



CDC's Recommendations for Providing Quality STD Clinical Services, 2020

January 28, 2020

12 Noon- 1 pm Eastern Standard Time

Program Development and Quality Improvement Branch

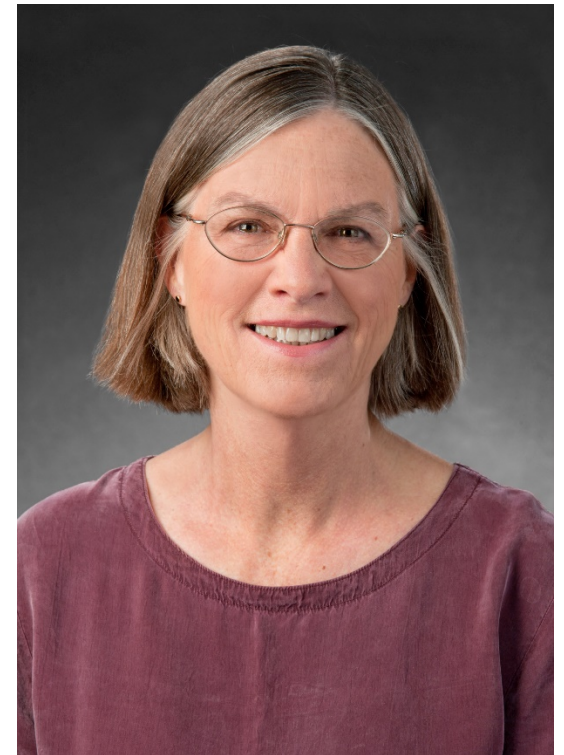
Division of STD Prevention

Centers for Disease Control and Prevention

Welcome to the Webinar on CDC's *Recommendations for Providing Quality STD Clinical Services, 2020*

An Introduction to CDC's Recommendations for Providing Quality STD Clinical Services, 2020

Gail Bolan, MD
Director, Division of STD Prevention



Webinar Overview

- **Intended audience:**

This webinar is for providers of clinical care services for people with or at risk for STDs in public and private health care settings (e.g., STD specialty or sexual health clinics, primary care settings, HIV care, family planning care, public health department clinics, community health centers, health maintenance organizations).

- **This webinar will:**

- Emphasize the importance of STD clinical services in STD prevention
- Provide an overview of the *Recommendations for Providing Quality STD Clinical Services, 2020*
- Include:
 - A Q&A session (please submit questions in chat box-indicate slide number and topic)
 - Additional resources

- **Slides will be posted and webinar will be recorded**

Participant Poll #1

- If you work in a clinic, what is your primary role?
 1. Medical Director
 2. Clinician
 3. Clinic Manager
 4. Health Educator
 5. DIS
 6. Patient Navigator
 7. Other

Participant Poll #2

- If you work in a non-clinic setting, what is your primary role?
 1. STD Program Manager
 2. HIV Program Manager
 3. DIS
 4. Health Educator
 5. Non-Profit Agency
 6. Government Agency
 7. Other

Participant Poll #3

- Which HHS region is your healthcare facility/public health office located?

Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region 2: New Jersey, New York, Puerto Rico, and the Virgin Islands

Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region 7: Iowa, Kansas, Missouri, and Nebraska

Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau

Region 10: Alaska, Idaho, Oregon, and Washington

A microscopic image of a cell, likely a bacterium, showing a central, textured, spherical body surrounded by numerous thin, hair-like cilia. The image is rendered in a monochromatic teal color scheme.

■ STD Landscape

STIs are on the Rise in the United States

The State of STDs in the United States



STDS SURGE FOR THE FIFTH STRAIGHT YEAR, REACHING AN ALL-TIME HIGH.



1.8 million
CASES OF CHLAMYDIA
19% rate increase since 2014



583,405
CASES OF GONORRHEA
63% rate increase since 2014



115,045
CASES OF SYPHILIS
71% rate increase of infectious syphilis since 2014

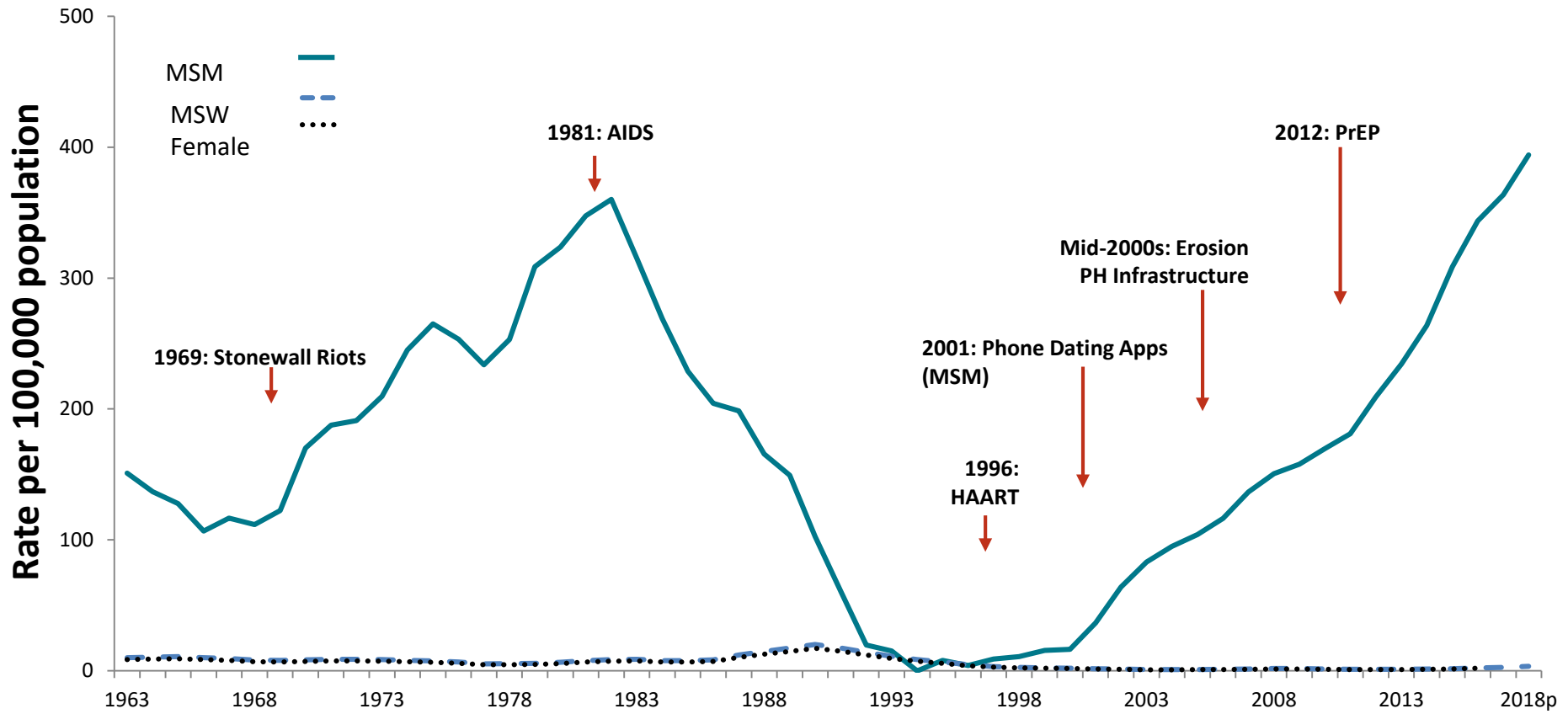


1,306
CASES OF SYPHILIS
AMONG NEWBORNS
185% rate increase since 2014

LEARN MORE AT: www.cdc.gov/std/

Drivers and Determinants for the Rising Incidence of Syphilis in Men-Who-Have-Sex-With-Men (MSM)

