



Re-Imagining Partner Services: A New Era of STD/HIV Prevention and Control

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California State Syphilis Prevention Summit
January 10, 2017
USC - Radisson
Los Angeles, California





Overview

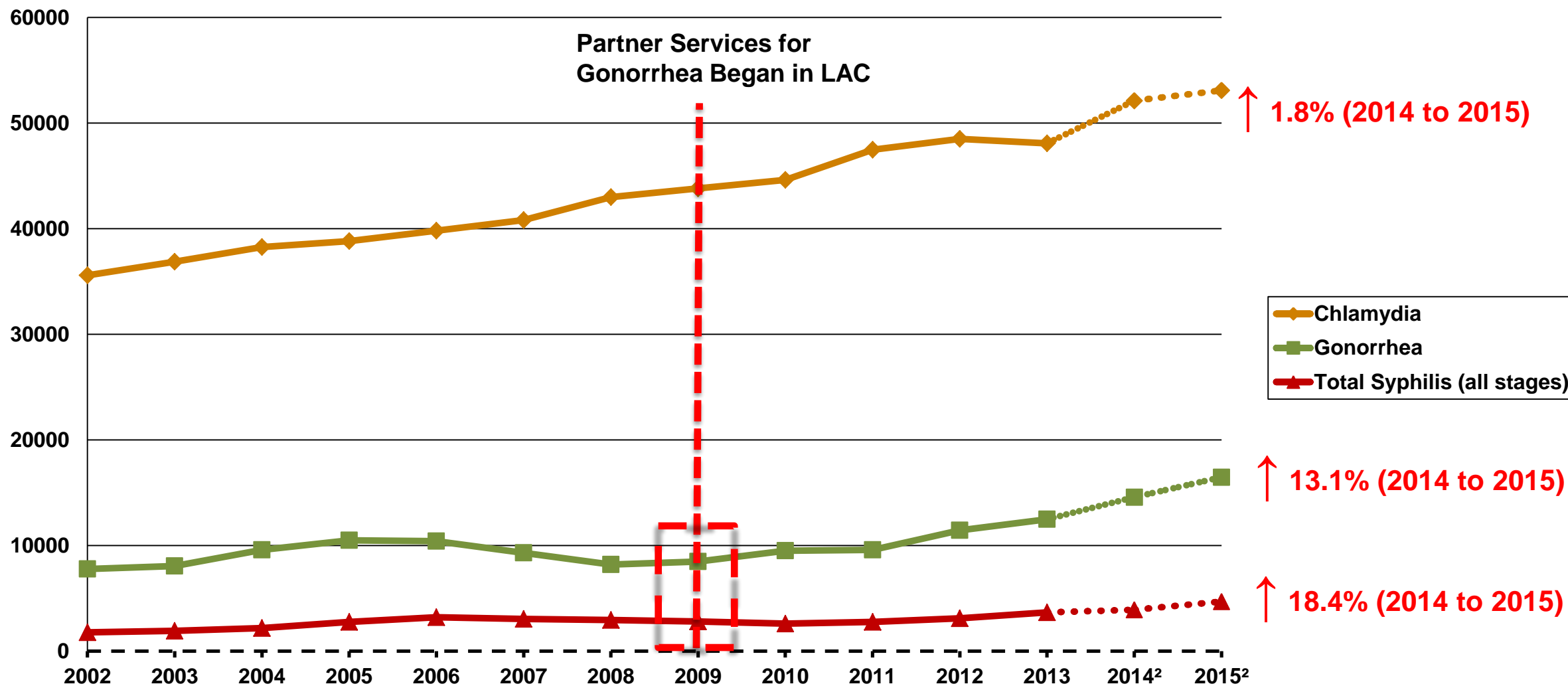
- Description of the process used to assess our current partner services strategy
- Key Data Points (Ryan):
 - STD epidemic: dramatically rising case numbers
 - Resources allocated for disease control have not increased
 - Increasingly unmanageable workload for PHIs
 - Existing partner services data suggests the current approach is not yielding the desired results (compare: syphilis vs. gonorrhea)
- How do we implement changes based on the findings (Sophia)



