CDC Division of STD Prevention Town Hall: Questions from the Field

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Centers for Disease Control and Prevention

NCSD
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Changes at CDC
CDC Staff Updates

New to CDC
- CDC Director - Brenda Fitzgerald
- PDQIB Branch Chief - Jennifer Fuld
- OD Special Assistant - Amber Herald

Retired
- FSB Branch Chief - Norman Fikes
Public Health Prioritization of Infectious Diseases
What criteria are used for CDC to select an STD as a national priority?
Criteria for Selecting Nationally Reportable Conditions and Prioritizing Public Health Programs

- Frequency
- Severity
- Associated disparities
- Costs
- Preventability
- Communicability
- Public interest
Combating Antibiotic-Resistant Bacteria (CARB)

Seven Threat Assessment Criteria:
- Clinical impact
- Economic impact
- Incidence
- 10-year projection of incidence
- Transmissibility
- Availability of effective antibiotics
- Barriers to prevention

Three Urgent Threats:
- *Clostridium difficile*
- *Carbapenem-resistant Enterobacteriaceae*
- Drug-resistant *Neisseria gonorrhoeae*
GOALS

- Eliminate congenital syphilis
- Prevent primary and secondary syphilis
- Prevent antimicrobial oddslot resistant gonorrhea
- Prevent STD related PID, ectopic pregnancy, and infertility
- To . . .

Protect people and help them live safer, healthier lives
STD Roadmap

STRATEGIES

- Enhance STD Surveillance
- Promote cost-effective STD interventions (e.g. outbreak investigations, testing and treatment, partner services, linkage to care)
- Increase uptake of CDC screening and treatment recommendations
- Strengthen the evidence for STD prevention and control
STD Roadmap

METHODS

- Use existing data sources and enhance case reports
- Use advanced molecular techniques
- Identify emerging trends
- Develop tools and resources while supporting innovative models
- Expand reach of STD clinical prevention training centers and establish DIS certification
- Develop EHR clinical decision support tools
- Describe transmission dynamics and cost-effective strategies
- Understand the role of biomedical interventions
- Promote the development of vaccines, therapeutics and point of care diagnostic test
Young Adults
- CT and GC screening
- Treat patients
- Offer partners treatment
- **Goal:** Prevent adverse reproductive health outcomes caused by STD infection

Pregnant Women
- Syphilis/CT/GC screening
- Treat patients
- Offer partners treatment
- Conduct DIS investigation for syphilis cases
- **Goal:** Eliminate congenital syphilis and adverse birth outcomes related to CT and GC

MSM
- Integrate syphilis, GC, and CT (triple site testing) screening and treatment into comprehensive sexual health services
- Offer BYOP
- Implement express services for testing every 3-6 months
- **Goal:** Improve men’s health
Future Direction of STD Programs
What does the future look like for STD prevention programs?
Future Role of STD Prevention Programs

- Less direct service delivery if those services can be provided by the health care delivery system
- More investment in assessment, assurance and policy development
  - Identify STD prevention safety net needs
  - Foster public/private partnerships
- Develop better STD prevention program impact metrics
- Enhance public health workforce capacity
STD rates hit another record high, with California near the top

Syphilis, Gonorrhea, Chlamydia Rates Rising for First Time in Years: CDC

USA – New STD cases “hit record high in US”

America faces uncontrollable STD epidemic

STD rates hit all-time highs for the third year in a row

“Every baby born with syphilis represents a tragic systems failure,” Gail Bolan, director of CDC’s Division of STD Prevention, said in the news release. “All it takes is a simple STD test and antibiotic treatment to prevent this enormous heartache and help assure a healthy start for the next generation of Americans.”

“Increases in STDs are a clear warning of a growing threat,” Jonathan Mermin, director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, said in a news release. “STDs are a persistent enemy, growing in number, and outpacing our ability to respond.”