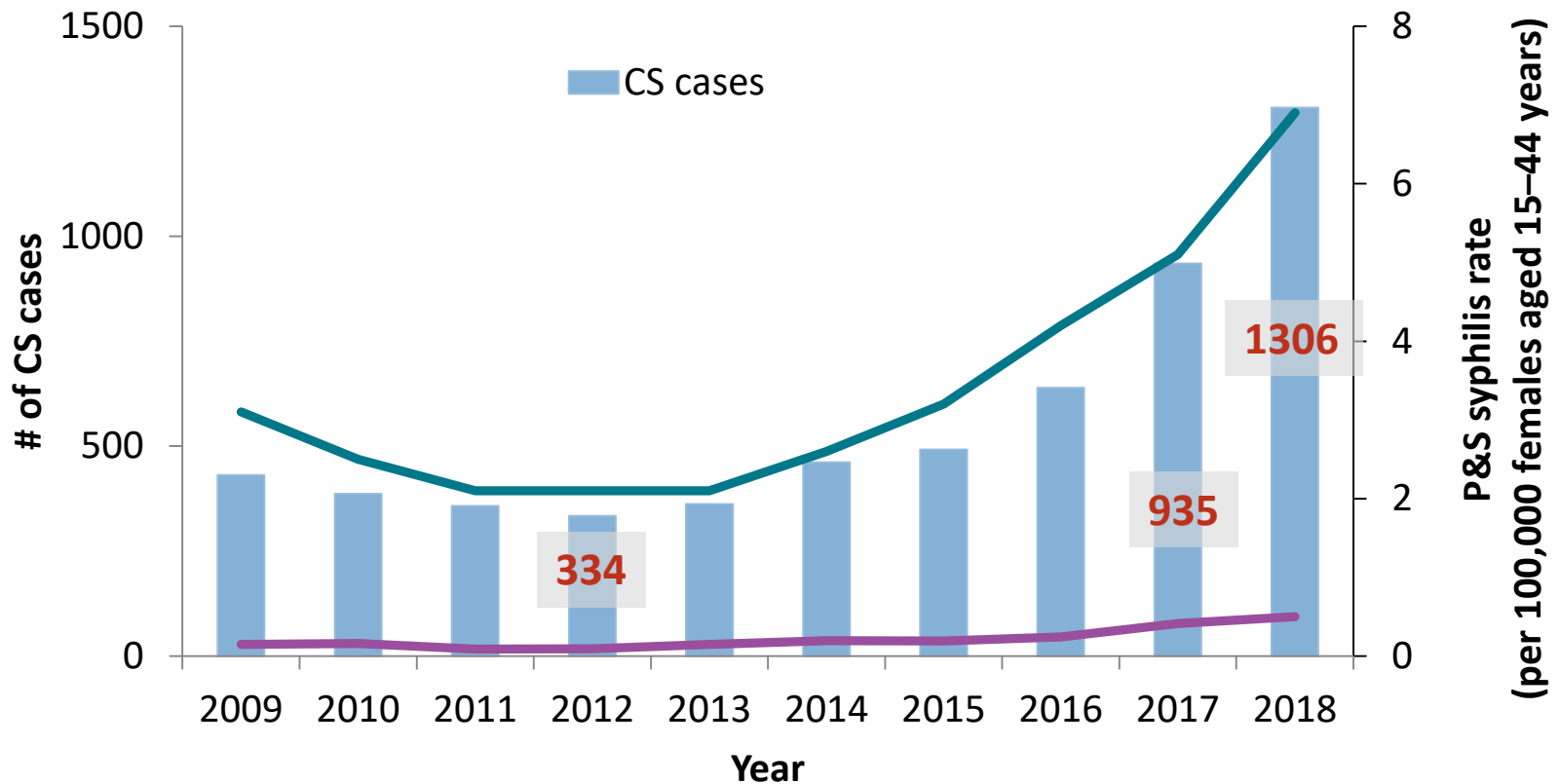
Primary and Secondary Syphilis Rates (per 100,000 population) United States 1963 - 2017



Adapted by Bernstein from Peterman TA et al., Syphilis in the United States: on the rise?, *Expert Rev Anti Infect Ther.* 2015

Congenital Syphilis Cases and Rates of Primary & Secondary Syphilis Among Women, 2009-2018

In 2018, 5 states represented 70% of all congenital syphilis cases in the U.S.



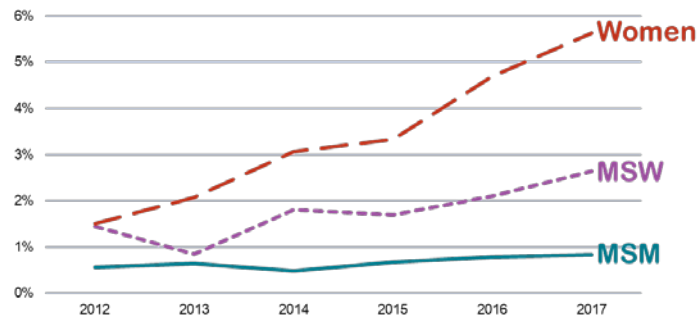
Drivers and Determinants for the Rising Incidence of Syphilis in Women

- Risk factors for syphilis among women include:
 - Multiple sex partners
 - Substance use disorders
 - Unstable housing
 - History of incarceration
 - History of exchanging sex for drugs/money/housing
 - Having a sex partner with multiple sex partners or a history of incarceration
- Among pregnant women with syphilis, late or no prenatal care is significantly associated with delivering an infant with congenital syphilis

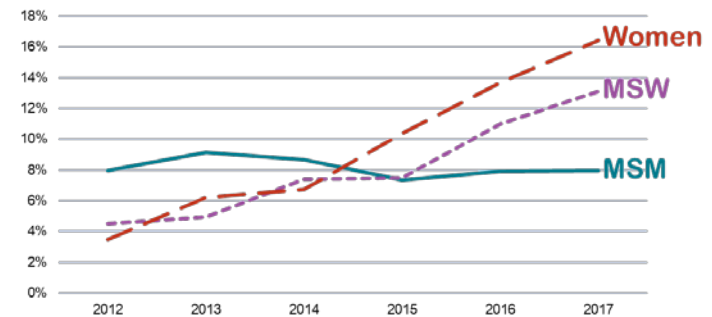
Drivers and Determinants for the Rising Incidence of Syphilis in Women