The STD Epidemic: A Quick Review

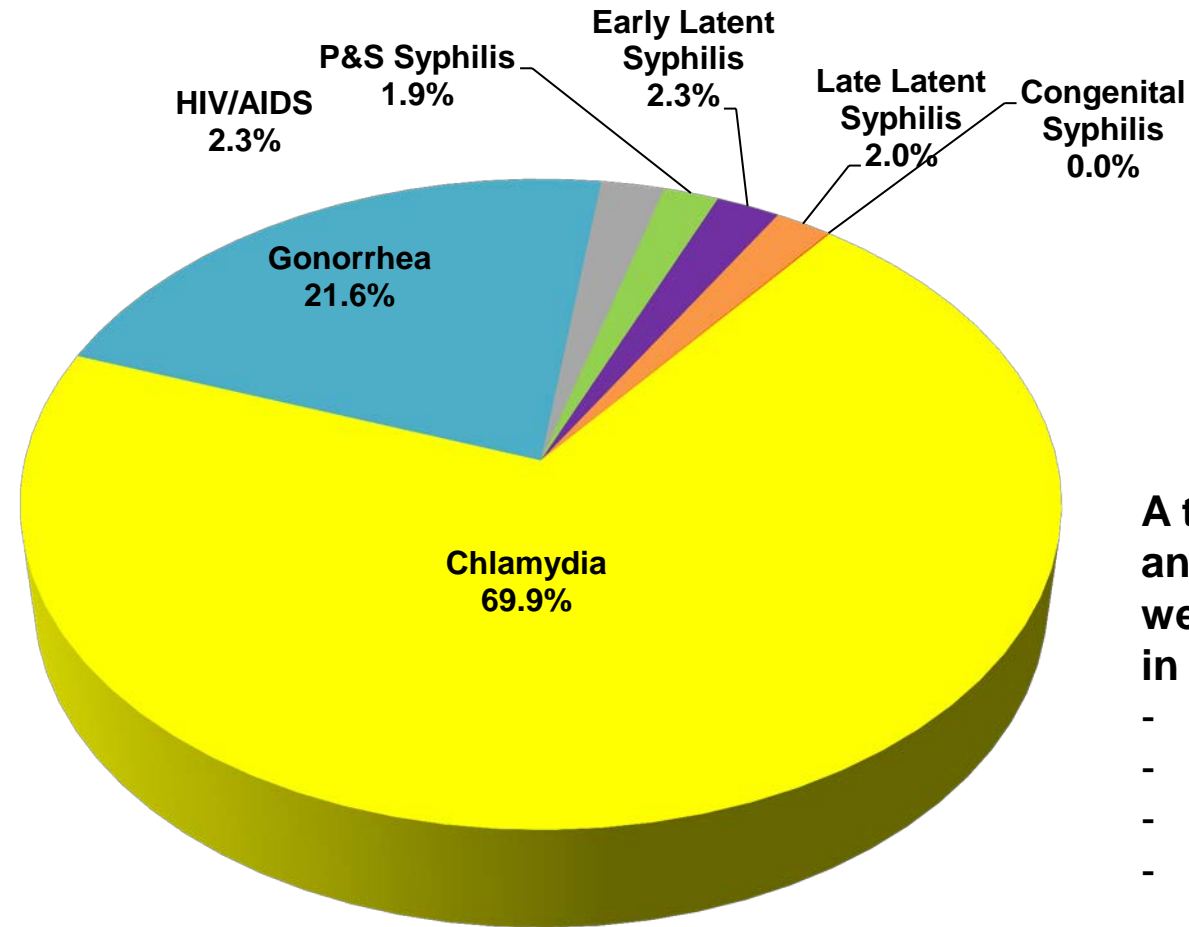


Number of Reported Cases of Syphilis (all stages), Gonorrhea, and Chlamydia, Los Angeles County, 2002-2015¹



1. Does not include cases reported in the cities of Long Beach and Pasadena; total syphilis includes all cases staged as primary, secondary, early latent, late latent, and unknown duration
 2. 2014 and 2015 data are provisional due to reporting delay.

