1 gram of azithromycin orally in a single dose

*If azithromycin not available and partner is not pregnant, may use doxycycline 100mg PO twice a day for 7 days

<https://californiaptc.com/wp-content/uploads/2020/04/InterimSTDxGuidelines-CAPTC.pdf>

California Prevention Training Center (CPTC) retrieved from:
<https://californiaptc.com/wp-content/uploads/2020/04/InterimSTDxGuidelines-CAPTC.pdf>

EPT Prescription FAQ's

- ▶ Do I need to include the sex partner's name/DOB?
 - No, in NH it is acceptable to leave blank BUT it is more likely to be accepted by a pharmacist with a name

- ▶ Do I need to include educational materials?
 - Yes, every RX should have directions for use PLUS patient information on STDs (see EPT Resources on DHHS web site: <https://www.dhhs.nh.gov/dphs/bchs/std/ept.htm>)

- ▶ Can EPT be given to minors?
 - Yes, minors age 14 or older may receive confidential EPT BUT consider barriers to access

NH Department of Health & Human Services retrieved from:
<https://www.dhhs.nh.gov/dphs/bchs/std/ept.htm>

Real World Prevention: Optimizing the Impact of EPT

- ▶ Studies: RCTs that established efficacy were PDPT
- ▶ Real world: Most index-patients given RXs
- ▶ Barriers to RX EPT:
 - More steps to achieve partner treatment
 - Travel to pharmacy
 - Medication cost
 - Adolescents may be less likely to use parents' insurance
 - Public setting
 - Pharmacist refusal to fill prescriptions
 - Electronic prescribing challenges

Schillinger JA. Optimizing the Impact of Expedited Partner Therapy. *Sexually Transmitted Diseases*. 2018;45(5):358-360.

Emerging Research: EPT Implementation Strategies

- ▶ Suggests EPT should be provided as medication whenever possible, especially for adolescents
- ▶ Successful setting: student health center
 - 76% of vouchers redeemed
 - Collaboration between clinic and on-site pharmacy
- ▶ Barriers: travel to obtain meds, cost of meds, limited EPT knowledge of pharmacists (RX can be rejected)
- ▶ Solutions: medical distribution programs, pharmacist education/collaboration

Slutsker, Jennifer Sanderson MPH*; Tsang, Lai-yi Bella RPh, MS, MBA†; Schillinger, Julia A. MD, MSc*,‡ Do Prescriptions for Expedited Partner Therapy for Chlamydia Get Filled? Findings From a Multi-Jurisdictional Evaluation, United States, 2017–2019, *Sexually Transmitted Diseases*: June 2020 - Volume 47 - Issue 6 - p 376-382.

Extra-Genital Testing



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Don't Forget the Extra-Genital Testing!

▶ **WHO:**

- MSM
- Transgender women
- People living with HIV
- People who report receptive anal and/or oral sex

▶ **WHEN:** Testing at least **annually**, or every **3 to 6 months**

▶ **Urine-only screening: Up to 90% of rectal gonorrhea and 77% of rectal chlamydia infections remain untreated in MSM***

▶ **OPPORTUNITY: Discuss PrEP**

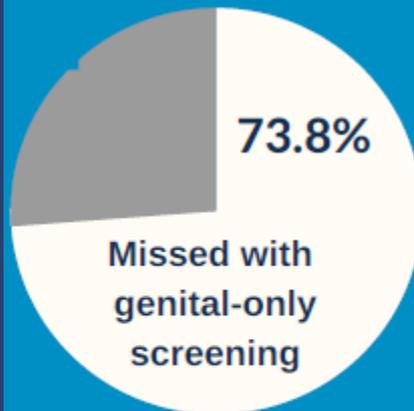
(California PTC retrieved from: <https://californiaptc.com/extragenital-screening>)

*Marcus JL, Bernstein KT, Kohn RP, Liska S, Philip SS. Infections missed by urethral-only screening for chlamydia or gonorrhea detection among men who have sex with men. *Sexually Transmitted Diseases*. 2011 Oct 1;38(10):922-4.