Substance Use Among Syphilis Cases

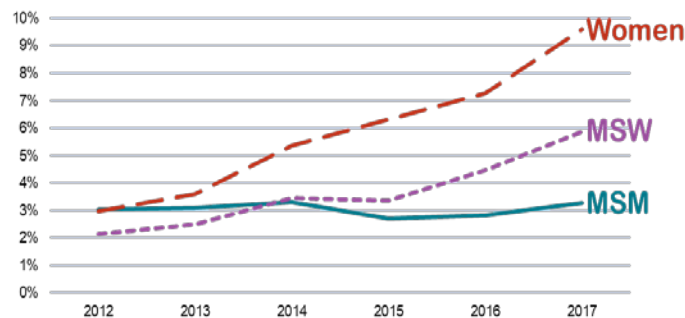
Heroin Use



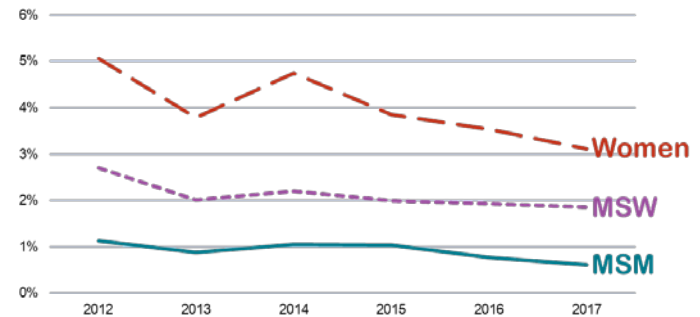
Meth Use



Injection Drug Use



Crack Use



Missed Opportunities to Prevent Congenital Syphilis (CS)

Mothers of Reported Congenital Syphilis Cases (n=918), U.S., 2017

Missed Prevention Opportunities	N	%
1. Prenatal Care: Received late or no prenatal care and not screened in time	309	34%
2. Screening: Received prenatal care, but not screened in time to treat adequately for CS	61	7%
3. Treatment: Positive initial screening test, but inadequately treated for CS	256	28%
4. Re-screening: Negative initial screening test, but later infected and detected at delivery	126	14%
Other	27	3%
Missing Data: Unknown/inadequate testing or treatment data	139	15%
Total	918	100%

Late prenatal care is < 30 days prior to delivery; timely screening is ≥ 30 days prior to delivery

National Strategies Informing STD Priorities

IOM Report on
Women's Preventive
Services 2011



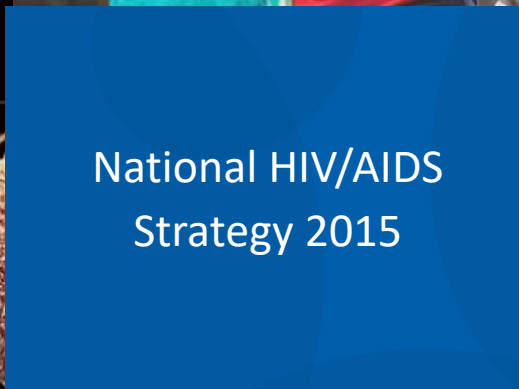
Healthy People
2020 & 2030

National Prevention
Strategy 2011

National Strategy on
Combating Antibiotic
Resistant Bacteria 2014



National HIV/AIDS
Strategy 2015



Ending the HIV Epidemic
Initiative 2019

NAPA Report
Part 1 - 12/13/2018
Part 2 - 11/19/2019



STI Federal Action
Plan - pending
release 2020

1997 Hidden
Epidemic Update,
NASEM - pending
release 2021

DSTDP Vision

A society where people are empowered to achieve sexual health and protect themselves and others from STD

DSTDP Mission

To maximize the impact of STD prevention through integrated program, science, and policy to achieve healthy populations

Goals

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

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

Role of STD Clinical Services in the United States

- **Primary care** and related clinical settings are critical to **prevent and control STDs** in the US
 - In 2018, between 71% -78% of chlamydia, gonorrhea, P&S syphilis cases are diagnosed in primary care or related settings (not in publicly funded STD clinics)
-
- **Publicly funded STD Specialty Clinic settings also** play an important role in addressing STDs by offering **same-day, culturally sensitive, safety net, confidential STD evaluation and treatment services** for patients and sexual contacts and serving as a **community resource** for both patients and providers

Syphilis could have ruined my home, but...



the Doctor found my infection and **REGULAR TREATMENTS** saved me and my children

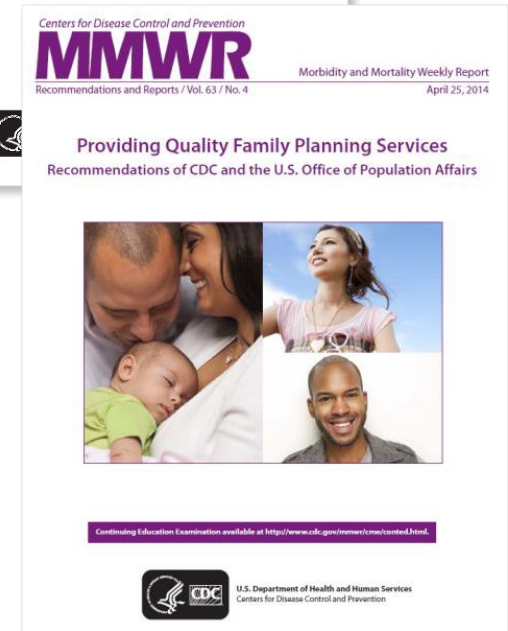
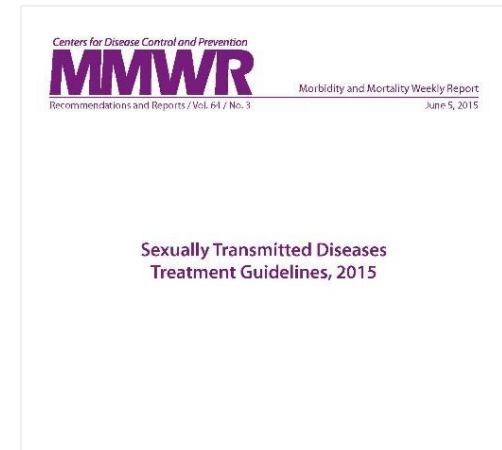
Need for national guidance
quality STD care by providers
offering basic or specialized
STD care



Complement to the CDC STD
Treatment Guidelines with
emphasis on clinical
operations



Modeled after Quality Family
Planning Services
Recommendations



Overview of CDC's *Recommendations for Providing Quality STD Clinical Services, 2020*



Roxanne Barrow, MD, MPH
Medical Epidemiologist
Division of STD Prevention

Recommendations for Providing Quality STD Clinical Services (STD QCS) Overview

Key Questions for Development

Scope and Purpose

Levels of Care in
Primary and STD Specialty Care Settings

Development of Recommendations

STD Clinical Services

STD QCS Recommendation Development Process

**Steering Committee
Basic and Specialized
Workgroups**



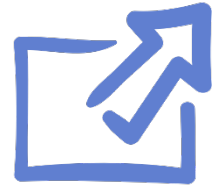
**Consultation
Meeting**



**Federal
Advisory
Committee-CHAC**



CDC STD Workgroup



Key Questions as Starting Point for Recommendations

What STD-related clinical services should be available to persons who have or are at risk for STDs, including asymptomatic persons, in primary care settings?

What STD-related clinical services should be available to persons who have or are at risk for STDs in specialized STD care settings?