CDC reports rise in STDs in the United States

Sex diseases in the US surge to record high with more than 2 MILLION cases of chlamydia, gonorrhea and syphilis

CDC: 3 sexually transmitted diseases hit record highs across U.S.

New STD cases hit a record high in the US, government says

STD rates reach record high in U.S., government says

There is now a gonorrhea superbug and we can’t get rid of it

The Most and Least Sexually Diseased States

Jimmy Kimmel
What is the CDC’s vision for the future of small, rural state STD Programs?
How do we define rural?

- Multiple definitions depending on the organization
- 2 major definitions:

**The Census Bureau**
- identifies two urban areas
  1) Urbanized Areas (UAs) of 50,000 or more people
  2) Urban Clusters (UCs) of at least 2,500 and less than 50,000 people
- Rural: all population, housing, and territory not included within an urban area

**Office of Management and Budget**
- Metropolitan, Micropolitan, or Neither
- Metropolitan: core urban area of 50,000 or more population
- Micropolitan: at least one urban cluster of at least 10,000 but less than 50,000 population
- Rural: all counties that are not part of a metropolitan statistical area
10 Most Rural States

- North Dakota
- Vermont
- Virgin Islands*
- Wyoming
- South Dakota
- Montana
- Maine
- New Hampshire
- Rhode Island
- Idaho
- Alaska
Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs (September, 2015) and Jurisdictions Determined to be Experiencing or At-risk of Significant Increases in Hepatitis Infection or an HIV Outbreak Due to Injection Drug Use Following CDC Consultation (November, 2017)

Legend
- Vulnerable Counties
- Jurisdictions determined to be experiencing or at-risk of outbreaks

DATA SOURCES: ESRI, EUROPA, CDC Consultations on Determinations of Need Requests, www.cdc.gov/hiv/risk/steps-jurisdictions.html

In 2016 the national gonorrhea rate was 145.8 cases per 100,000 population.
Rural States: STD Programs

- Perform core STD program work
  1. Surveillance
  2. Disease investigation including innovative activities if large distances
  3. Promote screening and treatment in the health care system
  4. Disseminate local data and information to the health care community and general public
  5. Policy development

- PCSI models – blended funding of positions with HIV, VH and TB programs
- Enhance partnerships
Where does the DIS Certification process stand?
DIS Certification Project Overview

Feasibility Study
- Determine feasibility of DIS certification

Foundational Activities
- Job Task Analysis
- Enumeration
- Communication Channels & Products (DIS Registry)
- Health Dept Accreditation Overlay

Model Determination
- Test Portfolio Recs

Implementation*
- Implementation Plan
  - Activates to be implemented
  - Training Solutions
  - Long-term Sustainability
DIS Certification Program: Implementation, Recommendations & Next Steps

- Implement a test-based certification model
- Select an organization eligible for certification accreditation to administer and manage the DIS national certification program including the training on the certification process
- Assess training needs and develop comprehensive training plan
- Develop DIS accreditation standards as part of health department accreditation
- Consider unit-based model for health departments in addition to individual test-based certification
What is the future of the field services branch in the division?
| **INVESTIGATING HEALTH PROBLEMS IN THE COMMUNITY** | • STD case investigations  
• Contact tracing  
• Outbreak response, including immediate, ground-level community engagement and contact tracing  
• Collection of surveillance, epidemiologic, and community assessment data |
| **LINKING PEOPLE TO SERVICES** | • Linkages to comprehensive STD prevention (screening, testing, treatment, expedited partner therapy, vaccination, condoms)  
• Linkages to STD-related HIV prevention (testing, care, PrEP, PEP)  
• Linkages to safety net services for co-occurring conditions (primary health care, behavioral health, intimate partner violence, substance use disorders, family planning, prenatal care) |
| **INFORMING, EDUCATING & EMPOWERING PEOPLE ABOUT HEALTH ISSUES** | • Counseling individuals with STDs and their social and sexual contacts  
• Health education of community groups  
• Public health detailing |
| **MOBILIZING COMMUNITY PARTNERSHIPS** | • Community outreach, testing, education, and distribution of materials  
• Identifying and engaging vulnerable communities and populations |
| **ASSURING A COMPETENT WORKFORCE** | • Workforce enhancement of DIS, field supervisors, field operations managers, and others supporting disease intervention efforts  
• Mentoring, supervision and performance management of DIS workforce  
• DIS certification |
Future of FSB