Reported STD and HIV/AIDS Cases Los Angeles County, 2015¹

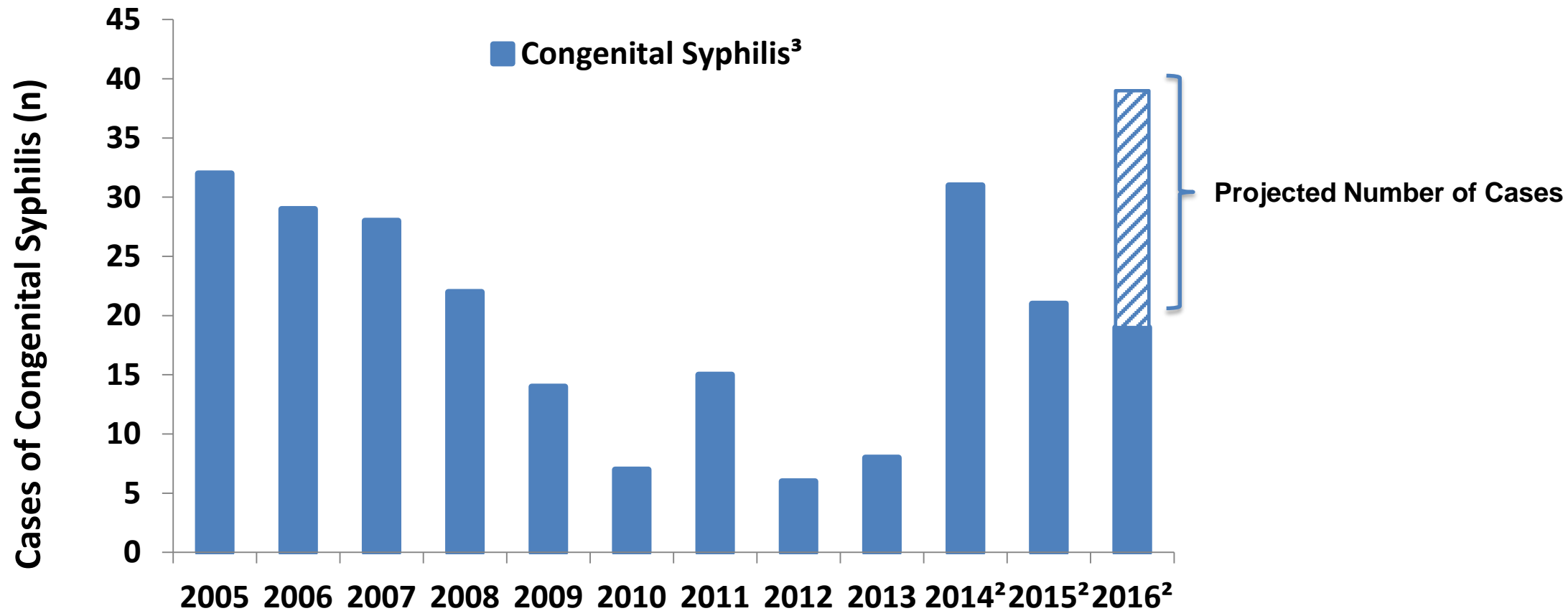


A total of 80,880 STD and HIV/AIDS cases were reported in LAC in 2015:

- 69.9% Chlamydia
- 21.6% Gonorrhea
- 6.2% Syphilis
- 2.3% HIV/AIDS

1. Data are provisional due to reporting delay.

Number of Congenital Syphilis Cases, Los Angeles County, 2005-2016¹



Source: Division of HIV and STD Programs

¹ Data are from STD Casewatch as of 07/18/2016 and exclude cases in Long Beach and Pasadena.

² 2014-2015 data are provisional due to reporting delay. 2016 data are preliminary.

³ Congenital Syphilis includes syphilitic stillbirths.