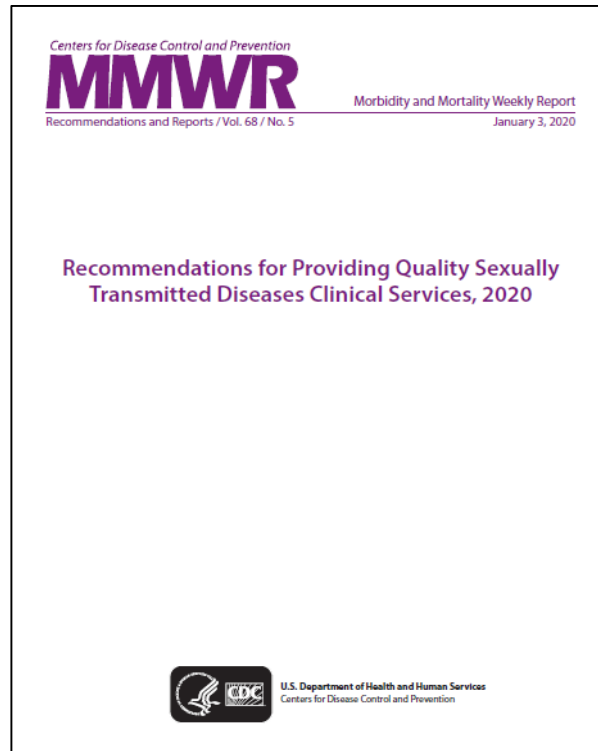
Which STD-related conditions should be managed through consultation with or referral to a specialist?

Scope and Purpose

- Optimal services for providing quality STD care based on previously published guidelines
- Complement to STD Treatment Guidelines

Can be used to:

- Critically assess which services are available in their facility
- Build, maintain, or enhance the delivery of STD services as a policy document



NOT intended to:

- Develop new guidance for when or how to provide the services
- Mandate or regulate services

NOT anticipated that:

- Health care settings will provide every service
- Capture every service available in clinical settings

Recommendation Format

Should be available

- Strong recommendation
- Implies that all or almost all informed providers would choose the recommended course of action

Could be available

- Weaker recommendation
- Indicates that most informed providers would choose the recommended course of action, but some would not

Services Provided within Levels of Care

Basic STD Care

- Recommended risk assessment
- Screening and treatment of those identified with asymptomatic infection
- Diagnosis and treatment of patients with common symptomatic infection

Specialized STD Care

- Comprehensive, culturally sensitive, confidential STD clinical services
 - Basic STD care
 - Same day diagnostic and treatment services
 - Syphilis testing
 - Gram stain/wet mount
 - Gonorrhea cultures
 - Benzathine penicillin
 - Ceftriaxone

Level of STD Care in Clinical Settings*

Basic STD Care in Primary Care Settings

Provided in settings where patients are evaluated for a variety of health conditions

- Adolescent Health
- Corrections
- Family Medicine
- Family Planning
- Federally Qualified Community Health Center
- HIV care
- OB/GYN
- Pediatrics
- School Based Health Center
- Primary care

Specialized STD Care in STD Specialty Care Settings

Delivered in settings that focus on providing STD care

- STD Specialty Care Clinic
- Sexual Health Clinic

*level of care can vary by individual setting based on the clinical scope

Participant Poll #4

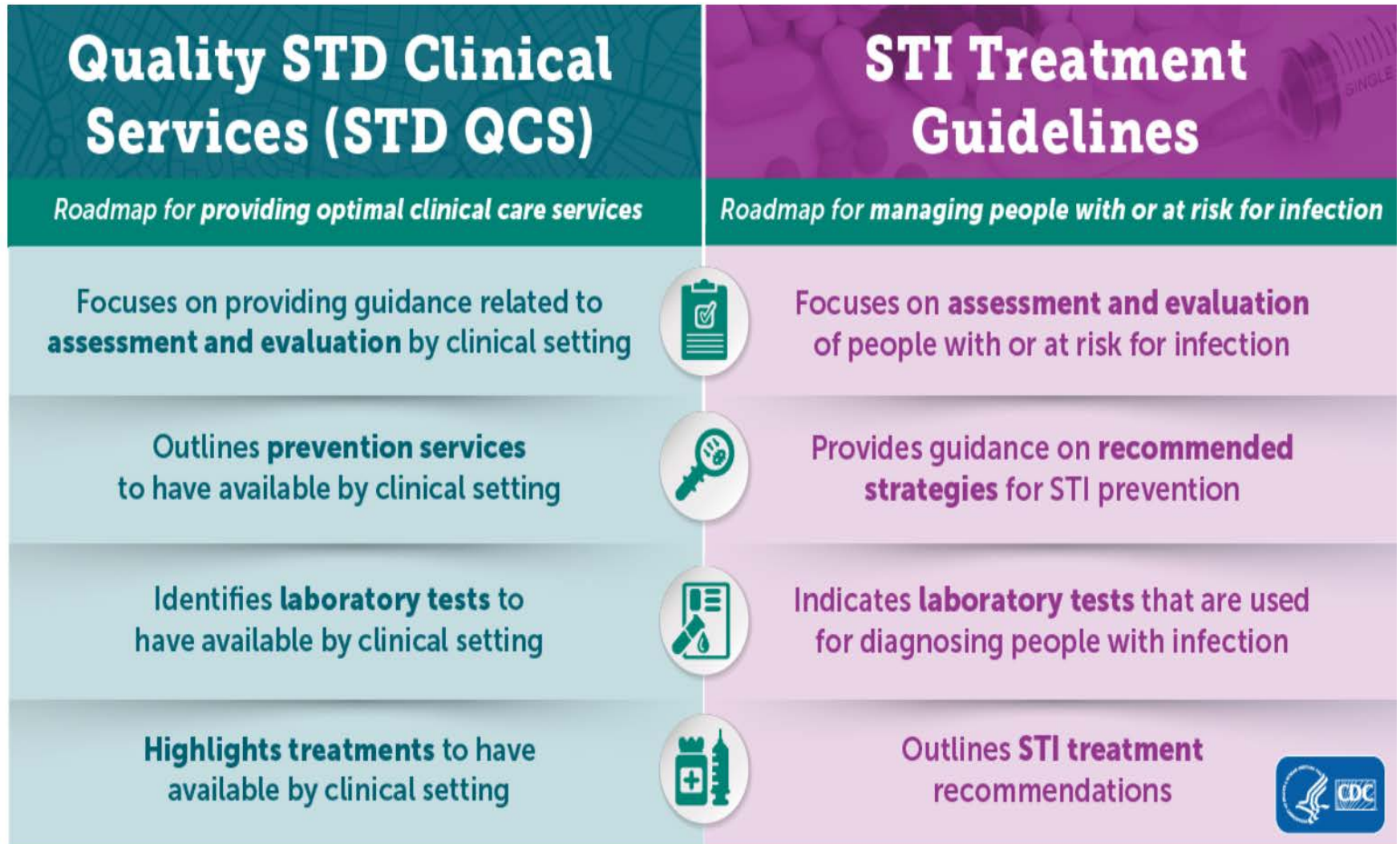
- What level of STD care is provided at your healthcare facility?
 - **Basic STD Care**
 - **Specialized STD Care**