- Staff roles and responsibilities will be more aligned with the division strategic plan and the revised mission and vision of the FSB
- DIS Certification will move forward
- Revising and updating DIS related trainings
  - Passport to Partner Services
  - Advanced DIS training
  - Supervisor’s training
- Provide support for Disease Outbreak Responses
- Peer to Peer mentoring programs
What can CDC do, on a national level, to ensure program coordination between STD, HIV, HCV, TB, and substance use disorder programs to ensure that these programs are collectively maximizing their resources to address the social determinants of health to reach the vulnerable populations we serve?
PCSI and the 5% rule

- Flexibility to use 5% of STD federal resources for other public programs without CDC approval
- STD-related HIV Prevention can be support with blended HIV funds
Create Partnerships: CDC Partnerships

- DHAP – STD-related HIV prevention
- TB – DIS certification
- Ryan White HIV/AIDS Program – collaboration on STD screening recommendations for persons living with HIV in Ryan White programs, LTC activities, and PrEP
- Bureau of Primary Health Care (BPHC) – collaboration on STD screening recommendations in FQHC settings and on the LGBT project
- Bureau of Maternal and Child Health – congenital syphilis partnerships
- Substance Abuse and Mental Health Services Administration (SAMHSA) – collaborate on co-occurring conditions for individuals with STIs
What should STD programs be doing about preventing antimicrobial resistant gonorrhea?
SURRG: Strengthening the United States Response to Resistant Gonorrhea
5-Year Vision SURRG to Establish Capacity to Rapidly Detect Resistance and Implement Response Activities in Selected Jurisdictions

- Ensure appropriate treatment of patients with resistant infections
- Increase AST using currently available tools (e.g. Etest) and—as possible—use novel detection approaches (e.g. molecular assays)
- Strengthen informatics infrastructure to allow rapid movement of actionable data
- Develop best practices for public health response activities
- Utilize a robust network approach to conduct interviews with the 1st, 2nd, and 3rd generation partners and friends of patients with reduced-susceptibility GC
- Perform network analyses that combine molecular data, epi data, and novel data sources
- Use analyses to identify interventions for implementation
- Implement novel population-level and systems-level interventions
Funding Questions
Where are unobligated funds going?
Projects and Evaluations

- Evaluation Projects
- SSuN Enhanced Surveillance Projects
- Congenital Syphilis Response
- Electronic Case Reporting pilot
- ASTHO: Communication Activities
- NACCHO: Infrastructure Survey
- Network Epidemiology of Syphilis Transmission (NEST)
- Intervening to Prevent Syphilis and HIV Through Social, Sexual, and Phylogenetic Networks
STD Prevention Intervention Evaluation Projects

- CA, NY State, Baltimore, and PA are evaluating how they are trying to increase CT screening in primary care settings
  - CA and NY State are using QI approaches
  - Baltimore and PA are using detailing approaches
- CA and WA are evaluating different ways their STD program DIS support HIV outcomes
  - CA is evaluating the real-time integration LTC/RWC into data collection and DIS protocols in 5 LHJs
  - WA is analyzing various aspects of their integrated STD-HIV partner services work
SSuN Enhanced Surveillance Projects

- Goals:
  - Enhanced surveillance of ocular syphilis and neurosyphilis
    - Use standardized protocols to determine prevalence of clinical manifestations and persistence or resolution of symptoms following treatment
  - Enhanced surveillance of MSMW and the role of bridging
    - Investigate partnership characteristics of men diagnosed with GC or P&S syphilis who report male & female partners, including timing and sequencing of partners
  - Surveillance evaluations
    - Evaluation of diagnosing facility/provider categories to improve validity of provider type variable