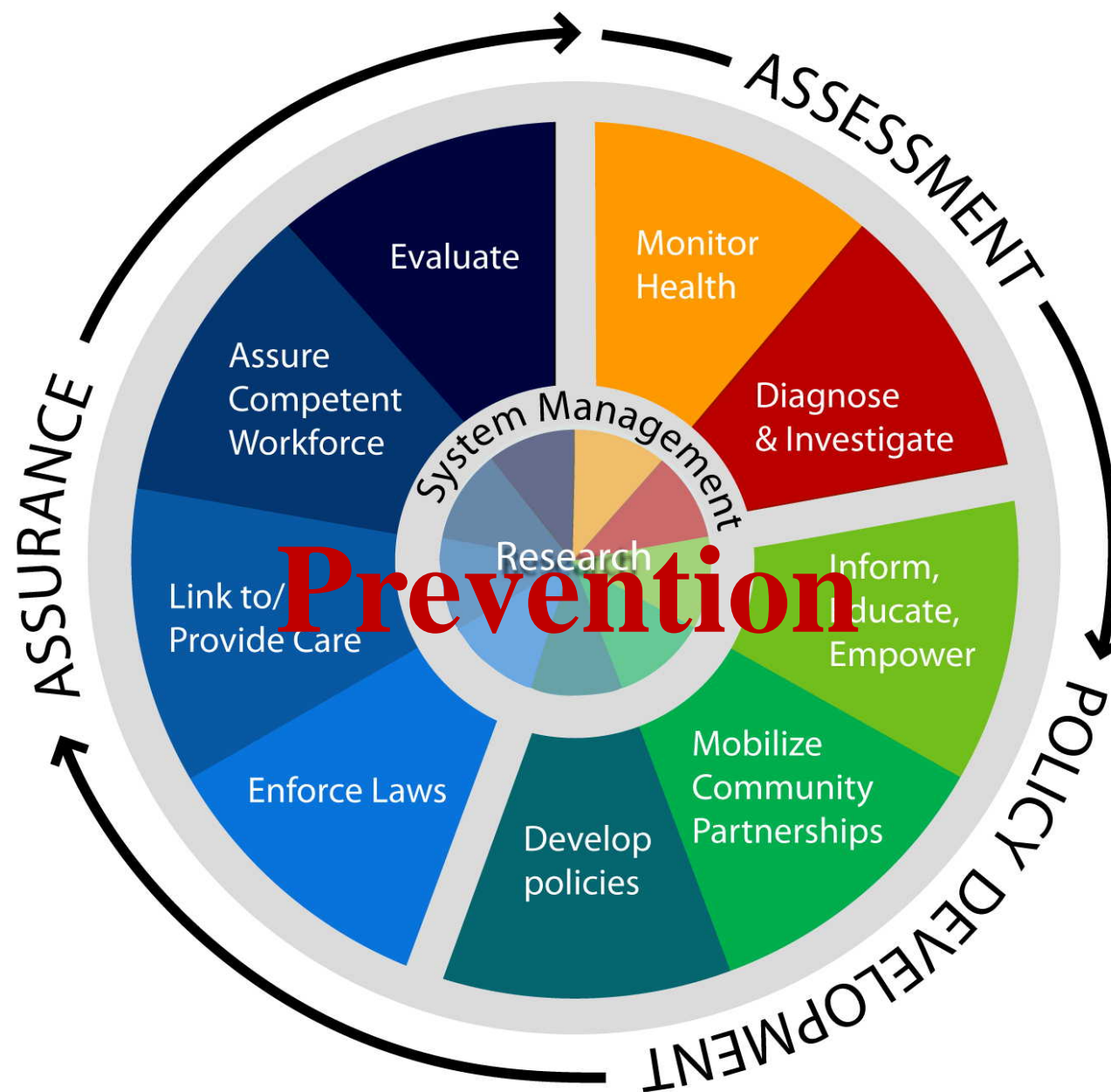
Partner Services





Partner Services activities
is one part of an overall
STD Prevention and
Control strategy

Public Health Model





How Can Partner Services Help Stop an STD Epidemic?