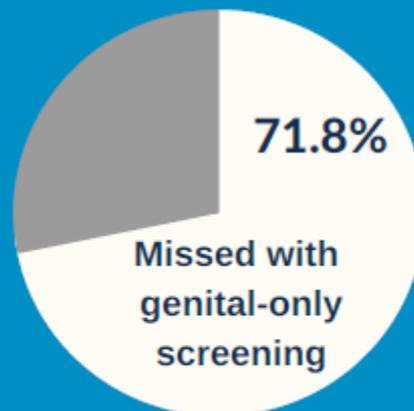
Extra-Genital Testing for CT/GC: MSM

FOR PROVIDERS: DID YOU KNOW?

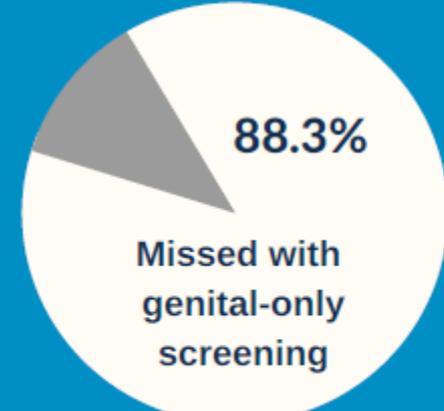
**Pharyngeal
Gonorrhea**



**Rectal
Gonorrhea**



**Rectal
Chlamydia**



By: The Gay Men's Health Equity Work Group (GMHE)

National Alliance of State and Territorial AIDS Directors (NASTAD) retrieved from:
<https://www.nastad.org/resource/prioritizing-health-msm-extragenital-std-screening-call-action>

Extra-Genital Testing MSW/WSM: An Unknown Disease Burden

▶ MSW

- Rate of pharyngeal GC 3.1% (35% of GC infections in MSW)
- 36% MSW with pharyngeal GC tested negative at their urogenital site
- Younger age or a higher # of sex partners increases pharyngeal GC prevalence in MSW

▶ MSM

- Rates of pharyngeal GC 8.5%, rectal GC 15.0%, and rectal CT 16.5%

▶ WSM

- Rates of pharyngeal GC 3.8%, rectal GC 4.8%, and rectal CT 11.8%

Bamberger, David M. MD*†‡; Graham, Georgia MD*§; Dennis, Lesha BA†; Gerkovich, Mary M. PhD‡ Extragenital Gonorrhea and Chlamydia Among Men and Women According to Type of Sexual Exposure, *Sexually Transmitted Diseases*: May 2019 - Volume 46 - Issue 5 - p 329-334.

References

- ▶ Bamberger, David M. MD*†‡; Graham, Georgia MD*§; Dennis, Lesha BA†; Gerkovich, Mary M. PhD‡ Extragenital Gonorrhea and Chlamydia Among Men and Women According to Type of Sexual Exposure, *Sexually Transmitted Diseases*: May 2019 - Volume 46 - Issue 5 - p 329-334.
- ▶ Bachmann LB, Barrow R, Workowski K. STD Treatment Options During COVID-19. 2020 May 12, www.cdc.com
- ▶ California Prevention Training Center. Interim STD Treatment Recommendations During COVID-19 for Symptomatic Patients. 2020 April, www.californiapctc.com
- ▶ Kimball A, Torrone E, Miele K, et al. Missed Opportunities for Prevention of Congenital Syphilis — United States, 2018. *MMWR Morb Mortal Wkly Rep* 2020;69:661–665.
- ▶ Marcus JL, Bernstein KT, Kohn RP, Liska S, Philip SS. Infections missed by urethral-only screening for chlamydia or gonorrhea detection among men who have sex with men. *Sexually Transmitted Diseases*. 2011 Oct 1;38(10):922-4.
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Additional Questions?

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Thank You for your participation!