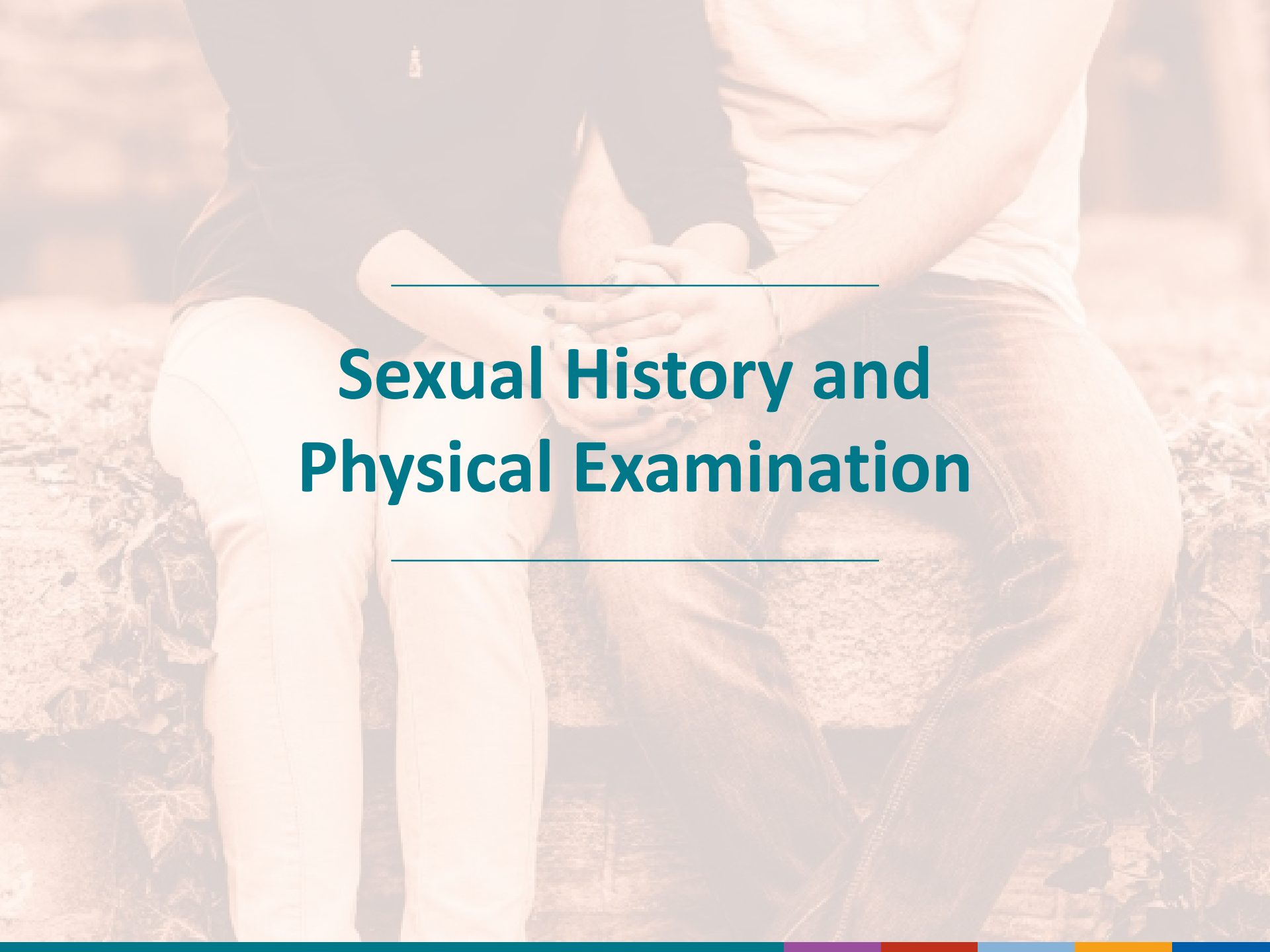


Recommendations for Providing Quality STD Clinical Services

- Sexual History and Physical Examination
- Prevention
- Partner Services
- Screening
- Evaluation of STD-related Conditions
- Laboratory Tests
- Treatments

How does the STD QCS complement the STI Treatment Guidelines?



A photograph of a couple sitting on a stone wall outdoors. The woman is on the left, wearing a black top and light-colored pants. The man is on the right, wearing a white tank top and dark jeans. They are holding hands. The image has a teal overlay and text in the center. The text is "Sexual History and Physical Examination" in a bold, teal font, flanked by two horizontal teal lines.

Sexual History and Physical Examination

Sexual History and Physical Examination

Primary Care and STD Specialty Settings

- A physical examination for male and female patients with STD-related symptoms, STD-related concerns or those at high behavioral risk for incident STDs *should be* available as a basic and specialized STD care service
- A pelvic examination for female patients *should be* available as a basic and specialized STD care service

Primary Care Settings

- A sexual history and risk assessment *should be* available as a basic STD care service at the following patient visits:
 - Initial comprehensive or annual visit
 - Each reproductive health, genital or urologic visit
- A sexual history and risk assessment at each visit unrelated to reproductive, genital, or urologic concerns *could be* available as a basic STD care service
- Anoscopy *could be* available as a basic STD care service

STD Specialty Care Settings

- A sexual history and risk assessment *should be* available as a specialized STD care service at every visit for patients with STD-related symptoms or concerns including behavioral and pregnancy intention
- Anoscopy *should be* available as a specialized STD care service for patients with rectal signs or symptoms
- Colposcopy *should be* available as a specialized STD care service for female patients with abnormal PAP smears
- A high resolution anoscopy *could be* available as a specialized STD care service for patients with abnormal anal Pap smears.

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A faded, light blue-tinted photograph of two people walking away from the camera on a cobblestone street. Both individuals are wearing backpacks and have bicycles with them. The person on the left is wearing a dark jacket and light-colored pants, while the person on the right is wearing a dark jacket and dark pants. The background shows a blurred city street with other pedestrians and a white van.

Prevention and Partner Services

Prevention

Primary Care and STD Specialty Settings

- The following prevention services *should be* available as a basic and specialized STD service:
 - On-site hepatitis B vaccination
 - On-site HPV vaccination
 - Brief single STD/HIV prevention counseling (up to 30 minutes)
 - HIV pre-exposure prophylaxis (PrEP) and HIV nonoccupational postexposure prophylaxis HIV (nPEP) risk assessment, education and referral/linkage
 - On-site emergency contraceptive pills or by prescription
 - Brief contraceptive counseling or referral
 - Referral/linkage to HIV care, family planning services, and behavioral health services, if indicated
- The following prevention services *could be* available as a basic and specialized STD service:
 - Moderate intensity STD behavioral counseling(≥30 minutes)

Primary Care Settings

- The following prevention services *could be* available as a basic STD service:
 - On-site condom provision
 - On-site hepatitis A vaccination
 - PrEP and nPEP provision

Specialized STD Care

- The following prevention services *should be* available as a specialized STD service:
 - On-site condom provision
 - On-site hepatitis A vaccination
 - PrEP and nPEP provision
- The following prevention services *could be* available as a specialized STD service:
 - High intensity STD behavioral counseling (≥2 hours)

Partner Services

Primary Care and STD Specialty Settings

- The following partner services *should be* available as a basic and specialized STD service:
 - Guidance regarding notification and care of sex partners
 - Expedited partner therapy (where legal)

Primary Care Settings

- The following partner services *could be* available as a basic STD service:
 - Interactive counseling for partner notification

STD Specialty Care Settings

- The following partner services *should be* available as a specialized STD service:
 - Interactive counseling for partner notification
 - Health Department Disease Intervention Specialist partner elicitation and follow-up



STD Screening and Evaluation

Screening

Primary Care and STD Specialty Settings

- Screening and assessment for the following *should be* available as a basic and specialized STD care service:
 - Gonorrhea
 - Chlamydia
 - Syphilis
 - Hepatitis B
 - Hepatitis C
 - HIV
 - Cervical cancer