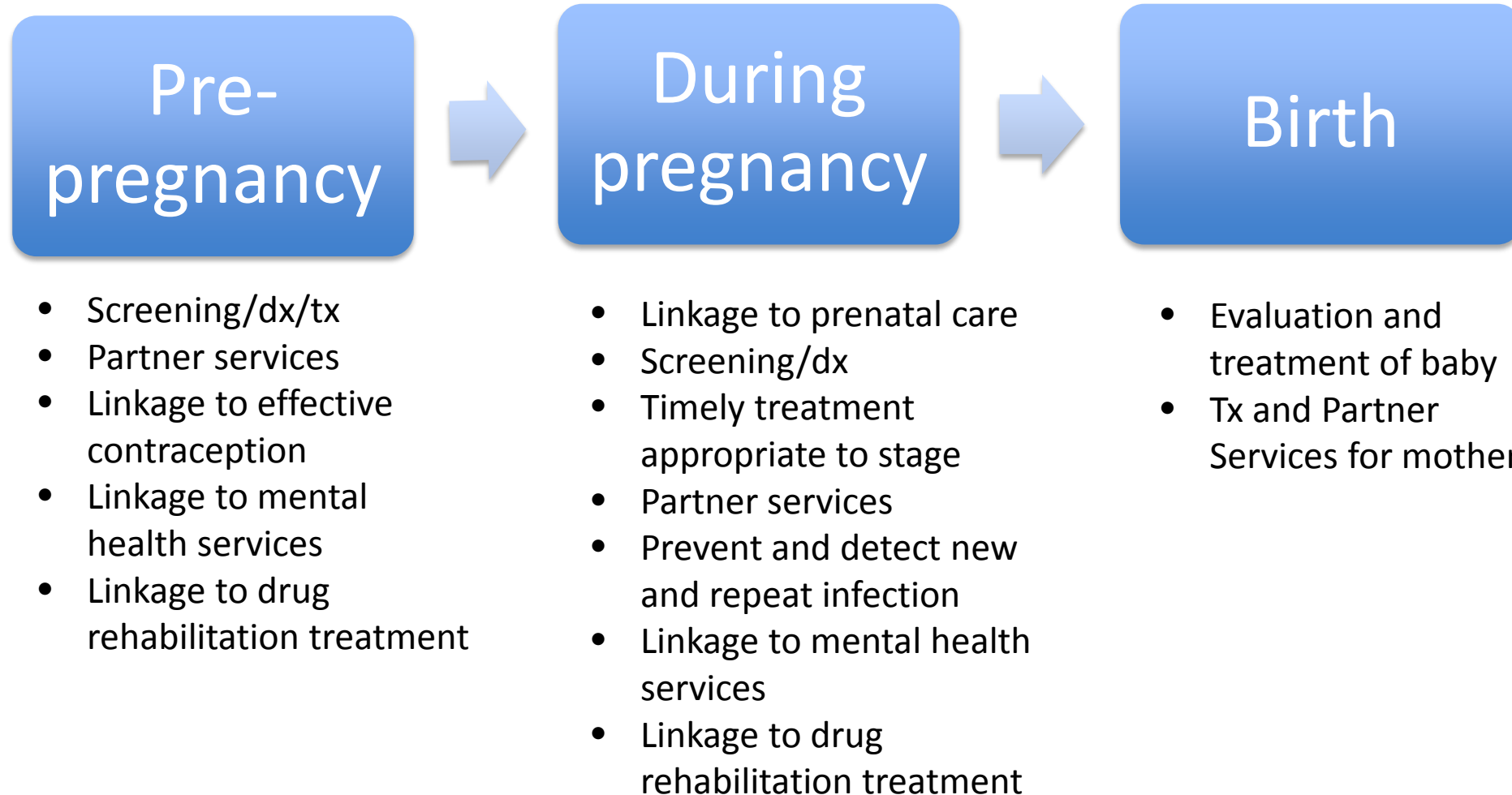




How does Partner Services Help Control an STD Epidemic?

- By bring sexual partners of index cases to treatment, partner services can help interrupt the chain of transmission
 - However, this approach is most effective if partners are treated before they are infectious to others (i.e. during the incubation period of the disease)
- **Incubation Periods:**
 - Syphilis: 21 days
 - Gonorrhea: 2-7 days
 - Chlamydia: 14 days

Points of Intervention to Prevent Congenital Syphilis





Time to Interview for Assigned Cases





Timeliness of Interviews of Index Cases, among Interviewed Cases in 2015 (from date of specimen collection)