- Sites: Florida, Multnomah County, NYC, Philadelphia, Washington, Utah, and California
AAPPS Supplemental Funding for Strengthening the Congenital Syphilis Response

- Goals:
  - Sustainable improvements to CS-related activities
  - Strengthen CS prevention through *prospective* information-gathering and interventions
  - Strengthen CS prevention through *retrospective* activities to identify opportunities for change
- Improve data collection and pregnancy ascertainment
- Strengthen CS review boards and partnerships
- Match with vital statistics data
- 9 awardees: California, Chicago, Florida, Georgia, LA, Louisiana, Maryland, Ohio, and Texas
Electronic Case Reporting

- Goal: Institute a nimble, scalable Electronic Case Reporting (ECR) alternative digital framework for STD case reporting (chlamydia and gonorrhea)
- Engaged an panel of STI surveillance and informatics experts in developing consensus for the criteria for STI case detection
- Published a technical guidance document that included proposed trigger logic, value sets, and case report data elements
- Pilot: 8 Chicago health center sites with 12,420 patient encounter over 2 months in 2017
- Currently, expanding the pilot test, engaging stakeholders to increase adoption and scalability, and harmonizing eCR guidance
ASTHO: Communication Activities

- **Goal:** Arm health officials with information and resources about current STD issues that they can use to raise awareness and educate decision makers
- **Developing** a suite of communication tools about STD trends and emerging threats including infographics, fact sheets, talking points, and slides
- **Tools** will fall into three main categories:
  - National STD trends
  - Antibiotic-resistant gonorrhea
  - State Customizable tool(s)
NACCHO: Local STD Program Infrastructure and STD Clinics Surveys

- Goal: Survey public health STD infrastructure at the state and local health departments and STD specialty clinics
- Repeats & expands the 2013/2014 survey
  - Local STD clinical and partner services
  - Impact of local funding reductions
  - Patients seeking care at STD clinics and why
  - Assessment of clinic services
- Current status: OMB review
- Next steps: field survey when OMB approval received
Network Epidemiology of Syphilis Transmission (NEST)

- Goal: Explore sexual and social networks of MSM at high risk for syphilis
- 3 year cooperative agreement research project
- Design: Approx. 650 high risk MSM will be recruited into a prospective longitudinal cohort with quarterly assessments of syphilis infection
- Progress: 1) study protocols in development and 2) formative research is beginning at the 3 funded sites
- Sites: Ohio State University, University of Illinois at Chicago and Johns Hopkins
Intervening to Prevent Syphilis and HIV Through Social, Sexual, and Phylogenetic Networks

- **Objective:** Explore networks of racial and ethnic populations who are HIV-infected or at risk of HIV and STDs to efficiently implement high-impact prevention interventions

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**DHAP Goals**
- Reduce new HIV infections
- Reduce health disparities

**DSTDP Goal**
- Reduce syphilis morbidity

- **Progress:** 1) STD clinics selected, 2) recruitment and intervention protocols drafted, 3) formative efforts, e.g., set up focus groups in target communities, geospatial surveying of neighborhoods started, and 4) hiring project staff

- **Sites:** North Carolina and New York City
Will the funding formula for AAPPS 2.0 take congenital syphilis (and/or syphilis among women) morbidity into account?
Answer: The funding formula is currently under review by the CDC/OD.
Will the 13.5% funding for safety net testing be included in the 2019 AAPPS funding cycle?
Answer: We are planning to include language that will allow the provision of STD clinical preventive services for uninsured or underinsured populations. The final language, including percent funding that will be allowed, is currently under review.
Future Direction of STD Prevention Interventions
What is the role of social media in STD prevention?
Social Media: Technology Based Partner Services