Primary Care Settings

- Screening and assessment for the following *could be* available as a basic STD care service:
 - Trichomoniasis

STD Specialty Care Settings

- Screening and assessment for the following *should be* available as a specialized STD care service:
 - Trichomoniasis
- Screening and assessment for the following *could be* available as a specialized STD care service:
 - Anal cancer

Evaluation of STD-related Conditions

Primary Care and STD Specialty Settings

- Evaluation (history and examination) for the following STD-related conditions *should be* available as a basic and specialized STD service:
 - Genital ulcer disease
 - Male urethritis syndrome
 - Vaginal discharge syndrome
 - Pelvic inflammatory disease
 - Genital warts
 - Ectoparasitic infections
 - Pharyngitis
 - Epididymitis
 - Systemic or dermatologic conditions compatible with or suggestive of an STD etiology*
 - Proctitis

*can include disseminated gonorrhea, neurosyphilis, ocular syphilis, otic syphilis, primary syphilis, condyloma lata, or palmar, plantar or more generalized syphilitic rash.

A blurred background image of a microscope, showing the objective lens and eyepiece. The image is overlaid with a light blue gradient and a dark teal horizontal bar at the bottom.

Laboratory Tests

Laboratory Tests – At the time of the patient visit

Primary Care and STD Specialty Settings

- The following tests and equipment *should be* available as a basic and specialized STD care service at the time of the patient visit:
 - Thermometer
 - pH paper

Primary Care Settings

- The following services or tests *could be* available onsite as a basic STD service with results available during the patient visit:
 - Phlebotomy
 - Test for trichomoniasis
 - Test for bacterial vaginosis
 - Test for vulvovaginal candidiasis
 - Urine dipstick
 - Urinalysis with microscopy
 - Test for HIV

STD Specialty Care Settings

- The following tests *should be* available as a specialized STD service with results available during the patient visit:
 - Phlebotomy
 - Gram, Methylene Blue or Gentian Violet stain for urethritis
 - On-site qualitative non-treponemal serologic test for syphilis
 - Test for trichomoniasis
 - Test for bacterial vaginosis
 - Test for vulvovaginal candidiasis
 - Urine dipstick
 - Urinalysis with microscopy
 - Test for pregnancy
- The following tests *could be* available onsite as a specialized STD service with results available during the patient visit:
 - Dark field microscopy for syphilis
 - Test for HIV

Laboratory Tests – Clinical Laboratory

Primary Care and STD Specialty Settings

- The following tests *should be* available through a clinical laboratory as a basic and specialized STD service:
 - Urogenital NAAT for gonorrhea and chlamydia
 - Extragenital (pharynx, rectum) NAAT for gonorrhea and chlamydia
 - Quantitative non-treponemal serologic test for syphilis
 - Treponemal serologic test for syphilis
 - HSV viral culture or PCR
 - HSV type specific serology
 - 4th generation antigen/antibody HIV test
 - Oncogenic HPV NAATs with Pap smear
 - nPEP and PrEP
 - Serologic tests for hepatitis A, B, C
 - Test for pregnancy

Primary Care Settings

- The following tests *could be* available through a clinical laboratory as a basic STD service:
 - Gram stain or Methylene Blue or Gentian Violet stain for urethritis
 - Gonorrhea culture
 - Gonorrhea antimicrobial susceptibility testing
 - NAAT for trichomonas

STD Specialty Care Settings

- The following tests *should be* available through a clinical laboratory as a specialized STD service:
 - Gonorrhea culture
 - Gonorrhea antimicrobial susceptibility testing
 - NAAT for trichomonas



Treatments

Treatments for STDs or Related Conditions – Onsite

Primary Care Settings

- Treatments for the following STDs or related conditions **could be** available onsite as a basic STD service:
 - Gonorrhea
 - Chlamydia
 - Cervicitis
 - Nongonococcal Urethritis
 - PID
 - Proctitis
 - Epididymitis
 - Syphilis
 - Provider-applied regimens for genital warts
 - Emergency contraception
 - PrEP and nPEP
 - Acute/new HIV diagnosis

STD Specialty Care Settings

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 - Gonorrhea
 - Chlamydia
 - Cervicitis
 - Nongonococcal Urethritis
 - PID
 - Proctitis
 - Epididymitis
 - Syphilis
 - Trichomoniasis
 - Herpes
 - Provider-applied regimens for genital warts
 - Emergency contraception
 - nPEP
 - EPT gonorrhea and chlamydia
- Treatments for the following STDs or related conditions **could be** available onsite as a specialized STD service:
 - Bacterial vaginosis
 - Persistent and recurrent nongonococcal urethritis/cervicitis
 - Acute/new HIV diagnosis
 - PrEP

Treatments for STDs or Related Conditions – Prescription

Primary Care and STD Specialty Settings

- All recommended treatments for the following STDs or related conditions *should be* available by prescription as a basic and specialized STD service:
 - Vulvovaginal candidiasis
 - Bacterial Vaginosis
 - Urinary Tract Infection (UTI)
 - Patient-applied regimens for genital warts
 - Ectoparasitic infections
 - PrEP

Primary Care Settings

- All recommended treatments for the following STDs or related conditions *should be* available by prescription as a basic STD service.
 - Herpes
 - Trichomoniasis
 - Emergency contraception
 - nPEP
- All recommended treatments for the following STDs or related conditions *could be* available by prescription as a basic STD service.
 - EPT gonorrhea and chlamydia

STD Specialty Care Settings

- All recommended treatments for the following STDs or related conditions *should be* available by prescription as a specialized STD service:
 - As outlined above under onsite and prescription

A doctor in a white coat is writing in a notebook with a pen. A stethoscope is visible around their neck. The background is a soft, out-of-focus clinical setting.

Consultation with or Referral to Specialist

Complex STD or Related Conditions for Specialist-1

Primary Care and STD Specialty Settings

- **Complex Gonorrhea**
 - Complex antimicrobial-resistant gonorrhea
 - Cephalosporin or IgE-mediated penicillin allergy
 - Suspected cephalosporin treatment failure
 - Gonococcal conjunctivitis in adults
 - Disseminated gonococcal infection or gonococcal endocarditis or meningitis
 - Gonococcal ophthalmia in infants

- **Complex Chlamydia**
 - Chlamydial ophthalmia in infants
 - Pneumonia in infants

- **Complex Cervicitis and Epididymitis**
 - Persistent or recurrent epididymitis
 - Persistent or recurrent cervicitis
 - Cephalosporin or IgE-mediated penicillin allergy
 - Suspicion of testicular torsion

- **Complex Pelvic Inflammatory Disease**
 - Cephalosporin or IgE-mediated penicillin allergy (quinolone resistant gonorrhea or antimicrobial susceptibility cannot be assessed)
 - PID surgical complications (e.g., tubo-ovarian abscess)

Complex STD or Related Conditions for Specialist-2

Primary Care and STD Specialty Settings

- ***Complex Vaginal Discharge, Trichomoniasis, and Candidiasis***
 - Persistent vaginal discharge of unclear etiology
 - Persistent or recurrent trichomoniasis
 - IgE-mediated allergy to nitroimidazoles
 - Recurrent vulvovaginal candidiasis in patients who remain culture-positive despite maintenance therapy
 - Recurrent non-albicans vulvovaginal candidiasis