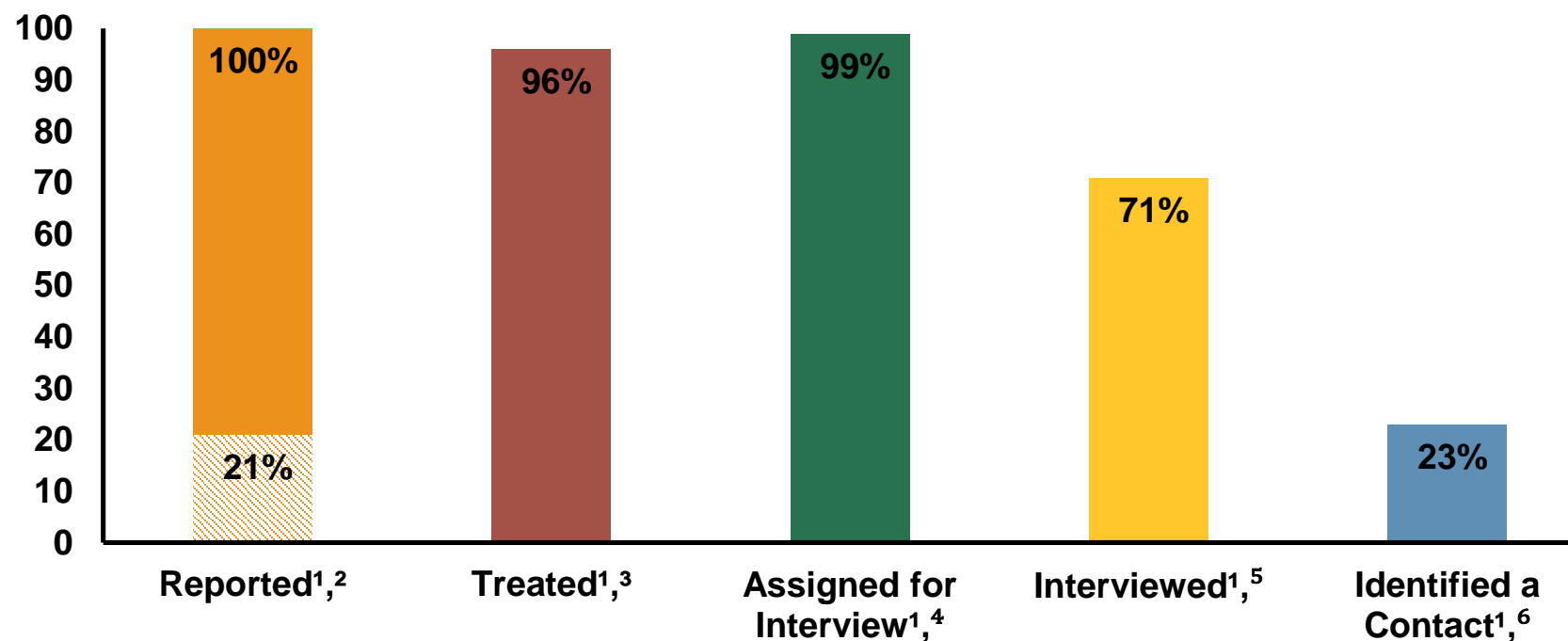
- Syphilis
 - 44% interviewed within 21 days
- Gonorrhea
 - 29% interviewed within 21 days
- Chlamydia
 - 32% interviewed within 21 days