Current Recommendations

- Program assessments for need to utilize apps
- For tips and tricks with social media, see the CDC’s Toolkit – using technology for Partner Services

Visit: https://www.cdc.gov/std/program/ips/default.htm

Additional Resources

Direct TA through CDC UTASP
Email Frank Strona - fhs3@cdc.gov

NPIN Community Group
https://npin.cdc.gov/

National Internet Partner Service Webinars
Dating Apps and STDs

- What we know:
  - Programs have advertised on apps and created profiles
  - Apps used to recruit/promote navigation to care, mobile HIV/STD testing, and field screening

- Unknowns:
  - App influence on partner selection, concurrency, and frequency
  - Effectiveness of using apps for STD Prevention interventions

- Future Considerations:
  - Establish best practices between programs
  - Explore unknowns
  - Utilize Building Healthy Online Communities (BHOC)

Visit: http://www.bhocpartners.org/
How are pharmacists filling EPT scripts for unnamed partners?
Some Creative Approaches

- Create a “dummy record” for unknown partners
  - Enter in EHR as “EPT Patient” to fill electronic scripts
- Legally a few states specifically require a prescription process, however pharmacists are still able to fill the prescription with missing information
  - Review the EPT regulations in your state
  - If the partner’s name, address, and date of birth are not available, the written designation EPT is sufficient in some states
  - Designate certain pharmacies to fill EPT scripts
Might individuals living with HIV who are not co-infected with other STDs and who are undetectable be excluded from Partner Services?
Partner Services: Prioritization

- Goal: focus on activities that yield the greatest impact on timely identification and treatment
- Prioritize health department DIS STD PS activities
- Embrace innovative models
  - Use of social media
  - Network analysis
  - Client-initiated PS
Role of DIS

- Expanded scope of disease intervention work and skills beyond STD field investigation
  - More efficient and innovative disease investigation and interventions including partner services- e.g. use of social media, network analysis including molecular epidemiology, client-initiated PS
  - HIV, TB, and viral hepatitis cross training
- Involvement in linkage to care, follow-up and reporting
  - Expand relationships with clinical providers via public health detailing
  - Collaborate with patient navigators and bridge workers
- Involvement in supporting surveillance activities and outbreak response
- Involvement in promoting screening and treatment activities
- Communication in terms understood by health care providers
- Training content driven by DIS certification
How can CDC support broader screening recommendations for syphilis among women and syphilis/GC/CT among heterosexual men to address what is clearly a reservoir of unrecognized and undiagnosed STD (especially syphilis) among heterosexuals?
Answer: CDC requires an evidence base prior to issuing recommendation changes.

For current screening recommendation, review the USPSTF screening recommendations.

Visit: https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations
How does CDC plan to engage more project areas around congenital syphilis prevention, especially as it spreads to more and more states across the country?
CDC Actions to Address the Problem of Congenital Syphilis

- Focusing on the 9 jurisdictions with 70% of reported CS cases
- Document pregnancy status for females with syphilis
- Congenital syphilis case review using the infant morbidity review board model in selected states/counties
- Webinars to share best practices
- Developing tools that can be used to assess local context of CS cases and to implement high impact interventions
- Updating the 1988 Guidelines for the Prevention and Control of Congenital Syphilis
What resources exist for STD education and prevention at both the patient and provider level?
National Coalition for Sexual Health (NCSH)

Resources: Provider’s Guide and Take Charge Guide

› Provider Guide: focuses on sexual health discussions and recommends SRH preventative health services
  › www.ncshguide.org/providers

› Take Charge Guide: educates, empowers, and motivates men and women of all ages about sexual health services
  › www.ncshguide.org (Available in English and Spanish)
National Network of STD Clinical Prevention Training Centers (NNPTC) & National Coalition of STD Directors

Resources

- **National STD Curriculum**
  - Visit: www.std.uw.edu

- **Clinical Consultation Network**

- **STD Program Evaluation Tools & Training**
  - Visit: www.ncsdddc.org/std-pett/
Centers for Disease Control and Prevention

Resources

- STD Clinical Toolbox App
- CDC DSTDP Dear Colleague Letter
- STD Treatment Guidelines, 2015
  - Visit: www.cdc.gov/std/tg2015/default.htm
- STD Prevention Resources Handout
STD Clinical Questions
When is the next update to the CDC Treatment Guidelines expected?
Why is Bacterial Vaginosis not characterized as an STD by the CDC?