- ***Complex Syphilis***
 - Primary, secondary, and latent syphilis in infants and children
 - IgE-mediated penicillin allergy*
 - Tertiary syphilis
 - Neurosyphilis
 - Ocular or otic syphilis
 - Syphilis during pregnancy with sonographic signs of fetal or placental syphilis

- ***Complex Herpes***
 - Antiviral-resistant herpes infection
 - Genital herpes contracted late in pregnancy
 - Neonatal herpes

*in pregnant women or other cases where alternative agents would not be recommended

Complex STD or Related Conditions for Specialist-3

Primary Care and STD Specialty Settings

- ***Complex Warts***
 - Cervical or intra-anal warts
 - Atypical anogenital warts with high-grade squamous intraepithelial lesion on biopsy

- ***Cervical intraepithelial neoplasia or Cervical Cancer***
 - Women with high- or low-grade squamous intraepithelial lesions on Pap smear

- ***Complex Ectoparasitic Infections***
 - Crusted scabies in persons with HIV infection

- ***Sexual Assault***
 - HIV nPEP being considered
 - STDs in children (if suspect possibility of sexual abuse)

Participant Poll #5

- **For STD Specialty Care Settings**, to what extent does your facility/clinic currently provide services outlined in the recommendations for your facility type?
 - **Provides most of the recommended services**
 - **Provides some of the recommended services**
 - **Provides very few of the recommended services**
 - **Provides none of the recommended services**
 - **Not applicable to my work**

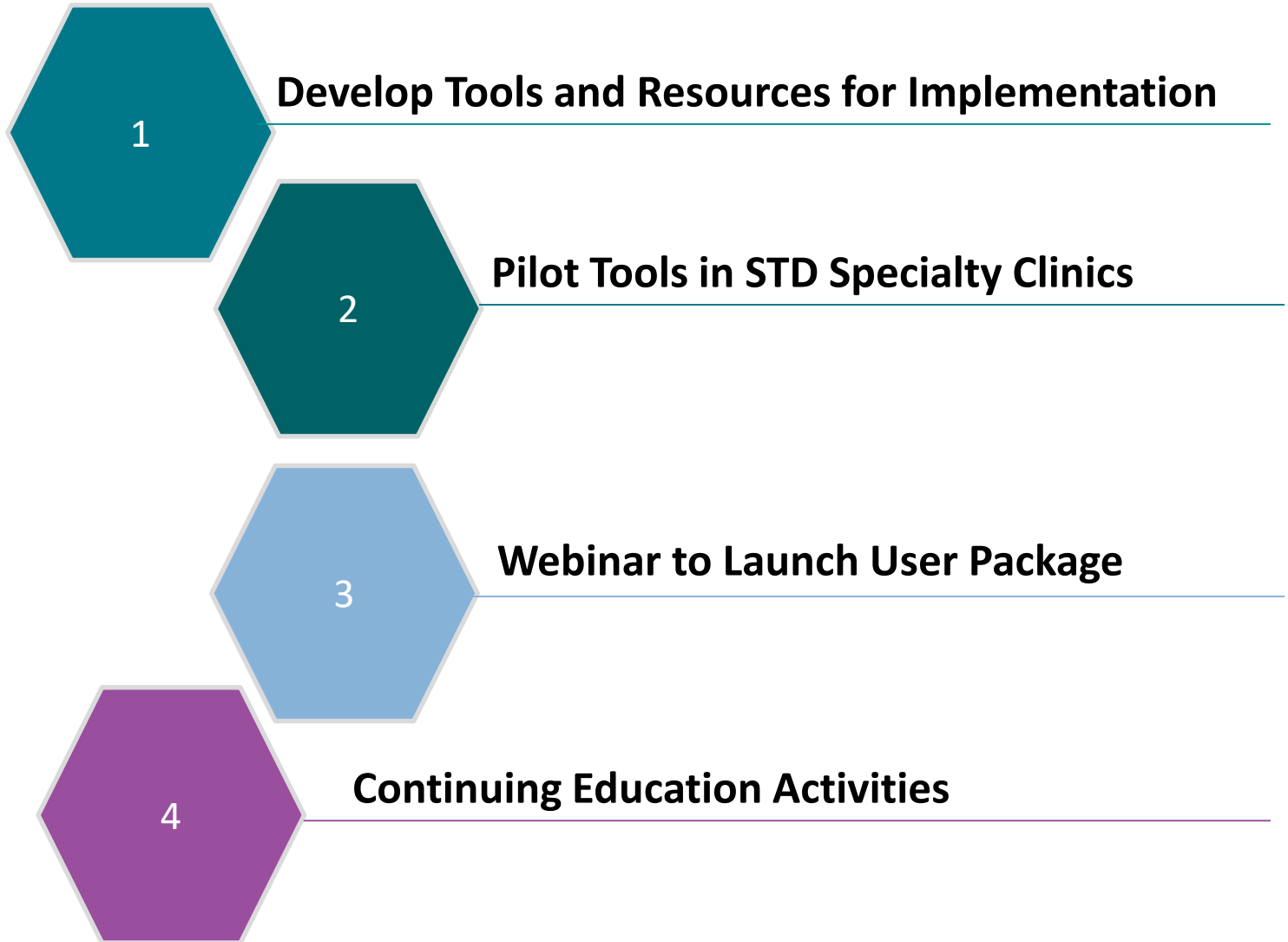
Participant Poll #6

- **For Primary Care Settings**, to what extent does your facility/clinic currently provide services outlined in the recommendations for your facility type?
 - **Provides most of the recommended services**
 - **Provides some of the recommended services**
 - **Provides very few of the recommended services**
 - **Provides none of the recommended services**
 - **Not applicable to my work**