2015 Continuums: PS Activities in the Context of Total LAC Morbidity



Index Case Continuum: Syphilis (all stages), LAC, 2015



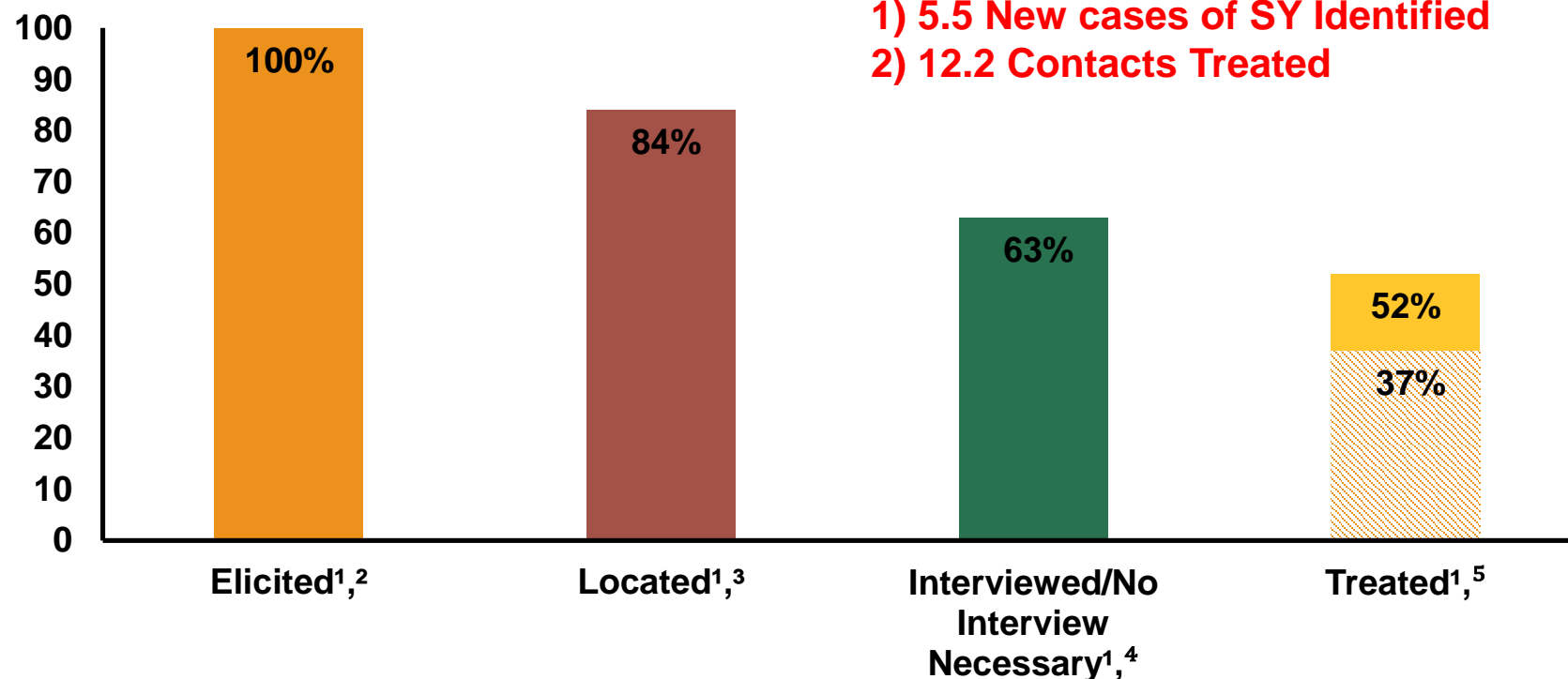
1. Denominator is 4,613 syphilis (SY) cases reported in Los Angeles County (LAC) in 2015, after excluding cases that were out of jurisdiction (OOJ). These cases were staged as: primary or secondary (n=1,425), early latent (n=1,674) and late latent/late (1,514).
2. Numerator is # SY cases reported in LAC in 2015 after excluding cases that were OOJ; 16% were reported by county-run STD clinics and 5% were reported by county-run hospitals.
3. Numerator is # SY cases with documented treatment information.
4. Numerator is # SY cases assigned to a field services staff member for investigation.
5. Numerator is # SY cases interviewed by field services.
6. Numerator is # SY cases who identified at least one sexual and/or cluster contact; does not include cases that notified contacts themselves or that received provider-delivered partner services.

Elicited Contact Continuum: Syphilis (all stages), LAC, 2015

Per 100 SY Cases Reported in LAC:

1) 5.5 New cases of SY Identified

2) 12.2 Contacts Treated



1. Denominator is 1,514 contacts elicited from 1,056 syphilis (SY) index cases in 2015. Of these contacts: 1,341 were sexual partners, 153 were clusters, and 20 were missing information on contact type.
2. Numerator is # of contacts identified by index cases in 2015.
3. Numerator is # of contacts located by field services; excludes contacts with a disposition of “unable to locate,” “insufficient information to begin investigation,” “administrative/system closure,” or that were missing a disposition.
4. Numerator is # of contacts who were either interviewed or had a disposition which indicated that their infection and/or treatment status was confirmed. A total of 256 new cases of syphilis were identified from these interviews. These new cases were staged as: primary (n=42), secondary (n=46), early latent (n=126), and late latent/late (n=42).
5. Numerator is total # of partners with documented treatment information; 37% of contacts had a disposition of “infected – brought to treatment” (n=256) or “preventative treatment – new” (n=307).