What would be the genesis to change this in the future?
• BV represents a dysbiosis of the vaginal microbiome that can be associated with significant adverse healthcare outcomes
• Evidence of sexual exchange with organisms associated with BV
• However whether new or recurrent infection are related to transmission of a number of organisms associated with BV or the transmission of a single organism remains unclear.
• More information of the role of the male partner and mechanisms of reinfection is needed
• Currently, an ongoing clinical trial is attempting to address the role of the male partner in the management of women with BV
Does the CDC anticipate that Trichomonas treatment guidelines will be changing in the future based on the new data specific to 2g oral metronidazole vs. 7 days of metronidazole 500 mg BID?
Recent metanalysis examining single dose vs multidose therapy (Kissinger, Sex Transm Dis. 2017 Jan;44(1):29-34)
- Multidose therapy might be more effective
- Randomized clinical trial is still ongoing

Trial results will assist in determining whether a change in therapeutic approach is warranted
It is looking more and more likely that Congress will pass another continuing resolution through at least the end of calendar year 2017, and possibly into early calendar 2018. If final FY18 appropriations levels aren’t known until late December, or January or February 2018, how does that impact awards for AAPPS grantees, whose next year of grant funding begins January 1?
Follow-up: Congress often passes final spending bills by December. Given this reality, has there been any discussion to change the project year in the new AAPPS 2.0 grants to a time later than January (March, for example), to increase the likelihood that Congress will have completed its funding work?
NCSD, along with members and partners—many in this room—as working very hard to increase federal resources to the Division of STD Prevention at CDC. If Congress were to appropriate a funding increase of $20 million to DSTDP, how would you allocate that increase?
In the face of increasing STD rates and diminishing resources for STD prevention and control, how should DSTDP and the funded project areas manage their funds to ensure increased STD testing and treatment, particularly in jurisdictions with no state or local funding support for STDs?
Health Impact Pyramid

Counseling and Education

Clinical Interventions

Long-Lasting Protective Interventions

Changing the Context to Make Individuals’ Default Decisions Healthy

Socioeconomic Factors
Please describe the current research agenda at DSTDP. How can those in the STD field give input on the Division’s research priorities and learn about the outcomes of current and future research?
If you had to develop an STD prevention strategy for the federal government from scratch—removed from what currently exists at DSTDP, removed from any input from Congress or the Administration—what would that STD prevention strategy be?
STD Prevention Programs on a White Board

- Robust eCR surveillance and network analysis to better understand transmission dynamics/factors associated with transmission and target interventions according
- Integrated/interoperable seamless PH and HC data systems
- Engaged communities with tools to make the healthiest choices
- STD express clinic infrastructure in high morbidity areas
- Telehealth for individuals, providers and outbreaks
- Comprehensive, integrated interventions farther down the health pyramid
- Increased molecular and biomedical advances
- Better STD prevention program impact metrics and business case model for STD Prevention
- Outstanding, interdisciplinary public health workforce
Follow-up question: And how can we describe that STD prevention strategy in two sentences?

Follow-up question: Has screening for STDs increased or decreased over the last 5 years?
Rate of Young Women Screened for Chlamydia, 2000 to 2016

Year

Rate
40 50 60 70

Medicaid 16-20 yr
Medicaid 21-24 yr
Commercial 16-20 yr
Commercial 21-24 yr
Thank you

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For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.