Next Steps



Next Steps



Additional Resources



STD Resources

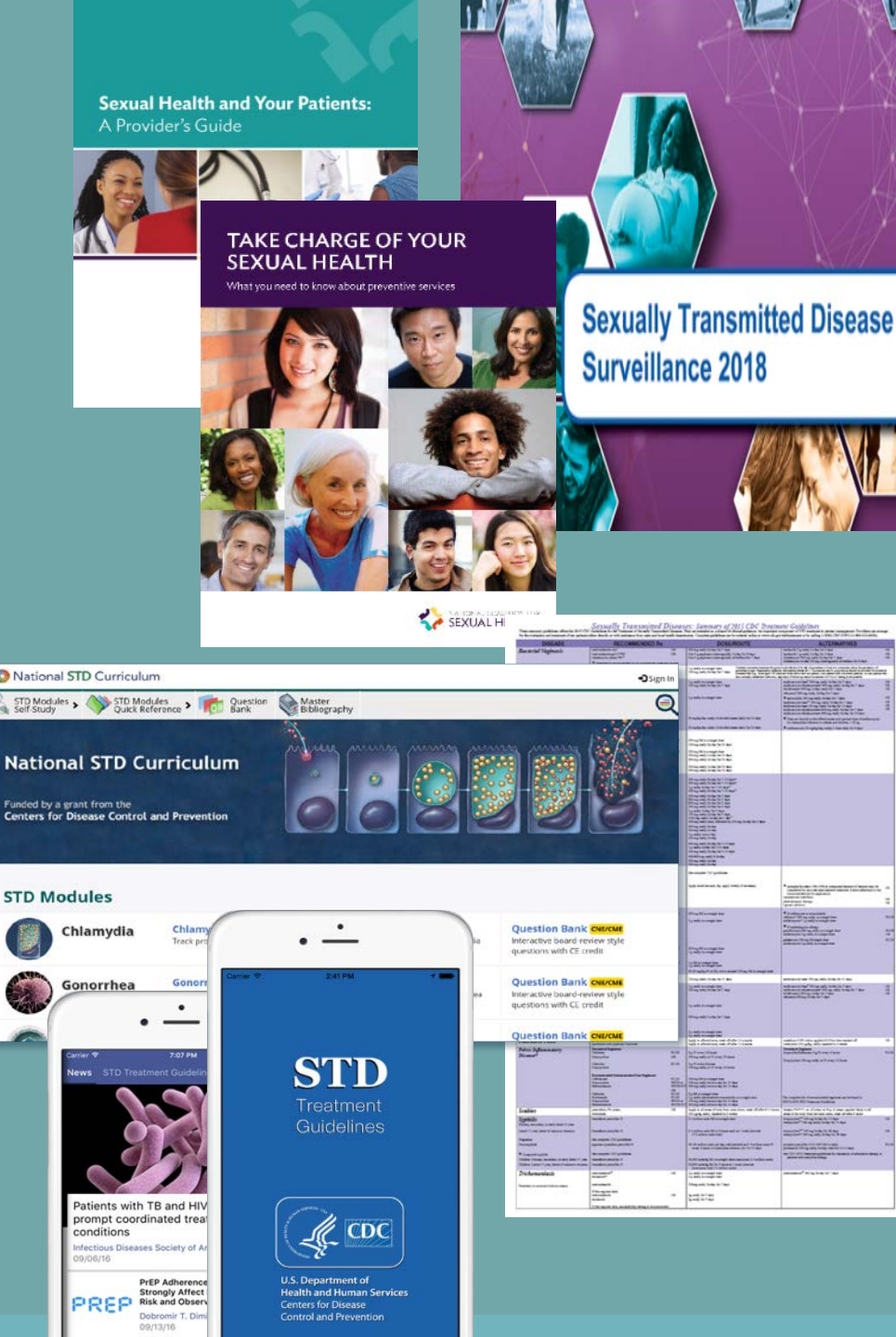
CDC: cdc.gov/std/default.htm

2018 Surveillance Report:
<https://www.cdc.gov/std/stats18/default.htm>

STD Treatment Guidelines:
www.cdc.gov/std/tg2015/default.htm

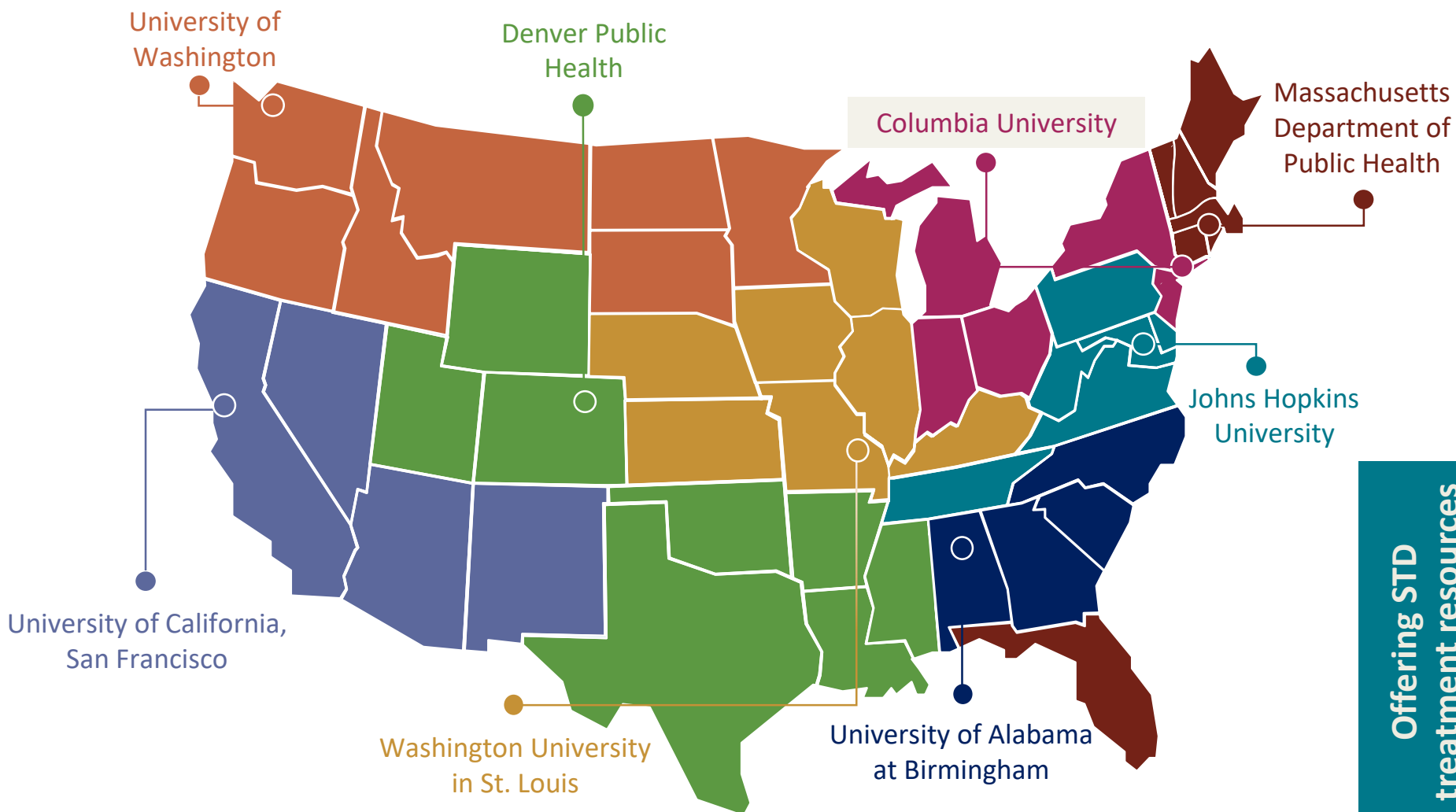
NNPTCs:
www.nnptc.org www.STDCCN.org

National Coalition for Sexual Health:
www.ncshguide.org/providers
www.ncshguide.org



National Network of STD Clinical Prevention Training Centers (NNPTC)

Resource: www.nnptc.org | www.STDCCN.org



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**More communication.
Less stigma.**

Just Health is built on CDC sexual history guidelines, which cover:

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- Practices
- Past History of STDs

Just Health's algorithms help navigate the tough questions about sexual health. Just Health improves education, prevention, early diagnosis, and treatment. Features include:

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- Clinical guidance
- Counseling messages
- User-friendly interface with skip logic
- Individual & population-level reports
- Cross-platform



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National STD experts review

Response within 1-5 business days, depending on urgency

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SMART PHONE, SMART CARE

STD Clinical Toolbox: A free app for medical professionals nationwide



- LATEST STD NEWS
- STD TREATMENT GUIDELINES
- STD EDUCATIONAL COURSES
- STD-RELATED CONFERENCES



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Questions and Answers

Recommendations for Providing Quality STD Clinical Services

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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.