How do Gonorrhea Outcomes Compare to Syphilis?

- What proportion of GC cases are interviewed?
 - 39% (vs. 71% for syphilis)
- What proportion of GC cases identify at least one sexual/cluster contact?
 - 13% (vs. 23% for syphilis)
- For every 100 cases of GC in LAC, Partner Services resulted in:
 - 2.5 new cases identified (5.5 for syphilis)
 - 4.1 contacts treated (12.2 for syphilis)



Summary of Findings





Summary

- STD burden has dramatically increased in LAC since partner services for GC was implemented in 2009
 - Put a strain on our limited partner services resources
- Partner services outcomes are better for syphilis than gonorrhea
 - Faster time to interview
 - More new cases identified (per 100 cases)
 - More contacts treated (per 100 cases)



Where Do We Go from Here?





Things Considered

- Understanding the intervention
 - Partner Services includes
 - Treatment verification
 - Linking to treatment and care
 - Case management
 - Partner elicitation
 - Partner notification
 - Client centered counseling and education
- Public Health vs. Medical Care
- Available human and financial resources



Need to Reprioritize Activities to Produce the Maximum Benefit

- How do we do that?
 - Align priorities based on the effectiveness of the approach and the morbidity associated with the disease
 - Utilize a targeted approach that recognizes the reality that we have inadequate resources to address all STDs with traditional approaches
- Priorities:
 - Acute or untreated HIV
 - Congenital syphilis prevention = Syphilis in females
 - Syphilis in males
 - GC in prioritized cases only (youth, rectal infections, HIV/Syphilis co-infections)



Need to Reprioritize Activities to Produce the Maximum Benefit (cont'd)

- Syphilis cases are not currently being worked in a timely manner
 - 1,794 open investigations countywide (as of 10/31/16)
- To address this:
 - Focus on the most effective strategies
 - Engage and involve more DPH staff to focus efforts on syphilis
 - 60% worked by DHSP PHIs
 - ~30% worked by District PHIs
 - ~10% worked by District PHNs



Need to Reprioritize Activities to Produce the Maximum Benefit (cont'd)

- To address this (cont'd):
 - Deprioritize GC cases (~12,000 not worked) except the following:
 - Newborns, mothers, pregnant women, and children with GC
 - Suspected child abuse cases
 - Rectal GC
 - CT follow-up for only:
 - Newborns with CT conjunctivitis
 - Infants with CT and born to mothers with CT
 - Pregnant and post partum females with CT (TX verification only)
 - Children 12-18 w/o treatment (Tx verification only)
 - Improving surveillance, lab reporting, and database processes



What Do We “Give Up”?

- Adult males without rectal GC (approx. 8,900 cases)
- Adult non-pregnant females without rectal GC (approx. 3,500 cases)
- Adult males with CT diagnosed at STD clinics
- Adult non-pregnant females with CT diagnosed at STD clinics
- Limited follow-up (Tx Verification) for rectal GC cases and CT cases



What Other Services Will Complement These Changes?

- ↑ Expedited Partner Therapy (EPT/PDPT)
- ↑ PrEP
- ↑ Provider education
- ↑ Provider follow-up
 - Enhance community embedded disease investigation (CEDIS) programs
 - Ensure providers follow-up on their own cases
 - Consider using other staff from STD clinics to follow-up on non-priority cases
- ↑ Partner Services evaluation and data dissemination
- Educate staff re: community based prevention programs and activities
- Community Engagement in communities with high burden



How Do We Get This Done?





How Do We Get This Done?

- In depth analysis of data
- Consultations with CBA providers, CDC, State, and other jurisdictions
- Convene group of Dept. of Public Health (DPH) leadership and secured “buy-in” from Health Officer and DPH leaders
- Develop implementation plan and timeline to include:
 - Update PS protocol (pending)
 - Update nursing protocols
 - Revise Syphilis Reactor Grid
 - Develop PHN training
 - Recruitment fair for Public Health Investigators
 - Update LA County Acute Communicable Disease Control Manual
 - Implement enhanced PHN Training (pending)
 - Re-program STD CaseWatch (pending)
 - Implement



“What if we don’t change at all ...
and something magical just happens?”



Thank you